Board of Directors Meeting in Public

Thursday 25 May 2023 from 13:00 – 15:30
Toynbee Hall, Lecture Hall, 28 Commercial St, London E1 6LS

12:15 – 13:00 **Lunch**
13:00 – 15:30 **Trust Board in Public**
15:45 – 16:15 **QI Teatime Presentation**

Agenda

Opening Matters

1	Welcome and Apologies for Absence*	Note	Eileen Taylor	13:00
2	Patient Story: Inequalities Project with Forensic Community Service Users	Note		
3	Declarations of Interests	Assurance	All	13:20
4	Minutes of the Previous Meeting held in Public on 30 March 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	13:40
9	Integrated Care & Commissioning Committee Assurance Report	Assurance	Richard Carr	13:50

Quality & Performance

10	Quality Assurance Committee Assurance Report	Assurance	Prof Dame Donna Kinnair	13:55
11	Quality Report	Assurance	Dr Amar Shah	14:00
12	Performance Report	Assurance	Dr Amar Shah Edwin Ndlovu Dr David Bridle	14:15

People

13	People Plan Report	Assurance	Tanya Carter	14:30
14	Leadership at ELFT	Assurance	Lorraine Sunduza	14:40

			Dr Amar Shah	

Finance

15	ELFT Charitable Funds Committee Assurance Report	Assurance	Aamir Ahmad	14:55
16	Finance, Business & Investment Committee Assurance Report	Assurance	Aamir Ahmad	15:00
17	Finance Report	Assurance	Samanthi Gibbens	15:05
18	Financial Planning	Assurance	Samanthi Gibbens	15:15

Closing Matters

19	Board of Directors Forward Plan	Note	Eileen Taylor	15:25
20	Any Other Urgent Business*: *previously notified to the Chair*	Note	Eileen Taylor	
21	Questions from the Public*		Eileen Taylor	
22	Dates of Next Meeting • Thursday 27 July 2023 • Thursday 28 September 2023 • Thursday 30 November 2023 • Thursday 25 January 2024 • Thursday 28 March 2024			
25	Close			15:30

*verbal update

Eileen Taylor
Chair of the Trust

15:45 – 16:15 A QI teatime presentation will focus on Pursuing Equity: Cauldwell Medical Practice on cervical screening

East London NHS Foundation Trust

Board of Directors Register of Interests: to year ending 31 May 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	• Director, Place2Be • Psychotherapy Student, Regents University • Mentor at Mosaic, an LGBT+ young persons charity • Volunteer Counsellor at Naz a charity in West London
Ken Batty	Senior Independent Director	• Property Companies: • Director, 97 Langney Road Ltd • Director, Effingbat Properties Ltd • Director, Ken Batty in London Ltd • Chair of Trustees, Mosaic LGBT+ Young Persons Trust • Chair of Nominations Committee, Royal College of Emergency Medicine • Member, Queen Mary University of London (QMUL) Council (Medical faculty is Barts and the London Medical and Dental School) • Vice Chair, Inner Circle Educational Trust • Trustee of Dr Frost Learning
David Bridle	Chief Medical Officer	• Member, British Medical Association • Member, Medical Protection Society • Member, Royal College of Psychiatrists • Member, General Medical Council

Name	Job Title	Interests Declared
Paul Calaminus	Chief Executive	• Named shareholder for Health E1 • Named shareholder for Tower Hamlets GP Care Group • Named shareholder for City & Hackney GP Federation • Named shareholder for Newham GP Federation • Member of Central Bedfordshire Health and Wellbeing Committee • Member of BLMK Bedfordshire Care Alliance Committee • Member of North East London Integrated Care Board • Member of North East London Population Health and Integrated Care Committee • Member of North East London NED Remuneration Committee • Member of North East London Mental Health, Learning Disability & Autism Committee • Member of City and Hackney Integrated Commissioning Board • Wife is Civil Servant in Department of Health
Richard Carr	Non-Executive Director	• Director, Richard Carr Consulting Ltd, Management Consultancy • Managing Director, East Midlands Development Company • Interim Managing Director, Colchester Amphora Holdings Ltd (from 2023 March)
Tanya Carter	Chief People Officer	• Board Member of the Healthcare People Management Association (HPMA) • Chair of the Healthcare People Management Association Talent Board (HPMA) • Co-Chair of the London HR Directors Network • Chartered Fellow – Chartered Institute of Personnel Development (CIPD)
Anit Chandarana	Non-Executive Director	• Lead Director, GBRTT (Network Rail secondment) • Member of the Advisory Board Panel, National Railway Museum
Peter Cornforth	Non-Executive Director	• Director, Good Way Ltd – music venue operator • Director, Field Doctor Ltd – frozen meals producer • Director, Kind Canyon Digital Ltd – music rights owner • Director, Barking Enterprise Centres CIC – business support • Director, Music Venue Properties Ltd. – community benefit • Governor, John Whitgift Foundation – care homes and schools • Trustee, The Ormiston Trust • Parent Member, National Autistic Society • Independent Investment Advisory Group – Property, Transport for London

Name	Job Title	Interests Declared
Professor Sir Sam Everington KBE	Non-Executive Director	• GP Partner in Tower Hamlets since 1989 in Bromley By Bow Health • Member of Tower Hamlets GP Care group (CIC) • General Practice, based on the same site as the Bromley by Bow Centre (Charity) • Associate Director NHS Resolution 2018- • Non-Executive Director of ELFT 2020- • Director Bromley by Bow Health Limited - joint venture with Greenlight Pharmacy around training of pharmacists in primary Care Sept 2020- • BMA Council member 1989- • Vice President of the BMA 2015- • Fellow and Professor of Queen Mary University of London 2015- • As a GP partners member of the MDDUS - insurance for the GP partnership • Vice President Queen's Nursing Institute 2016- • Vice President and Council member the College of Medicine 2019- • Board member NHS Strategic Infrastructure Board 2020- • Member of the Royal College of GPs 1989- • Council member RCGP November 2022- • HEE Chair medical apprenticeship committee 2020- • HEE member of GP pilot committee 2019- • 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- • Director and Chair of MEEBBB Health CIC (a Primary Care Network, Tower Hamlets) • Stepson: Jordan Aldous-Wilson is employed by Bromley By Bow Health as a receptionist
Richard Fradgley	Executive Director of Integrated Care	• Social Worker registered with Social Work England • Member, North East London Integrated Care Board Mental Health Learning Disabilities and Autism Collaborative Sub-Committee • Member, North East London Integrated Care Board Community Services Collaborative Sub-Committee

Name	Job Title	Interests Declared
Samanthi Gibbens	Interim Chief Finance Officer from 1 July 2022	• Director of Health & Care Space Newham Ltd a joint venture between ELFT and London Borough of Newham) • Appointed and due to leave ELFT and start in July 2023 as Chief Finance & Investment Officer at Barnet, Enfield and Haringey Mental Health NHS Trust and Camden and Islington NHS Foundation Trust • Husband is a senior staff member in logistics and vaccine operations at NHS England • Brother is a senior Public Health Commissioning and Contract Manager at NHS England – East of England
Philippa Graves	Chief Digital Officer	• Board Member, Digital Strategy Board for BLMK • Board Member, Patient Held Record Board for NEL
Professor Dame Donna Kinnair DBE	Non-Executive Director	• Board Member, NHS Race and Health Observatory • Patron, Trinity College Medical Society • Trustee, Burdett Trust for Nursing • Non-Executive Director at Royal Free Hospital NHS FT • Director at DDK Consultancy Ltd (provides ad hoc training and other consultancy support; clients NHS organisations).
Susan Lees	Non-Executive Director	• Non-Executive Director, North East London Foundation Trust • Non-Executive Director Barking, Havering and Redbridge University Hospital Trust
Edwin Ndlovu	Chief Operating Officer	• Member of UNISON • Member of Race Health Observatory Mental Health Working Group

Name	Job Title	Interests Declared
Dr Amar Shah	Chief Quality Officer	• Director, AS Healthcare Improvement Ltd (private consulting and teaching related to healthcare improvement) • National Improvement Lead for mental health and Chair of QI faculty, Royal College of Psychiatrists • Chair of the Expert Reference Group on quality at NHS Providers • Member of the Q advisory board (Health Foundation) • Council member at the Healthcare Costing for Value Institute, at the Healthcare Financial Management Association (HFMA) • Faculty member with the Institute for Healthcare Improvement (IHI), US and member of the Scientific Advisory Group at IHI • Honorary visiting professor, University of Leicester • Honorary visiting professor, City University London • Member, General Medical Council • Member, Royal College of Psychiatrists • Wife is a GP on the bank at ELFT
Lorraine Sunduza	Chief Nurse / Deputy Chief Executive - London	• Member of Unison
Eileen Taylor	Substantive chair from 1 January 2023	• Non-Executive Director, Senior Independent Director at – MUFG Securities EMEA plc • MUFG Bank London Branch - Chair Joint Remuneration Committee and Member Audit Committee • Member of the US Democratic Party • Joint Chair, East London NHS Foundation Trust (ELFT) and North East London NHS Foundation Trust (NELFT) • Chair of the NEL Mental Health, Learning Disabilities and Autism Provider Collaborative • Chair of Mid and South Essex Collaborative

Name	Job Title	Interests Declared
Dr Mohit Venkataram	Executive Director of Commercial Development	• CEO and Director, Compass Wellbeing CIC • Director, Health & Care Space Newham • Director, Stratford PCN Ltd • Partner, Leighton Road Surgery • Director, ELFT Charity • Director, East Bedford PCN (from 20/07/2022) • Director of East End Health Network Co Ltd • Member of Apna NHS • Member NEL Finance Committee • Member NEL MH and LD Collaborative • Partner at Leighton Road Surgery • Wife works as a partnership tax manager at Towers and Hamlin
Deborah Wheeler	Non-Executive Director	• Board Trustee, Epilepsy Society (member of Audit Committee and Appointments and Remuneration Committee) • Board Trustee and Lead Trustee for Safeguarding, Revitalise Respite Holidays (member of Quality & People Committee • Registrant, Nursing and Midwifery Council • Member, Royal College of Nursing • Member of NMC Assurance Advisory Committee for Test Competence • Member of Benevolent Committee of the Barts League of Nurses (a charity) • Son is a bank employee of ELFT
Cathy Lilley	Director of Corporate Governance (Company Secretary)	• None

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Board of Directors

DRAFT Minutes of the Board of Directors meeting held in public on Thursday, 30 March 2023 from 1.00pm at Venue 360, 20 Gipsy Lane, Luton LU1 3JH and on Zoom

Present:

Eileen Taylor	Trust Chair
Aamir Ahmad	Vice-Chair (London)
Ken Batty	Non-Executive Director
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 (part)
Dr Amar Shah	Chief Quality Officer
Lorraine Sunduza	Chief Nurse and Deputy CEO
Dr Mohit Venkataram	Executive Director of Commercial Development (part)

In attendance:

Paulette Bailey	Social Worker and Trainer, observing
Fatima Begum	Governor
Bob Cazley	Governor
Peter Cornforth	Non-Executive Director, ELFT (from 1 April 2023)
Mark Cox	Service User
Dr Deborah Dover	Director of Patient Safety
Sean Hodkinson	Service User
Sarah Khan	Interim Chief of Staff
Simon Evan-Evans	Director of Corporate Affairs, NELFT
Sassie Lawrence	Service User
Cathy Lilley	Director of Corporate Governance
Maureen Matthews	Member
Nicki McCoy	Corporate Secretariat Manager
Linda McRoberts	Minute Taker
Sheila Menzies	People Participation Lead
Glenn Mitchell	Communication Team
Jamu Patel	Governor
David Stevens	Director of Estates, Facilities and Capital Development
Millie Smith	Head of People Participation
Felicity Stocker	Governor
Stephanie Quitaleg	Senior Executive Assistant
James Xavier	Service User

In attendance online:

Roshan Ansari	Governor
Yasmin Begum	Governor

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Gren Bingham	Governor
Liz Birch	Governor
Shirley Biro	Governor
Stephen Edgar	Lexica
Derek Feeley	Board Adviser
Susan Lees	Non-Executive Director, ELFT (from 1 April 2023)
Jermaine McKenzie	CNWL
Beverly Morris	Governor
Caroline Ogunsola	Governor
Kathryn Smith	Governor
Jacqui Van Rossum	Acting Chief Executive of NELFT

Apologies:

Deborah Wheeler	Vice-Chair (Bedfordshire & Luton)

The minutes are produced in the order of the agenda

1 Welcome and Apologies for Absence

1.1 Eileen Taylor welcomed everyone to the public Board. She particularly welcomed:

- Peter Cornforth, attending in person and Sue Lees, joining the meeting online who are the Trust's two new Non-Executive Directors who take up their posts from 1 April 2023.
- From NELFT, Jacqui Van Rossum, Acting Chief Executive, joining online and Simon Evan-Evans, Director of Corporate Affairs, attending in person, here to observe. Eileen advised that Paul Calaminus, ELFT's CEO and Cathy Lilley, ELFT's Director of Corporate Governance had recently attended the NELFT Board meeting.
- Paulette Bailey, Social Worker, Social Care Trainer, Practice Educator and Associate Hospital Manager, here to observe.
- David Stevens, Director of Estates, Facilities & Capital Development is joining in person and Stephen Edgar from Lexica is joining online, both for the item on the Estates Plan 2023-26.
- Members of the public and Governors of ELFT joining both 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 and questions submitted online will be answered after the meeting.

1.2 Apologies were noted as above

2 Patient Story: Medication Issues and QI Project

2.1 Sheila Menzies, the People Participation Lead for Central Bedfordshire introduced two service users - Mark Cox and James Xavier.

Mark Cox shared his experiences, highlighting:

- There had been a breakdown of communication between his GP and the Community Mental Health Team (CMHT), resulting in seven months without communication. He sought support widely as there was a contra-indication from one of his prescribed medications, but he was consistently signposted back to the local CMHT.
- This was a stressful time as despite reaching out to so many places no-one was able to help. Essentially, he was expected to resolve the issues, which took a long time.
- A number of issues with his anti-depressant medication have still not been resolved and are on-going.

James Xavier also shared his experiences, and advised:

- There is a large number of errors made with medication and acute withdrawal can lead to hospitalisation; this was his experience resulting in hospitalisation for a week.
- Avoiding or minimising medication issues would reduce the number of avoidable acute admissions.
- As with Mark, he was repeatedly advised to go back to the CMHT but there is no continuity as the staff kept changing. In addition his pharmacist was not able to help and this led to a deterioration of both his mental and physical health.
- In June last year, there was an omission by the GP to reissue his mental health medication resulting in him being in a mental health crisis. In February this year, he was admitted to hospital because his medication was stopped as again this had not been re-ordered. There was no recourse for James.
- Despite having PTSD, the medication prescribed caused and resulted in tremors,
- It can take six weeks for a letter from the CMHT to be received by the pharmacist. It took approx. five months for him to receive his first set of prescribed drugs.
- These challenges together with communication issues, lack of a clear pathway, lack of medication availability, lack of staff, and mis-prescribing causes significant distress to service users, making them feel they are being a burden, as they have to keep going back and complaining to in order to receive their medication.
- These issues and challenges left him with the desire to start a quality improvement (QI) project particularly as such experiences have been raised by others in people participation.
- The aim of the project is to identify how to improve the service and experience. Initial meetings were held with pharmacists who are the specialists in drugs and there is a positive opportunity if they are able to intervene. There is also a need to improve medication flow and also communications.

2.2 In discussion, the Board:

- Commented that their experiences have highlighted many different relevant areas, in particular it underlines the importance of the whole team working together, i.e. including the Trust, GP, pharmacy, etc.
- Noted there is a need and opportunity to consider non-medical prescribers as consultant involvement is not always necessary, particularly as there may be times when there is a long wait.
- Highlighted the importance both of sending letters to patients about drugs and of ensuring they are in plain English.
- Suggested the QI project also picks up the issue of whether the balance is right between the bio and non-bio medicine approaches, i.e. are there too many drugs.
- Clarified that the crisis line might give advice, dependent on the issue. The service would ordinarily act as a facilitator, such as pointing the service user in the right direction or linking them into the GP; however, is primarily for people in crisis. It was recognised this may be confusing to service users.
- Noted that it is standard practice that all letters should be copied to service users, unless requested not to; however, it may be that there is not a consistent approach.
- Noted that both James and Mark had undertaken QI methodologies training. Mark stressed that being involved with the QI project has helped him to have some hope again despite all the difficulties, and that it feels fantastic that ELFT want him to come in and work to improve things.
- Thanked James and Mark for sharing their experiences and ‘holding a mirror up’ to some of the practices, recognising the importance for the Board to be made aware of such issues. The Board also acknowledged their willingness and keenness to make improvements, particularly as such experiences could have implications far wider

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than medications and communications.

3 Declarations of Interests

3.1 There were no additional declarations in respect of agenda items.

In additional to the published declarations of interest, Eileen Taylor declared:

- From 1 April she will be the Senior Independent Director at MUFG Securities
- She is the Chair of the Joint Remuneration Committee and Member of the Audit Committee at MUFG Bank London Branch. .

4 Minutes of the Previous Meeting Held on 26 January 2023

4.1 The minutes of the meeting held in public on 24 November 2022 were **APPROVED** as a correct record, subject to the following minor amendments:

- 7.3 final bullet point should say "remain in the area where they were brought up". The word 'where' is missing.
- 13.1 first bullet the word' top' should be 'to'.
- 18.1 first bullet "nursing teams which will be presented" the word 'be' is missing.

5 Action Log and Matters Arising from the Minutes

5.1 **Action Log**
Actions were noted as either closed, in progress or not due.

5.2 **Matters Arising**
There were no matters arising.

6 Matters Arising from Trust Board in Private

6.1 Eileen Taylor advised the Board meeting held in private discussed the difficult financial environment the NHS and Trust are currently operating in. Although the new financial year starts next week, planning is still in process for next year. The Trust expects to submit plans again in April and the Board will be kept up to date with progress.

7 Chair's Report

7.1 Eileen Taylor presented the report which reflects her four priority areas of patient leadership, staff support and empowerment, Board effectiveness and system leadership. Each meeting will focus on one of these; today's focus is staff. She highlighted:

- Plaques have been unveiled to commemorate staff and service users sadly lost during Covid; it is evident the impact of the pandemic remains prevalent on our staff.
- Congratulations to Paul Calaminus, ELFT's Chief Executive, named in the HSJ list of top ten NHS CEOs. He is highly valued at the Trust and this is also much deserved external recognition.

7.2 **NED Visits**
Eileen Taylor had visited the new Evergreen unit in Bedfordshire, accompanied by Sarah Khan, Richard Fradgley and Jamu Patel, Luton Governor. She reported:

- The unit has been beautifully designed and very much the result of co-production.
- The ethos and philosophy of the team is about inpatients remaining in touch with their local community. So, in addition to being able to keep people local, the plan is to ensure they remain 'tethered' to the community as well as keeping in touch with

family as much as possible and forging links that can continue; for example, one young person who plays the piano is being linked to a music charity locally.
- There is no longer a need to send young people out of area and recently they were able to bring someone back who had been hospitalised in Manchester.

7.3 Donna Kinnair fed back on her visit to the Newham Home Treatment Team:
- This team incorporates mental health support and run a 24 hour crisis call centre, staffed by mental health nurses.
- There is good communication between service users and the team.
- Activities are run for service users every day, including the weekends.
- There is a hub garden where people can take time out. This had been built with donations from Wickes and staff worked with service users to build it.
- One service user said that before this team he had not opened up but now both his physical and mental health are being taken care of.
- The team was taking a creative approach to manage the challenges with recruitment; in addition two new consultants have recently been appointed.

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

8 Chief Executive's Report

8.1 Paul Calaminus presented the report, highlighting:
- This has been a period of significant operational pressure on both community and mental health services.
- The community health teams deserve particular mention for taking on new areas of work, such as taking people directly from the ambulance stack to support them; and community staff being based in A&E and taking people home.
- For the recent industrial action there were extensive arrangements in place to cover the junior Doctor's strike in March and recognition is due to all that managed the impact. There will be a further period of action after Easter and planning is well advanced to mitigate the impacts.
- In North East London (NEL) the Mental Health, Learning Disability and Autism collaborative has been elected as one of nine national provider collaborative innovator sites, which is expected to include technical support with developing our operating model. The Trust will also be part of a national peer network with the other eight sites which includes two other mental health collaboratives (including Mid and South Essex) providing further opportunity to learn.
- The CQC visit in February was the Trust's first experience of the new way the CQC will operate. They visited four wards over four days without notice; written feedback is expected in due course.
- There is a new partnership with the University of Cambridge to set up a research hub to help improve patient care in primary and community healthcare services in Bedfordshire and Luton to address the significant healthcare problems in the local population. This is an important contribution to the research and development activity in the ICS as a whole.
- Dean Henderson who has been Borough Director in City & Hackney for 14 years is retiring this week. He has made a significant contribution to the Trust and mental health services over this period. We wish him all the best in his retirement.

8.2 In discussion the Board:
- Noted that the productivity improvements mentioned often flow from QI projects. An example of a current initiative is in IAPT services, with partners in North East London NHS FT (NELFT), where there is a programme on effectiveness, outcomes and

service user experience and one part is looking at what specialist groups or interventions could be offered, such as language support – that results in better value and improved outcomes.

- Highlighted opportunities for research work at Queen Mary's London and also at University College London. It was agreed that a report setting out the Trust's work with educational institutions would be presented at a future Board/committee meeting to reflect the large amount of research and development activity taking place. Noted that Ken Batty is chair of the Research & Development Committee. **ACTION: Paul Calaminus/David Bridle**

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

9 Integrated Care & Commissioning Committee Assurance

9.1 Richard Carr presented the report of the meeting held on 9 March 2023, highlighting:

- There is a focus on the strategy going forwards including a more systematic approach to data and measurements; this may lend itself to a more in-depth discussion at other Board committees.
- The terms of reference reflect the Committee's role to provide oversight and assurance on the Trust's commissioning responsibilities as a provider; a mapping exercise is being undertaken to ensure the appropriate level of assurance around operational, contract and finance matters are considered by other Board committees as relevant.

9.2 The Board:

- **RECEIVED** and **NOTED** the report
- **APPROVED** the Integrated Care & Commissioning Committee's terms of reference.

10 Audit Committee Assurance Report

10.1 Anit Chandarana presented the report of the meeting held on 16 March 2023, highlighting:

- The handover from the Trust's previous external auditors with the new external auditors, Mazars, has taken place enabling the audit process to commence. Good progress is being made.
- The deep dives into individual Board Assurance Framework (BAF) risks at each meeting continue to add value and deepen understanding particularly around the transparency of actions. The Committee suggested the importance of ensuring sufficient time is given for the implementation of actions.
- The terms of reference propose a new responsibility for oversight of emergency procedures; clarity is being sought on how this will be effectively carried out.

10.2 The Board:

- **RECEIVED** and **NOTED** the report
- **APPROVED** the Audit Committee's terms of reference.

11 People Participation Committee Assurance Report

11.1 Aamir Ahmad presented the report of the meeting held on 16 March 2023, highlighting:

- There are now a range of different avenues to engage people.
- The opening of Newham Recovery College, which takes an educational rather than clinical approach to improving mental health.

11.2 In discussion the Board:

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- Noted the work in Tower Hamlets in helping service users to find employment; this is a journey and currently comparative figures for achievement of this kind elsewhere are not available.
- Noted Tower Hamlets Talking Therapies has seen an increase of people moving into employment with DWP staff working with staff from Talking Therapies; the Trust is currently reviewing if this can be replicated in different places. It was acknowledged this is difficult to measure, as so many people are involved but opportunities to measure will be considered.
- Acknowledged the Trust can have a major role to play in helping service users to move into employment.
- Approved the membership engagement plan which had been approved by the Council of Governors at its March 2023 meeting. The plan 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 NEL and Bedfordshire, Luton & Milton Keynes (BLMK). 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.

11.3 The Board:

- **RECEIVED, DISCUSSED** and **NOTED** the report
- **APPROVED** the membership engagement plan.

12 Quality Assurance Committee Assurance Report

12.1 Donna Kinnair presented the report of the meeting held on 6 March 2023, highlighting:

- The quality and safety presentations about the work of the P2R Service (drug and alcohol service in Bedfordshire and Luton) and IAPT, which is now to be known as Talking Therapies covering successes and achievements, variations and key issues and actions being taken to address these.
- The integrated patient safety report which provided assurance that the timeliness of SI reviews have improved following a quality improvement focus on reviewing systems, roles and responsibilities.
- The continuous monitoring of Aldgate Ward following incidents of staff abuse of a patient on the ward.
- The terms of reference now reflect changes to the external/regulatory environment, and in particular to receive reports relating to provider collaboratives as appropriate.

12.2 In discussion the Board noted:

- P2R is a good example where accommodation is an important part of 'getting the basics right'.
- The list of reporting sub-committees to the QAC within the terms of reference to be reviewed and updated; consideration to be given to the appropriate reporting lines for the Trust's Research & Development Committee.
  ACTION: Cathy Lilley

12.3 The Board:

- **RECEIVED, DISCUSSED** and **NOTED** the report
- **APPROVED** the Quality Assurance Committee's terms of reference.

13 Quality Report

13.1 Amar Shah presented the report, highlighting:

- The quality assurance section focuses on the quality and safety of inpatient care following on from discussions and the report at the November 2022 Board meeting. The focus is on inpatient wards that are most at risk of developing closed cultures, for example, services that are most vulnerable to this risk, perhaps due to geographical isolation or particularly vulnerable service users.
- Data was gathered on these high-risk services, actions identified and being implemented to strengthen our systems of quality and safety, e.g. improving service user feedback and involvement, how risk is managed and a focus on inpatient recruitment and retention to address workforce challenges.

13.2 Lorraine Sunduza added:

- The importance of defining leadership and to identify how the Trust would know if there were any closed cultures.
- Visible leadership is essential as there is a risk that leaders have become used to not being visible during the pandemic. Another crucial area is listening to patients as well as receiving feedback. In addition it is also important to listen to carers as they can be a valuable source of information.
- It is recognised that wards do not go from being safe to unsafe in a day, so there is a need to be aware and identify any issues early, such as listening to the language being used.
- As part of the review of leadership and culture, service users and staff have been involved in co-designing the framework that describes 'leadership' at ELFT to ensure there is a therapeutic approach.

13.3 In discussion the Board:

- Commended this critical initiative.
- Stressed the importance of open cultures and suggested consideration be given to an audit of gaps across all the sites to identify where there is less people participation and co-production, as this type of involvement is essential.
- Noted the work in services on their quality control and the triangulation of data, so that areas with less complaints and without people participation can be identified.
- Noted that it is useful to look across the whole suite of measures around restrictive practices although some, such as seclusion, are not published nationally so it is difficult to benchmark.

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

14 Performance Report

14.1 Amar Shah presented the report, highlighting:

- The equity section has changed following a year of exploring various topics through an equity lens. The 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. A progress and impact report on addressing inequities across the Trust will be presented at a future Board meeting.
- Work with community health services and emergency response teams is aiming to see people in homes within hours and achieving a high percentage of people being seen within target times.

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- Although the majority of teams have been able to reduce waiting lists, ten teams are seeing an increase. Teams are focusing on maximising capacity and an example of the work being undertaken is the adult autism and ADHD service where they are approaching the demand in a different way by looking at a whole system effort; however, this is a longer term piece of work.
- Bed occupancy continues to remain high at an average of 93%; this has been more challenging this year than for the whole of the last decade and efforts are being made to improve discharge processes and promote the use of admission avoidance services within community settings.

14.2 In discussion the Board:

- Received assurance that the work on waiting lists is data driven. Teams are reviewing data in a different way which is helping to project into the future to identify capacity needed.
- Noted post discharge work is about both the 72 hour follow up and communicating with GPs speedily. Neither of these measures are where they should be currently and there is variation across the Trust. There is a whole process of learning to help teams to improve. The reasons are mostly service user factors, such as people not having a phone number, or just not answering.
- Noted there has been an ongoing focus and review of restrictive practices. Standardising the measures is helpful, allowing more effective reviews.
- Received assurance that inter-operability has been built with the integration of systems going live in about a month's time. However, effective implementation will be over a period of time as there are about 30 systems that need to 'talk' to each other with medications as the initial focus.
- Noted that there is a funding allocation for this year to bring some standard approaches across all the boroughs for NEL.

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

15 Appointments & Remuneration Committee Assurance Report

15.1 Ken Batty presented the report, highlighting:

- The establishment of the People & Culture Committee whose main focus will be to monitor, review and report to the Board on the delivery of the Trust's strategic objective relating to people.
- The Appointments & Remuneration Committee focus will be on the statutory duties, namely the appointment of Executive Board Directors including their remuneration, other conditions of service, and performance reviews.

15.2 In discussion the Board noted:

- The lifetime allowance for pensions is no longer an issue.
- The process for Clinical Excellence Awards (CEA) has changed and are distributed to all eligible consultants, i.e. substantive posts thereby reducing inequality.
- The Trust had previously been providing support for applications as trends identified an inequity (gender and ethnic minorities) in awards.

15.3 The Board:

- **RECEIVED** and **NOTED** the report
- **APPROVED** the revised terms of reference for the Appointments & Remuneration Committee
- **APPROVED** the terms of reference for the new People & Culture Committee.

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16 People Plan Report

16.1 Tanya Carter presented the report, highlighting:

- During its recent visits, the CQC identified the Trust's performance on statutory and mandatory training as an area of concern.
- There have been some issues with the Learning Management System (LMS) which was implemented in February 2020 with the aim of providing a more automated system which should provide greater confidence in the quality of data.
- Following a detailed review of the mapping of statutory and mandatory training, changes were made in February 2023 to the targeting of training needs resulting in an increased requirement for a number of staff. Consequently, the overall Trust compliance rate has decreased from 85% to 73%.
- The people and culture team is now working closely with digital colleagues on the LMS; checking that roles do not have unnecessary requirements; and supporting the directorates and staff to complete training and to meet compliance levels.
- To support staff with the cost of living challenges, current mileage rates are being maintained at a rate which is above the HMRC recommendation. These will be reviewed again at the end of the financial year.
- Bank rates are also being reviewed, as the aim is to reduce the reliance on agency staff and for Bank staff to benefit from the recent pay award. Also working with NELFT on introducing a collaborative Bank.
- The staff survey results showed a significant reduction in response rates and there is work to improve the scores and to reduce variation.

16.2 In discussion the Board:

- Suggested reviewing some of the learning requirements, as so much training requires repeating, when it may be more beneficial to do an update.
- Received assurance that to increase compliance staff are being given options about how and when to do their training, and accessibility is considered.
- Highlighted the importance of identifying and tracking the learning from the implementation of the LMS to minimise similar issues occurring in future.
- Received assurance that the Freedom to Speak Up Guardian is raising the profile of Freedom to Speak Up by attending network meetings and directorate away days. It is believed this is impacting on the numbers of issues received, rather than any surge in issues.
- Noted there has been an increase in staff turnover. The main reasons given for leaving are about work-life balance, pay and promotional opportunities. Work is under way to improve both recruitment and retention.

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

17 Charitable Funds Committee Assurance Report

17.1 Aamir Ahmad presented the report highlighting that the majority of funds awarded have been within London services and work is ongoing to encourage the submission of bids received from Bedfordshire and Luton services.

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

18 Finance, Business & Investment Committee (FBIC) Assurance Report

18.1 Aamir Ahmad presented the report from the meeting held on 14 March 2023, highlighting:

- Although approaching year-end picture, there is still work to do.

- FV is the main area of pressure.
- Good progress has been made on agency spend but further efforts and focus required.
- The significant progress with digital and cyber plans, including the embedding of a strong infrastructure framework.
- The approval of the estates plan for 2023-2026.
- The main changes to the terms of reference reflect the external/regulatory environment as well as enhancing the Committee's estates and digital responsibilities.

18.2 The Board:

- **RECEIVED** and **NOTED** the report
- **APPROVED** the Finance, Business & Investment Committee's terms of reference.

19 Finance Report

19.1 Samanthi Gibbens presented the report to the end of January 2023 (month 10), highlighting:

- The Trust is forecasting a year end surplus of £3m
- Trust continues to be in segment 1 of the NHSE oversight framework (maximum autonomy, low risk and no specific support needs).
- Cash balance remains strong with £137.5m at 31 January 2023.
- The budget setting process is key to FV.
- Although there has been some improvement on agency spend it remains above the NHSE ceiling level which is partly due a slight increase in medical agency in the last couple of months. Agency ceilings are now also being applied at ICB level.
- Risks remain around the delivery of a challenging FV target which is critical to ensuring financial sustainability and hyper-inflation.
- The structure and content of this report is being reviewed to include more detail services activity in terms of pressures, costs and the budget setting process.
- It is anticipated there will now be a break-even financial plan for NEL ICS for 2023/24.

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

20 Estates Plan

20.1 Aamir Ahmed introduced the report, advising the plan had been discussed and approved at the FBIC, and commended the plan which sets the direction of travel for the Trust's estates development and provides a framework for determining priorities and business cases for capital investment.

20.2 David Stevens presented the plan, highlighting:

- The key estate metrics, which provide an overview of the whole Trust estate.
- The plan 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
- The plan outlines the Trust's aims and how this will be delivered.
- Most actions focus on people, the environment and how to make a positive difference in their lives.
- The key priorities are listed; mainly reaching net zero carbon and supporting place-based care. The plan for how to achieve the priorities is outlined as well as the capital costs involved.

- Backlog maintenance is a national issue; for ELFT this is about £32m.
- However, the Trust is in a more favourable position compared to others, who have a less clinical space.

20.2 In discussion the Board:

- Noted the focus will now be on how to take forward the plan and to prioritise actions; particularly as the CDEL allocation is not sufficient to cover the plan in its entirety.
- Noted that in order to fund projects, the benefits will need to be clearly articulated.
- Suggested different thinking may be needed on how to raise funds, for example if a building is in charitable ownership it is more likely to be able to appeal for funds from different sectors.
- Agreed there is a need to review both what can be done with the Trust's resources as well as to consider how to unlock new resources, such as considering other partners, particularly local authorities and commercial partners.
- Noted that the intention is to work with partners in both BLMK and NEL ICSs.
- Noted one area of expertise sought when recruiting to the two new NED posts was on estates; and both Peter Cornforth and Sue Lees have this experience and will be able to bring some external expertise to the Trust.
- Thanked the estates team, and particularly David Stevens, for the significant efforts in developing the comprehensive plan and particularly commending that it is rooted in the Trust's strategy.

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

21 Board of Directors Forward Plan

21.1 The plan will be circulated outside this meeting as it is being re-drafted to take account of the review of information flow between the Committees.

22 Any Other Business

22.1 None received.

23 Questions from the Public

23.1 Questions submitted online will be responded to after the meeting.

24 Date of the Next Meetings

- Thursday 25 May 2023
- June 2023 (Extraordinary) TBC
- 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

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ELFT
Action Log Trust Board (Part 1)

BOARD OF DIRECTORS MEETING IN PUBLIC: Action log following meeting held on 30 March 2023

Ref	Meeting Date	Agenda item	Action Point	Executive Lead	Due Date	Status	Comments
370	26-Jan-23	Safer Staffing	Review presentation of table showing variance from actual to planned nursing rates to provide more clarity	LS	27-Jul-23	In progress	Will be included in the next Safer Staffing report to Board
371	30-Mar-23	CEO Report	Report on the Trust's education, research and innovation activity to be presented at a future Board/committee meeting	PC/DB	27-Jul-23	In progress	Proposal is for the education, research and innovation annual report be presented at QAC as scheduled; going forward recommendation that education, research and innovation will be reported to the new People & Culture Committee
372	30-Mar-23	QAC Assurance Report	Reporting sub-committees to QAC to be reviewed/updated; consideration to be given to appropriate reporting lines for the Trust's Research Committee	CL	27-Jul-23	In progress	See action 372. A review of all Board tier 2 and tier 3 committees being undertaken - completion expect in late summer
373							
374							

In progress
In progress with delay
Closed
Forward plan
Not due

East London
NHS Foundation Trust

REPORT TO THE TRUST BOARD IN PUBLIC
25 May 2023

Title	Chair's Report
Author	Eileen Taylor, Trust Chair

Purpose of the report

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

Committees / meetings where this item has been considered:

18 March 2023	Council of Governors Meeting

Key Messages

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

Strategic priorities this paper supports

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

Implications

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

1. 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: to improve equity of access and population health outcomes across the communities we serve.

2.2. Underpinning this vision, I have 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).

My updates to the Board are structured in line with these priorities.

Patient leadership

2.3. On 4th May, I was delighted to have the opportunity to meet with the service user and carer members of the North East London Mental Health, Learning Disability and Autism Collaborative Sub-Committee. We were joined by NELFT and ICB colleagues for this informal session.

2.4. The discussion was rich and varied but had a particular focus on ensuring that there is equity and balance in the Sub-Committee's discussions and the voices and priorities of people with learning disabilities and autistic people and their families are heard and acted upon. We also discussed the importance of ensuring that both the agenda and the papers are accessible for all Committee members. We are working with NELFT colleagues to ensure this feedback is taken into account and reflected in the agenda and papers for the 31 May meeting.

Staff support and empowerment

2.5. On 19 April I attended an event organised by the NHS Confederation BME Leadership Network, *Courage in the Face of Discomfort*. I was delighted to be joined there by two of our Board Members, Dr Mohit Venkataram and Dame Donna Kinnair, who both spoke powerfully about their experiences. The focus of the event was on anti-racist leadership and this being integral to our 'day job' as leaders. There were five take-away 'key messages' which I strongly support:

- Anti-racism is everybody's responsibility and should not be landing solely on the shoulders of those that are impacted by discrimination.

- True anti-racist leadership goes beyond a commitment to equality and diversity; anti-racism must be embedded across all people processes and go beyond tokenism to achieve real equity and inclusion for all staff.
- Diversity is an asset to any organisation and anti-racist leadership results in improved outcomes for service delivery. It is important that we view the agenda through this lens as opposed to a 'tick box exercise' or a 'nice to have'.
- There has been some improvement, but positive data is no excuse for complacency. Figures can cover up individual experiences so leaders must be prepared to engage with staff and recognise different experiences. Even one person experiencing racism is too many.
- The NHS must be driven by its values. The health service stands for equality. Racism should be a never-event; not par for the course.

2.6. During April, a number of our junior doctor colleagues took part in industrial action for the second time this year. 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.

Board effectiveness

2.7. Since the last meeting of the Board, two new substantive appointments have been made. In April, Kevin Curnow was appointed as our new Chief Finance Officer (CFO) and he will be joining us at the end of July from the Whittington Health NHS Trust. We will sadly be saying farewell to Samanthi Gibbens, who has been Interim CFO since May 2022. I would like to offer my personal thanks and congratulations to Sam who has been appointed as Chief Finance Officer at Barnet, Enfield and Haringey Mental Health NHS Trust and Camden and Islington NHS Foundation Trust. Sam has done a wonderful job and will be greatly missed; I wish her every success in her new role.

2.8. The second appointment was to our Chief Medical Officer role and I am delighted that Dr David Bridle was appointed substantively at the beginning of this month, having fulfilled the role in an interim capacity since July 2022.

System leadership

2.9. On 11th May, a number of NEDs from the Trust attended a North East London Non Executive Workshop to talk about the role of NEDs in securing the benefits of system working. Key topics included: coordination without duplication, ensuring clarity of accountabilities, testing joint ambition and supporting and retaining the workforce.

2.10. We are continuing to work with partners and identify where a system approach makes most sense to achieve shared aims. This has been particularly important as part of the 23/24 planning round in North East London, where collaborative work with NELFT has been essential in identifying efficiencies that will have least impact on our patients and on ensuring additional CAMHS investment is targeted to where it will have greatest impact in addressing waits for care.

2.11. On 10 May I was delighted to join many of our North East London system partners and colleagues at the Thanksgiving Service to mark 900 years of St Bartholomew's Hospital at St Paul's Cathedral. It was a wonderful service and we shared collective pride in having in East London a hospital that has provided continuous patient care on the same site for longer than any other hospital in England.

3. Council of Governors update

3.1. The Council met on 11 May 2023 and as usual it focused on one of the Governors own priorities, in this case staff support and well-being. The Council heard from Ken Batty Senior Independent Director and chair of the People & Culture Committee and Chief People Officer Tanya Carter on the many ways ELFT supports our staff and, in breakout groups, discussed what else the Trust can focus on in terms of wellbeing of our staff in the context of the wider determinants of health.

3.2. Feedback focused on suggestions around practical and emotional support outside the line-management structure such as instituting domestic abuse support champions or safe spaces for reflection and peer support; but also on day-to-day issues such as housing, advice on cost of living, availability of benefits, or support with managing finances. As always the feedback from Governors will be collated and shared with, in this case, the People & Culture team.

3.3. Governors noted the Annual Plan priorities of the recent discussion around Trust targets for the current year with members and fellow Governors. Carys Esseen, the Deputy Director of Integrated Care presented the Trust's annual plan for 2023/24 which had been developed taking account of the priorities around financial viability and environmental sustainability. She highlighted how Governors and members priorities around, for example, widening access to drug and alcohol services across Central Bedfordshire dovetails with the Trustwide Annual Plan's focus on improving pathways to care. Governors were pleased to note ELFT's system leadership in developing the five-year forward plans for the Integrated Care Systems we operate in as they relate to community and mental health.

3.4. Governors received updates on our Membership Engagement Plan with its focus on a membership connecting us with our communities and helping to shape the services we deliver. Particularly heartening were early signs of increased collaboration with our partners at NELFT, Homerton and the Bedfordshire Hospitals NHS Trust as well as with both North East London ICS and Bedfordshire, Luton & Milton Keynes ICS.

3.5. Reconnecting to our public and members after the pandemic will take the form of a celebration of the NHS on the occasion of its 75th birthday with NHS Community Fayres in Bedfordshire & Luton and in London on 5 and 12 July respectively, in the spirit of the guidance around the anniversary from NHS England to "feel encouraged to volunteer, give blood, join the NHS Organ Donor Register, support NHS charities, support NHS research programmes and use services wisely". I am delighted that we will be working with both ICSs in BLMK and London, as well as with fellow provider organisations

3.6. The update from the Significant Business and Strategy Committee focused on the Committee's discussion how ELFT's work in and supporting Primary Care is aiding us in achieving our Population Health aims. A resilient primary care sector is crucial to delivering improved access, outcomes and experience for service users which was reflected in a Governor query on the day.

3.7. Governors received the annual update on their impact, focusing on the decisions they take, the way they raise issues of concern with the Trust and the way they nudge us, encourage us and support us in everything we do.

3.8. I was particularly impressed by how instinctively Governors are putting the needs of and benefits to the populations we serve at the heart of everything they do. This not only applied to the rationale behind their decision to recruit a Joint Chair with NELFT and their work on gaining a better understanding of the new systems we work in but also to raising concrete issues such as changes to the phlebotomy service or at times long

waits for people in mental health crisis in the A&E departments we work in.

3.9. This regular update was the result of a previous Council quality improvement project – as was the reintroduced *Jargon Bell* which I used to ensure that the presentations were clear and accessible.

4. NED visits

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

- The People Participation Team
- The Tower Hamlets Home Treatment Team
- The City and Hackney Older Adults Service

4.2. NEDs took the opportunity to thank the staff working in these services for their professionalism, commitment, enthusiasm and personal contributions to improving the lives of the people we serve.

5. Action Being Requested

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

East London
NHS Foundation Trust

REPORT TO THE TRUST BOARD IN IN PUBLIC
25 May 2023

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

Purpose of the report

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

Key messages

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

Strategic priorities this paper supports

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

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 Background/Introduction

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

2.0 Operational update

2.1 Trust services have continued to experience high demand with our operational pressures remaining significant in mental health, community health and primary care services. In response to this, teams have continued to focus on improving mental and physical health; urgent and emergency care; and reducing length of stay. In doing so, teams have built on some of the changes that were put in place to respond to industrial action. Collaborative work to establish virtual ward/Hospital at Home provision is progressing in both ICSs and remains a significant opportunity to both improve the provision of care and address demand and capacity challenges. In this context, focusing on our people and ensuring support systems are in place and safe staff levels are being achieved remains an important area of focus.

2.2 I am also pleased to report that Evergreen Ward in Luton and Bedfordshire is now fully operational with positive experience and feedback from service users, families and a recent CQC inspection.

3.0 Industrial Action

3.1 Between 11th and 15th April 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.

3.2 The period of industrial action, as well as the period leading up to this, was managed through the Trust Major Incident structure. These arrangements 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.

3.3 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. Ballots for further industrial action for members of the Royal College of Nursing and Consultant members of the British Medical Association are currently live.

4.0 National Planning

4.1 The Trust has worked closely with partners in both Bedfordshire Luton Milton Keynes and North-East London Integrated Care systems to finalise plans for submission to NHS England in early May. Both ICSs have submitted balanced plans with a programme of work underway to ensure deliverability. There remain significant areas of risk within these plans, and work is underway to ensure that

there is a robust system architecture in place to support the delivery of the plans that have been developed.

4.2 Planning for mental health, learning disability & autism in north-east London has been through our Collaborative, with NELFT and the ICB, and has seen an unprecedented level of joint working across the Trusts. Plans for mental health include over £27m of growth and enable us to make progress with our NHS Long Term Plan priorities and in particular to invest in urgent and emergency care services for mental health. In BLMK we are investing £15m into mental health services, with excellent progress on the delivery of the NHS Long Term Plan and investment into core local priorities.

4.3 The Trust is working as part of the Community Health Services Collaborative in NEL to develop robust plans for virtual ward mobilisation, and with system partners in BLMK to do the same.

5.0 National delivery plan for recovering access to primary care

5.1 The Department for Health and Social Care and NHS England have this month published a delivery plan for recovering access to primary care. As a provider of primary care in Bedfordshire and in East London, the Trust will be reviewing the document in detail to consider potential changes in how we provide primary care.

5.2 One of the main objectives behind the plan is to put an end to the '8am rush' for appointments, supported by upgrading phone technology which will allow GP teams to better manage multiple calls. ELFT has already developed a new and improved telephone system for our Leighton Road Surgery and Cauldwell Medical Centre practices in Bedfordshire.

5.3 The changes have been made following patient feedback and shaped with input from patients at both practices through Patient Participation Groups (PPGs). Benefits for patients include free local calls, a call-back option during busy periods and the ability for patients to request prescriptions. The new system can also accept unlimited incoming calls, so patients are not met with engaged tones during busy periods.

6.0 ICS

6.1 The North-East London Mental Health, Learning Disability & Autism Collaborative is making good progress with developing a way of working that starts with what matters most for service users and carers, and focuses on delivery through collaboration both across the two Trusts and the Integrated Care Board, and within and across the seven place-based partnerships. The Collaborative Committee has now recruited four service user and carer members, with three deputies, and have a people participation lead post to support them to develop their networks out to advert through the Trust.

6.2 Having completed operational planning for mental health, learning disability & autism for 2023/24, the Collaborative is now focusing on the delivery of our plans. There are some aspects of our programme for 2023/24 that are delivered through our developing place-based mental health partnerships, and some

across the whole of NEL through our developing improvement networks. The NHS Talking Therapies network is making excellent progress, with new services in Albanian and Sylhetti shortly to be launched across the entirety of NEL, and the childrens and young peoples mental health network recently held a lively coproduction event with children and young people to determine priorities for the next period. Networks for perinatal mental health, dementia, and rehabilitation are being mobilised.

6.3 Our NEL Community Health Services Collaborative is taking forward two initial priorities, with a focus on virtual ward development and mobilisation and speech and language therapy capacity, both of which are significant strategic priorities for NEL. The collaborative held a very well attended event for voluntary and private sector community providers in early May, to help to ensure the voluntary sector and other providers are fully involved in the work of the collaborative as it develops.

6.4 I report below the BLMK Mental Health Summit – service users and carers are currently developing priorities following on from the summit which will become central to the work of the developing BLMK Mental Health, Learning Disability & Autism Collaborative. Significant work is underway to design the Collaborative, which we hope to have finalised later in the Summer. The existing mental health programme in BLMK has two main priorities for the year ahead, people who are eligible for s.117 aftercare, and the mental health urgent and emergency care pathway, work on both of which is well underway as a system.

7.0 BLMK Mental Health Summit

7.1 A successful first BLMK Mental Health Summit was held in Luton on March 31.

7.2 More than 100 Experts by experience from across Milton Keynes, Bedford Borough, Central Bedfordshire and Luton took part in the first BLMK Mental Health Summit in Luton on March 31st. The theme for the summit was improving mental health services across BLMK and the event covered all adult mental health services, including learning disability, autism, and older adult mental health services.

7.3 The summit was organised by a team of service users and colleagues from the area's two main providers of NHS mental health care for BLMK: ELFT and Central North West London NHS Foundation Trust (CNWL). Service users are now working on developing a set of priorities for the development BLMK Mental Health, Learning Disability & Autism Collaborative from the thinking that was done at the event.

8.0 Changes in COVID infection prevention and control guidance

8.1 Following on from the Living with Covid-19 white paper, NHS England in conjunction with UKHSA have updated their guidance. We have reviewed the changes and shared revised guidance with ELFT colleagues in relation to patient testing and staff testing.

8.2 Changes in practice include:

- Weekly PCR tests are no longer required for clinically vulnerable patients as per ELFT local guidance
- LFD (lateral flow device) testing is required 48 hours prior to discharge to care homes/hospices
- Staff are not required to take an LFD test if they have symptoms.
- Staff are not required to take an LFD test before returning to work.
- There is no longer a requirement for blanket mask wearing. Staff can continue wearing fluid resistant surgical masks (FRSM) based on personal preference.

8.3 Other protocols remain the same to help keep our staff and service users safe. This includes advice for staff to stay at home and avoid contact with other people if they have symptoms of a respiratory infection and a high temperature.

9.0 PLACE 2022 Assessment Results Report

9.1 A results report and improvement action plans are now in place following PLACE assessments conducted in September 2022. PLACE is the Patient Led Assessment of the Care Environment. It is an annual non-compulsory assessment allowing ELFT to ensure the delivery of high levels of satisfaction, as perceived our service users, and enables benchmarking of results against the many other Trusts participating.

9.2 PLACE assessments are an appraisal of the non-clinical aspects of the NHS and undertaken by teams made up of staff and members of the public (known as patient assessors). The PLACE Assessment Team carried out assessments on 23 ELFT wards with the help of people participation, current service users and some carers. No external validators accompanied the team this year.

The assessments consider 6 PLACE domains:

- Cleanliness
- Condition, appearance and maintenance of the building (internal & external)
- Dementia suitability
- Disability suitability
- Food & Hydration
- Privacy, Dignity & Well-Being

9.3 The Trust Scores were lower than expected (95% for cleanliness and 89% for food against national averages of 98% and 91% respectively) and following the inspection each ward has an action plan to address any identified issues. A Quality Improvement (QI) project has also been created to deliver a digital platform for audits across the board to enable swift response to issues raised and help to complete actions more quickly than with a manual system.

10.0 Veteran Aware Plaque Unveiled in Trust Headquarters

10.1 A 'Veteran Aware' plaque was unveiled in the Reception of Robert Dolan House, Trust Headquarters on May 9.

10.2 The plaque symbolises ELFT's commitment to support armed forces personnel and their families.

10.3 The Trust has had Veteran Aware status for two years. It was named a Veteran Aware Trust in recognition of our commitment to improving NHS care for veterans, reservists, members of the Armed Forces and their families. The accreditation, from the Veterans Covenant Healthcare Alliance (VCHA), acknowledges ELFT's commitment to a number of key pledges.

10.4 ELFT is now one of 104 members of the VCHA and is part of a growing number of NHS Trusts gaining this status. The Trust has also been shortlisted in the Employer of the Year category in the 2023 British Ex-Forces in Business awards.

11.0 Farewell and Thank You to Professor Stefan Priebe

11.1 Trust staff joined lead mental health researchers and academics from across the research landscape at a retirement event to honour Professor Stefan Priebe.

11.2 He was Professor for Social and Community Psychiatry at Queen Mary, University of London (QMUL) and Director of the WHO Collaborating Centre for Mental Health Service Development, and the NIHR Global Health Research Group for Developing Psycho-Social Interventions, and Research Director of the Institute for Population Health Sciences at QMUL.

11.3 The event on April 20 celebrated 40 years of research in Social & Community Psychiatry of which he is the founding father. Stefan played a key role in establishing research within the Trust, and was also pivotal in pioneering the involvement of patients and service users in research.

12.0 Official Launch of Youth Resilience Unit

12.1 The Youth Resilience Unit, which was launched in March 2021, celebrated its first two years with an official launch event earlier this month. The unit, which is based at Queen Mary University of London and works closely with ELFT, is kindly funded by Barts Charity. The launch event brought together community leaders, stakeholders, academics and young people to share their views and experiences on the topics in question.

12.2 Their work, which is cross-cutting and interdisciplinary, seeks to further understand how young people use existing personal, social and community resources to prevent and overcome mental distress. Over the past two years a team of diverse and eclectic researchers, from early career to leading experts have joined the unit and are united in their vision of supporting young people's mental health and wellbeing.

12.3 The unit is located in the London Borough of Newham where a young and diverse population are present; much of the unit's work and research is focused in this area and seeks to serve the local community. Partnerships with local schools, youth organisations (such as Future Leaders UK) and with community leaders are thriving and an ethos of collaboration and of shared success is developing.

12.4 Since the unit began, further funding has been secured from the National Institute of Health Research, UK Research and Innovation and from a number of

charities which will be used to continue developing the unit into a leading centre on youth resilience.

13.0 NHS England position on serenity integrated mentoring (SIM) and similar models

13.1 NHS England wrote to all NHS Mental Health Trusts on 10 March 2023 setting out a clear position that a model of police involvement in the delivery of mental health services which was introduced in some areas in the country previously (called SIM) and any similar models must no longer be used in the NHS.

13.2 In particular, three elements of this and similar models which must not appear in mental health services were clarified in the NHS-E publication. In ELFT, we do not currently have any SIM model in place, nor do we have any similar or other services set up in a manner which incorporates any of those three elements.

13.3 Historically, two very small pilots of the SIM model were implemented in ELFT around 2020 (in Newham and Bedfordshire & Luton). Both of these were closed and the very small number of service users under them (less than 10 people in total) were reviewed, and appropriate care plans put in place at that time.

14.0 Expansion of Physician Associates (PAs) roles

14.1 An expanding number of Physician Associates (PAs) are supporting a range of services across the Trust. Physician Associates (PAs) are healthcare professionals with a generalist medical education, who work alongside a dedicated medical supervisor. They are trained to take histories, perform physical examinations, undertake clinical procedures, interpret investigations, and develop management plans, under the supervision of a senior doctor.

14.2 ELFT's first cohort of five PAs started in February 2023, working across Forensic Services, Learning Disability Services, CAMHS inpatient services and ADHD Services. A further four posts have been identified for advert, including posts in CAMHS Eating Disorder services, Child Development Services and Memory Services.

15.0 Bedfordshire Falls Service

15.1 Bedfordshire Community Health Services (BCHS) community nursing expertise has been added to a pioneering service providing rapid help and support across Bedfordshire for people who fall in their home.

15.2 The Bedfordshire falls team now use combined skills from the county's NHS community health, ambulance and fire and rescue services. The team provide fast and joined-up support, helping with the immediate situation through to considering prevention and care support.

15.3 The falls team, who are mobilised when available by the East of England Ambulance Service Trust (EEAST) control room, combine their skills in response, patient care and home safety. The addition of a community nurse to the falls response team has helped further develop the patient-centred approach. The

nurse is able to use their expertise to help develop a tailored approach to the care of each patient. This has resulted in an even greater level of home discharge and significantly reduced use of ambulance resources.

16.0 Humanitarian Response

16.1 As part of the work on developing ELFT's approach to supporting staff being impacted by wider crisis the trust set up a humanitarian response group. Various groups have met with regard to the war in Ukraine, the earthquake in Syria and Turkey as well as the civil war in Sudan. The groups have provided an opportunity for the staff affected by these events to have a safe place for a collective and supportive Trust response.

16.2 Feedback from staff has resulted in ELFT creating a humanitarian page on the intranet that links with a range of community efforts to help create a network of support. We have also been able to work with staff who are volunteering their support to create a network of those who are keen to help. As a result of this work, one group of staff have started liaison with a hospital in Ukraine to share clinical practice.

17.0 International Nurses Day

17.1 12 May was International Nurses Day and the global theme was Our Nurses, Our Future. To mark the day, the Trust's Chief Nurse/ Deputy CEO and Directors of Nursing led a webinar showcasing the diversity of nursing roles in the Trust with senior nurses telling their career journeys and exploring the opportunities that are available for colleagues to develop. It was also an opportunity to thank nursing colleagues for all they contribute to the trust and their support for service users.

18.0 Appointments

18.1 I am delighted to announce that Dr David Bridle has been appointed as Chief Medical Officer for the Trust. David has been working in the interim CMO role since May last year. David joined the Trust in 2006 as a Specialist Registrar (higher trainee in Psychiatry) and after completing higher training was appointed as a Consultant in General Adult Psychiatry in 2010. He was appointed as Clinical Director in City & Hackney in 2014, where he also worked as a Consultant in Primary Care Liaison Psychiatry. In 2018, he was appointed as the Medical Director for London Mental Health Services in ELFT, and continued in a clinical role in Primary Care Liaison.

18.2 I am also pleased to announce ELFT is to have a new Chief Finance Officer (CFO) in Kevin Curnow who will be joining us from the Whittington Health NHS Trust. Kevin has been Deputy Chief Executive and Chief Finance Officer for the Whittington since August 2019 and joined the Trust in May 2018 as the Operational Director of Finance. Kevin joins ELFT on July 31 and replaces Samanthi Gibbens who has been Interim Chief Finance Officer since May 2022. Sam will be joining Barnet, Enfield and Haringey MHT NHS Trust and Camden & Islington NHS FT as Chief Financial Officer.

18.3 We are delighted Kevin is joining us and look forward to his leadership in helping us to address the growing financial challenges in the NHS. Kevin's approach

using QI and system collaboration is very much in the ethos of ELFT. I am also delighted for Sam and want to thank her for all her hard work as interim CFO. We will very much miss her and we all wish her every success in her new role.

19.0 Awards

19.1 The Trust enjoyed a successful evening at the HSJ Partnership Awards 2023 on March 23.

19.2 Driving for Change, which uses refurbished London buses to provide an all-in-one direct intervention service for people experiencing homelessness, was named Primary Care Project of the Year.

19.3 Change Please Foundation/Driving for Change has partnered with ELFT and the North East London Health & Care Partnership (NELHCP) for the ground-breaking initiative in Hackney which offers mobile, informal, welcoming and open access for some of the most vulnerable members of society. The bus programme offers free GP consultations, dental care, haircuts, and financial literacy training, employment support, shower facilities, therapy assessments, and essential everyday items.

19.4 Clinical Associates in Psychology (CAP) was also named Best Educational Programme for the NHS at the awards. It was also Highly Commended in the Mental Health Partnership within the NHS award category.

19.5 ELFT and other NHS providers have been working closely with local Higher Education Institutions to develop the new apprenticeship in psychology, working with people with complex mental health problems.

19.6 Compass Wellbeing, ELFT's not for profit social enterprise, was Highly Commended in the Best Not for Profit Working in Partnership with the NHS category.

19.7 Compass works to bridge the gap between VCSEs and healthcare services by building capacity in the sector, improving the ability of VCSEs to engage with the Trust, and facilitating partnership working. Between July 2021 and March 2023 Compass ran 20 procurement programmes on behalf of ELFT, with more than £9.5m funding awarded for 205 VCSE contracts and projects across City & Hackney, Newham, Tower Hamlets, Luton, Central Bedfordshire and Bedford.

20.0 Action Being Requested

20.1 The Board is asked to RECEIVE and NOTE the report for information

East London NHS Foundation Trust

REPORT TO THE TRUST BOARD IN PUBLIC
25 May 2023

Title	Integrated Care & Commissioning Committee 4 May 2023 – Committee Chair's Report
Committee Chair	Richard Carr, Non-Executive Director and Chair of Integrated Care and Commissioning Committee
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

- To bring to the Board's attention key issues and assurances discussed at the Integrated Care and Commissioning Committee meeting held on 4 May 2023.

Key messages

Annual Plan and System Planning

- Close collaboration and transparency with partners across the Integrated Care Systems (ICS) has resulted in submission of balanced 2023/24 plans in both Bedfordshire, Milton Keynes & Luton (BLMK) and in North East London (NEL)
- BLMK: maintained compliance in all six national trajectories for mental health and included growth in both Mental Health Investment Standard and Service Development Fund. There is a commitment from the BLMK ICB to delegate resources and planning into the Mental Health Collaborative, focusing on the co-production of priorities with service users and the joint forward plan reflecting place plans and cross-cutting areas to improve value and realise cost benefits. Report from BLMK ICB summarising the key items of business from the BLMK ICB and BLMK Health and Care Partnership at their meetings on 24 March and 7 March 2023 respectively is attached
- NEL: remains compliant in three of the long term trajectories for mental health with significant investments planned for community mental health access, dementia and out of area placements. There remains a significant risk that the mental health contribution to the system deficit position will incur delays to some of these schemes; resulting impacts to the Trust's financial plan will be reported through the Finance, Business and Investment Committee (FBIC)
- Continuing limited growth remains in funding for community health services in both BLMK and NEL ICSs; however, a key focus for 2023/24 will be on collaborative working on virtual wards.
- Services Trust wide are closely involved in the developing and testing of annual plans based on the four agreed sets of themes and priorities, with further work focusing on addressing previous areas of under-performance
- Acknowledgement there is further work to do around contracts and provider-led commissioning.

NEL ICS Mental Health, Learning Disability and Autism Collaborative

- Ongoing positive collaboration with North East London NHS FT (NELFT) to work through system challenges and the solid foundation this creates going forwards.
- Continuing progress in establishing and growing clinically-led improvement networks across IAPT, children and young person's services, dementia and rehabilitation with funded improvement advisors now in place
- As one of nine national provider collaborative innovator sites, ELFT has been buddied with Northants, Leicester and Oxford mental health provider collaboratives and is making further connections with a NELFT community collaborative in Essex, providing a solid base for shared peer learning and support.

BLMK ICS and Bedfordshire Care Alliance

- The co-production of a successful service user and people participation-led summit in March; the insights and outcomes of which are being formed into a set of priorities by service users for the BLMK mental health, learning disabilities and autism collaborative
- Work commenced with lead clinicians to promote improved outcomes for people with complex health conditions living in supported accommodation or residential care.

New Models of Care: North Central East London CAMHS Collaborative

- A demonstration of the continuing positive outcomes around the priorities of keeping young people close to home and reducing the length of inpatient stays
- Investment in eating disorder beds in the community has been funded through the release of £6m of savings achieved by the collaborative in 2022/23. These monies will also fund work with the voluntary sector on equity and equality around inpatient admissions and crisis prevention in the community
- A short term risk posed by the closure of a 60 bed CAMHS provider unit, mainly psychiatric intensive care unit (PICU) in Berkshire, with work under way to support any impact on the London-wide system.

New Models of Care: Perinatal Provider Collaborative Proposal

- Proposal to establish a provider collaborative for perinatal services across North Central and North East London, with ELFT as the lead provider
- The risks and mitigations highlighted would result in potential cost pressures to the Trust; these are the subject of ongoing discussion with NHS England.
- Approval was given to progress the establishment of the collaborative, subject to NHSE agreement to provide support to mitigate the financial risks.

Population Health Dashboard and Annual Population Health Report

- Approval given to a draft of the first ELFT annual population health report; the final report to be presented to the Trust Board in July 2023.
- A first iteration of the population health dashboard aims to provide a baseline for future Trust performance measures and despite comprehensive data not yet being available for all areas, some impressive measures can already be seen, for example around racial diversity in staff groups
- Acknowledgement that some indicators will be subject to seasonal variations and/or lengthy time lags in obtaining data; however, the more process focused indicators will be used to determine and ensure improvement work is being directed to the appropriate areas.
- A process for charting milestones identified in the delivery plans was requested.

Internal Audit Report on Population Health Improvement

- The audit identified an understanding of population health issues, the governance structure and lines of reporting, with no areas of challenge raised
- Clarity provided around the translation and articulation of the Trust's anchor and Marmot work has contributed to a revision of the communications strategy around population health. Close co-production work with service users is also helping to identify areas of potential confusion around the use of NHS terminology.

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*

An increase to the risk score for Risk 9 from 12 High to 16 Significant approved in light of the higher financial and bed based risk profile for the proposed perinatal NMC provider collaborative. There were no changes to the risk scores for Risks 1 and 2, and agreement 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.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the East London Foundation Trust Board 25 May 2023
Bedfordshire, Luton and Milton Keynes Health and Care Partnership and 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	
☒	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☒	**Live Well:** People are supported to engage with and manage their health and wellbeing.
☒	**Age Well:** People age well, with proactive interventions to stay healthy, independent and active as long as possible.
☒	**Growth:** We work together to help build the economy and support sustainable growth.
☒	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers			
Data and Digital ☐	Workforce ☐	Ways of working ☐	Estates ☐
Communications ☐	Finance ☐	Operational and Clinical Excellence ☐	Governance and Compliance ☒
Other ☐(please advise):			

Report Author	Paul Calaminus, CEO ELFT and Maria Wogan, Chief of System Assurance and Corporate Services, BLMK ICB
Date to which the information this report is based on was accurate	28 April 2023
Senior Responsible Owner	Felicity Cox, BLMK ICB CEO

The following individuals were consulted and involved in the development of this report:

- BLMK Health and Care Partnership – 7 March 2023
- BLMK Integrated Care Board – 24 March 2023.

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

This report summarises key items of business from the BLMK Integrated Care Board and BLMK Health and Care Partnership (a Joint Committee between the local authorities and the ICB) that are relevant to the ELFT. Key items of business from these meetings are detailed in Appendix B. The main items of interest for the Trust Board are covered in the main paper.

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

ELFT is a partner organisation in the Bedfordshire Luton and Milton Keynes Integrated Care Board (ICB). The community services and mental health sector partner member of the Board of the ICB is Ross Graves from Central and North West London (CNWL), and Eileen Taylor is a member of the Health and Care Partnership, which is a joint Committee of the ICB and local authorities in BLMK.

This report connects the Trust and BLMK governance by updating on work at BLMK level and highlighting specific issues that are likely to be of interest to or require decisions from the Trust.

Recommendations:

The Trust Board is asked to:

1. **Note** progress on the BLMK NHS Operational plan 2023/24
2. **Note** that the Health and Care Act 2022 requires the ICB and its partner NHS Trusts and NHS Foundation Trusts to prepare and publish a plan setting out how they propose to exercise their functions in the next five years.
3. **Review and comment on** the draft BLMK Joint Forward Plan as agreed at the ICB Board on 24 March.
4. **Note** that the Trust's Director of Finance is involved in the development of the system's capital plan which will align to the Joint Forward Plan in the same timescale.
5. **Note** the updates provided from the meetings of the BLMK Health and Care Partnership and Integrated Care Board meetings in March 2023 as listed at Appendix B.

1. Brief background / introduction:

The following summarises items of interest that have been considered by the BLMK Health and Care Partnership and the Board of the ICB.

1.1 BLMK (NHS) Operational Plan 2023-2024

The Health and Care Act requires the BLMK ICB to produce an Operational Plan (draft submitted at the end March 2023).

The Operational Plan is for 2023/24 and requires ICBs to describe how the local NHS will deliver against mandated NHSE operating plan requirements, including agreement of the BLMK NHS system budget. This plan takes account of local priorities which were reported to the Board of the ICB on 24 March 2023. A further version of the operational plan will be submitted to NHSE on 4th May 2023, taking into account national, regional and BLMK discussions to further develop the plan and address finance and activity challenges. The system CEOs have been involved in the development of the plan and the Trust CEO will be able to report the latest position to the Trust Board.

1.2 BLMK Joint Forward Plan

The Health and Care Act also requires the BLMK ICB and its partner NHS Trusts and Foundation Trusts to produce a Joint Forward Plan covering a minimum of five years (final version due end June 23).

The Joint Forward Plan (JFP) is required to set out a framework for how the ICB and partners intend to arrange and/or provide services to meet our population's physical and mental health needs. This will include narrative on the universal NHS commitments and address the four core purposes and statutory duties of an ICS:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social economic development

The Board of the ICB agreed that the BLMK JFP, will extend from 2023 to 2040 to address:

i) the expected and sustained expansion of our population to 2040 and beyond.
ii) Multi-agency very complex issues which are best resolved through partnership delivery to improve health outcomes, tackle inequalities in local communities whilst ensuring optimal use of public money to deliver services
iii) wider determinants of health and well-being to maximise prevention and supporting communities to thrive.

The extended timeframe of the BLMK JFP will enable all partners of the BLMK ICS to develop longer-term plans in collaboration to best deliver the ICS' statutory duties in the local context of sustained population growth over this period.

The Plan has been developed based on prior engagement with the public and partners will be published in June 2023 following further engagement including with Health and Wellbeing Boards, NHS Trust Boards and VCSE groups. As the JFP focuses on longer-term delivery of existing plans, the plan will not require full formal public consultation.

The draft JFP is attached at Appendix A and available on the ICB Website here. The Board are asked to discuss and comment on the draft Joint Forward Plan and any comments will be reported to the Board of the ICB for consideration prior to submission

to NHSE by 30 June 2023. A capital plan is also in development and the Trust's DoF is involved in this work, it will align with the Joint Forward Plan.

1.3 Other items of interest to the Trust Board

Musculoskeletal (MSK) Health Services – Forthcoming Procurement

Due to expiry of the contracts with four MSK providers across BLMK, the ICB has been working with patients, providers and wider stakeholders to determine how services should transform to:

1) improve the quality of life for people with MSK
2) improve productivity, removing fragmentation and duplication
3) focus on prevention of MSK illness which is particularly impacted by rates of obesity, levels of physical activity and smoking; and
4) release GP capacity by providing direct access to physiotherapy appointments.

An Integrated MSK and Pain Service Specification has been drafted based on best practice and is in the process of being finalised. Following ICB governance approval between February – March 2023 and subject to feedback from market testing, the intent is to commence a full procurement exercise between April – September 2023, followed by mobilisation of the new provider/s during October 2023 – March 2024 with official service commencement on 1 April 2024. It is expected that any staff impacted by a change of provider would transfer to the new provider/s. Members of the public will also be invited to be part of the new provider/s mobilisation to ensure local needs are captured and implemented.

BLMK ICB Board Assurance Framework (BAF)

The BAF sets out the key system risks which the Board monitors at each of its formal meetings. The system risk summaries are provided in the table below:

Ref	Risk Title	Risk Description	Current Risk Rating	Change
BAF 1	Recovery of Services	There is a risk that the NHS is unable to recover services and waiting times to pre-pandemic levels due to Covid related pressures, or demand led pressures. This may lead to poorer patient outcomes and reputational damage.	16	=
BAF 2	Developing suitable workforce	If system organisations within BLMK ICS are unable to recruit, retain, train and develop a suitable workforce then staff experience, resident outcomes and the delivery of services within the ICS, ICB People Responsibilities and the System People Plan are threatened.	20	=
BAF 3	System Pressure & Resilience	As a result of continued pressure on services from various factors (staff sickness, increased activity etc) there is compromised resilience in the system which threatens delivery of services across BLMK	20	=
BAF 4	Widening inequalities	There is a risk that inequalities in the system widen due to a range of factors leading to compromise to population health and increases in system pressure in the most deprived areas.	16	=
BAF 5	System Transformation	There is a risk that as a result of significant operational pressures, there will be decreased capacity to focus on strategic transformational change to deliver improved outcomes for our population.	16	=
BAF 6	Financial Sustainability and Underlying Financial Health	As a result of increased inflation, significant operational pressures, elective recovery and the enduring financial implications of the covid pandemic - there is a risk to the underlying financial sustainability of BLMK that could result in failure to deliver statutory financial duties.	15	=
BAF 7	Climate Change	Due to climate change and wider impacts on the environment and biodiversity, there is a significant risk of increased pressure on health and care services.	16	=
BAF 8	Population Growth	As a result of fast rate of population growth in BLMK, there is a risk that our infrastructure will not keep pace with the needs of our population, resulting in poor health and wellbeing for residents.	20	↑
BAF 9	Rising Cost of Living	As a result of rising cost of living there is a risk that residents will not be able meet their basic needs resulting in deteriorating physical and mental health resulting in pressure on all public services	16	=

2 Appendices

Appendix A –Joint Forward Plan
Appendix B – Summary of BLMK Health and Care Partnership and ICB Board business.

Summary Overview: the BLMK Plan for our Joint Forward Plan

It is an NHS England requirement for every ICB to produce a 5-year Joint Forward Plan, which complements the ICB Strategy and NHS 1-year Operating Plan to set how we will:

- Use our ICB to deliver the Place Plans in the medium-term, supported by our Provider Collaboratives, and focused on local population need (JSNA)
- Outline our approach to deliver the ICB's responsibilities ('4 pillars' of tackling inequalities, improving health outcomes, providing value for money, and supporting growth and sustainability)

The Joint Forward Plan (JFP) is due for submission from ICBs on June 30th 2023. However, NHS England have required all ICBs to submit a draft together with our 2023-4 NHS Operational Plan submission at the end of March.

This paper sets out the proposed BLMK approach to developing our JFP by June 30th – it is a Plan for Our Plan.

ICB members are asked to review the outline draft, provide responses to specific questions detailed in the cover sheet, and – pending adoption of feedback – approve this approach to creating the BLMK Joint Forward Plan.

SECTION ONE: Joint Forward Plan Introduction

The Joint Forward Plan does not require new content – it is the medium-long term view of how we deliver the aims and objectives of our Place Plans in partnership. Key to this medium-long term view is not just how we meet population growth and changing needs within our resources – but how we collaborate to tackle our most 'wicked' issues to support our communities to thrive.

The BLMK Joint Forward Plan will focus on those areas where collaboration at Place is required to achieve this. Specifically, our Joint Forward Plan will:

- **Focus our collaborative long-term plan on meeting the changing needs of our population** (not individual organisations or service lines)
- Develop our **processes and partnerships to build an adaptive, integrated system** which can respond to local population need sustainably within our resources
- **Develop & deliver infrastructure strategies** to tackle inequalities, improve health outcomes AND reduce avoidable cost

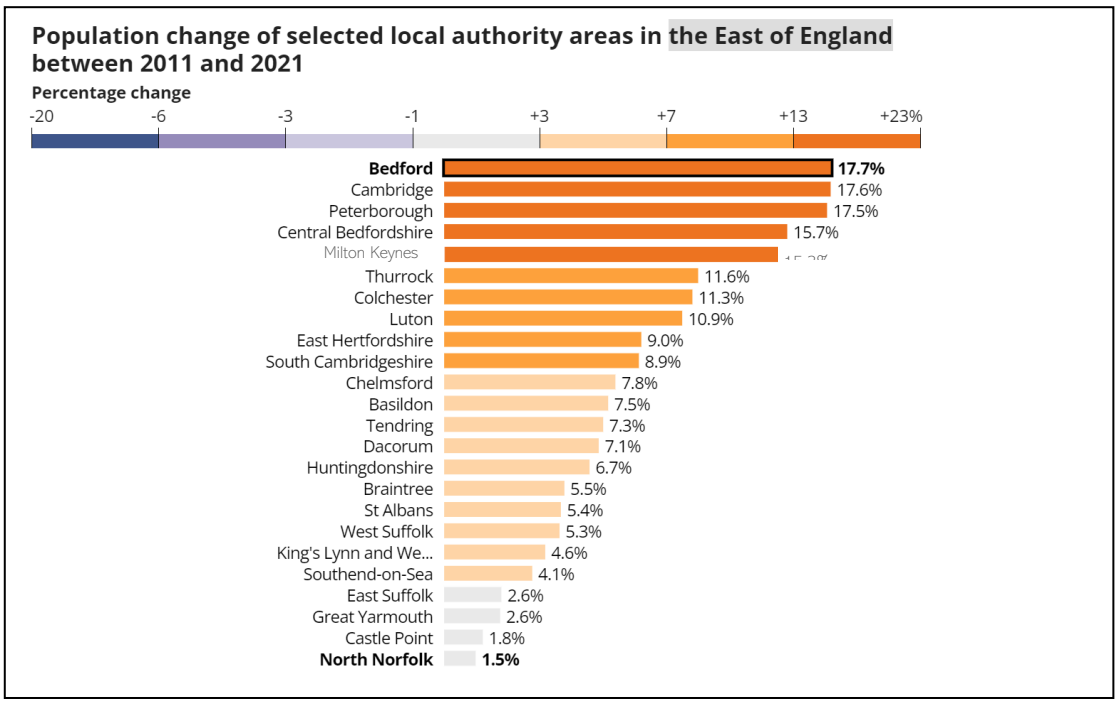
These plans are the long-term/ strategic delivery plan for Place Plans. Where Provider Collaboratives span multiple Places, and Place Plan actions are best delivered at scale, Provider Collaboratives (for example, the Bedfordshire Care Alliance) will work across multiple Places to deliver a consistent delivery model across the constituent Places.

Our Population

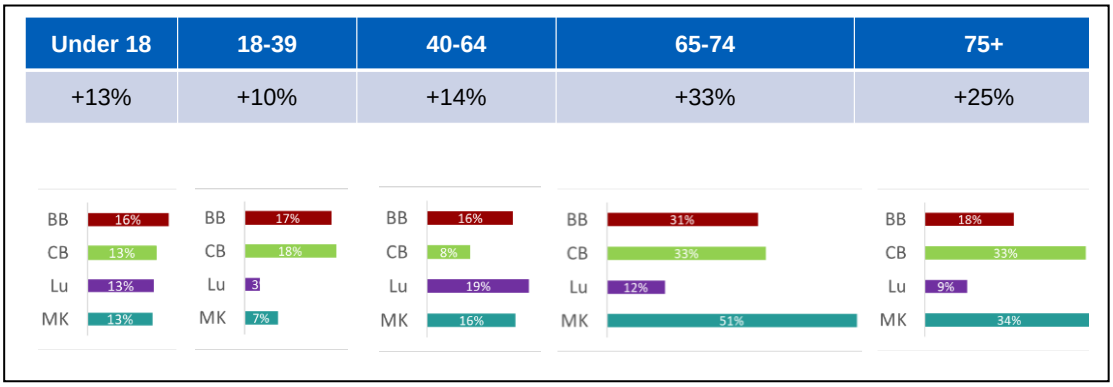
The Boroughs within BLMK ICB are diverse with a rapidly growing population.

Over the last ~10 years, roughly 5,000 homes were completed per year across BLMK (CBC > MK > BBC > Luton). Local Plans / housing strategies suggest around 6,000 new homes will be built across BLMK per year over the next ten years. This is significantly more than National (ONS) population projections assume a growth of c.2,400 homes per year across BLMK.

The ONS new housing projections for BLMK are out by a factor of 2.5, as BLMK is one of the fastest growing populations in the UK, and this trend is expected to continue.



Not only will there be more residents in the area over the next 15-20 years, but the demography, health needs and demand of our population will also change significantly.

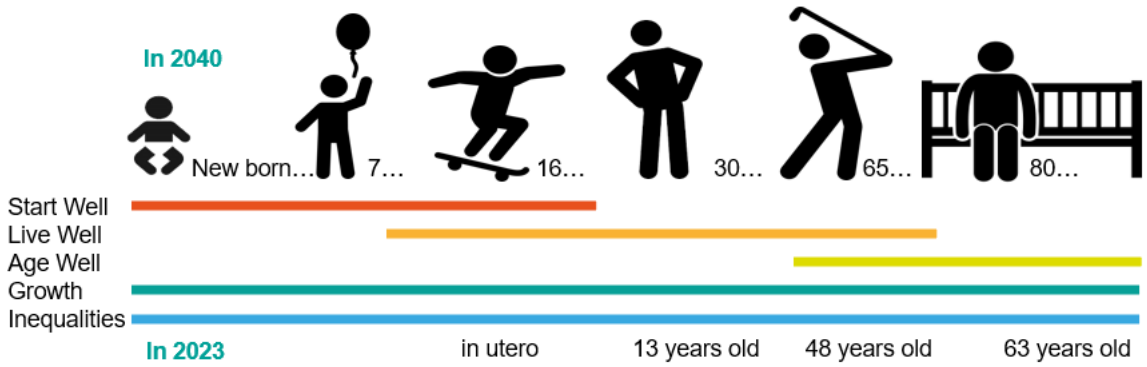


All of our Boroughs have strong plans to grow housing, employment opportunities and prosperity in a sustainable way, focused on the needs of specific communities within each Borough.

[examples from each Place to be added]

The BLMK Joint Forward Plan recognises that we cannot do more of the same with our resources (workforce, infrastructure such as estates and digital and finance) to meet this growing and changing population need.

The Plan aligns to our strategic priorities and the recognition that the actions that we take now will have a significant impact on our ability to improve the health and outcomes for our population in the future.



Given the variation in inequalities and health outcomes, people across BLMK hit the thresholds for start well, live well and age well at different ages across their life.

The known wicked issues for BLMK are:

- Rapid population growth and demographic shifts (specific to each Borough)
- Challenges accessing core primary care (including GP and dental services)
- Inequalities experienced by communities within BLMK
- Impact of COVID on residents
    - Deconditioning of people with frailty
    - Increased safeguarding and mental health issues for children and young people
    - Delays in accessing routine elective surgery
- Cost of living crisis affecting families
- Poor health of the population
    - Obesity
    - Long term conditions

SECTION TWO: Medium Term Affordability

[NHS & LA headlines – to be added for June submission]

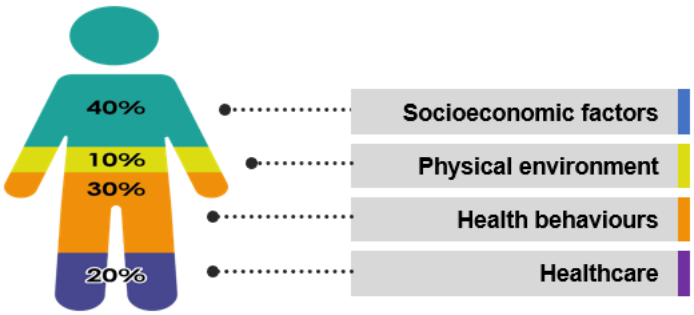
SECTION THREE: Our Strategy

Our system strategy sets out our ambition for improving health outcomes and reducing inequalities so that everyone in our city, towns, villages and communities can **live a longer, healthier life**. This means increasing the **number of years people spend in good health and reducing the gap between the healthiest and the least healthy in our community**.

Our strategy set out three questions which we aim to answer by working in partnership:

1. Are we doing the right things to improve health outcomes and tackle inequalities for our residents?
2. Are we making the best use of partnerships between public services, VCSE partners and local communities?
3. Are we working with our people and communities to understand what matters to our residents and co-designing and co-producing sustainable solutions.

The benefit of working in partnership is the opportunity this affords us to look at all of the factors that affect our changes of living a longer, healthier life.



Our system strategy builds on our health and wellbeing strategies at Place and our understanding of what matters to our residents.

Our Joint Forward Plan will also be firmly grounded in this understanding of what matters to our people and communities, our Joint Strategic Needs Assessments, Health and Wellbeing Strategies and emerging priorities at Place.

SECTION FOUR: A Joint Approach – Maximising Benefit to Residents

Our Joint Forward Plan highlights the shared 'wicked issues', where an innovative and collaborative approach is needed to deliver the Boroughs' Place Plans and the NHS targets for access and outcomes for all residents sustainably to 2040 and beyond.

As such the BLMK Joint Forward Plan is built on a strong shared ethos between all partners in the ICB as to how best to achieve this sustainably:

1. **Prevention and earlier intervention**

2. **Locally configured interventions that meet the needs of residents at a Neighbourhood, Place or System-level**

3. **Getting It Right First Time**, especially for those residents who have the
    a. Worst outcomes / highest risk factors / greatest inequalities
    b. Highest and most complex needs/ unmet needs driving high volumes of interaction with health, care and public sector services, including police, fire and criminal justice systems
    c. Voice least often heard/ face the most barriers to access
    d. High volume, low complexity demand for health care (elective and same day urgent care)

4. **Co-production with local communities**

5. **Leverage the inter-dependencies and interfaces across health and care services** to
    a. make every contact count – build opportunistic prevention & support to self-care into existing pathways of care
    b. reduce low value and repetitive interventions for residents and our teams
    c. optimise use of resources (workforce, estates, finance)

6. **Optimise the operating environment for health, care and civic services** – across traditional service and organisational boundaries with co-ordinated actions to:
    a. Tackle inequalities

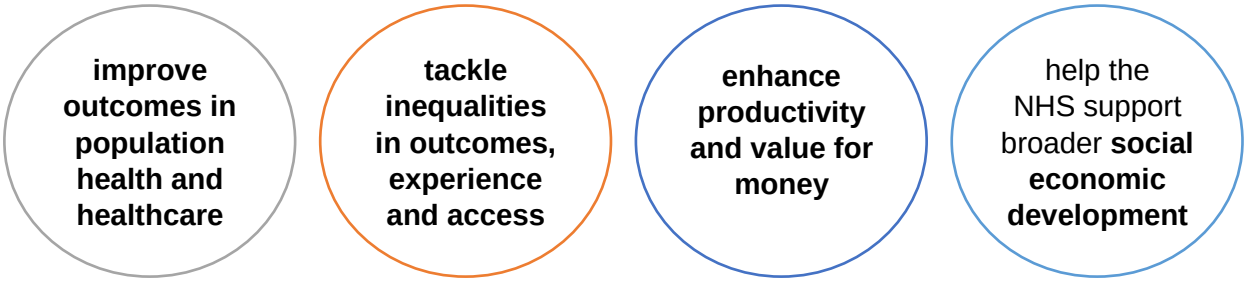
b. Stimulate local employment and economic development
c. Sustainability and green agenda
d. Long-term workforce development,
e. Market management
f. Strategic investment and utilisation of digital and estates assets

The key differences between existing Local Authority and NHS planning approaches are:

- NHS focused on short-term delivery (3-year funding cycle, 1-year operating plan) / LA plans for infrastructure and population growth are over a generation (15-20 year plans)
- NHS operating objectives are focused on the standards that clinical services must achieve for the patients who access them / LA considers the whole population living in a specific geography

All health and LA partners in ICBs have a shared responsibility to the populations they serve in their use of public money:

The four pillars of an ICS are to:



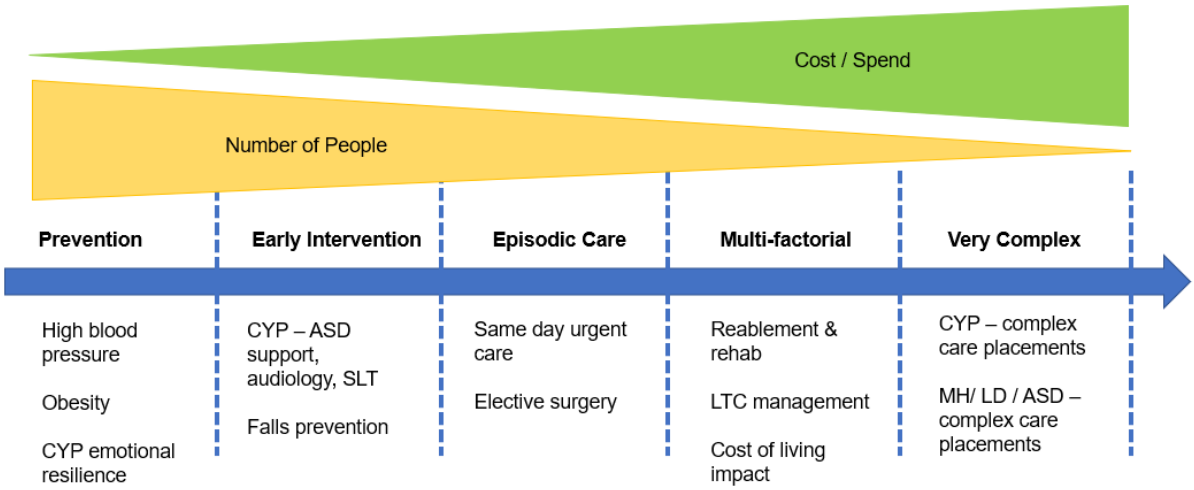
The BLMK Joint Forward Plan will therefore:

1. Focus on the needs of all residents at Place (not service lines / public sector institutions)
2. Extend to 2040
3. Identify the methodology by which we will:
   - Understand the growth, changing demographic and needs of our populations at Place to 2040
   - Outline key milestones and critical delivery points based on population size and need, incorporating existing 'wicked issues' and known changes in the operating environment (for example, devolution of specialised commissioning, or the creation of new towns in BLMK Boroughs)
   - Confirm the methodology for systematic review and strategic planning across key domains where a joint intervention between NHS and LA is required, utilising benchmarking, the evidence-base and innovation / research, applied through quality improvement methodology co-produced with local residents
   - Outline the key enabling strategic plans for workforce, infrastructure (estates and digital), and management of the operational environment (e.g. market management)

SECTION FIVE: The BLMK Approach

The purpose of the Joint Forward Plan is to determine how best we will work in partnership to address these known 'wicked issues' to the benefit of residents; and how these actions will enable sustainable delivery of NHS services to the standards set out in the NHSE Operating Plan.

Addressing these twin challenges will require a systemic and stratified approach, as depicted below:



Based on local JSNAs and Place Plans, the Joint Forward Plan will highlight those areas where a collaborative and different approach is required.

This will shift our focus from 'what can we afford to do?' to

'Can we afford NOT to do it?'

This latter question focuses on the needs and outcomes of the population, and how best we tackle inequalities and improve health outcomes to enable our communities to thrive AND deliver sustainable public sector services within resources.

This innovative and collaborative approach will involve:

- Developing a consistent approach to framing and investigating our 'wicked issues', with a focus on defining our target population, supporting co-production and personalisation, using collective resources and focusing on how we apply our different 'routes to Thrive'.
- Ensuring interventions are evidence based and challenge ourselves to achieve and sustain top decile performance, drawing on and contributing to research and innovation, and applying learning from best practice.
- Taking an adaptive approach to improvement, measuring outcomes as well as activity and considering the impact of our actions/failure to act on health and care (and wider society).

Examples of this approach could include:

a) Earlier intervention for children and young people who would benefit from:

- Speech and language help at a younger age / lower threshold of need
- Autism spectrum disorder support and diagnosis at a lower threshold of need
- Occupational therapy input for children identified above to support communication and social interaction at home and school

The underpinning rationale for this earlier intervention is to support children to meet their earlier developmental and education milestones, rather than delay intervention until the SEND threshold is met later in childhood.

Not only is this better for the individual child but also reduces higher system costs in SEND and (often) mental health support as children become aware of their 'difference' and struggle to keep up at school.

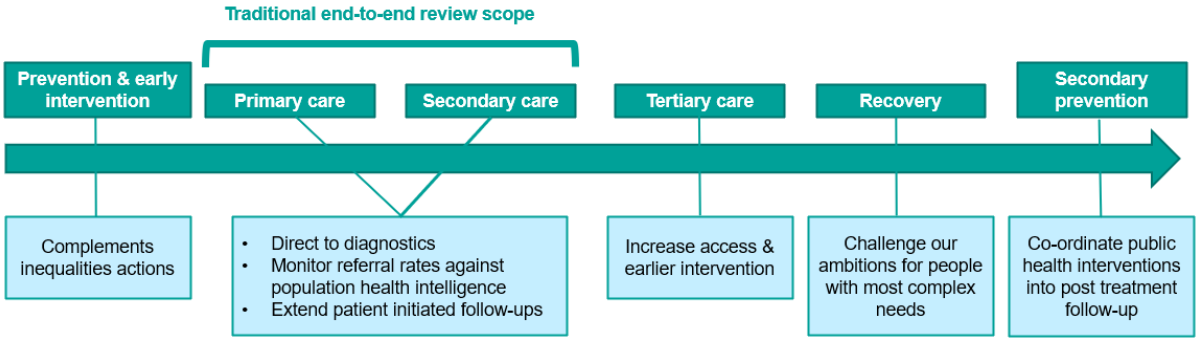
b) Local integrated offer for people with complex mental health and/ or learning disability needs, whose placement needs are currently met through contracting with independent sector providers. This could encompass:

- Creation of sufficient bespoke Supported Independent Living accommodation within Boroughs to meet local need
- Extended capacity to bring crisis support to the individual at times of highest need, reducing Emergency Department attendances / acute psychiatric admission unless clinically required
- Recovery approach that supports the individual to tackle root causes / manage distressing emotions and achieve their potential

This population are some of the most disadvantaged in our society, and this approach sets out a whole-system to tackle these inequalities and support these residents to thrive. This approach is also likely to drive better quality and more financially sustainable support.

c) Elective clinical pathways review

'End-to-end' clinical pathways review typically span the course of the pathway from primary care to secondary (acute) care and the return to primary care for residents who do access healthcare. Adopting a truly end-to-end clinical pathway review could better tackle inequalities and improve health outcomes, as depicted below:



Anchored in Places, this approach will:

- Identify populations whose risk profile / barriers to access indicates they require, using risk stratification at Neighbourhood / ward level
- Provide bespoke engagement (health promotion and uptake of screening programmes)
- Provide oversight for Place partners – giving a clear view (and feedback loop) on managing unwarranted variation not least in:
    - Over-referral that does not convert into increased diagnosis
    - Under-referral / late referral impacting on health outcomes
- Reduce bureaucracy for GPs in referral processes: encouraging greater autonomy for acute providers to determine the right clinical pathway based on diagnostic results
- Inform decision-making on how best to target current under-utilisation of BLMK residents for tertiary (specialised) clinical pathways, including earlier preventative interventions and/ or bespoke local pathways with tertiary providers
- Optimise public health interventions into post-treatment follow-up to maximise health outcomes

The outcomes sought from this approach are two-fold:

1. to ensure timely access that maximises health outcomes for all residents regardless of their barriers to accessing health and care
2. to manage demand and cost through more effective (targeted) interventions based on population need

d) Partnership in Fuller Neighbourhoods to support residents to tackle the root causes of their need (not solely manage symptoms). This approach goes beyond social prescribing to locally-determined offers that:

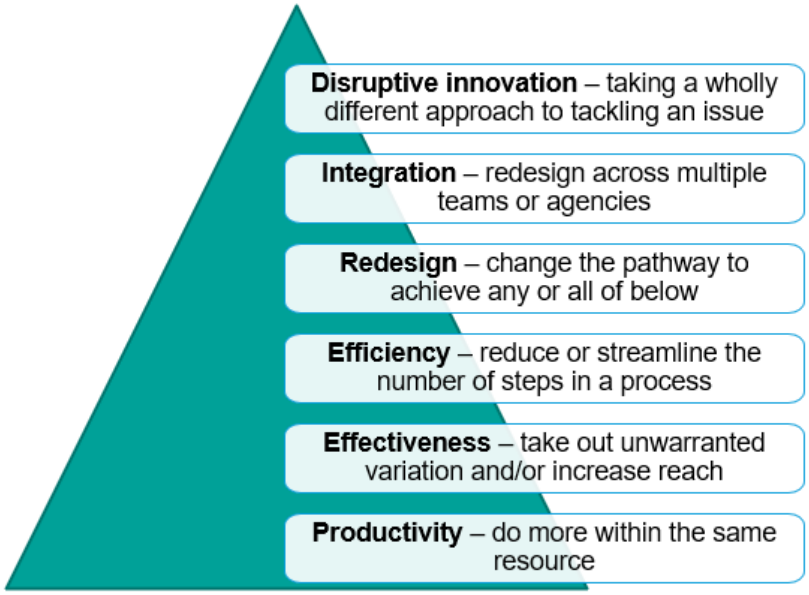
- Simplifies access to support, reducing the multiplicity of 'front doors'
- Draws on local communities' own assets and those of the VCSE to support people to thrive
- Offers co-ordinated support across civic, care and health partners reflecting residents' needs (not our service configuration and referral processes)

These examples demonstrate how, when we collaborate to the benefit of specific residents, we can improve outcomes for the individual and reduce avoidable cost across the public sector. In this way the plan will aim to move us away from the traditional focus on episodic and siloed care to:

- Define our goals by the needs of our population (at Place) rather than episodes of care or care pathways
- Drive the 'left shift', by moving resource to improving prevention and early intervention (to benefit residents and reduce future need and cost)
- Focus our collective attention on where disruptive innovation is required to meet complex need and high demand within resources
- Challenge ourselves to take a long-term view (outcomes & cumulative cost) wherever possible

We will deliver this through Quality Improvement interventions that are locally owned and driven to make it easier for our teams to do the right thing for the resident, first time.

Based on population growth and need we will deploy a range of actions in delivery of the elements of the Joint Forward Plan:



SECTION SIX: preparing the Joint Forward Plan

There will be several phases to the delivery of our Joint Forward Plan

- **Preparation phase** – establishing population-focused intelligence and delivery structures to inform and enable ICB core objectives for residents at neighbourhood and Place.
- Delivery of **Place and Provider Collaborative plans** – to meet local population need sustainably and within resources
- **Delivering the 'left shift'** – with a consistent focus on high volume/low-cost prevention and low volume/high-cost and complex interventions to maximise impact within resource
- **Building tomorrow** – building prosperity for our communities
- Achieving and **sustaining top decile** – getting ahead of the curve to drive sustainable excellence

Phase 1: Preparation for the Joint Forward Plan July 2022 – March 2024

Establish population-focused intelligence and delivery structures to inform & enable ICB core objectives to residents at Neighbourhood and Place

Population modelling	**Model our expected population changes at Neighbourhood and Place,** including growth, demographic shift and the changes in need/demand which will inform our Joint Forward Plan	Data-based intelligence on scope, size, timing and prioritisation of JFP actions, linked to populations
Place Deals & Provider Collaboratives	**Optimise Place Deals and Provider Collaboratives to integrate health, care and civic interventions around specific populations to reduce inequalities and improve outcomes:** • Deliver Fuller Neighbourhoods to meet local population need • Co-ordinate LA primary prevention and NHS secondary prevention interventions at place and patient cohort • Integrate community and social care pathways to support people with frailty and long term conditions (Home First & Stay Well At Home, including Virtual Ward & SDEC) • VCSE as an embedded partner	Multi-professional, multi-agency partnerships configured around specific resident cohorts to: • Maximise prevention & early intervention • Improve outcomes for residents • Drive effectiveness & efficiency through integration
Population health, public health & tackling inequalities	**Bring together public health and population health management resources to form a Population Health Intelligence Unit to**: • Provide consistent population baseline data and reporting on impact to specific populations • Ensure that population health and inequalities are highlighted in NHS activity, performance and quality reporting at Place / Neighbourhood • Develop data scientist analytics capacity and capability • Roll out a shared QI approach on inequalities, including exemplar 360º Thrive programmes for agreed specific populations, i.e. Learning Disabilities	Population-focused analytics at place and Neighbourhood to provide: • Integrated health, care & civic population intelligence • Outcome metrics to measure impact to specific populations • Consistent application of QI
One Estate	**Bring together estates assets at Place to develop all Partners Estates Strategy at Place** • All public sector partners • Opportunities within commercial & social enterprise facilities • Strategy aligned to projected population growth at Neighbourhood & Place	• Key enabler for new models of care • Supports population growth • Reduce avoidable long term costs

Phase 2a: Delivery of Place & Provider Collaborative Plans July 2022 – 2040

To meet local population need sustainably within resources

Fuller Neighbourhood Teams	**To meet changing needs of local residents at a locality/neighbourhood level:** • Engage with local communities to co-design future scope of Fuller Neighbourhoods • Holistic offers of support to tackle root causes (life improvement) • Increase same day urgent care capacity as population grows • Innovate models of continuity of care/complex care management • Reduce high volume/ low benefit clinical support activity primary care (e.g. straight to test/self refer) • Determine opportunities from POD specialised commissioning delegation • Estates strategy aligned to predicted population growth at Neighbourhood agreed with each Place	• Optimise health & well-being based on local need • Access to meet local population need / growth
Clinical services strategy	**End to end reviews for high risk/high opportunity clinical speciality pathways:** • Prevention / early intervention / primary care / secondary care (tertiary care) / secondary prevention • Optimising pathways (left shift, i.e. 'tertiary' functions into acute settings as population growth allows, acute functions into Place • Pathway productivity & efficiency (straight to test/standardised order sets incl. new CDC capacity) • Reduce unwarranted variation in access – missing patients & over-referral • Models of delivery (including strategic partnerships) • Capital investment strategy (diagnostics, digital, estates) • Long term strategy for key services lines delegated from specialised commissioning	• Top decile clinical pathways • High value for money • No-one left behind
'Thrive' programmes	**Civic & Health Inclusion around specific population cohorts, e.g.:** Children and young people, Learning Disabilities and Autism Spectrum disorder (ASD), Offenders, Veterans, Traveller communities and people experience homelessness.	• Cross-cutting interventions to reduce inequalities & improve outcomes

Phase 2b: Delivering the Left Shift April 2024 – March 2040

Consistent focus on high volume/ low-cost prevention AND low volume/ high cost & complexity to maximise impact within resources

Maximising Prevention & Earlier Intervention	**Identify which civic, care & health interventions, for what population and when will:** • Improve outcomes for the individual • Reduce long-term cost across public sector partners • Utilise co-production with specific communities to deliver • Learn & adapt to maximise outcomes & value for money	• Improve individual outcomes • Reduce avoidable long-term cost
Complex Needs: Thrive not just Survive	**New models of care (including local delivery) for residents with the highest complexity of needs – Children & Young People, Mental Health, Learning Disabilities & Neurodiversity** • Multi-agency proactive identification of people with escalating complex need • 24/7 crisis pathways / support in community settings (multi-agency) • Recovery-focused pathways • Local infrastructure based on local need (placements, partnerships) • Support levels flex aligned to need, not person moves through multiple settings	• Improve individual outcomes • Reduce avoidable long-term cost

Phase 2c: Building Tomorrow July 2022 – 2040

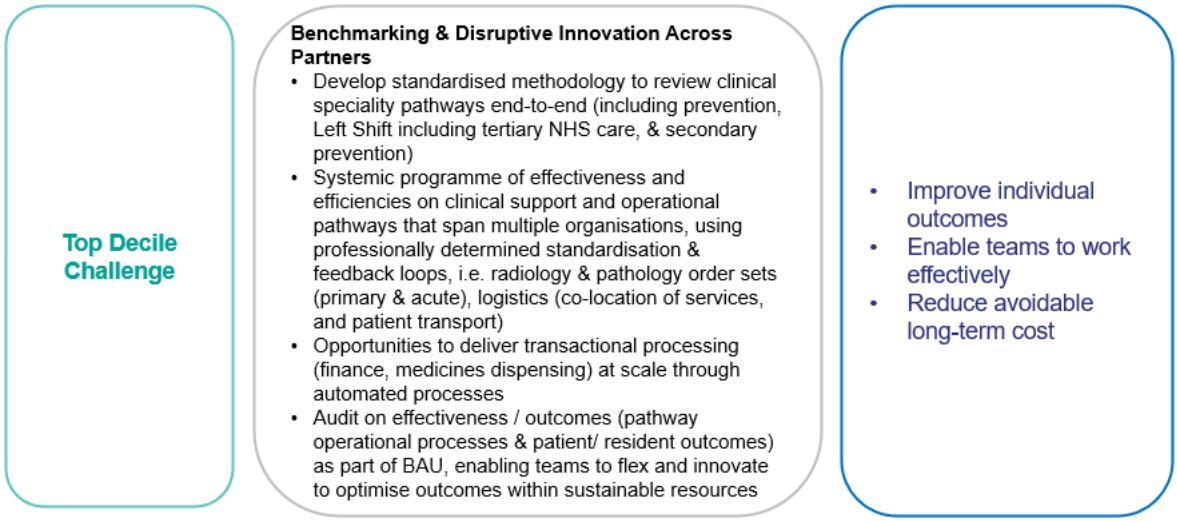
Building Prosperity for our Communities

Sustainability	**Achieving net zero across the system by 2035, ensuring we work in harmony with the environment and remain within the 'ecological ceiling':** • Improved models of care to support the circular economy – focusing on fuel poverty and improving food and nutrition • Remote and digital strategies to reduce carbon footprint • Review of medicines and supply chain with a focus on supplier carbon reduction plan and e.g. inhaler replacement. • Travel and transport 'modal shift' to improve air quality, supported by an ICS Clean air framework and system wide adaptation plan. • Embedding sustainability planning and decision making across organisations, supported by increased capability and capacity, carbon literacy and intelligence, governance assurance to underpin delivery	• Building a 'circular economy' • People stay well & make best use of resources • Better physical and natural environment
Opportunities for prosperity	**Improving opportunities for prosperity in all our population now and in the future:** • Promoting sustainable procurement and use of our public sector estate – aligning procurement policies and procurement pipeline • Aligning our long term estate plan with LA population growth projections • Developing the BLMK research and innovation strategy and networks	• Use of public sector assets • Local investment • Promoting research
Building our workforce	**Taking a strategic approach to workforce development in line with population projections:** • Focus on improving the uptake of health and care roles amongst the local population, • Growing our own future workforce, taking advantage of our education and research institutions	• Well-resourced public services • Increased employment
Social value	**Making sure our work contributes to our whole society, ensuring everyone has the chance of a decent standard of living 'above the social foundation'** • Keeping people healthy in their homes and communities • Focus on alleviating the effects of the cost of living crisis • Nurturing partnerships with VCSE partners and local employers • Developing our anchor institutions	• Keeping people healthy • Nurturing local partnerships

Phase 3: Achieving & Sustaining Top Decile July 2022 – 2040

Getting ahead of the curve to drive sustainable excellence

Transformation through technology & data	**Digital Integration Drives Optimised Outcomes** • Develop a single source of the truth – integrated data functionality • Report NHS performance at place/patient cohort level • Build our strategic data platform • Systemic use of artificial intelligence, robotics & automated data collection • Use digital to maximise independence through self-access (patient portal) • Enable care at Place (point of care diagnostics, remote monitoring) • Digital feedback loops to drive quality & effective use of resources, for example inventory management • Automated Robotic Processes to standardise & optimise processes	• Inform holistic professional decision-making across organisations • Reduce avoidable cost • Enable teams to work effectively



SECTION SEVEN: Place and Provider Collaborative Key Objectives

[for completion ahead of Health and Wellbeing Boards]

Each of the four Places in BLMK have been developing Place plans, identifying local priorities that partners can work collectively on to improve the health and wellbeing of local residents.

[Note – text below is place holder only – requires Place partners' engagement to complete – to include wicked medium/long term issues that we need to address in partnership at Place and Provider Collaboratives]

Bedford Borough

Bedford Borough's vision is to thrive as a Place that people are proud of, want to live in and move to. Local plans recognise a growing and strong local economy and an active response to climate change as two important factors in achieving this. From this foundation residents will be able to thrive and realise their potential, supporting and celebrating Bedford Borough's diverse and inclusive communities.

The Bedford Borough Place plan has been developed by the Health and Wellbeing Board and commits to:

- Understanding our communities
- Promoting prevention and health promotion
- Transforming care with primary care and VCSE

The priority partnership actions identified in Bedford Borough are:

- Tackling obesity
- Improving access to primary care

Central Bedfordshire

The Central Bedfordshire Place Plan includes three over-arching ambitions set out below:

- **Promoting fairness and social inclusion** – identifying and tackling underlying inequalities in social and wider determinants of health, promoting better equitable access to services.
- **Living Well** – so everyone has the right and opportunity to live their best life, with the required support and infrastructure to make healthy choices and maximise wellbeing.

- **Ageing well** – to provide support and services required to meet the needs of an ageing population, adapting to changing demands and new models of care.

Given the breadth of the ambition, the board has identified 5 initial priorities of focus which are:

1. **Cancer** – prevention, early detection and reducing premature mortality.
2. **Children and Young People's Mental Health** – delivering the ambitions to promote positive mental health and wellbeing
3. **Mental health, learning disability and autism** – reducing stigma, improving the experience of care and physical health of people with these conditions and access in crises.
4. **Primary care access, including dentistry** – developing the fuller plan for integrated care and developing new models of care
5. **Developing a one team approach to intermediate care services** – ensuring more joined up and timely care

Luton

By 2040, the vision is for Luton to be a healthy, fair and sustainable town, where everyone can thrive and no-one has to live in poverty, supported by:

- **A town built on fairness** – tackling inequality
- **A child friendly town** – investing in young people
- **A carbon neutral town** – addressing the impact of climate change

The Luton Place Board has developed a Place plan which commits to:

- Giving every child the best start in life
- Sustainable communities, and tackling inequalities
- Reducing frailty and supporting independence

The key priority actions identified to deliver this in Luton are to work in partnership to build:

- **Community hubs** and healthy places
- Improved **mental health services** and interventions to tackle the causes of poor health
- The Luton **digital programme**, connecting health and care services and helping people stay independent at home
- Capacity and capability across the **VCSE sector**

Milton Keynes

The Milton Keynes Health and Care Partnership, has developed and a 'MK Deal' which formalises the commitment of the main local NHS partners in MK and the City Council to work more closely together, with a focus on:

- **Improving system flow** – with a focus on urgent and emergency care services for older and/or frail and/or complex service users.
- **Tackling Obesity** – helping people lose weight and maintain a healthy weight through easily accessible weight management programmes, use of technology, pharmacological therapies and education/prevention work.
- **Children & Young People's Mental Health** – recognising that good mental health in children and young people helps build resilience, develop healthy relationships and lays the foundation for better mental and physical health and wellbeing throughout their whole lives. Early intervention is key for lifelong wellbeing: 75% of adult mental health issues are present by the age of 24.
- **Complex Care** – focussing on improving the planning, assessment, commissioning, and case management for people who have the most complex needs

Bedfordshire Care Alliance

The Bedfordshire Care Alliance is a provider collaborative which aims to ensure that where scale and complexity requires us to standardise care across the three Bedfordshire boroughs.

The Alliance has agreed a focus on four priority areas:

- **Supported discharge** – improving rehab reablement and recovery outcomes
- **Alternatives to acute admission** – stay well at home
- **Digital infrastructure** – to enable integrated pathways of care across Bedfordshire
- Support to Places to optimise **care closer to home**

Mental health, Learning Disabilities and Autism Collaborative

The BLMK Mental Health, Learning Disability and Autism Collaborative is a collaboration of the BLMK ICB, CNWL, ELFT the Bedfordshire Care Alliance, Milton Keynes Health and Care Partnership and Place based partnerships to improve outcomes, quality, value and equity for people in BLMK.

The initial vision of the Collaborative, which will be developed with input from service users, carers and system partners, will put service user voice and a focus on Place at its heart, refocusing efforts on addressing inequalities and unwarranted variation, and working at scale where it makes sense to do so.

Specific areas where the Collaborative will add value will include:

1. **Workforce** – training a new generation of mental health professionals
2. **Emotional wellbeing for young people** – responding to the increase in referrals since the pandemic
3. **Support for adults with autism** – so that even those without a formal diagnosis can get access to the support they need.

SECTION EIGHT: Sustainable delivery of NHS Operating Plan Targets

[to be updated following submission of the 2023/24 Operational plan]

Our approach to planning, transformation and contracting will look to address wicked issues which relate to our ways of working and operational realities, including:

These issues include:

- Vulnerabilities highlighted through winter pressures and the need to promote **admission avoidance and supported discharge** – workforce is a significant issue in this regard.
- **End of life care**, and in particular the need to develop a Place based delivery model
- Long waits in **elective care**, with a focus on ophthalmology, ENT, cardiology and MSK, and links to theatre productivity and vulnerabilities in paediatric surgery provision.
- **Diagnostics** including the development of community diagnostic hubs and refurbishments required to support endoscopy pathways.
- Ongoing pressures on **cancer services** including increased demand and complexity of cancer presentations and impacts on recovery of services, and the need to balance this with a push for early referral and diagnosis of cancer.
- Support for **children and young people** – especially those with the most complex needs, and to improve the experience of transition between services
- Improving uptake of **childhood vaccinations**, improving mental health and tackling obesity in children and young people.
- Recruitment and retention within the **maternity workforce** and addressing inequalities in experience and outcomes for our residents.
- Increased demand across all ages **autism, ASD and ADHD** pathways, and the need to find alternative solutions to the delays in care associated with long waits for formal diagnoses.
- Cost pressures and increased demand on **section 117** services, and variation in access and provision across the system.
- Capacity across **primary and same day urgent care** – including workforce, IT and estates.
- Capacity and capability to develop **multidisciplinary working across primary and secondary care** based around population need.
- An agreed system approach to **prevention** – including long-term sustainable investment – ensuring this is developed in partnership with the VCSE.

[place holder – additional content on known milestones including Community diagnostic centres, MKUH new hospital build, Mount Vernon re-provision to be added ahead of final submission in June]

SECTION NINE: Summary of key risks *[to be expanded for June submission]*

Principle risks, controls and mitigations are detailed in in the ICBs Board Assurance framework.

Key risks which are likely to impact our ability to deliver our Joint Forward Plan are summarised below:

1) insufficient capital/CDEL will be available to meet increased population growth/need.
2) insufficient impact on population wellbeing of left shift interventions – failure to deliver this will result in unaffordable need and cost
3) a gap or delay in resourcing as population growth/need increases
4) head space to lead transformation (operational pressures)
5) workforce transformation required

[Question - where are we holding/assuring Joint Forward Plan risks at Place and Provider Collaboratives?]

APPENDICIES *[to be added for June submission]*

a) Strategic Workforce Plan

Linked to

- population growth and demographic shift
- planned job creation in Boroughs
- LA and NHS workforce long term needs

b) Estates and capital strategy

c) Digital & Inequalities/ Health Intelligence Strategy

d) Joint sustainability & Green Plan

e) Medium Term Financial Plan

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Appendix B – Summary of BLMK Health and Care Partnership and BLMK Integrated Care Board Business March 2023

1. Health and Care Partnership 4 March 2023

- **Joint forward plan** - The plan for the development of the joint forward plan was agreed.
- **Workforce** pressures has been highlighted in a number of reports and an update will be provided at the next meeting on what the system is doing to retain and recruit staff.
- **Place plans, Health and Wellbeing Board updates and Health and Wellbeing Board guidance** –Place plans and the local priorities were presented and key areas of discussion from the Health and Wellbeing Board meetings.
  Health and Wellbeing Board guidance that was published in November 2022 and the requirements it on the Health and Wellbeing Boards, ICBs and ICPs was noted.
  Health and wellbeing boards – guidance - GOV.UK (www.gov.uk)
- **Delegation of Dentistry, Optometry & Community Pharmacy** – an update on the delegation of responsibility from 1 April 2023 to the ICB of dentistry, optometry and community pharmacy was provided. It was noted that 2023/24 would be a transitional year and provides an opportunity to build relationships with contractors. It was reported that there are significant challenges with the national contracts and partners supported the lobbying for change in contracts to enable more local flexibility. Access to NHS dentists was a real concern for residents and coupled with community pharmacy closures, increases the workload for GPs.
- **Mental Health, Learning Disability and Autism collaboration –** information was shared on the progress that had been made in provision of mental health services since the Mental Health Five Year Forward view was published in 2016 and the investment through the Mental Health Investment Standard. There was an opportunity to have greater collaboration for people with mental health, learning disabilities and autism and the ICB Board had agreed the development of this collaborative. The report contained an update on feedback from engagement that has taken place and what areas of focus service users are identifying.
- **Community Engagement** – a presentation was given on the new approach of pooling partner resources to avoid engagement duplication, agreeing co-production principles and highlighted areas of work e.g. the Denny review.

2. Board of the BLMK ICB – 24 March 2023

- **Resident's Story** – the Board heard from a Milton Keynes resident about their journey to address back pain and the difficulties she faced in gaining appropriate diagnosis and support. There were numerous opportunities cited where the patient was not listened to and where their care was compartmentalised and not joined-up.

- **Integrated musculoskeletal (MSK) and pain service** – the approach to tendering for MSK services across BLMK was supported including the development of place-based services. Reference was made to the resident's story and how the proposed approach will aim to address the issues raised. A representative is being sought from each local authority in BLMK to work in partnership with the ICB.
- **Fuller programme** – the Board reflected on the useful Board seminar session held on 24 February 2023 with Claire Fuller and committed to support the development of integrated neighbourhood teams.
- **Core20PLUS5 - for Children and Young People** – the Board agreed to adopt a targeted approach to adapting the Core20Plus5 approach to tackling health inequalities in relation to children and young people. The focus of Core20PLUS5 is on five key areas: asthma, diabetes, epilepsy, oral health and mental health.
- **Delegation of Community Pharmacy, Optometry and Dentistry (POD)** – the Board formally approved the transition of the management of these contracts from NHS England to the ICB from 1 April 2023.
- **BLMK Joint Forward Plan (JFP)** – NHS England has asked for draft Joint Forward Plans for each integrated care system (ICS) to be submitted by 31 March 2023 with final plans published by 30 June 2023. The JFP will cover at least a 5-year time horizon explaining how the four core requirements of ICSs and NHS priorities are to be delivered. The Board agreed the approach including how targeted public engagement work about the JFP will be carried out.
- **Financial and Operating Plan 2023/24** – the Board agreed for the final plan to be signed off by the Chief Executive following a meeting of system chief executives on 29 March 2023. The Board discussed bridging the financial gap, addressing capacity issues to achieve the target for elective activity of 109% of pre-Covid levels and plans to manage hospital flow.
- **Board Assurance Framework (BAF)** – the latest iteration of the BAF was presented. The BAF sets out the key system risks which the Board monitors at each of its formal meetings. Currently, the highest three risks (all scoring 20 out of 25) are as follows.
    - Developing suitable workforce
    - System pressure and resilience
    - Population growth

East London NHS Foundation Trust

REPORT TO THE TRUST BOARD IN PUBLIC
25 May 2023

Title	Quality Assurance Committee (QAC) 2 May 2023 – Committee Chair's Report
Committee Chair	Prof Dame Donna Kinnair, Non-Executive Director, Chair of the QAC
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

- To bring to the Board's attention key issues and assurances discussed at the Quality Assurance Committee on 2 May 2023.

Key messages

Winter Planning

- **Industrial action:** The Trust has been particularly affected by the junior doctors' strikes with mental health services being most impacted. Mitigations put in place ensured there were no incidents during this period and that appropriate cover was in place. Safety was prioritised with a focus on the acute pathways which resulted in some clinics being cancelled to provide cover. Although there was some disruption there was no serious impact. Plans are in place for any further potential industrial action
- **Pressure on beds:** demand remains high in crisis services and bed occupancy, particularly male acute beds; the entire pathway is being reviewed to identify and implement improvements.

Quality and Safety Report: City & Hackney Adult Mental Health Services

- Overview of services: 649 ethnically diverse staff, predominantly women, delivering a range of community and inpatient mental health and older people's services to an ethnically diverse population with high levels of deprivation and poverty, with a high proportion of single adults
- **Inpatient mental health services:**
  - Achievements: recovery plan to address capacity issues progressing well as are CQC peer to peer reviews and trauma informed care training; average length of stay reducing
  - Challenges: staff wellbeing and retention; budgetary pressures; excess demand for female PICU beds; safe ward environment and challenging ward physical environment
  - Mitigating actions: working towards and achieving service user led accreditation; strengthening service user involvement; strengthening supervision levels and recording; QI project on enhanced safe discharge
- **Community mental health services:**
  - Achievements: redesigned crisis hub; ADHD referral form for completion by GPs and service users enabling swifter allocation of appointments; street triage; four GP leads appointed; working with London Borough of Hackney to improve allocation review process for accommodation and care packages; progress with the carers' service
  - Challenges: demand and capacity impacting on waiting times; disruptions to patient care and impact on staff experience due to short timescale for location moves; overspend
  - Mitigating actions: further improvements to neighbourhoods triage system, strengthening support for the accommodation move, FV plans to reduce previous overspend
- **Equality, Diversity, Inclusion and People Participation**
  - Achievements: working well with the voluntary and community sector organisations; neighbourhood community pharmacist running community engagement sessions
  - Challenges: access to services and keeping the equality issue on the agenda
  - Mitigating actions: identifying directorate EDI staff network lead and establishing a BAME staff group; plans for cultural safety training; audit of EDI training and content
- **Quality Improvement:**
  - Achievements: 15 directorate QI projects with strong staff and service user engagement; good progress on inpatient observations project with initial signs of improvement

- Challenges: staff capacity impacting on ability to progress with the projects and resulting in inconsistent attendance at QI forums; most projects are in their early stages of development
- Mitigating actions: developing a reinvigorated QI programme and new approaches to create thinking time for staff.

Quality and Safety Report: Newham Mental Health Services

- **Overview of services:** directorate covers adult mental health and learning disabilities services through inpatient and community services
- **Achievements:** learning disability and autism diagnostic service integrated in the directorate; peer support service for new dads in the perinatal service; partnership working NELFT with robust links across inpatient services and developing a health based place of safety together; positive signs from the crisis house pilot using step up beds for diversion from Emergency Departments to avoid hospital admission; Newham Recovery college progressing well; piloting cultural safety training; Newham Working Partnership resulting in 60 people employed in the service; savings achieved and focusing on income generation from spot purchasing of beds
- **Variations:** challenges with the uptake and implementation of ARRS mental health practitioners (joint roles with primary care) with significant variation between PCNs; significant variation in investment in Newham compared together East London boroughs, particularly in learning disability, autism and ADHD; variation in the completion of Dialog
- **Challenges:** MBT service closed to new referrals due to demand and staffing pressures – work under way to put in place mitigations including learning from other directorates and working with the ICB to invest to build a more resilient model; high ward occupancy impacting on service user and staff experience – prioritising work on flow and testing a new virtual triage approach for out of area patients; funding gap for ECR ward beds – shortfall should be addressed through the establishment review.

Quality and Safety Report: Tower Hamlets Mental Health Services

- **Overview of services:** 630 staff across six main sites provide general mental health and specialist services across the care pathway from crisis and inpatient care through to community care and into primary care liaison; community mental health teams are integrated with social care staff from London Borough of Tower Hamlets
- **Achievements:** two service users co-chair QI forum and no project takes place without service user engagement; Mental Health Partnership Board in place; continued improvement of implementation of Dialog+; directorate-wide learning lessons embedded; waiting times improved particularly for psychological therapies service (PTS); managing beds with low levels of out of area bed usage; positive feedback in older adult and adult inpatient services; psychological therapies service over-recruited
- **Variations:** equality in access for different services (personality disorder, PTS); inequalities in restrictive practices; variations in community neighbourhood
  Challenges: High bed occupancy across all inpatient wards; attracting and retaining staff; estate issues in being able to accommodate large teams; increase in winter for 12 hour breaches.

Integrated Patient Safety Report Q4

- **Safety Culture:** feedback from the staff survey and Freedom to Speak Up Guardian show that staff continue to feel confident to raise safety concerns and the majority feel confident the Trust will act on these. There is more to do to encourage reporting on bullying and abuse. There are also issues raised about staff exhaustion.
- **Safety Outcomes:** top reported categories of incidents are pressure ulcers/skin damage, procedures, reported deaths, physical attacks and self-harm. Reporting levels and expected deaths are in common cause. There is an improvement in the timeliness of SI reviews completion as a result of QI work
- **Learning from Deaths:** of the 155 unexpected deaths, 19 resulted in SI reports, 14 of which were reported to LeDeR and the first review of an autistic person in LeDeR has identified themes about late diagnosis. There were 28 Inquests, eight of which were suicides. Themes will be incorporated into the learning. There were two Prevention of Future Death Notices issued by Coroners

- **Safety Improvement:** this section focuses on ways to improve learning. Staff have been engaging well with the establishment of new opportunities for learning and Trust-wide safety learning events have been well attended. New methods of learning from safety are being piloted, such an inpatient safety culture tool. Good progress is being made on the patient safety plan and working to engage staff with the new patient safety syllabus.
- A summary of this report will in future be included in the Board performance report to provide a more rounded way of reviewing safety
- Assurance provided that work is ongoing to ensure staff are engaging with safety learning. A QI project has just launched to identify how learning is happening now and to identify the approaches that are working. This should result in more information about the way people learn.

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; reviewing measurement approach in A&E to ensure consistency of approach, identify variation and improvement opportunities
- **CQC:** no significant escalation feedback or indication of significant safety concerns received following four CQC unannounced inspections in February 2023; report awaited. Improvement plans developed and put in place following a mock inspection in City & Hackney
- **Homicide in Newham:** ongoing support to team; 48 hour review undertaken and waiting for SI review to be completed – both will form part of the learning lessons
- **Inpatients:** therapeutic engagement commenced last year with all inpatient wards looking at observations; a programme will shortly commence to review patient safety and the learning will be shared across the Trust bi-annually
- **Leadership and culture:** review taking place to define leadership at the Trust as recognised that culture and leadership impact on quality and safety
- The Committee agreed there were no changes to the risk score and that appropriate controls are in place and operating effectively.

Guardian of Safe Working Q4

- Junior doctor work schedules remain compliant with the junior doctor contract
- Reporting of exceptions to work schedules has increased from 37 in Q3 to 49 reports in the period including one breach of the rest rules; rotas are designed to mitigate any risk associated with breaches. The majority of the increase was in City & Hackney and linked to wards with long term consultant absences and staffing issues
- A reduction in vacant shifts to 236 in Q4 (312 in Q3), the majority covered by internal staff and 3.3% by agency; this unusually low figure is a reduction in the number of vacant shifts requiring cover and a decrease in shifts requiring cover by agency doctors (11.8% in Q3)
- Focusing on improving attendance at the bi-monthly junior doctor forums to support with improving the flow between trainees, medical education and the Guardian of Safe Working.

Internal Audit: Good progress has been made with all management actions closed.

Quality Accounts 2022-2023 Update

- Limited completion guidance received so the Trust is proceeding in line with last year's requirements and process; progress is on track
- There are no requirements to include a quality report in the annual report and accounts nor for the quality accounts to be externally audited. The ICBs in North East London and Bedfordshire, Milton Keynes and Luton will be asked for their views for inclusion in the report.

Previous Minutes

The approved minutes of the previous meeting presented at each Audit Committee meeting and are available on request by Board Directors from the Director of Corporate Governance.

NHS
East London
NHS Foundation Trust

REPORT TO THE TRUST BOARD IN PUBLIC
25 May 2023

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

Purpose of the report

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

Committees/meetings where this item has been considered

Date	Committee/Meeting
	Information on executive walkrounds is presented quarterly to the Quality committee. Data from the People Pulse is presented through the People Plan delivery board. Data on Freedom to Speak Up concerns is presented to both the Quality committee and the People Plan delivery board. These sources of data are triangulated here for the Board.

Key messages

The quality assurance section of the report triangulates feedback from executive walkrounds, the annual staff survey, quarterly people pulse and Freedom to Speak Up concerns in order to understand the issues that matter most to staff. The themes are consistent across all these channels of feedback. Positive areas include staff feeling valued, appreciating the focus on their wellbeing, and feeling able to bring about improvements in their work/service. The opportunities for improvement centre around recruitment and retention, career progression, digital infrastructure and estates. The report outlines the work underway across these key themes, together with the oversight and assurance processes through to the Board.

The quality improvement section of the report shares the 2023-24 quality improvement plan for the Trust, aligned with our strategy. The Pursuing Equity programme will build on successes and learning from year one, supporting teams and directorates to tackle high priority areas of inequity identified in annual plans. Areas of inequity that teams are currently focusing on include ethnicity, gender and LGBTQ+ issues.

The Optimising Flow programme in 2022-23 has now concluded, having supported over 20 teams to apply a systematic and creative process to managing high demand and long waiting lists. The report includes stories from a number of teams who have been involved in this programme.

A new large-scale QI programme on inpatient quality and safety has commenced, sponsored by the Chief Nurse, Chief Medical Officer and Chief Quality Officer, which builds on the existing work to improve therapeutic engagement and observations. All inpatient sites are being supported to introduce a standard measurement plan, and to develop and test change ideas.

Two projects on improving value and staff experience, aimed at reducing agency spend and improving the experience of new starters, are moving into quality control. Both have tested change ideas that have led to improvement, but both have experienced challenges with holding onto the gains as part of routine operations. New implementation plans have been designed with the teams to achieve and sustain the gains.

Strategic priorities this paper supports

Improved population health outcomes	☒	Triple aim work and QI programme on pursuing equity
Improved experience of care	☒	Large scale QI programme on inpatient safety and quality
Improved staff experience	☒	Learning and applying skills to improve our daily work
Improved value	☒	Environmental sustainability and reducing agency spend

Implications

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

1. Quality Assurance

1.1. In a report to the Board in May 2022 we conducted a thematic analysis, triangulating various data sources, to provide an overview of quality issues emerging during a 9-month period from August 2021 to April 2022. The report used feedback from both staff and service users to identify the key issues. Since that report, a paper in January 2023 took a deeper dive into what matters most to service users, to provide assurance that the trust is working to get the basics right for them.

1.2. This report looks specifically at what matters to our staff, and seeks to provide assurance that the trust is also working to get the basics right for them. This report brings together the themes emerging from Executive Walkrounds, responses to the staff Quarterly Pulse Survey, qualitative responses to the annual staff survey, and freedom to speak up concerns, all for the last 12 months.

1.3. Each walkround features a conversation that is structured around standard questions:

a. What are you proud of as a team?
b. What gets in the way of you enjoying your day at work?
c. What are you working as a service to improve?
d. Are you aware of the Trust's new strategy? What work are you doing or thinking about doing that would improve the health of the population you serve?

1.6 The National Quarterly Pulse Survey provides a standardised national approach to listening to staff. The survey focuses on a core set of nine questions from the engagement theme within the annual NHS Staff Survey, providing insight into motivation, involvement and advocacy. The survey is collected in Quarters 1, 2 and 4. The annual staff survey is collected during quarter 3.

1.7 Freedom to Speak Up Guardians support NHS staff to speak up when they feel that they are unable to in other ways. There are a range of means available to staff to raise concerns in confidence. The Trust's Freedom to Speak Up Guardian routinely conducts a thematic analysis of concerns raised, and where it is possible to respond to concerns at a more system level, the trust will do so.

2. Feedback from Executive walkrounds

2.1 Over 120 services have been visited by an Executive Director over the past 12 months. Feedback recorded during the walkrounds shows some clear themes.

What are you proud of?	**What gets in the way?**
Team - Working well together - Adaptable and flexible - Rise to challenges, and feel able to make improvements Management - Generally responsive to feedback - Feel safe to escalate issues - Recognise good work Values - Staff generally live the trust values - Working together to common aim/ partnership	Connection - Challenge of working across teams and directorates - Not feeling connected to the wider organisation Physical environment - Suitability of premises and poor ergonomics - Keeping environments well maintained - Better facilities for staff People - Recruitment and retention challenge - Impact of managing demand and increasing workload

- Involving patients in their care - Desire to provide a great service	- Maintaining wellbeing Digital infrastructure - Reliable WiFi connectivity - Availability of equipment - Reliable access to digital systems - Response to support requests and maintenance of equipment

3. Feedback from the People Pulse Survey

3.1. Overall results of the pulse survey are positive, showing staff engagement as above the national average. Variation in scores over time seem to follow the national picture.

3.2. The qualitative comments from the annual survey reflect a diverse range of views, and a mixture of organisational and personal issues. The national survey is reported in detail to the trust board, along with a plan of action to address key challenges. Overall though, very similar core issues are raised as during executive walkrounds, both positive and negative.

Themes of positive feedback	**Themes of negative feedback**
- Focused on good staff and patient experience - Positive experience of management and leadership - Empowered to be flexible and adapt to challenges	- Challenges recruiting and retaining staff - Not having opportunity to develop career - Workforce not keeping pace with workload - Experience of bullying and/or harassment - Working environment not meeting needs of staff and/or patients

	- Digital infrastructure and equipment not of required standard

4. Freedom to speak up

4.1. 172 concerns have been raised over the past 12 months, falling into the following themes:

Quality of care and patient safety concerns raised
Bullying or harassment
Other inappropriate attitudes behaviours
Processes / Organisational Structure / Other
Worker Safety and/or Worker Wellbeing
COVID related issues
Unknown

4.2 Taking a more granular look at the themes that relate most strongly to staff experience (within the limitations of maintaining strictest confidence), some similar themes emerge to those seen in the walkround and staff survey feedback:

Processes / Organisational Structure / Other:

- Timeliness, fairness and effectiveness of recruitment process
- Equal opportunities for progression
- Premises not suitable for staff or service users

Worker Safety and/or Worker Wellbeing:

- Staffing levels not sufficient to meet workload
- Conflict not effectively managed
- Impact of increased workloads – staff morale and retention, safety

5. Looking at the data in the round

5.1. Bringing together all data sources, it is evident there are common themes:

Strengths	**Opportunities for improvement**
- Many staff have a positive experience, feel valued and their work recognised - Staff value the focus on their experience and wellbeing - Staff are engaged and feel able to bring about changes and improvements	- More effective recruitment and retention - Greater opportunities for career progression - Reduction / improved management of bullying and harassment - More ergonomic and better maintained working environments - Strengthened digital infrastructure and customer service

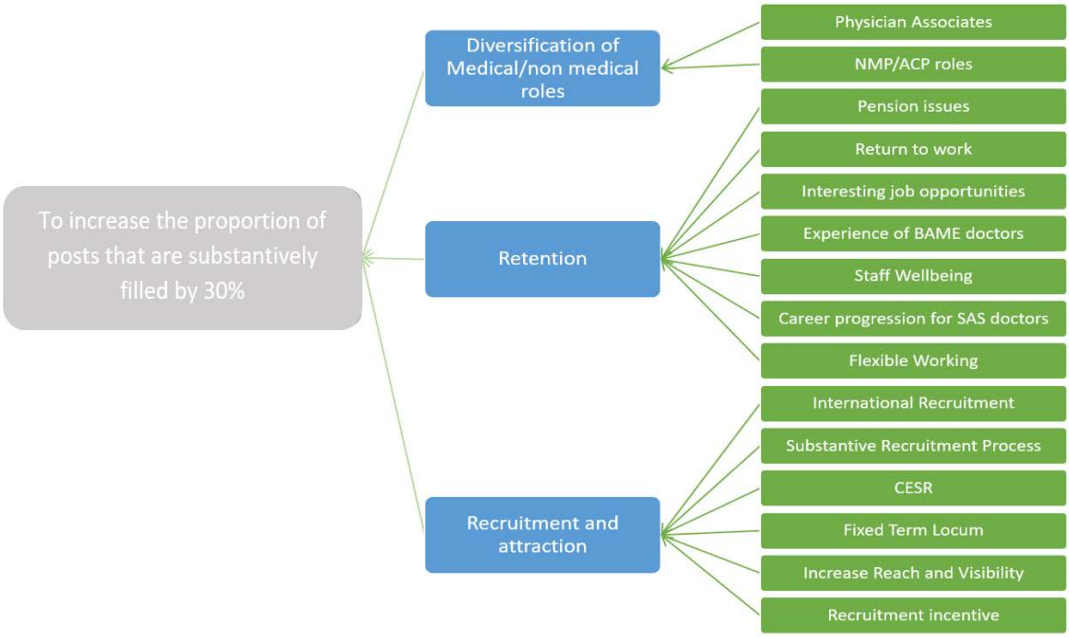
6. Actions being taken to improve

6.1. The overarching themes identified above are largely known to the trust, and addressing them is central to existing plans currently being implemented, namely the People plan, Estates plan and Digital plan. A robust oversight structure is already in place for each of these, reporting through to the board. Some of the key work being undertaken is set out below to provide assurance of progress against the areas that matter most to our staff.

6.2. **Recruitment**

The trust vacancy rate remains stable at 8.7%, despite an increase in establishment of 6.24% in the last financial year. ELFT is positioning itself as an employer of choice, through offering flexible working options, diversification of roles, creating more training roles and opportunities, engaging with our local schools and communities via anchor, veterans and other community involvement programmes. Improving retention remains a priority and increasing the reach, visibility and enhancing the content of our adverts.

Although there are an additional 140 WTE nursing staff in our workforce as compared to the previous year, which has led to a slight drop in the nursing vacancy rate, focused efforts continue on recruiting to mental health inpatient and community nursing roles via domestic and overseas routes. International recruitment pathways have been developed, such as through the Capital Nurse programme, with pastoral support and an on-boarding package to enable integration of overseas recruits into our workforce. The trust has increased overall overseas recruitment, including Medical and Allied health professionals, to fill critical workforce gaps by tapping into qualified and experienced talent from abroad. However, Psychologists and Psychotherapists remain a focus with more work required to address these gaps.



A QI project has been launched to help tackle medical vacancies in Bedfordshire and Luton (see theory of change above). The multipronged approach has proven beneficial so far in reducing gaps and making improvements in areas of high agency spend. A GMC sponsor route is being developed to support international medical graduates. This project also focuses on increasing the reach and visibility of existing roles, promoting Bedfordshire and Luton as a desired place to live and work.

The newly developed Physician Associate posts across directorates including child and adolescent services, forensic services, learning disability services and inpatient services, across East London, Bedfordshire and Luton, play a key role in clinical care delivery,

supporting the effective functioning of multidisciplinary teams and contributing to wider service developments.

In 2022, sixty-six people started an apprenticeship at ELFT, and a further seventy apprentices completed their studies, leading to development of skills across a range of health, care and administrative services. Work continues to increase involvement in a Trustwide work experience programme and T-levels to encourage young people into NHS careers.

6.3 Growing and developing our people

This area of the ELFT People Plan aims to support improved staff experience through a range of projects which will support staff to grow in their personal capabilities and develop their careers.

The ELFT Learning Academy (ELA) has been in use now for over a year and is developing into the platform for all of the Trust's learning and development activity, with a scope much wider than that of its predecessor OLM, which only catered for Statutory and Mandatory Training.

In 2022, the Learning & Development Team embedded a new appraisal process into ELA, which improved ease of access for all staff, as well as enhancing the data and reporting. This was more than a digital project – the appraisal was completely redesigned to change the narrative of the discussion and move to a coaching style discussion with just four key areas: "How did last year go? Let's think about next year? What personal development do you need? How can I better support you as a manager?" This shift of emphasis and style was warmly received by managers and appraisees due to the simplicity of the process, the openness of the questions and the training & support offered.

ELA is becoming a platform for different professional groups and subject matter experts to share available learning opportunities. Apprenticeships, Coaching & Mentoring, Social Care, The Armed Forces community and the Library Service have live resources within the system for professional development, and in the coming months new pages will come online including Medical Education, Leadership Development and QI. The aim is that overtime ELA will become a central learning hub for everything the trust has to offer, maximising coverage and increasing equity of access.

The final foundation process that is being developed is Supervision. A project is underway to build a supervision process within ELA that will utilise the Trialog tool that has been developed by the Trust. The system is expected to come online later in 2023.

6.4 Bullying and Harassment

The Trust is striving to create a workplace where positive behaviours are encouraged, modelled and appreciated; where inappropriate behaviours including bullying and incivility are addressed; and where staff are supported to safely challenge negative behaviour. Together with colleagues from across the Trust, the People and Culture department have co-created a new approach based on reflection, empathy, dialogue, de-escalation, and the principles of natural justice - the Respectful Resolution Pathway, a structured process through which poor behaviour can be addressed and which supports staff in developing a safe culture in line with the Trust's values.

The Pathway has a five-step process which allows staff to reflect on poor behaviour and provide constructive feedback, allowing for issues to be resolved informally:

- Step 1 – create a safe culture. This helps teams to develop and commit to a safe values-led culture, allowing for effective working relationships. This step provides tools to develop good days at work where staff are appreciated for the positive contribution they make.

- Step 2 – reflect. This allows staff to describe any poor behaviour that has been experienced and decide how best to address this. This is an opportunity for staff to decide that informal resolution would be a better way to address the poor behaviour.

- Step 3 – direct feedback. This is where feedback is given to the member of staff who has displayed poor behaviour, and provides an opportunity for them to consider what they could do to ensure the situation does not occur again. This approach allows the issue to be resolved respectfully, and informally.

- Step 4 – supported resolution. This provides additional opportunities for the issues to be resolved informally using options that we already have, such as a three-way discussion or a facilitated mediation session.

- Step 5 – formal process. This is the formal process as noted in our Dignity at Work and Grievance policies and is used as a last resort.

The People Relations Team and People Business Partners have been trained to support managers and staff with using the Respectful Resolution Pathway to develop a safe culture and/or to address specific poor behaviour. Some of the Trust's Bullying and Harassment Advisors have also been trained. The training programme was tested with admin team managers in the forensics directorate in 2022. The Respectful Resolution Pathway training has been incorporated into the HR training for Managers Programme from February 2023. The Dignity at Work and Grievance Policies are in the process of being updated to include the Respectful Resolution Pathway.

6.5 **Estates and environment**

The estates and environment plan was received by the Trust Board in March 2023, and its implementation will be overseen by a newly formed Estates Board. An important outcome of the consultation and research work undertaken to develop the plan is a much-improved understanding of our estate and how it is utilised. Work is underway with directorate leads to develop local plans, with regular reporting and updates. This is being led by the new Associate Director for Property & Contracts.

Estates Environment Action Groups are in place for all inpatient units, as well as Primary Care, where the Estates team can engage with local teams, collaborate on improvement work, and update on estates related matters.

Estates have begun a redesign and procurement of maintenance services. This is a strategic sourcing programme led jointly with the commercial team and the Associate Director for Engineering and Infrastructure, who is conducting performance reviews across our current maintenance supply chain

An Estates Quality Improvement Board has been formed, and currently has oversight of 11 live QI projects that are underway.

A large number of capital projects to maintain and improve the estate are ongoing, and reported on regularly to the Capital Projects Steering Group. The latest report identifies 18 live projects, including the following progress:

- The Rolling Redecorations Programme for 2022-23 delivered improvements to Moorgate and East India Wards as well as catering, dining and general circulation areas at the John Howard Centre. The scope for East India ward has been adapted to include clinical requests to include some general elements of refurbishment.

- The Anti-Ligature Window Replacement Programme at Homerton East Wing is progressing

- The Crisis Assessment Unit is nearing completion

- The relocation of the Tower Hamlets Rapid Response Team from Cavell Street and Albion Centre to the new Tower Hamlets Town Hall has now been completed

- The Bedford Hub enabling moves from Gilbert Hitchcock House to John Bunyon House and the Twinwoods site has been completed

- The Dunstable Hub programme is progressing and services will be commencing phased occupation of the building as of May 2023.

In addition, services are invited to bid for funds to improve their premises via the Trust's Innovation Fund. 43 services have had bids approved to date.

6.6 **Digital infrastructure**

A number of large-scale programmes of work are being undertaken by the digital team. Central to the work, and staff experience in particular, is the Digital Infrastructure & Service Improvement Programme (DISIP). The key priorities for DISIP in 2023-24 include the WiFi Stabilisation project, VDI pilot implementation, Resilient network SDWAN project, Data Centre upgrade project, Cloud project plus Service improvement.

The programme aims to further develop digital availability, capability and reliability by improving systems configuration and transformation, paving the way, to a degree, for system integration. It focuses on improving staff experience and meeting the ever-growing clinical and corporate digital requirements to provide high quality care to local communities within a fast moving, diverse and challenging environment. Progress is routinely reported, as part of the wider digital plan, to the Digital Operational & Transformation Board (DOTB). Recent highlights include the following:

VDI: The procurement of a new Virtual Desktop Infrastructure and Service platform completed in March 2023. TT have been awarded the contract. The project will commence in the first quarter of 2023-24. An implementation specialist is being recruited.

WIFI Upgrade & WAN refresh Project: Moving to the latest version of the Wireless LAN Controllers would benefit the Trust immensely, being enterprise ready to power the Trust's critical clinical operations and improve staff experience.

- The Green Wireless LAN Controller configuration and testing is completed - migration of Access Points from the Old Green to the New Green will commence soon.

- The Alie Street and Charter House Wireless LAN Controller configuration and testing is in progress. Upon completion, migration of Access Points to the new Controllers will ensue.

- Draft deployment plan of new Access Points across sites completed with help from Admin Leads across the Trust.

SD-WAN Network Upgrade: The primary objective of this project is to replace the existing technology that underpins the network solution at ELFT with a solution managed by a third-party expert supplier, to enable better internet performance. Contract negotiations are scheduled to be completed by end of May 2023.

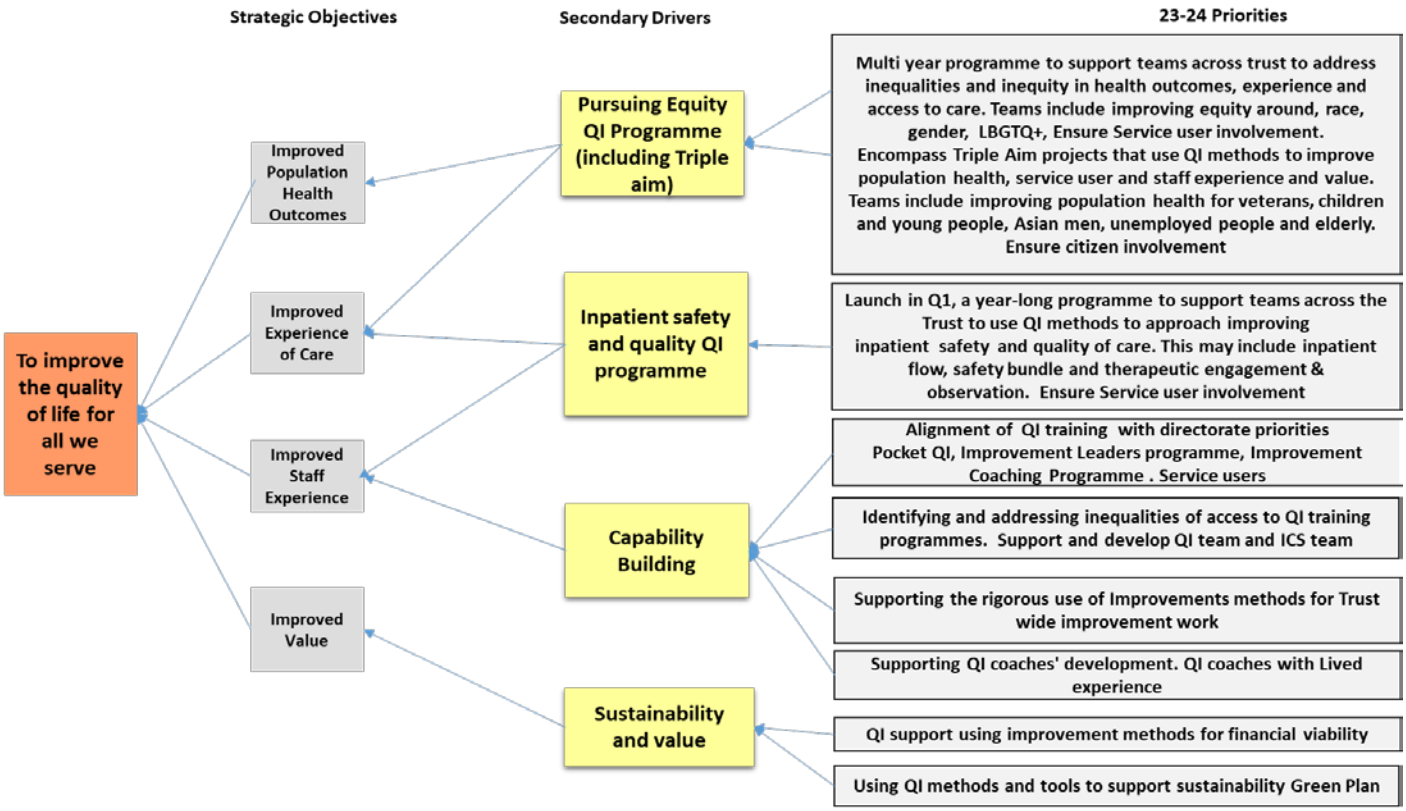
In addition, a small-scale innovation that has had a major impact is the 'Digital Bar'. The Digital bar is a service initiative that was launched by the support team to enable users to receive face-to-face technical support and advice from our Service Desk analysts. Staff visiting The Green receive assistance with setups, resets, troubleshooting and escalations. At the same time, staff can receive tips and advice on what they may need to do in tandem with their current issues, such as smartcard replacements or RiO account activations for new staff. Engagement from staff has been good, with 144 contacts and 132 issues resolved in the first week alone, and overwhelmingly positive feedback has been collected (using a whiteboard at the bar).

7. Summary

7.1 Overall, three key sources of feedback from staff point to similar themes, with regard to what is working well, and what needs improvement. There are already large programmes of work led by Estates, the Digital team, and the People & Culture team which address the key areas and are reported regularly through to the Trust board.

8. Quality improvement

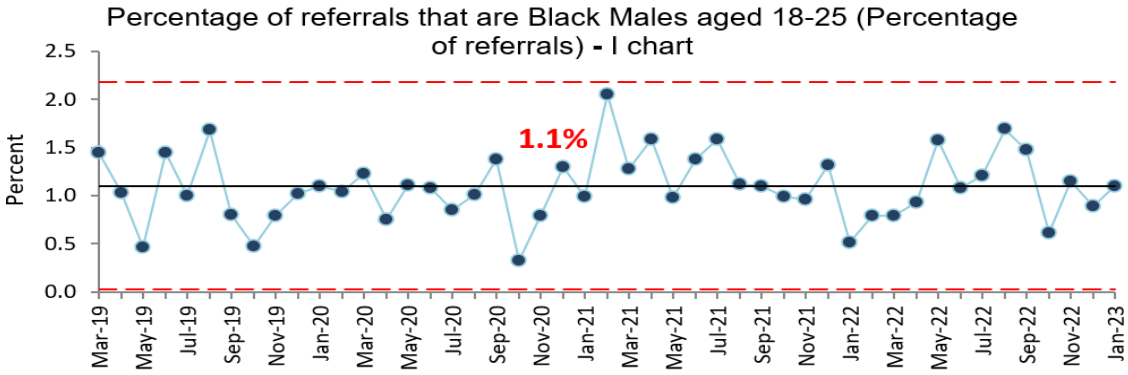
8.1 Quality improvement is a systematic approach applied by staff, service users and partners across and beyond ELFT to identify, understand and solve complex problems in a collaborative way. This section of the report outlines the Trust's quality improvement plan for 2023-24 (illustrated below) and provides assurance on the application of quality improvement to help deliver the Trust's strategic objectives.



9. Improving population health

9.1 Addressing inequalities – ELFT's Pursuing Equity QI Programme

The Pursuing Equity QI programme launched in April 2022, and currently thirteen teams are part of the programme. All teams are developing change ideas with ten teams actively



testing. An example is Newham Talking Therapies, who are working to improve uptake of their service by Black men aged 18-25. This population is currently underrepresented, making up only 1% of all service users (see below). All ideas developed and tested have been in collaboration with service users. Ideas include adapting social media presence to be more representative and inclusive; partnering with local gyms and barbers to provide free merchandise and offering digital links to the service to encourage conversations around mental health.

9.2 Two inpatient teams are focusing on improving the experience of LGBTQ+ service users. At the Coborn centre, the team are working with young people to test having LGBTQ+ champions and the use of pronouns on room doors. Ruth Seifert ward in City and Hackney is collecting data via a patient and staff confidence survey to help understand the issue. They are testing training staff on LGBTQ+ issues and weekly ward huddles for staff and service users to discuss topics around LGTBQ+ on the ward.

9.3 Design for year two of the Pursuing Equity programme is underway. A scoping exercise has been conducted with all directorates to identify equity work within their annual plans. A recruitment campaign will begin in May to identify teams that would like to use QI to approach an equity issue.

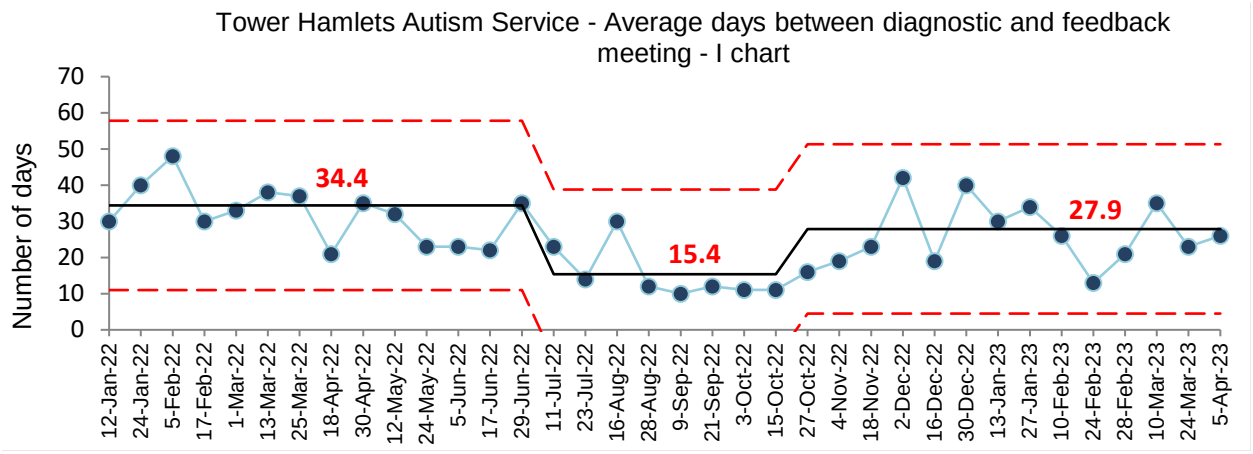
10. Improving experience of care

10.1 Optimising Flow QI programme

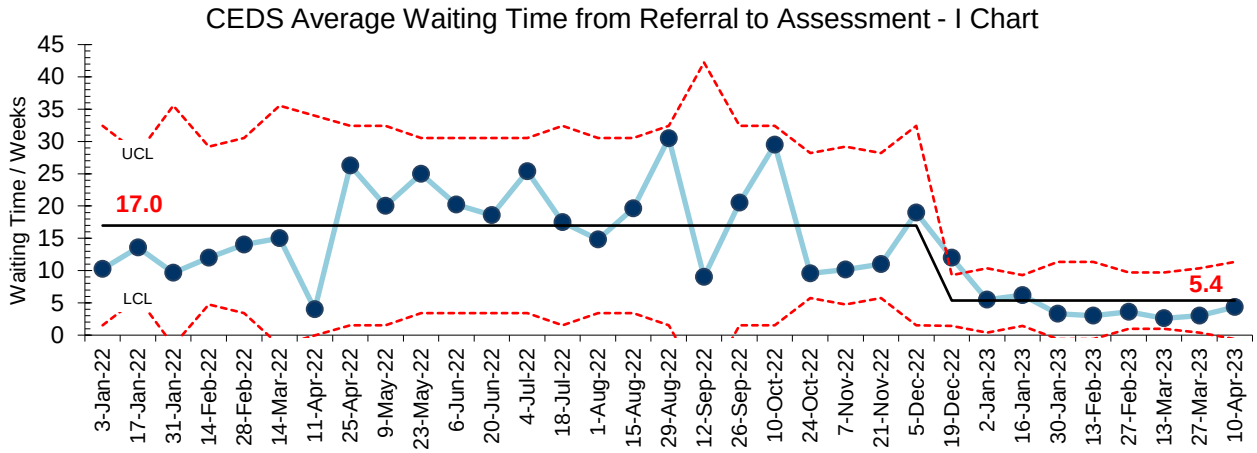
The year-long QI programme has supported over twenty teams to tackle increased demand and long waiting lists using a systematic quality improvement methodology. Some examples are featured below with many other examples also described within the performance report:

10.2 *Newham Child and Adolescent Mental Health Service*: the aim is to reduce the time young people wait from referral to assessment to 9 weeks. The team have tested several ideas including a green waiting list, which helped them prioritise their cases. This enabled them to reduce the number of young people on their waiting list by 116 people.

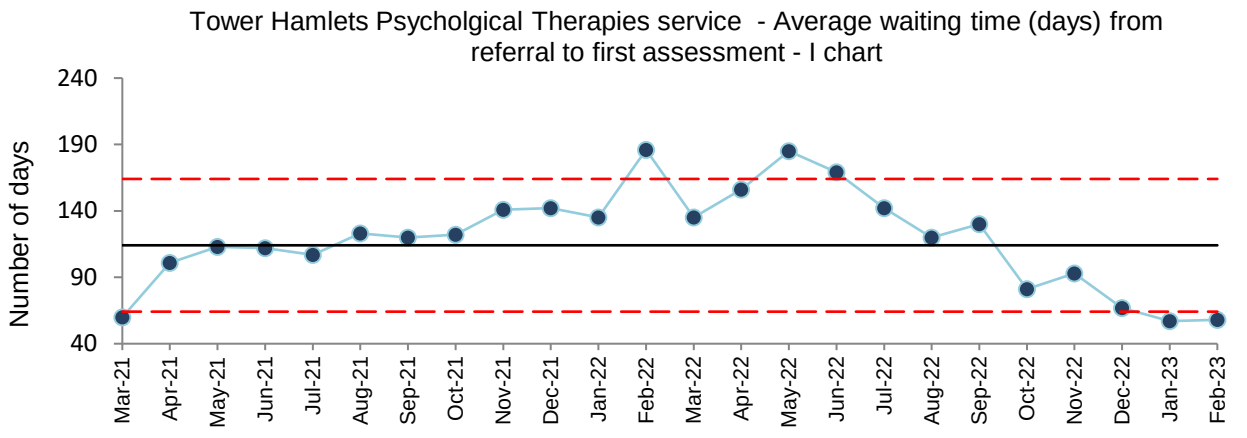
10.3 *Tower Hamlets Autism Service:* the aim was to reduce the waiting time from referral to assessment by 50%. Ideas tested include a referrals pack to streamline the process which resulted in a 38% reduction in the time from referral to the active list. Additionally, increasing the weekly assessment meeting by one hour meant the team could discuss more cases and reduce the time to receive diagnosis by one week.



10.4 *East London Children's Eating Disorder Service (CEDS)* identified long waiting times for young people to receive an assessment after referral to the service. The aim of the project was to reduce waiting times and improve patient experience. The team developed a process map to better understand where there were inefficiencies and bottlenecks in the system. Their change ideas included discontinuing the triage process, introducing a single assessor, and updating the referral form. After testing these ideas for a few months, the team saw a reduction in the average wait time of 17 weeks to 5.4 weeks.



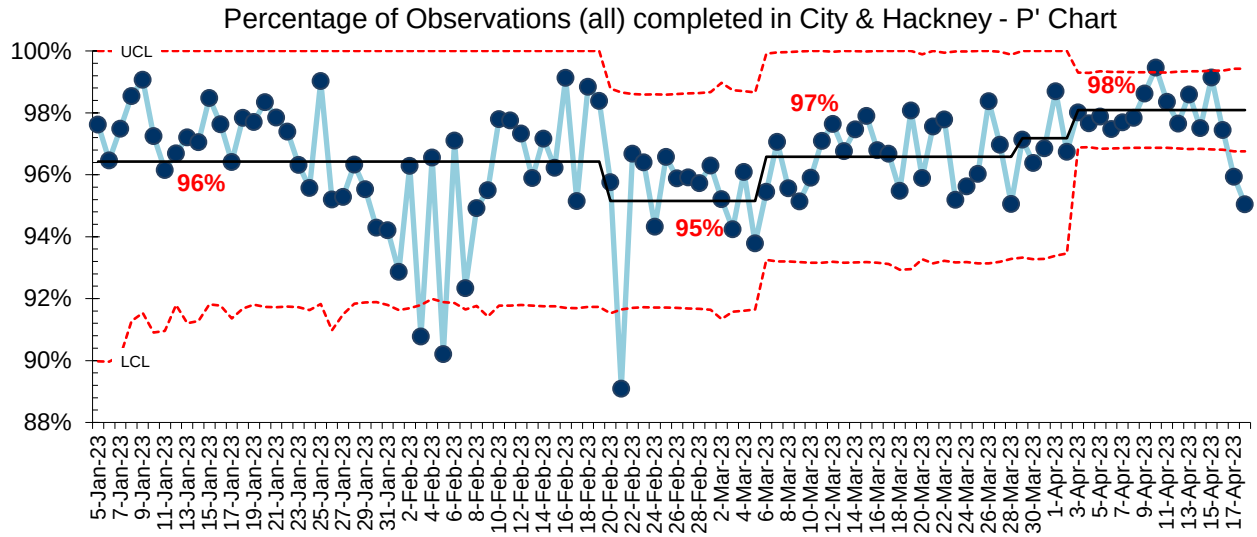
10.5 *Tower Hamlets Psychological Therapies Service:* aimed to achieve an average waiting time of 12 weeks or less from referral to second contact. The team tested many ideas such as removing steps in their process and using data to understand patient flow.



10.6 Inpatient quality and safety programme

This new programme for 2023-24 will build on the existing therapeutic engagement work across all our inpatient wards at ELFT, which has applied the rigour of the QI method and has received close, skilled support. The QI programme will extend this work to incorporate areas that are key to providing high quality and safe inpatient care, such as reliability of safety culture bundle implementation, inpatient flow and trauma-informed care.

10.7 All teams now have a theory of change and a standardised measurement plan has been developed, which includes measuring the percentage of all therapeutic engagement observations completed. An example of this is City and Hackney who have been collecting data daily and have seen an improvement (below).



10.8 Across the Trust, inpatient teams have been testing ideas, such as involving inpatients in safety huddles, leaflets to improve understanding of observations, activity boxes and developing 'this is me' stories. Staff are also testing using infrared torches at night so as not to disturb sleep. Some teams are testing different data collection techniques such as using QR codes. Other ideas focussed on staff include training and communication, ensuring staff have protected engagement time to conduct the observations, setting reminders and making staff easier to identify by using coloured clipboards/badges.

11. Improving staff experience

Building capability in QI skills is an important part of developing and maintaining a culture of quality improvement across the Trust. In March, 167 staff and service users graduated from the *Improvement Leaders' Programme*, a six-month accredited course which supports people to learn and apply quality improvement to a real issue in their service. One senior leader graduate has now requested all the management team in his area attend the next programme, to embed an improvement culture and support delivery of the projects he sponsors. A service user attending Tower Hamlets mental health services reported that the course made her understand why her part in a project was so important and that she felt motivated to do more.

11.1 In March, 55 staff and one service user graduated from the Improvement Coaching Programme, a six month programme that develops people into improvement coaches, who then devote a small amount of time each week to support other teams with their QI work. A recent graduate who is a Band 4 administrator highlighted *"…this course is open to all staff, before this I only thought senior people could become coaches but now, I am coaching two projects and would like to develop my career in improvement".*

11.2 *Pocket QI*, the Trust's one-day foundational QI training is accessible to all staff and service users. The training is delivered in person in both London and Bedfordshire and is receiving increasing numbers of sign-ups.

11.3 Monthly masterclasses will start from May 2023 to give those who have completed the improvement leaders programme or improvement coaching programme (sometimes several years ago), a chance to refresh and deepen their improvement knowledge. These will cover specific subjects, including applying an equity lens to QI, advanced qualitative and quantitative data, and how to manage resistance to change.

12. Improving Value

12.1 Agency spend

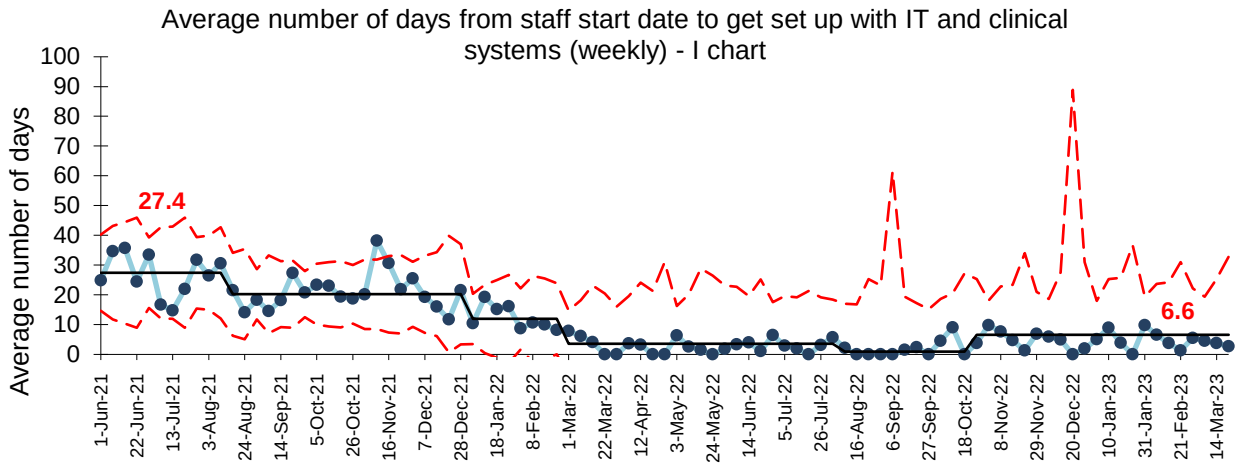
The project on agency spend has seen a reduction in percentage of agency spend in six areas of the Trust. Of particular interest is Bedford mental health where the project team primarily focused their tests of change. They were able to reduce the percentage of agency spend from 19% to 14%, which has been sustained for more than a year. Some of the change ideas from this work have been applied across the organisation. Trust-wide data remains unchanged with an average of 7.7% of total staffing costs being spent on agency staffing.

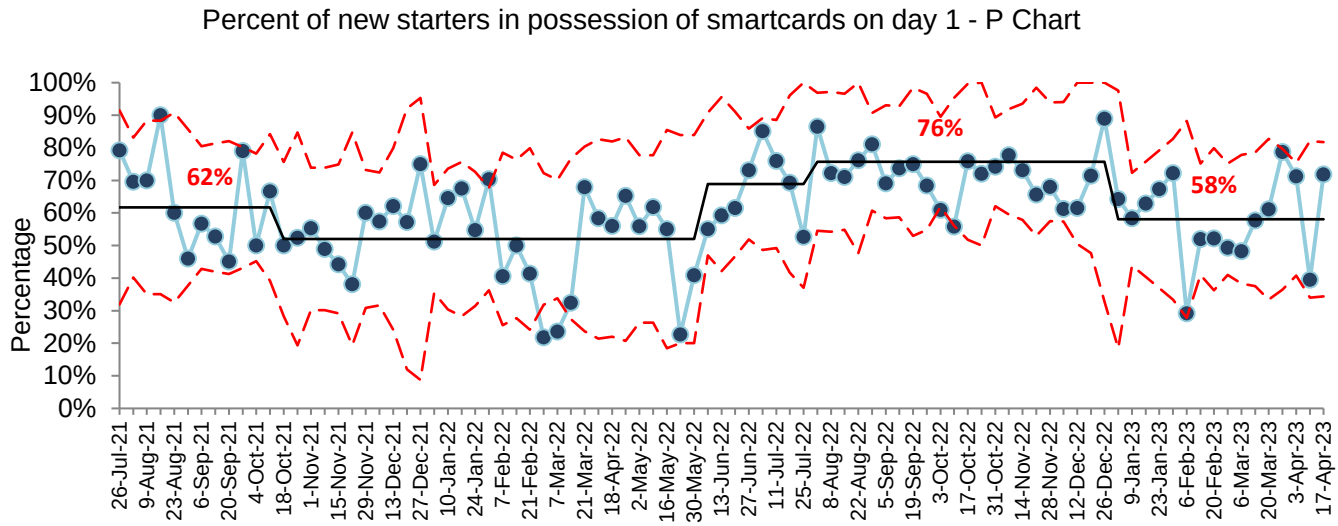
Change ideas that have been implemented into business-as-usual include redesigned job descriptions; internal process for agency pay rate limit and approval; finance business partner approving and coaching budget holders; appointment of a medical resourcing manager; an incentive scheme to encourage staff to take on bank shifts; changing to a direct engagement supplier whereby the trust saved on VAT. A recommendation from the work was to develop a central structure for managing temporary staff which is now established.

12.2 New Starter Project

A team consisting of People & Culture, IT helpdesk and digital have been working towards improving the experience of new staff starting at ELFT. The aim is that all staff on day one are in possession of their 'smartcard', a card that enables access to NHS systems, and that they are able to access clinical systems within one week of their start date. Access ensures clinical staff are equipped with essential patient information, a key factor in patient safety. Improving data quality and internal process changes have led to clinical staff being able to access clinical systems within seven days.

The team achieved improvement in access to smartcards, however sustaining the gain has been more challenging. A change in process was difficult to implement due to staff turnover and a lack of connection to the project. A workshop was held for all staff involved to explore why the change idea was difficult to adopt. An implementation package was designed with staff to standardise, document, and socialise the change. The team will be training all staff in the new process and have made a commitment to daily huddles and regularly reviewing the data.





13. Action Being Requested

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

Performance report

May 2023

NHS
East London
NHS Foundation Trust

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

PURPOSE OF THE REPORT

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

KEY MESSAGES

The performance report provides a strategic overview of performance on five key themes (safety; access and responsiveness; effectiveness and outcomes; children and young people; equity). Each theme includes a small number of Trustwide measures, together with narrative to describe progress, challenges and actions. This report now also contains a summary of safety issues and safety improvement, from the integrated safety report that comes to Quality Assurance committee, to give the Board an overview of patient and staff safety. The appendix contains our system performance dashboard, with measures related to population health, quality of care and value for each of the key populations that the Trust serves. Narrative to explain unusual variation is contained in the overview of performance within the relevant theme.

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

Over the past year, adult community mental health, talking therapies, and East London community health services have experienced the biggest reduction in waiting times. All services are exploring ways to increase capacity and manage demand, such as prioritising group intervention, implementing recruitment and retention strategies, and streamlining and clarifying referral processes.

The rate of patient safety incidents and physical violence remains stable, with a reduction in use of prone restraint over recent months. This is attributed to the focus on reliability of the safety culture bundle across inpatient wards (safety huddles, community discussion of safety issues, safety crosses and dynamic risk assessment). To enhance safety culture, the Use of Force steering group has introduced new initiatives such as collaborating with Police and Ambulance services to create compassionate escalation protocols. Additionally, the group has worked with service users and carers to develop information leaflets to improve transparency and ensure the use of force is a last resort and administered appropriately.

The percentage of service users achieving recovery within talking therapies is exceeding the national 50% goal. Access to Rapid Response in community health services consistently exceeds the national target. Dialog outcome charts demonstrate that mental health services are positively impacting across all quality of life domains, with improvements in capturing paired outcome measures upon discharge in CAMHS inpatient services.

KEY MESSAGES (continued)

In the last two months, the percentage of service users who would recommend our services has returned to normal levels.

Early intervention services continue to exceed the national two week access target to start treatment for first onset of psychosis, achieving 76% in March.

The equity section of this report describes the work underway across all areas of the Trust to tackle identified areas of inequity. This includes work across all three Talking Therapy services to improve access for people from black and minority ethnic communities. This is resulting in a higher percentage of referrals from minority groups (see appendix 1, page 22). The East London community disordered eating team has commenced a project to increase access from minority ethnic groups. Within CAMHS, the Luton team has engaged a wider range of community partners as part of a triple aim project focused on children in the South Luton neighbourhood. City & Hackney CAMHS is focusing on young Black people. The CAMHS Discovery project has partnered with Dunstable college, aiming to engage with children from low socioeconomic groups and South Asian heritage.

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

Bed occupancy continues to remain high, at an average of 94%. This can be attributed to multiple factors - increased levels of acuity and complexity, a rise in formal admissions under the Mental Health Act, and delays in discharge due to social care issues. With the aim of improving the efficiency of the discharge process, inpatient services are exploring different strategies such as collaborating with local authorities to improve access to accommodation and packages of care, streamlining the documentation process, and developing protocols to improve communication between inpatient and community teams. Additionally, the organisation is promoting alternatives to admission, such as crisis resolution and home treatment teams.

The total waiting list across the Trust has increased in the last two months. Across the 48 services where waiting times are being monitored, 18 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. Some specialist services are continuing to face rising waiting lists, particularly Attention Deficit Hyperactivity Disorder (ADHD) and Autism services. This increase in referrals and waiting lists is also being seen across all parts of the country. These services are currently investigating broader system solutions by examining the potential of partnerships between primary and secondary care to alleviate waiting lists, and to establish which groups of service users these specialist services are best able to work with in order to improve quality of life. Teams are receiving additional support from the commercial department, performance teams and ICB commissioning colleagues in to understand demand and capacity, and develop whole system solutions.

Executive Summary

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

Improved service user experience	☒	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	☒	
Improved staff experience	☒	
Improved value for money	☒	

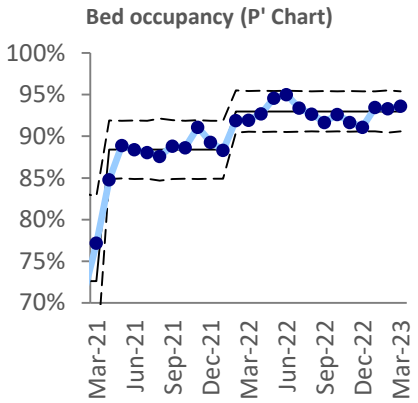
Committees/meetings where this item has been considered

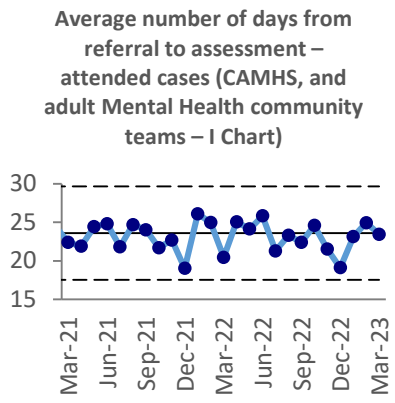
Date	Committee and assurance coverage
Various	Various sections of this report are submitted to the Service Delivery Board, Finance Business and Investment Committee and other Trust committees. Some of the performance information is submitted to commissioners and national systems.

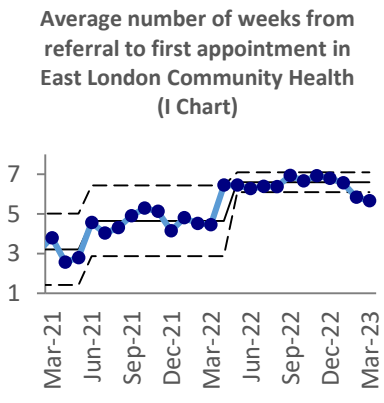
Implications

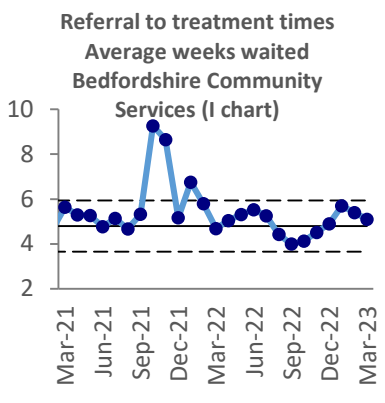
Impact	Update/detail
Equality Analysis	Some of the metrics in this report are designed to improve equalities by ensuring access to services and good outcomes. Analysis of the experience of different groups is undertaken as part of the Trust's inequalities work stream and population health task and finish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

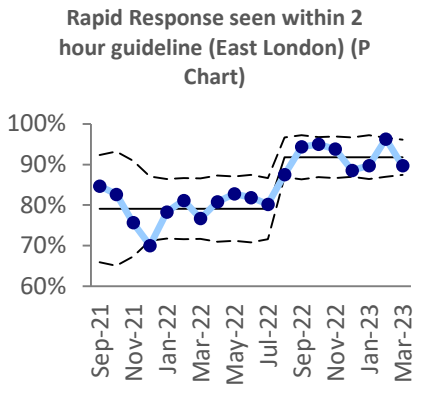
Access and Responsiveness

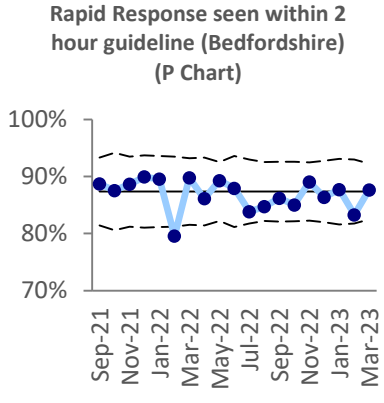










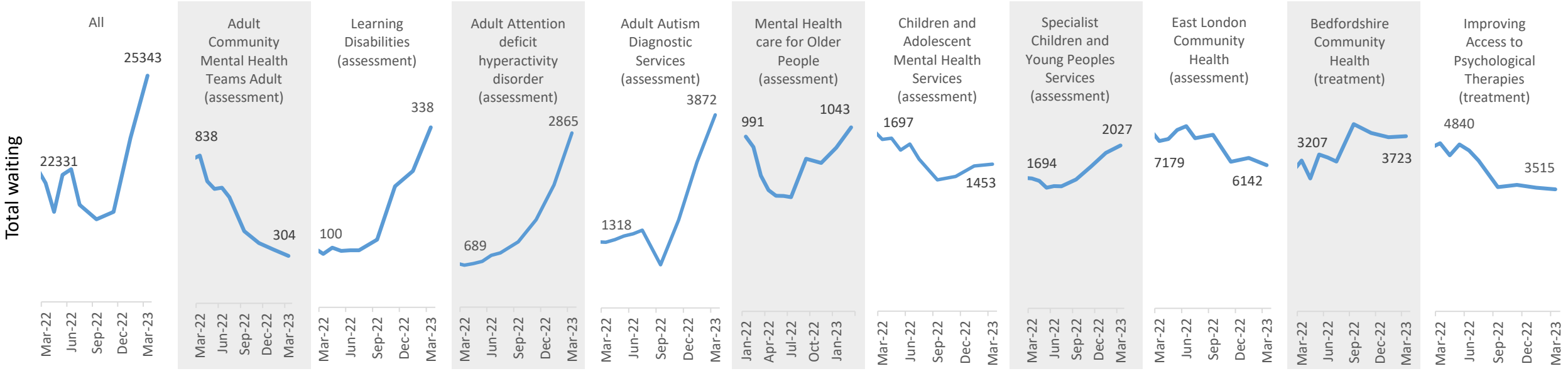


While overall number of admissions has decreased compared to previous years, bed occupancy continues to remain high, at an average of 94%. This is related to several factors including higher levels of acuity and complexity, a rise in formal admissions under the Mental Health Act, out of area admissions, and social care related delays to discharge. Services have highlighted an increase in the number of service users who are homeless or lack a permanent residence, and who also have intricate social care requirements that can make the discharge process more protracted.

The Trust collaborated with NELFT to conduct a review of bed capacity, and the two organisations are planning to repurpose an existing ward into an additional male adult acute inpatient ward. This is aimed at improving overall bed capacity in the local system. Plans are also in place to reorganise the Health Based Places of Safety units by closing the facility in Newham and introducing a new one at Goodmayes Hospital. This change seeks to enhance quality and safety for both adults and children by improving the unit's therapeutic environment, reducing delays, and providing case closer to a service user's residence. A promotional campaign is underway to raise awareness of alternatives to A&E, including crisis lines. Mental Health Joint Response Cars are having a positive impact by providing additional mental health expertise to the ambulance response team. This approach diverts demand away from A&E by conducting assessments and referring individuals to mental health or voluntary sector services as appropriate. Initial review of the data suggests that 81% of people seen by the joint response cars are either treated or referred on, without need to convey to hospital. Additionally, services have reviewed the winter schemes that proved beneficial in managing flow, and are exploring ways to build upon these initiatives. One such approach involves providing additional funding for consultant cover on weekends to improve decision-making and expedite discharge.

Rapid response in Community Health Services is stable, with 90% in East London and 88% in Bedfordshire assessed within two hours, surpassing the national 70% target. Services in Bedfordshire have highlighted that performance has been maintained despite higher levels of referrals during the past two months, reflecting increased demand from palliative care services. Services are working with acute providers to implement virtual wards in order to support people at home. This can include remote monitoring using apps, wearables, and other medical devices such as pulse oximeters. In Bedfordshire, the initial focus has been with respiratory, frailty, and cardio-vascular care pathways. Virtual wards, discharge to assess, and Integrated Discharge Hubs in East London are being strengthened to improve patient flow across the system.

Access and Responsiveness



Of the 48 teams where waiting times are being closely monitored, 18 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.

Autism and ADHD services across the Trust are responsible for the greatest increase in waiting times across ELFT, consistent with the national picture of growing numbers of referrals and increasing waiting lists nationally for these services. In Luton & Bedfordshire's ADHD service, referral numbers continue to grow, outstripping current capacity. From May 2023, a change idea will enable an extra ten service users two be seen each month. On average, there are 120 referrals accepted each month, with the capacity to complete 31 assessments, meaning that there is a mismatch of 89 appointments each month. Due to the increasing demand, the service met with commissioners at the end of March to provide an update on the current business case, which is in its final stages and due for submission soon. Staff recently attended a national ADHD webinar looking at the role of partnerships in reducing waiting times. Learning from this webinar included developing collaborative relationships with schools to support children in their studies and with organisations like the Department for Work and Pensions and the criminal justice system to raise awareness around how to recognise ADHD and Autism in the community.

In East London, City & Hackney's ADHD service continues to see an increase in the waiting list. The Business Development Team is liaising with local commissioners around additional funding, and corporate performance has been supporting the business case. On average, the service receives 56 referrals each month with the capacity to see 14, and referrals continue to grow by 20% each year. A project has commenced across East London, with ELFT and commissioners, applying the triple aim framework to look at population need and the whole system design. Partnerships are being formed with primary care, and CAMHS services to assess current demand, pathways and resources, as well as investigate new service models. Additionally, there are discussions around the possibility of establishing an all-age neurodevelopment service.

Access and Responsiveness

The Trust strategic lead for autism is analysing demand across the system, and working with the ICB to consider how we can meet this demand at a system level. Demand and capacity analysis with Luton & Bedfordshire Autism service has demonstrated a capacity bottleneck at Stage 2 of the pathway. As a result, the service is looking to reorganise the roles of staff to shift capacity within the pathway. The City & Hackney Autism service is adopting a similar approach and has developed a new referral form to enhance the effectiveness and efficiency of screening, which involves a Band 7 nurse screening referrals prior to acceptance. The administration team maintains a standby list of patients who can attend appointments at short notice to help minimise wasted appointments. The Tower Hamlets Autism team has a high caseload of people with a diagnosis of autism receiving follow-up care, making it difficult to undertake new assessments. Over the last three years, there has been an increase in the conversion rate of assessments to diagnosis, from 46% to 68%. The service has changed its screening process to increase assessment capacity and to move service users more quickly through the pathway when receiving interventions.

Addressing the increase in demand for our adult autism and adult ADHD services will require investment, and also contribution from partners across the integrated care systems. As such, this will need place-based planning and ICS-level planning in order to adequately address the issue. To support this, a project has commenced across the four boroughs of East London, with ICB commissioners and primary care representation in order to better understand demand and consider system-wide and place-based solutions. One of the first steps has been to conduct service user interviews and focus groups.

Psychological Therapies Services (PTS) in Tower Hamlets have successfully reduced waiting times from 26 weeks in May 2022 to 8-9 weeks in February 2023. This has been due to reducing the number of steps in the process and reducing two phone calls down to one to save staff time and avoid having to pass information between calls. A flowchart of the pathway with clear timescales for each step was shared with the whole team which has helped clarify expectations and reduce variation. An allocated staff member is responsible for ensuring that this is being adopted in a consistent manner.

Bedfordshire Memory services have seen an increase in assessment waiting times. The service is currently reviewing the team skill mix, and identifying ways to maximise existing capacity. The team is developing referral criteria to share with GP practices, to facilitate information-sharing and collaboration in order to improve referral quality and save time for duty workers in terms of screening and assessing service users.

Specialist services including Newham and Bedfordshire CAMHS, IAPT, children's ASD, and Speech and Language therapy are also experiencing increasing waiting lists. Newham CAMHS has been developing an allocation spreadsheet to provide an annual quota per staff member to match demand with capacity. The allocation spreadsheet was being tested until the end of April 2023, and will now be formally implemented. Training is being provided in stages to all admin staff to familiarise themselves with the new process. This is initially being tested with the Neuro-Developmental team and the Emotional & Behavioural team, since they have the greatest increase in waiting times. Bedfordshire CAMHS continue to experience increasing waiting lists in the autism pathway. The team are working towards reducing the time for an individual to receive an assessment by 50% by prioritising staff training and testing ideas to increase clinical capacity for long waiters.

SCYPS Autism Spectrum Disorder (ASD) is experiencing a rise in waiting lists and is engaging in promotional work and discussions with GPs to enhance the quality of referrals to the service. The aim is to ensure all pertinent information is provided from the outset to save clinical time. Speech and Language Therapy has seen a slight increase in waiting times over the past three months and is making families aware of alternative ways to seek support and care, including monthly online parent workshops led by occupational therapy, a helpline, and resources through the SCYPS YouTube channel.

Access and Responsiveness

IAPT services in Tower Hamlets and Bedfordshire continue to prioritise group therapy sessions to manage waiting lists. In Tower Hamlets, interventions delivered in a group format are taken up by around 15% of service users. The team has conducted an evaluation that shows that group therapy interventions have similar outcomes compared to individual therapy and are more cost-effective. To increase uptake, the service is reviewing the content of the group programmes by improving the language offer available and co-facilitating the sessions with service users. The team in Bedfordshire also continues to exploring potential changes to the pathway so that service users waiting for high-intensity individual therapies would be able to access support through group courses, delivered primarily online. This would give service users an introduction to the tools and approaches used in Cognitive Behavioural Therapy, so that service users are more prepared when they start treatment.

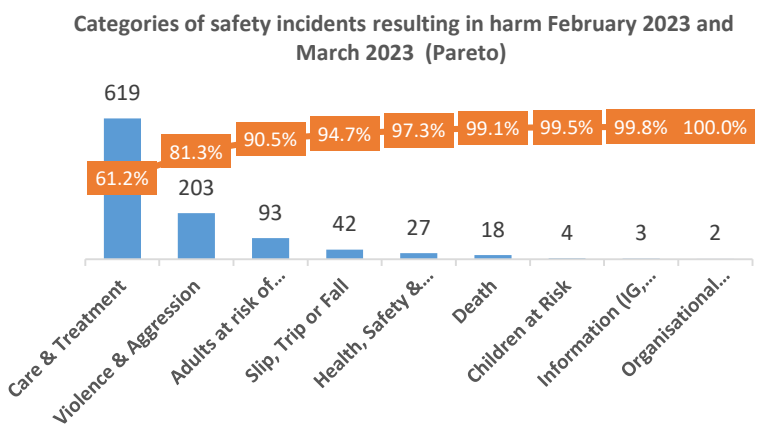
Despite an increasing waiting list over the past year, the Newham Foot Health service is starting to see a reduction since August 2022, due to the testing of change ideas. These have included writing to every service user who has been waiting over six months to understand if they still require the service. A dedicated phone line has been established for service users to call if they require additional support and the team has also amended the internal booking system, allowing admin to book appointments up to nine months in advance, rather than three months. These changes have resulted in greater efficiency in the clinical pathway, and the waiting list has decreased from 2353 to 1961 in the last six months. ELFT's analytics department has supported this initiative with the production of geo-maps to help the teams understand where referrals are coming from, and stratifying referrals by age, gender, and ethnicity. This analysis has helped to identify hot spots with a concentrated need for healthcare services, particularly where the number of GP practices is limited. East London community health extended primary care teams are also starting to see a decrease in waiting times due to the introduction of a temporary weekend service that supports those who have been waiting the longest. Staffing capacity continues to be monitored daily and an ongoing international recruitment drive remains a key focus to increase staffing levels.

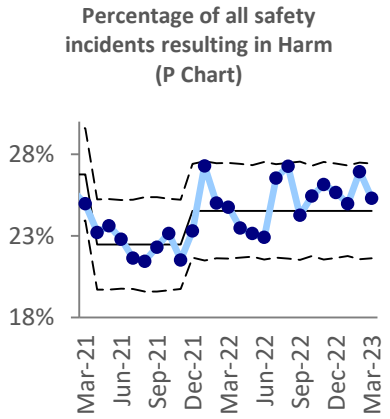
Bedfordshire Podiatry is seeing an increase in the number of service users waiting for their first appointment. This was caused by the redeployment of staff during the pandemic, resulting in prioritising the higher risk referrals. The main backlog is within the less complex pathway for MSK referrals, with only one member of staff available within this part of the service. New patient clinics are being set up to see new referrals waiting for an assessment and a recruitment process is in place to support this. Similar to Newham Foot Health, GP education sessions have started in South Bedfordshire to ensure referrals match the new referral criteria. Training in North Bedfordshire is due to start next month. The team continues to prioritise high-risk service users with the clinic calling to offer an appointment within one working day.

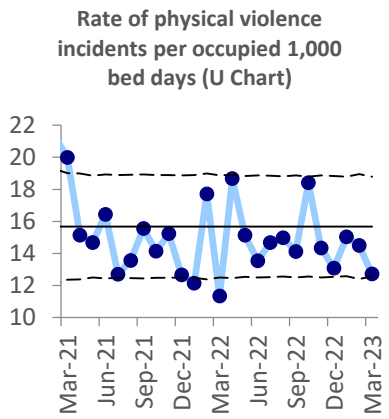
Early Intervention Services continue to exceed the national target of 62% of service users commencing treatment within 2 weeks of referral, achieving 76% in March. All services have a plan in place to meet the national clinical standards set out in the recommendations of the National Clinical Audit of Psychosis (NCAP).

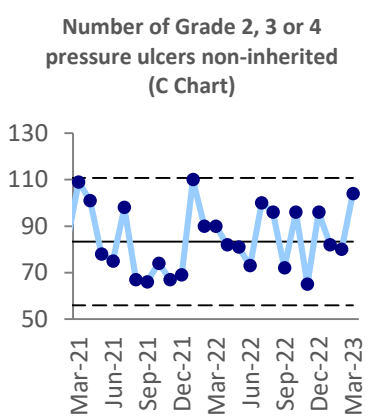
Across Perinatal Services, 86% of service users are seen within 28 days. In Bedfordshire and Luton, a QI project is underway to improve access to the perinatal mental health team. Work includes improving service user understanding around clinic access by including information on the website, focusing on patient choice around virtual, home, or clinic appointments, and producing materials in different languages. To improve relationships and joint-working with midwives, the teams have undertaken joint clinics with midwives and obstetricians to allow for case discussions. The feedback around this change idea was positive and the team plans to implement this approach in Bedford when staffing allows.

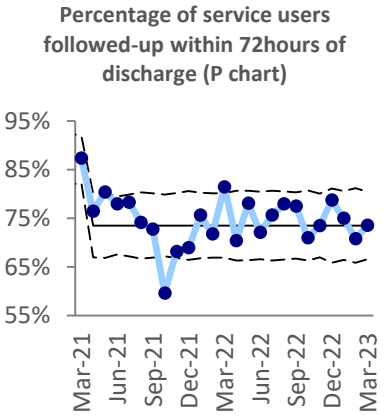
Safety











The overall number of safety incidents and the percentage of incidents resulting in harm remains stable. Most reported incidents are categorised as low or no harm in terms of severity. The Pareto chart above shows the main categories of reported incidents during February and March. 62% of reported safety incidents were associated with care and treatment. 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 number of expected deaths remains stable, while unexpected deaths have decreased, due to improvements made by staff in categorising expected deaths more accurately on the incident reporting system. Expected deaths are anticipated due to known illnesses, while unexpected deaths can happen suddenly and without warning. Healthcare professionals can often predict expected deaths, while unexpected deaths may result from accidents, sudden illnesses, or unforeseeable circumstances which may necessitate further investigation to help promote learning and improvement.

Serious Incident (SI) reviews were initiated for 19 unexpected deaths and teams have improved the timeliness of completing SI Reviews by 75% over the last three months. The Serious Incident reviews that have been completed in this period highlight a broad range of notable good practice which have been shared with services along with the learning and improvement initiatives that have been launched.

The Trust received two Section 28 Prevention of Future Deaths (PFD) reports from Coroners between January and March 2023, full details of which are contained in Appendix 3 and reviewed at Quality Assurance Committee. The first PFD relates to a patient who died in hospital on 18 March 2022 as the result of a pulmonary embolism. A deep vein thrombosis had developed in her left calf due to her sitting motionless in her room on the day of her death. Her behaviour on 18 March 2022 was due to her mental illness. She had not taken any food or drink for at least two days prior to her death. Dehydration may have contributed to the development of thrombosis. The coroner's concerns related to venous thromboembolism (VTE) risk assessment and monitoring of food and fluid. Actions taken in response include a full review of our VTE policy, a clinical alert being disseminated regarding VTE screening and assessment, changes to the induction and handbook for trainee doctors, and antipsychotic medication being added as a consideration on the Trust's VTE assessment tool. With regard to food and fluid monitoring, the Trust has implemented a new nutrition policy, recruited specialist staff to advise on nutrition, introduced training on nutrition for inpatient staff, with daily checks by senior nurses of food and fluid chart completion.

Safety

The second PFD relates to a patient who asphyxiated himself in the early hours of 6 February 2022, at the home of his sister and brother-in-law where he lived. The coroner's concerns related to the care and communication between the crisis and neighbourhood team, and also the quality of the Serious Incident Report. In response, the relevant neighbourhood team has updated their operational policy and procedures to ensure that patients with the most serious mental health concerns are risk assessed within 7 days of referral. Within the crisis and home treatment team, the organisation of staff is being redesigned to ensure that a number of staff are allocated to a specific group of service users, with the goal of ensuring they have better knowledge of the service user's individual needs to enhance continuity of care. The responsibilities document for the investigation team has been updated to ensure that all staff members deemed relevant to an investigation must be contacted and involved in the review. The regular pathways meeting between neighbourhood teams and crisis teams have recommenced in City & Hackney from April 2023, and the teams are producing an action plan around communicating a shared understanding of referral process and criteria. The Trust is also implementing a training programme (utilising didactic teaching, role play with actors, sample cases, discussion and reflection) for all neighbourhood Teams to highlight issues of clinical risk when triaging incoming referrals.

Staff have actively participated in both established and new learning opportunities, such as a Trustwide safety learning event, new training for incident response and after-action reviews, and the introduction of a new Safety Newsletter and intranet platform. Learnings from Serious Incidents continues to be shared through a range of channels, including regular cascades, the SI committee, newly launched 7-minute briefings and learning lessons seminars that have seen increasing attendance. Testing of new methods for frontline safety learning, including the After Action Review approach has also started. The Trust is actively working to achieve its year 1 Safety Plan objectives, which include co-designing a new Patient Safety Incident Response Approach, planning for a new incident reporting system, and engaging with the NHSE Patient Safety Syllabus. Furthermore, plans are underway to develop an overarching Safety Strategy that will bring together all existing and new programmes of work within the organisation that are focused on prioritising efforts to improve the overall safety culture across the Trust.

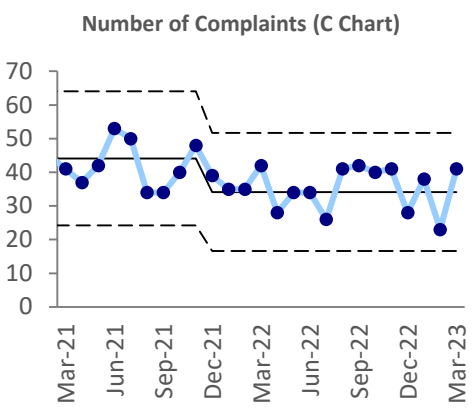
The rate of physical violence in inpatient settings remains stable, which is encouraging. Teams have highlighted that the recent focus on improving the reliability of "Safety Culture Bundles" has been useful in promoting a positive and proactive safety culture, and appears to have led to a reduction in the use of prone restraint. These bundles were developed as part of the violence reduction quality improvement initiative and have a strong evidence base for improving safety. This work is part of the large-scale quality improvement programme on inpatient quality and safety, details of which are contained in the quality report. The Use of Force steering group is aiding teams in implementing a variety of measures, including training on trauma-informed care, collaborating with Police and Ambulance services to establish effective and compassionate escalation protocols, partnering with service users and staff to create leaflets outlining restrictive practices procedures and Mental Health Law, and setting aside specific time to engage in reflective sessions with service users, aimed at learning and reflecting on how to minimise the use of restrictive practices. As a way to promote psychological safety, Community Health Services are currently testing Schwarz Rounds.

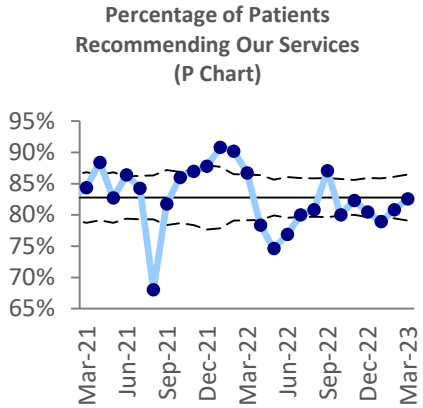
Across Community Health Services, the aggregate number of pressure ulcers continues to remain stable. In Newham, low harm pressure ulcers have reduced between January to March, while moderate pressure ulcers remained at a low and stable level. In Tower Hamlets, one week saw higher than usual numbers of low harm pressure

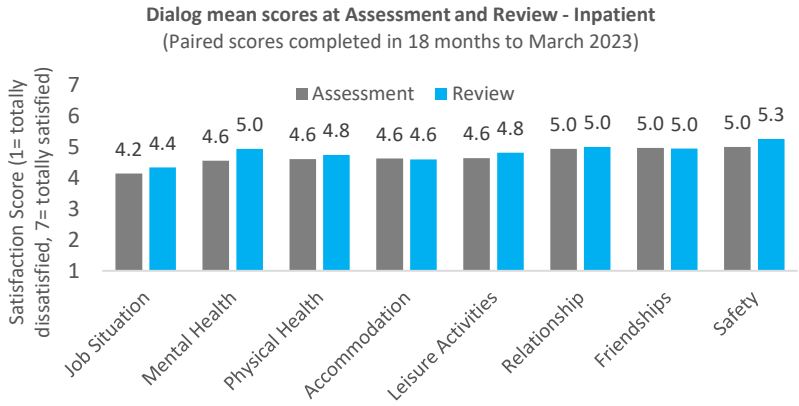
ulcers reported, but none worsened to moderate harm, which is a positive sign. In Bedfordshire, there are higher numbers of pressure ulcers, but the count of low and moderate harm pressure ulcers occurring whilst receiving care within the Trust has declined. This reflects the positive impact of staff and service user training and educational material that has been coproduced, encouraging service users to engage and adhere to recommendations and prevent deterioration of pressure ulcer condition. The Skin Matters steering group in Bedfordshire is aiding staff to conduct frequent assessments and document skin damage and wounds during all visits, with close monitoring.

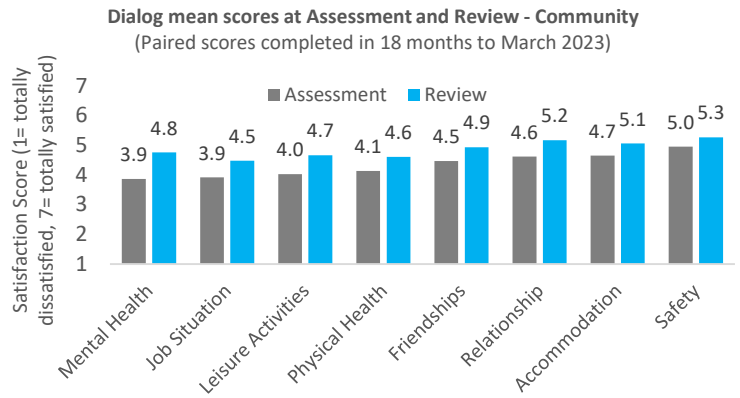
The percentage of service users followed up within 72 hours of discharge from mental health inpatient care is currently at 75%. This month, City & Hackney has seen the greatest drop, achieving 72-hour follow up for 59% of service users, with a further 7% being followed-up by 7 days post-discharge. City & Hackney is collaborating closely with the Community Recovery teams and has introduced a daily process for its Flexible Assertive Community Treatment team (FACT) to divide caseloads and ensure that all service users receive follow-up, even if not within the first 72 hours. The aim is to enhance the efficiency of the process and ensure the safety of service users by sharing responsibilities across teams. Within City & Hackney, Brett ward is following up over 90% of discharges within 72 hours, and the learning from Brett ward about how to check contact information with service users, and allocating a named staff member each day for the follow-ups, is being shared to other teams. Performance in Newham has dropped slightly to 72.4%, with a further 13% being contacted by 7 days post-discharge. Wards and community teams continue to explore this to understand the reasons for breaches – one recent change is the increased number of service users travelling abroad following discharge. Newham wards are standardising the discharge planning process to include conversations with service users about the purpose of the follow-up call. Tower Hamlets is close to the 80% target, achieving 78.4% in March, with a further 10% being followed up by 7 days post-discharge. The performance lead is sending weekly league tables of ward performance along with daily reminders. Contact details and the follow-up plan are agreed with the service user before they leave the ward, as part of pre-discharge planning to ensure that service users are prepared and aware of the follow-up process. Luton achieved 78% in March and most of the breaches were due to incorrect contact information or being unable to reach the service user within 72 hours. Work is underway to ensure contact information is correctly obtained prior to discharge. Bedfordshire continues to surpass the target, achieving 84%.

Experience and Outcomes









The number of complaints has remained stable, with the majority of complaints received in the past two months being related to behaviour of staff, the management of clinical procedures, accessibility, coordination of care, and communication. As highlighted in the March report, learning from complaints are incorporated into a variety of forums and newsletters within each service to ensure that learning takes place and improvements are made. The complaints procedure is currently under review to enhance the process, and a proposal is scheduled to be presented to the Quality Committee for consideration.

In March, the percentage of service users who would recommend our services has returned to normal levels. In addition to the standard friends and family test, the Quality Assurance team has completed a series of workshops with clinicians and service users to redesign the Patient Report Experience Measures (PREM) survey questions to ensure these align with what matters most for service users. Through the workshops, clinicians and service users identified similar perspectives on the key areas that the Trust should focus on while measuring patient experience, with a common theme centred around 'getting the basics right'. The future survey questions will align to what our service users, carers and Governors have told us are the basics that we need to get right every time such as improving accessibility, communication, information, collaboration, and shared decision-making.

According to the DIALOG outcome charts, mental health services continue to demonstrate a positive impact on all quality-of-life measures. Various initiatives have been put in place to support improvements across directorates, as discussed in previous performance reports. The DIALOG committee is currently in the process of producing guidance to support staff and service users to best utilise DIALOG in preparation for discontinuation of the Care Plan Approach. Services that are currently not using DIALOG are being consulted on reasons for non-engagement as well as co-designing it to best suit the requirements of the service user. Perinatal services are exploring specific mother and baby questions being added, which aims to be more inclusive. Learning Disability Services are reviewing the format to ensure it is accessible for service users. Ongoing training is being delivered to staff to best make use of DIALOG.

Experience and Outcomes

The percentage of service users receiving support from employment services through Individual Placement Support (IPS) continues to remain stable, achieving 16% in March. 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.

Within the Bedfordshire Path to Recovery (P2R, Addictions) service, the percentage of service users reporting improvements in quality of life and successfully completing addiction treatment, as well as the number of service users entering employment on discharge, remains stable. However, there has been a steady increase over the past four months in the number of service users presenting with drug misuse and an increase in waiting times. Insights from the service suggest that this is related to the increase in complexity of referrals as well as the wider cost of living crisis, which is causing significant distress for many households and vulnerable groups. P2R recently collaborated with the local authority and service user groups to consult with service users. During the consultation, the need to provide services tailored towards underrepresented groups in Bedfordshire was identified as a key area of focus. To address this, P2R has developed an action plan that includes several initiatives. These initiatives involve hiring a new People Participation lead to increase awareness and engagement across communities in Bedfordshire, identifying safe spaces to deliver outreach and in-reach clinics, creating new events and a short treatment co-ordinator post to increase service visibility and provide assertive outreach leadership, and assigning inclusion leads in each hub. There is also a project underway with a GP practice to provide opiate painkiller management and support. Buvidal and painkillers can have a positive impact on individuals experiencing chronic pain and Opioid Use Disorder (OUD). Buvidal is a long-acting opioid agonist medication that can reduce opioid cravings and withdrawal symptoms in individuals with OUD, helping them to stabilise and manage their addiction. Preliminary findings from the project shows a positive impact on individual outcomes in terms of adherence to treatment and recovery.

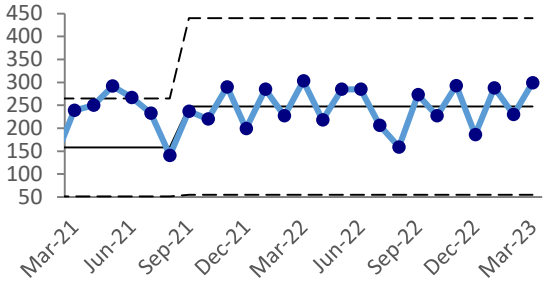
In the past two months, there have been indications of an increase in the percentage of service users who are in settled accommodation. This is mainly due to admin staff rectifying data quality issues and updating clinical systems accurately. The data, where records have been completed, indicate that 95% of service users are in settled accommodation.

The Long Term Plan access target for talking therapies remains stable. The percentage of service users who achieve recovery within talking therapy services is 53%, with the national target being 50%. In the past two months, there have been unusual fluctuations in the service user experience questionnaire (PEQ), falling from 92% to 88% in March. Services have not identified any specific themes but believe this to be related to variation in overall number of responses. Although there has been a decrease in average wait time for treatment, average waiting time for assessment remains high but has started to reduce over the past three months. This has been partly impacted by a change within services to allow service users to book their own appointments online. This can lead to service users choosing to wait longer for initial assessments. The equity indicator of percentage of service users from Black And Minority Ethnic (BAME) communities access services has shifted higher, which is encouraging.

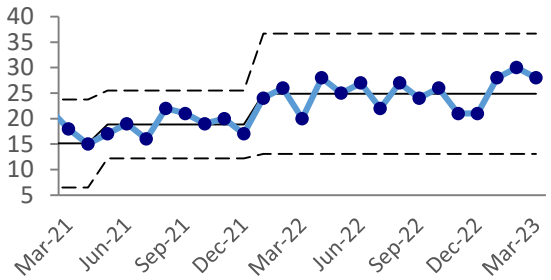
Perinatal services are successfully expanding access in line with Long Term Plan trajectories. The proportion of perinatal service users who have completed outcome measures has increased to 50%, exceeding the national target of 40%. The number of service users being assessed within 28 days remains stable, although the drop noted in March was related to recording issues in Tower Hamlets and City and Hackney.

Children and Young People

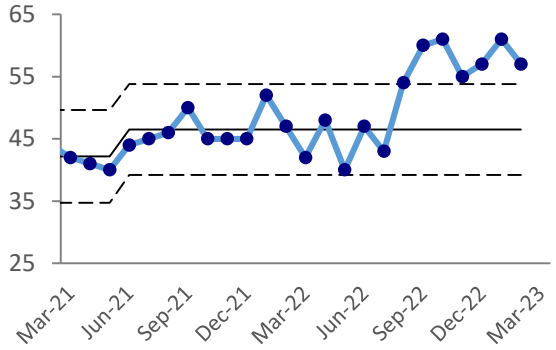
Number of service users presenting in crisis to our crisis pathway
(I Chart)



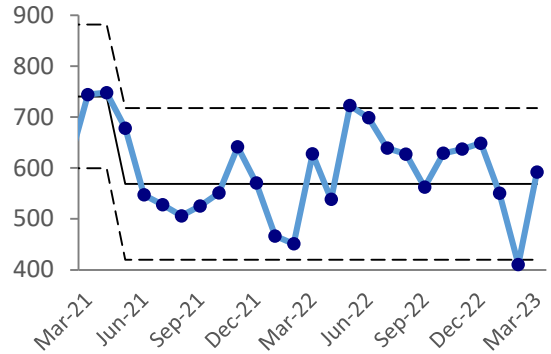
Average Assessment Waiting Time for Children and Young people aged 0-18
(I Chart)



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



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



Although referrals continue to remain high, CAMHS teams are seeing a stabilisation in crisis presentations. In City & Hackney, the waiting list for assessment has seen an increase from 95 in January to 131 in March, whilst the treatment waiting list remains stable at 124 in March. In Newham, assessment waiting lists have increased from 417 to 475 in the past three months, with the treatment waiting list remaining at 265. The Bedfordshire team has seen a slight reduction in waiting list, from 348 in January to 322 in March for assessment, with the treatment waiting list remaining stable at 266.

CAMHS teams across the Trust continue to focus on staff recruitment and retention, and group therapy interventions. City & Hackney CAMHS have been focusing on ensuring that those waiting the longest receive appointments, and a newly recruited admin member has ensured that there are now no service users waiting over a year for assessment. All vacant posts have been filled and the service is ensuring that there are regular meetings to review waiting lists. City & Hackney recently opened a Saturday clinic to increase capacity for a short period.

Group interventions have proven successful in Bedfordshire CAMHS, prompting the teams to expand these interventions to different services. The Newham CAMHS Neuro-Developmental team (NDT) and Emotional and Behavioural (E&B) team have been identified as having the longest waiting lists. As mentioned earlier in the report, the team has been testing a new allocation spreadsheet to match demand and capacity more effectively. The team is exploring the possibility for some of the group programmes to be run online, however this is dependent on what is therapeutically effective. Training for non-violent resistant groups (NVR) has been held with over 20 clinicians and the expectations is that this will lead to multiple NVR groups to increase capacity further of these sessions.

CAMHS services across East London are looking to jointly collaborate with People Participation and establish a focus group to understand how the experience of waiting could be improved to manage risk more effectively. It is hoped that this will lead to further change ideas being tested to improve patient experience. Bedfordshire CAMHS continues to benefit from regular interface meetings with local authorities, schools, and primary care to improve outcomes. The service is currently undergoing a review of their service offer in collaboration with senior management leads to streamline pathways and enhance the coordination of care among all key stakeholders.

Children and Young People

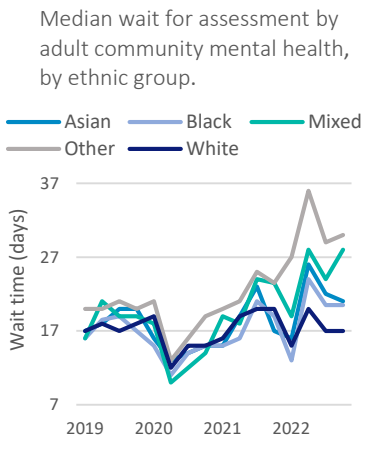
East London CAMHS and Bedfordshire CAMHS are meeting their long-term plan access target for urgent and routine referrals to the Eating Disorder service. The reporting has now separated the Intensive Home Treatment (HTT) eating disorder team, which is a separate service provided by the team, to increase the visibility of true waits and improve data accuracy. The newly established community eating disorders neighbourhood team has identified a disparity in the number of referrals to the service across the three London boroughs, with Newham having the lowest numbers. To improve access for Newham residents, a QI project has been established to engage St Ann's Hospital, talking therapies and the community team, with the aim of increasing access by 100% by December 2023.

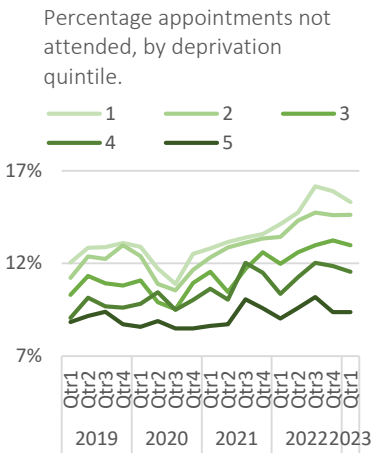
CAMHS Tier 4 bed occupancy reflects the opening of the new Evergreen ward in Bedfordshire. The noticeable drop in occupancy in February was attributed to Galaxy ward, which saw a reduction in occupied bed days by 21% in the last 3 months.

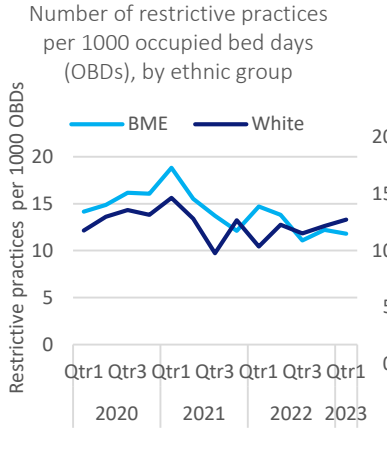
The SCYPS ASD team is working with schools to prioritise a collaborative approach to care that involves educational partners. As part of this effort, the team has developed a new referral criteria that includes observations of autism and ADHD in school reports. The number of service users waiting for their first appointment has increased from 1047 to 1112 in the past 3 months. The service is exploring a co-diagnosis pilot to manage complex service users and ensure that demand into these two services is managed by sharing clinical capacity. Longer-term ambitions include integrating specialist children's services across SCYPS and CAMHS in Newham to develop a 2-18 years' service. A recent meeting with ICB colleagues at the beginning of April confirmed that the ASD service will not be receiving any additional funding. The service is prioritising promotional work and talking with GPs to increase the quality of referrals into the service and ensuring that all relevant information is available from the start.

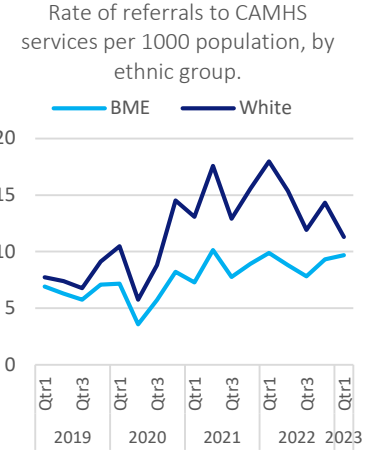
SCYPS quality and experience indicators remain consistently high, with 100% of parents and service users satisfied. As shown in the population health indicators, over half of children with neuro-disabilities are receiving prompt annual reviews. This number has shown steady signs of increase due to regular team reviews and the work to streamline pathways in the neuro-disability clinic and motor neurone clinic.

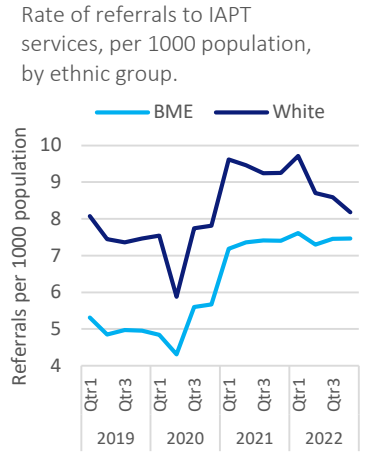
Equity and Equality

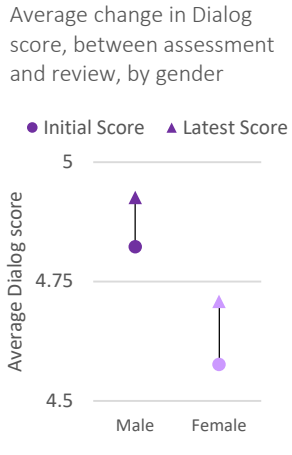


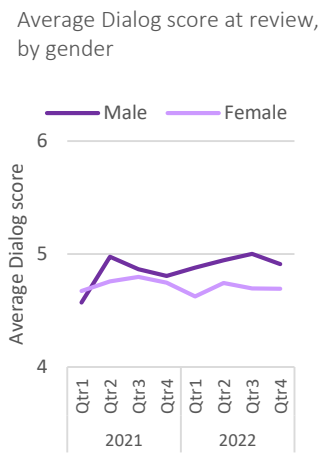












This section focuses on a range of equity and equality measures through a gender, ethnicity and deprivation lens in order to better understand any disparities that may exist, and the initiatives that services are undertaking to provide more equitable care. Equity measures have also been added to each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

The chart above shows that minority groups experience longer waiting times for assessment compared to people of white ethnicity, across adult and older adult community mental health services. Individuals of mixed or ‘other’ ethnicity typically face longer waiting times, particularly in City and Hackney and Tower Hamlets. The Tower Hamlets Mental Health Partnership Board is in the early stages of planning several initiatives aimed at addressing healthcare disparities within the local community. The directorate is partnering with service users and local organisations to analyse current service gaps and opportunities. A dedicated fund has been created to support the development of targeted projects and initiatives. Efforts are being made in City & Hackney to identify themes related to inequalities within local neighbourhoods. This includes outreach work by community connectors, who engage with diverse communities and organisations to help meet the needs of the local population. To aid with this, the Trust has developed business intelligence dashboards that enable teams to examine their caseload and referrals through an equity lens, taking into account factors such as ethnicity, age, gender, and deprivation decile. This allows services to pinpoint and address any unusual variation in access.

Newham Community Integrated Psychological Services (CIPS) have established an 'Assessment Hybrid Access Model' to improve access and outcomes for service users. This has involved reducing the number of first assessments by telephone and increasing face-to-face and video contacts. This has been supported by providing an IT hub that service users can use to access digital equipment, as well as utilising existing space better by adding air purifiers. This service is being promoted more widely with local communities.

Equity and Equality

All services are continuing to use the community mental health transformation programme to address inequity and inequalities, including issues related to missed appointments in areas with the greatest deprivation. For example, in Newham, services are focusing on neighbourhoods with higher levels of deprivation, proactively working with partners, community teams and PCNs to improve care for those with serious mental illness. In Tower Hamlets, work is underway to make DIALOG assessments available in different languages to better engage local communities. Across talking therapy services, teams have started to introduce a new online appointment booking system, giving choice to service users to book their own appointments, with the aim of reducing appointment non-attendance.

The “Let's Talk” project group is striving to enhance the quality of community mental health services for BAME individuals in East London, and this effort aligns with the ongoing implementation of the Patient and Carer Race Equality Framework (PCREF) within the Trust. The PCREF aims to bring about improvements to mental health services to better meet the needs of people from BAME communities. The Trust's PCREF programme engages multiple stakeholders, including the police, local authorities, VCSEs, and service users to create plans. Each Directorate is contributing towards achieving the PCREF goals by tailoring its actions to the needs of its specific populations and making decisions at a local level. For example, organisations have been successfully identified to run cultural awareness training in each borough. The cultural humility scale is being looked at as a way of measuring the impact of this. The group are also implementing a preventative approach to support residents by connecting through the Together Cafes to provide mental health support, and coproduce ways to make services more accessible and responsive. An application for funding in Newham has been submitted to provide a space for emancipation circles, which are groups to help heal trauma caused by anti-Black racism.

The Trustwide Use of Force steering group is undertaking several initiatives to improve safety culture and reduce the use of restrictive practice. In addition to strengthening safety culture through increasing the reliability of safety culture bundles, local services are also collaborating with Ambulance and Police staff to agree on changes in processes and procedures. As part of this work, they have developed a protocol for escalation to Police as a last resort and agreed on Terms of Reference that include using body cameras whilst conducting interventions. A service user leaflet has been co-produced by staff and service users to inform service users, families, and carers about mental health law and the Use of Force process and procedures in mental health units, ensuring greater accountability and transparency about what services are doing to ensure that force is never used inappropriately.

Bedfordshire talking therapies has a quality improvement project underway to increase access for Asian men over the age of 40. One of the changes introduced has been to make information about the service available in different languages. This is helping promote the service to different communities. A new community engagement role has been created to build relationships within these communities to improve access. This has included working with local faith organisations, putting up posters with QR codes to allow members to get more information about the service and self-refer immediately.

Newham talking therapies is focusing on improving access for Black males aged 18-25. The service has outreached into a number of community organisations and produced merchandise to help promote the service. As part of a health and wellbeing campaign, vinyl mirror stickers about the service, water and protein bottles have been manufactured to offer to local gyms and sport centres. The service is working with local barbers, providing self-care packs containing free combs, to build awareness and signpost to the service. There has also been greater social media presence, for example, celebrating Black history month with a series on Instagram that focused on discussing wellbeing.

Equity and Equality

Tower Hamlets talking therapies, in partnership with the public health team and MIND, have a project underway to improve outcomes for Bangladeshi service users. Data covering the past 12 months shows that they have the lowest recovery rate compared to other ethnic groups. They aim to provide the service from a variety of different accessible locations including mosques and cultural and community centres. They are looking at improving the training offered to staff, as well as training interpreters, to help deliver a more inclusive and culturally competent service.

CAMHS is actively addressing inequalities experienced by staff and vulnerable young people such as young carers, looked after children, and refugees. Services have taken steps to actively combat racism and discrimination, such as incorporating anti-discriminatory practices in supervision sessions, offering unconscious bias training, and standardising job descriptions to address disparities in the workforce. There are also a variety of local equalities forums across CAMHS, that provide space to share good practices and new ideas. Every locality has its own equalities champions, who collaborate with colleagues and service users to gather feedback and facilitate progress towards equality objectives and delivering improvements in experience and outcomes. City and Hackney's CAMHS workstream focuses on Young Black Men, with the aim of improving the experience of care and increasing access to anti-racist practice training for staff.

Luton CAMHS is running a Triple Aim quality improvement project which seeks to increase the number of children and young people from South Asian backgrounds accessing mental health provision within the South Luton neighbourhood. This area is among the 10% most deprived regions in England. Services have adopted a community-based approach to promote the development of community assets, partnerships, and resilience of the population. This work aligns with the wider Luton Marmot Town programme. The service has held a stakeholder event in Luton to coproduce priorities with parents and service users and a range of organisations including the Local Authority, VCSEs, faith groups, and schools. As part of this work, another quality improvement project has been launched with a specific focus on creating models of care that promote resilience. The initial step involves setting up a peer-led parenting programme within the community, where parents will be recruited and trained to establish their own support groups. The objective is to develop and reinforce community relationships and assets in the neighbourhood.

The CAMHS Discovery College has partnered with Dunstable College to work with students who come from low socioeconomic backgrounds, with a notable percentage belonging to South Asian communities and having English as a second language. Over 180 children and young people have enrolled into the College and a range of programmes are available to support services users to build confidence, resilience and improve health and mental wellbeing. A new initiative aimed at establishing a programme for individuals aged 16 to 25 has been introduced. The College intends to cater to service users who are transitioning from children’s services to adult services, a vulnerable period where additional support is often necessary. The learning and experience from this work is being used to launch a Discovery College across East London.

Appendices

Appendix 1 – System performance dashboard

Appendix 2 – Regulatory compliance against the system oversight framework

Appendix 3 – Prevention of future deaths reports issued in the last two months

Appendix 1: System Performance dashboard - overview

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

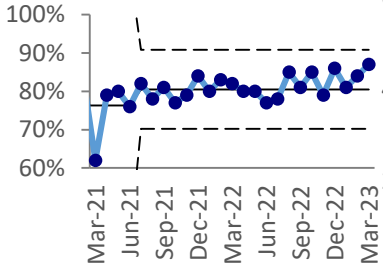
		Average	
People with substance misuse problems			
Service users reporting improvements in quality of life on discharge in Bedfordshire	Population Health	81%	
Service users in employment on discharge in Bedfordshire	Population Health	42.1%	
Percentage of successful completions not re-presenting to service in Bedfordshire	Quality	39.3%	
Waiting times to treatment - average days wait in Bedfordshire	Quality	5.9	↑
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	82%	↑
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	55.9%	
Percentage of service users and parents satisfied with services – Friends and Family Test	Quality	98.4%	
Average weeks waited from Autism Spectrum Disorder referral to first appointment	Quality	72.5	↓
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	1,614	↑
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	93.8%	↑
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		

		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	39.8%	↑
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	50.0%	↓
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	15.5%	
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	76.3%	↑
Percentage of service users in settled accommodation	Population Health	44.9%	↓
Percentage of service users followed-up within 72hours of discharge	Quality	74.7%	
Percentage of Service user service users with paired outcome measures showing improvement.	Quality	33.0%	
Psychological Therapy Service average wait times to (in weeks) to 1st 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 woman receiving one + contact with specialist mental health services	Population Health	633	↑
Number of service users seen in the month from minority communities	Population Health	41.3%	
Percentage of community perinatal service users seen within 28 days	Quality	86%	
Percentage of patients undertaking Core10 showing improvement	Quality	54%	
Percentage of Service Users not attending their initial appointment	Value	18%	
Stable Long Term Conditions (East London)			
Average weeks waited for initial appointment with the foot health team	Quality	15.2	
Average weeks waited for face to face appointment with the Diabetes Service	Quality	7.1	
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	7.8	
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		

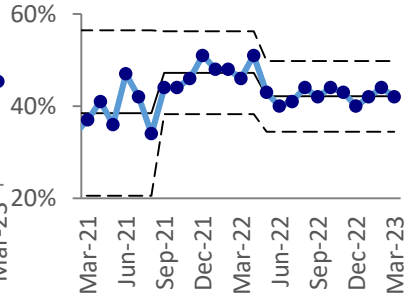
Appendix 1: System Performance dashboard Long Term Plan ( ) Special cause variation ( ) and when it's of potential concern ( )

People with substance misuse problems

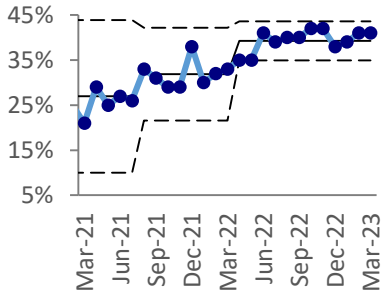
Reporting improvements in quality of life on discharge in Bedfordshire (I Chart)
Population Health



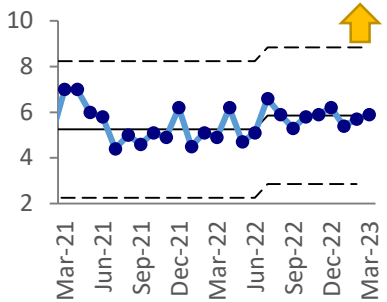
Service users in employment on discharge in Bedfordshire (I Chart)
Population Health



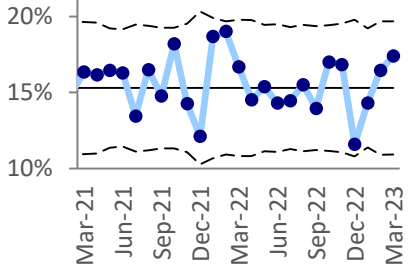
Successful completions not re-presenting to service in Bedfordshire (I Chart)
Quality



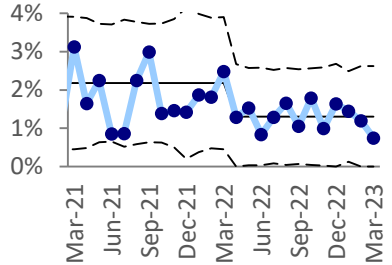
Average waiting time (days) to treatment in Bedfordshire (I Chart) Quality



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

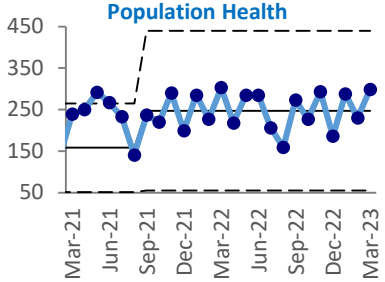


Service users with Alcohol problems across Mental Health services (P Chart) Quality

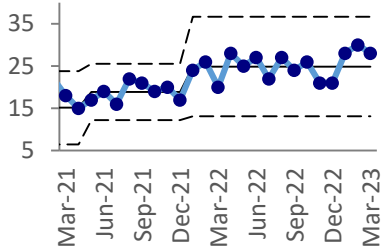


Children with complex mental health needs

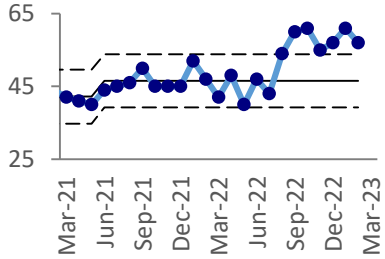
Number of service users presenting in crisis to our crisis pathway (I Chart)
Population Health



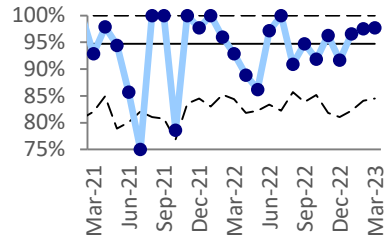
Average Assessment Waiting Time for Children and Young people aged 0-18 (I Chart)
Population Health



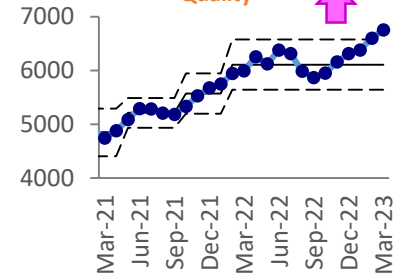
Average Treatment Waiting Time (Days) for Children and Young people aged 0-18 (I Chart)
Population Health



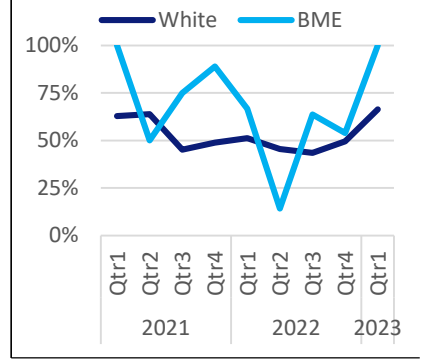
Carers and service users recommending our Community services (P chart)
Population Health



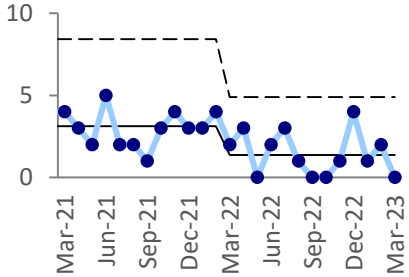
Children and young people aged 0-18 who have received one or more contacts with mental health services (I Chart)
Quality



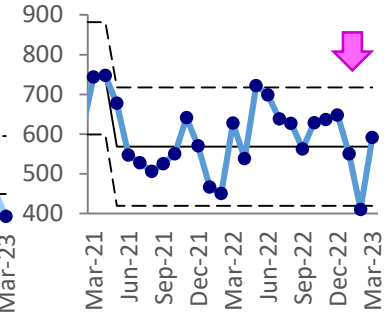
Successful completions in Bedfordshire, by ethnic group



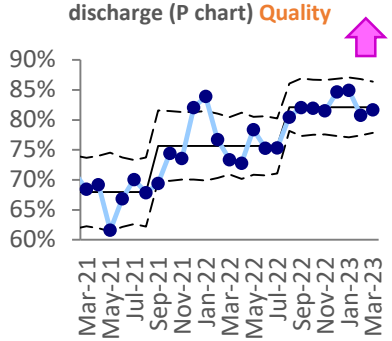
Admissions to adult facilities for services users under 18 years old (C Chart) Quality



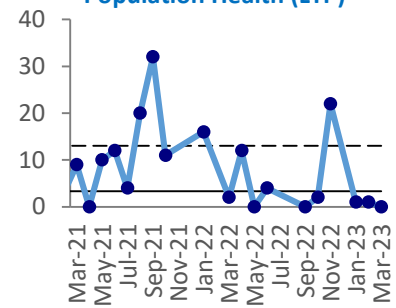
Tier 4 Occupied Bed days East London excluding leave (I chart) Value



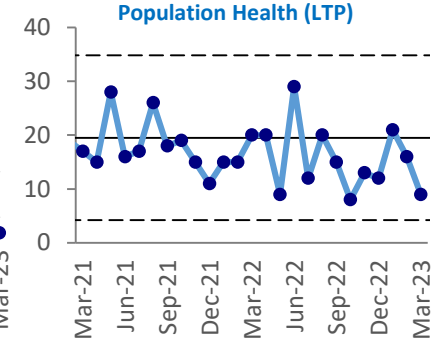
Percentage of service users has paired Outcome Measures at discharge (P chart) Quality



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



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

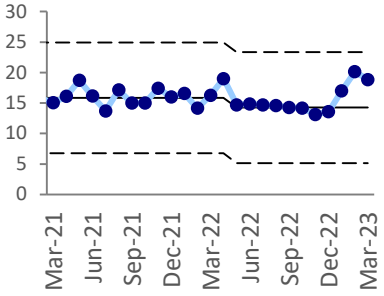


Referrals, by ethnic group, per 1000 population
Quality

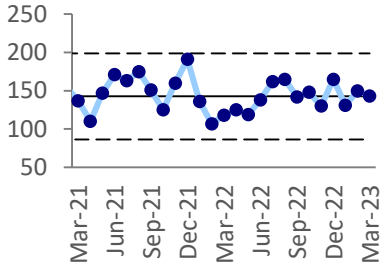
Appendix 1: System Performance dashboard Long Term Plan ( ) Special cause variation ( ) and when it's of potential concern ( )

People with dementia

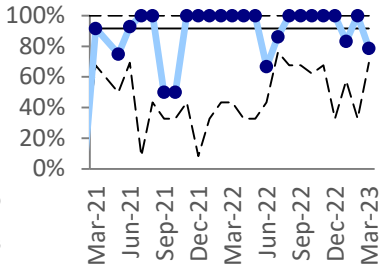
Average wait (in weeks) from referral to diagnosis (I chart) Quality



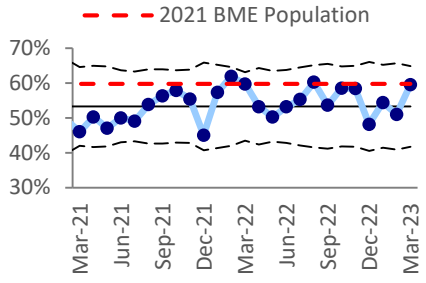
Average waiting time (in days) from referral to assessment (I chart) Population Health



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

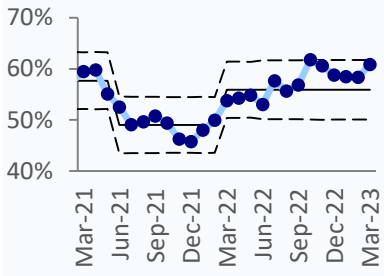


Percentage of service users, seen by dementia services, from minority communities (P chart) Quality

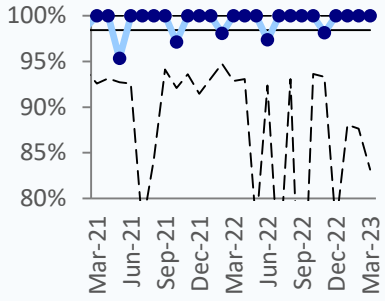


Children with complex health needs

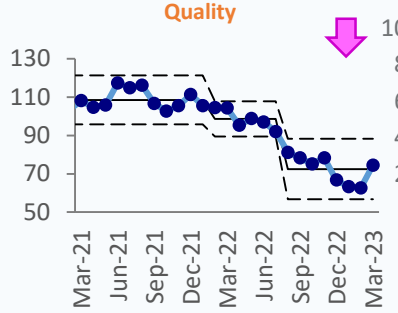
Complex neuro disability receiving a clinical review within past 12 m (P Chart) Population Health



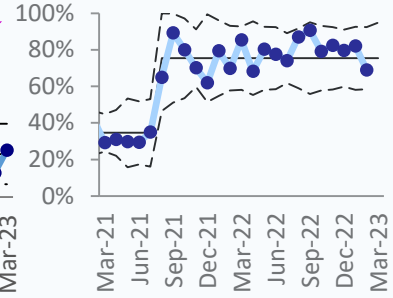
Percentage of service users and parents satisfied with services (P Chart) Quality



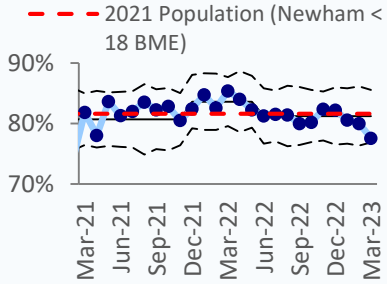
Average weeks waited from Autism Spectrum Disorder referral to first appt. (I chart) Quality



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

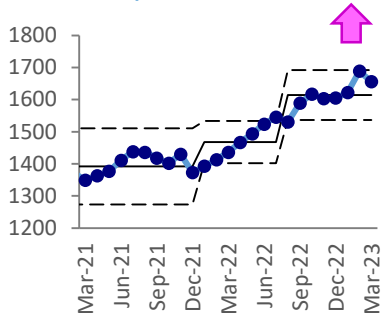


Percentage of service users referred from minority ethnic groups (P Chart) Quality

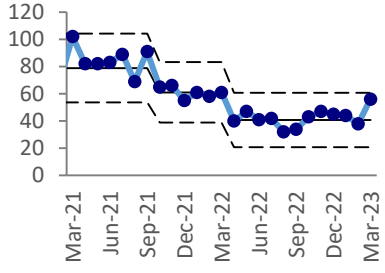


People receiving end of life care

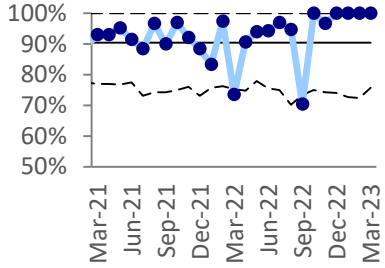
Service users on End of Life Pathway (I chart) Population Health



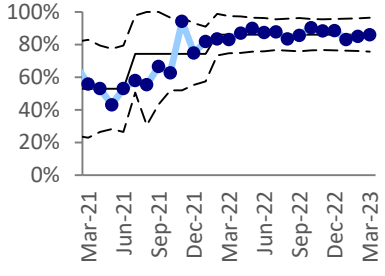
Service Users referred to Continuing Healthcare as a fast track (I chart) Population Health



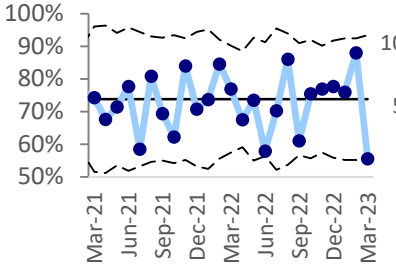
Service users with Care Plan in place (advanced) in Bedfordshire (P Chart) Quality



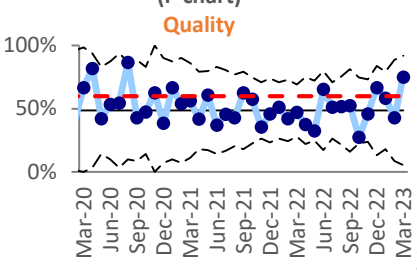
Service users with Care Plan in place (advanced) in East London (P Chart) Quality



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



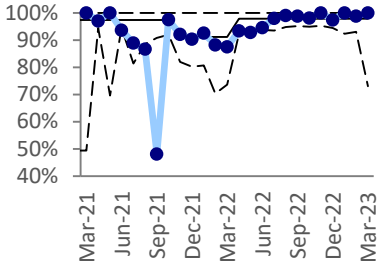
Percentage of service users accessing EOL care in East London from minority communities (P chart) Quality



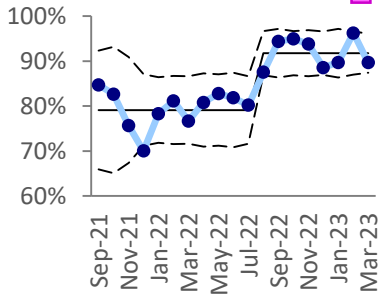
Appendix 1: System Performance dashboard Long Term Plan ( ) Special cause variation ( ) and when it's of potential concern ( )

People who are frail or have long term conditions

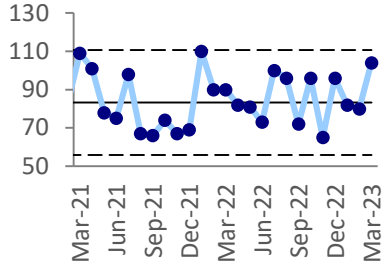
Percentage of service users who have recorded a positive experience (P chart)
Quality



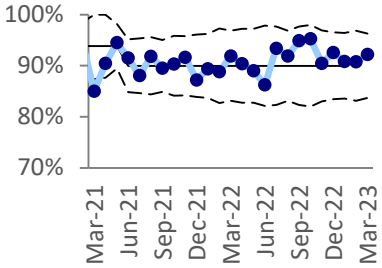
Rapid Response seen within 2 hour guideline (East London) (P Chart) Quality



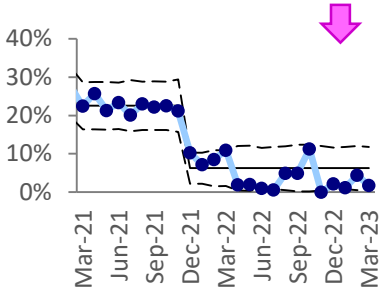
Number of Grade 2, 3 or 4 pressure ulcers non-inherited (C Chart)
Quality



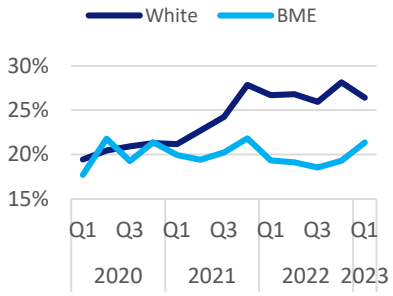
Promoting independent living - discharged within 6 weeks Bedfordshire(P Chart)
Quality



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

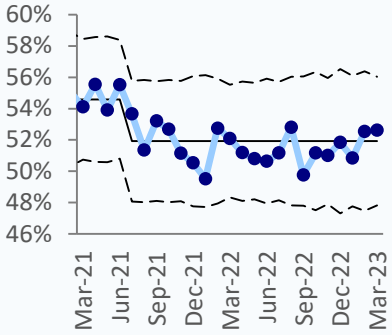


Percentage of referrals re-referred within 30 days
Quality

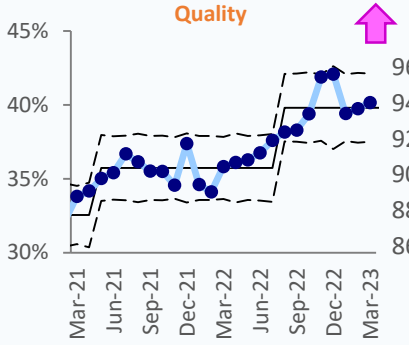


People with common mental health problems

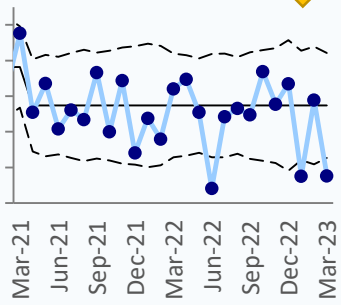
Percentage of service users moving into recovery (P Chart)
Population Health



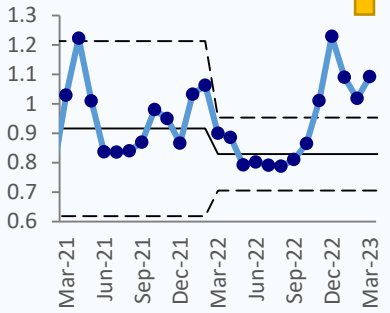
Percentage access by minority groups (P Chart)
Quality



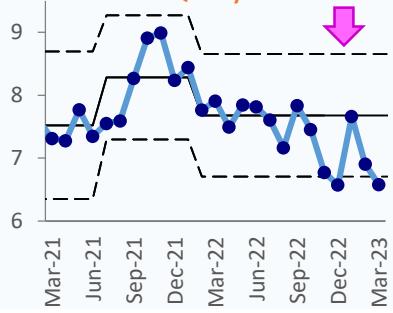
Percentage of positive comments to PEQ (P Chart)
Quality



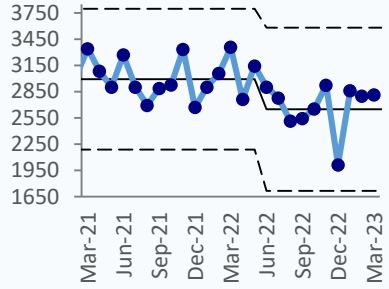
Average wait times (in weeks) to assessment (I Chart)
Quality



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

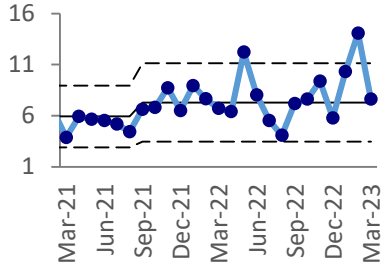


Number of people accessing IAPT services (I Chart)
Value

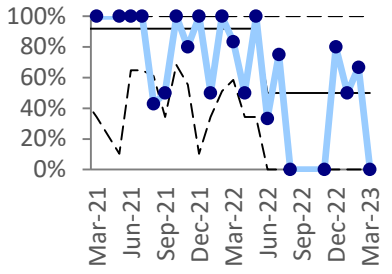


People with a learning disability

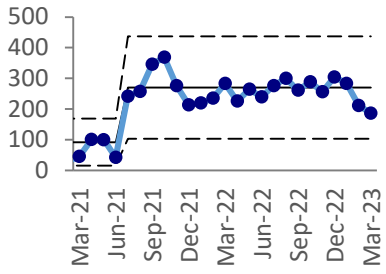
Average waiting times for new referrals seen (in weeks) for assessment (I chart) Population Health



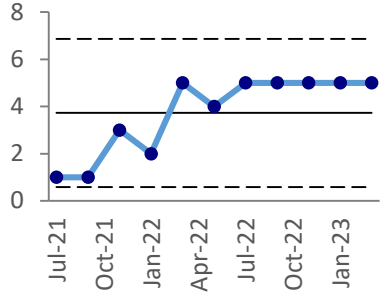
Percentage of service users that would recommend this service (P Chart)
Population Health



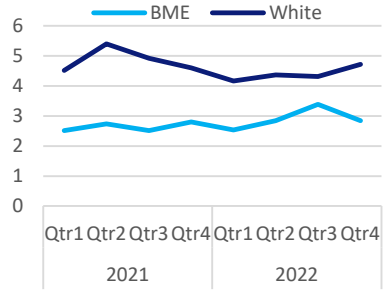
Occupied bed days used in month by service users with Learning Disability (I Chart)
Quality



Number of specialist out of area inpatient placements (I Chart) Value



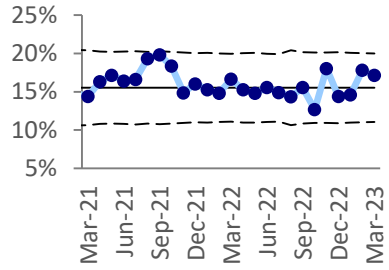
Referrals by ethnicity, per 10 000 population
Quality



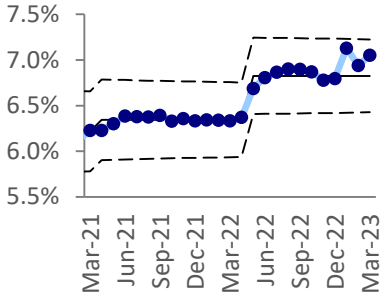
Appendix 1: System Performance dashboard Long Term Plan ( ) Special cause variation ( ) and when it's of potential concern ( )

People with Severe Mental Illness

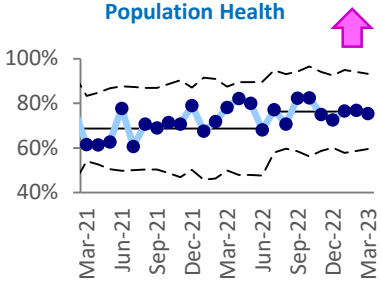
Percentage of service users receiving Individual Placement Support (P chart) Population Health



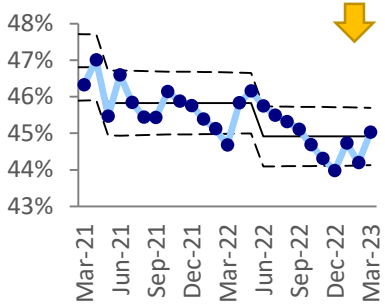
Percentage of service users in employment (P chart) Population Health



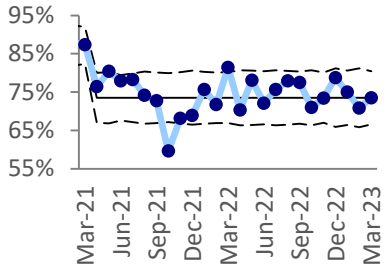
Service users receiving NICE concordant care within 2 wks of referral (EIS services – face to face) (P Chart) Population Health



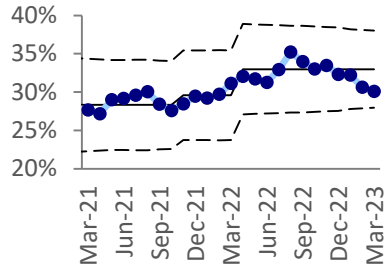
Percentage of service users in settled accommodation (P chart) Population Health



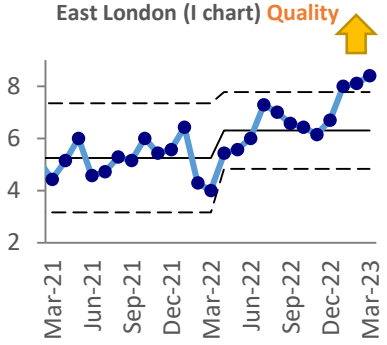
Percentage of service users followed-up within 72hours of discharge (P chart) Quality



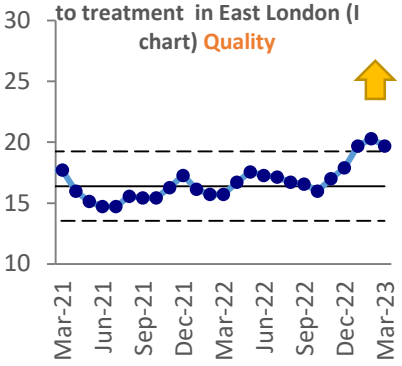
Inpatients with paired outcome measures showing improvement (P Chart) Quality



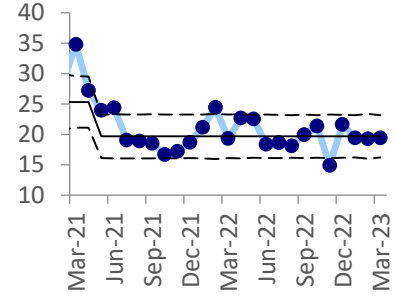
PTS average wait times to (weeks) to 1st assessment in East London (I chart) Quality



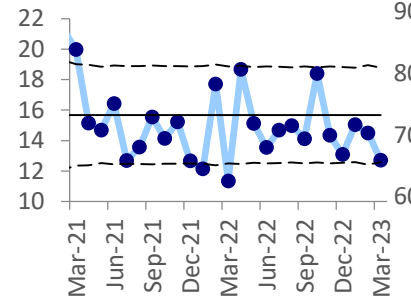
PTS average wait times (weeks) to treatment in East London (I chart) Quality



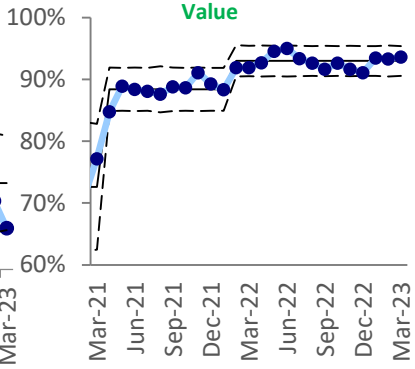
Number of restraints reported per 1,000 occupied bed days (U Chart) Quality



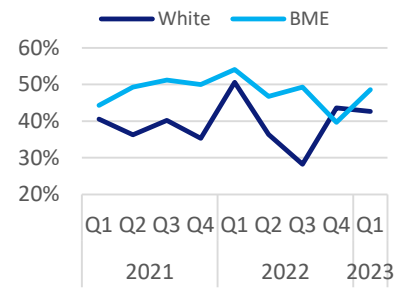
Rate of physical violence incidents per occupied 1,000 bed days (U Chart) Quality



Bed occupancy (P' Chart) Value

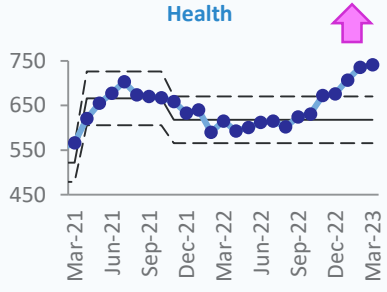


Percentage of service users with SMI receiving a full physical health check Quality

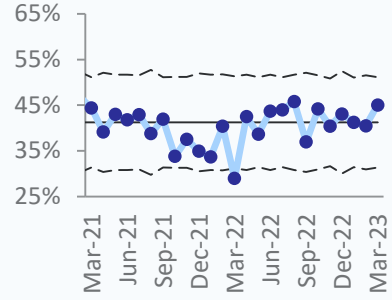


Woman who are pregnant or new mothers

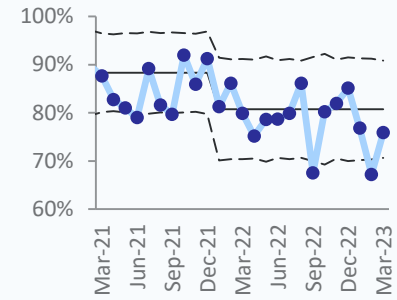
Number of woman receiving one + contact with specialist mental health services within 12 months (I Chart) Population Health



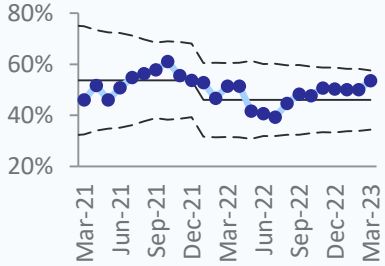
Service users seen in the month from minority communities (P Chart) Population Health



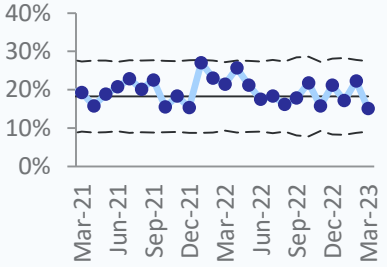
Percentage of service users seen within 28 days (P Chart) Quality



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



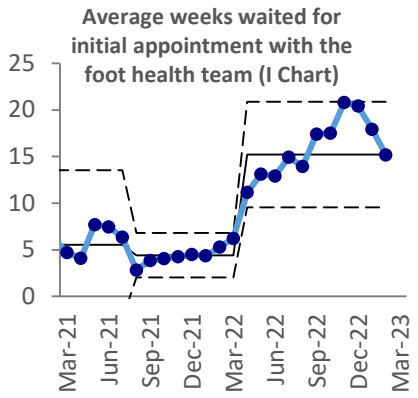
Percentage of Service Users not attending their initial appointment (P Chart) Quality

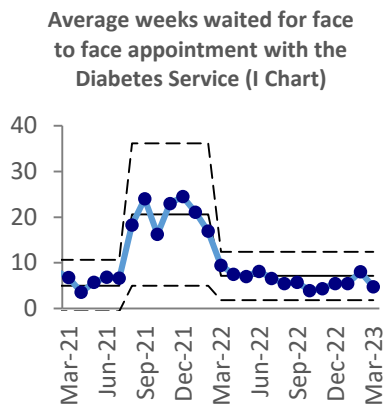


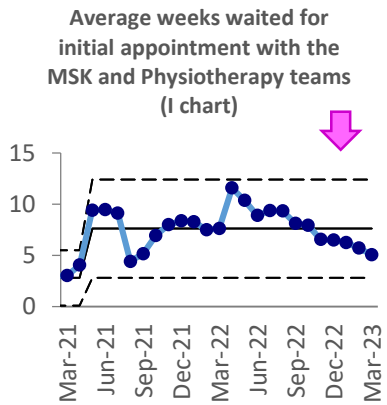
Appendix 1: System Performance dashboard

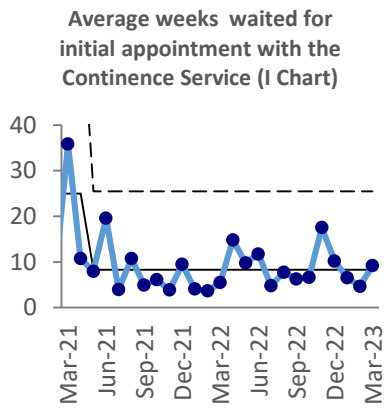
Special cause variation (⇧ ⇩) and when it's of potential concern (⇧ ⇩)

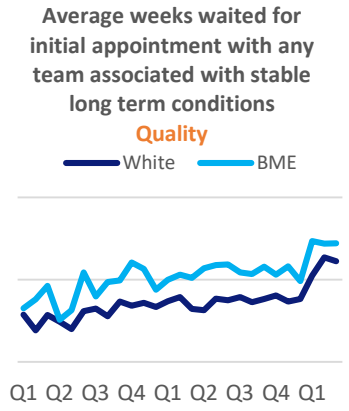
People with stable long term conditions (East London)



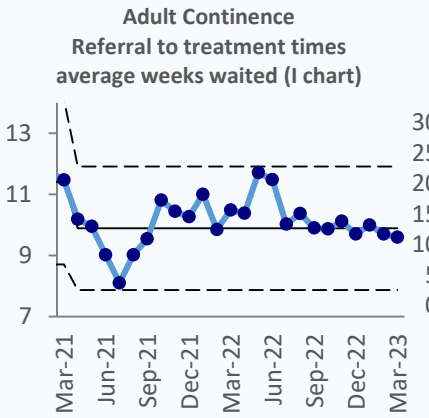


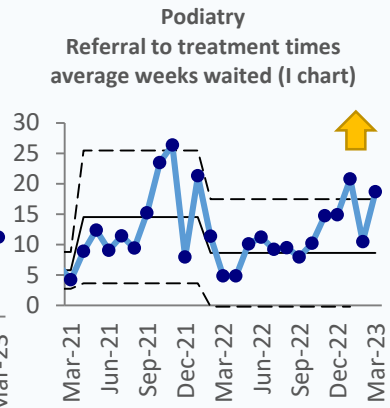


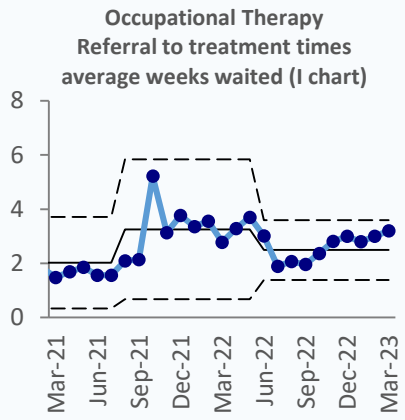


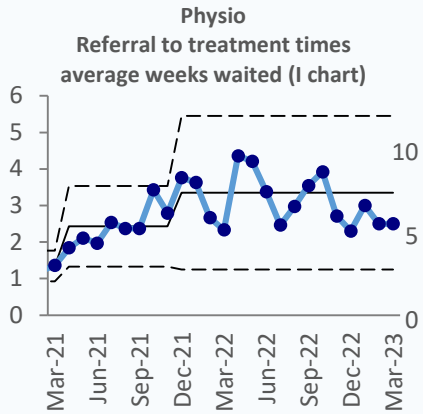


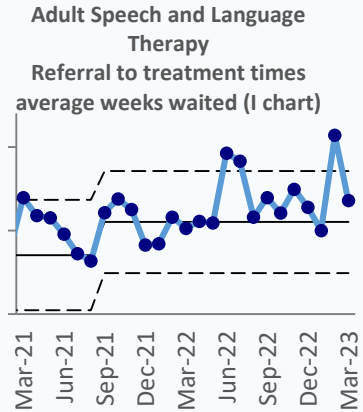
People with stable long term conditions (Bedfordshire)

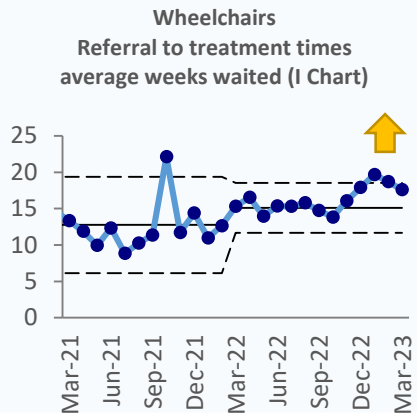


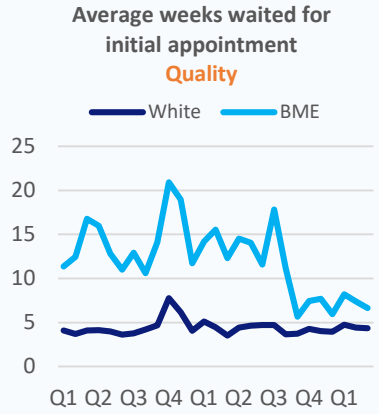












Appendix 2: Regulatory Compliance – System Oversight Framework (SOF)

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 68 breaches (8%) and 2 in Bedfordshire & Luton
	Primary Care and Community Services	S107a	Proportion of Urgent Community Response referrals reached within two hours	ICB	70%	Community Health Services are exceeding the target across Trust, East London currently at 90% and Bedfordshire 87% in March 2023.
	Primary Care and Community Services	S105a	Proportion of service users discharged from hospital to their usual place of residence	ICB/Provider		In 2022/2023 41% of discharges with a recorded discharge destination recorded show discharge to usual place of residence. 60% of discharges in 2022/2023 have 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 Royal London Hospital 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 14,449 children and young people who have had contact with a Community CAMHS service in the last 12 months to March 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%	The ELFT access rate for March is 101% with Bedford at 96% and East London at 105%. The figures for East London are elevated as the number of individuals treated in Tower Hamlets exceeded the contracted treatment number - 956 out of 805.
	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 December 2022 is 103.6%.
	Mental health services	S086a	Inappropriate adult acute mental health placement out -of-area placement bed days	Provider		Local figure: 2,4687 Occupied Bed days (2022/23 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 March 74.5% of people with a learning disability aged 14 and older received an annual health check, with Bedfordshire & Luton at 78% and East London at 71%. The national target at the end of Q4 is 75%.

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 27 per 1,000,000
	Safe, high qualitycare	S039a	National service user Safety Alerts not completed by deadline	Provider	0	100%. In February, one national patient safety alert was published. In March no alert was 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		51% responded positively to the question, 'How would you describe your appointment-making experience?' in the previous 12 months to March 2023 (n = 5,346).
	Safe, high qualitycare	S121a	NHS Staff Survey compassionate culture people promise element sub-score	Provider		The ICB position for 2021 is 7.2/10. (*This is the most recent position reported at the national level*)
	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 January, Antibacterial items per STAR/PU is 92.2% and % of Broad Spectrum is 8.34%
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 2022-23 Q4 position reported by NHS SOF Dashboard is NEL at 51.9% and BLMK at 46.8%. (*This is the most recent position reported at the national level*)
	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%. (*This is the most recent position reported at the national level*)

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 (*This is the most recent position reported at the national level*)
	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 Q2 is 95.7%
	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% (*This is the most recent position reported at the national level*)
Leadership & 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 (*This is the most recent position reported at the national level*)
	Leadership	S059a	CQC well -led rating	Provider	Outstanding	Rated 4 - Outstanding

Appendix 3: Prevention of future deaths report issued in the last two months

PFD 1:

This 34 year old lady sadly died on an acute ward at the Newham Centre for Mental Health on 18th March 2022 as the result of a pulmonary embolism. She was being treated with clozapine for treatment resistant schizophrenia at that time. A deep vein thrombosis had developed in her left calf due to her sitting motionless in her room on the day of her death. Her behaviour on 18th March 2022 was due to her mental illness. She had not taken any food or drink for at least two days prior to her death. Dehydration may have contributed to the development of thrombosis.

The medical cause of death was determined following a post-mortem examination:

1a. Pulmonary embolus

1b. Deep vein thrombosis

2. Schizophrenia (treated)

The Coroner's concerns:

1. At no time during the two periods of her inpatient care was she assessed for venous thromboembolism (VTE) risk in contravention of trust policy.

2. Instructions given to monitor and record her food and fluid intake were not adequately followed.

Both of these care delivery problems were identified in the Trust's SI review, with actions put in place to address them.

The following points summarise the cumulative actions taken in response to the SI review and PFD, and some pre-existing work focused on these areas of physical healthcare. Please note that these are Trust-wide initiatives (unless specifically stated otherwise).

Actions taken in relation to VTE assessments:

- A full review of the Trust's VTE policy has been completed.
- A VTE Screening and Assessment Clinical Alert was disseminated across the Trust.
- Changes were made to the new doctors' induction and junior doctors' handbook to include information on VTE assessments
- Anti-psychotic medication has been added as a consideration on the Trust's VTE assessment tool.

Appendix 3: Prevention of future deaths report issued in the last two months

- The Trust's monthly two day physical health training programme now includes a session on VTE risk.
- A yellow card warning was raised with the manufacturers of the anti-psychotic, Zaponex (Clozapine) through the Medicines Health Regulations Authority (MHRA) to alert to two patients who have both passed away from pulmonary embolism whilst on Zaponex.
- The Trust has been trialling Power BI (a data analytics tool) in order to monitor compliance with VTE risk assessments.
- There are specific Physical Health Leads in every ELFT inpatient unit. At the Newham Centre for Mental Health, an Advanced Clinical Practitioner (ACP) has started in the role of Consultant Nurse in Physical Health. She reviews physical health on the in-patient wards. If she has concerns about the physical health of in-patients, including around VTE assessments, she addresses them with staff during daily, morning safety huddles.
- The Trust's electronic medical records system (RiO) was updated to include a pop-up reminder to seek a VTE risk assessment if someone's presentation changes every time nurses update the Observations and Measurements Form.

Actions taken in relation to Food and Fluid monitoring:

- The Trust implemented a new nutrition policy that highlights the importance of food and fluid monitoring for in-patients.
- The Trust recruited specialist staff to advise on service user nutrition: This includes a Band 7 Specialist Dietician who was hired to provide (Trust-wide) nutritional guidance and current recruitment taking place for a Band 5 Dietician focused on nutrition.
- The Trust introduced a series of training measures in relation to nutrition on in- patient wards: The Trust's monthly two day physical health training programme now includes a session on food and fluid charts. A new learning module on nutrition screening is now live on the Trust's Learning Academy. And a newly launched nutrition and dietetics page is available on the Trust intranet with advice and resources for in-patient ward teams. There is a Nutrition Steering Group which is a sub-group of the Trust's Physical Health in Mental Health Committee.
- A dietician referral system has been introduced to provide advice and guidance on complex cases across the Trust.
- There are on-going plans to add the St Andrews Nutrition Screening Instrument (SANSI) nutrition and malnutrition screening form to RIO
- Within the Newham directorate, local compliance with food and fluid chart completion has been monitored by daily food/fluid chart checks by senior nurses to ensure completion, with matrons doing weekly night checks which also include reviews of food and fluid charts.

A new template for decision making for commencing/terminating food and fluid chart monitoring has been developed and is in use.

Appendix 3: Prevention of future deaths report issued in the last two months

PFD 2:

This relates to the inquest of a 60 year old man who sadly died by suicide on 6 February 2022 in Hackney. In the lead up to his death, he had been under the care of the Home Treatment Team (HTT), which discharged him on 25 January 2022 and referred him on to his Woodbury Wetlands neighbourhood mental health team (WWNT), which provide a non-urgent mental health service. In subsequent days, a Community physical health rehabilitation team noted a deterioration in his mental state and contacted the HTT on 1 February, but this did not lead to the expected reassessment by the HTT (who instead referred the concerns on to the neighbourhood team). The basis for that decision by a staff member in the HTT was not established or documented – this was a care delivery problem which was not fully explored and addressed in the SI report. The neighbourhood mental health team had also not assessed him prior to his death.

The medical cause of death was determined following post mortem examination:

1a Asphyxia

1b Inhalation of inert gas

The Coroners concerns:

1) The ELFT serious incident (SI) review report identified that, although he was discharged to the Woodberry Wetlands Neighbourhood Rehabilitation team from the crisis team on 25 January 2022, the neighbourhood team did not allocate him to a team member until 3 February.

2) The report also identified that, despite receiving an email from the Homerton University Hospital community rehabilitation team on 2 February, saying that he had been seen on 1 February and was still very depressed, the crisis team failed to reassess him or to re-open his case to the crisis team, but instead referred the community team to the neighbourhood team.

3) The SI report did not identify that the crisis team member who made the decision on 2 February simply to advise that he should be dealt with by the neighbourhood team failed to record any reasons for her decision.

4) The SI reviewer giving evidence in court said that the SI reviewing team had not even spoken to that crisis team member as part of their investigation, let alone fed back to her. The SI reviewer at the time did not realise that she still worked for ELFT. The crisis team member's manager gave evidence that she thought the relevant decision maker had left the team before this death, so between 3 and 6 February 2022. It was later revealed at the inquest that the team member had not left the crisis team until 29 April 2022.

5) There was a hot de-brief after his death. However, no notes were made of that and no entry was made on his medical record.

6) The SI review also did not identify that members of the crisis team and the neighbourhood team did not share an understanding of how quickly the neighbourhood team aims to make contact with patients, to assist in their decision making about the correct pathway for a patient. In fact, a member of the neighbourhood team itself gave evidence about the response times that it was not correct.

Appendix 3: Prevention of future deaths report issued in the last two months

7) Finally, the operations lead for the neighbourhood team had great difficulty in giving clear evidence about whether his team would or could refer a patient back to the crisis team if they felt the circumstances warranted.

The Trust reviewed all the points which were raised by the coroner to ensure all the concerns had been fully addressed. This included establishing how a weakness that emerged in the quality assurance of this SI review (i.e. the failure to interview a significant, relevant person and address the pertinent issue detailed) could be more robustly improved to reduce the risk of it recurring. The following points summarise the actions taken:

- Allocation times - WWNT are updating their Operational Policy and procedures to ensure that patients with the most serious mental health concerns are risk assessed within 7 days of referral to the WWNT.

- Crisis Team Reassessment – Further information was sought which established that the relevant HTT member who had been emailed had in fact discussed this with some of the MDT, but it is understood that the MDT did not have a full picture of his needs leading to the decision made to not reassess at that point of re-referral. The City & Hackney HTT is presently being divided into two discrete sub-groups. A smaller number of staff will be allocated to a specific group of service users, with the goal of ensuring they have better knowledge of the service user's individual needs. It is anticipated that this will greatly enhance continuity of care and ensure that the MDTs have full information when making decisions about appropriate referrals.

- Recording Clinical rationale – The SI Lead Reviewer did not interview the relevant crisis team member as they made the incorrect assumption the person had left the Trust when they were advised that they no longer worked for the team. They did not follow up with HR to obtain their new contact details. The SI Lead Investigators and Co-Reviewers Responsibilities document has now been updated so that going forward all staff members deemed relevant to an SI review must be contacted and approached via HR – as appropriate – to (a) advise that a SI Review is being undertaken and (b) request their involvement.

Further, training will be provided to all HTT staff around documenting the following three principles of care: 1) What are you implementing? 2) Why are you doing it? 3) How are you doing it?

- Omissions - Staff members have been made aware by the Deputy Borough Director that if there is any ambiguity about dates of employment when cooperating with investigations into service users' care they must contact HR. It has been emphasized how important precision in detail is in order for the Trust to learn from Serious Incidents.

Apologies have been made to the deceased's family that the Lead SI reviewer did not interview the relevant HTT member, nor did they feed back their SI findings to them.

- Hot de-brief record - The process of effectively capturing learning from incidents is currently being reviewed as part of the Trust's implementation of the Patient Safety Incident Response Framework (PSIRF). It is anticipated that PSIRF will meaningfully address the current gaps in how the Trust's learning from incidents is investigated and recorded.

- Shared understanding between crisis team and neighbourhood team of contact timeline – The Trust SI review did not highlight this issue. The Associate Director of Risk and Governance has confirmed that during the Trust SI quality assurance process all SI Reviewers will be asked whether they have considered integrated working practices between different services.

Appendix 3: Prevention of future deaths report issued in the last two months

Additionally, the Deputy Borough Director for City and Hackney has confirmed that the Neighbourhood Teams and Crisis Pathway teams (which includes HTT) resumed their regular pathways meeting on 7 April 2023. They are producing an action plan around communicating a shared understanding of referral process and criteria.

Furthermore, the Trust is implementing a training programme for all Neighbourhood Teams to highlight issues of clinical risk when triaging incoming referrals. This programme, due to start on 22 March 2023, will run monthly for 6 months in a rolling fashion. It aims to train staff and maintain a constant discussion in how to think about complex issues of risk for patients referred to the Neighbourhood Teams, whether that is from Crisis Pathway Teams (which include HTT), GPs, or elsewhere. It will use didactic teaching, role play with actors, sample cases, discussion, and reflection, and will be facilitated by an experienced Consultant Psychiatrist, as well as the Associate Clinical Director for the Neighbourhood Teams. An important part of this training will be to improve understanding of referrals and risk signifiers from the Crisis Team to the Neighbourhood Team.

- Referral to Crisis Team - The C&H Deputy Borough Director has spent time reviewing procedures for both the HTT and WWNT. He has also met with the relevant managers. He is reassured that all WWNT members are clear on the standard operating procedure for how WWNT clinicians may refer service users back to the crisis team.

He has also explained to WWNT staff members that they must be able to clearly explain Trust procedures to the Coroner as part of their clinical roles. To facilitate this, they will all attend the next Coroner's Training provided by the Trust's Legal Affairs Team which is currently being planned.

East London NHS Foundation Trust

REPORT TO THE TRUST BOARD IN PUBLIC
25 MAY 2023

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

Purpose of the report

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

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

Date	This paper has not previously been discussed.

Key messages

The current context for the Trust is challenging, and there are indications that this is impacting on staff experience. As a result, the Trust is continuing to focus on staff wellbeing, and has also refocused work on leadership approaches, 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 June 2023.

Belonging in the NHS

We continue to support our leaders to be more compassionate and more effective, create high performing psychological safe teams, while working collaboratively within a system context through our leadership development offers. We will be running a Men's Health Week 2023 campaign from 13-18 June and the staff awards for 2023 has opened with the request for nominations.

New Ways of Working

Recruitment activity has continued on 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 spend. 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 Respectful Resolution Pathway has been created and designed to deliver a safe and values-led culture to resolving issues of bullying, incivility, or inappropriate behaviour. The approach is based on reflection, empathy, dialogue, de-escalation, and the principles of natural justice.

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 30%.

Growing and Developing for the future

Statutory and Mandatory compliance levels have risen 3.65% since March to 76.31% as the Trust continues on the journey to return to the target level. Focus is on supporting staff to attend the appropriate training and on continuing to improve targeting and data, which will improve reporting

The Appraisal process for agenda for change (non-medical) commenced in April and will run through until July. Training and support are available for all staff

Strategic priorities this paper supports

Improved population health outcomes	☒	We have taken a population health approach to our staff wellbeing as many members of staff live and or work within the boroughs that we provide services in.
Improved experience of care	☒	Research shows that if staff are engaged then they will be able to provide better care to patients and service users.
Improved staff experience	☒	The approach to improvement sets out in this paper are designed to directly improve staff experience.
Improved value	☒	There is a strong evidence base that engaged staff are healthier and more productive at work and, therefore, contribute to value for money

Implications

Equality Analysis	The Trust's action plan is designed to improve equality through the reduction in variation between different staff groups.
Risk and Assurance	If staff are not engaged at work, there is a clear risk that patient care will be adversely affected.
Service User/ Carer/Staff	As above, the work in this area is designed to improve staff experience. Evidence shows a clear link between staff experience and patient care.
Financial	Evidence shows that high staff engagement is strongly correlated with low sickness absence levels, which has a financial benefit to the Trust.
Quality	Evidence shows a clear link between staff satisfaction and patient care.

1. Introduction

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 ballot has been announced by the British Medical Association (BMA) for Consultants and the Royal College of Nursing (RCN) for Nurses.

2. Industrial Action - update on junior doctors strike

2.2 The table below sets out the number of junior doctors that took strike action on each of the mandated days.

	13-Mar	14-Mar	15-Mar	11-Apr	12-Apr	13-Apr	14-Apr
Total Number of eligible Junior Doctors	208	208	208	198	198	198	198
Total Number of Juniors who participated IA	135	144	157	121	130	135	124
Attended Site	24	23	25	36	33	25	31
Authorised Absences	49	41	26	41	35	28	43

2.3 The cost for additional cover for strike action amounted to:

- £33,162 in March 2023
- £52,929 in April 2023

2.4 This is based on the claims submitted to date to the medical staffing team so may increase if further claims are submitted

3. Agenda for Change pay award 2023-24

3.1 The NHS Staff Council has endorsed the pay offer that was agreed between the Government and Trade Unions for substantive staff employed on Agenda for Change Terms and Conditions. The deal includes:

- A one-off non-consolidated lump sum to be paid in addition to the uplift to pay points implemented earlier in the 2022/2023 year. The two payments consist of a 2% pay award, and a one-off ‘NHS backlog bonus’ to recognise the sustained pressure facing the NHS following the COVID-19 pandemic. This payment is non-consolidated which means that while it is subject to usual deductions for tax and national insurance, it will not be subject to pension deductions.

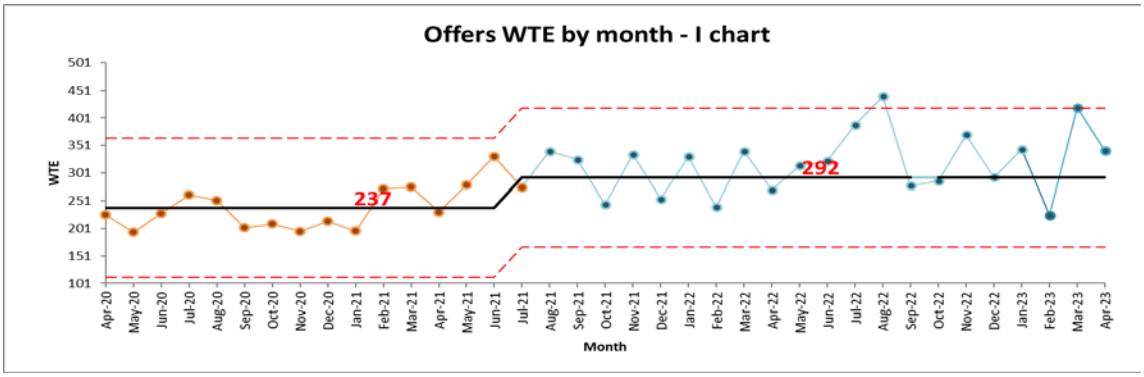
- A consolidated uplift of all pay step points on agenda for change bands for 2023/24 worth 5% applicable from 1st April 2023. This element of the pay uplift will also be applied to any shifts carried out through the bank.

3.2 Payments for the lump sum related to 2022/23 are being offered to be paid in instalments as some staff would prefer this

4 Recruitment activity - April 2023

4.1 The vacancy rate remains stable currently at 8.9% in March 2023, despite an increase in establishment of 6.89% since April 2022. Adverts Published in April continue to remain within control limits at 469.34 WTE.

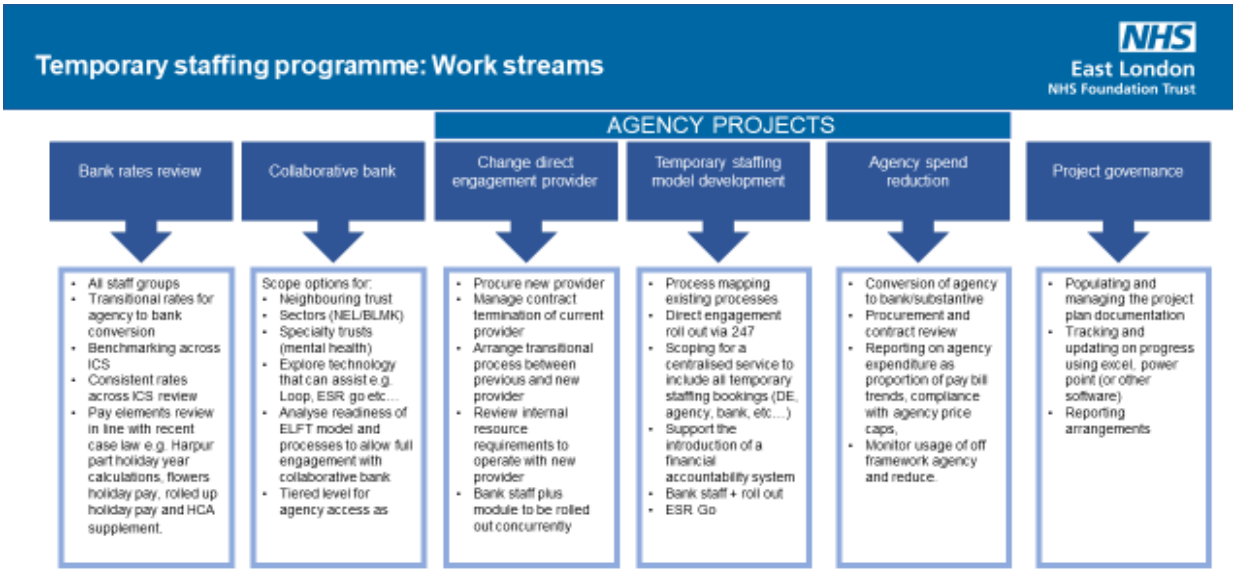
4.2 Offers of employment made in April 2023 remain within controls at 334.53 WTE.



4.3 The Trust's time to hire target is 43 days from the point of advert to pre-employment checks being completed which is currently being achieved at an average of 37.7 days in April 2023.

5 Temporary staffing programme

5.1 The temporary staffing programme is underway. Below is an updated outline of the current workstreams:



5.2 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

The timelines for these streams of work are as set out below.

6 Leadership and Organisational Development (OD)

6.1 We continue to support our leaders to be more compassionate and more effective, create high performing psychological safe teams, while working collaboratively within a system context. Our support includes:

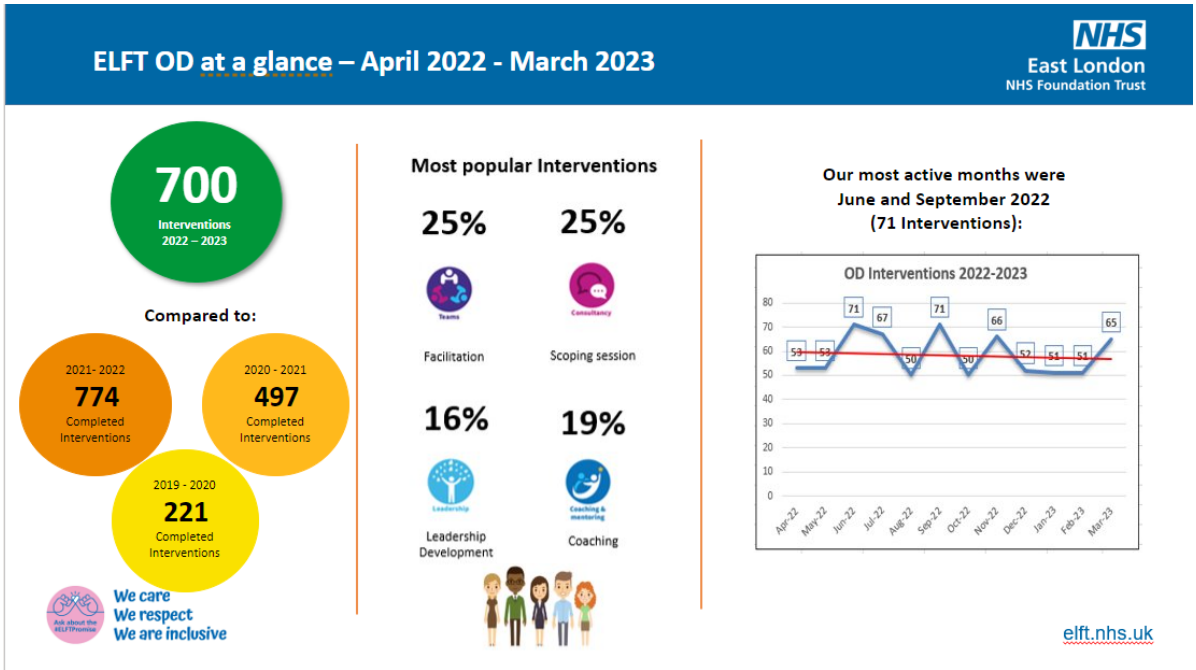
- ELFT internal leadership masterclasses
- Coaching and Mentoring (internal offer)

- Senior Leaders Programme and Senior Clinical Leaders Programme (8A and above)
- ELFT Lead (bands 5 – 7)
- Stepping Into Leadership (bands 3 to 5)
- Connection events for Leaders across the Trust
- Bespoke support to leaders and teams

6.2 Work continues with professional development leads, to map our leadership offers to a leadership transition framework and include example roles within each professional group, and this work is reflected in the leadership framework that is being presented at this Board meeting.

6.3 In the last financial year 700 OD led interventions were undertaken. Whilst 25% activity involved contracting and planning with teams, a further 25% was facilitating group or team sessions and trust-wide events. A further 19% of activity was made up from 1:1 and group coaching activity and 16% accounted for the leadership activity described in the section above.

6.4 Most of the OD team's activity was on Trust-wide interventions and included regular facilitation of our Long Covid Support Groups for staff affected by Long Covid. The Corporate and Primary Care divisions were next greatest benefactors with extensive OD support provided to the GP Support Unit project in Bedfordshire.



6.5 The OD tools that underpin the ELFT Integrated Partnership Wheel (Integrated Care Competency Framework) have been tested for the first time in May with the Hackney Neighbourhood project for Homerton Healthcare NHS Trust. The OD team supporting the Hackney Neighbourhood project are looking to adopt the framework as part of their long-term workforce and people strategy. This is timely in shaping the future for the Wheel as a commercial offer.

7 National Quarterly Pulse Survey (NQPS)

7.1 The National Quarterly Pulse Survey for Quarter 1 (2023 – 2024) has been completed. The Trust received a response rate of 9% (3% lower than that of the previous quarter) - significantly lower than that of the Picker average response rate of 20%.

7.2 The Trust response, consisting of 658 completed surveys, yielded positive scores of 65% or higher on 7 of the 9 core questions. The scores for the two staff friends & family questions were:

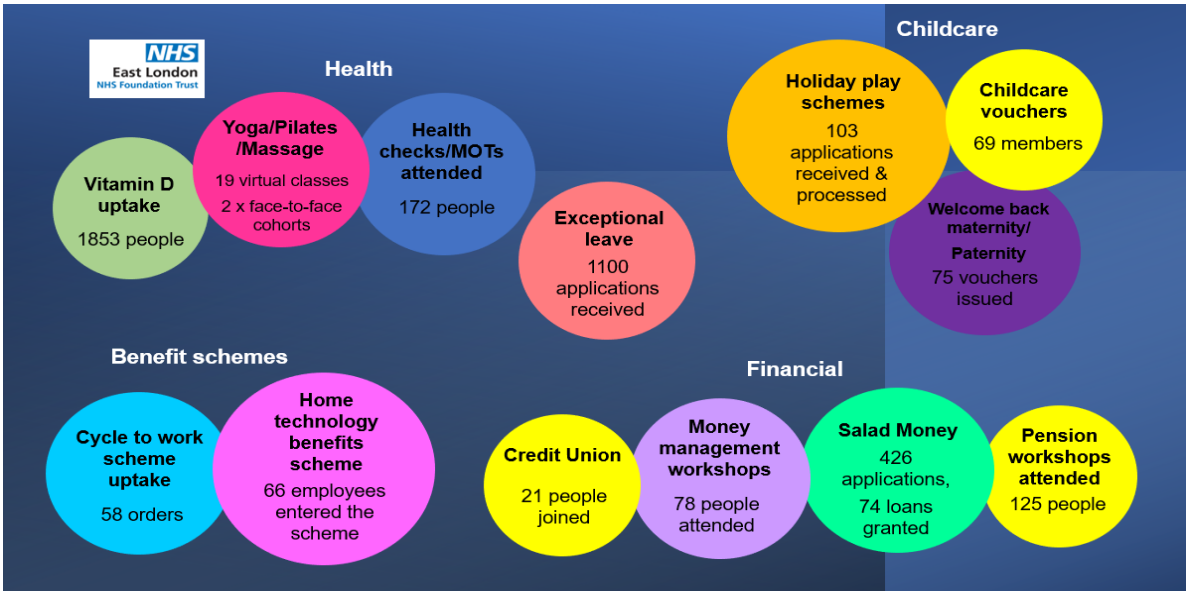
- 65.6% of staff would recommend the Trust as a place to work (consistent to that of the previous quarter);
- 67.6% of staff would be happy with the standard of care provided by the Trust if a friend or relative needed treatment (up nearly 5% from the previous quarter)
- The Trust's NQPS staff engagement score is 7.04, which is higher than the Picker average of 6.76.

7.3 Upcoming Wellbeing & Engagement Initiatives

- Men's Health Week (MHW) Campaign. At ELFT, we will be running a Men's Health Week 2023 campaign #MensHealthatELFT, from 13-18 June. During this time, we will be:
  - Hosting in person MOT health checks for men at various ELFT sites
  - Providing the resources for men to give themselves an MOT
  - Running Men's Health Week webinars, with experts, to discuss all health concerns facing men, where to get support and to provide the opportunity for ELFT men to pose any questions
  - Sharing inspirational personal health stories of some of our courageous male ELFT colleagues

- Staff Awards 2023
  - The staff award nomination process has launched and will remain open until the end of June;
  - Nominations have already been received ahead of the ceremony scheduled to take place on the 19th of October 2023;
  - Executive judging panels have been scheduled for July, with final judging panels set to take place in September.

7.4 The image below indicates the Wellbeing & Engagement day-to-day activity uptake data for 2022 – 2023:



8. Freedom to Speak Up (FTSU)

8.1 Number of Colleagues raising FTSU concerns

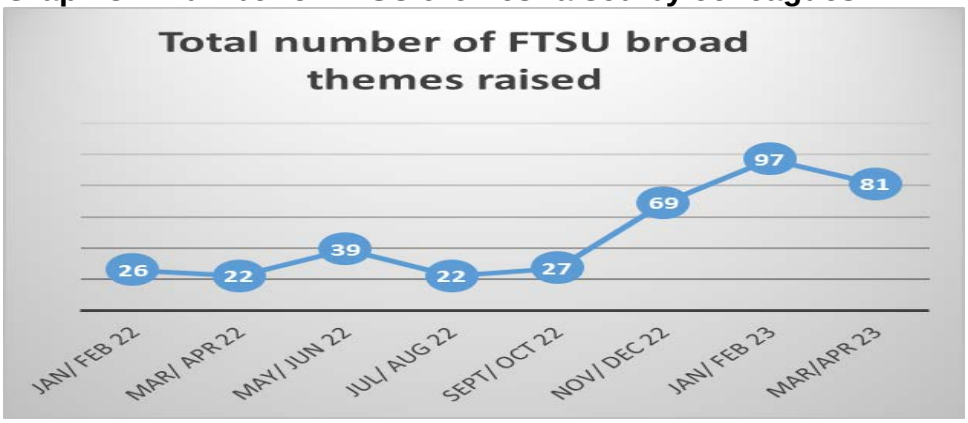
The trend set since November 2022 continued for this reporting period. Thirty-six colleagues raised concerns in March & April 2023. The elevated number of concerns raised in November, December, January and March corresponded to the communications campaign around Freedom to Speak Up. This consisted of direct Comms emails to staff from Freedom to Speak Up, a signposting document shared across the Trust as to where colleagues can bring their concerns and regularly updating the intranet FTSU page with further information.

Graph 8.1 Number of Colleagues raising FTSU concerns

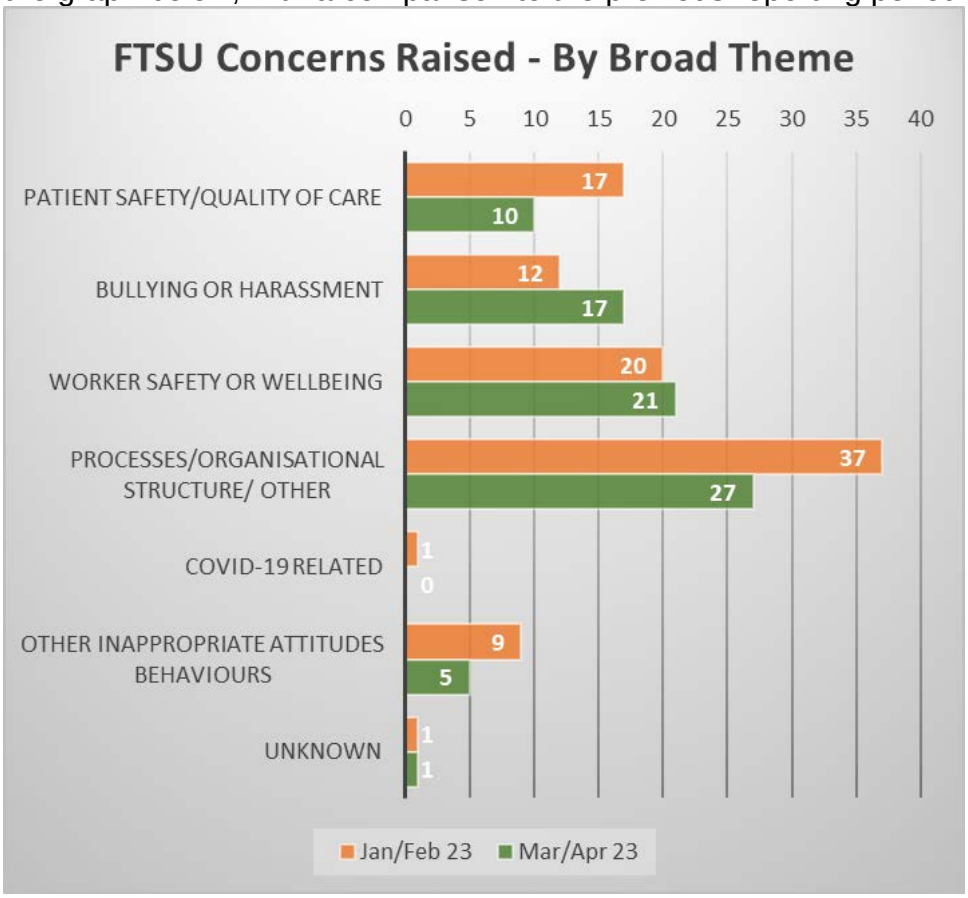
8.2 Number of FTSU broad themes raised by colleagues

This accounted for 81 themes raised (the total number of themes does not always correspond with the total number of colleagues raising concern as one colleague raising a concern can relate to multiple themes).

Graph 8.2 Number of FTSU themes raised by colleagues

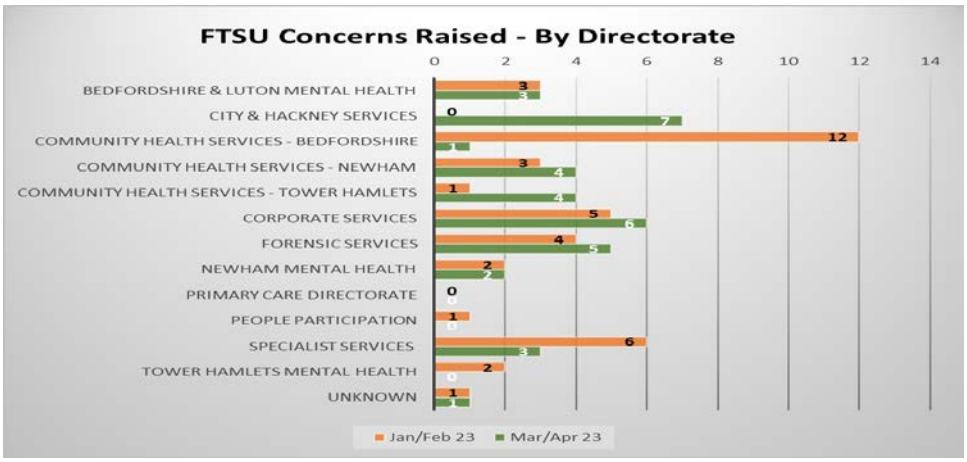


8.3 A breakdown of the broad FTSU themes raised by colleagues is shown in the graph below, with a comparison to the previous reporting period.



8.4 City & Hackney services had the highest number reported for this period at seven. These related to worker safety on inpatient wards, bullying and harassment. Corporate Services were second highest, with seven colleagues raising concerns centred on negative behaviours, Bullying and harassment and Inconsistencies with policy application. Forensic Services were third highest, with five colleagues raising concerns relating to a lack of understanding from some colleagues around managing and supporting patients with LD or ASD, concerns raised with a line manager not being followed up, and support provided to an apprentice.

8.5 The table below provides a comparison with the previous reporting period.



8.6 In the last reporting period of Jan/Feb 2023, 7 out of 40 cases raised were closed. This has since increased to 21 cases closed.

8.7 All of the issues raised are being addressed through the relevant directorate and service routes. In some cases, concerns are focused on individual circumstances, whereas in others there is a set of issues that require further support.

The Trust also has a process in place through which those who are involved in a FTSU concern resolution complete a 'Learning From' update, to consolidate the learning taken forward from the concern raised, and how this learning/improvement is in the process of being embedded. This learning is also shared at a bi-monthly meeting between the People Business Partners and Freedom To Speak Up Guardian.

9.0 Bullying and Harassment

9.1 The Trust is striving to create a workplace where positive behaviours are encouraged, modelled and appreciated; where inappropriate behaviours including bullying and incivility are not tolerated but addressed; and where staff are supported to safely challenge negative behaviour. Inappropriate behaviours and conflict at work can erode an employee's confidence, self-esteem, health and wellbeing and have a major impact on the services we provide, affecting both the performance and the morale of the workforce.

9.2 Together with colleagues from across the Trust, People and Culture have co-created and developed a new approach to creating a safe and values-led culture to resolving issues of bullying, incivility, or inappropriate behaviour. The approach is based on reflection, empathy, dialogue, de-escalation, and the principles of natural justice. This is the Respectful Resolution Pathway, a structured process through which poor behaviour can be addressed and which supports staff in developing a safe culture that is in line with the Trust's values.

9.3 The Pathway has a five-step process which allows staff to reflect on poor behaviour and provide constructive feedback, allowing for issues to be resolved informally. The five steps of the Respectful Resolution Pathway are as follows:

Step 1 – create a safe culture. This step helps teams to develop and commit to a safe values-led culture, allowing for effective working relationships. This step provides tools to develop good days at work where staff are appreciated for the positive contribution they make.

Step 2 – reflect. This step allows staff to describe any poor behaviour that has been experienced and decide how best to address this. This is an opportunity for staff to decide that informal resolution would be a better way to address the poor behaviour.

Step 3 – direct feedback. This step is where feedback is given to the member of staff who has displayed poor behaviour and provides an opportunity for them to consider what they could do to ensure the situation does not occur again. This approach allows the issue to be resolved respectfully, and informally.

Step 4 – supported resolution. This step provides additional opportunities for the issues to be resolved informally using options that we already have, such as managers having a three-way discussion or People and Culture facilitating a mediation session.

Step 5 – formal process. This step is the formal process as noted in our Dignity at Work and Grievance policies and is used as a last resort. Whilst it is noted that in some situations, informal resolution would not be appropriate; the Respectful Resolution Pathway will ensure that the informal options to resolve issues are thoroughly considered first.

9.4 The People Relations Team and People Business Partners have been trained to support managers and staff with using the Respectful Resolution Pathway to develop a safe culture and/or to address specific poor behaviour. A proportion of the Trust's Bullying and Harassment Advisors have also been trained. A pilot training programme has been run with Admin Team Managers in the Forensics Directorate and the Respectful Resolution Pathway training has been incorporated into the HR training for Managers Programme since February 2023. The Dignity at Work and Grievance

Policies are in the process of being updated to include the Respectful Resolution Pathway.

9.5 In addition to Respectful Resolution, the Trust offers an in-house mediation service with trained and accredited mediators to bring parties, who may be experiencing conflict, together in safe, constructive environment to facilitate communication. Additional support is available to staff through Freedom to Speak Up Champions, Bullying and Harassment Advisors, Occupational Health, Staff Network Leads, and the Employee Assistance Service – Carefirst.

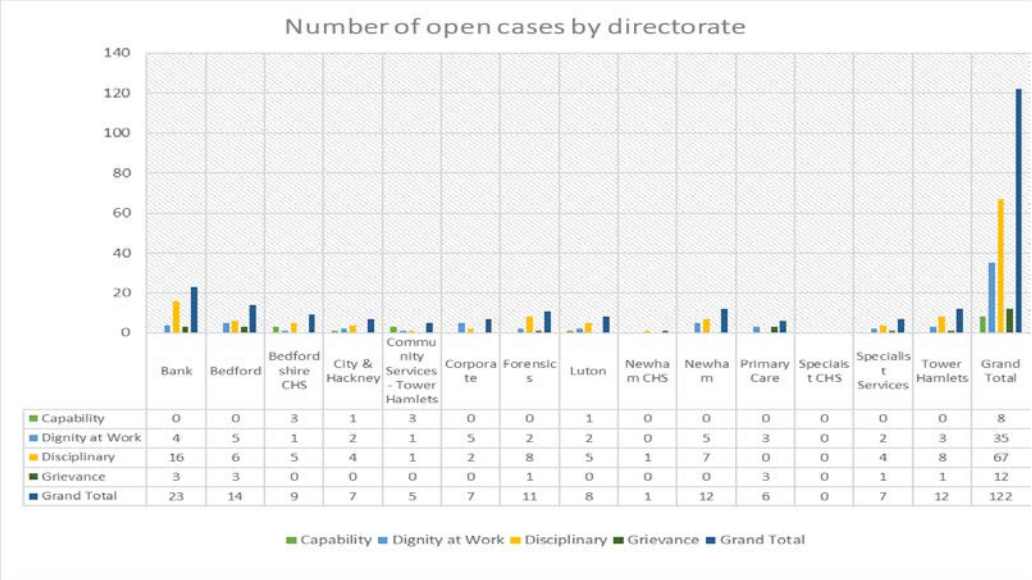
10.0 Whistleblowing

10.1 Since the last report, there have been three anonymous complaints within City and Hackney directorate which have been the subject of a preliminary investigations by the Lead Nurse. Whilst these concluded that there is no available evidence to substantiate the complaints, thematic feedback has been provided to the department leadership team and the wider team. A team away day has also taken place supported by the OD team.

10.2 There is one outstanding Whistleblowing case 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 to a future meeting.

11.0 People Relations

11.1 In total at the end of April 2023, there are: 122 live ER cases plus 7 Employment Tribunal cases. There are also 146 long-term sickness cases and 464 short-term sickness cases being managed across the Trust. The volume of long term sickness has been exacerbated due to long Covid cases, for which the Trust are supporting staff.



	Bank	Bedford	Bedfordshire CHS	City & Hackney	Community Services - Tower Hamlets	Corporate	Forensics	Luton	Newham CHS	Newham	Primary Care	Specialist CHS	Specialist Services	Tower Hamlets	Grand Total
Capability	0	0	3	1	3	0	0	1	0	0	0	0	0	0	8
Dignity at Work	4	5	1	2	1	5	2	2	0	5	3	0	2	3	35
Disciplinary	16	6	5	4	1	2	8	5	1	7	0	0	4	8	67
Grievance	3	3	0	0	0	0	1	0	0	0	3	0	1	1	12
Grand Total	23	14	9	7	5	7	11	8	1	12	6	0	7	12	122

11.2 The Staff performance and Capability Policy and the Buying and Selling Leave Guidance were approved in April JSC Sub-Policy Group. Both will be submitted for June JSC for ratification.

12.0 Belonging in the NHS - Equality, Diversity and Inclusion

12.1 ELFT is a truly diverse Trust. Here is an illustration of all the countries in the world that are represented at the Trust. Either because of the place of birth and/or nationality.

13.0 COVID-19

13.1 The lead employer contract that supported the delivery of the COVID19 vaccination programme came to an end on 31st March. Nationally the programme has been replaced with a workforce management model (WMM) that is a more system determined workforce management approach. ELFT has agreed with NEL ICB that it will continue the provision of operational service to support the delivery of the spring and any subsequent campaigns in 2023/24 under the new model approach from 1st April 2023 until 31st March 2024.

13.2 The new Workforce Management Model has identified core deliverables for the next 12 months:

- To provide workforce support for Spring and Autumn booster campaigns;
- To provide workforce support for Polio and MMR vaccination programmes;
- Develop NEL Reservist Programme;
- Implement Health Care Certificate (HCA) programme for Covid-19 bank workforce;
- Workforce engagement and retention.

13.3 The new arrangement required a 30% cut in budget which meant that the previous team structure had to be revised, and efficiencies identified. Work is ongoing to deliver the cost reduction without the need for redundancies utilising any vacancies arising within the other areas of people and culture in the first instance.

14.0 Growing and Developing our People

14.1 The 2023 Appraisal process launched on the 1st April and will run through to the 14th July. The process is largely unchanged for this cycle due to positive user feedback from the 2022 activity. Improvements include:

- Simplification of some instructions to ensure clarity of process
- For appraisals that were signed off in the system the objectives that were set in 2022 are automatically pulled through to the 2023 form
- Staff can opt to have a career conversation to have a more in depth conversation about their aspirations, which will address an action from the WRES action plan.

Training to support appraisal is available for staff and managers, including new training to support the career conversations

14.2 Since the last report Statutory and Mandatory Training Compliance has risen by 3.65% to 76.31% which is now a 5.3% rise since the system and mapping changes which occurred in February.

14.3 The Learning & Development Team continue to work to improve data availability and a proposal has been agreed to add additional Business Intelligence (BI) capacity to the Learning Academy that will enable improved data being available to performance teams to allow them to report locally and support line managers and DMT leads to manage their compliance risks.

15.0 Organisational Change

15.1 There are currently 6 organisational changes in progress affecting 77 staff members, including the relocation of 47 staff members to the new Dunstable Health Hub. Over the next two months the Trust will be TUPE transferring three services into ELFT totalling 29 staff members. All incoming staff will be moving across to Agenda for Change terms and conditions of employment.

16.0 Recommendations

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

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REPORT TO THE TRUST BOARD IN PUBLIC
25 May 202

Title	Leadership and Culture at ELFT
Author	Lorraine Sunduza, Chief Nurse Deputy CEO
Accountable Executive Director	Lorraine Sunduza, Chief Nurse Deputy CEO Dr Amar Shah, Chief Quality Officer

Purpose of the report

The purpose of this report is to update the board on the progress of the Leadership at ELFT programme.

The Board/ is asked to: **RECEIVE** the report and the recommendations proposed

Committees/meetings where this item has been considered

Date	Committee/Meeting
February 2023	People Plan Delivery Board
February 2023	CEO Discussion Group

Key messages

ELFT is generally well regarded for our leadership externally. However, there have been factors that have impacted on our Leadership and Culture over the last couple of years with the pandemic, that aftereffects of the pandemic and some leadership movement /turnover. There also remains variation, in the extent to which good leadership and culture is applied in practice.

We wanted to co- create a framework that defines what we mean by leadership, the expectations and to develop a systematic way to measure impact. To provide those in formal leadership roles the tools for success. The exercise was aimed at developing a common understanding of leadership at ELFT, clarifying the leadership behaviours that link to this, and creating a way for us to measure and improve our leadership across the organisation.

We consulted staff and service users what leadership behaviours were expected from all of us, team leaders and senior leaders. We identified leadership framework for the 3 groups and created a Health Team 'Bundle' to help teams with:

- People Participation
- Supervision and Trialog
- Away days
- Quality Improvement
- Huddles
- Being informed by data

These will form work streams with executive lead. The workstreams will look at what is currently in place, propose ideas and measurements.

This work will be monitored via the People and Culture Board subcommittee.

The Board is asked to:

RECEIVE the report and the recommendations proposed

Strategic priorities this paper supports

Improved population health outcomes	☒	Leadership and Culture is integral to the Strategic aim and values to the Trust. Good Leadership and Culture enables staff and service users to have meaningful engagement in all the aims and collective efforts to address gap.
Improved experience of care	☒	
Improved staff experience	☒	
Improved value	☒	

Implications

Equality Analysis	The culture of an organisation has an impact on all staff and service users. The proposal will enable us to ensure that there is equity in our approach and support of all services. Ensuring that variation is addressed.
Risk and Assurance	
Service User/ Carer/Staff	Good Leadership and Culture enables staff and service users to have meaningful engagement in all the aims and collective efforts to address gap
Financial	The proposals in the report will influence the current leadership investments in the Trust
Quality	This proposals line up with the Trusts Safety culture approach which has an impact on Culture

This report to be read with the Presentation attached.

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Leadership and culture

Summary of the workshops with a range of stakeholders to help us define leadership at ELFT

Proposed framework for leadership at ELFT

Ask about the #ELFTPromise

We care
We respect
We are inclusive

Contents

1. What did we set out to do?
2. How did we do this?
3. Which groups were involved?
4. Leadership behaviours
5. Proposed leadership framework
6. Leadership practices that relate to healthy team culture
7. How will we measure and improve our leadership?
8. How will we measure team health and culture?
9. Summary of proposals

1. What did we set out to do?

- The purpose of this programme was to help us co-create what we mean by leadership at ELFT.
- Over many years, we have built some belief and understanding around aspects of leadership that we value at ELFT. There remains variation though, in the extent to which this is applied in practice.
- This exercise was aimed at developing a common understanding of leadership at ELFT, clarifying the leadership behaviours that link to this, and creating a way for us to measure and improve our leadership across the organisation

2. How did we do this?

- A series of workshops was run across the organisation, each facilitated by an executive director. Some of these were in-person and some virtual
- The following questions were used to frame the conversation in each group:

1. In pairs or trios, think of an example or two of someone who you thought demonstrated really good leadership at ELFT. Tell this story, and try to identify aspects of good leadership that the person demonstrated.
2. How would you currently rate leadership at ELFT, on a scale of 1-10?
3. Let's try to identify the key behaviours that we think leaders demonstrate at ELFT. We want to try to get to specific behaviours that people do. Try to identify leadership behaviours that we all should demonstrate, that team leaders should demonstrate, and that senior leaders (for example, DMT members and executive directors) should demonstrate.
4. If we were to try to bundle together a small number of leadership activities and behaviours that we think are really important in creating a healthy team culture, what would they be? What should all teams and team leaders be doing, in order to create and sustain a healthy culture?
5. How would we know if we were leading well at ELFT? How might we measure and keep improving our leadership?

3. Which groups were involved?

- Workshops were facilitated with the following groups:
  - Executive team
  - CEO discussion group
  - Lead nurses
  - Service users and carers
  - Sessions with staff in each place that we operate (City & Hackney, Tower Hamlets, Newham, Bedfordshire and Luton)
  - Corporate teams
  - Social care leads
  - Administration leads

4. Leadership behaviours

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Leadership behaviours that **all of us** should demonstrate

- Being respectful of others
- 'Can do' attitude
- Acting in a way that is consistent with the Trust values
- Active listening
- Lead by example
- Including others
- Responding to what you hear
- Being honest and trustworthy
- Being aware of the needs of others
- Doing what you say
- Trying to find solutions
- Owning our own actions and mistakes
- Enthusiasm
- Being kind
- Being your authentic self
- Being responsive
- Being present

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4. Leadership behaviours

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Leadership behaviours that **team leaders** should demonstrate

- Build meaningful relationships with everyone in the team, understanding 'what matters to them'
- Make decisions when needed, and involve people as much as possible in decision-making
- Be as open and transparent as possible
- Prioritise the wellbeing of individuals and the team
- Support the development of everyone in the team
- Be easily accessible
- Use every opportunity for learning
- Be visible and approachable
- Promote and celebrate the work of others in the team
- Remove barriers or obstacles to the team focusing on what matters most
- Build connections and partnerships
- Lead by example
- Encouraging people to speak up and try new ideas
- Make time for celebration and recognition
- Acting to support others in the team when needed
- Focusing on learning from failures, rather than blame

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4. Leadership behaviours

East London NHS Foundation Trust

Leadership behaviours that **senior leaders** should demonstrate

- Articulate a vision
- Open to giving and receiving feedback
- Following through on what we say
- Be visible
- Asking good questions
- Actively remove barriers for teams
- Willing to be creative and try new ideas
- Communicate clearly
- Balance attention on strengths and gaps
- Demonstrate vulnerability
- Regular time out and with services
- Able to adapt style to the situation
- Being responsive
- Recognise and celebrate achievements
- Frame challenges in a way that gives hope
- Connection to service users
- Willing to have difficult conversations
- Invite solutions

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5. Proposed ELFT leadership framework

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Leadership behaviours we should all display

- Act in a way that's consistent with the Trust values
- Be kind to others, and yourself
- Actively listen, involve others and be aware of the needs of others
- Try to find solutions

Additional leadership behaviours for those who lead teams

- Make decisions when needed, and involve others in decision-making
- Be visible, accessible and approachable
- Build meaningful relationships, focusing on "what matters to you"
- Ensure regular time for reflection and focus on wellbeing
- Promote and celebrate the work of the team
- Encourage people to speak up and try new ideas

Additional leadership behaviours for senior leaders

- Frame challenges in a way that gives hope and invites solutions
- Demonstrate curiosity
- Regular time out and with services
- Be willing to tackle difficult issues
- Connect people to purpose

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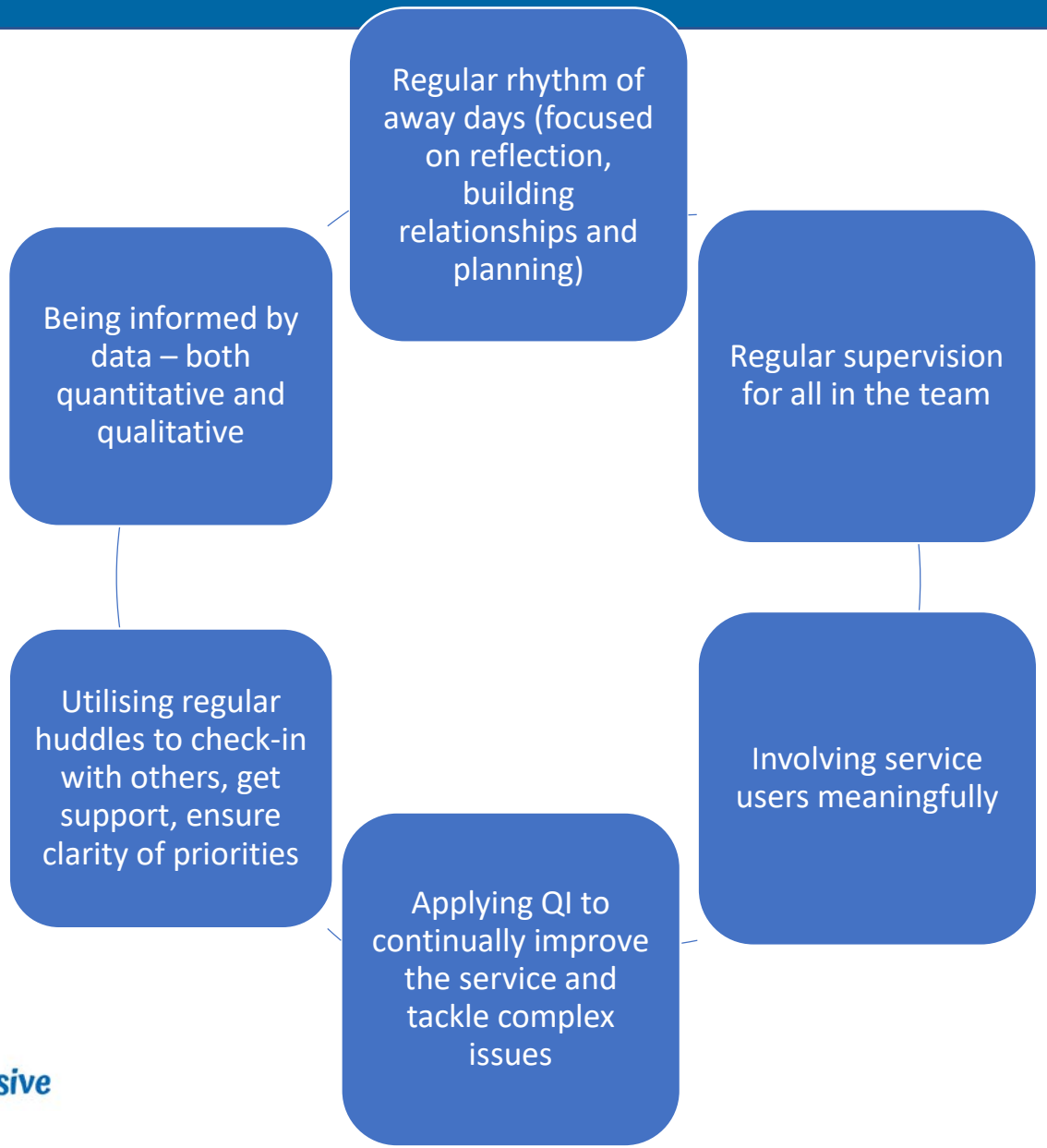
6. Leadership practices that relate to healthy team culture



Team health bundle

- Supervision & TRIALOG
- Away days
- Huddles
- Use of data
- People participation
- Quality improvement

9. Summary of proposals

NHS East London NHS Foundation Trust

For all leaders

- Act in a way that's consistent with the Trust values
- Be kind to others, and yourself
- Actively listen, involve others and be aware of the needs of others
- Try to find solutions

For those leading teams

- Make decisions when needed, and involve others in decision-making
- Be visible, accessible and approachable
- Build meaningful relationships, focusing on "what matters to you"
- Ensure regular time for reflection and focus on wellbeing
- Promote and celebrate the work of the team
- Encourage people to speak up and try new ideas

For senior leaders

- Frame challenges in a way that gives hope and invites solutions
- Demonstrate curiosity
- Regular time out and with services
- Be willing to tackle difficult issues
- Connect people to purpose

Healthy team bundle

- Regular supervision and Trialog
- Regular away days
- Huddles and check-ins
- Use of data
- People participation
- Quality improvement

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Implementation plan

- All executive leading streams of work

Governance and reporting

- Operational delivery and review of data at People plan delivery board
- Regular report to People and Culture Board Sub committee
- Update via People Board Report

Communication

- Regular communication to all staff

Questions

REPORT TO THE TRUST BOARD IN PUBLIC
25 May 2023

Title	Charitable Funds Committee 20 April 2023 – Committee Chair's Report
Committee Chair	Aamir Ahmad, Vice-Chair (London) and Chair of Charitable Funds Committee
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

To bring to the Board's attention key issues and assurances discussed at the ELFT Charitable Funds Committee meeting held on 20 April 2023.

Key Messages

Annual Year End Report

- Acknowledgement of the work undertaken in the past 12 months to establish the Charity, in particular the contributions of Governors in driving this
- Achievements in the past 12 months included development of governance and assurance processes, range of bid approvals, and development of communications
- Requested an update on and strengthening of the fund raising strategy.

Funding Awarded

- There has been a growth in the number of awards granted with a consistent flow of larger bids for a variety of projects, and an increase in the expressions of interest following recent webinars
- Since June 2021 50 funds awarded to Trust services totalling £152,468 with recent awards focusing on improving social interaction with service users in the community and cultivating interest from young people
- Awards have been primarily within London services and work continues to increase the number of bids received from Bedfordshire and Luton services
- Further work undertaken to ensure clarity and understanding, speedier decision making for bids as well as support for bid process completion.

Healthier Wealthier Families

- Matched funding of £50k received from the London Borough of Tower Hamlets to secure the commencement of the Healthier Wealthier Families project in Tower Hamlets and Newham.
- Two pilot schemes commenced with advisers in place in Newham SCYPS and the Children's Centre in Tower Hamlets; long term aim is to have financial advisers embedded in every clinical contact space within the Trust services.
- Ongoing work to explore sustainability through different models of delivery with partners across NEL in conjunction with the ICB. A bid is being prepared for ICB inequalities funding which will assist with the sustainability of this initiative.

Assurance

- Further assurance provided on the development of the policies and procedures that underpin the ELFT Charity to ensure the effective running of the charity as well as meeting Charity Commission requirements
- More assurance provided on the risks following additional work; however, some mitigations are still evolving. A strengthening of the wording to the risk around fund raising requested, to reflect broader general issues going forward.
- Consolidation process completed for funds from Bart's Charity and agreement from the Charities Commission to merge historical demarcated accounts into one fund.

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

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REPORT TO THE TRUST BOARD IN PUBLIC
25 May 2023

Title	Finance, Business and Investment Committee (FBIC) 9 May 2023 – Committee Chair's Report
Committee Chair	Aamir Ahmad, Vice-Chair (London) and chair of the meeting on 9 May 2023
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

- To bring to the Board's attention key issues and assurances discussed at the Finance, Business and Investment Committee (FBIC) meeting held on 9 May 2023.

Key messages

Finance Report Month 12

- The draft accounts show a net surplus of £1.9m against a planned break even position and forecast of £3m surplus. The variance to forecast is due to the impact of Agenda for Change pay award assumptions and an adjustment to income related the Outer North East London boroughs for 2022/23
- At 31 March 2023 the cash position was £134.5m, operating income for 2022/23 c£625m; and operating surplus of c£25k
- An unaudited review of the baseline position will be presented to the May Board as audit is expected to commence early May
- Standard timetable for submission of final audited accounts is 30 June 2023; however, the Trust submission is likely to be delayed due to audit requirements regarding the valuation of Local Government Pension Fund which is outside of the Trust's control
- The Trust continues to be in Segment 1 (no specific support needs – maximum autonomy, minimum risk) of the NHS Oversight Framework.

Financial Plan 2023/24

- A final plan submission on 4 May 2023 for a £5.4m surplus, as part of an agreed pathway to a North East London (NEL) breakeven position
- The scheme values will be delivered non-recurrently in 2023/24 via ELFT and NELFT generated surplus
- The agreement is subject to key conditions including the embedding of the totality of Mental Health Investment Standard (MHIS) and System Development Funding (SDF) into the Trust's baseline recurrently and the development of proposals by collaborative partners to address the under-investment in mental health particularly from 2024/25 and beyond
- The plan submission will result in delays in the implementation of some projects; however, work will continue to ensure infrastructures are in place for when the funding is received.
- The FV target has increased further to £20.8m
- There remain some unfunded cost pressures which are being worked through with the Integrated Care Board (ICB) and contract and planning rounds are still to be concluded.

Financial Viability (FV) Month 12

- The achievement of £7.24m against a £15m target for 2022/23 with an increasing reliance on non-recurrent measures and delivery relating to income to meet the adverse variance
- FV target for 2023/24 has increased from £17.5m to £20.8m which is a 3.5% efficiency ask. Schemes totalling £15.2m have been submitted for the 2023/24 programme with clinical transformation and recurrent measures now having the highest proportion of the programme. FV schemes have been articulated in directorate budget setting and annual plans with monthly detailed monitoring meetings in place
- There is an increased risk around the non-delivery of the FV target; the Committee have requested a review of the level of the BAF risk score as well as the FV risk register in

recognition of the challenges experienced over the last few years in not meeting the target through recurrent measures.

Agency

- Increased expenditure in March resulted in a year end agency spend of £30.3m, which is 20% above the £25m ceiling set by NHS England (NHSE). The upward trend was related to some impact from industrial action and an extension of bank winter incentive payments, full details of which will be brought to the next committee meeting
- The Committee requested more granular detail on the initiatives being undertaken to reduce agency spend and targeted solutions for specific high cost areas, acknowledging that this would also be considered by the People & Culture Committee as part of its focus on recruitment and retention.

Capital Update

- The CDEL allocation for 2022/23 totalled £17.85m, with an outturn underspend of £402k; fluctuations in CDEL revenue transfer and the receipt of VAT payments resulted in the variance to forecast
- The final allocation for 2023/24 is to be confirmed but anticipating £9.8m which is a significant decrease from original plan of £65m. The plan for £9.8m will be split between estates, digital and medical equipment. There will be additional monies as a result of a land sale and opportunities for urgent emergency care funds, plans for which are being worked up between ELFT and NELFT. The focus will now be on compliance rather than transformation
- The new risk-rated plan methodology is in place, necessitating all bids to be received at the beginning of the year; an Estates Strategy Board is being set up to report into FBIC for full visibility and assurance
- Regular meetings between estates and digital will continue and a secondary list of projects and plans will be drawn up to ensure an agile response to the late receipt of funds.

Estates Update

- The Committee acknowledged the work to scale up hybrid and remote working and the next steps to support transformational work as part of the estates strategy, utilising the knowledge gained from the six-facet survey
- Assurance was received that ongoing partnership working on the provision of all FM services within NEL and Bedfordshire, Luton & Milton Keynes (BLMK) will realise opportunities for economies of scale.

Procurement Update

- Financial targets for 2022/23 were achieved, including savings of £400k.
- Further development of the procurement warehouse and the embedding of social value weighting scores into all contracts; 61% of Trust contractors and suppliers now pay the real living wage and a future target for compliance is above 75%.
- The Committee requested further encouragement of suppliers to employ service users with mental health issues, to further progress the Trust's Anchor organisation aims.

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 the end of 2022/23 has heightened the risk around non-delivery and underachievement of the increased FV target for 2023/24. Although more recurrent and clinical transformation schemes are being planned, there is pressure on the risk score and potential for it to be increased.
- **Risk 8:** *If the Trust fails to robustly implement and embed infrastructure plans including digital and estates, this will adversely impact on our service quality and delivery, patient care and carer experience, and our ability to transform services in line with our aspiration to be a leader in both of our ICSs:* The intention is to reduce the risk score to 16 as soon as a secondary secure link to the cloud database is established.
- The Committee agreed no changes to the risks scores and that appropriate controls are in place and operating effectively.

Proposal for a Perinatal Provider Collaborative

- The Committee received the proposal for a perinatal collaborative provider across North Central and East London, with ELFT as the lead provider. The report outlined three potential scenarios, all of which carry a potential financial risk and cost pressure for the Trust.
- Negotiations are underway with NHSE to mitigate the financial risks and agreement was given for the progressing of the plans subject to a successful outcome of those negotiations.
- Whilst understanding the need for mitigations against the financial risk, the Committee highlighted the undoubted benefits in both patient outcomes and system behaviours to aid the progression of an agreed collaborative strategy.
- The Committee received assurance that the Integrated Care & Commissioning Committee also discussed and supported the proposal subject to agreement by NHSE to support with mitigation for the financial risks.

Previous Minutes

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

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REPORT TO TRUST BOARD IN PUBLIC
25 MAY 2023

Title	Finance Report Month 12 – Updated
Author	Matthew Hart, Deputy Director of Finance
Accountable Executive Director	Samanthi Gibbens, Interim Chief Finance Officer

Purpose of the report

This paper highlights financial performance for the financial year ended 31st March 2023.

Committees/meetings where this item has been considered

Date	Committee/Meeting
09/05/23	Finance, Business and Investment Committee
26/04/23	Service Delivery Board

Key messages

Summary of Performance:

- Operating surplus (EBITDA) to end of March 2023 of £25,799k (4.1%).
- After a prior period adjustment of £1,023k and other accounting adjustments, the Trust is reporting net surplus of £1,897k (0.3%) compared to a planned breakeven position and a forecast of £3,000k surplus.
- 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 delivery is £7,239k against a plan of £15,000k (£7,761k adverse against target, mitigated by non-recurrent underspends and one-off benefits.
- NHS Improvement (NHSI) risk rating is under the Segmentation framework and the Trust continues to be in Segment 1 (maximum autonomy, minimum risk).
- Cash balance on 31st March 2023 is £134.5m as expected.

Strategic priorities this paper supports

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

Improved Value	☒	This is a key requirement to ensure that the Trust delivers value for money and is not in breach of its Foundation Trust provider licence.

Implications

Equality Analysis	Financial sustainability aids the organisation in being able to address and adequately resource equality issues within the services we deliver
Risk and Assurance	NHS Improvement (NHSI) risk rating places the Trust in segment 1, there are however risks around the use of temporary staff and achieving the Trusts financial Viability target
Service User/Carer/ Staff	Delivering against the Trusts financial metrics supports the investment in services for the benefit of our staff, service users and carers
Financial	As stated in the report.
Quality	Delivering our services in a financially sustainable way enables continuous investment in improving the quality of our services.

1 Background/Introduction

1.1 This paper highlights financial performance for the financial year ended 31st March 2023.

2 Summary of Financial Performance to 31st March 2023

2.1 The financial year 2022/23 position is based on the Month 12 management accounts and post Month 12 accounting adjustments. The final position is subject to the external audit process and any further adjustments as advised.

2.2 The Trust reported a surplus of £1,897k against a breakeven plan. The outturn position was lower than forecast surplus of £3,000k, due to the net expected impact of Agenda for Change pay award assumptions, some smaller adjustments to final income, and some increases in agency spend.

2.3 Summary of financial performance is in **Table 1** below:

	£000
Operating Income	625,214
Operating Expenditure	(599,415)
EBITDA (Earnings before Interest, Tax, Depreciation and Amortisation)	**25,799**
Interest receivable	3,011
Interest payable	(3,020)
Depreciation	(24,454)
PDC (Public Dividend Capital)	(5,991)
Other finance costs	(293)
Surplus/(Deficit) before adjustments	**(4,948)**
Impairment, Donated Assets and other adj.	5,822
Prior Period Adjustment	1,023
2022/23 reported Surplus/(Deficit)	**1,897**

2.4 Operating Income and Expenditure run rates are included in **Appendix 1 & 2**.

3 Adoption of 2022/23 Accounts

3.1 The draft Provider Finance Return (PFR) was submitted to North East London Integrated Care Board (NEL ICB) on 19th April 2023.

3.2 The final PFR was submitted to NHS England (NHSE) on 27th April 2023. It was expected that provider PFRs were not amended between the 19th and 27th April submissions.

3.3 External audit commenced on 9th May 2023.

3.4 The standard timetable for submission of final audited accounts is 30th June 2023, however the Trust submission is expected to be delayed due to audit requirements regarding the valuation of Local Government Pension Fund which is outside the Trust's control.

4 Key Highlights of Financial Performance to 31st March 2023

4.1 Operating income

4.2 Income at Month 12 is reported as adverse against plan by £5,944k, which is more than offset by the equivalent favourable variance in Expenditure. A summary of the Trust income position is included in **Table 2** below.

4.3 As lead provider for the North Central and East London Child and Adolescent Mental Health Services (NCEL CAMHS) collaborative, the Trust deferred £6,117k income in line with the collaborative priorities and need for commissioning work in the future year. This is the key reason for the change in variance from Month 11 and is fully offset by the equivalent change in expenditure (see Table 4).

4.4 In relation to non-recurrent support of the NEL ICS financial delivery forecast the Trust made a one-off agreement to repay ELFT underspend on COVID-19 out of envelope expenditure against funding, therefore £2,078k income was returned to NEL ICB during March 2023. Some small value additional funding for the Trust was also recorded from NEL ICB within the final 2022/23 payment.

4.5 The Forensic service received an additional £927k allocation in Month 12 as the Trust share of the surplus recorded for the provider collaborative hosted by Barnet, Enfield and Haringey Mental Health Trust (BEH).

4.6 In line with national guidance, income and expenditure accruals to reflect the anticipated value of the additional 2022/23 Agenda for Change pay settlement were included in the final month 12 NHSE Provider Finance Return (PFR) submission and the draft final accounts. This is the significant proportion of the £16.7m income included under 'Other year-end accounting adjustments' at the end of the table.

4.7 Table 2: Summary of Operating Income to 31st March 2023

	YTD Mar-23			Annual Budget £000	YTD Feb-23 Variance £000	Change +/- £000
	Budget £000	Actual £000	Variance £000			
Block Income						
ICBs	441,084	439,462	(1,622)	441,084	43	(1,665)
NHSE	15,126	15,127	0	15,126	(0)	1
Sub total	**456,210**	**454,589**	**(1,622)**	**456,210**	**43**	**(1,664)**
Cost and Volume Income						
Overseas Income	0	15	15	0	17	(2)
OATS / Spot Income	1,332	1,522	190	1,332	169	21
Sub total	**1,332**	**1,537**	**205**	**1,332**	**186**	**19**
SLA Income						
NCEL CAMHS (Lead Provider)	31,744	25,628	(6,117)	31,744	0	(6,117)
NCEL Forensic Service (BEH)	46,472	47,197	724	46,472	(189)	914
Services to other Trusts	6,960	6,802	(159)	6,960	(277)	118
Sub total	**85,177**	**79,626**	**(5,551)**	**85,177**	**(467)**	**(5,085)**
Workforce Allocation						
SIFT/MADEL/NMET R&D etc	15,485	15,839	354	15,485	(132)	486
Sub total	**15,485**	**15,839**	**354**	**15,485**	**(132)**	**486**
COVID-19						
Vaccination Centre (London)	4,053	4,053	0	4,053	0	0
Vaccination Centre (Luton & Bedfordshire)	19	19	0	19	0	0
Vaccination Lead Employer	1,938	1,938	0	1,938	0	0
Sub total	**6,011**	**6,011**	**0**	**6,011**	**0**	**0**
Other Income						
Primary Care	2,475	2,805	330	2,475	(42)	372
CAMHS	38	17	(21)	38	(18)	(3)
Addiction Services	3,401	3,618	217	3,401	130	87
Community Services (Local Authority)	8,157	8,108	(49)	8,157	(84)	34
Other Income	499	692	193	499	0	193
Sub total	**14,570**	**15,240**	**670**	**14,570**	**(13)**	**683**
Deferred Income						
Deferred Income Released	3,747	3,747	1	3,747	0	1
Sub total	**3,747**	**3,747**	**1**	**3,747**	**0**	**1**
EBITDA INCOME - MONTHLY REPORTING M12	**582,533**	**576,588**	**(5,944)**	**582,533**	**(384)**	**(5,561)**
Income reported via Directorate budgets		31,928				
Other year-end accounting adjustments		16,697				
EBITDA INCOME - FINAL PFR SUBMISSION		**625,214**				

4.8 Operating Expenditure

4.9 The Trust is reporting an adverse variance of £108k against operating expenditure at 31st March 2023. A summary of the Trust expenditure position is included in **Table 3** below.

4.10 Table 3: Summary of Operating Expenditure to 31st March 2023

	YTD Mar-23				YTD Feb-23	
	Budget £000	Actual £000	Variance £000	Annual Budget £000	Variance £000	Change +/- £000
Mental Health Services						
Tower Hamlets	(49,609)	(49,345)	264	(49,609)	728	(464)
Newham	(42,616)	(43,085)	(469)	(42,616)	(476)	7
City & Hackney	(42,178)	(45,685)	(3,507)	(42,178)	(3,311)	(196)
Forensic Services	(38,119)	(38,347)	(227)	(38,119)	526	(753)
Specialist Services	(66,221)	(62,926)	3,295	(66,221)	3,737	(442)
Luton	(26,229)	(28,228)	(1,999)	(26,229)	(1,674)	(325)
Bedfordshire	(53,870)	(55,368)	(1,498)	(53,870)	(1,296)	(203)
Less COVID-19 Costs	0	1,239	1,239	0	1,171	68
Sub total	**(318,841)**	**(321,744)**	**(2,903)**	**(318,841)**	**(595)**	**(2,308)**
Community Health & Primary Care						
Newham CHS	(25,419)	(24,406)	1,013	(25,419)	1,461	(448)
Specialist CHS	(7,601)	(6,966)	636	(7,601)	619	17
Tower Hamlets CHS	(15,300)	(14,650)	650	(15,300)	660	(10)
Bedfordshire CHS	(44,529)	(46,210)	(1,681)	(44,529)	(1,525)	(156)
Primary Care	(6,531)	(8,512)	(1,980)	(6,531)	(1,992)	11
Less COVID-19 Costs	24	174	150	24	101	49
Sub total	**(99,356)**	**(100,569)**	**(1,213)**	**(99,356)**	**(675)**	**(538)**
Commissioning						
NCEL Provider Collaborative	(34,426)	(28,309)	6,117	(34,426)	0	6,117
Sub total	**(34,426)**	**(28,309)**	**6,117**	**(34,426)**	**0**	**6,117**
Central Support Services						
Board / Members' Council	(2,933)	(3,057)	(124)	(2,933)	(87)	(37)
Director of Operations	(1,396)	(2,174)	(779)	(1,396)	(285)	(494)
Corporate Affairs	(832)	(869)	(37)	(832)	(7)	(30)
ICT	(10,576)	(10,202)	373	(10,576)	1,339	(965)
Business Develop Unit	(1,251)	(1,238)	13	(1,251)	4	9
Social Inclusion	(1,149)	(1,017)	132	(1,149)	137	(4)
Finance	(5,129)	(5,874)	(745)	(5,129)	(535)	(210)
Human Resources	(7,744)	(9,010)	(1,266)	(7,744)	(970)	(296)
Central Medical/Pharmacy	(8,906)	(9,055)	(150)	(8,906)	(124)	(25)
NMET	(5,583)	(4,862)	721	(5,583)	982	(261)
Central Nursing/MHA admin	(7,227)	(7,843)	(616)	(7,227)	(719)	103
Chief Quality Officer	(5,322)	(4,778)	544	(5,322)	638	(95)
Director of Integrated Care	(1,535)	(1,949)	(413)	(1,535)	(361)	(52)
R&D	(901)	(912)	(10)	(901)	(9)	(1)
AMPS	0	(7)	(7)	0	(6)	(1)
Estates & Facilities	(28,793)	(32,453)	(3,660)	(28,793)	(3,361)	(299)
Central NHS SLAs	0	4	4	0	46	(42)
Less COVID-19 Costs	0	174	174	0	175	(0)
Sub total	**(89,277)**	**(95,122)**	**(5,846)**	**(89,277)**	**(3,145)**	**(341)**
COVID-19 Costs						
Central COVID-19 Costs	(4,500)	(1,044)	3,456	(4,500)	3,178	279
Clinical Directorate COVID-19 Costs	(24)	(1,412)	(1,389)	(24)	(1,272)	(116)
Vaccination Centres	(4,072)	(3,461)	611	(4,072)	0	611
NEL Vaccination Lead Employer	(1,938)	(1,940)	(1)	(1,938)	0	(1)
Sub total	**(10,534)**	**(7,857)**	**2,677**	**(10,534)**	**1,905**	**772**

Table 3 Continued	YTD Mar-23 Budget £000	YTD Mar-23 Actual £000	YTD Mar-23 Variance £000	Annual Budget £000	YTD Feb-23 Variance £000	Change +/- £000
Reserves						
Development Reserve	(2,680)	88	2,768	(2,680)	2,399	369
Financial Viability (Unallocated)	6,543	0	(6,543)	6,543	(5,754)	(789)
Non-Recurrent Support	0	426	426	0	426	0
Pay/non pay reserve	(4,784)	6,476	11,260	(4,784)	5,330	5,930
Sub total	**(921)**	**6,990**	**7,911**	**(921)**	**2,401**	**5,510**
EBITDA SPEND - MONTHLY REPORTING M12	**(553,355)**	**(546,612)**	**6,743**	**(553,355)**	**(108)**	**9,210**
Income reported via Directorate budgets		(31,928)				
Other year-end accounting adjustments		(20,874)				
EBITDA SPEND - FINAL PFR SUBMISSION		**(599,415)**				

4.11 Operational areas of overspend are undergoing specific review led by Exec leads and are a key part of the 2023/24 budget setting process. Inpatient pay overspends are subject to a Chief Nurse led Establishment Review and 2023/24 budgets have been adjusted to reflect agreed changes.

4.12 Pressures continue in 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.

4.13 The Estates position is adversely impacted by the impact of variable Soft Facilities Management costs as well as other estates costs that are currently being reviewed with Barts Health. Budgets have been reviewed and adjusted for 2023/24 where agreed.

4.14 Non-recurrent underspends relating to some specialist and community services and one-off benefit offset overspends across the operational position, which also includes a part-year share of the 22/23 FV targets (also see section 6.0).

4.15 **Agency Expenditure**

4.16 Expenditure on agency staffing was £30,306k during 2022/23. This was marginally higher than 2021/22 and £5,306k (21.2%) above the £25,000k target.

4.17 Agency expenditure increased against the previous run rate during quarter four, particularly in months 11 and 12, and was 30% higher in quarter four than in quarter one. This represents a risk to plan delivery in 2023/24 if not addressed.

4.18 The main areas of increase were in medical and nursing agency. The average medical expenditure in months 11 and 12 was 43% higher than the average to month 10. For nursing, the months 11 and 12 average was 11% higher than in months 1 to 10.

4.19 The services with the highest levels of medical agency expenditure are Luton, Bedford and Tower Hamlets Adult Mental Health and Primary Care.

4.20 **Table 4: Pay expenditure increase from 2021/22 to 2022/23**

	2021/22	2022/23	Increase	
	£000	£000	£000	%
Substantive	320,039	359,260	39,221	12%
Bank	38,652	46,926	8,274	21%
Agency	30,248	30,306	58	0%
TOTAL	**388,939**	**436,492**	**47,553**	**12%**

5 COVID-19

5.1 The Trust were allocated £4,500k to support continuing out of envelope COVID-19 expenditure. As noted in section 4.4 The Trust agreed to support ICS financial delivery non-recurrently and repaid the forecast underspend on COVID-19 out of envelope expenditure in March 2023.

5.2 The 2022/23 allocation will be reduced for 2023/24 in line with the national expectation that costs should have decreased over 2022/23. Whilst the response to COVID-19 is important, elimination of ongoing cost is needed.

5.3 **Table 5: Out of envelope COVID-19 expenditure by Directorate**

5.4

	Annual Budget	YTD Budget	YTD Actual	YTD Variance
	£000	£000	£000	£000
Mental Health Services				
Tower Hamlets	0	0	(442)	(442)
Newham	0	0	(4)	(4)
City & Hackney	0	0	(51)	(51)
Forensic Services	0	0	(53)	(53)
Specialist Services	0	0	0	0
Luton	0	0	(480)	(480)
Bedfordshire	0	0	(209)	(209)
Sub total	**0**	**0**	**(1,239)**	**(1,239)**
Community Health & Primary Care				
Newham CHS	(24)	(24)	(20)	4
Specialist CHS	0	0	0	0
Tower Hamlets CHS	0	0	0	0
Bedfordshire CHS	0	0	(154)	(154)
Sub total	**(24)**	**(24)**	**(174)**	**(150)**
Centrally Held Budgets				
Central COVID Budget	(4,500)	(4,500)	(247)	4,253
Corporate & Estates COVID Budgets	0	0	(797)	(797)
Sub total	**(4,500)**	**(4,500)**	**(1,044)**	**3,456**
Funding adjustments				
Funding adjustments during year	0	0	28	28
Funding repaid to NEL ICB	0	0	(2,078)	(2,078)
Sub total	**0**	**0**	**(2,050)**	**(2,050)**
TOTAL (excluding vaccination centres and lead employer)	**(4,524)**	**(4,524)**	**(4,506)**	**17**

5.5 Income relating to COVID-19 vaccination centres was paid based on forecast activity and expenditure levels. The actual cost to the Trust was £611k lower than forecast, and this non-recurrent benefit, not included in table 5, is included in the final 2022/23 trust financial position.

6 Financial Viability (FV) Programme

6.1 The Trust had an FV requirement of £15.0m for the year 2022/23. The opening FV target included £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.

6.2 The 2022/23 target was £15,000k, with a reported delivery of £7,239k resulting in an adverse variance of £7,761k.

6.3 Due to delays and lack of progress in work up and implementation of recurrent schemes, a significant proportion of the trust FV delivery this financial year is being achieved through non-recurrent measures. This has supported the Trust in achieving a balanced financial position at year end but does not offer longer term financial stability.

6.4 FV targets were devolved to operational directorate budget lines from Month 8 allowing greater visibility of FV expectations and delivery for directorate leadership teams.

6.5 A separate paper on financial viability was presented and discussed at Service Delivery Board and Finance Business and Investment Committee (FBIC) which includes further relevant detail of the programme.

7 Risk

7.1 NHS Improvement (NHSI) risk rating is now under the new Segmentation framework. The Trust has been notified it is in Segment 1 (Maximum autonomy, minimum risk).

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

Attached:

APPENDIX 1: 2022/23 INCOME RUN-RATES

APPENDIX 2: 2022/23 EXPENDITURE RUN-RATES

APPENDIX 1: 2022/23 INCOME RUN-RATES

Operating Income

	Apr-22 £000	May-22 £000	Jun-22 £000	Jul-22 £000	Aug-22 £000	Sep-22 £000	Oct-22 £000	Nov-22 £000	Dec-22 £000	Jan-23 £000	Feb-23 £000	Mar-23 £000
Block Income												
ICBs	35,099	35,562	35,334	36,005	35,500	39,855	36,857	37,329	37,719	36,554	37,323	36,324
NHSE	839	839	839	962	870	880	3,912	1,500	296	1,242	1,687	1,260
Sub total	**35,939**	**36,401**	**36,173**	**36,968**	**36,370**	**40,735**	**40,769**	**38,829**	**38,015**	**37,796**	**39,011**	**37,584**
Cost and Volume Income												
Overseas Income	0	1	0	0	0	0	1	0	0	13	2	(2)
OATS / Spot Income	112	176	112	126	114	110	106	111	220	118	83	132
Sub total	**112**	**177**	**112**	**126**	**114**	**110**	**107**	**111**	**220**	**131**	**85**	**130**
SLA Income												
NCEL CAMHS Service (Lead Provider)	2,590	2,590	2,644	2,608	2,608	2,608	2,909	2,650	2,624	2,624	2,645	(3,471)
NCEL Forensic Service (BEH)	3,588	3,588	3,588	3,809	3,571	3,629	3,634	5,708	4,339	3,425	3,626	4,692
Services to other Trusts	690	690	692	688	690	694	677	685	172	271	381	473
Sub total	**6,868**	**6,868**	**6,925**	**7,104**	**6,868**	**6,931**	**7,220**	**9,043**	**7,135**	**6,319**	**6,652**	**1,693**
Workforce Allocation												
SIFT/MADEL/NMET R&D etc	904	904	1,009	1,563	944	948	901	940	2,668	793	2,222	2,043
Sub total	**904**	**904**	**1,009**	**1,563**	**944**	**948**	**901**	**940**	**2,668**	**793**	**2,222**	**2,043**
COVID-19												
Vaccination Centre (London)	236	288	264	236	373	180	0	878	0	(289)	92	1,796
Vaccination Centre (Luton & Bedfordshire)	6	6	7	0	19	(19)	0	0	0	0	(0)	0
Vaccination Lead Employer	274	409	585	436	379	38	0	(237)	0	133	862	(940)
Sub total	**516**	**703**	**856**	**672**	**771**	**198**	**0**	**640**	**0**	**(156)**	**954**	**856**
Other Income												
Primary Care	195	190	213	240	149	266	235	162	0	332	244	578
CAMHS	3	3	3	3	4	0	(0)	0	0	0	(0)	0
Addiction Services	290	290	290	290	290	301	290	279	183	397	347	370
Community Services (Local Authority)	681	678	693	686	681	676	674	733	782	331	779	714
Other Income	61	61	61	61	61	(53)	42	42	42	(0)	83	235
Sub total	**1,231**	**1,222**	**1,259**	**1,280**	**1,185**	**1,190**	**1,241**	**1,216**	**1,006**	**1,060**	**1,453**	**1,897**
Deferred Income												
Deferred Income Released	0	447	223	223	223	223	1,289	223	(112)	(1)	695	313
Sub total	**0**	**447**	**223**	**223**	**223**	**223**	**1,289**	**223**	**(112)**	**(1)**	**695**	**313**
EBITDA INCOME - MONTHLY REPORTING M12	**45,569**	**46,723**	**46,558**	**47,937**	**46,476**	**50,336**	**51,527**	**51,002**	**48,933**	**45,941**	**51,071**	**44,516**

APPENDIX 2: 2022/23 EXPENDITURE RUN-RATES

Operating Expenditure

	Apr-22 £000	May-22 £000	Jun-22 £000	Jul-22 £000	Aug-22 £000	Sep-22 £000	Oct-22 £000	Nov-22 £000	Dec-22 £000	Jan-23 £000	Feb-23 £000	Mar-23 £000
Mental Health Services												
Tower Hamlets	(3,664)	(3,799)	(3,864)	(3,638)	(3,978)	(4,824)	(4,105)	(3,913)	(4,370)	(4,106)	(4,255)	(4,830)
Newham	(3,219)	(2,949)	(3,468)	(3,357)	(3,200)	(4,011)	(3,467)	(3,222)	(3,650)	(3,620)	(3,639)	(5,281)
City & Hackney	(3,400)	(3,545)	(3,564)	(3,653)	(3,742)	(4,534)	(3,616)	(4,003)	(3,699)	(3,923)	(3,816)	(4,189)
Forensic Services	(3,109)	(3,018)	(3,171)	(3,009)	(3,030)	(4,029)	(2,623)	(2,949)	(2,889)	(3,763)	(2,801)	(3,954)
Specialist Services	(4,784)	(4,864)	(4,836)	(4,451)	(4,597)	(6,152)	(7,627)	(5,706)	(4,113)	(4,219)	(4,956)	(6,621)
Luton	(2,170)	(2,023)	(2,114)	(2,193)	(2,054)	(2,779)	(2,316)	(2,540)	(2,486)	(2,460)	(2,516)	(2,579)
Bedfordshire	(4,236)	(4,361)	(4,428)	(4,271)	(4,407)	(5,328)	(4,598)	(5,040)	(4,698)	(4,656)	(4,605)	(4,741)
Less COVID-19 Costs	164	80	157	86	130	140	0	140	118	81	75	68
Sub total	**(24,418)**	**(24,479)**	**(25,289)**	**(24,486)**	**(24,878)**	**(31,517)**	**(28,353)**	**(27,232)**	**(25,786)**	**(26,664)**	**(26,513)**	**(32,128)**
Community Health & Primary Care												
Newham CHS	(2,057)	(2,240)	(2,089)	(2,135)	(2,187)	(2,825)	(1,891)	(1,847)	(2,077)	(2,098)	(2,056)	(902)
Specialist CHS	(574)	(555)	(593)	(570)	(597)	(707)	(570)	(598)	(469)	(472)	(373)	(887)
Tower Hamlets CHS	(1,109)	(1,249)	(1,217)	(1,095)	(1,339)	(1,538)	(1,244)	(990)	(1,228)	(1,257)	(1,116)	(1,269)
Bedfordshire CHS	(3,566)	(3,616)	(3,542)	(4,007)	(3,910)	(4,124)	(3,952)	(4,305)	(3,640)	(3,910)	(3,753)	(3,885)
Primary Care	(672)	(621)	(751)	(746)	(826)	(764)	(851)	(704)	(233)	(1,074)	(735)	(534)
Less COVID-19 Costs	17	81	9	(46)	4	(110)	0	146	0	7	15	51
Sub total	**(7,961)**	**(8,200)**	**(8,184)**	**(8,599)**	**(8,855)**	**(10,068)**	**(8,509)**	**(8,299)**	**(7,647)**	**(8,804)**	**(8,017)**	**(7,427)**
Commissioning												
NCEL Provider Collaborative	(2,590)	(3,037)	(2,867)	(2,832)	(2,831)	(2,832)	(2,833)	(3,173)	(2,660)	(3,034)	(2,868)	3,248
Sub total	**(2,590)**	**(3,037)**	**(2,867)**	**(2,832)**	**(2,831)**	**(2,832)**	**(2,833)**	**(3,173)**	**(2,660)**	**(3,034)**	**(2,868)**	**3,248**
Central Support Services												
Board / Members' Council	(261)	(246)	(318)	(210)	(322)	(301)	(271)	(254)	(219)	(319)	(48)	(289)
Director of Operations	(189)	(123)	(733)	(97)	(69)	(122)	(145)	377	(141)	(149)	(217)	(565)
Corporate Affairs	(64)	(94)	(102)	(104)	(15)	(91)	(34)	(80)	(80)	(38)	(68)	(100)
ICT	(736)	(436)	(954)	(776)	(702)	(819)	(784)	(653)	(686)	(779)	(778)	(2,099)
Business Develop Unit	(65)	(86)	(144)	(71)	(125)	(133)	(137)	(92)	(86)	(214)	29	(112)
Social Inclusion	(98)	(87)	(82)	(77)	(73)	(87)	(87)	(74)	(83)	(85)	(84)	(100)
Finance	(452)	(556)	(330)	(438)	(455)	(535)	(510)	(496)	(218)	(580)	(666)	(638)
Human Resources	(674)	(652)	(724)	(755)	(525)	(821)	(735)	(804)	(753)	(728)	(858)	(982)
Central Medical/Pharmacy	(728)	(603)	(669)	(631)	(659)	(877)	(650)	(777)	(861)	(806)	(931)	(864)
NMET	(281)	(238)	(250)	(227)	(262)	(216)	(382)	(529)	(201)	(322)	(719)	(1,234)
Central Nursing/MHA admin	(379)	(584)	(534)	(498)	(571)	(650)	(584)	(757)	(514)	(1,352)	(693)	(727)
Chief Quality Officer	(385)	(405)	(415)	(354)	(344)	(552)	(515)	(244)	(336)	(370)	(296)	(562)
Director of Integrated Care	(155)	(298)	(153)	(224)	(201)	(71)	(271)	(10)	(120)	(297)	44	(192)
R&D	(28)	(25)	(77)	(28)	(84)	(9)	(295)	(114)	(68)	(67)	(39)	(77)
AMPS	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(4)	0	0	(1)
Estates & Facilities	(2,343)	(2,630)	(2,981)	(2,424)	(2,687)	(2,872)	(2,901)	(3,049)	(2,169)	(2,865)	(2,808)	(2,724)
Central NHS SLAs	0	(62)	62	0	0	(0)	17	(17)	0	13	32	(42)
Less COVID-19 Costs	3	4	19	13	11	(4)	0	0	0	141	(11)	(0)
Sub total	**(6,836)**	**(7,121)**	**(8,386)**	**(6,902)**	**(7,083)**	**(8,160)**	**(8,283)**	**(7,574)**	**(6,542)**	**(8,817)**	**(8,111)**	**(11,308)**
COVID-19 Costs												
Central COVID-19 Costs	(70)	17	(159)	(96)	(64)	(41)	(86)	(87)	(27)	(262)	(72)	(96)
Clinical Directorate COVID-19 Costs	(181)	(161)	(165)	(40)	(134)	(31)	0	(287)	(118)	(88)	(90)	(118)
Vaccination Centres	(241)	(294)	(271)	(236)	(392)	(161)	0	(289)	0	(300)	(92)	(1,185)
NEL Vaccination Lead Employer	(274)	(409)	(586)	(425)	(388)	(39)	(303)	(87)	(651)	356	(72)	939
Sub total	**(767)**	**(847)**	**(1,181)**	**(797)**	**(978)**	**(272)**	**(389)**	**(750)**	**(796)**	**(295)**	**(326)**	**(461)**
Reserves												
Development Reserve	(282)	(282)	565	(188)	419	(523)	97	163	(1,454)	799	655	88
Financial Viability	0	0	524	(288)	378	63	113	(790)	0	0	0	0
Non-Recurrent Support	0	0	0	0	0	426	0	0	0	0	0	0
Pay/non pay reserve	(818)	(450)	(195)	(1,621)	(872)	3,638	(501)	(33)	(333)	3,416	(3,125)	7,368
Sub total	**(1,101)**	**(732)**	**894**	**(2,097)**	**(75)**	**3,603**	**(292)**	**(660)**	**(1,788)**	**4,215**	**(2,470)**	**7,456**
Other												
Other non-recurrent items							30	4				
Sub total	**0**	**0**	**0**	**0**	**0**	**0**	**30**	**4**	**0**	**0**	**0**	**0**
EBITDA SPEND - MONTHLY REPORTING M12	**(43,672)**	**(44,416)**	**(45,013)**	**(45,711)**	**(44,699)**	**(49,246)**	**(48,628)**	**(47,683)**	**(45,218)**	**(43,400)**	**(48,306)**	**(40,620)**

East London NHS Foundation Trust

REPORT TO TRUST BOARD IN PUBLIC
25 MAY 2023

Title	2023/24 Finance Plan Update
Author	Haffejee Knight, Deputy Director of Finance
Accountable Executive Director	Samanthi Gibbens, Interim Chief Finance Officer

Purpose of the report

The report provides a narrative summary of progress with financial planning for 2023/24.

Committees/meetings where this item has been considered

Date	Committee/Meeting
09/05/23	Finance, Business and Investment Committee

Key messages

- The Trust final plan submission to NHS England (NHSE) on 4th May is an income and expenditure surplus of £5.4m plan, in line with NEL ICS plan submission, which was breakeven.
- The Trust has a challenging efficiency target for 2023/24 of £20.8m which is 3.5% of turnover.
- Planning process for Mental Health Investment Standard (MHIS) and Service Development Fund (SDF) funding was via the collaborative structures in both ICS areas and work continues as planned service details are finalised.
- Main income contracts with NEL and BLMK are being finalised.
- The Trust submitted a 2023/24 capital plan of £9.8m in line with it's allocation share based on depreciation.
- There are significant risks with delivery of the 2023/24 ICB financial plan submission, and risks identified for the Trust.
- Trust budget setting is progressing well, with next steps outlined.

Strategic priorities this paper supports

Improved Population Health Outcomes	☒	Delivering financial balance as part of the NEL Integrated Care system aids the Trust and Integrated Care System in maintaining control in decision making.
Improved Experience of Care	☒	Delivering the financial plan aids improving service user satisfaction and experience of care.
Improved Staff Experience	☒	Delivering the financial plan aids improving staff experience.
Improved Value	☒	This is a key requirement to ensure that the Trust delivers value for money and is not in breach of its Foundation Trust provider licence.

Implications

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

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

1 Introduction

1.1 The report provides a narrative summary of progress with financial planning for 2023/24.

1.2 The NHS England (NHSE) expectation nationally is for each Integrated Care Systems to work with its system providers together to submit financial balance for 2023/24.

1.3 Following intense work within the Trust, with BLMK ICB, as part of the NEL Mental Health Learning Disability and Autism (MHLDA) Collaborative, with North East London NHS Foundation Trust (NELFT) and with the NEL ICB, the Trust final plan submission to NHSE on 4th May is an income and expenditure surplus of £5.4m.

1.4 This plan is in line with NEL ICB plan submission of breakeven, with improved plan positions for all other NEL providers.

2 Update on the planning assumptions

2.1 Income national guidelines have been applied including tariff inflation at 2.9% and reductions for efficiency of 1.1% giving a net inflation of 1.8%.

2.2 The Income plan includes contract baseline plus Mental Health Investment Standard (MHIS) and Service Development Fund (SDF) funding in both North East London and BLMK.

2.3 The plan also includes a second year of “convergence” (the process by which historic issues with allocations are equalised) that reduces the income available to the Trust by 0.71% to all block contracts.

2.4 Income to cover Covid-19 direct costs has reduced by 50% from 2022/23 to £2.2m. Nationally this is expected to be treated as business as usual.

2.5 The impact of Agenda for Change and other pay awards are expected to be funded and are currently built into plans at 2.1%, anything nationally agreed higher than the planned 2.1% is expected to be funded centrally.

2.6 Non-pay 2023/24 inflation assumptions included are as per ICB guidelines and therefore exclude unconfirmed assumptions about inflation above the national figures set out in section 2.1 above.

2.7 The Trust has submitted a 2023/24 capital plan of £9.8m in line with its allocation share based on depreciation plus £4k relating to IFRS 16.

3 Trust Budget Setting

3.1 The internal 2023/24 budget setting process has been underway since January 2023.

3.2 The Trust finance team undertook a review of Directorate expenditure budgets early in 2023 identifying cost pressures and any required budget allocations and realignments.

3.3 Discussions were held between Service Directors and the Chief Finance Officer with reviews carried out including the Chief Operating Officer and Chief Executive.

3.4 Directorate recurrent budgets and approved cost pressures as at early May were uploaded in month 1 after the following:

- Adjustment for the full-year impact of any budgets released in 2022/23 covering only part of the year.
- Reduction for any budgets funded non-recurrently in 2022/23.
- Re-costing of established posts based on staff in post at January 2023.

3.5 Month 1 income budgets were uploaded on this basis of the Trust and ICB planning submissions.

3.6 The balancing figure between uploaded directorate and income budgets forms the basis for reserves budgets, which includes the planned pay award uplift, MHIS and SDF new investments and remaining cost pressure funding, with further agreed allocations to be actioned in quarter 1.

4 Financial Viability

4.1 The final financial plan submitted by the Trust includes Financial Viability target of £20.8m. The devolved FV targets to operational and corporate budgets is £12.2m, with £8.6m relating to central schemes.

4.2 The Trust has identified over £18m of schemes to date, with impact assessments, in-year delivery values and scheme forecasts still to be worked up.

4.3 There is a significant proportion of FV schemes with planned phasing into Q3 (30%) and Q4 (38%), and delivery of these to plan will be essential to ensure the achievement of the financial plan for this year.

5 Next Steps

5.1 Following closure of Month 1 accounts, further work is underway to:

- Sign off 2023/24 budgets
- Adjust details for plan income assumptions from the final ICB planning submission
- Allocate further budgets for agreed new investments
- Agree actions and allocate budgets for remaining cost pressures
- Finalise Financial Viability plans and implementation
- Finalise 23/24 contracts

5.2 Other on-going work:

- NEL Capital prioritisation work on going across the system led by the ICB with providers
- NEL MHLDA and Community Collaborative work and oversight, with Collaborative partners agreeing to developing proposals during 2023/24 to address the under-investment in mental health from 2024/25 and beyond.
- Within NEL ICS, establish NEL sustained financial stability planning and plan delivery assurance process

6 Equalities

6.1 Ensuring the Trusts financial plan is robust and recognises risks and appropriate mitigation allows for more informed planning of service delivery to meet strategic aims around reducing health inequality for service users and staff.

7 Risk

7.1 There are some key risks identified for the financial year 2023/24 with mitigations:

- Delivery of a challenging financial viability target with recurrent schemes.
- Unavoidable cost pressures and hyper-inflation above planning assumptions
- Constraints on capital expenditure

7.2 There is also significant risk within the overall ICB financial plans, and work is under way to revise governance and collaborative arrangements at ICS level to support the achievement of what are challenging short and medium term plans.

8 Actions Being Requested

8.1 The Trust Board is asked to **RECEIVE** and **NOTE** the report

Trust Board Forward Plan 2019-21 at July 2020

PART 1	Item	26/01/2023	30/03/2023	26/05/2023	27/07/2023	28/09/2023	30/11/2023	25/01/2024	28/03/2024
Standing Items	Declarations of interests	✓	✓	✓	✓	✓	✓	✓	✓
	Minutes of previous meeting and action log	✓	✓	✓	✓	✓	✓	✓	✓
	Matters Arising from Trust Board private	✓	✓	✓	✓	✓	✓	✓	✓
	Chair's Report	✓	✓	✓	✓	✓	✓	✓	✓
	Chief Executive's Report	✓	✓	✓	✓	✓	✓	✓	✓
	Patient/Staff Story	✓	✓	✓	✓	✓	✓	✓	✓
	Forward Plan	✓	✓	✓	✓	✓	✓	✓	✓
	Teatime Presentation to alternate between QI and People Participation Story	✓	✓	✓	✓	✓	✓	✓	✓
Quality and Perfor	Quality Report	✓	✓	✓	✓	✓	✓	✓	✓
	Performance Report	✓	✓	✓	✓	✓	✓	✓	✓
	Patient Safety					✓	✓		
	Prevention of Future Deaths Notice	✓		✓	✓		✓	✓	
	CQC				✓				
	Inpatient Deaths	✓						✓	
	Mental Health Units (Use of Force) Act								
	Core20PLUS5: approach to reducing health inequalities								
	Waiting Times								
	Environment & Sustainability: Climate Emergency Declaration/Green Plan	✓						✓	
People	People Plan Update inc:	✓	✓	✓	✓	✓	✓	✓	✓
	~Equality, Diversity & Inclusion	✓						✓	
	~Staff Survey		✓						
	~ Workforce Race Equality Standard Report					✓			
	~ Workforce Disability Equality Standard Report					✓			
	Clinical Workforce Report	✓			✓			✓	
	Safe Staffing	✓			✓			✓	
	Patient & Carer Race Equality Framework PCREF				✓	✓			
Finance	Finance Report	✓	✓	✓	✓	✓	✓	✓	✓
Governance	Annual Report and Accounts				✓	✓			
	Annual Reports:								
	~ Compass Wellbeing CIC Proposal and Annual Report	✓						✓	
	~ Health & Care Space Newham Annual Report		✓						✓
	~ Internal Audit Plan		✓						✓
	~ NHS Self-Certification				✓				
	Feasibility Study of the Bedford Health Village					✓			
	~ Board Assurance Framework								
	Estates Plan		✓		✓				✓
	Meeting dates for coming year					✓			
	Reporting Committees:								
	~ Reporting Committees Assurance Reports	✓	✓	✓	✓	✓	✓	✓	✓
	~ Review of Committee Terms of Reference					✓			
	Modern Day Slavery Statement				✓	✓			

PART 2	Item	26/01/2023	30/03/2023	26/05/2022	01/06/2023	27/07/2023	28/09/2023	30/11/2023	25/01/2024	28/03/2024
Standing Items	Declarations of Interest	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Minutes of previous meeting and action log	✓	✓	✓		✓	✓	✓	✓	✓
	Emerging Issues - Internal and External:	✓	✓	✓		✓	✓	✓	✓	✓
	Trust Board Forward Plan	✓	✓	✓	✓	✓	✓	✓	✓	✓
Governance	Annual Accounts inc External Audit Report				✓					
	Annual Report				✓					
Strategy	Estates Strategy		✓							✓
	Digital Strategy Update									
	CQC and Well-Led									
	System Working:									
	~ East of England Collaborative Update									
	~ NEL Collaboration									
	~ System Working									
	~ NEL MH and Community Collaborative									
Emerging Issues: Internal/External	~ Briefing on finance position									
	~ Briefing on staff Covid-19 vaccinations									
	~ Financial Strategy and Sustainability and ICS									
	~ Staff Wellbeing									
	~ UK Cloud									
	~ Feasilbility Study of the Bedford Health Village						✓			
Emerging Issues: Safety	Prevention of Future Deaths Notice					✓				

Board Workshop	Item	26/01/2023	30/03/2023	26/05/2022	01/06/2023	27/07/2023	28/09/2023	30/11/2023	25/01/2024	28/03/2024
Strategy	Green Plan / Sustainability (May 2023)			✓						
Winter Planning	Winter Planning						✓			
Training	Cyber Security	✓							✓	
	Infection Control		✓							✓
	Safeguarding		✓							✓

Acronyms

East London NHS Foundation Trust

A

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

B

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

C

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

D

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

E

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

F

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

G

GDPR	General Data Protection Regulations

H

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

I

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

K

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

L

LA	Local authority
LCFS	Local Counter Fraud Service
LD	Learning Disabilities
LeDeR	Learning Disabilities Mortality Review
LTP	Long Term Plan
LWW	London living wage

M

MDT	Multi-Disciplinary Team
MHA	Mental Health Act
MHS	Mental Health Services
MOU	Memorandum of understanding

N

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

O

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

P

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

Q

QA	Quality assurance
QAC	Quality Assurance Committee
QI	Quality improvement
QIA	Quality impact assessment

R

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

S

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

T

ToR	Terms of reference
TWWTG	Trust-wide Working Together Group

V

VCS	Voluntary and community sector
VCSE	Voluntary, community and social enterprise
VDI	Virtual desktop infrastructure
VfM	Value for money
VPN	Virtual private network
VSM	Very Senior Manager

W

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