

# Board of Directors Meeting in Public

**Thursday 30 March 2023 from 13:00 – 15:30**

**Venue 360, 20 Gipsy Lane, Luton LU1 3JH**

<b>12:15 – 13:00</b>	<b>Lunch</b>
<b>13:00 – 15:30</b>	<b>Trust Board in Public</b>
<b>15:45 – 16:15</b>	<b>People Participation Teatime Presentation</b>

## Agenda

### Opening Matters

1	Welcome and Apologies for Absence*	Note	Eileen Taylor	13:00
2	Patient Story: Medication issues and QI project around medication	Note		
3	Declarations of Interests	Assurance	All	13:20
4	Minutes of the Previous Meeting held in Public on 26 January 2023	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	13:35
9	Integrated Care & Commissioning Committee Assurance Report <ul style="list-style-type: none"> <li>• BLMK ICB Meeting Summary</li> <li>• Integrated Care &amp; Commissioning Committee Terms of Reference</li> </ul>	Assurance/ Approve	Richard Carr	13:45
10	Audit Committee Assurance Report <ul style="list-style-type: none"> <li>• Internal Audit Plan 2023-2024</li> <li>• Audit Committee Terms of Reference</li> </ul>	Assurance/ Approve	Anit Chandarana	13:50

### Quality & Performance

11	People Participation Committee Assurance Report: <ul style="list-style-type: none"> <li>• Membership Engagement Plan 2023-2026</li> </ul>	Assurance	Aamir Ahmad	13:55
12	Quality Assurance Committee Assurance Report <ul style="list-style-type: none"> <li>• Quality Assurance Committee Terms of Reference</li> </ul>	Assurance	Prof Dame Donna Kinnair	14:00

13	Quality Report	Assurance	Dr Amar Shah	14:05
14	Performance Report	Assurance	Dr Amar Shah Edwin Ndlovu	14:15

## People

15	Appointments & Remuneration Committee Assurance Report <ul style="list-style-type: none"> <li>• Appointments &amp; Remuneration Committee Terms of Reference and Membership</li> <li>• People &amp; Culture Committee Terms of Reference and Membership</li> </ul>	Assurance/ Approve	Ken Batty	14:25
16	People Plan Report	Assurance	Tanya Carter	14:30

## Finance

17	ELFT Charitable Funds Committee Assurance Report	Assurance	Aamir Ahmad	14:45
18	Finance, Business & Investment Committee Assurance Report <ul style="list-style-type: none"> <li>• Finance, Business &amp; Investment Committee Terms of Reference</li> </ul>	Assurance	Aamir Ahmad	14:50
19	Finance Report	Assurance	Samanthi Gibbens	14:55
20	Estates Plan 2023-2026	Assurance	Philippa Graves	15:05

## Closing Matters

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

\*verbal update

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

15:45 – 16:15     A PP teatime presentation will focus on service user/carers employment

## Board of Directors Register of Interests: to year ending 31 March 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"> <li>• Director, Place2Be</li> <li>• Psychotherapy Student, Regents University</li> <li>• Mentor at Mosaic, an LGBT+ young persons charity</li> <li>• Volunteer Counsellor at Naz a charity in West London</li> </ul>
Ken Batty	Senior Independent Director	<ul style="list-style-type: none"> <li>• Property Companies:</li> <li>• Director, 97 Langney Road Ltd</li> <li>• Director, Effingbat Properties Ltd</li> <li>• Director, Ken Batty in London Ltd</li> <li>• Chair of Trustees, Mosaic LGBT+ Young Persons Trust</li> <li>• Chair of Nominations Committee, Royal College of Emergency Medicine</li> <li>• Member, Queen Mary University of London (QMUL) Council (Medical faculty is Barts and the London Medical and Dental School)</li> <li>• Vice Chair, Inner Circle Educational Trust</li> <li>• Trustee of Dr Frost Learning</li> </ul>
David Bridle	Interim Chief Medical Officer from 1 July 2022	<ul style="list-style-type: none"> <li>• Member, British Medical Association</li> <li>• Member, Medical Protection Society</li> <li>• Member, Royal College of Psychiatrists</li> <li>• Member, General Medical Council</li> </ul>

Name	Job Title	Interests Declared
Paul Calaminus	Chief Executive	<ul style="list-style-type: none"> <li>• Named shareholder for Health E1</li> <li>• Named shareholder for Tower Hamlets GP Care Group</li> <li>• Named shareholder for City &amp; Hackney GP Federation</li> <li>• Named shareholder for Newham GP Federation</li> <li>• Member of Central Bedfordshire Health and Wellbeing Committee</li> <li>• Member of BLMK Bedfordshire Care Alliance Committee</li> <li>• Member of North East London Integrated Care Board</li> <li>• Member of North East London Population Health and Integrated Care Committee</li> <li>• Member of North East London NED Remuneration Committee</li> <li>• Member of North East London Mental Health, Learning Disability &amp; Autism Committee</li> <li>• Member of City and Hackney Integrated Commissioning Board</li> <li>• Wife is Civil Servant in Department of Health</li> </ul>
Richard Carr	Non-Executive Director	<ul style="list-style-type: none"> <li>• Director, Richard Carr Consulting Ltd, Management Consultancy</li> <li>• Managing Director, East Midlands Development Company</li> <li>• Interim Director of Corporate Services, City of Edinburgh Council (up to 10<sup>th</sup> March 2023)</li> <li>• Interim Managing Director, Colchester Amphora Holdings Ltd (P/T) (from 2023 March)</li> </ul>
Tanya Carter	Chief People Officer	<ul style="list-style-type: none"> <li>• Board Member of the Healthcare People Management Association (HPMA)</li> <li>• Chair of the Healthcare People Management Association Talent Board (HPMA)</li> <li>• Co - Chair of the London HR Directors Network</li> <li>• Chartered Fellow – Chartered Institute of Personnel Development (CIPD)</li> <li>• Co-Chair London HRD Network</li> </ul>
Anit Chandarana	Non-Executive Director	<ul style="list-style-type: none"> <li>• Lead Director, GBRTT (Network Rail secondment)</li> <li>• Member of the Advisory Board Panel, National Railway Museum</li> </ul>



<p>Professor Sir Sam Everington KBE</p>	<p>Non-Executive Director</p>	<ul style="list-style-type: none"> <li>• GP Partner in Tower Hamlets since 1989 in Bromley By Bow Health. Is a member of Tower Hamlets GP Care group (CIC)</li> <li>• General Practice, based on the same site as the The Bromley by Bow Centre (Charity).</li> <li>• Associate director NHS Resolution 2018-</li> <li>• Non-executive director of ELFT 2020-</li> <li>• Director Bromley by Bow Health Limited - joint venture with Greenlight Pharmacy around training of pharmacists in primary Care Sept 2020-</li> <li>• BMA Council member, 1989-</li> <li>• Vice President of the BMA, 2015-</li> <li>• Fellow and Professor of Queen Mary University of London 2015-</li> <li>• As a GP partners member of the MDDUS - insurance for the GP partnership.</li> <li>• Vice President Queen's Nursing Institute 2016-</li> <li>• Vice President and Council member the College of Medicine 2019-</li> <li>• Board member NHS Strategic Infrastructure Board 2020-</li> <li>• Member of the Royal College of GPs 1989-</li> <li>• Council member RCGP November 2022-</li> <li>• HEE Chair medical apprenticeship committee 2020-</li> <li>• HEE member of GP pilot committee 2019-</li> <li>•</li> <li>• Rob Trimble, Chief Executive of The Bromley by Bow Centre is a non-paid partner of Bromley by Bow Health</li> <li>• Dr Julia Davis, GP business partner is paid by the GP Partnership to act as deputy CEO of the Bromley By Bow Centre (Charity)</li> <li>• Dr Savitha Pushparajah, GP Business Partner is a non-paid director of the Bromley By Bow Centre (Charity)</li> <li>• GP Business Partners, Dr Khyati Bakhai, Dr Selvaseelan Selvarajah, are Directors of Greenlight GP Connect Ltd Sept 2020-</li> <li>• GP Business Partner, Dr Joe Hall, Board Member of GP Care Group cic, Confederation of all general practices in Tower Hamlets.</li> <li>• Hospitality</li> <li>• HSJ Conference integrated health care October 2022. (Hotel for the night, dinner and lunch - approx £200)</li> <li>• Nuffield Trust Conference: 2-3rd February. (Total for the night, dinner and lunch - approx £200)</li> </ul>
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Name	Job Title	Interests Declared
		<ul style="list-style-type: none"> <li>Wife: Linda Aldous is a Partner in Bromley by Bow Health and a clinical lead for North-East London CCG and Director Bromley by Bow Health Limited - joint venture with Greenlight Pharmacy around training of pharmacists in primary Care Sept 2020-</li> <li>(GP Business Partners, Dr Khyati Bakhai, Dr Selvaseelan Selvarajah, are Directors of Greenlight GP Connect Ltd Sept 2020-)</li> <li>Director and Chair of MEEBBB Health CIC (A Primary Care Network, Tower Hamlets)</li> <li>Stepson: Jordan Aldous-Wilson is employed by Bromley By Bow Health as a receptionist.</li> </ul>
Richard Fradgley	Executive Director of Integrated Care	<ul style="list-style-type: none"> <li>Social Worker registered with Social Work England</li> <li>Member, North East London Integrated Care Board Mental Health Learning Disabilities and Autism Collaborative Sub-Committee</li> <li>Member, North East London Integrated Care Board Community Services Collaborative Sub-Committee</li> </ul>
Samanthi Gibbens	Interim Chief Finance Officer from 1 July 2022	<ul style="list-style-type: none"> <li>Director of Health &amp; Care Space Newham Ltd</li> <li>Newham Dockside, 1000 Dockside Road, London, England, E16 2QU (Other letting and operating of own or leased real estate - a joint venture between ELFT and London Borough of Newham)</li> <li>ELFT Charity Committee member</li> <li>Husband is a senior staff member in logistics and vaccine operations at NHS England.</li> <li>Brother is a senior Public Health Commissioning and Contract Manager at NHS England – East of England</li> </ul>
Philippa Graves	Chief Digital Officer	<ul style="list-style-type: none"> <li>Board Member, Digital Strategy Board for BLMK</li> <li>Board Member, Patient Held Record Board for NEL</li> </ul>
Professor Dame Donna Kinnair DBE	Non-Executive Director	<ul style="list-style-type: none"> <li>Board Member, NHS Race and Health Observatory</li> <li>Patron, Trinity College Medical Society</li> <li>Trustee, Burdett Trust for Nursing</li> <li>NED at Royal Free Hospital NHS FT</li> <li>Director at DDK Consultancy Ltd (provides ad hoc training and other consultancy support; clients NHS organisations).</li> </ul>
Edwin Ndlovu	Chief Operating Officer	<ul style="list-style-type: none"> <li>Member of UNISON</li> <li>Member of Race Health Observatory Mental Health Working Group</li> </ul>

Name	Job Title	Interests Declared
Dr Amar Shah	Chief Quality Officer	<ul style="list-style-type: none"> <li>• Director, AS Healthcare Improvement Ltd - Private consulting and teaching related to healthcare improvement</li> <li>• National improvement lead for mental health &amp; chair of QI faculty, Royal College of Psychiatrists</li> <li>• Chair of the expert reference group on quality at NHS Providers</li> <li>• Member of the Q advisory board (Health Foundation)</li> <li>• Council member at the Healthcare Costing for Value Institute, at the Healthcare Financial Management Association (HFMA)</li> <li>• Faculty member with the Institute for Healthcare Improvement (IHI), US and member of the Scientific Advisory Group at IHI</li> <li>• Honorary visiting professor, University of Leicester</li> <li>• Honorary visiting professor, City University London</li> <li>• Member, General Medical Council</li> <li>• Member, Royal College of Psychiatrists</li> <li>• Wife is a GP on the bank at ELFT</li> </ul>
Lorraine Sunduza	Chief Nurse / Deputy Chief Executive - London	<ul style="list-style-type: none"> <li>• Member of Unison</li> </ul>
Eileen Taylor	Substantive chair from 1 January 2023	<ul style="list-style-type: none"> <li>• NED – MUFG Securities EMEA plc</li> <li>• Member of the US Democratic Party</li> <li>• Joint Chair, East London NHS Foundation Trust (ELFT) and North East London NHS Foundation Trust (NELFT)</li> <li>• Chair of the NEL Mental Health, Learning Disabilities and Autism Provider Collaborative</li> <li>• Chair of Mid and South Essex collaborative (from May 2023)</li> </ul>

Name	Job Title	Interests Declared
Dr Mohit Venkataram	Executive Director of Commercial Development	<ul style="list-style-type: none"> <li>• CEO and Director, Compass Wellbeing CIC</li> <li>• Director, Health &amp; Care Space Newham</li> <li>• Director, Stratford PCN Ltd</li> <li>• Partner, Leighton Road Surgery</li> <li>• Director, ELFT Charity</li> <li>• Director, East Bedford PCN (from 20/07/2022)</li> <li>• Director of East End Health Network Co Ltd</li> <li>• Member of Apna NHS</li> <li>• Member NEL Finance Committee</li> <li>• Member NEL MH and LD Collaborative</li> <li>• Partner at Leighton road Surgery</li> <li>• Wife works as a partnership tax manager at Towers and Hamlin</li> </ul>
Deborah Wheeler	Non-Executive Director	<ul style="list-style-type: none"> <li>• Board Trustee, Epilepsy Society (member of Audit Committee and Appointments and Remuneration Committee)</li> <li>• Board Trustee and Lead Trustee for Safeguarding, Revitalise Respite Holidays (member of Quality &amp; People Committee)</li> <li>• Registrant, Nursing and Midwifery Council</li> <li>• Member, Royal College of Nursing</li> <li>• Member of NMC Assurance Advisory Committee for Test Competence</li> <li>• Member of Benevolent Committee of the Barts League of Nurses (a charity)</li> <li>• Son is a bank employee of ELFT</li> </ul>
Cathy Lilley	Director of Corporate Governance (Company Secretary)	<ul style="list-style-type: none"> <li>• None</li> </ul>
Steven Course	Chief Finance Officer / Deputy Chief Executive – Luton & Bedfordshire until 30 June 2022	<ul style="list-style-type: none"> <li>• Director, Health &amp; Care Space Newham Ltd</li> <li>• Wife is a physiotherapist working at March Physiotherapy Clinic (private practice)</li> </ul>

Name	Job Title	Interests Declared
Dr Paul Gilluley	Chief Medical Officer until 30 June 2022	<ul style="list-style-type: none"> <li>• Board of LGBT Foundation</li> <li>• Member, British Medical Association</li> <li>• Member, General Medical Council</li> <li>• Member, Medical Defence Union</li> <li>• Member, Royal College of Psychiatrist</li> <li>• Member, Stonewall</li> </ul>
Mark Lam	Trust Chair until 31 December 2022	<ul style="list-style-type: none"> <li>• Group Chair, Royal Free London NHS Foundation Trust</li> <li>• Chair, East London NHS Foundation Trust</li> <li>• Chair, North Middlesex University Hospitals NHS Trust (appointed from 30 October 2021)</li> <li>• Vice-Chair, UCL Health Alliance</li> <li>• Vice-Chair and Shareholder of Broadway Partners, a broadband telecommunications business. Broadway Partners is backed by the private equity firm Downing LLP (1 February 2022)</li> <li>• Non-Executive Director, Social Work England</li> <li>• Private business consultant</li> <li>• Hastings International Piano Trustee</li> </ul>

## Board of Directors

**DRAFT Minutes of the Board of Directors meeting held in public on Thursday, 26 January 2023 from 1.00pm at Toynbee Hall, 28 Commercial Street, London E1 6LS and on Zoom**

### Present:

Eileen Taylor	Trust Chair
Aamir Ahmad	Vice-Chair (London)
Dr David Bridle	Interim Chief Medical Officer
Paul Calaminus	Chief Executive
Richard Carr	Non-Executive Director
Tanya Carter	Chief People Officer
Anit Chandarana	Non-Executive Director
Prof Sir Sam Everington	Non-Executive Director
Richard Fradgley	Executive Director of Integrated Care and Deputy CEO
Samanthi Gibbens	Interim Chief Finance Officer
Philippa Graves	Chief Digital Officer
Professor Dame Donna Kinnair	Non-Executive Director
Edwin Ndlovu	Chief Operating Officer
Dr Amar Shah	Chief Quality Officer
Lorraine Sunduza	Chief Nurse and Deputy CEO
Dr Mohit Venkataram	Executive Director of Commercial Development
Deborah Wheeler	Vice-Chair (Bedfordshire & Luton)

### In attendance:

Paul Binfield	Director of People Participation
Barbara Britner	Deputy Director of People and Culture
Deborah Dover	Director of Patient Safety
Derek Feeley	Board Adviser
Sarah Khan	Interim Chief of Staff
Mark Lam	Chair of Royal Free and North Middlesex University Hospitals
Peter Landsman	Governor
Cathy Lilley	Director of Corporate Governance
Nicki McCoy	Corporate Secretariat Manager
Linda McRoberts	Minute Taker
Beverly Morris	Governor
Stephanie Quitaleg	Senior Executive Assistant

### In attendance online:

Catherine Anderson	Governor
Roshan Ansari	Governor
Yasmin Begum	Governor
Gren Bingham	Governor
Liz Birch	Governor
Tina Bixby	Membership Officer
Bob Cazley	Governor
Susan Downing	Cost of Living Co-ordinator
Mark Dunne	Unite Branch Secretary and Staff-side Chair
Lucy Duggan	Senior Executive Assistant
Norbert Lieckfeldt	Corporate Governance Manager
Jamu Patel	Governor

Kathryn Smith  
Suzana Stefanic

Governor  
Governor

**Apologies:**

Ken Batty

Non-Executive Director

*The minutes are produced in the order of the agenda*

**1 Welcome and Apologies for Absence**

- 1.1 Eileen Taylor welcomed everyone to the first public Board of 2023 and her first as substantive Chair. She particularly welcomed: Barbara Britner, the Deputy Director of People and Culture who is joining the meeting as part of her development; and Sarah Khan, who is working jointly for ELFT and NELFT as the Interim Chief of Staff, and is also working for NHS England. Eileen also extended a particularly warm welcome to Mark Lam, as he stands down as ELFT Chair. She mentioned that members of the public and Governors are joining in person and online.

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.

**1.3 Mark Lam**

Eileen Taylor and Paul Calaminus paid tribute to Mark Lam for his leadership during his tenure as Trust Chair which was one of the most challenging times in the NHS, and in particular thanked him for his great support to them personally as well as Governors, members and external stakeholders. They thanked him warmly for his tremendous contribution as Chair of ELFT.

**2. Patient Story: Cost of Living**

- 2.1 Paul Binfield introduced Susan Downing who has very recently been recruited to the new post of cost of living co-ordinator within the people participation team. Susan presented an update, highlighting:
- Her role is about providing ELFT staff, service users and carers with information, advice and tips about how to manage the rising cost of living.
  - The emphasis is on how to cut costs without compromising health, wellbeing and quality of life. The aim is to benefit their bank balance and reduce stress and confusion.
  - The plan is to look at a broad range of communication streams, such as social media and WhatsApp groups as well as looking at ways for people to raise questions and share tips.
  - For Susan personally, she had left work and this role is returning a sense of usefulness and purpose and providing a goal and some routine in her life.

In discussion, the Board:

- Welcomed Susan to the Trust.
- Noted Susan is providing evidence that when people do something for others, it has a positive impact on their own health and wellbeing.
- Agreed that this work could also have a significant impact for people's wellbeing and noted it would be useful, if possible, to include some measure of the monetary value of the money saving tips provided.

2.3 The Board **RECEIVED** and **NOTED** the presentation.

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

3.1 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 24 November 2022**

4.1 The minutes of the meeting held in public on 24 November 2022 were **APPROVED** as a correct record, subject to an amendment of para 23 to read from 'all meetings will commence at 1pm and will conclude with a tea time presentation'.

### 5. **Action Log and Matters Arising from the Minutes**

#### 5.1 **Action Log and Matters Arising**

Actions were noted as either closed, in progress or not due. Action 367 is covered in the People Plan report. There were no matters arising from the minutes.

### 6. **Matters Arising from Trust Board in Private**

6.1 None.

### 7. **Chair's Report**

7.1 Eileen Taylor provided an update on her new role as Chair of both ELFT and North East London NHS FT (NELFT) and highlighted:

- Her vision is to improve equity of access and population health outcomes across the communities the Trusts serve.
- Underpinning this vision are four priorities:
  - **Patient leadership:** empowering the people who use our services and working with service users and carers to improve access, experience, outcomes and equity.
  - **Staff support and empowerment:** driving equity of opportunity for our staff and ensuring that staff at every level are supported and empowered.
  - **Board effectiveness:** creating a board environment that feels accessible to patients, communities and staff and ensuring evidence-based decision-making.
  - **System leadership:** contributing and leading effectively in the systems we work in, including being an anchor institution, recognising that both ELFT and NELFT are involved in two or more Integrated Care Systems (ICSs).
- There was a successful Board to Board meeting two weeks ago, which had a lot of energy and positive intent and the aim is to develop a combined vision.

#### 7.2 **NED Visits**

Deborah Wheeler provided feedback on a visit with Aamir Ahmad to the learning disability intensive support team in Bedfordshire:

- Important to note that not all areas have access to this type of team. They mirror the mental health crisis team and work to keep people out of hospital. It is a multi-disciplinary team and links with GPs, emergency departments, etc.
- The hospital admissions for the area are lower than other areas of the country for those with learning disabilities.
- Their biggest challenge is recruitment as learning disability services do not always offer the same development opportunities. There are also issues with identifying



placements for students and the team is working with the education team and with local universities to improve this.

- It was a very inspiring team who are enabling people to stay out of hospital.

7.3 Aamir Ahmad and Sam Everington reported on their visit to Leadenhall Ward at Mile End Hospital:

- The patients on the ward are older adults with mental health difficulties.
- The culture of a team working together well shone through, e.g. no agency use and high levels of retention; it was clear how well staff supported each other.
- This is a complex area as physical and mental health boundaries break down and patients need support with both.
- One of the difficulties was physically ensuring patients attend other appointments; this involves nurses spending a lot of time on tasks outside nursing such as accompanying patients in taxis.
- Discharges are often held up by practical challenges, such as waiting for the delivery for a fridge to the patient's home.
- It would be helpful for services, e.g. opticians and dentistry, to be provided on site.
- One member of staff was leaving and this was the first in years. The reason was local housing costs so that the person needs to leave London. This raised the question of how they might be better supported.
- Suggestions shared included:
  - The need to look at future requirements as there is an issue with the design of the site for housing pharmacy, opticians, etc and design accordingly.
  - The transport ideally needs a bespoke solution, perhaps volunteers for accompanying patients in taxis.
  - Recruitment, retention and cost of housing warrants a conversation with local authorities about key worker housing; empty flats are available but are not affordable.
  - For recruitment there is a need to look at a convening role for ELFT to encourage universities to focus more on recruiting locally as people are more likely to remain in the area they were brought up.

7.4 The Board **RECEIVED** and **NOTED** the updates.

8. **Chief Executive's Report**

8.1 Paul Calaminus presented the report, highlighting:

- Operational pressures on the NHS: several periods where acute partners were operating at Opel 4, the highest level of pressure. The response from community and mental health teams has been notable with staff taking on new roles and stretching themselves to help. Impact from these pressures are being seen and forums are being put in place to support teams. Some of the pace of change has been significant.
- Pressure in the urgent and emergency care pathway: the Trust has taken some additional inpatient capacity for the winter to help. The vast majority of patients come into emergency departments but waits are longer in mental health as well as physical health services. There was an Outer North East London (NEL) Quality Summit with ICS, regional and CQC colleagues that focused on this pathway, including plans for more capacity across the whole of NEL, and a number of more specific pathway improvements.
- Industrial action: staff in ELFT have not voted in favour of industrial action; however, the Trust has been involved in planning and supporting efforts to respond to the impact of industrial action in the health service and more widely.

- Systems: now involved in system and financial planning as well as the development of some of the collaboratives in NEL and Bedfordshire, Luton and Milton Keynes (BLMK). There is a financial system pressure in NEL as expected year end deficit of c£35m so focusing on how to move to a balanced position.
- Richmond wellbeing service: transfer to SW London/St George's went well.
- Healthcare People Management Association (HPMA) national awards: people and culture team named the HR team of the year and ELFT's Chief People Officer, Tanya Carter, named HR Director of the year.
- Appointments: congratulations to Eileen Taylor who became joint Chair of ELFT and NELFT on 1 January 2023. Mark Lam, ELFT's previous Chair, is saying goodbye today and Paul thanked him for his sterling leadership through testing times.

## 8.2 In discussion the Board:

- Suggested the experience of the mental health triage team, as well as resolving pressure on the ambulance service, has changed the experience from being 'blue lighted' to A&E and would be worth replicating in London. Noted that there has been some change in the conversations with the Met and that NELFT is helping with this.
- Received assurance the ICS is aware that the financial pressures emanate from particular parts of the system and that there is inefficiency in the NEL system. The ICS provides an opportunity identify solutions together by using tools, such as QI.
- Suggested the less productive parts of the system are likely to be those with failures of integration, variation and waste; and stressed the need to work on prevention.
- Noted the Executive are aware there is a need to take forward the learning both from the exceptional pressures and from the pandemic, particularly around how to support individuals and teams.

## 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 5 January 2023, highlighting:

- Good work is taking place around the Anchor strategy with significant progress made on the development of measures which although has been a challenge are ground-breaking, being the first of their type nationally.
- There is a distinction between the CAMHS provider collaboratives: the North Central and East London model continues to be held up nationally as an example of what can be achieved through collaboration on specialist services; however, there continues to be challenges with the East of England collaborative where work is underway to clarify and develop the overall strategic direction 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.

## 9.2 In discussion the Board was encouraged to see the development of the metrics and noted the connectivity between the Population Health, Marmot and Anchor outcomes.

## 9.3 The Board **RECEIVED** and **NOTED** the report.

# 10 Audit Committee Assurance Report

## 10.1 Anit Chandarana presented the report of the meeting held on 26 January 2023, highlighting:

- Mazars, have been appointed as the Trust's external auditors. There is one item for the previous auditors BDO to complete which is not an area of concern. A smooth handover is expected.

- Last year's audit flagged the issue about pensions and the Committee has monitored the actions to resolve.
- The Committee undertook a facilitated discussion review of its effectiveness and encouraged other Committees to follow this approach.

10.2 In discussion the Board:

- Received assurance that cyber security is being discussed at ICS level; ICS digital boards have been established with the aim of improving collaboration in this area.
- Noted that in respect of digital governance, the operational framework is through the digital strategy board then to FBIC and the audit sits with the Audit Committee.

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

## 11 People Participation Committee Assurance Report

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

- The Committee's aim is to ensure our patients, service users and carers are at the centre of our work; the Trust is in a position to lead in bringing this to other partners across the ICS.
- A joint mental health summit with NELFT was held in NEL recently supporting our collaboratively working.
- The befriending service set up during the pandemic has successfully expanded. This gives service users a way to help someone else which in turn helps them.
- The aim and challenge is to ensure people participation representation in all teams.

11.2 In discussion the Board:

- Noted the discussions at the Mental Health, Learning Disabilities and Provider Collaborative Committee in NEL on developing patient leadership roles at ICS level.
- Commended the people participation team on the befriending initiative success.

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

## 12. Quality Assurance Committee Assurance Report

12.1 Donna Kinnair presented the report of the meeting held on 9 January 2023 and provided assurance that the Committee looks at the reasons why emerging issues are occurring. She highlighted:

- There are still mental health waiting lists in some areas and this is occurring across the system. The impact of Covid on staff is also contributing to waiting lists.
- The tragic incident in Newham was considered and the Committee was satisfied that all the actions had been taken by staff and support was being provided.
- Two quality and safety presentations:
  - Forensic services: recently won the Nursing Times Award about weight management; providing assurance that physical health is being looked after as well.
  - Primary care: some success following introduction of initiatives to manage the challenges with recruitment and retention, in particular Cauldwell Medical Centre where there is now a full complement of staff compared to it being all agency staff when the Trust took on the service.

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

## 13 Quality Report

### 13.1 Amar Shah presented the report, highlighting:

- The quality assurance section looks at what is meant by 'getting the basics right'. A range of service users and carers were asked what this means to them and how ELFT can know when this is being achieved. This resulted in four main themes of what people thought really matters: attitude of staff; being listened to; communication; and access. These themes reflect those that come through in complaints. The plan is to also incorporate what matters to staff.
- The quality improvement section summarises progress against in delivering the 2022-2023 plan. Two large scale improvement programmes on equity and flow are about six months into delivery and are starting to see results. An example is the Cauldwell Medical Centre which has narrowed the equity gap for women under 50 years of age taking up cervical screening.

### 13.2 The Board **RECEIVED** and **NOTED** the report.

## 14 Performance Report

### 14.1 Amar Shah and Edwin Ndlovu presented the report, highlighting:

- Waiting times overall are reducing. Every service that has a longer wait than normal is receiving support to test ideas. Examples include the Newham MSK service has reduced backlogs and is working with GP practices to manage the demand differently; perinatal service was struggling to meet their access target and the teams have done fantastic work to improve; reviewing access to services through various lenses, i.e. geographic/deprivation in central Bedfordshire with a focus on children and working with schools on how to reach people earlier.
- Teams have been managing flow and bed occupancy well, examples include:
  - Acute/A&E:
    - Acute waits for A&E: new roles have been introduced with a focus on relationship management with acute and system partners such as social care about crisis pathways, as the issues are often not just mental health.
    - Started a model with local authorities for mental health joint response cars which it is hoped will reduce the numbers coming through A&E.
    - Inpatients placed in private beds which has made a difference in the system.
    - Equity is really important, particularly on Section 136 and who is presenting in ED, often find people's issues are not for mainstream mental health systems.
  - Community Health Services:
    - Rapid response performance is very good.
    - Teams are starting look at flow, to capture the learning and to stop things that do not help.

### 14.3 In discussion the Board:

- Noted the December measures show quite a lot of variation and teams have been asked to try to understand the reasons for this and to establish what can be done.
- Noted that over 80% of people are reporting they feel listened to.
- Received assurance the aim of QI is to become a better learning organisation and that stories of initiatives being tried are shared regularly.
- Received assurance that all teams look at demand at each stage of the pathway and are aware of how long people wait. There has been an improvement in the provision and review of data compared with two years ago.
- Noted that the CAMHS collaborative includes the Royal Free and has had some great success mainly attributable to QI work. There were originally over 40 inpatients placed out of area with negative impact on families and the length of stay was over

200 days on average; today there are no out of area patients and the length of stay has been reduced to an average of about 60 days.

- Welcomed the QI improvements but stressed the need to reach beyond the health system to partners, such as working with schools, particularly on the low levels of resilience amongst young people.

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

## **15 Prevention of Future Deaths Report**

15.1 David Bridle presented the report, highlighting:

- This has also been considered at the Quality Assurance Committee.
- The report relates to the death of a lady in Newham in 2018 who died from an overdose of her husband's medication. The PFD relates to the issue of the medication overdose as one week before her death this issue had been raised at a CPA meeting but it was not fully risk assessed or managed; and also that the SI incident review did not address this issue.
- The report sets out some of the learning applied and some adjustments which have been made into SI protocols. Another issue was in relation to unverified information so guidelines have been developed including SI reviewer notes and how to work with wider stakeholders in the system, and a clear process for re-visiting cases when the cause of death is known established.

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

## **16 Appointments & Remuneration Committee Assurance Report**

16.1 Deborah Wheeler presented the report of the meeting held on 9 December 2022, highlighting the discussion on the risk rating, particularly that the ratings do not always recognise the changing environment, so it may be that a lot of work is going into 'standing still' on the rating. It should be recognised that managing to maintain a risk score at the same level can be positive when dealing with huge external pressures.

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

## **17 People Plan Report**

17.1 Tanya Carter presented the report, highlighting:

- A reporting framework is being developed on the impacts and metrics of the people plan actions.
- The actions being taken to support staff with the cost of living.
- There is joint working with ELFT and NELFT and joint working priorities identified.
- Marginal increase in statutory and mandatory training; intention is to re-launch the learning system to make it more accessible and address the 'do not attends'.

17.2 In discussion the Board noted the Executive was encouraged by the increase in Freedom to Speak Up reporting which is an indicator that more people are prepared to speak up. It was noticed that some areas were never heard from so the Freedom to Speak Up Guardian has been attending directorate and staff network meetings to raise her profile. A review on how to collate the various ways in which people can speak up is being undertaken.

## **18 Safer Staffing Report**

18.1 Lorraine Sunduza presented the six monthly review of nursing staff, highlighting:

- The report does not include data for community nursing teams which will be presented at a future Board meeting.
- Assurance that there were no shifts where there were no nurses although some teams appear to have less than 100% reporting due to a range of reasons including, for example, maternity leave or sickness.
- Actions being taken to address the recruitment challenges: working closely with the University of Bedford and City University to take on bigger cohorts, have also started to engage with international recruitment and have a pastoral support system.
- In the new nursing cohorts, there are a number of nurses that did not do placements due to Covid and some are now finding the wards challenging. Therefore reviewing the support needed, the culture on the wards and the structures.
- Detailed establishment reviews undertaken at the end of 2022 as part of the annual budget setting process. A range of variables were considered to inform the proposal for a revised establishment.

18.2 In discussion the Board:

- Suggested the table showing the variance from actual to planned nursing rates could be easier to read and to draw conclusions from and requested the presentation of that data is reviewed for future reports.  
**ACTION: Lorraine Sunduza**
- Received assurance the establishment review focuses on what is needed, rather than working on the assumption that staffing must increase, e.g. practices are reviewed.

## 19 ELFT Charitable Funds Assurance Report

19.1 Aamir presented the revised terms of reference for the ELFT Charitable Funds Committee, where the Board is now the corporate Trustee.

19.2 The Board **APPROVED** the Terms of Reference.

## 20 Finance, Business & Investment Committee Assurance Report

- 20.1 Aamir Ahmad presented the report of the meeting held on 10 January 2022, highlighting:
- Reviewing the Trust's approach to identifying and embedding financial viability as it is not delivering what is needed.
  - Significant financial pressures within the ICS as a whole which will impact ELFT.
  - Use of agency staff is an ongoing concern; however, there has been some positive impact on the focused work to reduce agency usage. There is a need to look at transformation and what else can be done to make a difference.
  - The development of the Bedfordshire Health Village is a challenging process.

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

## 21 Finance Report

- 21.1 Samanthi Gibbens presented the report to the end of November 2022, highlighting:
- Year to date position is a net deficit is £1.7m, an improvement in the last two months due to a combination of income and off-setting expenditure. The forecast is likely to be a surplus.
  - A solutions driven structured financial planning method being introduced to encourage more accurate budget setting, improve understanding and ownership of

finances by budget holders, including clear budget setting principles and FV planning with directorates and corporate areas over the coming months.

- Making the most of increasing interest rates as cash remains healthy at £138.9m.

21.2 In discussion the Board:

- Received assurance that ELFT is working with NELFT on a range of areas including costings as both Trusts use the same costing systems; however, service line reporting is different and considering how to more closely align this to enable comparisons. Work can also be undertaken to compare productivity.
- Noted the Trust has agreed with NELFT and the ICB to undertake work on diagnostics over the next three months to understand how money is spent.
- Agreed the focus should be on areas to be re-designed to make savings, rather than a blanket percentage saving.

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

**22 Board of Directors Forward Plan**

22.1 The Board **NOTED** the plan.

**23 Any Other Business**

23.1 None received.

**24 Questions from the Public**

24.1 Any questions included online will be responded to after the meeting.

**25. Dates of the Future Meetings**

- 25.1
- Thursday 30 March 2023
  - Thursday 25 May 2023
  - Thursday 27 July 2023
  - Thursday 28 September 2023
  - Thursday 30 November 2023
  - Thursday 25 January 2024
  - Thursday 28 March 2024

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

*The meeting closed at 3.15pm*

# ELFT

## Action Log Trust Board (Part 1)

BOARD OF DIRECTORS MEETING IN PUBLIC: Action log following meeting held on 26 January 2023

Ref	Meeting Date	Agenda item	Action Point	Executive Lead	Due Date	Status	Comments
366	24-Nov-22	Patient Story	Invite presenters to future ELFT Ability meeting	MV	31-Mar-23	Closed	Being considered as part of the network's plan of events
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	Closed	Population health measures presented to ICCC in January 2023; broader strategy measures 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	In progress	Included in the people paper on the agenda.
370	26-Jan-23	Safer Staffing	Review presentation of table showing variance from actual to planned nursing rates to provide more clarity	LS	01-Jul-23		
371							
372							
373							

In progress
In progress with delay
Closed
Forward plan
Not due



**REPORT TO THE TRUST BOARD IN PUBLIC**  
**30 March 2023**

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

9 March 2023	Council of Governors Meeting
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**Key Messages**

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

**Strategic priorities this paper supports**

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

**Implications**

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

## 1. Introduction

- 1.1. This report updates the Board on the Chair's main activities, Non-Executive Director (NED) visits and Council of Governor discussions as part of the Board's commitment to public accountability.
- 1.2. The report also provides a summary of discussions at the Council of Governors so that these views may inform Board decisions.

## 2. Chair's update

- 2.1. Since my appointment as Joint Chair of East London Foundation Trust (ELFT) and North East London NHS Foundation Trust (NELFT) on 1 January 2023, I have shared my vision for both trusts, which is to improve equity of access and population health outcomes across the communities we serve.
- 2.2. Underpinning this vision, I have identified four priorities that I will focus on:
  - **Patient leadership:** empowering the people who use our services and working with service users and carers to improve access, experience, outcomes and equity.
  - **Staff support and empowerment:** driving equity of opportunity for our staff and ensuring that staff at every level are supported and empowered.
  - **Board effectiveness:** creating a board environment that feels accessible to patients, communities and staff and ensuring evidence-based decision-making.
  - **System leadership:** contributing and leading effectively in the systems we work in, including being an anchor institution, recognising that both ELFT and NELFT are involved in two or more Integrated Care Systems (ICSs).I have structured this update in line with these priorities.

### Patient leadership

- 2.3. Last week, at the North East London (NEL) Mental Health, Learning Disability and Autism (MHLDA) Collaborative Sub-Committee, I was particularly pleased to be able to welcome Marcella Cooper, Rachel Obanubi, Suresh Singh and Nawshin Ali, our newly appointed service user and carer representatives. They provided incredibly helpful insights and constructive challenge and their contributions added huge value to our discussions. Work is now in train to select deputies and to mobilise the people participation support infrastructure approved by the Committee at its January meeting.
- 2.4. The Collaborative reviewed the mental health, learning disability and autism sections of the draft NEL ICS Joint Forward Plan and, in the same way as in the NEL ICS Strategy, these sections have been developed with reference to the priority outcomes outlined by service users and carers – including children and young people - alongside key national priorities.
- 2.5. On 31 March, the Bedford, Luton and Milton Keynes (BLMK) User Summit will take place to identify the things that matter most to BLMK service users and carers. As in NEL, this event has been organised and will be led by service users, and the priorities identified will shape and influence BLMK strategies and plans going forward.

### Staff support and empowerment

- 2.6. I was delighted to be able to visit the Evergreen Unit in Luton for the first time since it opened earlier this year. I was particularly inspired by the commitment of the staff team to coproduction with young people and to establishing Evergreen within the local community, ensuring that our young people remain connected to their families, their social networks and their education throughout the period of admission. It was wonderful to hear that the team has already repatriated one of our young people who had been placed out of area due to the previous lack of availability of local beds.

- 2.7. Earlier this month, a number of our junior doctor colleagues took part in industrial action for the first time in many years. I recognise that this will have been a very difficult decision, personally and professionally, and support their right to take strike action. I would also like to thank all of the staff who helped to keep services running and our service users safe during this period.
- 2.8. On Friday 17 March, I was honoured to join family members and colleagues in Luton to unveil plaques at Charter House and Oakley Court in memory of the people we lost during the Covid-19 pandemic. I will always be so proud of and so grateful to our staff for everything they did to support our service users and each other during this time.

### **Board effectiveness**

- 2.9. Our bi-monthly Board development session took place in February, where we reviewed our approach to learning from Prevention of Future Deaths Notices in the context of our wider organisational approach to improving safety. We also considered the current framing of our Board Assurance Framework risks and how these might be further refined so as better to reflect our strategic priorities.
- 2.10. As detailed in sections 3.8 to 3.10 below, two new NEDs have been recruited since we last met as a Board and I look forward to welcoming Susan Lees and Peter Cornforth when they start in April. For the first time, we ran a virtual open information session for people considering applying and received more than 90 applications for the two NED roles; a wonderful reflection of the Trust's reputation in the wider system.
- 2.11. For the second year running, I was delighted to see that Paul Calaminus was named among the top 10 CEOs in the country in the Health Service Journal. Many colleagues have commented at how well deserved this accolade is and I would like to offer my personal congratulations on behalf of the Board.

### **System leadership**

- 2.12. Increasingly, we are working together with partners as a NEL / BLMK system and identifying where a system approach makes most sense to achieve shared aims – both at a strategic level and at the point of care. For example, at the NEL MHLDA Collaborative Sub-Committee on 22 March, we heard about the highly strategic work to introduce anti-racist commissioning practice across NEL and about the work of the new Primary Care Talking Therapies (IAPT) Improvement Network to launch NEL-wide in-person group therapies facilitated in Bengali and Albanian. It was also great to hear about the joined-up approach being taken by NELFT and ELFT in this year's planning round and the action being taken to start to address historic variation in funding for CAMHS services.
- 2.13. At the BLMK Health and Care Partnership on 7 March, we heard an update on what has been achieved in improving mental health services for local residents over the last four years, presented by colleagues from the Trust and from our partner Central and North West London NHS Foundation Trust. We heard about our collaboration to develop Evergreen children and young people's unit and opportunities for us to collaborate more deeply to improve outcomes and quality for people with mental health conditions who need accommodation with support. We also discussed opportunities to improve the interface with primary care and take forward the proposal to build a new mental health inpatient facility at Bedford Health Village.
- 2.14. It was wonderful to hear last month that the NEL MHLDA Collaborative has been selected to be one of nine 'Provider Collaborative Innovator' sites (from more than 60 applicants). This will give the Collaborative access to support from NHS England to accelerate its development and to opportunities to learn from a national peer network. The Mid and South Essex Community Collaborative, of which NELFT is part, was also

selected so there will be great opportunities for shared learning with our partners as we develop our NEL Community Collaborative.

### **3. Council of Governors update**

3.1. For the first time in three years, the Council met in face-to-face session on 9 March 2023 at the Bishopsgate Institute near Liverpool Street Station. It was energising to be in the same room again and we had rich discussions and important decisions were made; there is room for learning to improve the meeting experience and Governor contributions and will be taking this forward over the coming weeks in time for the Council meeting in May.

3.2. This was also the Council's opportunity to say a proper farewell to our former Chair, Mark Lam. Mark joined ELFT very early in the pandemic and during the period when most of our work was in a virtual setting, so, for many Governors this was the first opportunity to meet him off-screen. Paul Calaminus, Caroline Ogunsola (Lead Governor) and I took the opportunity to highlight his achievements at ELFT, leading us through an unprecedented time and one of the darkest periods in the NHS's history - while at the same time challenging us to maintain high standards and broaden our thinking.

3.3. As at the previous Board meeting, I outlined my priorities for my chairship of the Trust as described in 2.2 above.

#### **3.4. Operational update: waiting times in A&E**

As a result of concerns raised by Governors about sometimes long waits for beds for patients presenting to A&E in mental health crisis, the operational update from Edwin Ndlovu, Chief Operating Officer, and Jamie Stafford, Programme Director, highlighted the work the Trust is taking forward in a number of QI projects to ensure that service users have alternative pathways to care instead of attending A&E when they are in severe distress.

This is a national issue and Edwin provided further assurance that service users are provided with care by mental health staff in the emergency departments when waiting for a bed to become available.

Trust Vice-Chair, Deborah Wheeler, further assured Governors that the Board and, in particular, the NEDs, are fully aware of the issue and of remedial work undertaken through regular updates and discussions at the Quality Assurance Committee (QAC).

#### **3.5. Strategic priority: getting the basics right**

This meeting's strategic priority theme chosen by the Governors was 'getting the basics right', building on previous discussions at QAC and Board in January 2023. Edwin Ndlovu reported on the survey results from our services users, themed into four priorities:

- Staff having a kind and compassionate attitude
- Feeling genuinely listened to
- Experiencing effective communication
- Having good access to service

and shared examples of work underway to address some of these issues.

In breakout groups, the Council was asked to identify what 'getting the basics right' meant for them as Governors. Feedback was shared and it was heartening that many of the groups focused on the same priorities:

- Communication was of crucial importance, in all its forms: sharing details of appointments, good telephone and reception manners but also being listened to; not having to repeat your story time and again were key aspects

- Accessibility of services revolved around giving people choices: choices between digital and non-digital, virtual or face-to-face appointment
- Providing clarity and information about availability of services was an important theme
- Waiting times were also raised at the meeting, perhaps unsurprisingly after the theme of our operational update.

The detailed feedback will be collated and reported back to Council in the usual manner. The feedback will also be shared with the project team led by Jamie Stafford.

### 3.6. **Membership Engagement Plan**

The Council received and approved the final draft of the new Membership Engagement Plan as developed by the task and finish group comprising Board members, Governors, members and service users, people participation, and stakeholders such as ICS and representatives of other Trusts.

The Membership Engagement Plan focuses on a new membership vision where membership connects us to our communities and everyone we are working with. The People Participation Committee discussed and approved the plan on behalf of the Board at its meeting on 16 March 2023.

### 3.7. **Chair's objectives**

In a meeting held in private, Governors received and discussed the joint objectives across ELFT and NELFT for me as Joint Chair of both Trusts and approved the process to review performance according to the timelines as outlined in the original decision to appoint.

### 3.8. **Non-Executive Directors**

In private session, the Council received the report by the Nominations and Conduct Committee on the recruitment of two new NEDs for the Trust. The Council approved the appointment of

- **Peter Cornforth**, and
- **Susan Lees**

as Non-Executive Directors of ELFT with effect from 1 April 2023 for a three-year term.

- 3.9. Peter has been a senior advisor focusing on UK regeneration projects, including homes, commercial, leisure, workplace and healthcare developments. Peter also has a number of other NED appointments which include being: a governor of the John Whitgift Foundation, an educational and social care provider in Croydon; a member of the Transport for London Properties and Investment Advisory Group; and a trustee of the Ormiston Trust which aims to give children the best possible start. Peter also has lived experience as a carer.

- 3.10. Susan Lees is the former chief executive (CEO) of Elevate East London, a not-for-profit partnership delivering transformation of local government front- and back-office services, using information technology. She was previously CEO of Barking and Havering LIFTCo, a partnership delivering new-build health centres between 2003 and 2008. Susan is also a NED for NELFT and Barking, Havering and Redbridge University Trust (BHRUT) and serves as chair of the Audit and Risk Committee in both Trusts.

## 4. **NED visits**

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

- Community Nursing Team – Specialist Children and Young People's Services (SCYPS)\*
- Newham Home Treatment Team

- Community Transformation Team\*
- Bedfordshire Palliative Care Team\*
- Peer Support Workers\*
- Evergreen Unit
- Bedfordshire CAMHS

\* indicates a virtual visit

4.2. NEDs met with members of teams delivering critical services including clinicians, support colleagues, and managers. They took the opportunity to thank them for their professionalism, commitment, enthusiasm and meaningful contributions during times that continue to be challenging.

4.3. I was pleased to be joined by Luton Governor and Deputy Lead Governor, Jamu Patel, on my visit to the Evergreen Unit. This is a pilot for future joint NED/Governor visits to enable Governors to gain enhanced insights into the work of the NEDs and for NEDs in turn to benefit from the insight and local knowledge of Governors on their visits.

## 5. **Action Being Requested**

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

## REPORT TO THE TRUST BOARD IN PUBLIC

### 30 March 2023

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

### Purpose of the report

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

### Key messages

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

### Strategic priorities this paper supports

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

### Implications

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

## **1.0 Purpose**

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

## **2.0 Winter Pressures/Operational Update**

- 2.1 Operational pressures have continued across all services with the added complexity of the various strike action that has also been taking place. We have stood up our incident management systems to help services respond to the added challenge of industrial action.
- 2.2 Ambulance handover delays remain a challenge especially in Luton and Bedfordshire with significant impact on our acute hospital partners. Our community health services are involved in supporting the collective system response to this whilst continuing delivery of existing services.
- 2.3 Services have progressed with interventions over the winter aimed at helping us to manage demand. We have commenced a review of how these schemes have helped to manage winter pressures. Our focus remains on ensuring that all our services remain responsive to the pressures in a safe way, but also look at alternatives to manage together in the medium to long term to best meet patient need. There have continued to be periods in which there has been significant demand on Emergency Departments, including from people with mental health issues that have led to lengthy stays for patients in Emergency Departments.

## **3.0 Industrial Action**

- 3.1 Between 13<sup>th</sup> and 16th March, Junior Doctors across the country took part in industrial action. In preparation for this, arrangements were made to provide Consultant medical cover on affected shifts and for other clinical staff to take on some additional duties. As a result of this, some non-acute and crisis services were affected, with cancelled medical appointments in the community. The period of industrial action, as well as the period leading up to this, was managed through the Trust Major Incident structure.
- 3.2 The arrangements put in place for this period of industrial action were largely effective, and my thanks go to those consultant and other staff who provided cover for shifts, as well as to Clinical Directors and all those in Management Teams across the Trust who made effective arrangements to manage the impact of this industrial action. At the time of writing, it is unclear whether the BMA will call additional periods of industrial action.
- 3.3 In relation to other disputes, the government and trade unions have agreed an offer for NHS staff paid under Agenda for Change Terms and Conditions that is currently being put to union members. This offer is for a bonus and non-consolidated payment for 2022/23 that amounts in total to around 6% of salary (with variation between different pay grades) and a 5% consolidated offer for 2023/24. It is not yet clear whether this pay award will be centrally funded or will need to be funded from existing NHS budgets.



- 3.4 The Trust is also continuing to monitor the impact of industrial action in other professional groups and industries that impact on our workforce and services, particularly in the education and transport sectors.

#### **4.0 Coronavirus Update**

- 4.1 The service at the East London Vaccination Centre at Mile End (previously at Westfield Stratford) is to close on 31 March 2023. Going forward, the national COVID vaccination programme will focus on high risk clinically vulnerable patients. Most vaccinations in North East London, Bedfordshire and Luton are now provided in local pharmacies and GP practices. Over the last few weeks, the centre has been providing vaccination to patients who have had a stem cell or bone marrow transplant and need to restart their COVID vaccination course.
- 4.2 On 17<sup>th</sup> March, our Chair, Eileen Taylor, unveiled two more COVID Remembrance Plaques at Charter House in Luton and at Oakley Court in Houghton Regis. Teams in both sites sadly lost a staff member, as well as a number of service users during the pandemic. The plaques are a tribute to staff for their response during the pandemic, and mark their personal sacrifice to ensure services continued for patients and service users. They also mark the loss of service users, and the ongoing impact of the pandemic on services today as we address waiting times, respond to the psychological impact on young people and adults, and develop services to support people experiencing the after-effects of contracting COVID.

#### **5.0 National Planning**

- 5.1 The annual planning process is planned to complete by the end of March 2023, and work is continuing in both Integrated Care systems to develop an effective plan for the coming financial year. This is a challenging process in both systems, with significant financial and operational pressures that need to be addressed in order to deliver improvements in line with our service user and system priorities, as well as financial balance in the coming financial year.
- 5.2 The Mental Health Investment Standard has been maintained despite these challenges, and there are planned investments in a range of services included Childrens' Services, Inpatient capacity, Perinatal services, Psychological therapies, and the ongoing development of Community Mental Health services.
- 5.3 In Community Health services there is a particular focus on developing virtual wards in which patients who would otherwise be in hospital can be effectively treated at home, as well as an enhanced rapid response service that can deliver a response to those who might otherwise have needed an ambulance and hospital based response. In both physical and mental health services there is also an emphasis on how to improve productivity in order to improve waiting times, building on some of the learning from quality improvement work in the Trust and more widely in the NHS.

## **6.0 Integrated Care Systems (ICS)**

- 6.1 In both Bedfordshire, Luton and Milton Keynes (BLMK) and North East London (NEL) Integrated Care systems, development work has continued on the Mental Health, Learning Disability and Autism collaboratives, which have also co-ordinated work on the annual plans in these care groups. In North East London, the collaborative has been selected as one of 9 national provider collaborative innovator sites. We are currently working with NHS England to outline the support offer, which is likely to include technical support with developing our operating model (for example terms of reference, partnership agreement, people resourcing model & OD). We will also be part of a national peer network with the other eight sites, which include two other mental health collaboratives.
- 6.2 In BLMK, a service user led and designed Mental Health Summit is being held on 31<sup>st</sup> March, in order to ensure that the work of the BLMK collaborative is driven by priorities established by service users and carers in the ICS. As with the priorities for North East London, the outcomes of this work will be reported back to this Board and will form a central part of the mission of the collaborative's work in the future.
- 6.3 Work is also continuing in both ICS areas on the Forward Plan for the ICS. This document will set out a five year plan for each ICS area that sets out the programmes and plans to deliver on ICS strategies. These are due to be finalised by the summer, and will provide the context for the delivery of the Trust Strategy going forwards.
- 6.4 The Specialist Commissioning Collaboratives that the Trust is part of have continued to develop. The North Central and East London (NCEL) collaborative have continued to maintain high levels of service user engagement, and is in the process of refreshing its clinical strategy for the year ahead. The collaborative will also be bringing forensic CAMHS services into its range of services from April 1<sup>st</sup>. The North London Forensic Collaborative has also continued to develop, with the continued expansion of alternative community services, including services for people with a learning disability. In the East of England, there has been significant progress, particularly in CAMHS services, with the number of young people waiting for admission significantly reduced compared to a year ago, and with increasingly robust plans developed to reduce this still further and ensure that young people are admitted to hospital closer to home. In both East of England and North East London, plans are being developed for Perinatal services as these are delegated by NHS England during the course of the 2023-24 financial year.

## **7.0 Care Quality Commission**

- 7.1 During February, the Care Quality Commission (CQC), the regulators for health and social care in England, spent four days inspecting acute mental health wards for adults of working age across the Trust. The visit forms part of their new approach, and was a tightly focussed inspection, looking specifically at learning from serious incidents of suicide and self-harm relating to our inpatient wards, across a small sample of our services.

The wards inspected were:

- Willow ward (Bedfordshire)
- Coral ward (Luton)
- Gardner ward (City and Hackney)
- Roman ward (Tower Hamlets)

We will receive a formal written report from these inspections in the next 8-12 weeks. In the meantime, we have been given some verbal feedback from the visit.

- 7.2 Positive practice noted included that staff had good level of awareness around serious incidents that occurred across the Trust, and the learning from them, action plans from incidents were being implemented, wards had embedded learning into day to day practice, patient feedback was largely positive and staff feedback was positive and reflected a supportive work culture.
- 7.3 There were also areas for improvement identified, including levels of vacancies, variation in standards of documentation, the recording of Capacity and Best Interest assessments and issues in the data relating to statutory and mandatory training. Work is already underway in these areas for improvement, and once the written report has been received formal actions will be added to, and monitored alongside, the existing CQC action plan.

## **8.0 Staff Survey Results 2022**

- 8.1 The NHS Staff Survey ran from 27 September to 30 November 2022. For the first time, the survey included our Bank Staff. The response rate was 33.04% (for substantive staff) and 20.51% (for bank staff). Across the country, results indicated a reduction in morale and pressures on those working in the NHS.
- 8.2 The results of the Staff Survey are discussed in detail in the Workforce report. Key highlights were: 90.5% of respondents felt trusted to do their job, 78% felt that the Trust acts on issues of concern that are raised by service users/patients, 66% would recommend the Trust as a good place to work, 81% said that care of service users is the organisation's top priority and 64% of respondents said that if a friend or relative needed treatment would be happy with standard of care provided by organisation.
- 8.3 In our lower-scoring areas, respondents indicated that they find their work tiring, that they work extra hours to get their work done and plan to leave the Trust in the coming year. Additionally, we scored low on making reasonable adjustment(s) to enable staff with a disability to carry out their work despite some excellent practice in some areas of the Trust. The areas where we scored lower reflects the pressure staff have felt as we pull out of the pandemic and a difficult winter. The responses are being looked at in depth by local teams to develop a plan to continue with the things that are working well, and improve on areas with lower scores.

## **9.0 New Adolescent Mental Health Unit Opens in Bedfordshire**

9.1 Our new Adolescent Mental Health Inpatient unit, Evergreen, based in Luton, opened to admissions in February. The unit will be able to provide assessment, care and treatment to young people with a range of mental health issues:

- Early Onset and First Episode Psychosis,
- Schizophrenia
- Bipolar Affective Disorder
- Severe Depressive Disorder
- Severe Obsessive-Compulsive Disorder
- Severe Anxiety /Emotional Disorder (e.g., PTSD and/or adjustment disorder)
- Pervasive Developmental Disorder co-morbid with Psychosis
- Severe depression with suicidal behaviour
- Major psychiatric disorder (e.g., severe depression or psychosis) presenting co-morbidly with an eating disorder
- Mild/Moderate learning difficulties in crisis due to a severe mental disorder (e.g., psychosis)
- Severe decompensation in emerging emotionally unstable personality disorder.

## **10.0 Institute for Healthcare Improvement (IHI)**

10.1 The Trust hosted our 9<sup>th</sup> annual visit from the Institute for Healthcare Improvement from 6-10 February. This was an opportunity for staff, service users and partners to share how they have been using quality improvement to address challenges and opportunities together.

10.2 Throughout the three days, 23 sessions took place to convene people, celebrate progress and utilise the global expertise of our visitors to help develop their work for the year ahead.

## **11.0 Partnership With Cambridge University**

11.1 A new hub for health research is to be set up in Bedfordshire and Luton to help improve patient care in primary and community healthcare services. The University of Cambridge and the Trust will together run the research hub, which is the first partnership of its kind for the University.

11.2 The research will address some of the area's most important healthcare problems, such as frailty amongst older people, and explore how primary and community healthcare can best address the needs of the local population.

11.3 The new hub will carry out its research programmes working closely with healthcare staff in primary and community health and social care services in the area, and with the patients and carers of Bedfordshire and Luton. It will also help to bring new academic opportunities to GPs and community healthcare professionals in the area, offering training and support to help them get started on their research journeys.

- 11.4 A senior clinical academic specialising in primary and community care will be appointed to lead the hub and the search for the right person will start this spring. The post-holder will be based at the University's Primary Care Unit, one of the largest primary care research centres in the UK. The Unit will provide research expertise and experience about running large scale research programmes designed to improve patient care and deliver positive impact on people's health.

## **12.0 Opening of Newham Adult Autism Diagnostic Service**

- 12.1 A new Autism Diagnostic Service for adults has opened in Newham. The service is multi-disciplinary. Following diagnosis, the service can provide brief post diagnostic support, including highlighting local support services. The team will develop protocols and care-pathways, working closely with Mental Health services, Local Authorities and voluntary services.
- 12.2 The development of this service begins to address a significant gap in service provision in the borough that will have significant benefits for patients and enable people to more effectively access appropriate services, benefits and reasonable adjustments to meet their needs.

## **13.0 Opening of Newham Integrated Homelessness Service Project**

- 13.1 The Newham Homelessness Project is part of an integrated discharge team working across Newham University Hospital wards including A&E Services to provide expert input, liaison and facilitate/support discharges for homeless people who present to acute services.
- 13.2 The team works alongside the Integrated Discharge Hub, housing, Adult Social Care and the voluntary sector. The service aims to discharge the person to safe accommodation to avoid them being discharged back to the streets and to reduce unscheduled re-admissions and A&E attendances. With the opening of this service, all three East London acute hospitals that the Trust works with have a homelessness service in place.

## **14.0 Young Person's Sanctuary Opens in Luton**

- 14.1 A Young Person's Sanctuary has opened in Luton to provide face-to-face mental health crisis support for young people aged 14-17. Rachel Hopkins MP, Jo Meehan and Caroline Lewis cut the ribbon to officially open the service. It opened its doors at ResoLUTiONs Hub in Castle Street, Luton on 20 March 2023.
- 14.2 The free drop-in service is the first in the town and is being provided by mental health charity Mind BLMK, in partnership with the Trust. The sanctuary operates with the ethos 'no one has to experience a mental health problem alone' and will run from 4pm-10pm. The service is available on Mondays, Wednesdays, Thursdays and Fridays, and will soon extend to open seven days a week. Visitors will be met by a trained mental health worker who will listen and help young people identify ways to address the problems they are facing. The teams will also be able to refer and signpost to other services if required.

- 14.3 Sanctuaries for Central Bedfordshire and Bedford are also set to be launched over the coming months.

## **15.0 International Women's Day at ELFT**

- 15.1 To mark International Women's Day, a Trust wide event was hosted by the Women's Network Leads, Millie Smith, Ruth Cooper, Elizabeth Hearn & Doris McMeel. It was attended by over 150 people and from the feedback received, it was a resounding success. The day started with a message from our Chair, Eileen Taylor and followed with Lorraine Sunduza, Chief Nurse and Deputy Chief Executive, who shared her leadership journey. Other sessions included Women's Health, Sexual Safety, Wellbeing, How Women Rise, Trauma Informed Care, Female Equity, Perimenopause and the final presentation was on Burnout, by the Executive Sponsor for the Network, Philippa Graves our Chief Digital Officer. She reflected back on the success of the day and thanked everyone for the energy and rich information they shared with each other during the event. The event also provided the opportunity to plan the work of the network over the year ahead.

## **16.0 Appointments**

- 16.1 After 14 years as Borough Director, Dean Henderson has announced his intention to retire at the end of March 2023. Dean qualified and worked in New Zealand as a Social Worker before moving to the UK with his family in 1994. He settled first in Bristol and has now spent almost 30 years living and working in the UK.
- 16.2 Dean has been an advocate for integrated care, building support services around the needs of service users rather than expecting them to fit into what we offer. Under his leadership, City and Hackney were the first Directorate to introduce single sex wards. He led a Trustwide review of Care Programme Approach from 2016- 2018 - a successful collaboration across Directorates involving service users', clinicians, corporate departments and local authorities working together to create a new CPA process which was digital, easier to use and most importantly, recovery focused. I would like to thank Dean for his long service to City and Hackney, to the Trust, to the NHS. We wish him all the best in his retirement.
- 16.3 Dean will be succeeded by Jed Francique, who is currently working for the West Midlands Combined Authority as Head of Mental Health Partnerships, and will start on 10 April. In the meantime, Andrew Horobin will be the interim Borough Director.
- 16.4 I am also very pleased to inform the Board that Rachel West has been appointed as Service Director for Bedfordshire Community Health Services. Rachel will join ELFT from Northamptonshire Healthcare NHS Trust in June. My thanks to Allison Jones, who is the Acting Director of Bedfordshire Community Health Services for all she continues to do to provide leadership to these services at the present time.

## **17.0 Action Being Requested**

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

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**30 March 2023**

<b>Title</b>	Integrated Care & Commissioning Committee 9 March 2023
<b>Committee Chair</b>	Richard Carr, Non-Executive Director and Chair of Integrated Care and Commissioning Committee
<b>Author</b>	Cathy Lilley, Director of Corporate Governance

**Purpose of the report**

- To bring to the Board's attention key issues and assurances discussed at the Integrated Care and Commissioning Committee meeting held on 9 March 2023
- To recommend to the Board **approval** of the Committee's terms of reference.

**Key messages**

**Trust Strategy**

- Approach to the Trust's annual planning process in 2023/24 which will provide a more systematic approach to data and measurements, and allow for impact assessments and quarterly feedback from all parts of the organisation was welcomed; summary attached at appendix 1
- However, more balance in the narrative around improving staff experience and further wellbeing measures in addition to those highlighted in the staff survey was requested
- A triangulated discussion with the Finance, Business and Investment Committee (FBIC) was requested around the continuing challenge in the area of improved value; ICC will highlight to the Trust Board proposals for any further areas requiring more in depth discussion.

**Annual Plan and System Planning**

- Development of the integrated plans in collaboration with partners across both Integrated Care Systems (ICS) progressing well with a clear focus on the mitigation of risks and in strengthening the areas of deliverables and impact measures. Both Trust-wide and place-based plans will be developed during April
- There are accepted challenges to the move away from previous planning systems; however, these integrated plans are aimed providing greater clarity around the relationship of actual spend to population needs, with better links to longer term ambitions
- System planning to form the subject of a future Board development session.

**New Models of Care: North London Forensic Collaborative**

- The successful commissioning of a new forensic team step down pathway to ensure safe and effective management from inpatient services to community care
- A demonstration of a clear alignment with the Trust's annual plan around both recruitment and retention with the creation of 70 new roles to advance 'grow our own' expertise, and the increased engagement of service users in the procurement and contract monitoring process. Close working with Compass has also helped to realise the ambition for service users to be socialised with employment models
- Overall the collaborative has achieved a substantial reduction in out-of-area inpatient placements and an improved financial performance which has allowed additional funds to be re-engineered towards local population health initiatives.

**NEL Mental Health, Learning Disability and Autism Collaborative**

- Sound progress made with development of the governance structure and people participation initiatives including the identification of service user and carer priorities, ensuring a strong voice for service users and carers within the Integrated Care Board (ICB) strategy
- Work to identify historical funding inequities being undertaken with North East London NHS FT (NELFT) along with integrated decision-making around urgent and emergency care
- The collaborative has been selected as one of nine national Provider Collaborative Innovator sites, providing greater opportunities for shared peer learning and support.



- Work is continuing to develop metrics and key performance outcomes and to clarify the support structure required to underpin operational functions
- Risks remain around finalising the people resourcing model which will be influenced by staffing measures within the ICB and possible delays to operational functions whilst work to clarify the underpinning support for this collaborative continues.

#### **NEL Community Health Services Collaborative**

- Progress on the infrastructure of this collaborative being made although it is recognised that the development is behind that of the mental health collaborative
- The proposal for the collaborative to take ownership of virtual wards welcomed as an opportunity to standardise the approach across NEL, both in testing the parameters of delivering care outside of hospitals and assisting the acute sector by freeing up beds
- The appointment of a programme director will help to accelerate the establishment of the operating and people resourcing models.

#### **BLMK Mental Health, Learning Disability and Autism Collaborative**

- Improvements achieved to date were the subject of a presentation to the ICB, with the solid partnership working on propositions and agreements on local design processes a key message
- Progress being made in the respect of contract mapping, people resourcing, spend and governance; evolutionary nature of this work noted
- A service user and carer summit is planned for 31 March to ensure the focus of the collaborative remains firmly based around their priorities.
- An inspiring visit by Board members to the Evergreen T4 CAMHS unit, where the repatriation of out of area patients is taking priority, along with work to maintain and strengthen young people's links to their local communities during inpatient stays
- A summary of the report from the BLMK ICB which includes an update on the Integrated Care Partnership and ICB meetings is attached at appendix 2.

#### **Terms of Reference and Committee's Effectiveness Reviews**

- Updated terms of reference were supported and recommended for **approval** by the Board; attached at appendix 3
- Whilst the revised terms embed the Committee's oversight and assurance on the Trust's commissioning responsibilities as a provider, it supported the mapping exercise to ensure the links to other standing committees of the Board assist in providing the appropriate level of assurance around operational, contract and finance matters
- Supported the proposal for a facilitated discussion on its effectiveness, recognising the productive nature of such an approach.

#### **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 & Commissioning Committee are available on request by Board Directors from the Director of Corporate Governance.

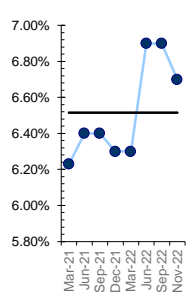


# Progress with delivering our strategy and annual plan

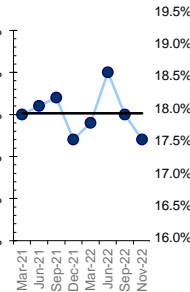
March 2023

## Improved Population Health

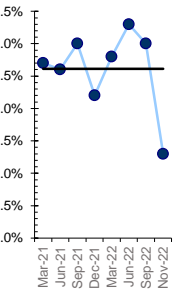
Percentage of service users in employment with Severe Mental Illness



Percentage of service users who smoke across the Trust



Service user satisfaction with accommodation (%)



6.35%	26.0%	18.63%
6.66%	25.0%	18.60%
13%	18%	29%

On Track

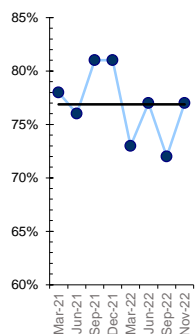
On Track

Stable

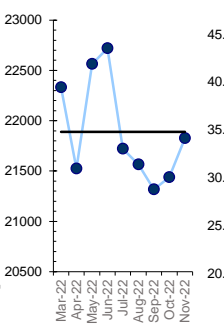
- Ongoing Anchor work in Newham and Tower Hamlets has recruited 60 employees into admin and healthcare Alliance roles in both boroughs with support from voluntary organisations
- ELFT is being used as a case study to launch the Institute of Health Equity NHS Marmot network
- A formal "go live" of the General Practice Support Unit (GPSU) has been scheduled for March
- Progression of the "Let's Talk" report in each borough has been made alongside collaboration with the inequalities team
- Partnership with HSBC and East London Business Alliance to support service user finances and health literacy
- SCYPS Newham is due to commence the Healthy Wealthier Programme in February 2023

## Improved Experience of Care

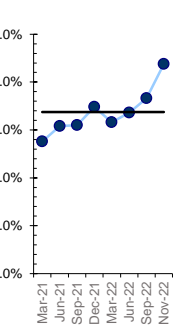
% of service users who report good experience of care



Trustwide total number of service users waiting to be seen



IAPT percentage access by minority groups



77.9%	24,632	35.4%
74.6%	21,803	37.2%
85%	12,316	TBC

Stable

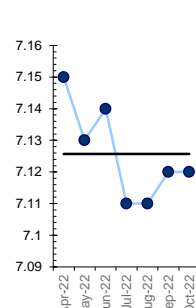
On Track

Stable

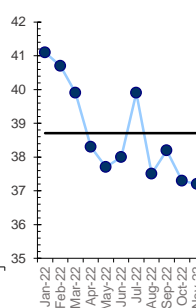
- The CAMHS Evergreen Unit is due to start admitting patients at end of February 2023
- 11 high-priority teams have been identified with demand and capacity challenges and a regular meeting and assurance structure is in place to provide close support
- Development of a performance training offer around improvement tools, demand, capacity and flow tested with East London CHS and Extended Primary Care Teams (EPCTs)
- Co-production in patient safety work is ongoing with patient safety partner roles currently in the pipeline for the next quarter
- Increased recruitment through the Luton inclusive employment QI project in collaboration with Luton Borough Council.

## Improved Staff Experience

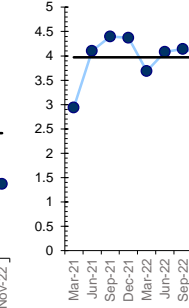
Staff engagement score (10 strongly positive, 0 strongly negative)



Time to hire (days)



Staff sickness absence



n/a	47	3.89%
7.12	37.2	3.98%
8.5	37	4%

TBC

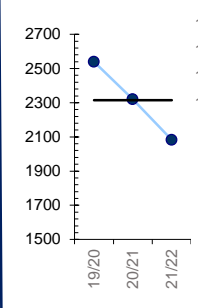
On Track

Stable

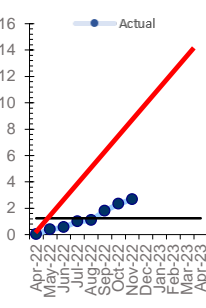
- 30 nurses and 8 allied health professionals currently in the pipeline from the Capital Regional NHSE Programme
- Time to hire currently at 39 days for December which is below the 43 days KPI and has been reducing throughout the year
- Apprenticeship recruitment process strengthened with 15 new apprentices enrolled in Quarter 3
- Co-production with schools and education establishments including Langdon Park School, Leyton College and Barking & Dagenham College
- Reduction in agency spend in hot spot areas by recruiting into vacant roles
- Specialised Bank adverts created to develop own pool of Bank staff for all professional groups helping spend less on agency

## Improved Value

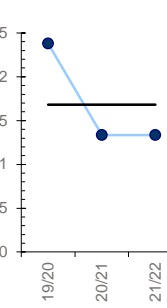
Total ELFT carbon footprint (Co2 emissions)



Actual YTD financial delivery of Financial Viability plans (£m)



Mileage claimed across the Trust (m)



2321 (-8.62%)	6.83m (against 12m target)	1,335,941 (-43.9%)
2083 (-10.26%)	2.68m	1,334,498 (-0.11%)
1580 (-26.4%)	Subject to national FV guidance	1,014,218 (-26.2%)

On Track

Not on Track

Stable

- Of the £15 million saving target, the year-end forecast is 7.81 million (62% of which will be delivered through recurrent schemes)
- 6 sustainability workstreams are now operational across the Trust and monitored and managed through regular meetings
- Currently have 80% coverage of recycling facilities
- The current figure for actual recycling volumes is 52%
- Waste audits are carried out by a new member of staff and have helped to improve the signage and recycling capacity at Trust sites
- As part of the digital transformation work, all services, including remote access, and the services which were hosted by or depended upon legacy cloud providers, were successfully migrated to the new cloud solution supplier

## 2.1 Improved Population Health

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Across the Trust, the continued focus on Population Health prioritises improving the physical health, mental health and wellbeing of people in each locality. Work across the Trust involves action to deliver appropriate health and care services, targeting the wider determinants of health. In doing so, ELFT continues working with communities and partner agencies to fulfil this strategic outcome. As a Trust, we are engaged in several programmes to support this, including the Anchor Programme, being a Marmot Trust, supporting smoking cessation, creating more equal employment opportunities and supporting the retention of spending in local economies to build healthier communities. At ELFT, we have established a range of training and support to increase the capability and confidence of our teams and service users including a Pursuing Equity QI programme, the ELFT Lead Programme featuring a population health module and an Inequalities webinar series.

Key indicators around service users with Severe Mental Illness (SMI) in employment, service users who smoke and service users with improved satisfaction in accommodation continue to remain stable in comparison to last year. With the support of the programmes in place and a focus on population health and inequalities, it is anticipated that these indicators will improve to meet the ambitious 2026 targets.

Specific programmes of work focus on redesigning the mental health crisis pathway, implementing the General Practice Support Unit (GPSU), wider work around the CMHT transformation programme and continued efforts to develop ELFT as a Marmot Trust and implement Marmot principles. Three out of the four programmes are on track to deliver their goals by quarter 4. Developing ELFT as a Marmot Trust is an ongoing piece of work to strengthen networks and share good practice across the NHS.

City & Hackney have developed plans to align the telephony service providers to be consistent with other crisis line services in the Trust. This will offer better experiences for teams and service users and offer better economies of scale for the Trust to support future service enhancements.

The implementation of a GPSU has benefitted from co-production and partner engagement. A “soft launch” has been tested with an expected “go live” date for Quarter 4. There are now 12 Standard Operating Procedures (SOPs) that have been signed off by the Quality Assurance Group (QAG), only one remains, which is expected to be signed off in March. A main challenge has been around ensuring that calls are answered within the 10-minute target due to a high number of patients abandoning calls. A survey has been created in collaboration with the Patient Participation Group (PPG) members to design a questionnaire to distribute to service users and staff to understand how to improve the process.

The CMHT Transformation programme plans to make its official transition to “business as usual” in Quarter 4. The design phase has commenced for the replacement for the Care Programme Approach (CPA) framework, and also the expansion of the 'Patients Know Best' pilot which gives service users digital access to their care plans.

The main progress around making ELFT a Marmot Trust include starting the Healthy Wealthier Programme with SCYPS Newham and developing a family literacy offer with the East London Business Alliance (ELBA). ELFT’s Marmot work is being used as a case study to launch the Institute of Health Equity (IHE) NHS Marmot Network. There has been an increased focus on inclusive employment. Main successes include inclusive recruitment in Luton with Luton Borough Council's employability programme and developing straight-to-interview approaches for care leavers and people with Serious Mental Illness (SMI). The Trust hopes to agree on the Anchor employment ambitions for the 2-year Anchor Plan. Anchor work in Newham and Tower Hamlets has facilitated the employment of 60 people in each directorate into admin and Healthcare Alliance roles from within the community by working closely with voluntary organisations.

## 2.2 Improved Experience of Care

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Several Trustwide initiatives support this area of the strategy, including a large-scale QI programme on Optimising Flow encouraging teams to share learning around demand and capacity challenges, a Patient Safety Improvement workshop led by the Institute for Healthcare Improvement (IHI), the Trust's ongoing Anchor work and support with employment initiatives.

Managing demand and capacity continues to remain a challenge. The total number of service users waiting to be seen has fallen in the last 9 months, meaning that we are on track to halve this by 2026. 11 high-priority services across the Trust have been identified to focus efforts. Successful change ideas have been implemented which involve working closely with Voluntary, Community and Social Enterprise (VCSE) colleagues to increase capacity and encouraging work at a community level. Recovery plans have been developed for these priority services and dedicated training sessions have been held with Community Health Services and Extended Primary Care Teams (EPCTs) providing additional coaching on using improvement tools. Reducing waiting lists and backlogs will also continue as a main programme of work for next year focusing on services that are particularly struggling with flow.

Positive responses around the experience of care continue to remain stable, while IAPT access by minority groups showing signs of increase. Through greater co-production and increasing the knowledge and understanding of what the service offers, teams have been able to enable wider access for local communities.

Specific programmes of work around this strategic outcome include the CAMHS Tier 4 Bed capacity and flow project, reducing waiting lists and backlogs, strengthening safety cultures and systems in the Trust and exploring more employment opportunities for people with lived experience. Two of the four programmes are on track to deliver their end-of-year goals. The programme around strengthening safety culture and systems is a 5-year project to include the new national Patient Safety Incident Response Framework (PSIRF). To strengthen the Trust's safety culture and systems, the draft patient safety plan has been co-produced, presented and accepted by the board with a final version aiming to be approved in March. A visioning event has taken place with key stakeholders with a training and business plan due to be presented alongside a patient safety syllabus on the learning academy which is accessible to all staff members. This programme of work has benefitted from embedding co-production in patient safety work with the aim to recruit patient safety roles next quarter.

The new CAMHS Evergreen facility will be ready to start admitting patients in late February. A bed management team has been established with clear pathways between community CAMHS and Admission Avoidance Teams finalised. Key posts have now been appointed to and the service is planning for a stakeholder engagement event in the run-up to the opening date.

## 2.3 Improved Staff Experience

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ELFT have maintained a strong focus around improving staff experience, ensuring that staff continue to feel engaged, involved and valued to create a strong workforce to achieve continuous improvement in delivering healthcare. The Trust has seen an increase in the number of teams applying QI on the topic of enjoying work. This includes improving staff satisfaction, wellbeing, promoting teamwork, embracing new ways of working to reduce staff turnover, increasing relationship building, and improving cohesion across the Trust. Our five years of quality improvement work on this area was published in November with a peer-review paper that is now influencing the approach globally to staff wellbeing, retention and experience.

ELFT has established a range of staff networks to share experiences and assist in the delivery of the Trust strategy and policy working to improve staff experience. These include the ELFT Ability, BAME, LGBTQ, Women's and Intergenerational Networks.

The ELFT scores on the national pulse survey show that staff engagement continues to remain stable, with the ambition of increasing this to 8 by 2026.

Improving recruitment processes is a priority to ensure that onboarding processes remain smooth and streamlined. People and Culture have managed to stabilise the time to hire indicator from 47 to 37.2 days, which is below the KPI target of 43 days. Staff sickness continues to be stable, however, People and Culture aim to reduce this to 4% by 2026, ensuring a safe and healthy workforce.

The focus on staff experience this year has been around ensuring the delivery of the recruitment and strategy group action plan and implementing a centralised temporary staffing function. Alternative recruitment pipelines continue to be explored with the apprenticeship recruitment process strengthened and 15 new apprentices enrolled in Quarter 3. Workforce planning has resulted in a change to processes and highlighted gaps in nursing recruitment. The executive team has given approval to “over-recruit” nurses with specific hotspots identified in Luton and Bedfordshire for medical recruitment. There are plans to encourage more partnership working across BLMK and East of England to recruit jointly and are looking to do a recruitment campaign for the next 6 months for CAMHS. Direct overseas recruitment in medical and allied health categories has been positive with 80 WTE recruited in the last 12 months.

A centralised Bank recruitment for admin and clinical roles has been created for all staffing groups except for medical groups. Agency overspend continues to be a challenge. The team is using internal reporting systems to record agency use with the objective of monitoring usage and identifying waste. So far, there has been a reduction in agency spending in hotspot areas by recruiting into vacant roles. There are plans to provide further training to managers on temporary staffing processes and systems, to reduce bottlenecks and delays with staff turnover.

## 2.4 Improved Value

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The Trust's strategic priority around improved value focuses on ensuring efficient use of resources, time, removing obstacles, bottlenecks, delays, and adopting systems and processes to support streamlining practices.

The Financial Viability Team leads a programme of work to ensure that the Trust is offering good value for money to everyone it serves, utilising our funding efficiently. The Trust's Green Plan also forms part of this vision which has been co-designed with senior leaders, the sustainability and value group, and representatives from the People Participation Team. Improved Value encompasses priorities around efficient workforce and system leadership, sustainable models of care, and digital transformation among other important themes.

The main programmes of work under improved value include the delivery of the Trust's Financial Viability programme, implementation of the Trust's Green Plan, initiation of the reuse scheme increasing the Trust recycling provision to 70% and ensuring AWS Cloud Hosting and WiFi Programme Implementation.

Rigorous analysis of the estimated yearly forecast against the Trust's £15 million savings target has been conducted. There is a predicted shortfall of £7.19 million which is just over 50% achievement. The FV team has met with all directorates to stimulate financial viability to monitor progress, with targets devolved to operational directorates to improve the visibility of the requirements. The Service Delivery Board will continue to be used to challenge and support Financial Viability delivery Trustwide and ensure that robust plans are in place to deliver the plans against the 2023/24 targets.

Implementation of the Trust's Green Plan also remains an ongoing programme of work. Significant progress has been made and since the inception of the Green Plan, we are showing on average a 56.3% completion rate within the first year of the plan. The ELFT Climate Network has successfully recruited 200 active participants with 6 workstreams now operational and regularly monitored through meetings. Looking at the Trust's Carbon footprint, this has decreased by just over 10% in the past year. Transport has been identified as one of the highest emitters across the Trust. Despite the mileage claim across the Trust having dramatically decreased since 2019/20, the indicators show that this has remained stable over the past year.

The Reyooz organisation has successfully been carrying out work across multiple sites to great effect. The John Howard Centre has recently been included in the scheme. Waste audits are now carried out by a new member of staff who has helped to improve signage and recycling capacity at Trust sites. Currently, we have 80% coverage of recycling facilities. The current figure of actual recycling volumes is 52%. The next planned site is Twinwoods and then Calnwood Court in Luton & Bedfordshire. The team hopes to achieve 85% coverage by next quarter.

As part of the digital transformation work, all services, including remote access, and the services which were hosted by or depended upon legacy cloud providers were successfully migrated to the new cloud solution supplier AWS. This has led to an upgrade of infrastructure and further enhancements are planned to move services to a secure cloud warehouse to improve safety and system resilience.



Report to the **East London NHS FT Trust Board**

**Bedfordshire, Luton and Milton Keynes Integrated Care Board update**

**Vision:** “For everyone in our towns, villages and communities to live a longer, healthier life”

Please state which strategic priority and / or enabler this report relates to

**Strategic priorities**

<input checked="" type="checkbox"/>	<b>Start Well:</b> Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
<input checked="" type="checkbox"/>	<b>Live Well:</b> People are supported to engage with and manage their health and wellbeing.
<input checked="" type="checkbox"/>	<b>Age Well:</b> People age well, with proactive interventions to stay healthy, independent and active as long as possible.
<input checked="" type="checkbox"/>	<b>Growth:</b> We work together to help build the economy and support sustainable growth.
<input checked="" type="checkbox"/>	<b>Reducing Inequalities:</b> In everything we do we promote equalities in the health and wellbeing of our population.

**Enablers**

Data and Digital <input type="checkbox"/>	Workforce <input type="checkbox"/>	Ways of working <input type="checkbox"/>	Estates <input type="checkbox"/>
Communications <input type="checkbox"/>	Finance <input type="checkbox"/>	Operational and Clinical Excellence <input type="checkbox"/>	Governance and Compliance <input checked="" type="checkbox"/>
Other <input type="checkbox"/> (please advise):			

<b>Report Author</b>	Maria Wogan, Chief of System Assurance and Corporate Services
<b>Date to which the information this report is based on was accurate</b>	27 January 2023
<b>Senior Responsible Owner</b>	Felicity Cox, BLMK ICB CEO

**This report has been presented to the following board/committee/group:**

This report summarises the decisions taken at the BLMK the Health and Care Partnership on 14 December 2022 and the Board of the Integrated Care Board on 27 January 2023.

## Purpose of this report - what are members being asked to do?

The BLMK Health and Care Partnership and BLMK Integrated Care Board are providing regular summary reports of their meetings for the NHS Trusts in the BLMK Integrated Care System.

The Trust Board is asked to **note** the report and agree any feedback for the BLMK Health and Care Partnership and the Board of the BLMK ICB.

If any further information is required, please contact [blmkicb.corporatesec@nhs.net](mailto:blmkicb.corporatesec@nhs.net)

## 1. Brief background / introduction:

This report summarises the decisions taken at the BLMK the Health and Care Partnership on 14 December 2022 and the Board of the Integrated Care Board on 27 January 2023.

### 1.1 BLMK Health and Care Partnership - 14 December 2022

The Bedfordshire, Luton and Milton Keynes Health and Care Partnership met for the second time on 14 December 2022.

The Committee reviewed its terms of reference and it was agreed that there were no material changes at this stage. A further review is planned at 12 months. There is new guidance regarding the role of Health and Wellbeing Boards in an ICS, which will be reported to the next Health and Care Partnership in March 2023.

#### 1.1.1 BLMK Joint Strategic Needs Assessment - Inequalities

Sally Cartwright, Director of Public Health from Luton Council shared the BLMK-wide Joint Strategic Needs Assessment (JSNA) and population health data to give the Committee a detailed understanding of the health needs within our communities and to enable them to use this information to support the development of the Integrated Care Partnership's strategy.

The presentation included 15 facts about health inequalities in our area which included the wider determinants of health e.g. deprivation, ethnicity, smoking, obesity and air pollution. It highlighted the difference in life expectancy and healthy outcomes in deprived areas compared to more affluent areas and how health and wellbeing can be affected by more than one inequality. The Committee was particularly concerned about how the cost-of-living crisis would widen health inequalities and have a significant impact on the health of local people.

The value of this information, and the role of the Health and Wellbeing Boards was recognised by the Committee.

#### 1.1.2 Health and Care Strategy

Anne Brierley, Chief Transformation Officer at the BLMK Integrated Care Board provided an overview of the draft Health and Care Strategy. The strategy builds on the Joint Strategic Needs Assessments, Health and Wellbeing Strategies and local Place based plans and gives an overview of the approach health and care partners will take together to help local people to live longer lives in good health. The strategy was agreed and has been published, see [BLMK ICP Strategy \(blmkhealthandcarepartnership.org\)](https://blmkhealthandcarepartnership.org)

#### 1.1.3 Fuller Neighbourhoods



The Chief Primary Care Officer, Nicky Poulain, presented an overview of the Fuller Review which proposed the integration of health and care services with primary care at neighbourhood level. Primary Medical Services includes general practice, community pharmacy, optometry and dental services. Responsibility for commissioning community pharmacy, optometry and dentistry is being delegated to the Integrated Care Board in April 2023. Concerns over access to dentistry were raised, particularly for children and young people and it was agreed that a report on the delegation of commissioning responsibility for dentistry to the ICB should be provided at the next meeting.

Access to general practice remains a key issue for residents and it was acknowledged that there are now different ways to access services which is adding to the operational complexity and demand for general practice services. Primary Care Network Clinical Directors outlined that despite embracing the new ways of working and bringing in additional resource, demand for appointments continues to outstrip provision. The Health and Care Partnership discussed workforce, estates and administrative issues that could potentially free-up more clinical time to enable more people to be seen.

Explaining how primary care works and the issues being faced in general practice is important over the coming weeks and months and it was agreed that local elected Councillors could support discussions with residents on this.

The next Health and Care Partnership meeting is on 7 March 2023 from 5-8pm in Milton Keynes, venue to be confirmed.

## 1.2 Board of the ICB 27 January 2023

Key items from the Board of the ICB meeting were as follows:

- **Resident's story** – the Board heard from a transgender person who shared their experience when accessing health services and how inappropriate curiosity from health and care staff often causes distress and can act as a barrier to access. The ICB is investing in sensitivity training for staff to improve experiences for all our residents, particularly for those who experience inequalities. The story included details about the resident's experience with East of England Ambulance Service and the Board were assured that Ambulance Trust is rolling out training to its staff and will be also receiving this resident's story at a future Board meeting.
- **Luton Airport – Development Consent Order** – the Board received a report setting out the health, wellbeing and economic impacts of the proposed development of Luton Airport and gave its support to the proposed development on the basis on the mitigating actions being taken and the economic benefits of the scheme and the positive impact this would have on BLMK residents.
- **Bedfordshire Care Alliance** – a progress report was presented and the Board agreed the 4 'asks' from the BCA as follows:
  - A map of ICB projects as related to the collaboratives and places
  - Development of the ICB organogram as roles relate to collaboratives and places
  - An up to date picture of contracting, management and functions resource of the ICB as it moves to supporting collaboratives and places
  - ICB PMO support for the BCA
- **People Strategy** was agreed
- **Inequalities** - an update on delivery of the inequalities programme was presented which gave details of how £3.5M had been invested in BLMK.
- **Strategy and Planning** – the approach and timeline for developing the operational plan and joint forward plan was presented. Places have been asked to contribute their plans. There will be a further discussion at the Board seminar on 24 February 2023 and the draft plan and budget will be reported to the 24 March Board meeting.

- **Green Plan Health Impact Assessment** – a detailed health impact assessment of the BLMK Green Plan had been undertaken and it was agreed that clearer aims and measures were required so that the green plan would make a significant impact on resident's health and wellbeing. The key areas identified as having a good evidence base for initial work are air pollution, extreme weather, active travel and nutrition. It is in these areas in particular that the ICB is seeking to work closely with local authority and NHS Trust partners and other anchor institutions. This report will be shared with Place Boards.
- **Delegation of Pharmacy, Optometry, Dental (POD) and Specialised Commissioning** – progress was reported alongside the risks and opportunities associated with the transfer of commissioning responsibility to the ICB. POD is expected to be delegated from April 2023 and Specialised Commissioning from April 2024. A decision on the delegation of POD will be taken at the next Board meeting.
- An update on the **Community Diagnostics Centres** was given. Positive progress for the MK and Bedford sites with more work to do on the proposal for Luton.

## 2. Background reading

Health and Care Partnership 14 December 2022 papers

<https://blmkhealthandcarepartnership.org/publications/committees/partnership-board/14-12-22-hcp-pack-final/?layout=default>

Board of the ICB 27 January 2023 papers

<https://bedfordshirelutonandmiltonkeynes.icb.nhs.uk/our-publications/board/board-in-public-27-1-2023/?layout=default>

## Integrated Care & Commissioning Committee

### Terms of Reference

#### 1 Authority

- 1.1 The Integrated Care & Commissioning Committee (Committee) is constituted as a standing committee of the Trust's Board of Directors (Board). Its constitution and terms of reference is set out below, subject to amendment and approval by the Board.
- 1.2 The Committee is authorised by the Board to act within these terms of reference.
- 1.3 The Committee is authorised to obtain such internal information as is 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.
- 1.4 The Committee is authorised to obtain outside legal or other independent professional advice and to secure the attendance of external individuals/organisations with relevant experience and expertise if it considers this necessary in support of its duties.
- 1.5 These terms of reference shall be read in conjunction with the Trust's Scheme of Delegation, Standing Orders, Constitution and Standing Financial Instructions as appropriate.

#### 2 Purpose

- 2.1 The overall purpose of the Committee is to provide oversight and assurance to the Board on:
  - The delivery of the Trust's strategic objective to improve population health and tackle health inequalities and the underlying drivers of poor health in our local populations as part of our commitment to the triple aim (improving patient experience of care including quality and satisfaction, improving the health of populations, and reducing the per capita cost of health care)
  - The Trust's approach to integration, and in particular within Integrated Care Systems
  - Where the Trust develops or adopts new models of care arrangements that will improve population health and tackle inequalities, including for example where the Trust is a lead provider and contract holder, commissioner or primary care provider.

#### 3 Duties

##### 3.1 Population health

- Gain assurance on the delivery of the Trust's strategic objective to improve population health and to reduce health inequalities and the underlying drivers of poor health in our local populations as part of our commitment to the triple aim by:
  - Keeping under review the progress against the Trust's population health, Marmot Trust and Anchor organisation framework delivery plans
  - Being responsible for connecting to and influencing the policy/strategy relating to the wider determinants of health
  - Ensuring the Trust is working with system partners on improving the health and wellbeing of the local population.

### 3.2 **Integrated care**

- Keep under review the external legal, policy and contracting environment as it relates to integrated care and population health, e.g. Integrated Care Systems (ICS), and the impact on the Trust's strategic direction, and to inform the Board on options for the Trust's future strategic direction
- Oversee and monitor the engagement framework to ensure there is full and effective system engagement and involvement with all key partners including ICSs, provider collaboratives, alliances and partnerships, and any other forms of collaborative or partnership working to improve population health
- Provide oversight and assurance of the Trust's commissioning responsibilities as lead provider in respect of provider collaboratives.

### 3.3 **New models of care**

Where the Trust is the lead provider or contract holder or commissioner:

- To consider how new models of care arrangements are levered to improve population health and tackle health inequalities
- To receive assurance in respect of the overall performance and delivery of new models of care in support of improving population health and tackling health inequalities
- To receive assurance on full and effective engagement and relationships with key stakeholders and partners.

### 3.4 **Primary care**

Recognising the central role played by primary care and Primary Care Networks in improving population health, driving quality and safety, co-production with service users, and coordination of care:

- To consider how primary care transformation plans and/or newly commissioned services involving and/or impacting on primary care will support improving population health and tackling health inequalities
- To receive assurance in respect of the overall performance and delivery of the Trust's primary care strategy and delivery plan in meeting the required and stated outcomes to support the delivery of the Trust's strategic objective to improve population health and tackle health inequalities

### 3.5 **Stakeholders involvement**

- Receive assurance on the active involvement of staff, governors, service users, carers, system partners and other stakeholders in the development of key Trust strategies and plans to improve population health and tackle health inequalities including those relating to service transformation, commissioning, new models of care and primary care.

### 3.6 **Risk Management and internal controls**

- Monitor the risks associated with the Trust's strategic priority in relation to population health, their controls and assurances via the Board Assurance Framework (BAF) providing onward assurance to the Trust's Audit Committee and Board that appropriate controls are in place and operating effectively; and make recommendations to the Board if it proposes to add or remove any risk
- Escalate to the Board or refer to the relevant standing committee unresolved risks arising within the scope of these terms of reference that require action or that pose significant threats to the operation, resources or reputation of the Trust and, where appropriate, make recommendation to the Board in respect of including such risks in the BAF
- Receive and review the findings of relevant internal audit reports and seek assurance that recommendations are implemented in a timely and effective way.

### 3.7 Establish such sub-groups/committees as it deems necessary to support it to discharge its functions. In so doing the Committee will inform the Board of the establishment of such sub-

groups/committees and present to the Board the terms of reference of the sub-groups, ensuring compliance with the Scheme of Delegation.

- 3.8 Where appropriate the Committee will liaise with other relevant Trust Board standing committees to ensure an integrated and consistent approach to quality, finance, performance and communication.

#### **4 Membership**

- 4.1 The members of the Committee will be appointed by the Board and comprise:
- Three Non-Executive Directors, one of whom will be the chair of the Committee
  - Executive Director of Commercial Development (joint Exec lead)
  - Executive Director of Integrated Care (joint Exec lead)
  - Chief Digital Officer
  - Chief Quality Officer
  - Chief Medical Officer.
- 4.2 The chair of the Committee shall be appointed by the Board.
- 4.3 In the absence of the chair of the Committee, one of the other Non-Executive Director members will chair the Committee meeting.

#### **5 Quorum**

- 5.1 A quorum will be four members, including at least two Non-Executive Directors.
- 5.2 If the Committee is not quorate, the meeting may be postponed at the discretion of the Committee chair. If the meeting takes place and is not quorate, no decisions may be made at this meeting and such matters will be deferred until the next quorate meeting.

#### **6 Attendance at Meetings**

- 6.1 All members are expected to attend each meeting.
- 6.2 The Chair of the Trust and CEO attend by invitation.
- 6.3 Attendees include:
- Consultant in Public Health & Deputy Director of Population Health.
- 6.4 Other Trust Directors or staff or external advisers may be invited by the Committee chair to attend for all or part of any meeting when appropriate to assist in deliberations.
- 6.5 Attendance at meetings may be by face to face or remotely. Remote meetings may involve the use of telephone and/or electronic conference facilities. Any Committee member with the agreement of the Committee chair may participate in a meeting by way of telephone, computer or any other electronic means of communication provided that each person is able to hear and speak. A person participating in this way is deemed to be present in person although their actual location shall be noted in the minutes; and will be counted in a quorum and entitled to vote.
- 6.6 Where a specific matter is deemed to be of a confidential or commercially sensitive nature, the Committee chair has the authority to restrict attendance at the meeting to members only and to ask all invitees to leave the meeting.

## **7 Support to the Committee**

- 7.1 The Director of Corporate Governance will act as Company Secretary to the Committee and working with the Executive Director Committee lead(s) will:
- Agree the agenda with the Committee chair
  - Ensure meeting papers are distributed in good time
  - Ensure minutes are taken, action points and matters arising are recorded and followed up
  - Advise the Committee on pertinent areas
  - Draft the assurance report for the Board following each Committee meeting
  - Draft the Committee's annual report of the review of its effectiveness and the terms of reference.

## **8 Frequency of Meetings**

- 8.1 The Committee will normally meet six times a year (bi-monthly) and as required to fulfil its duties as the Committee chair shall decide.
- 8.2 Where a decision needs to be taken outside the normal cycle of meetings, and where the matter is not deemed by the Committee chair to require an additional meeting to be called, the decision may be made via email. This approach will be used on an exceptions basis. Decisions via email will be reported to the next meeting and the wording of the decision minuted.

## **9 Conflicts of Interest**

- 9.1 Where Committee members are involved in discussion, care should be taken to recognise and avoid conflicts of interest.
- 9.2 Where a Committee member or attendee has an interest, or becomes aware of an interest which could lead to a conflict of interest in the event of the Committee and subsequently the Board considering an action or decision in relation to that interest, that must be considered as a potential conflict, is subject to the provisions of the Trust's Standards of Business Conduct Policy or other protocols or arrangements relating to the management of Conflicts of Interest.
- 9.3 At the beginning of each meeting as a standing agenda item, the Committee chair will ask members to highlight any conflicts of interest and identify any items/issues that may raise a conflict of interest for any Board member.
- 9.4 If any member or attendee has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, they will declare that interest as early as possible and not participate in the discussions. The Committee chair has the authority to request that member or invitee to withdraw until its consideration has been completed.
- 9.5 An up to date Register of Interests will be available on the Trust's website for public scrutiny.

## **10 Reporting and Minutes**

- 10.1 The Committee chair will provide an assurance report to the Board after each meeting; this will be drafted by the Director of Corporate Governance. The report will set out the matters discussed together with any recommendations to the Board.
- 10.2 The Committee chair will highlight to the Board any pertinent issues and/or those that require disclosure, escalation, action or approval of the full Board.

- 10.3 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.
- 10.4 The approved minutes will be available to the Board on request.
- 10.5 The Committee will receive and agree a description of its work (in the form of an annual forward plan), and will regularly monitor progress against this plan.

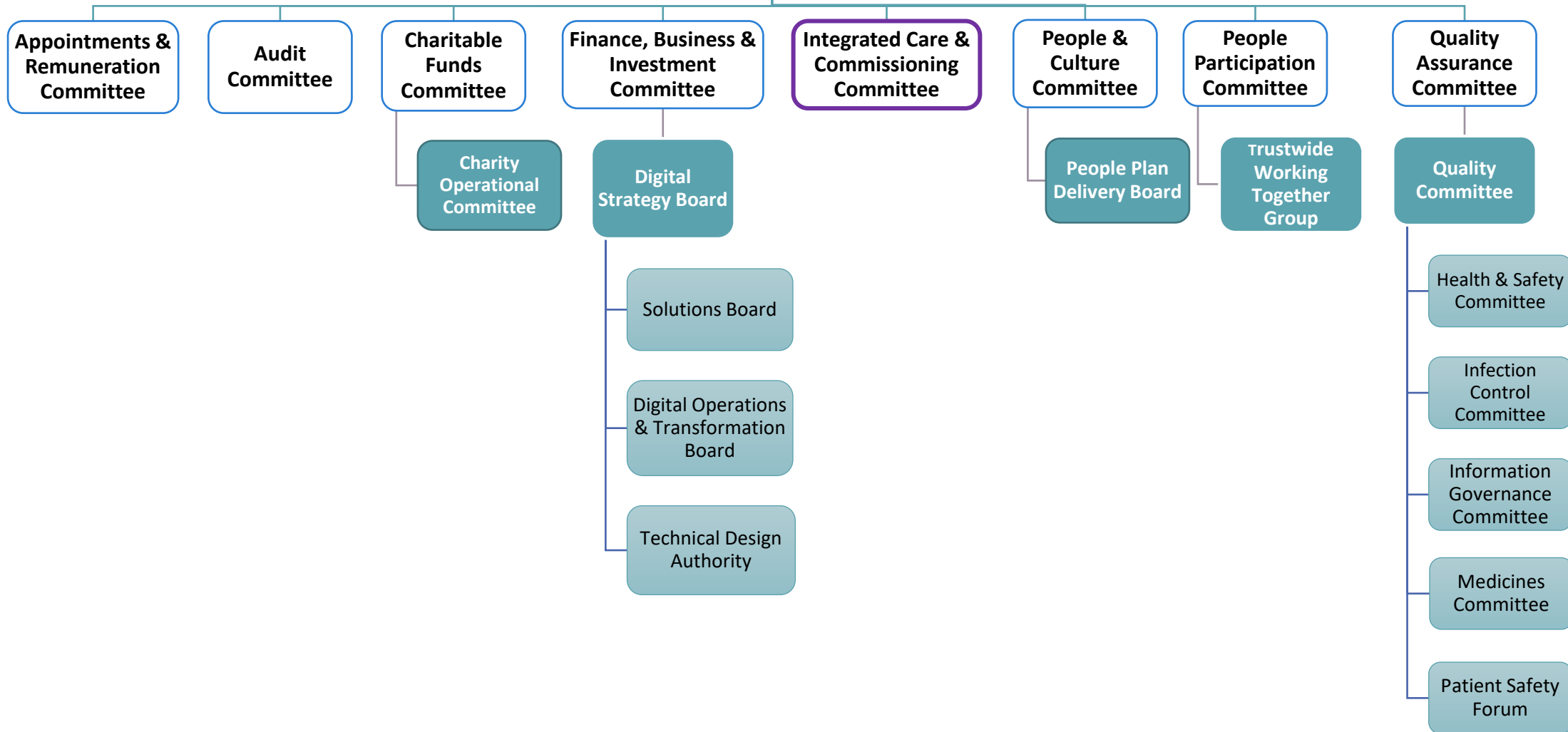
## **11 Review**

- 11.1 The Committee will undertake an annual review of its effectiveness and provide a report to the Board of its findings including highlighting areas for improvement.
- 11.2 Terms of reference will be reviewed annually and reported to the Board for ratification.

## **12 Review Dates**

- 12.1 Date originally approved: May 2021
- 12.2 Date approved: March 2023
- 12.3 Next review date: March 2024

# Board of Directors







**REPORT TO THE TRUST BOARD IN PUBLIC**  
**30 March 2023**

<b>Title</b>	Audit Committee Meeting 16 March 2023 – Committee Chair’s Assurance Report
<b>Chair of the meeting</b>	Anit Chandarana, Non-Executive Director and Chair of the Audit Committee
<b>Author</b>	Cathy Lilley, Director of Corporate Governance

**Purpose of the report**

- To bring to the Board’s attention key issues and assurances discussed at the Audit Committee meeting on 16 March 2023.
- To recommend to the Board **approval** of the Committee’s terms of reference.

**Key messages**

**Internal Audit Update**

- Three final reports issued since the last meeting (Use of Force and contract management – reasonable opinions issued; population health – advisory status issued recognising that the Trust is in the early stages of our population health journey and positive progress is emerging, and recommendation to consider the governance structure to avoid the risk of duplication)
- Three draft reports also issued and Execs requested to follow up on the actions as a matter of priority and also to consider the feasibility of the due dates for some of the actions
- The draft annual internal audit opinion for 2022-2023 provides a level 2 opinion based on the work undertaken to date, i.e. the organisation has an adequate and effective framework for risk management, governance and internal control. However, the final opinion will be set out in the internal audit annual report after year end, and is not expected to require a limitation of scope assuming the remaining work in the internal audit plan is completed
- Internal audit plan 2023-2024 was approved having been updated to reflect the comments from the previous Audit Committee meeting and also discussions by the Trust Board

**External Audit Update**

- The Trust’s new external auditors Mazars LLP presented the Audit Strategy Memorandum which summarises their audit approach and highlights significant audit risks and key judgements
- The handover with the Trust’s previous external auditors BDO taken place enabling the audit process to commence. Due to the finance team’s responsiveness to information requests, the majority of the walk-throughs for the interim audit have been completed and substantial testing commenced with the aim of completing by end of March, and final audit commencing in early May
- Key risks remain around fraud and revenue recognition, valuation of land and buildings, exit packages, IFR16 and PFI reviews and the timely receipt of assurance on the Trust’s Local Government Pension Scheme (LGPS) liability. The aim is to complete these reviews by 30 June 2023 with the exception of the LGPS liability where the Committee requested further assurance on how this will be managed to avoid a repeat of the challenges from previous years.

**Annual Report and Accounts 2022-2023**

- Due to the movement in income flows across the system, not all contracts will be ready for testing during the interim audit phase; however, they are expected to be available for the full audit commencing in May
- The deadline for the annual report and accounts submission to NHS England is 30 June 2023; however, the final requirements for the annual report have not yet been published but no significant changes are expected
- The annual governance statement will need to reflect the addressing of the weaknesses in internal controls in relation to exit packages as reported in 2021-2022; the findings from the RSM internal review will be included.

**Exit Payments Update:** Scope of the internal audit review by RSM agreed and commences in March; to date there have been no further cases requiring HM Treasury approval.

### **Counter Fraud Update**

- Focus has been on progressing investigations including closing down some of the cases in relation to fraudulent entries on the National Immunisation & Vaccine System (NIVS) as previously reported to the committee, work planning for 2023-2024 and concluding pro-active reviews. The importance of timely responses was reinforced by the Committee
- Latest data from the counter fraud benchmarking report shows that the types of referrals received at ELFT mirror those received in other mental health and community health services trusts
- Annual workplan 2023-2024 was approved; the format for is the same as for the current year and is aligned with the Government Functional Standards 013 Counter Fraud and also includes new proactive reviews as a result of the fraud risk assessment.

### **Cyber Security Strategy**

- Cyber security is a top priority for the Trust Board agenda and also a priority for the winter plan
- Developed in conjunction with Gartner the Trust's industry partner and NHS Digital, the strategy forms part of the Trust's digital roadmap and is a living document given the rapidly evolving nature of Cyber threats
- Work continues on strengthening business continuity and the metrics from the Cyber security dashboard (which will monitor activity and is due to be introduced) will provide a better measurement of how well positioned the Trust is nationally
- Governance structure for accountability on oversight and assurance for digital services to be clarified to avoid duplication.

### **Board Assurance Framework and Deep Dive into Risks 5 and 6**

**Risk 5:** *If the Trust fails to effectively plan for, recruit and retain people with the right skills this may adversely impact on the Trust's ability to deliver the Trust's strategy.*

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

- There continues to be challenges with staff tiredness, work-life balance and low morale, difficulty in recruiting and/or retaining staff, and additional pressures such as violence and aggression and the importance maintaining sight of the basic issues which if not acknowledged or addressed can undermine the ability to convey the value the Trust places on people
- The actions being taken to mitigate the BAF risks relating to improved staff experience are aligned to the Trust's people plan priority areas of new ways of working; belonging in the NHS; looking after our people; growing and developing for the future; additional interim timescales to be included to enable closer monitoring of delivery over the five year period.

**Board Assurance Framework:** Continued focus on a range of actions to mitigate the risks; however, there were no changes to the risks scores; see appendix 1. Exec team undertaking further work, following the discussions at the Board development session in February, on reviewing the risks to ensure they remain relevant for 2023-2024 and on reviewing the risk appetite and risk scorings.

**Terms of Reference Review:** Updated terms of reference, were supported and recommended for **approval** by the Board; see appendix 2. The changes aim to provide clarity, strengthen and bring up to date the duties of the Committee. Key changes are identified in green font for ease of reference.

**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

BAF Risks	Updates
<b>DEEP DIVE: Strategic Priority: Improved population health</b>	
<p><b>Risk 1</b> <i>If the Trust does not build and sustain the right organisational capability and capacity to support integrated care, this may impact adversely on our ability to deliver our strategic objective to improve population health</i></p> <p><b>Current risk score: 12 High</b> <b>Target risk score: 8 High</b></p>	<ul style="list-style-type: none"> <li>Continued progress in developing and influencing integrated models of care, both within Trust services, and across other partners, and building relationships with key influencers</li> <li>Ensuring Trust response to current increased system demand pressures is fully developed and integrated with other providers</li> </ul>
<p><b>Risk 2</b> <i>If the Trust does not build and sustain effective partnerships with other health, care, voluntary sector and other key organisations, this may impact adversely on our ability to deliver the Trust strategy</i></p> <p><b>Current risk score: 12 High</b> <b>Target risk score: 8 High</b></p>	<ul style="list-style-type: none"> <li>Continued work to build knowledge and momentum around Mental Health Learning Disability &amp; Autism and community collaboratives in NEL and an MHLDA collaborative in BLMK</li> <li>Trust continues to demonstrate commitment, effort and capacity into working with partners to develop appropriate architecture that will support the Trust to continue to deliver its strategy</li> </ul>
<p><b>Risk 9</b> <i>If the Trust does not effectively manage its commissioning responsibilities and associated risks as a lead provider or lead commissioner, this will impact on the quality and experience of care for service users and patients</i></p> <p><b>Current risk score: 12 High</b> <b>Target risk score: 8 High</b></p>	<p>Although there is a robust infrastructure in place, further consideration as to how this will work in practice to be given to the expectation that NMC programme will become part of the MHLDA collaborative</p>
<b>Strategic Priority: Improved experience of care</b>	
<p><b>Risk 3:</b> <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><b>Current risk score: 12 High</b> <b>Target risk score: 8 High</b></p>	<ul style="list-style-type: none"> <li>Continued work with ICS and place structures to embed PP and co-production in ways of working to reduce the variation</li> <li>BLK service user conference to set priorities for the ICS work on mental health</li> <li>Recruitment of Specialist Directorate and two autism PPL roles</li> <li>Developing PPL role in Estates and Facilities</li> </ul>
<p><b>Risk 4</b> <i>If essential standards of quality and safety are not maintained, this may result in the provision of sub-optimal care and increases the risk of harm</i></p> <p><b>Current risk score: 12 High</b> <b>Target risk score: 9 High</b></p>	<ul style="list-style-type: none"> <li>Demand remains high in crisis services and bed occupancy. Trustwide QI programme on optimising flow; work led by CQO across NEL on standardising data and to understand causes of delays in each ED; focused work on mental health urgent and emergency care across NEL</li> <li>Trustwide therapeutic engagement programme for inpatient teams commenced and being taken forward by each team as a QI project with clinical and service user input. Follow up learning session planned for March</li> <li>Four CQC unannounced inspections February 2023 following information request for all SI related to inpatient deaths by suicide and incidents of serious self-harm of detained patients. Concerns raised on Gardner ward shared and addressed; no significant escalation feedback</li> </ul>

BAF Risks	Updates
	provided immediately following the visits. Headline feedback received with no indication of significant safety concerns. Focused report to be issued and learning will be applied to the Trust's CQC ongoing readiness work
<b>Strategic priority: improved staff experience</b>	
<p><b>Risk 5:</b> <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><b>Current risk score: 16 Significant</b> <b>Target risk score: 9 High</b></p>	<ul style="list-style-type: none"> <li>Continued challenges to recruit to certain professional groups</li> <li>Ongoing challenges to staff feeling valued in the context of industrial action owing to pay and the cost of living challenges</li> <li>Progress with international recruitment activity across a number of professional groups</li> <li>Interim winter rates for Bank staff until 31 March 2023</li> <li>Ongoing work to reduce agency spend</li> <li>Focused work to improve the statutory and mandatory training/appraisal compliance rates</li> <li>Repurpose the lead employer mass vaccination team to define projects to transform the P&amp;C service</li> </ul>
<p><b>Risk 6:</b> <i>If issues affecting staff experience are not effectively addressed, this will adversely impact on staff motivation, engagement and satisfaction</i></p> <p><b>Current risk score: 16 Significant</b> <b>Target risk score: 9 High</b></p>	<ul style="list-style-type: none"> <li>Co-produced approach to the development of a more ambitious equality plan with staff and network leads</li> <li>2022 National Staff Survey concluded with a Trust response rate of 33% compared to 48% in 2021 and an average of 47.0% for mental health, learning disabilities and community health services Trusts. Continuing discussions with NEL colleagues and London-wide HRD networks to identify reasons for low response rates</li> <li>Trust is developing its just culture and trauma informed approaches work</li> <li>Recent to staff on recognition, wellbeing and support has provided useful insights in terms of where to focus</li> </ul>
<b>Strategic priority: Improved value</b>	
<p><b>Risk 7</b> <i>If the Trust's approach to value and financial sustainability are not embedded, this may impact on the achievement of the Trust's financial, service delivery and operational plans</i></p> <p><b>Current risk score: 16 Significant</b> <b>Target risk score: 9 High</b></p>	<ul style="list-style-type: none"> <li>FV gap from target at end 2022/23 has meant reliance on non-recurrent measures to deliver breakeven/surplus, which is not sustainable. FV planning to date is short of the £17.5m target. Plans so far are not developed sufficiently to provide assurance that schemes will deliver from April 2023 onwards, so will continue to be mitigated by non-recurrent measures</li> <li>Delivery of recurrent FV is a NHSE performance measure and across systems in demonstrating the Trust's ability to maintain financial stability, given the national and system reductions and constraints on income</li> </ul>
<p><b>Risk 8:</b> <i>If the Trust fails to robustly implement and embed infrastructure plans including digital and estates, this will adversely impact on our service quality and delivery, patient care and carer experience, and our ability to transform services in line with our aspiration to be a leader in both of our ICSs</i></p> <p><b>Current risk score: 20 Significant</b> <b>Target risk score: 8 High</b></p>	<ul style="list-style-type: none"> <li>There has not been a great deal of change</li> <li>Main changes are due to lack of resilient links – 3 outages based on current provision. Manual remediation in place but takes time to implement</li> <li>Cyber training for Board took place in January 2023</li> <li>Estates and Cyber Strategies presented at March 2023 FBIC</li> <li>CPSG now also focuses on monitoring capital spend for both Estates and Digital</li> </ul>

## Audit Committee

### Terms of Reference

#### 1 Authority

- 1.1 The Audit Committee (Committee) is constituted as a standing committee of the Trust's Board of Directors (Board). Its constitution and terms of reference is set out below, subject to amendment and approval by the Board.
- 1.2 The Committee is authorised by the Board to act within these terms of reference.
- 1.3 The Committee is authorised to obtain such internal information as is 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.
- 1.4 The Committee is authorised to obtain outside legal or other independent professional advice and to secure the attendance of external individuals/organisations with relevant experience and expertise if it considers this necessary in support of its duties.
- 1.5 These terms of reference shall be read in conjunction with the Trust's Scheme of Delegation, Standing Orders, Constitution and Standing Financial Instructions as appropriate.

#### 2 Purpose

- 2.1 The Committee is responsible for providing assurance to the Board on the Trust's system of internal control by means of independent and objective review of the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the Trust's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives. This will include compliance with law, guidance and regulations governing the NHS.
- 2.2 In carrying out this work the Committee will seek reports and assurances from directors and managers, and other Trust committees appropriate and will also utilise the work of internal audit and other assurance functions.

#### 3 Duties

##### Governance, Risk Management and Internal Control

- 3.1 Review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the Trust's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives.
- 3.2 In particular, the Committee will review the adequacy and effectiveness of:
  - All risk and control related disclosure statements (including but not limited to the annual governance statement, annual report, annual financial statements, value for money, annual licence compliance/self-certification, annual code of governance compliance together with any accompanying internal audit statement, external audit opinion or other appropriate independent assurances) prior to endorsement by the Board
  - The underlying assurance processes that indicate the degree of the achievement of



corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements

- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements
- The policies and procedures for all work related to fraud and corruption as set out in Secretary of State's Directions and as required by the Counter Fraud and Security Management Service
- Arrangements by which staff may raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters of concern.

3.3 Advise the Board on the Committee's key decisions on governance, and managing opportunities and risks in line with HM Treasury guidance (*Managing Public Money*).

3.4 Monitor and review the Board Assurance Framework, receiving assurance that this together with the risk management framework is properly utilised by Board committees, Executive Directors and directorates to identify and adequately manage risk and identify mitigating actions.

3.5 In carrying out this work the Committee will:

- Primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these audit functions
- Seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

#### Internal Audit

3.6 Oversee and ensure there is an effective internal audit function that meets the Public Sector Internal Audit Standards and provides appropriate independent assurance to the Committee, Chief Executive and Board. This will be achieved by:

- Considering the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal
- Reviewing and approving the annual internal audit plan and detailed programme of work, ensuring this is consistent with the audit needs of the Trust as identified in the Board Assurance Framework
- Considering major findings of internal audit work and management's response, and **monitoring the implementation of recommendations**
- Ensuring co-ordination between the internal and external auditors to optimise audit resources
- Ensuring that the internal audit function is adequately resourced and has appropriate standing within the Trust
- **Monitoring the effectiveness of internal audit** including an annual review.

#### External Audit

3.7 Ensure compliance with the NHS Act 2006 and the Audit Code for NHS Foundation Trusts in relation to the appointment and provision of an external audit service.

3.8 Review and monitor the external auditors' integrity, independence and objectivity and the effectiveness of the external audit process. In particular to review the work and findings of the external auditor considering the implications and management's response to their work. This will be achieved by:

- **Considering the appointment and performance of the external auditors including providing information and recommendations to the Council of Governors in relation to the appointment, re-appointment and removal of the external auditor in line with the criteria agreed by the Council and the Committee**
- Discussing and agreeing with the external auditors, before the audit commences, the

- nature and scope of the audit as set out in the annual external audit plan
- Reviewing all external audit reports, including agreement of the annual audit letter before submission to the Board and any work carried outside the annual audit plan, value for money reports and management letters, together with the appropriateness of management responses
- Monitoring the implementation of recommendations resulting from external audit reports
- Discussing with the external auditors their local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee
- Assessing the external auditors' work and fees on an annual basis to ensure that the work is of a sufficiently high standard and that the fees are reasonable, including the use of performance measures, as appropriate
- Reviewing and monitoring the external auditors' independence and objectivity and the effectiveness of the audit process, taking into consideration relevant UK professional and regulatory requirements
- If required, developing and implementing a policy on the engagement of the external auditor to supply non-audit services **which has been approved by the Council of Governors.**

### Counter Fraud

- 3.9 Ensure there is an effective and appropriate Local Counter Fraud Specialist function in place in the Trust. This will be achieved by:
- Receiving the annual work plan and annual report
  - **Reviewing the counter fraud programme, considering major findings of investigations (and management's response), and ensuring coordination between the internal auditors and counter fraud**
  - **Ensuring there is a proactive approach to counter fraud measures, the independence of the function and that the counter fraud function has appropriate standing within the Trust**
  - **Reviewing the adequacy and effectiveness of policies and procedures for work related to counter fraud, anti-bribery and corruption to ensure these meet the NHS Counter Fraud Authority's standards and the outcomes of work in these areas, including reports and updates on the investigation of cases from the local counter fraud service.**

### Financial Reporting

- 3.10 Monitor the integrity of the financial statements of the Trust, and any formal announcements relating to the Trust's financial performance, reviewing significant financial reporting judgements contained in them.
- 3.11 Ensure that the annual accounts have been properly prepared and are free of material mis-statements and that the underlying transactions have appropriate parliamentary authority.
- 3.12 Review the annual report, annual governance statement and annual financial statements before these are presented to the Board for adoption **to determine their completeness, objectivity, integrity and accuracy** focusing particularly on:
- The annual governance statement and other disclosures relevant to the work of the Committee
  - Accounting policies and practices followed and any significant changes
  - Unadjusted misstatements in the financial statements
  - Areas where judgement has been exercised
  - Explanation of estimates or provisions having material effect and significant variances
  - The schedule of losses and special payments which will also be reported on separately during the financial year
  - Significant adjustments resulting from the audit **and unadjusted audit differences**
  - **Any reservation and/or disagreements between the external auditors and management which have not been satisfactorily resolved.**



- 3.13 Ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

#### **Accounting Policies**

- 3.14 Review, approve and keep up-to-date accounting policies of the Trust to ensure they are fit-for-purpose for an NHS Foundation Trust.

#### **Scheme of Delegation, Standing Financial Instructions, Standing Orders, and Standards of Business Conduct**

- 3.15 Review comprehensiveness and currency of documents dealing with probity including Scheme of Delegation, Standing Financial Instructions, Standing Orders, Standards of Business Conduct and Counter Fraud including the operation of and any proposed changes ensuring they remain up to date in respect of regulators/Government guidelines and recommendations.
- 3.16 Review the circumstances of any significant departure from the requirements of the documents referred to in 8.15 above.

#### **Charitable Funds**

- 3.17 Review the Trust's Charity annual report and accounts prior to consideration and approval by the Corporate Trustee (the Board).

#### **Emergency Preparedness, Resilience and Response (EPRR)**

- 3.18 Receive assurance that the Trust has effective arrangements for the management of safety and emergency response.

### **4 Membership**

- 4.1 The members of the Committee will be appointed by the Board and will comprise of not less than three independent Non-Executive Directors, one of whom will be the chair of the Committee and at least one will have recent and relevant financial experience.
- 4.2 One Non-Executive Director member of the Committee will also be a member of the Quality Assurance Committee.
- 4.3 The Chair of the Trust shall not be a member of the Committee.
- 4.4 The chair of the Committee shall be appointed by the Board.
- 4.5 In the absence of the chair of the Committee, one of the other Non-Executive Director members will chair the Committee meeting.

### **5 Quorum**

- 5.1 A quorum will be two members.
- 5.2 If the Committee is not quorate, the meeting may be postponed at the discretion of the Committee chair. If the meeting takes place and is not quorate, no decisions may be made at this meeting and such matters will be deferred until the next quorate meeting.

### **6 Attendance at Meetings**

- 6.1 All members are expected to attend each meeting.

- 6.2 The following will be regular attendees at routine Committee meetings to provide information and advice:
- Chief Finance Director (Executive Director lead)
  - Chief Digital Officer
  - Representative from internal auditor
  - Representative from external auditors
  - Representative from the local counter fraud service (LCFS).
- 6.3 The Chief Executive and other Executive Directors will be invited to attend for all or part of any meeting, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that Director.
- 6.4 The Chief Executive will be invited to attend, at least annually, to discuss with the Audit Committee the process for assurance that supports the annual governance statement.
- 6.5 The Committee has the right to meet with the internal or external auditors without Executive Board members being present.
- 6.6 Only members and any named attendees of the Committee have the right to attend meetings.
- 6.7 Other Trust Directors or staff or external advisers may be invited by the Committee chair to attend for all or part of any meeting when appropriate to assist in deliberations.
- 6.8 Attendance at meetings may be by face to face or remotely. Remote meetings may involve the use of telephone and/or electronic conference facilities. Any Committee member with the agreement of the Committee chair may participate in a meeting by way of telephone, computer or any other electronic means of communication provided that each person is able to hear and speak. A person participating in this way is deemed to be present in person although their actual location shall be noted in the minutes; and will be counted in a quorum and entitled to vote.

## **7 Support to the Committee**

- 7.1 The Director of Corporate Governance will act as Company Secretary to the Committee and working with the Executive Director Committee lead(s) will:
- Agree the agenda with the Committee chair
  - Ensure meeting papers are distributed in good time
  - Ensure minutes are taken, action points and matters arising are recorded and followed up
  - Advise the Committee on pertinent areas
  - Draft the assurance report for the Board following each Committee meeting
  - Draft the Committee's annual report of the review of its effectiveness and the terms of reference.

## **8 Frequency of Meetings**

- 8.1 The Committee will normally meet six times a year (bi-monthly) and as required to fulfil its duties as the Committee chair shall decide.
- 8.2 The external auditors or the head of internal audit, Chair or any other Non-Executive Director may request a meeting if they consider that one is necessary.
- 8.3 Where a decision needs to be taken outside the normal cycle of meetings, and where the matter is not deemed by the Committee chair to require an additional meeting to be called, the decision may be made via email. This approach will be used on an exceptions basis.

Decisions via email will be reported to the next meeting and the wording of the decision minuted.

## **9 Conflicts of Interest**

- 9.1 Where a Committee member or attendee has an interest, or becomes aware of an interest which could lead to a conflict of interest in the event of the Committee and subsequently the Board considering an action or decision in relation to that interest, that must be considered as a potential conflict, is subject to the provisions of the Trust's Standards of Business Conduct Policy or other protocols or arrangements relating to the management of Conflicts of Interest.
- 9.2 At the beginning of each meeting as a standing agenda item, the Committee chair will ask members to highlight any conflicts of interest and identify any items/issues that may raise a conflict of interest for any Board member.
- 9.3 If any member or attendee has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, they will declare that interest as early as possible and not participate in the discussions. The Committee chair has the authority to request that member or invitee to withdraw until its consideration has been completed.
- 9.4 An up to date Register of Interests will be available on the Trust's website for public scrutiny.

## **10 Reporting and Minutes**

- 10.1 The Committee chair will provide an assurance report to the Board after each meeting; this will be drafted by the Director of Corporate Governance. The report will set out the matters discussed together with any recommendations to the Board.
- 10.2 The Committee chair will highlight to the Board any pertinent issues and/or those that require disclosure, escalation, action or approval of the full Board. In particular, the chair of the Committee shall disclose any evidence of ultra vires transactions or improper acts to the Board, in accordance with Standing Financial Instructions.
- 10.3 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.
- 10.4 The approved minutes will be available to the Board on request.
- 10.5 The Committee shall receive the minutes of the Quality Assurance Committee. Quality Assurance Committee members will identify any issues that affect the work of the Audit Committee.
- 10.6 The Committee shall also report to the Council of Governors, identifying any matters in respect of which it considers that action or improvement is needed and making recommendations as to the steps to be taken.
- 10.7 The Committee will report to the Board annually on its work in support of the annual governance statement, in advance of the Board meeting to agree the annual report and accounts.
- 10.8 The Committee will receive and agree a description of its work (in the form of an annual forward plan), and will regularly monitor progress against this plan.

- 10.9 The Director of Corporate Governance will ensure that these terms of reference are compliant with NHSLA risk management standards, and monitor compliance with the standards.

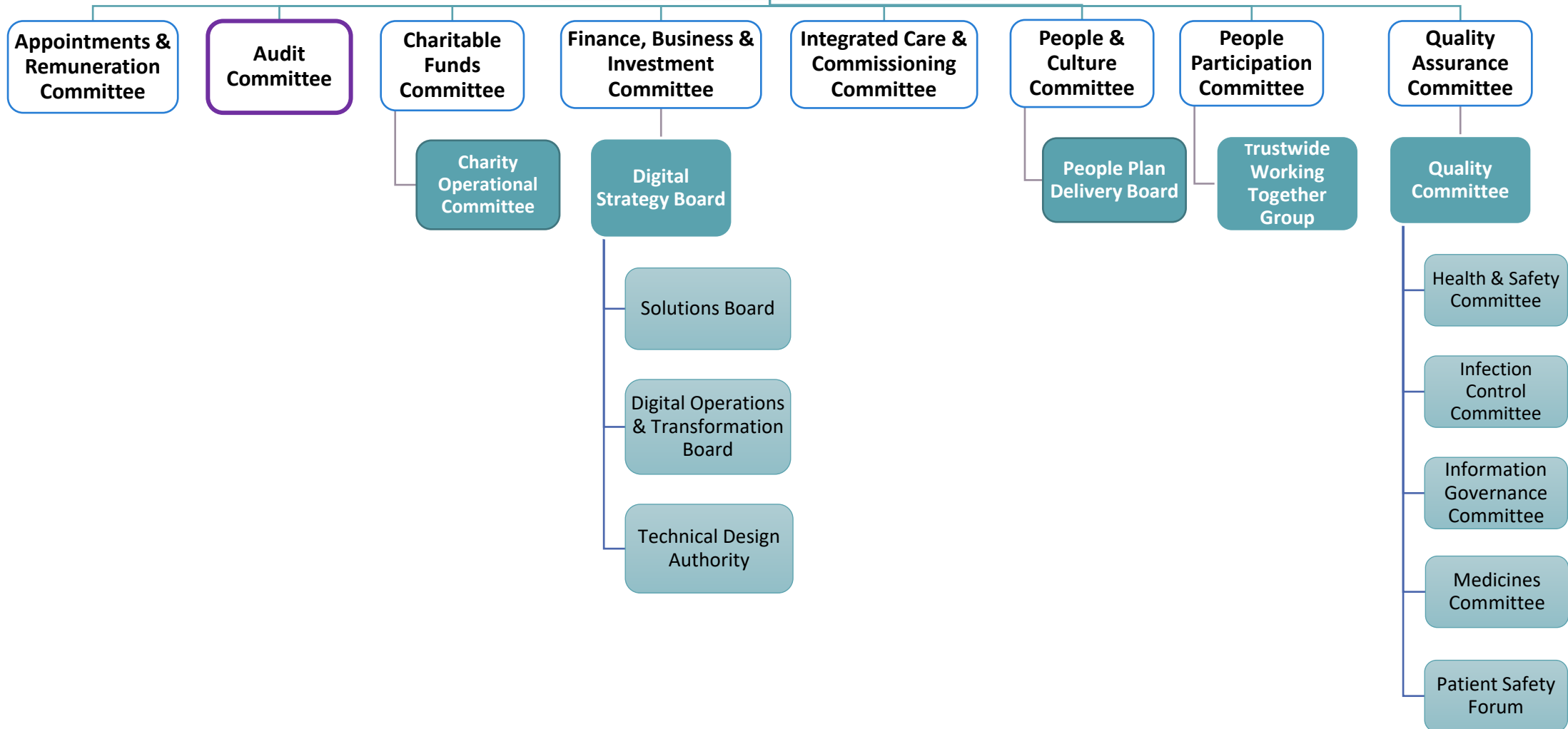
## **11 Review**

- 11.1 The Committee will undertake an annual review of its effectiveness and provide a report to the Board of its findings including highlighting areas for improvement.
- 11.2 Terms of reference will be reviewed annually and reported to the Board for ratification.

## **12 Review Dates**

- 12.1 Date approved: March 2023
- 12.2 Next review date: March 2024

# Board of Directors



**REPORT TO THE TRUST BOARD IN PUBLIC**  
**30 March 2023**

<b>Title</b>	People Participation Committee 16 March 2023 – Chair's Report
<b>Committee Chair</b>	Aamir Ahmad, Non-Executive Director and Committee Chair
<b>Author</b>	Cathy Lilley, Director of Corporate Governance

**Purpose of the report**

To bring to the Board's attention key issues and assurances discussed at the People Participation Committee meeting held on 16 March 2023.
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**Key messages**

<p><b>Trustwide Working Together Group Priorities Update</b></p> <ul style="list-style-type: none"> <li>TWWTG priorities identified by service users and carers will be a focus for the Trust throughout the year (appendix 1). Clear measures for success will be developed to provide clarity and identify improvement</li> <li>In addition it was recognised that there a number of priorities in the Trust and there is a need to rationalise these to minimise overlap and duplication.</li> </ul> <p><b>People Participation Priorities Update: Tower Hamlets Mental Health Services</b></p> <ul style="list-style-type: none"> <li>Good progress with the range of actions being taken forward across all six WTG priorities demonstrating the importance and impact of patient leadership</li> <li><b>Addressing inequalities:</b> training through the recovery college on personal health issues; Patient Knows Best app being piloted in the early intervention service; community connectors in all neighbourhood teams; increasing the number of peer support workers; rolling out cultural awareness training; improving access to autism assessments through self-referrals; reviewing restrictive practices which is challenging possible bias</li> <li><b>Education:</b> 15% of 306 service users have achieved employment with the support of rework teams; peer support worker training is in place, and service users are being encouraged to be part of the QI training; recovery college has a rolling programme of courses</li> <li><b>Joint working:</b> co-production groups across community teams and inpatient services; service users and carers included on the Tower Hamlets transformation steering group and the new mental health partnership board; service user engagement in workshops and QI meetings</li> <li><b>Care and treatment:</b> peer support workers in both community and inpatient teams, and community connectors across the community teams; employment support workers in community and inpatient teams to increase offer of employment and training support for service users</li> <li>Improving the quality of life: embedding trauma informed approaches and asking service users to help co-produce the training</li> <li><b>The future:</b> identifying a new post for PP lead to work with community mental health services; co-designed inpatient service user involvement group; inpatient carers forum being set up; developing measurements.</li> </ul> <p><b>Recovery College Newham Update</b></p> <ul style="list-style-type: none"> <li>The recovery college jointly funded by the NHS and the local authority and takes an educational rather than clinical approach to improving mental health; it is the newest of Trust recovery colleges due to launch in late 2023</li> <li>Its principles include being founded on coproduction; reflects recovery principles; operates on college principles; offers personal tutors for those requiring additional support; there is a physical base; is not a substitute for specialist clinical assessment and treatment, or for mainstream colleges</li> </ul>
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- Good progress being made with the college development including the establishment of a steering group co-chaired by a local resident and with representation from the Trust, London Borough of Newham, VCSE and local residents; two stakeholder events held in January and attended by nearly 100 people reviewed plans for the college and course content themes; potential premises have been identified and visited; commenced recruitment of core staff team and will start to recruit and train peer tutors
- The core programme is currently being developed and will include a variety of courses such as sewing and IT skills with the aim of encouraging creative skills and also to think about different ways of understanding recovery.

### **Membership Engagement Plan**

- The membership engagement plan (appendix 2) was co-produced with representatives from service users, members, Governors, PP team as well as members and Governors from other Trusts and representatives from system partners in North East London (NEL) and Bedfordshire, Luton & Milton Keynes (BLMK). Feedback was gathered from a survey and three 'conversations' to understand what membership means to people and why they became a member; the main themes being to be kept informed and up to date about services and to be able to provide feedback and have a forum for their voices to be heard
- The aim is to have a membership focused on meaningful involvement and that provides a voice and connects the Trust to those we serve and work with to help shape what we do and reflects that our members are not just those who sign up but include our local community, service users, staff, stakeholders and the voluntary sector
- The plan is not a stand-alone approach and should be read alongside others plans such as the TWWTG priorities, volunteers and carers strategies
- The plan sets out key priorities and areas of focus; an underpinning action plan and key milestones will be developed together with success measures
- The plan was approved by the Committee, having also been approved by the Council of Governors at its meeting on 9 March 2023.

### **Getting the Basics Right**

- Range of suggestions identified: transitions, particularly from CAMHS to adult services; improving the on-boarding process in respect of employing people with lived experience; improvement in medication and prescribing; importance of appropriate communication and being treated with courtesy and respect; identification and involvement of carers
- Getting the basics right is also a Council of Governors strategic priority and was an agenda item at a recent meeting; four themes were identified including effective communication in all its forms from manners to being listened to; accessibility of services and giving people choices; providing clarity and information about services; waiting times
- Further consideration to be given to success measures.

### **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:*

- Continued work with the Integrated Care Systems and place structures to embed PP and co-production in ways of working to reduce variation with a set of service user produced priorities for NEL developed; intention is to co-produce a set of priorities in BLMK
- Recruitment to PP lead posts continue including two for autism, one for alcohol/specialist services, estates and facilities and within the equality, diversity and inclusion team
- The Committee agreed there were no changes to the risk score and that appropriate controls are in place and operating effectively, and requested future reports included a progress update together with next steps.

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

Addressing  
Inequalities

- Make services accessible to all – ages, disabilities, gender, sexual orientation (all protected characteristics), for those who have English as a second language, BSL users, neurodiversity etc.

People  
Participation

- Celebrating People Participation success more visibly (Befriending etc.).
- Making the People Participation offer to service users and carers as early on in their treatment as possible.

Education

- The Trust to work towards developing more opportunities for service users and carers to further their education and/or to educate others.

Joint Working

- Developing thoughtful and meaningful engagement – hybrid working, face to face and virtual.
- Linking up with other organisations – developing people participation and co-production across the system.

Care and  
Treatment

- Focusing on the barriers of care – getting the basics right (access, waiting times etc.).
- Develop more employment opportunities for people with lived experience of services.

Improving the  
Quality of Life

- Develop more options for people to improve their quality of life – creativity, healthy lifestyles etc.
- Develop more opportunities for ELFT to share and grow together – service users, staff and carers.

TWWTG  
priorities  
2022-2023



# Membership Engagement Plan 2023-2026

We aim to have

A membership  
that provides a  
voice and  
connects us to  
those we serve  
and work with,  
helping to shape  
what we do

We will

Provide opportunities  
to develop an  
engaged and  
knowledgeable  
membership

Shape a distinguished,  
diverse and impactful  
Council of Governors

Create a pathway  
through the Trust that  
connects to People  
Participation and  
volunteering

Engage our staff to  
make the most of  
their membership

Connect to the eco  
system that we work  
in

We will focus on

Communications

External collaboration  
(ICSs, local trusts, LAs)

Internal collaboration  
(Governors, staff, PP,  
volunteers)

Population health  
(Anchor/Marmot)

Value and  
sustainability

We will do this through the lens of equality, diversity and inclusion by

Reviewing Trusttalk (format/content)

Exploring social media opportunities

Enhancing membership webpages

Reviewing email information sent to members  
(frequency/opportunities)

Holding Trustwide members/community fair  
collaboration meeting

Holding joint members/public meetings with  
NELFT/BLMK/NEL

Reviewing members meeting (purpose,  
frequency, attendees, name)

Developing a members meetings plan/schedule

Reviewing AMM meeting format

Creating and embedding working links with  
PP/volunteers

Developing eco system key contacts database  
(local voluntary groups)

Connecting with voluntary sector

Establishing meeting venues database  
(joint/shared/anchor)

Undertaking a membership database analysis

Creating an annual members survey on year's  
events and communications

Encouraging Governors to gather/share info with  
their local connections

Identifying target areas for Governor/member  
recruitment

Reviewing Governor support/training/  
development/processes/policies

At ELFT our  
members  
aren't just  
those who  
sign up –  
they are our  
local  
community,  
service  
users, staff,  
stakeholders  
and the  
voluntary  
sector –  
they  
connect us  
to all we  
serve

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**30 March 2023**

<b>Title</b>	Quality Assurance Committee (QAC) 6 March 2023 – Committee Chair's Report
<b>Committee Chair</b>	Prof Dame Donna Kinnair, Non-Executive Director, Chair of the QAC
<b>Author</b>	Cathy Lilley, Director of Corporate Governance

**Purpose of the report**

- To bring to the Board's attention key issues and assurances discussed at the Quality Assurance Committee on 6 March 2023.
- To recommend to the Board **approval** of the Committee's terms of reference.

**Key messages**

**Winter Planning**

- Demand remains high in crisis services and bed occupancy and recognition of staff's contribution in managing the demand in a safe, caring and therapeutic way was acknowledged
- Particular attention is being paid to areas that are effective in ensuring patient safety as part of the Trust's improvement work
- Plans in place to cover and manage any impact of the junior doctors' strike which could be a significant disruptor to safe arrangements are in place. It is likely that more routine community based clinics may need to be cancelled to manage the re-distribution of staff.

**Quality and Safety Report: P2R Services**

- Overview of services: P2R is the drug and alcohol service for Bedford Borough and Central Bedfordshire with c1200 patients supported at any one time. Psychosocial, pharmacological and recovery interventions are provided to patients with a wide spectrum of complexity and across the full range of substance use
- Range of successes and achievements include:
  - Recruitment of a people participation lead
  - Focus on prevention working with partnership agencies, particularly children's services, and with CAMHS, particularly with complex young people that has seen a prevention of further substance misuse
  - Service has expanded to provide outreach work in primary care and for specialist rough sleeper and criminal justice services within court, cell and prison services
  - Pilot of use by police of nasal naloxone progressing well with over 100 officers trained, first use completed and first lived saved by police; request for expansion across the police force, moving towards normalisation of police carrying naloxone
- Variations include continued rise in numbers presenting to treatment in particular young people as well as an increase in complexity of cases presenting; and rough sleeper service is still be expanded
- Key issues include:
  - Staffing morale is low as highlighted in staff survey due to long periods of intense workload, multiple changes in modes of working and increased complexity of work; plan in place to support and re-energise the team; also reviewing staff profile and capacity
  - Current building has limited space and not able to accommodate the increased population size; reviewing opportunities of other estate usage

**Quality and Safety Report: IAPT Services**

- Overview of services: Three community IAPT services in Tower Hamlets, Newham and Bedfordshire; a remote IAPT service – ERIS (East London Remote IAPT Service); and Steps to Wellness in Northern Ireland run by Southern Health and Social Care. Services focus on

offering talking therapies to adults with common mental health problems, and offer a stepped programme of care; treatment is offered face to face or remotely

- Range of successes and achievements include:
  - Progress of Steps to Wellness and improvements with the quality of mental health care and waiting list and times reduction
  - ERIS impact on triage in IAPT services and advancements with offering to North East London (NEL) services in Redbridge and Waltham Forest
  - Consistent service user satisfaction and positive audits
  - Range of QI projects to improve the quality of offer
  - Embedding the service in local mental health transformation pathways
  - IAPT to be re-branded to NHS Talking Therapies to provide clarity
  - Text messaging service has been an effective way of reminder people about the service and has boosted referrals
- Variations include: waiting times and second waits higher than usual for some therapies; and a small increase in the average time to assessment due to high demand although well below the six week standard; and recruitment fluctuations and lack of consistency makes it difficult to predict capacity and plan accordingly
- Key issues include:
  - Longer waiting times associated with increased access
  - Progress of automation and digital advancements
  - Ensuring IAPT clinical representation across clinical networks
  - Sub-contractor performance especially around counselling services.

### **Integrated Patient Safety Report Q3**

- Q3 patient safety incidents: Expected deaths increased slightly in line with the national picture and unexpected deaths continued to decline; 85% of incidents reported rated as no or low harm. 14 unexpected deaths were raised to Serious Incident Review (SI); there were five LeDeR reports and three inpatient deaths; two older people died from physical health complexities. Of the 29 inquests in relation to ELFT patients, 24 were closed as Coroners conclusions and five deaths were declared as suicides.
- Safety management update: Timeliness of SI reviews improved following quality improvement focus on reviewing systems, roles and responsibilities. Ongoing SI transformation work continues toward embedding the new Patient Safety Incident Response Framework (PSIRF) which will also look to improve the quality of SI responses.
- Patient safety learning: Work is ongoing to increase learning including from the Freedom to Speak Up Guardian and from patients through Care Opinion, PALS and complaints. Learning themes from SIs include non-inclusion of carer/next of kin; gap in provision of medication advice; observations issues and missed safeguarding opportunities. A number of initiatives under way to improve sharing of learning from safety across the Trust including cascading of learning points; briefings; learning lessons seminars; and establishment of a learning from safety working group. An annual safety learning event is scheduled for April
- Safety improvement and oversight: Patient Safety Forum continues to oversee work to embed the Trust's patient safety plan alongside Trustwide safety improvement priority work which is identified by triangulating themes from triangulated safety data alongside soft intelligence from staff and service users, huddle system, operational forums and walkarounds. Current improvement projects include resuscitation, safety culture and VTE risk assessment.

**Update on Aldgate Ward:** Two reviews (one cultural and one clinical) were commissioned following incidents of staff abusing a patient on the ward. Although the reviews are still under way, an action plan is being implemented with Executive oversight. An unannounced Mental Health Act visit by CQC has received positive feedback about the ward including from patients, staff, an independent mental health advocate and a carer.

### **Guardian of Safe Working Q3**

- Junior doctor work schedules remain compliant with the junior doctor contract
- Reporting of exceptions to work schedules has decreased with 37 reports (compared to 43 in Q2) in the period including one breach of the rest rules; rotas are designed to mitigate any risk associated with breaches

- 312 vacant shifts, the majority covered by internal staff and 11.8% by agency; this is a reduction in the number of vacant shifts requiring cover but an increase in the percentage of shifts requiring cover by agency doctors.

**Recording of Referrals to Social Care QI Project:** Aim of the QI project is to improve the recording of referrals to children's social care Trust-wide and is now trialling how Datix can support the recording process reflecting the process for recording adults' safeguarding referrals. The use of Datix will streamline process for recording referrals across all record keeping systems, will simplify the process for extracting data relating to referrals and will support the identification of safeguarding themes and trends across all areas.

**Internal Audit:** A final report has been issued on Use of Force with reasonable assurance rating. Good progress against the risk management audit which should conclude the plan for 2022/2023.

#### **Board Assurance Framework: Improved patient experience**

**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.*

- Demand remains high in crisis services and bed occupancy; mitigating actions include a Trustwide QI programme on optimising flow; work led by CQO across NEL on standardising data and to understand causes of delays in each ED; focused work on mental health urgent and emergency care across NEL
- No significant escalation feedback or indication of significant safety concerns received following four CQC unannounced inspections in February 2023 following information request for all SI related to inpatient deaths by suicide and incidents of serious self-harm of detained patients. Focused report to be issued by CQC and learning will be applied to the Trust's CQC ongoing readiness work
- The Committee agreed there were no changes to the risk score and that appropriate controls are in place and operating effectively.

**Quality Accounts 2022-2023 Update:** Limited completion guidance received to do so are proceeding in line with last year's requirements and process.

#### **Terms of Reference and Committee's Effectiveness Reviews**

- Updated terms of reference, were supported and recommended for **approval** by the Board; attached at appendix 1. The changes aim to provide clarity, strengthen and bring up to date the duties of the Committee, and to reflect any changes to the external/regulatory environment. These are identified in green font in the appendix
- The proposal for a facilitated discussion on its effectiveness, recognising the value collaborative reflection was supported.

#### **Previous Minutes**

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

## Quality Assurance Committee

### Terms of Reference

#### 1 Authority

- 1.1 The Quality Assurance Committee (Committee) is constituted as a standing committee of the Trust's Board of Directors (Board). Its constitution and terms of reference is set out below, subject to amendment and approval by the Board.
- 1.2 The Committee is authorised by the Board to act within these terms of reference.
- 1.3 The Committee is authorised to obtain such internal information as is 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.
- 1.4 The Committee is authorised to obtain outside legal or other independent professional advice and to secure the attendance of external individuals/organisations with relevant experience and expertise if it considers this necessary in support of its duties.
- 1.5 These terms of reference shall be read in conjunction with the Trust's Scheme of Delegation, Standing Orders, Constitution and Standing Financial Instructions as appropriate.

#### 2 Purpose

- 2.1 The purpose of the Committee is to provide assurance to the Board on and oversee:
  - Effective delivery of safe and quality care
  - Positive experience and outcomes for service users and carers, and equality and inclusion
  - Quality assurance and quality improvement underpins all we do
  - Effective control and management of quality and safety related risk within the Trust.
- 2.2 The duties and responsibilities of the Committee as detailed below cover quality assurance and improvement, governance and risk, quality and safety reporting, and audit and assurance.
- 2.3 In carrying out this work the Committee will seek reports and assurances from directors and managers, and other Trust committees in addition to the Quality Committee as appropriate, concentrating on the over-arching system of quality governance, together with indicators of its effectiveness, and will also utilise the work of internal audit and other assurance functions.

#### 3 Duties

##### 3.1 Quality and safety

- Review and monitor the effectiveness of:
  - The Trust's patient safety plan and priorities to improve safety of patients and staff via improvements in safety systems and culture
  - The systems and framework for responding to patient safety concerns
  - The review of serious incidents, mortality, learning from deaths, claims and inquests from within the Trust and wider NHS to receive assurance that

appropriate investigation, thematic review, trends identification and learning to reduce risk has been undertaken and is implemented

- The assurance that patients/service users and carers are engaged in the business of the Trust and have a voice in service provision, change and improvements
- The arrangements in place to protect the health and safety of Trust staff
- Receive and review, as relevant, reports of or relating to the Integrated Care Systems and provider collaboratives in relation to the quality and safety of services.

### 3.2 Quality assurance, governance and improvement

- Review and monitor:
  - All aspects of the Trust's quality governance activities that support the achievement of the Trust's strategic priorities
  - The Trust's quality assurance and plans and progress of their implementation
  - Strategies relating to healthcare governance (including clinical audit, research, education, and information governance plans)
  - The governance arrangements in place in clinical directorates, through the directorate quality and safety reports/presentations and thematic deep dives
  - All healthcare governance related disclosure statements (including declarations of compliance with the Care Quality Commission (CQC) requirements), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances
  - The assurance processes in place to ensure compliance with CQC requirements, reports from the CQC and the Trust's responses and the development and monitoring of progress against action plans
  - The Trust's annual quality governance statutory reports including (but not limited to) Quality Accounts; infection prevention and control; adult and children safeguarding; complaints; claims; patient safety and learning from deaths (mortality); etc for approval
- Promote the achievement and improvement of quality across the Trust.

### 3.3 Culture

- Promote a culture of learning and continuous improvement
- Support the Board to promote within the Trust a culture of open and honest reporting on any situation that may threaten the quality of patient care as part of the delivery of safe and effective care.

### 3.4 Risk management and internal controls

- Monitor the risks as assigned to the Committee associated with the Trust's strategic priority in relation to improved patient experience, their controls and assurances via the Board Assurance Framework providing onward assurance to the Trust's Audit Committee and Board that appropriate controls are in place and operating effectively
- Escalate to the Board or refer to the relevant standing committee unresolved risks arising within the scope of these terms of reference that require action or that pose significant threats to the operation, resources or reputation of the Trust and, where appropriate, make recommendations to the Board if it proposes to add or remove any risk
- Receive and review the findings of quality related internal audit reports and seek assurance that recommendations are implemented in a timely and effective way
- Review the findings of other significant assurance functions, i.e. external to the Trust, and consider the implications to the quality governance of the organisation
- Receive and review the assurance that can be derived from specific areas of risk identified by the Committee through receiving reports from Directors and managers in order to drill down in areas of risk.

### 3.5 Establish such sub-groups/committees as it deems necessary to support it to discharge its functions. In so doing the Committee will inform the Board of the establishment of such sub-

groups/committees and present to the Board the terms of reference of the sub-groups, ensuring compliance with the Scheme of Delegation.

## **4 Membership**

- 4.1 The members of the Committee will be appointed by the Board and comprise:
- Three Non-Executive Directors, one of whom will be the chair of the Committee
  - Chief Medical Officer
  - Chief Nurse (Executive Lead)
  - Chief Operating Officer
  - Chief Quality Officer
  - Head of Internal Audit (or representative).
- 4.2 The chair of the Committee shall be appointed by the Board.
- 4.3 In the absence of the chair of the Committee, one of the other Non-Executive Director members will chair the Committee meeting.
- 4.4 One Non-Executive Director member of the Committee will also be a member of the Audit Committee.

## **5 Quorum**

- 5.1 A quorum will be three members, including at least two Non-Executive Directors.
- 5.2 If the Committee is not quorate, the meeting may be postponed at the discretion of the Committee chair. If the meeting takes place and is not quorate, no decisions may be made at this meeting and such matters will be deferred until the next quorate meeting.

## **6 Attendance at Meetings**

- 6.1 All members are expected to attend each meeting.
- 6.2 Only members and any named attendees of the Committee have the right to attend meetings.
- 6.3 Other Trust Directors or staff or external advisers may be invited by the Committee chair to attend for all or part of any meeting when appropriate to assist in deliberations.
- 6.4 Attendance at meetings may be by face to face or remotely. Remote meetings may involve the use of telephone and/or electronic conference facilities. Any Committee member with the agreement of the Committee chair may participate in a meeting by way of telephone, computer or any other electronic means of communication provided that each person is able to hear and speak. A person participating in this way is deemed to be present in person although their actual location shall be noted in the minutes; and will be counted in a quorum and entitled to vote.

## **7 Support to the Committee**

- 7.1 The Director of Corporate Governance will act as Company Secretary to the Committee and working with the Executive Director Committee lead(s) will:
- Agree the agenda with the Committee chair
  - Ensure meeting papers are distributed in good time
  - Ensure minutes are taken, action points and matters arising are recorded and followed up
  - Advise the Committee on pertinent areas



- Draft the assurance report for the Board following each Committee meeting
- Draft the Committee's annual report of the review of its effectiveness and the terms of reference.

## **8 Frequency of Meetings**

- 8.1 The Committee will normally meet six times a year (bi-monthly) and as required to fulfil its duties as the Committee chair shall decide. An additional meeting may also be held to receive the statutory and regulatory quality and safety related annual reports.
- 8.2 Where a decision needs to be taken outside the normal cycle of meetings, and where the matter is not deemed by the Committee chair to require an additional meeting to be called, the decision may be made via email. This approach will be used on an exceptions basis. Decisions via email will be reported to the next meeting and the wording of the decision minuted.

## **9 Conflicts of Interest**

- 9.1 Where a Committee member or attendee has an interest, or becomes aware of an interest which could lead to a conflict of interest in the event of the Committee and subsequently the Board considering an action or decision in relation to that interest, that must be considered as a potential conflict, is subject to the provisions of the Trust's Standards of Business Conduct Policy or other protocols or arrangements relating to the management of Conflicts of Interest.
- 9.2 At the beginning of each meeting as a standing agenda item, the Committee chair will ask members to highlight any conflicts of interest and identify any items/issues that may raise a conflict of interest for any Board member.
- 9.3 If any member or attendee has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, they will declare that interest as early as possible and not participate in the discussions. The Committee chair has the authority to request that member or invitee to withdraw until its consideration has been completed.
- 9.4 An up to date Register of Interests will be available on the Trust's website for public scrutiny.

## **10 Reporting and Minutes**

- 10.1 The Committee chair will provide an assurance report to the Board after each meeting; this will be drafted by the Director of Corporate Governance. The report will set out the matters discussed together with any recommendations to the Board.
- 10.2 The Committee chair will highlight to the Board any pertinent issues and/or those that require disclosure, escalation, action or approval of the full Board.
- 10.3 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.
- 10.4 The approved minutes will be available to the Board on request and presented to Audit Committee at their subsequent meeting.
- 10.5 The Committee will receive and agree a description of its work (in the form of an annual forward plan), and will regularly monitor progress against this plan.



## **11 Sub-Committees/Groups**

- 11.1 The Committee's sub-committees/groups are:
- Quality Committee.
- 11.2 The Committee will receive regular assurance reports and an annual report from its designated sub-committees/groups
- 11.3 Where appropriate the Committee will liaise with other relevant Trust Board sub-committees to ensure an integrated and consistent approach to quality, finance, performance and communication.

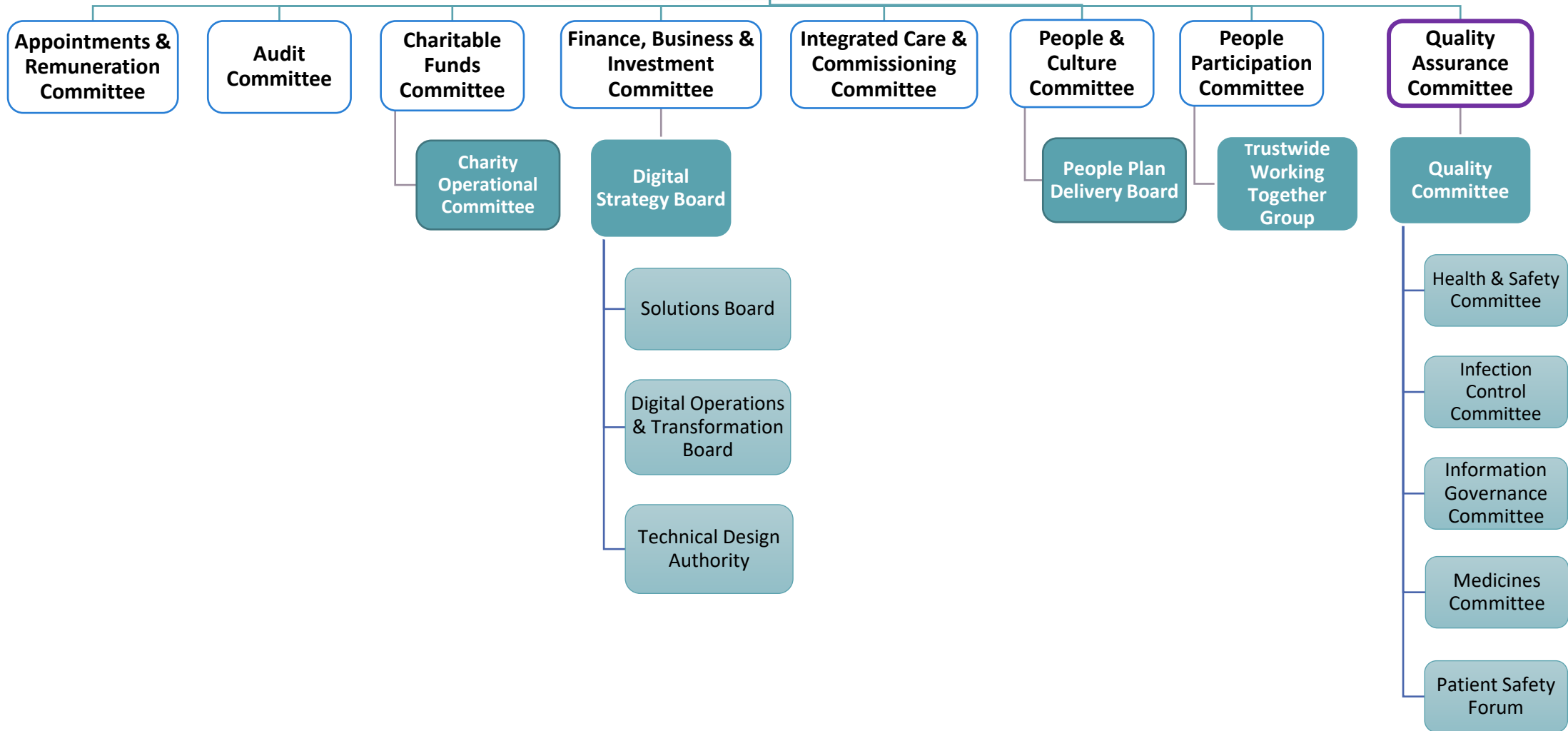
## **12 Review**

- 12.1 The Committee will undertake an annual review of its effectiveness and provide a report to the Board of its findings including highlighting areas for improvement.
- 12.2 Terms of reference will be reviewed annually and reported to the Board for ratification.

## **13 Review Dates**

- 13.1 Date approved: March 2023
- 13.2 Next review date: March 2024

# Board of Directors



## REPORT TO THE TRUST BOARD IN PUBLIC

### 30 March 2023

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

### Purpose of the report

- The Quality Report provides the board with an overview of quality across the Trust, incorporating the two domains of assurance and improvement. Quality control is contained within the integrated performance report, which contains quality measures at organisational level.
- This report is aimed at providing assurance to the Board on specific areas of quality, and on delivery of our quality improvement plan.

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

n/a	n/a
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### Key messages

The quality assurance section focuses on the quality and safety of inpatient care, following on from the November 2022 board report. We focus specifically on those inpatient wards that are most at risk of developing closed cultures, outlining the risk factors and warning signs. The report summarises what our data tells us about these high-risk services, based on known warning signs such as incident reporting, use of restrictive practices, openness to external scrutiny and engagement of service users in providing feedback and improving services. The report also outlines the various workstreams underway to continue to strengthen our systems of quality and safety, from the leadership framework that we are currently co-designing across the Trust, to the data systems that give people intelligence about quality and safety within our services, to the testing of a new safety culture survey across inpatient teams.

The quality improvement section summarises progress in delivering the 2022-23 plan. The report provides a number of stories of how teams are applying quality improvement under each of the Trust's strategic objectives. For example, a junior staff member shares how their experience of work has improved after undertaking quality improvement training. This has had a positive impact on their personal life, confidence and they are now training to be a QI coach to support others.

More people are undertaking QI training and we have received CPD (continuous professional development) accreditation by an external independent body for the Pocket QI training programme and accreditation of the Improvement Leaders' Programme is underway.

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

## 1.0 Quality Assurance

- 1.1 This section of the quality report follows up on the report received by the Board at the November 2022 meeting, providing assurance on our approach at ELFT to ensuring a culture of quality in our inpatient units, in light of two television documentaries identifying significant concerns at two units across the country, and the launch of a subsequent independent rapid review into patient safety in mental health inpatient settings by the Department of Health and Social Care.
- 1.2 From the November 2022 Board discussion on this topic, a question arose about how we might identify those ELFT services most at risk of closed cultures forming, and provide assurance regarding vigilance and mitigation of risk in those services. That question forms the focus of the QA section of this board paper, and aims at providing assurance to the Board that the Trust is aware of our higher risk services, and that we have appropriate structures and processes in place to monitor the risk.

## 2.0 Background

- 2.1 Drawing upon evidence, national policy and their experience of inspection, the CQC define a closed culture as 'a poor culture that can lead to harm, including human rights breaches such as abuse'. In these services, people are more likely to be at risk of deliberate or unintentional harm. The CQC take the view that any service that delivers care can have a closed culture. However, they set out factors that increase risk of such cultures developing:
  - services where people are unable to leave of their own accord
  - live-in services such as shared lives schemes or supported living services
  - any service where one-to-one care is provided
  - a provider changing the type of service it offers in response to market or other influences.
- 2.2 The CQC provide a useful framework for understanding risks and warning signs pertaining to closed cultures. They set out indicators to help recognise when a closed culture exists, the inherent risk factors relating to the indicator, and warning signs that there may be increased risk against those indicators.

Indicator	Inherent risks	Warning signs
People may experience poor care, including unlawful restrictions	<ul style="list-style-type: none"> <li>• People in a service are highly dependent on staff for their basic needs.</li> <li>• People in a service are less able to speak up for themselves without good support, for example, in learning disability or children's services or care homes for people with dementia.</li> <li>• Restrictive practices are used in a service.</li> <li>• People remain in a service such as a mental health unit for months or years.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff not understanding or speaking warmly about the people they are caring for.</li> <li>• Staff belittling, excluding or taunting people.</li> <li>• Care plans not being individualised or reflecting the person's voice.</li> <li>• A lack of reasonable adjustments for disabled people.</li> <li>• Poor or absent communication plans for people who have communication needs and or communication plans not being followed.</li> <li>• Potentially punitive approach to care.</li> <li>• Restrictions, including restraint, long-term segregation and prolonged seclusion, being imposed on people without an assessment of need, legal authority/legitimate aim or that have been imposed legitimately but are not subject to review and or do not ease over time.</li> <li>• Blanket restrictions are in place and are not necessarily the least restrictive option.</li> <li>• People being asked to go to their rooms or another area and prevented from leaving.</li> <li>• The way premises are being used leads to increased restriction or lack of choice for people. For example, in mental health services, seclusion facilities are being used for long-term segregation without any adaptations to meet the needs of the person.</li> <li>• Poor application or understanding of the Mental Capacity Act (MCA) and Mental Health Act (MHA), including not following the MCA, DoLS and MHA Codes of Practice.</li> <li>• Concerns about medicine management including inappropriate use of medicines to restrain or control behaviour.</li> <li>• People are not safeguarded against discrimination, harm and abuse. For example, specific concerns raised in relation to this or a high or increasing number of safeguarding incidents, complaints, poor feedback through surveys, NHS choices or other notifications.</li> <li>• In inpatient mental health units, no or poor information about rights provided to people and their families when they first arrive in hospital as well as at regular interval during their stay in hospital.</li> </ul>
Weak leadership and management	<ul style="list-style-type: none"> <li>• The service sometimes runs without a manager or leader. Reasons for this include frequent changes in management and management responsibility for more than one site.</li> <li>• The workforce comprises members of staff who are either related or friends, causing 'cliques' to form.</li> <li>• There is a lack of openness and transparency between managers, staff, people using the service and external professionals and organisations.</li> <li>• Managers do not lead by example and governance is poor.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff are not supported or encouraged to raise concerns and or staff are actively discouraged and are afraid to 'speak out'. (This may be due to ineffective whistleblowing policies, or a lack of support and guidance for staff.)</li> <li>• There are differing views between the multidisciplinary team or managers and care staff about how people are being supported.</li> <li>• Manager failing to monitor, and address issues raised by staff, people using the service, relatives and visitors to the service. Allegations of cover ups.</li> <li>• Manager failing to engage and respond to recommendations of external agencies and professionals.</li> <li>• Notifications to CQC are poorly completed, lack detail and concerns exist about tone of language.</li> <li>• There are concerns about the condition and suitability of the physical environment that people are living in, which are not being adequately addressed in a timely way. In mental health hospitals, this may include not meeting the MHA Code of Practice.</li> <li>• Allegations of staff bullying.</li> <li>• Staff work excessively long hours or overtime.</li> <li>• Shift patterns within the service mean that the same people are always working together.</li> <li>• A failure to respond to any negative impact of a pandemic or incident such as COVID-19.</li> </ul>
Poor skills, training and supervision of staff providing care	<ul style="list-style-type: none"> <li>• There is a high turnover of staff.</li> <li>• There are consistent staff shortages.</li> </ul>	<ul style="list-style-type: none"> <li>• A lack of suitable recruitment and induction.</li> <li>• A high use of poorly inducted agency staff or locums who do not know people's needs.</li> </ul>

	<ul style="list-style-type: none"> <li>• There is a lack of suitable induction, training, monitoring and supervision of staff.</li> </ul>	<ul style="list-style-type: none"> <li>• A failure to provide regular, good quality staff supervision and time for debriefs and reflective practice. There may also be a lack of monitoring and challenge to poor practice.</li> <li>• Staff are not being given training that enables them to meet the needs of, and or effectively safeguard people using the service. For example, a lack of training in autism or the care of people with a learning disability or dementia.</li> </ul>
Lack of external oversight	<ul style="list-style-type: none"> <li>• The service is in an isolated location resulting in people using the service having limited access to community services and facilities and less opportunities for friends and family to visit.</li> <li>• The provider is operating at scale and/or nationwide with regional managers covering large areas.</li> </ul>	<ul style="list-style-type: none"> <li>• There is a lack of monitoring by outside agencies.</li> <li>• There is limited interaction with outside agencies due to failings on the part of the service to submit mandatory information such as notifications or safeguarding referrals.</li> <li>• There are few visitors and a lack of initiatives to support regular contact with loved ones either in person or remotely.</li> <li>• The service does not respond to CQC, commissioners or other external requests for information in a timely way.</li> <li>• Families do not have a good working relationship with the provider and or are not aware of how their loved one is being cared for</li> </ul>

2.3 As will be evident from the range of risks and warning signs, there is no one way of identifying a closed culture, or spotting one forming. It is a case of being mindful and vigilant of the risks, and triangulating data (both hard and soft) to build an understanding of the current quality and safety culture to enable appropriate action in a timely fashion before behaviours and cultures become embedded and patient care and treatment suffers.

2.4 Many of the risk factors set out above are subject to ongoing scrutiny by the CQC, and are set out in their 'CQC Insight' report that brings together in one place the information CQC holds and analyses about our services to monitor quality of care and any changes that may be taking place. These reports, the data they contains and what that tells us, are a feature of the regular communication between the trust and our lead inspector.

2.5 In discussion with clinical leaders working with our in-patient services, it is apparent that they are conscious of the potential for closed cultures to form in any service, but that they consider risk to be elevated in those services that are:

- Closed (locked) environments – i.e. forensic services, psychiatric intensive care units (PICU)
- Stand-alone / physically isolated sites – i.e. Oakley Court, Fountains Court, Townsend Court, Cedar House
- Providing a service to particularly vulnerable people – i.e. learning disabilities wards (currently only existing as part of Forensic Services).

### 3.0 What our data and intelligence tells us about higher risk services

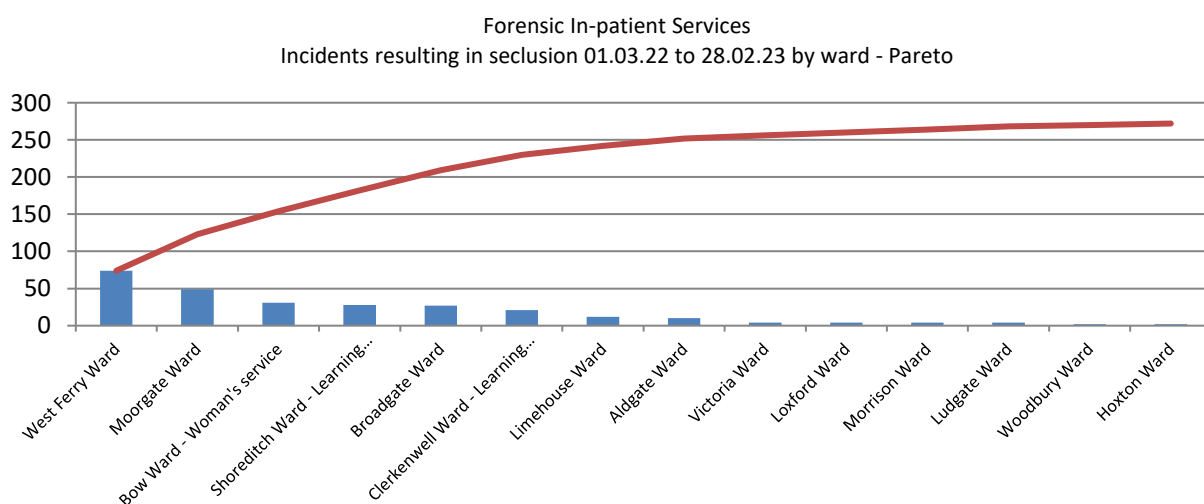
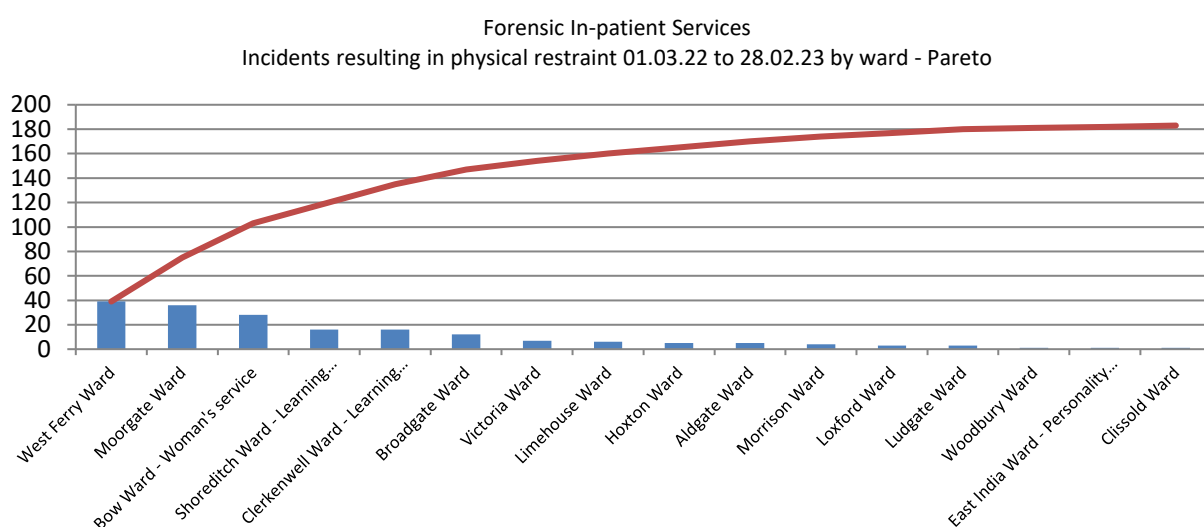
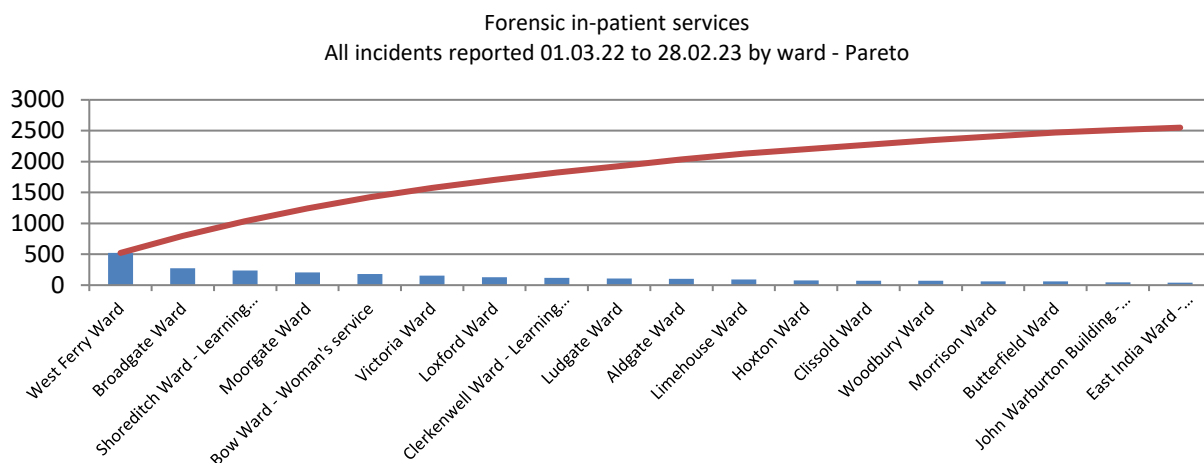
3.1 There is a wealth of quality and safety data collected and made available to services and management at all levels across the organisation. Structures are in place at ward level, directorate level and trust level to review and understand that data, and ensure the appropriate action is taken when improvement is required. It is important to view data in the round, and to consider it alongside other soft intelligence to understand quality and safety culture, and its impact on care and treatment.

3.2 In order to provide assurance on those inpatient wards most at risk of developing closed cultures, we will look at three key warning signs as set out above:

- Reporting of restrictive practices – in particular restraint and seclusion
- Openness to scrutiny from outside agencies - Accreditation
- Ability to provide feedback on services – Friends and Family Test.

### 3.3 Forensic Services

The charts below show the frequency of incident reporting, use of restraint and seclusion across Forensic wards. This demonstrates a healthy culture of reporting across these higher risk wards, with greatest frequency of incidents and restrictive practice on our intensive care and specialist ward environments.



The table below shows engagement of the forensic inpatient wards in our internal quality assurance programme, service-user led accreditation. This programme provides external assurance, from a service user perspective, on standards set by our service users. Of note, both learning disability wards (Shoreditch and Clerkenwell) have received Gold accreditation.

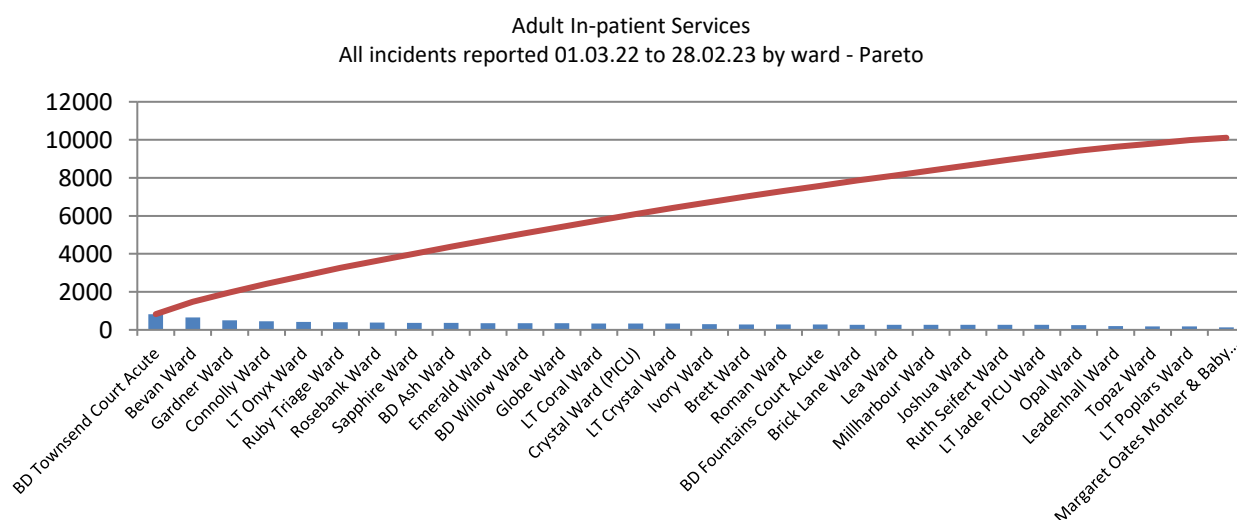
Service	Award
Bow	Gold
Butterfield	Gold
Clerkenwell	Gold
Ludgate	Registered – yet to start
Shoreditch	Gold
Victoria	Registered – in progress

Forensic in-patient services collectively participate in the Royal College of Psychiatrists' Quality Network for Forensic In-patient Services, the aim of which is to facilitate quality improvement through a supportive network and peer-review process.

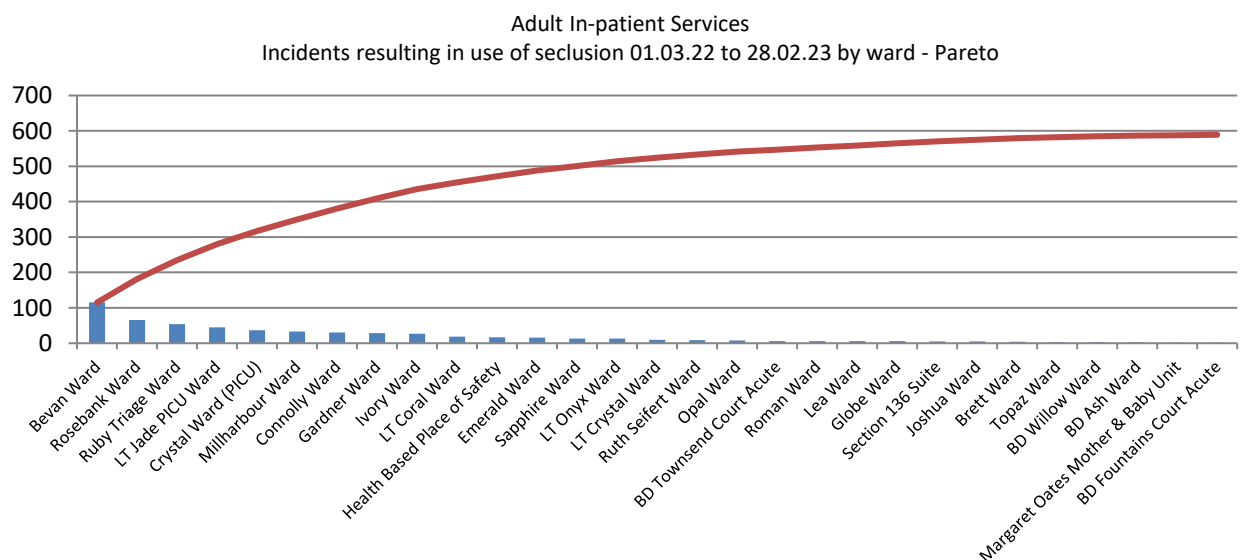
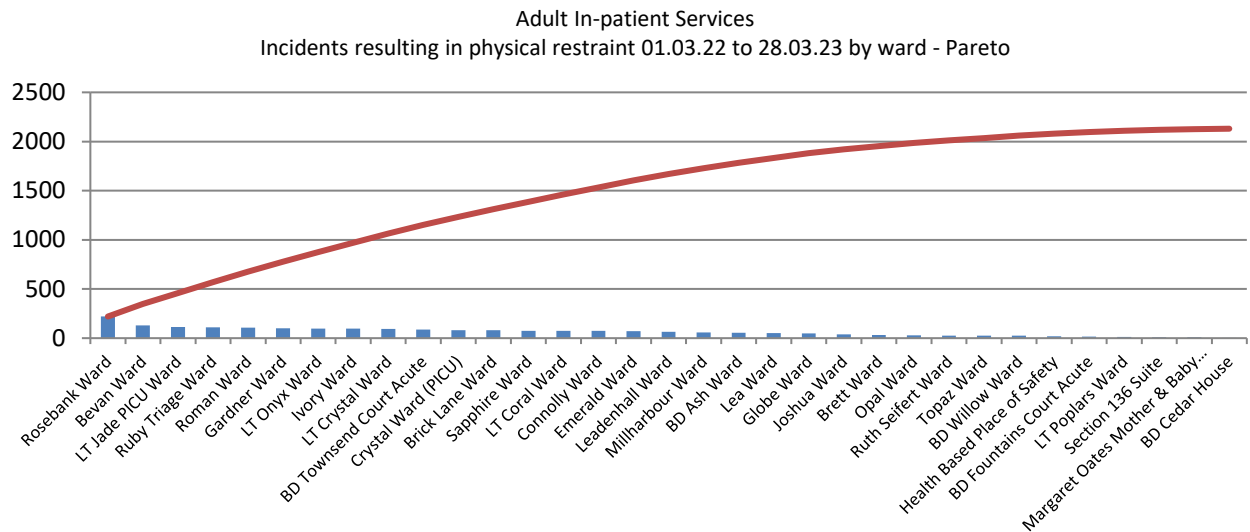
Due to the nature of the service provided, forensic in-patient wards don't routinely collect patient feedback surveys incorporating FFT. However, they have committed to promoting Care Opinion as a platform for service users to share the stories of their experience. There is also a well-established service user involvement group at both the John Howard Centre and Wolfson House, ensuring that service users have a way to voice their opinions on the service, and to contribute towards improving the service. Every ward in the forensic service is engaged in quality improvement activity, with 13 of the 18 projects demonstrating coproduction of improvement with service users and/or carers as part of the project team from the very start.

### 3.4 Psychiatric intensive care units (Jade, Bevan, Crystal, Millharbour and Rosebank) and geographically isolated units (Ash Ward, Willow Ward, Fountains Court, Townsend Court, Cedar House)

The charts below show the frequency of reported incidents, restraints and seclusion across our psychiatric intensive care units and adult mental health wards. The greatest use of restrictive practices is on our intensive care wards.

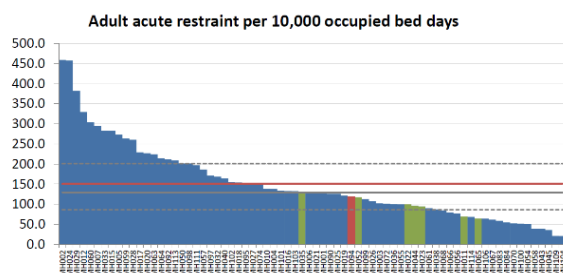




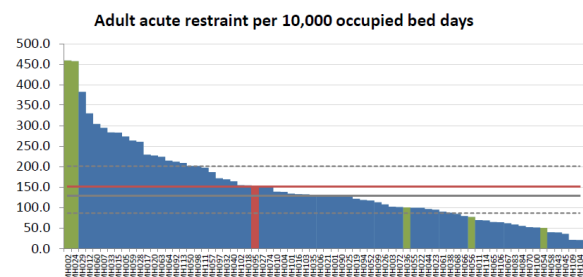


When we look at comparative data across the country from the NHS Benchmarking network, the use of restraint on our adult inpatient wards does not represent an outlier. The red column represents our wards, in comparison to other mental health providers across England.

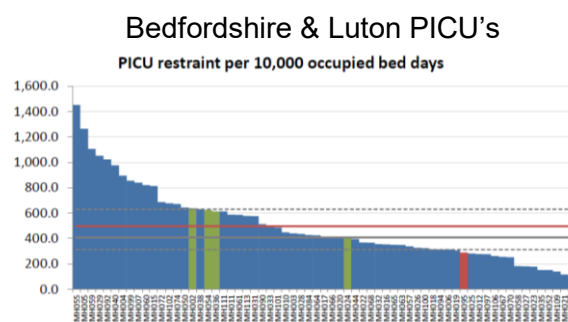
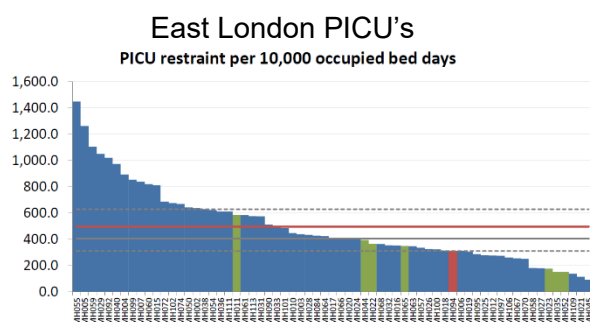
East London wards



Bedfordshire & Luton wards



For our psychiatric intensive care units, the charts below show the use of restraint is relatively low compared to other similar units across the country.



When looking at engagement in internal and external quality assurance processes, the Quality Network for Psychiatric Intensive Care Units (QNPICU) is available through the RCPsych to all PICU services. This programme supports psychiatric intensive care units, through a process of self and peer review.

PICU	QNPICU participation	Service User-led Accreditation
Bevan	Yes	Silver
Crystal	Yes	-
Jade	Yes	-
Millharbour	No	-
Rosebank	No	-

Similarly, the Quality Network for Inpatient Working Age Mental Health Services (QNWA) supports acute working-age inpatient services, through a comprehensive process of self and peer review.

Geographically isolated services	QNWA participation	Service User-led Accreditation
Ash Ward	Yes	Silver
Willow Ward	Yes	Gold
Cedar House	No	Gold
Fountains Court	No	Gold
Townsend Court	No	Bronze

All acute in-patient services are expected to collect patient feedback through the trust PREM survey. Set out below are number of feedback surveys collected during the 6 months from September 2022 to March 2023:

PICU	Survey responses
Bevan	0
Crystal	33
Jade	40
Millharbour	103
Rosebank	45

Stand-alone services	Survey responses
Ash Ward	14
Willow Ward	11
Cedar House	21
Fountains Court	18
Townsend Court	90

- 3.5 Overall, the data provides a general picture of openness in terms of incident reporting, relatively low use of restraint, external scrutiny through accreditation programmes, and a developed system of service user feedback. Clearly there are some higher risk services that are not currently engaged in the internal and external assurance programmes. We will be working with these inpatient teams to ensure all the higher risk wards above are enrolled in both the service user led accreditation programme at ELFT and the RCPsych peer networks over the next few months.

#### **4.0 How we identify, manage and predict risk**

- 4.1 The paper received by the Board in November set out some of the ways all services maintain vigilance of risks of closed cultures forming, and quality and safety being impacted. Central to both vigilance and prevention was good leadership, characterised by visibility and openness. Key leadership behaviours were identified:
- Leadership walkrounds
  - Paying attention to key data, including lack of it
  - Monitoring engagement in core quality processes and activities in the round
  - Triangulating data to build a deeper understanding of an issue or aspect of quality and safety
  - Using objective measures of safety culture.
- 4.2 Discussion with Directors of Nursing and Associate Clinical Directors with responsibility for in-patient services has highlighted that, to a large extent, these behaviours and interventions apply across all services, and that monitoring of those services at elevated risk is not bespoke. The same core approach applies – visible and engaged leadership, attention to, and triangulation of, key data, listening to feedback, and effective use of local quality and governance structures to support, enable and bring transparency to these things.
- 4.3 However, it is also apparent that particular attention is routinely, and consistently, paid by clinical leaders to certain features of higher risk services, and that all of these connect back to the risk factors set out at the beginning of the report. Some of these could be characterised as forming ‘soft intelligence’ that may be difficult to measure formally but can be readily observed or sensed by experienced clinicians, and serve to complement hard data in the process of understanding culture and its impacts.

#### **Use of language**

This may be observed in staff-staff or staff-patient interactions, but also in patient records. Through monitoring the use of language, leaders gain greater understanding of prevailing attitudes and behaviours. Forensic services have created an audit tool for routinely checking their patient records for language that is indicative of behaviours and attitudes that are not aligned with trust values, and high quality care and treatment. It may be helpful to share the tool they employ and mandate its use across all in-patient services.

#### **Staffing**

Two particular aspects of staffing are monitored closely:

- Staffing of night shifts and how well this is rotated – night shifts are identified as a high-risk time as there is considerably less oversight as part of routine operations. Leaders are vigilant to staff spending excessive time on night shifts, leading to less supervision, participation in multi-disciplinary discussions etc., and the possibility of the formation of cliques within a team
- Overall staffing levels and turnover – ensuring enough staff on duty, and the correct skill mix, that there is operational leadership and strong role models on shift for junior or unqualified staff, consistency of leadership and continuity of staffing

(balanced by healthy turnover that brings fresh ideas, challenge, and protects against formation of cliques).

### **Attention to wellbeing**

There is a strong sense that staff groups who do not look after themselves are likely to be less able to look after others as a result. Leaders are vigilant for signs that staff are not paying sufficient attention to wellbeing, through their environment (is it clean, tidy, properly appointed etc), what the staff-only spaces look like, whether breaks are being taken, and where there is a mechanism for conversation, feedback and testing of new ideas related to wellbeing.

### **Character of the team**

Clinical leaders are sensitive to how 'engaged' a team is. Commonly this is felt in interactions through 'creativity', 'spark', 'team cohesion', and the willingness to participate in quality improvement. The clinical director in each directorate chairs the monthly QI forum, which provides oversight over all quality improvement activity to ensure that teams are engaging in the process of reflection, dialogue over what could be improved, and working together to understand problems, develop ideas and test these in practice.

### **Utilisation of away days**

Away days are crucial for wellbeing (see above), but also an essential space for reflection and learning, for all staff to come together (protecting against cliques forming), and to enable review and discussion of key quality metrics, and prioritise areas for improvement. Leaders are clear that these away days must happen regularly and be well attended, and monitor this closely.

### **Cultivation of partnerships**

Wards should be open to third party scrutiny and challenge – for example, visits from other organisations, commissioners from the integrated care boards, advocacy, other teams within the Trust through our CQC readiness programme. Clinical leaders make it part of their day-to-day work to promote and cultivate such relationships and enable external scrutiny and constructive criticism. While there was a high level of consistency across the approaches described by leaders of different services, it may be helpful to develop a standard framework based on the above that could provide the foundation of a cultural early warning system. The Head of Quality Assurance will be exploring this further with the Senior Nursing group.

## **5.0 Further actions to strengthen quality and assurance**

5.1 Actions are underway to strengthen our approach to quality and safety generally, and enhance both prevention and vigilance around closed cultures. Progress on the areas below will continue to be provided through the Quality Assurance committee.

- The executive team is currently involving staff and service users in co-designing a standard framework that describes 'Leadership at ELFT'. Whilst we have some clues and beliefs about leadership beliefs that are related to the development of high quality, continuously improving care, there is a need to standardise this so that we can support all staff to learn, practise and adopt these leadership behaviours and establish a way to measure and improve leadership in a systematic way. A series of workshops have been held between December and March in every part of the organisation. The discussions and ideas are being analysed, and a prototype framework will be tested with various groups before coming to the Board in May.
- A Safety Culture survey has been co-designed with services and is now a feature of the Trust's CQC readiness programme. This will allow every inpatient member of

staff to contribute towards a holistic understanding of patient safety within the ward. The data will then be used for a debrief, and targeted work led by a member of the directorate management team to strengthen particular elements. The safety culture survey is being completed within East London adult inpatient wards at present, and will be undertaken by all in-patient services during the course of 2023, and repeated annually.

- The use of data continues to be strengthened across ELFT. Within the last two years, we have developed new real-time analytics in PowerBI that are accessible to all inpatient members of staff from any device, which triangulate data on quality, safety, service user experience and outcomes, staffing and finance. Eight inpatient wards have been testing the use of real-time screens within the ward office, and these will be scaled up across all forensic wards in the next financial year. A unique early warning system for inpatient wards has been developed at ELFT, which utilises data from six different metrics to alert clinicians to possible signs of concern on a ward before a serious event occurs. This system will be further strengthened in the next year through the addition of staffing and finance data, and automated emails to alert relevant clinicians and managers.
- The questions utilised in our patient-reported experience measures are currently being reviewed by our service users, carers and services. The opportunity will be taken to consider a question that specifically explores service user and carer perception and experience of safety culture in in-patient services. The refreshed survey will be implemented from May 2023.
- A new online quality and risk management platform has been procured that will improve efficiency, reporting, and visibility of quality and risk management activities, facilitate the integration and triangulation of data, and enhance the ability to track and monitor actions to manage risk and deliver improvement. This system will be implemented Trustwide during 2023.
- Focus on in-patient recruitment and retention is underway to address the known workforce challenges and mitigate the effect of community investment and transformation on in-patient services. The impact will be tracked by the People and Culture Committee during 2023.

## **6.0 Quality Improvement**

- 6.1 The quality improvement plan supports delivery of the organisation's strategic objectives to improve population health, improve service user and staff experience and to improve value across the Trust. This section of the paper serves to provide assurance to the board on the delivery of the annual quality improvement (QI) plan.

## **7.0 Improved Population Health**

### **7.1 *Triple Aim***

Seven teams across the organisation are working on improving population health using the triple aim approach, working across organisational boundaries to simultaneously improve outcomes, experience and value. The teams are working on different populations including veterans, asylum seekers, homeless people, children, people who frequently present to crisis mental health services and people with long-term conditions accessing talking therapies.

- 7.2 One of the project teams from Newham adult mental health is focusing on frequent users of the crisis pathway to help them thrive, be socially connected and receive the right

support at the right time. The team have been testing and learning from the use of apps to reduce social isolation and loneliness. They have broadened their approach by seeking support from the Working Together Group for deeper service user involvement. They are now testing offering 1:1 support from community connectors to help service users access the Crisis Café to reduce social isolation and loneliness, and increase connection with the local community. This will also provide out-of-hours support at high-risk times for crisis presentations. The team will also be inviting stakeholders from the third sector to engage in this project.

### **7.3     *Addressing inequalities – ELFT Pursuing Equity programme***

Fifteen teams from across the trust are being supported to use QI to pursue equity for specific populations that they serve. Since the programme launched in April 2022, 11 of the 15 teams in the programme are testing change ideas, with four having seen an improvement. Four teams are developing driver diagrams to construct their change theory and are receiving coaching support to help them begin testing change ideas.

- 7.4     An example of this work is from Newham Talking Therapies, who provide psychological support for those with anxiety and depression. The team are working to improve access for young black men aged 18-25. The team have been working with service users and partners from healthcare, the local authority, the voluntary sector and religious institutions to understand some of the challenges faced by this group. Some of the key themes include stigma, assumptions around talking about mental health held by the population and a lack of representation within the service. This has helped develop a driver diagram with their change theory and the team have started testing change ideas. The first idea has been to promote stories on wellbeing with a focus on young black men and members of staff from the population sharing their perspectives.

## **8.0     Improved Experience of Care**

### **8.1     *Reducing waiting times and improving access to services – Optimising Flow programme***

- 8.2     Since June 2022, 19 teams have been coming together to share ideas and apply QI to optimise flow through patient pathways in their services. At the most recent learning session, the teams came together in person for the first time. A mid-programme evaluation demonstrated improved service user involvement in the work and that the programme has helped accelerate team progress. Currently 16 teams are testing change ideas, with five teams showing improvement. Two teams are developing their change strategy and one team is in the implementation phase. Going forward, the focus will be supporting teams to reach implementation by embedding impactful changes into business as usual. There will also be a focus on sharing high impact change ideas more broadly while celebrating the progress the teams have made through storytelling.

- 8.3     A recent example is a project within Tower Hamlets community health services focused on GP communication. Their aim is to reduce the percentage of rejected GP referrals to less than 10% by May 2023. The team were able to identify which GP surgeries account for the highest rejected referrals and have tested several change ideas including educating GP on referral criteria, updating the website with information about referral criteria and including necessary referral information on their patient record system.

## 9.0 Improved Staff Experience

### 9.1 *Capability building*

- 9.2 The one-day introduction to QI workshop, Pocket QI, has achieved CPD (continuous professional development) accreditation after being scrutinised by an external accreditation organisation to ensure integrity and quality compatible with global CPD requirements. The five-month project-based Improvement Leaders' Programme is currently undergoing similar scrutiny and evaluation for CPD accreditation.
- 9.3 Efforts to align capability building for quality improvement into directorate annual planning has contributed to an increase in staff attending all QI training programmes. Pocket QI has seen a 150% increase in graduates in the past 8 months with a current average of 65 graduates per workshop. To meet the increased demand, the number of London training sessions has been doubled to one every month. There are currently 143 participants due to graduate in March 2023 on the 12<sup>th</sup> Wave of the Improvement Leaders Programme (ILP). The Improvement Coaching Programme (ICP), the most advanced QI training we offer currently, has 49 people due to graduate in March, a 33% increase from 31 graduates last year.
- 9.4 One of the many stories of how staff are benefiting from QI training, in addition to helping improve services, is from a QI coach on the current ICP. They work as a Life Skills Recovery Worker which involves supporting nurses and healthcare assistants with their care roles and facilitating activities and events on the ward for and with service users. They were encouraged by their manager to go on the improvement leaders programme. They have been using the plan-do-study-act approach regularly in their job and even in their personal life and business. They were involved in a QI project that improved service user satisfaction with the quality of 1:1s from 65% to 93%, and staff reported that they felt more confident in facilitating 1:1s as a result of the project. The skills and experience they obtained from this work has built their confidence to speak and lead a team. They even had the confidence to present the work at a QI conference at the Royal College of Psychiatrists. This has given them the confidence to become a QI coach and support others with their QI projects.

## 10.0 Improved Value

- 10.1 The project on reducing agency spend tested an incentive scheme in December to encourage staff to take on staff bank shifts instead of filling those through an agency. They learnt a lot from that test and have adapted that idea to fit with a standard shift pattern. The team are now working to simplify the idea by reducing manual steps within the process of identifying staff eligible for the incentive payment each month. Several staff in the Resourcing team are being trained in the new process, to allow us to reliably implement and scale this idea. The project team are now trying to reach more staff who can take advantage of the scheme. To understand the impact of this idea, the team are tracking data on safer staffing and agency usage.

## 11.0 Action Being Requested

- 11.1 The Board is asked to **CONSIDER** that appropriate assurance has been provided.

# Performance report

**March 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?

Adult community mental health teams, IAPT and East London community health services have seen the greatest reduction in waiting times across the past 12 months. All services continue to test ideas to increase capacity and manage demand. These include prioritising group intervention and recruitment strategies to increase capacity. Demand continues to be managed by developing referral management solutions, integrating teams and streamlining pathways.

Across the Trust, safety incidents continue to remain low, and the rate of physical violence incidents remains stable. This is attributed to the Trust's ongoing focus and collaboration among staff members and service users to identify potential risks and take action to prevent escalation. The Use of Force Steering Group has been established to assist teams in taking a collaborative approach to maintaining a positive safety culture, as well as to assist teams in re-establishing the safety bundles on all wards that were developed through our quality improvement work on violence reduction.

The percentage of people being seen within IAPT who achieve recovery continues to meet the national 50% standard. Access to Rapid Response in community health services remains consistently higher than the national target (70%), achieving 89% across East London and 88% across Bedfordshire during January.

Dialog outcome charts continue to highlight that mental health services are making a positive impact on all quality-of-life measures. In CAMHS inpatient services, improvements have been made in capturing paired outcome measures upon discharge.

KEY MESSAGES (continued)

The equity section of this report has now changed. Following a year of exploring various areas of performance and quality through an equity lens, and identifying inequities that deserve further investigation and action, we are now in a position to standardise some measures of equity that the Board can track over time. This report now includes a new standardised section dedicated to equity and equality, looking at a small number of measures which have strategic relevance and where there is either current or potential risk of inequity through a gender, ethnicity or deprivation lens. There are seven high-level indicators that show disparity in waiting times, appointment non-attendance, restrictive practice, referrals, and Dialog outcomes. We will bring together the work on these areas of inequity across the organisation, through the design of the next phase of our quality improvement programme on equity, and be able to report on progress to the Board and the impact that these programmes have in addressing inequities.

The data in the equity section reveals that BAME groups experience longer wait times across adult community mental health services than people of white ethnicity. Appointment non-attendance is highest among service users living in deprived areas, and referrals are lower for BAME communities in CAMHS and IAPT services compared to the white population. The rate of restrictive practice in adult services has become more equitable over time between BAME and White groups, although underlying data suggests people of mixed and other ethnicity continue to experience higher levels of restrictive practice. Dialog outcome scores show that whilst we are able to demonstrate improvement in outcomes for both women and men, the scores for women are lower than for men.

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

Bed occupancy continues to remain high, at an average of 93%. Demand for male beds, out of area admissions and discharging people in a timely manner continue to be challenges across adult mental health services. Efforts are being made to improve discharge processes and promote the use of admission avoidance services within community settings.

Over the past two months, the percentage of service users who would recommend our services has dropped slightly to 79%, with the overall number of responses remaining stable. The primary care service saw the greatest drop in responses during January, but the percentage of positive responses remained consistent, and the service continues to have the highest response rate across all services.

In the last two months, the total waiting list across the Trust has increased. This is due to winter pressures resulting in additional staff shortages, some redeployment of staff for periods of time, and a number of services where demand continues to outstrip capacity. Across the 48 services where waiting times are being monitored, 15 are seeing an increase. Teams are being supported to explore innovative change ideas to improve flow within the service, increase capacity and manage demand more effectively. Teams that have seen the largest increase in waiting list are ADHD and Autism services, who continue to prioritise recruitment strategies, referral management techniques, greater integration with partners and streamlining bottlenecks in the service user pathway. Teams are receiving regular performance and quality improvement support to understand their demand and capacity to ensure service users are prioritised based on clinical urgency. For those teams where redesign of the service is still unlikely to meet demand, such as ADHD and Autism, a broader review is underway of population need, to inform a redesign across the system.

# Executive Summary

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

Improved service user experience	<input checked="" type="checkbox"/>	The performance reports supports assurance around delivery of all four strategic priorities. The Board performance dashboard includes population health, service user 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"/>	

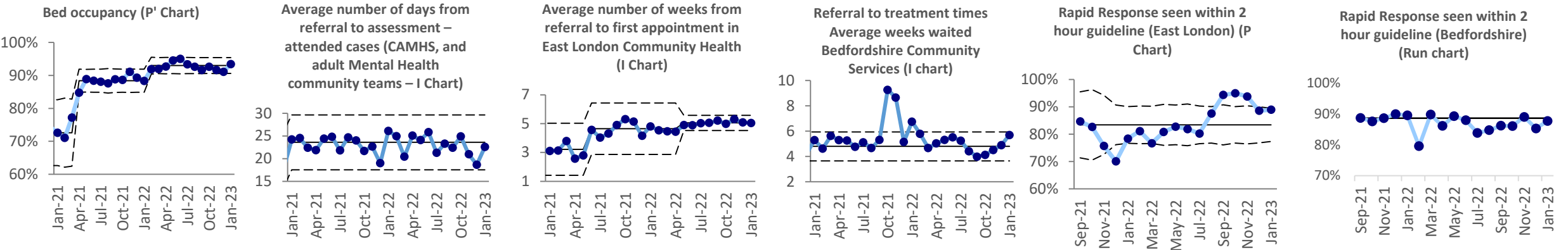
## Committees/meetings where this item has been considered

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 January 2023 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



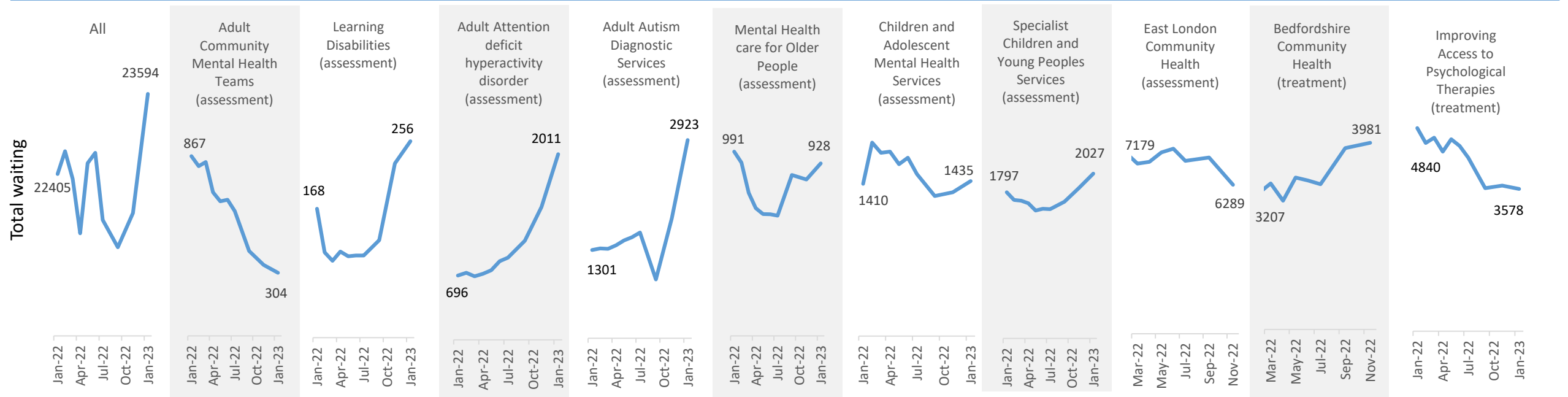
Bed occupancy continues to remain high at an average of 93%. Demand for male beds, out of area admissions and discharging people in a timely manner continue to pose challenges across adult mental health services. Efforts are being made to improve discharge processes and promote the use of admission avoidance services within community settings.

All adult inpatient services have a discharge coordinator in place to help manage flow and support teams to plan discharge effectively. In City and Hackney, teams have started to test change ideas and have recently developed consistent standards for safety huddles to support teams to adopt similar approaches to managing safety, flow, and support effective decision making. In Newham, quality improvement projects on Ivory ward and Ruby ward are exploring change ideas to reduce the length of stay on the triage wards. This includes reviewing out of area service users and agreeing an appropriate screening criteria to support decision making and flow, in and out of externally commissioned beds. It is hoped that increasing partnership with housing and social services will reduce the average length of stay. Across Newham, discussions are underway around implementing a rotational programme for new Band 5 nurses to improve knowledge of the triage function and increase clarity around flow through the whole system amongst key staff groups involved in the discharge process. Across Tower Hamlets wards, services are focusing their efforts on service users with a length of stay greater than 60 days, by ensuring there are daily high priority lists of discharges across all wards, including those waiting for transfer. It is hoped that this will reduce transfer delays and ensure there is a robust system to escalate issues and prevent potential delays. Across North East London, there is now greater visibility of the pathway for patients with mental health difficulties in emergency departments. A dashboard is now produced and shared with teams on a regular basis.

In Bedfordshire and Luton, services are working with partners to support service users with the most complex needs and longest length of stay to be safely discharged back to the community. NHS England has recently released new guidance aimed at helping services to identify and report delays to discharge more accurately. As a result, services are currently in the process of modifying their reporting and operational practices to align with the new standard. This will enhance the visibility of delays across our inpatient units and facilitate the early identification of potential issues, enabling teams to proactively collaborate with partners to improve flow..

Responsiveness of the ELFT Rapid Response Team continues to remain stable, achieving 89% across East London and 88% across Bedfordshire during January, exceeding the national 70% target.

# Access and Responsiveness



Of the 48 teams where waiting times are being closely monitored, 15 are seeing an increase in their waiting list. The narrative below includes a deep dive into these teams to understand why the waits are increasing and the plans that are in place to support improvement.

In Luton & Bedfordshire's ADHD service, recovery trajectories have been developed based on demand and capacity analysis to determine when the service expects to return to manageable levels within their current available capacity. The teams have calculated that the service is able to see 21 service users each month operating at 85% capacity, to allow for fluctuations in staff sickness, absence and leave. Currently, the capacity to see 21 service users each month is insufficient to meet demand, and an options appraisal has been conducted to review funding for the ADHD service in order to help increase capacity to a sufficient level. Conversations are underway with the ICB for additional funding which will be concluded in the next 2-3 months.

The Luton & Bedfordshire Autism service has also been particularly struggling due to limited capacity. A new clinical psychology trainee has joined the service and will be supporting the assessment and diagnostic pathway. The team have recently launched the Autism App to provide additional support to service users on the waiting list and are conducting an analysis to ensure this is appropriate to use. The next step is to review the pre-diagnostic pathway delivered by the Recovery College to see if there are any potential efficiencies to the pathway. Bedfordshire Memory Services are also experiencing an increase in assessment waiting times. Due to being a "memory" service, the team receive a high number of referrals for memory difficulties, which goes beyond dementia diagnosis and treatment, and are often not best supported by this service. The team are exploring a service "re-brand" with clearer inclusion and exclusion criteria to increase GP knowledge about the service they provide. The service is also reviewing team skill mix, roles and responsibilities, in order to find ways to maximise existing capacity within the team.

## Access and Responsiveness

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Across East London, the City & Hackney ADHD service is receiving increasing referrals, resulting in a longer waiting list. The team attribute this to growing national awareness around ADHD as well as limited staffing capacity. The team have developed a referral tool to be used by GPs and service users to ensure referrals are appropriately screened. While the team do not expect this to reduce the number of referrals, it will help to streamline the triaging assessment process within the neighbourhood teams and within the service itself, reducing duplication of effort and time. The local ICB has agreed to its use and is currently in discussions with local GPs around its launch. City & Hackney's Autism service is adopting a similar process to streamline the triaging assessment process by testing a band 7 nurse to screen service users before acceptance and see if this improves the efficiency of front-end screening.

Autism and adult ADHD services across the Trust are experiencing increasing waiting lists, as capacity within these services is significantly lower than that required to meet the growing demand for these services in the population. Our ELFT services are being supported to understand the demand, try new ideas to maximise capacity and remove waste from the pathway, but even with these ideas they will not be able to meet the demand or tackle the growing waiting list. For autism and ADHD, we are therefore taking a look at the demand across the system, working with the ICB and partner organisations, in order to consider how best we can meet this demand across the system. This work is being led by our strategic lead for autism, and through the community mental health transformation programme for ADHD.

Specialist Psychotherapy Services (SPS) in City & Hackney has experienced a rise in waiting times for assessment due to challenges around recording processes and staffing capacity. There is a QI project aiming to complete 95% of assessments within 11 weeks as well as improving the quality of assessments. Change ideas being explored include a new screening tool ensuring all referrals are logged, discussed and offered an assessment appointment within 2 weeks of receiving the referral. While this will place additional demand on assessment slots, the proposed new process will mean quicker access to meaningful intervention. The service is also reviewing the effectiveness of Information and Enrolment sessions, which are conducted in a group format and form part of the assessment pathway. It is expected that this will help improve care plans and assessments that have been co-produced with service users. The service are also using weekly meetings to ensure all appointments and outcomes are accurately recorded on the clinical system. Similar to other SPS teams in London, the City and Hackney service is also collaborating with the community mental health transformation programme to deliver high-quality psychological care across multiple teams and integrating pathways so that assessment and support can be offered sooner, for example, within primary care networks and thereby avoid the need to refer to SPS.

Specialist services, including Newham CAMHS, Bedfordshire CAMHS, IAPT and children's ASD are also experiencing increasing waiting lists. Newham CAMHS are testing a newly-developed allocation spreadsheet, which provides an annual quota of allocations for each staff member. Bedfordshire CAMHS have increasing waiting lists for assessment, particularly in the autism spectrum condition pathway. The team have set a goal to reduce the time for an individual to receive an assessment by 50%. As well as prioritising recruitment, the team are exploring skill mix within the team and training staff so additional members can complete assessments and increase clinical availability for long waiters.

IAPT services in Tower Hamlets and Bedfordshire continue to prioritise group therapy sessions to manage growing waiting lists. In Tower Hamlets, interventions delivered in a group format are only taken up by around 15% of service users. The team have conducted an evaluation that shows that group therapy interventions have similar outcomes when compared to individual therapy, and are more cost effective. To increase uptake, the service are reviewing the content of the group programmes by improving the language offer available and co-facilitating the sessions with service users.



## Access and Responsiveness

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SCYPS Autism Spectrum Disorder (ASD) have experienced a 40% reduction in appointments since September 2022, when short-term additional funding came to an end. The team are currently testing a co-diagnosis pilot across Autism and ADHD to support young people with complex needs and utilise clinical capacity better. Solutions on the horizon include the formation of a 2-18 years' service in collaboration with CAMHS. A joint workshop has been held to assess the feasibility of implementing this service. The service are also in the process of applying for additional funding from the ICB to increase staff levels once again to help bring the waiting list down.

In East London Community Health Services, Foot Health, Diabetes and Extended Primary Care Teams (EPCTs) are experiencing increasing waiting lists. The Foot Health service has been struggling to recruit due to a national shortage of podiatrists. The service has sent letters to over 800 service users to manage the safety of the longest waiters and help identify where service users no longer wish to access the service. The performance lead is working with the analytics department, utilising geo-maps to understand demand better, by looking at where referrals are coming from, and stratifying referrals by age, gender and ethnicity. The preliminary findings of this analysis have identified certain neighbourhoods with a concentrated need for healthcare services, particularly where the number of GP practices is limited. To address this, initiatives are being explored to concentrate efforts in these areas and establish stronger partnerships with GPs. One proposed idea is to offer in-reach support to GP practices, assisting with staff training and proactively managing the health needs of the local population.

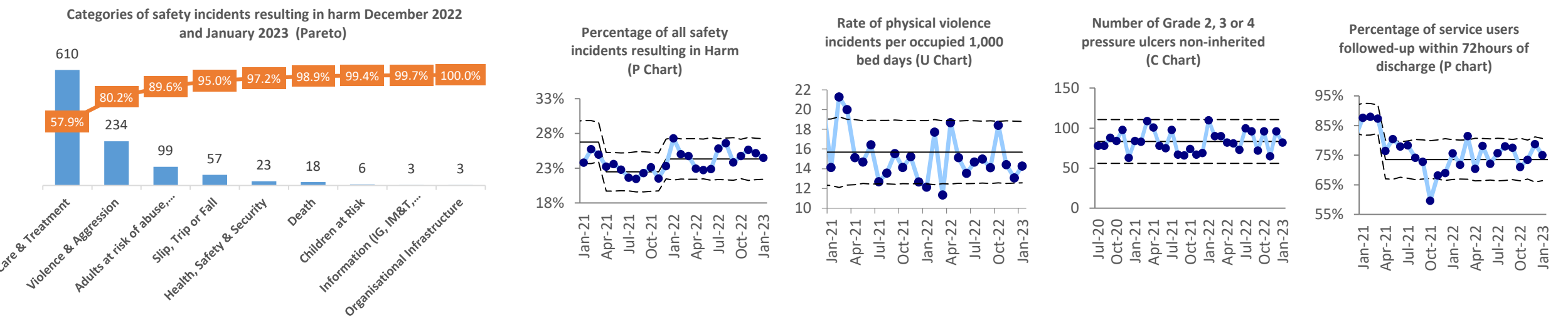
Having previously experienced a decrease in waiting times in the Diabetes service, the past couple of months have seen an increase in cases waiting for a follow-up appointment. Performance leads are currently reviewing the data to understand the cause of this, but it is anticipated that this is due to staff sickness in the team which has limited the number of diabetes education appointments available to service users.

The EPCT team in Tower Hamlets continues to experience an increase in referrals. Teams have been monitoring daily clinical and non-clinical activities across a 2-week period. This has helped to identify clinicians who are spending large amounts of time on admin tasks, arranging or booking new service user assessments. Handing these tasks over to the admin team will free up clinical capacity. The corporate performance and community health services leadership team have co-produced a dedicated training programme to upskill and support staff involved in managing flow and have delivered three workshops attended by over 75 staff. The intention is to use the learning from this work to develop a virtual training programme that can be accessed on demand as new members join services.

Bedfordshire Podiatry continues to see an increase in service users waiting for their first appointment. This is largely due to limited staffing capacity. Two bank staff are now in post and a service review has been completed which identifies where bottlenecks are along the service user journey and potential ways to improve efficiency of the service. In addition, a business case has been formulated to develop a new service model that would provide countywide coverage and sufficient capacity to meet local and national access standards. The business case is currently being reviewed by ICB colleagues, and a decision is expected within the next two months. As part of this plan, the service is focusing on recruiting new staff, enhancing referral and triage procedures, restructuring roles and responsibilities within the team, and improving clinical systems to facilitate a more efficient workflow.

Early Intervention Services continue to exceed the national target of 62% of service users commencing treatment within 2 weeks of referral, achieving 77% in January. All services have plans in place to meet the national clinical and operational standards set out in the recommendations of the National Clinical Audit of Psychosis (NCAP).

# Safety



The overall number of safety incidents and the percentage of incidents resulting in harm has remained relatively stable at 25%. The Pareto chart above shows the distribution of reported incidents during December and January. The chart indicates that the majority of reported safety incidents, accounting for 58% of the total, were related to care and treatment. A further 22% of incidents were related to violence and aggression, while 9% were related to adults at risk of abuse, neglect, or exploitation. The most common themes within the care and treatment category were pressure ulcers or moisture-associated skin damage, self-harm incidents, and complications or unexpected deterioration.

The rate of physical violence in inpatient settings remains stable. A number of processes contribute to the prevention and management of violence, including staff training, managing staffing levels, Time to Think sessions and the reliable implementation of safety bundles across all wards. These measures are designed to facilitate communication and collaboration among staff members, allowing them to identify potential risks and take action to prevent them from escalating. Services have found that these initiatives have been effective in reducing incidents of inpatient violence and further harm.

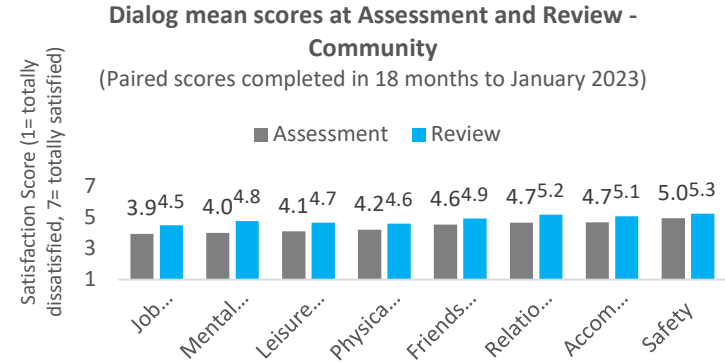
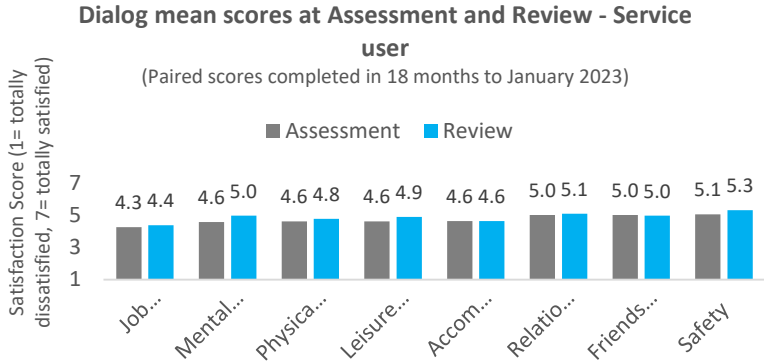
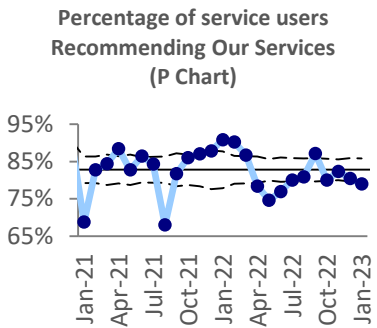
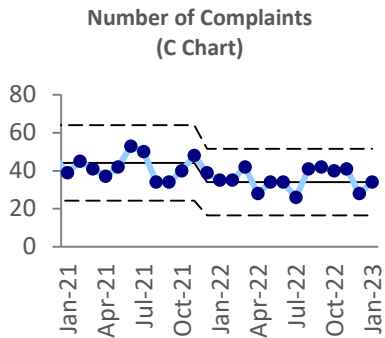
Across Community Health Services, the aggregate number of pressure ulcers continues to remain stable. Tower Hamlets has seen a decrease in the number of moderate harm pressure ulcers acquired in ELFT care, and an increase in pressures ulcers categorised as low harm. This suggests that the teams are identifying pressure ulcers early and preventing them from deteriorating. In Newham, moderate harm pressure ulcers acquired outside of ELFT remains higher than usual levels but the overall number of cases is decreasing, which is encouraging. This reflects the work services are doing to collaborate with partners to increase awareness and share learning. Across Bedfordshire, the number of pressure ulcers continue to be stable but higher than East London services. Feedback from the teams suggests that this is related to a number of factors, including a rise in District Nursing caseload and complexity; system pressures during winter months; increase in service users with covid or Flu and bed bound; increase in service users over the last two months receiving end of life care.



All services continue to share learning from Root Cause Analysis (RCA) of pressure ulcers, and have a range of initiatives underway to support improvement. Newham is exploring ways to enhance conversation and education with service users, particularly when they do not comply with recommendations, to ensure they are making fully informed decisions. For example, the team is developing a pictorial card to help nurses explain the consequences of not repositioning, or using equipment provided. Services are also developing a podcast illustrating a conversation with a service user and the impact of not adhering to advice on skin condition and quality of life. In Tower Hamlets, the team have improved awareness of the importance of completing Doppler assessments for pressure ulcers on the foot, and completing full holistic assessments. In Bedfordshire, services have focused on improving skin condition assessments on every visit to proactively manage risks.

The percentage of service users followed up within 72 hours of discharge from mental health inpatient care is currently at 79% against the 80% national target. This month, City & Hackney has seen the greatest improvement, achieving 79% having previously completed 50% of follow-ups in November. This progress has been attributed to sharing learning from Brett ward, which has been consistently achieving 90%. Nominated staff members have also been allocated to oversee follow-ups and remind staff to record this correctly. Newham remains stable at 76%, utilising safety huddles to ensure that follow-up checks are complete. Capacity on wards is still impacting the reliability of follow-up calls. The directorate has tested a designated staff member to make all calls, but this has not made a considerable difference. Most breaches are where multiple attempts at contact were made but without success. Luton & Bedfordshire continue to surpass the target achieving 84% and 82% respectively.

# Experience and Outcomes



The number of complaints continues to remain stable. Most complaints in the last two months related to staff attitude, clinical management, access, coordination of care and communication. Learning is embedded through a range of quality forums within each service. There is customer service training and other initiatives taking place across several clinical services to provide care in a kind and compassionate manner and delivering exemplary ‘customer care’. Timeliness of answering phones is a common theme that has been identified from service user feedback and complaints. A new solution is currently being appraised for a cloud-based telephony service that will integrate all existing communication channels into one single offer. This will enable better customer experience and improve access to our services.

In January, the percentage of service users who would recommend our services reduced to 79%. Analysis highlights that the themes of dissatisfaction tend to be consistent with the complaint themes above. The overall number of responses continues to remain stable although there was a decline noted in overall responses for primary care services. Tower Hamlets and City & Hackney mental health experienced a reduction in responses and positive feedback in January. This is believed to be related to the impact of large scale service reconfiguration within the community mental health transformation impacting on experience of care. The Quality Assurance team is currently conducting a series of workshops with service users to renew our service user experience surveys to ensure the questions are meaningful and aligned to the key aspects of care related to service user experience.

Dialog outcome charts continue to highlight that mental health services are making a positive impact on all quality-of-life measures. Several initiatives are underway to help support improvements across the directorates as described in previous performance reports and explored further in equity section of this report. The percentage of service users receiving support from employment services through Individual Placement Support (IPS) has seen a rise from 12% to 17%. This is a key long-term-plan indicator, and all services are seeing a gradual increase in referrals, with more service users returning to meaningful employment. In City and Hackney there is has been an expansion of IPS workers resulting in increased capacity which has helped increase access. Across Bedfordshire and Luton, Tower Hamlets, and Newham, teams have successfully collaborated with a range of partners including employment services to support service users and the general population gain employment.

## Experience and Outcomes

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In Bedfordshire, the percentage of service users successfully completing addiction treatment and not re-presenting back to the service remains stable. However, the number of service users entering employment on discharge has seen a reduction from 47% to 44%. It is believed that this is due to an increase in complexity of team caseload, as well as a rise in the number of service users who have either retired on medical grounds or opted for retirement after successful discharge. The service has secured funding to support vulnerable populations, such as rough sleepers and service users with dual diagnoses who typically have greater complexity and face more obstacles in gaining employment. This will impact the employment indicator, but doesn't reflect the quality of care that is being delivered to a more complex group of service users. The service caseload demographics have also shifted towards an older age group which is likely to have an impact.

The percentage of service users in settled accommodation has started to show signs of increasing over the past two months. This decline was largely due to the widening scope of the national definition and the data continuing to be skewed by incomplete recording of accommodation status for new referrals. This has now started to be rectified by administration staff. Where records have been completed, 95% of service users are in settled accommodation.

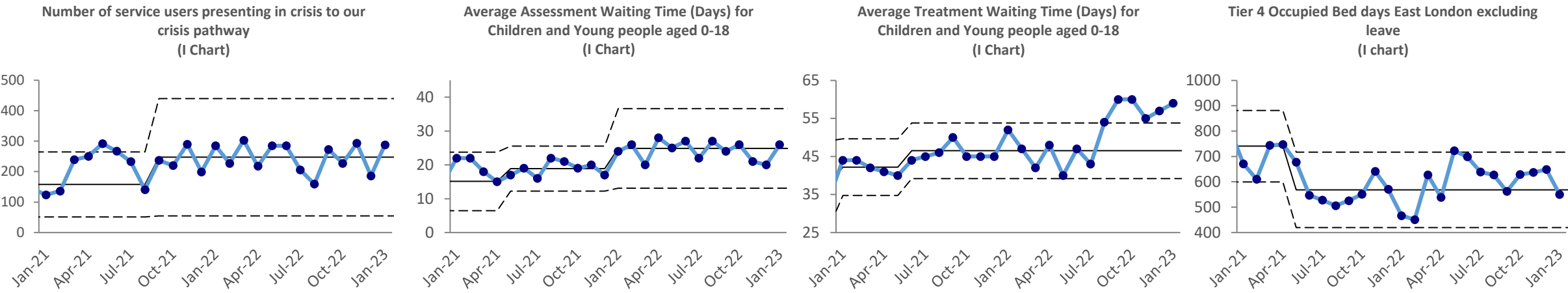
IAPT services continue to improve access and meet Long Term Plan access targets. The percentage of service users who achieve recovery within our IAPT services is 51%, with the national target being 50%. During January, there was a notable drop in positive scores from the service user experience questionnaire (PEQ), falling from 92% to 86%. Analysis of the data has not identified any specific themes, but this will continue to be monitored. Although there has been a decrease in average wait times for treatment, average waiting time for assessment has increased, largely due to an increase in referrals in Newham following a successful marketing campaign supported by GP practices. This led to an increase in waiting times, which the teams have been managing through solutions such as increasing group assessments. It is expected that the average wait time will return to normal levels in the next few months. The percentage of service users from Black And Minority Ethnic (BAME) communities has returned to normal levels (39% in January).

In our frailty and long-term conditions services, all service users reported a positive experience in January. In Learning Disability services, service user experience feedback continue to vary due to small sample size. Two people with complex needs have required specialist placement or transfer to a different borough, leading to a rise in the number of placements 'out-of-area'. The percentage of young people and parents recommending CAMHS remains high, at 97%, and reflects the positive impact of service developments and collaboration with local partners to improve coordination of care at place.

The percentage of service users accessing end-of-life services continues to rise. East London services continue to promote end-of-life care through training and education, which has supported the percentage of service users with an advanced care plan to remain stable.

Perinatal services are successfully expanding access in line 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%. The number of service users being assessed within 28 days remains stable, although the drop noted in January was related to recording issues in City and Hackney and Newham.

# Children and Young People



Although referrals continue to remain high, CAMHS teams are seeing a stabilisation in crisis presentations and waiting time for assessment. 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 assessment and treatment. In City & Hackney, the waiting list for assessment has decreased in the past three months from 150 to 95, whilst the treatment waiting list remains stable at 115. In Newham, waiting times have remained stable with a slight increase in the number waiting for assessment, from 399 to 417, with 278 young people waiting for treatment (up from 266 in November). While waiting lists are smaller in Bedfordshire, the team have also experienced an increase from 295 to 348 waiting for assessment in the past 3 months.

CAMHS continues to focus on staff recruitment, retention and group therapy interventions to increase capacity. City & Hackney CAMHS have successfully recruited a new member of admin staff focused on ensure those waiting longest receive appointments. As such, there are currently no service users waiting over a year for assessment. All vacant positions in the neuro-developmental team have been recruited to, the service continues to prioritise group therapy sessions, and ensures there is regular monitoring of waiting lists. City & Hackney CAMHS has recently opened a clinic on Saturdays to increase capacity for a minimum period of three months. Referral screening tools have also been developed to ensure a high quality of referrals. The team have observed a drop in demand over the past 3 months and a drop in number of service users waiting for assessment.

Group interventions have been successful in Bedfordshire CAMHS, and the team is considering expanding this to include psychoeducational sessions to support service users while they wait for treatment. Newham CAMHS is prioritising staff recruitment and upskilling by increasing the attractiveness of their employment offer, offering more training opportunities and nurturing local talent. A dedicated Flow lead has been recruited to regularly review demand and capacity and tackle bottlenecks in the pathway. The service is working through a change idea with the allocation spreadsheet that will provide an annual quota of allocations per member of staff to match demand with capacity more effectively. This is being tested until April 2023 and will then be implemented so new members of staff will get mid-year pro-rata allocations, with training being provided in stages to all staff.

## Children and Young People

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Bedfordshire CAMHS have established collaborative learning systems to improve understanding around flow and are sharing methods to test change ideas and learn together across the Trust. The service also benefits from regular interface meetings with the local authority, schools and primary care to ensure that all stakeholders are involved in decision making. Bedfordshire CAMHS are currently undergoing a review of their service offer, in collaboration with senior management leads, service users and stakeholders, with the goal of streamlining pathways, enhancing the coordination of care and improving outcomes for the population. As part of this effort, they are exploring various initiatives, including the development of a comprehensive offer for schools.

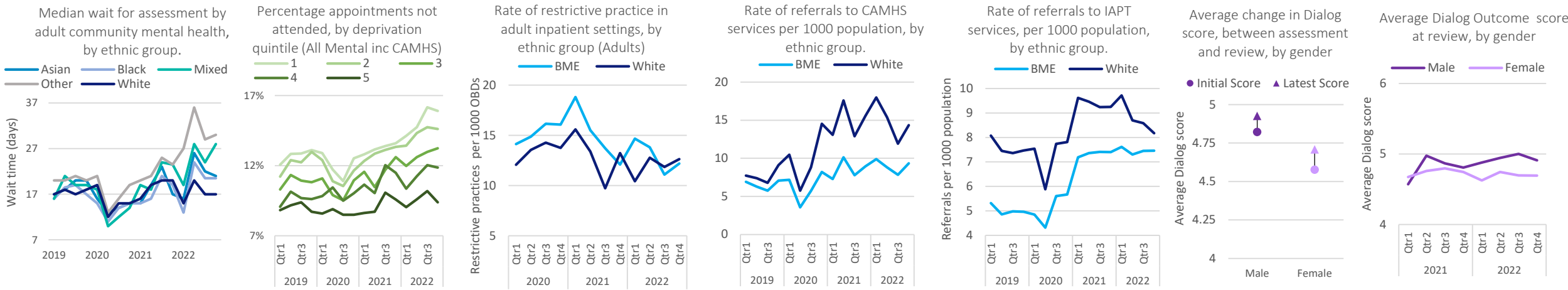
SCYPS ASD have also collaborated with schools to develop a new referral criteria to include observations of Autism or ADHD in school reports, prioritising an educational approach to care. This forms part of the Autism and ADHD co-diagnosis pilot being tested to manage complex service users and ensure that demand into these two services is managed by sharing clinical capacity. Longer term ambitions include the integration of specialist children services across SCYPS and CAMHS services in Newham to develop a 2-18 years' service. A joint workshop was held at the end of January 2023 to assess the feasibility of implementing this service, allowing teams to benefit from a wider pool of staff, skills and experiences to support children with ASD to match the growing demand in the community. The ASD team continues to see an increase in the number of service users waiting for their first appointment. In the past 3 months, this has increased from 906 to 1047. The service has established an additional clinic base at Lord Lister Health Centre which is able to offer an additional 100 appointments per month.

East London CAMHS have started to meet their long-term plan access targets for urgent and routine referrals to the Eating Disorder service. In Bedfordshire and Luton, services are meeting the 95% target for urgent referrals being seen within one week, but are just missing the goal of seeing routine referrals within 4 weeks target, taking on average 4.4 weeks. Recently, there have been issues with the ways in which referrals are recorded into the service. The reporting has now separated the Intensive Home Treatment (HTT) Eating Disorder Team which is a separate service provided by the team to increase the visibility of true waits and improve data accuracy.

CAMHS Tier 4 bed occupancy has decreased 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 the unit is now operational. While admissions to adult wards are only considered when all other options have been exhausted, it should be noted that, despite significant bed pressures across the system, admission avoidance services are working extremely well to reduce the need for admissions and overall demand for beds.

SCYPS quality and experience indicators remain consistently high, with 100% 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.

# Equity and Equality



This section focuses on a range of equity and equality measures through a gender, ethnicity and deprivation lens in order to better understand any disparities that may exist, and the initiatives that services are undertaking to provide more equitable care. Equity measures have also been added to each of the populations in the full system performance dashboard (see Appendix 1) are also explored further in this section.

The measures above show that BAME communities experience longer waiting times for mental health appointments, except in Newham and Luton, where people of white ethnicity have longer wait times. Factors contributing to this have been explored in previous performance reports, and include cultural and linguistic barriers, stigma, and higher prevalence of mental health problems among BAME communities due to discrimination, and social isolation.

Services have established initiatives to ensure equal access to mental health services for all, including minority groups. This includes managing waiting lists effectively through robust recovery plans, applying an equity lens to prioritise vulnerable groups and tackle disparities in access and outcomes. Adult community mental health teams are adopting digital technology to enhance the assessment and treatment offer, and integrating mental health services into primary care networks. A key benefit of this integration has been the collaboration with VCSE organisations and system partners to develop new pathways and new community resources that enhance access to care and coordination of services. For instance, new roles have been created such as link workers, peer support workers, and community connectors to support service users. These professionals possess extensive knowledge and trust within their communities, which enables them to bridge the gap between mental health services and disadvantaged communities. By doing so, they play a key role in improving access to wider community resources, provide early intervention and support, and ensure service users receive more effective and efficient care that meets their unique needs. These integrated teams have shifted from the traditional referral model to an "open access" approach. This means that individuals seeking care and support can now access a range of professionals within the community at their discretion, rather than being limited by a referral process. Our work on the Patient and Carers Race Equalities Framework (PCREF) will also support the Trust and our teams to improve ethnic minority community experiences of care in mental health services.



## Equity and Equality

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Bedfordshire and Luton mental health services are working with marginalised groups, including vulnerable older people, to increase access to dementia services, autism, ADHD, and perinatal services. An analysis of the longest waiting times has revealed disparities in certain areas amongst people of white ethnicity and Pakistani women. Services are investigating this further as part of their waiting times recovery plans. Perinatal mental health services have been identified as a local priority within the integrated care system, with a recognition that there are opportunities to improve access and make services more culturally appropriate to meet the needs of different ethnic groups. Bedfordshire mental health services are leading the implementation of the Patient and Carer Race Equality Framework (PCREF) to address these issues. This initiative aims to improve mental health care and outcomes for individuals from diverse racial, ethnic, and cultural backgrounds, addressing the disparities that exist in the current system. This framework spans children & young people, adults and older adults services.

City and Hackney is placing a high priority on implementing the recommendations of the "Let's Talk" report. This report was compiled through a series of conversations with BAME service users and includes a range of recommendations related to cultural awareness, accountability, accessibility, and holistic understanding. In terms of access, service users highlighted two recommendations. Firstly, service users wanted services to address practical barriers to access, such as offering more choice of appointments and time slots (outside of the routine 9-5pm) so as not to disadvantage those without childcare or unable to travel during working hours. Secondly, they felt that more needed to be done to increase awareness of services within local communities about mental health services and issues. In response to this, teams are exploring ways to improve access to alternative community crisis pathways among marginalised communities, including BAME groups and other vulnerable groups such as those from LGBT communities, through running communication and marketing campaigns. Community crisis services offer 24/7 access and community mental health teams are offering meaningful interventions such as walking clubs, cycling groups, arts therapies, boxing and fitness groups to tackle wider determinants of health, particularly social isolation. Services have also embedded digital consultation to provide service users with great choice in the way they access care, including online-self help resources in some services such as the Specialist Psychological Service (SPS).

Tower Hamlets mental health has identified an underrepresentation of Bengali service users within their SPS service, which has led to the initiation of a quality improvement project. Service user focus groups have recently been completed which has provided rich information about barriers to access, such as community stigma, accessibility to appointments and building, social care needs, cultural needs particularly for older groups, language barriers, and experience of care. Services have started to formulate a plan to improve access and are actively exploring ways to adapt clinical pathways to meet the needs of this community, working with community leaders and organisations to improve understanding of mental health issues, and working with social care partners to support the community with specific social care needs compounded by the cost of living crisis.

In Newham, there is an Inequalities Working Group that is dedicated to addressing the needs of disadvantaged groups, including enhancing care and support for individuals with autism and learning disabilities, improving access to perinatal services, and tackling disparities among Black young men. Additionally, services are partnering with local VCSE organisations to address broader social determinants of health inequalities. For example, services are working closely with the local authority to provide support for homeless people and are reviewing the provision of accommodation in the borough. Newham Community Integrated Psychological Services (CIPS) has a quality improvement project underway to support integration of the primary care and secondary care psychological services. This is aimed at enabling faster access and better quality care for service users.

## Equity and Equality

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Across Older People's services, fewer BAME service users access Dementia services compared to White groups across the Trust (see appendix page 26-32). Despite being at a higher risk of developing dementia, BAME individuals are less likely to receive a timely diagnosis and access to appropriate support and care. This issue has been attributed to various factors, including language barriers, cultural differences, and a lack of diversity among healthcare professionals. Mental Health for Older People services in Tower Hamlets received international recognition for developing Dementia treatment for Bengali populations. This involved successfully adapting Cognitive Stimulation Therapy for Bangladeshi service users living with Dementia and improving the experience of care. Learning from this work is being used to support dementia services to address gaps and engage different communities in a culturally sensitive way.

The equity measures reveal that service users in deprived areas are more likely to miss appointments than those in affluent areas. The reasons behind this pattern of missed appointments can be complex and multifaceted. For example, service users from deprived or rural areas may have difficulties with transportation, particularly in Bedfordshire, which can make it more challenging to attend appointments. They may also face competing demands on their time, such as caring responsibilities or work obligations. Additionally, those living in deprived areas may experience stigma around mental health, which can lead to a reluctance to engage with services.

Services are addressing the issue of missed appointments in mental health services through a range of initiatives. For example, a variety of consultation modes is now offered, including virtual alongside face-to-face appointments. More flexible scheduling is available, including weekend appointments. Written communication is now available in a range of languages. Home visits are available for those with more complex needs.

In Newham, services have identified that wards in the South tend to have higher levels of deprivation and prevalence of Serious Mental illness (SMI) compared to the North. However, teams have noticed that service users in the North of the borough have a higher prevalence of comorbidities and physical health problems compared to other regions. This could be attributed to changes in population demographics and lifestyles. The November 2022 report indicated that service users from the wards in North areas of Newham are more likely to access services. As a response, services are using a population health and equity framework to collaborate with partners, develop and strengthen community hubs, and co-produce the care offer in a way that meets the needs of different communities across PCNs in the borough.

While the rate of restrictive practice in Trust has been historically higher in BAME groups than in White groups, both the overall rate and the disparity between ethnic groups has been decreasing over time, which is encouraging. Restrictive practices are interventions that are used to manage challenging behaviours in mental health and other settings. However, the use of restrictive practices can have negative effects on individuals' physical and mental health, their rights and dignity, and national research has highlighted that individuals from BAME communities, are more likely to experience the harmful effects of restrictive practices. The underlying data in the Trust suggests that that Mixed and Other ethnic groups have higher rates compared to all other groups. This may be due to factors such as unconscious bias, cultural differences, and inadequate training and support for staff, and staffing capacity. In addition, individuals who lack access to advocacy and support may be particularly vulnerable to the negative effects of restrictive practices.



## Equity and Equality

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Most services have already begun delivering cultural competency training to their staff to address inequalities. This training promotes cultural awareness, sensitivity, and humility among healthcare professionals and improves the quality of care for diverse groups of service users. Tower Hamlets has commissioned training through a local VCSE organisation, and over 100 staff members have completed the training to date. Other ideas being considered include Community & Faith leader mental health awareness training in Newham and black male-specific groups across Newham and City & Hackney, potentially linking this to the perinatal men's/birthing partner group to address practical barriers to accessibility.

Within CAMHS, referrals from BAME groups are lower than White groups. Services across Bedfordshire and East London have made improvements in addressing inequalities through ensuring all children and young people have equal access to early intervention 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. CAMHS are continuing to expand the coverage of mental health support in schools to tackle the challenges children and young people experience, by helping them to feel more resilient, equipping them with techniques to look after themselves and strategies to help them maintain their wellbeing. Services are continuing to improve and streamline pathways throughout the system by implementing the iThrive model, which provides a stepped model of care based on complexity and need. In Bedfordshire, a series of stakeholder workshops are under way to reshape services using the iThrive framework to help transform mental health services for children, young people and families and improve access, experience and outcomes. The Liaison and Diversion service in Bedfordshire 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 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 North Central & East London CAMHS provider collaborative is providing financial grants to local voluntary organisations and third sector agencies to reduce inequalities and prevent avoidable admissions. Several initiatives are currently in progress, including a quality improvement project focused on young girls presenting in crisis in A&E. Another project aims to address the disparities in young black children being detained under the Mental Health Act by introducing a checklist for admitting clinicians. Social workers have also been placed in crisis and A&E liaison services to address underlying social care needs and avoid admission. In addition, services are collaborating with the Criminal Justice Liaison Service to support the mental health needs of children entering the criminal justice system.

There are disparities in the rates of referral between White and BAME groups to IAPT services, particularly in Bedfordshire where BAME groups access services less. The IAPT service has implemented several initiatives aimed at enhancing accessibility, minimising inequalities, and improving outcomes, such as outreach clinics that engage a range of communities. A quality improvement project is underway to increase the number of service users over the age of 40, particularly men. The service is collaborating closely with schools, universities, and VCSE organisations to engage different demographics and build stronger relationships with local communities. To overcome transportation challenges, the service offers both face-to-face and online therapy, as well as webinars. The service is also enhancing care and support for individuals with mental health needs and long term conditions such as diabetes, to provide more comprehensive care and support.

## Equity and Equality

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In terms of outcome measures, the DIALOG charts indicate that there are inequities in quality of life between men and women accessing our services, with women reporting lower scores, although both men and women show a similar amount of improvement. The July 2022 performance report explored potential contributing factors, such as perceptions of distress, social stigma, level of honesty in responses, and differences in diagnosis.

In City and Hackney, services have developed a Women's Empowerment course with the Recovery College. The course runs over 7 weeks and covers relationships, self-care, employment and interview skills, women-specific challenges, boundary-setting, building esteem and confidence. The course has been extremely popular and feedback from service users enrolled on the course has been positive. In perinatal services, there are a range of groups that are dedicated to women that can be accessed by service users in the community and on the wards. A project focused on enhancing the experiences of LGBTQ+ service users is currently in progress on Ruth Seifert ward in City & Hackney, where incidents of homophobia have previously occurred. Service users who have witnessed such incidents on the ward expressed their reluctance to openly discuss their sexual orientation or gender identity. The main objective of the project is to increase the comfort level of LGBTQ+ service users on the ward by 50% and enhance staff confidence in addressing LGBTQ+ matters. The ward has designated LGBTQ+ champions to signal to others that they are approachable and safe individuals. Other proposed changes include incorporating pronouns in care plans and utilising weekly ward rounds as a platform for service users to discuss identity preferences. To date, LGBTQ+ safety has been included in the community meeting template to monitor service users' perceptions of safety and respect.

In Newham, a quality improvement project led by the People Participation Lead is underway and aims to support women in building confidence, resilience and life skills. Services in Newham have embedded Individual Placement Support (IPS) pathways across all community teams and developed a strong employment programme with the London Borough of Newham that has successfully recruited 60 Newham residents into administration, Health Care Assistant (HCA), and social therapist roles from diverse backgrounds, ethnicities, and gender. The programme provides experiential learning to support candidates to experience roles and build insights first hand so that they can make an informed decision about their career path. Similarly, in Tower Hamlets, 70 staff have been recruited from the local community from diverse backgrounds.









Tower Hamlets is currently in the early stages of planning several initiatives aimed at addressing healthcare disparities within the local community. Various partner organisations throughout the system are involved in these projects. The focus areas include enhancing service accessibility for children with special educational needs and disabilities, improving care coordination to decrease health inequality among single homeless individuals, encouraging greater utilisation of healthcare services by the LGBTQ+ community, minimising inequalities experienced by BAME staff, and providing assistance to long-term unemployed BAME women in Tower Hamlets through the creation of an employability programme. To ensure interventions are culturally appropriate and sensitive to individual needs, services are implementing a range of initiatives, such as organising all-women swimming groups for Asian women and partnering with VCSE organisations and the Recovery College to enhance access for all minority groups. A quality improvement project in Tower Hamlets Early Intervention Service achieved 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.

# Appendices

Appendix 1 – System performance dashboard

Appendix 2 – Regulatory compliance against the system oversight framework

# Appendix 1: System Performance dashboard - overview

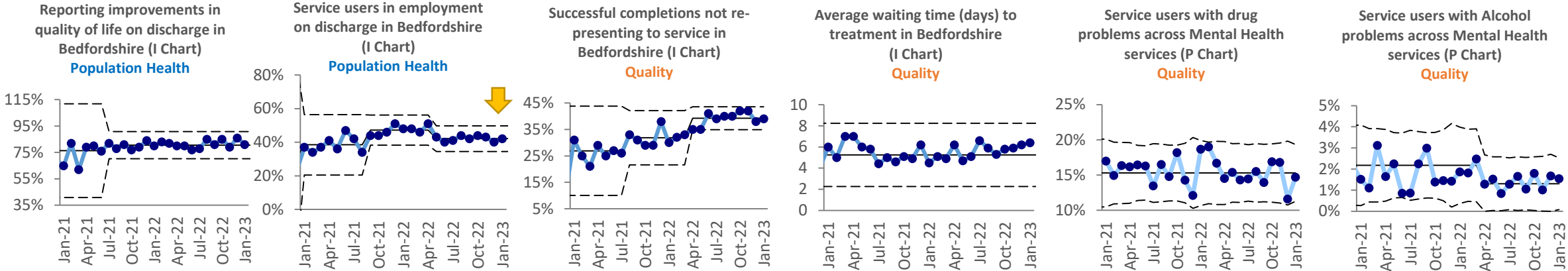
		Average
People with substance misuse problems		
Service users reporting improvements in quality of life on discharge in Bedfordshire	Population Health	81%
Service users in employment on discharge in Bedfordshire	Population Health	42.1% 
Percentage of successful completions not re-presenting to service 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%
Successful completions in Bedfordshire, by ethnic group	Quality	
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	6109
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
Referrals, by ethnic group, per 1000 population	Quality	
Dementia		
Average wait (in weeks) from referral to diagnosis -18 week target	Quality	14.3 
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%
Percentage of service users seen from minority groups	Quality	
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%
Percentage of service users referred from minority ethnic groups	Quality	
People receiving end of life care		
Service users on End of Life Pathway (end of month)	Population Health	1,579 
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%
Percentage access from minority communities (East London)	Quality	
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%
Percentage of referrals re-referred within 30 days, by ethnic group	Quality	

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

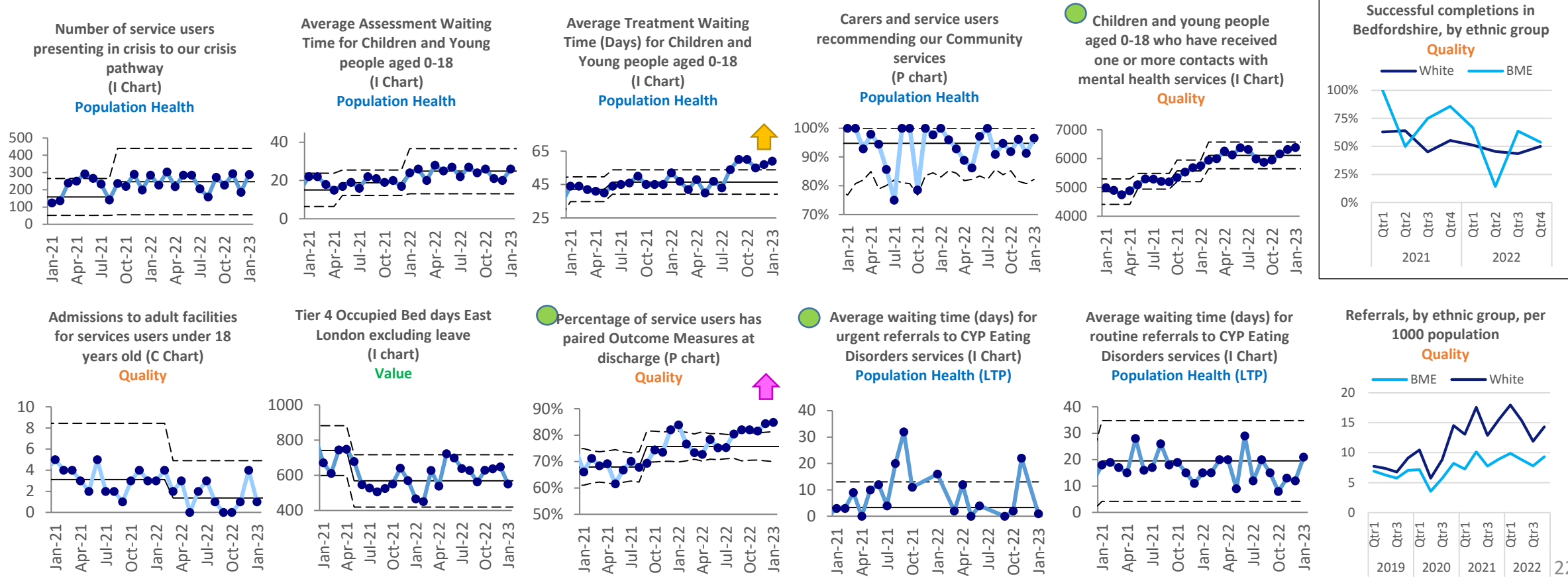
		Average	
People with common mental health problems			
Percentage of service users moving into recovery	Population Health	51.9%	
Percentage access by minority groups	Population Health	38.1%	↑
Percentage of positive comments to PEQ	Quality/Experience	91.5%	↓
Average wait times to assessment (in weeks)	Quality/Experience	7.68	↑
Average wait times to treatment (in weeks) from assessment	Quality/Experience	0.83	↓
Number of people accessing IAPT services (in month)	Value	2649	↓
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	
Referrals by ethnicity, per 10 000 population	Quality		
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 Service user service users with paired outcome measures showing improvement.	Quality	33.0%	
Psychological Therapy Service average wait times to (in weeks) to 1 <sup>st</sup> 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%	
Percentage of service users with SMI receiving a full physical health check	Quality		
Woman who are pregnant or new mothers			
Number of women receiving one + contact with specialist mental health services	Population Health	618	↑
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	80.8%	
Percentage of service users undertaking Core10 showing improvement	Quality	46%	
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	Quality	13.4	↑
Average weeks waited for face to face appointment with the Diabetes Service	Quality	6.4	
Average weeks waited for initial appointment with the MSK and Physiotherapy teams	Quality	7.6	
Average weeks waited for initial appointment with the Continence Service	Quality	4.8	
Average weeks waited for initial appointment, by ethnic group	Quality		
Stable Long Term Conditions (Bedfordshire)			
Adult Continence Referral to treatment times average weeks waited	Quality	9.9	
Podiatry Referral to treatment times average weeks waited	Quality	8.6	↑
Occupational Therapy Referral to treatment times average weeks waited	Quality	2.5	↓
Physio Referral to treatment times average weeks waited	Quality	3.4	
Adult Speech and Language Therapy Referral to treatment times average weeks waited	Quality	5.4	
Wheelchairs Referral to treatment times average weeks waited	Quality	15.1	↑
Average weeks waited for initial appointment, by ethnic group	Quality		

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

People with substance misuse problems

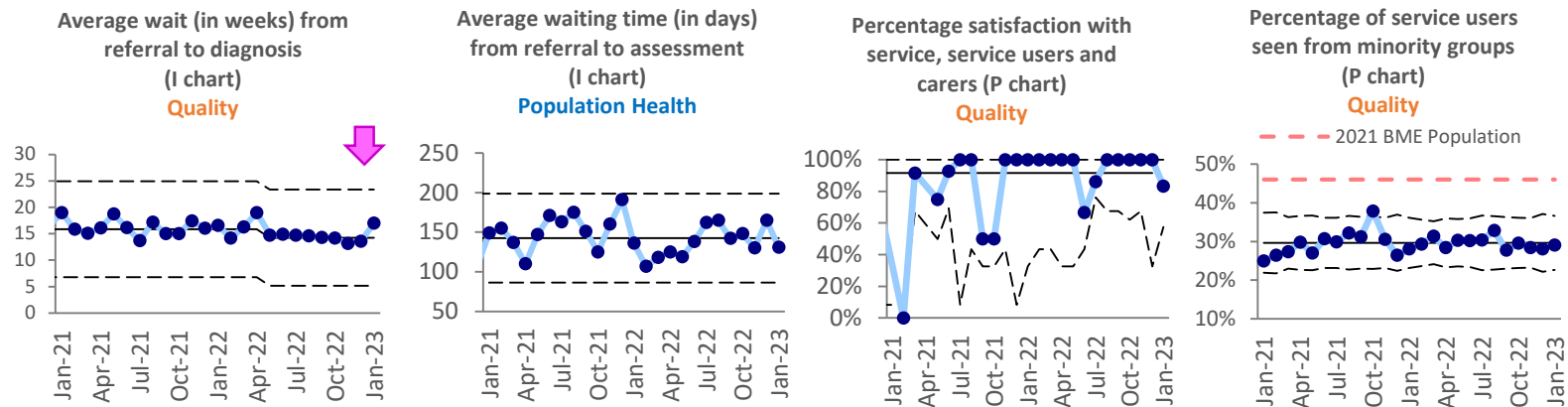


Children with complex mental health needs

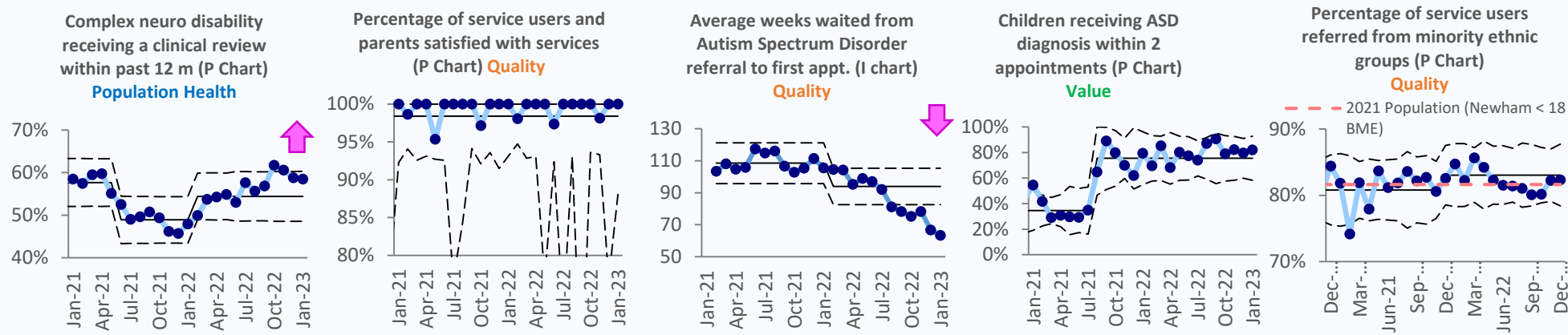


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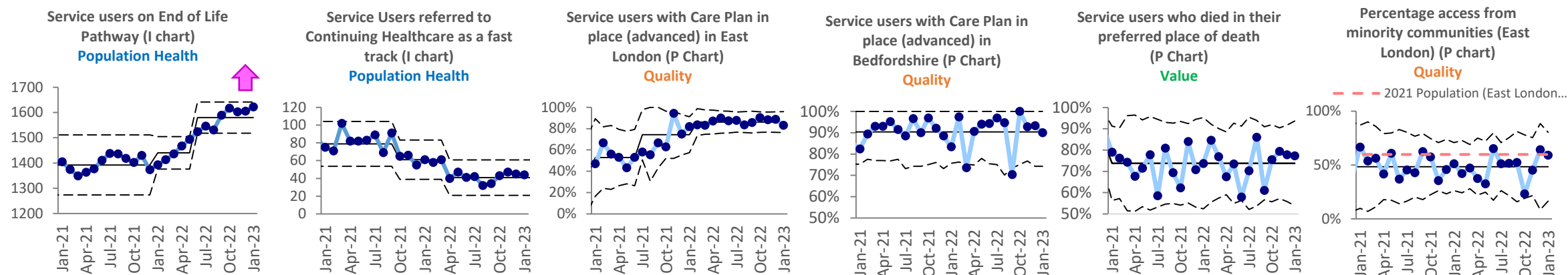
## People with dementia



## Children with complex health needs



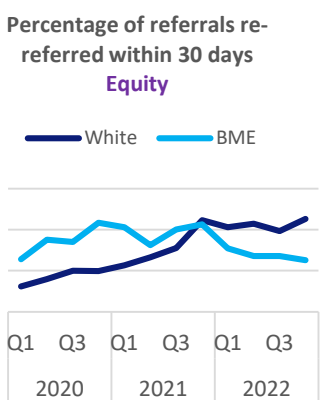
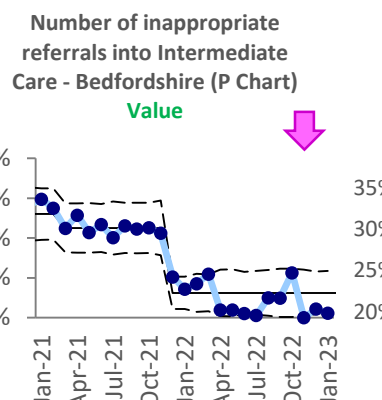
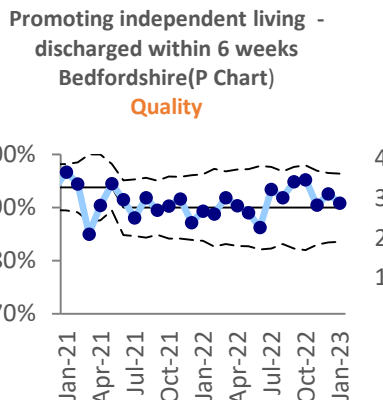
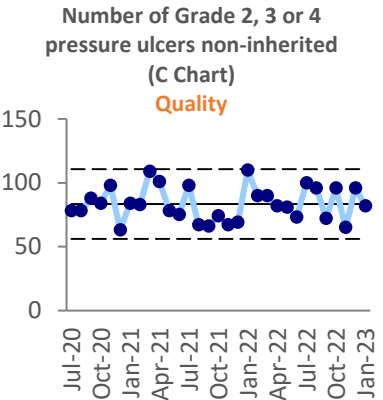
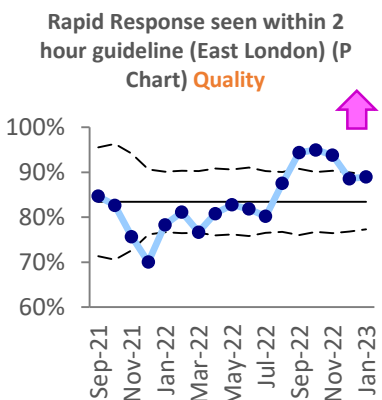
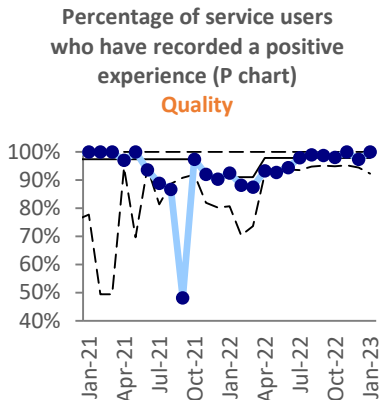
## People receiving end of life care



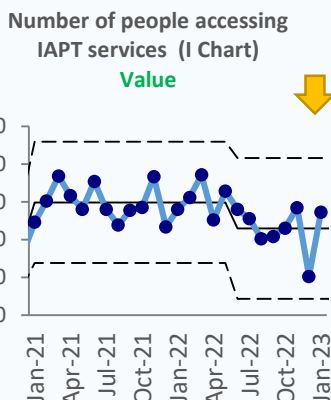
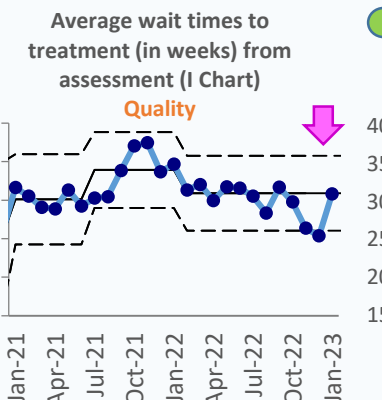
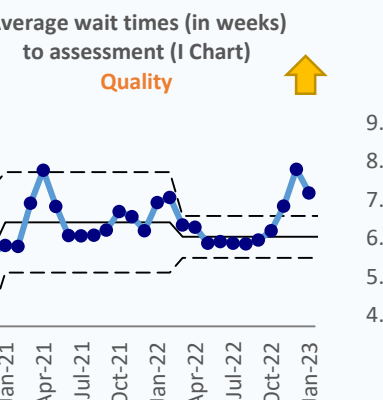
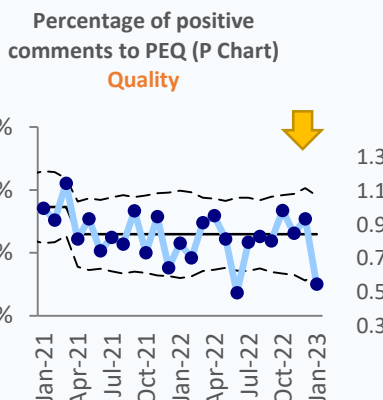
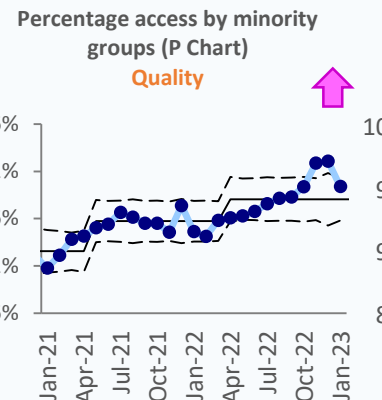
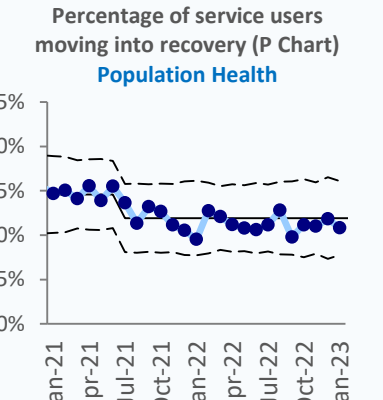


Appendix 1: System Performance dashboard Long Term Plan (●) Special cause variation (↑ ↓) and when it's of potential concern (↑ ↓)

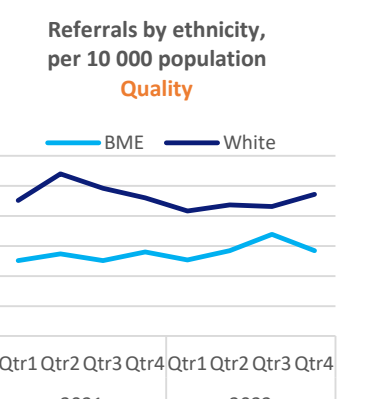
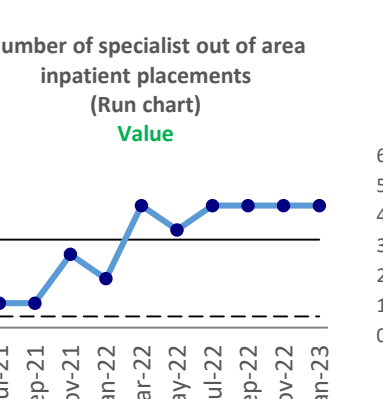
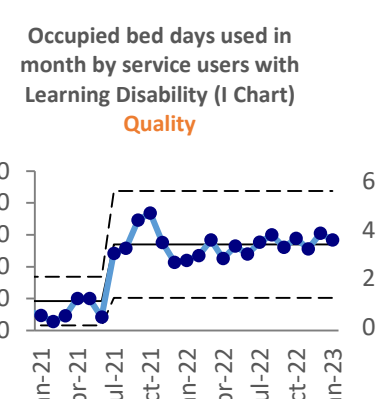
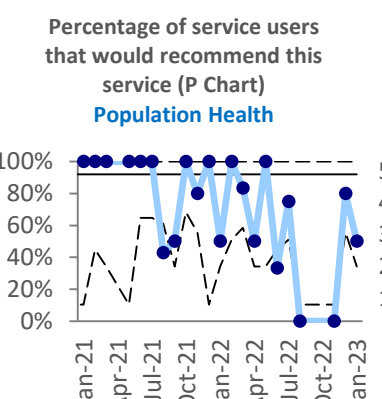
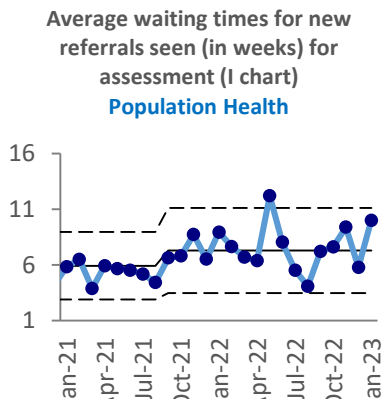
People who are frail or have long term conditions



People with common mental health problems

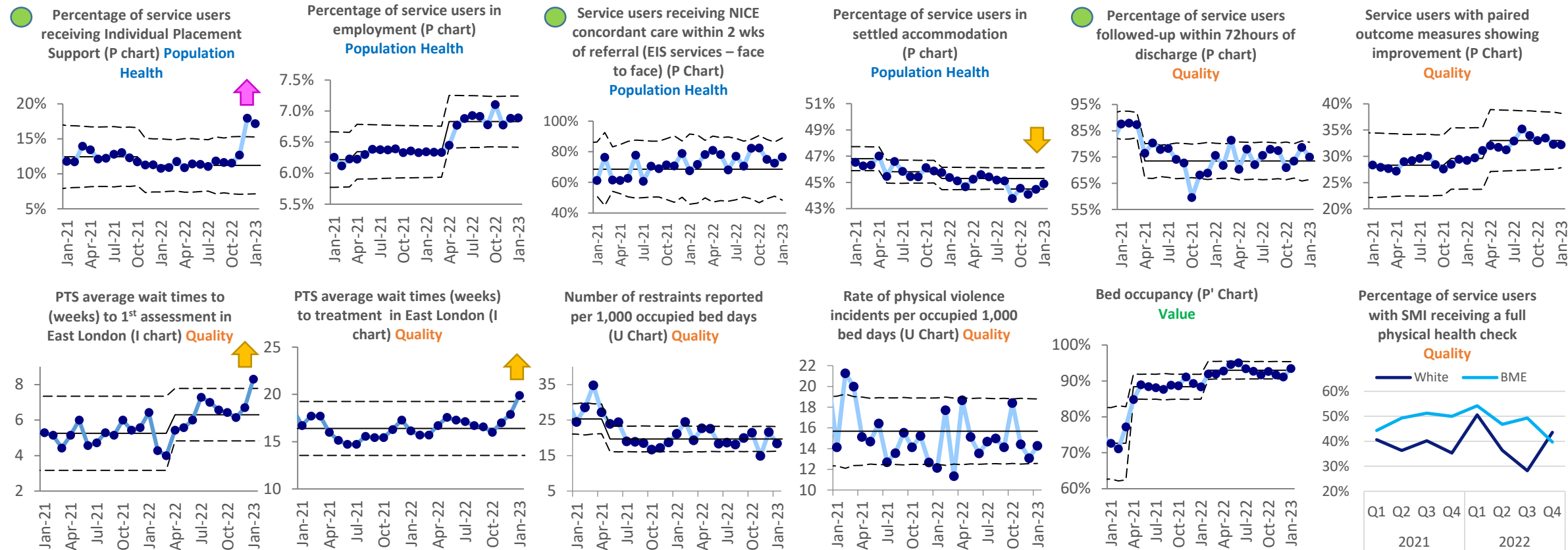


People with a learning disability

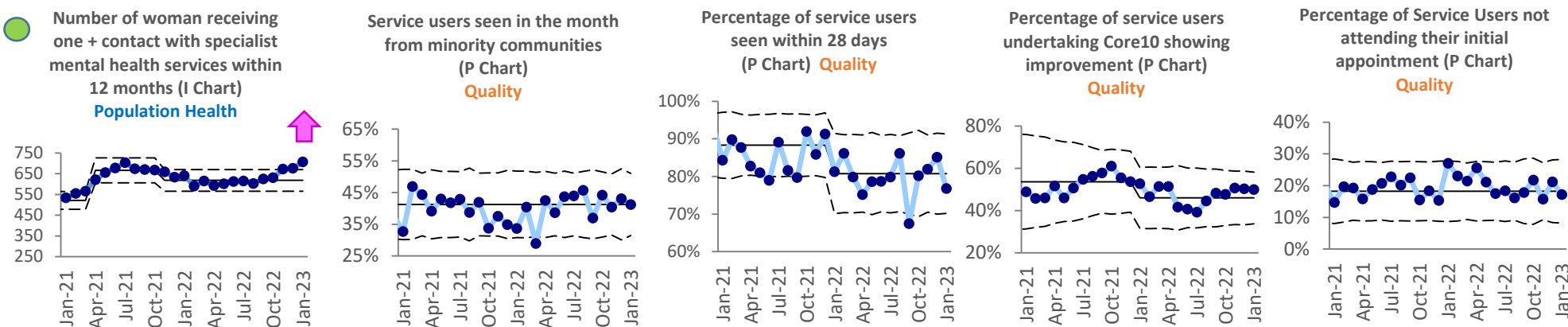


Appendix 1: System Performance dashboard Long Term Plan (●) Special cause variation (↑ ↓) and when it's of potential concern (↑ ↓)

People with Severe Mental Illness



Woman who are pregnant or new mothers

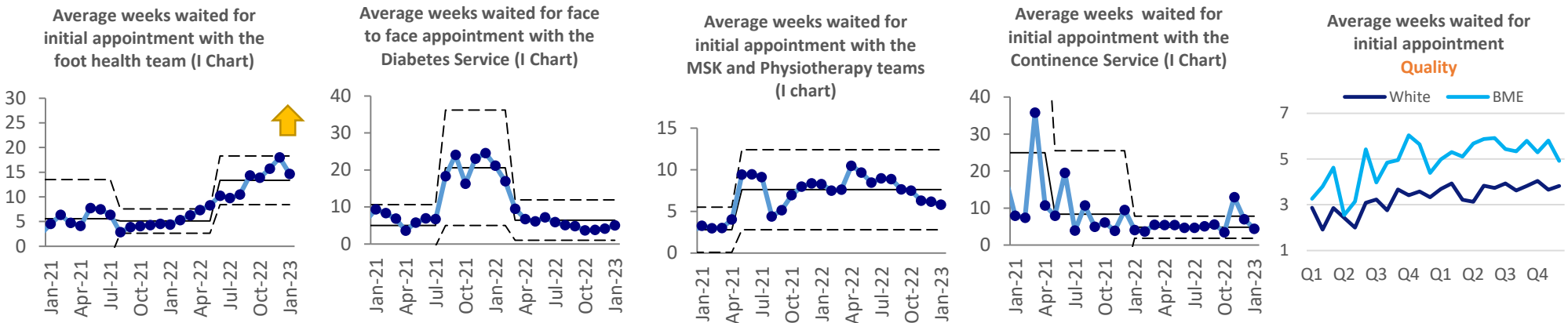




Appendix 1: System Performance dashboard

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

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 service users spending more than 12 hours in an emergency department	ICB		The current position for East London is 5%
	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 January 2023 East London achieved 82% and Bedfordshire 88%
	Primary Care and Community Services	S105a	Proportion of service users discharged from hospital to their usual place of residence	ICB/Provider		In the period April 2022 to January 2023 38% of discharges have been recorded being discharged to usual place of residence. This calculation has excluded the 63% 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	S084a:	Number of children and young people accessing mental health services as a % of population	ICB		We have 14,104 children and young people who have had contact with a CAMHS service in the last 12 months to January 2023. The population of Young people in East London, Luton And Bedford is 1.72 million. Access rate is 0.8% or approx. 1 in 125 young people.
	Mental health services	S085a	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 December 22 is 85.8%. 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 exceeding them. The ELFT access rate for January is 113.2% with Bedford at 114.8% and East London at 112.1%
	Mental health services	S110a	Access rates to community mental health services for adult and older adults with severe mental illness	ICB		The current position reported by ICB for November 22 is 104.9%.
	Mental health services	S086a	Inappropriate adult acute mental health placement out -of-area placement bed days	Provider		Local figure: 1,591 Occupied Bed days (April - January out of trust placements).
	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	100%	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. Next update at the end of Q4

## 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	Learning disabilities and autism	S029a	Service users with a learning disability and/or autism per million head of population	ICB	30 per 1,000,000	The current position reported by ICB for Q3 is 29 per 1,000,000
	Safe, high qualitycare	S039a	National service user Safety Alerts not completed by deadline	Provider	0	100%. In January, two national service user safety alerts were published.
	Safe, high qualitycare	S038a	Consistency of reporting service user safety incidents	Provider	100%	The current position is 100% compliant for the period April to January 2023
	Safe, high qualitycare	S035a	Overall CQC rating	Provider		The current CQC rating is Outstanding
	Safe, high qualitycare	S037a	Percentage of service users 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 to January 2023 (n = 5,056).
	Safe, high qualitycare	S121a	NHS Staff Survey compassionate culture people promise element sub-score	Provider		The ICB position for 2021 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 November, Antibacterial items per STAR/PU is 80.01% and % of Broad Spectrum is 8.87%
Preventing ill Health	Reducing inequalities		Performance against relevant metrics for the target population cohort and five key clinical areas of health inequalities	ICB/Provider		Data not available
	Prevention and long term conditions	S115a	Proportion of diabetes service users that have received all eight diabetes care processes	ICB		The 2021-22 Q4 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 service users profiled	ICB		The 2022 Q3 position reported by NHS SOF Dashboard is 55.2%

## 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 2022 Q3 position reported by NHS SOF Dashboard is 95 per 100,000
	Screening, vaccination and immunisation	S117a	Proportion of service users who have a first consultation in a post -covid service within six weeks of referral	ICB/Provider		The current position reported by ICB for 2023 Q1 is 77.8%
	Screening, vaccination and immunisation	S047a	Proportion of people over 65 receiving a seasonal flu vaccination	ICB/Provider	85%	The current position reported by ICB for December 2022 is 65.6%
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
	Leadership	S059a	CQC well -led rating	Provider	Outstanding	Rated 4 - Outstanding

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**30 March 2023**

<b>Title</b>	Appointments & Remuneration Committee 9 February 2023 – Committee Chair's Assurance Report
<b>Committee Chair</b>	Ken Batty, Senior Independent Director and Committee Chair
<b>Author</b>	Cathy Lilley, Director of Corporate Governance

**Purpose of the report**

- To bring to the Board's attention key issues and assurances discussed at the Appointments & Remuneration Committee meeting held 9 February 2023.
- To recommend to the Board **approval** of the Appointments & Remuneration Committee's and People & Culture Committee's terms of reference.

**Key messages**

**Emerging Risks and Issues:**

- **Pension Recycling:** The Committee approved a 'stop-gap' policy produced by North East London (NEL) due to the delay in the publication of a national policy and the pressure for this to be effective during the current financial year
- **External Audit Update:** All actions are under way and progress being made; retrospective approval for those cases where approval was required has been received from HM Treasury.

**Board Assurance Framework**

*Risk 5: If the Trust fails to effectively plan for, recruit and retain people with the right skills, this may adversely impact on the Trust's ability to deliver the Trust's strategy*

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

- Continued challenges to recruit to certain professional groups although some progress with international recruitment activity, and ongoing work to reduce agency spend
- Range of actions being taken forward to mitigate the risks including repurposing the lead employer mass vaccination team to define projects to transform people and culture service; co-produced approach to the development of a more ambitious equality plan with staff and network leads; continuing discussions with NEL colleagues and London-wide HRD networks to identify reasons for national staff survey low response rates; development of the Trust's just culture and trauma informed approaches work
- More depth reporting on the 'Grow Your Own' section of the people plan with clear actions demonstrating how the required changes to the workforce will be achieved; a review of the onboarding process; inclusion of milestones were requested
- No changes to the risk scores and that appropriate controls are in place and operating effectively were agreed.

**Recruitment Update**

- Recruitment to the post of chair of Compass ongoing
- The job descriptions and person specifications as well as the recruitment processes for the Trust's Chief Finance Officer and Chief Medical Officer were approved.

**Medical Consultant Recruitment**

- Recognition of the range of work including the creation of a new role to focus on consultant recruitment in Bedfordshire and Luton linking in with the ongoing agency work, and the QI project to increase substantive and fixed term recruitment to medical consultant vacancies should lead to improvements over time
- Further work also being undertaken to explore international recruitment, growing our own and working collaborative with the Trust's mental health partners in the Integrated Care Systems (ICS) to establish pathways to recruitment.

**VSM Remuneration:** Confirmation received that there is no requirement for HM Treasury approval where existing Trust employees exceed a salary of £150,000; however, approval will be required for new Executive appointments whose remuneration is above this threshold.

#### **Clinical Excellent Awards (CEA)**

- Direction from NHS Employers that this year's CEAs would be distributed to all eligible consultants (i.e. those who at the commencement of the award year (1 April 2022) hold a permanent contract of employment with the Trust and have completed 12 months of service and/or who are on a fixed term contract for more than one year)
- A full breakdown of the awards including ethnicity profile to be presented at the next meeting
- Assurance provided that payments will be made in March.

#### **Terms of Reference**

- Updated terms of reference for the Appointments & Remuneration Committee (appendix 1) and People & Culture Committee (appendix 2) were supported and recommended for **approval** by the Board
- **Appointments and Remuneration Committee (RemCo):**
  - The terms of reference now reflect the focus on the statutory duties as described in Schedule 7 para 17(3) of the NHS Act, namely to be responsible for identifying and appointing candidates to fill all the Executive Director positions on the Board and for determining their remuneration and other conditions of service and comprises of all Non-Executive Directors (NEDs)
  - In addition, two new appendices have been included in respect of the process for the appointment of the CEO and Governor involvement in the appointment
- **People & Culture Committee (PCC)**
  - The Board has previously agreed to establish a People & Culture Committee
  - The terms of reference developed to reflect the Committee's main purpose which is to monitor, review and report to the Board on the delivery of the Trust's strategic objective relating to people including:
    - the people plan that focuses on how the organisation will continue to look after each other and foster a culture of openness, inclusion and belonging
    - the actions to grow the workforce, train our staff, and work together differently to deliver safe and quality patient care
    - assurance that the processes for the management of people and culture across the Trust are robust and effective in supporting the Trust to deliver its strategic objectives
    - the management of risks pertaining to the achievement of the people strategic objective.

## Appointments & Remuneration Committee

### Terms of Reference

#### 1 Authority

- 1.1 The Appointments & Remuneration Committee (Committee) is constituted as a standing committee of the Trust's Board of Directors (Board). Its constitution and terms of reference is set out below, subject to amendment and approval by the Board.
- 1.2 The Committee is authorised by the Board to act within these terms of reference.
- 1.3 The Committee is authorised to obtain such internal information as is 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.
- 1.4 The Committee is authorised to obtain outside legal or other independent professional advice and to secure the attendance of external individuals/organisations with relevant experience and expertise if it considers this necessary in support of its duties.
- 1.5 These terms of reference shall be read in conjunction with the Trust's Scheme of Delegation, Standing Orders, Constitution and Standing Financial Instructions as appropriate.

#### 2 Purpose

- 2.1 The Committee's main purpose as required under the NHS Act 2006 is to be responsible for:
  - Identifying and appointing candidates to fill Executive Director positions
  - Determining their remuneration, allowances and other conditions of service including pension rights and any compensation payments.
- 2.2 The Committee recommends and monitors the level and structure of remuneration for other very senior managers (VSMs). In doing so the Committee will operate within the locally determined pay scale.
- 2.3 The Committee is responsible for determining a formal and transparent procedure for developing a policy on the Chief Executive's, Executive Directors' and other VSMs' remuneration.

#### 3 Duties

##### 3.1 Board composition

- Review strategic issues and commercial changes affecting the Trust and the health economy in which it operates including:
  - The implications for the Board structure, size, diversity and composition including the skills, knowledge, experience and diversity
  - The leadership needs in the organisation at executive level, ensuring the continued ability of the Trust to compete and operate effectively in the health economy
- Make recommendations to the Board (and Council of Governors Nominations & Conduct Committee in respect of the requirements, skills and experience for the Chair and Non-Executive Director roles) as applicable with regards to any changes

- Give full consideration to and make plans for succession planning for the Chief Executive and other Executive Directors taking into account the challenges and opportunities facing the Trust and the skills and expertise required on the Board to meet them.

### 3.2 Appointment and Termination

- Responsible for selecting and appointing candidates to fill Executive vacancies within its remit as and when they arise, ensuring a formal, rigorous and transparent selection and recruitment process is established
- When a vacancy is identified, evaluate the balance of skills, knowledge and experience on the Board, and its diversity, and in the light of this evaluation prepare a description of the role and capabilities required for the particular appointment
- In identifying suitable candidates, the Committee will:
  - Use open advertising or the services of external advisers to facilitate the search
  - Consider candidates on merit and against objective criteria
  - Ensure that the process set out in Appendix A is followed
- Additionally, for the appointment of the Chief Executive the Committee will:
  - Keep the Council of Governors informed of the progress of the recruitment campaign ensuring the sharing of sufficient and appropriate information to enable the Council to carry out its statutory duty of approving the appointment of the Chief Executive in accordance with para 17(5) of Schedule 7 of the NHS Act 2006
  - Report the appointment of the Chief Executive to the first general meeting of the Council of Governors after the appointment, for approval
  - Ensure that the process set out in Appendix B is followed.
- Ensure that the selected candidate meets all eligibility requirements for Executive Directors including the Chief Executive as set out in the Trust's constitution including that the proposed candidate is a 'fit and proper' person as defined in law and regulation.
- Ensure that a proposed Executive Director's other significant commitments if applicable are disclosed before appointment and that any changes to their commitments are reported to the Board of Directors as they arise.
- Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interest that could result in a conflict of interest is reported.
- Consider any matter relating to the continuance in office of any Executive Director, including the Chief Executive, including the suspension or termination of service of an individual as an employee of the Trust subject to the provisions of the law and their service contract.

### 3.3 Remuneration

*Any reference to Executive Directors below includes the Chief Executive.*

- Review the Trust's adherence to national terms and conditions. If the Trust moves away from national terms and conditions, the Committee will review policies and procedures for the pay and remuneration of all staff, and to make recommendations to the Board
- Adhering to relevant laws, regulations and Trust policies, ensure that levels of remuneration are sufficient to attract, retain and motivate Directors of the quality required to run the Trust successfully, and will avoid paying more than is necessary for this purpose, and at a level which is affordable to the Trust
- Review the level and structure of remuneration of Executive Directors and very senior management (VSM). The definition of VSM for this purpose will be determined by the Committee, but is normally the first layer of management below Board level (if there are managers at this level who are not on national terms and conditions)
- In setting the salary, benefits in kind, compensation and/or where applicable any performance related payments for the Chief Executive, Executive Directors and other VSMs, the Committee must ensure that it undertakes an annual review taking into



account inflation, the labour market, comparability factors, pension consequences and associated costs, affordability and recruitment and retention costs

- Determine the remuneration including pension rights and any compensation payments for all Executive Directors having regard to the Trust's circumstances and to appropriate national arrangements
- At the time of appointment, consider what compensation commitments (including pension contributions and all other elements) the contractual obligations would entail in the event of early termination
- Decide whether a proportion of Executive Director remuneration should be structured so as to link reward to corporate and individual performance
- Ensure any performance-related elements of Executive remuneration are stretching and promote the long-term sustainability of the Trust
- Consider all relevant and current directions relating to contractual benefits such as pay and redundancy entitlements
- Use national guidance and market benchmarking analysis in the annual determination of remuneration of Executive Directors while ensuring that increases are not made where Trust or individual performance do not justify them
- Be sensitive to pay and employment conditions elsewhere in the Trust, especially when determining annual salary increases
- Consider the evaluation of the performance of individual Executive Directors when reviewing changes to remuneration levels
- Approve any variations to salary or other terms and conditions (in line with existing employment legislation) including contracts for Executive Directors
- Ensure the satisfactory resolution of problems or reservations arising from the review of the remuneration of Executive Directors and other VSMs
- Ensure that details of Board members' total remuneration and other benefits in line with regulatory requirements are published in the annual report.

#### 3.4 **Annual performance review**

- Receive and review annually from the Chief Executive a report on the performance of individual Executive Directors to provide assurance that the right skills and expertise are in place to deliver the Trust's strategic priorities. The report will highlight agreed training and development needs as they relate to their role on the Board
- Receive and review annually from the Chair a report on the Chief Executive's performance to provide assurance that the right skills and expertise are in place to lead and deliver the Trust's strategic priorities
- Monitor procedures to ensure that existing Directors are and remain 'fit and proper' persons as defined in law and regulation.

#### 3.5 **Other**

- The Committee will obtain advice where appropriate, including the advice of the Chief Executive and relevant internal and external support which will be determined on a case by case basis
- The Committee will be responsible for selecting, appointing and setting the terms of reference for any external consultants retained ensuring value for money at all times
- The chair of the Committee will agree with members who will notify individuals of decisions taken.

## **4 Membership**

#### 4.1 The members of the Committee will be appointed by the Board and comprise:

- All Non-Executive Directors, one of whom will be the chair of the Committee
- Trust Chair
- Chief Executive.

- 4.2 When appointing or removing the Chief Executive, Committee membership shall comprise of all the Non-Executive Directors (ref Schedule 7, 17(3) of the NHS Act 2006 as amended by the Health and Social Care Act 2012).
- 4.3 When removing Executive Directors, Committee membership shall comprise of the Trust Chair, Chief Executive and Non-Executive Directors (ref Schedule 7, 17(4) of the NHS Act 2006).
- 4.4 In the absence of the Committee chair, the Committee will be chaired by the Trust Chair.
- 4.5 The Chief Executive will not be present during the discussion of their appointment, performance evaluation or remuneration or receive any papers in relation to these areas.
- 4.6 Members will serve on the Committee for the duration of their appointments.

## **5 Quorum**

- 5.1 A quorum will be four members, one of whom must be the Committee chair or the Trust Chair.
- 5.2 If the Committee is not quorate, the meeting may be postponed at the discretion of the Committee chair. If the meeting takes place and is not quorate, no decisions may be made at this meeting and such matters will be deferred until the next quorate meeting.

## **6 Attendance at Meetings**

- 6.1 All members are expected to attend each meeting.
- 6.2 Only members of the Committee have the right to attend meetings.
- 6.3 Other Trust Directors or staff or external advisers may be invited by the Committee chair to attend for all or part of any meeting when appropriate to assist in deliberations including the Chief People Officer.
- 6.4 Attendance at meetings may be by face to face or remotely. Remote meetings may involve the use of telephone and/or electronic conference facilities. Any Committee member with the agreement of the Committee chair may participate in a meeting by way of telephone, computer or any other electronic means of communication provided that each person is able to hear and speak. A person participating in this way is deemed to be present in person although their actual location shall be noted in the minutes; and will be counted in a quorum and entitled to vote.
- 6.5 Where a specific matter is deemed to be of a confidential or commercially sensitive nature, the Committee chair has the authority to restrict attendance at the meeting to members only and to ask all invitees to leave the meeting.

## **7 Support to the Committee**

- 7.1 The Director of Corporate Governance will act as Company Secretary to the Committee and working with the Chief People Officer will:
- Agree the agenda with the Committee chair
  - Ensure meeting papers are distributed in good time
  - Ensure minutes are taken, action points and matters arising are recorded and followed up
  - Advise the Committee on pertinent areas
  - Draft the assurance report for the Board following each Committee meeting

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

## **8 Frequency of Meetings**

- 8.1 The Committee will normally meet at twice a year and as required to fulfil its duties as the Committee chair shall decide.
- 8.2 Where a decision needs to be taken outside the normal cycle of meetings, and where the matter is not deemed by the Committee chair to require an additional meeting to be called, the decision may be made via email. This approach will be used on an exceptions basis. Decisions via email will be reported to the next meeting and the wording of the decision minuted.

## **9 Conflicts of Interest**

- 9.1 Where Executive Directors or senior management are involved in advising or supporting the Committee, care should be taken to recognise and avoid conflicts of interest. No Executive Director (including the Chief Executive) should be involved in deciding his/her own remuneration, appointment or performance.
- 9.2 Where a Committee member or attendee has an interest, or becomes aware of an interest which could lead to a conflict of interest in the event of the Committee and subsequently the Board considering an action or decision in relation to that interest, that must be considered as a potential conflict, is subject to the provisions of the Trust's Standards of Business Conduct Policy or other protocols or arrangements relating to the management of Conflicts of Interest.
- 9.3 At the beginning of each meeting as a standing agenda item, the Committee chair will ask members to highlight any conflicts of interest and identify any items/issues that may raise a conflict of interest for any Board member.
- 9.4 If any member or attendee has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, they will declare that interest as early as possible and not participate in the discussions. The Committee chair has the authority to request that member or invitee to withdraw until its consideration has been completed.
- 9.5 An up to date Register of Interests will be available on the Trust's website for public scrutiny.

## **10 Reporting and Minutes**

- 10.1 The Committee chair will provide an assurance report to the Board after each meeting; this will be drafted by the Director of Corporate Governance. The report will set out the matters discussed together with any recommendations to the Board.
- 10.2 The Committee chair will highlight to the Board any pertinent issues and/or those that require disclosure, escalation, action or approval of the full Board.
- 10.3 The Committee will agree the annual remuneration statement about its activities and the process used to make appointments in line with NHS England's *Annual Reporting Manual* requirements for inclusion in the Trust's annual report.
- 10.4 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.

- 10.5 The Committee will receive and agree a description of its work (in the form of an annual forward plan), and will regularly monitor progress against this plan.

## **11 Review**

- 11.1 The Committee will undertake an annual review of its effectiveness and provide a report to the Board of its findings including highlighting areas for improvement.
- 11.2 Terms of reference will be reviewed annually and reported to the Board for ratification.

## **12 Review Dates**

- 12.1 Date approved: February 2023
- 12.2 Next review date: March 2024

### Process for Executive Director Appointments

1. Once a vacancy is identified, the CEO will report this to the Appointments & Remuneration Committee (the Committee).
2. Prior to the placement of an advertisement, the Committee shall receive, discuss and agree:
  - A draft job description/person specification taking account of the skills, knowledge, experience and diversity of the Board as well as the future challenges, risks and opportunities facing the Trust and the skills and expertise required on the Board to meet them
  - Any proposal to use an external search agency
  - The candidate information pack
  - An outline of the recruitment process and timetable
  - The communications/advertising plan
  - The proposed composition of the interview panel and stakeholder session(s) if applicable
  - The interview questions and stakeholder sessions discussion themes
  - Proposed remuneration and terms and conditions of office.
3. As a general rule, the interview panel will normally comprise the following:
  - Trust Chair
  - CEO
  - Relevant NED with expertise in the proposed portfolio
  - External assessor
  - Service user representative.
4. Following interview, the successful candidate will be offered the post, subject to usual HR procedures and due diligence checks (including the 'fit and proper' persons requirements as defined in law and regulations, disclosure of significant commitments if applicable, and the disclosure of business interests) as well as approval of the appointment by the Committee.
5. The CEO will make the offer in relation to Executive Director appointments and the Trust Chair for CEO appointments.
6. A report will be submitted to the Committee summarising the process and the outcome in order for the Committee to approve the appointment, and the level of remuneration and contract.
7. Following the Committee's decision, formal announcement and communication of the appointment will take place.

### Process for the Chief Executive Appointment

1. Once a vacancy is identified, the Trust Chair will report this to the Appointments & Remuneration Committee (the Committee) which will comprise all Non-Executive Directors.
2. Prior to the placement of an advertisement, the Committee shall receive, discuss and agree:
  - A draft job description/person specification taking account of the skills, knowledge, experience and diversity of the Board as well as the future challenges, risks and opportunities facing the Trust and the skills and expertise required on the Board to meet them
  - Any proposal to use an external search agency
  - The candidate information pack
  - An outline of the recruitment process and timetable
  - A process for the involvement of the Council of Governors in the Chief Executive appointment<sup>1</sup>; this process will be shared with the Council's Nominations & Conduct Committee and the Council for approval
  - The communications/advertising plan
  - The proposed composition of the interview panel and stakeholder sessions which will include system leaders
  - The survey for key stakeholders including staff, members, service users, Governors and external stakeholders focusing on the most important characteristics, goals and priorities for the Chief Executive; the themes would be used to help inform interview questions and discussion themes for stakeholder sessions
  - The interview questions and stakeholder session discussion themes
  - Proposed remuneration and terms and conditions of office.
3. As a general rule, the interview panel will normally comprise the following:
  - Trust Chair
  - Trust Vice Chair
  - NHSE representative
  - ICS representative(s)
  - Lead Governor (representing the Council of Governors)
  - Service user representative.
4. Following interview, the successful candidate will be offered the post, subject to:
  - the approval of the appointment by the Committee comprising all NEDs
  - the approval of appointment by the Council of Governors
  - the usual HR procedures and due diligence checks (including the 'fit and proper' persons requirements as defined in law and regulations, disclosure of significant commitments if applicable, and the disclosure of business interests).
5. At a general meeting of the Council of Governors as soon after the selection process and agreement as possible, the Council will receive the recommendation to approve the appointment.
6. The Trust Chair will make the offer in relation to the Chief Executive appointment.
7. A report will be submitted to the Committee summarising the process and the outcome in order for the Committee to approve the appointment, and the level of remuneration and contract.
8. Following the Committee's decision and the Council's approval of the appointment, formal announcement and communication of the appointment will take place.

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<sup>1</sup> Process for the involvement of the Council in the Chief Executive appointment at appendix C below

### Council of Governors Involvement in the Appointment of the Chief Executive (CEO)

#### 1 Introduction

Under the NHS Act 2006 and Trust constitution the appointment of the Chief Executive shall require the approval of the Council of Governors (Council).

In order to support these provisions, a procedure has been developed that sets out the process for involving Governors in the approving the appointment. The primary focus of the procedure is on the Council's involvement in the appointment of the CEO; it is the responsibility of the Board of Directors Appointments & Remuneration Committee (RemCo) to establish and deliver the appointment process.

#### 2 Process

##### 2.1 Selection Process

- The process and timetable for appointing a new CEO will be developed and approved by the Board of Directors RemCo
- RemCo will be responsible for the monitoring and implementation of the approved recruitment process
- The Council will be updated on the process for appointing a new CEO as part of the normal schedule of meetings taking place during the year or by email.

##### 2.2 Interviews and Stakeholder Panels

- The interview process will include a formal interview and stakeholder groups
- The formal interview panel will include a representative of the Council of Governors (usually the Lead Governor) as an observer
- The stakeholder sessions will include representatives from staff, service users, carers, Governors and external stakeholders including regulator representation
- The format and content of interview panel and stakeholder sessions will be determined by RemCo
- Feedback from the stakeholder sessions, individual meetings with the candidates and the Chair will be shared with the interview panel to help inform their discussions and decisions following interview.

##### 2.3 Appointment of the Successful Candidate

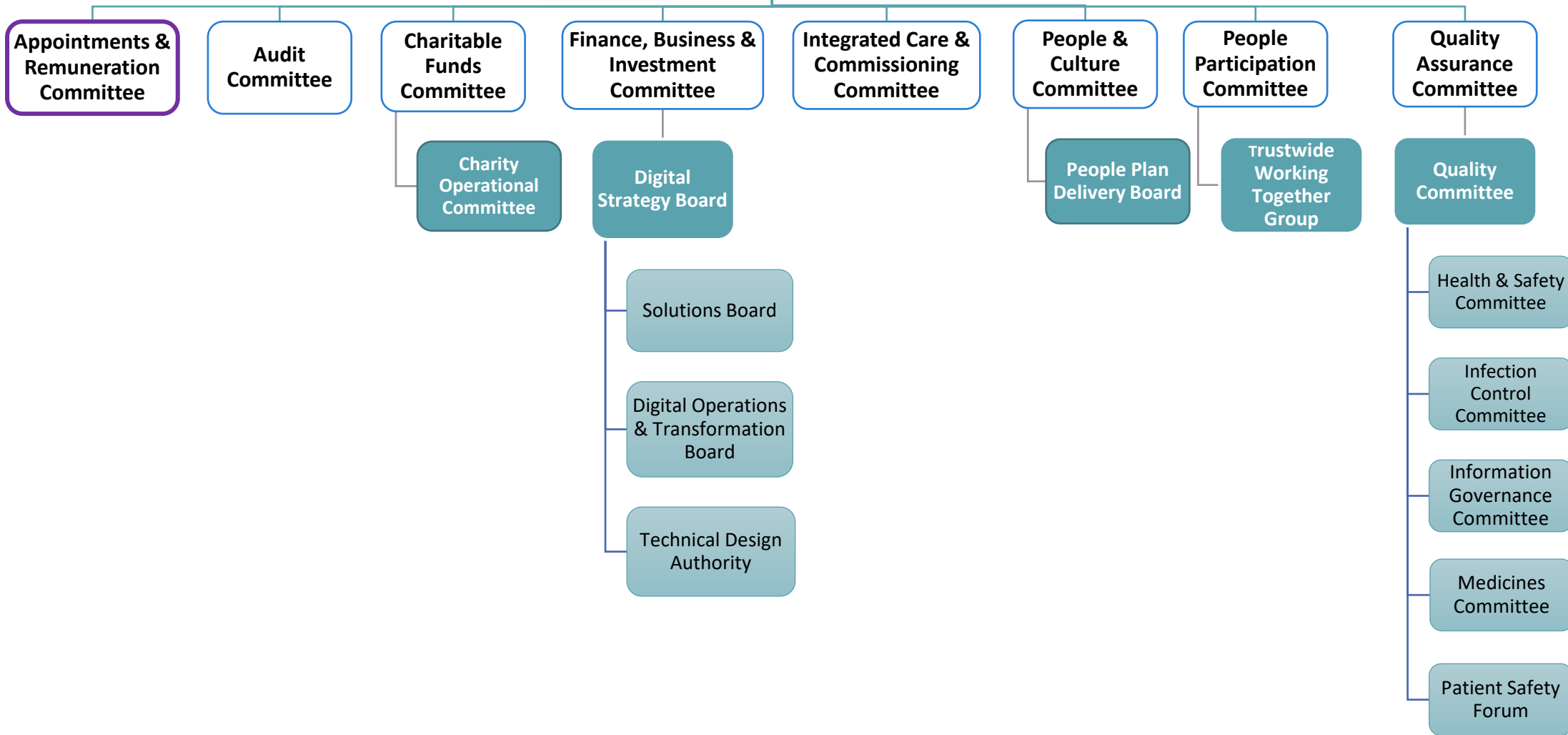
- The outcome of the interview (including feedback from stakeholder sessions) will be discussed by RemCo and the appointment of the new CEO approved, subject to required HR, due diligence and fit and proper persons requirements checks
- At a general meeting of the Council, an overview of the process and the name of the successful candidate appointed by RemCo will be presented and the Council will be asked to approve the appointment of the CEO
- If the next meeting of the Council is a number of months after the appointment process, an extra-ordinary meeting may be scheduled to allow for the appointment to be approved in a timely manner
- The appointment of the CEO must be approved by the majority of the Council at a meeting that is quorate
- The Council may not approve the appointment of the CEO only if the Trust has not followed the process set out in this procedure and advised to the Council
- If the Council does not approve the appointment of the CEO, the Lead Governor must provide a written statement outlining the reasons why the appointment has not been approved. This must be submitted to the Senior Independent Director (SID) for review
- The SID will review the statement provided by the Lead Governor and follow relevant resolution processes.

### Process for the Appointment of Deputy Chief Executive from the Executive Team

1. Once a vacancy is identified, the Chief Executive (CEO) will report this to the Appointments & Remuneration Committee (the Committee) sharing the job description and remuneration proposal.
2. The CEO will circulate the job description to all Executive Directors inviting expressions of interest.
3. Executive Directors interested in the role, must reply to the CEO in writing explaining why they are interested in and the reasons they believe they are suitable for the role.
4. The CEO will meet individually with each Executive Director who expressed interest in the role.
5. If more than one person expresses an interest, a process for selection will be undertaken.
6. The selection process will include an interview with the Trust Chair, the CEO and a service user.
7. The CEO will inform the other Executive Directors of the preferred candidate.
8. A report will be submitted to the Committee summarising the process and the outcome, in order for the Committee to approve the appointment and decide the level of remuneration.
9. Following the Committee's decision, formal announcement and communication of the appointment will take place.
10. The appointment will be reviewed every three years.



# Board of Directors



## People & Culture Committee

### Terms of Reference

#### 1 Authority

- 1.1 The People & Culture Committee (Committee) is constituted as a standing committee of the Trust's Board of Directors (Board). Its constitution and terms of reference is set out below, subject to amendment and approval by the Board.
- 1.2 The Committee is authorised by the Board to act within these terms of reference.
- 1.3 The Committee is authorised to obtain such internal information as is 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.
- 1.4 The Committee is authorised to obtain outside legal or other independent professional advice and to secure the attendance of external individuals/organisations with relevant experience and expertise if it considers this necessary in support of its duties.
- 1.5 These terms of reference shall be read in conjunction with the Trust's Scheme of Delegation, Standing Orders, Constitution and Standing Financial Instructions as appropriate.

#### 2 Purpose

- 2.1 The purpose of the Committee is to provide assurance to the Board on the delivery of the Trust's strategic objective relating to people and the management of risks pertaining to this. This includes oversight of and assurance on the achievement of the Trust's people plan.
- 2.2 The Committee will provide a forum for collective discussion and problem solving on key strategic people challenges.

#### 3 Duties

##### 3.1 Culture and leadership

- Review and oversee reports to enable an understanding and oversight of the Trust's cultural development, leadership behaviours and talent management processes within the Trust including the effectiveness of plans
- Review confidential issues in relation to staff subject to professional misconduct, tribunals or local authority designated officer concerns, allegations or offences
- Provide assurance to the Board that there are satisfactory arrangements that allow people to raise concerns and that mechanisms are in place for the proportionate and independent investigation of such matters
- Review the results of the national staff survey, local pulse surveys, other sources of information and intelligence into people's experience (i.e. GMC surveys) and monitor associated action plans; monitoring of the actions will particularly focus on whether the actions are or have delivered measurable improvements in people's experience
- Scrutinise action plans relating to people and culture arising from CQC and/or well-led inspections and receive assurance that effective improvement measures are taking place.

### **3.2 People plan**

- Consider and recommend to the Board the Trust's people plan and associated implementation plans
- Responsible for providing assurance to the Board on the delivery of the Trust's people plan ensuring that the objectives are and continue to be aligned with the Trust's longer term strategic plans with clarity on required outcomes and progress against delivery of these. This may include suggest 'deep dive' reviews which are underpinned by agreed terms of reference into any areas of concern
- Consider and monitor implementation of the NHS people plan and the opportunities presented for system working
- Review people analytics' reports and receive assurance on people performance against the agreed set of key performance indicators; and agree recovery plans as appropriate
- Receive updates relating to people and culture, including but not limited to: health and wellbeing, people's experience at work, staff engagement, freedom to speak up, education and development, recruitment and retention, appraisal and supervision compliance, agency usage, people planning, staff networks, apprenticeships, etc.

### **3.3 Equality, diversity and inclusion**

- Monitor progress against the Workforce Race and Equality Standards and Workforce Disability Standards and Gender and Ethnicity Pay Gap Reporting
- Oversee and promote a diverse and inclusive organisation, and creating a just culture of fairness amongst the Trust staff in line with the organisation's EDI plan.

### **3.4 Health and wellbeing**

- Review strategic issues and commercial changes affecting the Trust and the health and wellbeing of its staff.

### **3.5 Workforce: capacity, recruitment, retention**

- Receive assurance that the Trust is working within the wider system to develop workforce solutions
- Review and oversee the delivery of the Trust's strategic workforce plan
- Receive assurance that the Trust has in place structures, systems, policies and processes to support the workforce in the provision and delivery of high-quality patient care
- Receive assurance that the Trust's recruitment and retention strategies, plans and implementation are effective and, where appropriate, test the data and alternative approaches
- Recommend sound policies and procedures for the pay and remuneration of all staff, if planning to depart from national terms and conditions.

### **3.6 Training and professional development**

- Receive assurance that all staff are receiving an effective annual appraisal and that staff are compliant with statutory and mandatory training
- Receive assurance that robust succession plans and talent management processes are in place.

### **3.7 Risk management and internal controls**

- Monitor the risks associated with the Trust's strategic priority in relation to people, their controls and assurances via the Board Assurance Framework (BAF) providing onward assurance to the Trust's Audit Committee and Board that appropriate controls are in place and operating effectively; and make recommendations to the Board if it proposes to add or remove any risk
- Provide assurance to the Board on compliance with all HR statutory and regulatory requirements and good practice

- Receive and review the findings of relevant internal audit reports and seek assurance that recommendations are implemented in a timely and effective way.

3.8 Establish such sub-groups/committees as it deems necessary to support it to discharge its functions. In so doing the Committee will inform the Board of the establishment of such sub-groups/committees and present to the Board the terms of reference of the sub-groups, ensuring compliance with the Scheme of Delegation.

#### **4 Membership**

4.1 The members of the Committee will be appointed by the Board and comprise:

- Three Non-Executive Directors, one of whom will be the chair of the Committee
- Three Executive Directors, including the Chief People Officer (Executive lead).

4.2 The chair of the Committee shall be appointed by the Board.

4.3 In the absence of the Committee chair, one of the other Non-Executive Director members will chair the Committee meeting.

#### **5 Quorum**

5.1 A quorum will be three members, two of whom will be Non-Executive Directors.

5.2 If the Committee is not quorate, the meeting may be postponed at the discretion of the Committee chair. If the meeting takes place and is not quorate, no decisions may be made at this meeting and such matters will be deferred until the next quorate meeting.

#### **6 Attendance at Meetings**

6.1 All members are expected to attend each meeting.

6.2 Only members of the Committee have the right to attend meetings.

6.3 A Deputy or Associate Director may attend in order to represent their Executive Director as a member of the Committee or may accompany their Director for development purposes.

6.4 Other Trust Directors or staff or external advisers may be invited by the Committee chair to attend for all or part of any meeting when appropriate to assist in deliberations.

6.5 Attendance at meetings may be by face to face or remotely. Remote meetings may involve the use of telephone and/or electronic conference facilities. Any Committee member with the agreement of the Committee chair may participate in a meeting by way of telephone, computer or any other electronic means of communication provided that each person is able to hear and speak. A person participating in this way is deemed to be present in person although their actual location shall be noted in the minutes; and will be counted in a quorum and entitled to vote.

6.6 Where a specific matter is deemed to be of a confidential or commercially sensitive nature, the Committee chair has the authority to restrict attendance at the meeting to members only and to ask all invitees to leave the meeting.

#### **7 Support to the Committee**

7.1 The Director of Corporate Governance will act as Company Secretary to the Committee and working with the Chief People Officer will:

- Agree the agenda with the Committee chair
- Ensure meeting papers are distributed in good time

- Ensure minutes are taken, action points and matters arising are recorded and followed up
- Advise the Committee on pertinent areas
- Draft the assurance report for the Board following each Committee meeting
- Draft the Committee's annual report of the review of its effectiveness and the terms of reference.

## **8 Frequency of Meetings**

- 8.1 The Committee will normally meet at six times a year (bi-monthly) and as required to fulfil its duties as the Committee chair shall decide.
- 8.2 Where a decision needs to be taken outside the normal cycle of meetings, and where the matter is not deemed by the Committee chair to require an additional meeting to be called, the decision may be made via email. This approach will be used on an exceptions basis. Decisions via email will be reported to the next meeting and the wording of the decision minuted.

## **9 Conflicts of Interest**

- 9.1 Where Committee members are involved in discussion, care should be taken to recognise and avoid conflicts of interest.
- 9.2 Where a Committee member or attendee has an interest, or becomes aware of an interest which could lead to a conflict of interest in the event of the Committee and subsequently the Board considering an action or decision in relation to that interest, that must be considered as a potential conflict, is subject to the provisions of the Trust's Standards of Business Conduct Policy or other protocols or arrangements relating to the management of Conflicts of Interest.
- 9.3 At the beginning of each meeting as a standing agenda item, the Committee chair will ask members to highlight any conflicts of interest and identify any items/issues that may raise a conflict of interest for any Board member.
- 9.4 If any member or attendee has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, they will declare that interest as early as possible and not participate in the discussions. The Committee chair has the authority to request that member or invitee to withdraw until its consideration has been completed.
- 9.5 An up to date Register of Interests will be available on the Trust's website for public scrutiny.

## **10 Reporting and Minutes**

- 10.1 The Committee chair will provide an assurance report to the Board after each meeting; this will be drafted by the Director of Corporate Governance. The report will set out the matters discussed together with any recommendations to the Board.
- 10.2 The Committee chair will highlight to the Board any pertinent issues and/or those that require disclosure, escalation, action or approval of the full Board.
- 10.3 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.
- 10.4 The approved minutes will be available to the Board on request.

- 10.5 The Committee will receive and agree a description of its work (in the form of an annual forward plan), and will regularly monitor progress against this plan.

## **11 Sub-Committees/Groups**

- 11.1 The Committee's sub-committees/groups are:
- People Plan Delivery Board.
- 11.2 The Committee will receive regular assurance reports and an annual report from its designated sub-committees/groups
- 11.3 Where appropriate the Committee will liaise with other relevant Trust Board sub-committees to ensure an integrated and consistent approach to quality, finance, performance and communication.

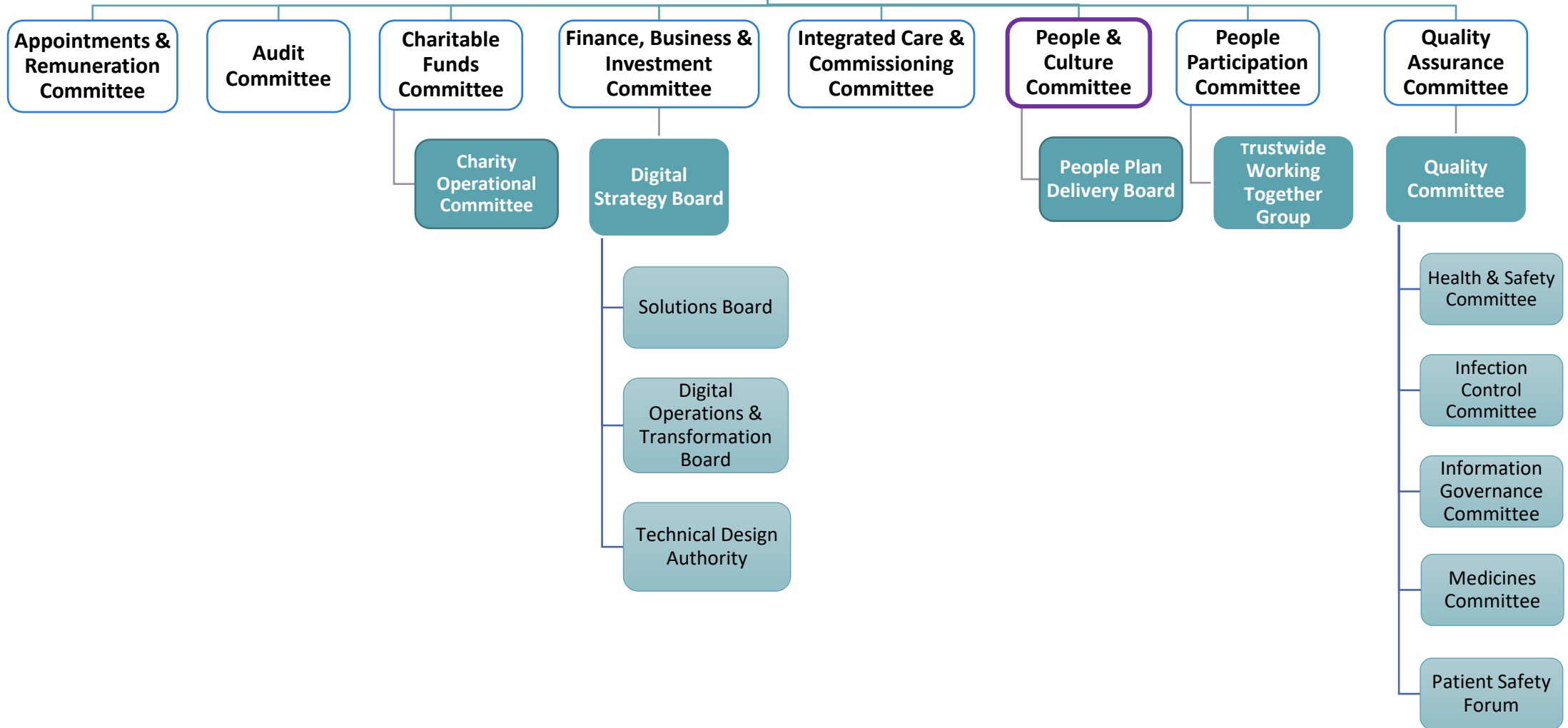
## **12 Review**

- 12.1 The Committee will undertake an annual review of its effectiveness and provide a report to the Board of its findings including highlighting areas for improvement.
- 12.2 Terms of reference will be reviewed annually and reported to the Board for ratification.

## **13 Review Dates**

- 13.1 Date originally approved: March 2023
- 13.2 Next review date: March 2024 with a six-month review in September 2023

# Board of Directors



**REPORT TO THE TRUST BOARD IN PUBLIC  
30 MARCH 2023**

<b>Title</b>	ELFT People Plan Progress Report
<b>Authors</b>	Deputy and Associate Directors of People and Culture: Barbara Britner, Shefa Begom, Steve Palmer and Donna Willis.
<b>Accountable Executive Director</b>	Tanya Carter, Chief People Officer

**Purpose of the report**

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

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

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

<b>Date</b>	This paper has not previously been discussed.
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**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, behaviours and expectations within the Trust.

Work is taking place to develop metrics to track the impact of work taking place. These were presented to the Appointment and Remuneration Committee in February. A new People & Culture Committee has been created and terms of reference developed. The first meeting will take place in May 2023.

**Belonging in the NHS**

ELFT plans to deliver a Trust-wide Equality Campaign for one year. A number of Trust wide engagement events have taken place in order to co-produce the new overarching equality, diversity and inclusion plan 2023-2026, along with the metrics and actions. 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.

**New Ways of Working**

Recruitment activity has formed an upward trend with a sustained increase in the number of people joining the organisation. The People & Culture team are scoping plans to deliver a centralised temporary staffing service, working in partnership with colleagues in NELFT This work supports the target to reduce 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 25<sup>th</sup> November 2022. The embargo on results was lifted on 10<sup>th</sup> March. The Trust continue to support staff with the financial impact of the cost-of-living situation. The third year of 'sunshine in my pocket', a campaign to provide 3 months supply of Vitamin D was launched in January and closed on 1<sup>st</sup> March, supplying 1815 staff with supplements.



The fieldwork for our Quarterly Pulse Survey for Quarter 4 was carried out between 2<sup>nd</sup> January and 31<sup>st</sup> January. The Trust received a response rate of 12%. The Covid 19 lead employer arrangements are due to cease on 31 March 2023, however NEL ICB are requesting the trust to continue to be the lead employer and to reduce the running costs by around 37%.

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

Following a detailed review of the mapping of statutory and mandatory training, changes were made in February 2023 to the targeting of training needs. This has resulted in an increased requirement for a number of staff. As a result, the overall Trust compliance rate has decreased. Focus is now on supporting staff to complete their training and increase the compliance of the trust to achieve the trust target. .

### **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. Current Climate

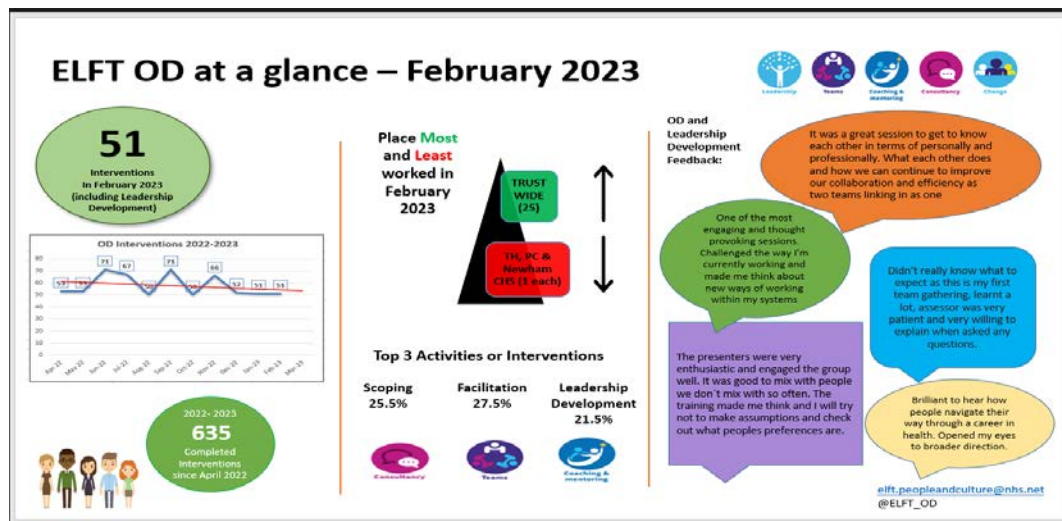
- 1.1 This paper sets out ongoing work across the Trust to support our people. The current climate continues to be challenging due to the impact the cost-of-living crisis and the effects of this on staff. This has been compounded by the impact of industrial action across a number of sectors. Industrial action is likely to continue to be a challenge and further industrial action has been announced by the British Medical Association (BMA) in April 2023.
- 1.2 There are also indications of pressure on staff that are seen both through formal surveys such as the National staff survey reported in this paper, feedback from teams, and information gathered through service walk arounds. There has also been an increase in sickness absence overall from 3.84% to 4.41%. Long term sickness absence has increased from 2.55% to 2.63% and short-term absence has also marginally increased from 1.29% to 1.78%. Stress, anxiety and depression remain the top reason for absence.
- 1.3 Executive walk arounds and the staff survey outputs indicate that recruitment challenges are a significant concern. This is also reflected in the increase to the board assurance risk scores. This is a combination of the inability to recruit and the insufficient establishment.
- 1.4 To address the root cause of a number of these issues there is much focus on recruitment and retention. The Recruitment and Retention meeting is ongoing and is taking into account the new workforce planning requirements. This working group has oversight of the temporary staffing working group which has been revamped. Overall the Trust budget establishment has increased from 6778.97 in February 2022 to 7242.95 in February 2023. The vacancy rate has reduced from 9.2% to 8.90%. Turnover has increased slightly from 17.27% in 2022 to 17.39% in 2023.
- 1.5 There are also a number of initiatives taking place to aid both recruitment and retention. These include ethical international recruitment, with a campaign taking place in Sri Lanka in May 2023 to recruit up to 100 staff.
- 1.6 We also continue to work closely with universities in London and Bedfordshire to develop enhanced pathways for the local population to enter health professions, including those who are working in unqualified roles within the workforce who wish to undertake formal qualifications.
- 1.7 An incentive scheme for bank workers has also been running since mid-December 2022, and the intention is to extend this beyond the end of March 2023. We are also working with Staff side colleagues to review bank pay rates to ensure that they are competitive. Plans are also being developed to create a temporary staffing function that is fit for purpose.
- 1.8 A revised Pension Recycling policy has also been put in place to reduce the risks of certain professional groups taking early retirement. Alongside recent Government budget announcements, it is hoped that this initiative will significantly mitigate this risk.
- 1.9 Recognising that the requirement of managers has changed, significant work is also happening in terms of leadership behaviours across the Trust, so that we can support leaders to be more compassionate and more effective. This is in addition to

an extensive leadership programme for senior clinical and non-clinical staff, which includes:

- ELFT internal leadership masterclasses/workshops commissioned for 2023/2024 Coaching and Mentoring (internal offer).
- Senior Leaders Programme.
- Senior Clinical Leaders Programme
- ELFT Lead (for bands 5 – 7)

1.10 Work continues with professional development leads, to map our leadership offers to a leadership transition framework and include example roles within each professional group.

1.11 Support for teams also continues to be an essential part of the response to the pressures on teams. Since the start of the financial year 635 interventions have been undertaken. The following infographic shows the OD team's activity for February 2023.



1.12 Issues that emerge through this work include the importance of focusing on employee well-being and encouraging appreciation, staffing levels, and the importance of a good working environment. The evaluation of this work consistently demonstrates its impact in enabling teams to both identify issues and opportunities for improvement that can be taken forward at both team, service and directorate level. This work continues to be an important element in helping to create an environment of psychological safety, particularly in the current operating context.

1.13 The Integrated Care Competency Framework project also continues to progress well. Current activity includes the development and branding of OD tools to enable the development of individuals, teams and partnerships system wide in support of the competency framework which has been renamed the ELFT Integrated Partnership Wheel. Next steps are to scope the ELFT Integrated partnership Wheel into a commercial offer.

1.14 Work to improve a systemic post-incident psychological support Trust-wide is also being taken forward, and was shared at the recent PSIRF Visioning Event in January 2023. Following feedback, this work continues to be shaped. In some areas, we have also put cultural reviews in place to address team dynamic issues.

The post incident support, as part of the trauma informed approach within affected teams is ongoing, along with intensive organisational development support.

## 2. NHS Staff Survey

2.1 The NHS Staff Survey 2022 took place during September 2022 through to November 2022. As with previous years, the Trust engaged Picker to conduct the survey. Our staff engagement score is an average score is 7.2. The average score for Mental Health and Community Trusts in 2021 was 7.3 in 2021.

2.2 In summary the areas that the scoring the same as the average are:

- That staff feel that they have a voice that counts. Our results also show that the Trust are always learning.

2.3 Areas that the Trust are performing better than the average are:  
Staff engagement motivation, advocacy and involvement.  
The fact that ELFT have a compassionate culture.

2.4 Areas of concern are the volume of staff that are experiencing:

- Frustration and stress
- Emotional exhaustion
- Musculoskeletal issues
- Feeling pressured to come into work whilst unwell
- harassment, bullying or abuse from patients, relatives, or the public in last 12 months.
- Harassment, bullying or abuse from staff in last 12 months.

2.5 The following table from Picker's summary shows the 5 most improved and least improved questions in comparison to the Trust's 2021 responses.

Most improved scores	Org 2022	Org 2021	Most declined scores	Org 2022	Org 2021
q21a. Received appraisal in the past 12 months	84%	81%	q14d. Last experience of harassment/bullying/abuse reported	55%	61%
q7i. Feel a strong personal attachment to my team	68%	65%	q30b. Disability: organisation made reasonable adjustment(s) to enable me to carry out work	71%	76%
q13d. Last experience of physical violence reported	88%	86%	q19b. Would feel confident that organisation would address concerns about unsafe clinical practice	62%	67%
q12a. Never/rarely find work emotionally exhausting	16%	15%	q8a. Teams within the organisation work well together to achieve objectives	54%	59%
q15. Organisation acts fairly: career progression	57%	56%	q11d. In last 3 months, have not come to work when not feeling well enough to perform duties	43%	48%

- 2.6 The following table from Picker's summary shows the 5 questions that scored better and worse than the other Picker Trusts in our comparison group.

Top 5 scores vs Organisation Average	Org	Picker Avg	Bottom 5 scores vs Organisation Average	Org	Picker Avg
q23c. Would recommend organisation as place to work	66%	61%	q30b. Disability: organisation made reasonable adjustment(s) to enable me to carry out work	71%	78%
q23b. Organisation acts on concerns raised by patients/service users	78%	74%	q12g. Never/rarely lack energy for family and friends	31%	37%
q21c. Appraisal helped me agree clear objectives for my work	38%	34%	q12f. Never/rarely feel every working hour is tiring	50%	56%
q3f. Able to make improvements happen in my area of work	65%	60%	q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	32%	37%
q3e. Involved in deciding changes that affect work	59%	55%	q24c. I am not planning on leaving this organisation	54%	59%

There is focus on staff survey action planning in local department Team meetings focusing of the top three themes for localities and for the Trust that we can streamline priorities. The People & Culture team have also contacted system colleagues who are excelling to ascertain what we can learn from them and will report on this in future papers.

### 3. National Quarterly Pulse Survey

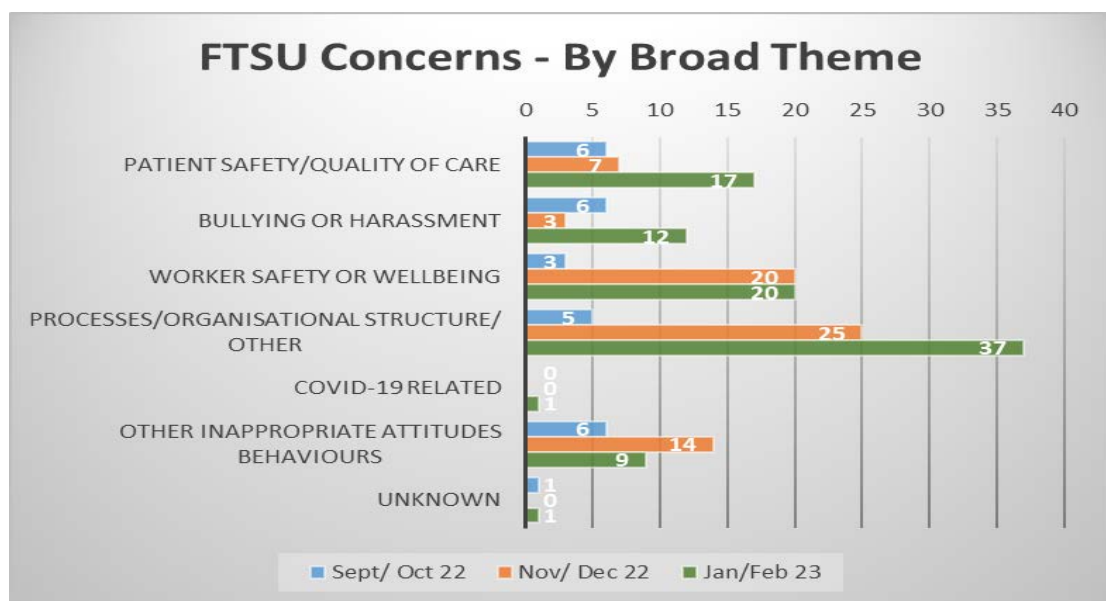
- 3.1 The Quarterly Pulse Survey for Quarter 4 has also been completed. The Trust received a response rate of 12% and the average Picker Response rate sat at 21%. The Trust's response rate was 9% lower than average.
- 3.2 The National Quarterly Pulse Survey (NQPS) campaign for Quarter 4 was launched in January 2023. Aligning to the NHS Staff Survey, we use Picker to run the survey & the NQPS ran from 2nd January 2023 - 31 January 2023.
- 3.3 The Trust achieved a 12% response rate consisting of 706 completed surveys. Of the 9 core questions, 7 received a positive score of 63% or higher. The scores for the two staff friends & family questions were:
- 65.5% staff would recommend the Trust as a place to work.
  - 63% would be happy with the standard of care provided by the Trust if a friend or relative needed treatment.
  - The Trust's NQPS staff engagement score is 6.98, which is higher than the Picker average of 6.61.

### 4. Freedom to Speak Up

- 4.1 The graph below details the number of Colleagues raising FTSU concerns.
- 4.2 The number of people raising Freedom to Speak Up concerns has remained at a raised level following an increase in Nov/Dec 2022.



- 4.3 The number of themes raised by colleagues increased to 97 in total as set out in the graph below:



#### 4.4 Breakdown of the broad FTSU themes raised by colleagues

Processes/Organisational Structure/Other was the highest at 37 for this reporting period. These concerns relate to:

- Discrimination against those with a disability
- Lack of support for those with a disability
- Recruitment processes and practices
- Not being listened to by line manager when raising concerns
- Payment processes – colleagues not receiving payment when expected
- Outstanding pay
- Inadequate induction training – leading to suspicions of fraud
- Access to training/development courses
- Flexible working
- Inequality in allocation of leave

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

- Issues with colleagues, not resolved adequately and impact on wellbeing
- Impact of leadership and management on staff wellbeing and service delivery
- Inappropriate behaviours from line manager

Patient safety/quality of care was third highest at 17 for this reporting period. These concerns relate to:

- Reduced staffing levels
- Lack of Occupational Therapy and Occupational Therapy Assistant in a service
- Patients put at risk due to concerns about the operational pressures not being listened to when raised with management

4.5 In terms of Organisational changes being one of the biggest factors we are working with staff side in terms of better pre-consultation before formal consultation launches and we have reviewed a number of recent organisational changes to review the learning.

#### 4.6 **FTSU Data – Directorates**

Community Health Services – Bedfordshire had the highest number reported for this period at 12. These concerns related to:

- Leadership, management of services and culture within the Community Health Services

Specialist Services were second highest, with six colleagues raising concerns. These centred on:

- Recruitment processes and discrimination
- Detriment as a result of raising concerns
- Training promised being withdrawn

Corporate Services were third highest, with five colleagues raising concerns. These centred on:

- Low staffing levels in a service
- Flexible working request and lack of management decision/response
- Recruitment process

#### 4.7 **Outcomes and resolutions**

All issues raised are 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 last reporting period Nov/Dec 2022, 39 people raised concerns. Of these, 24 are now closed.

- Sexual harassment concerns were addressed, with no further concerns raised.
- Advice was shared on how to take forward a concern regarding a lack support received, feeling bullied and harassed following a dyslexia diagnosis.

- Estates engaged with an individual on concerns about a building not being fit for purpose, leading to improvements in communication to ensure that building issues are quickly addressed.
- Concerns raised around the hierarchy and exclusion of lower band staff in a project addressed.
- Advice given on escalating concerns via Grievance or Dignity at Work or seeking resolution via mediation.
- Concerns raised around seclusion observations addressed and a working group created to explore further and see what solutions can be gained.

In this reporting period of January/February 2023, 7 out of the 40 cases raised have been closed.

## **5. Whistleblowing**

- 5.1 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.

## **6. Belonging in the NHS**

### **6.1 Equality, Diversity and Inclusion**

Work is underway to create a revised Equality, Diversity and inclusion plan (EDI) ELFT. The new governance framework is in operation and a number of Trust wide all staff events have taken place in order to co-produce the Equality Plan. This will incorporate the work outlined in the Trust Workforce Race Equality Standard (WRES) action plan.

The Trust has also received the Trust disparity report based on the 2021 WRES. The Trust's progress is detailed below:

- Indicator 1: BME representation in the workforce by pay band. There's a small degree of inequity for clinical and non-clinical staff.
- Indicator 2: likelihood of appointment from shortlisting. There's a small degree of inequity. The Trust is performing better than London and other mental health trusts and the national position. The Trust is among the best 25% percentile.
- Indicator 3: likelihood of entering formal disciplinary proceedings. There is a small degree of inequity, and the Trust is performing better than London, other mental health trusts' but not as good as the national position. The Trust is among the middle 50%.
- Indicator 4: likelihood of undertaking non-mandatory training. There is a small degree of inequity. The Trust is performing better than London, other mental health trusts and the national position. The Trust is among the middle 50%.
- Indicator 5: harassment, bullying or abuse from patients, relatives, or the public in last 12 months The Trust percentage of staff experiencing this is higher than the benchmark as well as being higher than London, other Mental Health Trusts' and the national position.



- Indicator 6 harassment, bullying or abuse from staff in last 12 months. The Trust percentage is higher than the benchmark. However, the percentage of staff experiencing this is lower than London, other Mental Health Trusts' and the national position. The Trust are among the best 21%.
- Indicator 7: Belief that the trust provides equal opportunities for career progression or promotion. There is a degree of inequity, and the Trust is below the benchmark. However, the Trust is performing better than London, other mental health trusts and the national position. The Trust is among the best 22% percentile.
- Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months. There is a small degree of inequity. The Trust is performing better than London and the national position. But not as well as other mental health trusts. The Trust is among the middle 50%.
- Indicator 9: BME representation on the board minus BME representation in the workforce. There is proportional representation and no inequity. The Trust have performed better than London, other mental health trusts and the national position. The Trust is in the top 5%.

**6.2** There is a detailed action plan that aims to continue the Trust work to address these issues that has also been publicly published on the Trust website.  
<https://www.elft.nhs.uk/information-about-elft/equality-diversity>

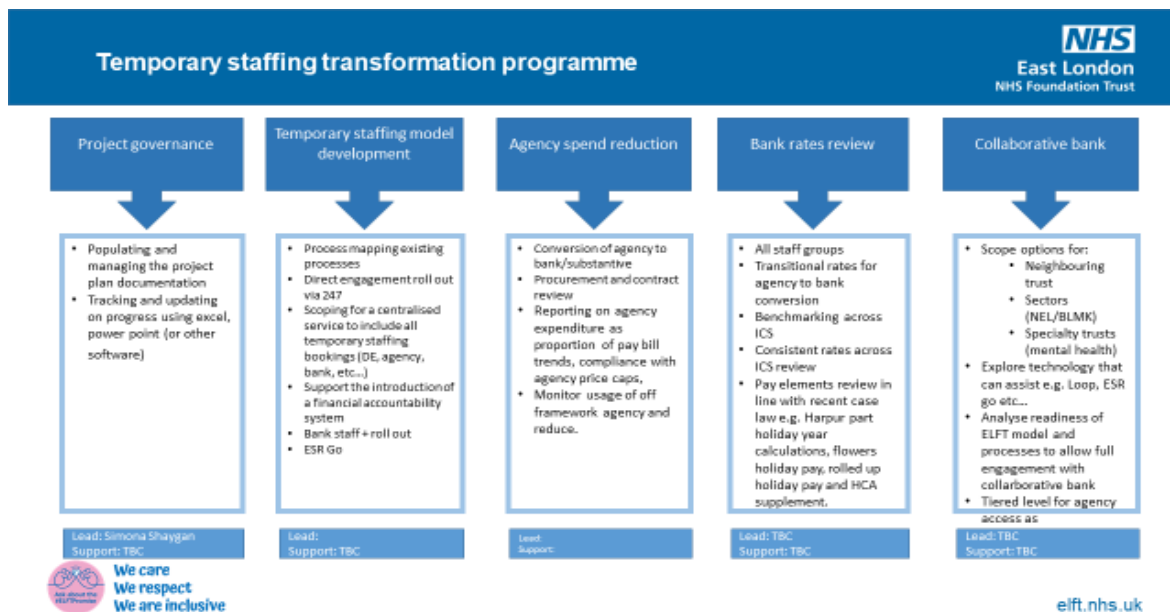
**6.3 Collaborative working with North East London Foundation Trust (NELFT)**

**6.4** 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.

**6.5** In support of the collaborative working, a programme of work has begun to transform and rationalise the temporary staffing framework within the organisation. A project team is being formed to review key areas of temporary staffing usage. There are five key areas that the programme will focus on:



6.6 Project interdependencies and options appraisals are being conducted to inform timescales for delivery which is also dependent on resource availability. Aims and key performance indicators will be set as part of this process. Success of the programme will require significant engagement with services across the Trust and a shift in culture in the way that temporary staff are utilised. It is anticipated that this programme of work will take 18-24 months to complete.

6.7 The key benefits and outcomes of the programme that we are aiming to deliver are:

- Fill every gap in a roster, every time
- Bank staff are the main source of temporary staffing usage
- Ensure managers have easy access to provide oversight and governance of the temporary workforce within their team
- Temporary staff can easily access available shifts and have a good overall experience of working with the Trust
- Patients and service users can be assured of the same level of care from temporary staff as substantive staff

## 7.0 COVID-19

7.1 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.

7.2 From 1<sup>st</sup> April, each ICS will be mandated to have a Workforce Management System (WMS), which would provide similar functions to the lead employer. However, vaccinations strategy, operational guidance as well as finance are yet to be confirmed by the NHSE. Once the latter are confirmed and ICS have a fine detail of the expectations for the WMS, ELFT will be in a position to consider putting an offer to become WMS provider for the ICS.

## 8.0 Growing and Developing our People

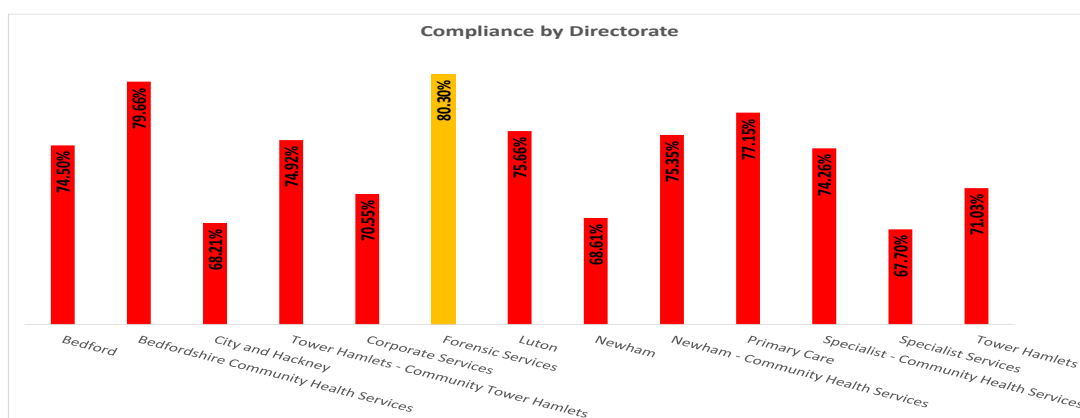
### 8.1 Appraisal (non-medical)

A review is underway on proposals for the 2023 Appraisal cycle. It is expected that changes will be limited to ensure some continuity for staff, however small changes to the system, the training and the form will be made following feedback.

### 9.0 Statutory and Mandatory Training.

- 9.1 As reported in January, the Learning & Development Team have been undertaking an activity to revise and enhance the training requirements within the system. This has involved a review of training levels with the relevant subject matter expert and has led to an increased training requirement for some staff.

The realigning has resulted in a change to the compliance requirements for a large number of staff and resulting reduction in the compliance rate to 72.66%. This change does, however, enable significant improvements in the accuracy of reporting to teams, meaning that the process is now automated, rather than elements needing to rely on manual returns, which has been the case whilst the data issues with the Learning Management System have been addressed.



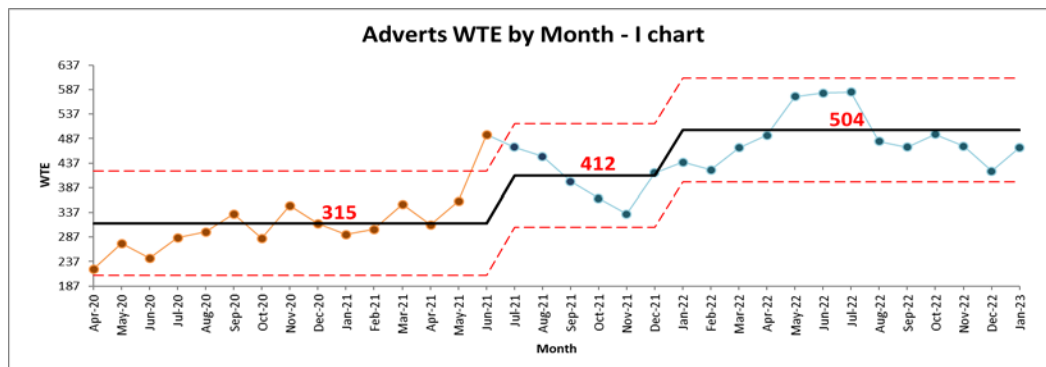
- 9.2 To support directorates in returning to the trust compliance target (90%) the Learning & Development Team are undertaking the following actions:

- Provision of regular detailed reporting of compliance data which will be sent on a fortnightly basis to Service & Borough directors, Lead nurses, senior managers, performance leads to allow local teams to manage their requirement and prioritise staff for training attendance.
- Developing a course attendance report highlighting the 'did not attend (DNA)', which will be sent to directorates on a monthly basis
- Reviewing the commissioning activity to ensure suitable volume of classroom courses are available, and working with internal delivery teams to ensure courses are targeted in the correct areas
- Creating an action plan for each DMT to prioritise the correct learning
- Create a focussed plan for corporate teams to support and encourage them to complete their training which for corporate is predominantly e-learning.
- Ongoing work with our Learning Management System (LMS) provider, by meeting bi-monthly to ensure systemic issues which may impact compliance i.e., recertification calculations are rectified in a timely manner.
- Creation of DMT specific priority plans and work with the departments to deliver local priorities

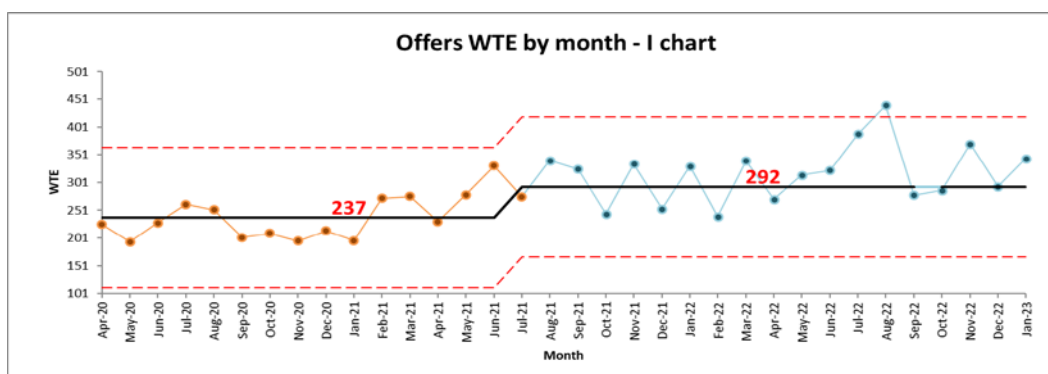
- Re-instating the Subject Matter Experts Monthly meeting to ensure common approach to our response, and find opportunities to improve efficiency by changing delivery models
- Review the possibility of delivery training in evenings and at weekends to increase extra capacity and opportunities for staff to attend training
- Increasing communication to staff around the new requirements and their responsibility to complete their training.

## 10.0 Recruitment activity January 2023

### 10.1 Adverts Published in January are sustained within the higher controls at 489.34 WTE



### 10.2 Offers made in January 2023 remain within the higher controls at 343.35 WTE



There has been a marked increase in starters in January 2023 at 286.91 WTE with a % increase of 55% over last year's figures of 184.87 WTE in January 2022.

The downward trend in vacancy rate continues, currently at 8.9% for January 2023 despite an increase in establishment by 6.84% over the last year's figures, with a headcount increase of 462.43 WTE.

## 11.0 Time to Hire

### 11.1 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 37 days.



## 12.0 Impact Measures for the People Plan

- 12.1 Following on from the discussion at the January 2023 Trust board, further work has been done to develop a set of metrics that track the impact of the People Plan. These are attached as Appendix One to this paper. These have been reviewed at both the Appointments and Remuneration Committee and further version including trajectories for multi-year objectives will be regularly reviewed through the People & Culture Committee.

## 13.0 Recommendations

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

Appendix 1: Impact and Measures  
 Appendix 2: People Promise scores  
 Appendix 2a People Promise scores  
 Appendix 3: Staff Survey infographic

# People & Culture Impact and Measures



People Plan Priority Area	Action	Expected Impact	Time Frame
New Ways of Working	<ul style="list-style-type: none"> <li>Temporary Staffing Including more competitive bank pay rates.</li> <li>Collaborative Bank</li> <li>Self rostering</li> <li>Improved Policies i.e. Flexible Working</li> <li>Improved workforce planning</li> <li>Transformation in People &amp; Culture in terms of transactional services:</li> <li>Reduction in agency workers (cost and usage)</li> <li>Better utilisation of staff through Rostering</li> </ul>	<ul style="list-style-type: none"> <li>A sustained improvement in staff sickness absence levels for Anxiety/Stress/Depression/MSK</li> <li>Improved/Sustained engagement levels</li> <li>Reduced turnover rates</li> <li>Improved job satisfaction (Staff Survey)</li> <li>Improved quality</li> <li>Fewer serious incidents</li> </ul>	3 Years
Growing and Developing Our Own	<ul style="list-style-type: none"> <li>Increased utilisation of the investment in the ELFT Learning Academy</li> <li>Stat &amp; Mandatory training Compliance</li> <li>New Appraisal Process</li> <li>Revised Supervision System incorporating Trialog</li> </ul>	<ul style="list-style-type: none"> <li>All Trust internal training offer available and recorded within the system</li> <li>Sustained improvement in stat and mandatory compliance rates</li> <li>Reduction in DNA rates for courses and Increase in course utilisation</li> <li>Increase in appraisal completion following each cycle</li> <li>A more positive experience of staff, in terms of the appraisal to positively impact in the way in which they do their job.</li> <li>New supervision process launched and in place</li> <li>100% of new starters training to follow trust supervision approach within 6 weeks of start date</li> <li>Training and materials available for 7000 staff on go live date</li> </ul>	1-2 years   1 year   1 Year   1 Year

People Plan Priority Area	Action	Expected Impact	Time Frame
Growing and Developing Our Own	<ul style="list-style-type: none"> <li>An increase in the number of Apprentices and T Level students</li> </ul>	<ul style="list-style-type: none"> <li>A workforce that we can ‘grow’.</li> <li>Increase the number of colleagues utilising apprenticeships for their CPD</li> <li>Increase the number of apprenticeship completers</li> <li>Utilisation of 100% of levy, including appropriate levels of transfer</li> <li>Increase the number of staff supported to achieve the necessary qualifications to meet the apprenticeship entry criteria</li> </ul>	12-18 months
	<ul style="list-style-type: none"> <li>ELFT Leadership offer</li> <li>New leadership behaviours</li> </ul>	<ul style="list-style-type: none"> <li>More effective and compassionate managers and leaders.</li> <li>Increase in uptake of leadership programmes</li> <li>Increase in leadership development opportunities for all staff groups</li> <li>Provision of comprehensive system leadership offers</li> <li>Career development support for leaders</li> <li>Succession planning and talent management</li> </ul>	2 Years
	<ul style="list-style-type: none"> <li>Creation of new roles and skill mixes</li> </ul>		



People Plan Priority Area	Action	Expected Impact?	Time Frame
Belonging in the NHS	<ul style="list-style-type: none"> <li>FLAIR Survey 'Race in the Workplace'</li> <li>WRES</li> <li>WDES</li> <li>Refreshed EDI Plans</li> <li>EDI Networks</li> <li>Gender Pay Gap</li> <li>Anti racist strategy/statement.</li> <li>More inclusive policies and practices.</li> </ul>	<ul style="list-style-type: none"> <li>Increased response rates and staff reporting improved experiences that are consistent across the Trust.</li> <li>Improvement in WRES and WDES metrics.</li> <li>Increased representation of people with disabilities throughout the Trust.</li> <li>A workforce that is representative of the community across all bands (race and disability).</li> <li>Less discrimination cases.</li> <li>Reduced Gender Pay gap.</li> </ul>	<p>2-5 Years</p> <p>5 years (c. 5 years in to the 10-year model employer target)</p>
Looking After our People	<ul style="list-style-type: none"> <li>NHS Quarterly Pulse Survey including Bank staff</li> <li>National Staff Survey</li> <li>Wellbeing Survey (Summer 2022)</li> <li>Improve communal spaces for staff</li> <li>Provision of more awaydays</li> <li>Wellbeing Initiatives</li> <li>Financial support and advice</li> <li>Long Service Awards</li> <li>Integrated Care Competency Framework</li> <li>Address HCAS inner/outer London</li> <li>Improved Estates and Environment</li> <li>Increased support after violent incidents</li> <li>Additional opportunities for recognition for staff.</li> </ul>	<ul style="list-style-type: none"> <li>Improved recruitment and retention</li> <li>Reduced Turnover</li> <li>Improved morale</li> <li>Better engagement scores</li> <li>Improved feedback (staff survey. Pulse survey, wellbeing survey).</li> <li>Improved uptake in terms of benefits and initiatives.</li> <li>Increased volume of employee of the month/team of the month and staff award nominations.</li> </ul>	<p>2 Years</p>

## Appendix 2: People Promise NHS Staff Survey Results 2022



### People Promise 1: *We are compassionate and inclusive*

There are 4 item banks made up of 17 items

#### PP1\_1. Compassionate culture

q6a	Feel my role makes a difference to patients/service users
q23a	Care of patients/service users is organisation's top priority
q23b	Organisation acts on concerns raised by patients/service users
q23c	Would recommend organisation as place to work
q23d	If friend/relative needed treatment would be happy with standard of care provided by organisation

Historical		External	
2021	2022	Average	Organisation
90%	89%	87%	89%
82%	81%	77%	81%
81%	78%	74%	78%
71%	66%	61%	66%
67%	64%	61%	64%

#### PP1\_2. Compassionate leadership

q9f	Immediate manager works with me to understand problems
q9g	Immediate manager listens to challenges I face
q9h	Immediate manager cares about my concerns
q9i	Immediate manager helps me with problems I face

Historical		External	
2021	2022	Average	Organisation
77%	74%	76%	74%
79%	78%	78%	78%
79%	76%	77%	76%
74%	70%	73%	70%

#### PP1\_3. Diversity and equality

q15	Organisation acts fairly: career progression
q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public
q16b	Not experienced discrimination from manager/team leader or other colleagues
q20	Feel organisation respects individual differences

Historical		External	
2021	2022	Average	Organisation
56%	57%	56%	57%
87%	88%	91%	88%
88%	87%	92%	87%
77%	75%	73%	75%

#### PP1\_4. Inclusion

q7h	Feel valued by my team
q7i	Feel a strong personal attachment to my team
q8b	Colleagues are understanding and kind to one another
q8c	Colleagues are polite and treat each other with respect

Historical		External	
2021	2022	Average	Organisation
75%	73%	75%	73%
65%	68%	67%	68%
76%	74%	78%	74%
78%	75%	79%	75%



## People Promise 2: We are recognised and rewarded

There is one item bank for People Promise 2 made up of 5 items.

### PP2. We are recognised and rewarded

q4a	Satisfied with recognition for good work
q4b	Satisfied with extent organisation values my work
q4c	Satisfied with level of pay
q8d	Colleagues show appreciation to one another
q9e	Immediate manager values my work

Historical		External	
2021	2022	Average	Organisation
61%	59%	61%	59%
54%	51%	50%	51%
35%	31%	29%	31%
73%	71%	75%	71%
80%	78%	79%	78%



## People Promise 3: We each have a voice that counts

There are two item banks for People Promise 3 made up of 11 items

### PP3\_1. Autonomy and control

q3a	Always know what work responsibilities are
q3b	Feel trusted to do my job
q3c	Opportunities to show initiative frequently in my role
q3d	Able to make suggestions to improve the work of my team/dept
q3e	Involved in deciding changes that affect work
q3f	Able to make improvements happen in my area of work
q5b	Have a choice in deciding how to do my work

Historical		External	
2021	2022	Average	Organisation
86%	86%	83%	86%
92%	90%	91%	90%
80%	79%	77%	79%
80%	79%	77%	79%
60%	59%	55%	59%
66%	65%	60%	65%
62%	62%	63%	62%

### PP3\_2. Raising concerns

q19a	Would feel secure raising concerns about unsafe clinical practice
q19b	Would feel confident that organisation would address concerns about unsafe clinical practice
q23e	Feel safe to speak up about anything that concerns me in this organisation
q23f	Feel organisation would address any concerns I raised

Historical		External	
2021	2022	Average	Organisation
78%	74%	76%	74%
67%	62%	60%	62%
66%	64%	66%	64%
58%	55%	53%	55%



## People Promise 4: We are safe and healthy

There are three item banks for People Promise 4 made up of 23 items

### PP4\_1. Health and safety climate

q3g	Able to meet conflicting demands on my time at work
q3h	Have adequate materials, supplies and equipment to do my work
q3i	Enough staff at organisation to do my job properly
q5a	Have realistic time pressures
q11a	Organisation takes positive action on health and well-being
q13d	Last experience of physical violence reported
q14d	Last experience of harassment/bullying/abuse reported

Historical		External	
2021	2022	Average	Organisation
46%	43%	45%	43%
61%	56%	61%	56%
31%	29%	29%	29%
24%	23%	26%	23%
64%	61%	62%	61%
86%	88%	89%	88%
61%	55%	59%	55%

### PP4\_2. Burnout

q12a	Never/rarely find work emotionally exhausting
q12b	Never/rarely feel burnt out because of work
q12c	Never/rarely frustrated by work
q12d	Never/rarely exhausted by the thought of another day/shift at work
q12e	Never/rarely worn out at the end of work
q12f	Never/rarely feel every working hour is tiring
q12g	Never/rarely lack energy for family and friends

Historical		External	
2021	2022	Average	Organisation
15%	16%	19%	16%
28%	27%	32%	27%
23%	22%	21%	22%
38%	37%	40%	37%
19%	17%	20%	17%
54%	50%	56%	50%
35%	31%	37%	31%

### PP4\_3. Negative experiences

q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities
q11c	In last 12 months, have not felt unwell due to work related stress
q11d	In last 3 months, have not come to work when not feeling well enough to perform duties
q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public
q13b	Not experienced physical violence from managers
q13c	Not experienced physical violence from other colleagues
q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public
q14b	Not experienced harassment, bullying or abuse from managers
q14c	Not experienced harassment, bullying or abuse from other colleagues

Historical		External	
2021	2022	Average	Organisation
72%	71%	75%	71%
55%	54%	57%	54%
48%	43%	46%	43%
84%	83%	85%	83%
99%	99%	99%	99%
98%	97%	98%	97%
69%	69%	74%	69%
89%	86%	91%	86%
83%	81%	86%	81%



## People Promise 5: Wear are always learning

There are two item banks for People Promise 5 made up of 8 items

### PP5\_1. Development

q22a	Organisation offers me challenging work
q22b	There are opportunities for me to develop my career in this organisation
q22c	Have opportunities to improve my knowledge and skills
q22d	Feel supported to develop my potential
q22e	Able to access the right learning and development opportunities when I need to

Historical		External	
2021	2022	Average	Organisation
75%	75%	76%	75%
59%	58%	57%	58%
76%	75%	74%	75%
62%	61%	61%	61%
61%	60%	61%	60%

### PP5\_2. Appraisals

q21b	Appraisal helped me improve how I do my job
q21c	Appraisal helped me agree clear objectives for my work
q21d	Appraisal left me feeling organisation values my work

Historical		External	
2021	2022	Average	Organisation
25%	24%	22%	24%
38%	38%	34%	38%
36%	34%	34%	34%



## People Promise 6: We work flexibly

There are two item banks for People Promise 5 made up of 4 items

We work  
**flexibly**

### PP6\_1. Support for work-life balance

q6b	Organisation is committed to helping balance work and home life
q6c	Achieve a good balance between work and home life
q6d	Can approach immediate manager to talk openly about flexible working

Historical		External	
2021	2022	Average	Organisation
57%	56%	55%	56%
57%	52%	57%	52%
77%	76%	77%	76%



## People Promise 7: We are a team

There are two item banks for People Promise 5 made up of 12 items

### PP7\_1. Team working

q7a	Team members have a set of shared objectives
q7b	Team members often meet to discuss the team's effectiveness
q7c	Receive the respect I deserve from my colleagues at work
q7d	Team members understand each other's roles
q7e	Enjoy working with colleagues in team
q7f	Team has enough freedom in how to do its work
q7g	Team deals with disagreements constructively
q8a	Teams within the organisation work well together to achieve objectives

Historical		External	
2021	2022	Average	Organisation
76%	75%	75%	75%
72%	71%	69%	71%
76%	73%	76%	73%
70%	67%	70%	67%
82%	81%	84%	81%
64%	63%	61%	63%
62%	60%	61%	60%
59%	54%	51%	54%

### PP7\_2. Line management

q9a	Immediate manager encourages me at work
q9b	Immediate manager gives clear feedback on my work
q9c	Immediate manager asks for my opinion before making decisions that affect my work
q9d	Immediate manager takes a positive interest in my health & well-being

Historical		External	
2021	2022	Average	Organisation
80%	78%	78%	78%
74%	71%	72%	71%
69%	66%	67%	66%
78%	75%	78%	75%



The 117 survey questions are organised into 9 themes based on the NHS People Promise elements. The NHS promise which covers the following domains:



- 3.1 The full responses for the questions that make up the People Promise scores can be found in Appendix 2. The following summarise the Trust's strengths and developmental areas for each People Promise element:

**People Promise 1: We are compassionate and inclusive.** The Trust score higher than the Picker Trust average for *compassionate culture* and score historically higher than last year on feeling 'a strong attachment to my team'. However, two items for *compassionate leadership* have scored slightly less than last year and one has a slightly lower score than the Picker Trust average.

Two items in the item bank for *Diversity and Equality* are scoring slightly less than the Picker Trust average. Finally, two items in the *inclusion* bank are slightly lower than the Picker Trust average along with a 3% decline in the comparative score for 2021 on the item 'colleagues are polite and treat each other with respect'.

**People Promise 2: We are recognised and rewarded.** There is a 4% decline in the score for satisfaction with level of pay since 2021 and a lower than Picker Trust average for colleagues showing appreciation to one another.

**People Promise 3: A voice that counts.** The Trust score is mostly higher than the Picker Trust average for *autonomy and control*. Compared to 2021, there has been a decline between 3-5% in some items that make up the bank of items relating to *raising concerns*.

**People Promise 4: We are safe & healthy.** This score is made up of three separate question banks. In the first item bank, *Health & Safety Climate*, the Trust score has declined slightly on *being able to meet conflicting demands on time at work* (3%), *having adequate materials to do the job* (5%), the perception that the Trust take *positive action on health and well-being* (3%) and the recency of *reporting harassment/bullying/abuse* (6%).

A similar picture exists in relation to the above indicators exists in the Picker external comparison and suggests that many Trusts like us experience the same. However, the Trust sit slightly below the Picker Average for *having adequate materials to do the job*, *having realistic time pressures* and the recency of *reporting harassment/bullying/abuse*.

For the second item bank which concerns *Burnout*, the Trust's scores have declined by 4% respectively on two items since 2021, namely *never/rarely feel every working*

*hour is tiring and never/rarely lack energy for family and friends.* In all other aspects, except for *never/rarely feeling frustrated by work* where there is no reported decline, the scores for this item bank score below the Picker Average.

Finally, the third item bank which concerns Negative Experiences scores below the Picker average on all individual items. However, only two items have declined since 2021: *Having to come to work when not feeling well enough to perform duties* (5%) and *experience of bullying and harassment* (3%).

**People Promise 5: We are always learning.** There are two question banks that make up the score for People Promise 5. The Trust scores well, both historically and against the Picker average for development and 4% higher than the Picker average for scores on *Appraisal helped me agree clear objectives for my work*.

**People Promise 6: We work flexibly.** The results show a 5% decline since 2021 in scores for *achieve a good balance between work and home life* and similarly against the Picker average, all other items in this bank show only a minimal decline. 64% of respondents in 2022 were *satisfied with the opportunities for flexible working patterns* at the Trust.

**People Promise 7: We are a team.** The final People Promise area is made up of 4 item banks. The Trust's strength in this area is that staff in teams *have enough freedom in how to do their work* and 81% of respondents *enjoy working with colleagues in their teams*. There is a minimal 1% decline since 2021 in both scores, however the Trust score well above the Picker average in these areas.

The item bank that has declined since 2021 is *line management: immediate manager encourages me* (2%), *gives clear feedback* (3%), *asks for my opinions* (3%) and *takes a positive interest in my health and wellbeing* (3%). However, apart from the latter all scores are above the Picker average and remain mostly in the upper quartile for positive scores (i.e., above 75% positive response).

- 3.2 Previously, the NHS Staff Survey drew upon 9 questions from the overall survey to create a staff engagement score. This has now been replaced by the People Promise. However, Picker continues to report on staff engagement and morale as question banks and the results for both are as follows:
- 3.3 **Staff Engagement:** for *motivation* the Trust is at the national average, there is a slight decline since 2021 in scores for *often/always enthusiastic about my job*. However, for *Involvement* and *Advocacy* the Trust is above the national average. Overall the Trust's staff engagement score is 7.2 (out of 10).
- 3.4 **Morale:** This item measures turnover intention. There is a historic decline in positive scores in the question measuring *staff thinking of leaving the Trust* and *planning to leave the Trust*. Scores in this item are below the Picker average. For *work pressures*, responses show a decline from 2021 but mostly above Picker average. Finally for *stressors* the Trust score positively, in that they are above the national average for *always knowing what their work responsibilities are and involved in deciding changes that affect work*.
- 3.5 The table below presents how the Trust's People Promise scores compare to other neighbouring Trusts (including region, Acute Trusts, East of England and London Mental Health Trusts). Scores are out of 10 (10 being the highest, 0 being the lowest).

Trust	Category	Compassionate and	Recognised and	Voice that counts	Safe and healthy	Learning	Flexible	Team	Staff engagement	Morale	Place to work	Care of patients
Homerton	Acute	7.2	5.6	6.7	5.7	5.1	5.8	6.7	6.9	5.5	61.8%	82.3%
Barts	Acute	6.9	5.5	6.5	5.7	5.2	5.6	6.4	6.7	5.4	55.8%	72.9%
BHR	Acute	6.9	5.5	6.4	5.7	5.3	5.9	6.6	6.6	5.5	55.8%	70.0%
CCS	Beds	7.9	6.6	7.3	6.5	6.1	7.2	7.3	7.3	6.3	71.8%	84.6%
MKUHT	Beds	7.5	6.2	7	6.1	5.9	6.5	6.9	7.3	6.1	68.1%	80.2%
Beds HT	Beds	7.1	5.6	6.6	5.9	5.3	5.7	6.6	6.8	5.7	55.4%	74.3%
HPFT	EOE	7.7	6.3	7.1	6.3	6.1	6.9	7.2	7.3	6.2	71.9%	85.5%
EPUT	EOE	7.5	6.2	6.9	6.2	5.7	6.8	7.1	7	6.1	62.4%	77.6%
CPFT	EOE	7.4	6.1	6.9	6.1	5.4	6.4	6.9	6.9	5.8	57.2%	76.7%
NSFT	EOE	7.2	6.2	6.5	6	5.3	6.7	7	6.6	5.8	47.2%	65.1%
Oxleas	London MH	7.6	6.3	7.1	6.3	6.1	6.7	7.2	7.3	6.1	71.8%	82.2%
NELFT	London MH	7.6	6.3	7.1	6.3	5.7	7	7.2	7.2	6.1	68.7%	82.9%
ELFT	London MH	7.4	6.2	7	6	5.7	6.5	7	7.2	5.8	65.6%	81.0%
CNWL	London MH	7.4	6.1	6.9	6.2	5.9	6.4	7	7.1	5.9	63.4%	79.4%
WLMHT	London MH	7.4	6.1	6.9	6.2	5.8	6.5	7.1	7.1	6	62.8%	82.8%
SLAM	London MH	7.3	6.2	6.9	6.2	6	6.5	7	7	5.9	61.7%	78.9%
C&I	London MH	7.4	6.1	6.9	5.9	5.7	6.4	7	7	5.7	60.3%	78.5%
SWLStG	London MH	7.3	6	6.8	6.1	5.7	6.5	7	7	5.8	58.2%	77.0%
BEH	London MH	7.2	6	6.7	6.1	5.6	6.3	6.9	6.9	5.7	56.7%	75.3%
T&P	London MH	7	5.9	6.1	5.7	4.6	6.3	6.7	6.2	5.2	39.6%	59.5%

# EAST LONDON NHS FOUNDATION TRUST

## National Staff Survey 2022

The NHS Staff Survey takes place annually across the country and is a significant benchmarking tool for our Trust. The feedback received is extremely important in shaping the actions we take in order to create a work environment that is not only productive but rewarding for all our staff.

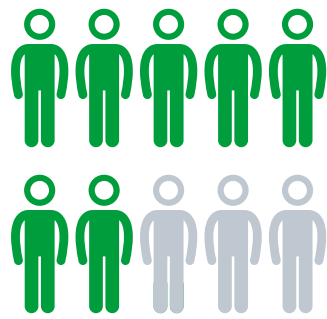
### RESPONSE RATE



# 33%

Average response rate for similar organisations in 2022 was 51%

### STAFF ENGAGEMENT



# 7.2

The average score for Mental Health and Community Trusts in 2021 was 7.3

Our staff engagement score is an average score of the answers to the nine questions relating to staff motivation, involvement and advocacy.

### TOP THREE MOST IMPROVED AREAS COMPARED TO 2021

## 81%



2021

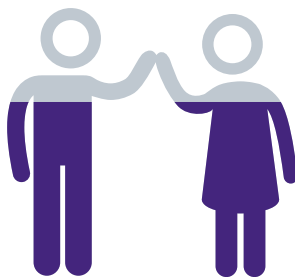
## 84%



2022

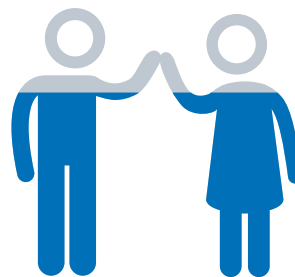
**Your personal development:**  
Received appraisal in past 12 months.

## 65%



2021

## 68%



2022

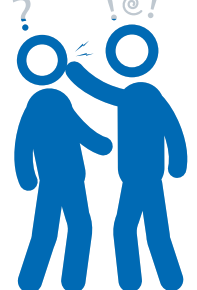
**Your team:** Feel a strong personal attachment to my team.

## 87%



2021

## 89%



2022

**Safety at work:** Last experience of physical violence reported

### TOP THREE AREAS TO IMPROVE COMPARED TO 2021

## 63%



2021

## 57%



2022

**Safety at work:** Last experience of harassment/bullying/abuse reported

## 76%



2021

## 71%



2022

**Disability:** Organisation made adequate adjustment(s) to enable me to carry out my work.

## 67%



2021

## 62%



2022

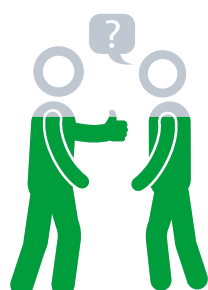
**Safety at work:** Would feel confident that organisation would address concerns about unsafe clinical practice

### ABOUT THE EAST LONDON FOUNDATION TRUST



## 65% of staff...

felt they were able to make improvements happen in their area of work.



## 64% of staff...

would be happy with the standard of care provided by the organisation if a friend/relative needed treatment.



## 81% of staff...

felt the care of patients/service users is the organisation's top priority.

In partnership with:



**East London**  
NHS Foundation Trust

Contact us

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**REPORT TO THE TRUST BOARD IN PUBLIC**  
**30 March 2023**

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

**Purpose of the report**

To bring to the Board's attention key issues and assurances discussed at the ELFT Charity Committee meeting held on 19 January 2023.

**Key Messages**



**Assurance Report**

- Assurance provided on the development of the structure, systems and processes that underpin the ELFT Charity to ensure the effective running of the charity
- Although the transition of funds from Barts Charity has not yet been completed, a report and accounts is still required for submission to the Charities Commission as a newly commissioned charity.

**Funding Awarded**

- Since June 2021 42 funds awarded to Trust services totalling £143,772 with recent awards focusing on improving social interaction
- The awards have been primarily within London services and work is ongoing to increase the number of bids received from Bedfordshire and Luton services
- Further consideration on showcasing sustainable projects that could be of interest to external funders and active engagement with potential interested partners requested
- A review of the process and the development of a plan to ensure clarity and understanding, speedier decision making for bids as well as support for bid process completion requested.

**Risk Register:**

- The risk register, identification of risks and mitigations still evolving
- Risk to reflect ongoing operational and structural capacity and resources to be added.

**Policies and Procedures Approved:**

- Grant process
- Grant cost policy
- Grant terms and conditions
- Complaints policy.

**Terms of Reference:**

- Terms of reference were revised in their entirety to reflect the ELFT Board's changing role to being the corporate trustee following the registration of the ELFT Charity. These were presented to and approved by the Board at its meeting on 26 January 2023.

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

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**30 March 2023**

<b>Title</b>	Finance, Business and Investment Committee (FBIC) 14 March 2023 – Committee Chair's Report
<b>Committee Chair</b>	Aamir Ahmad, Non-Executive Director, chair of the meeting on 14 March 2023
<b>Author</b>	Cathy Lilley, Director of Corporate Governance

**Purpose of the report**

- To bring to the Board's attention key issues and assurances discussed at the Finance, Business and Investment Committee (FBIC) meeting held on 14 March 2023.
- To recommend to the Board **approval** of the Committee's terms of reference.

**Key messages**

**Finance Report Month 10 and Forecast Outturn**

- Following a prior period adjustment, YTD net deficit of £88k which is £432k favourable variance against plan
- Year-end forecast is a £3m surplus which includes Covid spend and other non-recurrent items which will not continue into 2023/24; however, the Trust remains £7m adverse to the FV target of £15m. The North East London (NEL) forecast is for a £35m deficit
- Continue to be assessed as low risk under the segmentation framework at Segment 1 and the cash position remains healthy at £137m
- Improvements in expenditure are being driven by improvements in primary care and underspends in community and specialist services
- Convergence pressures continue; however, inflation is running within funded levels
- Funding for winter pressures in mental health is significantly lower than that for acute partners.

**Financial Plan 2023/2024**

- Final plan is due for submission by 30 March 2023; the first draft of the trust plan shows an £8.1m deficit position. There is financial uncertainty with issues on income and costs still to be reconciled including Mental Health Investment Standard (MHIS) or System Development Funding (SDF); and FV target remains a risk having increased to £20m
- Collaborative meetings with North East London NHS FT (NELFT) and the Integrated Care Board (ICB) are taking place shortly to work on the detail of system allocations and agreement on withheld SDF monies; due to the tight timelines it is likely some placeholder items will have to be agreed.

**Financial Viability Month 10**

- £4.84m achieved against a plan of £11.98m; year-end forecast is to achieve 50% of the £15m target for 2022/23 and only 33% will be met recurrently with a decreasing amount linked with transformation and waste reduction schemes, with work continuing to achieve a better balance across those workstreams
- Schemes totalling £13.5m have been submitted for the 2023/24 programme based on an expected 2.9% efficiency ask for 2023/24 but this is likely to increase. Ownership at directorate level being promoted, with the expectation that FV schemes are articulated in their annual plans. Ongoing support will be given to directorates responsible for delivery with detailed tracking and monitoring of schemes in place.

**Agency**

- Increased expenditure in January with the impact of the increased bank pay rates not yet visible
- Proposal to recruit international nurses from Sri Lanka in partnership with a voluntary organisation being progressed as international recruitment via Capital Nursing has slowed.

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

### **Capital Update**

- Contingency plans in place to mitigate the current forecast of a £120k underspend to achieve an £18.4m spend, assisted by work in the digital team during March
- Regular meetings between estates, digital and finance teams to plan for 2023/24; a new prioritisation methodology is being developed by NEL which is expected to limit the Trust's flexibility to prioritise and re-prioritise projects throughout the year.

### **Estates Strategy 2023-2026**

- The strategy was approved by the Committee; it aims to set the direction of travel for the Trust's estate development and provide a framework for determining priorities and business cases for capital investment. Developed over a 12-month period through a series of workshops, away days, big conversations with stakeholders and service users, and executive sessions, the process has also been linked to estate planning within the wider context in NEL and Bedfordshire, Luton and Milton Keynes (BLMK) estate objectives
- Strategy is aligned to the Trust's vision, strategic priorities and values; it reflects and takes account of the Trust's net zero carbon ambitions and green plan, the people plan, digital strategy, emerging clinical strategies, Council of Governors and working together group priorities, as well as the Trust's Anchor and Marmot ambitions
- Questions around funding processes were highlighted including the importance of aligning the Trust's capital plan work against system priorities, and taking previous learning around pre-empting additional funds with agile plans for speedy allocation together with the need for clear messages around the funding challenges in both NEL and BLMK
- The challenge around delivery with the change to capital allocations, in particular to ensure agility in implementing plans for late funding allocations was acknowledged.

### **Health and Care Space Newham Ltd (HCSN) Annual Report**

- HCSN is an innovative joint venture between ELFT and London Borough of Newham to provide a strategic solution to health and care partner infrastructure requirements in Newham to facilitate integration of services; it is an evolving initiative
- The work of HCSN aligns to the Trust's strategy with the social value framework supporting population health and the employment of local people and reflects the Trust's estates strategy
- HCSN has one operational facility at Pontoon Dock Health Centre which opened in February 2021 and has been progressing development projects on three health centres
- Key risks are in relation to the financial environment with fluctuating interest rates and cost increases.

### **Cyber Security Strategy**

- Cyber security continues to be a top priority for the Trust Board and a priority for the current winter plan
- Strategy produced in conjunction with Gartner, the Trust's industry partner, and NHS Digital was approved; it forms part of the Trust's digital roadmap presented to the Board in March 2021 and is a living document given the rapidly evolving nature of Cyber threats.

### **UK Cloud Update**

- Following the successful migration of the Trust's digital platform to a public cloud platform, there is outstanding risk around triangulation of links for resilience will be remedied in April
- Continued national issue around a claim for outstanding monies which is refuted and being managed through legal channels.

### **Virtual Desktop & Infrastructure (VDI) Update**

- The approach to procuring the new VDI as a service platform to replace the earlier pilot hosted in the previous cloud was approved



- The approach would meet the values and vision of the Trust to support a more agile workforce, improved Cyber security to enable provision of exemplary patient care everywhere we practice and to the same standard
- The intention is to initially purchase 500 licences for a user trial as part of a national bid; in addition to saving money this will enable quicker escalation to a full VDI platform.

#### **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:* FV gap from target at end 2022/23 has meant reliance on non-recurrent measures to deliver breakeven/surplus, which is not sustainable. Plans so far are not developed sufficiently to provide assurance that schemes will deliver from April 2023 onwards, so will continue to be mitigated by non-recurrent measures
- **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 ICSSs:* Main changes are due to lack of resilient links; manual remediation in place but takes time to implement. Cyber training for Board took place in January 2023.
- The Committee agreed no changes to the risks scores and that appropriate controls are in place and operating effectively.

#### **Terms of Reference and Committee's Effectiveness Review**

- Updated terms of reference, were supported subject to enhancing the Committee's responsibilities in relation to estates and digital, and recommended for **approval** by the Board; attached at appendix 1. The changes aim to provide clarity, strengthen and bring up to date the duties of the Committee, and to reflect any changes to the external/regulatory environment
- The proposal for a facilitated discussion on its effectiveness, recognising the value of collaborative reflection, was supported.

#### **Previous Minutes**

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



## Finance, Business & Investment Committee

### Terms of Reference

#### 1 Authority

- 1.1 The Finance, Business & Investment Committee (Committee) is constituted as a standing committee of the Trust's Board of Directors (Board). Its constitution and terms of reference is set out below, subject to amendment and approval by the Board.
- 1.2 The Committee is authorised by the Board to act within these terms of reference.
- 1.3 The Committee is authorised to obtain such internal information as is 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.
- 1.4 The Committee is authorised to obtain outside legal or other independent professional advice and to secure the attendance of external individuals/organisations with relevant experience and expertise if it considers this necessary in support of its duties.
- 1.5 These terms of reference shall be read in conjunction with the Trust's Scheme of Delegation, Standing Orders, Constitution and Standing Financial Instructions as appropriate.

#### 2 Purpose

- 2.1 The overall purpose of the Committee is to provide oversight and assurance to the Board on the integrity and deliverability of the Trust's financial, efficiency and infrastructure plans, and in particular to:
  - Provide an objective view of the current financial performance and future financial plans of the Trust
  - Review financial and business risks
  - Review arrangements for procurement and efficiency within the Trust including plans to deliver savings and transformation
  - Monitor that decisions involving finance are properly made
  - Promote good financial practice throughout the Trust
  - Review cash management and investment of surplus cash.
- 2.2 In carrying out this work the Committee will seek reports and assurances from directors and managers, and other Trust committees as appropriate, and will also utilise the work of internal audit and other assurance functions.

#### 3 Duties

##### 3.1 Statutory Requirements: Annual Report and Accounts

- Review the Trust's annual report and accounts in conjunction with the Audit Committee and following satisfactory external audit make recommendations to the Board for approval, signature, submission and filing
- Review and receive assurance that the annual accounts have been properly prepared and are free of material misstatements; and the value for money reports assessing the economy, efficiency and effectiveness with which public money have been deployed reflects the requirements of HM Treasury's *Managing Public Money* and the use of

public funds.

### 3.2 Financial Performance and Planning

- Review the Trust's annual and medium-term financial plans and long-term strategic financial plans, assess the assumptions therein and the alignment with the overall Trust objectives including, to the extent necessary and relevant, considering the wider ICS system
- Scrutinise proposed budgets and recommend adoption of final budgets by the Board
- Review in-year performance against financial plan particularly gaining an understanding of key assumptions and risks, and review the latest year end forecast and, to the extent necessary and relevant, considering the wider ICS system outturn
- Review through 'deep dive' reviews any areas requiring particular assurance and scrutiny
- Review the process for developing efficiency schemes and for the oversight and delivery of the Financial Viability programme
- Monitor the delivery of the Financial Viability programme, in particular that contingency, phasing and risk mitigation plans are appropriate and the efficiency programmes are realistic and deliverable
- Review budget control framework, including budget setting and budget maintenance guidelines
- Assess, periodically, the impact of different financial assumptions on the future financial position of the Trust, and to assess adequacy of mitigating actions to protect the future financial position of the Trust
- Keep the Board updated on any identified regulatory and statutory duties related to financial performance of the Trust and how this impacts delivery against the control total
- Review implications of national financial policies, and changes therein, on the Trust.

### 3.3 Business Management

- Review the development and delivery of commercial strategies of the Trust, including partnership arrangements with other organisations, providing input and recommendations to the Board. The Committee will track the progress of such developments as appropriate
- Ensure business cases for schemes are fully prepared to enable an informed decision making process for schemes either within or exceeds the Committee's delegated limits as set in the Scheme of Delegation. The business cases should include sufficient information on the business needs, benefits, risks, funding an affordability, available options, costs, clinical and quality outcome measures, project development milestones, project management and regulatory requirements. The business cases should give consideration where necessary to the wider ICS system
- Assess whether adequate systems are in place to ensure that financial considerations are properly incorporated within capital investment decisions
- Scrutinise capital investment proposals for financial implications and consistency with strategic service plans considering the wider ICS system
- Review the Trust's annual and strategic business plans
- Receive and scrutinise proposed service developments, including enhancements to existing contracts, to ensure proper financial evaluation including impact on the future risk ratings
- Review, periodically, market analysis undertaken on behalf of, or by, the Trust
- Review contract documentation with main commissioners, and development of model contracts with such commissioners
- Advise on the development of financial policies including service line reporting and associated costing
- Review relevant financial policies and procedures and, where appropriate, test compliance with such policies
- Review and approve the Trust's Standing Financial Instructions
- Monitor banking arrangements, including approving tenders of banking services.

### **3.4 Cash Investments**

- Monitor adequate safeguards on investment of funds by approving:
  - List of institutions with whom funds can be placed
  - Investment limits for each institution
  - Investment types
- Confirm that bank mandates are in place for all accounts and that such mandates are updated for changes in signatories and authority levels
- Recommend to the Board any draw down of working capital facility or prudential borrowing limits
- Review investment performance and risk
- Approve investments with a term of three months or more and any investments over £5 million.

### **3.5 Procurement**

- Review the Trust's procurement strategy, procedures and arrangements for obtaining best value and having regard to the priorities at national and integrated care system (ICS) level and challenges to the delivery of change
- Monitor progress against the NHS Standards of Procurement within the Trust.

### **3.6 Infrastructure: digital and estates**

- Review (and on behalf of the Board approve) the digital strategy and provide input and recommendations
- Monitor the implementation and effectiveness of the Trust's digital and technology plans as enablers to efficiency and transformation, receiving progress reports as appropriate to scrutinise delivery and the meeting of key milestones
- Receive reporting and assurance in relation to cyber security including the effectiveness of regular maintenance of the strategy, critical systems and equipment
- Review (and on behalf of the Board approve) the estates strategy and provide input and recommendations
- Monitor the implementation and effectiveness of the Trust's estates plans as enablers to efficiency and transformation, receiving progress reports as appropriate to scrutinise delivery and the meeting of key milestones
- Approve the disposal/acquisition of estates in line with the Trust's Scheme of Delegation and Standing Financial Instructions.

### **3.7 Sustainability**

- Review (and on behalf of the Board approve) the Trust's sustainability strategy (green plan) and provide input and recommendations
- Monitor the implementation and effectiveness of the Trust's sustainability plans, receiving progress reports as appropriate to scrutinise delivery and the meeting of key milestones
- Review (and on behalf of the Board approve) the Trust's annual report on matters of sustainability, climate adaption and carbon reduction together with related areas of corporate social responsibility.

### **3.8 Risk management and internal controls**

- Monitor the risks as assigned to the Committee associated with the Trust's strategic priority in relation to improved value, their controls and assurances via the Board Assurance Framework providing onward assurance to the Trust's Audit Committee and Board that appropriate controls are in place and operating effectively
- Escalate to the Board or refer to the relevant standing committee unresolved risks arising within the scope of these terms of reference that require action or that pose significant threats to the operation, resources or reputation of the Trust and, where appropriate, make recommendations to the Board if it proposes to add or remove any risk

- Receive and review the findings of quality related internal audit reports and seek assurance that recommendations are implemented in a timely and effective way
- Review the findings of other significant assurance functions, i.e. external to the Trust, and consider the implications to the financial governance of the organisation.

- 3.9 Establish such sub-groups/committees as it deems necessary to support it to discharge its functions. In so doing the Committee will inform the Board of the establishment of such sub-groups/committees and present to the Board the terms of reference of the sub-groups, ensuring compliance with the Scheme of Delegation.
- 3.10 Where appropriate the Committee will liaise with other relevant Trust Board standing committees to ensure an integrated and consistent approach to quality, finance, performance and communication.

## **4 Membership**

- 4.1 The members of the Committee will be appointed by the Board and comprise:
- Three Non-Executive Directors, one of whom will be the chair of the Committee and one of whom will be a member of the Quality Assurance Committee
  - Chief Executive
  - Chief Finance Officer (Executive lead)
  - Chief Operating Officer
  - Executive Director of Commercial Development.
- 4.2 The chair of the Committee shall be appointed by the Board.
- 4.3 In the absence of the chair of the Committee, one of the other Non-Executive Director members will chair the Committee meeting.

## **5 Quorum**

- 5.1 A quorum will be three members, including at least two Non-Executive Directors.
- 5.2 If the Committee is not quorate, the meeting may be postponed at the discretion of the Committee chair. If the meeting takes place and is not quorate, no decisions may be made at this meeting and such matters will be deferred until the next quorate meeting.

## **6 Attendance at Meetings**

- 6.1 All members are expected to attend each meeting.
- 6.2 Other Trust Directors or staff or external advisers may be invited by the Committee chair to attend for all or part of any meeting when appropriate to assist in deliberations.
- 6.3 Attendance at meetings may be by face to face or remotely. Remote meetings may involve the use of telephone and/or electronic conference facilities. Any Committee member with the agreement of the Committee chair may participate in a meeting by way of telephone, computer or any other electronic means of communication provided that each person is able to hear and speak. A person participating in this way is deemed to be present in person although their actual location shall be noted in the minutes; and will be counted in a quorum and entitled to vote.
- 6.4 Where a specific matter is deemed to be of a confidential or commercially sensitive nature, the Committee chair has the authority to restrict attendance at the meeting to members only and to ask all invitees to leave the meeting.

## **7 Support to the Committee**

- 7.1 The Director of Corporate Governance will act as Company Secretary to the Committee and working with the Executive Director Committee lead will:
- Agree the agenda with the Committee chair
  - Ensure meeting papers are distributed in good time
  - Ensure minutes are taken, action points and matters arising are recorded and followed up
  - Advise the Committee on pertinent areas
  - Draft the assurance report for the Board following each Committee meeting
  - Draft the Committee's annual report of the review of its effectiveness and the terms of reference.

## **8 Frequency of Meetings**

- 8.1 The Committee will normally meet six times a year (bi-monthly) and as required to fulfil its duties as the Committee chair shall decide.
- 8.2 Where a decision needs to be taken outside the normal cycle of meetings, and where the matter is not deemed by the Committee chair to require an additional meeting to be called, the decision may be made via email. This approach will be used on an exceptions basis. Decisions via email will be reported to the next meeting and the wording of the decision minuted.

## **9 Conflicts of Interest**

- 9.1 Where a Committee member or attendee has an interest, or becomes aware of an interest which could lead to a conflict of interest in the event of the Committee and subsequently the Board considering an action or decision in relation to that interest, that must be considered as a potential conflict, is subject to the provisions of the Trust's Standards of Business Conduct Policy or other protocols or arrangements relating to the management of Conflicts of Interest.
- 9.2 At the beginning of each meeting as a standing agenda item, the Committee chair will ask members to highlight any conflicts of interest and identify any items/issues that may raise a conflict of interest for any Board member.
- 9.3 If any member or attendee has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, they will declare that interest as early as possible and not participate in the discussions. The Committee chair has the authority to request that member or invitee to withdraw until its consideration has been completed.
- 9.4 An up to date Register of Interests will be available on the Trust's website for public scrutiny.

## **10 Reporting and Minutes**

- 10.1 The Committee chair will provide an assurance report to the Board after each meeting; this will be drafted by the Director of Corporate Governance. The report will set out the matters discussed together with any recommendations to the Board.
- 10.2 The Committee chair will highlight to the Board any pertinent issues and/or those that require disclosure, escalation, action or approval of the full Board.

- 10.3 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.
- 10.4 The approved minutes will be available to the Board on request.
- 10.5 The Committee will receive and agree a description of its work (in the form of an annual forward plan), and will regularly monitor progress against this plan.

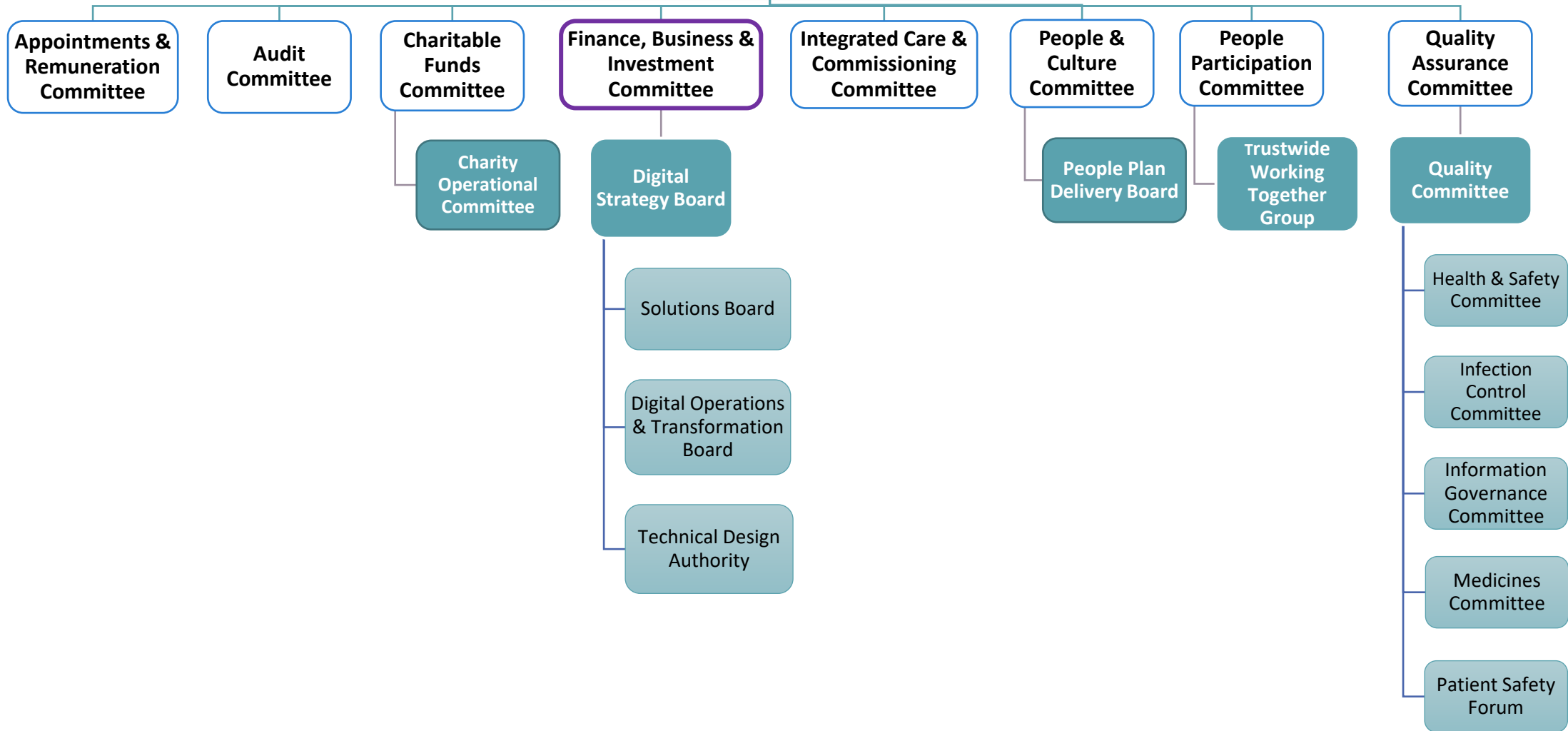
## **11 Review**

- 11.1 The Committee will undertake an annual review of its effectiveness and provide a report to the Board of its findings including highlighting areas for improvement.
- 11.2 Terms of reference will be reviewed annually and reported to the Board for ratification.

## **12 Review Dates**

- 12.1 Date approved: March 2023
- 12.2 Next review date: March 2024

# Board of Directors



## REPORT TO TRUST BOARD IN PUBLIC 30 MARCH 2023

<b>Title</b>	Finance Report Month 10
<b>Author</b>	Dave Adams, Deputy Director of Finance
<b>Accountable Executive Director</b>	Samanthi Gibbens, Interim Chief Finance Officer

### Purpose of the report

This paper highlights financial performance to 31st January 2023 (Year to date to Month 10).

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

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

Date	Committee/Meeting
14/03/23	Finance, Business and Investment Committee
22/02/23	Service Delivery Board

### Key messages

Summary of Performance:

- Operating surplus (EBITDA) to end of January 2023 of £23,316k compared to budget operating surplus of £23,994k (£678k adverse)
- Before prior period adjustments, year to date (YTD) is a net deficit of £1,111k (0.2%) compared to planned net deficit of £520k (0.1%).
- Following a prior period adjustment, YTD trust net deficit is £88k compared to planned net deficit of £520k, which is a £432k favourable variance against plan. (£53k better than plan in month).
- The Prior Period Adjustment of £1,023k related to the late adjustment in the 2021/22 year-end audited accounts submission, in line with NHS England (NHSE) guidance.
- Financial Viability YTD is £7,138k adverse against target, mitigated in part by non-recurrent underspends and one-off benefits. (£6,347k adverse prior month)
- The Trusts is forecasting a year end surplus of £3m (including the prior period adjustment).
- 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 31<sup>st</sup> January 2023 is £137.5m.



## 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"/>	A key requirement is to ensure 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 Introduction

- 1.1 This paper highlights financial performance for the financial period ended 31<sup>st</sup> January 2023.

## 2 Financial Framework

- 2.1 The final revised Trust and Integrated Care Board (ICB) financial plan submissions were made on 20<sup>th</sup> June 2022 setting out income and expenditure assumptions across the ICB for the financial year and is the plan against which Month 10 is reported.
- 2.2 Income and Expenditure planning in line with ICB plan submissions is based on a breakeven Trust position for 2022/23 (e.g. 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.
- 2.3 Expenditure budgets have been uploaded based on work completed by finance teams. Corporate cost pressures have been allocated internal funding following agreed proposals.
- 2.4 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 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 10.

- 2.5 A 0.6% convergence target (£1.386m) has been included against Trust income within current North East London (NEL) Integrated Care System (ICS) plans, resulting from national funding changes.
- 2.6 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 Mental Health services. The Trust position is that the issue of convergence is in effect “over commissioning” and the system must jointly be deciding what to decommission rather than this be a further efficiency on provider budgets.
- 2.7 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 adversely to the Trust’s financial position.
- 2.8 Discussion is taking place with the ICB Commissioners to recognise non-recurrent and recurrent measures for addressing this.
- 2.9 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.

### 3 Summary of Performance to 31<sup>st</sup> January 2023

3.1 **Table 1: Summary Financial performance to 31<sup>st</sup> January 2023:**

	YTD Jan-23			Annual	Variance £000	Change +/- £000
	Budget £000	Actual £000	Variance £000	Budget £000		
Operating Income	481,656	481,002	(654)	578,671	(343)	(311)
Operating Spend	(457,662)	(457,686)	(24)	(549,494)	(254)	230
<b>Operating Surplus (EBITDA)</b>	<b>23,994</b>	<b>23,316</b>	<b>(678)</b>	<b>29,177</b>	<b>(597)</b>	<b>(81)</b>
Interest Receivable	2,029	2,115	86	2,674	0	86
Interest Payable	(2,243)	(2,243)	0	(2,692)	(39)	39
Depreciation	(20,260)	(20,259)	1	(24,312)	2	(1)
Public Dividend Capital	(4,440)	(4,440)	0	(5,328)	0	0
<b>Net Surplus / (Deficit) before lease adjust</b>	<b>(920)</b>	<b>(1,511)</b>	<b>(591)</b>	<b>(481)</b>	<b>(634)</b>	<b>43</b>
Lease adjustments	400	400	0	481	0	0
<b>22-23 Adjusted Net Surplus / (Deficit)</b>	<b>(520)</b>	<b>(1,111)</b>	<b>(591)</b>	<b>(0)</b>	<b>(634)</b>	<b>43</b>
Prior Period Adjustment	0	1,023	1,023	0	1,023	0
<b>Adjusted Net Surplus / (Deficit) after PPA</b>	<b>(520)</b>	<b>(88)</b>	<b>432</b>	<b>(0)</b>	<b>389</b>	<b>43</b>

### 3.2 Prior Period Adjustment

At 2021/22 year-end, as part of the delays in the external audit sign off, ELFT were required to submit:

- An interim 2021/22 year-end Financial Reporting Submission on the final deadline of Monday 10<sup>th</sup> October 2022, at which point the trust were reporting an adjusted deficit for 2021/22 of £1,178k.
- An updated 2021/22 year-end Financial Reporting Submission on Wednesday 12<sup>th</sup> October 2022 reflecting the final adjusted deficit for 2021/22 of £155k per the audited accounts.

NHSE notified that all changes after 10<sup>th</sup> October 2022 are to be scored to 2022/23. This means that the post 10<sup>th</sup> October improvement of £1,023k in 2021/22 represents a non-recurrent benefit to performance against the current financial year (2022/23) revenue control target of breakeven for ELFT.

## 4 Financial Viability (FV) Programme

- 4.1 As a result of uploading the initial 2022/23 budgets, the Trust has an FV requirement of £15.0m.
- 4.2 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.
- 4.3 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.
- 4.4 The year-to-date target at Month 10 was £11,979k, with a reported delivery of £4,841k (£714k in month delivery) resulting in an adverse variance of £7,138k YTD. Shortfall on delivery is a driver for adverse variance against plan at Month 10.
- 4.5 Due to delays and lack of progress in work up and 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.
- 4.6 FV targets were devolved to operational directorate budget lines from Month 8 allowing greater visibility of FV expectations and delivery for directorate leadership teams.
- 4.7 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.

## 5 Key Highlights of Financial Performance to 31st January 2023

### 5.1 Operating income

5.2 Operating income at Month10 is reported as adverse against plan by £654k. A summary of the Trust income position is included in **Table 2** below.

### 5.3 Table 2: Summary of Operating Income to 31<sup>st</sup> January 2023

	YTD Jan-23			Annual Budget £000	Dec-22 Variance £000	Change +/- £000
	Budget £000	Actual £000	Variance £000			
<b><u>Block Income</u></b>						
CCGs	365,785	365,814	30	438,640	51	(21)
NHSE	12,147	12,179	32	14,936	32	(0)
<b>Sub total</b>	<b>377,932</b>	<b>377,994</b>	<b>62</b>	<b>453,575</b>	<b>83</b>	<b>(22)</b>
<b><u>Cost and Volume Income</u></b>						
Overseas Income	0	15	15	0	2	13
OATS / Spot Income	1,120	1,307	187	1,344	181	6
<b>Sub total</b>	<b>1,120</b>	<b>1,322</b>	<b>202</b>	<b>1,344</b>	<b>183</b>	<b>19</b>
<b><u>SLA Income</u></b>						
NCEL CAMHS Service (Lead Provider)	26,454	26,454	0	31,774	0	0
NCEL Forensic Service (BEH)	38,998	38,879	(119)	46,914	(119)	(0)
Services to other Trusts	6,232	5,948	(285)	6,937	(203)	(82)
<b>Sub total</b>	<b>71,685</b>	<b>71,281</b>	<b>(404)</b>	<b>85,625</b>	<b>(322)</b>	<b>(82)</b>
<b><u>Workforce Allocation</u></b>						
SIFT/MADEL/NMET R&D etc	11,647	11,575	(73)	15,427	44	(116)
<b><u>COVID-19</u></b>						
Vaccination Centre (London)	2,165	2,165	0	2,165	0	0
Vaccination Centre (Luton & Bedfordshire)	19	19	0	19	0	0
Vaccination Lead Employer	2,017	2,017	0	2,017	0	0
<b>Sub total</b>	<b>4,201</b>	<b>4,201</b>	<b>0</b>	<b>4,201</b>	<b>0</b>	<b>0</b>
<b><u>Other Income</u></b>						
Primary Care	2,101	1,982	(118)	2,475	(303)	185
CAMHS	32	17	(15)	38	(12)	(3)
Addiction Services	2,901	2,901	0	3,481	(107)	107
Community Services (Local Authority)	6,882	6,615	(267)	8,258	91	(358)
Other Income	416	374	(42)	499	0	(42)
<b>Sub total</b>	<b>12,331</b>	<b>11,889</b>	<b>(441)</b>	<b>14,751</b>	<b>(331)</b>	<b>(110)</b>
<b><u>Deferred Income</u></b>						
Deferred Income Released	2,740	2,740	0	3,747	0	0
<b>Sub total</b>	<b>2,740</b>	<b>2,740</b>	<b>0</b>	<b>3,747</b>	<b>0</b>	<b>0</b>
<b>EBITDA Income</b>	<b>481,656</b>	<b>481,002</b>	<b>(654)</b>	<b>578,671</b>	<b>(343)</b>	<b>(311)</b>

- 5.4 Out of area admissions to ELFT beds has generated £187k more than plan year to date, although the benefit relates to activity earlier in the financial year.

## 5.5 COVID-19

The Trust have an allocation of £4.5m to support continuing out of envelope COVID-19 expenditure.

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 3** below and is adjusted for at summary level in **Table 4** in section 5.12.

COVID-19 is surplus income against expenditure of £1,725k 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 is these costs should decrease over the course of 2022/23, with majority of the funding withdrawn in 2023/24. Whilst the response to COVID-19 is important, elimination of ongoing cost is needed.

**Table 3: COVID-19 Expenditure and Variance by Directorate**

	YTD Budget £000	YTD Actual £000	YTD Variance £000
<b><u>Mental Health Services</u></b>			
Tower Hamlets	0	(385)	(385)
Newham	0	(3)	(3)
City & Hackney	0	(47)	(47)
Forensic Services	0	(53)	(53)
Specialist Services	0	0	0
Luton	0	(413)	(413)
Bedfordshire	0	(195)	(195)
<b>Sub total</b>	<b>0</b>	<b>(1,096)</b>	<b>(1,096)</b>
<b><u>Community Health &amp; Primary Care</u></b>			
Newham CHS	(12)	0	12
Bedfordshire CHS	0	(107)	(107)
<b>Sub total</b>	<b>(12)</b>	<b>(107)</b>	<b>(95)</b>
<b>Central COVID Budgets</b>	<b>(3,750)</b>	<b>(834)</b>	<b>2,916</b>
<b>Sub total</b>	<b>(3,750)</b>	<b>(834)</b>	<b>2,916</b>
<b>TOTAL (excluding vaccination centres and lead employer)</b>	<b>(3,762)</b>	<b>(2,037)</b>	<b>1,725</b>

## 5.6 Operating Expenditure

The Trust is reporting an adverse variance of £24k against operating expenditure at 31<sup>st</sup> January 2023 (a decrease of £230k since last month). **Table 4** in section 5.12 shows the summary.

- 5.7 Budgets have been allocated to Operational Directorates to reflect new service developments. Work will continue to review and adjust for late contract variations and any changes in income plans and assumptions through the final quarter of the year.

- 5.8 Operational areas of overspend are undergoing specific review led by Exec leads including review of inpatient pay overspends linking into a Chief Nurse led Establishment Review.

Pressures continue in Bedfordshire, Luton and Milton Keynes (BLMK) community and Primary Care (GPs). Further work on improving run rates in some services is required and recovery plans in Primary Care are agreed.

- 5.9 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.

Calculations regarding 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.

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

Corporate budgets continue to be overspent in some areas further to cost savings and budget increase against agreed cost pressures agreed earlier in the year.

- 5.11 Non-recurrent underspends relating to some specialist and community services and one-off benefit offset overspends within the YTD position.

5.12 **Table 4: Summary of Expenditure to 31st January 2023**

	YTD Jan-23			Annual Budget £000	Dec-22 Variance £000	Change +/- £000
	Budget £000	Actual £000	Variance £000			
<b><u>Mental Health Services</u></b>						
Tower Hamlets	(41,195)	(40,260)	935	(49,282)	1,016	(81)
Newham	(33,994)	(34,165)	(170)	(40,666)	117	(287)
City & Hackney	(34,778)	(37,680)	(2,902)	(41,598)	(2,403)	(499)
Forensic Services	(30,822)	(31,591)	(769)	(36,710)	53	(822)
Specialist Services	(54,967)	(51,349)	3,618	(65,500)	3,057	561
Luton	(21,820)	(23,133)	(1,313)	(26,101)	(991)	(322)
Bedfordshire	(44,682)	(46,022)	(1,340)	(53,448)	(1,063)	(277)
Less COVID-19 Costs	0	1,096	1,096	0	1,015	81
<b>Sub total</b>	<b>(262,258)</b>	<b>(263,103)</b>	<b>(844)</b>	<b>(313,305)</b>	<b>802</b>	<b>(1,646)</b>
<b><u>Community Health &amp; Primary Care</u></b>						
Newham CHS	(22,727)	(21,448)	1,280	(27,207)	1,140	140
Specialist CHS	(6,100)	(5,706)	394	(7,296)	270	125
Tower Hamlets CHS	(12,827)	(12,265)	562	(15,350)	559	3
Bedfordshire CHS	(37,161)	(38,572)	(1,411)	(44,444)	(1,269)	(142)
Primary Care	(5,480)	(7,243)	(1,763)	(6,531)	(1,174)	(589)
Less COVID-19 Costs	12	108	96	24	89	7
<b>Sub total</b>	<b>(84,284)</b>	<b>(85,125)</b>	<b>(842)</b>	<b>(100,804)</b>	<b>(386)</b>	<b>(455)</b>
<b><u>Commissioning</u></b>						
NCEL Provider Collaborative	(28,689)	(28,689)	0	(34,456)	(0)	0
<b>Sub total</b>	<b>(28,689)</b>	<b>(28,689)</b>	<b>0</b>	<b>(34,456)</b>	<b>(0)</b>	<b>0</b>
<b><u>Central Support Services</u></b>						
Board / Members' Council	(2,438)	(2,721)	(283)	(2,926)	(207)	(75)
Director of Operations	(1,253)	(1,392)	(139)	(1,396)	(61)	(78)
Corporate Affairs	(693)	(702)	(9)	(832)	(41)	32
ICT	(8,315)	(7,326)	990	(10,570)	642	348
Business Develop Unit	(1,194)	(1,155)	39	(1,808)	(54)	93
Social Inclusion	(958)	(833)	125	(1,149)	114	11
Finance	(4,273)	(4,570)	(297)	(5,129)	(145)	(152)
Human Resources	(6,302)	(7,170)	(868)	(7,816)	(896)	28
Central Medical/Pharmacy	(7,106)	(7,260)	(154)	(8,534)	(61)	(93)
NMET	(3,783)	(2,908)	875	(4,720)	516	359
Central Nursing/MHA admin	(5,714)	(6,423)	(709)	(7,081)	(40)	(669)
Chief Quality Officer	(4,413)	(3,920)	493	(5,297)	422	71
Director of Integrated Care	(1,475)	(1,800)	(325)	(1,792)	(187)	(139)
R&D	(750)	(795)	(45)	(900)	(53)	8
AMPS	0	(6)	(6)	0	(7)	
Estates & Facilities	(23,909)	(26,921)	(3,012)	(28,709)	(2,546)	(466)
Central NHS SLAs	0	13	13	0	0	13
Less COVID-19 Costs	0	186	186	0	45	141
<b>Sub total</b>	<b>(72,578)</b>	<b>(75,703)</b>	<b>(3,124)</b>	<b>(88,658)</b>	<b>(2,557)</b>	<b>(568)</b>
Central COVID-19 Costs	(3,750)	(876)	2,874	(4,524)	2,762	113
Clinical Directorate COVID-19 Costs	(12)	(1,204)	(1,192)	0	(1,104)	(88)

Vaccination Centres	(2,184)	(2,184)	0	(4,201)	0	0
NEL Vaccination Lead Employer	(2,017)	(2,807)	(790)	(19)	(669)	(120)
<b>Sub total</b>	<b>(7,963)</b>	<b>(7,071)</b>	<b>893</b>	<b>(8,745)</b>	<b>988</b>	<b>(96)</b>
<b><u>Reserves</u></b>						
Development Reserve	1,957	0	(1,957)	2,348	(1,900)	(57)
Financial Viability	5,074	0	(5,074)	6,543	(4,567)	(507)
Non-Recurrent Support	0	(426)	(426)	0	(426)	0
Pay/non pay reserve	(8,921)	2,430	11,350	(12,417)	7,792	3,559
<b>Sub total</b>	<b>(1,890)</b>	<b>2,004</b>	<b>3,893</b>	<b>(3,526)</b>	<b>899</b>	<b>2,994</b>
<b>EBITDA Spend</b>	<b>(457,662)</b>	<b>(457,686)</b>	<b>(24)</b>	<b>(549,494)</b>	<b>(254)</b>	<b>230</b>

### 5.13 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 share of the NEL ICB agency ceiling is £25,004k for 2022/23. Spend is currently £463k per month over the agency ceiling based on last three months expenditure. The Trust agency spend to the end of January 2023 is £3.2m above the YTD ceiling (15.4% variance).

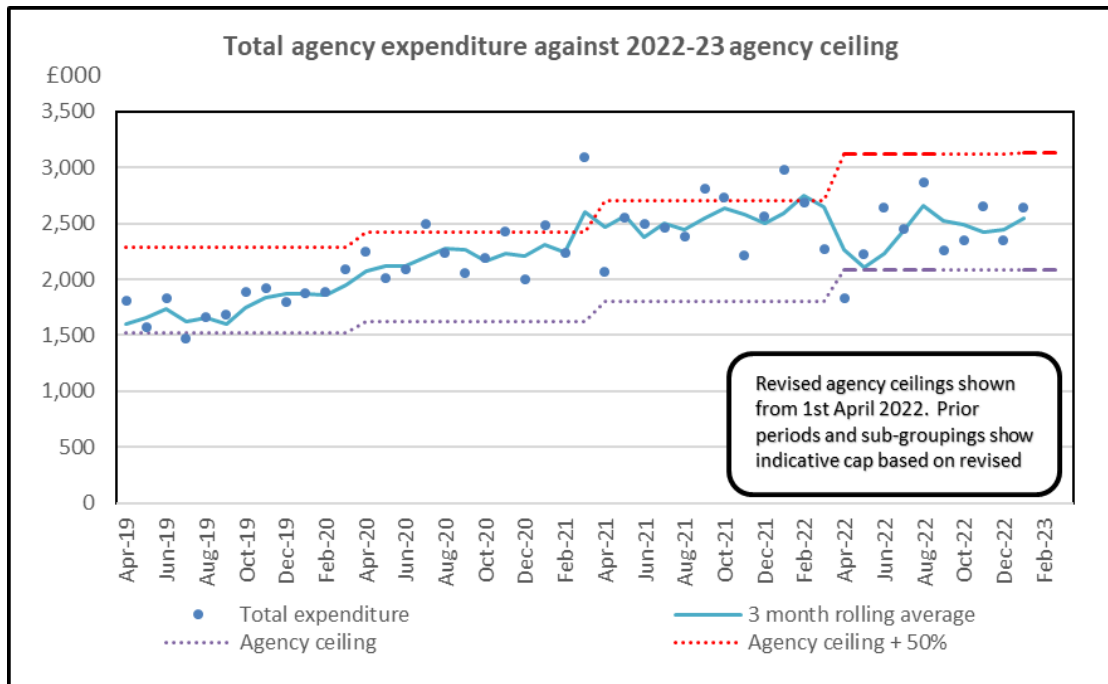
5.14 Individual agency ceilings have been set internally at Staff Group and Directorate levels to help monitor performance against the ceiling. These have been based on 2021/22 expenditure and outturn run rate, alongside the need to reduce expenditure by £5m on 2021/22 expenditure to meet the ceiling.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

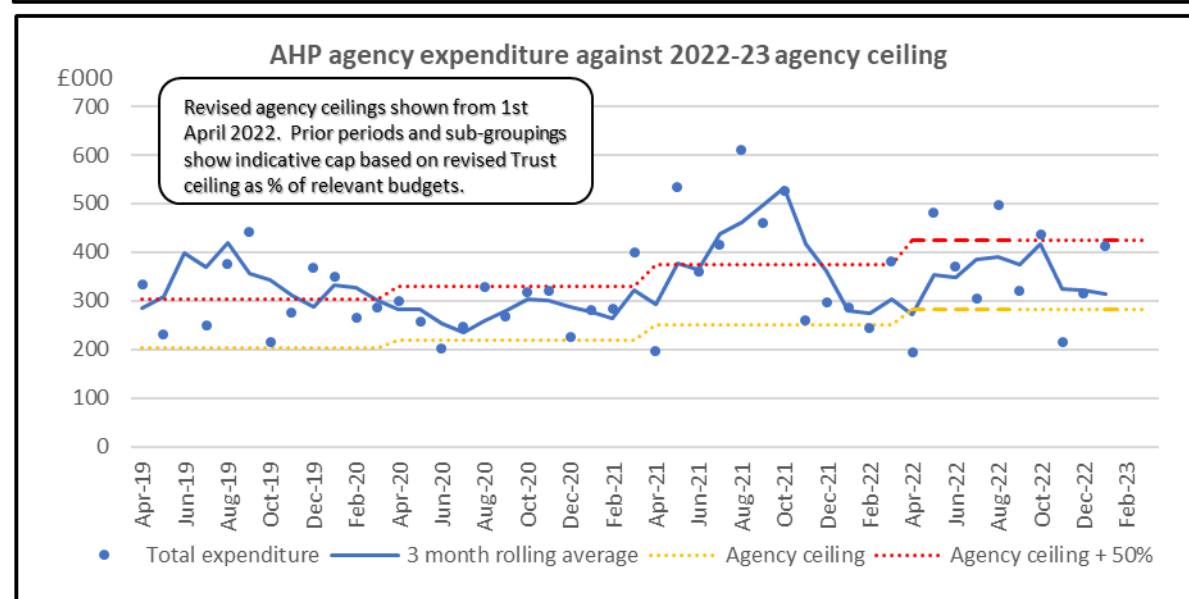
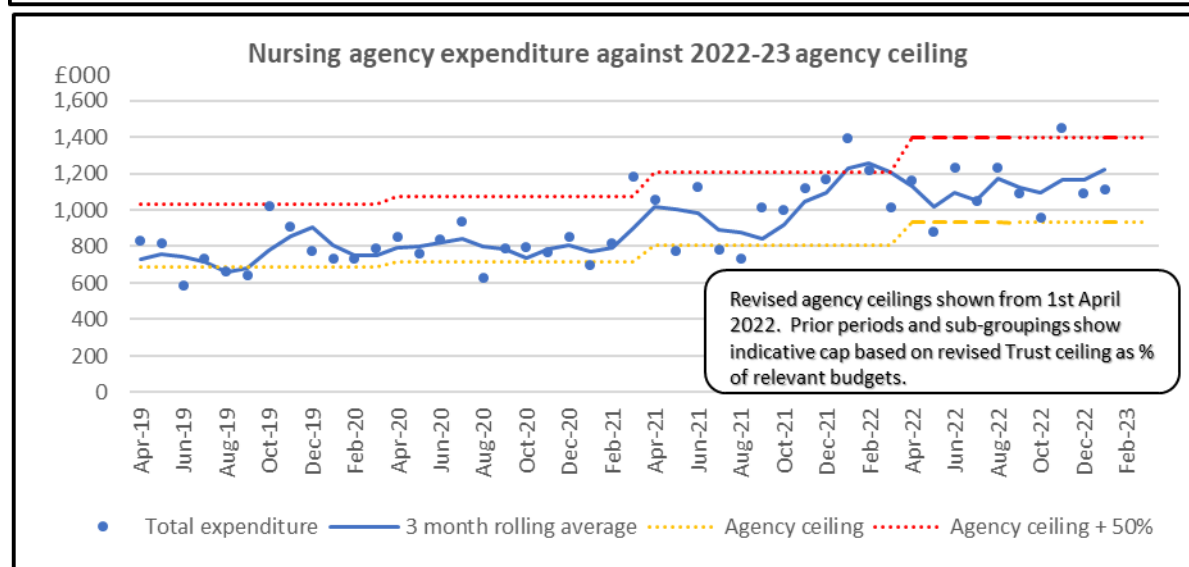
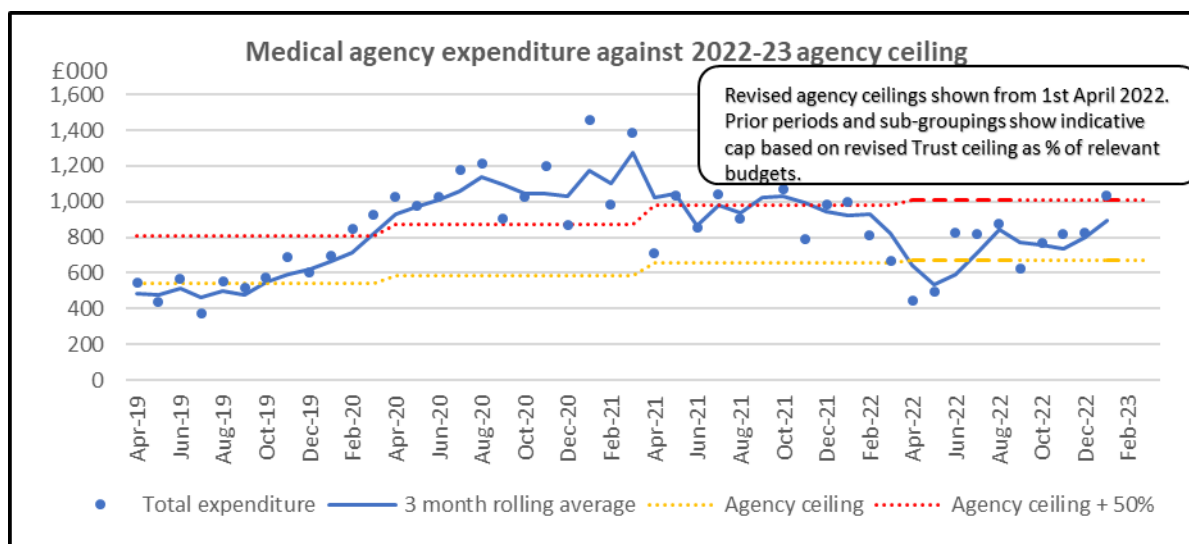
5.15 Agency expenditure is summarised in the charts below.

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.







## 6 Forecast Outturn (to March 2023)

- 6.1 The main change in reporting this month is the change in forecast outturn (FOT) to a £3m surplus compared to a previous forecast of breakeven. The movement in FOT takes account of:
- A £1m benefit into 22/23 from a prior period adjustment (reported within the month 9 position)
  - The contribution of the ELFT share of Specialist Commissioning Collaboratives in year surplus's

## 7 Risks

- 7.1 Delivery of a challenging FV is critical to ensuring financial sustainability and significant further work is required to develop schemes towards meeting the recurrent £15.0m target. This shortfall impacts the Trust 2023/24 plans and trust underlying position.
- 7.2 Hyper-inflation is assumed in the plan to equal £2.7m, and this continues to be monitored through the year.
- 7.3 The NEL Clinical Commissioning Group (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 on going.
- 7.4 Recovery of sufficient income to cover the cost of the Vaccination Lead Employer programme will be required as payment has moved 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 confirming mitigation of these costs.
- 7.5 Formal agreements and receipt of income for specific areas, such as Section 256 funding and CAMHS Tier 4 in Luton and Bedfordshire are required to be completed.
- 7.6 The Trust is currently in segment 1 (maximum autonomy, low risk) of the single oversight framework. Delivery of the financial plan and key indicators such as meeting the agency ceiling are key to maintaining this rating.

## 8 Actions Being Requested

- 8.1 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

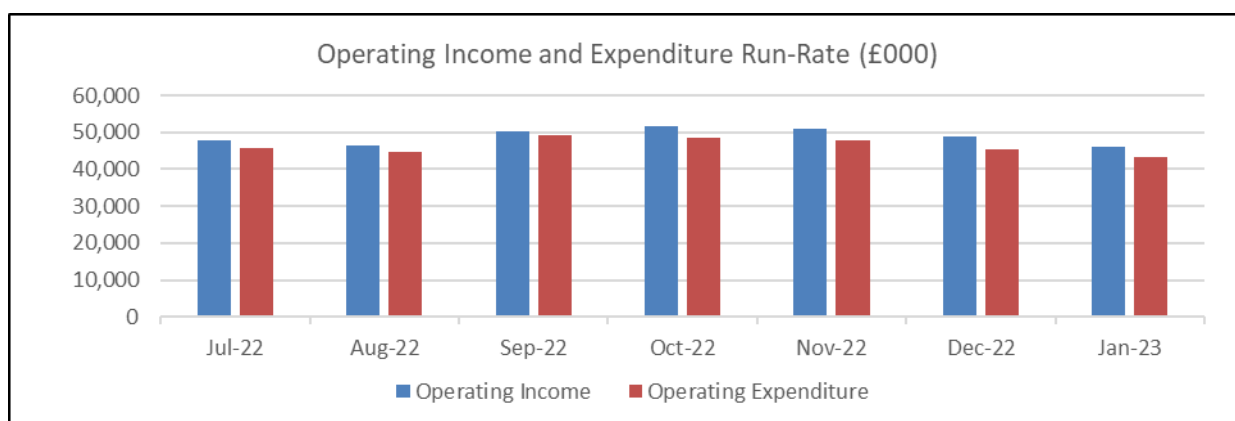
## APPENDIX 1: 2022/23 INCOME AND EXPENDITURE RUN-RATES

	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
	£000	£000	£000	£000	£000	£000	£000
<b>OPERATING INCOME</b>							
<b><u>Block Income</u></b>							
ICBs less funding returned to local CCGs (2021/22)	35,630	35,125	39,480	36,482	36,954	37,640	37,421
ICB COVID Funding	375	375	375	375	375	375	375
NHSE	962	870	880	3,912	1,500	0	0
<b>Sub total</b>	<b>36,968</b>	<b>36,370</b>	<b>40,735</b>	<b>40,769</b>	<b>38,829</b>	<b>38,015</b>	<b>37,796</b>
<b><u>Cost and Volume Income</u></b>							
Overseas Income	0	0	0	1	0	0	13
OATS / Spot Income	126	114	110	106	111	220	118
<b>Sub total</b>	<b>126</b>	<b>114</b>	<b>110</b>	<b>107</b>	<b>111</b>	<b>220</b>	<b>131</b>
<b><u>SLA Income</u></b>							
NCEL CAMHS Service (Lead Provider)	2,608	2,608	2,608	2,909	2,650	2,624	2,624
NCEL Forensic Service (BEH)	3,809	3,571	3,629	3,634	5,708	4,339	3,425
Services to other Trusts	688	690	694	677	685	172	271
<b>Sub total</b>	<b>7,104</b>	<b>6,868</b>	<b>6,931</b>	<b>7,220</b>	<b>9,043</b>	<b>7,135</b>	<b>6,319</b>
<b><u>Workforce Allocation</u></b>							
SIFT/MADEL/NMET R&D etc	<b>1,563</b>	<b>944</b>	<b>948</b>	<b>901</b>	<b>940</b>	<b>2,668</b>	<b>793</b>
<b><u>COVID-19</u></b>							
Vaccination Centre (London)	236	373	180	0	878	0	(289)
Vaccination Centre (Luton & Bedfordshire)	0	19	(19)	0	0	0	0
Vaccination Lead Employer	436	379	38	0	(237)	0	133
<b>Sub total</b>	<b>672</b>	<b>771</b>	<b>198</b>	<b>0</b>	<b>640</b>	<b>0</b>	<b>(156)</b>
<b><u>Other Income</u></b>							
Primary Care	240	149	266	235	162	(0)	332
CAMHS	3	4	0	(0)	0	0	0
Addiction Services	290	290	301	290	279	242	423
Community Services (Local Authority)	686	681	676	674	733	723	304
Other Income	61	61	(53)	42	42	42	(0)
<b>Sub total</b>	<b>1,280</b>	<b>1,185</b>	<b>1,190</b>	<b>1,241</b>	<b>1,216</b>	<b>1,007</b>	<b>1,060</b>
<b><u>Deferred Income</u></b>							
Deferred Income Released	223	223	223	1,289	223	(112)	(1)
<b>Sub total</b>	<b>223</b>	<b>223</b>	<b>223</b>	<b>1,289</b>	<b>223</b>	<b>(112)</b>	<b>(1)</b>
<b>EBITDA Income</b>	<b>47,937</b>	<b>46,476</b>	<b>50,336</b>	<b>51,527</b>	<b>51,002</b>	<b>48,933</b>	<b>45,941</b>

	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
OPERATING EXPENDITURE	£000	£000	£000	£000	£000	£000	£000
<b><u>Mental Health Services</u></b>							
Tower Hamlets	(3,638)	(3,978)	(4,824)	(4,105)	(3,913)	(4,370)	(4,106)
Newham	(3,357)	(3,200)	(4,011)	(3,467)	(3,222)	(3,650)	(3,620)
City & Hackney	(3,653)	(3,742)	(4,534)	(3,616)	(4,003)	(3,699)	(3,923)
Forensic Services	(3,009)	(3,030)	(4,029)	(2,623)	(2,949)	(2,889)	(3,763)
Specialist Services	(4,451)	(4,597)	(6,152)	(7,627)	(5,706)	(4,113)	(4,219)
Luton	(2,193)	(2,054)	(2,779)	(2,316)	(2,540)	(2,486)	(2,460)
Bedfordshire	(4,271)	(4,407)	(5,328)	(4,598)	(5,040)	(4,698)	(4,656)
Less COVID-19 Costs	86	130	140	0	140	118	81
<b>Sub total</b>	<b>(24,486)</b>	<b>(24,878)</b>	<b>(31,517)</b>	<b>(28,353)</b>	<b>(27,232)</b>	<b>(25,786)</b>	<b>(26,664)</b>
<b><u>Community Health &amp; Primary Care</u></b>							
Newham CHS	(2,135)	(2,187)	(2,825)	(1,891)	(1,847)	(2,077)	(2,098)
Specialist CHS	(570)	(597)	(707)	(570)	(598)	(469)	(472)
Tower Hamlets CHS	(1,095)	(1,339)	(1,538)	(1,244)	(990)	(1,228)	(1,257)
Bedfordshire CHS	(4,007)	(3,910)	(4,124)	(3,952)	(4,305)	(3,640)	(3,910)
Primary Care	(746)	(826)	(764)	(851)	(704)	(233)	(1,074)
Less COVID-19 Costs	(46)	4	(110)	0	146	0	7
<b>Sub total</b>	<b>(8,599)</b>	<b>(8,855)</b>	<b>(10,068)</b>	<b>(8,509)</b>	<b>(8,299)</b>	<b>(7,647)</b>	<b>(8,804)</b>
<b><u>Commissioning</u></b>							
NCEL Provider Collaborative	(2,832)	(2,831)	(2,832)	(2,833)	(3,173)	(2,660)	(3,034)
<b>Sub total</b>	<b>(2,832)</b>	<b>(2,831)</b>	<b>(2,832)</b>	<b>(2,833)</b>	<b>(3,173)</b>	<b>(2,660)</b>	<b>(3,034)</b>
<b><u>Central Support Services</u></b>							
Board / Members' Council	(210)	(322)	(301)	(271)	(254)	(219)	(319)
Director of Operations	(97)	(69)	(122)	(145)	377	(141)	(149)
Corporate Affairs	(104)	(15)	(91)	(34)	(80)	(80)	(38)
ICT	(776)	(702)	(819)	(784)	(653)	(686)	(779)
Business Develop Unit	(71)	(125)	(133)	(137)	(92)	(86)	(214)
Social Inclusion	(77)	(73)	(87)	(87)	(74)	(83)	(85)
Finance	(438)	(455)	(535)	(510)	(496)	(218)	(580)
Human Resources	(755)	(525)	(821)	(735)	(804)	(753)	(728)
Central Medical/Pharmacy	(631)	(659)	(877)	(650)	(777)	(861)	(806)
NMET	(227)	(262)	(216)	(382)	(529)	(201)	(322)
Central Nursing/MHA admin	(498)	(571)	(650)	(584)	(757)	(514)	(1,352)
Chief Quality Officer	(354)	(344)	(552)	(515)	(244)	(336)	(370)
Director of Integrated Care	(224)	(201)	(71)	(271)	(10)	(120)	(297)
R&D	(28)	(84)	(9)	(295)	(114)	(68)	(67)
AMPS	(0)	(0)	(0)	(0)	(0)	(4)	0
Estates & Facilities	(2,424)	(2,687)	(2,872)	(2,901)	(3,049)	(2,169)	(2,865)
Central NHS SLAs	0	0	(0)	17	(17)	0	13
Less COVID-19 Costs	13	11	(4)	0	0	0	141
<b>Sub total</b>	<b>(6,902)</b>	<b>(7,083)</b>	<b>(8,160)</b>	<b>(8,283)</b>	<b>(7,574)</b>	<b>(6,542)</b>	<b>(8,816)</b>
<b><u>COVID-19</u></b>							
Central COVID-19 Costs	(96)	(64)	(41)	(86)	(87)	(27)	(262)
Clinical Directorate COVID-19 Costs	(40)	(134)	(31)	0	(287)	(118)	(88)
Vaccination Centres	(236)	(392)	(161)	0	(289)	0	(300)
NEL Vaccination Lead Employer	(425)	(388)	(39)	(303)	(87)	(651)	356
<b>Sub total</b>	<b>(797)</b>	<b>(978)</b>	<b>(272)</b>	<b>(389)</b>	<b>(750)</b>	<b>(796)</b>	<b>(295)</b>
<b><u>Reserves</u></b>							
Development Reserve	(188)	419	(523)	97	163	(1,454)	799
Financial Viability	(288)	378	63	113	(790)	0	0
Non-recurrent support	0	0	426	0	0	0	0

Pay/non pay reserve	(1,621)	(872)	3,638	(501)	(33)	(334)	3,415
<b>Sub total</b>	<b>(2,097)</b>	<b>(75)</b>	<b>3,603</b>	<b>(292)</b>	<b>(660)</b>	<b>(1,788)</b>	<b>4,214</b>
<b>Other</b>							
Other non-recurrent items	0	0	0	30	4	0	0
<b>Sub total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>30</b>	<b>4</b>	<b>0</b>	<b>0</b>
<b>EBITDA Spend</b>	<b>(45,711)</b>	<b>(44,699)</b>	<b>(49,246)</b>	<b>(48,628)</b>	<b>(47,683)</b>	<b>(45,218)</b>	<b>(43,400)</b>
<b>REPORTED EBITDA SURPLUS/(DEFICIT)</b>							
	<b>2,226</b>	<b>1,777</b>	<b>1,090</b>	<b>2,899</b>	<b>3,319</b>	<b>3,715</b>	<b>2,541</b>
Interest Receivable	112	126	184	202	245	593	409
Interest Payable	(378)	(260)	(260)	(260)	(260)	60	(224)
Depreciation	(1,888)	(1,954)	(1,954)	(1,954)	(1,851)	(2,700)	(2,027)
Public Dividend Capital	(444)	(444)	(444)	(444)	(444)	(444)	(444)
<b>NET SURPLUS/(DEFICIT) BEFORE ADJS</b>	<b>(373)</b>	<b>(756)</b>	<b>(1,385)</b>	<b>443</b>	<b>1,009</b>	<b>1,223</b>	<b>255</b>
<b>Lease adjustment</b>	<b>40</b>	<b>40</b>	<b>40</b>	<b>40</b>	<b>40</b>	<b>40</b>	<b>40</b>
<b>ADJUSTED NET SURPLUS/(DEFICIT)</b>	<b>(333)</b>	<b>(715)</b>	<b>(1,345)</b>	<b>483</b>	<b>1,049</b>	<b>1,264</b>	<b>295</b>
<b>Prior Period Adjustment</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,023</b>	<b>0</b>
<b>ADJUSTED NET SURPLUS/(DEFICIT)</b>	<b>(333)</b>	<b>(715)</b>	<b>(1,345)</b>	<b>483</b>	<b>1,049</b>	<b>2,287</b>	<b>295</b>

	Jul-22 £000	Aug-22 £000	Sep-22 £000	Oct-22 £000	Nov-22 £000	Dec-22 £000	Jan-23 £000
<b>COVID-19 Block Income</b>							
CCGs COVID Funding	375	375	375	375	375	375	375
BLMK Hospital Discharge Fund	0	0	0	0	0	0	0
<b>COVID-19 Other Income</b>							
Vaccination Centre (London)	236	373	38	0	878	0	133
Vaccination Centre (Luton & Bedfordshire)	0	19	198	0	0	0	(156)
Vaccination Lead Employer	436	379	0	0	(237)	0	0
<b>TOTAL COVID Income</b>	<b>1,047</b>	<b>1,146</b>	<b>413</b>	<b>375</b>	<b>1,015</b>	<b>375</b>	<b>508</b>
<b>COVID-19 Expenditure</b>							
Central COVID-19 Costs	(96)	(64)	(161)	0	(87)	0	(300)
Clinical Directorate COVID-19 Costs	(40)	(134)	(39)	(303)	(287)	(651)	356
Vaccination Centres	(236)	(392)	(272)	(389)	(289)	(796)	(295)
NEL Vaccination Lead Employer	(425)	(388)	0	0	(87)	0	0
<b>TOTAL COVID Expenditure</b>	<b>(797)</b>	<b>(978)</b>	<b>(200)</b>	<b>(303)</b>	<b>(750)</b>	<b>(651)</b>	<b>55</b>
<b>NET COVID INCOME LESS EXPENDITURE</b>	<b>251</b>	<b>168</b>	<b>(73)</b>	<b>(389)</b>	<b>266</b>	<b>(796)</b>	<b>(451)</b>

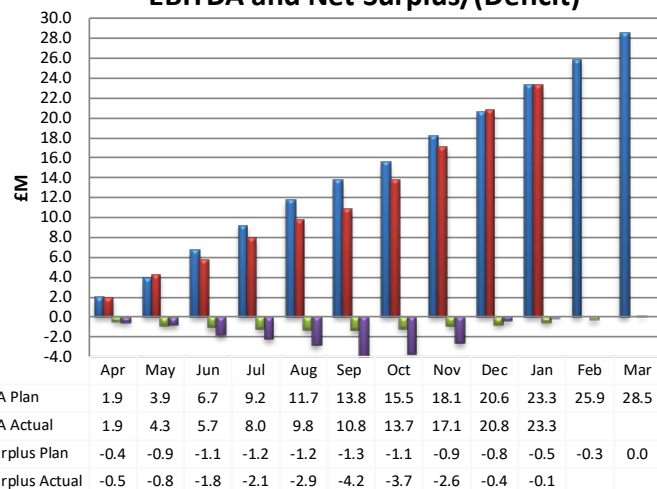


# Financial Overview to Period Ending 31st January 2023

## EBITDA AND NET SURPLUS

Reported	To 31/01/23		Forecast Outturn		Plan	
	£m	%	£m	%	£m	%
EBITDA	23.3	4.6	31.3	5.4	28.5	5.1
SURPLUS/(DEFICIT)	(0.1)	0.0%	3.0	0.5	0.0	0.0

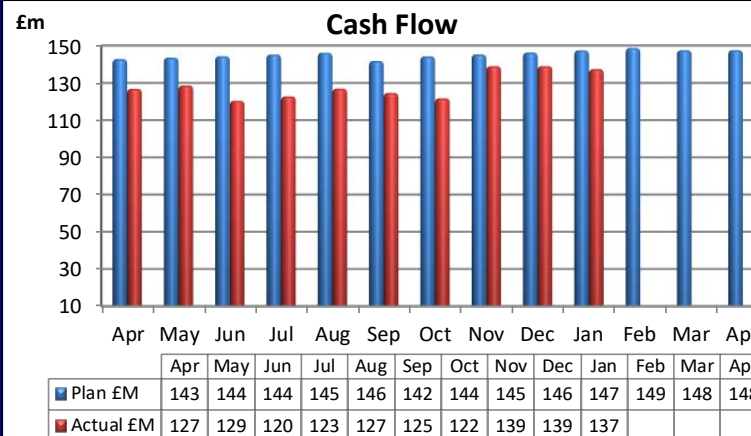
## EBITDA and Net Surplus/(Deficit)



## WORKING CAPITAL

	£m	Risk
Cash : at Bank	52.4	●
: Short term deposits	85.0	
Short term : Assets	174.6	●
: Liabilities	123.0	

## Cash Flow



## RISKS AND RISK RATINGS

### INCOME

	£m
Total EBITDA Income	576.6
ICB/CCG	438.5
NHSE	41.3
Other	93.1
Deferred Income	3.7

### INCOME RISK

LOW

### EXPENDITURE

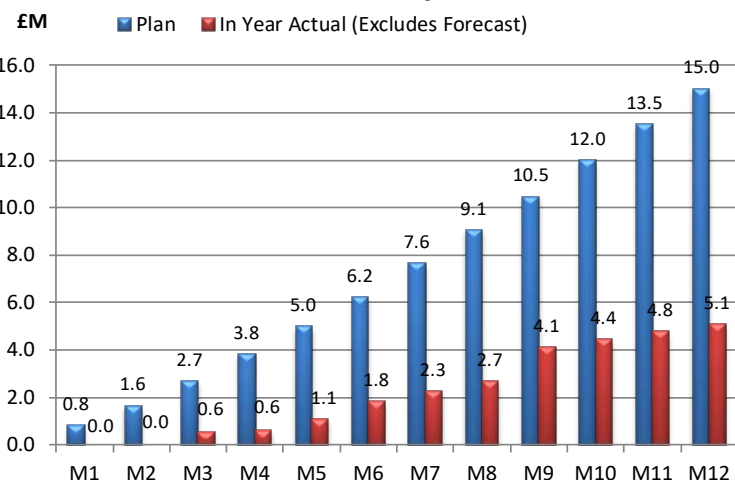
### Financial Viability Prog.

HIGH

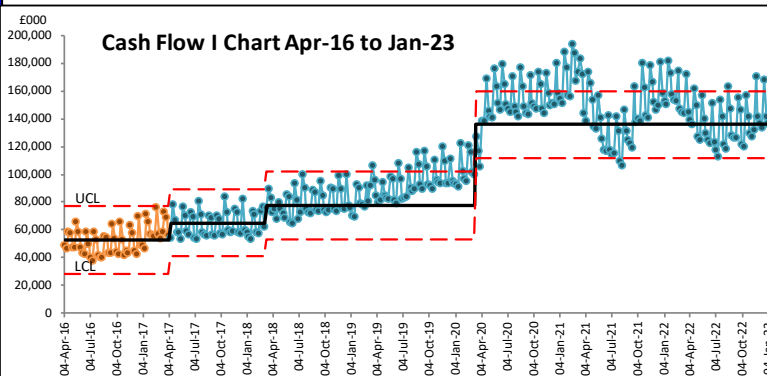
### Expenditure Risk

HIGH

## Financial Viability (Cost Improvement)



## Cash Flow I Chart Apr-16 to Jan-23



	Q1	M07	M08	M09	M10
DEBTOR DAYS	8	12	6	8	10
CREDITOR DAYS	21	22	24	22	27

## SEGMENTATION FRAMEWORK

SEGMENT	1
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## REPORT TO THE TRUST BOARD

### 30 March 2023

<b>Title</b>	Estate Environmental Strategy
<b>Author/Role</b>	David Stevens, Director of Estates, Facilities & Capital Development
<b>Accountable Executive Director</b>	Philippa Graves Chief Digital Officer

#### Purpose of the report

This Report provides an update on Estate Environmental Strategy. It is for noting and approval by the Trust Board.

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

Date	Committee/Meeting
27/02/23	Estates Strategy Workshop – Exec, Non Exec, Service Directors
14/03/23	FBIC

#### Key messages

The draft Estate Environmental Strategy 2023 is attached to this paper, along with a summary document and presentation slides.

#### Strategic priorities this paper supports

Improved population health outcomes	<input checked="" type="checkbox"/>	Delivering a fit for purpose estate supports this strategic aim
Improved experience of care	<input checked="" type="checkbox"/>	Good quality facilities will enhance the experience of care
Improved staff experience	<input checked="" type="checkbox"/>	Good quality facilities will enhance the experience of staff
Improved value	<input checked="" type="checkbox"/>	Well-functioning estate supports this strategic aim

#### Implications

Equality Analysis	An EAA will be carried out to ensure the Estates Environment Strategy inclusivity and operational impacts are assessed.
Risk and Assurance	State of the Estate and Management of the Estate are key estates risks. Estates risks are also identified on BAF. The Estates environment strategy and associated masterplans seek to address and mitigate these risks. The strategy includes aspects which address specific elements of risk / assurance, such as statutory compliance, Net Zero Carbon targets. Decarbonisation, Anchor Ambitions, Marmot Trust actions and financial viability.
Service User/ Carer/Staff	The Estates Environment Strategy has been developed following extended consultation and Co-Creation with Service users / Carers / Staff, it covers all directorates and services areas. The need to create and provide an estate environment that is fit for purpose for all our users is well understood and documented



Financial	Funding the recommendations of the Estates Environment strategy and the associated masterplans (subject to further options analysis and subsequent approval ) will require considerable funding and identification of alternative funding options, especially in a climate of reducing CDEL and increasing investment need. Each masterplan and investment opportunity will be subject to by an options appraisal and business case. Costs to eradicate backlog maintenance at the required level will likely to have a impact on Trust funds. New governance processes and boards and benefits realisation tracking will give improved end to end visualisation of the impact of the changes on the Trust and reduce the risk and impact of poor infrastructure and condition on operational delivery.
Quality	There will be a full benefits realisation programme and creation of an Estates Quality Improvement Board. Qualitative and quantitative benefits associated with poor environmental condition will be measured and monitored. The recommendations of the strategy itself and subsequent supported recommendations will inherently focus on change and quality improvement.

## 1.0. Background and Introduction

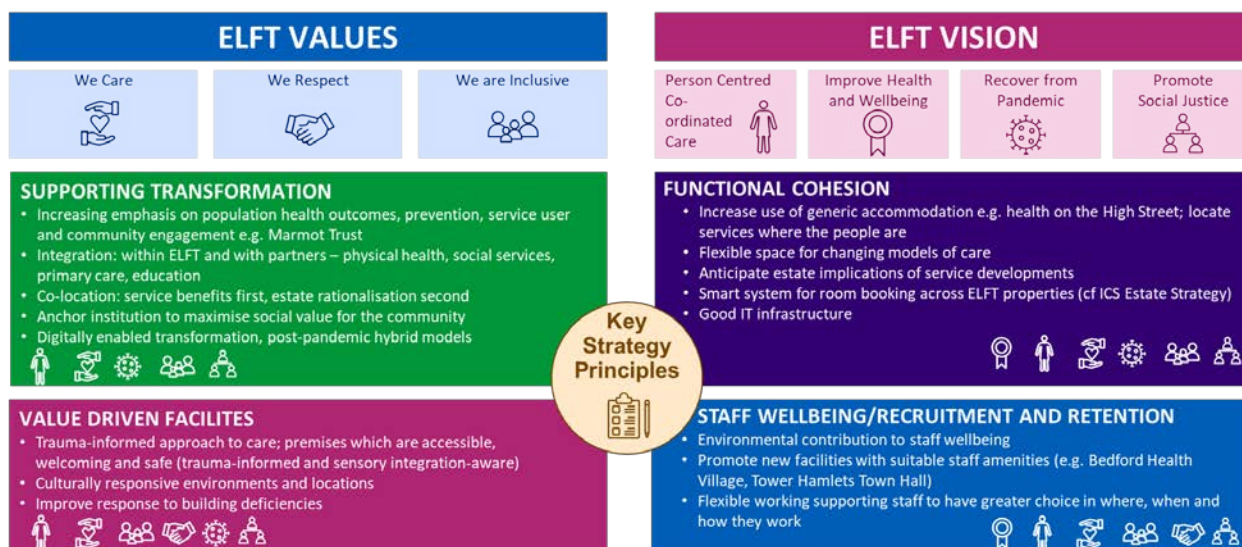
- 1.1. The estate environmental strategy aims to set the direction of travel for our estate development over the next five years. The strategy has been developed over a 12-month period through a series of workshops, away days, big conversations with stakeholders and service users, and executive sessions. This process has been inextricably linked to estate planning within the wider context in North East London and Bedfordshire, Luton and Milton Keynes estate objectives as well as our internal strategy. The strategy provides a framework for determining priorities and business cases for capital investment.
- 1.2. The Estates Environment Strategy has successfully progressed, with presentations of the draft strategy to Executive and Non-Executive Directors, FBIC, CEO Strategy Group and Borough / Service Directors.

## 2.0. Where are we now?

- 2.1. We operate from 129 properties across Luton, Bedfordshire and East London, with a wide variety of uses and conditions. A vast majority of the estate is older than 40 years and c.25% of the estate has poor energy performance which does not support the Trust's net zero ambitions. However, there is an opportunity within the estate for considerable flexibility and greater efficiency with over 40% of leases due to end or potentially break over the next five years. 82% of our estate is below condition B, the operationally acceptable standard for all building and engineering elements. (*TBC, currently resurveying retained estate*).
- 2.2. Backlog maintenance is therefore a significant challenge and costs are increasing year on year. Aging buildings that remain part of our estate may not be capable of adaptation and modernisation through refurbishment to meet the needs of modern healthcare services, leading to the need for possible rationalisation or decommissioning.

### 3.0. Where do we want to be?

- 3.1. Our values and visions can be attributed to the four key strategic principles that we have developed as part of the emerging strategy to ensure there is alignment between the key principles and overarching values and visions:



- 3.2. The below is a summary of where we want to be in the development of our estate:

- **Rationalise** the estate, making the best use of the existing space and **closing buildings** that do not represent good value for money and/or are not fit for purpose;
- **Dispose of** the property that is no longer required;
- Work with the partners (ICSs, OPE, etc.) to **co-locate appropriate services** to achieve efficiencies in occupancy costs and realise benefits for patients and staff;
- **Improve to condition B, performance, and compliance** of the retained estate;
- Aligning the estate environmental strategy principles to the Net Zero Estate Playbook to create **net zero estates by 2040**; and
- Promote **new facilities** as an aid to staff recruitment and retention.

### 4.0. How do we get there?

- 4.1. To support service need and help create modern and much improved environments for patients and staff, the strategy explores the opportunities to reconfigure, redevelop and rationalist the current estate portfolio.
- 4.2. Each of the properties have been RAG rated based on their age, size, EPC rating, condition, lease length and cost of occupancy. This ensures we can identify which properties do not fit our key criteria and highlight which properties could be potential candidates for vacation / disposal. This is supported by a comprehensive estate database outlining break dates, lease ends, occupancy costs etc so we can ensure strategic decisions can be made in line with our key estate priorities. Individual dashboards for each service and borough directorates ensure deliverables can be targeted and monitored across our services.

- 4.3. Our working environment need to promote agility and growth through a mix of on-site and remote employees, digital experience, and on-demand access to software. Test pilot occupancy survey have therefore been undertaken at Alie Street to enhance usage of a key corporate assets with plans to roll out further studies across Bedford Health Village and other key sites, embedding key agility principles which maximise utilisation and efficiency of our corporate estate.
- 4.4. Masterplans / DCP's have been developed to support enhancement of service delivery for our patients and staff. This has focused on the John Howard Centre, Mile End and City and Hackney Centre for Mental Health, Bedford Health Village and Calnwood Court. Masterplans for the several key community sites in Newham have also been developed over recent years to identify transformation opportunities in our community estate.
- 4.5. High level scheme costs have been costed for each inpatient scheme. Potential preferred options for each scheme have been costed totalling circa £344m. Capital contributions have been identified, equating to £42m from potential disposals and their associated backlog maintenance. This leaves a gap in capital requirement of £302m to fund the schemes.
- 4.6. Funding options and relevant structures, focusing on new developments have been identified to help to bridge the capital gap. Capital funding is challenging so the development and viability will need to be worked through collaboratively, and the chosen route will be dependent on the ability to obtain appropriate CDEL cover.
- 4.7. The strategy has identified a number of key priorities, actions and Key Performance Indicators (KPI's) to measure success and performance against. This forms the basis our estates action plan to deliver value for money, support placed base care, improve sustainability of our estate and prioritise major investment schemes.
- 4.8. Delivering our vision has been outlined in key steps for the next 5 years. This includes a prioritisation methodology to rank each capital scheme or option, a targeted deep dive analysis through utilisation, compliance and social economic analysis, a collaborative delivery approach through working with ICBs and key local partners, and an improvement dashboard monitoring KPIs and continually reviewing key strategies and targets to measure success.
- 4.9. Implementation of the estate environmental strategy will therefore be an iterative process that must be flexible and able to respond to changing needs, priorities and financial challenges of ELFT.

## **5.0. Action being requested**

- 5.1. The Board is being asked to:
  - a. **RECEIVE** and **NOTE** the report for information
  - b. **APPROVE** the estate environmental strategy

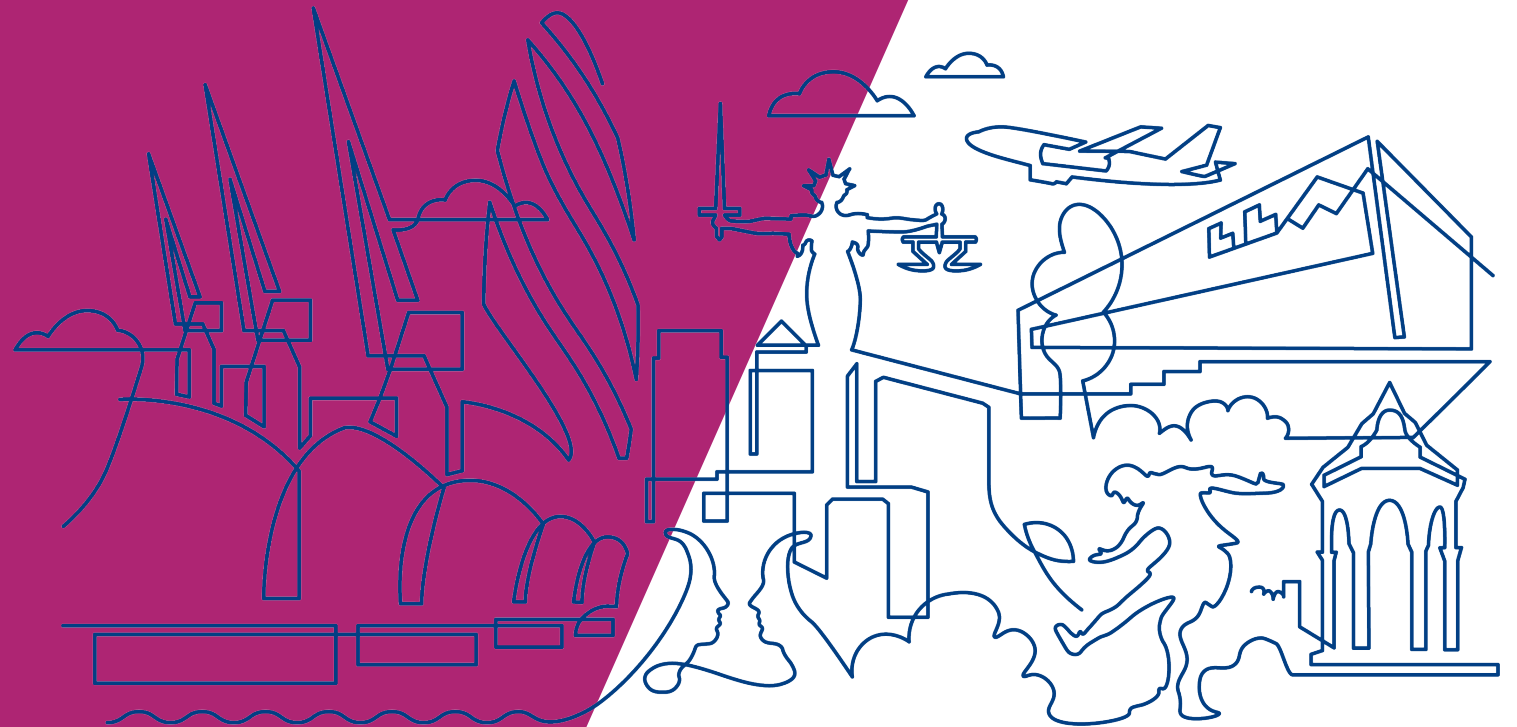


**East London**  
NHS Foundation Trust

# ELFT Estate Environmental Strategy

## Summary Report

**March 2023**







# 1. Introduction

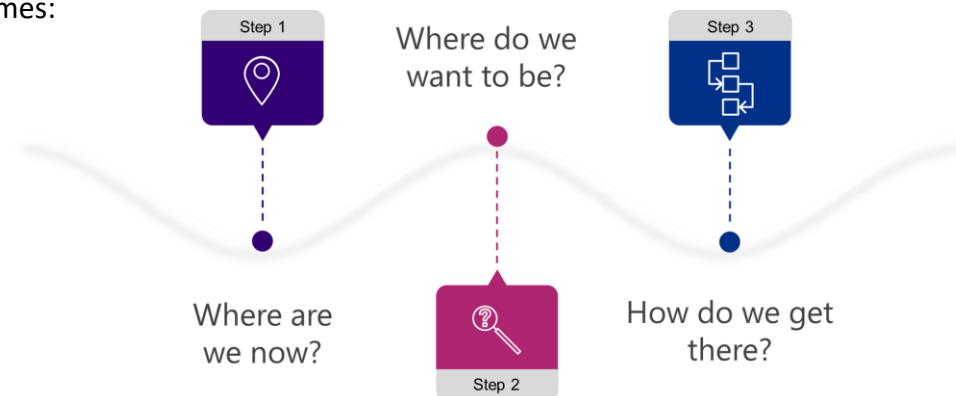


This estate environmental strategy aims to set the direction of travel for our estate development over the next five years. This process will be inextricably linked to estate planning within the wider system context in North East London and Bedfordshire, Luton, and Milton Keynes estate objectives, as well as our internal strategies, including Financial Value Strategies. The strategy provides a framework for determining priorities and business cases for capital investment.

This strategy is considered to be a live document subject to regular review and ensures alignment with the Trust’s medium term planning cycles. The resulting governance structure put in place will help to instil accountability and share best practices as the strategy is implemented.

The estate environmental strategy has been developed over a 12-month period. The strategy was developed through a series of workshops, away days, big conversations with stakeholders and service users, and executive sessions. The aim was to develop and evaluate alternative scenarios resulting in the identification of scenarios for the direction of travel for the next five years.

The estate environmental strategy aligns with our mission to improve population health, enhance service user and staff experience and focus on equity, social justice and collaborative partnership. The strategy has been structured under three key themes:



The approach and methodology to the estate environmental strategy was split into phase one and phase two & three. The deliverables for each of the phases can be found below:



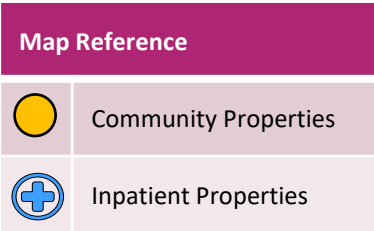
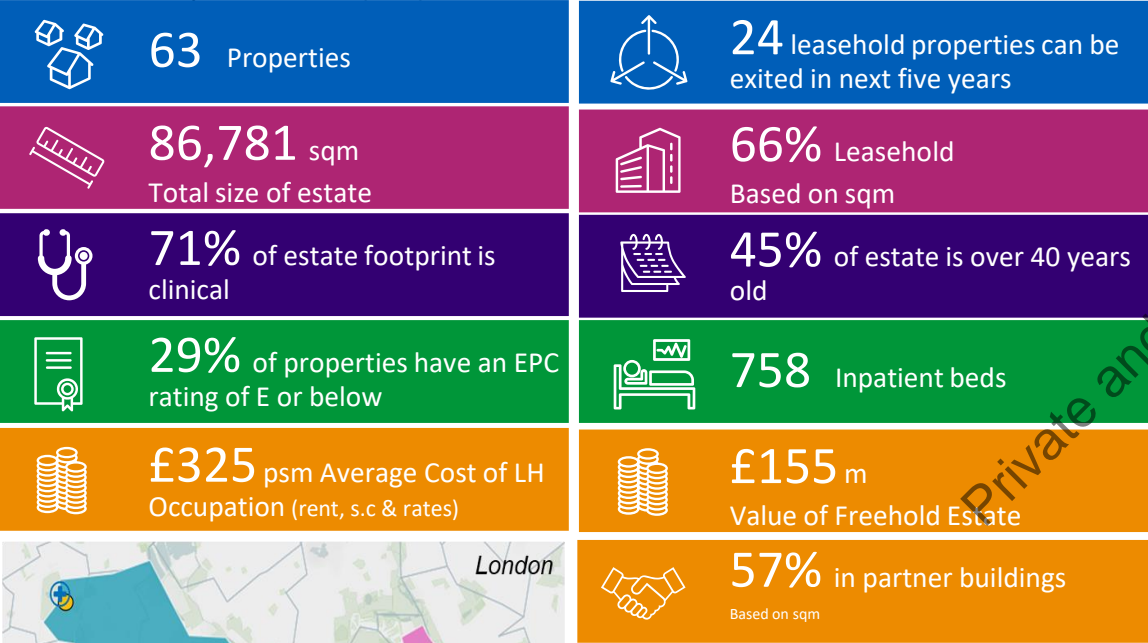
Private and Confidential

## 2. Where are we now?

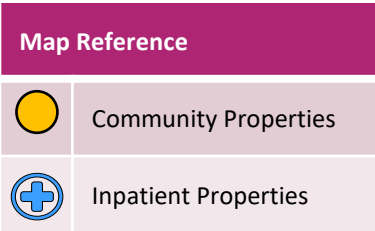
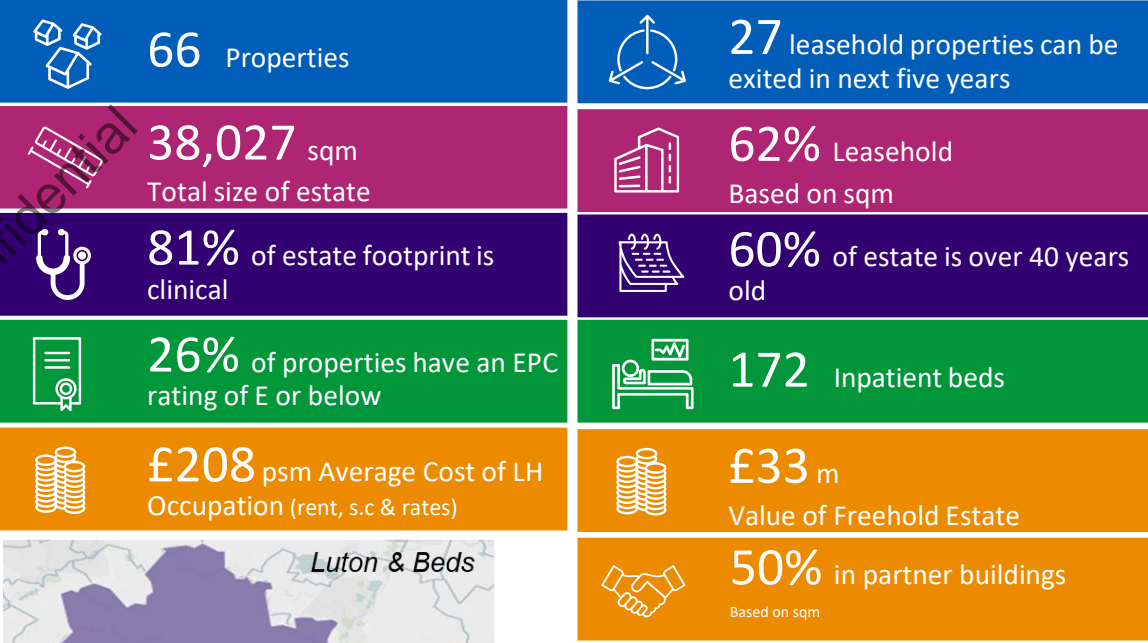


# Summary of ELFT Key Estate Metrics

A vast majority of our **East London estate** is leasehold and clinical space, with 45% older than 40 years and c.30% of the estate with poor energy performance, which does not support the Trust’s net zero ambitions. However, there is an opportunity within the leasehold estate for considerable flexibility and greater efficiency with circa 40% of leases ending or potentially breaking over the next five years. The vast bulk of our inpatient beds (758) are within East London.



A vast majority of our **Luton and Bedfordshire estate** is leasehold and clinical space, with 60% older than 40 years and c.30% of the estate with poor energy performance. 27 leases are either ending or potentially breaking within the next five years. The average costs of our leaseholds are considerably lower than East London, reflecting lower cost of occupying real estate outside of London, coupled with the older estate.



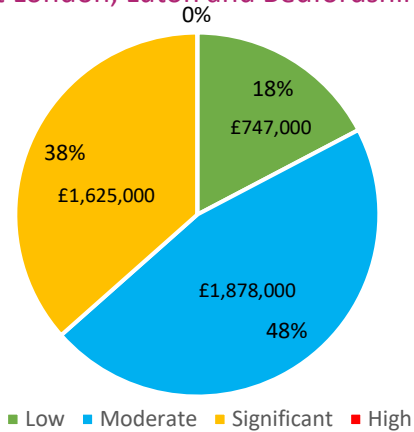


# East London, Luton and Bedfordshire Backlog Maintenance - DRAFT

A specialist building consultancy surveyed a proportion of the East London, Luton and Bedfordshire estate (70 properties) as part of their Six Facet Survey work in 2022. A summary of 2 key indicators, the Statutory Compliance Total Risk Score and the Building Condition total Cost Score, are shown below:

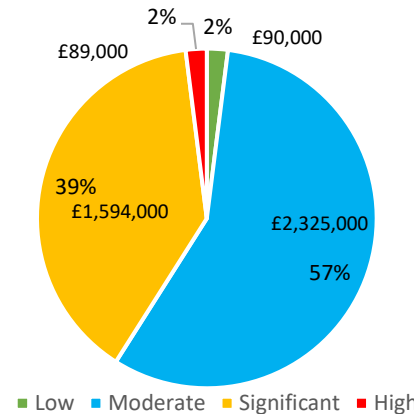
### Facet 1: Condition\*

#### Total Cost for East London, Luton and Bedfordshire



### Facet 5: Statutory Compliance\*\*

#### Total Risk Score by Risk Grade for East London, Luton and Bedfordshire



### Building Backlog Maintenance Summary – Costs are currently being re-validated

Borough	No. of properties	GIA (sq. m)	Budget Cost*** (5yr) – excl. VAT, Fees, Contingency	Statutory Compliance £ ***
Tower Hamlets	7	10,213	£1,813,000.00	£539,000.00
City and Hackney	7	5,837	£2,088,000.00	£692,000.00
Newham	16	17,340	£6,054,000.00	£960,000.00
Forensics	6	15,552	£3,088,000.00	£688,000.00
Luton	12	7,539	£6,149,000.00	£494,000.00
Bedfordshire	22	12,189	£10,582,000.00	£2,453,000.00
<b>Total for East London, Luton and Bedfordshire</b>	<b>70</b>	<b>68,670</b>	<b>£29,774,000.00</b>	<b>£5,826,000.00</b>

Unless adequately maintained with considerable investment in upgraded facilities, all healthcare estates deteriorate over time and will eventually become untenable. Qualities and characteristics of the Trust's existing built environment may not be fit for purpose, and in some instances over time can become dangerous. Ageing buildings that remain a part of existing estates may not be capable of adaptation and modernisation through refurbishment to meet the needs of modern healthcare services, and there could be a need for rationalisation or decommissioning.

The backlog maintenance costings needs to be risk-adjusted to support the future investment strategy for the estate, which needs to be balanced against a number of key factors including but not limited to:

- Patient/service user needs
- Demands at each location
- Utilisation
- Cost
- Clinical suitability

\*Facet 1 – A risk based survey providing practical information for assessing building stock condition

\*\*Facet 5 – An assessment of statutory requirements necessary to carry out an estate rationalisation review, the elements of this audit carry a mandatory requirement in that Duty Holders have a legal obligation to ensure that their premises are compliant. This audit identifies the extent to which the facilities comply with statutory regulations

\*\*\*Costs do not include VAT, fees, contingency, inflation

## Model Health System

Model Health System (formerly Model Hospital) is a digital information service designed to help NHS providers to improve their productivity and efficiency. It is used to measure performance and efficiency metrics and enable benchmarking for improving performances. Estates benchmarking data is available for a range of subjects including estates and facilities running costs, space utilisation, and patient safety. The data within the Model Health System is derived from the annual Estates Returns Information Collection (ERIC) data. The data contains information relating to costs of providing and maintaining the NHS Estate including buildings, maintaining, and equipping hospitals and providing services e.g. laundry, consumption of utilities, etc.

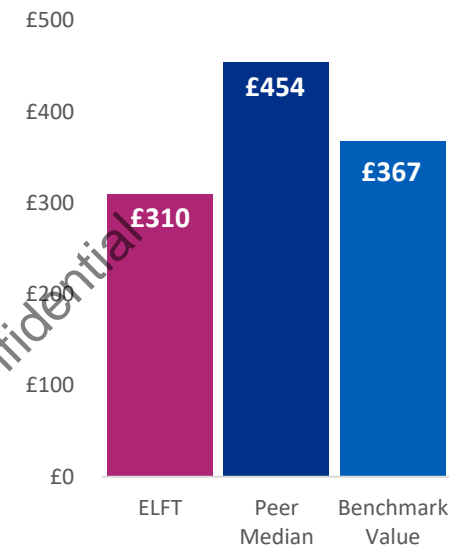
A number of key estates metrics have been taken from the Model Health Systems. The graphs illustrate how ELFT's key estate metrics compare to Trusts within the same peer groups. Trusts that are included in the peer group are:

- South London and Maudsley NHS Foundation Trust
- North East London Foundation Trust
- Oxleas NHS Foundation Trust
- South West London and St George's Mental Health NHS Trust
- Leeds and York Partnership NHS Foundation Trust

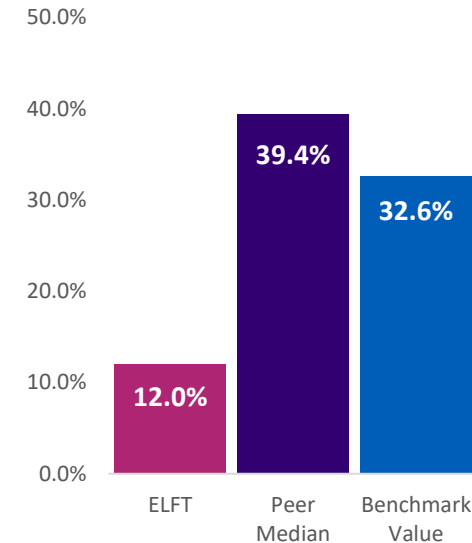
The property data used throughout this report is from the ELFT Master spreadsheet 2022/2023. The data used in the following graphs have been taken from the Model Hospital System 2021/2022 so the data, therefore, reflects slightly differently from the costs and percentages in the main summary.

**Key Message: ELFT estate performing well against peers and national benchmarks for key estate metrics**

Estates and Facilities Cost (£ per sqm)



Amount of non-clinical space (%)



Energy Costs (£ per sqm)



Total Backlog Maintenance Costs (£m)





Low investment & CDEL  
availability / affordability

01



Poor Therapeutic  
Environments

02



Pace and alignment of ICS  
estate strategies

03



Poor Compliance

04



Digital Interconnectivity  
and Investment

05



Backlog Maintenance

06



Affordability of creating a  
Net Zero estate

07



PFI Contract Expiry at  
Newham (2032)

08



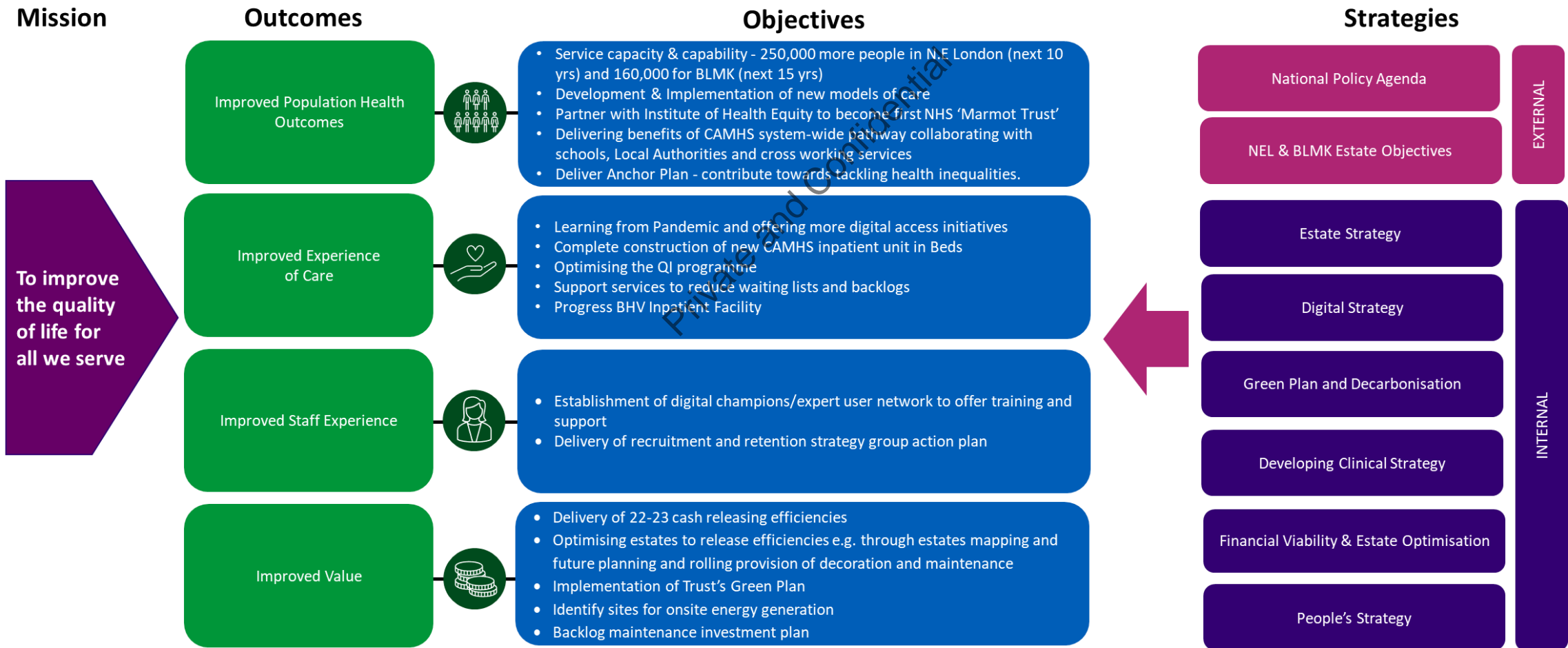


**3. Where do we want to be?**

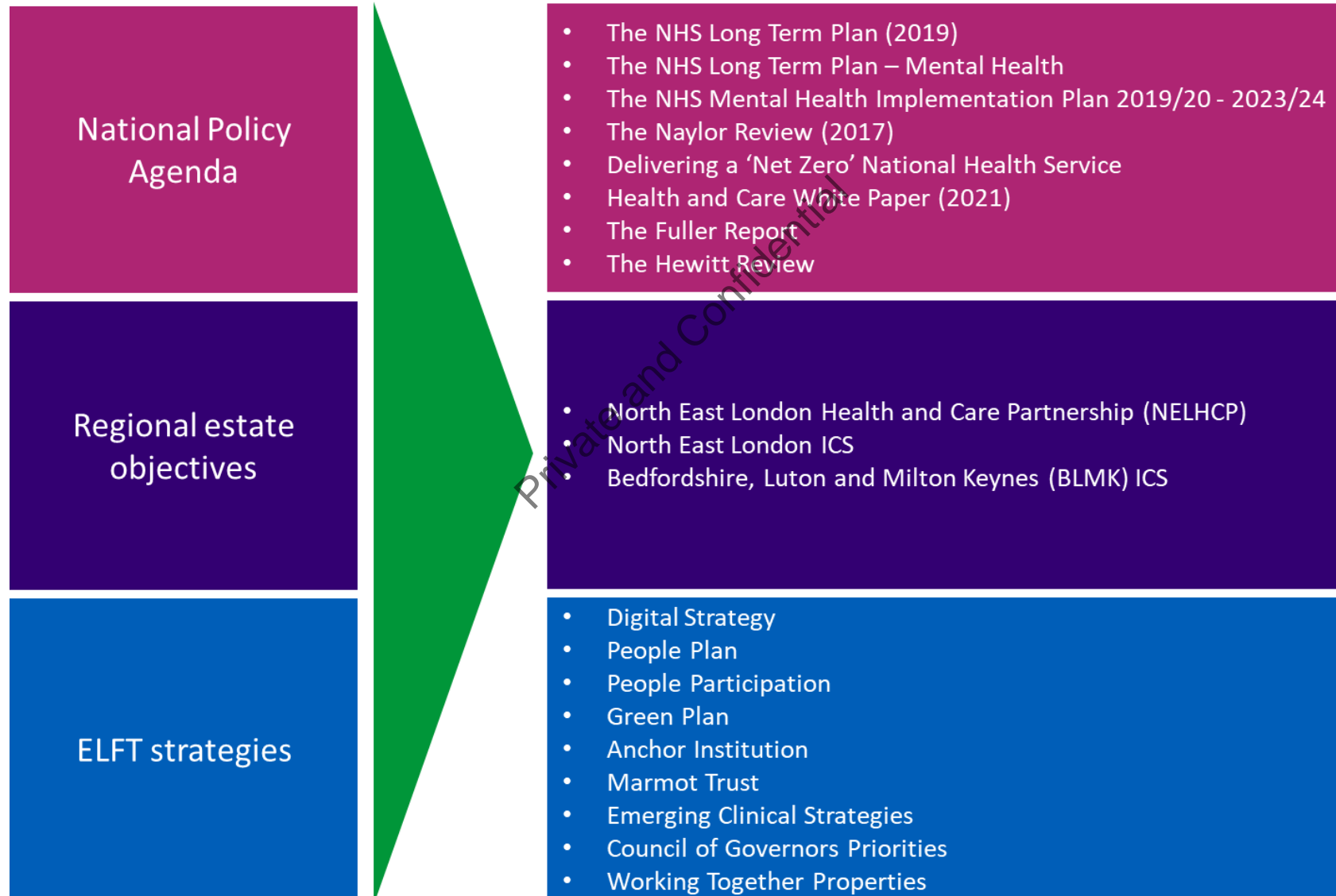


To develop a robust estate environmental strategy, estate development cannot be viewed in isolation. It is both an enabler for our other Healthcare priorities (e.g. improving population health outcomes) and an end itself (e.g. maintaining the condition of the sites). Our other system and internal strategies priorities will also need to be considered in helping to achieve our mission and goals when developing the estate environmental strategy.

The graphic below details the prime objectives which support our missions and goals. Some of the objectives are clinical, some are corporate and some are estates. The figure below illustrates at a high level how several external and internal strategies will support the goals and objectives and how they will be an enabler that forms part of the estate environmental strategy.



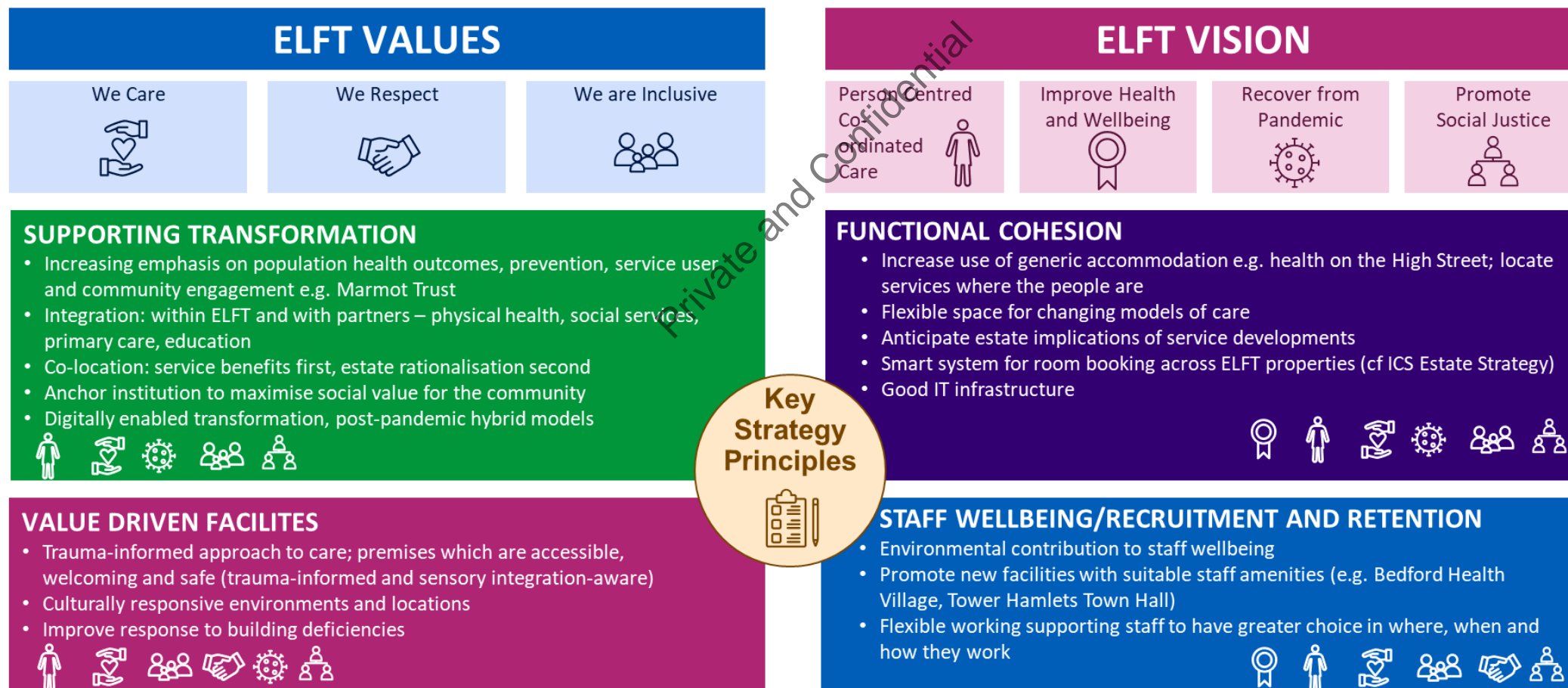
To develop a robust estate environmental strategy, estate development cannot be viewed in isolation. It is important to consider the impact of system and borough led priorities as this will impact the scope of our vision. This section will look at our strategic context including national, regional and local strategies and is summarised below.



Our vision is to make positive differences in people's lives. We will do this by providing the highest quality mental health and community and primary care services to local communities. To demonstrate our values, we work together as a team with service users, carers, and partners. We actively make continuous improvements to deliver the highest quality services. We encourage research and innovation to find new and better ways of treating people and keeping them healthy and well. We then share what we learn to benefit as many people as possible.

The key estate environmental strategy principles were developed in consultation with stakeholder engagement and with senior colleagues at ELFT.

Our values and visions can be attributed to the four key strategic principles to ensure there is alignment between the key principles and the overarching values and visions.

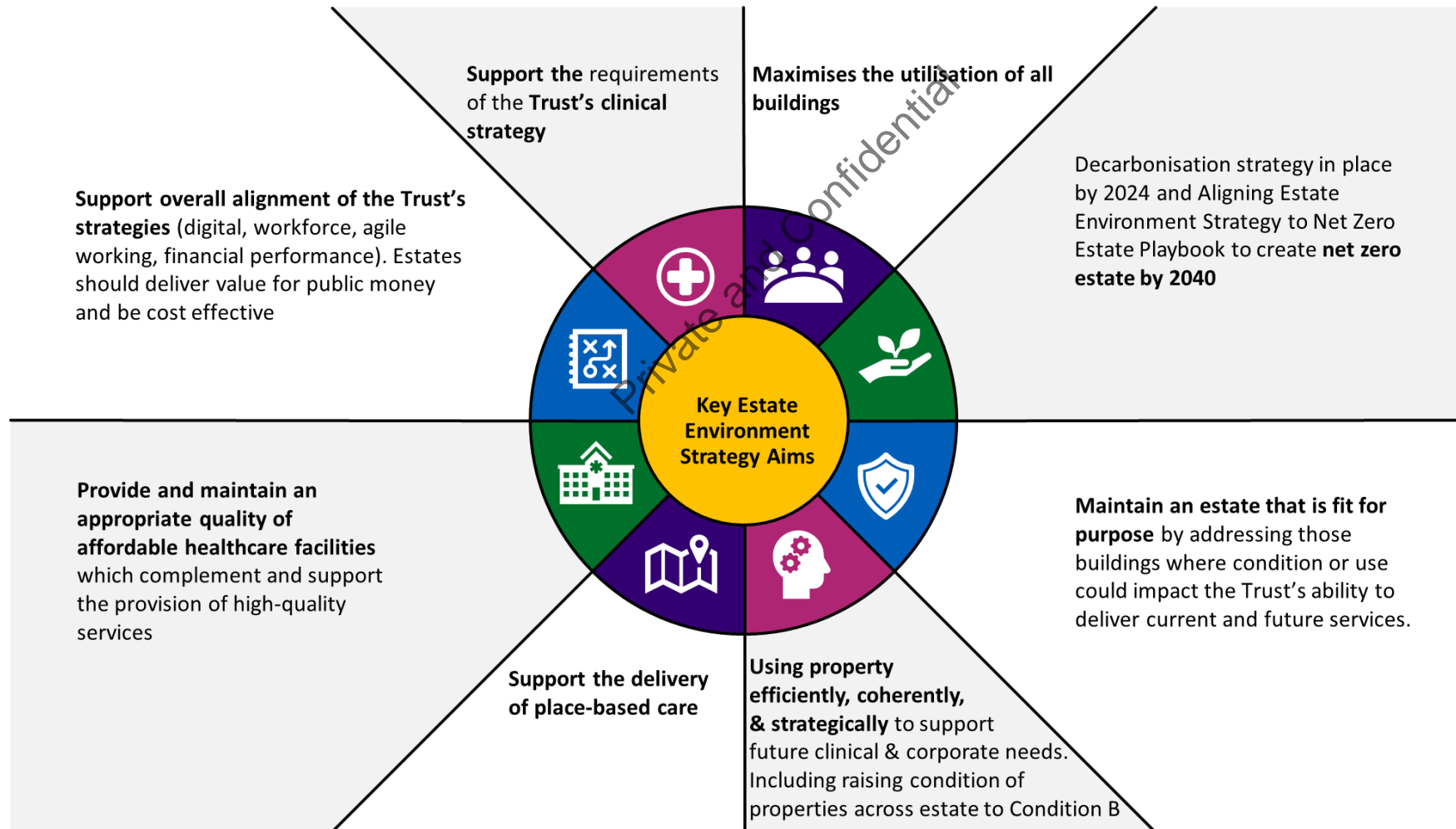


# Key aims of the Estate Environmental Strategy

The following is a high level summary of where we want to be in terms of the development of our Estate:

- **Rationalise** the estate, making the best use of the existing space and **closing buildings** that do not represent good value for money and/or are not fit for purpose;
- **Dispose of** the property that is no longer required;

- Work with the partners (ICSs, OPE, etc.) to **co-locate appropriate services** to achieve efficiencies in occupancy costs and realise benefits for patients and staff;
- **Improve to condition B, performance, and compliance** of the retained estate;
- Aligning the Estate Environmental Strategy principles to the Net Zero Estate Playbook to create **net zero estates by 2040**; and
- Promote **new facilities** as an aid to staff recruitment and retention.







## 4. How do we get there?

The proposed development of the estate environmental strategy is to support our suite of enabling strategies providing the opportunity to reconfigure, redevelop and rationalise the current estate portfolio.

This estate environmental strategy proposes to reconfigure and redevelop existing inpatient and community facilities to create modern and much-improved environments for patients and staff.

Some of the current inpatient environments across the Trust could be better, particularly across Luton and Bedfordshire. We have therefore considered as part of this strategy the opportunities to improve the configuration, condition and redevelopment options. These have been based on best practice standards to support our vision to enhance the service quality and delivery of patient care and carer experience, noting also our aspiration to be a leader in both our ICSs.

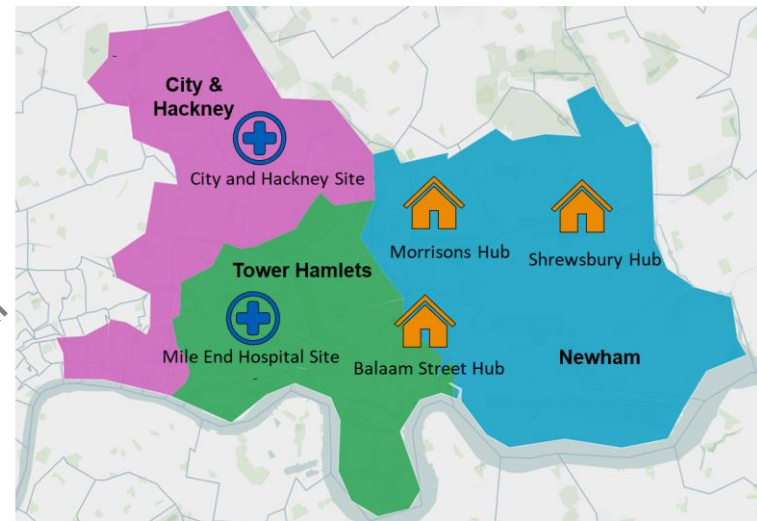
A number of community properties were highlighted in the 1-2-1 interviews and workshops as not fit for purpose and they have been highlighted for consideration. There are states challenges across the entire geographical area however, Newham has been highlighted as a particular area of concern and in turn, considered a priority. There are also several opportunities to consolidate services into existing buildings throughout the ELFT estate which will also help to tackle backlog maintenance costs.

The initial pipeline of priorities identified by ELFT

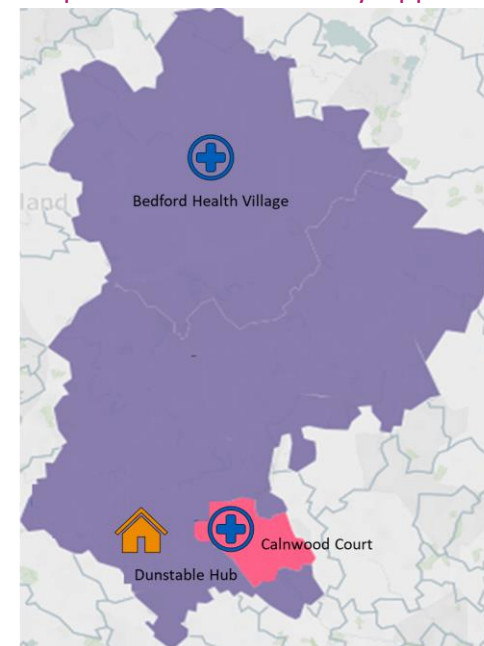
The following schemes have been highlighted by ELFT as priorities:

Inpatient Facilities	Community Facilities
John Howard Masterplan	Balaam Street Redevelopment
Mile End and City & Hackney Masterplan	Morrisons Site Development
Bedford Health Village Masterplan	Shrewsbury Site Redevelopment
Calnwood Court Reconfiguration	Dunstable Hub

East London Inpatient and Community Opportunities



Luton and Bedfordshire Inpatient and Community Opportunities



# Capital Costs for Inpatient Schemes

## Capital Costs for Hospital Sites

The high level works costs and scheme costs for each of the inpatient opportunities for John Howard Centre, Bedford Health Village, Tower Hamlets Centre for Mental Health, City and Hackney Centre for Mental Health, and Calnwood Court are summarised in the table below.

Works costs - include construction costs and external works

Schemes costs - include inflation, professional fees, other development/project costs, planning contingency, optimism bias, VAT and VAT recovery on professional fees.

Both costs excludes client supplied equipment and Information Technology.

### John Howard Centre

Options	Total Work Costs	Total Scheme Costs
Option 1: Relocate the John Howard Site	£55,000,000-£75,000,000	£110,000,000-£140,000,000
Option 2: Demolish and rebuild on existing site	£65,000,000-£90,000,000	£130,000,000-£170,000,000
Option 3: Refurbishment and extensions on existing site	£33,500,000-£40,500,000	£67,000,000-£85,000,000

### Bedford Health Village\*

Options	Total Work Costs	Total Scheme Costs
Creation of a new Mental Health Inpatient Centre, consolidating existing services	£72,000,000-£95,000,000	£120,000,000-£160,000,000

### Reprovision of Luton Wards incl Townsend Court and Jade Ward

Options	Total Work Costs	Total Scheme Costs
Reprovision of Luton wards inc Townsend Court & Jade Ward.	TBC	£10,000,000

## Tower Hamlets Centre for Mental Health (THCFMH) and City and Hackney Centre for Mental Health (CHCfMH)

Options	Total Work Costs	Total Scheme Costs
Option 1: Refurbishing both THCFMH and CHCfMH	£35,000,000-£45,000,000	£70,000,000-£95,000,000
Option 2: New Building on Mile End Site for either THCFMH OR CHCfMH	£50,000,000-£65,000,000	£95,000,000-£130,000,000
Option 3: New Build on Mile End Site for both THCFMH and CHCfMH	£90,000,000-£125,000,000	£180,000,000-£240,000,000

### Calnwood Court\*

Options	Total Work Costs	Total Scheme Costs
Option 1: Ground: Refurbish to CAMHS PICU), 1 <sup>st</sup> Floor: CAMHS (Evergreen as is)	£3,600,000	£5,700,000
Option 2: Ground: Refurbish to CAMHS PICU, 1 <sup>st</sup> Floor: CAMHS (extend Evergreen)	£5,200,000	£8,000,000
Option 3: Ground: Female Crystal Ward remains, 1 <sup>st</sup> Floor: CAMHS (extend Evergreen)	£1,600,000	£2,300,000

\*costs have been taken from Medical Architecture feasibility studies (Jun and Nov 22)

\*\* Other Costs were estimated in Q3 2022



# Capital Gap: Base Case and Funding Options

## Capital Gap: Base Case

An example capital gap analysis has been undertaken based on the preferred options for each of the inpatient schemes. The mid point has been taken from the total scheme costs.

The potential preferred options for each of the inpatient schemes are:

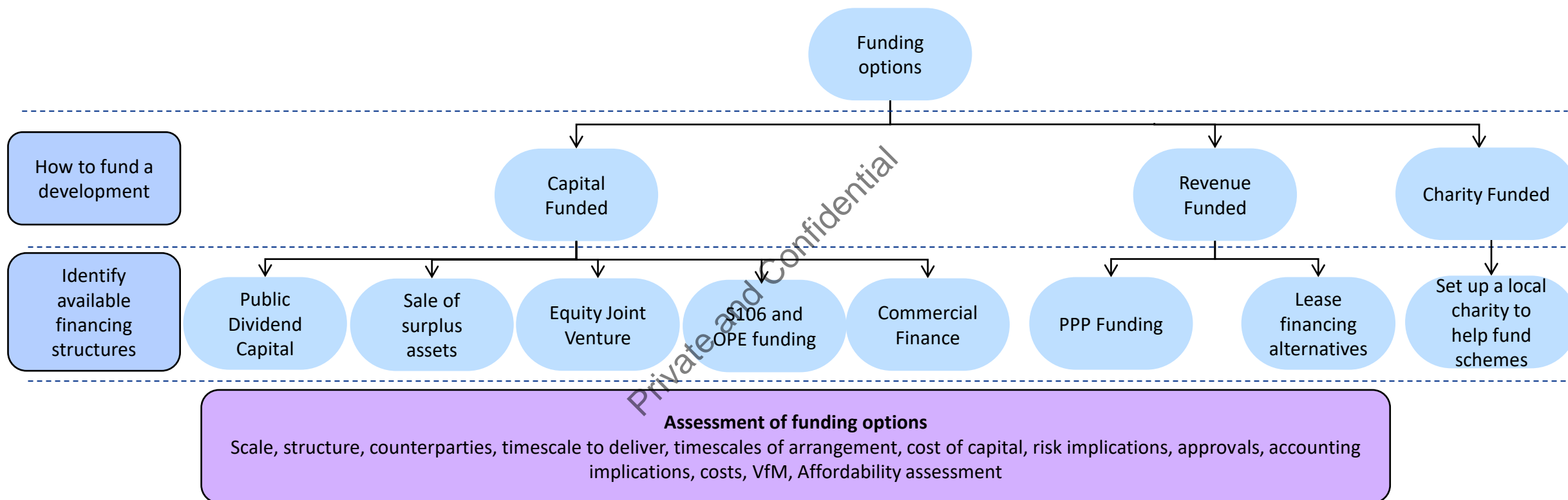
Scheme	Option
John Howard Centre	2
Tower Hamlets Centre for MH & City and Hackney Centre for MH	2
Bedford Health Village	1
Calnwood Court	1

The capital cost for the example Base Case scenario is £334m. As identified on page 26 capital contributions have been identified and this equates to £42m from potential disposals and their associated backlog maintenance.

As illustrated in the graph to the right, this leaves a gap in capital requirement of £302m to fund the development of the estate strategy:



The below decision tree, sets out a shortlist of potential funding options and relevant structures, focusing on new developments. The development and viability will need to be worked through collaboratively with ELFT and the chosen route will be dependent on the ability to obtain appropriate CDEL cover. This doesn't take into account the revenue savings of colocation and exiting buildings. Additional sources of capital would include Section 106, CIL and One Public Estate (OPE) funding.



Other funding sources that should also be explored to bridge the gap include:

- NEL ICS has also been exploring opportunities for investment and development with OPE, with the potential for different Councils to act as developers either for shared premises, with Health paying a proportion of the costs as an occupier but without the need for capital investment and the lengthy NHSE approval process
- Other routes for investment include 3PD market, joint venture opportunities, providers' own capital, and disposal of surplus land with reinvestment into the estate.
- NEL ICS estate scope for increased utilisation variously and surplus estate identified and reported which has confirmed very limited opportunities to generate large capital sums from disposal (excluding the Whipps Cross redevelopment), although the use of void spaces and transferred ownership of leases needs further consideration to optimise the opportunity to meet demand and contain costs.

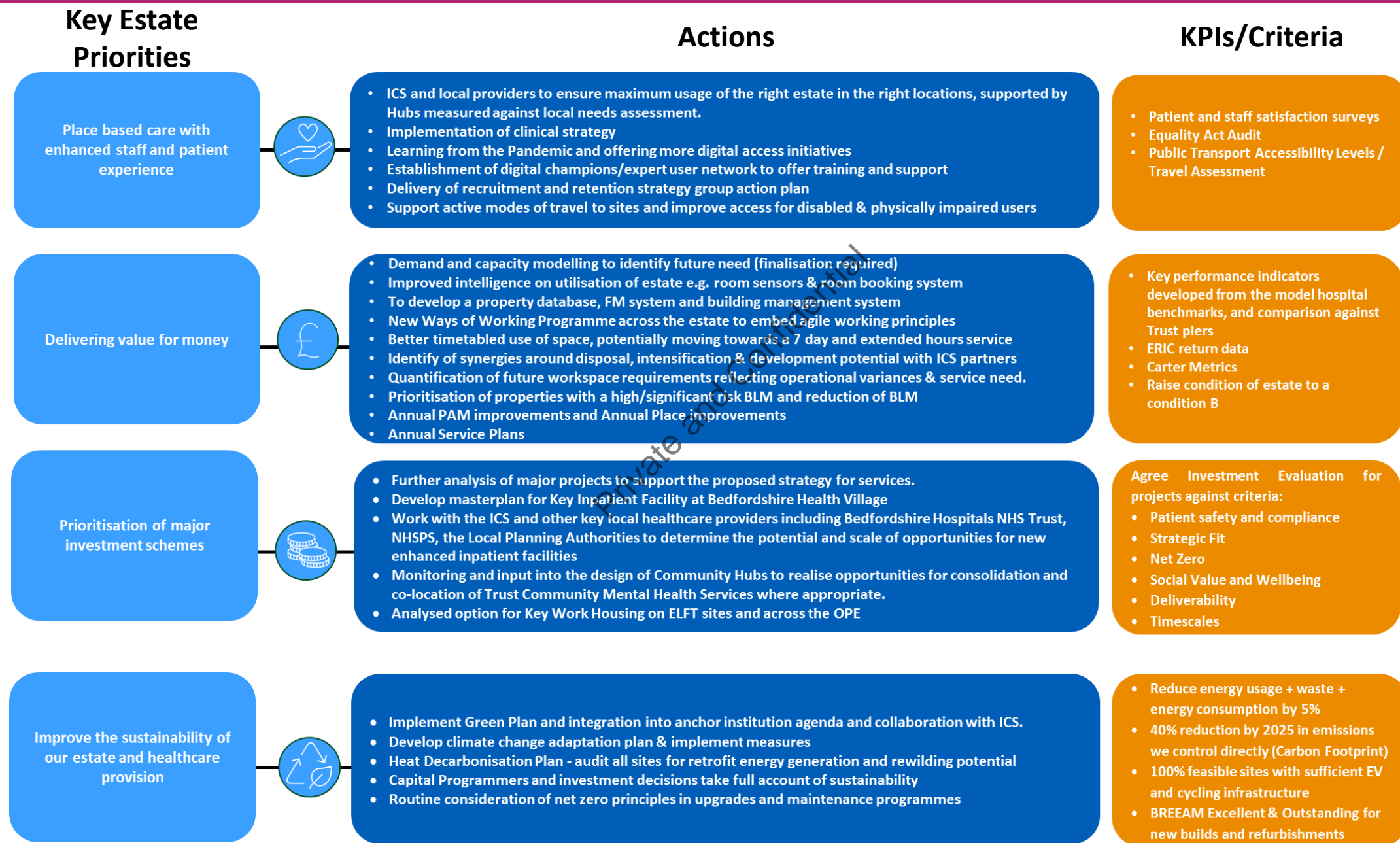
# ELFT Estates Priorities Action Plan

Through individual stakeholder meetings and workshops, we have identified a number of key priorities, actions and Key Performance Indicators (KPI's) to measure success and performance against. The key priorities, actions and KPI's can be found in found in the figure below and overleaf:



# ELFT Estates Priorities Action Plan

Live Document





# Delivering the Vision – Key Steps for the Next 5 Years

Live Document

## Prioritisation

- Financial criteria
- Non-financial criteria
- Agree methodology
- Funding

## Targeted deep dive analysis

For example:

- Utilisation, access, compliance
- Equality Impact Assessment
- Socio-Economic Impact Assessment

## Collaborative delivery

- Integrated partnership approach (e.g. Health and Care Space Newham, NEL Health & Care Partnership)
- ELFT JV's e.g. Bedford Health Village

## Managing delivery

- Prioritised project pipeline
- Annualised Service Estate Plans
- Business case process and funding
- Project Boards / Working groups
- Iterative implementation of strategy

From March 2023 for 5 years

## Strategy Alignment

- National
- ICS
- ELFT: Clinical, Digital, Workforce, Agile

## Continued engagement and consultation

- Patients/Service Users, stakeholders, staff, communities
- Further develop estate requirements and implementation plans
- Formal consultation may be required

## Repurpose, Reconfigure Rationalise

- In response to ELFT strategies
- Improve patient pathways
- Contribute to net zero

## Measuring success

- Monitoring of KPIs
- Improvement dashboard
- Review targets/strategy and update

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

[illegible]

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

[illegible]

<b>Board Workshop</b>	<b>Item</b>	<b>27/01/2022</b>	<b>24/03/2022</b>	<b>26/05/2022</b>	<b>20/06/2022</b>	<b>28/07/2022</b>	<b>29/09/2022</b>	<b>24/11/2022</b>	<b>26/01/2023</b>	<b>30/03/2023</b>
<b>Strategy</b>	Green Plan / Sustainability (May 2023)									
<b>Winter Planning</b>	Winter Planning						✓			
<b>Training</b>	Cyber Security								✓	
	Infection Control									✓
	Safeguarding									✓

## Acronyms

### A

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

### B

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

### C

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

### D

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

### E

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

### F

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

### G

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

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

### I

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

### K

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

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