

## Board of Directors Meeting in Public

Thursday 28 September 2023 from 13:00 – 15:45  
St. Joseph's Hospice, Mare St, London E8 4SA

12:15 – 13:00      Lunch  
13:00 – 15:45      Trust Board in Public  
15:55 – 16:25      Quality Improvement Presentation

### Agenda

#### Opening Matters

1	Welcome and Apologies for Absence*	Note	Eileen Taylor	13:00
2	Patient Story	Note		
3	Declarations of Interests	Assurance	All	13:25
4	Minutes of the Previous Meeting held in Public on 27 July 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	13:30
8	Chief Executive's Report	Assurance	Lorraine Sunduza	13:40
9	Integrated Care & Commissioning Committee Assurance Report	Assurance	Richard Carr	13:50
10	Population Health Annual Report	Assurance	Richard Fradgley	13:55
11	Equality, Diversity and Inclusion Annual Report	Assurance	Tanya Carter, Richard Fradgley, Claire McKenna, Lorraine Sunduza	14:00
12	Audit Committee Assurance Report	Assurance	Anit Chandarana	14:10

#### Quality & Performance

13	Quality Assurance Committee Assurance Report	Assurance	Prof Dame Donna Kinnair	14:15
14	Quality Report	Assurance	Dr Amar Shah	14:20

15	Performance Report	Assurance	Dr Amar Shah Edwin Ndlovu	14:35
16	<b>5 Minute Break</b>			14:45

## People

17	People & Culture Committee Assurance Report	Assurance	Ken Batty	14:50
18	People Report	Assurance	Tanya Carter	14:55

## Finance

19	Finance, Business & Investment Committee Assurance Report	Assurance	Aamir Ahmad	15:05
20	Finance Report	Assurance	Kevin Curnow	15:10
21	Charitable Funds Committee Assurance Report	Assurance	Aamir Ahmad	15:20
22	Compass Wellbeing CIC Annual Report	Assurance	Dr Mohit Venkataram	15:25

## Closing Matters

23	Board of Directors Forward Plan	Note	Eileen Taylor	15:40
24	Any Other Urgent Business*: <i>previously notified to the Chair</i>	Note	Eileen Taylor	
25	Questions from the Public*		Eileen Taylor	
26	Dates of Next Meeting <ul style="list-style-type: none"> <li>Thursday 30 November 2023 (Luton)</li> <li>Thursday 25 January 2024 (London)</li> <li>Thursday 28 March 2024 (Bedford)</li> </ul>			
27	Close			15:45

\*verbal update

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

15:55 – 16:25 A Quality Improvement teatime presentation will focus on the application of QI within Bedfordshire and Luton inpatient mental health

Presented by:

- Andy Rajkumar, Borough Lead Nurse
- Nigel Donga, Deputy Borough Lead Nurse
- Fatima Yayi, Matron
- Dr Kurt Buhagiar, Consultant Psychiatrist
- Makeda Crawlle-Wright, People Participation Lead

## Board of Directors Register of Interests: as at 20 September 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	Vice-Chair (London)	<ul style="list-style-type: none"> <li>• Director and Trustee, Place2Be</li> <li>• Psychotherapy Student, Regents University</li> <li>• Mentor at Mosaic, an LGBT+ young persons charity</li> <li>• Volunteer Counsellor at Naz a charity in West London</li> <li>• Member, British Association of Counselling and Psychotherapy (BACP)</li> <li>• Member, UK Council for Psychotherapy (UKCP)</li> </ul>
Ken Batty	Senior Independent Director	<ul style="list-style-type: none"> <li>• Property Companies:               <ul style="list-style-type: none"> <li>◦ Director, 97 Langney Road Ltd</li> <li>◦ Director, Effingbat Properties Ltd</li> <li>◦ Director, Ken Batty in London Ltd</li> </ul> </li> <li>• Chair of Trustees, Mosaic LGBT+ Young Persons Trust</li> <li>• Chair of Nominations Committee, Royal College of Emergency Medicine</li> <li>• Member, Queen Mary University of London (QMUL) Council (Medical faculty is Barts and the London Medical and Dental School)</li> <li>• Vice Chair, Inner Circle Educational Trust</li> <li>• Trustee of Dr Frost Learning</li> </ul>
Dr David Bridle	Chief Medical Officer	<ul style="list-style-type: none"> <li>• Member, British Medical Association</li> <li>• Member, Medical Protection Society</li> <li>• Member, Royal College of Psychiatrists</li> <li>• Member, General Medical Council</li> </ul>
Richard Carr	Non-Executive Director	<ul style="list-style-type: none"> <li>• Director, Richard Carr Consulting Ltd, Management Consultancy</li> <li>• Managing Director, East Midlands Development Company</li> <li>• Interim Managing Director, Colchester Amphora Holdings Ltd (from 2023 March)</li> <li>• Chair, Independent Improvement Board that has been appointed to oversee the Cambridgeshire and Peterborough Combined Authority</li> </ul>

Name	Job Title	Interests Declared
Tanya Carter	Chief People Officer	<ul style="list-style-type: none"> <li>• Board Member of the Healthcare People Management Association (HPMA)</li> <li>• Chair of the Healthcare People Management Association Talent Board (HPMA)</li> <li>• Co-Chair of the London HR Directors Network</li> <li>• Chartered Fellow – Chartered Institute of Personnel Development (CIPD)</li> </ul>
Anit Chandarana	Non-Executive Director	<ul style="list-style-type: none"> <li>• Director General, Department for Transport (Network Rail secondment)</li> <li>• Member of the Advisory Board Panel, National Railway Museum</li> </ul>
Peter Cornforth	Non-Executive Director	<ul style="list-style-type: none"> <li>• Director, Good Way Ltd – music venue operator</li> <li>• Director, Field Doctor Ltd – frozen meals producer</li> <li>• Director, Kind Canyon Digital Ltd – music rights owner</li> <li>• Director, Barking Enterprise Centres CIC – business support</li> <li>• Director, Music Venue Properties Ltd. – community benefit</li> <li>• Governor, John Whitgift Foundation – care homes and schools</li> <li>• Trustee, The Ormiston Trust</li> <li>• Parent Member, National Autistic Society</li> <li>• Independent Investment Advisory Group – Property, Transport for London</li> </ul>
Kevin Curnow	Chief Finance Officer	<ul style="list-style-type: none"> <li>• Director of Health &amp; Care Space Newham Ltd a joint venture between ELFT and London Borough of Newham) (start date to be confirmed)</li> </ul>

Name	Job Title	Interests Declared
Professor Sir Sam Everington KBE	Non-Executive Director	<ul style="list-style-type: none"> <li>• GP Partner in Tower Hamlets since 1989 in Bromley By Bow Health</li> <li>• Member of Tower Hamlets GP Care group (CIC)</li> <li>• General Practice, based on the same site as the Bromley by Bow Centre (Charity)</li> <li>• Associate Director NHS Resolution 2018-</li> <li>• Non-Executive Director of ELFT 2020-</li> <li>• Director Bromley by Bow Health Limited - joint venture with Greenlight Pharmacy around training of pharmacists in primary Care Sept 2020-</li> <li>• BMA Council member 1989-</li> <li>• Vice President of the BMA 2015-</li> <li>• Fellow and Professor of Queen Mary University of London 2015-</li> <li>• As a GP partners member of the MDDUS - insurance for the GP partnership</li> <li>• Vice President Queen's Nursing Institute 2016-</li> <li>• Vice President and Council member the College of Medicine 2019-</li> <li>• Board member NHS Strategic Infrastructure Board 2020-</li> <li>• Member of the Royal College of GPs 1989-</li> <li>• Council member RCGP November 2022-</li> <li>• HEE Chair medical apprenticeship committee 2020-</li> <li>• HEE member of GP pilot committee 2019-</li> <li>• Wife: Linda Aldous is a Partner in Bromley by Bow Health and a clinical lead for North-East London CCG and Director Bromley by Bow Health Limited - joint venture with Greenlight Pharmacy around training of pharmacists in primary Care Sept 2020-</li> <li>• Director and Chair of MEEBBB Health CIC (a Primary Care Network, Tower Hamlets)</li> <li>• Stepson: Jordan Aldous-Wilson is employed by Bromley By Bow Health as a receptionist</li> </ul>
Richard Fradgley	Executive Director of Integrated Care and Deputy CEO	<ul style="list-style-type: none"> <li>• Social Worker registered with Social Work England</li> <li>• Member, North East London Integrated Care Board Mental Health Learning Disabilities and Autism Collaborative Sub-Committee</li> <li>• Member, North East London Integrated Care Board Community Services Collaborative Sub-Committee</li> </ul>
Philippa Graves	Chief Digital Officer	<ul style="list-style-type: none"> <li>• Board Member, Digital Strategy Board for BLMK</li> <li>• Board Member, Patient Held Record Board for NEL</li> </ul>

Name	Job Title	Interests Declared
Professor Dame Donna Kinnair DBE	Non-Executive Director	<ul style="list-style-type: none"> <li>• Board Member, NHS Race and Health Observatory</li> <li>• Patron, Trinity College Medical Society</li> <li>• Trustee, Burdett Trust for Nursing</li> <li>• Non-Executive Director at Royal Free Hospital NHS FT</li> <li>• Director at DDK Consultancy Ltd (provides ad hoc training and other consultancy support; clients NHS organisations).</li> </ul>
Susan Lees	Non-Executive Director	<ul style="list-style-type: none"> <li>• Non-Executive Director, North East London Foundation Trust</li> <li>• Non-Executive Director Barking, Havering and Redbridge University Hospital Trust</li> </ul>
Claire McKenna	Interim Chief Nurse	<ul style="list-style-type: none"> <li>• None</li> </ul>
Edwin Ndlovu	Chief Operating Officer	<ul style="list-style-type: none"> <li>• Member of UNISON</li> <li>• Member of Race Health Observatory Mental Health Working Group</li> </ul>
Dr Amar Shah	Chief Quality Officer	<ul style="list-style-type: none"> <li>• Director, AS Healthcare Improvement Ltd (private consulting and teaching related to healthcare improvement)</li> <li>• National Improvement Lead for mental health and Chair of QI faculty, Royal College of Psychiatrists</li> <li>• Chair of the Expert Reference Group on quality at NHS Providers</li> <li>• Member of the Q advisory board (Health Foundation)</li> <li>• Council member at the Healthcare Costing for Value Institute, at the Healthcare Financial Management Association (HFMA)</li> <li>• Faculty member with the Institute for Healthcare Improvement (IHI), US and member of the Scientific Advisory Group at IHI</li> <li>• Honorary visiting professor, University of Leicester</li> <li>• Honorary visiting professor, City University London</li> <li>• Member, General Medical Council</li> <li>• Member, Royal College of Psychiatrists</li> <li>• Wife is a GP on the bank at ELFT</li> </ul>

Name	Job Title	Interests Declared
Lorraine Sunduza	Interim Chief Executive (from 21 August 2023)	<ul style="list-style-type: none"> <li>• Named shareholder for Health E1</li> <li>• Named shareholder for Tower Hamlets GP Care Group</li> <li>• Named shareholder for City &amp; Hackney GP Federation</li> <li>• Named shareholder for Newham GP Federation</li> <li>• Chair of London IAPT Steering Group</li> <li>• Member of BLMK Bedfordshire Care Alliance Committee</li> <li>• Member of Central Bedfordshire Health &amp; Wellbeing Board</li> <li>• Member of City &amp; Hackney Neighbourhood Board</li> <li>• Member of City &amp; Hackney Integrated Commissioning Board</li> <li>• Member of City &amp; Hackney Health &amp; Wellbeing Board</li> <li>• Member of Newham Health &amp; Wellbeing Board</li> <li>• Member of East of England Provider Collaborative Board</li> <li>• Member of North East London Community Health Collaborative Committee</li> <li>• Member of North East London Integrated Care Board</li> <li>• Member of North East London Population Health and Integrated Care Committee</li> <li>• Member of NHS England London People Board including the EDI Committee</li> <li>• Member, Unison</li> </ul>
Eileen Taylor	Chair	<ul style="list-style-type: none"> <li>• Joint Chair, East London NHS Foundation Trust (ELFT) and North East London NHS Foundation Trust (NELFT)</li> <li>• Chair of the NEL Mental Health, Learning Disabilities and Autism Provider Collaborative</li> <li>• Chair of Mid and South Essex Collaborative</li> <li>• Non-Executive Director, Senior Independent Director at – MUFG Securities EMEA plc</li> <li>• MUFG Bank London Branch - Chair Joint Remuneration Committee and Member Audit Committee</li> <li>• Member of the US Democratic Party</li> </ul>

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



## Board of Directors

**DRAFT Minutes of the Board of Directors meeting held in public on Thursday, 27 July 2023 from 1.00pm at The Rufus Centre, Steppingley Road, Flitwick, Bedford, MK45 1AH**

**Present:**

Eileen Taylor	Trust Chair
Aamir Ahmad	Vice-Chair (London)
Ken Batty	Senior Independent Director
Dr David Bridle	Chief Medical Officer
Paul Calaminus	Chief Executive
Richard Carr	Non-Executive Director
Tanya Carter	Chief People Officer
Anit Chandarana	Non-Executive Director
Peter Cornforth	Non-Executive Director
Deborah Dover	Director of Patient Safety
Prof Sir Sam Everington	Non-Executive Director
Richard Fradgley	Executive Director of Integrated Care and Deputy CEO
Philippa Graves	Chief Digital Officer
Professor Dame Donna Kinnair	Non-Executive Director
Susan Lees	Non-Executive Director
Edwin Ndlovu	Chief Operating Officer
Dr Amar Shah	Chief Quality Officer
Lorraine Sunduza	Chief Nurse and Deputy CEO
Dr Mohit Venkataram	Executive Director of Commercial Development
Deborah Wheeler	Non-Executive Director

**Present (online):**

Derek Feeley	Board Adviser
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**In attendance:**

Hanan Abdiabuv	People Participation Worker, Bedford CHS
Liz Birch	Governor
Makeda Blackburn	People Participation Lead, Bedford
Felicity Cox	Governor
Sharon Cumberbatch	Service User
Samanthi Gibbens	Former Interim Chief Finance Officer at ELFT; currently Chief Finance and Investment Officer with Camden and Islington NHS FT and Barnet, Enfield and Haringey NHS Trust
Bob Kazley	Governor
Rajia Khan	Volunteer Service Lead
Sarah Khan	Interim Chief of Staff
Bushir Hussein	Consultant
Nicki McCoy	Corporate Secretariat Manager
Claire McKenna	Director of Nursing
Linda McRoberts	Minute Taker
Glenn Mitchell	Communications Manager
Day Njovana	Borough Director, Tower Hamlets
Caroline Ogunsola	Governor
Jamu Patel	Governor
John Power	Peer Support Worker

Millie Smith	Head of People Participation
Martin Towler	Governor
Stephanie Quitaleg	Senior Executive Assistant

**In attendance online:**

Roshan Ansari	Governor
Grenville Bingham	Governor
Mark Dunne	Governor
Peter Landman	Governor
Norbert Lieckfeldt	Corporate Governance Manager
Beverley Morris	Governor
Jermaine McKenzie	Central and North West London NHS FT

**Apologies:**

Cathy Lilley	Director of Corporate Governance
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*The minutes are produced in the order of the agenda*

## **1 Welcome and Apologies for Absence**

- 1.1 Eileen Taylor welcomed everyone to the Board meeting being held in public, particularly mentioning Derek Feeley, who is joining online and Day Njovana, Borough Director of Tower Hamlets who is attending to observe. Eileen also noted Governors and members of the public will be joining the meeting both in person and online.

Eileen warmly congratulated the following staff on their new appointments:

- Paul Calaminus, who has been appointed as the Chief Executive at North East London NHS Foundation Trust (NELFT) and noted this will be his last meeting as Chief Executive of ELFT. Eileen thanked Paul for his significant contributions as ELFT Chief Executive and wished him well in his new role. There will be a formal farewell in September.
- Lorraine Sunduza, who has been appointed Interim Chief Executive at ELFT.
- Anit Chandarana who is taking up a six month secondment at the Department for Transport as a Director General.
- Deborah Wheeler who has been appointed as a Non-Executive Director (NED) at NELFT.
- Claire McKenna who has been appointed as Interim Chief Nurse and is joining today's meeting as an observer.

Eileen also acknowledged this is Sam Gibbens last Trust Board meeting and thanked her for joining today. She also thanked Sam for her contribution as Interim CFO and wished her well in her new role as Chief Finance and Investment Officer with Camden and Islington NHS FT and Barnet, Enfield and Haringey NHS Trust.

Eileen recognised it is:

- International Pride month
- South Asian Heritage month
- Wednesday 5 July marked 75 years of the NHS, which was celebrated at community fairs across the Trust.

Eileen noted the following changes to Governors:

- Gareth Mackey has been appointed Governor for Central Bedfordshire, replacing Tracey Stock.
- Martin Towler has been appointed Governor for Bedford Unitary Authority, replacing Jim Weir.

- Graham Manyere, Staff Governor, has stepped down and Eileen thanked him for his service.

Eileen reminded everyone that this is a meeting of the Trust Board held in public. 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.

Eileen acknowledged there had been a high volume of papers distributed for today's meeting, in particular the annual reports that were approved at the Quality Assurance Committee (QAC). She provided assurance that those reports were read and discussed in detail by the QAC members and a summary of their discussions is included in the QAC assurance report.

1.2 Apologies were noted as above.

## **2 Patient Story: Bedford and Luton Tackling Inequalities – Anti-Racism Steering Group**

2.1 Makeda Blackburn explained that tackling inequalities is a priority area in Bedford and Luton and introduced two service users from the steering group.

Sharon Cumberbatch introduced herself as someone who had been a nurse for 40 years and is now a service user. She was initially invited to join the people participation group via the speech and language team who asked her to help with a survey, since then she has sat on recruitment panels and other groups and has thoroughly enjoyed the experience. She shared her own lived experience:

- Last year Sharon attended a mandatory CPR training day, where she was working in a school as a teaching assistant. She responded to a medical question that was posed to the group, the trainer responded by mimicking her voice.
- Sharon was shocked and found colleagues to be dismissive, suggesting no harm was meant. The deputy head was present and after the meeting she raised this with her, expressing how it made her feel. Although the deputy head said she understood, she appeared surprised when Sharon asked for contact details to submit a complaint.
- The trainer did respond and apologised; Sharon suggested he needed to go on training in micro-aggression and he agreed; however, she is not aware if this has happened.
- The trainer was unaware he had upset her but Sharon had questioned the sincerity of his apology.

2.2 Hanan Abdiabuv has been a member of the Bedford Working Together Group since 2020 and explained:

- The steering group started by using stories like Sharon's to help develop the project. Anti-racism was on the agenda but they had been unsure how to commence as it is such a massive topic.
- The project started with a 'jam board' asking staff and service users what the issues were and what they wanted to be done. From that a number of ideas were developed and a driver diagram created.
- An plan of action was developed and included the themes which reflected the feedback from staff and service users on what they wanted included, namely safe spaces, better training, structural changes (e.g. around policies) and a commitment to togetherness.
- It was identified that staff often did not report anti-racism when they were on the receiving end from service users as they felt it would not be dealt with and this was cited as a frequent occurrence.

- Training is currently being reviewed including joining training days, induction, DMTs, etc, with the aim of co-production and co-delivery.
- Next steps will also be to review structural changes although this is already taking place in different teams, and also to develop a zero tolerance policy.

2.3 In discussion, the Board:

- Highlighted the relevance of this presentation particularly as a follow-up to a recent Board development session on anti-racism thus provoking further challenges.
- Noted that although the Board reports show significant improvements have been made on the Workforce Race Equality Standard (WRES), there has also been some slipping back, which is a reminder that there continues to be a need to ensure the focus on anti-racism is embedded as part of the way that we work.
- Stressed these issues need to be addressed not least as ELFT has a very diverse workforce. In addition, Trust has an overseas recruitment programme and, if our international appointees do not feel valued and included, this could become a patient safety as well as a staff wellbeing issue.
- Suggested the need for training particularly for leaders in managing difficult situations in a timely manner including training for clinicians who experience or witness anti-racist and bullying behaviour from service users; it is important staff feel able to let patients know such behaviour is not acceptable and important to support people who face these challenges.
- Noted it is easy to under-estimate the impact of racism on people (“weathering”) and being worn down by having to constantly deal with this and it can ‘age’ people.
- Agreed that solutions should reflect both structural and individual responsibility.
- Noted a series of sessions with Dr Robin D’Angelo, a consultant, educator and facilitator on issues of racial and social injustice, with the Board, staff and Governors is being planned.
- Makeda, Sharon and Hanan agreed to help with the Board’s upcoming training and will either join the sessions booked for October or the next session of the Board.

**ACTION: Tanya Carter/Nicola McCoy**

### 3 **Declarations of Interests**

3.1 In addition to the declarations in the published Register of Interests, it was noted Aamir Ahmad is a Director and also Trustee at Place2Be.

### 4 **Minutes of the Previous Meeting Held on 25 May 2023**

4.1 The minutes of the meeting held in public on 25 May 2023 were **APPROVED** as a correct record, subject to the following amendments:

- 6.2 under action – strength should have an ‘s’ at the end
- 16.1 final bullet – replace with ‘a small amount of capital available to invest’
- 23.1 Replace Yasmin with Yesmin.

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

#### 5.1 **Action Log**

Action 370 (safer staffing) is on today’s agenda. All other actions are now closed.

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

6.1 It was noted there was a discussion about service and financial pressures and that discussion will also be covered in the Quality and Performance section of the agenda today.

## 7 Chair's Report

7.1 Eileen Taylor stated that she would take her report as read to allow more time discussion on other agenda items.

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

## 8 Chief Executive's Report

8.1 Paul Calaminus presented the key points from his report:

- Industrial action has had considerable impact on services and since writing the report, there are current industrial action ballots taking place.
- The report refers to a number of different enquiries into in-patient mental health services, including the Government's recent rapid review into data on mental health in-patient settings. There is also a forthcoming Health Services Safety Inspectorate of in-patient mental health. This is all happening in the context of the statutory enquiry into deaths in Essex.
- The feedback from the CQC visits in February is referenced in the report and is on the agenda separately.
- Two new GP practices, both in Luton, are joining the Trust on 1 October 2023.
- A Covid remembrance plaque was unveiled recently; this will continue to be an important way of marking the intensity of the Covid pandemic.
- There are several staff changes; congratulations go to:
  - Cathy Lavelle, the new Medical Director for Children's Services
  - Sarah Dracass on becoming Medical Director for Adult Mental Health Inpatient and Urgent Care Pathways
  - Lorraine Sunduza who has been appointed as Interim Chief Executive
  - Claire McKenna who has been appointed as Interim Chief Nurse.

Paul advised that Fran Pearson, Chair of the Safeguarding Boards in Bedfordshire and Luton, had passed away after a short illness; he paid tribute to the important role she had played adding she will be very much missed.

Eileen added that she had been really proud recently when the ICB Chair mentioned the collaboration across ELFT and CNWL as a great example; she thanked Paul and the Executive, commenting that collaboration and system working is the direction of travel.

8.2 In discussion the Board:

- Was assured that the issues raised by the CQC were ones the Trust were aware of and actions to address are being taken. A programme of work was already in place to address two 'must do' actions in respect of mandatory training and supervision as these had been identified as an issue prior to the CQC visit. The safety issues identified were about one particular unit and the Executive team was already supporting them in their improvement plan. Agreed external reviews are helpful and noted the Trust will continue to work on general readiness.
- Received assurance there are regular meetings between the Trust and the CQC, and that CQC are updated about any issues and challenges that ELFT is facing including actions to address. However, CQC are required to review services through a regulatory lens.
- Commented it was disappointing news that ELFT's proposal to build a new mental health unit on the Bedford Health Village site was not part of the New Hospitals

Programme, and noted the Trust is actively exploring other options with the second phase of the feasibility study due to be completed.

- Suggested estates issues could usefully be presented to the Ministerial Infrastructure Board, who have not had a case study on mental health.
- Received assurance that a considerable amount of work is taking place with local police commanders about 'right care, right person'. There is a commitment to joint communication as being taken forward as part of the national concordat work. There is also a commitment to the right person being involved with the service user at the right point in time and this reflects the local police approach as well. The Trust recognises the importance of good communication with the police locally.
- Added their thanks to Angela Bartley, consultant in public health and Director of Population Health who is leaving, particularly for the lead she has taken on projects including the Trust becoming a Marmot Trust and the healthier, wealthier families' work for which there are early positive results.

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

## 9 Integrated Care & Commissioning Committee Assurance Report

9.1 Richard Carr presented the report of the meeting held on 13 July 2023, highlighting:

### **Annual Population Health Report**

- This shows significant results and reflects some of the work being undertaken. This is the equivalent of the Director of Public Health Report in the Local Authority.
- The report is an opportunity to reflect on the extent to which the Trust is having an impact on key areas of focus. From that perspective, the Committee requested more focus on the issues felt to be significant from a public health point of view.
- The Committee requested the report reflects a focus on two or three priority areas as the risk will be to have too wide a range diluting the impact on the important issues.

### **Provider Collaboratives**

- There was a discussion about work within ICBs and whether issues are being tackled at the pace that is needed.
- The reports presented to the ICCC provide a sense of a lot of activity but it is difficult to know if that is having the impact that residents and service users want.
- There is a need to ensure the Committees and the Board focus on areas that are most important.

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

## 10 People Participation Committee Assurance Report

10.1 Aamir Ahmad presented the report of the meeting held on 16 June 2023, highlighting:

- The significant development of peer support which is growing and status elevated; however, would benefit from some infrastructure to support with embedding it throughout the Trust.
- The carers, friends and family strategy is progressing well and update reports are provided to both the People Participation and Quality Assurance Committees.

10.2 The Board:

- **RECEIVED** and **NOTED** the report
- **RATIFIED** the People Participation Committee terms of reference.

## 11 Audit Committee Assurance Report

- 11.1 Anit Chandarana presented the report of the meeting held on 9 June 2023, highlighting:
- The good progress with the completion of end of year accounts, recognising the collaborative approach of the Trust's new external Auditors, Mazars and also the approach and focus by the Trust's finance team.
  - The receipt of assurance on the Trust's liability in relation to the Local Government Pension Scheme (LGPS) remains a risk and will again impact on the schedule of publication and laying of the Trust's annual report and accounts before Parliament. Despite national discussions on this issue, there is currently no method to apply pressure on the LGPS fund auditors to accelerate their process which is expected to be completed by November 2023. An alternative pathway to meet both the NHS deadline for receipt of the annual report and accounts and the laying before Parliament is to accept a qualification on the accounts; however, this is not an option the Trust is prepared to take. On this basis, the Committee approved the draft annual report and accounts.
  - The Committee reviewed and approved the NHS England Self-Certification, Corporate Governance and Modern Slavery and Human Trafficking statements, recommending ratification by the Board.

- 11.3 The Board:
- **RECEIVED** and **NOTED** the report
  - **RATIFIED** the NHS England Self-Certification, Corporate Governance and Modern Slavery and Human Trafficking statements.

## 12 Quality Assurance Committee Assurance Report

- 12.1 Donna Kinnair presented the reports from the meetings of 26 June and 4 July 2023, highlighting:
- Thanks to Cathy Lilley for summarising the annual reports reviewed, providing assurance and highlighting areas for improvement or further action.
  - Emerging issues including the industrial action which have had considerable impact on the provision of services; however, safety was prioritised and no incidents occurred during this period.
  - The detailed discussions on two Prevention of Future Deaths reports where the issues raised by the Coroner are being carefully reviewed to identify further actions and learning.
  - The update and discussions on the feedback from CQC following the visits in February 2023; both the Committee and the Board have been regularly updated on the learning and actions being taken.
  - Quality and safety update reports on adult community health services in Newham, Tower Hamlets and Bedfordshire where a main focus is on recruitment and retention which remain a challenge.

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

## 13 Quality Report

- 13.1 Amar Shah presented the report, highlighting:
- The quality assurance section of the report dives into the six habits and practices of happy, healthy teams that emerged from the work on developing a leadership framework across the Trust.
  - The six factors are: supervision, away-days, huddles, use of data, people participation and quality improvement. Work includes standardising away-days and

identifying what good supervision constitutes as well as ensuring good oversight. The report summarises where the work is on each of the six factors.

- The quality improvement section describes the second phase of the Trust's pursuing equity programme; one strand of which is the anti-racism work in the East India Ward.
- The in-patient quality and safety work championed by Lorraine Sunduza as Chief Nurse and Claire McKenna as Director of Nursing MHS Bedfordshire & Luton is progressing well; the next step is to monitor what is working well to share across the Trust.

## 14 Performance Report

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

- Waiting lists are coming down in some areas, notably adult community mental health, talking therapies and East London community health services.
- On equity, there are early signs that the gap in waiting times between different ethnic groups appears to be closing.
- Areas that need some time and focus are the areas where waits are growing such as autism and adult ADHD. So far have been looking at how the system can respond to the increased demand; work is now moving to what can be done differently, such as pooling capacity from autism services across the Trust and possibly changing the way people are assessed. Even with new ideas, it is difficult to see how the system will have the capacity to meet the demand.
- The persistent challenge of A&E waits has been discussed at Board previously and there is a lot of focussed work to improve the through movement of people. It is clear that a growing number of people are struggling to obtain housing to meet their needs, which can leave them in hospital.
- All wards are involved in 'get it right first time' work with huddles at team and Trust-wide levels to ensure the clinical voice is present. The Trust is also working with system partners to ensure co-ordination around capacity to find people a bed when needed. It has been necessary to work with the private sector to expand capacity.
- The general sense at the moment is that this level of demand is constant.
- ELFT has been working more closely with partners, both with Bedfordshire, Luton & Milton Keynes and North East London (NEL) through the mental health, learning disability and autism collaboratives to try to tackle issues. The work has resulted in a plan which is being supported by £7m of recurring investment into:
  - Additional bed capacity in NEL; this is in the capital application. The aim is to open new beds early in the autumn
  - Investment in a clinical decision unit at Goodmayes
  - A review has been completed of the psychiatric liaison teams in hospitals in NEL; funding available in the plan to take forward the actions from that report.
  - The work underway to bring NHS111 online early in the new year and improve the health based places of safety where the police take people detained on section 136.
- The Trust has recently opened a crisis assessment centre at Homerton Hospital and work is taking place with Royal London on a similar approach.
- The Trust is also looking at housing and hoping this will help to tackle what has become an issue about length of stay and support people to live well and move through to independent living.
- The quality improvement team has undertaken a clinical audit looking at processes in Emergency Departments (ED) which has highlighted a number of process opportunities to support people to spend less time in ED. This will be taken forward with ED and mental health colleagues.



- There is a dashboard to help to understand how the various initiatives are working and what is making a difference.
- In BLMK a programme of work has commenced through the mental health collaborative, chaired by Michelle Bradley the service director, and attended by all relevant partners. Progress is being made in developing a plan to address the issues.
- Children and young people's services are focussed on tackling and improving the degree to which young people have to spend time on A&E and paediatric wards.

14.2 The Board discussed the quality and performance reports together:

- Suggested ADHD is a significant issue in primary care and that supporting primary care could relieve some pressure. Also suggested introducing the equivalent of the two week wait for cancer referrals for ADHD, this could test the integration between primary and secondary care. Received assurance that both medical and non-medical aspects are being looked at.
- Noted that so many areas it is system working which is bringing improvements and making the difference. However, stressed the need to look at system solutions so that patients can be dealt with holistically, rather than putting, for example, psychosis and ADHD in different places.
- Requested some refreshed communications about including service users on interview panels, so this does not happen last minute. Received assurance that for Executive appointments all recent panels have been led by the service user voice.
- Received assurance that there is confidence that the capital bid should be successful as it is specific to mental health emergency care.
- Noted that the plan for this year includes moving towards eliminating out of area placements for female psychiatric care. However, there is growth in demand which may result in some out of area placements being necessary.
- Noted that the context is constantly the growth in demand and therefore the priority should be on how the Trust works with the system and how people are supported while they are waiting. Noted that children's services have developed good practice about offering a range of services while people are waiting and this can be adapted across other services.
- Suggested that commissioners need to be part of the conversation the level of demand through the collaborative.

14.3 The Board **RECEIVED, DISCUSSED** and **NOTED** the quality and performance reports.

**15 5 minute break**

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

16.1 Ken Batty confirmed that at the meeting on 4 July 2023 the Committee had approved the appointments already announced to the Board; the report was taken as read.

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

**17 People & Culture Committee Assurance Report**

17.1 Ken Batty reminded the Board that responsibilities of the Appointments & Remuneration Committee had been separated so that RemCo focuses on the Trust's statutory and regulatory requirements in relation to Board members, and that a People & Culture Committee had been established to monitor, review and report to the Board on the delivery of the Trust's strategic objective relating to people and the management of risks pertaining

to this. This includes oversight of, and assurance on, the achievement of the Trust's people plan. He presented the People & Culture Committee report of the meeting on 29 June 2023, highlighting:

- The general good progress being made in respect of WRES (Workforce Race Equality Standards) and overall the metrics are positive.
- There has been a deterioration across all metrics for the Workforce Disability Equality Standards (WDES); however there has been an increase in the number of people disclosing their disability. The Committee received assurance there is a range of actions developed and being implemented to improve this.
- On the Board Assurance Framework BAF risks 5 and 6 (staff recruitment, retention and wellbeing have been combined as the risks are inextricably linked and there is a significant overlap in terms of mitigating actions, thus providing a more focused and less repetitive overview.

17.2 In discussion the Board:

- Highlighted that although there has been some good progress with WRES the figures show that there are challenges with:
  - ethnic minority staff being more likely to be taken to a disciplinary
  - the Trust not interviewing as many ethnic minority staff, although, other than in one band the number of BAME employees is increasing
  - there is over-representation of BAME staff in Bands 3-6.
- Suggested therefore there is a need to be careful to not review the aggregate numbers only which does not tell the full story. The Board asked that these issues be reviewed with some urgency.

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

## 18 People Report

18.1 Tanya Carter presented the report which is to provide assurance on the performance of the progress against the people plan priority areas. The theme of this report is Belonging in the NHS. She highlighted:

- A Head of Equality, Diversity and Inclusion has been recruited. She is reviewing the current status and identifying what actions are required. In addition, an EDI governance structure and EDI plan are now in place.
- The one year plan is being developed into a three year plan which will focus on the priority areas.
- The EDI plan has been co-produced from a number of Trust-wide sessions looking at what the areas of focus should be.
- Following the Board development session, a programme of sessions for all staff is being developed.
- In terms of volume of case work, it has been flagged that it is the complexity which is taking a toll, for example in managing disciplinaries.

18.2 In discussion the Board:

- Noted some of the turnover in the people and culture team has been unexpected and suggested that it may be beneficial to invest in additional training to prepare for such situations. Received assurance all advisers are trained but some of the more seasoned advisers have moved on and it takes time to gain experience.
- Noted the support needed for HR staff particularly as complexity of the role is increasing. An example of the complexity being encountered is a case where an individual was dismissed but the consequence was that their spouse committed suicide and the rep has not known what to do. This was raised at the London HR

Directors Forum where it was agreed this was sadly not unique with all Trusts were seeing more complexity.

- Agreed increase in numbers and complexity since Covid is not unique to the Trust or the NHS; there has been a knock-on effect from many of the issues experienced. The experience of Covid may also have influenced people to retire earlier than planned.
- Noted there will be a review of whether there is a link between some of the employee relations cases and the disability metrics, and will also look at ensuring leadership is not reliant on a number of individuals to a point that when people leave, there is more vulnerability.
- Noted the visibility of ESR data is being improved so that teams can see team data and the demographics so that early warning signs can be spotted at team level.
- Suggested there is a need to review the training for GPs to ensure there is a generic and integrated approach. Training has remained as it was years ago yet there are many advances such as AI. The workforce plan presents opportunities to work collaboratively and collectively by taking a radical approach as it focuses on the future. Tanya and Sam Everington to discuss this further outside the Board.

**ACTION: Tanya Carter/Sam Everington**

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

## **19 Safer Staffing**

19.1 Lorraine Sunduza presented the six monthly report, highlighting:

- Staffing evaluation follows a triangulated approach covering evidence-based tools (where available), professional judgement and outcomes.
- The report reviews data in three ways:
  - The average fill rate, i.e. numbers of registered nurses on shifts
  - The red flag system which monitors areas such as whether patient leave could be facilitated and the number of nurses on the shift
  - Care hours per day which reviews the number of patients on the ward to the number of staff; however, there is no nationally agreed standard number for this yet.
- Since the last report there have been some challenges. On each unit there is usually a duty senior nurse who can move staff around if necessary and most teams have created a peripatetic team which can be deployed at short notice if extra support is required. This is often to cover short-term absences and fortunately they have reduced recently.
- Each unit looks at their data on a weekly basis and staff are encouraged to do an incident form when staffing levels are below what is expected.
- Most red flags are at night. It is difficult to identify a registered nurse at short notice, which can mean it is necessary to bring in unregistered staff, which is not ideal.
- More training is being offered and international recruitment is helping to fill gaps.
- Will review how this data is presented in the context of the clinical workforce and identify the best way to quantify the complement of nurses if clinical staff are not available. The draft proposal will be presented to the People & Culture Committee.

**ACTION: Lorraine Sunduza**

19.2 In discussion the Board noted:

- The establishments were agreed by the Chief Nurse and the Directors of Nursing taking account of patient activity, staffing levels, etc. There had been an imbalance in terms of how some of the rotas worked.

- The importance of consistency of staff to patient ratio, particularly those with autism and learning disabilities, is recognised and every effort is made to avoid moving staff as it can be disruptive. However, there may be times when a decision has to be taken in the moment, e.g. if there is a serious incident at midnight a Band 6/7 may have to move as night-times can be more challenging as there is less cover.

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

## **20 Finance, Business & Investment Committee Assurance Report**

20.1 Sue Lees presented the report from the meeting on 11 July 2023, highlighting three themes:

### **Finance Report**

- The Trust is adrift of plan at the end of month 2; this is in the context of a system that agreed an extremely challenging budget and also the ongoing service pressures.
- There are a number of components contributing to the current position which were discussed by the Committee including the FV programme where all plans to achieve the target have not been identified and additionally services have been asked to develop further plans to meet a 20% stretch target.
- The Committee requested a programme of deep dives to receive updates and assurance on local controls and management of budgets along with issues and challenges across the services.
- Some reduction in agency spend with a concerted effort to reduce locum medics.

### **Capital**

- The critical role capital plays in the transformation of services. However, there is limited availability of capital and particularly in NEL where the amount of capital is small which influences the formula on how much is allocated.
- There is also a new set of rules about how to account for leases; this used to be regarded as revenue, but is now to be treated as capital resulting in some capital being used to cover leases. It is hoped a different way can be found to address this.
- There is a need to work in an agile way to ensure the continued quality of patient care and safety.

### **ELFT's Role as an Anchor Institution**

- There are some challenges about how quickly suppliers are being paid and there is a particular need to ensure that smaller local suppliers are paid as quickly as possible.
- There has been some progress in encouraging local employment for young people and service users and encouraging the supply chain to pay the living wage.
- The Trust is keen to work as a system towards the Green Plan agenda as this approach is likely to result in more traction.

20.2 In discussion the Board:

- Noted the system finances influence ELFT finances and the system is currently about £25m off plan main due to inflation, industrial action and slippage in FV. This has been discussed with NHS England who are seeking assurance of coming back to plan quickly.
- Noted this is under discussion by the Chief Finance Officers across the system who are reviewing where plans are working well. Areas such as inflation are harder to address and will be discussed with NHS England.

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

## **21 Finance Report**

### 21.1 Samantha Gibbens reported:

- The position for June is just under £1m from plan and is expected to be £1.2m by month 3. This is driven broadly by FV shortfall, which is showing just under 60% delivery against the plan. In addition, industrial action has impacted on the slippage.
- Contracts are still being finalised.
- FV did not previously exist in operational budgets. Work has been ongoing to embed FV into the operational teams; there has been good engagement but will continue to sharpen delivery focus to close the risk gap and identify non-recurrent mitigation savings.

### 21.2 In discussion the Board:

- Discussed the resources used for re-procurement and whether this could be stopped.
- Noted that there had been a concerted effort into social procurement to encourage small organisations and encourage local employment, etc. In the last two years the Trust has commissioned almost £12m of business from small organisations. Also almost 60% of ELFT's supply chain is providing the London Living Wage.

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

## **22 Board of Directors Forward Plan**

### 22.1 Noted.

## **23 Any Other Business**

### 23.1 None.

## **24 Questions from the Public**

### 24.1 There were no questions submitted in advance. Questions submitted online will be responded to after the meeting.

## **25 Date of the Next Meeting**

Thursday 28 September 2023 (London), to be followed by a farewell to Paul Calaminus

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 3.30pm*

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

**BOARD OF DIRECTORS MEETING IN PUBLIC: Action log following meeting held on 27 July 2023**

Ref	Meeting Date	Agenda item	Action Point	Executive Lead	Due Date	Status	Comments
375	25-May-23	Chair's Report	Review challenges with the finance system to ensure timely payment of expenses for service users working in people participation	KC	28-Sep-23	In progress	The current process was introduced a few months ago following review with PP and the finance team, and following the sampling of a number of claims, the average time from claim authorised to payment was six days. A follow up review of the efficiency of the process will be undertaken to understand where there are issues and the reasons for the delays. In addition dip sampling will be undertaken to establish timings from authorisation to payment. Recommendation this is taken forward by the People Participation 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	29-Nov-23	In progress	See action 372. A review of all Board tier 2 and tier 3 committees being undertaken - completion expected in the autumn/winter
379	27-Jul-23	People Report	Review GP training to ensure there is a generic, integrated and 'advanced' approach	TC/SE	29-Nov-23		
380	27-Jul-23	Safer Staffing	Proposal on how data in the safer staffing report is presented to the P&CC in the context of clinical workforce and identify the best way to quantify the complement of nurses if clinical staff are not available	LS	01-Jan-24	Closed	Included on P&CC forward plan
381							

In progress
In progress with delay
Closed
Forward plan
Not due

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**28 September 2023**

<b>Title</b>	Chair's Report
<b>Author</b>	Eileen Taylor, Trust Chair

**Purpose of the report**

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

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

14 September 2023	Council of Governors Meeting
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**Key Messages**

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

**Strategic priorities this paper supports**

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

**Implications**

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

## 1. Introduction

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

## 2. Chair's update

### Lucy Letby verdict

- 2.1. Lucy Letby was convicted on 18 August 2023 of the murders of seven babies and the attempted murder of a further six babies. These were the most awful, shocking crimes and we cannot imagine the pain of the parents and families.
- 2.2. On 6 September, Chairs and Chief Executives from across the NHS came together with the leadership of NHS England to reflect upon the verdict and to consider what we could all do – as national, regional, system and provider leadership teams – to prevent something so awful from happening again. There were similar reflections at the NHS Providers Chairs and Chief Executives Network Meeting on 14 September. Discussions at both events focused around three main themes – assurance, governance and, overwhelmingly, culture.
- 2.3. While our rating from the Care Quality Commission (CQC) may be 'outstanding', our mindset must always be 'requires improvement'. We must never be complacent and think that 'it could never happen here'. The work we are doing as an organisation to establish and embed a culture of psychological safety is of the utmost importance in our work to ensure that the people who work in and use our services feel safe and supported to raise concerns. Indeed, that they feel encouraged to do so because we want, as an organisation, to learn and continuously improve the care we provide to our populations.

### Fit and Proper Persons Test Framework

- 2.4. The Trust will comply with the new Fit and Proper Persons Test (FPPT) Framework published by NHS England and elements of the framework will be in place from 30 September 2023 with full implementation by 31 March 2024.
- 2.5. The purpose of the FPPT is not only to hold Directors to account in relation to their conduct and performance but also to instil confidence in the public that the individuals leading NHS organisations are suitable to hold their positions. There is an expectation of senior leaders to set the tone and culture of the organisation that leads to staff adopting a caring and compassionate attitude. The aim of strengthening the FPPT is to prioritise patient safety and quality of leadership in NHS organisations by strengthening and reinforcing individual accountability and transparency for all Board members.
- 2.6. There are some changes to the checks and balances that are intended to ensure Board members satisfy the regulatory requirements, and include process, recording, dispute resolution, discontinued investigations, and outcomes as well as the strengthening of internal quality assurance checks.
- 2.7. A review of the implications of the FPPT Framework on the Trust's current policy and practice is being undertaken and the outcome will be reported to the People & Culture Committee and to the Council of Governors (in respect of non-executive directors).



## General update

- 2.8. 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.
- 2.9. 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 Trusts are involved in two or more Integrated Care Systems.

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

### **Patient leadership**

- 2.10. I was delighted to have the opportunity to attend and speak at the Trust's Learning Disability Conference on 12 September. I was able to join an excellent workshop session in the afternoon about the STOMP (stopping the over-medication of people with a learning disability, autism or both) programme where I listened to powerful testimony from a service user leader from the John Howard Centre.
- 2.11. Members of the North East London (NEL) Mental Health, Learning Disability and Autism (MHLDA) Collaborative Committee were pleased to welcome Robert Hunter to the meeting on 13 September in his new role as People Participation Lead for the Collaborative. Robert's leadership was critical to the success of the service-user led Mental Health Summit held last November that resulted in the subsequent development of the Collaborative's mental health priorities. As Chair of the Committee, I look forward very much to working with Robert to ensure that the service user and carer voice continues to be the absolute driving force for the Collaborative's work.

### **Staff support and empowerment**

- 2.12. Once again this month, consultant and junior doctor industrial action took place, with a combined strike on 20 September. I continue to support our medical colleagues' right to take strike action and to recognise the very difficult personal and professional decisions that the doctors concerned will have taken. I would again like to recognise and thank all of the staff who helped to keep services running and our service users safe.

### **Board effectiveness**

- 2.13. As you will be aware, since the last meeting of the Board, Paul Calaminus has started his new role as Chief Executive of NELFT and Lorraine Sunduza is now our Interim Chief Executive. Claire McKenna is our new Interim Chief Nurse and I am delighted to welcome her as a new Board member today.
- 2.14. I am so pleased to see on the agenda today the publication of our first Annual Population Health Report; we understand we are the first provider trust in the country to do so. This marks an important milestone in delivery of our strategic commitment to improve health outcomes for the populations we serve. The report, overseen by an editorial board of service users and carers, makes a clear case for three areas of priority

focus in the year ahead: local employment, income maximisation and improving the physical health of people with severe mental illness. The Integrated Care and Commissioning Committee will oversee progress.

### **System leadership**

- 2.15. The NEL MHLDA Collaborative Committee met on 13 September and focused particularly on the urgent and emergency care mental health pathway and our work with system partners to improve care for patients and system flow. We also discussed new NHS England guidance on mental health acute inpatient care and I was very pleased, in my role as Chair, to be able to welcome Dr Sarah Dracass to the meeting, jointly appointed by NELFT and ELFT as Medical Director for the Adult/Older Adult Mental Health Inpatient and Urgent Care Pathways in North East London.
- 2.16. ELFT, NELFT and the NEL ICB are committed to developing this sub-Committee of the ICB into a Joint Committee of the ELFT, NELFT and ICB Boards – an important development that signals our collective intent to take responsibility for planning to meet the mental health, learning disability and autism needs of the population of NEL together. We have now developed final terms of reference for the Joint Committee and are working, through a series of workshops in the autumn with our respective executive teams and legal advisors, to finalise the delegation arrangements to the Committee. We anticipate final terms of reference will be brought back to the November 2023 Committee.

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

- 3.1. The Council of Governors (Council) met in person on 14 September 2023 and discussions covered a range of agenda items from patient safety to fulfilling their regulatory duties. I continue to be impressed by how Governors instinctively put the needs of and benefits to the populations we serve as well as the needs and wellbeing of our staff at the heart of their discussions and in everything they do.
- 3.2. Despite the challenging topic, I was pleased we were able to adjust the agenda so that majority of the meeting concentrated on receiving an update on and discussing the Trust's approach to creating a culture of safety around raising concerns in the light of the shocking incidents at the Countess of Chester Hospital and Lucy Letby's conviction for serial murder and attempted murder. The Interim CEO, Chief Medical Officer and Chief People Officer provided an overview of the current systems, processes and culture at the Trust that enable people to speak up, raise concerns in a safe way, and for the Trust to listen and act in response. An overview was also provided on the work the Trust is undertaking to review whether our culture and ways of working would enable us to detect and act on potential harm to service users.
- 3.3. During the discussions and questions our Governors demonstrated care, concern and compassion for all those affected by this case and particularly expressed that their thoughts are with the parents and loved ones of those who lost their babies and those who, though they survived, are still experiencing physical and mental struggles as a consequence of the horrific incidents. Their questions also focused on how the Trust is creating a culture where raising concerns is safe, where concerns are heard and acted upon, and that staff, service users and families are supported.
- 3.4. Governors received an update on the discussions with the Metropolitan Police and Bedfordshire Police about the implications and opportunities of implementing the Right Care, Right Person (RCRP) model as envisaged by the police services and noted that the implementation date has been delayed. Governors were pleased to note that a way forward has been achieved which will hopefully ensure the right professionals respond to

those in urgent need of mental health support, and thereby improving the experience of our service users.

- 3.5. Governors were pleased to welcome Kevin Curnow, the Trust's new Chief Finance Officer who provided an overview of the Trust's financial position for the year ending 31 March 2023 where the Trust is reporting a £1.9m annual surplus as part of the NEL ICS. As in previous years, due to technical reasons in respect of the audit of Bedfordshire Local Government Pension Scheme, there will be a delay in signing off the annual report and accounts and the holding of the annual members meeting. However, the external auditors have provided a draft external audit opinion confirming that in their opinion the Trust's financial statements provide a true and fair view of the financial position of the Trust, and have been properly prepared in accordance with guidance and regulation.
- 3.6. Governors were delighted to note that following the recent elections Patrick Adamolekun, Mark Dunne, Reno Marcello, Caroline Ogunsola and Jamu Patel have been reappointed as Governors of the Trust.
- 3.7. The Council approved the process for the elections for the Lead and Deputy Lead Governors.
- 3.8. The Council was delighted to approve the reappointment of Richard Carr, Prof Dame Donna Kinnair and Deborah Wheeler as Non-Executive Directors (NED) for a second term of office and the reappointment of Deborah Wheeler as the Vice-Chair for Bedfordshire & Luton, acknowledging that all three have been outstanding in their NED role and in fulfilling both their collective and individual responsibilities, providing support and appropriate challenge. The Council also support the Board's decision to appoint Richard Carr as the Senior Independent Director (SID).
- 3.9. The Council was informed of new NHSE guidance with respect to NHS NEDs' terms and regretfully noted that Ken would not be reappointed for a further term of office. Governors acknowledged the contribution Ken had made over the years but particularly more recently as the SID and especially in overseeing the successful recruitment of a Joint Chair.
- 3.10. The Governors shared a fond farewell to Paul Calaminus, the Trust's former CEO who has recently been appointed as CEO of neighbouring NELFT. They paid tribute to his calm, understated and yet highly effective leadership style that always put our service users and staff at the heart of our conversations and what we do; and also how, as a new CEO, he effectively steered the organisation through the pandemic.

#### **4. NED visits**

- 4.1. Since the last Board meeting a NED visit took place to the Newham Transition Team within primary care. NEDs took the opportunity to thank staff working in the service 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.

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**28 September 2023**

<b>Title</b>	Chief Executive Officer's Report
<b>Author/Role</b>	Interim Chief Executive Lorraine Sunduza
<b>Accountable Executive Director</b>	Interim Chief Executive Lorraine Sunduza

**Purpose of the report**

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

**Key messages**

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

**Strategic priorities this paper supports.**

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

**Implications**

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

**1.0 Purpose**

- 1.1 The purpose of this report is to provide the Trust Board with the Chief Executive Officer's update on significant developments and key issues.
- 1.2 This is my first report as Interim CEO and I am committing to continue work to deliver our strategy, lead work we have co-produced regarding leadership & culture, work with system partners ensuring that we are representing our local populations, progress our net zero commitments, being efficient in how we use resources and that service user, carer and staff experience, is at the heart of everything we do.

**2.0 Lucy Letby verdict**

- 2.1 The Lucy Letby verdict has shocked and saddened the whole country and will continue to raise many questions for the NHS in the weeks, months and years ahead. As a caring organisation, with an unwavering commitment to improving the quality and safety of care we provide for service users and carers, all of us in the Trust will be reflecting on the lessons learned as they emerge.

- 2.2 Following the conclusion of the trial, we wrote to all ELFT staff to acknowledge the tragic findings and to remind them of the mechanisms and channels by which they can raise concerns. We reiterated that we want them to feel safe and free to speak out, whatever their role in the Trust and reminded them of our commitment to listen and fully investigate concerns properly investigated.
- 2.3 Ultimately this is not just about processes it is linked to the leadership and culture of the organisation and how we ensure that culture is just, open allows for challenge. We have used this as another opportunity to review our process and approach to feedback of what is not working well. This is highlighted in the Quality and People and Culture paper.

### **3.0 Winter pressures/operational update**

- 3.1 Operational pressures have continued across all services with the added complexity of the various industrial action (IA) that has also been taking place. Bedford, Luton and Milton Keynes (BLMK) Integrated Care Board (ICB) upgraded the junior doctors and consultant industrial action that took place during September to a level 3 incident. This required the Trust to work with system partners in responding to the associated challenges and we stood up our incident management systems to help services manage the added IA challenge. Our clinical and operational staff continued to put in huge effort to minimise the impact on the people who needed our care and support during this period.
- 3.2 Due to the operational pressures across all our services and, in particular mental health, we have had to procure additional mental health inpatient capacity through other private providers. This is a relatively short-term measure, in place for a few months.
- 3.3 On 27 July, NHS England published a system letter on winter planning. The letter confirmed the national approach to 2023/24 winter planning and key steps across all systems to meet the winter challenges. Providers have been asked to lead on the delivery of ten 'high impact interventions'. These are focused around reducing waiting times for patients and crowding in emergency departments (EDs), improving flow and reducing length of stay in hospital settings. Work is underway across our services and collaboratives to ensure these are taken forward. Our focus remains on ensuring that all our crisis prevention and support services are responsive in a safe way through the winter months.

### **4.0 Industrial action**

- 4.1 Service and clinical leads have been meeting throughout the summer to manage the impact of the respective doctors' strikes. Daily local and trust wide meetings took place throughout the period of industrial action to monitor how services were being affected and to tackle any issues that arose. On the days of industrial action, acute and crisis services were prioritised.
- 4.2 ELFT members of the Unite union took strike action on 13 September in a dispute over safe staffing and pay. Combined consultant (19-20 September) and junior doctor (20-22 September) strike action also took place this month, with further action expected at the beginning of October.
- 4.3 The Trust aligned with messaging from our respective ICS' in advising our staff and the public to use NHS services wisely during the periods of industrial action and to pursue alternatives for support with physical health and mental health issues such as GP services, pharmacy services, crisis cafes, voluntary organisations and helplines.

4.4 We continue to monitor the impact of industrial action among other professional groups and industries that could impact on ELFT's workforce and services - such as the education and transport sectors.

## **5.0 Living with COVID-19**

5.1 With the rise in cases of the COVID-19 virus – specifically the ERIS variant, the Interim Chief Nurse issued an update to staff advising on actions and measures to maintain good infection control practices to prevent harm to patients, service users and colleague.

4.2 The update clarified that there is no requirement currently routinely test asymptomatic patients and service users. Testing is indicated when a patient is symptomatic. Testing is also required 48 hours prior to the discharge of a patient to a care homes/hospice.

5.2 Staff self-testing is currently not required. However, twice weekly asymptomatic lateral flow testing is encouraged in outbreak situations of all staff, including workers employed by contractors, or if staff have been a close contact of a positive case outside of work.

5.3 The update confirmed the need for the use of respiratory protective equipment whenever in a room with a confirmed or suspected COVID-19 positive patient. But that routine wearing of masks is not indicated. Services can exercise local decisions to implement mask wearing based on a local risk assessment –such as an increase in the number of COVID-19/ respiratory infections.

## **6.0 Autumn / winter vaccination campaign**

6.1 It was announced by NHS England on 30 August that the NHS flu and COVID-19 vaccine programme would be brought forward following an announcement by the Department of Health and Social Care (DHSC) and the UK Health Security Agency (UKHSA) on the risks presented by the new BA.2.86 COVID-19 variant and pre-emptive measures the NHS has been asked to take. The adult COVID-19 and flu vaccination programmes had been due to start in October to maximise protection over the winter months, but this was brought forward to 11 September. The NHS has been asked to ensure as many eligible people as possible are vaccinated by the end of October.

6.2 We will therefore again be working to try to maximise take-up among our staff and eligible service user populations. Within the Trust, all staff are being encouraged to book their appointment for flu and Covid-19 vaccination using the Trust's established clinics. Peer vaccination remains a key part of the Trust plan to provide vaccinations throughout the period of the vaccination campaign.

## **7.0 NHS England guidance on acute inpatient mental health care**

7.1 In June there was a series of announcements and publications regarding inpatient mental health care:

- The announcements by the Secretary of State that:
  - The inquiry into the deaths of mental health inpatients in Essex will become statutory.
  - In October, a new Health Services Safety Investigations Body will be formally established and will commence a national investigation into mental health inpatient care settings.
- Publication of the Rapid review into data on mental health inpatient settings by the Department of Health and Social Care

In July, NHS England published guidance to support the commissioning and delivery of acute inpatient mental health care for adults and older adults.

7.2 The new guidance is intended to support integrated care systems (ICSs) and providers of mental health acute wards and psychiatric intensive care units (PICUs) to meet the ambitions for acute mental health care set out in the NHS Long Term Plan, alongside existing legislation and acute mental health standards. Work to consider and implement the new guidance will be taken forward by the North East London Mental Health Crisis Improvement Network as part of the NEL Mental Health, Learning Disabilities and Autism Collaborative.

## **8.0 London Mental Health Crisis Care Concordat**

8.1 A London Mental Health Crisis Care Concordat has been established and signed up to by all the statutory organisations involved in supporting people in crisis. These senior level discussions have resulted in an agreement to adopt the Right Care, Right Person (RCRP) approach developed in Humberside which changes the way emergency services respond to calls involving concerns about mental health.

8.2 This follows a statement by the Metropolitan Police Commissioner Mark Rowley about the amount of police time taken up responding to people in mental health crisis. Mental health services and organisations have been concerned to ensure that any changes in mental health crisis support are thought through carefully and collectively.

8.3 The first area to be addressed in coming months is the need for welfare checks to be done by the service already working with a patient rather than by the police. How this will work in practice is being considered by relevant leads within the Trust. There will be further discussions with staff about what the impact might be and how we can address it.

8.4 Within ELFT, we have been engaging with the police very constructively to ensure any risks are managed and expect to continue to collaborate going forward as RCRP becomes established.

## **9.0 Chinese health delegation visits Newham**

9.1 Six health professionals from the Putuo District Health Commission Shanghai visited East Ham Care Centre on 21 August to meet primary care and community care colleagues. The Chinese health professionals included public health specialists with cardiac and thoracic backgrounds, and GPs.

9.2 The visitors reported that general practice medicine is in its infancy in Shanghai so were interested to learn more about the UK's primary care model. They were also interested in hearing about admission prevention/early discharge teams and had a demonstration of the Telehealth system that supports and monitors people with long term conditions.

## **10.0 ELFT occupational therapists meet Minister of State for Health and Secondary Care**

10.1 ELFT Occupational Therapy Services attended a virtual roundtable with the Minister of State for Health and Secondary Care, Will Quince, on 8 August to discuss recruitment and retention.

10.2 Steve Tolan, Deputy Chief Allied Health Professionals (AHPs) Officer for NHS England, sought representation from across AHP groups, bands, ethnicities, care settings and specialist areas for the meeting.

- 10.3 Areas discussed included:
- Career development for AHPs.
  - Research pathways and clinical contact.
  - Impact of student loan repayments.
  - Opportunities for AHPs from BAME backgrounds and with other protected characteristics.
  - The vital role of AHPs within the NHS.
  - Apprenticeships.

### **11.0 East London Crisis Line drop-in sessions**

- 11.1 A programme of drop-in events has taken place to gather the views of mental health crisis line service users from across City & Hackney, Newham, and Tower Hamlets. The Trust was keen to engage with people who have experience of using the current borough-based crisis line numbers, including staff, service users and carers.
- 11.2 The aim of the sessions was to discuss the implementation of NHS 111 Option 2 (mental health emergency) in 2024 – a similar service has been implemented in other areas, including Bedfordshire and Luton. This would mean that crisis calls for the local area (to existing crisis lines or 111) would be handled by one experienced team of mental health professionals with local knowledge. Organisers were keen to understand how people have used existing services to ensure the new arrangements continue to effectively provide the quality support required.

### **12.0 Reinforced Autoclaved Aerated Concrete (RAAC) at ELFT**

- 12.1 The Estates team has commissioned independent chartered building surveyors to report on the Trust's exposure to the presence of Reinforced Autoclaved Aerated Concrete (RAAC). ELFT has been provided with assurance from the surveyors that RAAC is not present within its retained estate.
- 12.2 Between the 1950s and 1990s, RAAC was used mostly in flat roofing but also in floors and walls. It offered a cheaper alternative to standard concrete but has a short lifespan which means it can become weakened and unstable over time.
- 12.3 ELFT has been provided with assurance from several landlords that RAAC is not present in leased buildings. However, some remain outstanding. These are typically private landlords such as charities or housing associations who are not believed to have been users of RAAC.
- 12.4 ELFT Estates will continue its governance and assurance processes to ensure that the Trust's exposure to RAAC is tracked, recorded, and acted on.

### **13.0 NHS launched first ever Sexual Safety Charter**

- 13.1 On 5 September, the NHS launched its first Sexual Safety Charter which aims to offer more support to NHS staff who have suffered harassment or inappropriate behaviour.
- 13.2 The Charter is an agreement with 10 pledges including commitments to provide staff with clear reporting mechanisms, training, and support. The NHS has invited other organisations across the health sector, including royal colleges to sign up to the framework to eradicate sexual harassment in the workplace. By signing up to the charter, managers will receive extra training to improve awareness and ensure allegations are appropriately investigated.



- 13.3 As part of the major new action, every NHS trust and local health system in England will also have a domestic abuse and sexual violence lead to support patients and staff to report incidents and access support. The NHS staff survey covering all hospitals in England will also now include questions around sexual safety so the health service can monitor progress.
- 13.4 The Trust will communicate this to staff and reinforce our expectations of staff in terms of their professionalism in the workplace and acceptable behaviour.

#### **14.0 New system trial for generating outpatient prescriptions to local pharmacies.**

- 14.1 ELFT is one of the first trusts to go live with a new outpatient prescribing electronic prescription solution. CLEO SOLO EPS digitises the process of sending FP10 prescriptions within a secondary care outpatient setting to community pharmacies, enabling patients' prescriptions to be created and sent electronically to the pharmacy most convenient for the patient.
- 14.2 This will be a streamlined approach that empowers outpatient clinicians to prescribe medication that can be collected from a pharmacy of the patient's choice. Not only does this improve the experience for patients and the prescribing clinician, it also relieves pressure on GPs from prescribing medication to patients who they have not directly assessed.
- 14.3 In ELFT, the system will be trialled with child and adolescent mental health services (CAMHS), memory services and perinatal services.

#### **15.0 People Participation Awards**

- 15.1 Luton's Venue 360 played host on 11 August, as ELFT came together for the annual People Participation Awards. The event recognised and celebrated the remarkable contributions of service users and carers in elevating healthcare services and fostering a culture of shared improvement.
- 15.2 The winners were:
- Befriender of the Year – Aisha Tariq and Shah Islam
  - Carer's Award – Aurora Todisco
  - Digital Champion Award – Rachel Vincent
  - Trainer of the Year – Renato Congias
  - Research and Innovation Award – Shana Ryan
  - Contribution to QI/Service Improvement Award – James Xavier
  - Creative Skills/Showcasing Talent Award – Dele Oladeji
  - Equality/Equity/Inclusion Award – Isma Begum
  - Health & Wellbeing Award – Susanna Rance
  - Interview Panellist Award – Katie Fillingham
  - Young Person of the Year – Jessica Sabnjoku
  - CEO Award Person of the Year – Michael Hallisey
  - Project of the Year – Cost of Living (Susan Downing)

#### **16.0 People Participation Conference**

- 16.1 On 1 September, the Trust held its annual People Participation Conference, a landmark event in co-production and collaborative care. The conference attracted service users, carers, healthcare professionals and partner organisations from across regions including City and Hackney, Newham, Tower Hamlets, Luton, Central Bedfordshire, and Bedford.

16.2 Organised by Rose Muchoki, People Participation (PP) Lead for Newham, the conference aimed to underscore the importance of PP in personal recovery and service improvement.

## **17.0 ICB / provider collaboratives update**

17.1 The North East London (NEL) Mental Health Learning Disability & Autism (MHLDA) Collaborative Committee met on 13 September 2023 and considered progress on the NEL MHLDA urgent and emergency care plan, including progress with mobilising our new 12-bedded inpatient unit, the new 111 crisis line across NEL, and the review of psychiatric liaison services across the 5 NEL hospitals – all of these schemes have received investment via the Committee this year. The Committee also considered the planning framework for 2024/25, including: service user and carer priorities; new national commissioning guidance for inpatient mental health services; and prescribing/talking therapies for people with common mental health problems.

17.2 We are delighted that Robert Hunter has been appointed as People Participation Lead for the NEL MHLDA Collaborative. Robert's leadership was instrumental to the design, facilitation, and delivery of the November 2022 Collaborative Mental Health Summit, and to the subsequent development of the Collaborative Service User and Carer priorities.

17.3 The North East London Community Health Services Collaborative Committee met on 18 September 2023. The Committee received an update on the NEL Babies, Children and Young People's (BCYP) Programme and agreed to form a Community Health Services Collaborative Improvement Network across NEL for BCYP, with an initial focus on key pressures to be considered for 2024/25 planning. It was also agreed that the Committee will have a key role in planning for community health services going into 2024/25.

17.4 In Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care System (ICS), work has continued to develop a more formalised collaborative, with a paper due at the BLMK Integrated Care Board on 28 September 2023 providing an update on progress and next steps. In the meantime, the existing ICS mental health programme has continued to focus on two priorities: to improve mental health accommodation for people with serious mental illness and to improve urgent and emergency care pressures.

## **18.0 Pioneering mental health air cleaning research**

18.1 The benefits of air cleaning units for service users and NHS staff are being tested in at Fountains Court in Bedford, a mental health inpatient unit for older adults. The Trust has launched a research project using quality improvement (QI) tools to study the benefits of units in removing airborne pathogens and improving air quality in the enclosed environment of a mental health inpatient site.

18.2 The research is thought to be the first of its kind in a mental health inpatient unit in the UK. The project is an extension of a study led by Cambridge University Hospitals NHS Foundation Trust which has seen similar testing take place for physical health inpatient wards at Addenbrooke's Hospital in Cambridge.

18.3 Fountains Court is a 26-bed acute assessment unit for older people with mental illness. Six air-cleaning units have been installed with discreet housing covers and are all ligature-proof. The research at ELFT is a joint programme involving clinical and estates teams.

## 19.0 Awards

### *RCN Foundation Impact Award*

- 19.1 Fartun Ali, a Staff Nurse at the John Howard Centre, has won the RCN Foundation's Margaret Parkinson 'Into Nursing' grant for her outstanding achievement in pre-registration student nursing and midwifery. The award was presented by Dame Ruth May, Chief Nursing Officer for England and renowned comedian, Shaparak Khorsandi. Fartun received a grant to support her with her studies, enabling her to spend time looking into various research areas for her next step, an MSc in Mental Health Nursing at City, University of London

### *Nurse is Finalist in RCN Leadership Category*

- 19.2 Julie Roye, Head of Nursing for Primary Care, has been selected from 920 entries as a finalist in the leadership category of the RCN Nursing Awards 2023. Julie has brought together a multidisciplinary team, administrative staff, and population health leads to co-develop improvements to cervical screening uptake in a diverse patient population. She actively recruited more nurses, established evening sessions in response to feedback, enabled women to book their preferred appointment time and nurse via a texted link, and ensured texts and letters were delivered in appropriate languages for non-fluent English speakers. She ensured inclusivity for trans men and non-binary people. In nine months, screening uptake has risen from 54% to 73% for people aged 25-49.

### *Learning Disabilities and Autism Awards 2023*

- 19.3 Chelsea Laing from Bedfordshire CAMHS was highly commended by judges at the national Learning Disabilities and Autism Awards 2023 after being shortlisted in the 'Making a Difference (Individual)' category of the awards. Chelsea, operational lead for the BLMK CAMHS Intensive Support Team (IST), has established the IST service across Bedfordshire, Luton and Milton Keynes. Her team have supported c70 young people of these, only 10 were admitted to hospital - mostly for short stays - so there was a significant drop in admissions.

### *Health Service Journal (HSJ) Awards*

- 19.4 Three ELFT partnership projects have been shortlisted for national HSJ Awards. ELFT has been working with City & Hackney Place-Based Partnership (PBP), NHS North East London (NEL), Hackney CVS, Hackney Council and the City of London Corporation on the peer-led 'Tree of Life' project for African and Caribbean heritage young people in schools. The work conducted on this project secured the team's shortlist for the 'Innovation and Improvement in Reducing Healthcare Inequalities' category.
- 19.5 The Trust has also been shortlisted for the 'Integrated Care Initiative of the Year' category for collaborative work with Barts Health NHS Trust in optimising flow in Accident and Emergency/Acute Assessment Unit at Royal London Hospital.
- 19.6 Finally, the ELFT Forensics Directorate has been nominated alongside Barnet, Enfield and Haringey Mental Health Trust as part of the North London Forensic Provider Collaborative.
- 19.7 The HSJ Awards is an annual ceremony celebrating and recognising outstanding programmes across the UK's healthcare sector.

## *Royal College of Psychiatrists (RCPsych) Awards*

- 19.8 Three ELFT teams have been nominated for awards as part of the RCPsych Awards 2023.
- ELFT's Peer Support Training Lead, Lenna Adley, has been shortlisted for 'Patient Contributor of the Year' her work with Child and Adolescent Mental Health Services (CAMHS) and supporting staff in applying quality improvement.
  - The East London Community Eating Disorders Service for Children and Young People has been shortlisted for 'Psychiatric Team of the Year: Quality Improvement' for work in reducing waiting times for assessment and treatment.
  - Tower Hamlets' Intellectual Disability Psychiatry team has been shortlisted in the 'Psychiatry Team of the Year: Intellectual Disability' category. The team received its nomination for its dedication to challenging health inequalities, as well as its 'Shape Up' project to support with weight loss in adults with intellectual disabilities.
- 19.9 The RCPsych Awards promote outstanding achievements in psychiatry, as well as that of medical students and foundation doctors. This is based on work undertaken in the previous calendar year from RCPsych subscribing members or associates of good standing.

## **20.0 Announcements**

- 20.1 Emily Van de Pol has started as the Trust's Interim Director of Primary Care. Emily joins the Trust from the North London Mental Health Partnership where she was Director of Partnership Development and Planning. Prior to this, she worked as Director of Programmes and Transformation and, until 2021 was Borough Director/Divisional Director in Camden and Islington NHS Foundation Trust in London. Emily is an Occupational Therapist by background and worked clinically in older adult mental health and dementia care in Islington for several years before moving into management roles.
- 20.2 Evah Marufu is to take up the role of Interim Director of Nursing for Luton and Bedford Mental Health services from 1 October. Evah comes with a wealth of experience in adult inpatient care within Newham and Tower Hamlets mental health services. Most recently she has been working within the leadership team in CAMHS, supporting inpatient CAMHS services and crisis pathway development.
- 20.3 Tower Hamlets has said farewell to one of the longest serving consultant psychiatrists in the Trust. Dr John Cookson started work in Tower Hamlets in 1981 and worked for four decades in the borough. Dr Cookson is not retiring but will continue as a clinician and lecturer.
- 20.4 Dr Rafik Refaat has been a Consultant child & Adolescent Psychiatrist in the Trust for over 20 years, initially establishing and leading the Coborn Adolescent unit before taking up a deputy CD role for CAMHS and a lead consultant role in the highly successful CAMHS provider Collaborative. Rafik has been appointed to the role of Clinical Director for CAMHS In-patient and Admission avoidance services across the Trust.
- 20.5 Dr Julie Proctor is a Clinical Psychologist who started in the Trust working in Hackney CAMHS where she demonstrated her leadership skills and took up the role of Psychological Therapies Lead. For the last 3 years she has been deputy Clinical Director in CAMHS for 3 years and has been leading transformation as Head of Service for SCYPS. She has been appointed to the role of Clinical Director for Community CAMHS and SCYPS.

**21.0 Action Being Requested**

21.1 The Board/Committee is asked to:

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

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**28 September 2023**

<b>Title</b>	Integrated Care & Commissioning Committee (ICCC) 7 September 2023 – Committee Chair’s Report
<b>Committee Chair</b>	Richard Carr, Non-Executive Director and Chair of Integrated Care and Commissioning Committee
<b>Author</b>	Cathy Lilley, Director of Corporate Governance

**Purpose of the report**

- To bring to the Board’s attention key issues and assurances discussed at the Integrated Care and Commissioning Committee (ICCC) meeting held on 7 September 2023.

**Key messages**

**Collaboratives:** In its ongoing discussions on the development of the collaboratives in Bedfordshire, Luton & Milton Keynes (BLMK) and North East London (NEL), the committee continued to highlight the importance of evidencing tangible improved outcomes for service users and progress against agreed timelines. A review of the key lines of enquiry will be undertaken at a future meeting along with a refining of the performance reporting framework.

**NEL Mental Health, Learning Disabilities and Autism (MHLDA) Collaborative**

- Following completion of the ICB restructure, a dedicated programme director has been appointed for the collaborative with further support posts to be recruited to.
- Agreement has also been reached for the mental health commissioning posts in Newham and Tower Hamlets to be hosted within the ELFT teams.
- The people participation lead has been appointed bringing commitment to building a network of people with lived experience and mobilising the working together group.
- The inclusion of improving the experience and care around eating disorders for people with mental health issues was particularly welcomed as this is a growing pressure.
- The diagnostic on mental health spend is in its final stages, with a report expected to be taken to the collaborative committee in November.
- £7m of recurrent funding has been made available through the collaborative for a clinically-led mental health crisis improvement network and good progress is being made within the talking therapies improvement network.
- The committee welcomed the inclusion of the seven priorities set by service users and carers in the 2024/2025 plan.

**NEL Community Services Collaborative**

- A reinforced commitment and strengthening of focus on this collaborative was welcomed following a recent joint Exec workshop with a key aim to create an agenda of more positive and creative thinking around community services.
- The development of an improvement network for children and young people in community services will help to address cost pressures and unacceptable waits for access to community mental health services and work with relevant groups on an overarching goal to reduce clinical variation and duplication.
- Agreement was also reached for the collaborative to co-ordinate the 2024/2025 planning process for community health services, to better understand systematically where gaps and pressures are and to mitigate the risks.

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

- A request to form a specific MHLDA committee to oversee mobilisation and planning for 2024/2025 is being presented to the ICB in September 2023.
- An urgent and emergency care workstream is in place with wide representation from all partners including the police to further understand the operational implications around Right Care, Right Person and support from the Getting it Right First Time national team on flow pressures.

- Work to improve the management of aftercare supported accommodation has already produced substantial reductions in spend and a commissioning strategy is expected to be in place by December 2023.

#### **BLMK Bedfordshire Care Alliance**

- The present focus is on services which interface with the hospital and that further exploration of ELFT's community offering within this context is being undertaken by the Bedfordshire and Luton senior management team and through joint Exec meetings with Cambridge Community Services NHS Trust.
- A discussion took place around the complexities of aligning estates work into collaborative planning, with a recognition of the potential opportunities afforded by transformation work.

#### **Annual Planning Strategy Report Q1**

- This was welcomed by the committee as a valuable tool in evaluating progress against the ELFT strategy; however, requested further work to define the Trust's response to the challenges which will be highlighted in these reports going forwards.
- Key highlights included good progress around the employment of service users with serious mental health illness and the equalities work around access to talking therapies for the BAME community.

#### **Population Health Annual Report**

- Following feedback on this report at a previous meeting, there is now a clearer articulation of recommendations, commonalities with ICS forward plans and summaries. The report is expected to be finalised and ready for publication in November, initially being shared at the Trust Board meeting on 28 September 2023.
- The operationalisation of objectives will be the focus for the incoming director of population health.

#### **New Models of Care – North Central and East London (NCEL) CAMHS**

- Good progress on key objectives; however, there is an enhanced risk due to the permanent and temporary closures of two PICU units in and around London. The committee received assurance that the situation is being managed well by the Coborn Unit.
- Urgent concerns around the clinical model being delivered by a specialist eating disorder unit provider have been escalated to NHS England and the CQC with a review being developed by the national reference group.
- In light of the issues at the Countess of Chester Hospital and the Lucy Letby convictions, a review of the escalation process for reporting concerns has been undertaken and a process of visual reviews of provider units carried out by LDA case workers.

#### **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*

- There were no changes proposed to the risk scores for risks 1, 2 and 9, 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.

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**28 September 2023**

<b>Title</b>	Population Health Annual Report
<b>Author / Role</b>	Richard Fradgley, Director of Integrated Care & Deputy CEO
<b>Accountable Executive Director</b>	Richard Fradgley, Director of Integrated Care & Deputy CEO

**Purpose of the report**

The Annual Population Health Report 2023 gives a summary of the health needs of the population in the Trust area, showcases work to improve population health which has taken place in the last year to meet the Trusts strategy objective to improve population health, and makes recommendations for three priority areas of focus for the year ahead.

**Key messages**

The Trust Strategy commits us to taking action to improve population health, along with improving quality of care, staff experience and value. The Annual Population Health Report 2023 is the first time we have produced a report on the work we have taken to improve population health over the last year, along with high-level insights about our changing populations and their health needs. It is intended that the Trust will produce a population health report annually.

The report showcases a wide range of initiatives that clinical and corporate teams and services across the Trust have taken forward to improve population health over the past year, and lays out three priority areas of focus for the year ahead:

1. **Local employment:** supporting services users into employment, developing our employment offer, collaborating with partners to support local people into employment
2. **Income maximisation:** developing further our work to contract for the real living wage, furthering our Healthier Wealthier Families pilot
3. **Promoting the physical health of people with severe mental illness:** Reducing barriers to accessing preventative health screening and supporting service users to quit smoking.

The new Trust Consultant in Public Health/Director of Population Health will start in early October, and will be responsible for leading the work to deliver on these three priorities.

The development of the report was over-seen by an editorial board of service users and carers, who have made a huge contribution to both the content and presentation style. The report has been reviewed by the Integrated Care & Commissioning Committee (ICCC), and progress against the recommendations laid out in the report for the coming year will be overseen through the ICCC.

The Board is asked to receive the report and approve the recommendations for action for the year ahead.

**Strategic priorities this paper supports**

Improved population health outcomes	<input checked="" type="checkbox"/>	The Annual Population Health Report outlines the population health needs in the ELFT area, showcases work which has taken place in the last year to meet the population health objectives, and identifies
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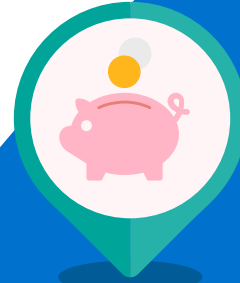
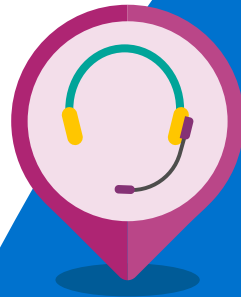
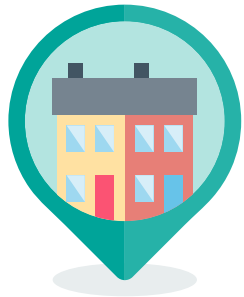


		recommendations for work going forward.
Improved experience of care	<input type="checkbox"/>	There are examples in the report where teams and services have taken forward projects focussed on prevention, supporting people and communities earlier, and therefore improving experience of care.
Improved staff experience	<input checked="" type="checkbox"/>	There are examples in the report of where teams and services have seen there is a population health issue and have wanted to do something to tackle it, supporting fulfilling and enjoyable jobs.
Improved value	<input checked="" type="checkbox"/>	There are examples in the report where teams and services have taken forward projects focussed on prevention, supporting people and communities earlier, and therefore preventing downstream costs.

### Implications

Equality Analysis	The report highlights initiatives that have directly impacted on inequity in health and life outcomes that impacts on the populations we serve.
Risk and Assurance	There are no risks to the Trust based on the information presented in this report.
Service User/ Carer/Staff	The development of the report was over-seen by an editorial board of service users and carers, who have made a huge contribution to both the content and presentation style. Many of the initiatives showcased in the report have had service user and carer involvement as a core element of their design and delivery.
Financial	There are examples in the report where teams and services have taken forward projects focussed on prevention, supporting people and communities earlier, and therefore preventing downstream costs. However, nothing presented in this report which directly affects our finances.
Quality	There are examples in the report where teams and services have taken forward projects focussed on prevention, supporting people and communities earlier, and therefore improving experience of care.

# Annual Population Health Report 2023



<b>Summary of key recommendations</b>	<b>3</b>	<b>Objective 1</b>	<b>19</b>	<b>Objective 4</b>	<b>29</b>
<b>Foreword</b>	<b>5</b>	Prioritise children and young peoples' emotional, physical, social and learning development		Contribute to the creation of healthy and sustainable places, including taking action on climate change	
<b>Introduction</b>	<b>7</b>	<b>Objective 2</b>	<b>23</b>	<b>Objective 5</b>	<b>32</b>
<b>Overview of our population</b>	<b>8</b>	Support service users, carers and the communities we serve to develop skills and access meaningful activity and good quality employment		Champion social justice and fully commit to tackling racism and other forms of prejudice	
• Our places		<b>Objective 3</b>	<b>26</b>	<b>Objective 6</b>	<b>36</b>
• Health inequalities		Support service users, carers and our communities to achieve a healthy standard of living		Prioritise prevention and early detection of illness in disadvantaged groups	
<b>Cross-cutting programmes of work</b>	<b>16</b>			<b>Acknowledgements</b>	<b>41</b>
• ELFT as an Anchor Organisation					
• Being a Marmot Trust					
• Quality Improvement					

# Contents





# Summary of key recommendations

Our Strategy commits us to taking action to improving population health along with improving quality of care, staff experience and value. We believe we have a responsibility to do our bit to make our corner of the world a fairer place to live and work, and to see the communities we serve thrive. Our work on population health, including being an Anchor organisation and a Marmot Trust, is our way of turning this aspiration into reality.



In the coming year, our population health work will prioritise three objectives:

## 1. Local employment

- a. We commit to ensuring that all East London Foundation Trust (ELFT) service users who wish to work are supported to find good employment
- b. Developing our employment offer, including recruiting more people with lived experience into our Individual Placement and Support (IPS) and employment teams
- c. Collaborating with partners to support local people into health and social care careers, including maximising the use of our apprenticeship schemes

## 2. Income maximisation

- a. Increasing the proportion of our contract suppliers which pay the real living wage
- b. Completing the evaluation of the Healthier Wealthier Families pilot and sharing the learning with partners
- c. Using this evaluation to help people who use our services to access financial and income maximisation advice

## 3. Promoting the physical health of people with severe mental illness

- a. Working with partners to reduce barriers to accessing preventative health services such as vaccination, screening and health checks
- b. Increasing the proportion of service users who quit smoking or switch to vapes with support from our specialist tobacco services

We will work with colleagues across health, local government, social care and the voluntary and community sector, under the umbrella of our two Integrated Care Partnerships, to promote the health and wellbeing of everyone in our local areas.



## Summary of terms used in this report

### Population Health

This means we tackle some of the most important drivers of poor health affecting our local populations. We want to identify and understand the inequities and inequalities that exist between people and communities and we work to reduce these.

### Marmot Trust – Institute of Health Equity UCL

Professor Sir Michael Marmot has set out the evidence of what drives inequalities in health and where the focus should be to reduce these. This includes education, employment and prevention. We are the first NHS Trust to partner with Michael Marmot’s team at the Institute of Health Equity.

### Anchor Organisation

This term describes large organisations that are anchored in the places and communities in which they are based and which have taken on a responsibility for promoting wellbeing and wealth in those communities. We do this by working on four key areas: increasing employment opportunities for local people, ensuring we use our contracting ability to make suppliers pay the real living wage, improving environmental sustainability and using our buildings and land to promote health.





# Foreword

I am delighted to introduce East London Foundation Trust’s (ELFT) first annual population health report. We recognise that for our communities to be healthy and thriving, we need the right building blocks for health in place: stable jobs, fair pay, good quality housing and education as well as equitable access to health services. These social determinants of health often have a bigger influence on health than healthcare services, and are the cause of significant health inequalities.

In 2021 we published our five-year strategy, in which we committed to working on improving the health of everyone living in the places we serve. It is not enough for us to aim for excellent care for people who use our services. In the areas where we work we have a role to play as an employer, as a purchaser of services and as a key player in local partnerships. Our focus has broadened, and as a result our work has broadened too.

This report highlights why this work is so important in the areas that we serve, where people face significant challenges from poverty and where inequalities in people’s living conditions drive inequalities in their health. But this report also showcases just a small selection of the fantastic initiatives going on across ELFT to help us improve outcomes for

people in the areas in which we work. We are achieving this from the bottom up, through quality improvement projects across all parts of ELFT, and through our strategic work as a Marmot Trust and our Anchor plan.

I am excited to see the progress we have made, and the creative ways ELFT staff and service users have found to improve the health of our population. The recommendations and opportunities identified in the report will help guide our work in the coming year, with a particular focus on employment, income maximisation and the physical health of our service users.

I would like to thank our service user editorial group for their work on this report, especially in shaping our priorities for the next year.

**Eileen Taylor**

Chair East London NHS Foundation Trust



**This report highlights why this work is so important in the areas that we serve, where people face significant challenges from poverty and where inequalities in people’s living conditions drive inequalities in their health.**



We want to enable people to live long, full, active and healthy lives. We know this can only happen if we recognise the influence that poverty, work, the physical environment and our social worlds have on our health.

With NHS services facing more and more demand, work to promote good health and prevent people needing healthcare is more important than ever. Prevention is better than cure – no one wants to be unwell and there are often opportunities to avoid becoming ill.

We are pleased by ELFT’s commitment to improving population health through its own work and partnerships with others. This report makes the case for the value of this approach and shows the impact it has already had. The examples in this report demonstrate how powerful collaboration between service users and NHS services can be.

We have worked closely with the population health team to shape the content of this report, and we look forward to contributing to the next phase of this work. We are proud of what has already been achieved and it is imperative that service users continue to be at the heart of ELFT’s work to improve population health.

### Service user editorial group



**With NHS services facing unprecedented demand, work to promote good health and prevent people needing healthcare is more important than ever.**





# Introduction

This report sets out how ELFT is working to improve the health of our population as well as delivering outstanding clinical services to our communities. “Population health” involves taking a broader look at what underpins the health and wellbeing of staff, service users and our local communities.

We know that while access to good healthcare is important, our health is built on many factors. Having a safe place to live, enough money to be able to afford healthy food and pay bills, a good job and social networks are key elements of this. Addressing these wider determinants of health helps build healthy communities, and at ELFT we are committed to playing our part in creating these.



**Put simply a job, a home and a friend are the things that matter most.**

**Public Health England, 2017**

This is new ground for NHS organisations, and we are only beginning our journey. This report highlights examples of our work under our six objectives:

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

Partnership is key for this work to succeed. Collaborating with other NHS organisations, local authorities, voluntary and community groups, our staff, service users and local communities is vital. Our local Integrated Care Partnerships in [Bedfordshire, Luton & Milton Keynes](#) and [North East London](#) have prioritised tackling inequalities and this plan shows how our work contributes to their objectives.

It’s important that we evaluate this work to assess its impact and share learning. We also want this work to be valued and assessed by our Trust’s Board in the same way as our other strategic objectives, which is why we are publishing this report and measuring and reporting our impact.

The recommendations and the opportunities at the end of each chapter have been developed with and by the service users who have helped create this report. They reflect the areas that matter to them and highlight areas where ELFT and our partners need to do more over the next few years as part of ELFT’s Improving Population Health strategic work plan. In the coming year we will prioritise delivering our key recommendations: our work on employment, income maximisation and the physical health needs of our service users.

**Angela Bartley**  
Director of Population Health





**1.9 million**

people live in the areas we serve – around 900,000 in London and one million in Luton, Bedfordshire and Milton Keynes.

# Overview of our population

## Our places

To be able to deliver effective health care services now and in the future it's important we understand the populations and communities we serve. This section provides an overview of some of the key drivers of health and wellbeing in our local communities.

According to the 2021 census, 1.9 million people live in the areas we serve – around 900,000 in London and one million in Luton, Bedfordshire and Milton Keynes.

Every resident is an individual, with their own unique social and physical environment. But we can also identify trends across the areas where we work in both health outcomes and the social and environmental contexts that affect our health.

In East London, our population has grown significantly since 2011. Tower Hamlets' population is up 22%, and Newham's up 14% compared to 7% across London as a whole.

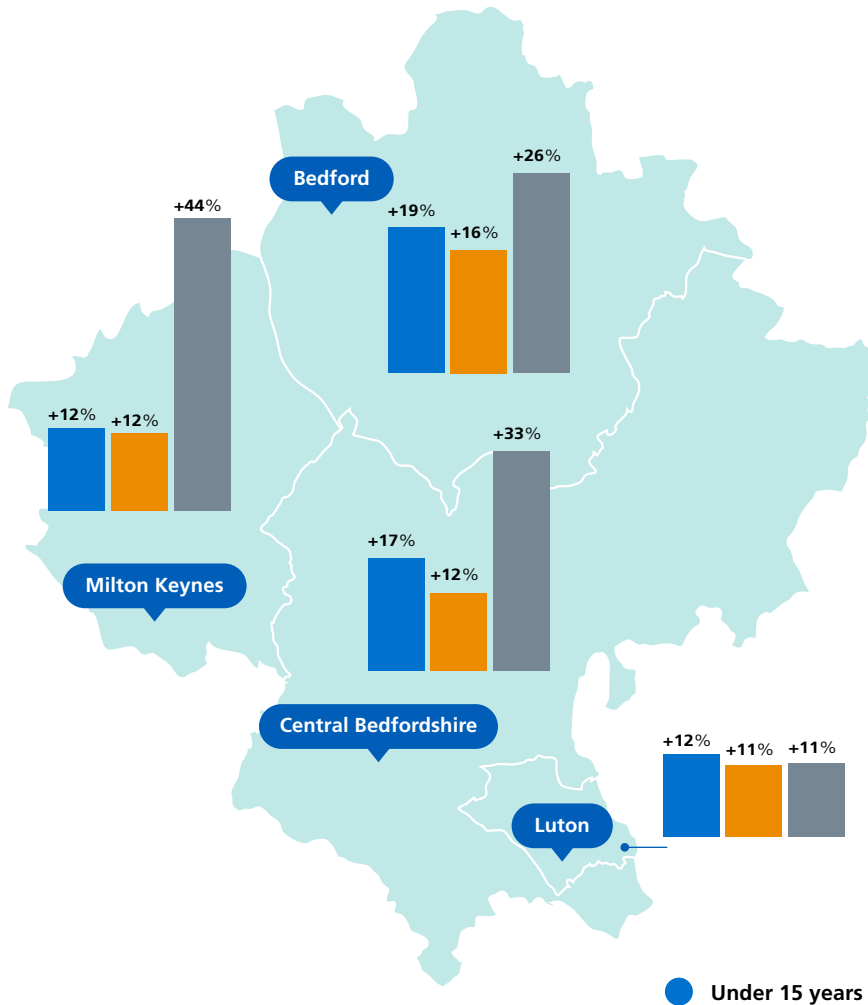
In Luton and Bedfordshire we have also seen significant growth. Bedford's population grew by 18%, Central Bedfordshire's by 16%, Luton's by 11% and Milton Keynes' by 15%.

In most of our areas, the fastest population growth is among people aged 65 and over. In contrast, in Luton the largest growth was in the under 15s age group, and in Tower Hamlets the working age population grew the most. While growing overall, Hackney experienced a fall in the number of children under 15 since 2011.

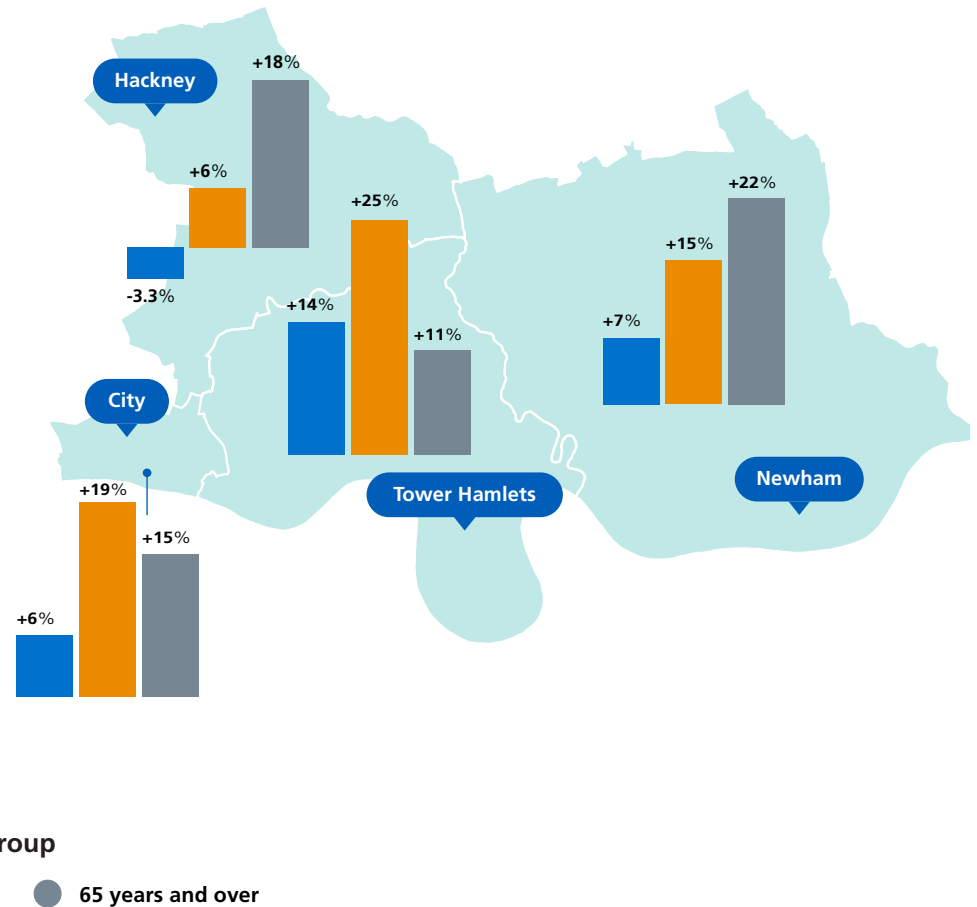
A growing population means more people needing healthcare services. An aging population means we need to be prepared to change the balance of our services. For example, we will have more demand for our memory and frailty services which primarily serve older people, and for our specialist older people's community and mental health services.



### % population change by age group in Bedford, Central Bedfordshire, Luton and Milton Keynes Between 2011 and 2021 census



### % population change by age group in East London Between 2011 and 2021 census



Key – age group

- Under 15 years
- 15-64 years
- 65 years and over



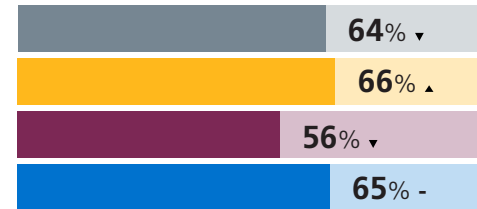
## Bedford, Central Bedfordshire, Luton and Milton Keynes Indicators



### Key

- Bedford
- Luton
- Central Bedfordshire
- Milton Keynes
- ▲ Higher than the England average
- ▼ Lower than the England average
- Same as the England average

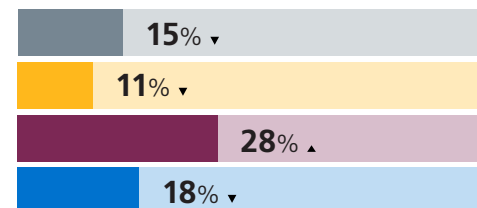
### 1 School readiness (% children achieving a good level of development at the end of reception)



### 2 Unemployment rate

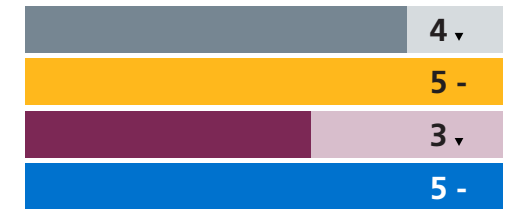


### 3 % of children living in relative poverty

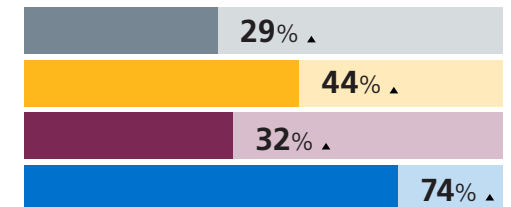


### 4 Per capita greenhouse gas emissions (2020) (tonnes of CO<sup>2</sup> equivalent)

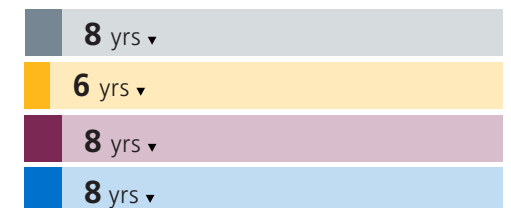
England average (5)



### 5 Adults in contact with secondary mental health services who live in stable and appropriate accommodation



### 6 Difference in life expectancy between most and least deprived areas (years)





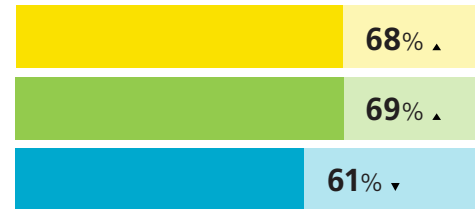
## East London Indicators



### Key

- City & Hackney    ▲ Higher than the England average
- Newham            ▼ Lower than the England average
- Tower Hamlets    - Same as the England average

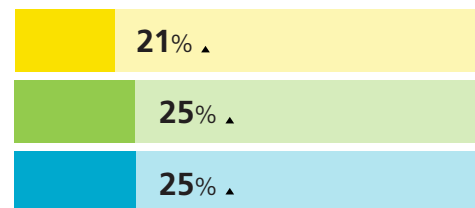
### 1 School readiness (% children achieving a good level of development at the end of reception)



### 2 Unemployment rate

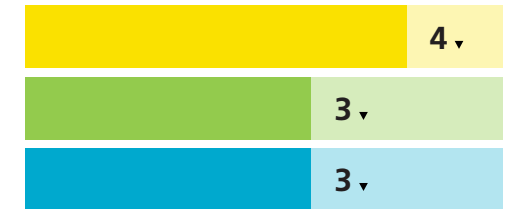


### 3 % of children living in relative poverty

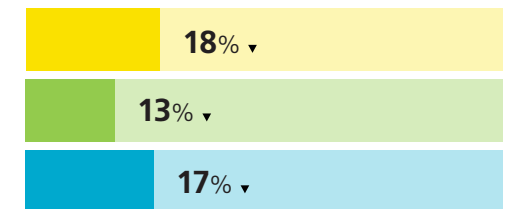


### 4 Per capita greenhouse gas emissions (2020) (tonnes of CO<sup>2</sup> equivalent)

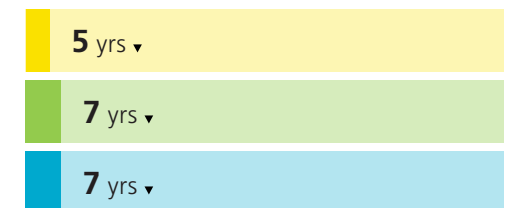
England average (5)



### 5 Adults in contact with secondary mental health services who live in stable and appropriate accommodation



### 6 Difference in life expectancy between most and least deprived areas (years)





One of the simplest ways to measure the health of people in an area is to see how long they live, and how long they stay healthy – we call these “life expectancy” and “healthy life expectancy”. A baby born in Central Bedfordshire can expect to live to 82 years old (80 for a boy and 84 for a girl) - the highest of our local areas. In contrast, a baby born in Newham can expect to live to 78 years old (76 for a boy and 81 for a girl). The England average is 81 years.

We measure healthy life expectancy as the length of time someone can expect to live in “good” or “very good” health and is based on how individuals perceive their own health. On average in England this is 62 years, but in our areas it ranges from 60 years in Tower Hamlets to 67 years in Central Bedfordshire.

Our places outside of London have significantly higher levels of obesity than those in London. Data from 2021/22 shows 69% of adults in Central Bedfordshire are overweight or obese, and 66% in Luton. This contrasts with 64% in England as a whole, and 47% in Hackney. Overweight and obesity are important risk factors for many health conditions including diabetes,

cardiovascular disease and musculoskeletal conditions such as back pain. Estimates from ONS show that around half the population in England has a long-term health condition, and one in five reports being limited in their activities by such a condition.

As well as varying in their health, our places vary in terms of who lives in them, and the environments in which people live. For example, income deprivation or poverty affects 20% of people in Hackney, 19% of people in Tower Hamlets, 17% of people in Newham and 16% of people in Luton. In contrast, in the City 7%, and in Central Bedfordshire 8%, of people are living in poverty. These figures are from 2019 and are likely to have got worse during 2022 and 2023 due to increases in the cost of living.

London is the most ethnically diverse region in the country, and Newham is the most diverse borough within London. In all our London areas fewer than half of people are from a white British background. In contrast, in our places outside of London the pattern is more varied. In Luton 32% of the population is white British, but in Central Bedfordshire it is 84%.

## Example comparisons between areas



**82 yrs**

**A baby born in Central Bedfordshire can expect to live to 82 years**



**69%**

**of adults in Central Bedfordshire are overweight or obese**



**8%**

**of people in Central Bedfordshire are affected by poverty**

**78 yrs**

**A baby born in Newham can expect to live to 78 years**

**47%**

**of adults in Hackney are overweight or obese**

**20%**

**of people in Hackney are affected by poverty**



The environments in which people live, grow up and work have important impacts on their health and wellbeing. For example, the proportion of land which is green space in the City, Tower Hamlets and Newham is less than half the London average – this makes it harder for residents in these boroughs to experience the physical and mental health benefits of outdoor activities. People in Central Bedfordshire have to travel further than the England average to access services such as job centres and GP surgeries. All Londoners currently live in areas which fail to meet World Health Organisation guidelines on air pollution.

A shortage of housing or jobs will affect people's health. In Newham, 7% of working age adults are claiming out of work benefits and 6% in Hackney and Luton, compared with 2% in Central Bedfordshire and 3% in the City. We know that there is severe housing need in Newham, which has the highest rates of both overcrowding and families in temporary accommodation of all London boroughs.

Housing shortages can have a disproportionate impact on people who are dealing with other challenges. For example, only 13% of people in contact with secondary mental health services in Newham are in stable and appropriate accommodation, compared to an England average of 26%, 29% in Luton and 44% in Central Bedfordshire.

You can find out more about our populations, their environments and their health outcomes in our local data packs:

- [City & Hackney](#)
- [Luton, Bedfordshire and Milton Keynes](#)
- [Newham](#)
- [Tower Hamlets](#)





## Health inequalities

**We use the term “health inequalities” to describe the differences in health outcomes between different groups. Often, we are interested in the impact that characteristics such as ethnicity, sex, poverty or local area deprivation have on our health. Health inequalities are a consequence of inequalities in people’s living circumstances.**

The term can also be used to refer to differences that are unfair and avoidable. For example, the differences in employment rates between people with serious mental ill health and the general population, or the impact of Covid-19 on people from minority ethnic communities. The causes of these are complex and interconnected and link back to inequities in access to resources and power, and to structural racism, discrimination and life opportunities. These impact on people’s educational attainment, employment opportunities, access to care and ultimately their health.

The mechanisms by which these circumstances affect health are many and varied. Sometimes the mechanism is biological, for example living in damp conditions, or with high exposure to air pollution, causes respiratory health problems. Sometimes the mechanism is social, for example experiencing discrimination when seeking help, or being unable to access services because they are only open during working hours or do not offer reasonable adjustments. We know that the stress of living in poverty can contribute to physical as well as mental ill-health.

One of the starkest inequalities which exists is the length of our lives. While average life expectancy in the UK has risen by over twenty years in the last century there are significant differences by sex, ethnicity and deprivation. Length of life is not the only important measure. We often like to include “healthy life expectancy” which represents the length of time people can expect to live in good health, and can show even greater inequalities. For example, the difference in life expectancy for men between the most and least deprived areas in Bedford is 9 years, but the difference in healthy life expectancy is 13 years.

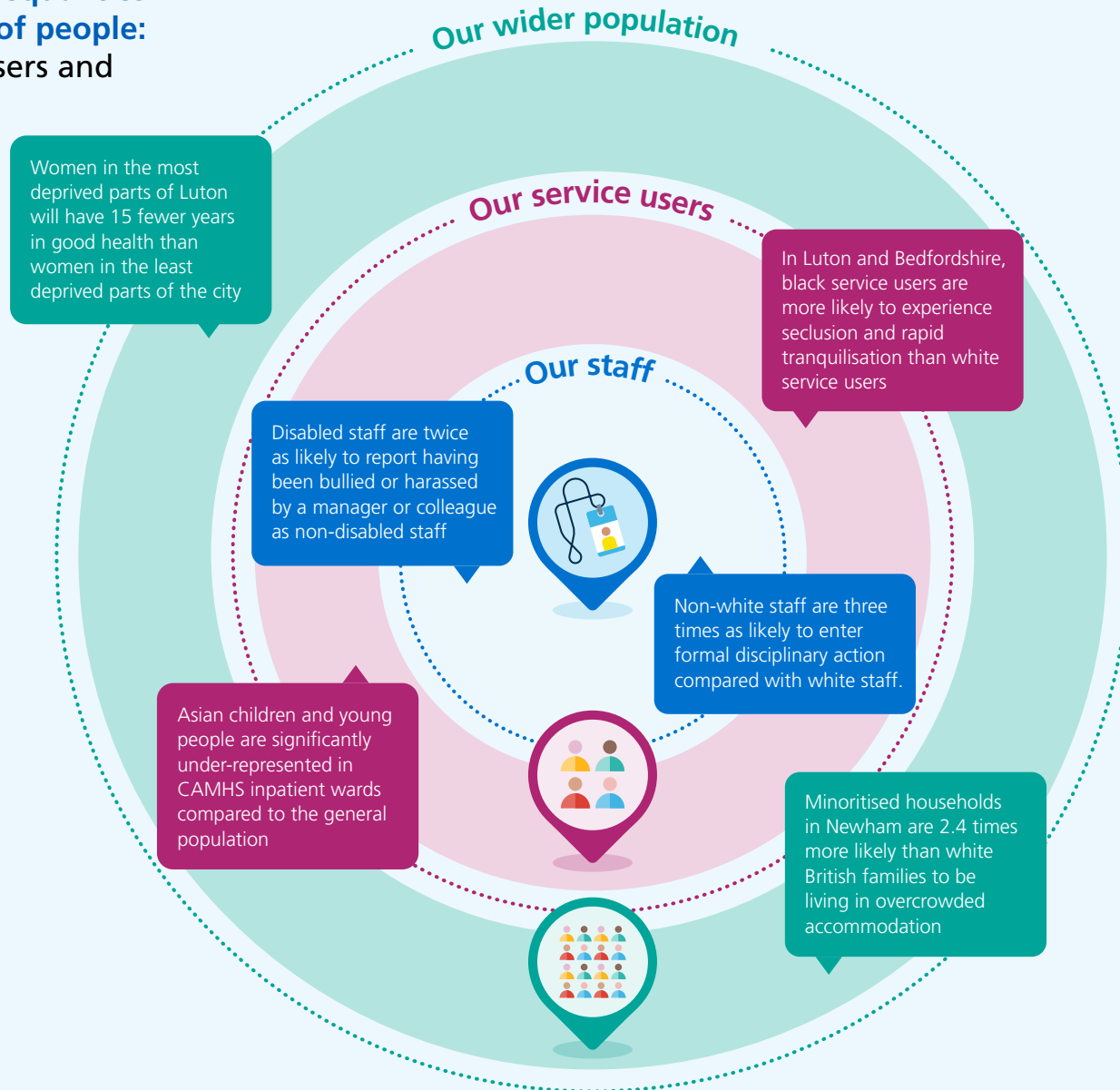
### ! Equality or Equity?

**Equality** means treating everyone equally, or the same. But in the case of health, just offering everyone the same thing does not mean people will get the same health benefits. For example, if you do not speak English, offering services without translation will not enable you to access the treatment you need. Instead, we need to think about **equity**, which means shaping our services to support everyone to achieve equally good outcomes. This sometimes means we need to offer different things to different people, according to their needs.





**ELFT recognises that inequalities exist for three groups of people: our staff, our service users and our wider population.**







# Cross-cutting programmes of work

**We believe we have a responsibility to do our bit to make our corner of the world a fairer place to live and work. We want to see the communities we serve thrive. Our work on population health, including being an Anchor organisation and a Marmot Trust, is our way of turning this aspiration into reality.**

## ELFT as an anchor organisation

In many places NHS Trusts are some of the biggest local employers and buyers of services, making important contributions to the local economy. Trusts also have a long-term presence in their local area. They are sometimes called “anchor organisations” because of this.

These features put NHS Trusts in a unique position to contribute to local communities, for example by purchasing goods locally, and by thinking about ways in which they can reduce negative impacts on local environments.

ELFT is one of six Trusts nationally that have been awarded funding from a national Health Anchors Learning Network programme to develop our role as an Anchor Institution. To help structure our work, we worked with staff and service users to develop five social value priorities:

1. We ensure organisations we buy services from pay the real living wage
2. We invest to grow, and aim to retain spend in local economies
3. We provide equal training and employment opportunities for local people, people with protected characteristics, service users and groups hardest hit by the Covid-19 pandemic
4. We commit to sustainability
5. We support young workers, school leavers and apprenticeship schemes



The effects of this work on how ELFT engages with the communities it serves are real and are gathering pace. For example:

- Over the past two years we have recruited over 100 people with mental health conditions.
- We have changed the way we procure services so that a greater weighting is given to the likely social impact of a contract
- The proportion of ELFT suppliers who pay the Real Living Wage has increased from 22% in 2020 to 68% in 2023
- Through our community interest company Compass we have disbursed around £4.7m in funding to local voluntary and community organisations in the last year

In addition, ELFT’s Green Plan for 2022-25 aims to reduce carbon emissions and for the Trust to become net zero for direct emissions by 2040. The plan also aims to improve the physical and social environments of our sites to enable and promote healthy behaviours.



We recognise that we are not the only organisation in our areas working to improve health and wellbeing. Although there are many ways that we can act to improve our population’s health, we cannot do this alone. Local authorities, the voluntary and community sector, other NHS organisations, schools and universities, and regional and national governments are all important partners in this work. Under the new arrangements set out in the 2022 Health and Care Act, our Integrated Care Partnerships (ICPs) bring these organisations together and are responsible for improving the care, health and wellbeing of their whole populations.

Our local ICPs in [Bedfordshire, Luton & Milton Keynes](#) and [North East London](#) have published their joint forward plans. Our work on population health will contribute to delivering on their objectives, including:

- Reducing health inequalities
- Prioritising prevention
- Developing a local health and social care workforce
- Collaborating with the voluntary and community sector
- Reducing the NHS’s environmental impact

### Being a Marmot Trust – focusing on upstream actions to improve health

We have worked with the Institute of Health Equity to become the first NHS “Marmot Trust”, testing the boundaries of what an NHS Trust can and should do to improve the health of the whole population it serves. Our work builds on findings from a [landmark report](#), led by Professor Sir Michael Marmot, which was published in 2010. The report set out a series of eight principles that organisations need to apply to improve the health of their populations.



We have a particular focus on this in Luton and Newham. In Luton, we are taking action to increase access to good quality work and a living wage, and to help support those with mental health conditions into work. In Newham, we are focusing on ensuring every child has the best start in life, and maximising opportunities for children, young people and adults to take control over their lives.

### Quality improvement – enabling change for better population health

#### A commitment to Quality Improvement in everything we do

We have a long track record of using Quality Improvement (QI) approaches to improve the services people receive. QI is a systematic and applied approach to solving a complex issue, through testing and learning, measuring as you go, and deeply involving those closest to the issue in the improvement process, including staff and service users.

Since September 2022, teams have been supported to use QI to tackle equity issues as part of the pursuing equity programme. The programme is designed to bring teams together as a community, and to share learning from their work. Supported by dedicated QI coaches, 15 teams are currently part of the programme tackling a range of inequalities including outcomes for BAME groups and issues around sexuality and gender.



## Building the knowledge and capabilities of ELFT staff to tackle inequalities

All new staff receive an introduction to our population health objectives during their induction. We have introduced a series of activities to support staff skills, knowledge and understanding including the ELFT Lead Programme. This is a leadership development course for staff which includes a population health module. The aim of the module is to improve understanding of the communities with which ELFT works and causes of poor health within them. It also helps people taking the course to think about how they can support the teams they work in to improve the health of local populations. We have also produced a range of webinars on how staff can address health inequalities and improve population health.

## Monitoring our progress in achieving our population health objectives

To track our progress against our population health objectives, we have developed a population health dashboard which includes measures for all six areas. The dashboard covers measures which ELFT has significant control over, such as greenhouse gas emissions from our work and the number of service users who have been supported into employment. It also includes broader measures of population health which our work may contribute to, such as rates of premature mortality in people with serious mental illness. We plan to publish this alongside the population health report each year.



## Objective 1

# Prioritise children and young peoples' emotional, physical, social and learning development





## Objective 1

# Prioritise children and young peoples' emotional, physical, social and learning development



### Why does it matter?

A person's life chances are affected by early life experiences. Success at school, social and emotional development, employment, income and lifelong health are all influenced by things which happen to us in childhood. Adverse Childhood Experiences (ACEs) such as having a family member in prison, being neglected or abused, or witnessing domestic abuse, as well as growing up in poverty, are associated with poorer health outcomes and increased risk of involvement in the criminal justice system.

Inequalities start early in life, even before birth. Babies whose mothers smoke in pregnancy are more likely to be born at low birthweight, and low birthweight babies on average are more likely to develop diabetes, heart disease and high blood pressure. Children growing up in poverty may have fewer opportunities than others. Some will have to work in part-time jobs alongside school to help maintain a family's income and

may not be able to afford the learning materials others use, or access opportunities such as school trips or clubs.

We have also seen worsening trends across the UK in both the proportion of children who are overweight, which puts them at more risk of health conditions including diabetes, and in the mental health of young people. Both appear to have been exacerbated by the Covid-19 pandemic.

### Our local context

In every local authority area we serve, more than one child in ten is growing up in poverty, and this rises to between two and three in ten in Luton, Hackney, Tower Hamlets and Newham.

We know that inequalities start early in life. One way we measure this is to see what proportion of children have achieved a good level of

development by the end of reception (the first year of primary school). This highlights the extra work children, families and schools will need to do to enable those children to succeed at school. In both Luton (**57%**) and Tower Hamlets (**61%**) this figure is significantly below the England average of **65%**. In contrast, in Newham (**69%**) and City & Hackney (**68%**), more children are judged to be ready for school than the national average.

Despite the challenges they face in early life, young people in our areas are ambitious for their futures. In all our areas 16- and 17-year-olds are more likely to be in education, employment or training than the England average. However, for those who are not, we know that they will face more challenges in the employment market, which will also affect their future health and wellbeing.



**I really loved it! It was great to see familiar faces and having an insightful conversation with open minded people and it was a privilege to have the platform to speak to everyone about their background, identity and how they felt about their culture**

**Student** at Luton Sixth Form on our Discovery College

## Case studies

### Discovery College

Our DISCO (Discovery College) offers free workshops to young people between 13 and 18 years old across Luton and Bedfordshire. All our workshops are done in groups either face to face or online. The Discovery College cultivates a non-judgemental environment and allows everyone to share their voice, creating healthy resilient neighbourhoods. Workshops cover themes such as personal growth, healthy relationships, life skills and creativity. We welcome parents and carers, professionals and supporters to come along too. In six months in 2022 106 young people attended 401 sessions.

### Better Days

Better Days is a series of co-produced creative projects across Luton, Bedfordshire and Milton Keynes. It aims to increase engagement, break down stigma and reach young people who might not otherwise access services. Involvement in creative projects can help to begin a dialogue about health and wellbeing. Examples so far have included poetry nights and a queer craftivism collective.

### Healthier Wealthier Families

ELFT is testing a new programme with partners in Newham and Tower Hamlets called Healthier Wealthier Families. It aims to improve the financial wellbeing of children and their families. This programme is based on an approach originally developed in Glasgow, and which is now being piloted in other countries including Australia. The idea is to intervene as early as possible in a child's life to reduce financial hardship. For ELFT, the Healthier Wealthier Families programme will see financial wellbeing advisers from an organisation called Our Money Newham sit in specialist children's and young people's services. These advisers will help families experiencing financial hardship make the most of their incomes and help them find other sources of support. We have commissioned an external evaluation to assess the difference this project makes.



**! Opportunities to do more**

Review our spend within the wider health and care system to ensure we are spending money where there is greatest need, and fund evidence-based prevention programmes for children and young people.

Realign our services to take a more preventative approach to improving mental health for children and young people in a range of settings, including education, and through support for parents and carers.

Implement the findings the evaluation of our Healthier Wealthier Families programme to extend the provision of financial advice to more of the families whose children we support.

Support our children and young people and their families to increase their chances of good employment.

Take a systematic approach to understanding of the health and wellbeing needs of our children and young people, especially those from marginalised groups, through health needs assessments.



## Objective 2

**Support service users, carers and the communities we serve to develop skills and access meaningful activity and good quality employment**

# 2







## Objective 2

# Support to develop skills and access meaningful activity and good quality employment



### Why does it matter?

Employment is an essential building block for good mental and physical health. Unemployment has a negative impact on mental and physical health. It can lead to stress, anxiety, low self-esteem, depression, increased risk of illness, and coping via unhealthy behaviours. Some groups face additional barriers to employment, including informal carers, people with learning disabilities and people with long term physical or mental health conditions.

However, being in work is not enough, it is also important to have good quality work. In the UK, the proportion of people who are working but still in poverty has been rising. Today, 60% of people in poverty are in a household in which at least one adult is working.

Good quality work includes appropriate pay, protection from physical hazards, job security, opportunity for job progress, a good work-life balance and opportunities to engage in

organisational decision making. This type of work tends to be associated with more skilled employment.

Good quality work can help people stay healthy as well as to recover following a period of ill health. Ensuring that appropriate sick pay is available allows people to take the time off work that they need to recover or access healthcare. Jobs can cause ill health through poor physical conditions at work, poor treatment at work, poor pay or insufficient hours and work insecurity. The most common work-related causes of ill health are musculoskeletal disorders and mental ill health.

### Our local context

Within our ELFT communities, we need more good quality work. For example in Luton, already high levels of unemployment have increased during and after the Covid-19 pandemic and are now higher than the England average. In Newham, one in ten working aged adults receives Universal Credit and there is high in-work poverty. Wages in Newham

are **13%** lower on average than London wages. Almost **5%** of the working population across all ELFT communities is unemployed, compared to less than **4%** across England as a whole.

Across all ELFT areas, only **7%** of people with severe mental illness are in paid employment, which is lower than the England average of **9%**. In Tower Hamlets, people without a severe mental illness are 24 times more likely to be in paid work than those with one. We still have a long way to go to help our service users access the benefits of good work.

There are also substantial inequalities in employment rates between people from different ethnic backgrounds. Unemployment in the UK between 2016 and 2021 was greater for all groups other than white adults. Black British adults have nearly two and a half times higher unemployment than white adults. People from a Pakistani or Bangladeshi background have the highest levels of unemployment at **11%**.



# Case studies

## Individual Placement and Support (IPS)

Individual Placement and Support (IPS) is a programme that helps people with severe mental health conditions into employment. We recognise that it can feel daunting to start the process of finding employment, especially when people have been out of work for a long time, or have not had the opportunity to build a career in the first place. We provide one-to-one support that is unlike any other jobseeker programmes. This includes personalised support, a rapid job search followed by placement in paid employment, and ongoing in-work support for both the employee and the employer. The team helps each individual find work which suits them in terms of location, hours and use of their skills. We can also help people access other support they are entitled to, such as reasonable adjustments at work.

## Inclusive recruitment in Newham

In Newham we have been running a Quality Improvement project on inclusive recruitment in partnership with Newham council's "Our Newham" programme. We have focused

on recruiting Newham residents into nursing support worker and admin roles at ELFT. To do this we have given support to local candidates including promoting these roles, offering a walkaround a hospital, offering mock interviews and helping with applications. We have recruited 72 people so far.

## Good quality work in Luton

Good quality work includes employers ensuring there is a good working environment, and that people can stay in their jobs. We developed training in partnership with Luton Council and Total Wellbeing Luton on the importance of good quality work and how to create a workplace that is supportive for people who may have mental ill health. In addition, working in partnership with Luton Adult Learning, we highlighted their Mental Health First Aid courses to grow capacity within Luton organisations to spot and respond to signs of mental health issues amongst staff. The continuing effects of isolation following the Covid-19 lockdowns and the current cost of living crisis have led to a growing recognition of the importance of supporting those suffering from anxiety, stress and depression.

### ! Opportunities to do more

We commit to ensuring that all East London Foundation Trust service users who wish to work are supported to find good employment.

Work with external organisations, including Department of Work and Pensions and local Job Centre Plus to improve the experience of people with long term physical or mental health conditions accessing these services.

Continue to develop and expand our IPS offer, including recruiting more people with lived experience into our IPS and employment teams, and employment support within talking therapies.

Develop strong partnerships with our suppliers and NHS partners to promote health and social care careers and extend employment opportunities.

Increase our focus on young people starting their employment journey, including those not in education, employment or training and young people leaving care, develop good quality apprenticeships and offer more lived experience roles.

## Objective 3

# Support service users, carers and our communities to achieve a healthy standard of living

# 3





## Objective 3

# Support service users, carers and our communities to achieve a healthy standard of living



### Why does it matter?

It is harder to maintain good mental and physical health when you are living in poverty. People living in the most deprived 10% of areas in the UK will die, on average, **nine years** younger than those living in the richest 10%.

Poverty can affect the housing you live in. This can have a big impact on quality of life and the chances of developing mental or physical health conditions, or worsening a condition that you may already have. People living in poverty are more likely to live in insecure, overcrowded or poorly maintained homes, contributing to health problems such as asthma. The Covid-19 pandemic also showed that those living in poverty and in disadvantaged communities were at significantly greater risk of death from Covid-19 than those living elsewhere.

We are learning more about the way that poverty impacts health. It is not just about not being able to afford healthy food or a secure home. Constant worry about paying bills or having enough food for the family can lead to chronic stress, anxiety and depression. We know that chronic stress is linked to many health conditions, especially those associated with inflammation (including cardiovascular disease, rheumatoid arthritis and depression).

### Our local context

People living the inner London boroughs of Hackney, Newham and Tower Hamlets have long had high levels of unemployment, debt and children living in poverty. In Tower Hamlets, for example, over 25% of all children lived in low-income households in 2019 and 40% of older people lived in poverty. Both figures are well above the national average for England and are likely to have got worse since the pandemic. In Hackney, over 30% of the population lives in overcrowded households.

People living in these areas often find it harder to get access to the things they need to help them live well. Tower Hamlets, for example, has half the amount of green space per 1,000 people compared to the England average, which limits the opportunities people have to exercise and to meet others outdoors. The challenges are different in our rural areas. For example, where public transport services are limited, a car is necessary for work and leisure but increasingly expensive, placing additional strain on household budgets.

This local context can have a negative impact on mental health. Hackney, Bedford and Tower Hamlets have a higher prevalence of severe mental illness than the England average. The City and Hackney have more people who require Employment Support Allowance due to mental and behavioural disorders than the England average. However, recent survey evidence shows that people in our areas are similar to, or in some places doing better than, the England average when it comes to feeling satisfied with life, and when asked about their anxiety levels.



# Case studies

## Specialist GP practices

We run three specialist GP practices in East London for people living in hostels or supported accommodation, rough sleepers, and people who spend a significant amount of time on the street or in other public places. We are working in partnership with a charity called Groundswell to help service users to get access to stable accommodation and other forms of support. For people who are homeless, lack of access to a bank account can make it very difficult to move into employment. Our homelessness teams have partnered with HSBC's no fixed address service to enable homeless people to access bank accounts.



**Since we began this work we have increased the proportion of the Trust's suppliers paying the Real Living Wage from 22% to 68%, and we are aiming to reach 100% by 2026.**

## Real Living Wage

We are working with our suppliers to ensure as many of them as possible pay their employees the Real Living Wage – a wage that helps people meet their everyday needs. Since we began this work we have increased the proportion of the Trust's suppliers paying the Real Living Wage from 22% to 68%, and we are aiming to reach 100% by 2026. One of our key successes has been in our new contract with OCS, a company providing services like cleaning, catering and electrical services on ELFT sites, which began in 2022. The contract secured an increase in monthly take-home pay of nearly £185 for domestic cleaners and porters at the Trust. Policies on paid sickness and maternity leave have also been brought into line with NHS Terms and Conditions. Our programme has been independently evaluated and we are continuing to expand its scope and impact.

### ! Opportunities to do more

As part of our commitment to being an Anchor organisation and a Marmot Trust, achieve our goal of being a Real Living Wage employer and ensure that all our contracted suppliers are paying the real living wage.

Use our system influence to encourage our partners to also become real living wage employers.

Implement 'poverty proofing' approaches across our services so that no one experiences a financial barrier to accessing NHS care.

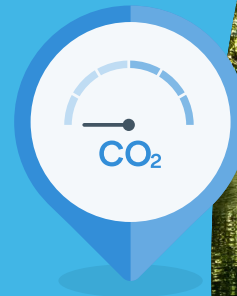
Embed income maximisation support within our services and make a conversation about financial health part of every clinical contact.

Support improved access to better housing and work with partners to address housing inequalities for our service users and local communities.

## Objective 4

Contribute to the creation of healthy and sustainable places, including taking action on climate change

# 4





## Objective 4

# Contribute to the creation of healthy and sustainable places, including taking action on climate change



### Why does it matter?

The built and natural environment influences our health and quality of life in many ways. Inequalities in our living environment can drive inequalities in health outcomes. For example, access to green space is linked to better mental health outcomes, while exposure to air pollution increases risk of cardiovascular and respiratory diseases, dementia, pregnancy loss and diabetes. Between 30,000 and 40,000 deaths in the UK are attributable to air pollution each year.

According to the 2021 Lancet Countdown on health and climate change, climate change is the greatest global health threat facing the world. The drivers of climate change are often also the drivers of ill-health and health inequalities. This means action to tackle climate change can deliver short term health benefits – for example through reduced air pollution– as well as safeguarding health and the climate in the longer term.

The effects of climate change are not equal for all groups. Older people are more at risk from extremes of both hot and cold, along with people living in poor quality housing and those experiencing fuel poverty. Tenants are less likely to be able to adapt their homes. Some geographical areas are at greater risk of flooding, and urban centres experience the “heat island” effect which can intensify heatwaves. People from minoritised communities are more likely to experience environmental pollution.

The NHS is currently responsible for around **4%** of greenhouse gas emissions in England. In October 2020, the Greener NHS National Programme published its strategy “Delivering a net zero NHS”.

### Our local context

In June 2021 ELFT declared a Climate and Ecological Emergency, with a commitment to raise awareness of the health and social implications of the climate crisis and drive down emissions from the work that we do.

All our local areas currently have lower greenhouse gas emissions per person than the England average of 5.1 tonnes of carbon dioxide equivalent.

While our areas may be contributing less to climate change through emissions they are still vulnerable to the impacts of climate change. For example, Hackney, Tower Hamlets and Newham have been identified as among the six London boroughs most at risk of flooding and overheating, and flooding risk is also high in Bedfordshire.

In Bedford, **5.5%** of deaths can be attributed to poor air quality. This is the same as the average in England. In all our other places, the proportion of deaths linked to particulate air pollution is above the national average, ranging from **5.7%** in Central Bedfordshire and Milton Keynes to **7%** in Hackney and Tower Hamlets.



# Case studies

## Integrating sustainability

Integrating sustainability across the Trust has been identified as a key aim for the Green Plan and will help the Trust meet its targets of net zero carbon emissions by 2040. To be successful in this work we need teams across the Trust to understand their impact and commit to change. We have worked with departments across ELFT to integrate sustainability into their annual planning cycles. Before this engagement only a handful of departments, such as Estates and Facilities, included sustainability actions in their plans. Now more than half have sustainability actions in place and our aim is for this to be at 100% by the end of our two-year Green Plan.

## Energy monitoring and audit

A significant part of the Trust carbon footprint involves the energy we use across our estate. Ongoing energy monitoring and energy audits across our large and varied estate have helped us to identify areas for improvement and energy reduction. Thanks to a targeted approach to our building management systems, lighting upgrades and process change involving our contractors, we have reduced our energy use by 18% across all utilities in one year.

## Reducing print volumes

Printing and paper use across corporate services is a significant cost for the Trust, as well as having a large carbon impact. Since 2019, we have reduced our overall print volumes by six million pages per year. We have seen significant reductions in our back office, with print volume reductions saving more than one tree per month. We have also made a real impact on the proportion of our printing that is in colour, which has a higher carbon footprint than mono. Colour printing now accounts for only around 7% of our overall printing. The changes in our print behaviours over the last few years have reduced our annual spend by £500,000.

## Re-using and repairing walking aids

Staff in the musculoskeletal service identified a significant area of waste as all walking aids, such as crutches, were disposed of once a service user had finished using them, even though many were still in good working order. Following QI methodology, they set up a process to check, sanitise and, when necessary, repair, walking aids so they were ready to be used again. Since August 2022, 161 walking aids have been recycled, reducing waste and saving the Trust over £1,000.

### ! Opportunities to do more

Make environmental and financial sustainability everyone's responsibility and build sustainability goals into all work plans.

Ensure that service users are involved in our sustainability efforts and have opportunities to develop new programmes according to their needs and interests.

Help staff understand the environmental impact of their work so they can identify and act on opportunities to reduce it.

Foster a culture focused on improving the value of care we provide to the populations we serve, maximising opportunities to reallocate resources where they are needed the most.

Develop an estates decarbonisation plan, including assessing the potential of on-site renewable energy generation, and optimise space utilisation within our estates footprint.

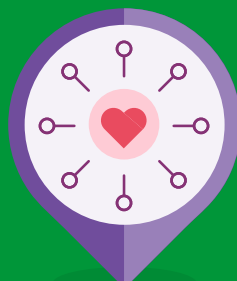
Develop our green plan to include more focus on food and nutrition.



## Objective 5

# Champion social justice and fully commit to tackling racism and other forms of prejudice

# 5





## Objective 5

# Champion social justice and fully commit to tackling racism and other forms of prejudice



### Why does it matter?

When we champion social justice we are trying to create a fair and equal society in which every individual's rights are recognised, respected and protected. This is particularly significant for marginalised groups such as minority ethnic communities, LGBTQ+ communities, people with lived experience of poor mental health, asylum seekers, people who have been in the care or criminal justice systems and people who have experienced homelessness. We want everyone to experience equality of opportunity regardless of background or personal characteristics. This requires us to tackle structural barriers to equality and discrimination, both of which can make inequalities hard to change.

We know that poverty and poor health outcomes are linked but social justice is also an important determinant of population health. There is evidence that in countries that are more unequal, everyone's health suffers, not just those

who are more marginalised. This is perhaps not surprising when we remember that inequalities in opportunities and the distribution of resources can damage social cohesion. The stress, fear and insecurity which can arise when we lose our connection with others around us can damage both our physical and our mental health.

### Our local context

Newham is the most ethnically diverse local authority area in the UK, having the lowest proportion who identify as white British (15%). In contrast, 64% of people in Bedford and 84% in Central Bedfordshire are from a white British background.

Ethnicity is not the only characteristic that varies between our places. In 2021, for the first time the census asked people about their sexuality. In our London places, more people reported being gay, bisexual, pansexual, asexual or queer than the English average of 3% (12% in the City, 9%

in Hackney, 8% in Tower Hamlets and 5% in Newham), while our other places were close to the England average.

In December 2022, there were 4,451 asylum seekers receiving local authority support in our places. The highest numbers were in Newham (1,589) and Luton (1,217), with only 26 in Bedford.

A group of young people at particular risk of poor outcomes later in life are looked after children. In Luton, professionals are concerned about the emotional wellbeing of 58% of looked after children, which is more than 20 percentage points higher than the England average.



## Case studies

### Tackling racism in Bedfordshire

In the wake of global events in 2020 highlighting racial disparities, Bedford's Working Together Group wanted to take action. We started by creating anti-racism steering group which included staff and service users across Bedfordshire and Luton. Tackling this topic was challenging, emotive and personally charged for many, however it was heart-warming to see the membership of the meeting grow and that staff and service users alike were committed to taking action. The local police hate crime coordinator also attends our group and is helping provide print resources for staff and service users. We have collected the views of staff and service users and identified key areas for improvement. We want to focus especially on implementing a genuinely zero tolerance approach to racism. We found that in just two months 86 pieces of service user feedback in our area contained racist or discriminatory language. The Quality and Performance team was part of the conversations we had in the steering group, and they have supported the zero-tolerance approach by no longer including such feedback

in their reports. However there is still more to be done to ensure that staff and service users know what to do when they experience racism, and to be confident that the whole organisation will support them.

### Compass Community Interest Company

The NHS is not always best placed to deliver projects to improve the wellbeing of marginalised groups. There is greater benefit in communities themselves being given resources and opportunity to improve their own health and wellbeing. This also builds capacity, skills and employment in these communities. Through our linked Community Interest Company [Compass](#), we gave out £130,000 to a wide range of grassroots projects, including those which provide culturally informed therapies, psychosocial support for asylum seekers and undocumented migrants, and wellbeing activities for BAME women.

### Creating a more inclusive service

Young people who access Luton & Beds CAMHS wanted to create a more inclusive service and help staff feel more confident working with trans and gender questioning service users. They developed and delivered training to staff which has both improved individual practice and stimulated system change. For example, ELFT's clinical records system now has the capacity to record gender identity and pronouns. The training has been so successful that external organisations now invite us in, including local acute Trusts, schools and colleges, social care and police. We have also advised sports coaches on trans inclusion. This work complements the work of [Rainbow Bedfordshire](#), who have been working to promote LGBTQ+ inclusion in adult services, including establishing an LGBTQ+ trans inclusive swimming club. Initiatives such as this improve access to sport for trans people, which can support their mental and physical health. CAMHS Participation staff with lived experience have also established a trans safe space for young people accessing CAMHS. This is the only such group locally and has been welcomed by young people and their parents.



**! Opportunities to do more**

Continue to place people participation at the centre of our work, learning from communities experiencing disadvantage and working in partnership with them.

Build on the Compass model to ensure local voluntary and community sector groups have access to resources to promote health and wellbeing.

Act as a vocal ally and advocate for social justice for our communities.

Build support at every level for zero tolerance of racism within our organisation, and ensure our workforce reflects our local population.

Work across our local area to develop anti-racist commissioning practices.



## Objective 6

# Prioritise prevention and early detection of illness in disadvantaged groups

# 6





## Objective 6

# Prioritise prevention and early detection of illness in disadvantaged groups



### Why does it matter?

We all know that ‘prevention is better than cure’. Illness and disease can have a severe impact on our daily lives, cause suffering and in some cases early death. The UK parliament estimates that **40%** of early deaths could have been prevented. Even if we can’t prevent them, we can detect some diseases early enough that treatments are more effective and health outcomes are improved. Equitable access to healthcare services is essential to ensure everyone can benefit from early detection and treatment.

The NHS plays an important role in prevention of ill health and early detection of disease. It provides vaccination programmes, such as childhood immunisations, and screening programmes, like ones used to identify people at higher risk of certain cancers. Other ways to prevent ill health include supporting people to

stay healthier for longer, for example by helping people to quit smoking, eat better, take more exercise or cut down on alcohol.

We know that people living with Severe Mental Illness (SMI) and Learning Disabilities are at increased risk of physical illness, and that they die on average 15–20 years earlier than people without these conditions. For people living with SMI, two in three deaths are from physical illnesses that can be prevented. People with SMI have a higher prevalence of obesity, asthma, diabetes, cardiovascular disease and smoking-related illnesses, and are more likely to have more than one of these conditions than the general population. Around 40,000 people with SMI die prematurely (before the age of 75) in England each year.

The commitment to support people to be healthier for longer was outlined in the NHS Long Term plan in 2019.

### Our local context

In Bedford, people living in the least deprived areas can expect to live more than **eight years** longer than those in the most deprived areas. In contrast, in Hackney the difference is lower, at **five years**.

In Luton, **32%** of adults are physically inactive, and **26%** in Newham. We know that physical inactivity is a risk factor for a wide range of physical and mental health conditions. The England average is **22%**. All our places except Central Bedfordshire have a higher proportion of children who are overweight or obese at the end of primary school than the England average (**38%**), with the highest figure in Newham (**46%**). However, for adults, the pattern is different – all our London boroughs are significantly below the England average (**64%**), but Central Bedfordshire, Luton and Milton Keynes are above the average. Between **66** and **69%** of the adult population in these areas are overweight.



A recent review of deaths among ELFT inpatients and those recently discharged found that many had underlying health conditions (cardiovascular disease, diabetes and respiratory disease) and factors (e.g. obesity, high blood pressure and substance use, including alcohol and tobacco) which put them at greater risk of dying.

33% of adults with a long term mental health condition in Hackney and Luton are current smokers, compared to the England average of 26%. Bedford and Newham also have rates above the England average. In some of our wards, more than 50% of service users are smokers at the time of admission.





**The tobacco dependency service at ELFT works closely with service users to understand what they need from our service. All new patients are assessed and offered support, including nicotine replacement, access to vapes and / or peer support. To meet the requirements of the NHS long term plan in treating tobacco dependency our work follows best practice guidelines.**

Ogechi Anokwuru, Trust and Forensic Lead for smoking cessation

## Case studies

### Our tobacco dependency service

Our tobacco dependency service aims to increase the proportion of people in inpatient settings who quit smoking. Since 2019, the service covers all directorates including people with severe mental illness and forensic services. Since relaunching in 2022, the service has seen over 900 patients: 307 patients have quit smoking, including 169 using standard nicotine replacement therapy and 138 switching to vapes to stay smoke-free for more than 28 days. A unique feature of the new model is ongoing support in the community from the same advisor for six weeks after discharge. The new service has not only supported many patients to quit smoking but has also helped reduce violence and aggression on inpatient wards by 57%, which was often related to lack of access to nicotine alternatives or a consistent tobacco dependence treatment careplan. Staff who smoke are also supported confidentially by advisors within their individual directorates. To further reduce inequalities, we have increased the availability of vapes for service users and staff to help support them to stay smokefree for longer.

### Reducing inequalities in cervical screening

We run Cauldwell Medical Centre, a GP practice based in Bedfordshire. We sought to increase cervical screening for women under our care. We identified that 62% of women aged 50–64 received screening, compared to only 54% of those aged 24–49. Using a QI approach, we tested a range of change ideas to both increase screening overall and reduce this gap including:

- Outreach events
- Text messages that allowed people to self-book appointments
- Changing appointment letters to stop blaming women for their cancer
- Translating resources into core population languages

As a result of the work the difference in the percentage of women being screened in the two groups decreased from 8% to 3% alongside an increase in screening overall.





## The Tower Hamlets Covid-19 Vaccination Promotion Project

The Tower Hamlets Covid-19 Vaccination Promotion Project was a project run by service users for service users to increase the uptake of the Covid-19 vaccine among people using mental health and learning disability services in Tower Hamlets. We trained Vaccination Champions who used their lived experience to share their own vaccination journeys and were able to signpost to reputable and up-to-date sources of information. We also recruited Vaccination Buddies could accompany and support people to, from and during vaccination appointments. There were many successes from the project, including:

- Encouraging, facilitating and supporting some of the most vulnerable people with severe mental illness and/or learning disabilities to get protection from Covid-19
- Directing people away from misinformation and towards reputable sources of information

- Creating service user placements for those using mental health and learning disabilities services, who often suffer from employment inequalities
- Being highly commended in the ELFT Staff Awards 2022



**We really enjoyed being part of this project. Services should think about employing more people with a learning disability. We have a lot to offer!**

**Vaccination Champion for Tower Hamlets learning disability services**

### ! Opportunities to do more

Support the physical health needs of our service users as well as their mental health, especially those with complex physical health problems and older service users.

Work with partners in health and care to reduce barriers to accessing prevention services such as vaccination, screening and health checks for people with severe mental illness and learning disabilities.

Increase the proportion of service users who quit smoking or switch to vapes with support from our specialist tobacco services.

Increase access to peer support for people accessing our drugs, alcohol and tobacco services, which also increases employment opportunities for people with lived experience.



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## Key data sources

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- [ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualorientationenglandandwales/census2021](https://ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualorientationenglandandwales/census2021)
- [ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletinsukhealthindicators/2019to2020](https://ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletinsukhealthindicators/2019to2020)
- [towerhamlets.gov.uk/Documents/Public-Health/JSNA/JSNA\\_Spatial\\_Planning\\_and\\_Health.pdf](https://towerhamlets.gov.uk/Documents/Public-Health/JSNA/JSNA_Spatial_Planning_and_Health.pdf)
- [jsna.centralbedfordshire.gov.uk/](https://jsna.centralbedfordshire.gov.uk/)



**REPORT TO THE TRUST BOARD IN PUBLIC**  
**28 SEPTEMBER 2023**

<b>Title</b>	Equalities Report
<b>Author</b>	Juliana Ansah, Head of Equality Diversity and Inclusion
<b>Accountable Executive Director</b>	Tanya Carter, Chief People Officer Claire Mckenna, Interim Chief Nurse Richard Fradgley, Director of Integrated Care and Deputy CEO

**Purpose of the report**

The purpose of the report is to update the board in terms of the equality, diversity, and inclusion activities across the Trust for patients and service users and staff for 2022.

The board is asked to approve this report for publication in the public domain.

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

<b>Date</b>	<b>Committee/Meeting</b>
	<p>This report has not formally been discussed at another committee. However, the contents of the report have come directly from the reports to Making Equality Work meetings chaired by the Chief Nurse/Deputy Chief Executive.</p> <p>The Workforce Race Equality Standards (WRES) and the Workforce Disability Equality Standards (WDES) were presented to the July 2023 People &amp; Culture Committee and the July 2023 Board.</p>

**Key messages**

The Equality, Diversity and Inclusion (EDI) Annual Report summarises the action we have taken through 2022 towards our strategic aims to *'identify and remove systematic barriers, and to develop a wider understanding of intersectionality'*.

As an NHS Trust, we must comply with the Public Sector Equality Duty (S149) within the Equality Act (2010), which requires public bodies to have due regard to the need to:

1. *Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;*
2. *Advance equality of opportunity between people who share a protected characteristic and those who do not;*
3. *Foster good relations between people who share a protected characteristic and those who do not.*

This report outlines the action and progress throughout 2022 to comply with our public sector duties, the work undertaken corporately and in core services as well as outlining our plans for the year ahead. A high-level overview of our national reporting requirements and equality monitoring information is also included.

The Workforce Equality Standard (WES) comprises two annual reports, the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES). These compare information against key metrics about the experiences of Black and Minority ethnic (BME) and white

staff and disabled compared to non-disabled staff. Our current reports provide a snapshot of the Trust's WRES and WDES data on 31 March 2022.

In summer 2022, an in-depth analysis of the NHS Staff Survey results was undertaken to consider the experience of disabled staff and how this has changed over a five-year period. This analysis will be used to support the development of an integrated and ambitious 3-year WDES action plan for 2023 to 2026.

The Trust's Equality Working Groups have been instrumental in the development of the action plans which has been grouped into four themes to reflect the WRES/WDES return:

- New Ways of Working.
- Looking After Our People;
- Belonging in the NHS;
- Growing and Developing for the Future.

### **Monitoring and Evaluation**

The action plans will be monitored bi-monthly by the Disability Working Group and quarterly by the newly formed Equality Programme Board, and for end of year assessment and evaluation by the People & Culture committee.

### **Key highlights**

Overall, the Trust have engaged in various equity and equality initiatives for workforce, service users and the wider community. Due to the amount of these activities, that often take place at service level, it has not been possible to include all projects in this report.

The Let's Talk Report: tackling inequality in mental health services, has been embedded into the Patient Carer Race Equality Framework (PCREF) for the Trust. The Trust was a pilot trust for PCREF, where this work was focused on Adult Mental Health in Tower Hamlets, Newham, and City and Hackney. Concerns were raised by Children and Adolescent Mental Health Services (CAMHS) and Bedfordshire and Luton services about their lack of involvement in the PCREF Pilot. Learning from the Pilot will inform the first iteration of the PCREF guidance at ELFT and will include all mental health services across the Trust. Services that were not involved in the pilots have since been invited to attend internal PCREF workshops and steering groups. The Trust plans to launch PCREF in November 2023.

Cultural competencies identified within the PCREF work will be adapted to cater for physical health services across the Trust. This work will inform a refreshed Patient and Carer Equality Diversity and Inclusion (EDI) Plan to be published by March 2024.

The EDI team have updated Equality Impact Assessment process and guidance for presenting/reporting equality projects to be included in future reporting. The new process will allow for a library of equality projects to be accessible by equality leads.

Directorates and service leads voiced concerns about how local EDI work aligns with Trust EDI Strategy. The strategy has since been updated in 2023 and includes high impact interventions and guidance for directorates and services. The EDI team are working to install a set of drivers to support directorates with local EDI action and plans and annual performance planning.

In order to provide further assurance, the Trust have developed an equality governance structure which includes existing groups such as Making Equality work, but will not also include the new meetings:

1. Equality Programme Board, which takes place 6 weekly has commenced and provides a space for
2. ELFT EDI Network, bi-monthly, is open to all staff and provides updates on the Trust's EDI projects as well as learning and feedback opportunities.

### Strategic priorities this paper supports

Improved population health outcomes	<input checked="" type="checkbox"/>	This report focuses on all four of the Trust's priorities. This report focuses on all the People Plan priorities.
Improved experience of care	<input checked="" type="checkbox"/>	
Improved staff experience	<input checked="" type="checkbox"/>	
Improved value	<input checked="" type="checkbox"/>	

### Implications

Equality Analysis	This report highlights the equality impact on our staff, service users and patients.
Risk and Assurance	Completing this report addresses some of the Trust's obligations under the public sector equality duty (PSED).
Service User/ Carer/Staff	This paper has a primary focus on our patients, and service users as linked in the Equality Delivery Scheme 22.
Financial	There are no direct financial implications highlighted. However, if staff that do not feel that they belong then the Trust is unlikely to be able to retain them.
Quality	There is a distant connection with quality and equality for our patients, staff and service users.



East London  
NHS Foundation Trust

# Equality, Diversity, and Inclusion Annual Report 2022

**East London NHS Foundation Trust**

## Foreword

### **Tanya Carter** Chief People Officer



I continue to be proud of the work that ELFT is doing within Equality, Diversity and Inclusion (EDI) for our staff but also for our service users and patients. I truly believe that our collective efforts will improve the sense of belonging for all that we serve and will improve equality and equity of access for all.



### **Lorraine Sunduza** Interim Chief Executive Officer

This report gives a summary of some the work that colleagues have been doing to improve the experience of staff and service users. We are aware that there is so much more to do, however, I am so proud of the commitment to continuously work together to improve as we also celebrate our diversity.

## Introduction

East London NHS Foundation Trust provides a wide range of mental health, community, primary care and inpatient services to children, young people, adults of working age, older adults and forensic services.

We employ approximately 8,000 staff across more than 140 sites at locations throughout the City of London & Hackney, Newham, Tower Hamlets, Bedfordshire and Luton. We provide care to a population of over 1.8 million people, some of whom live in areas of significant deprivation.

We remain active in promoting equality of access, experience and outcomes for people who use our services, their carers and our workforce. We understand that



everybody's journey through life is unique and individual, and value the importance of diversity and inclusion across our services, our workforce and the wider community.

The Equality, Diversity and Inclusion (EDI) Annual Report summarises the action we have taken through 2022 towards our strategic aims to **'identify and remove systematic barriers, and to develop a wider understanding of intersectionality'**.

As an NHS Trust, we must comply with the Public Sector Equality Duty (S149) within the Equality Act (2010), which requires public bodies to have due regard to the need to:

1. *Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;*
2. *Advance equality of opportunity between people who share a protected characteristic and those who do not;*
3. *Foster good relations between people who share a protected characteristic and those who do not.*

With governance mechanisms in place to ensure our duties are met, we understand the impact of inequalities on day-to-day experiences. Our Strategy focuses on supporting people to attain good quality employment, support in education and learning and help to tackle issues holding them back so they can grow in confidence and thrive. We want to get the basics right, make sure that we have consistent processes, and do what we say we will do - and if there is a hiccup, to resolve it straightaway. Individuals deserve to have the right care and support from the beginning of their contact with us to get back on track with their lives.

This report outlines the action and progress throughout 2022 to comply with our public sector duties, the work undertaken corporately and in core services as well as outlining our plans for the year ahead. A high-level overview of our national reporting requirements and equality monitoring information is also included.

## How we use equality data

When individuals use our services for care or treatment or come to work for us, we ask personal information, about their 'protected characteristics' such as age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion/belief, sex and sexual orientation as well as other information such as socio-economic status. This is known as equality monitoring and is designed to help meet individual needs.

All information is held securely and confidentially on our electronic patient or staff record systems with the data extracted anonymised, including in this report. We also use this information to report annually on national standards relating to workforce equality including the Equality Delivery System (EDS22), the Gender Pay Gap, the Stonewall Workplace Equality Index, the Workforce Disability Equality Standard (WDES) and the Workforce Race Equality Standard (WRES).

## The NHS Equality Delivery System (EDS22)

The Equality Delivery System (EDS) was designed to help NHS organisations improve services for their local communities and provide better working environments, free of discrimination, while meeting the requirements of the Equality Act 2010. The EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice. Its main purpose is to enable local NHS organisations, in discussion with local partners including local populations, to review and improve their performance for people with characteristics protected by the Equality Act 2010 and support delivery of the Public Sector Equality Duty, aligned to the national commitment for an inclusive NHS, fair and accessible to all.

As reported in previous years, a series of focus groups with staff and service users explored diversity, equality and inclusion across the Trust using the EDS2 tool to discuss what currently works and what needs to change. The key messages emerging from staff included how working together ‘helps us to progress our equality, diversity and inclusion agenda’, ‘doing the right thing’ is a strong organisational aspiration, the importance of ‘what happens at team level’ and ‘a workforce to reflect the local community’, an honest assessment of ‘improvements – some work and some don’t’ and a recognition that ‘the wider context impacts internally’. For service users, engagement is crucial for sustaining culture change, maintaining good communications with professionals cannot be emphasised enough, identifying and defining people respectfully and striving to be as clear as possible about the how diversity, equality and inclusion can help address service challenges and achieve positive change.

Supporting these messages, other engagement included the Let’s Talk focus groups capturing the ‘Experience of Community Mental Health Services for Black, Asian and Minority Ethnic People in Tower Hamlets, Newham and City and Hackney’ and a Trust-wide survey of carers about life and health during the lockdown. Based on this feedback, the Trust published its self-assessment in early 2022 highlighting areas for development, achievement and excellent. This assessment has been an underlying driver across all areas of work captured in this current report. For instance, drawing on the engagement above, the 2022/2026 Carers, Friends and Family Strategy recognises carers and service users as experts in their own care needs and should be partners in the development of their care plan alongside professionals. This Strategy has been co-designed and co-produced with carers and staff (see <https://online.fliphtml5.com/bnexpl/ziwt/> for downloadable version). The implementation of the Strategy is overseen by the Carers Strategy Implementation Group, chaired by the Director of Social Work.

In 2022, NHS England undertook a review of the EDS2 to incorporate system changes and new system architecture. Through collaboration, co-production and understanding the impact of COVID-19, the EDS was updated. While its fundamental purpose remains the same, EDS 2022 is aligned to the Long Term Plan with a greater emphasis on integration and how NHS organisations must work in partnership to be truly effective (see <https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/>)

Driven by the following priorities: (i) restore NHS services inclusively, (ii) mitigate against digital exclusion, (iii) ensure datasets are complete and timely, (iv) accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes, (v) strengthen leadership and accountability, the expectation is that patients, staff and senior leaders review and develop their approach to addressing health inequalities in active conversations with patients, public, staff, staff networks, community groups and trade unions. As with earlier models, implementation should be graded as 'undeveloped', 'developing', 'achieving' or 'excelling'.

Work has, therefore, begun on our performance in the following:

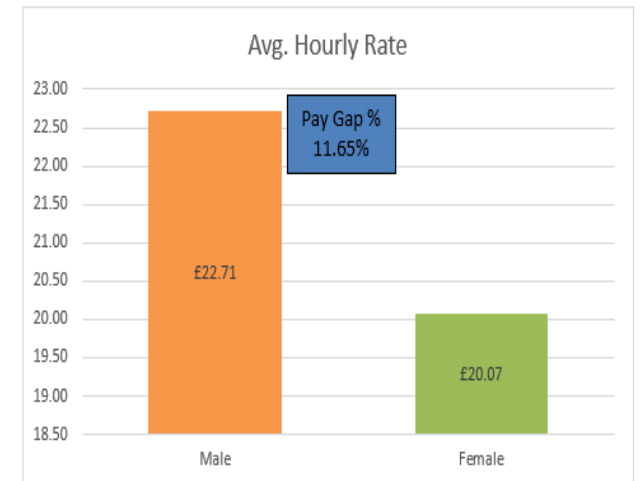
- Domain One commissioned and provided services: understanding how service users access services, whether their needs are met, do they feel safe and report positive experiences (for example, drawing on PREMS and Dialog feedback)?
- Domain Two workforce health and wellbeing: are staff provided with support to manage obesity, diabetes, asthma, COPD and mental health, are they free from abuse, harassment, bullying and physical violence, do they receive the right support and advice and report positive experiences of working at the Trust (linked closely to the Workforce Race Equality and Disability Standards and Staff Survey)?
- Domain Three inclusive leadership: how do leaders demonstrate an understanding of, and commitment to, equality and health inequalities, manage and mitigate impact and risks, manage and monitor performance and progress (drawing on Board reports and overview of issues highlighted in this Annual Report)?

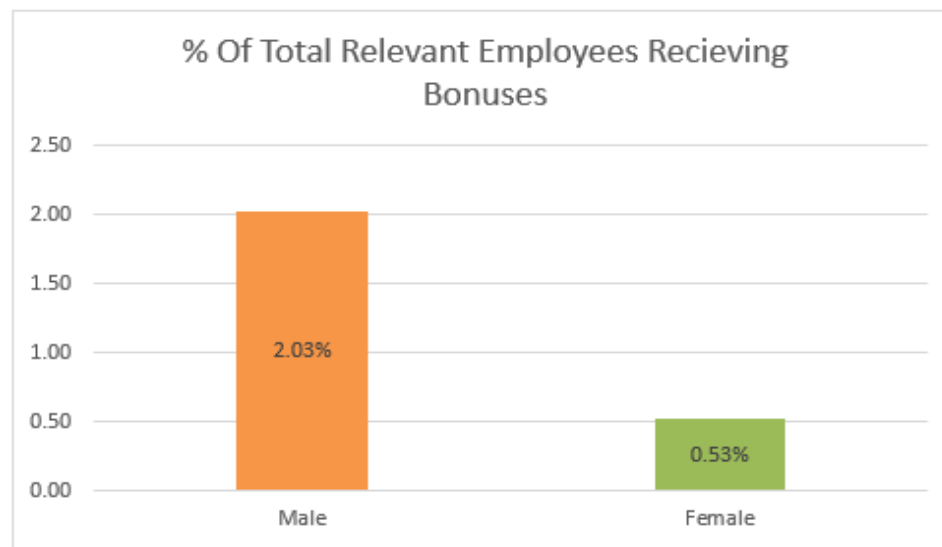
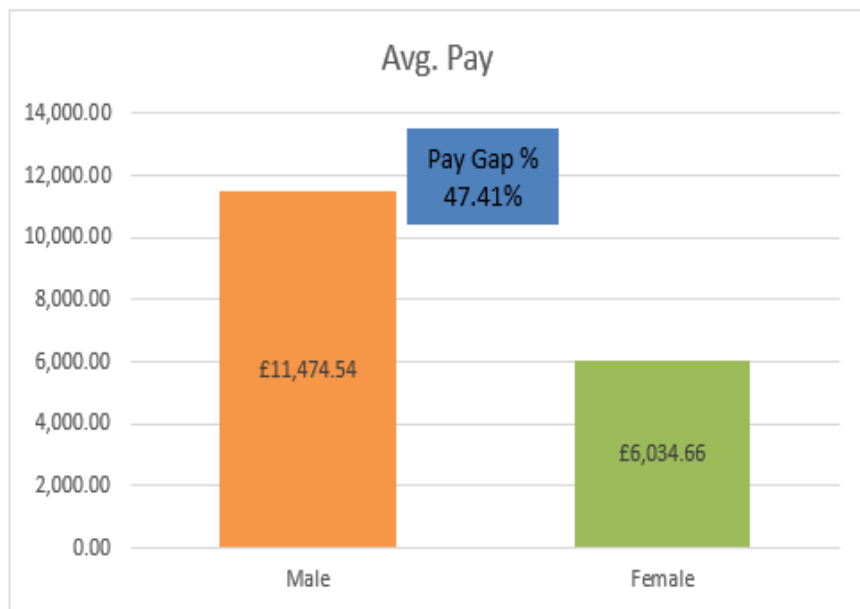
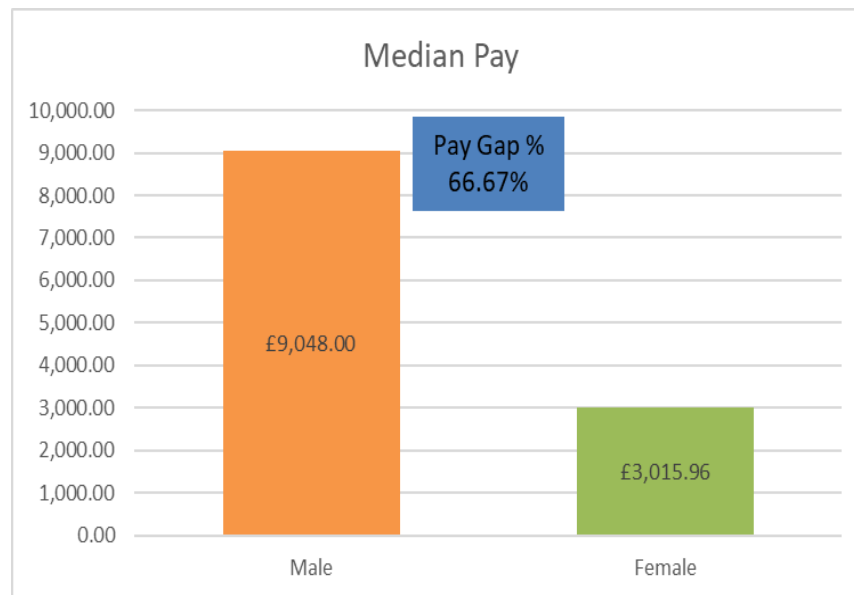
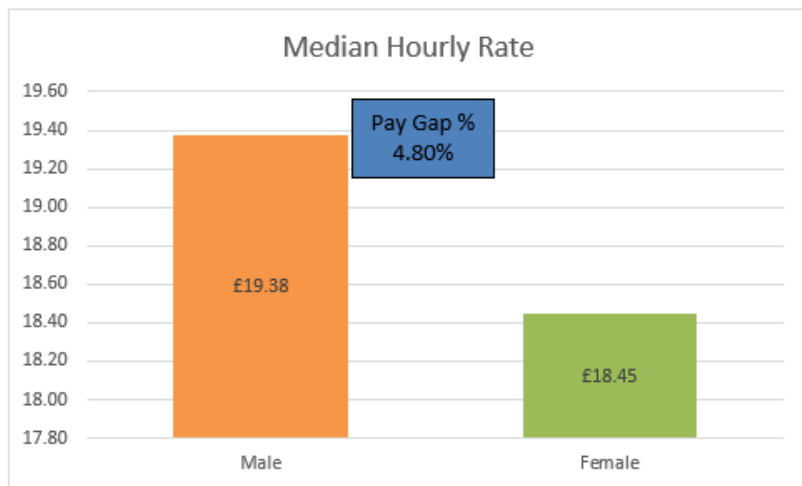
In the coming year, this will be an important area of focus, particularly learning from and with our system partners, and continuing to listen to the voices of our staff and service users as in the past

## Gender Pay Gap

The Gender Pay Gap enables organisations with over 250 employees to identify the mean and median differences in hourly earnings for men and women and publish this information each year, with the most recent snapshot of 31 March 2022. Its year on year comparison allows the Trust to demonstrate progress against the indicators and identify appropriate improvement actions to be identified for the coming year. The current gender split within the overall workforce is 72.08% female and 27.92% male.

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





## Workforce Equality Standard

The Workforce Equality Standard (WES) comprises two annual reports, the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES). These compare information against key metrics about the experiences of Black and Minority ethnic (BME) and white staff and disabled compared to non-disabled staff. Our current reports provide a snapshot of the Trust's WRES and WDES data on 31 March 2022.

The Trust's Equality Working Groups have been instrumental in the development of the action plans which has been grouped into four themes to reflect the WRES/WDES return:

- New Ways of Working;
- Looking After Our People;
- Belonging in the NHS;
- Growing and Developing for the Future

### Monitoring and Evaluation

The action plans will be monitored bi-monthly by the Disability Working Group and quarterly by the newly formed Equality Programme Board, and for end of year assessment and evaluation by the Remuneration Committee (REMCO) Board.

### Future WES Plan

In summer 2022, an in-depth analysis of the NHS Staff Survey results was undertaken to consider the experience of disabled staff and how this has changed over a five-year period. This analysis will be used to support the development of an integrated and ambitious 3-year WDES action plan for 2023 to 2026.

## Workforce Race Equality Standard

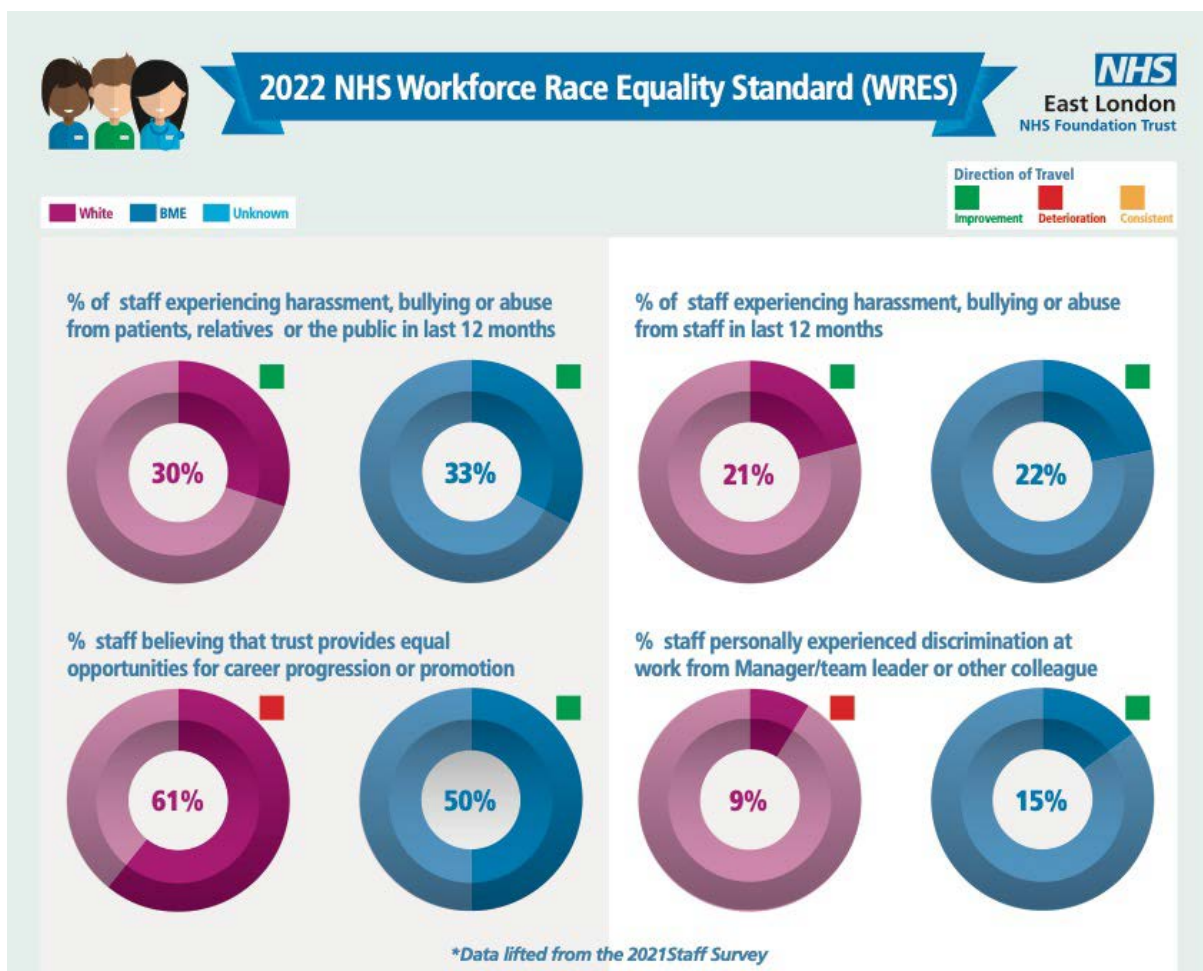
In 2014, NHS England and the NHS Equality and Diversity Council agreed action to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. It was agreed to introduce the [Workforce Race Equality Standard](#) (WRES) in April 2015. NHS organisations are expected to demonstrate progress against a range of workforce race equality indicators, including addressing the low levels of BME Board representation. Trusts are required to submit their refreshed data, as well as publish their updated action plans, in August and October 2022 respectively.

In 2022 there remained an over representation of BME staff in Bands 3-6, specifically in clinical roles. Across all clinical roles, BME representation has improved in all Bands (excluding Band 4) and in consultant roles where percentages have been consistent since last reported. In addition, there have been further positive developments in non-clinical roles Band 4, 7, 8B and 8C. BME representation in non-clinical roles, Bands 8A and 8D, appear to have deteriorated.

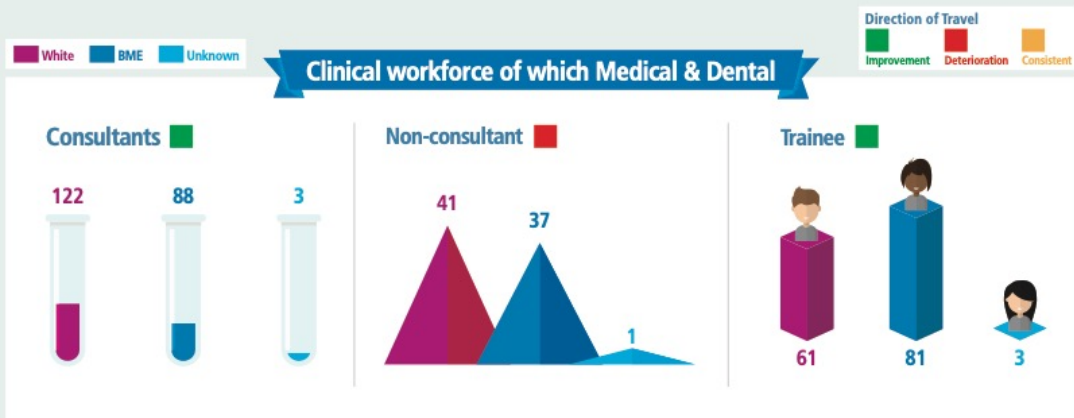
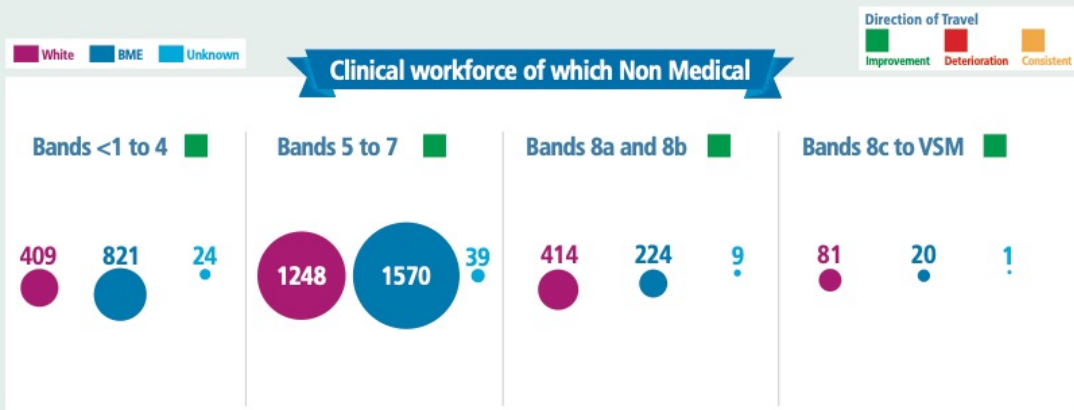
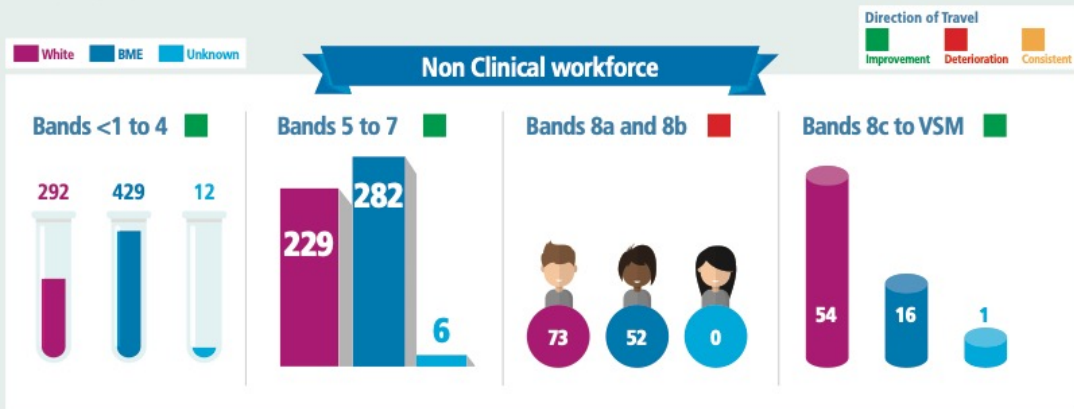
However, this could be due to promotion of individuals. In the clinical roles, Bands 8C, 8D and 9 have seen a slight decrease in BME representation.

BME staff appointed from shortlisting has increased from 620 candidates (2021) to 1006 (2022), compared to 508 white staff (2021) and 707 (2022). In 2021, white staff were 1.22 times more likely than BME staff to be appointed from shortlisting. This likelihood has increased slightly with white staff 1.23 times more likely of being appointed than their BME colleagues. The overall number of disciplinary cases has fallen for all staff. While the number of BME cases remains higher than for white staff, the likelihood has decreased from 1.95 to 1.45. This compares favourably to last year's increase, 1.95 (2021) and 1.19 (2020).

The detailed figures are captured in the following infographic



## 2022 NHS Workforce Race Equality Standard (WRES)







## 2022 NHS Workforce Race Equality Standard (WRES)

White BME Unknown

### Likelihood of staff being appointed from shortlisting across all posts

Direction of Travel  
Improvement Deterioration Consistent

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



**Improvement**

The gap in likelihood has narrowed from 2020 - 2021

White BME Unknown

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

Direction of Travel  
Improvement Deterioration Consistent

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



**Improvement**

The gap in likelihood has narrowed from 2020 - 2021

White BME Unknown

### Relative likelihood of staff accessing non-mandatory training and CPD

Direction of Travel  
Improvement Deterioration Consistent

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



**Improvement**

The gap in likelihood has narrowed from 2020 - 2021

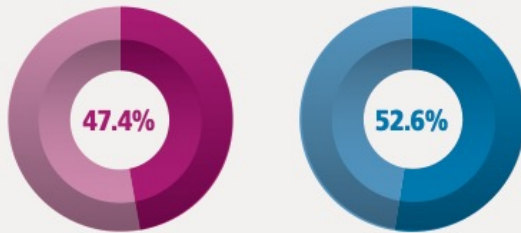


## 2022 NHS Workforce Race Equality Standard (WRES)

White BME Unknown

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

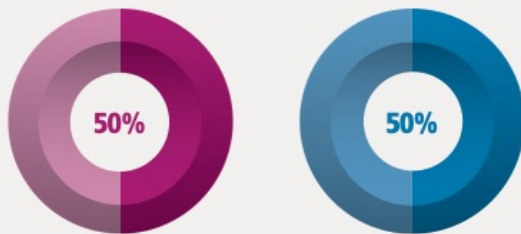
Total Board members - % by Ethnicity



Voting Board members - % by Ethnicity



Non Voting Board members - % by Ethnicity



Executive Board members - % by Ethnicity



Non Executive Board members - % by Ethnicity



### Trust Board Summary:

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

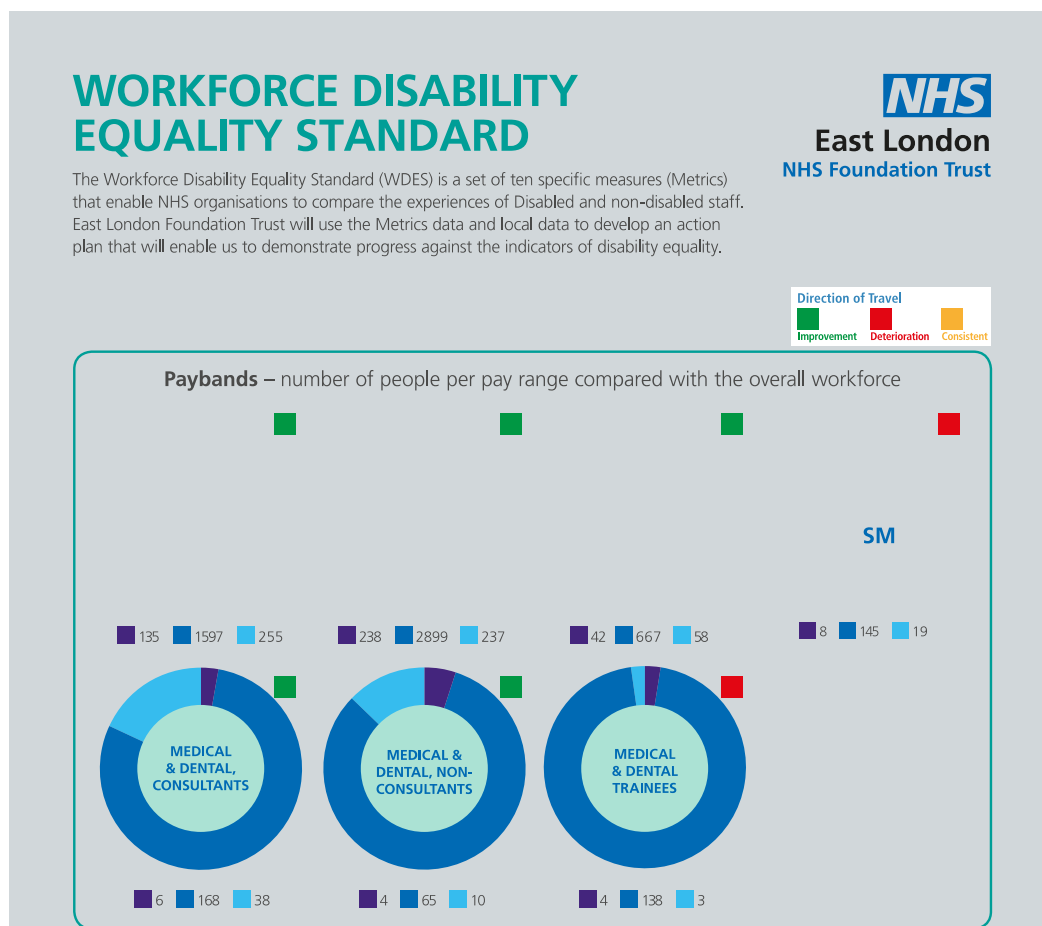
## Workforce Disability Equality Standard (WDES)

The WDES provides ten measures to compare the experiences of disabled and non-disabled staff. Its implementation helps the Trust understand the experiences of its disabled staff, support positive change and create a more inclusive environment. Like the WRES, on which the WDES is in part modelled, it also allows us to identify good practice and compare performance regionally and by type of Trust.

In 2022 reporting, there has been a fall in the number of disabled staff in Bands 8C-VSM and Medical/Dental Trainee roles but an improvement in Bands 1-8B and both Medical/Dental Consultants and Non-Consultants. Disabled staff were 1.11 times more likely than non-disabled staff to be appointed from shortlisting with the likelihood narrowing since 2021. The relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff is 8.12 which requires significant improvement and has been captured in EDI action planning.

We have identified an under representation of staff declaring a disability and therefore plan to carry out a data cleansing exercise and creating Trust wide communications jointly with staff side, ELFT Ability and People & Culture to encourage more declaration.

**The detailed figures from the WDES are captured in the following infographics.**



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



**Shortlisted**  
387 disabled staff  
4,698 non-disabled staff

**Appointed**  
68 disabled  
999 non-disabled

1.11

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

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

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

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

8.12

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

Direction of Travel  
Improvement Deterioration Consistent

**Executive board members**

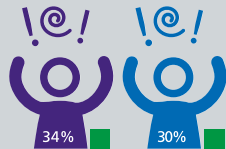


■ Disabled ■ Non-disabled ■ Unknown or null

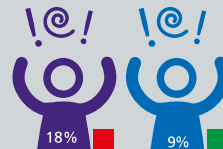
**Non-Executive board members**



**Bullying** – experienced harassment, bullying or abuse from:

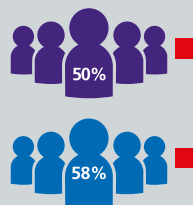


Patients/service users, their relatives or other members of the public



Managers

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

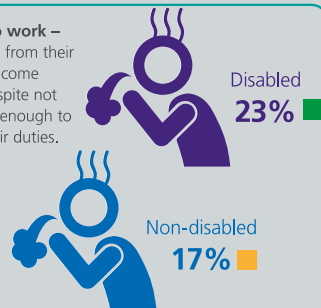


50% disabled staff  
58% non-disabled staff

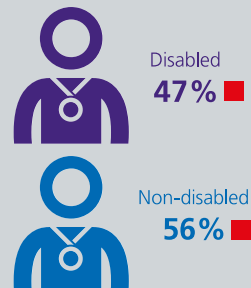


76% of disabled staff said their employer had made adequate adjustment(s) to enable them to carry out their work.

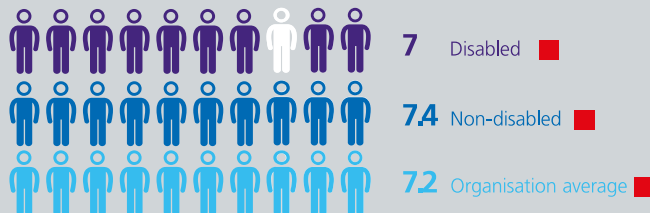
**Pressure to work** – felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.



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



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



\*Data lifted from 2021 staff survey

# Workforce Equality Profile

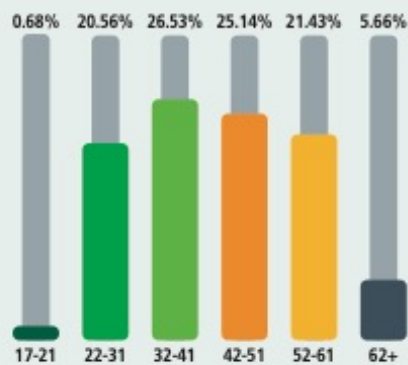


## OUR TRUST PROFILE

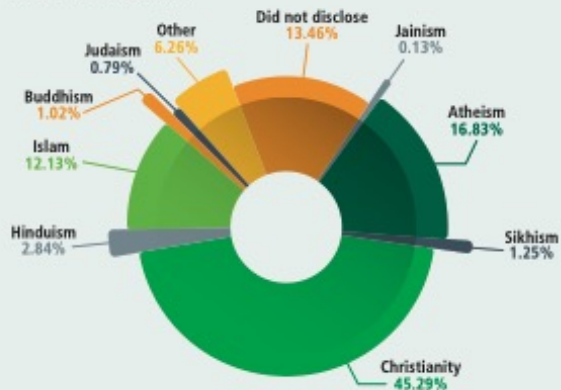
1 April 2021 - 31 March 2022



### AGE GROUP



### RELIGIOUS BELIEF



### GENDER



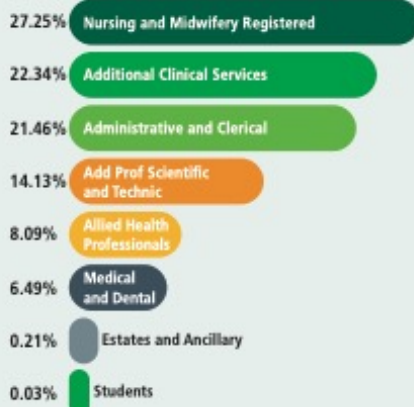
### DISABILITY



### MARITAL STATUS



### STAFF GROUPS



### ETHNIC ORIGIN



### SEXUAL ORIENTATION



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[@NHS\\_ELFT](#)

[NHSELF](#)

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[www.elft.nhs.uk](http://www.elft.nhs.uk)

# Trust Equality Objectives

Our [five-year strategy](#) takes into account the changing needs and strengths within our local populations, the impact of the pandemic, greater collaborative working between local health and social care organisations and the views of local people and stakeholders with the following priorities.

To **improve population health** so that our communities are healthier and able to get more out of life.

The ELFT Equalities workstream webinars have been bringing together experts and health practitioners to discuss a variety of population health themes since 2020: [Watch them and find out more here.](#)

This year, a new Head of Equality, Diversity and Inclusion has been coordinating our approach to reducing inequalities in experience, access and outcomes in our services, for patients, carers and our workforce. Our two strategic aims are to (i) identify and remove systematic barriers and (ii) develop a wider understanding for intersectionality.

The two strategic outcomes that will support the achievements of our aims are:

## 1. Improved Experience of Care

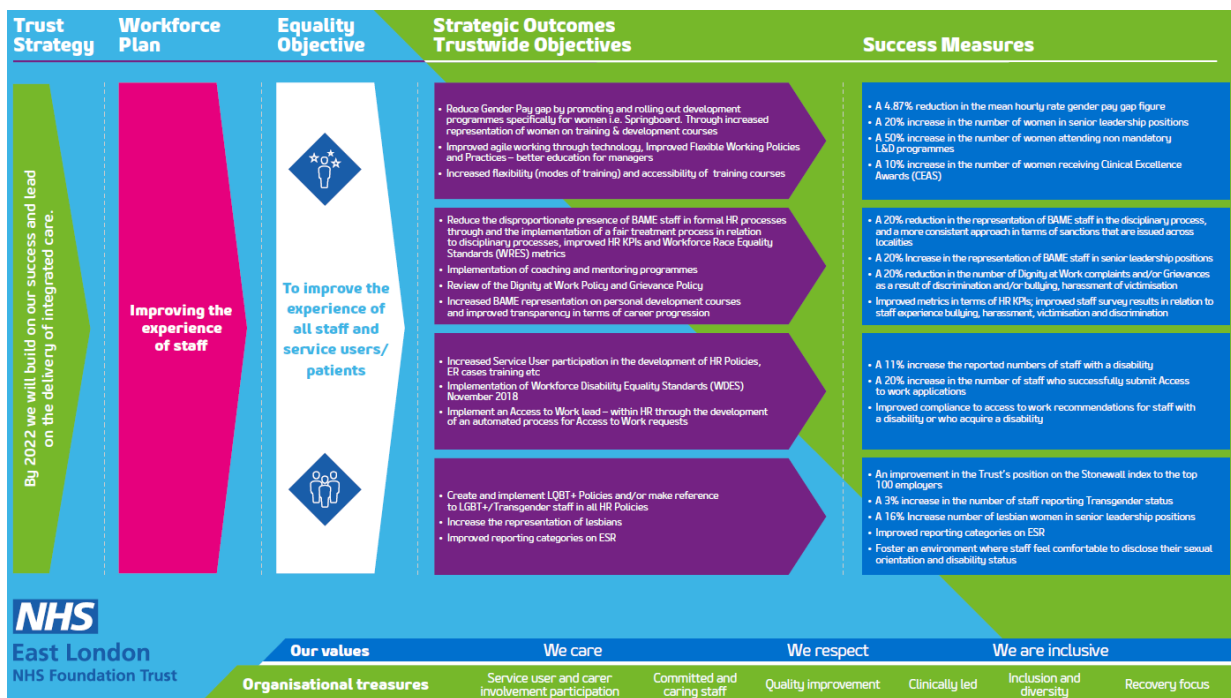
- Deliver on our commitment to integrated care, including multidisciplinary teams working around neighbourhoods;
- Get the basics right through reducing waiting times and increasing access to services, meeting existing and new demand;
- Continue to build our approach to coproduction, people participation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

## 2. Improved Staff Experience

Our EDI strategy has been aligned to the Trust's People Plan, ensuring that all initiatives to improve the experience of our workforce are underpinned by equality, diversity, and inclusion, as follows:

- **New ways of working**  
De-bias recruitment practices and processes to improve representation of colleagues with disabilities, BME, LBGBTQ and Women - ensuring that the workplace barriers are removed, reduced, or prevented.
- **Looking after our people**  
A responsive and evolving wellbeing offer that develops a trauma informed approach to support the health of our disabled staff and those with long term conditions.

- **Belonging in the NHS**  
Improving staff experiences by becoming an anti-racist, anti-discriminatory and multicultural organisation.
- **Growing and developing for the future**  
Professional development opportunities for colleagues who are disabled, BME and LGBTQ+ with clear, transparent and accessible pathways available.



## Respect & Dignity at Work

### The Flair Race in the Workplace Survey

In 2018/9, the Respect and Dignity campaign began with the Empathy Museum exhibition 'A Mile in My Shoes'. This was followed by 'Through my Eyes' which were externally facilitated sessions to hear our own experiences.

During the pandemic, in response to the worldwide reaction to the murder of George Floyd, the disproportionate impact of COVID-19 on BME communities and the Race Observatory report findings led to the Trust focusing on COVID, Race and Privilege. We held events to listen to staff about life experiences, under the title 'Living and Working while BME'. We heard from lots of BME colleagues about daily occurrences of racism and discrimination, both inside and outside of work which has a negative impact on them. We also undertook four CEO discussion groups, where we heard from White managers about their experiences. These covered:

- Understanding White Privilege
- What it means to be White?
- White Fragility
- Whiteness

We are mindful that all protected characteristics are impacted, and it is well documented that if issues of race are addressed, then it will positively impact all.

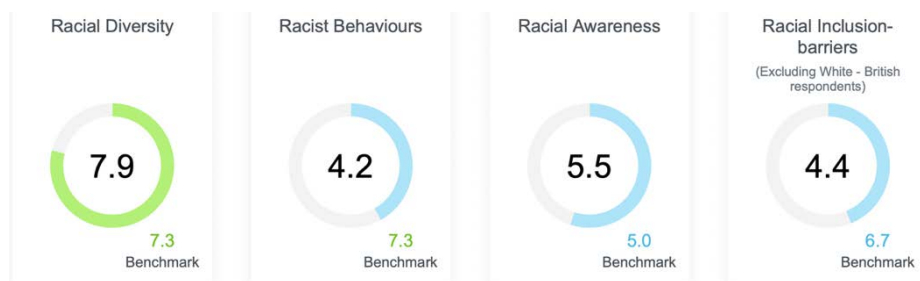
This survey is for everyone providing an opportunity to reflect on respondents' views and experiences related to race in the workplace. This is a chance to voice anonymously honest opinions without fear of judgement. The key measurement areas are (i) racial diversity, (ii) racist awareness, (iii) racial behaviours and (iv) racial inclusion-barriers.

### FLAIR Survey Scores 2022

**914**  
Respondents

**12%**  
Employee response rate

**68**  
Nationalities



### Understanding the scores

Score of 0 = Indicates a negative response, such as 'Racism witnessed extremely often'

Score of 10 = Indicates a positive response, such as 'Racism almost never witnessed'

Score of more than 7 is considered a Strength Area.

Score of less than 4 is an Improvement Area and requires action.

### Key Strengths

- The staff body is racially diverse at junior levels
- Staff are very aware of how to respond appropriately if witnessing racial discrimination at work

### Key improvement areas

- Staff perceive there is a lack of confidence for members of the organisation in talking about, identifying and challenging racism
- Black staff feel their ethnicity is a barrier to feeling included at work, particularly receiving promotion opportunities
- Across staff not identifying as 'White', a disproportionate percentage has recently experienced racial microaggressions at work

### Top 3 Employee Feedback

Significant Improvement areas chosen by staff

**67.6%**

A culture where racism is confidently discussed and challenged

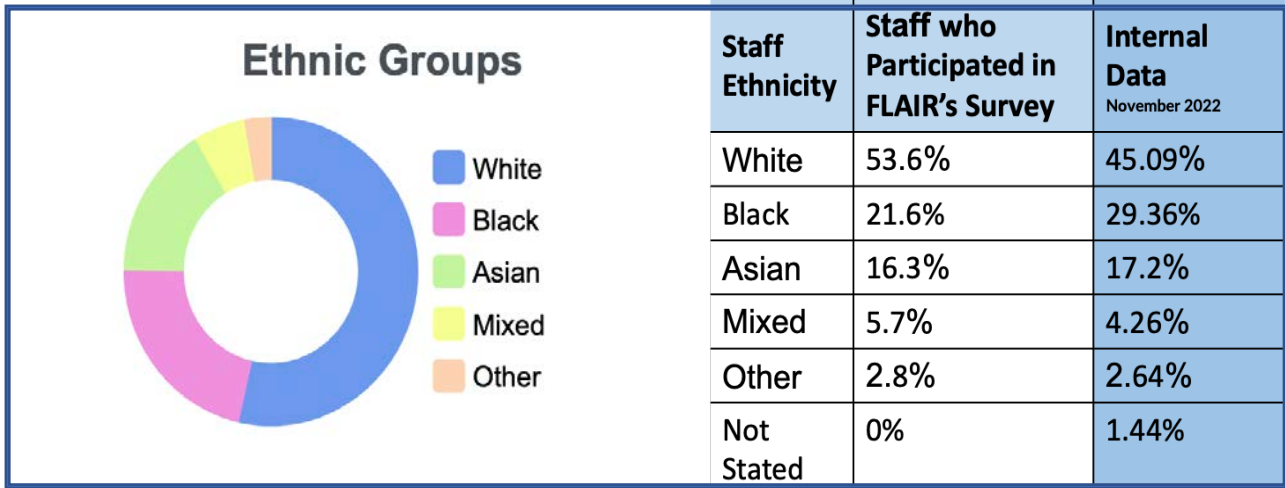


**58.8%**

Support for employees who experience racism

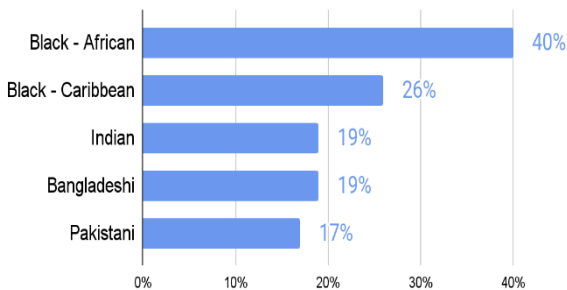
**53.8%**

Methods available for reporting racism

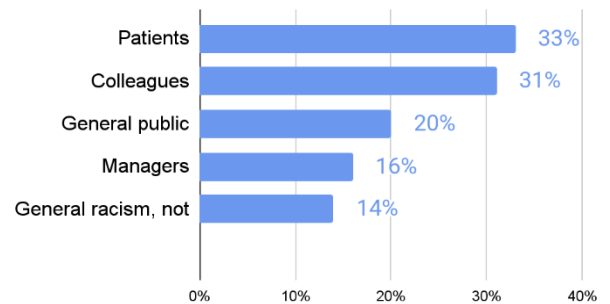


### Racist Behaviours

Top 5 Ethnicities Targeted (This Year)



Who Racism Is Carried Out By (This Year)

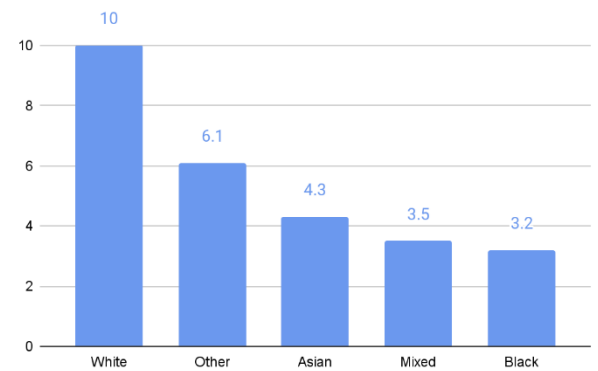


### Racial Inclusion Barriers

Staff were asked to indicate if they feel their ethnicity is a barrier to any of these 8 factors:

- 1) being themselves at work
- 2) building their professional network at work
- 3) receiving fair disciplinary action at work
- 4) having positive social interactions at work
- 5) receiving fair pay at work
- 6) receiving learning & development opportunities at work
- 7) receiving promotion opportunities at work
- 8) receiving support and feedback at work

Racial Inclusion-barriers by ethnic group



### Feedback from staff

"More spaces as a service/team to discuss race, awareness of processes or how to report concerns."

"It should be a constant discussion included in inductions, interactive L&D training, away days and managerial and clinical training."

"I have noticed racist remarks in all areas, and it does not seem to always be addressed or picked up. If I notice it then I speak up."

"There are aspects of systemic racism that manifest in the day to day workings of services that would benefit from being address at all levels."

## Flair Recommendations

Improvement Areas and Recommendations	
0	Implementing and monitoring FLAIR
0.1	Provide dashboard access to HR Business Partners to work with directorates
0.2	Develop and monitor KPI's (WRES)
1	Staff perceive there's a lack of confidence for members of the organisation in talking about, identifying and challenging racism
1.1	Create an Anti-Racist Language Policy and communication guidelines
1.2	Utilise evidence-based practices to remove systematic barriers in recruitment processes (Policy updates rather than staff training)
1.3	Implement conversational structures (guidance) for interrupting microaggressions
2	Black staff feel their ethnicity is a barrier to feeling included at work - particularly receiving promotion opportunities
2.1	Communicate learning opportunities and career pathways transparently
2.2	Conduct regular focus groups/safe space conversations with BME staff to understand why they feel their ethnicity is preventing them from receiving promotion opportunities.
2.3	Review the career journey of BME staff to develop succession planning and opportunities for staff to step-up into senior roles.
3	Across staff not identifying as 'White', a disproportionate % have recently experienced racial microaggressions at work
3.1	Implement a simple and transparent policy and process to report all forms of racist incidents.
3.2	Establish a clear policy and process for investigating instances of racism
3.3	Provide appropriate Workplace Counselling for employees who have experienced and/or witnessed racism.

## New Starter Feedback

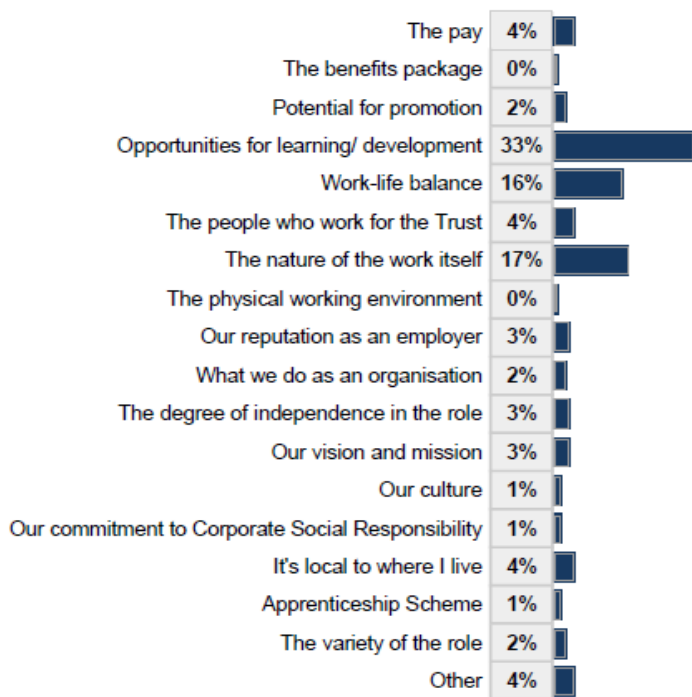
This section provides an overview of the experience of 136 new starters at the Trust over the last 6 months covering several areas, including:

- What attracted them to join
- Their experience of the recruitment process
- Induction
- Setting new staff up to be successful

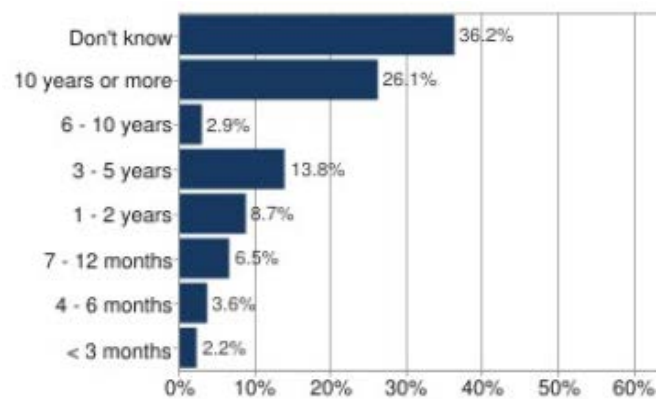
A similar project was delivered in 2021 where appropriate comparison data is provided.

## Why do they join and how long will they stay?

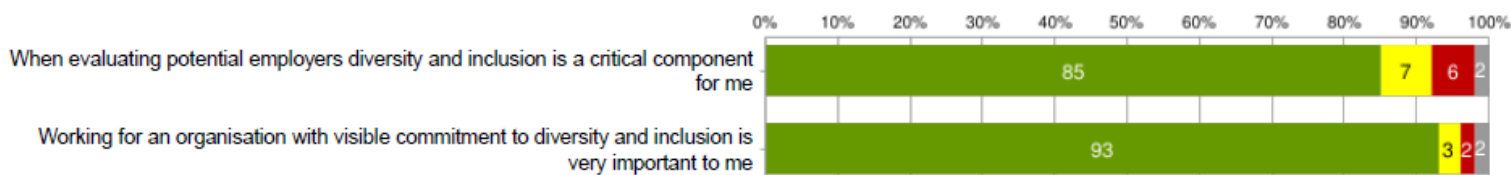
### Attraction Factors - 2022



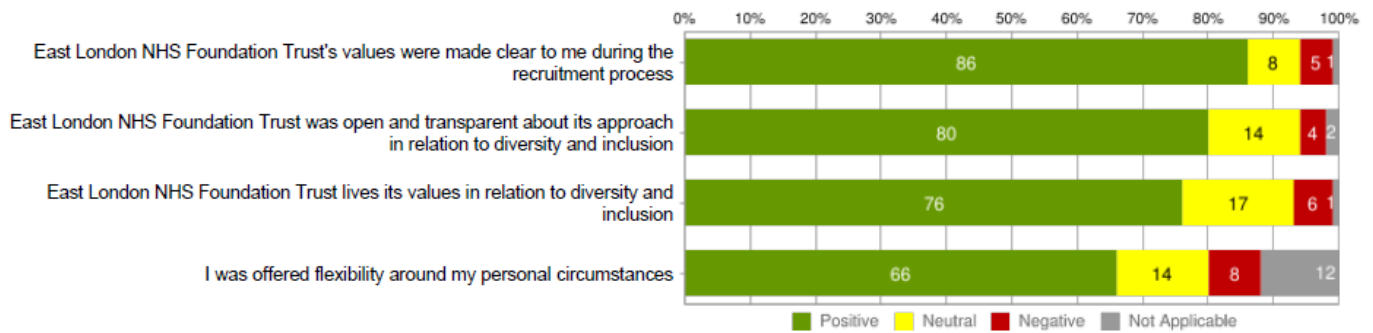
### Intending to Stay - 2022



## Diversity and Inclusion matters



## Experience of D&I in Recruitment



## Engagement



### Who is 'at risk'

Typically, there is a strong relationship between "at risk" new starters resignations in year one. Reporting allows us to understand risk by almost any variable we wish – region, location, job title, department, age, gender, bank or active, etc.

The table below shows an occupational group split – "N" being the number of completed questionnaires, "E" the percentage of people who are engaged, "AR" being those at risk and "L" the number of people who are leaving already.

Group reporting helps us to identify areas or groups of people who have high levels of risk or that we wish to focus on (to improve experience or reduce early attrition).

	N	%	E	AR	L
Admin and Clerical	28	20.3	82.1	14.3	3.6
Nurses Midwives and Nursing Assistants	36	26.1	72.2	16.7	8.3
Managerial	4	2.9	-	-	-
Medical and Dental	6	4.3	66.7	33.3	0.0
Allied Health Professionals	38	27.5	60.5	36.8	2.6
Scientific and Technical/Healthcare Scientists	0	0	-	-	-
Other Group	26	18.8	65.4	19.2	11.5

### In their words – some ‘at risk’ people

There is minimal opportunity to meet all colleagues and feel like part of a team. I am a bank therapist and at times it can feel dislocated - this is not necessarily just an organisational issue. People work from home and are in the office on different days etc.

After transferring to bank just feel like i've been left to the side. No one explained how things work and was told i would be notified of shifts when available however still waiting. Poor communication and unorganised.

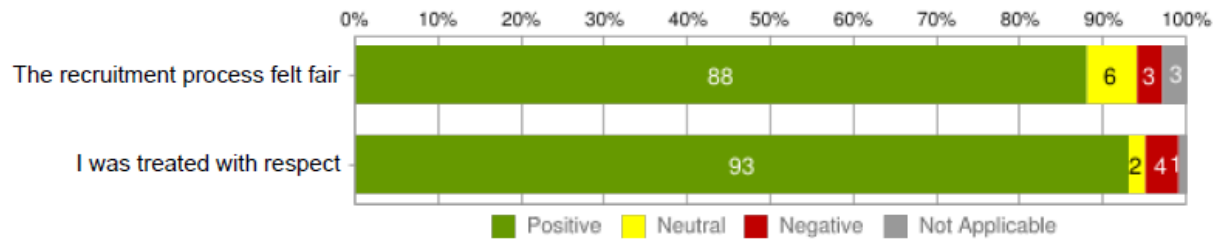
No support with NHS email have use personal laptop and phone? Very disconnected

The stress I have to carry out all the extra training work on top of my day to day work. Also felt like I could not take time off to attend medical appointments etc.

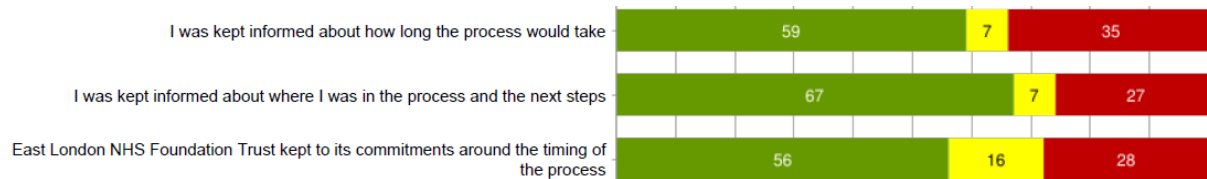
Inadequate staffing levels happen too often

The unrelenting pressure. My line manager doesn't listen and pressures people to take on more than they can manage and then criticizes them for making mistakes and not working efficiently. Service meetings talk about well-being but the culture is the real problem here and no one wants to hear suggestions rather than want to appear that they care and think that buying staff a coffee machine or furnishing a staff room that people won't have time to go in means that they are showing they care...we don't have time to eat lunch and saying you must take lunch and be responsible for self care is pointless when your boss says you're not doing enough when your working beyond your hours.

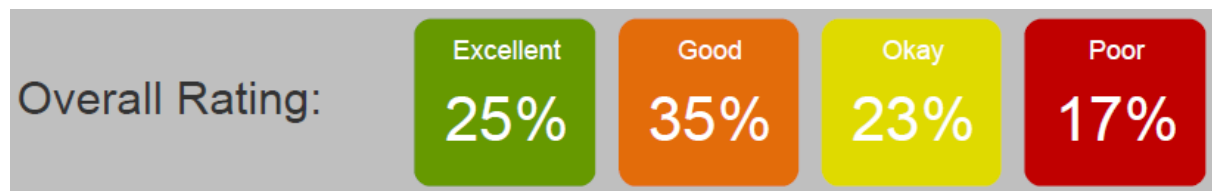
## Recruitment Experiences



## Opportunity to improve – transparency



## Induction Experience



60% rate as the induction experience as good/excellent.

Opportunities to improve first day experience:

Registration/access to IT systems – 33% unable.

Provision of appropriate equipment – 26% had an issue.

Provision of door pass/codes to access areas they needed – 17% unable.

Explanation of relevant safety procedure – didn't happen for 21% of people.

First Few weeks:

20% not given instruction on how to carry out their role.

30% had no introduction or explanation of IT systems they needed to use.

30% not given any explanation of the performance review process.

## Staff Equality Networks

There are five Staff Equality Networks: RaCe (formally BAME), ELFT Ability, Intergenerational, LGBTQ+ and Women. Each one provides opportunities for social interaction, peer support and personal development, contributes to the development of Trust policies and practices, has a pivotal role in channelling staff voices, building action plans for organisation development and improving working conditions. Working collaboratively the networks:

- Provide a voice for change;
- Increase workforce engagement;
- Develop the quality of information (internal and external);
- Develop and promote trust-wide equality campaigns;
- Raise awareness of equality

Offering support and a safe space, the networks run events, conferences, workshops, training, and social activities. During the pandemic, they stayed connected virtually, both as individual networks and supporting each other.

Inevitably networks go through stages of maturity but there are steps they can take, supported by the organisation, to accelerate development, build power, agency (ability to make things happen), impact and agility. The five-stage Network Maturity Model is being used to support leadership and decision making across the organisation.

<b>Network Maturity Model</b>	
1	Annual celebrations
	Social events
2	Generate interest
	Identifying common interests
	Creation connections
3	Developing safe spaces
	Shared sense of purpose
	Identifying roles and structures
4	Sense of belonging
	Building trust
	Agreed terms of reference and strategy
	Resources
	Communications plan
5	Voice for change
	Supporting leadership and decision making
	Robust governance arrangements





## Lesbian, Gay, Bi-Sexual, Trans and Queer Plus (LGBTQ+) Network

With a new executive sponsor, David Bridle, Chief Medical Officer, this year, the network provides support to staff, organises events and advises the Trust on the development of services and policies to address inequalities affecting the LGBTQ+ community. Colleagues support each other, express concerns they may have and spend time around people who understand their experiences. Promoting a better understanding and visibility of LGBTQ+ experiences across Trust, we also want to

empower all employees to step up as LGBTQ+ allies to improve workplace culture.

By scrutinising the policies and processes and suggesting improvements, LGBTQ+ colleagues provide a critical voice and help to embed inclusion. During 2022 this has included:

- Annual London PRIDE celebration;
- Launch of LGBTQ+ awareness questionnaire;
- BME/LGBTQ survey and focus group;
- 'Ask me my pronouns!' campaign for International Pronouns Day;
- LGBTQ and Identity course and awareness training for young adults at Tower Hamlets Recovery College;
- ELFT Executive Team Allyship Training;
- Equalities training at West Ferry Ward Away Day;
- Stonewall Webinar 'Becoming an Advocate for Allyship and Inclusive Leadership';
- LGBTQ+ History Month events and awareness raising;
- Annual LGBTQ+ Conference: Standing PROUD with ELFT LGBTQ+ Network;
- Coffee Connection: a random process to encourage network members to get to know each other in pairs to share stories and challenges, designed to improve communication, collaboration and share knowledge and ideas, and build community via a 4-weekly conversation challenge;
- Allies Training Beyond the Rainbow virtual event October 2022, Rolling out of Trust Allies Training;
- Black Trans Mental Health and intersectionality Black History Month event November 2022;
- Designed and printed LGBTQ+ allies' card for attaching to lanyards in collaboration with accessibility advice from ELFT Ability.

### **Network Allies**

Led by Fiona Lord, the Network Lead, the Allies Training is designed to give people an idea of what it means to be LGBTQ+ by providing insight, awareness and skills to treat individuals with more respect, offering a safer and better place to work or receive care. Despite progress in recent years, LGBTQ+ staff and service users continue to face inequalities which this training aims to reduce.

### **London PRIDE**

The Network brought an eruption of colour to central London on Saturday 2 July for the annual Pride parade. Starting from Marble Arch at noon and ending in Trafalgar Square, the parade was attended by over a million LGBTQ+ people and allies, and was the first since the pandemic, marking the 50th anniversary of the first ever Pride organised by the Gay Liberation Front in 1972. Staff gave out 1000s of flags with a QR code linking to resources on the ELFT website.

*Fiona Lord, described the event as “a big deal for our community to share who we are and be visible on the Trust’s bus, marching together around celebrating our wonderful differences”. She went on to say, “it’s been a difficult few years for all of us but particularly the LGBTQ community. I experienced hate crime from the neighbours in lockdown and it was hard to get the right support and it had a powerful impact on my mental wellbeing. This was our first Pride since 2019 as two had been cancelled which was a huge disappointment, so it meant a great deal to us to be there and to be seen on the day. Lockdown and COVID meant that it was very difficult for people to celebrate and to mark these very important occasions to celebrate our community and who we are. So being able to follow the same route of the first PRIDE march 50 years ago in many ways shows us how far we have come but also shows us that is still a long way to go”.*



## ELFT Ability

Working together to take the 'dis' out of disability in the workplace by bringing disabled staff and those with long term health conditions together, ELFT Ability offers mutual support and ensures the Trust has a positive and fair approach to disability. In 2022 activities included:

- Monthly meetings and regular newsletters;
- Hosted a suicide awareness staff session in September;
- A network stall at the BAME conference in September 2022;
- Supporting managers with enquiries and staff with adjustment needs, working with managers and HR to make changes happen;
- In person workshops for funding applications;
- Supporting sub-network groups such as the Forensic ELFT Ability network meeting;
- Supporting the analysis and action plan for the 2022 Workforce Disability Equality Standard.

The ELFT Ability Conference held in November was informative, interesting and, at times, very moving with Trust leads sharing their own stories of adjustment and adaption.

The Importance of the ELFT Ability Staff Network: Claire McKenna and Laura Pisaneschi, the Network Leads, talked about why ELFT Ability was so important to them personally and how it was a forum for staff to come to and share issues and find solutions, address members' queries and influence Trust policy.

The keynote speaker, Ruth May, Chief Nurse for NHS England, shared her story. Only three years ago, Ruth discovered that she was dyslexic although she had long had suspected something was not quite right, finding large amounts of reading and blocks of text quite daunting, experiencing denial, embarrassment and even shame. Although she was no different she now thinks that people with dyslexia have other qualities and strengths such as reasoning, problem solving, emotional intelligence and creativity. In addition strong visual, verbal and creative skills make people with dyslexia good listeners and questioners.

Karen Snuggs from the Business Disability Forum shared their extensive experience working with businesses, government and disabled people to improve the life experiences of disabled employees and consumers, by removing barriers to inclusion, problem-solving and finding creative solutions.

### **A Personal Story of Adjustment and Acceptance**

In a very moving and emotive film, Stephanie Benjamin, Service Lead for Podiatry in Tower Hamlets, talked about adjustment and acceptance of a change in health, and the importance of demonstrating and believing that your skills still have a place in service provision.

### **Deaf Aware - Read My Lips**

Simon Houghton from Deaf Aware spoke about how mask-wearing during the COVID pandemic had a major impact on people who lip read. (Hearing impairment was a legal exemption to compulsory mask-wearing.) He gave an entertaining presentation which involved him turning off his audio at one point and getting the audience to lip read him - definitely putting everyone in the shoes of a hearing impaired person.

### **Your Inner Genius**

Donna Willis, Associate Director of People & Culture, talked about accompanying skills, talents and techniques that people bring to the workplace and to their friends and families. Her practical session, 'My Inner Genius,' saw people working with crafts and materials at their tables to create small artworks, discovering skills and know-how long forgotten!

### **Directors Panel**

Director of Commercial Development, Mohit Venkataram, sponsor of the ELFT Ability Staff Network, quizzed Chief Operating Officer, Edwin Ndlovu, and Chief People Officer, Tanya Carter, about their vision for supporting people with a disability. Tanya noted that compassion was a key leadership quality. Edwin stressed that it was important to be curious, not make assumptions and notice struggle. Chief Nurse, Lorraine Sunduza, said words were important, but that actions were too.

In summation, Mohit Venkataram, thanked the organisers, the presenters and the attendees for their contributions, saying, "*This has been an amazing event. A whole day of reflection on successes but also a chance to evaluate where we are as an employer. It has been an opportunity to hold the Trust to account to ensure ALL passionate staff can contribute to patient care and make the Trust a place where everyone wants to work.*"



## **Black, Asian and Minoritised Ethnicities (BAME) Network**

The network supports staff and advises the Trust on the development of policies and services to address inequalities and advance race equality. After network members voted for change, a new name will be announced in 2023, one representing the values of the group.

### **Easter Webinar 2022**

The Network held a celebratory webinar, hosted by one of our Spiritual Care Coordinators, Reverend Stephen Chandler, as an opportunity to learn about the history and significance of Easter to share our experiences

### **Ramadan Event**

In April staff were invited to a series of webinars raising awareness and understanding and celebrating Ramadan. The first webinar was a conversation with Dr Mohammad Alramahi, from the REN Network at the University of Bedfordshire, about the background and history of Ramadan, as well as how organisations can support their employees, for example to observe fasting.

### **South Asian Heritage Month**

Since 2020 South Asian Heritage Month (SAHM) has raised the profile of heritage and history to improve understanding about the diversity of Britain and strengthen social cohesion. The month begins on 18 July, the date the Indian Independence Act 1947 gained royal assent from King George VI, and ends on 17 August, when the Radcliffe Line was published in 1947, setting out the

borders between India and West and East Pakistan (now Bangladesh). This period also embraces the independence days of several South Asian countries.

The Network celebrated SAHM with theme of 'Journeys Of Empire' commemorating the migratory journeys across history as well as (particular to 2022) the 75th anniversary of the independence and partition of of India sub-continent and the 50th anniversary of the expulsion of Ugandan Asians by Idi Amin.

### **Annual Conference 2022**

The annual conference, with the theme 'Celebrating Us', took place on 30 September and a webinar on Somali History and Heritage was also held. 150 colleagues met in-person for the first time since the pandemic and joined with the host, Caroline Ogunsola, Lead Nurse, as she opened the event with a traditional 'Buga' dance. There was also a one-minute silence dedicated to colleagues who lost their lives due to COVID-19.

A series of trailblazing speakers included Dr Nazia Khanum, OBE, Director of Equality & Diversity, Chelle Verity, Author, Empowerment Coach and TED Speaker, Owen Chinembiri, Senior Implementation Lead for NHS Race and Health Observatory, and Linda Chibuzor, Director of Nursing at Northamptonshire Healthcare NHS Foundation Trust.

A Q&A Session involving Chief Nurse/Deputy CEO, Lorraine Sunduza, Chief Operating Officer and Executive Sponsor for the BAME Network, Edwin Ndlovu and Head of Equality, Diversity & Inclusion, Juliana Ansah, discussed the Trust's equality agenda and its strategy for tackling race inequalities.

As the event ended, participants experienced a cultural fashion show with staff showing off their traditional clothing. In his closing address, Edwin highlighted his hopes for the future of the BAME Network as it continues to grow and contribute to shaping the work of the Trust’.



## Intergenerational

In May 2022 a lead was appointed to the newly established Intergenerational Network, created to acknowledge the diverse work experiences attributed to age.

We live in a world that seems to be changing at a phenomenal rate, probably quicker than at any other time in history. The last century has witnessed technological advances previously unimaginable. One of the consequences is the very different circumstances people would have been confronted with during their lifetimes.

One of the distinctive aspects of this type of diversity is that everyone has an ‘age’.

This forum aims to provide support for staff and advise the Trust in terms of developing policies, and practices that promote favourable working experiences for employees of all ages.





## **Women's Network**

No activity took place in 2022 as we are currently recruiting new network leads. The Women's Network aims to create an open and honest environment, encouraging women to discuss the barriers they face, the reasons why and what can be done to break through them.



## Freedom To Speak Up

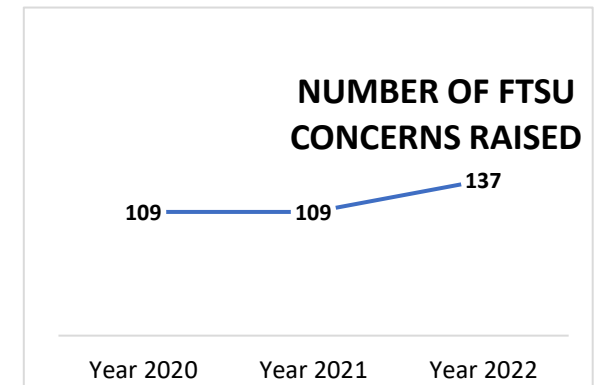
The Freedom to Speak Up (FTSU) Guardian supports colleagues to speak up and raise their concerns about patient safety, workplace cultures and practices, fraud or misuse of services or resources and working relationships and behaviours, ensuring that colleagues can do so without fear of reprisal or detrimental treatment. The FTSU Guardian works with Trade Union representatives, Staff Side, the People & Culture Team, Service Directors and the Executive Team to ensure colleagues can raise their concerns safely and investigations and feedback happen in a timely and constructive manner.

The Trust works in partnership with our FTSU Guardian to support staff to raise their concerns if they are experiencing some difficulty in doing so independently or when they feel that they are unable to do so through other routes, identify groups potentially facing barriers to speaking up and address these.

The Trust recognises that some staff from Black and ethnic minority background may find speaking up more difficult. All are encouraged including volunteers, contractors, bank and agency colleagues and those working different shift patterns to speak up about anything that gets in the way of doing a good job. The Trust has actively sought to recruit FTSU Champions from different protected characteristics and professional disciplines as crucial to enabling honest conversations and reporting concerns. In the last year there has been an increase in reporting, a sign of the success of striving to make 'speaking up' business as usual.

This increase has been supported by more regular FTSU training and a communications campaign. There has also been a change in the staff groups raising concerns, with an increase from colleagues with a Black and ethnic minority background who have previously expressed fear and reticence about speaking up due to concerns of unfair treatment.

Having completed the White Allies Programme (part of the wider programme to transform the NHS in London as outlined in the London Race Strategy over the next 10 years), the FTSU Guardian and other Trust participants delivered roadshows at Directorate and Service level. Participants in the programme are tasked with creating the type of change to deliver a more sustainable impact on addressing race inequality. Supporting colleagues from all backgrounds and protected characteristics continues to be a priority for the FTSU Guardian, working with the FTSU Champions, the Equality, Diversity & Inclusion Lead, People & Culture and the Staff Networks.



## Accessible Information Standard (AIS)

Since 2016, NHS organisations have been legally required to comply with the AIS which aims to ensure those who have a disability or a sensory impairment are able to access communication materials in the way they require and are given information in a format they can understand. Providing accessible information and communication improves access to services and helps reduce health inequalities. The Trust's Translation and Interpretation - Accessible Communications Policy supports staff to understand, record and meet additional communication needs.

### Translation and Interpretation

Compass manages the Trust's interpreting and translation services, reviewing provision and quality across all services and working with service users to improve the experience. One effect of the pandemic was to reduce the usage of interpreting services.

## Patient and Carers Race Equality Framework (PCREF)

Emerging as one of the key recommendations from the Independent Review of the Mental Health Act (MHA), PCREF recognises that Black, Asian and ethnically and culturally diverse communities are not homogenous. Their experiences of mental health services are shaped differently by their protected characteristics, lifestyles, neurodiversity, special education needs (for children and young people) and socio-economic backgrounds and is designed to support the Trust to:

- Improve interaction with racialised and ethnically and culturally diverse communities;
- Raise awareness of the organisation's own cultural and racial bias and provide a framework to reduce them;
- Improve governance, accountability and leadership on improving experiences of care.

It has three core components:

- Leadership and governance covering national expectations for mental health trusts to fulfil their statutory duties under core legislation, such as the Health and Social Care Act 2012 and the Equality Act 2010
- National organisational competencies, in line with the original vision in the Independent Review of the MHA
- The Patient and Carers Feedback Mechanism to embed patient and carer voice at the heart of the planning, implementation and learning cycle.

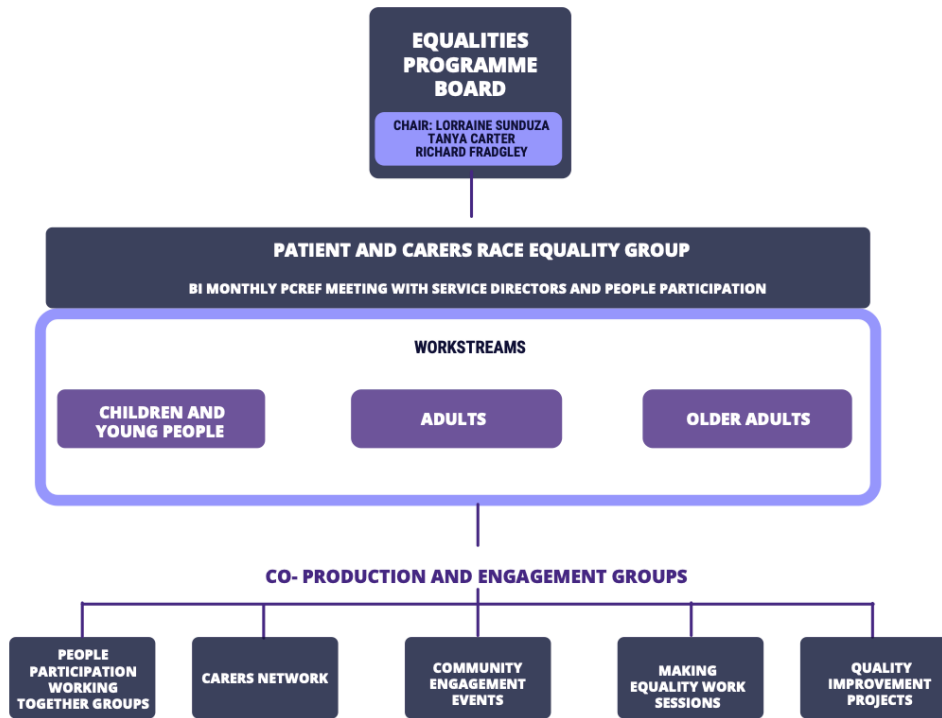
Every mental health trust is expected to develop a local PCREF plan encompassing these three core components, detailing actions, timeframes and intended outcomes. Importantly, the development, implementation, and review of the local plan must be

done in equal partnership with racialised and ethnically and culturally diverse communities. PCREF applies to all mental health pathways for older adults (65 plus), adults (18-64), children and young people (0-25). Overall, our data shows that patients from Black, Asian and other ethnically minoritised census categories have the worst access, experience and outcomes of services.

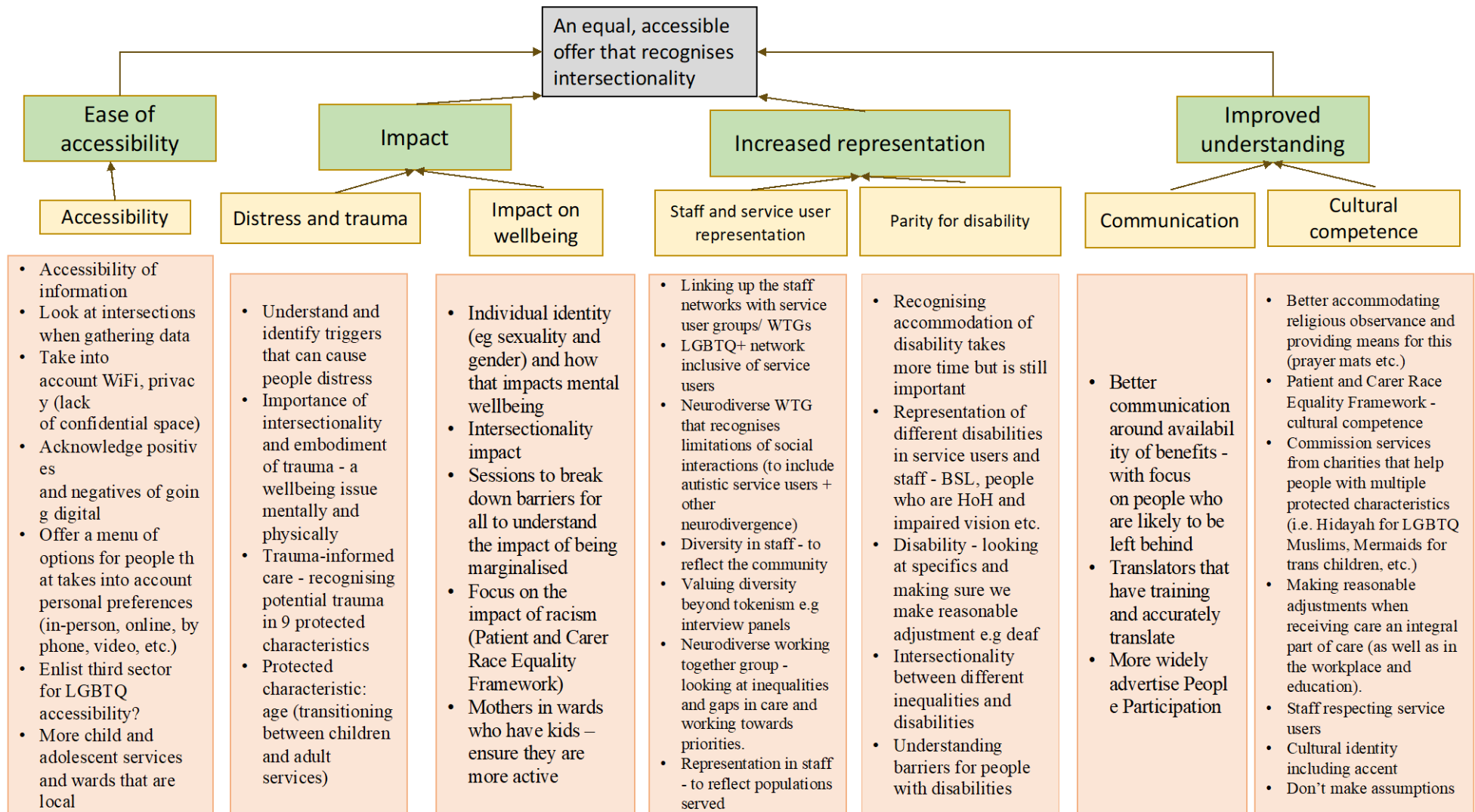
Development of PCREF is overseen nationally by a steering group chaired by Dr Jacqui Dyer, Mental Health Equalities Adviser to NHS England and NHS Improvement. Established in May 2020 its members including patients, carers and staff from the four pilot sites (Birmingham and Solihull, Greater Manchester and South London and the Maudsley Foundation Trusts as well as ELFT).

Led by two Lived Experience Researchers, in 2021 an engagement exercise was undertaken about the PCREF competencies and how to measure, develop and test our local approach. The programme is a partnership with local statutory services, such as the police and local authorities, and the community and voluntary sector, as well as staff, service users and their carers. Trust-wide guidance has been produced by the Lived Experience Researchers and People Participation leads. Each Directorate will be expected to work towards the PCREF goals by responding to the needs of their individual population, taking decisions on a local level about required actions. A system of levers and drivers will be developed with stakeholders to facilitate adherence to and delivery.

From the engagement with racialised and ethnic minority communities the following national (cultural awareness, staff knowledge and awareness, partnership working, co-production, workforce and co-learning) and local (trauma informed care and intersectionality) organisational competencies have been identified for further development. ELFT have been working closely with Oxleas NHS FT and North East London NHST FT to share learning. Further engagement is also underway to identify any additional competencies specific to the needs of children and young people and older adults.



# Service User Driver Diagram – created by service users



# Service Users Equality Profile

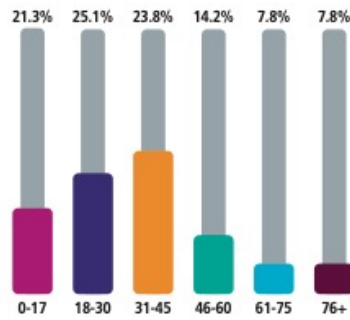


## Service User Demographics

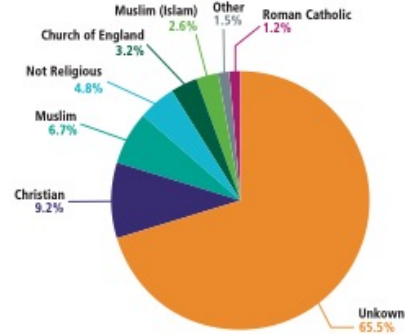
2022/2023



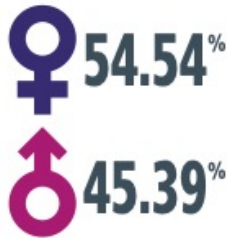
### AGE GROUP



### RELIGION



### GENDER



### DISABILITY



### MARITAL STATUS

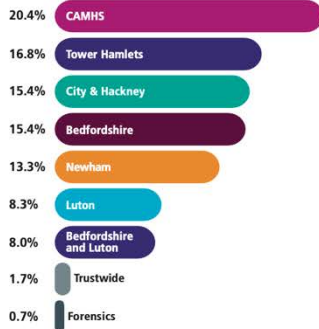


## Service User Demographics

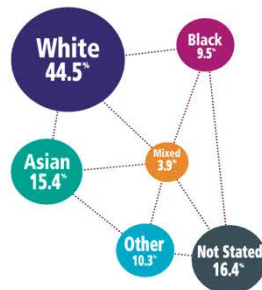
2022/2023



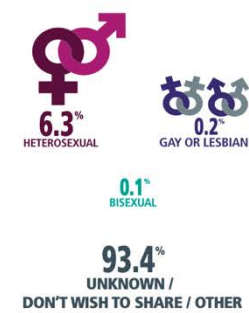
### BY DIRECTORATE



### ETHNICITY



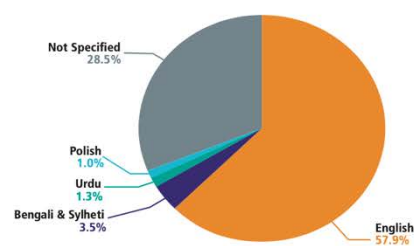
### SEXUAL ORIENTATION



### BY CATEGORY



### LANGUAGE SPOKEN



# Featured Updates

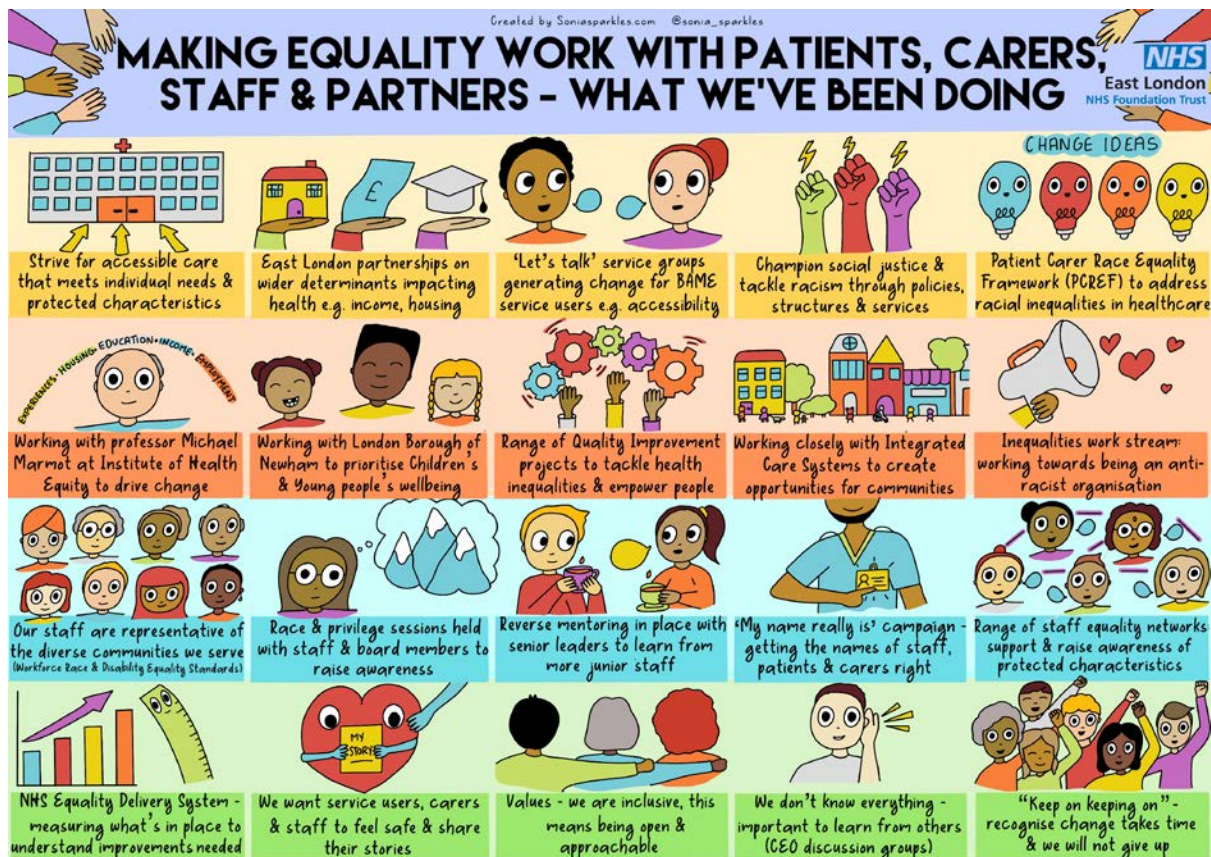
## Making Equality Work at Place

The work on the equality, diversity and human rights priorities has continued with each directorate creating equality plans aligned to the Trust’s strategic aims. Each quarter a placed based “Making Equality work in ...” forum presents these local plans, achievements and challenges, allowing services the opportunity to learn and share practice. Lorraine Sunduza, Chief Nurse/Deputy CEO chairs each session and discussions are led by Service/Clinical Directors involving staff, service users and network leads. The remit is to:

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

## Making Equality Work Conference 2022

The 'Making Equality Work at ELFT' conference was held in February 2022, hosted by Chief People Officer and Chief Nurse / Deputy CEO. The following infographics capture the key highlights.



# MAKING EQUALITY WORK: OUR EQUALITY NETWORKS SUPPORT

## STAFF TO DELIVER BETTER SERVICES

### BAME NETWORK



500+ members meet quarterly to discuss culture, diversity & race



Race & privilege sessions: safe space to discuss bullying/harassment



Sunshine in my pocket: offered vitamin D to all staff following COVID



Online mentoring & coaching: mentorship & support development

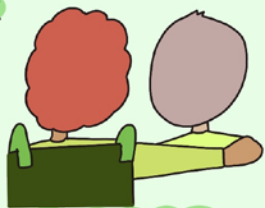


Welcome all members & allies to champion change: [graham.manyere@nhs.net](mailto:graham.manyere@nhs.net)

### ELFTABILITY NETWORK



Regular network meetings to highlight ability needs



Peer buddy support, newsletters & events to highlight awareness



Allies connecting across boroughs: East London, Bedfordshire and Luton



Recently explored adaptations, accessibility & text solutions

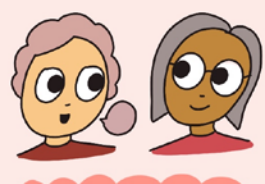


Come share stories & shape improvements: [elft.ability@nhs.net](mailto:elft.ability@nhs.net)

### LGBTQ+ NETWORK



200+ members meet bi-monthly & conferences held for awareness



Monthly allies training. Interviews & videos to promote knowledge



Successful pronouns campaign to help raise inclusivity & solidarity



'Beyond the rainbow' - wellbeing events held during COVID



Help us raise awareness on rights & equality: [Fiona.lord1@nhs.net](mailto:Fiona.lord1@nhs.net)

### WOMEN'S NETWORK



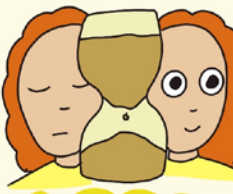
A safe space for women to come and discuss challenges they face



Self defence & psychology training offered in the network



Imposter syndrome, confidence & careers advice discussed

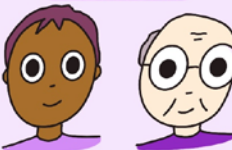


Subjects such as menopause awareness & impact discussed



Safe space to share learning & gain support: [Philippa.graves1@nhs.net](mailto:Philippa.graves1@nhs.net)

### INTERGENERATIONAL NETWORK



Understand needs & assets of different generation groups



Support different age groups with their needs, interests & requirements



An example: helped older people with digital tech use during COVID



An example: helped younger workforce with career decisions



Practical support offered across all ages: [amarshah@nhs.net](mailto:amarshah@nhs.net)



# MAKING EQUALITY WORK WITH PATIENTS & CARERS, STAFF AND PARTNERS: ACTIONS FOR THE FUTURE



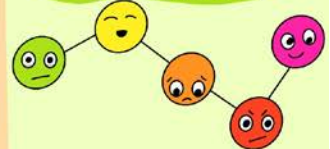
Support communities to achieve healthy living

Make patients & carers feel comfortable in sharing their individual & collective needs (as defined by protected characteristics)



Understand needs post pandemic - what do people want?

Variation in experience is one of our biggest challenge-be more consistent & sensitive to individual needs



Embed trauma informed approaches across all services

Be part of the "rainbow badge" accreditation to address LGBTQ+ needs



Create a statement on trans rights & make it work

Focus on growing peer support



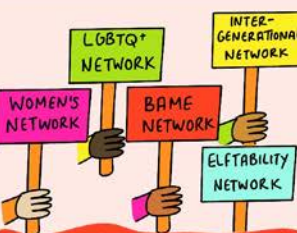
Create processes to better engage with new starters in the Trust

Create more spaces to have safe conversations in small groups



Mental health support for workforce to share experiences

Understand best way to celebrate all festivals & balance inclusivity embracing diversity of everyone



Promote the equality networks: come & experience them

Make equality training compulsory, including customer care training



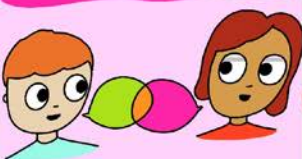
Make sure learning & stories are shared across services & teams

Ensure concrete actions to measure progress in new equality strategy



Balance time taken building trust with people against the need for quicker pace of actions

Focus on enhancing communication and consistency



Review our website - is it doing the job it needs to do?

Challenge our own assumptions more!



## Let's Talk Report

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

The Transformation Programme within the Trust provided an opportunity to identify and address the unmet mental health needs of BME people within local communities in City & Hackney, Newham and Tower Hamlets. Following on from the "Let's Talk" focus groups held in 2021, below are a list of 2022 updates that have resulted from the recommendations.

### Across the three boroughs

- We have allocated £1.9m through the Winter Pressures and Microgrants programme to organisations specifically tackling inequalities in 2022
- Using Quality Improvement methodology/Life QI, we aim to collect data from each change idea to evaluate impact
- The Let's Talk report will be embedded in Equality and Diversity (EDI) strategy and the Patients Carers Race Equality Framework
- Involved in external health equity research

### Newham

- Held a mental health event in collaboration with a Somali organisation (HealTogether)
- Exploring partnership with community organisations to roll out cultural awareness sessions
- Report poster was showcased at the Primary Care Mental Health Conference (Royal College of Psychiatrists)
- Service users are involved in the development of the new Recovery College
- The Pharmacy Team have rolled out medication side effects workshops for two community organisations in Hackney and Newham
- We successfully recruited a Lead Psychologist focusing on outreach and access to psychological services for minoritised groups which led to the co-design of four proposals for community groups
- Service users offering consultation to services (Together Café)
- SPS QI project led by Psychologist to increase access

### Tower Hamlets

- Exploring partnership with community organisation to roll out cultural awareness sessions
- Have scheduled regular meetings with Borough Director to capture on-going work related to recommendations captured from the report
- £266k has been granted to fund inequalities work
- Service users offering consultation to services (Together Café)

- We have and will be liaising/sharing the report with NHS services and teams (GPs, OP Leads, Neighbourhood Teams and research projects)
- Meeting scheduled with psychology community outreach team
- Service users have evaluated interview panel questions provided by HR
- QI project led by Psychologist to increase access to psychological services

### **City & Hackney**

- We have developed a Black men's group running bi-weekly
- The Pharmacy Team have rolled out medication side effects workshops for IRIE Minds
- Trainee psychologists involved in Transformation work
- Service users will be offering consultation to services (Crisis Café)

## **Spiritual Care**

It has always been the aim of the department to become as inclusive as possible. In the last year, we lost a very important team member due to a tragic illness. Ajvir Kumary was the team member responsible for both training and meeting the needs of our Hindu users.

We are pleased to report that this year we have been able to recruit part-time a highly experienced mental health professional. Veena Shivnath has worked in the Trust for many years as Lead Pharmacist. Over that period, she has organised in her own time many memorable Diwali celebrations at the Newham Centre for Mental Health. We are very fortunate to have such an experienced and creative person as part of our team. She is a deeply spiritual person and will be available to anyone from a non-Muslim background focusing mainly on those from Hindu and Sikh traditions. Veena has already contacted several the temples in Newham and has begun introducing yoga, dance and singing onto several wards.

We have also been very fortunate to add to our team the Reverend Oyin who is responsible for the East Ham Care Centre (EHCC). Oyin is a local Anglican priest who has a background in both Catholicism and the Pentecostal tradition. He also has a previous career in the care sector which makes him ideal for the EHCC.

We have also expanded the outreach of our team to work more closely with the community teams. One member of our team (Raphael) is now working very closely with several teams. Our two site leads for Mile End (Jusna and Imam Qamruz) are contacted on a weekly basis by community teams across the Trust for consultation on matters relating to Islam and most especially the tradition of spiritual healing.

We have also seen an expansion in this last year of the demands placed upon our Jewish Coordinator who is contacted by the inpatient wards and community teams on a weekly basis, especially in Hackney.

Over the last year we have aimed to return to normal provision. All inpatient wards are visited by members of our team on a weekly basis. We continue to operate an open access policy for users and staff to make referrals to both our departmental email address and the many departmental phones across the sites.

We are now continuing with 'spiritual groups' of different traditions across the Trust on a weekly basis. Our goal is to offer spiritual support to both those who hold a distinct faith as well as to those who live by a spiritual set of values.

## The year ahead

In 2022 East London NHS Trust had one of the most diverse Trust Boards in the country, which makes us an outlier compared with organisations in and outside of the NHS. Our work to tackle inequalities continues to progress. We have developed a deeper understanding of some of the disadvantaged groups affected by mental health inequalities and are progressing work to understand and address the underlying causes.

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



In 2023, we plan to develop a robust governance framework to shape and progress the equalities agenda for our Trust. In 2023, the launch of an Equalities Programme Board will provide Trust-wide guidance and oversight to local equality initiatives. Each workstream will be comprised of such members that can facilitate the unblocking of challenges to equality initiatives at ELFT.

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**28 September 2023**

<b>Title</b>	Audit Committee Meeting held on 14 September 2023 – Committee Chair’s Assurance Report
<b>Chair of the meeting</b>	Anit Chandarana, Non-Executive Director and Chair of the Audit Committee
<b>Author</b>	Cathy Lilley, Director of Corporate Governance

**Purpose of the report**

- To bring to the Board’s attention key issues and assurances discussed at the Audit Committee meeting held on 14 September 2023.

**Key messages**

- External Audit Progress Update**
- The Trust’s external auditors Mazars LLP confirmed final completion of the audit report with all issues resolved.
  - The receipt of assurance on the Trust’s liability in relation to the Local Government Pension Scheme (LGPS) remains outstanding and continues to impact on the schedule of publication and laying of the Trust’s annual report and accounts before Parliament. The LGPS fund auditors expect to have completed this work by November 2023 at which time an extraordinary meeting of the Committee will be convened for final sign off of the report and accounts.
  - Planning for the 2023/2024 audit is already underway between Mazars LLP and the finance team.
- Internal Audit Progress Update**
- RSM had produced benchmark report on healthcare with internal audit considering assurance reports and management actions across their client base, showing the Trust to be in a good place with regards to the number of reasonable assurances received.
  - A further benchmark report on the apprenticeship levy highlighted a number of positives whilst identifying areas for maximising the impact of the levy. This has also been received by the Quality Assurance Committee and would be shared with the Chief People Officer for further consideration and particular consideration to be given to the implications of not utilising the levy.
- Counter Fraud Update**
- There is ongoing work around fraud prevention in relation to staff working multiple jobs at the same time; assurance provided on the strengthening of internal processes to minimise the risk to ELFT.
- BAF Risk 8 Digital – Deep Dive**
- A deep dive into actions taken to improve the infrastructure and governance of digital services and minimise the Trust’s exposure to cyber-attacks highlighted the vast amount of work undertaken to move the organisation to the current greatly improved position.
  - Details were given of the upskilling of the digital workforce, network and firewall upgrades, the installation of high level anti-malware software, increased Trust-wide cyber awareness training and the ongoing work to establish resilient copies of the Trust’s data in alternative secure settings which resulted in the management of a decrease to the BAF risk score earlier this year.
  - The Committee sought further assurance around the ability for the organisation to respond in practice to future cyber-attacks, noting the plan for a simulated attack in the near future.
  - It was acknowledged, however, that the level of expertise, planning and mitigations in place to manage this risk provide a level of resilience against the impact of external factors and allows the Trust to take a calculated view of its risk score.
- Board Assurance Framework**
- Risk 4: Quality Assurance Committee requested the risk is reviewed in the context of continuing and escalating industrial action by doctors.
  - Risk 5: People & Culture Committee requested this new combined risk impacting on staff experience is strengthened to reflect the work the Trust is undertaking in respect of onboarding and training.
  - Risk 7: Now reflects the increased accountability and ownership of the FV programme.

- Further consideration to be given on how external factors impact on the management of our risks and how this is reflected in the BAF; however, the committee reiterated there should be no automatic consequence for our risk ratings if there are controls in place to manage and mitigate external issues.
- The BAF overview is attached at appendix 1.

#### **Waivers and Breaches**

- The committee welcomed the ongoing reduction in waivers and was assured by the effective management in place.

#### **Fit and Proper Persons Test Framework 2023**

- A new framework has been published by NHS England that introduces new and more comprehensive requirements around Board appointments and annual review. In addition, a leadership competency framework (LCF) is due to be published by 30 September 2023.
- The aim of strengthening the FPPT is to prioritise patient safety and quality of leadership in NHS organisations by strengthening and reinforcing individual accountability and transparency for all Board members (including interim appointments and non-voting members).
- A detailed review of the implications of the FPPT Framework on the Trust's current policy and practice is being undertaken to ensure that the required changes are in place by NHSE's deadline dates; although it is not expected there will be significant changes to the Trust's FPPT policy and processes as these were reviewed and strengthened in 2021 and reflects majority of the new requirements.
- The Committee requested that there is a balance between strengthening the policy and procedure whilst implementation reflects the Trust's values and culture, and maintaining the Trust's ability to validate and appoint individuals who share our core values as the best people for the roles.

#### **Review of the External Audit Service**

- A private session was held to conduct the annual performance review of the External Audit team.

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

## Appendix 1: BAF – Summary of Changes

BAF Risks	Updates
<b>Strategic Priority: Improved population health</b>	
<p><b>Risk 1</b> <i>If the Trust does not build and sustain the right organisational capability and capacity to support integrated care, this may impact adversely on our ability to deliver our strategic objective to improve population health</i></p> <p><b>Target risk score:</b> 8 High <b>Risk score:</b> Remains at 12 High</p>	<ul style="list-style-type: none"> <li>No change to risk score which remains at High 12</li> <li>Sustained winter pressures and requirements at a time of significant demand remains a challenge; Exec leadership and involvement in system response to these pressures</li> <li>Fuller programmes in both ICSs are now moving to an active phase and the Trust is a full participant in both ICSs; a Trust-wide CHS check-in with Exec representatives established to support this work</li> </ul>
<p><b>Risk 2</b> <i>If the Trust does not build and sustain effective partnerships with other health, care, voluntary sector and other key organisations, this may impact adversely on our ability to deliver the Trust strategy</i></p> <p><b>Target risk score:</b> 8 High <b>Risk score:</b> Remains at 8 High</p>	<ul style="list-style-type: none"> <li>No change to risk score which remains at High 8 due to the continued significant effort, commitment and capacity in to working with partners to develop appropriate architecture that will support the Trust to continue to deliver its strategy</li> <li>NEL community collaborative Exec workshop in Aug 2023 has refreshed commitment from partners to mobilising community collaborative at pace</li> <li>In BLMK an operating plan for the collaborative functions across the system and at place is being developed with system partners to ensure clear governance arrangements</li> </ul>
<p><b>Risk 9</b> <i>If the Trust does not effectively manage its commissioning responsibilities and associated risks as a lead provider or lead commissioner, this will impact on the quality and experience of care for service users and patients</i></p> <p><b>Target risk score:</b> 8 High <b>Risk score:</b> Remains at 16 <b>Significant</b></p>	<ul style="list-style-type: none"> <li>No change to risk score which remains at Significant 16 due to the much higher financial and bed based risk profile for the perinatal NMC collaborative unlike the more established CAMHS collaborative</li> <li>No changes to the report presented in July 2023</li> <li>Developing Perinatal New Models of Care (provider collaborative for specialist perinatal services) in North Central East London with ELFT as the lead provider; business case written, initial risks identified and due diligence under way</li> </ul>
<b>Strategic Priority: Improved experience of care</b>	
<p><b>Risk 3:</b> <i>If the Trust does not work effectively with patients and local communities in the planning and delivery of care, services may not meet the needs of local communities</i></p> <p><b>Target risk score:</b> 8 High <b>Risk score:</b> Remains at 12 High</p>	<p>The following which was reported to the Audit Committee in July 2023 has not been updated due to the sequencing of the People Participation Committee meeting which is not due to meet until 21 Sept 2023:</p> <ul style="list-style-type: none"> <li>Continued work with ICS/place structures to embed PP and co-production in ways of working to reduce the variation</li> <li>Continued recruitment to PP Leads inc a BLMK Allied Health Professional PPL sitting across ELFT and CNWL; specialist drug and alcohol PPL; and advertising an EDI PPL. Also developing PPL role in estates and facilities</li> <li>New training lead in place reviewing career development and developing new roles</li> <li>Recruited two new patient safety partners with lived experience working across patient safety and PP</li> </ul>
<p><b>Risk 4</b> <i>If essential standards of quality and safety are not maintained, this may result in the provision of sub-optimal care and increases the risk of harm</i></p> <p><b>Target risk score:</b> 9 High <b>Risk score:</b> Remains at 12 High</p>	<ul style="list-style-type: none"> <li>No change to risk score which remains at High 12</li> <li><b>Covid:</b> Covid infection numbers are rising with some absences in teams; local decision making remains in place and IPC team supporting services in cases of outbreaks</li> <li><b>CQC:</b> 'Must do' action plan relating to supervision and training submitted to CQC; MHA visits to inpatient wards continues</li> </ul>

BAF Risks	Updates
	<ul style="list-style-type: none"> <li>• <b>Industrial action:</b> Further industrial action by consultants and junior doctors planned which disrupts routine clinical care in particular</li> <li>• <b>Patient safety strategy:</b> System design and training to prepare for implementation of PSIRF in Nov taking place – making most of the opportunities to enhance the Trust’s safety systems and culture</li> <li>• <b>Services – ADHD and autism:</b> Continued growing waiting list with adult ADHD and adult autism specifically affected. Plan being developed for a London-wide programme of work for ADHD which includes primary care and the ICB. Task and finish groups being established to progress ideas identified at recent Trust-wide workshop on autism with a focus on pooling resource across teams, use of digital platforms, and provision of support for people while waiting</li> <li>• <b>Services – beds demand:</b> New forum being established to bring together all the work on acute pathway flows.</li> <li>• <b>Services – CHS:</b> Focused work on the Urgent Care Response pathway and system level coordination on managing pathways; close working with system partners and social care to ensure safe flow of patients. Engaged in system winter planning.</li> </ul>
<b>Strategic priority: improved staff experience</b>	
<p><b>Risk 5:</b> <i>If issues affecting staff experience including the recruitment and retention of people with the right skills are not effectively planned for and addressed, this will adversely impact on staff motivation, engagement, retention and satisfaction</i></p> <p><b>Target risk score:</b> 8 High  <b>Risk score:</b> Remains at 20  <b>Significant</b></p>	<ul style="list-style-type: none"> <li>• No change to risk score which remains at Significant 20</li> <li>• Ongoing industrial action including notification for strike action by Unite union on 13 September 2023</li> <li>• Continued focus across the four priorities in the people plan</li> <li>• Statutory and mandatory training compliance has increased to 83% but remains short of 90% of target</li> <li>• A week of Trust-wide events planned in October facilitated by Dr Robin DiAngelo which will focus on how the Trust can become an anti-racist and multicultural organisation using IHI’s anti-racism and multicultural continuum; the aims include coproducing an anti-racism strategy and statement as well as high level plans to progress on the continuum</li> </ul>
<b>Strategic priority: improved value</b>	
<p><b>Risk 7</b> <i>If the Trust’s approach to value and financial sustainability are not embedded, this may impact on the achievement of the Trust’s financial, service delivery and operational plans</i></p> <p><b>Target risk score:</b> 8 High  <b>Risk score:</b> Remains at 16  <b>Significant</b></p>	<ul style="list-style-type: none"> <li>• No change to risk score as the 2023/24 target is higher than 2022/23 and there is a continued gap in plans</li> <li>• The enhanced framework to support the delivery of sustainable directorate FV plans (management action G2) is having a positive impact, with scheme development and delivering improving since July FBIC; anticipated this will impact in a reduction in risk score by Oct 2023</li> <li>• Focus is on recurrent schemes that offer longer term financial sustainability</li> <li>• 90% of in year schemes identified; however, there is a current gap of c£4m of unidentified schemes and there is a small number of high risk, high impact central schemes which lack robust delivery plans</li> <li>• Exec ownership has been strengthened to provide support and focus on the delivery of schemes; sessions with the CFO/COO introduced in areas where plans fall short of target; dedicated project management resource in place to support where capacity to deliver plan has been highlighted as a challenge</li> </ul>



BAF Risks	Updates
<p><b>Risk 8:</b> <i>If the Trust fails to robustly implement and embed infrastructure plans including digital and estates, this will adversely impact on our service quality and delivery, patient care and carer experience, and our ability to transform services in line with our aspiration to be a leader in both of our ICSSs</i></p> <p><b>Target risk score:</b> 9 High  <b>Risk score:</b> Remains at 20  <b>Significant</b></p>	<ul style="list-style-type: none"> <li>• No change to risk score reflecting the continued cyber threat</li> <li>• New links are being tested through Sept; if they pass the risk score of 20 will be reviewed at DSB in Sept 2023 in line with Cyber threats and infrastructure and adjusted accordingly</li> <li>• ESB held its inaugural meeting in August; a draft version of the 6 facet survey was presented</li> <li>• Further Board training is being planned for 2023/24 schedule to focus on Cyber attack process</li> <li>• Penetration testing, a peer review and a simulated phishing attack are planned for the next six months</li> <li>• Successful conclusion of the Cloud legal challenge from the administrators pursuing the Trust for additional fees with no levied cost at the Trust.</li> </ul>

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**28 September 2023**

<b>Title</b>	Quality Assurance Committee (QAC) on 11 September 2023 – Committee Chair’s Report
<b>Committee Chair</b>	Prof Dame Donna Kinnair, Non-Executive Director, Chair of the QAC
<b>Author</b>	Cathy Lilley, Director of Corporate Governance

**Purpose of the report**

- To bring to the Board’s attention key issues and assurances discussed at the Quality Assurance Committee (QAC) on 11 September 2023.

**Key messages**

**Emerging Issues**

- **Industrial action:**
  - Further industrial action planned for w/c 18 September 2023 will be more challenging as includes both junior doctors and consultants; one-day strike by Unite on 13 September 2023
  - Mitigations are being put in place with the Trust treating these as a major incident
  - The industrial action brings challenges from both a clinical and quality perspective: it is imperative to focus on aspects that keep our services and our people (service users and staff) safe; however, this will impact on other areas such as waiting lists
  - Staff at all levels are stepping up to ensure the management of the strikes are undertaken in a safe way; the impact on staff, however, cannot be over-estimated
  - The Trust continues to have constructive engagement with the local BMA and JLNC
- **Emergency Departments** continue to see significant activity and while numbers have not increased greatly, people are having to wait longer to access a bed
- **Private sector beds** recently commissioned to relieve pressures; now reviewing how best to find alternative options to ensure the right level of care is provided and also to reduce spend
- **Right Care Right Person:** Trust is engaged in ICS level work with East London Metropolitan and with Bedfordshire and Luton police in response to correspondence from the Metropolitan Police Commissioner relating to the implement of Right Care Right Person across
- **Inpatient deaths:** Four inpatient deaths occurred during August; 48 hour reports have been undertaken and SI investigations taking place. Initially these deaths highlight the underlying broader theme of physical health problems in people with mental health illness and illicit drug use; however, there does not appear to be any connection between the deaths
- **Countess of Chester Hospital – Lucy Letby Conviction:** In response to the sad and tragic findings, the Trust is reviewing its practice, processes and systems in the light of lessons learned as they emerge including how people raise concerns, visibility and accessibility of leaders, how leaders respond when issues and concerns are raised. In addition reviewing how data is used and monitored to support with identifying themes and trends. A deep dive has commenced and will be a feature of the quality report to the September Board meeting

**Integrated Patient Safety Report**

- **Assurance**
  - The Trust continues to have strong safety systems and a strong framework for responding to patient safety concerns with compassion, transparency and rigour. Work is ongoing to continuously improve safety cultures across the organisation
  - Continued strong reporting of incidents; the slight rise in the last few months will be explored to identify whether this is showing a good reporting culture or whether there is any area of concern. Incidents continue to be largely low to no harm
  - There has been an increase in expected deaths which is in line with national trends; this continues to be scrutinised. The number of unexpected deaths remain within the normal

fluctuations and are monitored and reviewed with SI and concise reviews. Two Prevention of Future Death reports have been received

- There has been an increase in complaints; an initial review has found no significant patterns or reasons and a deep dive is planned to identify the reasons and if the themes relate to safety issues. Timeliness of responding to complaints remains a challenge and work is taking place to review and improve the position
- Focus on SI reports completion timeliness with some improvements seen. SI actions data is in an early phase of development; however, assurance provided that overdue actions are at much lower numbers and the safety team are supporting directorates with completion.

- **Improvement**

- Good progress is being made with the safety plan improvement work with strengthened safety oversight
  - Following successful recruitment of service user representatives on the Patient Safety Forum and Patient Safety Incident Response Framework (PSIRF) Steering Group, two dedicated service user roles as patient safety partners at the Trust have been successfully recruited who will work with the safety team to further co-design and co-lead the Trust's safety plan and PSIRF implementation. Six volunteers from the Trust's medical directors have agreed to become NHSE patient safety specialists
  - To support our patient quality and safety improvement pathway, continuing work towards implementing a new incident reporting system (InPhase) to better meet local and NHS England reporting requirements (NHSE Learning From Patient Safety Events reporting system – LFPSE)
  - Good progress being made in the transition to the new PSIRF which is planned for November in line with NHSE implementation plans with ongoing focus on PSIRF training with 280 staff who have scheduled or completed the training
  - New systems have been introduced, such as safety problem huddles, particularly in areas which often have 'soft' intelligence, such as legal, complaints and Freedom to Speak Up
  - Good engagement with safety incident learning seminars which now regularly have over 100 attendees
- Acknowledging the report is continually being improved, the committee requested further consideration be given to strengthening the complaints section particularly around trends, cross-checking with incidents, and the number re-opened complaints and those referred to the Ombudsman; improving the structure of the report by including a section on themes to help identify emerging safety.

### **Quality and Safety Report: CAMHS**

- **Achievements:** opening of Evergreen, an inpatient unit in Bedfordshire – lengths of stay are shorter than those outside of ELFT and working well with the crisis and home treatment teams; developing alternatives to admission; developing some intensive support teams for young people with learning disabilities and autism – linking in with social care to establish alternative ways of working; reviewing more early intervention models and increasing multi-agency working to manage delayed discharge/children being set out of area; co-production work ins ongoing; NEL clinical improvement network established to reduce variation and give children the best start in life; anti-racism training being developed; discovery colleges set up in Bedfordshire and Luton with three to be established in the London boroughs; supporting staff wellbeing as the increasing complexity of presentations has an effect on staff
- **Variations:** due to the increase in acuity, the challenge is how to balance managing waiting lists, waiting times and patient flow while trying to increase preventative work; culture change to encourage clinicians to not just to think about their case-loads but also about the offer in the community; the neuro-developmental pathway is under strain and is a particular pressure around autism assessments; different patterns of investment in different areas result inconsistencies across services; continuing to build digital capability and encouraging staff to use new systems to ensure universally applied
- **Challenges:** demand and increase in complexity of presentations; managing pressures and interface with acute Trusts; staff vacancies which is impacting on existing staff; pace of digital developments.

## **Cross Cutting Theme Deep Dive: Mental Health Activity in Emergency Departments (EDs)**

### **• North East London (NEL)**

#### **Current picture:**

- There are six EDs in NEL, each has a psychiatric liaison service providing assessments for those in crisis 24/7
- There has been a steep rise in mental health attendances in EDs which is consistent with the rest of London. Numbers have stabilised since 2021 and decreased slightly last year. Significant work is going into supporting people into accessing care away from EDs
- People attending EDs for mental health assessments often face with long waits and the number of people breaching the 12 hour wait has continued to rise despite numbers not rising overall. The biggest contributor to the delays is bed availability with higher occupancy rate being the underlying cause partially due to the greater level of acuity
- People who are presenting are previously unknown to services and there is a higher proportion detained under the Mental Health Act
- There has also been a higher level of demand on the community mental health services who are seeing more people year on year

#### **Actions being taken:**

- A Crisis Improvement Network has been established working with partners and including a number of workstreams relating to emergency care
- 111\*2 service should provide a more appropriate response in the early stages of people's contact with services
- Working collaboratively with the police to ensure the appropriate professional responds to those in urgent need of mental health support (Right Care Right Person)
- Plans to improve the bed base
- Reviewing how to reduce people having crises in the first place as well as why there are longer lengths of stay, e.g. the Trust is working with partners and local authorities on how to help people into moving into supported accommodation.

### **• Bedfordshire and Luton**

#### **Current picture:**

- The urgent and emergency care pathway provides a range of services including mental health crisis and healthcare professionals lines (NHS 111\*2), crisis resolution and home treatment team, psychiatric liaison service, mental health street triage, liaison and diversion. The pathway is under review with a focus on prevention offer to avoid people going into crisis
- There has been an increase in admissions as well as demand and flow; and there has been increase activity throughout the pathway; in particular there has been an increase in admissions from acute hospitals into psychiatric beds
- There is a significant number who have presented with a primary mental health issue who need a physical health intervention
- There are significant waiting times from the emergency assessment unit into mental health inpatient transfer when the decision is made

#### **Actions being taken:**

- Reviewing the crisis resolution and home treatment team model; including a review of the crisis café model to ensure full utilisation
- Ensuring there is a person-centred approach for those having a crisis
- Introduced the self-referrals pathway
- Rolling out the 'RESPOND' training about how to manage crisis
- Embedding a trauma informed care approach across the pathway

**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:*

- Covid infection numbers rising having the potential to disrupt; the rollout of Covid and flu vaccines commences w/c 18 September 2023 for eligible patients and staff, hoping to mitigate the risk
- Continued service pressures in bed demands where a new forum being established to focus on acute pathway flows; and with waiting lists for ADHD and autism where a plan is being

developed for a London-wide programme of work which includes primary care and the ICB as well as task and finish groups being established to progress ideas identified at a Trust-wide workshop on autism with a focus on pooling resource across teams, use of digital platforms, and provision of support for people while waiting

- The committee requested the impact on quality, finance and outcomes of the industrial action should be considered when reviewing the BAF
- The committee agreed no changes to the risks scores and that appropriate controls are in place and operating effectively.

#### **Guardian of Safe Working Q1**

- Junior doctor work schedules remain compliant with the junior doctor contract
- Reporting of exceptions to work schedules has decreased in Q1 with 39 reports in the period compared to 49 in Q4 including 10 breaches of the rest rules. There is an increase in the number of contract breaches from 1 in Q4 due to doctors remaining late at work due to delays in handover processes, increased workload in both day shifts and out of hours shifts and also pressures from the industrial action
- 325 vacant shifts required locum cover, 9% of which were covered by agency doctors. This is an increase in the number of vacant shifts in comparison with Q4 (236 vacant shifts) which may partly be explained by the recent junior doctor strike action
- A new court ruling prevents agency doctors from covering gaps when there is industrial action which may impact on the exception reporting going forwards.

#### **Internal Audit:**

- Good progress has been made against the plan with no overdue management actions
- The committee requested a further review of the implications and learning from the two benchmarking reports (on healthcare and apprenticeships) including what 'good looks like'.

#### **Data Security & Protection Toolkit Compliance inc Information Governance Annual Report:**

Confirmation the Trust met the Toolkit's standards and received an overall substantial risk assurance rating following an internal audit.

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

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**28 September 2023**

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

**Purpose of the report**

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

**Key messages**

The quality assurance section of this report takes a detailed look into the systems, processes and culture at ELFT that enable people to speak up, raise concerns in a safe way, and for the Trust to listen and act in response. This deep-dive comes on the back of the recent conviction of Lucy Letby for serial murder and attempted murder at the Countess of Chester hospital. The question for every Trust in the wake of this shocking conviction is whether our culture and ways of working would enable us to detect and act on potential harm to service users. Due to the importance of this topic, and the need to explore multiple systems across the Trust in order to provide an analysis to the Board, the quality report is longer this month than usual.

The Trust has a number of systems and processes in place that appear robust, and support people to raise issues and for the Trust to respond appropriately, with sufficient assurance in place. For example, ELFT has globally renowned systems for people participation and quality improvement, both of which give agency to people with lived experience (receiving care or delivering care) to be able to contribute towards discussing problems and issues, and working together to improve the system. Our commitment to clinical leadership means that every part of the Trust is led by people who really understand the clinical work, reducing any perceived divide between ‘managers’ and clinicians, and ensuring that management decisions are therefore taken by well-informed and experienced clinicians. Few Trusts globally have as extensive a system of executive and non-executive walkrounds, visiting over 250 teams annually to listen and learn about what is working and what isn’t. Our safety system has a number of elements that are recognised as best practice – the review of incidents by our most senior clinicians, and more recent introduction of thematic reviews, cluster learning and processes for rapid learning and improvement such as after action review. Our data systems are rapidly being recognised as industry-leading, giving staff access to integrated data from multiple sources from any device, in a way that allows us to make decisions based on understanding variation, and with new advanced analytics such as early warning systems.

Nevertheless, there remain a number of areas where culture and leadership requires work, and processes that need strengthening. There is no clear management system for whistleblowing concerns at present, or cross-sharing between whistleblowing concerns and other People & Culture processes such as disciplinary or grievance investigations. The response to Freedom to Speak Up concerns requires strengthening, so that we are clear on how we are acting, the timelines for taking action, and feeding back to those who raised a concern. The data from the 2022 staff survey suggests that there remains much work to do in supporting line managers and supervisors, in creating a safe space with their supervisees, in listening to concerns raised and acting upon these in a compassionate

and responsive way. Most staff will utilise the management and supervision system to raise concerns first, rather than other formal routes, and we need to work on supporting our clinical and team supervisors to be able to create safe spaces, elicit concerns and act on what they hear. We will be commencing a series of conversations with our senior clinicians and professional leads in order to explore this further. Our system for managing complaints is currently not set up to identify hotspots where we are receiving multiple complaints about a service or a staff member. Actions are underway already to strengthen each of the above systems, with reports on progress due to come back to subcommittees of the board.

A new patient safety culture survey was introduced earlier in 2023 for inpatient services, and incorporated alongside the annual self-assessment that all teams complete for ongoing CQC readiness. This process will be strengthened by ensuring we record how teams are acting on what staff are saying in the survey, with a suite of online resources being developed to support this. The survey will then be extended across all other clinical teams.

Implementation of the new ELFT leadership framework will be supportive of our work on culture, through reviewing and strengthening development programmes for first-line leaders, supporting directorate leadership teams to also develop structured walkrounds with their clinical services, measuring team health and wellbeing in better ways, and providing systematic ways for all leaders at ELFT to get feedback on their behaviours to support annual appraisal discussions.

The quality improvement section of this report provides assurance on delivery of the two large-scale quality improvement programmes on Pursuing Equity and improving Inpatient Quality and Safety. The Pursuing Equity programme is about to start its second phase, with an additional 13 teams joining. The first year of this programme saw some excellent results across the Trust, which have been shared in previous reports.

The inpatient quality and safety improvement programme demonstrates how we are using quality improvement at scale, involving staff and service users in helping us solve complex quality issues identified in serious incidents and Prevention of Future Deaths notifications. This programme began with a focus on increasing the reliability of inpatient observations, which we know from serious incidents is a process that has been found to be unreliable at times. The range of creative, new ideas being tested across all our inpatient units shows the power of involving teams in a quality improvement approach. The daily collection of data in each unit gives us a way to demonstrate improvement, and early signs suggest that some units are seeing higher reliability. The next phase of this work introduces the safety culture bundle, first developed in 2013/14 as part of our violence reduction work.

**Strategic priorities this paper supports.**

Improved population health outcomes	<input checked="" type="checkbox"/>	Triple aim and large-scale QI programme on pursuing equity
Improved experience of care	<input checked="" type="checkbox"/>	QI approach to tackling waits and flow
Improved staff experience	<input checked="" type="checkbox"/>	Supporting the development and application of improvement skills in daily work
Improved value	<input checked="" type="checkbox"/>	Most quality improvement work enhances value through improving productivity and efficiency, with a

	minority of work focused on reducing spend or improving environmental sustainability
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### Implications

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



## **1. Quality assurance**

- 1.1 This section of the quality report provides assurance to the board in the wake of the Lucy Letby case relating to the murder and attempted murder of babies at the Countess of Chester Hospital.
- 1.2 This horrific case raises some significant issues, and questions for Trusts and their Boards to ask themselves. And whilst serial murder is self-evidently an extremely rare occurrence, the central question for us is whether we have a culture that puts patient safety and quality of experience front and centre of what we do. And, as Alison Leary, professor of healthcare and workforce modelling, asks in her BMJ article of 23 August, “can any organisation be assured with its current systems, processes, and culture that, even if the intention is not malign, it will detect and act on potential harm to patients?”
- 1.3 The purpose of this paper is to explore this question by looking at the key issues that have so far been thrown up by what we know about events, how they came to transpire and why they weren’t identified and stopped more quickly and effectively. In preparing this report, we have reviewed our internal systems and culture in order to provide assurance where we have identified good practice, and also to identify actions required to strengthen our approach in areas where we see potential weakness.
- 1.4 It is important to recognise the limitations of what we know about the case and what can be learnt from it at this point, restricted as it is to a criminal trial and the media reporting of it along with subsequent opinion and analysis.

## **2.0 Key issues raised and the position at ELFT**

- 2.1 Examination of media reporting to date spotlights a number of issues germane to the occurrence and delay in recognising the events:
  - Leadership and culture
  - Paying attention to, and responding, to data and analysis
  - Listening and learning
  - Processes for raising concerns, and how the organisation responds to what it hears
- 2.2 Each of these themes, of course, interact. And overarching these themes, is that of action (although closely tied to leadership and culture). The idea that the organisation is not just willing to hear, but also willing and able to act.
- 2.3 Unsurprisingly, these broadly align with the Trust’s safety plan (see below) that sets out ELFT’s approach to delivering our vision for safety - *to become an organisation which provides outstanding safety for all our people, with a positive and equitable safety culture and where safety is everyone’s primary concern, underpinned by strong leadership, people participation and proactive learning, monitoring and improvement.*



### 3.0 Leadership and culture

#### 3.1 Board leadership

NHS England published a new Fit & Proper Persons Test (FPPT) framework in August 2023 in response to the recommendations made by Tom Kark KC in his 2019 review of the FPPT which takes into account the requirements of the CQC in relation to Board Directors being fit and proper for their roles. Guidance for implementation was also published, with the expectation that elements of the framework would be in place from 30 September 2023 with full implementation by March 2024.

The Framework introduces a means of retaining information relating to testing the requirements of the FPPT for individual Directors, a set of standard competencies for all Board members, a new way of completing references with additional content whenever a Board Director leaves an NHS Board, and extension of the applicability to some other organisations, including NHSE and the CQC.

A review of the implications of the FPPT Framework on the Trust's current policy and practice is being undertaken by the three leads for FPPT: Chief Nurse, Chief People Officer and Director of Corporate Governance to ensure that the required changes are in place by the above deadline dates.

The aim of strengthening the FPPT is to prioritise patient safety and quality of leadership in NHS organisations by strengthening and reinforcing individual accountability and transparency for all Board members (including interim appointments and non-voting members). The Framework aims to:

- help Board members build a portfolio to support and provide assurance that they are fit and proper, while demonstrably unfit board members will be prevented from moving between NHS organisations
- ensure high standards of leadership in the NHS as it is widely acknowledged that well-led NHS organisations and better-led teams with both strong teamwork and strong governance translate into greater staff wellbeing and better clinical care
- ensure that Board members demonstrate the right behaviours particularly in embedding the Trust's culture, i.e. by fostering a culture of compassion, respect and inclusion, and a feeling of belonging; as well as setting the tone at the 'top' to

encourage a listening and speaking up culture that will safeguard the care, comfort and safety of the patients to whom the Trust provides health services.

The Board has spent dedicated time on safety over the last two years, in developing the Trust's safety plan and through board development workshops on learning from safety events.

### 3.2 Clinical leadership and leadership proximity to the point of care

The Trust has a long-standing leadership structure that places clinicians at the centre, working in partnership with operational leaders at all levels of the organisation – such that there is strong clinical leadership at service, directorate, executive and board level. In managing quality of care, there is a strong focus on relationships and a vigilance around the functioning of those relationships. As a result, any problems identified tend to be actively addressed.

Executive walkrounds are a key element of leadership practice within ELFT, and have been in place for over a decade. Walkrounds aim to take place at least once a year to every service. During the last financial year, over 250 executive walkrounds were scheduled with our services, and have a semi-structured format with learning fed back to local leadership immediately, so that they can hear the topics that were raised and take any needed action. Non-Executive Directors also conduct visits that are structured along similar lines. Thematic learning from walkrounds is presented to the Board annually, triangulated alongside other forms of staff and service user feedback. One area that will be strengthened is the recording of actions taken by directorates, in response to issues identified.

In addition, safety walkrounds have commenced, led by the Director of Patient Safety and which will include our patient safety partners (dedicated service user or carer roles focused on patient safety). These walkrounds incorporate feeding back to the team on areas of strength and gaps identified.

At directorate level, leadership walkrounds are more variable. They are routinely conducted in some, but not all directorates. Where they do take place, there is no standard approach in terms of frequency, focus, record-keeping etc. In addition, a variety of walkrounds are used locally to monitor and check a range of aspects of quality and safety, for example Estates walkrounds, Infection Control walkrounds, Matron walkrounds etc. Again, local practice tends to vary - some are informal, and others follow a set format and check against specified standards or expectations.

The new ELFT leadership framework makes clear that leadership visibility and accessibility is a key tenet for senior leaders. As part of implementing the new leadership framework, we will be working with directorate leaders to develop a more standardised form of leadership walkround between clinical and service directors and local teams.

### 3.3 Leadership for safety

The Trust has had specific quality and safety expertise within the Trust Board since the introduction of the Chief Quality Officer role in 2017; the first such role in England at the time, and still one of only six nationally.

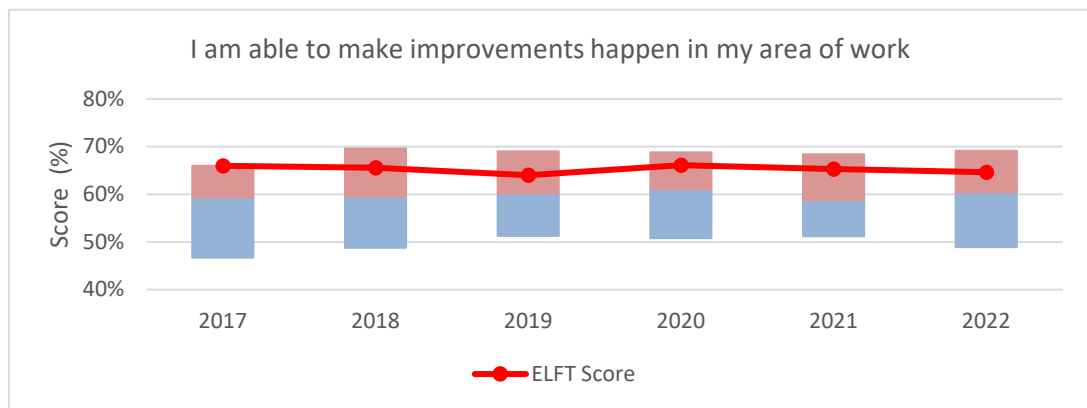
Since appointing a Director of Patient Safety in 2022, the Trust has continued to strengthen its safety leadership team. In addition to recruiting 'Patient Safety Partners' to closely support clinical services (which is the first such role in the country), six of our directors have volunteered to take up the role of Patient Safety Specialist for the organisation, alongside the Director of Safety. We now have representation of mental health, community health, primary care, social care and specialist services among this group, who will be undertaking

NHSE Level 3 and 4 Patient Safety training in order to provide senior expertise in safety for the organisation.

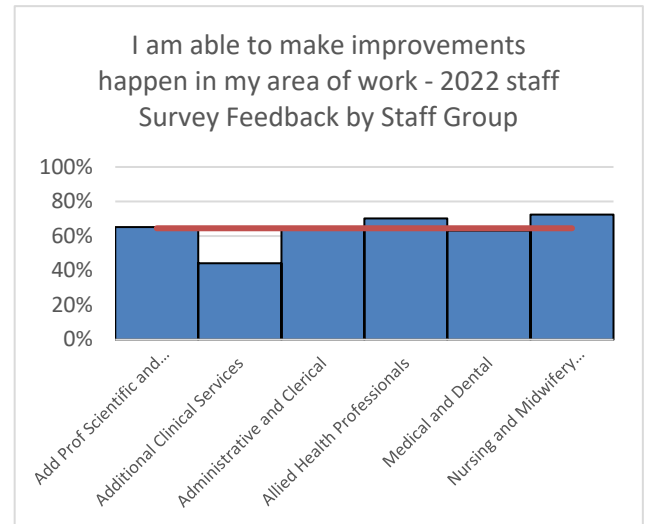
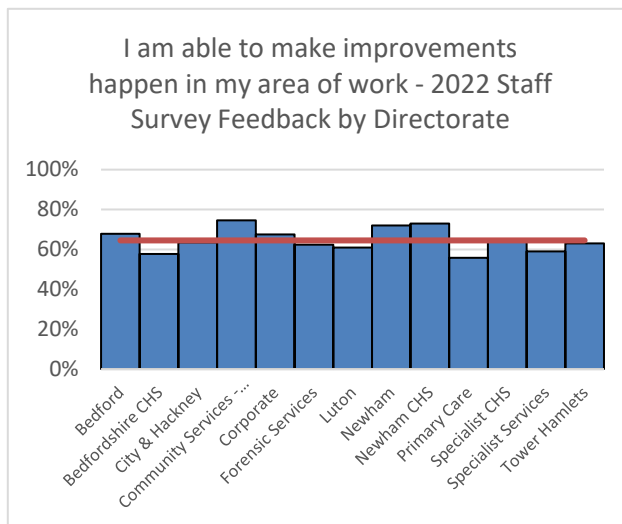
The monthly Trust Patient Safety Forum continues to oversee work to embed our Patient Safety Plan, under leadership of our Chief Medical Officer. This forum provides oversight of safety learning and Trustwide safety improvement priority work, which is identified by triangulating themes from safety data alongside soft intelligence from staff and service users, huddles, operational forums & walkrounds.

### 3.4 Improvement culture

A commitment to continuous improvement is integral, and indeed influential, in the prevailing culture of the organisation. The positive impacts on the culture of the organisation are many, but importantly reinforcing a sense of agency and autonomy for everyone to work together in identifying and solving problems. This has enabled people to build confidence that they can make change happen, given people a set of tools and a method to tackle complex quality issues, and enabled a more open and curious culture.



The data from the 2022 staff survey is broken down by directorate and staff group below. In the directorates with a lower percentage, there is specific work taking place to find new ways to engage teams and particular groups of staff with our quality improvement approach. Results were also lower for staff who work in Additional Clinical Services, which includes roles such as Healthcare Assistants, Associate Practitioners and Assistant Psychologists. This correlates with staff groups that to date are less likely to attend QI training. As part of a project to improve new starter experience in the Trust, all these groups of staff are encouraged and supported to attend Pocket QI within their first 3 months of joining.



### 3.5 Safety culture

From January 2023, the Trust has introduced a Safety Culture Survey as part of its annual CQC self-assessment process. The purpose is to provide a more objective measure of safety culture, and to enable teams to better understand, and where necessary improve, their safety culture. The tool has been co-designed with clinical staff across the trust based on a number of validated tools, and focuses on key areas of safety.

All ward staff are expected to complete the questionnaire, from Consultant to OT, from domestic staff to nursing team. All in-patient services are required to use the tool on an annual basis (although it is available to use at any time), and to date adult mental health services in East London and Luton and Bedfordshire have done so, with Forensic and CAMHS services to follow during the course of 2023. Having completed the tool, a report is produced and returned to teams, setting out the responses to the survey in a way that supports a discussion of the strengths and opportunities for improvement. All teams are expected to have this discussion and agree actions they wish to take. A range of resources is being developed to support teams to do this.

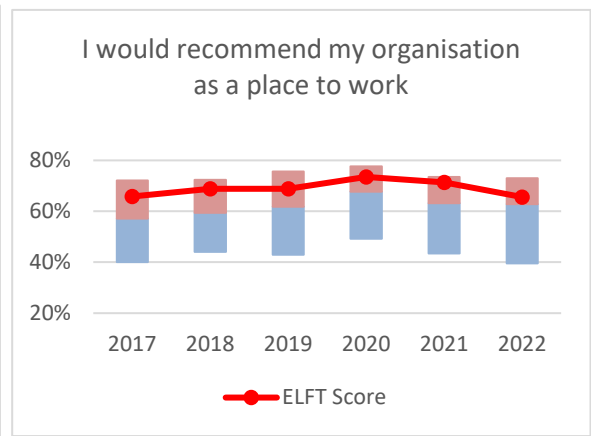
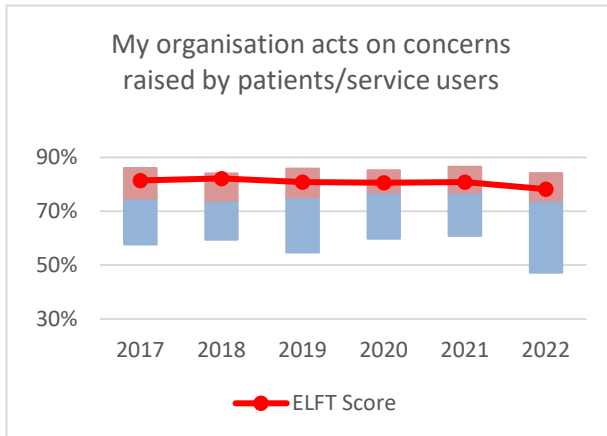
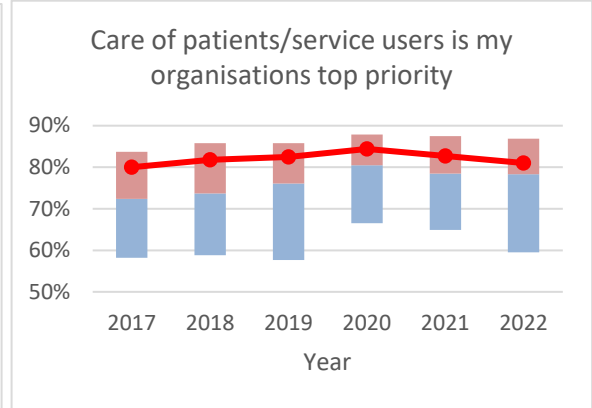
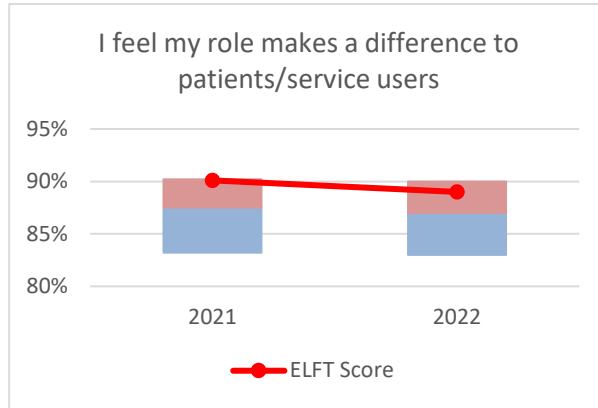
At present the process in place does not provide robust assurance as to whether these conversations have taken place in the team, the topic of discussion or any action taken. The Director of Patient Safety and Quality Assurance Team are working to address this, with the intention of identifying an appropriately skilled pool of facilitators who would lead the discussions with clinical teams. This would both bring consistency and robustness to the way discussions happen, provide a means of tracking that they take place, and that appropriate actions are undertaken.

### 3.6 External validation of quality of care

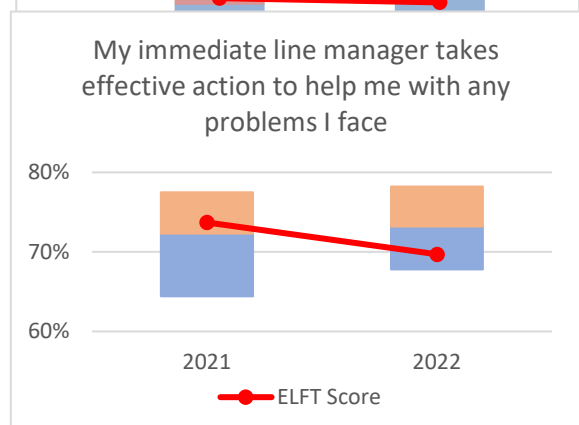
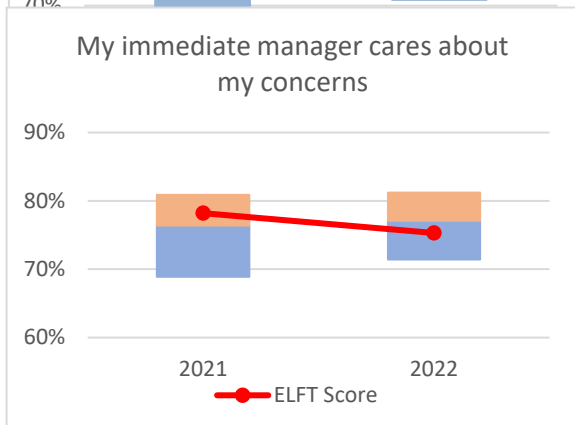
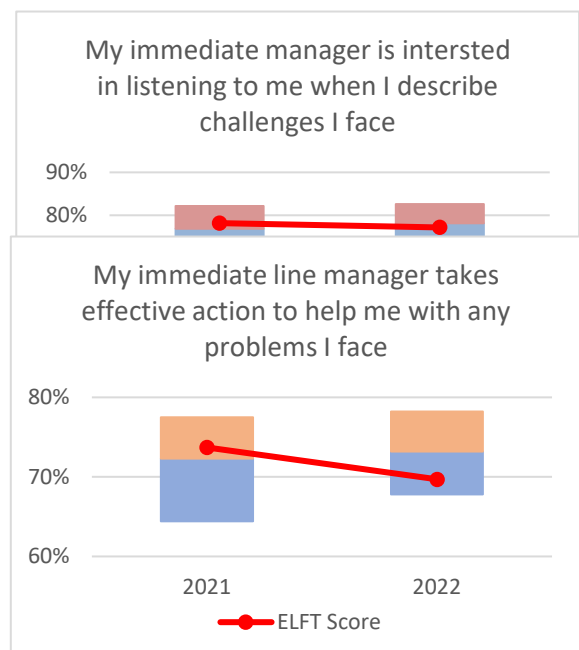
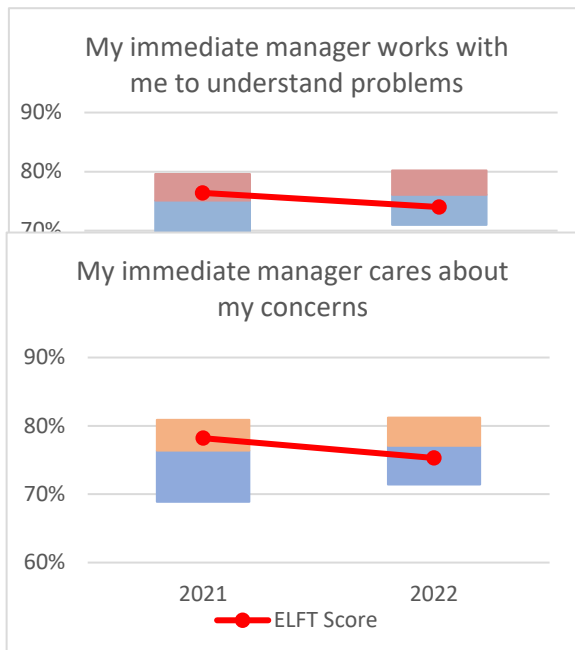
Alongside our internal systems to enable our staff, teams and service users to work together to provide assurance around quality of care, and work together to improve quality of care, we also have a number of ways in which we seek external validation and assurance around the quality of care being delivered at ELFT. We encourage all relevant clinical teams at ELFT to undertake the RCPsych accreditation process and to join the national quality networks which enable peer review. The service user led accreditation programme at ELFT is unique in providing a system that support service users to set standards for quality, and then appraise evidence and visit services in order to assess whether a service meets the standards that have been set. This then leads on to joint work between service users and staff to tackle any gaps identified. The progress and learning from our service user led accreditation programme is reported through to our Board.

### 3.7 Strengthening leadership at ELFT

Staff feedback via the annual NHS Staff Survey paints a reasonably positive picture of leadership and culture at ELFT.



The questions that relate to immediate line managers are less positive, and offer an opportunity for improvement. These questions were only introduced in 2021, so there are only two data points for us to learn from:

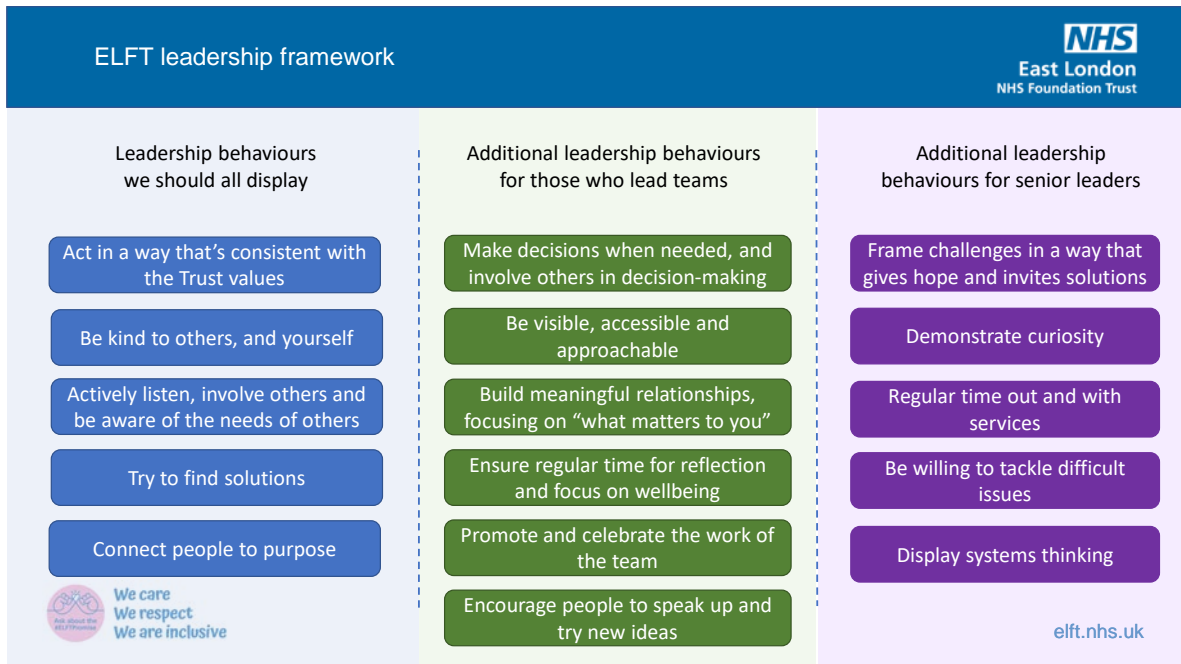


Whilst further work is required to fully understand the survey results set out above, and the range of factors that have caused the shift in experience they illustrate, there is work ongoing by the People & Culture department to promote a compassionate leadership culture, and enable leaders to hear and respond to the needs of their staff. The ELFT Learning Academy has a range of training courses for leaders and managers, current and aspiring. Some focus on practical things such as HR process (eg. respectful resolution: managing grievances and complaints) and others are more wide ranging and developmental such as ELFT Lead (for Band 5-7 staff), and ELFT Senior Leaders Programme (for those aspiring to Associate Director roles). By including modules on values and strengths, emotional agility, team dynamics and trauma informed care, these courses foster the compassionate leadership culture that promotes psychological safety, the ability to raise concerns and a willingness to act on them. Psychological safety, in particular, is a key element in the safety module of our leadership development programmes, and across all of our quality improvement training.

A series of conversations is planned with our senior leaders across the Trust, in order to explore this further and consider how we can best support our clinical and team supervisors to be able to create safe spaces, encourage people to share concerns and issues, and to then be able to take effective action on what they hear.

Where there is conflict, or unhealthy team dynamics, support is available for teams and leaders through the People & Culture department. The Trust's senior OD consultant specialises in facilitating team conversation aimed at resolving conflict and improving team dynamics, and has undertaken this work with teams around the Trust.

We know that whilst we have built some belief and understanding around aspects of leadership that we value at ELFT, there remains variation in the extent to which this is applied in practice. Over the past nine months, extensive work has been undertaken, led by the interim Chief Executive and Chief Quality Officer, to co-design 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. This was presented to the Board in May, and work is now being undertaken to develop and implement the plan to embed this across the organisation. The implementation plan is already aiming to address some of the gaps and weaknesses in current systems – for example, structured approaches to ensuring local clinical and service leaders are visible and can hear directly from teams (directorate-level walkrounds), supporting every team to adopt the six practices of healthy, happy teams (supportive supervision using the Trialog tool, regular away days, huddles, use of data, people participation, quality improvement), developing bespoke leadership support for first-line managers, creating ways for leaders to routinely reflect on behaviours based on feedback from a range of sources.



## 4.0 Use of data and analysis

### 4.1 Incident reporting

The Trust has an Incident Policy in place that aims to ensure:

- incidents are managed effectively and immediate action/learning takes place
- staff follow the correct procedures when an incident occurs
- investigations are conducted in a timely manner and are of high quality
- the Trust learns from incidents to improve the safety and quality of services
- staff, service users, their carers and families and members of the public are provided with appropriate support throughout the process

All incidents are assessed daily by the incident team. When it is thought that an incident may meet the criteria of a 'serious incident' or warrants further review for the purpose of safety learning, the Governance & Risk Management Department will liaise with the 'Daily Incident Grader', the Director of Patient Safety, one of the Trust Medical Directors or Directors of Nursing, who undertake this role on a rota, who can request a 48-hour report and/or local learning method (such as an After Action Review) to rapidly understand the incident in more detail, any relevant contributing issues and opportunities for system improvement. All 48-hour reports are reviewed by a 'Grading Panel' of senior staff to reach a final decision. Quick and accurate grading facilitates the review process by which learning and improvement takes place.

### 4.2 Overview, triangulation of data and thematic analysis

The incident reporting process is overseen by the Quality Committee via monthly review of the Quality Assurance dashboard, and a 6-monthly assurance report from the Associate Director for Governance and Risk.

The Quality Assurance Committee receives a quarterly integrated safety report from the Chief Medical Officer and Director of Patient Safety that provides an update on the status of patient safety in the organisation based on triangulating safety data, performance of our



patient safety management systems and progress against our Safety plan. An update on safety learning and improvement work taking place across the Trust is also included.

Additionally, a new monthly Trustwide patient safety huddle has been set up, starting on 8 September, with representation from incident reporting, complaints, PALS, inquests, freedom to speak up, safeguarding and patient experience. The group will review triangulated qualitative and quantitative safety and experience data in order to identify and respond to emerging themes. Discussion points and actions will be recorded at each meeting and overseen by the PSIRF implementation lead.

The Trust Board is directly sighted on key safety issues through the dedicated safety section within the Performance Report, which includes both quantitative data and narrative.

A robust screening process, and routine reporting and analysis, enable prompt identification of themes or clusters of incidents, in order to enable rapid and meaningful remedial and/or improvement action. Recent examples of this ability to recognise issues and act in the interests of safety are described below:

a) Newham Centre for Mental Health (2019)

A number of serious incidents identified significant concerns around adult safeguarding, oversight of physical restraint, compliance with inpatient observations, post-rapid tranquilisation monitoring, and effective and organised shift co-ordination. All these serious incidents highlighted concerns that there may be some issues within the unit with consistency of practice and standards of care out of hours and at night.

The executive team intervened, and supported the development of an improvement plan with the directorate leadership. Implementation of this plan was led by the directorate, and overseen by an executive director, supported by:

- weekly meetings between the Borough Director, Borough Lead Nurse and Inpatient Associate Clinical Director to review progress
- weekly meetings with Chief Nurse
- weekly Inpatient Improvement Meeting
- monthly review by the Directorate Management Team

b) Coborn Centre for Adolescent Mental Health (2021)

As a result of 11 incidents reported during 2020 at the Coborn Centre, a thematic review was undertaken. The incidents were primarily assaults by service users on staff as well as allegations of assaults on service users. The wide-ranging review that examined quality and safety of care from 2018 through to 2021 resulted in actions for improvement on areas including bed management, training, patient-centred care, finance, recruitment and retention, and estates. Progress on the action plan was monitored weekly with the service director, medical director and director of nursing, with regular reporting to the executive lead.

c) Aldgate Ward (2022)

Alleged incidents of assault by staff on service users brought to light concerns about safety, the culture of the ward, adult safeguarding, ward leadership and staff wellbeing. An action plan was developed, led by the lead nurse, and implementation is monitored by an executive director, supported by:

- two-weekly meetings with members of the Directorate Management Team
- two-weekly meetings between Directorate Management Team and Trust Executive team

- weekly meetings to review plan, with the Responsible Clinician, Social Worker, Lead Nurse, Head of Nursing, Head of Security, Clinical Director and members of the Aldgate Ward multi-disciplinary team

The Trust continues to work to strengthen learning from thematic reviews and cluster reviews, and are also introducing a number of best practice approaches that have not previously been part of the ELFT Safety Learning system:

- A thematic review of the Triage, Assessment and Brief Intervention service is underway. This was prompted by the occurrence of five serious incidents within the service across 2020 – 2022. The review has been undertaken, and the feedback report is being finalised prior to sharing.
- After Action Reviews: As part of our PSIRF preparation and to strengthen learning from safety events, we have now started testing the use of After Action Reviews across the trust for rapid shared learning following safety incidents. A number of directorates have established systems for using After Action Review and early reports suggest a high level of acceptability and engagement of those involved. After Action review webinars, communications and resources have been developed and an action learning set is being planned to support directorates with leading these reviews. A more formal system for using After Action Review is anticipated to form part of our PSIRF safety learning pathway.
- Desktop reviews of uncomplicated community unexpected deaths of those open to ELFT care are also being tested, to evaluate their utility in improving the range of approaches to learning from incidents.
- A cluster learning review is underway in relation to five community patient deaths. This was triggered by the observation of similar circumstances of the discovery of the deceased. There was a concern raised around the delay in services becoming aware of the deaths having taken place. The initial review has been undertaken, and is currently being finalised for sharing.
- A cluster learning review of four cases of ELFT-acquired pressure ulcer incidents was recently completed, under the leadership of our Director of Nursing for Community Health Services, relating to three different geographies in the Trust. The review not only revealed differences in how pressure ulcer care was delivered, but also highlighted system issues at both Trust and local levels, and has provided us with a comprehensive understanding of our current practices, the challenges and opportunities for improvement across the Trust.

#### 4.3 Transparency of data

As described in the July Quality report, a new approach to data and analytics has been developed over the last five years, led by the Chief Quality Officer, which is aimed at making data more transparent and real-time, integrating data from different sources so that people only have to go to one place to view all their data, and to standardise the way that we view data at ELFT. This has involved the transition to Microsoft PowerBI as our business intelligence platform. Microsoft PowerBI enables all staff to view their data from any device (computer, laptop, tablet, mobile), whether on or off the Trust network.

The informatics team has been developing apps for each of the core services provided by the Trust, the most mature of which is for inpatient mental health services. These apps bring together all data in one place – from our clinical record system, the incident reporting system, service user feedback, the workforce system, finance system, the learning and development platform, and many others. Each app is co-designed with clinical staff,

developed, tested and refined over time. Workshops are run to help people learn how to navigate and make use of the apps.

Included in the analytics is a novel early warning system, developed at ELFT, that enables leadership to proactively identify a ward where a number of key safety and staff indicators may be deteriorating, in order to prevent a patient safety incident.

#### 4.4 Quality control systems

The Chief Quality Officer and Head of Quality Assurance are leading a project to review the strength of quality control systems within each of the directorate management teams. A robust quality control system would include:

- The use of data in a way that helps understand variation and inform decision-making in as close to real-time as possible
- Problem-identification and problem-solving, with clear actions that are followed through
- Clear routes and thresholds for escalation
- Clear connection to other aspects of the quality management system – plans, assurance and improvement

As well as identifying some good practice, the first tests of this approach in Community Health Services in Newham and Tower Hamlets has led to work commencing to:

- triangulate more quality and safety data to extract greater value and understanding
- identify core quality and safety measures that can routinely be stratified to team level
- strengthen action tracking systems

#### 4.5 Huddles

Huddles have been used at ELFT in 2012 as part of the safety culture bundle, developed and tested across inpatient wards as one of four interventions to predict and prevent incidents of physical violence. Huddles represent an essential part of a quality control system, as they represent a regular, safe space for the team to come together, looking at quantitative and qualitative data in order to identify any issues or problems, action-plan together or escalate for support if needed.

Huddles continue to be conducted daily in inpatient settings to discuss issues related to flow, safety, staffing and staff wellbeing. Huddles also take part at various levels of the organisation, from ward-level, to unit-wide daily huddles, to a weekly Trustwide directors' safety huddle. This cascading series of huddles, with relevant information flowing upwards, is seen as best practice. Implementation of the new ELFT leadership framework incorporate huddles as one of six practices of healthy, happy teams, and further work will be taking place to support teams to utilise huddles in an effective way.

### 5.0 Learning and improvement

#### 5.1 Learning from deaths

The way that reported deaths are responded to depends on whether the death was expected or not. Deaths are categorised as either expected or unexpected by the member of staff reporting the incident at the time of report submission. An expected death is defined as happening as a result of a diagnosed life limiting illness or condition, or if the person was in end-of-life care. The categorisation of all reported deaths is reviewed for accuracy by the Governance and Risk department.

Expected deaths are subject to the mortality review process. Approximately 50% of reported expected deaths where the service user is being managed by ELFT services, at the time of their death, are reviewed using a Structured Judgement Review (SJR) tool. 25% of expected deaths, which take place in hospital or in care/nursing home, are also reviewed using the SJR tool.

Unexpected deaths will usually be dealt with through formal investigation processes and Serious Incident Reviews (SIRs). Guidance as to what constitutes a serious incident is set out in the Incident Policy. All unexpected deaths in Mental Health Services, and all unexpected deaths in non-mental health services where ELFT were the main secondary care provider, are subject to an initial 48hr review, to help inform the decision on level of investigation. During Quarter 1 of 2023/24 116 unexpected deaths were reported. Following initial screening 18 were reviewed as a Patient Safety incident, nine as concise reviews and nine as serious incidents.

The learning from deaths panel scrutinises both expected and unexpected deaths, with a focus on learning from mortality themes and reviews of deaths in high-risk patient groups.

The Trust process for review of serious incidents and the production of a report and action plan to address the issues identified is also described in the policy, and is in line with the national guidance set out in the NHS England Serious Incident Framework (2015). It is administered and managed by the corporate Risk and Governance Team.

The fundamental purpose of identifying, reviewing and responding to serious incidents is to make the care and treatment delivered by the Trust safer, addressing identified risks and reducing the chances of adverse events recurring.

A deep-dive into the effectiveness of the Trust’s approach to making changes following the learning from a serious incidents reported to the Board in May 2022. The review found that actions are being implemented, and there are robust mechanisms in place to share learning across services. However it also identified that there is variation in the processes within directorates to monitor implementation of actions from incident reviews. There are also opportunities to improve the effectiveness of our actions by reducing the overall number of actions, and ensuring more actions are at the stronger end of the action hierarchy, focusing on system factors. A number of actions were taken to strengthen processes, and the impact of actions taken in response to serious incidents:

Action	Progress to date
All directorates to develop a defined process for directorate management team oversight of the implementation of action plans	There remains variation across directorates in implementing a system to oversee actions from serious incidents. Some have dedicated roles to support this function, and this correlates with fewer outstanding actions in those directorates. September’s governance network meeting, chaired by the Associate Director for Governance and Risk, will help clarify the processes within the remaining directorates.
Each action plan has a named owner to monitor implementation	This is in place and tracked via the Datix system
All directorates are required to record the implementation of actions centrally using the Datix system (‘Actions’ module)	This is in place, and embedded as business as usual
The status of all actions are reported regularly to the Quality Assurance Committee to ensure Board oversight of	The status of actions are now being reported to the Quality Assurance Committee, from September 2023.

implementation of actions from serious incidents	
Human factors training has been made mandatory for all serious incident reviewers to ensure the highest quality of investigation and impact of actions	All substantive SI reviewers and two bank SI reviewers have completed the human factors training, as part of the first PSIRF training delivered in March 2023. All are also undertaking the Improvement Leaders Programme.
The development of action plans is being weighted towards systems factors and concepts that are at the stronger end of the action hierarchy	In Progress: this is being actively implemented, but practice will be strengthened with the implementation of PSIRF related training for SI Reviewers and associated staff.

The trust is making good progress in the process of transition to the new 'Patient Safety Incident Response Framework' (PSIRF) which will bring a significant shift in the way we respond to patient safety incidents. The intention of PSIRF is to support the development and maintenance of an effective patient safety incident response system that integrates four key aims:

- Compassionate engagement and involvement of those affected by patient safety incidents
- Application of a range of system-based approaches to learning from patient safety incidents
- Considered and proportionate responses to patient safety incidents
- Supportive oversight focused on strengthening response system functioning and improvement

## 5.2 Listening to service users and carers

As described in the July Quality report, putting the service user at the heart of what we do has long been central to the ethos of ELFT. A well-developed infrastructure for People Participation (PP) has been crucial to delivering safe, high quality, continuously improving care.

The ongoing strengthening of co-production and involvement in service development, leadership and delivery remains a core element of the Trust strategy. The PP team has grown from three PP Leads in 2008 to more than 140 including PP leads, Peer Support Workers (PSWs), People Participation Workers (PPWs), befrienders and admin support.

Each directorate now has a local Working Together Group and a People Participation lead (PPL). In practice, local working together groups are the driving force behind effective people participation, where local priorities are agreed (in line with the strategic objectives set out by the trustwide working together group), actions identified, and implementation monitored.

Alongside People Participation structures are systems for collecting, measuring and understanding patient and carer experience, including:

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

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

by the Quality Committee. Complaints are routinely reviewed locally in the relevant directorate governance or quality forums. These vary by directorate, but typically involve review of all complaints received within a given period, and the extraction and sharing of learning from those complaints within the directorate. An annual Learning from Complaints Forum is held that also aims to share learning and key themes across the Trust. Further work is being started to share learning and themes beyond service level, and Complaints are now represented at the Patient Safety Forum.

Recent changes have also led to improved communication with complainants regarding changes as a result of their complaint. At the end of the investigation when learning is implemented, a SMART action plan is developed with a deadline for implementing the learning. The Complaints team are now actively getting feedback that those action plans are implemented and subsequently informing the original complainant. This has ensured that complainants get to hear about the impact their complaint has had, and can be assured that areas for improvement have been addressed.

Whilst all complaints that are made against staff are recorded on Datix, the system doesn't enable easy reporting. With the impending transition of incident system from Datix to Inphase, reporting related to complaints should become easier. For example, it is difficult at present to systematically identify repeated complaints in relation to the same staff member. This is a new analysis that will be incorporated into the regular complaints reporting to Quality Assurance Committee, along with any action being taken.

### 5.3 Specific focus on more vulnerable populations or services

There are a number of groups of service users, who by nature of their condition or particular characteristics, are particularly vulnerable in relation to quality of care being provided. This includes children and young people, older adults and people with a learning disability. There are also particular services which are more at risk of closed cultures developing – this might be related to geographical isolation, physical security, being smaller in size etc. The quality report in November 2022 had a specific focus on closed cultures, and the systems and processes that we have in place to mitigate against these developing.

There are specific and additional safeguards in place for particularly vulnerable populations that we serve at ELFT. Older adult services are managed within our borough-based management structures, but we have created dedicated clinical leadership roles for this population, to provide expert input on service development and to have oversight of care provided. There is a consultant old age psychiatrist in a clinical lead role, and a newly appointed nurse consultant, with two people participation leads specifically for older adult services. The clinical lead and nurse consultant will be involved in the most serious complaints and incidents, oversee delivery of action plans related to these, and ensure learning is shared across relevant services Trustwide.

Learning disability services have several spaces in which service users, carers and families are able to share their thoughts about services, raise concerns and discuss any challenges in gaining access to services. These include place-based working together groups, but there is also a dedicated people participation lead, and a support group for families in Bedfordshire and Luton. The Learning from Life and Death reviews (LeDeR) provide an opportunity to review the last few year's of a person's life when they die. Whilst not an investigation, this gives an overview of what is considered to be good or not so good care, and works alongside statutory processes, such as serious incidents and safeguarding inquiries. The LeDeR process involves the person's family and carers, with learning shared across teams through workshops. Within ELFT, there is an internal LeDeR governance group, which feeds into both the Learning from Deaths panel, and the Patient Safety forum. Examples of practice being developed from this learning include a specific project in Hackney increasing the uptake of breast cancer screening and a roadshow in Bedfordshire

& Luton offering support for annual health checks. The introduction of mandatory learning disability and autism training is also raising awareness across all staff about the needs of this population.

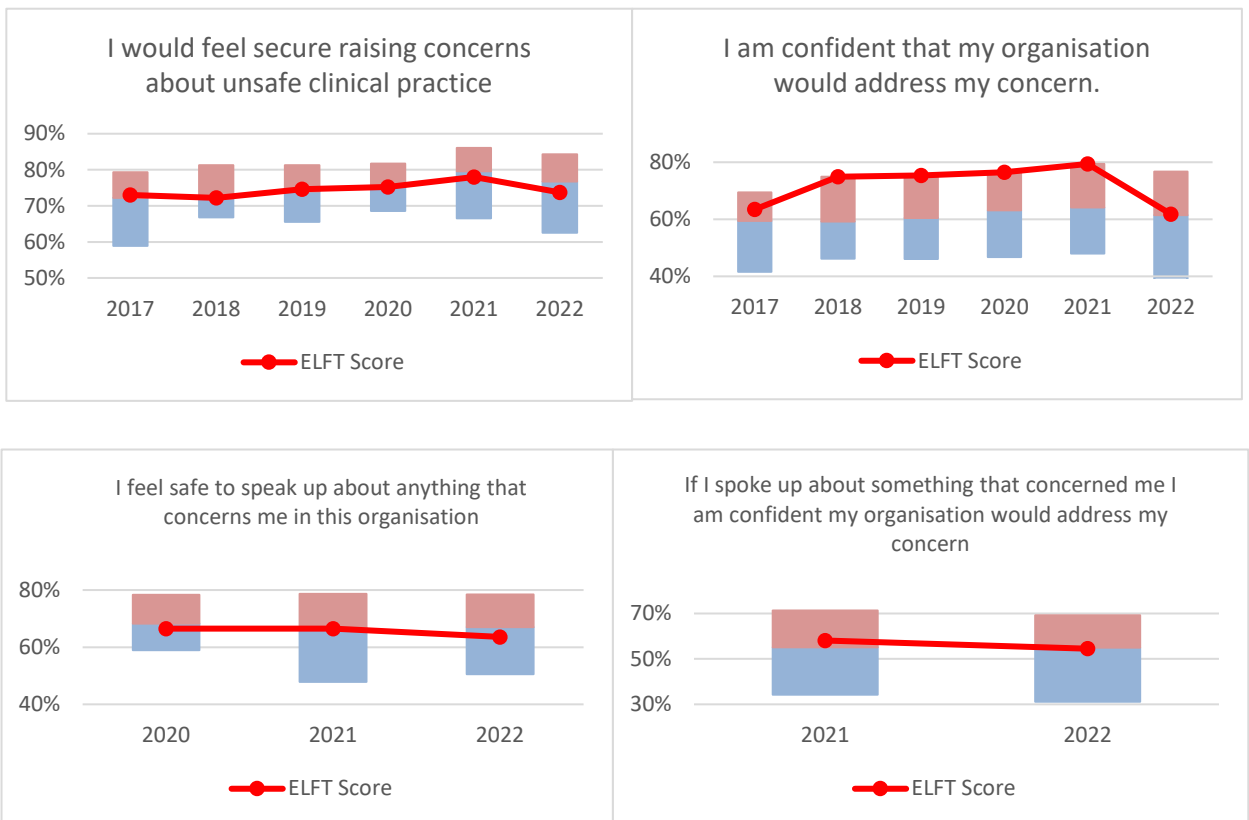
Within children’s services, there is an expectation that service reviews and new developments are coproduced with young people and their carers/families. Partners who deliver services on our behalf, through a subcontracting arrangement, are now going to be regularly reviewed by our people participation colleagues to ensure the feedback and experience is not overlooked by a focus on the usual quantitative measures of performance. Young people with lived experience are involved in the ongoing CQC readiness progress and accreditation programmes. Within inpatient settings, family support and advocacy is introduced to each family upon admission, with parents invited to weekly ward rounds to actively participate in care planning. As part of the admission process, families are shown how to raise concerns, through contacting the primary nurse, a senior colleague, PALS or advocacy service.

## 6.0 Formal processes for raising concerns

### 6.1 Open and just culture

The first step towards learning is the knowledge that something untoward has happened that can be learned from, the basis of which is a culture of fairness, openness and learning, such that staff feel confident to speak up when things go wrong, rather than fearing blame.

The most recent annual staff survey results show that there is still work to do to ensure all staff feel able to raise concerns, and have confidence that they will be heard and issues addressed. Some of the solutions link back to the work on leadership and culture set out earlier in the paper.



As part of the Trust's implementation of PSIRF we have been reviewing our approach to promoting a 'just culture'. The Trust has had a 'fair treatment process' in place since 2019. The essence of this process was:

- for potential conduct and behaviour issues to be dealt with at an early stage, with a view to resolving problems quickly and fairly as possible.
- to support informal resolution of issues related minor misconduct
- to support preliminary investigation into any allegations and gathering relevant information to inform decision making.

Initial impact was positive, with improved experience and a reduction in suspensions. Subsequently a new People Liaison Officer post has been introduced, with the role of:

- maintaining regular contact with the parties involved in the process
- providing space to identify needs and concerns
- signposting to support such as employee assistance, occupational health, trade unions, and workplace representatives

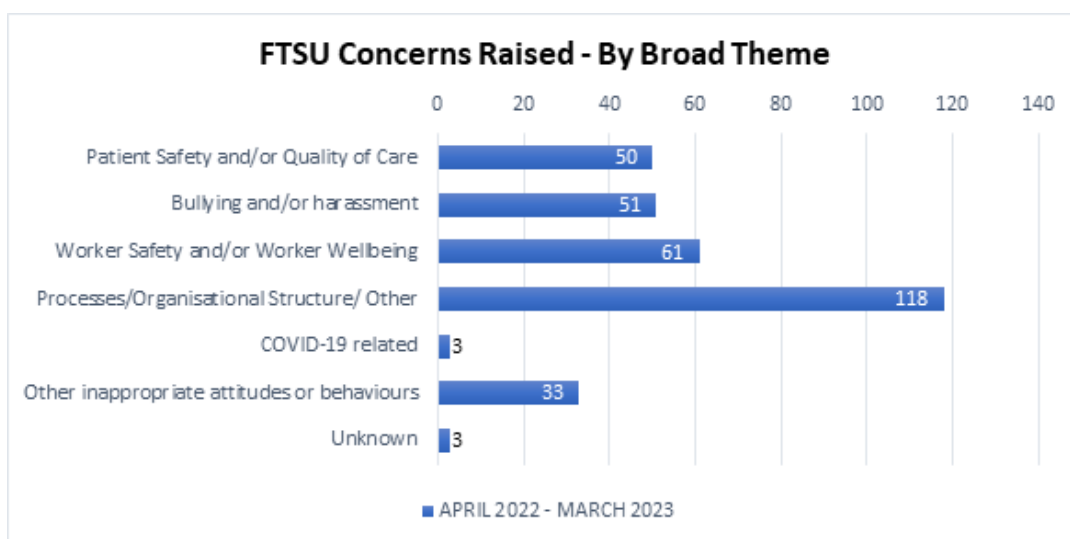
Work is now in the very early stages, led by the Associate Director of Business Partnering (People & Culture) to further develop the approach to Just Culture, currently supported by Respectful Resolution training for managers, and moving towards 'Just and Restorative Culture'.

## 6.2 Freedom to Speak Up (FTSU)

The National Guardian's Office and the role of the Freedom to Speak Up Guardian were created in response to recommendations made in Sir Robert Francis KC's report "The Freedom to Speak Up" (2015).

These recommendations were made as Sir Robert Francis found that NHS culture did not always encourage or support workers to speak up, and that patients and workers suffered as a result. The Trust appointed to the FTSU Guardian role in October 2017 and has implemented the 'standard integrated policy', which had been adopted in line with recommendations of the review by Sir Robert Francis into whistleblowing in the NHS.

The Trust hears about concerns relating to patient safety and quality of care through FTSU. Patient safety and/or quality of care accounts for 15.7% of the themes of concerns raised with FTSU in the last reporting year.





For the vast majority of staff who reach out to FTSU, they report it makes a difference. Feedback on the support they receive is overall positive. Some quotes illustrating this are below:

*"I felt very comfortable speaking about my concern and felt listened to and heard. I was put at ease about the process and did not feel like I was being judged."*

*"Felt being listened to with no judgement. Feedback received when concern raised was passed on for further guidance."*

*"Excellent, non judgemental, open, responsive, compassionate response."*

But feedback does confirm that, for some, the fear of negative consequences or inaction as a result of speaking up persists.

*"I decided not to proceed as was fearful for repercussions/being viewed as a troublemaker/fear of job/career... I didn't feel anything would come of it except a tick box exercise from senior management end potentially and trouble for myself."*

*"Unfortunately for me the concerns I have are entrenched within my service and there are some very powerful people who would not take kindly to me raising concerns. I was fearful as to reprisals so chose not to continue further. This was no fault of the person I spoke to."*

*"I had to leave my role, and move on to somewhere else, which was not helpful, I feel like freedom to speak up for me personally was not so helpful. I just found myself thinking what is the point... nothing is being done. I do appreciate that they are limited in what they can do, but I just feel like and this is what I am doing in my role, letting people bully and harass me, nothing will change anyway."*

A theme from the feedback above is that raising concerns will not lead to any positive change. The difference made is variable and depends on how rapidly an outcome is reached once escalated, and most importantly that learning is visible to colleagues as a result. As a Trust, some directorates respond and action concerns quickly, sharing feedback and outcomes, which is then fed back to those raising the concerns. Other areas in the Trust need improvement.

As a result, work is underway through the People and Culture department to improve transparency and follow up when FTSU concerns are then shared with People and Culture to investigate. Currently there is a gap in ensuring that the person raising concerns is kept updated as to what action is being taken, and ensuring the learning from the investigation is shared. The Freedom to Speak Up Guardian is working alongside the Deputy Director of People and Culture to refine the FTSU process, with the aim of:

- taking into account if a preliminary investigation / formal investigation / formal review is required
- providing time frames for staff involved in resolving the concern
- clarifying expectations on documenting outcomes and learning being taken forward and how this will be implemented
- setting out who is responsible for feeding back to the colleague who raised the concern.

Further detail about numbers and themes from Freedom to Speak Up are contained in the People report, together with actions being taken to strengthen the process.

### 6.3 Whistleblowing

The Trust has a Raising Concerns policy which details the routes whereby staff are able to raise concerns regarding patient safety. This can either be done internally or in some cases people may feel more comfortable to raise their concerns externally, for example with commissioners, NHS England or CQC.

When a member of staff raises concerns that meet the threshold for whistleblowing, an investigation follows, led by an appropriate investigator. Following the investigation, an action plan is devised which is owned by the relevant directorate management team. Currently, the whistleblowing process sits separately from the grievance and disciplinary process, and there is no central record of all whistleblowing concerns that have been raised.

The Trust recognises the need to strengthen oversight and assurance around the implementation and effectiveness of actions taken in response to whistleblowing, and how it can make improved use of whistleblowing learning alongside the outputs of other people and culture processes such as grievances and disciplinaries. Proposals for the delivery of these improvements are set out in the People report to the Board.

The Trust is vigilant to patterns of concerns being raised through different channels, During 2019-20, a number of concerns were raised in relation to Newham Extended Primary Care Service through a whistleblowing concern, an anonymous concern sent to the Chief Nurse, Freedom to Speak Up concerns, and an anonymous concern sent to Newham Clinical Commissioning Group.

As a result of these concerns, the Trust determined that an external review should be undertaken. An action plan was created following the review to take the recommendations forward. Members of the Executive team held follow up meetings with the clinical leads to promote local ownership of the report and its actions, and work undertaken since that time has led to a significant shift in culture with greater connection and collaboration amongst clinical leaders together to drive both professional and service development.

## **7.0 Actions being taken to further strengthen safety culture**

The Trust has a number of systems and processes in place that appear robust, and support people to raise issues and for the Trust to respond appropriately, with sufficient assurance in place. For example, ELFT has globally renowned systems for people participation and quality improvement, both of which give agency to people with lived experience (receiving care or delivering care) to be able to contribute towards improving the system and solving issues. Our belief in clinical leadership means that every part of the Trust is led by people who really understand the clinical work, minimising any perceived divide between 'managers' and clinicians, and management decisions are therefore taken by well-informed and experienced clinicians. Our safety system has a number of elements that are recognised as best practice – the review of incidents by our most senior clinicians, and more recent introduction of thematic reviews, cluster learning and processes for rapid learning and improvement such as after action review. Our data systems are rapidly being recognised as industry-leading, giving staff access to integrated data from multiple sources from any device, in a way that allows us to make decisions based on understanding variation, and with new advanced analytics such as early warning systems.

Nevertheless, there remain a number of areas in which we must continue to strengthen, and actions are underway in the following areas:

- Utilising the intelligence from complaints to be able to identify themes better, identifying any hotspots of repeat complaints (teams or people), and triangulated with safety data. This additional analysis and action will be incorporated into the regular complaints report that is presented to Quality Assurance committee. In addition, we

will be looking retrospectively to see if there are any issues, incidents or complaints being received repeatedly by the same people, or in relation to the same service, which may be an indicator that we have not adequately listened, explored or responded to concerns raised. This analysis will be presented back to the Quality Assurance committee through the integrated safety report.

- Traditionally, our risk & governance team, and complaints team, have been primarily focused on management of the process of incident and complaint investigation. As analysis of data becomes a greater component of the role of these teams, we will need to review the skills and confidence within these teams to be able to undertake this new activity. This work will be led by the executive leads for the relevant corporate teams.
- The Patient Safety Culture survey will be completed by all in-patient services by the end of 2023, and analysis of this data will help identify any themes or areas for improvement. This tool will then be extended across all clinical services, as part of our annual programme of CQC ongoing readiness. The Director of Patient Safety will be developing a set of online resources for teams to use in addressing issues that have emerged from the survey.
- The transition of incident reporting system from Datix to InPhase this Autumn will provide more functionality for oversight of learning and actions resulting from various information sources such as Incidents, Complaints, CQC readiness, Clinical Audit and Risk. The system will enable services and directorates to better triangulate this information, and track actions in response to gaps identified. The system is due to go live on 25 September with modules being added in phases through to March 2024.
- At the beginning of 2023, service users, carers and staff were involved in a range of focus groups to revise and update the questions the Trust asks in order to gain feedback from service users and carers (patient-reported experience measures). As a result, a new question is being introduced from October 2023 about how safe service users and carers feel to raise concerns about their care. This will provide a new source of data for teams, directorates and the Trust to analyse and guide improvement.
- The implementation of the new ELFT leadership framework is critical to our work in strengthening a culture of openness and agency to act in response to issues. This programme will incorporate the strengthening of development programmes for first-line managers, standardise the walkround process at directorate level, support teams to adopt the six practices of happy, healthy teams (see July board report for further details), and enable us to better measure team-level staff engagement and leadership practice against our co-produced leadership behaviours.
- People & Culture will be introducing a more robust system of oversight of whistleblowing concerns, and ensuring there is a systematic way of triangulating information from whistleblowing investigations with grievance and disciplinary investigations. Progress on this will be reported to the People & Culture subcommittee of the Board.
- The Freedom to Speak Up pathway is also being strengthened to enable clearer and most robust follow-up of the concerns raised, and feedback to the person who raised the concern. Progress on this will be reported to the People & Culture subcommittee of the Board.
- Ultimately, most staff and clinicians are likely to utilise their manager or supervisor to raise concerns first, and we need to prioritise work on ensuring that supervisors have

the skills and capacity to adequately create a safe, supervision space that encourages people to raise concerns, to explore these adequately and then to respond appropriately and effectively. This is obviously more complex to enact than a change to a reporting process, and a series of conversations are planned with our most senior clinicians across the Trust in order to explore this further and consider ways in which we can best support those who supervise and lead teams.

## 8. Quality Improvement

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

## 9. Pursuing Equity

9.1. The first phase of the Pursuing Equity QI programme is complete, with a second phase launching in September 2023 to support more teams to utilise the QI method to improve equity of access, experience, and outcomes. Twenty-nine teams are involved, with thirteen of these continuing from the first phase of the programme. Most have now formed a diverse team and are meeting regularly, almost half have active service user or carer involvement. All teams are reviewing data to help identify their focus. The table below shows the breadth of the work planned:

Directorate	Team	Equity gap
Bedfordshire and Luton Mental Health	Luton Memory Service	Access to specialised, culturally appropriate neuropsychological assessment as part of the memory assessment service
	Ocean Service	Diversity of people referred to service
	Hatters Health Primary Care Network	Engagement and uptake of interventions for Black, Asian and minority ethnic service users with serious mental illness
	Liaison and Diversion service	Uptake and referrals from BAME service users
	Crisis Pathway and Perinatal Mental Health	Access to perinatal mental health services by mothers from the BAME community
	Crisis resolution team	Outcomes for service users with a dual diagnosis of MH and substance misuse
Bedfordshire and Luton Mental Health Inpatient services	Jade Ward	To increase service users' experience of equality, diversity, and inclusion practices on the ward
City and Hackney Mental Health services	Let's Talk Project	Access and health outcomes for BAME population
Newham Community Health services	End of life care	Experience of the Bangladeshi community at end of life
Corporate	Specialty and Specialist (SAS) Drs	Awareness and working conditions for SAS doctors
Forensics	Unit Wide	Racism in the workplace
Newham Adult Mental Health services	Specialist Psych Services	Access for the Black, Asian and minority ethnic community
	Early intervention service	Number of Black men on community treatment order (CTO) within a 12-month period

Tower Hamlets Mental Health services	Tower Hamlets Psychological Therapy services	Understanding and removing barriers for BAME service users
Primary Care	Bedford Primary Care	Access and uptake of physical health checks for those with severe mental illness

9.2. Below are a few examples of the work that the new teams are about to start:

**Bedfordshire and Luton Mental Health Crisis pathway** - Staff within Luton’s crisis service are working in partnership with two third sector organisations (ResoLUTiONs and Total Wellbeing Luton) and service users to improve collaborative working between mental health and addiction services. The projects aimed to ensure appropriate care for people presenting with dual diagnosis. The team aims to increase the percentage of service users receiving a collaborative care package benefiting from specific interventions which are easily accessible and acceptable to them. Change ideas tested so far include care being delivered by co-trained staff in an effort to improve communication and relationships.

**Tower Hamlets Mental Health** - The Tower Hamlets Psychological Therapies service examined their caseload data against 2021 local census data. They found that despite Tower Hamlets' largest ethnic group being Bangladeshi (34.6% of the population), their caseload only had 16.1% of referrals from Bangladeshi clients. Males are also under-represented within the service (30.8% of referrals compared to 50.2% in the borough). The aim is to narrow the access gap for people of BAME heritage and men by January 2024. Alongside a team of dedicated staff, there is representation from two service users who play a full and active part in the project. The team are currently understanding the problem and developing their change theory by using a cause-and-effect diagram and qualitative interviews with service users.

**Corporate** – Specialty and Specialist (SAS) doctors are forming a multidisciplinary team to improve working conditions. Their aim is to improve awareness of their role, what they contribute to the system and to ensure they receive equitable training and developmental opportunities as other medical staff.

**Newham Mental Health** - Newham Specialist Psychotherapy Service found that only 20% of referrals are from the South Asian community, despite this representing 40% of the local population. Their aim is to have a 50% increase in access to the service from this group. The project team have recruited two service users, have partnered with a third sector organisation and have begun their first test of change - developing a ‘Frequently Asked Questions’ document tailored for this specific community.

**9.3. Inpatient Quality and Safety**

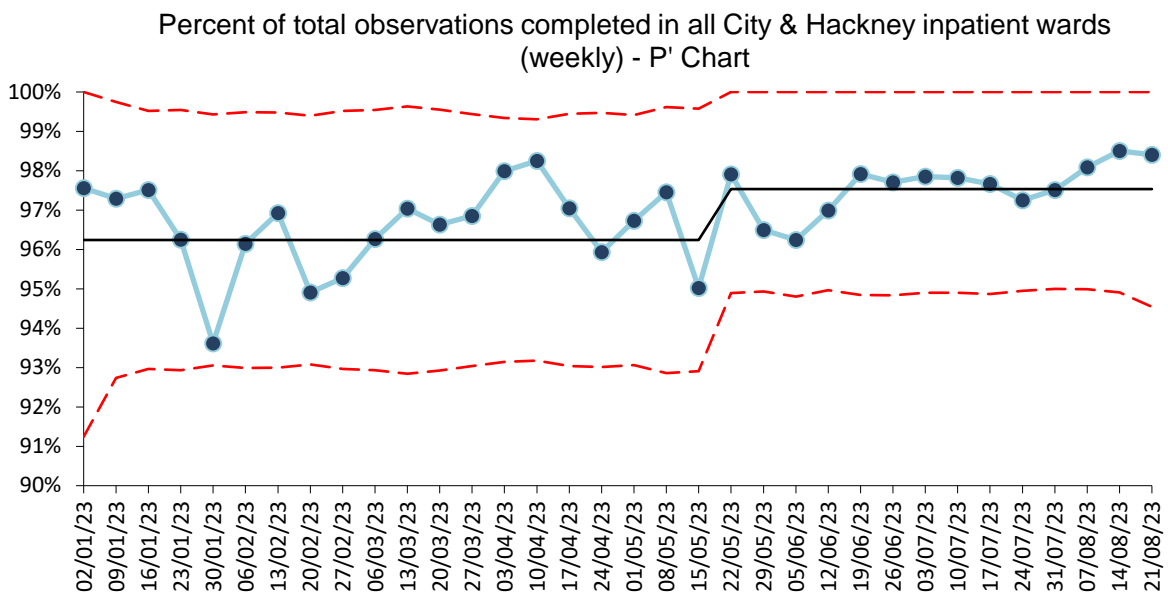
9.4. The inpatient quality and safety improvement programme has two main objectives - to ensure that the safety culture bundle of evidence-based change ideas is implemented consistently, and to improve therapeutic engagement and observations on inpatient wards. The safety culture bundle includes the Broset Violence Checklist (a dynamic risk assessment tool to help predict likely violence), the safety cross (to increase transparency and ownership of data by the whole ward), safety huddles (structured and safe spaces to convene, share concerns and action-plan) and community ward meetings to discuss safety.

9.5. Implementation of the safety culture bundle has launched in September 2023. Some of the activities to embed the bundle include training within medical and local induction, standard documentation and visual boards on the wards. All wards in Bedfordshire and Luton are

already holding safety huddles twice a day. CAHMS are exploring how the Broset violence checklist can be used to inform decisions around service users in seclusion, with the aim of ending seclusion earlier if it is safe to do so. Tower Hamlets and Forensics are testing the bundle on a small number of wards before scaling across the units. In Newham, safety huddles and community meetings are happening regularly, with the rest of the bundle being introduced in September.

9.6. For the therapeutic engagement and observations component of this programme, teams are testing and implementing a range of change ideas. The ideas which teams have greatest belief are leading to more reliable observations and better engagement will be considered for scaling across the Trust.

9.7. City & Hackney are testing an idea on Bevan ward, Gardner ward and the Mother and Baby unit to have protected times when the ward is closed to visitors, so that staff and service users can better engage in one-to-one conversations.



9.8. Bedfordshire and Luton are testing an idea for Life Skills Recovery Workers to undertake twilight shifts, from 2pm to 10pm, a time when there are fewer activities to engage service users. The idea has already been tested successfully on Onyx ward and is being extended to Crystal ward and Townsend Court. In addition, there is testing of an electronic tablet template to improve documentation of observations and engagement.

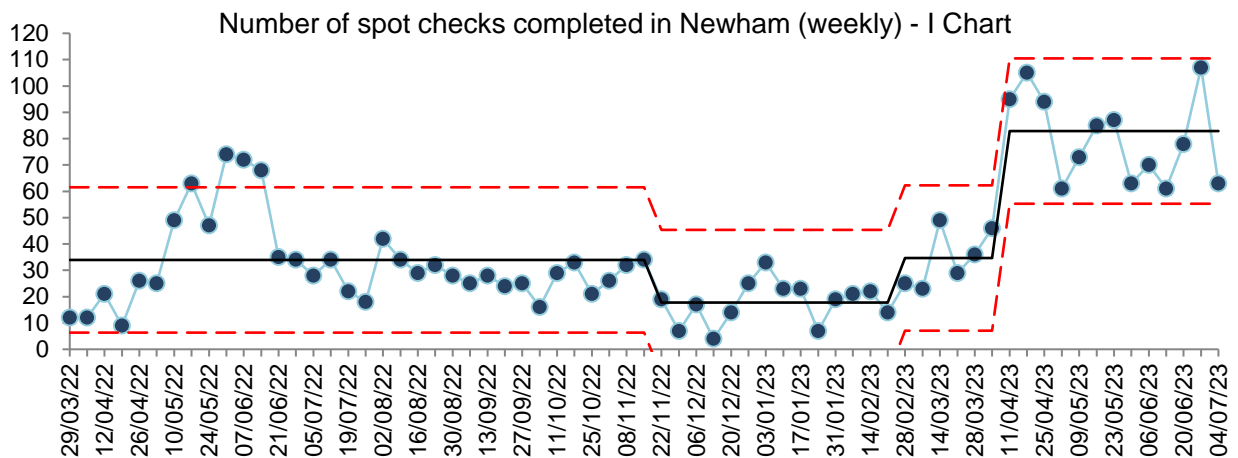
9.9. CAMHS are testing an interactive idea of social stories around observations, using a template that helps the young person understand the context of observations in their care. Though observations are completed 100% of the time with good staff engagement, the team are trying to tackle some of the human factors related to the routine of continuous observations. Galaxy ward is testing daily handwritten observations and written care plans to encourage a proactive and conscious daily review of the needs of the young person.

9.10. Tower Hamlets have successfully tested the board relay idea, where staff handover the observations board to each other to ensure that observations do not get missed, and are

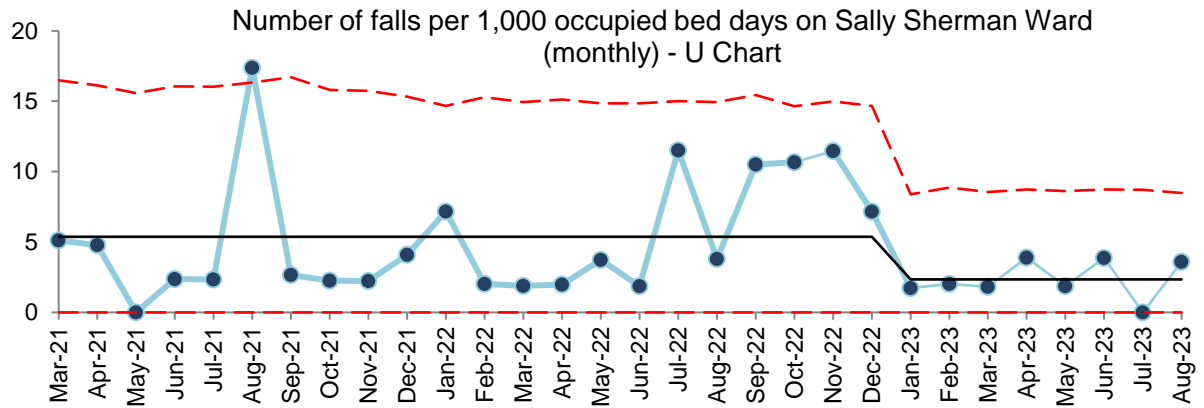
now drafting a standard operating procedure. There have not been any missed observations since the second day of testing this idea.

9.11. In Forensics, the team have been working with their service users to test the use of infrared torches to reduce the likelihood of disturbing sleeping service users when completing observations. This would impact people's experience of care and may result in missed observations as staff have been reluctant to disturb service users with bright lights. The team have also successfully tested on Clerkenwell ward the idea of zonal observations. This involves one staff completing observations, thereby releasing four other staff to engage service users in therapeutic activities.

9.12. Newham have been testing spot checks coupled with reflective discussions from the spot checks of observations completed. The directorate have increased their weekly spot check from an average of 34 to 83 spot checks (see chart below). The hypothesis is that this helps clarify standards and keeps the observation conversation live. They expect that this will help create a culture of open discussion about safety and are already capturing themes about what sometimes gets in the way of completing observations. The spot checks and discussions are led by night shift coordinators and senior nurses, with lessons taken to a unit-wide observations learning session. Other ideas being tested in Newham include protected engagement time on Topaz ward and testing out the idea of alarm reminders to prompt staff to complete observations.



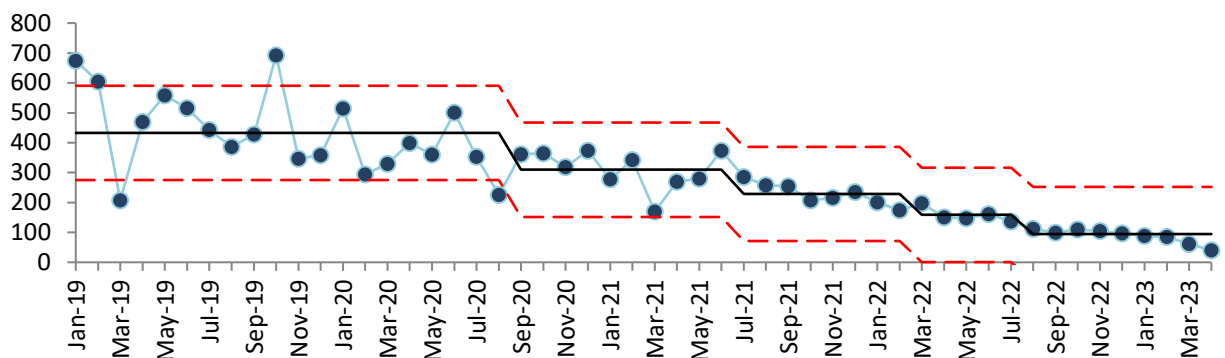
9.13. At East Ham Care Centre, Sally Sherman Ward are testing inviting family and friends of service users to have meals together, and have seen a reduction from an average of 5 falls per 1000 occupied bed days to an average of 2. Meanwhile Fothergill ward have developed a structured activity box to use with service users while having one-to-one therapeutic engagement sessions.



## 10. Improved Staff Experience

10.1. Building the capability of staff and service users to improve the services where they work and receive care is crucial to meaningful improvement. All staff as they enter the Trust are encouraged to join Pocket QI, a one-day foundational course which equips everyone with our approach to improvement at ELFT and the key skills and tools to get involved. Change ideas have been tested to encourage people to attend Pocket QI as soon as possible after joining the organisation, including sending requests to sign up within their contract letter and sending reminders to all new starting staff within their first month. The average time for a new starter to attend Pocket QI has been reduced to 94 days (below).

Average days from month of joining ELFT to attend Pocket QI – I chart



10.2. The 13<sup>th</sup> wave of the Improvement Leaders' Programme will commence in October. 250 staff and service users have signed up to learn and apply QI to a real-life complex problem over the course of the next six months, including approximately 50 people from partner organisations in our integrated care systems.

10.3. A key component of our improvement infrastructure is the provision of QI coaches in each part of the Trust, who dedicate a small amount of time each week to coach a team with their improvement work. The 9<sup>th</sup> cohort of our improvement coaching programme will commence in October, with a further 44 people undertaking this professional development programme.

## 11.0 Action Being Requested

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



# Performance report

**September 2023**

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

**PURPOSE OF THE REPORT**

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

**KEY MESSAGES**

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

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

Over the past year, adult community mental health, talking therapies, CAMHS services, and East London community health services have experienced the biggest reduction in waiting times. A range of change ideas have contributed to this, including moving from individual to group therapy sessions and working with GPs and wider partners to increase the proportion of appropriate referrals being received.

Overall, the number of safety incidents and the percentage of incidents that result in harm has decreased in the past few months. This is supported by the Autumn plans to transition to the new national Patient Safety Incident Response Framework (PSIRF) and the new incident reporting system. The percentage of service users achieving recovery in talking therapy services continues to surpass the national target of 50%. Access to Rapid Response in community health services consistently exceeds the national target, achieving 88.7% in July. Early Intervention Services are starting treatment within 2 weeks for 76% of services users, with the national target being 62%. Within both inpatient and community settings, outcome data from Dialog continues to show improvement in average scores between initial assessment and subsequent review across all quality of life domains.

The equity section of this report describes work underway across the Trust to tackle identified areas of inequity. Early indicators suggest a closing of the gap in waiting times between people of different ethnic backgrounds, access to talking therapies for minority groups, and the use of restrictive practice between white and BAME service users.

## KEY MESSAGES (continued)

Talking therapies are working with specific population groups, including the Muslim community and the White working-class population, to improve engagement and recovery. Initiatives to improve service user engagement and reduce non-attendance have been established across the Trust aimed at understanding the needs of communities living in more deprived areas, ensuring that services are more flexible, offering services in a variety of locations, partnering with community assets to create outreach clinics, as well as ensuring that community services effectively assist service users in remaining well in the community.

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

Bed occupancy continues to remain high, at an average of 95% in July. This can be attributed to multiple factors such as increased levels of acuity and complexity, a rise in formal admissions under the Mental Health Act, delays in discharge due to social care issues, and a rise in admissions of people who are homeless or lack a permanent residence. The North East London (NEL) Crisis Improvement Network has been set up bringing together clinical and operational leadership teams from all providers to help improve flow across the system. There are also plans to introduce a 'crisis think tank' led by service users to drive innovation and help improve the experience of care. Multiple initiatives across the Trust are underway to reduce A&E presentations. This includes conducting a comprehensive review of the entire crisis pathway in Bedfordshire and Luton including urgent response, crisis line and crisis cafés. The focus is on streamlining the pathway, minimising the number of entry points and redesigning services so the resources are utilised more effectively and support service users to utilise community-based options instead of A&E.

Over the last 3 months, there has been an increase in the number of complaints. This is partly due to changes that more accurately classify Patient Advice and Liaison Service (PALS) queries as complaints. The main complaint themes relate to assessments, access, and communication. Several initiatives are underway to tackle this, including offering virtual appointments, maintaining communication with service users around how long they are expected to wait, and undergoing appropriate sign-posting to alternative services where clinically appropriate to do so. Internal monitoring processes to support learning from complaints are in place, ensuring that all complaints are captured and reviewed on a regular basis.

In the past two months, there has been a rise in the overall waiting list throughout the Trust. Out of the 53 services where waiting times are being monitored, 18 have seen an increase. This is particularly prevalent within the Autism and Adult ADHD teams. A joint-led ELFT and ICB programme of work is focusing on reviewing the primary care offer around ADHD, exploring digital solutions, develop a screening tool, streamline assessments with a longer-term proposal to consider a single neurodevelopmental service across East London. Across Autism services, a workshop was held across the Trust in July to develop a Trustwide Autism strategic action plan focusing on collaborative working with partners to redesign the service model, streamline assessment processes, and explore digital solutions to help clear the waiting list backlog. A follow-up session will be held with key stakeholders in September to finalise and mobilise the action plan.

# Executive Summary

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

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

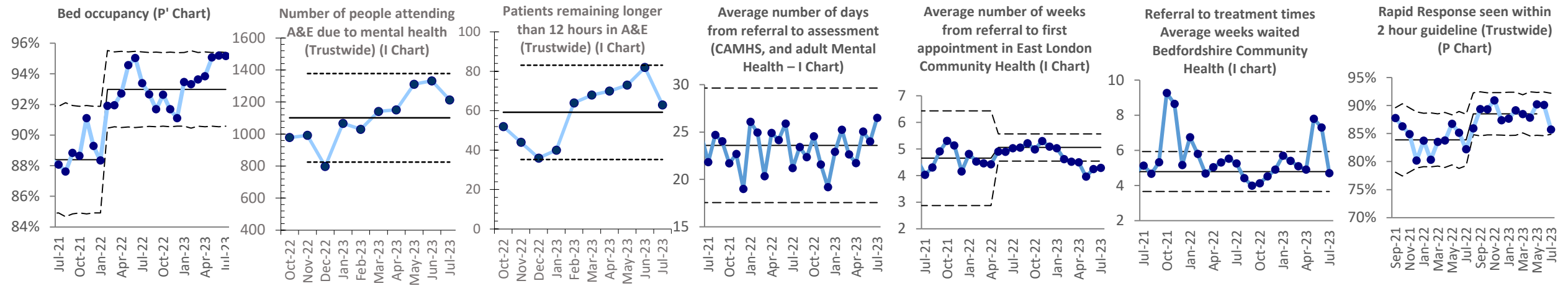
## Committees/meetings where this item has been considered

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

## Implications

Impact	Update/detail
<b>Equality Analysis</b>	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.
<b>Risk and Assurance</b>	This report covers performance for the period to the end of July 2023 and provides data on key compliance, NHS Improvement, national and contractual targets.
<b>Service User/Carer/Staff</b>	This report summarises progress on delivery of national and local performance targets set for all services.
<b>Financial</b>	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.
<b>Quality</b>	Metrics within this report are used to support delivery of the Trust's wider service and quality goals.

# Access and Responsiveness



Inpatient bed occupancy continues to remain high, reaching 95% in July. The overall number of mental health patients attending A&E continues to rise in City & Hackney and Tower Hamlets, but remains stable across Bedfordshire, Luton and Newham. There are early indications that more people with mental health concerns are spending longer than 12 hours in A&E, particularly on the Homerton and Royal London hospital sites. On further scrutiny, there are range of reasons for the increase in presentations to A&E, including service users not utilising the available crisis services in the community, unmet social care needs, homelessness, substance misuse, and a rise in presentations by people from outside our catchment areas. Longer stays in A&E are often related to a reduced availability of inpatient beds for admission.

To reduce mental health presentations in A&E, Bedfordshire and Luton services are conducting a comprehensive review of the entire crisis pathway, including community urgent response, the crisis line and crisis café. The focus is on streamlining the pathway, minimising the number of entry points and redesigning services so that resources are utilised more effectively. As part of this work, services are developing marketing and communication campaigns to improve community awareness of alternatives to A&E. Similar work is underway across East London, with the creation of a single crisis line across City & Hackney, Newham, and Tower Hamlets. This is now due to be launch in January 2024.

The Tower Hamlets crisis response service is recruiting medical staff into the team, which will enable the service to manage higher levels of complexity and assist in reducing presentations at A&E. The service is addressing the delays and administrative burden associated with securing external beds for service users who live outside the local catchment area by hiring a senior nurse and health care assistants who will collaborate with other NHS Trusts to ensure timely access to inpatient care for this group. In addition, crisis house beds continue to be utilised to help with admission avoidance.

In City & Hackney, the Raybould centre Crisis Hub service has had a ‘soft’ launch and is due to be fully operational in September 2023. This initiative will enable more assessments to happen away from A&E and reduce admissions. In Newham, there is an ongoing project focusing on frequent A&E attenders with primarily physical health and social care needs, collaborating with primary care networks and local partners to develop effective care plans to reduce repeated presentations to A&E. The project aims to address underlying factors like employment, housing, social isolation, and financial strains, and initial data on attendance looks promising. Services have also highlighted a recent increase in service users with alcohol and substance misuse issues and are working closely with the local addictions service to support this population.

## Access and Responsiveness

Additionally, the Psychiatric Liaison Teams based in A&E have audited the case notes of service users who waited more than 12 hours in each A&E. The findings highlighted opportunities to improve processes and procedures to reduce waits in A&E, which are reflected in the plans above. There is a flow event across North East London scheduled for September to reflect on the changes introduced, share learning and best practice across providers. Furthermore, the joint response mental health car initiative in East London continues to divert approximately 5% of presentations away from A&E. The recommendations from the Health Based Place of Safety review are being implemented, including the addition of a third suite on the Goodmayes site, the closure of the Newham unit, and changes to the City and Hackney sites. This work will improve safety and experience of care and improve flow across the system.

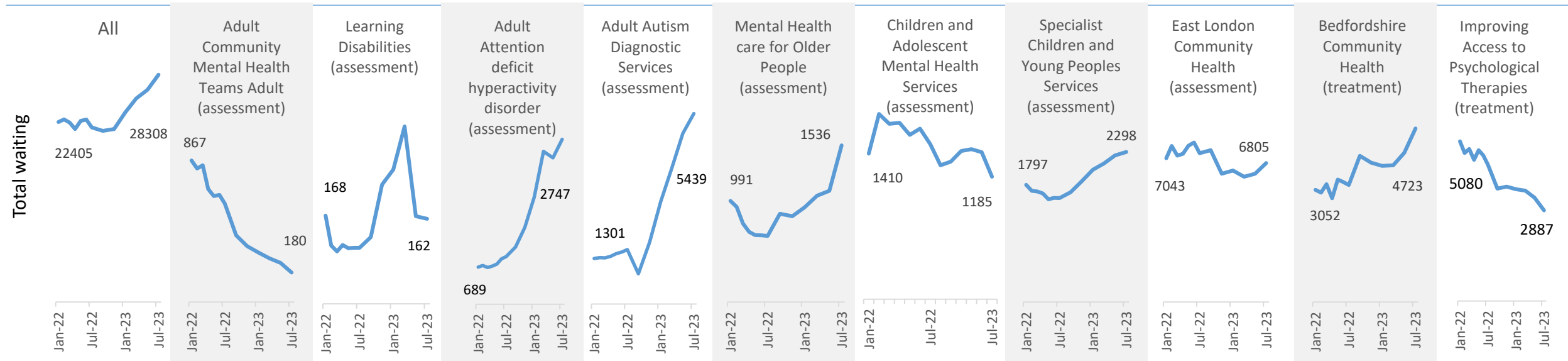
Across adult & older adult inpatient services, the main themes driving rise in bed occupancy relate to unmet social care needs, homeless individuals, service users with no recourse to public funds, substance misuse, out of area presentations, higher levels of acuity and more formal admissions under the Mental Health Act. During August, an Trustwide group of flow was established, involving operational and clinical leaders from each borough. The group has adopted a whole system approach that seeks to work closely with acute Trusts, voluntary sectors, and local authorities, to reduce bed occupancy, improve flow, and eliminate out of area placements. A core focus of the plan will be on understanding and addressing the needs of specific populations that have been identified, such as service users who frequently access crisis services, service users with multiple admissions who are known to community services, new presentations in A&E not previously known to community services, and service users with complex needs that result in delayed discharge. This will strengthen different aspects of the pathway, such as crisis and admission avoidance services, ward discharge planning processes, timely recording of clinically ready for discharge status to improve visibility of delays, and improving inreach by community teams to support the transition of service users more effectively into the community. The 'Discharge to Assess' model is also being considered for older adult inpatient wards in order to help service users return to the community sooner.

In City & Hackney, housing and homelessness have been highlighted as the key priority to improve inpatient flow. Services are working with Local Authority partners to assess the capacity for placing people in supported and temporary housing. The inpatient housing worker is delivering training to teams about housing options and referral standards to streamline the process and avoid delays. Newham has successfully tested the introduction of community crisis bed provision and are expanding this in collaboration with a charity to support service users to step-down from acute inpatient services earlier and provide alternatives to inpatient admission. Across North East London, the opening of a new ward at the Goodmayes site, providing 12 male acute beds, continues to progress at pace. There is now a project manager in place, and additional estates work is being completed alongside staff recruitment. Once this capacity is operational, it is forecast that bed occupancy will drop by 5%.

Bedfordshire & Luton inpatient services are working closely with the respective community teams and home treatment teams to develop effective admission and discharge plans. This involves developing an integrated discharge hub as part of the Getting It Right First Time (GIRFT) programme, and utilising the Multi-Agency Discharge Events (MADE) monthly to addressing factor such as housing and social care packages of care for an effective return to the community. The service are working on a business case with the ICB to develop community crisis house beds to help prevent admissions and expedite discharges from inpatient wards.

Waiting times for rapid response in community health services remain stable, and above the national target of 70%, reaching 86% in July. Bedfordshire services reported a higher number of service users waiting between 2-3 hours in July due to increased levels of complexity and end of life referrals, as well as reduced availability of temporary staffing.

# Access and Responsiveness



Autism and Adult ADHD services across the Trust are experiencing the greatest increase in waiting times. The main drivers for this increase in demand are predominantly an increase in public awareness around ADHD and Autism which has led to more people seeking help to better understand their symptoms. In East London, a project co-led by ELFT and the ICB has been established to develop an East London-wide action plan for ADHD. The actions over the next few months will focus on three areas. Firstly, a task and finish group will be developed at a primary care level to alter the ways in which GPs are currently managing requests for referrals. Another group with representatives from all East London services will be focusing on the service level to review potential digital solutions, NICE policy guidance, and future service models and develop ideas for testing in each borough. Finally, another area will focus on long-term planning and considering the ways in which services should be configured across the system going forwards. In City & Hackney, the team is creating a resource pack for service users while they are waiting for an assessment. The service has implemented a two-part referral form that requires both the GP and service user to complete, with the aim of improving the quality of referrals and reducing the time needed to gather additional information. In Tower Hamlets, a pharmacist prescriber has produced an FAQ document for GPs to manage issues around medication and empower them to manage cases without the need for a specialist clinic. In Newham, the team is exploring computer-aided self-help packages as well as psychoeducation material to support service users while they wait.

In Luton & Bedfordshire, ADHD service capacity within the community mental health teams has been reduced due to an increase in demand from patients with severe mental illness. This has resulted in a reduction in the availability of ADHD assessments. A meeting has been held between corporate performance colleagues and operational leads to consider digital solutions, including the QbTest which is a digital diagnostic screening tool that could help reduce assessment time and the current assessment backlog. A follow up session has been scheduled in September to review options.

## Access and Responsiveness

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A Trustwide Autism workshop has been held and a proposed action plan developed. The first priority area focuses on streamlining autism assessments and understanding how best to share available resources across the Trust. The second area focuses on exploring digital tools to improve the use of online assessments, establishing options for self-referrals and developing a screening tool to reduce inappropriate referrals. The third area is partnership working - linking with ADHD services to explore opportunities to develop a non-specialist autism resource in the community to reduce demand coming directly to the services. The fourth area is focused on improving transitions and reviewing the support required to integrate pathways between children's and adult autism services. A further session in September will be finalising the plan, support and oversight structures.

In Luton & Bedfordshire Autism services, initial discussions have begun with the ICB. Longer term ideas being explored include developing a virtual community neurodevelopment hub for service users with Autism and ADHD. This would improve the pre- and post-discharge support offered across BLMK. In City & Hackney, the team has developed a self-referral pathway which has helped improve the quality of referrals. The Newham autism service is still very new, and pathways are still being developed. Work to reduce inappropriate referrals has involved the development of a template to ensure that appropriate information is captured. In Tower Hamlets, a referral pack has been developed which enables the service user to complete and return back, in order to help screen incoming referrals. To make the pathway more efficient, straightforward cases are shared directly with the support workers to help compress the initial assessment process. A smaller intervention caseload has helped to free up clinical time and maximise capacity.

Specialist Psychotherapy Services (SPS) waiting times in City & Hackney recently rose after 3 months of consistent decrease. This was mainly due to an increase in referrals. The operational lead is monitoring the screening and triage process to ensure referrals are discussed consistently upon receipt. The team is currently involved in a QI project to refine the assessment and treatment pathway. A reset day was held in July to review the work done so far. As a result, the next steps will focus on the quality of assessments, ensuring that patients are moved to the appropriate treatment waiting list. In Newham, the number of service users waiting over 11 weeks continues to increase. The team is exploring short-term options to increase capacity, including offering bank shifts to staff to carry out assessments and strengthening the psychological therapy offer within the blended PCN teams.

Talking therapy services in Tower Hamlets and Bedfordshire continue to prioritise group therapy sessions. In Tower Hamlets, the uptake of group therapy interventions is 15%. The service is expanding the language offer that is provided and conducting a focus group to collect feedback on ways in which the structure and content of these sessions can be improved. Across East London Talking Therapies, the teams have recently established a dedicated team responsible for screening assessments. This central function is handled by the East London Remote Talking Therapies Services which has released capacity, allowing teams to focus more resources on treatment. The model is now being shared with other Trusts for its benefits in improving productivity. In Bedfordshire, the team is scoping the feasibility of delivering group courses online for those waiting for high-intensity individual therapies while on the waiting list. Access to Talking Therapies services, highlighted in Appendix 1, has increased in the past couple of months and plans are in place to increase access, in accordance with Long-Term Plan trajectories.



## Access and Responsiveness

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Memory services across the Trust are experiencing an increase in waiting times. The Newham memory service has partnered with GPs to improve the quality of referral information. In Tower Hamlets, the service is particularly struggling with limited capacity, with two vacant nurse roles. It is hoped that these posts will be recruited to by October. Temporarily, nursing capacity has been diverted from post-diagnostic support work to help with assessment. The next area of focus will be streamlining some of the processes carried out by the nurses to make more time available for assessments. In City & Hackney, some data quality issues have been identified about appointments and cancellations not always being logged. This is being rectified and monitored by the local performance team.

Waiting times for Foot Health services across East London Community Health Services continue to reduce. The team are developing a standard operating procedure to allow for both virtual and phone appointments alongside face-to-face appointments to maximise available capacity. This will be shared with the borough director at the end of the month for review. As the Newham team will be leaving their current space in September, estates leads have been supporting the team to find a suitable alternative clinical base.

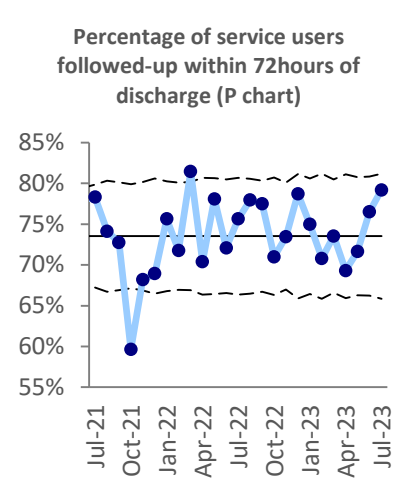
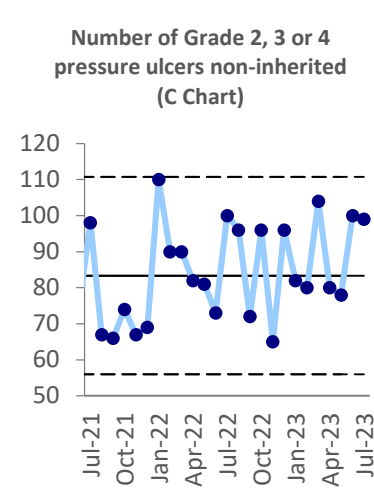
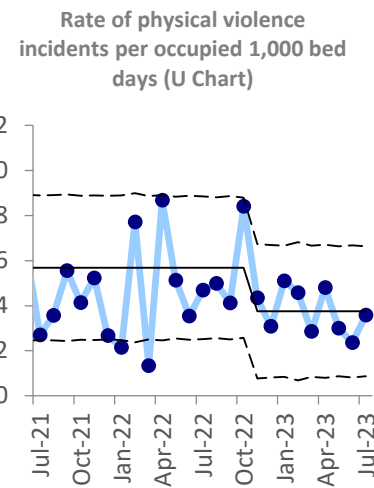
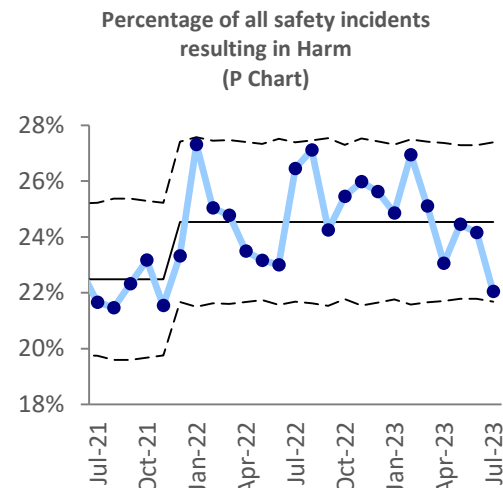
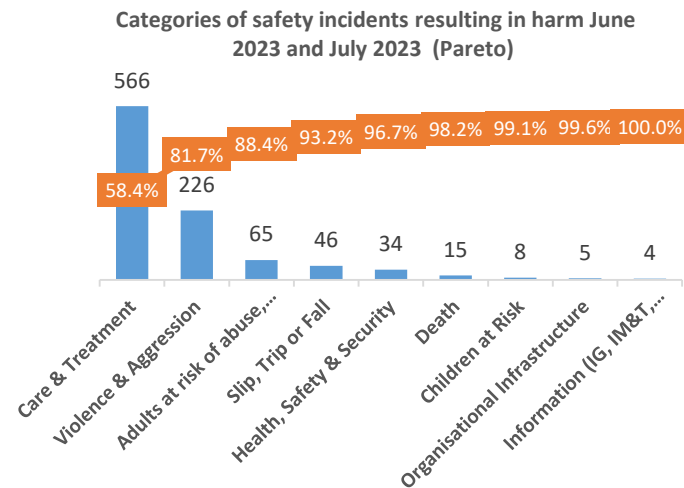
Extended Primary Care Teams in Newham are looking to develop a single point of access by centralising their therapists across the four geographical areas in Newham. Rapid Response and the Falls service will also be included in this wider therapy provision, which forms part of the directorate's Financial Viability plan for the year, and will likely reduce agency spend.

The increase in referral to treatment times in Bedfordshire community health services is driven largely by the podiatry service. In order to minimise impact on individual service users due to worsening of symptoms, the service has developed an urgent priority pathway. Therapy rehabilitation groups are now being offered in a community setting in order to decrease the backlog. The service and senior leadership have prioritised a review of the booking process, meeting with the admin team and gathering feedback in order to generate ideas. The team are also planning to expand the QI project team focused on reducing waiting times to include all band 6 and band 7 therapists, in order to capture feedback on change ideas implemented and review current processes in greater detail.

As highlighted in Appendix 1, 62% of referrals to perinatal services were seen within 28 days, with the target being 80%. This represents a decrease from previous months and is due to an increase in referrals across most services that is outstripping routine capacity, particularly in Bedfordshire and Luton. The service have recently commenced a QI project to enhance access and quality of care with a driver diagram currently being developed.

Early Intervention Services continue to exceed the national target of 62% of service users commencing treatment within 2 weeks of referral, achieving 76% in July.

# Safety



The overall number of safety incidents and the percentage of incidents resulting in harm remains stable. Most reported incidents are categorised as low harm or no harm in terms of severity. The Pareto chart above shows the main categories of reported incidents during June and July. 82% of reported safety incidents were associated with care and treatment or violence and aggression. The most common themes under the care and treatment category were pressure ulcers or moisture-associated skin damage, issues related to treatments and procedures or self-harm incidents.

As highlighted last month, the rate of physical violence in inpatient settings continues to reduce. This is particularly noteworthy given the high bed occupancy across the Trust, and is likely to be related to the large-scale improvement programme focused on inpatient quality and safety that commenced in September 2022 with a focus on therapeutic engagement and observations. In October 2023, there are plans to transition to the NHS England Patient Safety Incident Response Framework (PSIRF) and a new incident reporting system to learn from incidents. The new framework includes focus on supporting compassionate engagement and involvement, embedding a systems-based approach to learning with considered and proportionate responses, and supportive oversight. A Safety Network has been established to grow wider engagement and a training package has been developed with PSIRF learning and patient engagement leads. ELFT has launched a series of e-learning modules to support the implementation of the NHS Safety strategy. Module one is for all staff (with a supplementary module for boards and senior leaders), and module two is for those in roles that require more in-depth knowledge. These modules are expected to become mandatory over the next year.

A deep dive into safety incidents in City & Hackney revealed that incidents were especially high on one female ward. 63 incidents occurred in July, with thirteen resulting in physical harm or injury. The ward attributes this to one specific service user who was having difficulty adjusting to life on the ward, as well as high bed occupancy. As highlighted in the Access and Responsiveness section, work is underway to improve inpatient flow. The Home Treatment Team also reported an increase in incidents, having normally a relatively low number of incidents. The team is currently testing the PeopleSafe App to support staff to carry out their jobs safely. The app has numerous features including an immediate SOS alarm, allowing staff to respond to an incident in a timely manner. Three wards across the Trust are piloting After Acton Reviews, as a way to rapidly learn and identify improvement opportunities following safety incidents.

# Safety

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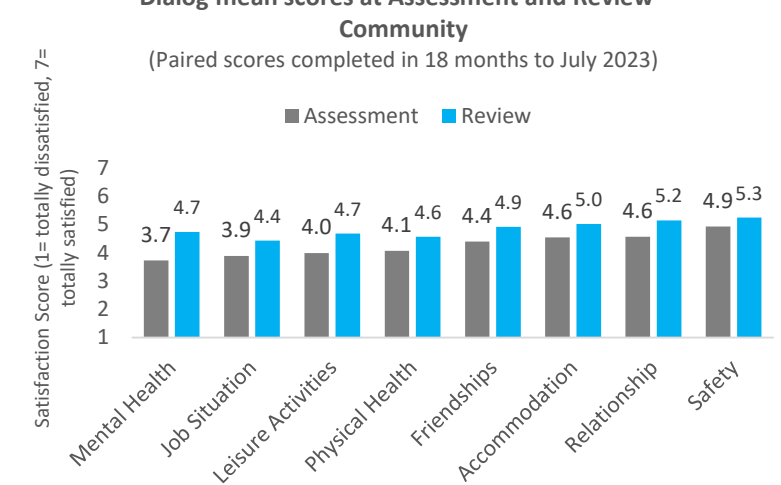
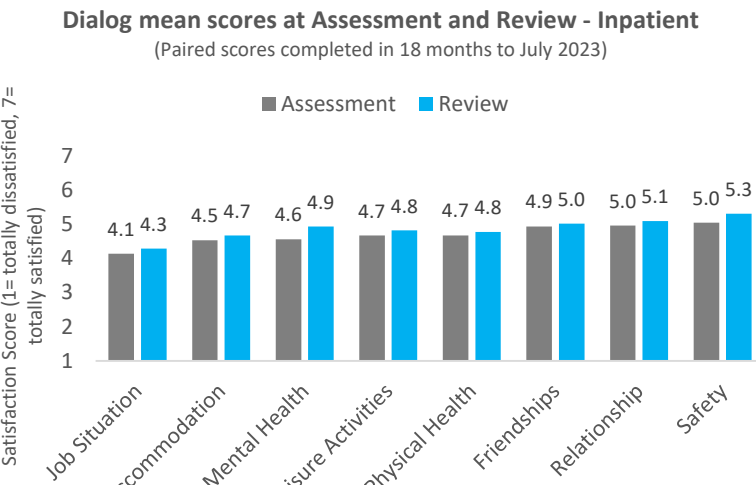
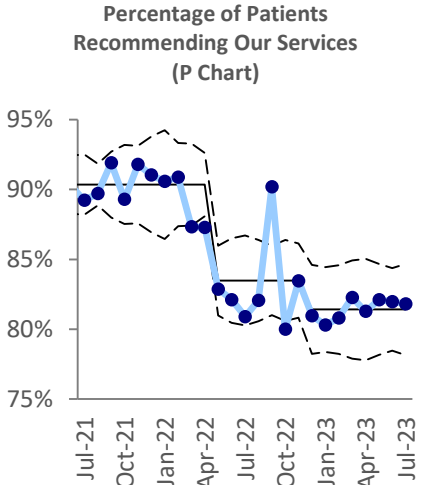
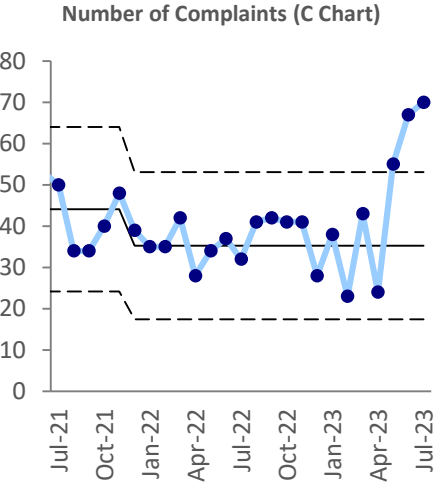
In community health services, there was an increase in the number of non-inherited pressure ulcers in May and June, which was largely driven by an increase in Bedfordshire. Non-inherited pressure ulcers refer to service users who developed a pressure ulcer whilst receiving care within the Trust. To address this, staff are ensuring that an ELFT repositioning chart is in place, and that it evidences the offloading strategies required to prevent skin deterioration. The repositioning chart includes pictorial guides highlighting effective 30-degree tilts and heel offloading techniques. In East London, challenges around equipment are ongoing. In Newham, the team is undertaking a review to explore why service users and family decline equipment, and are developing strategies to increase uptake and engagement. In Tower Hamlets, the team shared an anonymised Root Cause Analysis (RCA) with ICB colleagues, to highlight the communication problems between family, carers and the equipment provider to help address the gaps and the delays in receiving appropriate equipment.

The percentage of service users followed up within 72 hours of discharge from mental health inpatient care reached 79% in July. This is mainly due to consistent improvements in City and Hackney. Performance in City & Hackney is now being reviewed at the bed huddle every Wednesday, and the performance team is attending the senior nurses meeting twice a month to offer dedicated support to help teams embed the follow-up calls into daily work. Staff were also re-trained on how to use PowerBI to view performance, identify who needs a follow-up call, and to coordinate tasks on a daily basis. Teams are closely monitoring all instances in which contact was not made within the timeframe, so that lessons can be learned in real time.

In Newham, contacting service users for follow-up continues to be a challenge. Solutions are being explored in local performance forums to help achieve successful follow-up contact. One ward is testing the idea of providing cheap mobile phones for service users who do not own a phone, to see if this improves the ward's ability to make contact with the service user, and would also support ongoing connection and communication in the community. Tower Hamlets are surpassing the 80% target and have a designated staff member on each shift to make contact with service users upon discharge. The performance team provide weekly league tables and send daily reminders where applicable. In some cases, breaches occur when multiple contact attempts have been made but have proven unsuccessful.

Bedfordshire has seen a decrease in performance from 94% to 83% in the last couple of months. The team has attributed this to seasonal variation, as multiple attempts were made by staff to contact service users. Luton has experienced an increase to 90% following the training and awareness sessions that were held last month in order to ensure staff confirm follow-up plans with service users prior to discharge.

# Experience and Outcomes



The number of complaints across the Trust has seen a notable rise in the past 3 months. This increase is predominantly related to City & Hackney, Tower Hamlets, Luton, and Bedfordshire. The increase in Tower Hamlets and City & Hackney is partly due to the complaints team needing to reclassify some of the Patient Advice and Liaison Service (PALS) queries more accurately as complaints. In Tower Hamlets, there has been a reduction in the number of days taken by services to resolve complaints, which is promising. Weekly meetings are held with the complaints team and senior leadership team, to discuss both challenging complaints and complaints where there are delays. In City & Hackney, the team is developing a process whereby they can categorise complaints in order to differentiate between those that require PALS input and those that require the formal complaint process.

Review of complaints in City & Hackney and Tower Hamlets have shown that most are due to the length of wait for assessment following referral. In Bedfordshire and Luton, there were a higher proportion of complaints related to inpatient services, with the main themes being staff attitude, activities on the ward and care and treatment. All complaints are reviewed in team meetings, and actions taken in team safety huddles to address issues as soon as possible. As highlighted in the Access and Responsiveness section, work is underway to ensure service users receive regular communication on the expected waiting time and where appropriate, signposting service users to available community support.

A current gap in City & Hackney has been identified regarding concerns about the estate. A regular forum with Estates colleagues has been proposed to ensuring complaints related to the physical environment are acted upon. Across the Trust, local directorate governance teams are assisting services with bi-weekly meetings to update and resolve complaints. Trauma-informed training continues to be implemented by services to improve the experience and quality of care. An East London mental health newsletter is still being developed to provide a platform to share learning from complaints and serious incidents.

## Experience and Outcomes

The percentage of service users who would recommend our services has stabilised at 82%. There has been a particular decrease across CAMHS services, although adult mental health, forensics, community health and primary care have improved in terms of satisfaction scores. CAMHS inpatient services have highlighted that the service user survey was introduced to the wards relatively recently, with a project over the last year with people participation to engage young people meaningfully in providing feedback, and collectively acting on the learning as a community. All wards have started to dedicate 15-minute reflective practice sessions with service users to understand how their care can be improved. Service users also co-chair community meetings to help develop their improvement ideas. On the ward, the 'Time to Think' sessions are also going to be used to address issues of concern brought up by service users.

The Dialog outcome charts continue to show improvement in average scores between initial assessment and subsequent review, for both inpatient and community-based services, across all quality-of-life domains. These findings are based on paired scores from 2859 outpatient and 967 inpatient records. The community mental health transformation programme continues to advance, focusing on improving access and providing a more holistic set of support to improve quality of life goals. Work over the first quarter has been focused on designing the CPA replacement framework including the latest proposals around Care Act, Dialog and Dialog+. Two organisational development practitioners have been working closely with teams to look at culture and current processes to support the implementation of the framework that will replace CPA.

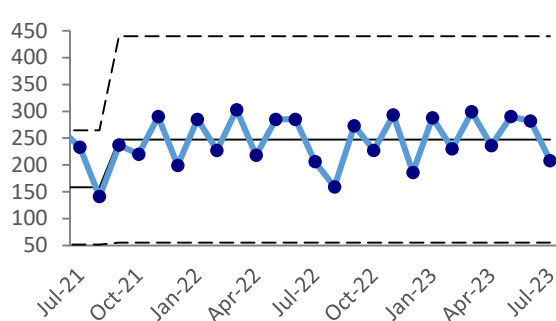
In the Bedfordshire Path to Recovery (P2R) service, the percentage of service users reporting improved quality of life remains stable and the number of successful completions of addiction treatment not re-presenting to the service has seen an increase in July. A new post with People Participation has been recruited to help engage specific communities that are under-represented within the service, and the service continues to make use of interpretive services to support clients. The P2R service now attends triage meetings to support service users more closely and understand the required need. Part of the success has been dependent on new investment, which has enabled the recruitment of a physical health nurse and establish new services such as fibro scans to test for hepatitis. The service is continuing to expand the support offered to GP practices with care plans to help manage complex service users. The service has held a number of events with local community groups and is working with wider partners to support the holistic needs of service users, such as conducting joint assessments with mental health and social care teams.

The percentage of service users achieving recovery in talking therapy continues to surpass the national target of 50%, despite seeing a reduction in the past couple of months. A deep dive analysis has been conducted into recovery rates, aiming to understand which communities have a higher recovery rate than others. Outreach strategies are ongoing, and the service has been successful in gaining a Population Health Fellow to work on inequalities in access and outcomes from talking therapies in North East London (NEL). Services are observing a small increase in the service user experience questionnaire (PEQ) over the past few months. Services have been paying close attention to the feedback from these surveys and have not discovered any specific themes. Dedicated work on tackling inequities is covered in that section of this report.

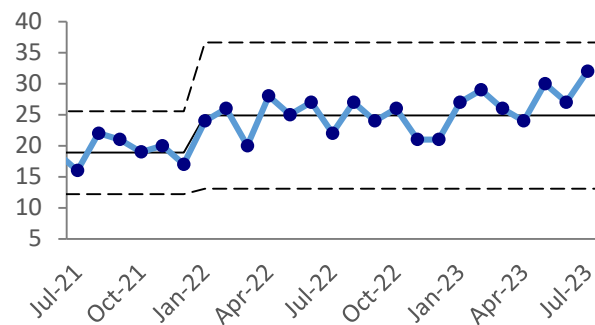
The proportion of perinatal service users who have completed outcome measures has increased to 50%, exceeding the national target of 40%.

# Children and Young People

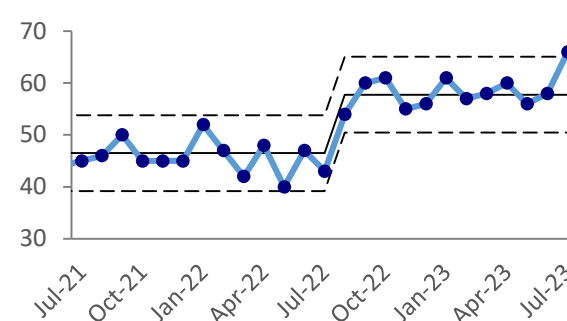
Number of service users presenting in crisis to our crisis pathway (I Chart)



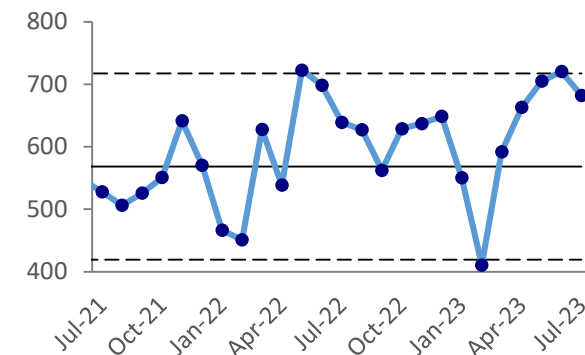
Average Assessment Waiting Time (days) for Children and Young people aged 0-18 (I Chart)



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)



CAMHS teams are seeing a stabilisation in crisis presentations. All CAMHS teams are meeting their Long-Term Plan access targets for urgent and routine referrals for the Eating Disorder Service. In City & Hackney, which previously saw an increase in treatment waiting times, the team has begun to see a decrease in both their assessment and treatment waiting times. The waiting list for assessment has decreased from 116 to 107 and from 265 to 103 for treatment. City & Hackney are testing Saturday clinics, which focus on ADHD and medication. Group therapy sessions have proved effective, and the service has managed to provide targeted training to help coordinate these sessions, improve engagement and maximise service user attendance.

In Bedfordshire, the waiting list has decreased from 364 to 294 for assessment and from 265 to 178 for treatment. In Luton, a decrease has also been observed from 212 to 178 for assessment and from 174 to 145 for treatment. In Bedfordshire and Luton, QI projects are underway to reduce the average wait times from point of referral into CAMHS to first appointment. Single Point of Entry leads have liaised with other services, including the crisis teams and CHUMS Mental Health and Emotional Wellbeing Service, to agree an appropriate process around 'stepping up' and 'stepping down' cases to ensure changes to the priority waiting list are captured and service user needs are responded to effectively.

In Tower Hamlets, the waiting list has decreased from 361 to 237 for assessment and 278 to 154 for treatment. Waiting times in Tower Hamlets remain at manageable levels. The team continues to prioritise staff retention, in order to ensure capacity levels are maintained. A staff wellbeing QI project has commenced aimed at ensuring that dedicated wellbeing check-ins are in place with equal opportunities for training and development.

The allocation spreadsheet that was developed in Newham CAMHS is progressing well within the Emotional & Behavioural team. Within the Neurodevelopmental team (NDT), the allocation spreadsheet is currently being amended to ensure that it is as reflective as possible of the NDT pathway and closely matches demand and capacity. This includes introducing all aspects of the pathway, including ASD referrals, which are currently not captured. The team has held two "what we can improve" sessions with admin and clinical representation. Within the emotional and behavioural team, the allocation spreadsheet is reviewed on a weekly basis to ascertain how

## Children and Young People

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many clinicians have allocations and which are active. Currently, the teams are facing challenges around local ownership with the allocation spreadsheet and the burden currently falls on admin staff to lead the process. The "what we can improve" sessions are aimed at bringing the whole multidisciplinary team together, capture ideas to improve, and engage the team in implementing the allocation spreadsheet.

A CAMHS people participation strategy across East London is currently in the process of being developed. A focus group has been established to understand how the experience of waiting could be improved to ensure service users are "waiting well". Suggestions from this focus group will be presented back to senior leads to discuss appropriate change ideas and ensure that the ideas being tested help to improve patient experience and manage the safety of children and young people.

The opening of the Evergreen CAMHS Tier 4 inpatient unit has helped to reduce the number of young children admitted to adult wards. The unit has increased bed capacity throughout the system, and increased demand for inpatient beds has resulted in an increase in overall bed occupancy levels, as shown in Appendix 1 (page 23).

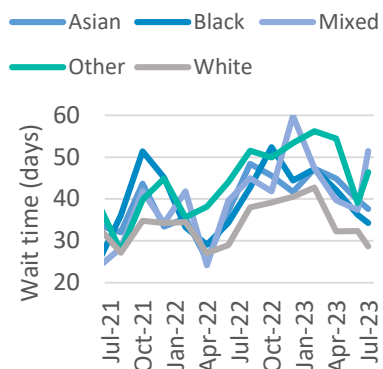
The Early Years Speech and Language Therapy (SLT) team is seeing continuing high demand. The service has managed to reduce the waiting time to eight months and is looking at ways of reducing this further. The school's SLT team has struggled to recruit to core roles. The service planned to reduce the waiting list during the school holidays by seeing school-aged children for assessments in an outpatient clinic at West Ham Lane.

The SCYPS Autism Spectrum Disorder service received £280,000 in funding until September 2023 which would enable the creation of a partially digital pathway. This would involve collecting patient data through web forms hosted on the ELFT website, which the parent would complete at home instead of during an appointment. This CHATA (Children's Autism Technology Assisted Assessments) project has offered a more efficient alternative to face-to-face appointments and is a secure way to collect patient data. The two test sites at West Ham Lane and the Lord Lister Centre have reported that it is cost-effective as it utilises already-existing software in ELFT that collects referral forms. Parents have reported more time and space to provide clinical information when it is convenient for them, and clinicians subsequently have more information about the child ahead of the assessment. It is hoped that this will improve patient experience through accessing pre-assessments at home.

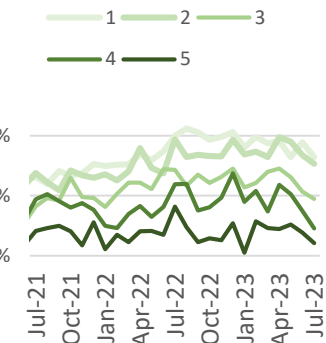
SCYPS quality and experience indicators remain consistently high, with 100% of parents and service users satisfied. As shown in the population health indicators, over half of children with neuro-disabilities are receiving prompt annual reviews. Satisfaction levels are believed to be related to regular team reviews and the work to streamline pathways in the neuro-disability clinic and motor neurone clinic.

# Equity and Equality

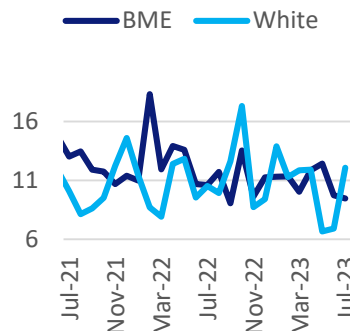
Average wait for assessment by adult community mental health, by ethnic group.



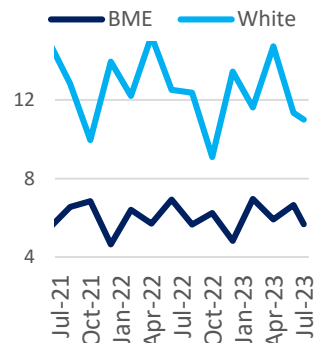
Appointments not attended, by deprivation quintile - Mental Health (1 = most deprived, 5 = least deprived)



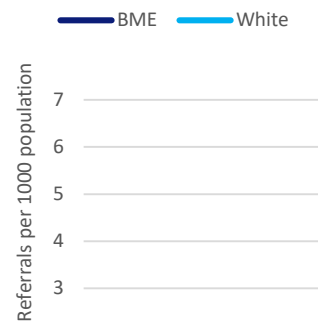
Number of Adult restrictive practices per 1000 occupied bed days (OBDs), by ethnic group



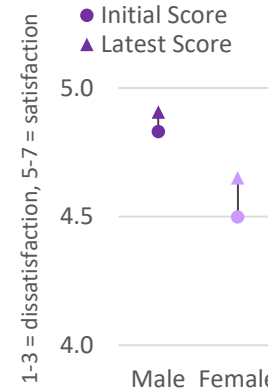
Rate of referrals to CAMHS services per 1000 population, by ethnic group.



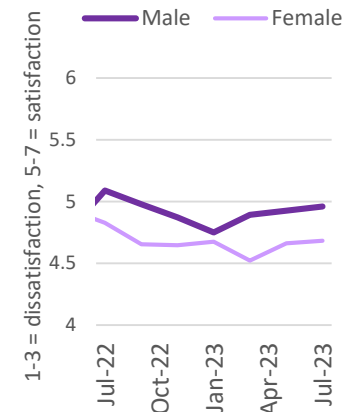
Rate of referrals to IAPT services, per 1000 population, by ethnic group



Change in average Dialog score



Average Dialog score at review, by gender



This section focuses on a range of equity and equality measures through a gender, ethnicity and deprivation lens in order to better understand disparities and the initiatives underway 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).

Across the Trust, there are numerous initiatives underway to improve access and flow across community services, including effective waiting list management, prioritisation of vulnerable groups and collaborating with voluntary partners. The implementation of the Patient and Carer Race Equalities Framework (PCREF) is also underway across the Trust to improve the quality of care for service users from disadvantaged ethnic groups and communities. A Trust-wide guidance document is currently being produced with experts by experience. All services will work towards delivering the PCREF aspirations by responding to the needs of their individual populations and developing priorities in collaboration with local stakeholders.

The average waiting times for assessment across Adult and Older Adult community mental health services chart is showing a narrowing of the gap between BAME (Black, Asian, and Minority Ethnic) and White groups over the past few months. However, during July, the data shows that Mixed and Other groups had longer waits than all other groups, which is primarily related to City and Hackney and Tower Hamlets. A community mental health transformation programme workshop is scheduled for September in City and Hackney, with the aim of celebrating accomplishments, identifying areas for further improvement, and prioritising disparities in health experiences and outcomes. This includes ensuring that newly established models of care within local neighbourhoods effectively address the needs of the population. Insights from local services suggest that some service users continue to disengage from community services and their treatment plans, despite being offered care and support on multiple occasions. This can lead to delays in accessing care, repeated presentations to crisis services, relapse, and admission. Efforts are underway to better understand this population as well as the underlying factors driving this behaviour. Additionally, services are exploring innovative approaches to nurturing trust and fostering stronger connections with local mental health teams. This includes initiatives to improve accessibility, such as collaborating with charities and voluntary organisations to develop 'drop-in day centres' situated within facilities closely connected to diverse communities. These centres would provide a therapeutic environment for individuals to engage in activities and support networks. Teams are also focused on providing services in a way that is person-centred and sensitive to cultural differences in order to increase engagement.



## Equity and Equality

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The percentage of service users not attending appointments is higher amongst service users from more deprived areas. A number of initiatives are underway to promote better engagement, such as making services more flexible with opening hours (weekends and evenings) and offering services in a variety of locations, outreach clinics, and crisis cafés, and involving service users in the design of community service offers. In City & Hackney, there are plans to conduct a review of service users who don't engage with services to help teams to tackle the barriers to access. The initial proposal includes testing with a couple of communities, including the traveller and Jewish communities, to better understand the barriers they face, as well as considering the development of a larger community network model of care that fosters greater collaboration with local faith groups, charities, and community resources to meet the needs of individuals. In East London, services have collaborated with community organisations to deliver cultural awareness training sessions to staff in Newham and Tower Hamlets. A mental health event has been held in collaboration with a Somali organisation (HealTogether) which has previously been highlighted as a hard-to-reach community in Newham. In Hackney, the Black men's group continues to run bi-weekly to increase cultural awareness of services and establish a holistic understanding of care.

Across the Trust, multiple reviews are underway to ensure that services are well utilised and accessible to diverse communities. For example, in Tower Hamlets, the Crisis Cafe is reviewing its current location and assessing its reach and impact in collaboration with a co-delivery partner, Hestia. Services have enlisted the help of service users to identify areas for improvement. Suggestions have included introducing pharmacy sessions once a week for service users to discuss any questions they may have about their medication to help service users to adhere to their medication plans and avoid relapse. The Crisis Café in Newham regularly collaborates with religious leaders to place a greater emphasis on connecting with local communities. In Luton & Bedfordshire, a similar exercise has revealed that alternative crisis services within the community have developed "too many front doors", presenting an opportunity to streamline crisis pathways to the public to establish only one front door before winter. Community services have identified that approximately 50% of A&E attendances are known to them, and it is hoped that streamlining the services will allow teams to process and triage service users more effectively, improving access.

The rate of restrictive practice between different ethnic groups across adult & older adult services remains broadly consistent, owing to a range of initiatives underway to improve the safety culture across the Trust, as highlighted in the May report. The implementation of the Patient Safety Incident Response Framework (PSIRF) aims to promote a restorative culture that is fair and respectful to staff and patients across all communities. There was an increase in the frequency of restrictive practice among white service users in July. This was attributed to Bedfordshire, City and Hackney, and Tower Hamlets services, and was primarily related to incidents involving violence and aggression, which in some cases necessitated the use of restraint or rapid tranquilisation. A notable proportion of these incidents related to a small number of service users within psychiatric intensive care units, which specialise in caring for individuals experiencing the highest level of acuity. In Bedfordshire, one female general acute ward was responsible for the majority of the incidents due to increased acuity and complexity on the ward, as well as higher numbers of female admissions from white Caucasian backgrounds. All services are continuing to monitor this closely and have undertaken preparatory training and awareness sessions to relaunch the 'safety culture bundle' across all inpatient wards in September. This is expected to improve the wards' safety culture and will be accompanied by quality improvement initiatives such as testing the use of 'cushions' across two wards to help manage the risks associated with prone restraints.

## Equity and Equality

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Within CAMHS services, teams have identified disparities in access and have initiatives in place to engage services users from minority communities. All services continue to collaborate with People Participation Leads to bridge gaps, deliver anti-racist staff training sessions that include reflective practice and explore inequalities data within services. For example, staff are exploring disparities in Mental Health Act detention practice, where young black boys are more likely to be formally sectioned than young white girls, and more likely to be admitted to psychiatric intensive units than other ethnic groups. In Luton, the Mental Health Schools Teams (MHSTs) have identified fewer referrals from South Asian communities and have established a QI project to engage with parents, pupils, and local community organisations to increase awareness of the service and encourage participation. A stakeholder event was conducted within Luton to understand the specific needs of the community and map available assets to support their needs, with all partners and stakeholders, so that care can be delivered more effectively and efficiently. Services also recognise that the Eating Disorder services are disproportionately accessed by white communities and further outreach work is underway across all MHST. Services have noted that the MHST's outreach efforts are successfully identifying needs, which is one of the factors contributing to the increased demand on children and young people services. The Tree of Life project in City and Hackney, which has been shortlisted for an HSJ award, is empowering young people of African and Caribbean heritage to have confidence in themselves, talk about their goals, and confront challenges in a safe environment. Peer leaders and Education Mental Health Practitioners are part of the narrative-based intervention, which uses a metaphor of a tree to provide culturally relevant, preventive support in secondary schools within the borough.

The Trust's public health team is about to undertake a Health Needs Assessment of people accessing CAMHS services with a learning disability or autism diagnosis. Currently, the data reveals that the rate of referrals is higher among the white population, despite national research that suggests that service users with these conditions from BAME communities often have poorer health outcomes. The initial needs assessment has begun with stakeholders and the full report is due to be completed by the end of October. The main objective of this review is to focus on the inequalities in diagnosis, place, ethnicity, and deprivation across the North Central and East London provider collaborative. The goal is to reduce admissions and have better community input to support children at home and ensure this is carried out in an equitable way.

The overall number of people accessing talking therapies remains stable, with approximately 80% self-referring to the team. Services have noted a decrease in recovery rates across the Trust. An analysis into outcomes has revealed that Pakistani and Bangladeshi Muslims have the lowest recovery rates. Local outreach work is ongoing among the muslim community and other communities. Anecdotal feedback suggests that this could be related to differences in age and also the impact of delivering interventions through an interpreter due to language barriers. White British men had the highest recovery rate, however, only accounted for 17% of referrals to talking therapy services in Newham. Dedicated work is underway among white working-class populations with high levels of deprivation to improve access and ensure that this is part of the local health strategy in Newham. Services have also highlighted gender disparities, with women accessing services more than men, particularly black young men. The team has been successful in gaining a Population Health fellow to work on inequalities in access and outcomes across North East London. ELFT will host the fellow, who will start in September. Services are collaborating closely with local Mental Health Partnership Boards to engage different communities in order to address health disparities. Teams are investigating inequalities further in collaboration with local authority public health teams. Bedfordshire Talking Therapies have received relatively higher levels of investment which will support increasing access to services over the coming year.

## Equity and Equality

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Dialog scores show that women are often less satisfied than their male counterparts with the care they receive. In Tower Hamlets, the Recovery College is working closely with the Women's Inclusive Team within the Tower Hamlets Alliance. This is an organisation that works closely with the Somali community and has developed Women's only Yoga classes, cooking courses, and sewing classes to support women with their recovery goals. In City & Hackney, a care coordinator-led Women's group based at Vivien Cohen House has helped to establish a community support network which is accessible to all service users in the borough. Perinatal services in Luton & Bedfordshire are undertaking a QI project ensuring equitable access to perinatal services. Part of this work has involved improving relationships and joint working with mental health midwives and obstetricians. Monthly clinics were tested in Luton to jointly discuss and review cases, which demonstrated positive results, and there are plans in place to expand this model across Bedford. The main priorities of this work include removing barriers to access and improving engagement with services. The team has identified that current barriers include languages, access to technology, and stigma around mental illness. As a result, the service is developing posters and educational materials targeted specifically for 'hard-to-engage' communities. The goal is to create materials in multiple languages and to provide a wider range of consultation methods, such as at home visits, clinic visits, or virtual consultation.

A key area of dissatisfaction within the Dialog outcomes measure is related to employment. All services have been leading initiatives to support service users to get back to work. Individual Placement Services (IPS) are also working on equity and equality for people with Serious Mental Illness (SMI). Community services in Tower Hamlets have been working with people participation leads, Recovery Colleges and third-sector partners to think about how teams are offering employment opportunities across communities that are not being reached. Following an internal review, the team discovered that Black African and Somali groups are particularly underrepresented and "Progress to Work" spaces have been created to assist service users from this community to overcome barriers to seeking help with their employment aspirations. The IPS Fidelity review has highlighted that Tower Hamlets IPS team is one of the best in London, meeting most of the national access and quality standards. The service proactively works with service users who are identified as dissatisfied with their employment status, as well as supporting employers and those with serious mental illness to retain their jobs. The service has reported that since the pandemic, the jobs market has been challenging and some employers have found it more difficult to manage the needs of service users, although this is now improving. The service has started to introduce the DIALOG scale to measure outcomes. The service has highlighted challenges with enhancing the pre-employment journey, addressing social isolation and socio-economic factors that make employment aspirations more challenging, and establishing relationships with employers that are open to redefining employment expectations beyond traditional 9am-5pm roles.

In City & Hackney, the IPS team is conducting a borough-based analysis to understand referral patterns and potential gaps in access to the service. The team is integrated within the Early Intervention Service, as well as the East and West Recovery Teams. The team has noticed that referrals from these services are relatively low, and they are beginning to see an increase in demand from other Neighbourhood Teams. A proposal has been made to consider expanding the team's reach in order to improve service accessibility. Service users expressed an interest in honing their skills in order to showcase their artwork and meet potential recruiters. As a result, in City and Hackney, an art exhibition was held and run by IPS service users to help those interested in the arts gain employment skills and confidence.

Across Bedfordshire, IPS workers are embedded within blended community teams and are successfully meeting their access targets. A promotional video is currently being produced, showcasing successful recruitment practices that have resulted in job placements. This video serves the purpose of promotion, highlighting the program's effectiveness and its positive impact on individuals' lives.

## Equity and Equality

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Services report that there is a healthy job market in Luton and Bedfordshire and that they work with a variety of communities and service users who have serious mental illness to help them find or retain employment. The percentage of service users finding jobs is comparable to the national average. The service has worked closely with community teams to help address housing and homelessness issues, which can affect opportunities and aspirations for employment.

Within Forensic Services, the John Howard Centre has held a couple of BAME Focus Groups with six service users in regular attendance. The purpose of this space has been to shift conversations from processes in services to individual experiences of inequalities. The group recognised that there is a gap in sharing experiences of racial trauma in order to provide feedback and help the service learn. The ImproveWell app is being used to facilitate feedback from this group about how to improve the sessions. As a result, a range of improvement ideas have been suggested for further consideration. This includes involving religious communities in discharge planning processes, and including religious and spiritual leaders of different genders for additional support. Another idea was to create a paid panel of BAME service users who would be consulted as a service level "think tank" to support service development. A staff workshop is due to be scheduled in the next month to discuss the ideas raised. In addition, the Forensics directorate has recently been awarded funding for advocacy, both group advocacy and peer advocacy to support the 'Include not Exclude' agenda.

# 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

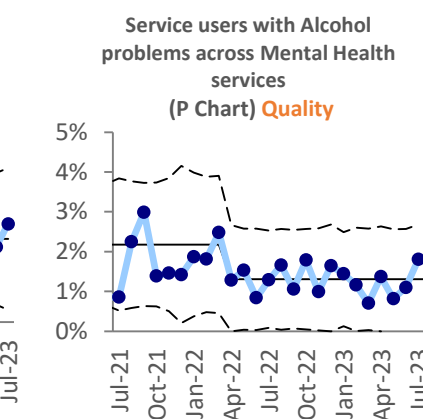
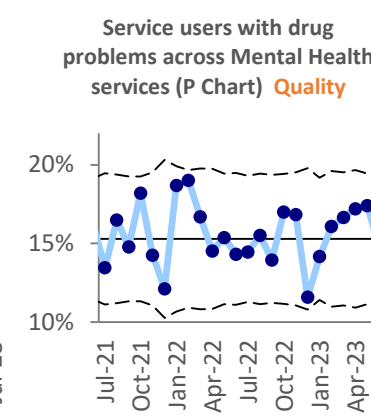
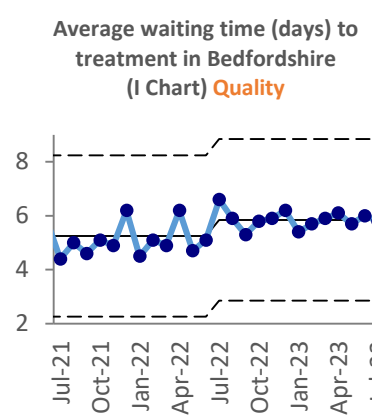
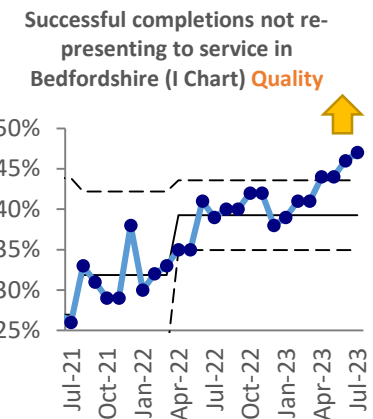
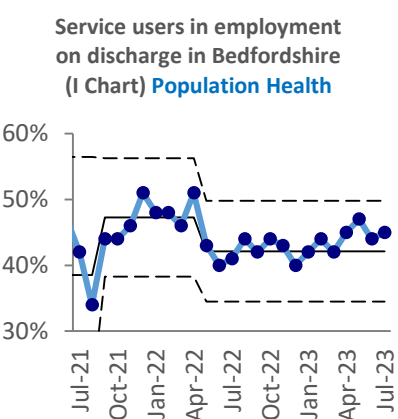
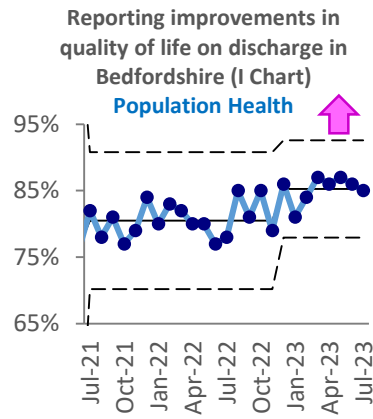
# Special cause variation (↑ ↓) and when it's of potential concern (⬆️ ⬇️)

		Average	
<b>People with substance misuse problems</b>			
Service users reporting improvements in quality of life on discharge in Bedfordshire	Population Health	85%	↑
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		
<b>Children with complex mental health needs</b>			
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	57.8	↑
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	6581	↑
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		
<b>Dementia</b>			
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%	
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		
<b>Children with complex health needs</b>			
Percentage with complex neuro disability receiving a clinical review within past 12 months	Population Health	60.2%	↑
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		
<b>People receiving end of life care</b>			
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	99.6%	↑
Percentage of service users who died in their preferred place of death	Value	73.8%	
Percentage access from minority communities (East London)	Quality		
<b>People who are frail or who have multiple long term conditions</b>			
Percentage of service users who have recorded a positive experience	Quality	92.4%	
Rapid Response seen within 2 hour guideline	Quality	88.5%	
Number of Grade 2, 3 or 4 pressure ulcers (monthly)	Quality	83.3	
Promoting independent living - discharged within 6 wks. Bedfordshire	Quality	92.3%	
Percentage of inappropriate referrals into Intermediate Care - Bedfordshire	Value	6.2%	↓
Percentage of referrals re-referred within 30 days, by ethnic group	Quality		

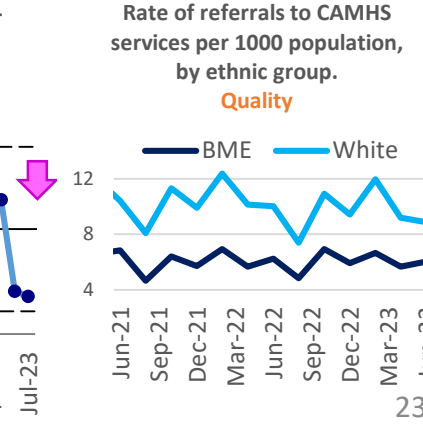
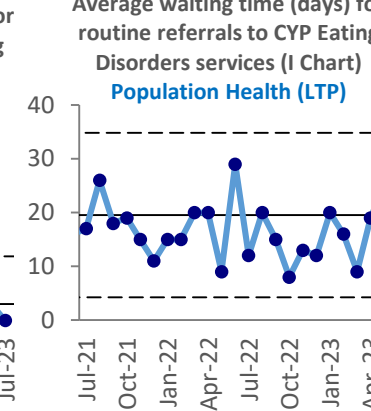
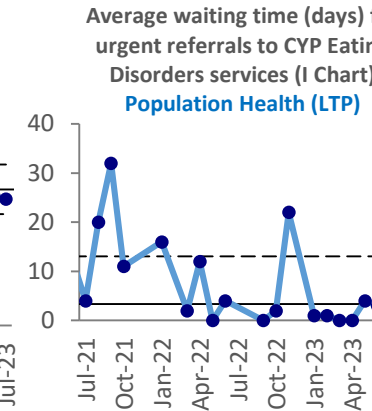
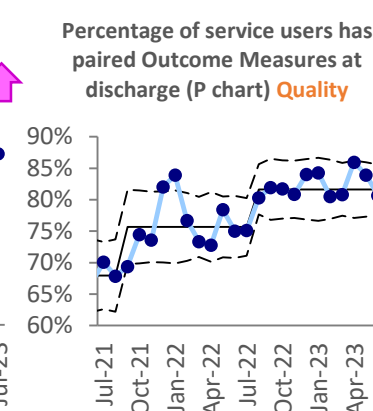
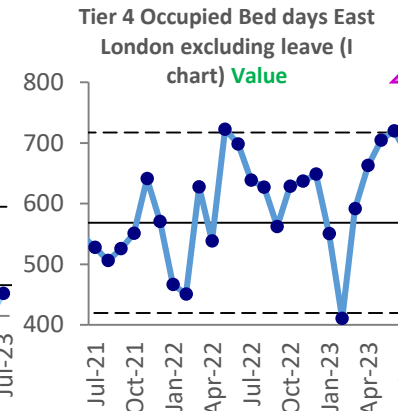
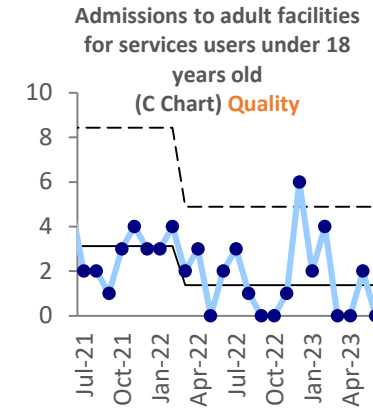
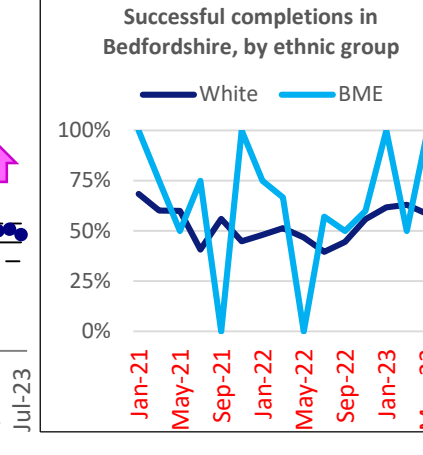
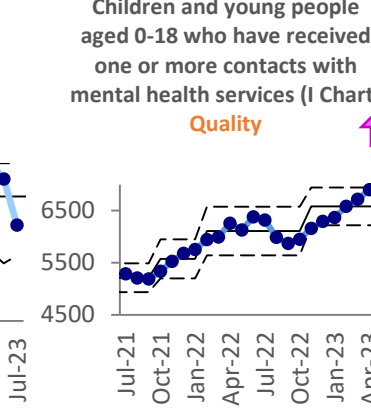
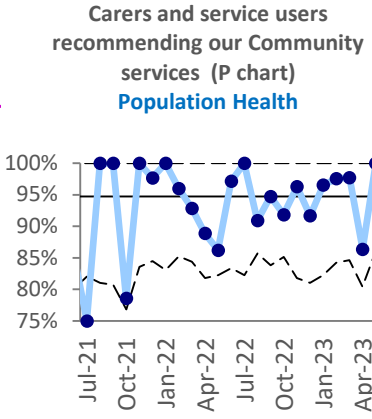
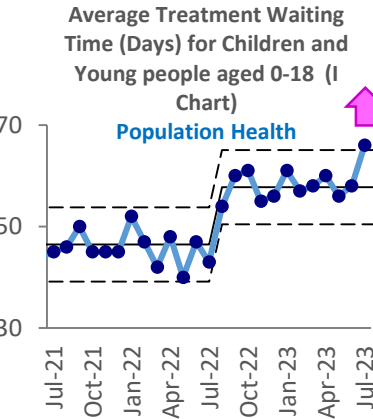
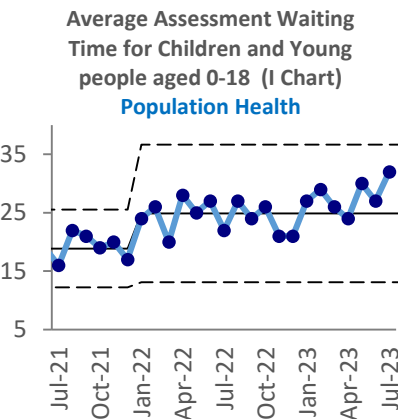
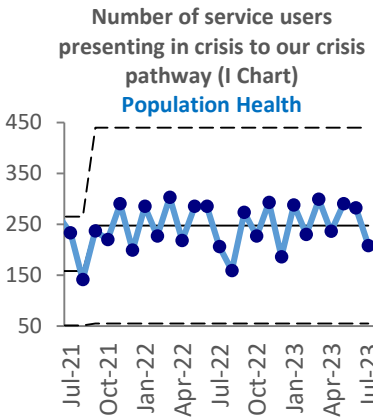
		Average	
<b>People with common mental health problems</b>			
Percentage of service users moving into recovery	Population Health	51.9%	
Percentage access by minority groups	Population Health	39.8%	↑
Percentage of positive comments to PEQ	Quality/Experience	91.5%	
Average wait times to assessment (in weeks)	Quality/Experience	1.1	
Average wait times to treatment (in weeks) from assessment	Quality/Experience	7.0	↓
Number of people accessing IAPT services (in month)	Value	2649	
<b>People with a learning disability</b>			
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 users with a referral to a Learning Disability team	Quality	623	
Referrals by ethnicity, per 10 000 population	Quality		
<b>People with Severe Mental Illness</b>			
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%	
Service user service users with paired outcome measures showing improvement.	Quality	30.5%	⬇️
Psychological Therapy Service average wait times to (in weeks) to 1 <sup>st</sup> assessment in East London	Quality	6.3	⬆️
Psychological Therapy Service average wait times to (in weeks) to treatment in East London	Quality	19.0	⬆️
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	13.8	↓
Bed occupancy	Value	93.0%	⬆️
Percentage of service users with SMI receiving a full physical health check	Quality		
<b>Woman who are pregnant or new mothers</b>			
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	81%	⬇️
Percentage of service users undertaking Core10 showing improvement	Quality	54%	
Percentage of Service Users not attending their initial appointment	Value	18%	
<b>Stable Long Term Conditions (East London)</b>			
Average weeks waited for initial appointment with the foot health team	Quality	11.2	
Average weeks waited for face to face appointment with the Diabetes Service	Quality	6.4	
Average weeks waited for initial appointment with the MSK and Physiotherapy teams	Quality	5.4	↓
Average weeks waited for initial appointment with the Continence Service	Quality	4.8	
Average weeks waited for initial appointment, by ethnic group	Quality		
<b>Stable Long Term Conditions (Bedfordshire)</b>			
Adult Continence Referral to treatment times average weeks waited	Quality	9.9	
Podiatry Referral to treatment times average weeks waited	Quality	8.6	
Occupational Therapy Referral to treatment times average weeks waited	Quality	2.5	
Physio Referral to treatment times average weeks waited	Quality	3.4	
Adult Speech and Language Therapy Referral to treatment times average weeks waited	Quality	5.4	⬆️
Wheelchairs Referral to treatment times average weeks waited	Quality	15.1	
Average weeks waited for initial appointment, by ethnic group	Quality		

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

## People with substance misuse problems

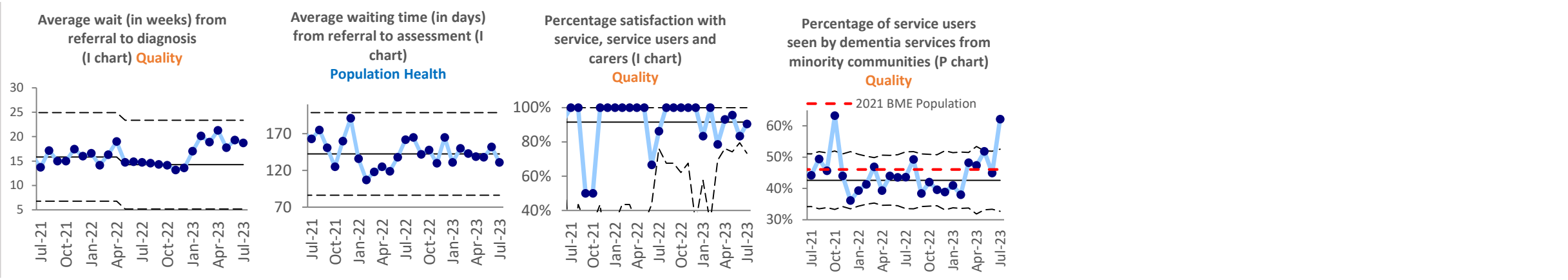


## Children with complex mental health needs

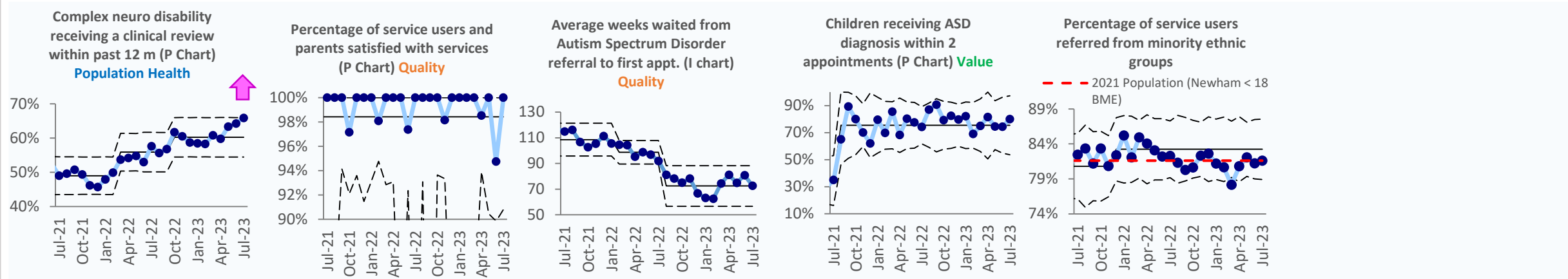


# Appendix 1: System Performance dashboard Long Term Plan (●) Special cause variation (↑↓) and when it's of potential concern (↑↓)

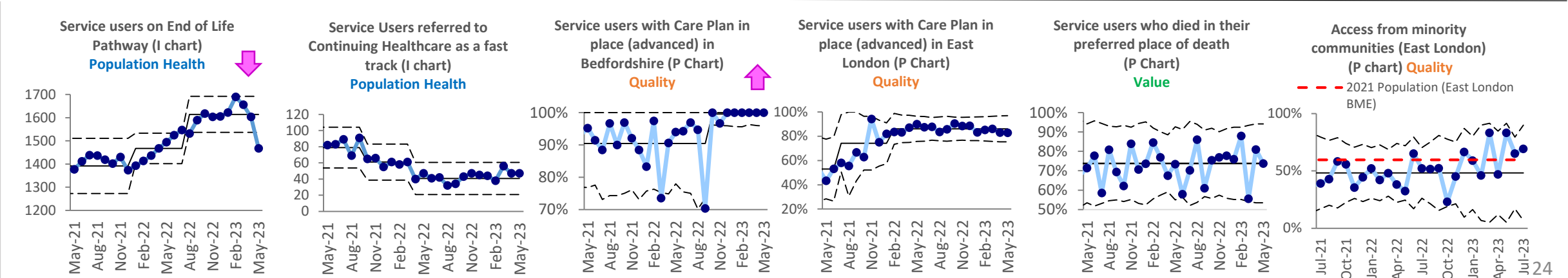
## People with dementia



## Children with complex health needs



## People receiving end of life care

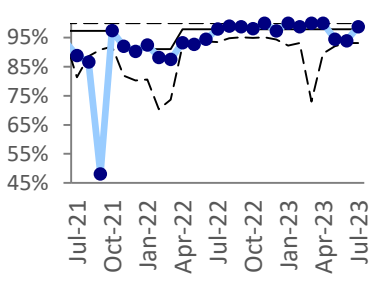




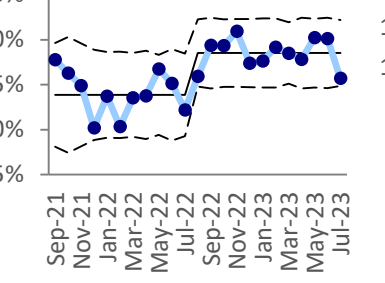
# Appendix 1: System Performance dashboard Long Term Plan (●) Special cause variation (↑ ↓) and when it's of potential concern (↑ ↓)

People who are frail or have long term conditions

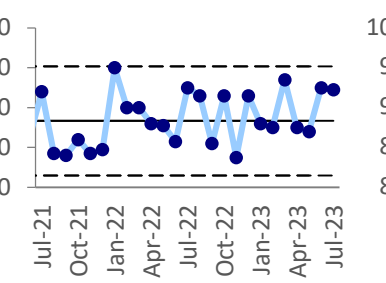
Percentage of service users who have recorded a positive experience (P chart) Quality



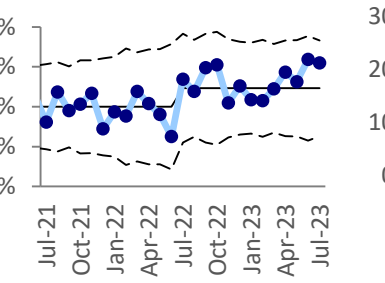
Rapid Response seen within 2 hour guideline (Trustwide) (P Chart) Quality



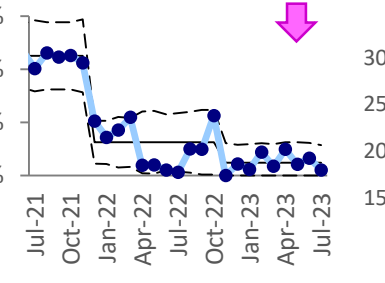
Number of Grade 2, 3 or 4 pressure ulcers non-inherited (C Chart) Quality



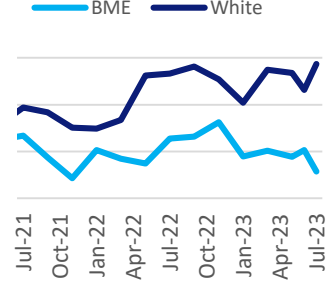
Promoting independent living - discharged within 6 weeks Bedfordshire (P Chart) Quality



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

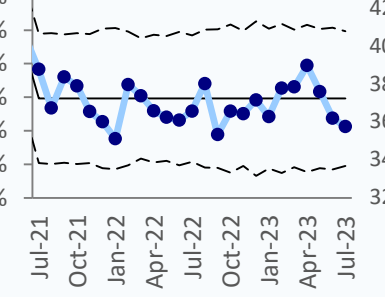


Percentage of referrals referred within 30 days Quality

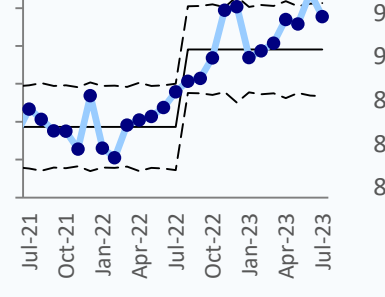


People with common mental health problems

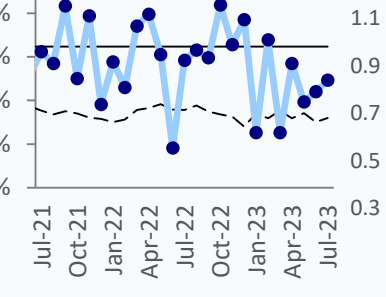
Percentage of service users moving into recovery (P Chart) Population Health



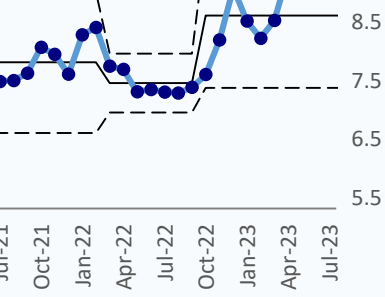
Percentage access by minority groups (P Chart)



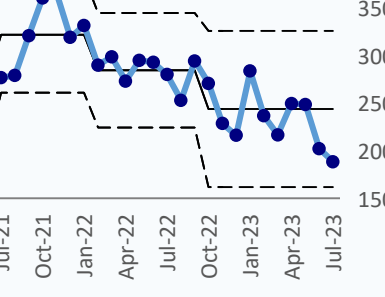
Percentage of positive comments to PEQ (P Chart)



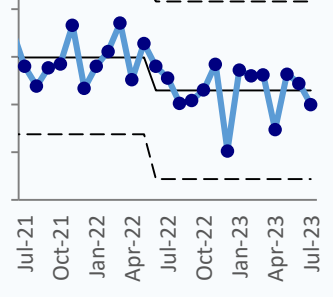
Average wait times (in weeks) to assessment (I Chart)



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

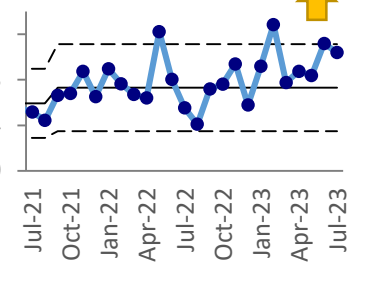


Number of people accessing IAPT services (I Chart) Value

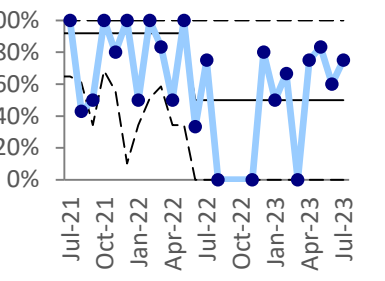


People with a learning disability

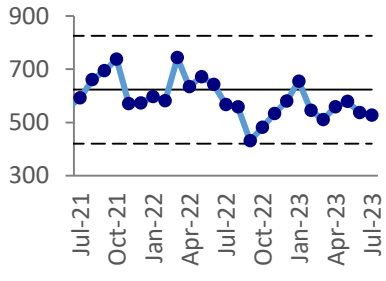
Average waiting times for new referrals seen (in weeks) for assessment (I chart) Population Health



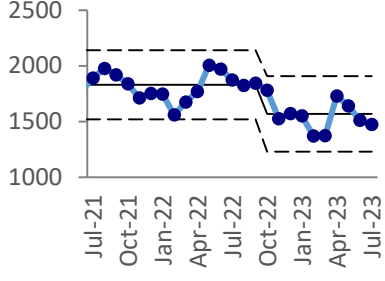
Percentage of service users that would recommend this service (P Chart) Population Health



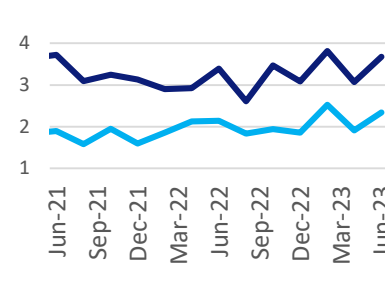
Occupied bed days used in month by service users with a referral to Learning Disability (I Chart) Quality



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

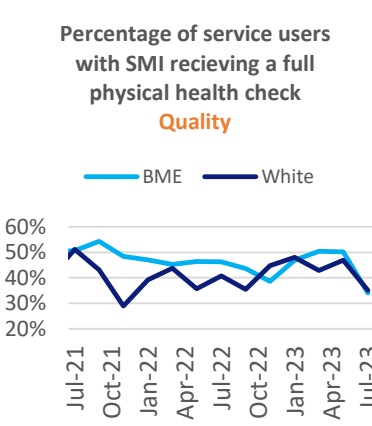
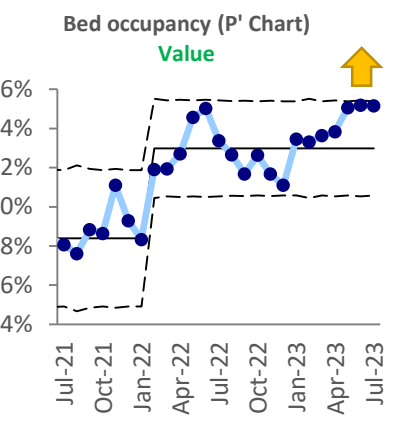
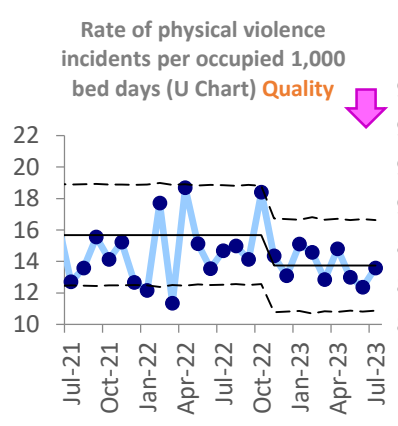
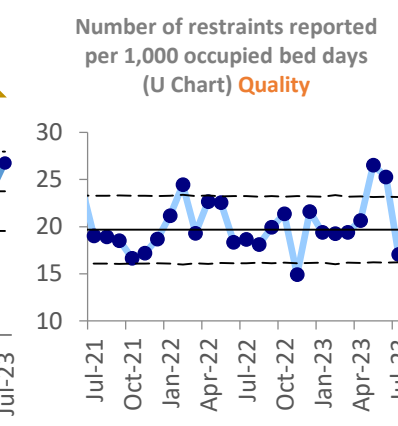
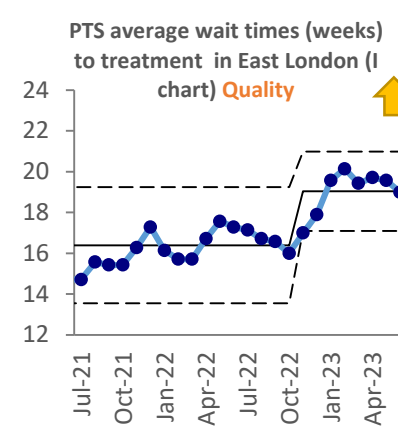
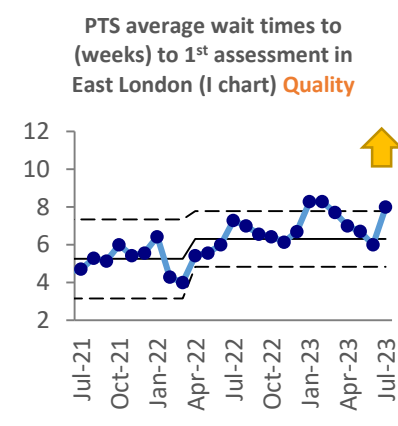
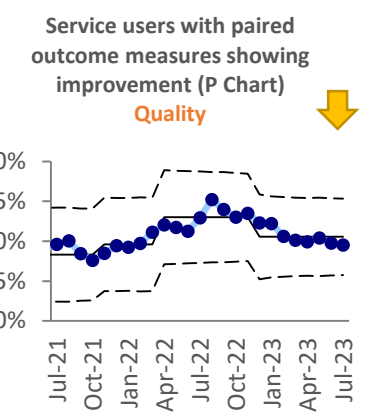
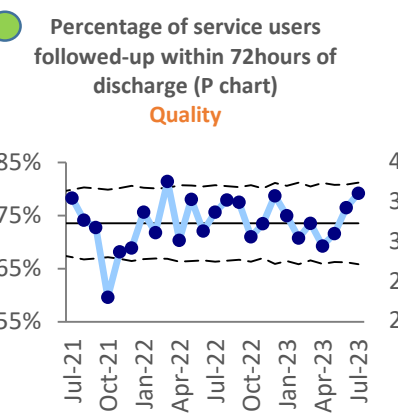
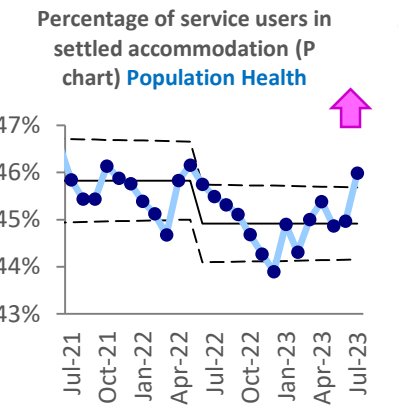
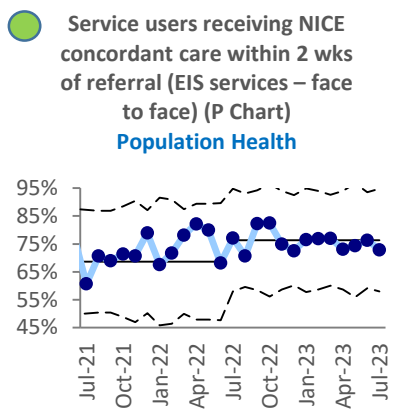
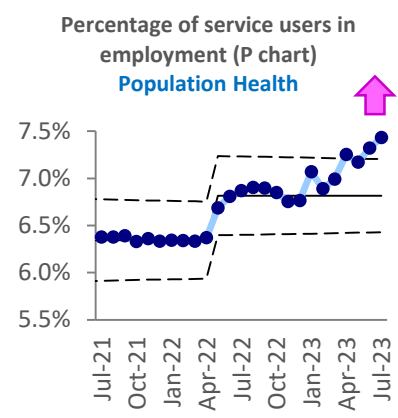
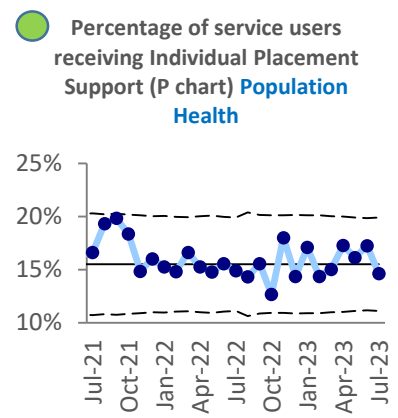


Referrals by ethnicity, per 10 000 population Quality

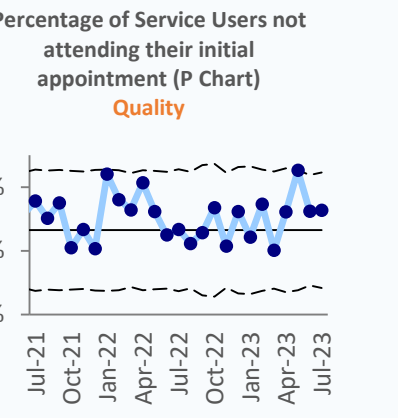
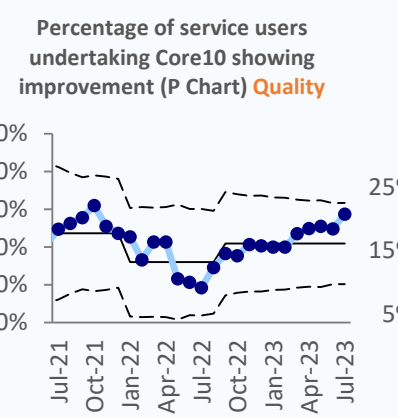
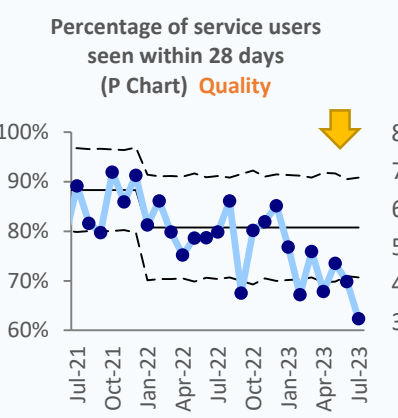
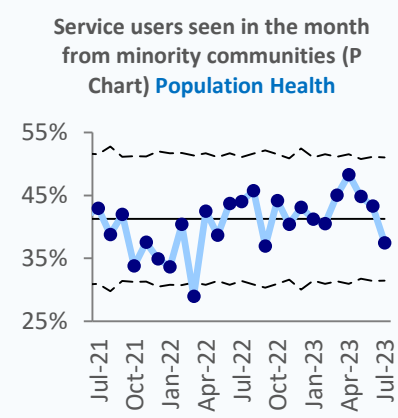
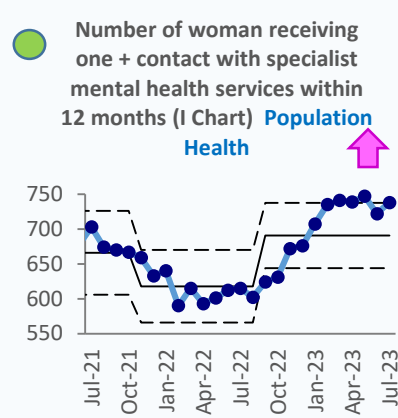


# Appendix 1: System Performance dashboard Long Term Plan (●) Special cause variation (↑↓) and when it's of potential concern (↑↓)

## People with Severe Mental Illness



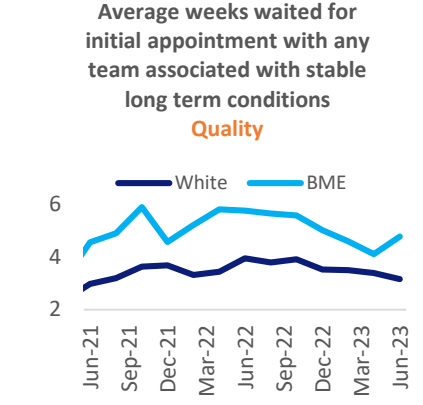
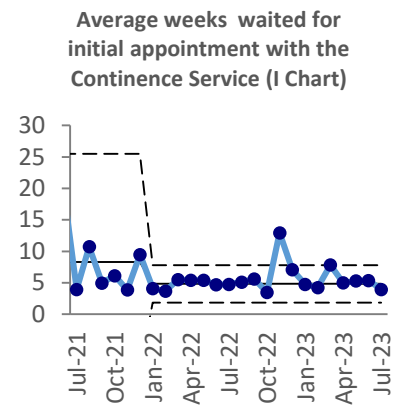
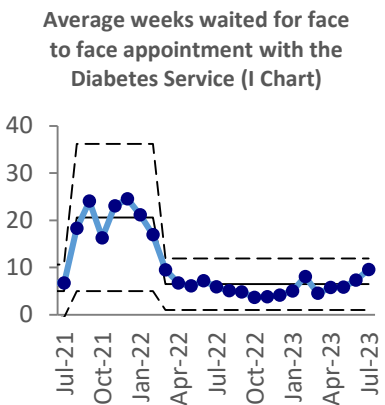
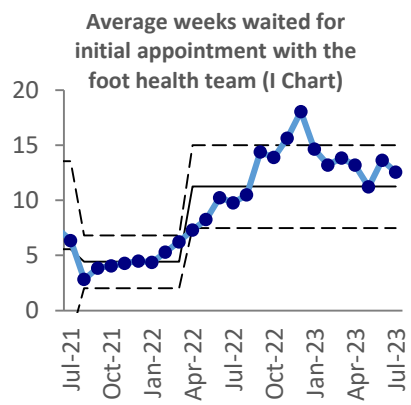
## Woman who are pregnant or new mothers



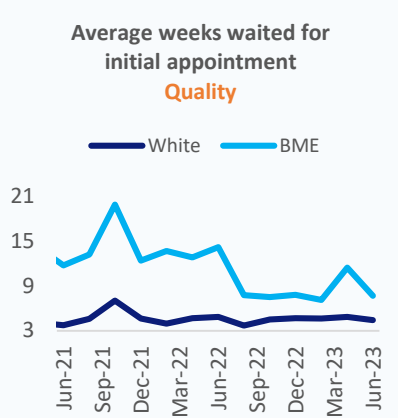
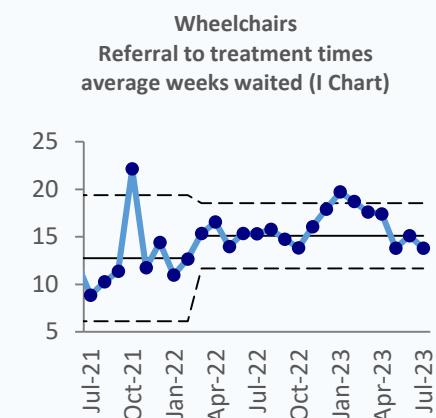
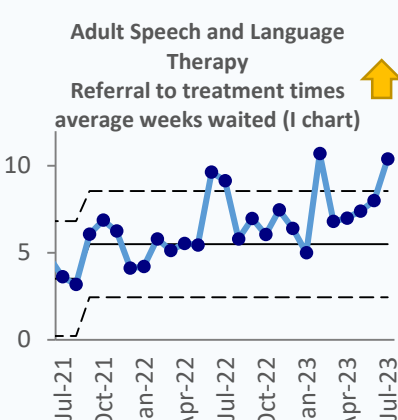
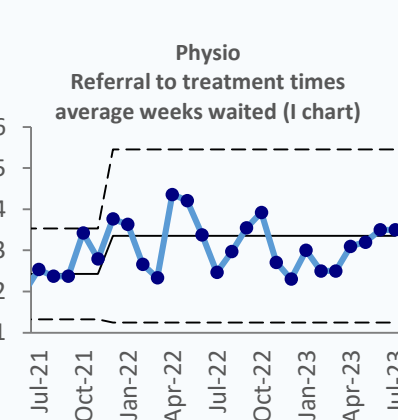
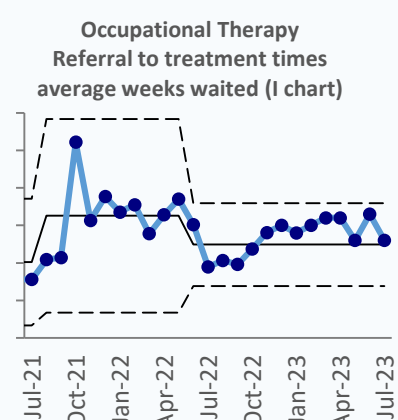
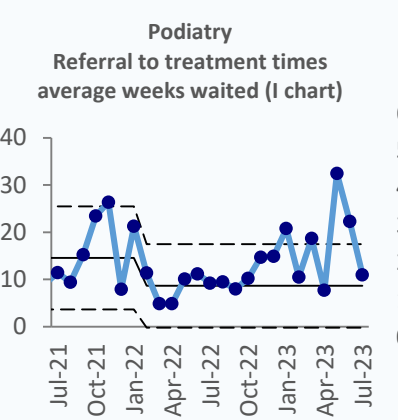
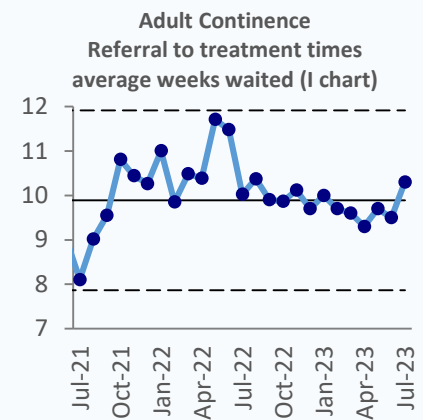
# Appendix 1: System Performance dashboard

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

People with stable long term conditions (East London)



People with stable long term conditions (Bedfordshire)



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

NHS England and NHS Improvement have published a revised approach to NHS System Oversight (SOF) in July 2022 to align with the vision set out for Integrated Care Systems. The table below provides a summary of the new indicators relevant to the Trust and current status. Some of the measures remain undefined so will be clarified over time. There are currently no areas of concern to bring to the Board’s attention.

Oversight Theme	NHS Long Term Plan Area	Indicator code	Measure Name (metric)	Oversight Level	Target	Current performance and progress
Quality of care, access and outcomes	Urgent and Emergency Care		Proportion of service users spending more than 12 hours in an emergency department	ICB		The July position for East London is 63 breaches and 1 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. The latest nationally reported figure on the NHS Digital publicly available dashboard shows the trust at 87% for April-23. We are awaiting the dashboard to reflect our May-July position.
	Primary Care and Community Services	S105a	Proportion of service users discharged from hospital to their usual place of residence	ICB/Provider		Between April and June 2023, 47% of discharges with a recorded discharge show discharge to usual place of residence. 47% of discharges in this period 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, the Virtual Ward in Tower Hamlets is undergoing Phase 2 of the rollout to start planning in late July/August. The service will monitor referrals/calls to the Rapid Response team as this service could see an increase because the Virtual Ward closes at 17:00. In Newham, a soft launch has started and the service is monitoring the referrals (including referral route) and quality of referral. 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 14,415 children and young people who have had contact with a Community CAMHS service in the last 12 months to July 2023. The population of young people in East London, Luton and Bedford is 1.72 million. Access rate is 0.8% approximately which equates to 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 February 23 is 102.2%. This indicator is based on primary care records which ELFT doesn’t have access to and is the most recent position reported at the national level
	Mental health services	S081a	Access rate for IAPT services	ICB	100%	The ELFT access rate for June 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 May 2023 is 113.5%.
	Mental health services	S086a	Inappropriate adult acute mental health placement out-of-area placement bed days	Provider		In Quarter 1 (April to June 2023) there were 1,228 inappropriate adult acute mental health out of area bed day 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%. <i>(This is the most recent position reported at the national level)</i>

## 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 Q1 is 43 per 1,000,000
	Safe, high quality care	S039a	National service user Safety Alerts not completed by deadline	Provider	0	100%. In June there were 0 national patient safety alerts published
	Safe, high quality care	S038a	Consistency of reporting service user safety incidents	Provider	100%	The current position is 100% in May and June 2023.
	Safe, high quality care	S035a	Overall CQC rating	Provider		The current CQC rating is Outstanding
	Safe, high quality care	S037a	Percentage of service users describing their overall experience of making a GP appointment as good	ICB		54% responded positively to the question, 'How would you describe your appointment-making experience?' in the previous 12 months to July 2023 (n = 5,081).
	Safe, high quality care	S121a	NHS Staff Survey compassionate culture people promise element sub-score	Provider		The ICB position for 2021 is 7.2/10. <i>(This is the most recent position reported at the national level)</i>
	Safe, high quality care	S040a	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	Provider	0	Current position is 0 cases.
	Safe, high quality care	S041a	Clostridium difficile infection rate	Provider	100%	Current position is 0 cases.
	Safe, high quality care	S042a	E. coli bloodstream infection rate	Provider	100%	Current position is 0 cases.
	Safe, high quality care	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 June, Antibacterial items per STAR/PU is 92.2%, and as a % 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%. <i>(This is the most recent position reported at the national level)</i>
	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%. <i>(This is the most recent position reported at the national level)</i>

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

Oversight Theme	NHS Long Term Plan Area	Indicator code	Measure Name (metric)	Oversight Level	Target	Current performance and progress
Preventing ill Health	Prevention and long term conditions	S055a	Number of referrals to NHS digital weight management services per 100k head of population	ICB		The current position reported by ICB for February. 2023 is 96.8%. 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 March 2023 is 42.6%. This is the most recent position reported at the national level
	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 March 2023 is 79.9% <i>(This is the most recent position reported at the national level)</i>
Leadership & Capability	Leadership	S060a	Aggregate score for NHS staff survey questions that measure perception of leadership culture	ICB/Provider		According to the Annual calendar year 2021, Trust at 7.45/10 <i>(This is the most recent position reported at the national level)</i>
	Leadership	S059a	CQC well -led rating	Provider	Outstanding	Rated 4 - Outstanding

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**28 September 2023**

<b>Title</b>	People & Culture (P&CC) 14 September 2023 – Committee Chair’s Assurance Report
<b>Committee Chair</b>	Ken Batty, Senior Independent Director and Committee Chair
<b>Author</b>	Cathy Lilley, Director of Corporate Governance

**Purpose of the report**

- To bring to the Board’s attention key issues and assurances discussed at the People & Culture Committee (P&CC) meeting held 14 September 2023.

**Key messages**

**Raising Concerns Update**

- Range of opportunities within the Trust for staff to speak up and raise concerns including freedom to speak up and whistleblowing (often the concerns raised mirror each other)
- Our patient safety system and our carer strategy also provides the opportunity for patients and carers to raise concerns
- Regular communications to raise awareness are undertaken and also briefings with Capsticks
- Since 2019 there have been 16 whistleblowing concerns with one live whistleblowing case; and there is a consistently high number of freedom to speak up cases with 125 concerns in 2021, 112 concerns in 2022, and 172 concerns in 2023 to date
- Improvements are being made with triangulating the findings from freedom to speak up and whistleblowing with our employee relations data
- Acknowledging the challenges and difficulties with speaking up, assurance was provided that the Trust values feedback and there is a focus on ensuring that whistleblowers or anyone who speaks up is not victimised, seen as a ‘trouble maker’ or have any negative consequences but are supported, protected and feel heard. However, this could be strengthened and further consideration will be given to the role of the Senior Independent Director in liaising with those who speak up/whistleblow
- Assurance was also provided on the pre-employment checks undertaken by the Trust to ensure staff are of good character but recognising that the standard reference template used is limited; however, one of the aims of the new Fit and Proper Persons Test Framework is to introduce safeguards to ensure that the Trust is not managed or controlled by individuals who present an unacceptable risk to the organisation or to service users.

**Resourcing Update**

- Recruitment:
  - Vacancy rate is 10.3% with 774.84 whole time equivalent (WTE) vacant roles with the largest number of vacancies are in Bedfordshire followed closely by Forensics, Tower Hamlets and Newham. Nursing vacancies remain at a high of 356.66 WTE with a 16.52% overall nursing vacancy rate, and medical vacancies is 72.79 WTE at 14.79 % of the overall medical vacancies Trust-wide
  - Recruitment activity overall remains increased with a focus on joined up campaigns and extending the advertising reach; with a key focus on medical and nursing vacancies
  - 387.04 offers of employment were made in June 2023
  - Average time to hire is at 39.9 working days against a target of 43 working days
  - There has been an increase in overseas recruitment activity; in 2021 seven staff were recruited, in 2022 61 staff and in 2023 49 staff recruited to date
- Temporary staffing programme:
  - Key areas of focus include reviewing the current bank rates, scoping the options of a collaborative bank up to system level, setting out a detailed plan to have a fully centralised temporary staffing function, continuing the work to reduce agency spend and setting out the project governance and tracking plans

- The aim is to fill every gap in a roster, every time, for bank staff to be the main source of temporary staffing usage, ensuring managers have easy access to provide oversight and governance of the temporary workforce within their team, for temporary staff to easily access available shifts and have a good overall experience of working with the Trust and for patients and service users to be assured of the same level of care from temporary staff as substantive staff
- Significant headway has been made in advancing the technology that can be used to support a temporary staffing function
- Key risks around data quality identified and a plan is being put in place to cleanse the current data within the systems and ensure future data is monitored
- Work has moved forward with system partners to explore a collaborative bank and standardising processes
- The committee requested future reports include more examples of system working and the impact; more information around addressing the use of agency staff including forecast and trends and how this links into the reports for the Finance, Business & Investment Committee; explanations around the reasons for over-establishment otherwise could mask areas of under-establishment; opportunities for improving onboarding of agency staff into bank; and the impact on service users and services (and not just about savings).

### **Fit and Proper Persons Test Framework 2023**

- A new framework has been published by NHS England that introduces new and more comprehensive requirements around Board appointments and annual review. In addition, a leadership competency framework (LCF) is due to be published by 30 September 2023
- The aim of strengthening the FPPT is to prioritise patient safety and quality of leadership in NHS organisations by strengthening and reinforcing individual accountability and transparency for all Board members (including interim appointments and non-voting members)
- Assurance provided that a detailed review of the implications of the FPPT Framework on the Trust's current policy and practice is being undertaken to ensure that the required changes are in place by NHSE's deadline dates; although it is not expected there will be significant changes to the Trust's FPPT policy and processes as these were reviewed and strengthened in 2021 and reflects majority of the new requirements.

### **Board Assurance Framework: People Risk**

- Risk 5 *If issues affecting staff experience including the recruitment and retention of people with the right skills are not effectively planned for and addressed, this will adversely impact on staff motivation, engagement, retention and satisfaction*
- Key updates include:
  - Ongoing discussions with staffside regarding how to recognise and award bank staff following the recent uplifts to Agenda for Change staff; potential proposal is being worked through
  - A week of Trust-wide events planned in October which will focus on how the Trust can become an anti-racist and multicultural organisation; the aims include coproducing an anti-racism strategy and statement as well as high level plans to progress on the continuum
- Work is being undertaken on benchmarking training requirements of staff, in particular Board members, to manage expectation and avoid unnecessary duplication also taking account of advice from subject matter leads
- The committee requested consideration be given to including some external focus of risks and controls in the BAF and agreed there are no changes to the risk score and that appropriate controls are in place and operating effectively.

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



**REPORT TO THE TRUST BOARD IN PUBLIC**  
**28 September 2023**

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

**Purpose of the report**

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

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

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

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

The current context for the Trust remains 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.

**What are we concerned about?**

We are concerned about the ongoing industrial action and operational services are mitigating the impact as best as possible. We have now seen strike action from Unite the union.

**Where are we making progress?**

We saw an increase in the National Quarterly Pulse survey (NQPS) response rate after having a targeted campaign.

The National Quarterly Pulse Survey for Quarter 2 (2023 – 2024) has been completed. The Trust received a response rate of 13% (4% higher than that of the previous quarter) but unfortunately still significantly lower than that of the Picker average response rate of 21%.

The Trust response, consisting of 943 completed surveys, yielded positive scores of 65% or higher on eight of the nine core questions (this was up one from the previous quarter). The scores for the two staff friends & family questions were:

- 66.6% of staff would recommend the Trust as a place to work (up from last quarter's 65.6%);
- 66.2% of staff would be happy with the standard of care provided by the Trust if a friend or relative needed treatment (down from last quarter's 67.6%);
- The Trust's NQPS staff engagement score is 7.13 (up from last quarter's 7.04) and higher than that of the Picker average engagement score of 6.82.

**Belonging in the NHS**

A week of events have been planned for 16-20 October 2023 and will be facilitated by Dr. Robin DiAngelo, PhD. The events will focus on how the Trust can become an anti-racist and multicultural organisation using the Institute of Health Improvement's (IHI) anti-racism and multi-cultural continuum.

### **New Ways of Working**

The first newly formed People & Culture Board sub committee took place in June 2023 where there was a focus on the People Plan priority, belonging in the NHS. The second meeting took place in September 2023 with a focus on new ways of Working and heard some of the updates in terms of recruitment and retention work currently being undertaken.

Recruitment activity has formed an upward trend with a sustained increase in the number of people joining the organisation. The People & Culture team are continuing scoping plans to deliver a centralised temporary staffing service, working in partnership with colleagues in North East London NHS Trust (NELFT). This work supports the target to reduce agency spend. The aim is to recruit and retain staff, 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**

In anticipation of the launch of the national staff survey, the Trust are about to launch an innovative campaign with incentives. In addition, services have engaged to introduce ambassadors in local services to support and encourage staff to complete the staff survey in an aim to improve the response rate and the engagement scores for our staff.

### **Growing and Developing for the Future**

Statutory and mandatory training compliance continues an upward trajectory, we are now reporting at 83.59%. The Learning & Development (L&D) Team have also been working with colleagues from the Data Warehouse Team to investigate improved data flows to and from the Learning Academy, and a proposal has been agreed to add a Business Intelligence (BI) tool to the Learning Academy which will enable an improved data flow and allow for data created in the system to return to our Data Warehouse. This will result in Statutory and Mandatory compliance data being available to performance teams to allow them to report locally and support line managers and DMT leads to manage their compliance risks.

Work continues to provide a full range of training courses for staff, with the focus currently on Resuscitation training, Safety Interventions, and Breakaway Training.

### **Strategic priorities this paper supports.**

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

### **Implications**

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

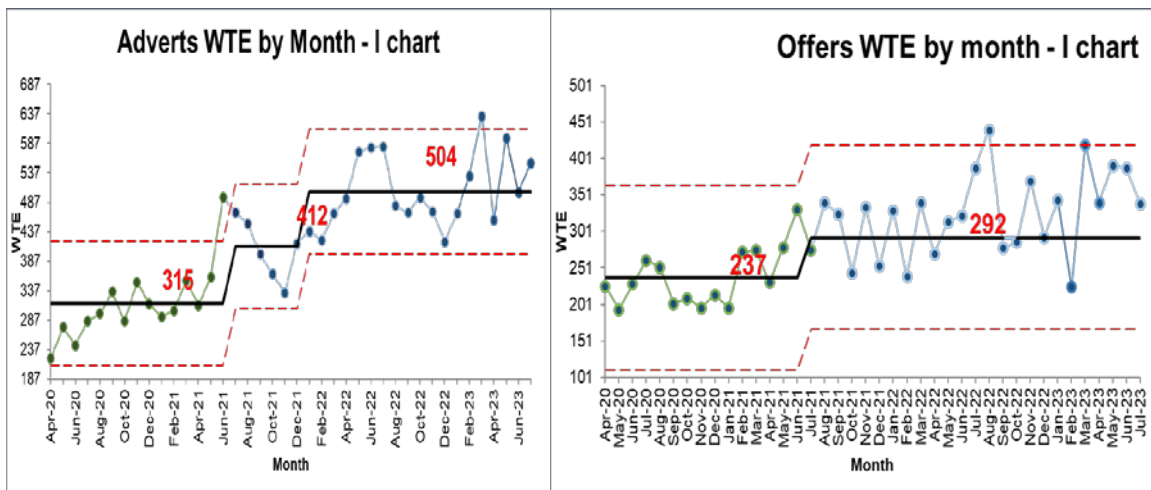
Service Carer/Staff	User/	As above, the work in this area is designed to improve staff experience. Evidence shows a clear link between staff experience and patient care.
Financial		Evidence shows that high staff engagement is strongly correlated with low sickness absence levels, which has a financial benefit to the Trust.
Quality		Evidence shows a clear link between staff satisfaction and patient care.

## Introduction

This paper sets out ongoing work across the Trust to support our people. The current climate continues to be challenging due to the impact of sustained periods of industrial action. Further strikes have been announced by the British Medical Association (BMA), for consultants and junior doctors as well as strike action for Unite union. In addition, we are trying to manage the impacts of the cost-of-living crisis and the effects of this on staff.

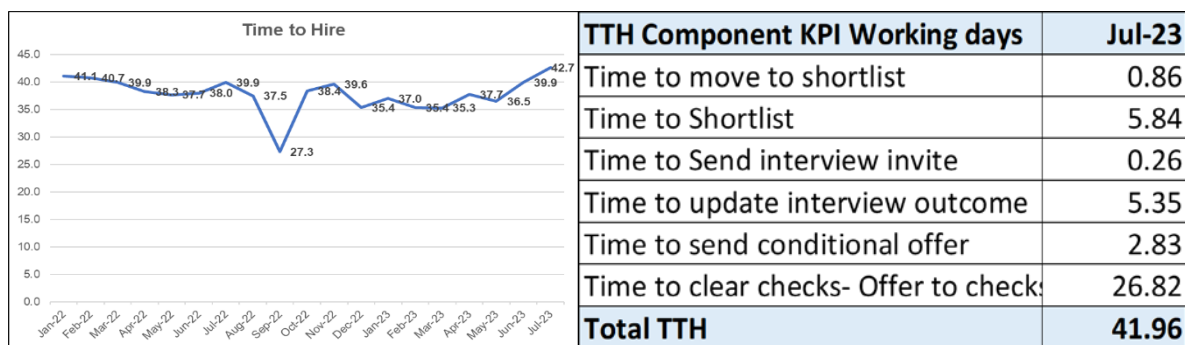
## 1 Recruitment activity

1.1 The vacancy rate remains stable currently at 9.8%. Recruitment activity overall remains increased; but within control limits at 553.72 whole time equivalent (WTE). Over 450 adverts were placed and 334.53 WTE offers were made for internal and external roles.



## 1.2 Time to hire

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 42.7 days. Time to hire has increased due to the increased volume of recruitment activity.



## **2 Temporary Staffing Programme**

Key areas that the programme is focusing on include reviewing the current bank rates, scoping the options of a collaborative bank up to system level, setting out a detailed plan to have a fully centralised temporary staffing function, continuing the work to reduce agency spend and setting out the project governance and tracking plans.

The outcomes and benefits of the programme aim to fill every gap in a roster, every time, for bank staff to be the main source of temporary staffing usage, ensuring managers have easy access to provide oversight and governance of the temporary workforce within their team, for temporary staff to easily access available shifts and have a good overall experience of working with the Trust, and for patients and service users to be assured of the same level of care from temporary staff as substantive staff.

Programme update August 2023:

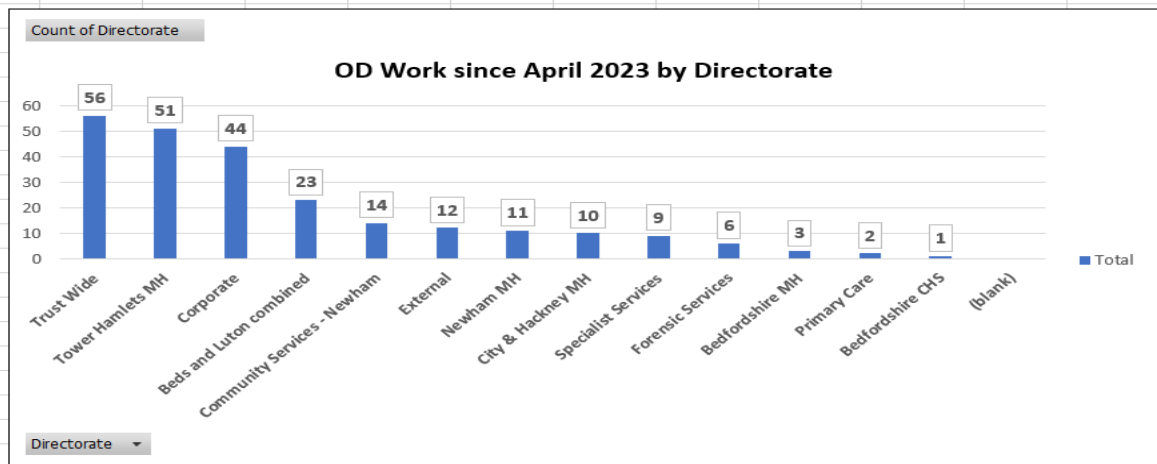
- The programme has made significant progress in advancing the technology that can be used to support a temporary staffing function;
- Key risks around data quality have been identified and a plan is being put in place to cleanse the current data within the systems and ensure future data is monitored;
- Work has moved forward with system partners to explore a collaborative bank;
- Current resources are pressured due to changes in initial anticipated increases being significantly reduced.

## **3 Leadership and Organisational Development (OD)**

We have made a great deal of progress with our internal leadership development offers over the past 18 months. Our offers also address the broader context within which our leaders operate, for example, Leading across Systems, Wellbeing, Population Health and the impact of systematic inequalities. We are expanding our provision of these offers, increasing the amount of ELFT connection events for leaders, and ensuring comms and marketing of opportunities are as inclusive as possible.

Since the start of this financial year, there have been 243 OD led interventions to date. Below is the OD report for August 2023.

Of the 243 OD interventions from April 2023 to date, below is a breakdown of this work by Directorate (the most OD work was Trust Wide (23%), including (amongst others) ELFT Integrated Partnership Wheel project work, Trauma Informed Care project work and individual coaching and mentoring.



The second highest OD work was in Tower Hamlets MH services (21%). Of these 51 TH MH OD interventions, 64% of these were scoping meetings with managers and individual staff members for a team that needs intensive OD support. 20% of this OD work was facilitation in TH MH Services.

The directorates with the least amount of OD work to date are Primary Care and BCBS. However, the Primary Care Directorate was a great benefactor of extensive OD support the previous financial year, to the GP Support Unit project in Bedfordshire.

Of the 243 OD interventions from April 2023 to date, below is a breakdown of this type of OD work by intervention. The most OD intervention that has taken place is individual and manager scoping and planning meetings (44%), followed by group and individual coaching, 360 and mentoring sessions (26%). Facilitation was the third most delivered intervention at 20%.



The OD tools that underpin the ELFT Integrated Partnership Wheel (Integrated Care Competency Framework) were tested on a number of occasions from May to July 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. Discussions are ongoing regarding potentially commercialising the ELFT Integrated Partnership Wheel.

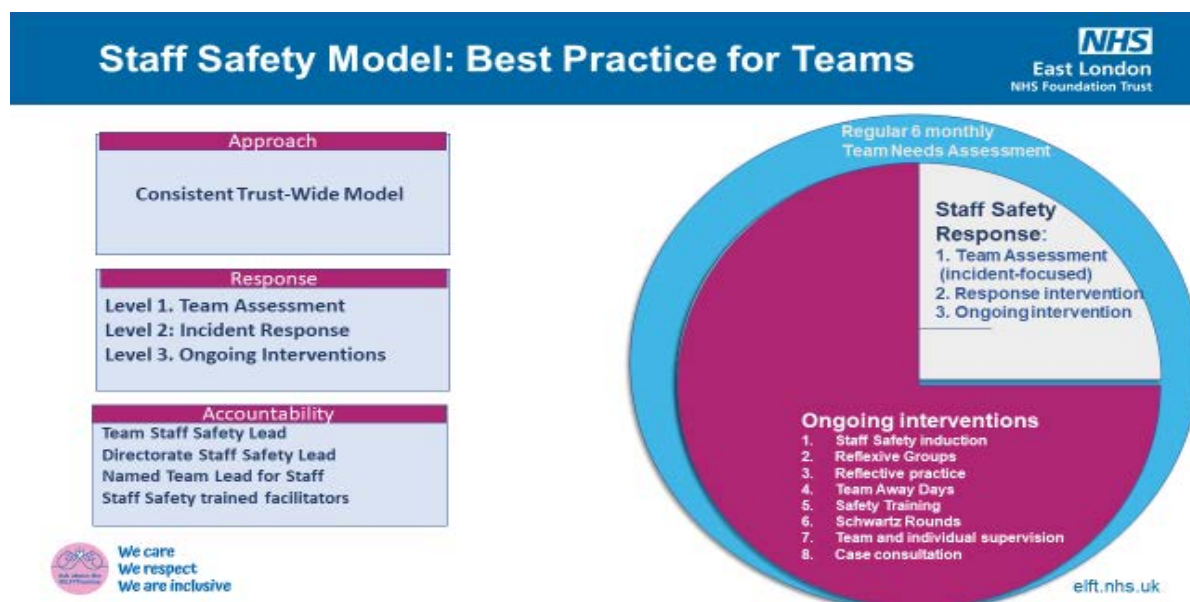
#### 4 Post Incident Support

The post-incident support has been in place since April 2022 to date. The Psychological Lead for Serious Incident Response was tasked to:

- Create a robust and accountable Best Practice SI Process/Model by which support is provided to all teams that experience a serious incident;
- Design specialist input for staff teams affected by serious incidents in the workplace;
- Coordinate the response to serious incidents aimed at helping teams to attend to their psychological safety;
- Construct a strategy for facilitator support and training, including expansion of those delivering post-incident interventions to the core professions.

A number of Staff Safety Interventions have been facilitated/supported by the Psychological Lead for Serious Incident Response since April 2022 including systemic de-brief conversations, reflective groups and practice, coaching etc. to support staff following a Serious Incident.

In parallel to this work, the model below shows the proposed framework for a Trust-wide staff safety protocol. This model is continuing to be tested with teams/departments following a Serious Incident as part of the Staff Safety Pilot (Whole System Approach).



The Psychological Lead for Serious Incidents (SIs) has been working collaboratively with Trust-Wide Teams/Initiatives including Patient Safety Incident Reporting Framework (PSIRF), Reflective Practice Training and Observations Workshop to embed Staff Safety across ELFT and ultimately meet our priority area in the ELFT People Plan to support staff who experience difficulties resulting from the impact of trauma in their role.

## 5 National Quarterly Pulse Survey (NQPS)

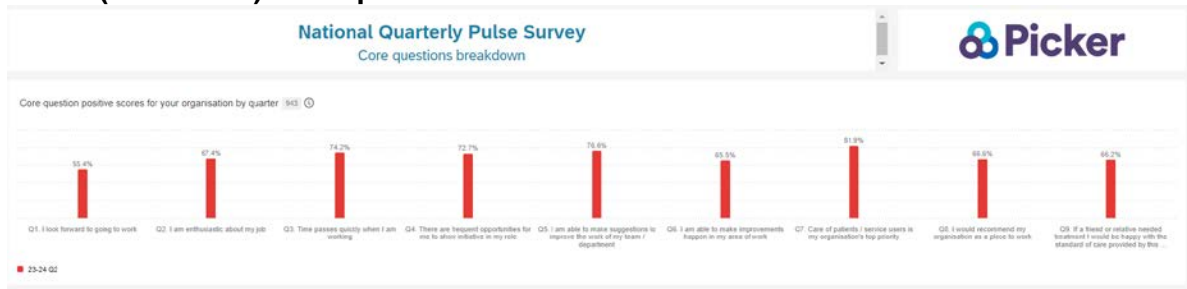
The National Quarterly Pulse Survey for Quarter 2 (2023 – 2024) has been completed. The Trust received a response rate of 13% (4% higher than that of the previous quarter) but unfortunately still significantly lower than that of the Picker average response rate of 21%.

The Trust response, consisting of 943 completed surveys, yielded positive scores of 65% or higher on 8 of the 9 core questions (this was up 1 from the previous quarter). The scores for the two staff friends & family questions were:

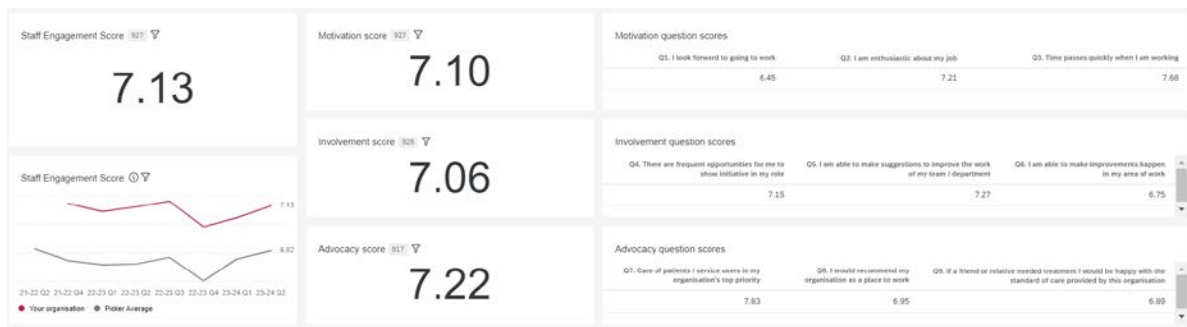
- 66.6% of staff would recommend the Trust as a place to work (up from last quarter's 65.6%);
- 66.2% of staff would be happy with the standard of care provided by the Trust if a friend or relative needed treatment (down from last quarter's 67.6%);

- The Trust's NQPS staff engagement score is 7.13 (up from last quarter's 7.04) and higher than that of the Picker average engagement score of 6.82.

### NQPS (Q2 23 – 24) Core question breakdown



### NQPS (Q2 23 – 24) Staff Engagement Score



## 6 Current & Upcoming Wellbeing & Engagement Initiatives

### Self-Sustainable Period Pantry

- In August 2023, the Wellbeing & Engagement Team rolled out a self-sustainable period pantry pilot project at Newham Centre for Mental Health, with the hope of rolling this out to other sites across the Trust;
- The first of its kind for ELFT, and a project whereby initial sanitary products are supplied in all female & unisex staff toilets, along with a poster explaining the premise of the project; 'where you can take or donate period products for yourself and your colleagues';
- We hope this initiative will help in the de-stigmatisation of menstruation as well as alleviate the stress of being caught without a supply of products. We also hope this step will instigate a wider conversation surrounding women's health issues across the Trust.



 **ELFT Staff Engagement & Wellbeing**  
@ELFT\_Engagement

👉 Your input matters and we're thrilled to launch the Self-Sustainable Period Product Pantry pilot at Newham's Centre for Mental Health. Stop by staff toilets to access & donate emergency menstrual products. Together, let's erase stigma & promote menstrual health & hygiene



👤 Jillian Dabbs and 3 others

13:39 · 2023/08/24 from Earth · 553 Views

## Staff Survey

- The planning for the 2023 Staff Survey Campaign is well underway.
- The staff list groupings have been submitted to Picker and the letter templates have been created.
- For the first year, Staff Survey Champions have been nominated per directorate, to work alongside the Wellbeing & Engagement Team and People Business Partners. Fortnightly meetings with the Staff Survey Champions have been arranged for the duration of the staff survey campaign to assist in the promotion of the staff survey and to help feedback from services.
- Dates for Staff Survey roadshows at heavy footfall sites have been secured. A roadshow will take place each week from late September – late November.
- A detailed communications plan, developed by The Communications Team, is outlined below. The premise of this is a game show / ask the experts theme.

### Introduction to the Plan

- Objectives**  
Our aim is to encourage staff to participate in the survey with an increase of 10 - 15% from last year.
- Summary**  
By creating a fun and interactive survey experience, we hope to increase staff participation and engagement.
- Target Audience**  
The survey is open to all ELFT staff.
- Key Message**  
"Your voice matters."

### Timeline of Communications Activities

**Roadshows**  
In-person stands to promote the survey, FAQ's, and encourage staff to participate in the game show.

**Email Campaign + What's New**  
We'll send a series of emails to staff, with information about the survey and how to participate in the game show.

**Intranet Promotion**  
We'll create a dedicated page on the intranet to promote the survey and game show, with regular updates and news.

**Social Media Promotion**

**Staff Survey Champions**

**The Game Show Host**

### Overview of the Online Game Show: Ask the Experts

**What is it?**  
A fun and interactive online game show hosted via ELFT's staff intranet.

**How it works**  
**Mythbusters:** True or False  
**The 1% Club:** Statements from ELFT's staff survey using 1%.  
**Time Crunchers:** 'What takes 10 minutes'  
**Trust or Bust:** A single question. High stakes round.

**Prizes and Incentives**  
 Leaderboard and prizes for the top 3 performing directorates/teams.  
 Spot prize for one ELFT staff member.  
 Prize to be announced.



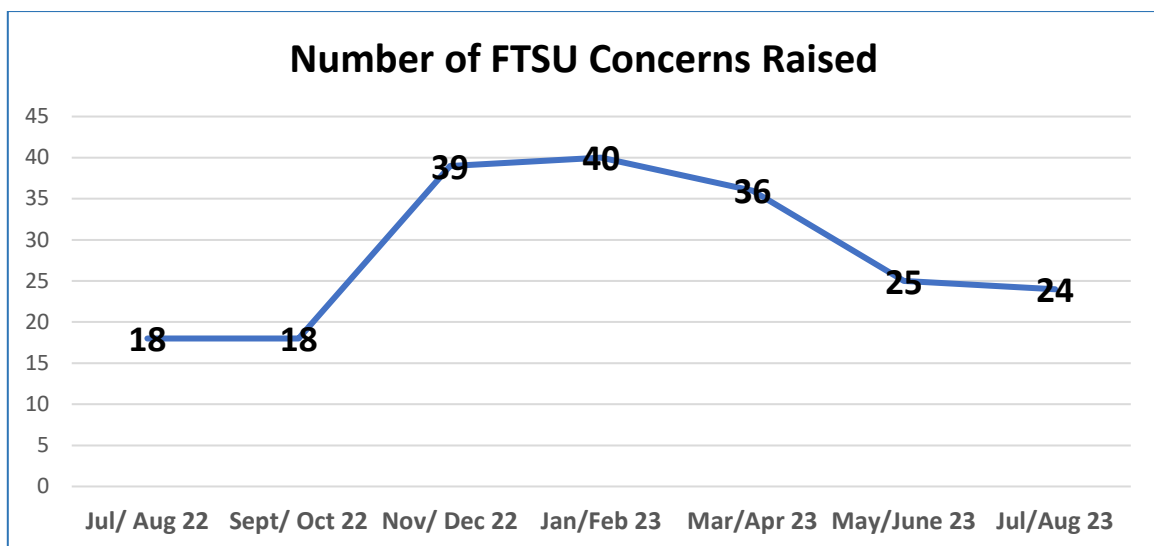
The below image indicates the Wellbeing & Engagement day-to-day activity uptake data for April 2023 to date:



## 7 Freedom to Speak Up (FTSU) - Update 1<sup>st</sup> July to 31<sup>st</sup> August 2023

There were 224 colleagues who raised concerns between 1<sup>st</sup> July to 31<sup>st</sup> August 2023.

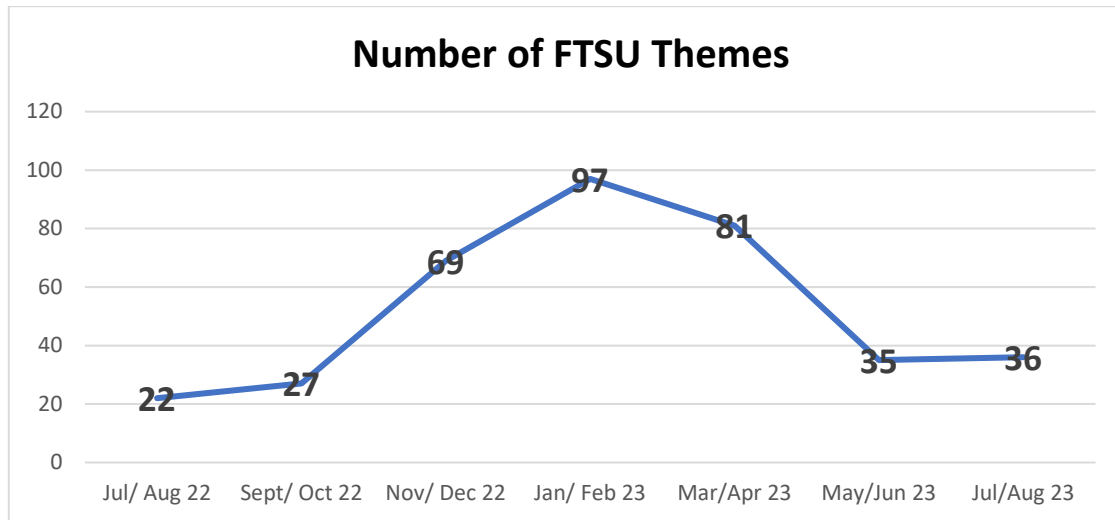
Graph 1.1 Number of FTSU concerns raised.



Number of FTSU broad themes raised by colleagues.

Please note the **total number of themes** *does not always correspond* with the total number of colleagues raising concern. One colleague raising a concern can relate to multiple themes.

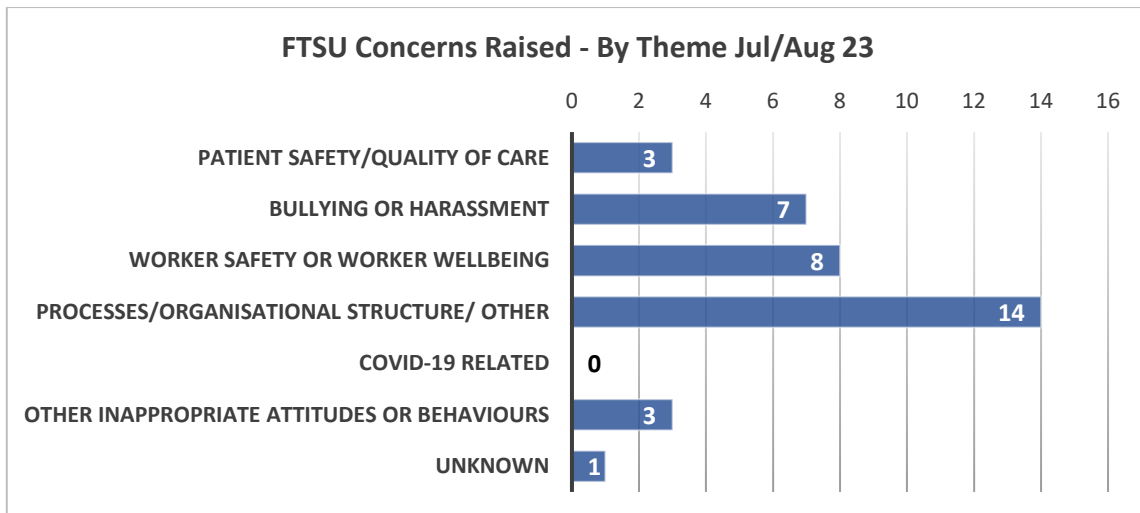
**Graph 1.2 FTSU themes raised by Colleagues.**



**A breakdown of the broad FTSU themes raised by colleagues**

- Processes/Organisational Structure/Other was the highest at 14 for this reporting period. These concerns relate to:
  - Recruitment practices & disability discrimination;
  - Sickness monitoring when linked to disability related sickness;
  - Mileage Expenses - how it is calculated;
  - Mandate to create a team – U turned – implications for staff;
  - Reimbursement of monies – process unclear and causing problems;
  - Concerns raised around bullying & harassment not responded to;
  - Door lock adjustment to Multiprayer room – impinging on access to those with a disability.
  
- Worker safety and/or wellbeing was second at 8 for this reporting period. These concerns were intertwined with Processes/Organisational Structure/Other, Patient Safety/Quality of Care and Bullying and Harassment.
- Bullying & harassment was third highest at 7 for this reporting period.

**Graph 1.3 FTSU - Broad themes raised.**



### FTSU Data – Directorates

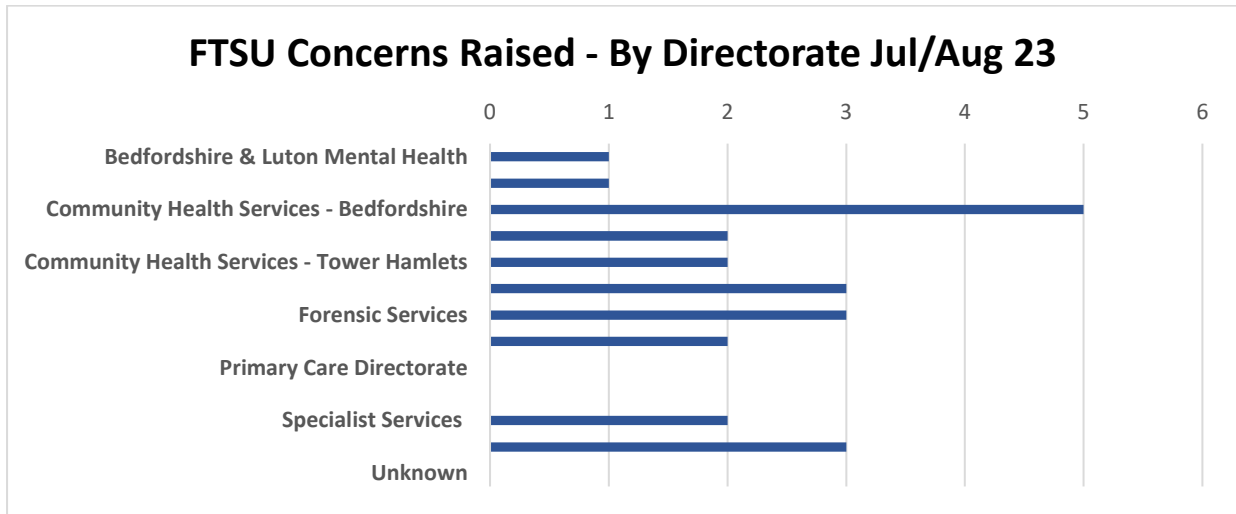
CHS Bedfordshire had the highest number reported for this period at five. These centred on:

- Mileage expenses, how calculated;
- Changing plans for teams;
- Team dynamics.

Corporate Services, Forensic Services and Tower Hamlets Mental Health Services were second highest, with three concerns raised in each area. These centred on:

- Sexually inappropriate behaviours;
- Bullying and harassment;
- Recruitment procedures;
- Communication which led to difficulties;
- Inconsistencies with policy application;
- Disadvantage due to disability.

**Graph 2.1 FTSU concerns raised - by Directorate.**



**FTSU Data – Professional Groups**

The professional groups raising the highest number of concerns are Nursing and Midwifery Registered and Additional Clinical Services.

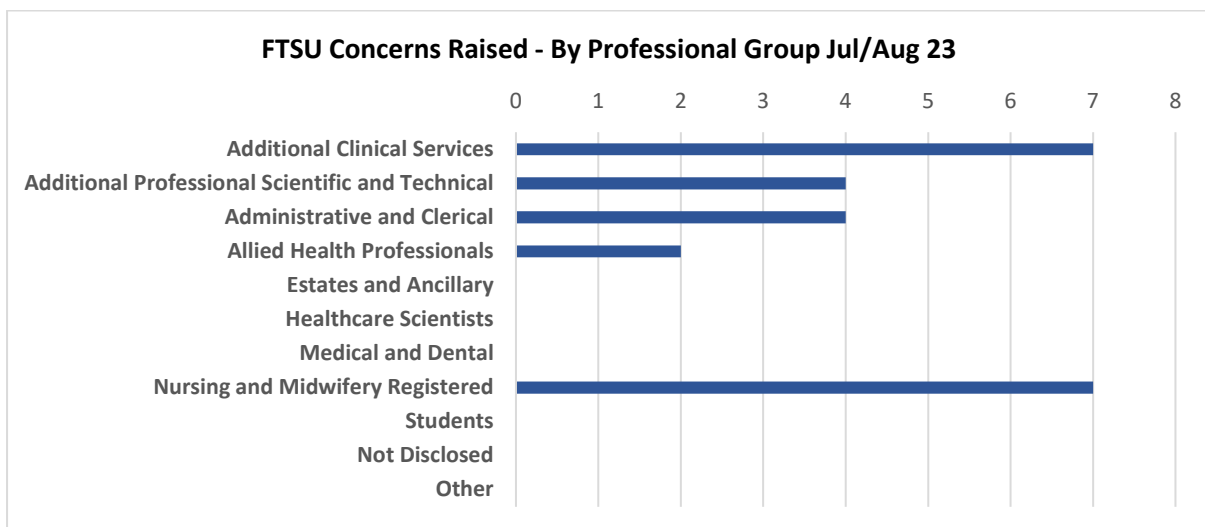
Nursing and Midwifery Registered concerns are around:

- Culture of bullying and harassment behaviours from team members;
- Changing plans and impact on teams;
- Contents of emergency medical [MERT] bags;
- Disability discrimination in recruitment process.

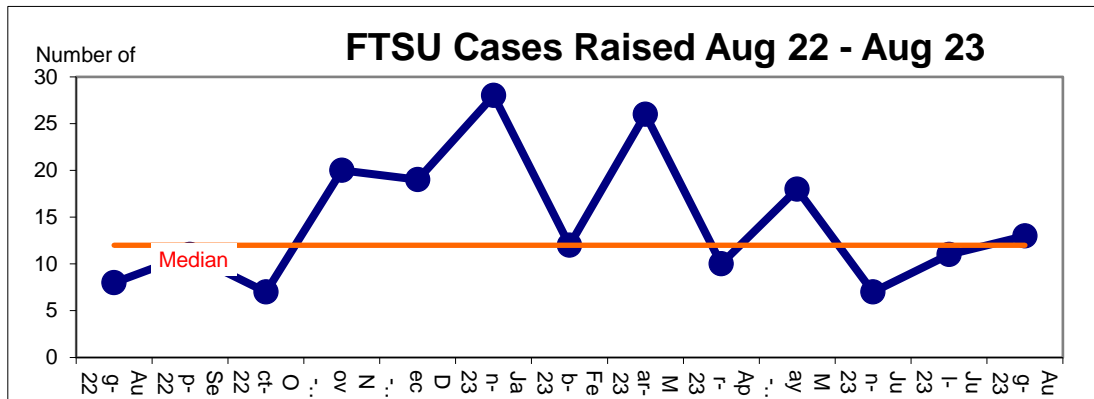
Additional Clinical Services concerns are around:

- Culture of bullying and harassment behaviours from team members;
- Sickness monitoring when linked to disability related sickness;
- Mileage Expenses - how it is calculated;
- Highly inappropriate language/speak used during meeting.

**Graph 3.1 FTSU concerns raised - by Professional Group**



**Graph 3.2: Number of FTSU concerns raised each month Aug 2022 – Aug 2023**



**FTSU Updates**

**FTSU Training**

- The Guardian continues to deliver FTSU awareness training at the monthly Trust Induction via virtual sessions during the Corporate Induction Training Day.
- The Guardian also continues to facilitate virtual and face-to-face training to teams.

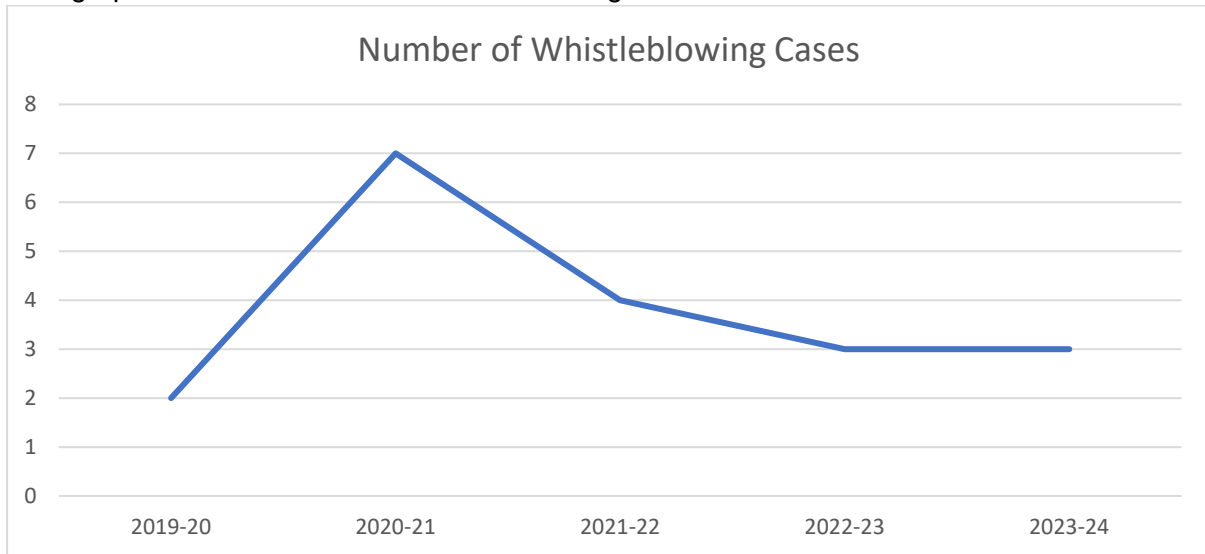
**Freedom to Speak Up Conference**

Preparations are ongoing. The conference will be held Friday 20th October in The Holiday Inn Bloomsbury.

Guest speakers include Dr Jayne Chidgey-Clark, National Guardian for the NHS, and Helené Donnelly, who worked in the A&E department at Stafford Hospital and following her experience and difficulties in trying to raise concerns there, was a key witness at the Public Inquiry held by Robert Francis QC into the Mid Staffordshire NHS Foundation Trust.

## ▪ Whistleblowing

This graph shows the number of whistleblowing cases in the Trust between 2019 and 2023.



There has been a total of 19 whistleblowing complaints raised between April 2019 to present. There is currently one open case. In 2020-21 there was a sharp increase in the number of complaints received however there has been a downward trend in complaints since 2021-2022.

The themes for the complaints have been:

- Bullying and harassment
- Concerns about the professional or clinical practice or competence of colleagues or other members of staff
- Inappropriate or unauthorised use of public funds or other resources, Potential corruption, fraud, or other financial malpractice
- Health and Safety risks to the public, service users or other employees
- Healthcare matters including suspected maltreatment/abuse of service users or staff
- Other unethical conduct

The whistleblowing complaints have been raised via various routes including Freedom to Speak Up Guardian, CQC, and anonymously. The process for which whistleblowing complaints has been reviewed given the various avenues that the Complaints can be received. Whistleblowing complaints are now recorded on the People Relations systems as they were previously manually recorded.

We are reviewing how the Senior Independent Director (SID) can add additional impact in addressing whistleblowing complaints. In terms of where the process can be further strengthened is for the SID to liaise with the complainants to ascertain whether or not they felt heard and or not they felt that they suffered a detriment as a consequence of making a complaint.

In order to give assurance in light of the recent Countess of Chester criminal trial, a number of actions have been taken with the Trust.

- Communications email sent to all staff;
- Shared Dr Jayne Chidgey-Clark's response to the verdict of the trial of Lucy Letby;

- Hosted a Freedom to Speak Up – Support Session on Wednesday 30<sup>th</sup> August for colleagues to drop in and talk about any concerns they had in relation to the trial outcomes;
- To better understand how FTSU can better support colleagues, their team, their locality with speaking up and raising concerns, a survey was shared. The results will inform targeted training and support for FTSU;
- Advertised Freedom to Speak Up regular drop-in sessions which take place on the fourth Wednesday of every month, from 4 – 5pm;
- Advertised the FTSU e-learning modules, which were created collaboratively by the NGO (National Guardian’s Office) and NHSE and are now available to complete on ELFT’s Learning Academy;
  - This training is for everyone and explains in a clear and consistent way what speaking up is and its importance in creating an environment in which people are supported to deliver their best. It helps with understanding the vital role staff play and the support available to encourage a healthy speaking up culture for the benefit of patients and workers;
  - The training is divided into three parts;
    - Speak Up: Core training is for all staff including volunteers, students and those in training, regardless of their contract terms and covers what speaking up is and why it matters. It will help learners understand how to speak up and what to expect when they do;
    - Listen Up: This training for all line and middle managers and is concentrating more on listening up and the barriers that can get in the way of speaking up;
    - Follow Up: This training is aimed at all senior leaders including executive board members, Non-Executive Directors, and Governors to help them understand their role in setting the tone for a good speaking up culture and how speaking up can promote organisational learning and improvement;
- Highlighted that in October we will be celebrating Speak Up Month and this year the theme is Breaking Barriers;
- Created a FTSU page on ELFT’s webpage, so that those that are contracted to work for ELFT, but may not have access to the intranet, can access the FTSU contact details.

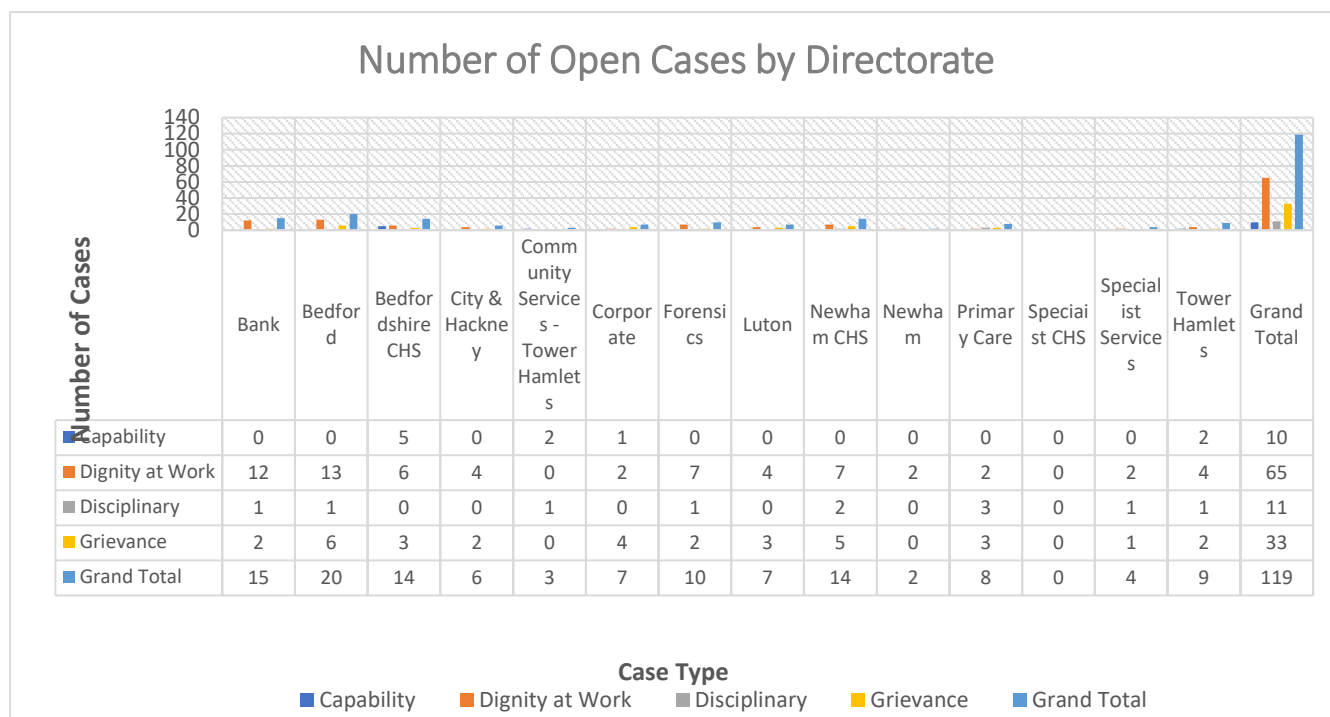
In terms of triangulation, the People Business Partners review the Freedom to speak up concerns and triangulate with the other data such as the people relations cases i.e. whistleblowing, grievances, dignity at work, sickness absence and organisational development data, as well as other information such as the quarterly and national staff survey response rates. The Business Partners complete a monthly highlight report that is discussed at the monthly P&C strategy meeting and the information is shared with department team meetings.

The P&C team also triangulate Freedom to speak up concerns and whistleblowing concerns and have, as a result services commissioned external cultural reviews which have made recommendations for improvement. Two examples of these reviews are East Ham Care Centre and Florence Ball House. Trust wide Comms has also been sent to highlight the issue around sexual safety given the increase in media coverage but also given the increase in such complaints within the Trust.

**1** All of this work is underpinned by the leadership and culture work which is currently underway. **People Relations**

In total at the end of July 2023, there are: 119 live ER cases plus 8 Employment Tribunal cases, 2 ACAS, 2 Maintaining High Professional Standards (MHPS Medical cases), 173 long-term sickness cases and 501 short-term sickness cases being managed by the People Relations team. The level of ER activity remains high, the implementation of Respectful Resolution should help the Trust to reduce numbers in the near future.

The Dignity at Work Policy is being reviewed and is currently with the Joint Staff Committee (JSC) sub-policy group. The revised policy includes Respectful Resolution.



## 8 Fit and Proper Persons

NHS England (NHSE) published a new Fit and Proper Persons Test (FPPT) Framework in August 2023 in response to the recommendations made by Tom Kark KC in his 2019 review of the FPPT and takes into account the requirements of the CQC in relation to Board Directors being fit and proper for their roles. There is an expectation of senior leaders to set the tone and culture of the organisation that leads to staff adopting a caring and compassionate attitude. Guidance for implementation was also published with the expectation that elements of the framework would be in place from 30 September 2023 with full implementation by March 2024.

The Framework introduces new and more comprehensive requirements around Board appointments and annual review including a means of retaining information relating to testing the requirements of the FPPT for individual Directors; a set of standard competencies for all Board members; a new way of completing references with additional content whenever a Board Director leaves an NHS Board; and extension of the applicability to some other organisations, including NHSE and the CQC.



## 9 Anti-racism agenda

A week of events have been planned for 16-20 October 2023 and will be facilitated by Dr Robin DiAngelo, PhD. The events will focus on how the Trust can become an anti-racist and multicultural organisation using the Institute of Health Improvement's (IHI) anti-racism and multi-cultural continuum. The events are as follows:

- 16 October 2023 People & Culture and Staffside;
- 17 October 2023 all staff London and Luton, and Luton Working Together group;
- 18 October 2023 CEO discussion group, ICB procurement and ICB colleagues, ELFT/NELFT Governor meeting;
- 19 October 2023 Board development;
- 20 October Child and Adolescent Mental health (CAMHS) and Forensics.

The expected outputs will be:

- Trust wide engagement;
- An assessment against the IHI Anti-Racism and multicultural continuum;
- Co-produce high level plans to progress on the continuum (taking into account existing action plans);
- Co-produced Anti-Racism Strategy;
- Co-produced Anti-Racism Statement;
- Video recorded for Trust induction and ELA E-Learning Platform.

## 10 COVID-19

Following guidance from the UK HSA, NHS England have been asked to bring forward the start of the COVID-19 autumn/winter booster programme to commence on 11<sup>th</sup> September 2023 and to accelerate delivery of the programme to vaccinate eligible people more quickly. There is a requirement for as many people as possible to have been vaccinated by the end of October. Wherever possible, patients should be offered flu and COVID-19 vaccination at the same time. We are working with the systems to understand the potential demand for additional workforce support from the Workforce Management Model (WMM, aka Lead Employer).

NHS England is putting in place interim financial arrangements to support the acceleration of the vaccination programme, recognising the additional administrative, organisational and delivery costs which the programme will incur. However, it is yet unclear what additional financial support will be given for the acceleration of additional workforce provision.

The Workforce Management Model team is working on developing NEL NHS Reservist Programme which will be available for implementation by October. Local hospitals and NHS services can call on the 'NHS reservist community' depending on their staffing requirements and pressures in their area, creating a bank of extra resource for when it is needed. The roles available from the reservist bank will include Band 3 Administrators, Band 3 HCAs, Band 5 registered nurses.

## 11 Growing and Developing our People

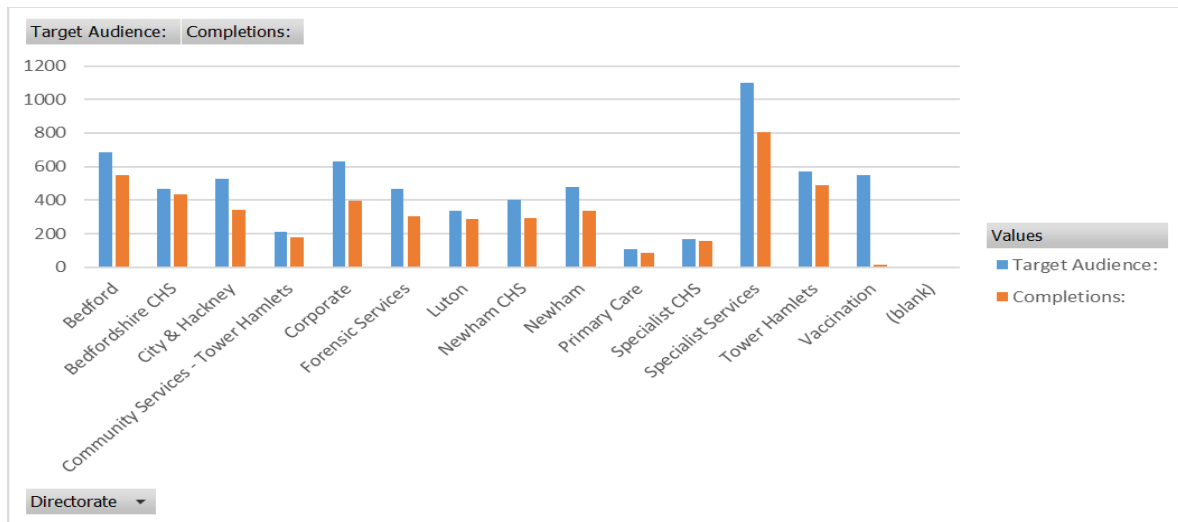
### Appraisal (non-medical)

The 2023 Appraisal process launched on 1<sup>st</sup> April with a deadline date of 14<sup>th</sup> July. This was extended to allow for annual leave. Slight tweaks were made to the appraisal framework such as enabling the system to automatically access last years' objectives, allowing staff to choose

more than one value to discuss. We also added the opportunity for staff to be offered a career conversation discussion in line with our WRES action plan.

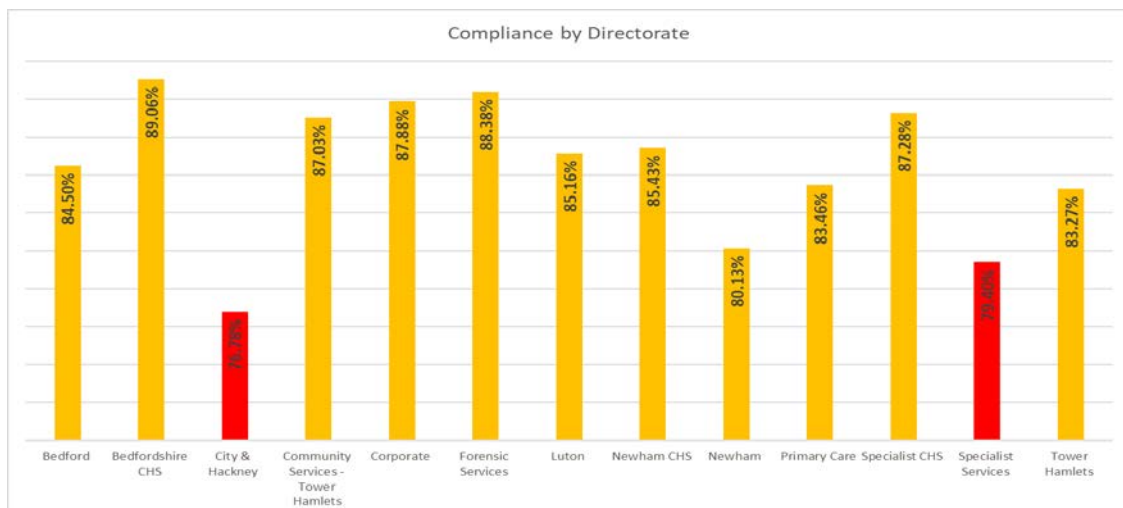
Training for managers and staff were made available as well as a host of other resources such as short videos on setting objectives, and a detailed FAQ.

The appraisal compliance as of 31<sup>st</sup> July 2023 was 69.66%.



### Statutory and Mandatory Training.

Statutory and mandatory training compliance continues an upward trajectory, we are now reporting at 83.59%; this includes all courses with no exemptions.



The Learning & Development Team continue to work with the course subject matter experts to further improve the accuracy of the targeting to ensure that staff receive only the training they need.

The L&D Team have also been working with colleagues from the Data Warehouse Team to investigate improved data flows to and from the Learning Academy and a proposal has been agreed to add a Business Intelligence (BI) tool to the Learning Academy which will enable an improved data flow and allow for data created in the system to return to our Data Warehouse.

This will result in Statutory and mandatory compliance data being available to performance teams to allow them to report locally and support line managers and DMT leads to manage their compliance risks.

Work continues to provide a full range of training courses for staff, with the focus currently on Resus, Safety Interventions, and Breakaway Training.

As part of continuous improvement, we continue to review audiences for statutory and mandatory training to ensure accuracy where inaccuracies are identified. This includes meeting with managers, service leads and our subject matter experts (SMEs) to review audiences and ensure they are in line with legislations and Trust requirement.

We also continue to communicate with staff who are outstanding with relevant training reminding them of the need for compliance, with a particular focus on risk areas such as resus, safety interventions and safeguarding training.

In addition to fortnightly compliance reporting, we also report on Did Not Attend (DNA) levels by direct directorate, staff group and risk area courses.

In order to support City and Hackney to become compliant, the directorate has sourced breakaway training which takes place on 26<sup>th</sup> September at the Vivien Cohen House, providing 24 spaces for staff. As this is blended learning, staff have been asked to first attend the eLearning theoretical exercise on ELA before attending the ½ day session on 26<sup>th</sup> September.

In addition to the compliance report being sent to DMT as a reminder, DMT and managers will also be reminding staff their direct reports at supervision to complete the training, working with them to provide the time to do this.

## **12 Leadership & Culture**

Following on from the recent update, the work on leadership and culture is underway with a plan and identified executive workstream leads. The main areas of focus in the plan are:

- Communications
- Awaydays
- Supervision
- Leadership and development offerings
- Appraisals
- Staff engagement
- Creation of healthy team bundles to support teams.

Regular updates will be taken to the People and Culture committee and future Trust boards.

## **13 Apprenticeships**

Over the past 12 months, we have seen 73 colleagues start an apprenticeship at ELFT. Our retention rate for these apprentices is 93%. These 73 starts included 16 Nursing Associate apprentices and 22 Clinical associates in psychology apprentices, all enrolled to help aid the overstretched workforces in these areas. A further 64 apprentices completed their apprenticeship studies, leading to the development of skills across a range of health care and administrative services. Completion rates have increased by 7.3% over the past year.

For the next 12 months, ELFT aim to increase these numbers further and the team have developed structured non-clinical apprenticeships cohorts available for all bandings, with the first cohort starting in October 2023.

The Apprenticeship Policy has been reviewed and is on the agenda for the JSC sub-policy group in September 2023.

#### 14 Organisational Change

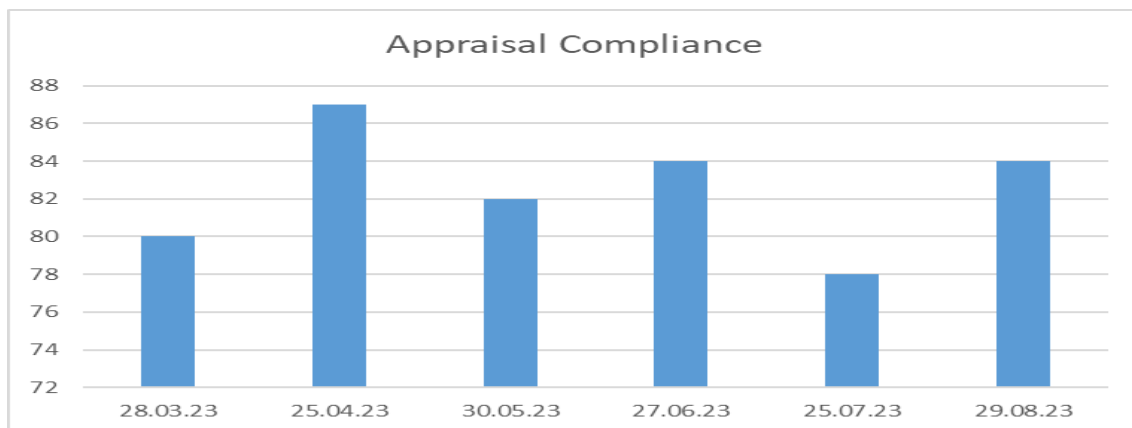
There is currently one organisational change process in progress affecting 3 staff members, this is a reorganisation of structure. There is a risk of redundancy with this change.

Over the last two months 3 change processes have been closed, affecting 8 staff. There were no redundancies from these processes. In October 2023, the Trust will be TUPE transferring two services into ELFT totalling 38 staff members. It is expected that following the transfer the Trust will consult with staff to offer Agenda for Change terms and conditions of employment.

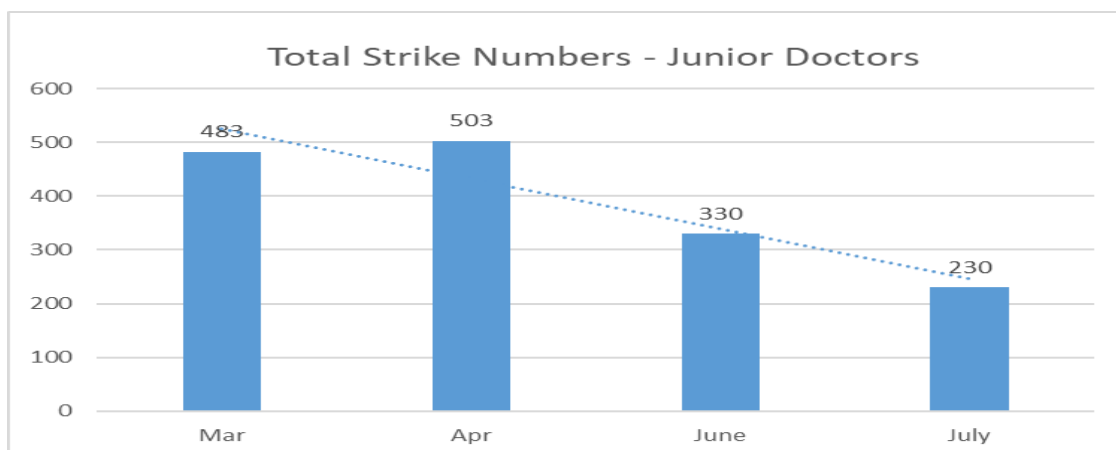
#### 15 Appraisals – Medical

Appraisal compliance has remained steady over the last few months. The dip in Appraisal stats during July is due to high annual leave period. We therefore expect this figure to rise during the winter months to normal levels.

Those that are unable to complete their appraisal are due to long term sickness, or other difficulties and are being managed accordingly.



#### 16 Junior Doctor Strikes



Our records show that there is a decline in the number of trainees choosing to take industrial action as strike episodes continue. Those that choose to take strike action will have their salaries deducted per day of strike action. On the 13 September Unite union also undertook strike action in relation to pay. Our records so far show that 32 Unite members staff undertook strike action.

## **17 Recommendations**

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

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**28 September 2023**

<b>Title</b>	Finance, Business and Investment Committee (FBIC) 12 September 2023 – Committee Chair’s Report
<b>Committee Chair</b>	Sue Lees, Non-Executive Director and Committee Chair
<b>Author</b>	Cathy Lilley, Director of Corporate Governance

**Purpose of the report**

- To bring to the Board’s attention key issues and assurances discussed at the Finance, Business and Investment Committee (FBIC) meeting held on 12 September 2023.

**Key messages**

**Finance Report Month 4**

- The Trust is currently reporting a deficit of £1.3m which is adverse to plan by £1.4m. The key drivers for this being slippage on financial value (FV) targets, staffing levels and high levels of agency spend. Some mitigation to the position is being provided in respect of the agreed delay to the commencement of some planned investments; however, the committee requested clearer articulation of the different approaches, changed processes and additional initiatives being put in place to close the financial gap.
- The focus of the new Chief Finance Officer (CFO) will be on prioritising the FV programme, understanding staffing levels, ensuring all income is being realised and maximising the optimum interest on the cash position, which is currently £117.2m.
- The Trust continues to be in Segment 1 (no specific support needs: maximum autonomy, minimum risk) of the NHS Oversight Framework
- The system-wide financial status has become under increased scrutiny by NHS England (NHSE); there is a potential for a ‘double lock’ system to be introduced which would require any spend above £50k to be signed off by both the Trust and the ICB
- Post meeting note: The FBIC chair has agreed that financial position at month 5 will be presented at the Trust Board meeting on 28 September 2023.*

**Financial Viability (FV) Update Month 4**

- Reported savings to date total £3.7m, against a target of £4.3m; the shortfall of £600k has remained consistent with that reported at month 3.
- There remains an in-year gap of c£4m in unidentified plans; however, on a positive note 90% of the £16.34m identified schemes offer recurrent cost reductions and additionally, the reduced reliance on income related schemes has allowed for a reduction in the risk rating for this element.
- Leadership of the FV programme has been strengthened by named Execs overseeing the programme, receiving regular updates and feedback from services, being assigned as leads for individual programmes, and emphasising the need for development of alternatives to schemes with a high risk around delivery.

**Agency Expenditure**

- The year to date spend is £11.2m which is above the run rate to achieve the ceiling spend cap for 2023/24; it is anticipated there will be a decrease in agency spend on high cost specialist posts in digital services as a result of an ongoing recruitment campaign which has been planned for and fully funded.
- The management and stability of teams with consistent high level of agency staff was highlighted as an area to focus additional support to understand the local challenges to workforce and service users.

**Capital and Estates Update**

- Estates are contractually committed to more than 80% of the core capital plan and gave assurance that the full spend will be achieved by year end.
- Additional pipeline projects have also been prioritised to speedily utilise any additional funding.

- Assurance provided on the absence of any Reinforced Autoclaved Aerated Concrete (RAAC) in the Trust's estate although a response from 40 leasehold landlords is still awaited.
- Clarity around the resolution of the CDEL impact of IFRS16 leases is still awaited from the centre and the Trust's position remains that this is not being accounted for in the capital plan.
- Work continues to realise opportunities for disposal of buildings and/or new ways of working to improve our footprint and staff wellbeing.

#### **Procurement Update**

- Savings of £150k have been realised to date against a target of £600k for 2023/24.
- Further improvements in paying Real Living Wage have been made with 70% of Trust suppliers now compliant.
- The committee requested joint working with the finance team to improve the purchase order system and process.

#### **Aged Debtors**

- The work to achieve a relatively low level of debtors was acknowledged by the committee.
- Further dedicated work will now focus on salary overpayment and overseas patient cost recoveries.

**Investment Register:** No new investments planned as the Trust's bank account interest is currently at a more advantageous level.

#### **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:* The strengthening of the ownership of the FV programme by named Execs with a view to reducing the risk score as more savings are realised.
- **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 risk will be updated to include specific reflection of the CDEL risk around leases.
- The committee agreed no changes to the risks scores and that appropriate controls are in place and operating effectively.

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

**REPORT TO TRUST BOARD IN PUBLIC**  
**28 September 2023**

<b>Title</b>	Finance Report Month 5 (August 2023)
<b>Author</b>	Haffejee Knight, Deputy Director of Finance
<b>Accountable Executive Director</b>	Kevin Curnow, Chief Finance Officer

**Purpose of the report**

This report highlights and advise the Board on the current finance performance and issues.

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

Date	Committee/Meeting
27/09/2023	Service Delivery Board (SDB)

**Key messages**

<p>Summary of Financial Performance:</p> <ul style="list-style-type: none"> <li>• As at month 5 the Trust is reporting a deficit position of £2.4m year to date, which is £3.0m adverse to plan. The key drivers of this variance are; <ul style="list-style-type: none"> <li>○ Financial Viability (FV) slippage</li> <li>○ Staffing levels above the planned establishment and agency premium</li> <li>○ Usage of private sector beds</li> <li>○ Inflation above funding</li> </ul> </li> <li>• The Trust's cash balance at 31<sup>st</sup> August 2023 was £125.4m.</li> <li>• Capital expenditure as at 31<sup>st</sup> August 2023 was £0.8m.</li> <li>• Better Payment Practice Code performance is 83.6% by volume and 88.1% by value.</li> <li>• The Trust is currently forecasting to be on plan by the end of the year.</li> </ul>
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**Strategic priorities this paper supports**

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

**Implications**

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



# 1 Executive Summary

## 1.1 Background and Financial Framework

For 2023/24 the financial architecture has continued with a contracting model, where funding is based on prior year, adjusted for non-recurrent items, funding growth, services changes and a net 1.8% uplift anticipated for pay and price increases, is distributed to a system level and then allocated based on agreed methodologies to Provider Trusts.

The Trust final plan submission to NHS England (NHSE) on 4th May was an income and expenditure surplus of £5.4m plan, in line with North East London (NEL) Integrated Care System (ICS) plan submission, which was breakeven. The final plan submission by the Trust includes Financial Viability target of £20.8m. The Trust also submitted a capital plan of £9.8m in line with its allocation share based on depreciation, however capital requirements far exceed this and additional NEL prioritisation work and Regional and National discussions are underway regarding the required increase to Capital Departmental Expenditure Limit (CDEL) for East London NHS Foundation Trust (ELFT) and NEL ICS.

## 1.2 As at month 5, the Trust is reporting;

- An income and expenditure deficit position of £2.4m year to date, which is £3.0m adverse to plan. The key drivers of this variance are;
  - Slippage on Financial Viability delivery (£0.6m).
  - A continuation of expenditure pressures across Home Treatment Teams (£1.1m).
  - Staffing levels above the planned establishment to cover staff shortages arising mainly from long term sickness, high acuity (enhanced observations), and activity pressures.
  - New safer staffing rotas not being fully implemented in inpatient wards.
  - Usage of private sector beds (£2.2m)
  - High levels of agency usage which continues to be at last year's level.
  - The impact of the continued effect of hyperinflation and high RPI contract renewals, particularly within estates (£0.97m).

Adverse variances are currently being partly offset by underspends against planned investments and vacancies in other directorates.

- Trust's cash balance stands at £125.4m, an increase of £8.2m compared to 31<sup>st</sup> of July. The Trust's ongoing cash requirements have not changed materially in terms of staff pay and capital expenditure, and the Trust continues to strive to pay suppliers early in the current economic climate.
- Capital expenditure as of 31st August 2023 was £845k which is below the phased plan, this is a reflection that the Trust's principal capital projects are yet to get fully underway for this fiscal year.

## 2 Summary of Income & Expenditure Performance as at 31<sup>st</sup> August 2023.

2.1 The year to date financial position for the Trust, is a deficit of £2.4m compared to a planned surplus of £0.6m.

Table 1: Summary of Financial Performance

	Year To Date			Annual Plan £000	YTD Prior Month Variance £000	Change +/- £000
	Plan £000	Actual £000	Variance £000			
<b>Income</b>						
NHS Clinical Income	214,263	218,847	4,584	513,307	3,785	799
Non-NHS Clinical Income	7,108	7,044	(64)	16,901	355	(419)
Other Operating Income	7,092	6,942	(150)	14,423	715	(866)
NCEL CAMHS Service (Lead Provider)	15,538	15,538	0	35,530	(18)	18
Forensic Service (BEH)	22,218	21,714	(504)	52,298	558	(1,061)
Deferred Income Released	669	941	273	7,721	406	(134)
<b>Income Total</b>	<b>266,888</b>	<b>271,027</b>	<b>4,139</b>	<b>640,180</b>	<b>5,801</b>	<b>(1,662)</b>
<b>Pay</b>						
Substantive	(185,263)	(153,314)	31,949	(443,938)	22,588	9,361
Bank	(500)	(24,001)	(23,501)	(1,201)	(18,564)	(4,937)
Agency	(39)	(13,637)	(13,598)	(94)	(11,132)	(2,466)
<b>Pay Total</b>	<b>(185,803)</b>	<b>(190,953)</b>	<b>(5,150)</b>	<b>(445,233)</b>	<b>(7,108)</b>	<b>1,958</b>
<b>Non-Pay</b>						
Non Pay	(66,963)	(69,449)	(2,486)	(157,032)	(714)	(1,773)
<b>Non-Pay Total</b>	<b>(66,963)</b>	<b>(69,449)</b>	<b>(2,486)</b>	<b>(157,032)</b>	<b>(714)</b>	<b>(1,773)</b>
<b>EBITDA</b>	<b>14,122</b>	<b>10,625</b>	<b>(3,498)</b>	<b>37,915</b>	<b>(2,021)</b>	<b>(1,477)</b>
<b>Post EBITDA</b>						
Depreciation	(11,974)	(11,974)	(0)	(28,737)	(0)	(0)
Finance Income	1,964	2,445	481	4,714	321	160
Finance Expenditure	(1,137)	(1,137)	(0)	(2,729)	(0)	(0)
PDC Dividend	(2,594)	(2,594)	-	(6,225)	-	-
<b>Total Post EBIDTA</b>	<b>(13,740)</b>	<b>(13,260)</b>	<b>481</b>	<b>(32,977)</b>	<b>321</b>	<b>160</b>
	<b>382</b>	<b>(2,635)</b>	<b>(3,017)</b>	<b>4,938</b>	<b>(1,700)</b>	<b>(1,317)</b>
<b>Less</b>						
Depreciation: Donated Assets	(190)	(193)	(3)	(462)	-	(3)
<b>Reported Surplus /( Deficit)</b>	<b>572</b>	<b>(2,443)</b>	<b>(3,015)</b>	<b>5,400</b>	<b>(1,700)</b>	<b>(1,314)</b>

EBITDA – Earnings before Interest, Depreciation and Amortisation

PDC – Public Dividend Capital

## 2.2 Income

At Month 5 income is reported as over performing against plan by £4.1m. The over performance is mainly due to the additional income included in the position for the additional 0.7% pay award funding for medical staff and other additional funding received not included in the plan. The additional income is being offset by related additional costs included in the position.

The income and expenditure plans will be updated in month 6 to reflect the additional funding received.

A summary of the Trust income position is included in Table 2 below.

Table 2: Summary of Operating Income

Income Type	Year To Date			Annual Plan £000	YTD Prior Month Variance £000	Change +/- £000
	Plan £000	Actual £000	Variance £000			
<b>Patient Care Activities Income</b>						
<b>Block Income &amp; Other</b>						
ICBs	201,579	206,461	4,882	483,477	3,532	1,350
NHSE	6,247	6,310	63	14,993	(347)	410
Primary Care	2,449	1,551	(898)	5,759	71	(970)
Services To Other Trusts	2,355	3,279	924	5,534	439	485
Other Clinical Income NHS	26	9	(16)	62	11	(27)
OATS / Spot Income	1,251	881	(370)	2,628	79	(449)
<b>Sub total</b>	<b>213,907</b>	<b>218,491</b>	<b>4,584</b>	<b>512,453</b>	<b>3,785</b>	<b>799</b>
<b>Mental Health Collaboratives</b>						
NCEL CAMHS Service (Lead Provider)	15,538	15,538	0	35,530	(18)	18
Forensic Service (BEH)	22,218	21,714	(504)	52,298	558	(1,061)
<b>Sub total</b>	<b>37,756</b>	<b>37,252</b>	<b>(504)</b>	<b>87,828</b>	<b>539</b>	<b>(1,043)</b>
<b>COVID-19 Vaccination</b>						
Vaccination Lead Employer	356	356	0	854	0	0
<b>Sub total</b>	<b>356</b>	<b>356</b>	<b>0</b>	<b>854</b>	<b>0</b>	<b>0</b>
<b>Total NHS Clinical Income</b>	<b>252,018</b>	<b>256,099</b>	<b>4,081</b>	<b>601,135</b>	<b>4,325</b>	<b>(244)</b>
<b>Non-NHS Clinical Income</b>						
Local Authority	6,910	7,040	130	16,405	507	(377)
Other Clinical Income Non- NHS	198	-	(198)	496	(156)	(42)
Overseas Income	-	4	4	-	4	-
<b>Total Non-NHS Clinical Income</b>	<b>7,108</b>	<b>7,044</b>	<b>(64)</b>	<b>16,901</b>	<b>355</b>	<b>(419)</b>
<b>Total Patient Care Activities Income</b>	<b>259,127</b>	<b>263,143</b>	<b>4,017</b>	<b>618,036</b>	<b>4,680</b>	<b>(663)</b>
<b>Other Operating Income</b>						
Research & Development	671	517	(154)	1,234	148	(302)
Education & Training	5,596	5,596	-	11,585	466	(466)
Other Non-Patient Care Income	826	830	4	1,604	101	(97)
<b>Total Other Operating Income</b>	<b>7,092</b>	<b>6,942</b>	<b>(150)</b>	<b>14,423</b>	<b>715</b>	<b>(866)</b>
<b>Deferred Income</b>						
Deferred Income Released	669	941	273	7,721	406	(134)
<b>Sub total</b>	<b>669</b>	<b>941</b>	<b>273</b>	<b>7,721</b>	<b>406</b>	<b>(134)</b>
<b>EBITDA Income</b>	<b>266,888</b>	<b>271,027</b>	<b>4,139</b>	<b>640,180</b>	<b>5,801</b>	<b>(1,662)</b>

## 2.3 Pay

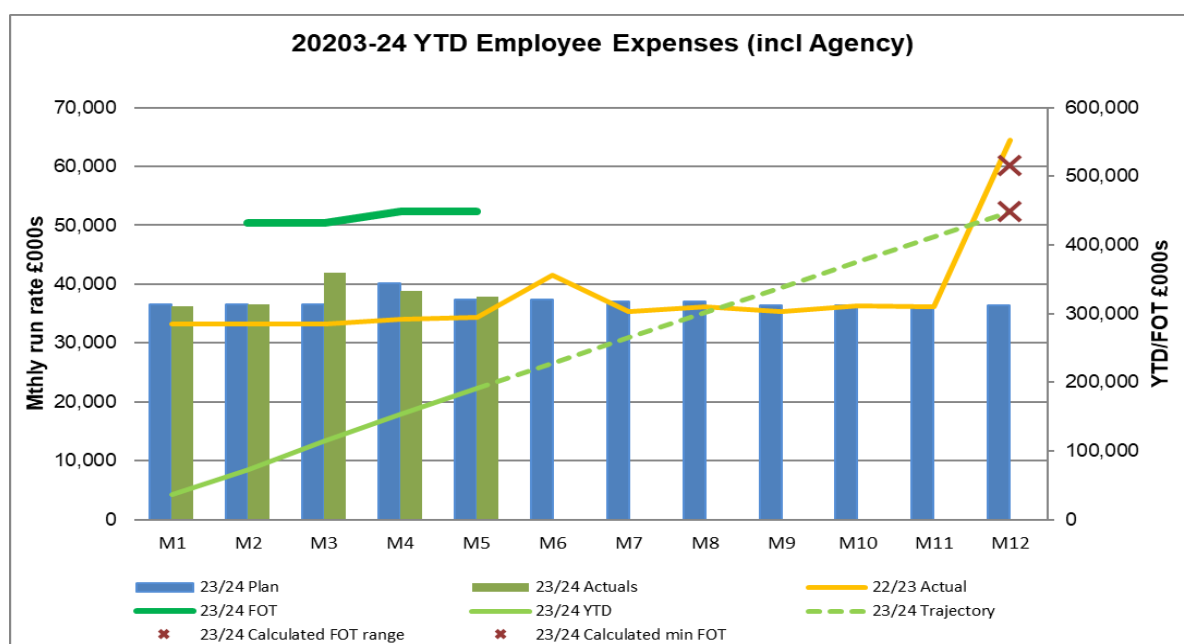
Overall pay is off plan by £5.2m year to date. Staff costs in August are at £37.7m, which is £1.0m less than the previous month. The decrease is mainly due to the recoding of agency invoices from non-pay to pay in prior month.

The unachieved Financial Viability and overspends in some of the directorates are currently being offset by vacancies and delayed recruitment in some of the planned investments in the other directorates and centrally. The key overspending areas are;

- Inpatients is over spent by £5.1m (NEL £2.8m, BLMK £0.9m and Forensics Nursing £1.4m) driven by bank and agency usage which is over and above substantive vacancies to cover staff shortages arising mainly from long term sickness, high acuity (enhanced observations), activity pressures, and the new safer staffing rotas not being fully implemented.
- Medical staffing is overspend by £2.9m (NEL £1.6m, BMLK £1.3M) due to long term sick leave and agency premium.
- Bedfordshire Home Treatment Teams (HTT) are overspent by £1.1m due to the use of agency staff to cover nursing vacancies, maternity leave, sickness and double running costs related to internationally recruited nursing. The HTT teams are experiencing difficulties in recruiting and retaining staff. The service is now engaging international recruitment agencies.
- Primary Care is overspent by £0.9m, due to the use of agency and high salaried GP's to cover vacancies at the Leighton Road surgery.

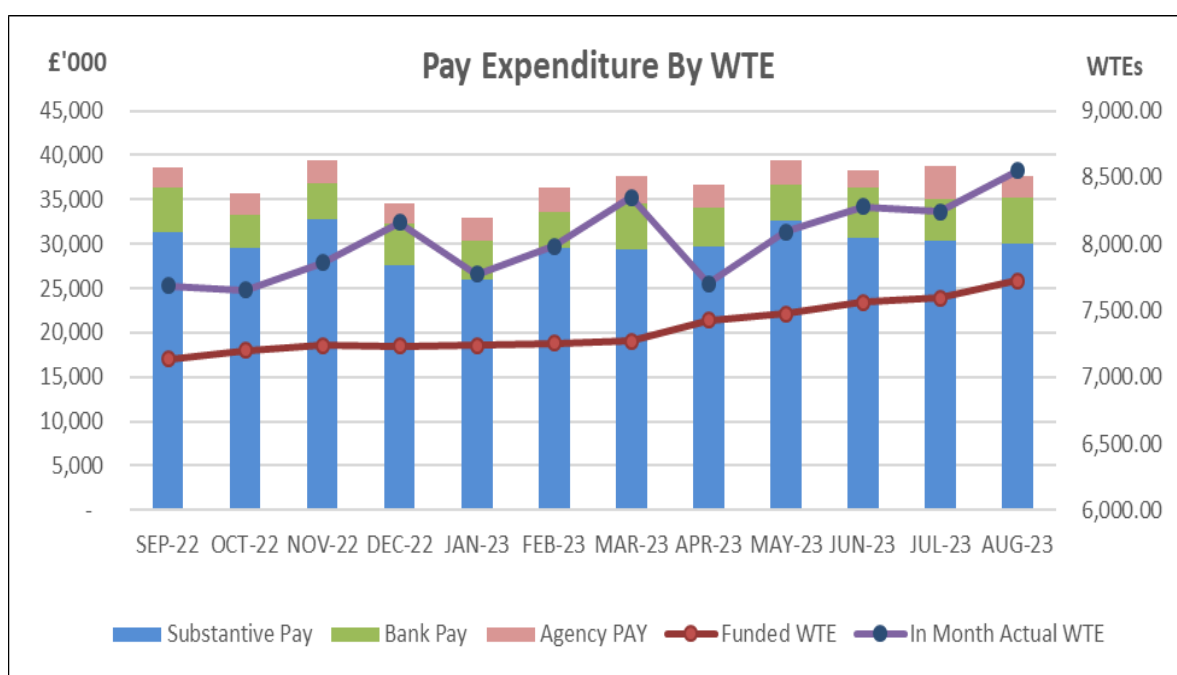
We are expecting to see reduction in inpatients pay overspends going forward when the new safer staffing rotas are fully implemented and substantive staff are recruited.

Pay	2022-23		2023-24					Mov^t
	FEB-23	MAR-23	APR-23	MAY-23	JUN-23	JUL-23	AUG-23	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Substantive	29,458	29,371	29,683	32,644	30,664	30,323	30,001	(322)
Bank	4,053	5,167	4,391	4,073	5,609	4,697	5,232	534
Agency	2,806	3,131	2,623	2,759	2,037	3,750	2,469	(1,281)
<b>Pay Total</b>	<b>36,317</b>	<b>37,669</b>	<b>36,696</b>	<b>39,475</b>	<b>38,310</b>	<b>38,770</b>	<b>37,702</b>	<b>(1,068)</b>



## 2.4 WTE Trend (per the finance ledger)

Pay Type	2022-23		2023-24				Mov^t	
	FEB-23	MAR-23	APR-23	MAY-23	JUN-23	JUL-23		AUG-23
<b>Funded WTE</b>								
Substantive	7,250.0	7,264.7	7,419.8	7,470.6	7,552.1	7,587.3	7,717.3	129.95
Bank	4.4	4.4	5.0	6.0	6.0	6.0	2.2	(3.80)
Agency	0.3	0.3	0.3	0.3	0.3	0.3	1.0	0.70
<b>In Month Actual WTE</b>								
Substantive	6,603.1	6,640.3	6,602.1	6,846.1	6,757.9	6,827.2	6,882.1	55.0
Bank	1,010.1	1,302.6	786.1	953.1	1,206.0	1,019.0	1,316.7	297.76
Agency	371.7	404.5	312.9	292.8	314.7	396.5	348.0	(48.47)
<b>Total Funded WTE</b>	<b>7,254.7</b>	<b>7,269.4</b>	<b>7,425.1</b>	<b>7,476.9</b>	<b>7,558.4</b>	<b>7,593.6</b>	<b>7,720.5</b>	<b>126.9</b>
<b>Total In Month Actual WTE</b>	<b>7,984.8</b>	<b>8,347.4</b>	<b>7,701.2</b>	<b>8,092.1</b>	<b>8,278.6</b>	<b>8,242.6</b>	<b>8,546.9</b>	<b>304.3</b>
<b>Total Variance WTE</b>	<b>730.2</b>	<b>1,078.1</b>	<b>276.0</b>	<b>615.1</b>	<b>720.2</b>	<b>649.0</b>	<b>826.4</b>	<b>177.4</b>



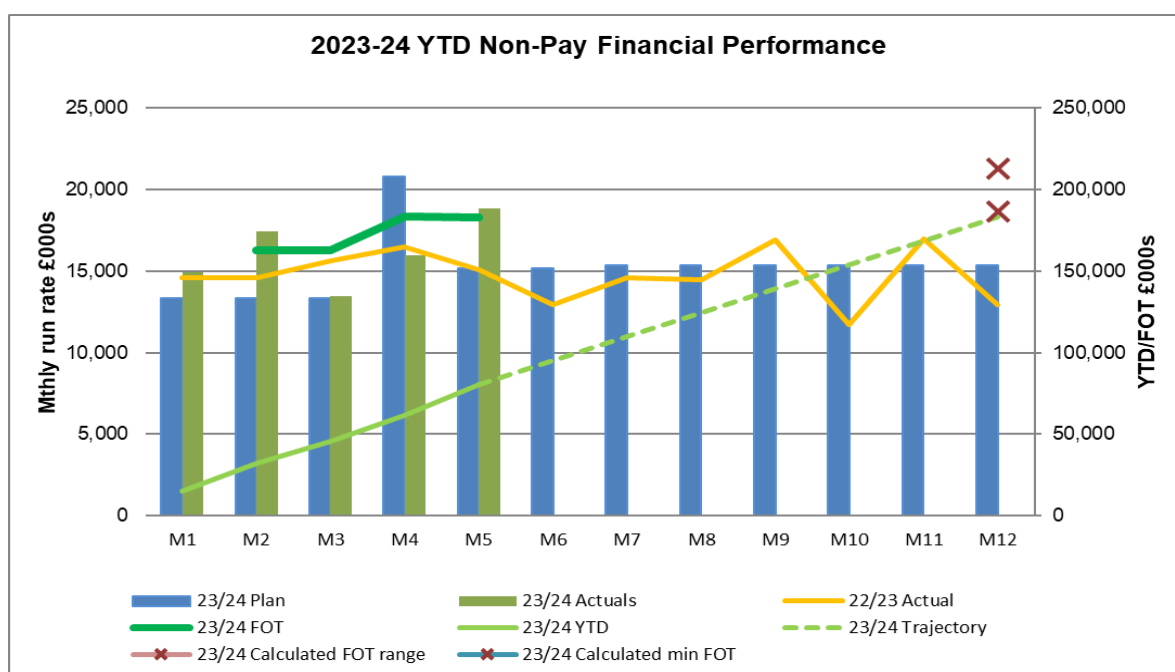
## 2.5 Non-pay

Overall non-pay is overspend by £2.5m year to date. The in-month movement is mainly driven by recoding of invoices to agency pay last month.

The year to date key overspending areas are;

- Estates and Facilities driven by the effect of hyperinflation and high RPI contract renewals (£0.97m)
- Private sector bed purchases £ 2.2M (BMLK £0.9m and NEL £1.3M) and
- Drug cost pressures driven by inflation and increased activity (£0.2m).

Non-Pay	2022-23			2023-24				Mov^t
	FEB-23	MAR-23	APR-23	MAY-23	JUN-23	JUL-23	AUG-23	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Establishment	463	943	335	606	471	637	664	27
Consultancy	(124)	835	308	252	414	161	317	156
Other NHS charitable fund resources expended	17	39	25	29	22	27	34	7
Supplies & Services	37	2,966	2,616	2,888	3,206	3,626	2,614	(1,012)
Transport	378	446	394	503	497	521	321	(200)
Other Expenditure	(366)	(26,517)	(501)	(1,104)	1,095	(226)	2,405	2,631
Premises	4,351	3,514	2,319	2,587	3,008	1,876	2,440	564
Purchase of Health and Social Care	8,827	6,622	5,520	5,536	5,206	6,307	6,249	(58)
Costs related to people	395	1,513	717	357	388	326	445	120
Clinical negligence	121	121	153	153	153	153	153	(0)
Charges to operating expenditure	353	353	353	447	424	424	424	-
Audit fees and other auditor remuneration	12	83	14	9	12	12	12	-
Not currently mapped - Non Pay	-	685	-	-	-	1	24	23
Non-executive directors	15	15	18	18	18	18	18	(0)
<b>Non-Pay Total</b>	<b>14,478</b>	<b>(8,383)</b>	<b>12,269</b>	<b>12,282</b>	<b>14,914</b>	<b>13,863</b>	<b>16,121</b>	<b>2,259</b>



## 2.6 Next Steps:

- Continue to sharpen delivery focus for each area of financial improvement, and closing the risk gap.
- Continue to work on Financial Viability closing the unidentified gap and to identify non recurrent mitigation savings.
- Implementation and embedding of the new safer staffing rotas in inpatients.
- Reduce WTE usage in line with funded establishment.
- Identify mitigations for inflationary pressures through further non pay opportunities.
- Develop recovery plans for key over spending areas.

### 3 Agency Expenditure and Ceiling

The Trust submitted an annual financial plan for 2023-24 with planned agency usage of £24,215k.

Total monthly agency expenditure has been consistently above the 2022-23 and 2023-24 agency plans. Services need to be particularly mindful that agency should only be considered as a short-term solution with substantive recruitment completed as quickly as possible or revert to Bank spend where necessary, and further work is required to review the longer term agency use.

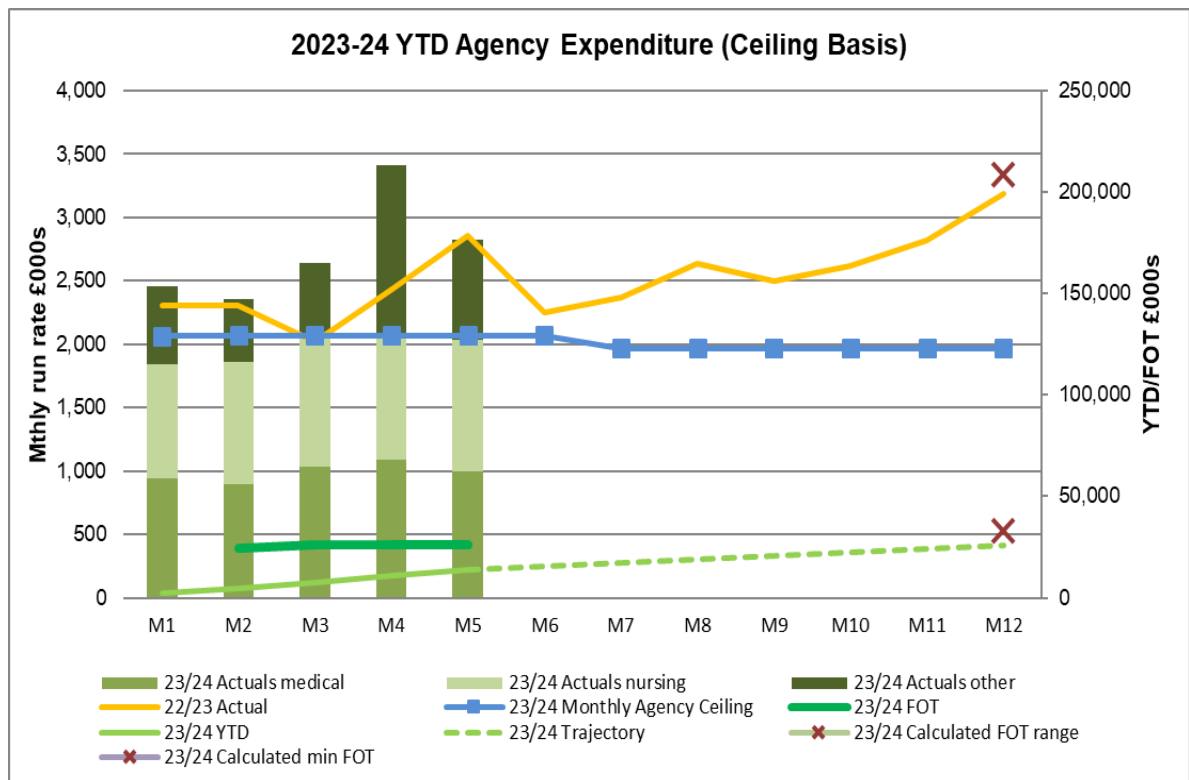
Year to date (as at August 2023) ELFT agency expenditure is £13.6m which is £3.1m (23.9%) above the plan and represent 7.1% of total pay expenditure. Further action is required to reduce agency spend within the directories.

As from 6<sup>th</sup> of November a new scheme will be managed centrally which will reduce VAT liabilities on agency staff.

The services with the highest levels of agency expenditure are Bedford AMH, Luton AMH, Specialist Services, Bedfordshire CHS, Newham and Tower Hamlets Adult Mental Health and Primary Care.

We are expecting to see a reduction in inpatient agency pay costs going forward, when the new safer staffing rotas are fully implemented and substantive staff recruited.

Agency expenditure is summarised in the charts below:



## 4 Financial Viability Programme (FVP)

### 4.1 2023/24 Financial Viability Targets

The Financial Viability target for 2023/24 is £20.8m

The agreed Directorate targets have been allocated to the respective Clinical and Corporate divisions. Targets for Central schemes are held centrally.

A separate paper on Financial Viability is presented and discussed at Service Delivery Board and Finance Business and Investment Committee (FBIC) which includes further relevant detail of the programme.

Directorate	23/24 FV Target Allocated £'000	Corporate Departments & Estates	23/24 FV Target Allocated £'000
Specialist Services	1,975	Central Estates & Facilities	47
Forensic	1,110	Chief Quality Officer	129
CHS Bedfordshire	760	Commercial Development	38
Luton & Bedfordshire AMH	2,316	Corporate Affairs	25
CHS Newham	795	Director Of Integrated Care	50
CHS Tower Hamlets	449	Director Of Operations	24
City & Hackney AMH	1,223	Finance Directorate	83
Tower Hamlets AMH	1,365	ICT	134
Newham AMH	1,111	Medical Director	193
<b>Clinical Directorates Total</b>	<b>11,104</b>	Nursing Directorate	204
Corporate Services & Estates	1,112	People and Culture	172
Central Projects & Unallocated	8,584	People Participation	14
<b>Grand total</b>	<b>20,800</b>	<b>Grand total</b>	<b>1,112</b>

### 4.2 Financial Viability (FV) Year to Date Performance

Month 5 YTD FV delivery is £4.9m against the submitted plan of £5.5m. This has been delivered through the pay costing exercise (£1.5m), interest from investments (£1.3m), overhead contribution (£0.2m), pharmacy savings (£86k) and other bottom up Directorate plans (£1.8m).

The variance against target is caused by a number of Directorate schemes with delayed delivery and a set of centrally held schemes for which robust plans are yet to be fully developed and which we consider high risk.

Directorate	2023/24 FV Target Allocated £'000	YTD Plan £'000	YTD Actuals £'000	YTD Variance £'000	Actuals vs YTD Plan %
Specialist Services	1,975	622	172	-450	28%
Forensic	1,110	349	301	-48	86%
CHS Bedfordshire	760	239	93	-146	39%
Luton & Bedfordshire AMH	2,316	730	139	-591	19%
CHS Newham	795	250	263	12	105%
CHS Tower Hamlets	449	141	130	-11	92%
City & Hackney AMH	1,223	385	212	-173	55%
Tower Hamlets AMH	1,365	430	765	335	178%
Newham AMH	1,111	350	508	158	145%
<b>Clinical Directorates Total</b>	<b>11,104</b>	<b>3,498</b>	<b>2,583</b>	<b>-914</b>	<b>74%</b>
Corporate Services & Estates	1,112	350	170	-180	49%
Central Projects & Unallocated	8,584	1,664	2,174	510	131%
<b>GRAND TOTAL</b>	<b>20,800</b>	<b>5,512</b>	<b>4,928</b>	<b>-584</b>	<b>89%</b>

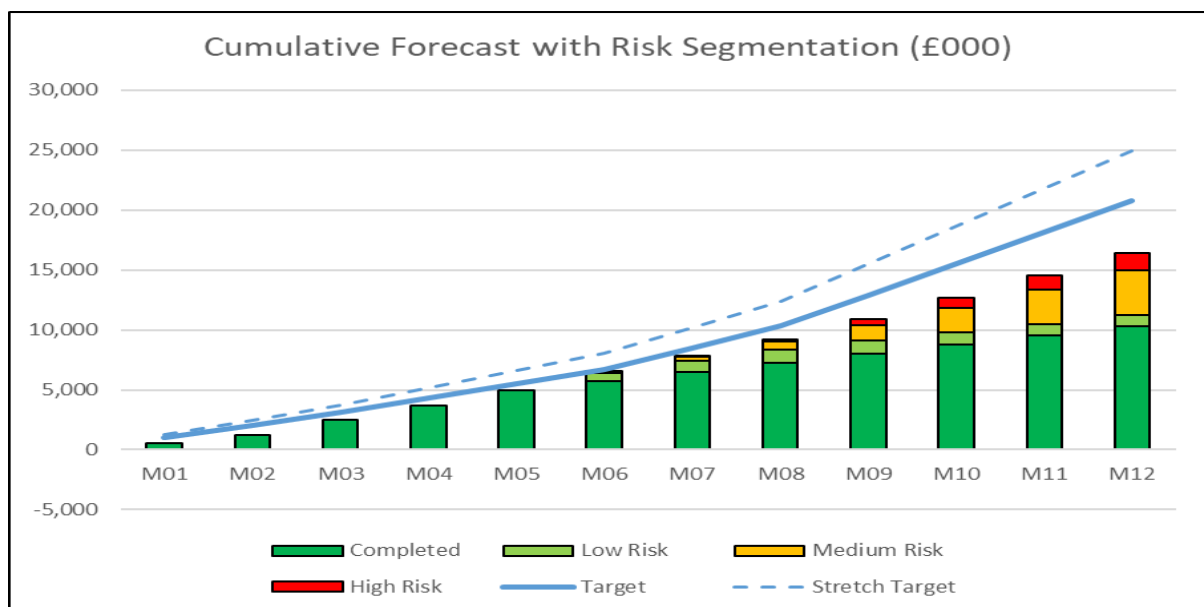


4.3 The FV Tracker includes some schemes for which detailed plans and impact assessments still need to be developed and/or the value of the saving for 2023/24 is in the process of being confirmed. The table below shows in year identified plans and year to date delivery against identified plans.

The graph shows forecast delivery as included in the tracker, along with the delivery risk against the Trust target.

Plans need to continue to be worked on to close the unidentified gap and to identify non recurrent mitigation. Investment slippage already forms part of the Trust financial plan, and DMTs should not rely on this to meet their Directorate targets.

Directorate	2023/24 Identified In Year Plan £'000	YTD Identified Plan £'000	YTD Actuals £'000	YTD Variance against Identified Plan £'000	Actuals vs YTD Identified Plan %
Specialist Services	743	269	172	-96	64%
Forensic	1,080	301	301	0	100%
CHS Bedfordshire	403	93	93	-0	100%
Luton & Bedfordshire AMH	739	139	139	0	100%
CHS Newham	697	267	263	-4	98%
CHS Tower Hamlets	380	127	130	3	103%
City & Hackney AMH	609	212	212	0	100%
Tower Hamlets AMH	1,946	760	765	4	101%
Newham AMH	1,861	618	508	-110	82%
<b>Clinical Directorates Total</b>	<b>8,459</b>	<b>2,787</b>	<b>2,583</b>	<b>-203</b>	<b>93%</b>
Corporate Services & Estates	605	214	170	-43	80%
Central Projects & Unallocated	7,611	3,102	2,174	-928	70%
	<b>16,675</b>	<b>6,102</b>	<b>4,928</b>	<b>-1,174</b>	<b>81%</b>
<b>TOTAL UNIDENTIFIED PLAN</b>	<b>4,125</b>				



#### 4.4 Stretch Targets and 2024/25 Planning

All areas of the programme are advised to plan to achieve a 20% stretch target, to help mitigate programme slippage. The total Trust target including stretch is £24.9m. Alongside the upcoming annual budget setting and planning round, the Trust will need to begin to scope schemes for the 2024/25 programme to meet planning requirements plus any recurrent shortfall from the 2023/24 programme. The full year effect of 2023/24 identified plans is approximately £15.3m (of which £2.5m is high risk), against the target of £20.8m.

## 5 Statement of Financial Position (SoFP)

### 5.1 Balance Sheet

The net balance on the Statement of Final Position as at 31<sup>st</sup> August 2023 is £339m, down from £340.1m at 31<sup>st</sup> July 2023 due to a reported year to date deficit of £2,443k.

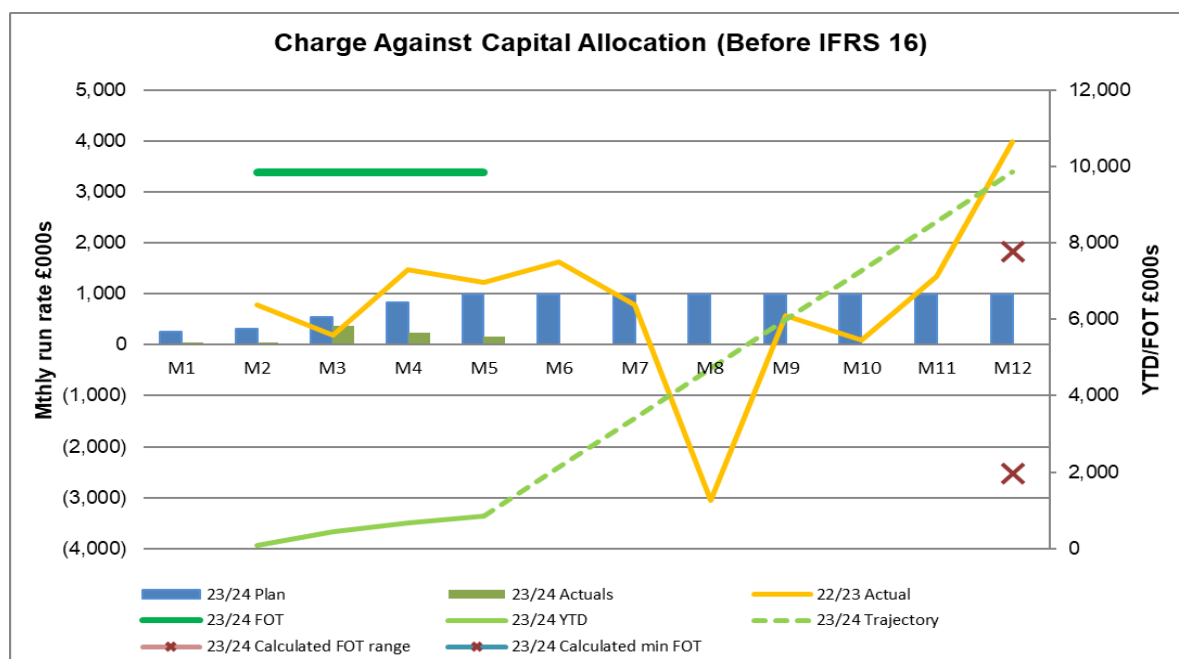
The Trust's overall Receivables decreased by £8.4m to £38.1m in August compared to the prior month. Included within this balance is £11.9m of trade receivables, which have decreased by £8.8m month-on-month. The balance includes £4.5m owed from Barnet, Enfield & Haringey MHT and £3.5m owed from North East London ICB which is payable in September 2023.

Statement of Financial Position Summary	Year To Date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Forecast	Variance
	£000s	£000s	£000s	£000s	£000s	£000s
Non-current assets	362,737	364,308	(1,571)	365,081	365,035	46
Current assets	166,272	163,188	3,084	166,622	165,977	645
Current liabilities - borrowings	(11,109)	(12,014)	905	(11,109)	(11,258)	149
Current liabilities - other	(109,462)	(98,678)	(10,784)	(106,603)	(103,131)	(3,472)
<b>Total Assets Less Current Liabilities</b>	<b>408,438</b>	<b>416,804</b>	<b>(8,366)</b>	<b>413,991</b>	<b>416,623</b>	<b>(2,632)</b>
Non-current liabilities - borrowings	(85,900)	(77,150)	(8,750)	(85,900)	(84,049)	(1,851)
Non-current liabilities - other	(5,364)	(649)	(4,715)	(6,363)	(6,363)	0
<b>Total Net Assets Employed</b>	<b>317,174</b>	<b>339,005</b>	<b>(21,831)</b>	<b>321,728</b>	<b>326,211</b>	<b>(4,483)</b>

### 5.2 Capital

The Trust submitted a 2023-24 capital plan of £10.9m (£9,842k + £1,075k for the sale of London Road) in line with its allocation share based on depreciation plus £4k relating to International Financial Reporting Standard (IFRS) 16.

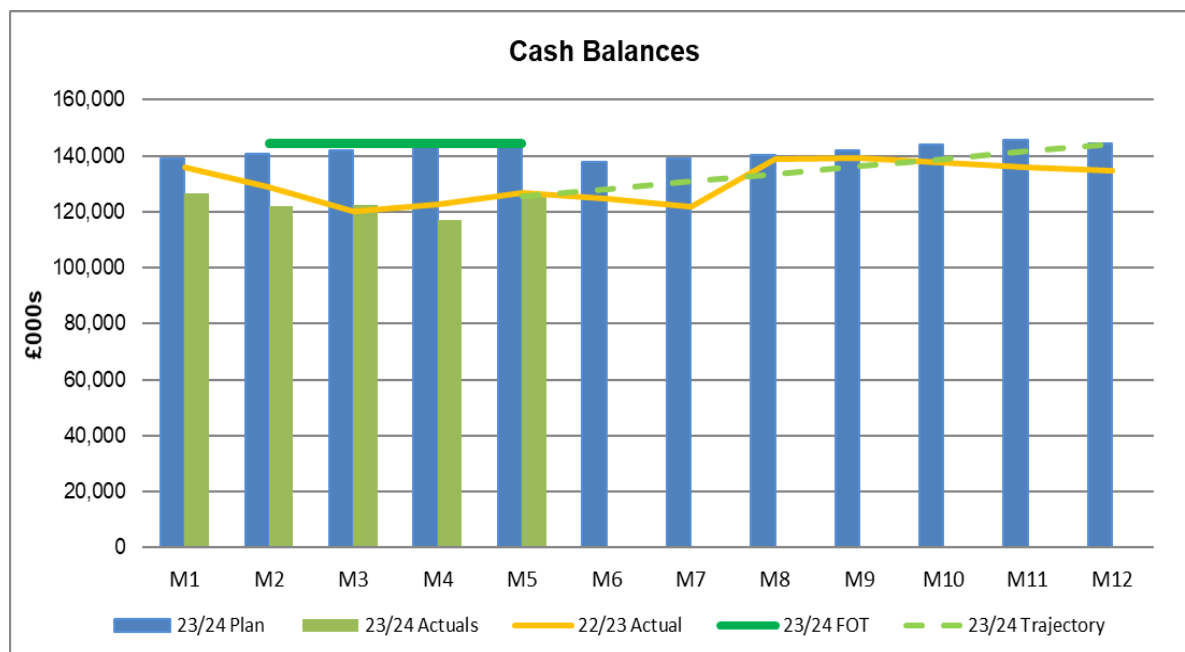
Capital expenditure as at 31st August 2023 was £845k, which was behind plan by £2,045k. This is a reflection that the Trust's principal capital projects are yet to get fully underway for this fiscal year. A large number of projects were approved in July and August so work on these projects will be starting shortly.



### 5.3 Cash

As at the end of August, the Trust's cash balance stands at £125.4m, an increase of £8.2m from July. The cash balance is lower than March's figure and £18.6m lower than Plan. The decrease is due to a number of factors:

- £4.5m owed by Barnet, Enfield and Haringey Mental Health NHS Trust (BEH) which should be received in September.
- £12.8m of unbilled income which is being accrued.



### 5.4 Better Payment Practice Code (BPPC)

The Trust is signed up to the NHS commitment to improve its Better Payment Practice Code (BPPC) whereby the target is to pay 95% of all invoices within the standard credit terms.

Overall, the Trust's BPPC is 83.6% by volume and 88.1% by value. The BPPC for non-NHS invoices is 83.7% by volume and 89.3% by value.

BPPC % of bills paid in target	Year to date		
	Current month	Previous month	Movement
	%	%	%
<b>Non NHS</b>			
- By number	83.7%	84.4%	(0.7%)
- By value	89.3%	89.0%	0.3%
<b>NHS</b>			
- By number	76.0%	72.3%	3.7%
- By value	82.0%	83.3%	(1.2%)

## **6 Conclusions**

- 6.1 The Trust is reporting net deficit of £2.4m which is worse than plan by £3.0m. The adverse variance is mainly due to under delivery of Financial Viability, inpatients wards pressures, staffing levels above the planned establishments, agency premiums, use of private sector beds and inflationary pressures.

## **7 Equalities**

- 7.1 This paper has no direct impact on equalities

## **8 Financial Implications**

- 8.1 These are as stated in this report.

## **9 Risk**

- 9.1 NHS England (NHSE) risk rating is now under the new Segmentation framework. The Trust has been notified it is in Segment 1 (Maximum autonomy, minimum risk).

## **10 Actions Being Requested**

- 10.1 The Board is asked to:
- a. **RECEIVE** and **NOTE** the report
  - b. **NOTE** the assurance provided and **CONSIDER** if further sources of assurance are required

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**28 September 2023**

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

**Purpose of the report**

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

**Key Messages**

**Fundraising Update**

- The recruitment process for the post of fundraiser has recommenced and the advert has been promulgated widely in order to attract high calibre candidates. Once in post the fundraising strategy will be reviewed.
- The ELFT Charitable Funds Just Giving account is now live and a QR code will be included in future merchandising for ease of donations.

**Funding Awarded**

- There has been a slowing in the amount of awards granted; however, it was noted that there are a number of bids which have been approved subject to further work around costings and these will be confirmed in the coming weeks.
- 53 funds have been awarded to Trust services totalling £156,798 with recent awards focusing on supporting local communities and improving social networks for service users.
- Awards have been primarily within London services and work continues to actively share knowledge and information on successfully funded projects elsewhere in the Trust with Bedfordshire and Luton services to encourage rollout in their localities and increase the number of bids.
- Further work is ongoing to ensure speedy decision making as well as support for bid process completion with an electronic process now in place.

**Communications Update**

- A series of internal webinar presentations to showcase the Charity and share successful bids and stories continue, with a plan to run these four times a year.

**Healthier Wealthier Families**

- The pilot scheme currently underway in Newham SCYPS has resulted in increases in income of £70k amongst the first ten families that have been seen and supported by the financial adviser. This will have a multiplier effect throughout the life cycle of the child with the potential for much improved social and quality of life outcomes for families.
- A full R&D evaluation of the scheme is being undertaken in partnership with UCL which will provide more detailed information on demographics and feedback from the families; however, initial responses have been positive.
- This project has been included in ELFT's population health plan with the aim of extending the learning across all clinical pathways, to be embedded as part of clinical contacts.
- Ongoing work to explore sustainability has already resulted in an expression of interest from a system partner to replicate this in their locality.

**Assurance**

- Further policies and procedures that underpin the ELFT Charity have been developed to ensure the effective running of the charity as well as meeting Charity Commission requirements.

- More assurance provided on the risks with approval given for a decrease in score for one risk, given progress on the development of policies.
- The Committee requested consideration around an additional risk associated with the level and direction of spend.

**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.

**REPORT TO THE ELFT TRUST BOARD IN PUBLIC**  
**28 SEPTEMBER 2023**

<b>Title</b>	Annual update (extended period) – Compass Wellbeing CIC
<b>Author</b>	Dr Mohit Venkataram, CEO Compass Wellbeing CIC
<b>Accountable Executive Director</b>	Dr Mohit Venkataram, Executive Commercial Director

**Purpose of the report**

This paper presents the ELFT Trust Board with an update on the development of Compass Wellbeing CIC in line with the Trust strategy. In the discussion at the ELFT Board meeting, the board noted Compass Wellbeing’s positive development:

- A second year of growth
- Support for service users back in to employment
- Providing training, leadership and system exposure to a network of voluntary and community organisations across the ELFT footprint
- Linking with smaller community organisations

The board noted areas for future focus:

- Continue to build relationships with smaller community organisations and communities and promote their contribution to population health and social capital
- Continue to develop opportunities for service user employment
- Continue to support the development of the Charity Committee and other ELFT programmes/projects

This paper provides an update on areas of delivery that provide assurance to the ELFT Board and the mitigations for residual risk.

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

<b>Date</b>	<b>Committee/Meeting</b>
September 2023	The content of this paper has been considered by the Compass Wellbeing CIC executive and board.

**Key messages**

Compass Wellbeing CIC continues to

1. Support the Trust in the delivery of the Marmot Trust Strategy
2. Develop strong third and community sector relationships and support the Trust vision of Anchor Institution
3. Provide training and development opportunity to over 800 participants across the Community and Voluntary sector.
4. Develop strategic opportunities and collaborations through its first conference across 13 boroughs in North East and North Central London
5. Provide training to a number of forensic and wider Service users to support work placements and work based apprenticeships.
6. Develop a community sector circulation of over 6000 organisations through the publication of Monthly Newsletter
7. Commission and support almost 200 organisations to work with ELFT in the delivery of services across all of ELFT boroughs
8. Provide over 800 community organisations training on HR, strategy, research, population health
9. Develop a resilient Compass financial architecture to reduce the risk for ELFT
10. Fund the Trust Vit D and Charity donations through the dividends issued to ELFT

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**Strategic priorities this paper supports**

Improved population health outcomes	☒	The Compass Wellbeing CIC strategy supports the population health strategy for ELFT.
Improved experience of care	☒	The Compass Wellbeing CIC strategy focusses on: <ul style="list-style-type: none"> <li>• supporting service users into employment</li> <li>• supporting resilience development for Trust partners and stakeholders</li> </ul>
Improved staff experience	☒	By funding the Vit D for staff in 2021-2022 Compass supported improved staff experience
Improved value	☒	A key priority for Compass Wellbeing CIC is to offer added value to the Trust's procurement programme through the development of its relationship with organisations in the voluntary, community and social enterprise sector. This report highlights the work that has been achieved to date and continuing priorities.

**Implications**

Equality Analysis	Compass Wellbeing CIC will deliver the requirements of equalities legislation. Its explicit purpose is to reduce health inequalities affected marginalised communities.
Risk and Assurance	Financial information has been produced in conjunction with Compass Wellbeing and ELFT finance teams. Accounts have been independently reviewed by an independent chartered accountancy and were agreed at the Compass Wellbeing CIC board meeting on 2 <sup>nd</sup> November 2022.
Service User/ Carer/Staff	Compass Wellbeing CIC is committed to supporting social justice and the offer and mission of the organisation supports that agenda.
Financial	The trajectory of financial improvement is positive. Compass Wellbeing CIC has reported a surplus for 2021-22 and the draft accounts for 2022-23 also indicate a surplus.
Quality	The purpose of setting up the subsidiary relationship between Compass Wellbeing CIC and ELFT is to deliver improved quality of provision for residents served by the Trust. This purpose is enshrined in the Compass Wellbeing CIC strategy.



## 1.0 Executive summary and background

- This annual report (extended to cover the 18 month period till March 23) presents the ELFT Board with an update on progress of Compass Wellbeing CIC in line with the Trust strategy. Compass Wellbeing was acquired by ELFT in November 2018, which then became a 100% shareholder in the company. A subsequent debate by the ELFT Board agreed the articles, strategy and governance arrangements for the relationship.

## 2.0 Summary of 2021-22

### - Achievements

- o As at March 2023 CW is financially sound
- o Expansion of the service to 6000 community and voluntary sector organisations; in particular organisations that operate on a small and very small scale often with marginalised communities
- o Establishment of the ELFT Charity
- o Positive feedback from stakeholder organisations
- o A positive record of support for mental health service users in terms of training and support in to employment

### - Relationship with ELFT, leadership, governance and statutory requirements

During 2021-22 Compass Wellbeing (CW) continued to be led by a substantive leadership team including the chair, chief executive officer and a newly appointed non-executive director.

A new chair and an additional non-executive director were appointed to the board in June 2023.

The articles of the company are registered at Companies House and CIC annual update reports (CIC34) were lodged for 2019-20, 2020-21 and 2021-22. The most recent CIC34, for 2021-22, was ratified by the CW board at its meeting in November 2022. The CIC34 for 2022-23 will be presented to the November 2023 board meeting for ratification.

Accounts for 2021-22 were filed by CW with Companies House within the companies house requisite timeframe. Draft year end accounts for 2022-23 were presented to the Compass Board in August 23.

(See 2.3 *Financial summary* below)

### - Financial summary

A limited assurance review and audit by an independent chartered accountant for 2021-22 was filed by Compass Wellbeing with Companies House in November 2022. As a result of the development work carried out over 2020-21 and 2021-22 by the leadership team, CW recorded a surplus of £629k (after tax) in the profit & loss account for the financial year. This position was submitted to the CW board for approval in November 2022. The balance sheet had a surplus of £643k in addition to restricted funds of £203k.

The draft accounts for the financial period 2022-23 indicate a surplus of £1,158,540 on the balance sheet (unrestricted capital and reserves) and £203k (restricted capital and reserves) which relates to training and development as part of the CMHT Transformation contract.

The draft accounts for the financial period 2022-23 indicate a surplus on the profit and loss account of £694k before tax and any ELFT Dividends (retained surplus of £516k after tax and dividends).

This surplus is in line with the risk that the ELFT board had highlighted regarding

- 1) Compass resilience
- 2) Compass cashflow
- 3) Ensuring third and community sector partners were paid in a timely manner irrespective of the SBS delays

### 2.3.1 Accounts 2021-2022 and 2022-2023

#### Year end 2021-22 – balance sheet abbreviated

	As at 31 March 2022
<b>Fixed assets</b>	5,748
<b>Current assets</b>	3,723,968
<b>Current liabilities</b>	2,883,607
<b>Current assets less current liabilities</b>	<b>840,361</b>
<b>Total assets less current liabilities</b>	<b>846,109</b>
<b>Long term liabilities &amp; provisions</b>	1,092
<b>Net assets</b>	<b>845,017</b>
<b>Capital and reserves</b>	
Share capital	3
Profit & loss account	845,014
<b>Total Capital and Reserves</b>	<b>845,017</b>
<b>Capital and reserves - Breakdown</b>	
Restricted	202,500
Unrestricted	642,517
	<b>845,017</b>

\*based on YE v2.2 – final 24.10.2022

## Year end 2021-22 – profit and loss abbreviated

	As at 31 March 2022
Sales	5,247,325
Direct expenses	4,271,817
Gross profit	975,508
Overheads & other income	243,418
Net profit / (loss)	732,089
Corporation Tax	103,373
Profit after tax	628,716

\*based on YE v2.2 – final 24.10.2022

## Year end 2022-23 – balance sheet abbreviated

	As at 31.03.2023
Fixed assets	18,487
Current assets	3,744,924
Current liabilities	2,401,279
Current assets less current liabilities	1,343,645
Total assets less current liabilities	1,362,132
Long term liabilities & provisions	1,092
Net assets	1,361,040
Capital and reserves	
Share capital	3
Profit & loss account	1,361,037
Total Capital and Reserves	1,361,040
Capital and Reserves - Breakdown	
Restricted	202,500
Unrestricted	1,158,540
	1,361,040

\*based on 2022-2023 YE Draft v5 25.07.2023

**Year end 2022-23 – profit and loss abbreviated**

	Total
Sales	5,394,427
Direct expenses	4,445,301
Gross profit	949,126
Overheads & other income	255,449
Net profit / (loss)	693,677
Corporation Tax	137,654
Profit after tax	556,023
ELFT Dividend	40,000
Retained Earnings	516,023

\* based on 2022-2023 YE Draft v5 25.07.2023

**2.4 Operational delivery**

In 2021-22, CW continued to focus on ensuring financial viability and embedding its 3-5 year strategy to ensure a stable base from which to develop its ‘offer’ and support to the voluntary and community sector across the London Boroughs of Tower Hamlets, Newham and Hackney and the Boroughs of Luton, Bedford and Central Bedfordshire.

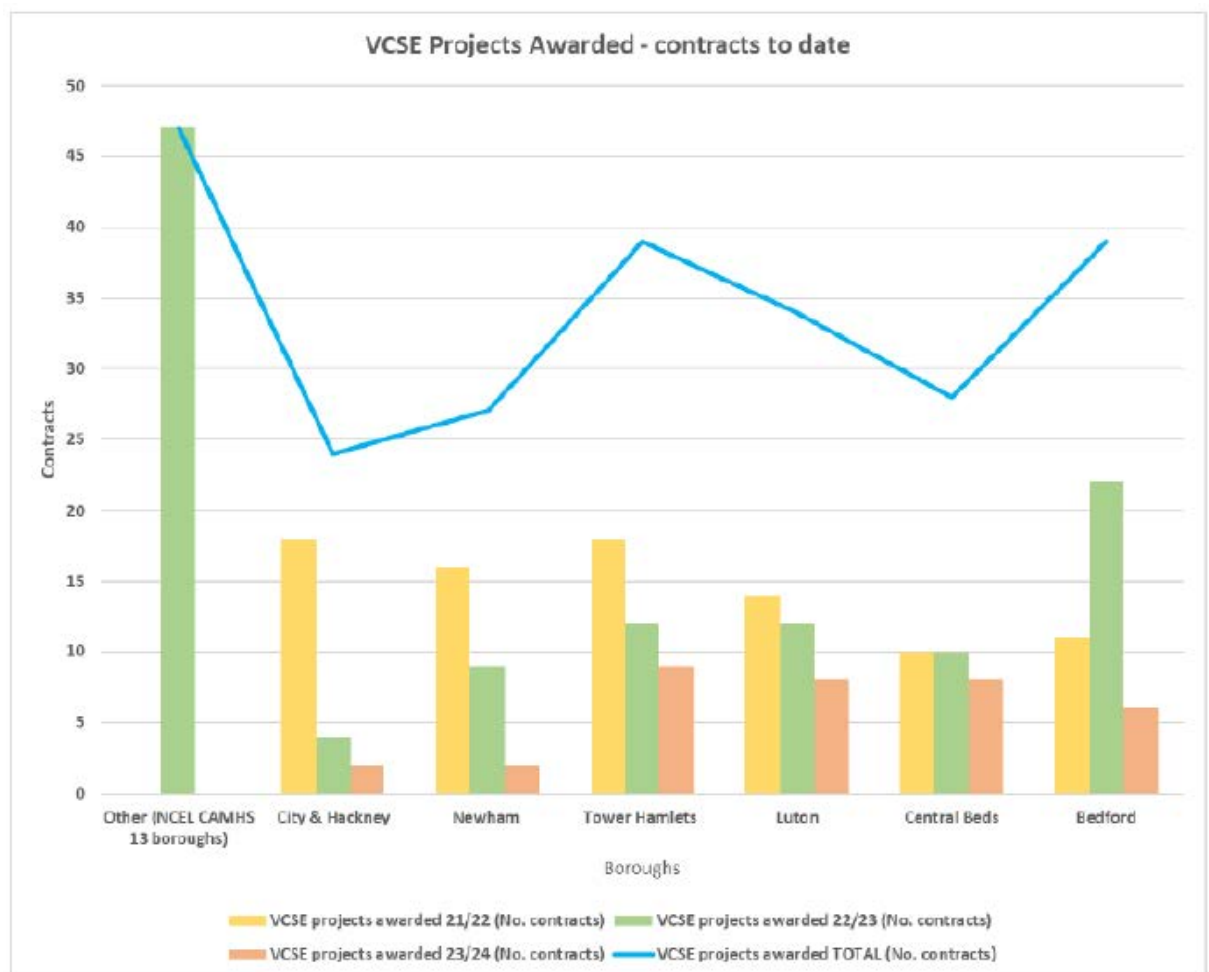
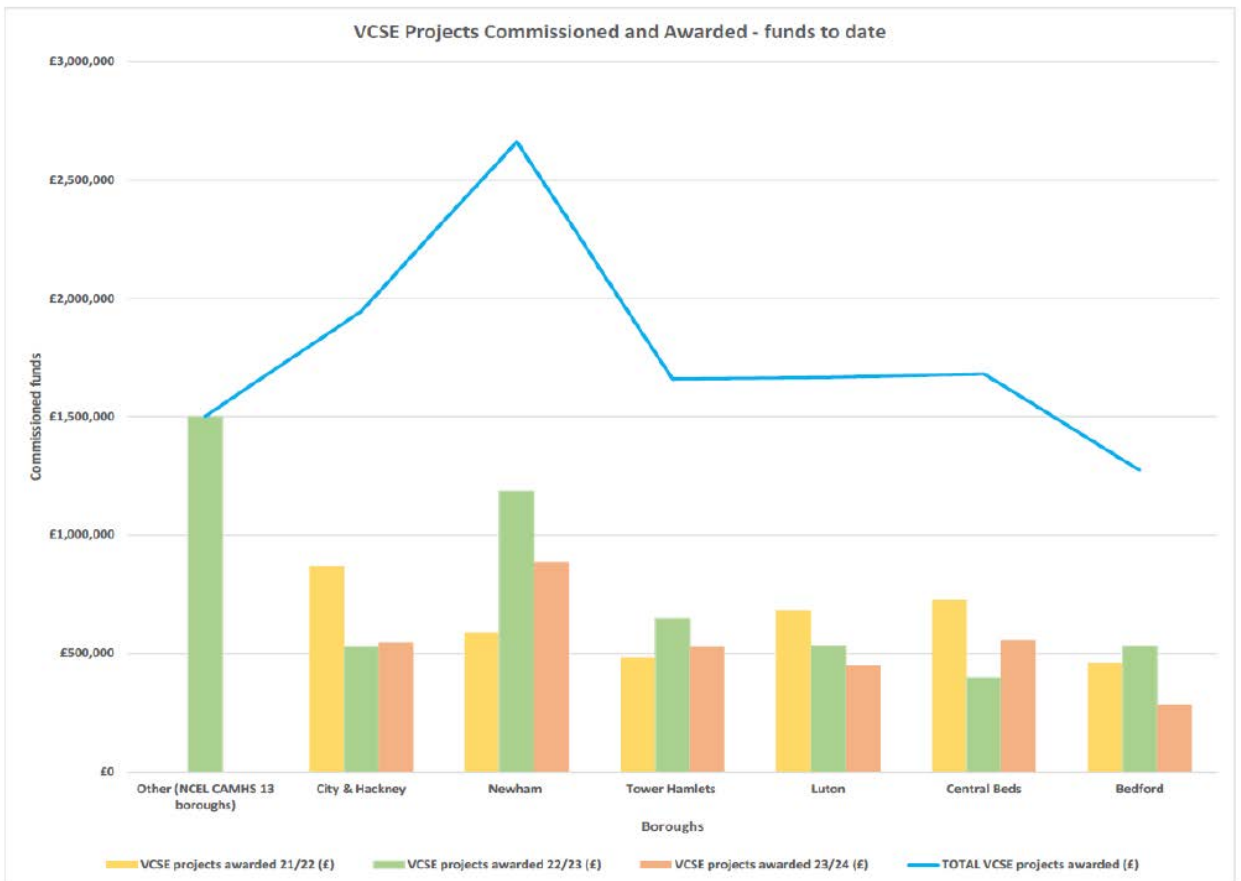
In 2022-23, an additional substantial piece of work saw CW spread its focus to include voluntary and community sector organisations (VCSEs) across the London Boroughs of Barking & Dagenham, Barnet, Camden, Enfield, Haringey, Havering Islington, Waltham Forest and Redbridge as part of the NCEL CAMHS Provider Collaborative winter pressures grants procurement programme.

The strategy aims to promote and support the delivery of projects directly and indirectly relating to patient and community care by:

- engaging with third sector organisations to support their development and resilience
- meeting our social mission by sharing expertise, actively generating employment and opportunity and contributing to population health objectives
- informing partnership working by engaging local organisations
- forging training and education links by sharing skills, knowledge and materials

The board led the management team in delivering direction to the strategy and appointed a non-executive director in September 2021 and subsequently a new chair and a non-executive director in June 2023.

Third sector linked contracts to are summarised in the diagrams below covering the period from October 2020 – August 2023:



Projects delivered in 2021-22 and 2022-23 were as follows:

#### 2.4.1 **Mental health service user programme**

***Achievement: CW continued to work throughout 2021-22 and 2022-23 in progressing its programme of support for mental health service users to encourage and assist integration in to the community. The programme included building a supportive infrastructure to sustain and encourage service users through to securing substantive employment. Service users joined the team on a work skills programme and as interns and service users completed level 2 accreditation on their pathway to work as interpreters for the NHS and other public services.***

CW continued to engage service users to work with the management team in roles that were both productive and learning-based. The programme provided individuals with opportunities for learning enhancement and development that were intended to impact positively on their well-being, quality of life and role in the future job market.

New service users to the programme self-reported improvements to their literacy and computer skills and welcomed the opportunity to be a part of team meetings where their views on company matters and operations were sought and they were actively encouraged to express them. Service user team members were enabled to complete certificated statutory/ mandatory training modules that proved to be positive additions to CVs when applying for future work roles. Service users on the work skills programme also received interview practice and were able to access the management team for continuing support after they had left the organisation.

In the most recent reporting periods 5 forensic service users were recruited for the July 2022 – January 2023 training programme and a further 5 for the February 2023 – August 2023 programme.

The offer of skills sharing and development secures CW's position in the Third Sector and makes a genuine contribution to population health outcomes.

In addition to the office-based work skills programme for service users, CW forged a connection with the Interpreting Services delivery programme such that mental health service users could apply to receive formal and accredited training to be interpreters.

The training programme began in September 2021 and the first intake of 11 service users received level 2 accreditation in February 2022. Those who completed the level 2 course moved on to the level 3 accreditation programme in March 2022 as part of their further development in the profession. The first level 3 programme concluded in July 2022; 2 individuals completed and passed the training and a further 3 are receiving extra tutor support to re-submit work in order to pass.

6 others who passed level 2 training have been referred to undertake the level 3 training in September 2023. Recruitment for a new Level 1, 2 and 3 intake started at the end of June 2023.

#### 2.4.2 **Interpreting service**

**Achievement:** *The translating and interpreting service continued to evolve and develop. In 2021-22 the service provided care for 31,657 interactions with service users in Newham, Hackney, Tower Hamlets, Bedford, Central Bedfordshire and Luton and 39,457 in 2022-23 (a 24% increase).*

A two year contract extension was agreed with ELFT to run from April 2022. Contract negotiation around the direct provision of services supported reduced interpreting costs and the integration of the service user interpreter training programme (see section 2.4.1). The period saw a move, driven by the pandemic, to changes that better supported and enabled an increase in remote (telephone and video) services. The service provided for interactions with service users in Newham, Hackney, Tower Hamlets, Bedford, Central Bedfordshire and Luton.

A new online platform is to be deployed from October 2023 which will simplify the booking process for all formats of interpreting.

A savings plan target of £30 average per transaction for Q4 2022-2023 was achieved with an average transaction cost of £26.47.

#### 2.4.3 **Voluntary and community sector support, resilience building and contracting**

**Achievement:** *The overall number of projects and contracts CW supported in the sector during 2021-22 to 2022- August 2023 was 238. At the end of August 2023 the sum contracted out to the Third Sector through CW totalled >£12.4m. A borough breakdown for the period is highlighted in the infographic at 2.4.*

**Achievement:** *Published and refined an 'offer' of support and established a database of 6,000 VCSE contacts to target, for example, for funding and free training opportunities. Produced and circulated a monthly newsletter to all contacts including organisations and lead officers.*

CW engaged with local community and voluntary services directly, and through developing complementary relationships with other umbrella organisations such as local CVS, to offer support to them in whatever way they required. The published offer included working with them and supporting them on a no-cost basis to develop bids for funding and improving their access to NHS funded opportunities.

In its role working across the east London boroughs and Luton, Bedford and Central Bedfordshire, CW was able to share learning and experience and was involved, for example, in groups in both areas focused on BAME community development.

In 2022-23 the reach of the 'offer' was extended to include an additional focus on VCSEs across the London Boroughs of Barking & Dagenham, Barnet, Camden, Enfield, Haringey, Havering Islington, Waltham Forest and Redbridge as part of the NCEL CAMHS Provider Collaborative winter pressures grants procurement programme.

In fulfilling its important contractual role on behalf of ELFT in the procurement of transformation funds to the sector, CW was able to act independently of more complex

NHS processes and in support of, in particular small/ very small organisations in the sector to engage in a simplified process.

CW developed a simple criteria for procurement (including an ‘expression of interest’ phase which allows the team to stay in active touch to provide support and encouragement and reduce drop out) and a simple application form/ process.

<p><b>Total projects awarded 21/22 = £3,813,177</b>  (includes PCN microgrant and winter pressures programme)  [87 contracts]</p> <p><b>Total projects awarded 22/23 = £5,325,703</b>  (includes NCEL CAMHS winter pressures programme)  [116 contracts]</p> <p><b>Total projects awarded 23/24 onwards =</b>  £3,250,134  [35 contracts]</p> <p><b>Overall total to date = £12,389,014 [238 contracts]</b></p>
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	<b>Total commissioned funds 21/22 - 23/24 by borough (£)</b>	<b>Total commissioned contracts 21/22 - 23/24 by borough (No.)</b>
City & Hackney	1,946,807	24
Newham	2,663,033	27
Tower Hamlets	1,658,586	39
Luton	1,665,556	34
Central Beds	1,680,276	28
Bedford	1,274,534	39
Other boroughs	1,500,222	47
	<b>12,389,014</b>	

Among the projects CW has promoted and procured, a winter pressures funding programme securing 204 expressions of interest and applications totalling £11.5m (processed/ co-ordinated/ collated by CW) for the £1.8m fund. Similarly, the NCEL CAMHS Provider Collaborative winter pressures funding programme secured just under <300 expressions of interest totalling ≈£11m for the £1.5m fund. .

At the end of August 2023 the sum contracted out to the Third Sector through CW totalled >£12.4m

Regular 1-2-1s continue to be scheduled with ELFT programme leads to ensure connection to both the transformation programme requirements and the operational needs of the VCSE-led projects.

CW publishes a monthly newsletter which is circulated via direct e-mail, its website and through social media platforms to all VCSEs across Newham, Hackney, Tower Hamlets,



Luton, Bedford, Central Bedfordshire and the NCEL CAMHS Provider Collaborative boroughs. Circulation and readership statistics analyses are reviewed and refined to improve CW's understanding of the sector and its needs.

Regular requests for feedback on every aspect of the company's work related to, for example, procurement, training provision and ease of access to information are made and responses logged. Similarly, at regular open discussion/ training meetings participants are encouraged to make comments and feedback on the service that CW provides and how it can be updated to meet VCSE needs and expectations.

A training needs analysis survey was carried out and a training plan drafted to inform forward sessions. A further piece of work is underway to provide free statutory/ mandatory training and other subject areas requested by VCSEs.

A VCSE organisation database (covering east London boroughs and Luton and Bedfordshire) is in continuous revision to maintain its robustness and accuracy.

The database is used to support:

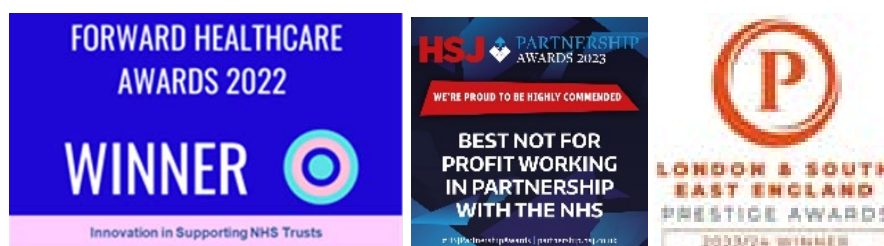
- market intelligence
- distribute a monthly newsletter that includes funding opportunities, free training opportunities, a service 'spotlight' to support networking
- promote geographical/ interest specific opportunities
- support to make/ write bids (A recent example of a success of CW's offer to support bid writing/ editing was the £50k fund for a project run by the African Community School in Hackney)

All organisations and their representatives are included on the database and actively contacted by phone, in-person visit or e-mail each month.

An offer to share the Whitechapel office and meeting room facilities on a no-cost basis continues to be promoted to small VCSE organisations and partners and the space is regularly used by partner agencies for network and skills training sessions. Organisations such as Spitalfields Crypt Trust, Maternity Mates, Beyond Sight Loss and Ocean Women's Association have accessed the facilities.

### Recognition

In recognition of its work to streamline processes and improve access for voluntary and community organisations, CW has been recognised at the Forward Healthcare awards 2022 in the category of 'innovation in supporting NHS trusts'. CW has also been 'highly commended' as finalists in the HSJ Partnership Awards 2023 in the category of 'best not for profit working in partnership with the NHS'. CW was winner of the Prestige Awards for London & South East England for 2023/24.



## Testimonials

Examples of testimonials are as follows:

- *“Brilliant organisation with fantastic aims and objectives. Particularly impressed with their support to smaller community organisations. Training and follow up support were both great. Thank you.”*
- *“A brilliant and charitable funder - Thank you for enabling and providing WIT with the tools to improve the quality of life of local Black, Asian and Ethnic Minority women and their families.  
The community appreciates your services.”*
- *“NOAH Enterprise have recently partnered with Compass to fund a new Therapy Service in Luton. The relationship with Compass is excellent, they have been understanding, innovative and showed pioneering leadership to bring new services to underrepresented members of the community. We look forward to a fruitful relationship harnessing our combined learning and embracing new and effective ways of working.”*
- *“I didn’t realise how much Compass Wellbeing do until a team member made an appointment to talk to me after a failed bid. He was super helpful and has arranged a call with feedback, but has also explained how much more they do as a CIC that can help a smaller charity such as ourselves. This includes accredited training and support in areas where we just don’t have the staff to manage it – and even training for volunteers. There are also videos and info on their site.  
Thanks for the clarification all at Compass!”*
- *“An incredibly forward thinking organisation that is extremely community focused. The staff are really proactive in providing support and guidance, and offer training that really benefits the voluntary sector. Our organisation Boxing Saves Lives has taken every opportunity to seek advice from Compass Wellbeing CIC, and cannot thank them enough for helping us grow.”*
- *“Thank you for helping to edit the proposal – much appreciated...the application was successful.”*
- *“I’m excited about connecting with Compass, your partners and the work of the NHS in the future.”; “A helpful and inspiring meeting. If Compass and Compost can work together to support and celebrate the sector as our infrastructure programme takes off in Newham I think we can make an even bigger difference.”; and “It has been an uplifting meeting and it will be great if we can work together. Thank you very much.”*
- *“..its great to have the chance to make a review. As a BAME Somali business consultant I was so impressed with your helpfulness and it made me feel that Compass was ready to listen to the ideas and needs of BAME post pandemic. The follow up meeting with the BAME leaders was so great because everyone had the chance to put forward their ideas and they had hope that just maybe they might have a chance in getting funding as BAME communities have suffered the most. You advised us that if we struggle in getting ideas on paper.....it should not put us off as Compass is ready to provide training and guidance. This was really awesome. All the 14 BAMEs were so impressed and I have started to support them submit applications. Thank you... for having interest in hearing our voices...”*

### Working with ELFT Staff

CW has engaged with ELFT staff, service users and their representatives on the delivery and outcomes of the projects for which it has been contracted. This has included work with stakeholder groups on, for example:

- their views of how an ELFT charitable foundation should operate and better benefit the service users and staff of the Trust after its transfer from another holding organisation
- their views of the content, tenets and specifications for individual contracts (i.e. small grants programmes and community-based posts embedded in the neighbourhood mental health teams) and the processes employed to let them to organisations in the Third Sector. This was particularly aimed at supporting small/ very small organisations to access NHS funds while not having to navigate complex procurement processes

### Stakeholder Survey

CW conducted formal stakeholder surveys in November 2021 and November 2022 with representatives of a range of organisations operating in the Third Sector who were linked by virtue of being, for example, applicants (successful or unsuccessful) for small grants or job role/ service-related transformation funding. The aim of the survey, which was conducted anonymously and comprehensively reported to the board by an independent reviewer, was to better identify how the no-cost service to VCSEs could be improved and meet their needs. An action plan is monitored by the senior management team and the stakeholder survey was repeated in November 2022 and scheduled for board discussion in early 2023.

Some key messages from the stakeholder survey were:

- **94%** of respondents reported that **CW related positively to their organisation** (ranging between 'satisfactory' to 'very good')
- **93%** of respondents reported that **CW communicated positively with their organisation** (ranging from 'satisfactory' to 'very good')
- **93%** of respondents were **aware of the CW 'offer' to VCSEs** and 67% rated it from 'satisfactory' to 'very good' (the offer was not directly relevant to a further 20% of respondents)

All comments, views and feedback to the various workstreams within the CW structure are reported back to the board as part of quarterly performance scorecards. This process is a formal part of the documented board assurance framework to ensure the direction of the organisation.

An on-line survey of voluntary and commentary organisations across the six geographical areas was carried out to identify areas of interest for the free training programme that CW delivered in 2021-22. The community development team continue to source training requests from their regular meetings and contacts with organisations so that the request list remains current. A similar, continuing, consultation informed the planning of the cycle of open information/ discussion sessions that aimed to raise awareness, knowledge and resilience among VCSEs operating in the sector.

2.4.4 **Charitable fund**

**Achievement: A charitable fund for East London Foundation NHS Trust; The ELFT Charity was launched.**

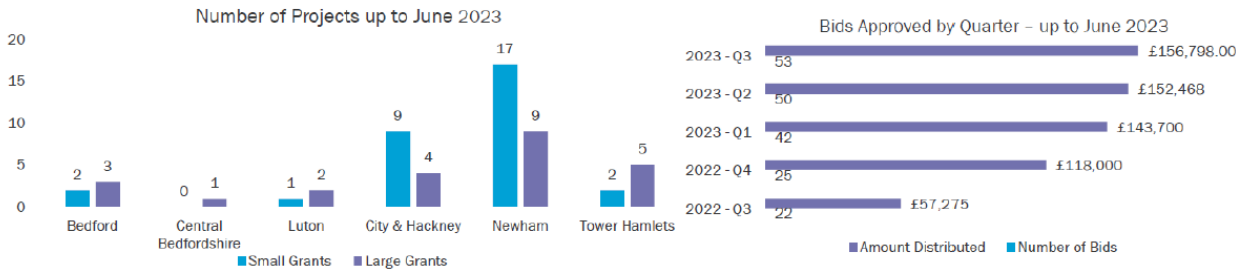
The piece of work that started in 2019-20 with the development of a governance framework for managing charitable funds and continued with the process in 2020-21 to consolidate all charitable funds into one in advance of establishing a new ELFT Charity saw the launch of *The ELFT Charity* in January/ February 2022.

CW led the process to support the selection of the model that would eventually become *The ELFT Charity*. The design and development work included formulating a process for grant making from initial application through to award. Procurement also included all the appropriate operational and financial requirements to manage the new charity.

A communications plan announced applications to the fund in January/ February 2022 and CW continued to support the operational committee that manages the new charity.

At the end of June 2023 53 grants had been awarded by the committee to a value of £156.7k.

53 grants awarded totaling £156.7k up until June 2023



2.4.5 **Medical devices management**

**Achievement: Throughout 2021-22 and 2022-23, CW continued to support ELFT in developing the process and maintenance specification to manage 7,756 medical devices across the trust in the most effective way. In 2021-22 CW delivered 63 training sessions attended by 580 staff across the ELFT. 66 clinical alerts related to equipment were communicated and 3 capital bids for replacement equipment drafted.**

CW supported medical devices management and aimed to have a direct impact on the service to patients/ service users by drafting and delivering a medical devices work plan and the work of the ELFT Medical Devices Group.

CW completed the procurement of a servicing, maintenance and repairs contract for ELFT (in advance of a start date for the new contract in June 2022).

CW has conducted audits to identify issues and patterns at site and directorate level to improve overall servicing efficiency and to reduce the number of items not presented. Training continues to be provided and targeted at services and sites to provide support.

### 3.0 **Assurance**

CW continues to utilise an external HR organisation to provide support to its staff. The HR advisor supports all appointments and has reviewed the policies in the staff handbook. All CW staff have had appraisals and regular, documented supervision. There is an IT based sickness and leave management system in place.

CW has engaged professional support to ensure compliance with accounting and financial auditing standards and continues to implement the automated VAT submission software in line with the requirements of HMRC.

### 4.0 **Strategy and ambition**

CW has not only engaged with the Trust on delivering against operational outcomes for individual projects it has developed its strategy and ambition in relation to growing and improving its links and support for the voluntary and community sector, including both individual and existing umbrella organisations.

This has supported the delivery of the Trust vision of becoming the first Marmout Trust through the programme of population health and being an Anchor institute. Compass Wellbeing programme Third sector delivery has supported local employment as well as developed support for the vulnerable often marginalised communities who are subject to inequalities.

A monthly newsletter is circulated to 6000 Third Sector recipients. This represents a significant increase in the number of contacts receiving information from CW. The database of organisations held by CW has expanded as a result of contract procurement beyond the initial 6 borough areas in the ELFT footprint. Each edition of the newsletter includes free training opportunities and funding opportunities (including those exclusively through CW and a selection of those externally publicised through commissioning portals). Training sessions have been popular and well received and provided on subjects of interest and importance in the Third Sector (e.g. human resources bitesize, setting project budgets and data collection for evaluation). Local organisations put themselves forward for inclusion in the 'spotlight' section as a way of promoting themselves and their work to other organisations in the network.

CW's strategy actively promotes building links between organisations and in particular between the NHS and VCSEs.

The socialisation of population health through the training programmes has started the development of the natural groupings within the community sector towards serving population groups. The conference aided this development with further work planned in the coming months.

## 5.0 Continuing areas for development

In 2021-22 and 2022-23 Compass Wellbeing continued to focus on:

- Financial resilience
- Raising the organisation profile with local stakeholders and organisations in the voluntary and community sector
- Building workplace skills and employability support for service users

Stakeholder surveys to test and assess the perception and strength of direction of CW in the sector were reported to the board in 2022 and 2023. The forthcoming re-run of the survey will inform the CW board's forward strategy development.

## 6.0 Risks

No.	Risks	Mitigations
1	Financial risk to ELFT as the shareholder	The surplus delivery was agreed with the Board as a means of reducing potential ELFT exposure.
2	Strategic delivery of ELFT priorities	The CW strategy embraces the priorities enshrined in its articles and these are aligned to ELFT priorities. Compass has supported. . Delivery of population health , supporting Marmot Trust strategy Developing that Anchor institution vision
3	Third Sector perception	CW is working with third sector partners including those leading umbrella organisations and the Councils for Voluntary Services (CVS) generally to ensure that the offer is complementary and not competitive. The non-executive director appointed to the board has a background in the voluntary and community sector. A survey conducted by an independent reviewer of the views of stakeholders from a range of organisations and operating across the service footprint has been run to test improvements over the course of 2022 and 2023.
4	Reputational risks	The CW board will ensure all operational and strategic developments are assessed and scrutinised for ELFT reputational impact. The chair and CEO are accountable to the ELFT board for this function.

## 7.0 **Action being requested**

The shareholder board is asked to:

- Receive and note this report
- Continue to support CW to develop its commissioning structure through which it manages all related Third Sector activity on behalf of ELFT

Work with Compass in the next phase of the Marmot Trust delivery so the Compass aligns with the Population health aspirations of ELFT.

# Compass Wellbeing: supporting ELFT to achieve its vision and values 2021/22 and 2022/23

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# Supporting ELFT vision and values

- as an **Anchor Institution** to e.g.:
  - leverage economic power: many contractors are small/medium sized VCSEs locally based working with particular communities
  - market scoping
  - share intellectual resources: a free training offer supports the development of small VCSEs
- as a **Marmot Trust** to e.g.:
  - create fair employment and maximise life control: **52 service users** accessed employability programme and translator training and **61 wte staff recruited** by VCSEs via contracts (not inc. sessional)
  - support a healthy standard of living: Compass Wellbeing and its contractors are living wage employers
  - develop healthy communities: many contractors are small/medium sized VCSEs locally and community based
- to support the **resilience of Third Sector** by installing a framework to include e.g.:
  - free access to facilities
  - no-cost training
  - simple procurement process
  - understand public sector funding cycles
  - develop, check and edit funding applications
  - regular newsletter and targeted communications
  - intelligence gathering to support evaluations/ link to UCL
  - preparation for building thematic alliances/ partnerships/ scaling for the future/ developing accounts
- to deliver **Population Health** to e.g.:
  - develop applications for funding that meet the requirements of commissioners
  - provide a no-cost independent advisor to support applicants

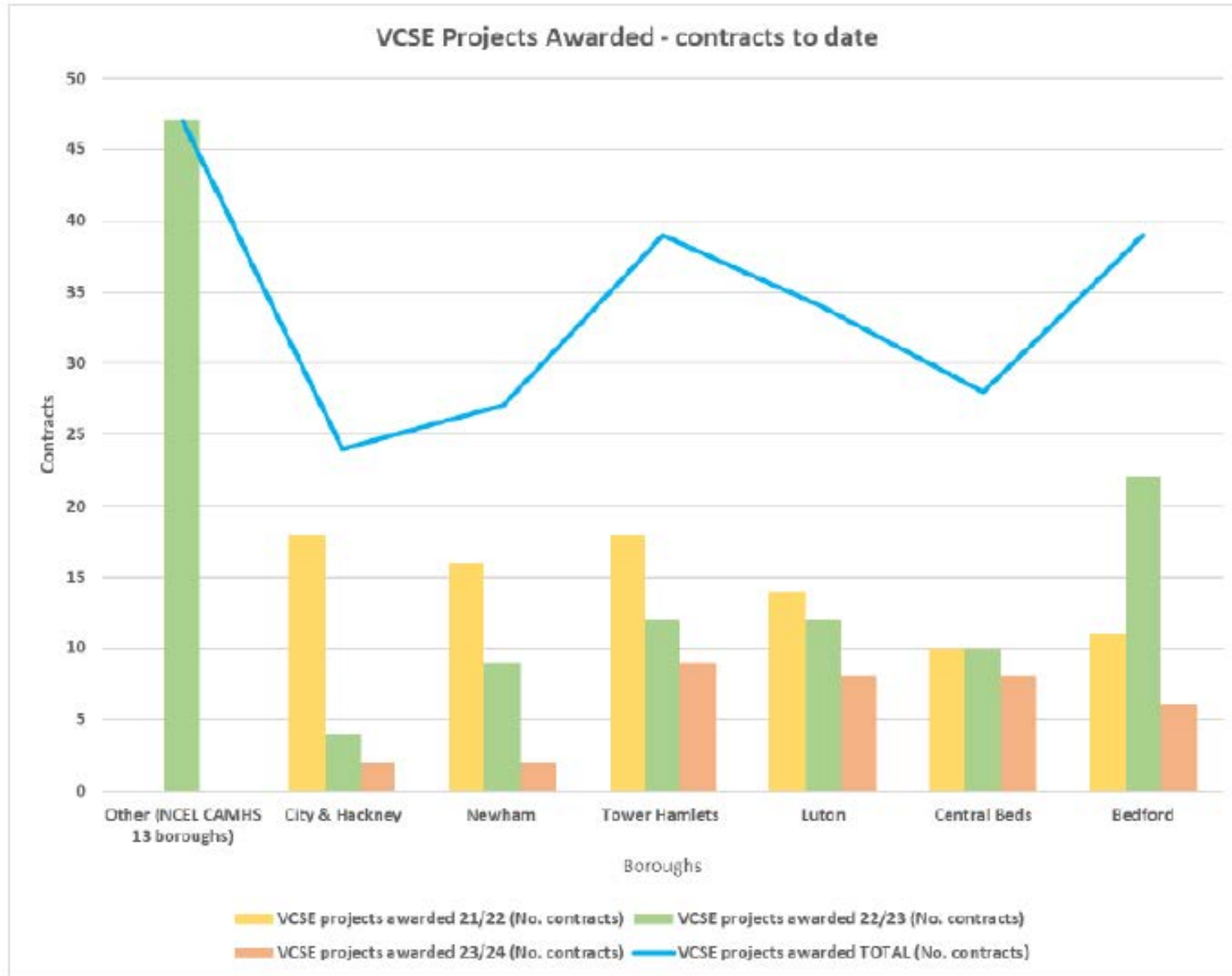
# Supporting Anchor Vision

- a subsidiary of ELFT that **adds value** to procurement processes for statutory bodies and contracts with VCSEs
- *Other roles fulfilled as required include administering ELFT charity fund, managing medical devices, managing interpreting contract, service user training & employment*
- takes a **straightforward** approach
- **agile and responsive** in supporting small VCSEs to mobilise quickly
- **improves access** to NHS/ public sector funding opportunities for VCSEs through a small grants programme approach
- has the **assurance mechanisms** required by the statutory sector in place
- **complements** VCSEs, **not compete** with them
- commits to working with **existing umbrella organisations**
- acts as a **bridge** – another point of connection between VCSEs and NHS services to ensure they are recognised as important elements of transformed **models of care**
- has a database to enable **targeted contact** with VCSEs about funding opportunities
- supports small (particularly BAME-focused) organisations to **develop and improve links with** NHS services as providers
- in its role working across the ELFT footprint, is able to **share learning and experience**
- makes a difference to **population health**

# Service User Employment and Support

- a service user skills and work placement programme:
    - **5** ELFT *service users joined* the CW team in July '22 for an office-based skills and work placement programme and a further **5** joined in February '23. Participants also received interview skills training, office experience and advice
    - CW has partnered to deliver a programme to train ELFT service users as *interpreters*
    - from **43** expressions of interest CW recruited **15** service users on to the L2 course (**11** graduated) and **7** progressed to the L3 course
    - graduates are supported to access *employment opportunities*
    - CW *recruited* from the Third Sector unemployed to train as testers, phlebotomists and vaccinators for the key worker service
    - CWB developed *competency frameworks* for each of the programmes
- create fair employment and maximise life control: **52 service users** accessed employability programme and translator training and **61 wte staff recruited** by VCSEs via contracts (not inc. sessional)

# Making a difference – access to funds



	Total commissioned funds 21/22 - 23/24 by borough (£)	Total commissioned contracts 21/22 - 23/24 by borough (No.)
City & Hackney	1,946,807	24
Newham	2,663,033	27
Tower Hamlets	1,658,586	39
Luton	1,665,556	34
Central Beds	1,680,276	28
Bedford	1,274,534	39
Other boroughs	1,500,222	47
	<b>12,389,014</b>	

# Making a difference - engagement



- provided **65** expert led *monthly/bi-monthly training/discussion meetings* freely accessible to all VCSEs. **>900** VCSE representatives attended/regularly attended sessions
- held a *conference* for 250 London VCSE reps to network and consider alliance building
- expanded the VCSE *database* of organisations to cover NCEL and Beds which is regularly used for:
  - *market* intelligence
  - distribution of a monthly *newsletter* that includes funding opportunities, free training opportunities, a service ‘spotlight’ to support networking
  - *promoting* geographical/ interest specific opportunities
  - support to make/ write *bids*
- increased expressions of interest and applications for grant projects

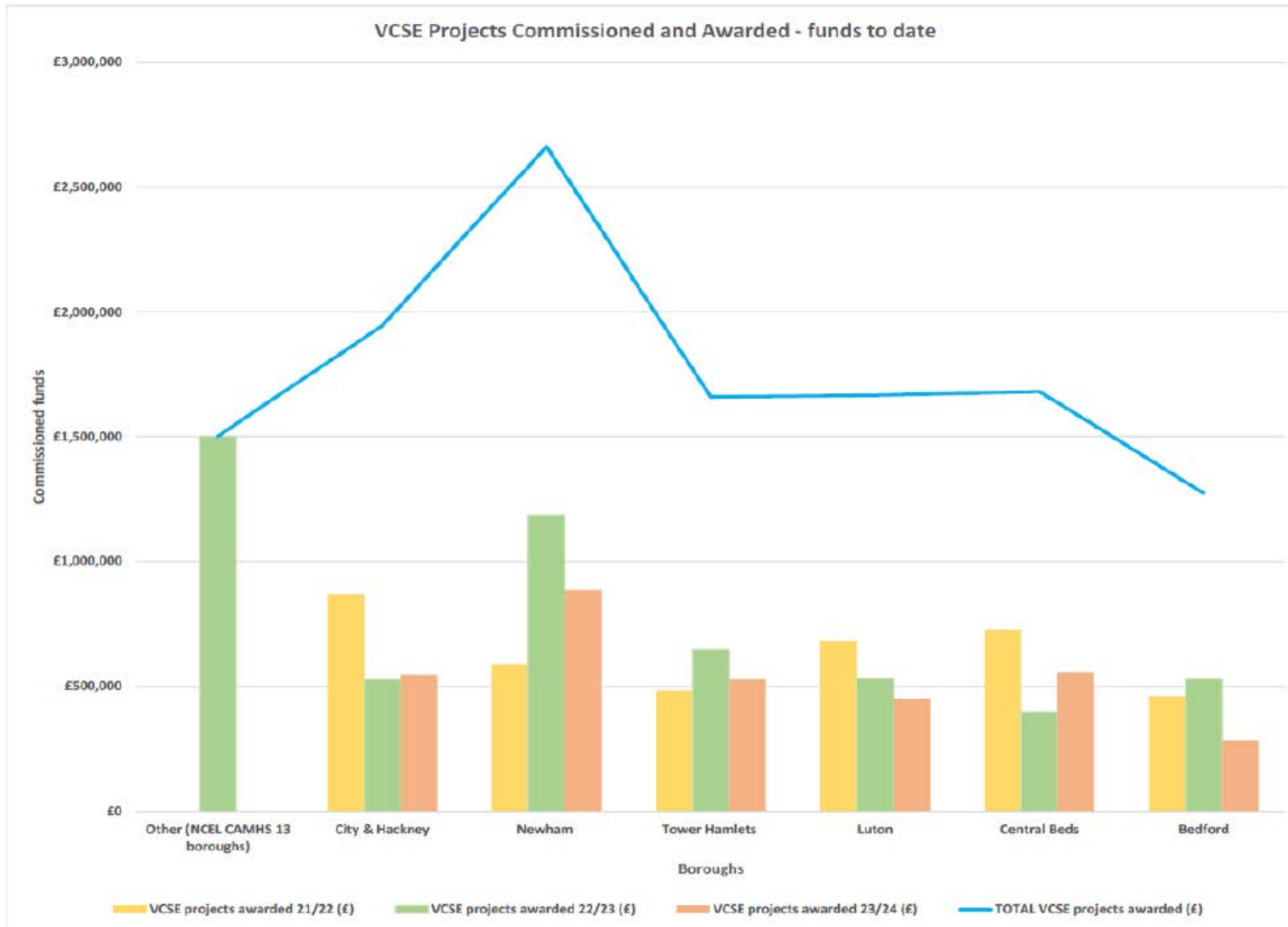
# Assurance

- **board:**
  - established
- **board appointments** in place:
  - chair (new appointment in June '23)
  - CEO
  - non-executive directors (one new appointment in June '23)
- **supported by:**
  - a senior management team
- **meetings:** the board meets formally on a quarterly basis
- a **formal working relationship** with ELFT is in place
- an audited process of **financial reconciliation** is in place

# Delivery to ELFT

- an assurance process for medical devices
  - an **increased** number of devices (from 5,250 to 7,750) **managed**
    - 63 **training sessions** for 580 staff delivered
    - 3 **capital bids** for replacement equipment drafted
- interpreting service
  - the service provided **31,657 interactions in 21/22** and **39,457 in 22/23** (an increase of 24%) to service users across the ELFT footprint
  - expanded the delivery of a **programme** to train ELFT service users as **interpreters** (11 completed level 2 and 7 moved to level 3). **Recruitment** for a new Level 1, 2 and 3 intake started in June '23
- a framework for The ELFT Charity
  - developed a **governance framework and model**
  - supported the **launch** of the charity in Jan/Feb '22 and continues to support the management of the committee
  - at end of June '23 **53** grants had been awarded to a value of £156.7k

# Making a difference – access to funds



**Total projects awarded 21/22 = £3,813,177**  
 (includes PCN microgrant and winter pressures programme)  
 [87 contracts]

**Total projects awarded 22/23 = £5,325,703**  
 (includes NCEL CAMHS winter pressures programme)  
 [116 contracts]

**Total projects awarded 23/24 onwards = £3,250,134**  
 [35 contracts]

**Overall total to date = £12,389,014 [238 contracts]**



# Reducing the cost of Compass Wellbeing

- CW reduced its organisation overheads over a period of three years (19/20, 20/21 and 21/22)
- achieved by:
  - reducing estates costs
  - reducing staff costs
  - reducing ITC costs
  - re-apportioning expenditure per contract

	Actual	Actual	Actual	Forecast
Financial year	2019-2020	2020-2021	2021-2022	2022-2023
Overheads	£466,766	£347,354	£243,418	£255,449

# Recognition

- In recognition of its work to streamline contracting processes with Third Sector organisations and improve access to funding, CWB has been recognised as **winners** at the Forward Healthcare awards 2022 in the category of ‘innovation in supporting NHS trusts’.
- CW was also **highly commended** as finalists in in the HSJ Partnership Awards 2023 in the category of ‘best not for profit working in partnership with the NHS’.
- The Prestige Awards recognised CW as **winners** in the not-for-profit category for London and South East England



# Stakeholder feedback

- Key messages from independently conducted stakeholder surveys in Nov '21 and Nov '22 highlighted that...
  - **94%** of respondents reported that **CW related positively to their organisation** (ranging between 'satisfactory' to 'very good')
  - **93%** of respondents reported that **CW communicated positively with their organisation** (ranging from 'satisfactory' to 'very good')
  - **93%** of respondents were **aware of the CW 'offer' to VCSEs** and 67% rated it from 'satisfactory' to 'very good' (the offer was not directly relevant to a further 20% of respondents)

“

*Compass Wellbeing had a face-to-face meeting with our team; we value their knowledge of 'health' and our organisation too.*

”

*Great, innovative way of contract management has been very helpful and supportive.*

*...in our opinion they have clearer understanding of the smaller organisations and the challenges we're up against.*

”

*Genuinely interested in our organisation; show they care about us; indicate they want us to be part of current projects. Relate very well and accommodate us in every aspect without making us conscious of our disabilities as a blind group.*

“

*Very clear and open communication; tailored their service to meet our needs; listening and engaging.*

*Brilliant and charitable... Thank you for enabling and providing us with the tools to improve the quality of life of local Black, Asian and Ethnic Minority women and their families. The community appreciates your services.*

”

*The relationship... is excellent... understanding, innovative and showing pioneering leadership to bring new services to under-represented members of the community.*

“



Trust Board Forward Plan 2019-21 at July 2020

<b>Governance</b>	Annual Accounts inc External Audit Report				✓					
	Annual Report				✓					
<b>Strategy</b>	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										
<b>Emerging Issues: Internal/External</b>	~ Briefing on finance position									
	~ Briefing on staff Covid-19 vaccinations									
	~ Financial Strategy and Sustainability and ICS									
	~ Staff Wellbeing									
	~ UK Cloud									
	~ Feasibility Study of the Bedford Health Village							✓		
<b>Emerging Issues: Safety</b>	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
<b>Strategy</b>	Green Plan / Sustainability (May 2023)			✓						
<b>Winter Planning</b>	Winter Planning						✓			
<b>Training</b>	Cyber Security	✓							✓	
	Infection Control		✓							✓
	Safeguarding		✓							✓
	Oliver McGowan Training (three yearly)						✓			

## Acronyms

<b>A</b>		<b>E</b>	
<b>AfC</b>	Agenda for Change	<b>ED</b>	Executive Director
<b>AGS</b>	Annual governance statement	<b>EDI</b>	Equality
<b>AHM</b>	Associate Hospital Manager	<b>EDS</b>	Eating Disorder Service
<b>AHP</b>	Allied Healthcare Professional	<b>EIS</b>	Early Intervention Service
<b>ANA</b>	Apprentice Nursing Associate	<b>ELFT</b>	East London NHS FT
<b>ANP</b>	Advanced Nurse Practitioner	<b>EPUT</b>	Essex University Partnership NHS TF
<b>B</b>		<b>EMIS</b>	Electronic patient record system
<b>BAF</b>	Board Assurance Framework	<b>EoE</b>	East of England
<b>BAME</b>	Black, Asian and Minority Ethnic	<b>EPPR</b>	Emergency preparedness
<b>BCF</b>	Better Care Fund	<b>F</b>	
<b>BCHS</b>	Bedfordshire Community Health Services Trust	<b>F2SU/</b>	Freedom To Speak Up
<b>BEH</b>	Barnet, Enfield & Haringey Mental Health Trust	<b>FTSU</b>	
<b>BLM</b>	Black Lives Matter	<b>FBIC</b>	Finance, Business & Investment Committee
<b>BLMK</b>	Bedfordshire, Luton & Milton Keynes	<b>FFT</b>	Friends and family test
<b>C</b>		<b>FOI</b>	Freedom of information
<b>C&amp;I</b>	Camden & Islington NHS FY	<b>FPPR</b>	Fit and proper persons regulation
<b>CAMHS</b>	Children & Adolescent Mental Health Services	<b>FT</b>	Foundation Trust
<b>CCG(s)</b>	Clinical Commissioning Group(s)	<b>FV</b>	Financial viability
<b>CCT</b>	Community Care Team	<b>G</b>	
<b>CDO</b>	Chief Digital Officer	<b>GDPR</b>	General Data Protection Regulations
<b>CEA</b>	Clinical excellence awards	<b>H</b>	
<b>CEO</b>	Chief Executive Officer	<b>H1/H2</b>	2021/2022 NHS finance regime
<b>CFO</b>	Chief Finance Officer	<b>HCA</b>	Healthcare Assistant
<b>CHS</b>	Community Health Services	<b>HCP</b>	Healthcare Professional
<b>CMHT</b>	Community Mental Health Team	<b>HEE</b>	Health Education England
<b>CMO</b>	Chief Medical Officer	<b>HOSC</b>	Health Overview and Scrutiny Committee
<b>CN</b>	Chief Nurse	<b>I</b>	
<b>CNWL</b>	Central & North West London NHS FT	<b>IAPT</b>	Improving Access to Psychological Therapies
<b>CoG</b>	Council of Governors	<b>ICB</b>	Integrated Care Board
<b>COO</b>	Chief Operating Officer	<b>ICCC</b>	Integrated Care & Commissioning Committee
<b>CPA</b>	Care programme approach	<b>ICP</b>	Integrated Care Partnership
<b>CPD</b>	Continuing professional development	<b>ICP</b>	Integrated care pathway
<b>CPN</b>	Community Psychiatric Nurse	<b>ICO</b>	Information Commissioners Office
<b>CQC</b>	Care Quality Commission	<b>ICS</b>	Integrated Care System
<b>CQUIN</b>	Commissioning for quality and innovation	<b>IG</b>	Information governance
<b>CRHT</b>	Crisis resolution and home treatment	<b>IPC</b>	Infection prevention and control
<b>CRR</b>	Corporate Risk Register	<b>IT</b>	Information technology
<b>D</b>		<b>ITT</b>	Intention/invitation to tender
<b>Datix</b>	Incidents complaints reporting management system	<b>K</b>	
<b>DBS</b>	Disclosure and barring service	<b>KLOE</b>	Key line of enquiry
<b>DD</b>	Due diligence	<b>KPI(s)</b>	Key performance indicator(s)
<b>DMT</b>	Directorate Management Team		
<b>DNA</b>	Did not attend		
<b>DoH</b>	Department of Health & Social Care		
<b>DHSC</b>			
<b>DoLS</b>	Deprivation of liberty safeguards		
<b>DRR</b>	Directorate Risk Register		

**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  
**System 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