

Board of Directors Meeting in public

Thursday 26 January 2023 from 13:00 – 15:15

Toynbee Hall, Lecture Room, 28 Commercial St, London E1 6LS

12:15 – 13:00

Lunch

15:45 – 16:15

QI Presentation – Newham CAMHS, Tackling Demand and Waiting Times

Agenda

Opening Matters

1	Welcome and Apologies for Absence*	Note	Eileen Taylor	13:00
2	Patient Story: Cost of Living presented by Susan Downing	Note		
3	Declarations of Interests	Assurance	All	13:20
4	Minutes of the Previous Meeting held in Public on 24 November 2022	Approve	Eileen Taylor	
5	Action Log and Matters Arising from the Minutes	Assurance	All	
6	Matters Arising from Trust Board Meeting 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	People Participation Committee Assurance Report	Assurance	Aamir Ahmad	14:05
12	Quality Assurance Committee Assurance Report	Assurance	Prof Dame Donna Kinnair	14:10
13	Quality Report	Assurance	Dr Amar Shah	14:15
14	Performance Report	Assurance	Dr Amar Shah Edwin Ndlovu	14:25
15	Prevention of Future Deaths Report	Assurance	Dr David Bridle	14:35

People

16	Appointments & Remuneration Committee Assurance Report	Assurance	Deborah Wheeler	14:45
17	People Plan Report	Assurance	Tanya Carter	14:50
18	Safer Staffing Report	Assurance	Lorraine Sunduza	15:00

Finance

19	ELFT Charitable Funds Assurance Report <ul style="list-style-type: none"> ELFT Charitable Funds Committee Terms of Reference 	Assurance	Aamir Ahmad	15:10
20	Finance, Business & Investment Committee Assurance Report	Assurance	Aamir Ahmad	15:15
21	Finance Report	Assurance	Samanthi Gibbens	15:20

Closing Matters

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

*verbal update

Eileen Taylor Chair of the Trust

12:15 – 13:00 Lunch

15:45 – 16:15 A QI teatime presentation will focus on tackling demand and waiting times in Newham CAMHS

Presenters:

- Fiona Stockley, General Manager CAMHS
- Christian Hudson, CAMHS Senior Project Manager – Wait Times

Board of Directors Register of Interests: 20 January 2023

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"> • Director and Trustee Place2BeCrisis • Volunteer, Shout (crisis support text line charity) • Psychotherapy Student, Regents University • Mentor at Mosaic, an LGBT+ young persons charity • Volunteer Counsellor at Naz a charity in West London
Ken Batty	Senior Independent Director	<ul style="list-style-type: none"> • Chair of Trustees, Mosaic LGBT+ Young Persons Trust (receives funding from Lambeth CCG) • Chair of Nominations Committee, Royal College of Emergency Medicine • Director, 97 Langney Road Ltd • Director, Effingbat Properties Ltd • Director, Ken Batty in London Ltd • Fellow Royal Society of Arts (FRSA) • Vice Chair, Inner Circle Educational Trust • Trustee of Dr Frost Learning • Member, Queen Mary University of London (QMUL) Council
David Bridle	Interim Chief Medical Officer	<ul style="list-style-type: none"> • Member, British Medical Association • Member, Medical Protection Society • Member, Royal College of Psychiatrists • Member, General Medical Council

Name	Job Title	Interests Declared
Paul Calaminus	Chief Executive	<ul style="list-style-type: none"> • Member of North East London Integrated Care Board • Member of City and Hackney Integrated Commissioning Board • Member of Bedfordshire Care Alliance • Member of Central Bedfordshire Health and Wellbeing Committee • Wife is a Civil Servant in Department of Health • Named Shareholder for Health E1 • Named Shareholder for Tower Hamlets GP Care Group • Named Shareholder for City & Hackney GP Federation • Named Shareholder for Newham GP Federation
Richard Carr	Non-Executive Director	<ul style="list-style-type: none"> • Director and part owner, Richard Carr Consulting Ltd • Managing Director of East Midlands Development Corporation • Interim Director of Corporate Services, Edinburgh City Council (part-time)
Tanya Carter	Chief People Officer	<ul style="list-style-type: none"> • Board Member of the Healthcare People Management Association (HPMA) • Chair of the Healthcare People Management Association Talent Board (HPMA) • Co - Chair of the London HR Directors Network • Member Chartered Institute of Personnel Development (CIPD)
Anit Chandarana	Non-Executive Director	<ul style="list-style-type: none"> • Lead Director, Network Rail Infrastructure Limited
Steven Course	Chief Finance Officer / Deputy Chief Executive – Luton & Bedfordshire	<ul style="list-style-type: none"> • Director, Health & Care Space Newham Ltd • Wife is a physiotherapist working at March Physiotherapy Clinic (private practice)

<p>Professor Sir Sam Everington KBE</p>	<p>Non-Executive Director</p>	<ul style="list-style-type: none"> • GP Partner in Tower Hamlets since 1989 in Bromley By Bow Health. Is a member of Tower Hamlets GP Care group (CIC) • General Practice, based on the same site as The Bromley by Bow Centre (Charity). • Associate director NHS Resolution 2018- • Non-executive director of ELFT 2020- • Director Bromley by Bow Health Limited - joint venture with Greenlight Pharmacy around training of pharmacists in primary Care Sept 2020- • BMA Council member, 1989- • Vice President of the BMA, 2015- • Fellow of Queen Mary University of London 2015- • As a GP partners member of the MDDUS - insurance for the GP partnership. • Vice President Queen's Nursing Institute 2016- • Vice President and Council member the College of Medicine 2019- • Board member NHS Strategic Infrastructure Board 2020- • Member of the Royal College of GPs 1989- • Council member RCGP November 2022- • HEE Chair medical apprenticeship committee 2020- • HEE member of GP pilot committee 2019- <ul style="list-style-type: none"> • Wife: Linda Aldous is a Partner in Bromley by Bow Health and a clinical lead for North-East London CCG and Director Bromley by Bow Health Limited - joint venture with Greenlight Pharmacy around training of pharmacists in primary Care Sept 2020- (GP Business Partners, Dr Khyati Bakhai, Dr Selvaseelan Selvarajah, are Directors of Greenlight GP Connect Ltd Sept 2020-) Director and Chair of MEEBBB Health CIC (A Primary Care Network, Tower Hamlets) • Stepson: Jordan Aldous-Wilson is employed by Bromley By Bow Health as a receptionist. <p>Business Partners:</p> <ul style="list-style-type: none"> • Rob Trimble, Chief Executive of The Bromley by Bow Centre is a non-paid partner of Bromley by Bow Health • Dr Julia Davis, GP business partner is paid by the GP Partnership to act as deputy CEO of the Bromley By Bow Centre (Charity) • Dr Savitha Pushparajah, GP Business Partner is a non-paid director of the Bromley By Bow Centre (Charity) • GP Business Partners, Dr Khyati Bakhai, Dr Selvaseelan Selvarajah, are Directors of Greenlight GP Connect Ltd Sept 2020-
---	-----------------------------------	---

Name	Job Title	Interests Declared
		<ul style="list-style-type: none"> GP Business Partner, Dr Joe Hall, Board Member of GP Care Group cic, Confederation of all general practices in Tower Hamlets.
Richard Fradgley	Executive Director of Integrated Care	<ul style="list-style-type: none"> Social Worker registered with Social Work England
Samanthi Gibbens	Interim Chief Finance Officer	<ul style="list-style-type: none"> Director, Health & Care Space Newham Husband works for Hatmill as a consultant in Supply Chain, currently working with senior NHSIE staff on the Covid Vaccination Programme (Skipton House, London). He is a senior staff member in logistics and vaccine operations at NHS England Brother is Senior Public Health Commissioning and Contract Manager at NHSEI, East of England
Dr Paul Gilluley	Chief Medical Officer	<ul style="list-style-type: none"> Board of LGBT Foundation Member, British Medical Association Member, General Medical Council Member, Medical Defence Union Member, Royal College of Psychiatrist Member, Stonewall
Philippa Graves	Chief Digital Officer	<ul style="list-style-type: none"> None
Professor Dame Donna Kinnair DBE	Non-Executive Director	<ul style="list-style-type: none"> Board Member, NHS Race and Health Observatory Honorary Fellow, Faculty of Nursing and Midwifery RCSI Leadership Fellow, Windsor Castle, Society of Leadership Fellows Member, College of Medicine Patron, Trinity College Medical Society Trustee, Burdett Trust for Nursing NED at Royal Free Hospital NHS FT Director at DDK Consultancy Ltd (provides ad hoc training and other consultancy support; clients NHS organisations).
Mark Lam	Trust Chair	<ul style="list-style-type: none"> Group Chair, Royal Free London NHS Foundation Trust Chair, East London NHS Foundation Trust Chair, North Middlesex University Hospitals NHS Trust (appointed from 30 October 2021) Vice-Chair, UCL Health Alliance Vice-Chair and Shareholder of Broadway Partners, a broadband telecommunications business. Broadway Partners is backed by the private equity firm Downing LLP (1 February 2022) Non-Executive Director, Social Work England Private business consultant Hastings International Piano Trustee

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

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

Board of Directors

DRAFT Minutes of the Board of Directors meeting held in public on Thursday, 24 November 2022 at 13:00 at The Rufus Centre, Steppingley Road Flitwick MK45 1AH and on Zoom

Present:	Eileen Taylor Aamir Ahmad Ken Batty Dr David Bridle Paul Calaminus Richard Carr Tanya Carter Anit Chandarana Prof Sir Sam Everington Richard Fradgley Samanthi Gibbens Philippa Graves Prof Dame Donna Kinnair Edwin Ndlovu Dr Amar Shah Lorraine Sunduza Dr Mohit Venkataram Deborah Wheeler	Acting Trust Chair Non-Executive Director Non-Executive Director Interim Chief Medical Officer Chief Executive Non-Executive Director Chief People Officer Non-Executive Director Non-Executive Director Executive Director of Integrated Care and Deputy CEO Interim Chief Finance Officer Chief Digital Officer Non-Executive Director Chief Operating Officer Chief Quality Officer Chief Nurse and Deputy CEO Executive Director of Commercial Development Non-Executive Director
In attendance:	Liz Birch Nova Davies Deborah Dover Jude Hirstwood Cathy Lilley Nicki McCoy Linda McRoberts Glen Mitchell Kamila Naseova Jamu Patel Steph Quitaleg Rachel Williams	Governor Service user (part) Director of Patient Safety Service user (part) Director of Corporate Governance Corporate Secretariat Manager Minute Taker Communications PP Lead, Bedfordshire Community Health (part) Governor Senior Executive Assistant Governor
In attendance online:	Roshan Ansari Yasmin Begum Owen Bennett Gren Bingham Shirley Biro Ivor Parrish Kathryn Smith Felicity Stocker Suzana Stefanic	Governor Governor Head of Quality & Governance, Nottinghamshire NHS Governor Governor Governor Governor Governor Governor
Apologies:	Derek Feeley Mark Lam	Board Adviser 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 in particular new Governors and also Owen Bennett, joining to observe in preparation for his new role as Head of Quality & Governance at Nottinghamshire Healthcare Trust.

Eileen reminded everyone that questions relating to agenda items can be asked at the end of the meeting if time allows.

- 1.2 Apologies were noted as above

2. Patient Story: People Participation in Bedfordshire Community Services

- 2.1 Nova Davis and Jude Hirstwood, accompanied by Kamila Naseova shared their experience of people participation (PP):

:

- Nova was introduced informally to PP by Jude when they met at the day care centre.
- Through PP she has the opportunity to practice skills she thought she had forgotten from when she originally worked in HR, such as interviewing. She is also learning new skills and gaining knowledge about how the Trust works and about quality improvement.
- Tasks have been varied: Nova has helped to check local residential care environments and has been designing new information leaflets, e.g. one on Warfarin and one for the continence service, and is about to begin one to look at dementia.
- Nova has met many lovely people through PP and is very grateful for being involved. However, there have been challenges including travel as both Nova and Jude are wheelchair users and as public transport is not always possible, this can make attending meetings very difficult. Another issue is around the lack of involvement of carers who are an important part of PP.
- Jude was recruited through the NHS, a speech therapist first mentioned PP to her.
- Jude was diagnosed via Zoom during Covid lockdown and when she had stopped speaking.
- Jude was initially wary her involvement in PP would be tokenistic and if that was the case she would not stay; however, she is proud she has been involved for a year.
- There have been significant personal changes: Jude is now talking and is being encouraged to be more involved. However, the success means ever increasing demand, such that she is suggesting the service needs some re-thinking.
- The tasks are so many that as soon as one is finished there are two more waiting and there is little time to monitor or evaluate. Jude and the PP group are keen to be involved, but are mindful of the impact on their own health and the risk of burn-out.
- The group is working at capacity and need to recruit more people, both to allow current members a break and also because PP is a life-changing activity and should be shared more widely.
- Jude particularly thanked Kamila for her support and hard work.

- 2.2 In discussion the Board:

- Noted the key benefits from PP which should be used to promote involvement including the valuable opportunity of reducing the risk of isolation and the opportunity to build confidence; people begin to think they have nothing to contribute and can be judged by what they cannot do rather than what they can. Being involved in PP is valuable in dealing with this.

- Invited Jude and Nova to the ELFT ability meeting, which it was agreed they can attend online. Details to be sent.

ACTION: Mohit Venkataram

On behalf of the Board, Eileen Taylor thanked Nova and Jude for attending today and sharing their inspirational experience.

3. Declarations of Interests

- 3.1 Samantha Gibbens declared that her husband now works for NHS England.

There were no additional declarations in respect of agenda items or which were not already included on the register of interests.

4. Minutes of the Previous Meeting Held on 29 September 2022

- 4.1 The minutes of the meeting held in public on 29 September 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.

Richard Carr requested an overview of the actions in the people plan as they are fundamental to the strategy so there is a need for clarity on how progress is tracking.

ACTION: Tanya Carter

6. Matters Arising from Trust Board in Private

- 6.1 There were no matters arising.

7. Chair's Report

7.1 Council of Governors

Eileen Taylor thanked the following Governors who have recently left the Council describing them as a 'guiding light' and praising their valuable input during the pandemic, they are:

- Dawn Allen, Bedford Public Governor
- Steve Codling, Central Bedfordshire Public Governor
- Joseph Croft, Staff Governor
- Arif Hoque, Tower Hamlets Public Governor
- Tee Fabikun, Newham Public Governor
- Sheila O'Connell, Staff Governor
- Aidan White, Newham Public Governor
- Paula Williams, Luton Public Governor.

Eileen also welcome the following new Governors:

- Bilal Ahmad, Newham Public Governor
- Yesmin Begum, Tower Hamlets Public Governor
- Liz Birch, Central Bedfordshire Public Governor
- Bob Cazley, Central Bedfordshire Public Governor
- Love-Jane Egbe, Staff Governor
- Cass Howes, Bedford Public Governor

- Peter Landman, Newham Public Governor
- Stella Oboyede, Newham Public Governor
- Kate Smith, Staff Governor.

7.2 Trustwide Working Together Group (TWWTG)

Eileen advised that she and Paul Calaminus had recently attended a TWWTG meeting which brought together the PP leads from across the Trust. She highlighted:

- The meeting was an example of how ELFT can operationalise its Marmot ambitions.
- Themes discussed included:
 - **Communications**
 - Service users provided examples where, in response to incidents or complaints, the Trust came across as formulaic and they have been working with the Trust to improve this.
 - The group stressed that the onus is on the Trust to listen better, especially as there may be difficulties with speech or a difference of language.
 - A service user who had been involved in a complaint talked about having turned her negative experience around to a positive one
 - The group discussed people feeling forgotten on waiting lists and the possibility that PP stay in contact with people waiting to provide reassurance.
 - **Observations:** One service user talked about an initiative she worked on about more respectful observations so they were not intrusive.
 - **Carers:** An areas where more focus is required both at this Board and in Non-Executive Directors' activities.
 - **Positive Stories:** A range of heart-warming and positive stories of service user involvement in PP.
- The framework NEDs use on their visits to clinical and corporate services will change to include a question on how patients and carers are involved in the service.

7.3 NED Visits

Deborah Wheeler reported on an online visit to the finance team, which had taken place largely without senior management present:

- The team had found some of the changes and ways of working through Covid quite difficult, particularly some of the remote working.
- A sense of powerlessness to say anything about that came through.
- The issues have since been discussed with Samanthi Gibbens and are being covered in an away day.

7.4 Donna Kinnair provided feedback on a recent informative visit to the Coburn:

- The team were proud of their work and could cite evidence on their rates of recovery.
- The team was clear on how they looked after themselves.
- Challenges included the increasingly complexity and needs of service users and as they are a relatively inexperienced team did not feel equipped to deal with some of the challenges; in particular expressed concern that the statutory training may not necessarily equip staff with their responsibilities particularly as complexity grows.
- There were signs of empowerment in how they had dealt with recruitment.
- They highlighted how much energy they were required to use, some of which could be short circuited through the Trust working in partnerships.

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

8. Chief Executive's Report

8.1 Paul Calaminus presented the report highlighting:

- Continued operational pressures across East London and Bedfordshire – these present in different ways, particularly in crisis care pathways and emergency departments. The report outlines the significant work happening to address these.
- In North East London (NEL) work continues on Integrated Care Board (ICB) development: the first formal meeting of the NEL Mental Health Learning Disability & Autism Collaborative took place this week. It was distinguished by service users at the table as equal members of the Committee and this is the intention going forwards. Priorities have been developed by service users and carers from across the area focusing on caring for and supporting each other, encompassing finding joy, helping people keep healthy and about understanding what people want to achieve.
- Collaborative development work is also taking place in Bedfordshire, Luton and Milton Keynes (BLMK) building on work with service users and the wider community.
- The media attention on mental health in-patient care in some places in England; as a result there is a focus on a therapeutic engagement approach with teams; the quality report reflects this work.
- The digital team have successfully transitioned the Trust to a new cloud provider; Philippa Graves, Chief Digital Officer, and her team were commended for this work.
- Chief People Officer, Tanya Carter featured in the Health Service Journal list of top 50 BME figures predicted to have power and influence in the English NHS over the next 12 months.
- It was pleasing to see the amount of energy present as teams are now physically coming back together in a range of areas.

8.2 Edwin Ndlovu added:

- Lengthy waiting times are a whole system issue, involving social care and other services, such as the third sector.
- There are various partnership projects, e.g. the Trust has started 'soft transfer' of service users out of ambulance waiting lists to support them as quickly as possible.
- Work is taking place with partners to ensure data quality and accuracy is improved.
- Working with PP to gather their views on what could help to find the right solutions.

8.3 In discussion the Board:

- Noted that ELFT's learning disability team will follow up about the university in Somerset for those with learning disabilities - Foxes Academy – as the Recovery Colleges could learn from and build on this.
- Received assurance that work is taking place to avoid people joining waiting lists, e.g. the new neighbourhood community mental health teams hold regular huddles attended by an extended multi-disciplinary team. This provides an opportunity for GPs and other referrers to draw in community resources to prevent some of the problems in the first place. Feedback is positive and is resulting in people receiving a different type of care plan.
- The Trust continues to offer support to staff with the cost of living pressures.
- Received assurance that, although the nurses strike ballot at the Trust had not reached the threshold for strike action, there is a focus on encouraging a dialogue with staff and to support management teams to work with different views and experiences.
- Received assurance there is a planning group for possible industrial action both in the Trust and more broadly in both Integrated Care Systems (ICS). There are various assurance frameworks being worked through and there is a set of plans for the operation of services in different eventualities, including looking at the impacts if strikes were to continue for a significant length of time.

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

9 Integrated Care & Commissioning Committee Assurance Report

9.1 Richard Carr presented the report of the meeting held on 3 November 2022 and highlighted the discussions on how, as a Committee and as a Board, progress can be tracked overall against the strategy and how the Board can be assured that progress is being made in line with where ELFT want to be at various stages.

9.2 In discussion the Board noted that an approach to outcomes measures and progress against strategy reporting is being developed, particularly the way Board reports are framed and how outcomes might be better described.

ACTION: Paul Calaminus/Richard Fradgley/Amar Shah

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

10 Audit Committee Assurance Report

10.1 Anit Chandarana presented the report of the meeting held on 6 October 2022 highlighting:

- The 2021-2022 annual report and accounts have been laid before Parliament, and presented to the Council of Governors and members at an AMM in early November.
- Mazars have been appointed as the Trust's new external auditors following a robust tender process, and thanked Governors for their support in the process.
- Good progress is being made on the plan and 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 annual report and accounts.

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

11. Quality Assurance Committee Assurance Report

11.1 Donna Kinnair presented the meeting held on 7 November 2022 highlighting:

- The Executives presented a detailed report outlining the Trust response to closed cultures in clinical services as highlighted by recent BBC One Panorama programme and Channel 4 Dispatches programme which highlighted significant failings.
- The Trust has responded by working with service operational, clinical and professional leads to review 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 robust enough so we would know where this is happening.
- The ongoing development and refinement of the integrated patient safety report which is improving the ability to see connections between issues.
- The Committee approved the revalidation of doctors' statement of compliance that confirms the Trust is complying with the Responsible Office Regulations, noting that a plan is in place to improve appraisal rates to 80% by December 2022.
- The Committee is aware that quality and safety needs to be maintained but it is at risk when demand and waiting lists are increasing and there are Covid/winter related pressures. The Committee was reassured that these areas are not leading to major disruptions at the moment and there are a range of mitigating actions in place.

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

12 Quality Report

12.1 Amar Shah highlighted the report comprises of the two domains of assurance and improvement:

Assurance:

- This section focusses on the approach being taken at ELFT to ensure safe and high quality inpatient care is being delivered, particularly in light of the aforementioned significant failings in two mental health providers.
- The report brings together the work the different clinical and operational leads are doing to support teams and to know what the quality of care and the culture is like and to be able to continually strengthen it.
- Poor quality care can happen anywhere so there is a need to remain vigilant and have systems in place to spot it and address it.
- It is important to be clear about the ELFT's approach to creating cultures that encourage people to speak up and to ensure management can listen and respond; also to pay attention to high risk practices such as observation and restrictive practices. This work was presented at the QAC earlier this month.

Quality Improvement: This section focusses on the progress with the delivery of the improvement plans for the year, particularly productivity. There is a focus on how to ensure teams are aware of how they can spend their time in having the greatest impact in pursuit of improving outcomes.

12.2 In discussion the Board:

- Noted that there will be variation across the Trust and the focus of the work is to understand variation and learn from it. There are areas of exceptional practice and some areas of focus including:
 - patient safety plan which will be a more ambitious way of thinking about safety
 - culture surveys – although not previously used, they can be helpful
 - observations – all in-patient units are undertaking improvements on observations to ensure they are meaningful and grounded in therapeutic engagement.
- Agreed that in addition to sharing good practice, an important part of this work is having the psychological safety across the organisation to name things when they do not go right and be able to address them.
- Received assurance that teams recognise that high demand cannot be solved by continuing to work in the same way. There are 50 teams looking at what can change and what can be done to remove 'waste', i.e. activity that does not add value; this covers both clinical services as well as potential systems changes. This is one of the largest pieces of improvement work the Trust has undertaken and is particularly challenging due to the pressure the teams are already under.
- Discussed the benefit of PP in avoiding closed cultures and the extent to which engagement with this is measured, and was assured that this is monitored and will be included in the leadership work is includes defining the standards of leadership behaviour and meaningful PP and coproduction will be part of this.
- Noted that before Covid some work had been undertaken to look at what vulnerable teams are and which might have some of the pre-conditions for closed cultures, and suggested it might be helpful to revisit this and map across the different services.

12.3 The Board RECEIVED, DISCUSSED and NOTED the report.**13 Performance Report****13.1 Amar Shah and Edwin Ndlovu presented the report highlighting:**

- The excellent work within Bedfordshire addiction service which is seeing a greater percentage of people completing and not re-presenting.
- The rates of inpatient violence and restraint has remained stable which represents an improvement in a period where bed occupancy is so high.

- The work on flow has recently resulted in bed occupancy reducing slightly.
- On equity a picture is being built on access to services compared to the local demographics. Initially this is looking at differences in access in Newham, looking at where there might be disparities and the potential causes.
- There is a length of stay issue that is becoming the focus of teams which relates to beds and where people are going. Teams are approaching this with system focussed solutions through partnership working.
- Future reports will also cover community health services, their urgent care response and the work being done with the ambulance service.

13.2 In discussion the Board:

- Received assurance that the response rate to the 72 hour follow-up is expected to improve. Some of the challenges are about out of area patients that are not within ELFT's remit to follow-up. Historically the Trust's data was different to the national data and part of the effort now is to use the national definitions. It is expected that aligning to the same criteria will improve the numbers.
- Noted work is currently under way to improve measuring the outcomes of complaints, rather than just the numbers. A Director of Nursing is leading on this and further information will be shared as this work progresses.
- Received assurance digital tools are being employed to help with waiting lists; one example from Newham has increased people self-managing diabetes through an app which has led to a big reduction in the diabetes waiting list. There is also a pilot running with 'Patient Knows Best' which will offer a single point of contact for service users and improve communications.

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

14 Patient Safety Framework

14.1 Deborah Dover presented the report, highlighting:

- Current work is building on previous patient safety reviews which resulted in an ambitious blueprint and clear recommendations, as well as engaging with the national patient safety strategy of 2019. The aim is to bring all this together and ensure it is in line with the international evidence base and then to design an ambitious plan. This is still in its early stages.
- A 'listening exercise' revealed that safety is a central concern for staff, service users and carers. From focus groups it was clear that staff are very proud of their safety improvement work, although they recognise there are some system problems.
- Safety is a complex and dynamic quality which continuously changes, so there is a need to continuously monitor our understanding of it.
- Safety data is also being reviewed.
- The result so far is a three-fold mission:
 - To ensure we have the safest possible care for the people we serve
 - To focus on our people, as we cannot deliver safe care without their safety
 - To look at how to support safer lives at a population and community level, linking to the work within Marmot and population health.
- Six key drivers, which will each become workstreams, have been identified:
 - Culture, leadership and governance
 - Continuous learning, insight and improvement
 - Involvement of patients, carers and families
 - Workforce safety and wellbeing
 - Equity
 - Safer communities.

- The aim is to grow the safety culture and to develop not just meaningful measures, but also tools for staff to help to improve cultures that are vulnerable, e.g. using an incivility toolkit or culture discussion forums.
- There are ways to develop the safety leadership structure further – an independent safety advisory panel and in the long-term thinking about the Board level safety role. It would also be valuable to grow a patient safety team that has links to directorate level safety champions; and to work towards a dedicated safety risk management group and skill up staff in their ability to analyse safety.
- Work is already starting on improvements, e.g. the national Patient Safety Incident Response Framework (PSIRF) is being introduced, which replaces the SI framework – this is a strong start towards a systems approach and will be valuable for continuous learning.
- Safety reporting systems will be improved enabling patients and carers to report on safety themselves, as well as learning from where things are going well. Work is underway to embed the safety syllabus from NHSE.
- QI expertise will be directed to safety, using measurement to achieve improvements.
- Patients and carers are being involved in the co-design of this plan and the aim is to involve them more, such as engagement in safety reporting and being actively involved in learning from safety incidents.
- On workforce safety – which wider than physical safety – there is a need to take a trauma informed approach and to look at burnout and wellbeing.
- Equity data will be included in new safety dashboards.
- Safer communities are about partnership working and there is a need to look at which areas to concentrate on, e.g. housing.
- Four priorities have been identified:
 - Revolutionising our SI work
 - Embedding the new national reporting system - LFPSE – we have gone out to tender for a new reporting system to do this
 - Patient safety training modules have been introduced
 - Employing patient safety partners – recruitment has started for those roles.
- The next steps are about co-design and the final draft plan will come back to the Board. There will be a launch event in March next year.

14.2 In discussion the Board:

- Thanked Deborah for a really clear and thorough paper.
- Received assurance that 'human factors' have been considered and are included in the safety training modules and will thread through leadership and QI work. This is not pulled out as a separate aspect as it threads through all elements and will be part of the new systems approach to learn from incidents. This will be covered in the next version of the plan.
- Expressed concern about the size of the plan which could result impact on deliverability, and suggested the plan needs realistic milestones included.
- Questioned how the Board will assess the impact of this programme of work and felt there needs to be clarity in the people plan about what is needed to address the workforce requirements.

ACTION: Tanya Carter

14.3 The Board **RECEIVED, DISCUSSED** and **NOTED** the draft framework.

15 Prevention of Future Deaths Report

- 15.1 David Bridle presented the report highlighting the case of a 76 year old lady who died on Casaubon ward in May 2021 from natural causes:

- Five areas of concern from the Coroner at the Inquest, particularly the CPR response and misinterpretation of whether a DNA CPR applied or not. All the issues were picked up in the serious incident (SI) investigation and actions implemented.
- One issue not picked up in the SI report was the failure to highlight the DNA CPR error in the Duty of Candour that was sent to the family, with the police and on Datix. The Coroner subsequently wrote to the police and the NMC about this. However, staff members involved had raised this with their supervisor on the day, had appropriately entered on Datix and was in the SI report that was shared with the family so there was an open response.
- There is learning from this tragic incident which is set out in the report.

15.2 In discussion, the Board:

- Received assurance that staff are supported through these processes, e.g. help with preparation, and providing buddies if they need to attend a Coroner's Court. This is central to the direction of travel, along with gathering the learning.
- Noted the Trust has written to all Coroners to update them on the direction of travel and to help understand some of the changes in perspective and one of the Coroners has been met with to talk this through.
- Noted the Trust is mindful of supporting staff through what can be challenging times.

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

16 Appointments & Remuneration Committee Assurance Report

16.1 The report was taken as read; there were no questions.

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

17 People Plan Report

17.1 Tanya Carter presented the report highlighting:

- The staff survey closes on 25 November 2022; the response rate has been lower than was hoped though has improved recently, so hoping for a late surge in responses. For the first time Bank staff have been included and their response rates have been better than comparable Trusts.
- The 'race in the workplace' survey has been completed for the first time. There were some areas of strength highlighted in the responses around our racially diverse workforce and staff are aware of how to respond appropriately if witnessing racial discrimination at work. Key areas of improvement are around a perception of a lack of confidence for staff to challenge racism and that black staff feel that their ethnicity is a barrier. There is a disproportionate percentage who have recently experienced racial micro-aggressions at work; this is a piece of work which will be continued and an update brought to a later meeting.
- The cost of living remains on the agenda and is discussed at every JSC. There is support in place for staff, such as money management workshops and some pension workshops early December.
- The Board report is being re-shaped to align with the people plan and Board Assurance Framework.

17.2 In discussion the Board:

- Noted there are very small numbers of staff using foodbanks. In response to a survey, the main theme was around women's health issues. However, some local

services, such as in Bedfordshire, have created a 'food pantry' for staff if they need it and this could be replicated across the Trust if required.

- Received assurance that a considerable amount of physiotherapy is paid for through Occupational Health for staff and there is an employee assistance programme to provide advice and support.
- Noted the main contributory factors to healthcare workforce burnout are workload and lack of control and autonomy. The Trust's focus should be on tackling these factors as well as offering support when staff experience overload.
- Noted that over the last two years ELFT has had wellbeing hubs, which offered psychological therapy for staff. Their use picked up during Covid but has slowed down considerably since; currently reviewing how this type of support can be offered to staff in a more mainstream way.
- Noted that the leadership and culture work will involve looking at how work with staff can be trauma informed and about generally supporting people.
- Stressed the need to get the basics right, such as paying people on time and speeding up recruitment.

18 Finance, Business & Investment Committee Assurance Report

18.1 Aamir Ahmad presented the report from the meeting held on 8 November 2022 highlighting:

- There are some pressures: the Trust is c£2.9m further behind on their deficit than planned. There are a combination of factors including inflation and the difficult financial environment as well as some contracts are yet to be settled.
- Both agency and FV remains a challenge.
- The Trust is currently working towards a break even position at year end and the need is now to focus on a clear path to achieve this.

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

19 Finance Report

19.1 Samantha Gibbens presented the report highlighting:

- Although the position is worse than the planned deficit, month 7 position has seen an improvement as some additional income has been received.
- Although there was some funding from NHSE for the pay award, there is a shortfall year to date of c£900k primarily due to how the pay awards are calculated which tends to have a greater negative impact on mental health trusts.
- Continued FV shortfalls totalling £4.4m, which are being partly mitigated by vacancies and underspends across the Trust. Meetings 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
- Financial planning internal processes are being reviewed and strengthened to enable clear and open discussions on vacancy levels and areas of most pressure.
- Capital and revenue has been agreed for the Bedford CAMHS Tier 4 at £3.9m.
- Agency spend slightly reduced in September but remains above the NHSE agency ceiling which had been removed during Covid. The Trust has set an ambitious target to reduce agency spend by 17%.

19.2 In discussion the Board:

- Noted there is a focus on agency and bank usage with 20 teams identified where reductions could be made. A project manager is now in place to support the work on reducing agency spend.
- Voiced some caution about relying on bank staff filling gaps in a tight labour market.

- Stressed the need to think about the medium term as well as more radical solutions, which should be a multi-team focus. Suggested a useful exercise to help to frame the medium term planning by working through the question 'how would the Trust operate on 10% less income'.
- Received assurance that the FV programme is everyone's responsibility and includes clinical teams to ensure any changes are clinically safe.
- Received assurance that the changing needs and the future workforce is being reviewed, e.g. an intergenerational meeting recently held about what the younger workforce want and how ELFT need to respond to this.
- Noted that improving value will be looked at through a quality improvement lens. This will be part of the leadership culture work to ensure that quality and safety is integral and that the importance of understanding that failing to provide the best quality interventions creates waste.
- Received assurance that there is a major review of the Trust's estates which includes identifying vacant premises and areas where savings can be realised.
-

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

20 Board of Directors Forward Plan

20.1 The Board **NOTED** the plan.

21 Any Other Business

21.1 Greenhouse Practice Christmas Fair – Donations

Cathy Lilley explained that the corporate governance team are supporting the Greenhouse Practice with their Christmas fair for the homeless on 9 December 2022 as part of the team's contribution to the Trust's Anchor focus. The Board is invited to attend on the day and/or to help with donations of warm clothes, blankets, tinned food and toiletries.

22 Questions from the Public

Questions will be responded to after the meeting.

23. Date of the Next Meeting

- Thursday 26 January 2023

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

The meeting closed at 3.30pm

ELFT

Action Log Trust Board (Part 1)

BOARD OF DIRECTORS MEETING IN PUBLIC: Action log following meeting held on 24 November 2022

Ref	Meeting Date	Agenda item	Action Point	Executive Lead	Due Date	Status	Comments
367	24-Nov-22	Action Log: People Plan	Progress on actions in the people plan action plan to be included in future reports	TC	25-Jan-23	In progress	Covered in January 2023 meeting agenda item
366	24-Nov-22	Patient Story	Invite presenters to future ELFT Ability meeting	MV	31-Mar-23		
368	24-Nov-22	Integrated Care & Commissioning Committee	An approach to outcomes measures and progress against strategy to be developed (in particular how Board reports are framed and how outcomes might be better described)	PC/RF/AS	31-Mar-23		Population health measures presented to ICCG in January 2023; broader strategy measures to be presented in March 2023
369	24-Nov-22	Patient Safety Framework	Clarity in the people plan report on what is needed to address the workforce requirements as detailed in the patient safety framework presentation	TC	31-Mar-23		
370							
371							

In progress
In progress with delay
Closed
Forward plan
Not due

REPORT TO THE TRUST BOARD IN PUBLIC
26 January 2023

Title	Chair's Report
Author	Eileen Taylor, 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:

19 January 2023	Council of Governors Meeting
-----------------	------------------------------

Key Messages

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

Strategic priorities this paper supports

Improved experience of care	<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. The Council held its meeting via Zoom on Thursday 19 January 2023.
- 2.2. This was my first meeting as substantive Chair of the Trust and I was delighted to be able to pay tribute to my predecessor Mark Lam – Mark will join us at our first face to face Council meeting in March so we can say a proper farewell to him.
- 2.3. I was also very pleased to congratulate Susan Fajana-Thomas, our long-standing appointed Governor for Hackney, for having been awarded an OBE in the New Year's Honours List for her service to equality and local government.
- 2.4. The Council remembered with much sadness the lives of two service users who we lost recently under tragic circumstances in Newham and Luton and received assurance that the staff and everyone involved will be well supported by the Trust including loved ones of the deceased.
- 2.5. In the Operational Update, Chief Quality Officer Dr Amar Shah provided Council with an update about the systems in place to ensure that the services we provide are demonstrably effective. Governor questions focused on measuring the impact of our service on wider aspects of the quality of life of service users, on how we might gauge the service quality provided by others we are working with in integrated care systems, but also on demonstrating enduring improvement beyond the interventions provided.
- 2.6. In a new development for Council, this item was followed by a presentation by Trust Vice-Chairs Aamir Ahmad and Deborah Wheeler on how they, as Non-Executive Directors can have oversight of and keep on top of what's going on, receive assurance and challenge appropriately and yet not get involved in the operational detail.
- 2.7. Initial feedback indicates that Governors really valued this insight and the opportunity to engage more, with Non-Executive Directors having increased visibility at Council. Questions focused on the sources of information NEDs can draw on such as site visits and staff feedback to gain an accurate picture of Trust services but also, in true ELFT style, what the Trust and Governors can do to support them better.
- 2.8. In November 2022 the Council set its own strategic priorities for this year and we returned to them with the first session on 'supporting carers and families'. ELFT's Director of Social Work Mary Brazier supported by Richard Fradgley presented on the development, ambitions and impact of the Trust's recent Carers Strategy.
- 2.9. Following the presentations, Governors divided into breakout rooms to discuss the following questions:
 - How can we communicate better with carers across the whole organisation.
 - How can we work more effectively across local health, social care and voluntary organisations to provide coordinated information and support for carers

- 2.10. As ever detailed feedback from each group will be captured in the minutes but the Chairs of each breakout room provided some overviews of the themes raised which were varied and really spoke of Governors' personal journeys as carers and their experience in their own community.
- 2.11. There was a strong focus on identifying carers as carers and being proactive in inviting them to seek support; increase peer support to help new carers to navigate the systems; find the right means of communications (diverse, supporting different communities and varied levels of digital knowledge or access); an increased focus on carers' mental and physical health needs (e.g. improved access to flu vaccines) and re-activating and re-energising services and support that may have fallen by the wayside due to the impact of Covid and lockdowns.
- 2.12. This was a really rich discussion that demonstrated the value of Governors focusing on their own strategy-level priority, supporting the Trust in improving the way we deliver services.
- 2.13. In a report by the Nominations and Conduct Committee, the Governors formally ratified their previous unanimous electronic vote to appoint Aamir Ahmad and Deborah Wheeler as substantive Trust Vice-Chairs for London and for Bedfordshire and Luton respectively. Many congratulations to both of them, their support is invaluable to me in my new role as Joint Chair of ELFT and NELFT.
- 2.14. Governors also received an update on the recruitment process for two new Non-Executive positions on the Board which is proceeding well with significant interest in both roles at even this early stage.
- 2.15. The Board, as required, have outlined their requirements for both roles based on the mix and balance of skills and experience on the Board, future challenges, our external environment and succession planning. As a result, we are looking for candidates with strategic finance or estates management experience, and especially for someone with lived experience as a carer.
- 2.16. The advert is being published in a large number of publications to ensure the greatest possible diversity in the audience; deadline for applications is 6 February 2023.
- 2.17. For the first time, we are holding a Virtual Open Meeting with potential applicants and Board Members/Governors; there has already been significant interest.
- 2.18. The Stakeholder Group is scheduled for 28 February, and interviews for 1 March 2023 with a recommendation to appoint anticipated for the March Council meeting.
- 2.19. A report by the Communications and Engagement Committee provided an update on the development of the new Membership Engagement Plan which is to replace the Trust's current Membership Strategy. Feedback from over 100+ survey results and conversations with members indicates that the motivation for becoming a member are varied as are the expectations on the Trust in servicing their needs.
- 2.20. A strong theme that's emerged is a real enthusiasm to move membership out of the institutional silo it's been working in for too long, and link it up not just with other areas of the Trust such as People Participation and volunteering, but also with external partners in the integrated care systems, for example other NHS Foundation Trusts and Third Sector organisations.

- 2.21. A question was raised about the regularity of Borough Director Meetings as an opportunity to raise concerns; assurance was provided that Governor concerns should be raised with the membership office directly instead of waiting for the next scheduled Borough Director Meeting to ensure they can be addressed quickly.
- 2.22. In response to a question, assurance was provided that as far as possible we will enable Governors who for reason of health or disability won't feel able to attend face to face Council meetings to participate in future meetings.

3. Chair and NED Updates

- 3.1. The first ELFT / NELFT Board to Board Session of 2023 took place on Friday 13 January. The key messages mentioned to both boards were taking a 7 boroughs approach rather than 2 Trusts approach without losing focus on out of London services and how we leverage learning from the 7 boroughs to our out of London services and improving population health outcomes while tackling inequalities in access, experience and outcomes.
- 3.2. Visits made by the NEDs since the last Board meeting include:
- Older Adults Teams: Tower Hamlets
 - Learning Disabilities – Intensive Support Team (Bedfordshire)*
- * indicates a virtual visit
- 3.3. NEDs met with members of teams delivering critical services including clinicians, support colleagues, and managers. They took the opportunity to thank them for their continued professionalism, commitment, enthusiasm and meaningful contributions during continued challenging times.

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

26 January 2023

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

Purpose of the report

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

Key messages

This report contains details of 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 Winter Pressures/Operational Update

- 2.1 Following my last report to the Board, the operational pressure on the NHS as a whole has continued to be a significant concern. In both ICS areas in which the Trust operates there have been periods in which Acute Hospital partners have been operating at OPEL 4 level (the most severe level of operational pressure) and, whilst the response from both Community Health and Mental Health teams has been very effective, there have been significant demands placed on clinicians in these services as a result.
- 2.2 Ambulance services in particular have been under sustained pressure, and this too has led to new service offers being developed particularly in community health teams. One example is that community health teams now take referrals direct from the ambulance "stack" (people in the community who are waiting for an ambulance) to help provide care more quickly than would otherwise have been the case. These changes to practice have been designed and implemented at speed, and reflect the efforts that are being made across the healthcare system to respond to pressures in a way that is in the best interests of patients. It will, of course, be important to evaluate the impact of such changes both on patients, individual staff members and teams as a whole.
- 2.3 Mental Health services have continued to experience significant pressures, particularly on the crisis and acute admission pathways. Over the winter months, we have taken the decision to increase our bed base through use of additional capacity, particularly focused on the significant number of out of area admissions that are admitted to ELFT beds in crisis.
- 2.4 The number of service users spending more than 12 hours in A&E in a mental health crisis has also continued to be an area of focus. In addition to the additional bed capacity referred to above, we are also in the process of carrying out capital work to improve the emergency care areas in which we work, and teams continue to see over 80% of mental health patients within four hours of their arrival in the A&E department. In December, I attended the Outer North East London Quality Summit with ICS, regional and CQC colleagues that focused on a number of areas relating to the Urgency and Emergency Care pathway in Outer North East London, including plans for more capacity across the whole of North East London, and a number of more specific pathway improvements in specific areas.

3.0 Industrial Action

- 3.1 Whilst staff at ELFT have not yet voted in favour of industrial action, we have been closely involved in supporting efforts to respond to the impact of industrial action both in the health service, and more widely. This has included the impact

of transport industrial action on our services and issued information and guidance to staff about exploring all options on transport strike days. Plans put in place to work remotely during the pandemic, have meant that some staff have the opportunity to work from home. For staff who are required to be physically in the workplace, options have included car-sharing, shift swaps, driving, minicabs or the option of overnight accommodation. All additional expenses are reimbursed to staff.

- 3.2 The Trust has also been involved in contingency plans in response to industrial action in ambulance services. We have put in place plans to support staff with decision making during the strike periods, and have also joined in with national messages asking the public to call 999 only in a serious medical or mental health emergency and to get advice by calling 111, contacting their GP or local pharmacist.
- 3.3 Further industrial action is planned in the health service, and further ballots are being held by unions who have not yet balloted members such as the BMA. The Trust will continue to work with staff, service users and both ICS systems to try and ensure that safe and effective services continue to be offered in both North East London and Bedfordshire.

4.0 Coronavirus/Influenza/Strep A

- 4.1 Infection Prevention and Control Guidance has been issued to staff by ELFT's Chief Nurse highlighting the latest infection prevention and control guidance. Rates of COVID and Influenza have risen in the community and this has been reflected on our wards and in increasing levels of staff sickness. In our latest communication to staff, we reiterated the importance of basic infection control measures. We have also issued information to staff about the increasing number of Strep A cases in children, and also information about increased incidents of Diphtheria in the refugee community, in particular in people originating from Afghanistan.
- 4.2 Our Chair, Eileen Taylor, unveiled our first COVID Remembrance Plaque at the Newham Centre for Mental Health. The plaque is a tribute to staff for their response during the pandemic and marks their personal sacrifice to ensure services continued for patients and service users. It was a reminder to everyone of the uncertain times at the beginning of the pandemic when the COVID virus was having a devastating impact resulting in serious illness and the sad loss life of service users and some staff. Staff in Newham suffered more losses in the pandemic than any other part of the Trust. It also marks the ongoing impact of the pandemic on services today as we address challenges with waiting times, respond to the psychological impact on young people and adults, and develop new services for people experiencing the after-effects of contracting COVID.
- 4.3 Arrangements for COVID vaccination have continued to develop to and as a result, the lead employer arrangements that have underpinned workforce provision for COVID vaccination over the last two years are now due to cease from 31st March 2023. My thanks to all of those in the People and Culture team have done so much to make these arrangements a successful support to the

vaccination programme overall. Arrangements for the vaccination centre at Mile End have also been reviewed in light of low utilisation of the centre, and this service will also come to an end on 31st March. Again, my thanks to all of those who have done so much to vaccinate so many people across East London and more widely. Unfortunately, staff vaccination rates remain low, with only around 3000 staff currently vaccinated so far in this winter campaign.

5.0 National Planning

- 5.1 Operational planning guidance for the NHS was published on 24/12/23, including national priorities for mental health, learning disability & autism and community health services, in line with the ambitions of the NHS Long Term Plan. The Trust is working closely with partners in our two Integrated Care Systems to develop our plans, which are required to be submitted via our Integrated Care Systems in draft to NHS England by 20/2/23 and in final form by 30/3/23. There is no requirement for submission of Foundation Trust specific plans.

6.0 Integrated Care systems

- 6.1 Both Bedfordshire, Luton and Milton Keynes ICS and North-East London ICS have over the past several months been working to develop ICS strategies, under the leadership and guidance of their respective Integrated Care Partnerships. The Trust has participated in the development of the strategies, in particular to support improving outcomes for our residents through a focus on mental health and community services.
- 6.2 The Trust is working with the BLMK ICB and Central North-West London NHS Foundation Trust, the Bedfordshire Care Alliance and place-based partners to take forward a Mental Health, Learning Disability & Autism Collaborative. The BLMK Integrated Care Board considered initial proposals¹ for the collaborative on 25/11/23, and approved next steps to include a three-month design programme, in which we will work with partners to develop our proposals in further detail. We are working in the context of an already well-developed commissioner and provider collaboration that has had a significant impact on improving access and outcomes over the last several years.
- 6.3 The Trust is also working with North-East London Foundation Trust, NEL ICB and our seven place-based partnerships in North-East London to mobilise a Mental Health, Learning Disability & Autism Collaborative. Of particular note is that service users and carers have led the development of seven service user and carer priorities, which the Collaborative has adopted as key priorities for improvement, and which are reflected in the ICS Strategy. Further work is underway to develop the operating model of the Collaborative.

¹ <https://bedfordshirelutonandmiltonkeynes.icb.nhs.uk/wp-content/uploads/sites/6/2022/11/25.11.22-Board-of-the-ICB-in-PUBLIC-Meeting-Pack.pdf>

- 6.4 There are significant financial pressures in the North East London ICS, and the Trust is working as a partner member of the ICS to support the mitigation of these in the current financial year. Details of this work have been reviewed in the Finance, Business and Investment Committee and are reflected in the assurance report from that committee to this Board.

7.0 Richmond Wellbeing Service

- 7.1 Richmond Wellbeing Service moved to South West London and St George's NHS Trust on 1 December 2022 as part of the move to more Integrated Care System arrangements. The service is based in Twickenham and has been part of ELFT since 2012. The service provided a high quality well regarded IAPT service offering group and individual sessions to people with low mood, anxiety, and other psychological issues and has received excellent feedback over the years.

8.0 Expansion of Mental Health Triage Service in Luton and Beds

- 8.1 Mental Health Street Triage (MHST) support in Bedfordshire and Luton has expanded for the winter with the addition of a second response vehicle as part of a three month-pilot. The new vehicle operated by an ELFT mental health professional and a police officer, went live on November 1, 2022. They will attend immediate mental health crisis incidents across the county that have been reported to Bedfordshire Police force control room. A commissioning process is currently ongoing, aiming to achieve 24/7 coverage in the future.
- 8.2 The MHST team was initially launched in 2016 and enables police officers to respond to calls jointly with a paramedic and mental health professional. The team has diverted thousands of police and ambulance call outs, avoiding the need for people to be detained under the Mental Health Act or attend A&E.
- 8.3 The Bedfordshire Police force control room also has a dedicated mental health desk, which launched in 2019, staffed by fully trained nurses. They provide advice to both call handlers and police officers who may be dealing with someone suffering from a mental health crisis. The mental health nurses also work closely with partners across the county, to ensure that appropriate support is given to the person and are available to provide checks and support during missing person investigations.

9.0 New A&E Pilot in Newham for Frequent Attenders

- 9.1 A new element of the Psychiatric Liaison service has been set up to better support frequent attenders to the Newham University Hospital A&E department. The Newham High Intensity (HIU) is working closely with the Newham University Hospital A&E team and other front door emergency services such as London Ambulance Service.

- 9.2 The focus of the team is to explore the reasons that bring this group to A&E so often and address their needs by utilising external core services such as social care and specialist support in the voluntary sector. They aim to identify unmet needs and steer the person's care through more appropriate channels to get these needs met.
- 9.3 Research has found that frequent attenders may be stigmatised for their frequent attendances. The team aims to ensure that with support, the right interventions and guidance for both staff and service users, they can encourage a more compassion-focused approach when these service users attend A&E.

10.0 New Dementia services in Luton and Central Bedfordshire

- 10.1 A new specialist dementia diagnosis service is being set up by the Trust in Central Bedfordshire as part of a 14 site national NHS pilot. Specialist nurses and other healthcare professionals will assess care home residents at an early stage when memory issues are identified.
- 10.2 Through the new programme, healthcare professionals will seek to identify care home residents who do not have a dementia diagnosis and ensure that they are given a full face-to-face assessment at their home. Central Bedfordshire currently has a high population of over 65-year-olds but relatively low numbers of confirmed dementia diagnoses and the aim is to increase the number of people identified with dementia to enable effective treatment and support to be offered to them.
- 10.3 Bedfordshire Dementia Intensive Support Service (DISS) has also been awarded funding to support care homes in Luton caring for people with a diagnosis of Dementia. The funding has been awarded by NHSE to support discharge flow across the Health & Social Care system. This funding will enable the service to expand the service into Luton to offer a 7-day DISS service into Luton Care Homes. It commenced on 3 January 2023.
- 10.4 The team will offer advice, consultation, assessments and intervention for people in a crisis who may be at risk of requiring acute general hospital or mental health hospital admission. As well as preventing hospital admissions, they will support discharge planning from acute hospitals into care homes.

11.0 Sir Stephen Timms Opens Gym at Newham Centre for Mental Health

- 11.1 We were delighted to welcome Sir Stephen Timms, MP for East Ham to formally open a new gym for service users and staff at The Newham Centre for Mental Health. He visited the unit on 23 November to see the gym for himself. He also paid a visit to the Hope Garden on the same site.
- 11.2 The gym will be used by inpatients as part of activities available during their admission. A sports therapist/personal trainer will be available to guide and support in the use of the equipment, and talk to people on the wards about coming to a gym session. The gym will be available for staff to use before or after shifts.

- 11.3 The Hope Garden is a therapeutic outdoor space in the grounds of the unit co-created between staff and service users. It is a calming place used by service users and looking for a quiet space and is open seven days a week.

12.0 Appointments

- 12.1 ***Joint Chair for NELFT and ELFT Appointed.*** Many congratulations to Eileen Taylor, who has been appointed as joint Chair for North East London NHS Foundation Trust (NELFT) and ELFT. She commenced in her new role on 1 January 2023.
- 12.2 The appointment was made by the Council of Governors for each Trust following a recruitment process involving both Trust Boards, Governors, service users and stakeholders. Eileen was previously Acting Chair at ELFT, and Vice Chair at ELFT under the Chairmanship of her predecessor Mark Lam.
- 12.3 Following Eileen's appointment, a Board to Board meeting took place on 13th January to explore the many opportunities for joint working across North East London in order to best improve the health outcomes for the local population.
- 12.4 I should very much like to take the opportunity to pay tribute to Mark Lam, Eileen's predecessor as Chair of the Trust, who took up his role as Chair of ELFT in 2020 during one of the most significant periods of challenge that this Trust and the NHS as a whole has faced. On behalf of the Trust, I would like to take this opportunity to thank Mark for his leadership throughout this time, and for enabling us to continue to develop as a Board and an organisation through such testing times.
- 12.5 ***New Clinical Director for City and Hackney.*** Congratulations to Consultant Psychiatrist, Dr Olivier Andlauer, who has been appointed as the substantive Clinical Director for City and Hackney. He was previously interim Clinical Director for City & Hackney Adult & Older People's Mental Health Services. He is the Consultant Psychiatrist for Heads UP & EQUIP (City & Hackney Early Detection and Intervention in Psychosis Services), the Medical Appraisal Lead for the Trust, and an Honorary Senior Clinical Lecturer at the Bart's and the London School of Medicine and Dentistry.

13.0 Trust events and visits

- 13.1 The Trust held a first Advanced Clinical Practitioner conference on 25th November. This event recognised those professionals in the Trust who have recently qualified as Advanced Clinical Practitioners, and the difference that these roles are making to services within the organisation. Further staff are developing into these roles, and work continues to develop our workforce models to effectively support individual practitioners and teams to ensure that people's skills are effectively used.

- 13.2 Dame Ruth May, Chief Nurse for England, and Baroness Judith Jolly, the Chair of the National Community Nursing Board, visited Trust Community Health services in Tower Hamlets on 12th January. The visit included meeting with teams and accompanying staff on patient home visits. The team were able to share the work they have been doing during the pandemic and to date, how they support service users, work with local communities and support staff.
- 13.3 The ELFT Corporate Governance team supported the Trust's Greenhouse Practice in Hackney by raising £3,000 from Charitable Funds and donating over fifty bags full of winter items for our homeless population. The team also volunteered at the Greenhouse Christmas fair, where ninety visitors attended on December 9, 2022. The event offered hot meals, long-life food supplies, toiletries, winter clothing, flu and Covid jabs, free haircuts, physiotherapy, library and smoking cessation services and additional health care support to all visitors experiencing homelessness in City and Hackney. Councillor Sade Etti and the Speaker of Hackney, Councillor Humaira Garasia were among the guests who supported the event.

14.0 Awards

- 14.1 The Trust's People and Culture team were named as Human Resources Team of the Year, and Chief People Officer Tanya Carter was named Human Resources Director of the Year at the Healthcare People Management Association (HPMA) national awards on 1 December. The HPMA is the recognised professional voice of human resource management in health and care.
- 14.2 The judges recognised the People and Culture team as deserving of this accolade due to their determination to drive through meaningful and lasting change for the ELFT workforce. They noted the team's 'can do' problem solving culture in relation to health and racial inequalities that were illuminated by the pandemic, as well as a range of staff wellbeing programmes over the course of the last two years. The judges also recognised Tanya Carter's determination to ensure that enduring change is delivered in terms of diversity and equality across ELFT. The judges were impressed by Tanya's adept use of media to amplify the 'My Name Really Is' campaign, as well as her work to develop emerging leaders and oversee staff development programmes, particularly for young women and BAME colleagues.
- 14.3 Compass, the Trust's Not-for-Profit community interest company, won the Innovation in Supporting NHS Trusts award. Their dedication to tackling social inequalities was recognised, as was their work to bridge the gap between voluntary, community, and social enterprise organisations (VCSEs) and healthcare services.
- 14.4 One of their key achievements has been to foster partnerships with the Trust, including developing a simple application process for funding from grassroots organisations. Between July 2021 and July 2022 Compass ran 10 procurement programmes on behalf of ELFT, with more than £6.6m funding awarded for 124 VCSE contracts and projects across City & Hackney, Newham, Tower Hamlets, Luton, Central Bedfordshire and Bedford. Funding and grants have been

awarded to groups helping Asian elders living with dementia through to a boxing coaching wellbeing programme for children.

- 14.5 Compass wellbeing have also been shortlisted for a HSJ Partnership Award 2023 in the Best Not for Profit Working in Partnership with the NHS category.
- 14.6 The Driving for Change partnership programme has also been shortlisted in the Primary Care Project of the Year category of the awards. Driving for Change uses refurbished London buses to provide an all-in-one direct intervention service for people experiencing homelessness in Hackney as part of this mobile, informal, and welcoming service providing open access for some of the most vulnerable members of society.

15.0 Action Being Requested

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

REPORT TO THE TRUST BOARD IN PUBLIC
26 January 2023

Title	Integrated Care & Commissioning Committee 5 January 2023
Committee Chair	Richard Carr, Non-Executive Director and Chair of Integrated Care and Commissioning Committee
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

To bring to the Board's attention key issues and assurances discussed at the Integrated Care and Commissioning Committee meeting held on 5 January 2023.

Key messages

Anchor Strategy KPIs and Targets

- The proposed KPIs and 2026 targets for the four pillars of the Anchor work (procurement, employment, sustainability and buildings/land) have been built on the proposals at the Anchor strategic summit in November 2022 and service user and staff engagement
- ELFT is acknowledged as a lead in this area with colleagues being asked to speak at national anchor meetings around evaluations and learning
- Significant progress made with the development of measures which although has been a challenge are ground-breaking being the first of their type nationally
- Recommendation that the terms 'KPI' and 'targets' are substituted for achievable aims backed by clear plans with annual deadlines, fewer measures and a clear governance structure for reporting, and expressed an appetite for higher aims to increase the ambitions whilst acknowledging the importance of ensuring organisational support.

Improving Population Health Measures Update

- Sound progress made with the development of a broad set of measures across all Trust programmes of work which includes wider population health measures for context and also value measures including financial resources, and the measuring of resources into workstreams were agreed; the overlap with the Anchor strategy has been recognised during the development
- Two other Trusts are waiting to collaborate with ELFT on Marmot work and the equivalence of Board metrics.
- Recommendation there is a need to fully understanding our baseline and set goals and timelines to work towards.

North Central and East London CAMHS Provider Collaborative: Quarterly Report

- The work of this collaborative continues to be held up nationally as an example of what can be achieved through collaboration on specialist services; recently won the HSJ 2022 Provider Collaborative of the Year award
- Collaborative work by the CAMHS community and patient flow teams has resulted in keeping inpatient length of stay and numbers stable, despite pressures within the acute sector
- A social care integration workstream established to mitigate the continuing key risk around delays in finding social care placements for young people on discharge from inpatient units and thereby reducing their length of stay
- The provider collaborative 2022/23 budget continues to be financially stable with opportunities for investment back into community, social care and hospital admission avoidance
- From April 2023 commissioning arrangements for CAMHS Forensics will be delegated to the NEL Provider Collaborative and work is underway to review the service models for commissioning arrangements.
- Key areas of the quality review has seen good progress in personalised care plans and inpatients being able to co-produce and co-design inpatient activities and policy.

East of England Collaboratives Annual Report

- As reported in January 2022 there continues to be challenges with three key areas of risk: overall clinical and management leadership and the development of a cohesive clinical strategy; cultural challenges and the lack of resilience within some of the internal organisations; work around behaviours
- Work is underway to clarify and develop the overall strategic direction of the collaborative with a focus over the next year on the relationship work required to take on clinical lead roles, understand demand and the links into the different ICSs across the east of England; Paul Calaminus has recently been appointed as to the lead CEO role in the collaborative.

Primary Care Annual Report

- Despite a challenging year, patient feedback in East London is amongst the best in the area
- Work around workforce transformation has resulted in a practice that previously used a high percentage of agency staff now having no vacancies
- National profile has raised substantially with ELFT leading on primary care seminars and being consulted by other NHS providers
- Risks include the need to build recognition within ELFT of the differences between primary care and mental health and community services; more time required to stabilise finances; need to develop capacity in the DMT; and improving leadership of staff.

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*

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*

Risk 9: *If the Trust does not effectively manage its commissioning responsibilities and associated risks as a lead provider or lead commissioner, this will impact on the quality and experience of care for service users and patients*

The Committee agreed there were no changes to the risk scores for Risks 1, 2 and 9 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
26 January 2023

Title	Audit Committee Meeting 12 January 2023 – Committee Chair's Assurance Report
Chair of the meeting	Anit Chandarana, Non-Executive Director and Chair of the Audit Committee
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

To bring to the Board's attention key issues and assurances discussed at the Audit Committee meeting on 26 January 2023.

Key messages

Internal Audit Update

- Good progress made with the delivery of the internal audit plan for 2022-2023
- Draft internal audit plan for 2023-2024 supported which will be taken to the Board development session for further consideration
- Committee requested overdue actions on audits together with a narrative are considered by the relevant committees in addition to the Audit Committee to strengthen the assurance process
- Committee reappointed RSM as the Trust's internal auditors for a further year to 30 April 2023.

External Audit

- Continued delay to the completion of the quality review by BDO of the Trust's annual report and accounts for 2020-2021

Annual Report and Account Follow Up on Deficiencies

- Four deficiencies (two of which were significant) identified in the 2021-2022 external audit have been addressed during the 2021-2022 audit and will be tested as part of the 2022-2023 external audit by the newly appointed auditors
- Recommendations from the prior year audit review have been implemented

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
- Committee approved the internal audit review which will assess the effectiveness and governance of existing people and culture, and finance practices relating to exit payments

Counter Fraud Update

- Focus on managing the high influx of new referrals and actioning the Fraud Prevention Notices (FPN) issued by the NHS Counter Fraud Authority to assess whether the risks outlined in the FPN pose a threat to ELFT; no concerns identified
- Positive report on procurement presented at FBIC with NHS benchmarking on Covid spend showing the Trust within the top quartile for quality spend and maintenance of standards

Audit Committee Annual Review: The facilitated conversational review focused on what is effective, what is less so and what the gaps are. The themes and learning identified will be reviewed which will help to inform an action plan

Board Assurance Framework and Deep Dive into Risks 1, 2 and 9: Continued focus on a range of actions to mitigate the risks; however, there were no changes to the risks scores; see appendix 1

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

Appendix 1: Board Assurance Framework and Deep Dive into Risks 1, 2 and 9

BAF Risks	Updates
DEEP DIVE: Strategic Priority: Improved population health	
<p>Risk 1 <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></p> <p>Current risk score: 12 High Target risk score: 8 High</p>	<ul style="list-style-type: none"> • Number of recent legislative/regulatory changes including the setting up of the ICBs, and the workforce, demand and inflationary pressures which are impacting on services • Many mitigations have been put in place including the Trust strategy; our commitment to partnerships; Joint Chair appointment; participation in the design and delivery of our ICSs; leading in the development of provider collaboratives; a strong presence in our place based partnerships and care alliances; continuing to build good working relationships in regions/nationally and embedding ICC • Development of key lines of enquiry (KLOEs) which relate back to our core purpose • Areas to keep under review: developing ICS financial strategy; maintaining momentum on opportunities to build new ways of working; the balance of energy and focus for our Board and Exec
<p>Risk 2 <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></p> <p>Current risk score: 12 High Target risk score: 8 High</p>	<ul style="list-style-type: none"> • Considerable progress on community mental health transformation with many examples of the creative ways in which teams are working in neighbourhoods in direct response to the priorities of service users and carers • Ongoing response to national policy changes re community health services, in particular the focus on discharge pathways assisting with the demands on acute partners • Traction beginning to be generated around ELFT's Marmot Trust work, especially the work in Luton around local employment • Mitigations include the innovations in teams and services at a local level, increased work around digital innovations such as shared care records and the population health management structure • Areas to keep under review: social care due to pressures on the service, the impending adult social care CQC inspection and significant changes in the leadership of adult social care amongst our local authority partners; creating momentum in the ICS to prioritise CHS; maintaining focus on children's services
<p>Risk 9 <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></p> <p>Current risk score: 12 High Target risk score: 8 High</p>	<ul style="list-style-type: none"> • Continuing work to have no patients placed outside of their area, the maintenance of the number of children in inpatient beds to 60, the work with partners to ensure their continuing CQC good or outstanding ratings, the improving service feedback and work to actively involve service users as leads in collaboratives, a new programme of ODM for clinical leads, appointment of a new medical director, the HSJ award of Collaborative of the Year and maintenance of financial resilience. • Risks include the new and changing dynamics of the ICS, roles of partners, vulnerability of the private sector and risks associated with the ICS financial strategy • Risk profile has been reduced from 16 to 12 with the aim of being able to achieve a score of eight with the development of the OD programme, the enhancement of the lived experience project, a refresh of the strategic needs assessment and further investment in community systems and models

BAF Risks	Updates
Strategic Priority: Improved experience of care	
<p>Risk 3: <i>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</i></p> <p>Current risk score: 12 High Target risk score: 8 High</p>	<ul style="list-style-type: none"> Continued work with ICS and place structures to embed PP and co-production in ways of working to reduce variation Improving corporate processes to support increasing levels of co-production Implementation of Care Opinion to support the collation of patient experience data Working on inequalities including Patient & Carer Race Equality Framework (PCREF) as part of MHA implementation Service user led accreditation process continues to roll out across the Trust
<p>Risk 4 <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> <p>Current risk score: 12 High Target risk score: 9 High</p>	<ul style="list-style-type: none"> Demand remains high in crisis services and bed occupancy. Range of actions being undertaken with a strong focus on support to the team and both patients' families affected following significant tragic incident in early Jan 2023 Therapeutic engagement programme for inpatient teams commenced Co-designing 'what leadership at ELFT is' and developing standard work for all leaders at all levels in the Trust; this will support the therapeutic engagement work
Strategic priority: improved staff experience	
<p>Risk 5: <i>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</i></p> <p>Current risk score: 16 Significant Target risk score: 9 High</p>	<ul style="list-style-type: none"> Recruitment: recruitment activity continues to increase on a monthly basis including increases in adverts and job offers; time to hire continues to be below Trust target; focusing on new roles to help bridge the workforce gap; work continues to meet the target of reducing agency by 25% Trust leadership offer continues to progress with increase in uptake across coaches, mentors and mentees compared to 2021 Ongoing support for staff suffering from long Covid and staff who are shielding; and reviewing cost of living increase impact on staff
<p>Risk 6: <i>If issues affecting staff experience are not effectively addressed, this will adversely impact on staff motivation, engagement and satisfaction</i></p> <p>Current risk score: 16 Significant Target risk score: 9 High</p>	<ul style="list-style-type: none"> Equalities: new EDI governance structure implemented; resource requirements being scoped; and action plan being drafted. Feedback from Flair will further shape the Trust's EDI work as part of the phase of becoming an anti-racist organisation Cost of living: range of actions and offers to support staff implemented Promoting the use of the Freedom to Speak Up Guardian ET activity has significantly reduced; number of whistleblowing cases remains very low
Strategic priority: Improved value	
<p>Risk 7 <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> <p>Current risk score: 16 Significant Target risk score: 9 High</p>	<ul style="list-style-type: none"> More directorate-focused strategy implemented with FV targets devolved to directorate budget lines and FV monitoring tool introduced Focus of Jan/Feb performance review meetings will be on FV Supporting directorates to identify non-recurrent measures to improve FV in-year and towards achieving balanced financial position FV 2023-2025 planning session with Exec planned before financial year end

BAF Risks	Updates
<p>Risk 8: <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> <p>Current risk score: 20 Significant Target risk score: 8 High</p>	<ul style="list-style-type: none"> • There has not been a great deal of change reflecting not yet having the resilient links established and working due to the rapid pace we moved at so no recommended changes to the risk score • Hoping to reduce the risk score to 15 in March but are reliant on Virgin. VPN link in place but has small capacity and business would be severely impacted as could only manage 15-20% of current network traffic. • Board Cyber training planned for Q1 and the cyber strategy to be presented to FBIC in Mar 2023 • Estates strategy also due to FBIC in Mar 2023

REPORT TO THE TRUST BOARD IN PUBLIC
26 January 2023

Title	People Participation Committee 22 December 2022 – Chair's Report
Committee Chair	Aamir Ahmad, Non-Executive Director and Committee Chair
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

To bring to the Board's attention key issues and assurances discussed at the People Participation Committee meeting held on 22 December 2022.

Key messages

Integrated Care System PP Collaboration

- The Trust is working closely with partners including neighbouring Trusts, local authorities and voluntary sector using our experience to support them working in a collaborative way
- One example is the Trust has agreed with NELFT to establish a mental health NEL collaborative working together group in particular to discuss the priorities
- The Committee welcomed a more consolidated approach and the opportunities for joint working groups to help learn from each other; stressed the importance of ensuring the service user voice is heard; and recommended improved communication on activity.

Mental Health Summit North East London

- The summit was a collaboration between ELFT and NELFT for people with lived experience who were asked to share what really matters to them and also to reflect on the priorities set in 2019 and the progress made on them, what still needs to happen and does it feel important as a priority. They were also asked to think in more depth around building a patient leadership programme across NEL as a priority covering what does patient leadership mean to you, what could it look like and what are the skills and qualities you could contribute to a patient leadership programme
- 'What really matters' themes included: understanding ourselves and the things we need; doing the things we enjoy; keeping healthy; feeling loved, secure and connected to others; things we want to achieve and do; ways we want to be treated/spoken to; things we believe in; and caring for and supporting others
- The core principles of patient leadership were identified and a business case will be presented to the ICS to resource this work and to build on what has already been done
- This is the beginning of the mental health collaborative journey and an example of the work that can be undertaken collaboratively.

Trust Wide Working Together Group Priorities: The TWWTG agreed that the priorities would be for a three year period; those signed off in April 2022 will roll over for a further two years.

Befriending Service

- ELFT befriending service offers a private space to talk to establish and develop a social and supportive relationship with clear boundaries
- All befrienders are ELFT service users providing instant trusting bond with befriendees
- The service has expanded recently providing 150 calls per week to service users and number of befrienders is now 45 which has created some paid opportunities for service users in befriender and admin roles. Some befriendees are now befrienders and some have completed peer support training to take up peer support roles in the Trust

People Participation Directorate Update

- Consistent vision of moving beyond the traditional patient experience to one of participation – not just measuring how people feel about a service but how they can

actively change it; the challenge is how to turn the wealth of knowledge into meaningful outcomes

- Team has developed over the years and PP leads are key to its success
- Aim is to use the expertise gained to help partners in ICSs to establish and embed PP
- Aim is to widen PP to cover all and new services in a sustainable and supportive way.

Board Assurance Framework: Risk 3 – Improved Patient Experience

Risk 3 If the Trust does not work effectively with patients and local communities in the planning and delivery of care, services may not meet the needs of local communities:

- 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 the ICSs; Trust-wide data collection and synthesis; improving 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
- The Committee agreed there were no changes to the risk score and that appropriate controls are in place and operating effectively.

Previous Minutes

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

REPORT TO THE TRUST BOARD IN PUBLIC
26 January 2023

Title	Quality Assurance Committee (QAC) 9 January 2023 – Committee Chair's Report
Committee Chair	Prof Dame Donna Kinnair, Non-Executive Director, Chair of the QAC
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

To bring to the Board's attention key issues and assurances discussed at the Quality Assurance Committee on 9 January 2023.

Key messages

Emerging Issues

- **Winter Planning:**
 - Continued pressures and high level of activity across all services – particularly in mental health (male services; demand for beds) and ambulance handover delays in Bedfordshire and Luton
 - Alongside these pressures there are the strikes by nurses and other industries which may not have a direct impact but cumulatively can present a challenge. The staff response has been exemplary and there have been no concerns about staff attendance
 - The Trust saw a spike in the numbers of staff with Covid and flu in the run up to Christmas; the figures for staff having Covid boosters and flu vaccination are fairly low and all efforts are being made to learn the lessons to increase take up in future
 - The impact on the acute and urgent care pathway and the impact of staff absence in December does mean the waiting lists are going up slightly and this may mean longer waiting lists in some services in January-March this year.
- **Incident:** An update on the recent tragic incident in Newham was provided and assurance received that support is being provided to staff, service users on the ward, and families affected and immediate learning is being shared across the Trust.

Prevention of Future Deaths Update: An update report was provided on the sad death of DN and the Coroner's report following the inquest. Assurance was provided in relation to the learning and actions taken in response

Quality and Safety Report: Forensic Services

- Forensic services provide care and treatment to service users who have a history of serious convicted violence or equivalent 'parallel' behaviours across two main hospital sites: John Howard Centre which is a medium secure unit and Wolfson House which is a low secure unit. Community services offer care coordination across the seven places/boroughs in North East London
- **Successes and achievements** include: work on equalities; people participation including full time PP lead, new peer support worker roles, carer support workers and family liaison officer appointments; physical health with success with healthy weight management; trauma informed care; QI with 24 open projects under way and Bow Ward recently won a Nursing Times award on their trauma informed project
- **Learning:** range of opportunities in place including regular learning lessons seminars, DMT walkarounds, *Forensic Voice* newsletter and weekly academic sessions for all staff
- **Variations:** lower than average number of assaults against staff recently; disproportionate number of assaults on disability wards, particularly low secure; reduction in referrals and admissions
- **Challenges and mitigations** include: recruitment and retention – reviewing skill mix and rolling adverts; abuse of staff – trained staff to be independent sexual violence advisers/buddies; limitations of estates.

Quality and Safety Report: Primary Care

- Primary care services cover Leighton Road Surgery in Leighton Buzzard, Cauldwell Medical Centre in Bedford, Newham Transitional Practice in Newham, HealthE1 in Tower Hamlets, The Greenhouse Practice in Hackney, the Homeless Outreach Service and the Pathway Homeless Team @RLH
- **Successes and achievements** include: primary care directorate with clear leadership and accountability framework; robust structures, systems and process to oversee quality and assurance including peer reviews; triumvirate leadership at director level to provide operational and clinical support and leadership; range of innovative service developments including language specific clinics to support with addressing inequalities; established people participation groups across all services; transformation of clinical operating model in line with patient expectations and feedback; successful recruitment across all services including the Cauldwell Medical Centre which has been recruited to a full complement of clinical staff and successfully recruited clinical staff to bank to reduce agency costs
- **Variations** include the services offered are diverse covering traditional GP services and also inclusion practices; patient group is diversified with support for homeless people who have no NHS numbers or health records as well as a range of social needs
- **Challenges** include: recruitment and retention; managing change and engaging with staff through the new models of care; financial viability as there is a reliance on bank and agency usage which has a cost impact; continuity of care which has been affected by the recruitment and retention issues and use of agency staff
- Range of **mitigations** include: QI project focusing on recruitment and retention; transforming and developing the roles of allied health care professionals; establishing a group to review vacancy gaps and workforce planning; working with Cambridge University to understand population health needs and adapting primary care offer accordingly; aiming to engage with ICS on how to adapt services at scale to improve the outcomes for those with long term conditions.

CQC Update

- CQC are going through a transformation to change how they regulate to improve care for everyone. This could result in different relationship managers for the Trust as going forward these will be place-based
- Their purpose and aim will not change but how they work will be different and are aiming for a more responsive way of inspecting based on their insights with a more flexible and targeted approach
- The action plan from the last well-led visit is progressing, there are some long term actions which are still ongoing.
- The CQC aim to inspect local authorities which may impact the Trust on some work, such as safeguarding and use of the Care Act. However, the framework has not yet been published. The Trust has started preparedness across all the services, although the scope of the work is not yet known.

Internal Audit: Good progress against the 'quality' internal audit plans made and a draft report on the Use of Force recently issued.

Board Assurance Framework: Improved Value – Risks 7 and 8

Risk 4: *If essential standards of quality and safety are not maintained, this may result in the provision of sub-optimal care and increase the risk of harm.*

- Leadership and culture: Execs are co-designing what 'Leadership at ELFT' is and developing standard work for all leaders at all levels in the organisation. This work will support the therapeutic engagement work happening across inpatient services
- The Committee agreed there were no changes to the risk score and that appropriate controls are in place and operating effectively.

Previous Minutes

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

REPORT TO THE TRUST BOARD IN PUBLIC

26 January 2023

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

Purpose of the report

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

Committees/meetings where this item has been considered

Date	Committee/Meeting
10.11.22	The topic of 'getting the basics right' has been a discussion item at the Council of Governors

Key messages

The quality assurance section of this report focuses on 'getting the basics right', which is a named priority within the Trust strategy. The report describes the findings from consulting with service users, carers and Governors about what this phrase means to people. The key aspects that emerge are: staff attitude, feeling listened to, effective communication and timely access to services. These four align closely to the key themes that emerge from an analysis of complaints that we receive as a Trust (see September Board quality report).

The report outlines the work that is underway across the Trust to improve customer care, to improve integration of services to minimise handovers and repetition of information being required, to improve the way in which we manage and answer telephone calls, and tackling the demand and waits that people are experiencing when trying to access some of our services. This work will continue to be coordinated through the Patient and Carer Experience forum, and feed through to the Quality Assurance Committee. We will also be redesigning the questions that we routinely ask service users through the Patient-reported experience measures to align with the basics that people are telling us we have to get right.

The quality improvement section summarises progress in delivering the 2022-23 plan. Our two large-scale improvement programmes, on equity and flow, are now 6-9 months into delivery and are starting to see results, as we would predict. The report provides a number of stories from teams working on equity and flow, the ideas they are testing, and the results that are starting to emerge. Examples of this include Cauldwell Medical Centre, which has narrowed the equity gap for women under 50 years of age taking up cervical screening. The anchor work in Luton has led to six service users so far achieving employment with ELFT in healthcare support roles.

Of the 23 teams applying QI to tackle demand and waiting times, the report includes a range of stories, including from the Tower Hamlets autism service which has reduced time to assessment, the continence service in Tower Hamlets community health which has reduced time to triage referrals and

Newham CAMHS which has introduced new assessment and treatment models which have reduced waiting lists.

The report also outlines progress in our work supporting the two integrated care systems to apply quality improvement within the inequalities programmes. Finally, the quality improvement project to reduce agency spend is now seeing a reduction in agency spend as a percentage of all staff cost, in six areas of the Trust.

Strategic priorities this paper supports

Improved population health outcomes	<input checked="" type="checkbox"/>	Triple aim and large-scale QI programme on pursuing equity
Improved experience of care	<input checked="" type="checkbox"/>	QI programme tackling waits and flow
Improved staff experience	<input checked="" type="checkbox"/>	Supporting the development and application of improvement skills in daily work
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

The quality assurance section of this report looks at one of the priorities within the Trust strategy – ‘getting the basics right’. The report explores the meaning of this, sets out our progress in tackling ‘the basics’ and provides assurance as to further work that needs to be undertaken.

1.1 A survey was distributed in November 2022 via People Participation Leads to service users and carers across all our working together groups, and via the membership office to our service user and carer governors. The survey asked people what ‘getting the basics right’ meant to them.

1.2 Analysis of the responses identified some clear themes:

- **staff having a compassionate and kind attitude**
 - 'know my name'
 - show courtesy
 - minimise feeling of being ‘passed around’ between individuals, teams and departments
- **feeling genuinely listened to**
 - recognising and respecting the uniqueness of the individual
 - valuing their self-knowledge/understanding of their own strengths and needs
 - not having to repeat their story - have relevant information to hand, and be familiar with it
 - be 'attentive'
 - feeling of time
- **experiencing effective communication**
 - clarity of expectation/the offer from the service
 - being informed of delays or changes of plan
 - 'ring back when you say you will'
 - having a choice of medium of contact (a preference for face-to-face contact came across in the survey responses)
- **having good access to services**
 - timely appointments
 - quick transitions from referral to assessment to care and treatment
 - telephone answered quickly
 - ability to speak to the right person when you need to

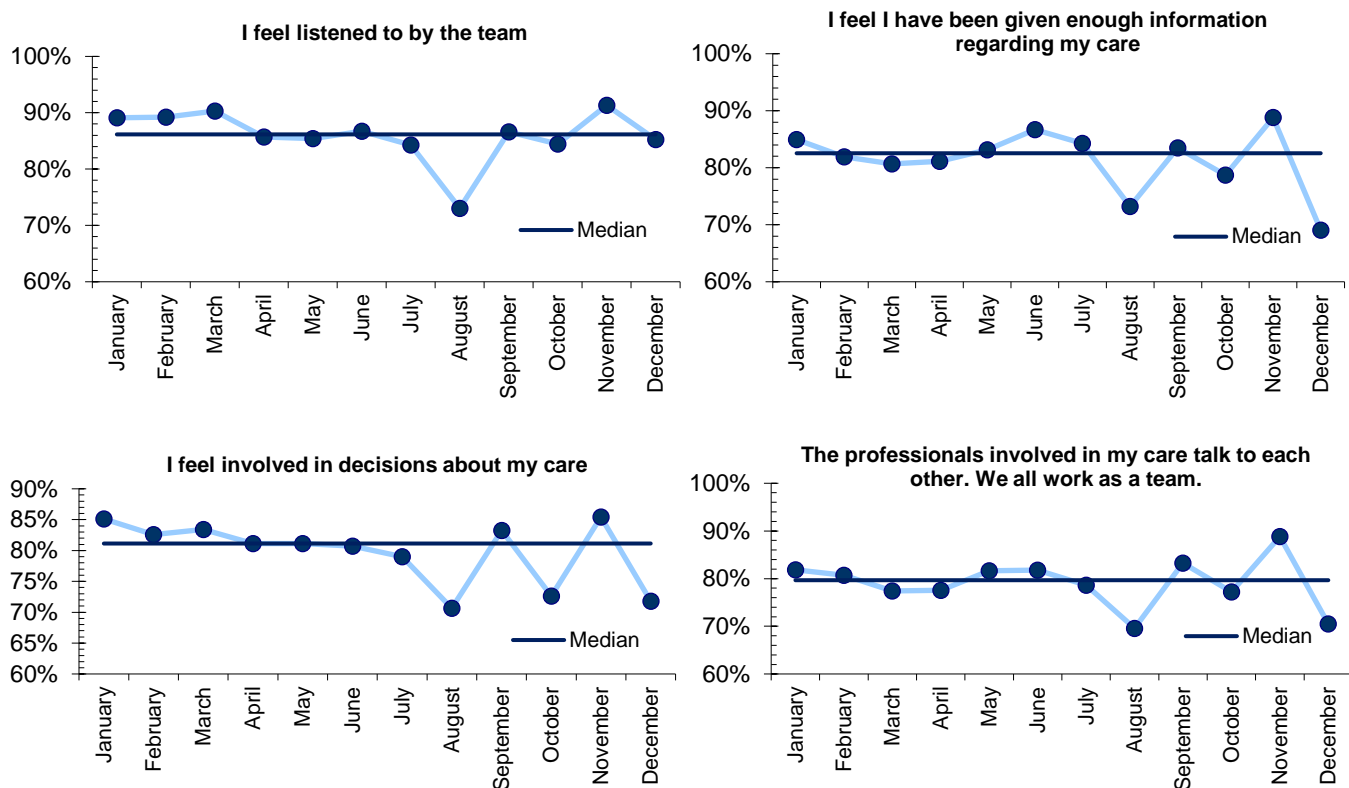
1.3 This understanding of what ‘the basics’ means to our service users and carers, enables us to prioritise our focus when looking at feedback and understanding people’s experience of our services, align improvement work towards these areas, and to measure progress in ensuring we are getting these basics right.

1.4 The themes set out above, perhaps unsurprisingly, align with known challenges (access), complaints themes (staff attitude, communication, access) and the themes of our service user designed feedback questions:

- I feel listened to by the team
- I feel I have been given enough information regarding my care
- I feel involved in decisions about my care
- The professionals involved in my care talk to each other. We all work as a team

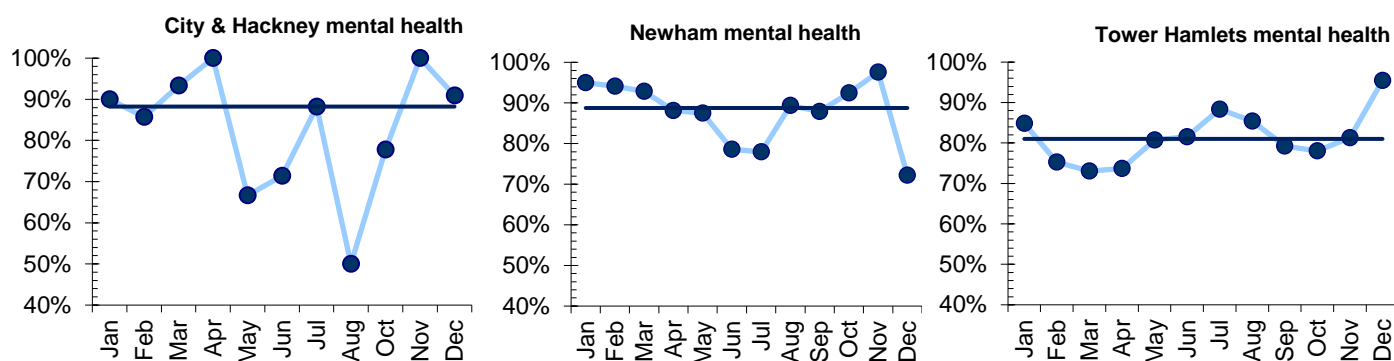
2.0 What do we know about how well we are 'getting the basics right'?

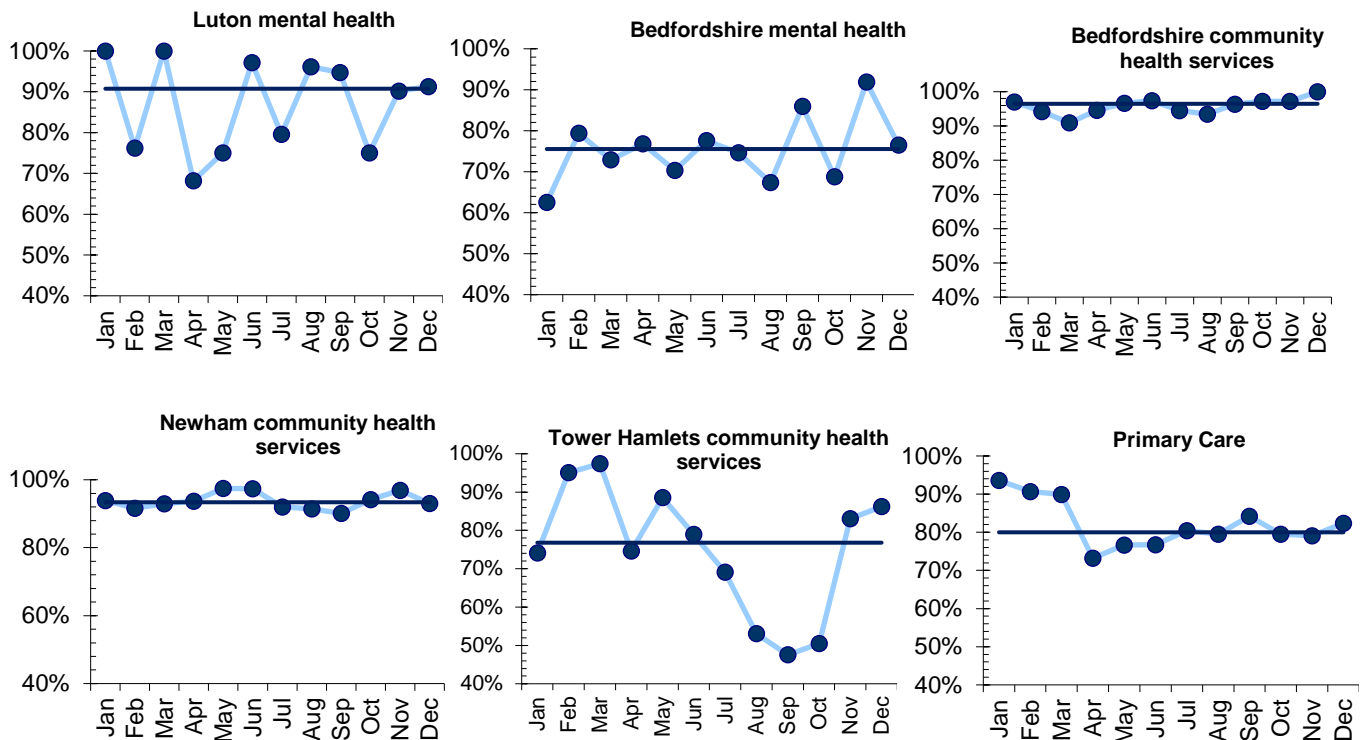
2.1 Our service user feedback data suggests a broadly positive picture. The charts below show service user feedback at Trust-wide level over the last 12 months.



The question most closely related to the basics identified through the survey is 'I feel listened to by the team'. On average, 86% of service users responded positively to this question across the Trust – the most positive response of the four questions above.

The charts below show the percentage of positive responses to the statement "I feel listened to by the team" at directorate level, allowing us to learn from the variation across the Trust.





The dip in City & Hackney in August 2022 was related to a small sample of just four people who responded, with two positive and two negative responses to the question.

The question scoring least positively is 'the professionals involved with my care talk to each other. We all work as a team.' This relates to the following themes emerging from the survey about 'the basics':

- minimising feeling of being 'passed around' between individuals, teams and departments
- not having to repeat one's story - have relevant information to hand, and be familiar with it

Of course, more integrated models of care and increased levels of partnership and sharing of care is a feature of the NHS long term plan, and is reflected in the Community Mental Health Transformation programme and the establishment of blended teams.

Anecdotally, those close to the new ways of working within these programmes see progress in making the care processes and systems more 'joined-up' and preventing people 'bouncing' between services and professionals. Work is ongoing within blended teams to embed these new ways of working and continue to improve both the processes and relationships that will deliver improved experience.

The Head of Quality Assurance will be working with the Community Mental Health Transformation to embed an outcomes framework, and design both patient-reported outcome and experience measures that help us understand outcomes and experience on an ongoing basis in order to support improvement.

- 2.2 Whilst service user feedback data shows that the majority of service users report a positive experience, we know from the complaints we receive that this is not the case for all. Recent

analysis presented to the Trust board identified the themes most commonly identified in complaints:

- Communication / information provision
- Attitude of staff / Customer care
- How individual care is managed and coordinated
- Access to Services and waiting times

The key features of the complaints regarding communication and staff attitude were:

- Service users and/or carers not receiving communication that had been promised to them
- Service users and/or carers not feeling informed of decisions, or rationale for decisions, affecting their care and treatment
- Carers/relatives not feeling informed of significant events affecting them/the person they care for/relative
- Care providers/services not communicating effectively with other agencies, teams or professionals involved in care and treatment
- Not being able to talk to key people involved in their care and treatment when they need to

There is work taking place across several clinical services focused on delivering care in a kind and compassionate way, and delivering good 'customer care'. Primary Care services in Bedfordshire are starting to see some real success from working in partnership with their patients to respond to feedback that told them patients:

- Had great difficulty getting through to their surgery by phone
- Rarely saw the same GP twice
- Felt they had little time and weren't truly listened to

The primary care team put in place a wide ranging package of actions:

- A General Practice Support Unit established in Bedfordshire, with a centralised admin unit to support the two practices. This allows sharing of staff resources and centralised management of telephone calls. Service users are on the project board providing insight and enabling coproduction of solutions
- A new telephone system introduced (Surgery Connect). This has resulted in shorter waiting times, call back options, direct access to particular services such as blood results and appointments, dashboards to enabling real-time monitoring and allocation of additional resources when needed to manage demand and capacity. Service users have been involved in developing the call options and marketing materials.
- A focus on recruitment and retention, through a QI project across the primary care directorate aimed at attracting and retaining quality staff. This has resulted in reduced staff turnover and provided stability in service provision. Service users have been full members of this project team
- Organisational development support in order to launch the Primary Care Skills Academy, provide bespoke learning and development for primary care staff. There have been initiatives to improve staff morale, introduce regular away days and team-building

Leighton Road surgery are now providing more face to face appointments, in response to feedback.

Type of contact	Jan' 22	Feb' 22	July' 22	Aug' 22	Sept' 22
Face to Face	1324	2307	2909	2937	2738
Telephone	2517	2900	2445	2381	1930

Whilst the qualitative data on patient satisfaction is yet to demonstrate sustained improvement, compliments received by services are promising:

"I think the practice has improved immeasurably over the last 18 months in every area"

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

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

Newham Mental Health Services have launched two important QI projects in the last couple of months. Both are in their early stages and feature Big I service user involvement. One is working at ensuring those people who are waiting to access a service are properly supported and have a good experience, the second is aimed at ensuring all service users receive the mode of contact that they prefer.

Answering the phone promptly is a challenge acknowledged by a number of services. It was an issue identified in the deep dive into complaints presented to the Board in September. A key element of the solution is the implementation of a new smart 'voice' system that brings together all communication channels, and will enable a more user friendly means of accessing the organisation. 'Enterprise Voice' is a single cloud-based omni-channel system (meaning that it will incorporate all communication media including SMS, Facebook, online chat etc). Such a system is anticipated to deliver a range of improvements to patients, carers and those wanting to access the Trusts services:

- wider choice of channels through which to access / communicate with the trust
- improved language support
- improved ease of access through reduced complexity/fewer potential points of contact, and more effective triage of contact
- ability to trigger a 'call back' function when volume/waits are high
- improved analytics function to enable services to track volume, waiting time etc. and manage resources and messaging accordingly, and to measure performance and track key metrics such as 'dropped calls' (people hanging up before a call is resolved)

A detailed proposal regarding this significant change is due to go to the next digital board, and pending its approval will lead to digital infrastructure and proof of concept work taking

place for a 3 month period, followed by a 12 month period of migration from existing systems.

- 2.3 Access to services represents one of the ‘basics’ that we need to get right, and also comes through as a key theme in the complaints we receive. This also chimes with one of the seven priorities defined by service users for the North East London mental health strategy (“improving people’s first contact with mental health services and during key points of transition”). The Trust board and quality assurance committee have been paying close attention to waiting times over the last year, given the effect of the pandemic in increasing demand for services, and in lengthening the time that people are waiting for appointments. This area is routinely reported through to the board in the performance report. Every service that has higher demand than normal, or a longer waiting list than normal, has a structured recovery plan in place, with progress being monitored closely via local directorate management teams and the Trustwide performance structures.

ELFT has encouraged all these teams to apply quality improvement to this particular challenge, recognising that we will need to think creatively and test innovative ideas to meet demand and increase capacity. The Optimising Flow QI programme is one of our two large improvement initiatives in 2022-23, designed to provide additional support to the teams that are working to ensure people have access to the care and support they need in a timely way. The QI section of this report includes a number of examples of teams that are starting to yield results through the structured approach of quality improvement.

At Wolfson House in the forensic service, the team are working to support the cohort of service users who feel that they are ‘stuck’ in the system. The team have developed an app called OT Maps, co-designed with service users and carers, that enables staff, service users and carers to work together and track progress towards recovery and discharge.

Newham Diabetes service has reduced their waiting list from over 2,000 to 374, as a result of successful staff recruitment, reverting to face-to-face contact, and the delivery of virtual self-management programmes through the MyDESMOND app.

The Trust Board has also received analysis of access to services through a range of equity dimensions, which is now being investigated further at local level across the Trust. These analytics are now becoming routinely available to all teams at ELFT through the PowerBI platform, allowing clinical teams to ensure that access is equitable, identifying particular groups who may be experiencing reduced access to the service, working to understand the reasons behind this and then taking action to address the inequity.

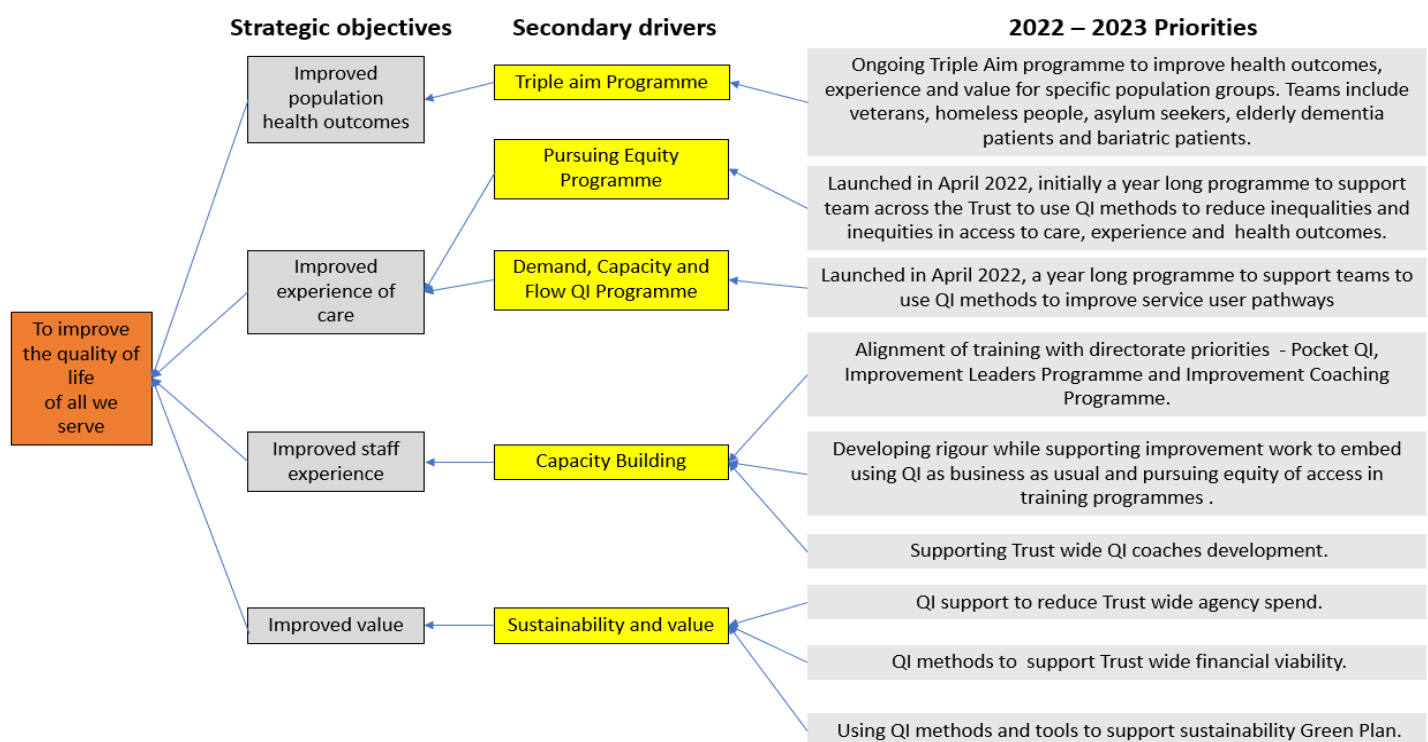
3.0 Further actions being taken to improve

- 3.1 The Patient and Carer Experience Forum will coordinate continuing work on understanding what ‘getting the basics right’ means to our service users, through deeper dives into the themes identified and collating and sharing work across the Trust aimed at improving the reliability of these areas.
- 3.2 In order to ensure that we have a mechanism to continually monitor how well we are doing in getting these basics right, the Quality Assurance Team will be working with our service users, carers and staff during quarter 4 of 22-23 to review the questions we ask service users in our routine patient experience feedback survey. This will allow us to align the

questions with the key themes we are hearing from service users and carers that relate to the basics that we need to get right, every time. This will enable us to gather more useful quantitative and qualitative data to inform improvement efforts and to understand progress.

4.0 Quality Improvement

4.1 The four strategic objectives at ELFT are to improve population health; improve service user and staff experience and to improve value across the Trust. The delivery of these objectives is supported through our quality improvement plan. This section of the paper serves to provide assurance to the board on the delivery of our annual quality improvement plan.



5.0 Improved Population Health

5.1 Triple Aim

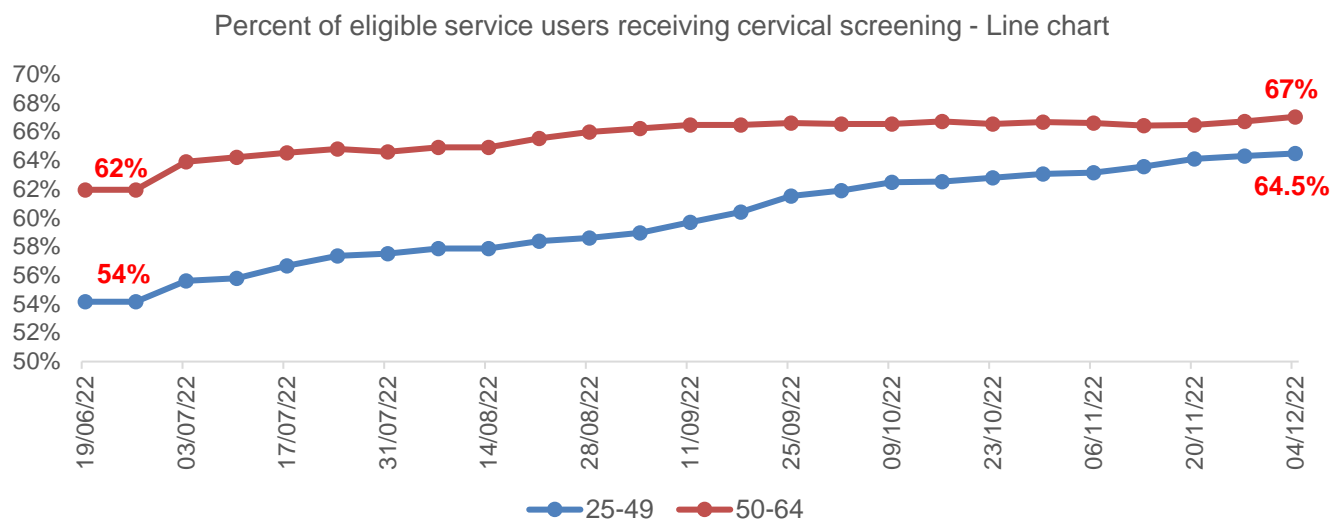
5.2 Several teams across the Trust are using QI in pursuit of the triple aim - simultaneously improving outcomes, experience, and value. Seven teams are working on different populations including veterans, asylum seekers and homeless people. An example is a team in South Luton who are looking at improving outcomes for children and young people aged 4-16 by partnering with local schools. Areas in South Luton such as Northwell and Farley wards have high levels of deprivation, being in the top 10% most deprived areas in the country. The team have consulted a range of people, including 65 children and young people and 20 teachers from local schools, to help them understand the needs of this particular population. They have identified substance misuse and relationships between healthcare professionals and the community as priorities to work on. The initial consultations have also helped identify a range of potential partners in this work, including

a local boxing club, Greenhouse mentoring service and EPIC (Empowering Parents Influencing Change - a third sector organisation). So far, the team have developed a theory of change using a driver diagram that details the areas they will be working on. In January, the team will hold a stakeholder engagement event to share findings so far with partners and the community and get their support to identify which change ideas to begin testing.

5.3 Addressing inequalities – ELFT Pursuing Equity programme

5.4 Launched in April 2022, the Pursuing Equity QI programme supports teams across the Trust to address inequalities and inequity in health outcomes, experience, and access to care. Below are some examples of the work that teams across the Trust are progressing.

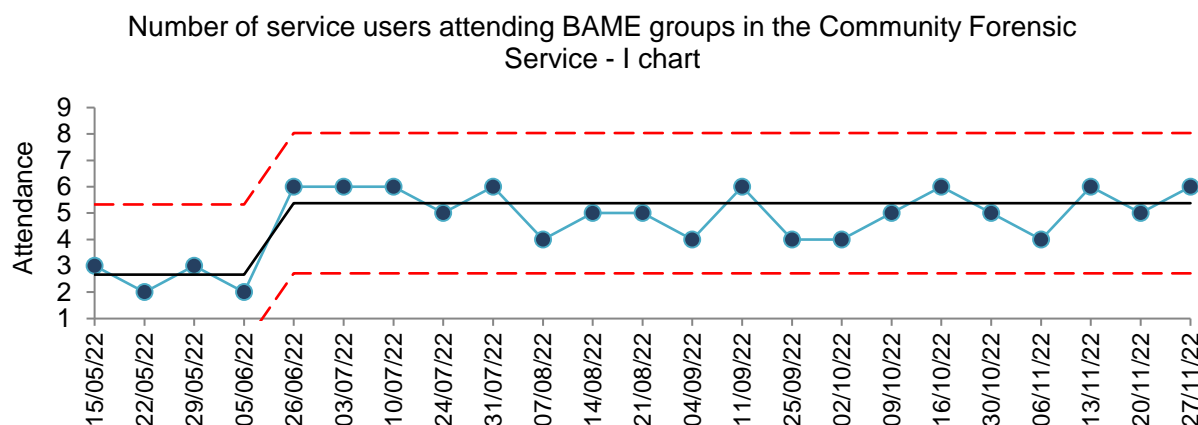
5.5 Cauldwell medical centre based in Bedford has been working to increase the percentage of eligible women receiving cervical screening. They identified that only 55% of women between 25-49 received screening compared with 63% of women over the age of 50. The team have tested a range of change ideas including text message reminders, changing the language of letters and outreach events, and have managed to increase overall screening rates and reduce the equity gap between women under and over the age of 50. The percentage of women aged 25-49 receiving cervical screening has increased from **55%** to **63%**. The percentage of women aged 50-64 receiving screening has increased from **63%** to **66%**.



5.6 Bow Ward in Forensics have been testing the use of therapeutic groups to talk about sexual health, as well as making changes to the recording of screening status on RiO (clinical recording system). As a result of their work, 100% of the women cared for have been offered cervical screening with **40%** uptake, up from **23%** the previous year.

5.7 In Luton, the team are working with a range of partners to support service users and the general population in Luton to gain employment. Currently, the team are promoting roles at ELFT for those in the community who experience barriers to employment by partnering with the council's passport to employment scheme. As a result of this, six people have successfully been employed by ELFT as healthcare support workers.

- 5.8 Two teams have been working on tackling the experience of service users and staff who identify as LGBTQ+. The Trust LGBTQ+ staff network has been focusing on increasing the visibility of LGBTQ+ staff and service users across the Trust and have run several focus groups to help them try and understand barriers to this. Ruth Seifert Ward in City and Hackney are working on improving the experience of LGBTQ+ individuals on the ward. They are currently testing a survey they've co-designed with service users to help them understand the experience of care.
- 5.9 Several teams have been working to improve outcomes, access, and experience for Black, Asian, and Minority Ethnic (BAME) service users. Tower Hamlets Early Intervention Service saw a **27%** increase in the number of BAME service users receiving treatment because of prioritising service users who had recently been discharged from wards, and by introducing family-based therapy. Meanwhile, the community forensic team have been testing a weekly service user group welcome to anyone to discuss issues around race. Attendance at the group has increased over time as a result of offering a virtual option. One service user reflected *"the group has been constructive and people that come here get energy from it and that it starts off the week, it's a time for reflection... I find it innovative"*.



- 5.11 The Bedford Wellbeing Service has been working to increase the percentage of Asian men (age 40+) starting treatment out of the total number of referrals. Currently this is less than 1%. The team are testing change ideas including translating service material, creating a new community engagement role in the service, working closely with faith leaders and putting service posters up in five local religious centres.

5.12 *Integrated Care System Inequalities programmes*

ELFT is supporting both of our integrated care systems through providing quality improvement support in delivering the inequalities programmes.

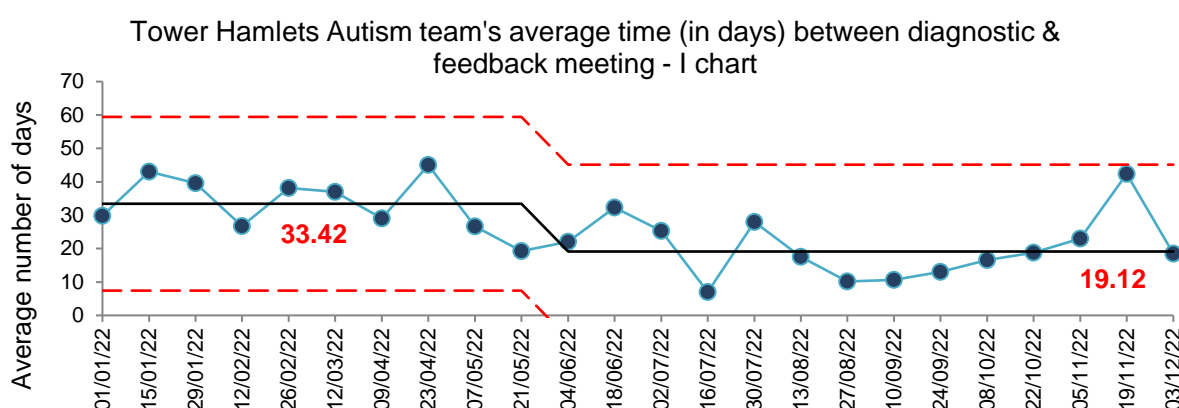
- 5.13 In Bedfordshire, Luton and Milton Keynes, partners from across the system have been brought together to prioritise a set of high impact projects. One project is focused on hypertension in deprived communities. Analysis of data has shown that if those living in areas of high deprivation received the same treatment and care as those in the most affluent areas, it would equate to an additional 980 patients treated. This could potentially prevent stroke and heart attacks to those most at risk. The next step for this team is to develop a driver diagram and some change ideas to test. ELFT are providing QI training to teams across BLMK, supporting them to learn and apply the systematic improvement method to identify and tackle an area of inequality. ELFT are also providing close improvement coaching to the high priority projects that are part of the programme.

- 5.14 In Newham, work is underway to develop a portfolio of projects focused on areas of inequity. Currently there is interest in the following areas: improving uptake of adult immunisations; access to healthcare for migrants; reducing food poverty; supporting weight management; access to care for those who have serious mental health conditions and improving childhood literacy. Newham Docklands primary care network are initiating improvement work on increasing equitable access to services for early cancer diagnosis and improving immunisation uptake for children from Black, Asian, and minority ethnic communities.
- 5.15 In Tower Hamlets, there are multiple projects in the early phases of planning that aim to address healthcare inequalities within the local community, with a range of partner organisations across the system involved. Areas of focus include access to services for children with special educational needs and disabilities; improving care coordination to reduce health inequality for single homeless people; increasing the uptake of healthcare services by the LGBTQ+ community; reducing inequalities experienced by BAME staff; supporting long-term unemployed BAME women in Tower Hamlets through the development of an employability programme.

6.0 Improved Experience of Care

6.1 Reducing waiting times and improving access to services

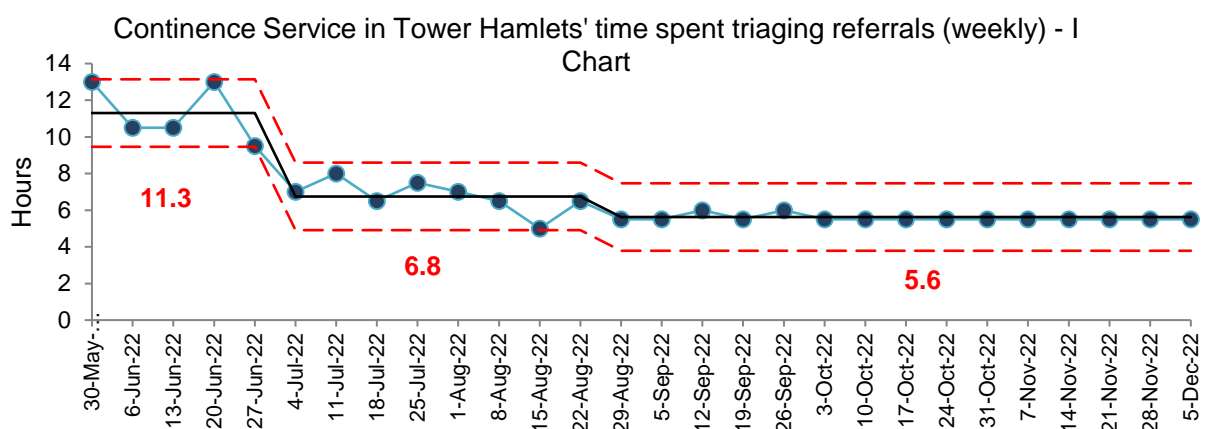
- 6.2 The Optimising Flow programme was launched in June 2022, to help tackle the topic of demand and waiting times across the Trust. Twenty-three teams are using QI to improve flow through their service.
- 6.3 Tower Hamlets Autism team are aiming to reduce the time that people wait from point of referral to initiation of the autism assessment. They have recently tested a change idea to extend their Multidisciplinary Team meeting so they could discuss more cases. Their prediction was that this would reduce the time people waited from being diagnosed to having their feedback meeting. The team has seen a reduction of 17 days (below).



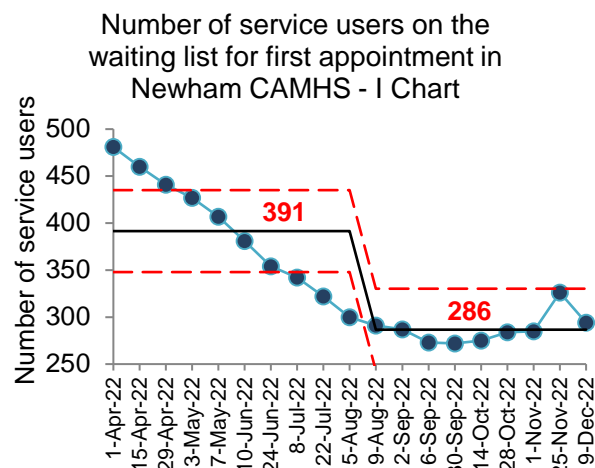
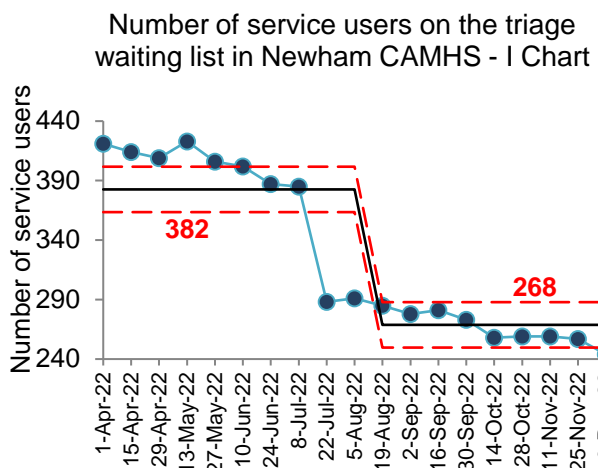
- 6.4 Hackney Integrated Learning Disability Service are aiming to reduce the waiting times for occupational therapy, nursing, psychology, and physiotherapy. They are working towards ensuring people with learning disabilities get the right support at the right time, whilst also improving staff and service user satisfaction. They have been using Plan, Do, Study, Act (PDSA) cycles to test service user focus groups. The groups have improved the team's understanding of people's opinions and needs regarding communication, team structure, and the service users' need to coproduce care delivery. Consequently, the team have

introduced larger text size on surveys and have recruited service users to join their QI project team, with careful consideration as to how to co-design meetings to suit all attendees.

- 6.5 Bedfordshire Community Health Services are improving their triage process to eliminate waits of over 18 weeks for Occupational Therapy in all three localities and the community physiotherapy service. They had received complaints around communication and have created a temporary website to keep service users informed. Staff are actively promoting this and there have been no further complaints on this theme. The project team have created a new therapy referral questionnaire, which improved continuity of recording across occupational therapy and physiotherapy. As a result, more relevant information is collected for the single point of access service. New weekly therapy meetings have improved peer support and the timely flow of patients. The team have recently tested a triage template to reduce duplication of questions asked at assessment, thereby increasing the therapeutic time available.
- 6.6 Clinicians in the Continence Service in Tower Hamlets Community Health felt they were spending too long on the triage process. They created a flowchart of their process and noticed a lack of clarity about their eligibility criteria was leading to high numbers of inappropriate referrals, with service users being rejected from the service without further signposting, and GPs not being informed when people were referred on to the acute sector. The team tested some simple change ideas, such as administrators taking a lead on booking people into the clinic, sending patients letters, and keeping the GP informed of progress. These changes have led to a reduction of six hours in time spent triaging referrals each week (below):



- 6.7 The Admission Avoidance and Discharge team at the Royal London Hospital are working to reduce unnecessary hospital admissions. They see an average of 134 service users each month. By charting this data weekly, they have gained a good understanding of the variation in the system and are now setting realistic aims to reduce hospital readmission and improve service user satisfaction. They have tested a range of change ideas, including identifying suitable patients to receive community-based nursing interventions; developing discharge documentation to ensure clarity on who to contact following discharge and providing early therapy input for patients at risk of early deterioration.
- 6.8 Newham Child and Adolescent Mental Health Service are aiming to assess all young people within nine weeks. Ideas tested include creating a 'green list' of people from clinician caseloads who are at risk of a long waiting time and were reallocated to clinicians with greater capacity. This resulted in a reduction of service user referrals to the triage waiting list from **382** service users to **268**, as well as the referrals to first appointment waiting list from **391** service users to **286** (below)



7.0 Improved Staff Experience

7.1 Capability building

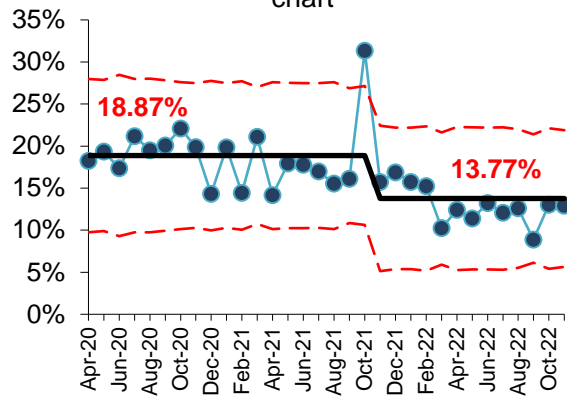
7.2 All staff and service users can access quality improvement training to develop the skills to improve their area of work or the services they receive. Across the Trust, a total number of **2019** current staff and **203** service users have received QI training. There are **657** staff members trained to lead QI projects and there are **151** trained QI coaches including three QI Coaches with lived experience across the Trust. The number of active QI projects has returned to pre pandemic levels throughout 2022 with a notable increase in November as a result of the onset of the current Improvement Leaders Programme.

8.0 Improved Value

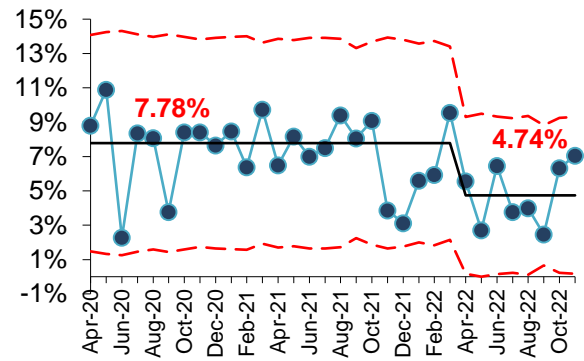
8.1 Agency Spend Project:

8.2 The Trust wide QI project working to reduce agency spend has noted reduction in percentage of agency spend of total staffing cost in six areas of the Trust, an increase in one area and no change in nine areas. Bedfordshire mental health has been able to reduce percentage of agency spend of total staffing cost from **18.87%** to **13.77%** (see chart below) and the amount of agency spend by an average of £114,000 per month. This month, Newham Adult Mental Health have also achieved a reduction in agency spend as a percentage of total staffing cost from **7.78%** to **4.74%** (see chart below). Some of the changes tested include migrating to a direct engagement provider. The project team have recently started to engage with other organisations in our integrated care systems to share learning. One idea ELFT is taking forward from this is applying to get General Medical Council (GMC) sponsor status to allow recruitment of European doctors outside the EU and to expedite their GMC registration. In addition, ELFT is looking to introduce further incentives within the staff bank system for doctors and nurses to encourage more unfilled shifts and vacancies to be filled with bank staff.

Percent of Bedford Mental Health agency spend from staffing costs - P' chart



Percent of Newham Mental Health agency spend from staffing costs - P' Chart



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

January 2023

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 83% which reflects improvement in scores in almost all services, with the overall number of responses remaining stable. Across SCYPS, 98% of service users are satisfied with the service. The percentage of people being seen within IAPT who achieve recovery continues to be consistent with the national 50% target.

Adult community mental health, CAMHS, and IAPT services have seen the greatest reduction in waiting times in the past 3 months. Newham CAMHS has benefited from the recruitment of a dedicated Flow lead who is regularly reviewing demand and capacity and supporting the service to creatively identify solutions to tackle bottlenecks in the care pathway. Adult CMHTs, particularly in Luton and Bedfordshire, are evaluating staff roles and responsibilities in order to identify opportunities to delegate tasks to different members of the multidisciplinary team and ensure clinical time is used as efficiently as possible.

Early Intervention Services continue to exceed the national Long Term Plan (LTP) target of 60% of services users commencing treatment within 2 weeks of referral, achieving 73% in November. Perinatal services met the 28-day access target in November, obtaining 82%. This is attributed to the automated text message reminder to reduce non-attendance. Access to the Rapid Response Teams in Community Health Services continues to remain stable, achieving 87% across East London and 85% in Bedfordshire during November, above the 70% target.

KEY MESSAGES (continued)

Across CAMHS, there has been an improvement in the recording of paired outcome measures on discharge. Across most inpatient and all community services, improvements continue to be demonstrated in the quality-of-life measures of Dialog.

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

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

Bed occupancy continues to be a challenge for most inpatient services. However, we have seen a gradual reduction in bed occupancy over the past five months, as a result of some of the initiatives to improve flow within our inpatient units. Further details of these are included in the report.

Waiting lists for some services continue to increase, including the children’s autistic spectrum disorder service in Newham, ADHD services and foot health in both Newham and Bedfordshire. The eighteen teams where waiting lists are growing are receiving support to systematically understand demand, capacity and bottlenecks in their pathway, and to develop creative change ideas that they can test.

Despite increasing over the past 6 months, November saw a drop in service users receiving an advanced care plan in Bedfordshire. Teams are considering alternative ways of capturing wishes and expectations regarding end-of-life care effectively. Conversations are currently underway to understand how to ensure that personalised care is delivered to individuals.

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"/>	

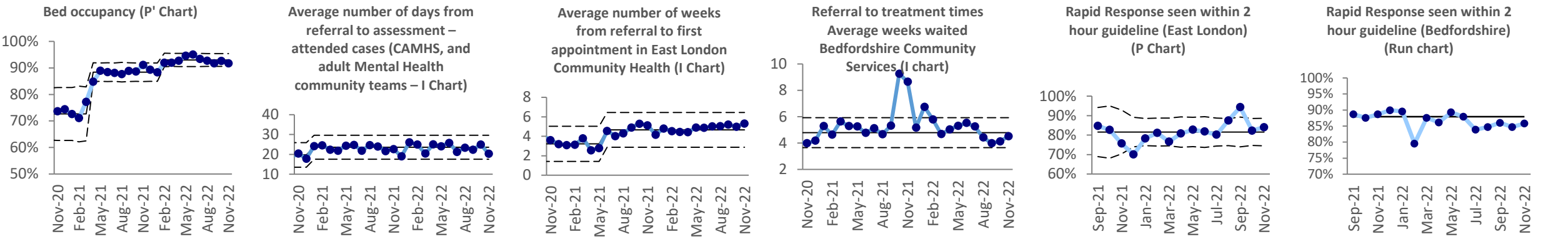
Committees/meetings where this item has been considered

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 November 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

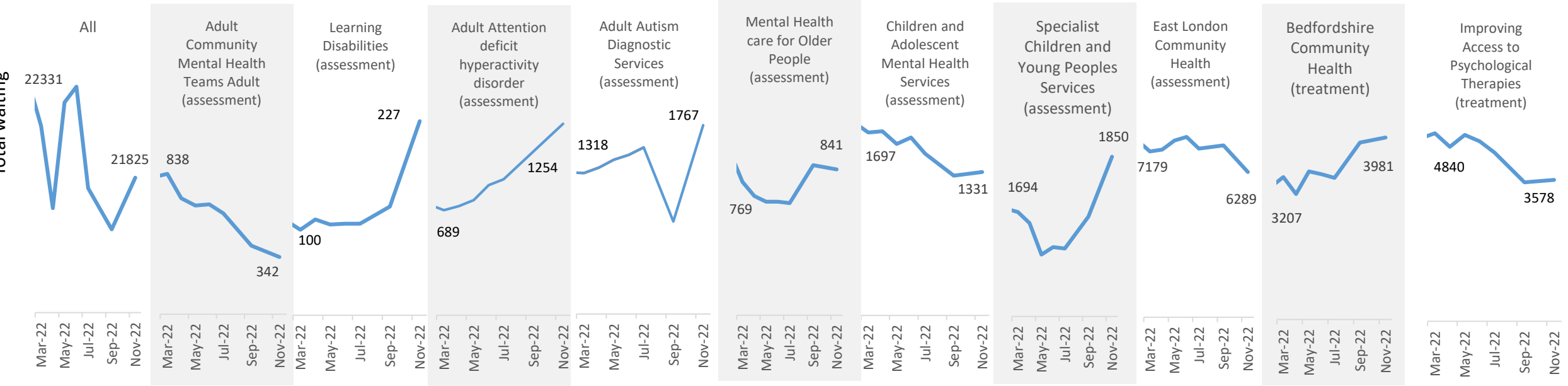


Although bed occupancy remains high across all inpatient services, it has been stabilising over the past 3 months and is currently at 92%. Beneath this overall figure, there is greater demand on our male bed capacity within adult acute mental health services. Services are continuing to focus on improving discharge processes and supporting service users to utilise alternative services, including the crisis line and the crisis café. Five additional beds have been procured for mental health services across North East London in addition to the extra winter bed capacity established across the London region. Similar arrangements have also been put in place across Bedfordshire and Luton. Since all services have highlighted that many of the service users admitted into our adult beds come from other boroughs across London and other parts of the country, these new beds will be prioritised for service users who are residents outside of our local catchment area. This will allow services to more effectively manage the needs of our local population while transfer arrangements are made to return service users to their regular place of residence. A centralised system has been established to help inpatient services manage bed capacity and flow, including daily huddles to identify discharge delays and problem-solve with partners. Across Community Health Services, integrated discharge hubs are fully operational across East London, Bedfordshire and Luton. Services have developed clinical pathways to support the smooth transfer of care and discharge from acute hospital.

The inpatient flow programme is continuing to provide additional support to our adult mental health inpatient services to apply a quality improvement lens to tackle the challenges that they face with flow. Bedfordshire is embedding regular senior stakeholder meetings that were established during the ‘perfect week’ exercise to identify, escalate and resolve barriers to flow. They are currently working on developing a set of measures to help them track the impact of these interventions. City & Hackney have agreed a set of measures to track as they start to test change ideas. Newham has finished mapping their processes related to flow and identifying the key challenges. In the next few weeks, they will start to test new ideas. Tower Hamlets created a high-level process map and developed business intelligence reports to help teams to understand flow at each step of the process. They have identified delays with service users who stay for more than 60 days and will conduct a deep dive to map the journey of the last ten patients in this category to understand the issues and identify opportunities to reduce delays. A list of change ideas has been generated which they plan to test over the coming weeks.

There is work taking place across the North East London urgent care pathway with NELFT and our acute providers to improve the experience of people with mental health difficulties who attend A&E. As well as some service changes in response to pressures, a case-note audit is also being completed at each emergency department to understand reasons for delay, which will allow us to focus on specific areas for improvement.

Access and Responsiveness



Responsiveness of the ELFT Rapid Response Teams continues to be stable and is currently achieving 87% across East London and 85% in Bedfordshire. Although this has dipped slightly in East London since September, it is still above the national 70% target. All services have experienced an increase in referrals and a higher complexity of cases, requiring more frequent contact from teams. Teams are using virtual wards and other remote technology platforms to support people at home as part of expanding and increasing the flexibility of the service offer.

The waiting list charts above provide a summary of the total number of service users waiting to be seen across the Trust. While the overall waiting list has decreased since March, there has been a slight increase since September. Of the 48 teams where waiting times are being monitored, 18 are seeing an increase in their waiting list, 22 remain stable and 8 are decreasing. All services have a process in place to prioritise referrals based on urgency and complexity and are reviewing their waiting lists regularly to manage risk of harm. The services that have large waiting lists have recovery plans to understand demand and capacity, with plans in place to tackle the backlog. Progress is monitored in local directorate forums and through the Trust performance system. Many of these teams are applying quality improvement to think creatively and test ideas, as part of the Optimising Flow programme. For services where this work has identified that resource and current capacity will be unable to meet demand even with efforts to redesign and work with partners, there is a separate process underway with commissioners, performance and the commercial departments working together to understand need in our local communities and look at whole system design. This is currently underway for ADHD services across London, and foot health services.

In Luton & Bedfordshire mental health, teams are currently looking at ways to increase capacity, as this remains the key priority. Following a demand and capacity analysis, the Bedfordshire ADHD service identified a significant gap in their current capacity. To mitigate this, the service is exploring different ways to increase clinical capacity by

Access and Responsiveness

allowing pharmacy colleagues to do titrations and looking at activities that can be shared by other members of the multidisciplinary team. The CMHTs and ADHD services have improved the referral management processes by establishing additional safety checks whereby referrals are screened, and a safety plan is produced for all patients. Work is also underway within the CMHTs to make ADHD referrals more visible to services by administration staff allocating the referrals to the ADHD service accurately. Training and awareness sessions have been organised by the local performance managers to support with this.

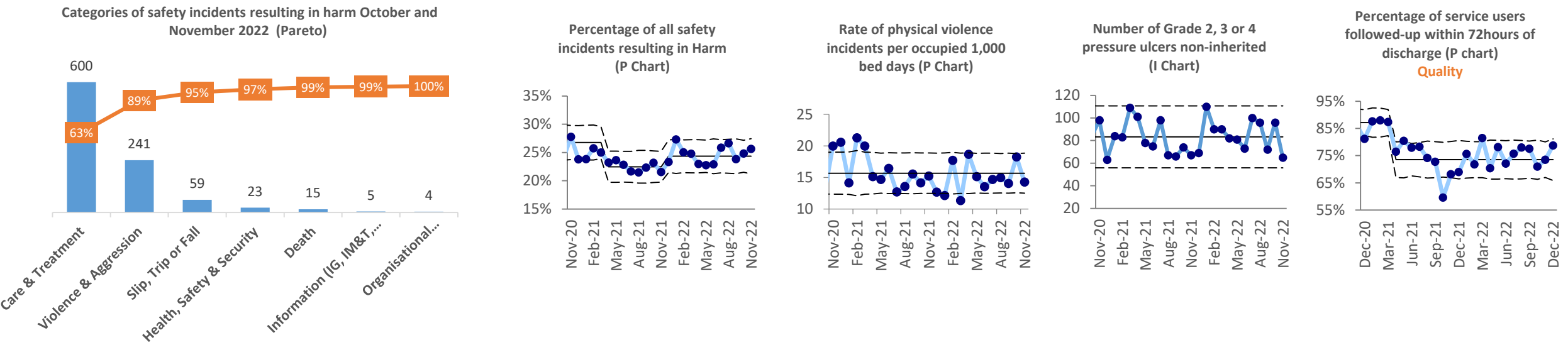
In East London, services are brainstorming a variety of change ideas to help increase the overall capacity of the teams. A two-week time and motion study has been conducted by the City & Hackney Learning Disability service to understand the demand on staff in terms of clinical and non-clinical duties. This is helping the service to maximise clinical capacity and reliably plan the number of clinical appointments that can be offered by different members of the team each week. The Tower Hamlets Autism Service is taking a similar approach, focusing on understanding and reducing variation between different demographic groups, as well as the average number of interventions/appointments carried out by different staff groups, in order to help increase overall capacity. Memory services across East London are working together with the support of QI to redefine the service offer and communicate this to partners. This includes redesigning the triage process to reduce triage time and improve the quality of information so that effective decisions can be made. A new project is underway with all East London ADHD services and Integrated Care Board representatives to analyse data and review service models in order to develop an options appraisal for the best ways to organise clinical pathways to address rising demand and waiting lists.

IAPT and CAMHS are continuing to increase the availability of group therapy sessions, enabling a larger number of service users to be seen. The services are working closely with external partners to improve the digital offer by ensuring that virtual contacts meet the needs of service users, whilst ensuring service users have choice about the different ways they can receive care. City & Hackney and Newham CAMHS are working to improve the quality of the clinical records to accurately reflect the genuine number of service users waiting for assessment or treatment. In City & Hackney, the autistic spectrum disorder assessment list is included alongside the general CAMHS waiting list and therefore separating these waiting lists on our clinical system will improve our ability to understand and manage waiting times, and prioritise service users with the greatest clinical risk. The team are writing to all service users on the caseload to help identify those who can be discharged back to primary care or signposted to alternative community services.

Bedfordshire Community Health Services have largely seen a stabilisation in their waiting times. The podiatry service waiting list, however, continues to increase. The team is in the process of reorganising capacity within the service. The MSK service has recently seen an increase in the number of complaints about waiting times. As a result, the team has increased the number of clinical sessions, through a quality improvement project, to improve access to the service.

Waiting lists across East London Community Health Services are also stabilising. However, Newham Foot Health and Tower Hamlets Extended Primary Care Teams (EPCTs) continue to see lengthening waits. Both services have robust recovery plans in place, showing a clear understanding of their capacity as well as demand for the service. The Foot Health service is working through several change ideas, including some system changes to allow staff to book appointments 6-9 months ahead rather than the current 3-month window. There have also been some changes to ensure clinics are fully staffed through the festive period, with contingency plans to manage any unplanned staff absences. Across EPCTs, the team is mapping their current capacity and looking at variation in activity across different staff members. Each therapist is to be allocated two new patients each day to ensure consistency from January. The team are also proposing that admin staff in each locality support the therapists by booking new appointments in order to remove this administrative burden from clinicians.

Safety



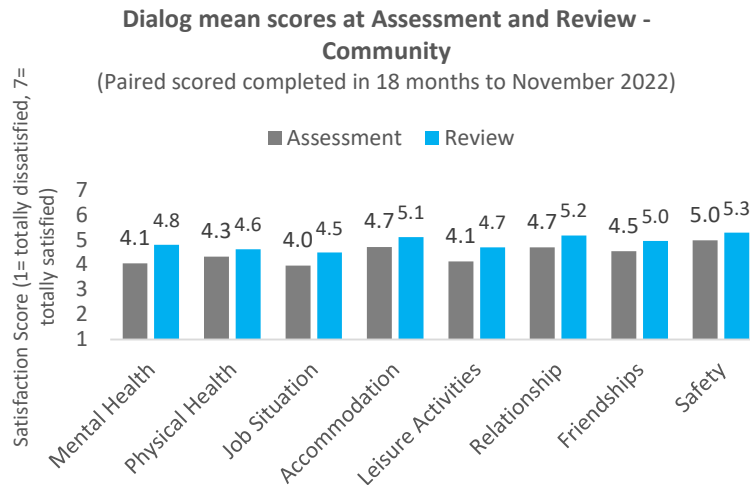
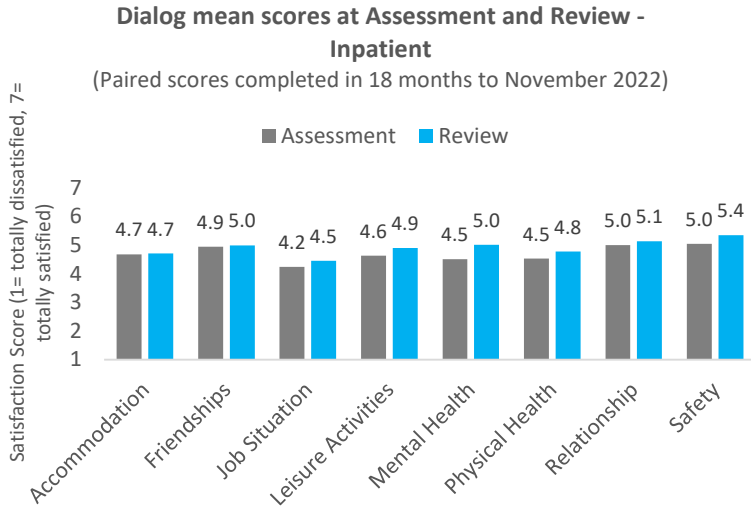
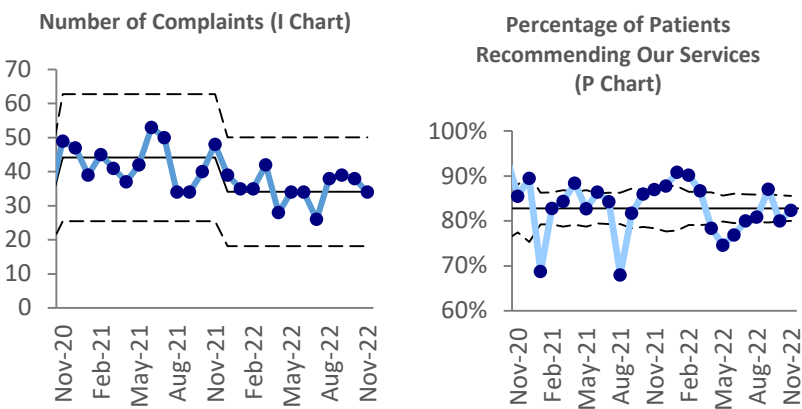
The overall number of safety incidents and the percentage of incidents resulting in harm continues to remain stable. The Pareto chart above shows the categories of reported incidents during October and November. 63% of all reported incidents were related to care and treatment, 26% to violence and aggression, and 6% to slips, trips or falls. The main care and treatment themes were pressure ulcers or moisture-associated skin damage, self-harm incidents, or challenges around a patient's treatment or procedure.

The rate of inpatient violence also remains stable, with our standard structures and processes in place to predict and prevent incidents that might lead to violence, such as Time to Think sessions, huddles and community meetings. In the past, teams have attributed an increase in physical violence incidents to limited capacity which is why several teams including CAMHS inpatient services are focusing on improving the training offered for staff, using creative recruitment techniques, and cultivating an environment that prioritises wellbeing and staff safety. In times of high acuity, teams have observed the benefits of increasing staffing levels to maintain a safe working environment which allows for more efficient and proactive management of risk.

Across Tower Hamlets and Bedfordshire Community Health services there has been a reduction in almost all categories of pressure ulcers in November. In Tower Hamlets, attendance at Root Cause Analysis (RCA) panels is very good, which enables shared learning across the teams. Root Cause Analyses have shown that teams are being proactive in ensuring the skincare management protocols are implemented at first assessment and reviewed at each visit. In Newham, there has been a reduction in number of moderate harm pressure ulcers, which reflects an improvement in the number of category 3 and 4 pressure ulcers acquired in ELFT care.

Inpatient Mental Health services continue to work towards ensuring that people followed up reliably within 72 hours of discharge, a Long Term Plan indicator. The percentage of service users followed up within 72 hours of discharge is currently at 79% in December, against the national target of 80%. This month, Tower Hamlets has seen the greatest improvement. Historically, Tower Hamlets has averaged 59%, however in November the team managed to reach 86% due to working closely with the local performance teams, strengthening the follow-up process and utilising safety huddles to ensure follow-up checks are completed. Luton and Bedfordshire continue to meet the target with Bedfordshire hitting 80% and Luton reaching 84%. Newham is currently stable at around 75%. Over the past 5 months, City & Hackney has been averaging around 70%. November saw the highest number of discharges in City & Hackney for two years. A change in senior roles on the wards, together with some inaccuracies in reporting, led to performance dropping to 64%. However, one ward in Hackney achieved 91% and the learning from their process is now being shared with the other wards, including having a nominated member of staff overseeing follow-ups and reminding staff to record them correctly.

Experience and Outcomes



The number of complaints continues to remain stable. Most complaints in the last two months were concentrated in mental health services, particularly Luton and Bedfordshire and were mainly due to staff attitude, clinical management, and communication.

In November, the percentage of service users who would recommend our services was 83%. The overall number of responses continues to remain stable. When compared to other practices nationally or within our Integrated Care System, service user feedback continues to be consistently higher than the average across our three London-based primary care practices, reflecting the positive impact of a variety of initiatives.

The Dialog outcome charts continue to show that overall, mental health services are having an impact across all quality-of-life measures. In Newham, the main dissatisfaction themes relate to employment, accommodation, relationships. In City and Hackney, the main areas of dissatisfaction relate to accommodation, leisure activities, relationships and safety. In Forensics, the main dissatisfaction themes continue to be accommodation and safety. Several initiatives are underway to help support improvements across the directorates as described in the previous report. In CAMHS, the team has seen an improvement in the capturing of paired outcome measures on discharge. This is due to the team having established dedicated outcomes assistants who work closely with clinicians to promote the use of paired measures. The team has streamlined their process for data collection to support clinicians and make the collection process simpler.

The percentage of service users receiving support from employment services through Individual Placement Support (IPS) remains stable at 12%. This is a key long-term-plan indicator and the expectation is for services to gradually increase referrals to the service to support more service users to return to meaningful employment. The percentage of service users in employment remains stable at 6%. In Luton, our Marmot work includes several projects, including a quality improvement project to increase the employment of ELFT service users and other members of the community who face barriers to the labour market.

Experience and Outcomes

The percentage of service users in settled accommodation is 44%. Over the last six months, this has declined slightly, largely due to the widening scope of the national definitions and the data continuing to be skewed by incomplete recording of accommodation status for new referrals. Where records have been completed, 81% of service users are in settled accommodation.

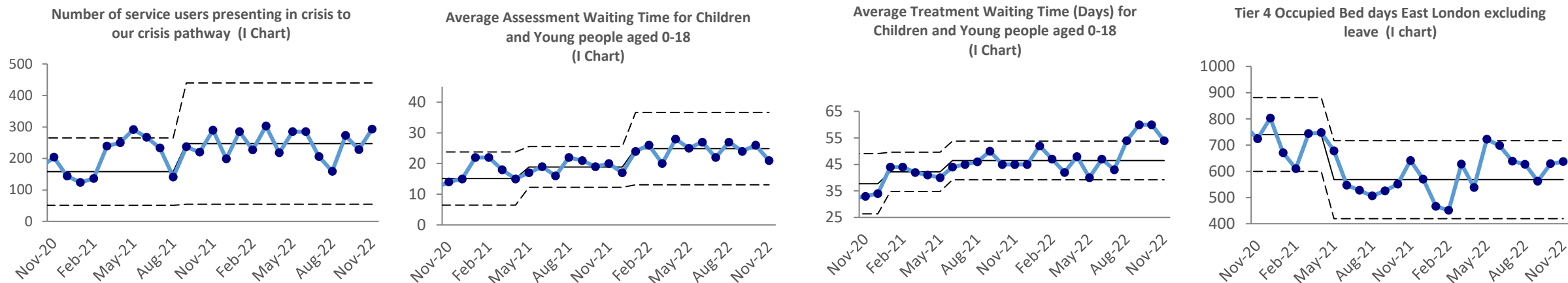
IAPT services continue to improve access and meet their long-term plan targets. The percentage of service users who achieve recovery within our IAPT services is 51%, with the national target being 50%. Across IAPT services, 92% of service users who completed the Patient Experience Questionnaire (PEQ) responded positively. There has been a small increase in average wait for assessment in November, which is largely driven by Newham where the team experienced a surge in demand following a text message reminder that was sent out through GP surgeries. This had a higher response than predicted by the team, leading to a high number of referrals over a few days. As a result of the outreach work by our IAPT services, the teams are seeing a steady improvement in access of people from Black And Minority Ethnic (BAME) populations over the past 6 months. In November, 42% of referrals were people from BAME communities, which is the highest we have ever seen.

Across our frailty and long-term conditions services, November saw 100% of service users report a positive patient experience. The percentage of young people and parents recommending CAMHS remains high, at 96%, and has increased over the last three months. There has been a reduction in the admission of children to adult wards, with only one such case in November. This is due to the enhanced home treatment team and crisis huddles, which have helped provide alternatives to admission. The team are currently working closely with the East of England provider collaborative, contributing to the clinical prioritisation of cases where Tier 4 admissions are required.

East London community health services continue to promote end-of-life care through increased training and education to support the percentage of service users with an advanced care plan. The reduction in percentage of service users in Bedfordshire with an advanced care plan is largely due to a combination of service users declining a discussion about an advanced care plan or the discussion regarding a care plan not being appropriate at the time of visit. The Bedfordshire service is about to launch a new end-of-life care plan. Conversations are currently underway to understand how best to develop a set of measures that monitor the delivery of robust and personalised care is delivered to individuals. The percentage of service users dying in their preferred place has begun to stabilise over the past couple of months. Training began this month to support clinicians to understand and adhere to recording processes to record service user preference accurately.

Perinatal services are successfully expanding access in accordance with long term plan trajectories. The proportion of perinatal service users who have completed outcome measures has increased to 50%, exceeding the national target of 40%. Since September 2022, the number of service users assessed within 28 days has increased to 82%, with improvements seen primarily in City & Hackney and Tower Hamlets. City & Hackney identified that some of the referrals required an appointment with the Reframing Birth Clinic, which is a separate service that supports women and partners who have experienced birth trauma, and have therefore implemented a more robust system that involves carefully reviewing all referrals. The service has worked to reduce the number of non-attended appointments and cancellations by introducing automatic mobile text reminders.

Children and Young People



Although referrals continue to remain high, CAMHS teams are seeing a stabilisation in crisis presentations and average assessment waiting time for children and young people. CAMHS treatment waiting times, particularly in Newham and City & Hackney continue to be the priority. The teams are starting to see a decrease in the number of young people waiting for both assessment and treatment. In City & Hackney, the waiting list has decreased from 260 to 126 for assessment, whilst the treatment waiting list remains stable at 114. In Newham, waiting times have remained stable with a slight increase in the number waiting for assessment, from 354 to 399, with 239 young people waiting for treatment.

CAMHS continues to test innovative ideas including creating an attractive employment offer focusing on upskilling staff, offering more training opportunities and nurturing local talent. Newham CAMHS has recruited a dedicated Flow Lead to regularly review demand and capacity and tackle bottlenecks in the pathway. The Flow Lead is currently working on increasing the visibility of the waiting list, so that those waiting for triage or first appointment can be differentiated. This will assist in monitoring which service users have been waiting the longest and prioritising them based on clinical risk and urgency.

In Bedfordshire, the availability of clinical space to conduct assessments has been impacted by recent emergency estates work, which has impacted waiting times for routine appointments. North Bedfordshire CAMHS has one of the highest vacancy rates, with some positions being filled with agency staff. Overall waiting times in Bedfordshire CAMHS remain relatively stable. There has been a reduction in numbers waiting for assessment, from 291 to 265, and a reduction in the number waiting for treatment, from 187 to 163 in the past 3 months. This is due to joint assessments with partners to remove duplication and improve decision making. The service has begun holding regular interface meetings with the local authority, local schools and primary care to ensure that all stakeholders are involved in the decision-making process. The new group intervention has been successful and the team is considering expanding this to include psychoeducational sessions to support service users while they wait for treatment.

Children and Young People

East London CAMHS have started to meet their long-term plan access targets for urgent and routine referrals into the Eating Disorder service. However, in Bedfordshire and Luton, services are below the national 95% target for urgent referrals being seen within one week, and routine referrals within four weeks. This is due in part to higher levels of referrals, as well as vacancies within the service. There are also issues with the way referrals are recorded into the service and the Intensive Home Treatment Eating Disorder service, which is a separate service provided by the team. This means that some referrals are skewing the figures. Further exploration is underway by the local performance team to identify possible solutions to improve data accuracy.

While the average waiting times for children and young people with autistic spectrum disorder (ASD) were largely improving over the past year, in the past three months the waiting list for first appointment has grown from 772 to 892, as a result of the cessation of the 12-month funding provided to address the waiting list. Seventy-five of these children have been waiting over a year for assessment and eight have waited over two years. Referrals to the service have also begun to rise, particularly among children under the age of five, as a result of enhancements in that area of the service. ASD continues to maintain the lowest cancellation rate within SCYPS due to their newly implemented text messaging reminder service, which has helped to reduce non-attendance from 17.4% to 7.9% over past 5 months. The corporate performance team are working closely with the service to conduct an effective demand and capacity mapping exercise to identify opportunities to improve the pathway. One of the change ideas is to develop a single referral form to reduce the time spent by clinical staff redirecting inappropriate referrals back to primary care. There are also longer-term pathway changes being considered, such as integrating specialist children's services with CAMHS in Newham to benefit from a wider pool of staff, skills and experiences to support children with ASD.

CAMHS Tier 4 bed occupancy has increased because of increased staffing and bed availability. The number of young children placed on adult wards has reduced because of a new bed management team being established in Bedfordshire and Luton to help manage flow across the system. In addition, work on the Evergreen Unit has now been completed and will be fully operational by the end of January 2023.

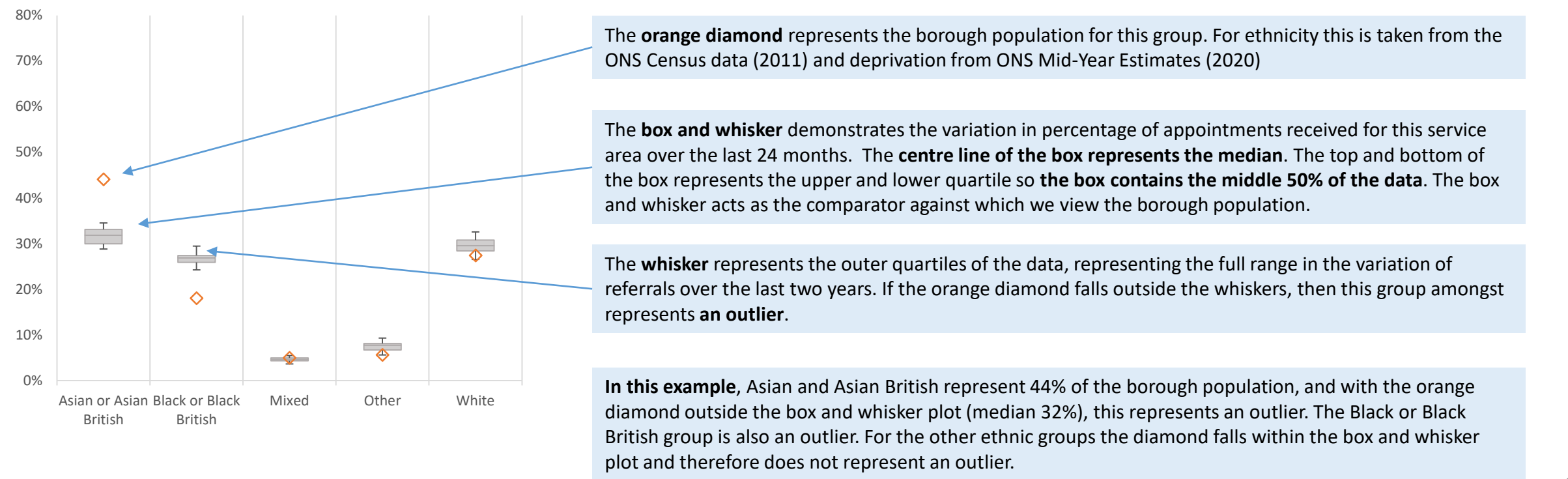
SCYPS quality and experience indicators remain consistently high, with 98% of parents and service users satisfied. As shown in the population health indicators, over half of children with neuro-disabilities are receiving prompt annual reviews. This number has shown steady signs of increase due to regular team reviews and the work to streamline pathways in the neuro-disability clinic and motor neurone clinic, which were both above 65% in October and November.

Equity of access to ELFT services in Central Bedfordshire

This section of the report provides analysis of appointment utilisation for community health and mental health in Central Bedfordshire, helping us to understand service provision through an equity lens. For Adult Mental Health, Older Adults, CAMHS, IAPTUS and SYCPS the report looks at whether certain groups are over or under represented in comparison with the local population.

We have considered all patient contacts with the services within a two year period (October 2020 to 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 Central Bedfordshire

Central Bedfordshire borders Luton to the South and Bedford in the North and is mainly a rural borough, comprising a mix of market towns and rural villages and has a population of approximately 254,381 (2011 Census*).

Overall, 22% over the population are aged between 0-17, 62% aged 18-64, and 16% aged 65 or over.

2% of those aged 0-17 years old were Asian, 5% were Black and Mixed ethnicities, and 91% were White. White groups made up 94% of the adult population, 3% were Asian, and 2% Black. 98% of the older adult population are White, 1% are Asian.

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

Adult Mental Health had 72,768 appointments with 94% represented by White service users, followed by 2% for Asian, and 2% for Black service users.

Older Adult Mental Health had 23,261 with 97% represented by White service users, followed by 1% for Asian, and 1% for Black service users.

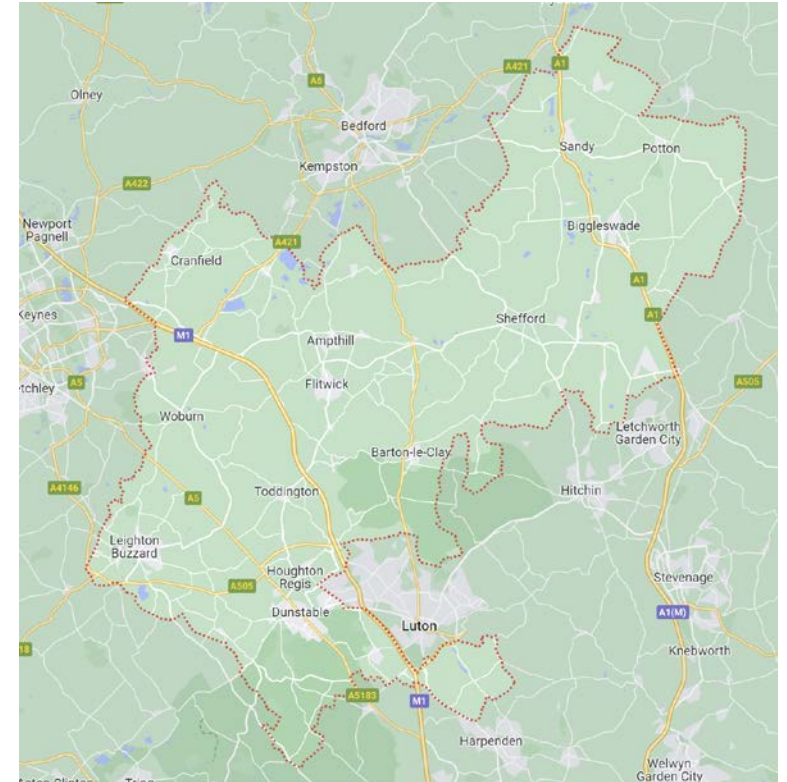
CAMHS data showed 40,011 appointments with 93% represented by White service users, 5% for those of mixed ethnicity, and 1% for Asian service users.

Community Health had a total of 292,927 appointments with 97% for White service users, followed by 1% for Asian, and 1% for Other ethnic group of service users.

Learning Disabilities had a total of 8,951 appointments with 90% represented by White service users, followed by 4% for Asian, and 3 % for Black service users

IAPT services had a total of 56,446 appointments with 92% represented by White service users, followed by 3% for Mixed, and 3% for Asian service users.

Addiction services had a total of 1,066 appointments with 94.6% represented by for White service users, followed by 2.1% for Asian, 1.9% for Mixed, and 1.2% for Black service users

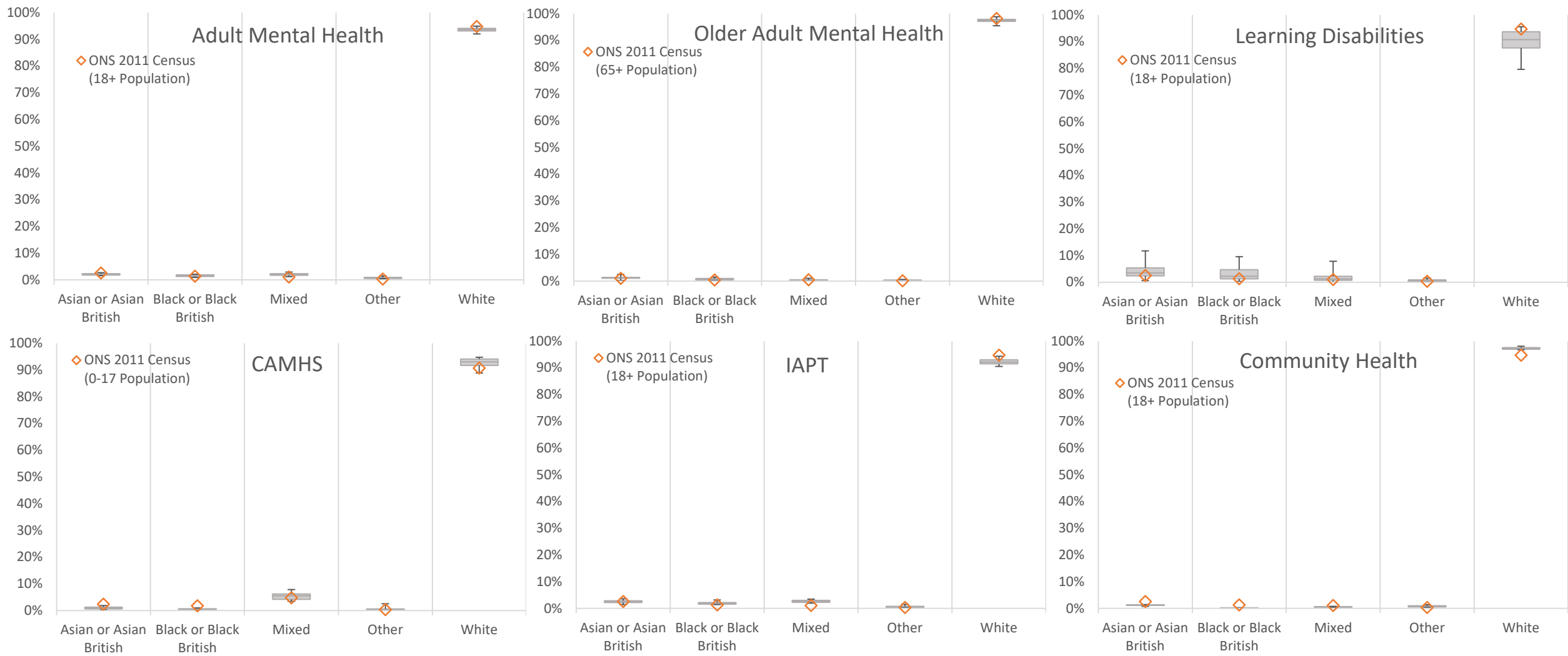


Patients with an unknown ethnicity or where ethnicity was not recorded were excluded from the analysis

* The 2021 Census with full granular dataset was not available at the time of writing

Central Bedfordshire Appointments - Ethnicity

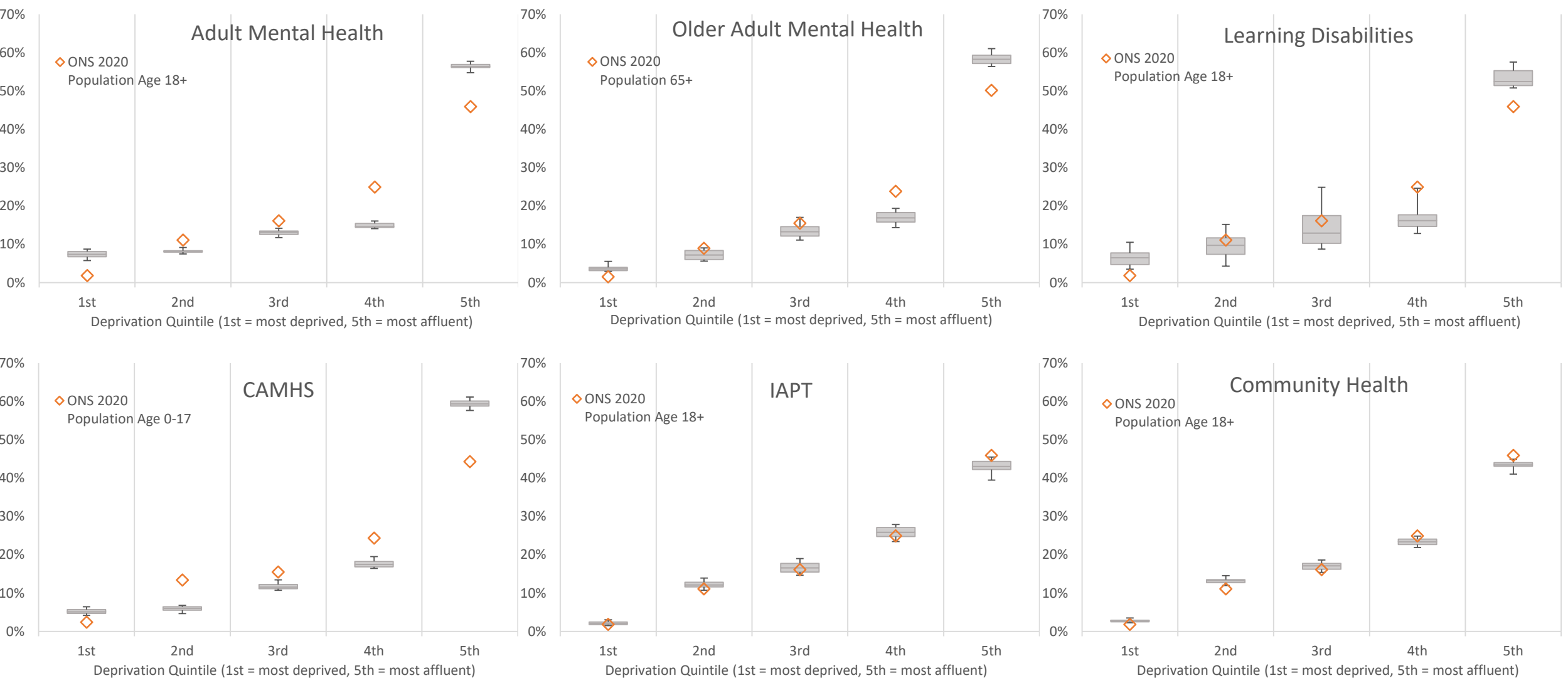
Do we see any unusual variation in patient appointments in the 24 month period October 2020 to September 2022 when compared to the local population?



Across Central Bedfordshire the Asian and Asian British as well as the Black and Black British group is slightly underrepresented in appointments in CAMHS, and Community Health. The White group is underrepresented in IAPT appointments, but overrepresented in Community Health appointments.

Central Bedfordshire Appointments - Deprivation

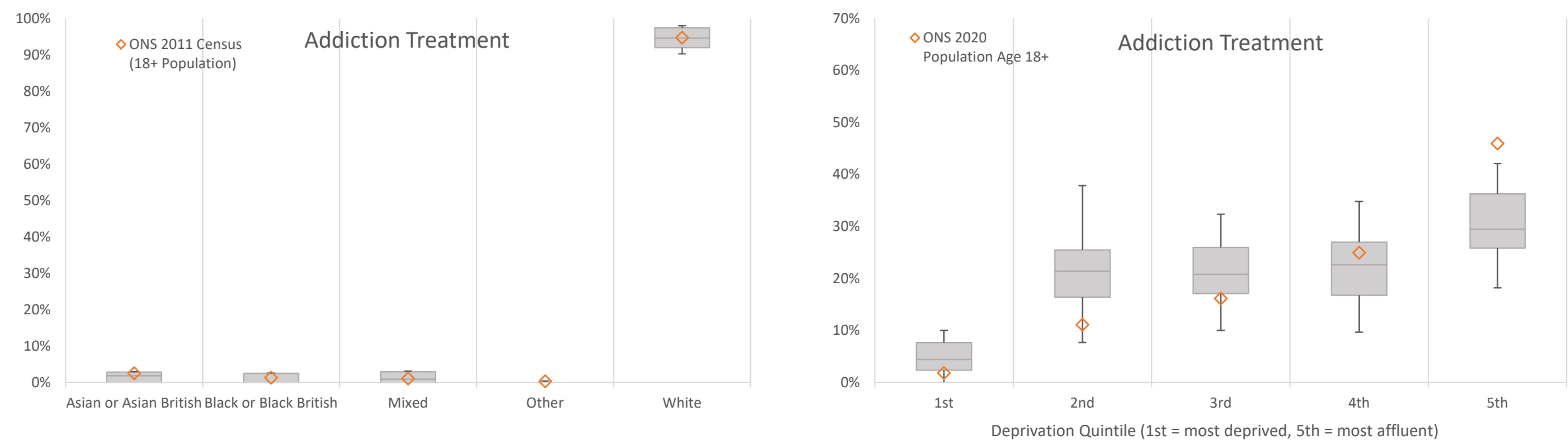
Do we see any unusual variation in patient appointments in the 24 month period October 2020 to September 2022 when compared to the local population?



2% of Central Bedfordshire’s population falls into the most deprived quintile and 46% into the 2 most affluent quintiles. Adult Mental Health, Older Adult Mental Health, Learning Disabilities, and CAMHS are all showing overrepresentation from both the most deprived and most affluent areas. The most deprived areas are also overrepresented in Community Health whereas the most affluent areas are underrepresented.

Central Bedfordshire Appointments – Addiction Treatment

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?

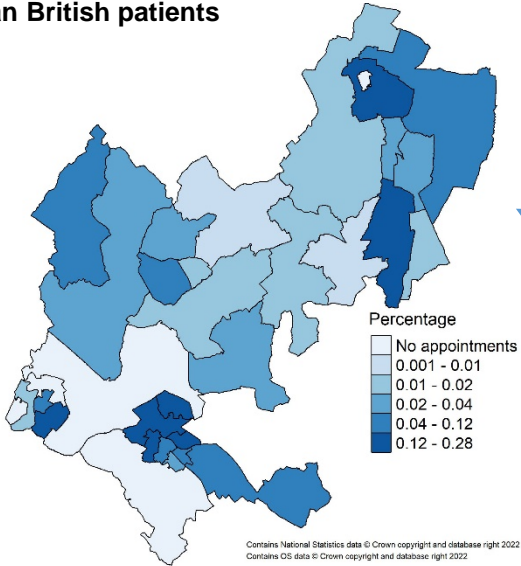


Across Addiction services access is broadly consistent with general population in terms of access across different ethnic groups. There is more access to services from the most deprived neighbourhoods in the borough (1,2 quintiles) as well as proportionate level of access from more affluent areas (quintile 4), and lower levels of access from the most affluent areas within the borough.

Central Bedfordshire - Adult Mental Health Appointments

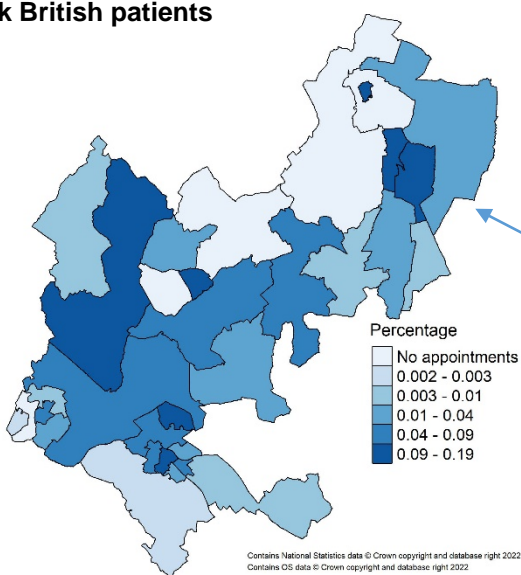
Do we see any unusual variation in patient appointments in the 24 month period October 2020 to September 2022 when compared to the local population?

Adult mental health appointments for Asian or Asian British patients



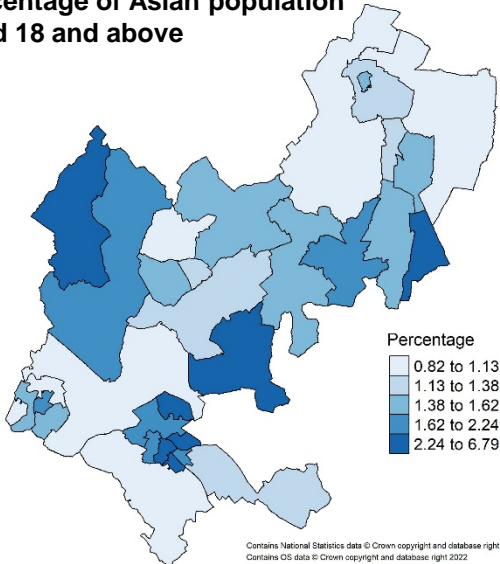
Asian or Asian British groups are showing a high percentage of appointments in the East compared to the population percentage in that area.

Adult mental health appointments for Black or Black British patients



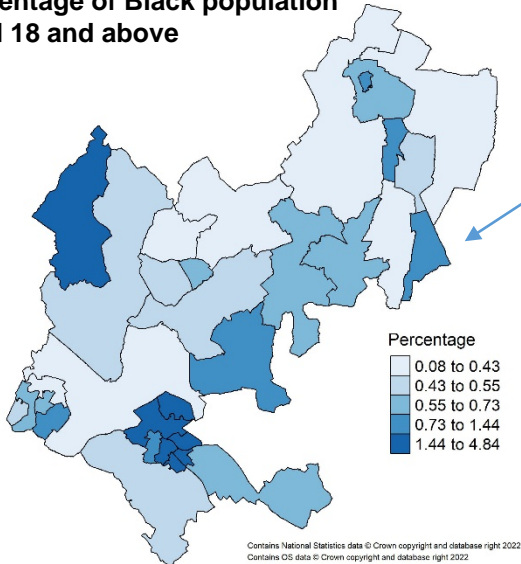
Black or Black British groups are showing a high percentage of appointments in the West compared to the population percentage in that area.

Percentage of Asian population aged 18 and above



Data for the area population shows the most densely populated areas are in the West and Centre.

Percentage of Black population aged 18 and above

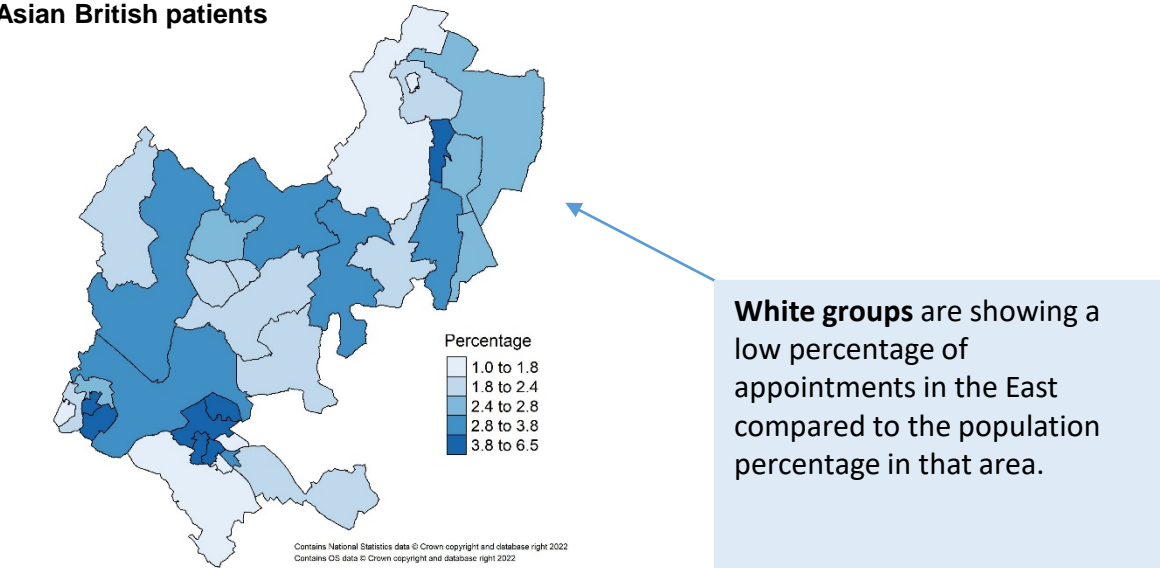


Data for the area population shows the most densely populated areas are in the West.

Central Bedfordshire - Adult Mental Health Appointments

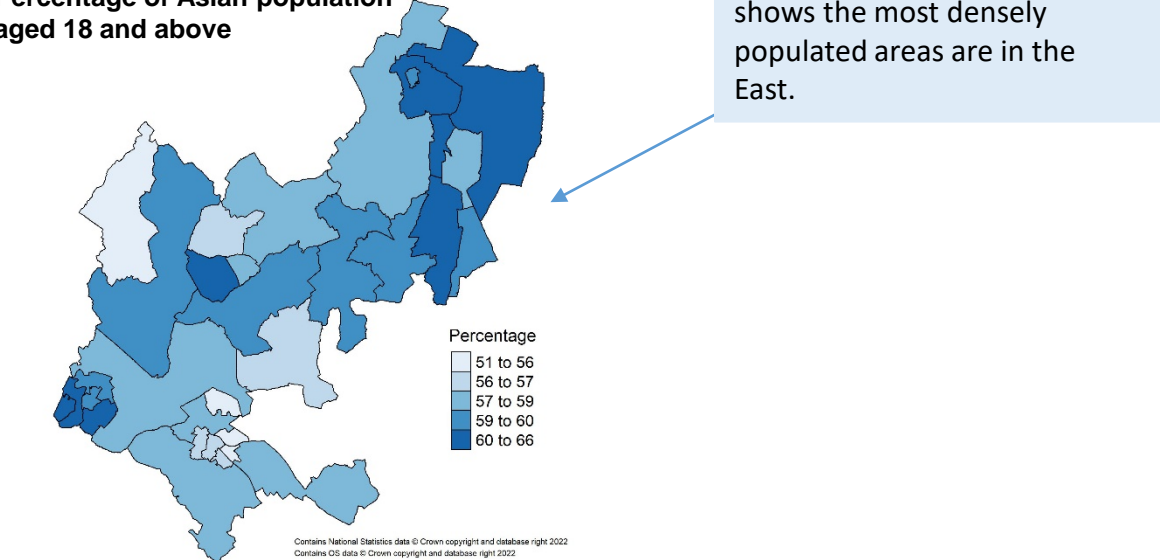
Do we see any unusual variation in patient appointments in the 24 month period October 2020 to September 2022 when compared to the local population?

Adult mental health appointments for Asian or Asian British patients



White groups are showing a low percentage of appointments in the East compared to the population percentage in that area.

Percentage of Asian population aged 18 and above

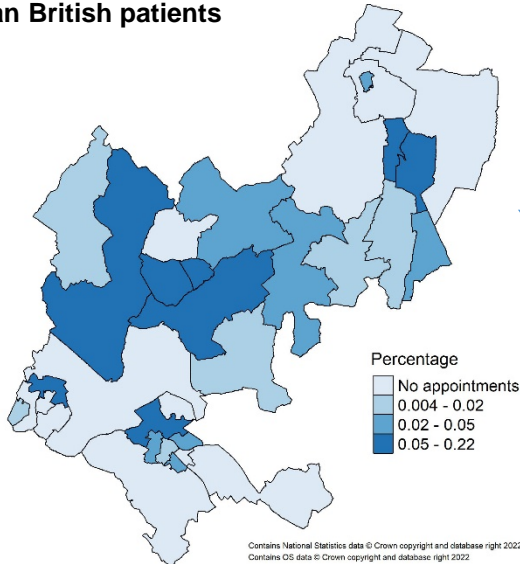


Data for the **area population** shows the most densely populated areas are in the East.

Central Bedfordshire - Older Adult Mental Health Appointments

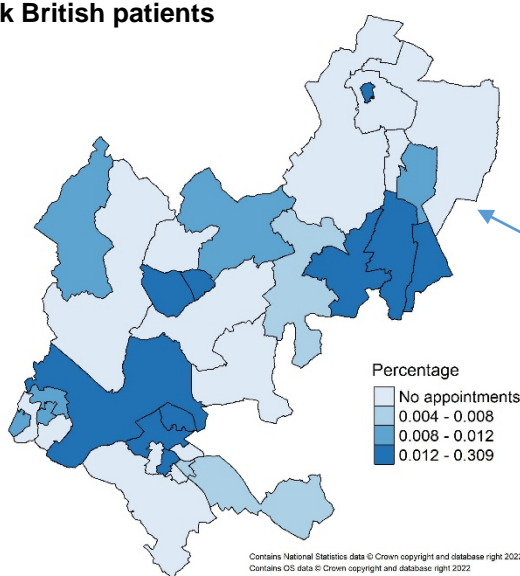
Do we see any unusual variation in patient appointments in the 24 month period October 2020 to September 2022 when compared to the local population?

Adult mental health appointments for Asian or Asian British patients



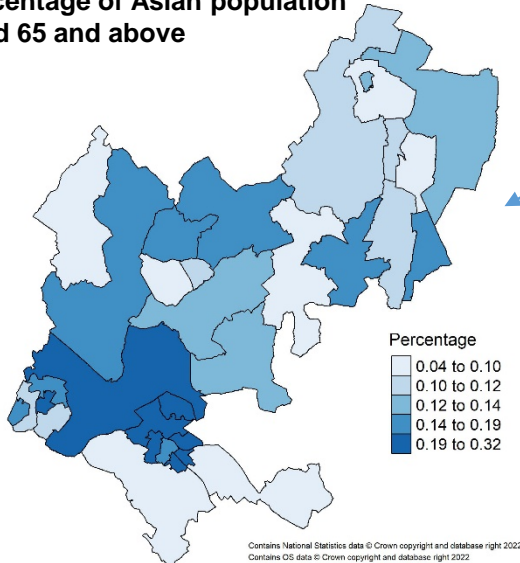
Asian or Asian British groups are showing a high percentage of appointments in the West but lower percentage in the Centre compared to the population percentage in those areas.

Adult mental health appointments for Black or Black British patients



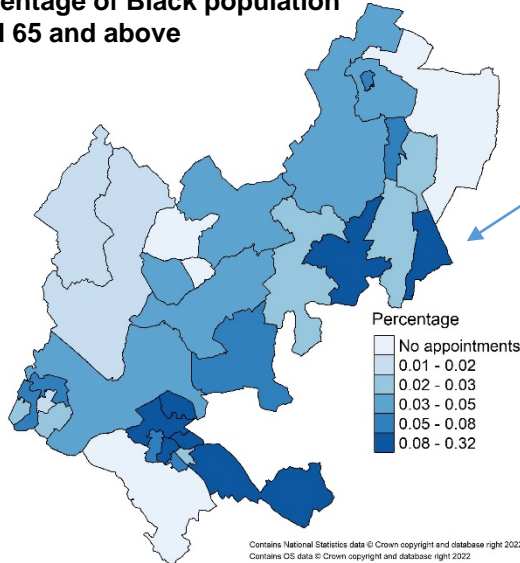
Black or Black British groups are showing a high percentage of appointments in the Centre and East compared to the population percentage in those areas.

Percentage of Asian population aged 65 and above



Data for the area population shows the most densely populated areas are in the West and Centre.

Percentage of Black population aged 65 and above

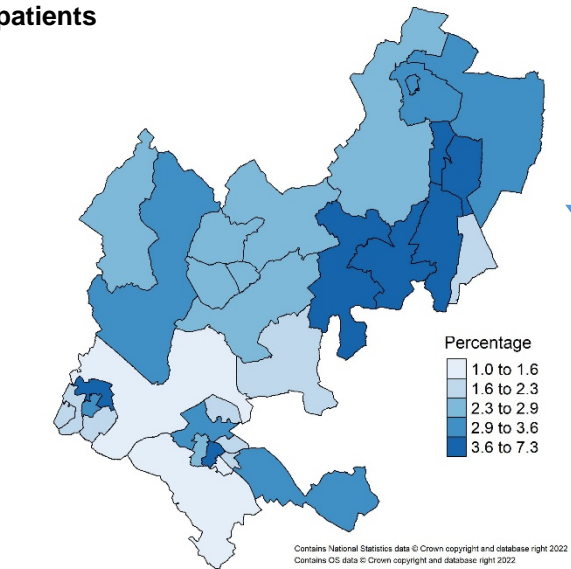


Data for the area population shows the most densely populated areas are in the South and East.

Central Bedfordshire - 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?

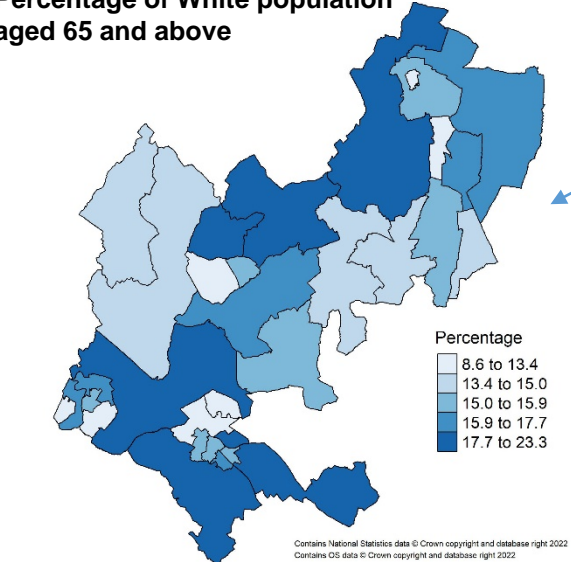
Older adult mental health appointments for White patients



White groups are showing high percentage of appointments in the East but lower percentage in the South compared to the population percentage in those areas.

Data for the **area population** shows the North and South are the most densely populated areas although there is some representation in the East as well.

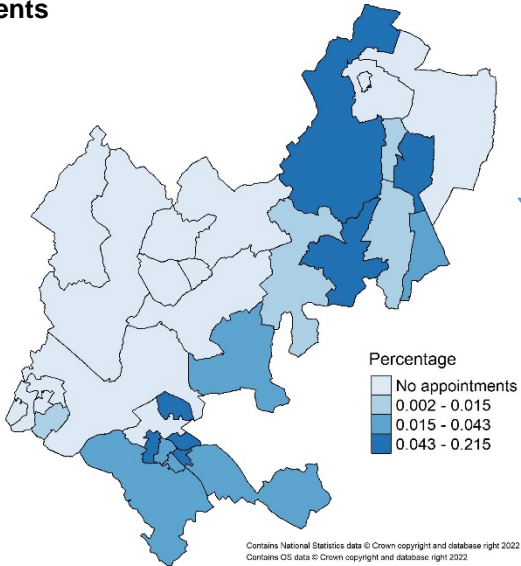
Percentage of White population aged 65 and above



Central Bedfordshire - CAMHS Appointments

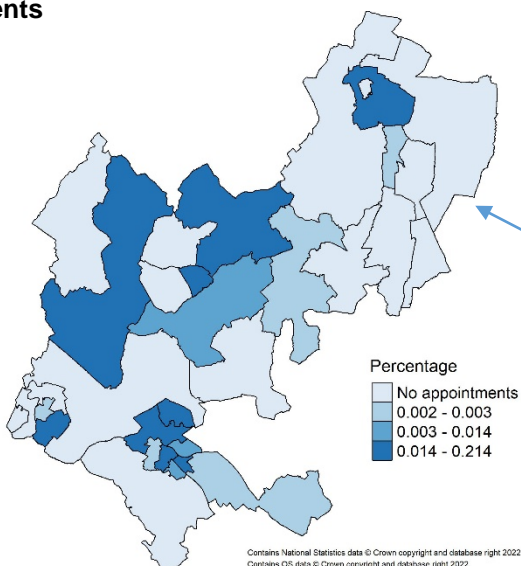
Do we see any unusual variation in patient appointments in the 24 month period October 2020 to September 2022 when compared to the local population?

CAMHS appointments for Asian or Asian British patients



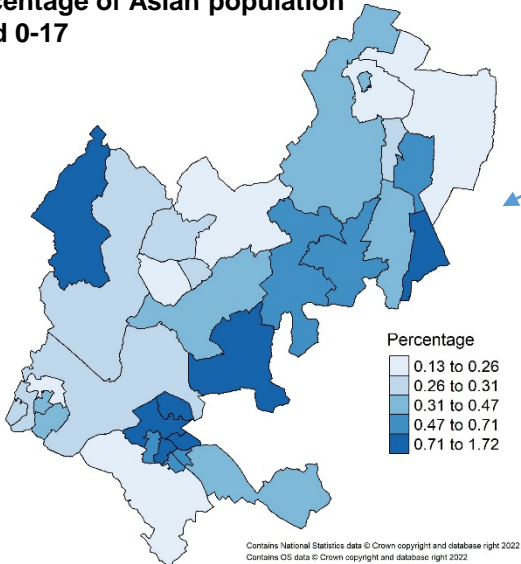
Asian or Asian British groups are showing a high percentage of appointments in the East but lower percentage in the West compared to the population percentage in those areas.

CAMHS appointments for Black or Black British patients



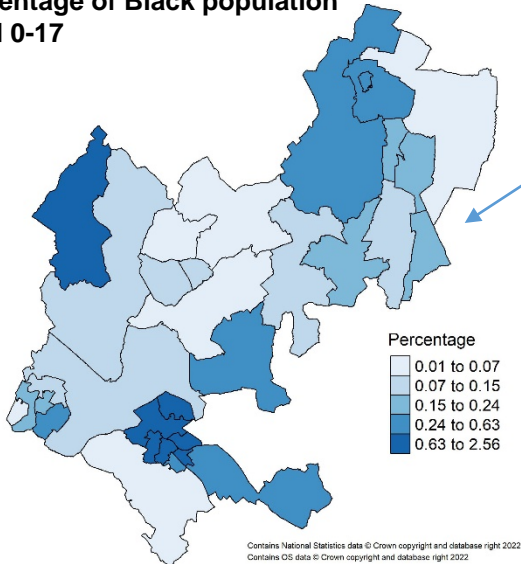
Black or Black British groups are showing a high percentage of appointments in the East and North compared to the population percentage in that area.

Percentage of Asian population aged 0-17



Data for the area population shows the most densely populated areas are in the West and Centre.

Percentage of Black population aged 0-17

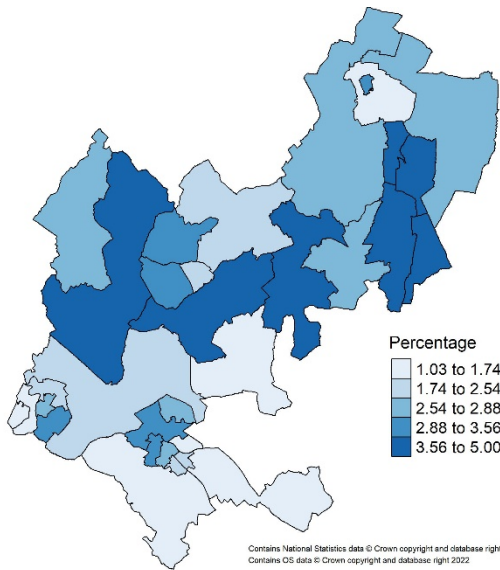


Data for the area population shows the most densely populated areas are in the West and Centre.

Central Bedfordshire - CAMHS Appointments

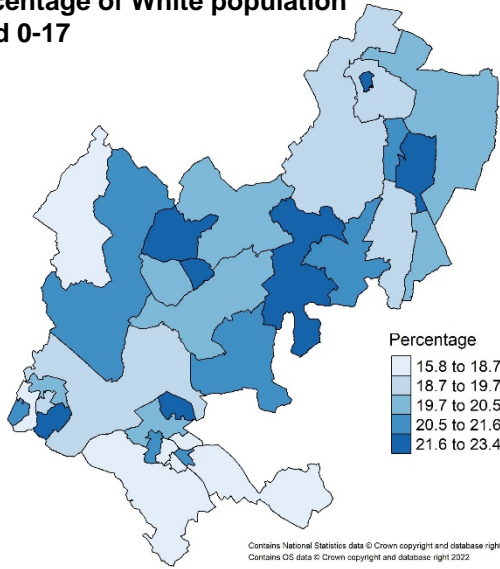
Do we see any unusual variation in patient appointments in the 24 month period October 2020 to September 2022 when compared to the local population?

CAMHS appointments for White patients



White groups are showing a high percentage of appointments in the East and Centre compared to the population percentage in that area.

Percentage of White population aged 0-17

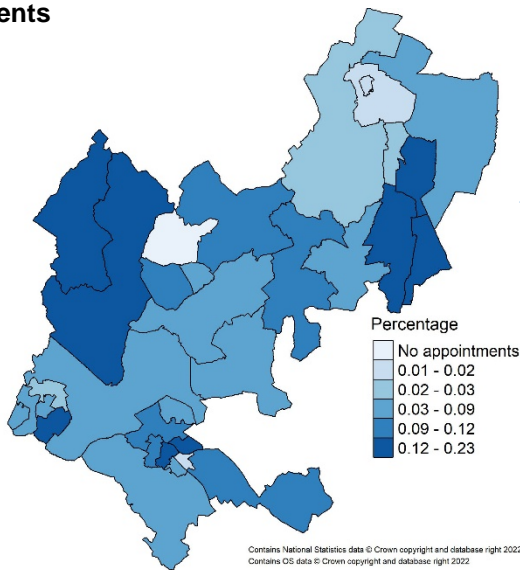


Data for the **area population** shows the most densely populated areas are in the Centre.

Central Bedfordshire - IAPT Appointments

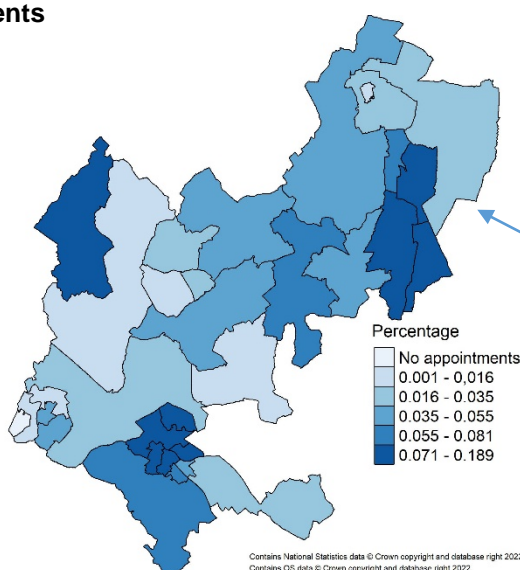
Do we see any unusual variation in patient appointments in the 24 month period October 2020 to September 2022 when compared to the local population?

IAPT appointments for Asian or Asian British patients



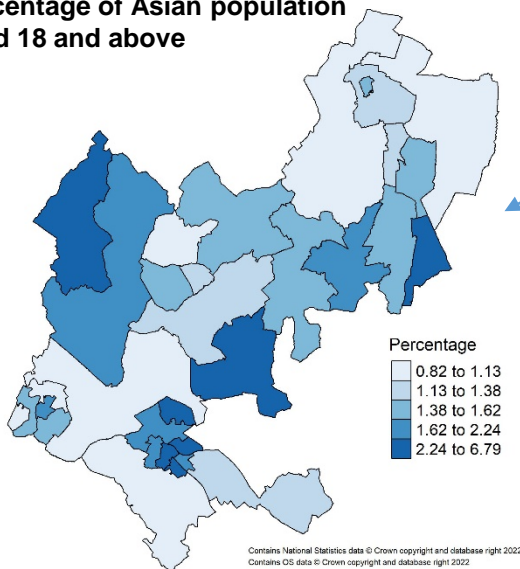
Asian or Asian British groups are showing a high percentage of appointments in the East and Centre compared to the population percentage in those areas.

IAPT appointments for Black or Black British patients



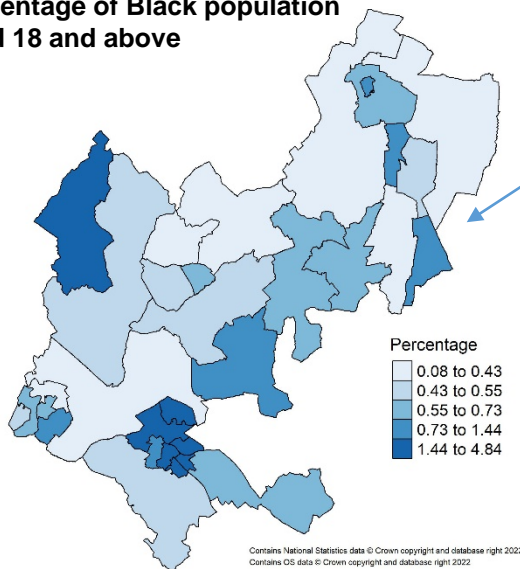
Black or Black British groups are showing a high percentage of appointments in the West compared to the population percentage in that area.

Percentage of Asian population aged 18 and above



Data for the area population shows the most densely populated areas are in the West and Centre.

Percentage of Black population aged 18 and above

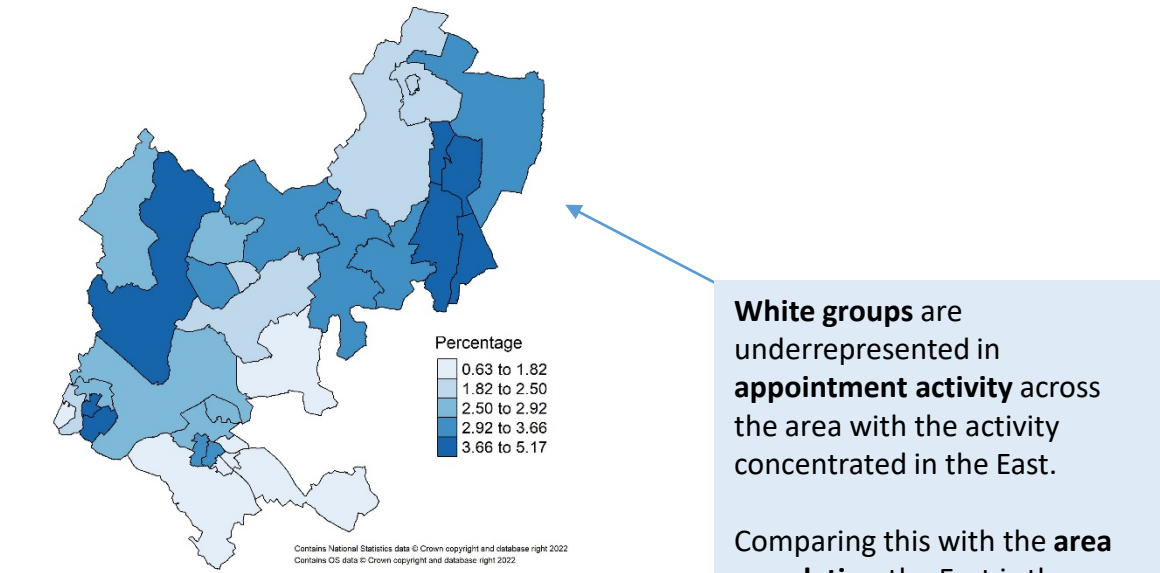


Data for the area population shows the most densely populated areas are in the West and Centre.

Central Bedfordshire - 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?

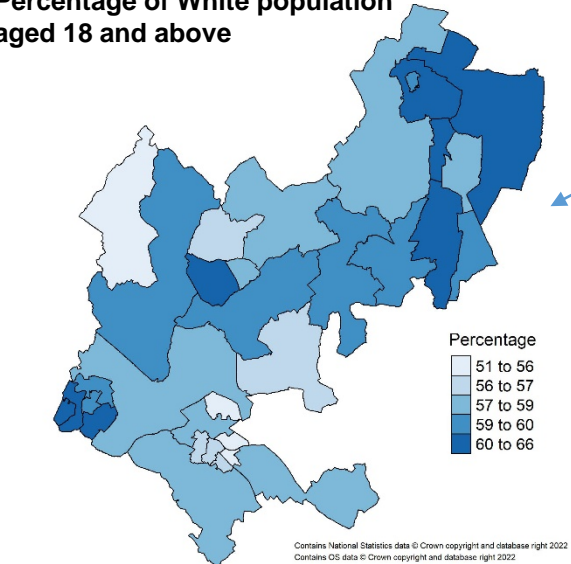
IAPT appointments for White patients



White groups are underrepresented in **appointment activity** across the area with the activity concentrated in the East.

Comparing this with the **area population** the East is the most densely populated area although there is some representation in the Centre and the West as well.

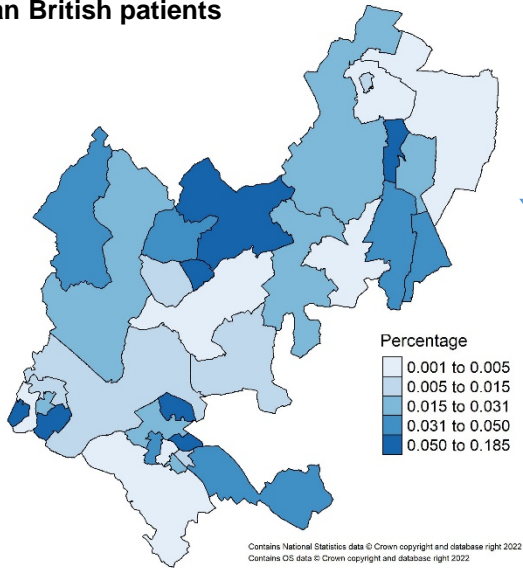
Percentage of White population aged 18 and above



Central Bedfordshire - Community Health Appointments

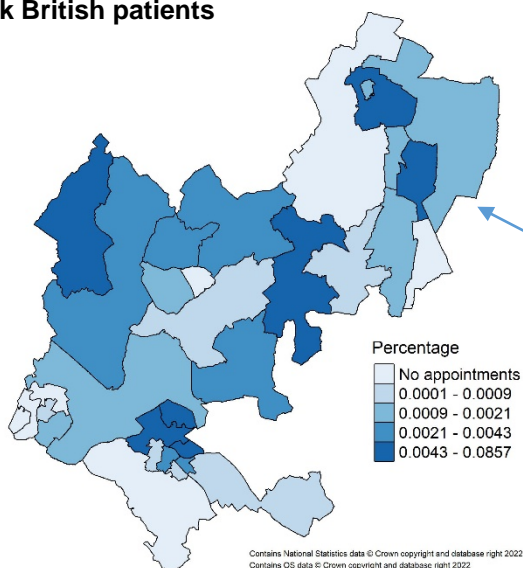
Do we see any unusual variation in patient appointments in the 24 month period October 2020 to September 2022 when compared to the local population?

Community Health appointments for Asian or Asian British patients



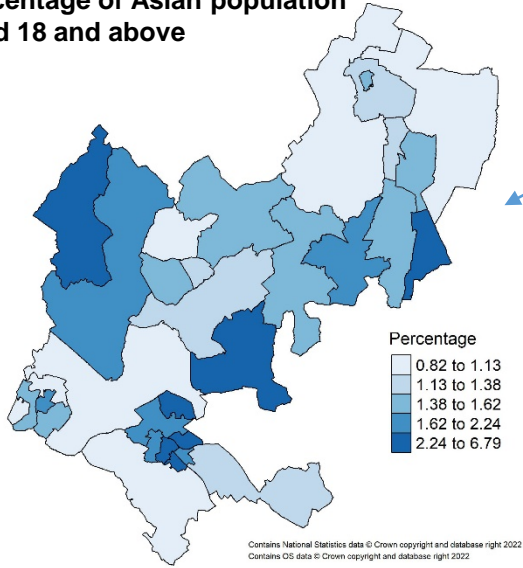
Asian or Asian British groups are showing a high percentage of appointments in the North and Centre compared to the population percentage in those areas.

Community Health appointments for Black or Black British patients



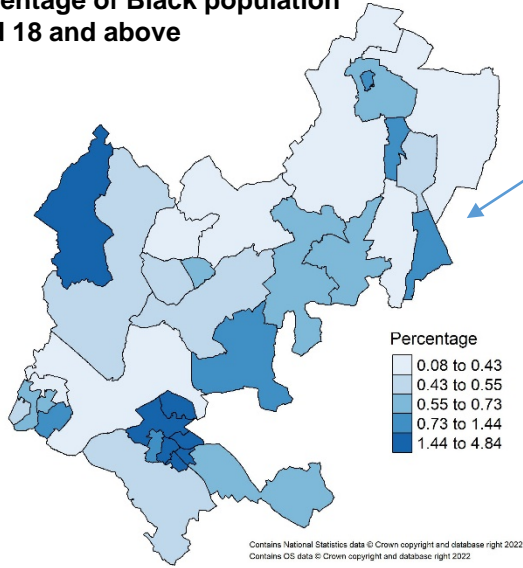
Black or Black British groups are showing a high percentage of appointments in the East and Centre compared to the population percentage in those areas.

Percentage of Asian population aged 18 and above



Data for the area population shows the most densely populated areas are in the West and Centre.

Percentage of Black population aged 18 and above

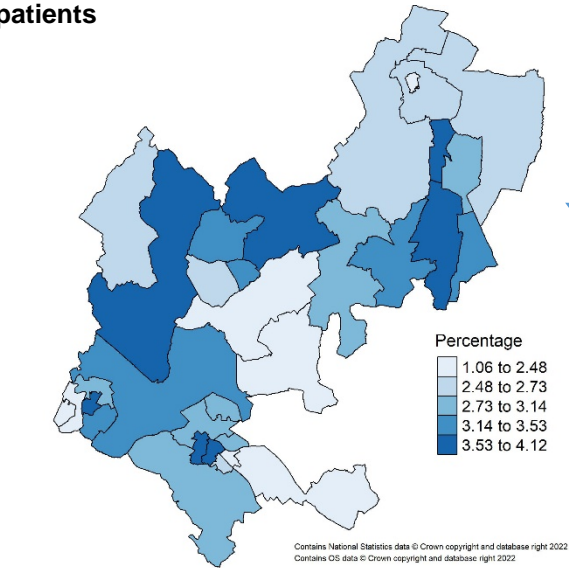


Data for the area population shows the most densely populated areas are in the West and Centre.

Central Bedfordshire - 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?

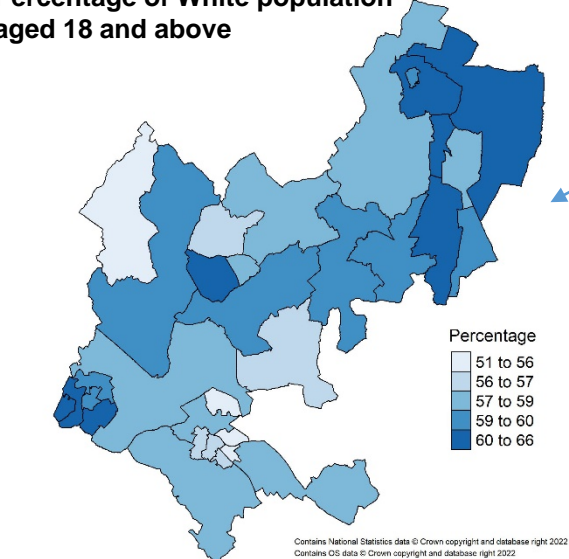
Community Health appointments for White patients



White groups are overrepresented in **appointment activity** across the borough with the activity concentrated in the North and Centre.

Comparing this with the **area population** the East is the most densely populated area although there is some representation in the Centre and the West as well.

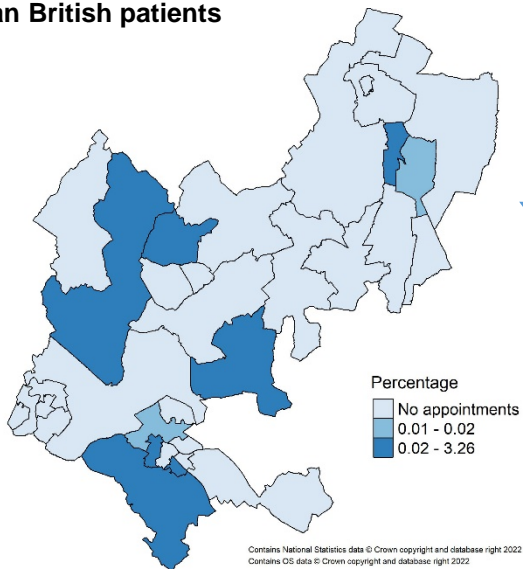
Percentage of White population aged 18 and above



Central Bedfordshire - Learning Disabilities 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?

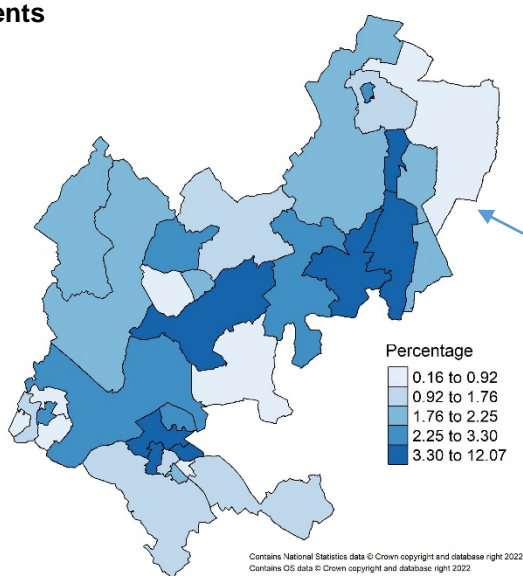
Learning Disabilities appointments for Asian or Asian British patients



Asian or Asian British groups are showing a high percentage of appointments in the South and lower activity in the West and Centre compared to the population percentage in those areas.

Data for the **area population** shows the most densely populated areas are in the West and Centre.

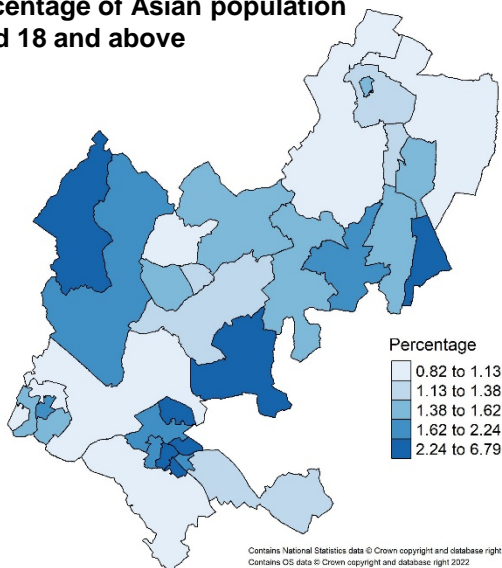
Learning Disabilities appointments for White patients



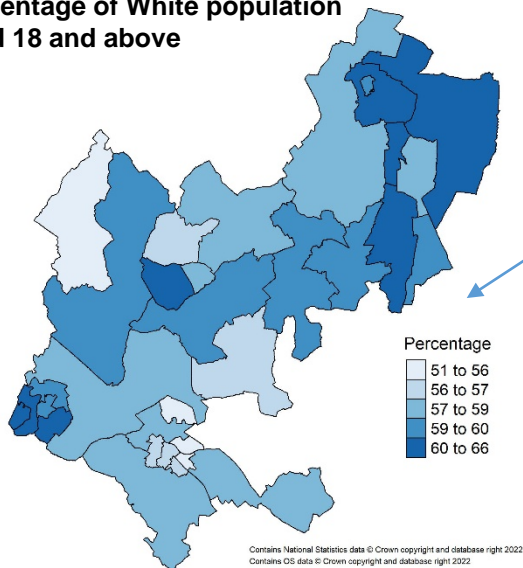
White groups are showing a high percentage of appointments in the Centre and lower activity in the East compared to the population percentage in those areas.

Comparing this with the **area population** the East is the most densely populated area although there is some representation in the Centre and the West as well.

Percentage of Asian population aged 18 and above



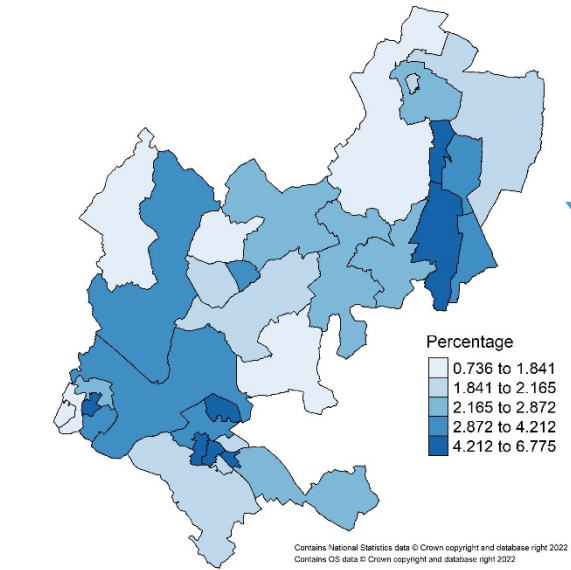
Percentage of White population aged 18 and above



Central Bedfordshire - Addictions

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?

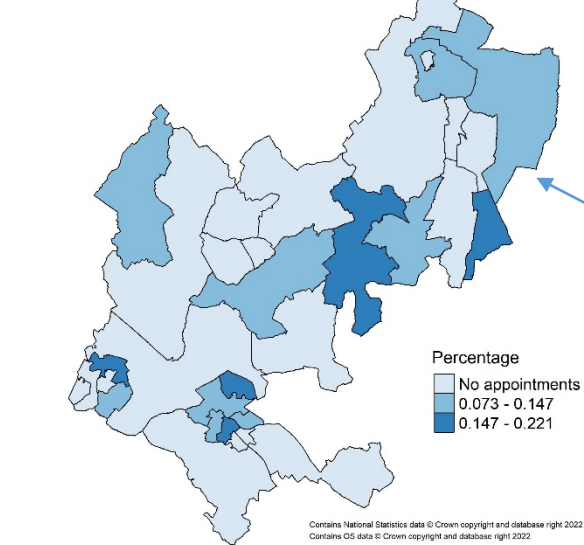
Addiction Treatment activity for White patients



White groups are showing lower activity in the East and Centre compared to the population percentage in those areas.

Comparing this with the **area population** the East is the most densely populated area although there is some representation in the Centre and the West as well.

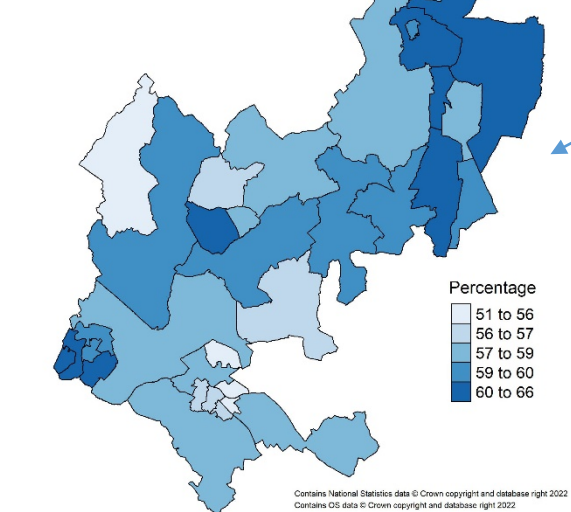
Addiction Treatment activity for Asian or Asian British patients



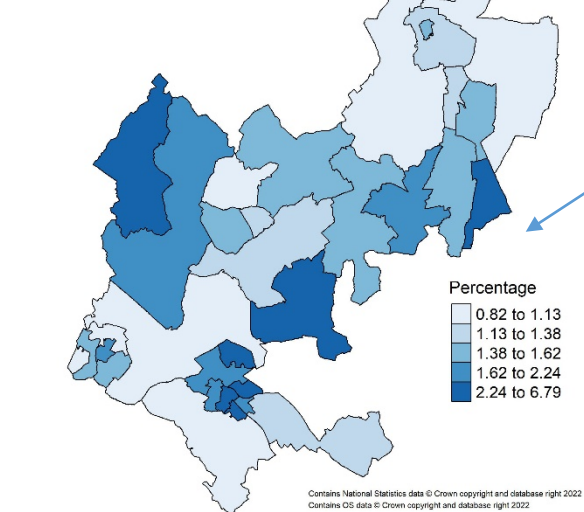
Asian or Asian British groups are showing lower activity in the West and Centre compared to the population percentage in those areas.

Data for the **area population** shows the most densely populated areas are in the West and Centre.

Percentage of White population aged 18 and above



Percentage of Asian population aged 18 and above



Equity of access to ELFT services in Central Bedfordshire: What might this mean?

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 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, Central Bedfordshire has a predominantly White population (94%) with a small Black And Minority Ethnic (BAME) population. While access to services is broadly consistent with the population, Asian as well as the Black groups are slightly underrepresented in CAMHS, and Community Health services. The White population is underrepresented in IAPT services, but overrepresented in Community Health Services.

In terms of deprivation, only 2% of people reside in the most deprived areas, while 46% of the population live in the two most affluent neighbourhoods (quintile 4 & 5). However, even in affluent areas, there are some pockets of deprivation which reflect the diverse range of needs within the borough. Dunstable Manshead, Parkside, and Flitwick are in England's top 20% most deprived wards, while Houghton Hall, Tithe Farm, Sandy, Leighton Buzzard North, Caddington, Dunstable Central, and Dunstable Northfields are in the top 20%–30%. Adult Mental Health, Older Adult Mental Health, Learning Disabilities, and CAMHS services are all showing overrepresentation from both the most deprived and most affluent areas. Due to the rural landscape and the relatively low density of the population, there are a number of challenges for health and social care system including the risks of social isolation, access to public transport, and proximity to resources and assets within the community.

Adult & Older Adult Services

Access to Adult and Older Adult services by different ethnic groups is generally representative of the population. The geographical population breakdown of ethnic groups suggests that access is generally consistent with the areas with the most densely populated communities, but there are some variations. Areas with the highest White population, such as Biggleswade, Sandy, and Pottton, had slightly lower levels of access, whereas Asian communities in these wards accessed services relatively more frequently.

While the Black population is primarily concentrated around Cranfield, Woburn, Toddington, and Houghton Regis, access was visible throughout the borough, including areas such as Biggleswade, Shefford, Barton-Clay, Westoning, Flinton & Greenfield, and Woburn. The breadth of access might suggest that there are wider socio-economic factors within the borough that might be adversely impacting communities differently – factors such as education, employment, the lack of community assets and local support networks could all perpetuate demand for secondary care mental health services.

Across Bedfordshire, the Dialog+ outcome scores shows improvement across all domains. Data from public health has identified the following health inequalities within Central Bedfordshire: high rates of premature mortality (under 75) among the local population diagnosed with a severe mental illness; young people attending A&E with concerns of self-harm or expressing suicidal thoughts; higher than national average for "walk-in" attendances to A&E, and higher number of suicides by women than the national average. Local data shows that in some areas, there are high rates of people diagnosed with Emotionally Unstable Personality Disorder (EUPD), substance abuse, experiencing domestic violence, and in contact with child protection services.

Equity of access to ELFT services in Central Bedfordshire: What might this mean?

To address these challenges, our mental health services have developed a 10-year mental health and well-being plan in collaboration with BLMK Integrated Care Board (ICB) partners, with the goal of preventing illness in our residents, promoting good mental health, and assisting people living with mental illness to recover and live well. Six strategic priorities are identified in the plan: promoting wellbeing, preventing mental health conditions, intervening earlier, improving treatment, assisting people with mental illnesses to live well, and improving crisis services to prevent suicide.

The boroughwide Community Mental Health Transformation Programme is supporting better integration of local health providers, social care, and Voluntary Care Social Enterprise (VCSE) organisations to coordinate care and strengthen community provisions within newly formed Primary Care Networks (PCNs). For example, the Leighton Buzzard Multidisciplinary Team (MDT) approach has enabled partners to focus on the health and well-being of the local population at place, by jointly planning and tackling inequalities and wider determinants of health in a collaborative manner. Tenancy Support Officers are in place to support service users with basic needs such as financial support and housing. Newly established roles, such as Mental Health Practitioners, Care Link Workers, Peer Support Workers, and Community Connectors, are now in place and are assisting service users through social prescribing and increasing access to a broader range of interventions within community settings. Community Connectors also provide 'warm handovers' to help with the implementation of a 'no wrong door approach' within the Community Mental Health Transformation Programme which will improve the coordination of referrals across the system. Support workers are in place in every team to carry out physical health checks and lifestyle assessments in order to identify opportunities to promote healthier lifestyles. The Trust Befriending Service is raising awareness of the mental health support services that are available by creating a new directory of services. Services are working with ICB colleagues to develop a clinical pathway that better supports the needs of service users with EUPD.

There is also further development of Memory Assessment Services and adult ADHD and Autism care. Crisis response has been strengthened with a range of services including crisis line and urgent response community pathways to support service users more rapidly. Alcohol and Substance Misuse services are joint working with mental health services to support service users with dual diagnosis. Transition workers are being recruited between children and young people's mental health services and adult mental health services in order to better integrate care pathways around the needs of young people and improve the experience of care during this vulnerable period in a young person's life.

Mental Health services are addressing inequalities by improving access to physical health checks for people with Severe Mental Illness (SMI). Services are embedding Individual Placement Support (IPS) to increase employment opportunities for people with SMI. Services are working closely with primary care pharmacies to offer better access to Booster and flu vaccinations. A number of initiatives are being implemented to ensure that interventions are culturally appropriate and sensitive to individual needs, such as offering an all-women swimming group for Asian women and collaborating with VCSE organisations and the Recovery College to improve access from all minority groups. People participation and the Recovery College are developing service user led programmes, which are culturally sensitive, such as organising park runs and coproducing BLMK Better Days. The Recovery Colleges offers a wide range of free courses and workshops to everyone living and working in Bedfordshire and Luton, which are recovery focused, and aim to provide strategies and techniques for individuals to use in their daily lives to promote self-management. Services are working closely with local authorities and "warm room" venues to support the local population with their mental health and well-being. There is also a focus on upskilling communities through increased access to training and support and courses.

Equity of access to ELFT services in Central Bedfordshire: What might this mean?

Services are also improving access by providing digital and face-to-face interventions, as well as establishing digital pods to engage with digitally excluded service users who are given the option to visit the venue and take advantage of the equipment and facilities. There are digital initiatives underway to improve the physical health of people with severe mental illness through mobilising digital equipment such as the Blue Box and ECG's that can be monitored remotely.

Child and Adolescent Mental Health Services (CAMHS)

Access to CAMHS services is broadly representative of the population, with service users from White communities slightly over-represented, Mixed ethnic groups well represented, and Asian and Black communities slightly under-represented. The underrepresentation of some BAME groups, particularly Asian groups, is reflected in national data. Additionally, there is a noticeable overrepresentation of service users from wealthier areas and a relatively small overrepresentation of those from the most deprived areas, such as Dunstable and Houghton Regis. The geographical population breakdown suggests that access is generally consistent with the areas with the most densely populated communities. Although the overall number of children and young people accessing services from BAME groups was small, service users from Asian communities had higher access in the East and lower access in the West compared to the population in those areas. Black or Black British groups had higher levels of access in the East and North compared to the population in that area.

CAMHS services are supported by the local emotional wellbeing service, CHUMS, which supports children and young people in Central Bedfordshire and Bedford Borough with mild to moderate mental health difficulties. Services are working towards embedding 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. This builds on the "Single Point of Access" approach across Bedfordshire, which has made it easier for service users to access and navigate services faster and more smoothly, and ensures support is matched to need using a risk based approach. 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. A dedicated CAMHS Crisis Service, Street Triage Service and Home Treatment Teams are in place to assertively support users in the community to reduce avoidable admissions. There is also on-going work to enhance existing maternal, perinatal and early years health services, support parenting programmes to strengthen attachment between parent and child, avoid early trauma and build resilience to improve behaviour by ensuring parents have access to evidence-based programmes of intervention and support.

'Make your Mark' an annual survey conducted nationally by the British Youth Council, has seen mental health voted as the top issue for the last three years in Central Bedfordshire by young people. 37% of pupils in years 8-12 had a low measure of resilience. According to anecdotal information from services, there are more eating disorder presentations within affluent areas, compared to crisis presentations with complex social care needs in parts of the borough where there is higher levels of deprivation. This might suggest that, while service users in affluent communities may use services more frequently, their needs and expectations of services may differ from those of other populations. They may also be more aware of services and able to navigate the system to be referred to the appropriate service. Previous research highlighted service users from BAME and low socio-economic groups present more often in crisis rather than through primary care. A number of themes emerged,

Equity of access to ELFT services in Central Bedfordshire: What might this mean?

including how ethnicity may impact on access to mental health services. The impact of stigma, awareness of mental illness and awareness of mental health services are also important factors. Central Bedfordshire CAMHS have engaged young people and families to help address these issues locally.

Services have made improvements in addressing inequalities through ensuring all children and young people have equal access to early help and support. This has been achieved by expanding support to children and young people in schools, offering evidence-based interventions for mild-to-moderate mental health issues. Schools play an important role in supporting the wellbeing of children and young people at a time when they are experiencing lots of physical, emotional and social changes. The introduction of Mental Health Support Teams (MHST) within schools is a new approach to provide an additional source of support to families and schools. CHUMS, in partnership with CAMHS, deliver prevention and early intervention mental health support to schools across Central Bedfordshire. CAMHS is continuing to expand the coverage of MHST across the borough to tackle the challenges children and young people experience, by helping them to feel more resilient, arming them with techniques to look after themselves and strategies to help them maintain their wellbeing. This includes support for things like mild-moderate anxiety or worries, exam stress and friendship issues through 6-8 sessions of low intensity Cognitive Behavioural Therapy, counselling sessions, themed group work or information workshops. Individual support plans ensure that children and their families who are harder to reach or from deprived backgrounds are consulted to ensure services meet their needs.

A number of projects are underway to improve access, address inequalities and improve outcomes. Services are working closely with the Criminal Justice Liaison Service to support children entering the criminal justice system. In comparison to the general adolescent population, children and young people who are known to the criminal justice system are an especially vulnerable group in terms of emotional and mental health concerns and prevalence, special educational needs, and risk of offending. The Liaison and Diversion service has launched a QI project with the goal of increasing the number of referrals of BAME service users. Despite the fact that there is an overrepresentation of this group in the justice system, only 45% of young people from BAME backgrounds who come into contact with the police get referred to the team. The service has developed a driver diagram and will be deciding a number of change ideas to test over the coming weeks. Services are also sharing learning from the South Luton triple aim initiative, which focuses on underprivileged neighbourhoods and improving population health outcomes for children and young people aged 4 to 16. Areas in South Luton such as Northwell and Farley wards have high levels of deprivation, being in the top 10% most deprived areas in the country. The team have consulted a range of people within the population, including 65 children and young people and 20 teachers from local schools, to help them understand the needs of the population. They identified substance misuse and a need to improve relationships between healthcare professionals and the community as priorities. Learning from this approach will also be adopted across all boroughs to help tackle inequalities and improve health outcomes across different populations throughout Bedfordshire.

The Trust has launched a CAMHS Discovery College, which provides educational courses and resources co-produced with service users to assist people dealing with mental health challenges, their families and friends, while also building skills, knowledge, and experience. The service is based in Dunstable and collaborates closely with the Grove Corner Hub, a youth centre that provides service users between the ages of 13 and 18 with a variety of youth activities. The Discovery College collaborates with Central Bedfordshire College and students for whom English is a second language, many of whom come from low socioeconomic backgrounds, with a significant proportion from South Asian communities. The College organises a variety of physical health activities designed by the students such as cricket, badminton, indoor

Equity of access to ELFT services in Central Bedfordshire: What might this mean?

athletics, and football, alongside psychosocial education and interventions to promote health and well-being. All students are encouraged to pursue their sporting goals, and close relationships with professional bodies have resulted in one of the program's graduates becoming a semi-professional footballer. The College also works in with Aquarius, a local charity, that offers a range of one-to-one and group sessions for young people, their parents and families.

Services are continuing to expand the digital offer that started during the pandemic to support children and young people to access services digitally across Bedfordshire. The Kooth service is an online mental health facility for children, young people and families. It provides counselling and emotional well-being platform for children, accessible through mobile, tablet and desktop and is free at the point of use.

IAPT Services

Although there was a slight underrepresentation of the White population and a small overrepresentation of service users from mixed ethnic backgrounds, access to IAPT from different ethnic groups is generally consistent with the population. The geographic distribution of appointments for service users from Asian and Black communities indicates that access is broadly consistent with population density. BAME service users had slightly more appointments from less densely populated regions, and most neighbourhoods showed relatively high levels of access, especially in the North East in places like Pottun, Sandy, and Biggleswade. This is encouraging and reflects the work that services have been doing to engage BAME communities. Service users from White groups had consistent levels of access throughout the borough; however, access from regions in the South West, such as Caddington and Eaton Bray, was lower than predicted. However, there is a general increase in the usage of services from affluent areas, with symptoms of despair and anxiety. This could mean that service users in wealthier areas are having more difficulty than other populations, possibly because they have become more isolated since the pandemic, or it could mean that more needs to be done to raise service awareness in the borough's poorer neighbourhoods, where the challenges may be just as prevalent.

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. Most referrals into the service are aged between 16-35, and 71% are female which is consistent with national data. There are higher level of access from those aged over 45 compared to London boroughs and a slight underrepresentation of some specific groups within Asian, Black and Mixed groups. The recovery rates and waiting times were impacted during the pandemic but have since improved. In comparison to the national target of 50%, 53% of service users who complete treatment achieve recovery across Central Bedfordshire, with men achieving 54% and women achieving 53% (including trans-gender groups). Those from a White background achieved 53% while other ethnic groups demonstrated higher recovery rates, such as 71% for those of Caribbean ethnicity and 73% for those from Black African and Bangladeshi backgrounds. The groups with lowest recovery rates were Other ethnic group (10%), Pakistani (30%), Chinese (40%), Indian (48%), and mixed ethnicity (47%). Although young males are less likely to use the service, when they do, they have a higher rate of recovery than young females.

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, 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.

Equity of access to ELFT services in Central Bedfordshire: What might this mean?

The IAPT service has led a number of initiatives aimed at improving access, inequalities, and outcomes. There is a focus on improving access through outreach clinics that engage various communities in the borough, including Black communities, to help raise awareness about mental health issues, tackle stigma and reduce barriers to access. A quality improvement project is also in progress to increase the number of service users who are over 40, particularly men. Services are working closely with schools, universities and VCSE organisations to engage different demographics within the population to strengthen relationships with local communities. To improve access, the service also provides face-to-face and online therapy and online webinars to overcome transportation challenges. Care and support for service users with mental health needs, as well as Long Term Conditions (LTC) such as diabetes, is being strengthened in order to provide more holistic care and support.

Community Health Services

In Community Health Services, access is higher for people from White backgrounds, with lower access from Asian and Black populations than we might predict based on population data. This is similar to the data across East London Community Health Services, where Asian and Other communities are under-represented. The most deprived areas are also slightly overrepresented whereas the most affluent areas were slightly underrepresented, which might be expected. The geographic distribution of appointments in White groups suggests that access is broadly consistent with the most populated areas, although there is less access in the largest communities and most affluent areas in the North East such as Potton, Biggleswade and Sandy. Access for people of Black ethnicity are showing a high percentage of appointments in the East and centre of the borough, compared to the population percentage in those areas. Asian communities had a slightly higher proportion of appointments in the North West, such as Cranfield and Woburn, and within central areas, such as Ampthill and Houghton Conquest Haynes. There is a high percentage of BAME communities in these areas largely due to Cranfield University, which has a high international student population that reside within the campus with their families. There are also housing developments across the borough and a younger population is constantly moving into the area, which is likely to impact the demographic composition of the population in years to come.

In order to address health inequalities within the population, the Leighton Buzzard population health project is bringing a variety of partners together around a Primary Care Network (PCN) footprint. These partners include primary care, community health services, mental health services, the acute provider, as well as local authority, and voluntary care organisations. A deep dive analysis of vulnerable groups over the age of 75 revealed four key findings: mental health conditions are generally milder and are successfully managed in primary care; main health challenges were hypertension and osteoarthritis; a number of service users lived in care homes; and a significant number of service users were also carers in the population. This analysis will focus collaboration efforts across partners to align resources around the needs of the population at 'place'. There are plans to expand the project to Chiltern Hills PCN, where the population is much younger and has different needs.

In November, a Health and Wellbeing event was held with partners to help build stronger relationships with various communities. An engagement event centred on the needs of the LGBTQ community is also being planned, involving three GP practices and community organisations. The borough's rural challenges has led to a number of digital initiatives to increase access. The local government has developed a new service to provide those who are digitally isolated with training, support, and equipment as needed. Our services are regularly identifying service users who could benefit from this service and have developed strong working relationships with the team. Services are now providing face-to-face and virtual appointments and offering choice to service users to improve engagement and experience of care.

Equity of access to ELFT services in Central Bedfordshire: What might this mean?

Learning Disabilities

Across Learning Disabilities, access is broadly consistent with the population with higher levels of access by service users from White groups than other ethnicities. Service users from more affluent areas access services more frequently. However, there are a number of care homes located in more affluent areas in the North such as Biggleswade and Shefford which may skew the data. Service users tend to be older adults from these areas, as compared to a younger population in Leighton Buzzard and Dunstable in the South, who live in more deprived areas in supported living and tend to have higher admission rates. According to insights from services, service users from affluent areas have stronger GP relationships and seek out assistance more frequently and earlier. When compared to other local authorities, the borough has strong partnerships between health and social care and good provision of services for people with learning disabilities.

A new inequalities lead has been appointed to help address inequalities in access across acute and primary care, and is closely supported by the BLMK Learning Disability and Autism Board. There is a new Strategic Lead for Transitions working across Bedfordshire and Luton who is reviewing service user care pathways to identify gaps and opportunities to improve access and support for service users. There is also a BLMK Health Inequalities Learning Disability and Autism group which has met twice so far, and is developing a work plan based on learning from mortality reviews and other inequalities across race, gender and protected characteristics. The Learning Disabilities service have explored running various outreach clinics to engage with different communities across the borough. 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 be 'easy read' welcome packs, including information related to rights under the Mental Health Act.

Addiction Services

Access to Path to Recovery (P2R) addiction services in Central Bedfordshire is consistent with the general population, with White communities utilising services the most and other ethnic groups accessing services in proportion to the size of the local population. The service is used more frequently by men between the ages of 40-44, and those living in deprived areas as well as more affluent neighbourhoods (quintile 3 & 4). The geographical analysis of attendance highlights that residents from Woburn, Dunstable, Biggleswade, Henlow and Langford access the service.

The service runs from two hubs in Bedford and Dunstable and also provides services from other centres through its outreach work and collaboration with other health and social care services across the borough. The primary service offers risk management, recovery planning, evaluation, and case management, as well as assistance with physical health, rough sleepers, criminal justice, and employment. There is also a carers service for people affected by substance misuse.

To improve access and awareness of the service, a number of Short Treatment and Events (STE) and promotional campaigns have been delivered with partners to target different communities across the borough. The STE programme is an important way of reaching communities and populations that don't easily access services or don't identify with drug and alcohol services. In addition, Workplace Events and Support is also offered to businesses across Bedfordshire support staff and build effective, therapeutic based drug and alcohol management policies.

Equity of access to ELFT services in Central Bedfordshire: What might this mean?

The service has been working closely with the Housing department in the Council to support service users sleeping rough, through carrying out assessments and interventions and establishing joint clinical meetings to deliver effective care. The service has trained Police Officers to help tackle overdose, drug related deaths, and improve awareness and understanding of referral pathways. Peers Support Workers specialising in 18-25 year olds are now in place, and working closely with people with a dual diagnosis. The lived experience of these staff helps to provide service users with credible support and insights, both emotional and practical, and are able to mentor and accompany people on their personal journeys. There is also a project underway with a GP practice to provide opiate painkiller management and advice and support with recovery plans. The service has also developed a peer support network for service users across the borough. Recent outcomes data suggest that there has been an upward shift in the percentage of service users successfully completing addiction therapy and not re-presenting back to the service, which is promising.

Primary care

The Trust started running the Leighton Road General Practice in Central Bedfordshire in 2019. It provides comprehensive medical and preventative services to approximately 20,000 Leighton Buzzard residents. The team consists of over 70 members of staff including doctors, nurses, paramedics, pharmacists, therapists, and administrative staff. Information published by Public Health England shows that deprivation within the practice population scores 9 on a scale of 1-10. Level one represents the highest level of deprivation and level ten the lowest. According to the latest available data, the ethnic make-up of the practice area is 95% white. The practice has continued to improve, as evidenced by its latest CQC inspection rating, which was upgraded to "Good" from "Requires Improvement" in November 2021. The service was praised for the improvements it has delivered in terms of patient outcome measures and patient satisfaction.

The practice has a number of quality improvement projects in place to address health inequalities and improve health outcomes. The Leighton Buzzard Multidisciplinary Team (MDT) approach, for instance, has allowed partners from community mental health teams and physical health services to collaborate in order to help service users achieve improved physical and mental wellbeing through a population health framework. The service is also focusing on improving waiting times and experience for service users through three key initiatives: firstly, a demand and capacity exercise is underway to identify ways to increase clinical assessment time; secondly, a recruitment campaign to fill vacancies in the service; and thirdly, a new telephone system which will make booking of appointments faster, smoother, and improve experience for staff and service users. This will be supported by the new General Practice Support Unit which will manage administrative duties more efficiently for the practice.

Appendices













Appendix 1 – System performance dashboard

Appendix 2 – Regulatory compliance against the system oversight framework

Appendix 1: System Performance dashboard - overview

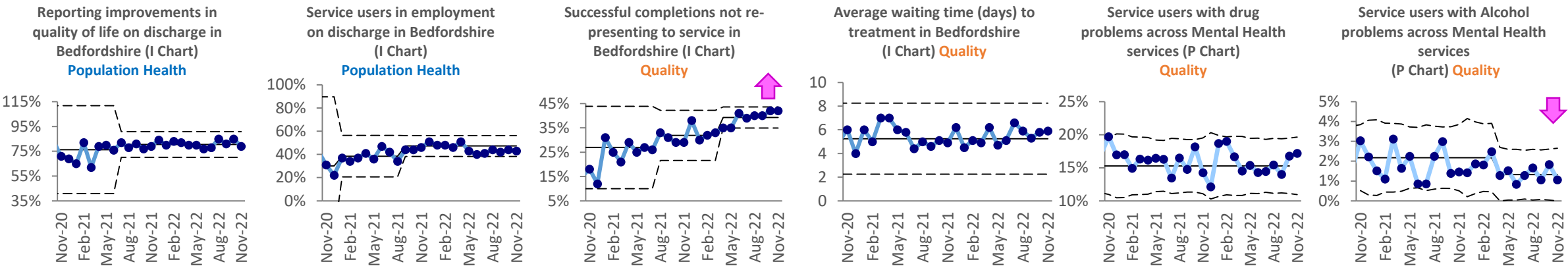
		Average
People with substance misuse problems		
Service users reporting improvements in quality of life on discharge in Bedfordshire	Population Health	81%
Service users in employment on discharge in Bedfordshire	Population Health	47.3%
Percentage of successful completions not re-presenting to service in Bedfordshire	Quality	39.3% ↑
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	1.3% ↓
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	1.4 ↓
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	54.4% ↑
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	40.8% ↓
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	81.6%
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 (↑ ↓)

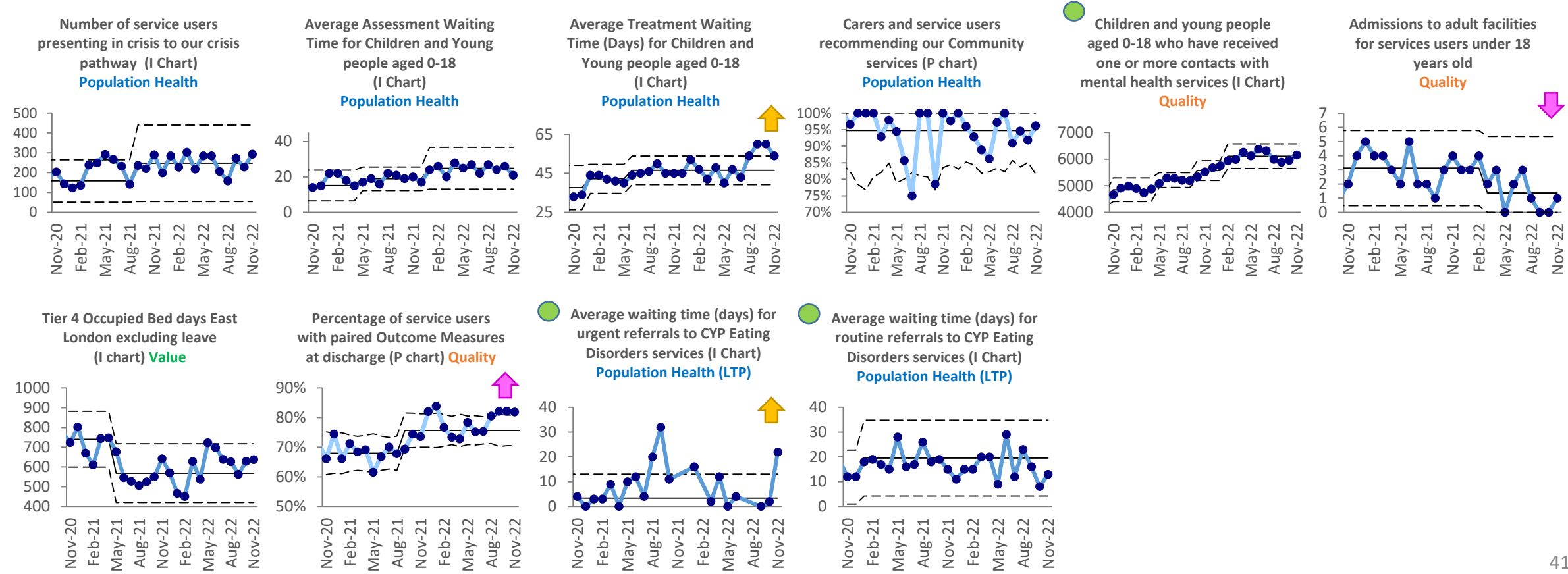
		Average
People with common mental health problems		
Percentage of service users moving into recovery	Population Health	51.9%
Percentage access by minority groups	Population Health	35.7% 
Percentage of positive comments to PEQ	Quality/Experience	91.5%
Average wait times to treatment (in weeks) from assessment	Quality/Experience	7.68
Average wait times to (in weeks) to assessment	Quality/Experience	0.83 
Number of people accessing IAPT services (in month)	Value	2993
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	6.8% 
Service users receiving NICE concordant care within 2 wks of referral (EIS services – face to face)	Population Health	68.7%
Percentage of service users in settled accommodation	Population Health	45.3% 
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	33.0% 
Psychological Therapy Service average wait times to (in weeks) to 1 st assessment in East London	Quality	6.3 
Psychological Therapy Service average wait times to (in weeks) to treatment in East London	Quality	16.4
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		9.0 
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		4.8 
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		15.1 

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

People with substance misuse problems

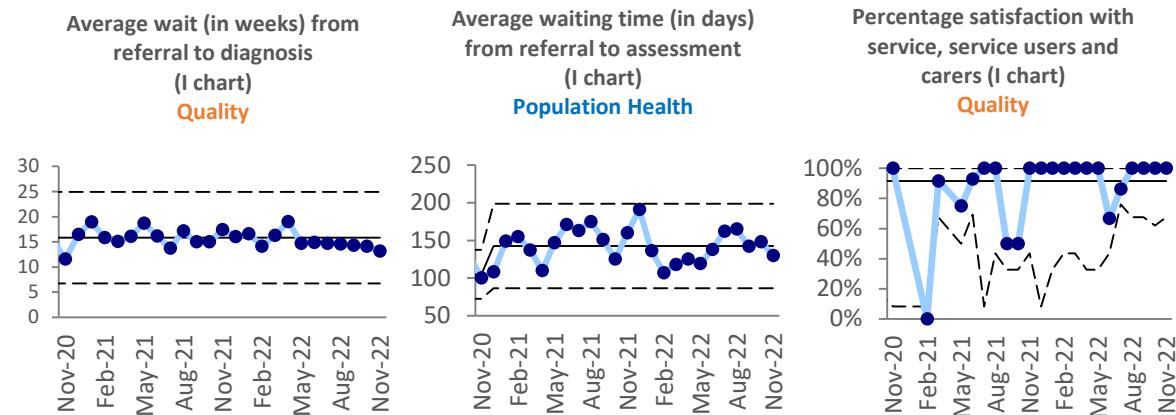


Children with complex mental health needs

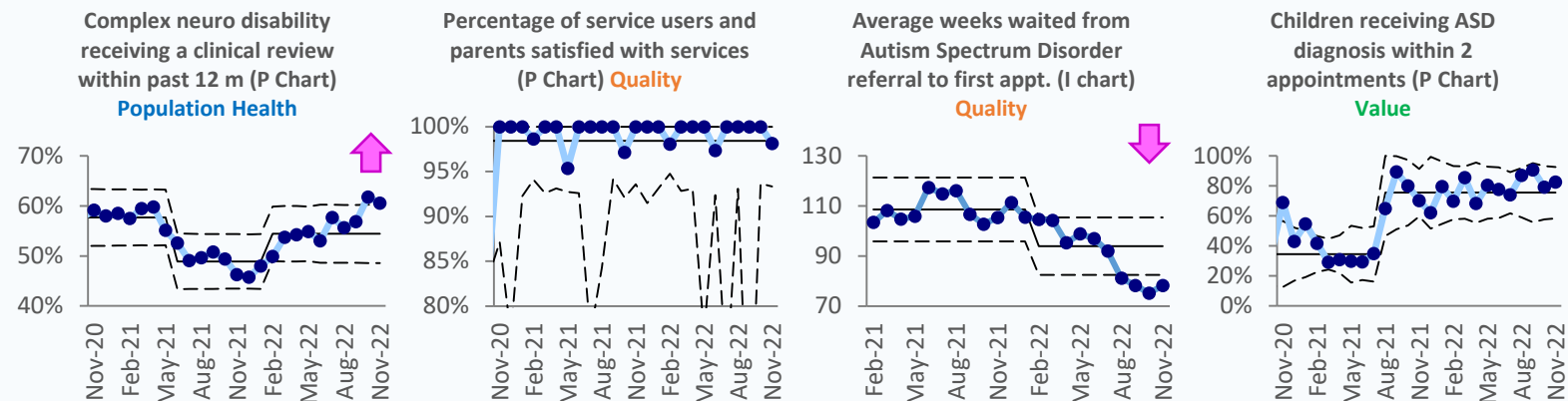


Appendix 1: System Performance dashboard Long Term Plan (●) Special cause variation (↑ ↓) and when it's of potential concern (↑ ↓)

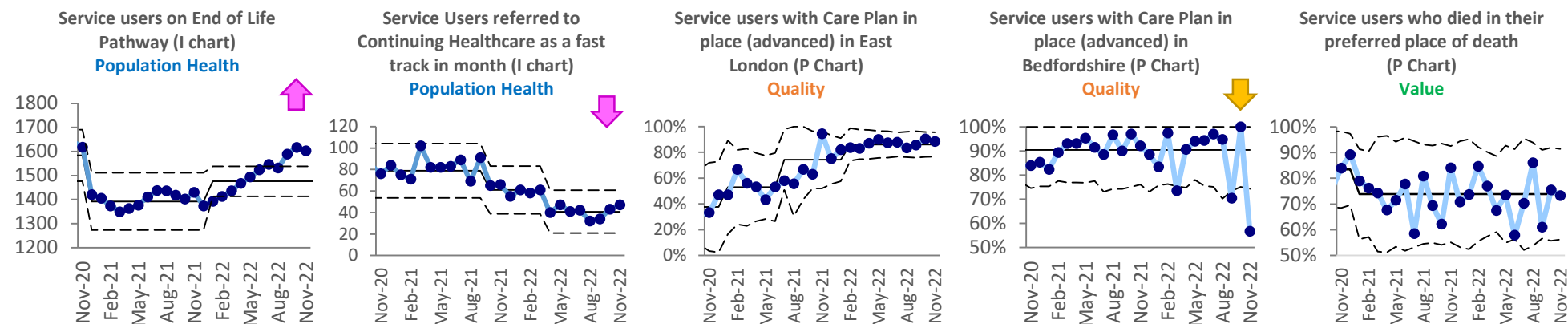
People with dementia



Children with complex health needs

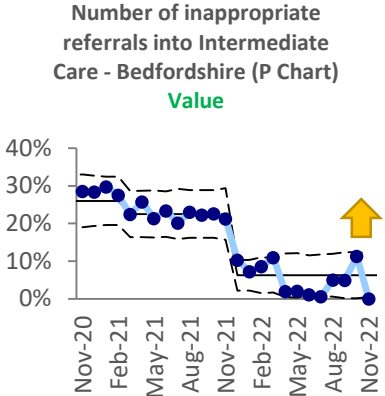
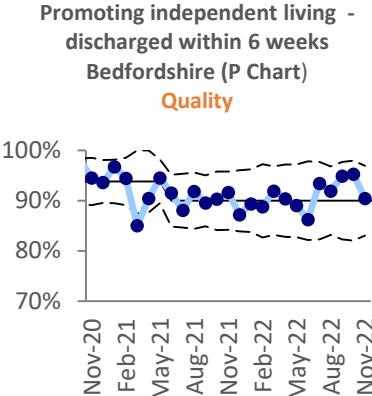
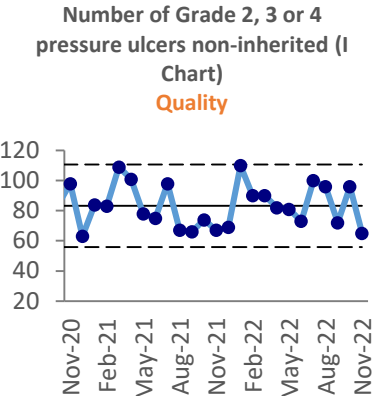
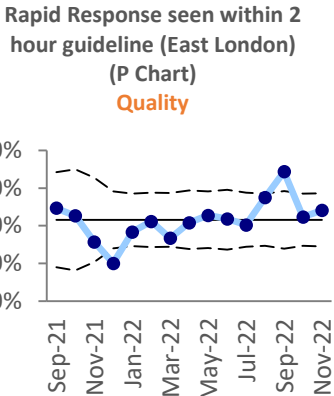
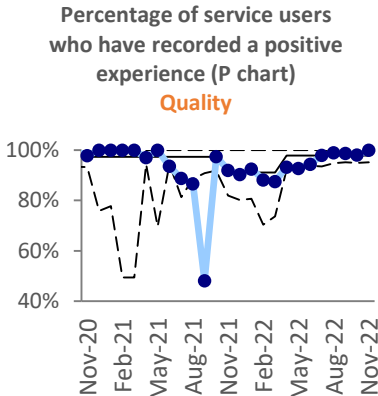


People receiving end of life care

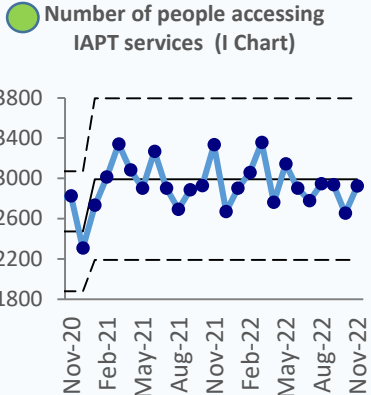
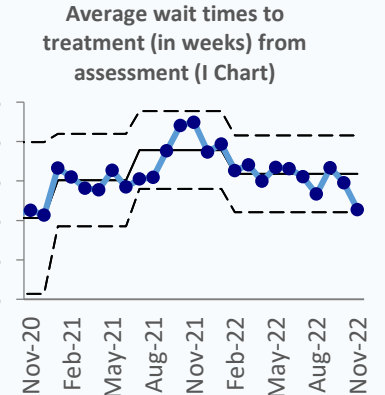
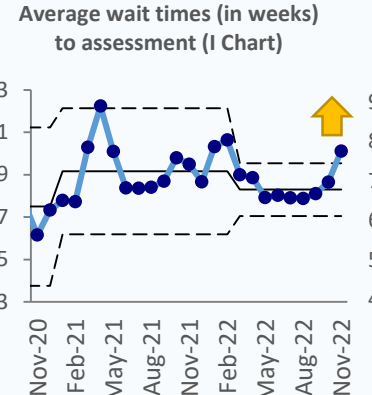
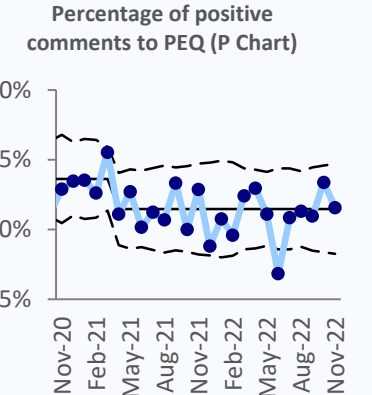
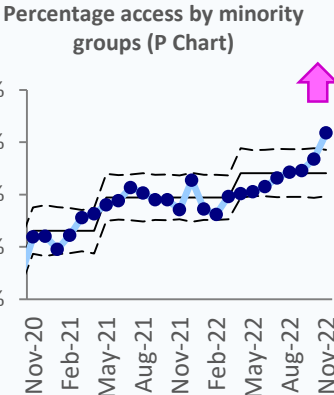
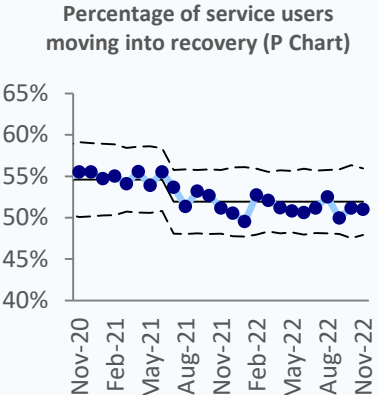


Appendix 1: System Performance dashboard Long Term Plan (●) Special cause variation (↑↓) and when it's of potential concern (↑↓)

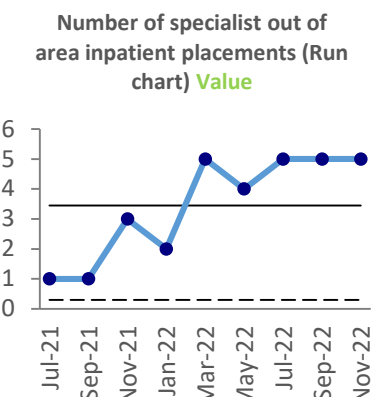
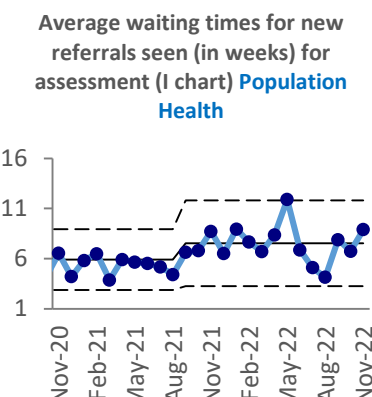
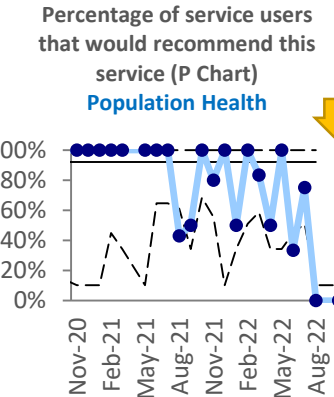
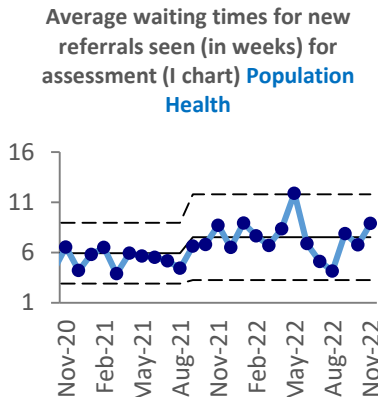
People who are frail or have long term conditions



People with common mental health problems

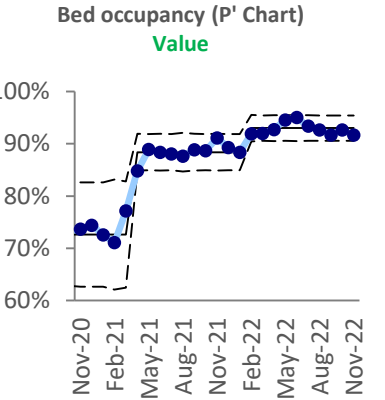
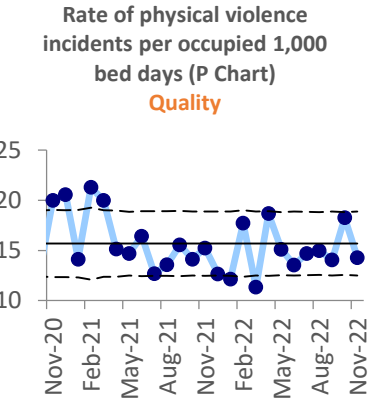
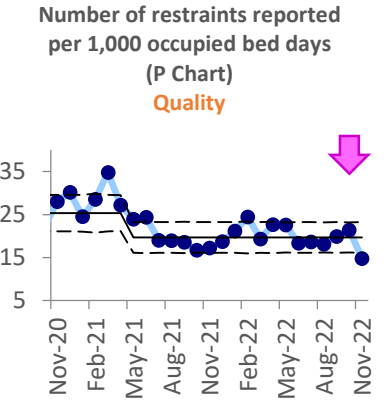
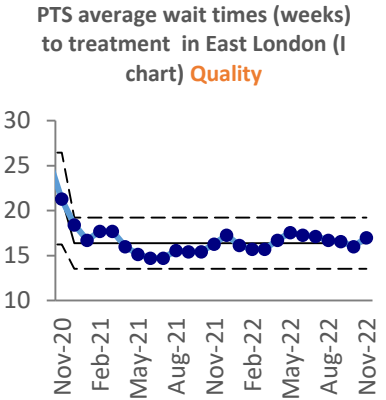
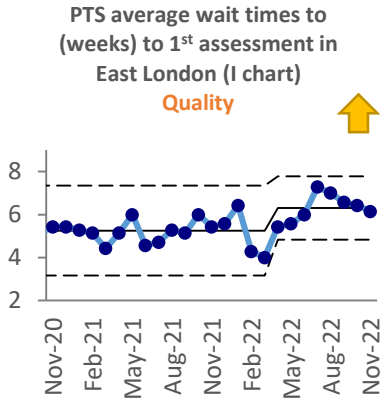
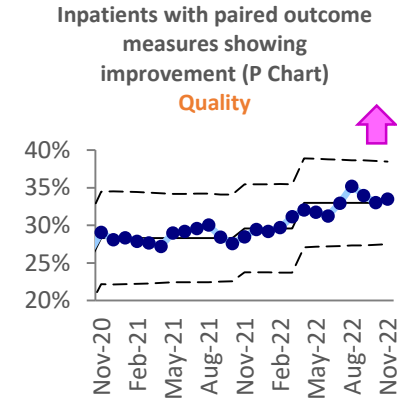
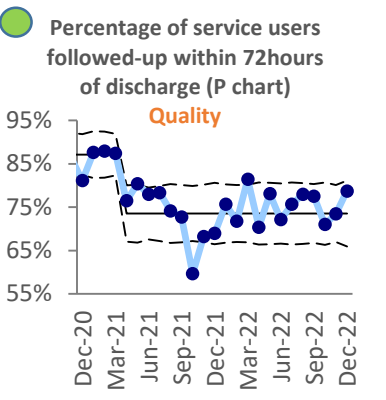
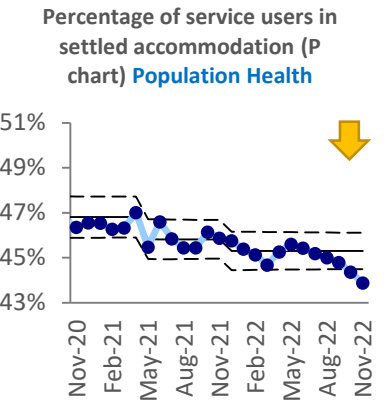
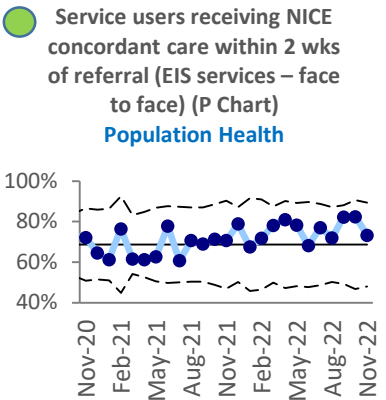
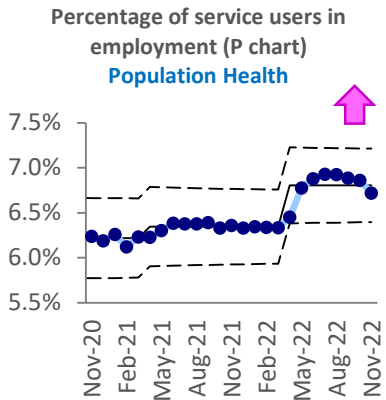
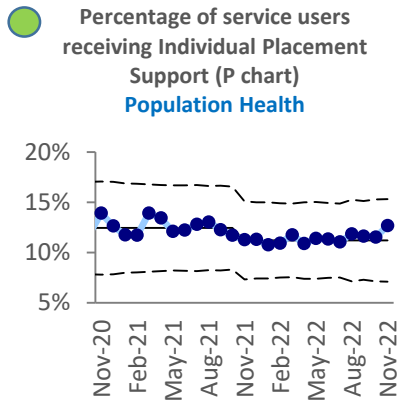


People with a learning disability

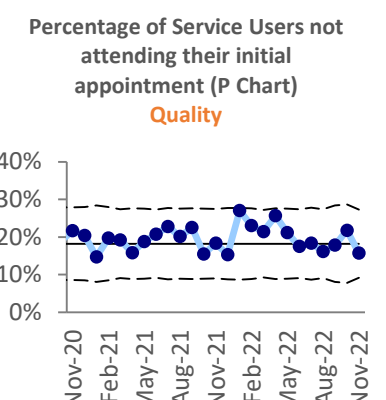
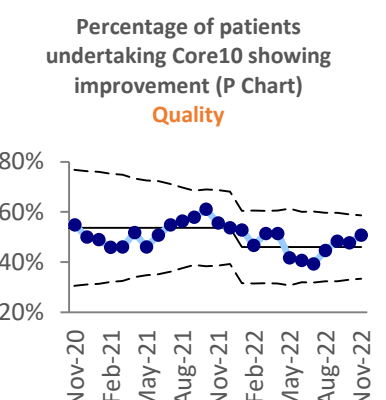
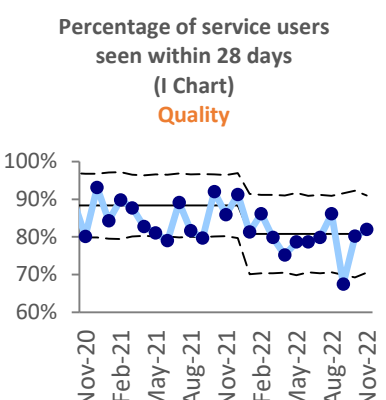
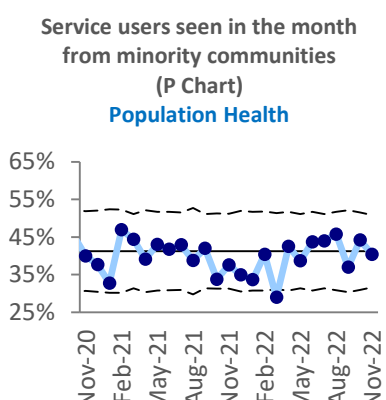
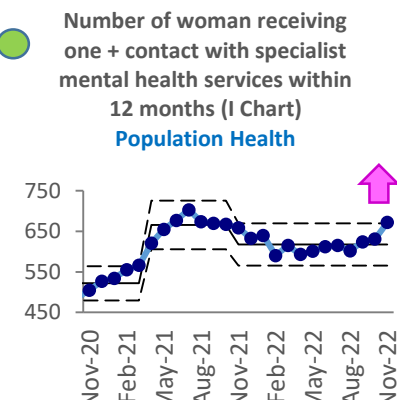


Appendix 1: System Performance dashboard Long Term Plan (●) Special cause variation (↑ ↓) and when it's of potential concern (↑ ↓)

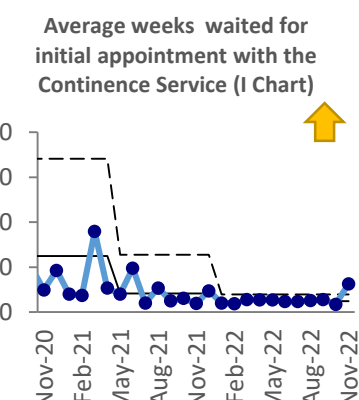
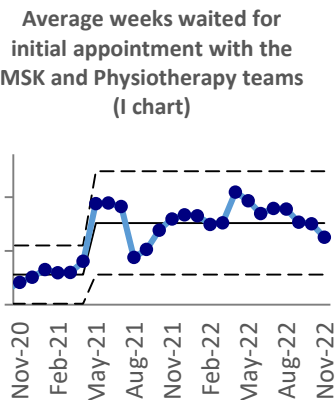
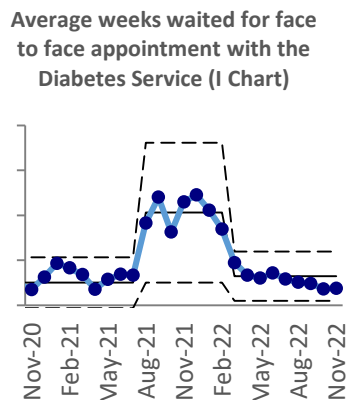
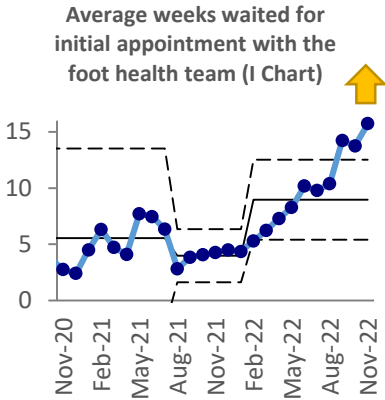
People with Severe Mental Illness



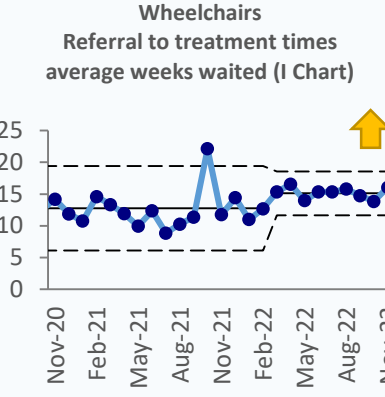
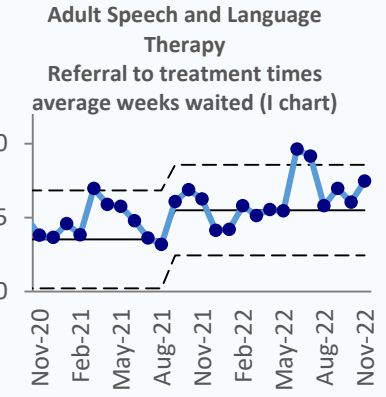
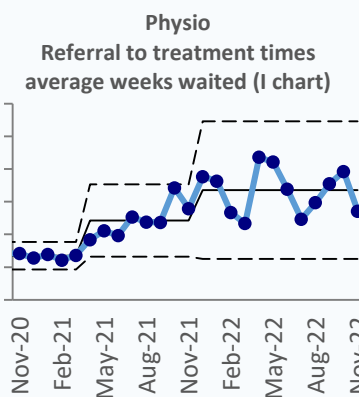
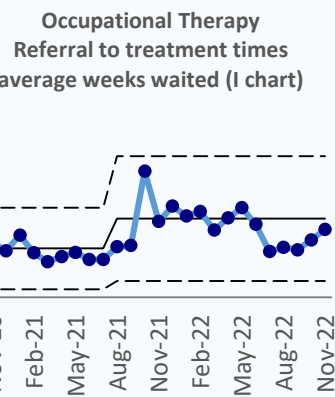
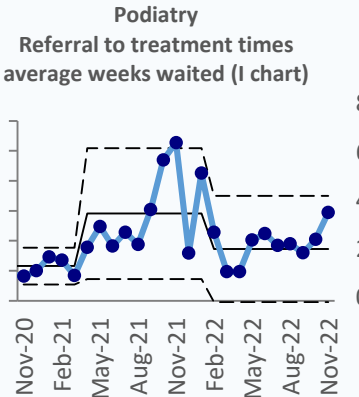
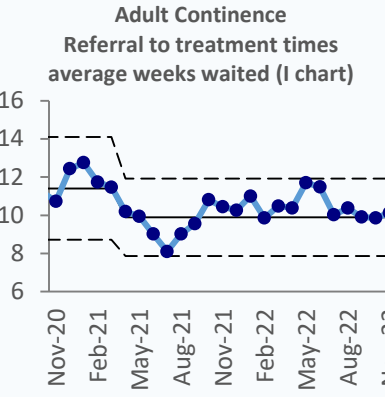
Woman who are pregnant or new mothers



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. 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	Indicator code	Measure Name (metric)	Oversight Level	Target	Current performance and progress
Quality of care, access and outcomes	Urgent and Emergency Care		Proportion of patients spending more than 12 hours in an emergency department	ICB		Currently, there is a review of 12-hour reporting with NHS and acute partners to ensure the accuracy of the 12-hour breach reporting.
	Primary Care and Community Services	S107a	Proportion of Urgent Community Response referrals reached within two hours	ICB	70%	Community Health Services are exceeding the 80% target across Trust, in October 2022 ELFT achieved 85%.
	Primary Care and Community Services	S105a	Proportion of patients discharged from hospital to their usual place of residence	ICB/Provider		In the last 12 months to November 2022 35% of discharges have been recorded being discharged to usual place of residence. This calculation has excluded the 54% of discharges with a discharge destination of Not Known/Not Recorded or Not Applicable.
	Primary Care and Community Services	S106a	Available virtual ward capacity per 100k head of population	ICB/Provider	40 per 100,000	In East London, discussions between ELFT and ICB colleagues are still ongoing in Newham with a view to potentially establishing 26 virtual beds in the borough. In Tower Hamlets, virtual wards have not yet begun, and there are ongoing discussions with RLH regarding the quantity and nature of care to be provided. In Bedfordshire, the number of virtual ward beds within the BLMK footprint is still ongoing and it is being led regionally.
	Mental health services		Number of children and young people accessing mental health services as a % of population	ICB		We have 7,759 open referrals to CAMHS - the population of East London, Luton And Bedford is 1.72.m - access rate is 0.5% or approx. 1 in 200.
	Mental health services		Proportion of people with severe mental illness receiving a full annual physical health check and follow -up interventions	ICB		The current position reported by ICB for September 22 is 73.9%. This indicator is based on primary care records which ELFT doesn’t have access to.
	Mental health services	S081a	Access rate for IAPT services	ICB	100%	All boroughs are meeting the access targets and most exceeding them. The ELFT access rate for November is 106.3% with Bedford at 102% and East London at 112%
	Mental health services		Access rates to community mental health services for adult and older adults with severe mental illness	ICB		The current position reported by ICB for June 22 is 108.7%.
	Mental health services		Inappropriate adult acute mental health placement out -of-area placement bed days	Provider		Local figure: 1,170 Occupied Bed days (April - November out of trust placements). National Reported: 466 Occupied Bed Days - (April - August)
	Learning disabilities and autism	S030a	Proportion of people aged 14 and over with a learning disability on the GP register receiving an annual health check	ICB	75%	As of November, 47.5% of people with a learning disability aged 14 and older received an annual health check, with Bedford & Luton at 43.2% and East London at 51.5%. The national target at the end of Q4 is 75%. We are working toward the 75% target and are aware that the majority of primary care check-ups occur in Q4, which is when we will notice a sizable increase in uptake. Based on who is on the GP LD register, this number is continuously changing.
	Learning disabilities and autism	S029a	Inpatients with a learning disability and/or autism per million head of population	ICB	30 per 1,000,000	30 per 1,000,000 for Q2 22-23

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

Oversight Theme	NHS Long Term Plan Area	Indicator code	Measure Name (metric)	Oversight Level	Target	Current performance and progress
Quality of care, access and outcomes	Safe, high qualitycare	S039a	National Patient Safety Alerts not completed by deadline	Provider	0	100%. In November, one national patient safety alert was issued, and all actions were completed by the deadline.
	Safe, high qualitycare	S038a	Consistency of reporting patient safety incidents	Provider	100%	The current position is 100% compliant
	Safe, high qualitycare	S035a	Overall CQC rating	Provider		The current CQC rating is Outstanding
	Safe, high qualitycare	S037a	Percentage of patients describing their overall experience of making a GP appointment as good	ICB		52% responded positively to the question, 'How would you describe your appointment-making experience?' in the previous 12 months (n = 4,235)
	Safe, high qualitycare	S121a	NHS Staff Survey compassionate culture people promise element sub-score	Provider		The current score is 7.5/10
	Safe, high qualitycare	S040a	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	Provider	0	Current position is 0 cases.
	Safe, high qualitycare	S041a	Clostridium difficile infection rate	Provider	100%	Current position is 0 cases.
	Safe, high qualitycare	S042a	E. coli bloodstream infection rate	Provider	100%	Current position is 0 cases.
	Safe, high qualitycare	S044b	Antimicrobial resistance: appropriate prescribing of antibiotics and broad-spectrum antibiotics in primary care	Provider	Antibacterial items per STAR/PU - 87% % of Broad Spectrum - 10%	In October, Antibacterial items per STAR/PU is 84.6% and % of Broad Spectrum is 8.36%
Preventing ill Health	Reducing inequalities		Performance against relevant metrics for the target population cohort and five key clinical areas of health inequalities	ICB/Provider		The definitions of this indicator are unclear. Awaiting clarification with NHSE
	Prevention and long term conditions		Number of people receiving mechanical thrombectomy as a % of all stoke patients	ICB		The definitions of this indicator are unclear. Awaiting clarification with NHSE
	Prevention and long term conditions		Proportion of people with CVD treated for cardiac high-risk conditions	ICB		The definitions of this indicator are unclear. Awaiting clarification with NHSE
	Prevention and long term conditions	S115a	Proportion of diabetes patients that have received all eight diabetes care processes	ICB		The current position reported by NHS SOF Dashboard is NEL at 51.9% and BLMK at 46.8%
	Prevention and long term conditions	S051a	Number of people supported through the NHS diabetes prevention programme as a proportion of patients profiled	ICB		The current position reported by NHS SOF Dashboard is NEL at 39% and BLMK at 13.9%

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

Oversight Theme	NHS Long Term Plan Area	Indicator code	Measure Name (metric)	Oversight Level	Target	Current performance and progress
Preventing ill Health	Prevention and long term conditions	S055a	Number of referrals to NHS digital weight management services per 100k head of population	ICB		The current position reported by NHS SOF Dashboard is NEL at 173.4 per 100,000 and BLMK at 19.5 per 100,000
	Screening, vaccination and immunisation		Breast/Bowel/Cervical screening coverage - % patients across different age range screened in the last 30 months	ICB		The definitions of this indicator are unclear. Awaiting clarification with NHSE
	Screening, vaccination and immunisation	S046a	Population vaccination coverage – MMR for two doses (5 year olds)	ICB	95%	The current position reported by NHS SOF Dashboard is NEL at 68% and BLMK at 86.7%
	Screening, vaccination and immunisation	S117a	Proportion of patients who have a first consultation in a post -covid service within six weeks of referral	ICB/Provider		The current position reported by ICB for September 22 is 26.2%
	Screening, vaccination and immunisation	S047a	Proportion of people over 65 receiving a seasonal flu vaccination	ICB/Provider	85%	According to NHS SOF Dashboard, NEL at 55.2% and BLMK at 64%
Leadership and Capability	Leadership	S060a	Aggregate score for NHS staff survey questions that measure perception of leadership culture	ICB/Provider		According to Annual calendar year 2021, Trust at 7.45/10 with NEL at 7.44/10 and BLMK at 6.75/10
	Leadership	S059a	CQC well -led rating	Provider	Outstanding	Rated 4 - Outstanding

**REPORT TO THE TRUST BOARD IN PUBLIC
26 JANUARY 2023**

Title	Coroner Regulation 28 Report - Prevention of Future Deaths
Author	Christina Helden, Interim Associate Director of Legal Affairs.
Accountable Executive Director	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 DN 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 DN was under the care of the Newham Community Recovery Team and London Borough of Newham (LBN) Social services in the lead up to being found dead by her husband on 10 December 2018. Toxicology confirmed that she died from an overdose of her husband's medication.

A CPA meeting took place on 4 December 2018, at which time she said that she had been taking her husband's medication. Her consultant psychiatrist reportedly sternly warned her and her husband about this at that meeting. This was not documented by her consultant psychiatrist or her care co-ordinator, but it was documented by her LBN social worker who was present.

The Trust's serious incident (SI) investigation identified learning in relation to multi agency care, safe-guarding and standards of note-taking practice. However, the SI did not incorporate or address the information about the risk presentation on 4 December 2018.

The Coroner delivered a narrative conclusion. It highlighted that:

"DN died as a result of a fatal ingestion of oxycodone and pregabalin. She was living in hazardous conditions and unable to keep herself safe. Failings on behalf of her familial carer, mental health team and social care team contributed to her death. There was a failure to fully assess and manage the clear risk of DN ingesting medication not prescribed to her. Her death was contributed to by neglect."

The Coroner highlighted the following areas of concern in a Regulation 28 report:

"A clear risk was raised at the CPA meeting of 4th December 2018. This was the risk of DN taking medications prescribed to her husband. This risk was not documented in the Trust's mental health records, not fully assessed and no risk management plan was put into place to protect DN from Harm."

The absence of a risk management plan was not identified as a failing within the Trust's internal investigation report and no steps have been taken by the Trust to improve the systems in place."

This report provides an update on progress to address the shortcomings in these areas of practice. In particular, it sets out how:

- Learning is being taken forward regarding reviews of clinical risk assessments and management plans, as well as the documentation of these, amongst clinicians
- Serious Incident Investigation protocols surrounding unverified and/or unknown information have been reviewed and improved.

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 summarises 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 improved practice in risk assessments in documentation. Staff will have greater clarity in conducting and documenting such assessments.</p> <p>Service users and family members will be reassured that the Trust SI investigation process is robust.</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 On 10 December 2018, Mrs Neill was found by her husband deceased in her home.

1.2 The background to this is that Ms DN was under the care of the Newham Community Recovery Team and London Borough of Newham (LBN) Social

services in the lead up to her death. Toxicology confirmed that she died from an overdose of her husband's medication.

A Care Programme Approach (CPA) meeting took place on 4 December 2018, at which time she said that she had been taking her husband's medication. Her consultant psychiatrist reportedly sternly warned her and her husband about this at that meeting. This was not documented by her consultant psychiatrist or her care co-ordinator, but it was documented by her LBN social worker who was present.

- 1.3 The Trust's serious incident (SI) investigation identified learning in relation to multi agency care, safe-guarding and standards of note taking practice. However, the SI did not incorporate or address the information about the risk presentation on 4 December 2018.

- 1.4 The Coroner delivered a narrative conclusion highlighting that:

"DN died as a result of a fatal ingestion of oxycodone and pregabalin. She was living in hazardous conditions and unable to keep herself safe. Failings on behalf of her familial carer, mental health team and social care team contributed to her death. There was a failure to fully assess and manage the clear risk of Donna ingesting medication not prescribed to her. Her death was contributed to by neglect."

- 1.5 The Coroner highlighted the following areas of concern in a Regulation 28 report:

"A clear risk was raised at the CPA meeting of 4th December 2018. This was the risk of DN taking medications prescribed to her husband. This risk was not documented in the Trust's mental health records, not fully assessed and no risk management plan was put into place to protect DN from Harm."

"The absence of a risk management plan was not identified as a failing within the Trust's internal investigation report and no steps have been taken by the Trust to improve the systems in place."

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

A. DOCUMENTATION OF RISK, RISK ASSESSMENT AND MANAGEMENT PLAN

- 1.7 There was evidence that DN disclosed that she was taking her husband's medication at the CPA meeting on 4 December 2018. This was however not documented by her consultant psychiatrist or her care co-ordinator.

- 1.8 It would have been good practice, in line with the Trust's Clinical Risk Assessment and Management Policy, for this disclosure to be documented in the Trust's electronic medical records system (RiO), the risk explored in more detail and a short-term and long-term risk management plan put into place (and recorded on RiO).

- 1.9 In order to ensure that good practice is followed in the future:

- 1.9.1 This case was reviewed at the Newham Consultants Business meeting on 9 March 2022. The Clinical Director highlighted the specific risk of service users having access to non-prescribed medication. Consultants were reminded of the importance of following the Trust's Clinical Risk Assessment and Management Policy in this situation particularly in relation to documenting, exploring, and managing risk.
- 1.9.2 The same topics and themes were presented at the East London Wide Learning Lessons Seminar on 6 December 2022 and at the Newham Community Mental Health Care Governance Meeting on 7 December 2022.
- 1.9.3 A Trust-wide Learning Lessons Seminar will further explore these issues on 25 February 2023.

B. THE TRUST'S INTERNAL INVESTIGATION REPORT DID NOT IDENTIFY THE ABSENCE OF A RISK MANAGEMENT PLAN

- 1.10 The Trust's Serious Incident (SI) Reviewer has explained that she was unable to verify details of DN's risk presentation at the CPA meeting on 4 December 2018, which led to it being excluded from the SI report.
- 1.11 Some relevant context for that exclusion was that:
 - 1.11.1 The cause of death (Oxycodone overdose) was not known at the time the SI investigation was being undertaken. The Governance and Risk Team has since reflected that had this information been available it may have impacted on the investigation conclusions.
 - 1.11.2 Additionally, there were some limitations to the interviews on this matter in the SI. The LBN Social Worker recalled that at the CPA meeting it was mentioned that DN had taken some of her husband's medication (Oxycodone). However, the Care Coordinator could not recall the discussion taking place and neither could DN's husband. The Consultant Psychiatrist could not be interviewed as they were on long term sick leave.
 - 1.11.3 The very detailed entry made about the CPA meeting in DN's RiO record made no mention of the exchange.
- 1.12 With this information at hand, the SI Panel concluded at that time that in the absence of the consultant, the detail of conversation that had taken place could not be verified, and therefore the inclusion of a Care Delivery Problem surrounding the documentation, assessment and management of risk was not included. In hindsight, the Governance and Risk Team has concluded this was the wrong decision. A record of the Social Worker's view should have been included as an SI 'Reviewer's note' acknowledging that the SI author was unable to corroborate the information.
- 1.13 The Governance and Risk Team has subsequently identified that DN's risk assessment had been recorded within her Local Authority records. This could

have been accessed and reviewed by the investigation team and may have led to a different decision by the SI panel about the inclusion of information.

- 1.14 To ensure that such salient information is considered in SI reviews going forward, the following actions will be undertaken:

1.14.1 On 14 December 2022 this case was discussed as part of a learning lessons exercise for SI Reviewers. It was emphasized that SI Reviewers must highlight points raised at interview which have not been verified within the SI Report as an SI 'Reviewer's Note'. The process of quality assurance of the Report by management in the Risk and Governance team and subsequently in the SI panel will include considering any such notes. It was also stressed that any issues which the SI panel has discussed but not reached a definitive view on due to lack of verification, needs to be documented in the Report and a rationale provided. This will be particularly important for when staff are not available for interview as it will be factored into the panel's ability to reach findings.

1.14.2 At the same meeting, SI reviewers were reminded of the process for identifying external stakeholders (such as the local authority) at the beginning of the SI process and how to escalate the matter to the appropriate directorate managers in the case of non-engagement. They were also reminded to review stakeholder records as part of the SI process in the instances that these are available to the Trust.

The implementation of the new Patient Safety Incident Response Framework (PSIRF) in 2023 is expected to help to ensure that future investigations are more collaborative in nature.

1.14.3 In cases where cause of death is unknown at the time of the SI investigation, where appropriate an addendum report will be undertaken once further relevant information about cause of death comes to light. The addendum will include a Specific, Measurable, Achievable, Relevant, Time-bound (SMART) action plan which will be shared at a learning event with the local team.

ACTION BEING REQUESTED

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

REPORT TO THE TRUST BOARD IN PUBLIC
26 January 2023

Title	Appointments & Remuneration Committee 9 December 2022 – Committee Chair's Assurance Report
Committee Chair	Ken Batty, Senior Independent Director and Committee Chair
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

To bring to the Board's attention key issues and assurances discussed at the Appointments & Remuneration Committee meeting held 9 December 2022.

Key messages

Emerging Risks and Issues: Industrial Action

- Neither the RCN or Unison ballots reached the threshold for strike action in ELFT; other union ballots run until the end of January
- Trust is preparing for impact of industrial action, working with system partners and staffside.

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

- Significant amount of work under way around recruitment and staffing; however there remains challenging times ahead
- Recruitment and retention issues are not Trust-wide; there are some teams that have few staffing issues, highlighting the importance of targeted management support into areas where more intervention is needed.

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

- EDI governance structure formulated
- Work continues to support staff around cost of living increases with positive feedback.

The Committee agreed there were no changes to either risk scores and that appropriate controls are in place and operating effectively.

Recruitment:

- Recruitment for the Trust's substantive Chief Finance Officer role under way with advert going live w/c 12 December
- Advert for the vacant position of Chair of Compass CIC is now live.

Executive Directors: Performance Review 2021/2022, Pay Review and Succession Planning

- Satisfactory appraisals for all Executive Directors received and assurance provided that all remain of 'good character' and continue to meet the Fit and Proper Persons Regulation requirements
- As part of the approach to collective leadership, team objectives as well as individual and personal objectives are in place
- A flat consolidated pay increase was agreed to be awarded to VSM staff in line with NHS England's guidance
- The hard work, performance and dedication of the Exec team was recognised
- An update on CEO succession planning was provided.

Exit Payment Process Review

- Good progress is being made on the actions identified in the structured review of the Trust's internal controls and decision making processes in respect of exit payments
- The Audit Committee has oversight for this review and receives regular updates.

REPORT TO THE TRUST BOARD IN PUBLIC
26 JANUARY 2023

Title	Update Report ELFT People Plan
Authors	Deputy and Associate Directors of People and Culture. Barbara Britner, Steve Palmer, Donna Willis, Shefa Begom and Bernadette Fitzharris
Accountable Executive Director	Tanya Carter, Chief People Officer

Purpose of the report

The purpose of the report is to update the Trust Board on the progress against the ELFT People Plan. This paper aims to provide the board with assurance in terms of the areas of concerns, mitigating actions and progress across some people metrics.

Committees/meetings where this item has been considered

Date	This paper has not previously been discussed.
-------------	---

Key messages

The current context for the Trust is challenging, and there are indications that this is impacting on staff experience. As a result, the Trust is continuing to focus on staff wellbeing, and has also refocused work on leadership approaches and expectations within the Trust.

Work is taking place to develop metrics to track the impact of work taking place. These will be presented to the Appointment and Remuneration Committee in February.

Belonging in the NHS

ELFT plans to deliver a Trust-wide Equality Campaign for one year. The campaign will encompass existing annual celebrations and events across the Trust with a focus on intersectionality, without losing the unique needs within each protected group.

In terms of Freedom to Speak up Activity, there was a sharp rise in November and December 2022 in the themes raised by colleagues.

New Ways of Working

Recruitment activity has formed an upward trend with a sustained increase in the number of people joining the organisation.

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 closed on 25th November 2022. The results are currently embargoed until March 2023. The Trust continue to support staff with the financial impact of the cost-of-

living situation. In December, workshops were held to support staff to make equitable decisions in relation to their pension and the third year of 'sunshine in my pocket', a campaign to provide 3 months supply of Vitamin D was launched.

The Covid 19 lead employer arrangements will cease on 31 March 2023.

Growing and Developing for the future

The Appraisal cycle for Agenda for Change (AFC) staff formally completed on 30th November 2022 at which time the completion rate was 66.98%. There have been 155 staff who have completed their appraisal after the completion of the cycle which brings the completion rate to 69.37%. Medical staff appraisal rates are now at 93%.

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

- 1.1 This paper sets out work across the Trust to support our people. The current climate is challenging due to the impact the cost-of-living crisis and the effects of this on staff. This has been compounded by the impact of industrial action across a number of sectors, and the knock-on impact of action within health sectors on staff in ELFT teams. All of these are in the context of the impact of the sustained pressure on services since the beginning of the COVID pandemic, and challenges with recruitment and vacancies. Included in this report are Freedom to Speak Up figures that show an increase that may well be related to this overall context.

2. Wellbeing

- 2.1 In the context outlined above, the Trust has continued to emphasise the importance of support for staff. Teams are encouraged and supported to take regular “awayday” time, and the Trust has also begun work on leadership in the Trust, as this is often identified as a central element of the response to the cultural and operational challenges that can arise. The Trialog supervision tool also continues to be rolled out, and the current indications are that this will be a useful and important element of support to staff and teams across the Trust. Over the past two months, a number of specific initiatives have also taken place that are outlined below.
- 2.2 In response to the changes to the NHS pension and the economic challenges of the cost-of-living increases, the Trust has held a series of pension workshops to support staff to make decisions regarding their pension. Overall, 125 people attended and registrants who were unable to make the session were able to access a session recording. Respondents who completed the workshop evaluation would recommend the workshops.
- 2.3 In December the Trust launched the third consecutive year of the ‘Sunshine in my pocket’ campaign to offer all staff Vitamin D supplements. Vitamin D deficiency was raised by the Staff BAME Network and the Extraordinary Staff meetings in 2020 where it was highlighted that people with darker skin are at higher risk of being deficient in Vitamin D. Last year 1866 employees received Vitamin D supplements.
- 2.4 CEO Paul Calaminus also wrote personally to 100 Trust employees to celebrate their Long Service within the NHS and the Trust. The following staff were issued with a commemorative lapel pin badge and certificate. Congratulations were offered to 90 staff who achieved 20 years’ service; 7 staff who achieved 30 years’ service and 3 staff who achieved 40 years’ service.

- 2.5 Keeping staff informed of all the Trust's wellbeing initiatives, offers and advice is a priority. The Wellbeing and Engagement Team publish a regular newsletter and the latest edition can be viewed [here](#). Regularly promoted are the free, impartial and confidential advice available to all staff and their families from KeepingWellNEL, KeepingWellBLMK and from Trust's Employee Assistance Programme, Care First.
- 2.6 In view of the winter pressures, a winter incentive scheme for bank workers working on inpatient units is being trialled. The scheme went live mid-December 2022 until the end of March 2023. In addition, working with staff side we are reviewing all pay rates across the Trust to ensure that they are competitive.
- 2.7 We have also reviewed our metrics and how we best understand the impact on staff of the work that is taking place. The current revised metrics will be taken to the February Appointments and Remuneration Committee.

3. **NHS Staff Survey and Quarterly Pulse Survey**

- 3.1 The NHS staff survey for substantive and bank staff closed on 25th November 2022. This is the first year NHS England have invited bank staff to take part. Despite an intensive communications campaign, the overall response rate was lower than in 2021. The results are embargoed until March 2023 and a detailed report will be taken to the February Appointments Remuneration Committee.
- 3.2 The final Quarterly Pulse Survey the final quarter of 2022/23 will be launched on 3rd January 2023 and will be open for one month until 31st January 2023 and the results of this will be reported in the next Board Report.
- 3.3 In 2023, the following pulse and staff surveys will take place:

Quarter	Survey Type	Month of Launch
Q1	National Quarterly Pulse Survey	April 2023
Q2	National Quarterly Pulse Survey	July 2023
Q3	NHS Staff Survey	October 2023
Q4	National Quarterly Pulse Survey	January 2024

4. **Belonging in the NHS**

4.1 **Equality, Diversity and Inclusion Campaign**

ELFT plans to deliver a Trust-wide Equality Campaign during 2023. The campaign will encompass existing annual celebrations and events across the Trust with a focus on intersectionality, without losing the unique needs within each protected group

The campaign will include:

- A visual identifier (logos from all networks)
- Updated equality webpage (internal and external)
- EDI calendar of national awareness dates
- Feedback mechanisms
- Workshops and focus groups (supported by networks and OD)
- EDI Magazine

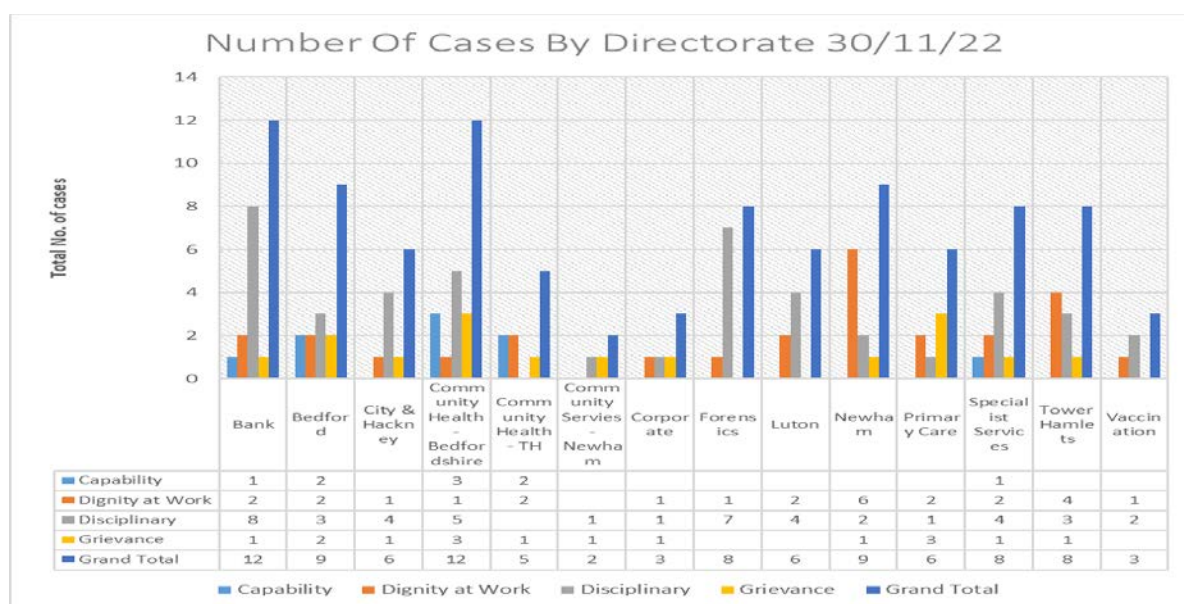
The purpose of the campaign will be to

1. Increase awareness
2. Increase disclosures
3. Improve quality of data
4. Improve staff experience

The campaign will have two underlying themes: Accessible information and Intersectionality and will launch in April 2023 following engagement work with staff across the Trust during the first quarter of this year.

4.2 People Relations

In November 2022, there was a decrease in live cases with: 45 disciplinary cases, 27 dignity at work cases, 16 grievance cases and 9 capability cases. In addition, there are 5 cases currently at Employment Tribunal. The following chart shows the number of people relations cases by directorate.



4.3 Whistleblowing

Since the report, one whistleblowing case has been concluded. A new Whistleblowing case has been received, so there is one open whistleblowing case citing concerns in relation to out of hours Mental Health Act

assessments led by emergency duty teams at night. This is being investigated by the Service Area and an update will be provided at a future meeting.

5. Freedom to Speak Up (FTSU) 1st November to 31st December 2022

5.1 Number of Colleagues raising FTSU concerns

There was a sharp rise in concerns raised in November and December 2022. 20 colleagues raised FTSU concerns in November and 19 in December. The monthly average for the previous 10 months (January 2022 – October 2022) is 9.9.

5.2 Number of FTSU themes raised by colleagues

There was also a sharp rise in November and December 2022 in the themes raised by colleagues. 38 FTSU themes in November and 31 in December.

The monthly average for the previous 10 months (January 2022 – October 2022) is 10.9.

5.3 Breakdown of the broad FTSU themes raised by colleagues

Processes/Organisational Structure/Other was the highest at 25 for this reporting period. These concerns relate to:

- Discrimination against those with a disability
- Lack of support for those with a disability
- Training promised, booked and then denied/revoked
- Recruitment processes and practices
- Not being listened to by line manager when raising concerns
- Payment processes
- Training developed but then not taken forward and disseminated
- Team dynamics
- Suspicions of fraud
- Access to training/development courses
- Flexible working
- Guidance shared but unions not consulted
- Sickness/absences/leave policy not followed correctly

Worker safety or wellbeing was second highest at 20 for this reporting period. These concerns relate to:

- Ongoing building concerns around adequacy and safety for service delivery
- Issues with colleagues, not resolved adequately and impact on wellbeing
- Workload and promised support, not yet received 6 months later
- Impact of line manager behaviour on staff and service delivery
- Inappropriate behaviours

Inappropriate attitudes or behaviours were third highest at 14 for this reporting period. These concerns relate to:

- Inappropriate attitudes and behaviours experienced from line managers
- Leadership and management styles and their impact on staff
- Not treated in accordance to the ELFT values by line manager

Concerns around patient safety and/or quality of care had 5 concerns raised for this reporting period.

These concerns relate to:

- Concerns about how and when a Datix concern should be raised
- Seclusion observations
- Concerns around case allocations, reviews and documentation

5.4 FTSU Data – Directorates

Bedfordshire & Luton Mental Health had the highest number reported for this period at 12. These concerns related to:

- Inappropriate behaviours
- Access to training
- Processes around a complaint
- Fraud
- Issues with colleagues – around wellbeing and competency
- Discrimination and racism
- Workload

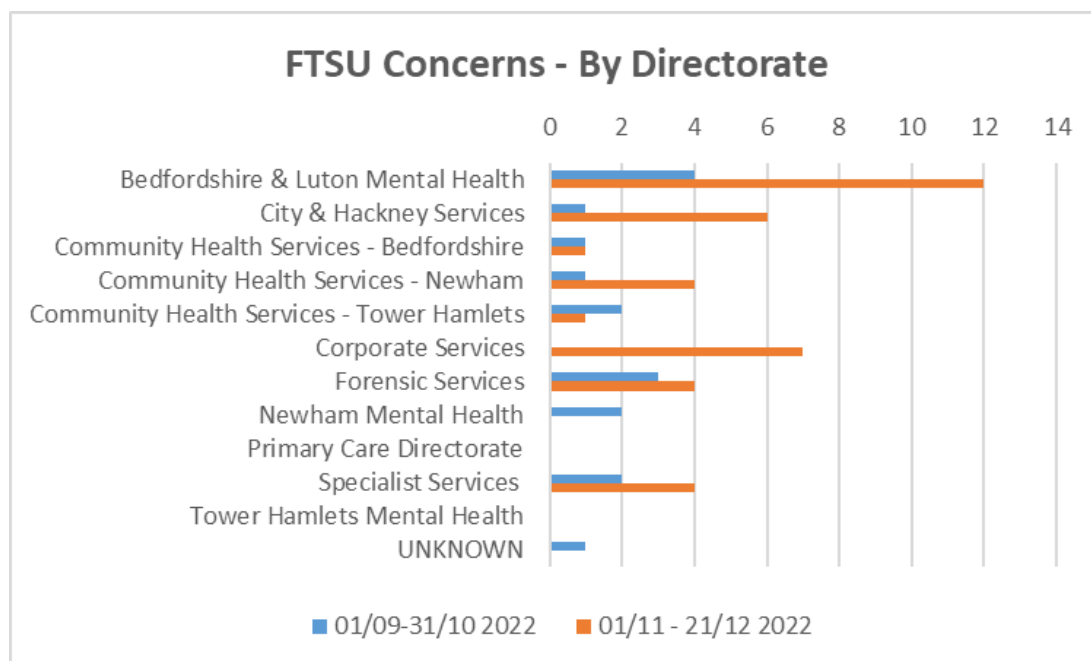
Corporate Services were second highest, with 7 colleagues raising concerns. These centred on:

- Discrimination experienced by colleague when shared their disability
- Recruitment processes
- Feeling discriminated against due to their commitments outside of work
- Staff training – not disseminated
- Feeling pressure from colleagues when on directed day off
- Flexible working

City & Hackney Services were third highest, with 6 colleagues raising concerns. These centred on:

- Ongoing building concerns around adequacy and safety for service delivery
- Fraud
- Patient safety

5.5 Graph D: FTSU concerns raised - by Directorate



5.6 All of the issues raised are being addressed through the relevant directorate and service routes. In some cases, concerns are focused on individual circumstances, whereas in others there is a set of issues that require further support. In City and Hackney directorate, for example, there has been extensive OD support and coaching provided, in a number of teams, as well as a cultural review and associated plan in particular service areas in order to best support addressing a number of issues that are reflected in the increase in FTSU reports in this area.

5.7 Similarly, as a result of concerns raised in Specialist Services Dale Greenwood, the Mental Health in Schools Team (MHST) Lead for London, will jointly conduct a review of the current status of MHSTs in ELFT with Philippa Scott leading similar work in BLMK, including a review of Leadership structures, Culture and management, Staff Wellbeing (including our trainees) and support and the quality of service delivery.

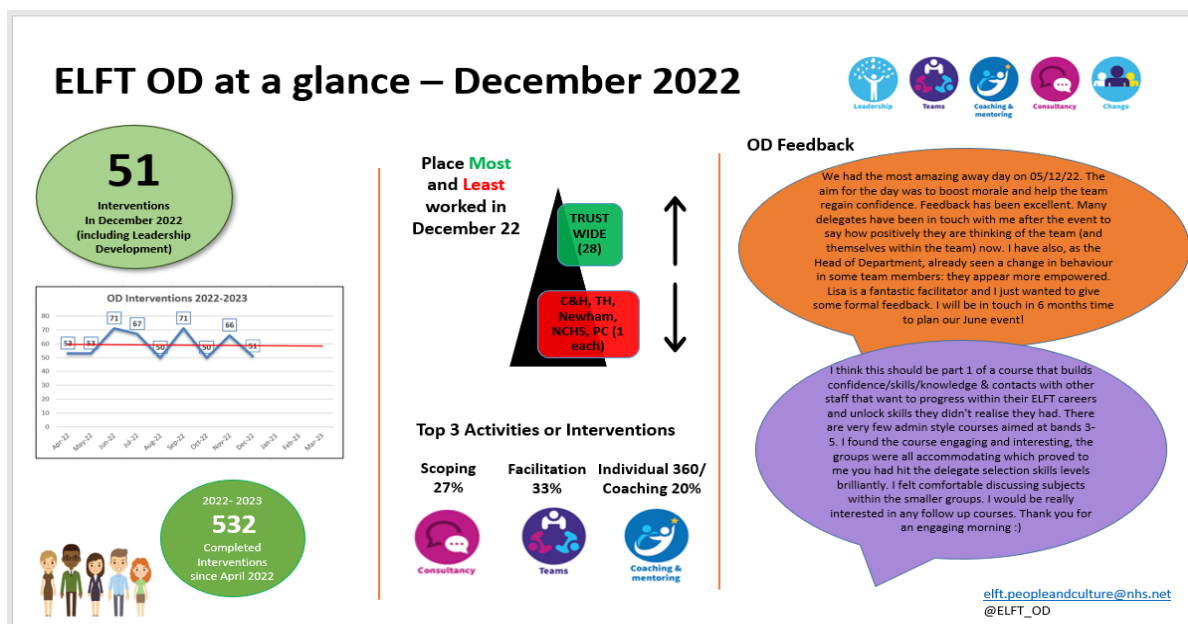
6. Leadership

6.1 Leadership behaviours are key to culture. The leadership and culture at ELFT is highly regarded however there are many factors that have had an impact on our approach, not least that the pandemic response needed a command and control structure instead normal autonomous place-based ways of working. There has also been staff turnover, including at senior manager level that has the potential to impact on the effectiveness of leadership in the Trust.

- 6.2 The pace of work has also been significant, and we need to ensure that it does not impact on the way we approach how we work and support staff and service users. As a result we have begun a process of working with staff across the organisation on our collective approach to leadership for all of us who work across the Trust.
- 6.3 This work aims to understand the core leadership behaviours that we should all strive to demonstrate, in order to build and strengthen the culture of the organisation where everyone feels cared for, respected and included, and in which we partner with our service users to understand and continually improve the services we offer.
- 6.4 By defining what we mean by leadership, writing it down, and standardising the activities that reinforce these behaviours, we aim to reduce variation across the organisation in leadership and culture, and to ensure that this sustains over time as people move into different roles. This work will be inclusive from a protected characteristic lens. This is being led by Chief Nurse/Deputy CEO, Chief People Officer and Chief Quality Officer. The outputs will be presented to the board in March 2023.
- 6.5 3.8.5 ELFT have also secured some HEE funding to mirror the Senior Clinical Leaders programme for non-clinical leaders that is currently taking place.

7. OD Activity

- 7.1 Since the start of the financial year, 532 interventions have been undertaken. The following infographic shows the OD team's activity in December 2022.



8. Collaborative working with North East London Foundation Trust (NELFT)

- 8.1 ELFT continue to work collaboratively with NELFT. The ELFT Chief People Officer (CPO) meets regularly with the Executive Director of People & Culture (EDP&C) for NELFT. The CPO and EDP&C have devised some key priorities for collaborative working between the two trusts. Plans are in place to bring the senior teams from both Trusts together in order to progress these priorities.

The high level priority areas are:

- Collaborative bank that allows for sharing of unfilled shifts prior to sharing with agencies as well as collective approach to engaging with agencies in terms of rate control and engagement with LPP
- Profiting from economies of scale and shared learning in terms of use of robot/automation of transactional HR work e.g. recruitment processes
- Potential joint procurement of employment law support – use of economies of scale
- Creating a more joined up approach to workforce planning and shared development of new roles etc
- Exploring a kickstarter replacement to exploit and emphasise NELFT/ELFT position as anchor organisations and further recruitment agendas.

9. COVID-19

- 9.1 The lead employer arrangements that have supported the North East London ICB will come to an end on 31 March 2023. Thanks are due to the team who have provided an essential part of the structure for the vaccination programme over the last two years.

10. Growing and Developing our People

10.1 Appraisal

As reported to the previous Board meeting, appraisal processes for medical staff have returned to pre-pandemic arrangements, and appraisal compliance has now increased from 75.8% to 93.6%. We continue to support staff to ensure that appraisal compliance continues to improve.

The Appraisal cycle for Agenda for Change (AFC) staff formally completed on 30th November 2022 at which time the completion rate was 66.98%. There have been 155 staff who have completed their appraisal after the completion of the cycle, bringing the completion rate to 69.37%.

A review of the process will now commence and proposals will be created for the 2023 process, but the expectation is that the process and content will remain relatively static to support improved staff experience for the next cycle.

10.2 Statutory and Mandatory Training.

Trust Compliance has increased slightly to 82.34% as of 04/01/2023 increasing from 82.05% in November 2023. A full range of classroom and e-learning courses have been available for all staff to access to improve their compliance. The table below shows compliance by directorate.

Organisation	Statutory and Mandatory % Target = 90
363 Vaccination	87.78%
363 Bedford	83.02%
363 City & Hackney	75.95%
363 Bedfordshire CHS	85.96%
363 Newham CHS	84.88%
363 Corporate	81.57%
363 Specialist CHS	85.50%
363 Community Services - Tower Hamlets	85.22%
363 Forensic Services	85.28%
363 Luton	83.77%
363 Newham	77.43%
363 Primary Care	84.95%
363 Specialist Services	83.49%
363 Tower Hamlets	79.64%

Work continues to increase the accuracy of the information and the training allocation within the ELFT Learning Academy. The L&D Team have been working with the Trust's subject matter experts to validate the existing mapping and more effectively target the required learning. The review process will complete by mid-January with analysis then to be completed of the impact on trust and divisional compliance. It is expected that the new profiles will come on line by the end of February 2023.

10.3 Apprenticeships

The Apprenticeship Programme is in Year 1 of a revised 3-year plan 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 have been created to offer apprenticeship programmes as continued professional development, as well as an entry route into healthcare. In January 2023, we have four colleagues starting on the CIPD and Coaching apprenticeships with BPP. We have a further 19 externally recruited apprentices joining ELFT on the Clinical Associate in Psychology apprenticeship with UCL.

National Apprenticeship Week is in February 2023. The apprenticeship team has webinars and events planned to increase awareness of apprenticeship opportunities at ELFT.

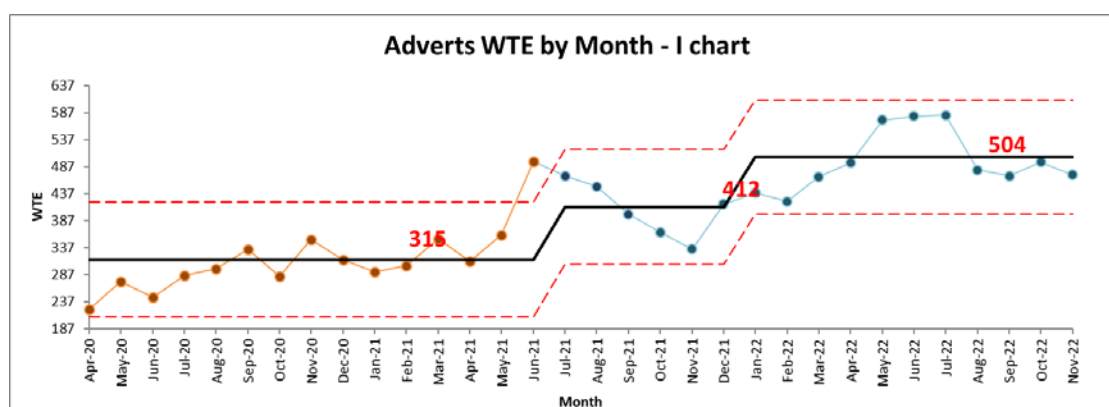
11. New Ways of Working

11.1 Workforce planning update

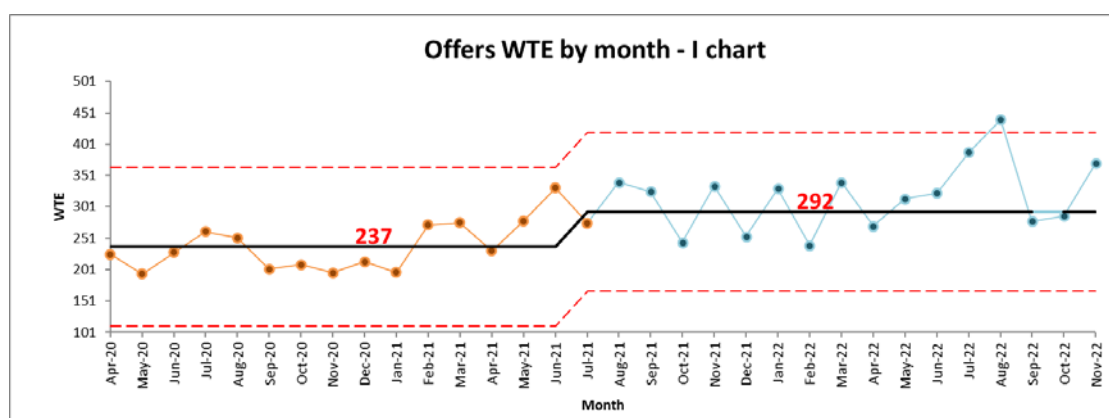
The Trust has been successful in securing funding of £100,000 to support the development of a workforce plan to address the challenges within the mental health workforce. The monies will be used to fund a role that will be responsible for planning and implementing short, medium and long term strategies to attract, retain and develop the existing and future mental health workforce. Areas of focus are likely to include growing our own workforce, inclusive recruitment and developing skills to encourage recruiters/managers to think about how they may apply these locally and the impact this could have.

11.2 Recruitment activity November 22

Recruitment activity has continued at a high level with a sustained increase in the advertising of roles, offers and number of people joining the organisation, as outlined in the charts below.



11.3 There has also been an increase in the number of offers of employment made from **292** WTE in October 2022 to 376 WTE in November 2022



12. Time to Hire

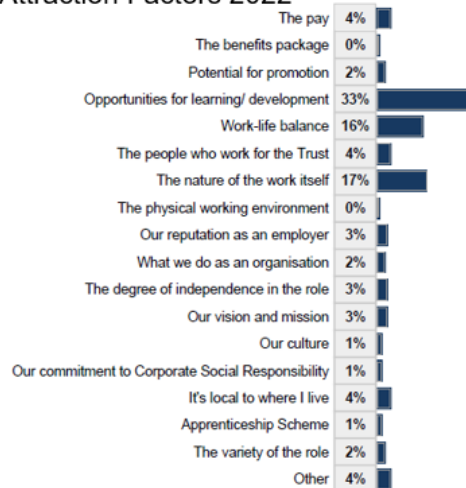
- 12.1 The Trust's time to hire target is 43 days from the point of advert to pre-employment checks which is currently being achieved at an average of 39.6 days.
- 12.2 For the second year running we have undertaken a piece of work to capture the feedback from 136 new starters.
- 12.3 The feedback was positive, although we have seen a slight decline in the engagement percentage of new starters (although the sample size was significantly higher). There was also an increase in the staff at risk of leaving, although the percentage of staff actually leaving had reduced. It was also notable that pay and benefits alongside work life balance is the key reason why new starters may contemplate leaving 2022 whereas in 2021, the reasons for staff potentially leaving were because of the potential for progression and the nature of work itself.



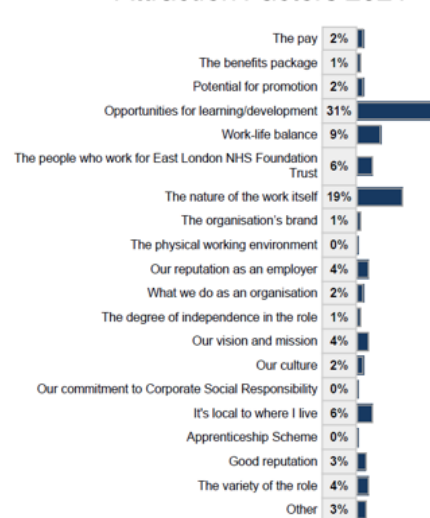
- 12.4 The exercise also demonstrates that the main reason for staff joining ELFT is opportunities for development. The attraction of new starters due to work life balance has also increased from 9% in 2021 to 16% in 2022. The percentage of new starters who joined ELFT because it's local to where they live, decreased from 6% in 2022 to 4% in 2022.

Why do they join and how long will they stay?

Attraction Factors 2022



Attraction Factors 2021



- 12.5 Building on the feedback from this work in 2021 a QI project is underway and is making significant and sustained progress in terms of the timeliness of new starters receiving the tools they need to do their work. This is having a more positive impact on the experience of new joiners and the feedback from the 2022 survey will be used to inform further work to improve the experience and retention of new starters in the Trust.

13. Agency project

- 13.1 Work has continued with providers in North East London (NEL) ICS to reduce agency spend, sharing data on rates, learning and initiatives. Similar work is being established across Luton and Bedfordshire. The Trust is a member of the NEL Temporary Staffing Group that meets fortnightly to work together on the challenge with regards to reducing agency usage, filling bank shifts and minimising reliance on the periphery workforce.
- 13.2 However, agency doctors in particular continue to request significant pay increases; creating a financial risk, as well as a service continuity risk in some areas. As part of the response to this, the process is on-going to replace the Trust's existing Direct Engagement supplier and alternative providers with the aim of delivering a significant reduction in service costs and reduced administration. This process is expected to conclude in April 2023.

14. HPMA Awards

- 14.1 The P&C team were shortlisted for two Healthcare People Management Awards (HPMA). These awards were HR Team of the year and Director of the year.
- 14.2 The rescheduled ceremony took place on the 1 December 2022. ELFT were successful in winning both awards. This has been great acknowledgement of all of the hard work of the department, and was a fantastic end to 2022 for the team.

15. Industrial Action

- 15.1 ELFT have not yet been directly affected in terms of strike action as our staff groups have not met the threshold. Ballot outcomes are pending for the British Medical Association (BMA)

16. Organisational Change

- 16.1 Currently there are 4 organisational changes in progress affecting 145 staff, possibly resulting in 2 redundancies. All change processes are re-configurations of service. One process recently concluded which resulted in the successful TUPE of 40 staff members to another NHS organisation.
- 16.2 There is one upcoming change process which is due to start consultation in January 2023.

17. Recommendations

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

REPORT TO THE TRUST BOARD IN PUBLIC

26 January 2023

Title	Safer Staffing 6 Monthly Review of In-patient Registered Mental Health Nurse Staffing Levels and Community Health Nursing Provision.
Author/Role	Claire McKenna - Director of Nursing (Mental Health) Ruth Bradley - Director of Nursing (Community Health Service) John Peers - Safer Staffing Lead
Accountable Executive Director	Lorraine Sunduza – Chief Nurse / Deputy CEO

Purpose of the report

To update the board on the inpatient and community health staffing outlining the assurance and issues related to safe nurse staffing levels at six monthly intervals. It summarises the results of the Trust monitoring of staffing levels across all wards from May 2022 to October 2022.

In relation to inpatient wards:

- There have been challenges in meeting the required registered nursing numbers. 28 of the 53 inpatient wards showed variance in actual versus planned nursing staffing rates.
- Although there are occasions when the required number of registered nurses is below the minimum standard there are mitigations that have been put in place.
- Ongoing Recruitment is also taking place in areas of particular challenge, including international recruitment.
- All areas have contingency plans to address planned and urgent staffing cover with immediate actions taken at the time by the managers. Regular rota reviews inform planned and actual staffing decisions.
- Establishment reviews have been undertaken across all inpatient areas during November and December 2022 to inform budget setting in line with safer staffing levels.

The ward staffing information is published monthly on the NHS Choices and Trust Website

The board is asked to NOTE the assurance provided and **CONSIDER** if further sources of assurance are required.

Strategic priorities this paper supports

Improved population health outcomes	<input type="checkbox"/>	
Improved experience of care	<input type="checkbox"/>	The right staffing numbers to meet the service user needs and respond accordingly.
Improved staff experience	<input type="checkbox"/>	The right staff numbers create an environment where staff can safely practice and deliver high quality care
Improved value	<input type="checkbox"/>	The right staffing resources reduces the need for agency and promotes consistency of practice.

Implications

Equality Analysis	The Trust has a duty to promote equality in the recruitment of the nursing workforce.
Risk and Assurance	<p>The following clinical risks are associated with inadequate nursing and care staffing capacity and capability:</p> <p>Inadequate staffing numbers compromise safe and compassionate care. Poor monitoring of staffing capacity and capability can give rise to unacceptable patterns of inadequate staffing</p> <p>Not having the right skill mix in clinical environments can place unacceptable, additional demands upon staff and give rise to unsafe and ineffective care.</p> <p>If staff feel unable to speak out, then potentially unsafe staffing levels go undetected and reported and steps to maintain patient safety is not taken as required.</p>
Service User/Carer/Staff	Inadequate staffing numbers compromise safe and compassionate care.
Financial	Poor monitoring of staffing capacity and capability can give rise to unacceptable patterns of inadequate staffing
Quality	Not having the right skill mix in clinical environments can place unacceptable, additional demands upon staff and give rise to unsafe and ineffective care.

Meetings where this item has been considered

Date	Committee/Meeting

Supporting documents and research material

a. Reference: How to Ensure the Right People with the Right Skills are in the Right Place at the Right Time: A guide to Nursing, Midwifery and Care Staffing Capacity and Capability (National Quality Board 2013)
b. Mental Health Staffing Framework https://www.england.nhs.uk/6cs/wp-content/uploads/sites/25/2015/06/mh-staffing-v4.pdf
c. Safe, sustainable and productive staffing in district nursing services (National Quality Board 2018) https://improvement.nhs.uk/resources/safe-staffing-district-nursing-services/

Glossary

Abbreviation	In full
CHPPD	Care Hours Per Patient Day
CAMHS	Child and Adolescent Mental Health Services
NQB	National Quality Board
MHOST	Mental Health Optimum Staffing Tool

1.0 Background

- 1.1 Further to the Robert Francis Report (2013), the National Quality Board (NCB) have published guidance that sets out the expectations of commissioners and providers for safe nursing and midwifery staffing, in order to deliver high quality care and the best possible outcomes for service users.
- 1.2 In July 2016 the NQB issued a follow up paper "*Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time. Safe sustainable and productive staffing*" which outlines an updated set of NQB expectations for Nurse staffing within Acute Trusts.

2.0 Analysis of Trust Results, Planned vs Actual staffing.

- 2.1 Assessments of the impact of staffing on care quality and safety in different ways. All the information is triangulated to give a more rounded view.
- 2.2 The Average Fill rate is where the Trust sets a minimum standard of two registered nurses per shift for all inpatient wards. **Table 1** highlights the wards where this was not achieved. 28 of the 53 wards showed variance in fill rate during the 6 month period with immediate actions taken at the time by the managers. This is an increase compared to the previous reported period in which 11 of the 53 wards reported variance. The challenge in filling registered nurses' shifts is increasing in London line with RMN recruitment vacancies across the capital.
- 2.3 All ward rotas are set to have a minimum of 2 registered nurses per shift. This may be increased based on increased need due to clinical activity.
- 2.4 Although clinical emergencies requiring additional registered nurses and vacancies can have an impact on the ability to cover the vacant shifts other absences such as maternity, long-term sickness and short notice absences due to personal emergency and sickness can have an impact.
- 2.5 Newham, Tower Hamlets, City & Hackney and Luton and Bedfordshire Working Age and Galaxy Child and Adolescent inpatient services showed below expected fill rates for Registered Nurses In these areas the gaps were covered by senior nurses (ward managers and matrons) and health care support workers. The unit coordinator has the ability to redeploy staff across the unit on a shift-by-shift basis using ward activity and professional judgement. Galaxy had successfully recruited 90% of their Registered Nurses which from April 2022 had mitigated losses over the same period.
- 2.6 Across all the wards there are systems in place to ensure mitigating action has been taken to ensure safety and quality of care has been maintained on a shift-by-shift basis. Repeated months or a number of wards within one service with a below 100% fill rates for either RMN or HCA shifts can put stress on inpatient services with expected impacts on outcomes for service user care, and service user and staff satisfaction.
- 2.7 In the first instance all planned and unplanned shifts are offered to nurses on the Trust bank. The nurses are mainly non-substantive staff with a small number of substantive staff from the Trust who work additional hours. However due to unavailability of bank staff, or the short notice absence the gaps were covered by senior nurses (ward managers and matrons) and health care support workers. Senior nurses can also

redeploy staff across the unit on a shift-by-shift basis based on their assessment of area of most need due to occupancy, acuity, and their professional judgement. Galaxy Ward had successfully recruited 90% of their Registered Nurses which from April 2022 has mitigated losses over the same period.

- 2.8 Fothergill ward step down and end of life care showed variance - Recruitment into older adult care continues to be challenging with high use of bank to fill vacant shifts. There is a high number of staff who are due to retire or who have retired and returned. This workforce challenge is being planned for by the senior leadership team with the support of the Nurse Consultant for Older Adults. A number of rotational posts have been created offering newly register nurse's exposure to a number of clinical settings. There is an ongoing project across all Community Health Newham services to increase the visibility of vacant roles.
- 2.9 There are a number of wards where Healthcare Assistant (HCA) numbers are over the planned establishment. Whilst on occasion this may be related to covering for other gaps in filling the rota, the majority of this relates to the need to manage additional acuity and undertake observations and other tasks on the ward relating to acuity. This has been factored into the work of the establishment review referred to later in this paper.

Table 1 Average Fill rates based on funded establishments for registered nurses

Ward	May	Jun	July	Aug	Sept	Oct
Newham						
Emerald	Day RMN 76% HCA 134%	Day RMN 78% HCA 143%				
Crystal				Night RMN 87% HCA 132%		Night RMN 82% HCA 135%
Opal				Day RMN 79% HCA 121% Night RMN 89% HCA 216%	Night RMN 88% HCA 210%	
Ruby Triage				Day RMN 78% HCA 186% Night RMN 70% HCA 144%	Day RMN 86% HCA 195% Night 79% HCA 132%	Night RMN 74% HCA 160%
Tower Hamlets						
Brick Lane		Day RMN 81% HCA 136%	Day RMN 87% HCA 135%		Day RMN 78% HCA 119% Night RMN 85% HCA 210%	Night RMN 80% HCA 239%

Leadenhall		Day RMN 84% HCA 167%	Day RMN 80% HCA 209% Night Day 87% Night 271%	Day RMN 81% HCA 213% Night RMN 83% HCA 229%	Night RMN 87% HCA 273%	
Globe				Day RMN 88% HCA 144 % Night RMN 84% HCA 235%		Night RMN 71% HCA 293%
Roman				Night RMN 87% Night 219%	Day RMN 84% HCA 109% Night RMN 74% HCA 243%	
Lea					RMN Day 68% HCA 190% Night RMN 88% HCA 217%	Day RMN 87% HCA 210% Night RMN 73% HCA 258%
Millharbour					Night RMN 88% HCA 333%	Night RMN 86% HCA 326%
Rosebank					Night RMN 72% HCA 140%	
Luton and Bedford						
LU Crystal				Day RMN 79% HCA 136% Night RMN 80% HCA 130%	Day RMN 89% HCA 158%	
Onyx				Night RMN 83% HCA 148%		
Poplars				Day RMN 78% HCA 153%	Night RMN 86% HCA 147%	Day RMN 86% HCA171%
Coral					Day RMN 84% HCA 157%	Day RMN 89% HCA 163%
East Ham Care Centre						
Fothergill Ward	Day RN 86% HCA 136%	Day RN 87% HCA 141%	Day RN 78% HCA 139%	Day RN 73% HCA 134%		

Coborn Adolescent Unit						
Coborn Acute	Night RMN 68% HCA 167%				Night RMN 66% HCA 165%	
Coborn Galaxy	Day RMN 82% HCA 275% Night RMN 70% HCA 187%	Day RMN 80% HCA 292% Night RMN 61% HCA 215%	Day RMN 66% HCA 271% Night Day 65% HCA 205%	Day RMN 82% HCA 308% Night RMN 68% Night 191%	Day RMN 87% HCA 192% Night RMN 82% HCA 163%	Day RMN 78% HCA 190% Night RMN 85% HCA 220%
Hackney						
Mother and Baby Unit	Day RMN 81% HCA 173% Night RMN 81% HCA 436%	Day RMN 87% HCA 176% Night RMN 84% HCA 420%		Night RMN 85% HCA 257%		Night RMN 87% HCA 145%
Bevan		Day RMN 86% HCA 121%	Day RMN 87% HCA 149%	Day RMN 83% HCA 155%	Day RMN 82% HCA 160%	Day RMN 72% HCA 158%
Conolly Ward		Night RMN 85% HCA 240%				
Brett					Night RMN 87% Night 217%	Day RMN 79% HCA 124% Night RMN 72% HCA 239%
Joshua					Day RMN 83% HCA 169%	Day RMN 87% Night 133% Night RMN 77% HCA 248%
Gardner						Day RMN 78% HCA 138% Night RMN 78% Night 293%
Forensics						

Morrison			Day RMN 87% HCA 134%			
Butterfield					Day RMN 83% HCA 122%	
Clerkenwell						Day RMN 87% HCA 175%
Loxford						Day RMN 88% HCA 115%

3.0 Community Health Services Nursing

- 3.1 The Chief Nursing Officer for England has licenced a National Safer Staffing tool for community nursing (CNSST tool). The tool is under copyright rule so can only be used by approved and licenced organisations. East London NHS Foundation Trust being one of the early implementer sites has applied and was granted the licence. This is to enable consistent workload acuity measurement against patient dependency and workforce factors. These assessments are currently underway and the next Safe Staffing report will include the outcome of these.

4.0 Mitigations

- 4.1 The Trust has an established joint working relationship with City University of London, and University of Bedford. The Trust is the first choice for mental health students however the general adult student usually starts in Acute hospital before transferring to community services and primary care. In order to develop the workforce further, community teams have developed a framework to support newly registered nurses to start in the community. In line with this, the Trust has increased placement numbers and is continuing to review capacity across all teams to enable a sustainable expansion of training places.
- 4.2 The Trust is also part of a consortium with other London Trusts hosted by Capital Nurse to support international recruitment. We have so far recruited 5 Registered General Nurses allocated to Community Health services in Bedfordshire and Newham (4 from India and 1 from Trinidad and Tobago). There are a further 21 Nurses who have been recruited to the Trust. The group is diverse coming from Canada, Philippines, Trinidad and Tobago, India, Guyana, Zambia, Zimbabwe, South Africa and Botswana. There is an internal programme to prepare for their arrival and pastoral support on arrival. These staff will work across mental health, learning disability, children, and community health services. We are also expecting 9 allied Health Professionals from India.

- 4.3 A further decision was made to pilot a Winter Bank Bonus scheme for inpatient wards from December to March 2023. This provides a financial incentive for substantive registered nurses when they work additional hours. The impact of this scheme is under review and the pilot is ongoing.

5.0 Ward establishment reviews:

- 5.1 As part of the budget setting process there were establishment reviews completed across the Trust in November and December 2023. The review process included Service Directors, Lead Nurses, Directors of Nursing, Ward Managers, the Safer Staffing Lead, Deputy Director of Finance/Service Management Accountant, and a local People and Culture representative.
- 5.2 Each service review considered the following variables to inform a proposal for a revised establishment:
- Budget versus current spend on additional posts
 - Roster performance data including actual fill rate (Table 1), headroom funding for training and development, away days, and induction
 - Patient related activity that impacts on staffing numbers
 - Non clinical activity that the ward managers have to do that take their time away from practice.
- 5.3 The results of the review and the proposals from the local teams are being reviewed by the Chief Nurse with Executive colleagues and will be reflected in the budgets set for 2023/4. The majority of services will see an increased establishment as a result of this process.

6.0 Conclusion

- 6.1 Current national shortages and the impact of the pandemic is having an impact on fill rates for shifts and the Trust is taking additional steps to increase student numbers, recruit staff from overseas and incentive bank work in response. On a day to day basis, a number of actions are taken to manage, monitor and escalate concerns around safe staffing on a shift-by-shift basis with senior staff providing appropriate support to ward teams.
- 6.2 An establishment review has also been carried out, which will lead to revised establishments for the 2023-24 financial year. This will enable substantive recruitment to areas where wards are operating at more than 100% of the planned establishment level.

7.0 Action being requested

- 7.1 The board is asked to **NOTE** the assurance provided and **CONSIDER** if further sources of assurance are required.

REPORT TO THE TRUST BOARD IN PUBLIC
26 January 2023

Title	ELFT Charity Committee 19 January 2023 – Committee Chair's Report
Committee Chair	Aamir Ahmad, Non-Executive Director and Chair of ELFT Charity Committee
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

To recommend to the Board the approval of the revised terms of reference for the Committee following the registration of the ELFT Charity.

A report on the Committee's discussions on key issues and assurance at its meeting on 19 January 2023 will be presented to the next Trust Board in public meeting.

The Board is asked to **APPROVE** the terms of reference.

Key Messages



Terms of Reference

- A review of the Committee's terms of reference in their entirety has been undertaken to reflect the ELFT Board of Directors changing role to being the corporate trustee following the registration of the ELFT Charity. Account has also been taken of good practice and reflects other NHS FT's Charitable Funds Committee terms of reference
- The terms of reference are attached at appendix 1
- As there have been a number of changes both in content and formatting, the key amendments/additions are highlighted in blue font for ease of reference
- The main changes include:
 - **Name:** changed from Charity Committee to **Charitable Funds Committee**
 - **Authority:** changed to reflect the committee has delegated authority to carry out the functions of the Board as the corporate trustee
 - **Purpose:** includes fiduciary duties requirement
 - **Duties:** for ease of reading and flow, the duties are now summarised under four areas (strategy and objectives; governance and assurance; charitable funds; fundraising)
 - **Membership:** amended to reflect that the voting members are the Trust Board Directors being a formal committee of the Trust Board with decision making powers and responsibilities, and falls under delegation regulations as stated in the NHS Act 2006 (the Board can delegate its responsibility/responsibilities to a committee of Directors or to an Executive Director)
 - **Attendance at Meetings:** expanded to recognise the importance of ensuring there is a breadth of experience as well as a co-produced approach

CHARITABLE FUNDS COMMITTEE

Terms of Reference

1 Introduction

- 1.1 East London NHS Foundation Trust (the Trust) will oversee the arrangement for the ELFT charitable fund.
- 1.2 The ELFT Charity Committee (Committee) manages the ELFT charitable fund by executing plans, monitoring actions, and making decisions regarding expenditure in relation to all the sites from which the Trust operates, within the framework agreed by the Charitable Funds Committee, and the Trust's Standing Financial Instructions.

2 Authority

- 2.1 The Committee is constituted as a standing committee of the Trust's Board of Directors (Board). Its constitution and terms of reference are set out below, subject to amendment and approval by the Board.
- 2.2 The Committee exists to carry out functions delegated to it by the Board, which is the Corporate Trustee of ELFT Charity that is registered with the Charity Commission as ELFT Charity (Registered Charity No: 1198337).
- 2.3 The Board, as the Corporate Trustee, has delegated day to day management of the charity to the Committee, including delegable functions as defined in regulation 16 of the NHS Trusts (Membership & Procedures) Regulations 1990 and are in accordance with section 11 of the Trustee Act 2000.
- 2.4 The Board's Executive Directors and Non-Executive Directors (NEDs) are not trustees themselves; however, they act on behalf of the Trust and share the responsibility for ensuring the Trust fulfils its duties as the corporate Trustee whilst managing ELFT Charity.
- 2.5 The Committee is authorised by the Board to act within its terms of reference.
- 2.6 The Committee is authorised to seek any information required and necessary and expedient to the fulfilment of its duties. All members of staff are expected to co-operate with any request made by the Committee.
- 2.7 The Committee is authorised to obtain legal or other independent professional advice and to secure the attendance of external individuals/organisations with relevant experience and expertise if it consider this necessary in support of its duties.
- 2.8 These terms of reference should be read in conjunction with the Trust's Scheme of Delegation, Standing Orders, Constitution and Standing Financial Instructions as appropriate.

3 Purpose

- 3.1 The purpose of the Committee is to maintain a detailed overview of the charitable funds assets and resources in relation to the achievement of the agreed strategy.
- 3.2 The Committee will at all times operate in a manner this is consistent with the fiduciary duties of the Corporate Trustee.

4 Duties

4.1 Strategy and Objectives

- 4.1.1 Develop the strategy for the charitable fund in line with the Trust's aims and vision for consideration and approval by the Board of Directors
- 4.1.2 Develop and monitor all work plans in accordance to the agreed strategic plans
- 4.1.3 Oversee the development and monitor the delivery of the annual operational plan for all activities within the charitable fund on behalf of the Corporate Trustee
- 4.1.4 Provide assurance that the charity acts in accordance with its objectives and meets the requirements of its mission statement

4.2 Governance and Assurance

- 4.2.1 Ensure appropriate and efficient use of the charitable funds and that they are managed in a manner consistent with the requirements of the relevant regulatory and statutory frameworks, and the guidance set out by the Charity Commission as well as adhering to the principles of good governance
- 4.2.2 Consider and monitor the ELFT Charity's key risks on behalf of the Trust
- 4.2.3 Approve the charitable funds policies and procedures
- 4.2.4 Establish, prioritise and approve fundraising activities, and approve major expenditure in line with the Trust's SFIs
- 4.2.5 Ensure the approval and submission of annual accounts and report in accordance with the Charity Commission's Statement of Recommended Practice

4.3 Charitable Funds

- 4.3.1 Oversee the implementation of an infrastructure appropriate to the efficient and effective running of the charitable funds
- 4.3.2 Oversee the charitable funds expenditure and income generation
- 4.3.3 Oversee the charitable funds investment opportunities and long-term investment plans
- 4.3.4 Monitor the usage of all charitable funds and make recommendations where possible to consolidate funds if inactive

4.4 Fundraising

- 4.4.1 Oversee the development and monitor the delivery of a fundraising strategy in accordance with legislation and guidance and in order to meet the charity's strategic objectives
- 4.4.2 Oversee the development and delivery a clear marketing plan to promote the activities across key stakeholders
- 4.4.3 Oversee the development and delivery of a communications plan including brand development through engaging staff, patients, public and wider stakeholders, highlighting strategies that involve staff, patients and the wider stakeholders.

5 Membership

- 5.1 The members of the Committee will be appointed by the Board and will comprise of the following:
- Two (2) Non-Executive Directors, one of whom will be the chair of the Committee
 - Chief Finance Officer
 - Chief Nurse
 - Executive Director of Commercial Development (Executive Lead)
- 5.2 In the absence of the chair of the Committee, the other NED will chair the Committee meeting.

6 Attendance at Meetings

- 6.1 In addition to Committee members detailed above, the following will be non-voting attendees of the Committee:
- Communications team representative
 - Two (2) Governors
 - Director of Corporate Governance
 - Director of People Participation
 - Representative from the Trust-wide Working Together Group
 - Head of Operations Compass CIC (Committee administrator)
 - Other key individuals relevant to the development of the charitable fund.
- 6.2 All members and attendees are expected to attend all meetings.
- 6.3 When a member or attendee is unable to attend a meeting they may appoint a deputy to attend on their behalf. [A deputy should be nominated only in exceptional circumstances, for a particular meeting.](#) The nominated deputy of an Executive or Non-Executive Director will have the same voting rights as the Director, but other deputies will have no vote. The name of the deputy must be advised to the Committee Administrator in advance of the meeting.
- 6.4 Other charitable fund and/or Trust officers may be asked to attend when the Committee is discussing areas that are the responsibility of that individual. The Committee may also invite external advisors to attend for appropriate items.
- 6.5 Attendance at meetings may be by teleconference or videoconferencing at the discretion of the Committee chair.

7 Quorum

- 7.1 The quorum for the meeting shall be three (3), with at least one NED and one Executive Director.
- 7.2 [Any Board Director may attend a meeting of the Committee and will count towards the quorum.](#)

8 Frequency of Meetings

- 8.1 The Committee shall meet a minimum of three times a year and as required to fulfil its duties as the Committee chair shall decide.

9 Sub-Committee Arrangements

- 9.1 The Committee will establish a sub-committee for the purpose of the day to day operational role.
- 9.2 The sub-committee will have delegated responsibility to manage the operational aspects of the charitable fund, including the management of fundraising activities, processing of grant requests and regularly meeting fund holders.
- 9.3 The sub-committee will provide an assurance report at each Committee meeting. The report will set out the matters discussed together with any recommendations to the Committee, any pertinent issues and/or those that require disclosure, escalation, action or approval.

10 Reporting and Minutes

- 10.1 The Committee will provide an assurance report to the Board after each meeting. The report will set out the matters discussed together with any recommendations to the Board, any pertinent issues and/or those that require disclosure, escalation, action or approval.
- 10.2 The minutes of the Committee meetings will be formally recorded and a draft copy circulated to Committee members together with the action log as soon after the meeting as possible
- 10.3 The approved minutes will be available to the Board on request.
- 10.4 The Committee will receive and agree a description of its work (in the form of an annual work/forward plan) and will regularly monitor progress against this plan.
- 10.5 The chair on behalf of the Committee will report annually to the Board in respect of fulfilment of its functions as set out in these Terms of Reference.
- 10.6 In order to support the continual improvement of governance standards, the Committee will:
 - 10.6.1 Undertake an annual review of its effectiveness [in discharging the functions delegated to it by the Board](#) and provide a report to the Board of its findings including highlighting areas for improvement
 - 10.6.2 Review the terms of reference for the Committee annually, reaffirming the purpose and objectives, and reporting to the Board for ratification.

11 Support to the Committee

- 11.1 The [Head of Operations](#) will act as support to the Committee and working with the Executive Director lead will:
 - 11.1.1 Agree the agenda and work plan with the Committee chair
 - 11.1.2 Ensure meeting papers are distributed in good time in line with the Standing Orders
 - 11.1.3 Ensure that minutes are taken, action points and matters arising are recorded and followed up in a timely manner
 - 11.1.4 Advise the Committee on pertinent areas
 - 11.1.5 Draft the assurance report for the Board following each Committee meeting

- 11.1.6 Draft the Committee's annual report of the review of its effectiveness and the terms of reference.

13 Review Dates

- 13.1 These Terms of Reference will be reviewed at least annually to ensure they remain appropriate.

13.2 Date Originally Approved: 26.07.2021

13.3 Reviewed: 04.08.2021
Reviewed: 16.01.2023

13.4 Next review date: 19.01.2024 (annually)

REPORT TO THE TRUST BOARD IN PUBLIC
26 January 2023

Title	Finance, Business and Investment Committee (FBIC) 10 January 2023 – Committee Chair's Report
Committee Chair	Aamir Ahmad, Non-Executive Director, chair of the meeting on 10 January 2023
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

To bring to the Board's attention key issues and assurances discussed at the Finance, Business and Investment Committee (FBIC) meeting held on 10 January 2023.

Key messages

Finance Report Month 8

- £1.7m adverse plan at M8; however, the current forecast remains breakeven at financial year end and with no impact on the Trust's financial risk rating – this recognises the activity that has been applied around financial recovery, cost reductions, and the targeting of overspending lines.

Financial Viability Update

- Continued challenges with Financial Viability (FV) with continuing shortfall against plan with delivery of £2.67m against a target of £9m and a year-end shortfall of £7.8m against the £15m target. Mitigations will be in part through non-recurrent underspends and one-off benefits; this builds pressure for 2023/2024
- FV targets evolved to operational budget lines from M8 to create greater visibility of the requirements plus the impact of non-delivery
- Focus for 2023/2024 is on building more robust plans to support recurrent delivery.

Integrated Care System Forecast: The implications of system reforecasting for 2023/2024 on the Trust are not yet clear.

Financial Planning: Approach to a solutions driven structured financial planning method to be introduced to encourage more accurate budget setting, improve understanding and ownership of finances by budget holders. This includes clear budget setting principles and FV planning with Directorates and Corporate areas over the coming months.

Agency

- Agency ceilings have been applied at ICB level for 2022/2023
- The Trust is currently spending over the agency ceiling
- Individual agency ceilings have been set at staff group and directorate levels to help monitor performance against the ceiling
- Progress on reducing agency continues with focused work including focused work on bank incentives and international recruitment
- There has been an increase in the recruitment of consultants in Bedfordshire and Cauldwell Road Surgery now fully recruited to.

Investment Register: Continual monitoring and evaluation of best investment options to ensure the Trust benefits from high interest rates.

Capital and Estates

- Development of estates strategy progressing with wide stakeholder engagement; Anchor ambitions and targets will also be included
- Capital plan progressing well with an expectation to meet the £15m allocation by year end; regularly meetings taking place to track spend and mitigate should situation change

- Following a requirement for physical inspections of buildings to understand the Trust's exposure to the presence of Reinforced Autoclaved Aerated Concrete (RAAC), this has been fully costed and is underway with additional resourcing. It is not thought likely that any of the Trust buildings contain this substance.

Procurement Update

- Savings of £423k achieved against a target of £400k
- Allocated savings achieved by leveraging the system to involve all providers in the ICS
- Procurement team's work on social value has led the Trust to being considered leaders in the system demonstrating the difference this has made within communities.

UK Cloud Update: Assurance provided that the Trust will be fully established and resilient to the required level by the end of February 2023 and a multi-vendor cloud platform for added security will be in place after 12 months.

Bedford Health Village: Update provided on progress to date including the work undertaken in advance of the pre-consultation business case stage with a number of considerations and options being worked through.

East of England Provider Collaborative M7 Update

- Deficit financial position of £893k to date and year end deficit forecasted
- Paul Calaminus has been nominated as the lead CEO in the collaborative; a more active focus on the quality of leadership and patient care is expected to impact beneficially on the finances.

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:* supporting directorates to identify non-recurrent measures to improve FV in-year and towards achieving balanced financial position
- **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:* score remains unchanged due to outstanding issues on the cloud and the increasing amount of cyber activity.

Previous Minutes

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

REPORT TO TRUST BOARD IN PUBLIC

26 January 2023

Title	Finance Report Month 8
Author	Dave Adams, Deputy Director of Finance
Accountable Executive Director	Samanthi Gibbens, Interim Chief Finance Officer

Purpose of the report

This paper highlights financial performance to 30th November 2022.

Committees/meetings where this item has been considered

Date	Committee/Meeting

Key messages

Summary of Performance:

- Operating surplus (EBITDA) to end of November 2022 of £17,058k compared to budget operating surplus of £18,753k.
- Net deficit of £2,672k (0.8%) compared to planned net deficit of £948k (0.3%).
- Year to date (YTD) net deficit is adverse against plan by £1,724k (£877k better than plan in month).
- Financial Viability is £6,375k adverse against target YTD mitigated in part by non-recurrent underspends and one-off benefits.
- 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 November 2022 of £138.9m.

Strategic priorities this paper supports

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

Implications

Equality Analysis	Financial sustainability aids the organisation in being able to address and adequately resource equality issues within the services we deliver
-------------------	--

Risk and Assurance	NHS Improvement (NHSI) risk rating places the Trust in segment 1, there are however risks around the use of temporary staff and achieving the Trusts financial Viability target
Service User/Carer/Staff	Delivering against the Trusts financial metrics supports the investment in services for the benefit of our staff, service users and carers
Financial	As stated in the report.
Quality	Delivering our services in a financially sustainable way enables continuous investment in improving the quality of our services.

1 Background/Introduction

- 1.1 This paper highlights financial performance for the financial period ended 30th November 2022.

2 Executive Summary

- Operating surplus (EBITDA) to end of November 2022 of £17,058k compared to budget operating surplus of £18,753k.
- Net deficit of £2,672k (0.8%) compared to planned net deficit of £948k (0.3%).
- Year to date (YTD) net deficit is adverse against plan by £1,724k (£877k better than plan in month).
- Financial Viability is £6,375k adverse against target YTD mitigated in part by non-recurrent underspends and one-off benefits.
- 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 November 2022 of £138.9m.

3 Financial Framework

- 3.1 The initial Trust planning submission was made on 17th March 2022 with a second iteration on 26th April 2022.
- 3.2 Final revised Trust and ICB financial plan submissions were made on 20th June 2022 setting out income and expenditure assumptions across the ICB for the financial year, and is the plan against which Month 8 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 has been 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 8.
- 3.7 A 0.6% convergence target (£1.386m) 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 still no jointly agreed mitigation at present to reduce Trust expenditure by 0.6% for these or other services not covered by MHIS (e.g. Community Health) and this is contributing to the Trust’s adverse variance from plan at Month 8.
- 3.10 Discussion is taking place with the ICB Commissioners to recognise non-recurrent and recurrent measures for addressing this.
- 3.11 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 November 2022

- 4.1 Financial performance is summarised in the table below:

	YTD Nov-22			Annual Budget £000	YTD Oct-22	Change +/- £000
	Budget £000	Actual £000	Variance £000		Variance £000	
Operating Income	386,311	386,128	(183)	574,722	(269)	86
Operating Spend	(367,558)	(369,070)	(1,512)	(544,899)	(2,132)	620
Operating Surplus (EBITDA)	18,753	17,058	(1,694)	29,823	(2,401)	706
Interest Receivable	1,142	1,113	(29)	1,440	(199)	170
Interest Payable	(2,079)	(2,079)	0	(3,118)	0	0
Depreciation	(15,532)	(15,532)	0	(23,297)	(0)	0
Public Dividend Capital	(3,552)	(3,552)	0	(5,328)	0	0
Net Surplus / (Deficit) before lease adjustments	(1,268)	(2,991)	(1,723)	(480)	(2,600)	877
Lease adjustments	320	320	0	481	0	0
Adjusted Net Surplus / (Deficit)	(948)	(2,671)	(1,723)	1	(2,600)	877

5 Financial Viability (FV) Programme

- 5.1 As a result of uploading the initial 2022/23 budgets, the Trust has an FVP requirement of £15.0m.
- 5.2 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.
- 5.3 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.
- 5.4 The year-to-date target at Month 8 was £9,051k, with a reported delivery of £2,676k (£420k in month delivery) resulting in an adverse variance of £6,375k YTD. Delivery of the FV plan is a risk to delivery of the overall financial position and is a driver for the overall adverse variance against plan at Month 8.
- 5.5 Due to slippage in implementation of recurrent schemes, an increasing proportion of the trust FV delivery this financial year is being achieved through non-recurrent measures. This will support the Trust to achieve a balanced financial position at year end but does not offer longer term financial stability.
- 5.6 FV targets were devolved to operational directorate budget lines from Month 8 allowing greater visibility of FV expectations and delivery for directorate leadership teams.
- 5.7 A separate paper on financial viability is presented and discussed at Service Delivery Board and Finance Business and Investment Committee (FBIC) which includes further relevant detail of the programme and new directorate work streams underway to improve FV delivery.

6 Key Highlights of Financial Performance to 30th November 2022

6.1 Operating income

- 6.2 Operating income at Month 8 is reported as adverse against plan by £183k. A summary of the Trust income position is included in Table 1 in item 7.5 below.
- 6.3 Income of £2,890k has been received in the Specialist Services Directorate position to offset expenditure on CAMHS Tier 4 provision in Luton and Bedfordshire. NHS England has paid this revenue funding in November up to month 8 and will pay £6,099k for the year, which includes inflation.

(Capital funding for CAMHS Tier 4 of £3,879k was also received in November from NHS England).

- 6.4 Out of area admissions to beds has generated £73k more than plan year to date, although the benefit relates to activity earlier in the financial year.

6.5 **Table 1: Summary of Operating Income to 30th November 2022**

	YTD Nov-22			Annual Budget £000	YTD Oct-22	Change
	Budget £000	Actual £000	Variance £000		Variance £000	+/- £000
<u>Block Income</u>						
CCGs	291,529	291,542	13	437,982	(12)	25
NHSE	10,642	10,642	(0)	15,081	(230)	229
Sub total	302,171	302,183	13	453,063	(242)	254
<u>Cost and Volume Income</u>						
Overseas Income	0	2	2	0	2	0
OATS / Spot Income	896	969	73	1,344	74	(1)
Sub total	896	971	75	1,344	76	(1)
<u>SLA Income</u>						
NCEL CAMHS Service (Lead Provider)	21,206	21,206	0	31,809	0	0
NCEL Forensic Service (BEH)	31,115	31,115	0	45,923	(97)	97
Services to other Trusts	5,647	5,506	(142)	8,279	(9)	(133)
Sub total	57,969	57,827	(142)	86,011	(106)	(36)
<u>Workforce Allocation</u>						
SIFT/MADEL/NMET R&D etc	8,075	8,114	39	11,449	0	39
<u>COVID-19</u>						
Vaccination Centre (London)	2,454	2,454	0	2,454	0	0
Vaccination Centre (Luton & Bedfordshire)	19	19	0	19	0	0
Vaccination Lead Employer	1,884	1,884	0	1,884	0	0
Sub total	4,357	4,357	0	4,357	0	0
<u>Other Income</u>						
Primary Care	1,806	1,650	(156)	2,475	45	(200)
CAMHS	25	17	(9)	38	(6)	(3)
Addiction Services	2,321	2,321	(0)	3,481	11	(11)
Community Services (Local Authority)	5,505	5,503	(2)	8,258	(47)	45
Other Income	333	333	0	499	0	0
Sub total	9,990	9,823	(167)	14,751	3	(170)
<u>Deferred Income</u>						
Deferred Income Released	2,853	2,853	0	3,747	0	0
Sub total	2,853	2,853	0	3,747	0	0
EBITDA Income	386,311	386,128	(183)	574,722	(269)	86

6.6 COVID-19

Where it has been possible to separately identify COVID-19 related expenditure, this has been charged to separate cost centre codes in each Directorate. The impact on each Directorate is shown in table 2a below and is adjusted for at summary level in Table 2b in section 7.13.

The COVID-19 surplus of income against expenditure of £1,294k year to date, 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
<u>Mental Health Services</u>			
Tower Hamlets	0	(288)	(288)
Newham	0	(3)	(3)
City & Hackney	0	(36)	(36)
Forensic Services	0	(53)	(53)
Specialist Services	0	0	0
Luton	0	(349)	(349)
Bedfordshire	0	(181)	(181)
Sub total	0	(910)	(910)
<u>Community Health & Primary Care</u>			
Newham CHS	(16)	0	16
Specialist CHS	0	0	0
Tower Hamlets CHS	0	0	0
Bedfordshire CHS	0	(120)	(120)
Sub total	(16)	(120)	(104)
Central COVID Budgets	(3,016)	(708)	2,308
Sub total	(3,016)	(708)	2,308
TOTAL (excluding vaccination centres and lead employer)	(3,032)	(1,738)	1,294

6.7 Operating Expenditure

The Trust is reporting an adverse variance of £1,512k against operating expenditure at 30th November 2022 (a decrease of £620k since last month). Table 2b in section 7.13 shows the summary.

- 6.8 Budgets have been allocated to Operational Directorates to reflect new service developments. Work will continue to review and adjust for contract variations and any changes in income plans and assumptions throughout the remainder of the year.
- 6.9 Operational areas of overspend are undergoing specific review led by Exec leads including review of inpatient overspends. Further work on improving run rates is required and recovery plans in Primary care are being firmed up.
- 6.10 National pay awards were 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).

The Trust had received additional funding in relation to the increased pay award via NEL and BLMK ICBs and NHS England, reflected in the reported income from month 6, and the trust is expecting additional funding from Health Education England in due course which has been included in the reserves position.

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. This is contributing to the Trust's variance from plan to date.

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 the national funding uplifts. This is being reported to NEL ICB and NHSE through the latest national reporting templates.

- 6.11 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 further to a net budget increase of £3,200k (full year effect, £5,000k) in relation to agreed pressures.

- 6.12 £426k of non-recurrent one-off benefit is within the YTD position.

6.13 Table 2b: Summary of Expenditure to 30th November 2022

	YTD Nov-22			Annual Budget	YTD Oct-22	Change
	Budget	Actual	Variance	Budget	Variance	+/-
	£000	£000	£000	£000	£000	£000
<u>Mental Health Services</u>						
Tower Hamlets	(32,963)	(31,784)	1,179	(49,065)	1,151	28
Newham	(27,271)	(26,895)	376	(40,587)	180	196
City & Hackney	(28,019)	(30,058)	(2,038)	(41,677)	(1,841)	(198)
Forensic Services	(24,940)	(24,940)	0	(36,710)	7	(7)
Specialist Services	(44,843)	(43,017)	1,826	(67,176)	1,306	520
Luton	(17,545)	(18,188)	(643)	(26,101)	(188)	(455)
Bedfordshire	(35,914)	(36,668)	(754)	(53,445)	(280)	(475)
Less COVID-19 Costs	0	897	897	0	757	140
Sub total	(211,495)	(210,652)	843	(314,760)	1,093	(251)
<u>Community Health & Primary Care</u>						
Newham CHS	(18,278)	(17,273)	1,005	(27,249)	600	405
Specialist CHS	(4,905)	(4,765)	140	(7,296)	140	(0)
Tower Hamlets CHS	(10,305)	(9,780)	524	(15,350)	253	271
Bedfordshire CHS	(29,839)	(31,022)	(1,183)	(44,388)	(733)	(451)
Primary Care	(4,510)	(5,936)	(1,426)	(6,532)	(1,422)	(4)
Less COVID-19 Costs	12	101	89	24	(57)	146
Sub total	(67,823)	(68,675)	(851)	(100,790)	(1,219)	367
<u>Commissioning</u>						
NCEL Provider Collaborative	(22,994)	(22,994)	(0)	(34,491)	(1)	1
Sub total	(22,994)	(22,994)	(0)	(34,491)	(1)	1
<u>Central Support Services</u>						
Board / Members' Council	(1,965)	(2,182)	(217)	(2,948)	(208)	(8)
Director of Operations	(1,111)	(1,102)	9	(1,396)	(439)	448
Corporate Affairs	(554)	(584)	(30)	(832)	(19)	(11)
ICT	(6,062)	(5,861)	201	(10,570)	54	147
Business Develop Unit	(766)	(855)	(89)	(1,251)	(118)	29
Social Inclusion	(766)	(665)	102	(1,149)	79	22
Finance	(3,417)	(3,771)	(354)	(5,129)	(287)	(68)
Human Resources	(4,852)	(5,689)	(837)	(7,628)	(727)	(110)
Central Medical/Pharmacy	(5,579)	(5,593)	(13)	(8,384)	(134)	121
NMET	(2,758)	(2,385)	372	(3,768)	354	19
Central Nursing/MHA admin	(4,430)	(4,557)	(127)	(6,770)	(121)	(7)
Chief Quality Officer	(3,531)	(3,214)	317	(5,297)	94	223
Director of Integrated Care	(1,159)	(1,383)	(225)	(1,792)	(373)	148
R&D	(600)	(660)	(60)	(900)	(21)	(39)
AMPS	0	(3)	(3)	0	(2)	
Estates & Facilities	(19,068)	(21,887)	(2,819)	(28,644)	(2,127)	(693)
Central NHS SLAs	0	0	0	0	17	(17)
Less COVID-19 Costs	0	46	46	0	45	1
Sub total	(56,616)	(60,344)	(3,727)	(86,458)	(3,933)	205

	YTD Nov-22			Annual Budget £000	YTD Oct- 22 Variance £000	Change +/- £000
	Budget £000	Actual £000	Variance £000			
Central COVID-19 Costs	(3,000)	(586)	2,414	(4,500)	2,126	288
Clinical Directorate COVID-19 Costs	(12)	(998)	(986)	(24)	(699)	(287)
Vaccination Centres	(1,884)	(1,884)	0	(4,357)	0	0
NEL Vaccination Lead Employer	(2,493)	(2,511)	(18)	(19)	(303)	284
Sub total	(7,389)	(5,980)	1,409	(8,901)	1,124	285
<u>Reserves</u>						
Development Reserve	1,690	0	(1,690)	2,534	(1,005)	(685)
Financial Viability	4,692	0	(4,692)	7,819	(4,863)	172
Non-Recurrent Support	0	(426)	(426)	0	(426)	0
Pay/non pay reserve	(7,622)	0	7,622	(9,852)	7,097	525
Sub total	(1,241)	(425)	815	501	804	12
EBITDA Spend	(367,558)	(369,070)	(1,512)	(544,899)	(2,132)	620

6.14 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.

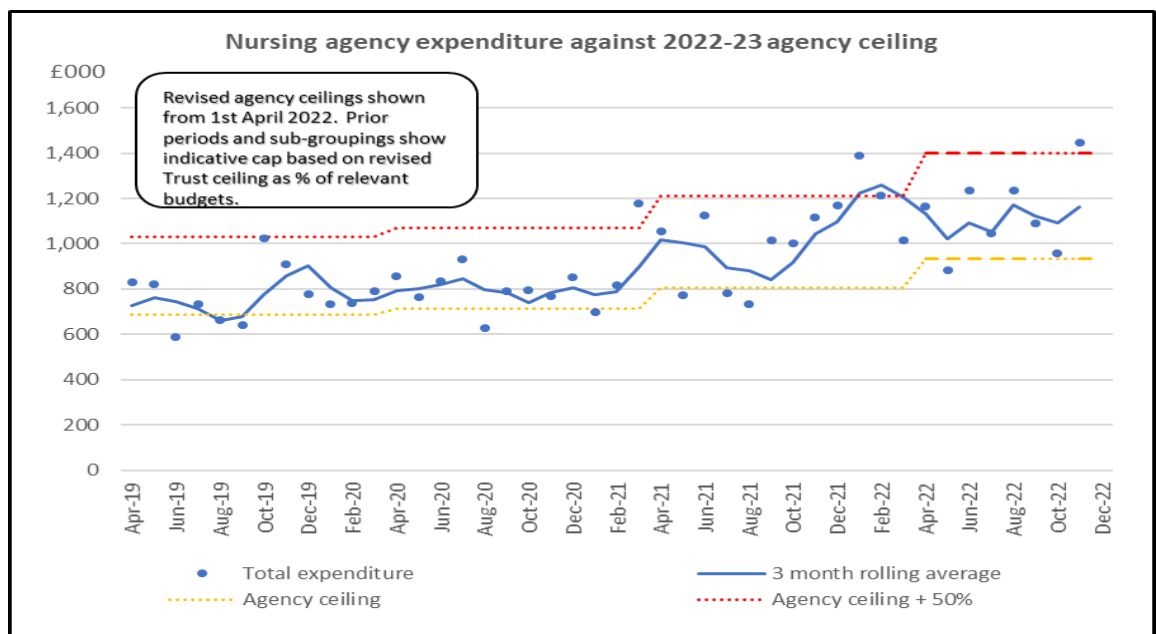
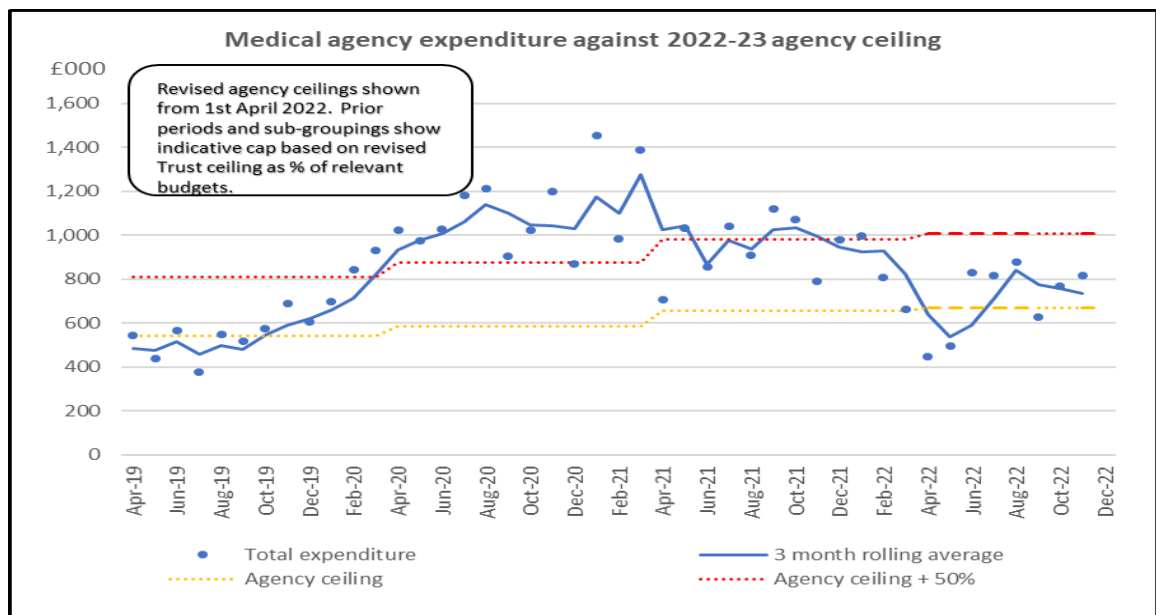
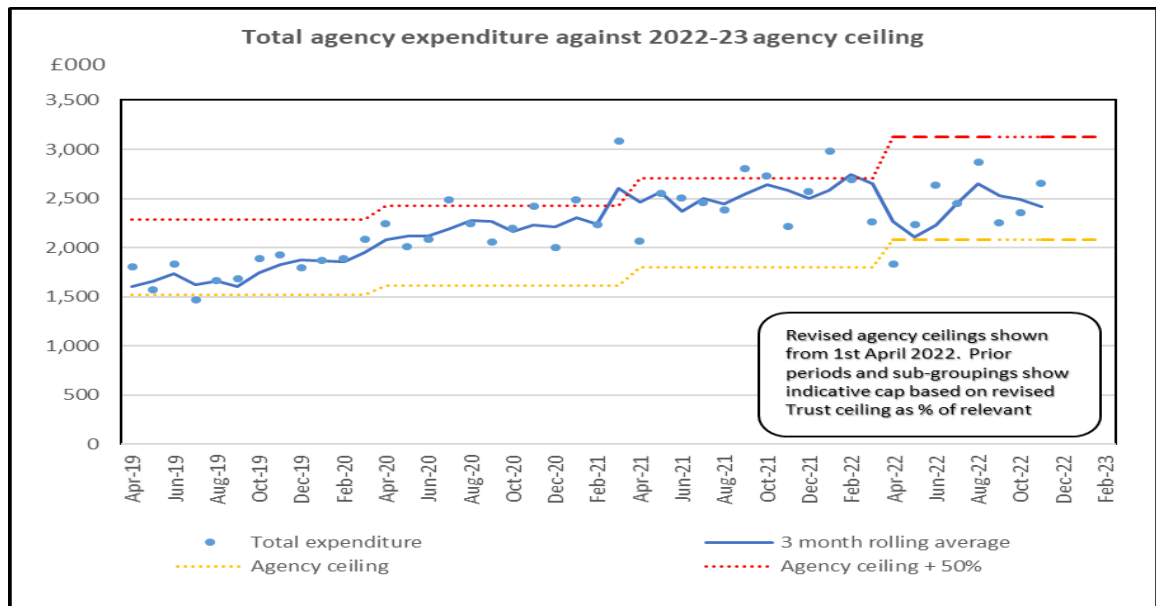
The Trust has an implied agency ceiling of £25,004k for 2022/23 as a result, and is currently £325k per month over the agency ceiling based on last three months expenditure. The Trust agency spend to the end of November 2022 is £2.6m above the YTD ceiling (approx. 16%).

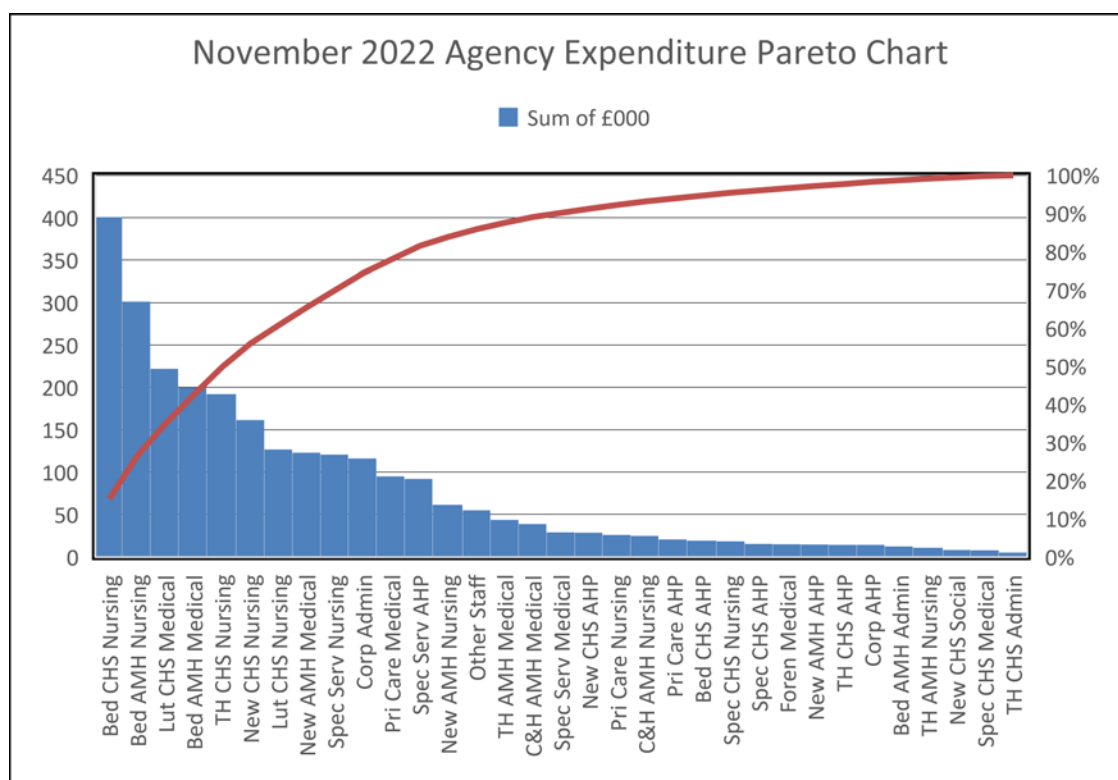
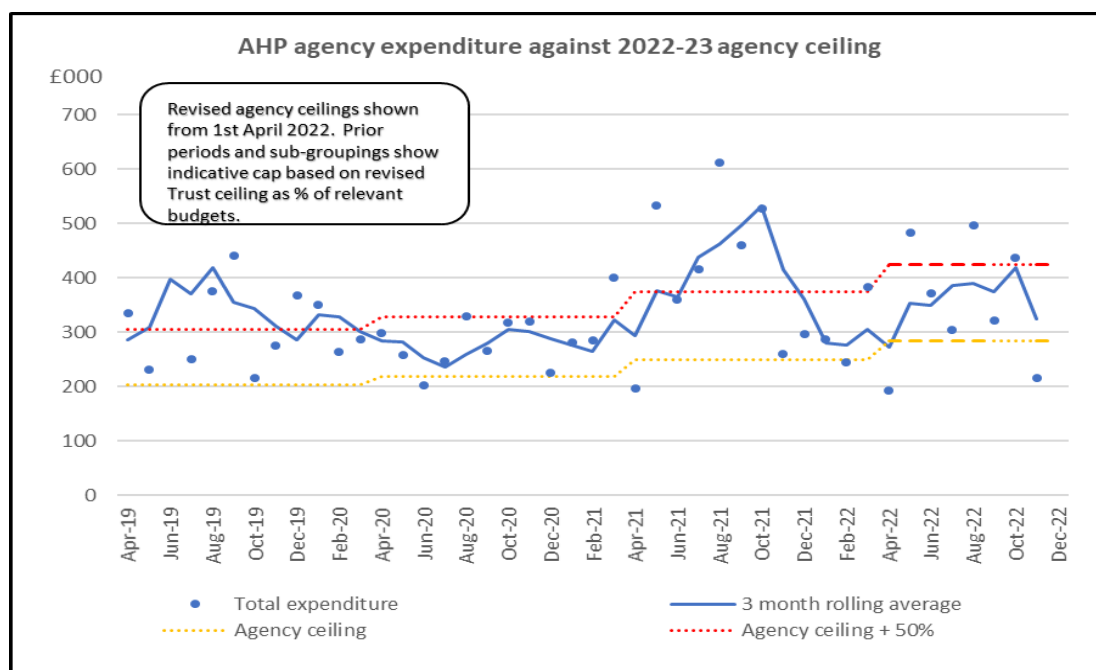
6.15 Individual agency ceilings have been set internally at Staff Group and Directorate levels to help monitor performance against the ceiling. These have been based on 2021/22 expenditure and outturn run rate, alongside the need to reduce expenditure by £5m on 2021/22 expenditure to meet the ceiling.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

6.16 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.





7 Forecast to March 2023

- 7.1 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 following Month 9 reporting.

- 7.2 Expenditure forecasts have been reviewed within finance following Month 8 and will be firmed up further with service leads. Some new income also requires confirmation, such as HEE and service pressure mitigation.
- 7.3 Year-end planning work will be reviewed and agreed via the Executive Directors meetings.

8 Risks

- 8.1 Delivery of a challenging FVP is critical to meeting the Trust plan and significant further work is required to develop schemes towards meeting the recurrent £15.0m target. This shortfall impacts the Trust underlying position.
- 8.2 Hyper-inflation is assumed in the plan to equal £2.7m, but this will need to be carefully monitored and documented through the year and will need to be reported within the ICS and as part of Trust returns to NHSI.
- 8.3 The NEL CCG 0.6% convergence target is reflected in the reported figures but requires work to develop a plan to mitigate the impact of this change.
- 8.4 Recovery of sufficient income to cover the cost of the Vaccination Lead Employer programme will require monitoring as payment moves from a cost recovery basis to payment by activity from Quarter 3. There is a contingency for this at regional level and the Trust is in contact with the ICB regarding the adequacy of this contingency and actions that may be required to mitigate any deficit.
- 8.5 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 Health Education England.

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

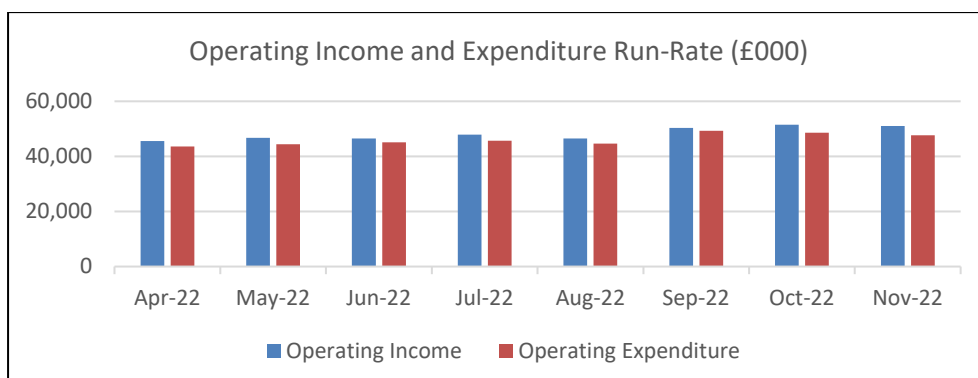
APPENDIX 1: 2022/23 INCOME AND EXPENDITURE RUN-RATES

	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
	£000	£000	£000	£000	£000	£000	£000
OPERATING INCOME							
<u>Block Income</u>							
ICBs less funding returned to local CCGs (2021/22)	35,187	34,959	35,630	35,125	39,480	36,482	36,954
ICB COVID Funding	375	375	375	375	375	375	375
NHSE	839	839	962	870	880	3,912	1,500
Sub total	36,401	36,173	36,968	36,370	40,735	40,769	38,829
<u>Cost and Volume Income</u>							
Overseas Income	1	0	0	0	0	1	0
OATS / Spot Income	176	112	126	114	110	106	111
Sub total	177	112	126	114	110	107	111
<u>SLA Income</u>							
NCEL CAMHS Service (Lead Provider)	2,590	2,644	2,608	2,608	2,608	2,909	2,650
NCEL Forensic Service (BEH)	3,588	3,588	3,809	3,571	3,629	3,634	5,708
Services to other Trusts	690	692	688	690	694	677	685
Sub total	6,868	6,925	7,104	6,868	6,931	7,220	9,043
<u>Workforce Allocation</u>							
SIFT/MADEL/NMET R&D etc	904	1,009	1,563	944	948	901	940
<u>COVID-19</u>							
Vaccination Centre (London)	288	264	236	373	180	0	878
Vaccination Centre (Luton & Bedfordshire)	6	7	0	19	(19)	0	0
Vaccination Lead Employer	409	585	436	379	38	0	(237)
Sub total	703	856	672	771	198	0	640
<u>Other Income</u>							
Primary Care	190	213	240	149	266	235	162
CAMHS	3	3	3	4	0	(0)	0
Addiction Services	290	290	290	290	301	290	279
Community Services (Local Authority)	678	693	686	681	676	674	733
Other Income	61	61	61	61	(53)	42	42
Sub total	1,222	1,259	1,280	1,185	1,190	1,241	1,216
<u>Deferred Income</u>							
Deferred Income Released	447	223	223	223	223	1,289	223
Sub total	447	223	223	223	223	1,289	223
EBITDA Income	46,723	46,558	47,937	46,476	50,336	51,527	51,002

	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
OPERATING EXPENDITURE	£000	£000	£000	£000	£000	£000	£000
<u>Mental Health Services</u>							
Tower Hamlets	(3,799)	(3,864)	(3,638)	(3,978)	(4,824)	(4,105)	(3,913)
Newham	(2,949)	(3,468)	(3,357)	(3,200)	(4,011)	(3,467)	(3,222)
City & Hackney	(3,545)	(3,564)	(3,653)	(3,742)	(4,534)	(3,616)	(4,003)
Forensic Services	(3,018)	(3,171)	(3,009)	(3,030)	(4,029)	(2,623)	(2,949)
Specialist Services	(4,864)	(4,836)	(4,451)	(4,597)	(6,152)	(7,627)	(5,706)
Luton	(2,023)	(2,114)	(2,193)	(2,054)	(2,779)	(2,316)	(2,540)
Bedfordshire	(4,361)	(4,428)	(4,271)	(4,407)	(5,328)	(4,598)	(5,040)
Less COVID-19 Costs	80	157	86	130	140	0	140
Sub total	(24,479)	(25,289)	(24,486)	(24,878)	(31,517)	(28,353)	(27,232)
<u>Community Health & Primary Care</u>							
Newham CHS	(2,240)	(2,089)	(2,135)	(2,187)	(2,825)	(1,891)	(1,847)
Specialist CHS	(555)	(593)	(570)	(597)	(707)	(570)	(598)
Tower Hamlets CHS	(1,249)	(1,217)	(1,095)	(1,339)	(1,538)	(1,244)	(990)
Bedfordshire CHS	(3,616)	(3,542)	(4,007)	(3,910)	(4,124)	(3,952)	(4,305)
Primary Care	(621)	(751)	(746)	(826)	(764)	(851)	(704)
Less COVID-19 Costs	81	9	(46)	4	(110)	0	146
Sub total	(8,200)	(8,184)	(8,599)	(8,855)	(10,068)	(8,509)	(8,299)
<u>Commissioning</u>							
NCEL Provider Collaborative	(3,037)	(2,867)	(2,832)	(2,831)	(2,832)	(2,833)	(3,173)
Sub total	(3,037)	(2,867)	(2,832)	(2,831)	(2,832)	(2,833)	(3,173)
<u>Central Support Services</u>							
Board / Members' Council	(246)	(318)	(210)	(322)	(301)	(271)	(254)
Director of Operations	(123)	(733)	(97)	(69)	(122)	(145)	377
Corporate Affairs	(94)	(102)	(104)	(15)	(91)	(34)	(80)
ICT	(436)	(954)	(776)	(702)	(819)	(784)	(653)
Business Develop Unit	(86)	(144)	(71)	(125)	(133)	(137)	(92)
Social Inclusion	(87)	(82)	(77)	(73)	(87)	(87)	(74)
Finance	(556)	(330)	(438)	(455)	(535)	(510)	(496)
Human Resources	(652)	(724)	(755)	(525)	(821)	(735)	(804)
Central Medical/Pharmacy	(603)	(669)	(631)	(659)	(877)	(650)	(777)
NMET	(238)	(250)	(227)	(262)	(216)	(382)	(529)
Central Nursing/MHA admin	(584)	(534)	(498)	(571)	(650)	(584)	(757)
Chief Quality Officer	(405)	(415)	(354)	(344)	(552)	(515)	(244)
Director of Integrated Care	(298)	(153)	(224)	(201)	(71)	(271)	(10)
R&D	(25)	(77)	(28)	(84)	(9)	(295)	(114)
AMPS	(0)	(0)	(0)	(0)	(0)	(0)	(0)
Estates & Facilities	(2,630)	(2,981)	(2,424)	(2,687)	(2,872)	(2,901)	(3,049)
Central NHS SLAs	(62)	62	0	0	(0)	17	(17)
Less COVID-19 Costs	4	19	13	11	(4)	0	0
Sub total	(7,121)	(8,386)	(6,902)	(7,083)	(8,160)	(8,283)	(7,574)
Community Transformation							
Sub total	0	0	0	0	0	0	0
<u>COVID-19</u>							
Central COVID-19 Costs	17	(159)	(96)	(64)	(41)	(86)	(87)
Clinical Directorate COVID-19 Costs	(161)	(165)	(40)	(134)	(31)	0	(287)
Vaccination Centres	(294)	(271)	(236)	(392)	(161)	0	(289)

NEL Vaccination Lead Employer	(409)	(586)	(425)	(388)	(39)	(303)	(87)
Sub total	(847)	(1,181)	(797)	(978)	(272)	(389)	(750)
Reserves							
Development Reserve	(282)	565	(188)	419	(523)	97	163
Financial Viability	0	524	(288)	378	63	113	(790)
Non-recurrent support	0	0	0	0	426	0	0
Pay/non pay reserve	(558)	(878)	(1,621)	(872)	3,638	(501)	(33)
Sub total	(841)	211	(2,097)	(75)	3,603	(292)	(660)
Other							
Other non-recurrent items	149	602	0	0	0	30	4
Sub total	149	602	0	0	0	30	4
EBITDA Spend	(44,376)	(45,093)	(45,711)	(44,699)	(49,246)	(48,628)	(47,683)
REPORTED EBITDA SURPLUS/(DEFICIT)	2,346	1,465	2,226	1,777	1,090	2,899	3,319
Interest Receivable	77	100	112	126	184	202	245
Interest Payable	(220)	(220)	(378)	(260)	(260)	(260)	(260)
Depreciation	(2,020)	(2,025)	(1,888)	(1,954)	(1,954)	(1,954)	(1,851)
Public Dividend Capital	(444)	(444)	(444)	(444)	(444)	(444)	(444)
NET SURPLUS/(DEFICIT) BEFORE ADJS	(261)	(1,125)	(373)	(756)	(1,385)	443	1,009
Lease adjustment	0	120	40	40	40	40	40
ADJUSTED NET SURPLUS/(DEFICIT)	(261)	(1,005)	(333)	(715)	(1,345)	483	1,049

	May-22 £000	Jun-22 £000	Jul-22 £000	Aug-22 £000	Sep-22 £000	Oct-22 £000	Nov-22 £000
COVID-19 Block Income							
CCGs COVID Funding	375	375	375	375	375	375	375
BLMK Hospital Discharge Fund	0	0	0	0	0	0	0
COVID-19 Other Income							
Vaccination Centre (London)	288	264	236	373	180	0	878
Vaccination Centre (Luton & Bedfordshire)	6	7	0	19	(19)	0	0
Vaccination Lead Employer	409	585	436	379	38	0	(237)
TOTAL COVID Income	1,078	1,231	1,047	1,146	573	375	1,015
COVID-19 Expenditure							
Central COVID-19 Costs	17	(159)	(96)	(64)	(41)	(86)	(87)
Clinical Directorate COVID-19 Costs	(161)	(165)	(40)	(134)	(31)	0	(287)
Vaccination Centres	(294)	(271)	(236)	(392)	(161)	0	(289)
NEL Vaccination Lead Employer	(409)	(586)	(425)	(388)	(39)	(303)	(87)
TOTAL COVID Expenditure	(847)	(1,181)	(797)	(978)	(272)	(389)	(750)
NET COVID INCOME LESS EXPENDITURE	231	50	251	168	302	(14)	266

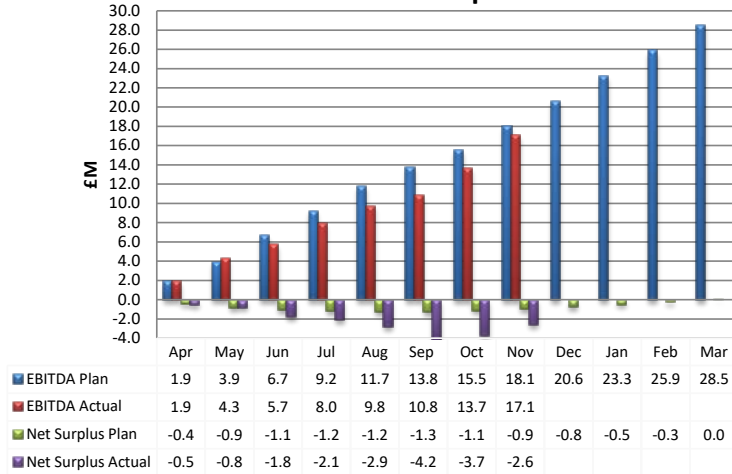


Financial Overview to Period Ending 30th November 2022

EBITDA AND NET SURPLUS

Reported	To 30/11/22		Projection		Plan	
	£m	%	£m	%	£m	%
EBITDA	17.1	4.4	29.8	5.2	29.8	5.2
SURPLUS/ (DEFICIT)	(2.6)	-0.8%	0.0	0.0	0.0	0.0

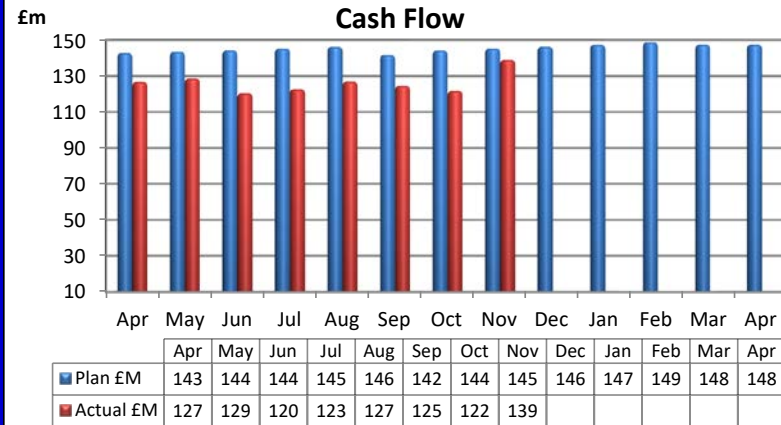
EBITDA and Net Surplus



WORKING CAPITAL

	£m	Risk
Cash : at Bank	54.0	●
: Short term deposits	85.0	
Short term : Assets	171.2	
: Liabilities	122.3	●

Cash Flow



RISKS AND RISK RATINGS

INCOME

	£m
Total EBITDA Income	574.7
CCG	438.0
NHSE	15.1
Other	117.9
Deferred Income	3.7

INCOME RISK

LOW

EXPENDITURE

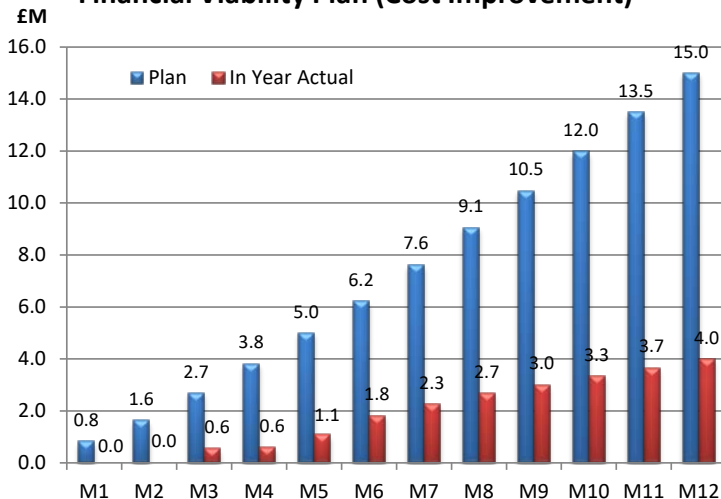
Financial Viability Prog.

HIGH

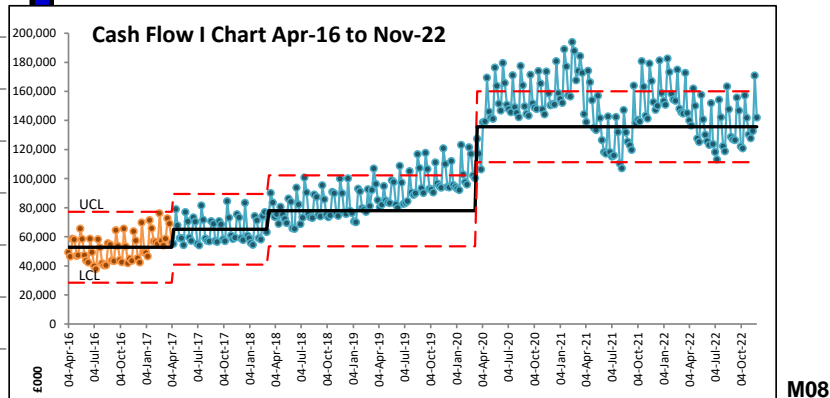
Expenditure Risk

HIGH

Financial Viability Plan (Cost Improvement)



Cash Flow I Chart Apr-16 to Nov-22



DEBTOR DAYS

8

8

8

12

6

CREDITOR DAYS

21

15

23

22

24

SEGMENTATION FRAMEWORK

SEGMENT

1

Trust Board Forward Plan 2019-21 at July 2020

[illegible]

Trust Board Forward Plan 2019-21 at July 2020

[illegible]

Board Workshop	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
Strategy	Green Plan / Sustainability (May 2023)									
Winter Planning	Winter Planning						✓			
Training	Cyber Security								✓	
	Infection Control									✓
	Safeguarding									✓

Acronyms

A

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

B

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

C

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

D

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

E

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

F

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

G

GDPR	General Data Protection Regulations
-------------	-------------------------------------

H

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

I

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

K

KLOE	Key line of enquiry
KPI(s)	Key performance indicator(s)

L		R	
LA	Local authority	RAID	Rapid assessment
LCFS	Local Counter Fraud Service	RCA	Root cause analysis
LD	Learning Disabilities	RCP	Royal College of Physicians
LeDeR	Learning Disabilities Mortality Review	RIO	Electronic patient record system
LTP	Long Term Plan	RLW	Real living wage
LWW	London living wage	RTT	Referral to treatment
		RVS	Respiratory syncytial virus
M		S	
MDT	Multi-Disciplinary Team	SCYPS	Specialist Child and Young Person Services
MHA	Mental Health Act	SEND	Special Educational Need and Disability
MHS	Mental Health Services	SI	Serious incident
MOU	Memorandum of understanding	SID	Senior Independent Director
		SIRO	Senior Information Risk Officer
N		SLT	Senior leadership team
NCEL	North Central East London Provider Collaborative	SJR	Structure judgement review
NED	Non-Executive Director	SOC	Strategic outline case
NEET	Young people between the ages of 16 and 24 that are not in full time education, employment or training	SOF	Single Oversight Framework
		SOP	Standard operating procedure
NEL	North East London	SME	Small and medium-sized enterprises
NHSE	NHS England	SPA	Single point of access
NHSI	NHS Improvement	SPOR	Single point of referral
NHSEI	NHS England/NHS Improvement	SRO	Senior Responsible Officer
NICE	National Institute for Clinical Excellence in Health	STEIS	Strategic executive information system
NMC	New models of care	System One	Electronic patient record system
		T	
O		ToR	Terms of reference
OBC	Outline business case	TWWTG	Trust-wide Working Together Group
OD	Organisational development		
OOA	Out of area	V	
OPEL	Operational Pressures Escalation Level	VCS	Voluntary and community sector
		VCSE	Voluntary, community and social enterprise
P			
P&C	People & Culture	VDI	Virtual desktop infrastructure
PALS	Patient Advice and Liaison Service	VfM	Value for money
PC	Primary Care	VPN	Virtual private network
PCSE	Primary Care Support England	VSM	Very Senior Manager
PCN	Primary Care Network		
PFI	Private finance initiative	W	
PHSO	Parliamentary and Health Service Ombudsman	WDES	Workforce Disability Equality Standard
PICU	Psychiatric Intensive Care Unit	WRES	Workforce Race Equality Standard
PMO	Programme management office	WTD	Working time directive
PP	People participation	WTE	Whole-time equivalent
PPG	People Participation Group	WTG	Working Together Group
PPL	People Participation Lead		
PSW	Peer Support Worker		
Q			
QA	Quality assurance		
QAC	Quality Assurance Committee		
QI	Quality improvement		
QIA	Quality impact assessment		