

Board of Directors Meeting in Public

Thursday 30 November 2023 from 13:00 – 15:30
Venue 360, 20 Gipsy Lane, Luton, LU1 3JH

12:15 – 13:00 Lunch
13:00 – 15:40 Trust Board in Public
15:45 – 16:15 People Participation Presentation

Agenda

Opening Matters

1	Welcome and Apologies for Absence*	Note	Eileen Taylor	13:00
2	Patient Story: Luton Working Together Group have set up a walking group with ELFT Charity funding	Note		
3	Declarations of Interests	Assurance	All	13:25
4	Minutes of the Previous Meeting held in Public on 27 September 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	13:45
9	Audit Committee Assurance Report	Assurance	Anit Chandarana	14:00
10	Integrated Care & Commissioning Committee Assurance Report	Assurance	Richard Carr	14:05
11	Equality, Diversity and Inclusion Annual Report	Assurance	Tanya Carter Eileen Bryant	14:10

Quality & Performance

12	People Participation Committee Assurance Report	Assurance	Aamir Ahmad	14:20
13	Quality Assurance Committee Assurance Report	Assurance	Prof Dame Donna Kinnair	14:25
14	Quality Report	Assurance	Dr Amar Shah	14:30
15	Performance Report	Assurance	Dr Amar Shah Edwin Ndlovu	14:40

16 **5 Minute Break** 14:50

People

17 People & Culture Committee Assurance Report Assurance Aamir Ahmad 14:55

18 People Report Assurance Tanya Carter 15:00

Finance

19 Charitable Funds Assurance Report Assurance Aamir Ahmad 15:10

20 Finance, Business & Investment Committee Assurance Report Assurance Sue Lees 15:15

21 Finance Report Assurance Kevin Curnow 15:20

Closing Matters

22 Board of Directors Forward Plan Note Eileen Taylor 15:30

23 Any Other Urgent Business*: *previously notified to the Chair* Note Eileen Taylor

24 Questions from the Public* Eileen Taylor 15:35

25 Dates of Next Meeting

- Thursday 25 January 2024 (London)
- Thursday 28 March 2024 (Bedford)
- Thursday 23 May 2024 (London)
- June 2024 (Extraordinary ARA) TBC
- Thursday 25 July 2024 (Luton)
- Thursday 26 September 2024 (London)
- Thursday 5 December 2024 (Bedford)
- Thursday 30 January 2025 (London)
- Thursday 27 March 2025 (Luton)

26 Close 15:40

*verbal update

Eileen Taylor Chair of the Trust

15:45 – 16:15 A People Participation teatime presentation will focus on Barts/ELFT People Participation Collaboration:

- Tom Kirby, Associate Director of Governance, Newham Hospital
- Anna Sandiford, People Participation Lead

Board of Directors Register of Interests: as at 23 November 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"> • Director and Trustee, Place2Be • Psychotherapy Student, Regents University • Mentor at Mosaic, an LGBT+ young persons charity • Volunteer Counsellor at Naz a charity in West London • Member, British Association of Counselling and Psychotherapy (BACP) • Member, UK Council for Psychotherapy (UKCP)
Ken Batty	Senior Independent Director (until 31 October 2023)	<ul style="list-style-type: none"> • Property Companies: <ul style="list-style-type: none"> ◦ Director, 97 Langney Road Ltd ◦ Director, Effingbat Properties Ltd ◦ Director, Ken Batty in London Ltd • Chair of Trustees, Mosaic LGBT+ Young Persons Trust • Chair of Nominations Committee, Royal College of Emergency Medicine • Member, Queen Mary University of London (QMUL) Council (Medical faculty is Barts and the London Medical and Dental School) • Vice Chair, Inner Circle Educational Trust • Trustee of Dr Frost Learning
Dr David Bridle	Chief Medical Officer	<ul style="list-style-type: none"> • Member, British Medical Association • Member, Medical Protection Society • Member, Royal College of Psychiatrists • Member, General Medical Council
Richard Carr	Senior Independent Director (from 1 November 2023)	<ul style="list-style-type: none"> • Director, Richard Carr Consulting Ltd, Management Consultancy • Managing Director, East Midlands Development Company • Interim Managing Director, Colchester Amphora Holdings Ltd (from 2023 March) • Chair, Independent Improvement Board that has been appointed to oversee the Cambridgeshire and Peterborough Combined Authority

Name	Job Title	Interests Declared
Tanya Carter	Chief People Officer	<ul style="list-style-type: none"> • Board Member of the Healthcare People Management Association (HPMA) • Chair of the Healthcare People Management Association Talent Board (HPMA) • Co-Chair of the London HR Directors Network • Chartered Fellow – Chartered Institute of Personnel Development (CIPD)
Anit Chandarana	Non-Executive Director	<ul style="list-style-type: none"> • Director General, Department for Transport (Network Rail secondment) • Member of the Advisory Board Panel, National Railway Museum
Peter Cornforth	Non-Executive Director	<ul style="list-style-type: none"> • Director, Good Way Ltd – music venue operator • Director, Field Doctor Ltd – frozen meals producer • Director, Kind Canyon Digital Ltd – music rights owner • Director, Barking Enterprise Centres CIC – business support • Director, Music Venue Properties Ltd. – community benefit • Governor, John Whitgift Foundation – care homes and schools • Trustee, The Ormiston Trust • Parent Member, National Autistic Society • Independent Investment Advisory Group – Property, Transport for London • Non-Executive Director, Community Health Partnership (Start date 1 November 2023)
Kevin Curnow	Chief Finance Officer	<ul style="list-style-type: none"> • Director of Health & Care Space Newham Ltd a joint venture between ELFT and London Borough of Newham). Start date 4 September 2023.

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

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

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

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

Board of Directors

**DRAFT Minutes of the Board of Directors meeting held in public
on Thursday, 28 September 2023 from 1.00pm
at St Joseph's Hospice, Mare Street, London E8 4SA**

Present:

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

In attendance:

Charlotte Augst	Chair, Compass Wellbeing CIC
Kurt Buhagiar	Consultant Psychiatrist
Liz Birch	Governor, Central Beds.
Fran Bury	Interim Consultant in Public Health, ELFT
Mark Cox (part meeting)	Service User
Nigel Donga	Deputy Lead Nurse, Luton & Bedfordshire
Deborah Dover	Director of Patient Safety ELFT
Derek Feeley	Board Adviser
Steve Gladwin	Director of Communications
Sarah Khan	Chief of Staff, ELFT and NELFT
Cathy Lilley	Director of Corporate Governance
Nicki McCoy	Corporate Secretariat Manager
Linda McRoberts	Minute Taker
Beverley Morris	Governor
Andy Fajkumar	Assistant Director, Luton & Bedfordshire
Millie Smith (part meeting)	Head of People Participation
Kitty Randunne-Frunza	Governance Manager, NHS England
Fatima Yayi	Modern Matron, ELFT
Stephanie Quitaleg	Senior Executive Assistant

In attendance online:

Victoria Aidoo-Annan	Governor
Roshan Ansari	Governor
Grenville Bingham	Governor
George Birkett	

Bob Cazley	Governor
Mark Dunne	Governor
Shirley Islam	Governor
Peter Landman	Governor
Norbert Lieckfeldt	Corporate Governance Manager
Jermaine McKenzie	Central North West London NHS Trust
Hazel Thomas	Governor

Apologies:

Ken Batty	Senor Independent Director
Peter Cornforth	Non-Executive Director

The minutes are produced in the order of the agenda

1 Welcome and Apologies for Absence

1.1 Eileen Taylor welcomed everyone to the Board meeting held in public, particularly mentioning:

- Kevin Curnow, the newly appointed chief finance officer, joining his first Trust Board meeting
- Lorraine Sunduza to her first Trust Board as interim CEO
- Claire McKenna to her first Trust Board as interim chief nurse
- Kitty Randunne-Frunza, governance manager for NHSE national nursing directorate who is attending to observe today's meeting
- Dr Charlotte Augst, chair of Compass Wellbeing CIC
- Sarah Khan who was recently appointed to a joint position as chief of staff working with Eileen Taylor, Lorraine Sunduza and Paul Calaminus, CEO at North East London NHS FT (NELFT) to support collaborative work.

She also noted governors and members of the public will be joining the meeting both in person and online.

Eileen recognised:

- It was World Suicide Prevention Day on 10 September 2023
- October is Black History Month and will include a week of sessions at ELFT led and facilitated by Dr Robin DiAngelo
- World Mental Health day is Tuesday 10 October 2023
- The importance of having their 'flu jabs with winter fast approaching.

Eileen announced changes to governors and:

- Thanked those who are stepping down are:
 - Victoria Aidoo-Annan
 - Darlene Dike
 - Adam Forman
 - Tony Isles
 - Rachel Williams – who has taken up a role with ELFT as Patient Safety Partner.
- Congratulated those who have been re-elected:
 - Patrick Adamolekun
 - Mark Dunne
 - Reno Marcello
 - Caroline Ogunsola
 - Jamu Patel

- And welcomed the new governors who will be at their first meeting in November:
 - Dafni Boula
 - Lizzie Maushe
 - John Peers
 - Sharmeen Sultana.

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 online after the meeting.

1.2 Apologies were noted as above.

2 Patient Story

2.1 Millie Smith, head of People Participation, introduced Mark Cox a service user from central Bedfordshire who shared his mental health journey with Dunstable Community Mental Health Team (CMHT) from a place of poor and negative experiences to positive life changing experiences.

Mark Cox presented his journey:

- Mark hit 'rock bottom' in 2016 when he had lost his marriage, his job and his self-respect, any kind of hope, and failed to give up alcohol; and a visit to A&E led to admission to a secure psychiatric unit. Subsequently he was admitted to hospital and was not expected to survive, although this is now over six years ago. This experience also impacted on his mental health and his recovery, particularly around the stigma and discrimination he experienced in relation to his illness.
- Although Mark was referred by his GP to a psychiatrist, he saw a different psychiatrist every six months and his original diagnosis of PTSD was not explored despite submitting a complaint. He found the continual and relentless repeating of his story difficult and frustrating particularly as the follow up letters did not reflect any of the points he raised. His negative experience was further compounded by a breakdown in communications including not being notified of cancelled appointments and referrals, GP letters going missing and forms he had personally handed in being lost.
- Mark subsequently received a diagnosis of autism and PTSD, along with depression.
- This year has been one of extremes from experiencing one of the worst psychiatrist appointments to one of the best where instead of being recommended another medication, the new psychiatrist discussed and offered Mark some alternative treatment. The whole experience was refreshing from the doctor's calm and relaxed manner and flexibility around weekend appointments. As a result, and for the first time in years, he has made progress including improvements with sleeping and even the sporadic outbursts he had experienced have decreased dramatically.
- Despite the challenges he experienced, Mark attributes his progress and achievements over the last 10 months to his involvement in the Trust and in particular being part of befriending and people participation. These two programmes have helped in many ways – with a better understanding of his own condition and learning through seeing similarities with others; providing a sense of purpose and worth; and a structure and positive routine which distract him from bad thoughts and result in improved concentration and clearer thinking. He has also gained a better understanding of CMHT, such as their budget constraints and staff turnover, which adds context around why things can and do go wrong and eases any frustration.
- Being part of the mental health community is very important as it is a place where Mark can really be himself and is not judged for it, and where people have shown that they truly care; this has had a significant impact on his recovery.

- Mark is now involved in a transformation workstream reviewing and developing procedures to ensure all referrals are accounted for so that people do not fall through the net in ELFT and believes this project would not happen without service user involvement. Mark also sat on an interview panel recently and the candidate told him afterwards they might not have taken the role without his involvement – these two events mean a huge amount to Mark and give him great joy.
- Mark stressed he had wanted to be treated fairly and with respect and believes he is now living proof that service user involvement makes a big difference. He thanked everyone who is involved in people participation and highlighted that co-production and collaboration are not just concepts but lived experiences that are actively shaping things across ELFT.
- Mark finished by saying that once you have hope back, the next transition is to happiness.

2.2 In discussion, the Board:

- Thanked Mark for sharing his story and for challenging them about the way the system is operating as well as leading the way to patient-centred care; and also acknowledged Millie's significant contribution to people participation.
- Welcomed hearing that for Mark people participation is part of the healing journey and therefore part of the way that ELFT delivers care, and agreed that the Trust should review how it continues to shape people participation as well as how to raise awareness of what and how it is being embedded.
- Noted that Mark had not heard of people participation until about ten months ago and it was the result of the psychiatrist suggesting alternative options, such as a route back to work where on discussion with an employment sponsor was put in touch with people participation.
- Agreed with Mark's view that there should be better communication and wider sharing of successes and positive stories, and suggested Mark's story would make a good article to publish.
- Noted Mark's concern that summary notes do not always reflect service user's comments, who are relying on the psychiatrist to include this information, and there are opportunities for improving doctor's training. In addition, noted Mark's view that doctors should be both trained in how to manage situations where patients are hostile and also how to record this.
- Commented that Mark did not have someone supporting him through his whole journey, which is a lesson for ELFT as continuity in care is something that comes up time and again and should be an area of focus, particularly in mental health.
- Suggested IT systems could create continuity and engages the patient in the process avoiding any need to repeat their story.
- Voiced concern to hear that drugs had been the first solution.
- Agreed the Trust has a responsibility to shine a spotlight on mental health to counter some of the publicity it receives.
- Noted the suggestion of a PP lead for addiction.
- Noted that Mark suggested publicising more about the staff, who he described as passionate and committed, often working more than their hours – he suggested publishing perhaps 'a day in the life of a social worker' to raise service user's understanding of the challenges staff face, which could be valuable to service users.

3 Declarations of Interests

- 3.1 There were no additional declarations to those included on the published register of interests.

4 Minutes of the Previous Meeting Held on 27 July 2023

- 4.1 The minutes of the meeting held in public on 27 July 2023 were **APPROVED** as a correct record.

5 Action Log and Matters Arising from the Minutes

- 5.1 The action log was updated and actions 372 and 375 were agreed to be shown as closed.

6 Matters Arising from Trust Board in Private

- 6.1 Eileen Taylor advised the main discussions included:
- The impact of strikes on staff and services
 - The patient safety strategy to be reviewed taking account of the various nationally reported quality and safety issues experienced in NHS trusts.

7 Chair's Report

- 7.1 Eileen Taylor presented the report, and highlighted:
- Changes to the Board:
 - This is Ken Batty's last meeting as a non-executive director and also latterly as the senior independent director, and acknowledged his significant contribution to the Board over the years.
 - Richard Carr will be the senior independent director from 1 November 2023
 - The challenges to safety and quality:
 - The NHS is under unprecedented pressure and facing a range of challenges which is having a widespread impact.
 - Consultant strikes are resulting in cancelled appointments; transport strikes have impacted on staff's ability to travel to work.
 - There are reverberations across the NHS following the corporate manslaughter charges against a local Trust and a member of staff. This can feel overwhelming and as chair of the local Trust, Eileen assured the public that those charges are being approached with humility and seriousness.
 - In the broader NHS, there have been tragic consequences of the Lucy Letby conviction of the murder of seven babies and attempted murder of six additional babies. NHS chairs and chief executives have been called to national meetings and are also internally reflecting on what has happened and on how to prevent something so awful from happening again, in particular reviewing how would we know that this is not happening at our own Trust.
 - All this must be considered around the purpose of the NHS and the Trust's existence, in that we are here to improve the lives of the populations we serve.
 - The quality paper for today's Board crystallises some of the areas the Trust is considering post-Letby, in particular, leadership and culture, data analysis, listening and learning, and how the organisation responds; a reassuring recurring theme in many of the reports for today's meeting.
 - Additionally, there is a new fit and proper person's test framework that prioritises patient safety and the quality of leadership in NHS organisations by strengthening and reinforcing individual accountability and transparency for all Board members as 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 challenge is to ensure the people being recruited meet the FPPT checks but importantly also share ELFT's values. Although the Trust is rated 'outstanding', it is essential that it has a 'requires improvement' mind-set. It is therefore important for executives to demonstrate

how the Trust is responding to the issues and themes from the Letby conviction and that the patient safety work is being taken forward through clinically-led quality improvement; and equally important for non-executive directors to hold the executives accountable and ensure these issues are being reviewed Trust-wide.

- The Trust is supporting the North East London (NEL) six pledges to reduce violence against women and girls which is being socialised across the system.

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

8 Chief Executive's Report

8.1 Lorraine Sunduza emphasised that she is committed to continuing to deliver on ELFT's strategy and ensuring the focus is balanced between what happens internally with service users, carers and staff, as well as how ELFT is as a system player. She presented her report and highlighted:

- Although the Lucy Letby conviction can seem distant, given where it happened, it is important to recognise this has wider implications and, for ELFT, to consider the most vulnerable people we work with. The Trust has a responsibility to review the safety level of our services and how safe people feel to raise concerns. Policies and processes have a place; ultimately, however, the focus should be on how they are applied and implemented, and on how clinicians are supported to practice in the safest way to ensure no-one is coming to harm – the 'how would we know'.
- Every year winter pressures require temporary additional capacity and this year, with the backdrop of industrial action and recruitment challenges, this will mean proactively working to ensure resources are used in the right way to cope.
- As there has been an increase in the Covid variant and 'flu is on the horizon, the vaccination programme has been brought forward.
- In August the annual people participation (PP) awards ceremony was held in Luton to recognise individuals who have gone the extra mile to support the Trust. This was a heart-warming event and a reminder that people participation is one of the Trust's organisational treasures which brings a responsibility to harness it. The annual PP conference brought focus to the role of PP in both individual's recovery, as Mark Cox highlighted earlier, as well as service improvements.
- Robert Hunter has been appointed as PP Lead for the NEL Mental Health Learning Disability and Autism Collaborative; his leadership was instrumental to the design, facilitation, and delivery of the collaborative's patient and carer priorities.
- The BLMK Integrated Care Board is progressing a more formalised collaborative.
- ELFT's Chief Executive will become the SRO (Senior Responsible Officer) for mental health and Paul Calaminus, CEO and North East London NHS Foundation Trust will be SRO for community health.
- New appointments at the Trust include:
 - Emily Van de Pol as interim director for primary care
 - Evah Marufu as interim director of nursing for Luton and Bedford mental health services
 - Dr Rafik Refaat as clinical director for CAMHS inpatient and admission avoidance services across the Trust
 - Dr Julie Proctor as clinical director for community CAMHS and SCYPS.
- The NHS has launched its first sexual safety charter which aims to offer more support to NHS staff who have suffered harassment or inappropriate behaviour. The charter is an agreement with 10 pledges including commitments to provide staff with clear reporting mechanisms, training and support. ELFT is committed to eradicating

sexual harassment in the workplace and is reviewing how we would know if this is happening at the Trust, what we are going to do to challenge and address it and, similarly, how we ensure patients are safe.

8.2 In discussion the Board:

- Noted that there has been a recent increase in staff absence due to Covid; although currently not significant it is anticipated it will increase.
- In relation to the actions in response to the Letby verdict, suggested a section on “what are we worried about’ could be included in the executive summary of reports to the Board and committees.
- Requested an update be brought to the Board (or relevant committee) on the sexual harassment review, particularly as the size of the problem is currently unknown. It is important for staff to feel they can tell someone and equally important other tangible actions are identified.
- Noted both whistle-blowing and sexual harassment are intrinsically linked to the work on leadership and culture on expected behaviours previously reported to the Board as well as to the Trust’s work on equality and diversity.
- Praised the new system for generating outpatient prescriptions to local pharmacies as an illustration of using technology to drive efficiency and better outcomes.
- Suggested that prevention is tied into the population health report and is at the core of what ELFT does, and this should therefore be emphasised.
- Received assurance that one of the key building blocks in the collaboratives is about place-based systems and partnerships where we work together with general practice, mental health, community services and acute partners. Progress is being made in some areas and others need some development.

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

9 Integrated Care & Commissioning Committee Assurance Report

9.1 As chair of the committee, Richard Carr presented the report of the meeting held on 7 September 2023, highlighting three key areas:

- Some of the metrics are now being tracked and also taking stock of some of the risks and issues that have been escalated. The work that is taking place is encouraging by providing a perspective on progress being made.
- The importance of annual population health report; it highlights there is more to do but also encourages a focus on a small number of areas to make some real impact.
- The committee continues to monitor the progress of the various collaboratives; one of the success stories is the North Central and East London CAMHS. However, there is some risk due to the permanent and temporary closures of two PICU units and concerns around the clinical model being delivered by a specialist eating disorder unit provider.

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

10 Population Health Annual Report

10.1 Richard Fradgley presented the report and highlighted:

- This report represents a positive milestone given the population health strategic objective and the aim is for it to become an annual report.
- The report showcases examples of some of the Trust’s population health improvement work and includes the three proposed areas of focus for the year

ahead. The report has been curated by a group of service users who have been integral to the identification of the priority areas.

- There are some pieces of data to update before final publication, e.g. the number of service users going into accommodation with serious mental health are not as low as reported.
- The new director of population health joins the Trust next week will be responsible for leading on these priorities.

10.2 In discussion the Board:

- Commended the report, particularly the inclusion of examples.
- Suggested the next steps should include how to scale up these examples.
- Recommended the report explicitly includes how this work is contributing to public health priorities and be clear it is not just about healthcare.
- Recognised many needs can be met at once through this work, as demonstrated by the work in Newham with the homeless.
- Agreed there should be a focus on reviewing the impact of medication on people's overall health, as many service users have underlying health conditions and prescribed drugs are a contributing factor.

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

11 Equality, Diversity and Inclusion Annual Report

11.1 Due to time constraints, it was agreed to carry this item forward to the November Board meeting.

12 Audit Committee Assurance Report

12.1 As chair of the Audit Committee, Anit Chandarana presented the report of the meeting held on 14 September 2023 highlighting:

- The external audit report process was completed with all issues resolved. The feedback following a review of the auditors' performance was uniformly positive and it was agreed the audit was a thorough piece of work.
- The committee received an interesting report about the apprenticeship levy which suggests there may be opportunities that ELFT are not capitalising on.
- There was some benchmarking work done by the internal auditors on ELFT policies which shows some areas for improvement and also areas of good practice.

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

13 Quality Assurance Committee Assurance Report

13.1 As chair of the committee, Donna Kinnair presented the report from the meeting of 11 September 2023 highlighting:

- **Emergency departments:** The committee looked at what actions have been taken to improve flow; issues about complexity and shortage of beds were recognised.
- **Right Care Right Person:** The Trust is engaged at system level with the police to ensure safe implementation.
- **Inpatient deaths:** There are younger suicides and initially the deaths highlight the underlying broader theme of physical health problems in people with mental health illness and illicit drug use.
- **Lucy Letby conviction:** The committee considered concerns which were repeatedly raised and how these are dealt with.

- **Evergreen Ward:** The committee reviewed by this CAMHS inpatient ward in Bedfordshire is achieving shorter lengths of stay than outside of ELFT.
- **Board Assurance Framework Risk 4:** No change to the current risk score; however, oversight of the impact of industrial action on quality will be maintained.
- **Internal Audit:** Good progress and all management actions completed.
- **Junior doctors work schedules:** Remain compliant and no major issues raised.

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

14 Quality Report

14.1 Amar Shah presented the report, highlighting:

- The assurance section of the paper includes a detailed holistic report on the 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 with a focus importance of quality in driving decision-making and on the whether our culture and ways of working would enable the Trust to detect and act upon potential harm to service users.
- The assurance section outlines what is going well and where improvements are required including a focus on behaviours that need to be embedded in practice.
- The improvement section of the paper covers two large programmes underway: the equity work, which is growing, with another twenty teams looking to tackle inequities through QI co-production, and also how to scale the inpatient quality and safety work.

14.2 In discussion the Board:

- Highlighted the importance of looking at all contributing factors with suicides, not just the final event and were assured SI investigators do talk to families and look at people's histories to understand the bigger picture. Noted there is an opportunity to look at earlier factors, such as family support, jobs and housing which will enable more learning for prevention as well as across the whole system, not just at ELFT, in relation to the person's experience. Suggested a template could be a useful method of monitoring various factors and noted there is an opportunity for the Trust to work with public health partners on this.
- Supported the focus on leadership behaviours in contributing to quality.
- Received assurance that plans are in place to address any gaps in the triangulation of processes, data and intelligence from different sources that exist in helping to identify trends.
- Queried if there is sufficient use of predictive analytics to forecast future trends and highlighted the importance of bringing this together locally, so directorates have useful information from a variety of sources. Received assurance that during the last few years the data structure and systems have been reviewed and developed which now allows greater and improved analysis, and includes early warning systems for wards to forecast when issues might arise.
- Received assurance that when clinical issues have been raised through Freedom to Speak Up they do not wait for Freedom to Speak Up processes, patient safety issues are monitored immediately.
- Suggested it would be valuable to understand this data through the lens of 'place', as the population health report made clear how different issues are in different places.
- Recommended that as there is now a volume of good quality data there is an opportunity to review how best to ensure there is appropriate oversight for discussion and at which committees whilst ensuring a holistic approach is maintained.

- Referred back to Mark's comments earlier about wanting to stop taking medication, and suggested there is a need to understand what is expected of clinical interactions to focus on all aspects of a person's life and how this could be systematised.
- Agreed it is important that the patient voice remains front and centre of the Trust's work and thinking.

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

15 Performance Report

15.1 Amar Shah and Edwin Ndlovu presented the report, highlighting:

- Safety: Positive reduction in safety incidents and in the percentage of incidents that result in harm which is a reflection on the significant effort in the services despite the increased pressures.
- Equity and equality: The work underway across the Trust to tackle identified areas of inequity is resulting in a narrowing of the gap in a number of areas which reflects the work in local services with local people to provide a better understanding of the issues.
- Waiting lists are increasing, despite the work to understand demand and capacity. Some teams have managed to reduce their waiting lists, but for others the demand remains challenging. Although industrial action is exacerbating the position teams are demonstrating a great energy to grapple with this issue and think of different ways of working.
- Flow work is ongoing; however, there is a growing number of clinically fit people 'stuck' in inpatient beds. Although this is a system challenge, it provides an opportunity to work with system partners. This is a challenge that all public services are facing. Focused work is taking place in both Bedfordshire and Luton and London to review existing capacity and to create step down beds.
- There are a number of senior staff who have retired at a time when there are challenges in recruitment and retention which also adds to the complexity.

15.2 In discussion the Board:

- Commented on the increasing waiting time rates of ADHD and autism and stressed the need to re-think what diagnosis means and to involve service users who have been through the process in identifying new solutions. Agreed it is not realistic to do more and more of the same and that solutions must be about the whole system working together.
- Suggested the issue about discharge is only likely to worsen and therefore calls for more work on predictions.
- Noted the extent to which primary care services are managing the consequences of people waiting for specialist interventions.
- Noted there is an opportunity to harness digital improvements and capacity that exists between the NHS and the third sector; however, it is important ELFT takes an enabling rather than a leading role.
- Highlighted the importance of also considering what is working well whilst managing the current pressures, such as using improvement, service users involvement and improving clinical leadership and ensuring these remain integral in the Trust's work.

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

16 5 minute break

17 People & Culture Committee Assurance Report

17.1 The Board **NOTED** the report.

18 People Report

18.1 The Board **NOTED** the report.

19 Finance, Business and Investment Committee (FBIC) Assurance Report

19.1 As chair of the FBIC, Sue Lee presented the report of the meeting held on 12 September 2023 highlighting:

- The assurance report relates to month 4; however, the update under the finance report agenda item will relate to figures for month 5. However, there is no significant difference in the commentary and arrangements are being made to align in future.
- **Financial Performance:** The Trust is off plan but forecasting to achieve balance by the end of the year.
- **Financial Viability (FV):** Although this is also off plan, there has been a positive narrowing of the gap. As there is a correlation in areas that are challenged in financial performance and also in FV the Committee has requested some deep dives in these areas. The underlying reasons include agency and system pressures.
- **Capital:** Currently underspent against our forecast trajectory. However, confident budget should be achieved by year end.

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

20 Finance Report

20.1 Kevin Curnow presented the report for month 5 highlighting:

- **Income and Expenditure**
 - The Trust is reporting a deficit position of about £2.4m which is £3m adverse to plan; however, expecting to achieve the forecast surplus
 - The contributory factors to the deficit include:
 - FV slippage with c£5m savings achieved to date which is about £600k off plan; the target is ambitious and there is focused work in services
 - Usage of private sector beds and acuity levels
 - Industrial action; staffing levels above the planned establishment and agency premium
 - Inflation about funding
 - The vacancies in some areas are resulting in an underspend; although this is helping the financial position, it is not ideal from a workforce perspective
 - There are some investment decisions which have been delayed which is contributing positively to the financial position.
- **Capital:** Although there is currently an underspend, this reflects capital projects yet to commence and there is confidence these will be delivered by year end.
- **Cash position:** The Trust has a strong cash position of £125m; however, there are NHS finance restrictions on how this money can be spent but it does provide the Trust with an opportunity to make investment decisions which could be of benefit in the future.

20.2 In discussion the Board:

- Noted the financial pressure from industrial action is about £16m across North East London for additional workforce; of which c£250,000 is for the Trust.

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

21 Charitable Funds Committee Assurance Report

21.1 As chair of the Charitable Funds Committee, Aamir Ahmad presented the report of the meeting of 20 July 2023, highlighting:

- A fund-raiser has now been recruited who will focus on raising funds outside of the NHS.
- The importance of demonstrating the benefits of the 'healthier wealthier families' pilot scheme to the lives of service users.

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

22 Compass Wellbeing CIC Annual Report

22.1 Charlotte Augst and Mohit Venkatarm presented the report, highlighting:

- Compass is 100% a subsidiary of ELFT and was set up as a Community Interest Company (CIC). The Trust appoints two of the directors of Compass and one other director is appointed by Compass.
- Over the last year Compass has generated £5m for local businesses; this is the second year of growth.
- Compass supports the Trust's strategy, vision and values, and its aims on being an anchor organisation and Marmot trust:
 - Development of strong third and community sector relationships
 - Over 800 organisations received free training to support their staff and enable them to achieve statutory and mandatory compliance
 - Provided training and development opportunities to over 800 participants across the community and voluntary sector
 - Over 100 service users with complex needs, 50 with a forensic history, have been supported to gain employment
 - Funded the Vitamin D campaign for Trust staff through the dividends issued to ELFT
 - Commissioned and supported nearly 200 organisations to work with the Trust in the delivery of services across all ELFT boroughs
 - Supported the establishment and ongoing management of the ELFT charity.
- Stakeholder surveys, including local authorities and statutory organisations, identified that 94% positively commented on the support received from Compass.
- Future areas of focus include continuing to:
 - Build relationships with smaller community organisations and communities, and promote their contribution to population health and social capital
 - Develop opportunities for service user employment
 - Support the development of the ELFT charity and other ELFT programmes.

22.2 In discussion the Board:

- Acknowledged Compass' success and the progressive decision proposed by the executive to create a vehicle to improve the interface between the Trust and communities.
- Noted the intention to focus on the opportunities within the BLMK footprint going forward and on the voluntary sector. .

- Agreed there were opportunities for Compass want to play an even more explicit role in ELFT’s Marmot and population health ambitions and noted the aim is to collectively strengthen the first tier, i.e. the community.
- Suggested that consideration be given as to how to triangulate this work with the Trust’s population health ambitions and annual population health report.
- Highlighted the importance of improving wider communications both internally and externally around the impact Compass has made through, for example, sharing stories and capturing this in promotional material, and noted that this work is in progress.
- Requested an update report is presented at a future Board meeting.

ACTION: Mohit Venkataram

23 Board of Directors Forward Plan

23.1 Noted.

24 Any Other Business

24.1 None.

25 Questions from the Public

25.1 Pre-submitted question from Shirley Islam, a City of London resident:
 “Would it be possible to have regular City & Hackney Recovery college courses and initiatives which are accessible and delivered within the City of London please? There appears to be a gap in the provision within the City.”

Eileen Taylor responded that:

- While a number of courses have run in the City, since its inception the college has focussed on Hackney, due to its location, the number and need of the population and the staff available.
- One issue is the large gap between the City’s resident population and its working-day population who will generally access services elsewhere.
- The college has carried out some research into the needs of City residents as there was awareness of a lack of provision there, making contact with a number of charities, organisation and other services based in the City, and while progress has been made, the college is restricted by available staff resources. However, reviewing options to secure additional funding to progress in the future.

26 Date of the Next Meeting

- Thursday 30 November 2023 in Luton

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 3.45pm

ELFT Action Log Trust Board (Part 1)

BOARD OF DIRECTORS MEETING IN PUBLIC: Action log following meeting held on 28 September 2023

Ref	Meeting Date	Agenda item	Action Point	Executive Lead	Due Date	Status	Comments
379	27-Jul-23	People Report	Review GP training to ensure there is a generic, integrated and 'advanced' approach	TC/SE	29-Nov-23	Closed	A meeting took place to discuss what might be possible regarding GP training and research. This was complex and it was agreed that this is potentially an area to explore further in the collaboration with NELFT in the medium to longer term. Particularly in the context of the Long Term Workforce Plan.
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	CM/CL	01-Mar-24	In progress	A review of all Board tier 2 and tier 3 committees being undertaken and is being taken forward as part of a wider review and plan of work in respect of the new CQC well-led regulations; this work is being led by the Interim Chief Nurse supported by the Director of Corporate Governance and Deputy Head of QA
380	29-Sep-23	Compass Wellbeing CIC	Update report to be presented at a future Board meeting	MV	23-May-24	Closed	Included on the forward plan
381							
382							

In progress
In progress with delay
Closed
Forward plan
Not due

REPORT TO THE TRUST BOARD IN PUBLIC
30 November 2023

Title	Chair's Report
Author	Eileen Taylor, Trust Chair

Purpose of the report

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

Committees / meetings where this item has been considered:

9 November 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

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

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

Patient leadership

- 2.3. Following the launch of the coproduced Oliver McGowan training led by staff and service users from the Learning Disabilities and Autism (LDA) service at the September Board, I was delighted to take up the offer from Simon Bedeau, LDA People Participation Lead, to have an introductory Makaton teach-in session early in November. Widening participation and increasing the accessibility of the Board are personal commitments of mine and I hope very much that learning Makaton will help me to welcome and include more members of our LDA communities.
- 2.4. I was delighted to welcome two lived experience experts to the North East London (NEL) Mental Health, Learning Disabilities and Autism (MHLDA) Collaborative Committee on 21 November and to have the opportunity to listen to their experiences of trying to access a diagnostic assessment for attention deficit hyperactivity disorder (ADHD). This is an area of hugely growing demand and their insights into what good care and support would look like were extremely valuable.

Staff support and empowerment

- 2.5. I was privileged to join Lorraine Sunduza at the unveiling of the Covid plaque for Wolfson House on 18 October and to join staff and service users afterwards to share reflections. I was struck, as I am at every one of these events, by the courage and compassion of our staff throughout the pandemic period and of the grief and trauma experienced during this time when so many members of our ELFT family were lost. The plaques

commemorate a time of 'quiet courage' and I feel this palpably at every unveiling ceremony.

- 2.6. On 19 October I had the opportunity to join with colleagues to celebrate the amazing commitment and achievements of ELFT staff at the annual awards ceremony and party. It was a privilege to hear about the truly impressive work of our staff to provide excellent care to our service users and support for one another. I was delighted to present my Chair's Award to the Corporate Governance Team, who ensure effective support for the Trust Leadership, our Council of Governors and our Membership and who are so essential to the effective running of our organisation.

Board effectiveness

- 2.7. On 19 October we were privileged to have Professor Robin DiAngelo facilitate a second Board development session with us as part of a series of workshops she led across the Trust that week. We explored the concept of systemic racism and what this means – in our society and in our organisation – and the leadership and role modelling that we as a Board will need to demonstrate to address it. We reflected particularly that leadership of anti-racism must not be shouldered by our global majority leaders but must be integral to the responsibilities of every leader within ELFT and shared equally.

System leadership

- 2.8. On 7 November we joined our NELFT colleagues for a Board-to-Board session where we reflected on our collaborative journey so far and considered options for broadening and deepening this collaboration through the NEL Mental Health, Learning Disabilities and Autism (MHLDA) and Community Health Services (CHS) Collaboratives. Solicitors from Browne Jacobsen joined the session and provided helpful input as to the legal and policy context and the options for collaboration available to us through the provisions of the Health and Care Act (2022).
- 2.9. There was clear consensus that we have a duty to ensure collaboration where this can address unwarranted variation across the 7 NEL places we jointly serve and improve the quality of care that we provide overall to our populations. We noted the substantial opportunities to learn from one another to improve care and the importance of ensuring a strong collective voice for mental health and community health services and, particularly, for children's services during this period of financial and operational challenge.
- 2.10. The Bedfordshire, Luton and Milton Keynes (BLMK) Leaders and Chairs meeting on 14 November focused on learning from Portsmouth, where a multidisciplinary approach to early intervention for children and young people is demonstrating real impact. A similar approach is to be explored by BLMK Integrated Care Partnership (ICP).

3. Council of Governors update

- 3.1. The Council of Governors met on 9 November and welcomed five newly elected and appointed governors to its ranks. We said a fond farewell to retiring governors, with feedback stressing the close and mutually supportive relationship between governors and Board but also identifying that there may be opportunities to enable governors to raise concerns more easily, perhaps through the Governors Open Forum events when governors meet informally with NEDs.
- 3.2. Many congratulations to Caroline Ogunsola and Jamu Patel who were re-elected as lead and deputy lead governor respectively.

- 3.3. As Chair, I acknowledged the strains the current situation in Gaza and Israel present not only for our governors, but also our staff and service users. These are difficult days with many of us in fear or pain; it is a direct challenge to the value we put on ELFT's diversity and we will work hard to ensure we continue to support each other.
- 3.4. Kevin Curnow provided governors with an update on the challenges we are facing with the financial situation in the North East London Integrated Care System and what we at ELFT can do to support the system to address these. Governors' concern as ever was foremost on the potential impact on our service users – Kevin stressed the endeavours to maintain the Trust's financial position and, flowing from it, our autonomy in taking decisions for the benefits of our population.
- 3.5. Uniquely to ELFT, governors then worked in groups to identify their priority themes for the coming year's Council meetings. I was really pleased to hear how focused they were on the social determinants of health and our ambition to be an NHS Marmot Trust as well as our population health targets. Staff wellbeing, patient safety, and a greater focus on our diversity were also prominent in the feedback. The outcomes of the discussion will be themed for the next meeting in January where the Council will finalise its priorities for 2024/25.
- 3.6. Governors and Board members started the process of reviewing Trusttalk, the Trust's magazine, discussing content, purpose and value. Trusttalk is produced by the Communications Team quarterly with printing and postage funded by the Governors & Members Office. As part of the recently approved Membership Engagement Plan, the review will be coproduced and include governors, service users and members as well as support from our Communications Team.
- 3.7. In private session, Governors received a report from me and the Nominations & Conduct Committee (NomCo) on the annual performance review of the non-executive directors, which NomCo traditionally discusses in detail and reports in summary to the wider Council. Governors expressed their pride in the calibre of the NEDs serving on the Board and sought assurance that we do not at times ask too much of them (and thereby perhaps undermine their independence). Governors received assurance that this is something to which I regularly pay attention and discuss with NEDs. I also confirmed that all NEDs remain independent of the Trust and they continue to meet the Fit and Proper Persons Test.
- 3.8. In a separate session on 18 October, governors met with Robin DiAngelo to explore pathways to the Trust becoming an anti-racist organisation. I was especially pleased they welcomed fellow governors of NELFT to the session and good connections were made between both sets of governors. As with all sessions with Robin, attendees found some of the concepts challenging but were unanimous in their recognition that this is work that needs to continue.

4. NED visits

- 4.1. Visits made by the NEDs since the last Board meeting include:
 - Professional leads
 - Trust legal team
 - Bedfordshire CAMHS
 - Staff network leads

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

5. Action Being Requested

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

REPORT TO THE TRUST BOARD IN PUBLIC
30 November 2023

Title	Chief Executive Officer's Report
Author/Role	Interim Chief Executive Lorraine Sunduza
Accountable Executive Director	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.

2.0 Reflections from the period since the last meeting of the Board of Directors

Events in the Middle-East

2.1 The escalating situation in the Middle-East has brought to the fore many emotions and responses – among our staff, our service users and our local communities. These events have especially impacted upon people with family and friends in the region. The ELFT Humanitarian Response group, led by Executive Director Dr Mohit Venkataram, has met online on 3 occasions to provide a safe space for staff who wish to come together to be with colleagues. The meetings have been well attended with many expressing difficulties in focusing on their work, being worried about the safety of family

and friends in affected areas, and for their own safety here in the UK. Many have expressed appreciation that ELFT has held these sessions and the group will continue to convene as long as staff find the sessions useful.

Trustwide anti-racism workshops

- 2.2 During October, the Trust hosted a series of workshops led by Robin Di Angelo, a campaigner and educator on issues of racial and social justice. Professor Di Angelo is also an author who has published extensively including on issues of race and equity. She led Trustwide workshops in Luton and London, and with some individual services, to help the Trust to co-produce an ELFT Anti-Racism Statement and Strategy and to work with us on plans to progress these.

ELFT Staff Awards 2023

- 2.3 The highlight of the period since the last Board was undoubtedly the ELFT Staff Awards on 19 October. 1100 staff attended this year's ceremony to celebrate colleagues who provide exceptional support to service users and colleagues. The evening opened with a performance by #ELFTin1Voice, a choir made up of staff and service users, joined by the Sing Tower Hamlets Choir. 19 awards were then presented to outstanding individuals and teams. The event drew health and social care professionals from all corners of the Trust and partners from across the populations we serve including the Mayor of Luton, Tower Hamlets councillors and senior representatives from the BLMK and NEL Integrated Care Systems. It was an honour to be there and I felt especially proud as this was my first Staff Awards as Interim CEO.

Unveiling of COVID Memorial Plaque at Wolfson House

- 2.4 I was privileged on 18 October to join our Chair in unveiling a COVID plaque at Wolfson House in Hackney, to pay tribute to the dedication and efforts of staff during the COVID-19 pandemic. It was a moment to remember staff and service users who lost their lives to the coronavirus and to pay tribute to the staff who went above and beyond to care for our service users during those most challenging of times. A moment of quiet was taken to remember that time and the people who were lost to us.

Welcoming new Luton GP Practices

- 2.5 Kingsway Health Centre and Bramingham Park Medical Centre joined the Trust on Sunday 1 October 2023 and I was delighted to join Dr Mohit Venkataram, Executive Director of Commercial Development and Lead for Primary Care Services, in a visit to Luton on 2 October to personally welcome the new teams to ELFT. The two practices have more than 30 staff and provide care to more than 16,000 members of the Luton community.

Shadowing a peer support worker in East Ham

- 2.6 On 26 October, I spent a wonderful afternoon shadowing Tyrone Webb, Mark Goode and Miski Hussein, our peer support workers in the North Community Integrated Mental Health Service (CIMS) team in Newham. I was able to see first-hand the pivotal role that peer support workers play as integral members of the multi-disciplinary team.

3.0 Operational update

- 3.1 Since our last Board meeting, there have been further instances of industrial action by junior doctors, consultants and Unison staff resulting in disruption to our usual rhythm of work. There was significant planning for each of the strike days to ensure that patient

safety was maintained and services were interrupted as little as possible. Given that the industrial action has been ongoing since early this year and is set to continue, services are likely to continue to experience varying degrees of disruption. We will, of course, continue to prioritise critical services and mitigate risk and harm to patients. We hope that that an amicable resolution can be achieved soon so that our services to patients can return to normal.

- 3.2 In general, all our services continue to see and experience high levels of activity. We continue to experience challenges in patient flow through our system and this is partly due to the increasing number of “clinically ready for discharge” patients in our system. There are continued collaborative efforts being deployed to address these challenges. For example, on 3 November I led a NEL Chief Nurses workshop that focused on improving quality for people with mental health needs presenting to emergency departments.
- 3.3 I would like to note my personal thanks to all our staff for their consistent commitment, compassion, skill and hard work in responding to these challenges.

4.0 Autumn / winter vaccination campaign

- 4.1 The staff vaccination programme is offering flu and covid vaccines (and co-administered flu and covid vaccines) at clinics Trustwide from our staff vaccinators. NHSE has set a target for 75% of patient-facing staff to be vaccinated against flu this season and we are currently achieving 21.5% (an equivalent target has not been set for covid vaccination).
- 4.2 Our flu vaccination uptake has been lower post-pandemic and the vaccination team has been working proactively to raise awareness and encourage staff to accept the offer of vaccines. They have been collaborating with staff network groups, arranging webinars and addressing staff awaydays to try to communicate with as many staff in as many ways as possible. The communications team is supporting engagement through the “VAX Challenge” game, offering vaccinated staff and teams the opportunity to win prizes.

5.0 National and regional updates

Patient and Carer Race Equality Framework (PCREF)

- 5.1 On 30 October, NHS England officially launched the Patient and Carer Race Equality Framework (PCREF). The publication outlines a participatory approach to anti-racism for mental health providers to improve experiences of care for racialised and ethnically and culturally diverse communities.
- 5.2 PCREF work has been underway in the Trust for some time and we launched our Trust PCREF on 24 November. Early in 2024, we will be following this by:
- Launching bespoke PCREF workshops for roll-out to services
 - Holding our first PCREF conference
 - Developing our PREMs and PROMs to include relevant metrics

Right Care, Right Person

- 5.3 Right Care Right Person (RCRP) marks a fundamental shift in the way police respond to people with mental health problems. The Trust is engaged in work regionally and locally within NEL and BLMK to ensure that service users continue to receive appropriate responses when making contact with the police/emergency services. There is a resource

implication that remains to be determined, but collaborative strategies are in place to ensure that the implementation of RCRP takes place in line with agreed timescales and with meaningful collaboration with the police and other health partners.

- 5.4 This work is taking place in London and in Luton/Bedfordshire, but with different timeframes in place. London launched this initiative on the 1 November 2023 and BLMK are working towards launching in January 2024.

6.0 Integrated Care System (ICS) and provider collaborative updates

- 6.1 We are working closely with partners across the North East London (NEL) and Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care Systems (ICS) both to address current operational and financial pressures and to commence planning for the year ahead. NEL ICS partners have been working together over the past several weeks to prepare a response to NHS England's planning letter of 8 November.

Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care System (ICS)

- 6.2 On 29 September, BLMK ICB received an update from the trust and Central and North West London NHS Foundation Trust (CNWL) on the development of the BLMK Mental Health, Learning Disabilities and Autism (MHLDA) Collaborative, with an outline of next steps leading to formation of the collaborative on 1 April 2024 whilst we continue to plan and work together on our key priorities for BLMK.
- 6.3 The BLMK Integrated Care Partnership (ICP) on 31 October received an update on the implementation of Right Care Right Person from the Trust and Bedfordshire police - the work between partners in Bedfordshire to take forward this initiative is planned and collaborative in its approach.
- 6.4 The BLMK ICP also received the final report of Reverend Denny, an enquiry into inequalities in BLMK. The Trust has indicated its support for the report and is now working with partners to contribute to the plan to deliver its recommendations.

North East London (NEL) Integrated Care System

- 6.5 I was pleased during the last month to join two development events organised by NEL Integrated Care Board (ICB) colleagues – a workshop on 31 October to launch the ICB's anti racism work and the ICB away-day on 2 November where partners were invited to join and talk about their experiences of and hopes for the NEL Integrated Care System (ICS). I spoke about our commitment as a Trust to working as a partner in the NEL system as we see this as essential to delivering our strategic goals. I also spoke about the shift that will be needed culturally in some aspects of our system relationships so that we can better work together to improve outcomes for the populations we serve.
- 6.6 ELFT and NELFT Boards met for a Board-to-Board development session on 7 November to consider the progress of the NEL Mental Health Learning Disabilities and Autism (MHLDA) collaborative to date, including impact achieved for the population of North East London, and next steps in collaboratives development. We also met with NELFT colleagues for the first time as a Joint Executive on 23 November to agree priority areas of work to progress jointly.
- 6.7 The NEL MHLDA Collaborative Committee met on 21 November and considered the final report of the NEL MHLDA system diagnostic, which will help Collaborative partners to understand variation in outcomes, access, quality and spend across the seven NEL places. The Committee also considered a deep dive into attention deficit hyperactivity

disorder (ADHD), prefaced by a service user story from people with lived experience, and priorities developed by service users and carers for people with a learning disability.

7.0 ELFT people updates

HSJ 50 most influential BAME people in health

- 7.1 I was delighted to see that our Chief People Officer, Tanya Carter, and Non Executive Director (NED), Dame Donna Kinnair, were named among the 50 most influential black, Asian and minority ethnic (BAME) people in health for 2023. The HSJ described Tanya as 'one of the growing number of NHS directors from ethnic minority backgrounds who are beginning to attract national attention'. Judges noted Tanya's work around discrimination, stretching from board to individual level and her increasing influence over a wider field, with other trusts and government departments approaching her for advice.

Primary Care Lead Nurse awarded RCN's Nurse of the Year

- 7.2 Julie Roye, Head of Nursing for Primary Care was named RCN Nurse of the Year 2023. Under her stewardship, cervical screening uptake by 25 to 64-year-olds went from 52% to 80% in nine months at Cauldwell Medical Centre, Bedford. Her efforts have significantly reduced barriers to access for the diverse community.

Fothergill Ward team highly commended

- 7.3 Staff on Fothergill Ward, East Ham Care Centre, Newham were highly commended in the London Healthcare Support Worker Awards in October. The awards honour the contribution of HCSWs, teams and trusts across London, recognising the pivotal role they play in the delivery of exceptional patient care.

NHS Pastoral Care Quality Award

- 7.4 In October, we heard that we received recognition of our work on international recruitment and our commitment to providing high-quality pastoral care to internationally educated nurses. We received a letter from the Chief Nursing Officer, Dame Ruth May, congratulating us and thanking us for our ongoing work to support the international nurses we are so privileged to welcome to the NHS and to ELFT.

HSJ Awards 2023: Innovation and Improvement in Reducing Healthcare Inequalities Award

- 7.5 I was so proud to hear that our partnership project won this prestigious award. Working with our partners - City & Hackney Place Based Partnership, NEL ICB, Hackney Community and Voluntary Services, the London Borough of Hackney and the Corporation of the City of London – the peer-led Tree of Life in Schools project focused on addressing inequalities experienced by African and Caribbean heritage students in accessing the right mental health support at the right time. Developed in Zimbabwe, the Tree of Life frames culture as a strength. The high voluntary access rates and enthusiasm from students and the improvements in mental wellbeing demonstrated the value of providing peer led culturally attuned support.

VMWare International Customer Cloud Technology Award

- 7.6 The Trusts' Infrastructure Team was recognised by the VMWare judging panel for adopting the latest Cloud based solutions, partnering with AWS, Telefonica Technology and VMWare to rapidly migrate the Trust's systems at scale, to a new virtualised instance, implementing a robust disaster recovery solution and a new virtualised network platform. This work forms a large part of the new ELFT Digital Infrastructure Programme.

- 7.7 The award recognised not only the architectural complexity of the programme and the excellent implementation of the plan, but also the pace it was delivered, the exemplary team work with industry partners, and the co-production with the ELFT business teams to ensure the change was delivered in partnership with the business units and the impact on services minimised. The ELFT Digital Team was commended for its management of the transition between the legacy infrastructure and the new virtualised environment.

Tower Hamlets Health E1 Practice Celebrated for Double Shortlisting at NEL Workforce Awards 2023

- 7.8 Our Health E1 Practice and its Practice Manager, Mohammed Almahfuz, have been shortlisted for prestigious awards at the North East London (NEL) Workforce Awards 2023. The practice has been shortlisted for the "Award for Above and Beyond General Practice" and Mohammed Almahfuz has been shortlisted for the "Award for Aspiring Champion and Leaders for the Future, reflecting his significant contribution to the practice's success and positive impact in the community. The awards ceremony will take place on 13 December.

ELFT community staff attend Macmillan event at No 10 Downing Street

- 7.9 Bedfordshire Consultant Clinical Psychologist Dr Sara Rassool and Tower Hamlets Cancer Care Navigator Nichola Murphy were invited to a Macmillan charity event at 10 Downing Street. The event was hosted by the Prime Minister's wife, Akshata Murty, on 28 September for people with lived experience, professionals and supporters of Macmillan to discuss collective experiences.

Bedfordshire community nurse meets King Charles

- 7.10 Community Staff Nurse Casmir Ebegbulem was invited to attend a reception for internationally educated nursing and midwifery colleagues on 14 November at Buckingham Palace. Casmir was one of the nurses who spent time with King Charles as part of the events for his 75th birthday celebrations.

Broadgate Ward Highly Commended as a place to learn

- 7.11 Broadgate Ward at the John Howard Centre has been recognised by trainee nurses at City University, London as providing an excellent setting to learn. Following a student vote, the team has been highly commended in the Practice Excellence Awards which celebrate the outstanding achievement of placement providers and the contribution of placement colleagues who provide support to students' learning in practice.

Appointments

- 7.12 *New Director of Public Health:* Dr Laura Austin Croft joined the Trust in October. She was previously Assistant Director of Public Health/ Public Health Consultant for the London Borough of Newham and was a Public Health Specialty Registrar for the NGO, Médecins Sans Frontières/Doctors Without Borders (MSF) (MSF)
- 7.13 *Appointment of Medical Director for London MH Services:* Consultant Psychiatrist Dr Phil Baker has been appointed Medical Director for London Mental Health Services. Phil has been the Interim Medical Director since July 2022.
- 7.14 *CAMHS Psychiatrist to be Deputy Clinical Director for NHSE:* CAMHS Consultant Psychiatrist Dr Erica Cini, has been appointed Deputy Clinical Director for Mental Health

at NHS England (London). The commitment is a weekly session which started on 15 November.

ELFT Social Work Conference 2023: Reflecting on Success

- 7.15 The ELFT Social Work Conference took place on 6 October and centred around 'Practice Priorities'. We were able to welcome James Bullion, the CQC's interim chief inspector for adult social care and integrated care, who spoke about the nuances of mental health social work. Other areas explored on the conference agenda included transitional safeguarding, anti-racism, and the Mental Capacity Act. One of the major highlights was the focus on the ELFT Carers' Strategy. I was so pleased to learn more about the achievements of our social workers over the last few years and it was wonderful to hear such positive feedback about being a Social Worker in the Trust.

Specialty and specialist (SAS) doctors' week

- 7.16 9–13 October 2023 marked a week-long celebration to promote and highlight the value of SAS doctors and I was delighted to join our SAS Wellbeing Day lunch on 11 October. We discussed opportunities to enhance career development and wellbeing offers for our SAS doctors, ensuring better recognition of the value that they bring to the Trust. Their contribution was essential for managing our response to the industrial action by the British Medical Association (BMA) and I was pleased to have the chance to say a personal thank you.

Allied Health Professionals Day

- 7.17 The 6th Annual Allied Health Professional (AHP) Day saw staff come together for a webinar on 12 October to share and celebrate the work of AHPs in the Trust and their impact on the delivery of care. AHPs from across services, directorates and professions contributed reflecting a diverse range of innovation, improvement and transformation projects they have been involved with.

Freedom to Speak Up Conference

- 7.18 Our Freedom to Speak Up (FTSU) Conference took place on 20 October and was a space for staff to come together to reflect on the important issue of how we as an organisation encourage the reporting of concerns. The keynote speaker was Helené Donnelly, a key witness in the Mid Staffordshire Public Inquiry, who gave a riveting account of her efforts to raise concerns about patient care in the emergency department she worked in. We recognised that speaking up isn't easy and that we need to be mindful of the voices that we may not hear through FTSU processes. We noted the importance of ensuring that we have the infrastructure and systems in place to make it easier for people to speak up but also reflected that speaking up is not our only way of identifying issues – e.g. the importance of incident reporting and effective clinical supervision.

Trustwide Learning Disability Nursing Conference

- 7.19 I was delighted to join our learning disability nurses in celebrating the second national Learning Disability (LD) Nurses' Day on 1 November at our first ELFT LD nursing conference. This was an opportunity to celebrate the unique expertise of LD nurses and to think with them about the types of support they can offer colleagues in the Trust and across the system to improve support for and coproduction with people with learning disabilities and autistic people.

Trustwide arts therapies away day

- 7.20 On 2 November, I had the opportunity to join arts therapists from across the Trust at their away day at the Southbank Centre. This was a wonderful opportunity to think about how we can embrace creativity, thinking particularly about our diverse communities and the different ways in which people communicate – and the value that arts therapies bring in this context. We discussed the importance of being able to articulate the benefits of arts therapies to ensure we maximise their availability to service users who would like to access them.

Research and Development Conference

- 7.21 On 1 November, sixteen researchers presented their ideas to NHS and academic colleagues and the public at ELFT's Research & Innovation Conference 2023. In total c300 people heard brief presentations on a wide range of research projects that are being conducted in the Trust, ranging from epidemiological studies to clinical trials and qualitative work. Research at ELFT has influenced public and professional debates on policy and clinical issues in mental health care on local, national and international levels. The audience heard that the Trust has led more than £20m in competitively awarded research grants and has been shortlisted for the HSJ Award Clinical Research Impact for using DIALOG+ to improve patient outcomes in community mental health services.

Bedfordshire and Luton Perinatal Mental Health Conference

- 7.22 I was honoured to open the Bedfordshire and Luton Perinatal Mental Health Conference on 9 November. The conference brought together partners from across the system - including public health, obstetric, specialist midwifery and specialist health visitor colleagues – to think together about the difference we can make to supporting families in the first critical 1001 days from conception to a child's second birthday. There was so much to celebrate in the work that's happening and the work that's planned but an acknowledgement that there is still much to do – particularly to improve the experiences and outcomes of women and babies from black and Asian ethnic backgrounds where the differences in perinatal mortality remain stark.

RaCE Staff Network Conference

- 7.23 More than 100 staff came together on 17 November at the Race and Culture and Equity (RaCE) staff network conference (formerly the BAME network). We were honoured to welcome outstanding speakers, including Michelle Cox, who shared the experience of her landmark case and her profound experiences of racial discrimination in the NHS. The event celebrated the rich cultural diversity of our organisation and concluded with a spectacular African drumming performance by Nkiru Arts.

8.0 Visitors to our services

Sir Stephen Timms MP visits East Ham Care Centre, Newham

- 8.1 The Rt Hon. Sir Stephen Timms MP visited the East Ham Care Centre in September to learn about the work of the Newham Community Health Team. Staff explained the work of person-centred occupational therapy activities amongst older adults to improve health and wellbeing, and Mr Timms was introduced to the site's Urgent Care Response (UCR) team, Physiotherapy team and District Nursing team.

Icelandic nurses visit Hackney Perinatal Mental Health Team

- 8.2 From 9-10 October, the City and Hackney perinatal team hosted 12 guests from Iceland who were interested to see how ELFT services support women with mental health issues before birth and after birth. The Icelandic health care staff were keen to see the unit which they said gave them inspiration to develop their own.

Elected Mayor of Newham opens sensory room at Coborn Centre

- 8.3 Rokhsana Fiaz OBE, the directly elected Mayor of Newham Council, formally unveiled a newly refurbished sensory room at the Coborn Centre for Adolescent Mental Health Acute in Plaistow. The new sensory room supports service users to engage effectively with their various senses, as well as carers, parents and guardians as they look to connect with them through 'sensory play'.

9.0 Other service updates

Email alternative offer to service users

- 9.1 With more people using online options for banking, shopping, bookings, and seeking greener alternatives, patients and service users can now opt to receive letters from the Trust via email. This is to be trialled first by the Bedfordshire Talking Therapies team.

InPhase reporting system replaces Datix

- 9.2 A new platform for reporting incidents went live on 1 November. The build up to the launch of the new system involved extensive staff training sessions. A demonstration film was also available in a number of communications sent to staff prior to the launch. The InPhase system replaces Datix.

10.0 Action Being Requested

- 10.1 The Board/Committee is asked to:

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

REPORT TO THE TRUST BOARD IN PUBLIC
30 November 2023

Title	Audit Committee Meeting held on 16 November 2023 – Committee Chair’s Assurance Report
Chair of the meeting	Anit Chandarana, Non-Executive Director and Chair of the Audit Committee
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

- To bring to the Board’s attention key issues and assurances discussed at the Audit Committee meeting held on 16 November 2023.

Key messages

External Audit Progress Update

- Completion of the audit by the Local Government Pension Scheme (LGPS) auditors remains outstanding and continues to impact on the Trust’s annual report and accounts for 2022/23 publication schedule including the requirement to lay before Parliament; assurances have been received that this will be completed by the end of November at which time provision for final sign off by the Trust and presentation to Governors and members will be made.
- Planning for the 2023/24 audit has already commenced between the Trust’s external auditors, Mazars LLP, and the finance team to ensure early sight of any issues.
- The committee acknowledged the assurance that has been given around previous issues relating to block funding and exit packages, and the work undertaken to resolve these.
-

Internal Audit Progress Update

- RSM presented two final reports – Freedom to Speak Up (FTSU) and business continuity and disaster recovery. Noting the transactional items had been addressed, the committee highlighted that where the different reports identified the same issues/recommendations the actions and delivery dates varied. The committee also requested the executives ensure there is greater alignment and consistency in the responses across the reports, and that a more strategic overview is taken, as well as ensuring the management responses reflect the true position on the issues raised and the associated action plans set realistic timescales to reflect the amount of work that will be needed to arrive at an assured position.
- The lack of a robust system for embedding and emphasising values-based services was highlighted as a particular area of concern, along with improvements required in the infrastructure around staff knowledge and engagement generally in the FTSU guardian service. The committee requested this be taken forward to People & Culture Committee to review.
- The business continuity audit report only relates to on-premises services which have a fully worked up plan for resolution in place by March 2024. However, further discussions and review to be undertaken between internal audit and exec leads.
- An overall risk assurance score of substantial was received following the Data Security and Protection Toolkit benchmarking for 2022/23; this was favourable and better than other organisations benchmarked.

Counter Fraud Update

- The identification of fraud totalling £845k in connection with fraudulent Covid-19 vaccine payments was highlighted, although there is no quantifiable loss to the Trust.
- Progress is being made on updating the conflicts of interest policy and further review being undertaken to ensure there is a more automated approach for recording declarations. Assurance provided that there remains a robust manual process in place.
- Assurance provided that the protocol for identity verification for ad hoc bank and agency staff currently focused on inpatient settings will be expanded across the geography of the Trust and include all disciplines of staff.
- Work to review and explore earlier resolutions to outstanding counter fraud team recommendations will be carried out by the CFO in conjunction with execs.

BAF Risk 9 Commissioning – Deep Dive

- A deep dive into the actions taken to manage risks posed by the commissioning of services by the Trust highlighted the changing profile of the risk given the financially challenging environment of both Integrated Care Systems (ICSs), the emerging vulnerabilities of some partners and work to mitigate financial risks associated with the new models of care perinatal collaborative due to start in March 2024. *Will reword BAF risk 9*
- The committee heard of the continuing delivery on plan of both the North Central and East London CAMHS and the North London Forensics collaboratives and how closer involvement by ELFT in the management of the East of England collaborative is beginning to mitigate their delivery risks with improved clinical and financial outcomes.
- The committee acknowledged the implication of the risk to surplus funds within the system and the action taken to add investments in preventative measures into the baseline finances; however, noted this is a short term view which removes our ability to invest in prevention in the longer term.
- The committee requested clearer articulation via a table of the risks that are directly related to ELFT as commissioners and those that belong with sub-contractors.
- Consideration to rewording the risk was also requested to appropriately capture both the value and vision aspect of the Trust's involvement which it was noted goes beyond the risks solely associated with the management of the collaboratives, involving support with action plans and training where appropriate to ensure maximum benefit for service users.
- The current risk score remains at 16 and will be reviewed again in January 2024.

Board Assurance Framework

- Work is ongoing with exec colleagues on the management of cross-risk mitigations and actions across ELFT's committees, with options being brought to the Audit Committee in due course.
- Early conversations at ICS level around the management of risk and the introduction of a system risk register with the intention to bring this for further discussion at a board development session in February 2024.

Waivers and Breaches

- The committee welcomed the addition of the value of waivers to the report as previously requested.

ELFT Charitable Funds Annual Report 2022

- The report presented was for 2022 when the Trust's charitable funds were a part of the Bart's Health charity and so was prepared by their auditors.
- The ELFT charity will appoint its own auditors for 2023 onwards and the reports will be taken by the Board as the corporate trustee via the ELFT Charitable Funds Committee.

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

Appendix 1: BAF – Summary of Changes at 1 November 2023

BAF Risks	Updates
Strategic Priority: Improved population health	
<p>Risk 1 <i>If the Trust does not build and sustain the right organisational capability and capacity to support integrated care, this may impact adversely on our ability to deliver our strategic objective to improve population health</i></p> <p>Target risk score: 8 High Risk score: Remains at 12 High</p>	<ul style="list-style-type: none"> No change to risk score which remains at High 12 Sustained winter pressures and requirements at a time of significant demand remains a challenge; Exec leadership and involvement in system response to these pressures
<p>Risk 2 <i>If the Trust does not build and sustain effective partnerships with other health, care, voluntary sector and other key organisations, this may impact adversely on our ability to deliver the Trust strategy</i></p> <p>Target risk score: 8 High Risk score: Remains at 8 High</p>	<ul style="list-style-type: none"> 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
<p>Risk 9 <i>If the Trust does not effectively manage its commissioning responsibilities and associated risks as a lead provider or lead commissioner, this will impact on the quality and experience of care for service users and patients</i></p> <p>Target risk score: 8 High Risk score: Remains at 16 Significant</p>	<ul style="list-style-type: none"> No change to risk score which remains at Significant 16 due to the much higher financial and bed based risk profile for the Perinatal New Models of Care (provider collaborative for specialist perinatal services) in North Central East London with ELFT as the lead provider unlike the more established CAMHS collaborative. The collaborative start date has been deferred to April 2024 so the risk will mitigate once the full contract clauses and funding agreements are addressed as part of the negotiation process with NHS England which commences from December 2023
Strategic Priority: Improved experience of care	
<p>Risk 3: <i>If the Trust does not work effectively with patients and local communities in the planning and delivery of care, services may not meet the needs of local communities</i></p> <p>Target risk score: 8 High Risk score: Remains at 12 High</p>	<p>A brief update was provided at the Audit Committee who noted that the last update was provided to the People Participation Committee in June and a more detail report expected to presented at the PPC on 7 December 2023:</p> <ul style="list-style-type: none"> Continued work with ICS/place structures to embed PP and co-production in ways of working to reduce the variation; with Barts PPL contract extended Continued strengthening of PP resource including recruiting to a Head of PP, PP lead for Section 117 and peer support worker professional lead Service-user led accreditation continues with development of a corporate service-user led accreditation under way
<p>Risk 4 <i>If essential standards of quality and safety are not maintained, this may result in the provision of sub-optimal care and increases the risk of harm</i></p> <p>Target risk score: 9 High Risk score: Remains at 12 High</p>	<ul style="list-style-type: none"> No change to risk score which remains at High 12 Covid-19/flu: Trust is making Covid test kits available to staff in the 'highly vulnerable' group or where there are clusters of cases as these are no longer available through the government website. Flu and Covid vaccination programme commenced for staff and service users CQC: Expectation that the Trust will meet supervision and training compliance 'must do' action by end December 2023; ongoing preparation for well-led domains Industrial action: Although no further dates for further industrial action, risk remains with BMA balloting consultants

BAF Risks	Updates
	<p>and SAS doctors for the first time; an ‘after action review’ has been planned to review the efficacy and learning from the Trust’s response to date</p> <ul style="list-style-type: none"> • Services: Demand surge work undertaken with system partners to ensure we are responding in a coordinated and safe way via the urgent and emergency care work stream and the mental health capacity and demand group for the ICS continue to take place. Work now aligned with winter planning to ensure a joined-up approach and continuous focus on the main areas of high activity and pressure
Strategic priority: improved staff experience	
<p>Risk 5: <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>Target risk score: 8 High Risk score: Remains at 20 Significant</p>	<ul style="list-style-type: none"> • No change to risk score which remains at Significant 20 • Continued focus across the four priorities in the Trust’s people plan and maintaining the status quo; there is therefore no recommended change to the current risk score which remains at Significant 20 • Statutory and mandatory training compliance has increased from 83% in August to 84.9% in October to 83% but remains short of 90% of target • A week of Trust-wide events took place in October facilitated by Dr Robin DiAngelo focusing on how the Trust can become an anti-racist and multicultural organisation using IHI’s anti-racism and multicultural continuum. Over 300 people attended the events. Planning how to take this forward and the development of an anti-racism and multicultural strategy
Strategic priority: improved value	
<p>Risk 7 <i>If the Trust’s approach to value and financial sustainability are not embedded, this may impact on the achievement of the Trust’s financial, service delivery and operational plans</i></p> <p>Target risk score: 8 High Risk score: Remains at 16 Significant</p>	<ul style="list-style-type: none"> • No change to the risk score which remains at Significant 16 as the 2023/24 target is higher than 2022/23 and there is a continued reasonable gap in plans and forecasting a shortfall against target of c£6m at year end • Developing robust plans to deliver high risk high impact schemes • Changes implemented to embed a structured support to enable timely delivery of sustainable directorate FV plans through an enhanced framework are having a positive impact with actual delivery keeping pace with plan • DMT away day in November to commence 2024/25 planning
<p>Risk 8: <i>If the Trust fails to robustly implement and embed infrastructure plans including digital and estates, this will adversely impact on our service quality and delivery, patient care and carer experience, and our ability to transform services in line with our aspiration to be a leader in both of our ICSs</i></p> <p>Target risk score: 9 High Risk score: Remains at 20 Significant</p>	<ul style="list-style-type: none"> • No change to the risk score which remains at Significant 20 • DSB have reviewed the risk score and given the heightened alert with more sites being hit and where we have links. The most recent vulnerability is via non-federated exchange servers, i.e. non-NHS mail inboxes and also remote authentication not being NHS mail configured. Both of these affect some of our partners • 111/national shutdown of analogue lines and turning on digital lines by March 2024 is a big undertaking for the Trust which also affects estates who are working with digital, with good progress being made • 111 Crisis line project to be hosted by ELFT is due to go live by March 2024; operations and digital are working together as it is a technical project but has a large business change element delivered by the business. Project boards are established to deliver and are on track. This is a NEL wide project and the Trust is working closely with NELFT

BOARD ASSURANCE FRAMEWORK 2023-20234

BAF Dashboard 2023-2024

Strategic Priority	Risk No	Risk Description	Executive Lead	Lead Committee	Risk Score							
					Residual	Apr/ May	Jun/ Jul	Aug/ Sept	Oct/ Nov	Dec/ Jan	Feb/ Mar	Target
Improved population health outcomes	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	Executive Director of Integrated Care	ICCC	12	12 ↔	12 ↔	12 ↔	12 ↔			8
	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	Executive Director of Integrated Care	ICCC	12	8 ↔	8 ↔	8 ↔	8 ↔			8
	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	Executive Director of Commercial Development	ICCC	12	16 ↑	16 ↔	16 ↔	16 ↔			8
Improved patient experience	3	If the Trust does not work effectively with patients and local communities in the planning and delivery of care, services may not meet the needs of local communities	Chief Executive	PPC	12	12 ↔						8
	4	If essential standards of quality and safety are not maintained, this may result in the provision of sub-optimal care and increases the risk of harm	Chief Nurse	QAC	12	12 ↔	12 ↔	12 ↔	12 ↔			9
Improved staff experience	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	Chief People Officer	P&CC	16	20 ↑		20 ↔	20 ↔			12
Improved value	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	Chief Finance Officer	FBIC	12	16 ↑	16 ↔	16 ↔	16 ↔			9
	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	Chief Digital Officer	FBIC	20	20 ↔	20 ↔	20 ↔	20 ↔			8

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

Trust Board Committees	
FBIC	Finance, Business & Investment Committee
ICCC	Integrated Care & Commissioning Committee
PPC	People Participation Committee
QAC	Quality Assurance Committee
P&CC	People & Culture Committee

REPORT TO THE TRUST BOARD IN PUBLIC
30 November 2023

Title	Integrated Care & Commissioning Committee (ICCC) 9 November 2023 – Committee Chair’s Report
Committee Chair	Richard Carr, Senior Independent Director and Chair of Integrated Care and Commissioning Committee
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

- To bring to the Board’s attention key issues and assurances discussed at the Integrated Care and Commissioning Committee (ICCC) meeting held on 9 November 2023
- To provide for information the summary of the meetings of the Bedfordshire, Milton Keynes & Luton (BLMK) Integrated Care Board (ICB) and Health & Care Partnership (HCP).

Key messages

North East London (NEL) Integrated Care System (ICS) – One Year On

- Discussions focused on the summary update and thinkpiece on the relative strengths, challenges and opportunities for the NEL ICS following their inception in July 2022 from the perspective of the ELFT integrated care team
- The strong sense of collective purpose and partnership working amongst system colleagues was highlighted as were ongoing challenges in maintaining focus on the four aims for ICSs as set out in national guidance. The enormity and complexity of the ask was, however, acknowledged
- Some progress is being made in population health and tackling inequalities; however, there are clear opportunities for ELFT to strengthen and lead in these areas, in particular as part of the mental health, learning disabilities and autism (MHLDA) collaborative and in advocating for more quality improvement work to be built into the system
- The ability of ELFT to create positivity and energy in collective discussion and decisions with partners is an acknowledged strength, as is the value of the Trust’s people participation and peer support programmes and the opportunity to play a key role in utilising primary care services in early prevention and hospital admission avoidance
- The Trust is continuing to take action in the area of supporting broader economic and social development with our anchor organisation work
- Acknowledging there are underlying issues around productivity and value for money as evidenced in the current financial deficit within NEL although there is recognition that NEL continues to be one of the lowest funded areas of the NHS, the committee stressed the important lessons to be learned from the better performing areas of the system and a channelling of focus into areas of most effective outcome
- Future reporting to the committee will be focused on three key lines of enquiry: deciding the key areas of focus, co-ordinating activities and mobilising resources to support delivery
- A similar summary will be presented and discussions held on the BLMK ICS at a future meeting.

North East London (NEL) Mental Health, Learning Disabilities and Autism Collaborative (MHLDA)

- Recent joint discussions with North East London NHS Foundation Trust (NELFT) colleagues highlighted the scale of population need and deprivation in NEL, the variation in outcomes and spend and the need to be continually driven by outcomes
- Issues and next steps will be developed in alignment with the NELFT equivalent committee to the ICCC and include defining the next level of the aim, selecting areas for focus, keeping lived experience to the fore and further development of the governance and infrastructure. A draft prospectus is in progress along with beginning practical planning for 2024/25 and accelerating work around community health services
- The committee requested the addition of work around organisational development to the next steps and discussed the need for more research into learning disabilities and autism, to include

socio-economic factors, and the potential for building an academic presence into the collaborative.

North London Forensic Consortium Annual Report 2022/2023

- The final published version of this report highlighted the achievements and ongoing initiatives of the collaborative with key themes around respectful partner relationships, improvements in clinical services and a recognition of inequalities experienced across different units in the forensic service.
- The increased influence of ELFT across the consortium is highlighted in clinical leadership, identifying priority areas for investment and the inclusion of service users in networks and patient councils; there is particular alignment with the Trust's annual plan for improving patient experience with substantial investment into physical health conditions impacting people with serious mental illness
- This focus on forensics was welcomed by the committee as an area that has the potential to provide useful learning for the system as a whole and requested continuing updates and presentations for future meetings.

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.

Bedfordshire, Milton Keynes & Luton Integrated Care Board and Health & Care Partnership

A summary of the BLMK ICB and HCP meetings held on 29 September and 31 October 2023 was circulated to Committee meetings outside of the meeting and is attached for Board members information.

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

Date 30 November 2023

ICB Executive Lead: Felicity Cox, BLMK ICB CEO

Report Author: Michelle Evans- Riches, Acting Head of Governance, BLMK ICB.

Report to the: Board of Directors, East London NHS Foundation Trust

Item: [ELFT secretariat to complete] – Bedfordshire, Luton and Milton Keynes Health and Care Partnership and Integrated Care Board update

1.0 Executive Summary

1.1 This report summarises key items of business from the BLMK Integrated Care Board and BLMK Health and Care Partnership (a joint committee between the local authorities and the ICB) that are relevant to East London NHS Foundation Trust.

2.0 Recommendations

2.1 The Board is asked to **note** this report.

3.0 Key Implications

Resourcing	✓
Equality / Health Inequalities	✓
Engagement	✓
Green Plan Commitments	✓

3.1 This report provides a summary of items discussed by the ICB and Health and Care Partnership. Each individual report considered at those meetings identifies the relevant implications as listed above.

4.0 Report

4.1 Annual General Meeting (AGM)

The Annual General Meeting (AGM) of the Integrated Care Board took place before the usual Board meeting. Chair Dr Rima Makarem, Chief Executive Felicity Cox and Deputy Chief Finance Officer, Stephen Makin provided an overview of 2022/23, including the break-even financial position achieved by the ICB. Also presented were the Annual Reports for BLMK Clinical Commissioning Group for months 1-3 of 2022/23. Both Annual Reports can be found on the ICB's website.

4.2 Bedfordshire, Luton and Milton Keynes Integrated Care Board

The Board of the ICB met on 29 September 2023, the communications summary from the meeting is given below.

4.2.2 The Integrated Care Board meeting followed the AGM. Felicity Cox provided an overview of work underway to prepare for the planned industrial action from

consultants and junior doctors week commencing 2 October 2023 and informed the Board that, following inspections, there was no reinforced autoclaved aerated concrete (RAAC) in BLMK's NHS estates. The Board celebrated the news that Head of the BLMK Cancer Network, Kathy Nelson, had been named Ground-breaking Researcher of the Year Award at the national BAME Health and Care Awards in London on 28 September 2023.

4.2.3 There was one question from the public about how the ICB plans to fund the East of England (South) Integrated Stroke Delivery Network. Chief Nursing Director, Sarah Stanley outlined that the ICB is committed to the concept of Integrated Stroke Delivery Networks and is working with partner ICBs, and regional and national colleagues, to consider how these could best be supported in an affordable and sustainable way. She acknowledged the hard work of all local health and care staff who provide direct or indirect support to those affected by strokes.

4.2.4 The following items were discussed:

1. **Resident's story** – members watched a video from Catherine, a resident from Bedford who is deaf. She shared her powerful story in BSL. She explained the challenges that people who are deaf face when accessing health and care, including being able to make or change an appointment and engage with health and care professionals. The Board reflected on the need to think about and change how we communicate to ensure easy and fair access for everyone – a key part of the [Denny Review](#) of Health Inequalities.
2. **Health and Employment Outline Strategy** – The Board heard how Places are taking forward the action plans arising from the ICB's Health and Employment Seminar in [July](#). These include efforts to maximise the support from Anchor Institutions, make full use of the Apprenticeship Levy and broaden volunteering opportunities. The Chief People Officer for the ICB outlined what the ICB will be working on to support residents in applying for work in the health and care system. The Chief People Officer also shared examples of recent work, such as a campaign to support residents without easy access to the internet to hear about job opportunities. It was confirmed that VCSE organisations would be central to supporting the development and implementation of new Health and Employment Strategy for BLMK, an outline of which will come to the BLMK Integrated Care Partnership meeting on 31 October.
3. **Mental Health, disabilities and autism** – The Board supported work to develop a new Mental Health, Disabilities and Autism collaborative in BLMK that would encourage more joined up working across the system, with focused work at place to deliver care closer to those who need it. The Board heard how a model for new ways of working was in development and asked for more information on how Primary Care Networks (PCNs) and GP surgeries would fit into the model. The Board asked for more detailed work to be undertaken around the governance and membership as the collaborative emerges.

4. **Equality, Diversity and Inclusion** – the Chief People Officer for BLMK took the Board through six areas where focus is needed to help us retain our health and care workforce. Providing a living wage for staff and creating the right culture was the focus of the discussion, including ensuring that all people are empowered to ‘speak up’. Partner organisations were invited to reflect on the culture of their organisations and endorse the action areas to support their people in thriving at work.
5. **Financial and operational reports** – members received formal updates from quality and performance, finance and governance, as well as an update on Section 75 agreements from local authority chief executives, which were agreed by the Board. The Chief Transformation Officer provided assurance on urgent and emergency care and the Board approved the plan, in line with NHSE requirements and thanked partners for their efforts in working together to maintain system flow. Clinical members asked that officers continue to work to a prevention agenda to support people in keeping well and encouraged neighbourhoods to lead the way on this work. The roll out of virtual wards was commended as among the best performing in the England. The Board added a strategic risk to its register to respond to the challenge of health literacy in our population as highlighted by the Denny Review.

4.3 **Bedfordshire, Luton and Milton Keynes Integrated Care Partnership**

The latest meeting of the Bedfordshire, Luton and Milton Keynes Health and Care Partnership (H&CP) took place on 31 Oct 2023.

4.3.1 The main points covered at the meeting are as follows.

1. **Health and Care Partnership Governance, Work Programme and Approach for 2023/24.** The Health and Care Partnership agreed to change its terms of reference to reflect a move towards fewer formal meetings enabling more time for joint working with members of the Board of the ICB.
2. **Denny Review.** The H&CP discussed the findings of the review carried out by Reverend Lloyd Denny into health inequalities and partner members committed to the actions outlined in the report to tackle inequalities.
3. **Delivering our Strategy at System and Place – Reports from the Health and Wellbeing Boards and ICB.** Updates from the ICB and each Place Board were received.
4. **Health and Employment outline strategy framework.** Following the joint seminar between the ICB and the H&CP in July (as reported above), the H&CP supported an outline strategy framework for system-wide working on employment and skills.
5. **Right Care, Right Person.** Across BLMK, partners are aiming to ensure that the right agencies are involved in provided appropriate levels of healthcare support and, in particular, working to reduce the need for police services to get involved in health-care issues.

6. **NHS Operational Planning 2024/25.** The ICB's Chief Transformation Officer outlined changes to operational planning in 2024/25 which seeks to take a system wide approach to addressing financial and operational pressures and to shift resources towards supporting admission avoidance and discharge from acute settings.

5.0 Next Steps

None

List of appendices

None

Background reading

None

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

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

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.

Committees/meetings where this item has been considered.

Date	Committee/Meeting
13 November 2023	This report has been discussed at the Quality Assurance Committee and was approved for publication in the public domain. In addition, the contents of the report have come directly from the reports to Making Equality Work meetings chaired by the Chief Nurse.
July 2023	The Workforce Race Equality Standards (WRES) and the Workforce Disability Equality Standards (WDES) were presented to the July 2023 People & Culture Committee and the July 2023 Board.

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.*

The 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 review and approval by the People & Culture and Quality Assurance Committees.

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 the 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. Two new meetings have been established:

1. Equality Programme Board, which takes place 6 weekly has commenced
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.

1.0 Introduction

- 1.1 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.
- 1.2 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.
- 1.3 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.
- 1.4 The Equality, Diversity and Inclusion (EDI) Annual Report summarises the action we have taken 2022 - 2023 for service users and staff towards our strategic aims to 'identify and remove systematic barriers, and to develop a wider understanding of intersectionality'. For this period, there was a focus on benchmarking and understanding inequalities for service users and staff within the trust.
- 1.5 As an NHS Trust, we must comply with the Public Sector Equality Duty (s.149) within the Equality Act (2010), which requires public bodies to have due regard to the need to:
 - 1.5.1 *Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;*
 - 1.5.2 *Advance equality of opportunity between people who share a protected characteristic and those who do not;*
 - 1.5.3 *Foster good relations between people who share a protected characteristic and those who do not.*
- 1.6 This report outlines the action and progress in 2022 - 2023 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.

2.0 How We Use Equality Data

- 2.1 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.

- 2.2** 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).

3.0 The NHS Equality Delivery System (EDS22)

- 3.1** 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.
- 3.2** 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’.
- 3.3** 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.
- 3.4** 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.

- 3.5** 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/>)
- 3.6** 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.
- 3.7** As with earlier models, implementation should be graded as ‘undeveloped’, ‘developing’, ‘achieving’ or ‘excelling’.
- 3.8** Work has, therefore, begun on our performance in the following:
- 3.8.1** 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)?
- 3.8.2** 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)?
- 3.8.3** 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)?
- 3.8.4** 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.

4.0 Trust Equality Objectives

- 4.1** 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.

- 4.2** To **improve population health** so that our communities are healthier and able to get more out of life.
- 4.3** 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.](#)
- 4.4** 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.
- 4.5** The two strategic outcomes that will support the achievements of our aims are:
- 4.5.1 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.
- 4.5.2 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.

5.0 Patient and Carers Race Equality Framework (PCREF)

- 5.1** 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.
- 5.2** 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.
- 5.3** 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.
- 5.4** 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).
- 5.5** 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.

- 5.6** 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.
- 5.7** In 2023 we will solidify the PCREF plan shaped by exploration and engagement exercise outlined above. The plan will also be informed by population health data for our communities and work undertaken by the performance team which illuminates where inequalities are within our services.

6.0 Accessible Information Standard (AIS)

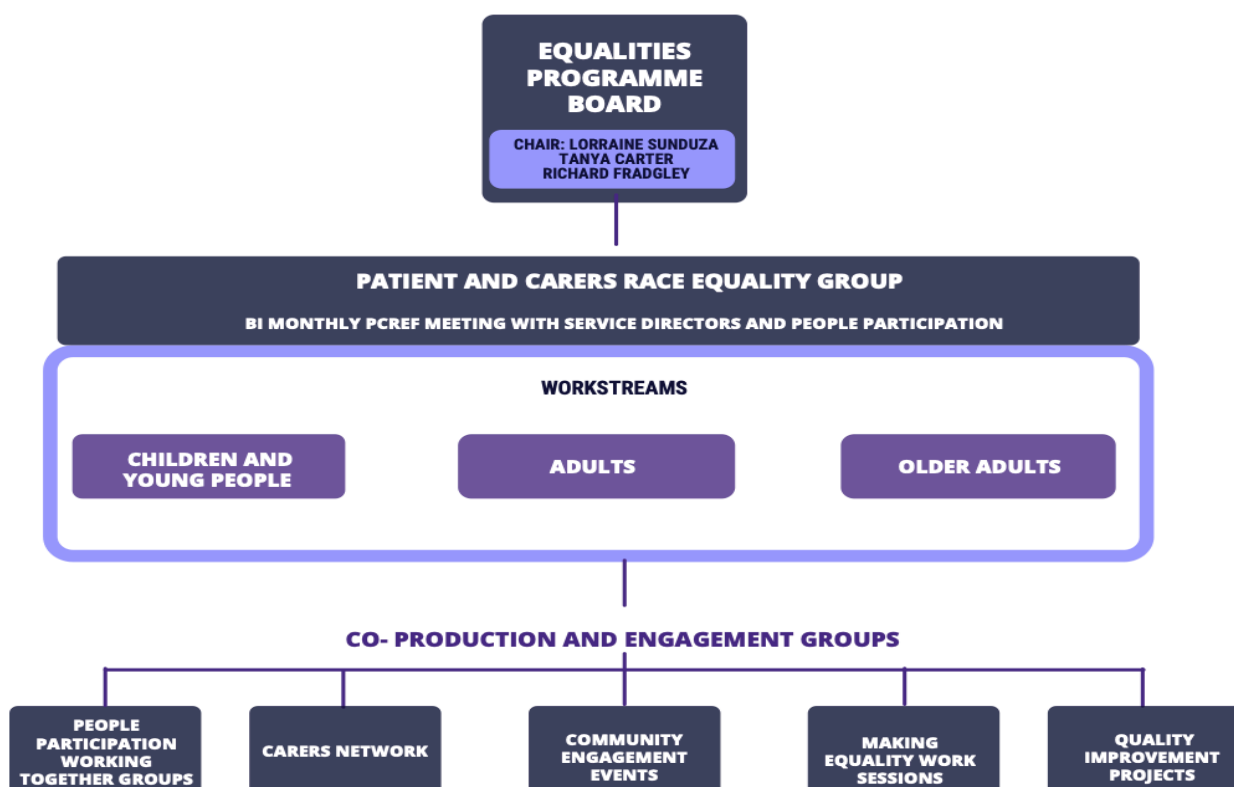
- 6.1** Since 2016, NHS organisations have been legally required to comply with the AIS which aims to ensure those who have a disability or a sensory impairment are able to access communication materials in the way they require and are given information in a format they can understand. Providing accessible 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.

6.2 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.

7.0 Governance

- 7.1** We have governance mechanisms in place to ensure our duties are met, and to understand the impact of inequalities on individuals and groups.



8.0 Workforce Equality Profile

- 8.1 A snapshot of the workforce was taken for 2022- 2023, which helped us to understand the make-up of our staff.

9.0 Workforce Equality Standard (WES)

- 9.1 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.
- 9.2 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.

9.3 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.

10.0 Workforce Disability Equality Standard (WDES) (Appendix 1)

- 10.1 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. WDES is in part modelled, to allow us to identify good practice and compare performance regionally and by type of Trust.
- 10.2 In 2022 reporting, there has been a fall in the number of disabled staff in Bands 8C-Executive roles 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. 24% of staff surveyed did not consider that they received workplace adaptations within a timely manner both issues have been captured in the EDI action planning
- 10.3 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.

11.0 Workforce Race Equality Standard

- 11.1 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.
- 11.2 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.

- 11.3** 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).
- 11.4 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.
- 11.5** 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
- 11.6** 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.
- 11.7** The key measurement areas were:
- (i) racial diversity,
 - (ii) racist awareness,
 - (iii) racial behaviours and
 - (iv) racial inclusion-barriers.
- 11.8** There were 914 respondents and the main findings were:
- 11.9 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
- 11.10 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

11.11 Top 3 Employee Feedback

Significant Improvement areas chosen by staff;

- A culture where racism is confidentially discussed and challenged
- Support for employees who experience racism
- Methods available for reporting racism

12.0 Gender Pay Gap

- 12.1** 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.

13.0 Staff Equality Networks

- 13.1** 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
- 13.2** 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.
- 13.3** 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.

Appendix 1

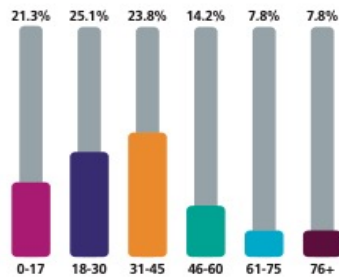


Service User Demographics

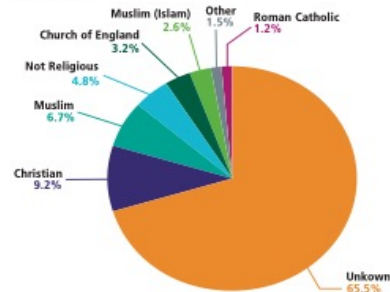
2022/2023



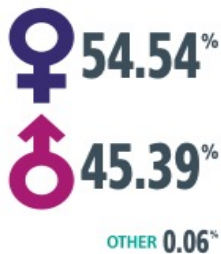
AGE GROUP



RELIGION



GENDER



DISABILITY



MARITAL STATUS

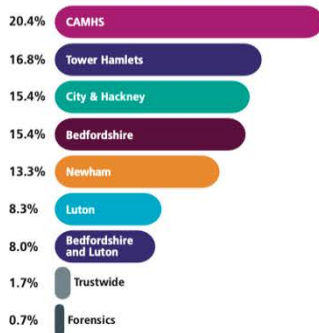


Service User Demographics

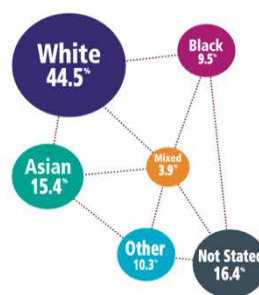
2022/2023



BY DIRECTORATE



ETHNICITY



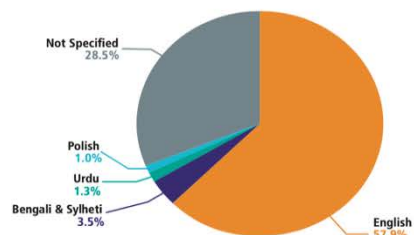
SEXUAL ORIENTATION



BY CATEGORY



LANGUAGE SPOKEN

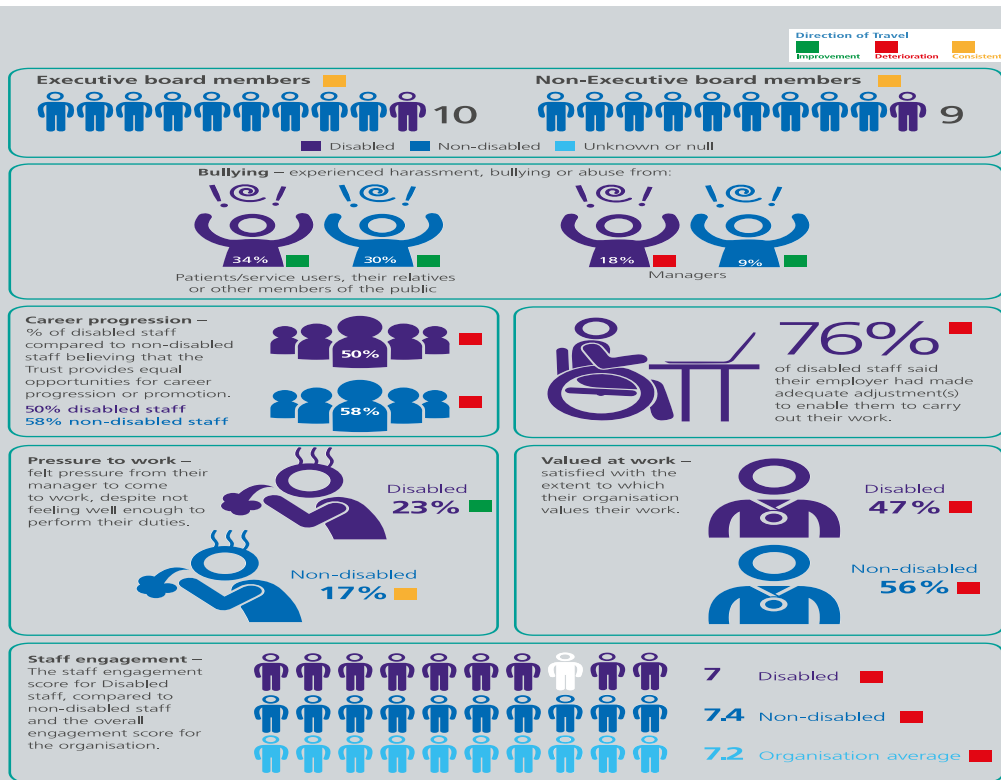
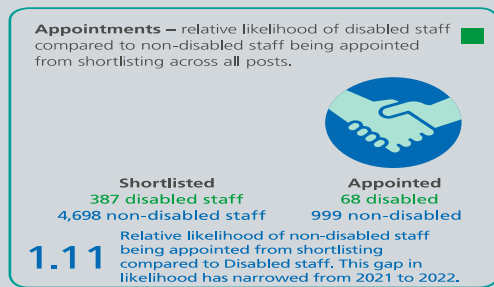
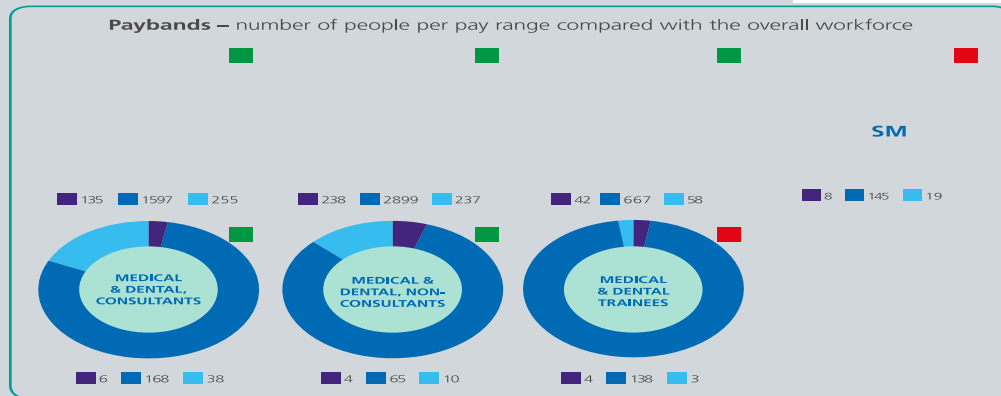


Appendix 2

WORKFORCE DISABILITY EQUALITY STANDARD



The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (Metrics) that enable NHS organisations to compare the experiences of Disabled and non-disabled staff. East London Foundation Trust will use the Metrics data and local data to develop an action plan that will enable us to demonstrate progress against the indicators of disability equality.



*Data lifted from 2021 staff survey

Appendix 3



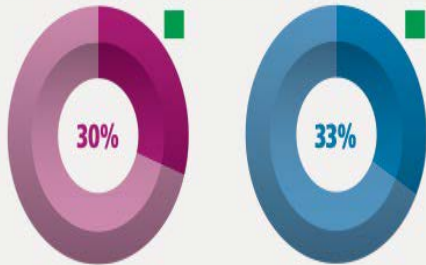
2022 NHS Workforce Race Equality Standard (WRES)



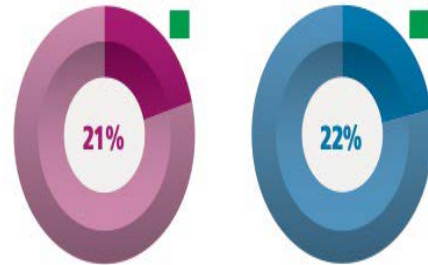
White BME Unknown

Direction of Travel
Improvement Deterioration Consistent

% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months



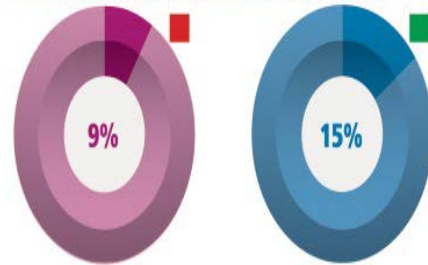
% of staff experiencing harassment, bullying or abuse from staff in last 12 months



% staff believing that trust provides equal opportunities for career progression or promotion



% staff personally experienced discrimination at work from Manager/team leader or other colleague



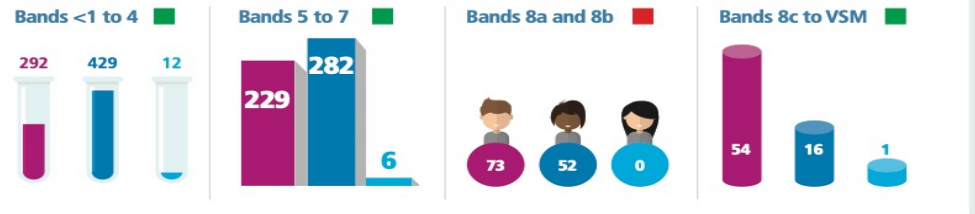
*Data lifted from the 2021 Staff Survey

2022 NHS Workforce Race Equality Standard (WRES)

White BME Unknown

Non Clinical workforce

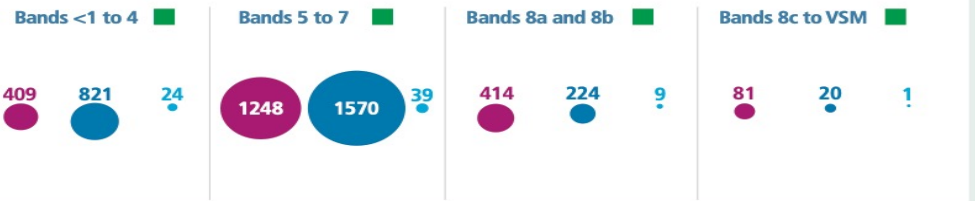
Direction of Travel
Improvement Deterioration Consistent



White BME Unknown

Clinical workforce of which Non Medical

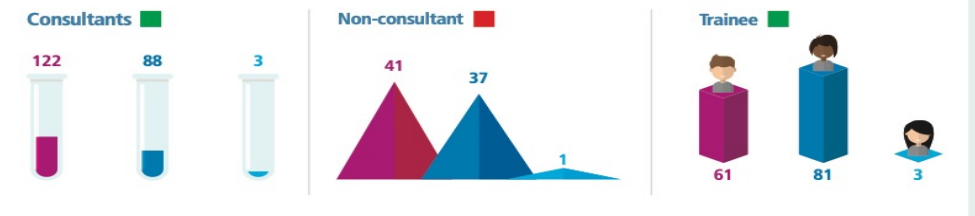
Direction of Travel
Improvement Deterioration Consistent



White BME Unknown

Clinical workforce of which Medical & Dental

Direction of Travel
Improvement Deterioration Consistent





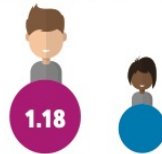
2022 NHS Workforce Race Equality Standard (WRES)

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



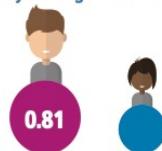
Improvement
The gap in likelihood has narrowed from 2020 - 2021

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

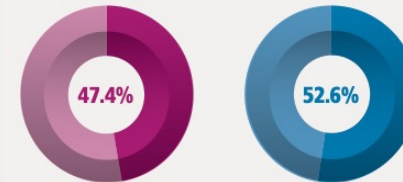


2022 NHS Workforce Race Equality Standard (WRES)

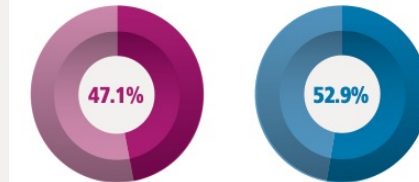
White BME Unknown

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

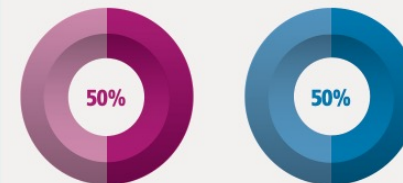
Total Board members - % by Ethnicity



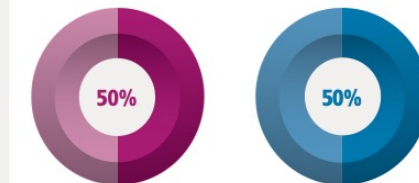
Voting Board members - % by Ethnicity



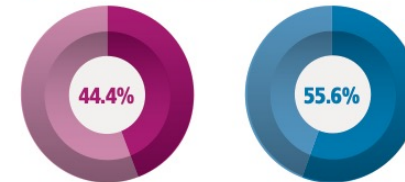
Non Voting Board members - % by Ethnicity



Executive Board members - % by Ethnicity



Non Executive Board members - % by Ethnicity



Trust Board Summary:

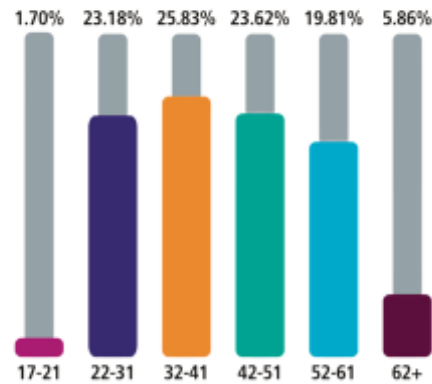
- The Trust board are 52.6% BME, this has remained consistent since the 2020 report.
- Voting membership of BME has increased from 46.7% to 52.9% in the reporting year.
- The non-voting board are 50% BME. Last year this figure was reported on as 75% BME.
- The Executive team are 50% BME, which has decreased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

Appendix 4

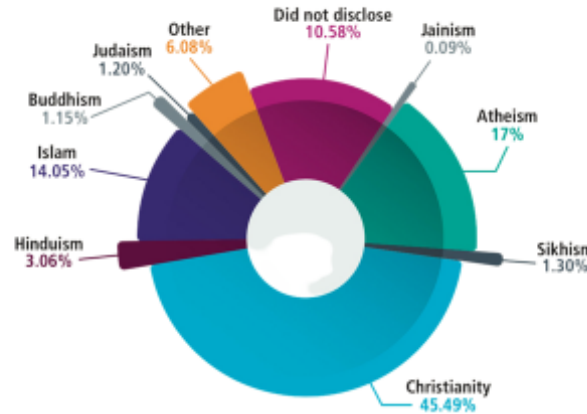
ELFT WORKFORCE DEMOGRAPHIC

April 2022- March 2023

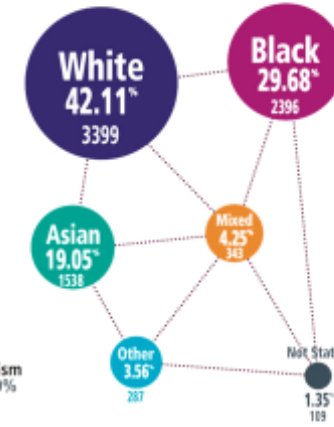
AGE GROUP



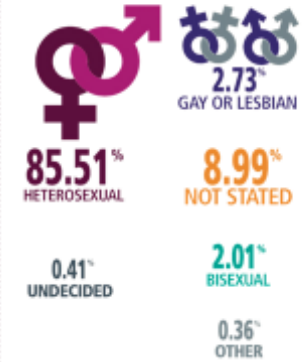
RELIGIOUS BELIEF



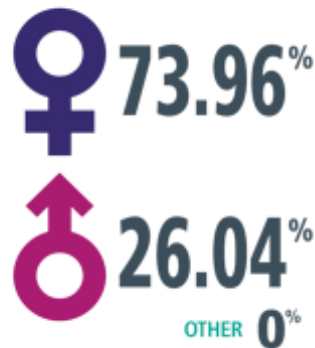
ETHNIC ORIGIN



SEXUAL ORIENTATION



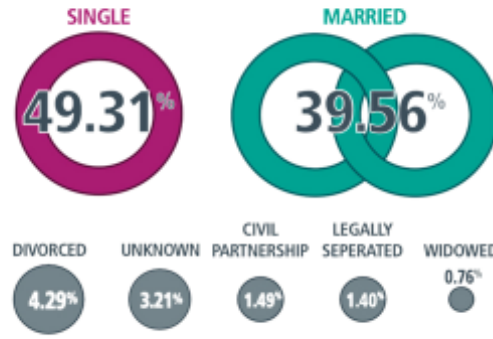
GENDER



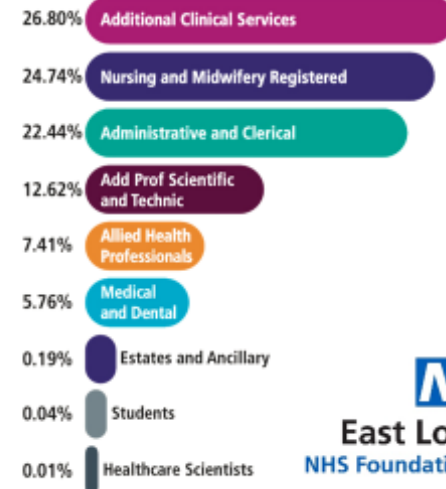
DISABILITY



MARITAL STATUS

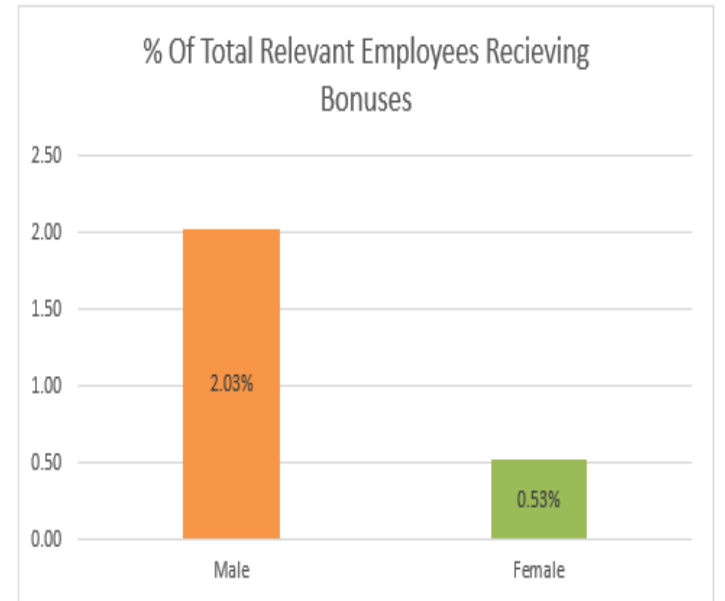
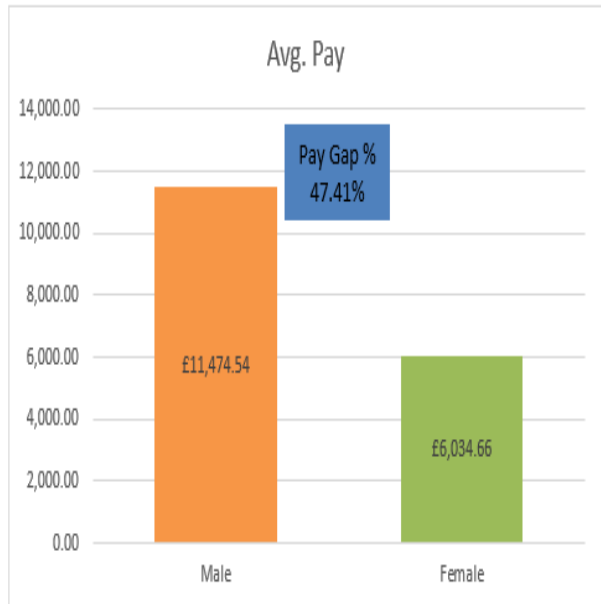
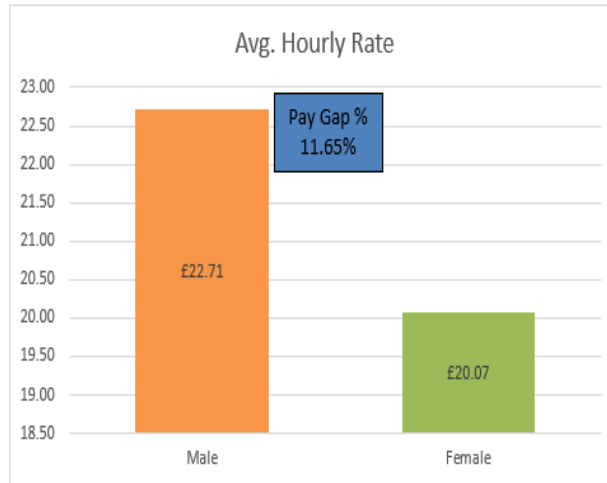
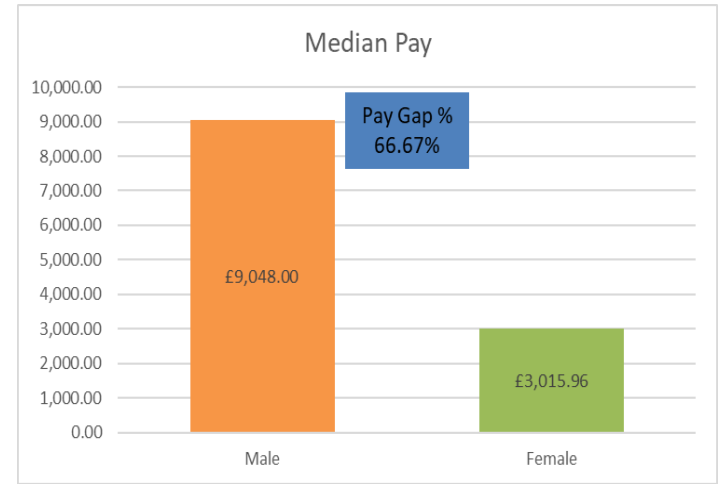
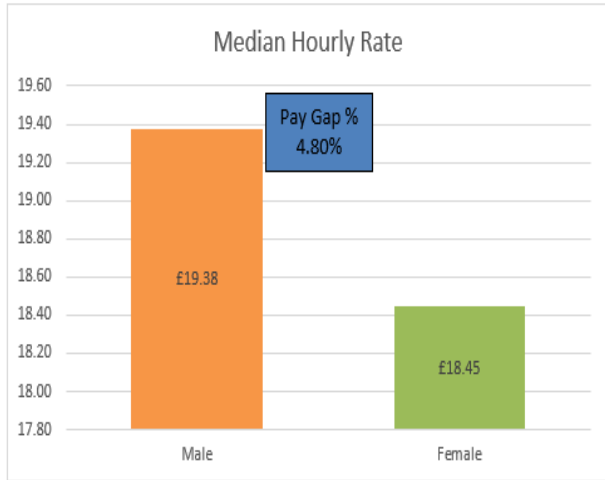


STAFF GROUPS



Appendix 5 Pay Gap

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%



Appendix 6 Flair Action plan

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.

REPORT TO THE TRUST BOARD IN PUBLIC
30 November 2023

Title	People Participation Committee (PPC) 21 September 2023 – Chair's Report
Committee Chair	Aamir Ahmad, Non-Executive Director and Committee Chair
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

To bring to the Board's attention key issues and assurances discussed at the People Participation Committee (PPC) meeting held on 21 September 2023.

Key messages

<p>Trustwide Working Together Group Priorities Update: Improving the Quality of Life</p> <ul style="list-style-type: none"> • TWWTG priorities identified by service users and carers is a focus for the Trust throughout the year. The PPC receives updates on one of the priorities at each meeting • Improving the quality of life is also a strategic aim of the Trust and as this also reflects the Trust's ambitions to be a Marmot organisation there is a need to consider the wider determinants of health such as wellbeing issues, employment, finances, housing, etc • Dialog and Dialog+ is a measure of the quality of life by asking people how satisfied they are in the different areas of their life which helps with understanding the social issues that are impacting on people's health as well as from a clinical perspective. Both have been mainly used in mental health services and are now being introduced in community health services and CAMHS • Examples of how the Trust contributes to the quality of life of our service users were shared including how people participation itself contributes to improving the quality of life as provides the opportunity for people to be part of a community and to feel valued; and there is scope to expand this work through, for example EPCT (extended primary care) and AADS (admission avoidance and discharge) – both services are aimed at social intervention to divert people from needing treatment and this can be done effectively through peer support • Opportunities for development include working with third sector organisations such as The Woodland Trust, RSPB, Forestry Commission who have volunteer programmes which service users would benefit from by taking part, as well as broadening social prescribing. <p>Implementation of the Trustwide Working Together Group Priorities: London Community Health Services (Newham and Tower Hamlets)</p> <ul style="list-style-type: none"> • Focusing on two priorities: addressing inequalities and care and treatment with good progress being made including the development of talking leaflets, carers' training for staff, a carers group is in place for the wards, and workshops have been held in Tower Hamlets to discuss volunteer opportunities • Although progress with QI projects had slowed there is a renewed focus and a wider promotion, and also ensuring that service users are involved from the outset; aim for Q3/4 is to recruit to and promote people participation • One challenge is how to reach patients in the community which number between 3,000 – 4,000 people many of whom are also housebound and consideration is being given to the different ways in which to connect with these patients and encourage their engagement • There is a need to ensure that people who raise concerns are protected during the process as it is important they feel they are able to raise any issues without recrimination • Work is ongoing to collect and triangulate feedback information and themes from a range of sources.
--

Cost of Living

- Susan Downing, the cost of living coordinator within the people participation team presented an overview of her role which focuses on cost saving tips and hacks to support staff, carers and service users based on her own lived experience
- There is a focus on reducing waste and changing habits, and alongside the practical tips, the importance of not compromising health and wellbeing needs and encourage people to cut costs in a healthy way is stressed
- The wide range of work includes monthly newsletters, development of a cost of living page on the staff intranet, articles in external newsletters, online workshops, hints and tips booklet
- Future work includes a focus on energy bills, food storage and managing the costs of Christmas; the recruitment to two people participation assistants to promote awareness of the resources and how to access them; attendance at external events to promote the Trust's work; improving information sharing including updating the Trust's website, the development of materials for sharing with GPs and the production of a cost of living booklet for those who do not have digital access
- The committee suggested that there would be value in gathering feedback and providing evidence of the benefits this work brings, possibly through individual cases and which could also attract additional funding
- This work contributes to the Trust's population health aims and won the project of the year at the recent people participation awards

People Participation Conference

- This was an 'interactive' face to face conference held in September which showcased the range and breadth of people participation activities and which was well attended even though there was a transport strike
- Intention is to combine this conference with the Trustwide Working Together Group conference and work will commence in the new year.

Board Assurance Framework: An update was not available for the meeting; it was therefore agreed that discussions would be held outside of the meeting and a more detailed update would be provided at the next meeting.

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
30 November 2023

Title	Quality Assurance Committee (QAC) on 13 November 2023 – Committee Chair’s Report
Committee Chair	Prof Dame Donna Kinnair, Non-Executive Director, Chair of the QAC
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

- To bring to the Board’s attention key issues and assurances discussed at the Quality Assurance Committee (QAC) on 13 November 2023.

Key messages

Emerging Issues

• **Winter Planning and Pressures**

- Services have been stood up across both North East London (NEL) and Bedfordshire, Luton & Milton Keynes (BLMK) Integrated Care Systems to meet the increased service pressures particularly around bed management. These pressures are exacerbated following the announcement that the usual winter funding will not be available this year and discussions taking place on how to manage demand with limited financial resource
- Guidance issued by NHS England on responding to winter pressures includes minimal /no reference to community and mental health services. Discussions on how providers are working together are expected to take place at ICB level and through A&E delivery boards
- Pressures on acutes remain largely due to patients who are clinically ready for discharge but are not able to access the right support in the community or available accommodation

• **Right Care Right Person (RCRP)**

- The Trust is engaged in work in both BLMK and NEL to ensure that service users continue to receive appropriate responses when making contact with the police
- There is a significant resource implication that remains to be determined; strategies are in place to ensure that the implementation takes place in line with agreed timescales and with meaningful collaboration with the police and other health partners
- There is an opportunity to include the service user voice to ensure co-production is undertaken at a system level

• **Industrial Action**

- Ongoing negotiations on industrial action taking place; to date no indication on whether any settlement will be reached and consultants are being re-balloted and SAS doctors are balloting for the first time
- An ‘after action’ review has been undertaken to look at any learning.

Integrated Patient Safety Report Q2

• **Assurance**

- The Trust continues to have robust 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
- A new more relevant approach to reporting incidents introduced; incidents are now reported as per 1,000 face to face contacts rather than an absolute number. This approach suggests reporting rates are stable, following a peak during the Covid pandemic, which is likely to be at least partially accounted for by a reduction in face to face contacts
- There has been a decrease in mortality rates which consistent with national trends. The number of reported serious incidents (SIs) has also decreased in Q2 and checks confirm that these are not due to any deficit in the process

- The committee was assured that learning from LeDeR deaths is overseen at the Learning from Deaths Panel and requested an update is included in future reports, particularly in respect of the triangulation of themes
- There has been an ongoing increase in the number of complaints and a deep dive is being undertaken to identify and understand any themes which might relate to safety. Timeliness of responding to complaints has been a challenge in Q2 and work is taking place to review and improve responsiveness

- **Improvement**

- The approach to reporting and declaring SIs is evolving to align with the Patient Safety Incident Response Framework (PSIRF) which has three priority areas: new learning methods; moving from action to improvement; and supporting and involving affected people
- Two patient safety partners and six patient safety specialists appointed who will work together to further co-design and co-lead the Trust's safety plan and PSIRF implementation
- Active progress is being made towards transition to InPhase: directorates have been supported to establish governance structures resulting in improved oversight systems particularly in respect of SI actions; and themes from SIs are being reviewed to link to improvement work. The committee noted that in particular two directorates have a significant number of overdue actions and received assurance that it is expected these differences will even out once a consistent system (Inphase) is being used.

Quality and Safety Report: Bedford and Luton Adult Mental Health Services

- **Overview of services:** there are now neighbourhood teams across all the PCNs; continue to have social workers and delegated functions from the three local authorities into all services; working in two acute hospitals and have staff supporting courts and police stations; there are sub-contracts with Bedfordshire Hospitals and MIND; strengthening partnership working
- **Achievements:** transitions work including an agreed system-wide escalation pathway and coproducing with young people and family carers how to better support them to prepare for adulthood; improving health inequalities for those with learning disabilities where work has resulted in increased annual health checks and progress in supporting hard to reach groups; Bedford Beacon which is part of the Recovery College introduced in response to service users feedback on needing evening support to address loneliness; complex emotional needs service runs courses to support carers; QI project has resulted in improving access to perinatal mental health; applying to be a GMC sponsor which will support with international recruitment; embedding research into clinical practice
- **Variations:** reviewing and developing SOPs (standing operating procedures) to reduce the variation in the operational framework across directorates which can impact on quality and service delivery; focus is now on embedding transformation into business as usual; older adult pathway and all crisis pathway services being reviewed
- **Challenges:** demand for ADHD and autism services where waiting times and numbers of those on the list continue to increase – reviewing what can be done differently to manage the backlog; patient flow – working with system partners to reduce the delays in moving people through wards; Right Care Right Person – working closely with the police on implementation; gap in provision for community forensic patients – although ELFT does not provide forensic services in Bedfordshire and Luton, ELFT's services in London are providing support to BLMK clinicians; the alternative to CPA has not been mobilised – issues are being worked through with leads
- The committee recognised the significant amount of work taking place and in particular supported the standardisation and improvement of services across Bedfordshire and Luton.

Cross Cutting Theme Deep Dive: Reducing Restrictive Interventions

- The Trust is compliant with the Use of Force Act (2018). Ward to Board governance structures have been strengthened and there is an embedded coproduction and service user involvement
- All inpatient services have seen a reduction and stabilisation in the use of restrictive practices, although there are some peaks in forensics which is in relation to a small number of complex service users. Early data has shown that the pods being trialled have reduced prone restraints
- There is a drive towards eradicating prone restraints due to the stress this position can put on the respiratory system and increased risk of physical health concerns; all episodes of prone restraint are recorded and monitored

- There will be a continued focus on the implementation and monitoring of the reduction initiatives including training compliance; transparency and accessibility of data; ongoing improvements in reducing frequency and impact of restrictive practices; measuring and reducing disproportionate application; and impact of restrictive practices on different groups of people.

Annual Equality, Diversity and Inclusion Report

- The report summarises the activities undertaken during 2022 across the Trust for service users and staff towards the Trust's aim to 'identify and remove systemic barriers, and to develop a wider understanding of intersectionality'; the report for 2023 will be presented in March 2024
- The staff survey highlighted race and disabilities as showing the biggest disparities, and although there has been targeted work around race during 2022, a more balanced approach and plan of work has been taken during 2023
- The impact of inequalities on service users has been reviewed together with what equality and diversity means to them; priorities identified include access, impact of restricted practices and accessible information standards
- *This report is also being presented to the November 2023 Board in public as an agenda item.*

Revalidation of Doctors

- No changes to the process for the revalidation of doctors since 2022 when arrangements were expanded for appraisals to ensure that those doctors holding appointments as honorary consultants with the Trust are appraised and revalidated in the same way as ELFT-employed consultants. The Trust also ensures that all doctors working for ELFT are compliant with the appraisal/revalidation process
- Led by ELFT, a national issue around the involvement of Trusts as an employer of GPs in their appraisals has been resolved; a medical manager review of the practice of a GP will be undertaken which will be fed into the GP's appraisal
- During Covid appraisals fell below pre-pandemic levels and although appraisal rates have increased to 87% work will continue to improve the number completed
- The committee approved the statement of compliance confirming that the Trust is complying with the Responsible Office Regulations.

Board Assurance Framework: Risk 4 improved patient experience: *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:*

- There has been an increase in flu and Covid rates although this is not impacting on staff sickness; the vaccination programme has commenced
- Increased levels of demand and complexity continue and work is under way to ensure access continues to be robust and waiting lists monitored
- Good progress being made on the CQC 'must do' actions; anticipated the Trust will be reporting 90% compliance for statutory and mandatory training requirements by December
- The committee agreed no changes to the risks scores and that appropriate controls are in place and operating effectively.

Internal Audit

- The Freedom To Speak Up report received partial assurance and includes a range of recommendations
- In response to concerns raised by the committee around some of the gaps identified, particularly the lack of staff awareness of the policy and confidence to raise concerns, assurance was provided that actions are under way to address these issues
- The committee requested the report be presented to the People & Culture Committee and that a clear action plan developed with realistic timescales and with appropriate monitoring in place.

Guardian of Safe Working Q2

- Junior doctor work schedules remain compliant with the junior doctor contract

- Reporting of exceptions to work schedules has increased in Q2 with 44 reports in the period compared to 39 in Q1 – main themes were excessive workload, staying late and delayed handover which can be partially attributable to the impact of junior doctors' strikes
- The number of contract breaches decreased to two in Q2 compared to 10 in Q1 – reasons were being unable to take the minimum rest period and also for working over 13.5 hours due to workload pressures
- 370 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 Q1 (325 vacant shifts) and Q4 (236 vacant shifts) which may partly be explained by the recent junior doctor strike action
- City & Hackney inpatient wards have exceptionally high reporting accounting for c75% of all reports received; there is a strong correlation with wards where there are no substantive consultants
- Focus on encouraging reporting from CAMHS colleagues where there continues to be a lower reporting rate.

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
November 2023**

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

Purpose of the report

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

Key messages

The quality assurance section of this report looks at the top five safety incident themes across the Trust, and reviews the rigour with which we are using data to understand variation and trends, learning from incidents, taking preventative actions, applying quality improvement to reduce incident frequency and whether we have appropriate structure and processes in place for assurance and improvement. Overall, there is evidence of good utilisation of data and learning from incidents, with appropriate structures that bring together clinicians to understand causes and take action to improve care and prevent future incidents. Quality improvement is being utilised broadly as a method to reduce incidents and harm from incidents.

The review has identified a few opportunities for learning and improvement, which are in train already. For example, the combined checklist and risk assessment developed in Newham related to leave planning is now being shared with all other inpatient units. The Pressure Ulcer Improvement Facilitator role, established in London community health, is currently being considered by the Director of Nursing for introduction in Bedfordshire. The biggest opportunity, which has impacted on safety related to medicines errors, lies in the use of automation and digital solutions. This needs further exploration in relation to other safety incidents, and the evaluation of organisational capability and capacity to innovate, test and scale. An example that is underway relates to the use of an e-observations tool within inpatient mental health settings.

The quality improvement section of this report provides assurance on progress of the two large-scale quality improvement programmes on Pursuing Equity and Inpatient Quality and Safety. Phase two of the Pursuing Equity programme began in September, with 28 teams applying quality improvement and coproduction to tackle inequities. Some teams are already seeing improvement, such as the Hatters Health Primary Care Network which now has 54% of individuals from minority ethnic groups in Luton with severe mental illness completing routine physical health checks, from a baseline of 0%.

Within the Inpatient Quality and Safety programme, the safety culture bundle is being adopted across all wards, with some wards having fully implemented the bundle, while others are still in the process of testing and implementing different components. In the therapeutic engagement and observations component of this programme, three high impact change ideas have been agreed for testing in different settings, with a view to scaling across the Trust. These are the use of zonal observations, life skills recovery workers on a twilight shift (2pm-10pm) and the use of a board relay. Through the use of zonal observations, Crystal ward in Newham has seen a 42% decrease in physical violence

incidents and reductions in the use of non-prone restraint, seclusion, and rapid tranquilisation. Through the testing of Life Skills Recovery Workers to conduct activities during twilight shifts, Townsend Court in Bedford has achieved a 40% reduction in physical violence incidents. The testing of a board relay, where staff physically hand over the observation sheet and share insights, Rosebank ward in Tower Hamlets has achieved an average of 93% completion of observations, with 100% reliability since 12 September.

This section of the report also gives an update on our Quality Improvement (QI) capability building programmes, with the Improvement Leaders Programme and the Improvement Coaching Programme commencing this Autumn. The report also outlines the plans to reflect and celebrate progress in 2024, which will mark ten years of applying quality improvement at ELFT.

Strategic priorities this paper supports.

Improved population health outcomes	<input checked="" type="checkbox"/>	Large-scale QI programme on pursuing equity and Inpatient quality and safety
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

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 report takes a look at high frequency patient safety incidents that have a significant impact on the everyday experience of service users, carers and staff. By taking a deeper dive into the structures and processes around these incidents, the report seeks to provide assurance that the trust is:

- Monitoring and analysing their occurrence, recognising and responding to trends and hotspots
- Effectively managing and mitigating the impact of incidents on quality and experience
- Seeking to learn from, and sharing learning from, the occurrence of incidents to prevent or reduce re-occurrence

1.2 Review of incident data over a number of years reveals a ‘big five’ of incident types that occur most frequency and have potential to cause harm:

- Physical violence
- Pressure Ulcers
- Absence without leave (AWOL)
- Medicines Errors
- Slips, trips and falls

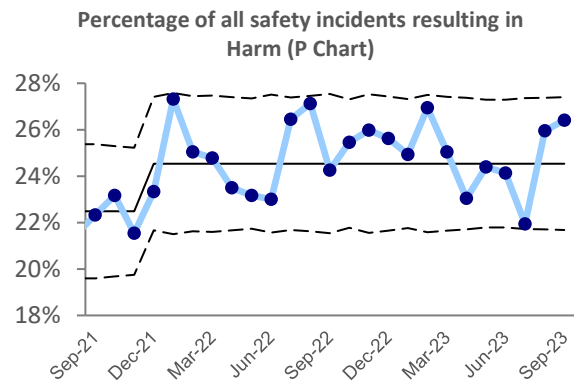
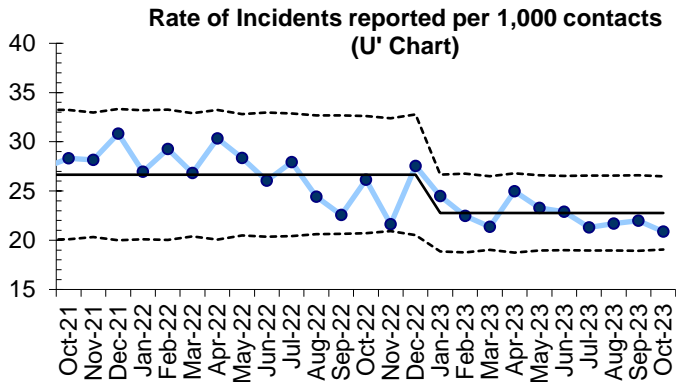
1.3 The charts within the report below show data for these five safety incident types, between October 2021 and September 2023. Below are the number of incidents reported over the whole of that 24 month period.

Physical violence	5754
Pressure Ulcers (originating or deteriorating under ELFT care)	3741
Absence without leave (AWOL)	1712
Medicines Errors	2010
Slips, trips and falls	1124

2.0 Incident reporting, quality and safety

2.1 ELFT positively encourages open and honest reporting of risks, hazards and incidents regardless of the level of harm caused. As examined in detail in the last Quality Report the trust is working hard to promote and support an open culture where staff, service users and carers feels safe to raise concerns and confident that action will be take on concerns raised. The open and accurate recording of incidents is central to building a safety culture that enables learning and supports continuous improvement.

2.2 Incident reporting in proportion to levels of activity across the trust is monitored closely, alongside the level of harm associated with incidents reported, as a means of gauging a healthy incident reporting culture. Current safety reporting is wide ranging across the Trust, ensuring that the Board and Executive team are well sighted on quality and safety data. The Board performance report routinely includes key safety data, both quantitative and qualitative. In addition, this Quality Report, the People Plan Report and the Safer Staffing Report all routinely provide information relevant to quality and safety of services.



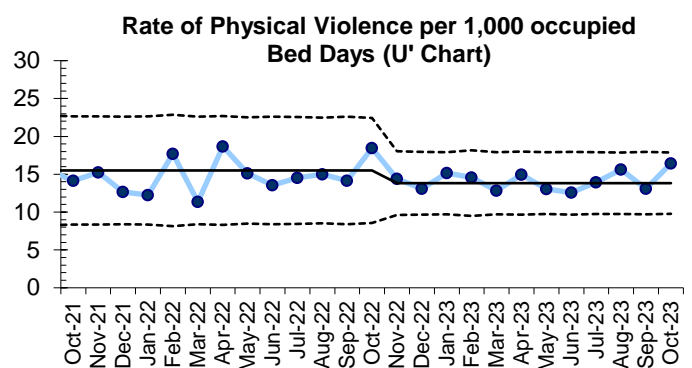
2.3 The quarterly integrated patient safety report for the Quality Assurance Committee (QAC) aims to provide an update on the status of patient safety in the organisation based on triangulated time series safety data, performance of patient safety management systems & progress on the implementation of the ELFT Safety plan. An update on safety learning & improvement work taking place across the trust is also included. The Quality Assurance Committee are also sighted on Directorate Quality & Safety Reports and the Quality Assurance Dashboard.

2.4 The Quality Committee and Patient Safety Forum oversee reports on all key safety areas including Safeguarding, Health and Safety, Security, Infection Control, Central Alerting System, Medicines Safety, Serious Incidents, Prevention of Future Deaths, Complaints, Claims, Restrictive Practices, Use of Force and Safety Improvement Areas, which reports through to the Quality Assurance Committee by exception.

2.5 In the Board quality report, the Quality Improvement section provides assurance on delivery of the large-scale inpatient quality and safety improvement programme. The 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 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 2014-5 as part of our violence reduction work.

3.0 Physical violence

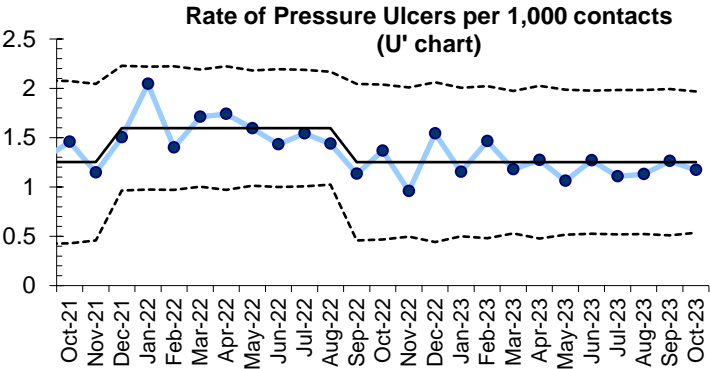
3.1 Our work to reduce inpatient physical violence began in 2012, starting with one ward and scaling a bundle of four high impact change ideas across the Trust by 2017. Within the current inpatient quality and safety improvement programme, units are working to embed this safety culture bundle more reliably into everyday operational practice.



- 3.2 Time to Think forums are in place in all inpatient services. These are multi-professional forums with service user input. The purpose of the meeting is to review local data, understand different experiences and perspectives, to shine a light on areas of practice, to support local quality improvement plans, and to monitor safety bundle implementation.
- 3.3 An online training module has also been developed, to ensure that all inpatient staff, and future staff, learn about the importance and how to utilise the four elements of the safety culture bundle. There is continuing training in relation to trauma informed care, and embedding of trauma informed practice via Time to Think groups, protocol and policy development. In addition, trauma informed care leads have reviewed safety intervention training and embedded a trauma informed approach within this.
- 3.4 PowerBI now contains simple and visual ways to view physical violence data in inpatient units, alongside the use of restrictive practices. The restrictive practices group, a trust-wide forum chaired by the Interim Chief Nurse, looks at incidents related to violence and aggression, including equality data, to generate discussion and action as needed.
- 3.5 There are other support groups across the trust that look at specific service groups e.g. PICU and Women's services and as part of that we look at the enablers and barriers to delivering effective services and agree on further workstreams. A QI project that is aimed at related to treatment and outcomes in women's services is soon to be launched.

4.0 Pressure Ulcers

4.1 Newham and Tower Hamlets Community Health Services have a dedicated team of pressure ulcer nurses known as Pressure Ulcer Improvement Facilitators (PUIF) whose main focus is on pressure ulcer prevention and management. They deliver monthly training and education sessions for all staff in a clinical role that support at-risk patients. This is not limited to nurses but also includes therapists and rehab support workers.

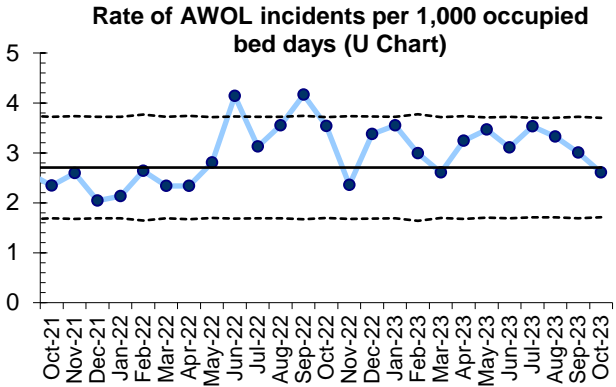


- 4.2 The PUIF have weekly risk assessment meetings with District Nursing teams where they discuss all patients on the caseload who have a pressure ulcer; the aim being to identify early any patients who have a pressure ulcer that may be deteriorating. They also review the equipment and care plan to ensure they are appropriate for the patient's needs.
- 4.3 All patients admitted to a caseload have a Waterlow risk assessment completed at the first assessment. If the patient is identified as at-risk, a aSSKINg bundle is implemented. This is a care bundle that stands for a - assessment, S - Surface that the patient is sleeping/sitting on S- Skin inspection from head to toe, K – Keep moving to assess level of mobility, I - Incontinence status is checked, N – Nutrition, G – give information. All of these areas must be assessed as part of the prevention strategy.

- 4.4 The PUIF's in East London see all patients who have a Moderate harm pressure ulcer (Category 3, Category 4 and unstageable pressure ulcers) and any category 2 or Suspected Deep Tissue Injury that has not resolved or improved within 2 weeks.
- 4.5 Community Health Services in Bedfordshire do not currently have this model of care in place, however it is being explored by the Director of Nursing. At present Tissue Viability Nurses see patients who are referred to them by the District Nursing teams. They also deliver training and education in Pressure Ulcer prevention and management. There is also a dedicated tissue viability nurse who supports mental health services and provides training in pressure ulcer prevention for staff working in older people's services.
- 4.6 Tissue Viability nurses and Directors of Nursing review all pressure ulcers reported on a daily basis and look for any clusters in a particular area. Where a higher number of pressure ulcers may be identified in a particular team, a deep dive will be undertaken to help understand any underlying issues and determine appropriate action.
- 4.7 Pressure ulcer data is available on PowerBI, to be able to view different grades of pressure ulcer, by team and over time, to spot any important variation. Data is also routinely viewed in the monthly Leadership meeting for Newham CHS and the Quality Assurance Group meetings in Tower Hamlets and Bedfordshire.
- 4.8 For any moderate harm pressure ulcers acquired in our care, the team undertakes a Root Cause Analysis investigation and presents this at the Pressure ulcer panel meeting and Skin Matters meeting in Bedfordshire. This is an opportunity to identify lessons learned, share good practice and put any actions in place.
- 4.9 Tissue viability teams across Newham and Tower Hamlets have engaged in Quality Improvement projects aimed at reducing occurrence of pressure ulcers, and the Trust is also working with City University on a qualitative research project to explore the barriers and enablers for family and carers when looking after a service user with a pressure ulcer. The Trust is engaged with partners to look at prevention and management across care pathways. The trust tissue viability lead is part of a system wide group led by NEL ICB where good practice and lessons learned are shared across the system. There have been collaborative lessons learned events with the Local Authority and Newham University Hospital with a focus on those service users at risk and who also have a learning disability.

5.0 Absence without leave (AWOL)

5.1 Absence without leave pertains to service users detained under the Mental Health Act, and may occur when a service user leaves the ward on which they are detained without permission (absconds), or fails to return to the ward from authorised leave within the prescribed time.

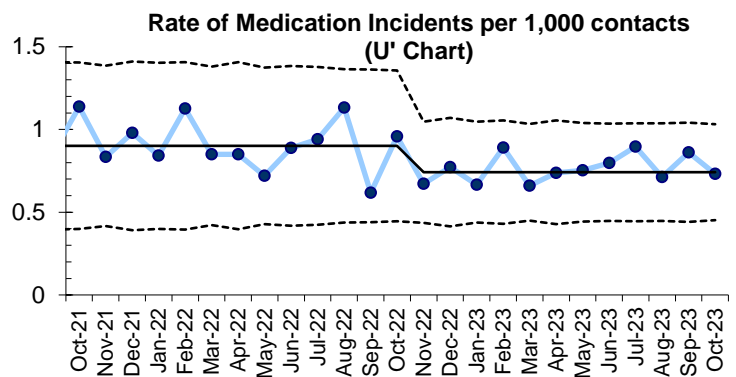


- 5.2 The Responsible Clinician is required to legally authorise leave, but decision making is multi-disciplinary, and typically takes place within a ward-round or multi-disciplinary meeting, involving service users and family/carers where appropriate. Accurate and comprehensive risk assessment, and collaboration with the individual, are crucial to prevention of incidents of AWOL.
- 5.3 Service users who are detained and do not have authorised leave, and who are assessed as being of high risk of leaving the ward, will have a care plan around this issue in place, focused on identifying stressors and mitigating factors to help the service user and ward team work together to manage that risk. Referral to Psychiatric Intensive Care may be considered if the ward care plan is ineffective and/or there are risks to the service user or others associated with their absence from the ward.
- 5.4 All detained service users who are granted leave are risk assessed prior to leaving the unit for their leave (whether escorted or unescorted). Prior to leave, the section 17 leave form that legally authorises the leave will be checked for validity, and to confirm the terms.
- 5.5 Wards at the Newham Centre for Mental Health have developed a combined leave checklist and risk assessment document that may be helpful to implement across all adult in-patient services.
- 5.6 AWOL 'grab packs' are completed for all service users who are assessed as being at high risk of absconding or failing to return from leave. This includes description of the person, risk to self and other, address, contact details, and next of kin contact details. This is designed to assist in the quick and safe return of the service user.
- 5.7 All services have an 'Affinity Protocol' in place with local police to support a joint and co-ordinated approach to responding when a service user is AWOL, designed to ensure their prompt and safe return. Borough lead nurses and police meet every two months to review procedures, and to share learning.
- 5.8 All AWOL incidents are shared in unit huddles when they occur. All units hold a debrief after any AWOL incident to identify any immediate learning and remedial action required. Learning is shared in ward away days and weekly MDT meetings. East London and Luton and Bedfordshire Mental Health Services have AWOL leads, and AWOL incidents are collated and routinely discussed at local Clinical improvement Groups to enable reflection on individual incidents as well as themes and trends, and ensure they are acted upon. Review of AWOL incidents is a feature of Senior Nurses Forums and Local Quality Governance Meetings. Any serious incidents may be fed into the formal Serious Incident process, and associated action and learning structures. As the Right Care Right Person plan introduces changes to the way in which emergency services respond to calls for assistance, it is possible that this will impact on our incidents of absence without leave – the number of incidents, and also how we respond to incidents. This will need to be kept under review within the structures described above, paying attention to data and feedback from services, so that we can adapt as required.

6.0 Medicines Errors

- 6.1 Medication errors may occur at the prescribing, dispensing or administration stage of the process. Any error is liable to have a negative impact on patient safety and experience.

6.2 One of the key developments in the prevention of error has been automation (a dispensing robot which reduces risk of mis-selection of medications), the introduction of electronic prescribing systems and a Prescription tracking System that uses barcodes to ensure that medicine preparation goes through each of the required stages of checking before being released to the patient.



6.3 The electronic prescribing system is able to produce reports that are sent to wards and enable checks to prevent error or manage risk, for example around omitted doses, high risk medications such as sodium valproate, and high risk practices such as prescription of high dose antipsychotic and use of rapid tranquilisation. The PowerBI business intelligence platform provides automated alerts to pharmacists on a weekly basis for any inpatients prescribed sodium valproate where there is possibility of risk to a pregnancy.

6.4 Nevertheless, there remains a risk of medicines error, particularly at the administration end of the process where human input is greatest. The trust pharmacy team, led by the Chief Pharmacist and supported by the Medicines Safety Officer, are the hub for prevention and improvement work. Directorate lead pharmacists conduct a weekly review of medication incidents. A bimonthly Pharmacy forum is an opportunity for more in-depth review of, and learning from, medication incidents, alongside drug safety updates, and medicine safety bulletins.

6.5 Members of the pharmacy team regularly conduct walkrounds of clinical services, enabling them to observe systems and practice, and to then triangulate this 'soft intelligence' with medicines safety and incident data to deepen understanding and promote learning and improvement. Pharmacists routinely report on incidents and medicines safety to the relevant directorate quality and safety forum, to engage clinical leadership in learning and improvement. Trustwide data is presented to the trust Medicines Committee, a multi-disciplinary group, and reporting by exception goes to the Quality Committee.

6.6 Multi-disciplinary engagement with medicines safety is further promoted through mandatory Trustwide audit of key safety-critical standards, and improvement actions implemented in response to the results. In addition, a Medicines Safety e-learning package is available to all staff on the ELFT learning academy platform, and a range of other medicines safety resources via the intranet.

6.7 The pharmacy team further supports learning through facilitation of 'After Action Reviews', and by actively supporting, advising and participating in serious incident reviews when appropriate. It is notable that medicines safety is established as a priority area in the PSIRF framework which is expected to further strengthen learning from adverse events. The Trust provides Medicines Safety Officer representation at North East London, and Bedfordshire. Luton and

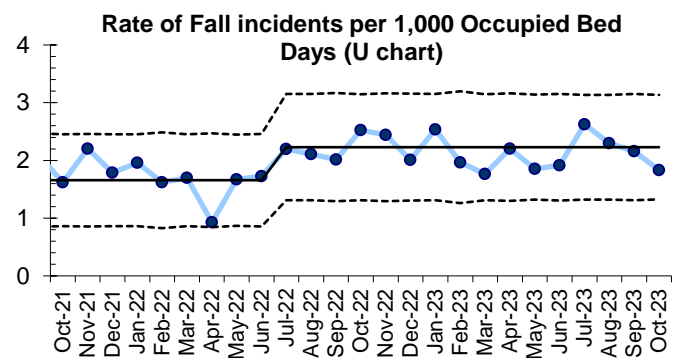
Milton Keynes Medicines Safety and Quality Group meetings, where incidents are shared across the system allowing for system learning to take place.

6.8 Also of note, within the Trust, is the formation of a Community Health Services Insulin working group put in place to work towards a better understand of what the system challenges are and possible solutions. The Trust is engaged with working group with Barts Health focused on Reducing Medication errors at the interfaces of the two providers. Going forward the Chief Pharmacist is planning to launch a Trustwide Medicines Safety Group aimed at further strengthening engagement from other professionals outside of pharmacy, and working with informatics to make medicines safety data available to clinicians in PowerBI, to enable real time understanding of trends and hotspots and enable focused prevention and support work.

7.0 Slips, trips and falls

7.1 The trust currently has an improvement plan in place for all Older Adults wards, of which prevention and management of falls is a major component. The plan incorporates four areas:

- Environments
- Care Planning
- Therapies
- Education



7.2 There is a monthly Community of Practice in place for all Older Adults ward matrons, ward managers and occupational therapists. All Older Adult wards will be using the '15 Steps' toolkit (NHS England) to help identify any further areas for development and improvement. Older Adults wards now have a member of staff supporting falls prevention quality improvement work, who is dedicated to that role one day a week. The aim is provide additional support and to accelerate progress from improvement idea to testing. Falls related improvement projects are already underway in Fountains Court and Sally Sherman Ward.

7.3 All wards will also be taking part in a one day education programme which includes falls training, alongside other key elements central to the high quality care of older adults. The Trust has an identified Falls Lead, who chairs regular meetings of the Falls group where data analysis and learning from falls incidents takes place.

8.0 Summary and actions in progress

8.1 Overall, there are robust structures and processes in place for each of the top five safety incident types – with good use of data and learning from incidents, which leads to actions to prevent future harm, and quality improvement work to improve the design of the system in order to reduce frequency of incidents.

8.2 The development of local solutions can lead to the risk of variation, and good practice not being shared. This is mitigated by the presence of Trustwide forums that bring together work and learning for each of the five safety topics above. Following this review, the combined leave checklist and risk assessment that was developed in Newham has now been shared with all

other inpatient units. With regard to medicines safety, the new Chief Pharmacist will be creating a Trustwide Medicines Safety Group aimed at further strengthening engagement from other professionals outside of pharmacy. There is variation in approach to pressure ulcer prevention between London and Bedfordshire, and the Director of Nursing is currently considering the implementation of Pressure Ulcer Improvement Facilitators model in Bedfordshire Community Health Services.

8.3 Digital solutions to improve safety remain relatively untested in these safety topics at ELFT, except for medicines safety, where the use of robots and electronic prescribing has reduced errors. The use of data and ability to analyse data has markedly improved over the last few years, with the introduction of PowerBI, which now gives teams and directorates the ability to see data at a glance from any device, and the opportunity to see hot-spots and unusual variation.

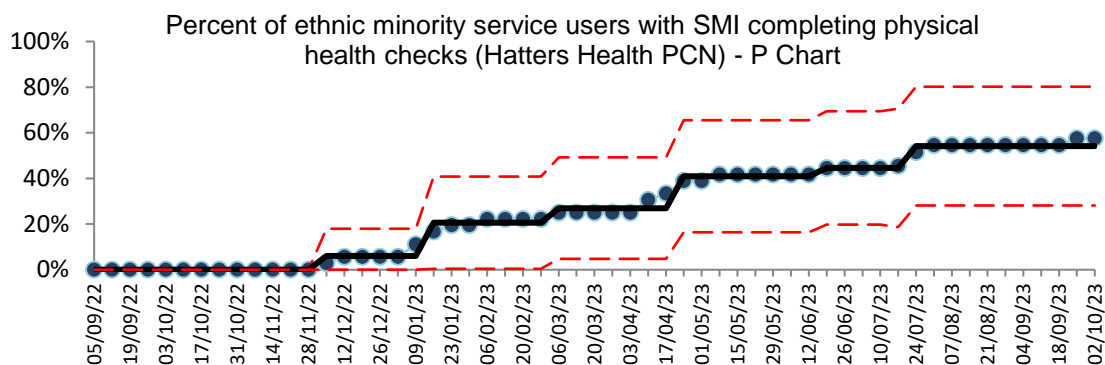
9. Quality Improvement

9.1. 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.

10. Pursuing Equity

10.1. Phase two of the pursuing equity QI programme began in September, with 28 teams from across the trust being supported to use QI to tackle a range of inequities. Teams are meeting regularly, with 72% having active service user involvement, and are being supported to understand the problem they are tackling, develop driver diagrams and then test change ideas.

10.2. Hatters Health Primary Care Network are aiming to increase the percentage of individuals with severe mental illness (SMI) from minority ethnic groups in Luton who have had routine physical health checks. The team have tested a range of change ideas including improving communication with service users via text message reminders, sending appointment confirmations and offering appointments in more convenient locations such as at a service users' home or care home. Their data below shows sustained improvement over time.



- 10.3. Tower Hamlets Community Health – The Advanced Care Planning team in Tower Hamlets Community health is aiming to improve end of life care for Bangladeshi patients. The team have identified that only 19% of their caseload are Bangladeshi, despite this group making up 36% of the local population. The team are working with partners from East London Mosque, local funeral services and members of the population to understand their needs and assets, which will help them develop a theory of change. The team have already produced a podcast for local GPs to increase awareness of the service. They are also working with colleagues from services in Cambridge to learn from a pilot which offered drop-in sessions regarding end-of-life care at Cambridge Mosque.
- 10.4. Forensic Services - Building on the success of work on East India ward to tackle racism, a multidisciplinary team from across the Forensic directorate is working to improve staff knowledge, awareness and reporting of racism by 20% by June 2024. The project team undertook a survey to help them understand the problem, identifying that 70% of staff experienced racism at work. 52% of respondents said they reported their experiences to their line manager, but only 41% received any support following the incident. Using the data, the team have created a fishbone diagram to help them understand the causes. The team are now finalising their driver diagram and measurement plan.
- 10.5. Bedfordshire and Luton Community Mental Health - The OCEAN (Offering Compassionate Emotional Support for those Living Through Birth Trauma & Birth Loss) team offers support for tokophobia, which is a profound fear of childbirth. The team identified an underrepresentation of individuals from Black, Asian, and Ethnic minority backgrounds in their referrals, which does not accurately mirror their local demographic. Their aim is to increase referrals from Black, Asian and other minority ethnic backgrounds from the Luton area by 25% by October 2023. They have a project team in place, including a service user from the perinatal families together group, coach, sponsor, and an initial measurement plan. The team are being supported to build their driver diagram and select change ideas to test.
- 10.6. The Pursuing Equity programme brings all the teams together every two months to share ideas, learn from each other and problem-solve. Teams receive ongoing improvement coaching, with a dedicated senior sponsor for each project. Teams that are not yet testing ideas will be supported to make progress along the sequence of ideas so that they can develop their theory of change and start testing change ideas over the next month. A rapid review of published articles is being conducted to bring evidence-based change ideas to the teams.

11. **Inpatient Quality and Safety**

- 11.1. 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.
- 11.2. The safety culture bundle includes the Broset Violence Checklist (BVC - 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.
- 11.3. The Forensic directorate have been testing different visual management boards, which are a quality control tool that brings together key data on all aspects of the safety culture bundle.

Newham, CAMHS, Bedfordshire and Luton wards have processes for completing safety huddles, safety crosses and community meeting discussions. The use of the BVC is still being tested, with support being offered to develop visual management boards across all three areas. In Tower Hamlets all wards are undertaking safety huddles and community meetings, with visual management boards being introduced. Wards in City and Hackney are using all parts of the bundle reliably, with visual management boards in place.

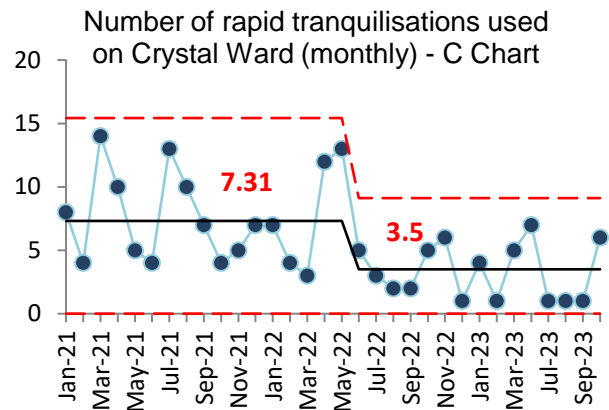
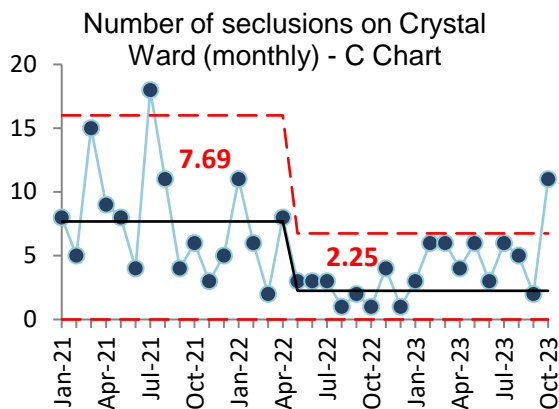
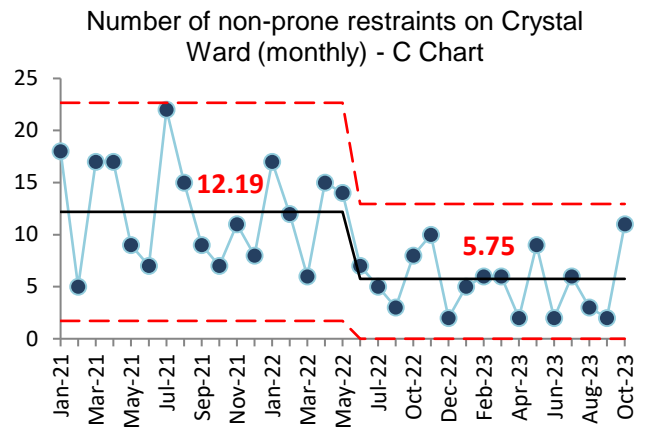
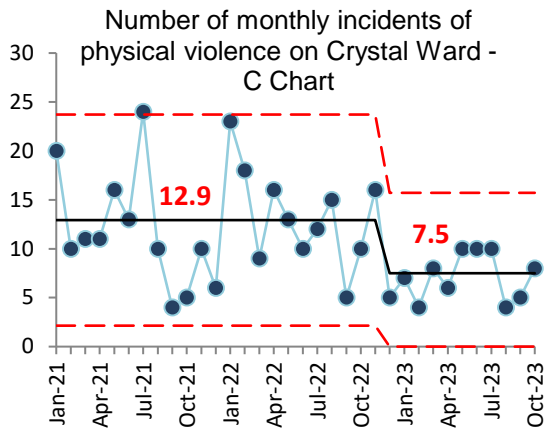
11.4. At East Ham Care Centre in Newham, Sally Sherman and Fothergill Ward are using the safety cross and safety huddles. The safety cross has been adapted to also monitor falls, pressure ulcers, complaints, and infection control as part of a wider visual management system.

11.5. For the therapeutic engagement and observations part of this programme, teams have been testing a range of change ideas over the last few months, as shown below:

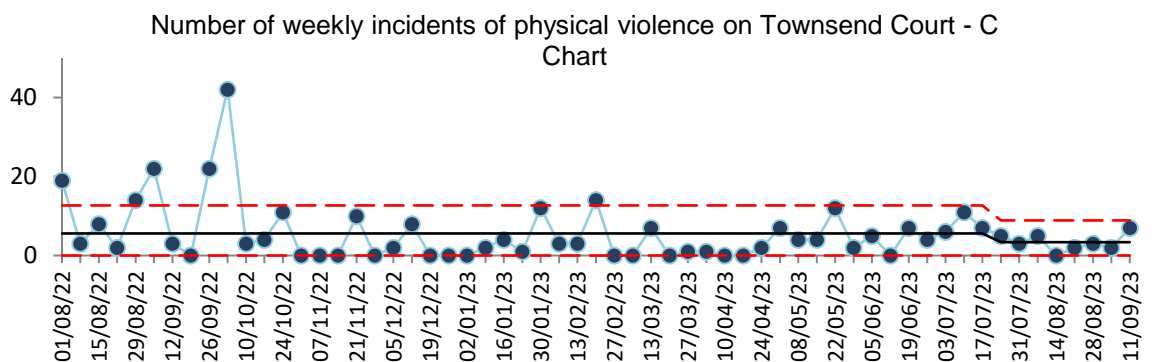
Location	Change Ideas tested
Bedford and Luton	Board Relay; Life Skills recovery workers on twilight shift; Revised observation templates; Infrared torches for night-time observations
CAMHS (Coborn and Evergreen)	Board Relay; High visibility jackets; Buddy system; Using social stories to promote observations; Guidance for service users with Autistic Spectrum Disorder
City and Hackney Centre for Mental Health	Board relay; Protected engagement time; Using tablets to collect Friends and Family Test surveys
East Ham Care Centre	Activity boxes; Spot checks on 1-1; 'This is me' life story; Loved ones attending mealtimes
Forensics	Zonal Observations; Revised observation template; Infrared torches for night-time observations
Newham Centre for Mental Health	Alarm reminders for observations; Protected engagement time; QR Codes to record observations; Zonal observations; Spot checks on observations
Tower Hamlets Centre for Mental Health	Leaflet explaining observations; Go to person on admissions; Board relay; Asking family about triggers

11.6. In September, staff and service users from inpatient teams across the Trust came together at a workshop to share learning. Each unit shared the top two high impact change ideas they had tested. Teams then voted to identify three ideas for scale up across the Trust. The three ideas decided on are zonal observations, life skills recovery workers on a twilight shift (2pm-10pm) and the use of a board relay. Teams are being supported to develop plans to test these ideas locally. Standard guidance for each idea is being developed and shared across the Trust, so that each unit adopts the idea in a consistent way.

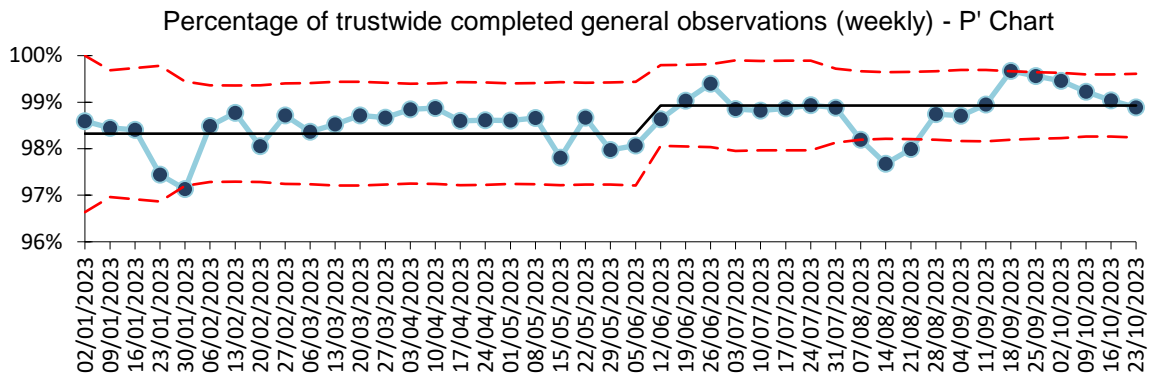
11.7. Zonal observations were originally tested on Crystal Ward, a male PICU in Newham. Zonal observations involve creating separate zones within the ward, with nursing staff assigned to each zone to engage with service users. This enables continuous engagement with patients, monitoring of the environment and observing patient dynamics throughout each shift. Crystal ward have seen a reduction in incidents of physical violence from 12.9 to 7.5 each month, as well as sustained reductions in the use of non-prone restraint, seclusion, and rapid tranquilisation.



11.8. The use of Life Skills Recovery Workers on twilight shifts were originally tested in Bedfordshire and Luton. This involves Life Skills Recovery Workers being on the ward between 2pm-10pm, to run activities at a time when there would usually be fewer activities for service users. Since testing began, Townsend Court in Bedford has seen a reduction in the number of incidents of physical violence from an average of 5.59 to 3.38 each week.

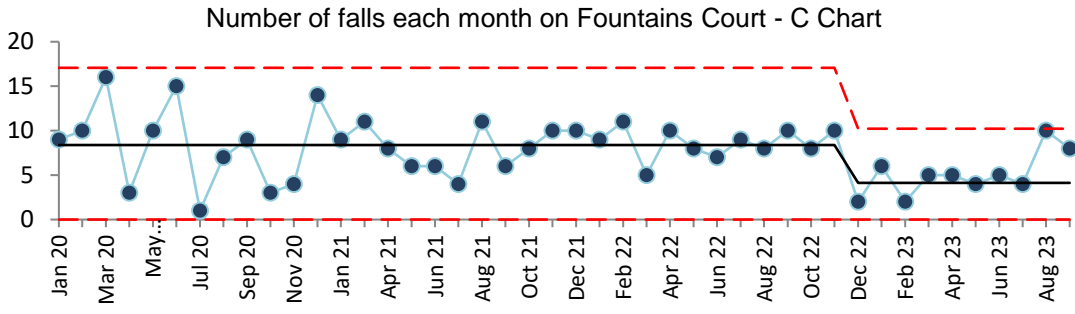


11.9. Rosebank Ward in Tower Hamlets was the original test site for the board relay, which involves handing over an observation board between staff so that they do not get missed. A verbal handover is also undertaken when the board is passed between staff to highlight areas of concern. Since testing, Rosebank have been achieving 93% average completion of observations, with 100% since 12 September. Across the organisation, aggregated data from all 35 wards shows that there has been an increase in the weekly percentage of completed general observations from 98.32% to 98.93% (see below).

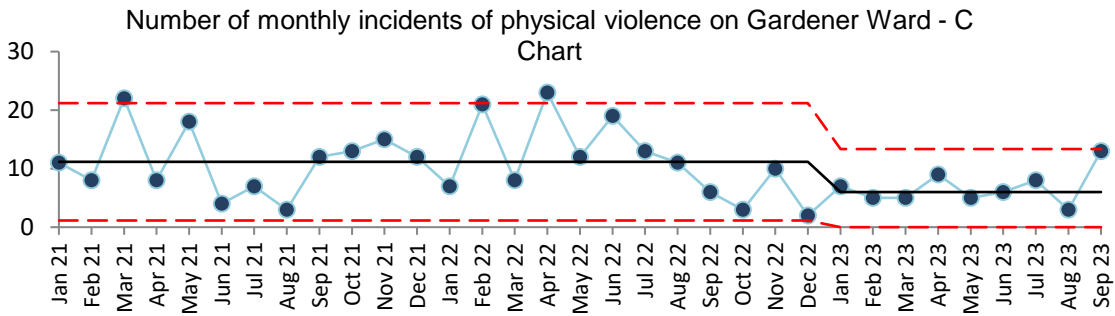


11.10. Teams are being supported to continue testing other ideas that they feel might make a difference locally. In CAMHS, the Coborn centre have been testing the use of autism friendly information around observations, having identified a high number of service users with autism. Feedback indicates an increase in understand of observations following the introduction of this. Evergreen in CAMHS has continued to test high visibility vests for individuals undertaking observations to make them more visible and reduce interruptions.

11.11. Fountains Court, an older adult ward in Bedfordshire and Luton, has been working to reduce falls as part of the therapeutic engagement work. After testing ideas such as improving the physical space, improving access to call buttons and light switches and the use of high visibility vests for staff undertaking observations, there has been a 51% reduction in falls from an average of 8.38 to 4.13 each month.



11.12. City and Hackney are continuing to test protected time and space for engagement with service users on Gardner Ward, Bevan ward and the Mother and Baby Unit. As a result of this, Gardner ward has seen a 46% reduction in violent incidents from 11.17 to 6 each month and an increase in the completion of observations.



11.13. Between October 2023 and January 2024, the focus of this programme is on testing the three key change ideas for therapeutic engagement and observations in different settings, to understand suitability for scaling. In addition, there will be a focus on developing and testing quality control systems for the safety culture bundle using the visual management boards and incorporating these in their daily decision making.

12. Improvement capability

12.1. The 13th wave of the Improvement Leaders' Programme commenced in October, with approximately 200 participants, including staff and service users from all areas of the Trust and our two integrated care systems. Over the next six months, participants will engage in developing their improvement skills, learning and applying Quality Improvement methods to address complex challenges in their areas. The range of issues being addressed through this programme include:

Improving access to care	Improve access to services for specific populations (e.g., women with serious mental illness, BAME service users), as well as projects to reduce the number of delays in care (e.g., communicating medication changes to GPs, reducing DNAs).
Improving the quality of care	Improve the quality of observations, provide more trauma-informed care, and increase the number of substantive medical staff.
Improving the patient experience	Improve the patient experience of medication, the admission and discharge process, and access to care.
Improving staff experience	Improve staff engagement, reduce stress, and provide more support for staff.
Improving value	Reduce waste, improve efficiency, and make the best use of resources.
Improving mental and physical health	Improve the physical health monitoring of service users, increase the identification of obesity and tokophobia, and improve the mental health of service users.

12.2. The Trust has a dedicated community of 130 active QI coaches, guiding and supporting teams in the application of QI methodology to tackle complex challenges. In October, 37 new QI coaches began cohort 9 of the Improvement Coaching Programme. This strengthens the existing pool of QI coaches to support improvement work in directorates.

13. ELFT's 10-year Quality Improvement journey

13.1. 2024 will mark ten years of applying quality improvement across all areas of our work at ELFT. To recognise this milestone, a series of events and initiatives have been planned, in order to celebrate, reflect, share our learning and think about the future of improvement. This will include a joint publication with the Institute for Healthcare Improvement, to share our learning and reflections over the last decade, which can be an important resource for other healthcare systems globally. There will be a series of video and podcast interviews with key healthcare improvement influencers globally, to consider the future of healthcare improvement. The next

annual visit by the Institute for Healthcare Improvement in April will be a specific point of reflection and celebration, for each of our teams and directorates, and will also include an opportunity to appreciate the support, encouragement and guidance from a range of external partners.

14. **Action Being Requested**

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

Performance report

November 2023

Title	Performance report
Author Name and Role	Amber Iglesia, Trustwide Planning and Performance Manager 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, 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 partners to improve productivity and efficiency within services, and improving the number of appropriate referrals being received.

Overall, the rate of physical violence incidents has decreased in the past few months. This is supported by the plans to transition to the new national Patient Safety Incident Response Framework (PSIRF) and the new incident reporting system in November. The percentage of service users achieving recovery in talking therapy services continues to surpass the national target of 50%. Early Intervention Services are starting treatment within 2 weeks for 76% of service 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 between white and BAME service users in access to talking therapies and CAMHS. Talking therapies have been engaging in outreach activities with specific communities to understand the main barriers to access and testing ideas to ensure that services are flexible and assist service users in remaining well in the community. CAMHS have been collaborating with partners to improve access and make the service offer more inclusive. This has involved partnering with organisations to deliver effective, culturally appropriate interventions through the CAMHS Alliance in City & Hackney and LGBTQ+ inclusion programmes in Bedfordshire.

KEY MESSAGES (continued)

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

Bed occupancy continues to remain high, at 97% in September. 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. Better recording of delayed discharges and reasons for delay is helping us identify approximately 50-80 people who are ready for discharge on any given day, with the main factor being delays in identifying suitable accommodation.

The North-East London (NEL) Crisis Improvement Network is bringing together clinical and operational teams from all providers to help improve flow across the system. A business case has been agreed for an additional 12 inpatient beds in December at the Goodmayes site, which is predicted to reduce male acute bed occupancy by 5%. Across BLMK, a business case is currently being developed for a Crisis House and Assessment Suite to improve the capacity for admission avoidance and develop a suitable alternative to A&E. A crisis pathway review is underway to improve access, experience and outcomes for service users. The focus is to improve crisis alternative responses by reviewing the current effectiveness of the Crisis Cafés and NHS 111.

Over the last 5 months, there has been an increase in the number of complaints. The main themes relate to assessments, access, and communication. Several initiatives are underway to tackle this, including 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.

There has been some increased variation in the number of incidents that resulted in harm, particularly in East London Community Health Services. This is mainly attributed to an increase in pressure ulcer risk, both acquired and inherited. Following a review of incidents in the directorate, the Quality Assurance team are planning an event to share learning with Barts Health. In Newham, the Tissue Viability lead is organising training for care agency staff in collaboration with the Local Authority.

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, 20 have seen an increase. This is particularly prevalent within the Autism and Adult ADHD teams. A joint ELFT and ICB programme of work for inner North East London is focusing on reviewing the primary care offer around ADHD, exploring digital solutions, developing a screening tool, and streamlining assessments, with the longer-term proposal to develop a single neurodevelopmental service across East London. A similar plan is being developed within BLMK for adult ADHD. Across Autism services, a Trustwide Autism plan has been developed which focuses on collaborative working with partners to redesign the service model, streamlining assessment processes, and exploring digital solutions to help clear the waiting list backlog.

Executive Summary

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

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

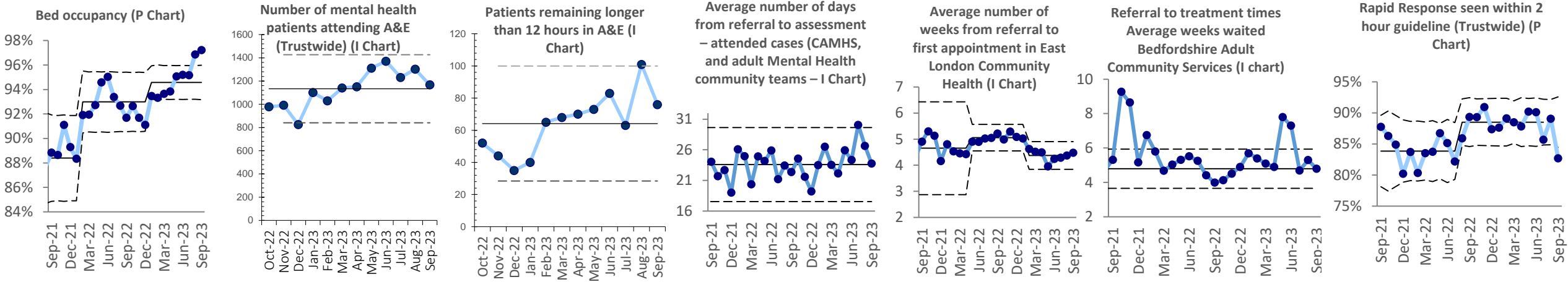
Committees/meetings where this item has been considered

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

Implications

Impact	Update/detail
Equality Analysis	Some of the metrics in this report are designed to improve equalities by ensuring access to services and good outcomes. Analysis of the experience of different groups is undertaken as part of the Trust's inequalities work stream and population health task and finish group.
Risk and Assurance	This report covers performance for the period to the end of September 2023 and provides data on key compliance, NHS Improvement, national and contractual targets.
Service User/Carer/Staff	This report summarises progress on delivery of national and local performance targets set for all services.
Financial	The performance summary will escalate the areas where targets have not been met or areas of noncompliance against the main contracts and could pose a financial risk to the Trust.
Quality	Metrics within this report are used to support delivery of the Trust's wider service and quality goals.

Access and Responsiveness



Inpatient bed occupancy continues to increase, reaching 97% in September. While bed occupancy is high across all directorates due to social care delays around housing and homelessness issues, City & Hackney had the highest bed occupancy in September. To ensure that we are expediting discharge when people are ready to leave hospital, wards are placing service users who are ready to be discharged in bed & breakfast placements while they wait for temporary accommodation or housing. The wards are currently establishing a process to ensure that housing assessments are arranged earlier in the admission, to reduce delays to discharge.

Across the Trust, there is a process in place to better understand the delays to timely discharge, by clearly identifying people who are Clinically Ready for Discharge (CRFD). On any given day, there are between 50-80 people who are clinically ready for discharge on our wards. In order to reduce housing and accommodation delays to discharge, five step-down beds have been made available in Newham and ten in Tower Hamlets, to facilitate the transfer of patients from hospital beds to a more appropriate level of care. Four step-down beds were made available in Hackney in October, and in December there are plans to conduct a scoping exercise with housing providers to expand the current model for step-down beds. This is being supported by joint reviews with local authority representatives to tackle delays related to service users with the most complex needs. Across North East London (NEL), a further twelve additional mental health beds are opening at Goodmayes. The additional beds will be available in December and this is predicted to reduce occupancy by 5% across North East London.

The overall number of mental health patients attending A&E has seen a decrease in September. The NEL urgent and emergency care network is running a workshop in November to help improve the quality and experience of mental health care in emergency departments, led by Chief Nursing Officers across North East London. As part of this work, many ideas are being tested across East London. In Tower Hamlets, Clinical Associates in Psychology (CAP) are placed in the emergency department to offer psychologically informed support for patients in a way that encourages service users to consider the use of crisis alternatives, allowing staff to also regularly review mental state and ongoing need for admission. As part of the "Right Care, Right Person" agenda in City & Hackney, work is progressing to avoid unnecessary detention under Section 136 or hospital attendances through the implementation of Mental Health Street Triage, embedding mental health clinicians alongside police officers on mental health callouts to improve outcomes for those in mental health crisis.

Access and Responsiveness

In City & Hackney, the Raybould Centre Crisis Café has had a 'soft launch' and will enable more mental health assessments to happen away from A&E. It is expected that this will formally launch in December. In Newham, ELFT inpatient colleagues are collaborating with the Barts Senior Nurse to reduce the number of patient "walk outs" from A&E, by testing Enhanced Care - embedding therapeutic and trauma informed interventions for observations. This is aimed at improving service user experience and safety.

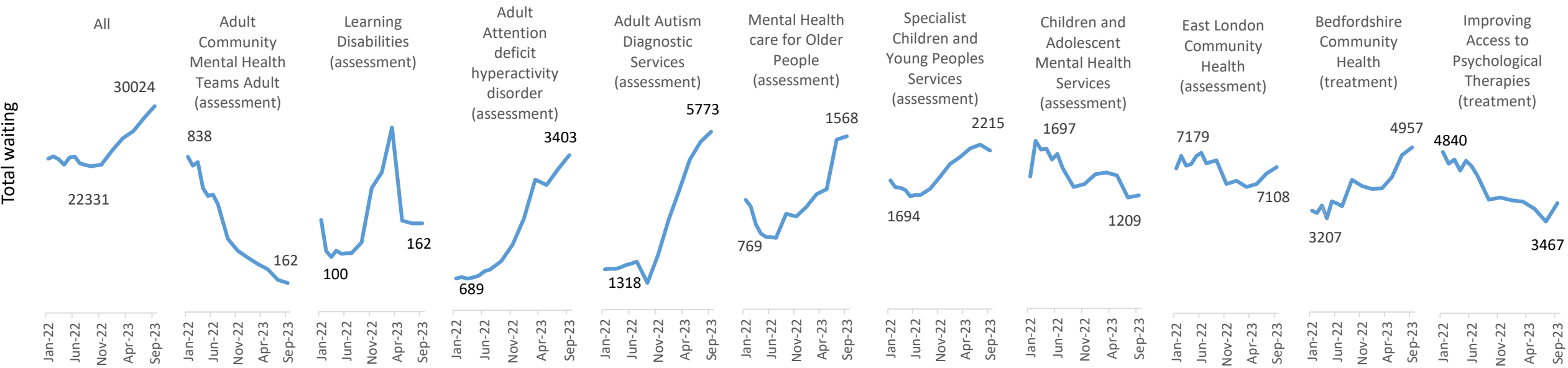
A workshop was held in October to review the place-based strategies to manage flow in A&E departments across North East London. The ambition is to increase the number of patients in A&E who are admitted, transferred or discharged within 4 hours, by March 2024. A review of the key improvement workstreams was conducted to encourage teams to prioritise change ideas, highlight predictions, and identify the support required to commence testing. Teams are due to feed back at a follow-up session in November.

A crisis pathway review is underway in Luton and Bedfordshire to understand the impact of current crisis alternative services, like the Crisis Café and 111. Learning will be used to improve access, experience, and outcomes for service users. This will include the development of a system-wide communications campaign before the end of the financial year, to raise awareness for crisis alternatives and support for mental health conditions, particularly for people who have no previous contact with mental health services. A business case is currently being developed for a Crisis House and Assessment Suite, to improve the capacity for admission avoidance and develop a suitable alternative to A&E. A new transport and conveyance offer through the use of Mental Health ambulances is being explored to ensure the right professional is supporting the service user. This will reduce handover times at the Health Based Place of Safety (HBPoS).

A Trustwide case-note audit was carried out in October to compare service users who were admitted to ELFT services that were known to ELFT inpatient and community services, against those who were admitted but with no previous connection to any ELFT services. The purpose of this review was to understand the factors that contributed to admission for these two cohorts, and opportunities for improvement. The next steps include understanding what an effective community offer looks like for patients with Emotionally Unstable Personality Disorder (EUPD) as this cohort accounts for most readmissions to inpatient services across the Trust. A proposed change idea is developing an admissions predictor, to identify those who are being readmitted most often, so that we can have more tailored plans for these individuals. In Luton & Bedfordshire in particular, 75% of people admitted with no previous contact with mental health services were women over the age of 65. This presents an opportunity to understand what community offers are available for older adults who are suffering from loneliness and presenting to ELFT services for the first time in crisis. Teams are currently discussing the borough-specific findings from the case-note audit and developing local ideas to test.

The percentage of patients seen within 2 hours by the Rapid Response team across Community Health Services has decreased in the past month. While this is still above the 70% target, Tower Hamlets Community Health services have seen the biggest decrease, to 70%. A review identified data quality issues with 6 out of 57 cases being due to staff not correctly recording outcomes of referrals. Due to the centralised Single Point of Access team in Tower Hamlets, Rapid Response typically receive referrals outside of normal working hours. This issue been raised with the therapy leads to ensure that staff are regularly reminding their teams to correctly document outcomes and response times on their iPads in real time, as there have been a couple of new starters in the team this month, who are new to the recording processes. Reviews of safety incidents in September highlighted no impact on patient safety.

Access and Responsiveness



Waiting times are being monitored across 53 teams within the Trust. Of these teams, 20 are seeing an increase in their waiting list. The narrative below includes a deep dive into these teams to understand why the waiting lists are increasing and the plans in place to support improvement.

Autism and Adult ADHD services across the Trust are seeing the greatest increase in waiting times. As part of the Inner North East London Triple Aim ADHD Project, an action plan has been developed focusing on four workstreams: exploring digital solutions to shorten the assessment process; improving referral and screening processes; improving efficiency within each ADHD service; and longer-term planning for service development. The main digital solution being explored is the QbTest which could reduce time to conduct an assessment by 20-30%. We are working with primary care colleagues to develop robust referral criteria and a screening tool to reduce the number of inappropriate referrals, and ensure information is transferred to secondary care as needed. At a local level, ADHD services in Newham, Tower Hamlets, and City & Hackney are exploring ideas to improve efficiency and productivity, including group interventions, pre-assessment education sessions, improving the community offer around ADHD, and reviewing options to increase prescribing capacity in the community. This work will feed into the development of a business case by December, focusing on longer-term planning and service developments to establish a standard operating model across East London.

Learning from the action plan in East London, Luton & Bedfordshire ADHD services held a workshop in October to develop a plan with high-impact priorities to manage the increasing waiting list. Ideas included establishing a wider neurodevelopment pathway in which resources from Autism and ADHD are pooled together for a joint assessment, exploring ways for service users to complete referral forms prior to visiting the GP, and exploring digital solutions that could reduce the amount of clinical time it takes to conduct an assessment. A draft action plan has been developed and will be reviewed at a follow-up session in November, with plans to then begin testing the identified change ideas.

Access and Responsiveness

Following on from the Autism workshop held in August, four priority areas have been agreed in a Trustwide Autism strategic action plan. These include identifying opportunities to implement digital solutions by streamlining referral and screening processes, and improving digitally accessible resources around "waiting well". Another workstream focuses on improving efficiency and productivity within Autism services through reviewing staff roles and responsibilities, and working with partners to co-produce solutions. To ensure that we are working towards the long-term goal of developing an all-age referral pathway, work is underway to improve transitions between CAMHS and Adult services by exploring what an integrated pathway and support offer would look like. Similar to the ADHD action plan, this will lead to the development of a longer-term system-wide plan to reduce variation within Autism services across the Trust.

In the Luton & Bedfordshire Autism service, supplementary funding has been made available from the ICB for a period of 12 months. This funding will be directed towards the inclusion of an extra team member within the diagnostic service, enhancing the team's capacity to conduct a further 24 assessments each month. There is a current shortfall of 31 assessments each month and it is expected that this will reduce the bottleneck within the diagnostic service. Furthermore, investments have been made to create two additional community roles – a social worker and a therapist – to provide support to service users with Learning Disabilities and Autism who are at risk of hospital admission. In City & Hackney, the team has developed a self-referral pathway that has improved the quality of referrals, and a review of the overall screening process is underway. Learning from the City & Hackney ADHD two-part referral form is being reviewed by Tower Hamlets and Newham to see how a similar approach can be implemented within the Autism service. In Newham, psychoeducation sessions are progressing well. The purpose of the sessions is to raise awareness of alternative support that is available for those who may not feel that medication is the right solution for managing their condition. By raising this awareness, it is hoped that this will reduce the number of people waiting for an assessment and encourage patients to make use of alternative forms of support, such as wellbeing sessions led by the recovery college and other self-management techniques. In Tower Hamlets, the team has reviewed their pathway and is exploring handing over "straightforward" cases directly to social workers to help compress the initial process. To support this, multidisciplinary meetings have been extended to 3 hours to allow for more in-depth discussions so that patients can receive their diagnosis at a faster rate. Within children's autism services, the possibility of sharing roles and responsibilities across SCYPS services is being explored, in order to support the autism service to manage the increasing demand.

Specialist Psychotherapy Services (SPS) waiting times in City & Hackney are starting to see a small increase after three consecutive months of decreasing waiting times. Having been focused on the numbers waiting for assessment, which are now decreasing, the QI project is turning its attention to the treatment pathway which is seeing a growing waiting list. The team is currently working on a 5-year training plan to increase and develop therapy offers to meet the changing needs of the community, including access to services by learning disability and neurodivergent populations. Group therapy interventions are being trialled and outcomes of therapy are being recorded to understand whether there is a difference in efficacy. This will help clinicians measure the effectiveness of one-to-one treatments against group treatments to ensure that these meet the demand and clinical needs of patients.

Memory Services, particularly in City & Hackney, are experiencing an increase in waiting times for assessment. Some data quality issues have been highlighted around appointments and cancellations not always being logged. The performance team is closely monitoring this and offering training as and when required. In Tower Hamlets Memory Service, the team has been undertaking work to rethink staff roles and responsibilities in conducting assessments, and a nurse who was previously offering post-diagnostic support work, has been diverted back to assessments to clear the backlog. Bi-weekly meetings continue to be held to review performance with the team, and there is work to streamline processes done by nurses to make more time available for assessments, thereby improving service efficiency and productivity.

Access and Responsiveness

As highlighted in Appendix 1, whilst Talking therapies across the Trust continue to meet national access targets, the Bedfordshire talking therapy service is seeing an increase in Cognitive Behavioural Therapy (CBT) waiting lists. Wellbeing webinars have been launched, which are directly accessible on the Bedfordshire Talking Therapies website, to support service users to self-manage their condition. Topics include techniques and skills to help manage difficulties, improve motivation, balance thoughts, cope with loneliness and isolation, improve sleep, and effective CBT techniques for pregnant and new mothers.

Waiting times for Foot Health in East London, having reduced overall in the past five months, appear to be slightly increasing again. In order to ensure quality of referrals, the service has terminated self-referrals for service users under the age of 16, suggesting that these need to be referred via a GP. The team continues to explore the feasibility of Podiatry graduates from the University of East London, and the service is currently awaiting Health and Care Professionals Council (HCPC) registration to propose that they work as Band 4 assistants, to support the service in managing demand. Since relocating to their new premises, available clinic space has been reduced by 50%. The team is liaising with Estates for a longer-term solution, but is currently developing a nail surgery in one of their clinics to ensure the available space is appropriate for conducting assessments. Discussions are also underway to explore how the Tower Hamlets service could absorb the Newham nail surgery in the interim to help manage demand.

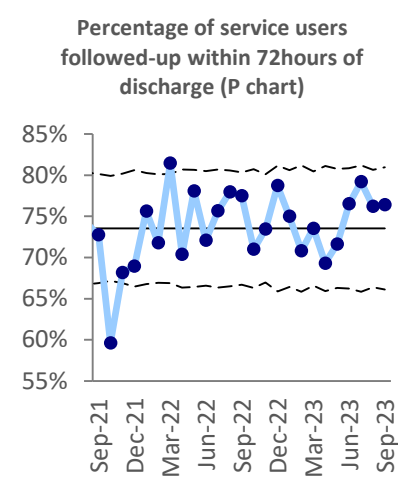
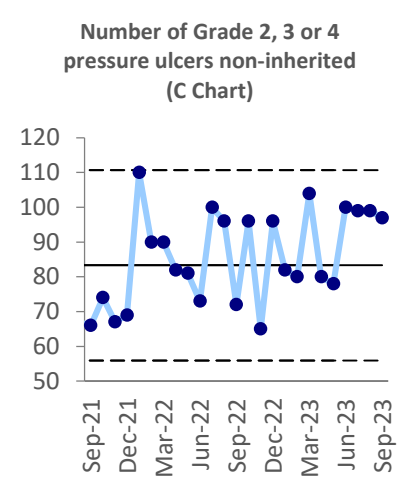
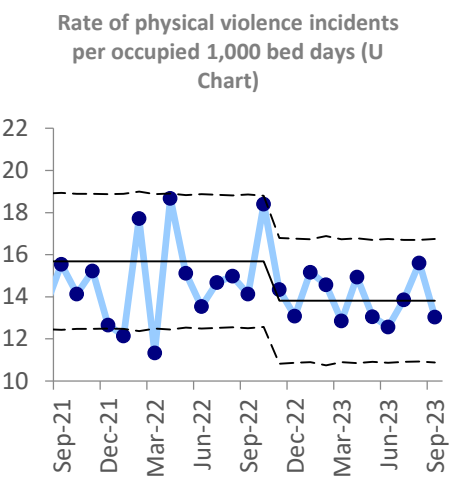
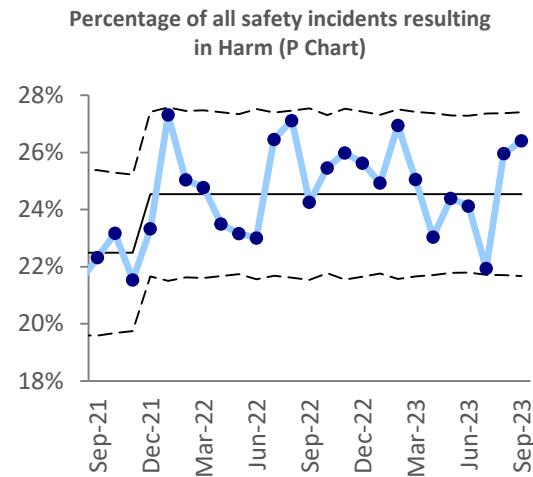
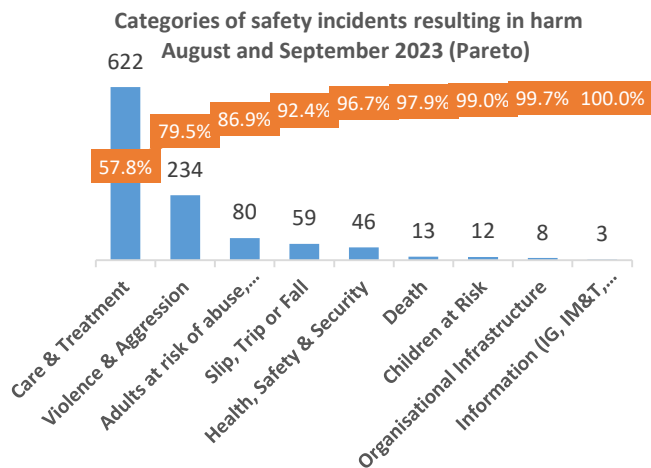
EPCT services in Tower Hamlets have been successful in recruiting two apprentices who are currently supporting GP education sessions, ensuring that the newly developed referral criteria is upheld and reflected in the referrals that the service receives. Drawing on learning from the foot health service in Newham, the team has now sent out letters to service users asking if they still require an appointment. This helps to re-prioritise service users, but also means that the service is able to discharge patients back to the GP, if the service has not heard back from the service user and the patient no longer requires the service.

An increase in referral to treatment times in Bedfordshire community health services is attributed largely to the MSK service within Podiatry. There is currently only one person dedicated to MSK, with only the highest-priority patients in acute pain being offered an assessment appointment. The team is currently undertaking a costing exercise to consider outsourcing to a private podiatry practitioner for urgent and Priority 1 cases. A provider in Milton Keynes has been approached and discussions are underway with the Podiatric surgery within Essex Partnership University NHS Foundation Trust (EPUT) to pick up complex MSK as an interim measure. GP education sessions have started in the south to ensure referrals match the newly developed referral criteria to support accurate referrals coming into the service.

As highlighted in Appendix 1, across perinatal services 71% of service users were seen within 28 days, with the target being 80%. This represents an increase from previous months, however, there remains room for improvement, particularly in Luton & Bedfordshire. The service has 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 October.

Safety



The overall number of safety incidents resulting in harm has increased variation in the past couple of months, particularly those categorised as low-level harm. The main contributors to this were Bedfordshire Community Health Services, primarily related to pressure ulcers, Luton Mental Health Services and Forensics, mainly related to self-harm. Within Forensics, self-harm incidents increased to 22 in September, which is the highest number of such incidents in the past 3 years, with a normal average of four incidents each month. All 22 of these incidents were related to one service user, which was a particularly exceptional and complex circumstance, as the service user did not meet the usual referral criteria and was waiting to be assessed by the Personality Disorder team. It was deemed that being on the ward was the safest place for the patient at the time of admission, and the service user was transferred to a more appropriate unit within the week. Within Luton mental health, the majority of self-harm incidents took place on Crystal Ward, were low-harm incidents and attributed to three service users. Since September, this has started to decrease through dedicated quality improvement work on therapeutic engagement and observations.

The Pareto chart above shows the overall distribution of reported incidents in August and September, with 58% of reported incidents related to care and treatment and 20% related to violence and aggression. The main care and treatment themes were pressure ulcers, moisture-associated skin damage, self-laceration and self-harm incidents. Across Community Health Services, between August and September, the number of non-inherited pressure ulcers remains high in Bedfordshire. Non-inherited pressure ulcers refer to patients who have acquired a pressure ulcer while they are receiving care within the Trust. Plans are now in place to make solutions more visible to staff, including the Repositioning Chart, which includes pictorial guides for effective tilting and offloading techniques. The service has reported that there are some complex service users on the team caseloads who are at high-risk of developing pressure ulcers, despite preventative measures being in place.

Violence and aggression incidents have shown a decrease over the past year. As part of the inpatient quality and safety improvement programme, daily safety huddles and "Time to Think" sessions provide space for staff to proactively reflect, de-escalate, and manage issues. Staffing levels and acuity on the wards continue to be closely monitored with cover arrangements in place where necessary. In order to support teams and gain better assurance, a new strengthened central governance arrangement has been put in place to track and monitor all actions that arise from incidents, focusing particularly on those classed as serious incidents.

Safety

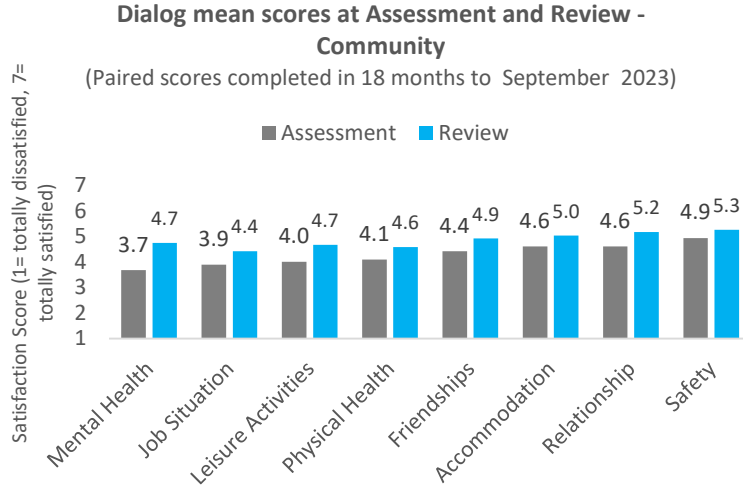
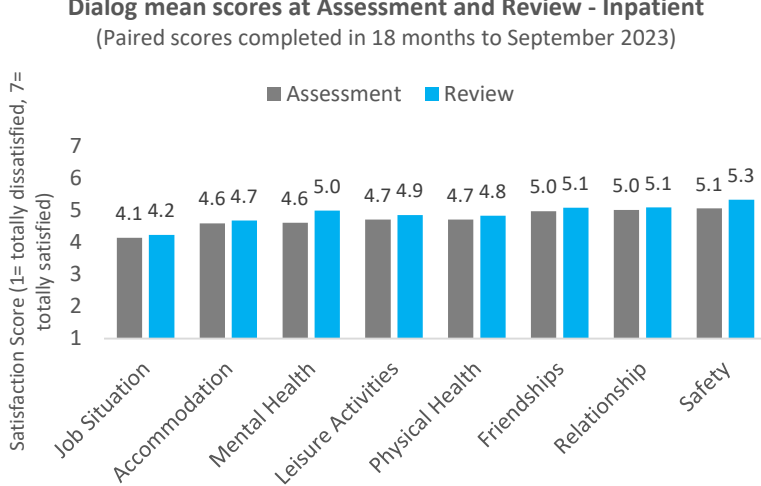
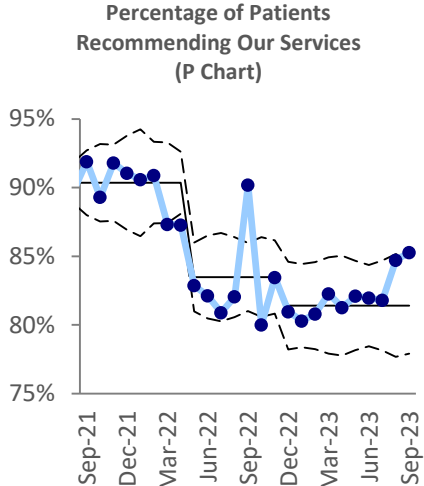
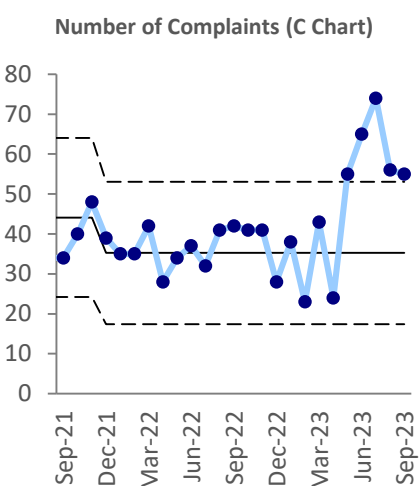
The Trust transitioned to a new incident reporting system (InPhase) in November, which will also support better recording and information from a range of other quality functions, such as complaints, CQC readiness and audit. Training sessions are underway across the Trust to support staff with the initial implementation of safety reporting. The Trust is making good progress towards the transition to the new national patient safety incident reporting framework, with over 280 staff booked onto training sessions, 130 having attended after-action review sessions and monthly drop-in sessions. A new QI project is underway to develop clear and consistent staff support, with specialist psychological input, for those involved in the safety investigation process. Directorates are also being supported to develop their local approaches and responses to learning and support after incidents. This will include work to develop the Trust's suite of learning responses, including testing the use of the Royal College of Psychiatrists' principles for investigating serious incidents as a method to review and learn from safety. This recently developed guidance sets out good practice for investigations conducted by mental health provider organisations following serious incidents across the NHS.

The percentage of service users followed up within 72 hours of discharge from mental health inpatient care is increasing towards the 80% target, achieving 77%. Performance in City & Hackney has dropped slightly since August, which can be attributed to two wards. The remaining wards achieved 100% follow-up. A patient-by-patient analysis has revealed that in 19 cases, 72-hour follow up was not carried out. 16 of these were either where no contact was made or this was unsuccessful, and 3 were due to absconded patients who were discharged in their absence. Learning from the wards that obtained 100% has been reviewed, and a suggestion made to ensure there is allocated time in nursing handover to discuss 72-hour follow-up cases, as well as ensuring that each ward nominates a 72-hour follow-up lead. Performance in this area is being reviewed at directorate bed huddles on a weekly basis, and performance leads are attending the senior nurse meetings twice a month to closely monitor progress. The performance team have also been attending ward away days and providing PowerBI training to enable teams to monitor 72-hour follow-up on a daily basis and correctly recording the follow-up contact in the clinical record system. The wards are also exploring how ward administrators can validate patient information during inpatient stays to ensure correct contact details are recorded in our clinical system.

In Newham, the triage wards have observed an increasing number of service users who have no way to make contact or are being discharged to the care of another area, which has led to an increase in the number of follow-ups not being completed. One particular ward is continuing to test providing service users with a phone to see if this improves our ability to make contact during this safety-critical period, and so far, this is having a positive impact. There is ongoing work to refine conversations with service users before discharge to prepare them for follow-up contact. Wards have designated staff on each shift to make contact, and community teams also seek to review the service user after discharge where appropriate. Tower Hamlets continues to surpass the target, with the performance team providing weekly league tables and sending daily reminders to staff where applicable.

Luton & Bedfordshire continue to see improvement, achieving 93% and 89% respectively, for 72-hour follow-up. There has been an increase in attendance to training and awareness sessions, ensuring that staff confirm follow-up plans prior to discharge and check contact details with the service user whilst they are on the ward.

Experience and Outcomes



In August and September, the number of complaints have started to decrease again, after a period of unusually high numbers. Complaints remain high in Tower Hamlets and Luton & Bedfordshire. The top complaint themes continue to be communication, staff attitude, assessment waiting time, access to services, and clinical management. In Luton & Bedfordshire, communication and assessment waiting times account for over 50% of the complaints and are particularly high in the Bedfordshire Recovery Team, Dunstable CMHT, and Crystal Ward. Clinical complaints remain a common theme, across all directorates. Service users have voiced their dissatisfaction, particularly concerning support and treatment from community mental health teams, expressing discontent with their assigned care coordinators or psychiatrists. The community mental health transformation programme has led to service users being assigned new doctors, care coordinators, and clinicians, which has led to difficulties with communication and continuity of care. Teams are collaborating with service users, local authorities, and the voluntary sector to ensure robust communication at all levels to support the delivery of personalised care. It is expected that this increase in complaints will subside as service users settle into their new teams.

The team in Tower Hamlets is developing a clearer process for differentiating between Patient Advice and Liaison Service (PALS) queries and those that require managing as formal complaints. In Tower Hamlets, there has been an increase in the number of PALS queries received and the governance leads have been working with teams to ensure that complaints are correctly recorded as complaints and not PALS queries. Tower Hamlets is particularly working on the timeliness of responding to complaints, as this has started to increase. Across the Trust, bi-weekly meetings are in place to update and resolve complaints.

Trauma-informed training continues to be rolled out by services to ensure a positive experience of care for service users. The 'Reimagining Mental Health Collaborative' in East London is developing a trauma-informed upskilling process with a range of partners, ensuring that the approach goes beyond delivering training to also increase collaboration opportunities.

Experience and Outcomes

The percentage of service users who would recommend our services has increased in the last two months. CAMHS services are starting to see an increase through the new Patient Reported Experience Measure (PREM) survey that was introduced recently to the wards. The teams are working with people participation to collect and learn from the feedback, using 15-minute reflective sessions to identify how care can be improved. Dissatisfaction themes tend to be consistent with the complaint themes highlighted above and improvement plans around waiting times and access to services are highlighted in the Children and Young People section of this report.

In City & Hackney, rather than just looking at service user feedback feedback, the mental health wards are expanding this to ensure that a minimum of 80% of friends, family, and carers of an admitted service user have a positive experience of admission, stay, discharge, and community support. City & Hackney is planning to establish a Friends, Family and Carers (FFC) Hub with the collaboration of ward staff, the young adult carer service, and the ELFT Carers Service. The teams are currently reviewing their process whereby no service user is discharged without the carer being supported by the hub. The hub will help provide relatives with an overview of discharge and support available and include a 72-hour follow-up call for carers. It is anticipated that this will be operational by December.

A Community 'Reset' Day was held in Tower Hamlets Community Health Services, focused on improving flow and communication with partners. 'Reset' days are an opportunity to collaborate with system partners, identify what is working well, where there are opportunities for improvement, and how we can ensure joined-up communication and integration. Two huddles a day were held with GPs, Barts Health, care home representatives and ICB members, to share challenges and incidents in real time, reflect on ways to improve current processes, and ensure close communication across all partners. One of the most significant aspects was engaging in real-time discussions with GP colleagues where information wasn't clear on referral forms and exploring opportunities for improvement. The main change ideas included co-designing a referral form and sharing a 'lessons learned' pack. The Clinical Director in Tower Hamlets CHS is now regularly attending a monthly forum with GP colleagues to build relationships and improve working between primary care and community health.

Within Bedfordshire CHS, there has been a decrease in the number of patients with an advanced care plan in place. The team has embedded a lot of new staff recently, which has led to some new staff not correctly recording an advanced care plan. The performance lead is identifying clinicians to offer this training to the new starters, with a weekly report to monitor reliability.

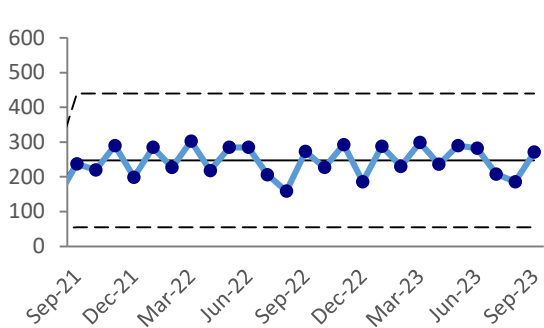
The Dialog outcome charts continue to show improvement in average scores between initial assessment and subsequent review, for both inpatient and community-based services, across all quality-of-life domains. These findings are based on paired scores from 5846 outpatient and 2036 inpatient records. The Community Mental Health Transformation programme continues to advance, having designed and circulated the framework that will replace the Care Programme Approach. Stocktake events have now been held in Tower Hamlets and are planned in the remaining boroughs to understand the local progress that has been made and ascertain next steps.

The percentage of service users achieving recovery in talking therapies continues to surpass the national target of 50%, achieving 52% in September. A Population Health Fellow is now in post within talking therapies, focusing on improving equitable access and outcomes across North East London.

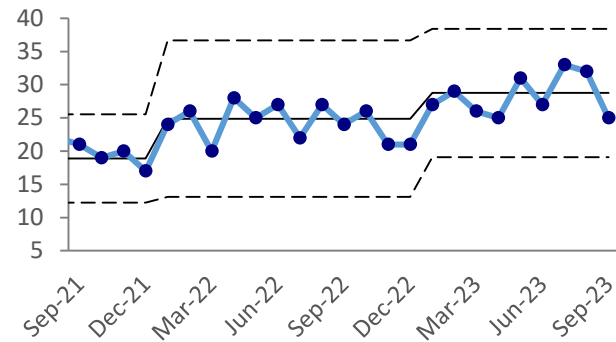
The proportion of perinatal service users who have completed outcome measures have increased to 54%, exceeding the national target of 40%.

Children and Young People

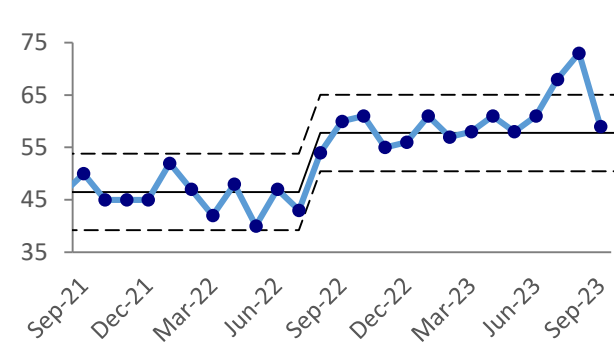
Number of service users presenting in crisis to our crisis pathway (I Chart)



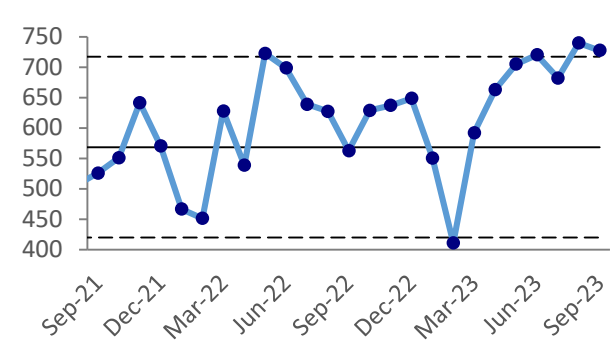
Average Assessment Waiting Time for Children and Young people aged 0-18 (I Chart)



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 continue to see a stable number of crisis presentations with 263 in September. All CAMHS teams are meeting their Long-Term Plan access targets for urgent and routine referrals for the Eating Disorder Service.

In Bedfordshire, waiting lists have decreased from 245 to 175 for assessment and from 195 to 163 for treatment. QI projects are underway across Luton and Bedfordshire CAMHS to reduce waiting times from the point of referral. Single Point of Entry leads have been liaising with other services, including the crisis teams and CHUMS Mental Health and Emotional Wellbeing Service, to agree on an appropriate process for "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 193 to 145 for assessment and 154 to 112 for treatment. The team continues to focus on staff retention to ensure that capacity is maintained at manageable levels. There is an ongoing QI project to gather service user feedback to better understand and improve service user experience as they enter the service. Several change ideas have been identified to ensure this information is appropriately collected via digital surveys and feedback forms. The Newham CAMHS service has shared the recently-developed allocation spreadsheet with Tower Hamlets now that it is part of business-as-usual processes. Tower Hamlets CAMHS has developed a draft allocation spreadsheet and, by drawing on the success of the spreadsheet in Newham, this will support the ongoing management of waiting lists and available capacity.

In City & Hackney, the waiting list has increased for assessment from 143 to 150 and decreased for treatment from 98 to 87. City & Hackney are continuing with their Saturday clinic which is focusing on ADHD and medication reviews, to increase available capacity to manage the number of young people waiting for assessment. Group therapy sessions have proved effective and targeted training is in place to support the delivery of these sessions, improve engagement and increase attendance.

Children and Young People

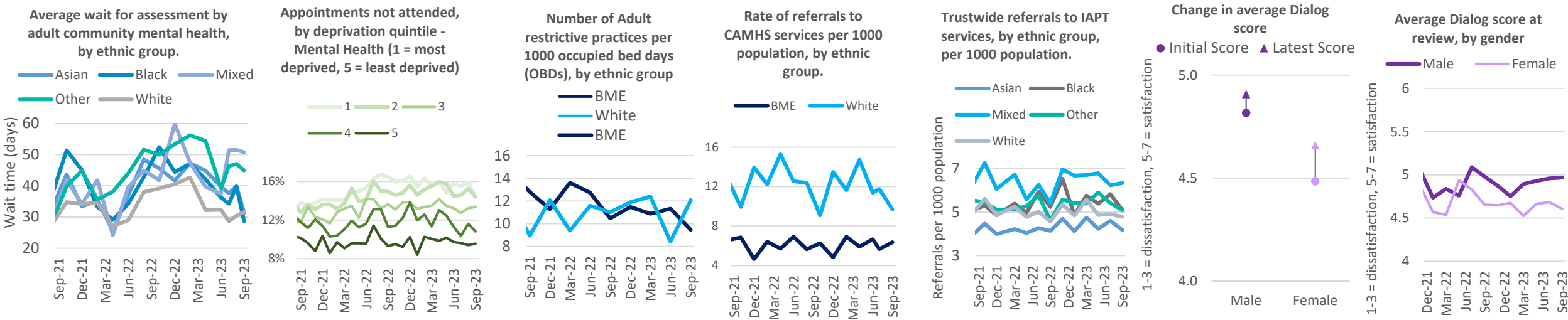
The allocation spreadsheet in Newham CAMHS is now business as usual, helping to match capacity with demand. The Emotional and Behavioural (E&B) team continues with weekly allocation meetings. Across the Neurodevelopment Team (NDT), a slightly different allocation spreadsheet has been developed to ensure that it captures all elements of the NDT pathway. This includes introducing autistic spectrum disorder (ASD) referrals which are currently not captured in the spreadsheet. The service is still waiting for the dedicated group therapy lead to be in place, and this has currently not progressed at the anticipated rate due to delays in recruiting and training staff on group therapy interventions. The team has therefore focused in the meantime on improving communication with service users. Work is underway with the front door team to improve the letters we send out to service users, as well as improving the website. The website redesign is being supported by the communications department as part of the "Waiting Well" agenda, to improve the resources that service users have available to them while waiting. A dashboard is also being co-produced with the front door team to provide a regular visual summary of waiting lists. Monthly access and flow meetings are ongoing, and a suggestion was made to investigate those waiting on the waiting list to understand if there are bottlenecks for particular treatments. An initial review has highlighted a bottleneck for those waiting for psychotherapy within the E&B team, which will be discussed at the access and flow meeting in November to investigate the scale of the issue, and consider solutions.

The opening of the Evergreen CAMHS Tier 4 inpatient unit has helped to reduce the number of young people admitted to adult wards. This unit has increased bed capacity throughout the system to manage an increasing demand, resulting in an increase in overall bed occupancy levels.

The SCYPS Speech and Language (SLT) team is seeing an increasing demand for the service. The service has been working to streamline assessments and treatments by offering assessment and treatment within one initial appointment. Since June, assessments and treatments are being delivered in one session. It is predicted that in the coming months, as the service adapts to this new way of working, there will be a temporary increase in waits, before the impact of a single joint assessment and treatment intervention is seen in the data. There has been a successful recruitment campaign for vacant positions within the service, most of which onboarded in October. The service is also mindful that there are currently 20 WTE Speech and Language Therapists whose funding expires in March 2024. This is approximately half of the team and ELFT is currently building a business case to be shared with the ICB to continue this funding. A plan is also being developed in case this funding isn't awarded.

The SCYPS Autistic Spectrum Disorder service continues to have an increasing waiting list. The team is exploring the possibility of sharing roles and responsibilities across SCYPS in order to re-allocate more staff towards ASD assessment and offer targeted support. SCYPS and CAMHS services are collaborating to explore ways to pool ADHD resources to allow more service users to be seen in a shorter space of time. Work is also underway with GPs to ensure that they provide the right information from the start, which is being delivered through a series of awareness sessions.

Equity and Equality



This section focuses on a range of equity and equality measures through a gender, ethnicity and deprivation lens in order to better understand 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 sector partners. The implementation of the Patient and Carers Race Equalities Framework (PCREF) is in place across the Trust to improve the quality of care for service users from disadvantaged ethnic groups and communities. The new People Participation Equality and Diversity (EDI) lead has now been recruited to help find ways to make best practice accessible for all communities and co-design workshops for different teams to identify service-level goals. This work involves connecting with wider partners including Mind, the East London Mosque, Coffee Afrique, and ethnic minority leaders across the boroughs to target different groups in the community and ensure their voices are heard. Workshops are planned in November with all services and partners to co-design PCREF priorities in each directorate, ahead of the formal launch event in January.

As part of the PCREF programme, an Inclusive and Suitable Bathrooms programme led by the Facilities and Estates department has commenced, removing barriers to access. A focus group was held in October to look at disabilities, gender, age, and ethnicity. Forensics have tested this within their inpatient services, which has been positive, and this is now being implemented in other directorates. To support this, a Trust policy is being drafted within the service user focus group.

There are signs that the inequity in average waiting times for assessment across adult and older adult community mental health services between white, black and Asian groups may be reducing. However, people of mixed ethnicity continue to have longer waits than all other groups. Initiatives across the Trust are underway to explore innovative approaches to establishing stronger connections and improving accessibility. Insights suggest that some communities disengage with community services and their treatment plans, despite being offered support on multiple occasions. This can lead to delays and interruptions to care. Teams are working to understand these communities better, in order to develop ideas that might improve engagement.

Equity and Equality

Examples include outreach initiatives in the Newham Talking Therapies service to increase the number of referrals for young black men aged 18-25. Despite making up 18% of the population in Newham, they only account for 1% of referrals. The team has been testing change ideas, including handing out protein shaker bottles at Newham Sports Centre and combs at local hairdressers with a QR code on the side which takes the person to the Newham Talking Therapies social media page. This initiative has been successful, and work is underway to explore increasing awareness further and improving the visibility of the QR code, helping service users understand the psychological support available to them. In Hackney, the Black men's group continues to hold bi-weekly cultural awareness sessions to establish a holistic understanding of care for harder-to-engage populations.

The percentage of service users not attending appointments continues to be higher among service users from more deprived areas. Community Mental Health teams are exploring ways to improve engagement, including partnering with local faith groups, charities, and community resources to help meet the needs of individuals. In Tower Hamlets and Newham, cultural awareness training at the East London Mosque, which commenced during the summer, supports clinicians to gain knowledge and understanding of the issues around culture and how this might influence health outcomes. The Recovery College also plays an important role through various education and learning programmes. In Luton & Bedfordshire, workshops are tailored to meet the needs of different communities including women-only sessions, sessions around living with long-term conditions and dementia, and LGBTQ+ support networks. Across East London, similar courses are available, with some aimed at particular communities, including a course on 'Islam and Recovery' which explores ideas and approaches to mental health, including aspects of culture, faith, belief and lifestyles. New courses have recently been launched, specifically aimed at young adults between the ages of 18 and 30. These focus on managing transitions, food and self-image, and engaging with personal and professional contacts to manage crises. A Bengali Men's 'Get Fit' Group has also been launched recently to provide accessible fitness resources to improve physical and mental health as well as establish good relationships with others in the community.

As highlighted in the 'Access and Responsiveness' section, there are multiple reviews underway across the Trust to ascertain if community services are accessible across all sectors of the population. In Luton & Bedfordshire, alternative crisis services have created a 'too many front doors' situation, in that there are too many services with a similar offer that patients can access, which creates confusion. There is an aspiration to simplify the support available, allowing services to triage and refer more effectively. The recent inpatient admissions audit revealed certain communities that we need to be paying more attention to, in order to prevent admissions and avoid re-admissions. In Luton & Bedfordshire, loneliness among women over the age of 65 was highlighted as a theme that was contributing to repeat inpatient admissions. This has provoked the directorate to rethink the community support sessions that have been established. For example, community knitting groups are in place to help reduce loneliness among the elderly, however, feedback suggests that many elderly women, due to their physical impairments, cannot actually travel to these sessions. A proposed change idea included introducing transport alongside the session to maximise engagement and.

In Tower Hamlets Community Health Services, fewer than 19% of individuals on the advance care planning team caseload were Bangladeshi, despite the fact that Tower Hamlets has the largest Bangladeshi community in the country. The team are in the process of undertaking a three-part data review, reviewing borough-level equity data, understanding the perspectives of professionals and community partners who support the population, and interviewing service users and carers about their experiences. The team is collaborating with two GPs who led a similar project with the Cambridge Mosque, supported by a podcast aimed at increasing awareness of the service to local GPs.

Equity and Equality

The rate of restrictive practice between different ethnic groups across adult & older adult services continues to show a narrowing of the equity gap, owing to a range of initiatives underway to improve safety culture. The implementation of the Patient Safety Incident Response Framework (PSIRF) aims to promote a restorative culture that is fair and respectful to staff and service users across all communities. 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 levels of female admissions from White backgrounds.

The CAMHS Alliance 'Growing Minds' programme aims to improve African, Caribbean and mixed heritage children and young people's emotional health and wellbeing. This programme of work has three different strands to deliver collaborative, effective, and culturally appropriate interventions. This includes counselling and art therapy for young people, non-violent resistance training, delivered by the African Community School, and Father-2-Father aimed at children experiencing emotional wellbeing or behavioural challenges at home or at school. This is a 12-week programme which focuses on topics such as de-escalation, parental presence, understanding parent trauma and child trauma. The Tree of Life project is a narrative-based intervention delivered in secondary schools, which encourages a preventative approach to supporting young people before things escalate. In Luton, Mental Health School Teams (MHSTs) continue to work with parents, pupils and the local community through a QI project to increase the number of referrals from South Asian communities.

Work to improve access for young people in Luton & Bedfordshire CAMHS services continues, including updating the clinical records system to record gender identity and pronouns accurately. The staff training around this has been so successful that external organisations now invite us in, including local acute Trusts, schools and colleges, social care and police. ELFT has recently advised sports coaches on trans inclusion. This work complements the wider programme of work in Bedfordshire, known as Rainbow Bedfordshire, who have been working to promote LGBTQ+ inclusion in adult services, including establishing an LGBTQ+ trans inclusive swimming club.

Access to Talking Therapies shows a slight narrowing of the equity gaps in the past couple of months. The Talking Therapies population health fellow is now in post and is currently scoping potential projects on access and outcomes across NEL. They are collaborating closely with the Mental Health Partnership Boards to engage different communities to address health disparities. In Newham Talking Therapies a workshop was held in September specifically targeting the Roma community. This is a particularly challenging population as it is a spoken language and not a written language. The Roma population has been identified as the most under-served population in Newham because of barriers to access, therefore the sessions were conducted in Romani and Polish to understand the challenges around access to healthcare services, including challenges with use of interpreters. Following the workshop, a Roma support group has been launched which meets 6-weekly.

Faith adapted intervention focus groups remain active in the borough, aimed at improving outcomes for Muslim, Bengali and Pakistani populations. Planning for next year has begun to identify priority projects within Talking Therapies. Following a recent analysis, the most under-represented group based on referrals and drop-out from therapy, is Bangladeshi women. While this work is still in its infancy, focus groups have been set up to understand the underlying issues. Initial discussions have indicated that drop-outs are particularly high among refugees and there are plans to investigate the difference in access and engagement when working with interpreters and the impact this has on service user outcomes. Bedfordshire Talking Therapies has recently received higher levels of investment which will go towards improving access to the service this year.

Equity and Equality

Dialog scores show that women are often less satisfied than men with the care they receive, and their quality of life. The Perinatal women's working group continues to address equitable access to perinatal services. Part of this work has involved removing barriers to access and improving engagement with services. The team in Bedford is developing posters and distributing educational material targeted at minority communities, as well as offering a wider range of consultation methods – either at home, in the clinic or virtually.

Within the Forensic service, a Forensic Women's strategy is being developed to address period poverty and ensuring better sanitary provision on the wards. Women equality meetings are being held and posters are being displayed on the wards about the launch of a questionnaire to convert feedback into change ideas and improve the experience for female staff and service users on the wards. The Recovery College also continues to work closely with the Women's Inclusive Team to develop women's only classes, cooking courses, and have launched specific classes to support women with their recovery goals.

The OCEAN service in Bedfordshire and Luton is looking at improving trauma-informed support during pregnancy to women and birthing people from Black, Asian and other minority ethnic backgrounds with moderate to severe fear of birth (tokophobia). While the project remains in its infancy, it is targeted at improving the experience of adverse events during childbirth and reducing the risk of developing tokophobia in subsequent pregnancies. A video is being developed by the project team to increase awareness of tokophobia. In Tower Hamlets mental health services, focused workshops are planned with staff to improve DIALOG scores and develop initiatives that could support service users in their recovery journey. These workshops include linking in with partners like the Recovery College, people participation, social care and other third-sector partners to improve support within the community. This includes exploring how teams are offering employment opportunities, introducing "Progress to Work" spaces, and better addressing and reducing delays for support like housing and accommodation.

ELFT continues to test the Healthier Wealthier Families programme with partners in Newham. It aims to improve the financial wellbeing of children and their families. So far, within Specialist Children and Young People Services, 14 families have been supported and the team has identified £121,400 worth of unclaimed benefits and debt support to the families. Learning is currently being shared with the London Borough of Hackney who are interested in delivering an equivalent project in maternity services. This project involves advisors working closely with families who are experiencing financial hardship to make the most of their incomes and find other sources of support.

Appendices

Appendix 1 – System performance dashboard

Appendix 2 – Regulatory compliance against the system oversight framework

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

Appendix 1: System Performance dashboard - overview

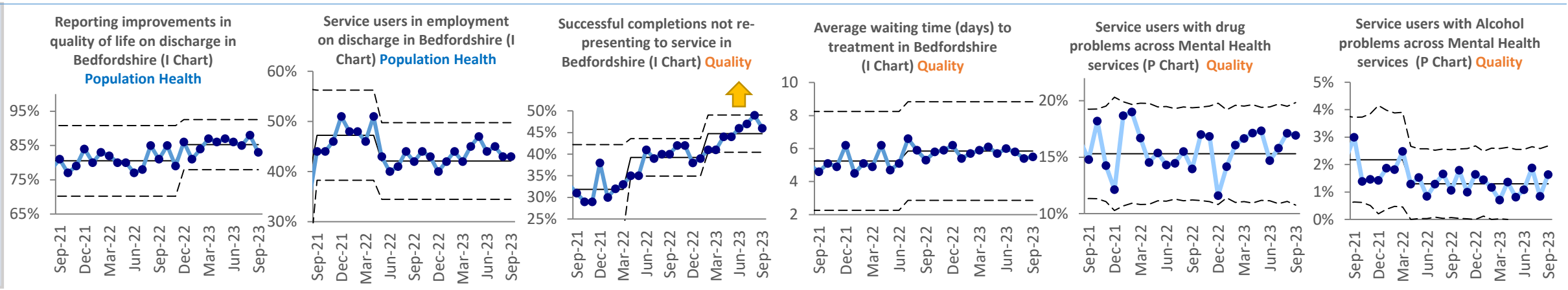
Special cause variation (↑ ↓) and when it's of potential concern (⬆️ ⬇️)

		Average	
People with substance misuse problems			
Service users reporting improvements in quality of life on discharge in Bedfordshire	Population Health	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	44.8%	↑
Waiting times to treatment - average days wait in Bedfordshire	Quality	5.9	
Percentage of service users with drug problems across Mental Health services	Quality	15.3%	
Percentage of service users with Alcohol problems across Mental Health services	Quality	1.3%	
Successful completions in Bedfordshire, by ethnic group	Quality		
Children with complex mental health needs			
Service users presenting in crisis to our crisis pathway (monthly)	Population Health	247.4	
Average Assessment Waiting Time (days) for Children and Young people aged 0-18	Population Health	28.8	↑
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		
Dementia			
Average wait (in weeks) from referral to diagnosis -18 week target	Quality	14.3	↑
Percentage of service users offered on-going post diagnostic support - 6 months after diagnosis	Population Health	95.5%	
Average waiting time (in days) from referral to assessment	Population Health	142.5	
Percentage satisfaction with service, service users and carers	Quality	91.3%	
Percentage of service users seen from minority groups	Quality		
Children with complex health needs			
Percentage with complex neuro disability receiving a clinical review within past 12 months	Population Health	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		
People receiving end of life care			
Service users on End of Life Pathway (end of month)	Population Health	1,614	
Service Users referred to Continuing Healthcare as a fast track in month	Population Health	40.8%	
Percentage of service users with Care Plan in place (advanced) in East London	Quality	86.1%	
Percentage of service users with Care Plan in place (advanced) in Bedfordshire	Quality	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		
People who are frail or who have multiple long term conditions			
Percentage of service users who have recorded a positive experience	Quality	92.4%	
Rapid Response seen within 2 hour guideline	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		

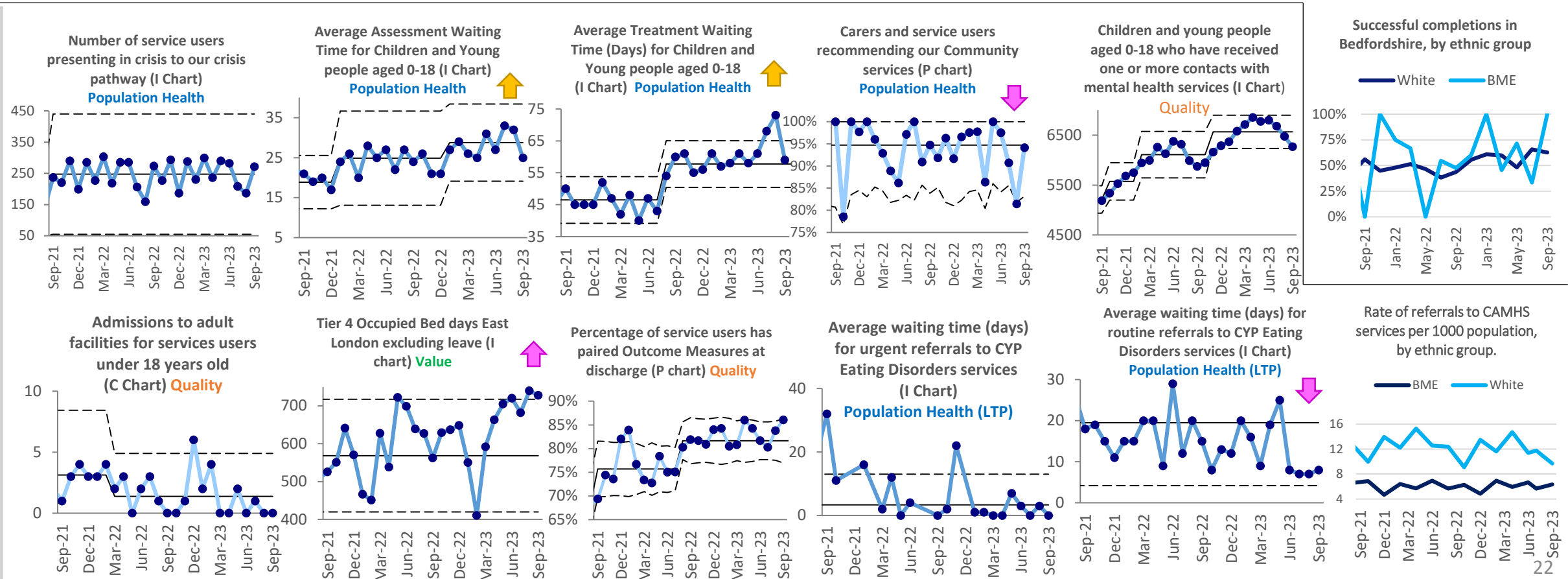
		Average	
People with common mental health problems			
Percentage of service users moving into recovery	Population Health	51.9%	
Percentage access by minority groups	Population Health	39.8%	
Percentage of positive comments to PEQ	Quality/Experience	91.5%	
Average wait times to assessment (in weeks)	Quality/Experience	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	
People with a learning disability			
Average waiting times for new referrals seen (in weeks) for assessment	Population Health	7.5	
Percentage of service users that would recommend this service	Quality	50.0%	
Occupied bed days used in month by service users with a referral to a Learning Disability team	Quality	556	↓
Occupied bed days used in month by service users with a Learning Disability diagnosis	Quality	1640	
Occupied bed days used in month by service users with a Autism diagnosis	Quality	77	↑
People with Severe Mental Illness			
Percentage of service users receiving Individual Placement Support – IPS	Population Health	15.5%	
Percentage of service users in employment	Population Health	7.2%	↑
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 st 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	95.2%	↑
Percentage of service users with SMI receiving a full physical health check	Quality		
Woman who are pregnant or new mothers			
Number of woman receiving one + contact with specialist mental health services	Population Health	738	↑
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	70.5%	↓
Percentage of service users undertaking Core10 showing improvement	Quality	54%	
Percentage of Service Users not attending their initial appointment	Value	18%	
Stable Long Term Conditions (East London)			
Average weeks waited for initial appointment with the foot health team	Quality	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		
Stable Long Term Conditions (Bedfordshire)			
Adult Continence Referral to treatment times average weeks waited	Quality	9.9	
Podiatry Referral to treatment times average weeks waited	Quality	8.6	
Occupational Therapy Referral to treatment times average weeks waited	Quality	2.5	
Physio Referral to treatment times average weeks waited	Quality	3.4	
Adult Speech and Language Therapy Referral to treatment times average weeks waited	Quality	5.4	
Wheelchairs Referral to treatment times average weeks waited	Quality	15.1	
Average weeks waited for initial appointment, by ethnic group	Quality		

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

People with substance misuse problems

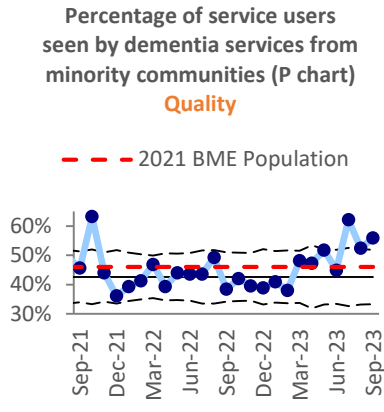
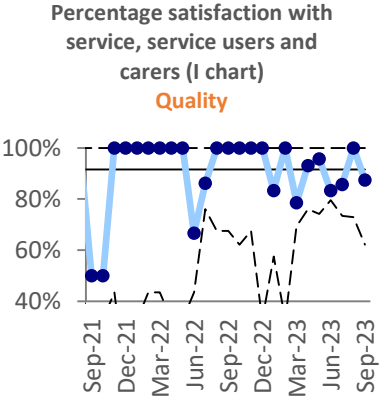
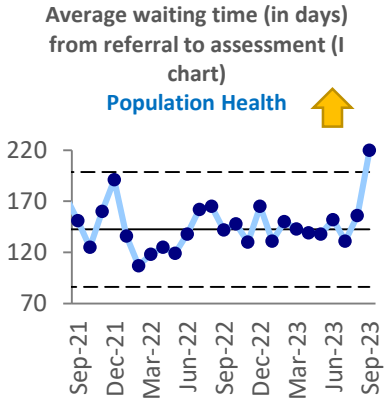
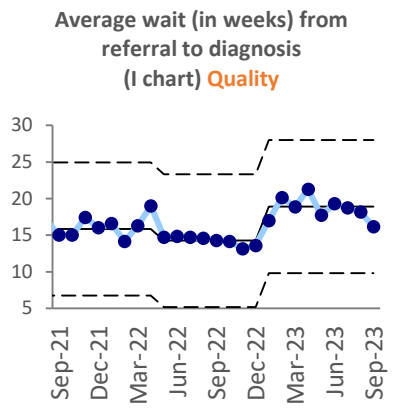


Children with complex mental health needs

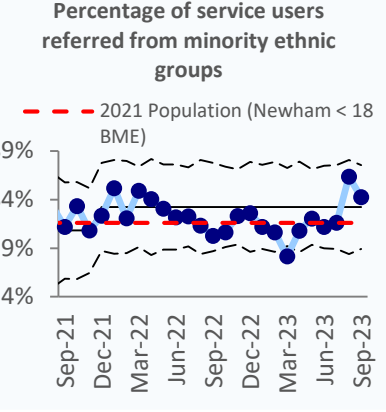
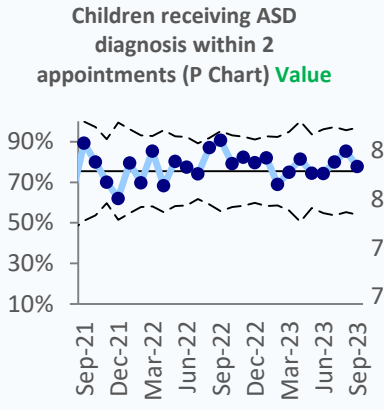
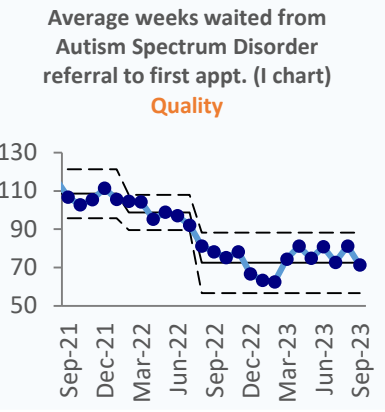
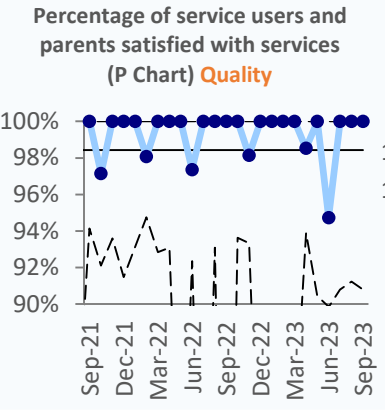
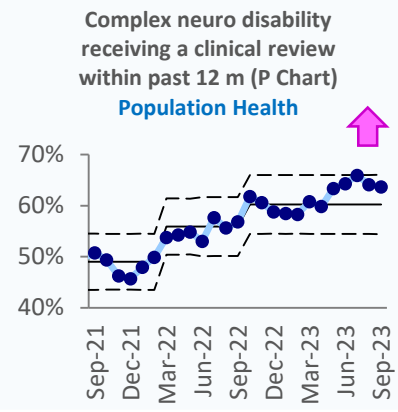


Appendix 1: System Performance dashboard Long Term Plan (●) Special cause variation (↑ ↓) and when it's of potential concern (↑ ↓)

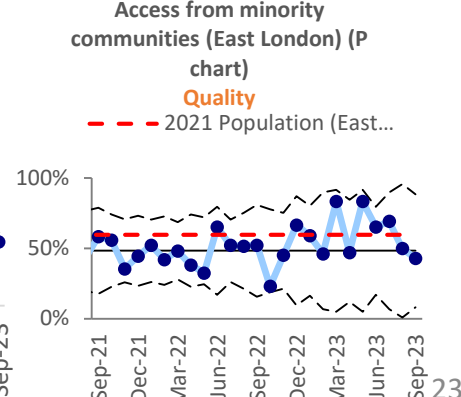
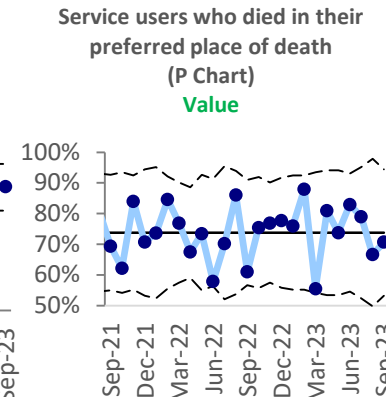
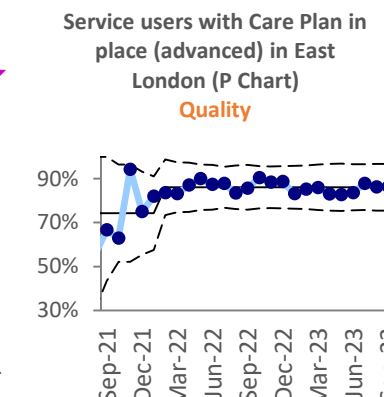
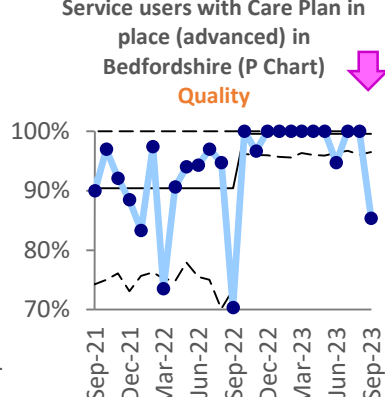
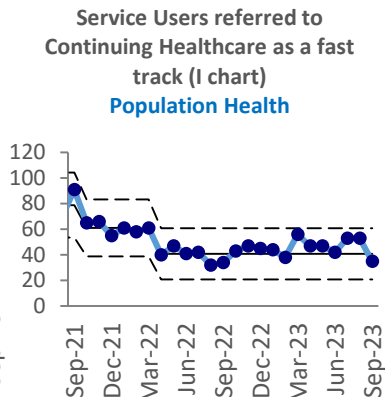
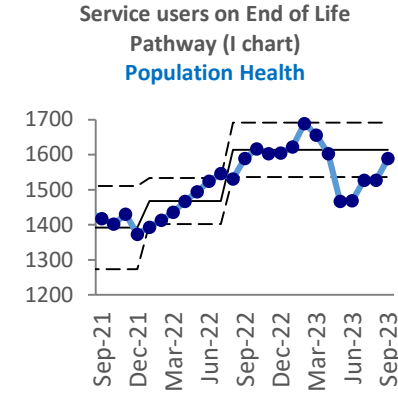
People with dementia



Children with complex health needs

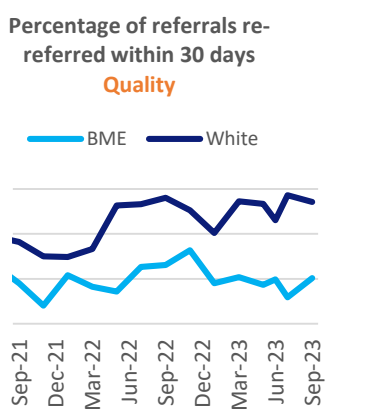
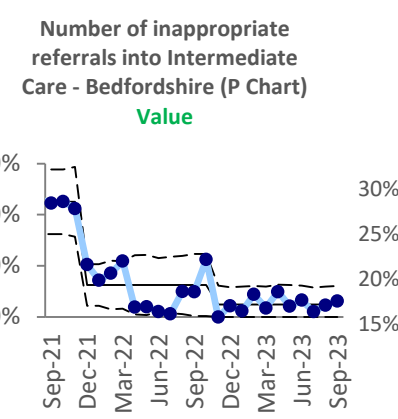
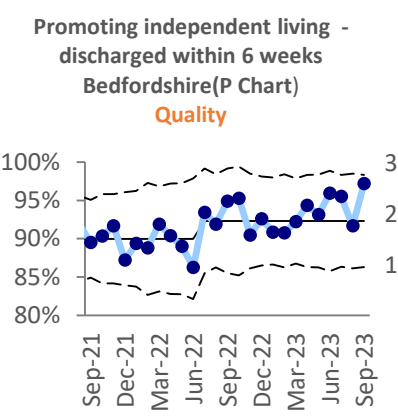
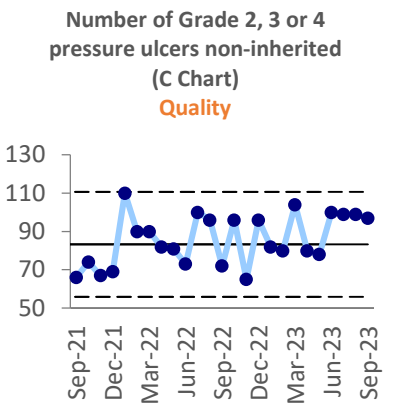
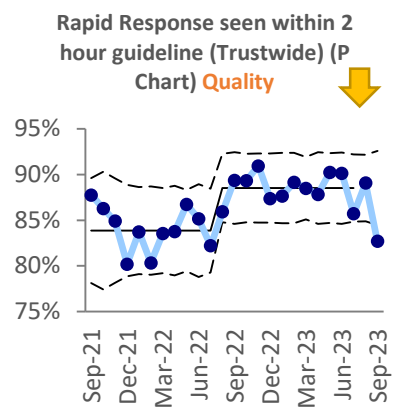
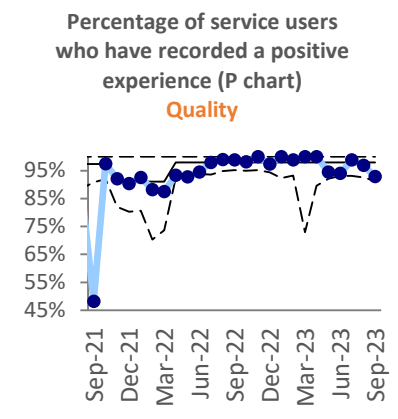


People receiving end of life care

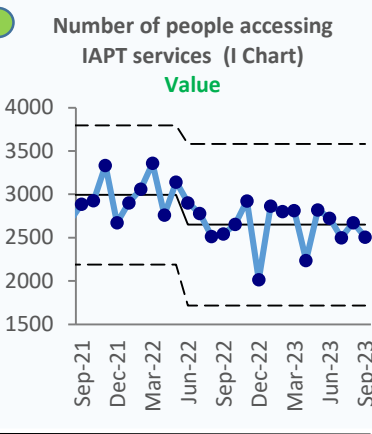
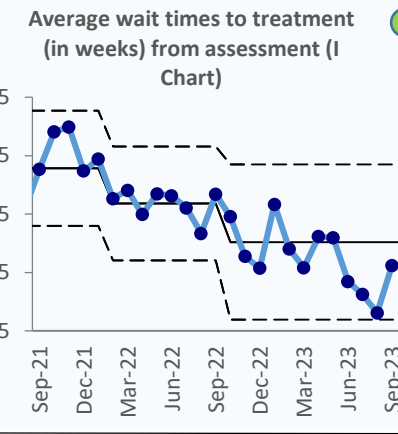
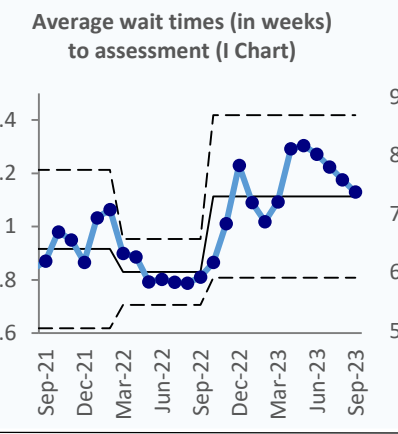
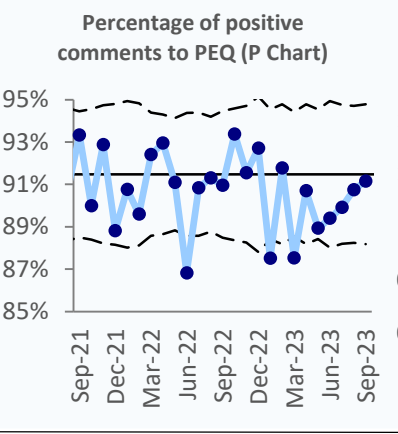
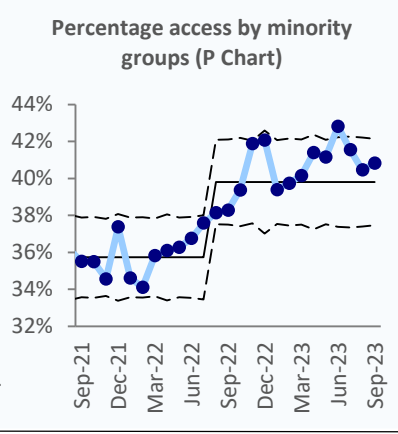
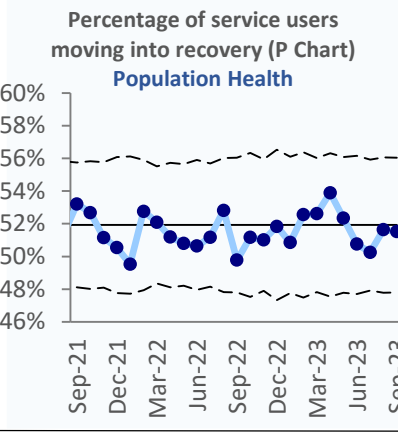


Appendix 1: System Performance dashboard Long Term Plan (●) Special cause variation (↑ ↓) and when it's of potential concern (↑ ↓)

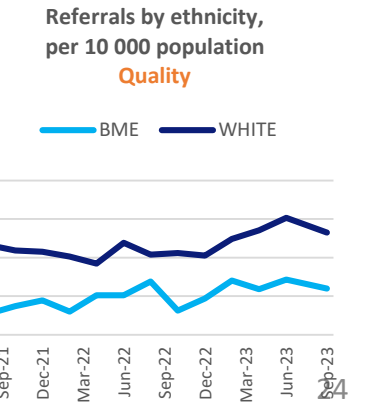
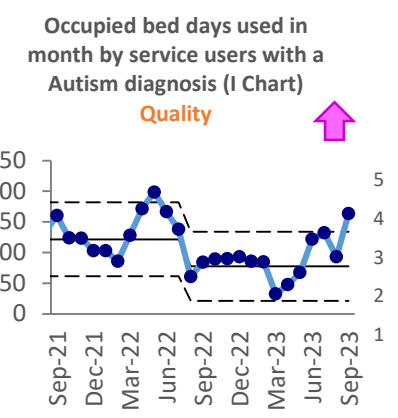
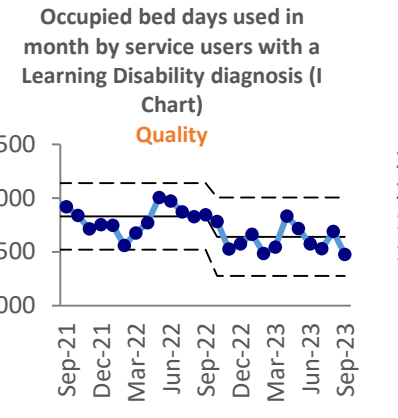
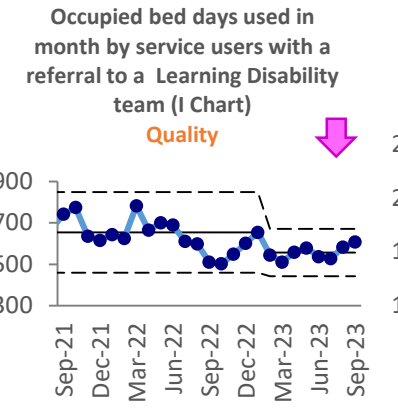
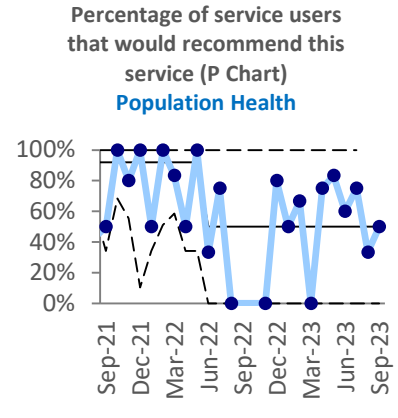
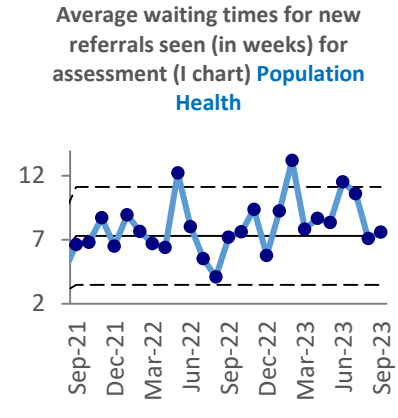
People who are frail or have long term conditions



People with common mental health problems

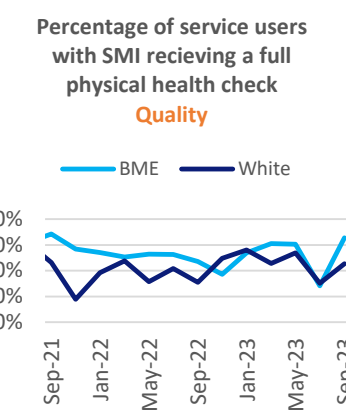
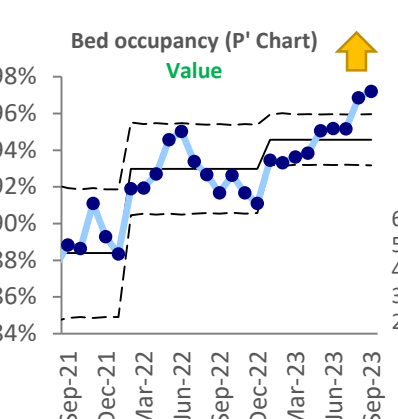
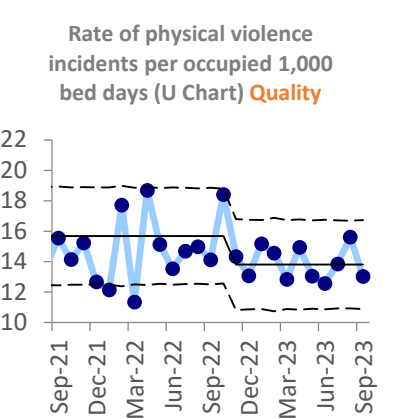
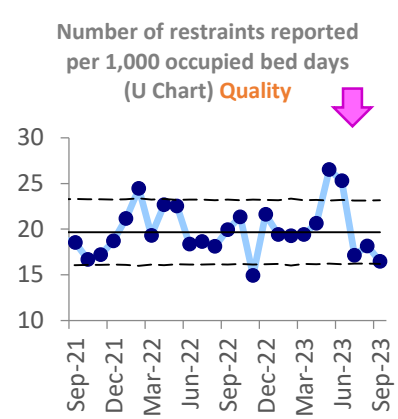
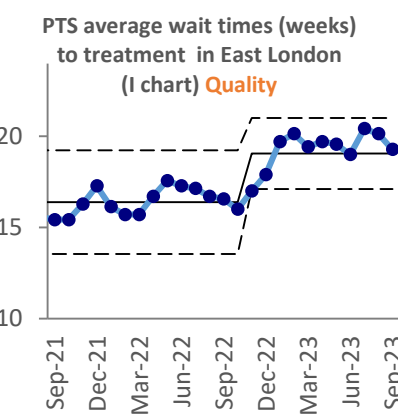
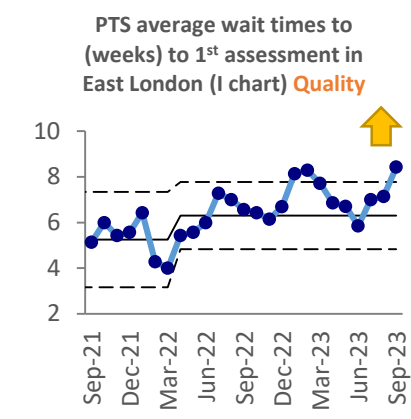
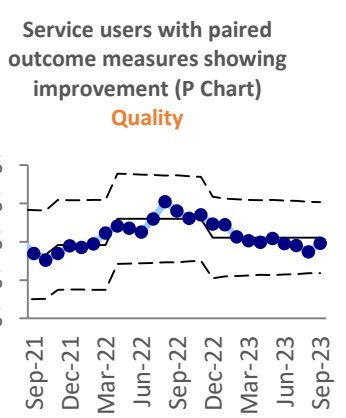
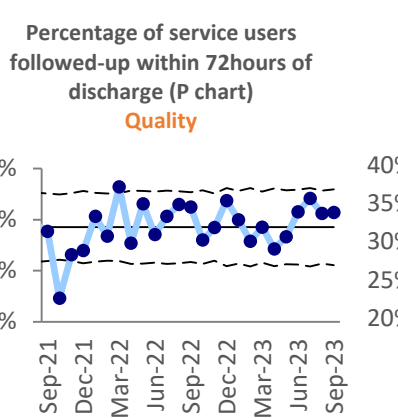
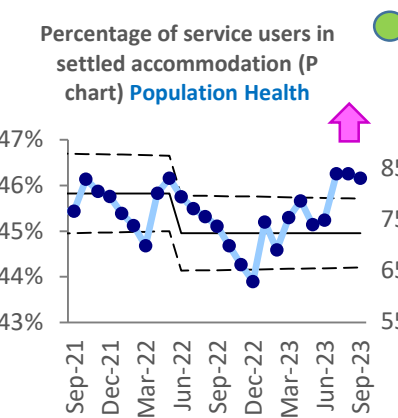
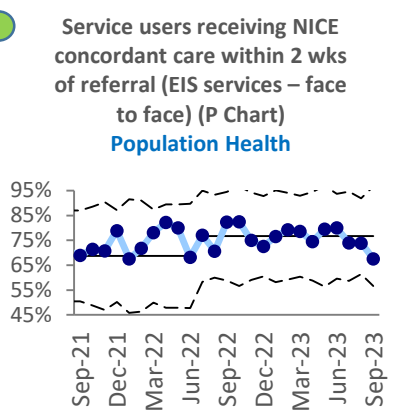
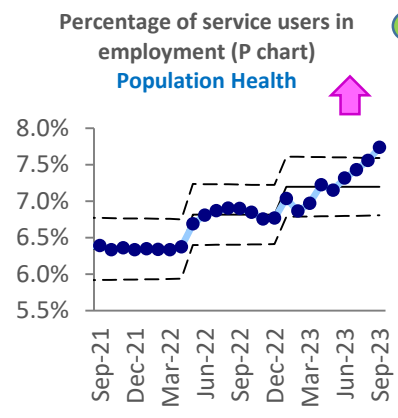
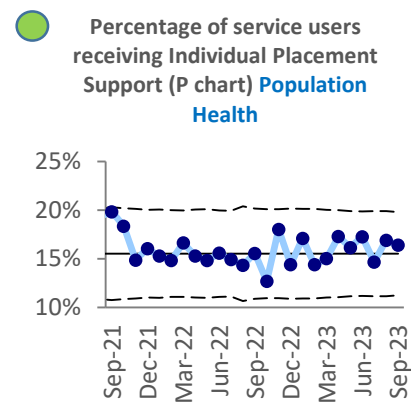


People with a learning disability

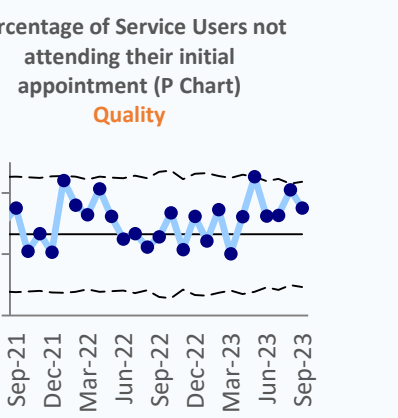
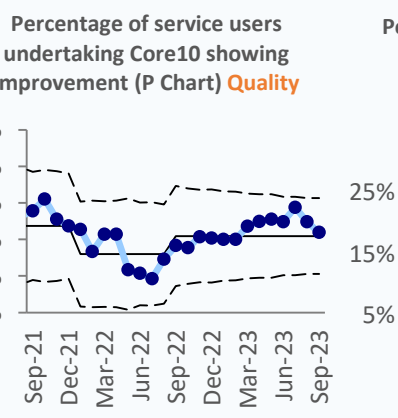
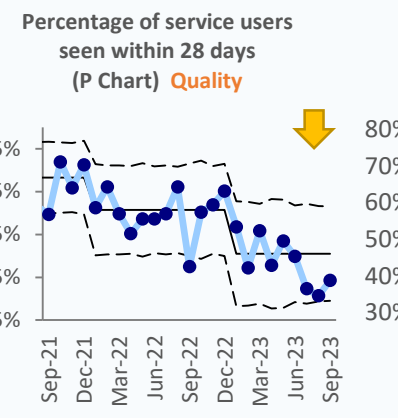
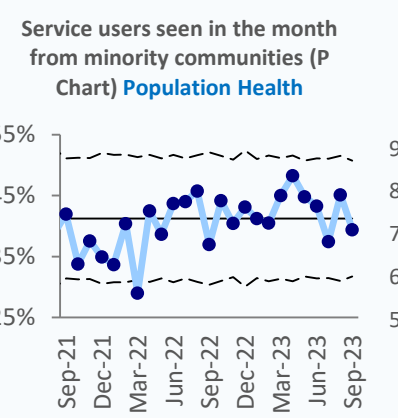
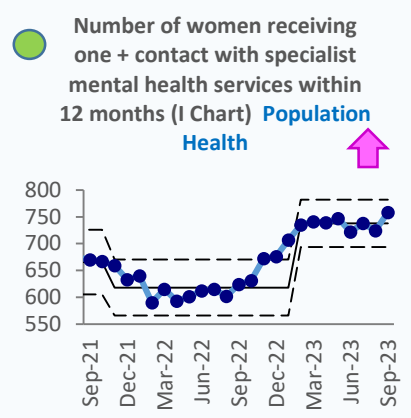


Appendix 1: System Performance dashboard Long Term Plan (●) Special cause variation (↑↓) and when it's of potential concern (↑↓)

People with Severe Mental Illness



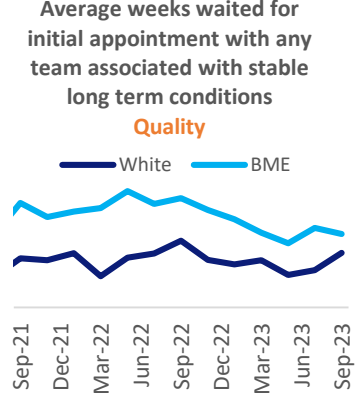
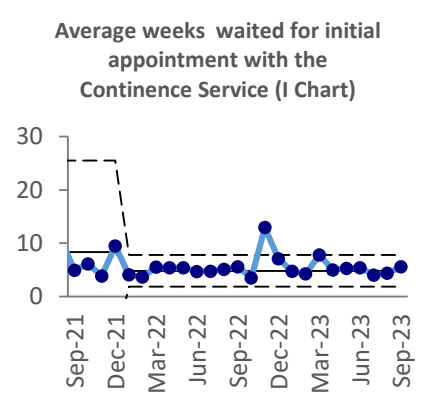
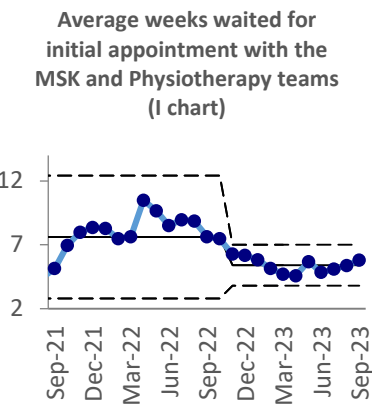
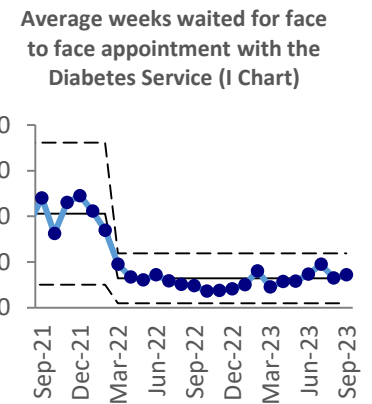
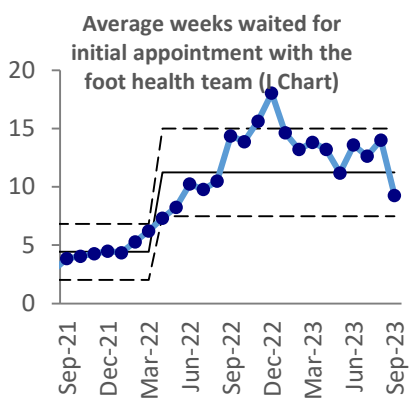
Woman who are pregnant or new mothers



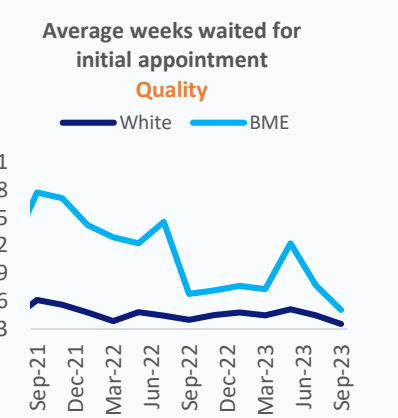
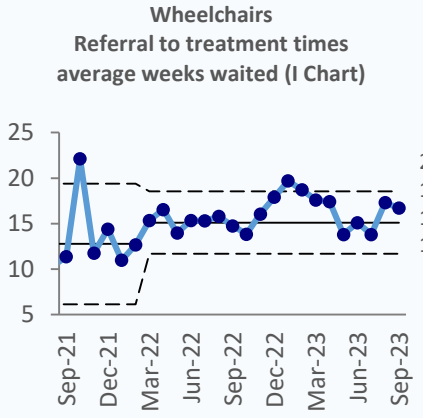
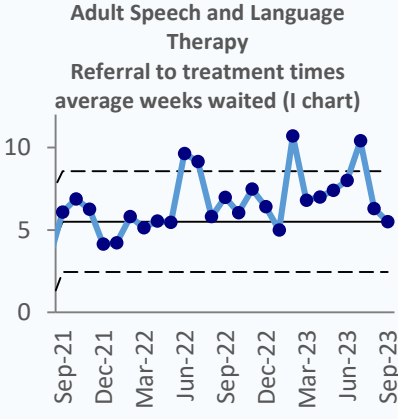
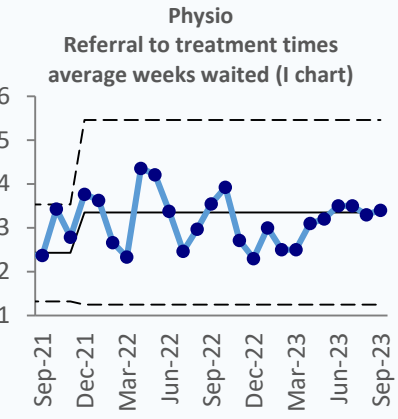
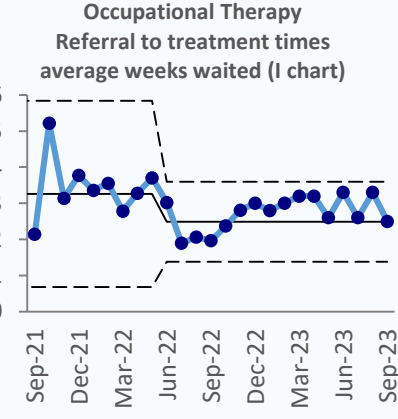
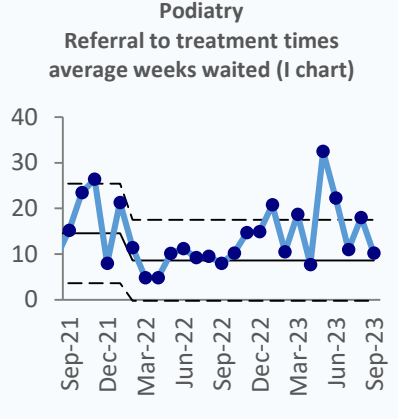
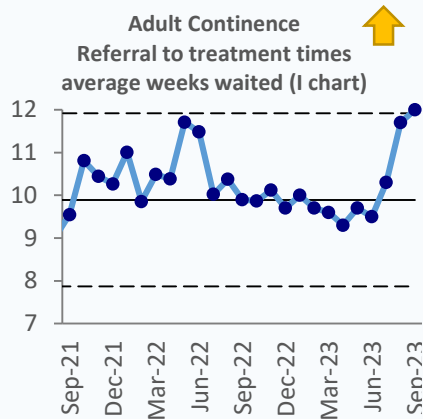
Appendix 1: System Performance dashboard

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 August 2023, 48% of discharges with a recorded discharge destination show discharge to usual place of residence. 54% 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 14,446 children and young people who have had contact with a Community CAMHS service in the last 12 months to August 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 July 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 July 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 July 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 Q2 is 43 per 1,000,000
	Safe, high quality care	S039a	National service user Safety Alerts not completed by deadline	Provider	0	100%. In July 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 July and August 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 = 4,742).
	Safe, high quality care	S121a	NHS Staff Survey compassionate culture people promise element sub-score	Provider		The ICB position for 2022 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 August, 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 2023 Q1 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 July. 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 July 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 July 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, 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
30 November 2023

Title	People & Culture (P&CC) 2 November 2023 – Committee Chair’s Assurance Report
Committee Chair	Aamir Ahmad, Vice Chair, London (chair of the meeting on 2 November 2023)
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

- To bring to the Board’s attention key issues and assurances discussed at the People & Culture Committee (P&CC) meeting held 2 November 2023.

Key messages

Emerging Issues and Challenges

- The pressure on resources within the people and culture team was highlighted as a current significant challenge to the achievement of targets; work to reconfigure resources is ongoing including the planned introduction of an HR helpdesk
- There are ongoing negotiations with North East London (NEL) Integrated Care System (ICS) on the continuing cost pressures within people and culture related to the mass vaccination centre work
- The chief people officer is contributing to the work being undertaken by NHSE on the future of HR and organisational development, in particular on the workstream around the expectations of line managers, with the aim to embed this into the Trust’s leadership and management work
- Following the recent anti-racism events, the planning of next steps is underway to include wider issues which have been raised in feedback from these sessions.

Growing and Developing for the Future

- The presentation highlighted the wide array of activity underway relating to the priority areas of the Trust’s people plan (looking after our people, new ways of working and belonging to the NHS) including:
 - The exercise carried out at the beginning of the year to more accurately map individuals to statutory and mandatory training which has seen an improvement in the overall compliance level. Further refining of the process, an increase in the volume of training and proactive targeting of teams is expected to achieve the Trust’s compliance target of 90% by December 2023
 - The imminent conclusion of a two-year transformation project around supervision, phase one of which will be launching for substantive staff in February 2024. Training and support materials have been developed along with the utilisation of Trialog to assist quality conversations; a number of workstreams are in place to support with delivery
 - The increasing uptake of apprenticeship programmes as part of the national long term plan to develop staff, both clinical and non-clinical and as development for internal staff. Improvement actions have been taken to enhance the learner journey, including a proposal to standardise apprenticeship salaries by applying a percentage of Agenda for Change bandings
- There remains a challenge around the numbers of non-attendance at training courses overall and the ongoing work to reduce these levels; the committee requested the data be separated to show where this is a managerial decision attributed to service pressures and where an individual has not attended for a different reason, acknowledging the balance required between safety and quality gained in training against an immediate risk to services impacted by staffing pressures
- The committee also requested that career development and personal growth as a core part of the supervision is made more explicit.

Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) Updates and Action Logs

- The Medical Workforce Race Equality Standards (MWRES) and Bank Workforce Race Equality Standards (BWRES) have been merged into the WRES reporting and action plan. The data highlights both under and over-representation of ethnicities in medical areas and also details the ongoing QI projects linked to MWRES and the gender pay gap
- Following consultation with the Trust's race equality and ability networks, a more systematic approach is being taken with three priority areas identified
- The committee requested:
 - A broadening of the approach when recruiting to senior medical roles and work to level up equality within ELFT's internal medical staff pipeline
 - An even greater focus is requested on work to resolve issues prior to instigating formal disciplinary action, in the light of the over-representation of BME and disabled staff undergoing disciplinary and capability procedures.
- Both action plans were approved by the committee for publication.

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:
 - The progress being made on statutory and mandatory training compliance, which remains a 'must do' action from the CQC; assurance provided that there continues to be close monitoring with robust project management and governance
 - The imminent publication of an online wellbeing and EDI booklet for staff capturing the work undertaken in this area by the Trust; a hard copy will be posted to staff at Band 3 level as they may have greater difficulty accessing an online version at work
 - The recent launch of a new direct engagement service for temporary and agency staff which is a key part of the wider project to reduce spend
- The committee requested further work to synchronise the gaps in control to actions and that the key actions most likely to contribute to a reduction in the risk score are prioritised in the BAF
- There will also be a focus on clearer communication around where and how the progress of the various people and culture projects are being triangulated between committees.
- The committee 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
30 NOVEMBER 2023**

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

Purpose of the report

The purpose of the report is to update the Trust Board on the progress against the ELFT People Plan 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.

Date	Although this report has not been discussed at another meeting, some of the contents have been considered and discussed at the Quality Assurance Committee, People & Culture Committee and the Audit Committee.
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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 increasing volumes of operational work across all of our people and culture functions and the impact this has on the ability for the teams to be responsive. The response rate to the staff survey remains lower than expected. Cost of living challenges continue to be a challenge for our people.

To address the increasing volumes, we are recruiting additional resources to create a first line helpdesk, to be able to triage all contacts into the department. We are working with IT to deploy helpdesk technology which the Trust are already using. The medium to longer-term plan will be to retrain all of our band 4 staff so that they are able to work across all of the P&C teams, whereas at the moment they specialise in the teams that they currently work in. We are also working with the QI team to process map all transactional processes so that in the medium to longer term we can streamline and automate processes. This is also being explored in conjunction with North East London NHS Foundation Trust.

Where are we making progress?

International recruitment is supporting the Trust to make some head way in recruiting to some hard to fill roles. Implementation of staff direct completes the first phase of centralising the temporary staffing function for the organisation and increasing oversight of agency spend.

Belonging in the NHS

During the week of 16th October 2023, Dr Robin DiAngelo, PhD presented 12 anti-racism events across ELFT. These thought-provoking and informative events enabled us to identify where we are perceived to be on the Institute for Healthcare’s (IHI) anti-racism continuum and identify actions and ideas to support ELFT’s ongoing journey to becoming an anti-racist organisation.

New Ways of Working

Recruitment activity has formed an upward trend with a sustained increase in the number of people joining the organisation. The People & Culture team are continuing scoping plans to centralise the temporary staffing function. 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

For the launch of the national staff survey, the Trust introduced an innovative campaign with staff incentives. Numerous successful roadshows have been held at targeted ELFT sites. ELFT network leads are being utilised for promotion and a video around survey anonymity/what the reporting looks like is being developed. Reminder WhatsApp and text messages to all staff are being considered. In addition, ambassadors have been appointed in local services and meet regularly with the ELFT wellbeing and engagement team 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 85.62% with focussed activity in place to return the Trust to 90% compliance target by the end of 2023. We continue to work with the Trust's subject matter experts and external training providers to further hone the targeting of training to increase the accuracy of the mapping.

We continue to focus on governance and management of our apprenticeships and the number of apprentices has risen this month to be 173. Work is underway to map the usage of the apprenticeship levy to ensure we are maximising its usage.

Leadership development training continues across the Trust across a range of programmes and in November a new event was piloted – a reconnection event for the alumni of the leadership programmes from the past year attended by 50 leaders. This successful event will form the template of a future leaders conference. The NHS England's Future of HR and OD work: expectations of line managers, led by Chief People Officer Tanya Carter, launched nationally on 8 November 2023 and we are working to embed this work in all of our internal processes and programmes.

Strategic priorities this paper supports.

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

Implications

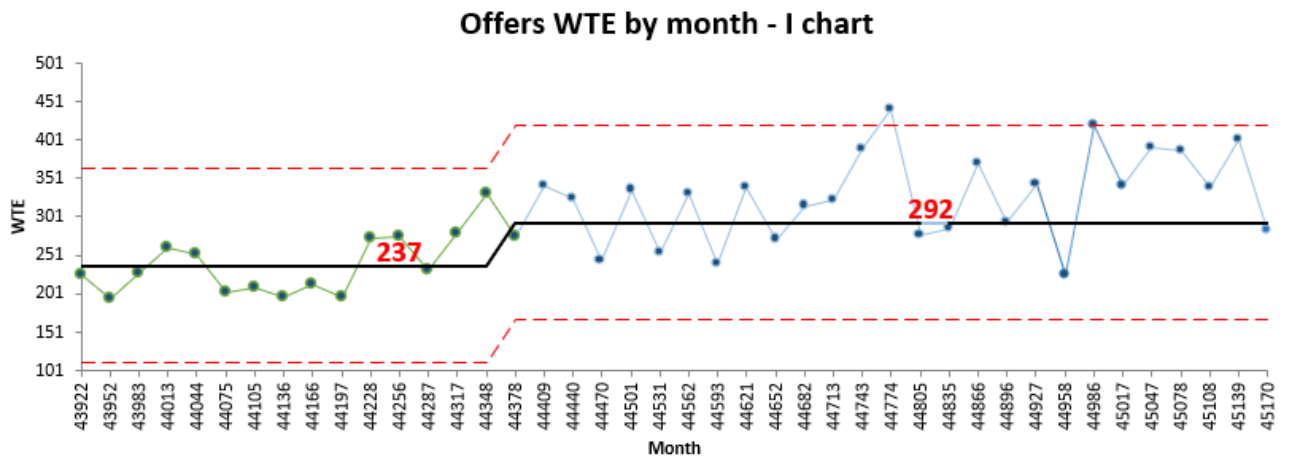
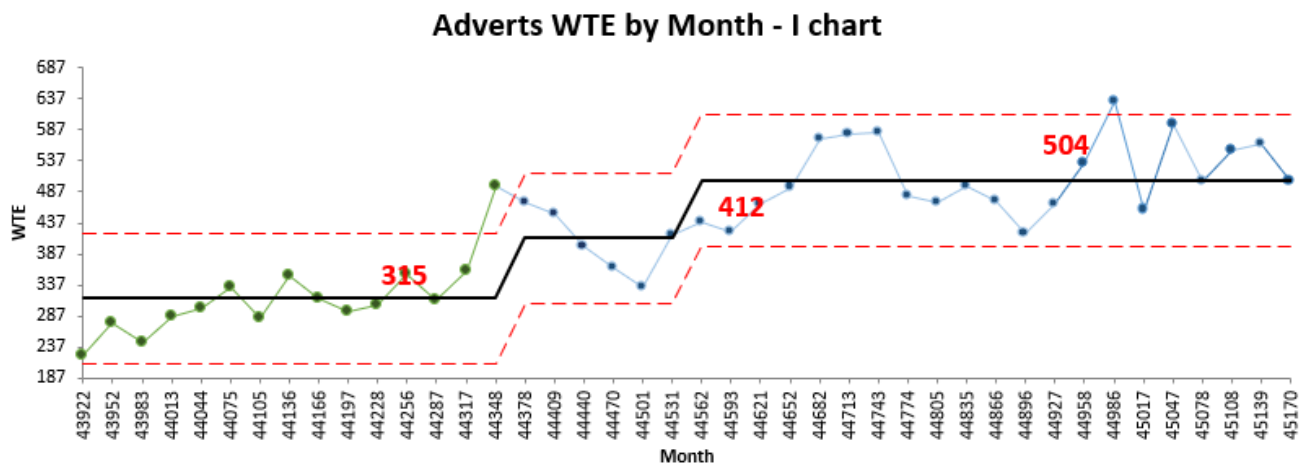
Equality Analysis	The Trust's action plan is designed to improve equality through the reduction in variation between different staff groups.
Risk and Assurance	If staff are not engaged at work, there is a clear risk that patient care will be adversely affected.
Service User/ Carer/Staff	As above, the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

1 Introduction

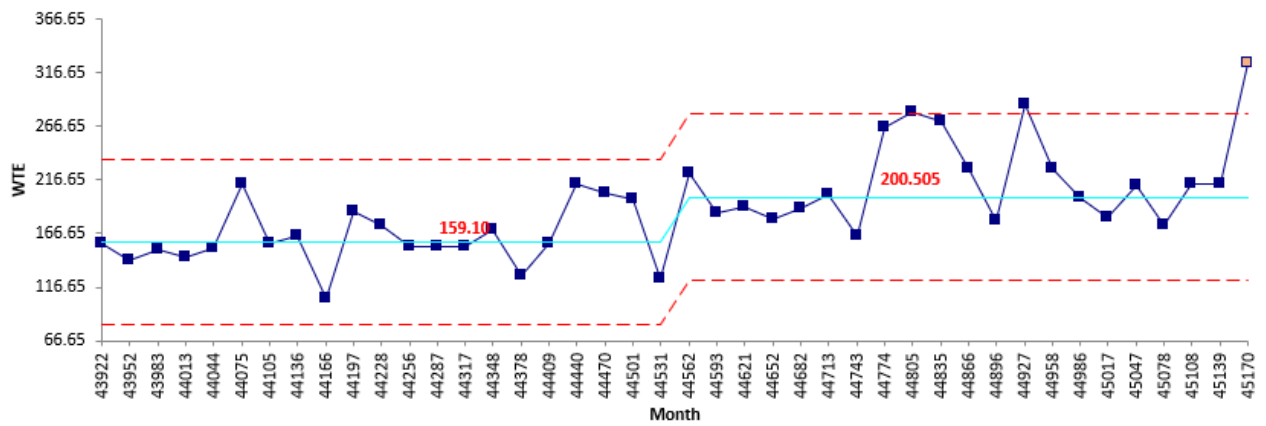
This paper sets out ongoing work across the Trust to support our people. The current context for the Trust remains challenging, and there are indications that this is impacting on staff experience. As a result, the Trust is continuing to focus on staff wellbeing, and has also refocused work on leadership approaches, behaviours and expectations within the Trust.

2 Recruitment activity

2.1 The vacancy percentage remains stable currently at 9.4%. Recruitment activity overall continues to increase. 504.67 whole-time equivalent (WTE) adverts were placed and 282.30 WTE offers were made to internal and external candidates. A significant increase in starters at 325.21 WTE by 17% as compared to same period in the previous year.

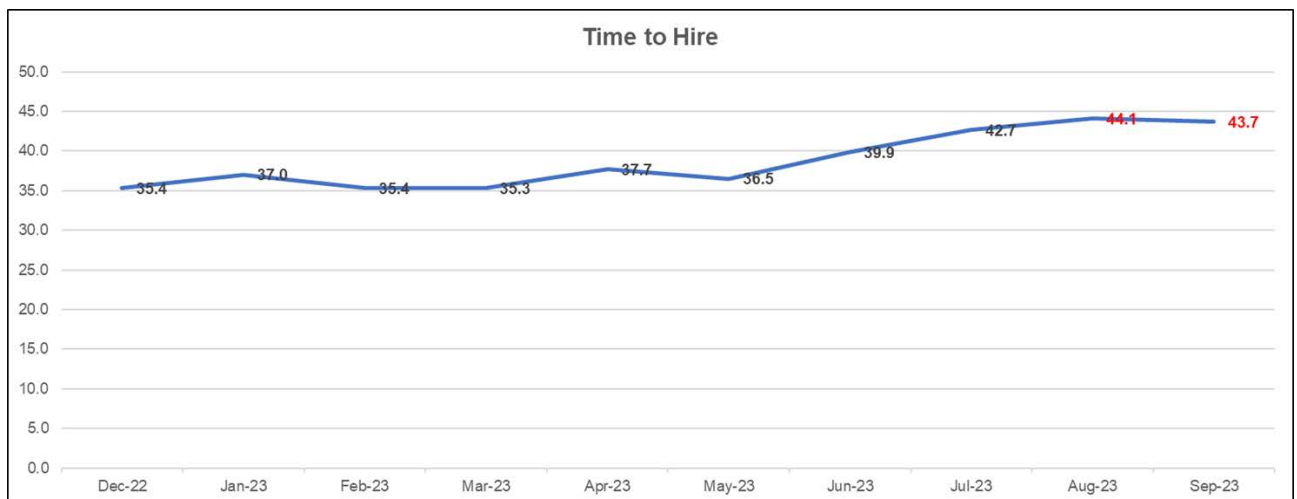


Starters WTE by month- I chart



2.2 Time to hire

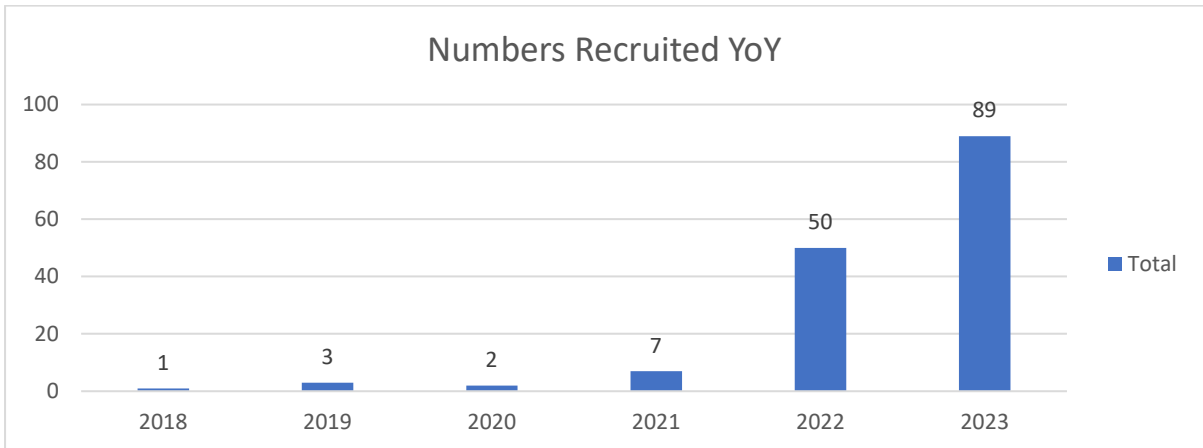
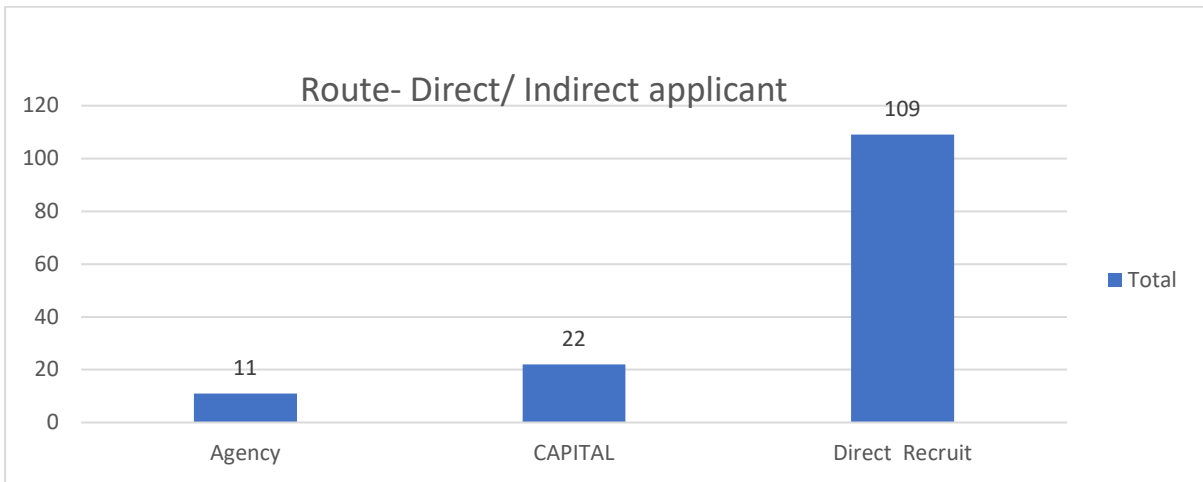
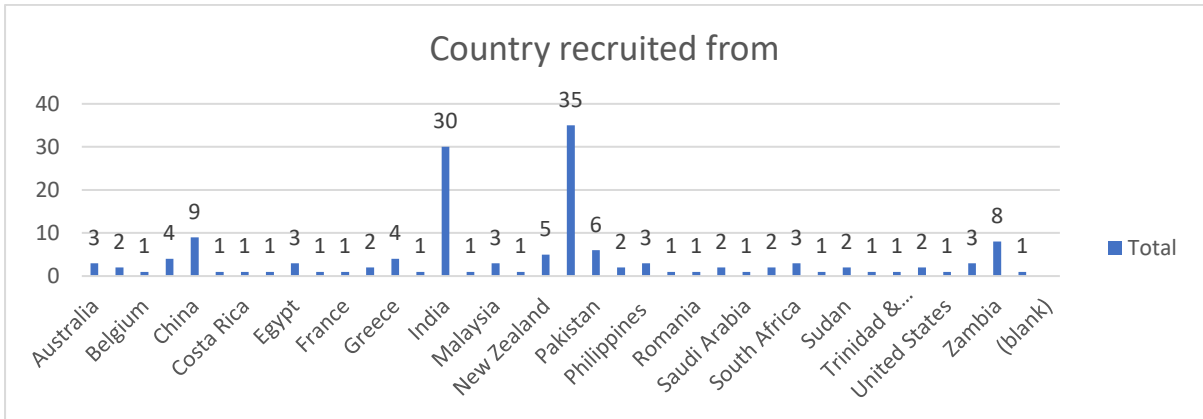
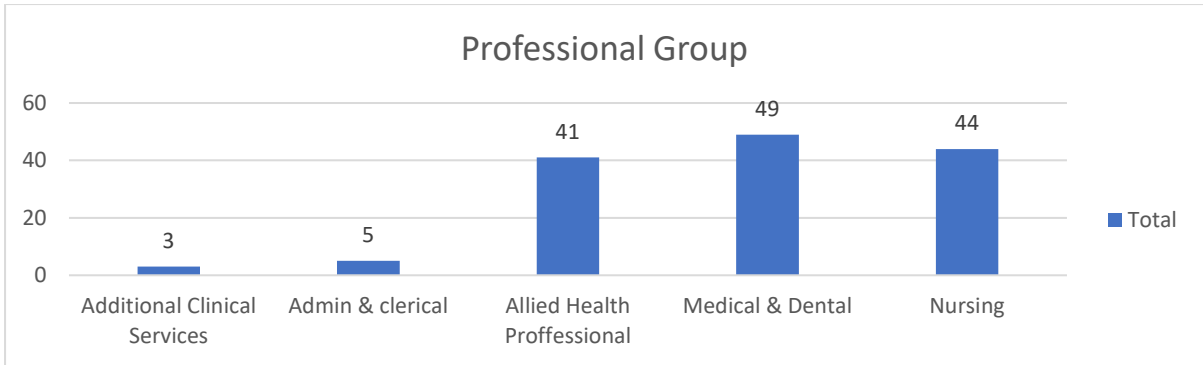
The Trust’s time to hire target is 43 days from the point of advert to pre-employment checks being completed, the current time to hire is above the target and has deteriorated in recent months. Time to hire increase is due to the increased volume of recruitment activity and the increases in the establishment and activity outside the pipeline such as when a new service transfers into the Trust.



2.3 International Recruitment

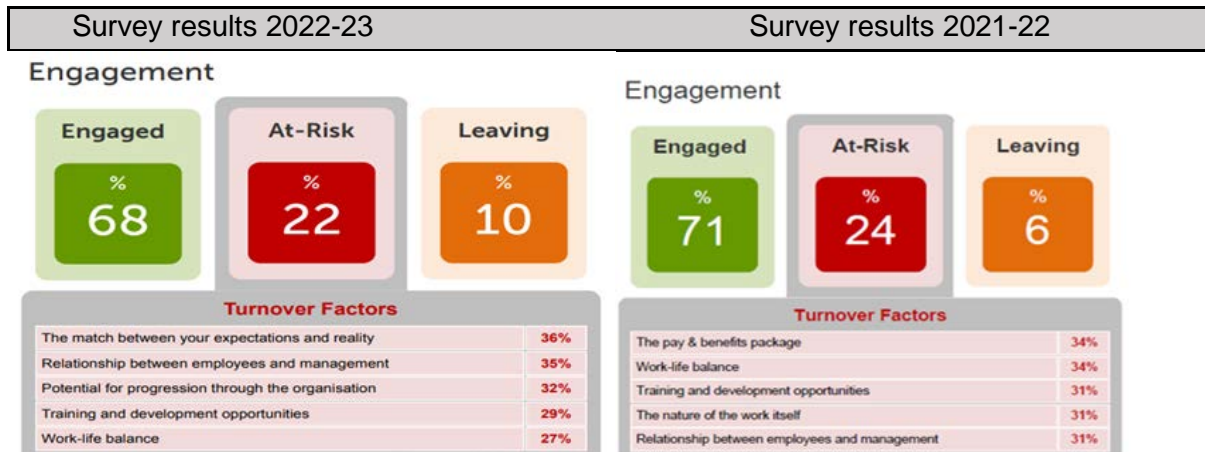
There is a stronger focus on international recruitment within the organisation which has now been embedded as a workstream to help fill some of our hard to fill roles. Direct and indirect approaches are being explored including the Capital Nursing and other alliances, GMC registered International Medical applicants and the development of GMC Sponsorship route to further aid this workstream.

The graphs below indicate a year-on-year increase in uptake of candidates from overseas predominantly across clinical staffing groups. A robust induction and onboarding package alongside considering ethical sources of recruitment activity will lead to future growth and stability within this workstream.

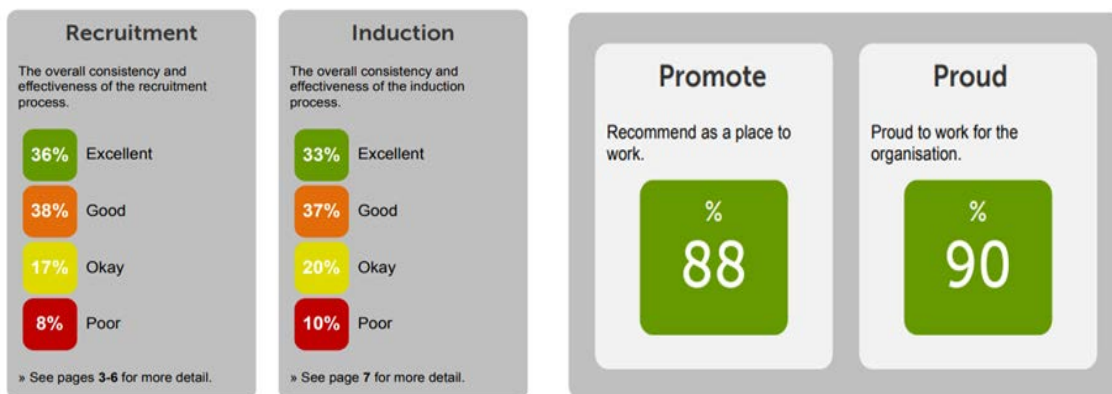


2.4 New starters survey 2022-23

Set out below is a snapshot of the findings of the third annual new starter survey. 296 new starters completed the survey. The overall engagement score has reduced since last year from 71% to 68% and the rate of leavers has increased from 6% to 10%. The reasons related to the leaving factors have changed and the main reason now relates to the 'match between the expectations and reality' rather than 'pay and benefits'.

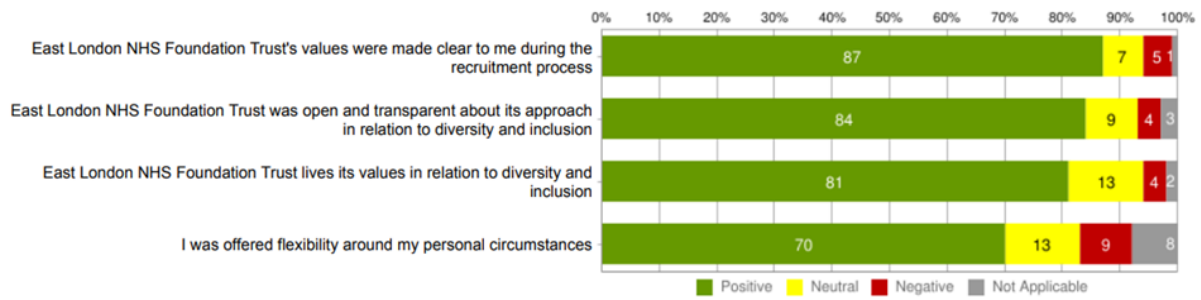


83% of new starters felt that they were clear of what is expected of them and how their performance is measured. The data shows that people feel confident in their roles and responsibilities, how their team operates and what is expected of them over the next few months.



The overall experience of the recruitment and induction processes is positive. Free text feedback highlighted some concerns about delays experienced in the recruitment process and difficulty in communication throughout. Work is already underway within people and culture to make it easier for people to get in touch with the relevant team and have timely responses.

Experience of EDI:



The Trust values related to inclusion were positively experienced throughout the recruitment process. An area for future focus and related to our people strategy is how we ensure that people are offered flexibility at the start of their employment.

2.5 Temporary Staffing Programme

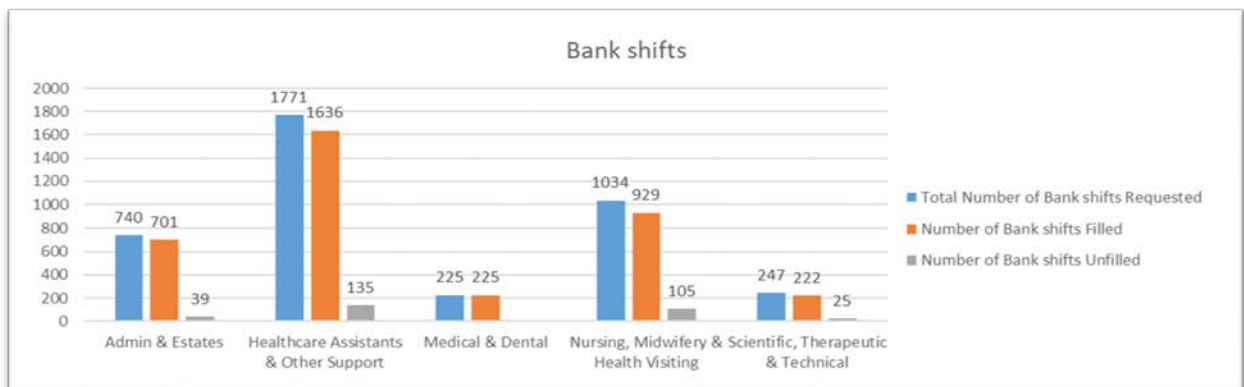
Key areas that the programme is focusing on include reviewing the current bank rates, scoping the options of a collaborative bank up to system level, setting out a detailed plan to have a fully centralised temporary staffing function, continuing the work to reduce agency spend and setting out the project governance and tracking plans.

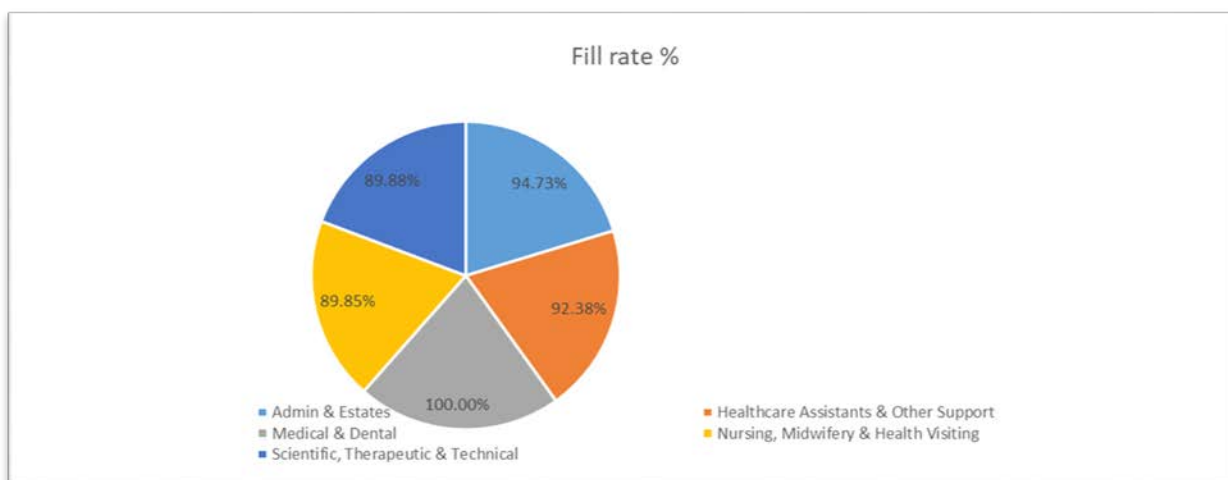
The outcomes and benefits of the programme aim to fill every gap in a roster, every time, for bank staff to be the main source of temporary staffing usage, ensuring managers have easy access to provide oversight and governance of the temporary workforce within their team, for temporary staff to easily 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 November 2023:

- New service brought in house to manage direct engagement bookings for doctors and allied health professionals (AHPs)
- Roll out of staff direct software by Allocate replacing Fieldglass software
- All existing direct engagement agency workers and shift bookings for Medics and AHPs transferred over as part of transition Phase 1 which is on target
- Phase 2 to include roll over of NMNC/ Admin agency shifts onto the Allocate Staff Direct system to enable further DE savings.

Available data shows we have a healthy weekly bank fill percentage across all staffing groups where bank shifts are requested. During week commencing 6 November 2023, 4,017 bank shifts were requested and 3,713 shifts filled with a bank fill percentage of 92.43%.





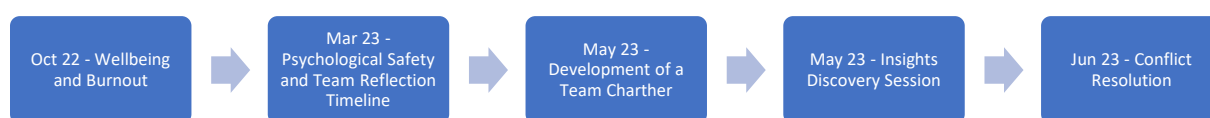
3 Leadership Development

Delivery of our catalogue of leadership development programmes continues with three editions of ELFT lead currently being delivered in parallel and the next cohort of Senior Clinical Leaders launching in November.

On the 3 November the team ran a successful Leadership reconnection event where staff who have attended leadership programmes over the past 12 months were invited to a conference style event where which aimed to reconnect them to their leadership learning and reflect on their leadership practice. The event was attended by 50 leaders and was positively received, and the plan is to replicate this style of event in 2024 subject to funding being sourced.

4 Organisational Development (OD) Case Study

The OD team was commissioned to undertake a longer term, extensive OD project with a team in October 2022 (anonymised) following concerns with team dynamics, staff morale, the team not feeling psychologically safe and breakdown in relationships. Due to these issues, there was a high number of staff on sick leave in the team at the time (49.21%). These high sickness rates led to the department having to reduce their service level agreements (SLA) with other teams and service user care and they were in urgent need of OD support. Following extensive scoping with the staff and managers in the Team, the OD Team undertook a series of OD interventions with the team from October 2022 to June 2023 as detailed below:



The team has seen improvements with the sickness absence rate from 49.21% in October 2022 to 11.52% in September 2023. In addition, the vacancy rate decreased from 27% in October 2022 to 7% in September 2023. Therefore, it could be concluded that these OD interventions have had a positive impact on the team.

5 Anti-Racism Events

During the week of 16 October 2023, Dr Robin DiAngelo presented 12 anti-racism events across ELFT including a specific People and Culture/Staff Side event, two Trustwide staff

events in London and Luton, a Board development session, a joint ELFT/NELFT session with governors, and sessions with Forensics and CAMHS to showcase that work that they have undertaken and to gain insights from Robin.

Attendees were asked where they thought ELFT are now on the Institute for Healthcare Improvement (IHI) Anti-Racism Continuum.

When asked what actions ELFT should take to become anti-racist, the main themes were:

- education and training providing listening mechanisms and safe spaces and more support to staff who experience racism
- review our data available and share prevalence data
- understand root cause of disciplinarys and why this affects higher numbers of staff from Black, Asian and the global majority
- Increasing the diversity of investigating officers/chairs
- review resourcing processes to include anti-racism questions into the process; and explore senior leadership/powers of position with role-modelling from senior leaders/execs.

In terms of the next steps, the results are being synthesised and developed into an anti-racism strategy and statement and will be taken to a future Board meeting and People & Culture Committee. Since the events, the Trust have received a number of concerns from staff, in relation to other forms of race discrimination, particularly in relation to the conflict in the Middle East, anti-semitism and Islamophobia. The Executive Director of Commercial Development supported by the communications team have been holding humanitarian events to support staff who may be affected.

6 Annual Staff Survey

The national annual staff survey launched on 2 October 2023 and closes on 24 November 2023. In order to improve on the 2022 staff survey response rate, the following activities have taken place as part of this year's staff survey campaign:

- For the first year, staff survey champions have been nominated to a directorate, to work alongside the wellbeing and engagement team and people business partners in the promotion of the survey and to help feedback from services
- Fortnightly meetings with the staff survey champions took place for the duration of the campaign
- The 14 Trustwide staff survey roadshows, at heavy footfall sites
- A communications campaign, based on an 'ask the experts / game show' theme
- Introduced prizes as incentives for completion by teams and individuals
- ELFT network leads utilised for promotion and a video around survey anonymity/what the reporting looks like is being developed
- Reminder WhatsApp's and text messages to all staff considered
- Numerous roadshows have also been held at targeted ELFT sites which have been well received by staff.



7 Staff Awards

The wellbeing and engagement team worked extremely hard to organise another fantastic ELFT staff awards ceremony on 19 October 2023:

- 1,100 staff attended this year's ceremony and party to celebrate colleagues who provide exceptional support to service users and colleagues. This is the largest staff awards ceremony ELFT has held to date, with 745 people viewing the live stream.
- Nineteen awards were presented to outstanding individuals and teams at The Troxy in Limehouse, which drew health and social care professionals from all corners of the Trust. Our guests included the Mayor of Luton, Tower Hamlets councillors plus senior representation from the BLMK and NEL ICS.

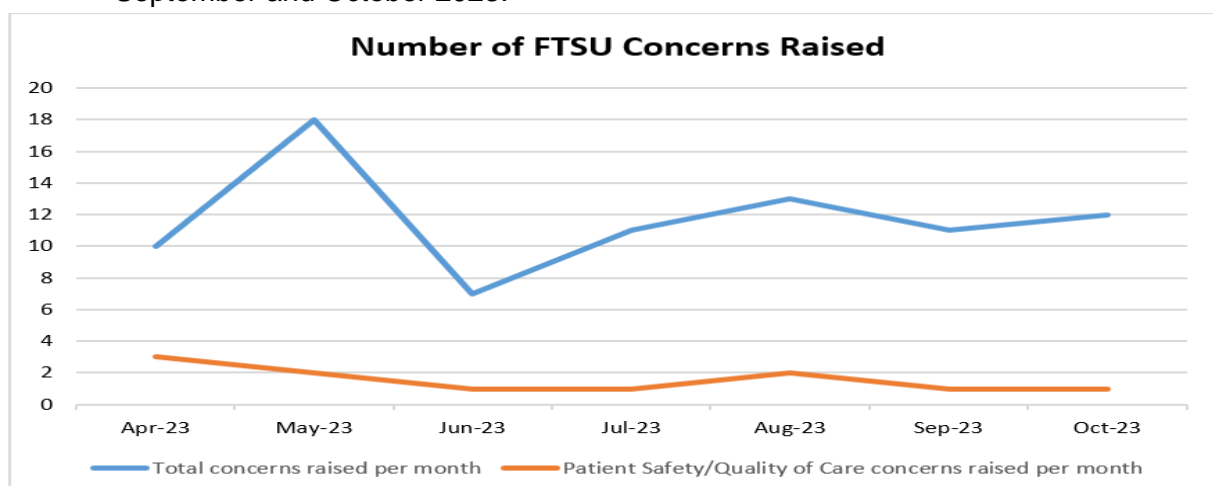


8 Current & Upcoming Wellbeing & Engagement Initiatives

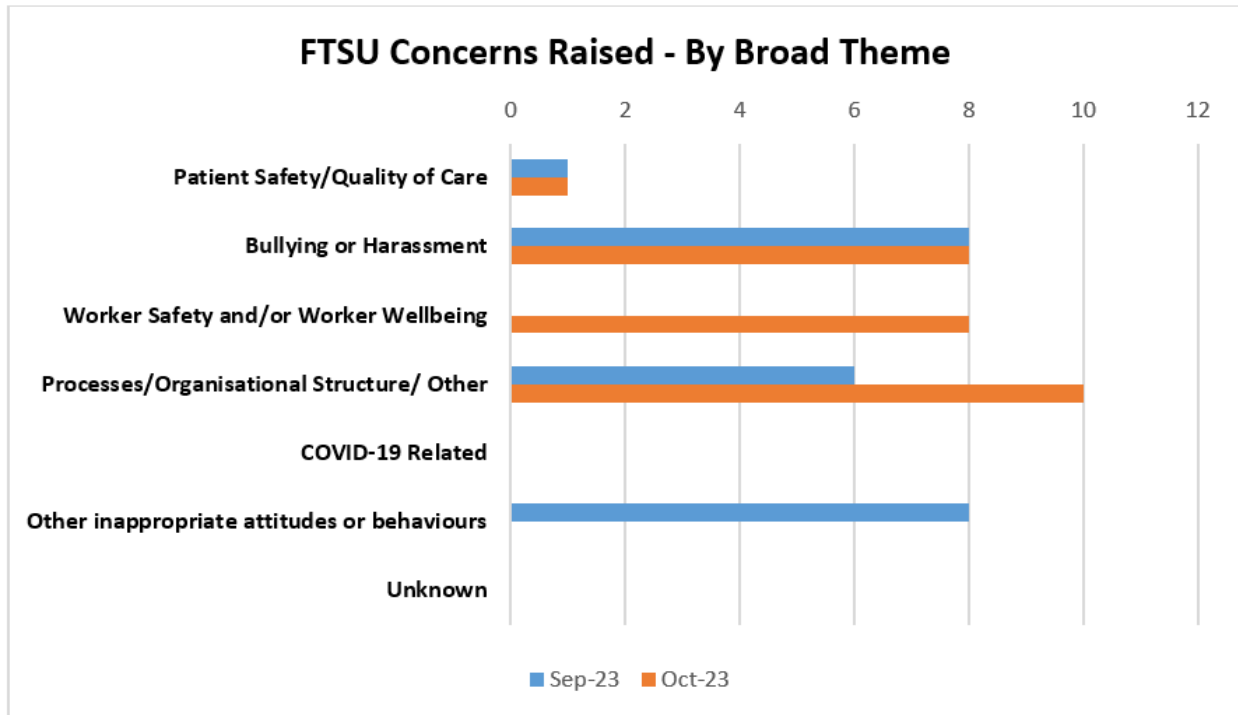
- Annual staff survey (closing on 24 November 2023)
- Vitamin D and continuous NHS service campaigns: Both due to launch imminently
- Research and implementation of an employee recognition platform with Vivup
- The promotion of the joint EDI and wellbeing booklet, a first of its kind for ELFT.
- Continuing of all business-as-usual salary sacrifice schemes, wellbeing offers, wellbeing newsletter, cost-of-living tips etc.

9 Freedom to Speak Up (FTSU) - Update 1 September to 31 October 2023

9.1 Number of FTSU concerns raised: 23 colleagues raised concerns during September and October 2023.



9.2 FTSU Broad themes raised



Joint highest for September & October are bullying and harassment and processes/organisational structure/other with 16 cases each linked to these themes.

Concerns relate to:

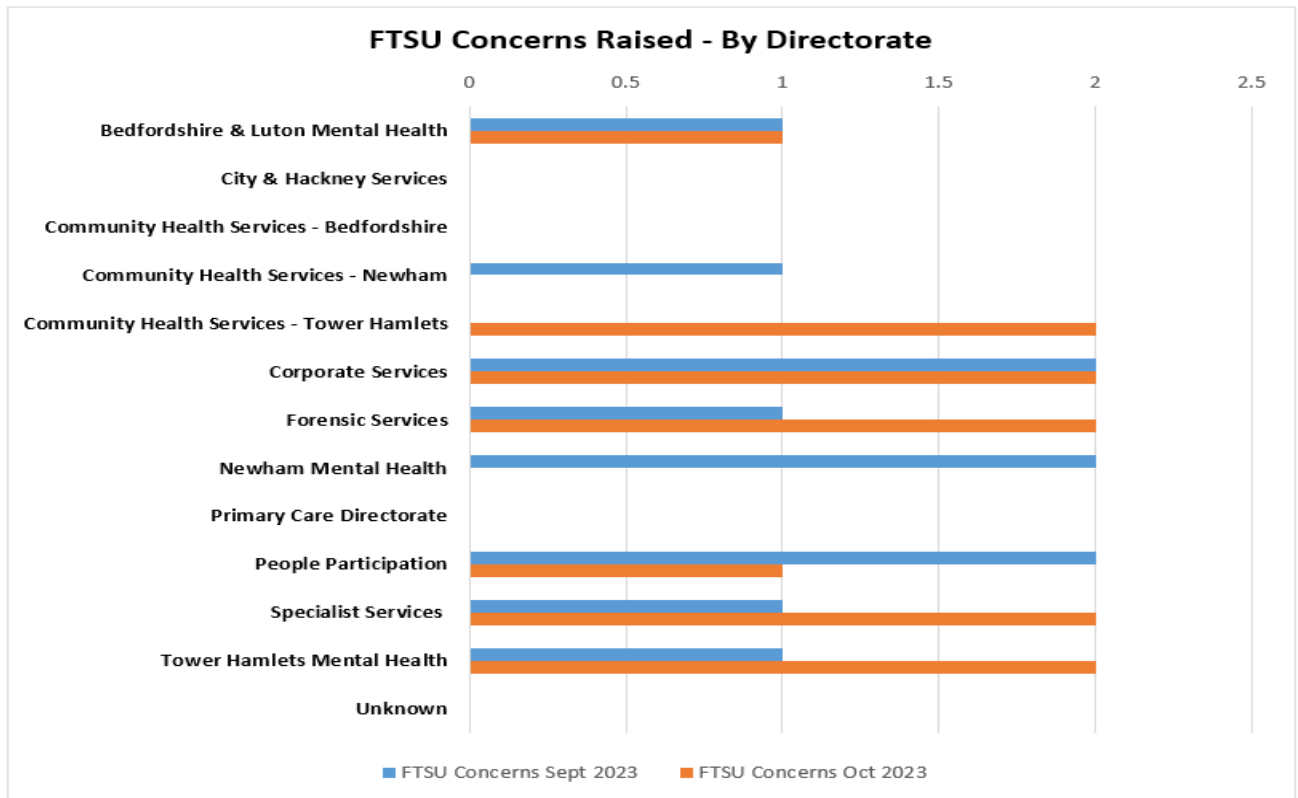
- Recruitment practices
- Disability discrimination, reasonable adjustments
- Detriment suffered following raising concern
- Sexually inappropriate behaviours, harassment, assault
- Management styles and impact on staff
- Racist comments from colleague, and how it was managed
- Concerns around how a particular service is being run
- Unfair treatment, attitude and behaviours from senior staff, and how it is managed
- Negative behaviours, incivility, unprofessionalism, and its impact on the quality of patient care
- Bullying and micromanaging, impact on staff
- Workload struggles, lack of support.

Joint second are worker safety and/or worker wellbeing & other inappropriate attitudes or behaviours, with eight cases each linked to these themes.

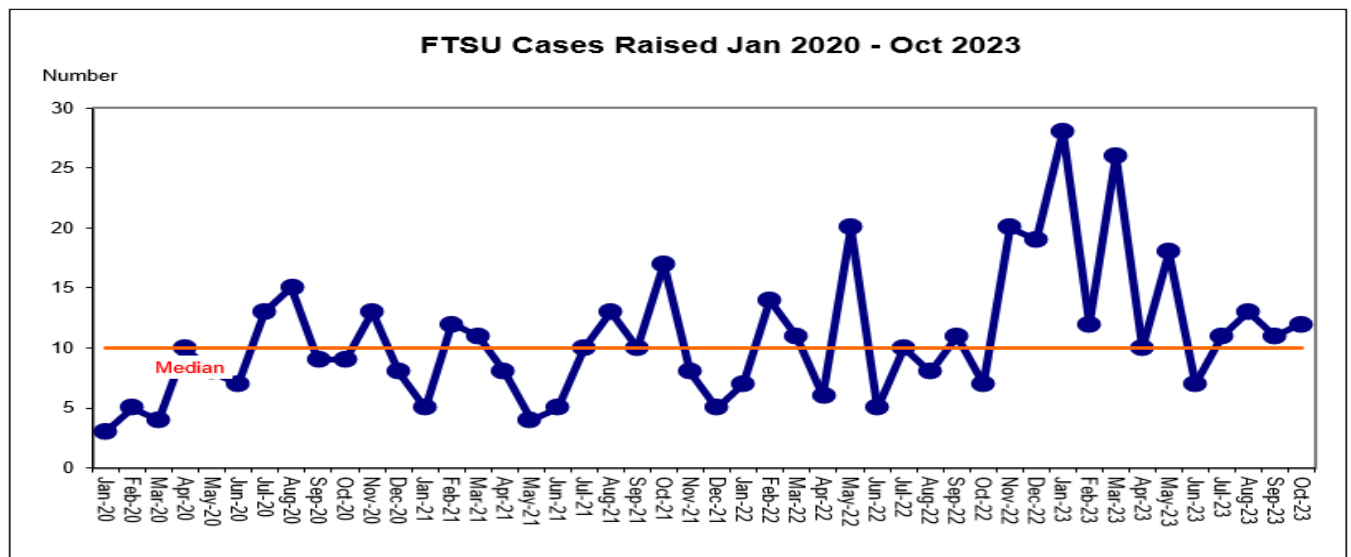
These concerns were intertwined with processes/organisational structure/other, patient safety/quality of care and bullying and harassment.

There are two cases relating to patient safety/quality of care. One focuses on how a particular service is being run. The other to negative behaviours, incivility, unprofessionalism, and its impact on the quality of patient care being delivered.

9.3 FTSU concerns raised by directorate



9.5 Number of FTSU concerns raised each month Jan 2020 – Oct 2023



9.6 FTSU Updates

9.6.1 FTSU Training

- Freedom To Speak Up Guardian (FTSUG) continues to deliver FTSU awareness training at the monthly corporate Trust induction.
- FTSUG continues to facilitate virtual and face-to-face training to teams.
- FTSUG delivered session as part of the new managers induction training.

The Freedom to Speak up conference was held on 20 October 2023 and was well attended. The most favoured sessions were those on psychological safety of staff to support speaking

up, civility at work and Helené Donnelly’s talk on ‘Empowering Speaking Up and Challenging the Status Quo’, sharing her experiences of speaking up at Stafford Hospital and how we can all empower speaking up. All resources from the FTSU Conference are now available on the FTSU intranet page:



FTSU Conference 2023

Our Freedom to Speak Up Conference was held on Friday 20 October 2023. Presentations and Resources from the conference can be downloaded below:

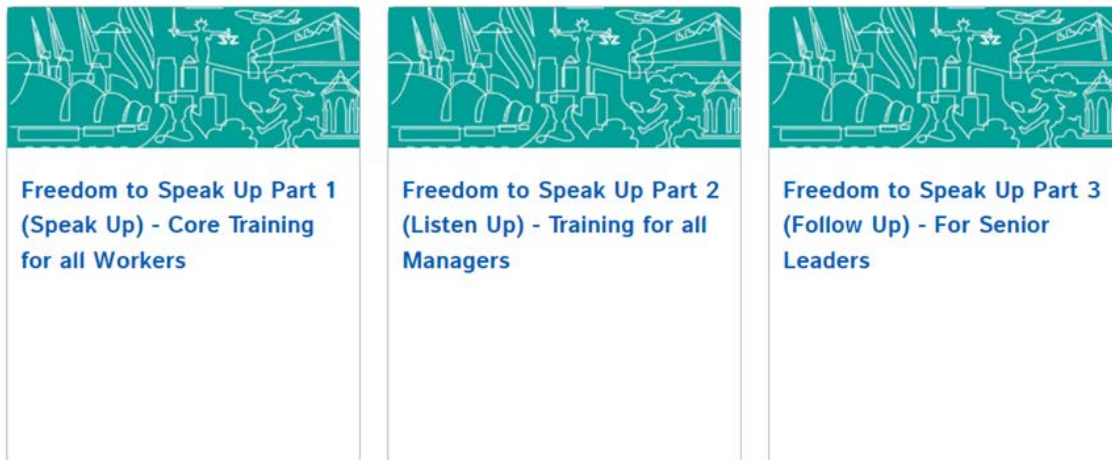
- [Welcome & Introduction to Conference](#)
- [Psychological Safety at Work](#)
 - [Psychological Safety at Work Guide](#)
- [Equity, Diversity and Inclusion and Staff Networks](#)
- [Keynote Speaker: Helene Donnelly - Cultural Change](#)
- [Counter Fraud](#)
- [Civility at Work](#)
- [Respectful Resolution](#)



9.6.2 Freedom to Speak Up Audit

Following up on the FTSU internal audit, a FTSU action plan has been drafted in response to the partial assurance opinion, to ensure that the Freedom to Speak Up processes are strengthened to enable staff to feel felt safer speaking up about all concerns.

The Freedom to Speak Up training modules are now available via ELFT Learning Academy:



Three training module cards are displayed, each with a teal header featuring a white line-art illustration of a cityscape with a clock tower and a bridge. The cards are:

- Freedom to Speak Up Part 1 (Speak Up) - Core Training for all Workers**
- Freedom to Speak Up Part 2 (Listen Up) - Training for all Managers**
- Freedom to Speak Up Part 3 (Follow Up) - For Senior Leaders**

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.

To support with the ‘learning from’ concerns raised, and how that learning is being shared and embedded in the team/service/directorate/Trust, colleagues involved in the resolution are requested to complete a feedback document. This will support the collation of all the

'learning from' concerns across the Trust, as well as support with sharing the key learnings with colleagues via comms, which will highlight the benefits of FTSU.

10 Whistleblowing

There has been a total of 19 whistleblowing complaints raised between April 2019 to September 2023; this is there has been an increase since the last report, and there are currently 6 open cases. The themes include:

- 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 FTSU Guardian, CQC, and anonymously. The process for 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. One potential area to strengthen the process 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.

As previously reported, in response to the Lucy Letby conviction, 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 FTSU Support Session on Wednesday 30 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 sent out. The results will inform targeted training and support for FTSU
- Advertised FTSU 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;
- 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 FTSU and whistleblowing 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 directorate team meetings.

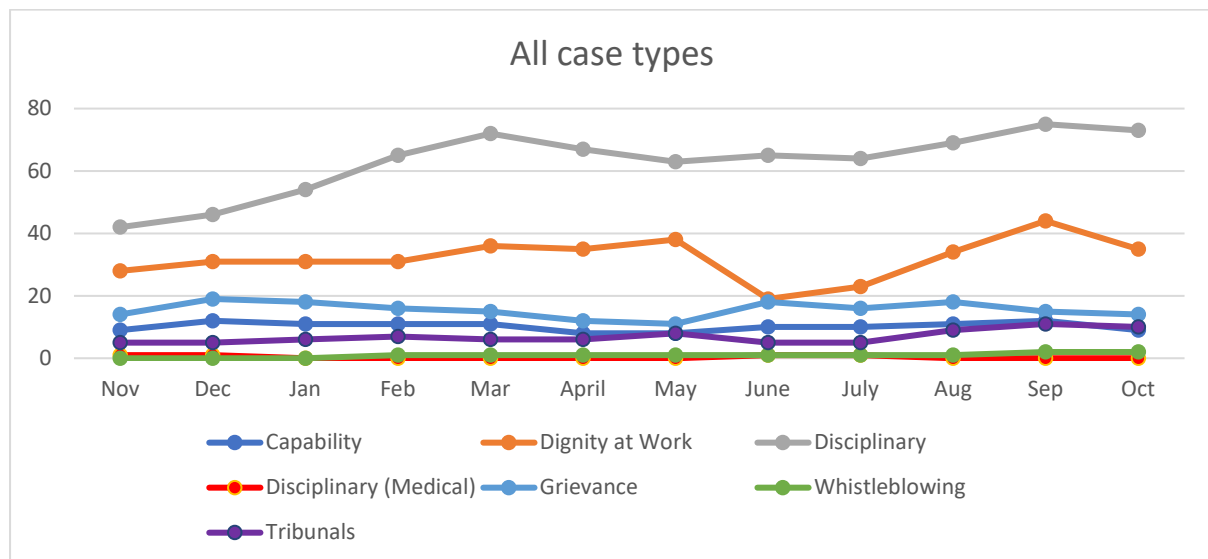
As a result, services commissioned external cultural reviews which have made recommendations for improvement. Trustwide communications have also been sent to highlight the issue around sexual safety given the increase in media coverage but also given the increase in such complaints within the Trust. All this work is underpinned by the leadership and culture work which is currently underway.

11 People Relations

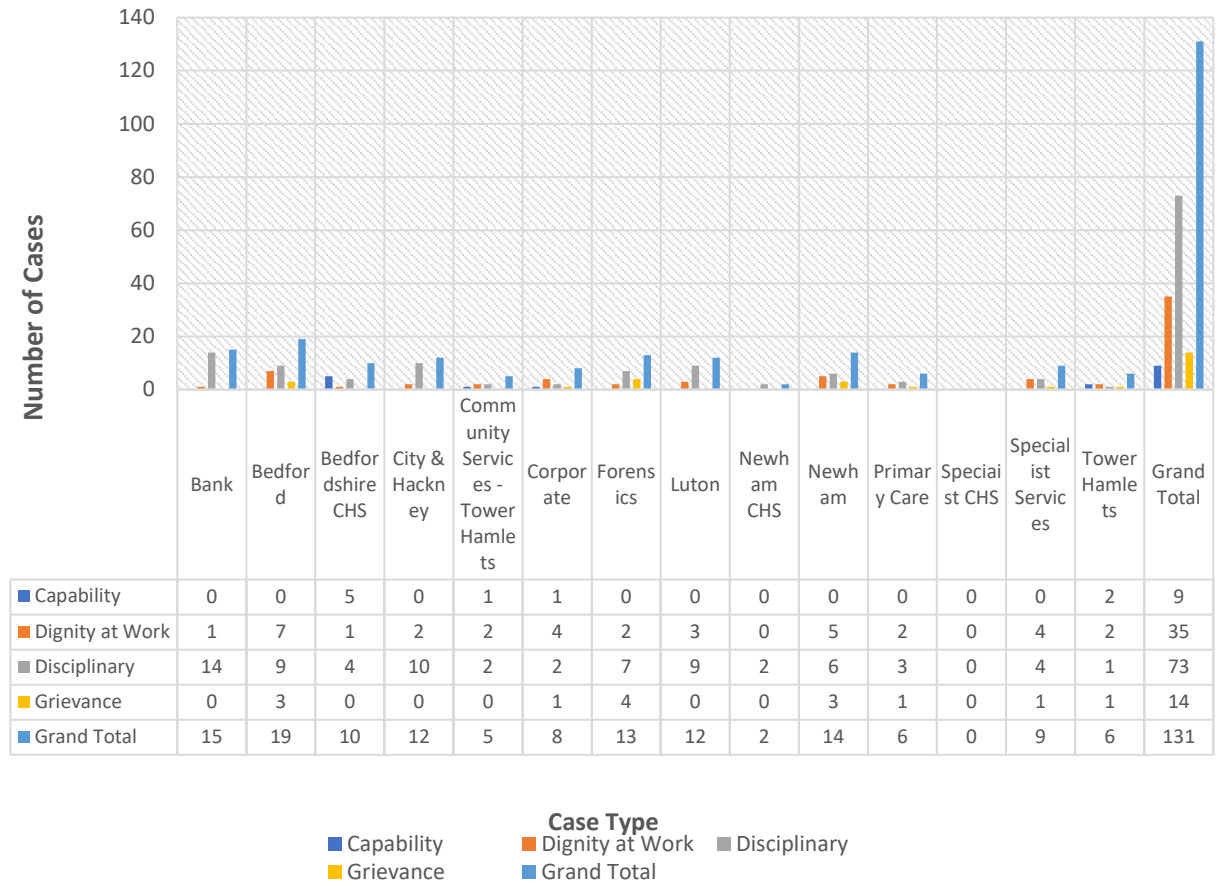
At the end of October 2023, there are: 143 live employee relations (ER) cases plus 10 employment tribunal (ET) cases, two ACAS, 155 long-term sickness cases and 512 short-term sickness cases being managed by the people relations team. The level of ER activity remains high, the implementation of Respectful Resolution should help the Trust to reduce numbers in the near future. The team is also looking to introduce Restorative Just Culture, as part of the review of the current Fair Treatment Process.

The Dignity at Work Policy is currently with the Joint Staff Committee (JSC) sub-policy group. The revised policy includes Respectful Resolution.

In addition, training for chairs and investigating officers has been organised to be delivered in January 2024.



Number of Open Cases by Directorate



12 Customer dashboard feedback

ELFT P&C is an early adopter and of the NHSE customer review feedback framework tool. There is a standard set of questions that people can access to give feedback on their experiences of using people and culture services. Dashboards will enable benchmarking with other NHS Trusts.

31 people have provided feedback and have given an average rating of 3.7. The average rating for all Trusts currently using the feedback tool is 3.9. The experience of functions across P&C ranges from 2.7 to 5.0. Overall experience seems to be positive at 4.0. We will continue to use the tool to encourage feedback and use this feedback to continually improve our services.



14 NHS People Management Framework Publication

A framework has been developed which provides guidance for line managers about their role and responsibilities in ensuring their colleagues feel valued, supported, and cared for at work. There are 15 themes which aligned to the employee life cycle, and under each theme there are four headings:

- What managers need to know and understand
- What managers need to do
- Key behavior expectations of managers
- What is required of Human Resources & Organisational Development to support this.

In each theme, there are short videos from experienced managers giving tips and advice on managing colleagues. There is also signposting to internal and external resources which may be useful including e-booklets and masterclasses.

A Task and Finish Group, led by our Chief People Officer at ELFT along with representation from across the regions. Trusts are asked to socialise these resources more widely within organisations so that all managers, staff representatives and trades unions are aware of these resources.

15 COVID-19 and Flu Programme

COVID-19 autumn/winter booster programme commenced on 11 September 2023 which accelerated the delivery of the programme by vaccinating eligible population. Wherever possible, patients were offered flu and COVID-19 vaccination at the same time. Workforce Management Model (aka Lead Employer) has deployed the workforce to GP practices, community pharmacies and local hospitals. NHSE put in place interim financial arrangements to support the acceleration of the vaccination programme, recognising the additional administrative, organisational and delivery costs which the programme has incurred.

The Workforce Management Model team has been working on developing NEL NHS Reservist Programme. Implementation is now on the way where 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.

16 Growing and Developing our People

16.1 Statutory and Mandatory Training

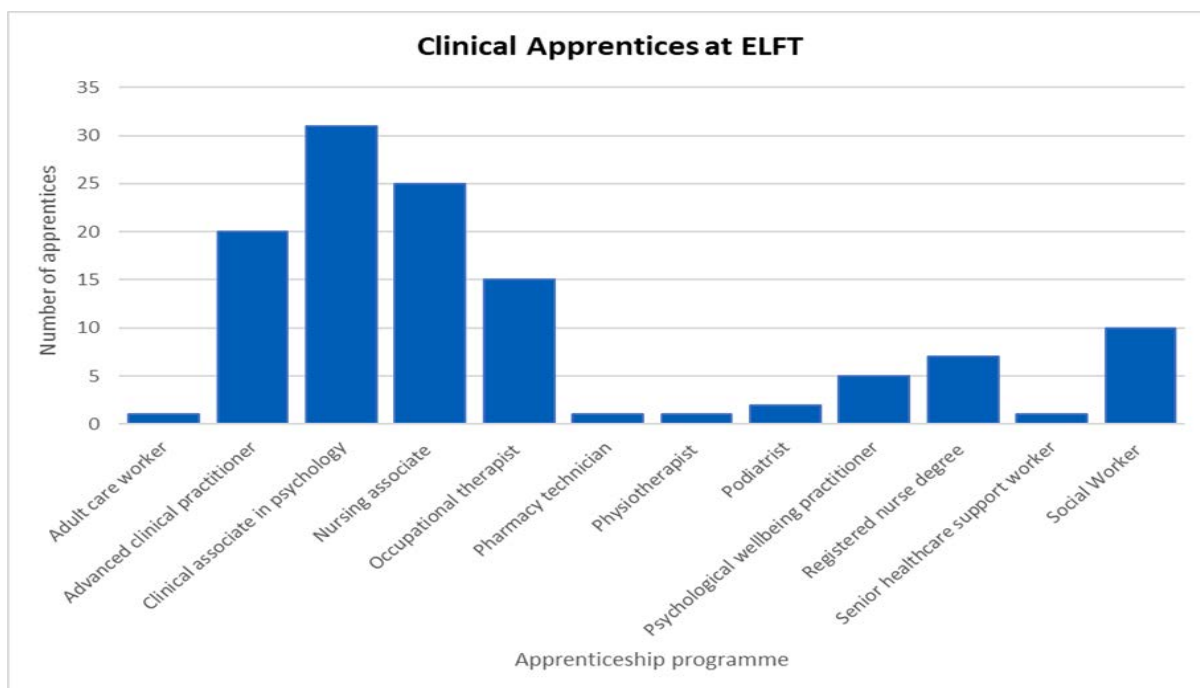
Statutory and mandatory training compliance continues an upward trajectory, we are now reporting at 85.62%; this now includes exemptions for the mental capacity act (MCA) training. The reason for the exemptions of MCA is due to increased audience due to mapping. The MCA course itself has also been revamped to ensure suitability to the different professions and therefore this resulted in increased staff being mapped to the training.

Compliance is in line with the planned trajectory to return to the 90% compliance target by the end of 2023, and detailed action plans are in place and work underway to achieve this. As a wider effort to increase compliance and the accuracy of what is reported we also continue to review the audiences for statutory and mandatory training to ensure accuracy where inaccuracies are identified. This work continues with subject matter experts, managers, and related legislations.

16.2 Apprenticeships

Apprenticeship numbers continue to increase across clinical and non-clinical apprenticeships with further increases expected in the coming years in line with the NHS long-term plan. A key area of focus and improvement is the harmonisation and alignment of apprenticeship salaries across all programmes to ensure equity and consistency and to connect them all to the AFC rates via annex 21.

ELFT currently has 173 colleagues on an apprenticeship programme; 119 are on a clinical apprenticeship and 54 on non-clinical. Our clinical apprenticeship uptake is increasing, most notably in Clinical Associate in Psychology, Nursing Associate and Advanced Clinical Practitioner. The Trust has committed £1,922,700 of levy funding to support these 119 clinical apprentices.



17 Organisational Change

There are currently three organisational change processes in progress affecting seven staff members. There is a risk of redundancy with one of the change processes. There are two TUPE transfers into the Trust with 13 staff members transferring across. The transferring staff are not on Agenda for Change (AfC) terms and conditions; however, this will be reviewed once the transfers are completed and consultations to move the staff across to AfC will commence in early 2024.

18 Directorate Highlights from People Business Partners

London and Bedfordshire Community Health Services held business planning away days to review the preceding 12 months activities, action setting for the future, and workforce planning. Community services have continued their Workforce Development Strategy Steering group which focusses on workforce planning.

All directorates have developed and agreed Equality Diversity and Inclusion action plans and timelines for FLAIR, WRES, and WDES.

Tower Hamlets Mental Directorate have piloted Commissioning Managers training. Following the training, a Commissioning Managers rota has been successfully implemented. Further training has been organised for Newham Mental Health for November 2023 and will be rolled out to the other directorates.

19 Recommendation

The Board is asked to:

- **CONSIDER** the assurance provided
- **CONSIDER** any other assurance that is required.

REPORT TO THE TRUST BOARD IN PUBLIC
30 November 2023

Title	Charitable Funds Committee 11 October 2023 – Committee Chair's Report
Committee Chair	Aamir Ahmad, Vice-Chair (London) and Committee Chair
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

To bring to the Board's attention key issues and assurances discussed at the ELFT Charitable Funds Committee meeting held on 11 October 2023.

Key Messages

Fundraising Update

- The committee welcomed the new charity fundraising co-ordinator to the meeting and noted the finalising of a fundraising strategy will be an initial key focus for this role
- Two bid applications have been submitted to NHS Charities Together for a total of £326k, the final outcomes of which are expected by spring 2024
- A relaunch of the Pennies From Heaven initiative was highlighted as a positive staff engagement step, enabling individuals to donate the additional pence from their salaries directly to the ELFT charity
- The importance of receiving feedback and data from teams on outcome measures following a successful bid was highlighted.

Funding Awarded

- 59 funds have been awarded to ELFT services, totalling £185k; several bids required further amendments, the majority of which related to the principles of the financial ask
- Work continues to promote the funding opportunities and share knowledge and information on successfully funded projects with Bedfordshire and Luton services to encourage rollout in their localities and increase the number of bids
- Some projects highlight the opportunity for areas of the ELFT estate to be used to support the charitable sector as part of the Trust's anchor organisation aims.

Communications Update

- Communications messages continue to promulgate information around the purpose of bids and details of the funding awarded; these are being well read
- The relaunch of the Pennies From Heaven initiative was as a result of feedback from a member of staff in Bedfordshire during one of the ongoing internal webinar events designed to promote the charity
- The intention to draw the winning ticket for the staff raffle at the staff awards event in October as an opportunity for further publicity for the charity
- Consideration to providing funding information packs based on existing and previously applied for projects was requested to support with applications.

Healthier Wealthier Families Update

- 64 referrals and further increases in income totalling £121k for 14 families resulting from the pilot scheme currently underway in Newham SCYPS. Further wider positive impacts to families include increased confidence in managing financial matters, signposting and support with online documentation
- Previous testing of this model has not taken place in an area as ethnically and linguistically diverse as East London and the gathering of sufficient evidence on outcome measures will be used to secure funding for a wider rollout in ELFT
- This work has been included in ELFT's annual population health report and is gaining interest from NHS England and other national bodies

- A comparison of the diversity of the assisted families to the general population of Newham will be undertaken to ensure equitable access is being given to all areas of the community.

Assurance

- The donations policy was approved. This is the final policy to be approved to meet the Charity Commission's requirements and along with all policies and governance framework will support the effective running of the charity
- Assurance provided on the progress with the mitigating actions for the charity's BAF with approval given for the amalgamation of two risks and the rewording of another given progress on the development of policies and governance
- Further consideration requested around an additional risk associated with ensuring equitable availability of funds to benefit all communities.

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 TRUST BOARD IN PUBLIC
30 November 2023

Title	Finance, Business and Investment Committee (FBIC) 14 November 2023 – Committee Chair’s Report
Committee Chair	Sue Lees, Non-Executive Director and Committee Chair
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

- To bring to the Board’s attention key issues and assurances discussed at the Finance, Business and Investment Committee (FBIC) meeting held on 14 November 2023.

Key messages

Finance Report Month 6

- The Trust is currently reporting a deficit of £3.2m which is adverse to plan by £3.9m; the key drivers for this are agency spend, use of private beds and staffing levels in inpatient areas
- A full recovery plan with increased grip and control measures already in progress including a tightening of controls on the use of agency staff, reviews of the over-establishment policy and safer staffing tool, and an escalation process for private bed usage
- This provided the committee with partial assurance; however, the committee requested more granular detail on the anticipated savings, timings and a view of where the blockages are along with an increase in the pace of work; as well as consideration to scheduling additional meetings to maintain full visibility of progress on the recovery plan
- There is work ongoing around balance sheet flexibility and the potential for benefits to the income and expenditure position which will be reported on at a future meeting
- Confirmation received that the recent periods of industrial action will be centrally funded.
- The cash position at month 6 is £118.8m
- The Trust continues to be in Segment 1 (no specific support needs: maximum autonomy, minimum risk) of the NHS Oversight Framework.

Financial Viability (FV) Update Month 6

- Reported delivery of savings at month 6 of £6.18m, against a target of £6.72m; the variance of £500k has remained consistent with that previously reported
- There remains an in-year gap in unidentified plans with a predicted year end forecast of £14.69m; the risk score for FV risk 1 has been increased to reflect this
- The positive impact of new tools and governance on the delivery of identified schemes has allowed for a reduction in FV risk 2
- The committee requested details of high-risk schemes which have been excluded from the forecast in order to assess their value and potential for future year savings.
- Planning for 2024/25 assumes a 5% efficiency ask, equating to a £29m target for ELFT with a need for wider executive and Board discussions around the impact this will have on the Trust’s overall plan.

Agency Expenditure

- The year-to-date agency spend is £16.3m, 35% above the ceiling spend cap of £24.2m for 2023/24 equating to the equivalent of c400 full time posts.
- As a reduction in agency usage is a key part of the recovery plan, the committee requested specific detail on the key areas of high spend along with clearly itemised actions which will have the greatest impact on reducing costs.
- The need for increased traction in this area is paramount given the limited time remaining to impact the figures by year end.

Capital and Estates Update

- Estates are contractually committed to more than 93% of the core capital plan and assurance provided that the full spend will be achieved by year end

- Discussions to mitigate the late arrival of funds are ongoing with both Integrated Care Systems (ICSs); plans remain in place to ensure full opportunity is made of any additional monies
- The committee noted recommendations for the sale of estate properties, stressing the need to realise the most value for the NHS as well as maintaining sight of the wider ambitions of the Trust as an anchor organisation to increase support for services
- There remains some outstanding assurance to be received by 30 leasehold landlords on the absence of any Reinforced Autoclaved Aerated Concrete (RAAC) although these do not relate to healthcare sites
- Clarity around the resolution of the CDEL impact of IFRS leasehold properties is still awaited from the centre; however, it is anticipated that this will be centrally funded.

Procurement Update

- The committee welcomed the close work with finance and counter fraud teams to improve purchase order compliance, following discussion and recommendations at a previous FBIC meeting
- Although savings are below target currently, there are projects in place around contract savings that aim to realise the target by year end
- The involvement of service users in the procurement process was highlighted with fully supported discussions around quality of care on contract evaluation panels
- Work continues to become a nationally accredited procurement service.

Aged Creditors: The escalation of issues with Shared Business Services (SBS) in light of increasing invoice volumes is affecting the Trust's performance against the Better Payments Practice Code (BPPC).

Investment Register: No new investments planned; however, options around flexibility for foundation trusts relating to outside investments are being explored with NHS England (NHSE).

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 additional focus around financial recovery and viability gave assurance on retaining the risk score; however, should no progress be evident in January consideration will be given to increase the score.
- **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 continuing high level of risk related to cyber was noted.
- 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
30 November 2023

Title	Finance Report Month 7 (October 2023)
Author	Haffejee Knight, Deputy Director of Finance
Accountable Executive Director	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
22/11/2023	Service Delivery Board

Key messages

Summary of Financial Performance:

- As at month 7 the Trust is reporting a deficit position of £3.2m year to date, which is £4.3m adverse to plan. The key drivers of this variance are;
 - Financial Viability (FV) slippage
 - Staffing pressures due to high acuity and activity pressures within inpatients settings, staff sickness, and agency premium due to difficulties in recruiting medical and nursing staff.
 - Usage of private sector beds
 - Inflation above funding
- The Trust's cash balance at 31 October 2023 was £123.5m.
- Capital expenditure as at 31 October 2023 was £2.27m.
- Better Payment Practice Code performance is 84.6% by volume and 89.1% by value.
- The Trust is currently forecasting to be on plan by the end of the financial year.

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 England (NHSE) 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. This 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 4 May was an income and expenditure surplus of £5.4m, 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. Trust 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 and NEL ICS.

1.2 As at month 7, the Trust is reporting;

- An income and expenditure deficit position of £3.2m year to date, which is £4.3m adverse to plan. The key drivers of this variance are;
 - Slippage on Financial Viability delivery (£1.3m).
 - A continuation of expenditure pressures across Home Treatment Teams (£1.1m).
 - Staffing cost pressures linked to staff shortages due to long term sickness, high acuity needs (enhanced observations), recruitment challenges and activity pressures.
 - Usage of private sector beds (£2.8m).
 - 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 (£2.1m).

Adverse variances are currently being partly offset by underspends against planned investments and vacancies in other directorates.

- Trust's cash balance as at 31st October was £123.5m, an increase of £4.7m from 30th September. 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 at 31st October was £2.27m, which was behind plan by £2.93m, a large number of projects were approved in July/August and have now commenced.

2 Summary of Income & Expenditure Performance as at 31st October 2023.

2.1 The year to date Trust financial position, is a deficit of £3.2m compared to a planned surplus of £1.1m. This position is £4.3m adverse to plan. The variance from plan increased by £0.3m compared to the September position. In month, the Trust is reporting a deficit position of £24k which is £341k adverse to in month planned surplus of £317k.

The M07 expenditure run-rate remained the same as the prior month with continuation of pressures from the inpatient services driven by high acuity, activity pressures resulting in private beds usage and medical staff pay continue to over spend. We are currently experiencing high demand for inpatient beds and currently utilising beds in the private sector. The Trust is taking action to mitigate these costs and has managed to reduce the private sector beds usage in NEL. We will continue efforts to mitigate these costs and liaise with NEL ICB and BLMK ICB as this forms a significant part of our financial recovery plan.

The Trust is currently in the process of developing its recovery plan focusing on key overspending areas to ensure delivery of the financial plan. The recovery plan will include focusing on international recruitment whilst proactively recruiting nationally to reduce the usage and dependency on agency staff, reduce WTE usage in line with funded establishment and run-rate reduction Financial Viability schemes.

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			
Income						
NHS - Patient Care Activities	352,140	354,255	2,115	604,150	1,757	358
Non NHS - Patient Care Activites	13,170	14,658	1,488	22,106	1,683	(194)
Other (in accordance with IFRS 15)	12,257	13,107	850	18,493	526	324
Other Operating Income	1,245	891	(354)	1,934	(245)	(110)
Income Total	378,812	382,911	4,099	646,684	3,721	377
Pay						
Substantive	(264,649)	(216,043)	48,606	(452,448)	41,768	6,838
Bank	(888)	(33,865)	(32,976)	(1,251)	(28,345)	(4,631)
Agency	(55)	(19,254)	(19,199)	(94)	(16,289)	(2,910)
Pay Total	(265,592)	(269,161)	(3,569)	(453,794)	(2,866)	(703)
Non-Pay						
Non Pay	(92,762)	(98,750)	(5,988)	(154,515)	(5,767)	(221)
Non-Pay Total	(92,762)	(98,750)	(5,988)	(154,515)	(5,767)	(221)
EBITDA	20,457	14,999	(5,459)	38,375	(4,912)	(547)
Post EBITDA						
Depreciation	(16,763)	(16,763)	(0)	(28,737)	(0)	(0)
Finance Income	2,750	3,898	1,149	4,714	942	206
Finance Expenditure	(1,592)	(1,592)	(0)	(2,729)	(0)	(0)
PDC Dividend	(3,975)	(3,975)	(0)	(6,685)	-	(0)
Total Post EBIDTA	(19,580)	(18,432)	1,149	(33,437)	942	206
	877	(3,433)	(4,310)	4,938	(3,969)	(341)
Less						
Depreciation: Donated Assets	(266)	(266)	-	(462)	-	-
Reported Surplus /(Deficit)	1,143	(3,167)	(4,310)	5,400	(3,969)	(341)

EBITDA – Earnings before Interest, Depreciation and Amortisation

PDC – Public Dividend Capital

2.2 Income

The income position at the end of October reported a favourable variance of £4.1m. The over performance is mainly due to additional funding received in year which was not included in the plan. The additional income is being offset by related additional costs included in the position.

The key variances relate to Estates' East Ham Care Community pass through income (£0.9m), enhanced packages of care income £0.5m), unexpected income from previous financial year (£0.6m), Perinatal services and R&D income which is being offset by costs.

The income and expenditure plans will be updated in next month 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			
Income From Patient Care Activities						
NHS - Patient Care Activities						
Integrated Care Boards (ICBs)	287,279	289,238	1,959	495,531	1,730	229
NHS England	29,391	29,908	517	50,315	519	(2)
NHS Foundation Trusts	2,114	2,304	190	2,490	(544)	734
NHS Trusts	33,306	32,661	(645)	55,514	52	(697)
NHS Other (including Public Health England)	50	144	94	301		94
NHS - Patient Care Activities Total	352,140	354,255	2,115	604,150	1,757	358
Non NHS Patient Care Activities						
Local Authorities	9,623	9,717	94	16,405	280	(186)
Non-NHS: Other	3,547	4,937	1,390	5,702	1,398	(8)
Non-NHS: Overseas Patients	-	4	4	-	4	-
Non NHS Patient Care Activities Total	13,170	14,658	1,488	22,106	1,683	(194)
Total Patient Care Activities Income	365,309	368,913	3,603	626,256	3,440	163
Other Operating Income						
Other (in accordance with IFRS 15)						
Research and development	653	1,134	480	928	349	132
Education and Training Income	8,660	8,660	(0)	12,518	-	(0)
Other (recognised in accordance with IFRS 15)	2,944	3,314	369	5,047	177	192
Other (in accordance with IFRS 15) Total	12,257	13,107	850	18,493	526	324
Other Operating Income						
Other Income	1,245	891	(354)	1,934	(245)	(110)
Other Operating Income Total	1,245	891	(354)	1,934	(245)	(110)
Other Operating Income Total	13,502	13,998	495	20,427	281	214
EBITDA Income	378,812	382,911	4,099	646,684	3,721	377

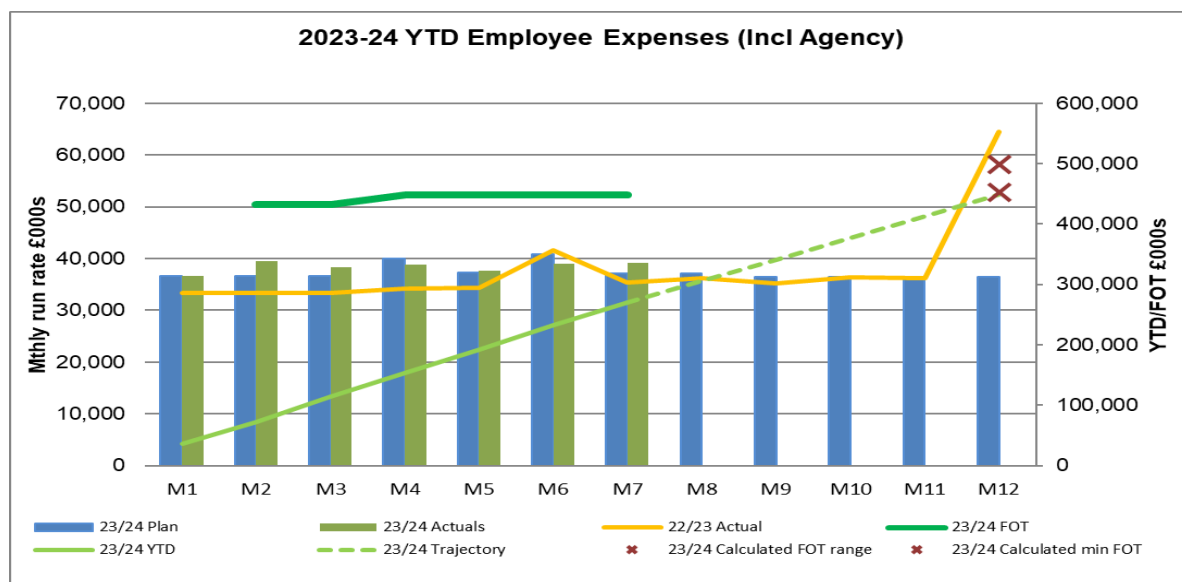
2.3 Pay

Overall pay is off plan by £3.6m year to date and remained at the same run-rate as prior month. Staff costs in October are £39.1m, which is £95k higher than September.

The unachieved Financial Viability (£1.6m) and overspends in some of the directorates are currently being partially offset by vacancies and delayed recruitment in some of the planned investments in the other directorates and centrally. The key overspending areas are;

- Inpatients services are overspent by £7.8m (NEL £3.9m, BLMK £1.3m, Forensics Nursing £2.2m and Coborn £0.4m) 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 and dental staffing budgets are overspent by £5.1m (NEL £2.1m, BMLK £1.6m, Primary Care £1.1m and Specialist services £0.5m which is being offset by underspends in Forensics of £0.4m). The additional costs are due to long term sickness cover, the use of agency to cover vacancies and industrial actions (£298k).
- 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 staff. The HTT teams are experiencing difficulties in recruiting and retaining staff. The service is now engaging international recruitment agencies.
- Primary Care is overspent by £1.06m, due to the use of agency, over-establishment and high salaried GP's to cover vacancies at the Leighton Road surgery.

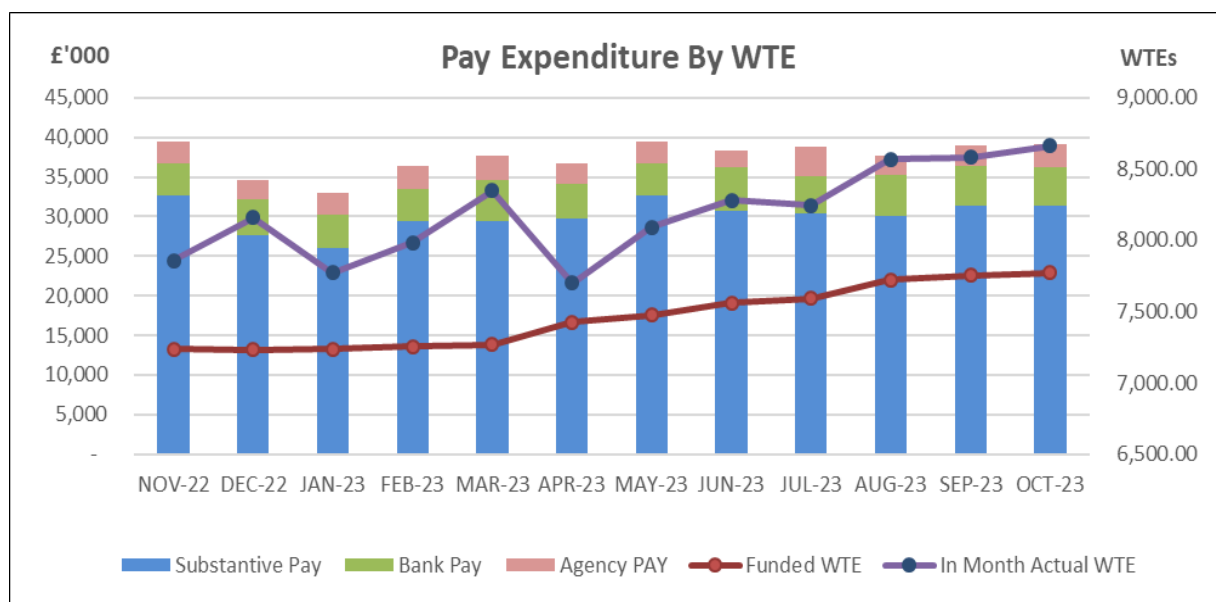
Pay	2023-24							Mov^t
	APR-23	MAY-23	JUN-23	JUL-23	AUG-23	SEP-23	OCT-23	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Substantive	29,683	32,644	30,664	30,323	30,001	31,408	31,320	(88)
Bank	4,391	4,073	5,609	4,697	5,232	4,950	4,913	(37)
Agency	2,623	2,759	2,037	3,750	2,469	2,699	2,918	219
Pay Total	36,696	39,475	38,310	38,770	37,702	39,057	39,152	94



2.4 WTE Trend (per the finance ledger)

The in-month substantive wte movement is mainly due to transfer of Kingsway and Bramingham GP practice 28.22wte to ELFT, recruitment of 7wte in Bedfordshire CHS, AMH BLMK 22wte, Specialist Services 38wte and AMH NEL 33wte.

Pay Type	2023-24							Mov^t
	APR-23	MAY-23	JUN-23	JUL-23	AUG-23	SEP-23	OCT-23	
Funded WTE								
Substantive	7,419.8	7,470.6	7,552.1	7,587.3	7,717.3	7,748.7	7,768.8	20.08
Bank	5.0	6.0	6.0	6.0	2.2	2.2	2.2	-
Agency	0.3	0.3	0.3	0.3	1.0	1.0	1.0	-
In Month Actual WTE								
Substantive	6,602.1	6,846.1	6,757.9	6,827.2	6,882.1	6,894.7	7,019.4	124.7
Bank	786.1	953.1	1,206.0	1,019.0	1,316.7	1,304.0	1,280.5	(23.56)
Agency	312.9	292.8	314.7	396.5	371.2	385.7	363.2	(22.43)
Total Funded WTE	7,425.1	7,476.9	7,558.4	7,593.6	7,720.5	7,751.9	7,772.0	20.1
Total In Month Actual WTE	7,701.2	8,092.1	8,278.6	8,242.6	8,570.1	8,584.4	8,663.1	78.7
Total Variance WTE	276.0	615.1	720.2	649.0	849.6	832.5	891.2	58.6



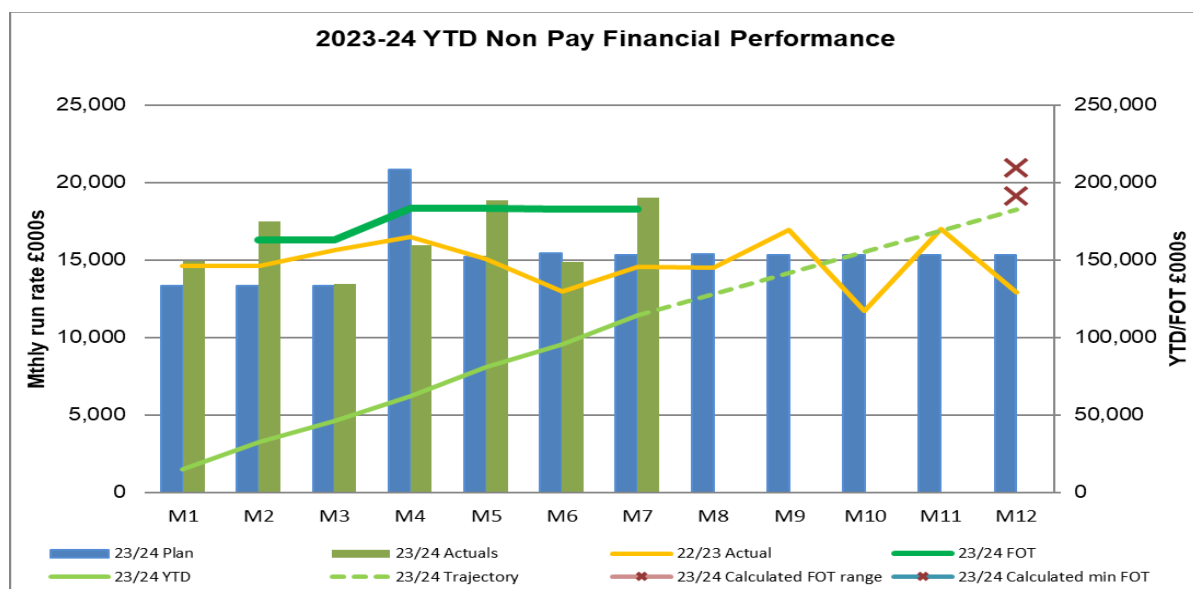
2.5 Non-pay

Overall non-pay is overspent by £5.98m year to date. The run-rate remained the same as prior month.

The year to date key overspending areas are;

- Estates and Facilities (£2.1m) driven by the effect of hyperinflation, rental costs pressures and building maintenance works (£2m)
- Private sector bed purchases £2.8m (BMLK £1.3m and NEL £1.5m)
- Drug cost pressures driven by inflation and increased activity (£1.1m.)

Non-Pay	2023-24							Mov^t
	APR-23	MAY-23	JUN-23	JUL-23	AUG-23	SEP-23	OCT-23	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Establishment	335	606	471	637	664	577	704	127
Consultancy	308	252	414	161	317	401	68	(332)
Other NHS charitable fund	25	29	22	27	34	13	28	14
Supplies & Services	2,616	2,888	3,206	3,626	2,614	3,358	3,313	(46)
Transport	394	503	497	521	321	451	554	103
Other Expenditure	(501)	(1,104)	1,095	(226)	2,405	1,380	(846)	(2,227)
Premises	2,319	2,587	3,008	1,876	2,440	1,842	2,864	1,021
Purchase of Health and Social Care	5,520	5,536	5,206	6,307	6,249	5,648	6,674	1,025
Costs related to people	717	357	388	326	445	380	682	302
Clinical negligence	153	153	153	153	153	153	153	(0)
Charges to operating expenditure	353	447	424	424	424	424	424	-
Audit fees and other auditor remuneration	14	9	12	12	12	12	12	-
Increase/(decrease) in impairment of receivables	-	(0)	-	-	-	-	-	-
Not currently mapped - Non Pay	-	-	-	1	24	-	(4)	(4)
Non-executive directors	18	18	18	18	18	18	18	0
Non-Pay Total	12,269	12,282	14,914	13,863	16,121	14,658	14,643	(15)



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.
- Develop run-rate reduction Financial Viability schemes.

2.7 Financial Recovery Plan

The Trust annual plan is a £5.4m surplus. Currently the Trust formal forecast is forecasting to deliver the plan in line with National reporting requirements. However, in September, and in conjunction with NEL ICB, the Trust analysis of current run rate showed a straight-line forecast deficit of £8.4m (excluding further impact of industrial action and use of private sector beds). As a result the Trust was asked to submit a Financial Recovery Plan (FRP) to demonstrate how it will deliver its planned surplus by the end of the financial year. The Trust submitted a FRP on the basis that the gap will be mitigated by £2.6m FV run-rate improvement in M7-12, non-recurrent measures of £3.8m and further Grip and Control of £4.9m. Therefore in Q3 the trust needs to strengthen the actions required in the Financial Viability programmes, and with a view to delivering Q3 and Q4 planned targets.

3 Agency Expenditure and Ceiling

The Trust submitted an annual financial plan for 2023-24 with planned agency usage of £24.2m

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.

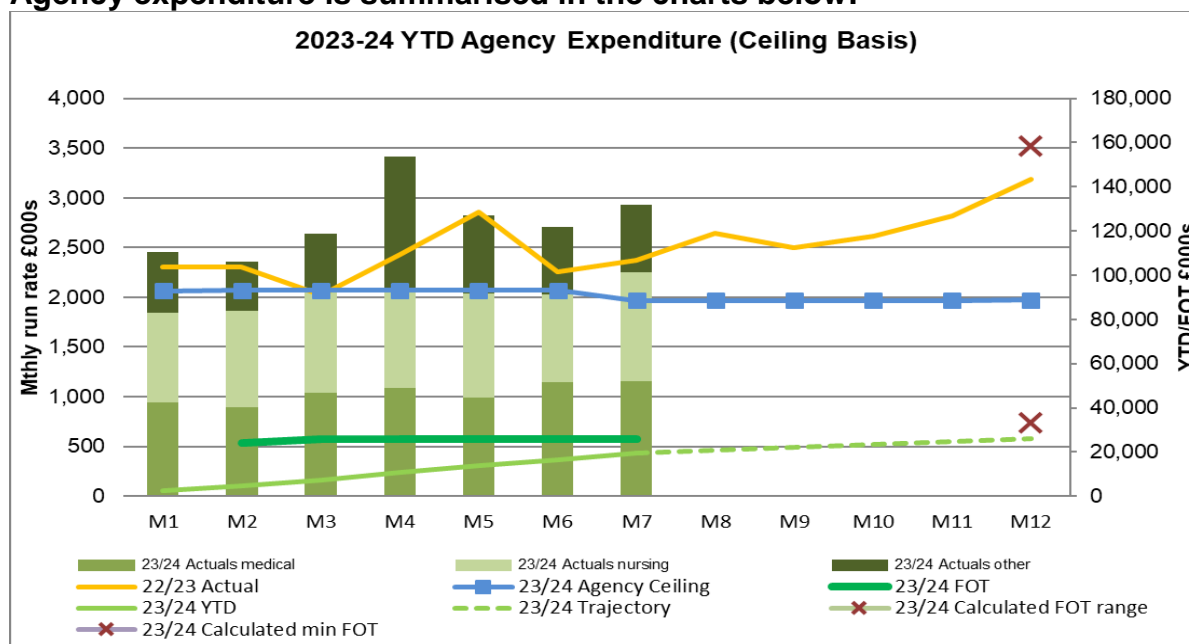
Year to date (as at October 2023) ELFT agency expenditure is £19.3m which is £5.2m (32.1%) above the plan and represent 7.1% of total pay expenditure. Further action is required to reduce agency spend within the directories.

As from 6th 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 Medical Staff budgets, 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 Clinical and Corporate divisions as part of 2023/24 budgets, with the unallocated FV and central schemes held centrally.

A separate paper on Financial Viability will be 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
Clinical Directorates Total	11,104	Nursing Directorate	204
Corporate Services & Estates	1,112	People and Culture	172
Central Projects & Unallocated	8,584	People Participation	14
Grand total	20,800	Grand total	1,112

4.2 Financial Viability Year to Date Performance

The year to date planning target for month 7 was £8.5m with a total reported delivery of £7.2m, resulting in an adverse position of £1.3m. This has been delivered through the pay costing exercise (£2.1m), interest from investments (£2m), income from bed sales (£0.9m), overhead contribution (£0.3m), rates rebates (£0.2m), pharmacy savings (£175k), and other bottom up Directorate plans (£1,512k).

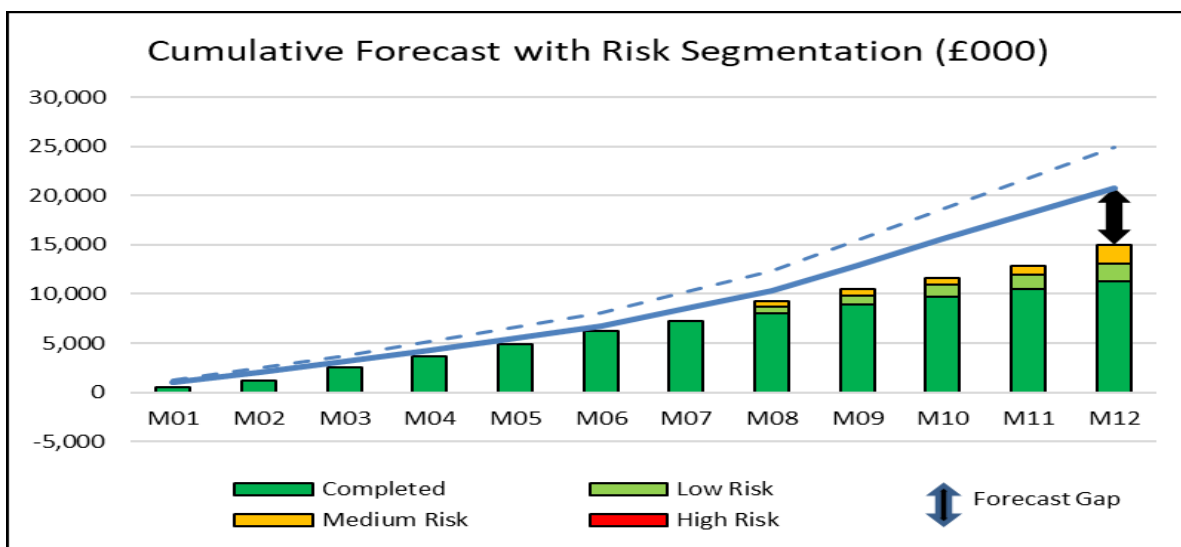
Directorate	2023/24 FV Target Allocated £'000	YTD Plan £'000	YTD Actuals £'000	YTD Variance £'000	Actuals vs YTD Plan %
Specialist Services	1,975	961	272	-689	28%
Forensic	1,110	540	395	-145	73%
CHS Bedfordshire	760	370	130	-240	35%
Luton & Bedfordshire AMH	2,316	1,127	194	-933	17%
CHS Newham	795	387	381	-6	98%
CHS Tower Hamlets	449	218	183	-36	84%
City & Hackney AMH	1,223	595	297	-298	50%
Tower Hamlets AMH	1,365	664	1,040	375	156%
Newham AMH	1,111	540	625	84	116%
Clinical Directorates Total	11,104	5,404	3,517	-1,886	65%
Corporate Services & Estates	1,112	541	246	-296	45%
Central Projects & Unallocated	8,584	2,571	3,486	915	136%
GRAND TOTAL	20,800	8,516	7,249	-1,267	85%

4.3 NEL ICB were required to produce a financial recovery plan, and meetings were held between Trusts, ICB and NHSE during September. As a result of these discussions, the FV forecast has been adjusted to exclude high risk schemes where there are no firm NEL ICB was required to produce a financial recovery plan, and meetings were held between Trusts, ICB and NHSEI during September. As a result of these discussions, the FV forecast has been adjusted to exclude high risk schemes where there are no firm plans for delivery in 2023/24.

The Trust forecast delivery is now £15m as shown in the graph below, against the Trust target and segmented by delivery risk. This includes an element of non-recurrent mitigation (£0.81m) to cover further slippage and change in plan values since Month 6. It is now essential that DMTs ensure that savings identified within their FV forecasts are fully delivered by the end of March.

Plans also need to continue to be worked on to close the recurrent unidentified gap and to identify measures that improve expenditure run-rate. 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 Target £'000	2023/24 Forecast £'000	Forecast vs Target %	2024/25 Full Year Effect £'000	2024/25 Full Year Effect vs Target %
Specialist Services	1,975	618	31%	573	29%
Forensic	1,110	1,080	97%	149	13%
CHS Bedfordshire	760	223	29%	219	29%
Luton & Bedfordshire AMH	2,316	462	20%	772	33%
CHS Newham	795	675	85%	626	79%
CHS Tower Hamlets	449	413	92%	413	92%
City & Hackney AMH	1,223	517	42%	597	49%
Tower Hamlets AMH	1,365	1,810	133%	1,670	122%
Newham AMH	1,111	1,014	91%	827	74%
Clinical Directorates Total	11,104	6,814	61%	5,848	53%
Corporate Services & Estates	1,112	516	46%	601	54%
Central Projects & Unallocated	8,584	7,627	89%	5,877	68%
	20,800	14,956	72%	12,326	59%



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 £24,960k. The full year effect of 2023/24 identified plans is now approximately £12,326k (excluding high risk schemes), against the target of £20,800k.

Alongside the upcoming annual budget setting and planning round, the Trust needs to begin to scope schemes for the 2024/25 programme to meet planning requirements plus any recurrent shortfall from the 2023/24 programme. FV planning for next year will be a key focus of the DMT away day on 23rd November.

The Trust do not yet know the percentage saving required to deliver our financial plans in 2024/25, but management teams should work to an initial planning assumption of 5%.

5 Statement of Financial Position (SoFP)

5.1 Balance Sheet

The net balance on the Statement of Final Position as at 31st October 2023 is £338.2m, which is unchanged since 30th September 2023.

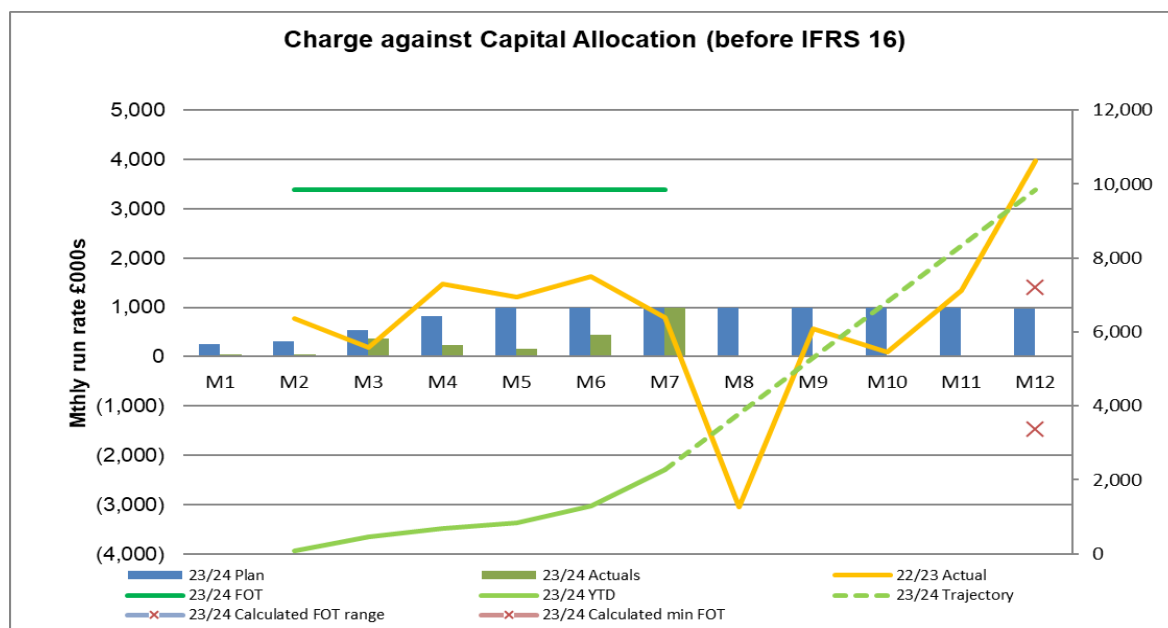
The Trust's total receivables decreased by £1.6m to £36.7m in October compared to the prior month. Included within this balance is £15.4m of trade receivables, which have increased by £0.3m month-on-month. The balance includes £5.7m owed from North East London ICB, £1.9m owed by Barts Heath and £1.4m owed by LBH which are payable in November 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	366,269	361,061	5,208	365,081	365,514	(433)
Current assets	161,372	159,938	1,434	166,622	165,977	645
Current liabilities - borrowings	(11,109)	(11,941)	832	(11,109)	(11,258)	149
Current liabilities - other	(107,174)	(95,677)	(11,497)	(106,603)	(103,131)	(3,472)
Total Assets Less Current Liabilities	409,358	413,381	(4,023)	413,991	417,102	(3,111)
Non-current liabilities - borrowings	(85,900)	(74,525)	(11,375)	(85,900)	(84,049)	(1,851)
Non-current liabilities - other	(5,792)	(649)	(5,143)	(6,363)	(6,363)	0
Total Net Assets Employed	317,666	338,207	(20,541)	321,728	326,690	(4,962)

5.2 Capital

The Trust submitted a 2023-24 capital plan of £10.9m (£9.84m and £1.07m for the sale of London Road) in line with its allocation share based on depreciation plus £4.0m relating to International Financial Reporting Standards (IFRS) 16 leases.

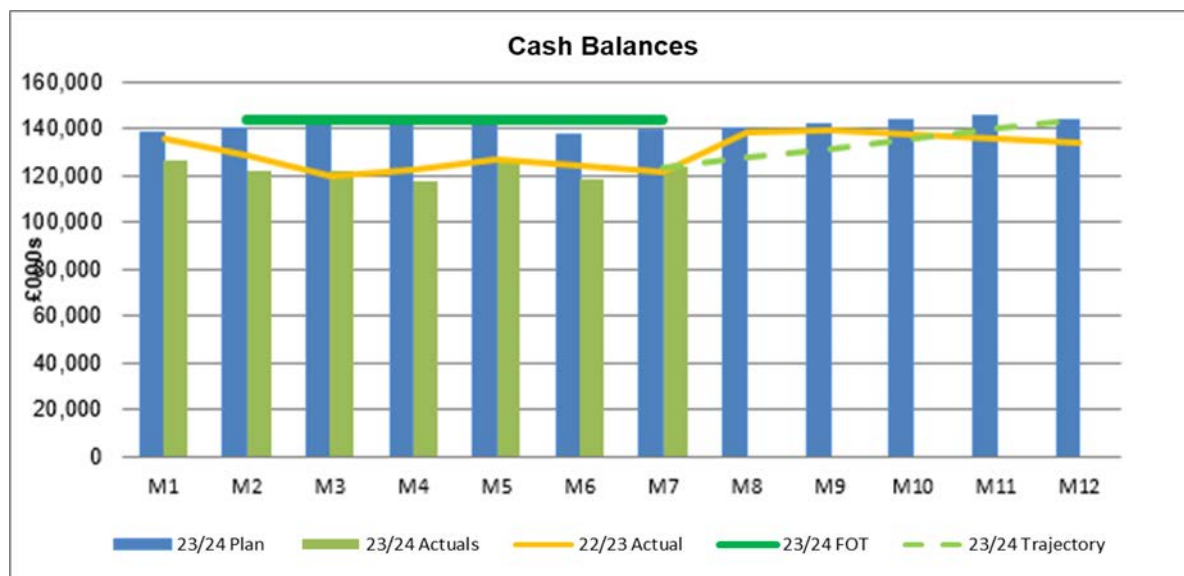
Capital expenditure as at 31st October 2023 was £2.27m, which was behind plan by £2.93m. A large number of projects were approved in July and August so work on these projects started recently. Projects are regularly reviewed with project managers and the capital plan will be fully completed by March 2024.



5.3 Cash

As at the end of October, the Trust's cash balance stands at £123.5m, an increase of £4.7m from September. The cash balance is lower than March's figure and £19.1m lower than Plan. The decrease is due to a number of factors:

- £9m owed by Barts, LBH & NELICB which should be received in November.
- £10.6m 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 84.1% by volume and 88.8% by value. The BPPC for non-NHS invoices is 84.3% by volume and 90.0% by value.

At the end of September, the trust discovered that SBS had failed to implement a requested amendment to correct "pay through days" which resulted in lots of invoices not being paid within 30 days despite them being approved in time. Whilst the error has now been corrected, the impact of the error is estimated to have reduced reported performance levels by around 5%.

BPPC % of bills paid in target	Year to date		
	Current month %	Previous month %	Movement %
Non NHS			
- By number	84.8%	84.3%	0.4%
- By value	90.4%	90.0%	0.4%
NHS			
- By number	74.5%	73.8%	0.7%
- By value	83.0%	82.6%	0.4%

6 Conclusions

- 6.1 The Trust is reporting net deficit of £3.2m which is worse than plan by £4.3m. The adverse variance is mainly due to under delivery of Financial Viability, inpatients wards pressures, staffing levels above the planned establishments, agency medics, 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

Trust Board Forward Plan 2023-2025

MEETING IN PUBLIC	Item	26/05/2023	27/07/2023	28/09/2023	30/11/2023	25/01/2024	28/03/2024	23/05/2024	June TBC	25/07/2024	26/09/2024	05/12/2024	30/01/2025	27/03/2025
Standing Items	Declarations of interests	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Minutes of previous meeting	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Action log and matters arising	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Matters arising from Trust Board private	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Forward Plan	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Patient Story	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Teatime Presentation (alternate QI and People Participation Story)	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Strategy	Chair's Report	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Chief Executive's Report	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Audit Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Integrated Care & Commissioning Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Population Health Annual Report			✓										
	EDI Annual Report				✓									
Quality and Performance	Quality Report	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Performance Report	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	CQC		✓				✓			✓			✓	
	Patient Safety (PSIRF, PCREF, Patient Safety Plan)						✓						✓	
	People Participation Committee Assurance Report	✓	✓		✓	✓	✓	✓		✓		✓	✓	✓
	Quality Assurance Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Environment & Sustainability: Green Plan						✓						✓	
People	People Plan Report	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Clinical Workforce		✓				✓			✓			✓	
	Safe Staffing		✓				✓			✓			✓	
	People & Culture Committee Assurance Report		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Appointments & Remuneration Committee Assurance Report						✓						✓	
Finance	Finance Report	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Charitable Funds Assurance Report	✓	✓		✓	✓	✓	✓		✓			✓	
	Finance, Business & Investment Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Governance	Annual Report and Accounts		✓	✓						✓				
	Annual Reports:													
	~ Compass Wellbeing CIC Annual Report			✓										
	~ Health & Care Space Newham Annual Report													✓
	~ Internal Audit Plan													✓
	~ Modern Day Slavery Statement		✓											
	~ NHS Self-Certification		✓							✓				
Board and Committee Effectiveness/Committee Terms of Reference							✓							

MEETING IN PRIVATE	Item	26/05/2022	27/07/2023	28/09/2023	30/11/2023	25/01/2024	28/03/2024	23/05/2024	Jun-24	25/07/2024	26/09/2024	05/12/2024	30/01/2025	27/03/2025
Standing Items	Declarations of Interest	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Minutes of previous meeting	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Action log and matters arising	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Matters arising to be raised at meeting in public	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Emerging Issues - Patient Safety Issues	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Emerging Issues - Internal and External	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Trust Board Forward Plan	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓

BOARD WORKSHOP	Item	26/05/2022	27/07/2023	28/09/2023	30/11/2023	25/01/2024	28/03/2024	23/05/2024	Jun-24	25/07/2024	26/09/2024	05/12/2024	30/01/2025	27/03/2025
Strategy	Green Plan / Sustainability (May 2023)	✓											✓	
Training	Cyber Security					✓								
	Infection Control						✓							✓
	Safeguarding						✓							✓

Acronyms

A		E	
AfC	Agenda for Change	ED	Executive Director
AGS	Annual governance statement	EDI	Equality
AHM	Associate Hospital Manager	EDS	Eating Disorder Service
AHP	Allied Healthcare Professional	EIS	Early Intervention Service
ANA	Apprentice Nursing Associate	ELFT	East London NHS FT
ANP	Advanced Nurse Practitioner	EPUT	Essex University Partnership NHS TF
B		EMIS	Electronic patient record system
BAF	Board Assurance Framework	EoE	East of England
BAME	Black, Asian and Minority Ethnic	EPPR	Emergency preparedness
BCF	Better Care Fund	F	
BCHS	Bedfordshire Community Health Services Trust	F2SU/	Freedom To Speak Up
BEH	Barnet, Enfield & Haringey Mental Health Trust	FTSU	
BLM	Black Lives Matter	FBIC	Finance, Business & Investment Committee
BLMK	Bedfordshire, Luton & Milton Keynes	FFT	Friends and family test
C		FOI	Freedom of information
C&I	Camden & Islington NHS FY	FPPR	Fit and proper persons regulation
CAMHS	Children & Adolescent Mental Health Services	FT	Foundation Trust
CCG(s)	Clinical Commissioning Group(s)	FV	Financial viability
CCT	Community Care Team	G	
CDO	Chief Digital Officer	GDPR	General Data Protection Regulations
CEA	Clinical excellence awards	H	
CEO	Chief Executive Officer	H1/H2	2021/2022 NHS finance regime
CFO	Chief Finance Officer	HCA	Healthcare Assistant
CHS	Community Health Services	HCP	Healthcare Professional
CMHT	Community Mental Health Team	HEE	Health Education England
CMO	Chief Medical Officer	HOSC	Health Overview and Scrutiny Committee
CN	Chief Nurse	I	
CNWL	Central & North West London NHS FT	IAPT	Improving Access to Psychological Therapies
CoG	Council of Governors	ICB	Integrated Care Board
COO	Chief Operating Officer	ICCC	Integrated Care & Commissioning Committee
CPA	Care programme approach	ICP	Integrated Care Partnership
CPD	Continuing professional development	ICP	Integrated care pathway
CPN	Community Psychiatric Nurse	ICO	Information Commissioners Office
CQC	Care Quality Commission	ICS	Integrated Care System
CQUIN	Commissioning for quality and innovation	IG	Information governance
CRHT	Crisis resolution and home treatment	IPC	Infection prevention and control
CRR	Corporate Risk Register	IT	Information technology
D		ITT	Intention/invitation to tender
Datix	Incidents complaints reporting management system	K	
DBS	Disclosure and barring service	KLOE	Key line of enquiry
DD	Due diligence	KPI(s)	Key performance indicator(s)
DMT	Directorate Management Team		
DNA	Did not attend		
DoH	Department of Health & Social Care		
DHSC			
DoLS	Deprivation of liberty safeguards		
DRR	Directorate Risk Register		

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