

## Board of Directors Meeting in public

**Thursday 24 November 2022 from 13:00 – 15:35**

**The Rufus Centre, Steppingley Rd, Flitwick, Bedford MK45 1AH and by Zoom**

**12:15 – 13:00**

**Lunch**

**15:45 – 16:15**

**Presentation on Befriending Service**

### Agenda

#### Opening Matters

1	Welcome and Apologies for Absence*	Note	Eileen Taylor	13:00
2	Patient Story: Jude and Nova from Bedford Community Health Services*	Note		
3	Declarations of Interests	Assurance	All	13:20
4	Minutes of the Previous Meeting held in Public on 29 September 2022	Approve	Eileen Taylor	
5	Action Log and Matters Arising from the Minutes	Assurance	All	
6	Matters Arising from Trust Board in Private*	Assurance	Eileen Taylor	

#### Strategy

7	Chair's Report	Assurance	Eileen Taylor	13:25
8	Chief Executive's Report	Assurance	Paul Calaminus	13:40
9	Integrated Care & Commissioning Committee Assurance Report	Assurance	Richard Carr	13:55
10	Audit Committee Assurance Report	Assurance	Anit Chandarana	14:00

#### Quality & Performance

11	Quality Assurance Committee Assurance Report	Assurance	Prof Dame Donna Kinnair	14:05
12	Quality Report	Assurance	Dr Amar Shah	14:10
13	Performance Report	Assurance	Dr Amar Shah Edwin Ndlovu	14:20
14	Patient Safety Framework	Assurance	Dr David Bridle	14:30
15	Prevention of Future Deaths Report	Assurance	Dr David Bridle	14:45

## People

16	Appointments & Remuneration Committee Assurance Report	Assurance	Ken Batty	14:55
17	People Plan Report	Assurance	Tanya Carter	15:00

## Finance

18	Finance, Business & Investment Committee Assurance Report	Assurance	Aamir Ahmad	15:10
19	Finance Report	Assurance	Samanthi Gibbens	15:15

## Closing Matters

20	Board of Directors Forward Plan	Note	Eileen Taylor	15:25
21	Any Other Urgent Business*: <i>previously notified to the Chair</i>	Note	Eileen Taylor	
22	Questions from the Public*		Eileen Taylor	15:30
23	Dates of Next Meeting* <ul style="list-style-type: none"><li>• Thursday 26 January 2023</li><li>• Thursday 30 March 2023</li><li>• Thursday 25 May 2023</li><li>• June 2023 (Extraordinary ARA) TBC</li><li>• Thursday 27 July 2023</li><li>• Thursday 28 September 2023</li><li>• Thursday 30 November 2023</li><li>• Thursday 25 January 2024</li><li>• Thursday 28 March 2024</li></ul>			
24	Close			15:35

\*verbal update

**Eileen Taylor**  
**Acting Chair of the Trust**

12:15 – 13:00    Lunch

15:45 – 16:15    A people participation teatime presentation will focus on the Befriending Service

Presenter:

- Matt Preston, ELFT Befriending Service Lead

## Board of Directors Register of Interests: 11 November 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	<ul style="list-style-type: none"> <li>• Director and Trustee Place2BeCrisis</li> <li>• Volunteer, Shout (crisis support text line charity)</li> <li>• Psychotherapy Student, Regents University</li> <li>• Mentor at Mosaic, an LGBT+ young persons charity</li> </ul>
Ken Batty	Senior Independent Director	<ul style="list-style-type: none"> <li>• Chair of Trustees, Mosaic LGBT+ Young Persons Trust (receives funding from Lambeth CCG)</li> <li>• Chair of Nominations Committee, Royal College of Emergency Medicine</li> <li>• Director, 97 Langney Road Ltd</li> <li>• Director, Effingbat Properties Ltd</li> <li>• Director, Ken Batty in London Ltd</li> <li>• Fellow Royal Society of Arts (FRSA)</li> <li>• Vice Chair, Inner Circle Educational Trust</li> <li>• Trustee of Dr Frost Learning</li> <li>• Member, Queen Mary University of London (QMUL) Council</li> </ul>

Name	Job Title	Interests Declared
David Bridle	Interim Chief Medical Officer	<ul style="list-style-type: none"> <li>• Member, British Medical Association</li> <li>• Member, Medical Protection Society</li> <li>• Member, Royal College of Psychiatrists</li> <li>• Member, General Medical Council</li> </ul>
Paul Calaminus	Chief Executive	<ul style="list-style-type: none"> <li>• Member of North East London Integrated Care Board</li> <li>• Member of City and Hackney Integrated Commissioning Board</li> <li>• Member of Bedfordshire Care Alliance</li> <li>• Member of Central Bedfordshire Health and Wellbeing Committee</li> <li>• Wife is a Civil Servant in Department of Health</li> <li>• Named Shareholder for Health E1</li> <li>• Named Shareholder for Tower Hamlets GP Care Group</li> <li>• Named Shareholder for City &amp; Hackney GP Federation</li> <li>• Named Shareholder for Newham GP Federation</li> </ul>
Richard Carr	Non-Executive Director	<ul style="list-style-type: none"> <li>• Director and part owner, Richard Carr Consulting Ltd</li> <li>• Managing Director of East Midlands Development Corporation</li> <li>• Interim Director of Corporate Services, Edinburgh City Council (part-time)</li> </ul>



Name	Job Title	Interests Declared
Tanya Carter	Chief People Officer	<ul style="list-style-type: none"> <li>• Board Member of the Healthcare People Management Association (HPMA)</li> <li>• Chair of the Healthcare People Management Association Talent Board (HPMA)</li> <li>• Co - Chair of the London HR Directors Network</li> <li>• Member Chartered Institute of Personnel Development (CIPD)</li> </ul>

Name	Job Title	Interests Declared
Anit Chandarana	Non-Executive Director	<ul style="list-style-type: none"> <li>Lead Director, Network Rail Infrastructure Limited</li> </ul>
Steven Course	Chief Finance Officer / Deputy Chief Executive – Luton & Bedfordshire	<ul style="list-style-type: none"> <li>Director, Health &amp; Care Space Newham Ltd</li> <li>Wife is a physiotherapist working at March Physiotherapy Clinic (private practice)</li> </ul>

<p>Professor Sir Sam Everington KBE</p>	<p>Non-Executive Director</p>	<ul style="list-style-type: none"> <li>• GP Partner in Tower Hamlets since 1989 in Bromley By Bow Health. Is a member of Tower Hamlets GP Care group (CIC)</li> <li>• General Practice, based on the same site as The Bromley by Bow Centre (Charity).</li> <li>• Associate director NHS Resolution 2018-</li> <li>• Non-executive director of ELFT 2020-</li> <li>• Director Bromley by Bow Health Limited - joint venture with Greenlight Pharmacy around training of pharmacists in primary Care Sept 2020-</li> <li>• BMA Council member, 1989-</li> <li>• Vice President of the BMA, 2015-</li> <li>• Fellow of Queen Mary University of London 2015-</li> <li>• As a GP partners member of the MDDUS - insurance for the GP partnership.</li> <li>• Vice President Queen's Nursing Institute 2016-</li> <li>• Vice President and Council member the College of Medicine 2019-</li> <li>• Board member NHS Strategic Infrastructure Board 2020-</li> <li>• Member of the Royal College of GPs 1989-</li> <li>• Council member RCGP November 2022-</li> <li>• HEE Chair medical apprenticeship committee 2020-</li> <li>• HEE member of GP pilot committee 2019-</li> </ul> <ul style="list-style-type: none"> <li>• 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)</li> <li>• Stepson: Jordan Aldous-Wilson is employed by Bromley By Bow Health as a receptionist.</li> </ul> <p>Business Partners:</p> <ul style="list-style-type: none"> <li>• Rob Trimble, Chief Executive of The Bromley by Bow Centre is a non-paid partner of Bromley by Bow Health</li> <li>• Dr Julia Davis, GP business partner is paid by the GP Partnership to act as deputy CEO of the Bromley By Bow Centre (Charity)</li> <li>• Dr Savitha Pushparajah, GP Business Partner is a non-paid director of the Bromley By Bow Centre (Charity)</li> <li>• GP Business Partners, Dr Khyati Bakhai, Dr Selvaseelan Selvarajah, are Directors of Greenlight GP Connect Ltd Sept 2020-</li> </ul>
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Name	Job Title	Interests Declared
		<ul style="list-style-type: none"> <li>GP Business Partner, Dr Joe Hall, Board Member of GP Care Group cic, Confederation of all general practices in Tower Hamlets.</li> </ul>
Richard Fradgley	Executive Director of Integrated Care	<ul style="list-style-type: none"> <li>Social Worker registered with Social Work England</li> </ul>
Samanthi Gibbens	Interim Chief Finance Officer	<ul style="list-style-type: none"> <li>Director, Health &amp; Care Space Newham</li> <li>Husband works for Hatmill as a consultant in Supply Chain, currently working with senior NHSIE staff on the Covid Vaccination Programme (Skipton House, London).</li> <li>Brother is Senior Public Health Commissioning and Contract Manager at NHSEI, East of England</li> </ul>
Dr Paul Gilluley	Chief Medical Officer	<ul style="list-style-type: none"> <li>Board of LGBT Foundation</li> <li>Member, British Medical Association</li> <li>Member, General Medical Council</li> <li>Member, Medical Defence Union</li> <li>Member, Royal College of Psychiatrist</li> <li>Member, Stonewall</li> </ul>
Philippa Graves	Chief Digital Officer	<ul style="list-style-type: none"> <li>None</li> </ul>
Professor Dame Donna Kinnair DBE	Non-Executive Director	<ul style="list-style-type: none"> <li>Board Member, NHS Race and Health Observatory</li> <li>Honorary Fellow, Faculty of Nursing and Midwifery RCSI</li> <li>Leadership Fellow, Windsor Castle, Society of Leadership Fellows</li> <li>Member, College of Medicine</li> <li>Patron, Trinity College Medical Society</li> <li>Trustee, Burdett Trust for Nursing</li> </ul>
Mark Lam	Trust Chair	<ul style="list-style-type: none"> <li>Group Chair, Royal Free London NHS Foundation Trust</li> <li>Chair, East London NHS Foundation Trust</li> <li>Chair, North Middlesex University Hospitals NHS Trust (appointed from 30 October 2021)</li> <li>Vice-Chair, UCL Health Alliance</li> <li>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)</li> <li>Non-Executive Director, Social Work England</li> <li>Private business consultant</li> <li>Hastings International Piano Trustee</li> </ul>
Edwin Ndlovu	Chief Operating Officer	<ul style="list-style-type: none"> <li>None</li> </ul>

Name	Job Title	Interests Declared
Dr Amar Shah	Chief Quality Officer	<ul style="list-style-type: none"> <li>• Chair of the expert reference group on quality at NHS Providers</li> <li>• Council member at the Healthcare Costing for Value Institute, at the Healthcare Financial Management Association (HFMA)</li> <li>• Director, AS Healthcare Improvement Ltd</li> <li>• National Improvement Lead for Mental Health and Chair of QI faculty, Royal College of Psychiatrists</li> <li>• Faculty Member with Institute for Healthcare Improvement, US</li> <li>• Honorary Visiting Professor, University of Leicester</li> <li>• Honorary Visiting Professor, City University London</li> <li>• Member, General Medical Council</li> <li>• Member, Royal College of Psychiatrists</li> <li>• Associate, Faculty of Clinical Informatics Practitioner</li> <li>• Practitioner, The Chartered Quality Institute</li> <li>• Member, American Society of Quality</li> <li>• Wife is a GP on the bank at ELFT</li> <li>• Private teaching and consulting related to healthcare improvement</li> </ul>
Lorraine Sunduza	Chief Nurse / Deputy Chief Executive - London	<ul style="list-style-type: none"> <li>• Member of Unison</li> </ul>
Eileen Taylor	Vice-Chair/Non-Executive Director (Acting Chair w/e 4 April 2022)	<ul style="list-style-type: none"> <li>• Non-Executive Director of MUFG Securities EMEA Ltd</li> </ul>
Dr Mohit Venkataram	Executive Director of Commercial Development	<ul style="list-style-type: none"> <li>• CEO and Director, Compass Wellbeing CIC</li> <li>• Director, Health &amp; Care Space Newham</li> <li>• Director, Stratford PCN Ltd</li> <li>• Partner, Leighton Road Surgery</li> <li>• Director, ELFT Charity</li> <li>• Director, East Bedford PCN (from 20/07/2022)</li> <li>• Director of East End Health Network Co Ltd</li> <li>• Member of Apna NHS</li> <li>• Wife works as a partnership tax manager at Towers and Hamlin</li> </ul>

Name	Job Title	Interests Declared
Deborah Wheeler	Non-Executive Director	<ul style="list-style-type: none"> <li>• Board Trustee, Epilepsy Society (member of Audit Committee and Appointments and Remuneration Committee)</li> <li>• Board Trustee and Lead Trustee for Safeguarding, Revitalise Respite Holidays (member of Quality &amp; People Committee)</li> <li>• Registrant, Nursing and Midwifery Council</li> <li>• Member, Royal College of Nursing</li> <li>• Member of NMC Assurance Advisory Committee for Test Competence</li> <li>• Member of Benevolent Committee of the Barts League of Nurses (a charity)</li> <li>• Son is a bank employee of ELFT</li> </ul>

## **DRAFT Board of Directors**

**Minutes of the Board of Directors meeting held in public on Thursday, 29 September 2022 from 1.00pm at Leonardo Royal Hotel London City, 8-14 Cooper's Row, London EC3N 2BQ and on Zoom.**

<b>Present:</b>	Eileen Taylor	Acting Trust Chair
	Paul Calaminus	Chief Executive
	Aamir Ahmad	Non-Executive Director
	Ken Batty	Non-Executive Director
	Dr David Bridle	Interim Chief Medical Officer
	Tanya Carter	Chief People Officer
	Anit Chandarana	Non-Executive Director
	Prof Sir Sam Everington	Non-Executive Director
	Richard Fradgley	Executive Director of Integrated Care and Deputy CEO
	Samanthi Gibbens	Interim Chief Finance Officer
	Philippa Graves	Chief Digital Officer
	Prof Dame Donna Kinnair	Non-Executive Director
	Edwin Ndlovu	Chief Operating Officer
	Dr Amar Shah	Chief Quality Officer
	Lorraine Sunduza	Chief Nurse and Deputy CEO
	Dr Mohit Venkataram	Executive Director of Commercial Development
	Deborah Wheeler	Non-Executive Director
<b>In attendance:</b>	Shirley Biro	Governor
	Deborah Dover	Director of Patient Safety
	Derek Feeley	Board Adviser
	Andrew George	Service User
	Matthew Hart	Deputy Director of Finance
	Elizabeth Hearn	Modern Matron
	Norbert Lieckfeldt	Corporate Governance Manager
	Cathy Lilley	Director of Corporate Governance
	Nicki McCoy	Corporate Secretariat Manager
	Glenn Mitchell	Communications Manager
	Beverly Morris	Governor
	Roxanne Nyanko	
	Steph Quitaleg	Senior Executive Assistant
	Hortence Tchonang	Clinical Nurse Manager
<b>In attendance online:</b>	Gren Bingham	Governor
	Mumtaz Khan	Governor
	Caroline Oguniola	Governor
	Betsy Scott	Governor
	Jamu Patel	Deputy Lead Governor
	Suzana Stefanic	Governor

**Apologies:**

Richard Carr  
Mark Lam

Non-Executive Director  
Trust Chair

*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, particularly Sam Everington on his return from sabbatical, and members of the public and Governors who are joining in person and online. She reminded everyone that questions relating to the agenda items can be asked at the end of the meeting if time allows.
- 1.2 Apologies were noted as above.

**2. Patient Story: Andrew George**

Eileen Taylor explained that Mr George has been invited to share his personal reflections on the circumstances surrounding the death of his son. She acknowledged that this session may be distressing for some as will cover a range of difficult issues including suicide but it was important to ensure that the Board is aware of the circumstances and in particular what went wrong and what we could improve. She thanked Mr George for travelling from Bedfordshire to share his experience.

Andrew George introduced himself as a retired financial adviser who lives in Bedford and has a pacemaker to help with heart failure. He explained he is sharing his experience of the care received by his deceased son, Mark George, who after seven years of seeking treatment and support from ELFT tragically took his own life on 20 March 2021 at age 46 years. Mr George's hope is that presenting and sharing this experience will lead to better safeguarding in future, so that his son's death will not have been in vain.

Mr George expressed that in his view there has been a dereliction of duty due to the lack of compassion and incompetence demonstrated by the Trust which have partially contributed to Mark's death. He highlighted four areas of significant concern to him:

- Discharge of seriously ill patients without consultation with families and carers:
  - The Trust did not show a caring, compassionate and empathetic approach which was not in line with NHS guidelines
  - An extract from the Coroner's report following the inquest said "the serious incident review agreed there were shortcomings", these included:
    - The discharge meeting should have been for 45 minutes with someone who had been caring for him; however, Mark received a 10 minute telephone consultation with a locum consultant he had never met before. Mark subsequently received a letter informing him he was being discharged
    - Mark's family were not consulted prior to the discharge and were not invited to the discharge meeting
    - Mark was re-referred in 2020 although this was rejected. He was referred again in September 2020 when his GP reported he was self-harming and experiencing suicidal thoughts. Previously Mark had been supported by a care co-ordinator but had been discharged directly back to primary care in 2020. Following this he was re-referred by his GP
    - The discharge plan should be an agreement with the service user. Discharge should be worked towards over several appointments and a discharge contact sheet should be provided with what to do and details of contacts'. None of these requirements took place.



- Mr George stressed that discharges should not be 'a statistic' or target driven, but by agreement with the service user.
- Process and guidelines as identified in the section on "Principles that Guide the NHS" in the NHS Constitution were not followed:
  - The service is designed to diagnose, treat and improve both physical and mental health
  - You have a right to be treated to a professional standard of care with appropriately qualified staff
  - You have the right to be treated with respect and dignity – we value every person, whether patient, families or carers
  - Patients, with their families and carers where appropriate, will be involved in and consulted about their care and treatment.
- A Parliamentary & Health Service Ombudsman statement contains criticism that the structure of mental health services is failing patients:
  - To Mr George's knowledge there has not been a response from ELFT to this report
  - In his view, he and his family have been subjected to harm and injustice as the Trust did not act properly to safeguard his son as there was a failure to diagnose or treat the patient, inappropriate discharge, poor risk assessment and safety practices, not treating patients with dignity, and poor communication with the patient and their family or carers
  - The Mental Health Network NHS Confederation has also highlighted concern that funding for mental health is failing to reach those in care and suicide by service users needing community crisis teams is increasing.
- Excessive meetings can reduce the time for staff to be treating and supporting patients and service users:
  - Mr George referred to a report by a psychiatrist that highlighted the minimal interaction between mental health professionals and people with mental illness due to the mental health professionals having to attend and/or prepare for meetings which is not good use of our scarce resources. The report also refers to 'fall-backs' of spending time in front of computer screens
  - A radio show with callers who worked in the NHS highlighted how some callers felt they were 'imprisoned' in meetings and could use meeting attendance as a means of avoidance.

Mr George expressed that in his view, services especially in Bedford reflect the position described previously (above). He highlighted his view that that work practices and patient contact should be re-structured, and that staff should become more competent and have more empathy, with more structured time and attention allocated to family and carers. In addition, there should be an improvement in the professionalism of staff, from the way they greet people to the way they dress.

Mr George dedicated his presentation to the memory of his son, Mark. He acknowledged his remarks may be unpalatable, but feels it is very important to ensure the Board is aware of his and his son's lived experience, in the hope that this would help change and improve practice in order to save lives. He therefore hoped his presentation has been mutually beneficial.

Eileen Taylor said she was deeply sorry to hear of the distress and pain Mr George and his family had suffered.

## 2.2 In discussion, the Board:

- Thanked Mr George for sharing difficult information and assured him they did need to hear about his and his family's experience.

- Discussed the difficulty that can arise between patient confidentiality and sharing information with families and carers. Mr George supported a proposal that letters to patients are copied to families or carers; he acknowledged that improving communications can be time-consuming, and stressed that is why there is a need to reduce meetings.
- Acknowledged that one of the most common reasons for staff disciplinarys is breaches of confidentiality and suggested there is a need to look at this in light of the importance of communicating with families and carers.
- Suggested the reduction of meetings could be reviewed as a focus and targets set to do this.
- Agreed the importance and value of face to face/direct interaction with service users.

The Board again thanked Mr George for his time and the valuable sharing of such a painful experience.

### **3. Declarations of Interests**

#### **3.1 Since the last meeting:**

- Aamir Ahmad became a mentor at Mosaic, an LGBT+ young persons' charity
- Mohit Venkataram became a Director of East End Health Network Co Ltd
- Deborah Wheeler updated her declaration of interest to declare her son is now a bank employee at ELFT.

There were no additional declarations in respect of agenda items.

### **4. Minutes of the Previous Meeting Held on 28 July 2022**

- 4.1 The minutes of the meeting held in public on 28 July 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.

#### **Matters Arising**

Two actions were highlighted for inclusion on the action log:

- Learning from Serious Incidents and Prevention of Future Deaths
- Increasing pressures on the system: consideration as to whether this will be a standing item.

### **6 Chair's Report**

- 6.1 Eileen Taylor presented her report and highlighted one additional item that was discussed at the Trust Board held in private:
- The external audit on the annual report and accounts for 2021-2022 is still pending; it is hoped this will be finalised at a meeting next Thursday.
  - The Trust is going out to tender for new external auditors. Market capacity is limited and there may be additional cost implications.
  - Eileen reminded the Board that it is the Council of Governors who appoint the external auditors, and thanked the three Governors who have agreed to be part of the auditor appointment panel.

- 6.2 Donna Kinnair reported on a recent visit to the John Howard Centre where there was a presentation by staff and service users on three quality improvement projects, highlighting:
- The afternoon was led by service users who were very frank about the challenges and mentioned some of the areas Mr George had raised earlier
  - Staff had been fully supportive in the process of reviewing how service users experience could be improved which was really encouraging
  - **Wellbeing Project**
    - This focused on raising the self-esteem of service users and resulted in people engaging with services more easily.
    - There was also a focus on the environment and the engagement and wellbeing of staff. A series of interventions had been introduced where they could tell each other whether things were improving.
  - **Trauma Informed Care**
    - This project is on the female unit about the trauma many of these women have experienced through their lives.
    - Physical health screening (such as mammograms) for patients on a secure unit did not previously take place; however, this is much improved now.
  - **Multi-Disciplinary Team Ward Rounds**
    - This is about service user's experience in the MDT, looking particularly at how they understand their goals and their aims.
    - One service user had described how he would sit in the update and never get to ask a question and some did not understand the whole process.
    - This was about a new device service users have to monitor how they are achieving their goals and they can print it out and take it with them.
- 6.3 Deborah Wheeler provided feedback on a recent visit to the mother and baby unit at Homerton Hospital, which is the second largest unit in the country, taking women from 32 weeks pregnancy through to post-delivery. She highlighted:
- The unit includes some service users who have had long-standing mental health issues and need extra support.
  - When talking to the staff about the challenges they experience one that was highlighted which had a major impact has been the wearing of face masks as facial expressions are important for the development of new babies.
  - There is a wonderful garden space which allows women to go outside in a safe area. A BBQ was held in the summer which was joined by women who had previously been discharged.
  - There are some issues with the estate which the Trust's estates team is liaising with the Homerton estates team.
  - MDT ward rounds take place which has helped with engagement and wider discussion about the care women need.
  - Recruitment has been a major challenge and after their last visit from the Royal College of Paediatrics and Child Health, they did not gain accreditation, most of which was about staffing ratios. This is being taken forward by Edwin Ndlovu.
  - There is wider support available on the unit, such as the specialist pharmacist, as this is not just about their medication but also the impact on breast feeding etc.
  - There was good support for partners and families on the unit. The consultant psychiatrist meets regularly with partners of patients to identify what support might be needed.
  - It was very heartening to see the team's passion.
- 6.4 Eileen also drew attention to the mental health summits in North East London which had taken place recently, one in person and one virtual; both were well attended:
- These were service user designed and led.

- Attendees included the Chair and CEO of the Integrated Care Board (ICB).
- There was a similar summit in 2019 where the service users defined a set of priorities and last week's summit was to re-define those for the ICB.

Paul Calaminus reinforced the importance of this work for North East London (NEL) as the events are led by service users and their carers. He added that a similar summit will be held in Bedfordshire, Luton and Milton Keynes (BLMK).

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

## 7 Chief Executive's Report

7.1 Paul Calaminus presented the report, highlighting:

- There is a huge amount of work going on to address the operational issues, especially emergency care pressures. He paid tribute to the teams involved in this work, engaging with QI, flow, demand and capacity.
- Therapeutic engagement and observations: A session was held on 20 September 2022 with service users and staff on in-patient wards focusing on how to make a relationship that is therapeutic, protective and enable recovery. Each service created an improvement plan and used the opportunity to share and learn from each other.
- Changes to vaccination arrangements: The Trust is re-opening the centre at Mile End Hospital next week following the closure of Westfield.
- People Participation Awards: A really important set of Awards for service users.
- He wished to mark the retirement of Dr Kate Corlett as Medical Director for Community Health Services having been at the Trust since 2011.

7.2 In discussion the Board:

- Expressed particular thanks to all those who had worked in the Westfield vaccination centre, and also thanked Governors for highlighting the need for phlebotomy which was also carried out at the vaccination centres.
- Was pleased to note the Trust is engaging with Care Opinion and agreed the training for staff to ensure there are meaningful responses would be helpful.
- Noted the move to a more practice based solution for phlebotomy. Currently, however, this is being offered in the vaccination centres as further work needs to be undertaken in Newham and other boroughs before this will be available at all GPs. For vaccinations the Trust is committed to continuing as outreach for harder to reach groups. The plan is to evaluate the vaccination provision and if there is no longer a need for a mass vaccination centre this would be discontinued. At the moment, the provision in NEL is still required.

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

## 8 Equalities Report

8.1 Lorraine Sunduza presented the last year's activities related to equality, diversity and inclusion. She advised this had been presented to the Council of Governors and an event open to everyone in the Trust earlier in the year, and highlighted:

- The CQC had praised ELFT's staff in this area when explaining their 'outstanding rating'.
- The aim is to ensure no-one is discriminated against but also think about the individual patients and their needs.

- Ideally equality, diversity and inclusion should not be a separate topic, it should be embedded and core in all that we do as a Trust.
- The Executive leads in respect of EDI are: Lorraine Sunduza for service users, Tanya Carter for staff and Richard Fradgley for wider population health. A new EDI lead has been appointed to support the Executives with their individual responsibilities.

8.2 Richard Fradgley added:

- EDI is threaded throughout the Trust strategy.
- Examples achievements over the last year include:
  - Work with service users to create a social value framework to guide the procurement practice. 58% of Trust's suppliers now pay the real living wage, against a baseline of 21% in 2021. A recent evaluation of this work will be published at the Anchor Summit on Friday 11 November 2022.
  - Service users entering employment: employment opportunities have been created for 112 service users in the Trust and 175 apprentices employed across a range of teams.
  - The 'Pursuing Equity' programme has been published with 30 teams involved. It is also being rolled out to Tower Hamlets and Newham partnerships.
  - Community Connectors: there are now 40 working across the community mental health services employed by small voluntary sector organisations who are close to the communities we serve. Their role is to ensure that service users remain connected.

8.3 Tanya Carter shared some of the activity in relation to staff:

- There are many initiatives, some started under EDI and some under wellbeing, as these areas overlap.
- The Respect & Dignity campaign started as a result of staff surveys and this progressed into the Covid Race & Privilege work.
- There has also been some work on knife crime and county line gangs which developed into online parenting classes to support families which has had a good impact on those who attended. Cohort 4 is due to be launched.
- Next steps involve launching a revised Equalities Plan for 2022-26, embedding new governance structures, building on the WDES and WRES action plans and continuing to work for the Trust to be an anti-racist and multi-cultural organisation. A survey was recently launched for staff to feedback on progress and current status.

8.4 In discussion the Board:

- Noted that there are a number of ways to measure impact; the staff perspective is monitored through several measures, mainly the staff survey.
- Noted the Use of Force Act work is also looking at the impact of some of the more restrictive interventions, particularly differences in terms of race.
- Highlighted that neuro-diversity was raised at the People Participation Committee and is an area service users want to focus on. A driver diagram has been developed setting out the change ideas.
- Received assurance that wider areas, such as financial equality (are also being looked at. Richard Fradgley explained his working with NELFT and NE London ICBs to bring in a Committee to look at questions of financial equality, such as how the money is spent across mental health. NEL ICB, NELFT and the Trust are reviewing financial equality across the system and in particular how money is spent across mental health.

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

## **9 Quality Assurance Committee Assurance Report**

9.1 Donna Kinnair presented the report of the meeting held on 12 September 2022, highlighting:

- Board Assurance Framework: demand remains high for access to services particularly crisis services and bed occupancy. Work is being undertaken with systems partners, aligned to winter planning, to ensure a joined-up and continuous focus on areas of high activity and pressure.
- CAMHS and SCYPs quality and safety report: range of some excellent work and achievements; however, both services are under constant pressure in terms of staff and capacity.
- Deep dive into access and waiting times: overview of the 11 high priority services which have the greatest challenges and highest volumes, including plan to manage risk and improve access.
- PFDs: the Committee sought reassurance on how actions to address the issues raised are implemented and was pleased to note workshops focusing on the recommendations are held involving both service users and staff.
- Winter planning: plans are already in progress due to volume of activity experienced in both BLMK and NEL; reviewing how best to utilise some limited funding which has been received in both systems.
- Guardian of Safe Working: the Committee was satisfied that junior doctor work schedules remain compliant with the junior doctor contract.
- Internal Audit: received reasonable assurance for the Fit and Proper Person regulation audit with some recommendations.
- National Patient Safety Strategy: recommendation that all staff, including Board members, complete an e-learning package which focuses on patient safety cultures and systems.
- Patient Safety Report: the Committee welcomed the new quarterly integrated patient safety report, noting that work is in progress to reduce its length, and in particular the triangulation of data and thematic analysis.

9.2 In discussion the Board:

- Received assurance QAC is continuously looking at the results of work to reduce the backlog of complaints and also SIs.
- Highlighted the importance of ensuring there is a feedback loop to understand whether complainants are satisfied with responses.
- Noted the importance of staff training which should be used alongside other methods to improve staff knowledge.
- Steps are being undertaken to understand how the discharge process is working across the system.
- Received assurance that the community health transformation programme is focusing on access and people receiving the right help and services they need; this may include referring them to a different but appropriate service. The aim is to make our services as responsive as possible.

## **10 Quality Report**

10.1 Amar Shah presented the report highlighting:

- The QI section provides an update on the plan for the year and focuses particularly on how ELFT are involving partners.
- In respect of equity, the use of QI ensures a local approach is taken and the discipline is applied of involving people and measuring the difference being made.
- The ICSs are also seeing the value of QI.

- The quality assurance section covers a deep dive into the actions taken to tackle the main theme arising from complaints, namely communications. Looking at different categories, such as the way ELFT communicate and how people reach us as well as the telephone system and the website, and also working to bring in other sources of feedback, such as Google reviews.

## 11 Performance Report

### 11.1 Amar Shah presented the report highlighting:

- Attention is being paid to flow; there are 50 community based teams struggling with demand and longer waits, so efforts are being made to help to ensure they do not retreat into narrowing the doors or discharging too early. Reviewing how capacity can be created in different ways as discussed at the recent QAC.
- There have been three key successes:
  - One of the most evidence-based ways to avoid suicide is following up with people discharged from hospital, particularly when transferred from in-patient to community care.
  - The percentage of service users that recommend our services has dropped; the positive is that this has resulted in people inviting more feedback so there is better understanding of the feedback and the percentage of negative comments is decreasing.
  - Focus on outcomes with Dialog scores being measured. Currently monitoring the quality of life scores to see if they are increasing during a patient's time with us; the percentage seeing improvement has gone up.
- The equity analysis this time focuses on restrictive practice. The domain of ethnicity is the focus.

### 11.2 Edwin Ndlovu added:

- The services have been working closely with QI teams to manage the capacity challenge. This has highlighted many issues, particularly the culture on wards and clinical leadership. The data is being drilled down to further understand the issues.
- When bed occupancy is below 80% teams this provides more 'headspace' for wider thinking; there is a need, therefore, to ensure teams do not feel they are 'under siege'.

### 11.3 In discussion, the Board:

- Noted that measuring staff time spent face to face with patients is a complex area, as a clinician's time may not always be what someone needs. The emphasis needs to be on ensuring patients see the best person for what really matters for them, which is a challenge to measure.
- Was assured that looking at staff having the time to deliver care and service, rather than being pulled into other activities, was part of the work undertaken on the therapeutic engagement day.
- Suggested that all staff should be asked systematically about what they could stop doing to get a better patient focus, perhaps at appraisals.
- Noted that a 'break the rules month' inviting every team to identify the rules that stop them doing what they need to do was run a while ago and it may be time to undertake another or similar exercise.
- Raised a concern that there is a lot about process, rather than what has changed as a result.
- Praised the increase in follow up 72 hours post discharge; however, suggested that ELFT's target for this should be above the national average.

- Suggested there is a need for assurance on what is being done to ensure people are safe while they are waiting to be seen.

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

## 12 Appointments & Remuneration Committee Assurance Report

12.1 Deborah Wheeler presented the report of the meeting held on 30 August 2022 highlighting:

- The meeting had been arranged to receive and sign off the data submission for WDES and WRES.
- The Committee challenged the Exec on what the Trust should be focusing on and stressed the importance of seeing progress on last year's action plans.
- It is clear from the indicators that staff who have a disability have a significantly poorer experience than people without a declared disability. The Committee requested an update report on actions being taken at the next meeting.

12.2 In discussion the Board:

- Agreed the inclusion of comparative data and themes in future WDES and WRES reports are important to ensure appropriate assurance is provided.

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

## 13 People Plan Report

13.1 Tanya Carter presented the report highlighting:

- The cost of living and the impact on staff is a key issue. Range of actions being taken including increasing mileage rates which has now extended to the end of the financial year.
- There has been an impact from the recent pay award which has resulted in some staff having a reduction to their pay due to retrospective deductions; this particularly impacts Band 8a staff. Those affected have been identified and will be sent a letter outlining the issue and impact.
- WDES has not been embedded as long as the WRES. Working with the disability network on the development of an action plan with measures.
- WRES has seen improvement across most metrics, especially disciplinaries, which are now at the same level for everyone; this is a huge step forward.

13.2 In discussion, the Board:

- Noted that the issue of pension recycling has largely been an issue in acute trusts. Discussions at the Trust on pension recycling commenced before the Prime Minister's statement and there is an active conversation with staff side about some of the pension recycling opportunities. The aim is to ensure this is equitable.

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

## 14 Finance, Business & Investment Committee Assurance Report

14.1 Aamir Ahmad presented the report of the meeting held on 15 September 2022, highlighting:

- A combination of hyper-inflation and the change from Covid funding schemes means there remains ongoing challenges.
- Although still forecast to break-even, the Trust is currently slipping into deficit.
- The high target for financial viability will need bold steps to address this.



- Agency usage is linked to financial viability; there has been some success with international recruitment but still need to go further and faster. Agency caps are being introduced.
- On cost pressures there are a few corporate services teams which are showing high over budget expenditure; decisions are needed about the right level of spend and the structure.

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

## 15 Finance Report

15.1 Samantha Gibbens presented the report, highlighting:

- The year to date net deficit is adverse against plan by £1,608k which is £650k worse than planned in month.
- Financial viability remains a challenge. Executives are working with teams on how to progress the financial viability programme whilst retaining a focus on value.
- The forecast remains break-even and plans are in place to achieve this position.
- This is still risk category Low.

15.2 In discussion the Board:

- Stressed the need for the financial viability programme to be realistic and with targets that can be delivered.
- Highlighted the importance that money is being spent where it is having the most impact.
- Noted the work is focusing on the delivery of the strategy with a re-emphasis on value, some of which will be 'value adding' and some will be on waste reduction.
- Received assurance that teams are being asked to focus on the need to integrate value in service transformation.
- Suggested some of the plans should have longer timescales, as some projects will take two to three years to deliver.

## 16 Trust Board Committees

### 16.1 Audit Committee

Anit Chandarana presented the report of the meeting held on 14 September 2022, highlighting:

- The external audit report has found some deficiencies in the process relating to exit packages and a deep dive will be undertaken to identify the issues, learning and actions to be taken to address and improve the processes. This will be overseen and monitored through the Audit Committee and RemCo.
- On financial viability, FBIC have agreed there is an increased risk of not meeting the targets this year and increased the risk score.
- The counter fraud team continue to deliver a really good outcome in deterring that type of activity.

### 16.2 Charity Committee

Aamir Ahmad presented the report of the meeting held on 22 September 2022, highlighting:

- The new logo has been introduced.
- Many teams and staff members want to be involved.
- A number of donations have been received.
- The Committee is now reviewing the impact of its work to date.
- Gathering stories to understand the impact of the 'Healthier, Wealthier Families' project, which will help with identifying the ongoing funding model.

- There has been a great job in raising the profile of this work.

#### 16.4 **Integrated Care and Commissioning Committee**

Deborah Wheeler presented the report on behalf of Richard Carr the chair of the committee, highlighting:

- The report covers two meetings in July and September.
- It is really helpful to see the work starting to generate through Mental Health Collaboratives.
- There are now no young people in psychiatric intensive care outside of the NEL area. This is really important as it has such an impact on families when people are sent a distance.
- Work is underway on leveraging our supply chain to, for example, to influence them to pay the real living wage.
- There were no changes to the BAF risks and the Committee were satisfied the appropriate controls are in place.

#### 16.5 **People Participation Committee**

Aamir Ahmad presented the report of the meeting held on 15 September 2022, highlighting:

- Some teams fed back on progress, including Newham who will be setting up a recovery college; Bedford have made huge strides in terms of improving people participation in their community.
- Reward and recognition payments have been reviewed to help support service users working for us. This has improved how quickly they receive payment as well as increased payments to compensate for some costs.

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

### 17 **Board of Directors Forward Plan**

17.1 The Board **NOTED** the plan and the meeting schedule of dates through to 2024.

### 18 **Any Other Business**

18.1 None received.

### 19 **Questions from the Public**

18.1 Questions raised by some Governors which were outside of the agenda items will be responded to outside this meeting.

### 20. **Date of the Next Meeting**

- Thursday 24 November 2022

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

*The meeting closed at 3.30pm*

**ELFT**  
**Action Log Trust Board (Part 1)**

**BOARD OF DIRECTORS MEETING IN PUBLIC: Action log following meeting held on 29 September 2022**

Ref	Meeting Date	Agenda item	Action Point	Executive Lead	Due Date	Status	Comments
365	28-Jul-22		Consider whether the increasing pressures on system will be a standing agenda item	All	24-Nov-22	Closed	Changes have been made to the integrating reporting on system/system pressures in Board reports including the CEO and Performance reports. System pressures are covered also through discussions and reports at the Trust Board's committees and updates and provided through the committees' assurance reports
364	28-Jul-22	PFDs	Learning from SIs and PFDs to be presented at a future Board meeting	David Bridle	24-Nov-22	Closed	To be covered in agenda item on Patient Safety Framework at TB in public Nov meeting
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	24-Nov-22	Closed	Update included in the WRES action plan report received by RemCo at its meeting in Oct; update also provided at TB in public in Sept
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, e.g. closing the gap around the increased likelihood of BAME entering disciplinary processes; extending trauma-informed approach to individuals engaging in PP schemes; exploring 'growing our own' approach to recruitment and extending opportunities for staff to move internally into other areas/services; ways to match the flexibility of agency working in the offer of permanent employment	Tanya Carter	24-Nov-22	Closed	BDS held in June on staff wellbeing; and there have either been discussions/reports at a range of committees including RemCo, FBIC, QAC and PPC as well as being covered through the regular People Plan report to Board
366							
367							

In progress
In progress with delay
Closed
Forward plan
Not due

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**24 November 2022**

<b>Title</b>	Chair's Report
<b>Author</b>	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:**

10 November 2022	Council of Governors Meeting
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**Key Messages**

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

**Strategic priorities this paper supports**

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

**Implications**

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

## 1. Background/Introduction

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

## 2. Council of Governors Update

- 2.1. On 11 October we held a very successful online Trustwide Members Meeting (TMM) with over 75 attendees. The focus of the meeting was on *Tackling Inequities*:
- We provided an update on our two new Integrated Care Systems who took up their roles on 1 July 2022, with a clear focus on the benefits integrated working is already delivering for our service users and staff
  - Richard Fradgley and Lorraine Sunduza, our two Deputy CEOs, presented on the work ELFT is doing in population health to [address health and social inequalities](#). We were delighted [this session was introduced](#) in a video by Prof Sir Michael Marmot himself
  - Dr Mohit Venkataram gave examples of how [we are applying ELFT Charity Funds](#) to improve the health and wellbeing of our communities
  - The Council of Governors [Annual Impact Report](#), once again in the form of an animation, had a special focus on the Governors' attention to the social determinants of health
  - Looking back at 2021/22, Paul Calaminus, Samanthi Gibbens and Amar Shah took us through the highlights of the year but also remembered all those we had lost
  - At one point, the meeting was interrupted by an unauthorised attendee – as a result, we have reviewed our security measures following discussions with the ELFT and ZOOM Security teams to ensure that as far as possible our online meetings held in public remain safe spaces for everyone. Support was put in place for attendees who may have been distressed by witnessing the behaviour, and we are ensuring that organisational learning is taken forward. On behalf of the Trust I am extending my sincere apologies for any distress caused.
- 2.2. Our TMM was followed on 10 November by the Annual Members Meeting (AMM) combined with the Council of Governors Meeting when both the Council, Trust members and members of the public formally received the Trusts [the Annual Reports and Accounts for 2021/2022](#) (ARA) and the external auditor's report on them for the Council. The meeting was also attended by the Board.
- 2.3. As every year, prior to the Council meeting Governors were offered the opportunity to attend in-depth briefing session on the ARA with Samanthi Gibbens and the Chair of our Audit Committee, Anit Chandarana.
- 2.4. At the Council Meeting following the AMM we welcomed our newly elected Governors and said a fond farewell to our outgoing Governors, with a few of our them addressing the meeting, highlighting the personal development opportunities in the role of Governor but also their clear focus on the diversity of experience for everyone in the Trust – whether as Governor, staff or especially service user. Not everything had been plain sailing but the support by the Trust for Governors was very much appreciated.
- 2.5. Our Governors have real impact and I was really pleased to highlight amongst many other contributions our outgoing Governors' strong focus on learning disability, on social justice and the impact of the cost of living crisis on staff, domestic violence and abuse as well as their leadership with the Lighthouse service in Leighton Buzzard.

- 2.6. I was delighted to have been able to meet a number of our new Governors personally, albeit online, when they took up their office on 1 November 2022.
- 2.7. In line with their practice, Governors reviewed at the September meeting in breakout rooms their priority themes for 2023. This is unique to ELFT and arose from a Council QI project.
- 2.8. Having collated the feedback from September the Council reviewed its strategic priority themes for 2023 and agreed the following:
- Supporting families and carers – the impact of our new Carers Strategy
  - Collaborative working with partner organisations
  - “Getting the basics right”
  - Becoming a beacon for digital: how to make it work for service users
  - Staff Wellbeing
- 2.9. Other topics identified will be addressed in Governor development sessions outside the formal Council meetings, such as a review of progress on the Trust’s Suicide Prevention Strategy, Patient Service and the Development of Long Covid services for those who are chronically affected.
- 2.10. The Council received a report from Dr Mohit Venkataram about the appointment process for the Trust’s External Auditors and received assurance from John Bennett on behalf of the Governors on the Appointment Panel about the robustness of the process. The Council approved the appointment of the Trust’s new external auditors with effect from 1 January 2023.
- 2.11. The Council also approved the reappointment of Professor Sir Sam Everington as Non-Executive Director (NED) for a second term of office of three years with effect from 1 November 2022 and approved a brief period of sabbatical leave for Deborah Wheeler, NED and Acting Deputy Chair in Spring 2023.
- 2.12. The Council approved an increase in the number of NEDs on the ELFT Board from nine to ten, to take account of the additional workload due to the increased size and complexity of the Trust and the systems we are operating in.
- 2.13. The Council received two excellent reports from the Communications and Engagement Committee with its focus on the planned review of the Membership Plan, and the Significant Business and Strategy Committee respectively. In particular they noted the SBSC’s review of the Assurance Framework for Business Development which will come to Council in January for approval, and the NHS Showcase presentation on how the Committee supports the council’s strategic focus. The Council also formally noted the outcome of the 2022 Council of Governors Elections.

### **3. Chair and NED Updates**

- 3.1. Visits made by the NEDs since the last Board meeting include:
- Finance Team\*
  - Spiritual Care Team
  - Corporate Governance Team
  - Coburn\*
  - Estates Team

\* indicates a virtual visit

- 3.2. NEDs met with members of teams delivering critical services including clinicians, support colleagues, and managers. They took the opportunity to thank them for their continued professionalism, commitment, enthusiasm and meaningful contributions during continued challenging times.
- 3.3. Since the last Trust Board meeting in September 2022, I have attended Trust wide and BLMK ICS meetings/events including;
- BAME Conference
  - NEL Cost of living workshop
  - John Howard Centre Visit
  - Trust Wide Members Meeting
  - Welcome session with new governors
  - BLMK ICS Leaders & Chairs dinner which included all the Chair's within that system

4. **Action Being Requested**

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

## REPORT TO THE TRUST BOARD IN PUBLIC

### 24 November 2022

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

### Purpose of the report

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

### Key messages

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

### Strategic priorities this paper supports

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

### Implications

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



## **1.0 Purpose**

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

## **2.0 Operational Update**

- 2.1 There have continued to be significant operational pressures on the NHS as a whole and these have been reflected in both East London and Bedfordshire. These have led to pressures on services in particular in Emergency Departments and in acute inpatient services. There is significant work taking place to address issues of both "flow" through services and the waiting lists for services, and the impact of this is outlined in the Performance Report in these Board papers.
- 2.2 However, despite this there have remained significant pressures, particularly in crisis and emergency care. This has led to delays for some patients in Emergency Departments whilst waiting for admission to hospital. Across the Trust, teams continue to work both internally and with system partners to try and address these demand and capacity challenges, and in both London and Bedfordshire additional in-patient capacity has been procured to support demand on services during the course of the winter. The Trust continues to support partners in North East London NHS Foundation Trust with inpatient bed capacity to ensure that residents of North East London are treated as close to home as possible.
- 2.3 One example of the work that is taking place is the Newham High Intensity (HIU) service, that works with people who attend A&E frequently. The aim of the HIU is to address the needs of these patient, identify unmet needs and support people to more effectively address their needs through the appropriate services. The end goal is to compile a holistic service user led care plan that not only supports people to meet their needs more effectively, but also ensures that when people do attend the Emergency Department their needs can be more effectively addressed.
- 2.4 In Community health services, teams have now implemented Urgent Care Response through which patients are referred directly into the community teams from the ambulance stack (people who are awaiting an ambulance) to enable those patients to have swift access to appropriate care and reduce demand on ambulance services
- 2.5 The Covid and Flu Vaccination programme is also in progress for Covid vaccine boosters and flu vaccinations for our staff to support the resilience of our services and protect their health and wellbeing as we move into the winter season.
- 2.6 There has also been significant focus since the last Board meeting on how the Trust works to support a culture in which high quality care is provided. This builds on the work on Therapeutic Engagement that I reported in my last report. The importance of this work has been emphasised by two television reports since our last Board highlighting issues in care in two different NHS providers. A more detailed report on our work in this area is set out in the Quality Report included in these Board papers, and this will remain a hugely important area of work across

services, particularly in the context of the levels of demand that are being experienced. This work also includes embedding the learning from the Kirkup Review into maternity care which has identified lessons for services across the NHS.

- 2.7 As the Board is aware, there has also been a very significant workstream taking place over the last year to safely migrate the Trust's cloud infrastructure to a new provider. The last phase of this had to be accelerated in order to ensure a robust transfer to the new Cloud arrangements, and this was successfully completed at the end of October. My thanks go to all of those who have worked to achieved this significant milestone, under the leadership of the Chief Digital Officer, and her digital team.

### **3.0 Industrial Action**

- 3.1 Health unions are balloting their members over industrial action relating to this year's pay award. To date, only the Royal College of Nursing (RCN) ballot has concluded. The ballot in ELFT did not reach the legal threshold for turnout and, as a result, the RCN will not be taking industrial action in this Trust at present. Ballot deadlines for other health unions fall during the rest of 2022.
- 3.2 Working with system partners and staffside colleagues, the Trust is preparing for the impact of industrial action, and a national planning exercise (Arctic Willow) has taken place. Work has also begun with the Trust leadership to ensure that managers across the Trust are well supported to work with their teams and service users on the impact of any industrial action.

### **4.0 ICS development**

- 4.1 In North East London, the Trust is working as part of the Integrated Care Partnership to develop the ICS Strategy, in which mental health is one of the four strategic priorities. To develop our key areas of focus for mental health, the Trust worked with NELFT to support service users and carers to design and facilitate a service user and carer led mental health summit, which took place on 21<sup>st</sup> September (face to face) and 23<sup>rd</sup> September (online). Senior leaders from across the Trust, NELFT and the NEL Integrated Care Board to hear directly from service users and carers what matters most. As a result of the Summit, seven service user and carer priorities were preliminarily agreed for the Strategy. The seven priorities formed the centre-piece of a NEL Mental Health Strategy development workshop on 9 November, at which over 150 participants from across the broad north-east London partnership including service users and carers, the voluntary sector, general practice, councils and the Trusts contributed to developing success measures and next steps. The Trust is currently working with service users and carers, NELFT and the ICB to finalise the mental health Strategy in advance of submission to NHS England in late December 2022.
- 4.2 The first NEL Mental Health Learning Disability & Autism Collaborative Committee is due to meet 23<sup>rd</sup> November. This will be a sub-Committee of the Integrated Care Board and will take responsibility for planning and assuring our delivery of the ICS strategy for mental health, learning disability & autism and for

NHS responsibilities for planning to meet the mental health needs of the NEL population.

- 4.3 In Bedfordshire Luton & Milton Keynes, a strategy development workshop was held in June 2022, at which around 100 participants including service users and carers, the voluntary sector, general practice, councils and ELFT and CNWL contributed to developing initial strategic priorities. These were then circulated widely for further comment from other stakeholders, with in excess of 200 responses. We are also planning a service user and carer summit, which we hope to hold in February 2023.
- 4.4 Work to develop a Bedfordshire Luton & Milton Keynes Mental Health Learning Disability & Autism Collaborative is underway.

## **5.0 Commitment to Cleanliness Charter**

- 5.1 The Trust and OCS, who provide facilities management for ELFT, have signed the National Patient Safety Agency's Commitment to Cleanliness Charter.
- 5.2 The Charter sets out the joint commitment of ELFT and OCS to ensure a consistently high standard of cleanliness is delivered in all of our healthcare facilities. Posters showing cleanliness scores and levels of cleaning requirements are displayed in all our sites to demonstrate to patients, visitors, the public and staff that this is a vital part of our work.

## **6.0 Staff Survey**

- 6.1 The national NHS Staff Survey launched on 3 October and will close on 25 November. We are encouraging all our colleagues to complete the survey and tell us what matters to them and offering protected time to allow staff to complete the Survey during their working time. The response rate is currently low, and work is taking place to encourage people to complete the survey before the deadline of the 25<sup>th</sup> November.

## **7.0 Chief People Officer in HSJ's Top 50 BAME Influential List**

- 7.1 Congratulations to Chief People Officer Tanya Carter, who has been named on the Health Service Journal (HSJ) list of top 50 BAME figures who will exercise the most power and/or influence in the English NHS and health policy over the next 12 months.
- 7.2 Tanya, who was on last year's HSJ 'rising stars' list, has been included in recognition of her work at ELFT. The judges referenced Tanya's innovative #hellomynamereallyis, encouraging staff to use their given names rather than using and offering more English-sounding ones to assimilate. Tanya has also worked on tackling pockets of bullying within the organisation and the differing experience of Black, Asian and minority ethnic staff. As a result of her work, during one of the COVID lockdowns, the trust also instituted a programme of online learning for trust employees who were struggling to work from home and

home-school their children. The programme employed several agency teachers and helped more than 1,500 children across seven weeks.

## **8.0 Largest Group of Art Therapy Trainees join Trust**

- 8.1 The Trust is benefiting from the largest group of Art Therapy Trainees in its history. An intake of 35 arts therapies trainees – working in art therapy, music therapy, dance movement psychotherapy and drama therapy roles - has increased following the growth and development of arts therapies across the Trust. ELFT is now able to offer new placements where arts therapies have never worked before, from older adult, adult, Child and Adolescent Mental Health Services, learning disabilities and children's under 5s to physical health services. They provide choice to service users and allow them to have their voice heard and needs met in ways in which it may not have done before. Arts Therapies also promote success, reliance and recovery as well as being able to work with clients at some of their most challenging times in their life.
- 8.2 This expansion of trainee numbers is a tribute to the work of Stephen Sandford, who has recently left his role as Lead for Allied Health Professionals in the Trust, moving to the North of England. The Trust has benefitted greatly from all of Stephen's work in raising the profile of Allied Health Professionals, and from his creativity and leadership and we wish him well in his new role.

## **9.0 Staff Awards Ceremony and Party**

- 9.1 Our annual Staff Awards event took place on 20 October at The Troxy in Tower Hamlets. It was attended by over 800 staff. The event is the largest event organised by the Trust and aims to recognise and acknowledge the achievements of staff. The winners of 19 awards were announced. The event was compered by our Chief Nurse/Deputy CEO Lorraine Sunduza, and Chief People Officer, Tanya Carter.
- 9.2 In this year's event, we paid tribute to staff and teams who have won 14 external national awards in the last 12 months. We congratulated and name-checked 50 apprentices who have completed their apprenticeships during this time, and commended 66 teams who have attained Service User Led Accreditation, a process whereby people with lived experience carry out a review of teams by invitation, reviewing their approach and performance. We also acknowledged staff who have sadly died since our last Awards Ceremony.
- 9.3 A highlight at this year's event was an impromptu marriage proposal by one of our winners from the stage (His partner said yes!) and a moving acceptance speech from a service user with a learning disability who made a rallying call saying, "Teams should employ more people with a learning disability. We have a lot to offer!"

## 10.0 Trust Conferences

- 10.1 The last few months have seen a plethora of conferences as peers came together to share knowledge, developments and good practice. This was the first time in over two years that staff have been able to come together to meet face-to-face at scale.
- 10.2 ELFT's BAME Conference organised by the BAME Staff Network took place on 30 September with the theme: Celebrating Us which included hearing person stories of achieving through adversity, the importance of networks and self-care to enable you to be your authentic self at work. The event was comprised of a series of speakers that have trail-blazed the BAME agenda within the NHS. Colleagues heard from speakers that included people regarded as trailblazers in the NHS: Dr Nazia Khanum, OBE, Director of Equality & Diversity, Chelle Verity, Author, Empowerment Coach and TED Speaker, Owen Chinembiri, Senior Implementation Lead for NHS Race and Health Observatory and Linda Chibuzor, Director of Nursing at Northamptonshire Healthcare NHS Foundation Trust.
- A Question and Answer Session featured Chief Nurse, Lorraine Sunduza, Chief Operating Officer and Executive Sponsor for the BAME Network, Edwin Ndlovu and Head of Equality, Diversity & Inclusion Juliana Ansah comprised of an inspiring discussion as they spoke on ELFT's Trust Equality Agenda and supporting the Trust's strategy in tackling race inequalities.
- 10.3 ELFT's Social Work Conference took place on 7 October. Themes including liberty protection safeguards, relations-based practice, the ELFT Befriending Service, mental health social work and local authority perspectives. Guest speakers included Ruth Allen, Chief Executive of BASW; Jason Brandon, mental health social work lead for the Department of Health; Rose McCabe from City University; Matt Preston from the ELFT befriending team; Clementine Robert Shaw from Hempson's Law Firm, and local authority social work leads Katie O'Driscoll, Georgina Diba, Kate Walker, Julie Ogle and Jason Strelitz from Tower Hamlets, Hackney, Bedford Borough, Central Bedfordshire and Newham respectively.
- 10.4 An Allied Health Professionals Day on 14 October brought together allied health professionals. Speech & Language Therapists, Podiatrists, Music Therapists, Drama therapists, Art Therapists, Dance Movement Psychotherapists, Occupational Therapists, Dietitians, Paramedics and Physiotherapists were represented at the half day event. The Keynote speaker was Suzanne Rastrick, Chief Allied Health Professions Officer NHS England. Attendees were able to attend workshop sessions.
- 10.5 The first Non-Medical Prescribing Conference took place on 28<sup>th</sup> October, bringing together non-medical prescribers from across professions and services in the Trust. The conference was an opportunity to raise the profile of the role, the impact on patients and to set out further work required to support the development of these roles within the Trust.

- 10.6 ELFT's Annual Research and Innovation Conference took place on 2 November at Charterhouse Square in the City. Over 100 people came together to hear short presentations about 14 studies underway in the Trust ranging from epidemiological studies to clinical trials and qualitative work. It attracted a further 300 more watching the livestream. The conference was an opportunity to network with representatives of our research partners including the local North Thames NIHR Clinical Research Network and Applied Research Collaboration UCL Partners, Research Design Service London, Noclur Research Support Service, and ELFT's own R&I team.
- 10.7 The ELFT Ability Conference took place on 4 November in Bloomsbury. The Conference was organised by the ELFT Ability Staff Network who secured Ruth May, Chief Nursing Officer for England, as the keynote speaker. The theme of the event was Enabling Potential – focusing on staff stories, their abilities and how they bring richness to the workforce and how support from employers is crucial for equity. The programme featured speakers from the Business Disability Forum, Spinal Injury Association, Deaf-Aware, and the personal stories of staff. The day concluded with a panel taking questions from the event Chair, Dr Mohit Venkataram, to Chief Operating Officer, Edwin Ndlovu, and Chief People Officer, Tanya Carter, with closing comments from Chief Nurse/Deputy Chief Executive, Lorraine Sunduza.
- 10.8 On 11<sup>th</sup> November, an Anchor Strategic Summit was held at Toynbee Hall. This gave the opportunity to review progress to date against objectives of the Trust's work as an Anchor Institution, and to develop plans for work going forwards. As part of the event, Abu Nasir, Founder and CEO of GSV Sports Management, spoke about his experiences as a Luton resident and the importance of Anchor Institutions in every place.

## **11.0 Awards and Achievements**

- 11.1 Bow Ward are the Nursing Times Mental Health Team of the Year - Bow Ward, part of the John Howard Centre in Hackney, have been named winners of the Nursing in Mental Health award at the Nursing Times Awards 2022. The team were recognised for their trauma-informed care work, developed in partnership with service users and carers. The multi-disciplinary team (MDT) work to ensure that patients receive care underpinned by trauma-informed care principles and used Quality Improvement (QI) methods.
- 11.2 Hackney Highly Commended by Health Service Journal – The Hackney Integrated Learning Disability Service were presented with a 'highly commended' trophy in the Quality Improvement Initiative of the Year at the Health Service Journal (HSJ) Patient Safety awards 2022. The team used QI methodology to reduce the time taken to complete eligibility assessment by 77 per cent, while improving service user and staff experience. The annual Patient Safety awards are the national benchmark for outstanding and innovative work that improves patient and service user safety.

- 11.3 RCN Rising Star Nurse - Mary Onikoyi, District Nurse Team lead, Practice Assessor and Professional nurse advocate for post-registration nursing students based at City University, has received an RCN London Rising Star award. Mary, who is based in Tower Hamlets Community Health Services, has mentored and supported dozens of new nurses coming into the profession for the first time ensuring that they get the best possible start to their careers.
  
- 11.4 Queens Nurses – The Trust has two more nurses who have been awarded the prestigious title of Queen’s Nurse (QN) by nursing charity The Queen’s Nursing Institute (QNI). Rahma Abdalla, is a Practice Development Nurse with the Education Team in Tower Hamlets, and Julie Roye is Head of Nursing for Primary Care in Newham. Becoming a QN indicates a commitment to high standards of patient care, learning and leadership.
  
- 11.5 Director of Estates Awarded CIBSE Silver Medal - David Stevens, ELFT’s Director of Estates has been awarded a Silver Medal by the Chartered Institution of Building Services Engineering, a UK Professional Engineering Institution. The Silver medal is CIBSE’s second highest achievement and is awarded in recognition of exceptional, outstanding and distinguished service to CIBSE and the wider built environment industry.
  
- 11.6 ELFT Pharmacy Poster Win - Pharmacy Technician, Nicola Horan, and former lead pharmacist for London Community MH Transformation team, Matt Lines, were awarded 1st prize for their poster presentation at the College of Mental Health Pharmacy conference held on 7 and 8 October.
  
- 11.7 Tower Hamlets Together Award 2022 winners - ELFT teams and services were part of over 80 nominations that made it through to the finals of Tower Hamlets Together (THT) awards. Included among the ELFT services and teams winning were: the South East Locality safety huddle, which includes the Locality Social Work Team (LBTH), the Community Health Team (EPCT & Care Navigators), and ELFT’s Isle of Dog Neighbourhood Mental Health Teams (NMHT) alongside local care agencies (Excel Care and Care Solutions Bureau) who won a Building Bridges Award for their work to create open door communication with service users, which has built patient’s satisfaction and engagement in their care needs.

The Ray of Sunshine Award went to Tower Hamlets Community Services Gardening for Health project, an initiative that combines physiotherapy, psychology, occupational therapy, care navigation, rehab and peer support worker models.

Another ELFT team that was recognised was Tower Hamlets Talking Therapies. They were highly commended in the category for the Shape Shifter award.

- 11.8 2022 London Homelessness Awards - The London Pathway Partnership Programme was announced as the first-prize winner at the 2022 London Homelessness Awards. ELFT is one of the partners in this prize-winning initiative involving five NHS London trusts. Since April 2021 five London hospitals (St Georges, Croydon, St Mary’s/Imperial, the Homerton and Ealing/Northwick Park) have introduced Pathway’s model of care for homeless patients and have signed up to Pathway’s Partnership support programme. The model is based on work

pioneered at UCLH in 2009. In return for an annual fee, each team receives support and training from Pathway's core staff, access to their on-line service manual and specialist support networks.

- 11.9 Cavell Star Award - Laura Kirkman, Community Nursing Team Lead for Bedfordshire Community Health Service, has been presented with the Cavell Star Award. The Cavell Star Award is given to nurses, midwives, nursing associates and healthcare assistants who shine bright and show exceptional care to colleagues, their patients and patient's families. Laura has worked actively to improve the health and wellbeing of the nurses she manages to raise morale, support them practically and psychologically.
- 11.10 HSJ Awards 2022. The North Central and East London CAMHs Provider Collaborative were announced as the Provider Collaborative of the Year at these awards, whilst the Workforce Initiative of the Year was won by the ELFT team who, with partners, have developed the Clinical Associate in Psychology role. City and Hackney Partnership were announced as winners of the Place Based Partnership award for their work across the whole partnership in City and Hackney on dementia care.
- 11.11 Congratulations to all the staff recognised by these awards.
- 12.0 **Action Being Requested**
- 12.1 The Board/Committee is asked to **RECEIVE** and **NOTE** the report for information



**REPORT TO THE TRUST BOARD IN PUBLIC**  
**24 November 2022**

<b>Title</b>	Integrated Care & Commissioning Committee 3 November 2022
<b>Committee Chair</b>	Richard Carr, Non-Executive Director and Chair of Integrated Care and Commissioning Committee
<b>Author</b>	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 3 November 2022.

**Key messages**

**Annual Plan Update**

- Update report on the delivery of the Trust's annual plan for 2022-2023
- Ongoing focus on the approach plan execution and how to create capacity, knowledge and awareness of the strategy across the Trust to increase staff engagement with strategy delivery
- Range of initiatives under way to ensure the strategy remains prominent and embedded into our systems and process, e.g. as part of Exec walkrounds and the appraisal process
- Strategy analytics aligned to the four strategic objectives now available allowing staff to view data in a single place to support in their understanding of progress with the strategy
- Metrics for patient and staff experience and population help will assist the Committee in its responsibility to report back to the Board on progress
- Population health metrics to be presented at the next ICCC
- Annual planning process involves service users, carers, staff, partners, commissioners and local authority colleagues in developing place-based plans
- Committee requested future reports draw out whether our efforts and focus are in the right areas and include more definition around timescales, predictive achievement and progress.

**BLMK Mental Health, Learning Disabilities and Autism Collaborative Update**

- Real achievements in the BLMK mental health programme through building a high trust environment with providers working together to problem solve, as well as having commissioners embedded within the Trusts
- This has resulted in an increase in physical health checks for service users with SMI from 3,000 in Q2 2021 to 4,500 in Q2 this year
- Important to demonstrate how progress can be accelerated through a formalisation of the collaborative to maintain the momentum.

**NEL Mental Health, Learning Disabilities and Autism Collaborative Update**

- ICS mental health strategy being developed, draft to be submitted to NHSE by year end
- Five/six key mental health priorities identified at the recent service user and carer summit which was entirely conceived, designed and facilitated by service users and carers; a follow up meeting is planned in early November to test elements of the proposed strategy including place-based priorities, NHS long term plan and work around demand, capacity, need and finance
- Ongoing work between ELFT operational teams with local authorities, GPs and service users on how best to organise the place based partnerships in each of the three inner boroughs
- Clinical networks established providing a clinically led way of working with service user involvement
- MHLDA collaborative is developing in a positive way against the key lines of enquiry set out by the Board; the first MHLDA Collaborative Committee to be held on 23 November 2022.

**NEL Community Collaborative Update**

- Range of partners involved as main providers; initial focus is to collectively consider the purpose and main priorities across NEL

- Collaborative will initially take the form of a programme board with the establishment of a committee deferred to next year
- Focus will be on ensuring service user and carer involvement in the collaborative
- Committee expressed concern around the slower progress of the development of this collaborative and received assurance that a set of principles are being developed on our involvement in system-wide issues with an intention to focus on those areas where a real difference can be made
- The future of commissioning is still being worked on; there are opportunities to emphasise and refresh the model that providers are the experts best placed to take on these responsibilities at place-based level.

#### **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*
  - System leadership module launch due January 2023
  - Integrated care competencies finalised and due for publication
  - Reviewing future models of care and contracting for CHS in both Bedfordshire and Tower Hamlets
  - Reviewing collective response to the Fuller Review
- **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*
  - Recently published delegation guidance from NHSE and a consultation on the NHS FT provider licence includes for the first time a regulatory requirement around the Triple Aim
  - Joint work with NELFT to design future ways of working
- The Committee agreed there were no changes to the risk scores and that appropriate controls are in place and operating effectively.

**Previous Minutes:** The approved minutes of the Integrated Care and Commissioning Committee are available on request by Board Directors from the Director of Corporate Governance.

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**29 September 2022**

<b>Title</b>	Audit Committee Meetings 6 October and 10 November 2022 – Committee Chair's Assurance Report
<b>Chair of the meeting</b>	Anit Chan/darana, Non-Executive Director and Chair of the Audit Committee
<b>Author</b>	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 6 October 2022 and the Audit Committee meeting held on 10 November 2022.

**Key messages**

**Audit Committee meeting on 10 November 2022**

**Auditor's Annual Report 2021-2022:** the final version has been updated to include the deficit and unadjusted errors. The report will be available to the public free of charge and on request.

**Annual Report and Accounts 2021-2022:** these were e-laid before Parliament by the October deadline and were presented to Governors and members at the Annual Members Meeting on 8 November 2022.

**Quality Review 2020/2021 Statement Update:** the external auditors were requested by the Committee to ensure alternative contingency measures are put in place in order to meet delivery deadlines.

**Exit Payment Process Review Update**

- Good progress being made on the actions to strengthen the Trust's internal control and decision making process following the identification of some areas of weakness during the external audit of the Trust's annual report and accounts
- A report will also be provided to the Appointments & Remuneration Committee, with assurance provided by the Audit Committee.

**External Auditor's Fees 2021-2022:** further consideration to be given to the requested increase in fees.

**Appointment of External Auditors:** the Committee agreed to recommend to the Council of Governors the appointment of new external auditors for the Trust following a robust appointment process involving Governors and Non-Executive Directors.

**Internal Audit Update**

- Final report on new models of care received reasonable level of assurance with one medium action around governance and rigour of decision making within the provider collaborative; an action plan is in place
- The Exec team was requested to maintain close monitoring around all outstanding actions for internal audit reports
- Aim is to ensure the terms of reference for internal audits focus on those that provide the Trust with greatest assurance on outcomes and include realistic steps for delivery.

**Counter Fraud Update**

- Progress on a variety of investigations is ongoing including those cases relating to the fraudulent entries on the National Immunisation and Vaccine System (NIVS)
- The national case management benchmarking report from 2021-2022 shows ELFT's elevated position against other Trusts on the number of investigations, referrals and disciplinary sanctions, highlighting the confidence of staff in reporting issues which will be properly investigated.

**Board Assurance Framework - Deep Dive Risk 3 Patient Experience:** *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*

- The Trust has established processes and structures to support its strategic priority to improve patient experience of care
- Areas of progress include peer support worker development, flexing the service to meet community needs at local neighbourhood levels, collaboration with voluntary sector networks, continued development of people participation roles in particular around autism, improved commissioning and provision for young people and a developing digital offer
- Areas where more work is required for improvement include areas of service variation around involvement, planning and service delivery, variations in the approach to prioritisation across both BLMK and NEL ICSs, Trust-wide data collection and synthesis, improvements to some of the corporate processes to support increasing levels of coproduction and wider engagement with the broader community around the Trust's population health work
- Range of work which will help address some of the challenges include ongoing collaborative work in Leighton Buzzard to co-produce approaches to improving health in the town, providing valuable lessons in wider community engagement and effective partnership working; CMHT transformation work providing learning around interaction with local populations where people are using more than one of our services; further embedding the corporate people participation work; and use of Care Opinion in collating and using data alongside Dialog, to identify themes and respond to feedback quickly
- There is strong engagement in both BLMK and NEL with the Marmot principles and quality improvement is providing synergy within the systems.

#### **Board Assurance Framework**

- The lead Board committees continue to review and discuss a more detailed report at each meeting including the controls and assurance for each of their assigned BAF risks
- Appendix 1 attached provides a summary of each BAF risk 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
- Since the last Board meeting in September, there have been no changes to the risk scores
- A Board development session planned for early 2023 to review the BAF in light of the ICSs and system working, as well as around the Trust's risk appetite which will support BAF planning for 2023-2024.

**Standing Financial Instructions Annual Review:** the Committee approved the changes to the SFIs reflecting the Trust's role as both commissioner and provider and including the principles around the Anchor organisation work, and noting a report on the delegated authority changes will be presented at a future meeting.

**Quality Assurance Committee Minutes and Update:** the Committee noted that there is a significant piece of work being led by the Chief Nurse and Deputy CEO on closed cultures, in particular the positive approach taken by the Trust themed around 'how we would know' if the issues recently highlighted in recent media were occurring at the Trust.

#### **Extraordinary Audit Committee meeting on 6 October 2022**

#### **External Auditor's Opinion**

- No concerns raised in relation to the financial statements, going concern, staff report, remuneration report and other information
- The external audit opinion refers to some significant weaknesses in respect of use of resources, and general improvements required in controls around complete and accurate reporting on exit package disclosures.

**Annual Report and Accounts 2021-2022**

- Noted the Annual Governance Statement has been updated to reflect the significant weakness issues identified by the external auditors and the actions being taken to address these
- Accepted and approved the draft report and accounts subject to a small number of final external auditor queries and checks
- Agreed to delegate approval of the final annual report and accounts for 2021/2022 including any non-material adjustments to the CEO, Interim Chief Finance Officer and Audit Committee chair.

**Previous Minutes:** The approved minutes of the previous Audit Committee meetings are available on request by Board Directors from the Director of Corporate Governance.

## REPORT TO AUDIT COMMITTEE 11 November 2022

<b>Title</b>	Board Assurance Framework
<b>Author</b>	Cathy Lilley, Director of Corporate Governance
<b>Accountable Executive Director</b>	Lorraine Sunduza, Chief Nurse

### Purpose of the Report

- To present the BAF at 1 September 2022
- To note there are no recommended changes to the risk scores
- To provide assurance that appropriate controls are in place and operating effectively.

### Key Messages

#### Overview

- The lead Board committee continues to review and discuss a more detailed report at each meeting including the controls and assurance for each of their assigned BAF risks
- A summary report attached at appendix 1 is provided for the BAF risks which have been considered by the lead committees at their recent meetings; these include risks 1, 2, 4, 7, 8 and 9
- The People Participation and Appointments & Remuneration Committee have not met since the last Audit Committee meeting in September and so this report does not include an update on risks 3, 5 and 6
- In addition, BAF risk 3 is being presented as a deep dive at the November Audit Committee
- The summary reports include 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
- For ease of reference, updates and changes to the previous BAF are provided in **blue font**
- Key changes include:

BAF Risks	Updates
<b>Strategic Priority: Improved population health</b>	
<b>Risk 1</b> <i>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</i>	<ul style="list-style-type: none"> <li>• 2023/24 planning guidance published</li> <li>• System leadership module launch due Jan 23</li> <li>• Integrated care competencies finalised and due for publication</li> <li>• Winter pressures and requirements to ensure flow and uncertain financial environment remain a challenge</li> <li>• Executive leadership of/involvement in system response to winter/financial pressures</li> <li>• Review of CHS in both Beds and Tower Hamlets relating to future models of care and contracting under way</li> <li>• Reviewing collective response to Fuller Review</li> </ul>
<b>Risk 2</b> <i>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</i>	<ul style="list-style-type: none"> <li>• Recently published delegation guidance from NHSE and a consultation on the NHS FT provider licence includes for the first time a regulatory requirement around the Triple Aim</li> <li>• Joint work with NELFT to design future ways of working</li> <li>• Development of NEL CHS Alliance making progress</li> <li>• Continued work to build knowledge and momentum around MHLDA collaborative</li> </ul>
<b>Risk 9</b> <i>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</i>	Although there is a robust infrastructure in place, further consideration as to how this will work in practice to be given to the expectation that NMC programme will become part of the MHLDA collaborative

Strategic Priority: Improved experience of care	
<p><b>Risk 4</b> <i>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</i></p>	<ul style="list-style-type: none"> <li>• Demand remains high in crisis services and bed occupancy. Covid related pressure and disruption whilst low has returned but currently not leading to any major disruption to services. However, alongside staff sickness, isolation and caring responsibilities this will add to operational demands</li> <li>• Established pan-London arrangement for contingencies of additional capacity with a single private provider for winter surge beds at a reduced price per bed. It will also provide a more defined and joined up oversight on quality issues associated with these beds</li> <li>• Therapeutic engagement programme for inpatient teams commenced. A session on observation practices held which explored factors impacting on observations which ultimately affected the therapeutic milieu on wards; directorate specific driver diagrams with tangible change ideas were developed to be tested locally</li> </ul>
Strategic priority: Improved value	
<p><b>Risk 7</b> <i>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</i></p>	<ul style="list-style-type: none"> <li>• Significant challenge in delivering a programme which is largely comprised of recurrent schemes</li> <li>• High likelihood that non-recurrent schemes, such as in-year vacancies, will have to be utilised to achieve further non-recurrent FV and support a balanced financial position</li> <li>• Trust approach to FV delivery in context of current financial and clinical pressures and implemented a more directorate-focused strategy</li> </ul>
<p><b>Risk 8:</b> <i>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</i></p>	<ul style="list-style-type: none"> <li>• Phase 1 of the migration of the hosted Cloud data completed, Phase 2 which concentrates on resilience is on-going</li> <li>• Resilience forum which looked at business continuity for clinical systems now been expanded to look at PowerBi, staffing and other areas of pressure during winter</li> <li>• Estates strategy update paper brought to FBIC Nov and following ratification through stakeholder groups the finalised document will be presented in March 2023</li> <li>• Cyber threat level remains very high, hence the 20 level on the BAF. By end of Dec Cloud infrastructure risk level could be at 15; to be reviewed at this months' DSB</li> <li>• Digital consultation ongoing. Now challenged by agency caps as this is how roles are being backfilled to enable dealing with the Cloud challenge. Not critical yet.</li> </ul>
<ul style="list-style-type: none"> <li>• The Committee is asked to: <ul style="list-style-type: none"> <li>- <b>RECEIVE and DISCUSS</b> the contents of this report, and <b>REVIEW</b> progress</li> <li>- <b>NOTE</b> there are no recommended changes to the risk scores</li> <li>- <b>AGREE</b> that appropriate controls are in place and operating effectively.</li> </ul> </li> </ul>	

### Strategic priorities this paper supports

Improved experience of care	<input checked="" type="checkbox"/>	The principle risks identified within the BAF all relate to all four strategic priorities.
Improved staff experience	<input checked="" type="checkbox"/>	
Improved population health outcomes	<input checked="" type="checkbox"/>	
Improved value	<input checked="" type="checkbox"/>	



## Implications

<b>Equality Analysis</b>	This report has not been impact assessed. The Board Assurance Framework contains risks that are relevant to equalities
<b>Risk and Assurance</b>	BAF, and ongoing development of the framework and its underlying processes, are designed to enable the Trust to more effectively manage its key risks, and therefore better support achievement of the Trust's objectives
<b>Service User/ Carer/Staff</b>	If risks are not managed, escalated and mitigated effectively, then this may negatively impact the quality of patient care and service user experience
<b>Financial</b>	There are no financial implications associated with this report. The treatment of specific risks may have financial implications, which are processed in line with the Trust's financial procedures
<b>Quality</b>	The document contains risks that are related to, or have implications for, the quality of services provided

Risk Matrix					
Likelihood/ Frequency ↓	Consequence/Impact →				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
5 Almost Certain	<b>Moderate</b> 5	<b>High</b> 10	<b>Significant</b> 15	<b>Significant</b> 20	<b>Significant</b> 25
4 Likely	<b>Moderate</b> 4	<b>High</b> 8	<b>High</b> 12	<b>Significant</b> 16	<b>Significant</b> 20
3 Possible	<b>Low</b> 3	<b>Moderate</b> 6	<b>High</b> 9	<b>High</b> 12	<b>Significant</b> 15
2 Unlikely	<b>Low</b> 2	<b>Moderate</b> 4	<b>Moderate</b> 6	<b>High</b> 8	<b>High</b> 10
1 Rare	<b>Low</b> 1	<b>Low</b> 2	<b>Low</b> 3	<b>Moderate</b> 4	<b>Moderate</b> 5



[illegible]



[illegible]

<b>BAF Risk 7</b>	<b>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</b>
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Strategic Priority	Improved value	Risk Score 2022/2023							
Review Date	1 November 2022	Residual	Apr/May	Jun/Jul	Aug/Sept	Oct/Nov	Dec/Jan	Feb/Mar	Target
Executive Lead	Chief Finance Officer/Chief Nurse	12	12	12	16	16			9
Lead Committee	Finance, Business & Investment Committee		↔	↔	↑	↔			

<b>Context</b>	<b>Gaps in Control or Assurance</b>
<ul style="list-style-type: none"> <li>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</li> <li>Initial re-engagement with FV Programme as we emerged from pandemic period, has not delivered the required FV achievement</li> <li>Previous work to embed an approach that focuses on culture and behaviour change in FV now well progressed; focus now on a system reset to delivering tangible savings that focus on value and quality, not purely on cost</li> <li>NHS focus on financial control and grip has introduced additional areas for review such as internal audit and agency ceilings</li> </ul>	<ul style="list-style-type: none"> <li><b>G2</b> Developing and embedding a 'waste management' culture through staff engagement</li> <li><b>G3</b> Developing and embedding structured support and framework for Directorates and Corporate services to deliver FV plans</li> </ul>

<b>Progress</b>		
<b>What's going well inc future opportunities</b>	<b>What are the current challenges inc future risks</b>	<b>How are these challenges being managed</b>
<ul style="list-style-type: none"> <li>Engaging staff in waste reduction initiatives</li> <li>Focussed and expanded Sector Group sessions (and other key Trust-wide forums) to develop Value / FV schemes</li> <li>Increasing proportion of FV Programme delivered through waste reduction</li> </ul>	<ul style="list-style-type: none"> <li>Delivering FV aims during challenging financial circumstances</li> <li>Balancing retention of our organisational treasures and overall approach to FV, with achieving significant cost reduction</li> <li>Identifying plans to meet high 22/23 target</li> <li>Reduced opportunity to support FV Programme through income overheads</li> <li>Requirement for increased proportion of FV programme to be delivered through clinical service transformation</li> <li>Capacity required within FV PMO and sectors to deliver programme</li> <li>Significant challenge in delivering a programme which is largely comprised of recurrent schemes</li> </ul>	<ul style="list-style-type: none"> <li>Reviewed Trust approach to FV delivery in context of current financial and clinical pressures and implemented a more Directorate-focussed strategy</li> <li>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</li> <li>Overall FV Programme now more balanced across the three workstreams</li> <li>FV PMO and Exec leads progress and implementation sessions with Directorates implemented monthly, to stimulate ownership and delivery of FV schemes</li> <li>High likelihood non-recurrent schemes will have to be utilised to achieve further non-recurrent FV and support a balanced financial position</li> </ul>

**Risk Score:** Recommendation that the current risk score increases to **High 16**



<b>BAF Risk 8</b>	<b>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</b>						
<b>Strategic Priority</b>	<b>Improved value</b>	<b>Risk Score 2022/2023</b>					
<b>Review Date</b>	1 November 2022	<b>Residual</b>	<b>Apr/May</b>	<b>Jun/Jul</b>	<b>Aug/Sept</b>	<b>Oct/Nov</b>	<b>Dec/Jan</b>
<b>Executive Lead</b>	Chief Digital Officer	<b>25</b>	<b>25</b>	<b>25</b>	<b>20</b>	<b>29</b>	
<b>Lead Committee</b>	Finance, Business & Investment Committee		↔	↔	↓	↔	
							<b>8</b>

<b>Context</b>
<ul style="list-style-type: none"> <li>Digital risks comprise: digital infrastructure, Cyber security, and governance and benefits realisation</li> <li>Estates risks mirror the challenge to site resilience, and also relates to concerns raised by the CQC in their recent visit</li> <li>Digital solutions/implementation progressed at significant pace through Covid, particularly iro of system wide transformation</li> <li>Trust-wide digital transformation programme requires significantly enhanced capacity and capability to manage change</li> <li>Significant work to bring digital baseline up to required standards of performance, to support 'care delivery in any setting'</li> <li>Governance structure established to scope/manage digital innovation in a more structured/joined up way to support delivery and success, e.g. digital/estates</li> <li>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</li> <li>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</li> <li>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</li> </ul>

<b>Gaps in Control or Assurance</b>
<p><b>G6:</b> No detailed understanding of infrastructure, both digital and structural, to support improvement programme or detailed costing exercise to fully assess, plan, prioritise and deliver the right specification</p> <p><b>G7:</b> Address areas of immediate concern found during 127 sites survey including funding and capacity; addressed by digital and estates strategies</p> <p><b>G8:</b> Dedicated Cyber team imperative to meet NHSE&amp;D expectations and enhanced requirements. An out of hours service also needs defining until all data is migrated from UKCloud. Permanent on call response needs to be offered linked to variable site requirements to support a robust service</p> <p><b>G9:</b> Workstream to encompass requirements for digital support for not site based areas</p> <p><b>G10:</b> A full benefits realisation plan needed</p> <p><b>G11:</b> 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 &amp; COO as standing members</p> <p><b>G12:</b> 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</p>

<b>Progress</b>		
<b>What's going well inc future opportunities</b>	<b>What are the current challenges inc future risks</b>	<b>How are these challenges being managed</b>
<ul style="list-style-type: none"> <li>Delivery of digital strategy and opportunities to expand its focus to children's services/other key services</li> <li>Addition of a CTO to lead the technical infrastructure and Cyber agenda, and appointment of a CISO</li> <li>Established a robust governance structure to programme, agree and prioritise digital change with operational leadership</li> </ul>	<ul style="list-style-type: none"> <li>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</li> <li>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</li> <li>Digital funding increase required to deliver digital maturity</li> </ul>	<ul style="list-style-type: none"> <li>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</li> <li>Digital Strategy Board monitoring delivery of this year's programme including benefits realisation and cyber security, and monitoring new risks that emerge</li> <li>Remedial infrastructure plan (network and wifi) now centrally funded to improve connectivity on the most affected sites until the larger programme is initiated</li> </ul>



<ul style="list-style-type: none"> <li>• Further development of the strategy to bring greater efficiencies to our staff and patients</li> <li>• Robust management and oversight of both the Cyber threat and the Cloud infrastructure architecture</li> <li>• Digital staff consultation is nearing completion with the new structures in place by November 2022</li> </ul>	<ul style="list-style-type: none"> <li>• Fragility of some of current infrastructure and ensuring we can continue to operate whilst delivering new technology</li> <li>• Recruiting and retaining staff has become more challenging than before Covid due to growth in digital services globally</li> <li>• 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</li> <li>• 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</li> <li>• Various estates challenged areas noted by the CQC need to be urgently resolved with more funding allocated this year</li> </ul>	<ul style="list-style-type: none"> <li>• Strategies for both digital and estates will be linked and overseen to ensure compliance</li> <li>• Solutions Board and DTOB ensures digital team priorities remain aligned to the operational challenges and reprioritises where necessary</li> <li>• Gold command approach established to monitor the UKCloud position via the Executive team with regular updates being provided</li> <li>• Cloud Architecture Board monitors the resilience and implementation of the new platforms and architecture, and the Resilience forum is expanding to look at EPRR aspects of Estates and Digital, and Operational challenges, particularly this winter</li> <li>• Global Cyber risk linked to the Ukrainian/Russian conflict being tracked and managed by the CTO, CISO and the NHSX Cyber Team as part of a global search and secure approach</li> </ul>
<p><b>Risk score:</b> Recommendation is that the current risk score is maintained at <b>Significant 20</b> to reflect the continued cyber threat, but cognisant of the ongoing work being undertaken by the CISO. The risk score also reflects, given the risks cyber presents, the fact the new Cloud environment is not fully DR tested and the links are not yet triangulated, given the speed of migration. This is being addressed now with a plan to review the risk score in Q1 2023. The risk level will be reviewed again by the DSB in November 2022, now the migration Phase 1 of the Cloud has completed. The aim is to reduce all risks for digital to <b>High 15</b> – as soon as all areas of concern are considered to be addressed, as agreed by the DSB.</p>		

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**REPORT TO THE TRUST BOARD IN PUBLIC**  
**24 November 2022**

<b>Title</b>	Quality Assurance Committee: 7 November 2022 Committee Chair's Assurance Report
<b>Committee Chair</b>	Prof Dame Donna Kinnair, Non-Executive Director and Chair of QAC
<b>Author</b>	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) meeting on 7 November 2022.

**Key messages**

**Winter Planning**

- The Trust is now in winter planning and response stage with services already commencing a number of schemes following unprecedented activity over the summer
- Winter planning has presented a number of opportunities around partnership working in both BLMK and NEL including bed management with NELFT and community health services working collaboratively to support acute Trusts
- Planning is under way in case of disruption from other sources including strikes and industrial action from both within the NHS and with other industries, as well as possible cuts/reductions of service from energy companies
- Working at place on continuity and emergency preparedness and resilience plans.

**Patient Safety Plan**

- The plan is currently in draft and is being coproduced; it covers all Trust services including primary care
- The mission is *to provide the safest possible care for our patients, safest conditions for our staff and safest lives for those communities we serve*
- The plan is grounded in the evidence-base around providing safer healthcare and takes account of work already undertaken to improve safety within the Trust. It is aligned with the NHS Patient Safety Strategy 2019 and Trust strategy, and reflects the Trust's Patient Safety Review 2019
- Six areas of focus identified: culture, leadership and governance; continuous learning, insight and improvement; involvement of patients, carers and families; workforce safety and wellbeing; equity; and safer communities
- Ideas about culture change are being explored; reviewing how to ensure teams are support with their safety culture; working on incivility and shared ideas of culture of safety.

**Integrated Patient Safety Report Q2**

- The Trust continues to demonstrate a high level of safety reporting; there is a robust Trustwide safety huddle structure and local safety forums
- There were 18 Serious Incidents reviews of which 10 were probable suicides, four were physical health related deaths and four unknown. Two were inpatient deaths on mental health wards from physical causes
- Eight deaths were reported on LeDeR which is in line with the national picture
- SI review completion timeliness remains a challenge, although there is a slight improvement for meeting the 60 day target. Data does not yet reflect the work to improve this through case-load management and the appointment of a new Head of Incidents
- Assurance provided that the length of time patients spend in seclusion is monitored and is reported to the Quality Committee. Seclusion reviews are undertaken by on-call consultants. This is being looked at as part of the overall restrictive practices review
- The Committee acknowledged the significant improvement to the report which has removed previous duplication; however, recommended more emphasis on both current work as well as future plans

### **Cross Cutting Theme Deep Dives: Culture of Safety**

- The detailed report outlined the Trust response to closed cultures in clinical services as highlighted by recent BBC One Panorama programme in which covert recording revealed a worrying culture with some shocking examples of vulnerable patients being abused by staff in a mental health inpatient unit in Manchester and the Channel 4 Dispatches programme at an inpatient unit in Essex
- The Trust has responded by working with service operational, clinical and professional leads to review their current structures with the assumption not of 'this would never happen in ELFT' but by asking 'if this happened, how would we know?', i.e. are our systems and cultures are robust enough so that we would know where this is happening
- The issue of staff being abusive to patients is serious and unacceptable. However, closed cultures do not happen overnight and can start with general incivility which when unchallenged can grow into a culture of abuse, and it can continue and increase if there are staff bystanders who do not raise concerns; however, it is recognised that to speak up is not easy
- In September 2022 the therapeutic engagement work for inpatient areas commenced. This was in response to the number of incidents related to observation practice. All services were able to review their own experience and create a plan to address issues highlighted
- Focus of work will be on leadership and culture; governance; open and transparent services; people participation and coproduction; approaches to ensure patient safety; using QI approach; ward to board data.

### **Quality and Safety: Bedford and Luton Adult Mental Health Services**

- Range of successes and achievements including:
  - Recovery College in Luton has been relaunched with some courses now online
  - Opening of Bedford Beacon which is a service to support loneliness and isolation
  - Additional crisis cafes opened in partnership with MIND
  - A number of new roles have been introduced, including a Transitions Lead, Autism Lead and Head of Patient Flow; the role of Associate Clinical Practitioner is being developed
  - Integrated ways of working are being developed, e.g. OCEAN team have improved referrals from BAME communities
  - Accreditation of two services: Early Intervention Service where the workforce was successfully reorganised after struggles with recruitment; IPS service which helps people into paid employment
- Variations include:
  - PCN access: demand is spiking and waits are longer than anticipated
  - Acute hospitals: working with Bedfordshire hospitals on eating disorders which has historically been an area of risk within BLMK; development of a mental health strategy coproduced with Bedfordshire hospitals and ELFT's people participation team
  - Local 'time to think forum' established to review restrictive practices; some trauma informed care projects are underway which are expected to have an impact on restrictive practices
- Key issues include:
  - Recruitment and retention: improvement project established
  - Administration review: the delay has led to some gaps in leadership structure
  - Mental health pressures in acute hospitals
  - Increased demand for autism and ADHD services: reviewing how to design services to meet demand
  - Patient flow: reviewing how to work with acute partners and aiming to reduce patients admitted from outside the borough.

### **Equalities Governance**

- A new Equalities Governance Board has been established with the Chief Nurse and Chief Quality Officer as the Exec leads on equality programmes, and a Head of EDI appointed
- A list of priorities have been developed and coproduced with staff and service users
- The Committee agreed that an EDI update report would be presented biannually; reports would also be presented to the Appointments & Remuneration Committee and Integrated Care & Commissioning Committee.

### **Primary Care**

- Significant focus on recruitment in BLMK which has the second lowest primary care staff to population ratio in the country; range of actions in place working with acute hospitals and local authorities, and support from the local MP
- Work on transformation continues, e.g. receptionists are becoming care navigators who can support GPs by directing people to the right streams of care.

### **Revalidation of Doctors**

- Arrangements were expanded for appraisals to ensure that those doctors holding appointments as honorary consultants with the Trust are appraised and revalidated in the same way as ELFT-employed consultants. The Trust also ensures that all doctors working for ELFT, including agency locums and salaried GPs, are compliant with the appraisal/revalidation process
- Appraisals are annual and revalidation takes place every five years at which point all five appraisals are reviewed.
- During Covid appraisals were suspended and revalidation required a review of three appraisals; although the Trust continued with appraisals, levels fell below pre-pandemic levels. Work has been ongoing to improve appraisal rates with a target of 80% by December 2022
- The Committee approved the statement of compliance confirming that the Trust is complying with the Responsible Office Regulations.

### **Guardian of Safe Working Q2**

- Junior doctor work schedules remain compliant with the junior doctor contract
- Reporting of exceptions to work schedules has slightly increased with 43 reports in the period; these mainly related to hours of rest and some access to education, and four were breaches of the junior doctor contract
- There were 362 vacant shifts – the majority were covered by internal staff and 8.6% by agency
- Currently 15 trainee vacancies across the Trust
- Exception reports are mostly from City & Hackney and Newham, clustered around areas where there were no consultants; there remains a lack of reporting from CAMHS.

### **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. Covid related pressure and disruption whilst low has returned but currently not leading to any major disruption to services. However, alongside staff sickness, isolation and caring responsibilities this will add to operational demands
- Established pan-London arrangement for contingencies of additional capacity with a single private provider for winter surge beds at a reduced price per bed. It will also provide a more defined and joined up oversight on quality issues associated with these beds
- Therapeutic engagement programme for inpatient teams commenced. A session on observation practices held which explored factors impacting on observations which ultimately affected the therapeutic milieu on wards; directorate specific driver diagrams with tangible change ideas were developed to be tested locally
- No change to the risk score.

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**24 November 2022**

<b>Title</b>	Quality Report
<b>Author / Role</b>	Auzewell Chitewe, Associate Director of Quality Improvement Katherine Brittin, Associate Director of Quality Improvement Duncan Gilbert, Head of Quality Assurance
<b>Accountable Executive Director</b>	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**

<b>Date</b>	<b>Committee/Meeting</b>
7.11.22	Our work on ensuring safe, high quality inpatient care was presented to the Quality Assurance Committee

**Key messages**

The quality assurance section focuses on how we support the provision of safe, high quality inpatient care, following the two recent television documentaries highlighting significant failings in two mental health providers. The report outlines the approach we take at ELFT to creating an open culture on our wards, enabling service users, carers and staff to speak up about the quality of care being received or provided, and how we can continually improve. Visible and effective leadership is key to safety – the report outlines how we utilise walkrounds at different levels of the organisation, and support team and directorate leaders to be able to identify safe, high quality care and take action to improve when needed.

Our progress on ensuring that inpatient observations are meaningful and grounded in therapeutic engagement is outlined within the report, together with work to reduce the use of restrictive practices. Data can provide important insights to safety. We share in the report how we are strengthening our use of real-time data on our wards and inpatient units to be able to see key safety and staff data at-a-glance, and be able to predict when a ward may be struggling through the use of a novel early warning system. Additional oversight is now being provided through the Trustwide patient safety forum and a new Trustwide service user and carer experience forum. We have also strengthened the process of learning from serious incidents (following a previous review that was presented to the Trust board in March 2022). Work on strengthening the safety of inpatient care continues, with a draft Patient Safety plan being presented to the Trust Board, the start of a co-design process to define what leadership at ELFT means, and the introduction of routine systematic safety climate assessment as part of our annual CQC readiness process.

The quality improvement (QI) section provides a summary of how teams are applying QI to achieve the strategic objectives of the Trust, with a particular focus on demonstrating how thinking differently and removing activities that add less value is enabling teams to improve productivity. Productivity is the relationship between inputs (costs, staff and resources) and outputs (dimensions of quality).

There are several examples of teams using QI to improve outcomes without increasing their staffing or resource inputs. In Newham Adult Mental Health, services are partnering with assets in the local community as part of triple aim work to improve health outcomes, quality of care and value for people who present to the crisis pathway multiple times in a year. The Tower Hamlets Early Intervention Service have been able to address inequitable access to evidence-based psychology treatment for people from Black and Asian backgrounds, within the same overall resource. The Tower Hamlets

Psychological Therapies Service are involving trainees within the service to offer more assessment slots in their efforts to reduce waiting times. Hackney integrated learning disability service has been working to reduce waiting times and improve flow through the pathway. Within this project, the team has been tracking time spent each day on different tasks, and is now working to remove activities of lower value. Within work focused on value, the report highlights productivity improvements within enhanced primary care service in Newham, which is looking to extend the use of telehealth in order to offer remote monitoring and deliver more interventions within the same amount of resource.

Overall, a large proportion of all quality improvement work will deliver productivity improvements, through teams finding creative ways to meet service user need, redesigning care pathways, removing waste and partnering with local assets.

### Strategic priorities this paper supports

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

### Implications

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

## **1.0 Quality Assurance**

- 1.1 This section of the quality report provides assurance to the board on our approach at ELFT to ensuring a culture of quality in our inpatient units, in light of the focus on two recent television documentaries reporting on quality and safety of care, and revealing significant failings.
- 1.2 Both documentaries focus on the services of a particular provider (both different), but raise common and important themes, and ask some significant questions of all healthcare providers - the most fundamental of which is, what are we doing to ensure that all of our patients are receiving safe, compassionate, good quality care?
- 1.3 The purpose of this paper is to provide assurance as to what the organisation currently has in place to address this question, and how we plan to strengthen this approach. Also of relevance is the draft ELFT Patient Safety Plan, presented to the Quality Assurance Committee in November 2022, which sets out the direction of travel on safety, and a raft of actions for development of safety culture and practice across the Trust.

## **2.0 Key issues raised and how we approach these at ELFT**

- 2.1 Across the two programmes some critical issues were identified that underpin safe care:
  - Closed cultures, and visible and effective leadership
  - Just culture, speaking up and effectively learning lessons
  - Safe observations
  - Listening to service users and carers
  - Use of restrictive practices

### **2.2 Closed cultures, and visible and effective leadership**

The CQC, which undertook a major review of closed cultures in the wake of the Winterbourne View scandal in 2012, defines a closed culture as 'a poor culture that can lead to harm, including human rights breaches such as abuse'. Such a culture is often characterised by insularity, absent or ineffective leadership, a lack of compassion and person-centredness and an overuse of restrictive practices.

By their nature, closed cultures may be difficult to identify, particularly before any harm to patients becomes apparent. Staff and service users are less likely to feel able to speak up to draw attention to the problem. Often it is the absence of data, events or activities that are early indicators of its presence, and so, as a result, will not show up in reports or on dashboards. For example, complaints, incident reports, patient experience feedback, reflective practice and away days, community meetings and carers groups.

There is a high risk of any organisation not knowing what it doesn't know. There are, of course, ways of protecting against this:

- Paying attention to key data, including its lack

Across in-patient services key quality and safety data are readily available at ward, Directorate and trust-wide level to all staff and in real-time via the trust's PowerBI platform. Over the past 12 months, we have now made this data available to all staff, from any device, any time. In addition, eight inpatient wards have been testing the display of real-time data on large screens in nursing areas.

Included in the analytics is a novel early warning system, developed at ELFT that enables leadership to proactively identify a ward where a number of key safety and staff indicators may be deteriorating, in order to prevent a patient safety incident. To our knowledge, this is the first of its type within mental health services in England. Over the next 9 months, this system will be strengthened through automated push-emails to directorate leaders, alerting them on a weekly basis to wards where multiple indicators denote risk.

Data only forms one part of good daily management. Over the last year, the Quality Assurance team have been working with inpatient services in Luton and Newham to strengthen our 'quality control' systems. This combines regular safety huddles, with use of data, action planning and clear escalation protocols to create a robust system of daily management. This way of involving all staff in regular discussions about safety and quality, informed by data, and leading to proactive action, is a key feature of a healthy safety culture. Over the next 12 months, our learning about best practice for safety huddles and quality control will be scaled across all inpatient units.

- 'Going to the Gemba' or Leadership walkrounds – in essence going to the work to see it for yourself

Walkrounds are an embedded element of leadership behaviour at all levels of the organisation. Executive walkrounds aim to take place at least once a year to any given service. During the 2021-22 financial year 250 executive walkrounds were scheduled with our services. Feedback from these conversations is provided to local leadership teams, so that they can hear the topics that were raised and take any needed action.

In addition, walkrounds are used locally to monitor and check a range of aspects of quality and safety. In Newham, for example, Matrons, Directors of Nursing, Service/Clinical Directors, Estates and Infection Control all conduct regular walkrounds. Across Forensic in-patient services there are numerous in-person spot checks and walkrounds routinely taking place:

- Spot Checks by DMT members, looking at staffing and staff practice, patient safety and satisfaction, environment etc.
  - Weekly lead nurse walkrounds
  - Weekly night checks (on a specified quality and safety theme)
  - Monthly joint Security and Estates and Facilities walk around looking at anything that compromises security of the unit and quality and safety issues relating to estates and facilities issues
  - Head of Nursing monthly walk about with head of security looking at environment, security issues, staffing, patient experience
  - DMT walkabouts visiting teams at away days monthly
  - Quarterly Lead Nurses walkabouts with Estates and facilities monitoring capital projects
- Monitoring engagement in core quality processes and activities in the round

As of October 2022 the Quality Assurance Team has collated and shared team by team participation in its core processes (Accreditation, CQC self-assessment and peer review, clinical audit, and collection of patient reported experience measures). Whilst engagement in these processes was reported process by process, now each directorate leadership team can identify which services are not engaging in the standard methods for assuring quality of care at ELFT, and act to rectify this.

- Triangulating data to build a deeper understanding of an issue or aspect of quality and safety

By looking at different types of data, collected in different ways and focused on different aspects of quality and safety, teams are able to deepen their holistic understanding of the quality of care being provided. The triangulation of patient and staff experience data has been regularly reported to the Trust Board, together with our actions on the key themes emerging. The recent establishment of new trust-wide Patient Safety and Patient and Carer Experience Forums create space for regular triangulation of data, discussion and deeper understanding, and a means for sharing and driving learning and positive change. The first meeting of the Patient and Carer Experience Forum in September 2022 looked at the triangulation of service user experience data from complaints, compliments, PALS, service user led accreditation assessments, and patient-reported experience measures, and shared the learning on how primary care services in Bedfordshire have acted on the key themes emerging from their triangulation of local experience data.

- Using objective measures of safety culture

It is recognised, and evidenced in the recent documentaries, that the culture of an organisation and staff attitudes have a significant impact on safety processes, practice, and ultimately patient outcomes. A large number of tools are available to assess the safety culture and climate in healthcare organisations. There is good evidence that use of such tools can improve understanding of safety culture, and help identify areas of risk and help target improvement. Importantly, they can provide a catalyst for conversation, and raise the profile of safety culture and the link to behaviours and patient experience.

We currently utilise mixed method evaluation of a sample of teams across the organisation every 6 months to understand the team's ability to be able to identify and tackle opportunities for improvement, through our quality improvement programme. We do not, however, routinely utilise Safety culture surveys, or other formal measurement tools. This presents an opportunity for strengthening our patient safety approach, and we are planning to integrate this into the annual self-assessment process that each team undertakes as part of our CQC readiness programme.

## 2.3 Just culture, speaking up and effectively learning lessons

It is one of the most striking observations made in the Dispatches documentary that investigations into serious incidents resulted in numerous recommendations, but these did not translate into meaningful action and demonstrable improvement.

The first step towards learning is the knowledge that something untoward has happened that can be learned from, the basis of which is a culture of fairness, openness and learning such that staff feel confident to speak up when things go wrong, rather than fearing blame. Incident reporting at ELFT continues to increase in absolute numbers, but also when adjusted for increasing size of the organisation and levels of activity. This represents a positive sign that people are increasingly reporting safety incidents and near misses.

Most recent annual staff survey results show year on year increase across key measures of both willingness to speak up on concerns about unsafe clinical practice (78% of respondents in 2021), and confidence that concerns will be heard and responded to (67.4%). There is also the option to raise concerns via the Freedom to Speak Up Guardian. During the last financial year (2021-22) 100 concerns were raised, of which 10 related to clinical care. Work is ongoing to promote the Freedom to Speak Up pathway and encourage concerns to be raised. The Trust now has 12 Freedom to Speak Up Champions in post across the organisation, there are regular newsletters to staff, webinars and input at trust and local induction events.



The trust has a well-established process for review of serious incidents, recommendation of remedial action and action tracking, in line with national guidance. The process of learning from serious incidents was the subject of the quality report to the Board in March 2022. Since that time, work has been done to strengthen the processes by which learning takes place and is shared, including:

- A new system to cascade learning from the Serious Incidents committee and Patient Safety Forum;
- An ongoing schedule of learning lessons seminars;
- Patient Safety modules launched on Learning Academy;
- Establishment of a trust Learning from Safety Group.

An annual Safety Learning event is scheduled for January 2023. Going forward, the Trust will be adopting the new NHS Patient Safety Incident Response Framework (PSIRF). This sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. This represents a significant shift in focus towards a greater understanding of how incidents happen, and as such should further improve capacity to learn and improve as a result of untoward events.

In addition to learning processes, effective leadership involves taking decisive action when deficits in patient safety become apparent. A good example of this is the work undertaken by the Newham mental health directorate management team, following a number of patient safety incidents and safety concerns about inpatient care being raised in 2018. A wide ranging, ambitious and transparent plan of action was generated. It was regularly monitored through:

- Weekly meetings between the Borough Director and Borough Lead Nurse and Inpatient Associate Clinical Director to review progress
- Weekly meetings with Chief Nurse
- Weekly Inpatient Improvement Meeting, involving a range of staff across the wards
- Monthly review by Directorate Management Team

Implementation of the plan continues, but has yielded positive outcomes in terms of patient feedback, safety culture and staff satisfaction.

## 2.4 Safe observations

In September 2022, we brought together all our inpatient units to commence quality improvement work on therapeutic engagement and observations. This is currently underway in each inpatient unit, led by the lead nurses and with close quality improvement support.

This approach allows us to truly understand the local context and views of our service users, involve the wider multidisciplinary team including junior members of staff on our wards, and coproduce our solutions with service users. The focus of this work is on strengthening therapeutic engagement, and making observations meaningful.

The process each team has already undertaken has included a review of the existing systems, environments, human factors and experiences of people to inform the change ideas. We have looked at adherence to our policy on Observations and introduced daily online audit tools to enable spot checks audits of observation records and annotations for reasons when observations are not completed. The review has engaged staff on the wards to identify themes in their experience of factors inhibiting their ability to carry out observations. This has allowed for 'live' systems that support early learning that will lead to a refined group of change ideas to be tested, evaluated and scaled.

## 2.5 Listening to service users and carers

The trust has robust systems for engaging with, listening to and involving service users and carers. Alongside the Trustwide Working Together Group, each directorate has its own Group that provides involvement opportunities for people on their personal recovery journey and empowers people with lived experience to work alongside healthcare professionals to continuously improve how care is shaped and provided.

Alongside People Participation structures are systems for collecting, measuring and understanding patient and carer experience. The trust deploys:

- Complaints, PALS and compliments process
- Patient Reported Experience Measures (incorporating NHS Friends and Family Test)
- Care Opinion (collecting and responding to stories)
- Incident reports and other patient safety measures (such as safety cross)
- Patient Reported Outcome Measures (such as Dialog+)
- Service User Led Accreditation

Collection of patient feedback continues to increase. PREM/FFT survey responses have increased over the past 12 months from a mean of 915 per month to 1324. The number of teams collecting feedback has increased from a mean of 98 to 105. All services are expected to collect and respond to feedback, and make their responses known to service users.

A particularly powerful and innovative way of assuring the quality of our care is through enabling our service users to define the standards and assess our services against these standards – through our service user led accreditation process. To date, 79 services have participated in the process, including 21 of our 52 in-patient services. The QA team aims to support all in-patient services to be accredited by end of 2023.

## 2.6 Use of restrictive practices

Restrictive practices, such as use of restraint, seclusion and rapid tranquilisation, are routinely monitored locally, and reported on centrally to the Trustwide Quality Committee. Monthly data is reviewed, and this will now be strengthened with data monitoring the implementation of the Use of Force Act that has been effective since April 2022.

The Trust participated in the national improvement collaborative on restrictive practice, alongside 25 other Trusts. This programme was led by our Chief Quality Officer, in his national role, and demonstrated a 15% reduction in the use of restrictive practice across the 38 participating wards. There are a number of actions being taken across ELFT wards to reduce the use of restrictive practices, and eliminate unwarranted and harmful restriction of liberty:

- Time to Think forums are in place in all inpatient services. These are multi professional forums with service user input. The purpose of the meeting is to review local data, understand different experiences and perspectives, to shine a light on areas of practice and support local quality improvement plans. There are early signs that restarting these forums following the acute phase of the pandemic, and opening dialogue around restrictive practices, is having a positive impact on the application of restrictive interventions.
- The safety bundle, developed through our quality improvement work on reducing inpatient physical violence, has been implemented across all sites. The safety bundle incorporates four elements: a dynamic risk assessment tool, safety huddles, safety

focused community meetings, and use of a safety cross to monitor prevalence of incidents in a transparent way in the ward community.

Long-term segregation is occasionally used within forensic services. In order to reduce a sustained risk of harm posed by the patient to others, which is a constant feature of their presentation, the patient is not allowed to mix freely with other patients on the ward on a long-term basis. The use of long-term segregation is regulated by trust policy, including a range of safeguards for the segregated patient. Segregation can only be initiated following discussion and agreement from a group that includes multi-disciplinary team members, the Responsible Clinician, and a representative of the relevant Commissioning Group. For each episode of long-term segregation, an incident form is completed. There is regular review, including by another Responsible Clinician, to ascertain whether the continuation of segregation is necessary, proportionate and the least restrictive option available. Usage of long-term segregation is monitored locally within the forensic quality committee, and overseen monthly by the Chief Nurse. Use of long-term segregation is also routinely reported to the Care Quality Commission.

### 3.0 Actions to strengthen our inpatient safety culture

3.1 The delivery of safe and compassionate care across the trust's inpatients services could easily be characterised as part of our strategic objective to get the basics right. And yet it is highly complex, with a focus on involving people and supporting local leadership. Our approach can be encapsulated in the framework below, and ongoing work on this area is being led by the Chief Nurse:



3.3 As described above, there are a number of areas of work underway to strengthen the safety culture within our inpatient units:

- Implementation of a validated tool for the measurement of safety culture as part of the next cycle of CQC self-assessment scheduled to take place across In-patient Mental Health Service during January to March 2023
- Introducing a part 2 of the Patient Safety Forum to create space for deep dives into critical safety issues, and support learning and improvement by the end of 2022
- The co-design of what we mean by “Leadership at ELFT”, and development of standard work for leaders at all levels of the organisation. This will be developed through a number of different forums and come to Board by April 2023.
- Working with our directorate leadership teams to ensure standard ways for leadership to be visible and accessible, to create safe spaces and regular reflection for ward teams and the utilisation of data to inform decision-making. Assurance of this will be achieved through quality reviews for each directorate with our executive team in March 2023

- Continuing development of our data systems to ensure all inpatient teams and directorate leadership teams can predict and prevent safety issues through predictive analytics
- Building on work within Luton and Newham to scale up learning about excellent quality control practices to other inpatient units through 2023
- Delivery of the ELFT Patient Safety Plan during 2023, which was presented in draft form to the Quality Assurance Committee in November 2022

This initial plan was presented to Quality Assurance Committee in November 2022, and updates on our progress will continue to be shared with this committee.

- 3.4 ELFT assumed commissioning responsibility for CAMHS in-patient services across North Central and East London in October 2020 and is the Lead Provider. There are four NHS in-patient units including the Coborn, and one independent sector provider, Ellern Mede. We have a responsibility, in this commissioning role, to ensure the delivery of safe, high quality inpatient care, through our work with partner organisations. Over the last two years, the priorities within this provider collaborative, set by service users, has been to deliver safe, high quality inpatient care, keeping young people closer to home and reducing unwarranted admissions.

In order to retain oversight on the safety of all the units within the provider collaborative, we maintain close clinical scrutiny on the care for all young people within inpatient units, and maintain relationships with community CAMHS and social care colleagues. This is having a positive effect in terms of improving care and ensuring a whole system response to the needs of children and families, especially when in crisis. The collaborative work has involved establishing local network meetings, attending ward rounds, Care Education and Treatment Reviews and discharge planning meetings. There is now a PICU advisory service, which is involved in any requests for intensive care admission, to try and reduce the use of restrictive practice, and an NCEL complex case panel to discuss practice and share learning across the system.

Across the inpatient services, service users regularly carry out reviews, both as part of the contracting process and to inform developments and improvements that the services are trying to implement. There is regular review of a range of data for each unit, including incidents, complaints, staffing, restrictive practice and safeguarding referrals. The provider collaborative ensures each unit has a staff development plan, a way to listen to staff feedback, and systems in place to support staff. Current quality improvement projects across the provider collaborative are centred on equalities, particularly in reducing admissions under detention and to PICU for black young men, violence reduction and restrictive practice.

## **4.0 Quality Improvement**

- 4.1 ELFT's four strategic objectives to improve population health; improve service user and staff experience and to improve value, are supported by a Trust wide approach to quality improvement (QI). The way ELFT goes about all QI work helps teams focus on what adds value and remove or redesign steps that add less value. Many teams are working on improving outcomes within existing resources – through partnering with other organisations, removing waste or redesigning care pathways. This report provides a focus on ways in which our quality improvement work, focused on all four strategic objectives, are also increasing productivity.

## **5.0 Improved Population Health**

- 5.1 Many teams across the Trust are applying quality improvement in the pursuit of simultaneously improving population health, quality of care and value – the Triple Aim. One of the early stages in this approach is community asset mapping – helping identify partners and local resources that may be deployed to this work, thereby increasing the productivity of existing tangible and intangible assets such as buildings, data and working relationships.

In Newham Adult Mental Health Services, a triple aim project is working with people who have had five or more referrals to the crisis pathway services within a 12-month period. The identified population have multiple episodes of care with assessment and crisis teams, including the local Emergency Department. The project is supporting frequent users of the crisis pathway services in Newham to thrive, be socially connected and receive the right support at the right time. One of the ideas that the project team are testing that will allow them to increase productivity is to leverage interagency partnerships to identify unmet needs of frequent callers. This is enabling them to convene multiagency professional meetings involving the local authority vulnerable adults team, drug and alcohol services, ELFT crisis line/crisis assessment service and the police. This will allow them to formulate creative solutions to meet unmet needs and reduce demand on services.

## **6.0 Improved Experience of Care**

### **6.1 *Addressing inequalities***

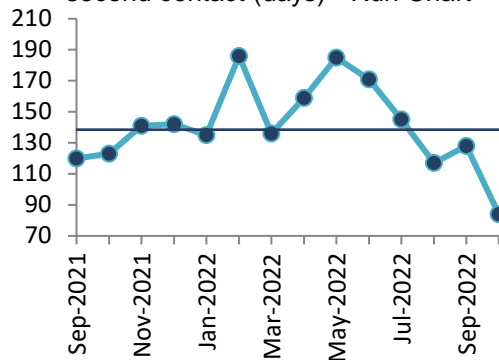
The Pursuing Equity programme supports teams to apply quality improvement to address inequity. One of the early team tasks is to identify within their existing service provision, a subpopulation experiencing suboptimal access, experience or outcomes. This helps teams adequately use their existing resources for the benefit of all service users, without leaving anyone behind. One notable example of the effectiveness of this approach is from the Tower Hamlets Early Intervention Service (THEIS), shared in the previous board quality report. The team were able to increase access to psychology for BAME (Black Asian and Minority Ethnic) service users from 67% to 86%. Cauldwell Medical Centre in Primary Care is seeking to improve the uptake of cervical screening. The team have designed a survey to discover why there is a high non-attendance. In collaboration with service users, they have been looking at redesigning steps that add less value. Their next step is to use a flow chart to analyse how people book their appointments and receive reminders.

### **6.2 *Reducing waiting times and improving access to services***

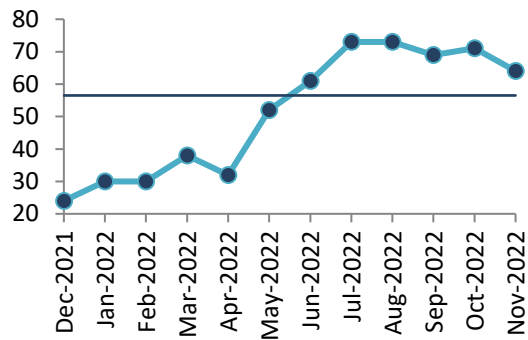
A large number of services are utilising quality improvement to reduce waiting times, tackle backlogs and improve access. Much of this work supports teams to identify how to meet an increased demand within the same resource, through working upstream to better meet the need, partnering with other organisations, removing waste within pathways and redesigning care delivery to increase capacity. All of these interventions improve productivity of the team.

The Tower Hamlets Psychological Therapies Service (TH PTS) have reduced waiting times from referral to second assessment, when treatment options are discussed and treatment plans are formulated. They have been testing the idea of assessments being completed by Advanced Placement (AP) trainees to shift some of the demand for non-specialist input from clinicians, thereby increasing the capacity of clinicians to offer more specialist interventions. Another idea to reduce steps in the process has been for APs to call clients to ask them to opt-in, then immediately booking them in for assessment, rather than waiting for them to opt-in for the second assessment. The number of assessment slots each month has increased, as shown below, and we are starting to see impact on waiting times.

TH PTS - Average waiting time to second contact (days) - Run Chart

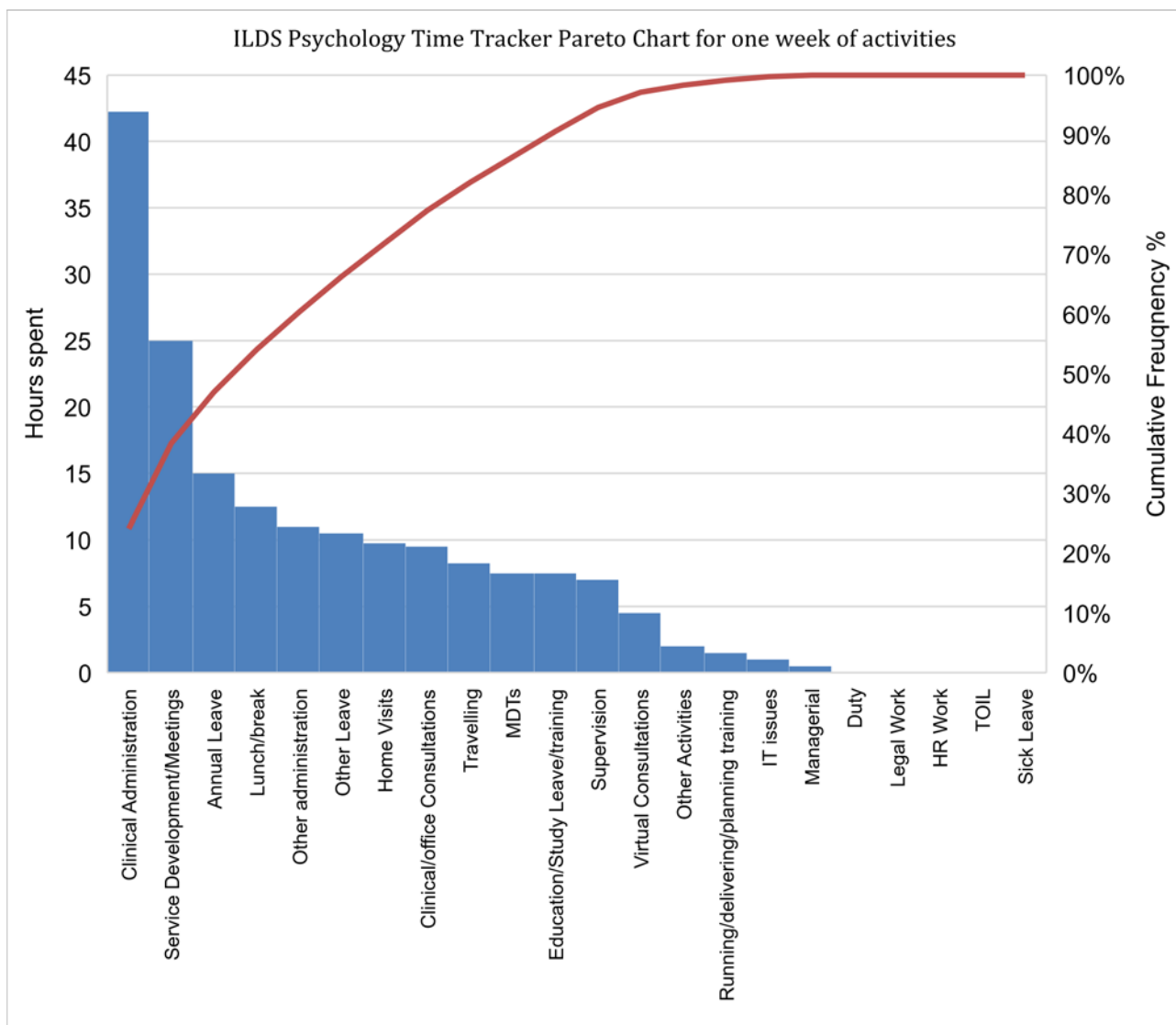


TH PTS - Number of assessment slots each month - Run Chart



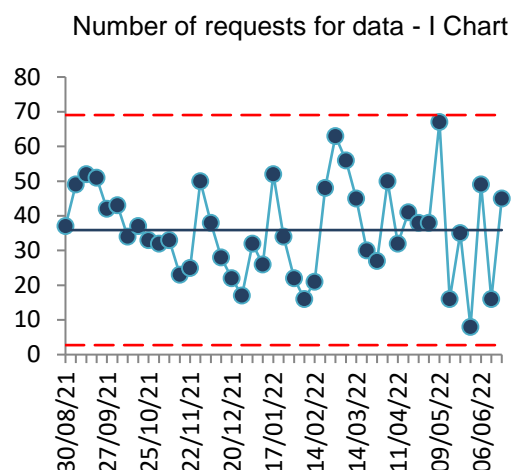
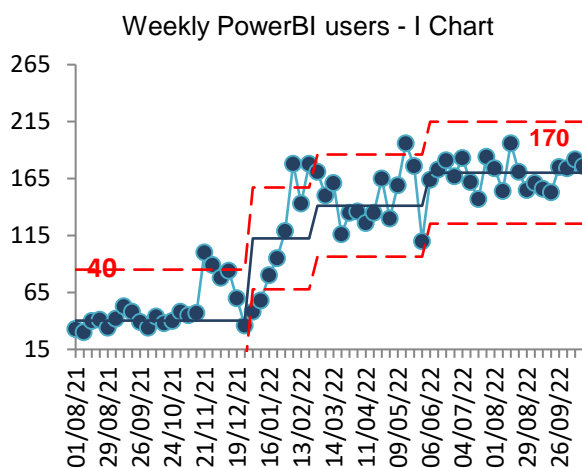
All services working on flow are supported to map their pathway, understand how to meet the need in different ways, and redesign the process to remove waste. A good example of this is the Hackney Integrated Learning Disability Service. Waiting times for assessment and start of treatment had increased due to the pandemic, staff vacancies and high demand. Adults with learning disabilities were waiting between 12 days to 357 days from their referrals being received and being allocated a specialist assessment and final decision, an average of 296 days. Through their QI project, they were able to reduce this by 75% to an average of 75 days.

One of the ways the team are continuing to improve productivity within their existing resource is by undertaking a time tracking exercise to remove activities that do not add value. This activity involved tracking the different activities the dieticians, occupational therapists, psychiatrists and psychologists were undertaking each week. This helped them to understand the vital few activities they were spending time on, then they were able to identify opportunity to reduce or redistribute work of little value so that the time could be allocated to completing assessments to reduce wait times. The Pareto chart below shows one of the Pareto charts that demonstrates the 20% of activities that were contributing to 80% of their time. This project was 'highly commended' in the 'quality improvement initiative of the year' category at the October 2022 Health Service Journal Patient Safety Awards.



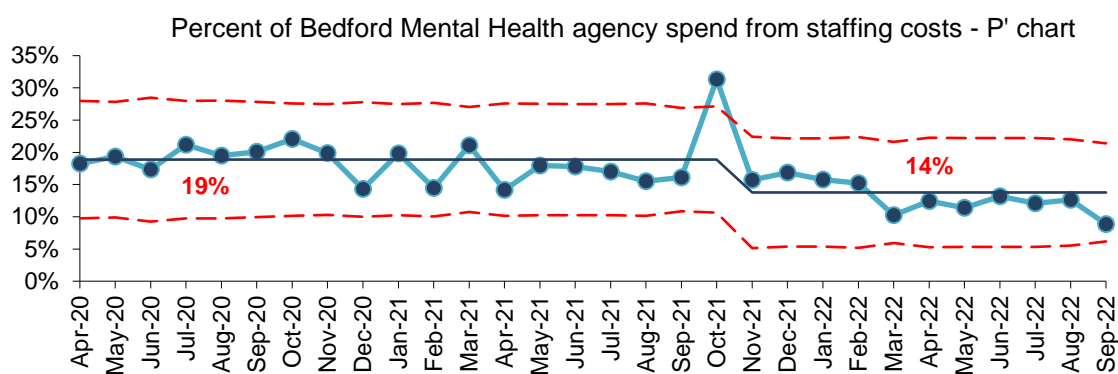
## 7.0 Improved Staff Experience

- 7.1 All staff across the organisation have been empowered to apply QI to improve the work they do and thereby improve their experience at work. This is done through different levels of capability building training programmes that range from brief introductory sessions to 6-month in-depth programmes to build advanced skills. Equipping people with improvement skills, and reinforcing their autonomy to improve the system in which they work, enables our teams to look critically at their work processes, making changes that impact better on service user outcomes and removing wasteful activity.
- 7.2 The informatics department have been working on increasing productivity within their team and other teams, by improving access to data through PowerBI. Instead of staff having to ask the informatics team for data, this project is aimed at signposting, training and increasing the confidence of staff to access and analyse their own data for better and quicker decision making. At the start of the project, only 0.5% of permanent staff (40 staff) were accessing the dashboards per week, the project wants to increase this to 5% (400 staff). The chart below shows that they are making good progress towards this.



## 8.0 Improved Value

- 8.1 QI projects increase value by releasing finances, time, and ability to re-purpose efforts effectively to reduce waste. By using a QI approach, teams are enabled to plan systematically, agree parameters of delivery, measure the improvement and agree if the success in delivery matches the aim of the project. Several teams have been able to take this approach by looking at the assets in the service to reduce duplication and transforming services to improve reach.
- 8.2 The Trustwide agency spend project is aiming to increase productivity by developing new associate roles to do some of the work of difficult-to-fill consultant psychiatrist roles. Another idea that has been tested that is targeted at productivity is a checking system where the Finance Business Partner compares the staffing establishment for a service against agency staff requests. They then make sure that a service does not go over their staffing establishment for delivering the service using pre-agreed staffing resources. The chart below shows the reduction in agency spend within Bedfordshire mental health, partly due to these and other change ideas.



- 8.3 The Newham Enhanced Primary Care Team (EPCT) are looking at how telehealth is value-adding for service users and how to increase the offer of this intervention. Remote monitoring will enable the team to increase productivity and offer more interventions to service users within existing resources.

## 9.0 Action Being Requested

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



# Performance report

**November 2022**

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

PURPOSE OF THE REPORT

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

KEY MESSAGES

The performance report provides a strategic overview of performance on 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?

Over the last two months, the percentage of service users who would recommend our services has increased to 87% which reflects improvement in scores in almost all services, with the overall number of responses remaining stable.

The total waiting list across the Trust has started to decrease. Across the 48 services with longer waits than normal, 24 have stabilised their waiting list, 13 have reduced their waiting list and 11 waiting lists continue to grow. Additional support is being provided to those teams with growing waiting lists, with regular assurance on progress to the Quality Assurance Committee. All teams, inpatient and community, are receiving close quality improvement support to help think systematically about demand, develop creative ideas to manage the demand, create capacity or remove less value-adding steps in the pathway.

Our addictions service in Bedfordshire has seen an increase in service users successfully completing treatment and not re-presenting to services. The overall percentage of service users in employment has also increased over the past few months. This reflects the positive impact of Trustwide work on increasing access to good, meaningful work. Further details of the ideas being tested, particularly within Luton and Newham, are included in the report.

The percentage of people being seen within IAPT who achieve recovery is consistent with the national 50% target.

KEY MESSAGES (continued)

Early Intervention Services continue to exceed the national target of 60% of service users commencing treatment within 2 weeks of referral, achieving 79% in September.

Access to Rapid Response Teams in Community Health Services continues to remain stable, achieving 100% across East London and 86% across Bedfordshire during September, which is above the national 70% target.

Over the last two months, the rate of physical violence and the rate of restraints remains stable, despite the 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. The quality report contains detail on our approach to ensure safe, high quality care within our inpatient wards.

The equity section of this report focuses on understanding potential areas of inequity in access to ELFT services in the borough of Newham, through the lens of ethnicity, deprivation and geography. This section of the report shares our theories about what might underlie these findings, and what initiatives are in place to start addressing these inequities across adult mental health, children’s services, IAPT and learning disabilities in Newham.

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

Bed occupancy continues to be an area of challenge. We have seen four consecutive months of reducing bed occupancy across the Trust, as a result of some of the initiatives underway to improve flow within our inpatient units. The report outlines the system winter resilience plans in London and BLMK, with provision of independent sector beds to increase the bed capacity available to the system over the coming months.

The percentage of service users accessing End Of Life services continues to rise, reflecting the impact of the pandemic, increased complexity and rising demand on teams who support delivery of care in homes, including care homes.

Perinatal services did not meet the 28-day access target in September. On investigation, the service identified a small number of referrals that did not need to be seen within 28 days, but had been included in the data. They also identified non-attendance and cancellations as a contributory factor. The team will be rescheduling appointments with service users and re-establishing the automated text message reminder to reduce non-attendance.

# Executive Summary

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

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

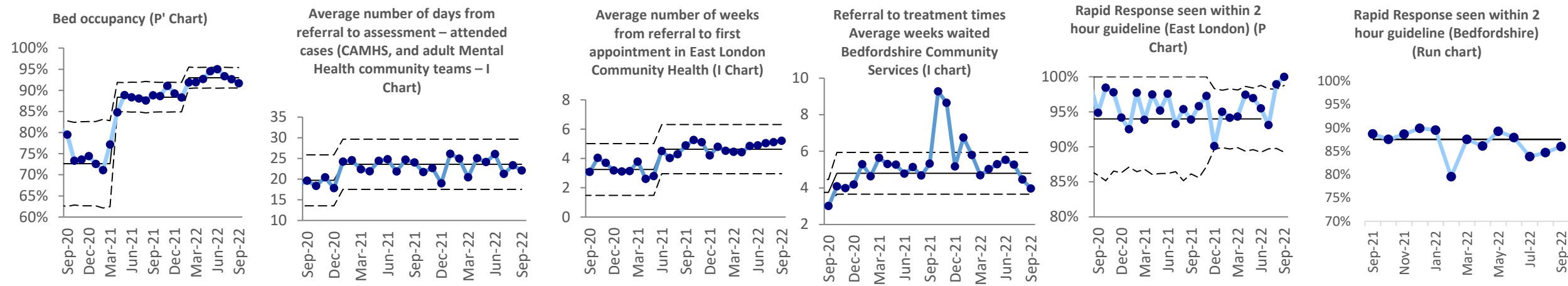
## Committees/meetings where this item has been considered

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

## Implications

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

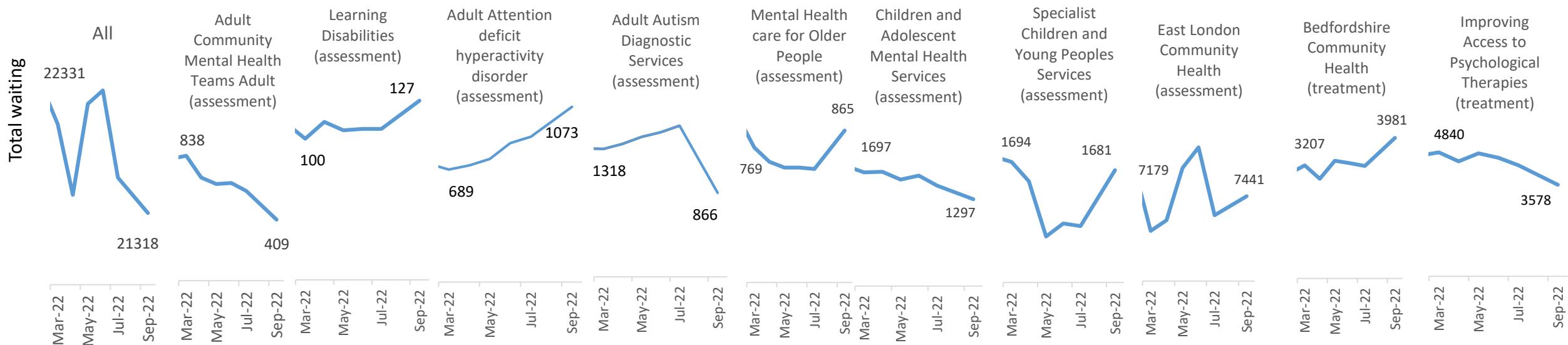


Although bed occupancy remains high across all inpatient services, we have seen a decrease in bed occupancy for four consecutive months. Tower Hamlets and City & Hackney are seeing a reduction in bed occupancy, thought to be related to the impact of several initiatives described in the previous report, for example the focused effort on accelerating discharge for service users with the longest length of stay. Services are also raising the profile of the mental health crisis line & crisis cafes, to proactively manage mental health difficulties sooner in the community.

The Trust, in collaboration with London regional team and South London and Maudsley Foundation Trust (SLaM), have secured 40 independent sector adult mental health beds for the region in preparation for winter. All London Trusts will have access to this capacity and there will be a small central team hosted by SLaM that will oversee and be responsible for managing access. Overall attendances at A&E are now stable, at levels similar to before the pandemic, including mental health presentations. However, whilst the number of people with mental health difficulties remains small compared to overall attendances at A&E, the number that are waiting longer than 12 hours in A&E has increased. This is mainly due to challenges sourcing a bed for admission, usually outside of our catchment area. The additional capacity across London will help address these long waits in A&E for admission. Bedfordshire and Luton have similar arrangements in place, with 10 beds organised with the independent sector that will be available throughout the winter. Recent investigations have highlighted that a sizable proportion of service users admitted to our adult beds come from other boroughs outside our catchment area. Teams are reviewing all out-of-area activity to identify themes and causal factors, and the learning is being used to shape how we use the additional bed capacity to manage this cohort of service users.

Responsiveness of the ELFT Rapid Response Team continues to remain stable, achieving 100% across East London and 86% across Bedfordshire during September, which is above the national 70% target. All services have seen an increase in referrals. Tower Hamlets are reporting higher complexity of referrals, which requires more frequent contact and intensive support from teams. As part of enhancing the urgent care pathway, services are working to extend the falls service and implement virtual wards to support people at home, including care homes. The falls service is a new team within the Rapid Response Service and will be part of the national 2-hour standard. In a virtual ward, support can include remote monitoring using apps, technology platforms, wearables and medical devices such as pulse oximeters. Support may also involve face-to-face care from multi-disciplinary teams based in the community.

# Access and Responsiveness



The waiting list charts above provide a summary of the total number of service users waiting to be seen across the Trust. The overall waiting list for assessment and treatment has decreased. Of the 48 teams where waiting times are being monitored, 11 are seeing an increase in their waiting list, 24 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, to clarify how they plan to manage demand and increase capacity within the service. The Optimising Flow QI programme continues to assist services in systematically understanding demand, coproducing solutions and testing new ideas.

Tower Hamlets Autism service has been looking at new screening methods to improve the quality of the referrals and provide service users with more information about the service and what it offers. Information packs have been sent to service users containing screening forms and information about the service, enabling the service to better evaluate the needs of service users and identify the most appropriate clinical pathway. This has improved the decision-making process resulting in a 38% reduction of the waiting list. Staff have also reported reduced administrative burden due to improved efficiency in the screening process which has also improved patient experience.

City and Hackney ADHD team have created a two-part referral form, one part to be completed by the GP and the other by the service. The aim is to have this as the minimum required for referral acceptance and improve the quality of the referrals to the service. Trustwide Dementia workshops have taken place, with the second set of workshops completed in October for East London. They have been aimed at redefining the vision of the service as well as developing change ideas to manage demand. Two areas that have been focused on are how to improve service user access to scans in the diagnostic pathway, and how to improve access to neurology to help improve appropriateness of referrals for scan.

## Access and Responsiveness

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Bedfordshire's Podiatry service has undergone a service review to improve the allocation of resource and make sure pathways are refreshed and agreed with all stakeholders. The implementation of a text message service to service users within the Musculoskeletal (MSK) caseload is imminent. A questionnaire will be sent out prior to an assessment, aiming to aid the triage of the MSK caseload. A recruitment campaign has started, and interviews are currently underway for Band 7 staff which will improve the capacity of the service.

Newham Diabetes service has reduced the waiting list from over 2,000 to 374 in September.. The reduction is attributed to an increase in staff recruitment, face-to-face contacts, and a move to deliver virtual classes. They have also been able to support service users to utilise the MyDESMOND app, which allows them to independently manage their diabetes using self-help tools within the app.

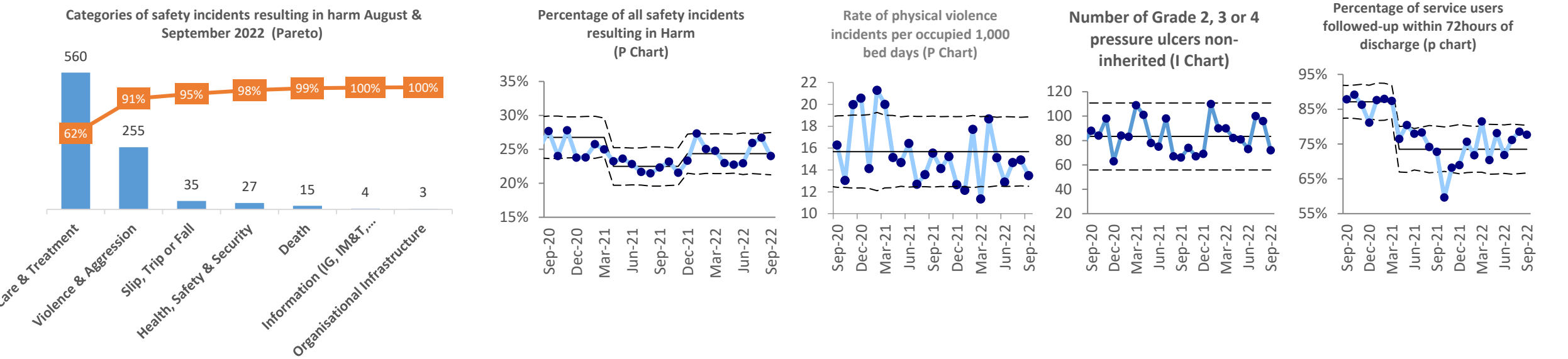
Biggleswade Community Mental Health Team (CMHT) is looking to improve the assessment process to identify opportunities to increase the number of initial assessments that can be completed by each clinician. This includes reviewing the time allocation of appointments and reducing administrative burden to improve the overall clinical time available in the service. The team have improved their triage process to ensure an accurate waiting list. A new review process has been implemented for non-attendances, which has provided more consistency and increased clinic capacity, enabling a reduction in average waiting times.

Clinical Directors in Bedfordshire and Luton are restructuring the assessment pathway for ADHD, which will result in longer appointment slots for service users, allowing assessments to be completed in one visit rather than two. The service has planned internal training programmes where ADHD specialists will deliver assessment training to nurses and pharmacists. This will increase the capacity for ADHD assessments. A business case is being developed with commissioners to recruit additional staff into the service. Bedfordshire and Luton Autism services are redesigning the assessment pathway, which may involve the testing of a new clinical assessment tool which can be completed by service users at home. Medical capacity is being brought into this service to assist with managing the backlog of diagnostic assessments.

Across IAPT services, group therapy sessions have continued to help improve flow through the service, and has also enabled greater service user choice. Group sessions are now being implemented more broadly across different teams. Newham CAMHS has been testing group programmes and have established monthly forums where progress is discussed, and staff are supported with the delivery of this new style of intervention. CAMHS is closely monitoring the impact of these group interventions to ensure that they benefit service users and do not result in re-referral.



# Safety



The overall number of safety incidents and the percentage of incidents resulting in harm remains stable. The Pareto chart above shows the categories of reported incidents during August and September. 62% of all reported incidents were related to care and treatment, 29% to violence and aggression and 4% 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 remains stable. As highlighted previously, this is attributed to improvements in sickness levels and initiatives to maintain a positive safety culture. CAMHS inpatient services have developed internal staff training and leadership programmes to cultivate a local talent pool, as well as creative social media recruitment strategies that have assisted the team in filling vacancies. Every inpatient unit has regular "Time to Think" sessions, which are attended by multidisciplinary teams and representatives from people participation, supporting reflective practice and wider learning from serious incidents, complaints, violence and aggression, and other incidents. Ward staffing levels and acuity continue to be closely monitored, and cover arrangements have been put in place where necessary. Staffing levels are increased above usual levels in times of high acuity, allowing for more proactive management of pressures and risks. Further detail about our approach to ensuring safe, high quality inpatient care is contained in the quality report.

The overall number of pressure ulcers remains stable. Tower Hamlets and Bedfordshire Community Health Services saw an increase in the number of low harm pressure ulcers reported. However, these have not deteriorated into moderate harm pressure ulcers because robust care plans were in place. In addition, there has been a rise in the number of service users admitted to the End-Of-Life pathway, which often contributes to higher numbers of pressure ulcers.



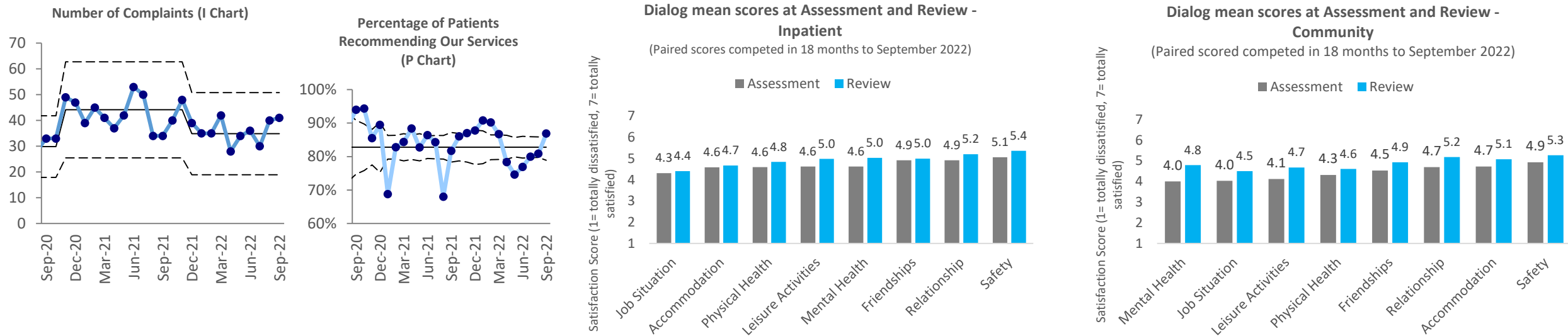
## Safety

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In September, Newham saw a small increase in Category 4 pressure ulcers and the review of these cases highlighted issues related to service user adherence to the advice given by staff, as well as some inherited unstageable pressure ulcer cases. Services have continued to report that there are some very complex service users on the team's caseload, who are at high risk of developing pressure ulcers despite preventative measures being in place.

The percentage of service users followed up within 72 hours of discharge has been fluctuating between 75% and 81% since January 2022 and is currently at 78%. Bedfordshire and Luton are exceeding the 80% national target, and East London directorates continue to show improvements, with City & Hackney at 78%, and Newham and Tower Hamlets at 73%. To improve the reliability of the post-discharge follow-up process, local performance teams are working closely with wards to improve the monitoring procedures, utilising the daily safety huddles to review any instances where follow-up isn't achieved.

# Experience and Outcomes



The number of complaints remains stable, although all services have noticed a small increase over the past 2 months. This was mostly across Bedfordshire and Luton mental health services. The top complaint themes continue to be communication, staff attitude, access to services, delays in accessing beds, and clinical management and support in the community. Lessons are routinely shared across various forums to aid improvement.

Over the last two months, the percentage of service users who would recommend our services increased to 87% which reflects improvement in scores in almost all services, with the overall number of responses remaining stable. For our three London primary care practices, service user feedback is consistently higher than average when compared to other practices nationally or in our integrated care system. Given the specialist nature of these practices serving the homeless population, this is testament to the high quality of care being provided.

The Dialog outcome charts continue to show improvement in average scores between initial assessment and subsequent review for both inpatients and community-based service users across all quality-of-life domains. Our population health 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.

All inpatient services, except Forensic, continue to demonstrate improvements in all quality-of-life measures. This reflects the positive impact of embedding Dialog assessments and care planning across all the wards. Within community mental health services, the main themes of dissatisfaction continue to be related to accommodation, physical health, mental health, employment and relationships. Within forensic services, the main themes of dissatisfaction relate to safety, relationships and friendships followed by accommodation. A range of initiatives are underway to support improvement across each directorate and as part of the community mental health team transformation programme, as detailed in the previous reports.

## Experience and Outcomes

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The percentage of service users receiving support from employment services through Individual Placement Support (IPS) remains stable (12%). The percentage of service users in employment has continued to rise, reaching 7% during the period. This reflects the positive impact of the Trustwide focus on increasing employment for our service users. This work has involved partners from a range of industries, local authorities, voluntary sector organisations and service users to see how we can work together to support access to good quality and meaningful work. In Luton, our Marmot work includes a number of projects, including a quality improvement project to increase employment of ELFT service users and other members of the community who face barriers to the labour market.

Another project is underway in Luton to address the financial exclusion of homeless individuals, particularly their inability to get bank accounts, which is a significant barrier to securing work. The project team is collaborating with Luton Credit Union to determine how they can promote banking access. Currently, the team is investigating whether ELFT sites could be used to host credit union banking surgeries, as well as how to increase ELFT staff awareness of the credit union to enable access. Work is also underway with Total Wellbeing Luton and Luton Borough Council to enhance the recruitment and retention of employees with mental health conditions.

The Newham mental health directorate has been working with the local authority and the One Newham employment team to recruit 60 local people into positions or onto the bank at ELFT. In terms of service user employment by the Trust, 112 service users have been hired by ELFT in a variety of roles over the last two years, and there are currently 175 apprentices within the Trust.

In Bedfordshire, there has been an upward shift in the percentage of service users successfully completing addiction therapy and not re-presenting back to the service. This indicates promising signs that the pilot underway with the local GP provider and new support groups that have been established, are having a positive impact. 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 consistent with the national target (50%). Across IAPT services, 91% of service users who completed the Patient Experience Questionnaire (PEQ) responded positively. Waiting times for IAPT remain stable, but the ideas being tested to increase access to IAPT for black and minority ethnic groups are showing success, as the percentage of BME service users accessing IAPT continues to increase over the last 6 months.

Our frail and long-term conditions indicators show that positive patient experience responses have increased from 91% in May to 98% in September. The percentage of young people and parents recommending CAMHS continues to remain high (90%). CAMHS services are also maintaining progress with capturing paired outcomes for service users, achieving 75% in July and 83% in September.

## Experience and Outcomes

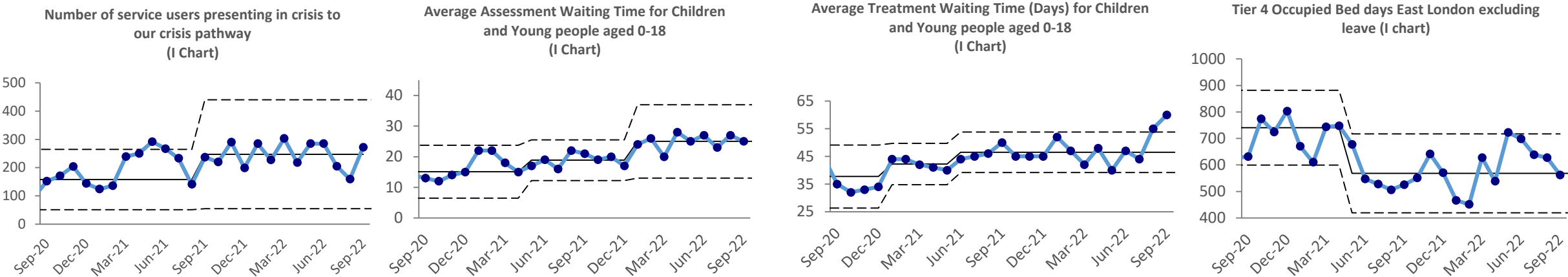
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The percentage of service users accessing End Of Life services continues to rise. East London services continue to promote end-of-life care through training and education, which has supported the percentage of service users with an advance care plan to increase to 86%. The service is arranging a launch event for the new end of life care plan, which will include talks from speakers within the service and St Joseph's Hospice, to strengthen care and support for service users. Conversations are taking place at Integrated Care Board level in Bedfordshire to develop a better set of measures to demonstrate robust and personalised care planning for individuals nearing the end of life. It has been recognised that whilst individuals may decline an advanced care plan, they will have had conversations detailing their wishes regarding their end-of-life care.

The percentage of service users dying in their preferred place has demonstrated large variations during the past two months. Local audits have highlighted that this is related to data quality issues with accurately recording information into our clinical systems, particularly in Bedfordshire. Training will begin in November to support clinicians to better ascertain and document the wishes of service users. Specialist Palliative Care only sees a small percentage of end-of-life service users, and changes have been made to the community nursing unit to better capture the preferred place of death within this service.

Within perinatal services, the proportion of service users who have completed outcome measures has increased to 48%, exceeding the national target (40%). The percentage of service users being assessed within 28 days has fallen, particularly across City and Hackney and Tower Hamlets. Referrals that did not meet the target were reviewed by City and Hackney services, and it was determined that a few of the referrals required an appointment with the Reframing Birth Clinic, which assists women and partners who have experienced birth trauma that continues to impact their daily living or future birth choices. Appointments in this service are organised flexibly around the needs of service users and are not part of the routine 28-day pathway. The service also identified non-attendance and cancellations of appointments as a contributory factor. The team are working to reschedule appointments with service users and re-establish an automatic mobile text reminder to improve appointment attendance. Assessment targets in Tower Hamlets were impacted by higher referral activity, as well as reduced staffing capacity due to staff vacancies and sickness. The service has now recruited new staff members and capacity has improved which will enable the service to meet access targets in the coming months.

# Children and Young People



Although referrals to most services remain higher than pre-pandemic levels, CAMHS services have begun to see a stabilisation of crisis presentations. CAMHS services, particularly in Newham and City & Hackney, have experienced increasing waiting lists. In Newham, the waiting list for treatment has grown from 243 to 250 in the last 3 months, while the assessment waiting list has decreased from 498 to 354. Currently, 16 of these service users have been waiting over a year for assessment and 21 for treatment. In City & Hackney, the waiting list for treatment has decreased from 124 to 115 and from 275 to 260 for assessment, in the past 3 months. Currently, 5 of these service users are waiting over a year for treatment.

CAMHS services are testing creative recruitment strategies involving social media and developing internal leadership and training programmes to nurture the local talent pool to fill vacancies in the team. Newham CAMHS has introduced group pathways to provide a more functional assessment process, offering sessions around anxiety, depression, and dealing with challenging behaviour. Experienced staff have been acting as a group ‘buddy’ to new staff, enabling them to increase service capacity and help tackle the backlog. Monthly Group Forums have been set up to enable the team to discuss progress with this new intervention, support staff and adapt the service model as necessary.

In Bedfordshire, CAMHS services are seeing increasing pressures on the waiting list for treatment, because of an increase in the number of service users being assessed. To manage this, the service is focusing on several initiatives such as conducting joint assessments with different partners, aiming at removing duplication within the pathway and ensuring that service user needs are met in a timely manner. The service is also holding interface meetings, bringing together partners (Local Authority, Schools, Primary Care) to ensure that the right stakeholders are involved in the decision-making process. This expedites issues and allows for a better allocation of resources. The service is increasing their group offer, where service users can participate in psychoeducation and remain engaged with the service while they are waiting.

## Children and Young People

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The average waiting times for children and young people with Autism Spectrum Disorder (ASD) have improved over the last year. The service benefitted from funding that provided additional capacity, resulting in a reduction in the waiting list. This funding has come to an end and so the service expects the reduction in waiting times to slow. The ASD service maintains the lowest cancellation rate within SCYPS, which is attributed to staff calling service users before scheduled appointments to avoid non-attendance. The service is seeing an increase in the number of children requiring physical assessments and so they are looking at planning carousel sessions in December, where they can see a larger number of children in a day.

CAMHS Tier 4 bed occupancy has increased as a result of increased staffing and bed availability. The number of young children placed on adult wards has reduced as a result of a new bed management team being established in Bedfordshire and Luton to help manage flow across the system. Work on the Evergreen Unit is almost complete, and recruitment of key leadership roles has been completed, including a Consultant, Service Manager, Matron, Ward Manager, Social Work Team and Nursing team. The 8-bedded unit will go live in February and will include the new 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. There has been a delay to the opening date for the Evergreen unit, due to building control requirements that have been raised late in the project. The main requirement is an enclosed fire escape staircase which was not part of the original design. If there are no supply chain issues, we anticipate this work to be completed by end of January 2023. The staff have full access to the floor and are using this time to familiarise themselves with the environment, stock up on consumables and provision prior to opening the unit for service users. The CAMHS team are also exploring opening the unit as a day care service in the interim.

The quality and experience indicators for SCYPS continue to highlight that 100% of parents and service users are satisfied with the service. A new People Participation worker has now recommenced monthly forums and is building strong relationships with parents to support service user care and help improve the experience of the service.

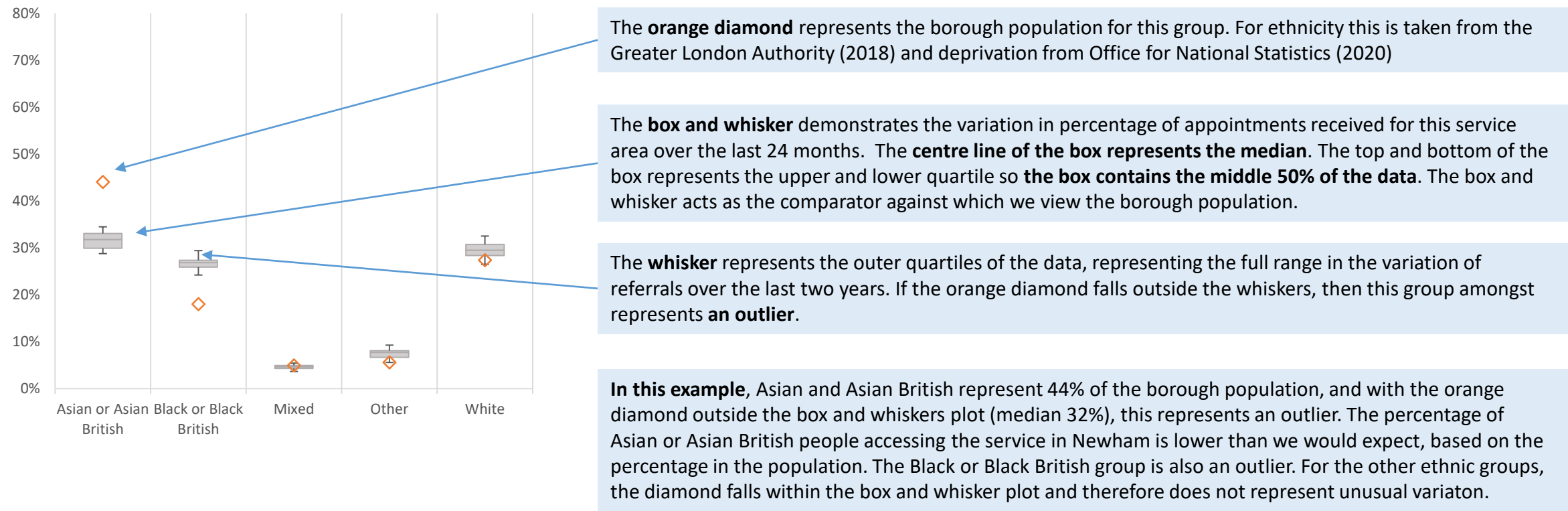
As shown in the population health indicators, approximately half of children with Neuro-disabilities are receiving annual reviews promptly. This number continues to increase month on month as the team reviews caseloads and streamlines pathways in our Neurodisability clinics.

# Equity of access to ELFT services in Newham

This report examines access to ELFT services in Newham based on ethnicity and deprivation levels to help understand disparities in access between different populations in the borough. For Adult Mental Health, Older Adults, CAMHS, IAPT and SYCPS the report looks at if certain groups are over or underrepresented in comparison with the borough population.

We have considered all patient contacts with the services in the two-year period 1st October 2020 to 31st September 2022 including face to face, telephone and video contacts.

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



## Equity of access to ELFT services in Newham

Newham has the third highest population of the London boroughs, with a population numbering 363,550 (GLA 2020). Newham has a very diverse ethnic population, one of the youngest populations in London, many of whom live in low-income families, and an increasing elderly population. Historically, growth across Newham has been in young people and adults, however, future growth will be across all demographics, especially older people. Newham also has one of the highest age standardised mortality rate of any local authority in England (ONS 2020).

Overall, 25% over the population are aged between 0-17, 68% aged 18-64 (adult), and 7% aged 65 or over (older adult). 46% of those aged 0-17 years old were Asian, 22% were Black, and 17% were White. Asians made up 43% of the adult population, 31% were White, and 17% Black. 40% of the older adult population are White, 36% are Asian, and 18% are Black. The gender distribution is 53% male and 47% female.

Access analysis between October 2020 and September 2022 across services in Newham highlighted the following:

- Adult Mental Health showed a total of 80,991 appointments with 32% for service users of Asian ethnicity, 30% for those of white ethnicity, and 27% for service users of Black ethnicity.
- Older Adult Mental Health data showed 13,324 appointments with the majority being people of white ethnicity (51%) followed by Asian (25%), and Black (17%).
- Community Health showed a total of 388,346 appointments with 38% being service users of white ethnicity, 30% Asian and 25% Black ethnicity.
- Children & Young People Services had a total of 23,717 appointments. 36% were young people of Asian ethnicity, 29% of white ethnicity and 20% of Black ethnicity.
- Data for IAPT showed a total of 86,824 appointments with 38% of service users being of white ethnicity, 32% of Asian ethnicity and 19% of Black ethnicity.
- Specialist Children and Young People Services data showed 60,364 appointments with the majority being from Asian ethnicity (51%), 20% being Black ethnicity and 15% white ethnicity.
- \*\*Learning Disabilities had a total of 1,956 appointments. 48% of those appointments were people of Asian ethnicity, 22% Black ethnicity and 19% white ethnicity.

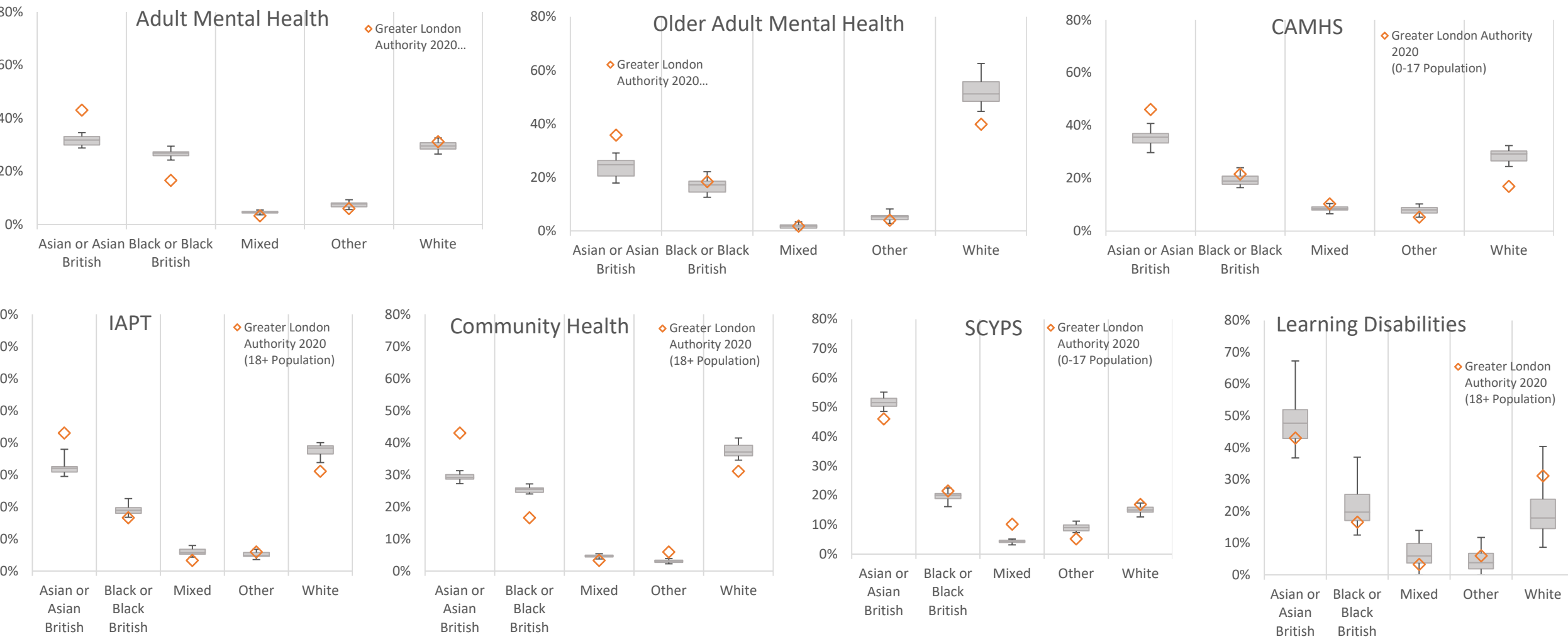
\* Greater London Agency (GLA) data is a prediction based on 2016 housing figures

\*\* Patients with an unknown or not provided ethnicity were excluded from the analysis



# Newham Appointments - Ethnicity

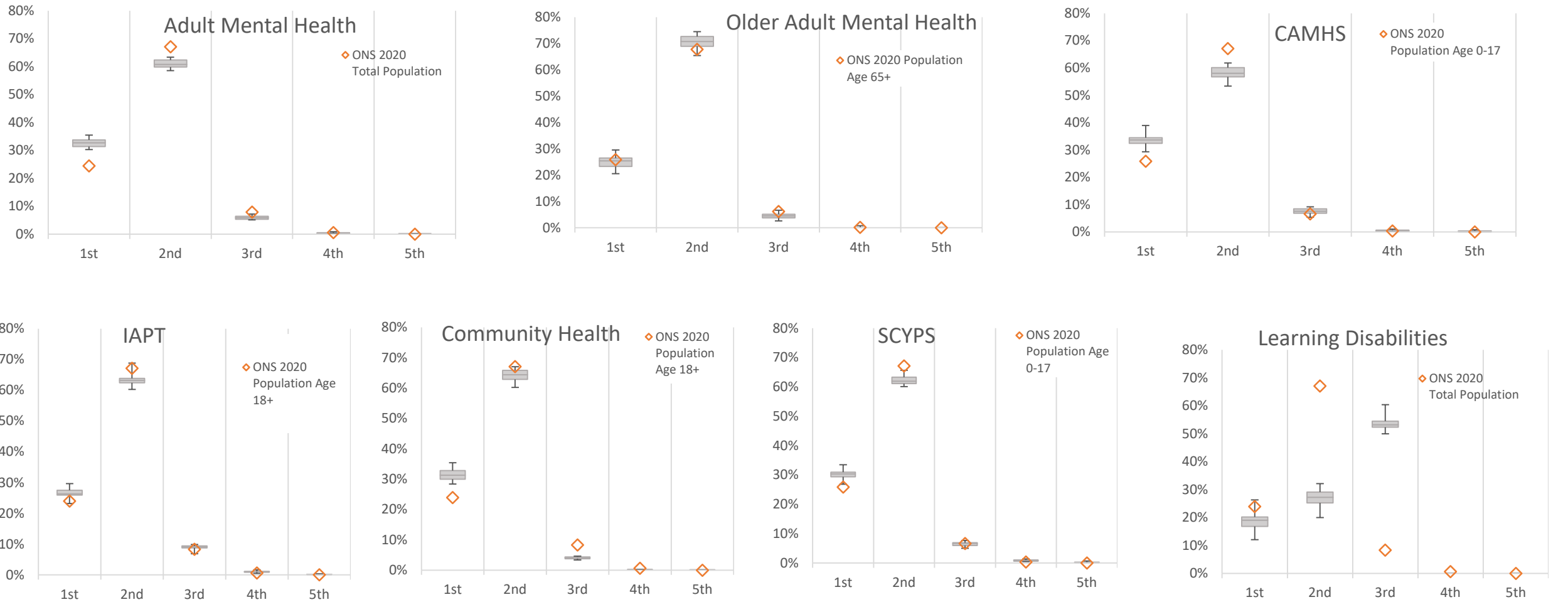
Do we see any unusual variation in patient appointments in the 24 month period October 2020 to September 2022 when compared to the local population?



Across the borough, the Asian and Asian British group is an outlier and is underrepresented in appointments in Mental Health and Community Health services, with the exception being SCYPS. The Black and Black British group, while being overrepresented in Adult Mental Health and Community Health, is not overrepresented in other groups. The White group is over-represented in Older Adult Mental Health, CAMHS, IAPT and Community Health, but appears to be under-represented in Learning Disabilities.

# Newham Appointments - Deprivation

Do we see any unusual variation in patient appointments in the 24 month period October 2020 to September 2022 when compared to the local population?



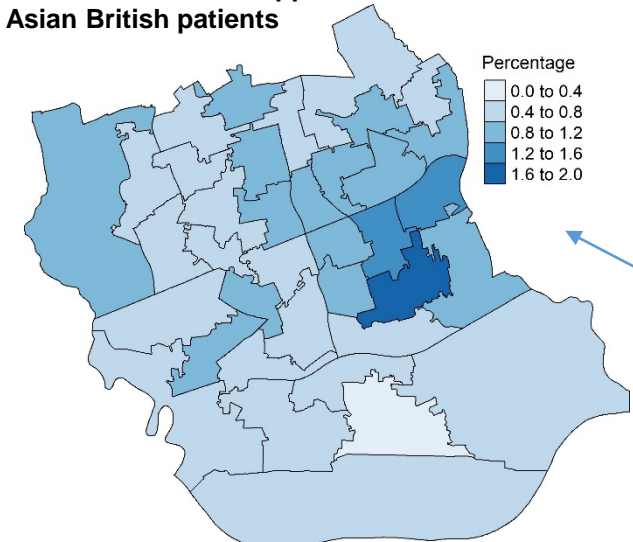
Deprivation Quintile (1<sup>st</sup> = most deprived, 5<sup>th</sup> most affluent)

Over 90% of the borough population falls into the 2 most deprived quintiles. In the most derived quintile, there is overrepresentation in Adult Mental Health and Community Health, and Children's services (both CAMHS and SYCPS). There are much smaller populations in the more affluent groups. The only outlier is an overrepresentation in the 3<sup>rd</sup> quintile in Community Health.

# Newham Adult Mental Health Appointments

Do we see any unusual variation in patient appointments in the 24 month period October 2020 to September 2022 when compared to the local population?

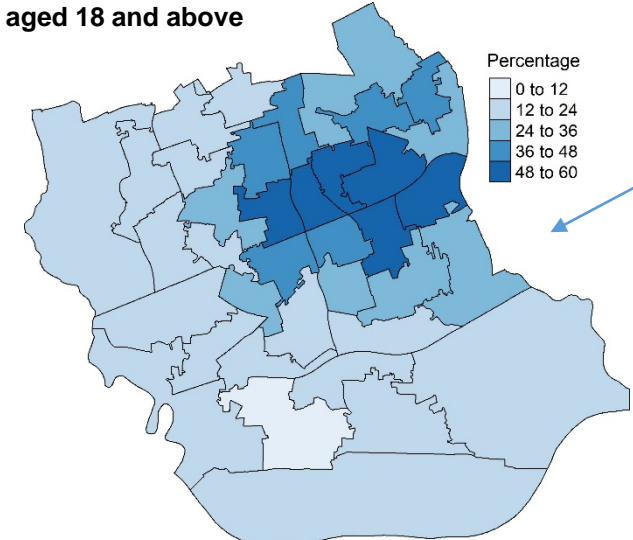
Adult mental health appointments for Asian or Asian British patients



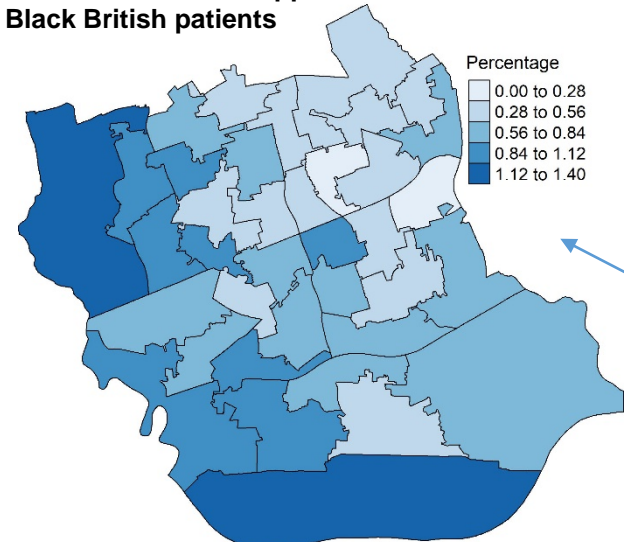
Asian or Asian British groups are unrepresented at **appointment activity** across the borough with the activity concentrated in the North East.

Comparing this with the **borough population** the North East is the most densely populated areas although there is some representation in the South and South East.

Percentage of Asian population aged 18 and above



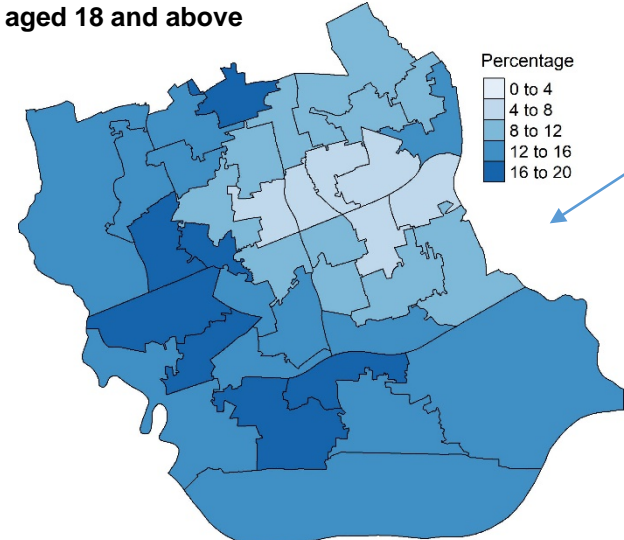
Adult mental health appointments for Black or Black British patients



Black and Black British groups are overrepresented in **appointment activity** across the borough with the activity concentrated in the West and South.

Comparing this with the **borough population** there is a more even spread across the geography.

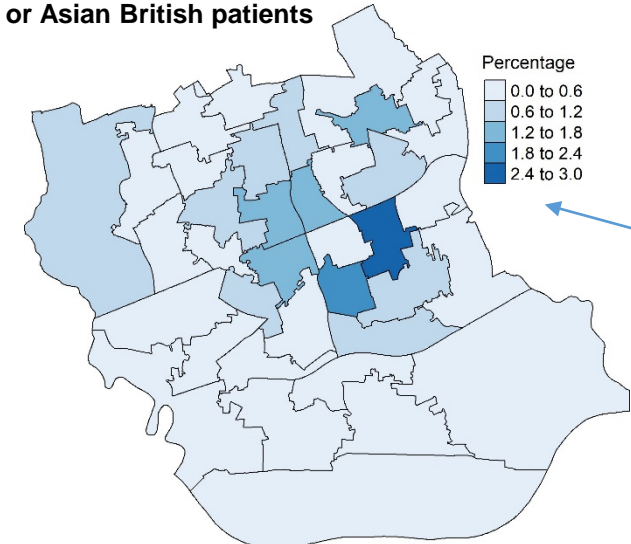
Percentage of Black population aged 18 and above



# Newham Older Adult Mental Health Appointments

Do we see any unusual variation in patient appointments in the 24 month period October 2020 to September 2022 when compared to the local population?

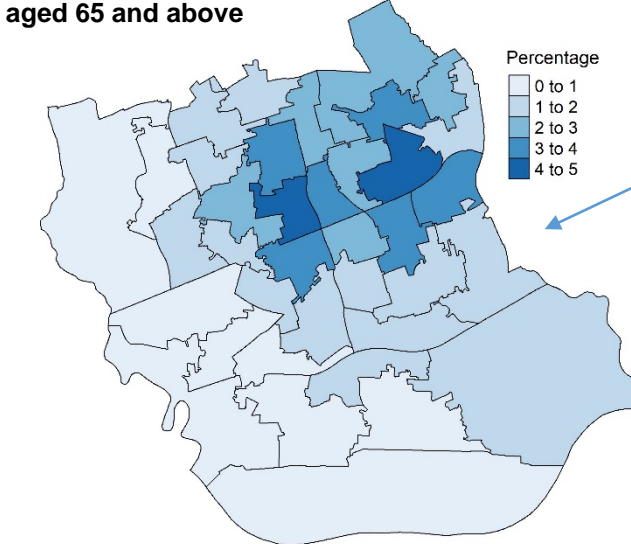
Older adult mental health appointments for Asian or Asian British patients



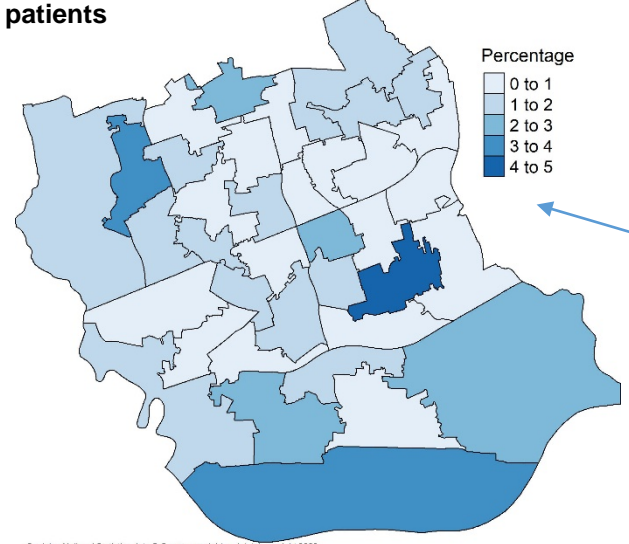
Asian or Asian British groups are proportionally represented at **appointment activity** across the borough with the activity concentrated in the Centre and North West.

Comparing this with the **borough population** the North East is the most densely populated areas although there is some representation in the South and South East.

Percentage of Asian population aged 65 and above



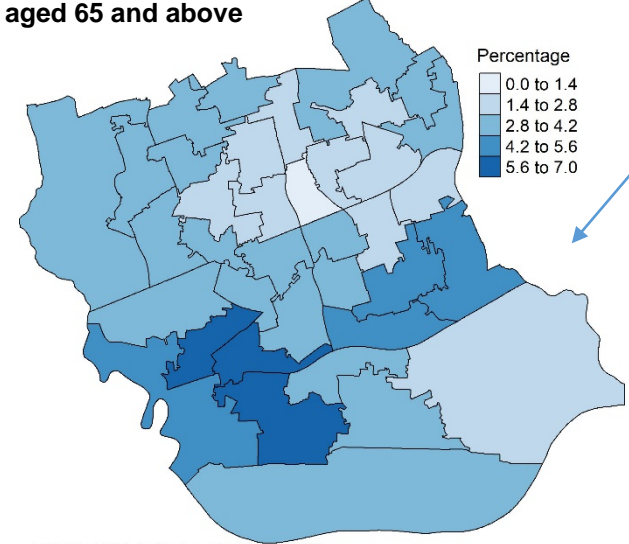
Older adult mental health appointments for White patients



The **White group** are proportionally represented **appointment activity** across the borough with the activity concentrated in the South and North West.

Comparing this with the **borough population** we see higher concentrations in the South and East.

Percentage of White population aged 65 and above

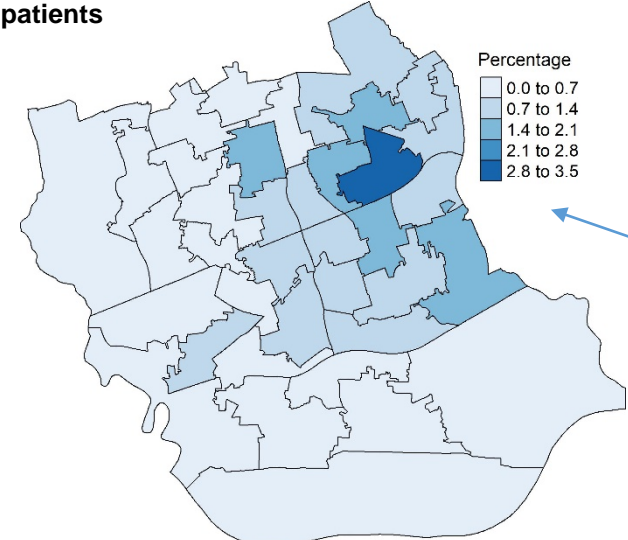




# Newham CAMHS Appointments

Do we see any unusual variation in patient appointments in the 24 month period October 2020 to September 2022 when compared to the local population?

CAMHS appointments for Asian or Asian British patients

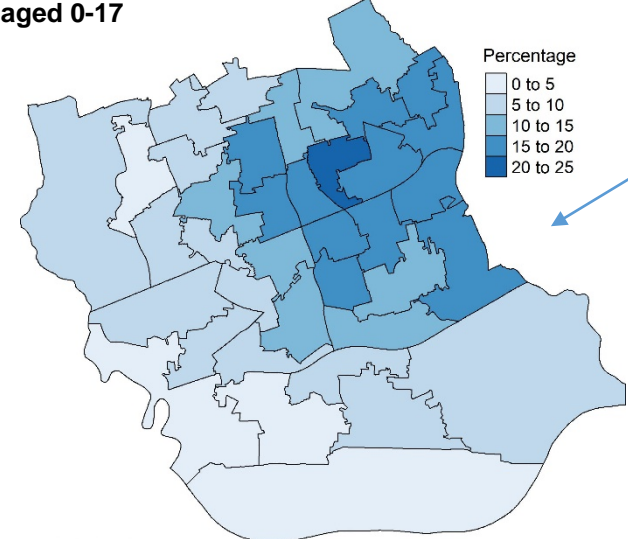


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**Asian or Asian British groups** are unrepresented at **appointment activity** across the borough with the activity concentrated in the North East.

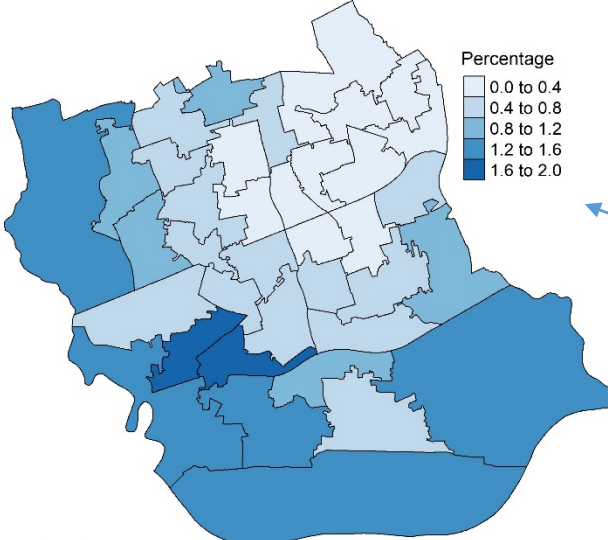
Comparing this with the **borough population**, the North East is the most densely populated areas although there is some representation in the South and South East.

Percentage of Asian population aged 0-17



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CAMHS appointments for White patients

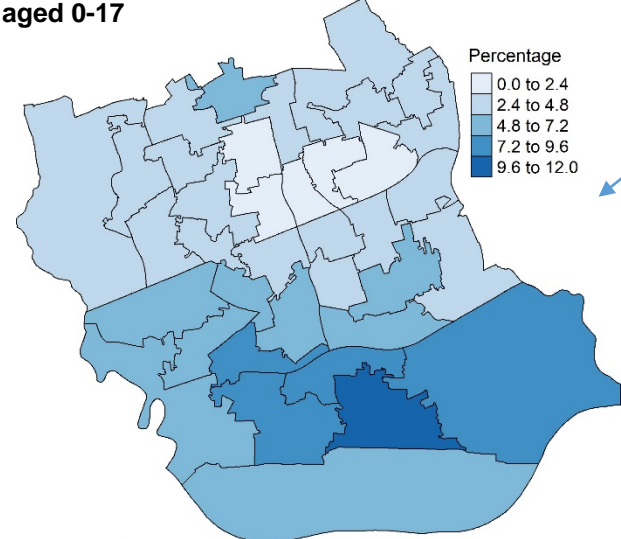


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**The White group** are overrepresented in **appointment activity** across the borough with the activity concentrated in the South and West.

Comparing this with the **borough population** we see higher concentrations in the South and East.

Percentage of White population aged 0-17

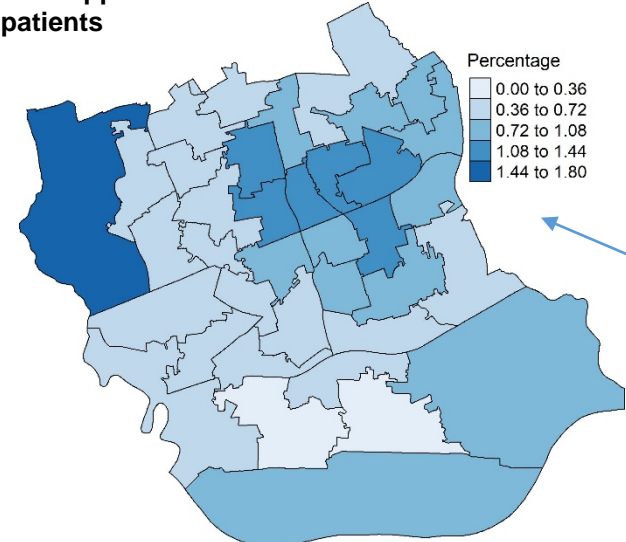


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# Newham IAPT Appointments

Do we see any unusual variation in patient appointments in the 24 month period October 2020 to September 2022 when compared to the local population?

IAPT appointments for Asian or Asian British patients

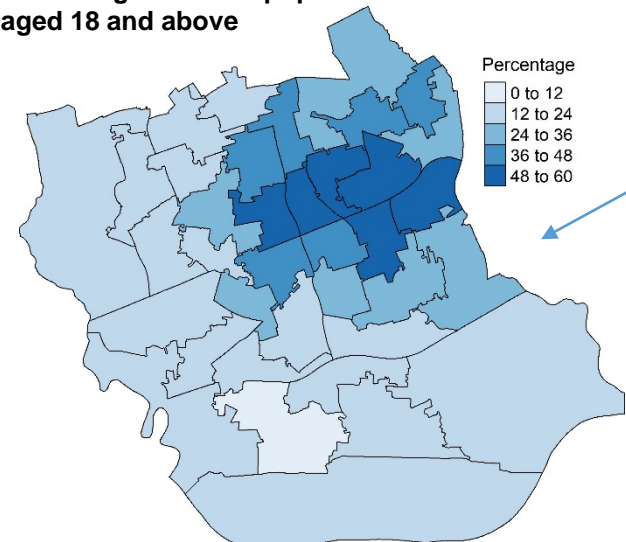


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Asian or Asian British groups are unrepresented at **appointment activity** across the borough with the activity concentrated in the North.

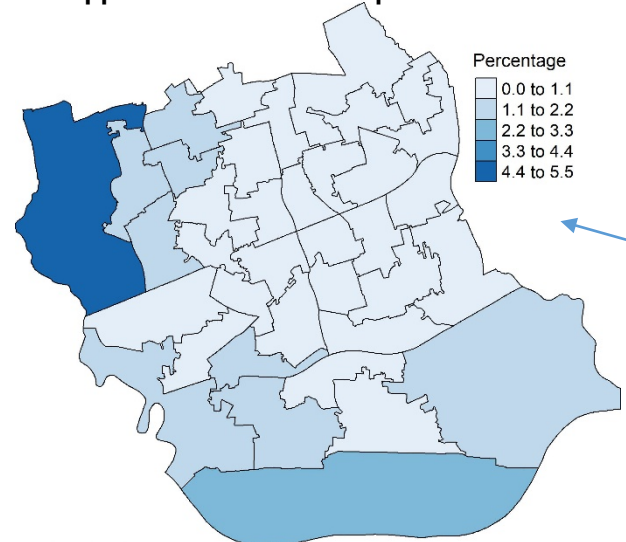
Comparing this with the **borough population** the North East is the most densely populated areas although there is some representation in the South and South East.

Percentage of Asian population aged 18 and above



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IAPT appointments for White patients

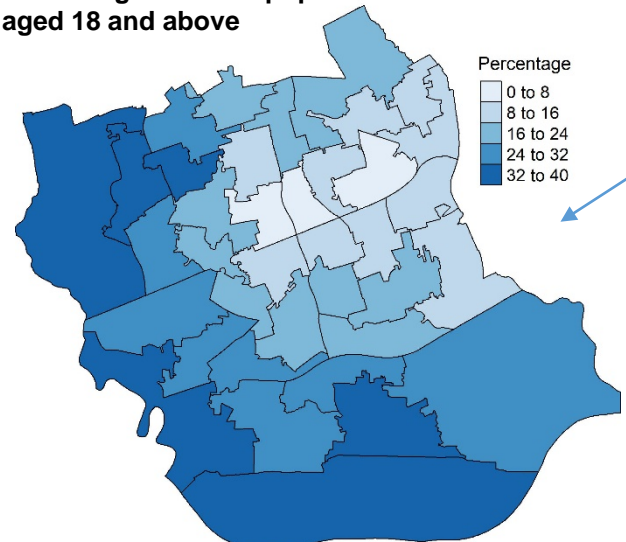


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The White group are overrepresented in **appointment activity** across the borough with the activity concentrated in the South West and North West.

Comparing this with the **borough population** we see higher concentrations in the South and East.

Percentage of White population aged 18 and above

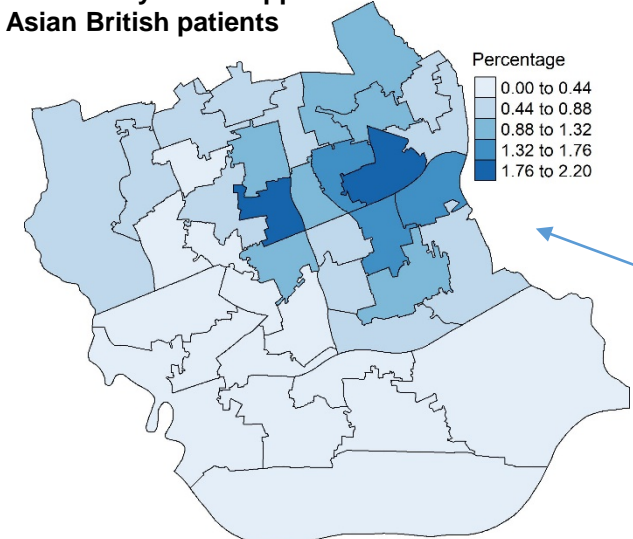


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# Newham Community Health Appointments

Do we see any unusual variation in patient appointments in the 24 month period October 2020 to September 2022 when compared to the local population?

Community Health appointments for Asian or Asian British patients

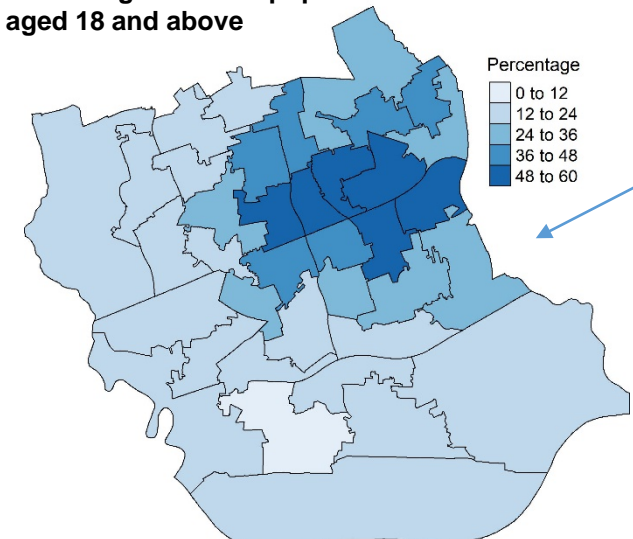


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Asian or Asian British groups are unrepresented at **appointment activity** across the borough with the activity concentrated in the North East.

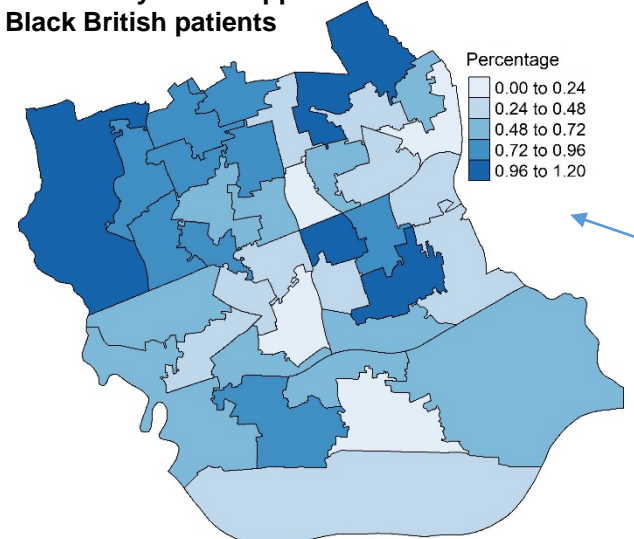
Comparing this with the **borough population** the North East is the most densely populated areas although there is some representation in the South and South East.

Percentage of Asian population aged 18 and above



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Community Health appointments for Black or Black British patients

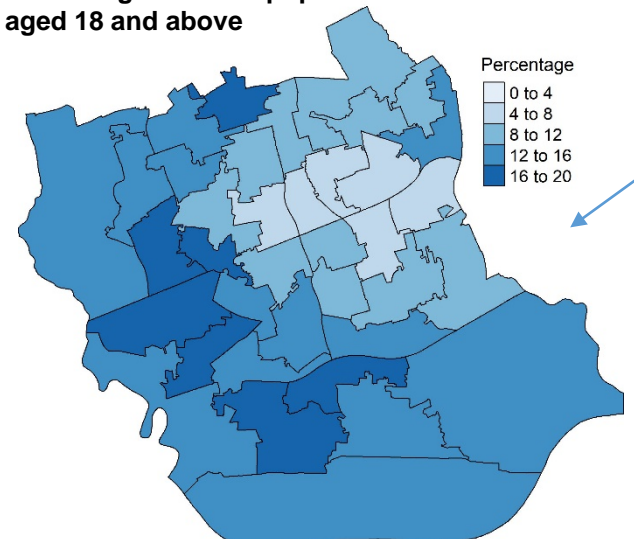


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Black and Black British groups are overrepresented in **appointment activity** across the borough with the activity concentrated in the North West.

Comparing this with the **borough population** there is a more even spread across the geography.

Percentage of Black population aged 18 and above



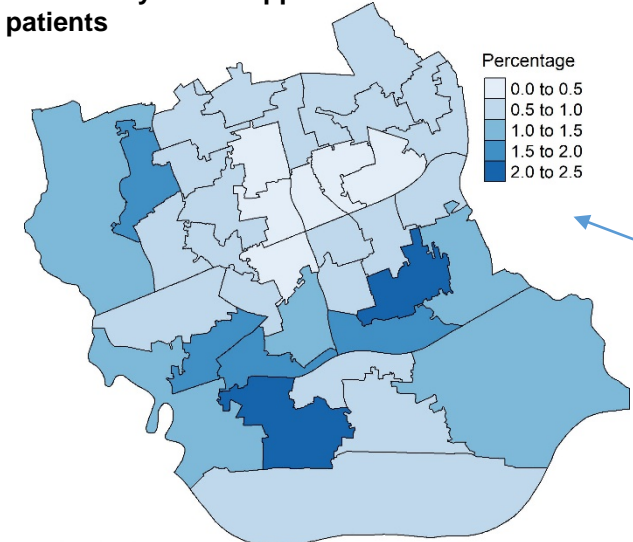
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# Newham Community Health Appointments (continued)

Do we see any unusual variation in patient appointments in the 24 month period October 2020 to September 2022 when compared to the local population?

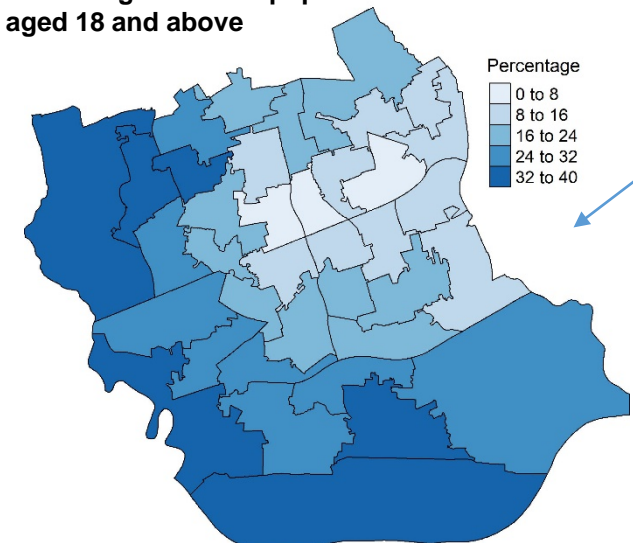
Community Health appointments for White patients



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The White group are overrepresented in **appointment activity** across the borough with the activity concentrated in the South and West.

Percentage of White population aged 18 and above



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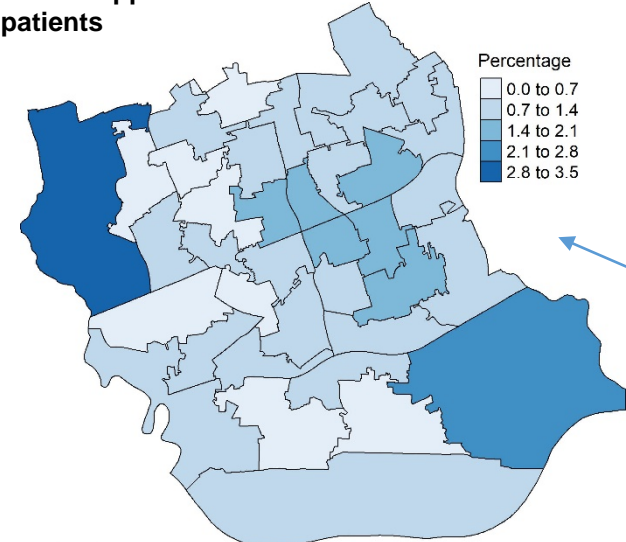
Comparing this with the **borough population** we see higher concentrations in the South and East.



# Newham Specialist Children Young People Service (SCYPS) appointments

Do we see any unusual variation in patient appointments in the 24 month period October 2020 to September 2022 when compared to the local population?

SCYPS appointments for Asian or Asian British patients

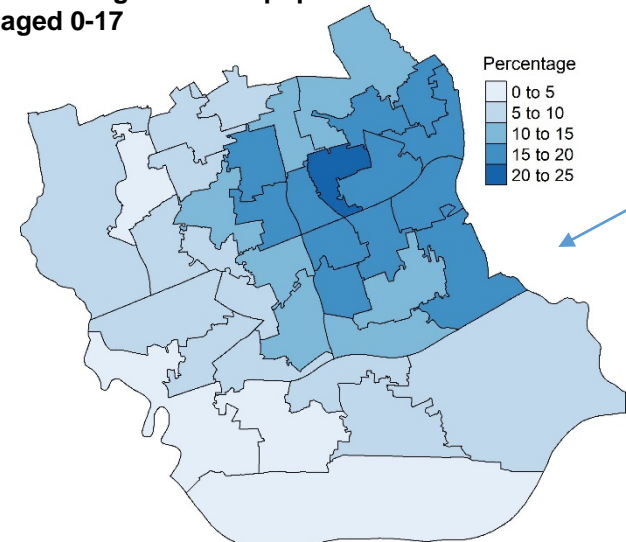


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Asian or Asian British groups are unrepresented at **appointment activity** across the borough with the activity concentrated in the North West and South East.

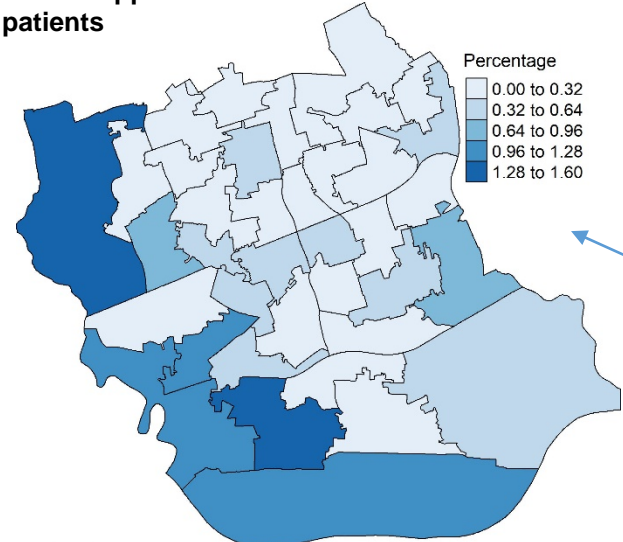
Comparing this with the **borough population** the North East is the most densely populated areas although there is some representation in the South and South East.

Percentage of Asian population aged 0-17



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SCYPS appointments for Black or Black British patients

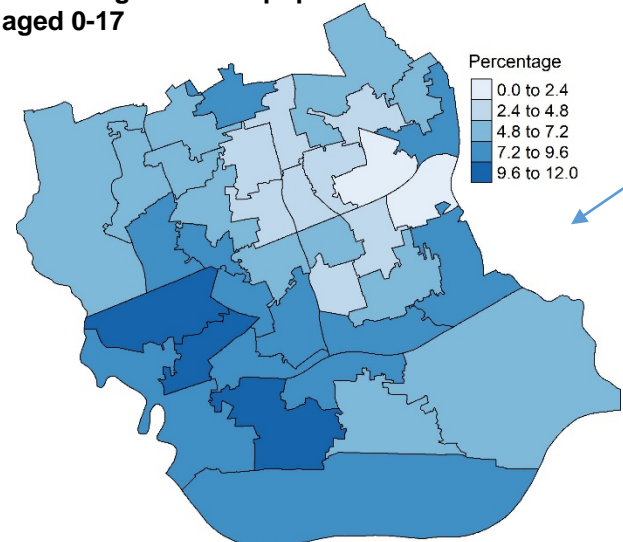


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Black and Black British groups are overrepresented in **appointment activity** across the borough with the activity concentrated in the South and West.

Comparing this with the **borough population** there is a more even spread across the geography.

Percentage of Black population aged 0-17

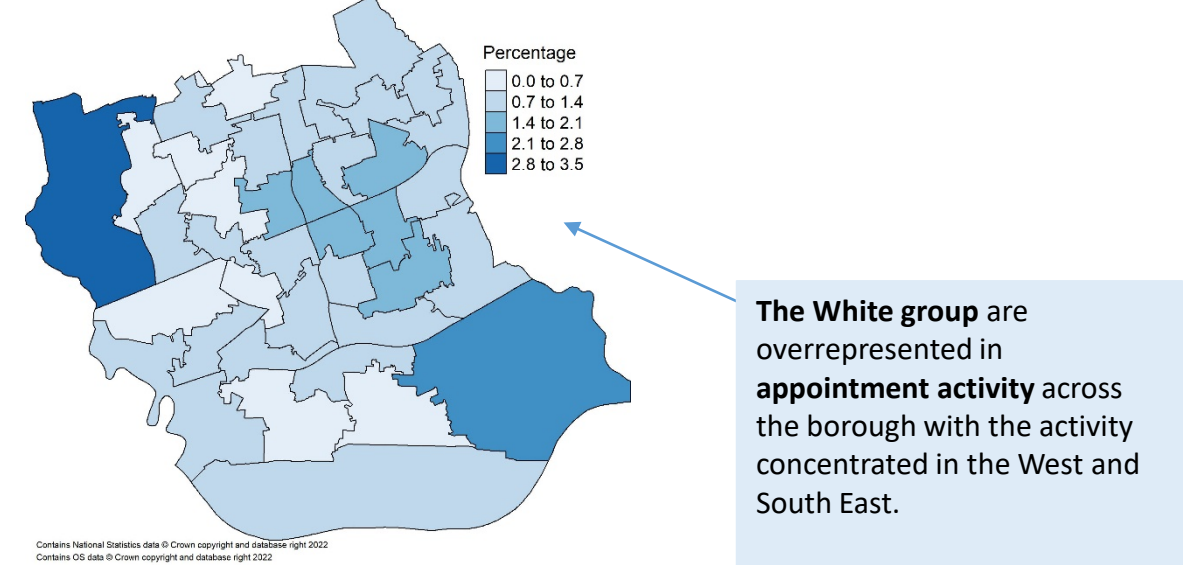


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# Newham Specialist Children Young People Service (SCYPS) appointments (continued)

Do we see any unusual variation in patient appointments in the 24 month period October 2020 to September 2022 when compared to the local population?

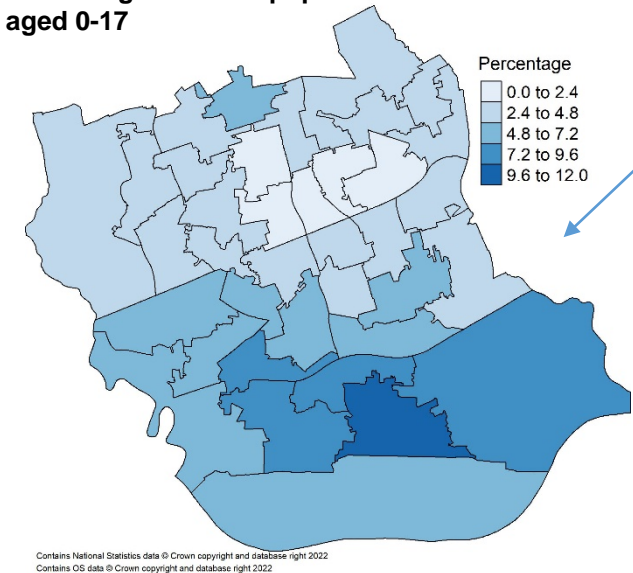
## SCYPS appointments for White patients



The **White group** are overrepresented in **appointment activity** across the borough with the activity concentrated in the West and South East.

Comparing this with the **borough population** we see higher concentrations in the South and East.

## Percentage of White population aged 0-17



## Equity of access to ELFT services in Newham: What might this mean?

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Inequalities within the population were brought into sharp focus by the Covid-19 pandemic, which also highlighted underlying differences in health experiences and outcomes, particularly across different ethnic and socioeconomic groups. We have begun applying an equity lens at a borough level, starting with Newham, to identify areas of variation and inequity that we need to investigate further to understand, and then tackle, in order to ensure that access, experience and outcomes from ELFT services are equitable.

In terms of ethnicity, fewer people from Asian and Asian British communities access services in Mental Health (Adult & Older Adult, Children and Young People Services, and IAPT) and Community Health services, with the exception of the Specialist Children and Young People Service (SCYPS) and Learning Disabilities. The Black and Black British groups have greater levels of access across Adult Mental Health and Community Health Services, and expected levels of access across other services. Service users of White ethnicity have high levels of access across Older Adult Mental Health, IAPT and Community Health Services but lower access than expected for SCYPS.

In terms of deprivation, over 90% of the borough population falls into the second most deprived quintile. In the most deprived areas (quintile 1), there are higher levels of access than population size would suggest, for Adult Mental Health, Community Health Services, IAPT and Children's Services (both CAMHS and SCYPS). We might expect this group to be particularly disadvantaged and with greater risk factors for physical and mental health conditions. It is therefore positive to see this group accessing ELFT services at a higher percentage than the population size would suggest.

### ***Adult & Older Adult Services***

The geographical breakdown of the Asian population accessing adult and older adult mental health services suggests that areas in the North East (specifically East Ham, Forest Gate, East Ham Central, and Little Ilford) have higher levels of access. This is consistent with the areas that have the highest density of Asian communities. Access was also high for areas in the North West that have relatively lower Asian populations (such as Stratford, Plaistow West and Canning Town North). This might suggest that there are factors predisposing the smaller Asian population in this part of Newham to develop mental health conditions – factors such as quality of housing, education, employment or deprivation. There may also be fewer protective factors within this local community in North West Newham, such as local community support networks. Our mental health teams working in these parts of the borough will be doing some investigation with service user groups and local partners to understand this further.

According to the geographical breakdown of the White population accessing older adult mental health services, the highest level of access is in the South (Royal Victoria, Custom House and Royal Albert) and in the North (East Ham South, and Boleyn). There is relatively good access across the borough relative to the population density of White communities.

## Equity of access to ELFT services in Newham: What might this mean?

While the Black and Black British populations are evenly distributed throughout the borough, there are higher levels of access to adult mental health services in the North West and South (such as Stratford, Royal Albert and Royal Victoria). Previous equity analyses to the Board have highlighted the overrepresentation of Black groups in inpatient admissions and Mental Health Act detentions. This may indicate that community mental health and crisis teams are successfully engaging this population and offering support proactively. It should be noted, however, that the Black ethnic group is a broad category that may not exactly represent the same cohort of service users detained under the Mental Health Act. Over-representation may be related to socio-economic and deprivation factors which may mean that some populations are less protected than others. Furthermore, specific groups within this category may be frequent users of mental health services and this can skew access data. While national research often highlights lower access, engagement, outcomes and experience scores for service users from BAME groups, the Trust has seen higher improvements in outcome and satisfaction scores for most BAME groups compared to other groups, which is promising. In Newham, the main areas of dissatisfaction from our quality of life outcome measure are related to accommodation, relationships/friendships, employment, physical health and safety.

There are several initiatives underway to support vulnerable populations, improve health inequalities and access. The Community Mental Health Transformation Programme has enabled services to identify and address the unmet mental health needs of various populations within local communities, including those from BAME backgrounds. Local people participation leads have conducted a series of workshops with service users, called "Lets Talk", and identified a number of ideas for change including training staff on cultural awareness, increasing diversity of the workforce, improving medication advice and support, increasing awareness of the services and outreach, increasing access to advocacy, reducing stigma in communities, utilising existing community spaces, and signposting to alternative support services in the borough. Psychology staff are collaborating closely with People Participation leads to move this work forward and ensure that services are offered and utilised in an equitable manner.

Adult and Children's services in the borough recognise that the transition from children's to adult services is difficult, especially for young people with mental health issues, and are collaborating to improve transition pathways so that young people moving from children to adult services receive the support they require and have a better experience of care. Services are also collaborating closely with the Criminal Justice Liaison Service to assist service users in the criminal justice system, frequently comprising a large percentage of black And minority ethnicities (BAME), who may be experiencing mental health issues but do not meet the criteria for referral to local mental health services. This will allow teams to proactively engage with patients sooner and potentially mitigate some of the health challenges that they might face in later life.

Building on the lessons learned from the successful rollout of COVID vaccinations in the Somali community, which resulted in increased immunisation uptake, services are planning a health and wellbeing event, bringing together health and social care partners to provide a "one-stop shop" for advice, support, and awareness of services and interventions. The teams are working with a range of partners including GPs in Newham, Barts Hospital, Newham Council, and community groups such as Newham Afro-

## Equity of access to ELFT services in Newham: What might this mean?

Caribbean Community group, and Coffee Afrik to support this event. Services are also using this event to help identify community assets and forums to help organise care within Primary Care Networks (PCN) and community hubs such as religious venues, community centres, or other forums that are closely connected to particular groups. If the event is successful, this approach will be adopted for other communities to engage with them more effectively in the care and delivery of services in the borough.

In terms of deprivation, services have reported higher levels of acuity in community referrals and adverse effects caused by the cost-of-living crisis on the wellbeing of service users. Greater complexity in service user presentations, with comorbid mental and physical health issues, has been observed across Older Adult services, frequently necessitating inpatient admissions. This is believed to be partly related to the pandemic, but also due to less social contact and primary care support available to help service users stay well in the community. Newham has a sizeable homeless population, with complex health and social care needs, presenting difficulties in engaging consistently with health services. Teams are currently reviewing the care and support available in the borough with the national Rough Sleeping and Mental Health Programme (RAMHP) to improve care provision and outcomes for this vulnerable group.

Mental Health services and IAPT services are working closely with the local authority as part of the *Newham Cost of Living Crisis response*, which has been initiated by the Mayor because the ethnic diversity and relatively young population means that residents face structural inequalities that leave them disproportionately vulnerable. As part of this commitment, the local authority and partners will provide 'warm havens', where libraries, leisure centres, community buildings, NHS buildings and other suitable places will be made available to those in need. A service proposal is currently in development which will involve our IAPT staff attending 'warm havens' and acting as the front door for mental health advice and support and referring onto secondary care mental health services as deemed necessary.

### ***Children and Young People's Service***

The geographical breakdown of the Asian population accessing Children and Young People's services suggests that areas in the North East (such as Wall End, Manor park, Plashet, Little Ilford, and East Ham) have higher levels of access. Service users from White backgrounds have good levels of access across the borough, particularly in the South and North West, although there is slightly lower access from the densest population around the Custom House area. The under-representation of service users of Asian ethnicity and over-representation of White service users is consistent with national and regional trends across North Central East London (NCEL). Black and mixed ethnic groups are well represented, whereas nationally there is a slight underrepresentation of BAME service users in community children's services. In adult mental health services, there is a notable over-representation of people from Black ethnic groups, which is not seen in the NCEL or national CAMHS data (Strategic health needs assessment, 2021). There is also an under-representation of Asian groups in adult mental health services, suggesting that this lack of access to CAMHS perpetuates into adulthood.

Access to Specialist Children's Services shows higher levels of access in Asian communities from areas with smaller population density in the North West (Stratford and Olympic Park) and South East (Beckton). Black communities have higher levels of access areas in the South (Canning Town South) and North West (Stratford & Olympic Park) and lower levels of access from other areas in the borough.



## Equity of access to ELFT services in Newham: What might this mean?

The CAMHS Provider Collaborative gathered feedback from service users that highlighted a few factors contributing to disparities in access between different ethnic groups, including service design and lack of coproduction, fragmented services that are not consistent across areas, lack of diversity among staff, digital poverty and inability to access help online, disparities in access to information in different communities, and understanding of the help that is available and how to access it, and attitudes and perceptions of mental illness (Strategic health needs assessment, 2021). Experiences of staff working in CAMHS has also identified other factors, such as wealthier families' ability to pay for private services for their children, which may exacerbate inequalities. It was also thought that parents with higher literacy skills and education, and who spoke English as their first language, were more likely to get their children help sooner because they were better able to navigate the referral process and engage quicker with services.

The overrepresentation of young people of white ethnicity in Newham may also be distorted by differences in the frequency of contacts between different groups. Some groups, who are actively engaged with services, may demand more support and attention from services than others. Additionally, a sizable portion of work is carried out in schools and in collaboration with partners and third-sector organisations, where activity is manually recorded or documented in different systems that are not included in this data. Staff in Specialist Children's services have noted a higher prevalence of genetic disorders in Asian communities, where consanguine marriages are more common, predisposing to greater risks of their children developing disabilities. Language barriers may also prevent couples from these communities from accessing services sooner. The service has recently secured funding for a Health Improvement Practitioner who will run a health literacy project for close relations couples. The service aims to encourage expectant families to seek genetic testing and understanding of risks if they are identified, as well as to assist families in accessing services as needed.

According to prevalence data from the Mental Health of Children and Young People Survey conducted in 2020, the estimated number of 11–17-year-olds in Newham who have mental health disorders has increased by 21% since 2017. This is consistent with other boroughs in the region, and estimated to rise in line with projected population increases (5% across NCEL). In addition, Newham had one of the highest rates of psychosis (69 per 100,000 people versus 41 for London as a whole). Nationally, there is evidence that the pandemic has adversely impacted the mental well-being in children and young people, particularly among females, those who are economically disadvantaged, children in care, and children and young people with pre-existing mental health conditions. Local data suggests there is a disproportionate number of young girls of white ethnicity presenting in crisis in A&E and being admitted to inpatient services. Services also identified that young Black males were more likely to be detained formally under the Mental Health Act.

There is evidence of higher demand within Newham community teams than City & Hackney or Tower Hamlets, particularly across urgent care pathways, where services have reported an increase in referrals categorised as low or no risk but which meet the threshold for referral. The clinical team have also highlighted an increase in the level of acuity and complexity of some of the referrals that have been categorised as high risk, which often require more liaison work with social care, schools, and partner agencies and take longer to assess and require intensive support. Changes in service capacity during the pandemic are thought to have led to

## Equity of access to ELFT services in Newham: What might this mean?

community services across the system to raise their threshold for accepting referrals in order to effectively manage referrals and risks. As a result, some service users may have not received the care and support they would have received routinely, potentially affecting access and compounding health inequalities. Increased volume of referrals has had a negative impact on waiting times for assessment and treatment, despite the use of virtual methods of communication, which can be more difficult for some service users and require more clinical time to complete. This may have affected ethnic groups differently and potentially made it more difficult for some groups to access services. Services are now offering more face-to-face appointments and group interventions.

Children's services have started to implement a person-centred, systemic approach (Thrive model) with partners in the borough. This is an integrated and needs-led approach to delivering mental health services for children, young people and their families. Needs are grouped into categories: Thriving, Getting Advice and Signposting, Getting Help, Getting More Help, and Getting Risk Support. An example of this is the development of a "Single Point of Entry" and "Multi-Agency Collaborative" (MAC) across Newham, which has brought partners together to organise care around the needs of children, young people and their families. The single point of entry will make it easier for service users to access and navigate through services faster and more smoothly, without getting 'bounced' around the system. The MAC will ensure that service users presenting with low risk can receive support from partner agencies and resources in the community while they wait to be assessed by CAMHS. This could involve being offered brief intervention (mentoring, self-management advice and support, and group interventions) which may reduce the need for CAMHS support and intervention. Services are expanding support to children and young people in schools, offering evidence-based interventions for mild-to-moderate mental health issues. Teams are also working closely with Compass Wellbeing to deliver interventions in the community such as social prescribing, groups, and activities. Using lessons learned in Bedfordshire and Luton, services in Newham hope to establish a Recovery College, which will offer educational courses and resources co-created with service users, to help people who are struggling with mental health issues, their families, friends, and in the process build skills and knowledge, and experience.

The CAMHS Collaborative is supporting local voluntary organisations and third sector agencies with financial grants to develop initiatives to tackle two high value strategic priorities - reducing inequalities and preventing avoidable admissions. The grants related to inequalities will promote schemes that encourage co-production, and culturally tailored and culturally appropriate projects with communities to understand, plan for and/or meet the needs and aspirations of people with whom services struggle to engage, and groups who do not access traditional services through conventional means. It will also support the work of smaller grassroots voluntary organisations, local community/faith and user-led organisations that are often better placed to engage with and meet the needs of certain groups of service users with severe mental health needs.

A number of projects are currently underway to address inequalities, including a quality improvement project focusing on crisis presentation in A&E, with a focus on young girls. There is also a project aimed at addressing the disparities in young black children being detained under the Mental Health Act at a higher rate than other groups. This entails introducing a checklist for admitting clinicians to complete to aid decisions and ensure that the best choice is made in the best interests of service users. Social workers have been placed in crisis and A&E liaison services to help avoid an admission by addressing any underlying social care needs. Services are also working closely with the Criminal Justice Liaison Service to support children entering the criminal justice system with their mental health needs.

# Equity of access to ELFT services in Newham: What might this mean?

## *IAPT Services*

In IAPT services, people of Asian ethnicity have the lowest access, while those of white, black and mixed ethnicity have higher access. The geographic distribution of Asian group appointments across our IAPT services indicates that access is broadly consistent with population density, but there are some notable differences. There are slightly fewer appointments from the most densely Asian populated areas in the North East of the borough, and higher appointments in less densely populated areas in the North West such as Stratford and Stratford Olympic Park. There is high level of access in areas in the North West (such as Stratford and Olympic) for people of white ethnicity, and generally lower access across other areas where population density is higher (such as Plaistow, Canning Town and Royal Victoria).

It should be noted that the majority of referrals to the service (80%) come from service users who voluntarily refer themselves (self-referral), unlike other services. Self-referral was introduced nationally after it was identified that BAME communities were under-represented in referrals to IAPT services through traditional routes such as primary care. Most referrals into the service are aged between 16-35, and 68% are female. There is an underrepresentation of older adults and men, particularly black men, in the service. The recovery rates and national access waiting times were impacted during the pandemic but have since improved. In comparison to the national recovery target of 50%, 52% of service users who complete treatment achieve recovery, and this is consistent for both men and women, including trans-women and men within the service. Those from a White background achieved 55% while other ethnic groups demonstrated higher recovery rates, such as 70% for those of Chinese ethnicity and 58% for those of Black ethnicity. The groups with lowest recovery rates were Bangladeshi (43%), Pakistani (46%), Indian (49%), and those of mixed ethnicity (41%). Although young males are less likely to use the service, when they do, they have a higher rate of recovery than young females. Therefore, recovery rates for BAME groups are more nuanced in the borough.

The literature suggests that there are a range of factors which can lead to disparities, particularly for service users from BAME groups, such as the level of awareness about the service and treatments available, stigma, digital poverty, literacy and language proficiency of service users, long waiting times between appointments, degree to which services are culturally aware and responsive, diversity of workforce, staff training and development, and the level of co-production and service user involvement in shaping services. As a result, services continue to learn and grow in an inclusive manner to increase access to psychological therapies for all ethnic groups in the borough.

The IAPT service has led a number of initiatives and projects aimed at improving access, inequalities, and outcomes. A quality improvement project has been focusing on increasing referrals for young black men between the ages of 18-25. This has involved running social media campaigns to increase awareness and organising outreach clinics within community organisations and charities that have strong relationships with the Black community and youth. The data on slide 40 shows the positive impact this is having on the percentage of people from BME communities accessing IAPT. The service has completed a qualitative study with Bangladeshi women trying to understand why they are most likely to disengage from the service compared to all other groups. The service is running more outreach workshops in various organisations across the borough every week, for example, there are regular sessions in temples, mosques, colleges, community hubs and 'warm havens' that are being established by the local authority. The aim is to build stronger relationships with communities, improve trust, understanding about the service, and reduce barriers to access. The service has co-produced a group-based intervention for Asian women who have experienced trauma. The service has two equality champions, whose main goal is to increase accessibility for groups, particularly those for whom English is not their first language.



# Equity of access to ELFT services in Newham: What might this mean?

## *Community Health Services*

In Community Health Services, access is higher for people of white and black ethnicity, with lower access from Asian communities than we might predict based on population data. The geographic distribution of appointments in Asian and White groups suggests that access is broadly consistent with the most densely populated areas. Access for people of black ethnicity correlate with areas with highest population density, but there are some notable differences. There are slightly fewer people of black ethnicity accessing services from more densely populated areas in the South East (such as Royal Albert and Beckton), and higher levels of access to our services in the North East and North West (such as East Ham and Stratford Olympic Park), where the black population is smaller. This could be due to changes in the regeneration of the borough following the Olympics, where new housing projects have attracted new residents or led to the relocation of existing residents to different parts of the borough. In addition, people from the borough's poorest neighbourhoods (quintile 1) tend to use services more than would be expected, which is consistent with other ELFT services in Newham. This could imply that proactive engagement and positive health-seeking behaviours by service users exist despite the negative effects of socioeconomic deprivation, which has been linked to lower service user engagement with health services (Harriss and Salway, 2008).

When examining different services within Community Health Services, such as Extended Primary Care Teams (EPCT), Physiotherapy and MSK services, Diabetes, Continence, and Occupational Therapy, the trends are broadly similar with some subtle differences. Asian communities are less likely to use these services than the those of white or black ethnicity, particularly in EPCT teams where white, elderly (60+) service users access services the most. Asian communities, on the other hand, use continence services more frequently than any other groups. This is thought to be related to female service users of Asian ethnicity, particularly those who access the Pelvic Rehabilitation service to address pain related to pregnancy, bladder, or bowel issues.

There are a number of different factors which might impact access amongst Asian communities. In Newham, there is a high proportion of service users from Asian backgrounds who live in multi-generational households. This means there may be more support available from extended family members to support long-term condition management and other physical health or social care needs. Service users of white ethnicity are more likely to live alone or in Homes of Multiple Occupancy, where they typically may rent a room and share amenities with several unrelated people. The health and well-being of people in these circumstances may suffer due to these conditions and therefore such groups may require more intensive and frequent support from health and social care. Staff have highlighted that some service users, particularly those from White backgrounds, may be better connected to their local GP than other ethnic groups, which may also affect access to community health. Services have identified challenges related to language barriers and digital poverty, particularly during the pandemic when digital innovations were introduced but adoption was limited in some groups due to literacy, language barriers, and access to technology. Differences in morbidity may also have an influence on access. For example, those with long-term conditions, such as COPD, which is more prevalent in vulnerable elderly white groups, may require more intervention and support than someone with type 2 diabetes, which is more prevalent in Asian communities and requires less frequent contact.

## Equity of access to ELFT services in Newham: What might this mean?

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There are several initiatives across Community Health Services aiming to reduce inequity. A Digital Inclusion pilot is underway to support Care Navigation, which is being supported by our digital People Participation Team to ensure that service users have the right equipment and have sufficient support to utilise digital solutions to help manage their care more effectively. There is also a project focusing on providing care and support for the homeless population in Newham, and the service is in the process of recruiting nursing staff so that the service can commence by the beginning of December. There is a new online booking process for phlebotomy to help improve access to blood tests and encourage routine health checks. The service is also supported by a telephone-based system for those who would prefer to use alternative methods of booking an appointment.

Services are collaborating with the local authority to assist the most vulnerable and high-risk groups that are likely to be disproportionately affected by the cost-of-living crisis. The elderly, particularly those who rely on medical devices, and those who are housebound and/or immobile are the most vulnerable. This group of service users will face additional financial strain due to the cost of maintaining devices such as electric mattresses (which help manage pressure ulcers), electric blankets, and general heating costs. Staff in Extended Primary Care Teams (EPCTs), which care for most of these service users, have observed that they are frequently from white backgrounds, frail and elderly, with complex social care needs, long-term conditions and comorbidities, and limited family support or advocacy. They may often be at risk of deteriorating in the community due to physical health issues and often require significant packages of care to live well.

Newham Community Health Services and Newham Mental Health Services are collaborating to fund two full-time nursing posts that will be shared by both services to care for those with complex and severe mental illnesses in community health services and to provide physical health care and expertise in mental health care settings.

Most services are using peer support workers, including the diabetes service, to coproduce clinical pathways with different user groups to improve quality of care. The diabetes service is also running awareness campaigns in mosques, temples and other community hubs to improve awareness and encourage access from all communities.

Services recognise the importance of developing a resilient workforce capable of meeting the borough's growing population and diverse needs. As part of this, an international recruitment campaign is underway for nursing and allied health professionals. Services have started developing new roles such as Advanced Nurse Practitioner posts. Staff development and training is a key focus and includes delivering Trauma Informed Care training to all clinical leads to improve the care experience for our service users. This approach nurtures a culture of compassion and kindness for all and seeks to avoid re-traumatising people through delivering care and interventions. It encourages staff to understand and pay attention to the signs of trauma and how to manage symptoms effectively. This will lower the barriers to providing effective care, improve the experience of staff and service users, and improve access and reduce inequity across services.

# Equity of access to ELFT services in Newham: What might this mean?

## *Learning Disabilities*

Asian communities access community learning disability services to a greater extent than any other groups, in comparison to population size. The higher rates of consanguine marriages between close relatives in Asian communities may be a potential factor, as this raises the risk of genetic disorders, autism and learning disabilities. Another factor is believed to be related to Asian communities living abroad, who may choose to relocate to the borough to seek better medical help and support for their children with complex medical issues and/or disabilities.

In terms of deprivation, while data suggests that more service users access services from less deprived areas (quintile 3), this is thought to be skewed by the location of the residential homes where service users are placed to meet their care needs.

The Learning Disabilities service is in the process of conducting a Health Needs Assessment review across inner North East London, bringing ethnicity and equality into focus and developing a culturally informed framework for supporting service users with learning disabilities. Services are also reviewing prescribing trends to identify learning to help improve life expectancy for this population. A workshop is being organised in the next few months focusing on medication and prescribing to share learning across services. Services are also working with inpatient mental health services to improve care for service users admitted with learning disabilities and are also refreshing the learning disabilities admission pathway. There will also be 'easy read' welcome packs, including information related to rights under the Mental Health Act. Training for staff is being designed to help staff manage service users with learning disabilities and autism more effectively.

Newham Learning Disabilities is only commissioned to see service users with moderate-to-severe learning disabilities. The lack of service provision for service users with mild or moderate learning disabilities is believed to be potentially exacerbating the situation by not providing enough resources to proactively manage the needs of this population. While community mental health is expected to manage less severe referrals, they also have limited capacity and not funding to offer a comprehensive service. Services are working closely with Integrated Care Board colleagues to review gaps in service provision and are in the process of developing a new diagnostic autism service in Newham to improve access and support.

## *Primary care*

Newham transitional practice has an outreach team that is very visible in the community - visiting hotels, houses in multiple occupation (HMOs), hostels and approved premises in order to attempt to reach the most vulnerable residents in Newham. During these visits, the nursing team offer registration, health advice, vaccinations and long-term condition reviews. This helps build rapport between the practice and the community. Work is continuing on how to best reach the asylum community that have been temporarily housed in Newham in different hotels around the borough. Due to this group being moved frequently, with fast turnaround in the hotels, we are continuing to explore how best to identify and engage with this transient population when they are in close proximity to our practice.

# Appendices

Appendix 1 – System performance dashboard

Appendix 2 – Regulatory compliance against the system oversight framework

Appendix 1: System Performance dashboard - overview

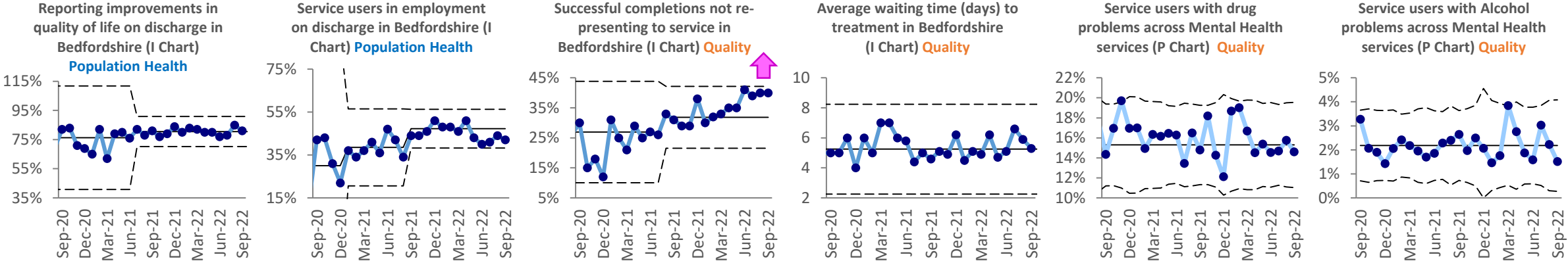
		Average	
People with substance misuse problems			
Service users reporting improvements in quality of life on discharge in Bedfordshire	Population Health	81%	
Service users in employment on discharge in Bedfordshire	Population Health	47.3%	
Percentage of successful completions not re-presenting to service 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	25.0	↑
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	6535.5	↑
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	55.7%	↑
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	93.9	↓
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	1,476	↑
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	86.1%	↑
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%	

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

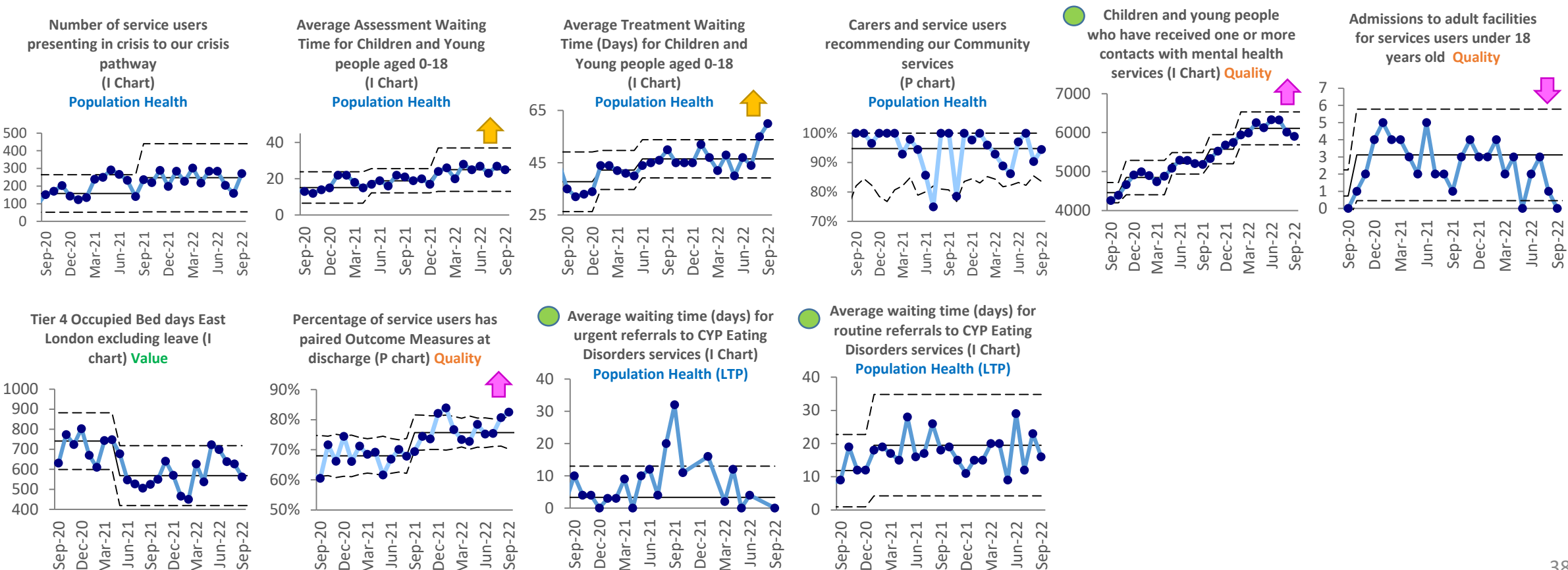
		Average
People with common mental health problems		
Percentage of service users moving into recovery	Population Health	51.9%
Percentage access by minority groups	Population Health	35.7% ↑
Percentage of positive comments to PEQ	Quality/Experience	91.5%
Average wait times to treatment (in weeks) from assessment	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	270
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 1 <sup>st</sup> 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	93.0% ↑
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		8.3 ↑
Average weeks waited for face to face appointment with the Diabetes Service		6.4 ↓
Average weeks waited for initial appointment with the MSK and Physiotherapy teams		7.6 ↑
Average weeks waited for initial appointment with the Continence Service		7.5
Stable Long Term Conditions (Bedfordshire)		
Adult Continence Referral to treatment times average weeks waited		9.9
Podiatry Referral to treatment times average weeks waited		8.6 ↓
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



Children with complex mental health needs

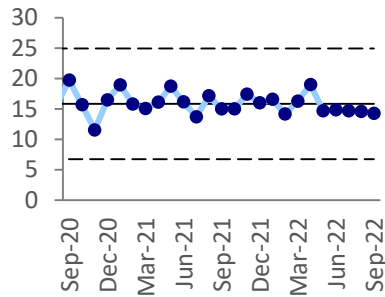




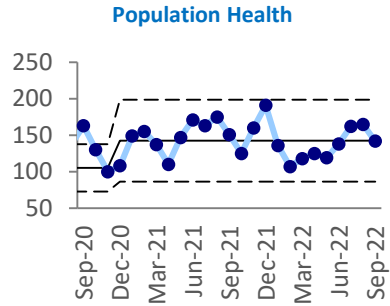
# Appendix 1: System Performance dashboard Long Term Plan (●) Special cause variation (↑ ↓) and when it's of potential concern (↑ ↓)

## People with dementia

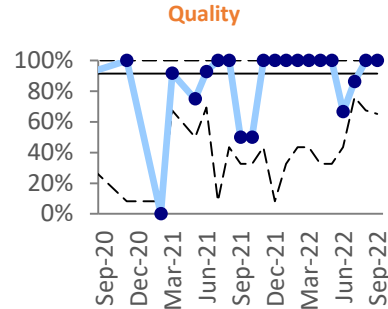
Average wait (in weeks) from referral to diagnosis (I chart) **Quality**



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

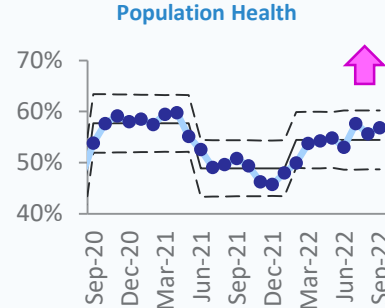


Percentage satisfaction with service, service users and carers (I chart) **Quality**

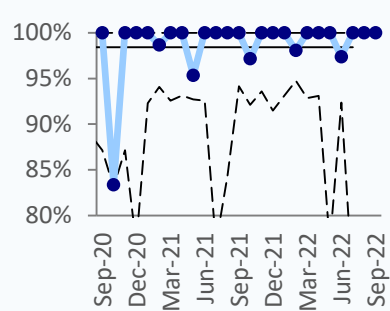


## Children with complex health needs

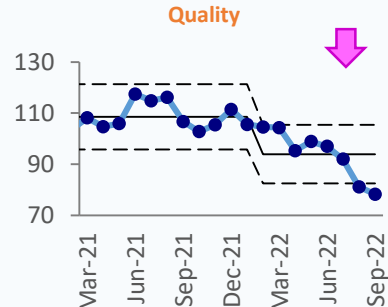
Complex neuro disability receiving a clinical review within past 12 m (P Chart) **Population Health**



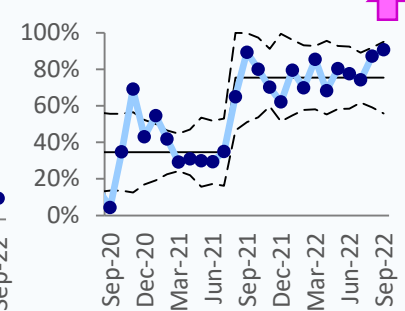
Percentage of service users and parents satisfied with services (P Chart) **Quality**



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

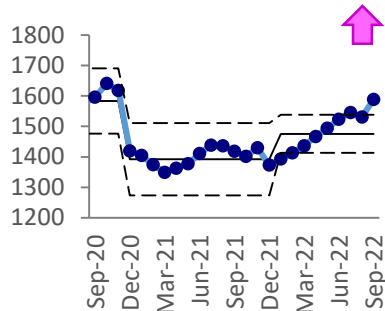


Children receiving ASD diagnosis within 2 appointments (P Chart) **Value**

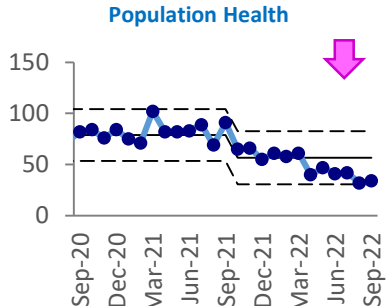


## People receiving end of life care

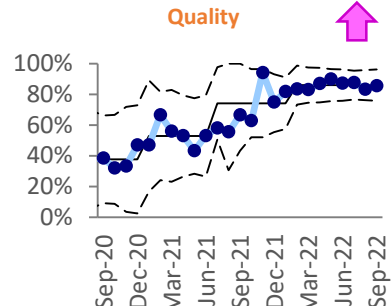
Service users on End of Life Pathway (I chart) **Population Health**



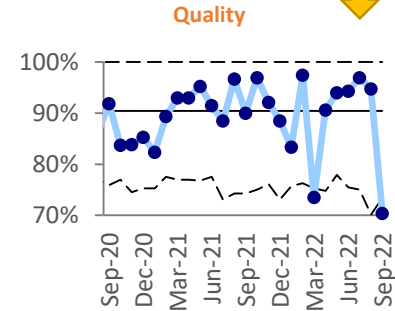
Service Users referred to Continuing Healthcare as a fast track in month (I chart) **Population Health**



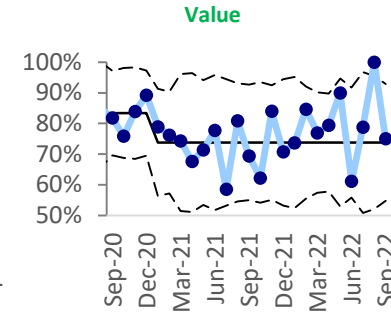
Service users with Care Plan in place (advanced) in East London (P Chart) **Quality**



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

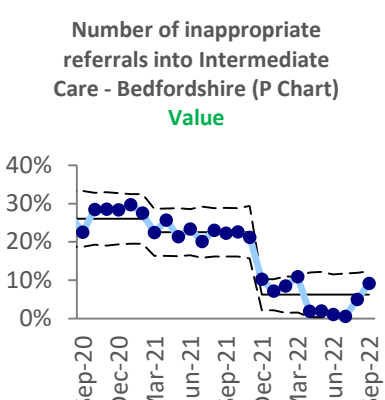
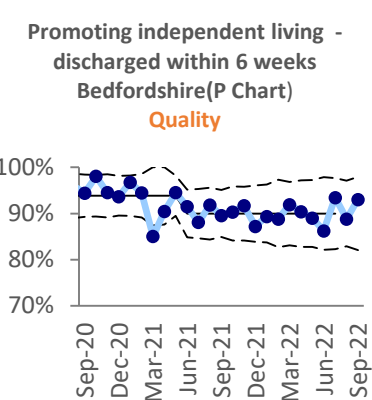
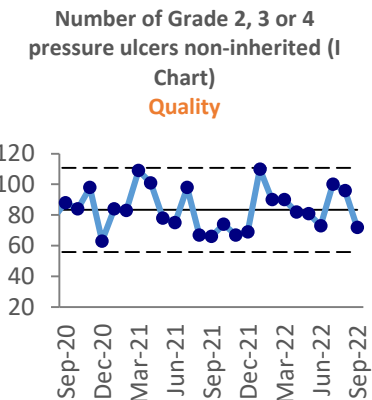
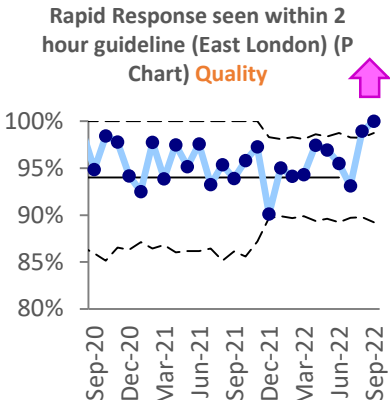
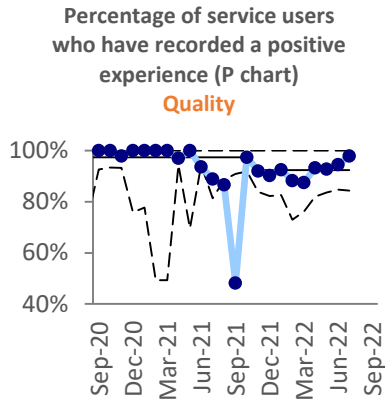


Service users who died in their preferred place of death (P Chart) **Value**

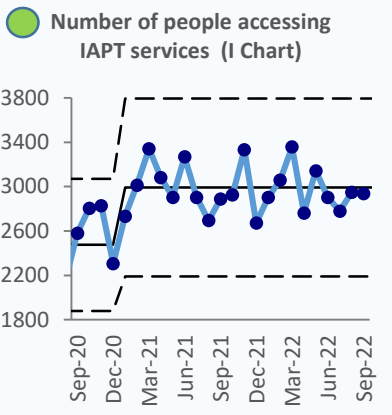
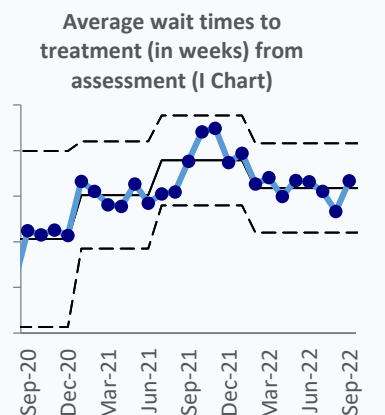
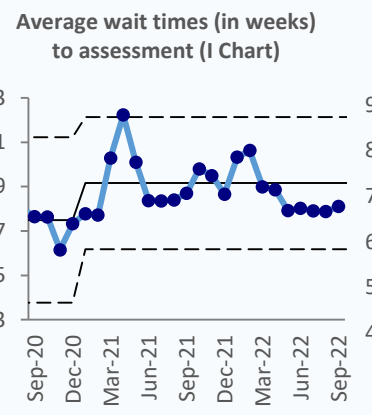
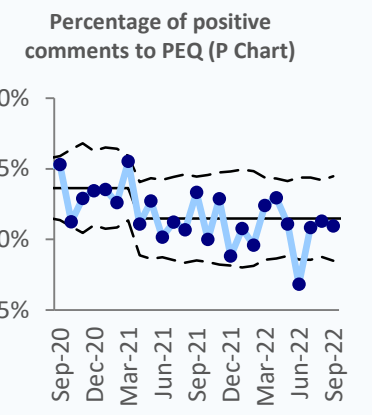
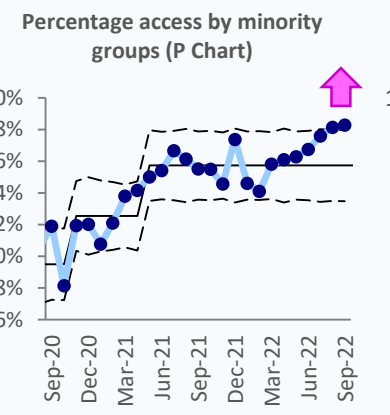
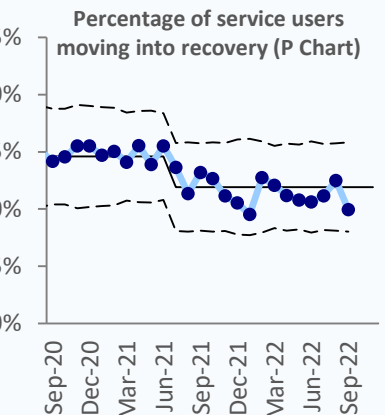


Appendix 1: System Performance dashboard Long Term Plan (●) Special cause variation (↑ ↓) and when it's of potential concern (↑ ↓)

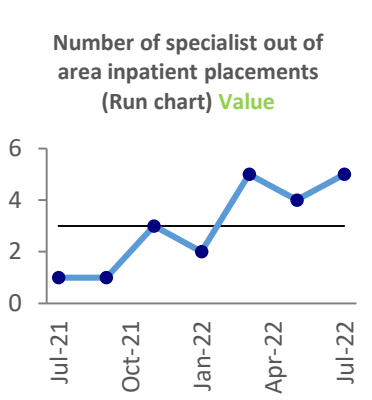
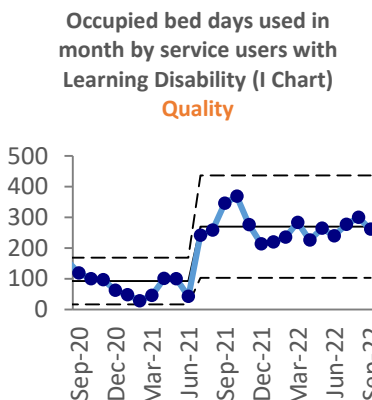
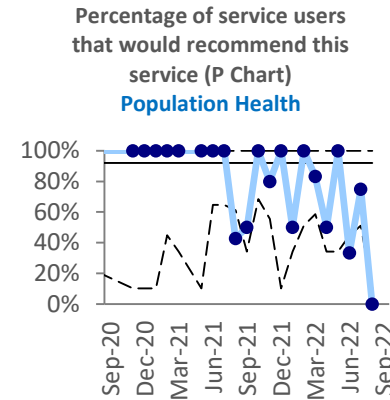
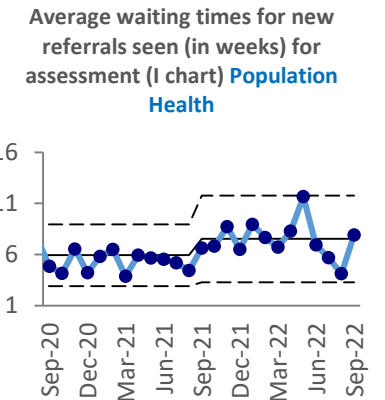
People who are frail or have long term conditions



People with common mental health problems



People with a learning disability

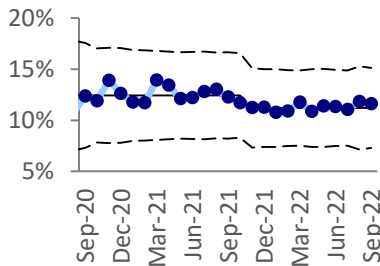




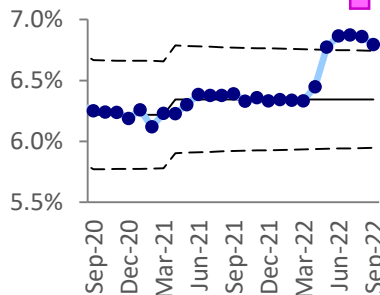
Appendix 1: System Performance dashboard Long Term Plan (●) Special cause variation (↑↓) and when it's of potential concern (↑↓)

People with Severe Mental Illness

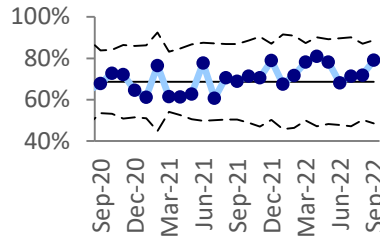
Percentage of service users receiving Individual Placement Support (P chart) Population Health



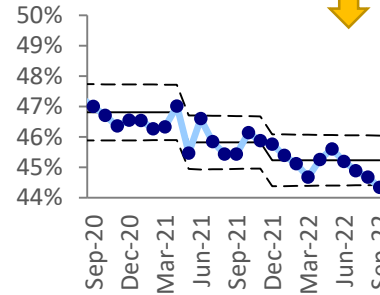
Percentage of service users in employment (P chart) Population Health



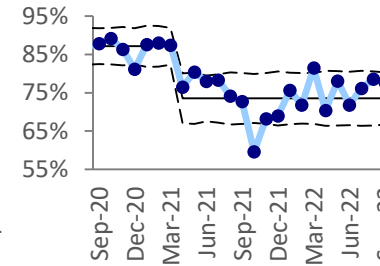
Service users receiving NICE concordant care within 2 wks of referral (EIS services – face to face) (P Chart) Population Health



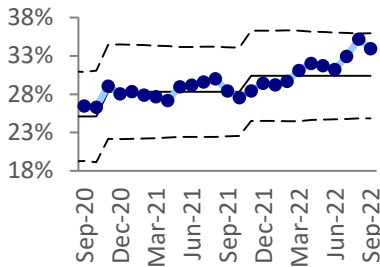
Percentage of service users in settled accommodation (P chart) Population Health



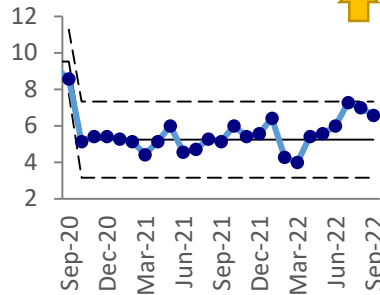
Percentage of service users followed-up within 72hours of discharge (p chart) Quality



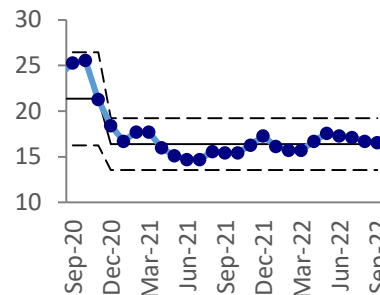
Inpatients with paired outcome measures showing improvement (P Chart) Quality



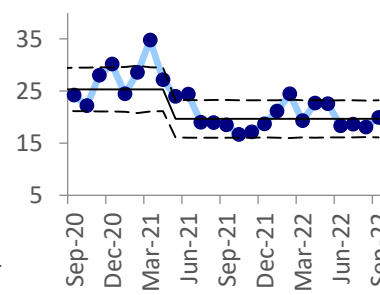
PTS average wait times to (weeks) to 1st assessment in East London (I chart) Quality



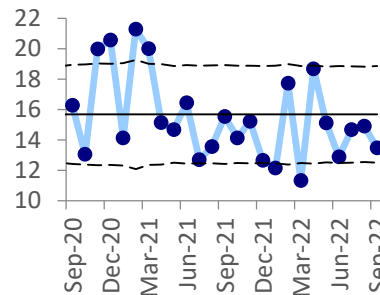
PTS average wait times (weeks) to treatment in East London (I chart) Quality



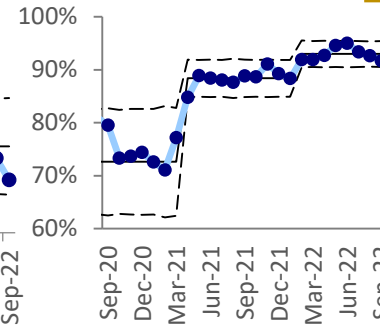
Number of restraints reported per 1,000 occupied bed days (P Chart) Quality



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

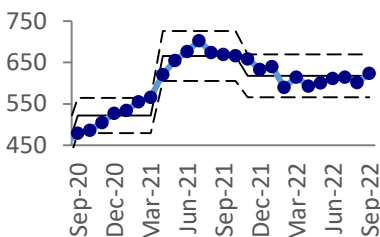


Bed occupancy (P' Chart) Value

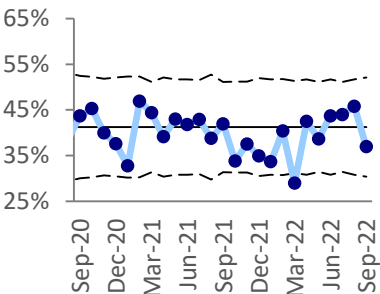


Woman who are pregnant or new mothers

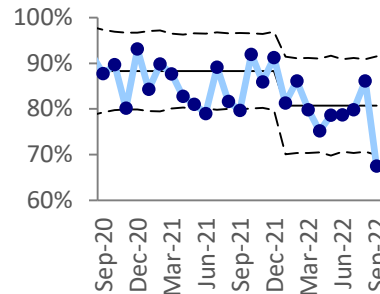
Number of woman receiving one + contact with specialist mental health services within 12 months (I Chart) Population Health



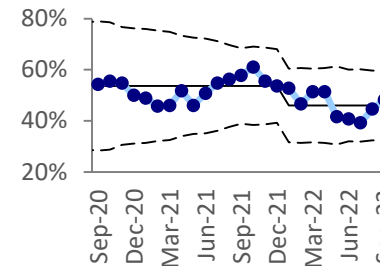
Service users seen in the month from minority communities (P Chart) Population Health



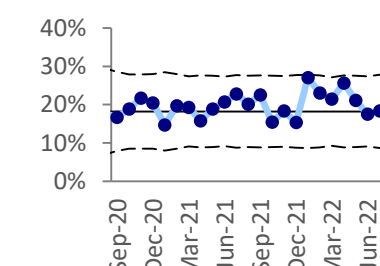
Percentage of service users seen within 28 days (I Chart) Quality



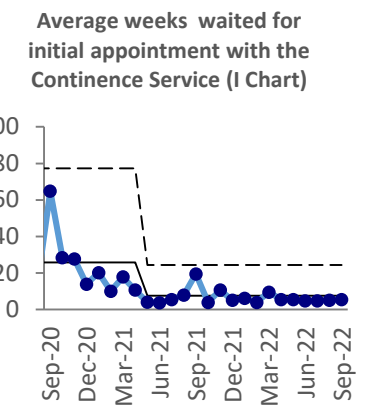
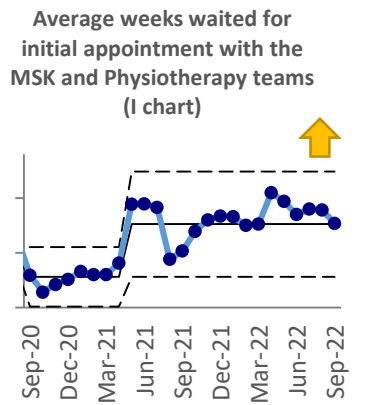
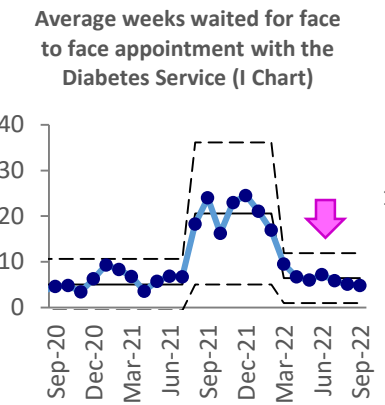
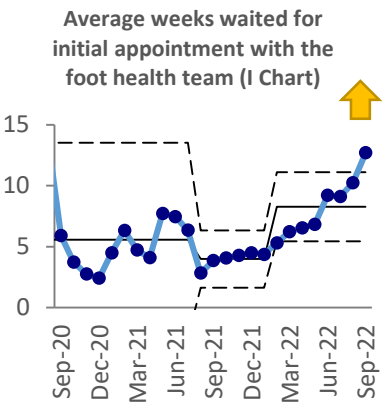
Percentage of patients undertaking Core10 showing improvement (P Chart) Quality



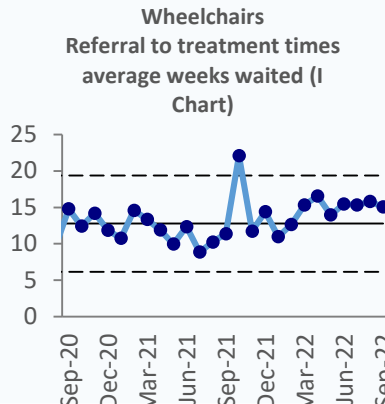
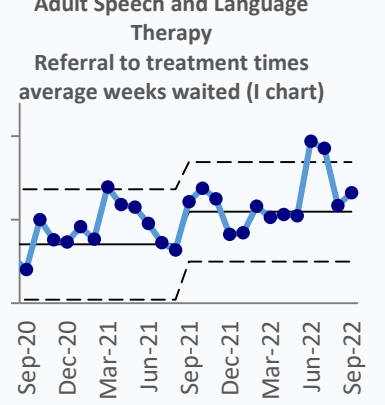
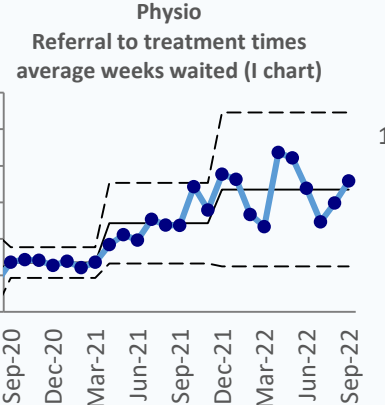
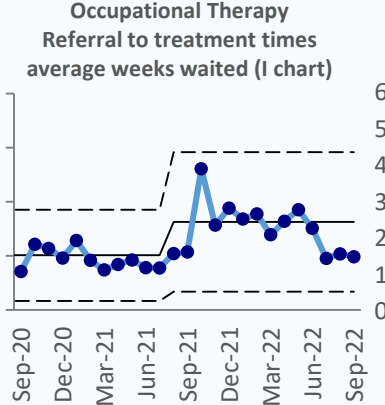
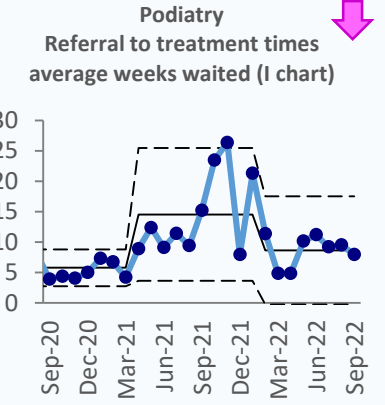
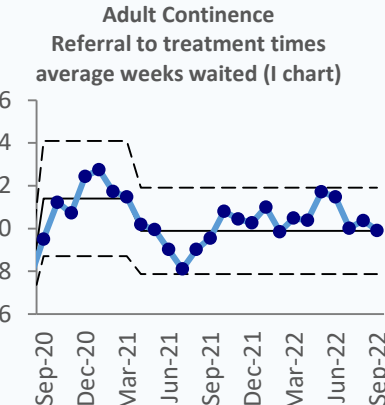
Percentage of Service Users not attending their initial appointment (P Chart) Quality



People with stable long term conditions (East London)



People with stable long term conditions (Bedfordshire)



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

NHS England and NHS Improvement have published a revised approach to NHS System Oversight (SOF) in July 2022 to align with the vision set out for Integrated Care Systems ([https://www.england.nhs.uk/wp-content/uploads/2022/05/B1378\\_ii\\_nhs-oversight-metrics-for-2022-23\\_June-2022.pdf](https://www.england.nhs.uk/wp-content/uploads/2022/05/B1378_ii_nhs-oversight-metrics-for-2022-23_June-2022.pdf)). The table below provides a summary of the new indicators relevant to the Trust and current status. Some of the measures remain undefined so will be clarified over time. There are currently no areas of concern to bring to the Board’s attention.

Oversight Theme	NHS Long Term Plan Area	Measure Name (metric)	Oversight Level	Compliance Status	Comments
Quality of care, access and outcomes	Urgent and Emergency Care	Proportion of patients spending more than 12 hours in an emergency department	ICB		This is being monitored through local Partnership Boards with Acute Providers, within both our integrated care systems. The data for this is held by acute providers rather than by ELFT.
	Primary Care and Community Services	Proportion of Urgent Community Response referrals reached within two hours	ICB		Community Health Services are exceeding the 80% target across Trust, in September 2022 ELFT achieved 89%.
		Proportion of patients discharged from hospital to their usual place of residence	ICB/Provider		In April – September 2022 85% of patients were discharged to their usual place of residence from community beds. This excludes discharges to other NHS providers or when the discharge destination is not known/recoded.
		Available virtual ward capacity per 100k head of population	ICB/Provider		Unclear how this will be reported
	Mental health services	Number of children and young people accessing mental health services as a % of population	ICB		4.2%. There are 325,463 people between 0-17 in Bedford, Luton, City and Hackney, Newham and Tower Hamlets according to mid-2020 estimates (ONS). 13,877 children and young people had a contact with our services in the last year (12 months to September 2022).
		Proportion of people with severe mental illness receiving a full annual physical health check and follow -up interventions	ICB		
		Access rate for IAPT services	ICB		3,000 patients accessing services with an average of 52% moving into recovery.
		Access rates to community mental health services for adult and older adults with severe mental illness	ICB		
		Inappropriate adult acute mental health placement out -of-area placement bed days	Provider		As at the end of September, the Trust had 9 service users placed out of area in the year to date related to female PICU need. There were no general acute admissions placed out-of-area.
	Learning disabilities and autism	Proportion of people aged 14 and over with a learning disability on the GP register receiving an annual health check	ICB		
		Inpatients with a learning disability and/or autism per million head of population	ICB		
	Safe, high qualitycare	Summary Hospital -level Mortality Indicator	Provider		
		National Patient Safety Alerts not completed by deadline	Provider		
		Potential under-reporting of patient safety incidents	Provider		Unclear what the definition is for this
		Overall CQC rating	Provider		Rated Outstanding
		Percentage of patients describing their overall experience of making a GP appointment as good	ICB		Unclear how this will be measured. Current feedback from service users suggests 50% satisfaction with making appointments in primary care.

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

Oversight Theme	NHS Long Term Plan Area	Measure Name (metric)	Oversight Level	Compliance Status	Comments
Quality of care, access and outcomes	Safe high quality care	Acting to improve safety - safety culture theme in the NHS staff survey	Provider		Unclear how exactly this will be measured from the staff survey
					Internal surveillance system in place to monitor safety measures pertaining to Infection Prevention & Control. Figures for MRSA bacteraemias, C Difficile, E Coli bloodstream infections and antimicrobial prescribing are reported internal to local performance teams and external to integrated care boards. Data is also monitored at the quarterly Infection Prevention & Control committee & Quality committee.
		Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	Provider		
		Clostridium difficile infection rate	Provider		
		E. coli bloodstream infection rate	Provider		
		Antimicrobial resistance: appropriate prescribing of antibiotics and broad-spectrum antibiotics in primary care	Provider		
Preventing ill Health	Reducing inequalities	Performance against relevant metrics for the target population cohort and five key clinical areas of health inequalities	ICB/Provider		
	Prevention and long term conditions	Number of people receiving mechanical thrombectomy as a % of all stoke patients	ICB		
	Prevention and long term conditions	Proportion of people with CVD treated for cardiac high-risk conditions	ICB		,
	Prevention and long term conditions	Proportion of diabetes patients that have received all eight diabetes care processes	ICB		
	Prevention and long term conditions	Number of people supported through the NHS diabetes prevention programme as a proportion of patients profiled	ICB		
	Prevention and long term conditions	Number of referrals to NHS digital weight management services per 100k head of population	ICB		
	Screening, vaccination and immunisation	Breast/Bowel/Cervical screening coverage - % patients across different age range screened in the last 30 months	ICB		
	Screening, vaccination and immunisation	Population vaccination coverage – MMR for two doses (5 year olds)	ICB		
	Screening, vaccination and immunisation	Proportion of patients who have a first consultation in a post - covid service within six weeks of referral	ICB/Provider		Unclear on the definitions of this indicator
		Proportion of people over 65 receiving a seasonal flu vaccination	ICB/Provider		Flu Vaccination Programme is due to commence in October
Leadership and Capability	Leadership	Aggregate score for NHS staff survey questions that measure perception of leadership culture	ICB/Provider		
		CQC well -led rating	Provider		Rated Outstanding

## REPORT TO THE TRUST BOARD IN PUBLIC

### 24 November 2022

<b>Title</b>	Developing our Patient Safety Plan
<b>Author</b>	Dr Deborah Dover, Director of Patient Safety
<b>Accountable Executive Director</b>	Dr David Bridle, Interim Chief Medical Officer

### Purpose of the report

To provide a first draft and invite board engagement with our new draft Patient Safety Plan, which aims to improve safety of patients and our workforce, via improvements in our safety systems and culture.

### Committees/meetings where this item has been considered

Date	Committee/Meeting
07/11/22	Quality Assurance Committee

### Key messages

This plan outlines the main components that are envisaged as being part of our long-term Patient Safety Plan going forwards. These are grounded in the evidence-base around providing safer healthcare and take account of work already undertaken to improve safety within the trust. The plan is aligned with the NHS Patient Safety Strategy 2019 and the Trust strategy and incorporates recommendations from East London NHS Foundation Trust (ELFT) Safety review (2019) and learning from the international evidence base, patients, staff and stakeholders.

As well as outlining a longer-term plan, we propose three priorities for 2023-2024:

- Developing our safety insight, involvement and improvement by transitioning to the new Patient Safety Incident Response Framework (PSIRF);
- Engaging in national learning from Safety systems via transition to Learn From Patient Safety Events (LFPSE);
- Embedding of the NHS Patient Safety Syllabus.

Further co-design work with staff, patients and system partners is planned for the new year before a final version is agreed that combines the elements of safety that matter most to our people in combination with the latest evidence-base in the safety field.

### Strategic priorities this paper supports

Improved population health outcomes	x	This is one of the primary drivers within the strategy and will have focus in years 2-3 onwards.
Improved experience of care	x	Safety and experience are strongly linked. Patient experience of safety is a key outcome for this plan.
Improved staff experience	x	Staff experience of safety is a key outcome for this plan.
Improved value	x	Safer care can bring significant reduction in costs to the organisation and individuals, which can be redirected to provide enhanced care for all.

## Implications

Equality Analysis	
Risk and Assurance	Enhanced focus on proactive risk identification, monitoring and response.
Service User/ Carer/Staff	Positive implications for staff and patients in delivering safer systems, services and culture of safety.
Financial	As above – significant cost savings by providing safer care.
Quality	Aims to improve quality by sustained and enhanced focus on safer care.

### 1.0 Background/Introduction

1.1 Continuously improving safety is a central element of providing excellent patient care at ELFT and underpins delivery of our trust strategy.

1.2 Patient safety science has evolved over the last 20 years and there is now a clear evidence base regarding the elements that support safer care. Key elements include the safety culture(s), leadership, systems for learning & continuous improvement, application of reliability & systems thinking, just culture principles and human factors understanding.

1.3 This paper follows on from previous reports by the Chief Medical Officer, entitled Patient Safety - Going Forward, and presents an ambitious Patient Safety Plan for ELFT, which takes into account learning from the international and national evidence base.

#### 1.4 Work done to date

1.5 Since 2013, the Chief Quality Officer at ELFT has led on the adoption of a systematic approach to understanding and solving complex safety issues, supported through our partnership with the Institute of Healthcare Improvement (IHI).

1.6 This work has led to greater involvement of staff, service users, carers and stakeholders in the identification of safety issues and application of Quality Improvement (QI) methodology to improvement.

1.7 Almost 5000 people have learnt skills in understanding and improving complex systems since 2014, and this programme continues to equip everyone with the skills and competencies to improve safety and quality. Safety improvement work has taken place in many high priority areas including violence reduction, pressure ulcer reduction and medicines safety.

1.8 Teams are now applying their improvement knowledge to other key areas such as improving therapeutic engagement, observation and physical health of those within in-patient settings.

1.9 Internal and external reviews of ELFT patient safety in 2018-2020, underpinned by the international evidence-base, have provided assurance of the current state of safety and also a clear picture of improvements that could be made.

#### 1.10 The NHS Patient Safety Strategy

1.10.1 In 2019, the new NHS Patient Safety Strategy was launched, to support the NHS achieve its vision of continuously improving safety by building a strong patient safety culture and patient safety system.

1.10.2 The Trust has commenced work to deliver on the expectations of the strategy including the establishment of patient safety specialist roles within the organisation and promotion of core learning modules in Patient Safety.

1.10.3 Since 2021, national expectations have grown and the Trust is now mandated to deliver on four further core components:

- Adaptation of our reporting systems to align with and feed into the new national **Learning from Patient Safety Events system**;
- Transition to the **Patient Safety Incident Response Framework (PSIRF)**;
- Delivery of the **Patient Safety Syllabus**;
- Engagement of dedicated patient role in safety, known as **Patient Safety Partners**.

## 1.11 A Safety Plan for ELFT

1.11.1 This draft Safety Plan for ELFT has been developed to deliver on the expectations of the NHS Patient Safety Strategy, and goes further to include evidence-based areas for improvement that are not included in the strategy.

1.11.2 In developing this plan, we are consulting with a wide range of staff, stakeholders and patients to understand what safety means to our people, the current status of safety, the gaps in our safety profile and the improvements they think are needed.

1.11.3 To supplement the extensive staff engagement work undertaken in 2018-2020, a further staff survey and exploration exercise plus a large patient focus group and survey have been commenced, exploring what matters to patients and staff in relation their safety and the improvements they think are needed. The data from both exercises has been used to inform this plan. Further stakeholder engagement is planned for the months ahead.

## 1.12 Patient Focus Group answers to “what safety means to me?”



## 1.13 A Mission & Vision for Safety

1.13.1 Our Safety vision is to:

***To become an organisation which provides the safest possible care for all our people, with a positive and equitable safety culture and where safety is everyone’s primary concern, underpinned by strong leadership, people participation and proactive learning, monitoring and improvement.***



1.13.2 Our working mission is:

***To provide the safest possible care for our patients, safest conditions for our staff and safest lives for those communities we serve.***

1.13.3 We see these three factors as intrinsically interlinked and mutually dependent. Over the next few months, we will be refining this mission to ensure safety is defined by those we serve.



1.13.4 We have identified six primary drivers to achieve this mission.



1.13.5 A further detailed driver diagram and implementation plan with key change ideas can be seen in appendix 1 and 2. The plan will undergo further refinement, iteration and co-creation by the people leading in each area as we go forwards.



## 2.0 Long Term Safety Plan Objectives

### 2.1 Culture, leadership & Governance

#### 2.1.1 ELFT will:

- Use culture metrics like those in the **NHS Staff Survey** to understand the safety culture and focus on staff perceptions of the fairness and effectiveness of incident management
- Focus on the development and maintenance of a just culture by adopting the **NHS Just Culture Guide** or equivalent
- Embed the principles of a safety culture within and across the organisation, and align those efforts with work to ensure the organisation adheres to the **well-led framework** and its eight key lines of enquiry.
- Implement the **patient safety syllabus** to promote the right culture and behaviours – using the syllabus to help staff understand the systems approach to patient safety, learning from incidents, human factors and safety management, and creating safe systems
- Implement the national toolkit to address **incivility toolkit** [and the forthcoming safety culture guide].
- Implement the **patient safety incident response framework** to promote a restorative just culture that is fair and respectful for staff and patients
- Work with those responsible for **quality, diversity and inclusion** to ensure alignment to enhance the restorative just culture.

### 2.2 Continuous Learning & Improvement

#### 2.2.1 ELFT will:

- Adopt and promote key safety measurement principles and use **culture metrics** to better understand how safe care is
- Support the trust to transition from the National Reporting and Learning System to the **Learning from Patient Safety Events Service**
- Introduce the **Patient Safety Incident Response Framework** to improve the response to, and investigation of incidents
- Engage with the **medical examiner system** to scrutinise deaths
- Improve the response to new and emerging risks, supported by the new **National Patient Safety Alerts Committee**
- **Promote patient safety insight as an approach that incorporates understanding all sources of patient safety intelligence**, including from incidents, risk assessments, investigations, litigation, mortality and morbidity reviews, inquests, research, clinical audits, GIRFT reviews, positive experience, compliments and complaints, litigation, patient and staff surveys, in line with the measurement principles set out in the NHS Patient Safety Strategy.
- Work with the existing informatics and business intelligence/analytics function to **develop systems for patient safety insight**. Ensure information and intelligence from these sources is used as the basis for prioritising local patient safety development and ensuring proposed improvement approaches are based on an understanding of underlying causes.
- **Support the effective collation, analysis and presentation of qualitative and quantitative patient safety data** and provide regular and tailored reports to all relevant committees, the organisation's Board and external agencies as required, integrating these data sources to give a **comprehensive and patient-centred picture of patient safety challenges, improvement opportunities and achievements**

- **Communicate patient safety issues** at executive/board level, to a wide range of stakeholders both statutory and non-statutory across both ICBs and at a national level with patient safety specialist networks to low engagement and contribution to the national patient safety agenda.
- Contribute to multi-professional responses to patient safety incidents, tailoring the different approaches required for new or under-recognised issues and wider patient safety challenges needing long-term improvement, ensuring adherence to national policies and enabling timely and good quality reporting.
- **Support the systems for the response to National Patient Safety Alerts**, including systems for identification of clinical leaders for the coordinated cross-organisational delivery of each alert designated 'complex', and robust systems for Executive authorisation of "actions completed".

## 2.3 Involvement of Patients, Carers and families

### 2.3.1 ELFT will:

- **Establish principles and expectations** for the involvement of patients, families, carers and other lay people in providing safer care
- **Create patient safety partner roles (PSPs)** to ensure the role of patients, their families and carers is a key part of the patient safety strategy; providing strategic advice, support risk, governance and quality oversight, help with service or pathway design and management, be involved in incident reporting and incident investigation
- **Support the implementation of the patient safety syllabus**, training and education framework for the trust
- Ensure people are equipped to learn from what goes well as well as to respond appropriately to things going wrong
- Ensure the whole healthcare system is involved in the safety agenda.

## 2.4 Improvement Focus

### 2.4.1 ELFT will continue to support the application of quality improvement in these areas building on work that has already taken place over many years:

- **Continue to support the application of quality improvement and work with system partners to support safety improvement in priority areas**, including Medicines Safety, Restrictive Practice and sexual safety, and building on the work that has taken place in these areas over many years.
- Work to **ensure research and innovation support safety improvement**.
- **Oversee and support patient safety improvement**, by engaging the ELFT approach to quality improvement. This will address complex patient safety issues and ensure that systems thinking, human factors understanding and just culture principles are embedded in patient safety processes.
- Support an approach to patient safety that drives improvement across the patient pathway **beyond the organisation's boundaries**, including facilitating multi-agency reviews where required
- Lead the **implementation of continuous improvement** of quality and impact of incident investigations, currently through the new Patient Safety Incident Response Framework (PSIRF).
- Have an understanding of **research principles** and how these could be used to improve areas of patient safety.
- **Build a patient safety system** within the organisation that has an international evidence base.

- Ensure **mechanisms/policies are in place so that insights lead to actionable recommendations/improvements** that can be evidenced, measured and monitored across the organisation from all internal and external organisational reviews, high level enquiries and reports relating to patient safety.
- Make **informed decisions** based on highly complex and sensitive information available from multiple sources, including patient safety incident data.
- Support and **ensure that patient safety improvement programmes sit within the Trust's quality improvement programme** and utilise our established approach to coproduction and quality improvement.

## 2.5 Workforce Safety

### 2.5.1 ELFT will:

- Prioritise the physical, mental and sexual safety of the workforce
- Take a trauma-informed approach to supporting those staff affected by safety incidents.
- Focus on staff well-being at an organisational level by undertaking improvement work to enhance joy in work and reduce burnout.
- Promote safer staffing by addressing issues of retention, turnover and staffing levels.

## 2.6 Equity

- Ensure an equity focus for all safety learning reviews and in safety data metrics and dashboards.
- Aim for equitable engagement and involvement of people in their own safe care and in organisation safety work.

## 2.7 Safer Communities

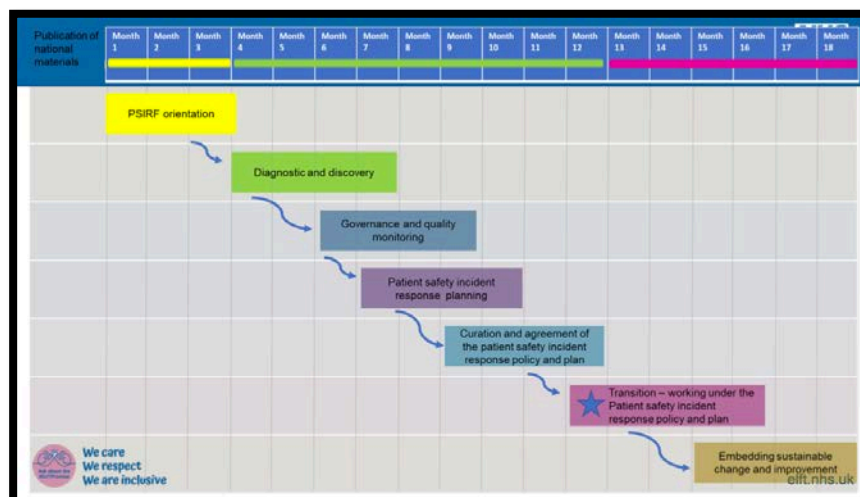
- Actively contribute to system-level patient safety reviews.
- Include a population-health focus for safety priority areas.
- Contribute to whole system upstream approaches to safety, aiming to address social determinants of safety and taking a prevention approach.
- \*This driver will require further development in years 2-3.

## 2.8 Safety Plan Year 1 Priorities

### 2.8.1 Transition to the NHS Patient Safety Incident Response Framework (PSIRF)

- 2.8.1.1 PSIRF is the new NHS approach to responding to patient safety incidents, for the purpose of learning and improving patient safety. It was published in 2022 and replaces the Serious Incident Framework and makes no distinction between “patients safety incidents” and “serious incidents”. Secondary care NHS services are mandated to transition to PSIRF within 12 months of September 2022.
- 2.8.1.2 PSIRF is a significant transformation towards a data-driven and coordinated approach to patient safety. Advocating for compassionate engagement with those affected and also embedding incident response within a systems and improvement focussed approach.
- 2.8.1.3 PSIRF is a contractual requirement for NHS acute, mental health, community healthcare providers. It is not yet a requirement for primary care, but primary care is invited to adopt the approach if they wish.

## 2.9 NHSE PSIRF Transition Preparation Phases



2.9.1 The full draft ELFT PSIRF implementation plan and progress can be seen in Appendix 3.

2.9.2 **ELFT PSIRF orientation steps taken so far include:**

2.9.3.1 We have commenced the orientation phase with the following work undertaken:

- Senior Responsible Officer (SRO) and Deputy SRO appointed;
- Establishment of PSIRF Implementation Team;
- Stakeholder mapping completed;
- Connections established with both both local Integrated Care Boards and other local NHS provider partners to share learning, coordinate approach and gain support for discovery phase and beyond;
- Cascaded internal communications commenced;
- Coroners engagement process commenced, led by our Chief Medical Officer;
- Oversight leads have commenced HSIB Level 2 “Systems Approach to Incident Review” training programme, and have started booking onto Engagement of Patients” training day.

2.9.4 **PSIRF Next steps:**

- 3 months initiative to clear Serious Incident Backlog to free up capacity to focus on PSIRF;
- Ongoing implementation team meetings;
- Engagement with staff and stakeholders;
- Commissioning of suitable training package for PSIRF learning and patient engagement leads;
- Establishment of Safety Network to grow wider engagement;
- Safety Plan Launch/Learning event.

## 3.0 Adoption of the NHS Learning from Patient Safety Events System (LFPSE)

3.1 The Trust currently exports all patient safety incidents to the NRLS (in line with the national NHS Contract). Information is extracted directly from the Datix Incident Form, manually uploaded by the Risk and Datix Team following approval by managers and review by the Incident Team and other key specialist leads.

3.2 From 1<sup>st</sup> April 2023, all Trusts must implement NHSEs’ replacement system LFPSE, (with the new option of delayed transition by 30<sup>th</sup> September 2023). The new system will result in a predefined list of mandatory questions to be included within the Trust’s Incident

Reporting Form, to facilitate this the existing Datix system will be upgraded. The mandated questions will apply to all healthcare providers including the acute sector and independent contractors providing a national data set aiming to introduce improved capabilities for the analysis of patient safety events occurring across healthcare, using the latest technology, to offer a greater depth of insight and learning that are more relevant to the current NHS environment.

- 3.3 An implementation plan has been drafted and will continue to be developed as more information becomes available. This will be further supported by the LFPSE Steering Group (to be established), membership will include end users and key leads from across the Trust.

#### **4.0 Engagement with the National Patient Safety Syllabus**

- 4.1 ELFT have recently launched the NHSE e-learning modules which support implementation of the NHS Safety strategy. Module one is aimed at all staff (with a supplementary module aimed at boards and senior leaders) and module two is for those staff in roles where more in-depth knowledge is required. Over the next year these modules are anticipated to become mandatory.
- 4.2 In the year ahead we will be working with colleagues in learning and development and communications to promote and support staff to engage with these modules. We will support this work by launch of dedicated Patient Safety communications.

#### **5.0 Recommendations**

- 5.1 The success of this plan depends on engagement at all levels and visible sponsorship and support by the board and executive leadership team. The board is asked for feedback including areas for improvement and/or strengthening, and also their active involvement in championing and supporting this plan over the years ahead.

#### **6.0 Action Being Requested**

- 6.1 The Board is asked to:
- a. **RECEIVE** and **NOTE** the report.

## Appendix 1: ELFT Safety Plan Driver Diagram



## Appendix 2: ELFT Patient Safety Long-Term Plan

Primary Driver	Secondary Driver	Idea	Notes/ Resource Implications	Time Frame
Leadership, Gov & Culture	Everybodys Core concern	<b>Vision &amp; Principles</b> – develop and share using co-creation workshops	OD support	Y1
	Everybodys Core concern	<b>Define Safety Priorities</b> (using systematic review of board papers, incident themes and improvement work) & in co-creation with senior leaders. Review every 2y.	Part of PSIRF prep.	Y1
	Everybodys Core concern	<b>Develop Safety Commitments for each Priority</b> – what care looks like when goes right. Review, test, revise regularly		Y2
	Leadership & Gov	<b>Improve safety reporting</b> to focus on analysis and improvement & reduce information burden	PSIRF	Y1
	Everybodys Core concern	<b>Core set of “Brilliant Basics” Safety Behaviours</b> - Develop and publish		Y2
	Leadership & Gov	<b>Integrated pt safety team</b> with safety advisors		Y2
	Leadership & Gov	<b>Board level Safety Role</b>		Y3
	Leadership & Gov	<b>Directorate Safety specialists</b> - linked to core team to create network		Y2
	Leadership & Gov	<b>Shift focus to risk monitoring</b> with dedicated safety risk monitoring work group to develop information escalation framework, make use of information on harms, operations, anticipation and learning, development of risk visualisation and monitoring framework with owners for each risk. Test risks ?Use BARS map		
	Leadership & Gov	Introduce <b>competency-based training</b> to support all in safety leadership roles		
	Leadership & Gov	Independent <b>Safety Advisory Panel</b> reporting to Board		Y3+
	Leadership & Gov	<b>Develop expertise and capacity</b> re Human Factors, safety analysis and evaluation methods		
	Leadership & Gov	Framework for safety escalation		



Primary Driver	Secondary Driver	Idea	Notes/ Resource Implications	Time Frame
	Accountability	<b>Framework of safety skills &amp; responsibilities</b> defined for every role & support staff to attain these		Y3-4
	Psychological Safety/Just Culture	<b>Introduce &amp; Implement Just Culture Policy</b> including separate line management & performance from safety improvement	PSIRF	Y1
	Psychological Safety/Just Culture	<b>Just Culture Simulation Exercises</b> led by all managers 6 monthly	PSIRF+	Y3
	Psychological Safety/Just Culture	Work with colleagues in quality, diversity and inclusion to ensure alignment to <b>enhance the restorative just culture approach</b>		Y3
	Psychological Safety	Introduce <b>routine monitoring of safety culture</b> & tools for teams to self-assess and improve	PSIRF	Y2+
	Transparency	<b>Regularly publish/share Key Safety Performance Data</b>		Y2
	Teamwork & Communication	<b>Incorporate training on human factors, use of safety communication tools</b> such as SBAR, critical language teamwork and communication into existing training packages, eg., PocketQI.	?via Pocket QI	Y3+
	Teamwork & communication	Embed <b>Incivility Toolkit</b>		Y3+
Learning, Insight & Improvement	Continuous Learning	Move from RCA to <b>Systems approach to learning from incidents</b>	PSIRF	Y1
	Continuous Learning	Transition to new <b>National Learning from Patient Safety Events System (LFPSE)</b>	NHS Strategy. By April 2023	Y1
	Continuous Learning	Create trust <b>safety shared learning network</b> and link these with local, national and international learning networks.	Launch Jan 2023	Y1
	Continuous Learning	Introduce suite of <b>new learning from safety methods</b> , eg., After Action Review, Swarm Huddles, Ward Observations & shift safety resources to include learning from everyday work, and towards the frontline	PSIRF	Y1 onwards
	Continuous Learning	Embed <b>learning from excellence</b> system	NHS Strategy	Y2-3



Primary Driver	Secondary Driver	Idea	Notes/ Resource Implications	Time Frame
	Continuous Learning	Introduce <b>Safety education and training for all staff</b> , including <b>NHS Safety Syllabus</b>	NHS Strategy Commenced	Y1-Y3
	Continuous Learning	Establish <b>system for cascading &amp; sharing learning</b> from all safety learning forums	Partial establishment	Y1 onwards
	Continuous Learning	Develop <b>Safety intranet platform &amp; learning library</b>	Commenced	Y1
	Continuous Learning	Develop <b>safety analysis</b> using Bow Tie methodology	Gain support McCrae	
	Continuous Learning	<b>Improve the response to new and emerging risks</b> , supported by the new National Patient Safety Alerts Committee	NHS strategy	
	Application of QI	Continue to apply quality improvement methodology and work with system partners to support improvement in key safety priority areas		Ongoing
	Application of QI	Apply QI to Incident Review work and actions	PSIRF	Y1
	Application of QI	Safety Action teams with use of QI to address specific priority areas/issues	PSIRF	Y1
	Application of QI	<b>Oversight structure</b> for all Safety Improvement work (Patient Safety Forum) with QI reporting template	Partially established	
	Application of QI	Dedicated QI lead role for Safety		Y3+
	Application of QI	QI competencies and training for all in Safety leadership roles	Existing QI Programme	Y3+
	Application of QI	Rewards and Celebrations for involvement in Safety Improvement		
	Measurement	<b>Work with informatics and analytics to develop system for optimising safety insight</b> , incorporating all sources of patient safety intelligence	NHS Strategy	
	Measurement	Develop Safety Monitoring & Continuous Improvement <b>Dashboard</b>	PowerBI	Y2
	Measurement	Use of visual data display at all levels to support safety		

Primary Driver	Secondary Driver	Idea	Notes/ Resource Implications	Time Frame
	Reliability	Promote and enhance <b>simplification and standardisation of core operational processes</b>		
	Reliability	Safety leads to participate in all key operational forums (sensitivity to operations)		Y3+
Involvement of patients, carers and families		Establish <b>competencies, principles, expectations and training</b> for all staff in engagement of patients, carers and families in safety	NHS Strategy. Embed in PocketQI?	
		Introduce <b>dedicated people participation roles</b> within core safety team and for each directorate.	NHS Strategy	Y1-2
		Involve patients/carers in codesign of safety mission, principles & strategy	Already started – focus group held	Y1 onwards
		Include patients and carers in safety reviews	PSIRF	
		Include patients and carers in all safety governance and improvement forums.	PSIRF Commenced	
		Provide <b>compassionate support</b> for patients and carers affected by patient safety events	PSIRF	Y2
		Develop <b>methods for patients &amp; carers to lead safety of own care</b> , eg., via education, tools, systems		Y3-4
Workforce Safety & well-being		<b>Continue to apply a QI approach</b> to improving holistic workforce safety co-created with workforce with clear aims and priorities		
		<b>Robust support system</b> for staff involved in safety incidents	Part of PSIRF	
		<b>Compassionate engagement approach</b> to involving staff in incident reviews	Part of PSIRF	
		<b>Continue to address burnout</b> and well-being via Joy in Work approach, incorporating a trauma-informed approach to well-being	In progress	

Primary Driver	Secondary Driver	Idea	Notes/ Resource Implications	Time Frame
		<b>Safer Staffing QI work</b> focused on retention, reduction of temporary staff and safe staffing levels for all areas	In progress?	
		Support the ELFT People plan with focus on looking after our people, new ways of working, planning for future and belonging in the NHS	Led by Tanya Carter	
Equity		Equity data in all patient safety monitoring dashboards		
		Equity focus and aim for safety reviews	PSIRF will help this	Y2-3
		Equitable patient and carer involvement in own care and organisational safety work		
Safer Communities		<b>Population health focus</b> for safety priority areas with community partnership work		Y3+
		Prevention work on priority areas and social determinants of safe care		Y3+
		<b>System-level safety reviews</b>	PSIRF	Y2
		*Needs more work to define this area in Year 3		Y3+

### Appendix 3: ELFT PSIRF Implementation Plan

Phase	Actions	Implementation Status	Notes/Resource implications
<b>Orientation (September – November 2022)</b>	Create Implementation Team	<b>Complete</b>	<b>SRO and Deputy appointed</b>
	Allocate Time for reading and Reflection	<b>Complete</b>	
	Identify knowledge and support needs for getting started	<b>Complete</b>	
	Create Stakeholder list and plan engagement	<b>Complete</b>	<b>Stakeholder list complete</b>
	Agree structure and processes for project management	<b>For discussion</b>	<b>Project manager role required</b>
	Set ambition for PSIRF implementation	<b>In progress</b>	<b>Need Exec approval and QAC sign-off</b>
	Training – source provider and commence training and training log	<b>Commenced</b>	<b>Oversight leads &amp; Learning reviewer training commenced</b>
	Targeted SI backlog clearance work	<b>Commenced</b>	
<b>Diagnostic and Discovery (Dec-Mar 2023)</b>	Assess status of open and transparent reporting		
	Assess engagement and involvement of patient safety incidents		
	Assess status of developing a Just Culture	<b>In progress</b>	
	Assess incident response capacity and training needs		
	Assess alignment of incident response and improvement		
	Identify where improvement is needed based on above assessments		

<b>Governance and Quality Monitoring (Feb-Apr 2023)</b>	Develop processes for incident response decision-making		
	Define how system effectiveness will be monitored		
	Develop processes for reporting cross-system issues		
	Define how PSIRF will be monitored		
<b>Patient Safety Response Planning (Mar-June 2023)</b>	Map our services		
	Examine patient safety incident records and safety data		
	Describe safety issues revealed by the data		
	Identify work underway to address to address contributory factors		
	Agree how we intend to respond to issues listed in our patient safety profile		
<b>Curation and agreement of policy and plan (June-Sept 2023)</b>	Populate policy and plan templates and share these with stakeholders		
	Respond to stakeholders feedback on the draft policy and plan		
	Agree how to manage transition		
	Ensure commitment to delivering required improvement		
	Seek policy and plan approval/sign-off and agree transition date		
<b>Transition (Sept 2023)</b>	Apply new learning response methods		

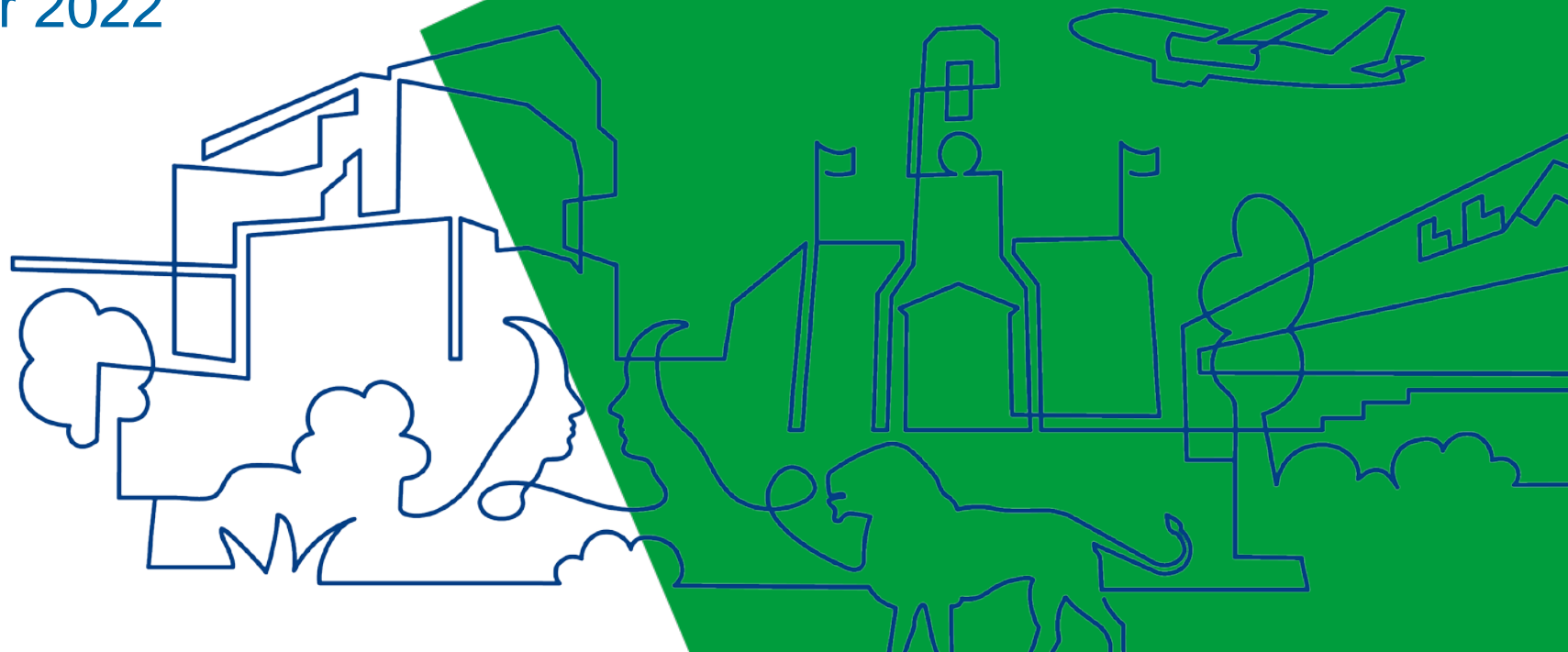
	Reflect on agreed plan with internal and external stakeholders and consider adaptations needed		
	Continue to develop diagnostic and discovery work		
	Continue collating insight, collecting data to support quality monitoring and supporting and collaborating with others.		

# Developing our ELFT Safety Plan

Dr Deborah Dover

Director of Patient Safety

Trust Board November 2022



We care  
We respect  
We are inclusive

# Designing our Plan



**We care**  
**We respect**  
**We are inclusive**

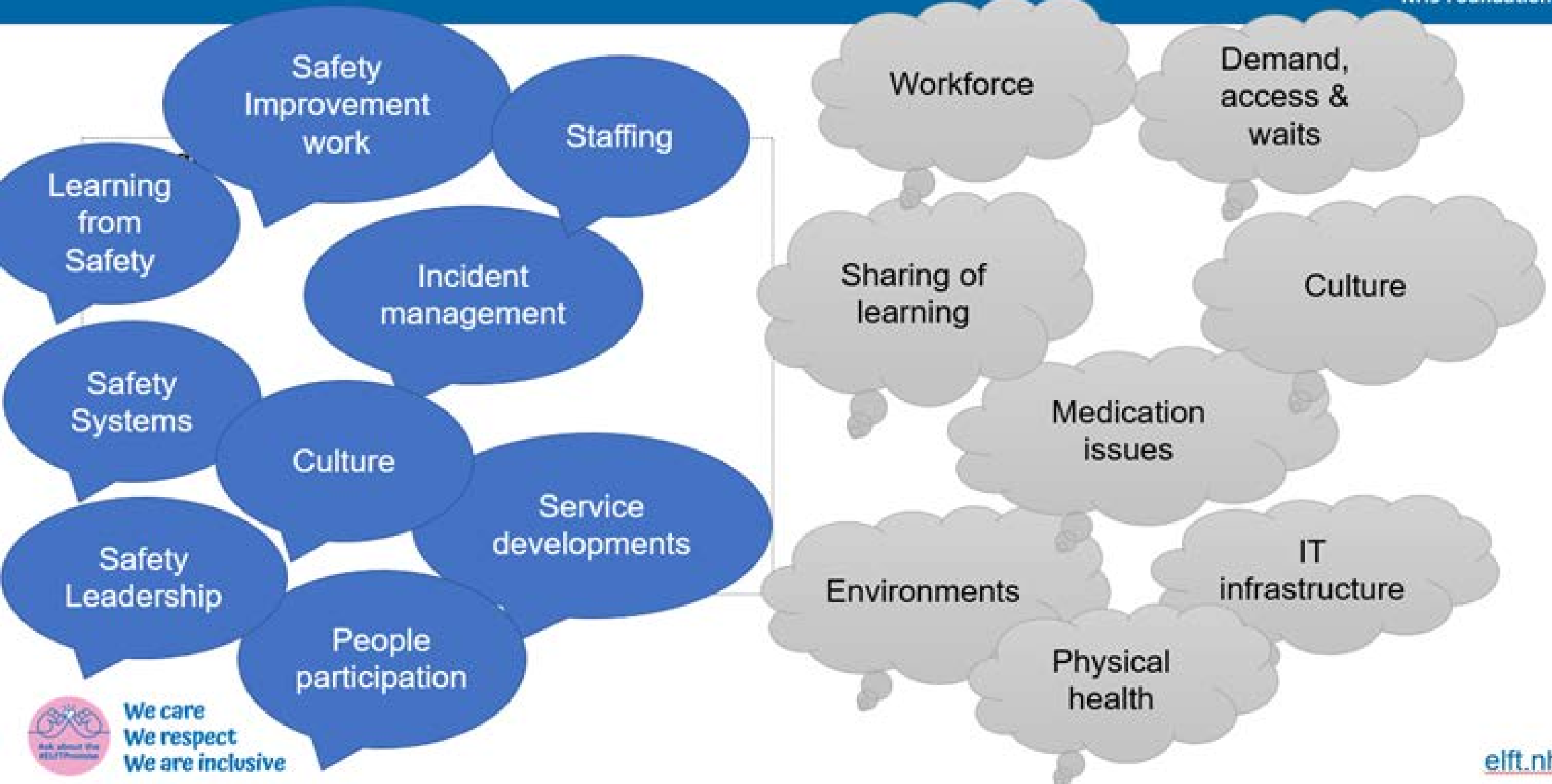


# Safety – what matters to you?



We care  
We respect  
We are inclusive

# What are you proud of and what could be better?



We care  
We respect  
We are inclusive

# Mission – Safety for Us All



**We care**  
**We respect**  
**We are inclusive**

# Our Drivers for Safer Care



# Culture, Governance & Leadership



**We care**  
**We respect**  
**We are inclusive**

# Continuous Learning, Insight & Improvement



**We care**  
**We respect**  
**We are inclusive**

Safety  
Improvement

Individual  
Safety

Safety  
detection &  
monitoring

Safety  
Response



**We care**  
**We respect**  
**We are inclusive**

- ✓ Broad view of safety
- ✓ Co-design improvement priorities
- ✓ Trauma-informed
- ✓ Just Culture
- ✓ People Plan
- ✓ Incident response
- ✓ Burn Out
- ✓ Well-being
- ✓ Safer Staffing



We care  
We respect  
We are inclusive



# No Safety without Equity

- ✓ Equity data & metrics
- ✓ Equity focus
- ✓ Equitable involvement
- ✓ Safety lens to pursuing Equity work



**We care**  
**We respect**  
**We are inclusive**

# Safer Communities

- ✓ Marmot work
- ✓ Population health focus with system partners & local communities
- ✓ Prevention work on key safety priorities
- ✓ Green Plan
- ✓ System Level Safety Reviews

\*Needs further definition!



**We care**  
**We respect**  
**We are inclusive**

# Year One Priorities



1. New Safety Incident Response Approach (PSIRF)

2. New National Reporting System (LFPSE)

3. New Patient Safety Syllabus

4. New Patient Safety Partner Roles



We care  
We respect  
We are inclusive



If you'd like to find out more, visit: [www.england.nhs.uk/patient-safety/incident-response-framework](https://www.england.nhs.uk/patient-safety/incident-response-framework)



# New Incident Reporting Systems

Incident Report Form

Incident category:

Actions Following Incident: (check all that apply)

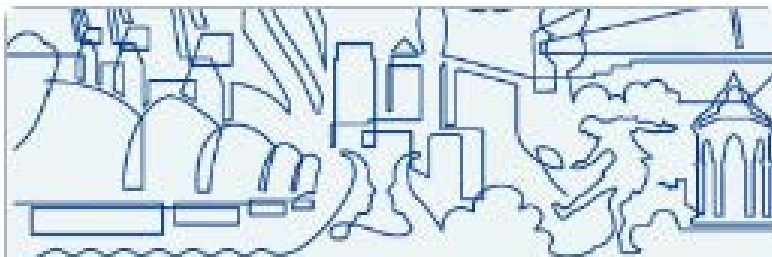
☐ Injury/Illness  
☐ Biohazard  
☐ Fire  
☐ All that apply

Location of Incident (Room):  
e.g. back



We care  
We respect  
We are inclusive

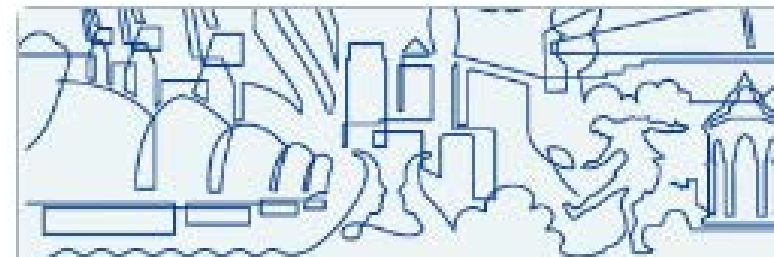




**Level 1 - Essentials of Patient  
Safety for All Staff**



**Level 1 - Essentials of Patient  
Safety for Boards and Senior  
Leadership Teams**



**Level 2 - Patient Safety - Access to  
Practice**



**We care  
We respect  
We are inclusive**

# Next Steps

- Further co-design
- Stakeholder Engagement
- Launch Event March 2023



We care  
We respect  
We are inclusive

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**24 NOVEMBER 2022**

<b>Title</b>	<b>Coroner Regulation 28 Report - Prevention of Future Deaths</b>
<b>Author</b>	Christina Helden, Interim Associate Director of Legal Affairs.
<b>Accountable Executive Director</b>	Dr David Bridle, Interim Chief Medical Officer

**Purpose of the report**

This report is intended to provide the Board with information about the circumstances of the sad death of Ms DE in so far as it relates to a Regulation 28 report (the Report) delivered by HM Coroner following the inquest. It is also intended to give assurance about the learning and actions taken in response to this by the Trust.

**Summary of key issues**

Ms DE was a 76-year-old woman who died from a cardiac arrest on 7 May 2021 whilst she was an inpatient on Cazaubon Ward at East Ham Care Centre. Attempts to resuscitate her by ward staff were started but CPR was then stopped when a member of nursing staff misinterpreted a DNACPR (Do Not Attempt Cardio-Pulmonary Resuscitation) notice.

The Trust subsequently undertook a Serious Incident (SI) investigation which identified learning in relation to physical health observations/assessments and DNACPR processes.

The Inquest concluded on 8 September 2022. At the Inquest, HM Coroner determined that Ms DE died of natural causes. He further acknowledged that the actions of the nurse were not found to have caused or contributed to her death.

However, HM Coroner did highlight five areas of concern in the subsequent Regulation 28 report. These are as follows:

- The response of the nursing team to the cardiac arrest was considered to be 'chaotic'
- In error a member of nursing staff asserted that a DNACPR was in place – concern raised was that this had not been included in the information given to the Metropolitan Police that morning, was not included in the Datix (incident report) nor was that detail included in the 'Duty of Candour' (DoC) given to her family
- Raised blood pressure readings were not escalated for medical review
- Venous thromboembolism (VTE) assessments were not completed
- No evidence of a review of an episode of chest pain which was escalated in April 2021 by nursing staff

The Trust SI review had identified all these issues in care (and set out an action plan to address them). The error regarding the DNACPR instruction was identified and addressed in the SI review. However, the issue of that error not being included in the information given to the Police, Datix and Duty of Candour discussion and letter with her family was not raised in the SI review. The error had been reported by the staff member to their line



manager on the day itself and it was openly acknowledged during the SI review, which itself was shared with the family.

This report provides an update on progress to address the shortcomings in these areas of practice, including details about:

- Enhanced cardiac arrest training and simulations that have been implemented (as well as targeted training for two members of staff)
- Actions to address knowledge and practice relating to DNACPR status on Cazaubon Ward (as well as a Trust wide Clinical Alert).
- Protocols for addressing and monitoring VTE assessment, escalating raised blood pressure and chest pain that have been put into place.
- Actions taken to reinforce the expectations about openness in relation to mistakes made

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

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

**Committees/meetings where this item has been considered**

Date	Committee/Meeting
	None

**Implications**

Equality Analysis	There are no identified equality issues.
Risk and Assurance	This report summarised actions taken to respond to risk-related interventions and an assurance of the processes for safe practice and oversight
Service User/Carer/Staff	<p>Delivery of safe reliable care is a priority for the Trust.</p> <p>Service users will benefit from better physical health monitoring because of resuscitation training and improved VTE, raised blood pressure, and chest pain assessment and management protocols.</p> <p>Confidence in care will be maintained as the Trust affirms its commitment to openness in relation to mistakes made.</p> <p>Staff will have greater clarity in relation to the protocols surrounding these physical healthcare issues. They also better understand the importance of openness in relation to admitting mistakes.</p> <p>Carers will have greater confidence in the safety of their loved ones. They will also be confident that the Trust is being open about mistakes.</p>

Financial	None.
Quality	The issues highlighted are related to patient safety. Patient safety is the cornerstone of high-quality health care.

## Supporting documents and research material

a.
b.

### 1.0 Background/Introduction

- 1.1 Ms DE was a 76-year-old woman who died from a cardiac arrest on 7 May 2021 whilst she was an inpatient on Cazaubon Ward at East Ham Care Centre. Attempts to resuscitate her by ward staff were started but CPR was then stopped when a member of nursing staff misinterpreted a DNACPR notice.
- 1.2 The Trust subsequently undertook a Serious Incident (SI) investigation which identified learning in relation to physical health observations/assessments and DNACPR processes.
- 1.3 Prior to Inquest, HM Coroner queried if the Trust had referred the nursing staff to the NMC. A Director of Nursing from ELFT provided evidence at inquest that NMC guidance indicated local resolution was appropriate.
- 1.4 The Inquest concluded on 8 September 2022. At the Inquest, HM Coroner determined that Ms DE died of natural causes. He further acknowledged that the actions of the nurse were not found to have caused or contributed to her death.
- 1.5 However, HM Coroner did highlight five areas of concern in the subsequent Regulation 28 report. These are as follows:
  - a) *The response of the nursing team to a cardiac arrest was chaotic and failed to follow Trust and national guidelines designed to maximise effectiveness of resuscitation.*
  - b) *Whilst Ms DE was an in-patient, the ward failed to escalate episodes of raised blood pressure for medical review in contraventions of Trust Policy.*
  - c) *At no time during the two periods of Ms DE's inpatient care was she assessed for venous thromboembolism (VTE) risk in contravention of Trust Policy.*
  - d) *An episode of chest pain identified by nursing staff on 21 April 2021 was escalated for medical review, no evidence of such a review exists.*
  - e) *When nursing staff discovered that they had fallen into error by asserting that Ms DE had a DNACPR in place the matter was discussed with ward management on the morning of 7 May 2022. Despite that the error was not admitted:*
    - *To officers of the Metropolitan Police who investigated the circumstances of the death that morning.*

- *To the Trust's governance team – an incident report (DATIX) failed to mention the error.*
- *To Ms DE's family, who subject to the Trust's statutory, "Duty of Candour" were communicated with by telephone and in person on 7<sup>th</sup> May 2021 and in written correspondence on 10<sup>th</sup> May 2021.*

1.6 The Trust SI review had identified all these issues in care (and set out an action plan to address them). The error regarding the DNACPR instruction was identified and addressed in the SI review, but the issue of that error not being included in the information given to the Police, Datix and Duty of Candour discussion and letter with her family was not raised in the SI review. The error had been reported by the staff member to their line manager on the day itself and it was openly acknowledged during the SI review, which itself was shared with the family.

The details of the actions which the Trust has already taken (or will take within a timeframe of 6-12 months) in relation to these concerns are set out below.

## **2.0 Cardiac Arrest Response**

2.1 In addition to the Mandatory Annual Training for resuscitation, physical health simulations training is facilitated across the ELFT Trust inpatient units. Simulation training sessions are being undertaken at least monthly in all units. Emergency simulations have also taken place on Cazaubon Ward on the following dates and are ongoing:

- a) 11 August 2021
- b) October 2021
- c) 21 April 2022
- d) 14 October 2022

2.2 The Trust identified particular concerns about two members of staff involved in the incident. The two members of staff have subsequently attended further Immediate Life Support Training. The training highlights the action to be taken by a staff member who finds a patient/person in a physical health emergency including a person with no pulse or other life signs. It teaches staff how to start compressions, get help, apply, and use an automated defibrillation machine (AED), check the paper copy of any do not attempt resuscitation prescription, call for an emergency ambulance and continuing resuscitation until paramedics take over and make any decision about discontinuing this attempt. Both nurses were placed on restricted duties until the Director of Nursing received confirmation that they had appropriately reflected on their actions, showed sufficient insight, and understood the consequences of their actions as well as evidenced learning from the intermediate life support training.

- 2.3 The existing Trust policy on 'Resuscitation' has been discussed at Cazaubon Ward staff away days organised by the Cazaubon ward Matron and the following topics were discussed:
- a) May 2021 –Managing Sudden death on the ward.
  - b) 25 August 2021 –Sudden Unexpected Incidents.
  - c) 15 October 2021 - Managing Medical Emergencies

Monthly audits of the ward in relation to resuscitation status record-keeping started in May 2022 and are ongoing.

- 2.4 All Cazaubon Ward staff have been advised on the location of the DNACPR forms red folder, and that this is the first point of reference in a medical emergency. A DNACPR electronic alert is now available within the RiO medical records as a secondary aid. CPR status is now a formal part of the handover for each nursing shift on Cazuabon Ward.
- 2.5 Additionally, a Trust-wide Clinical Alert addressing DNACPR issues has been circulated to all staff. This reminded staff and teams about the processes for initiation and documentation of a DNACPR form and its review. It also reinforced the necessity for seeing this form on any specific shift before deciding to not start or continue CPR.
- 2.6 The author of the Trust policy for resuscitation will amend the policy to emphasise the correct procedure for recording in RiO and communicating CPR, and the use of a defibrillator at the earliest opportunity. The Trust's DNACPR forms will also be reviewed to see if improvements are required.

### **3.0 Escalation Of Raised Blood Pressure**

- 3.1 NEWS 2-update training on blood pressure has been undertaken by the ward staff, and NEWS 2 scores template and recording within the RiO medical records has now been revised.
- 3.2 The electronic recording system for NEWS 2 now has automatic alerts for all physical health observations recorded which are outside expected limits. This highlights any concern and advises on action to be taken by the person entering the readings.
- 3.3 A training template was created and reviewed with each Cazaubon Ward staff member in May 2022. Further training was undertaken with all staff on Cazaubon Ward concerning elevated blood pressures on an away day in June 2022. As a result, staff should ensure that they recheck the blood pressure with another machine and also undertake a manual blood pressure if indicated.
- 3.4 The relevant NICE Guideline (NG 136) is visible on the ward. Monthly audits of the ward in relation to management of blood pressure started in May 2022 and are ongoing.

#### **4.0 Venous Thromboembolism (Vte) Assessment**

- 4.1 All patients have a VTE assessment undertaken on admission to Cazaubon Ward. This was audited on 03 November 2022 and will continue to be audited weekly.
- 4.2 A request has been made to have the Trust's automated reporting system updated to facilitate the ability to run a report on each ward's VTE screening assessments.
- 4.3 The author of the Trust policy for physical healthcare will amend the policy to emphasise that all patients need to have a VTE risk screening assessment undertaken on admission and the correct procedure for recording this in RiO.
- 4.4 The nurses' physical health assessment is being amended to include a VTE screening assessment which would require a medical assessment to be completed if a risk was identified. Once this has been amended Cazaubon Ward's nursing staff will complete a screen for each patient as part of the ward's weekly audit programme.

#### **5.0 Medical Review Of Chest Pain**

- 5.1 Training was undertaken regarding the correct escalation of a patient with chest pain at the Cazaubon Ward away day in June 2022.
- 5.2 A separate training programme was completed for all staff on an individual basis. This covered the requirement for a staff member to stay with the patient and manage chest pain like any other medical emergency, calling for the immediate attendance of a doctor or emergency services, continual monitoring of vital signs, the use of oxygen and preparing information for paramedics. This training will become part of the annual updated competency training for staff.
- 5.3 There is access to geriatrician advice weekly for physical health concerns related to any of the patients on Cazaubon Ward.

#### **6.0 Disclosure Of Dnacpr Error**

- 6.1 The Trust agrees that the member of staff should have clearly disclosed the error. In particular, the Trust acknowledges that it must have been distressing to the family to find out about the error via the Serious Incident Report rather than immediately after the incident.
- 6.2 The Trust has however established that the relevant member of staff did flag the error to their manager in the immediate aftermath of the incident and is satisfied that there was no deliberate intention to conceal any error.
- 6.3 As well as reporting the incident to their manager, the member of staff also completed a Datix report, knowing it would trigger an internal investigation which would then examine the detailed circumstances of the incident.

- 6.4 The Trust is satisfied that the member of staff has adequately reflected on their practice and would communicate more clearly in the future.
- 6.5 This reflection was carried out with one of the Trust's Directors of Nursing as part of individual reflection exercises with all the staff involved in the reporting process of this incident.
- 6.6 There are now more senior staff rota'd on Cazaubon Ward who can provide a higher level of support with the reporting of future incidents. Two away days for duty senior nurses at the East Ham Care Centre have taken place; both covered learning from incidents including all the learning from this serious incident, in particular the disclosure of issues at the earliest opportunity through all reporting processes. Three away days have been booked for the rest of the nursing teams for the unit and will include the same dissemination of learning.
- 6.7 The process of completing 48-hour reports in the directorate has been changed to ensure they are vetted by a lead nurse before submission.

## **7.0 Trust-Wide Learning**

- 7.1 The information above provides both specific detail about Cazaubon Ward-based initiatives as well as indicating some of the wider learning that has been (and will continue to be) disseminated and applied. The Trust-wide application of the learning includes the following:
- Direct learning and sharing of practice implications through the Trust-wide Patient Safety Forum.
  - Physical health simulations training to manage medical emergencies/cardiac arrests is now facilitated in situ across the ELFT Trust inpatient units, supplementing the Mandatory Annual Training for resuscitation.
  - A Trust-wide Clinical Alert addressing DNACPR issues has been circulated to all staff.
  - The Trust-wide electronic recording system for NEWS 2 now has automatic alerts for all physical health observations recorded which are outside expected limits. This highlights any concern and advises on action to be taken by the person entering the readings.
  - A Trust-wide Clinical Alert addressing VTE Screening and Assessment has also been circulated to all staff. The policy and processes for this have been updated and an electronic monitoring mechanism is still being developed. Further work on all aspects of this to ensure the robustness of effective assessment and management of VTE risk is being undertaken through the Physical Health in Mental Health Working Group.

## **8.0 Action Being Requested**

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

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**24 November 2022**

<b>Title</b>	Appointments & Remuneration Committee 5 October 2022 – Committee Chair's Assurance Report
<b>Committee Chair</b>	Ken Batty, Senior Independent Director and Committee Chair
<b>Author</b>	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 5 October 2022.

**Key messages**

**Executive Directors:**

- An update was received on the plans for a full recruitment campaign for both the substantive Chief Finance Officer and Chief Medical Officer roles to ensure a rigorous search is undertaken, and timetables were approved
- Noted the appointment of Richard Fradgley as Deputy Chief Executive.

**Agency**

- Received an update on the work to reduce agency spend including the successes, challenges and future plans with the aim of reducing spend by 25%
- Noted key issues include agency doctors requesting pay increases and some Trusts offering financial incentives to doctors; need to reduce non-framework agency usage; and lack of robust central electronic systems for bank and agency
- Noted the need to continue the focus on clinical transformation and the ways in which services are delivered
- Suggested more partnership working across the system around collective agreements on a ceiling that will be paid by Trusts in the face of pay increase requests
- Requested some monitoring of the breakdown of who is requesting pay increases to ensure there are no elements of unequal treatment or exposure to equal pay claims
- Stressed the importance of capturing the pockets of success across the Trust where a positive cultural environment is helping to reduce vacancy rates and encouraging people to want to work there. Equally the need for more strategic identification and examination of areas where there are high turnover rates.

**Board Assurance Framework**

*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*

*Risk 6: If issues affecting staff experience are not effectively addressed, this will adversely impact on staff motivation, engagement and satisfaction*

- Acknowledged the range of work in place to mitigate the risks from materialising, and that appropriate controls are in place and operating effectively
- Recognised the biggest concerns for the Trust are recruitment and retention and staff wellbeing with the need to balance what we can do as an employer in supporting staff
- Acknowledged the importance of establishing initiatives that make a real difference as well as refining the control systems
- Agreed there were no changes to the risk scores for either risk.

**WRES Action Plan**

- Noted the aim is for both the WRES and WDES action plans to dovetail with the EDS2 action plan to provide a more integrated approach and will be underpinned with a revised

equity plan following review with all the equality network leads. The plans will be reviewed as part of the draft equality governance arrangements

- Noted the action plan has been coproduced with the EFLT BAME network
- Received assurance that alongside the action plan, a wider range of work is under way
- Highlighted that more leadership work linking to a trauma-informed approach would be of benefit particularly when there are incidents of staff being exposed to racism from a service user
- Acknowledged there is more to work to do around managers identifying and encouraging staff from BAME backgrounds to take up opportunities for acting up and substantive promotions, and to diversify the recruitment process to provide people with the best opportunity to demonstrate experience and capabilities.

#### **WDES Action Plan**

- Acknowledged the good engagement between the ELFT ability network and the people and culture team on the development of the action plan
- Requested the introduction of a similar process that resulted in the decrease in disciplinary and suspension cases relating to BAME staff be adapted for use when a disability member of staff is being considered under the capability process
- Highlighted the importance of leadership education for all managers, irrespective of whether they work with disabled colleagues
- Recognised the need to create an environment where staff feel comfortable to share and disclose their disability
- Acknowledged that more flexible working in the Trust will generally help with the approach to reasonable adjustments without the need for full disclosure, allowing for different ways of working to be normalised.

#### **Stakeholder Selection Panels**

- Clarified the process for stakeholder panels in respect of the requirement for candidates to summarise feedback and also for service users on the decision making process.



## REPORT TO THE TRUST BOARD IN PUBLIC 24 NOVEMBER 2022

<b>Title</b>	Update Report ELFT People Plan
<b>Authors</b>	Deputy and Associate Directors of People and Culture. Barbara Britner, Steve Palmer, Donna Willis, Shefa Begom and Bernadette Fitzharris
<b>Accountable Executive Director</b>	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

<b>Date</b>	This paper has not previously been discussed.
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### Key messages

#### Belonging in the NHS

The Race in the workplace survey closed with 828 responses which gives a response rate of 11.72%. The survey covered the following areas:

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

The next steps will be discussed at the Executive meeting and will be brought back to a future Appointments and Remuneration Committee or Board.

The Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) draft action plans have been published.

The Directorate with the most Freedom to Speak up Guardian (FTSUG) concerns raised during this period is Bedfordshire Mental Health. These concerns were around patient safety/quality of care, bullying or harassment, other inappropriate attitudes or behaviours and worker safety or wellbeing.

### **New Ways of Working**

Recruitment activity continues to increase on a monthly basis. A further increase in adverts of 22% since Jan 22 has prompted an initiative to encourage hiring managers to place combined adverts. 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 continues to be below the Trust target falling from 37.5 days in the last report to 37.2.

Work continues to meet the target of reducing agency by 25%. The aim 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.

### **Looking after our People**

The NHS staff survey runs from 26<sup>th</sup> September and closes on 25<sup>th</sup> November. This is the first year NHS England have invited bank staff to be invited to take part. The Trust's response rate is currently 21.47% for substantive staff and 14.74% for bank staff. Currently ELFT are in the lowest quartile for substantive staff within in the Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts plans are in place to try to boost responses.

The 2022 Staff Awards ceremony took place at the Troxy Theatre in East London on 20<sup>th</sup> October 2022. 897 staff members attended.

In September 2022, there was an increase in live cases with: 63 disciplinary cases, 21 dignity at work cases, 20 grievance cases, 10 capability cases, 2 medical disciplinary case and 1 whistleblowing case.

In addition, there are 5 cases currently at Employment Tribunal (1 closed in September and a new one commenced in October). The following chart shows the number of people relations cases by directorate.

### **Growing and Developing for the future**

The deadline for the 2022 appraisals for Agenda for Change (AfC) staff, has been extended until 31 November 2022. This will allow the 1,250 appraisals that have been started in the system to be completed as well as others starting and completing the process. The new form has been positively received and feedback on the approach indicates an improved staff experience of the process.

Work continues to improve the accuracy of the data in the ELFT Learning Academy alongside the continuing delivery of a full suite of classroom and e-learning training programmes. As of 09/11/2022 Trust Compliance is 82.05%, Increasing from 80.53% in September 2022.

### Strategic priorities this paper supports

Improved population health outcomes	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	Research shows that if staff are engaged then they will be able to provide better care to patients and service users.
Improved staff experience	<input checked="" type="checkbox"/>	The approach to improvement sets out in this paper are designed to directly improve staff experience.
Improved value	<input checked="" type="checkbox"/>	There is a strong evidence base that engaged staff are healthier and more productive at work and, therefore, contribute to value for money

### Implications

Equality Analysis	The 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

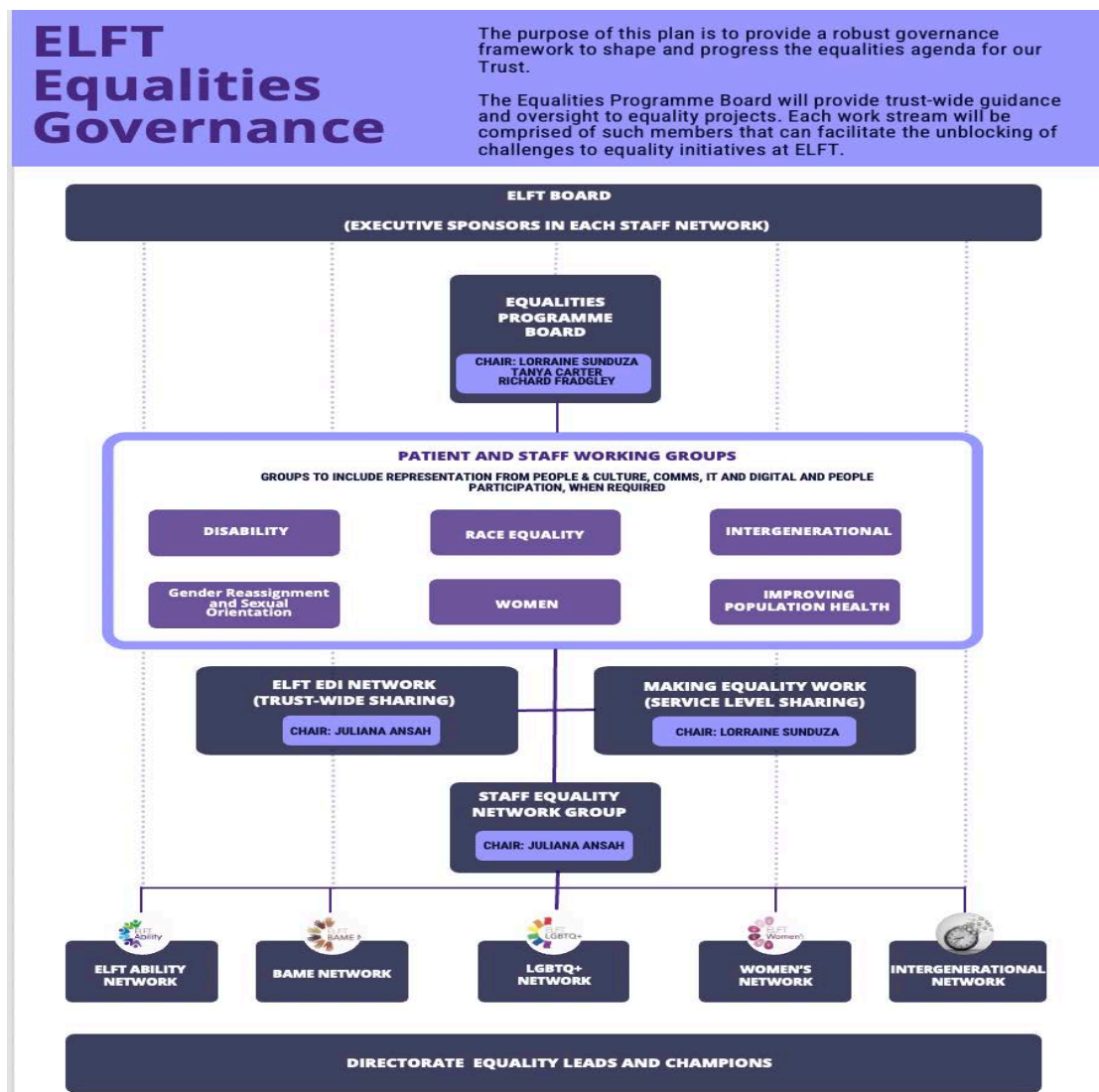
These updates also translate in the Board Assurance Framework (BAF) in terms of BAF risks 5 and 6.

## 2. Belonging in the NHS

### 2.1 Equalities

#### Equality Governance Structure

The new Equality Governance Structure is being implemented, beginning with working groups and an equality, diversity and inclusion (EDI) network for trust-wide sharing. The structure consists of both new and existing spaces, such as the Staff Networks, and Making Equalities Work sessions for place level sharing. All trust-wide equality projects will be reported to the Equality Programme Board, chaired by Lorraine Sunduza, the Chief Nurse and Deputy CEO, with support from Tanya Carter, Chief People Officer and Richard Fradgley, Director of Integrated Care. The Board will play a key part in steering forward both patient and workforce equality strategies. The Equality Programme Board are currently reviewing frequency and how it feeds into the wider ELFT governance system.



### **Equality Plan and QI Projects**

The Trust-wide Equality Plan is currently being reviewed and updated. Two all staff sessions will be held in early 2023 to ensure that the proposed changes to the plan are co-produced with staff. This will be supported by staff equality networks.

London Adult Mental Health Services are currently exploring the procurement of Cultural Safety training. A new group will be formed to develop outcome measures and share learning with CAMHS services. This work is currently linked to a QI project led across the MH Transformation Programme and People and Culture.

## **2.2 Staff Equality Network Conferences**

### **BAME Conference**

The BAME Conference took place Friday 30 September 2022 at the Holiday Inn, Bloomsbury. It was a riveting programme of speakers, discussion, debate and reflection. For the first time since the pandemic, the event was hosted in-person with over 150 colleagues coming together to listen and learn about equality, inclusion, and diversity in the NHS. The theme of the event was 'Celebrating Us.'

Caroline Ogunsola, Lead Governor hosted and opened the conference with a traditional 'Buga' dance, which included many cheerful staff dancing and on their feet. The morning also consisted of a one-minute silence dedicated to our colleagues who lost their lives due to COVID-19. The event was comprised of a series of speakers that have trail-blazed the BAME agenda within the NHS. Colleagues heard from speakers that included: Dr Nazia Khanum OBE, Director of Equality & Diversity; Chelle Verite, The Positive Disruptor, Empowerment Coach, TED Speaker; and Owen Chinembiri from the NHS Race and Health Observatory.

### **ELFT Ability Conference**

The ELFT Ability Conference took place on Friday 4 November 2022, with BSL interpreters throughout the event. The Conference was informative, interesting and at times very moving. A range of speakers provided food for thought with Trust leads sharing their own stories of adjustment and adaption. Keynote speaker Ruth May, Chief Nurse for NHS England, shared her journey of discovering that she was dyslexic and the positive impacts of the diagnosis. Additionally, Karen Snuggs from the Business Disability Forum shared her extensive experience working with business, Government, and disabled people to improve the life experiences of disabled employees and consumers, by removing barriers to inclusion.

Director of Commercial Development Mohit Venkataram, sponsor of the ELFT Ability Staff Network facilitated a Q&A session with the Chief Operating Officer and Chief People Officer on their vision for supporting people with a disability in ELFT.

The event concluded with the importance of the ELFT Ability Staff Network, led by Claire McKenna and Laura Pisaneschi, ELFT Ability Staff Network Leads. They spoke about how the network addresses members queries and is influencing Trust policy.

### **2.3 Flair Pilot 'Race in the Workplace'**

As part of our Respect and Dignity at Work project, the Trust launched a questionnaire in September 2022 for 6 weeks. Using a product called Flair, the focus was on the current areas:

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

The outcomes will be discussed a future Executive meeting and will further shape the Trust's equality, diversity and inclusion work as well as the Trust's aspiration to become an anti-racist multi-cultural organisation.

#### **Summary of performance**

Strengths:

1. The staff body is racially diverse at junior levels
2. Staff are very aware of how to respond appropriately if witnessing racial discrimination at work
3. Less than 13% of staff feel that the racial diversity of suppliers is an area where the organisation can make significant improvements

Key improvement areas:

1. Staff perceive there's a lack of confidence for members of the organisation in talking about, identifying and challenging racism.
2. Black staff feel their ethnicity is a barrier to feeling included at work - particularly receiving promotion opportunities
3. Across staff not identifying as 'White', a disproportionate % have recently experienced racial micro aggressions at work.

### **2.4 Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)**

Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) reports and action plans 2023 have been published.

The new action plan is aligned to the trusts People Plan. Learning from the current action plan will inform the development of an ambitious 3-year plan to be published September next year.

ELFT will be running local WRES and WDES data collections in March 2023. This will be the first of its kind at the Trust and will help to identify potential inequalities at place level.

## **2.5 Freedom to Speak Up (FTSU)**

**2.5.1 FTSU Training:** The Freedom to Speak Up Guarding (FTSUG) continues to deliver FTSU awareness training at Trust Induction monthly via virtual sessions during the Corporate Induction Training Day, and has delivered specific training to the following teams since the last report:

- BAME Network Conference
- Estates Team
- Forensic Induction
- Aldgate Ward
- Limehouse Ward
- Listening Event with the Newham Continuing Healthcare Team

**2.5.2** A Freedom to Speak Up email has also been launched for all staff to enable reporting, and whistleblowing training for the Guardian and Champions has been completed. Quarterly Meetings have also been introduced between the Freedom to Speak Up Champions, the Executive Lead and the Chief People Officer to support the work of the Guardian and Champions.

### **FTSU Policy – reviewed and updated**

**2.5.3** The Freedom To Speak Up Policy has been reviewed and updated to reflect the revised national Freedom to Speak Up policy. This is designed to be inclusive and support resolution by managers wherever possible.

### **2.5.4 FTSU concerns raised - by Themes**

There are an equal number of concerns raised as in the last reporting period, with Patient safety care, bullying or harassment and other inappropriate attitudes or behaviours making up the largest categories of concern. Issues raised included:

- o Concerns previously raised but not looked into fully
- o Staff shortages and case load planning
- o Family member of staff and how they were treated on inpatient ward (also picked up by PALS)
- o Concerns around management behaviours and impact on patient/service user safety

Bullying or harassment concerns mostly related to behaviours experienced by staff from managers

<b>FTSU Concerns Raised - Data by Themes</b>	<b>01/01 - 28/02 2022</b>	<b>01/03- 30/04 2022</b>	<b>01/05- 30/06 2022</b>	<b>01/07- 31/08 2022</b>	<b>01/09 - 31/10 2022</b>
Patient Safety/Quality of Care	1	5	12	0	6
Bullying or harassment	7	3	11	8	6
*Worker safety or <i>wellbeing</i>	4	0	1	0	3
Processes/Organisational Structure/ Other	12	14	15	12	5
COVID-19 related	2	0	0	2	0
<b>**Other inappropriate attitudes or behaviours</b>					6
Unknown	0	0	0	0	1
<b>***Total number of themes</b>	<b>26</b>	<b>22</b>	<b>39</b>	<b>22</b>	<b>27</b>
<b>Total Number of staff raising concern</b>	<b>20</b>	<b>17</b>	<b>25</b>	<b>18</b>	<b>18</b>
Number of concerns raised anonymously	1	0	0	3	0
Disadvantageous and/or demeaning treatment as a result of speaking up	0	0	0	0	0



## FTSU concerns raised - by Directorate.

The Directorate with the most concerns raised during this period is Bedfordshire Mental Health. These concerns were around patient safety/quality of care, bullying or harassment, other inappropriate attitudes or behaviours and worker safety or wellbeing.

<b>FTSU Concerns Raised - Data by Directorate</b>	<b>01/01 - 28/02 2022</b>	<b>01/03- 30/04 2022</b>	<b>01/05- 30/06 2022</b>	<b>01/07- 31/08 2022</b>	<b>01/09 - 31/10 2022</b>
Bedfordshire Mental Health	7	0	0	1	4
City & Hackney Services	0	3	0	2	1
Community Health Services - Bedfordshire	0	0	1	1	1
Community Health Services - Newham	1	7	1	2	1
Community Health Services - Tower Hamlets	0	2	9	0	2
Corporate Services	3	1	0	4	0
Forensic Services	1	1	0	0	3
Luton	0	0	0		1
Newham Mental Health	0	1	0	1	2
Primary Care Directorate	2	0	0	0	0
Specialist Services	0	2	2	3	2
Tower Hamlets Mental Health	6	0	12	3	0
UNKNOWN	0	0	0	1	1
<b>TOTAL</b>	<b>20</b>	<b>17</b>	<b>25</b>	<b>18</b>	<b>18</b>

## FTSU concerns raised - by Professional Group

Concerns from Administration and clerical staff, Allied Health Professionals and Nursing and midwifery registered staff centred on bullying or harassment, negative behaviours, staff shortages, P&C processes not carried out effectively, which in turn impacted patient safety and quality of care.

<b>FTSU Concerns Raised - Data by Professional Group</b>	<b>01/01 - 28/02 2022</b>	<b>01/03- 30/04 2022</b>	<b>01/05- 30/06 2022</b>	<b>01/07- 31/08 2022</b>	<b>01/09- 31/10 2022</b>
<b>Additional clinical services</b>					2
<b>Additional professional scientific and technical</b>					0
<b>Administrative and clerical</b>					4
Administration, Clerical & Maintenance/Ancillary	10	2	5	6	
Allied Health Professionals	2	9	1	2	3
<b>Estates and ancillary</b>					0
Corporate Services	1	1	0	0	
<b>Healthcare scientists</b>					0
<b>Medical and Dental</b>	0	0	1	1	2
<b>Nursing and midwifery registered</b>	1	2	10	3	3
Nursing Assistants or Healthcare Assistants	0	1	0	0	
Social Care	0	1	1	0	
<b>Students</b>					0
<b>Not Disclosed</b>	1	0	1	3	4
<b>Other</b>	5	1	6	3	0
<b>TOTALS</b>	<b>20</b>	<b>17</b>	<b>25</b>	<b>18</b>	<b>18</b>

## **Cases open/closed**

11 out of 18 cases raised in this period remain open.

## **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.

## **3. Looking After our People**

### **3.1 Wellbeing**

- 3.1.1 The retrospective cost of living increase this year has led to an increase in pension contributions for staff in bands 3, 5 and 8a. Consequently, 'take home' salary was lower for these staff in the month of September. Salary advances, paid back over time, were offered to mitigate this impact.
- 3.1.2 In light of these changes and the current cost of living we are supporting staff with financial awareness. Following on from previous workshops, the wellbeing and engagement team have organised pension workshops by Chase De Vere (financial advisors for medical and dental professionals). The workshops will take place on the 5<sup>th</sup> and 6<sup>th</sup> December.
- 3.1.3 Free, impartial and confidential money advice is available to all staff from KeepingWellNEL and KeepingWellBLMK and from Trust's Employee Assistance Programme, Care First.
- 3.1.4 A copy of the Wellbeing Magazine 2022-2021 has been delivered to all Trust staff. It features several Trust's offers in support of the increased cost of living expenses. Offers include cycle to work scheme, discounts offered to NHS staff by Santander Bikes, subsidised holiday schemes for children, lease car scheme, home technology scheme and eye tests at participating opticians. In addition, there is information about several schemes and organisations who offer NHS discounts including the Blue Light Card. Cost of Living also remains a standing agenda item on the Trust Wellbeing Forum.
- 3.1.5 A recent wellbeing survey highlighted the importance of women's health to our staff. Menopause Awareness Day took place on October 18<sup>th</sup> 2022 and several events took place across the Trust to raise awareness. Menopause webinars were facilitated by Team Prevent, the Trust's Occupational Health provider on 18<sup>th</sup> October which were well received. The Wellbeing and Engagement Team also ran an 18-day twitter campaign raising awareness of

facts about the menopause. In early October, Philippa Graves, Exec Lead for ELFT Women's Network and Millie Smith in People Participation co-facilitated an awareness session for the CEO Discussion group.

## 3.2 NHS Staff Survey

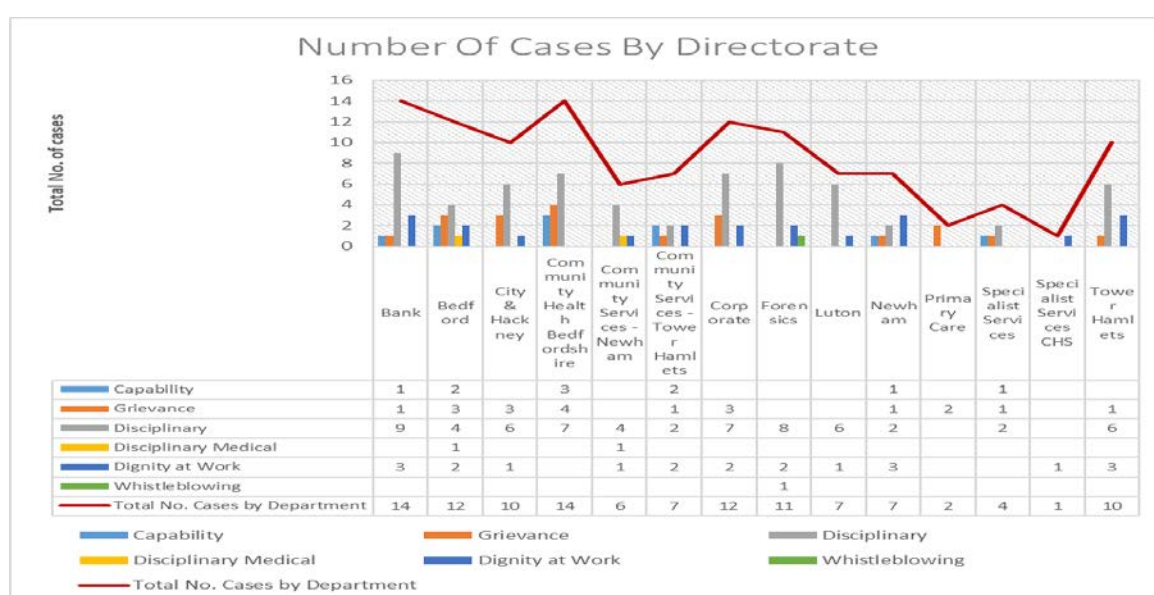
- 3.2.1 The NHS staff survey runs from 26<sup>th</sup> September and closing on 25<sup>th</sup> November. This is the first year NHS England have invited bank staff to be invited to take part. The Trust's response rate is currently below average and a communications plan is in action to encourage all staff to complete the survey.

## 3.3 2022 Staff Awards

- 3.3.1 The staff awards ceremony took place on 20th October 2022 at The Troxy and was well supported by several ELFT teams, with a total of 897 staff and guests attending the event.
- The Awards opened with a performance by #ELFTin1Voice, a choir made up of 70 staff and service users and compered by Chief Nurse/Deputy CEO and Chief People Officer. Nineteen awards were presented to outstanding individuals and teams who were highlighted as exceptional people who go above and beyond to support Trust colleagues and service users.

## 3.4 People Relations

- 3.4.1 In September 2022, there was an increase in live cases with: 63 disciplinary cases, 21 dignity at work cases, 20 grievance cases, 10 capability cases, 2 medical disciplinary case and 1 whistleblowing case. In addition, there are 5 cases currently at Employment Tribunal (1 closed in September and a new one commenced in October). The following chart shows the number of people relations cases by directorate.



### **3.5 COVID-19**

- 3.5.1 There have been changes to the requirements for COVID testing, and as a result the need for staff to routinely test using lateral flow tests has been paused. Staff testing is now only required when staff are symptomatic. This is a change from current practice. The Trust has arranged for a stock of lateral flow tests to be available to enable staff to continue to test when required.
- 3.5.2 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 and will continue into March 2023. In addition, Lead Employer is also supporting the Polio Vaccination programme that runs during August and November. The role of the team is changing as the scope of the national vaccination programme changes and further changes to the remit and establishment of the team are likely by the end of the current financial year.

### **3.6 Leadership**

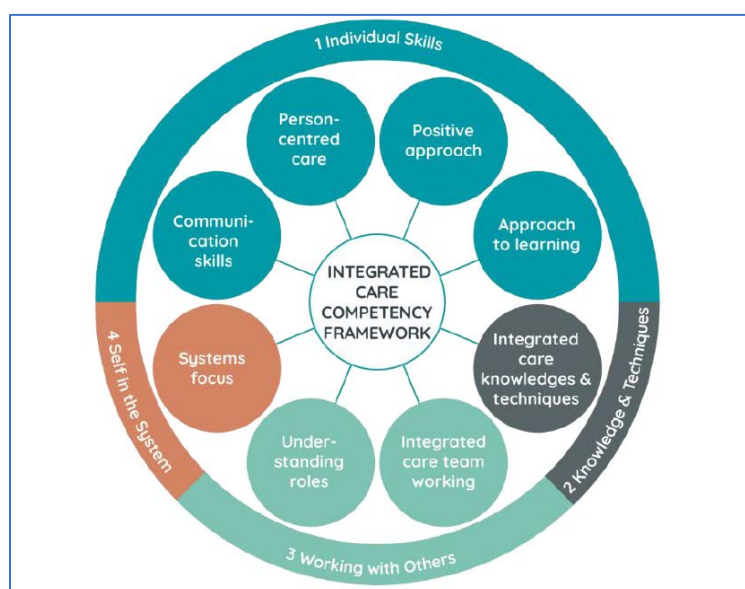
- 3.6.1 The following programmes are active for staff who wish to support their leadership development:
- Senior Clinical Leaders Programme: This continues and runs for 7 modules with 60 people attending.
  - ELFT Lead: Cohort 1 completes in November; Cohort 2 has begun and Cohort 3 due begins 16<sup>th</sup> March 2023. Typical attendees are those Bands 5-7 leaders.
  - Stepping into Leadership: This programme is designed for those with no formal line management experience and takes place in early November.
  - System leadership module: This has been designed in house and is available to run in a modular way.
  - Peer Leadership Circles: These continue to operate with new dates to be published soon.
  - Leadership Masterclasses: two have taken place and a third on Imposter Phenomenon is scheduled for 23<sup>rd</sup> November. More sessions are being commissioned and planned.
  - Leadership Strategy: A draft has been developed pending discussion and socialisation.
  - Coaching and Mentoring: This continues to be available across the Trust, with some increase in activity.

### **3.7 Development of an Integrated Care Competency Framework**

- 3.7.1 In 2019-2020, The Trust engaged Affinity Health at Work to support the development of an integrated care competency framework based on work initially developed in Tower Hamlets mental health. In January 2022, the second phase of this work began employing a multi-method approach to consolidate the original model and test the reliability and validity further of the

framework to a much broader multi-agency system. This phase was funded in part by the National Leadership Academy (East of England).

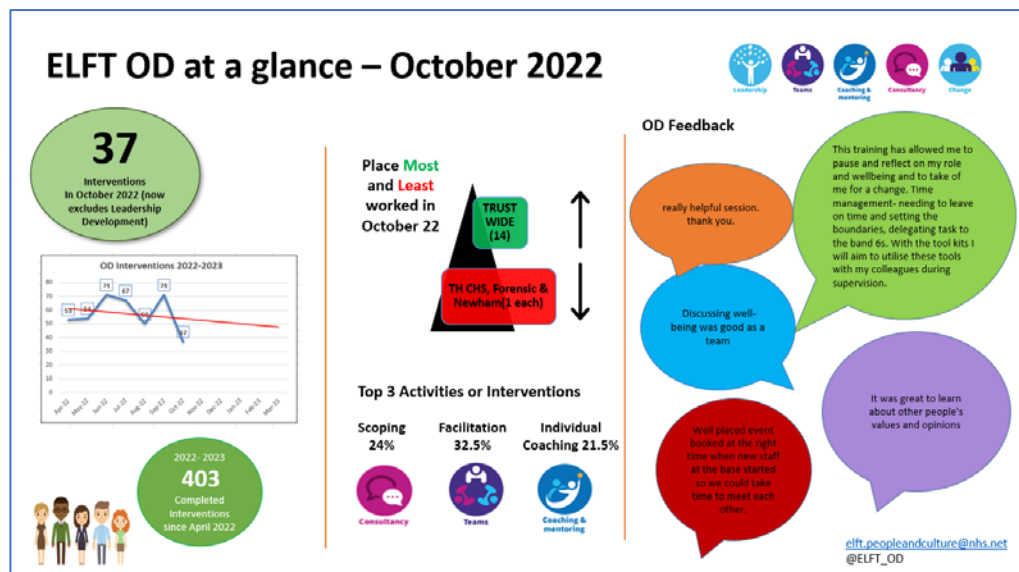
- 3.7.2 A systematic literature review confirms that the framework is the first kind in the world to explore validity across health and social care in a real world setting and has yielded some exciting and encouraging results. The framework can be seen overleaf.



- 3.7.3 The framework has undergone rigorous testing and analysis and the key findings show that integrated care working was positively associated with several important job outcomes. People who display the framework behaviours are more likely to perceive that they work in an integrated way, describe their work as meaningful, report higher levels of engagement, job satisfaction and quality of life (measured using the 10 TRIALOG items) and also enjoy higher levels of peer support (outside the immediate team). These results were statistically significant.
- 3.7.4 The next phase of this work is to develop the framework into a tool that can be used by individuals, teams and across departments and systems.

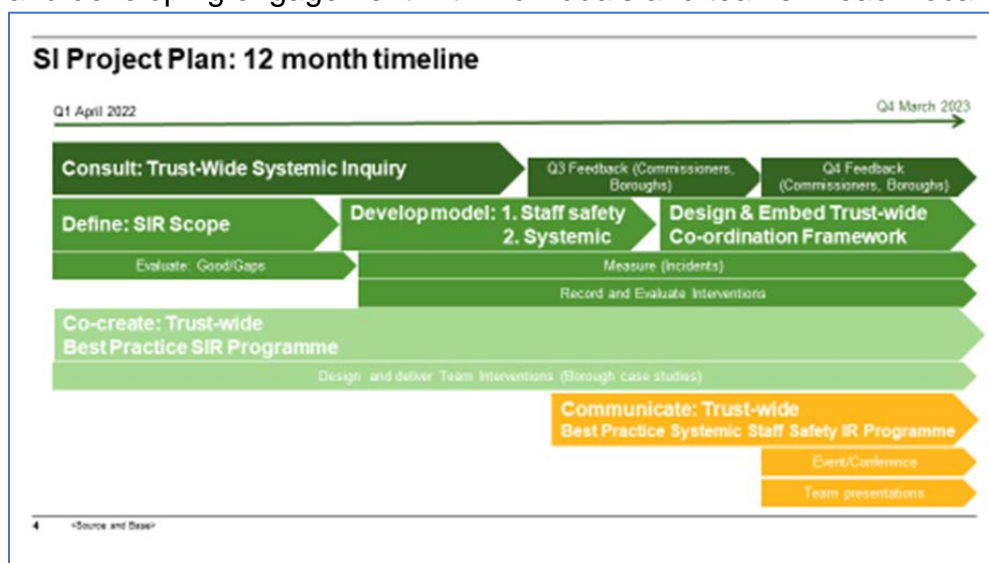
### 3.8 OD Activity

- 3.8.1 Since the start of the financial year, 403 interventions have been undertaken. The following infographic shows the OD team's activity in October 2022.



### 3.9 Serious Incident Response: Systemic approach to Staff Safety

- 3.9.1 Beverly Clarke began her role as Psychology Lead for Serious Incident Response in April 2022 with the aim of developing a Best Practice Serious Incident Response/debrief model and co-ordination framework that the Trust can make actionable.
- 3.9.2 The table below shows the timeline for this work. During the first two quarters (April – September 2022), a Trust-wide systemic inquiry has been undertaken to understand how the Serious Incident (SI) response system works currently. Consisting of interviews and consultation with key stakeholders and teams across the Trust, thoughts and ideas have been gathered on what a new SI model might look like. Simultaneously, followership and support for this work has been generated together with testing and learning the proposed model and developing engagement with individuals and teams in each locality.



### 3.9.3 Preliminary findings from the systemic review to date show:

- That there is an appetite to consider this work in the context of 'staff safety' and a need to join up this work with the PSIRF framework.
- It is recognised that there is an opportunity to develop a more common, co-ordinated assessment-led approach to responding to serious incidents across the Trust, to help teams attend to their psychological safety following a serious incident.
- There is variation in the levels of psychological support available for teams. In the context of current demand pressures and the impact of the COVID pandemic, the need for high quality and effective support is heightened.
- On the back of these findings, a *framework for a systemic approach to SIR (Staff Safety)* is under development. The proposal for a systemic framework is coherent with the recommendations emanating from the current review of Patient Safety frameworks (PSIRF) within the Trust.

## 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).

The timeline for the new appraisal process for Agenda for Change (AfC) staff, delivered via the ELFT Learning Academy has been extended until 30 November 2022. The new form has been positively received and feedback on the approach indicates an improved staff experience of the process.

The current completion rate is 52% and the extension until the 30 November will allow the 1,250 appraisals that have been started in the system to be completed as well as others starting and completing the process.

### 4.3 Statutory and Mandatory Training.

Work continues to improve the accuracy of the data in the ELFT Learning Academy alongside the continuing delivery of a full suite of classroom and e-learning training programmes. As of 09/11/2022 Trust Compliance is 82.05%, increasing from 80.53% in September 2022.



The table below shows compliance by directorate.

Organisation	Statutory and Mandatory % Target = 90
363 Bedford	82.44%
363 City & Hackney	76.59%
363 Bedfordshire CHS	85.36%
363 Newham CHS	83.84%
363 Corporate	78.325
363 Specialist CHS	85.56%
363 Community Services - Tower Hamlets	84.13%
363 Forensic Services	86.11%
363 Luton	86.04%
363 Newham	78.72%
363 Primary Care	82.99%
363 Specialist Services	83.01%
363 Tower Hamlets	79.84%

#### 4.4 Apprenticeships

The Apprenticeship Programme is in Year 1 of its 3-year strategy to maximise the use of apprenticeships and enhance staff experience. A Task & Finish group has formed to align apprenticeships across the Trust, with the team working with Apprenticeship leads to refine processes and increase accessibility of apprenticeships for all ELFT colleagues.

Campaigns are being created to offer apprenticeship programmes as continued professional development. Since July 2022, we have enrolled colleagues on to the Level 7 (MSc level) Senior People Professional and are mid-way through the campaigns for Level 3 and Level 5 CIPD apprenticeships, as well as Level 5 coaching.

We continue to offer apprenticeships as an entry level route into the Trust and are bringing our in-person assessment days back into practice.

## 5. New Ways of Working

### 5.1 Directorate Management team awayday

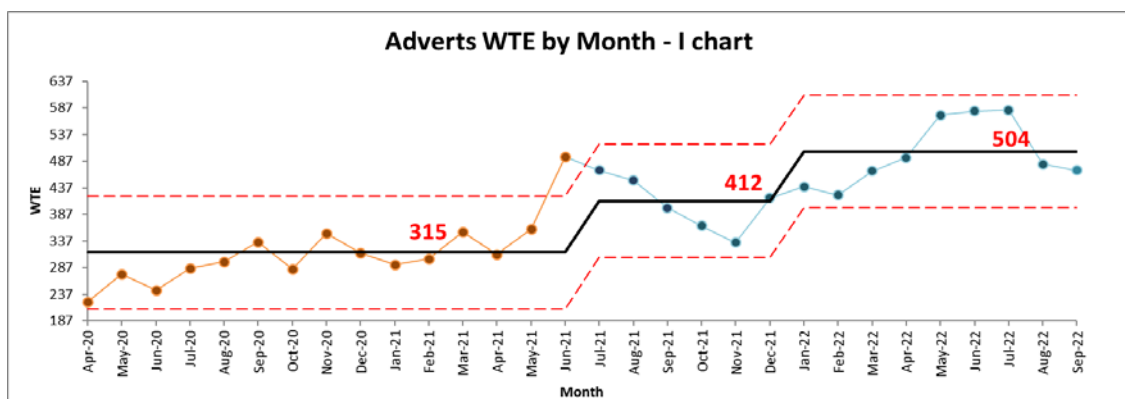
A DMT away day was held in October 2022. There were presentations designed to enable learning from successful examples of recruitment and retention. The key focus of the day was creative problem solving. The DMT participants worked jointly on the following areas:

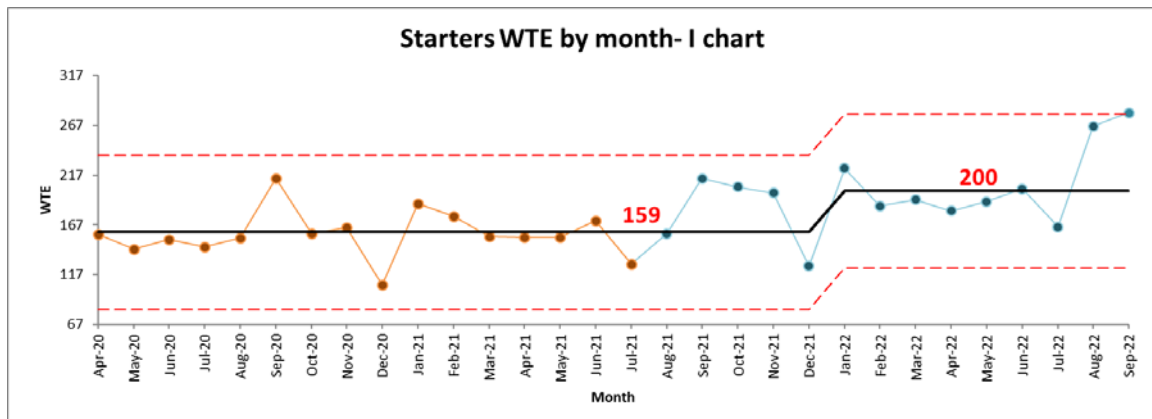
- High cost area supplement
- Cost of living challenges
- Promoting our jobs better
- Writing better JDs and adverts
- International recruitment
- Pooling recruitment for multiple roles
- Equity of our recruitment processes
- Assessment centres
- Over recruitment and what that process should be
- Service user feedback from being on panels
- Bank recruitment
- Time to hire
- Honorary and training posts

The information captured will feed into the trusts ongoing recruitment and retention plans.

### 5.3 Recruitment activity September 22

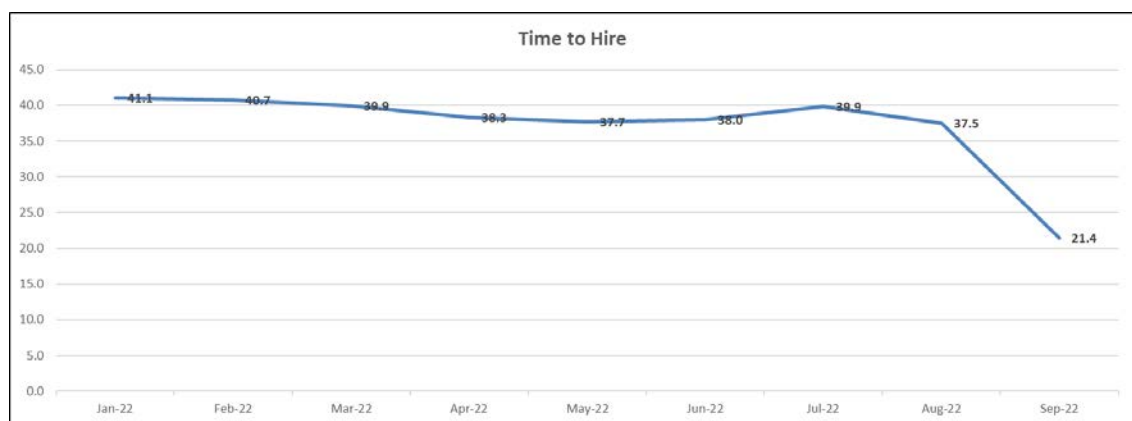
Recruitment activity continues to increase on a monthly basis, with an increase in the number of people joining the organisation as outlined in the charts below.





## 5.4 Time to Hire

The Trust's time to hire target is 43 days from the point of advert to pre-employment checks which is currently being achieved at an average of 37.2 days since January with a marked decrease in September



## 5.5 Agency project

The aim for ELFT remains to reduce agency spend by 25%. This continues to be a challenging target given the demand for agency and requests for agency pay rises. The objective 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.

A new Quality Improvement Project led by the Medical Director Luton and Bedfordshire focus on recruiting to vacant medical posts and reducing the high agency spend has been launched with new innovative approaches and dedicated support.

Work is ongoing to review the Direct Engagement Supplier and system to ensure best value and integrated systems with the addition of a module to support efficient and effective Bank usage and a reduction in agency spend.

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 saving £	Type of Saving
Investigation of commission led to refund by Pulse	£30,000	One off
Ongoing improvement in commission rates	£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
3 New Specialty Doctors commenced work in Newham replacing agency workers	£160,000	Recurrent
1 New Specialty Doctor commenced work in CAMHS	£80,000	Recurrent
Reduction in agency introduction fees	£120,000	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

## 5.6 Update on Flexible Working Project at ELFT

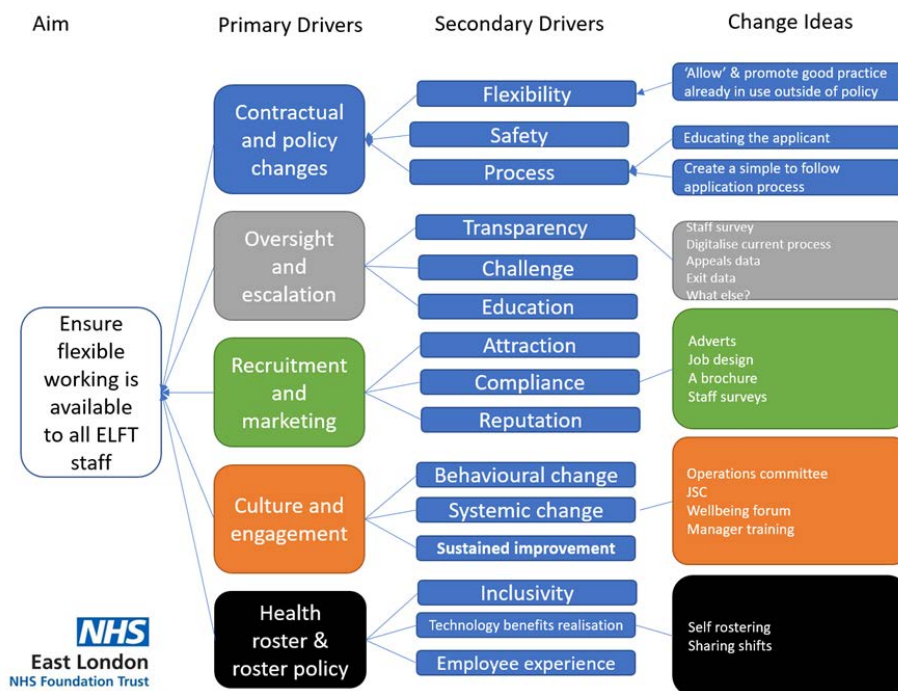
The JSC Policy Sub-Committee approved the Trust's Work-Life Balance Policy on 26 October 2022 and it was ratified by the JSC on 2<sup>nd</sup> November 2022. The policy was updated to take into consideration the changes that have been made to Agenda for Change terms and conditions, and the subsequent NHS Staff Council guidance on flexible working. The changes enable the Trust to implement the 'we work flexibly' strand of the NHS People Promise and could contribute to an improved staff survey result on flexible working in the future. It is noted that in the 2020 ELFT staff survey, 67% of staff stated they were satisfied with opportunities for flexible working patterns; this dropped to 64.7% in 2021.

The updated policy states that the JSC and People Delivery Board will have centralised oversight of the flexible working process and will review its implementation to ensure greater consistency of access to flexible working

arrangements. The Task and Finish Group will therefore determine the frequency of the review and reporting process.

With the policy ratified, the Flexible Working Task and Finish Group will re-convene in due course to discuss how new flexible working processes 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 project work stream diagram is 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. The revised date for the ceremony is 1 December 2022.

## 7. Industrial Action

- 7.1 The Trust have received the outcome of the Royal College of Nursing (RCN) ballot which shows that the votes did not achieve the required 50% threshold for industrial action.
- 7.2 Other Health Unions are also holding ballots, and the timescales for these are as set out below:

## Forward Look – Potential Industrial Action



7.3 We continue to work in partnership with Staff Side colleagues to mitigate the impact of possible strikes. There was a Chief Executive Officer discussion group on 16<sup>th</sup> November 2022 to support the planning for potential industrial action, and the Trust is also part of the ICS planning in both East London and Bedfordshire.

7.4 We have established a steering group to support the planning for potential action, including key stakeholders from corporate and operational teams.

## 8. Recommendations

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

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**24 November 2022**

<b>Title</b>	Finance, Business and Investment Committee (FBIC) 8 November 2022 – Committee Chair's Report
<b>Committee Chair</b>	Aamir Ahmad, Non-Executive Director, chair of the meeting on 8 November 2022
<b>Author</b>	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 8 November 2022.

**Key messages**

**Finance Report Month 6**

- A worse position than the planned deficit by £2.9m, £894k of which is attributable to the calculation of the AfC pay award adversely affecting mental health trusts
- Continued FV shortfalls totalling £4.4m, which are being partly mitigated by vacancies and underspends across the Trust
- Agency spend slightly reduced in September; this remains above the NHSE agency ceiling
- Pressure areas of overspend continue to be estates, people and culture, FV shortfall and agency spend. There are focused meetings with directors in partnership with the Chief Operating Officer to better understand their overspend and pressure areas, and support their FV identification
- Potential financial challenges due to the impact of potential industrial/strike action involving suppliers
- Forecast remains break even despite continuing uncertainty and challenges around FV
- The Trust continues to be in Segment 1 (no specific support needs – maximum autonomy, minimum risk) of the NHS Oversight Framework
- Continuing pressure around convergence pending further conversations with Commissioners.

**Financial Planning Update**

- The Committee approved the 2022-2023 annual budget noting that there have been significant changes to budgets since the opening budgets in April 2022 due to the delayed timing of the planning round and subsequent iterations and pay award announcements
- The internal processes for financial planning are being reviewed and will also be part of the forthcoming internal audit on financial controls, planning and visibility to identify improvements and to ensure they remain robust.

**Financial Viability Update**

- There are now full year effect plans in place for £12.6m against the £15m target, due to a number of recent non-recurrent schemes; the number of non-recurrent schemes will, however, build pressure over future years
- At end of M6 have achieved £1.81m against plan of £6.2m which includes approximately £3m unidentified
- The actual year end forecast has increased slightly to £8m and should continue to improve as completed schemes are added
- Financial viability sessions have been held with all directorates who are developing 18 months FV plans with follow up meetings under way to check on progress and provide additional support where required
- A structured planning and budget setting process will enable clear and open discussions at Director and Exec level around vacancy levels and areas of most pressure.

## **Agency**

- At M6, the Trust is in breach of the agency ceiling by 14%; this is lower in comparison to other partners across the system. There is a continuing focus on workforce transformation and growing internal career pathways
- The move away from the current direct engagement supplier to a service integrated with Health Roster is expected to produce efficiencies including savings from 2023-2024. Work will be required around cultural change to build confidence in the new system
- Two areas proving the greatest challenge are consultants in Bedfordshire and GP costs in Primary Care and although work will continue to reduce this, the continuing focus on workforce transformation and growing internal career pathways will provide the greatest advantage in the future
- There is collaborative work across NEL on sharing information on agency rates, learning and best practice; in particular close working with ELFT to leverage improved agency rates
- More strategic action is required system-wide to ensure a consistent approach to use of agencies, preventing the practice of providers offering financial incentives
- A key issue system-wide will be breaching the agency ceiling; although the full extent of NHSE control and oversight of this is not yet known.

## **Aged Creditors**

- The decrease in ELFT's performance in relation to the Better Payment Practice Code target of 95% invoices to be paid within 30 days, due to the increased volume of invoices being received and a drop in the level of support offered by Shared Business Services (SBS).
- These issues to be addressed via additional resource to carry out a review of current processes and lessen the impact on operational and corporate services.

## **Investment Register**

The Committee approved the investment of the Trust's surplus cash of £85m for a period of four months to 14 March 2023 in the National Loan Fund with the option for a further two week deposit to mature before 31 March 2023 if rates and cashflow criteria remain satisfactory.

## **Capital and Estates**

- CDEL allocation is now £15m due to the sale of properties and additional funding; confident on the ability to deliver this by year end. There will be challenges to the capital plans for 2023-2024
- Continued work on the six facet surveys and backlog maintenance
- Maintenance issues highlighted by the CQC are prioritised in the capital plan
- Patient Led Assessment of the Care Environment (PLACE) progressing well with inclusion of service users
- NHS Premises Assurance Model (PAM) plan is ready to submit; assurance provided there are limited consequences of being non-compliant with PAM
- Robust procedures in place to react to immediate maintenance issue needs when required; a report detailing prioritisation and programming will be presented to FBIC Q4.

## **Procurement Update**

- Q1 project around purchase order compliance has led to an increase from 50% to 65%
- The achievement of £360k savings to date against a full year plan of £400k
- ELFT continues to lead both nationally and within the ICS on Anchor organisation work being the only Trust with 15% of procurement tender values set against Anchor organisation sustainability plans and 60% of our providers now meeting the London Living Wage.

## **Appointment of External Auditor**

The Committee noted the excellent support from the Governors and Non-Executive Directors involved in the appointment process, and supported the proposal for the appointment of the new external auditors, noting the recommendation will be presented to the Council of Governors for approval on 10 November 2022.



### **Digital Strategy and VDI Update**

- Following an extensive information gathering process, a business specification is being prepared with the aim to have procured a new VDI platform by year end for implementation during 2023-2024
- Important to ensure the Trust requirements remain key when purchasing and deploying the new platform
- Ongoing work around improving the Trust's network resilience in order to support this and the new voice platform for unified communications
- Future intention to work within NEL on the procurement of larger contracts that partners can access in order to negotiate more advantageous pricing
- Acknowledgement that within system working there may be a need to respond to challenges around our capital plans and spend. Important for the messaging on this to remain consistent with a recognition that the work of ELFT is different to that of acute partners.

### **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*
  - No change to risk score
  - Significant challenge in delivering a programme which is largely comprised of recurrent schemes
  - High likelihood that non-recurrent schemes will have to be utilised to achieve further non-recurrent FV and support a balanced financial position
  - Implementing a more directorate-focused strategy/approach to FV delivery
- **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*
  - No change to risk score
  - Cloud risks mitigated with phase 1 of the migration of the hosted Cloud data completed; phase 2 concentrates on resilience is on-going
  - Resilience forum which looked at business continuity for clinical systems now been expanded to look at PowerBi, staffing and other areas of pressure during winter
  - Cyber threat level remains very high
  - Agency caps impacting on backfilling roles to manage the Cloud challenge.

### **Previous Minutes**

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

## REPORT TO THE TRUST BOARD IN PUBLIC

### 24 November 2022

<b>Title</b>	Finance Report Month 6
<b>Author</b>	Matthew Hart, Deputy Director of Finance
<b>Accountable Executive Director</b>	Samanthi Gibbens, Interim Chief Finance Officer

#### Purpose of the report

This paper highlights financial performance to 30<sup>th</sup> September 2022.

#### Committees/meetings where this item has been considered

Date	Committee/Meeting
26/10/22	Service Delivery Board
08/10/22	Finance, Business & Investment Committee

#### Key messages

##### Summary of Performance:

- Operating surplus (EBITDA) to end of September 2022 of £10,841k compared to budget operating surplus of £13,750k.
- Net deficit of £4,203k (1.6%) compared to planned net deficit of £1,294k (0.5%).
- Year to date net deficit is adverse against plan by £2,909k (£1,301k 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 30th September 2022 of £124.6m.

#### Strategic priorities this paper supports

Improved Population Health Outcomes	<input checked="" type="checkbox"/>	Delivering financial balance aids the Trust in maintaining control in decision making.
Improved Experience of Care	<input checked="" type="checkbox"/>	Delivering financial balance aids improving service user satisfaction and experience of care.
Improved Staff Experience	<input checked="" type="checkbox"/>	Delivering financial balance aids improving staff experience.
Improved Value	<input checked="" type="checkbox"/>	This is a key requirement to ensure that the Trust delivers value for money and is not in breach of its Foundation Trust provider licence.

#### Implications

Equality Analysis	Financial sustainability aids the organisation in being able to address and adequately resource equality issues within the services we deliver
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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 30th September 2022.

## 2 Executive Summary

- Operating surplus (EBITDA) to end of September 2022 of £10,841k compared to budget operating surplus of £13,750k.
- Net deficit of £4,203k (1.6%) compared to planned net deficit of £1,294k (0.5%).
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- 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 30th September 2022 of £124.6m.

## 3 Financial Framework

- 3.1 The initial Trust planning submission was made on 17<sup>th</sup> March 2022 with a second iteration on 26<sup>th</sup> April 2022.
- 3.2 Final revised Trust and ICB financial plan submissions were made on 20<sup>th</sup> June 2022 setting out income and expenditure assumptions across the ICB for the financial year, and is the plan against which Month 6 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. Corporate cost pressures have been allocated internal funding further to agreed proposals.

- 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 trust expected income known to date is reflected as at month 6.
- 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 with the ICB Commissioners 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 look to 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 30th September 2022

- 4.1 Financial performance is summarised in the table below:

	YTD Sep-22			Annual Budget £000	YTD Aug-22	Change
	Budget £000	Actual £000	Variance £000		Variance £000	+/- £000
Operating Income	283,592	283,599	7	562,196	(22)	29
Operating Spend	(269,843)	(272,758)	(2,915)	(532,220)	(1,968)	(948)
<b>Operating Surplus (EBITDA)</b>	<b>13,750</b>	<b>10,841</b>	<b>(2,909)</b>	<b>29,976</b>	<b>(1,990)</b>	<b>(918)</b>
Interest Receivable	666	666	0	1,440	382	(382)
Interest Payable	(1,559)	(1,559)	0	(3,118)	0	0
Depreciation	(11,727)	(11,727)	(0)	(23,452)	(0)	(0)
Public Dividend Capital	(2,664)	(2,664)	0	(5,328)	0	0
<b>Net Surplus / (Deficit) before lease adjustments</b>	<b>(1,534)</b>	<b>(4,443)</b>	<b>(2,909)</b>	<b>(481)</b>	<b>(1,608)</b>	<b>(1,301)</b>
Lease adjustments	240	240	0	481	0	0
<b>Adjusted Net Surplus / (Deficit)</b>	<b>(1,294)</b>	<b>(4,203)</b>	<b>(2,909)</b>	<b>0</b>	<b>(1,608)</b>	<b>(1,301)</b>

#### **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 6 was £6,205k, with a reported delivery of £1,812k (£725k in month delivery) resulting in an adverse variance of £4,393k 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 6.
- 4.7 A separate paper on financial viability as at Month 6 (to the end of September) 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 30th September 2022**

- 5.1 Operating income at Month 6 is reported as favourable against plan by 7k. A summary of the Trust income position is included in Table 1 below in item 5.6.
- 5.2 Month 6 income assumptions are based on submitted plans.
- 5.3 Income of £2,275k has been assumed in the Specialist Services Directorate position to offset expenditure on CAMHS Tier 4 provision in Luton and Bedfordshire. The Trust understands NHS England will pay revenue funding of £6,099k for the year, which includes inflation, to local commissioners during October. This should then be passed through to the Trust.  
  
Capital funding of £3,879k has also been agreed by NHS England Capital Committee on 29<sup>th</sup> September (£2,900k) and East of England region (£979k).
- 5.4 There is an adverse variance of £73k against Forensic cost and volume income, due to activity being lower than plan in Low Secure beds, recoverable under our contract.
- 5.5 Out of area admissions to beds has generated £79k more than plan year to date, although the benefit relates to activity earlier in the financial year.

5.6 Table 1: Summary of Operating Income to 30th September 2022

	YTD Sep-22			Annual Budget £000	YTD Aug-22 Variance £000	Change +/- £000
	Budget £000	Actual £000	Variance £000			
<b><u>Block Income</u></b>						
CCGs	217,344	217,356	11	434,515	(1)	12
NHSE	5,222	5,229	7	10,444	(2)	9
<b>Sub total</b>	<b>222,566</b>	<b>222,585</b>	<b>19</b>	<b>444,958</b>	<b>(3)</b>	<b>21</b>
<b><u>Cost and Volume Income</u></b>						
Overseas Income	0	1	1	0	1	0
OATS / Spot Income	672	751	79	1,344	81	(2)
<b>Sub total</b>	<b>672</b>	<b>752</b>	<b>80</b>	<b>1,344</b>	<b>82</b>	<b>(2)</b>
<b><u>SLA Income</u></b>						
NCEL CAMHS Service (Lead Provider)	15,647	15,647	0	31,295	0	0
NCEL Forensic Service (BEH)	21,861	21,773	(88)	43,722	(73)	(15)
Services to other Trusts	4,140	4,144	5	8,279	0	5
<b>Sub total</b>	<b>41,648</b>	<b>41,564</b>	<b>(83)</b>	<b>83,296</b>	<b>(73)</b>	<b>(10)</b>
<b><u>Workforce Allocation</u></b>						
SIFT/MADEL/NMET R&D etc	6,273	6,273	0	11,449	0	0
<b><u>COVID-19</u></b>						
Vaccination Centre (London)	1,576	1,576	0	1,576	0	0
Vaccination Centre (Luton & Bedfordshire)	19	19	0	19	0	0
Vaccination Lead Employer	2,121	2,121	0	2,121	0	0
<b>Sub total</b>	<b>3,717</b>	<b>3,717</b>	<b>0</b>	<b>3,717</b>	<b>0</b>	<b>0</b>
<b><u>Other Income</u></b>						
Primary Care	1,237	1,253	15	2,475	(9)	24
CAMHS	19	17	(2)	38	1	(3)
Addiction Services	1,741	1,752	11	3,481	0	11
Community Services (Local Authority)	4,129	4,096	(33)	8,258	(21)	(12)
Other Income	250	250	0	499	0	0
<b>Sub total</b>	<b>7,375</b>	<b>7,366</b>	<b>(9)</b>	<b>14,751</b>	<b>(29)</b>	<b>20</b>
<b><u>Deferred Income</u></b>						
Deferred Income Released	1,341	1,341	0	2,682	0	0
<b>Sub total</b>	<b>1,341</b>	<b>1,341</b>	<b>0</b>	<b>2,682</b>	<b>0</b>	<b>0</b>
<b>EBITDA Income</b>	<b>283,592</b>	<b>283,599</b>	<b>7</b>	<b>562,196</b>	<b>(22)</b>	<b>29</b>

5.7 The Trust is expecting to receive income to offset expenditure already within the Trust position, for which there is no formal agreement yet in place. The Trust is confident this income will be received in due course and the reserves position has been adjusted by £964k to take account of this.

## 5.8 Operating Expenditure

The Trust is reporting an adverse variance of £2,915k against operating expenditure at 30th September 2022 (an increase of £948k since last month).

## 5.9 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 of £1,088k year to date may be repayable, however it is likely Covid-19 related costs may exist within Directorates that need to be charged to the separate cost centre.

The national expectation has been that these costs should continue to decrease over the course of 2022/23. Whilst the response to COVID-19 is critical, containment of cost is needed.

Table 2a: COVID-19 Expenditure and Variance by Directorate

	YTD Budget £000	YTD Actual £000	YTD Variance £000
<b><u>Mental Health Services</u></b>			
Tower Hamlets	0	(141)	(141)
Newham	0	(93)	(93)
City & Hackney	0	(55)	(55)
Forensic Services	0	(53)	(53)
Specialist Services	0	0	0
Luton	0	(257)	(257)
Bedfordshire	0	(158)	(158)
<b>Sub total</b>	<b>0</b>	<b>(757)</b>	<b>(757)</b>
<b><u>Community Health &amp; Primary Care</u></b>			
Newham CHS	(12)	74	86
Specialist CHS	0	0	0
Tower Hamlets CHS	0	0	0
Bedfordshire CHS	0	(28)	(28)
<b>Sub total</b>	<b>(12)</b>	<b>45</b>	<b>57</b>
<b>Central COVID Budgets</b>	(2,250)	(463)	1,787
<b>Sub total</b>	<b>(2,250)</b>	<b>(463)</b>	<b>1,787</b>
<b>TOTAL (excluding vaccination centres and lead employer)</b>	<b>(2,262)</b>	<b>(1,174)</b>	<b>1,088</b>

- 5.10 The Estates position is adversely impacted by the impact of variable Soft Facilities Management (FM) costs as well as other estates costs that are currently being reviewed with Barts Health. The pressures are being further reviewed within the Estates department to identify required actions.

Corporate budgets continue to be overspent in some areas. A process run by the Chief Finance Officer has concluded, and a net budget increase of £3,200k (full year effect, £5,000k) has been released to budgets from the budgeted reserve, with a net impact of £415k in Month 6. Some Corporate areas have identified budget reductions to help fund pressures elsewhere.

- 5.11 Budgets have been allocated to Operational Directorates to reflect new service developments. Work has taken place to realign and allocate budgets at month 6, and this work 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.
- 5.12 National pay awards have been paid to staff in Month 6, including back pay to April 2022 where applicable. Expenditure budgets have been funded to reflect the uplifts (total £16,355k, year to date £8,178k).
- 5.13 The Trust has received additional funding in relation to the increased pay award via NEL and BLMK ICBs, reflected in the reported income, and is expecting additional funding from NHS England and Health Education England in due course which has been included in the reserves position.
- 5.14 Initial calculations in regard to the national pay award suggest a shortfall between the trust required budget uplift (as allocated to expenditure budgets) and the additional income expected to be received, of approximately £1.650m for 2022/23 (year to date £0.825m). This is contributing to the Trust's variance from plan at Month 6.

As a Mental Health and Community Trust, the Trust has a higher ratio of pay to non-pay costs than the national average which is not taken into account in funding uplifts. This is being reported to NEL ICB and NHSE through the latest national reporting templates.

- 5.15 £426k of non-recurrent one-off benefit is within the month 6 position.

- 5.16 Table 2b: Summary of Expenditure to 30th September 2022

	YTD Sep-22			Annual Budget	YTD Aug-22	Change +/-
	Budget £000	Actual £000	Variance £000	£000	Variance £000	£000
<b><u>Mental Health Services</u></b>						
Tower Hamlets	(24,817)	(23,766)	1,051	(49,639)	1,223	(173)
Newham	(20,435)	(20,205)	230	(40,875)	(279)	509
City & Hackney	(20,802)	(22,439)	(1,637)	(41,610)	(1,411)	(226)
Forensic Services	(19,282)	(19,367)	(85)	(38,464)	57	(142)
Specialist Services	(30,706)	(29,684)	1,022	(61,755)	836	186
Luton	(13,253)	(13,333)	(80)	(26,510)	101	(181)
Bedfordshire	(26,873)	(27,030)	(157)	(53,755)	(113)	(44)
Less COVID-19 Costs	0	757	757	0	616	140
<b>Sub total</b>	<b>(156,169)</b>	<b>(155,067)</b>	<b>1,102</b>	<b>(312,608)</b>	<b>1,033</b>	<b>69</b>
<b><u>Community Health &amp; Primary Care</u></b>						
Newham CHS	(13,812)	(13,534)	278	(27,629)	334	(55)
Specialist CHS	(3,692)	(3,596)	96	(7,385)	65	31
Tower Hamlets CHS	(7,782)	(7,546)	235	(15,566)	207	29
Bedfordshire CHS	(22,274)	(22,765)	(491)	(44,551)	(472)	(19)
Primary Care	(3,266)	(4,380)	(1,114)	(6,533)	(1,015)	(99)
Less COVID-19 Costs	12	(45)	(57)	24	64	(122)
<b>Sub total</b>	<b>(50,813)</b>	<b>(51,867)</b>	<b>(1,054)</b>	<b>(101,639)</b>	<b>(817)</b>	<b>(237)</b>



<b><u>Commissioning</u></b>						
NCEL Provider Collaborative	(16,988)	(16,989)	(0)	(33,977)	0	(0)
<b>Sub total</b>	<b>(16,988)</b>	<b>(16,989)</b>	<b>(0)</b>	<b>(33,977)</b>	<b>0</b>	<b>(0)</b>
<b><u>Central Support Services</u></b>						
Board / Members' Council	(1,474)	(1,657)	(183)	(2,948)	(58)	(125)
Director of Operations	(969)	(1,334)	(365)	(1,336)	(145)	(219)
Corporate Affairs	(416)	(470)	(54)	(832)	(46)	(8)
ICT	(4,325)	(4,424)	(99)	(10,570)	(69)	(30)
Business Develop Unit	(523)	(625)	(102)	(1,047)	(50)	(52)
Social Inclusion	(575)	(504)	70	(1,149)	46	24
Finance	(2,561)	(2,766)	(205)	(5,129)	(52)	(152)
Human Resources	(3,540)	(4,150)	(610)	(7,081)	(898)	289
Central Medical/Pharmacy	(4,009)	(4,166)	(157)	(8,046)	16	(173)
NMET	(1,972)	(1,474)	498	(3,440)	408	90
Central Nursing/MHA admin	(3,098)	(3,216)	(118)	(6,562)	(127)	9
Chief Quality Officer	(2,626)	(2,455)	171	(5,252)	(22)	193
Director of Integrated Care	(869)	(1,102)	(233)	(1,617)	(296)	64
R&D	(450)	(251)	199	(900)	117	82
AMPS	0	(2)	(2)	0	(2)	
Estates & Facilities	(14,126)	(15,938)	(1,811)	(28,106)	(1,682)	(129)
Central NHS SLAs	0	(0)	(0)	0	0	(0)
Less COVID-19 Costs	0	45	45	0	50	(4)
<b>Sub total</b>	<b>(41,533)</b>	<b>(44,488)</b>	<b>(2,955)</b>	<b>(84,015)</b>	<b>(2,812)</b>	<b>(143)</b>
	<b>Budget</b>	<b>YTD Sep-22</b>		<b>Annual</b>	<b>YTD Aug-22</b>	<b>Change</b>
	<b>£000</b>	<b>Actual</b>	<b>Variance</b>	<b>Budget</b>	<b>Variance</b>	<b>+/-</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Central COVID-19 Costs	(2,250)	(413)	1,837	(4,500)	1,503	334
Clinical Directorate COVID-19 Costs	(12)	(711)	(699)	(24)	(681)	(19)
Vaccination Centres	(1,595)	(1,595)	0	(1,595)	0	0
NEL Vaccination Lead Employer	(2,121)	(2,122)	(0)	(2,121)	2	(2)
<b>Sub total</b>	<b>(5,979)</b>	<b>(4,841)</b>	<b>1,138</b>	<b>(8,241)</b>	<b>824</b>	<b>313</b>
<b><u>Reserves</u></b>						
Development Reserve	861	0	(861)	1,723	(209)	(652)
Financial Viability	5,070	677	(4,393)	12,520	(3,911)	(482)
Non-Recurrent Support	0	(426)	(426)	0	0	(426)
Pay/non pay reserve	(4,292)	242	4,534	(5,981)	3,925	610
<b>Sub total</b>	<b>1,639</b>	<b>493</b>	<b>(1,146)</b>	<b>8,262</b>	<b>(196)</b>	<b>(950)</b>
<b>EBITDA Spend</b>	<b>(269,843)</b>	<b>(272,758)</b>	<b>(2,915)</b>	<b>(532,219)</b>	<b>(1,968)</b>	<b>(948)</b>

## 5.17 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.

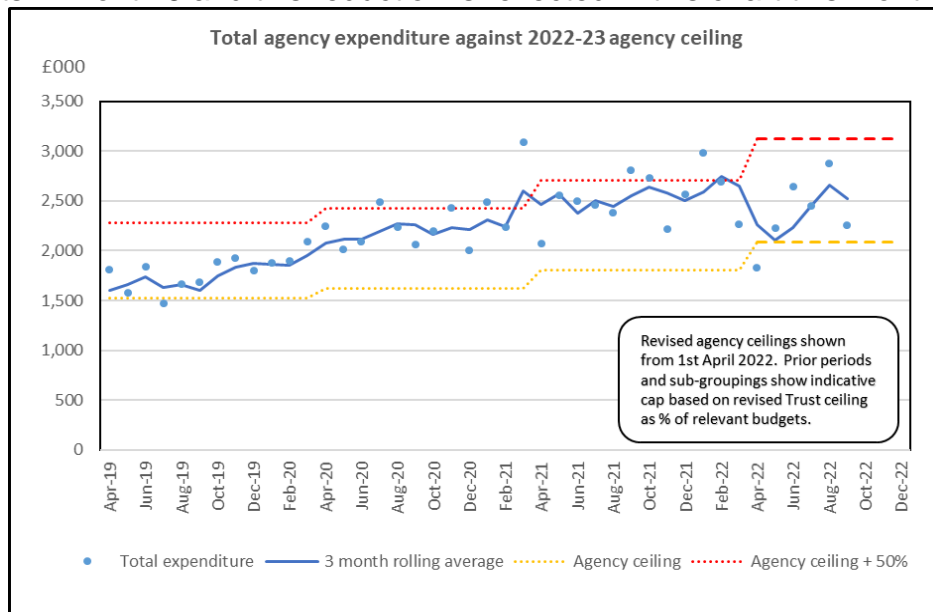
The Trust has an implied agency ceiling of £25,004k for 2022/23 as a result, and is currently £442k per month over the agency ceiling based on last three months expenditure.

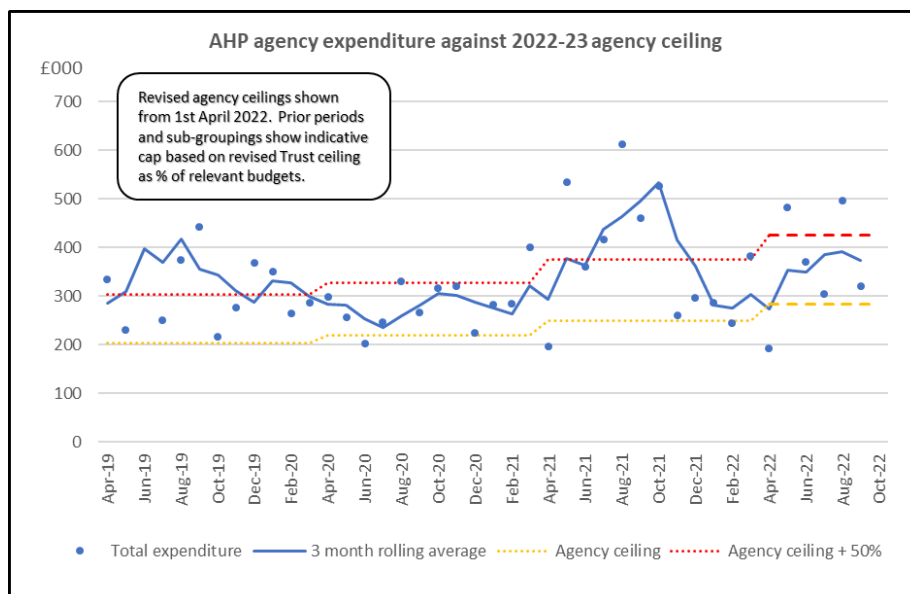
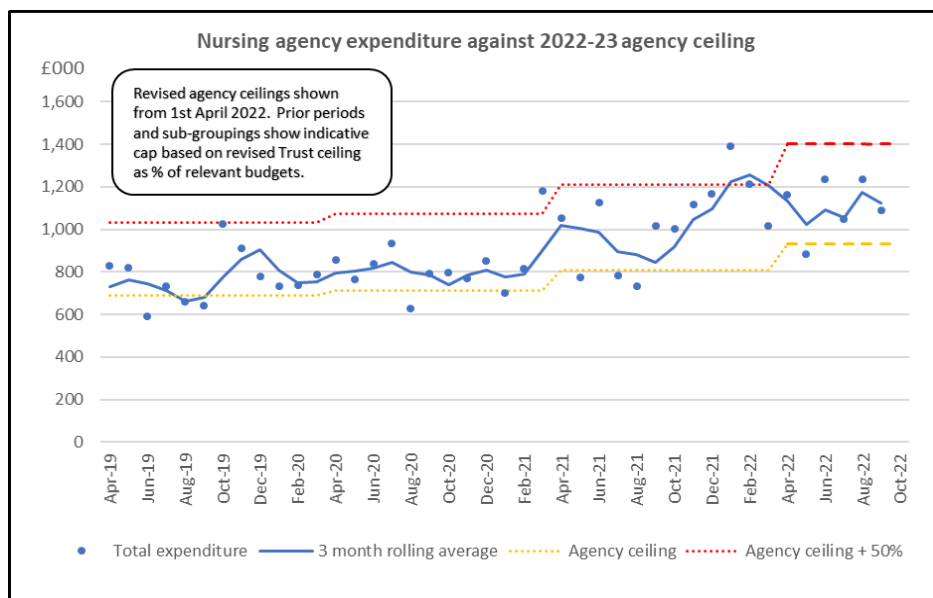
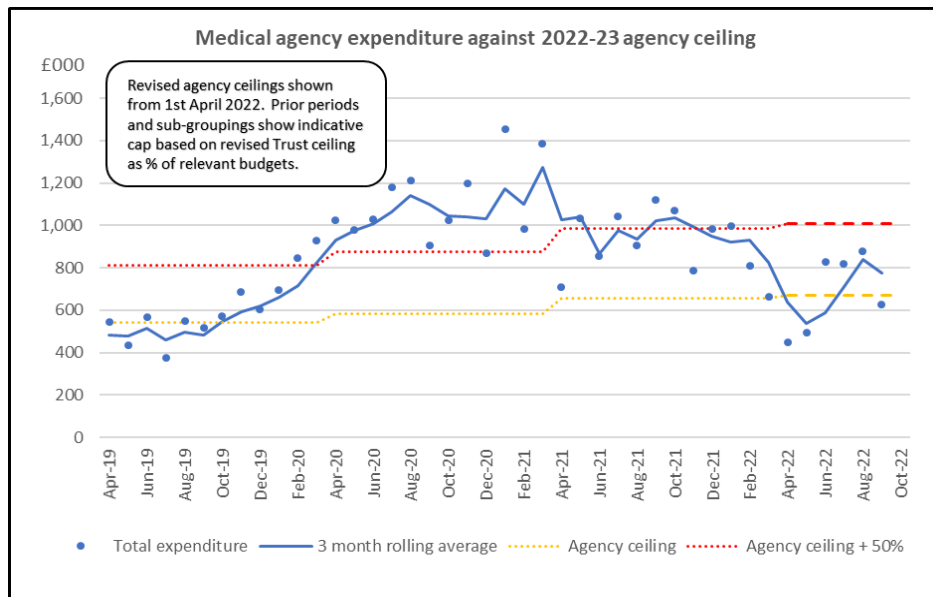
5.18 Individual agency ceilings have been set internally at Staff Group and Directorate levels to help monitor performance against the ceiling. These have been based on 2021/22 expenditure and outturn run rate, alongside the need to reduce expenditure by £5m on 2021/22 expenditure to meet the ceiling. The ceiling targets are therefore intended to challenge all areas of the organisation to reduce agency expenditure, while recognising the existing levels of expenditure.

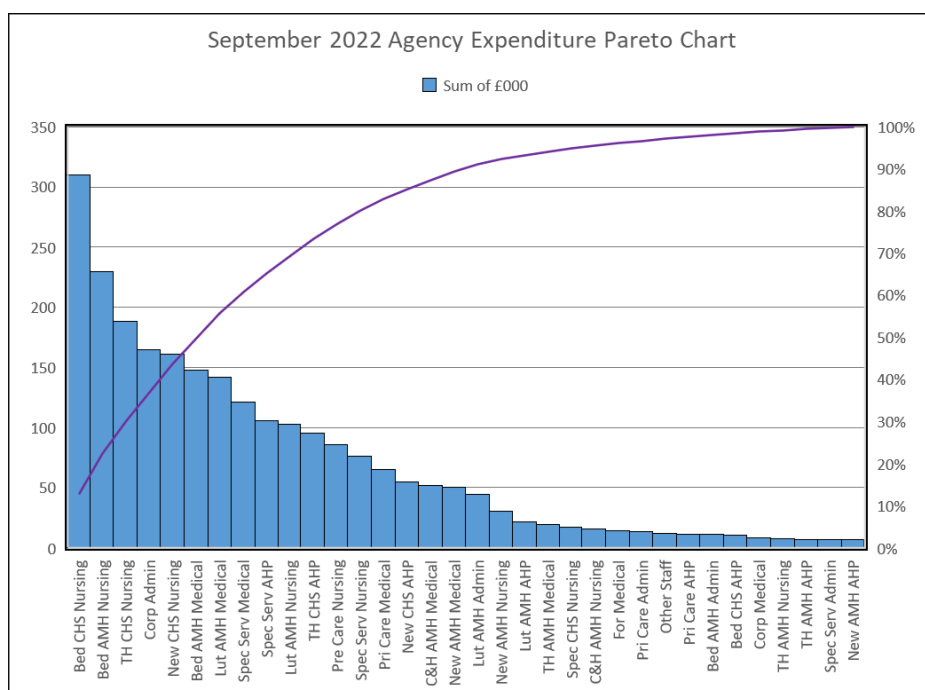
5.19 Agency expenditure is summarised in the charts below.

These charts include agency expenditure recorded under the Vaccination Lead Employer programme as this expenditure is included within the Trust agency ceiling.

An adjustment was made in the reporting of Vaccination Lead Employer costs in Month 6 and this reduction is reflected in this chart this month.







## 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 Conclusions

- 7.1 Reported net deficit at Month 6 is £4,203k, which is £2,909k adverse against plan.

## 8 Risks

- 8.1 Delivery of a challenging FVP is critical to meeting the Trust plan and further work is required to develop schemes to meet the recurrent £15.0m target.
- 8.2 Shortfall in funding for national pay awards is estimated to be in the region of £1.65m.
- 8.3 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.
- 8.4 The NEL CCG 0.6% convergence target is reflected in the reported figures but requires further work to develop a plan to mitigate the impact of this change.
- 8.5 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.

- 8.6 Formal agreements being completed and receipt of income for specific areas, such as Section 256 funding, CAMHS Tier 4 in Luton and Bedfordshire and national pay award funding from NHS England and Health Education England.
- 8.7 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.

## **9 Actions Being Requested**

9.1 The Trust Board is asked to:

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

## APPENDIX 1: SIX-MONTH INCOME AND EXPENDITURE RUN-RATES

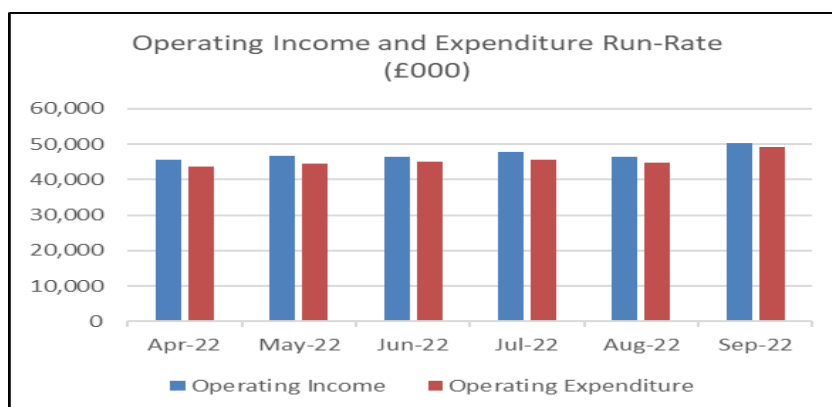
	Apr-22 £000	May-22 £000	Jun-22 £000	Jul-22 £000	Aug-22 £000	Sep-22 £000
<b>OPERATING INCOME</b>						
<b><u>Block Income</u></b>						
ICBs less funding returned to local CCGs (2021/22)	34,724	35,187	34,959	35,630	35,125	39,480
ICB COVID Funding	375	375	375	375	375	375
NHSE	839	839	839	962	870	880
<b>Sub total</b>	<b>35,939</b>	<b>36,401</b>	<b>36,173</b>	<b>36,968</b>	<b>36,370</b>	<b>40,735</b>
<b><u>Cost and Volume Income</u></b>						
Overseas Income	0	1	0	0	0	0
OATS / Spot Income	112	176	112	126	114	110
<b>Sub total</b>	<b>112</b>	<b>177</b>	<b>112</b>	<b>126</b>	<b>114</b>	<b>110</b>
<b><u>SLA Income</u></b>						
NCEL CAMHS Service (Lead Provider)	2,590	2,590	2,644	2,608	2,608	2,608
NCEL Forensic Service (BEH)	3,588	3,588	3,588	3,809	3,571	3,629
Services to other Trusts	690	690	692	688	690	694
<b>Sub total</b>	<b>6,868</b>	<b>6,868</b>	<b>6,925</b>	<b>7,104</b>	<b>6,868</b>	<b>6,931</b>
<b><u>Workforce Allocation</u></b>						
SIFT/MADEL/NMET R&D etc	<b>904</b>	<b>904</b>	<b>1,009</b>	<b>1,563</b>	<b>944</b>	<b>948</b>
<b><u>COVID-19</u></b>						
Vaccination Centre (London)	236	288	264	236	373	180
Vaccination Centre (Luton & Bedfordshire)	6	6	7	0	19	(19)
Vaccination Lead Employer	274	409	585	436	379	38
<b>Sub total</b>	<b>516</b>	<b>703</b>	<b>856</b>	<b>672</b>	<b>771</b>	<b>198</b>
<b><u>Other Income</u></b>						
Primary Care	195	190	213	240	149	266
CAMHS	3	3	3	3	4	0
Addiction Services	290	290	290	290	290	301
Community Services (Local Authority)	681	678	693	686	681	676
Other Income	61	61	61	61	61	(53)
<b>Sub total</b>	<b>1,231</b>	<b>1,222</b>	<b>1,259</b>	<b>1,280</b>	<b>1,185</b>	<b>1,190</b>
<b><u>Deferred Income</u></b>						
Deferred Income Released	0	447	223	223	223	223
<b>Sub total</b>	<b>0</b>	<b>447</b>	<b>223</b>	<b>223</b>	<b>223</b>	<b>223</b>
<b>EBITDA Income</b>	<b>45,569</b>	<b>46,723</b>	<b>46,558</b>	<b>47,937</b>	<b>46,476</b>	<b>50,336</b>

<b>OPERATING EXPENDITURE</b>	<b>Apr-22</b>	<b>May-22</b>	<b>Jun-22</b>	<b>Jul-22</b>	<b>Aug-22</b>	<b>Sep-22</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b><u>Mental Health Services</u></b>						
Tower Hamlets	(3,664)	(3,799)	(3,864)	(3,638)	(3,978)	(4,824)
Newham	(3,219)	(2,949)	(3,468)	(3,357)	(3,200)	(4,011)
City & Hackney	(3,400)	(3,545)	(3,564)	(3,653)	(3,742)	(4,534)
Forensic Services	(3,109)	(3,018)	(3,171)	(3,009)	(3,030)	(4,029)
Specialist Services	(4,784)	(4,864)	(4,836)	(4,451)	(4,597)	(6,152)
Luton	(2,170)	(2,023)	(2,114)	(2,193)	(2,054)	(2,779)
Bedfordshire	(4,236)	(4,361)	(4,428)	(4,271)	(4,407)	(5,328)
Less COVID-19 Costs	164	80	157	86	130	140
<b>Sub total</b>	<b>(24,418)</b>	<b>(24,479)</b>	<b>(25,289)</b>	<b>(24,486)</b>	<b>(24,878)</b>	<b>(31,517)</b>
<b><u>Community Health &amp; Primary Care</u></b>						
Newham CHS	(2,057)	(2,240)	(2,089)	(2,135)	(2,187)	(2,825)
Specialist CHS	(574)	(555)	(593)	(570)	(597)	(707)
Tower Hamlets CHS	(1,109)	(1,249)	(1,217)	(1,095)	(1,339)	(1,538)
Bedfordshire CHS	(3,566)	(3,616)	(3,542)	(4,007)	(3,910)	(4,124)
Primary Care	(672)	(621)	(751)	(746)	(826)	(764)
Less COVID-19 Costs	17	81	9	(46)	4	(110)
<b>Sub total</b>	<b>(7,961)</b>	<b>(8,200)</b>	<b>(8,184)</b>	<b>(8,599)</b>	<b>(8,855)</b>	<b>(10,068)</b>
<b><u>Commissioning</u></b>						
NCEL Provider Collaborative	(2,590)	(3,037)	(2,867)	(2,832)	(2,831)	(2,832)
<b>Sub total</b>	<b>(2,590)</b>	<b>(3,037)</b>	<b>(2,867)</b>	<b>(2,832)</b>	<b>(2,831)</b>	<b>(2,832)</b>
<b><u>Central Support Services</u></b>						
Board / Members' Council	(261)	(246)	(318)	(210)	(322)	(301)
Director of Operations	(189)	(123)	(733)	(97)	(69)	(122)
Corporate Affairs	(64)	(94)	(102)	(104)	(15)	(91)
ICT	(736)	(436)	(954)	(776)	(702)	(819)
Business Develop Unit	(65)	(86)	(144)	(71)	(125)	(133)
Social Inclusion	(98)	(87)	(82)	(77)	(73)	(87)
Finance	(452)	(556)	(330)	(438)	(455)	(535)
Human Resources	(674)	(652)	(724)	(755)	(525)	(821)
Central Medical/Pharmacy	(728)	(603)	(669)	(631)	(659)	(877)
NMET	(281)	(238)	(250)	(227)	(262)	(216)
Central Nursing/MHA admin	(379)	(584)	(534)	(498)	(571)	(650)
Chief Quality Officer	(385)	(405)	(415)	(354)	(344)	(552)
Director of Integrated Care	(155)	(298)	(153)	(224)	(201)	(71)
R&D	(28)	(25)	(77)	(28)	(84)	(9)
AMPS	(0)	(0)	(0)	(0)	(0)	(0)
Estates & Facilities	(2,343)	(2,630)	(2,981)	(2,424)	(2,687)	(2,872)
Central NHS SLAs	0	(62)	62	0	0	(0)
Less COVID-19 Costs	3	4	19	13	11	(4)
<b>Sub total</b>	<b>(6,836)</b>	<b>(7,121)</b>	<b>(8,386)</b>	<b>(6,902)</b>	<b>(7,083)</b>	<b>(8,160)</b>
Community Transformation						
<b>Sub total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b><u>COVID-19</u></b>						
Central COVID-19 Costs	(70)	17	(159)	(96)	(64)	(41)
Clinical Directorate COVID-19 Costs	(181)	(161)	(165)	(40)	(134)	(31)
Vaccination Centres	(241)	(294)	(271)	(236)	(392)	(161)

NEL Vaccination Lead Employer	(274)	(409)	(586)	(425)	(388)	(39)
<b>Sub total</b>	<b>(767)</b>	<b>(847)</b>	<b>(1,181)</b>	<b>(797)</b>	<b>(978)</b>	<b>(272)</b>
<b>Reserves</b>						
Development Reserve	(282)	(282)	565	(188)	419	(523)
Financial Viability	0	0	524	(288)	378	63
Non-recurrent support	0	0	0	0	0	426
Pay/non pay reserve	(778)	(558)	(878)	(1,621)	(872)	3,638
<b>Sub total</b>	<b>(1,061)</b>	<b>(841)</b>	<b>211</b>	<b>(2,097)</b>	<b>(75)</b>	<b>3,603</b>
<b>Other</b>						
Other non-recurrent items	0	149	602	0	0	0
<b>Sub total</b>	<b>0</b>	<b>149</b>	<b>602</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>EBITDA Spend</b>	<b>(43,632)</b>	<b>(44,376)</b>	<b>(45,093)</b>	<b>(45,711)</b>	<b>(44,699)</b>	<b>(49,246)</b>

<b>REPORTED EBITDA SURPLUS/(DEFICIT)</b>	<b>1,937</b>	<b>2,346</b>	<b>1,465</b>	<b>2,226</b>	<b>1,777</b>	<b>1,090</b>
Interest Receivable	67	77	100	112	126	184
Interest Payable	(220)	(220)	(220)	(378)	(260)	(260)
Depreciation	(1,885)	(2,020)	(2,025)	(1,888)	(1,954)	(1,954)
Public Dividend Capital	(444)	(444)	(444)	(444)	(444)	(444)
<b>NET SURPLUS/(DEFICIT) BEFORE ADJS</b>	<b>(544)</b>	<b>(261)</b>	<b>(1,125)</b>	<b>(373)</b>	<b>(756)</b>	<b>(1,385)</b>
<b>Lease adjustment</b>	<b>0</b>	<b>0</b>	<b>120</b>	<b>40</b>	<b>40</b>	<b>40</b>
<b>ADJUSTED NET SURPLUS/(DEFICIT)</b>	<b>(544)</b>	<b>(261)</b>	<b>(1,005)</b>	<b>(333)</b>	<b>(715)</b>	<b>(1,345)</b>

	<b>Apr-22</b>	<b>May-22</b>	<b>Jun-22</b>	<b>Jul-22</b>	<b>Aug-22</b>	<b>Sep-22</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>COVID-19 Block Income</b>						
CCGs COVID Funding	375	375	375	375	375	375
BLMK Hospital Discharge Fund	0	0	0	0	0	0
<b>COVID-19 Other Income</b>						
Vaccination Centre (London)	236	288	264	236	373	180
Vaccination Centre (Luton & Bedfordshire)	6	6	7	0	19	(19)
Vaccination Lead Employer	274	409	585	436	379	38
<b>TOTAL COVID Income</b>	<b>891</b>	<b>1,078</b>	<b>1,231</b>	<b>1,047</b>	<b>1,146</b>	<b>573</b>
<b>COVID-19 Expenditure</b>						
Central COVID-19 Costs	(70)	17	(159)	(96)	(64)	(41)
Clinical Directorate COVID-19 Costs	(181)	(161)	(165)	(40)	(134)	(31)
Vaccination Centres	(241)	(294)	(271)	(236)	(392)	(161)
NEL Vaccination Lead Employer	(274)	(409)	(586)	(425)	(388)	(39)
<b>TOTAL COVID Expenditure</b>	<b>(767)</b>	<b>(847)</b>	<b>(1,181)</b>	<b>(797)</b>	<b>(978)</b>	<b>(272)</b>
<b>NET COVID INCOME LESS EXPENDITURE</b>	<b>124</b>	<b>231</b>	<b>50</b>	<b>251</b>	<b>168</b>	<b>302</b>



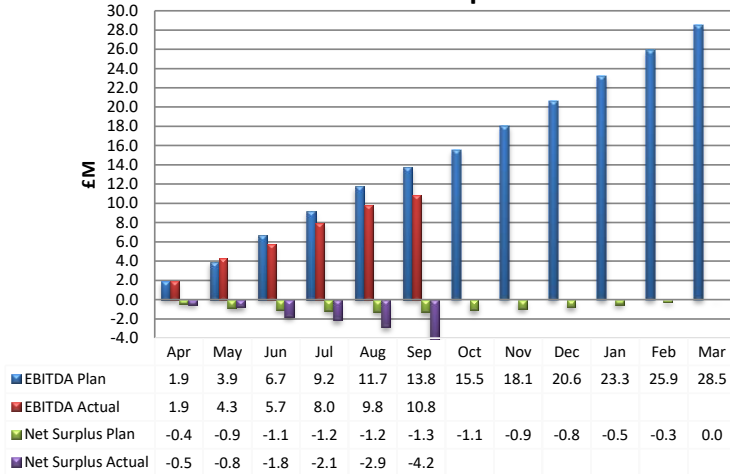


## Financial Overview to Period Ending 30th September 2022

### EBITDA AND NET SURPLUS

Reported	To 30/09/22		Projection		Plan	
	£m	%	£m	%	£m	%
EBITDA	10.8	3.8	31.2	5.6	31.2	5.6
SURPLUS/ (DEFICIT)	(4.2)	(1.6)	0.0	0.0	0.0	0.0

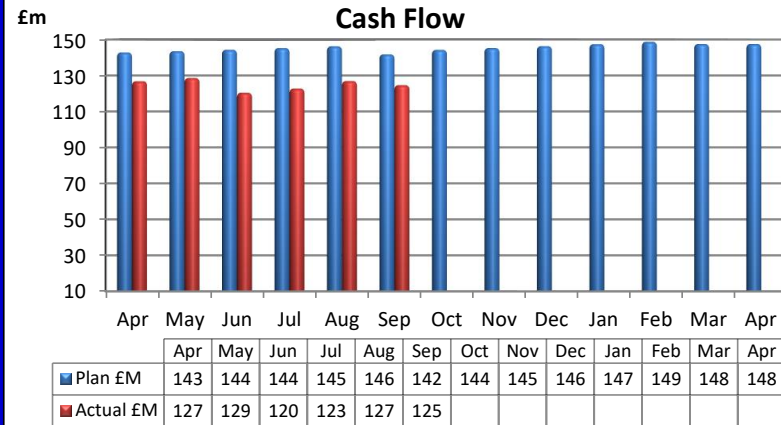
### EBITDA and Net Surplus



### WORKING CAPITAL

	£m	Risk
Cash : at Bank	124.6	●
: Short term deposits	0.0	
Short term : Assets	166.6	
: Liabilities	122.3	●

### Cash Flow



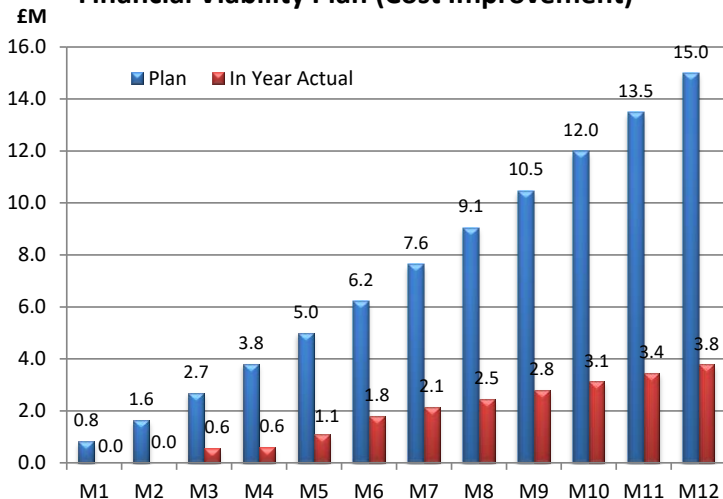
### RISKS AND RISK RATINGS

	£m
<b>INCOME</b>	
Total EBITDA Income	562.2
CCG	434.5
NHSE	10.4
Other	114.6
Deferred Income	2.7
<b>INCOME RISK</b>	<b>LOW</b>

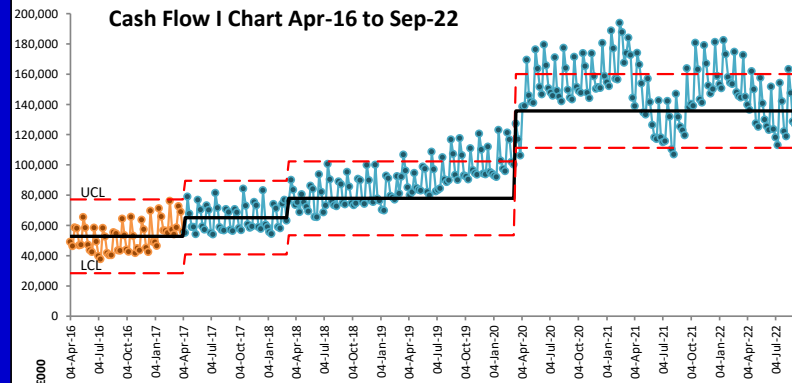
### EXPENDITURE

<b>Financial Viability Prog.</b>	<b>HIGH</b>
<b>Expenditure Risk</b>	<b>HIGH</b>

### Financial Viability Plan (Cost Improvement)



### Cash Flow I Chart Apr-16 to Sep-22



	Q1	M04	M05	M06
DEBTOR DAYS	8	10	8	8
CREDITOR DAYS	21	20	15	23

### SEGMENTATION FRAMEWORK

SEGMENT	1
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## 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	✓	✓	✓		✓	✓	✓	✓	✓
	Matters Arising from Trust Board private	✓	✓	✓		✓	✓	✓	✓	✓
	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	✓				✓			✓	
	People Plan Updates:	✓	✓	✓		✓	✓	✓	✓	✓
	~Equality, Diversity & Inclusion (part of People Plan)								✓	
	~ Workforce Race Equality Standard Report									
	~ Workforce Disability Equality Standard Report						✓			
	Guardian of Safe Working Reports (quarterly and annual)					AR	✓			
	Safe Staffing	✓				✓			✓	
	Staff Survey (inc in People Plan)		✓							
Finance	Patient & Carer Race Equality Framework PCREF					✓	✓			
	Finance Report	✓	✓	✓		✓	✓	✓	✓	✓
	Financial Viability									
Governance	Annual Report and Accounts					✓	✓			

## Trust Board Forward Plan 2019-21 at July 2020

	Annual Reports:									
	~ Compass Wellbeing CIC Proposal and Annual Report	✓							✓	
	~ Health & Care Space Newham 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					✓	✓			

[illegible]

## Acronyms

### A

<b>AfC</b>	Agenda for Change
<b>AGS</b>	Annual governance statement
<b>AHM</b>	Associate Hospital Manager
<b>AHP</b>	Allied Healthcare Professional
<b>ANA</b>	Apprentice Nursing Associate
<b>ANP</b>	Advanced Nurse Practitioner

### B

<b>BAF</b>	Board Assurance Framework
<b>BAME</b>	Black, Asian and Minority Ethnic
<b>BCF</b>	Better Care Fund
<b>BCHS</b>	Bedfordshire Community Health Services Trust
<b>BEH</b>	Barnet, Enfield & Haringey Mental Health Trust
<b>BLM</b>	Black Lives Matter
<b>BLMK</b>	Bedfordshire, Luton & Milton Keynes

### C

<b>C&amp;I</b>	Camden & Islington NHS FY
<b>CAMHS</b>	Children & Adolescent Mental Health Services
<b>CCG(s)</b>	Clinical Commissioning Group(s)
<b>CCT</b>	Community Care Team
<b>CDO</b>	Chief Digital Officer
<b>CEA</b>	Clinical excellence awards
<b>CEO</b>	Chief Executive Officer
<b>CFO</b>	Chief Finance Officer
<b>CHS</b>	Community Health Services
<b>CMHT</b>	Community Mental Health Team
<b>CMO</b>	Chief Medical Officer
<b>CN</b>	Chief Nurse
<b>CNWL</b>	Central & North West London NHS FT
<b>CoG</b>	Council of Governors
<b>COO</b>	Chief Operating Officer
<b>CPA</b>	Care programme approach
<b>CPD</b>	Continuing professional development
<b>CPN</b>	Community Psychiatric Nurse
<b>CQC</b>	Care Quality Commission
<b>CQUIN</b>	Commissioning for quality and innovation
<b>CRHT</b>	Crisis resolution and home treatment
<b>CRR</b>	Corporate Risk Register

### D

<b>Datix</b>	Incidents complaints reporting management system
<b>DBS</b>	Disclosure and barring service
<b>DD</b>	Due diligence
<b>DMT</b>	Directorate Management Team
<b>DNA</b>	Did not attend
<b>DoH</b>	Department of Health & Social Care
<b>DHSC</b>	
<b>DoLS</b>	Deprivation of liberty safeguards
<b>DRR</b>	Directorate Risk Register

### E

<b>ED</b>	Executive Director
<b>EDI</b>	Equality
<b>EDS</b>	Eating Disorder Service
<b>EIS</b>	Early Intervention Service
<b>ELFT</b>	East London NHS FT
<b>EPUT</b>	Essex University Partnership NHS TF
<b>EMIS</b>	Electronic patient record system
<b>EoE</b>	East of England
<b>EPPR</b>	Emergency preparedness

### F

<b>F2SU/FTSU</b>	Freedom To Speak Up
<b>FBIC</b>	Finance, Business & Investment Committee
<b>FFT</b>	Friends and family test
<b>FOI</b>	Freedom of information
<b>FPPR</b>	Fit and proper persons regulation
<b>FT</b>	Foundation Trust
<b>FV</b>	Financial viability

### G

<b>GDPR</b>	General Data Protection Regulations
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### H

<b>H1/H2</b>	2021/2022 NHS finance regime
<b>HCA</b>	Healthcare Assistant
<b>HCP</b>	Healthcare Professional
<b>HEE</b>	Health Education England
<b>HOSC</b>	Health Overview and Scrutiny Committee

### I

<b>IAPT</b>	Improving Access to Psychological Therapies
<b>ICB</b>	Integrated Care Board
<b>ICCC</b>	Integrated Care & Commissioning Committee
<b>ICP</b>	Integrated Care Partnership
<b>ICP</b>	Integrated care pathway
<b>ICO</b>	Information Commissioners Office
<b>ICS</b>	Integrated Care System
<b>IG</b>	Information governance
<b>IPC</b>	Infection prevention and control
<b>IT</b>	Information technology
<b>ITT</b>	Intention/invitation to tender

### K

<b>KLOE</b>	Key line of enquiry
<b>KPI(s)</b>	Key performance indicator(s)

**L**

<b>LA</b>	Local authority
<b>LCFS</b>	Local Counter Fraud Service
<b>LD</b>	Learning Disabilities
<b>LeDeR</b>	Learning Disabilities Mortality Review
<b>LTP</b>	Long Term Plan
<b>LWW</b>	London living wage
<b>LFPSE</b>	Learning from Patient Safety Events

**M**

<b>MDT</b>	Multi-Disciplinary Team
<b>MHA</b>	Mental Health Act
<b>MHS</b>	Mental Health Services
<b>MOU</b>	Memorandum of understanding

**N**

<b>NCEL</b>	North Central East London Provider Collaborative
<b>NED</b>	Non-Executive Director
<b>NEET</b>	Young people between the ages of 16 and 24 that are not in full time education, employment or training
<b>NEL</b>	North East London
<b>NHSE</b>	NHS England
<b>NHSI</b>	NHS Improvement
<b>NHSEI</b>	NHS England/NHS Improvement
<b>NICE</b>	National Institute for Clinical Excellence in Health
<b>NMC</b>	New models of care

**O**

<b>OBC</b>	Outline business case
<b>OD</b>	Organisational development
<b>OOA</b>	Out of area
<b>OPEL</b>	Operational Pressures Escalation Level

**P**

<b>P&amp;C</b>	People & Culture
<b>PALS</b>	Patient Advice and Liaison Service
<b>PC</b>	Primary Care
<b>PCSE</b>	Primary Care Support England
<b>PCN</b>	Primary Care Network
<b>PFI</b>	Private finance initiative
<b>PHSO</b>	Parliamentary and Health Service Ombudsman
<b>PICU</b>	Psychiatric Intensive Care Unit
<b>PMO</b>	Programme management office
<b>PP</b>	People participation
<b>PPG</b>	People Participation Group
<b>PPL</b>	People Participation Lead
<b>PSW</b>	Peer Support Worker
<b>PSIRF</b>	Patient Safety Incident Response Framework

**Q**

<b>QA</b>	Quality assurance
<b>QAC</b>	Quality Assurance Committee
<b>QI</b>	Quality improvement
<b>QIA</b>	Quality impact assessment

**R**

<b>RAID</b>	Rapid assessment
<b>RCA</b>	Root cause analysis
<b>RCP</b>	Royal College of Physicians
<b>RIO</b>	Electronic patient record system
<b>RLW</b>	Real living wage
<b>RTT</b>	Referral to treatment
<b>RVS</b>	Respiratory syncytial virus

**S**

<b>SCYPS</b>	Specialist Child and Young Person Services
<b>SEND</b>	Special Educational Need and Disability
<b>SI</b>	Serious incident
<b>SID</b>	Senior Independent Director
<b>SIRO</b>	Senior Information Risk Officer
<b>SLT</b>	Senior leadership team
<b>SJR</b>	Structure judgement review
<b>SOC</b>	Strategic outline case
<b>SOF</b>	Single Oversight Framework
<b>SOP</b>	Standard operating procedure
<b>SME</b>	Small and medium-sized enterprises
<b>SPA</b>	Single point of access
<b>SPOR</b>	Single point of referral
<b>SRO</b>	Senior Responsible Officer
<b>STEIS</b>	Strategic executive information system
<b>System One</b>	Electronic patient record system

**T**

<b>ToR</b>	Terms of reference
<b>TWWTG</b>	Trust-wide Working Together Group

**V**

<b>VCS</b>	Voluntary and community sector
<b>VCSE</b>	Voluntary, community and social enterprise

**VDI**

Virtual desktop infrastructure

**VfM**

Value for money

**VPN**

Virtual private network

**VSM**

Very Senior Manager

**W**

<b>WDES</b>	Workforce Disability Equality Standard
<b>WRES</b>	Workforce Race Equality Standard
<b>WTD</b>	Working time directive
<b>WTE</b>	Whole-time equivalent
<b>WTG</b>	Working Together Group

