NHS
East London
NHS Foundation Trust

Board of Directors Meeting

To be held in public

Thursday 29 September 2022 from 13:00-15:35
Leonardo Royal Hotel London City, 8-14 Cooper's Row, London, EC3N 2BQ (by Tower Hill) and by Zoom

AGENDA: meeting held in public

Opening Matters

1	Welcome and Apologies for Absence*	Note	Eileen Taylor	13:00
2	Patient Story: Andrew George*	Note	Andrew George	
3	Declarations of Interests	Assurance	All	13:20
4	Minutes of the Previous Meeting held in Public on 28 July 2022	Approve	Eileen Taylor	
5	Action Log and Matters Arising from the Minutes	Assurance	All	
6	Chair's Report	Assurance	Eileen Taylor	13:30
7	Chief Executive's Report	Assurance	Paul Calaminus	13:40
8	Equalities Presentation	Assurance	Tanya Carter / Richard Fradgley / Lorraine Sunduza	14:00

Quality and Performance

9	Quality Assurance Committee Assurance Report	Assurance	Prof Dame Donna Kinnair	14:15
10	Quality Report	Assurance	Dr Amar Shah	14:20
11	Performance Report	Assurance	Dr Amar Shah Edwin Ndlovu	14:30

People

12	Appointments & Remuneration Committee Assurance Report	Assurance	Deborah Wheeler	14:40
13	People Plan Report	Assurance	Tanya Carter	14:45

Finance

14	Finance, Business & Investment Committee Assurance Report	Assurance	Aamir Ahmad	14:55
15	Finance Report	Assurance	Samanthi Gibbens	15:00

Governance

16	Trust Board Committees: • Audit Committee • Charity Committee • Integrated Care and Commissioning Committee • People Participation Committee	Assurance	Anit Chandarana Aamir Ahmad Deborah Wheeler Aamir Ahmad	15:10
17	Board of Directors Forward Plan	Note	Eileen Taylor	
18	Any Other Urgent Business*: *previously notified to the Chair*	Note	Eileen Taylor	
19	Questions from the Public*		Eileen Taylor	15:25
20	Dates of Next Meeting* • Thursday 24 November 2022 • Thursday 26 January 2023 • Thursday 30 March 2023 • Thursday 25 May 2023 • June 2023 (Extraordinary ARA) TBC • Thursday 27 July 2023 • Thursday 28 September 2023 • Thursday 30 November 2023 • Thursday 25 January 2024 • Thursday 28 March 2024			

*verbal update

Eileen Taylor
Acting Chair of the Trust

12:00 – 13:00	Lunch
15:45 – 16:15	A teatime presentation will focus on the Bow Ward Trauma informed Care QI Project Presenters: • Elizabeth Hearn, Modern Matron, Bow Ward • Hortence Tchonang, Senior Nurse • Roxanne Osbourne, inpatient service user

East London NHS Foundation Trust

Board of Directors Register of Interests: 21 September 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	Job Title	Interests Declared
Aamir Ahmad	Non-Executive Director	• Director and Trustee Place2BeCrisis • Volunteer, Shout (crisis support text line charity) • Psychotherapy Student, Regents University
Ken Batty	Senior Independent Director	• 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
David Bridle	Interim Chief Medical Officer	• Member, British Medical Association • Member, Medical Protection Society • Member, Royal College of Psychiatrists • Member, General Medical Council

Name	Job Title	Interests Declared
Paul Calaminus	Chief Executive	• Member of North East London Integrated Care Board • Member of City and Hackney Integrated Commissioning Board • Member of Bedfordshire Care Alliance • Member of Central Bedfordshire Health and Wellbeing Committee • 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	• 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	• 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)

Name	Job Title	Interests Declared
Anit Chandarana	Non-Executive Director	• Lead Director, Network Rail Infrastructure Limited
Steven Course	Chief Finance Officer / Deputy Chief Executive – Luton & Bedfordshire	• Director, Health & Care Space Newham Ltd • Wife is a physiotherapist working at March Physiotherapy Clinic (private practice)

Professor Sir Sam Everington KBE	Non-Executive Director	• 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. Business Partners: • 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)

Name	Job Title	Interests Declared
		• 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.
Richard Fradgley	Executive Director of Integrated Care	• Social Worker registered with Social Work England
Samanthi Gibbens	Interim Chief Finance Officer	• Director, Health & Care Space Newham • Husband works for Hatmill as a consultant in Supply Chain, currently working with senior NHSIE staff on the Covid Vaccination Programme (Skipton House, London). • Brother is Senior Public Health Commissioning and Contract Manager at NHSEI, East of England
Dr Paul Gilluley	Chief Medical Officer	• 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	• None
Professor Dame Donna Kinnair DBE	Non-Executive Director	• 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	• 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

Name	Job Title	Interests Declared
Edwin Ndlovu	Chief Operating Officer	• None
Dr Amar Shah	Chief Quality Officer	• 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 - London	• Member of Unison
Eileen Taylor	Vice-Chair/Non-Executive Director (Acting Chair w/e 4 April 2022)	• Non-Executive Director of MUFG Securities EMEA Ltd
Dr Mohit Venkataram	Executive Director of Commercial Development	• CEO and Director, Compass Wellbeing CIC • Director, Health & Care Space Newham • Director, Stratford PCN Ltd • Partner, Leighton Road Surgery • Director, ELFT Charity • Director, East Bedford PCN (from 20/07/2022) • Director of East End Health Network Co Ltd • Member of Apna NHS • Wife works as a partnership tax manager at Towers and Hamlin

Name	Job Title	Interests Declared
Deborah Wheeler	Non-Executive Director	• 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 • Member of Benevolent Committee of the Barts League of Nurses (a charity) • Son is a bank employee of ELFT

DRAFT Board of Directors

Minutes of the Board of Directors meeting held in public on Thursday, 28 July 2022 from 1.00pm at Venue 360, Riverside Oak Room, 20 Gipsy Lane, Luton LU1 3JH and by Zoom.

Present:	Eileen Taylor	Acting Trust Chair
	Paul Calaminus	Chief Executive
	Aamir Ahmad	Non-Executive Director
	Dr David Bridle	Interim Chief Medical Officer
	Richard Carr	Non -Executive Director
	Tanya Carter	Chief People Officer
	Anit Chandarana	Non-Executive Director
	Richard Fradgley	Executive Director of Integrated Care and Deputy CEO
	Philippa Graves	Chief Digital Officer
	Matthew Hart	Deputy Director of Finance
	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
	Dr Mohit Venkataram	Executive Director of Commercial Development
	Deborah Wheeler	Non-Executive Director
In attendance:	Victoria Aidoo-Annan	Governor
	Dawn Allen	Governor
	Shirley Biro	Governor
	Gren Bingham	Governor
	Makeda Crawelle-Wright	People Participation Lead, Bedford Borough
	Sean Delaney	Communications Manager
	Ash Dollidy	Service User
	Tee Fabikun	Governor
	Humaira Farhan	Service User
	Norbert Lieckfeldt	Corporate Governance Manager
	Khtija Malik	Governor
	Nicki McCoy	Corporate Secretariat Manager
	Mack McLean	People Participation Worker
	Abdul Mohammed	Service User
	Bev Morris	Governor
	Jamu Patel	Deputy Lead Governor
	Steph Quitaleg	Senior Executive Assistant
	Gill Skrzypczak	Corporate Services Minute Taker
	Suzana Stefanic	Governor
	Felicity Stocker	Governor
	Hazel Thomas	Governor
	Lorna Thompson	Executive Assistant
	Patricia Wheeler	Governor
	Keith Williams	Governor
	Rachel Williams	Governor
	Jay Worthington	Service User

Apologies:	Mark Lam	Trust Chair
	Ken Batty	Non-Executive Director
	Prof Sir Sam Everington	Non-Executive Director
	Cathy Lilley	Director of Corporate Governance
	Samanthi Gibbens	Interim Chief Finance Officer

The minutes are produced in the order of the agenda

1 Welcome and Apologies for Absence

1.1 Eileen Taylor welcomed all to the meeting, and particularly Governors and service users who were attending in person as well as those joining online.

1.2 Apologies were noted as above

2. Patient Story: 'Trials and Hope: My Story'

2.1 Makeda Crawelle-Wright introduced Abdul Mohammed, a service user who co-produced an anti-racism video with Andy Cruickshank, Director of Nursing London before he left the Trust, and how that and other people participation work has helped with his own recovery.

- Abdul described his life experiences both before and after accessing the mental health system. He spent some time in prison in 1994 and described how traumatising that had been for him, with feelings of isolation and acute danger alongside physical pain. After being released he struggled with his domestic situation and became a rough sleeper for 15 years.
- He explained how the medication prescribed by his GP adversely affected him and how he felt unsupported when he complained about the treatment. After accessing the mental health system in 1998 Abdul was diagnosed with paranoid schizophrenia; however, he feels strongly that his mental health has been affected by severe stress brought on by previous traumas.
- Abdul described the severe side effects caused by the anti-psychotic medication he was placed on which seriously debilitated him and how he felt his concerns were ignored by doctors. As a black person in the system he felt he was not allowed to express his fears about how the medication was affecting him and that no-one would be accountable should he suffer any severe harm or die.
- Although his problems have not alleviated Abdul feels able to speak about issues more freely as part of his people participation work and involves himself in many areas such as quality improvement (QI), training and interviewing. The project on anti-racism very much relates to his own life experience.
- Makeda expressed her passion for helping people find their own platform through her people participation work and thanked the Trust for actively facilitating co-production with people with lived experience to help shape their services.
- The Board watched the video presentation co-produced by Abdul.

2.2 In discussion, the Board:

- Expressed their gratitude and appreciation to Abdul for his brave and powerful presentation, noting that hearing lived experiences such as his will help the Trust to become a trauma-informed organisation, better able to support people.
- Acknowledged the work that needs to be progressed to ensure service users are central in the conversations with clinicians around medication.
- Noted the opportunities for change that will arise as more people are enabled to share their stories and be listened to.

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3. Declarations of Interests

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

3.2 The Chair noted that since the last meeting, Paul Calaminus has become a member of the North East London Integrated Care Board.

4. Minutes of the Previous Meeting Held on 26 May 2022

4.1 The minutes of the meeting held in public on 26 May 2022 were **APPROVED** as a correct record.

5. Action Log and Matters Arising from the Minutes

5.1 **Action Log**
Actions were noted as either closed, in progress or not due; there were no matters arising.

6 Chair's Report

6.1 In addition to the report, Eileen Taylor:

- Spoke of the overview given at the private Board session around how the Trust uses QI to strengthen learning from serious incidents (SIs) and Prevention of Future Death (PFD) notices to improve safety systems. The new Director of Safety will give a presentation to a future meeting on this subject. Advised of the discussion on the increasing pressures in the system, with unprecedented bed occupancy rates above 95%, increasing numbers of calls to crisis lines and people experiencing long waits in A&E. The Board will be focusing on this during the autumn and will report back to this meeting in due course. Expressed her thanks to the Governors for the generous support for their communities and the work of the Trust, and in particular for the discussions at the last Council of Governors meeting around staff wellbeing and 'giving every child the best start in life' which produced innovative and new ideas for the Trust to implement alongside the initiatives already in place. Confirmed the appointment of Deborah Wheeler as Acting Vice-Chair for Bedfordshire, Luton & Milton Keynes (BLMK) and Aamir Ahmad as Acting Vice- Chair for the London.
- Highlighted the changes to some NED committee membership to accommodate her increased duties as the Acting Chair and provide valuable back up if required.

6.2 Deborah Wheeler reported on a recent in person visit to the QI Team, highlighting:

- The passion and commitment the team have to improving how the organisation functions, working directly alongside colleagues and teams to focus on local issues and drive quality forward. The enthusiasm for their roles was clearly evident from all team members.
- They recently won an international Quality Team of the Year award which was judged across a range of industries. Feedback from the judges noted the firm embedding of service user involvement and the ability to articulate learning from the process as well as outcomes.
- Their two key programmes around optimising flow and pursuing equity were able to be talked about enthusiastically in great detail.

6.3 Richard Carr updated on a recent visit to people and culture, highlighting:

- The team is dispersed geographically but manages to maintain a sense of cohesion.
- There are issues around resourcing, including implications for support functions when the Trust expands to take on new services and around organisational decision-making. Sometimes the full consequences of expansion or changes to services and

all that the implementation entails for support services can be overlooked and put the team under severe pressure.
- A specific challenge is around training for temporary staff and the obstacle of not being able to pay temporary or agency staff whilst undergoing training, which can make it difficult to deliver in practice.

6.4 The Board **RECEIVED, DISCUSSED** and **NOTED** the updates.

7 Chief Executive's Report

7.1 Paul Calaminus presented the report, highlighting:
- The establishment on 1 July of the two Integrated Care Boards (ICBs) in BLMK and North East London (NEL) where the Trust will be working within, and the outline in the report of the committee structures, collaboratives and new ways of working.
- Changes to the Primary Care and IAPT Richmond wellbeing service which is being transferred over to the South West London and St George's Trust, with whom we are working with to TUPE staff across, ensuring it will continue to be an important part of the overall service delivery in Richmond.
- The ongoing work around the communications plan, the launch of the carer's strategy and a number of awards which reflect the high quality of work within the Trust.
- The appointment of Deborah Dover as the new Director of Patient Safety and Richard Fradgley as the Deputy CEO for BLMK.
- The sad death of Olu Oyerinde, the general manager of Tower Hamlets CAMHS who worked for the Trust for 20 years. He was the very best of people, fully engaged with the young people and his team, and will be sorely missed.

7.2 In discussion the Board:
- Acknowledged the importance of the carer's strategy and the opportunity to build it into the wider system response to current operational pressures.
- Noted the specific work around recruitment and retention: putting in intensive support to fill vacancies producing positive results in the Coborn unit and the crisis team, ongoing international recruitment of nurses and securing more funding for healthcare support workers. Plans are also in place to centralise advertising for some professional groups.

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

8 Quality Assurance Committee Assurance Report including Annual Reports 2021-2022

8.1 Donna Kinnair presented the report, highlighting:
- A focus on the impact of rising Covid numbers, with assurances received around the focus on staff wellbeing.
- Discussions on the Prevention of Future Death notices, including one relating to a risk assessment around falls which was not carried out. Noted for assurance that this was picked up at our review prior to the Coroner's report and appropriate actions have been put in place.
- The increase in patient safety incidents is equivalent to past times in the Trust.
- The appointment of more Serious Incident (SI) reviewers and an analysis of reports for assurance.
- A presentation from IAPT highlighting projects they are leading on, digital progress and the good feedback received on patient experience and satisfaction. Issues around waiting times, IT and recruitment remain continuous themes.

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- An addiction services presentation highlighted the continuous work around patients who represent within six months of treatment, rising caseloads and recruitment issues. It was recognised that the service was maintained throughout the pandemic seeing a huge number of patients during that time.
- A focus on the unprecedented bed occupancy rates and the potential impact on patient safety issues, the increased number of breaches and the complexity of individuals presenting post-Covid. Noted, however, the strong partnership working across the system and with the voluntary sector.
- ELFT is one of four trusts nationwide piloting the Patient Care Race Equality Framework (PCREF).
- The good progress being made on the CQC action plan.
- A second meeting focused on the annual quality and safety related reports, noting there is nothing of particular concern and highlighting the huge amount of work that has been accomplished within the Trust and the ongoing innovations.

8.2 The Board expressed their gratitude to everyone who has worked hard on the annual reports, which are important not only to evidence good work but also our compliance with statutory and regulatory requirements.

9 Quality Report

9.1 Amar Shah presented the update, highlighting:

- The performance section shows how QI is being applied to the four Trust strategic objectives, providing long term sustainable solutions to the current challenges.
- The additional assurance around bigger themes in the quality assurance section including a deep dive into record-keeping which is a recurrent finding from SIs. The complexity of issues that can contribute to this, aside from human factors, have been identified and systems already introduced to help with more reliable and safer recording of data. More detailed work on the actions required to tackle systemic failures is ongoing and will be presented at QAC in due course.

10 Performance Report

10.1 Amar Shah presented the report, highlighting:

- Several areas to celebrate around improved performance, including the perinatal service tackling an area of inequality around access for people from ethnic minorities.
- Progressing well on national CQUINs particularly on CAMHS and perinatal reporting, and early intervention services who are exceeding their goal of starting treatment within two weeks.
- Waiting lists increased in June; however, more creative thinking around ways of working have shown huge improvements in autism services, reducing the waiting times from referral to assessment by 50%, giving assurance this approach will lead to better and more sustainable results.
- The equity section showing ongoing work to analyse quality of life data using Dialogue from an individual's point of admission: looking for any disparities in gender, deprivation, status, etc, which is producing interesting nuances and theories around the different ratings.

10.3 Edwin Ndlovu added:

- Seeing a sustained demand across the breadth of all Trust's services, with 95% bed occupancy reducing the capacity to enable safe admissions.

- Additionally, unplanned disruptions such as the recent heatwave are also playing out, necessitating the tremendous response seen from our staff in offering support and care where needed. Our focus continues to be on staff welfare.
- The structured and considered approach being taken by system and partnership working to ensure sustainable solutions and avoid any unintended inequalities.

10.4 In discussion, the Board noted:

- The importance of the human factors training introduced around SI investigations.
- The positive initiative of the befriending service in Bedfordshire, to help ensure safety of individuals on lengthy waiting lists.
- The work that has been undertaken both pre and post pandemic to improve the performance around 72 hour follow ups, continuing to try new ideas in both inpatient and community services.
- There is more work to be done around prevention of compulsory detentions; however, the roll out of Thalamos digital mental health data recording will help to surface service user issues, to better understand practices, inform training and help with partnership conversations.
- The new equality, diversity and inclusion lead will be reviewing and reporting on patient experience through demographics, with the next phase working with teams on a pursuing equity programme with QI to improve inclusion.
- The assurance received that teams are prioritising waiting lists based on clinical need, not length of wait. They also have live waiting list data available on postcode, age, ethnicity and other factors to help balance equity; however, there is more learning around how this data should be used for most benefit.
- Work is under way to establish to what degree people with learning disabilities and serious mental illness are having to wait longer for elective treatment at Barts, and that this data will be shared with our teams in due course in order to find solutions to this issue.

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

11 Prevention of Future Deaths Notice (PFD)

11.1 David Bridle presented the report, highlighting:

- A PFD notice has been received following the death of an individual from cancer and centres on a falls assessment not having been completed, which was unrelated to his death.
- The patient was transferred from London Hospital to Newham mental health during a weekend and within 24 hours of admission had a fall. He was transferred back to an acute hospital and later died as a result of his cancer.
- Our learning from the SI review had already identified the lack of a falls assessment but noted the context of the transfer of a person with complex mental and physical health problems during a weekend, with actions put in place to increase the robustness of transfers at weekends.
- Additionally, in looking at falls policies some inconsistencies were noted. The policies are being fully reviewed to ensure clarity and that appropriate training is incorporated into physical health training.

11.2 In discussion the Board:

- Received assurance around the escalation of concerns over weekend admissions to senior managers or consultants on call, noting the increased care and consideration able to be made as to the suitability and effective management of the transfer.

- Noted the clarification with staff that individuals who transfer back to a mental health setting from an acute hospital are to be treated as a new admission in terms of the admission process and NEWS 2 scores.

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

12 People Plan Report

12.1 Tanya Carter presented the report, highlighting:

- Additional work around recruitment is ongoing with an aspiration to over-recruit and streamline the approval (BAF) process so multiple posts can be approved at once, which will also positively impact on time to hire.
- Statutory and mandatory training compliance is at 79.2%; however, there are some data quality issues with the transfer of information to the new Learning Management System. Work is continuing on improvements and data cleansing.
- The significant increase in the mileage rates and allowances payable to staff to help with the current cost of living pressures, with surrounding Trusts and ICSs adopting our model.

12.2 In discussion, the Board:

- Noted caution around unwittingly destabilising other parts of the system by the significant amount of the increase in mileage payments.
- Noted the inclusion of Bank staff in the Pulse survey adversely affects our percentage response rate and more work is ongoing to find consistent markers to alleviate the issue.

12.3 The Board **RECEIVED** and **NOTED** the report.

13 Safer Staffing Report

13.1 Lorraine Sunduza presented the update, highlighting:

- The Trust was able to meet staffing levels over the past six months, with contingencies in place to cover any shortfalls. Although acuity and daily staff numbers cannot always be accurately predicted, there is confidence in our ability to respond.
- ELFT is part of a pilot on safer staffing in community nursing which has shown a higher number of patients per nurse with greater needs which is thought to be as a result of more people with lower acuity being seen at home during the pandemic
- Working with service users to ensure they are seen in the right place.
- Also working continuously with operational and finance colleagues to ensure the establishment is fit for purpose.

13.2 In discussion, the Board:

- Noted the ideal is to have two registered nurses on an inpatient ward for support with clinical decisions; however, the senior nurse on duty can redirect staff if there are shortfalls. At times when there is only one registered nurse, it is preferable to have additional healthcare assistants to cover a patient's basic needs.
- Noted the increased dependency and acuity in the Tower Hamlets community team and was assured that consideration is being given to the deployment of advanced practitioners and non-medical prescribers to assist with staffing.

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

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14 Finance, Business & Investment Committee Assurance Report

14.1 Aamir Ahmad presented the report, highlighting:

- The increasingly challenging financial environment with inflationary pressures, high financial viability (FV) targets and a convergence target of 0.6% currently with no mitigation in place.
- A resubmitted plan has moved from a deficit target for the year to a breakeven.
- Capital and CDEL (capital departmental expenditure limit) limits continue to be constrained, resulting in reprioritising projects and leading to difficult choices having to be made around projects, as well as pressures on our expected outcomes for the year.
- Covid funding has been reduced.
- Controls on agency spend are being reintroduced although there is good progress being made to reduce the Trust's level of spend and it is expected we will remain within target.

15 Finance Report

15.1 Matthew Hart presented the report, highlighting:

- The re-phasing of the FV targets over a 12 month period in the resubmitted plan.
- At month 3 reporting a net deficit of £1.8m against a plan of £1.1m deficit, in part due to the FV target being adverse by £2.1m; however, it is expected the breakeven target will be met by year end.
- Contracts are close to being signed with ICBs and finance colleagues are working hard to devolve funds and new investments to operational teams.
- Cash balance is £120.4m.
- Notification of the national pay award has been received with any additional funding expected via our local systems.
- Agency cap has been set at £155m for North East London.

15.2 In discussion, the Board:

- Welcomed the introduction of a half year forecast to understand the potential impact on the financial position at year end if the volatile financial environment continues, and requested options for mitigating the possible shortfall in achieving FV targets.
- Noted the pay award has been partially budgeted for and it is only the elements over and above this that will require additional funding.
- Noted the challenging change environment the team is working in with continuing uncertainty around parameters.
- Highlighted the importance of ensuring the financial plan includes achieving value across the four pillars of the Trust strategy.

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

16 Trust Board Committees

16.1 **Audit Committee**

Anit Chandarana as chair of the committee presented the report, highlighting:

- The disappointing position over the delayed finalisation of the Trust's accounts by the external auditors with two remaining issues to resolve, one a technical adjustment which may affect the final position and the other a factual point over procedure.
- Subject to the satisfactory resolution of these issues, and no further significant issues arising, it is expected the final accounts will be ready for sign off at an

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extraordinary Audit Committee arranged for the end of August, following which they will proceed through to Governors and the Board with a clear articulation of the changes that have been made.
- Following this there will be a review at Audit Committee of the internal and external processes undertaken this year.

16.2 **NHS Self Certification 2022**
Modern Day Slavery 2022
Fit and Proper Persons Requirement 2022
Anit Chandarana provided assurance that these reports were fully discussed at Audit Committee and are recommended for approval by the Board.

The Board **RECEIVED** and **NOTED** the report and **APPROVED:**
- The NHS Self-Certification 2022 statement for publication on the Trust website
- Modern Day Slavery 2022 statement for publication on the Trust website
- Fit and Proper Persons Requirement 2022.

16.3 **Charity Committee**
Aamir Ahmad as chair of the committee presented the report, highlighting:
- Work continues to progress with the healthy and wealthy families project returning for funding approval, following excellent work by the team to engage other partners across the system. The project supports the Trust's Marmot and population health strategies in helping vulnerable families improve their income, with the intention for it to be rolled out across the boroughs as a permanent service going forward.
- It remains important to be able to demonstrate the impact of the work of the charity in action.

16.4 **Integrated Care and Commissioning Committee**
Richard Carr as chair of the committee presented the report which was taken as read.

16.5 **People Participation Committee**
Aamir Ahmad as chair of the committee presented the report, highlighting:
- The roll out of people participation in learning disabilities and the further work needed to support service users into ELFT's employment around occupational health and reference barriers.

In discussion, the Board:
- Noted work is being undertaken to remove any barriers and additionally facilitate advance payments with payroll for service users who lose any benefit payments as soon as they are engaged.
- Noted the opportunity to further our Marmot aspirations by piloting schemes to help other organisations support service users into employment, including access to bank accounts.

16.6 The Board **RECEIVED** and **NOTED** the reports.

17 Board of Directors Forward Plan

17.1 The Board **NOTED** the plan.

18 Any Other Business

18.1 None received.

DRAFT

19 Questions from the Public

18.1 Q1: Dawn Allen shared a question from the Bedfordshire Working Together Group: *How is the Board assured that psychiatrists and GPs are appropriately prescribing medication and that patients concerns, expressed to their treating physician about side-effects and over prescription of medication to deal with side-effects, are heard and acted upon?*

David Bridle responded:

- Inevitably there are side effects to medication which need to be talked through with the patient and weighed up against benefits.
- In general terms, the professional development of trainee doctors is through workplace based assessments with opportunities for supervision and to address communication methods. Consultant level assessments are in the form of peer supervision with a requirement to discuss cases and be assessed against them, as well as a process of 360 degree feedback from colleagues and service users including around how they communicate, to see if there are particular patterns coming through that require further work.
- There are mechanisms on inpatient units to monitor prescribing patterns electronically and to interrogate clusters of high dosage and ensure safe prescribing. There are other routes to raise concerns on wards if someone feels they are not being listened to by their doctor, e.g. talking to the psychiatrists, and also the pharmacist and ward nurses who can talk through issues and raise concerns with the multi-disciplinary teams.
- Detentions under the Mental Health Act can result in people being treated against their will, and there are safeguards in place with external doctors providing a second opinion on prescribing practice after talking to the service user, and tribunals for further review. Additionally there is widespread access to advocacy available throughout system to help people be heard, and PALS and complaints systems.
- Suggested someone from Bedfordshire be invite to talk to the group in more detail about this as there are many nuances to individual cases.

Donna Kinnair added that assurance is usually received through the medicines prescribing report which looks at trends, and there are limits around what can be prescribed and this is monitored.

Q2: Bev Morris asked: *Guys and St Thomas are experiencing IT failures due to the high temperatures currently, can you assure that this will not happen at ELFT?*

Philippa Graves provided assurance that the Trust is using the latest technology to minimise any such impact and to ensure our resilience, and there are safeguards in place for data storage and management.

20. Dates of the Next Meeting

- Thursday 29 September 2022

All meetings will commence at 13:00hrs with a tea-time presentation and continue to be held in person with a video conference facility until further notice.

The meeting closed at 3.10pm

DRAFT

ELFT
Action Log Trust Board (Part 1)

BOARD OF DIRECTORS MEETING IN PUBLIC: Action log following meeting held on 28 July 2022

Ref	Meeting Date	Agenda item	Action Point	Executive Lead	Due Date	Status	Comments
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	~~23/06/2022~~ 31 March 2022	In progress with delay	Due to sequencing of Board Development the subject of wellbeing was dicsussed in April so will schedule a Board Development session before the end of the financial year. Interim report to be submitted to October Appointments and Remuneration Committee
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	31-Oct-22	In progress	Update to be provided to October Appointments and Remuneration Committee as part of the People report
364							
365							

In progress
In progress with delay
Closed
Forward plan
Not due

East London
NHS Foundation Trust

REPORT TO THE TRUST BOARD IN PUBLIC
29 September 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:

8 September 2022	Council of Governors Meeting

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	☒	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	☒	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	☒	Governors and NEDs have highlighted staff experience as a key priority for the Trust and provided areas of focus
Improved value	☒	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 8 September 2022, the Council

- Received an update from Chief Executive Paul Calaminus about the inflationary pressures on the Trust's finances, as well as their individual impact on our staff and service users and received assurance on how the Trust is proposing to respond to these
- Discussed, in breakout rooms, the Council's strategic priority themes for the coming year, following a brief presentation by Director of Population Health Angela Bartley on the Trust's focus on our role as an Anchor organisation and aspiration to become the country's first Marmot Trust. Previous Governor priority issues such as *Tackling Inequality*, *Early Intervention and Prevention* or *Giving Each Child the Best Start* really contributed to the development of the Trust's strategic focus
- Themes identified this year were as varied as *Getting the Basics Right*, the Trust's *Digital Offer* for service users *Improving Crisis Pathways*. I was heartened that once again *Staff Wellbeing* was high on the Council's agenda and to note how many of the topics raised chime with the Trust's wider priorities. I also really value the Governors' ability to bring a greater personal perspective to these discussions. Feedback will be carefully analysed and the Council in November will be asked to finally agree the plan for 2023.
- Agreed the proposed process for the recruitment of External Auditors, introduced by Audit Chair Anit Chandarana and Dr Mohit Venkataram, Executive Director of Business Development. This is one of the Council's statutory duties and I am assured that their contribution will bring an independence to the process in ensuring the Trust appoints external auditors who not only can create a positive relationship with the Trust without compromising the independence of their role. Governors will nominate three of their peers to serve on the External Auditor Appointment panel. We are aiming to revert to the Council in November with a recommendation to appoint.
- Governors noted the plans for the Trustwide Members Meeting with its theme of *Tackling Inequity* on 11 October 2022 and the Council elections which have just started with ballot papers having been sent to all members (both staff and public). I am grateful for the work from the Governors and Members Office team and individual governors which has gone into spreading the word and I am delighted that in each constituency the ballot is contested.
- Governors appointed peers to serve on the three Council Committees; there are still two vacancies for the Strategic Business and Strategy Committee, which is the Council's horizon-scanning group providing much helpful intelligence for Council. The Committee supports the Council in contributing to the development of Trust strategy – something of great interest to NHS Providers who have recently requested the Trust present a Showcase at their next Governor Training Day.
- The Council agreed to reappoint Ken Batty as a Non-Executive Director and Senior Independent Director for the first year of his third term of office as of 1 November 2022. In line with good practice, NEDs on their third term are appointed annually following review, to ensure their continued independence as well as the right balance of skills and experience on the Board.
- Following the public announcement of the death of HM Queen Elizabeth II, the Council agreed to terminate the meeting early at 6:30 as a mark of Governors' deep respect and their sadness.

3. Chair and NED Updates

3.1. East London NHS Foundation Trust has been nominated by the HSJ for Trust of the Year Award 2022.

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

- Bedfordshire CHS*
- Mother & Baby Unit
- Health Based Place of Safety
- John Howard Centre

* indicates a virtual visit

3.3. 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.

3.4. I attach as Appendix 1 the Mental Health and Patient Leadership Priorities agree for North East London in 2019; again discussed at the recent Mental Health Summit. I feel it is of great importance to ensure these are kept at the forefront of the Board's agenda.

4. Action Being Requested

4.1. The Board is asked to:

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

Mental Health Priorities for North East London

Background

In May 2019, a Mental Health Summit was held at Toynbee Hall in Tower Hamlets. Following this event, people with lived experience of mental ill-health and people currently using ELFT and NELFT services were keen to have more of a leading role in the North East London Mental Health Programme. A follow-up workshop was set up in September 2019 with service users and carers across North East London to explore ideas around Patient Leadership in more depth.

Patient Leadership Priorities

Following the Patient Leadership workshop, the following themes were identified as key priorities:

➢**Building a patient leadership programme** - support people to develop leadership skills, and secure the infrastructure and resource to deliver a Patient Leadership Programme

➢**Embed peer support into our structures** - work towards standardising peer support approaches across our system

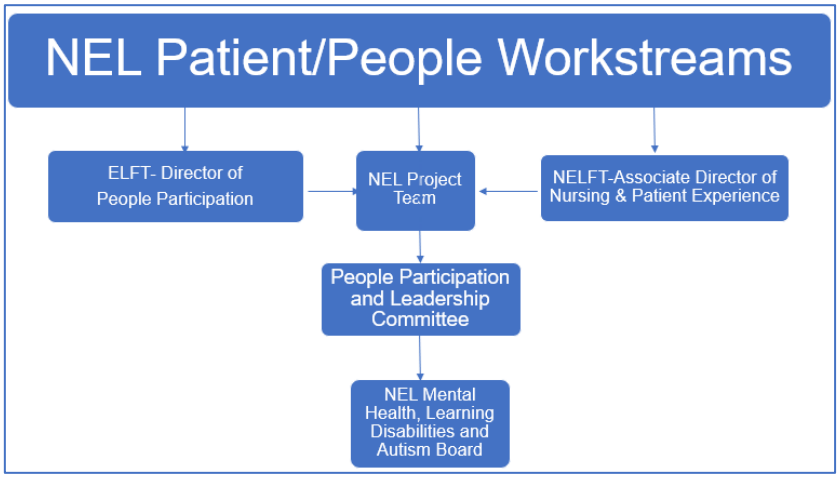
Improve cultural awareness across NEL - develop a faculty of trainers to deliver cultural awareness training

Provide more and better support for parents / families and carers - set up carer support groups, in particular for parents of people with a mental health condition

Improve patient 'first contact' - develop kinder and clearer processes for peoples' first contact with mental health services

Patient Leadership Proposal

The group identified that in order to deliver on these priorities, there would need to be a clear structure and set of resources to support the programme of work. The proposal was as follows:



East London
NHS Foundation Trust

REPORT TO THE TRUST BOARD IN PUBLIC
29 September 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 Care Quality Commission (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	☒	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	☒	
Improved staff experience	☒	
Improved value	☒	

Implications

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

1.0 Purpose

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

2.0 Death of Queen Elizabeth II

2.1 Following the announcement of the death of Queen Elizabeth II, the Trust followed NHS protocol throughout the period of national mourning. This included cancelling planned events and a news blackout apart from items connected with the passing of the Queen or information pertinent to NHS operational issues. A Union Jack flag was flown at half-mast at Trust Headquarters.

2.2 The Trust issued a statement of condolence which was published on our online platforms. We also published advice for the public on processing feelings of sadness and the impact on mood and mental health – approved by the Head of our Improving Access to Psychological Therapies service.

2.3 With the announcement of a Bank Holiday on Monday 19 September, services contacted service users with booked appointments to advise that services were closed and re-book them ensuring that information about crisis helplines was shared.

2.4 Communications went to staff advising them of the bank holiday, of expected travel issues in London over the weekend and on the day of the funeral, of the Buckingham Palace book of condolence and in relation to looking after their own wellbeing as well as that of others. A filmed message from the Chief Executive to staff was issued.

3.0 Coronavirus Update

3.1 Infection Prevention and Control Guidance Information has been issued to staff by the Chief Nurse that highlights the latest infection prevention and control guidance. Twice weekly COVID testing of staff is being paused (unless staff are symptomatic.) whilst testing of newly admitted patients/service users continues. Isolation guidance and monitoring guidance has also been updated with the new requirements. These mean that regular handwashing and sanitising and maintaining a 1-2 metre distance continues and that mask-wearing continues in all clinical areas. Staff in non-clinical settings or areas where there is no patient/service user contact do not have to wear a mask.

3.2 Relocation of Westfield Vaccination Centre. The Westfield Vaccination Centre is to be relocated at Mile End Hospital on the ground floor of Beaumont House. The last appointments at Westfield will be on 26 September 2022 and the vaccination centre at Mile End Hospital will be open on 3 October 2022. The national booking system will be updated to show the change of location. This is in line with NHS England's wish to bring immunisation back into mainstream NHS services and sites. Polio vaccination is also being offered at the centre so the facility will be known as The Vaccination Centre.

Unfortunately, this move will mean that the Newham interim blood testing service established at Westfield will close. Going forward, extra capacity will be introduced at the four other blood test clinics in the borough to maintain access.

3.3 COVID Vaccines and Booster A seasonal COVID booster is being offered to people over 50 and anyone who is immunosuppressed. Those eligible will be contacted by their GP or by the NHS to book an appointment or walk-in to a vaccination centre. First and second dose vaccines are also being offered to the 12-15 Year Cohort and the 5-11 Year Cohort. Health and social care staff are also being offered the seasonal COVID booster vaccination. This is being publicised to staff via our channels.

3.4 Recruiting Vaccination Centre Staff. The Trust is continuing to support staff based at the Westfield COVID Vaccination Centre into applying for and obtaining new roles in the health and social care sector.

4.0 Flu vaccination

4.1 Preparation for this year's Influenza Vaccination programme for staff is already well under way. Arrangements have been put in place for all vaccinators to attend an annual update training for delivering the flu vaccines this year, as well as training on the updated system for reporting. The PGD (Patient Group Direction) and Written Instruction for use of this year's vaccines has been authorised and was formally agreed at the September Medicine Committee.

4.2 A communication strategy has been developed, aiming to reach staff through various routes including video, emails, bulletins and the intranet. Key messages in the campaign include highlighting the anticipation of higher rates of influenza this year following 2 years of mask wearing; the fact that flu can be a very unpleasant illness; emphasising that being immunised makes it unlikely that you will pass it on to vulnerable service users, colleagues and family; and that when staff are protected it reduces staff sickness rates putting less pressure on peers to cover sickness absence and ensuring more continuity of care for service users.

5.0 Care Opinion

5.1 The Trust has partnered with Care Opinion, an online patient feedback platform, to increase feedback from people who use East London NHS Foundation Trust (ELFT) services. The Trust currently gathers feedback in a range of ways through service user surveys, NHS Choices comments, compliments, complaints, social media and Patient Reported Experience Measures (PREMS). It is anticipated that this partnership will increase feedback. Comments are moderated by Care Opinion before being posted.

5.2 Patient Opinion is being promoted on services on the ELFT website, via posters in waiting rooms and receptions areas, and in one-to-one discussion when meeting with staff. Training has been given to staff delegated to respond to posts jointly by the Quality Assurance team and the Communications team. The Trust is already receiving a flow of comments and feedback.

6.0 Operational Updates

6.1 There have continued to be some significant operational pressures within the NHS in both East London and Bedfordshire. In particular, there have continued to be particular pressures on urgent and emergency care pathways, in particular in Emergency Departments. These pressures have been experience within mental health services, as well as general acute services, with issues relating to inpatient capacity, particularly for male patients, that have led to some delays for mental health patients in Emergency care settings. Clinical teams continue to work hard in managing the flow out of our beds to help create capacity, as well as to ensure that our crisis services are providing effective alternatives to admission. Our teams are also engaged in the optimising flow quality improvement work to support further improvements in this area.

6.2 The change process on East India ward at the John Howard centre remains on track to complete at the end of September. Patients in the service have been placed in clinically suitable placements and staff have been redeployed within Forensic services and ELFT services more widely.

6.3 In Bedfordshire, the team focusing on community rehabilitation pathways within mental health services is now well established, and a number of service users have returned from inpatient rehabilitation services across the country to more local provision. As part of this work the trust has developed a new community recovery and resettlement team to provide assessment and care planning support for people living in supported accommodation and residential care, and is also working closely with all partners to work with supported living providers to commission and contract a range of recovery orientated supported living placements that appropriately meet the range of needs that service users have. As part of this, the Trust has begun to consider how best to provide the inpatient rehabilitation services at Cedar House, an inpatient ward on the Bedford Hospital site. This will involve working not only with the residents of Cedar House, but also with relevant partners in the voluntary sector.

7.0 ICS development

7.1 The North East London (NEL) and Bedfordshire Luton & Milton Keynes Integrated Care (BLMK) Boards were formally established on 1st July, with the two Integrated Care Boards (ICBs) taking on the statutory responsibilities of the previous Clinical Commissioning Groups. The wider Integrated Care Partnership arrangements are now being put in place to ensure the delivery of the wider Integrated Care System (ICS) strategy.

7.2 Work has continued to develop the NEL ICB Mental Health, Learning Disability & Autism Committee (MHLDA Committee), alongside the Community Health Services Committee (CHS Committee). This work is taking place in parallel with the development of place based committees in all of the boroughs across North East London. The Mental Health summit referred to elsewhere in this report is part of this development work.

7.3 In the BLMK ICS, the Bedfordshire Care Alliance (BCA) Committee has met for the first time, focusing on scoping the role of the committee. A programme of meetings has been established that link to the existing executive group and workplan within Bedfordshire. Work is also continuing to develop and strengthen our mental health collaboration across Bedfordshire, Luton and Milton Keynes with Central North West London NHS Foundation Trust and the Integrated Care Board.

8.0 People Participation Awards 2022

8.1 East London NHS Foundation Trust's annual People Participation Awards took place at the Mile End Park Ecology Pavilion on 11 August 2022. The annual event (which was face to face for the first time in two years) is held to celebrate and recognise the contribution that service users, carers and volunteers make to improving health services. Over the course of a year, their insight, skills and knowledge is utilised in a variety of different ways, from coproducing service design to assisting on interview panels and training, or as innovative creators of materials that enrich both staff and service user experience of care.

8.2 Thirteen different categories of award covered a wide range of themes, including the Volunteer, Carer and Befrienders of the Year, Digital Champion, Trainer of the Year, outstanding Contribution to Quality Improvement/Service Improvement, Creative Talent, Equality, Health and Wellbeing, Young Person of the Year and more.

8.3 The winners were:

Health and Wellbeing Award: Mekka Anen
Volunteer of the Year: Samina Khan
Befriender of the Year: Ameliyah Bibi and Terri Bennett
Carers Award: Toyba Razaq
Digital Champion: Saskia Lawrence
Trainer of the Year: Joanna Moonesinghe
Researcher of the Year: Sana Mohammed
Contribution to Quality Improvement/Service Improvement Award: Eleanor Addo
Creative Skills/Showcasing Award: Jay Worthington
Equality/Inclusion Award: Tower Hamlets Nature Calling Continence Project
Interview Panelist Award: Jane Fernandes
Young Person of the Year Award (Under 18): Isma Begum
Person of the Year Award: Satwinder Kaur

9.0 Global Health Partnerships

9.1 Butabika East London Global Health Partnership ('Butabika Link') has been awarded a grant of £10,000 via the Tropical Health Education Trust. The grant is to help develop training and practice on the Children's ward at Butabika Hospital. They are now seeking applications from individuals interested in volunteering in Uganda starting in January 2023. Four volunteers are sought, two long-term and two short-term

9.2 Over the last two years, because of COVID and UK Government Foreign, Commonwealth & Development Office (FCDO) reductions in funding for overseas aid, the Global Health Partnership (GHP) has received limited external funding for UK health volunteers to implement new projects in Uganda. However, the Butabika Link has been maintaining work with Ugandan colleagues by phone and regular zoom meetings, focusing on ongoing support for all specialities at Butabika Hospital, the Advanced Diploma in Child and Adolescent Mental Health Services (CAMHS), work with refugees, child trauma treatment and peer support.

10.0 Mental Health Summit for People in North East London

10.1 A face-to-face event (21 September) and an online event (23 September) have taken place organised by mental health service users, with support from the North East London Integrated Care Board (NEL ICB), North East London NHS Foundation Trust (NELFT) and East London NHS Foundation Trust (ELFT).

10.2 The Summit explored how both trusts can work together across north east London to change things and improve mental health. There was reflection on what has come before but the aim will be to work together to create a vision of what a mental health care system shaped and led by people with lived experience could look and feel like.

10.3 The NEL Mental Health Summit was an opportunity to share experiences of mental health services with others, describe what mental health means, and to identify learning where things could have been done better. It will scope the factor that affect people's mental health - like housing, finance, physical surroundings as well as what it means to be a valued member of a community. Further information on the event and the resulting priorities for the work of the Trust will be provided to future Board meetings.

11.0 Therapeutic Engagement and Observations

11.1 On 20 September 2022 there was a Trust wide event on inpatient ward safety with a focus on therapeutic engagement and the application and efficacy of mental health clinical observations. This was in response to the learning from serious incident reviews and feedback from nursing staff and patients on inpatient wards. Each service was represented by service users and multidisciplinary staff and they used the day to co create improvement plans. The event created a space for all services to share and learn from each other. Another event will be held in March 2023 to feedback learning and progress.

12.0 Cost of Living

12.1 The growing impact of inflation and the resulting pressures of cost of living remain an area of focus. The Agenda for Change Pay Award has been announced and details have been shared with staff. Because of the way that back payments of salary increases and thresholds for different rates of pension contributions relate to each other, it has become clear that some staff will see a one off reduction in pay. We are offering loans to staff who are in this position to support people to manage the impact of these changes. The Trust has also

introduced a new electronic expenses system to expedite payment of expenses, as well as maintaining the higher rates that can be claimed for petrol use.

12.2 The Trust has also commissioned Money Management Workshops to enable staff to scope options and explore solutions to manage their personal and household finances. These were provided by the Bromley by Bow Centre (BbBC) Financial Inclusion Team, a Tower Hamlets charity with extensive experience in helping people with personal financial management.

13.0 Service Awards

13.1 **The PP Academy of Lived Experience** (ALE) has been shortlisted in the Staff Engagement and Improving Staff Experience category of the Patient Experience Network National Awards (PENNA) 2022. The awards are held to celebrate the delivery of outstanding patient experience by those involved in the health and social care industry.

13.2 **Bedfordshire & Luton CAMHS** are through as finalists in this year's Positive Practice in Mental Health (PPiMH) Awards. They have been selected by the judges for the category: Addressing Inequalities in Mental Health, for the work they have done to improve gender and sexual orientation equality.

13.3 **HSJ Awards**

ELFT has been shortlisted as Trust of the Year 2022 at the HSJ Awards. The national awards recognise outstanding contributions to healthcare.

ELFT teams and partnership projects have also been shortlisted for the following HSJ Awards:

- ELFT, Essex Partnership University FT and Sheffield Health and Social Care FT;
- Clinical Associate in Psychology (CAP) programme - Workforce Initiative of the Year and Provider Collaboration of the Year
- Rough Sleepers Adult Mental Health Project (RAMHP) - Mental Health Innovation of the Year
- NCEL CAMHS Collaborative – Provider Collaborative of the Year
- ELFT, City and Hackney PBP, North East London ICB and The Advocacy Project;
- What Matters To Me: Using Personal Health Budgets for Mental Health Recovery – Innovation and Improvement in Reducing Healthcare Inequalities Award
- ELFT, City and Hackney PBP, North East London ICB, Homerton Healthcare FT,
- Alzheimer's Society, London Borough of Hackney and City of London Corporation; An Alliance Model of Dementia Care from diagnosis to end of life – Place-based Partnership Award
- Hackney Integrated Learning Disability Service for reducing waiting times

13.4 **Royal College of Psychiatry (RCPsych) Awards**

The Trust has been shortlisted for three RCPsych awards this year relating to Quality Improvement (QI) projects. These include:

- People Participation worker, Craig Donohoe in the Patient Contributor of the Year
- Morrison ward in the Quality Improvement Category
- Hackney Integrated Learning Disability Service in the Quality Improvement Category for reducing waiting times

13.5 **Nursing Times Award**

Bow Ward at the John Howard Centre has been shortlisted for an award in recognition of their Trauma Informed QI project

13.6 **Innovate Award**

The Trust and Network Rail have been shortlisted in the Outstanding Collaboration with Industry category for our '**All on Board'** initiative to reduce risk, suicide and promote inclusion and social contact.

14.0 Appointments

14.1 **Deputy Chief Executive**

Richard Fradgley has been appointed as Deputy Chief Executive for Bedfordshire, Luton and Milton Keynes (BLMK). Richard will continue as Director of Integrated Care and started his additional role as Deputy Chief Executive with immediate effect. Chief Nurse Lorraine Sunduza continues as the Trust's Deputy Chief Executive for London.

14.2 **Interim Medical Director for London Mental Health Services**

Dr Philip Baker has been appointed interim Medical Director. Dr Baker has been Head of the Forensic Service since 2017. He will still have some oversight of the Forensic Service, but will no longer be involved in the day to day running of the service.

14.3 **Medical Director for Community Health Services**

Dr Ben Braithwaite has been appointed as Medical Director for Community Health Services in East London and Bedfordshire. Ben is a GP by background. He has been Clinical Director for Community Health Newham since 2015, and has most recently been working clinically on Fothergill ward at East Ham Care Centre.

14.4 **Farewell to Out-going Medical Director for Community Health Services**

We say a fond farewell to our out-going Medical Director of Community Services, Dr Kate Corlett. Kate has been the backbone of community health services and GP services in the Trust. She joined ELFT in February 2011, when community mental health services joined with community health services in Newham. She was a GP in Hertfordshire prior to this and has continued working one day a week as a GP whilst being based in ELFT. Leading the Physical Health Working Group, she has overseen work streams aimed at improving the physical health of people with mental health issues, tackling issues like smoking, weight-gain, etc. She has been instrumental in implementing new systems to measure physical health and monitor long-term conditions. She also played a key role in establishing the Westfield COVID Vaccination Centre, setting up systems to ensure safe practice and working shifts to provide a consistent medical presence. Hard-working and caring, she has been a down-to-earth and steadying presence in the Trust and will be sorely missed by everyone. We wish Kate a happy retirement and thank her for her long and distinguished service to the NHS and to ELFT.

15.0 Action Being Requested

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

Annual Equality Diversity and Inclusion for 2021

Lorraine Sunduza,
Chief Nurse and Deputy CEO
Tanya Carter – Chief People Officer
Richard Fradgeley – Executive Director of Intergrated Care

September 2022

NHS
East London
NHS Foundation Trust

From our recent CQC report

East London NHS Foundation Trust

In explaining their 'outstanding' rating for the Trust, the CQC report talks about:

Staff describing 'how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act'	*Our 'proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met patients' individual needs, which was accessible and promoted equality'*	*'A strong organisational commitment and effective action towards ensuring that there is equality and inclusion across the workforce'*

But the same time, we know there is more still to do –

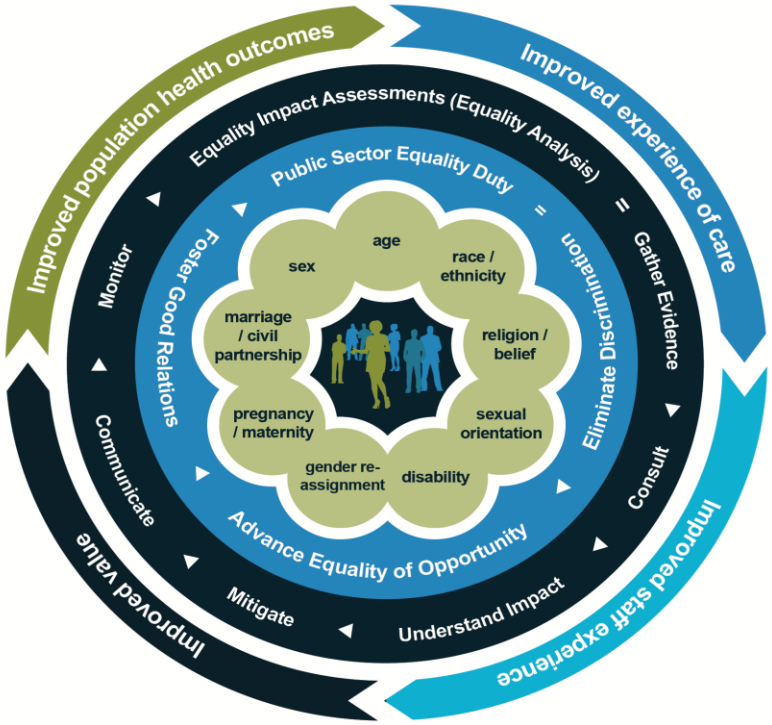
Ask about the #ELFTPromise

We care
We respect
We are inclusive

Working across the organisation with our service users and carers, staff and partners: an overview

NHS East London NHS Foundation Trust

Testing our approach to delivering effective equality, diversity and human rights practice at the Trust



- At its heart is understanding our patients and staff individually and collectively using the 'protected characteristics' of the Equality Act 2010
- Meeting our statutory obligations with 'due regard' to the Public Sector Equality Duty
- Testing policy and service development with the equality impact assessment tool
- Delivering the strategic outcomes to achieve our mission

Ask about the #ELFTPromise

We care
We respect
We are inclusive

Refreshed Trust Strategy: how does equality fit?
Richard Fradgley: Director of Integrated Care

NHS East London NHS Foundation Trust

East London NHS Foundation Trust provides community health, mental health and primary care services to a population of around 1.8 million people across Bedfordshire, Luton, Richmond and East London. Our strategy takes into account the changing needs and assets within our local populations, the impact of the pandemic on our communities, greater collaborative working between local health and social care and voluntary sector organisations, and the views of local people, staff and stakeholders. It provides us with direction, and defines our priorities as an organisation.

Mission
What is our role in society

To improve the quality of life for all we serve

Strategic Outcomes
What are the biggest factors that will help us achieve our mission?

- Improved population health
- Improved experience of care
- Improved staff experience
- Improved value

Specific Objectives
What do we need to work on, for each of our strategic outcomes, to achieve our mission?

Improved population health

- Prioritise children and young people's emotional, physical, social and learning development
- Support service users, carers and the communities we serve to develop skills & to access meaningful activity and good quality employment
- Support service users, carers and the communities we serve to achieve a healthy standard of living
- Contribute to the creation of healthy and sustainable places, including taking action on climate change
- Champion social justice, and fully commit to tackling racism and other forms of prejudice
- Prioritise prevention and early detection of illness in disadvantaged groups

Improved experience of care

- Address inequalities in experience, access and outcomes in our services
- Deliver on our commitment to integrated care, including multidisciplinary teams working around neighbourhoods
- Get the basics right through reducing waiting times and increasing access to services, meeting existing and new demand
- Continue to build our approach to coproduction, people participation and programmes such as peer support and befriending
- Build on the innovation that we saw during the pandemic to transform and improve our clinical delivery, strengthening our ability to adapt and remain flexible and resilient to future challenges and opportunities

Improved staff experience

- Develop and embed trauma-informed approaches into clinical practice and in our work with communities and partners
- Prioritise quality of care and develop our patient safety approach, applying quality improvement to all that we do
- Enhance our digital and data infrastructure so it works effectively in service of our teams
- Get the basics right through supporting our staff and teams to thrive and be happy and healthy, including work-life balance
- Develop and grow our workforce, offering lifelong learning, professional development and creating new and exciting opportunities for staff, service users, carers and local communities

Improved value

- Extend the financial viability programme, engaging all in reducing waste, improving financial and environmental sustainability
- Work collaboratively across the system with our partners to improve value and reduce waste

Some of the things we've done…

NHS East London NHS Foundation Trust

Wres Expert	White Allies	Respect and Dignity @ Work Campaign		Executive and Non-Executive Pledges	Making Equality Work	Staff equality Networks					
Workforce Race Equality Standard		Workforce Disability Equality Standard		Gender Pay Gap	Marmot Trust	Stonewall Equality Index					
Patient and Carer Race Equality Framework	Safe Space - CAMHS Report	Anchor institution	Sexual Safety on the Wards	Covid Race and Privilege	Lets Talk Report	Working Together Priorities	Interpreter and Translation				
'My Name really is…' Twitter Campaign	Racism on East India Ward	Inequalities workstream (to understand the impact of		Inequalities work in ICS		Improving Population Health		Knife Crime and Gangs			

Becoming an anti-racist and multicultural organisation

East London NHS Foundation Trust

Continuum on Becoming an Anti-Racist, Multicultural Institution

MONOCULTURAL → MULTICULTURAL → ANTI-RACIST → ANTI-RACIST MULTICULTURAL					
Racial and Cultural Differences Seen as Defects		**Tolerant of Racial and Cultural Differences**		**Racial and Cultural Differences Seen as Assets**	
1. Exclusive A Segregated Institution	**2. Passive** A "Club" Institution	**3. Symbolic Change** A Multicultural Institution	**4. Identity Change** An Anti-Racist Institution	**5. Structural Change** A Transforming Institution	**6. Fully Inclusive** A Transformed Institution in a Transformed Society
• Intentionally and publicly excludes or segregates African Americans, Native Americans, Latinos and Asian Americans • Intentionally and publicly enforces the racist status quo throughout institution • Institutionalization of racism includes formal policies and practices, teachings and decision-making on all levels • Usually has similar intentional policies and practices toward other socially oppressed groups, such as women, disabled, elderly and children, lesbians and gays, Third World citizens, etc.	• Tolerant of a limited number of People of Color with "proper" perspective and credentials • May still secretly limit or exclude People of Color in contradiction to public policies • Continues to intentionally maintain white power and privilege through its formal policies and practices, teachings and decision-making on all levels of institutional life • Often declares, "We don't have a problem."	• Makes official policy pronouncements regarding multicultural diversity • Sees itself as "non-racist" institution with open doors to People of Color • Carries out intentional inclusiveness efforts, recruiting "someone of color" on committees or office staff • Expanding view of diversity includes other socially oppressed groups, such as women, disabled, elderly and children, lesbians and gays, Third World citizens, etc. But . . . • "Not those who make waves" • Little or no contextual change in culture, policies and decision-making • Is still relatively unaware of continuing patterns of privilege, paternalism and control	• Growing understanding of racism as barrier to effective diversity • Develops analysis of systemic racism • Sponsors programs of anti-racism training • New consciousness of institutionalized white power and privilege • Develops intentional identity as an "anti-racist" institution • Begins to develop accountability to racially oppressed communities • Increasing commitment to dismantle racism and eliminate inherent white advantage But . . . • Institutional structures and culture that maintain white power and privilege still intact and relatively untouched	• Commits to process of intentional institutional restructuring, based on anti-racist analysis and identity • Audits and restructures all aspects of institutional life to ensure full participation of People of Color, including their worldview, culture and lifestyles • Implements structures, policies and practices with inclusive decision-making and other forms of power sharing on all levels of the institution's life and work • Commits to struggle to dismantle racism in the wider community, and builds clear lines of accountability to racially oppressed communities • Anti-racist multicultural diversity becomes an institutionalized asset • Redefines and rebuilds all relationships and activities in society, based on anti-racist commitments	• Future vision of an institution and wider community that has overcome systemic racism • Institution's life reflects full participation and shared power with diverse racial, cultural and economic groups in determining its mission, structure, constituency, policies and practices • Full participation in decisions that shape the institution, and inclusion of diverse cultures, lifestyles and interests • A sense of restored community and mutual caring • Allies with others in combating all forms of social oppression

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- To continue our efforts to improve the experience of staff, patients and service users across all protected characteristics through a revised Equalities Plan 2022-2026 in line with the Trust Strategy
- Embed new governance structure to support the Equality, Diversity and Inclusion agenda reporting to the board regularly via the board subcommittee structure
- To build on the WDES and WRES action plans, which will have a concentrated focus on a small number of indicators in order to be more impactful.
- To progress the Trust's ambition to become an anti-racist and multicultural employer.

East London
NHS Foundation Trust

REPORT TO THE TRUST BOARD IN PUBLIC
29 September 2022

Title	2021 Annual Equalities Report
Author	Anita Hynes – Freedom to Speak up Guardian
Accountable Executive Director	Tanya Carter, Chief People Officer Richard Fradgley, Executive Director of Integrated Care & Deputy CEO Lorraine Sunduza, Chief Nurse & Deputy CEO

Purpose of the report

To present the Trust 2021 Annual Equalities report, showcasing the activities across the Trust and the supporting Equality plans for staff and service users to compliment the Trust Strategy.

The Board is asked to

a. **RECEIVE** and **NOTE** the report
b. **NOTE** the assurance provided and **CONSIDER** if further sources of assurance are required.

Key messages

The Trust new 5-year strategy and the both the staff and service users are working to create their equality related supporting plans. Both priorities include working to improve inequalities for disadvantaged groups.

The Trust has recruited a lead for Equality Diversity and Inclusion who will support the Chief Nurse and the Chief People Officer to oversee the staff and service user Equality Plans with support from the Director of Integrated Care and the public health team.

The equality, diversity and Inclusion plan, including population health equalities was presented to the Council of Governors on 9 September 2021 and at a Trustwide event on 22 February 2022.

There is a Quality Improvement equity programme that has been developed for operational services to use the QI method to tackle equality related gaps at service. The programme will be led by the Chief Quality Officer and the Chief Nurse. The programme may include any gaps not identified by the Trust wide plan.

ELFT is currently 1 of 4 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. We are currently in the process of reviewing the survey information and working with NHS England to create a plan to address areas identified for improvement. The PCREF work will form part of the equalities plan.

From a staff perspective the Trust have continued to progress against indicators such as the Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES). We have seen progress against a number of indicators.

Further work is ongoing to see even more improvements in the 2022 submissions. We are seeing closer alignment between equality, diversity and inclusion initiatives for patients, service users and staff.

Strategic priorities this paper supports

Improved population health outcomes	☒	
Improved experience of care	☒	
Improved staff experience	☒	
Improved value	☒	

Implications

Equality Analysis	The plan will assist the Trust in improving service user experience by focussing on equalities of populations that may be disproportionately impacted
Risk and Assurance	If services do not demonstrate the commitment to and results of working at addressing inequalities
Service User/ Carer/Staff	Improving experience of care is a strategic aim, focussing of inequalities will contribute to improving the services that are delivered and improving service users experience.
Financial	Service user experience has an impact on the efficiency of services
Quality	There is evidence that improving diversity and inclusion has a positive impact on quality and safety.

East London NHS Foundation Trust

Equalities Annual Report 2021

Paul Calaminus – Chief Executive Officer

It is a pleasure to introduce the Trust Equality, Diversity and Inclusion Annual Report for 2021. This report reflects the importance of the work that we are doing together as a Trust, with those who use our services, to try and address the many issues of equality and diversity that people experience every day.

The report gives examples I think of not only how people are working together to tackle issues at a team and local level, but also how we as Trust are trying to address systemic issues of inequalities and the structures that can perpetuate these. It also reflects the work that we are doing in wider communities to try and improve peoples' experience.

Equality, Diversity and Inclusion are at the heart of our Trust Strategy and our values. This report shows where we have made progress, and how we intend to work to address inequalities as we continue to strive to improve.

Our Trust

East London NHS Foundation Trust (ELFT) provides a wide range of community and inpatient services to children, young people, adults of working age and older adults to the City of London, Hackney, Newham, Tower Hamlets, Bedfordshire, and Luton. Additionally, we provide Talking Therapy Services in Richmond. We also provide primary care services in two GP practices in Bedfordshire along with primary care services to homeless people from three practices, one each in Tower Hamlets, Hackney and Newham.

The Trust provides forensic services to the City of London and the London Boroughs of Hackney, Newham, Tower Hamlets, Barking and Dagenham, Havering, Redbridge and Waltham Forest. The specialist Forensic Personality Disorder Service serves North London. The Trust's specialist Mother and Baby Psychiatric Unit receives referrals from London and the Southeast of England.

ELFT provides local services to an East London population of 820,000 and to a Bedfordshire and Luton population of 630,000. We provide Forensic Services to a population of 1.5 million in North East London. East London is one of the most culturally diverse parts of the country but is also one of the most deprived areas, as is Luton. The county of Bedfordshire is a predominantly rural area with some of the most affluent communities in the country living alongside some of the most low-income and deprived groups. Both areas therefore pose significant challenges for the provision of mental health, community health and primary care services.

The Trust operates from over 100 community and inpatient sites, employs just over 6500 permanent staff and has a total annual income of £508.4million. The Trust provides Mental Health, Community Health and Primary Care services. Mental Health Services provide the greatest proportion of ELFT income, however current ‘block’ funding arrangements, instituted in response to the COVID pandemic mean it is not currently possible to calculate a breakdown of income by service type.

As during 2020/21 the Covid19 pandemic has cast a shadow over the country, and impacted on all health providers, with 2021/22 bringing some sense of consolidation and recovery as the year progressed. Increasing integration of services, and greater partnership working, has continued apace, exemplified by the Mental Health Community Transformation project taking place across East London and Bedfordshire.

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Operating in 3 integrated care systems:

1. North East London
2. Bedfordshire, Luton & Milton Keynes
3. South West London

Mental health services
Newham, Tower Hamlets, City & Hackney, Luton and Bedfordshire

Forensic services
All above & Waltham Forest, Redbridge, Barking & Dagenham, Havering

Child & Adolescent Mental Health services, including tier 4 inpatient service

Regional Mother & Baby Unit

Primary care psychological services
Newham, Tower Hamlets, Richmond and Bedfordshire

Community health services
Newham, Tower Hamlets & Bedfordshire

Specialist children's services in Newham

Primary Care Services
3 GP Practices in East London that support homeless people with complex needs
2 GP practices in Bedfordshire

Covid-19 Vaccination Centre
Westfield Centre, Stratford

Five Year Strategy

In October 2021, ELFT published its Five-Year Strategy. ELFT's over-arching mission is to improve the quality of life for all we serve. Following on from the 'Big Conversation' held with staff, service users and stakeholders during the summer of 2021, our vision is refreshed. Our Vision is to work with our partners to deliver on our commitment to person-centred coordinated mental and physical health care, to improve the health and wellbeing of the communities we serve, and to recover from the pandemic and promote social justice”

Our Four Objectives

There are four objectives in our plan, which again remain consistent with our previous strategy:

- **To improve population health outcomes** so that our communities are healthier and able to get more out of life.
- **To improve the experience of care** – so that anyone in contact with our services feels safe, feels involved in decisions about their care and knows that the staff around them are focused on their recovery and their future goals.
- **To improve staff experience** – so that staff are able to grow, learn, feel supported and enjoy what they do.
- **To improve value** – by making the best use of our resources, making the best use of everyone’s time, removing obstacles that delay or hold things up, and by adopting systems and processes to make things more efficient and effective for everyone.

Our Mission is:

To improve the quality of life for all we serve

Our Vision:

We will work with our partners to deliver on our commitment to person-centred coordinated mental and physical health care, to improve the health and wellbeing of the communities we serve, to recover from the pandemic and to promote social justice…

Our Promise

As part of our continuing commitment to the way in which we work together in our mental health, community health and primary care services, and with our partners, we promise:

- To work together creatively
- To learn what matters to everyone
- To achieve a better quality of life
- To continuously improve our services

Our Organisational Treasures

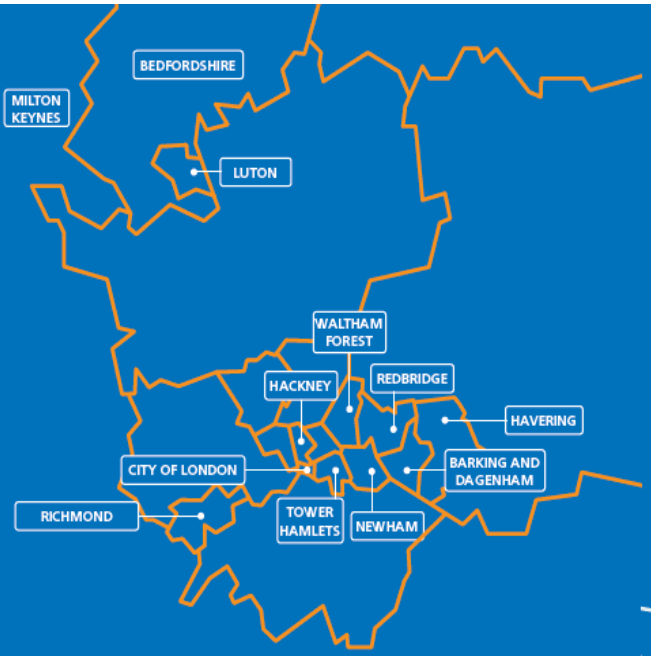
We believe our strengths as an organisation will support us on our journey, including:

Our Values Are:

We Care

We Respect

We are Inclusive



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The ELFT Strategy

East London NHS Foundation Trust provides community health, mental health and primary care services to a population of around 1.8 million people across Bedfordshire, Luton, Richmond and East London. Our strategy takes into account the changing needs and assets within our local populations, the impact of the pandemic on our communities, greater collaborative working between local health and social care and voluntary sector organisations, and the views of local people, staff and stakeholders. It provides us with direction, and defines our priorities as an organisation.

Mission

What is our role in society

To improve the quality of life for all we serve

Strategic Outcomes

What are the biggest factors that will help us achieve our mission?

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- Improved experience of care
- Improved staff experience
- Improved value

Specific Objectives

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Improved value

- Extend the financial viability programme, engaging all in reducing waste, improving financial and environmental sustainability
- Work collaboratively across the system with our partners to improve value and reduce waste

Introduction

The Trust has a duty to make sure that the policies, procedures, and ways of working do not discriminate any group. Public Sector Equality Duty means there is a responsibility to ensure that no one is negatively impacted because of:

- Race/Ethnicity
- Age
- Religion/Belief
- Sex
- Gender Reassignment
- Marriage/Civil Partnership
- Maternity /Pregnancy
- Sexual Orientation
- Disability.

Working with our staff, service users and partners we are committed to:

- Advancing equality of opportunity and making it everyone's responsibility
- Valuing the diversity of our staff, service users and carers and using it to build our knowledge about how to create solutions to complex problems
- Improving staff awareness of the key policies supporting the principles of diversity and equality
- Recognising, challenging and eliminating discriminatory behaviour.

The work in ELFT is to ensure that protected characteristics of staff, service users and patients does not have a negative impact on their experience of the Trust. Executive oversight for Equality, Diversity and Inclusion is led by Chief Nurse, Chief People Officer and Executive Director of Integrated Care. The work is divided into 3 work streams: Service User Equalities is led by Lorraine Sunduza (Chief Nurse), Staff Equalities is led by Tanya Carter (Chief People Officer) and Health Inequalities (Population Health) is led by Richard Fradgely (Director of Integrated Care). The Trust appointed to a new position of head of Equality, diversity and Inclusion in April 2022.

In 2021 the Trust made progress in moving this agenda forward. The Equality, Diversity and Inclusion work has continued at directorate and Trust wide level. This report highlights some of the work related to service users, staff and the wider populations in the places that the Trust serves. ultimately it is about understanding service users and staff individually and collectively using the protected characteristics of the Equality Act 2010.

Care Quality Commission (CQC) Inspection 2021

CQC rated The Trust Outstanding, in the report they stated that:

- Staff described how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act
- Our proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met patient's individual needs, which was accessible and promoted equality
- A strong organisational commitment and effective action towards ensuring that there is equality and inclusion across the workforce.

ELFT Making Equality Work at place

The work on the Trust's Equality, Diversity and Inclusion priorities continued during 2021. Each directorate created equality plans in alignment to the Trusts strategic aims. Each quarter there was a placed based "Making Equality work in…" forum for each speciality to present on the achievement, challenges and plans related to equalities. This gave each service a space and opportunity to learn from each other and share work that is happening in the borough. The

discussion are for staff, service users and wider populations. All the session involved service users, network leads and staff across the Trust.

The Chief Nurse/Deputy CEO chairs the forum, with discussions led by Service/Clinical Directors. The remit ensures stronger links between Trust-wide work and that undertaken in the Directorates. The remit was to:

- Discuss local work on equality, diversity and human rights
- Understand how the connections between all locally-based help make this happen
- Understand how the equality, diversity and human rights needs of your local communities are met
- Explore the challenges and good practice to tackle them.

Working with BLMK ICS

The Chief Executive chairs the BLMK ICS Inequalities Group. Accountable to this group, with involvement of the Trust, the Denny review into inequalities across BLMK is underway. This has included a literature review to understand existing knowledge, gaps and good practice and will be followed by a community engagement exercise during the summer.

Accountable to the BLMK ICS Mental Health Programme Board, chaired by the Director of Integrated Care, an Advancing Mental Health Equality Strategy and action plan is in place across BLMK. Using the 4-step process for recognising, identifying and addressing inequalities and advancing equality, this covers the breadth of need and service provision including perinatal, children and young people, young adults, IAPT, dementia, community mental health, crisis, acute care, suicide reduction and bereavement, rough sleeping, staff mental health support, digital and autistic people and those with a learning disability. Overseen by a working group chaired by the Director of Bedfordshire and Luton Mental Health Services, this work is to be evaluated in early 2022/23 overseen by Public Health Milton Keynes.

Equality, Diversity and Inclusion: Service Users

Patient and Carer Race Equality Framework (PCREF)

The Patient and Carer Race Equalities Framework (PCREF) is an important part of the Advancing Mental Health Equalities Strategy. It is to support NHS Trusts to improve ethnic minority community experiences of care in mental health services. The PCREF was one of the key recommendations of the independent review of the Mental Health Act agreed by the government.

The development of the PCREF is being overseen by the PCREF Steering Group chaired by Dr Jacqui Dyer, Mental Health Equalities Adviser to NHS England and NHS Improvement. The steering group was established in May 2020 and reports to the taskforce, with members including patients, carers and staff from the four PCREF pilot sites:

- East London NHS Foundation Trust
- South London and Maudsley NHS Foundation Trust
- Birmingham and Solihull Mental Health NHS Foundation Trust
- Greater Manchester Mental Health NHS Foundation Trust.

The disproportionate impact of COVID-19 on ethnic minority communities and global movements to address racism have brought longstanding inequalities to the surface. Newham and Hackney had some of the largest excess deaths in the country at the peak of the coronavirus pandemic. COVID-19 also proved to disproportionately impact ethnic minority communities, including in east London, indicating the extent of the racial inequalities in these areas. The PCREF will be an organisational competency framework to help services provide culturally appropriate care. It will be a practical tool to help mental health trusts work with ethnic minority communities and understand what steps the trusts can take to achieve practical improvements. This will mean going beyond a “one size fits all” approach and instead tailoring mental health care according to the needs of specific ethnic groups. This requires awareness and acknowledgement of religious values, the

extent and specificity of language barriers and other health inequalities. The PCREF pilot sites are undertaking community engagement in 2021 on the PCREF competencies and the best way to measure them, to develop and test their local PCREF approach.

PCREF key achievements 2021

- Two Lived Experience Researchers (LERs) were recruited to support with this project and lead on the engagement activities.
- The LERs have identified three East London boroughs to work with: Newham, Tower Hamlets and City & Hackney.
- People Participation Networks engagement
- The online survey and word document version of the survey are being consistently shared with all the networks and services contacted by the LERs.
- Following the advice and recommendations of (PP Lead for Learning Disability Service and Operational and Strategic Lead for Learning Disability Service, the team put together a simplified version of the questionnaire, with accompanying pictures and explanatory notes, culminating in the Easy Read version which is currently being distributed (see appendix 3).
- In conjunction with People Participation Lead for Child and adolescent services, the team is in the process of creating a child-friendly version of the questionnaire to encourage more under 18s to complete the survey.
- For the CEO Discussion Group in August 2021, LERs collaborated with, BAME People Participation Worker and conducted the "Let's Talk" focus groups, where he conducted research into BAME experiences of mental health care. The team will be incorporating this report's findings and recommendations into the PCREF.
- The LERs attended the World Mental Health and Homelessness Awareness Day on 8th October, an event also attended by Newham's Mayor, and Councillors. Along with helping service users complete the questionnaire in real time at the event, our LERs connected with the following local charities and networks:
    - Mind in Tower Hamlets & Newham
    - Newham Parents Forum
    - Heal Together
    - Caritas Anchor House
    - East End Citizens Advice Bureau
    - Street Population Manager (Newham Council)
    - Change, Grow, Love (CGL)
    - Hestia
    - Shelter
    - London Black Women's Project
- Communications materials developed by the LERs to support this work include:
    - YouTube clip
    - Flyer (displayed in local libraries and hospital units)
    - Twitter graphics (see appendix 6), with quotes and testimonials from mental health professionals within ELFT
    - Articles for the *Hackney Gazette* (see appendix 4) and on the ELFT website (see appendix 5)
    - Information for ELFT intranet and internet
    - QR code to access the survey online
    - Promotion of the survey link in the Newham Talking Therapies and CAMHS microsites, as well as in the BAME Network and Perinatal communications
    - Mass mailer to ELFT staff through Sean Delaney, Manager of External Comms
    - Liaison with Digital Services PP Lead, Saleem Haider, for digital inclusion
    - Liaison with Jessica Prakash, Recovery College Manager
- A total of 102 completed questionnaires by the closing of the survey on 30th October 2021

PCREF key priorities

- Address any translation concerns surrounding accessibility of the survey, keeping in mind the various dialects that may prevent accurate written translation.
- Address the accessibility issues that have arisen with the survey and centralise these for ease and cost-effectiveness.
- Accommodation of postal returns of survey hard copies and their incorporation into the data and feedback analysis, with consideration of GDPR guidelines and the safe storage of this information.
- Request survey completion data from NHSEI to track survey completions for ELFT
- Continue attending NHSEI meetings to keep abreast of developments and share good practice.
- Analyse the results of the survey data and feedback
- Explore what it means and how to use that information to improve our services for BAME service users.
- Establishing connections and relationships with voluntary charity organisations to ensure cultural competence for specific groups
- Continue to work alongside the Recovery College, People Participation and other networks within East London.
- Embedding the PCREF Framework in all our MH services (the organisational competencies)

“Let’s Talk” BAME

It is widely known that mental health services struggle to meet the needs of Black, Asian and minority ethnic groups. Despite this knowledge and previous attempts to engage with the BAME communities, many of the same issues remain: difficulties engaging the BAME community, an overrepresentation of BAME people in acute settings and an underrepresentation in psychological therapies.

The Transformation Programme within the East London NHS Foundation Trust provided an opportunity to identify and address the unmet mental health needs of BAME people within local communities in Tower Hamlets, Newham and City and Hackney. Between February and March 2021, we ran a series of BAME “Let’s Talk” focus groups in each of the three boroughs respectively. The aim of these groups was firstly to understand the experience of Black, Asian and minority ethnic people with lived experience of accessing mental health services, or caring for someone accessing services. There is a lot of literature and data from previous focus groups that highlights the issues experienced by BAME people in accessing and engaging in mental health services. However, it was important to allow participants in these groups to share their experiences with one another and have their stories felt and validated. A second aim of the groups was to generate ideas for change, building on the momentum of the wider Transformation work within the Trust. Focus group sessions were co-facilitated with Trainee Clinical Associates in Psychology (CAPs) a psychotherapist, a Trainee Clinical Psychologist - one of the service users and a community connector in latter group sessions. All were from BAME backgrounds and had a specific interest in this project. Turn-out largely reflected the demographics of the general population within each borough.

The recommendations of the ‘Let’s Talk’ report which was generated and published in East London last year. Each of the boroughs has a BAME Implementation Group established to oversee its delivery.

Using Quality Improvement to address inequality

Racism on East India Ward: Global events such as death of George Floyd, and the first wave Covid pandemic in highlighted the inequalities faced within BAME communities. Specifically the lack of parity, fairness, opportunities, negative stereotyping and profiling that people face daily in

both their personal and work lives. Nursing staff on East India Ward experience all of the above whilst endeavouring to provide high quality nursing care to patients with complex care needs. How could they do this, speak openly about their experiences and be able to seek out tailored support around racism when significant cultural and systematic change with regards to Racism needed to happen within the service. They would do this through QI! The Racism QI Working Team was made up from MDT, nursing staff and service users. A 10-point action plan was implemented post racist incident: a staff race relations rep would have a one to one with the victim, offer support, contact police and raise in the daily morning meeting, training on racism was delivered by an external provider to all staff and a safety cross was put on the ward where staff and patients could record grey dots for all racist incidents. This led to fewer incidents of racism and staff were able to freely talk about racism.

Learning: Honesty and transparently about racism; actively listen and hear people's experiences of racism; how it shapes people and continues to affect them; acknowledge and own any mistakes you make and learn from them; celebrate whatever wins and gains you achieve; and never, ever give up (this is where a strong team with mutual trust and support is important) then your QI will work! This work won a British Medical Journal award for Inclusion and Diversity.

Working for and with carers

In autumn 2020 a survey of carers about health and life during the lockdown yielded almost 100 detailed and heartfelt responses. As with other issues, the pandemic reinforced and exposed inequalities for carers with many respondents feeling existing challenges worsened. The key themes emerging were about:

- The relationship between services and carers including the need for better communication with and information from professionals, improved access and support and demonstration of respect – learning about what works from carers support (from voluntary and community groups) and People Participation
- Moving service delivery from face-to-face to virtual including opportunities and challenges and equipping carers with the right skills

Throughout 2021 a mapping exercise was undertaken demonstrating a range of support and services although it was clear that carers were often unaware of what was happening. Following consultation with services and carers, a new Carers Strategy has been agreed with a 'Carers Promise' focussing on the following five priorities:

- Improve identification and recognition of carers including young carers
- Staff should be aware of carers and trained to engage with carers effectively
- Clear pathways to access support for carers and help in a crisis
- Carer voice and involvement
- Ensure right support is in place for young carers.

Chaired by the Director of Social Work and meeting bi-monthly, a Carers Strategy Implementation Group has been established with an oversight role across the Trust designed to provide support and critical reflection and hold directorates/services to account for delivery of the Strategy, meeting the local needs of their carers.

Friends and Family Test (FFT) by demographics

Tables below show the percentage of people who responded positively to the friends and family test (FFT) question. This means they responded with either with either 'likely' or 'extremely likely' to the question would you recommend this service to friends and family? (FFT question up until November 2020), or 'good' or 'very good' to the question overall, how was your experience of our service? (FFT question since November 2020). Of the 9,244 responses to the FFT question between 1 April 2021 and 31 March 2022, 4,417 also responded to questions related to demographic information that includes age, race, gender, disability and sexuality. In all cases, the number of people the percentage pertains to is included (n = number) as in some cases the percentage is made up of a very small sample, e.g. 0-15 years olds of which there are only 7.

The data includes the following directorates:

- Bedfordshire and Luton mental health services
- Bedfordshire community health services
- Community health services adults
- City & Hackney
- Forensics
- Newham
- Primary Care
- Specialist services (except CAMHS whose FFT data is not available via the Envoy system, and SCYPS who do not collect demographic information)
- Tower Hamlets
- Tower Hamlets community health services
- Stratford Vaccination Centre.

Spiritual Team

The team was able to continue visiting the wards and supporting service users. At certain periods they were able to continue with times of prayer on the wards and at the John Howard Centre to maintain Friday Prayers. On other sites there were restricted to small groups on wards being unable to provide cross ward activity. A combination of remote working with ward visits ensured that all service users who needed spiritual support were provided with care. A large number of service users in the community were supported either by person to person visits within a safe environment or remotely. Some regular training programme for Faith leaders was also interrupted by the COVID restrictions.

The team also extended many hours offering informal support to all our colleagues across the Trust who were impacted by COVID. All team members experienced a heightened need over the year by both colleagues and service users to engage in spiritual conversations. Although the team is diverse many people sought spiritual support not aligned to any particular faith. Our team responds to service users of every faith tradition represented by the population of East London, Luton and Beds. Where it is not possible for a member of the team to meet the spiritual needs of a service user, we are fortunate in having a team of volunteers from other traditions. The team also has contacts within the community from all Faith traditions which they could draw upon

The Accessible Information Standard (AIS)

AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and care services. The Standard tells organizations how they should make sure that patients and service users, and their carers and parents can access and understand the information they are given. This includes making sure that people get information in accessible formats. The Bedfordshire Learning disability clinical team and people participation have been supporting the Trust to ensure information is available to all services beyond learning disability services in an accessible format. The Trust has a plan in place to ensure that it is compliant with the AIS and progress is monitored via the Equalities Board.

Interpreting and Translation

Communication is vital to engagement. The Trust provides interpreting and translation to overcome any communication barriers that people who access any of our services and their significant others. A brief outline that highlights the usage of the service from January to December 2021. As the Trust continued its plan in returning to pre pandemic way of working, this led to Interpreting requests increasing again. Below are some of the key changes and challenges due to COVID 19:

- Face-to-face interpreting started to increase over the year
- Telephone interpreting was now being offered in 2 modes, on demand and scheduled.

- Slight reduction in Scheduled Telephone interpreting, as F2F interpreting increased
- Video interpreting remained steady for the year

Below is an indication of the languages requested across East London, Luton and Bedfordshire.

Chart 1: Usage for London

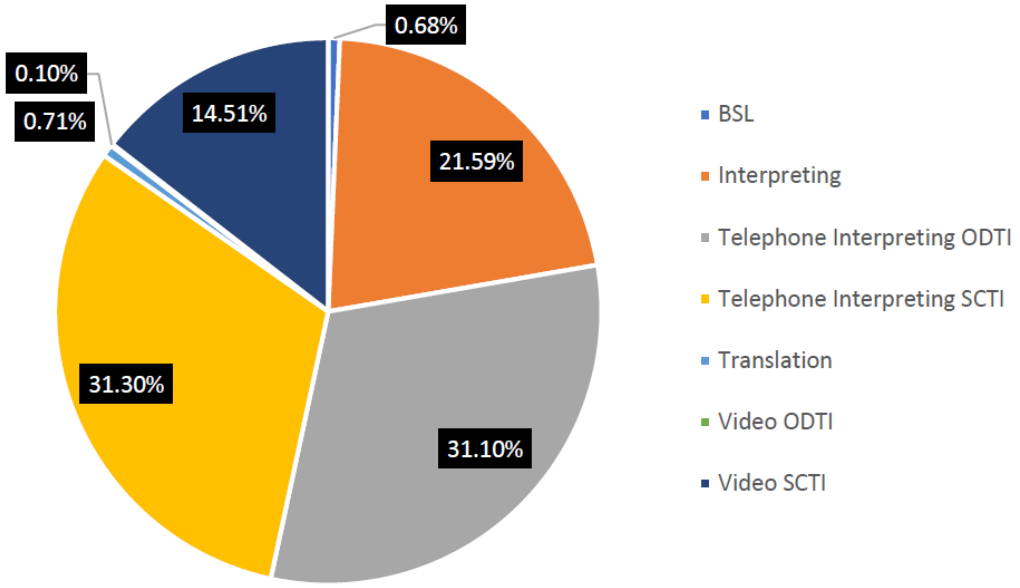
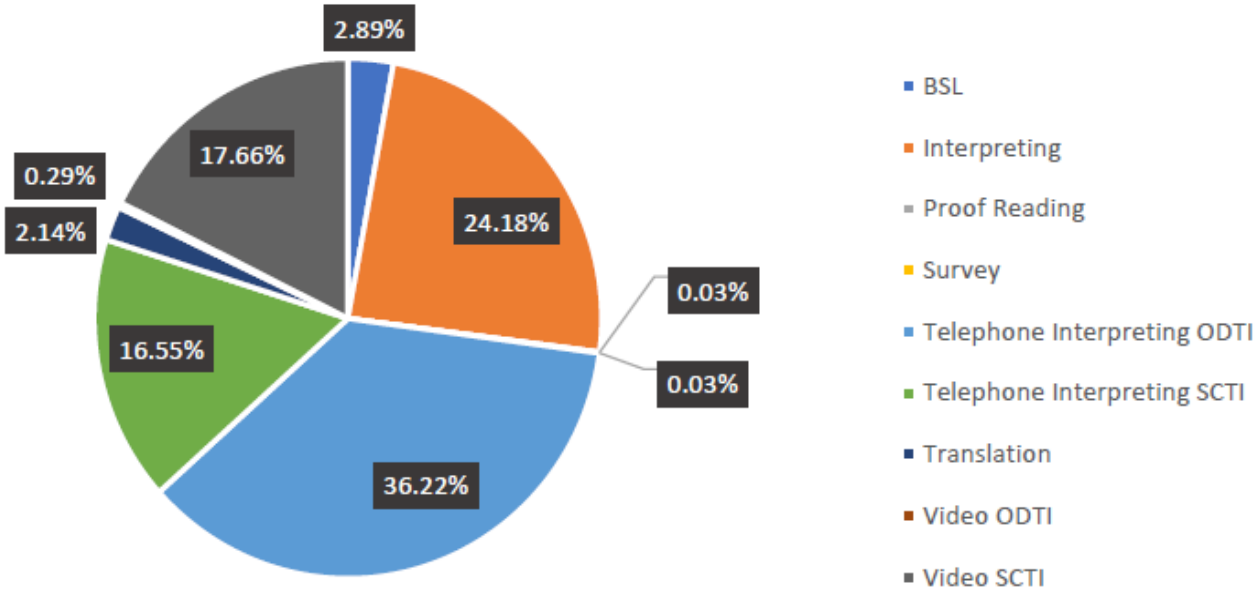


Chart 2: Usage for Luton & Bedfordshire

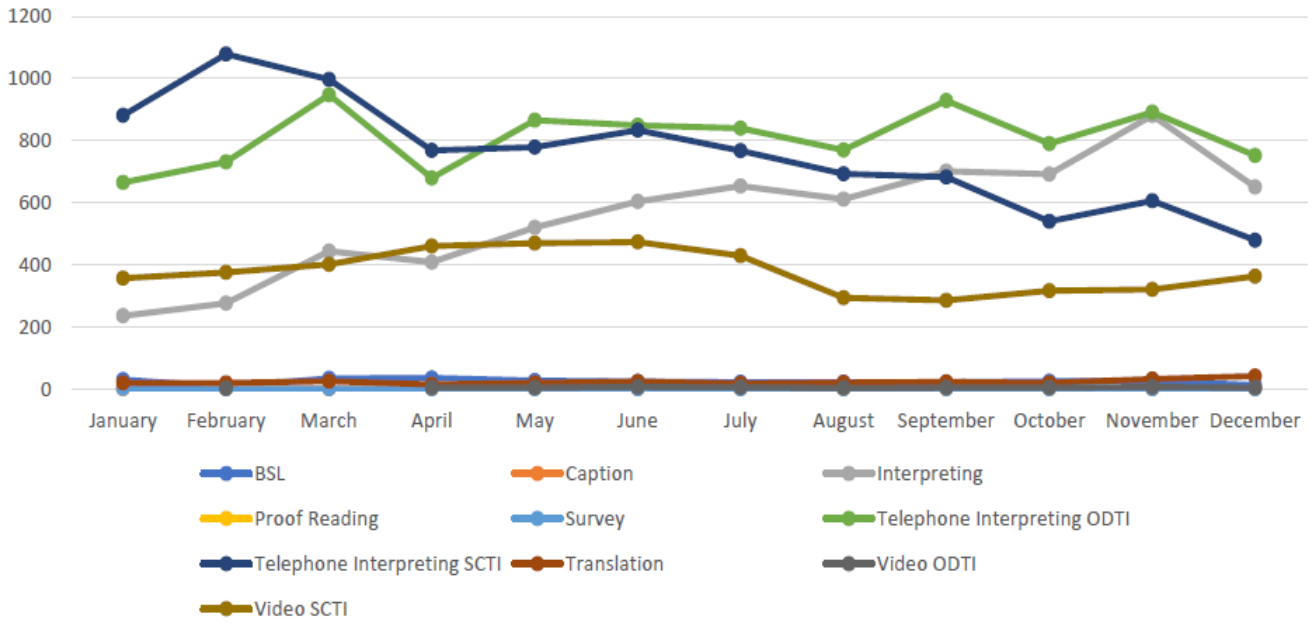


The number of languages used across the ELFT services were consistent throughout the year. East London and Luton & Beds have slightly different requirements due to the nature of the demographics.

Main Languages used

- **London**:
  Bengali/Sylehti, Bengali/Dhaka, Turkish, Urdu, Arabic, Romanian, Spanish, Portuguese, Farsi and Polish

- **Luton & Bedfordshire**:
  Polish, Romanian, Bengali/Sylheti, Urdu, Bengali/Dhaka, Punjabi, Arabic, Farsi, BSL and Italian



Moving forward

Compass Wellbeing have negotiated a more reflective tariff for 2022-2023 for Telephone interpreting and this would benefit the service going forward. We also started a Service User Training programme in Community Interpreting; this enabled ELFT to train a cohort of users who could potentially assist in delivering interpreting services.

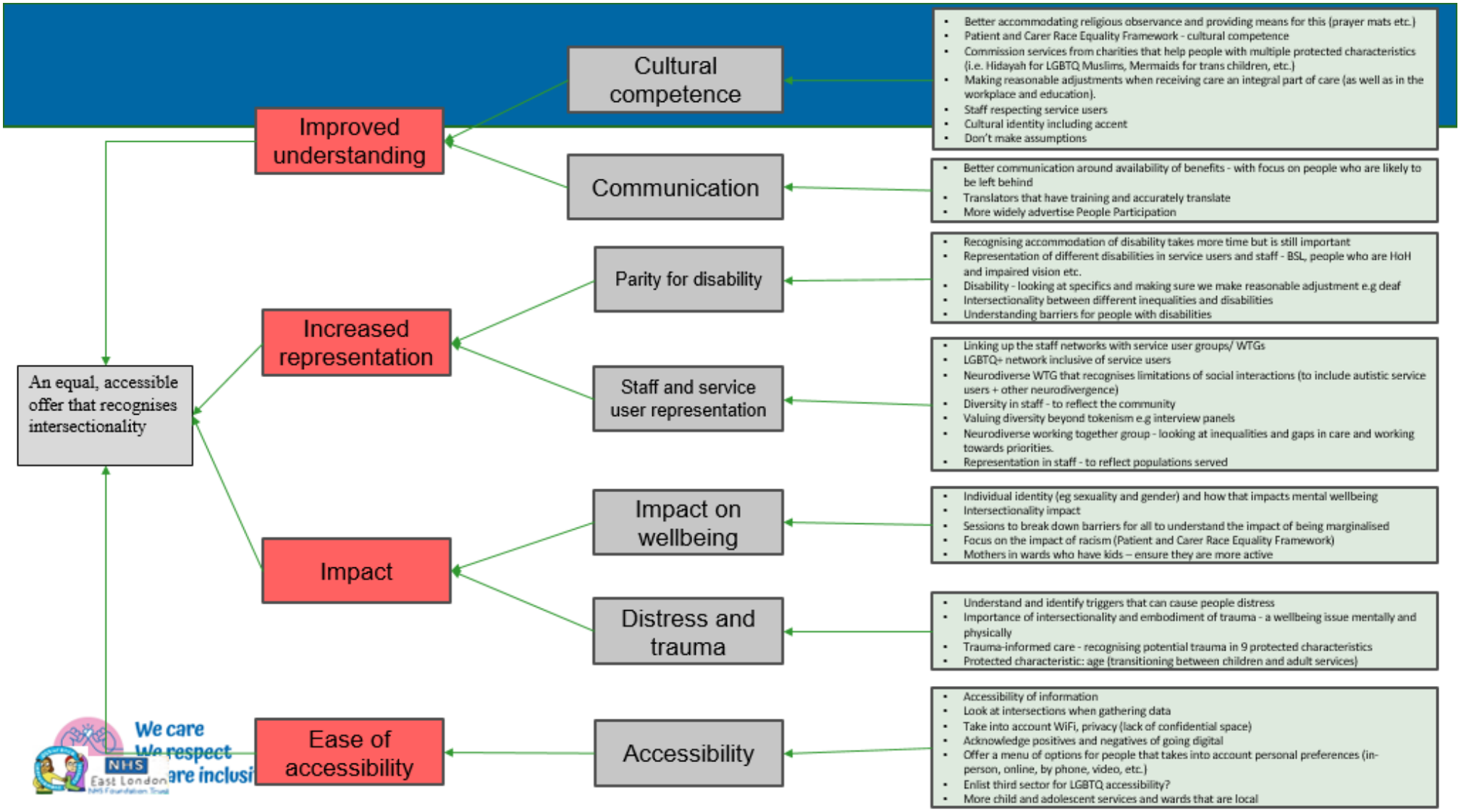
This increases training opportunities and employment prospects. The Level 2 Community Interpreting course started at the end of September 2021 and finished in February 2022. The Level 3 Community Interpreting course started in the beginning of March 2023 and will finish in the beginning of July. Upon passing the Level 3 course we intend on having service users trained and assessed by The Language Shop in order to become qualified and employed interpreters; the reason for this is so that we can fulfil the goal of improving service users' employment prospects and get them into paid work.

NHS Equality Delivery System (EDS2)

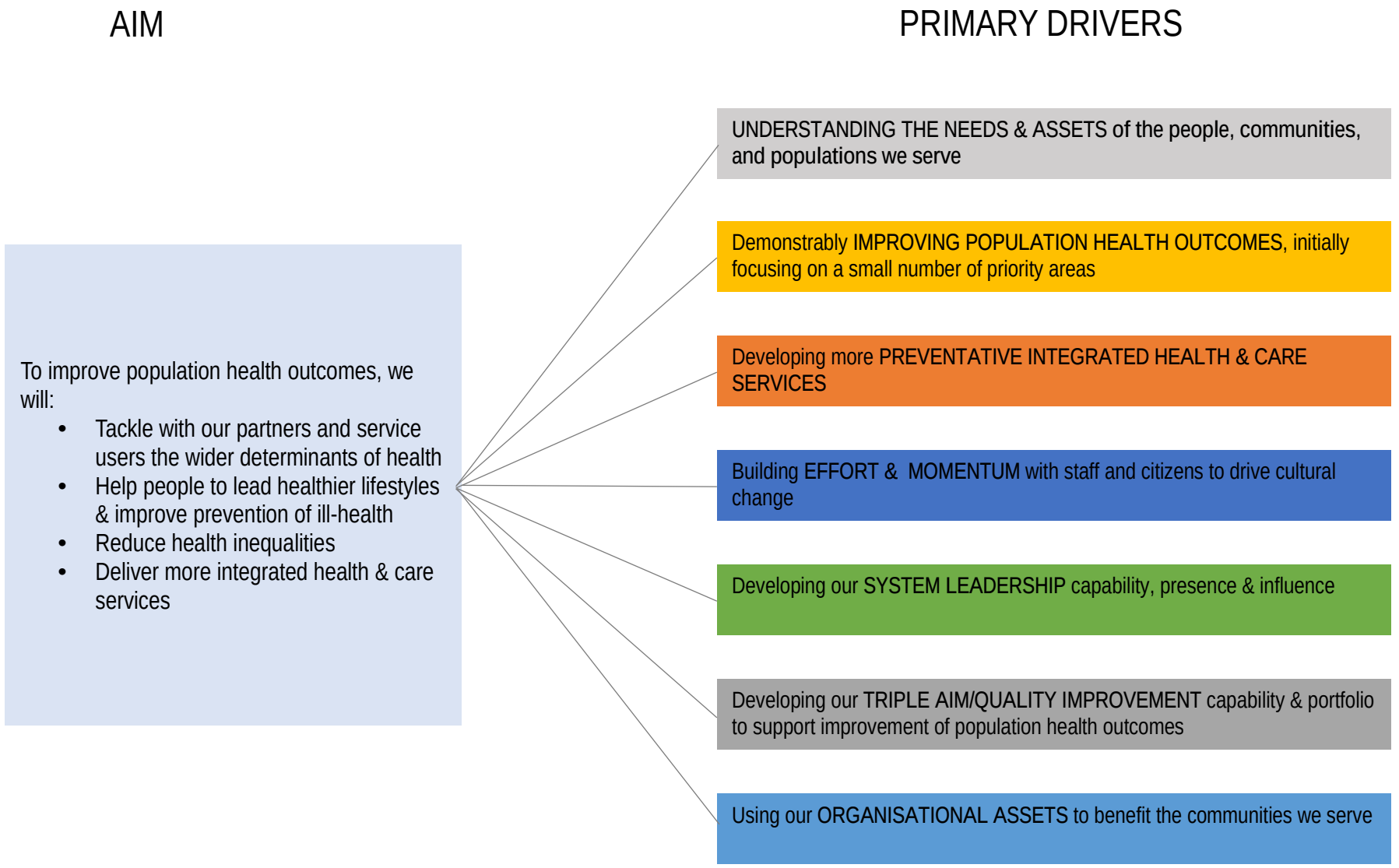
Drawing on focus group discussions with staff and service users, the Trust has used the EDS2 self-assessment tool to reflect on practice and support the ongoing plans in line with the Trust Strategy.

Service user equality plans

The Trustwide working together group priorities included focusing of Equality Diversity and Inclusion. The Chief Nurse facilitated focus groups to create a specific plan to support the new Trust strategy. The driver diagram was presented to the people participation committee. The plan will focus the work 2022-2026.


An equal, accessible offer that recognises intersectionality
Improved understanding
Increased representation
Impact
Ease of accessibility
Cultural competence
Communication
Parity for disability
Staff and service user representation
Impact on wellbeing
Distress and trauma
Accessibility
Better accommodating religious observance and providing means for this (prayer mats etc.)
Patient and Carer Race Equality Framework - cultural competence
Commission services from charities that help people with multiple protected characteristics (i.e. Hidayah for LGBTQ Muslims, Mermaids for trans children, etc.)
Making reasonable adjustments when receiving care an integral part of care (as well as in the workplace and education).
Staff respecting service users
Cultural identity including accent
Don't make assumptions
Better communication around availability of benefits - with focus on people who are likely to be left behind
Translators that have training and accurately translate
More widely advertise People Participation
Recognising accommodation of disability takes more time but is still important
Representation of different disabilities in service users and staff - BSL, people who are HoH and impaired vision etc.
Disability - looking at specifics and making sure we make reasonable adjustment e.g deaf
Intersectionality between different inequalities and disabilities
Understanding barriers for people with disabilities
Linking up the staff networks with service user groups/ WTGs
LGBTQ+ network inclusive of service users
Neurodiverse WTG that recognises limitations of social interactions (to include autistic service users + other neurodivergence)
Diversity in staff - to reflect the community
Valuing diversity beyond tokenism e.g interview panels
Neurodiverse working together group - looking at inequalities and gaps in care and working towards priorities.
Representation in staff - to reflect populations served
Individual identity (eg sexuality and gender) and how that impacts mental wellbeing
Intersectionality impact
Sessions to break down barriers for all to understand the impact of being marginalised
Focus on the impact of racism (Patient and Carer Race Equality Framework)
Mothers in wards who have kids – ensure they are more active
Understand and identify triggers that can cause people distress
Importance of intersectionality and embodiment of trauma - a wellbeing issue mentally and physically
Trauma-informed care - recognising potential trauma in 9 protected characteristics
Protected characteristic: age (transitioning between children and adult services)
Accessibility of information
Look at intersections when gathering data
Take into account WiFi, privacy (lack of confidential space)
Acknowledge positives and negatives of going digital
Offer a menu of options for people that takes into account personal preferences (in-person, online, by phone, video, etc.)
Enlist third sector for LGBTQ accessibility?
More child and adolescent services and wards that are local
We care
We respect
NHS
East London

Population Health and Health Inequality. What are we doing to improve Population Health?



Some Examples of Work

	Programmes of work	Progress
UNDERSTANDING THE NEEDS & ASSETS of the people, communities and populations we serve	**Power BI Population Health Platform produced**	Developed population health page where you can begin to look at services (MH Inpatients at present) by protected characteristics and deprivation. This will be extended across ELFT and resources to support the population health page are being developed.
	Health Needs Assessment (HNA) focussed in inequalities for Child and Adolescent Mental Health services across NCEL	Undertaken a comprehensive HNA with a focus on inequalities in access and outcomes for CYP across North Central and East London.
	Inequalities in vaccination uptake	Detailed analysis of uptake by age, gender, pay band, ethnicity and geographical location. Production of resources and support information aimed at BAME staff and staff on lower pay bands where uptake was lower. Gap is reducing in both groups.
	Health Equity Audit	Undertaken a Health Equity Audit of IAPT services in East London – results showing inequality in access for people from the most deprived communities in East London. Example used across NEL on how to undertake a HEA and action plan in place from IAPT team to address this.
	Indirect impact of COVID-19 on Children and Young People (CYP) with Special Educational Needs and Disability (SEND): Rapid Health Services Equity Assessment, Newham, East London	Undertook qualitative research with 75 families to understand the indirect impact of COVID-19 on children and young people (CYP) with special educational needs and disability (SEND) and their families in Newham, East London. Forty percent of parents/carers perceived that their own mental health deteriorated The financial situation of families worsened in 41%.Two thirds of families accessed food banks. Research is being used to redesign SCYPS services by integrating referrals by health and social care services to available social and financial support.
Using our **ORGANISATIONAL ASSETS** to benefit the communities we serve	**Anchor Organisation**	Established an Anchor Steering group: The main area of focus has been around social value in procurement, and the Steering Group has identified 5 key social value metrics to be included in all of our procurement and contracting (Living Wage, Increased employment & training opportunities for vulnerable groups including service users and those hardest hit by the Covid pandemic; a commitment to sustainability; and retention of spend within the local economy.) Produced a detailed options paper for the Trust Exec on insourcing low paid staff groups. Developed metrics for NEL Anchor Network and contributed to The Health Foundation report on NHS Anchors and NHS England procurement guidance. Undertaken audit of over 200 ELFT suppliers on where they meet the social value metrics.
	Employment steering group	Established an Employment Steering Group to increase employment for mental health service users; developed gold standard approach to how service users want to be supported in gaining employment. Working with service providers to adopt gold standard.

	Programmes of work	Progress
Developing more **PREVENTATIVE INTEGRATED HEALTH & CARE SERVICES**	**Indirect impact of COVID-19 on Children and Young People (CYP) with Special Educational Needs and Disability (SEND): Rapid Health Services Equity Assessment, Newham, East London**	Undertook qualitative research with 75 families to understand the indirect impact of COVID-19 on children and young people (CYP) with special educational needs and disability (SEND) and their families in Newham, East London. Forty percent of parents/carers perceived that their own mental health deteriorated The financial situation of families worsened in 41%.Two thirds of families accessed food banks. Research is being used to redesign SCYPS services by integrating referrals by health and social care services to available social and financial support.
	National Pilot on tobacco control and mental health.	Early Implementer site for NHS England pilot in reducing smoking among mental health inpatients. Current data shows there is a 60% difference in uptake of community stop smoking services between ELFT service users and the general population. We are redesigning the pathway with and for service users and adopting a harm reduction approach.
Building **EFFORT & MOMENTUM** with staff and citizens to drive cultural change	**Inequalities resources**	Development of a population health video explaining population health and inequalities across ELFT; which is used at corporate induction. Resources on how to address inequalities developed and produced by the Inequalities work stream focussed on individual role, team role and organisational role. Production of a how to undertake a health equity audit. We are developing further resources and training courses around inequalities and population health over the next year.
	Inequalities Work stream	In June 2020, in response to the Covid-19 pandemic ELFT established an Inequalities Work stream which aims to ' make our corner of the world a fairer place'. The group has agreed to focus on 7 main drivers: (Improving outcomes for people facing multiple disadvantage; Improving outcomes for BAME communities; tackling the impact of discrimination on staff; addressing the impact of social determinants of health; addressing inequalities that affect the life course; build effort and momentum in the organisation and work with the right partners to accelerate action. The work stream has over 65 members made up of staff and service users. The work stream has undertaken a survey of carers across ELFT and developed a work plan to better support and engage with them and has developed resources to support inequalities work across the organisation.
	Webinars	Based on a request from the Inequalities work stream to increase our understanding of inequalities we have organised a series of webinars with expert guest speakers on topics chosen by the workstream. These have included: • Beyond the data: Understanding the impact of COVID-19 on BAME groups. Professor Kevin Fenton and PHE • Food Poverty • Build Back Fairer – Institute of Health Equity • No Recourse to Public Funds . More webinars are being planned over the next year.
	Training centre for Public Health Specialist Registrars	ELFT is now a recognised and approved training centre by the Faculty of Public Health and HEE for Public Health Specialist Trainees. Since June 2020 we have hosted 5 trainees for health care pubic health placements ELFT.

Tackling the wider causes of inequity

The Trust has led a wide range of work aimed at addressing some of the underlying drivers of inequalities and improving the health of the local population. We have established an Improving Population Health steering group made up on staff, service users and local partners. This group pulls together all the work across the Trust on improving population health and aims to increase our understanding of inequalities for our local populations. To support this the group have organised a series of open access webinars addressing topics chosen by our staff and service users. These have included, Food Poverty, the impact of COVID-19 on BAME communities, Youth and Gang Violence as a Public Health Issue and inequalities facing the Gypsy and Traveller communities.

Research to Tackle Health Inequalities

Tackling health inequalities is the target of a bold new £11.6 million programme of research from Queen Mary University of London and City, University of London, which aims to train 32 healthcare PhDs over eight years.

Programme partners include ELFT and Barts NHS Trust, who are providing participants with funding for up to a year after completion of their PhD so as to encourage them to remain academically active. This support will also allow people to continue benefitting from mentoring support from the Health Advances in Underrepresented Populations and Diseases (HARP) Faculty for a total of two years.

The HARP PhD programme focuses research on people and diseases that have traditionally been underrepresented in healthcare studies.

ELFT as a Marmot Trust

ELFT is collaborating with University College London's Institute of Health Equity (IHE) as the first 'Marmot NHS Trust' in England. Our partnership is to help develop our understanding of what an NHS Trust needs to do to have an impact on the social determinants of health, and to support the further delivery of the Trusts Strategy to improve population health. We are starting this work in Luton and Newham and focussing on employment and children and young people.

No Recourse to Public Funds (NRPF)

Under the aegis of the Inequalities workstream, work has been underway to coordinates practice to meet the needs of people with No Recourse to Public Funds, one of the most vulnerable groups in society. This included a webinar open to all staff to learn from the good practice of the NRPF Network, Doctors of the World and Praxis.

Anchor Organisation

As a large employer with annual expenditure of nearly £500m, ELFT recognises its significant role and responsibility as an anchor organisation to support the health and wealth of the communities it serves in Bedfordshire, Luton, Richmond and East London.

As we emerge from a pandemic, which has highlighted and exacerbated health inequalities, and think about building back better and fairer, there is an ever-greater need for anchor organisations such as ELFT to support place-based approaches that create the foundation for healthy communities and improve population health outcomes. We are doing this by increasing local employment and training opportunities; putting social value into all of our contracts and reviewing existing contracts to ensure they are working to these as well.
Our social value commitments are:

- Ensuring our suppliers pay the Real Living Wage set by the Living Wage Foundation
- Investment to grow and retention of spend in local economies
- The creation of equal employment and training opportunities for local people, people with protected characteristics, service users, and groups hardest hit by the COVID-19 pandemic
- Support for young workers, school leavers and apprenticeship schemes
- A commitment to sustainability, including a reduction in carbon emissions.

We are one of 6 NHS organisations awarded funding by The Health Foundation to review how well we are doing against these commitments and share the learning with the rest of the NHS.

Vaccine Inequalities and hesitancy

The Trust lead the North East London Vaccination centre from January 2021. Throughout the country the lowest numbers of people vaccinated were from Black African, Black Caribbean, Bangladeshi and Pakistani backgrounds. Other characteristics identified as having lower uptake were Muslims, people with disabilities and generally lower uptake from people from deprived backgrounds. This was a concern due to the high death rates from Covid of these communities. There were system wide plans to address this. There were webinars and discussions at directorate and team level in the Trust for all staff to offer information on vaccination development, efficacy and side effects. Trust leaders also participated in webinars with Diaspora groups and faith leaders to offer factual information about the vaccinations and allow for informed choice

As part of our COVID-19 response, we delivered a very successful staff vaccination programme. As part of this, we established a COVID Vaccine inequalities task group where we analysed uptake of the vaccine by staff's age, gender, ethnicity and pay band. The data was used to target lower uptake rates among key groups and increased the trusts understanding of inequity of access and uptake. A staff webinar was organised specifically focussing on fertility and pregnancy in response to this.

Increased access to stop smoking services for our mental health inpatients

ELFT has been awarded Early Implementer Site status for 2 programmes aimed at reducing the inequality gap in access to stop smoking services between people with serious mental ill health and the general population. ELFT has developed a new service model developed with service users and staff. The new model will incorporate peer support and extend our stop smoking support from inpatient to the community to increase our support for service users trying to quit.

How to tackle inequalities

The inequalities workstream created guides to help what we can all do to tackle inequality as a Trust, Team and an individual.

As an organisation, what can the Trust do to tackle inequality…

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Understand how the Trust addresses the needs of our service users and communities and our staff by:

- Collecting and sharing accurate Trust-wide equality data about service users and carers
- Collecting and sharing up-to-date data about recruitment, retention, promotion, pay and disciplinary, analysed by protected characteristic
- Working with governors and other partners to understand the places where we work

Act on the Trust's knowledge and experience by:

- Focusing resources for teams and directorates to address inequality
- Expecting teams and directorates to submit business plans with a strong focus on tackling inequality
- Driving change, e.g. reviewing bank vs permanent staff and outsourced services and contracts with a social responsibility focus and being an Anchor Organisation

Reflect on how this understanding helps the Trust deliver excellent services:

- Engaging with national and local tools to assess performance, e.g. the Workforce Race and Disability Equality Schemes, the Stonewall Equality Index, the NHS Equality Delivery System, etc.
- Supporting the BAME, disability, intergenerational, LGBTQ+ and women's staff equality networks and services, e.g. the Spiritual, Religious and Cultural Care team
- Leading debates about tackling inequality and celebrating diversity, e.g. Black History Month

Making a positive difference by:

- Listening to the voice of service users, carers and staff to drive innovation and transformation
- Working in partnership internally and externally to address poor health and create fairer and joined up care
- Using the Trust's leadership to tackle discrimination, advance equal opportunity and foster good relations (always)

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As a team, what can we do to tackle inequality…

Understand how the team addresses needs by:

- Reviewing your service data on access and outcomes by protected characteristics and deprivation
- Sharing the learning, e.g. linking to QI programmes, to address these
- Undertaking equity audits and impact assessments

Act on the team's knowledge and experience by:

- Focusing on the recruitment and retention of a diverse team, including apprenticeships and mentoring
- Ensuring health inequality is addressed in service design and delivery, e.g. social prescribing
- Collaborating with other teams and partners to join up services to tackle inequality

Reflect on how this understanding helps the team do its job better by:

- Discussing 'what matters about the social determinants of poor health'
- Creating the space for these conversations – team leaders should encourage different views to be aired
- Agreeing the equality priorities for your team service plan – with SMART objectives

Make a positive difference by:

- Reviewing the team's progress on tackling inequality and how this relates to the Trust's strategic aims
- Consulting with service users about what has worked and what needs to change
- Connecting with what's happening across the Trust, e.g. encouraging involvement in staff equality networks, seminars and debates, to innovate and transform services

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NHS Foundation Trust

As an individual, what can you do to tackle inequality…

Understand the needs of the people you provide services to, work with and the communities where they live by:

- Finding out about how age, disability, gender reassignment, marriage/civil partnership, pregnancy and maternity, race, religion/belief, sex, sexual orientation and socio-economic status impacts on mental and physical health

Act on your knowledge and experience by:

- Thinking about your own practice – what works and what might need to change
- Hearing the voices of service users and your local community is powerful
- Listening to those who are seldom heard addresses health inequality

Reflect on how this understanding helps you do your job better by:

- Talking to service users and colleagues if you're uncertain about equality issues (don't be afraid to ask)
- Thinking about the data you collect, what does it tell you and where are the gaps
- Finding out more from Trust webinars, podcasts and other events

Make a positive difference by:

- Questioning and challenging how we all address inequalities
- Working with colleagues to decide what we can do better
- Consulting with service users about the next steps

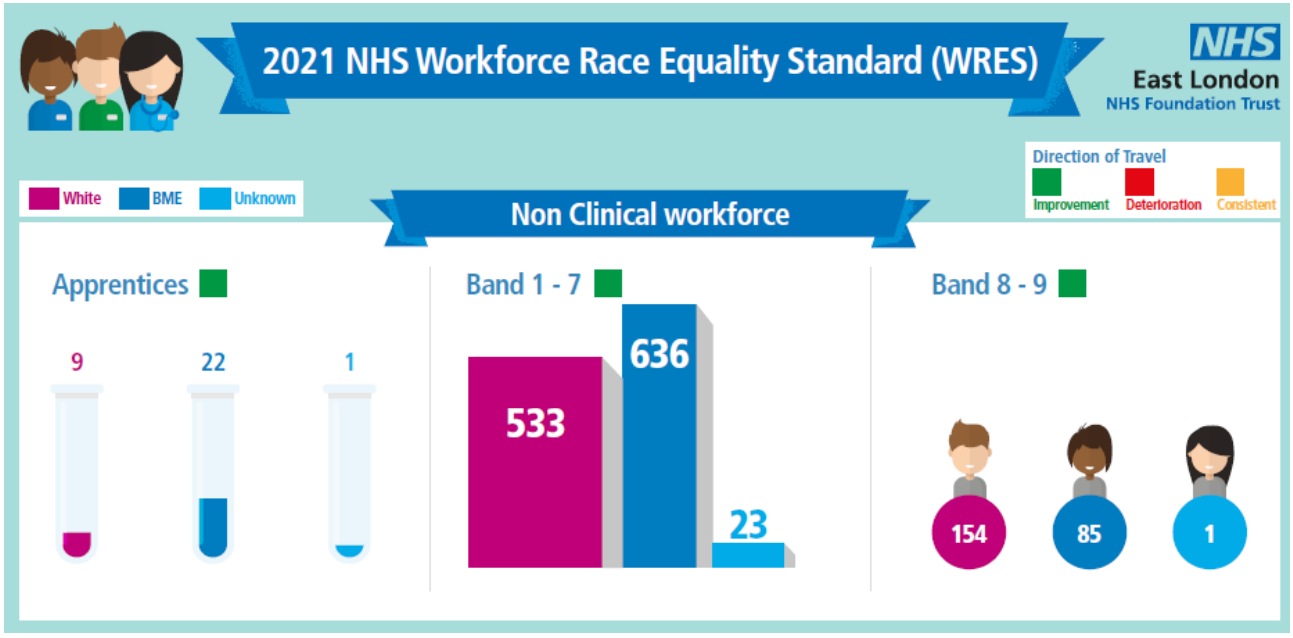
Equality, Diversity and Inclusion: Staff

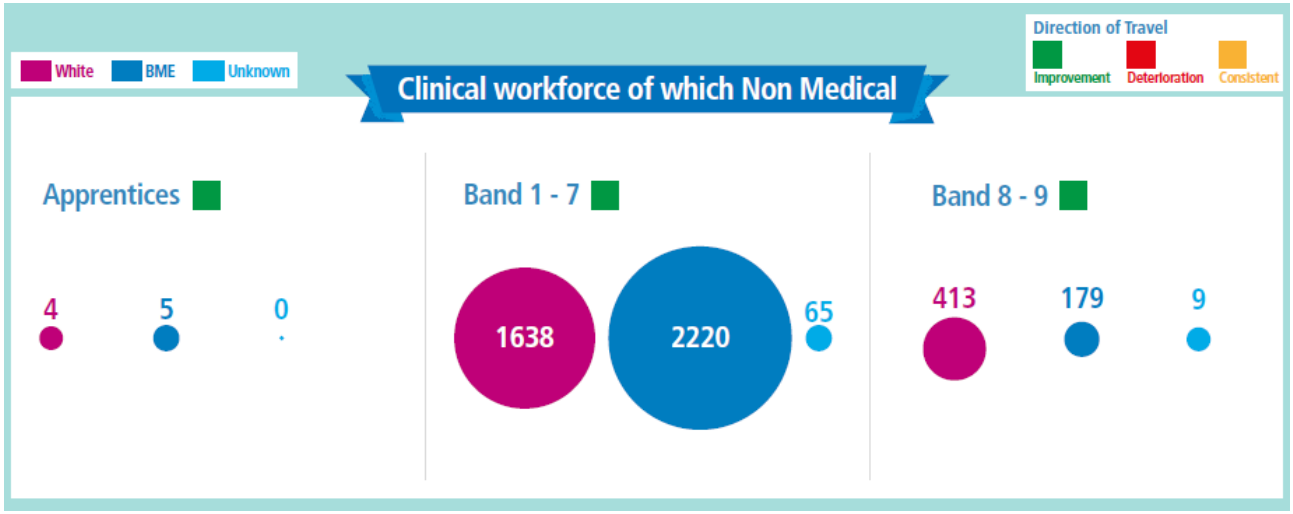
Workforce Race Equality Standard (WRES)

In 2014, NHS England and the NHS Equality and Diversity Council agreed action to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. It was agreed that a Workforce Race Equality Standard (WRES) should be developed. The WRES was introduced to the NHS in April 2015. The WRES Standards require NHS organisations to demonstrate progress against a number of indicators of workforce race equality, including a specific indicator to address the low levels of Black and Minority Ethnic (BME) Board representation.

The Trust continues to have one of the most diverse Boards in the NHS and international evidence shows that diversity leads to better decisions. Ensuring equality and valuing diversity is one of the Trust's core values and is integral to our organisational culture.

52.63% of the Trust Board were from Black and Minority Ethnic groups. 50% of the Trust Executive were from Black and Minority Ethnic groups. The Trust have made improvements in a number of indicators and continue to develop actions plans to bring about sustainable improvements.



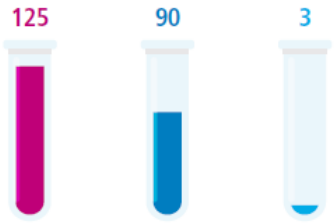


White BME Unknown

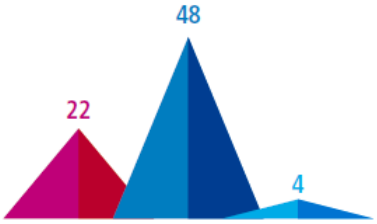
Direction of Travel
Improvement Deterioration Consistent

Clinical workforce of which Medical & Dental

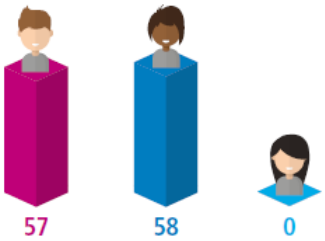
Consultants



Non-consultant



Trainee



2021 NHS Workforce Race Equality Standard (WRES)

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White BME Unknown

Direction of Travel
Improvement Deterioration Consistent

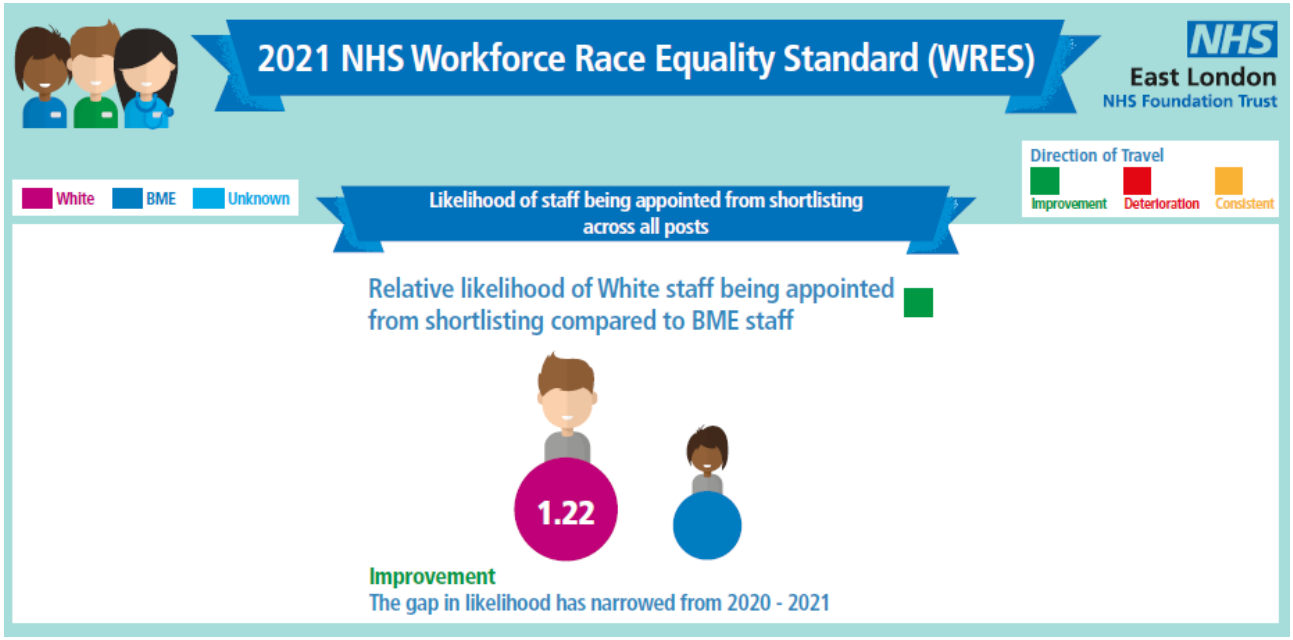
% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

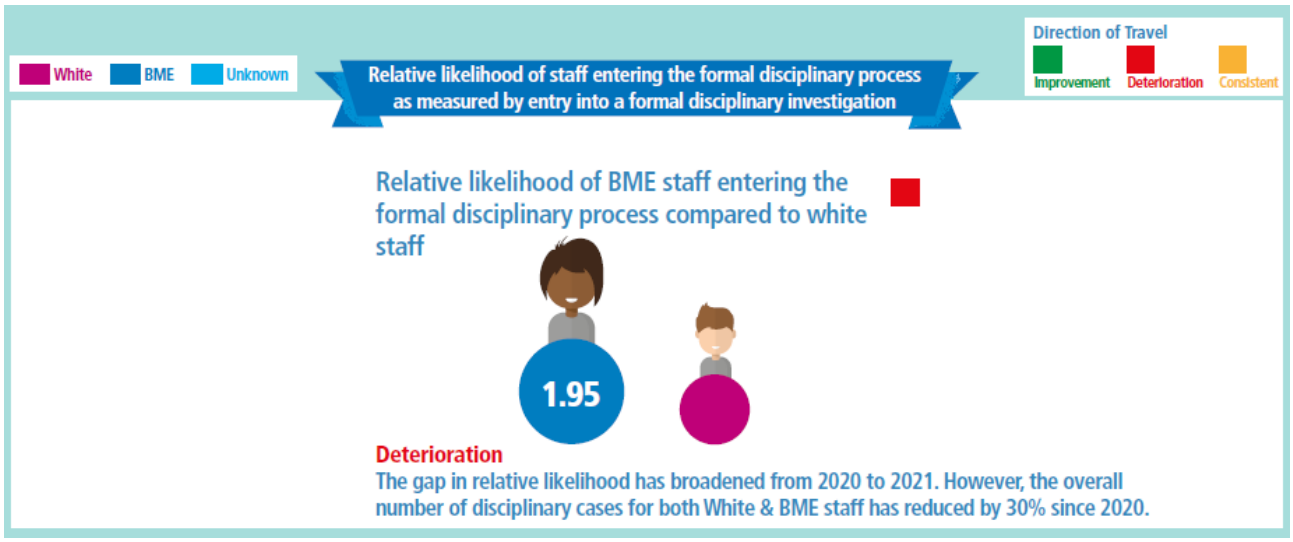
% of staff experiencing harassment, bullying or abuse from staff in last 12 months

% staff believing that trust provides equal opportunities for career progression or promotion

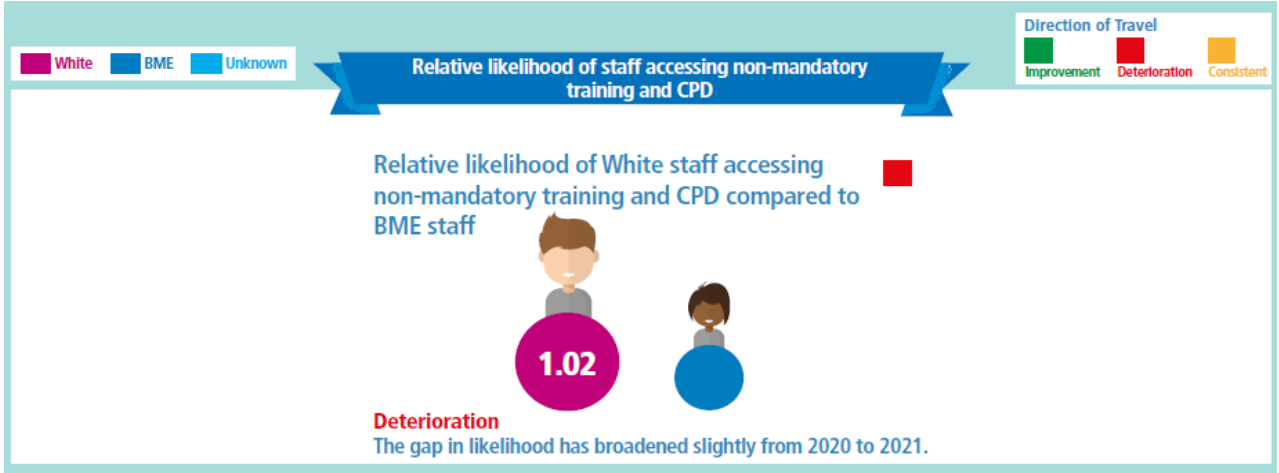
% staff personally experienced discrimination at work from Manager/team leader or other colleague

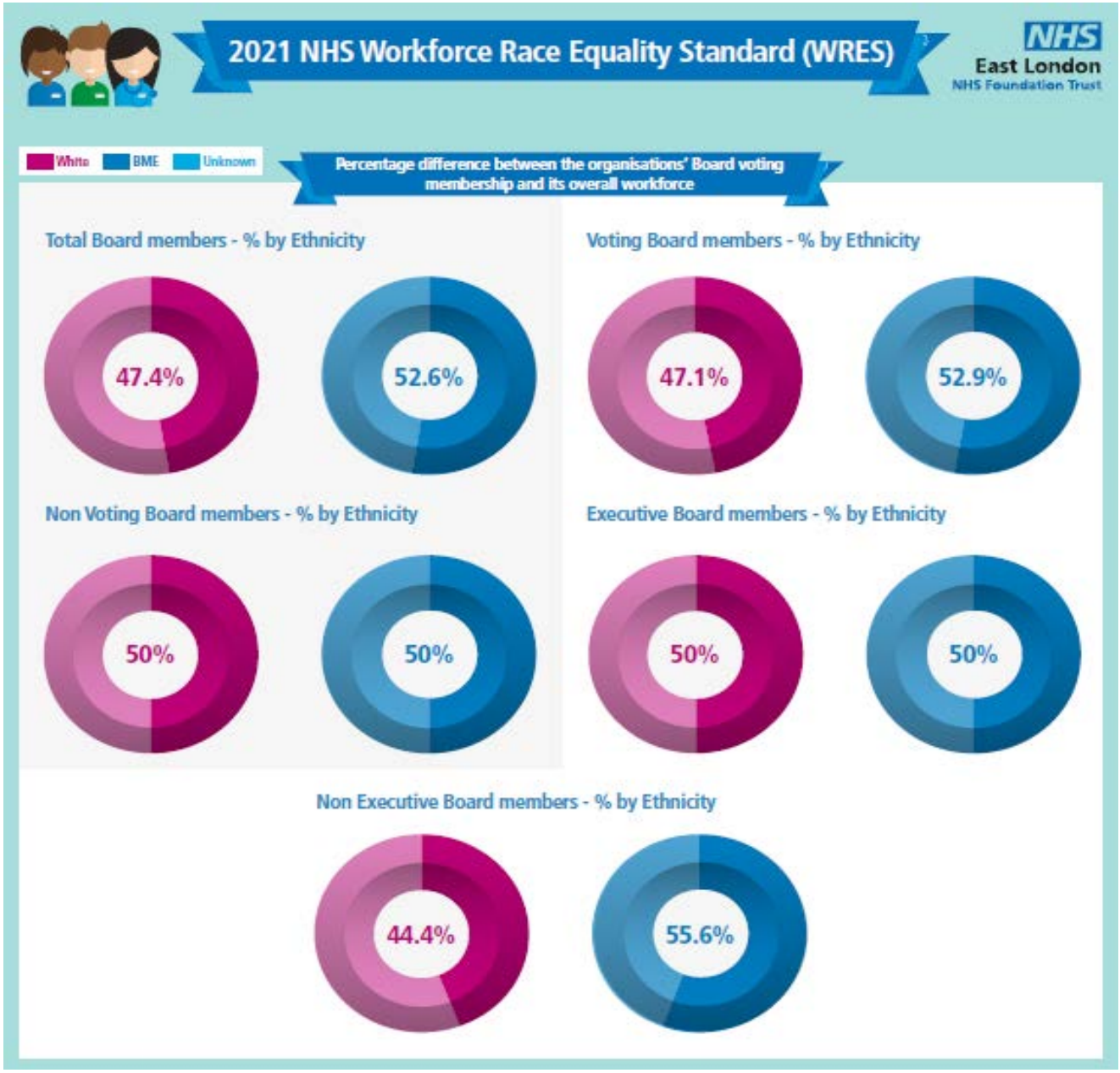
**Data lifted from the 2020 Staff Survey results*





The relative likelihood of staff from Black and Minority Ethnic communities going through formal disciplinary processes fell from 2.44 times likely in 2019 compared to White staff to 1.19 times likely in 2020. This, however, increased slightly in 2021 to 1.95.





Trust Board Summary:

- The Trust board are 52.6% BME, this has remained consistent since the 2020 report.
- Voting membership of BME has increased from 46.7% to 52.9% in the reporting year.
- The non-voting board are 50% BME. Last year this figure was reported on as 75% BME.
- The Executive team are 50% BME, which has decreased from 63.6% in 2020.
- The number of BME non-executives has increased to 55.55% from 37.50% over the reporting period.

Workforce Disability Equality Standard 2021 (WDES)

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) that will enable NHS organisations to compare the experiences of disabled and non-disabled staff. This information will then be used by the relevant NHS organisation to develop a local action plan and enable them to demonstrate progress against the indicators of disability equality.

The WDES has been commissioned by the Equality and Diversity Council (EDC) and developed through a pilot and extensive engagement with Trusts and key stakeholders. It is mandated through the NHS Standard Contract and is restricted to NHS Trusts and Foundation Trusts for the first two years of implementation.

The WDES is important because research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety.

The implementation of the WDES will enable NHS Trusts and Foundation Trusts to better understand the experiences of their disabled staff. It will support positive change for existing employees and enable a more inclusive environment for disabled people working in the NHS. Like the Workforce Race Equality Standard (WRES) on which the WDES is in part modelled, it will also allow us to identify good practice and compare performance regionally and by type of Trust.

The Trust have made several improvements across a number of indicators and are exploring how we can have cross cutting action plans as there will be synergies between the WRES and WDES actions.

In 2021, we saw improvements in the numbers of staff across all professions other than medics who declared their disability.

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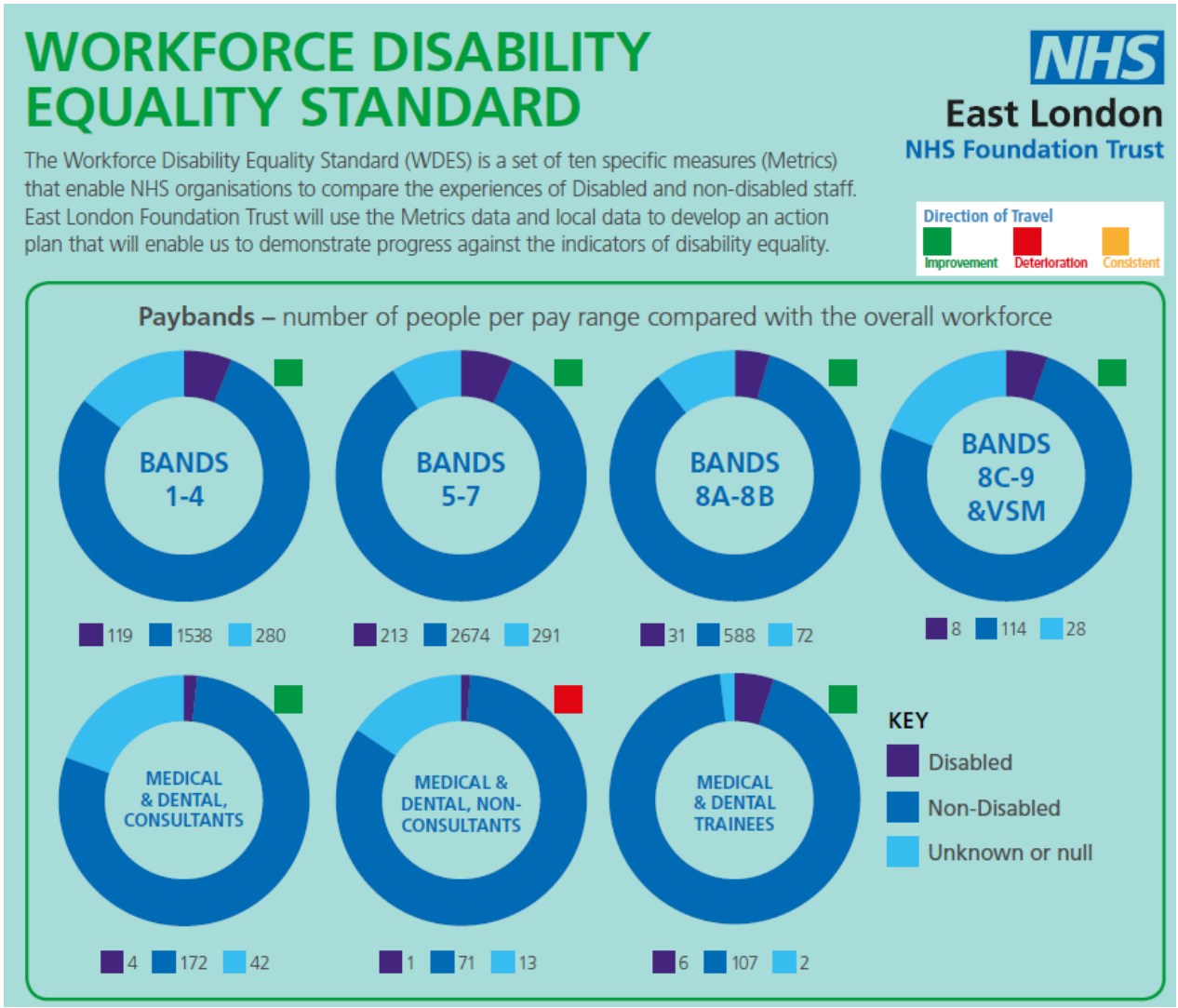
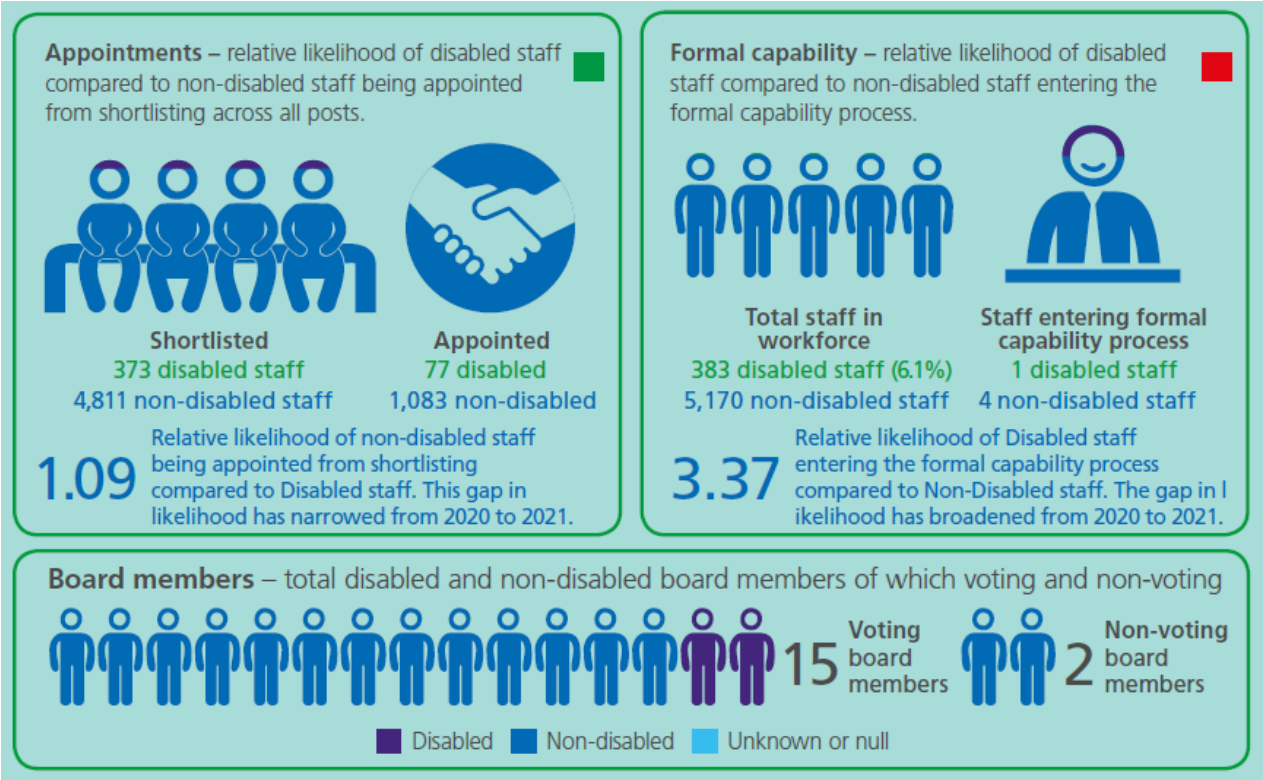
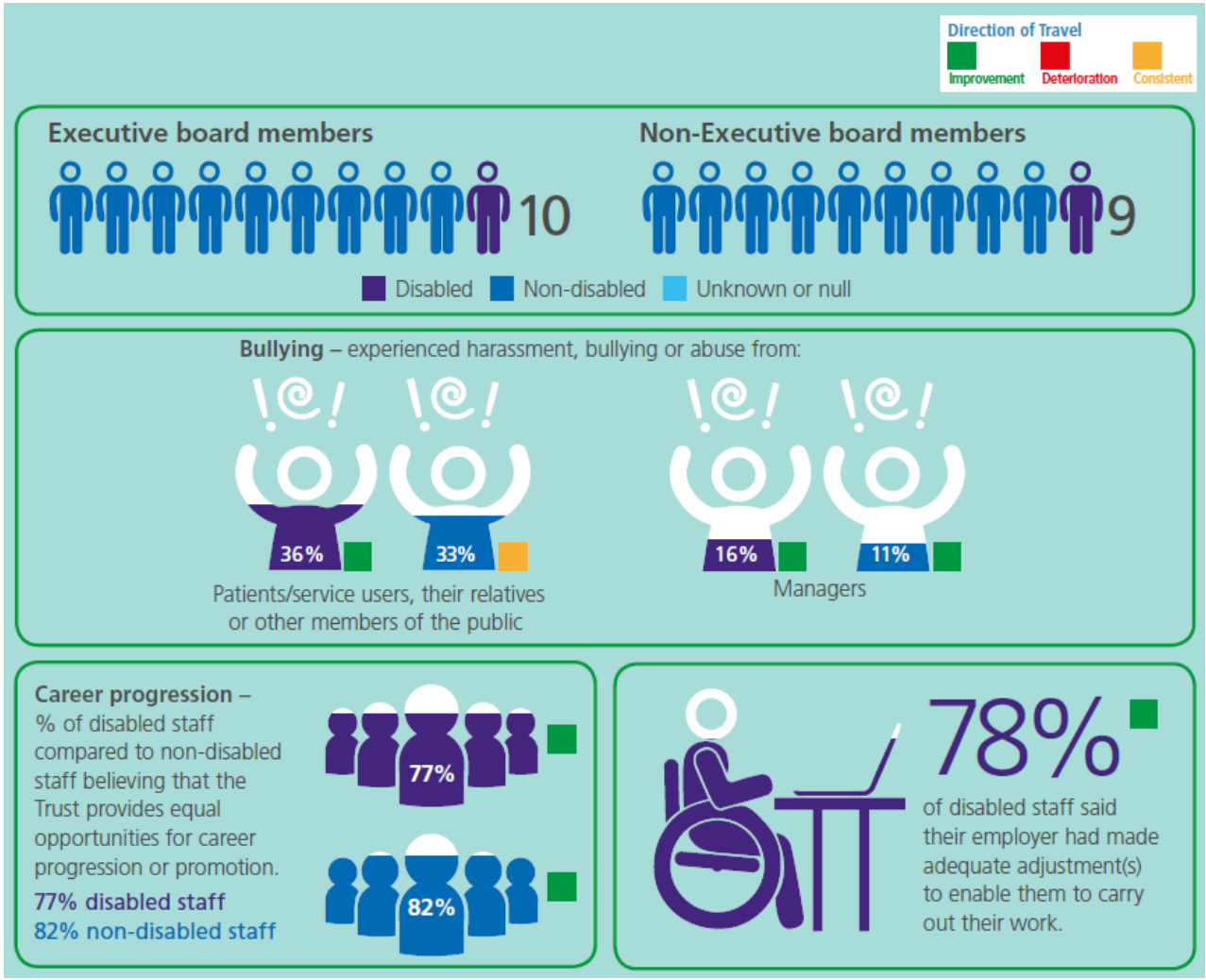




We saw an improvement in the likelihood of staff with a disability being appointed compared to non-disabled applicants. However, we saw a deterioration in terms of the relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff. In addition, there have been improvements in most of the indicators regarding the experience of disabled staff in terms of bullying and harassment. Likewise the experience of disabled staff have improved in terms of career development and reasonable adjustments.



Staff Equality Networks

The Trust now has five established staff networks (BAME, Disability, LGBTQ+, Women and Intergenerational) to offer support and a safe space to staff groups who might benefit from focussing on what they need to progress in their careers and personal development.

The networks run events, conferences, workshops, training sessions, and celebration and social activities which all contribute to education, awareness, engagement, and reduction in variation of experience for staff with these protected characteristics.

A summary of key annual highlights from each network:

BAME Network

- Held Network meetings and sent out Quarterly Newsletters
- Ran multiple webinars consisting of External and Internal Speakers for Black History Month
- Ran multiple webinars for celebration and education of South Asian Heritage Month
- Held a number of Jewish webinars, both educational such as Anti-Semitism and Holocaust Memorial webinars, as well as celebratory ones for Passover, Hanukah etc
- Worked in collaboration with the Race Equality Network of University of Bedfordshire to celebrate Diwali
- Facilitated numerous celebratory and educational webinars for other religious occasions such as Ramadhan, Eid, Easter, etc.
- Hosted webinar and information for Trust's White Allies programme

- Highlighted and acknowledged several important BAME-related global events with written pieces to the network with signposting of relevant support services
- Collaboration with Communications team to increase effectiveness of information broadcasting from the network to the wider Trust
- Signposted and circulated different developmental programmes and vocational opportunities to the network
- Launched a Network Instagram page to build on social media and reach members through more platforms
- Hosted a variety of different speakers – both internal and external – during campaign of Race Equality Week 2022.

LGBTQ+ Network

LGBTQ Equality Events

- Annual LGBTQ Conference: Standing PROUD with ELFT LGBTQ+ Network
- QI project Increasing LGBTQ membership LGBTQ+ Improvement Work
- Stonewall workplace index
- NHS Virtual PRIDE video NEL CCG
- Launch of LGBTQ awareness questionnaire
- BAME/LGBTQ focus group and BAME/LGBTQ survey
- Monthly Allies Training across the Trust
- Ask Me my Pronouns! campaign for International Pronouns Day

Training and Courses

- LGBTQ and Identity Course and awareness Training Young Adults Tower Hamlets Recovery College
- ELFT Exec Team Training Allyship for ELFT Colleagues
- Equalities Training West Ferry Ward Away Day
- Opening doors London LGBTQ Training re older adults
- Stonewall Webinar Becoming an Advocate for Allyship and Inclusive Leadership
- Stonewall Webinar Monitoring Equalities Data to Support Your Work
- Webinar Embedding substantial & robust LGBTQ+ employee networks across the NHS
- LGBTQ+ STAFF NETWORK LEADERS Development Programme Diversity Action Learning Sets

- Webinar Navigating Gender Identity Matters in the Workplace
- Conference Making Equality Work at East London Foundation Trust

LGBTQ Networks

- Barts Health, BHRUT and ELFT LGBTQ+ & Allies virtual Coffee Connect
- #RainbowBedfordshire
- Haringey LGBTQIA+ Community Network
- BLMK Equality, Diversity and Inclusion Network

- ELFT Ability deputy network lead part of respectful resolution pathway task and finish group
- ELFT Ability event for staff who are parents supporting children with autism with CAMHS and ELFT Ability staff
- ELFT Ability autism event on 1 May with around 30 staff
- Attended NASDN general meeting
- Arranging talking heads video for intranet with a staff member sharing their experiences of living and working with autism
- Supporting launch of new NHS stammering network
- ELFT Ability plan agreed with ELFT Ability lead and network sponsor
- Finalising ELFT Ability network newsletter
- Reviewed branding for ELFT Ability
- ELFT Ability asthma seminar with speaker Penny Kestrel from Leighton Road Surgery
- Disabled staff network and chairs NHS England meeting
- Trust DMT disability allies
- Meeting with Diversity and Ability, looking at building inclusivity in the Trust
- ELFT Ability network catch up with network members
- Planning event with clinical systems to support network members with IT issues
- Seminar session on Dyspraxia hosted by Laura Pisaneschi
- CQC focus group for network members
- Attended Train the Trainer Respectful Resolution pathway
- Presenting at the Disability Summit: Voice, Power, Advocacy, Change
- Connecting with other networks at the Disability Summit
- ELFT Ability monthly newsletter sent out Trust-wide
- Renewal of Business Disability Forum

Intergenerational

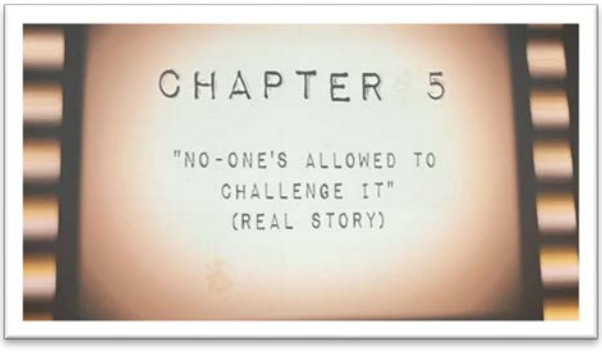
- There is not currently a network lead in place. Given the challenges in recruitment, activities of the Intergenerational network have been limited

Women

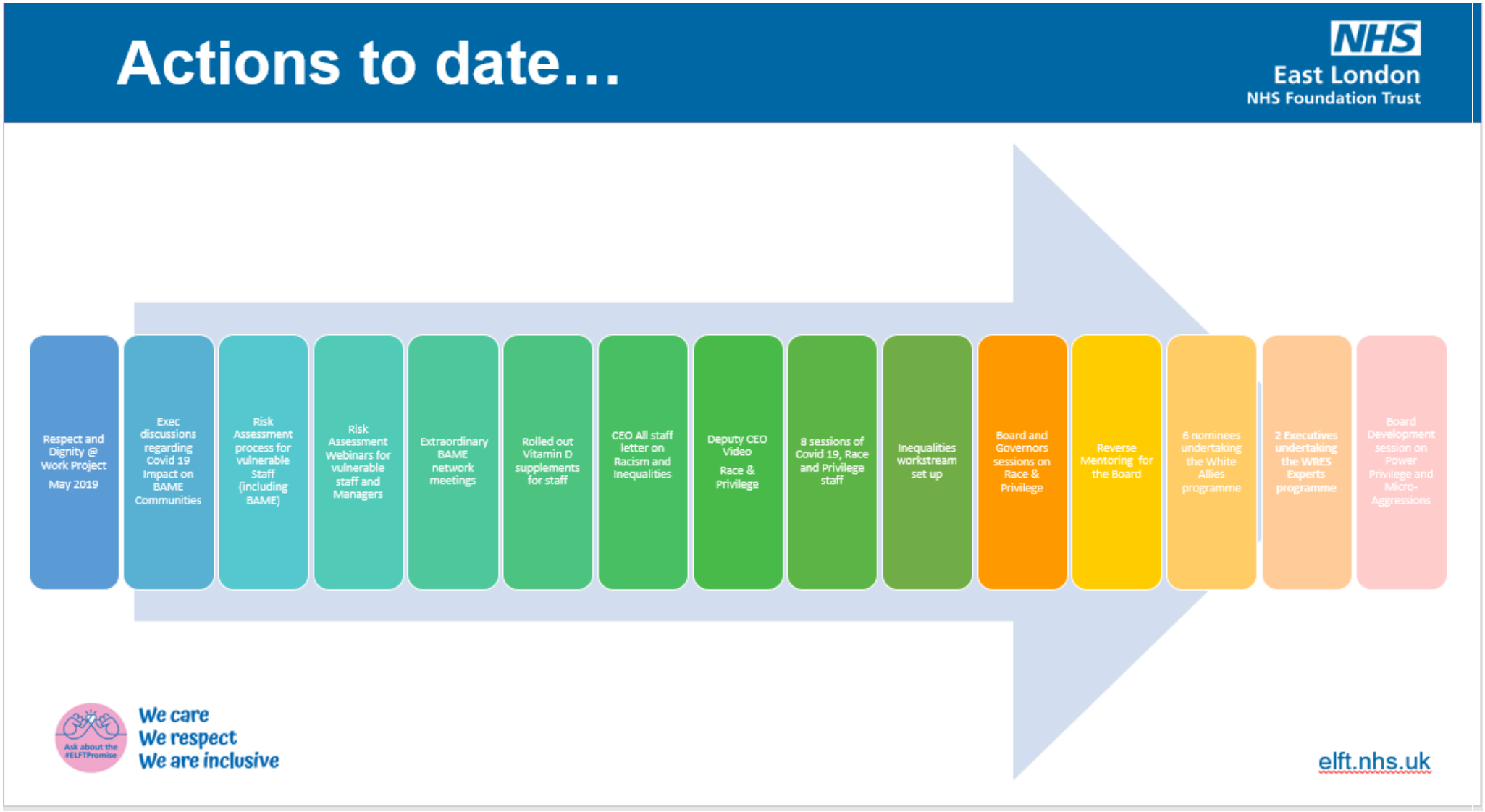
- ELFT Women's conference took place in March 2021 with a range of diverse speakers. The Women's Network undertook analysis on the staff survey results on levels of satisfaction in the workplace
- Active communications and Twitter following
- In conjunction with the Wellbeing team, network has arranged for 10 personal safety sessions for all female staff; including how to keep yourself safe, bystander intervention and how to talk to men about female safety. Some very positive and uplifting feedback has been received
- The Women's Network took part in gender based violence workshops facilitated by Newham Council
- A workshop took place focusing on sexual violence
- The Springboard Development Programme for Women has taken place again
- The Women's Network presented to the CEO Discussion Group June 2021
- 2018 celebration saw 100,000 women walk through the streets of London, including 12 from ELFT in celebration of the 100 year anniversary of some women getting the vote. The art work created for this day by Trust female service users from now displayed to the public in Westminster
- Baby Loss Awareness week event, in conjunction with various other Trusts, with speakers from ELFT
- The menopause and menstruation pilot is ongoing, looking at areas to implement, HR processes that can be changed, and where the support is most needed

Respect and Dignity Project

The Trust's request and dignity project reached phase 4 of 4. March 2022 saw the *creating change* production which is a 45 minute video created from staff stories. There were three premieres: one in Luton and Bedfordshire, one in London and one online. The events used playback theatre to bring to life the stories and to engage with the audiences.



A summary of some of the Trust's work on Equality can be found below:



White Allies

Six ELFT colleagues took part in the White Allies Programme. They were part of cohort 1, which was made up of the following trusts: Barnet Enfield and Haringey Mental Health Trust, Barts Health NHS Trust, East London NHS Foundation Trust, Royal Free London NHS Foundation Trust, and South West London and St Georges NHS Trust.

The programme was contracted by NHS England & NHS Improvement to complement actions to address racial disparities across NHS organisations, for real and sustainable change, Recommendation 9 in the London Race Strategy.

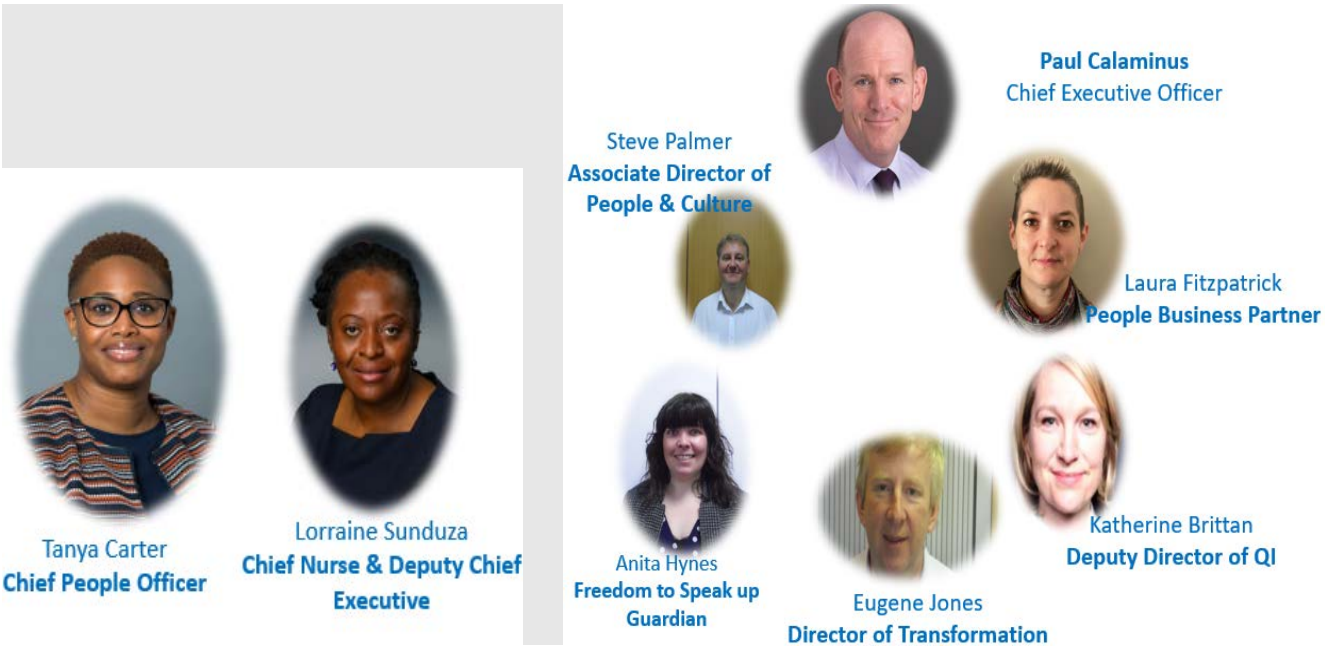
The White Allies programme has three core principles:

Firstly, an understanding that racism is systemic and a problem with no easy 'off the shelf' solution. However, many of us reduce our action on 'race' equality to a set of tick-box interventions, not recognising that these have limited impact on the status quo.

The second principle is that all of us – and this includes individuals who are racialised as 'white' – can play an active and useful role in supporting anti-racism. We just need to understand what racism is and how we can work towards addressing it. The complexity of understanding racism means that we also have to explore our role in maintaining it – as individuals, within our organisations, and as part of wider society.

The third principle is one of systemic /cultural change – enabling organisations to change and embed new learning. Change at the institutional and systemic level has very rarely been attempted, but many organisations are recognising the limitations of existing approaches and coming to the realisation that, unless our perspective radically shifts, we cannot hope to change the ways in which BME people experience our organisation and its services.

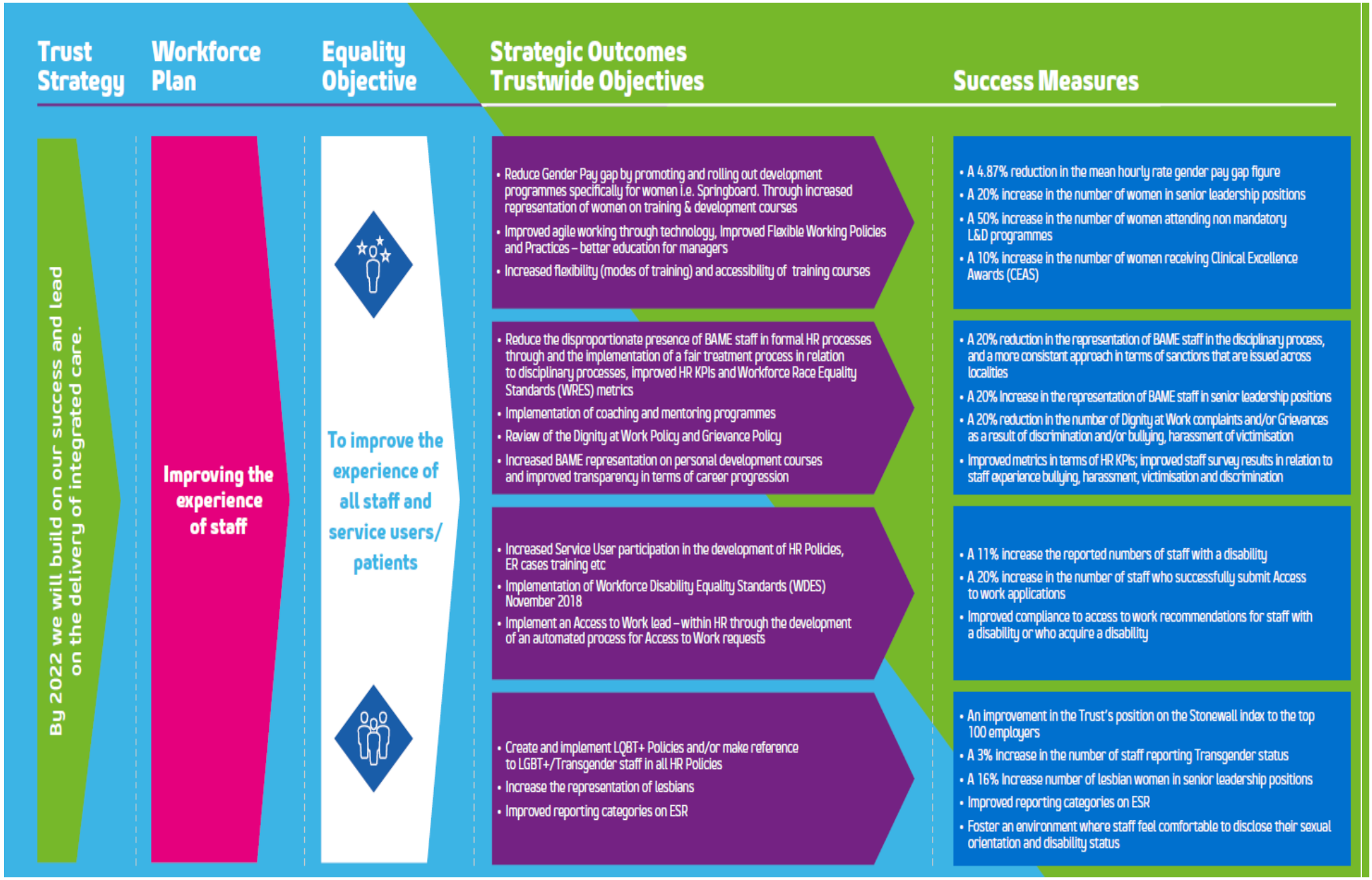
As a result of the programme, ELFT are looking at ways to disrupt the status quo and to attempt to break the cycle of systemic inequality.



Two Trust Executives attended the WRES Experts programmes programme.

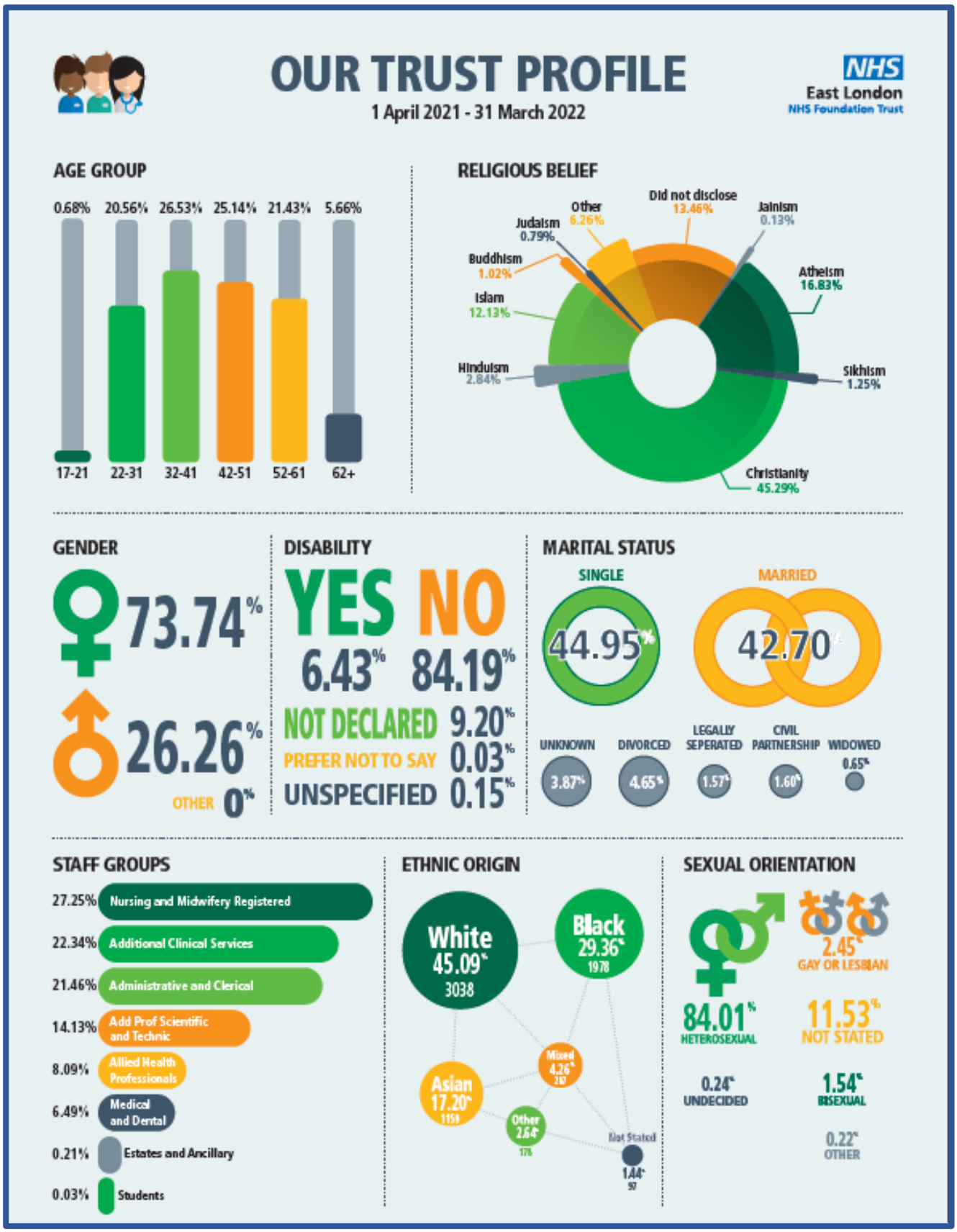
Workforce Equality Plan

The workforce equality plan that underpins the equality, diversity and human rights (EDHR) plan as well as the people plan is currently under review and it is expected that the revised plan will be launched in winter 2022. Its objective is to improve the experience of all staff and service users/patients. It has a number of strategic objectives that tie in with the objectives of staff equality networks and the work of people and culture teams. The current Equality Plan is due for renewal in 2022 and is being co-produced with the various equality networks leads.


Trust Strategy
Workforce Plan
Equality Objective
Strategic Outcomes Trustwide Objectives
Success Measures
By 2022 we will build on our success and lead on the delivery of integrated care.
Improving the experience of staff
To improve the experience of all staff and service users/ patients
• Reduce Gender Pay gap by promoting and rolling out development programmes specifically for women i.e. Springboard. Through increased representation of women on training & development courses
• Improved agile working through technology, Improved Flexible Working Policies and Practices – better education for managers
• Increased flexibility (modes of training) and accessibility of training courses
• A 4.87% reduction in the mean hourly rate gender pay gap figure
• A 20% increase in the number of women in senior leadership positions
• A 50% increase in the number of women attending non mandatory L&D programmes
• A 10% increase in the number of women receiving Clinical Excellence Awards (CEAS)
• Reduce the disproportionate presence of BAME staff in formal HR processes through and the implementation of a fair treatment process in relation to disciplinary processes, improved HR KPIs and Workforce Race Equality Standards (WRES) metrics
• Implementation of coaching and mentoring programmes
• Review of the Dignity at Work Policy and Grievance Policy
• Increased BAME representation on personal development courses and improved transparency in terms of career progression
• A 20% reduction in the representation of BAME staff in the disciplinary process, and a more consistent approach in terms of sanctions that are issued across localities
• A 20% Increase in the representation of BAME staff in senior leadership positions
• A 20% reduction in the number of Dignity at Work complaints and/or Grievances as a result of discrimination and/or bullying, harassment of victimisation
• Improved metrics in terms of HR KPIs; improved staff survey results in relation to staff experience bullying, harassment, victimisation and discrimination
• Increased Service User participation in the development of HR Policies, ER cases training etc
• Implementation of Workforce Disability Equality Standards (WDES) November 2018
• Implement an Access to Work lead – within HR through the development of an automated process for Access to Work requests
• A 11% increase the reported numbers of staff with a disability
• A 20% increase in the number of staff who successfully submit Access to work applications
• Improved compliance to access to work recommendations for staff with a disability or who acquire a disability
• Create and implement LQBT+ Policies and/or make reference to LGBT+/Transgender staff in all HR Policies
• Increase the representation of lesbians
• Improved reporting categories on ESR
• An improvement in the Trust's position on the Stonewall index to the top 100 employers
• A 3% increase in the number of staff reporting Transgender status
• A 16% Increase number of lesbian women in senior leadership positions
• Improved reporting categories on ESR
• Foster an environment where staff feel comfortable to disclose their sexual orientation and disability status

Staff Profile

2021-2022



Gender Pay Gap Report 2021 (snapshot 31st March 2021)

What is the Gender Pay Gap report?

Recent gender pay reporting legislation now requires employers with 250 or more employees to publish statutory calculations every year showing how large the pay gap is between their male and female employees. There are two sets of regulations. The first is mainly for the private and voluntary sectors (taking effect from 5 April 2019) and the second is mainly for the public sector (taking effect from 31 March 2019). For NHS Trusts this means providing a 'snapshot' of ordinary pay differences on 31st March 2019 and bonus payments made during the year.

The results must be published on the employer's website and a government website. They must, where applicable, be confirmed in a written statement by an appropriate person, such as a chief executive. While employers may already be taking steps to improve gender equality and reduce or eliminate their gender pay gap, this process will support and encourage action.

Gender pay reporting is different to equal pay; equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman.

The gender pay gap shows the difference in the average pay between all men and women in a workforce. If a workforce has a particularly high gender pay gap, this can indicate there may a number of issues to deal with, and the individual calculations may help to identify what those issues are.

The NHS terms and conditions of service handbook contain the national agreements on pay and conditions of service for NHS staff other than very senior managers and medical staff.

Job evaluation enables jobs to be matched to national job profiles or allows trusts to evaluate jobs locally, to determine in which Agenda for Change pay band a post should sit.

Exclusions

We have excluded the following from our calculations:
Elements related to: Salary sacrifice
Arrears
Overtime
Staff on reduced pay due to long term sickness, maternity/paternity
Hours worked and paid whilst 'on call' (on call allowance is included)
Career Break, maternity Leave, Inactive,

The Gender Pay Gap Indicators

An employer must publish six calculations showing:

i. Average gender pay gap as a mean average
ii. Average gender pay gap as a median average
iii. Average bonus gender pay gap as a mean average
iv. Average bonus gender pay gap as a median average
v. Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment
vi. Proportion of males and females when divided into four groups ordered from lowest to highest pay

= Report has not been uploaded to government website for this year

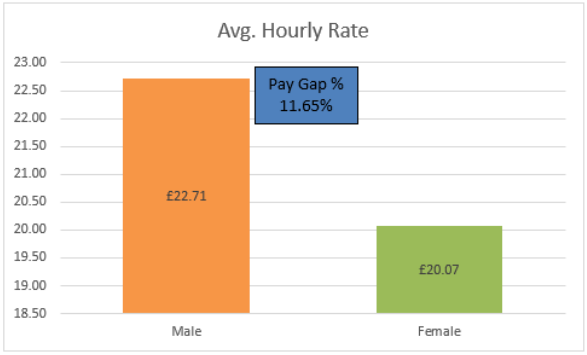
Band	Apprentice	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	Trust Board	Medical
Female	27	0	858	761	740	923	742	395	110	66	20	9	3	217
Male	8	0	451	212	240	289	259	121	55	27	19	5	9	192
Female%	77.14%	0.00%	65.55%	78.21%	75.51%	76.16%	74.13%	76.55%	66.67%	70.97%	51.28%	64.29%	25.00%	53.06%
Male%	22.86%	0.00%	34.45%	21.79%	24.49%	23.84%	25.87%	23.45%	33.33%	29.03%	48.72%	35.71%	75.00%	46.94%

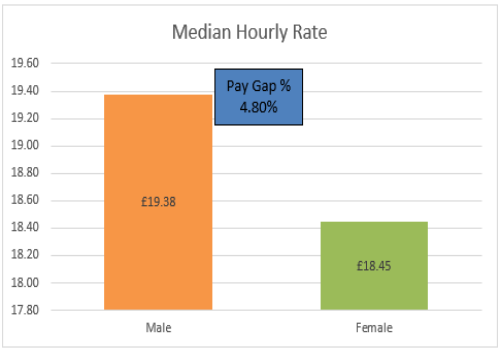
The current gender split within the overall workforce is 72.08% Female and 27.92% Male.

Snapshot 31st March 2021

Pay Gap %

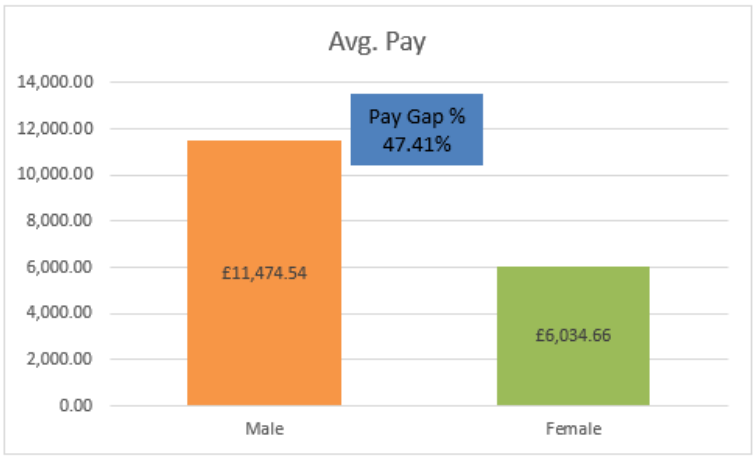
Pay Gap %		
Gender	Avg. Hourly Rate	Median Hourly Rate
Male	£22.71	£19.37
Female	£20.06	£18.44
Difference	£2.65	£0.93
Pay Gap %	11.65%	4.80%

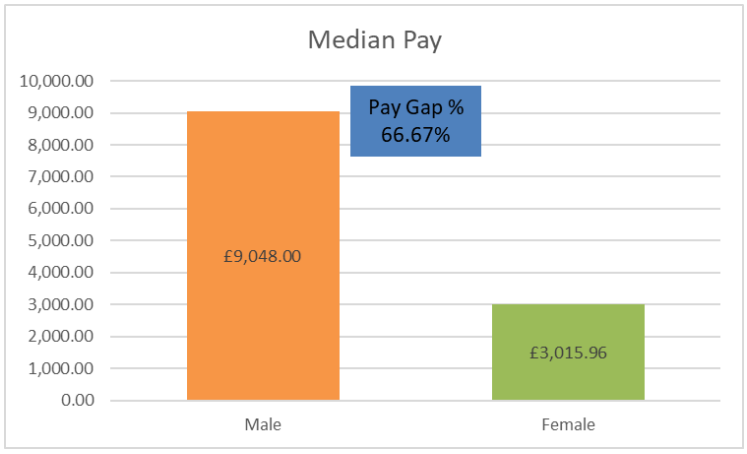




Bonus Gap %

Bonus Gap %		
Gender	Avg. Bonus Pay	Median Bonus Rate
Male	£11,474.54	£9,048.00
Female	£6,034.66	£3,015.96
Difference	£5,439.88	£6,032.04
Pay Gap %	47.41%	66.67%





Gender Pay Gap % By Staff Group

Staff Group	Number Of Individuals	Male	Female	Difference	Pay Gap %
Add Prof Scientific and Technic	815	£26.65	£25.06	£1.59	5.97%
Additional Clinical Services	1634	£14.47	£13.96	£0.51	3.52%
Administrative and Clerical	1563	£21.93	£17.21	£4.72	21.52%
Allied Health Professionals	515	£22.96	£21.40	£1.56	6.79%
Estates and Ancillary	21	£13.12	£13.16	-£0.04	-0.30%
Medical and Dental	417	£45.09	£42.72	£2.37	5.26%
Nursing and Midwifery Registered	1766	£22.25	£21.20	£1.05	4.72%

Bonus Gap %			
Gender	Employees Paid Bonus	Total Relevant Employees	% Of Total Relevant Employees receiving Bonuses
Male	46	2271	2.03
Female	30	5686	0.53

Gender Pay Gap % By Pay Band

Band	Number Of Individuals	Male	Female	Difference	Pay Gap %
Band 2	0	£0.00	£0.00	£0.00	0.00%
Band 3	1309	£13.99	£13.27	£0.72	5.15%
Band 4	973	£14.15	£13.54	£0.61	4.31%
Band 5	980	£17.32	£16.62	£0.70	4.04%
Band 6	1212	£21.41	£20.06	£1.35	6.31%
Band 7	1001	£24.37	£23.52	£0.85	3.49%
Band 8a	516	£27.14	£26.84	£0.30	1.11%
Band 8b	165	£30.96	£31.61	-£0.65	-2.10%
Band 8c	93	£37.01	£36.38	£0.63	1.70%
Band 8d	39	£44.10	£44.44	-£0.34	-0.77%
Band 9	14	£52.70	£52.86	-£0.16	-0.30%

Staff Health and Wellbeing

The Trust has continued to develop its wellbeing offering to staff throughout 2021-202. This offer has evolved in response to staff needs during the COVID pandemic and continues to include positive emotional, physical and social wellbeing. We are actively supporting staff wellbeing to ensure that their experience in the workplace is a positive one through some of the following:

- Delivered subsidised massage yoga and Pilates
- Delivered monthly wellbeing sessions during induction
- Encouraged uptake of the cycle to work scheme to promote physical activity
- Staff who become unwell or disabled during the course of their employment are supported through the sickness absence management policy to access training and support and redeployment where appropriate to enable them to continue working

- Year three with the current occupational health (OH) provider and employee assistance programme (EAP)
- Funded physiotherapy for staff via our OH provider
- We have continued to provide support linked to the *wellbeing wheel* which pulls together physical, financial, social and emotional wellbeing support available to our staff
- Continue to promote staff risk assessments to ensure that staff are supported and their risks against COVID were mitigated
- There was extensive support for staff who were working from home through the provision of IT kit and office furniture where required.

Vitamin D

Following take up of the vitamin D offer to all staff in 2020-2021, the scheme was run again in 2021-2022. The campaign *more sunshine in your pocket* made available a three-month supply of vitamin D supplements to all staff accompanied with guidance on how to access vitamins through diet and detailing which foods contain vitamin D. This offer was taken up by almost 30% of the Trust, which is down by 20% on the previous year.

Becoming an Anti-Racist multicultural Trust.

High on the board's agenda is the aspiration for the Trust to become anti-racist and multi-cultural Trust. The board and teams across the Trust undertook individual and team assessments of rating the Trust against a continuum to become an anti-racist and multi-cultural organisation. Work is planned for 2022/2023 to progress this agenda.

Continuum on Becoming an Anti-Racist, Multicultural Institution

MONOCULTURAL → MULTICULTURAL		ANTI-RACIST		ANTI-RACIST MULTICULTURAL	
Racial and Cultural Differences Seen as Defects		**Tolerant of Racial and Cultural Differences**		**Racial and Cultural Differences Seen as Assets**	
1. Exclusive A Segregated Institution	**2. Passive** A "Club" Institution	**3. Symbolic Change** A Multicultural Institution	**4. Identity Change** An Anti-Racist Institution	**5. Structural Change** A Transforming Institution	**6. Fully Inclusive** A Transformed Institution in a Transformed Society
• Intentionally and publicly excludes or segregates African Americans, Native Americans, Latinos and Asian Americans • Intentionally and publicly enforces the racist status quo throughout institution • Institutionalization of racism includes formal policies and practices, teachings and decision-making on all levels • Usually has similar intentional policies and practices toward other socially oppressed groups, such as women, disabled, elderly and children, lesbians and gays, Third World citizens, etc.	• Tolerant of a limited number of People of Color with "proper" perspective and credentials • May still secretly limit or exclude People of Color in contradiction to public policies • Continues to intentionally maintain white power and privilege through its formal policies and practices, teachings and decision-making on all levels of institutional life • Often declares, "We don't have a problem."	• Makes official policy pronouncements regarding multicultural diversity • Sees itself as "non-racist" institution with open doors to People of Color • Carries out intentional inclusiveness efforts, recruiting "someone of color" on committees or office staff • Expanding view of diversity includes other socially oppressed groups, such as women, disabled, elderly and children, lesbians and gays, Third World citizens, etc. But . . . • "Not those who make waves" • Little or no contextual change in culture, policies and decision-making • Is still relatively unaware of continuing patterns of privilege, paternalism and control	• Growing understanding of racism as barrier to effective diversity • Develops analysis of systemic racism • Sponsors programs of anti-racism training • New consciousness of institutionalized white power and privilege • Develops intentional identity as an "anti-racist" institution • Begins to develop accountability to racially oppressed communities • Increasing commitment to dismantle racism and eliminate inherent white advantage But . . . • Institutional structures and culture that maintain white power and privilege still intact and relatively untouched	• Commits to process of intentional institutional restructuring, based on anti-racist analysis and identity • Audits and restructures all aspects of institutional life to ensure full participation of People of Color, including their worldview, culture and lifestyles • Implements structures, policies and practices with inclusive decision-making and other forms of power sharing on all levels of the institution's life and work • Commits to struggle to dismantle racism in the wider community, and builds clear lines of accountability to racially oppressed communities • Anti-racist multicultural diversity becomes an institutionalized asset • Redefines and rebuilds all relationships and activities in society, based on anti-racist commitments	• Future vision of an institution and wider community that has overcome systemic racism • Institution's life reflects full participation and shared power with diverse racial, cultural and economic groups in determining its mission, structure, constituency, policies and practices • Full participation in decisions that shape the institution, and inclusion of diverse cultures, lifestyles and interests • A sense of restored community and mutual caring • Allies with others in combating all forms of social oppression © By Crossroads Ministry. Adapted from original concept by Baily Jackson and Rita Hardiman, and further developed by Andrea Avazian and Ronice Branding.

Conclusions

In summary, the Trust is really proud of the work that has been undertaken in terms of Equality, Diversity and Inclusion for our service users, patients and staff. Our ambitious Trust strategy lays the foundation for this work and sets a bold vision to improve the lives of all that we serve. We have made much improvement and aspire and strive to improve the experience of our patients, service users and staff. We will continue to co-produce and embed our organisational treasures in our work, which is our people participation and the use of Quality Improvement methodology. We will build on our efforts to put people at the heart of what we do being bold and having difficult but necessary conversations.

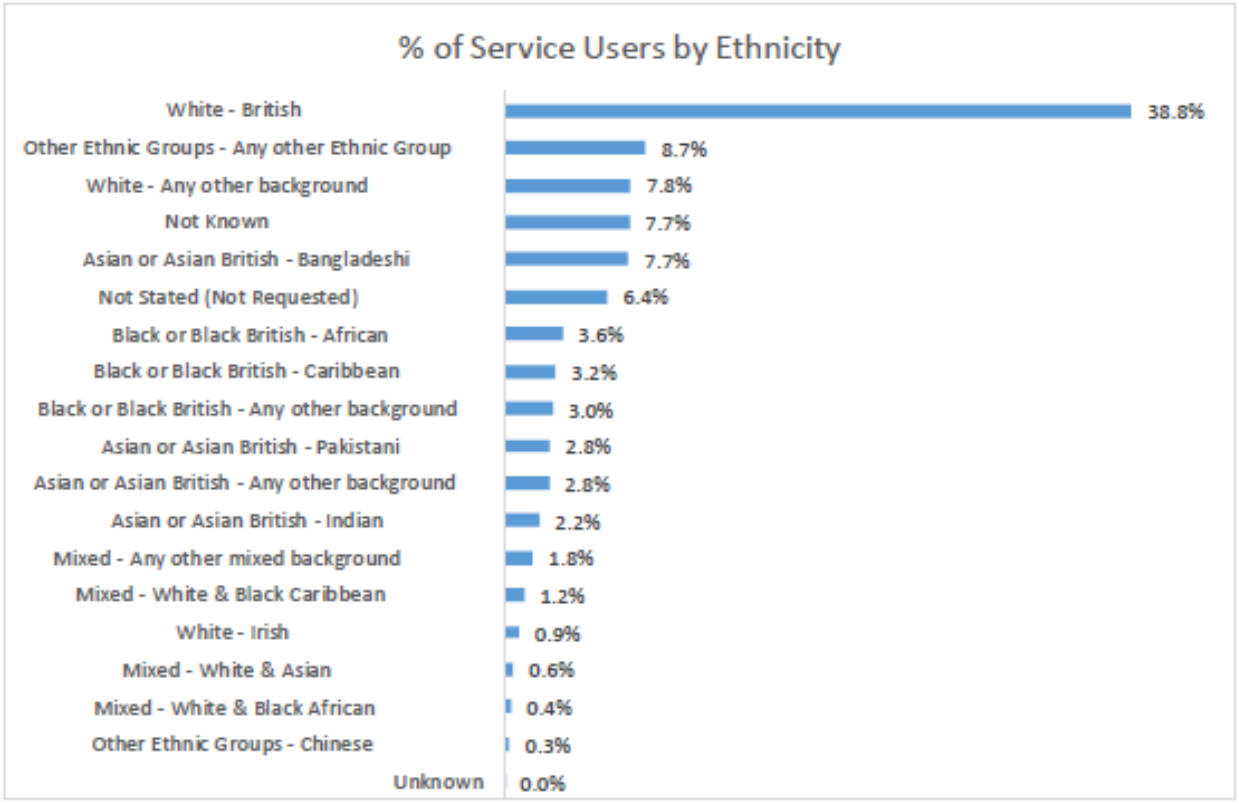
Next Steps:

- To continue our efforts to improve the experience of staff, patients and service users across all protected characteristics through a revised Equalities Plan 2022-2026 in line with the Trust Strategy
- Embed new governance structure to support the Equality, Diversity and Inclusion agenda reporting to the board regularly via the board subcommittee structure
- To build on the WDES and WRES action plans, which will have a concentrated focus on a small number of indicators in order to be more impactful.
- To progress the Trust's ambition to become an anti-racist and multicultural employer.

Service User Demographics 2021

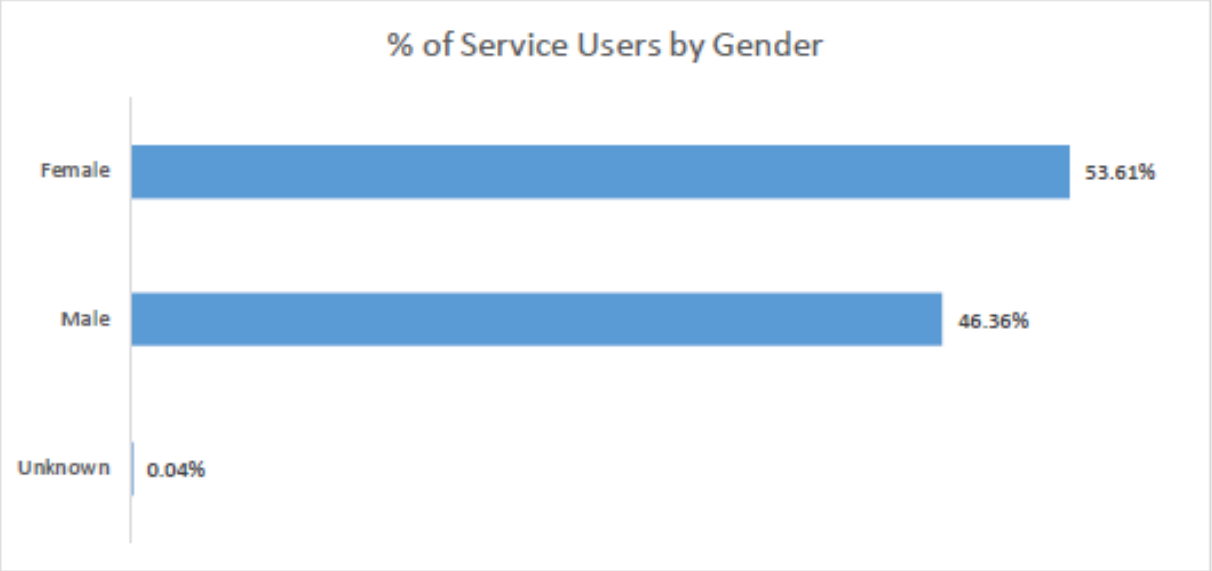
2. Service users by Ethnicity

Ethnicity	Number of Service Users	% of Service Users
White - Irish	843	0.93%
White - British	35038	38.82%
White - Any other background	7071	7.83%
Other Ethnic Groups - Chinese	300	0.33%
Other Ethnic Groups - Any other Ethnic Group	7893	8.75%
Unknown	3	0.00%
Not Stated (Not Requested)	5764	6.39%
Not Known	6982	7.74%
Mixed - White & Black Caribbean	1108	1.23%
Mixed - White & Black African	375	0.42%
Mixed - White & Asian	502	0.56%
Mixed - Any other mixed background	1586	1.76%
Black or Black British - Caribbean	2872	3.18%
Black or Black British - Any other background	2691	2.98%
Black or Black British - African	3255	3.61%
Asian or Asian British - Pakistani	2550	2.83%
Asian or Asian British - Indian	1968	2.18%
Asian or Asian British - Bangladeshi	6957	7.71%
Asian or Asian British - Any other background	2491	2.76%
Grand Total	**90249**	**100.00%**



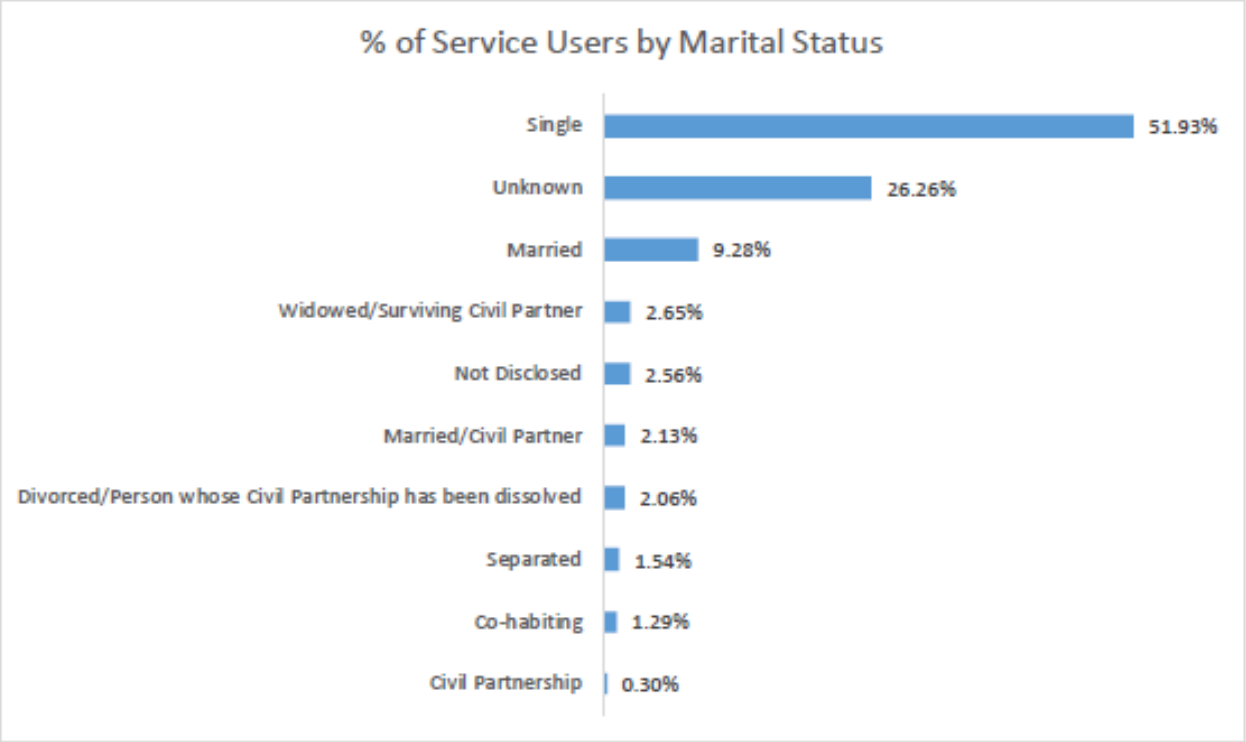
3. Service users by gender

Gender	Number of Service Users	% of Service Users
Female	48379	53.61%
Male	41837	46.36%
Unknown	33	0.04%
Grand Total	**90249**	**100.00%**



4. Service users by Marital status

Marital Status	Number of Service Users	% of Service Users
Civil Partnership	267	0.30%
Co-habiting	1168	1.29%
Divorced/Person whose Civil Partnership has been dissolved	1862	2.06%
Married	8373	9.28%
Married/Civil Partner	1926	2.13%
Not Disclosed	2312	2.56%
Unknown	23695	26.26%
Separated	1386	1.54%
Single	46868	51.93%
Widowed/Surviving Civil Partner	2392	2.65%
Grand Total	**90249**	**100.00%**



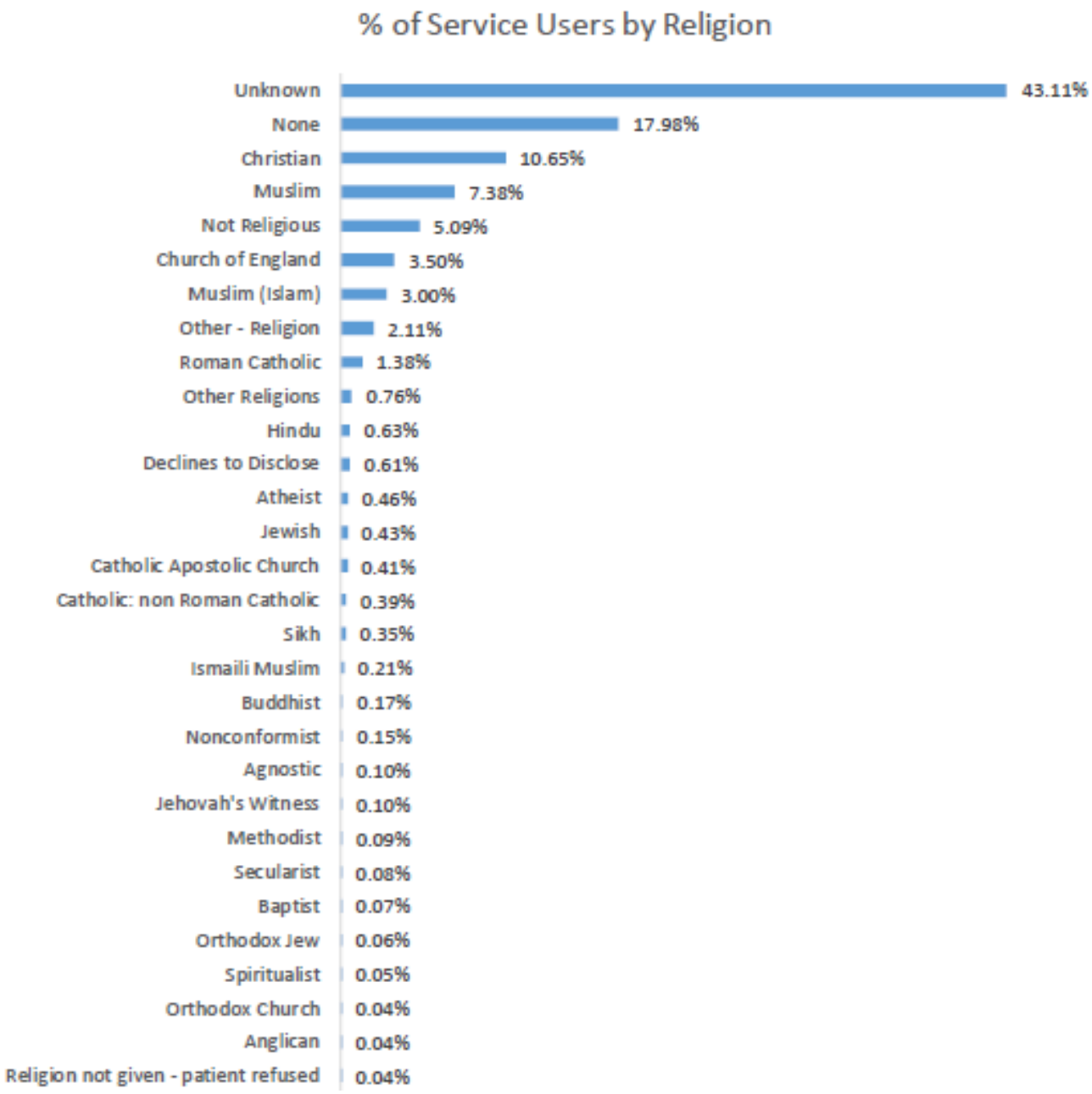
5. Service users by Religion

Religion	Number of Service Users	% of Service Users
Unknown	38902	43.11%
None	16227	17.98%
Christian	9609	10.65%
Muslim	6659	7.38%
Not Religious	4597	5.09%
Church of England	3160	3.50%
Muslim (Islam)	2704	3.00%
Other - Religion	1907	2.11%
Roman Catholic	1247	1.38%
Other Religions	688	0.76%
Hindu	567	0.63%
Declines to Disclose	555	0.61%
Atheist	411	0.46%
Jewish	389	0.43%
Catholic Apostolic Church	373	0.41%
Catholic: non Roman Catholic	355	0.39%
Sikh	315	0.35%
Ismaili Muslim	193	0.21%
Buddhist	152	0.17%

Nonconformist	139	0.15%
Agnostic	94	0.10%
Jehovah's Witness	88	0.10%
Methodist	79	0.09%
Secularist	69	0.08%
Baptist	60	0.07%
Orthodox Jew	52	0.06%
Spiritualist	43	0.05%
Orthodox Church	38	0.04%
Religion not given - patient refused	37	0.04%
Anglican	37	0.04%
Rastafarian	36	0.04%
Pentecostal	36	0.04%
Buddhist	29	0.03%
Greek Orthodox	27	0.03%
Non Denominational	26	0.03%
Pagan	24	0.03%
Seventh Day Adventist	20	0.02%
Protestant	19	0.02%
Own Belief System	19	0.02%
Church of Scotland	17	0.02%
Church	15	0.02%
Christian Fellowship	13	0.01%
Mormon	12	0.01%
Church of God	11	0.01%
Chinese Religions	10	0.01%
Orthodox Catholic Church	9	0.01%
Child of God	9	0.01%
Believe in God	8	0.01%
Russian Orthodox Church	6	0.01%
Neo-Christian	6	0.01%
Humanist	6	0.01%
Disciples of Christ	6	0.01%
Christian Spiritualist Church	6	0.01%
Salvation Army	5	0.01%
Romanian Orthodox	5	0.01%
Non-subscribing Presbyterian	5	0.01%
New Age	5	0.01%
Free Thinker	4	0.00%
Church of Jesus Christ of Latter Day Saints (Mormons)	4	0.00%
Church of Ireland	4	0.00%
Christian Fellowship Church	4	0.00%
Christadelphian	4	0.00%
Apostolic Church	4	0.00%
Wicca	3	0.00%
Satanism	3	0.00%

Reformed	3	0.00%
Rationalist	3	0.00%
Hare Krishna	3	0.00%
Greek Catholic	3	0.00%
Evangelical	3	0.00%
Church of Christ	3	0.00%
Christian Scientist	3	0.00%
Charismatic	3	0.00%
Chapel	3	0.00%
Wiccan	2	0.00%
Unsectarian	2	0.00%
Shakti Hindu	2	0.00%
Scientology	2	0.00%
Quaker	2	0.00%
Presbyterian	2	0.00%
Mysticism	2	0.00%
Liberal Jew	2	0.00%
Independent	2	0.00%
Coptic Orthodox Church	2	0.00%
Church in Wales	2	0.00%
Chinese Church	2	0.00%
Brethren	2	0.00%
African Methodist	2	0.00%
Universalist	1	0.00%
United Reformed Church	1	0.00%
Unitarian	1	0.00%
Taoist	1	0.00%
ShiÆite Muslim	1	0.00%
Shaman	1	0.00%
Raja Yoga	1	0.00%
Pantheism	1	0.00%

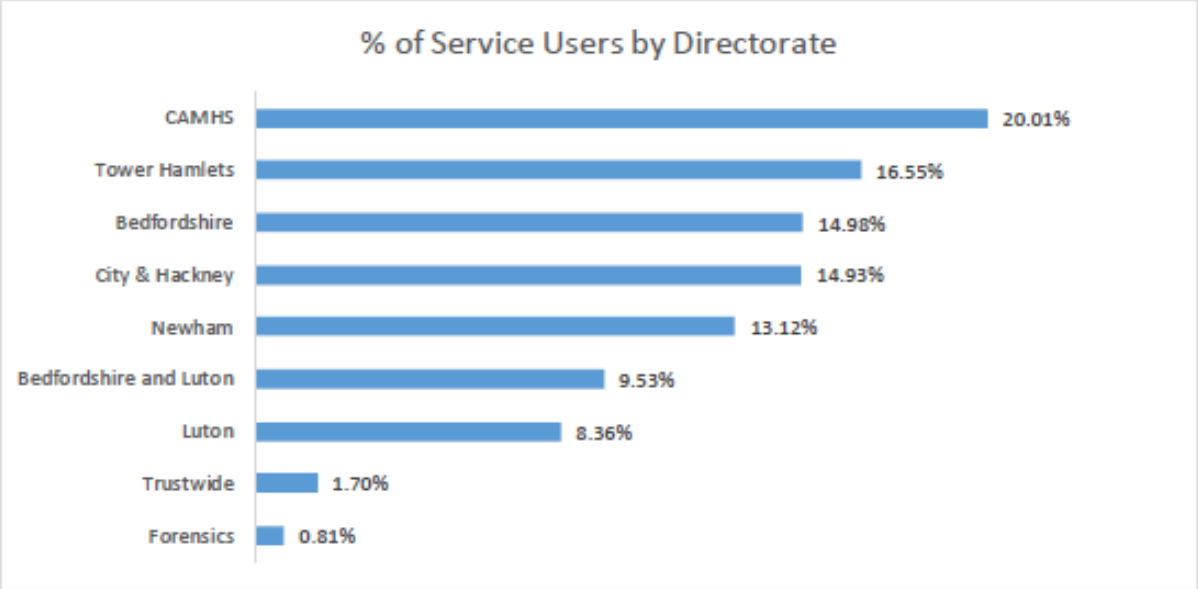
Orthodox Presbyterian	1	0.00%
Old Catholic	1	0.00%
Occult	1	0.00%
New Kadampa Tradition Buddhist	1	0.00%
Lutheran	1	0.00%
Judaic Christian	1	0.00%
Jain	1	0.00%
Indian Orthodox	1	0.00%
Heathen	1	0.00%
Goddess	1	0.00%
Free Evangelical Church	1	0.00%
Free Church	1	0.00%
Deist	1	0.00%
Coleraine Christian Centre	1	0.00%
Celtic Pagan	1	0.00%
Celtic Orthodox Church	1	0.00%
British Israelite	1	0.00%
Baha'i	1	0.00%
Armenian Catholic	1	0.00%
Advaitin Hindu	1	0.00%
Grand Total	**90249**	**100.00%**


% of Service Users by Religion
Unknown 43.11%
None 17.98%
Christian 10.65%
Muslim 7.38%
Not Religious 5.09%
Church of England 3.50%
Muslim (Islam) 3.00%
Other - Religion 2.11%
Roman Catholic 1.38%
Other Religions 0.76%
Hindu 0.63%
Declines to Disclose 0.61%
Atheist 0.46%
Jewish 0.43%
Catholic Apostolic Church 0.41%
Catholic: non Roman Catholic 0.39%
Sikh 0.35%
Ismaili Muslim 0.21%
Buddhist 0.17%
Nonconformist 0.15%
Agnostic 0.10%
Jehovah's Witness 0.10%
Methodist 0.09%
Secularist 0.08%
Baptist 0.07%
Orthodox Jew 0.06%
Spiritualist 0.05%
Orthodox Church 0.04%
Anglican 0.04%
Religion not given - patient refused 0.04%

6. Service users by Directorate

NB Some service users are in more than one directorate

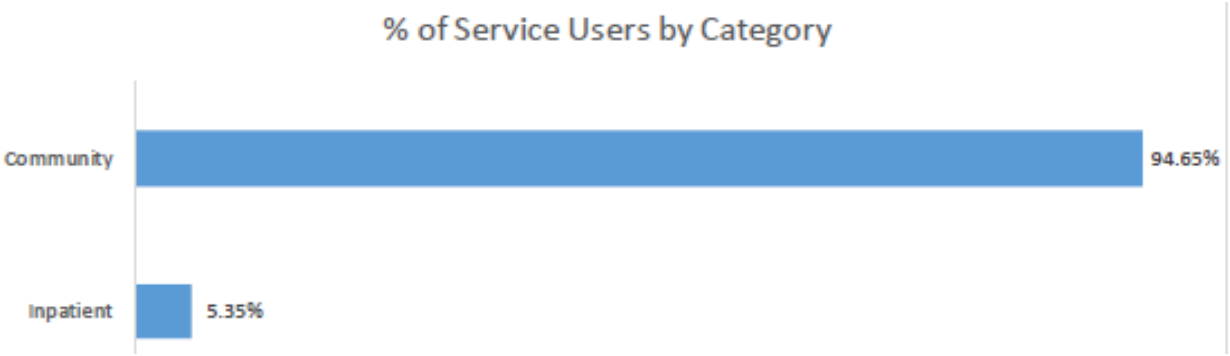
Directorate	Number of Service Users	% of Service Users
Bedfordshire	13516	14.98%
Bedfordshire and Luton	8605	9.53%
CAMHS	18058	20.01%
City & Hackney	13478	14.93%
Forensics	728	0.81%
Luton	7544	8.36%
Newham	11845	13.12%
Tower Hamlets	14938	16.55%
Trustwide	1537	1.70%
Grand Total	**90249**	**100.00%**



7. Service users by category

NB Some service users are in more than one category

Category	Number of Service Users	% of Service Users
Community	85425	94.65%
Inpatient	4824	5.35%
Grand Total	**90249**	**100.00%**

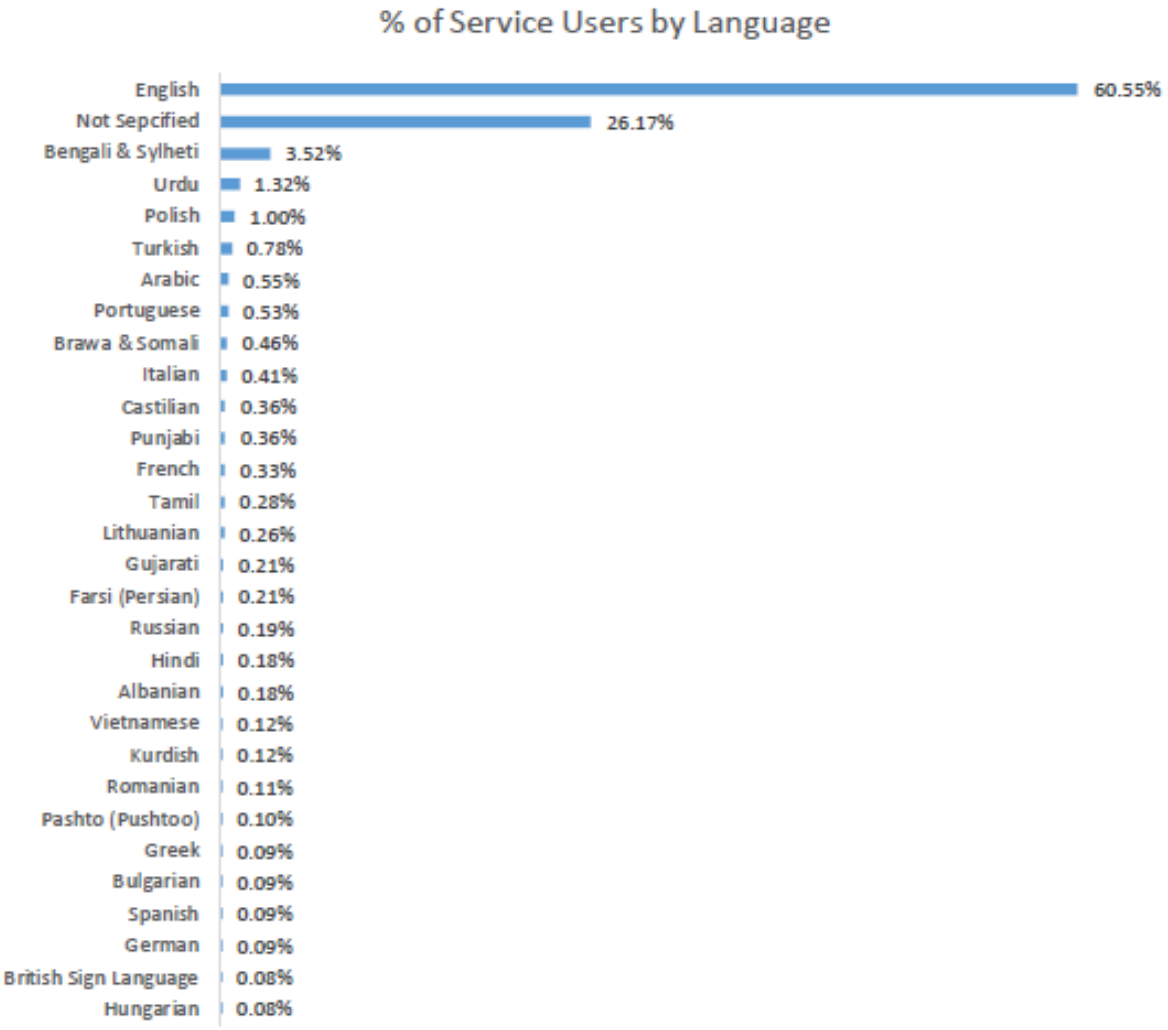


8. Service users by language spoken

Language	Number of Service Users	% of Service Users
English	54648	60.55%
Abkhazian	7	0.01%
Afar	3	0.00%
Afrikaans	13	0.01%
Akan (Ashanti)	6	0.01%
Albanian	162	0.18%
Amharic	39	0.04%
Arabic	495	0.55%
Armenian	2	0.00%
Azerbaijani	1	0.00%
Basque	1	0.00%
Belarusian	2	0.00%
Bengali & Sylheti	3178	3.52%
Bihari	1	0.00%
Bosnian	9	0.01%
Brawa & Somali	418	0.46%
British Sign Language	75	0.08%
Bulgarian	82	0.09%
Burmese	10	0.01%
Cantonese	25	0.03%
Cantonese & Vietnamese	40	0.04%
Castilian	328	0.36%
Catalan	1	0.00%
Chechen	1	0.00%
Corsican	1	0.00%
Cree	1	0.00%
Creole	9	0.01%
Croatian	10	0.01%
Czech	23	0.03%
Danish	5	0.01%
Dutch	19	0.02%
Estonian	6	0.01%

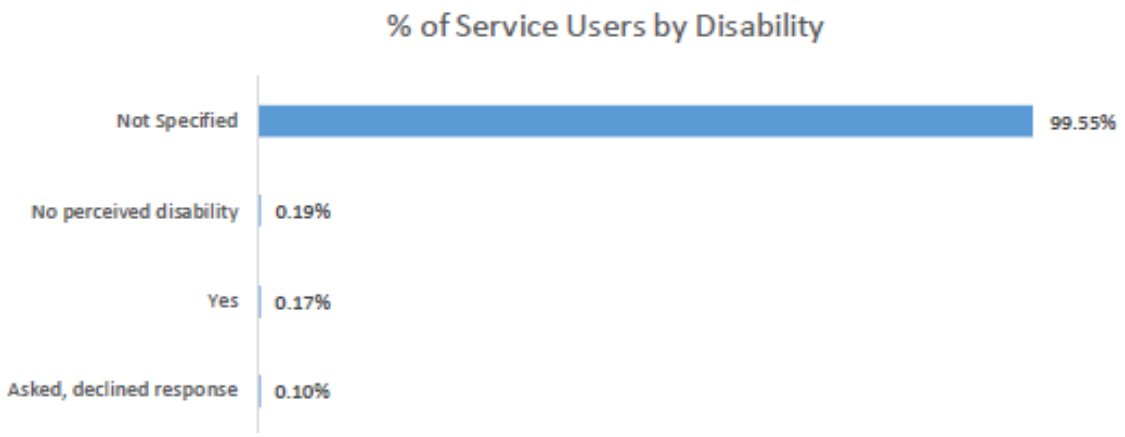
Ethiopian	1	0.00%
Ewe	1	0.00%
Farsi (Persian)	193	0.21%
Finnish	5	0.01%
French	298	0.33%
French creole	2	0.00%
Fulah	1	0.00%
Gaelic	1	0.00%
Galician	1	0.00%
Georgian	13	0.01%
German	81	0.09%
Gikuyu	2	0.00%
Greek	83	0.09%
Gujarati	193	0.21%
Hausa	2	0.00%
Hebrew	31	0.03%
Hindi	163	0.18%
Hungarian	72	0.08%
Icelandic	1	0.00%
Ido	1	0.00%
Igbo (Ibo)	20	0.02%
Indonesian	8	0.01%
Irish	61	0.07%
Italian	367	0.41%
Japanese	13	0.01%
Kannada	1	0.00%
Kinyarwanda	1	0.00%
Korean	11	0.01%
Kurdish	112	0.12%
Latin	1	0.00%
Latvian	50	0.06%
Lingala	38	0.04%
Lithuanian	236	0.26%
Luganda	14	0.02%
Luxembourgish	2	0.00%
Macedonian	1	0.00%
Maketon (Sign Language)	19	0.02%
Malay	9	0.01%
Malayalam	45	0.05%
Maltese	3	0.00%
Mandarin	33	0.04%
Marathi	1	0.00%
Moldavian	4	0.00%
Nepali	3	0.00%
Norwegian	8	0.01%
Not Specified	23617	26.17%
Oromo	3	0.00%
Other	24	0.03%
Pashto (Pushtoo)	87	0.10%
Patois	1	0.00%
Polish	905	1.00%
Portuguese	479	0.53%

Punjabi	322	0.36%
Romanian	102	0.11%
Russian	170	0.19%
Serbian	3	0.00%
Serbian/Croatian	3	0.00%
Shona	1	0.00%
Sinhala	10	0.01%
Slovak	7	0.01%
Slovenian	2	0.00%
Somali	44	0.05%
Spanish	81	0.09%
Swahili	46	0.05%
Swedish	27	0.03%
Sylhethi	40	0.04%
Tagalog (Filipino)	23	0.03%
Tajik	1	0.00%
Tamil	252	0.28%
Telugu	2	0.00%
Thai	19	0.02%
Tigrinya	29	0.03%
Turkish	708	0.78%
Turkmen	1	0.00%
Twi	10	0.01%
Ukrainian	4	0.00%
Urdu	1193	1.32%
Vietnamese	112	0.12%
Welsh	5	0.01%
Wolof	2	0.00%
Yiddish	33	0.04%
Yoruba	53	0.06%
Zulu	1	0.00%
Grand Total	**90249**	**100.00%**



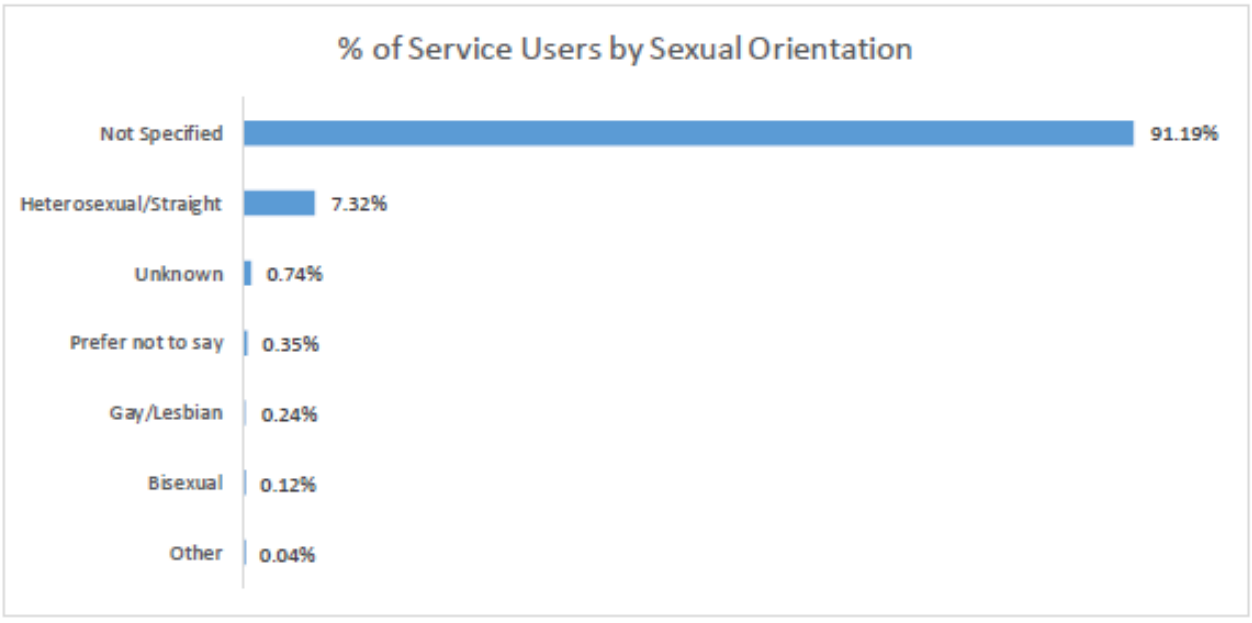
9. Service users by disability status

Disability	Number of Service Users	% of Service Users
Asked, declined response	86	0.10%
No perceived disability	174	0.19%
Not Specified	89840	99.55%
Yes	149	0.17%
Grand Total	**90249**	**100.00%**



10. Service users by sexual orientation

Sexual Orientation	Number of Service Users	% of Service Users
Bisexual	107	0.12%
Gay/Lesbian	213	0.24%
Heterosexual/Straight	6607	7.32%
Not Specified	82294	91.19%
Other	37	0.04%
Prefer not to say	319	0.35%
Unknown	672	0.74%
Grand Total	**90249**	**100.00%**



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REPORT TO THE TRUST BOARD IN PUBLIC
29 September 2022

Title	Quality Assurance Committee: 12 September 2022 Committee Chair's Assurance 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) meetings on 12 September 2022.

Key messages

Winter Planning

- A workshop on winter planning is being arranged prior to the September Board meeting
- Many of the usual winter plans are already in place due to the volume of activity being experienced both in BLMK and NEL
- Limited funding (£480,000) has been received in both systems and reviewing how best to use this money; there has been a focus on ensuring bed availability for winter and in community health ensuring teams are able to cope with the increased complexity of patients
- Continued focus on ensuring patient safety and staff wellbeing.

Prevention of Future Deaths

- An update report was provided on three cases that are expected to lead to Prevention of Future Deaths' Notices.

Integrated Patient Safety Report Q1

- The Director of Patient Safety presented the new integrated patient safety report acknowledging that this is work in progress and would welcome feedback
- The report aims to triangulate data collected during Q1 including all new incidents, SIs, expected and unexpected service user deaths, all independent investigations of ELFT services, any panel-led SIs and coroners' inquests, and complaints raised within the time period as well as updates on any ongoing investigations and reviews
- The report also includes an update on safety management, e.g. how our patient safety processes and systems are functioning; safety improvement and oversight, e.g. outline of our structures and processes for overseeing work to learn from, monitor and improve safety across the Trust; and an outline of the Trust's short and longer-term work to develop the safety strategy and improve patient safety systems and culture
- Future reports will include themes/analysis, i.e. what our patient safety data is telling us in terms of triangulated patient safety learning themes/trends/concerns and risks
- The Committee welcomed a combined report but recommended the length is reduced, for example, by removing the appendices, and summaries and key recommendations should be included in the report
- A recommendation from the national patient safety strategy is that all staff, including Board members, complete an e-learning package which focuses on patient safety cultures and systems.

Quality and Safety: CAMHS Services

- Range of successes and achievements including:
  - Development of Evergreen – an eight bedded interim unit in Bedfordshire due to open at the end of the year
  - Crisis expansion – including the launch of a home treatment team in East London
  - Improved system working for the most complex children and young people with the aim of avoiding funnelling children into CAMHS services
  - Better Days in BLMK is a service user led event about how to shift attitudes and views

- Establishment of a Discovery College in Bedfordshire and Luton – aimed at developing skills to enable young people to reintegrate into education, work, etc
- Staff engagement – all CAMHS staff were invited to discuss how to improve staff experience. This is a critical initiative, not least as there are real recruitment difficulties and it is important for staff to feel valued and enjoy their experience to support retention

- Key issues and variations include:
  - Waiting times, waiting lists and patient flow
  - No local beds in Bedfordshire and Luton and access to CAMHS beds in East of England
  - Covid led to an increased demand and increased complexity of presentation
  - Managing pressures and interface with acute trusts, A&E, etc
  - Recruitment, retention and expansion, with vacancies impacting on existing staff, safety and quality, and competing with other Trusts who offer incentive schemes
  - Meaningful clinical and activity data to drive improved outcomes
  - Pace of digital development
  - Unmitigated funding gap in Bedfordshire and Luton.

Quality and Safety: SCYPS Services

- A priority is to develop a clearer model on community engagement work such as integrating services with schools
- Range of success and achievements including:
  - Improved partnership working in Newham
  - Reduction in waiting times for Autism assessment, down from 2.25 years to 1.5 and is continuing to improve
  - Strengthened clinical leadership – recruited more consultant paediatrician posts
  - Agreement for development of integrated speech and language therapy services
  - Staff engagement
  - Developing parent support and people participation – employed PP support worker
  - Marmot work – mapping and improving current contributions.
  - Held SCYPS Family Fun Day – helping reconnection with specialist services
- Key issues and variations:
  - Financial systems and the short-term nature of SCYPS' new funding
  - Capacity and demand – looking at more multi-disciplinary work
  - Integrated working with London Borough of Newham health visiting and school nursing
  - Recruitment and retention – a plan has been introduced to improve
  - RIO/Informatics – slow progress on improving clinical infrastructure and sharing clinical records with London Borough of Newham
  - Long waits for care across Autism, SLT, OT, dietetics
  - Slow progress on SLT integration agenda.

Cross Cutting Theme Deep Dives: Access / Waiting Times

- The report provides an overview of waiting lists across the Trust, focusing on 11 high priority services identified as having the greatest challenges with waiting lists, and also provides a detailed narrative of the plans in place to manage risk and address the waiting list
- To support the management of waiting lists and backlog, a set of principles developed and implemented in 2021 to help teams stratify risk and manage the risk of harm while people are waiting
- Teams across the Trust have been utilising their quality improvement skills to systematically understand demand, identify and remove waste in their processes and develop creative ideas to increase their capacity. Underpinning this is the Trust-wide optimising flow quality improvement programme, which provides a learning system for teams to gain additional support, and learn from each other
- There is now a focus on reviewing those service users who are recorded as having waited for long periods as the initial step in understanding the outliers for two year waits
- The waits for assessment, particularly in autism and ADHD, far outstrip capacity. However, where investment is made appropriately, this can be improved – children's waits have been reduced from over two years, to under one year in the last year. There is also a strategic review

of autism across the Trust at the moment. Other work is happening in recognition demand cannot be met, for example City & Hackney have put in a business case to increase capacity.

Guardian of Safe Working Q1

- Junior doctor work schedules remain compliant with the junior doctor contract
- Reporting of exceptions to work schedules has been healthy with 28 reports in the period including one breach of rest rules; rotas are designed to mitigate any risk associated with breaches
- The newly introduced second on-call rota for higher trainees in Bedfordshire and Luton continues to have a positive impact on the number of contract breaches
- There were 402 vacant shifts needed locum cover 10% of which were covered by agency doctors; this figure is broadly stable with the previous quarter
- Met with CAMHS trainees during the quarter who have not raised any exception reports
- The GSW has attended recent Trust inductions for new doctors to raise awareness of how to report as well as the benefits of reporting.

Internal Audit

- Final internal audit report for compliance with Fit and Proper Persons Regulations received reasonable assurance with three medium priority actions and two low priority actions
- Regular progress meetings continue to be held with the interim Chief Finance Officer to discuss internal audit review progress.

Board Assurance Framework: Improved Experience of Care – 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

- Demand remains high in crisis services and bed occupancy. The demand surge work being undertaken with system partners is now aligned with winter planning which has now commenced to ensure a joined-up approach and continuous focus on the main areas of high activity and pressure
- Established contingencies of additional capacity in the private sector and commissioned step-down beds with suitable local providers
- Workforce availability in many clinical areas remains challenging but the Trust remains safe and there is close monitoring of service delivery, patient safety and quality
- Our CHS are also engaged in system winter planning; main focus on ensuring acute providers have the much-needed capacity to support the anticipated increased winter activity
- New challenge includes the capacity issues in the risk and governance team which has led to delays in SI investigations; action plan in place to address the backlog including the recruitment of staff to the SI team
- The Committee agreed there were no changes to the risk score and that appropriate controls are in place and operating effectively.

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REPORT TO THE TRUST BOARD IN PUBLIC
29 September 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 provides assurance around actions taken to tackle the main theme arising from complaints over the past year, namely communication and information provision. The deep-dive into this topic highlights work taking place across the Trust to improve customer service, to make better information available more easily through our website, and to improve people's experience of phoning our services. There are gaps identified in our ability to identify themes from complaints, which will be addressed through a new Trustwide patient experience forum, bringing together intelligence from all the different ways we capture and understand the patient experience in order to identify emerging themes and coordinate efforts to tackle these.

The quality improvement (QI) section provides a focus on our engagement with external partners in the breadth of quality improvement work that is underway in support of our Trust strategy. Our work on becoming a Marmot Trust is involving a range of partners in Luton to test ideas aimed at increasing access to employment and good work. We have agreed to provide quality improvement support to the inequalities programmes across both BLMK and NEL integrated care systems, giving us an opportunity to adopt a systematic method in the way that the system identifies, understands and coproduces solutions to the inequalities experienced within our local communities. The teams engaged in triple aim work and the Pursuing Equity programmes at ELFT are all identifying and partnering with external agencies in order to influence outcomes and inequities. The report shares a number of examples, including results from the work with veterans in our local communities.

We have opened up all our quality improvement training to external participants, and a large number of commissioners and staff within the North East London ICS will be joining the improvement leaders programme and improvement coaching programme this year. Finally, our work on reducing agency spend, targeting change ideas within Bedfordshire and Luton mental health, is now delivering results, with a 27% reduction in agency spend within this part of the Trust.

Strategic priorities this paper supports

Improved population health outcomes	☒	Triple aim and Marmot Trust work
Improved experience of care	☒	Large scale QI programmes on pursuing equity, and tackling waits and flow
Improved staff experience	☒	Supporting team health and wellbeing, and improving the experience of new starters
Improved value	☒	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.

1.0 Quality assurance

1.1 In May 2022, the Board quality report contained a thematic analysis, triangulating various service user and staff data sources to provide an overview of quality issues emerging during the 9-month period from 1 August 2021 to 30 April 2022. One of the key themes emerging from the service user feedback was 'communication and information giving', a finding repeated in the Annual Complaints Report for 2021/22, in which it was identified as the most frequently received complaint topic across the Trust:

Top complaint themes:

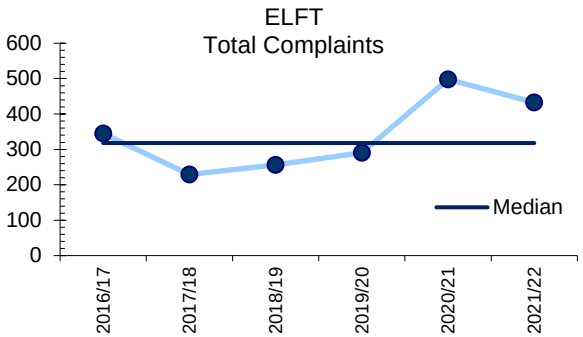
1. Communication/Information
2. Attitude of Staff
3. Clinical Management (Mental Health)
4. Assessment
5. Access to Services
6. Support in the Community
7. Diagnosis
8. Medication
9. Appointment Delays/Cancellation
10. Care Planning / CPA (Mental Health)

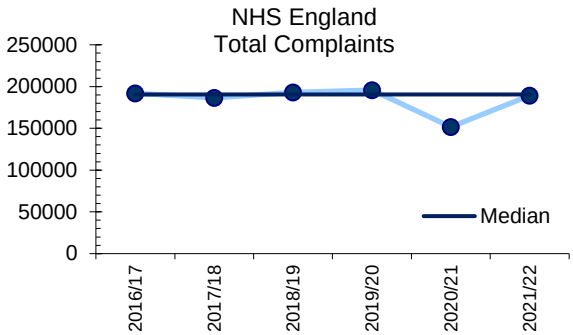
1.2 This report provides further analysis, examining the distribution and specific nature of the complaints, and seeks to assure the Board that processes are in place to ensure that the key themes of complaints are understood, and action is being taken to improve experience, and reduce the occurrence of similar complaints in the future. This adds to the assurance received by the Quality Assurance Committee in June 2022, through the annual report on learning from complaints, which contained a summary of actions we have taken based on individual complaints on the topic of communication. In addition, the annual complaints learning lessons seminar in December 2021 was focused on communication, with five directorates sharing case studies and their actions in response. It is worth noting that we are shortly due to commence the annual non-executive review of our complaints process and our learning from complaints.

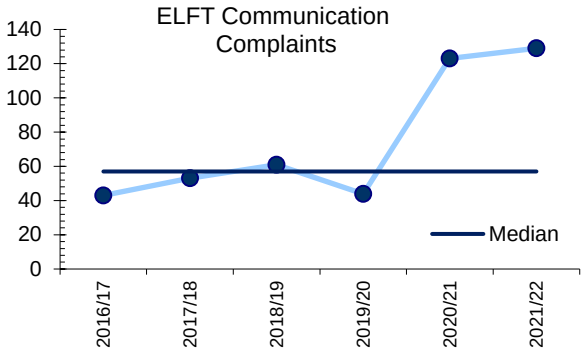
1.3 To provide the most up-to-date analysis, this report is particularly concerned with formal complaints received between 1st August 2021 and 31st July 2022. Within this period, there were 433 formal complaints received, of which 129 were categorised as relating to communication or information. All internal data referred to below is for comparable time periods. However, NHS England data used for benchmark/comparison is for the financial year.

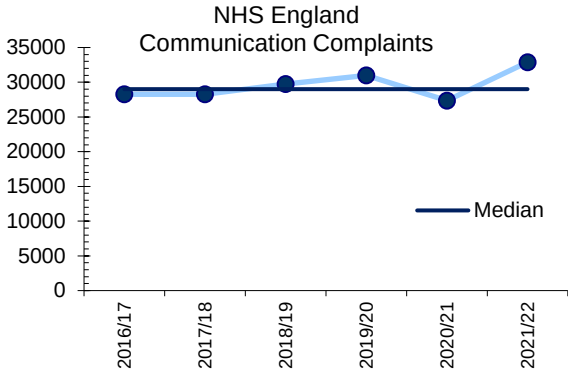
2.0 What the data tells us

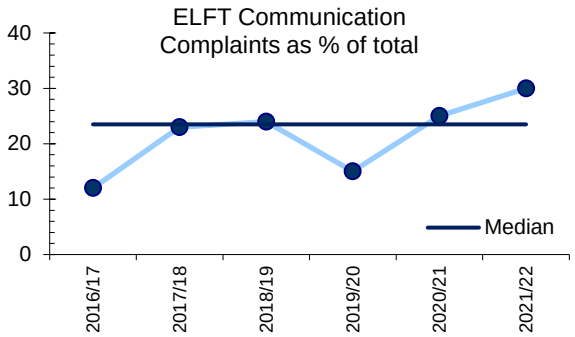
2.1 The charts below provide an overview of variation in number of complaints over the past 6 years, locally and nationally.

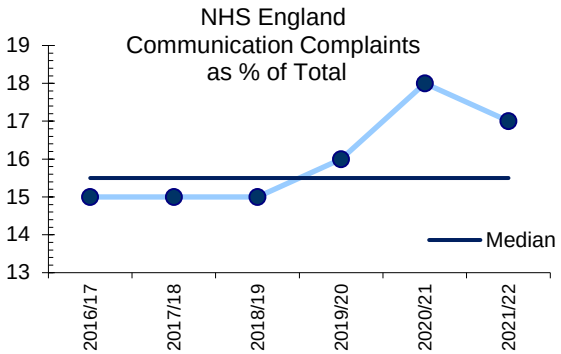








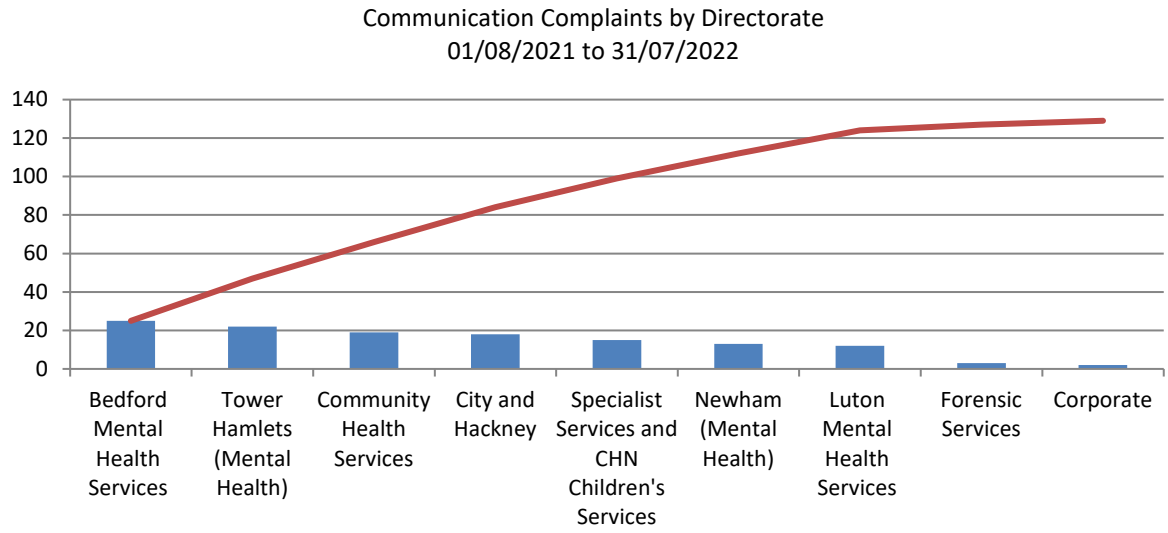




2.2 The graphs above illustrate:

- relative stability in complaints received locally and nationally
- an increase in the number of complaints regarding communication in ELFT across the last two years, that is not apparent in the number of similar complaints nationally
- a greater proportion of complaints in ELFT regarding communication than nationally

2.3 Complaints regarding communication are distributed fairly evenly across directorates:



3.0 Understanding the detail

3.1 Both the complex nature of many complaints, and the Datix system used to manage the complaints process, make meaningful analysis somewhat difficult and time-consuming.

3.2 The substance of the complaints falling under the theme of 'communication/information' is quite broad. It is noticeable when reviewing these complaints that some refer to one or more issues alongside communication; some are very obviously about communication, and some are more tenuously connected.

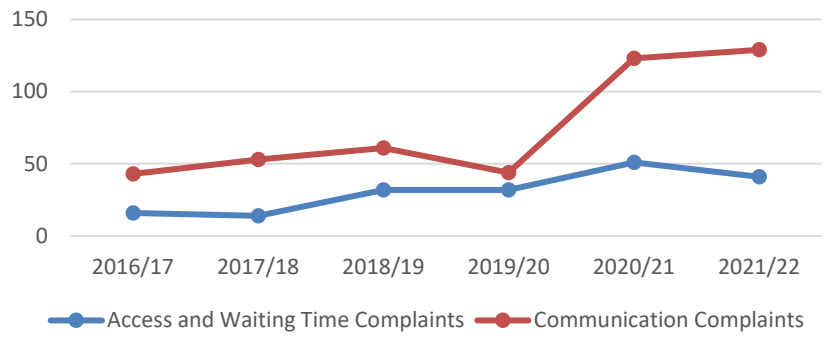
3.3 A number of complaints are about the manner of communication and so crossover with complaints categorised as 'staff attitude'.

"He would not let me get a word in edgeways to even tell him about my present housing situation and the distress it was causing me"

3.4 Nine complaints reference waiting times or delay in care/treatment. Not all are explicitly related to communication, but most reflect unhappiness with communication about progress of the referral/case/episode of care during the course of an extended wait.

"Dr _ mentioned in his letter to _ GP practice dated March 2020 that he was referring him for the Individual Placement Support Service, but again, after eighteen months, he has heard nothing further"

3.5 The chart below highlights that whilst there has been an increase in complaints around communication over the past two years as waiting times have, on the whole, increased, complaints about access and waiting times have increased considerably less. It could be that keeping patients informed during their wait is what is most important to them, and this could be the subject of further exploration.



3.6 The majority of complaints relate to communication and information giving as a core feature of good care and treatment. Such complaints can typically be broken down into sub-categories of:

- Service users and/or carers not receiving communication that had been promised to them

"I was put on some medication _ and was told I would be phoned back in a week to see if they were working, needed upping the dose or whatever, I was told I would be called back on 8th October, this didn't happen"

- Service users and/or carers not feeling informed of decisions, or rationale for decisions, affecting their care and treatment

"a safeguarding alert was raised for his daughter …. Following the safeguarding alert, no one had contacted _ to discuss his concerns or reassure him about his daughter's safety"

- Carers/relatives not feeling informed of significant events affecting them/the person they care for/relative

"_went AWOL on 8 June and no one from the hospital contacted the patient's carer to make her aware."

- Care providers/services not communicating effectively with other agencies, teams or professionals involved in their care and treatment

"The team failed to contact a social worker, and arrange for a handover to the carer team where my mother was moving to."

- Not being able to talk to key people involved in their care and treatment when they need to

"I try and call my care coordinator first thing In the morning and he blanks me off till the last thing in the evening and I have to chase him constantly also I ask for people to call me back and no one does"

4.0 Actions being taken to improve

4.1 The Trust's Complaints Policy requires that all complaints are reviewed, responded to, and remedial actions put in place where required. The implementation of the policy is monitored by the Quality Committee.

4.2 Complaints handling training is provided regularly and is available to all staff. It is focused on supporting investigation, response writing and learning.

4.3 Complaints are routinely reviewed locally in the relevant directorate governance or quality forums. These vary by directorate, but typically involve review of all complaints received within a given period, and the extraction and sharing of learning from those complaints within the directorate.

4.4 Directorates report finding routine thematic analysis of complaints to be difficult, and in practice analysis is undertaken on an ad hoc basis. Thematic analysis is not typically a feature of governance or assurance frameworks, but directorates would like to undertake this if resource allows.

4.5 The directorates approached regarding this report were aware of the theme of communication/information-giving in their complaints, and characterised them as generally being about the quality of 'customer care' being provided.

4.6 In Bedfordshire and Luton community mental health services, communication and good customer care are a key priority for improvement. The leadership team is taking a 'back to basics' approach, and are planning:

- to create a central log for all complaints to make them easier to monitor and spot themes in a timely way.
- to use a QI approach locally to address specific team issues and to shift to a more 'customer focused' culture
- to provide customer care training for staff

4.7 Community health services are engaged in a 'Compassionate Care' project, the catalyst for which was a thematic analysis of complaints data in Newham. Key improvement actions undertaken as part of the project to date are:

- completion of a staff survey to understand more the staff perspective, their attitudes and needs
- customer care training designed and delivered with People and Culture support.
- testing of planned and unplanned visits with EPCT. Senior members of the team going out with clinical staff one day a month to promote and support professional standards
- implementation of the new Trust supervision process (including TRIALOG)
- support sessions for supervisors to ensure high standards of staff supervision

4.8 The customer care training designed with community health services has been tested and refined. It sets out to help people understand what good customer service looks like and provide tools to enable good customer service. This training will be made available to all staff through the training department.

4.9 Improvements have been made to the ELFT website, with the new service providing tangible benefits for service users and carers. The new website means that Trust accessibility scores have seen a big jump in comparison to the previous platform, and are on target to achieve a AAA accessibility rating. The website has much improved visibility and signposting of content, supported by an array of components to present and link information better. The content

management system will allow local services to add and update their own information. Already the quantity and quality of information about clinical services and what they provide is vastly greater than previously.

4.10 The Digital Team are committed to a large programme of work to improve the functionality and value of our telephony systems. The plan is in development, and will focus on implementation of 'Enterprise Voice'. This is a single cloud-based omni-channel system (meaning that it will incorporate all communication media including SMS, Facebook, online chat etc). It will deliver improvements in both functionality and analytics, allowing clinical and operational leadership to understand need, responsiveness and use in order to meet customer need. It is anticipated that the plan will be in place by December 2022 and implemented thereafter. In the meantime, the Digital Team are working in priority areas to improve utilisation and functionality of the existing systems.

4.11 In order to address the gap in routine thematic analysis of feedback from service users, including feedback through complaints, the Trust has consitituted a new Trustwide Patient Experience Forum, which will be chaired by the Chief Quality Officer and attended by clinical and operational leaders from across the organisation. This new forum will create a space where we can bring together intelligence from a range of channels of feedback from service users, including complaints, identifying themes and coordinating work to address these.

4.12 The complaints team will consider alternative ways of recording complaints, to facilitate easier review of the actual complaint text and analysis of themes. The complaints team is also considering introducing a ‘business partner’ model, as with other corporate teams, so that there is designated corporate support for directorates as they coordinate local understanding and response to complaints.

4.13 A progress update on these actions will be included in the next complaints report to the Quality Assurance Committee.

5.0 Quality Improvement

ELFT’s four strategic objectives to improve population health, improve service user, improve staff experience and to improve value, are supported by a Trust-wide quality improvement plan. This report will focus on the work that is underway with partners across our portfolio of quality improvement work.

6.0 Improved Population Health

6.1 *Marmot Trust*

Earlier this year, ELFT partnered with the Institute of Health Equity, to work towards becoming the first NHS Marmot Trust. The Trust offers QI support with partners in Luton and Newham.

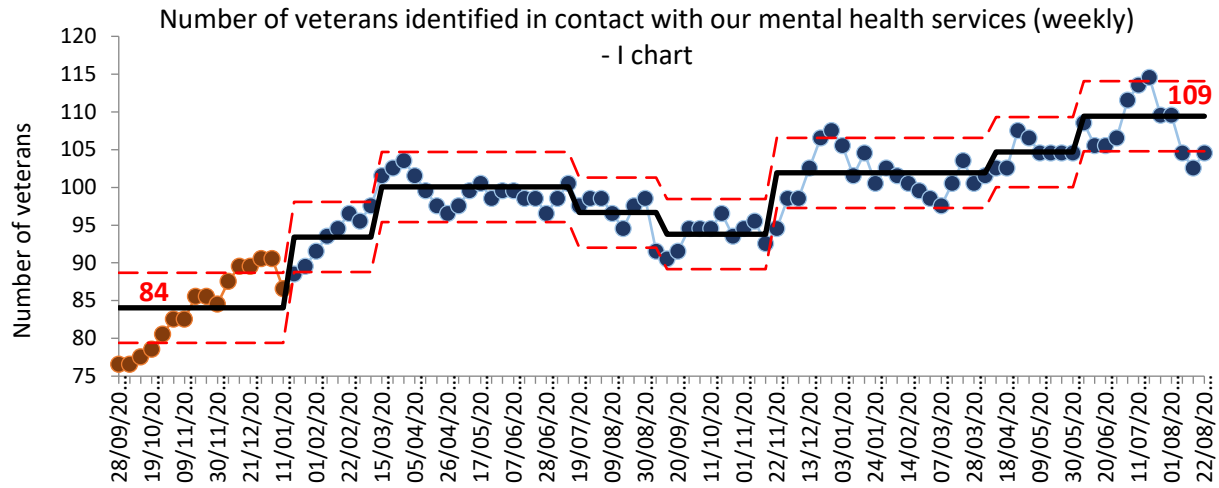
In Luton, colleagues from human resources, public health, the local authority, a facilities management service and peer support workers are working together to support local vulnerable people into employment. In addition, the project team are working with Luton credit union company to consider how they can promote access to banking. Currently the team are exploring if ELFT sites could be used to host credit union banking surgeries and how to ensure ELFT staff are more aware of the credit union so they can enable access.

6.2 Triple Aim

There are currently seven QI projects across the trust that are working towards the triple aim of improved outcomes, experience of care and value for specific populations. All these teams are working collaboratively with partners.

In South Luton, the Mental Health Support Team are aiming to support young people of school age to thrive. The team have been working with local schools, education welfare services, a parent carer forum and two community mentoring organisations to help understand issues impacting the population. This has identified that access to mental health services in an appropriate setting and poverty are issues that really matter to them. The next step will be to develop ideas and priorities to take forward.

Partnership working has been key for the triple aim project to improve access to mental health care for military veterans. The Veterans Alliance, the British Legion, the Poppy Factory, and colleagues from ELFT have been working together on a portfolio of interventions including developing a series of podcasts to raise awareness around veterans' issues, administering staff surveys around veterans awareness and considering how to support veterans to gain employment with the Trust. Staff awareness has been a focus of the project and the chart below demonstrates a steady increase in the number of service users identified and registered by staff as military veterans.



7.0 Improved Experience of Care

7.1 *Addressing inequalities*

There are 14 teams across the Trust participating in the Pursuing Equity QI programme. Teams receive close support from quality improvement, people participation, analytics and public health, coming together every two months to share and learn. The visual below shows how the teams are progressing through the systematic approach that quality improvement brings. The teams are working with a range of partners including GPs in Newham and City and Hackney, Newham Council, Newham Afro Caribbean Community group, faith and community groups in Bedfordshire and Bedford Hospital heart failure team.

Pursuing Equity				
Forming team and identifying the quality issue	**Understanding the problem**	**Developing aims, change strategy and change ideas**	**Testing Change Ideas**	**Implementation**
Newham Afro Caribbean group Increasing access to psych. support for BAME community	**Bedford Community Eating Disorders Service** Improving access for ethnic minorities with eating disorders	**Ruth Seifert Ward Hackney** Improving experience of Service users who identify as LGBTQ+	**Bedford Wellbeing Service** Improving outcomes for Asian men over 40 years old who live in Bedford	**Tower Hamlets Early Intervention Service** Increasing access to for BAME groups
Emerald Inpatient Ward Newham Increasing access to Psychiatric Intensive Care Beds for women	**Perinatal Mental Health** Improving access to perinatal health for women with SMI across the Trust	**ELFT LGBTQ Network** To increase the % of staff signed up to the LGBTQ network	**Bow Ward Forensics** Improve access to care and support around womans sexual health	
Community Mental Health Transformation Improving access to services for underserved elderly people	**Perinatal Mental Health** Improving access to perinatal services for partners of women across East London	**Community Mental Health Transformation** Let's talk project access to service for BAME populations	**Newham Primary Care Transitional Practice** Increasing the % of women aged 25-64 receiving cervical screening	
	Newham Community Paediatric Service Income Optimisation for Children and young people in Newham		**Community Forensic Service** To increase access to the service for BAME service users	

Several teams are at the stage of understanding the problem (through using data and interviews) in order to help develop their aim and change ideas. A perinatal project in City and Hackney is working with local GP's in primary care to increase access to pre-conception counselling for women with serious mental health illness. The project team have identified that women from Black Asian and Minority Ethnic communities are under-represented in the service and are working with GPs to process map their pathway to identify areas contributing to inequity.

Bow Ward in Forensics are working with GPs and the sexual health clinic to improve access to care and support around female sexual health. Through testing how to increase cervical screening uptake, they have discovered that for many this triggers sexual trauma and are now testing the use of therapeutic groups to support them.

7.2 *Integrated Care Systems (ICS) – inequalities programme*

ELFT is providing quality improvement support to both the North East London (NEL) and Bedfordshire, Luton and Milton Keynes (BLMK) integrated care systems, in their inequalities programmes. In BLMK, the ICS is funding an improvement advisor, hosted at ELFT, who will help apply a quality improvement approach across the system-wide programme. This will involve targeted support for a small number of high-impact strategically important inequalities projects, working with large programmes to adopt the systematic approach of quality improvement, and providing broad quality improvement support to anyone involved or interested in tackling inequalities across the system. One of the high impact projects will focus on improving hypertension management and case-finding, a priority for BLMK ICS, and part of the Core20Plus5 framework. This project will bring together stakeholders from primary care, pharmacy, people and communities, clinical expertise, the Eastern Academic Health Sciences Network along with other partners where they will be supported to take a QI approach to this work.

In North East London, the Chief Quality Officer has been providing a series of workshops to partner organisations across all seven boroughs to help design their inequalities projects. The two boroughs of Tower Hamlets and Newham have incorporated quality improvement support, hosted by ELFT, within their programmes of work over the coming 18 months.

7.3 *Reducing waiting times and improving access to services*

Many of the 30 teams participating in the Optimising Flow QI programme are at the stage of testing new ideas.

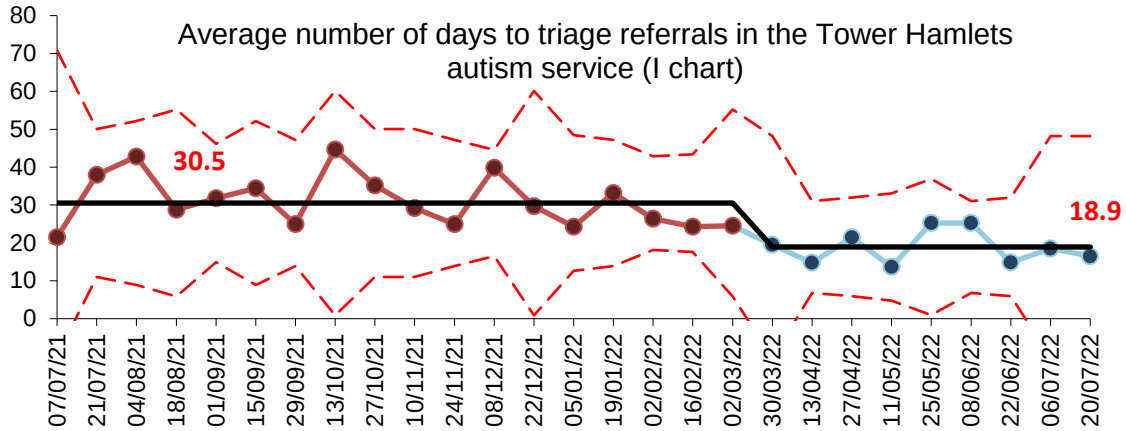
The teams are working with a range of partners including acute hospitals, local authorities, primary care, community events organisations, and translation services.

For example, Tower Hamlets Psychological Therapies service are aiming to achieve an average waiting time of no more than 12 weeks from referral to their second contact with service users. The team have identified a bottleneck in their system when using interpretation services. The team are now involving the interpretation team in their improvement work to better understand the problem and generate ideas for improvement.

Optimising Flow			
Forming team and identifying the quality issue	**Understanding the problem**	**Developing aims, change strategy and change ideas**	**Testing Change Ideas**
Ocean, Maternal Mental Health Service Reducing psychology waiting times	**Admission Avoidance and Discharge Service** Reducing triage assessment waiting times	**Bedford CAMHS Neuro Developmental Team** Reducing referral to treatment times	**Beds Community Health Occupational Therapy** Reducing waiting times
Psychiatric Liaison Team, Luton & Dunstable Improving transition of care	**Comm. Health Newham Phlebotomy** Improving clinic flow	**Ivory Triage Ward, Newham** Reducing length of stay	**Tower Hamlets Autism Team** Reducing referral to assessment time
Richmond Wellbeing Service Improving flow with therapy group	**Leighton Road Surgery** Improving flow in the GP Support Unit		**Ruby Triage Ward, Newham** Reducing delayed transfers of care
Single Point of Entry Beds CAMHS Countywide Reducing waiting times	**Tower Hamlets CAMHS - Emotional and Behavioural Team** Reducing referrals treatment times		**Primary Care Team, Tower Hamlets** Reducing triage and assessment waiting
Living Well Tower Hamlets Community Reducing assessment waiting times	**Hackney Learning Disabilities Service** Reducing waiting times		**Continence Service, Mile End Hospital** Reducing triage and assessment times
East London Community Eating Disorders Service Reducing waiting times			**Children's Speech and Language Therapy** Reducing referral to treatment times
Foot Health Service, Newham Reduce triage and assessment waiting			**Older People's Comm. MH Team, Newham** Demand & capacity for memory clinic
Bedfordshire Wellbeing Service Managing demand			**Primary Care Management** Improving recruitment and retention
Children with Autism in Newham Diagnosis Service Reducing waiting times			**Dunstable Community Mental Health Team** Improve flow between primary and secondary care
			Newham CAHMS Services Reduce referral to treatment times
			Tower Hamlets Psych. Therapies Service Reducing waiting time from referral to second contact
			Tower Hamlets Talking Therapies waiting times
			Specialist Psychotherapy Services Reducing inappropriate referrals

Tower Hamlets Autism Service have created a process map to visualise how they interact with their existing partners and are researching non-autism-specific local organisations who may be able to support their service users holistically to reduce the demand on appointments. Over the past year, the Autism Service has reduced time taken to triage referrals from 30.5 days to 18.9

days (below). Strengthening partnership working will aim to reduce the number of referrals and streamline the process from referral to second contact.

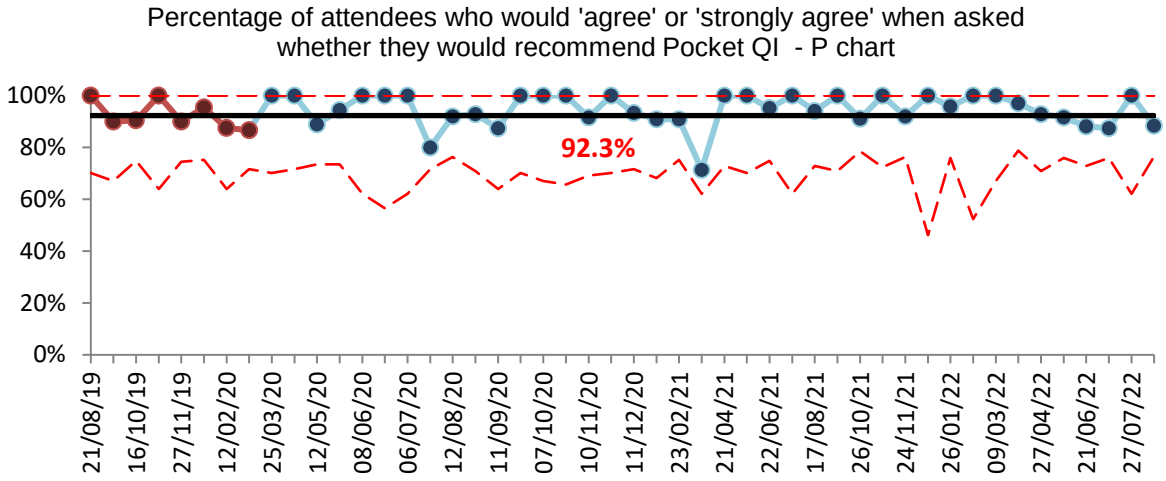


8.0 Improved Staff Experience

8.1 *Capability Building*

All our quality improvement training is now open to external partners and organisations, in order to promote a common language and approach to problem-solving across our systems. This year has seen an increase in external partners attending QI training at ELFT.

Pocket QI, the ELFT one-day introduction to quality improvement, is offered monthly in-person throughout the year. We also offer this course virtually every 3 months so that anyone, anywhere in the world, can attend. In the past year, 30 people from external organisations have attended Pocket QI. The response to the training is very positive, with 92% of attendees stating they would recommend the training (below).



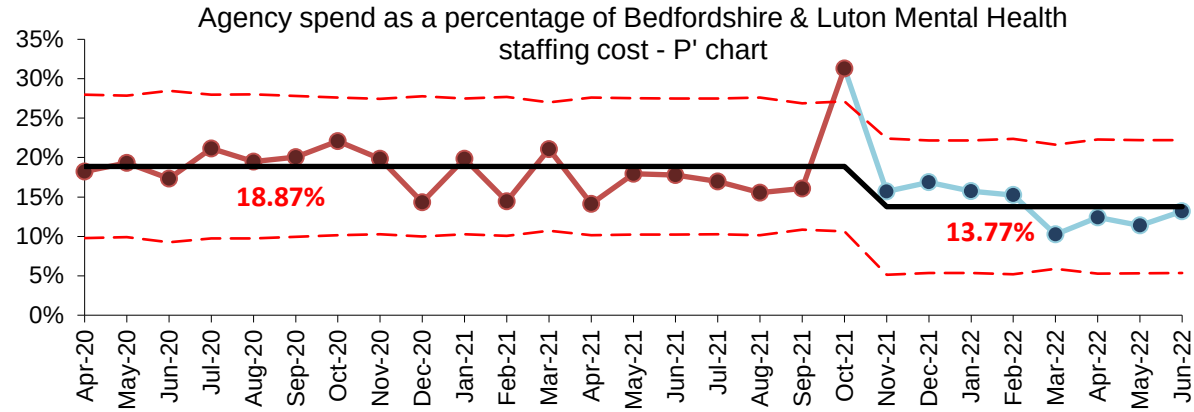
The *Improvement Leaders Programme* provides a deeper knowledge of quality improvement, and supports people to learn and apply the method to a real issue over the course of 6 months. This year, there are 14 participants from the North East London integrated care board joining us, who are in commissioning or quality roles. There will also be a further 30 external participants involved in the inequalities programmes across Tower Hamlets and Newham.

The *Improvement Coaching Programme* provides an immersive training for those who would like to take on the role of a QI coach, equipping them to coach teams working on quality improvement projects. There are 13 people from the North East London integrated care board, in commissioning and quality roles, who will be participating in this programme this year, together with one person from the Tower Hamlets primary care QI programme.

9.0 Improved Value

9.1 *Agency Spend*

The agency spend project is being supported by the temporary staffing, procurement & contracts, finance, workforce, and health roster teams with the aim to reduce agency spend by 25% by December 2022. The project team have targeted their efforts in Bedfordshire and Luton mental health services where there has been significantly higher levels of agency spend. The data for Bedfordshire and Luton mental health is now showing a reduction of 27%.



Some of the change ideas that have been tested are:

- Consultant recruitment:
  - Promotional video
  - International recruitment
  - Promoting relocation package
  - Promoting flexible working
  - Bank consultant advert
  - Recruiting agency doctors onto the staff bank
- Finance Business Partner budgetary controls:
  - Monitoring health roster, approving and coaching budget holders.
  - Testing a protocol whereby agency workers should only be used to fill a vacancy on the establishment

The project team will be seeking to embed successful changes into standard work and scaling them up to other directorates.

10.0 Action Being Requested

The Board is asked to consider assurance received and any other assurance that may be required.

Performance report

September 2022

NHS
East London
NHS Foundation Trust

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 five key themes (safety; access and responsiveness; effectiveness and outcomes; children and young people; equity). Each theme includes a small number of Trustwide measures, together with 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. 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 total waiting list across the Trust has started to decrease. Across the 48 services with longer waits than normal, 19 of these teams have increasing waiting lists, 16 have stable waiting lists and 13 have decreasing waiting lists. Teams have been developing and testing creative ideas to manage demand, remove waste or create additional capacity. The Trustwide 'Optimising Flow' QI programme is providing additional support to a large number of these teams. A deep dive report on waiting times was presented to the September Quality Assurance Committee, focusing on eleven services that are experiencing the greatest challenges with demand and capacity, with the plans to manage risk to service users and how the services will be addressing their waiting lists. The report includes detail about the number of service users waiting over one year or over two years for assessment and treatment. There are a variety of reasons underneath this, including our capacity to meet the demand (often with the waiting list having built up over several years, pre-pandemic), service users having missed appointments, or service user choice. The report provides detail about the factors underlying the challenges with access and demand, together with the ideas currently being tested and due to be tested to address these.

Our addictions service in Bedfordshire has seen an increase in service users successfully completing treatment and not re-presenting to services.

Early Intervention Services continue to exceed the national target of 60% of services users commencing treatment within 2 weeks of referral, achieving 71% in July.

KEY MESSAGES (continued)

Over the last two months, the rate of physical violence and the rate of restraints have reduced, despite high bed occupancy. This is related to reduced staff absence, and the structures and processes in place to maintain a positive safety culture, such as daily safety huddles, Time to Think groups and access to meaningful activities.

Our feedback from service users is excellent in SCYPS, frail long-term conditions and older adult services, with 98-100% recommending the service. The percentage of people being seen within IAPT who achieve recovery exceeds the national 50% target, achieving 51% in July.

The equity section of this report focuses on restrictive practice for inpatients services through the dimensions of ethnicity. This shows a number of interesting findings related to the disproportionate impact of restrictive practices on ethnic minority groups across adult Mental Health and Forensic services, and people of white ethnicity within tier 4 CAMHS. This section of the report shares our theories about what might underlie these findings, and what is in place to start addressing these inequities.

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

Bed occupancy continues to be the most significant area of challenge, reaching 93% in July. A range of initiatives are underway to improve flow, both internally and with our system partners. Examples include setting up Mental Health joint response cars in North East London, clinical psychology apprenticeship roles in the Mental Health Liaison service in Tower Hamlets, and the 'Perfect Week' exercise with system partners in Bedfordshire and Luton.

The percentage of service users who were followed up within 72 hours of discharge from an inpatient service remains below the 80% goal, but we are getting closer towards this, with July performance being 76%.

The overall number of responses of Friends and Family test has continued to increase. The proportion of service users who would recommend our services fell below normal levels. However, this is a result of efforts, mainly in Bedfordshire primary care, to obtain more feedback. Whilst the feedback is not as positive as the rest of the Trust, the primary care services have created a plan to address the themes arising from the feedback, and the proportion of positive responses in Bedfordshire primary care has been increasing over the last few months.

Executive Summary

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

Improved patient experience	☒	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	☒	
Improved staff experience	☒	
Improved value for money	☒	

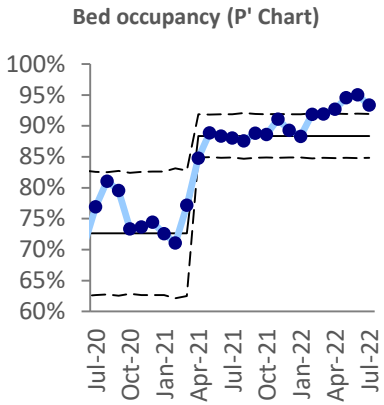
Committees/meetings where this item has been considered

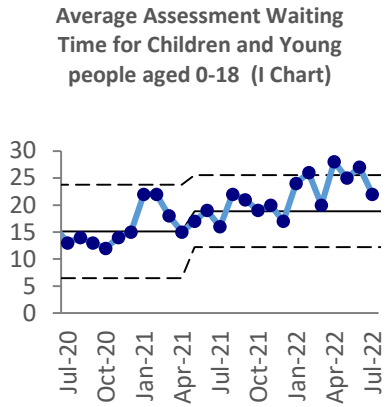
Date	Committee and assurance coverage
Various	Various sections of this report are submitted to the Service Delivery Board, Finance Business and Investment Committee and other Trust committees. Some of the performance information is submitted to commissioners and national systems.

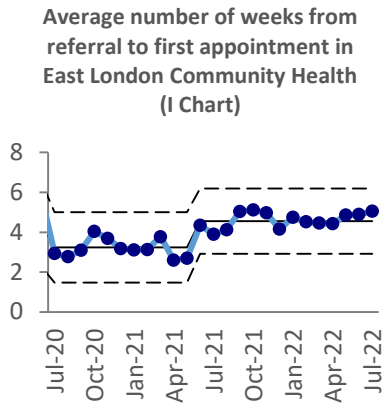
Implications

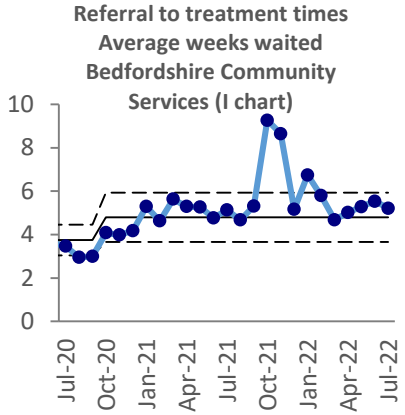
Impact	Update/detail
Equality Analysis	Some of the metrics in this report are designed to improve equalities by ensuring access to services and good outcomes. Analysis of the experience of different groups is undertaken as part of the Trust's inequalities work stream and population health task and finish group.
Risk and Assurance	This report cover performance for the period to the end of July 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.

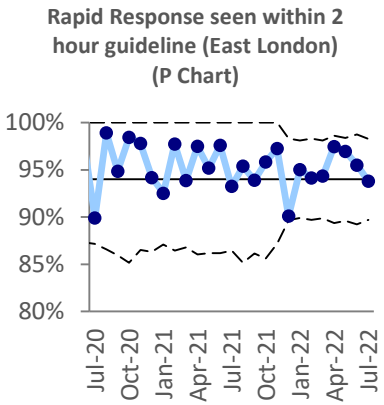
Access and Responsiveness

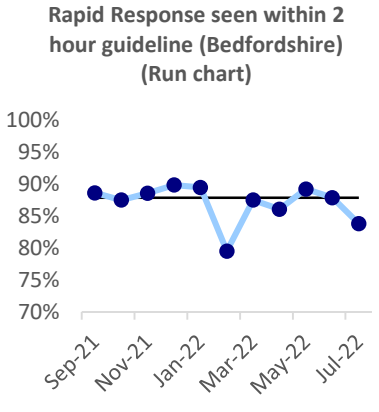












Across all inpatient services, bed occupancy decreased in July to 93% but remained above normal levels. The key challenges identified in the previous report remain, particularly in terms of admissions from outside our catchment area, increased levels of acuity, social care delays, and a lack of specialist placement accommodation for service users with complex needs. Services have also started to experience pressures across older adult wards which is thought to be related to the closure of care homes.

In addition to the initiatives already underway to improve flow, described in the previous report, the North East London Integrated Care Board (ICB) has recently invested in Mental Health Joint Response Cars staffed by 3 mental health nurses who will closely collaborate with the London Ambulance Service. The aim is to reduce avoidable attendance to the Emergency Department (and subsequent admission) by redirecting people to local crisis cafes, Voluntary Care Sector (VCS), community mental health teams and Home Treatment Teams. The service is expected to be fully operational by Christmas to complement other winter pressure initiatives that are currently being explored. Tower Hamlets Mental Health Liaison services have begun a pilot programme to integrate clinical psychologist apprenticeship roles into the service. They will offer advice and support to service users who come to the Emergency Department to see the mental health team. Escalation protocols have been developed and are being finalised across North East London, to support decision making and help manage bed capacity and flow. Services are increasing Consultant cover in Emergency Departments to support decision making during the evening, and additional Consultant ward rounds are being organised to support flow across inpatient services.

In Bedfordshire and Luton, the “Perfect Week” exercise has been designed and implemented over a two week period with acute providers, local authorities, and voluntary sector, to help unblock issues and identify local and system solutions to address the key flow challenges. All providers came together twice daily to collectively review and track the progress of service users experiencing access issues and expedite delays, as well as learn lessons from tackling issues together. Initial feedback from the teams and partners involved in the process has shown that they have observed a decrease in delays within A&E departments for people with mental health difficulties, reduced discharge delays, quicker decision-making, and greater awareness between partners of the complexities of managing flow issues within mental health.

Access and Responsiveness

In the next phase, all partners have agreed to continue to holding twice-weekly meetings, and will review the data to capture the key themes that emerged from the exercise in order to develop those forums further. The exercise revealed a greater need to raise awareness of community crisis services and pathways to reduce the number of service users walking into the Emergency Department, which is higher than the national average.

As well as the work with system partners, internally we are providing additional support to our adult mental health inpatient sites in City & Hackney, Bedfordshire & Luton, Newham and Tower Hamlets to apply a quality improvement lens to inpatient flow. Initial sessions have looked at key drivers and barriers to managing inpatient flow. The common challenge across directorates is housing and placements. Each site is being supported by an Improvement Advisor to use data and map the pathway in order to identify bottlenecks and develop change ideas.

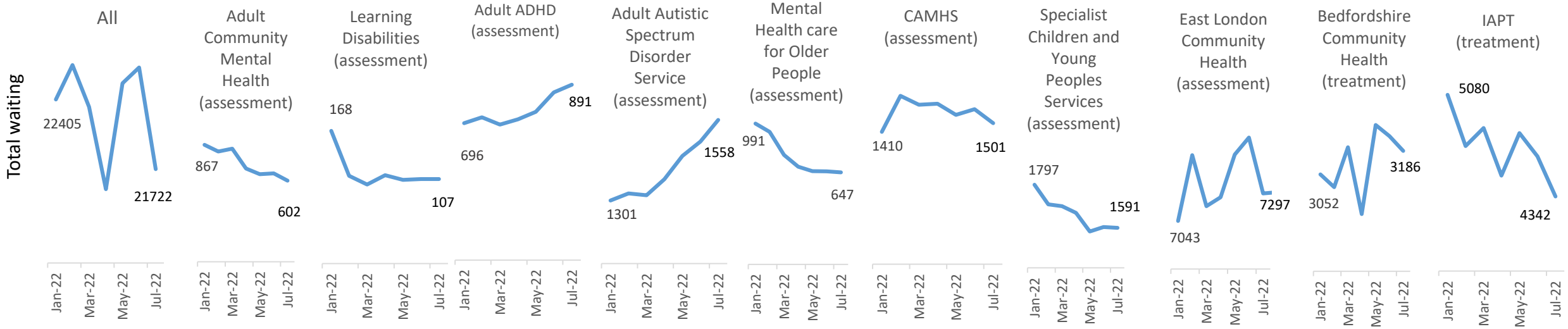
Responsiveness of the ELFT Rapid Response Team continues to remain stable, achieving 94% across East London and 84% across Bedfordshire during July, which is above the national 80% target.

The waiting list charts on the next slide 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 has decreased. Of the 48 teams where waiting times are being monitored, 19 are seeing an increase in their waiting list, 16 remain stable and 13 are decreasing. All services have a process to prioritise referrals based on urgency and complexity and are reviewing their waiting lists regularly to manage the risk of harm. The services that have large waiting lists have produced recovery plans to help plot trajectories based on their current demand and capacity, and clarify how they plan to manage demand and increase capacity within the service. The Optimising Flow QI programme has begun to assist services in systematically understanding demand, coproducing solutions and testing new ideas, with further details in the Quality report.

A deep dive report on waiting times was presented to the Quality Assurance Committee in September. This highlighted 11 teams that have particular challenges with their demand and capacity. These include Biggleswade Community Mental Health Team (CMHT), Bedfordshire and Luton ADHD and Autism services, City & Hackney ADHD, Autism and Dementia Services, CAMHS services in Newham and City & Hackney, SCYPS Autism Spectrum Disorder (ASD), Podiatry Services in Bedfordshire and the Newham Foot Health Service. These teams have been highlighted as high priority because they have an increasing waiting list, or a high number of people waiting over 1 year or 2 years.

In Biggleswade CMHT, the waiting list for assessment has increased from 244 to 257 in the last 3 months and from 97 to 111 for treatment. A programme to review all service users waiting over 1 and 2 years is ongoing, and several themes have been identified from this work. The service is currently focusing on ensuring that discharge processes and non-attendance procedures are correctly followed. It has been raised that ADHD caseloads are incorrectly featured in the CMHT waiting times data. The CMHT has started to use a separate ADHD caseload. Alongside this review, the team is focusing on their recruitment strategy. A newly qualified social worker has joined the team and a newly qualified nurse will start in September.

Access and Responsiveness



The Bedfordshire and Luton Autism team are seeing a slight increase in their waiting list for assessment from 420 to 452 in the last 3 months. The team has 56 service users waiting over a year for assessment and 21 for treatment. Of these service users waiting to be seen, 8 have been waiting over 2 years for assessment and 2 for treatment. The number of people waiting over 1 and 2 years has also increased in the past 3 months. The team is currently, prioritising improving the quality of referrals entering the service. The team estimates that 35-40% of referrals are inappropriate which is currently limiting clinical time for assessment. A programme of work is underway to focus on resourcing additional support to help with the backlog of reports that need to be written up and creating time for more assessments. The team will also be working with partners to increase awareness and improve the quality of referrals.

The Bedfordshire and Luton ADHD team is also experiencing an increase in waiting lists. The waiting list has increased from 146 to 196 over the past 3 months for assessment and from 100 to 155 for treatment. The team has 18 service users waiting over a year for assessment and 2 for treatment. The number of people waiting over 1 and 2 years has reduced in the last 3 months. To manage the growing caseload, the team has launched a self-checklist for service users to fill out if they are needing an ADHD referral. It is hoped that this will streamline GP referrals. Currently, many ADHD cases are sitting within the CMHT caseload which reduces the transparency of who is genuinely waiting. On average across the CMHTs, 40 cases each month are ADHD referrals. Training sessions have been organised with doctors and nurses who are interested in providing ADHD assessments, in order to enhance capacity and establish dedicated days for ADHD assessments.

City & Hackney ADHD service has experienced an increase in the number of service users waiting for an assessment from 406 to 445 in the last 3 months. 139 of these service users have been waiting over a year for assessment and 10 have been waiting over 2 years. A business case has been developed to enhance capacity in the service. Similarly, the City & Hackney Autism service has experienced an increase in their assessment waiting lists from 253 to 282 in the last 3 months. 83 of these service users have been waiting over a year to be seen for assessment and 7 have been waiting over 2 years. The service maintains regular contact with those on the waiting list, and continually reassesses service users based on clinical risk.

Access and Responsiveness

Across the Trust, memory services remain largely stable. City & Hackney's dementia service has seen a reduction in the number of service users waiting for an assessment from 113 to 88 in the last 3 months. However, the team continues to face challenges with a high caseload and 15 service users waiting over a year for treatment. Five of these service users have been waiting over 2 years. To increase capacity, 23-month funding has been received for a dementia liaison nurse. The next recruitment priority for the team is to employ a GP with ‘special interest’ for 2 days a week. An East London-wide dementia forum has been formed to support the three dementia services to learn from each other and standardise clinical pathways.

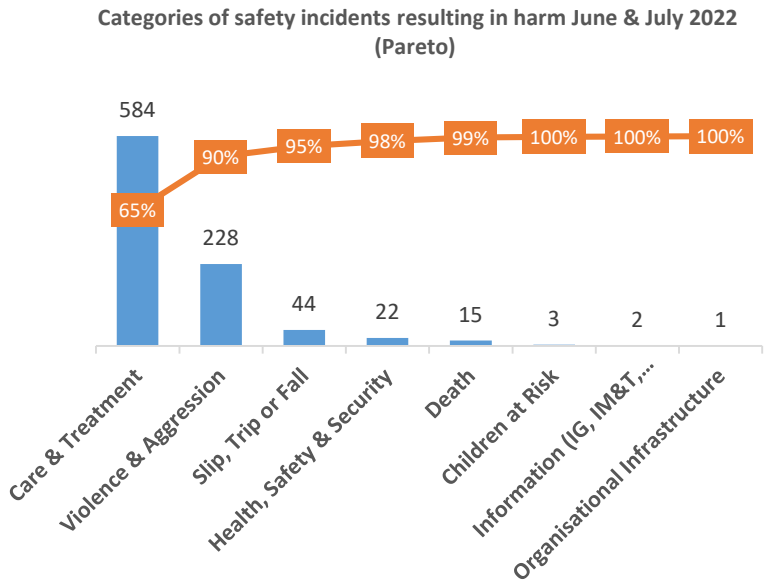
Despite most of the community health waiting lists remaining stable in the past 3 months, the Podiatry service in Bedfordshire and the Foot Health service in East London continue to face challenges. In Bedfordshire, this has increased from 697 to 754 in the past 3 months. 166 of these service users have been waiting over 1 year to be seen and 32 have been waiting more than 2 years for their first appointment. A service review has been urgently commissioned to review input into the Multidisciplinary Foot Team (MDFT) and understand the escalation routes for decision-making and medical support when required in acute units. The team has also commenced a recruitment campaign with the aim of filling all vacancies. Therapists have consented to a text message service within the Musculoskeletal (MSK) caseload to aid with the triage of service users on the MSK caseload. In East London, the Foot Health service has experienced an increase from 2023 service users waiting to be seen for their first appointment to 2434. The waiting list is not improving in line with the trajectory within their recovery plan. There is a continuing national shortage of foot health clinicians. The service is now looking at Saturday clinical sessions, has been signposting some mild conditions to other support, and is working closely with referring GPs. The Tower Hamlets foot health service is providing support by taking on some of the triage assessments.

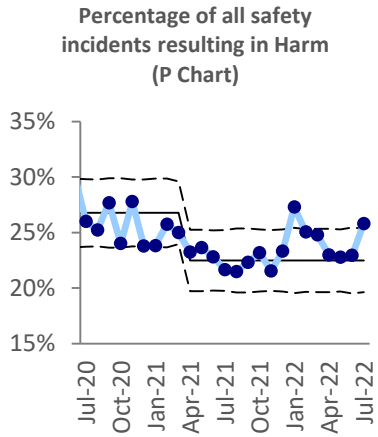
The remaining teams across the Trust are either experiencing stable or decreasing waiting lists. The Tower Hamlets specialist psychological services has been encouraging service users to consider other resources available, ensuring that it is only those who are likely to benefit the most from psychotherapy who are put forward for this intervention. In City & Hackney, regular meetings with Psychological Therapy Alliance partners help manage demand across the system.

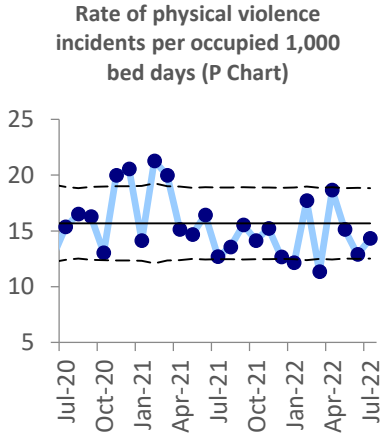
Bedfordshire Community Health Services have seen a reduction in their waiting lists. The Bedfordshire Speech and Language Therapy service is improving the initial triage and assessment process, ensuring that service user risk is evaluated and cases are prioritised effectively to the right care pathway. The Wheelchair service has identified some quick wins with small changes to admin processes to maximise capacity, by reducing appointment non-attendance and utilising all available clinical slots. The admin team are now calling all clients to book clinical appointments before sending letters and introducing the reminder system.

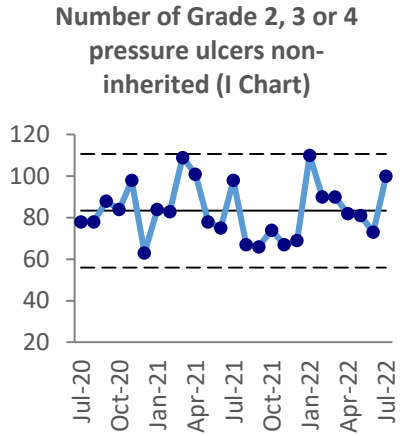
Across IAPT services, particularly Bedfordshire Wellbeing Service, the team is increasing group therapies through a quality improvement project to ensure choice for all service users entering the service. The service is exploring the possibility of pre-therapy groups and/or videos to introduce Cognitive Behavioural Therapy methods and offer advice or support ahead of therapy commencing. The Tower Hamlets Talking Therapies service has also increased group interventions.

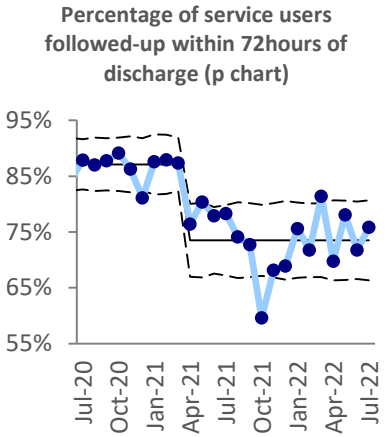
Safety











The overall number of safety incidents dropped by 8% in June and returned to normal levels in July. There was a rise in the number of safety incidents resulting in harm during July, particularly those categorised as low-level harm. The main contributors to this were community health services, related to pressure ulcers, and Newham mental health services, related to inpatient violence and self-harm. The Pareto chart above shows the overall distribution of reported incidents by category during June and July. This highlights that 65% of all reported incidents was related to care and treatment, 25% related to violence and aggression and 5% related to slips, trips or falls. The main care and treatment themes were pressure ulcers, moisture-associated skin damage, self-laceration and self-harm incidents.

The rate of inpatient violence and restraints has decreased over the past few months, returning to more consistent levels. This reflects the impact of lower sickness absence and initiatives to maintain a positive safety culture. All services have daily safety huddles, with “Time to Think” sessions to support reflective practice and wider learning from serious incidents, complaints, violence and aggression, and other incidents. Staffing levels and acuity on the wards are being monitored closely, and cover arrangements have been put in place where necessary. Ward staff have increased staffing above routine levels during periods of high acuity, which has increased capacity to manage pressures and risks more proactively.

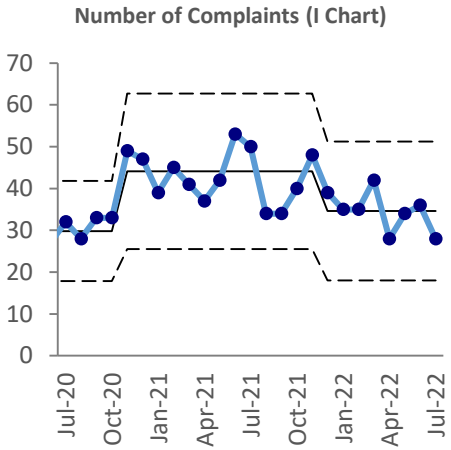
The overall number of pressure ulcers continues to remain stable, although there was a slight rise during July. Tower Hamlets saw an increase in all categories of pressure ulcers, which was largely due to increased reporting as a result of improved staffing levels across teams in the north of the borough. In addition, there has been a rise in the number of service users admitted to the End Of Life pathway in Tower Hamlets, which often contributes to higher numbers of pressure ulcers. Root cause analysis of these cases has demonstrated that all preventative measure were in place prior to the pressure ulcer developing or deteriorating.

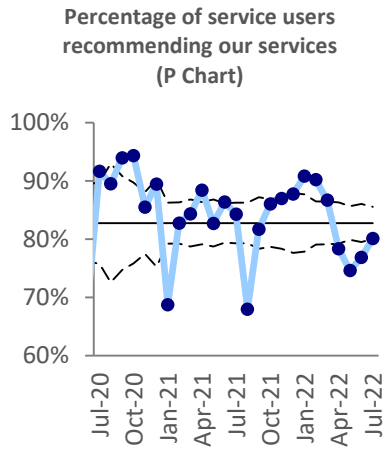
Safety

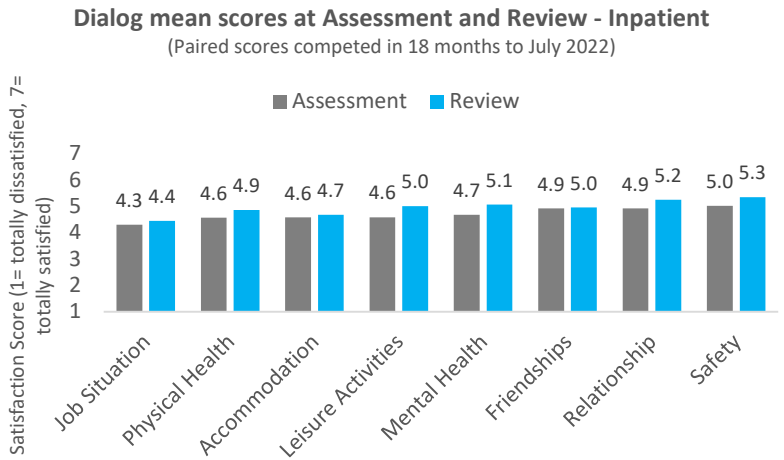
Newham reported an increase in moderate harm pressure ulcers during this period. When this was reviewed by the Infection Control team, they identified that there had been a delay in reporting incidents that took place at the end of June (rather than July) and incorrect recording of severity of pressure ulcers. To support improvement, all nursing staff are undertaking competency assessments, which helps to identify where extra support is required to improve knowledge and skills in pressure ulcer prevention and management. In addition there is monthly face-to-face training for all staff, and the Tissue Viability Nurse lead is organising training for all therapists and rehabilitation support workers. Across Bedfordshire, there was a higher number of low grade (category 2) and Suspected Deep Tissue Injury (SDTI) cases. Importantly, there was not a substantial increase in the number of moderate harm pressure ulcers. This suggests that the teams are detecting pressure damage early and preventing it from progressing to a higher category, which is positive. Services have reported that there are some very complex service users on the team caseloads, who are at high risk of developing pressure ulcers despite all preventative measures being in place.

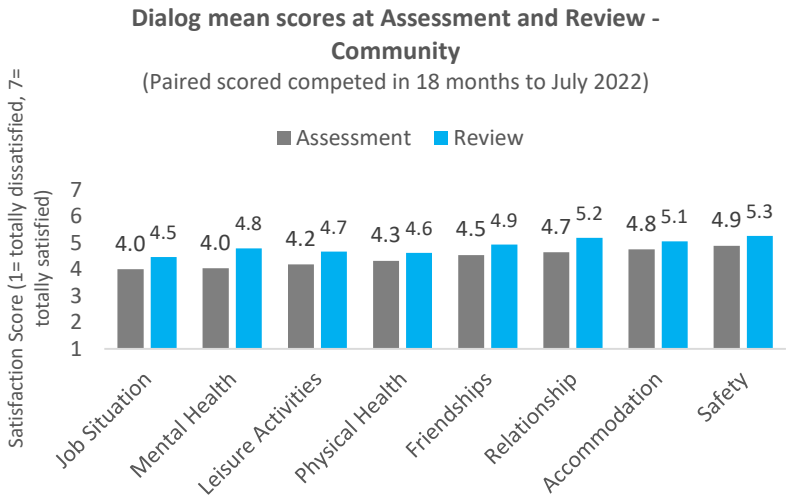
The percentage of service users followed up within 72 hours of discharge is fluctuating between 75% and 81% since January 2022 and is currently at 76%. Bedfordshire and Luton continue to exceed the 80% national target, and East London directorates continue to show improvements, with City & Hackney at 70%, Newham at 74% and Tower Hamlets at 78%. To improve the reliability of the post-discharge follow-up process, local performance teams are working closely with wards to improve the monitoring procedures, reviewing any instances where follow-up isn't achieved, and reviewing at daily safety huddles to help teams capture learning.

Experience and Outcomes









The number of complaints has decreased from an average of 44 to 28 over the past few months, which is encouraging. The top complaint themes remain communication, staff attitude, assessment, access to services, and clinical management. Lessons are routinely shared across various forums to aid in improvement. The quality report provides a deeper insight into complaints related to communication, and our actions on this area.

Over the last two months, the percentage of service users who would recommend our services increased to 80%, but still remains lower than normal. The overall number of responses has continued to increase from 1545 to 1644 during this period, owing primarily to Bedfordshire Primary Care services which has been encouraging greater feedback over recent months. The services with lowest overall satisfaction were Bedfordshire Primary Care Services (61%), Newham Mental Health Services (76%) and Forensic Community Services (55%). In Bedfordshire, the main dissatisfaction was related to waiting times and access to services, availability of face-to-face appointments and delays in calls being answered. The services have developed a plan to address these issues as highlighted in the previous report. The amount of feedback and overall number of satisfied responses has increased incrementally over the past 5 months, which is positive and suggests that the plans are working. The proportion of unsatisfied responses has remained consistent in Newham, but the total number of responses has decreased from an average of 80 to 40 in July. This was attributed to increased waiting times in some services and higher levels of acuity across inpatient services. Response numbers in Community Forensic services are frequently low (<10) and thus overall satisfaction scores can vary. A new Trustwide patient experience forum will commence in September that will help us integrate feedback from different sources, identify themes, and collate work on tackling these themes both at directorate-level and Trust-wide.

Experience and Outcomes

Our population indicators in appendix 1 show that inpatient services have seen an increase in the percentage of service users with paired DIALOG outcome scores showing improvement. This reflects the positive impact of embedding DIALOG assessments and care planning across all the wards. The Dialog outcome charts shows improvement in average scores between initial assessment and subsequent review for both inpatients and community-based service users across all quality of life domains, although greater across community teams.

The percentage of service users receiving support from employment services through Individual Placement Support (IPS) has reduced from 12.4% to 11.8%. This decrease relates primarily to Newham, Bedfordshire and Luton. This is believed to be related to data recording issues which is being investigated further by the services. In addition, there has been a rise in the percentage of service users in employment across adult mental health services. This was due to City and Hackney and Bedfordshire and is believed to be related to ongoing work to improve data quality and updating records accurately.

In Bedfordshire, there has been an increase in the percentage of service users successfully completing addiction therapy and not re-presenting back to the service. This is primarily due to a painkiller project launched in collaboration with a local GP provider, which provides assessment, advice, and care plans for service users on high doses of painkillers, including opioids and benzodiazepines. This has been a successful test, and the service hopes to expand to other GP practices in the coming six months. Furthermore, alcohol support groups have been re-established, resulting in improved access for this group of service users. However, the percentage of service users who return to work after being discharged from the service has decreased. This was due to a recent increase in service users who were discharged successful and either retired or medically retired.

Across mental health services, the percentage of service users in settled housing has fallen below normal levels. The data continues to be skewed by incomplete recording of accommodation status, particularly related to new referrals received by services. Where records have been completed, 94% of service users are in settled accommodation.

The percentage of service users who achieve recovery within our IAPT services remains stable and above the national 50% target, reaching 51% in July. Across IAPT services, 91% of service users who completed the Patient Experience Questionnaire (PEQ) responded positively during July. The decrease in PEQ scores noted in June was due to longer wait times and limited access, which is improving with a small increase in staffing levels following successful recruitment. The overall access to IAPT continues to remain high and the percentage of service users from minority ethnic groups accessing IAPT remains stable.

Our frail and long-term conditions indicators show that positive patient experience responses has increased from 91% in May to 98% in July. Learning Disability service patient experience continues to show large variations as result of a small sample size. The percentage of young people and parents recommending CAMHS is back at 100% after a decline since the start of 2022. CAMHS services are also maintaining progress with capturing paired outcomes for service users, achieving 75% in July.

Experience and Outcomes

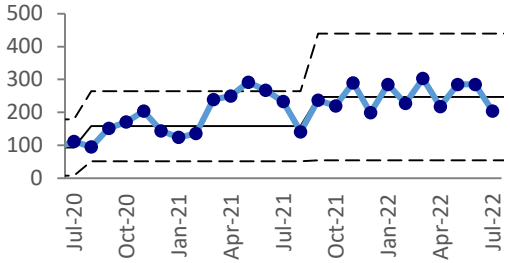
The percentage of service users with an advanced care plan has continued to increase in East London. The percentage of service users dying in their preferred place remains stable. The number of inappropriate referrals to the Intermediate Care Team has continued to reduce further over the last 3 months, which is encouraging.

Perinatal Services are successfully capturing outcome measures and are meeting the national (CQUIN) target of 40%. The services have reported an increase in the percentage of service users accessing the service from minority groups, owing to an improvement in the accuracy of demographic information being captured by new administrative processes.

The current number of service users with learning disabilities in a specialist placement outside of their borough for assessment and treatment remains at five. All of these 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. However, this activity is expected to decrease as a number of service users are expected to be discharged back into locally commissioned services. Admissions from the community into mainstream adult mental health beds remains stable, as does length of stay. Waiting times have reduced across the Learning Disability Services, however, traditionally July to September is a period of high referrals for those in transition from child to adult services, which may result in some fluctuation in coming months.

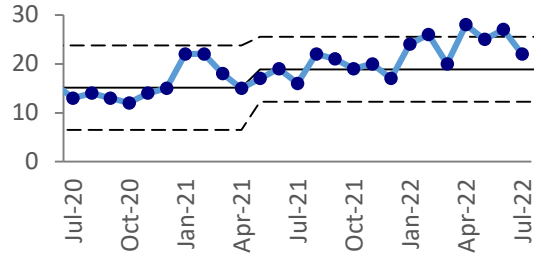
Children and Young People

Number of service users presenting in crisis to our crisis pathway (I Chart)

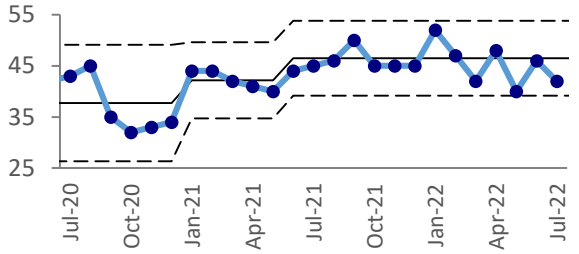


Average Assessment Waiting Time for Children and Young people aged 0-18 (I Chart)

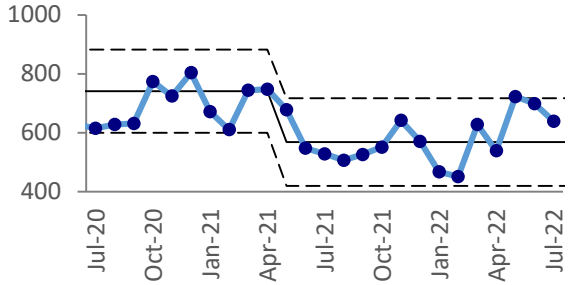
Population Health



Average Treatment Waiting Time (Days) for Children and Young people aged 0-18 (I Chart)



Tier 4 Occupied Bed days East London excluding leave (I chart)



CAMHS services have started to see crisis presentations stabilise, although referrals across most services continue to be higher than pre-pandemic levels. Assessment times have increased while treatment times have decreased across CAMHS and Eating disorder services.

CAMHS services, particularly in Newham and City & Hackney, have experienced an increase in their waiting lists. In Newham, the waiting list for treatment has grown from 227 to 246 in the last 3 months, while the assessment waiting list has decreased from 538 to 489. Currently, 12 of these service users have been waiting over a year for assessment and 13 for treatment. In City & Hackney, the waiting list for treatment has grown from 101 to 124 in the past 3 months, while the assessment waiting list has reduced from 285 to 275. Currently, 1 of these service users is waiting over a year for assessment and 2 for treatment.

Newham CAMHS is currently testing two ideas to tackle their waiting lists. One involves improving the allocation of cases to staff. There is currently an analysis underway to understand the capacity of each clinician to be able to assign daily caseloads and improve flow through the pathway. The second is the "Group Programme" approach. The team are due to trial group programmes throughout the next month as an alternative to one-to-one sessions. The priority will be on group sessions focusing on children with anxiety and ADHD. An evaluation is currently underway to ensure that parents are happy with group intervention programmes, with preliminary findings being positive. There is a structured programme to build skill and confidence in group interventions across the staff. In City & Hackney, the team continues to work closely with Homerton Hospital to reduce unnecessary waits for service users but also to enable signposting to alternative services that best suit the needs of service users. Evening assessment clinics have started being offered from the end of July.

In Bedfordshire, the teams continue to develop their offer within primary care and expanding their school offer to enable better access to mental health support in the community. CAMHS has utilised the Mental Health Investment Standard funding to develop assertive outreach models of care to provide treatment closer to home, aiming to prevent admissions to hospital.

Children and Young People

CAMHS Tier 4 bed occupancy has increased as a result of increased staffing and bed availability. Demand in Bedfordshire and Luton has resulted in the admission of a small number of young people onto adult wards, with enhanced supervision and monitoring put in place to ensure safety. Work is currently underway within BLMK for a local Tier 4 inpatient facility which will be ready by September 2022. This will include the development of an inpatient unit and expansion of a community offer focusing on admission avoidance, early discharge, and a bed management team to ensure any admissions are as brief as possible.

The average waiting times for children and young people with Autistic Spectrum Disorder (ASD) remains high, however the recovery plan has resulted in a much reduced waiting list over the last year. The team have been successful in utilising additional resource as part of a 12-month investment to streamline the pathway and work through the backlog of referrals. The service has also extended the assessment to include a small number of people with ADHD, to create a one-stop shop that better meets the needs of families. The team are working with CAMHS, who are the commissioned service for ADHD, to integrate these pathways fully. It is noted that referrals have continued to increase over the past 12 months, and this will continue to be monitored.

The quality and experience indicators for SCYPS continue to highlight that 100% of parents and service users are satisfied with the service. This indicator remains consistently high, with only 3 negative responses in the last 6 months. The service is committed to working with service users to improve care, and a new People Participation Worker has recently started in July. A service user group will be recommencing to help identify the best way to capture service user experience and feedback, and co-produce improvements.

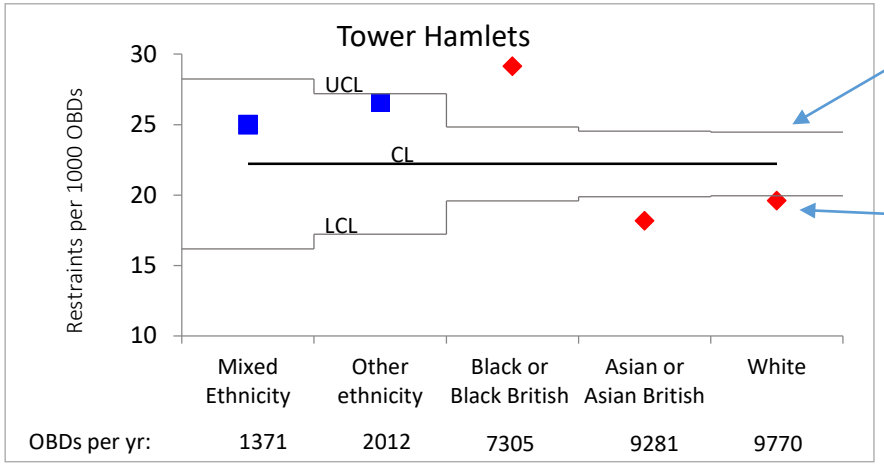
As shown in the population health indicators 55% of children with neuro-disabilities continue to receive annual reviews promptly. This indicator comprises of three pathways, all of which have seen improvements in the last 6 months. The newly appointed role of interim healthcare assistant, who supports the clinics and consultants to improve flow within the service, has been extended for a further year.

Equity - Restrictive practice and ethnicity

This report provides analysis of restraint, seclusion and rapid tranquilisation data for inpatient services, helping us to understand restrictive practice through an equity lens. For Adult inpatient services, Forensic and CAMHS inpatient services, the report looks at whether certain patient groups are subject to different rates of restrictive practice than we might expect. We have considered data from the past 4 years (July 2018-June 2022) to account for any changes during the pandemic.

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

The funnel plot below is a modified U Chart, showing the variation in restrictive practice per 1000 occupied bed days (OBDs) in Tower Hamlets inpatient wards **by ethnicity.**



The UCL and LCL represent the control limits for each group, the middle line represents the average rate of restrictive practices per 1000 occupied bed days (OBDs). Larger control limits signify a smaller sample size.

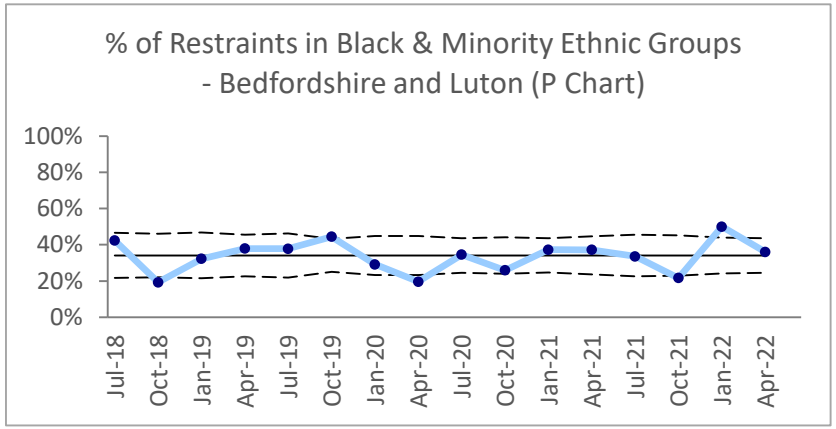
Each point represents the rate of restrictive practices per 1000 OBDs for a particular group of patients of certain ethnicity. A blue square signifies that the rate is within the variation we would expect, a red diamond signifies that the number is above or below what we would expect and might represent an inequality.

In this example, the data suggests that in Tower Hamlets the average rate of restraints per 1000 OBDs is around 22. It appears that those from Black or Black British backgrounds are being restrained more than we would expect, and those from Asian or Asian British Backgrounds and White backgrounds are being restrained less than we would expect.

We have also used control charts to understand variation over time in the percentage of restrictive practice performed on a particular group of patients

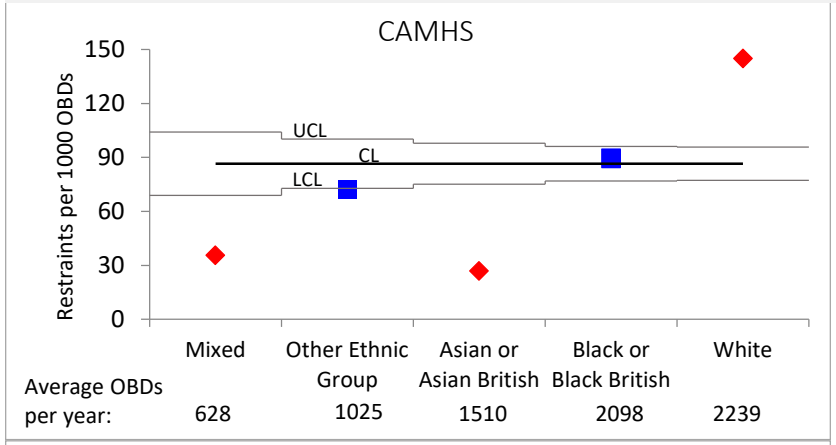
The Y-axis represents the percentage of all restrictive practices within the time period that were performed on a particular group of patients, between July 2018 and June 2022.

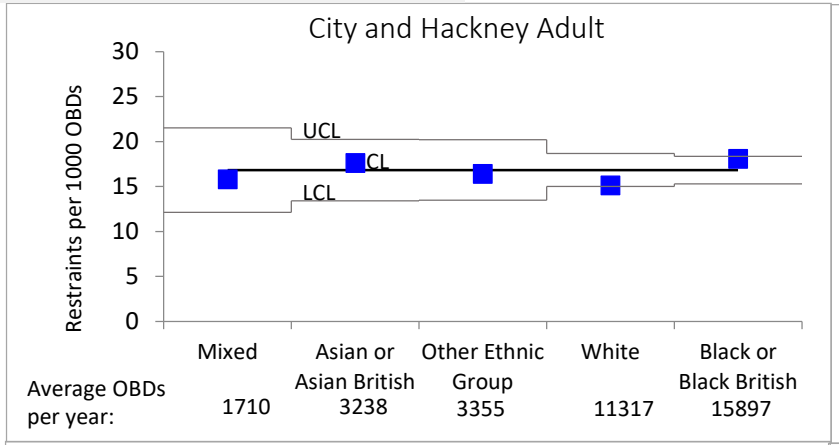
In this example, the data suggests that percentage of all restraints that were performed on people of black and minority ethnic groups in Bedfordshire and Luton has remained fairly consistent in the past 4 years, at an average of 34% per month. In the first quarter of 2022 there was a slight increase to 50%.

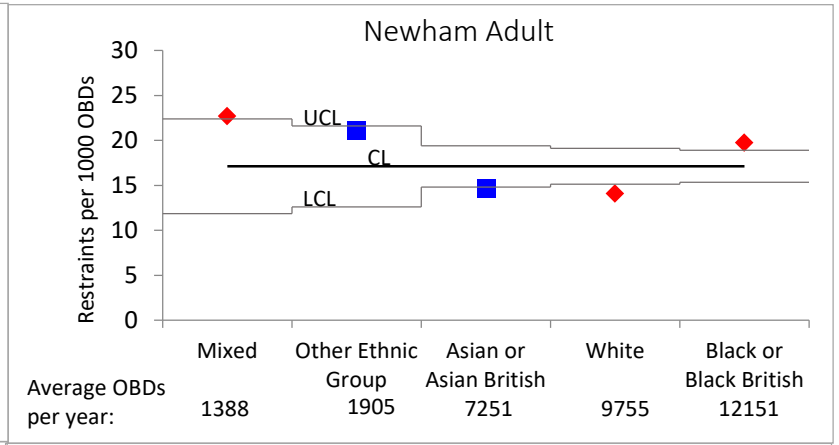


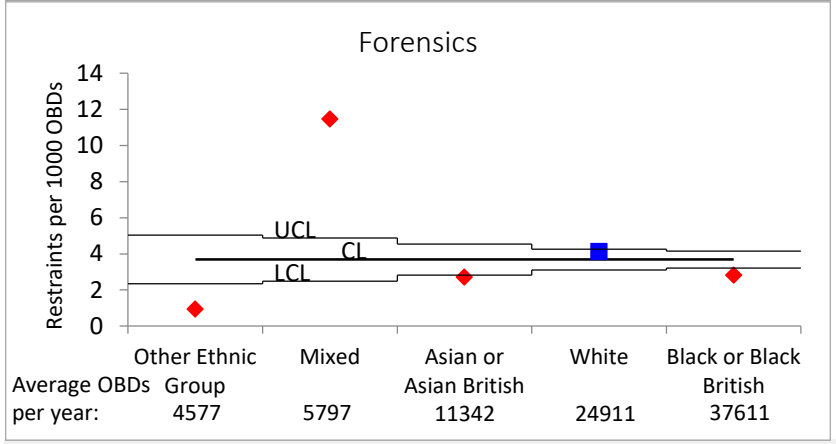
Rate of restraints per 1000 occupied bed days by ethnicity (July 2018 – June 2022)

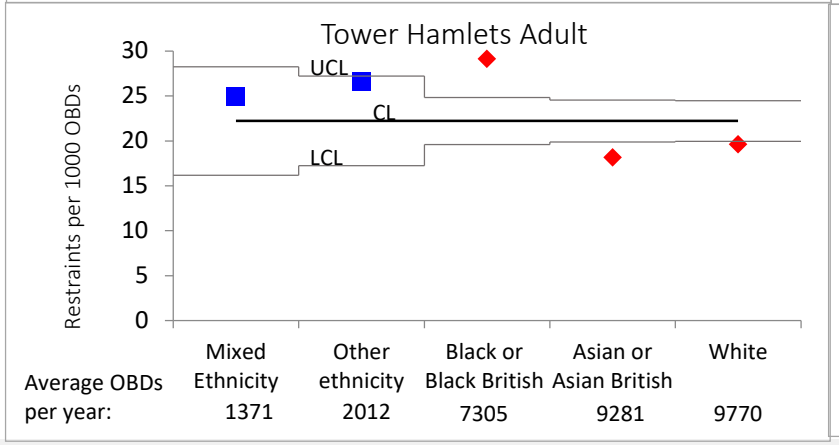
Do we notice any unusual variation in restraints per 1000 occupied bed days by **ethnicity?**

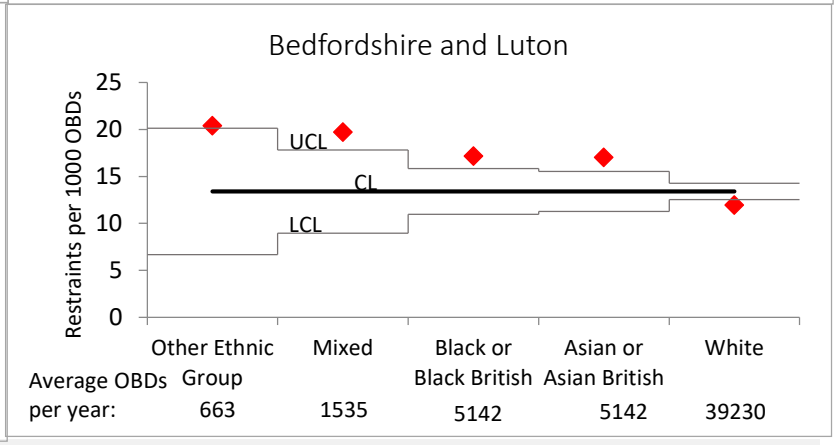












In Newham, service users from Mixed and Black or Black British ethnicities were restrained more than expected, and those from the white background were restrained less than expected. Two service users from the Mixed group accounted for 26% of restraints, and 7 service users from the Black or Black British ethnicities accounted for 22%.

In Bedfordshire and Luton, service users from mixed, other, Black and Asian backgrounds were restrained more than would be expected, while those from white backgrounds were restrained less than would be expected. Two service users accounted for 25% of restraints in the mixed ethnic group, one service user from the Other ethnic group accounted for 50%, five service users of Black or Black British ethnicity represented 23%, and seven service users from Asian or Asian British backgrounds accounted for 31% of restraints.

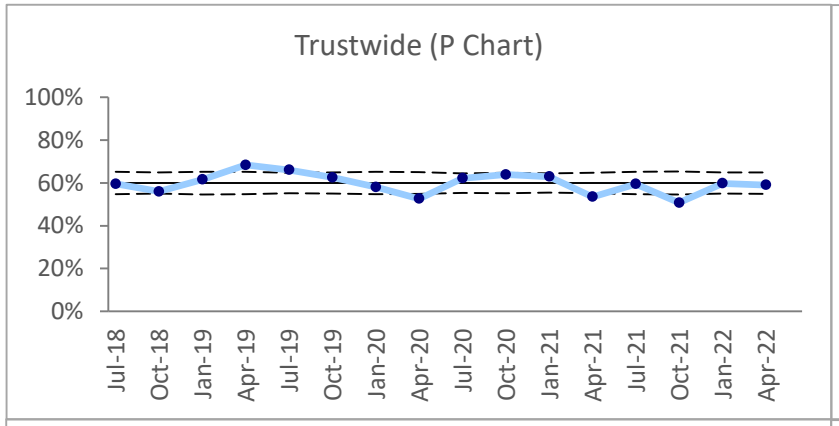
In Tower Hamlets, those from Black or Black British backgrounds were restrained more than would be expected, and those from Asian or Asian British and White backgrounds were restrained less than would be expected. In Tower Hamlets 11 service users from Black or Black British backgrounds accounted for 24% of restraints.

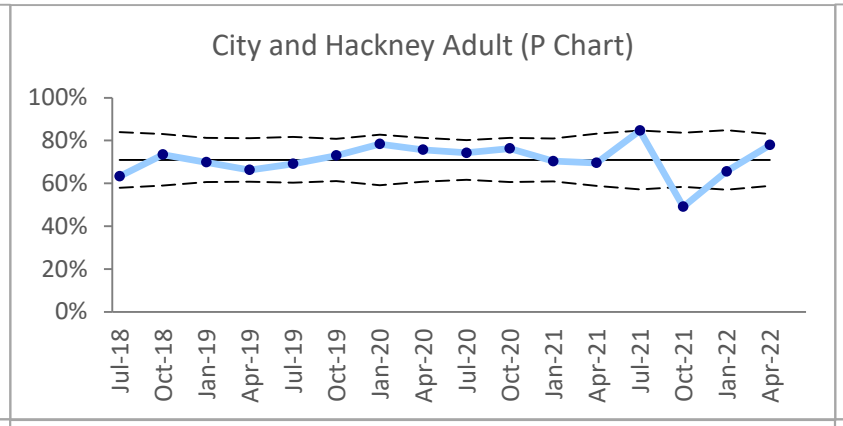
In CAMHS inpatient services, the rate of restraint was higher than other inpatient services. Four service users of White ethnicity accounted for 34% of all restraints. Overall those from mixed, Asian or Asian British backgrounds were restrained less than expected, whereas those from white backgrounds were restrained more than expected. In Forensics, the rate was higher than expected in those of mixed ethnicity. Two service users of were responsible for 70% of all restraints.

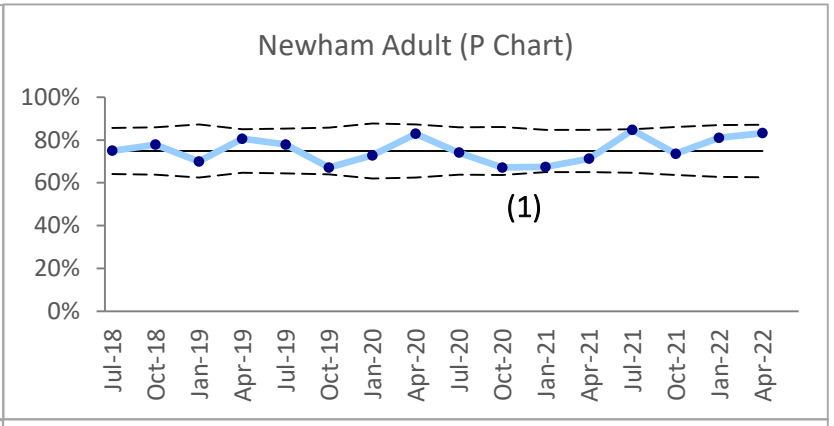
Percentage of restraints performed on ethnic minorities (July 2018 – June 2022)

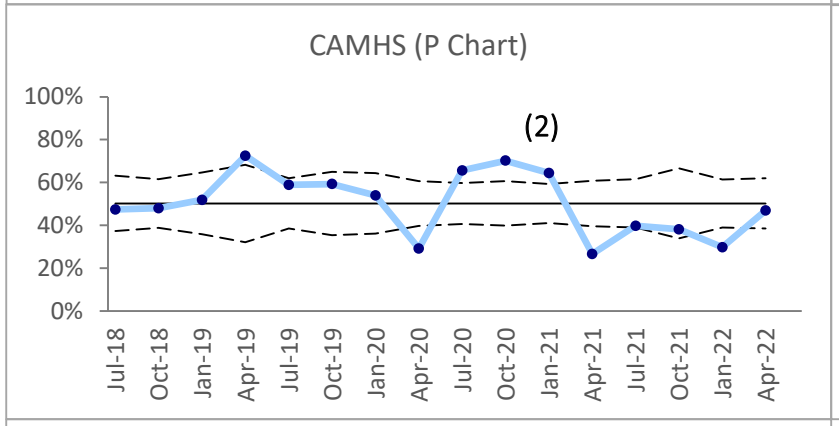
Do we notice any unusual variation in restraints performed on **ethnic minorities over time**?

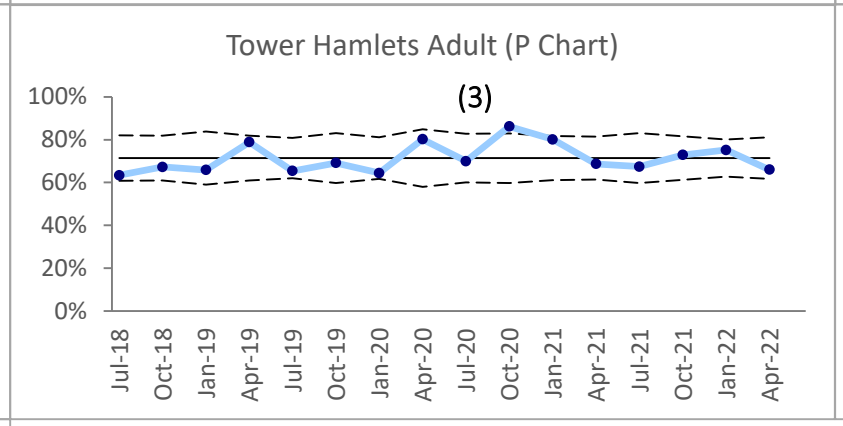
*Ethnic minorities includes those from Asian or Asian British backgrounds, Black or Black British backgrounds, Mixed ethnicity and Other Ethnic groups

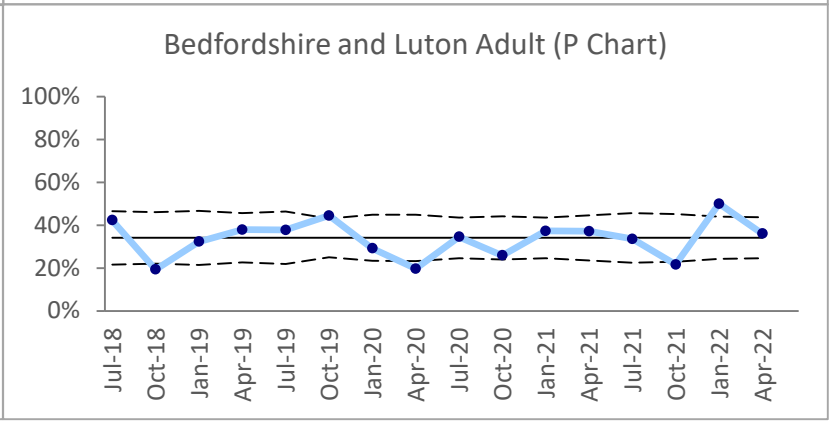


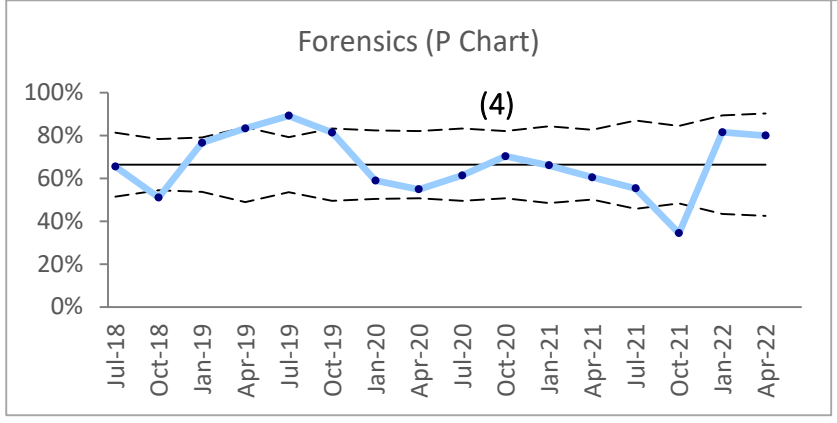












Each data point represents quarterly data.

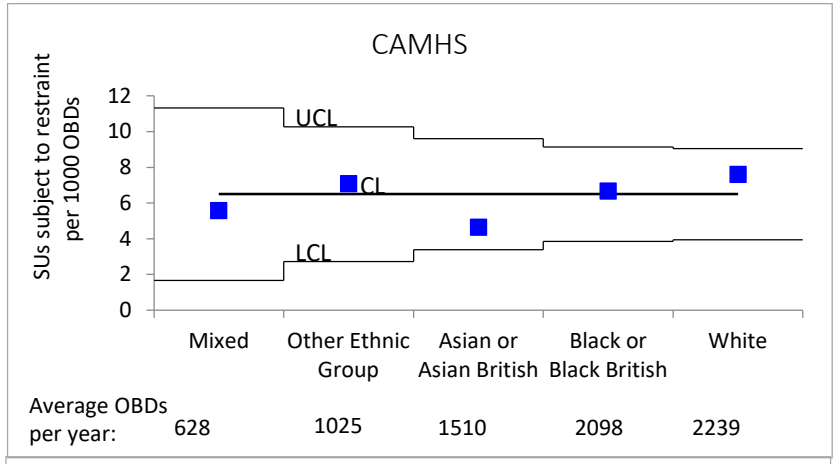
(1) In Newham between July 2020 – June 2021, we saw fewer restraints on ethnic minorities.

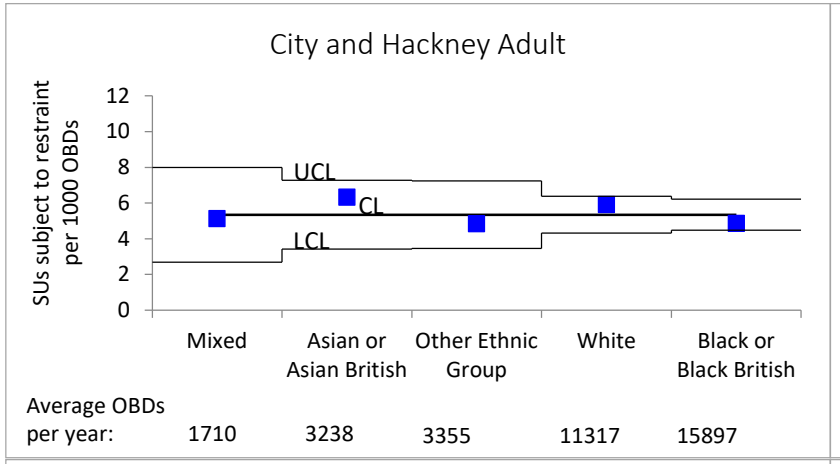
(2) In CAMHS inpatient services, we see high variation in the percentage of restraints performed on ethnic minorities. A rise was noted during February-April 2019 and July 2020- January 2021. However, in the last year, the percentage appears to be falling.

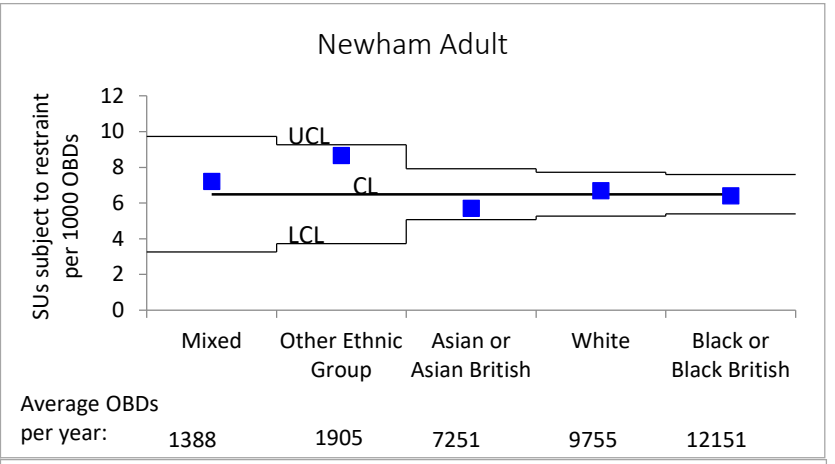
(3) In Forensic services, there was an increase in the percentage of restraints performed on ethnic minorities during 2019, which subsequently reduced to normal levels.

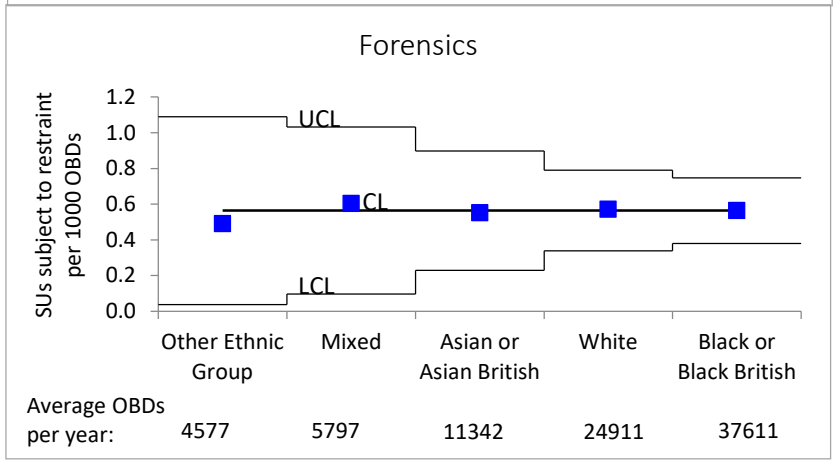
Unique service users subject to restraint per 1000 Occupied Bed Days (July 2018 – June 2022)

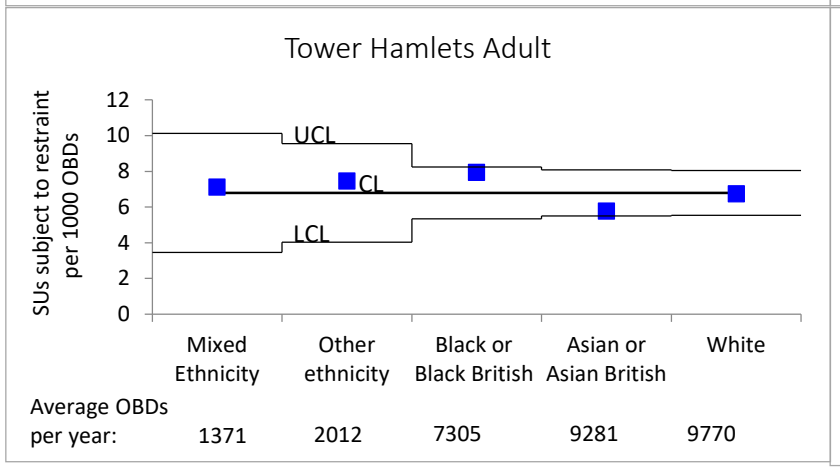
Do we notice any unusual variation in unique service users subject to restraints per 1000 occupied bed days by **ethnicity?**

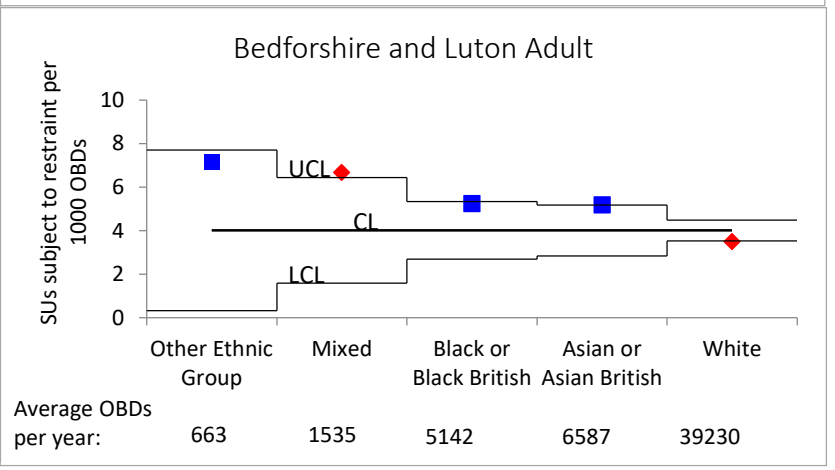










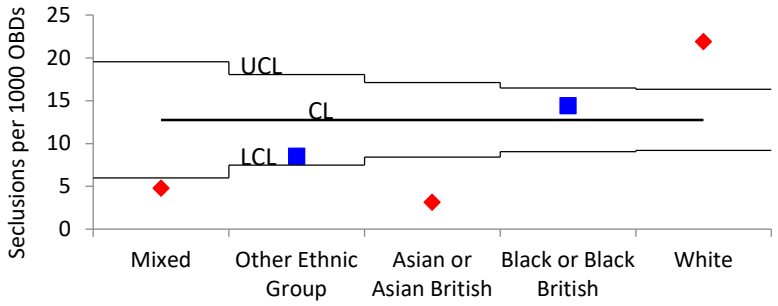


When we look at unique service users subject to restraint, and compare different ethnic groups, we see that for nearly all directorates the variation is within limits we would expect. However, in Bedfordshire and Luton inpatient services, those of mixed ethnicity were subject to restraint more than would be expected. Those from White backgrounds were restrained less than would be expected.

Rate of Seclusions per 1000 Occupied Bed Days by ethnicity (July 2018 – June 2022)

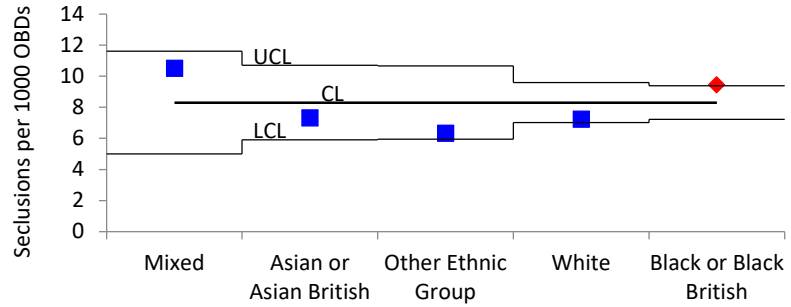
Do we notice any unusual variation in seclusions per 1000 occupied bed days by **ethnicity?**

CAMHS



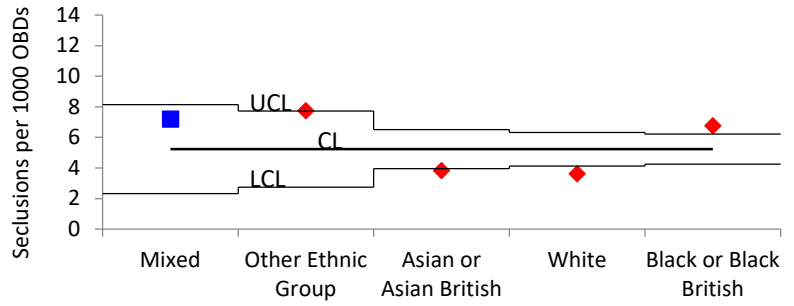
Average OBDs per year:	Mixed	Other Ethnic Group	Asian or Asian British	Black or Black British	White
	628	1025	1510	2098	2239

City and Hackney Adult



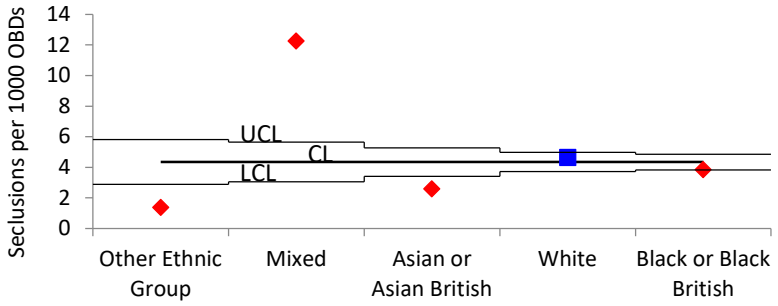
Average OBDs per year:	Mixed	Asian or Asian British	Other Ethnic Group	White	Black or Black British
	1710	3238	3355	11317	15897

Newham Adult



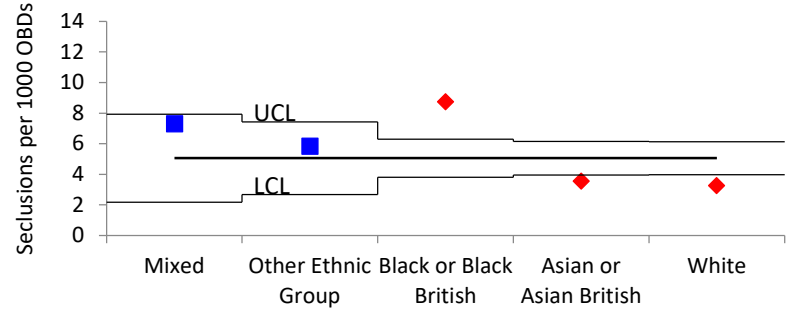
Average OBDs per year:	Mixed	Other Ethnic Group	Asian or Asian British	White	Black or Black British
	1388	1905	7251	9755	12151

Forensics



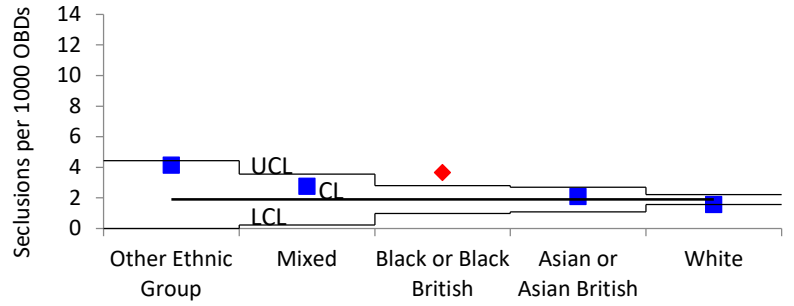
Average OBDs per year:	Other Ethnic Group	Mixed	Asian or Asian British	White	Black or Black British
	4577	5797	11342	24911	37611

Tower Hamlets Adult



Average OBDs per year:	Mixed	Other Ethnic Group	Black or Black British	Asian or Asian British	White
	1371	2012	7305	9281	9770

Bedfordshire and Luton Adult



Average OBDs per year:	Other Ethnic Group	Mixed	Black or Black British	Asian or Asian British	White
	663	1535	5142	6587	30230

In Newham, service users from Black or Black British or other ethnicity were secluded more than expected, those from White backgrounds and Asian or Asian British ethnicities were secluded less than expected. Two service users accounted for 27% of seclusions in the 'Other' ethnic group and three service users of black ethnicity represented 9%.

In Bedfordshire and Luton, service users from Black British backgrounds were secluded more than would be expected, with 9 service users accounting for 22% of seclusions.

In Tower Hamlets, those from Black or Black British backgrounds were secluded more than would be expected, those from Asian or Asian British and White backgrounds were secluded less than would be expected. In Tower Hamlets, 5 service users of Black or Black British backgrounds accounted for 19% of seclusions.

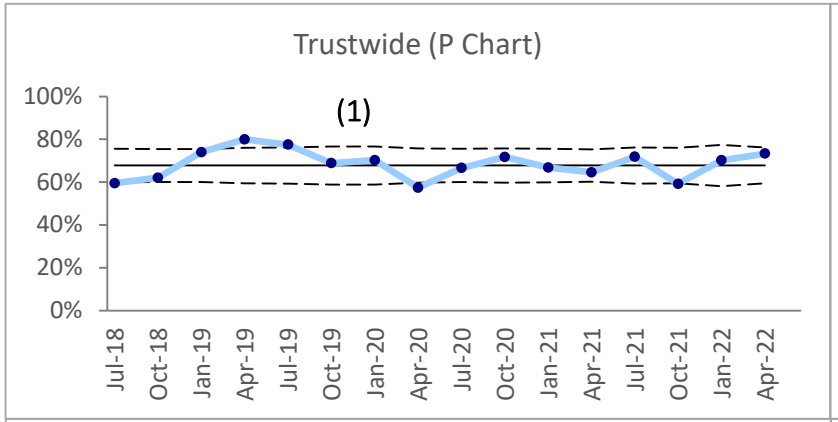
In CAMHS inpatient services, the rate of seclusion was higher than that of other inpatient services. Two service users of White ethnicity accounted for 54% of seclusion. Those from mixed and Asian or Asian British backgrounds were secluded less than expected, whereas those from white backgrounds were secluded more than expected.

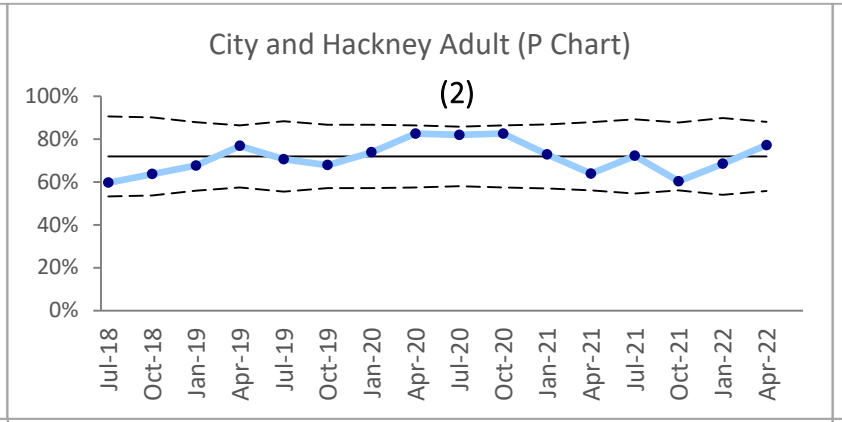
In City & Hackney, those of Black ethnicity were secluded more than expected. In Forensics, two service users of Mixed ethnicity accounted for 52% of seclusion.

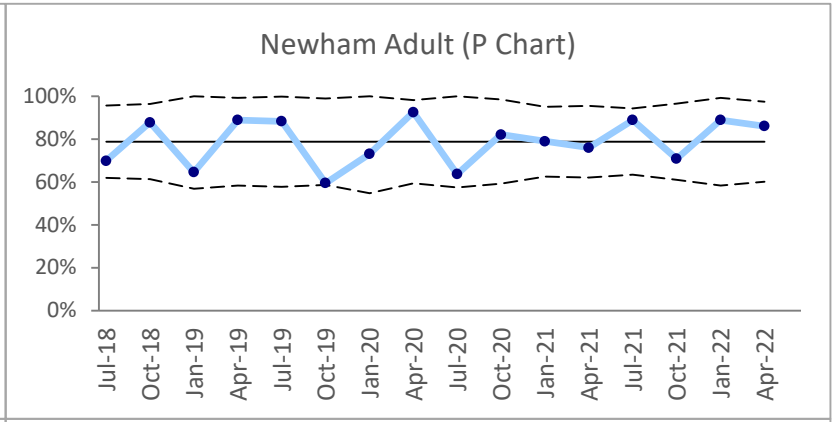
Percentage of seclusions involving service user of ethnic minority* (July 2018 – June 2022)

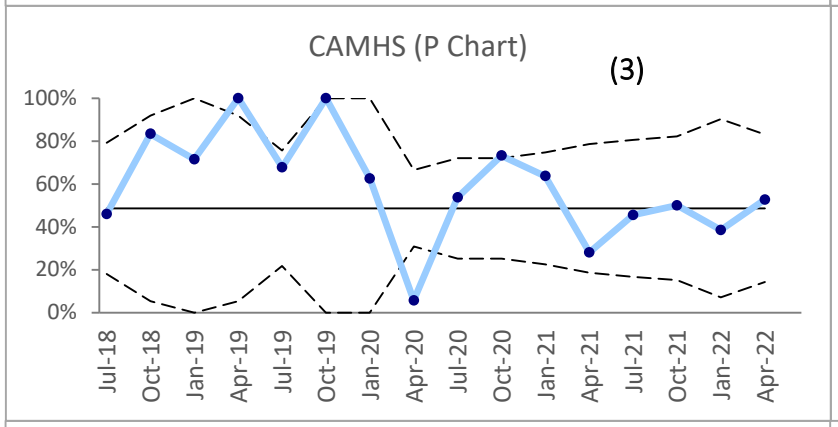
Do we notice any unusual variation in seclusions performed on **ethnic minorities over time**?

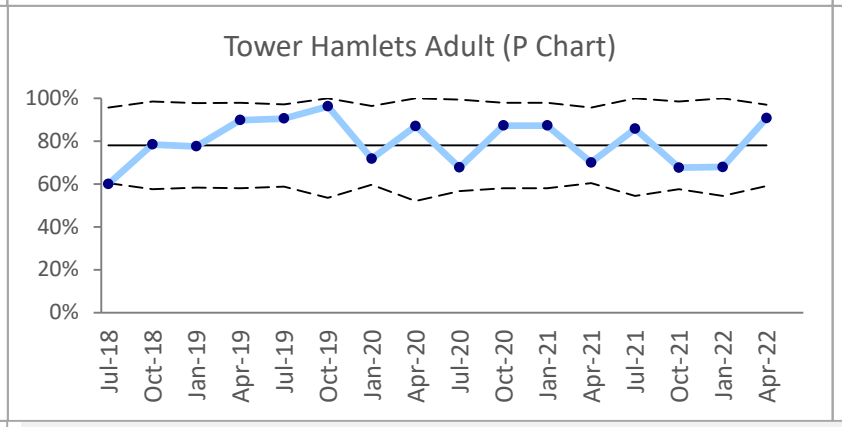
*Ethnic minorities includes those from Asian or Asian British backgrounds, Black or Black British backgrounds, Mixed ethnicities and Other Ethnic groups

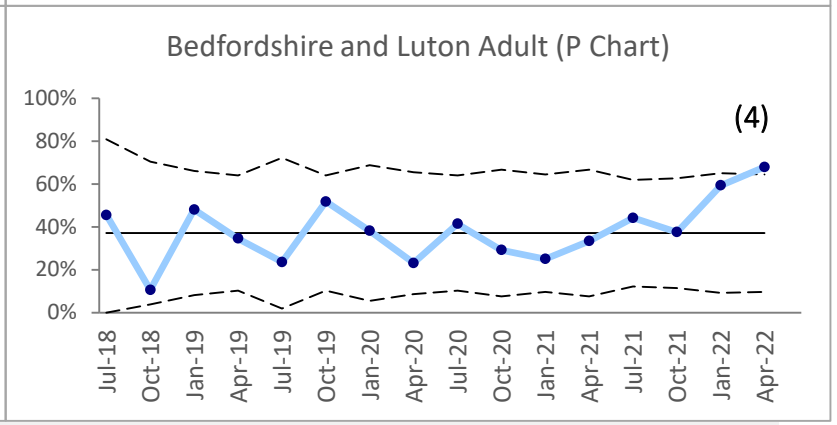


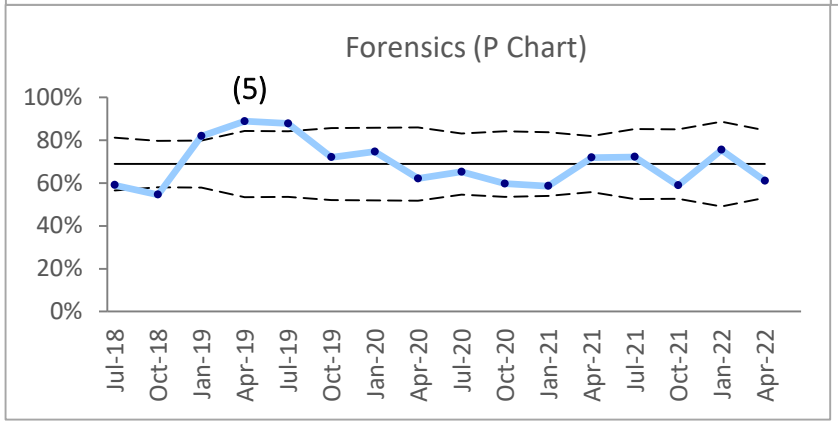












Each data point represents quarterly data

(1) Trustwide, we saw an increase in seclusions of people from ethnic minorities between January – July 2019, and a decrease between January – April 2020.

(2) In City and Hackney, between April – October 2020, we saw a higher percentage of seclusions involving ethnic minorities.

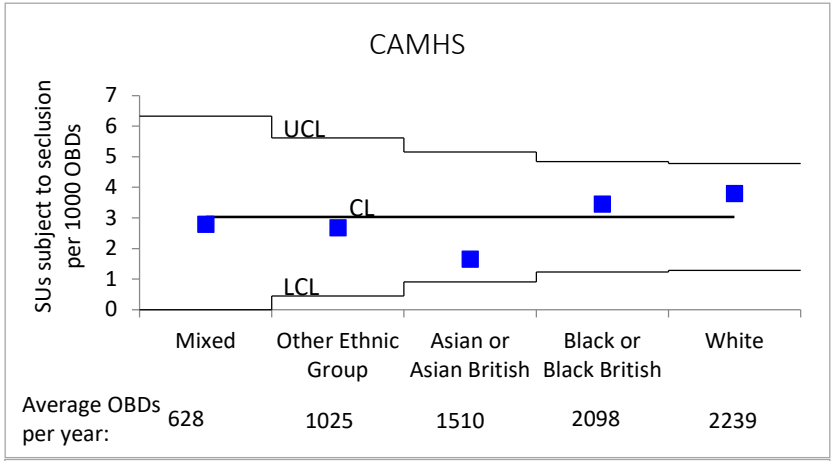
(3) In CAMHS inpatient services, there is high variation in the percentage of seclusions performed on ethnic minorities because of the much smaller sample size.

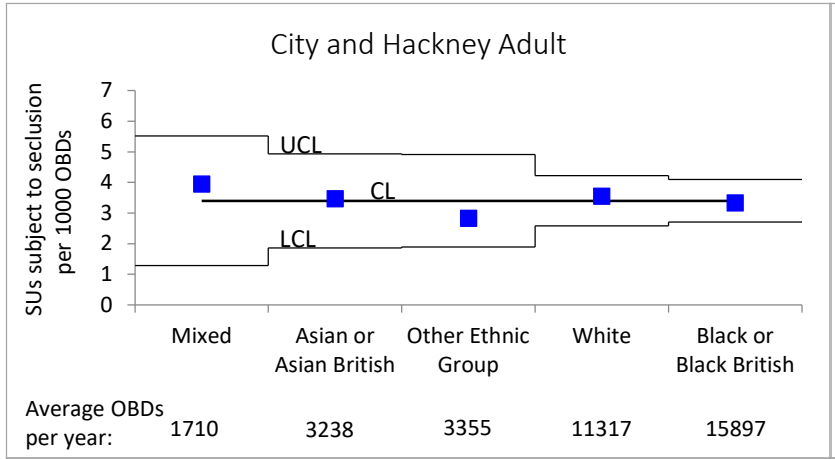
(4) In Bedfordshire and Luton, over the last six months we have seen a higher percentage of seclusions involving people from ethnic minorities.

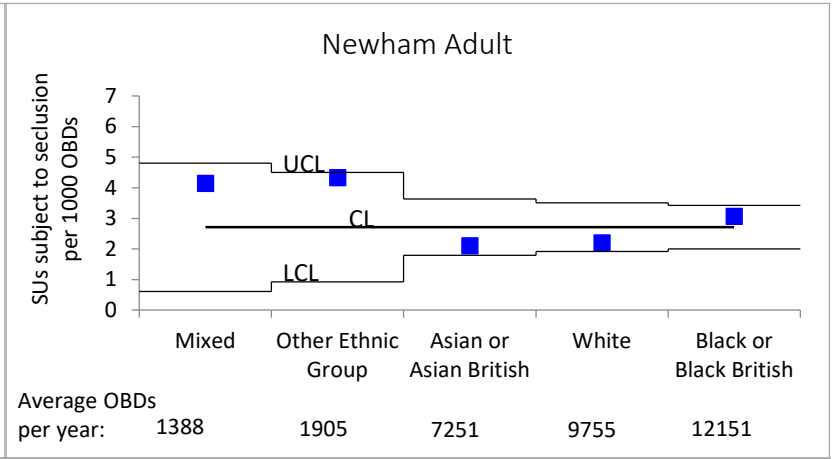
(5) In Forensic services, there was an increase between January- July 2019 but has since decreased and remains stable

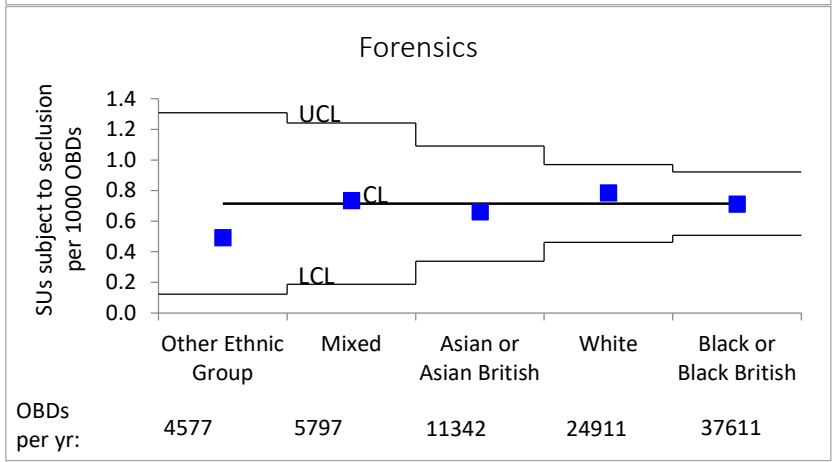
Unique service users subject to seclusion per 1000 Occupied Bed Days (July 2018 – June 2022)

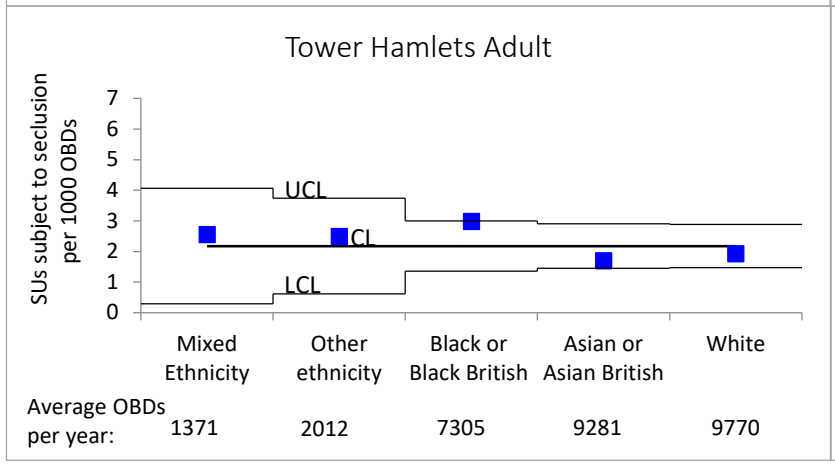
Do we notice any unusual variation in unique service users subject to seclusions per 1000 occupied bed days by **ethnicity?**

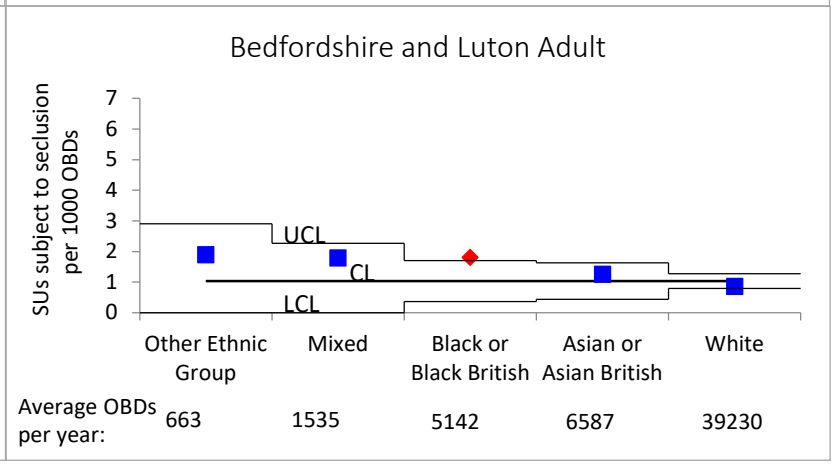








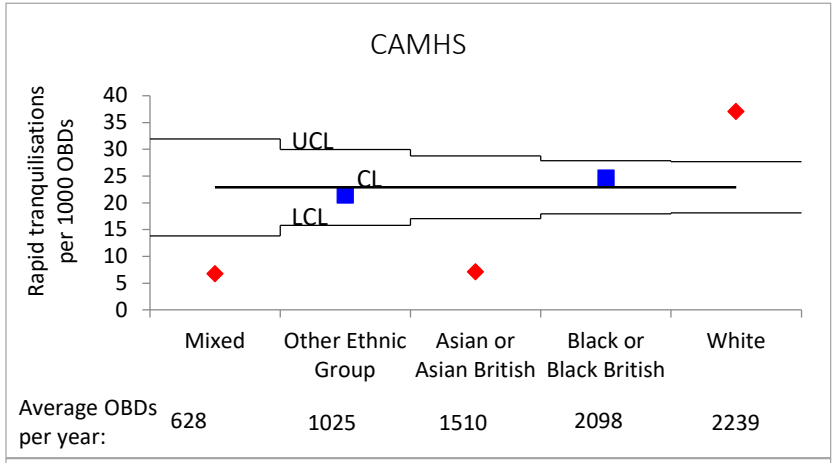


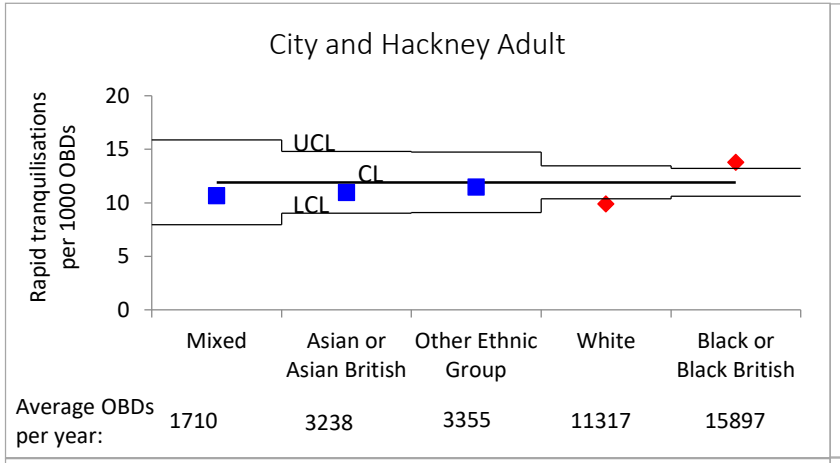


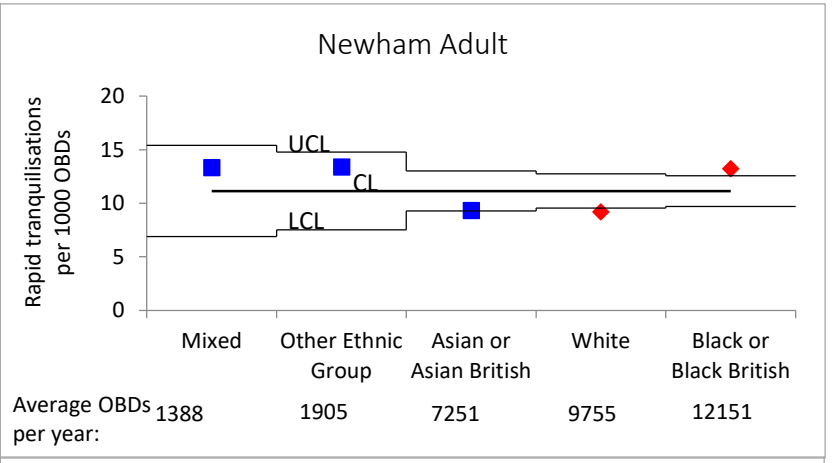
When we look at unique service users subject to seclusions by ethnicity, we see that for nearly all directorates the variation is within limits we would expect. However, in Bedfordshire and Luton Adult inpatient services, those from Black or Black British backgrounds were subject to seclusion more than would be expected.

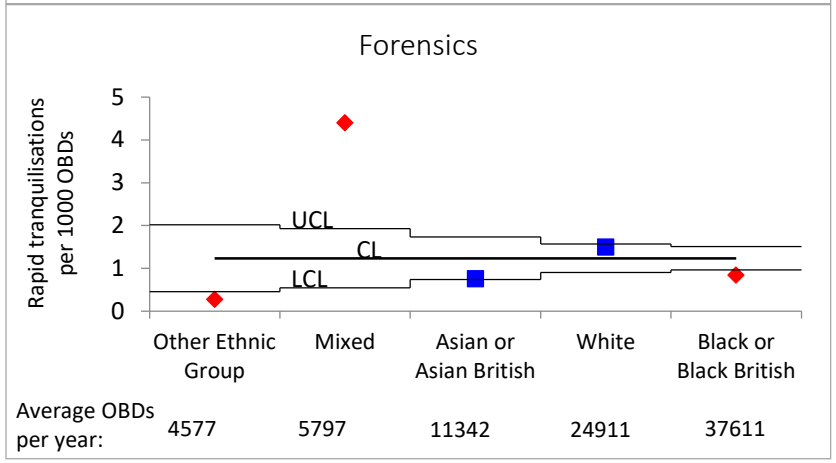
Rate of Rapid Tranquilisations per 1000 Occupied Bed Days by ethnicity (July 2018 – June 2022)

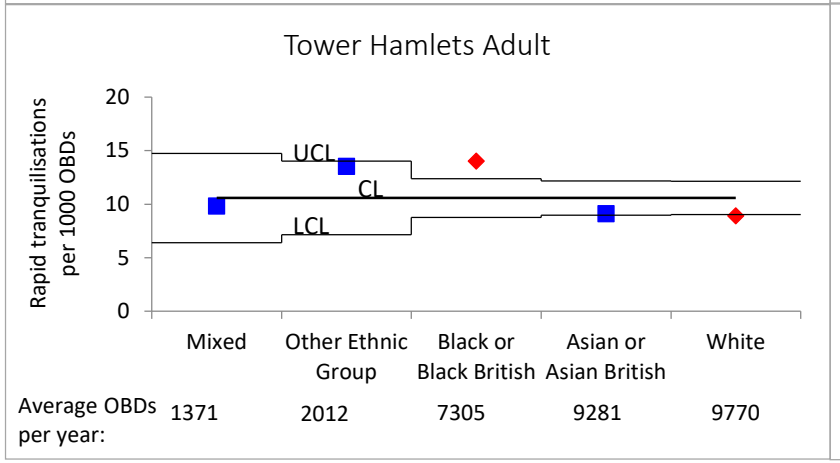
Do we notice any unusual variation in rapid tranquilisations per 1000 occupied bed days by **ethnicity?**

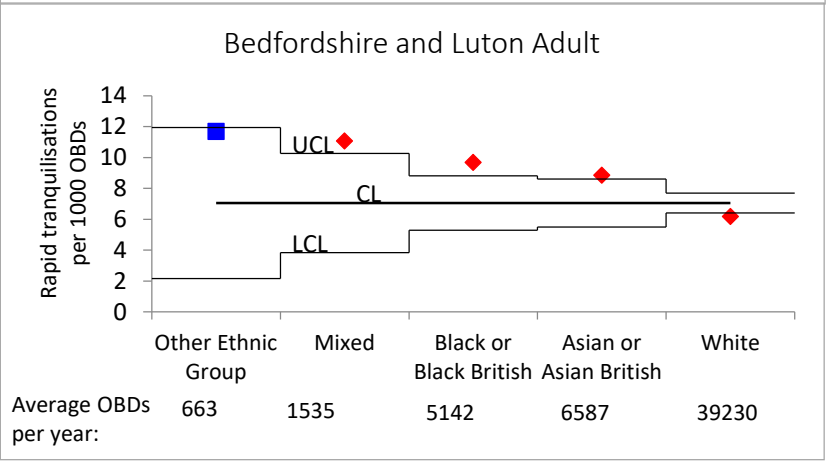












In all directorates, excluding CAMHS and Forensic services, service users from Black or Black British ethnicity had a higher rate of rapid tranquilisation than we would expect, and those from White backgrounds less than we might expect. In Bedfordshire and Luton, Mixed and Asian groups also had higher than expected levels, with three service users of mixed ethnicity accounting for 48% of rapid tranquilisation, three Asian service users accounting for 16%, and 4 service users of Black ethnicity accounting for 25%.

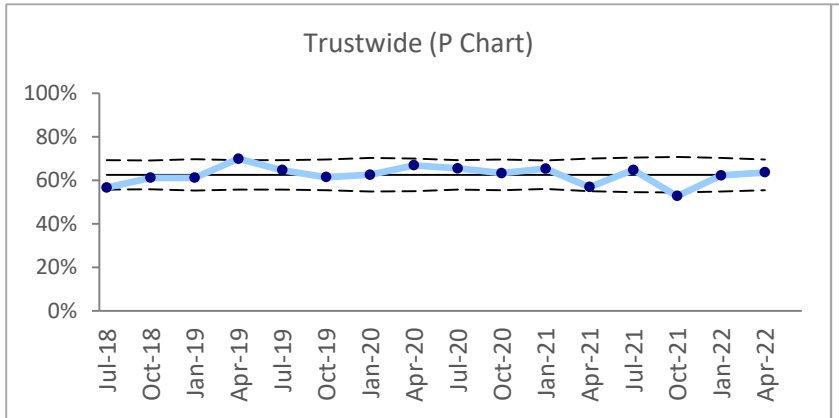
In CAMHS inpatient services, service users of white ethnicity had higher rates of tranquilisation than expected. Five service users of white ethnicity accounted for 38% of all rapid tranquillisation.

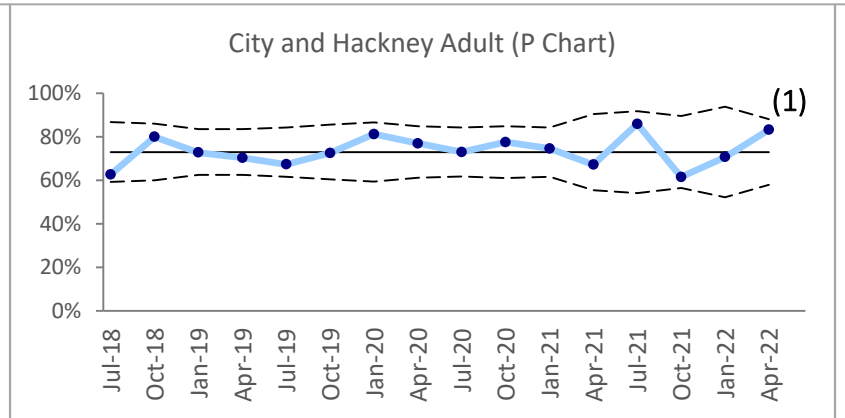
In Forensic services, two service users of mixed ethnicity accounted for 77% of all rapid tranquilisation.

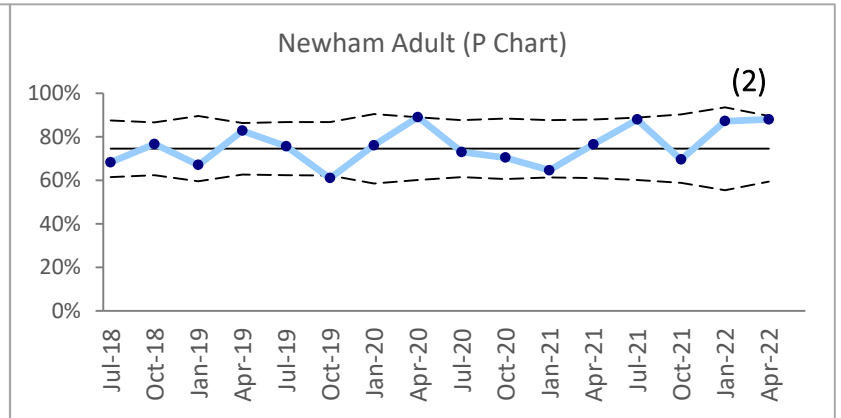
Percentage of Rapid Tranquilisations involving service user of ethnic minority* (July 2018 – June 2022)

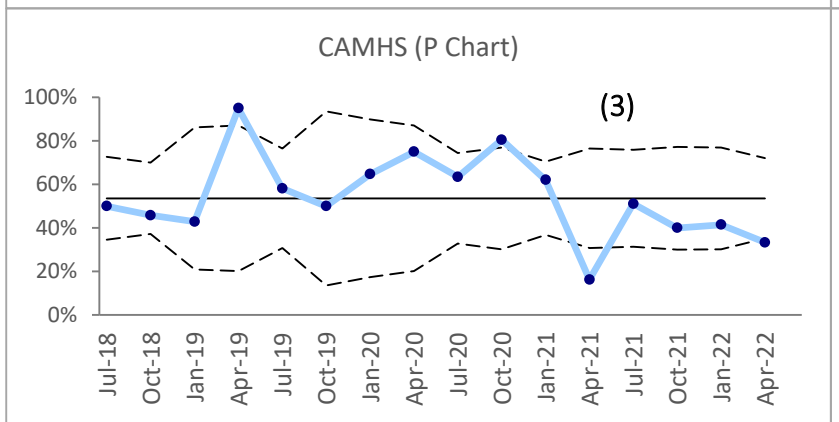
Do we notice any unusual variation in rapid tranquilisation performed on **ethnic minorities over time**?

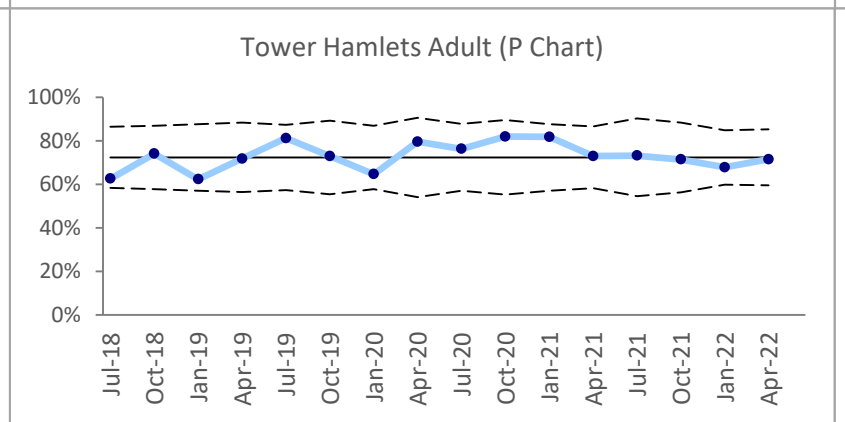
*Ethnic minorities includes those from Asian or Asian British backgrounds, Black or Black British backgrounds, Mixed ethnicities and Other Ethnic groups

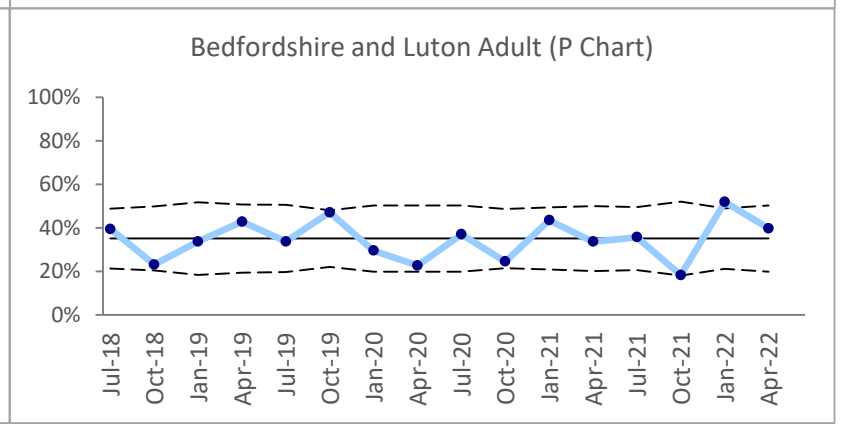


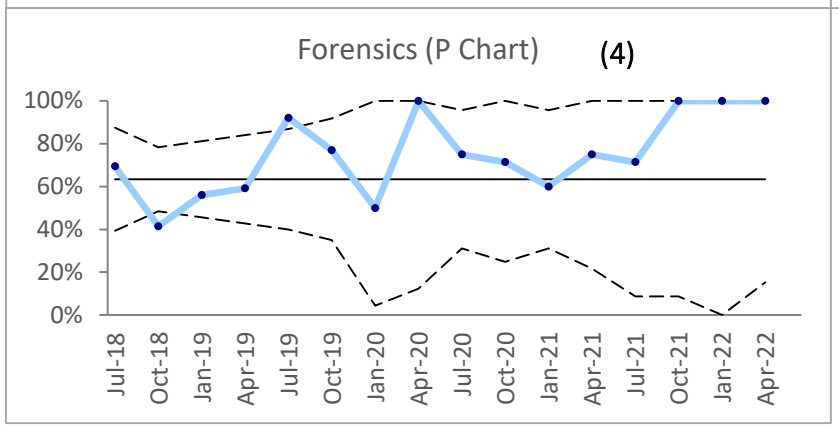












Each data point represents quarterly data

(1) In City and Hackney, we have seen a gradual rise in rapid tranquilisations involving people of ethnic minority in the last nine months.

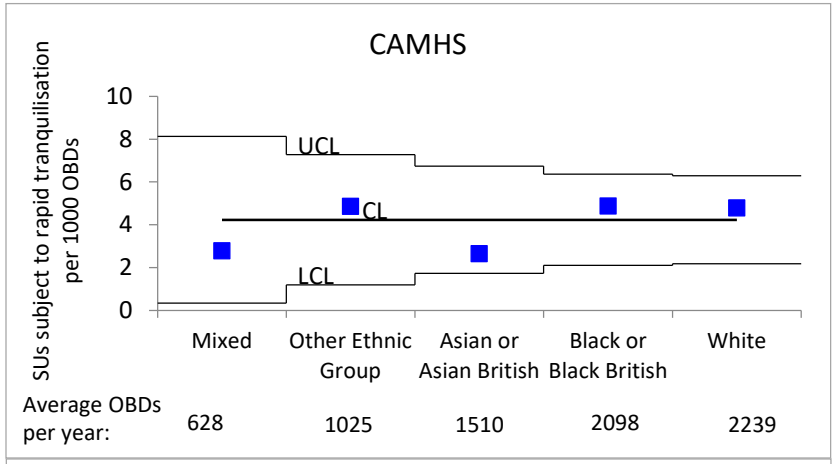
(2) In Newham, we have seen a higher percentage of rapid tranquilisations involving people of ethnic minority in the past six months.

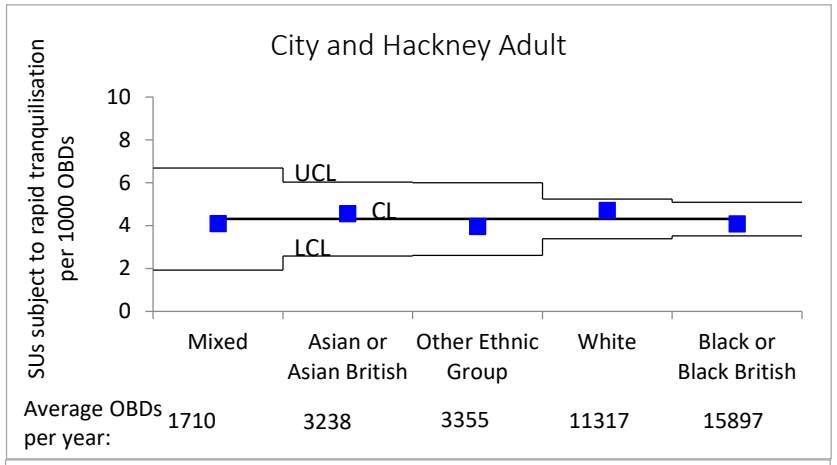
(3) In CAMHS inpatient services, we see high variation in the percentage of rapid tranquilisations involving young people of ethnic minority, however, in the last year the percentage appears to be falling.

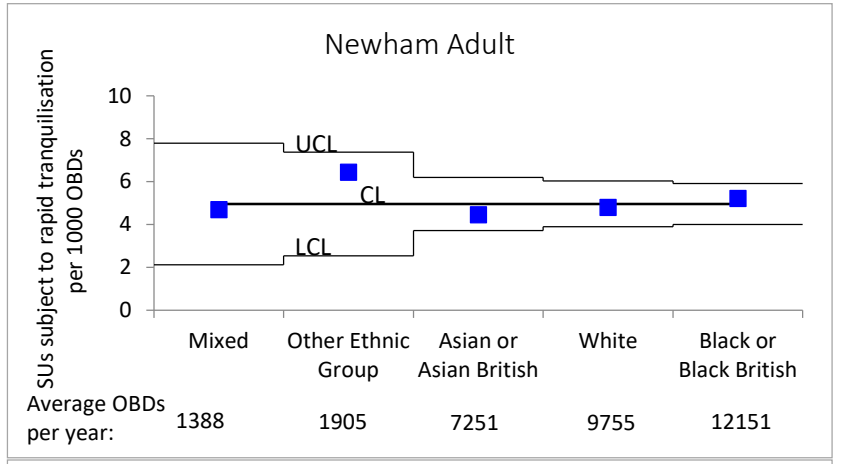
(4) In Forensics, we have a high percentage of rapid tranquilisations performed on ethnic minorities, however, all sample sizes since Oct 2019 have been small (< 30)

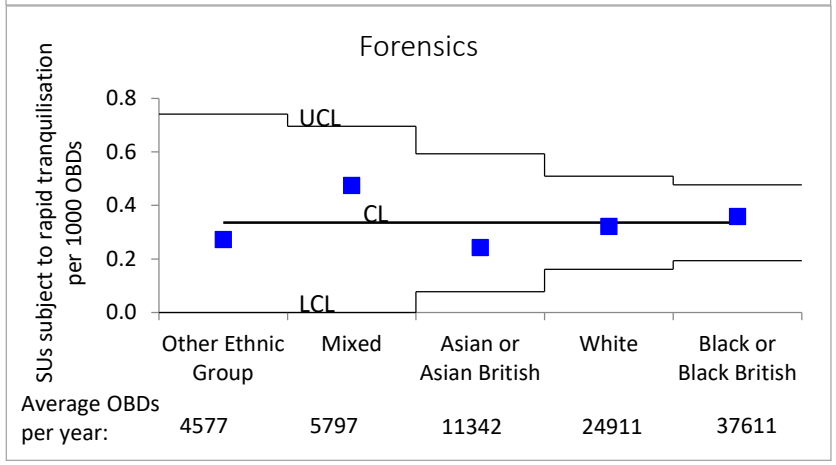
Unique service users subject to rapid tranquilisation per 1000 Occupied Bed Days (July 2018 – June 2022)

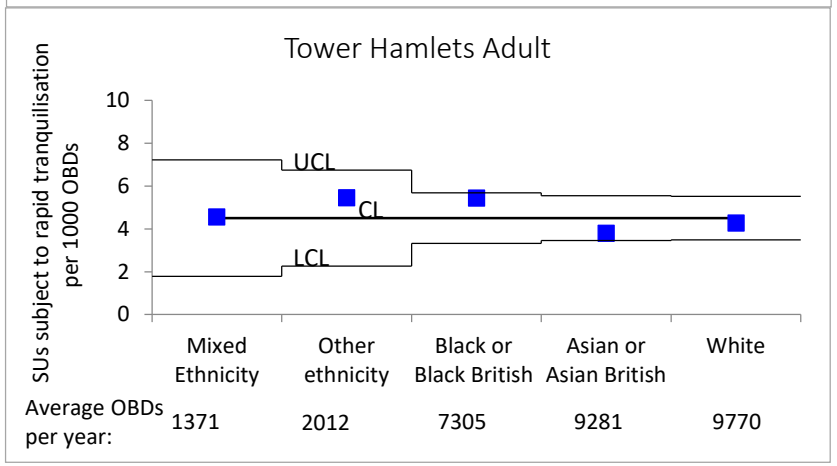
Do we notice any unusual variation in unique service users subject to rapid tranquilisation per 1000 occupied bed days by **ethnicity?**

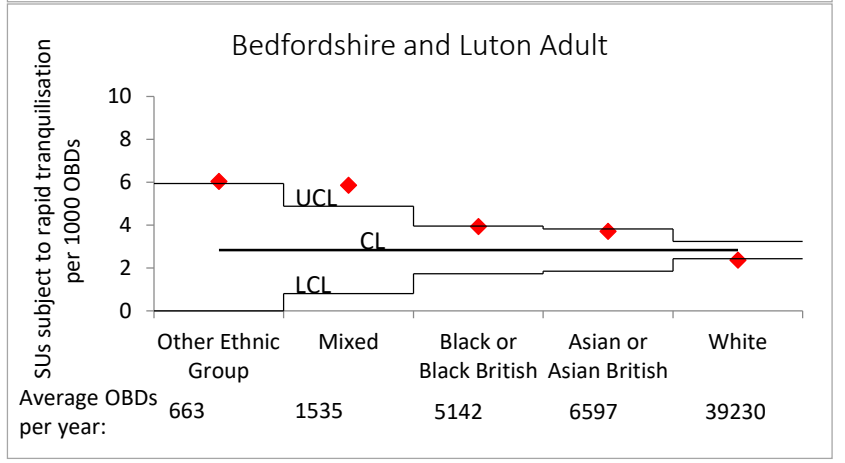












When we look at unique service users subject to rapid tranquilisation by ethnicity, we see that for nearly all directorates the variation is within limits we would expect. However, in Bedfordshire and Luton Adult inpatient services, those from minority ethnic groups were subject to rapid tranquilisation more than would be expected. Those from White backgrounds were subject to rapid tranquilisation less than would be expected.

Equity: What might this mean?

Restrictive practice relates to interventions that restrict a service user's movement, liberty, and/or freedom to act independently in order to take immediate control of a dangerous situation where there is a real possibility of harm to the person or others if no action is taken, and end or significantly reduce the danger to the patient or others (Mental Health Act, 2015). There are different types of restrictive interventions related to restraints, seclusions and rapid tranquilisation. While the use of restrictive practice may be necessary on rare occasions to keep people safe, they can also cause additional trauma, harm, and affect the dignity and emotional safety of both service users and staff. It should always be used as a last resort, with the least amount of force necessary to maintain patient safety and a therapeutic environment.

In recent years a number of concerns have been raised about disparities in the use of such practices nationally, as well as deaths associated with physical restraint, prompting Trusts to develop initiatives and quality improvement programmes to reduce the use of restrictive interventions. Between 2018-2020, a national quality improvement programme led by the Royal College of Psychiatrists supported 38 wards across 25 Trusts to reduce the use of restrictive practices, and resulted in a 15% aggregate reduction. The Care Quality Commission (CQC) has expressed concern that the decreased availability of staff during the pandemic may have resulted in more restrictive interventions being used. According to national research, there is variation between groups in the rates of restraint experienced, with black and minority ethnic people experiencing more formal detentions and restraints (Bignall et al, 2019). The equity analysis in this report explored variation in the use of restrictive practices (restraints, seclusions, and rapid tranquillisation) across different ethnic groups in all inpatient services in the Trust. Equity from a gender and deprivation perspective were also explored but very little variation was identified.

When examining the total number of restrictive interventions by ethnicity (including multiple interventions for the same user), the data highlights that some service users from different ethnic groups are more likely to receive restrictive interventions. Restrictive interventions were used less frequently than anticipated for those from White backgrounds in adult inpatient services, while they were used more frequently than anticipated for the Black or Black British, Mixed, and ‘Other’ ethnic groups. In contrast to other groups, the mixed ethnicity group in the forensic service experienced restrictive interventions more frequently than would be expected. In CAMHS, the rate of restrictive interventions was lowest among Mixed, Asian, or Asian British backgrounds and highest among those of white ethnicity.

In interpreting this data, we need to keep in mind that a small number of service users often accounts for a high proportion of restrictive practice. For example, in Tower Hamlets 7 service users of Black or Black British ethnicity accounted for 24% of all restraints. In Newham, two service users of mixed ethnicity accounted for 26% of restraints, and seven service users of black ethnicity accounted for 22% of all restraints. In Bedfordshire and Luton two service users, noted as ‘Other’ ethnicity on our system, accounted for 50% of all restraints. Forensic services had two service users of mixed ethnicity accounting for 70% of all restraints. CAMHS had two service users of white ethnicity accounting for 54% of all seclusions, and four service users of white ethnicity accounting for 34% of restraints.

Bignall, T., Jeraj, S., Helsby E., and Butt, J. (2019) Racial Disparities in Mental Health: Literature and Evidence Review. Race Equality Foundation

Equity: What might this mean?

The analysis also looked at restrictive intervention by ethnicity and unique service users (excluding multiple incidents for the same service user) who were subject to restraints, seclusion, and rapid tranquilisation. When looking at the rate of restrictive practice for unique service users, the data indicates that, for almost all directorates, variation between different ethnic groups was within expected levels. The only exception is Bedfordshire and Luton adult mental health, where a higher number of service users of mixed or Black or Black British backgrounds were subject to restrictive interventions more than would be expected.

Racial disparities in restrictive practice are most likely the result of a complex set of factors, which research suggests relates to ethnic disparities in clinical pathways and over representation of some minority populations in acute mental health and crisis pathways, inequalities in the level of contact with primary care health services, access and engagement with community mental health services, rates of detention under Mental Health Act (NHS Digital 2019) and the length of stay in inpatient wards. Due to these factors, people from certain groups, particularly ethnic minority groups, are more likely to be in psychiatric inpatient settings where restrictive practice becomes a possibility (Payne-Gill, Whitfield & Beck, 2021). After gathering insights from our services, the key contributory factors that have been identified locally fall into three broad themes; people factors (staff and service users), environmental factors, and clinical pathways and procedure related factors which will be explored further below.

In terms of people factors, service users with substance abuse issues have an increased tendency to display aggressive behaviour that can sometimes necessitate the use of restrictive practice. Service users experiencing psychotic illness may act erratically and aggressively during the acute phase of their presentation. This can result in restrictive interventions, especially if they refuse to take their medication. We know that there is a higher rate of admissions under the Mental Health Act for people of Black and Black British ethnicity. Service users with personality disorder or emotional dysregulation (often higher prevalence among female service users) which frequently manifests as self-harm, violence and aggression, as well as erratic behaviour on the wards, can sometimes also necessitate repeated instances of restrictive interventions. This cohort of service users is more prevalent within Bedfordshire and Luton adult mental health services, and further work is underway with commissioners to develop a Personality Disorder pathway.

Some staff have suggested that the level of advocacy, family support and involvement can also have an impact, with proactive involvement in care and care planning creating better understanding and range of options available to manage distress. It is possible that service users from some ethnic groups, where stigma of mental illness is greater, may find it harder to express their mental illness to family members due to social stigma, and therefore have less advocacy and family involvement in care planning. The degree to which staff are aware of these cultural issues and capable of adapting their practise may also play a role in how service users react.

In terms of staff factors, services have highlighted challenges when there has been a mismatch between staffing and levels of acuity on the ward. This can create an environment where staff may not be as responsive to the needs of service users, becoming less able to proactively de-escalate issues. For example, when there are staff

Payne-Gill, J., Whitfield, C. and Beck, A. (2021), The relationship between ethnic background and the use of restrictive practices to manage incidents of violence or aggression in psychiatric inpatient settings. Int J Mental Health Nurs, 30: 1221-1233. https://doi.org/10.1111/inm.12873

shortages there may be less opportunities to facilitate activity groups, leave off the ward or smoking breaks (where supervision is required). This could lead to frustration and escalation resulting in use of restrictive practice. This is evidenced in our data, where there was a rise in the use of restraints and seclusions for service users from Black and Minority groups during the early phase of the pandemic.

Services also suggest that staff attitudes and perceptions of ‘dangerousness’ of different ethnic groups may be a factor. Staff may perceive danger differently from one group to another, and subconscious bias may contribute to lower tolerance for positive risk taking in some groups than others when managing incidents. It is interesting to note that there are also disparities in the use of restrictive practises between different ethnicities even when the staff mix on the wards is representative of the service users, for example in Newham. Therefore, this would suggest that the issue is much more nuanced and possibly systemic in nature as indicated below.

In terms of factors related to clinical pathways and procedures, Black and Black British people are disproportionately detained under the Mental Health Act (MHA) and subjected to Community Treatment Orders (CTOs); have longer periods of detention and experience more repeated admissions. They are also more likely to be subject to police holding powers under the MHA. This is consistent with our data. For example, in the past year, our inpatient services have admitted 14% more Black or Black British service users than White-British people under the MHA and length of stay also varies between groups. Service users who are detained experience greater restrictions, such as having less choice about complying with treatment plans and medication, or taking leave off the ward. This means that for some service users, restrictions may be their 'normal' experience of care and treatment across mental health pathways and services. This can become self-fulfilling in the sense that the service user may become conditioned to expect restrictive interventions when things get difficult. This may fuel frustration and anger toward staff, impacting behaviour on the ward and precipitating the use of more restrictive interventions.

National data shows an overrepresentation of black and minority ethnic communities in crisis care. The equity analysis on waiting times, in previous Board reports, showed disparities with some minority ethnic groups waiting longer than others for assessment. This might suggest that service users from certain groups are not accessing routine community mental health services as swiftly as we might expect. This may have an impact on their level of acuity at the point of needing admission to hospital. For several years, the Trust has been developing its crisis pathways and there are far greater opportunities to avoid admission and manage deterioration in mental health in the community.

In Bedfordshire and Luton, there is a higher rate of restrictive practice amongst people designated as ‘Other’ ethnicity. This is believed to be related to Eastern European communities who have recently migrated into the area. They typically arrive through Luton Airport and live in the area for a short period before relocating elsewhere in the country. This group can be difficult to engage with, for a number of reasons including language barriers, social stigma, and cultural perceptions of mental heath services. There are difficulties contacting family members in the home country to get a better understanding of the factors that may have led to mental distress. The language barrier can make it harder to de-escalate issues. The extent to which care plans are genuinely coproduced with service users and staff together, with advance directives in place, can influence the frequency of use of restrictive practices.

Equity: What might this mean?

In terms of environmental factors, services in Bedfordshire and Luton have highlighted issues related to limited seclusion rooms and access to female Psychiatric Intensive Care Units (PICU), which could influence the use of restrictive practices. In East London, the close proximity of these wards allows for greater flexibility to manage need. Access to meaningful activities is another known factor which can reduce the likelihood of issues escalating to the point of requiring restrictive practice.

In Forensic services, the overall rate of restrictive interventions is lower than other inpatient services. The use of restraint in Forensic services has decreased as a result of quality improvement work to manage violence and aggression, though there was some increase in restraints between October 2021 to April 2022. This is thought to be due to higher levels of acuity on the wards, as well as some service users who were frustrated by COVID restrictions, with fewer opportunities to go on leave or see family members. A small number of service users of mixed ethnicity experienced higher levels of restrictive interventions. Local audits have suggested this was mainly due to the nature of their illness. All these service users had complex presentations, including learning disabilities and/or neurological issues, that resulted in challenging behaviour on the wards. Sometimes this required the use of long-term segregation.

The majority of new young people admitted to CAMHS services come from White backgrounds, and many of them are new to the service, being treated for conduct or mood disorders, or psychotic illness. Unlike adult services, 50% of the CAMHS bed capacity is intensive care beds. Clinicians on the unit highlight that there is a high number of young girls from low income families, who do not always have an underlying psychotic illness. They are more likely to be diagnosed with personality disorder or present with complex emotional dysregulation, learning difficulties and autism, often with significant trauma related to abuse or neglect, as well as high levels of unmet social care needs. In these circumstances, some of the service users can become frustrated, leading to challenging behaviour and self-harm, which can escalate and require the use of restrictive interventions. Often the care they require is different from those with psychosis, in that treatment is mainly centred on therapy and psychological interventions rather than optimising medications. Some service users also require the use of restrictive practice to administer medications and food (feeding through a tube) which will also lead to higher rates of restrictive practice.

Galaxy ward at the Coborn unit took part in the national quality improvement collaborative on restrictive practice between 2018-2020, testing a number of change ideas related to the admission process. This resulted in a 54% reduction in use of seclusion, and a 65% reduction in the use of rapid tranquilisation. Across CAMHS, high risk and neurological pathways are being developed to ensure that service users have access to treatments that meet all of their needs. East London CAMHS are developing a Home Treatment Team offer, aiming to reduce inpatient admissions. Services are working close with local partners (schools, voluntary organisation, and local authorities) to develop effective community pathways and resources that better support the needs of service users and improve access, particularly for those with significant unmet needs that are inappropriately admitted to inpatient wards.

Equity: What might this mean?

The data suggests that staff are generally able to de-escalate issues well for a large proportion of service users of all ethnicities. However, the most difficult challenges are with service users where de-escalation fails repeatedly, and the rate of repeated restrictive practices in these groups is often determined by how successfully staff are able to reflect on why things didn't work and adapt practice and procedures. Staff have highlighted that the main difficulties have been in relation perceived risky behaviours on the wards including violence and aggression, self-harm and non-compliance with medication in these groups. This might suggest there is more work to be done to build stronger relationships and trust with these individuals through adopting a trauma informed approach with greater cultural sensitivity.

There are a number of initiatives to monitor and manage the use of restrictive interventions across inpatient services. During and after all incidents involving restrictive practise, teams conduct a debrief with service users and staff. This enables staff to understand what led to the use of restrictive practice, in order to learn what could be done differently next time. Services have daily safety huddles to identify risks proactively and deescalate potential concerns. As part of mandatory training, all staff complete breakaway training, which teaches de-escalation techniques and procedures. Every unit has regular "Time to Think" sessions, which are attended by multidisciplinary teams and representatives from people participation, to support reflective practise and wider learning from serious incidents, complaints, violence and aggression, and other incidents. This analysis of restrictive practice through an equity lens will be taking to each of the Time to Think sessions for deeper discussions, theory-building and development of ideas that could be tested in our wards.

Data on the use of restrictive interventions is closely monitored, especially for high-risk groups such as those with Autism and Learning Disabilities. Close liaison is maintained with PICU wards and Learning Disability services, which provide regular in-reach to develop effective care plans for the most vulnerable and unwell service users. On all wards, psychology is available to assist with formulation, intervention, and reflective practise. Wards have reviewed the availability of therapy sessions to help engage service users in meaningful activities to avoid behaviours escalating.

There are number of projects focusing on addressing inequalities in minority communities as part of the Adult Community Mental Health Transformation programme. Between February and March 2021, People Participation leads ran a series of BAME “Let’s Talk” focus groups in the three London boroughs. The aim was to understand the experience of Black, Asian and minority ethnic people with lived experience of accessing mental health services, or caring for someone accessing services and make recommendations for action. This included offering training in cultural competence, improving cultural awareness amongst staff around mental distress (cultural, spiritual, religious beliefs), reducing stigma in communities, family involvement and coproduction, improving medication advice, and improving access and support in the community. The CoPACT research project is looking at service users from BAME background who have experienced detention under MHA in last year to develop a narrative and then co-produce change ideas (also carry out impact analysis and cost analysis for these ideas). The ARIADNE project is looking at inequalities in Mental Health services caused by COVID. The aim is to create solutions to improve access and improve the experience of mental health services for people of black and minority ethnic groups. The ENRICHMENT Project aims to better understand how people from different cultural communities experience and engage with peer support workers for mental health. The use of peer support workers across inpatient services may help staff better engage with service users and improve their experience.

Equity: What might this mean?

The Forensic service has developed a number of successful initiatives through quality improvement projects focusing on physical violence and restrictive practice. As an example, Shoreditch ward introduced the “flipping the triangle” campaign to raise awareness and upskill staff in de-escalation techniques. They utilised data on restrictive practice on a quality control board, shared leaflets with staff and service users, and trained existing and new staff in trauma informed care and subconscious bias, involving services users to help co-produce and deliver training in an interactive way through role play and simulation.

The Trust has established a Trustwide Restrictive Practice Network, which meets every three months to support wider learning across the organisation. The network's main focus is on implementing trauma informed care, which is a recovery-oriented approach that recognises the importance of staff having a complete picture of a service user's life, past and present, including traumatic experiences, in order to provide effective care and support that enables recovery. Adopting trauma-informed practices has the potential to improve patient engagement, treatment adherence, and health outcomes, as well as the wellbeing of staff. Services are also focusing on embedding DIALOG+ to strengthen service user involvement in care planning. Over the next three months, the restrictive practice network is focusing on supporting staff to reduce risk without using restrictive practice, creating training videos with service users, sharing good practice through newsletters; and introducing sensory rooms within the ward environment.

Appendices

Appendix 1 – System performance dashboard

Appendix 2 – Regulatory compliance against the system oversight framework

Appendix 1: System Performance dashboard - overview

Special cause variation (↑ ↓) and when it's of potential concern (↑ ↓)

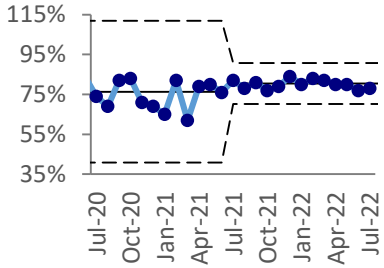
		Average	
People with substance misuse problems			
Service users reporting improvements in quality of life on discharge in Bedfordshire	Population Health	81%	
Service users in employment on discharge in Bedfordshire	Population Health	47.3%	↓
Percentage of successful completions not re-presenting to service 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	247.4	
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	46.5	
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	5841	↑
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	76%	
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	56.6	
Percentage of service users with Care Plan in place (advanced) in East London	Quality	76.3%	↑
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	92.4%	↓
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	6.2%	↓

		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	7.5	
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	3	
People with Severe Mental Illness			
Percentage of service users receiving Individual Placement Support – IPS	Population Health	11.2%	↓
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	44.9%	↓
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	30.4%	↑
Psychological Therapy Service average wait times to (in weeks) to 1st 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	639	
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	79.3%	
Percentage of patients undertaking Core10 showing improvement	Quality	53.7%	↓
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		7.0	
Average weeks waited for face to face appointment with the Diabetes Service		6.8	↓
Average weeks waited for initial appointment with the MSK and Physiotherapy teams		7.7	↑
Average weeks waited for initial appointment with the Continence Service		10.9	
Stable Long Term Conditions (Bedfordshire)			
Adult Continence Referral to treatment times average weeks waited		9.9	
Podiatry Referral to treatment times average weeks waited		14.5	
Occupational Therapy Referral to treatment times average weeks waited		3.3	
Physio Referral to treatment times average weeks waited		3.4	↑
Adult Speech and Language Therapy Referral to treatment times average weeks waited		5.4	↑
Wheelchairs Referral to treatment times average weeks waited		12.8	

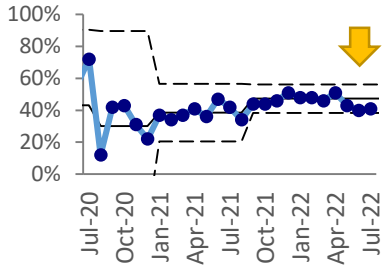
Appendix 1: System Performance dashboard Long Term Plan ( ) Special cause variation ( ) and when it's of potential concern ( )

People with substance misuse problems

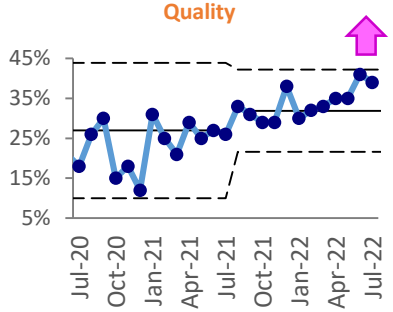
Reporting improvements in quality of life on discharge in Bedfordshire (I Chart)
Population Health



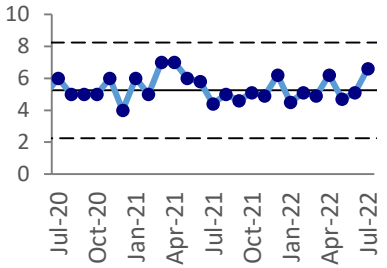
Service users in employment on discharge in Bedfordshire (I Chart)
Population Health



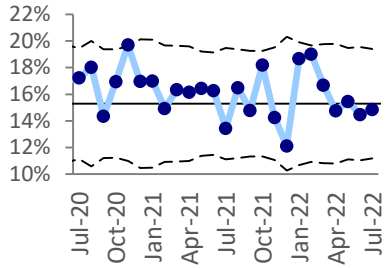
Successful completions not re-presenting to service in Bedfordshire (I Chart)
Quality



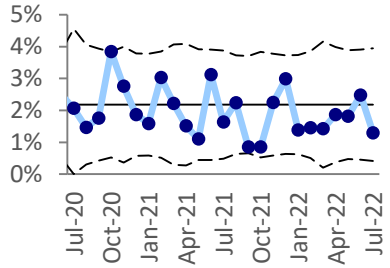
Average waiting time (days) to treatment in Bedfordshire (I Chart)
Quality



Service users with drug problems across Mental Health services (P Chart)
Quality

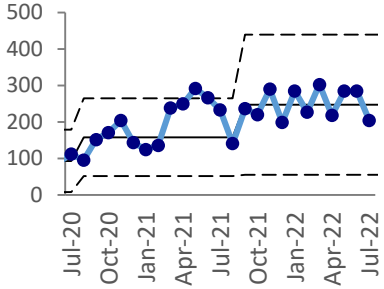


Service users with Alcohol problems across Mental Health services (P Chart)
Quality

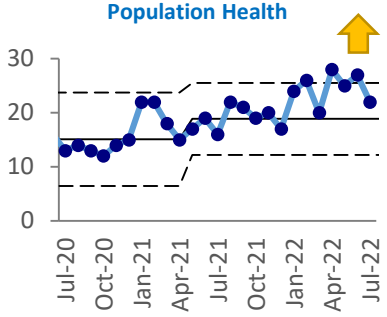


Children with complex mental health needs

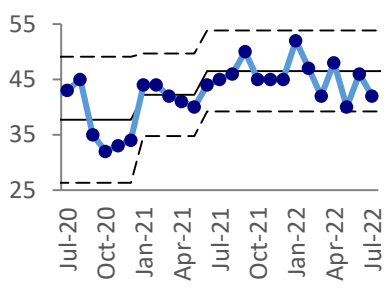
Number of service users presenting in crisis to our crisis pathway (I Chart)
Population Health



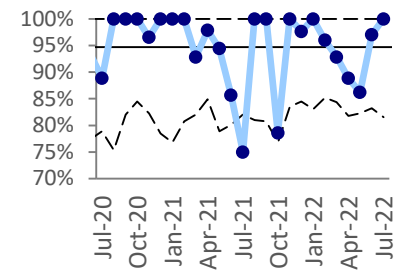
Average Assessment Waiting Time for Children and Young people aged 0-18 (I Chart)
Population Health



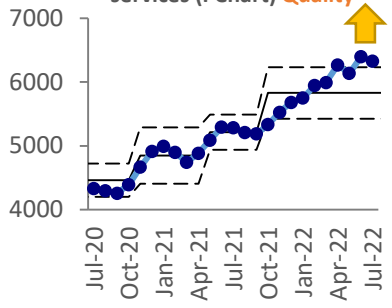
Average Treatment Waiting Time (Days) for Children and Young people aged 0-18 (I Chart) Population Health



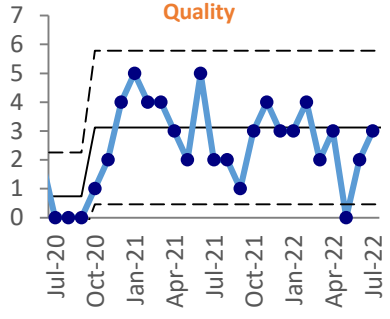
Carers and service users recommending our Community services (P chart)
Population Health



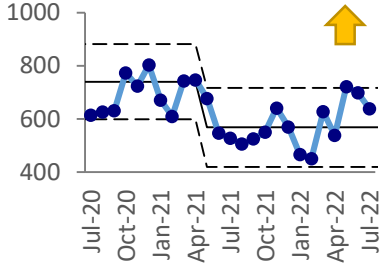
Children and young people who have received one or more contacts with mental health services (I Chart) Quality



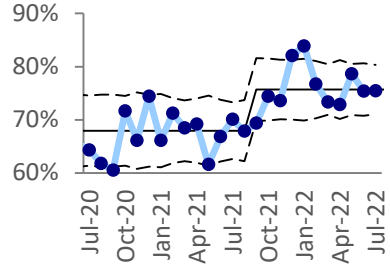
Admissions to adult facilities for services users under 18 years old
Quality



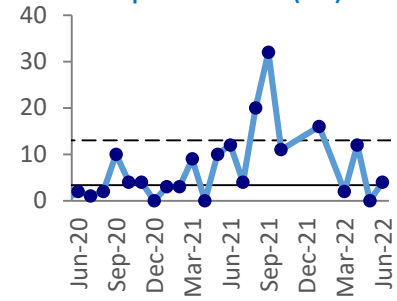
Tier 4 Occupied Bed days East London excluding leave (I chart)
Value



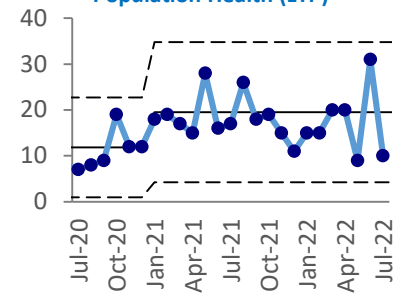
Percentage of service users has paired Outcome Measures at discharge (P chart)
Quality



Average waiting time (days) for urgent referrals to CYP Eating Disorders services (I Chart)
Population Health (LTP)



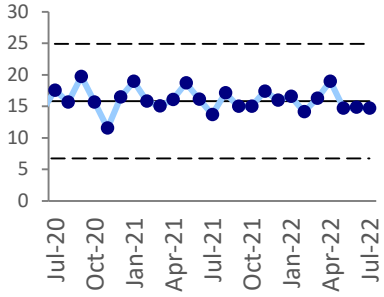
Average waiting time (days) for routine referrals to CYP Eating Disorders services (I Chart)
Population Health (LTP)



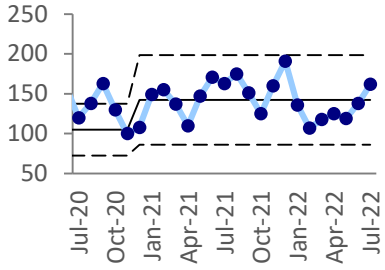
Appendix 1: System Performance dashboard Long Term Plan ( ) Special cause variation ( ) and when it's of potential concern ( )

People with dementia

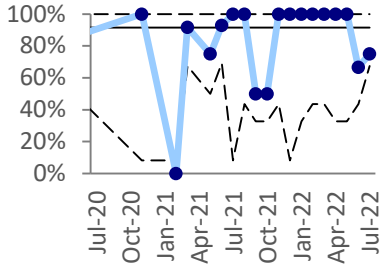
Average wait (in weeks) from referral to diagnosis (I chart) Quality



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

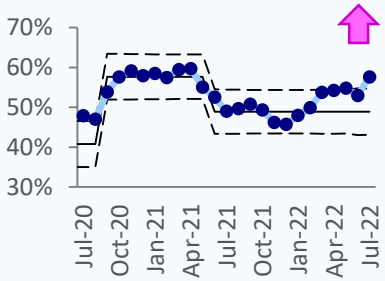


Percentage satisfaction with service, service users and carers (I chart) Quality

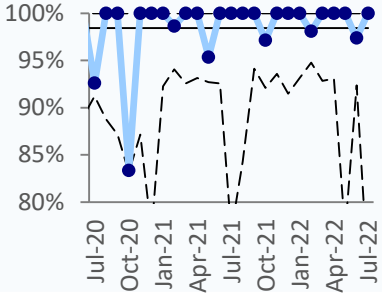


Children with complex health needs

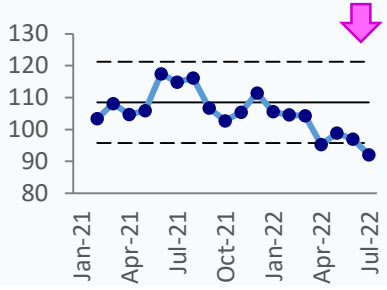
Complex neuro disability receiving a clinical review within past 12 m (P Chart) Population Health



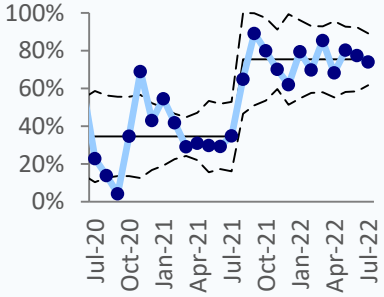
Percentage of service users and parents satisfied with services (P Chart) Quality



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

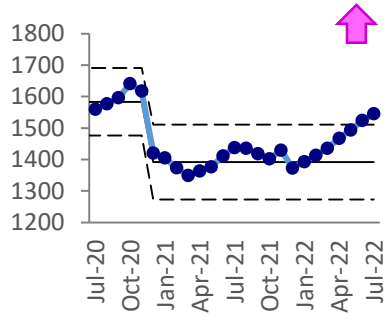


Children receiving ASD diagnosis within 2 appointments (P Chart) Value

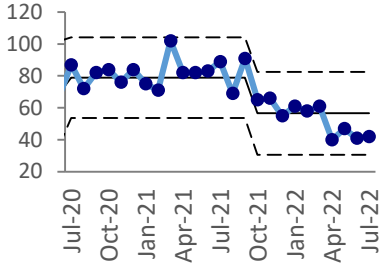


People receiving end of life care

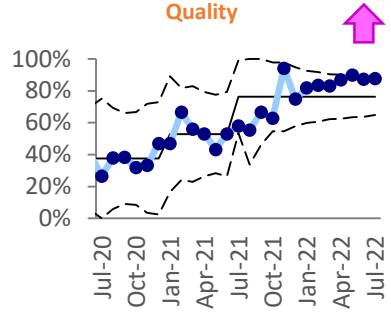
Service users on End of Life Pathway (I chart) Population Health



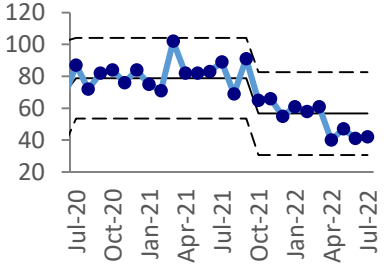
Service Users referred to Continuing Healthcare as a fast track in month (I chart) Population Health



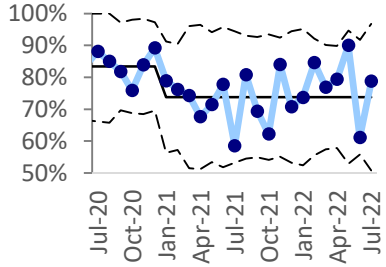
Service users with Care Plan in place (advanced) in East London (P Chart) Quality



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



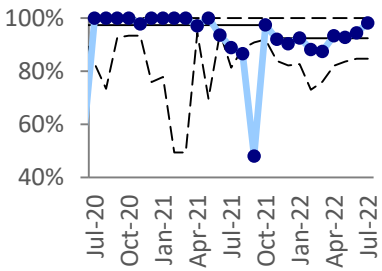
Service users who died in their preferred place of death (P Chart) Value



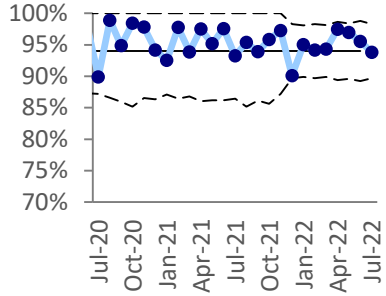
Appendix 1: System Performance dashboard Long Term Plan ( ) Special cause variation ( ) and when it's of potential concern ( )

People who are frail or have long term conditions

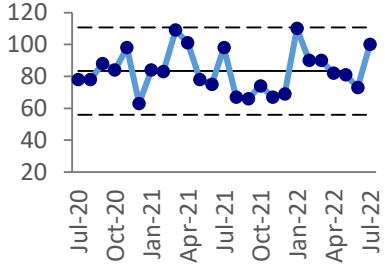
Percentage of service users who have recorded a positive experience (P chart) Quality



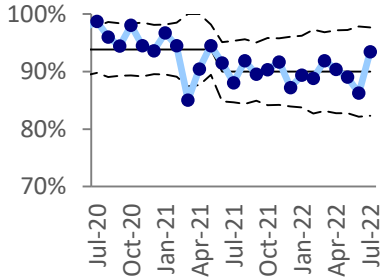
Rapid Response seen within 2 hour guideline (East London) (P Chart) Quality



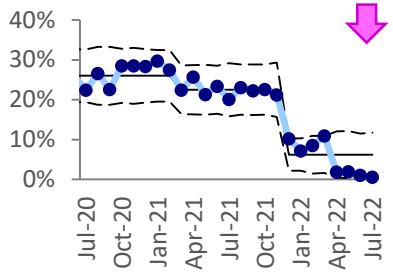
Number of Grade 2, 3 or 4 pressure ulcers non-inherited (I Chart) Quality



Promoting independent living - discharged within 6 weeks Bedfordshire(P Chart) Quality

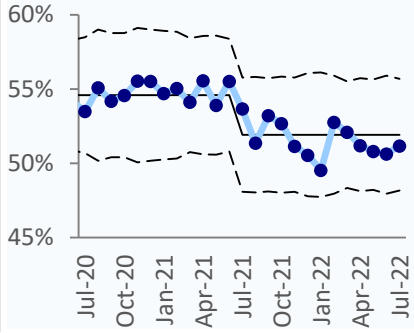


Number of inappropriate referrals into Intermediate Care - Bedfordshire (P Chart) Value

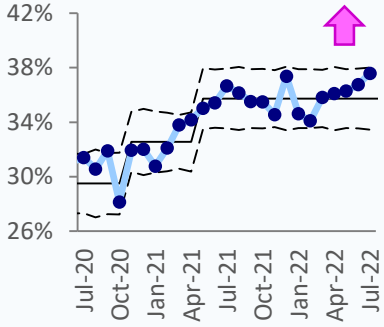


People with common mental health problems

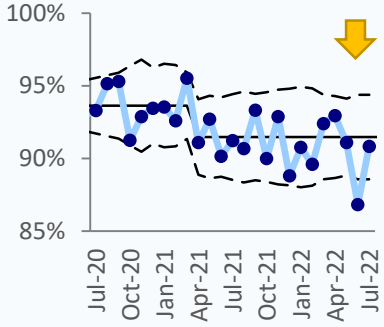
Percentage of service users moving into recovery (P Chart)



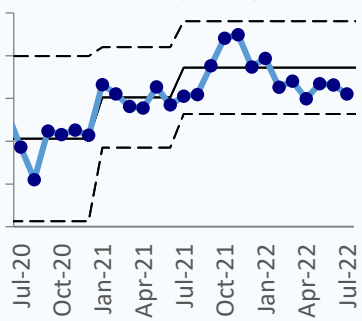
Percentage access by minority groups (P Chart)



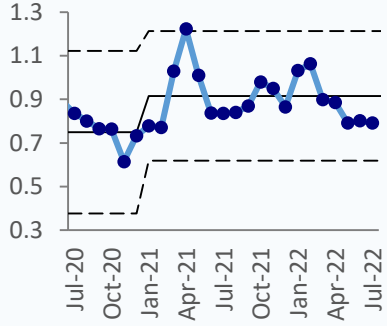
Percentage of positive comments to PEQ (P Chart)



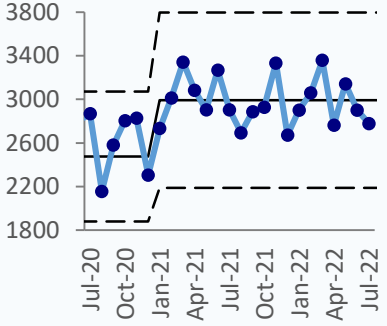
Average wait times to treatment (in weeks) from assessment (I Chart)



Average wait times (in weeks) to assessment (I Chart)

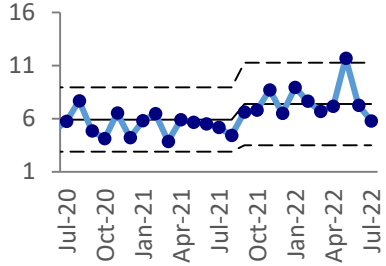


Number of people accessing IAPT services (I Chart)

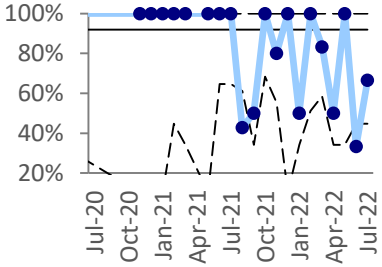


People with a learning disability

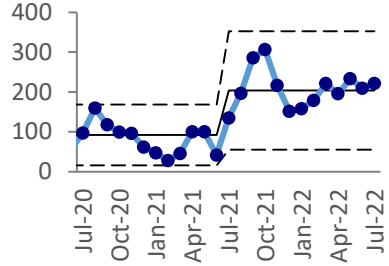
Average waiting times for new referrals seen (in weeks) for assessment (I chart) Population Health



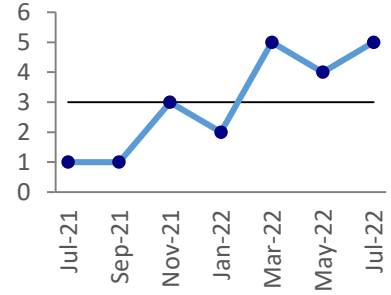
Percentage of service users that would recommend this service (P Chart) Population Health



Occupied bed days used in month by service users with Learning Disability (I Chart) Quality



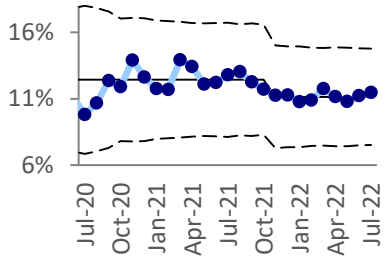
Current Number of specialist out of area placements (Run chart) Value



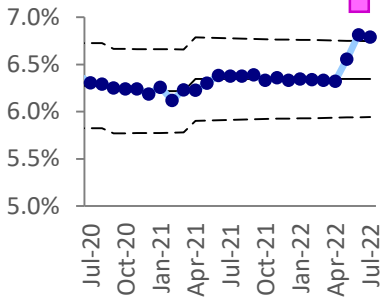
Appendix 1: System Performance dashboard Long Term Plan (●) Special cause variation (↑ ↓) and when it's of potential concern (↑ ↓)

People with Severe Mental Illness

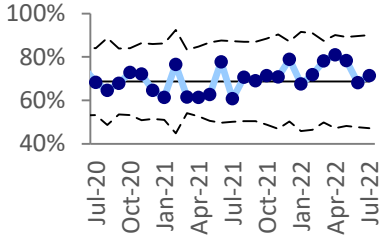
Percentage of service users receiving Individual Placement Support (P chart) Population Health



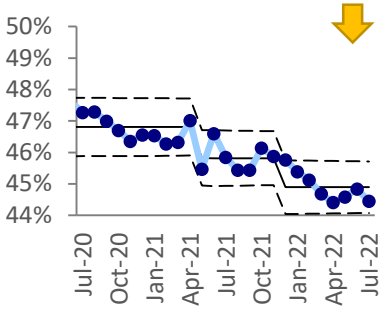
Percentage of service users in employment (P chart) Population Health



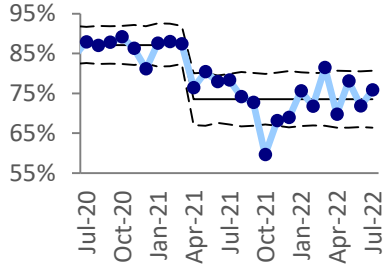
Service users receiving NICE concordant care within 2 wks of referral (EIS services – face to face) (P Chart) Population Health



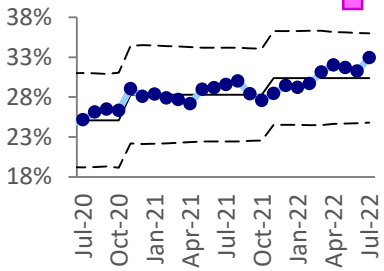
Percentage of service users in settled accommodation (P chart) Population Health



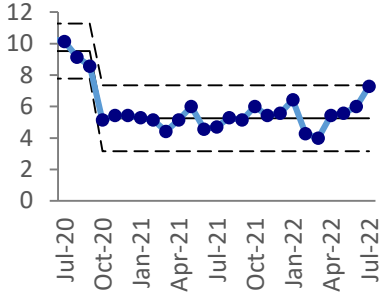
Percentage of service users followed-up within 72hours of discharge (p chart) Quality



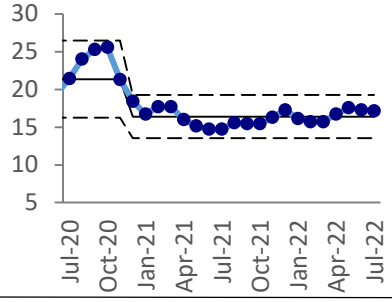
Inpatients with paired outcome measures showing improvement (P Chart) Quality



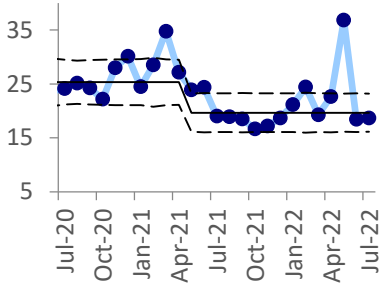
PTS average wait times to (weeks) to 1st assessment in East London (I chart) Quality



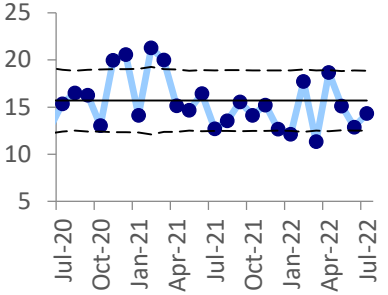
PTS average wait times (weeks) to treatment in East London (I chart) Quality



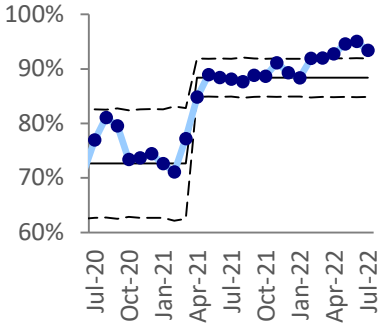
Number of restraints reported per 1,000 occupied bed days (P Chart) Quality



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

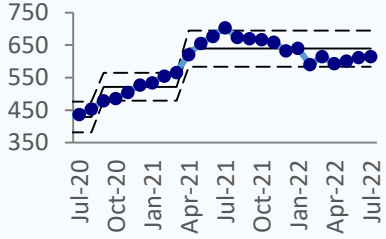


Bed occupancy (P' Chart) Value

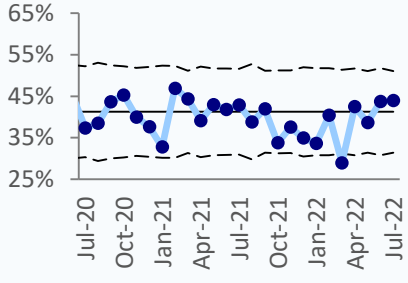


Woman who are pregnant or new mothers

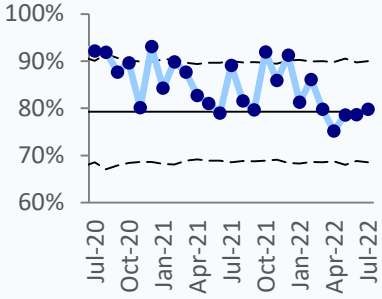
Number of woman receiving one + contact with specialist mental health services within 12 months (I Chart) Population Health



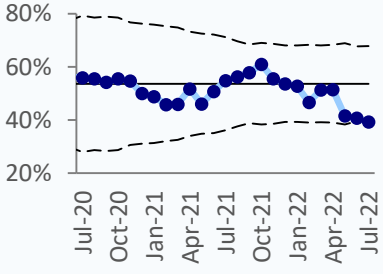
Service users seen in the month from minority communities (P Chart) Population Health



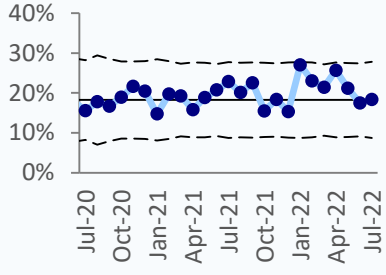
Percentage of service users seen within 28 days (I Chart) Quality



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



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

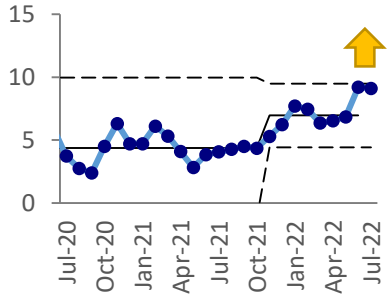


Appendix 1: System Performance dashboard

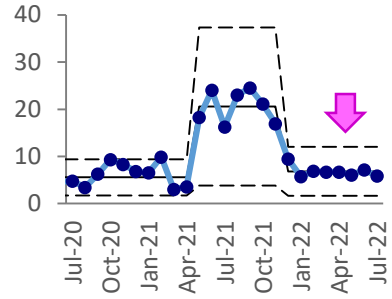
Special cause variation (⇧ ⇩) and when it's of potential concern (⇧ ⇩)

People with stable long term conditions (East London)

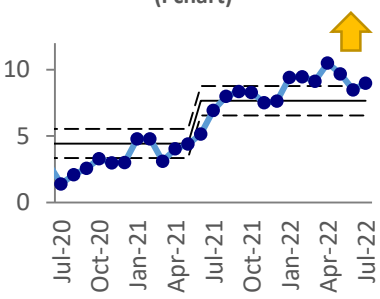
Average weeks waited for initial appointment with the foot health team (I Chart)



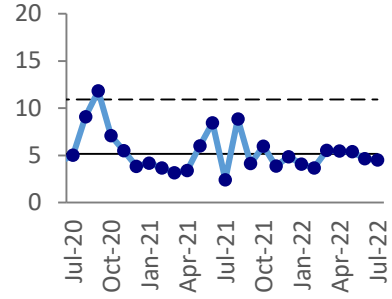
Average weeks waited for face to face appointment with the Diabetes Service (I Chart)



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

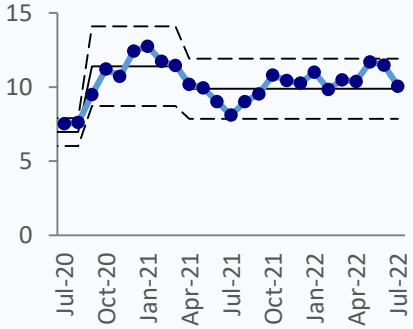


Average weeks waited for initial appointment with the Continence Service (I Chart)

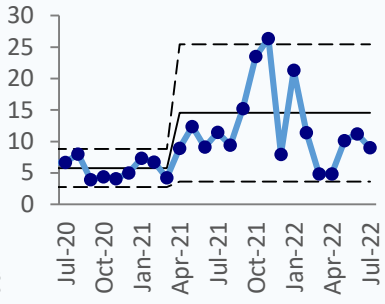


People with stable long term conditions (Bedfordshire)

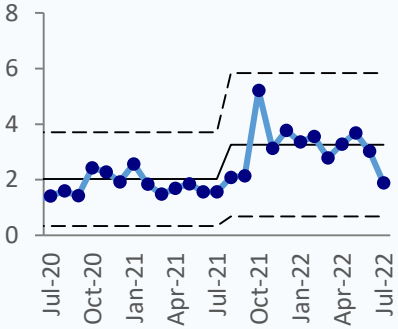
Adult Continence Referral to treatment times average weeks waited (I Chart)



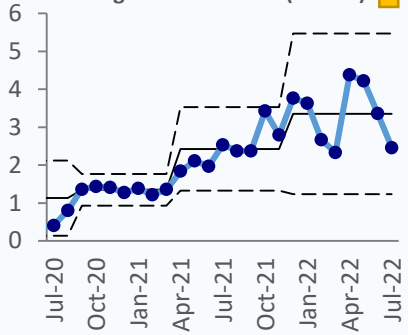
Podiatry Referral to treatment times average weeks waited (I Chart)



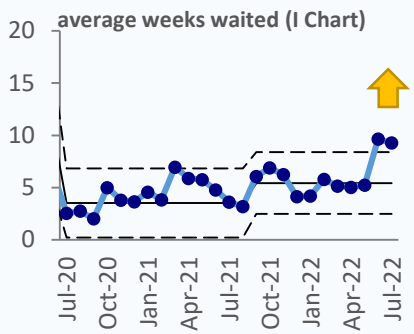
Occupational Therapy Referral to treatment times average weeks waited (I Chart)



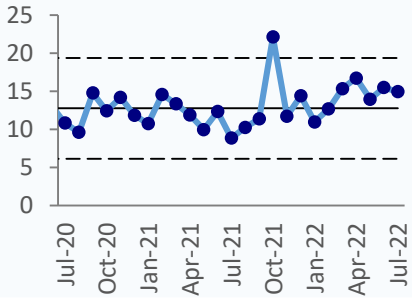
Physio Referral to treatment times average weeks waited (I Chart)



Adult Speech and Language Therapy Referral to treatment times average weeks waited (I Chart)



Wheelchairs Referral to treatment times average weeks waited (I Chart)



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REPORT TO THE TRUST BOARD IN PUBLIC
29 September 2022

Title	Appointments & Remuneration Committee 30 August 2022 – Committee Chair's Assurance 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 30 August 2022.

Key messages

The focus of the meeting held on 30 August 2022 was to receive the reports on the data submissions for WRES and WDES which were due to be submitted by 31 August 2022. The reports also highlighted changes since the previous year's submission, the progress to date and the next steps.

The Committee noted:

- The associated action plans are due to be submitted by the end of October 2022 and will be presented to the Committee at its meeting on 6 October.
- The reports and action plans are required to be published on the Trust's website.
- A detailed report on Equalities is included as an agenda item at the September 2022 Trust Board meeting in public which will include a summary report on WRES and WDES.

Workforce Race Equality Standard (WRES)

- There remains an over representation of BME staff in Bands 3–6, although there is a positive development in non-clinical roles in Bands 4, 7, 8b and 8c, and Bands 8a, 8b and 9 in clinical roles. There has been a deterioration in BME representation in non-clinical Bands 8a and 8d.
- The relative likelihood of white staff being appointed from shortlisting in all posts has increased compared to BME staff
- BME staff are more likely to access statutory/mandatory training; however, more focus will be given to this data alongside that around success at shortlisting and interview
- A focus on working to reduce the numbers of BME staff going through formal disciplinary process has reduced the disparity with white colleagues and led to a decrease in the number of cases overall
- Board representation remains consistent at 52.6% BME and the Executive team remains at 50% BME.
- The Committee requested further clarification and improved presentation around some of the data in the report as well as the inclusion of comparative data to support with more accurate interpretation; in addition the report should include a summary, overview and conclusion
- The Committee also urged caution around an over-focus on numbers rather than the overall trajectory and our aim to grow people in the organisation.

Workforce Disability Equality Standards (WDES)

- There has been an increase in representation in Bands 3,4, 8b and 8d
- The number of shortlisted candidates recorded as having a disability increased, with disabled staff 0.21 times likely to be appointed compared to 0.23 of non-disabled staff
- The relative likelihood of disabled staff entering a formal capability process has increased from over the past two years

- Total number of staff entering the capability process was 16 of whom five identified as disabled, although no staff have been dismissed due to their disability.
- The percentage of staff experiencing bullying and harassment from patients/service users or members of the public reduced for both staff groups; however, disabled staff reporting being bullied or harassed by managers increased for disabled staff and decreased for non-disabled staff.
- The Committee requested the inclusion of the overall workforce statistics in the report to be able to draw clear conclusions. In addition the report should include a summary, overview and conclusion
- The Committee acknowledged that the data demonstrates that disabled staff at the Trust have a significantly poorer experience in the organisation than their non-disabled colleagues, and requested that reference and actions to address to these concerns are included in action plans making use where relevant of approaches that had shown improvements in the work to address issues highlighted in WRES data..

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REPORT TO THE TRUST BOARD IN PUBLIC

29 SEPTEMBER 2022

Title	Progress Report: Refreshed ELFT People Plan
Author	Deputy and Associate Directors of People and Culture
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. This new format aims to set out any updates ordered by the four priority areas within the People Plan:

- New Ways of Working
- Looking After our People
- Belonging in the NHS
- Growing and developing for the Future.
- Other general updates – that don't fit within the four priority areas.

This paper aims to provide the board with assurance in terms of the areas of concerns, mitigating actions and progress across some people metrics.

Committees/meetings where this item has been considered

Date	This paper has not previously been discussed.

Key messages

New Ways of Working

There has been a sustained increase in recruitment activity from an average of 315 adverts in 2021 to 412 in 2022. Job offers made has seen a similar increase from 252 in 2021 to 292 in 2022. Time to hire is below target at 37.5 days.

A challenging target has been set to reduce agency expenditure by 25%. The aim is to recrui and retain staff and to minimise the use of agency and to ensure best value when agency use is required, while working to cease the use of non-framework agencies. Reductions so far tota nearly £1.3m

Looking after our People

The temporary changes to mileage rates and limits have been extended until the end of the financial year. The Trust have increased mileage limits and rates. These changes were back

dated to 1 April 2022 until 30 September 2022. The Trust has continued to develop its wellbeing offer. A wellbeing survey was undertaken and there were responses from 868 employees. A key theme from the survey is that there is a greater focus on women's health issues.

Engagement

The latest survey results have been produced and relate to the second quarter of 2022/23. The response rate to the survey was 9% (compared to an NHS average of 20%). Our staff engagement score has been well maintained with a score of 7.12. Preparations are underway for the 2022 National Staff Survey.

Planning is underway for the 2022 Staff Awards ceremony. The ceremony takes place at the Troxy Theatre in East London on 20th October 2022. There has been a positive response and over 900 tickets have been booked.

People Relations

In August 2022, there was a small decrease in live cases with: 56 disciplinary cases, 23 dignity at work cases, 15 grievance cases, 10 capability cases, 1 medical disciplinary case and 1 whistleblowing case. In addition, there are 5 cases currently at Employment Tribunal. The following chart shows the number of people relations cases by directorate. The new Head of People Relations commenced in August 2022.

Growing and Developing for the future

The ELFT Learning Academy has been developed to incorporate appraisals, which launched on 19 July 2022 and the window closes on 31 October 2022.

Statutory and Mandatory Training.

As previously reported the ELFT Learning Academy (ELA) has experienced some issues of data quality, this issue has now been addressed. These recent improvements in data have resulted in an increased confidence in the validity of the reporting. As of 29/09/2022 Trust Wide compliance levels is 80.53% increasing from 79.28% (as of 20/07/2022), against a target of 90%.

Strategic priorities this paper supports

Improved population health outcomes	☒	We have taken a population health approach to our staff wellbeing as many members of staff live and or work within the boroughs that we provide services in.
Improved experience of care	☒	Research shows that if staff are engaged then they will be able to provide better care to patients and service users.
Improved staff experience	☒	The approach to improvement sets out in this paper are designed to directly improve staff experience.

Improved value	☒	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 Trust's action plan is designed to improve equality through the reduction in variation between different staff groups.
Risk and Assurance	If staff are not engaged at work, there is a clear risk that patient care will be adversely affected.
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

The refreshed ELFT People Plan was published in May 2022 in support of the Trust's refreshed Strategy. This paper sets out to provide assurance as well as a progress report on the delivery against the ELFT People Plan. The Trust's four key people priorities are:

- Belonging in the NHS
- Looking After our People
- New Ways of Working
- Growing and developing for the Future.
- Other General P&C Updates

These updates also translate in the Board Assurance Framework (BAF) in terms of BAF risks 5 and 6.

2. Belonging in the NHS

2.1 Equalities.

Data submission for the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) were completed on 31st August 2022. An infographic poster for each is available at appendix 1 and appendix 2 and summarises the data that was submitted by the Trust. Action Plans for WRES/WDES are currently being developed with support from Staff Network Groups and will be presented to October Appointments and Remuneration Committee.

2.2 Flair Pilot.

As part of our Respect and Dignity at Work project, the Trust launched a questionnaire using a product called Flair which will focus on a questionnaire on the current areas:

- Racial diversity;
- Racial inclusion;
- Racial awareness including situational judgement.
- Racist behaviours.

The Flair survey launched to all ELFT staff on 17th September 2022 and will be active for approximately 5 to 6 weeks depending on response rates (current overall target is 30%). The survey was extended until 23 September 2022.

2.3 Workforce Race Equality Standard (WRES)

In summary, the WRES submission has demonstrated areas of improvement across many indicators. There is still an over-representation of BME staff in Bands 3-6, specifically in clinical roles. However, there have been further positive developments of BME representation in non-clinical roles Band 4, 7, 8B and 8C. Similarly, in the clinical roles, there has been improved BME representation in Bands 8A, 8B and 9 roles.

In 2021, white staff were 1.22 times more likely than BME staff to be appointed from shortlisting. This likelihood has increased slightly to 1.23 in 2022.
Encouragingly, we have seen improvement in indicator 3; the relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

The 2022 submission shows that the likelihood has been reduced to 1.0. As such, there isn't deemed to be a disparity between white and BME staff. This is the lowest since ELFT have started making the submission

2.4 Workforce Disability Equality Standard (WDES)

In terms of the Workforce Disability Equality Standards (WDES), there are a number of areas where the need for improvement is clearly identified. There are some areas in which we have seen improvements. Whilst we have seen an improvement in the relative likelihood of disabled staff being appointment from shortlisting (a ratio of 1.11) the relative likelihood of staff entering the formal capability procedure has increased over the past two years.

The total number of staff entering the capability process was 16 of whom five identifies as disabled. The percentage of disabled staff who report

experiences of bullying and harassment from both staff and patients is also higher than for the trust as a whole.

The Trust is in the process of reviewing these data and developing responses that help to address the experience of disabled staff, that will be reported to the Appointments and Remuneration Committee.

2.5 Freedom to Speak Up (FTSU)

FTSU concerns raised - by Themes

FTSU Concerns Raised - Data by Themes	**1st January to 28th February 2022**	**1st March to 30th April 2022**	**1st May to 30th June 2022**	**1st July to 31st August 2022**
Patient Safety/Quality of Care	1	5	12	0
Bullying/Harassment/Negative Behaviours	7	3	11	8
Worker safety	4	0	1	0
Processes/Organisational Structure/ Other	12	14	15	12
COVID-19 related	2	0	0	2
Others	0	0	0	0
Unknown	0	0	0	0
****Total number of themes**	**26**	**22**	**39**	**22**
Total Number of staff raising concern	**20**	**17**	**25**	**18**
Number of concerns raised anonymously	**1**	**0**	**0**	**3**
***Disadvantageous and/or demeaning treatment as a result of speaking up	**0**	**0**	**0**	**0**

****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 number of concerns raised decreased by 7 compared to the previous reporting period (May & June 2022). The reduction is potentially related to more staff taking annual leave during this time period.

Processes/Organisational Structure/Other is the theme category with the highest number of concerns. These concerns raised were evenly distributed amongst the Directorates.

These concerns related to:

- Line management difficulties
- Favouritism and concerns with recruiting processes
- Particular mask purchase for a member of staff
- Requests to work from home for a number of days in the working week rejected
- Building repairs
- Treatment and how was spoken to by interviewer during an interview

The Directorate with the most concerns raised during this period is Corporate Services, and these concerns were around favouritism and poor recruitment practices in a team, dignity at work concerns and concerns around supporting staff with a disability. All concerns raised were escalated to Service Directors and/or HR as appropriate to the nature of the concern raised.

FTSU concerns raised - by Directorate.

FTSU Concerns Raised - Data by Directorate	**1st January to 28th February 2022**	**1st March to 30th April 2022**	**1st May to 30th June 2022**	**1st July to 31st August 2022**
Bedfordshire	7	0	0	1
City & Hackney Services	0	3	0	2
Community Health Services - Bedfordshire	0	0	1	1
Community Health Services - Newham	1	7	1	2
Community Health Services - Tower Hamlets	0	2	9	0
Corporate Services	3	1	0	4
Forensic Services	1	1	0	0
Luton	0	0	0	
Newham Mental Health	0	1	0	1

Primary Care Directorate	2	0	0	0
Specialist Services	0	2	2	3
Tower Hamlets Mental Health	6	0	12	3
UNKNOWN	0	0	0	1
TOTAL	**20**	**17**	**25**	**18**

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**	**1st May to 30th June 2022**	**1st July to 31st August 2022**
Administration, Clerical & Maintenance/Ancillary	10	2	5	6
Allied Health Professionals	2	9	1	2
Corporate Services	1	1	0	0
Medical and Dental	0	0	1	1
Registered Nurses and Midwives	1	2	10	3
Nursing Assistants or Healthcare Assistants	0	1	0	0
Social Care	0	1	1	0
Not Disclosed	1	0	1	3
Other	5	1	6	3
TOTALS	**20**	**17**	**25**	**18**

-

Concerns from Administration, Clerical & Maintenance/Ancillary staff centred around bullying/negative behaviours experienced from more senior staff, lack of support and response regarding a working from home enquiry, how processes (such as Grievance or Dignity at Work) are carried out.

FTSU concerns raised - by Professional Level

FTSU Concerns Raised - Data by Professional Level	1st January to 28th February 2022	1st March to 30th April 2022	1st May to 30th June 2022	1st July to 31st August 2022
Worker	12	12	22	11
Manager	7	5	3	3
Senior Leader	0	0	0	0
Not Disclosed	1	0	0	4
TOTALS	**20**	**17**	**25**	**18**

-

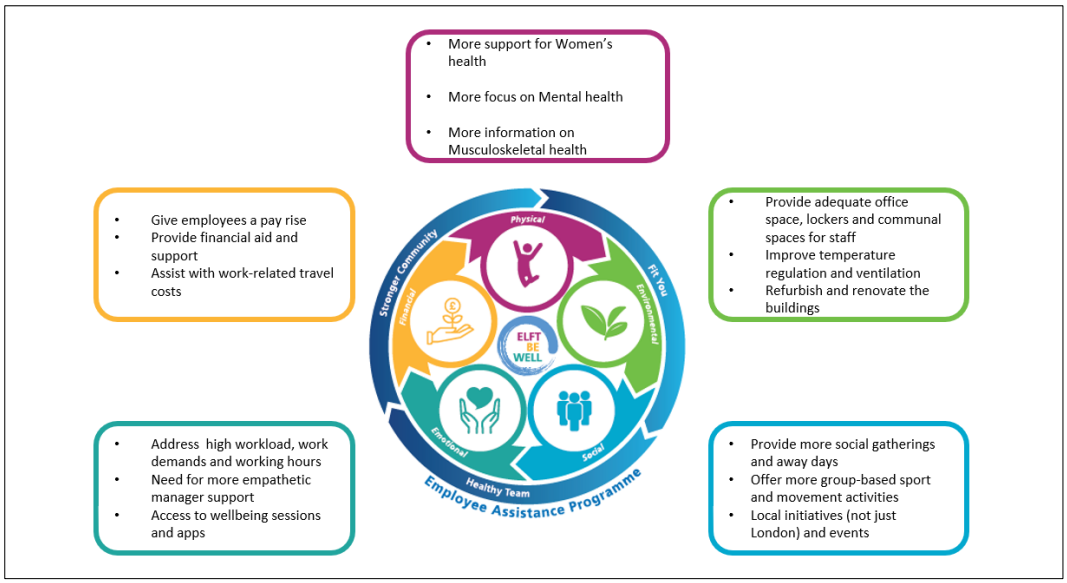
The Freedom to Speak Up Guardian continues to deliver FTSU awareness training and Trust Induction via virtual sessions during the Corporate Induction Training Day, as well as facilitating virtual and face to face training for teams. Recruitment to FTSU champion roles continues, and another champion has joined the team. Preparations are also under way for Freedom to Speak Up month in October 2022.

Whistleblowing.

There is currently one whistleblowing case citing concerns about patient care, leadership challenges and leadership effectiveness. The Trust were already aware of some of these issues and the OD team have been providing support to the affected team and individuals. An external reviewer has been appointed to conduct a review and to build on some of the work to date and this review is ongoing and is expected to conclude by the end of September 2022.

3. Looking After our People

3.1 Wellbeing



3.1.1 Analysis of a recent Trust wide Wellbeing Survey has taken place. 868 responses were received and over 1500 qualitative comments submitted. Qualitative themes, shown above in the context of the ELFT Be Well Wheel, indicate that staff are mostly concerned about cost of living; women's health issues; their working environment being inadequate to meet their needs; high workloads, high demand and low support and a need to increase connection activities.

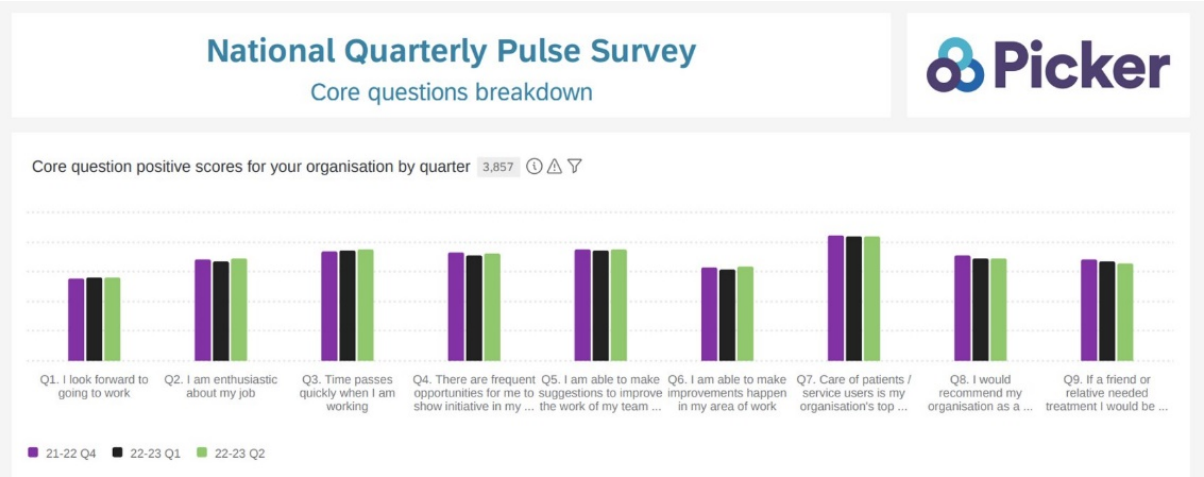
3.1.2 In response to this survey and general concerns about staff wellbeing and the cost of living, the Trust has put in place several responses.

3.1.3 The Wellbeing Team has established support for staff to maximise their financial resources such as money management workshops during September. Facilitated by the team at Bromley-By-Bow, the workshops aim to equip staff with the ability to create secondary streams of income, how to navigate energy bills and understand their psychological relationship with money to empower staff to maximise their income and make more informed financial choices. To date, approximately 100 staff have signed up for each of the three sessions.

3.1.4 The Trust has increased mileage limits and mileages rates. These changes were back dated to 1 April 2022 until 30 September 2022. The Executive team have extended these changes until the end of the current financial year and this will be kept under review. Since ELFT have implemented these changes, 3 Integrated Care Systems have adopted this model.

3.2 National Quarterly Pulse Survey (NQPS).

3.2.1 The latest survey results have been produced and relate to the second quarter of 2022/23. The response rate to the survey was 9% (compared to an NHS average of 20%). Our staff engagement score has been well maintained with a score of 7.12.

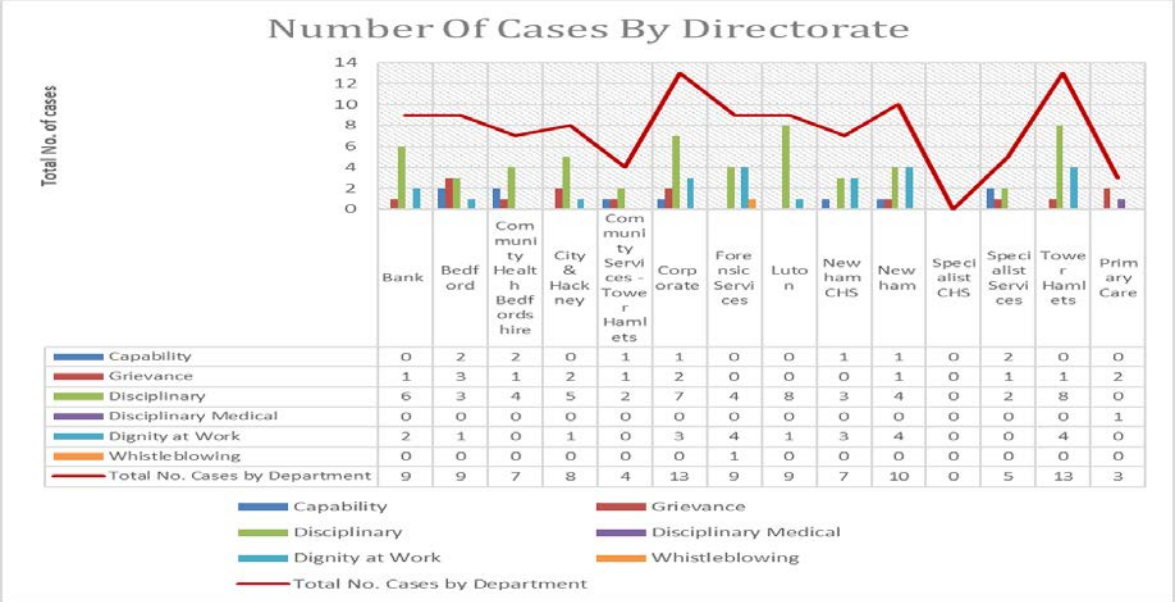


3.3 2022 Staff Awards.

3.3.1 Planning is underway for the 2022 Staff Awards ceremony which takes place at The Troxy on 20th October 2022. Shortlisting for the categories is complete and panels are in the process of finalising our winners. Nominations totalled 385 this year and over 900 tickets for the ceremony have been issued to date.

3.4 People Relations

3.4.1 In August 2022, there was a small decrease in live cases with: 56 disciplinary cases, 23 dignity at work cases, 15 grievance cases, 10 capability cases, 1 medical disciplinary case and 1 whistleblowing case. In addition, there are 5 cases currently at Employment Tribunal. The following chart shows the number of people relations cases by directorate.



	Bank	Bedford	Community Health Bedfordshire	City & Hackney	Community Services - Tower Hamlets	Corporate	Forensic Services	Luton	Newham CHS	Newham	Specialist CHS	Specialist Services	Tower Hamlets	Primary Care
Capability	0	2	2	0	1	1	0	0	1	1	0	2	0	0
Grievance	1	3	1	2	1	2	0	0	0	1	0	1	1	2
Disciplinary	6	3	4	5	2	7	4	8	3	4	0	2	8	0
Disciplinary Medical	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Dignity at Work	2	1	0	1	0	3	4	1	3	4	0	0	4	0
Whistleblowing	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Total No. Cases by Department	9	9	7	8	4	13	9	9	7	10	0	5	13	3

3.5 COVID-19

3.5.1 Routine asymptomatic testing with twice weekly Lateral Flow test will be paused. Staff testing is now only required when staff are symptomatic. This is a change from current practice.

3.5.2 Staff continue to be supported by the Associate Director of People & Culture, OD and the Staffside Secretary who run a monthly long Covid monthly support group, as well as a weekly catch-up call run by members and a doctors long covid support group with colleagues in North East London Foundation Trust (NELFT).

3.5.3 Following notification that sick pay rules for those who are affected by COVID and Long COVID have changed, managers have contacted their staff who are impacted to discuss the changes going forward. The Trust will continue to work with those affected and staff side colleagues to implement this change to requirements in a way that best supports our colleagues who have been affected by both COVID and Long COVID.

3.5.4 The lead employer arrangements that have supported the North East London ICB vaccination campaign to date are planned to continue as the Autumn booster vaccination campaign begins. In addition, Lead Employer is also supporting the Polio Vaccination programme that runs during August and September.

3.5.5 The COVID Vaccine Deployment Programme (VDP) has moved from a full reimbursable model to an allocation-based approach from 1st September 2022 to March 2023.

3.6 Leadership

3.6.1 The following programmes are active for staff who wish to support their leadership development:

- **Senior Clinical Leaders Programme**. After an absence of 3 years due to the Pandemic, the programme recommenced face-to-face on 8th September and runs for 7 months. Two cohorts (am and pm) have been recruited offering places to 60 delegates.

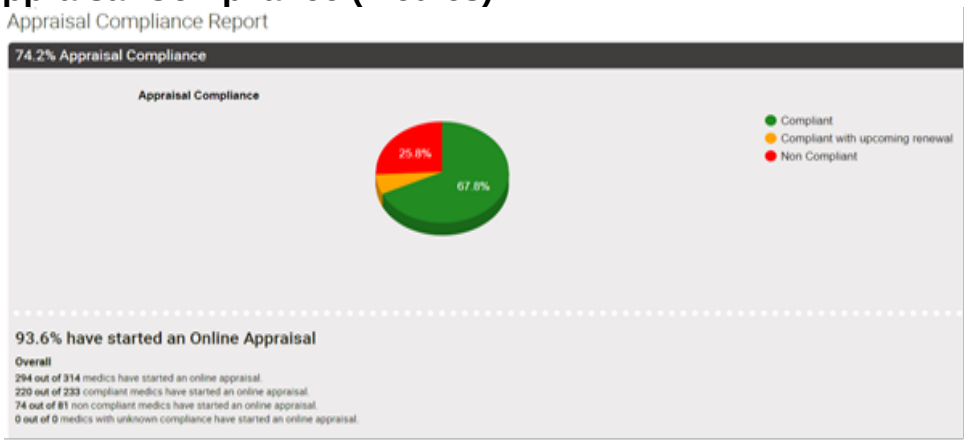
- ELFT Lead (multidisciplinary programme).
- Stepping into Leadership (for entry level leaders).
- System leadership module
- Peer Leadership Circles.
- Senior Leaders Forum.
- Masterclasses.
- Systemic Leadership Coaching
- Imposter Phenomenon
- Conflict Transformation with a Systemic Lens

3.7 OD Activity

Since the start of the financial year, 282 interventions have been undertaken. The following infographic shows the OD team's activity in August 2022.

4. Growing and Developing our People

4.1 Appraisal Compliance (medics)



As the pressure of the GMC suspension of appraisals and revalidation during the Covid 19 pandemic diminishes and we begin to return to a new normal we have been able to focus more on the appraisal compliance figures. Our last set of data reported 75.8% appraisal compliance. This month we have seen an increase to 93.6%. We continue to support staff to ensure that appraisal compliance continues to improve.

4.2 Appraisal (Agenda for Change Staff).

Following the launch of the new appraisal process on the 19th of July the Learning & Development Team have continued to communicate the process across the trust. This includes a series of briefing webinars and training for both managers and appraisees.

Completions were understandably slow throughout July and August and pace has increased into September. Data on completion rates is now being shared across the Trust to support the completion of appraisals by the end of the appraisal window in October 2022.

4.3 Statutory and Mandatory Training.

As previously reported the ELFT Learning Academy (ELA) has experienced some issues of data quality, including staff who have left the trust still being included in the data for statutory and mandatory reporting. This issue has now been addressed. Work continues to continuously improve the quality of the data including an automated process to manage staff who are absent for reasons such as maternity leave and long-term sick.

These recent improvements in data quality have resulted in an increased confidence in the validity of the reporting. As of 29/09/2022 Trust Wide compliance levels is 80.53% increasing from 79.28% (as of 20/07/2022), against a target of 90%. The table below shows compliance by directorate.

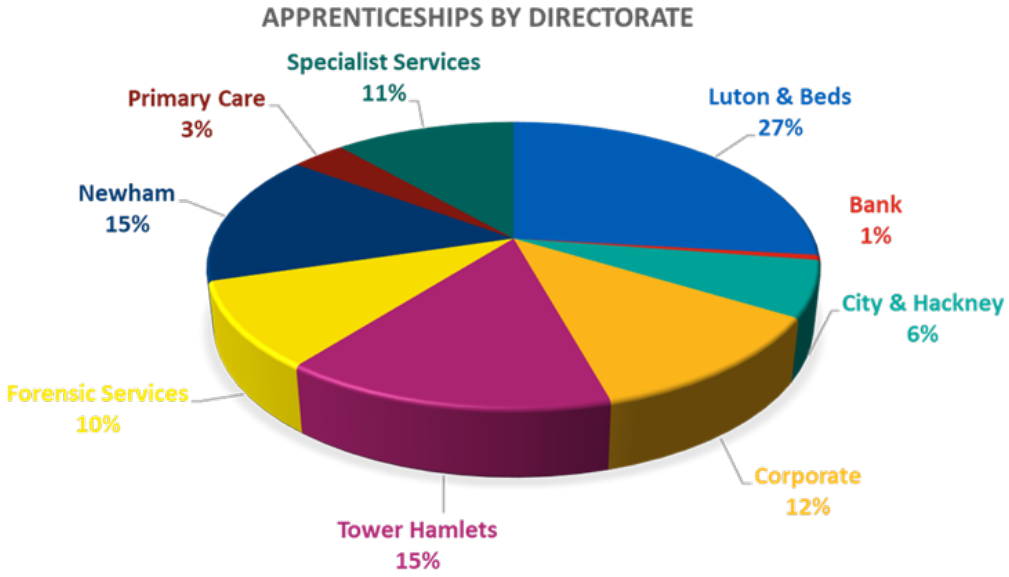
Organisation	Statutory and Mandatory % Target = 90
363 Bedford Level 2	83.38%
363 City & Hackney Level 2	76.15%
363 Bedfordshire CHS Level 2	85.31%
363 Newham CHS Level 2	81.63%
363 Corporate Level 2	76.14%
363 Specialist CHS Level 2	84.09%
363 Community Services - Tower Hamlets Level 2	80.80%
363 Forensic Services Level 2	86.42%
363 Luton Level 2	84.38%
363 Newham Level 2	78.66%

363 Primary Care Level 2	74.34%
363 Specialist Services Level 2	81.04%
363 Tower Hamlets Level 2	78.02%

4.4 Apprenticeships

Following a review of the ELFT Apprenticeship programme in Spring 2022, a 3-year Apprenticeship plan has been created to maximise the use of apprenticeships and enhance the staff experience. The first year of the plan focuses on apprenticeship governance, maximising levy funding, and aligning apprenticeships across the Trust.

The chart below demonstrates the spread of apprentices by Directorate, as of 01/09/2022. Further work is planned to ensure inclusivity, with ongoing apprenticeship campaigns to target minority areas.



4.5 Organisational Changes

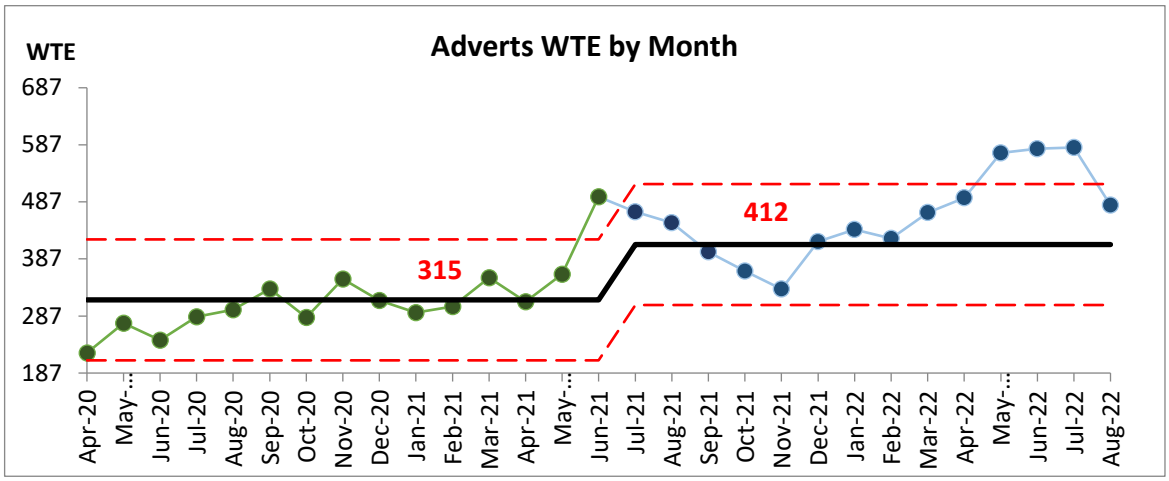
Currently there are 9 organisational changes in progress affecting 151 staff, possibly resulting in 7 redundancies. The reasons for the changes range from the reconfiguration of a service to the closing of a service as well as transfers in to, or out of ELFT under Transfer Under Employment Protection of Employment (TUPE). Two of the change processes have concluded recently; one consultation has resulted in successful TUPE transfer of two staff members and the other consultation has resulted in two promotions and no redundancies.

There is one upcoming change process which is a TUPE transfer of a service out of ELFT which is expected to impact 40 staff members, consultation will commence in October 2022 for this process.

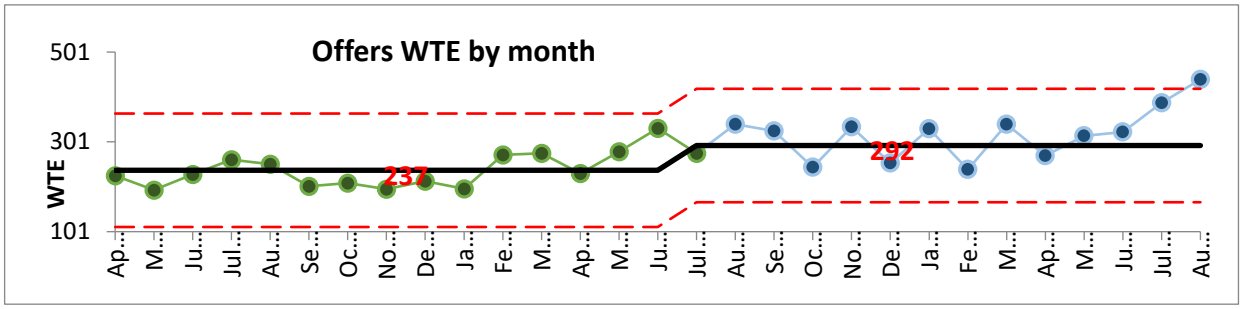
5. New Ways of Working

5.1 Recruitment activity

Recruitment activity continues to increase on an annual basis.



The number of adverts published has increased by 21% since July 2021.



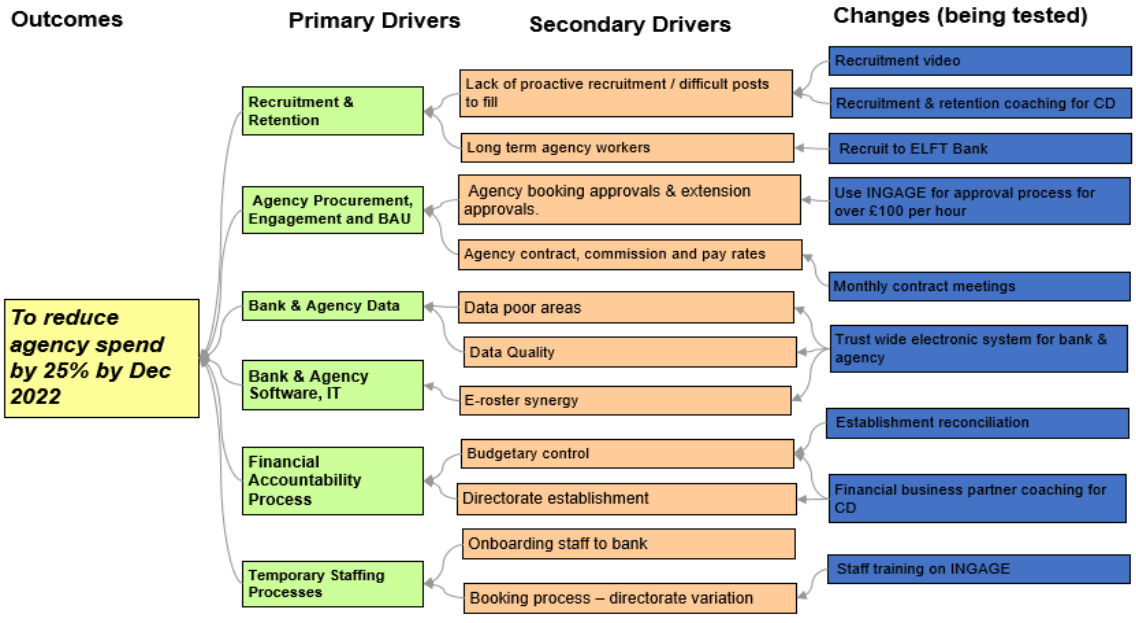
There has also been a 23% increase in the number of posts offered.

5.2 Time to Hire

The Trust's time to hire target is 43 days from the point of advert to pre-employment checks and is currently being achieved at only 37.5 days.

5.3 Agency project

The aim for ELFT remains to reduce agency spend by 25%. This is a challenging target given the demand for agency and requests for agency pay rises. The objective as outlined in the driver diagram below is to recruit and retain staff and to minimise the use of agency and to ensure best value when agency use is required, while working to cease the use of non-framework agencies.



The Reducing Agency Spend project continues to work across the various drivers of agency spend within the trust, and the latest update of cost reductions are below:

Summary	Cost reduction £	Type of reduction
Investigation of 3 years of commission led to repayment of money overcharged by Pulse	£30,000	One off
Stopping recurrent issue outlined above	£10,000	Recurrent *
Change in terms of BMJ contract advertising vacancies reducing spend by 50%	£50,000	One off
Reducing hours auto approval of timesheets allowed when there are bank holidays	£20,000	Recurrent *
Agency paid via pulse submitted invoices for work direct to department – Stopped duplicate payment	£675	One off

2 New Specialty Doctors commenced work in Newham replacing agency workers	£160,000	Recurrent
Negotiated not to pay agency introduction fees due for ELFT not providing the required notice to the agency before the worker joined ELFT directly on 5 occasions	£100,000	One off
Providing alternative to using non-framework agency doctors, resulting in safer and more cost-effective agency workers	£124,800	One off
Assisted in combined junior doctor recruitment, removing potential need for bank/agency workers in unfilled trainee vacancies	£200,000	One off
International recruitment of doctors to enable reduction in agency costs – 9 Specialty Doctor candidates in progress awaiting start dates.	£580,234	Recurrent *
	£1,275,709	

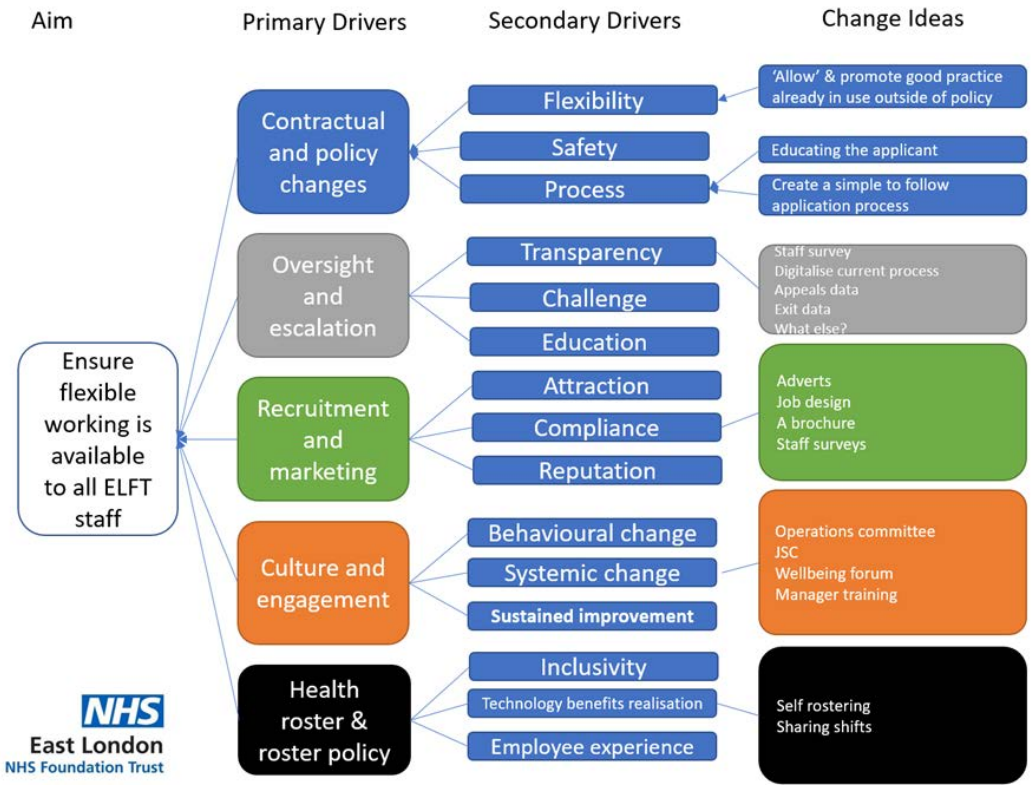
*Estimates used

5.4 Update on Flexible Working Project at ELFT

5.4.1. In order to take forward the 'We Work Flexibly' strand of the NHS People Promise, members of the Flexible Working Task and Finish Group updated the Trust's Work-Life Balance Policy, taking into consideration the NHS Staff Council 2021 Guidance on flexible working. The JSC Policy Sub-Committee did not take place in July and August so that Policy is due to be considered and approved at the next meeting on 28th September and then ratified at the JSC on 5th October.

5.4.2. The Flexible Working Task and Finish Group will re-convene in due course do discuss how the new policy will be implemented and embedded, following up on the five work-streams that have been set up for the project, which are: contractual and policy changes; oversight and escalation; recruitment and marketing; culture and engagement; Health roster & roster policy.

The workstream diagram is found below.



6. Other General Updates

6.1 The Healthcare People Management Awards (HPMA) award ceremony for which the P&C team were shortlisted for two awards, was due to take place on 8 September 2022 and was postponed due to the unfortunate passing of her Majesty the Queen II. We await confirmation of a new date.

7. Industrial Action.

7.1 The Trust have received ballot from the Royal College of Nursing (RCN) which has been postponed due to the national period of mourning. We are yet to hear form other trade unions.

8. Recommendations

8.1 That Board are asked to **CONSIDER** the assurance provided and **CONSIDER** any other assurance that is required.

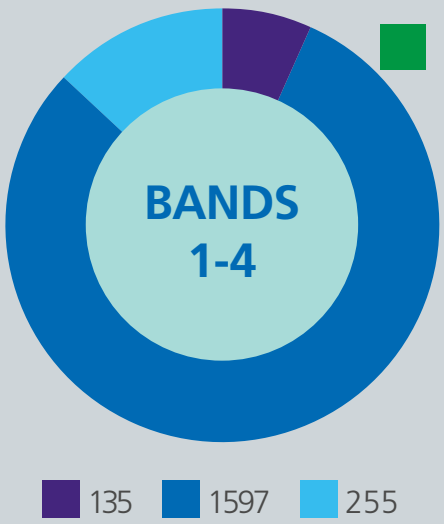
WORKFORCE DISABILITY EQUALITY STANDARD

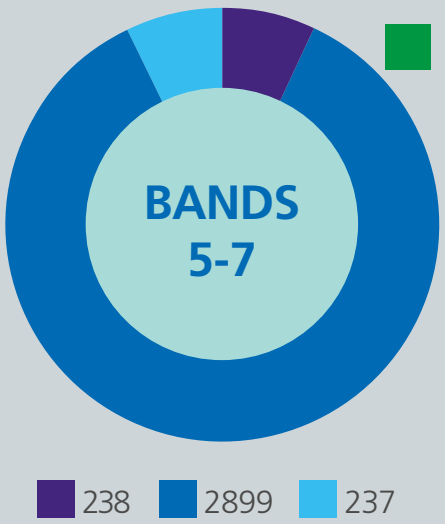
East London
NHS Foundation Trust

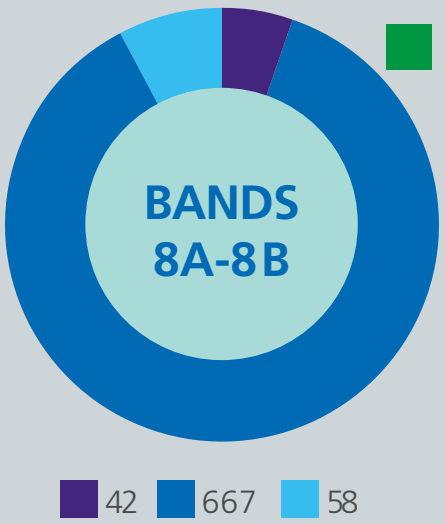
The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (Metrics) that enable NHS organisations to compare the experiences of Disabled and non-disabled staff. East London Foundation Trust will use the Metrics data and local data to develop an action plan that will enable us to demonstrate progress against the indicators of disability equality.

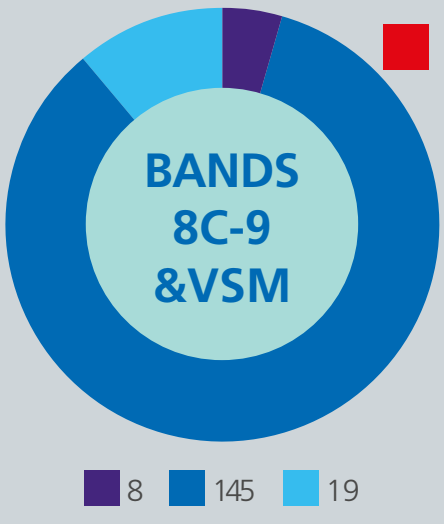
Direction of Travel
Improvement Deterioration Consistent

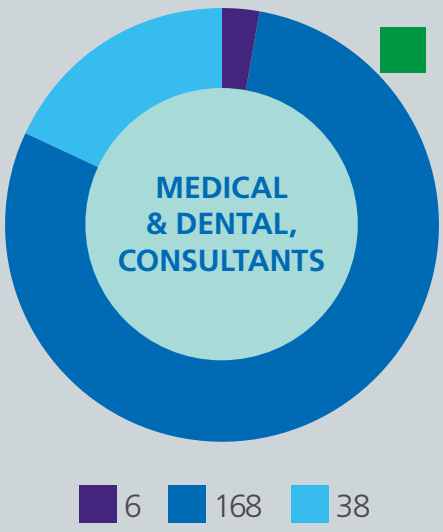
Paybands – number of people per pay range compared with the overall workforce

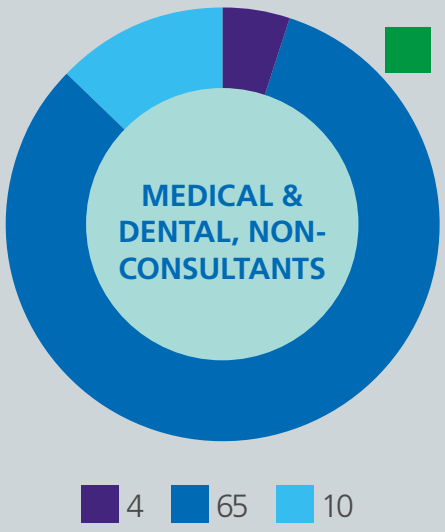


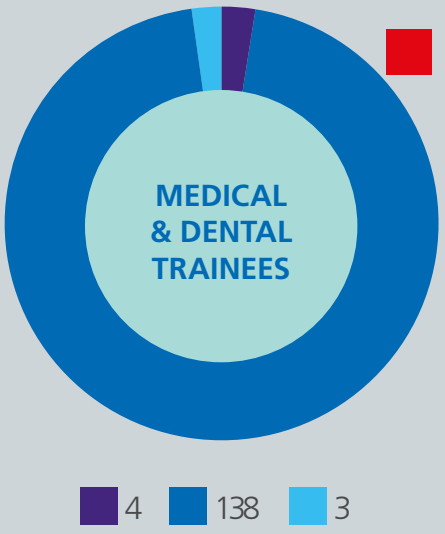












KEY

- Disabled
- Non-Disabled
- Unknown or null

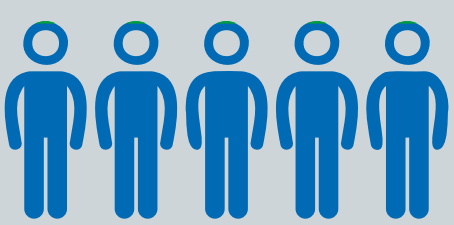
Appointments – relative likelihood of disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.

Shortlisted
387 disabled staff
4,698 non-disabled staff

Appointed
68 disabled
999 non-disabled

1.11 Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff. This gap in likelihood has narrowed from 2021 to 2022.

Formal capability – relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process.



Total staff in workforce
437 disabled staff
5,679 non-disabled staff

Staff entering formal capability process
2.5 disabled staff
4 non-disabled staff

8.12 Relative likelihood of Disabled staff entering the formal capability process compared to Non-Disabled staff. The gap in likelihood has broadened from 2021 to 2022.

Direction of Travel

Improvement | Deterioration | Consistent

Executive board members

10

Non-Executive board members

9

Disabled | Non-disabled | Unknown or null

Bullying – experienced harassment, bullying or abuse from:

34% 30%

Patients/service users, their relatives or other members of the public

18% 9%

Managers

Career progression – % of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.

50% disabled staff
58% non-disabled staff

50%

58%

76%

of disabled staff said their employer had made adequate adjustment(s) to enable them to carry out their work.

Pressure to work – felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

Disabled **23%**

Non-disabled **17%**

Valued at work – satisfied with the extent to which their organisation values their work.

Disabled **47%**

Non-disabled **56%**

Staff engagement – The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.

7 Disabled

7.4 Non-disabled

7.2 Organisation average

**Data lifted from 2021 staff survey*

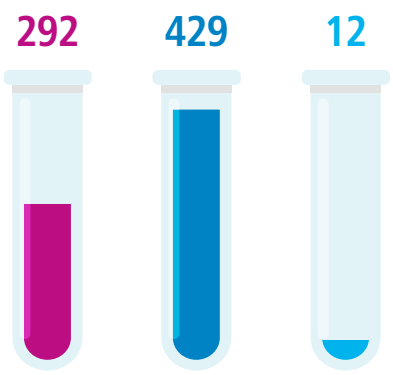
2022 NHS Workforce Race Equality Standard (WRES)

White BME Unknown

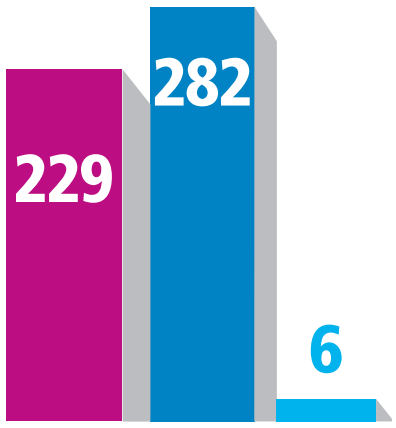
Direction of Travel: Improvement Deterioration Consistent

Non Clinical workforce

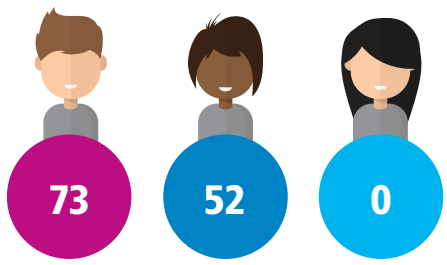
Bands <1 to 4



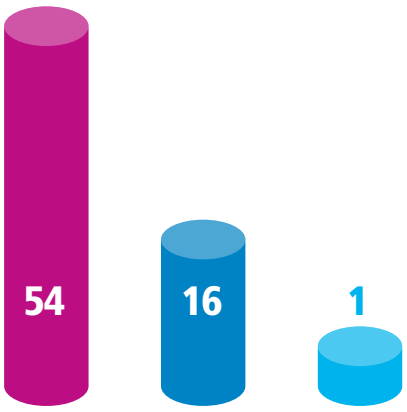
Bands 5 to 7



Bands 8a and 8b



Bands 8c to VSM

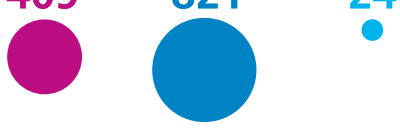


White BME Unknown

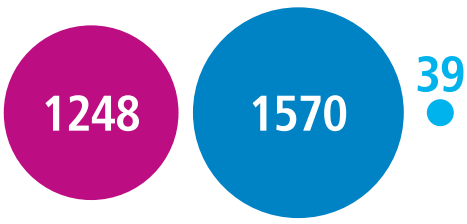
Direction of Travel: Improvement Deterioration Consistent

Clinical workforce of which Non Medical

Bands <1 to 4



Bands 5 to 7



Bands 8a and 8b

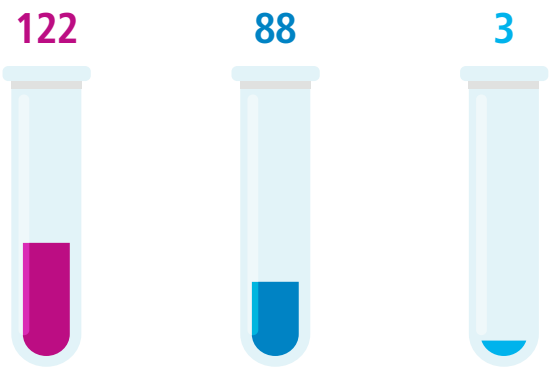
Bands 8c to VSM

White BME Unknown

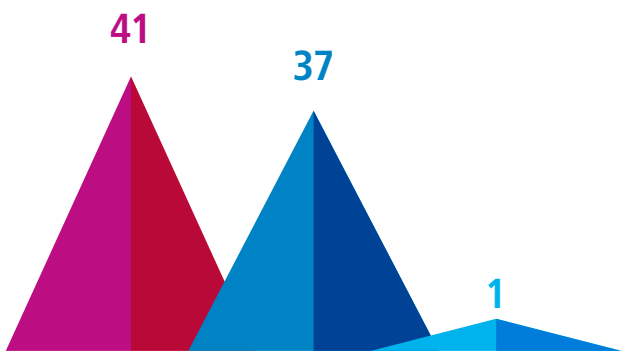
Direction of Travel: Improvement Deterioration Consistent

Clinical workforce of which Medical & Dental

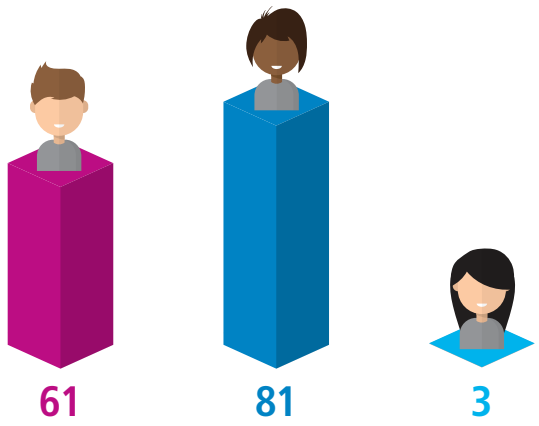
Consultants



Non-consultant



Trainee



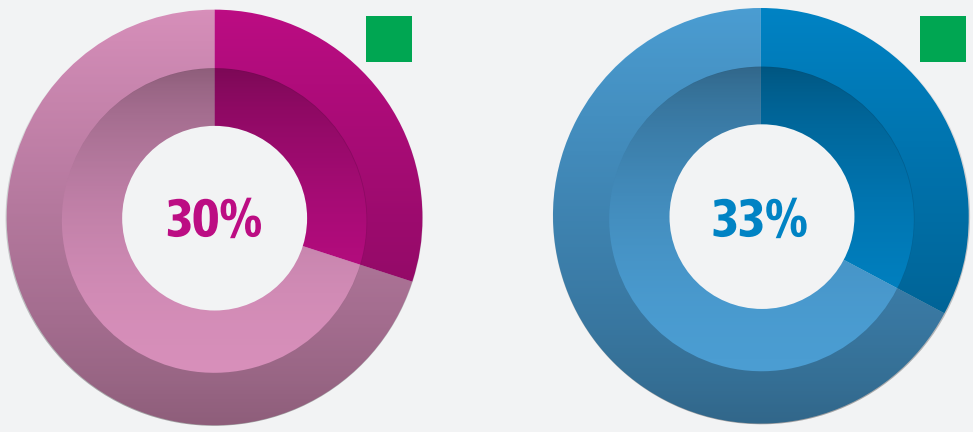
2022 NHS Workforce Race Equality Standard (WRES)

NHS
East London
NHS Foundation Trust

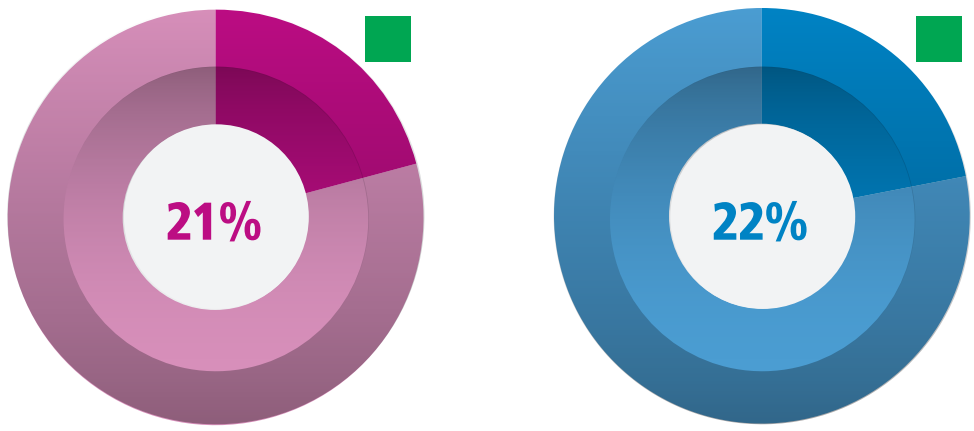
White BME Unknown

Direction of Travel
Improvement Deterioration Consistent

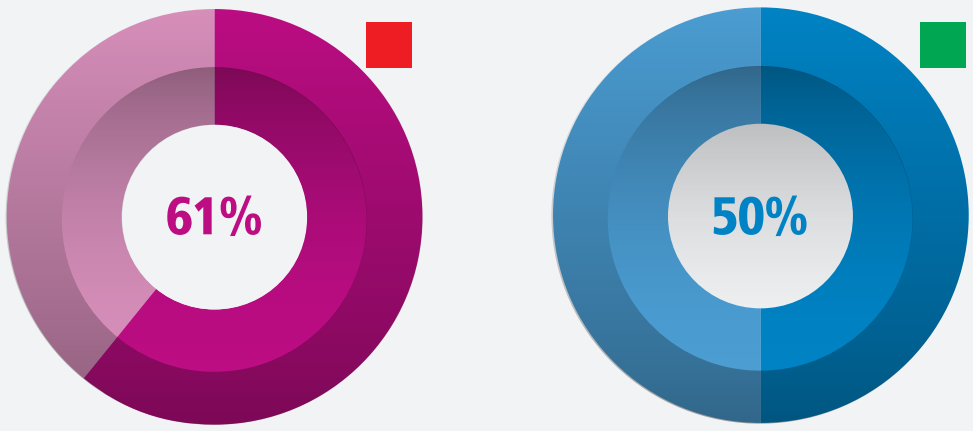
% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months



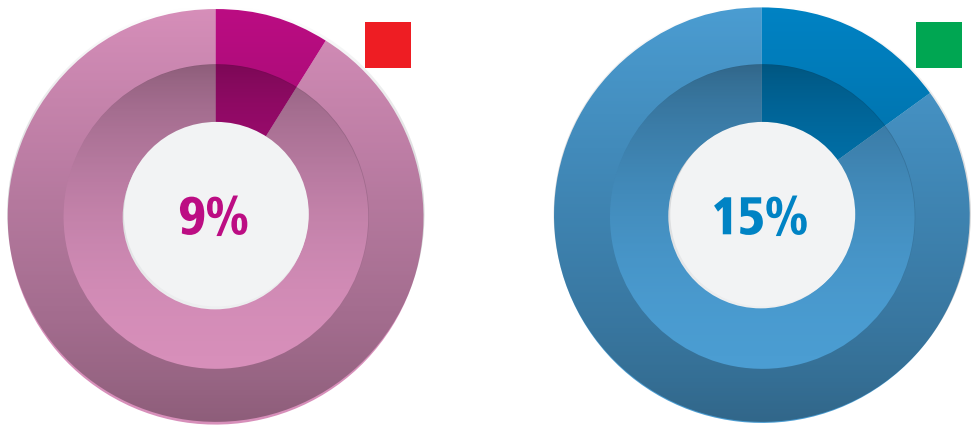
% of staff experiencing harassment, bullying or abuse from staff in last 12 months



% staff believing that trust provides equal opportunities for career progression or promotion



% staff personally experienced discrimination at work from Manager/team leader or other colleague



**Data lifted from the 2021Staff Survey*

2022 NHS Workforce Race Equality Standard (WRES)

NHS
East London
NHS Foundation Trust

White BME Unknown

Direction of Travel
Improvement Deterioration Consistent

Likelihood of staff being appointed from shortlisting across all posts

Relative likelihood of White staff being appointed from shortlisting compared to BME staff

Improvement
The gap in likelihood has narrowed from 2020 - 2021

White BME Unknown

Direction of Travel
Improvement Deterioration Consistent

Relative likelihood of staff entering the formal disciplinary process as measured by entry into a formal disciplinary investigation

Relative likelihood of BME staff entering the formal disciplinary process compared to white staff

Improvement
The gap in likelihood has narrowed from 2020 - 2021

White BME Unknown

Direction of Travel
Improvement Deterioration Consistent

Relative likelihood of staff accessing non-mandatory training and CPD

Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff

Improvement
The gap in likelihood has narrowed from 2020 - 2021

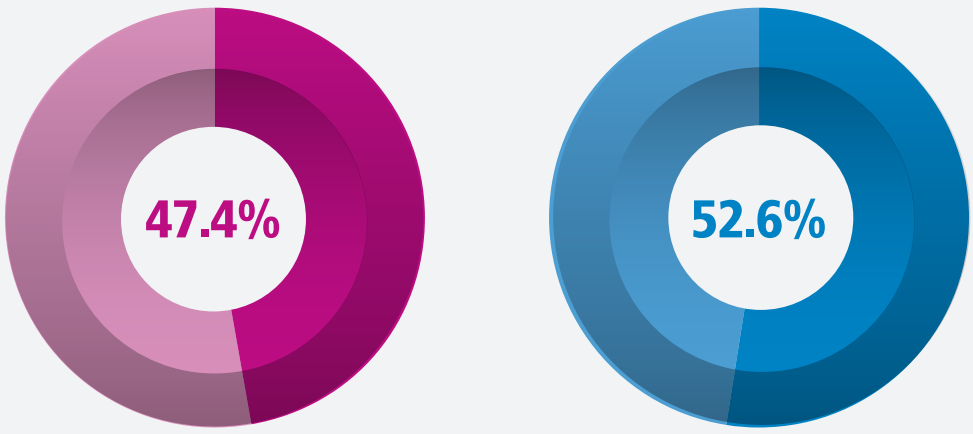
2022 NHS Workforce Race Equality Standard (WRES)

NHS
East London
NHS Foundation Trust

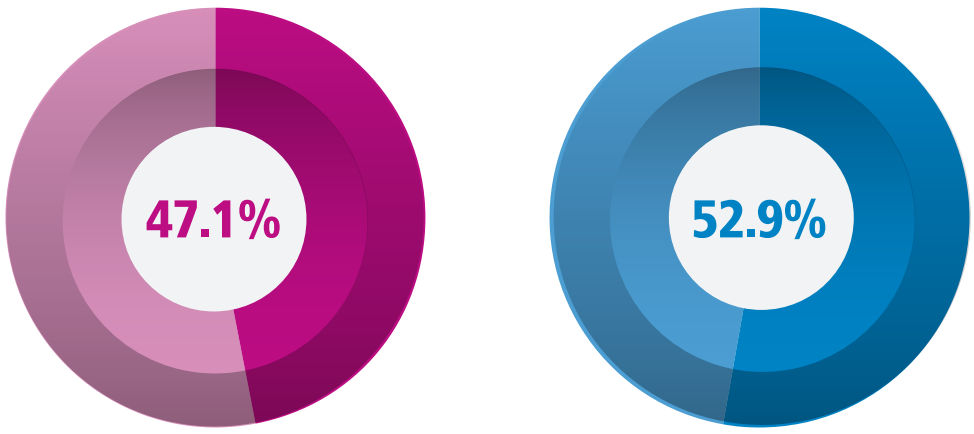
White BME Unknown

Percentage difference between the organisations' Board voting membership and its overall workforce

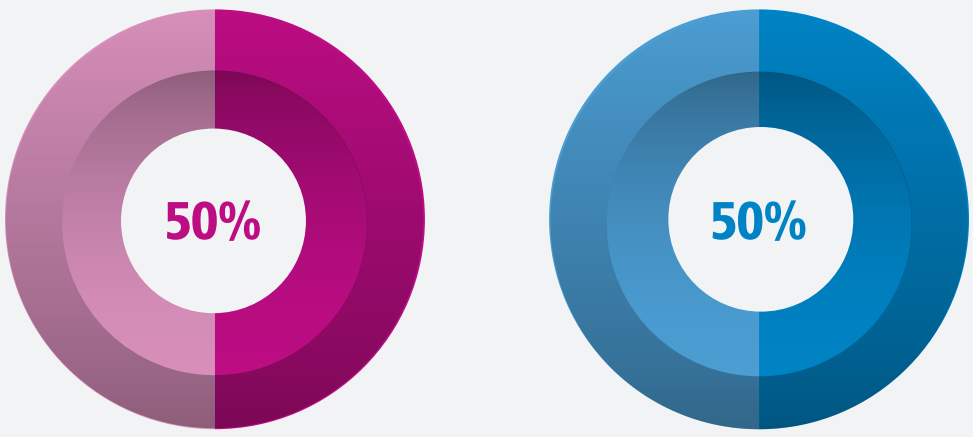
Total Board members - % by Ethnicity



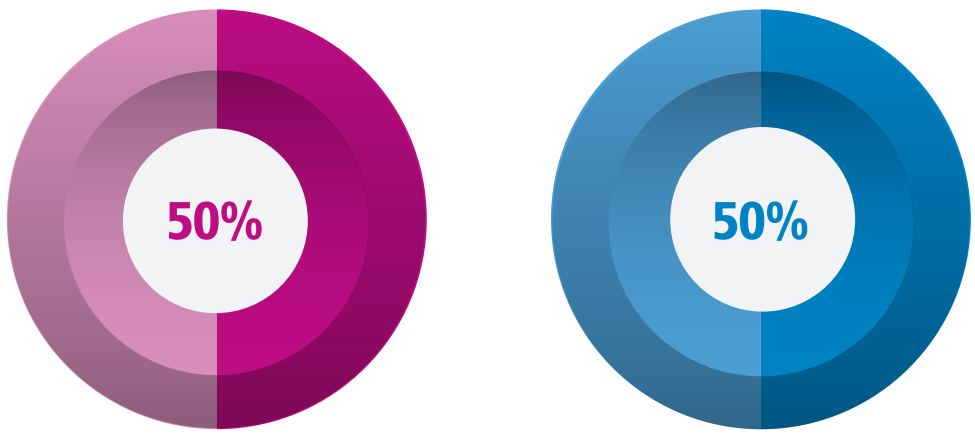
Voting Board members - % by Ethnicity



Non Voting Board members - % by Ethnicity



Executive Board members - % by Ethnicity



Non Executive Board members - % by Ethnicity

Trust Board Summary:

- The Trust board are 52.6% BME, this has remained consistent since the 2020 report.
- Voting membership of BME has increased from 46.7% to 52.9% in the reporting year.
- The non-voting board are 50% BME. Last year this figure was reported on as 75% BME.
- The Executive team are 50% BME, which has decreased from 63.6% in 2020.
- The number of BME non-executives has increased to 55.55% from 37.50% over the reporting period.

NHS
East London
NHS Foundation Trust

REPORT TO THE TRUST BOARD IN PUBLIC
29 September 2022

Title	Finance, Business and Investment Committee (FBIC) 15 September 2022 – Committee Chair's Report
Committee Chair	Aamir Ahmad, Non-Executive Director, chair of the meeting on 15 September 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 15 September 2022.

Key messages

Finance Report Month 4

- Slightly worse position than the planned deficit by £958k; however, the Trust expects to break even in line with plan at year end
- Cash balance as at 31 July 2022 of £122.7m
- The Trust continues to be in Segment 1 (no specific support needs – maximum autonomy, minimum risk) of the NHS Oversight Framework.
- Continued pressures from inflation, estates, agency usage and financial viability; and the actual position has been offset by underspending in some areas including unfilled vacancies
- At system level there is a deficit of c£48m against plan which sees acute Trusts having substantial shortfalls against their plans
- Pressure areas of overspend continue to be estates, FV shortfall and agency spend. There is focused work with Execs to prioritise concerns over ongoing support service overspends and the Committee requested clarity on the actions being taken, particularly around budgets and non-funded positions
- Continuing pressure around convergence pending further conversations with Commissioners.

Financial Planning Update

- Funding allocated to service lines continues to be reviewed monthly for contract changes
- Contracts with NHS commissioners in the final stages of being agreed and signed
- The impact of Agenda for Change and other pay awards are expected to be funded, and contracts with NHS commissioners will be uplifted based on percentage increases funded nationally to ICBs
- Key financial risks and challenges for 2022-2023 include delivery of a challenging financial viability target; unavoidable cost pressures from hyper-inflation and pay awards above those funded; inclusion of a 0.6% convergence target in current ICB plans for which there is no mitigation identified in budgets; constraints on capital expenditure; and ensuring investment can be made available to frontline services in a timely manner to support delivery. Committee requested that maintenance backlog be added to the financial risks.

Financial Viability Update

- Overall full year effect savings requirement for 2022-2023 is £15m. Schemes totalling £11.23m FYE have been identified, which continues to leave us with a gap in plans
- At the end of M5, £1.09m achieved against a plan of £4.99m (which includes £1.59m unidentified). Shortfall is due slippage in achievement against a number of clinical service transformation and waste reduction schemes, and ongoing delays in signing off clinical contract values for this financial year, with some of this income linked with financial viability schemes
- Full year actual forecast is now £7.18m and steps are being taken to address the gap, including creating more directorate ownership, visibility and activity. Monthly meetings are held to discuss current targets and actions, and longer term plans
- The Committee requested further review of the unidentified values that have no plan.

Deep Dive: Agency Expenditure

- A main success that has started to contribute to a reduction in agency use has been the focus on international recruitment, with plans in progress to expand this to cover other staff groups
- There has also been a tightening of the processes around agency/rate approval and improved data collection to allow challenges in areas of high agency usage
- Work with the procurement and finance teams is ongoing to review the Trust's direct engagement supplier with progress being made on costings
- Issues relating to the lack of incremental progression for bank staff is being reviewed as this would improve retention as well as aid in recruitment to increase the ELFT bank which is seen as an important factor in tackling agency usage
- The sharing of projected cost savings from the planned expansion of bank and centralisation of the hiring system would be a useful incentive to share with teams
- Greater system implementation, electronic rostering, more transparency and tighter overall controls will be the key closing the gap in recurrent savings
- Ongoing work around the redesign and expansion of clinical roles including new specialist doctor grade posts, ways in which senior nursing staff can support doctors and the increased use of apprenticeships and technology. More role flexibility and creative recruitment campaigns are already having a positive impact
- Next steps include joint working with other Trusts and system providers to reduce agency spend including an examination of escalating pay increases being requested by agency doctors.

Aged Debtors

Significant reduction in value of long term debtors (90+ days) since July 2022 following a focused effort; current debtor figure is now 33% of that in July.

Investment Register

Trust is now able to invest; proposals to be considered by Exec prior to presentation to the Committee; anticipated this could realise c£1m interest.

Capital and Estates

- Ongoing issues with the impact of hyper-inflation on capital expenditure as well as funding gaps across various projects and contracts including soft FM as well as backlog maintenance both of which are higher than planned
- Action plan in place for the maintenance backlog but deliverability remains a challenge; the Committee requested that a clear narrative be highlighted system wide in terms of risk and compliance
- Deadline missed for submitting the NHS Premises Assurance Model (NHS PAM) due to capacity/resource challenges; NHS England have been advised and a remedial plan in place to submit in three months' time. There are no legal implications for non-compliance as is a management tool
- Work is ongoing to re-profile some of the capital expenditure currently planned in March 2023
- Detailed update on the Trust's estate environment strategy presented which is aligned to ELFT's vision, strategy and values, and reflects the Trust's digital and green plan ambitions
- The strategy included inpatient facility and hospital site opportunities, and outlined timeline, risks, funding options and next steps
- When presenting future reports, the Committee requested that more emphasis is included on how proposals meet the Trust's strategy and priorities particularly when considering options around buildings and locations, the impact and benefits the proposals would have on our communities, and in gaining system engagement.

Green Plan

- Good progress in the last six months for reducing emissions for greenhouse gases and addressing the climate and ecological emergency with a focus on establishing processes to deliver on the NHS carbon footprint targets with six workstreams established around the key themes in the plan: workforce and systems leadership; travel and transport; estates and facilities; sustainable models of care; medicines; and procurement

- Achievements include: introducing a staff climate network with over 140 members; recruited service users representatives to provide input into the plan development and people participation are increasingly involved in the network and in individual workstreams; collaboration with NEL and BLMK ICSs on development of ICS-wide green plans; commenced outreach activity on the plan across the Trust; included a sustainability dimension in QI training; developed a set of headline measures
- Areas of future focus include: working on adaption on climate change; developing headline measures; prioritising and integrating climate action and principles of sustainability across the Trust and incorporated into annual planning for directorates, boroughs and corporate services.

Appointment of External Auditor
The Committee supported the proposed process, timeline and specification for the appointment of an external auditor noting that the procurement process is in accordance with the Trust's SFIs, and that the approach had been approved by both the Audit Committee and Council of Governors.

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*
    - Committee approved the recommendation to increase the current risk score from High 12 to **Significant 16** (4 x 4, i.e. impact is major 4 x likelihood is likely 4) reflecting:
        - The challenges with delivering FV aims during challenging financial circumstances with a reduced opportunity to support FV programme through income overheads
        - The challenge with balancing the retention of our organisational treasures and overall approach to FV, with achieving significant cost reduction
        - There is a requirement for an increased proportion of FV programme to be delivered through clinical service transformation, e.g. bed pressures and workforce issues
- **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*
    - Committee approved the recommendation to decrease the current risk score from Significant 25 to **Significant 20** (5 x 4, i.e. impact is catastrophic 5 x likelihood is likely 4)
        - Implementation of Dark Trace which monitors cyber activity and intercepts
        - Appointment of a CISO and good progress with the digital staff consultation which will lead to a fit for purpose workforce
        - The infrastructure risk being addressed rapidly with a dedicated team, improvement plan and the Doclan survey results
        - Close alignment between digital and estates, bringing a joined up view
        - The Cloud transfer should complete on 30 September 2022; weekly meeting with the UKGI to ensure security of our data in UKCloud
- The Committee agreed that 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.

East London NHS Foundation Trust

REPORT TO TRUST BOARD PUBLIC
29th September 2022

Title	Finance Report Month 5
Author	Paul McAuliffe, Interim Deputy Director of Finance
Accountable Executive Director	Samanthi Gibbens, Interim Chief Finance Officer

Purpose of the report

This paper highlights financial performance to 31st August 2022.

Committees/meetings where this item has been considered

Date	Committee/Meeting
15 Sep 22	Finance Committee (Month 5 verbal)

Key messages

Summary of Performance:

- Operating surplus (EBITDA) to end of August 2022 of £9,751k compared to budget operating surplus of £11,740k.
- Net deficit of £2,858k (1.3%) compared to planned net deficit of £1,250k (0.6%).
- Year to date net deficit is adverse against plan by £1,608k (£650k worse than plan in month).
- The Trust expects to breakeven in line with plan at year-end.
- NHS Improvement (NHSI) risk rating is under the Segmentation framework and the Trust continues to be in Segment 1 (maximum autonomy, minimum risk).
- Cash balance on 31st August 2022 of £126.9m.

Strategic priorities this paper supports

Improved Population Health Outcomes	☒	Delivering financial balance aids the Trust in maintaining control in decision making.
Improved Experience of Care	☒	Delivering financial balance aids improving service user satisfaction and experience of care.
Improved Staff Experience	☒	Delivering financial balance aids improving staff experience.
Improved Value	☒	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 period ended 31st August 2022.

2 Executive Summary

- Operating surplus (EBITDA) to end of August 2022 of £9,751k compared to budget operating surplus of £11,740k.
- Net deficit of £2,858k (1.3%) compared to planned net deficit of £1,250k (0.6%).
- Year to date net deficit is adverse against plan by £1,608k (£650k worse than plan in month).
- The Trust expects to breakeven in line with plan at year-end.
- NHS Improvement (NHSI) risk rating is under the Segmentation framework and the Trust continues to be in Segment 1 (maximum autonomy, minimum risk).
- Cash balance on 31st August 2022 of £126.9m.

3 Financial Framework

3.1 The initial Trust planning submission was made on 17th March 2022 with a second iteration on 26th April 2022.

3.2 Final revised Trust and ICB financial plan submissions were made on 20th June 2022 setting out income and expenditure assumptions across the ICB for the financial year, and is the plan against which Month 5 is reported.

3.3 I&E planning in line with ICB submissions is now based on a breakeven Trust position for 2022/23 (i.e. net surplus of zero). The planning assumption assumes income and expenditure resulting from hyper-inflation above that included in national tariff uplifts of £2.7m.

3.4 The Trust have an initial allocation of £4.5m to support continuing out of envelope COVID expenditure.

3.5 Expenditure budgets have been uploaded based on work completed by finance teams. Further cost pressures are being considered on a case by case basis including Corporate areas.

3.6 Contracts with NHS commissioners are in the final stages of being agreed and funding for new investment is being devolved to local budgets. Budget allocations will continue to be reviewed and adjusted for changes in contracts

and income plans throughout the year and income is expected to be fully reflected in quarter 3.

3.7 A 0.6% convergence target (£986k) has been included against Trust income within current NEL ICS plans, resulting from national funding changes.

3.8 Discussions took place with ICS partners as to the rationale for applying this against Mental Health services, which are subject to the Mental Health Investment Standard (MHIS), with NEL taking the approach of applying convergence to the MH services. The Trust position is that the issue of convergence is in effect "over commissioning" and the system should jointly be deciding what to decommission rather than this be a further efficiency on provider budgets.

3.9 There is no agreed mitigation at present to reduce Trust expenditure budgets by 0.6% for these or other services not covered by MHIS (e.g. Community Health) and this presents a risk to delivery of the plan. Discussion is currently taking place within the ICB structures to recognise non-recurrent and recurrent measures for addressing this.

3.10 Agency spend ceilings have been applied at ICB level. NEL ICB has indicated that the Trust should remain within the agency spend ceiling of £25,004k, and indicative ceilings have been applied internally at Directorate and Staff Group level to assist as a guideline.

4 Summary of Performance to 31st August 2022

4.1 Financial performance is summarised in the table below:

	YTD Aug-22			Annual		
	Budget	Actual	Variance	Budget	Variance	Change +/-
	£000	£000	£000	£000	£000	£000
Operating Income	233,285	233,263	(22)	553,627	106	(128)
Operating Spend	(221,544)	(223,512)	(1,968)	(522,450)	(1,339)	(629)
Operating Surplus (EBITDA)	**11,741**	**9,751**	**(1,990)**	**31,177**	**(1,233)**	**(757)**
Interest Receivable	100	482	382	240	276	106
Interest Payable	(1,299)	(1,299)	0	(3,118)	0	0
Depreciation	(9,772)	(9,772)	(0)	(23,452)	(0)	(0)
Public Dividend Capital	(2,220)	(2,220)	0	(5,328)	0	0
Net Surplus / (Deficit) before lease adjustments	**(1,450)**	**(3,058)**	**(1,608)**	**(481)**	**(958)**	**(651)**
Lease adjustments	200	200	0	481	0	0
Adjusted Net Surplus / (Deficit)	**(1,250)**	**(2,858)**	**(1,608)**	**(0)**	**(958)**	**(651)**

4.2 Financial Viability (FV) Programme

4.3 As a result of uploading the initial 2022/23 budgets, the Trust has an FVP requirement of £15.0m.

4.4 The opening FV balance includes £3.4m unidentified carried from previous years, £5.1m (1.1%) 2022/23 national efficiency assumption and an additional efficiency requirement required to meet other Trust cost pressures.

4.5 The FV plan has been rephased as part of the latest (June) plan submission. Identified plans are phased in line with planned delivery and the unidentified element of the plan is phased in equal 12ths across the year so as to not 'back-end' the risk.

4.6 The year-to-date target at Month 5 was £4,999k, with a reported delivery of £1,087k (£483k in month delivery) resulting in an adverse variance of £3,912k YTD. Delivery of the FVP is a key risk to delivery of the overall financial position and is a driver for the overall adverse variance against plan at Month 5.

4.7 A separate paper on financial viability as at Month 5 (to the end of August) is presented and discussed at Finance Business and Investment Committee (FBIC) which includes further relevant detail of the programme and new directorate work streams underway to improve FV delivery.

5 Key Highlights of Financial Performance to 31st August 2022

5.1 Operating income at Month 5 is reported as adverse against plan by £22k. A summary of the Trust income position is included in Table 1 below.

5.2 Month 5 income assumptions are based on submitted plans.

5.3 Income of circa £1.5m has been assumed in the Specialist Services Directorate position to offset expenditure on CAMHS Tier 4 provision in Luton and Bedfordshire. The Trust are confident this will be reimbursed in line with 2021/22 agreements, but this has yet to be formally confirmed.

5.4 Table 1: Summary of Operating Income to 31st August 2022

	YTD Aug-22 Budget £000	YTD Aug-22 Actual £000	YTD Aug-22 Variance £000	Annual Budget £000	YTD Jul-22 Variance £000	Change +/- £000
Block Income						
CCGs	177,501	177,500	(1)	426,001	(0)	(0)
NHSE	4,352	4,350	(2)	10,444	(2)	(0)
Sub total	**181,853**	**181,850**	**(3)**	**436,445**	**(2)**	**(1)**
Cost and Volume Income						
Overseas Income	0	1	1	0	1	0
OATS / Spot Income	560	641	81	1,344	79	2
Sub total	**560**	**642**	**82**	**1,344**	**80**	**2**
SLA Income						
NCEL CAMHS Service (Lead Provider)	13,040	13,040	0	31,295	0	0
NCEL Forensic Service (BEH)	18,217	18,144	(73)	43,722	0	(73)
Services to other Trusts	3,450	3,450	0	8,279	0	0
Sub total	**34,706**	**34,634**	**(73)**	**83,296**	**0**	**(73)**
Workforce Allocation						
SIFT/MADEL/NMET R&D etc	**5,325**	**5,325**	**0**	**11,449**	**0**	**0**
COVID-19						
Vaccination Centre (London)	1,396	1,396	0	1,396	0	0
Vaccination Centre (Luton & Bedfordshire)	38	38	0	38	0	0
Vaccination Lead Employer	2,084	2,084	0	2,084	0	0
Sub total	**3,519**	**3,519**	**0**	**3,519**	**0**	**0**
Other Income						
Primary Care	996	987	(9)	2,390	41	(50)
CAMHS	16	17	1	38	0	1
Addiction Services	1,450	1,450	0	3,481	0	0
Community Services (Local Authority)	3,441	3,420	(21)	8,258	(14)	(7)
Other Income	303	303	0	726	0	0
Sub total	**6,205**	**6,177**	**(29)**	**14,893**	**27**	**(56)**
Deferred Income						
Deferred Income Released	1,117	1,117	0	2,682	0	0
Sub total	**1,117**	**1,117**	**0**	**2,682**	**0**	**0**
EBITDA Income	**233,285**	**233,263**	**(22)**	**553,627**	**106**	**(128)**

5.5 Operating Expenditure

The Trust is reporting an adverse variance of £1,968k against operating expenditure at 31st August 2022.

5.6 COVID-19

Where it has been possible to separately identify COVID-19 related expenditure, this has been charged to separate cost centre codes in each Directorate. The impact on each Directorate is shown in table 2a below and is adjusted for at summary level in Table 2b. The COVID-19 surplus of

income against expenditure may be repayable, however it is likely Covid-19 related costs may exist within Directorates, that need to be re-charged to the separate cost centre.

Table 2a: COVID-19 Expenditure and Variance by Directorate

	YTD Budget £000	YTD Actual £000	YTD Variance £000
Mental Health Services			
Tower Hamlets	0	(88)	(88)
Newham	0	(84)	(84)
City & Hackney	0	(54)	(54)
Forensic Services	0	(50)	(50)
Specialist Services	0	0	0
Luton	0	(228)	(228)
Bedfordshire	0	(112)	(112)
Sub total	**0**	**(616)**	**(616)**
Community Health & Primary Care			
Newham CHS	0	66	66
Specialist CHS	0	0	0
Tower Hamlets CHS	0	0	0
Bedfordshire CHS	0	(131)	(131)
Sub total	**0**	**(64)**	**(64)**
Central COVID Budgets	(1,875)	(403)	1,472
Sub total	**(1,875)**	**(403)**	**1,472**
TOTAL (excluding vaccination centres and lead employer)	**(1,875)**	**(1,083)**	**792**

5.7 The Estates position is adversely impacted by the impact of variable Soft Facilities Management (FM) costs as well as additional estates costs that are currently being reviewed with Barts Health. These pressures are being further reviewed within the Estates department to identify required actions to address these.

5.8 Corporate budgets continue to be significantly overspent in some areas. A process run by the Chief Finance Officer is concluding to prioritise and agree additional budget allocations. Those agreed to be funded will be allocated budgets in Month 6, offset by savings proposed by the Executive Team that will address elements of the cost pressures. A reserve was held to provide for £5,000k cost pressures for the year, and £2,083k has been released from reserves up to and including Month 5 to offset this.

5.9 Budgets have been allocated to Directorates to reflect new service developments. However, there remains further work to fully allocate income against all agreed service lines. It is expected that this work will be completed for quarter 3. Budget allocations will continue to be reviewed with

DMTs and adjusted for contract variations and any changes in income plans and assumptions throughout the year. Operational areas of overspend are undergoing specific review led by Exec leads.

5.10 Table 2b: Summary of Expenditure to 31st August 2022

	YTD Aug-22 Budget	YTD Aug-22 Actual	YTD Aug-22 Variance	Annual Budget	YTD Jul-22 Variance	Change +/-
	£000	£000	£000	£000	£000	£000
Mental Health Services						
Tower Hamlets	(20,166)	(18,942)	1,223	(48,403)	1,168	56
Newham	(15,915)	(16,193)	(279)	(38,200)	(261)	(17)
City & Hackney	(16,494)	(17,904)	(1,411)	(39,590)	(967)	(443)
Forensic Services	(15,395)	(15,338)	57	(36,805)	19	38
Specialist Services	(24,368)	(23,532)	836	(58,961)	717	120
Luton	(10,655)	(10,554)	101	(25,577)	3	98
Bedfordshire	(21,589)	(21,702)	(113)	(51,822)	(3)	(110)
Less COVID-19 Costs	0	616	616	0	486	130
Sub total	**(124,582)**	**(123,550)**	**1,033**	**(299,357)**	**1,162**	**(129)**
Community Health & Primary Care						
Newham CHS	(11,043)	(10,709)	334	(26,506)	312	21
Specialist CHS	(2,954)	(2,889)	65	(7,090)	71	(6)
Tower Hamlets CHS	(6,215)	(6,008)	207	(14,919)	303	(96)
Bedfordshire CHS	(18,169)	(18,641)	(472)	(43,610)	(196)	(276)
Primary Care	(2,601)	(3,616)	(1,015)	(6,243)	(709)	(306)
Less COVID-19 Costs	(0)	64	64	0	61	4
Sub total	**(40,982)**	**(41,798)**	**(817)**	**(98,368)**	**(158)**	**(658)**
Commissioning						
NCEL Provider Collaborative	(14,157)	(14,157)	0	(33,977)	0	0
Sub total	**(14,157)**	**(14,157)**	**0**	**(33,977)**	**0**	**0**
Central Support Services						
Board / Members' Council	(1,297)	(1,356)	(58)	(3,114)	4	(62)
Director of Operations	(1,066)	(1,211)	(145)	(1,716)	(169)	23
Corporate Affairs	(333)	(379)	(46)	(800)	(97)	51
ICT	(3,535)	(3,605)	(69)	(8,485)	(74)	5
Business Develop Unit	(442)	(492)	(50)	(1,060)	(14)	(36)
Social Inclusion	(464)	(417)	46	(1,113)	26	20
Finance	(2,179)	(2,231)	(52)	(5,239)	(55)	2
Human Resources	(2,431)	(3,329)	(898)	(5,835)	(860)	(38)
Central Medical/Pharmacy	(3,304)	(3,288)	16	(7,931)	59	(43)
NMET	(1,666)	(1,258)	408	(3,421)	333	75
Central Nursing/MHA admin	(2,439)	(2,566)	(127)	(5,855)	(44)	(83)
Chief Quality Officer	(1,881)	(1,903)	(22)	(4,516)	(54)	32
Director of Integrated Care	(735)	(1,031)	(296)	(1,593)	(218)	(79)
R&D	(359)	(242)	117	(861)	129	(12)
AMPS	0	(2)	(2)	0	(1)	
Estates & Facilities	(11,384)	(13,066)	(1,682)	(27,373)	(1,435)	(247)
Central NHS SLAs	0	0	0	0	0	0
Less COVID-19 Costs	0	50	50	0	38	11
Sub total	**(33,516)**	**(36,327)**	**(2,812)**	**(78,913)**	**(2,431)**	**(380)**

	YTD Aug-22			Annual		
	Budget	Actual	Variance	Budget	YTD Jul-22 Variance	Change +/-
	£000	£000	£000	£000	£000	£000
Central COVID-19 Costs	(1,875)	(372)	1,503	(4,500)	1,192	311
Clinical Directorate COVID-19 Costs	0	(681)	(681)	0	(547)	(134)
Vaccination Centres	(1,435)	(1,435)	0	(1,435)	0	0
NEL Vaccination Lead Employer	(2,084)	(2,082)	2	(2,084)	11	(10)
Sub total	**(5,394)**	**(4,569)**	**824**	**(8,019)**	**656**	**168**
Reserves						
Development Reserve	675	466	(209)	1,621	(1,143)	933
Financial Viability	4,526	614	(3,911)	13,720	(3,210)	(702)
Pay/non pay reserve	(8,115)	(4,190)	3,925	(19,157)	3,785	140
Sub total	**(2,914)**	**(3,110)**	**(196)**	**(3,817)**	**(568)**	**372**
EBITDA Spend	**(221,544)**	**(223,512)**	**(1,968)**	**(522,450)**	**(1,339)**	**(629)**

5.11 Agency Ceiling

Agency ceilings have now been applied at ICB level for 2022/23. NEL ICB has indicated that if ICB organisations limit agency expenditure to the value included in their plan submission, NEL ICB overall will fall within its agency ceiling and has advised the Trust to proceed on this basis. The ceiling includes all agency expenditure for the organisation including Vaccination Lead Employer.

The Trust has an implied agency ceiling of £25,004k for 2022/23 as a result, and is currently £357k per month over the agency ceiling based on last three months expenditure (£4,284k over cap if projected for the full year).

5.12 Individual agency ceilings have been set internally at Staff Group and Directorate levels to help monitor performance against the ceiling. These have been based on 2021/22 expenditure and outturn run rate, alongside the need to reduce expenditure by £5m on 2021/22 expenditure to meet the ceiling. The ceiling targets are therefore intended to challenge all areas of the organisation to reduce agency expenditure, while recognising the existing levels of expenditure.

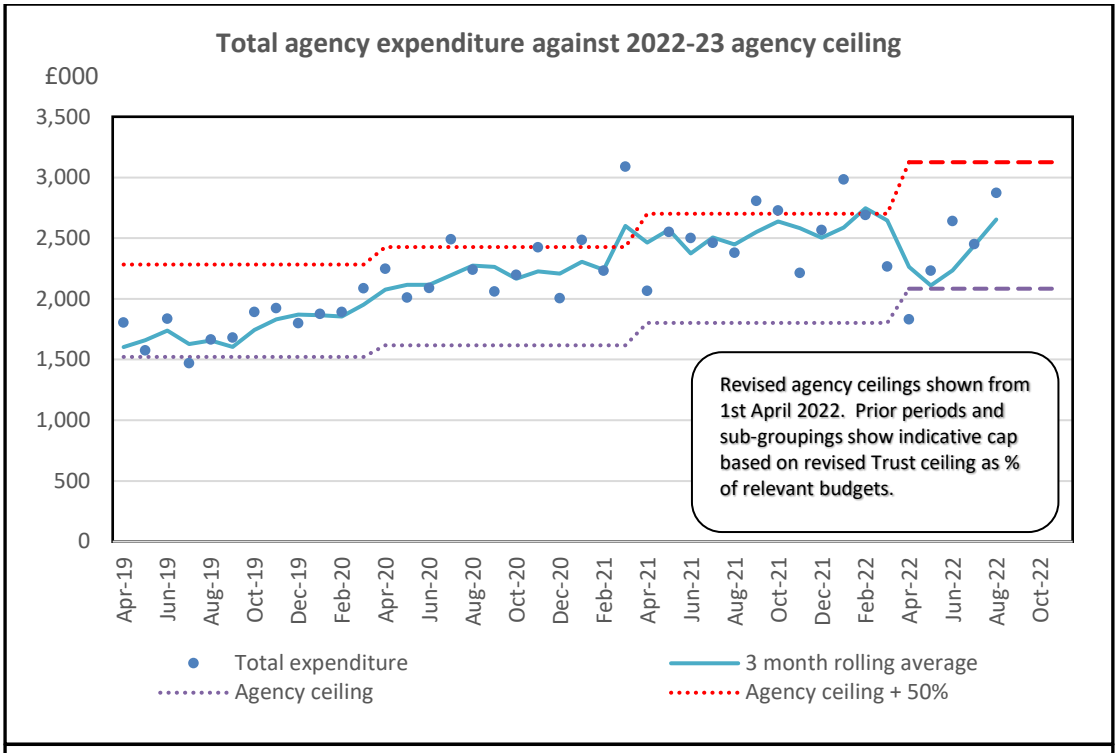
5.13 Internal agency ceilings are summarised below:

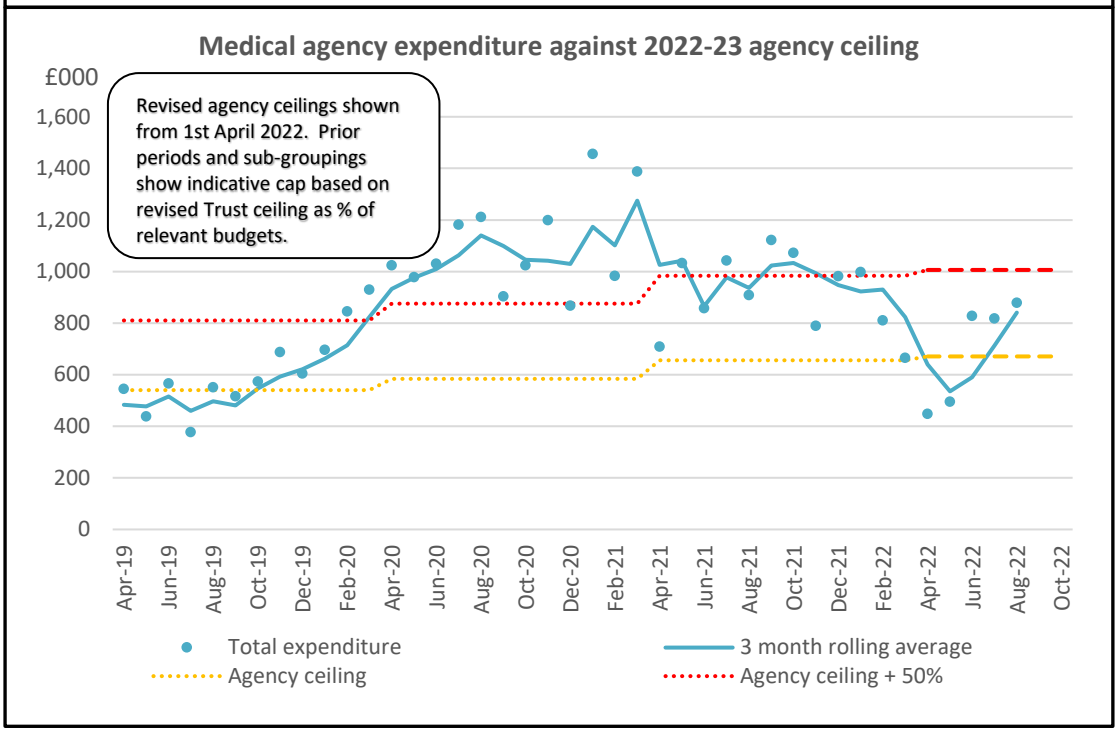
Staff Group	Agency Ceiling (£000)
Nursing	11,200
Medical	8,050
AHP	3,400
Admin & Ancillary	2,200
Other Staff	134
Social Care	20
Grand Total	**25,004**

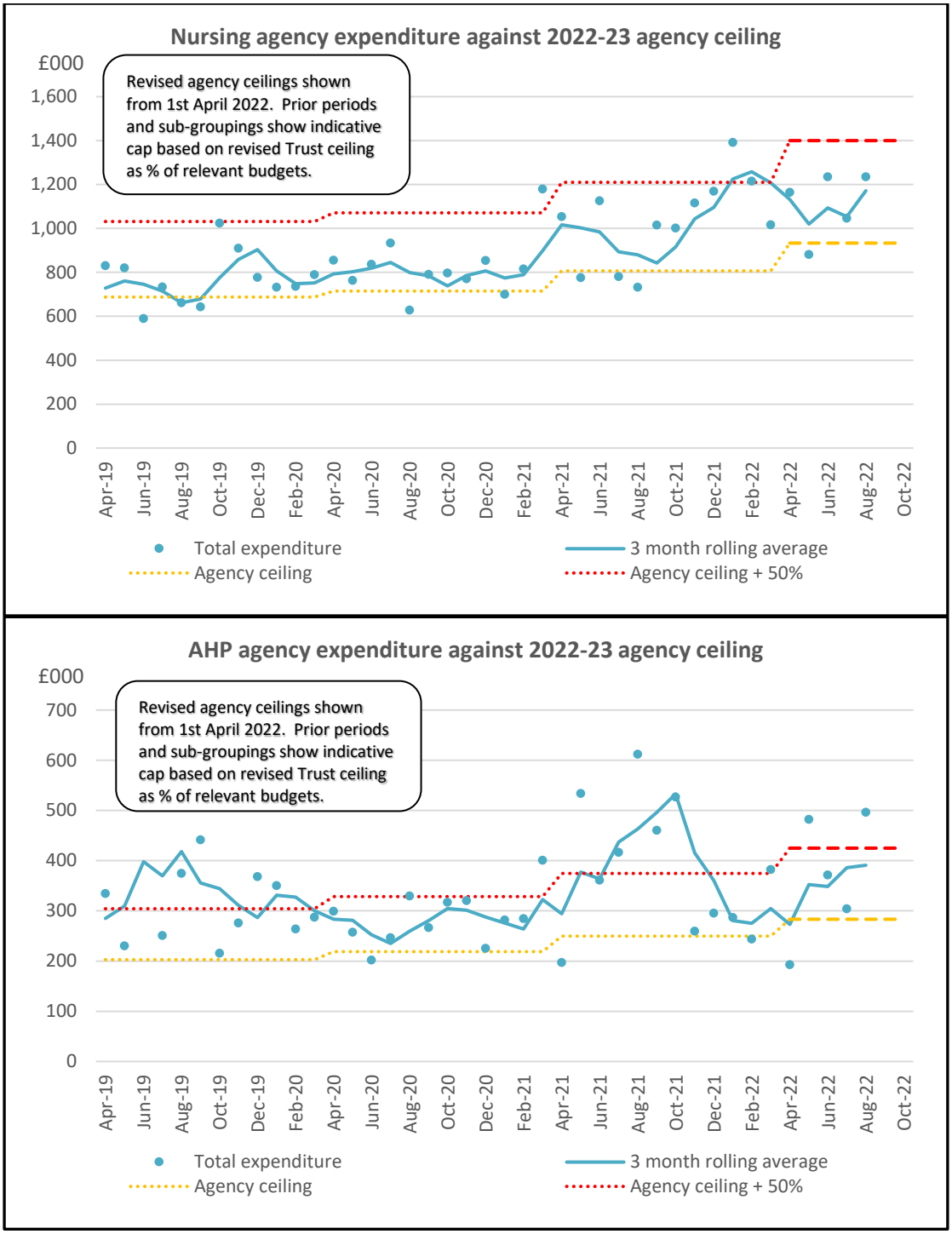
Directorate	Agency Ceiling (£000)
Bedfordshire AMH	5,446
Specialist Services	3,017
Tower Hamlets CHS	2,439
Bedfordshire CHS	2,264
Vaccination Lead Employer	2,124
Luton AMH	2,108
Newham AMH	1,634
Corporate	1,634
Newham CHS	1,579
Primary Care	953
Tower Hamlets AMH	763
City & Hackney AMH	481
Forensic Services	401
Specialist CHS	152
Estates & Facilities	9
NCEL Provider Collaborative	0
Grand Total	**25,004**

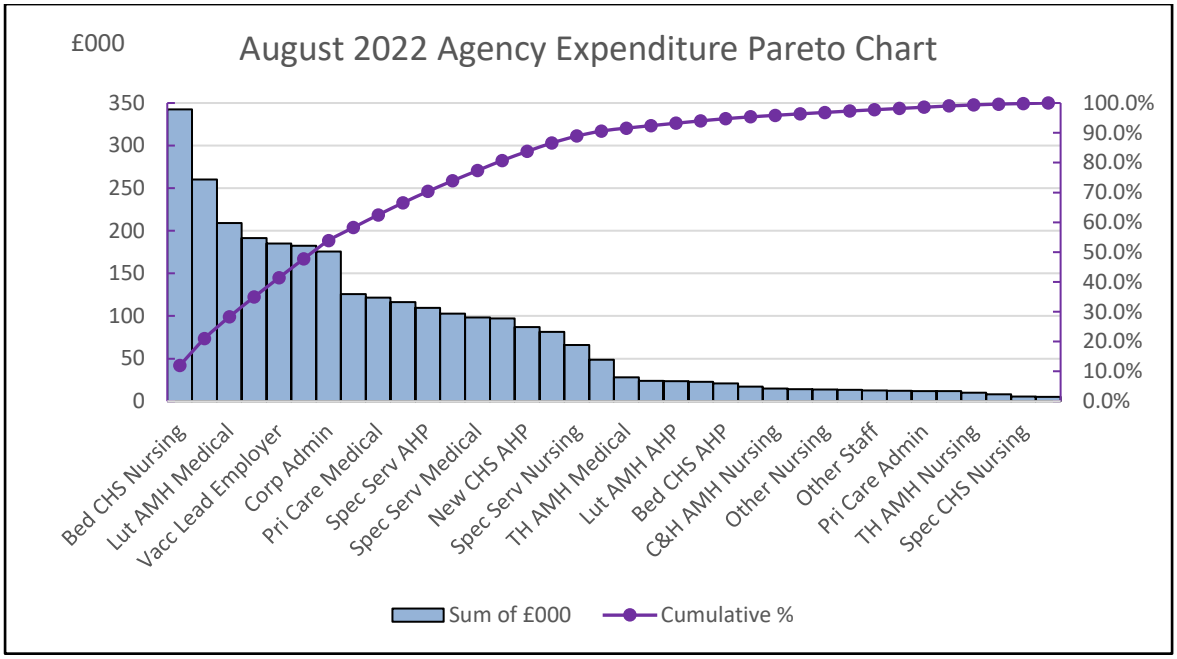
5.14 Agency expenditure is summarised in the charts below.

These charts now include agency expenditure recorded under the Vaccination Lead Employer programme as this expenditure is included within the Trust agency ceiling.


Total agency expenditure against 2022-23 agency ceiling
£000
3,500
3,000
2,500
2,000
1,500
1,000
500
0
Apr-19
Jun-19
Aug-19
Oct-19
Dec-19
Feb-20
Apr-20
Jun-20
Aug-20
Oct-20
Dec-20
Feb-21
Apr-21
Jun-21
Aug-21
Oct-21
Dec-21
Feb-22
Apr-22
Jun-22
Aug-22
Oct-22
Revised agency ceilings shown from 1st April 2022. Prior periods and sub-groupings show indicative cap based on revised Trust ceiling as % of relevant budgets.
Total expenditure
3 month rolling average
Agency ceiling
Agency ceiling + 50%


Medical agency expenditure against 2022-23 agency ceiling
£000
1,600
1,400
1,200
1,000
800
600
400
200
0
Revised agency ceilings shown from 1st April 2022. Prior periods and sub-groupings show indicative cap based on revised Trust ceiling as % of relevant budgets.
Apr-19
Jun-19
Aug-19
Oct-19
Dec-19
Feb-20
Apr-20
Jun-20
Aug-20
Oct-20
Dec-20
Feb-21
Apr-21
Jun-21
Aug-21
Oct-21
Dec-21
Feb-22
Apr-22
Jun-22
Aug-22
Oct-22
Total expenditure
3 month rolling average
Agency ceiling
Agency ceiling + 50%


Nursing agency expenditure against 2022-23 agency ceiling
£000
Revised agency ceilings shown from 1st April 2022. Prior periods and sub-groupings show indicative cap based on revised Trust ceiling as % of relevant budgets.
1,600
1,400
1,200
1,000
800
600
400
200
0
Apr-19
Jun-19
Aug-19
Oct-19
Dec-19
Feb-20
Apr-20
Jun-20
Aug-20
Oct-20
Dec-20
Feb-21
Apr-21
Jun-21
Aug-21
Oct-21
Dec-21
Feb-22
Apr-22
Jun-22
Aug-22
Oct-22
Total expenditure
3 month rolling average
Agency ceiling
Agency ceiling + 50%
AHP agency expenditure against 2022-23 agency ceiling
£000
Revised agency ceilings shown from 1st April 2022. Prior periods and sub-groupings show indicative cap based on revised Trust ceiling as % of relevant budgets.
700
600
500
400
300
200
100
0
Apr-19
Jun-19
Aug-19
Oct-19
Dec-19
Feb-20
Apr-20
Jun-20
Aug-20
Oct-20
Dec-20
Feb-21
Apr-21
Jun-21
Aug-21
Oct-21
Dec-21
Feb-22
Apr-22
Jun-22
Aug-22
Oct-22
Total expenditure
3 month rolling average
Agency ceiling
Agency ceiling + 50%



6 Forecast to March 2022

6.1 The plan is consistent with reporting a breakeven position per the June 2022 submission, and work is underway to firm up the balanced financial forecast.

7 Risks

7.1 Delivery of a challenging Financial Viability Plan is critical to recurrent sustainability and further work is required to develop schemes to meet the recurrent £15.0m requirement.

7.2 Hyper-inflation is assumed in the plan to equal £2.7m, but this will need to be carefully monitored and documented through the year and will need to be reported within the ICS and as part of Trust returns to NHSI.

7.3 The NEL CCG 0.6% convergence target is reflected in reported figures, but requires further work to develop a robust plan to mitigate the impact of this change.

7.4 Recovery of sufficient income to cover the cost of the Vaccination Lead Employer programme will require monitoring as payment moves from a cost recovery basis to payment by activity in Quarter 3.

7.5 The Trust is currently in segment 1 (maximum autonomy, low risk) of the single oversight framework. Delivery of the financial plan and key indicators such as meeting the agency ceiling are key to maintaining this rating and failing to do so may result in this being reviewed.

8 Actions Being Requested

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

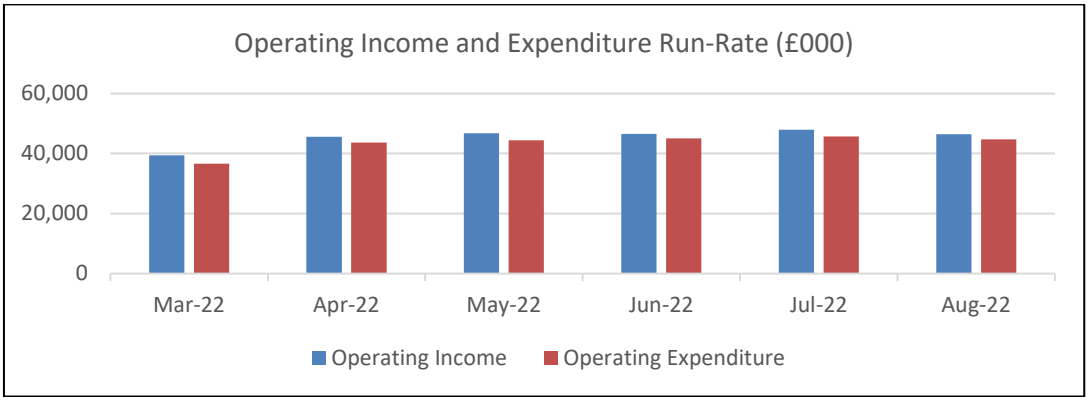
APPENDIX 1: SIX-MONTH INCOME AND EXPENDITURE RUN-RATES

OPERATING INCOME	Mar-22 £000	Apr-22 £000	May-22 £000	Jun-22 £000	Jul-22 £000	Aug-22 £000
Block Income						
ICBs	39,276	34,724	35,187	34,959	35,630	35,125
less funding returned to local CCGs (2021/22)	(7,500)					
ICB COVID Funding	0	375	375	375	375	375
NHSE	1,259	839	839	839	962	870
Sub total	**33,034**	**35,939**	**36,401**	**36,173**	**36,968**	**36,370**
Cost and Volume Income						
Overseas Income	1	0	1	0	0	0
OATS / Spot Income	142	112	176	112	126	114
Sub total	**143**	**112**	**177**	**112**	**126**	**114**
SLA Income						
NCEL CAMHS Service (Lead Provider)	2,272	2,590	2,590	2,644	2,608	2,608
NCEL Forensic Service (BEH)	2,990	3,588	3,588	3,588	3,809	3,571
Services to other Trusts	688	690	690	692	688	690
Sub total	**5,950**	**6,868**	**6,868**	**6,925**	**7,104**	**6,868**
Workforce Allocation						
SIFT/MADEL/NMET R&D etc	**1,899**	**904**	**904**	**1,009**	**1,563**	**944**
COVID-19						
Vaccination Centre (London)	308	236	288	264	236	373
Vaccination Centre (Luton & Bedfordshire)	7	6	6	7	0	19
Vaccination Lead Employer	507	274	409	585	436	379
Sub total	**821**	**516**	**703**	**856**	**672**	**771**
Other Income						
Primary Care	306	195	190	213	240	149
CAMHS	3	3	3	3	3	4
Addiction Services	163	290	290	290	290	290
Community Services (Local Authority)	700	681	678	693	686	681
Other Income	61	61	61	61	61	61
Sub total	**1,233**	**1,231**	**1,222**	**1,259**	**1,280**	**1,185**
Deferred Income						
Deferred Income Released	(3,636)	0	447	223	223	223
Sub total	**(3,636)**	**0**	**447**	**223**	**223**	**223**
EBITDA Income	**39,445**	**45,569**	**46,723**	**46,558**	**47,937**	**46,476**

OPERATING EXPENDITURE	Mar-22 £000	Apr-22 £000	May-22 £000	Jun-22 £000	Jul-22 £000	Aug-22 £000
Mental Health Services						
Tower Hamlets	(4,246)	(3,664)	(3,799)	(3,864)	(3,638)	(3,978)
Newham	(3,497)	(3,219)	(2,949)	(3,468)	(3,357)	(3,200)
City & Hackney	(4,504)	(3,400)	(3,545)	(3,564)	(3,653)	(3,742)
Forensic Services	(3,394)	(3,109)	(3,018)	(3,171)	(3,009)	(3,030)
Specialist Services	(5,219)	(4,784)	(4,864)	(4,836)	(4,451)	(4,597)
Luton	(2,568)	(2,170)	(2,023)	(2,114)	(2,193)	(2,054)
Bedfordshire	(6,017)	(4,236)	(4,361)	(4,428)	(4,271)	(4,407)
Less COVID-19 Costs	177	164	80	157	86	130
Sub total	**(29,269)**	**(24,418)**	**(24,479)**	**(25,289)**	**(24,486)**	**(24,878)**
Community Health & Primary Care						
Newham CHS	(2,138)	(2,057)	(2,240)	(2,089)	(2,135)	(2,187)
Specialist CHS	(663)	(574)	(555)	(593)	(570)	(597)
Tower Hamlets CHS	(1,253)	(1,109)	(1,249)	(1,217)	(1,095)	(1,339)
Bedfordshire CHS	(3,892)	(3,566)	(3,616)	(3,542)	(4,007)	(3,910)
Primary Care	(651)	(672)	(621)	(751)	(746)	(826)
Less COVID-19 Costs	379	17	81	9	(46)	4
Sub total	**(8,217)**	**(7,961)**	**(8,200)**	**(8,184)**	**(8,599)**	**(8,855)**
Commissioning						
NCEL Provider Collaborative	(2,500)	(2,590)	(3,037)	(2,867)	(2,832)	(2,831)
Sub total	**(2,500)**	**(2,590)**	**(3,037)**	**(2,867)**	**(2,832)**	**(2,831)**
Central Support Services						
Board / Members' Council	(56)	(261)	(246)	(318)	(210)	(322)
Director of Operations	(279)	(189)	(123)	(733)	(97)	(69)
Corporate Affairs	(71)	(64)	(94)	(102)	(104)	(15)
ICT	(2,885)	(736)	(436)	(954)	(776)	(702)
Business Develop Unit	(173)	(65)	(86)	(144)	(71)	(125)
Social Inclusion	(64)	(98)	(87)	(82)	(77)	(73)
Finance	(422)	(452)	(556)	(330)	(438)	(455)
Human Resources	(765)	(674)	(652)	(724)	(755)	(525)
Central Medical/Pharmacy	(677)	(728)	(603)	(669)	(631)	(659)
NMET	(336)	(281)	(238)	(250)	(227)	(262)
Central Nursing/MHA admin	(1,974)	(379)	(584)	(534)	(498)	(571)
Chief Quality Officer	(618)	(385)	(405)	(415)	(354)	(344)
Director of Integrated Care	252	(155)	(298)	(153)	(224)	(201)
R&D	136	(28)	(25)	(77)	(28)	(84)
AMPS	(0)	(0)	(0)	(0)	(0)	(0)
Estates & Facilities	(4,024)	(2,343)	(2,630)	(2,981)	(2,424)	(2,687)
Central NHS SLAs	33	0	(62)	62	0	0
Less COVID-19 Costs	(18)	3	4	19	13	11
Sub total	**(11,941)**	**(6,836)**	**(7,121)**	**(8,386)**	**(6,902)**	**(7,083)**
Community Transformation	516					
Sub total	**516**	**0**	**0**	**0**	**0**	**0**
COVID-19						
Central COVID-19 Costs	(74)	(70)	17	(159)	(96)	(64)
Clinical Directorate COVID-19 Costs	(556)	(181)	(161)	(165)	(40)	(134)

Vaccination Centres	(327)	(241)	(294)	(271)	(236)	(392)
NEL Vaccination Lead Employer	(507)	(274)	(409)	(586)	(425)	(388)
Sub total	**(1,464)**	**(767)**	**(847)**	**(1,181)**	**(797)**	**(978)**
Reserves						
Development Reserve	559	(282)	(282)	565	(188)	419
Financial Viability	0	0	0	524	(288)	378
Pay/non pay reserve	8,501	(778)	(558)	(878)	(1,621)	(872)
Sub total	**9,060**	**(1,061)**	**(841)**	**211**	**(2,097)**	**(75)**
Other						
Other non-recurrent items	7,213	0	149	602	0	0
Sub total	**7,213**	**0**	**149**	**602**	**0**	**0**
EBITDA Spend	**(36,601)**	**(43,632)**	**(44,376)**	**(45,093)**	**(45,711)**	**(44,699)**
REPORTED EBITDA SURPLUS/(DEFICIT)	**2,844**	**1,937**	**2,346**	**1,465**	**2,226**	**1,777**
Interest Receivable	46	67	77	100	112	126
Interest Payable	(164)	(220)	(220)	(220)	(378)	(260)
Depreciation	(879)	(1,885)	(2,020)	(2,025)	(1,888)	(1,954)
Public Dividend Capital	(438)	(444)	(444)	(444)	(444)	(444)
NET SURPLUS/(DEFICIT) BEFORE ADJS	**1,409**	**(544)**	**(261)**	**(1,125)**	**(373)**	**(756)**
Lease adjustment	**0**	**0**	**0**	**120**	**40**	**40**
ADJUSTED NET SURPLUS/(DEFICIT)	**1,409**	**(544)**	**(261)**	**(1,005)**	**(333)**	**(715)**

	Mar-22 £000	Apr-22 £000	May-22 £000	Jun-22 £000	Jul-22 £000	Aug-22 £000
COVID-19 Block Income						
CCGs COVID Funding	0	375	375	375	375	375
BLMK Hospital Discharge Fund	938	0	0	0	0	0
COVID-19 Other Income						
Vaccination Centre (London)	308	236	288	264	236	373
Vaccination Centre (Luton & Bedfordshire)	7	6	6	7	0	19
Vaccination Lead Employer	507	274	409	585	436	379
TOTAL COVID Income	**1,759**	**891**	**1,078**	**1,231**	**1,047**	**1,146**
COVID-19 Expenditure						
Central COVID-19 Costs	(74)	(70)	17	(159)	(96)	(64)
Clinical Directorate COVID-19 Costs	(556)	(181)	(161)	(165)	(40)	(134)
Vaccination Centres	(315)	(241)	(294)	(271)	(236)	(392)
NEL Vaccination Lead Employer	(519)	(274)	(409)	(586)	(425)	(388)
TOTAL COVID Expenditure	**(1,464)**	**(767)**	**(847)**	**(1,181)**	**(797)**	**(978)**
NET COVID INCOME LESS EXPENDITURE	**295**	**124**	**231**	**50**	**251**	**168**



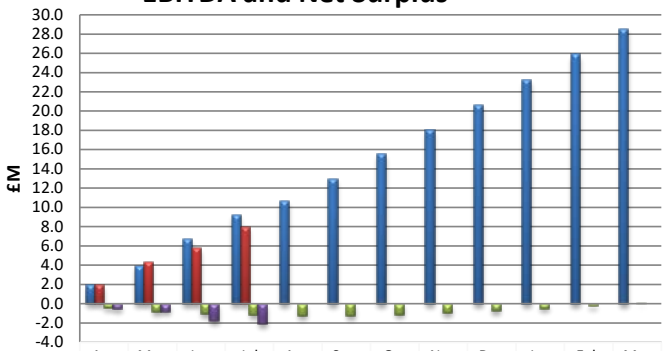
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
EBITDA Plan	1.9	3.9	6.7	9.2	10.6	13.0	15.5	18.1	20.6	23.3	25.9	28.5	28.5
EBITDA Actual	1.9	4.3	5.7	8.0									
Net Surplus Plan	-0.4	-0.9	-1.1	-1.2	-1.2	-1.3	-1.1	-0.9	-0.8	-0.5	-0.3	0.0	0.0
Net Surplus Actu	-0.5	-0.8	-1.8	-2.1									

Financial Overview to Period Ending 31st August 2022

EBITDA AND NET SURPLUS

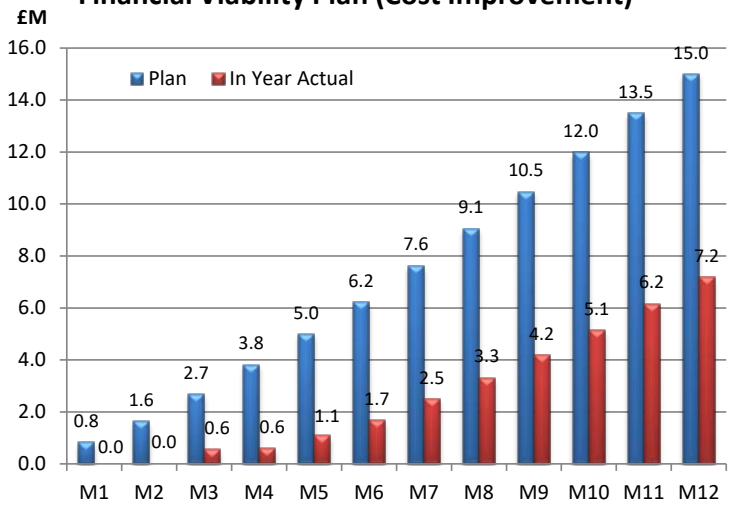
Reported	To 31/08/22 £m	To 31/08/22 %	Projection £m	Projection %	Plan £m	Plan %
EBITDA	9.8	4.2	31.2	5.6	31.2	5.6
SURPLUS/ (DEFICIT)	(2.9)	(1.3)	0.0	0.0	0.0	0.0

EBITDA and Net Surplus



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
EBITDA Plan	1.9	3.9	6.7	9.2	10.6	13.0	15.5	18.1	20.6	23.3	25.9	28.5
EBITDA Actual	1.9	4.3	5.7	8.0								
Net Surplus Plan	-0.4	-0.9	-1.1	-1.2	-1.2	-1.3	-1.1	-0.9	-0.8	-0.5	-0.3	0.0
Net Surplus Actual	-0.5	-0.8	-1.8	-2.1								

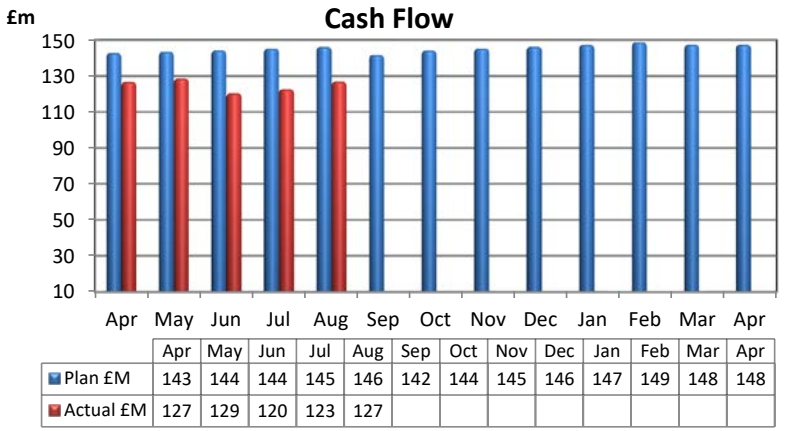
Financial Viability Plan (Cost Improvement)



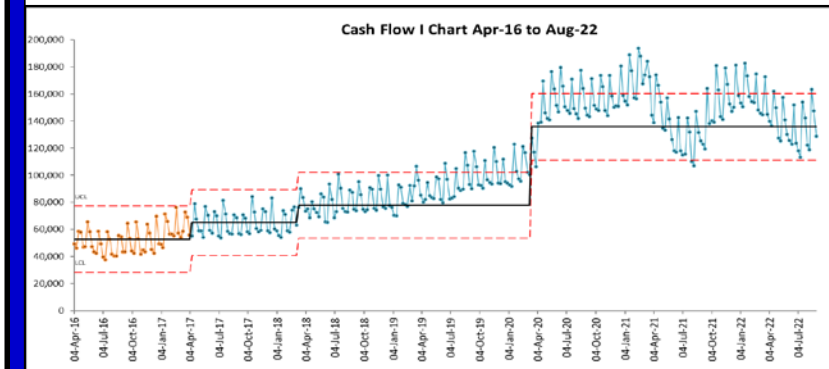
WORKING CAPITAL

		£m	Risk
Cash	: at Bank	126.9	
	: Short term deposits	0.0	
Short term	: Assets	166.2	
	: Liabilities	120.1	
		123	

Cash Flow



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Plan £M	143	144	144	145	146	142	144	145	146	147	149	148	148
Actual £M	127	129	120	123	127								



	M01	M02	M03	M04	M05
DEBTOR DAYS	8	9	8	10	8
CREDITOR DAYS	23	19	21	20	15

RISKS AND RISK RATINGS

INCOME	£m
Total EBITDA Income	553.6
CCG	426.0
NHSE	10.4
Other	114.5
Deferred Income	2.7
INCOME RISK	LOW

EXPENDITURE

Financial Viability Prog.	HIGH
Expenditure Risk	HIGH

SEGMENTATION FRAMEWORK

SEGMENT 1

NHS
East London
NHS Foundation Trust

REPORT TO THE TRUST BOARD IN PUBLIC
29 September 2022

Title	Audit Committee Meetings 24 August and 14 September 2022 – Committee Chair's Assurance Report
Chair of the meeting	Anit Chandarana, Non-Executive Director and Chair of the Audit 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 Extraordinary Audit Committee meeting on 24 August 2022 and the Audit Committee meeting held on 14 September 2022.

Key messages

Audit Committee meeting on 14 September 2022

Annual Report and Accounts 2021-2022 Trust and External Auditors Update

- Trust continues to respond to and provide information on the queries from BDO in a timely manner; there could, however, be further queries following the partner's review and quality review which is on track
- No significant issues or concerns raised; and previous concerns around compliance with policies have been satisfactorily resolved
- Anticipated that the final external audit opinion report will refer to some significant weaknesses (i.e. use of resources) and general improvements required in controls around complete and accurate reporting on exit package disclosures. Practical and feasible recommendations are being worked on to ensure they can be implemented to address the weaknesses.

Deep Dive: Learning and Actions from External Audit Issues Relating to Exit Packages

- The Committee supported the proposed approach for undertaking a deep dive structured review of the Trust's controls and decision-making processes following the identification of some areas of weakness during the external audit of the Trust's annual report and accounts
- The aim of the review is to assess the effectiveness of existing controls, as well as identifying any gaps/areas of weakness and opportunities to strengthen the Trust's systems and processes. This will support ensuring there is a sound system of internal control that identifies and manages risks as well as safeguard public funds
- Taking account of the learning from the issues raised by the external auditor, six overarching themes have been identified that will provide a framework for the review. The review will take account of the learning to date and good practice, using an objective approach, and will also provide an update on the specific actions and areas of improvement previously identified.

Appointment of External Auditor

- The Council of Governors has agreed the process and timeline for the appointment of the external auditor; once finalised the specification will be circulated to Governors for approval
- Three Governors have been identified to join the appointment panel which also includes two Audit Committee Non-Executive Directors members and will be chaired by the Executive Director of Commercial Development; the interim Chief Finance Officer will act in an advisory capacity
- The Committee approved the specification and ratified the appointment process and timeline.

Internal Audit Update

- Overall positive feedback from RSM's Health Benchmarking Report for 2021-2022 which compares the Trust with other health clients; despite a decrease in reasonable assurances, there were no minimal assurance opinions issued and less high management actions required than other clients

- The Committee stressed the importance of ensuring overdue actions are monitored and responded to in a timely fashion and, where appropriate, removed if no longer presenting a risk, and requested that an escalation process is established
- The Committee also requested a Board development session/discussion to explore the implications and potential impact on the Trust's internal control taking account of the external environment (ICSs and provider collaboratives) the Trust is working in particularly in respect of the implications for future internal audit programmes and impact on ELFT's BAF risk profile.

Counter Fraud Update

- Maintaining a high profile around fraud prevention including ongoing work to create content with a strong message on the consequences of committing fraud for both staff but also locum and agency providers
- Reviewing system wide opportunities for collaborative working on counter fraud.

Audit Committee Annual Review

- The Committee agreed to use the facilitated conversation review methodology for its annual review as introduced last year
- An action plan will be developed to take forward any issues raised or areas identified for strengthening which will be included in the Trust's overarching corporate governance development plan.

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
- Changes to risk scores include:
  - 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*
    - Current risk score increased from High 12 to **Significant 16** (4 x 4, i.e. impact is major 4 x likelihood is likely 4)
  - 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*
    - Current risk score decreased from Significant 25 to Significant 20 (5 x 4, i.e. impact is catastrophic 5 x likelihood is likely 4)
- 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
- A summary report is also included in the lead Committees' assurance reports to the Board.

Quality Assurance Committee Minutes and Update

The Committee considered the communications process for high profile media cases involving ELFT service users.

Extraordinary Audit Committee meeting on 24 August 2022

Annual Report and Accounts 2021-2022: Update on External Auditor's Queries

- Trust is responding to and providing information on the outstanding queries from BDO who would require additional time to complete the review. However, the remainder of the audit is complete and BDO is in the process of undertaking their quality review and value for money audit
- As a result of these queries, adjustments to the financial statements are expected to be made and identification of internal control weaknesses and remedial actions will need to be reflected in the annual report and annual governance statement
- Learning and actions have been identified as a result of the queries raised by BDO; however, the Committee requested that a process for a deep dive review be presented at the next meeting and that an internal audit review should also be undertaken.

Appointment of External Auditor

- An update report was provided on the process for the appointment of an external auditor
- A pre-procurement engagement exercise has commenced prior to the competitive process and a review of the audit contract and specification is being undertaken, to ensure our process leads to the selection of a strong partner and critical friend with whom the Trust can build a constructive and trusting relationship
- The Committee noted there is a nationally a shortage of auditors and capacity issues market-wide may restrict interest from some companies, and that there is a tight timeframe for both the appointment process as well as for the auditor to meet next year's audit deadlines.

Previous Minutes: The approved minutes of the previous Audit Committee meetings are available on request by Board Directors from the Director of Corporate Governance.

BOARD ASSURANCE FRAMEWORK 2022-2023

BAF Dashboard 2022-2023 (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	12 ↔	12 ↔	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	8	8 ↔	8 ↔	8 ↔					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	12	12 ↔	n/a	12 ↔					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	12 ↔	n/a	12 ↔					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	12	12 ↔	12 ↔	12 ↔					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	16 ↔	n/a	16 ↔					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	16 ↔	n/a	16 ↔					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	12	12 ↔	12 ↔	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	25 ↔	25 ↔	20 ↓					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
Review Date	1 September 2022
Executive Lead	Executive Director of Integrated Care
Lead Committee	Integrated Care & Commissioning Committee

Risk Score 2022/2023								
Residual	Apr/May	Jun/Jul	Aug/Sept	Oct/Nov	Dec/Jan	Feb	Apr 22	Target
12	12 ↔	12 ↔	12 ↔					8

Context

- 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 sector
- To properly move to the next stage of improving population health outcomes, and delivering the next stage of NHS LTP implementation, the Trust needs to go further in ensuring that internal capability and capacity is developed to support transformation, in particular in delivering MHS and CHS around PCNs, and ensuring smooth and effective intermediate care (both rapid response and discharge to assess) between hospital and community
- This 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 development
- Current 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
- There have been no significant changes to the BAF since July mainly due to the slowing down of ICS development activity during August

Progress

What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed
• 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 programme • System leadership module development being planned • Integrated care competencies development in train • Marmot next steps in place and being mobilised including Board development with Prof Sir Michael Marmot • Fuller Report publication with Trust-wide seminar in September to initiate more detailed focus and planning	• 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 nationally • Developing new service model for social care in Bedford, Central Bedfordshire and Luton • Development of execution plan for population health strategic outcome	• NEL ICS level community health planning forum now in place, with agreement from NEL ICS CFO to develop indicative investment schedule • Meetings in place with Bedfordshire & Luton DASSs to take forward next steps in social care design

Risk score: Remains at High 12

BAF 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

Strategic Priority	Improved population health outcomes
Review Date	1 September 2022
Executive Lead	Executive Director of Integrated Care
Lead Committee	Integrated Care & Commissioning Committee

Risk Score 2022/2023								
Residual	Apr/May	Jun/Jul	Aug/Sept	Oct/Nov	Dec/Jan	Feb	Apr 22	Target
8	8 ↔	8 ↔	8 ↔					8

Context

- Trust continues to work purposefully and proactively to be a trusted system partner in our ICSs and place-based partnerships. Trust Executive have established excellent working relationships in our ICSs and where appropriate have taken on leadership roles for ICS programmes/workstreams
- The two ICSs have had different approaches to responding to the new system design framework/legislation. There are differences in approach across each of the place-based systems, as a consequence of differences in population needs and assets, patterns of services, relationships, history and politics. The Trust is working flexibly in response to the difference in each of the systems, whilst also sharing learning where this is applicable and appropriate
- Current strategic issues include the recent publication of the NHS Bill, and the mobilisation of ICS establishment programmes in the ICSs, ensuring that the Trust has influence in the same, and the development of provider collaboratives at the heart of ICS development
- Delay in legislation coming into force to July 2022 gave more time to ICS partners to mobilise new ways of working and structures
- ICS design processes and recruitment to new Integrated Care Boards is now progressing well, though it is recognised that not all aspects of the refreshed ICS architecture will be fully in place for 1 July 2022
- There have been no significant changes to the BAF since July mainly due to the slowing down of ICS development activity during August

Progress

What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed
• Joint work with NELFT to design future ways of working, including recruitment of a Joint Chair • Development of NEL Mental Health, Learning Disabilities and Autism Alliance making progress, including internal and external discussion on the proposed approach • Momentum to develop BLMK collaborative • Recruitment to two Deputy Directors of Integrated Care (BLMK, NEL) to support the above developments complete • Work to develop mental health strategic objective in NEL, led by service users and carers	• Development of North East London CHS Alliance planning now under way • Relationships between various operating tiers of the ICS, in particular what a delegation and governance arrangements might be across the ICS (e.g. provider collaborative) in relation to place based delegation and governance arrangements, is a major area of debate and focus at present, in both ICSs	• CHS collaborative design workshops to initiate design process for CHS collaborative • Development of clear narrative for provider collaborative, and participation in ICS and place-based discussions through ICS establishment group, NEL ICS has undertaken work to determine model for how transformation is planned, led and delivered

Risk score: Remains at High 8, reflecting the significant effort, commitment and capacity the Trust is putting into working with partners to develop appropriate architecture that will support the Trust to continue to deliver its strategy

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

Strategic Priority	Improved patient experience
Review Date	1 September 2022
Executive Lead	Chief Executive
Lead Committee	People Participation Committee

Risk Score 2022/2023					
Residual	Apr/June	July/Sept	Oct/Dec	Jan/Mar	Target
12	12 ↔	12 ↔			8

Context
• 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 • Use of Force Act requires changes to practice and governance iro use of force in MH wards for NHS and police. Work on implementing this Act continues with oversight by QAC

Gaps in Control or Assurance
• Patient experience data collated at Trust wide level; Care Opinion introduced as Trust-wide tool • Wider population input into service development and population health developments • Corporate People Participation infrastructure and approach • Development of ICS approaches

Progress		
What's going well inc future opportunities	**Current challenges inc future risks**	**How challenges are being managed**
• 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 • East London service user conference to set priorities for the ICS work on mental health • 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 expanded and 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 following launch of the Trust's carers' strategy • Recruitment of corporate PPL role • Young people involvement in LGBTQ network • Co-production of new models for commissioning/delivery in 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)	• 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	• 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 • Recruitment to 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 • Implementation of Care Opinion to support the collation of patient experience data
Risk score: Remains at High 12		

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	1 September 2022
Executive Lead	Chief Nurse
Lead Committee	Quality Assurance Committee

Risk Score 2022/2023							
Residual	Apr/May	Jun/Jul	Aug/Sept	Oct/Nov	Dec/Jan	Feb/Apr 22	Target
12	12 ↔	12 ↔	12 ↔				9

Context

- Covid-19 and influenza: Trust remains vigilant following incident downgrading, working with local system partners to ensure resilience and capacity to re-establish full incident responses if warranted
- PFDs: action plans continue to be monitored
- MHS: demand remains high in crisis services and bed occupancy consistently high above 90%. Work aligned with winter planning which has now commenced to ensure a joined up approach and continuous focus on main areas of high activity and pressure. Have set up additional capacity contingencies in the private sector and commissioned step down beds with suitable local providers. Workforce available is challenging but remains safe
- CHS: engaged in system winter planning, with main focus on ensuring acute providers have the capacity to support anticipated increased winter activity

Gaps in Control or Assurance

- 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 harm
- **G1** CHS and primary care clinical practice assurance programme
- **G2** Support a reduction in SIs
- **G3** 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 Committee
- **G4** Embedding and understanding of primary care services and ensure corporate functions support adequately
- **G5** 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
• Escalation and sharing of evolving Covid incidence across inpatients • Joint and coordinated management of bed occupancy, flow and discharges in line with Covid safe practices • ICS level partnership work which supports our out of hospital offer • Virtual 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 Hamlets • Staff absences have continued to decrease with average of 50 since last update • Executive walkrounds have continued with teams • NED walkrounds have continued	• Demand in operational services continues to increase including waiting lists: • In winter period alongside continuing Covid, its associated disruptors, staff absences increasing, isolation requirements and caring responsibilities • Workforce: recruitment challenges due to vacancies with additional requirements for MH transformation work. Training uptake requiring release of staff due to covering of wards and increased training needs linked to infection control/prevention and the PFD. Capacity issues in risk and governance team has led to delays in SI investigations • Complaints: high number of overdue complaints which following a targeted response has now been cleared	• Services continue to review delivery based on risks of patients group and staff availability • New analytics in PowerBI released to support community-based teams using RiO to view and manage their caseload and waits in real-time • Standardised recovery plans for waiting lists and backlogs, overseen through the internal performance management structures, led by the CQO • Complaints: 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 timelines • Action plan in place to address backlog of SI investigations

Risk Score: Remains at High 12

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**
Review Date	9 September 2022
Executive Lead	Chief People Officer
Lead Committee	Appointments & Remuneration Committee

Risk Score 2022/2023							
Residual	**Apr/May**	**Jun/Jul**	**Aug/Sept**	**Oct/ Nov**	**Dec/Jan**	**Feb/Mar**	**Target**
16	**16** ↔	**n/a**	**16** ↔				**9**

Context

Internal Audits: Wellbeing audit, equality audit, recruitment and retention audit and Fit & Proper Persons Requirement (FPPR) audits completed and actions being addressed

Workforce planning, recruitment and retention:

- Transformation Project role has been made permanent
- Project on agency workers is ongoing and is seeing some traction
- Progress has been presented at Trust Board in March 2022
- Second Picker quarterly pulse survey went live at the beginning of April 2022

People development:

- 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 now resolved with appraisal window for 2022 now June to Oct 2022
- Trust online induction programme and local induction programmes launched

Actions being undertaken relate to following people plan priority areas: growing and developing for the future, and new ways of working.

Gaps in Control or Assurance

- New post created and recruited to lead on workforce planning; started Nov 21
- Recruitment & Retention Group covers all professions
- Review 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 competitive
- Project initially focusing on agency doctors recruitment, now broadened across all staff groups
- 10 projects under way to make improvements inc two QI projects
- Exploring what support can be offered to staff who decide not to be vaccinated, e.g. outplacement support
- Exploring 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
• Significant efforts made re international recruitment including direct overseas recruitment • Plans in place to expand the temporary staff function. Proposals are being made to improve controls and the quality of service • ELFT People Plan 2022-2026 signed off and launched • National staff survey will now include Bank workers which is welcomed • Range of work underway to support staff with cost of living challenges, including increase in mileage rates and events being arranged to focus on cost of living	• Challenges in CAMHS consultant posts • Cost-of-living increase impact on staff • New LMS has some challenges in terms of data quality. This is essential to phase 2	• Recruitment & Retention Group covers all professions and focusing on new roles • Scoping recruitment and retention offer In response to CAMHS recruitment challenges • Project focusing on agency recruitment broadened across all staff groups • 10 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 hire • Providers 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

Risk Score: There are no recommended changes to the current risk score which remains at Significant 16

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**
Review Date	9 September 2022
Executive Lead	Chief People Officer
Lead Committee	Appointments & Remuneration Committee

Risk Score 2022/2023							
Residual	**Apr/May**	**Jun/Jul**	**Aug/Sept**	**Oct/ Nov**	**Dec/ Jan**	**Feb/ Mar**	**Target**
16	**16** ↔	n/a	**16** ↔				**9**

Context

Equalities:

- Appointed Head of Equality, Diversity, and Inclusion (EDI); started June 2022
- Trust progressing to the next phase of becoming an anti-racist organisation: ELFT is a case study for tool call Flair, questionnaire based on situational judgement re bias, inappropriate comments, discrimination, etc. Survey live from 17 Aug to 16 Sept. There will be a report and a dashboard which could inform action plans going forward
- An equality plan which includes the Equality Delivery System 2; action plan drafted
- ELFT people plan to support Trust's refreshed strategy approved and launched
- Equality Delivery System 2 (EDS 2) submitted and published on Trust website

Staff Survey: Three priorities identified: equality, diversity and inclusion; safe environment; staff wellbeing

Staffside:

- Continue to have positive working relationships with staff side; JSC away day taken place with focus on partnership working, ICBs and systems, and primary care
- Awaiting notification re industrial action/intention to ballot members for strike action linked to pay award

Actions being undertaken relate to following people plan priority areas: belonging in the NHS and looking after our people.

Gaps in Control or Assurance

- External review of new starters
- Reviewed our ER processes and continue to work with staff side
- Head of Equality, Diversity and Inclusion commenced in May 2022
- A detailed equality plan has been drafted summarising the work to date and a plan outlining the next steps in the context of Race and Privilege
- RSM Audits

Progress

What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed
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.	**Whistleblowing cases:** Employment Tribunal activity has significantly reduced. Similarly, the number of Whistleblowing cases has reduced to zero	**Freedom to Speak up Guardian:** promoting the use of the Freedom to Speak Up Guardian

Risk Score: There are no recommended changes to the current risk score which remains at Significant 16

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
Review Date	1 September 2022
Executive Lead	Chief Finance Officer/Chief Nurse
Lead Committee	Finance, Business & Investment Committee

Risk Score 2022/2023							
Residual	Apr/May	Jun/Jul	Aug/Sept	Oct/Nov	Dec/Jan	Feb/Mar	Target
12	12 ↔	12 ↔	16 ↑				9

Context
• FV 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 work • Initial re-engagement with FV Programme as we emerged from pandemic period, has not delivered the required FV achievement • Previous 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

Gaps in Control or Assurance
• **G2** Developing and embedding a 'waste management' culture through staff engagement • **G3** Developing and embedding structured support and framework for Directorates and Corporate services to deliver FV plans

Progress		
What's going well inc future opportunities	**What are the current challenges inc future risks**	**How are these challenges being managed**
• Engaging staff in waste reduction initiatives • Focussed and expanded Sector Group sessions (and other key Trust-wide forums) to develop Value / FV schemes • Increasing proportion of FV Programme delivered through waste reduction	• Delivering FV aims during challenging financial circumstances • Balancing the retention of our organisational treasures and overall approach to FV, with achieving significant cost reduction • Identifying sufficient plans to meet high 22/23 target • Reduced opportunity to support FV Programme through income overheads • Requirement for increased proportion of FV Programme to be delivered through clinical service transformation, in the context of bed pressures and workforce issues • Capacity required within FV PMO and sectors to deliver programme	• Reviewing Trust approach to FV delivery in context of current financial and clinical pressures • PMO expanding reach on an ongoing basis, identifying additional forums where Value / FV / waste reduction can be discussed and new cost reduction opportunities identified, including work with QI • Overall FV Programme now more balanced across the three workstreams • FV PMO and Exec leads progress and implementation sessions with Directorates will now be implemented monthly, to stimulate ownership and delivery of FV schemes

Risk Score: Recommendation that the current risk score increases to **High 16** (impact remaining *major 4* and the likelihood increasing to *likely 4)*

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**
Review Date	1 September 022
Executive Lead	Chief Digital Officer
Lead Committee	Finance, Business & Investment Committee

Risk Score 2022/2023							
Residual	**Apr/May**	**Jun/Jul**	**Aug/Sept**	**Oct/Nov**	**Dec/Jan**	**Feb/Mar**	**Target**
25	25 ↔	25 ↔	20 ↓				8

Context

- 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/manage digital innovation in a more structured/joined up way to support delivery and success, e.g. digital/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

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

G7: Address areas of immediate concern found during 127 sites survey including funding and capacity; addressed by digital and estates strategies

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

G9: Workstream to encompass requirements for digital support for not site based areas

G10: A full benefits realisation plan needed

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

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

Progress

What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed
• 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 prioritise digital change with operational leadership	• Post Covid increase in cyber crime has seen neighbouring Trusts lose connectivity to data affecting patient safety. There is now more pressure on implementing anti-cyber responses and reporting centrally • 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	• 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

• 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 • Digital staff consultation is nearing completion with the new structures in place by November 2022	• Fragility of some of current infrastructure and ensuring we can continue to operate whilst delivering new technology • 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	• 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
Risk score: Recommendation is that the current risk score is reduced to **Significant 20** to reflect the presence of a CISO, the great work being carried out on the full site surveys and infrastructure programme, and the progress with the digital staff consultation. The Cloud service continuity threat is still present, but there is a robust plan to establish a new live copy in the AWS environment, meaning we will no longer be reliant on the UKCloud instance by 30 September 2022. This is monitored through a weekly project board attended by the COO and CDO. The aim is to reduce all risks for digital to **High 15** by December 2022 – if all actions are delivered.		

NHS
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NHS Foundation Trust

REPORT TO THE TRUST BOARD IN PUBLIC
29 September 2022

Title	ELFT Charity Committee 22 September 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 22 September 2022.

Key Messages

ELFT CHARITY

Communication Plan Update

- Range of work has been undertaken to communicate with services and staff on various aspects of the Charity including applying for grants
- Following a poll, new logo has been launched, and brand development has commenced. The new logo was first publicly aired at the 'Big Half' event where nine staff members ran in a marathon raising monies for the Charity.

Fund Raising Plans

- Detailed consideration was given to the plans for developing a long term fundraising strategy for the Charity; a phased approach would be undertaken and a timeline would be developed
- The importance of developing impact stories was crucial to support with bidding for funds
- There is an opportunity to explore the skills and knowledge of our staff who have experience in bid writing to support with fundraising applications

Funding Awarded

- Since June 2021 £118,000 has been awarded across 25 projects in Trust services
- Recent awards have focused on improving social networks for the younger population including a sensory garden for Newham, a family event, and a dedicated goody bag for babies as part of the programme
- The awards have been primarily within London services and it is recognised that there needs to be a focused communications plan to encourage more requests from Bedfordshire and Luton.

Risk Register:

- The risk register, identification of risks and mitigations still evolving
- Additional risk around reputation damage/relationship damage to be added.

Previous Minutes: The approved minutes of the previous Charity Committee meeting are available on request by Board Directors from the Director of Corporate Governance.

NHS
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REPORT TO THE TRUST BOARD IN PUBLIC
29 September 2022

Title	Integrated Care & Commissioning Committee 25 July 2022 and 8 September 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 25 July 2022 and 8 September 2022.

Key messages

Meeting on 8 September 2022

Anchor Organisation Strategy

- Ongoing focus and work on the alignment of the Trust's anchor work with the Marmot principles for improving population health including introduction of standard metrics to measure progress
- Strategic summit arranged for 11 November 2022 to celebrate achievements to date but also for further engagement with staff, service users and partners which will inform the final draft of the strategy and action plan
- The three biggest achievements to date are the introduction of social values into the procurement process, supporting service users into employment across the Trust, and development and implementation of the Green Plan for 2022-2025
- The Committee highlighted the benefit in using our integrated partnerships in the approach to estates usage and apprenticeships, as well as a greater emphasis on the digital enhancements that could assist in the progress of the Green Plan
- The Committee requested more specificity around the current baseline position and bolder, more ambitious aims and targets, and encouraged further leverage of the supply chain to work jointly on driving greater employability for the local population.

Improving Population Health Outcomes

- As with the anchor organisation strategy, ongoing focus and work on developing methodology including prioritising programmes of work, establishing clear set of ambitions against the six Trustwide improving population health objectives, and developing metrics to monitor progress (both process and broader population based metrics)
- The Committee was supportive of the direction of travel and encouraged the setting of bolder, more ambitious aims and targets which will impact across a wider set of metrics
- The Committee highlighted the importance of remaining clear and specific around the Trust's contributions and our leadership role in this area within the ICS, as well the need to continue to leverage other organisations to drive investments.

New Models of Care North Central East London (NCEL) CAMHS

- Continued progress of the provider collaborative, in particular that there are no young people across NCEL currently in any out of area adolescent intensive care units
- Work continues across all units to reduce lengths of stay, creating flow within the system and significantly reducing the number of admissions compared to two years ago; however, there is still a need to eliminate variances across the collaborative
- Service user led quality reviews demonstrates real progress in how units are involving young people in the personalisation of care plans with positive changes in their experiences of care

Communications Plan 2022-2026

- Proposed plan represents the ambitions towards improving the lives of the local populations and the important role communicating, engaging, listening, learning and working together plays in this journey
- The Committee requested further consideration on the relationship between the measures and objectives, and how the plan intends to influence audiences together with a clearer phasing of delivery.

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* and
  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*
    - Following the establishment of the ICSs development activity has slowed, however it is expected that the impacts of the mental health provider collaboratives will be able to reported on in the coming months
- **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 work on enhancing partnership relationships with significant investment from CAMHS into tackling inequalities, commissioning new services in collaboration with the voluntary sector which are expected to be in place by December
    - Investment into children's social care services during the winter period across the three local authorities to engage social care professionals working to reduce lengths of stay and improved outcomes
    - The introduction of new higher trainee roles in CAMHS specifically to operate across any unit where there are staffing challenges
    - Despite the risk mitigations in place, it is considered to be too early to determine whether these have made a substantial difference and it is not proposed to reduce the risk score at this time.
- The Committee agreed there were no changes to the risk scores and that appropriate controls are in place and operating effectively.

Meeting on 25 July 2022

System Planning

The Committee noted the current stop/start nature of the system planning process over the last two years and also the ongoing risk around clarity on the allocations likely to be made:

- System planning for 2022/2023 concluded in July 2022
- Planning for 2023/2024 is due to commence in September 2022. NHS England are refreshing their Long Term Plan and it is expected that Trusts will be required to submit a strategic plan up to 2024/2025 which links to the requirements of ICB forward planning.

BLMK Mental Health Collaborative

The Committee noted the progress on more formalised system working:

- A committee of the Integrated Care Board (ICB) has been established to carry delegation for mental health and, through partnership agreements, taking on responsibility for delivering the mental health programme with accountability back to the ICB
- Provides an opportunity to reinvigorate borough and local authority footprint partnerships to broaden the focus and create a place in each borough to plan together to meet mental health needs, with the aim of creating a joined up service
- The effectiveness of the Bedfordshire, Luton & Milton Keynes (BLMK) mental health service, with high trust partnerships in place to enable robust challenge and learning.

North East London (NEL) Integrated Care System (ICS):

- As with the BLMK Mental Health Collaborative, a committee of the ICB has been established to carry delegation for the mental health programme (NEL Mental Health, Learning Disability & Autism Collaborative)
- NEL Community Health Services Collaborative committee of the ICB has also been established
- Mental health summit being planned for 21 September 2022 to explore with service users what they think is most important for the ICS to consider when identifying mental health as one of their four priorities, going beyond the Long Term Plan.

Trust Strategy Update

- The Committee received assurance on the mobilisation of the Trust's strategy delivery plan specifically focusing on the priority areas for Q1 and the impact and progress against the key measures for each of the four strategic outcomes
- The Committee noted the opportunity to include more detail, specifically around financial viability and mechanisms for monitoring delivery.

Board Assurance Framework – Risks 1, 2 and 9

The Committee agreed there were no changes to the current scores for the following risks, noting:

- **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:*
    - Publication of the Fuller review providing new context and policy emphasis on developing multi-disciplinary teams (MDTs) in neighbourhoods and gathering momentum.
    - Work underway with Bedfordshire and Luton Councils around the social work services embedded in our teams.
- **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*

    - Terms of Reference in place for two committees in the ICB with implementation by September/October 2022.
- **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 high amount of transactional work in collaboratives, particularly in the East of England around children's beds and an agreed approach to bed management.
    - The CAMHS T4 unit will open initially with eight beds and some community capacity to support the strategic work to understand their demand and capacity.

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.

NHS
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REPORT TO THE TRUST BOARD IN PUBLIC
29 September 2022

Title	People Participation Committee 15 September 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 15 September 2022.

Key messages

Update of Directorate PP Priorities: Newham Mental Health Services

- Newham is focusing on three WTG priorities: addressing inequalities, education, and care and treatment with a range of actions being undertaken
- Addressing inequalities: cultural safety training developed and being piloted; QI project on identify; a Newham African, Caribbean and Asian group established; non-English speaking Newham residents are supporting the befrienders' project
- Education: funding received for the development of a recovery college which is at an early stage – this is a joint venture with London Borough of Newham; female empowerment group established; co-producing numeracy education for adults
- Care and treatment: changes made to letters to service users and carers following feedback that they were difficult to read; plans for end of year creative exhibition to showcase the work.

Update of Directorate PP Priorities: Bedfordshire Community Health Services

- Bedfordshire CHS focusing on three WTG priorities: care and treatment, education and improving quality of life
- Key aim is to involve as many services users as possible – there are now 30 involved in interview panels, training, accreditation programmes, etc
- Care and treatment: continuing to make the PP offer to service users and carers as early on in their treatment as possible; following the development of a PP welcome pack, introducing a handbook; plans to design and publish a quarterly newsletter
- Education: working with universities continues to be a priority; service users are involved in teaching and delivering PP sessions, and also involved in delivering lessons learned events
- Improving quality of life: reviewing opportunity of developing discharge packs for chronic fatigue service; developing more employment opportunities for people with lived experience; continuing to develop peer support worker roles.

Mental Health Collaboration Summit

- A face to face event in London on 21 September and an online event on 23 September 2022 taking place; a similar event will be held in Bedfordshire and Luton at a later date
- Purpose is to understand what matters to people; to focus on whether the priorities remain relevant; and to review how best to develop the patient leadership offer at scale.

Reward and Recognition Update

- New member of staff has been appointed to review and manage payments which should help with reducing the backlog
- Recognition that there is still room for improvement with the process to ensure smoother and speedier payments
- Reward and Recognition Policy to be updated to reflect the £5 payment to be paid for those working from home as well as for those who return to the workplace.

Volunteer Policy

- The Committee approved the updated policy
- The culture of volunteering is about recognising the benefits for individuals, the Trust and the wider community, bringing communities together and building social cohesion
- New volunteer website launches in October and will be a one-stop shop for volunteering at ELFT
- To ensure volunteers feel heard and appreciated throughout their experience, a personal development plan will be developed with the focus on the reasons for volunteering and meeting their goals.

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:*

- Ongoing actions to mitigate this risk include:
  - Roll-out of Care Opinion as a tool to gather patient experience data
  - NEL ICS reviewing approaches to working with communities and service users; new governance structures are being designed to ensure a significant number of service users are involved in decision making
  - Recruitment of a Corporate PP Lead to support the work across corporate services
  - Within the CAMHS collaborative, young people are having an impact working alongside clinicians. As a direct result of working with young people in NE London, over £2m worth of NHS resources has been released for eating disorders and young people in crisis, which demonstrates how this can help to address some of the risk.
- The Committee agreed there were no changes to the risk score and that appropriate controls are in place and operating effectively.

Feedback

At a London-wide meeting the interim CMO for London praised his visit to Trust services in Newham which was hosted by service users and spoke positively about the adolescent mental health services.

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	✓	✓	✓		✓	✓	✓	✓	✓
	Patient Safety Framework							✓		
	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	✓				✓			✓	
	EDI									✓
	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)		✓							
	Patient & Carer Race Equality Framework PCREF					✓	✓			
Finance	Finance Report	✓	✓	✓		✓	✓	✓	✓	✓
	Financial Viability									
Governance	Annual Report and Accounts					✓	✓			
	Annual Reports:									

	~ Compass Wellbeing CIC Proposal and Annual Report	✓							✓	
	~ Internal Audit Plan		✓							✓
	~ 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	✓	✓							

Trust Board and Committee Dates January 2023 - March 2024

Annual Members Meeting (Zoom)
- Tuesday 8 November 2022 time TBC

Trust Board Meeting (Venue TBC)
18.00 – 19.00 NEDs pre-meeting (day before Board)
10:00 – 12:30 Board in private
13.00 – 15.30 Board in public
15:45 – 16:15 QI/People Participation presentation
- Thursday 26 January 2023
- Thursday 30 March 2023
- Thursday 25 May 2023
- June 2023 (Extraordinary ARA) TBC
- Thursday 27 July 2023
- Thursday 28 September 2023
- Thursday 30 November 2023
- Thursday 25 January 2024
- Thursday 28 March 2024

Trust Board Development Session (Board Room)
- Thursday 23 February 2023 12:00-17:00
- Thursday 27 April 2023 12:00-17:00
- Thursday 29 June 2023 12:00-17:00
- Thursday 19 October 2023 12:00-17:00
- Thursday 14 December 2023 12:00-17:00
- Thursday 15 February 2024 12:00-17:00

Appointments and Remuneration Committee (MS Teams)
- Thursday 9 February 2023 10:00-11:30
- Thursday 11 May 2023 10:30-12:00
- Tuesday 4 July 2023 12:00-13:30
- Thursday 24 August 2023 12:00-13:30
- Thursday 14 September 2023 10:00-11:30
- Thursday 2 November 2023 12:00-13:30
- Thursday 11 January 2024 10:30-12:00
- Thursday 7 March 2024 12:00-13:30

Audit Committee (MS Teams)
- Thursday 12 January 2023 15:00-17:00
- Thursday 16 March 2023 15:00-17:00
- Thursday 11 May 2023 14:30-16:30
- June 2023 (ARA) TBC
- Thursday 13 July 2023 14:30-16:30
- Wednesday 14 September 2023 14:30-16:30
- Thursday 16 November 2023 15:00-17:00
- Thursday 11 January 2024 15:00-17:00
- Thursday 14 March 2024 14:30-16:30

Charity Committee (MS Teams)
- Thursday 19 January 2023 10:00-11:30
- Thursday 20 April 2023 10:00-11:30
- Thursday 20 July 2023 15:00-16:30
- Thursday 19 October 2023 10:00-11:30
- Thursday 18 January 2024 10:00-11:30

Finance, Business & Investment Committee (MS Teams)
- Tuesday 10 January 2023 09:00-11:30
- Tuesday 14 March 2023 09:00-11:30
- Tuesday 9 May 2023 09:00-11:30
- June 2023 (ARA) (TBC)
- Tuesday 11 July 2023 09:00-11:30
- Tuesday 12 September 2023 09:00-11:30
- Tuesday 14 November 2023 09:00-11:30
- Tuesday 9 January 2024 09:00-11:30
- Tuesday 12 March 2024 09:00-11:30

Integrated Care & Commissioning Committee (MS Teams)
- Thursday 5 January 2023 15:00-16:30
- Thursday 9 March 2023 15:00-16:30
- Thursday 4 May 2023 15:00-16:30
- Thursday 13 July 2023 10:00-11:30
- Thursday 7 September 2023 15:00-16:30
- Thursday 9 November 2023 15:30-17:00
- Thursday 11 January 2024 13:00-14:30
- Thursday 7 March 2024 15:00-16:30

People Participation Committee (MS Teams)
- Thursday 16 March 2023 11:00-13:00
- Thursday 15 June 2023 14:00-16:00
- Thursday 21 September 2023 14:00-16:00
- Thursday 7 December 2023 14:00-16:00
- Thursday 22 February 2024 11:00-13:00

Quality Assurance Committee (MS Teams)
- Monday 9 January 2023 14:00-16:30
- Monday 6 March 2023 14:00-16:30
- Tuesday 2 May 2023 14:00-16:30
- Monday 26 June 2023 14:00-16:30 (Annual Reports)
- Tuesday 4 July 2023 14:00-16:30
- Monday 11 September 2023 14:00-16:30
- Monday 13 November 2023 14:00-16:30
- Monday 8 January 2024 14:00-16:30
- Monday 4 March 2024 14:00-16:30

Exec Pre Trust Board Papers Review (To be added to Exec Meeting agenda)
- Monday 9 January 2023
- Monday 13 March 2023
- Monday 8 May 2023
- Monday 10 July 2023
- Monday 11 September 2023
- Monday 13 November 2023
- Monday 8 January 2024
- Monday 4 March 2024

Exec Trust Board Papers Review Meeting (Board Room)
- Monday 16 January 2023 13:30-15:00
- Monday 20 March 2023 13:30-15:00
- Monday 15 May 2023 14:00-15:30
- Monday 17 July 2023 12:00-13:30
- Monday 18 September 2023 14:00-15:30
- Monday 20 November 2023 14:00-15:30
- Monday 15 January 2024 14:00-15:30
- Monday 18 March 2024 14:00-15:30

Exec Post Trust Board Review (To be added to Exec Meeting agenda)
- Monday 30 January 2023 09:45
- Monday 3 April 2023 09:45
- Tuesday 30 May 2023 09:45
- Monday 7 August 2023 09:45
- Monday 2 October 2023
- Monday 4 December 2023
- Monday 29 January 2024

Council of Governors Meetings
- Thursday 19 January 2023 17:00-19:00
- Thursday 9 March 2023 17:00-19:00
- Thursday 11 May 2023 17:00-19:00
- Thursday 13 July 2023 17:00-19:00
- Thursday 14 September 2023 17:00-19:00
- Thursday 9 November 2023 17:00-19:00
- Thursday 18 January 2024 17:00-19:00
- Thursday 14 March 2024 17:00-19:00

Acronyms

East London NHS Foundation Trust

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 DHSC	Department of Health & Social Care
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/ FTSU	Freedom To Speak Up
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

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

LA	Local authority
LCFS	Local Counter Fraud Service
LD	Learning Disabilities
LeDeR	Learning Disabilities Mortality Review
LTP	Long Term Plan
LWW	London living wage

M

MDT	Multi-Disciplinary Team
MHA	Mental Health Act
MHS	Mental Health Services
MOU	Memorandum of understanding

N

NCEL	North Central East London Provider Collaborative
NED	Non-Executive Director
NEET	Young people between the ages of 16 and 24 that are not in full time education, employment or training
NEL	North East London
NHSE	NHS England
NHSI	NHS Improvement
NHSEI	NHS England/NHS Improvement
NICE	National Institute for Clinical Excellence in Health
NMC	New models of care

O

OBC	Outline business case
OD	Organisational development
OOA	Out of area
OPEL	Operational Pressures Escalation Level

P

P&C	People & Culture
PALS	Patient Advice and Liaison Service
PC	Primary Care
PCSE	Primary Care Support England
PCN	Primary Care Network
PFI	Private finance initiative
PHSO	Parliamentary and Health Service Ombudsman
PICU	Psychiatric Intensive Care Unit
PMO	Programme management office
PP	People participation
PPG	People Participation Group
PPL	People Participation Lead
PSW	Peer Support Worker

Q

QA	Quality assurance
QAC	Quality Assurance Committee
QI	Quality improvement
QIA	Quality impact assessment

R

RAID	Rapid assessment
RCA	Root cause analysis
RCP	Royal College of Physicians
RIO	Electronic patient record system
RLW	Real living wage
RTT	Referral to treatment
RVS	Respiratory syncytial virus

S

SCYPS	Specialist Child and Young Person Services
SEND	Special Educational Need and Disability
SI	Serious incident
SID	Senior Independent Director
SIRO	Senior Information Risk Officer
SLT	Senior leadership team
SJR	Structure judgement review
SOC	Strategic outline case
SOF	Single Oversight Framework
SOP	Standard operating procedure
SME	Small and medium-sized enterprises
SPA	Single point of access
SPOR	Single point of referral
SRO	Senior Responsible Officer
STEIS	Strategic executive information system
Systm One	Electronic patient record system

T

ToR	Terms of reference
TWWTG	Trust-wide Working Together Group

V

VCS	Voluntary and community sector
VCSE	Voluntary, community and social enterprise
VDI	Virtual desktop infrastructure
VfM	Value for money
VPN	Virtual private network
VSM	Very Senior Manager

W

WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard
WTD	Working time directive
WTE	Whole-time equivalent
WTG	Working Together Group