NHS
East London
NHS Foundation Trust

Board of Directors Meeting in Public

Thursday 25 January 2024 from 13:00 – 15:30
St Joseph's Hospice, Mare St, London E8 4SA

12:30 – 13:00 **Lunch**
13:00 – 15:40 **Trust Board in Public**
15:50 – 16:15 **Quality Improvement Presentation**

Agenda

Opening Matters

1	Welcome and Apologies for Absence*	Note	Eileen Taylor	13:00
2	Patient Story: "My Work with Tower Hamlets Working Together Group"	Note		
3	Declarations of Interests	Assurance	All	13:25
4	Minutes of the Previous Meeting held in Public on 30 November 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	**5 Minute Break**			14:10

Quality & Performance

12	People Participation Committee Assurance Report	Assurance	Aamir Ahmad	14:15
13	Quality Assurance Committee Assurance Report	Assurance	Prof Dame Donna Kinnair	14:20
14	Quality Report	Assurance	Dr Amar Shah	14:25
15	Performance Report	Assurance	Dr Amar Shah Edwin Ndlovu	14:35

16	CQC Update	Assurance	Claire McKenna	14:45
17	Safe Staffing	Assurance	Claire McKenna	14:55

People

18	Appointments and Remuneration Committee Assurance Report	Assurance	Deborah Wheeler	15:05
19	People & Culture Committee Assurance Report	Assurance	Deborah Wheeler	
20	People Report	Assurance	Tanya Carter	15:10

Finance

21	Charitable Funds Assurance Report	Assurance	Aamir Ahmad	15:20
22	Finance, Business & Investment Committee Assurance Report	Assurance	Sue Lees	15:25
23	Finance Report	Assurance	Kevin Curnow	15:30

Closing Matters

24	Board of Directors Forward Plan	Note	Eileen Taylor	15:40
25	Any Other Urgent Business*: *previously notified to the Chair*	Note	Eileen Taylor	
26	Questions from the Public*		Eileen Taylor	
27	Dates of Next Meeting • Thursday 28 March 2024 (Bedford) • Thursday 23 May 2024 (London) • 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)			
28	Close			15:45

*verbal update

Eileen Taylor
Chair of the Trust

15:50 – 16:15 A Quality Improvement teatime presentation will focus on Newham Major Incident Response

East London NHS Foundation Trust

Board of Directors Register of Interests: as at 12 January 2024

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)	• 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)
Dr David Bridle	Chief Medical Officer	• 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)	• 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 • Managing Director Commissioner for Woking Borough Council Designate (wef 1 April 2024)
Tanya Carter	Chief People Officer	• Board Member of the Healthcare People Management Association (HPMA) • Chair of the Healthcare People Management Association Talent Board (HPMA) • Co-Chair of the London HR Directors Network • Chartered Fellow – Chartered Institute of Personnel Development (CIPD) • Member, North East London People Board • Member, BLMK People Board • Member, NHS Professionals Strategic Advisory Board
Anit Chandarana	Non-Executive Director	• Director General, Department for Transport (Network Rail secondment) • Member of the Advisory Board Panel, National Railway Museum

Name	Job Title	Interests Declared
Peter Cornforth	Non-Executive Director	• Director, Good Way Ltd – music venue operator • Director, Field Doctor Ltd – frozen meals producer • Director, Kind Canyon Digital Ltd – music rights owner • Director, Barking Enterprise Centres CIC – business support • Director, Music Venue Properties Ltd. – community benefit • Governor, John Whitgift Foundation – care homes and schools • Trustee, The Ormiston Trust • Parent Member, National Autistic Society • Independent Investment Advisory Group – Property, Transport for London • Non-Executive Director, Community Health Partnership (Start date 1 November 2023)
Kevin Curnow	Chief Finance Officer	• 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	• 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	• 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	• 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	• 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	• Vice Chair, North East London Foundation Trust • Non-Executive Director Barking, Havering and Redbridge University Hospital Trust
Claire McKenna	Interim Chief Nurse	• None
Edwin Ndlovu	Chief Operating Officer	• Member of UNISON • Member of Race Health Observatory Mental Health Working Group
Dr Amar Shah	Chief Quality Officer	• 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)	• Named shareholder for Health E1 • Named shareholder for Tower Hamlets GP Care Group • Named shareholder for City & Hackney GP Federation • Named shareholder for Newham GP Federation • Member of 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	• 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	• 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)	• 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)	• None

Board of Directors

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

Present:

Eileen Taylor	Trust Chair
Aamir Ahmad	Vice-Chair (London)
Dr David Bridle	Chief Medical Officer
Richard Carr	Senior Independent Director
Tanya Carter	Chief People Officer
Anit Chandarana	Non-Executive Director
Peter Cornforth	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
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:

Lynn Bliss	Carer
Pete Bliss	
Eileen Bryant	**Director of Nursing, CHS Bedfordshire and Primary Care**
Bob Cazley	Public Governor, Central Bedfordshire
Tara Curtis	Recovery College Transformation Lead
Craig Donohue	Service User
Deborah Dover	Director of Patient Safety ELFT
Derek Feeley	Board Adviser
Sarah Khan	Chief of Staff, ELFT and NELFT
Cathy Lilley	Director of Corporate Governance
Elizabeth Maushe	Lead Clinical Nurse and Staff Governor
Nicki McCoy	Corporate Secretariat Manager
Linda McRoberts	Minute Taker
Bailey Mitchell	Borough Director of Newham
Jamu Patel	Deputy Lead Governor
Felicity Stocker	Public Governor, Bedford
Miles Tringham	People Participation Lead, Luton
Stephanie Quitaleg	Senior Executive Assistant
Rachel West	Service Director, Bedford Community Health Services

In attendance online:

Julie Aduwa	Governor
Grenville Bingham	Governor
Dafni Boula	Governor
Humara Farhan	Governor
Norbert Lieckfeldt	Corporate Governance Manager

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Jermaine McKenzie	Central North West London NHS Trust
Sarifa Patel	Governor
Hazel Thomas	Governor

Apologies:

Claire McKenna	Interim Chief Nurse

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 Eileen Bryant, attending in place of Claire McKenna, and both Bailey Mitchell and Rachel West, attending to observe.
- Advised Governors and members of the public will be joining the meeting in person and online.
- Recognised:
  - It was Remembrance Sunday on Saturday 11 November 2023, Diwali on Sunday 12 November, International Fraud Awareness Week (12-18 November) and Thanksgiving on 23 November
  - November is men's health awareness month
    It is Hanukkah 7-15 December.
- Sadly acknowledged the tragic events in Israel and in Gaza; these are terrible days with so much grief on both sides of the border. She also remembered the conflicts in Ukraine, Syria, Sudan and many other places and reminded everyone that it is important for us here in the UK to remember that people express themselves in different ways. We should not be divided against each other but to be patient and support each other through difficult times.
- Welcomed Governors attending in person and online, particularly new Governors:
  - Dafni Boula
  - Lizzi Maushe
  - Sarifa Patel
  - John Peers, and
  - Sharmeen Sheikh Sultana

  and congratulated the following Governors on their re-election:
  - Patick Adamolekun
  - Mark Dunne
  - Reno Marcello
  - Caroline Ogunsola
  - Jamu Patel.
- Advised the meeting will be recorded for minute taking purposes and 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 **Luton Walking Group**

Miles Tringham, the People Participation Lead for Luton introduced Craig Donohue, Pete Bliss and Lynn Bliss to share their experiences.

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Craig introduced the walking group:

- The Luton Working Together Group (WTG) was successful in their application for funding through the ELFT charity to set up a walking group to improve their fitness.
- Regular walks were established and the impact has exceeded expectations, e.g.:
  - There is stigma to being a service user and carer and the walking group enabled people to get to know each other better and it was surprising to hear about members' skills.
  - A few members of the group prepared as leaders and devised local historical guides to the area for the walks; such skills development could open up job opportunities.
  - Participants discovered the beauty of their local area, which many were unaware of.
  - As well as improving fitness, the group has strengthened the bond of the group.

Pete shared his experience highlighting:

- Walking is good for you, whatever the weather, and the interaction within the group is also an important part of the benefit.
- Being a participant in the Luton People Participation Group is one of the best things that ever happened to him. He has been made to feel welcome, faced and embraced challenges, has been able to share the learning from his own research.
- The walking group is working to encourage socialising, while having a healthy walk, and encouraging interactive learning about the social history of the locality.
- He has enjoyed his involvement and found it has increased his feeling of self-worth – just what the doctor ordered, but in a different way!

Miles summed up that his aim for this type of activity to grow across the Trust, as it has resulted in a noticeable difference in people's confidence and potential recovery. After the walks, participants engage more in the WTG, they commit to more involvement in activities and their confidence in speaking up grows which contributes to service improvements.

2.2 **Carer Strategy**

Lynn highlighted:

- As a carer for her husband, she was often unhappy with the care he received or at times not received. Professionals did not understand his difficulties or the way they impacted their home life. As a result she has tried to influence change.
- The emphasis on work with carers has been about their wellbeing, rather than encouraging and valuing their input.
- She has been active for six years in Luton's Re-imaging Mental Health Collaborative and through this has been promoting carer involvement initially beginning with discussions, then by sending out a questionnaire, collating the responses, and finally by producing a report of the results.
- The report which included recommendations, was presented to the collaborative, which includes the local authority and partner organisations. It was well received and has since been sent to all CMHTs as a reminder that this is how they should be working.
- She is now developing training for staff in Luton to help them to work with carers.

2.3 In discussion, the Board:

- Requested a copy of the report to be circulated to the Board.
  ACTION: Miles Tringham/Nicki McCoy
- Noted that the walking group is about long-term health and healing; this type of long-term commitment to health can give your life a purpose.

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- Noted the walking group supported accessibility, as participants who have a wealth of experience of services, can share and advise others; going on walks might encourage some people to reach out for the support they need in a clinical setting.
- Agreed it would be helpful for data to be shared on the impacts the walking group is having on participations as this would demonstrate the difference and benefits of the group to support with attracting continued funding.

3 Declarations of Interests

3.1 There were no additional declarations.

4 Minutes of the Previous Meeting Held on 28 September 2023

4.1 The minutes of the meeting held in public on 28 September 2023 were **APPROVED** as a correct record.

5 Action Log and Matters Arising from the Minutes

5.1 The Board noted the updates to the action log and agreed to close actions 379 and 380.

6 Matters Arising from Trust Board in Private

6.1 At its meeting in private, the Board discussed system finance and collaboration with North East London NHS FT (NELFT) both of which will be covered during the updates at this meeting.

7 Chair's Report

7.1 Eileen Taylor presented the report and highlighted:

Staff support and empowerment

- The Board's acknowledgement and commendation of staff for their dedication and support in challenging circumstances, noting that we are now going into the most challenging time of the year. Staff also naturally focus on improvement and identify and implement new ideas.
- The staff awards had been a wonderful opportunity to celebrate staff contributions and achievements.

Patient and system leadership

- She chairs the North East London Mental Health Learning Disability and Autism (NEL MHLDA) Collaborative where service users and carers are full members of this committee and whose contributions have had a significant impact and have helped to keep discussions honest and focussed:
  - The focus of the meetings has shifted following feedback that too much time was spent on mental health and not enough on learning disabilities and autism
  - The patient story in the last meeting was about the impact of delayed ADHD assessments on service users. This is a system initiative across ELFT and North East London NHS FT (NELFT)
  - Changes have been made to the papers so they are more accessible following feedback that they were too complicated and with too many acronyms
- The annual mental health summit for NEL is a good example of system and patient leadership. The summit was designed and run by service users, and focused on developing the priorities for mental health and reviewing previous priorities as well as on re-imagining the future, the latter in particular identified some interesting and not previously considered ideas and feedback from service users.

7.2 **NED Visit to Bedfordshire CAMHS**

Donna Kinnair reported on the recent visit with Richard Carr to Bedfordshire CAMHS:

- This visit made the NEDs feel proud as the team were enthusiastic about the breadth of services, putting the children and families at the centre of the care provided.
- The team stressed the importance of young people's participation in the design of their services and how co-production and quality is being embedded throughout all their services.
- There were some issues and challenges in terms of recruitment but have responded to this by taking a 'growing their own' approach within teams.
- The service has expanded with a wide range of services being provided; currently are reviewing how these crucial services for young people can be maintained particularly if some of the medium term funding is removed.

7.3 **NED Visit with the Network Leads**

Richard Carr reported on visiting the various network leads at the Trust with Sam Everington and Deborah Wheeler:

- The space created by the networks for staff to come together and explore challenges has been important and valued; there was, however, a lack of consistency in how managers respond to the feedback and also providing opportunity for staff to join network discussions.
- A common thread throughout the networks is the need for clarity on the process for delivering change systematically across the Trust to ensure consistent outcomes.

7.4 In discussion the Board:

- Recommended consideration is given to how staff's views, perspectives and experiences are heard by the Board.
- Acknowledged the power of stories being shared more widely, possibly through a lived experience conference.
- Suggested it would be beneficial to consider how to mainstream some of the intelligence and ideas from the staff networks into existing structures, such as through the People & Culture Committee.

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

8 Chief Executive's Report

8.1 Lorraine Sunduza presented the report, and highlighted:

- The importance of living the Trust's values and not alienating people in respect of the situation in the Middle East, as the events are impacting staff and also our patients. The Trust's Humanitarian Response Group has met three times to provide a safe space for staff to discuss their experiences.
- The Trust welcomed two new primary care practices: Kingsway Health and Brampton Park in Luton who collectively have 30 staff members and serve 16,000 people in the community.
- She had the privilege of shadowing a peer support worker in Newham who was so impressive in the way they seamlessly and naturally engaged with people. This demonstrated the importance of their role within the multi-disciplinary team and why the Trust must normalise peer support workers within clinical staffing.
- Services have remained busy and there has been some further industrial action although senior doctors' negotiations are now taking place.
- Patient flow continues to be a challenge, particularly the increasing numbers of those clinically ready for discharge. The Trust continues to work with partners to ensure patients can be accommodated within our services. Work also continues with

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Emergency Departments (EDs) to see how they can better support people who present with mental health difficulties.

- ELFT was one of the pilots for the Patient and Carer Race Equality Framework (PCREF) which was officially launched on 1 October; and will be working on how to ensure patient experience and outcomes are part of the measurement.
- Right Care Right Person officially started in London in November and is due to commence in BLMK in January. The Trust will continue to work with the police and system partners, and will monitor any changes.
- BLMK: Presentations on the NEL MHLDA Collaborative and learning will contribute to the establishment of a BLMK collaborative, while ensuring it is shaped for the local community. It is expected this will launch in April 2024.
- NEL: A Board to Board meeting between ELFT and NELFT considered the establishment of the MHLDA collaborative, other opportunities across the seven places and the benefits of collaboration. An Exec to Exec meeting considered opportunities for joint working to maximise our expertise.
- New appointments include:
  - Dr Laura Austin-Croft a Director of Public Health
  - Dr Philip Baker as substantive Medical Director for London Mental Health
  - Erica Cini, CAMHS Psychiatrist appointed as Deputy Clinical Director for Mental Health at NHS England (NHSE) (London)
  - Edwin Ndlovu appointed as Deputy Chief Executive Officer.
- The Freedom to Speak Up (FTSU) Conference was an opportunity to reflect on how the Trust encourages the reporting of concerns and included an engaging presentation from a key witness at the mid-Staffordshire inquiry on her experience.

8.2 In discussion the Board:

- Recognised the achievement by the digital team, under the leadership of Philippa Graves, in being awarded the VMWare Award
- Noted InPhase, the new platform for reporting incidents, is being introduced in stages; stage 1 was incident reporting and stage 2 is on complaints. There has been good engagement and feedback from staff has been positive.

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

9 Audit Committee Assurance Report

9.1 As chair of the Audit Committee, Anit Chandarana presented the report of the meeting held on 16 November 2023 highlighting:

- The counter fraud team is an asset to the Trust and is recognised externally for their work. They have been supporting the work on identifying fraudulent Covid-19 demands which amount to £845k across the system.
- 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.
- Two final internal audit reports on FTSU and business continuity and disaster recovery, both received partial assurance. The committee 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 committee agreed that the FTSU report should be taken forward by the People & Culture Committee.

9.2 In discussion the Board:

- Reiterated that the BAF should be a dynamic document and the current scores which have remained relatively static do not reflect the activity taking place, and noted further discussion is planned at the Board development session in February.
- Suggested the FTSU report is a further illustration of the need to think through how change is delivered across the organisation.

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

10 Integrated Care and Commissioning Committee Assurance Report

10.1 As chair of the committee, Richard Carr presented the report of the meeting held on 9 November 2023 highlighting:

- The committee felt it would be useful to conduct a 'stock take' of the two systems ELFT is involved in commencing with NEL; the resulting reflections are included in the report.
- In light of the financial pressures, it is important that the Trust plays its part in ensuring there is a focus on the medium and longer term to manage any revision to a short term fix which will compound difficulties over the longer term.
- The progress with the Mental Health Learning Disability and Autism (MHLDA) Collaborative; recent joint Board session with NELFT gave some valuable insights into future governance arrangements and also highlighted the importance of maintaining a focus on the aim and expected outcomes.
- A summary of the BLMK ICB and HCP meetings held in September and October 2023 is included with the assurance report for Board members information.

10.2 In discussion the Board:

- Noted that through the MHLDA collaborative, work is building on some of the experience in Tower Hamlets, to pull out the features of what a good, high functioning, local place-based mental health partnership looks like. QI colleagues will work with the seven places in NEL to gauge status against these features. A MHLDA collaborative will also be established in BLMK. Community health services are part of the place-based relationships and work is ongoing on implementation.
- Agreed there is a need for a renewed focus on place.
- Received assurance that strong partnerships are developing, such as Tower Hamlets Together.

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

11 Equality, Diversity and Inclusion Annual Report 2022

11.1 Lorraine Sunduza introduced the report advising the intention to present the 2023 report at the March 2024 meeting. Tanya Carter and Eileen Bryant highlighted:

- There is a relatively new structure which is being embedded, with a project board led by the CNO, CPO and Director of Integrated Care.
- There is some overlap with the WRES, WDES and various equality action plans which incorporate the NHSE equality action plan; these are now included in one composite plan which shows progress on actions and actions are due.
- Two cross-cutting themes have been identified: identifying and removing systemic barriers and developing a wider understanding of intersectionality. Work is underway to better understand how data is used and presented. The networks are pivotal in delivering the actions and therefore it is important to ensure they have clear information.
- ELFT was one of the pilots for PCREF and learning from the pilot informed the first iteration of the PCREF guidance at the Trust which has been produced by lived experience researchers and PP leads. Much of the work during the pilot has been on engaging with patients and staff to collect insights and pulling information together. The

data highlights the high levels of diversity in ELFT's workforce which is a strength, but it also highlights some of the inequalities. The result of this work will be brought together in an Equality, Diversity and Inclusion Plan to be published in March 2024.

Lorraine concluded that:

- Coordinating the work has been a challenge and a new Head of Equalities, Diversity & Inclusion has now been appointed. Part of the role will be to identify information available and how to pull it together.
- There is an initiative in each place called "Making Equality Work" which brings all the services within a directorate together, but there is a need to do more about quantifying the work and being able to measure how well it is being done.
- The 'pursuing equity' work is also starting, led by the COO and CQO using QI methodology on of the equity challenges.

11.2 In discussion the Board:

- Requested the next report shows the changes over time, so that the trajectory can be seen (e.g. for gender pay gap, likelihood of being recruited etc.) and the data and key outputs clearly highlighted.
  ACTION: Tanya Carter, Richard Fradgley, Claire McKenna
- Emphasised the need not to lose sight of the qualitative information being collected (as referenced in points 11.10 and 11.11), as the focus moves to what actions are to be taken. This links into the point already discussed about driving change systematically and in a way that is discernible to staff and service users.
- Requested that for disability the progression needs to be made clear.

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

12 People Participation (PP) Committee Assurance Report

12.1 As chair of the committee, Aamir Ahmad presented the report from the meeting held on 21 September 2023 highlighting:

- An on-going theme which is important to this group is about widening access, particularly in community health, which has been a challenge. The aim is to involve a much broader group of service users, especially in primary care.
- The successful cost of living project, delivered by Susan Downing who brings her own experience and knowledge. This is a great example of population health work which recently won the project of the year at the recent PP awards.
- The recognition that peer support workers are making a significant difference to service users, over and above the usual interventions.

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 13 November 2023 highlighting:

- The committee learned of the emerging issues and significant pressures on services.
- The Trust's engagement with the police in both BLMK and NEL on the implementation of the Right Care Right Person (RCRP) to ensure that service users continue to receive appropriate responses when making contact with police.
- ELFT continues to have robust safety systems and a strong framework for responding to patient safety concerns. Work is ongoing to continuously improve safety cultures across the Trust and a more relevant approach to reporting incidents has been

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introduced (reported as per 1,000 face to face contacts rather than an absolute number). This approach suggests reporting rates are stable.

- The committee was assured that learning from LeDeR deaths is overseen at the Learning from Deaths Panel and requested an update including the triangulation of themes is included in future reports.
- Bedfordshire & Luton adult mental health services quality and safety review: high demand for ADHD and autism services remains challenging impacting on the pace of progress in other areas of work and initiatives.
- Reducing restrictive interventions cross cutting theme review: good progress being made with all inpatient services seeing a reduction and stabilisation in the use of restrictive practices, although there have been some peaks in forensics in relation to a small number of complex service users.
- There has been an increase Covid and flu rates although this is not impacting on staff sickness; the vaccination programme has commenced.
- The committee requested the FTSU internal audit report also be considered by the People & Culture Committee and that a clear action plan developed with realistic timescales and with appropriate monitoring in place.

13.2 In discussion the Board:

- Highlighted the importance of continuing to be diligent about RCRP as it is too early to say whether this will have any consequences.

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

14 Quality Report

14.1 Amar Shah presented the report highlighting:

Assurance Section

- This looks at the top five safety incident themes across the Trust.
- Overall there is good evidence, e.g. through the use of data to understand variation and trends, learning from incidents, taking preventative actions, applying quality improvement to reduce incident frequency, that the top safety issues are being addressed in an effective way to improve care and prevent future incidents.
- There are areas to strengthen and some ideas that will benefit from scaling, which is in train. The biggest opportunity is to look at digital interventions.

Improvement Section

- This describes progress against the quality improvement plan and how change is systematically driven across the organisation.
  For particular types of problem, ELFT has a good way of engaging staff and service users in doing this at scale. An example is the observations work, which has engaged all the in-patient units in a year-long programme of testing ideas, where learning has been taken forward and are now scaling up. This is having a positive impact on restraints and seclusions, indicators of patient safety.
- The pursuing equity programme takes a QI and coproduction approach to tackle inequalities, and although measurement has been challenging, some teams are already seeing improvement.

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

15 Performance Report

15.1 Amar Shah and Edwin Ndlovu highlighted:

- There are good examples of applying improvement to performance issues such as:

- By introducing new ways of working two thirds of the community based teams who had been struggling with waits have managed to control these
- The 72 hour follow up, which is an important performance metric and is moving closer to target than previously
- The number of complaints, which had increased, are now reducing.

- The improvement in the percentage of service users who would recommend ELFT services.
- The equity section demonstrates the breadth of work underway across many different teams. Although there is disparity in the use of restrictive practices for white and black people across the country, the Trust has reduced this so that it is now equivalent. There are also signs that the gap in access to services between white and BAME groups is narrowing.
- There are two main challenges:
  Waiting lists
  - Some teams, despite their best efforts, cannot meet the growing demand – ADHD and autism have already been mentioned in this context. The report summarises actions being taken to manage these issues.

  Demand for in-Patient beds
  - There is a direct correlation between in-patient capacity and demand, EDs and the community mental health teams; this is driving up some of the financial challenges the Trust are facing
  - The biggest challenge is the increase in the clinically ready for discharge; this is complex as it is not just a health challenge but is also a local authority and social care challenge. There are opportunities if QI methodology is applied to help drive the conversation and include the patient voice
  - The increase in private sector bed usage due to the number of clinically ready for discharge patients is adding to the financial challenge.
- Workforce is an area where it is important to recognise the strain within the systems. There are some experienced staff who are deciding to retire and that can leave teams, which appear fully staffed, without the experience they need, therefore sometimes there is a double-running cost while they try to stabilise the team. Also as winter progresses staff sickness is likely to increase.
- Work is taking place with leadership teams to deal with these challenging times and there are opportunities at a system level to collectively find solutions.
- The new Evergreen ward in Bedfordshire is central to improving young people's services in keeping young people close to home. It has been a great achievement but is now full to capacity.

15.2 In discussion the Board:

- Acknowledged that opening Evergreen has been one of the highlights of the year, particularly as it was completely co-produced with young people. Noted that at the recent BLMK strategic management group there was some powerful positive feedback from families of young people in Evergreen.
- Suggested that for ADHD and autism there needs to be different ways of working to tackle the waiting lists including opportunities both pre and post-consultations; introducing a standard referral form for both the service user and clinician to complete which could make triage much easier and save clinician's time; ensuring the post-consult links to social prescribing, as there is some good work on social prescribing but it is not systematised digitally into the process.
- Recommended the Quality Assurance Committee consider further exploration of these opportunities and suggestions.
- Noted in Bedfordshire discussions are starting to look at cross-cutting services, as there is a risk of service users receiving care in silos. The aim is to look from the service user's perspective as it is felt efficiencies could be made by not requiring them to

interact with each service separately. This could also be helpful from the perspective of the current financial challenges.

- Requested more detail around what the opportunities are to address the discharge challenge to be brought back to the next Board meeting.
  ACTION: Edwin Ndlovu
- Agreed the tri-Borough young people's eating disorder service was a good example of how a service is viewed from a patient's perspective. They triaged, did assessments and consultation at the same time, reducing the waiting list from 180 to zero.
- Acknowledged another good example is that ELFT became the commissioners for the whole system for new models of care for CAMHS. There was a large investment in social prescribing for young people in in-patient beds and has resulted in a remarkable decrease in the use of secondary care services for CAMHS. Moving forward it is about growing these models with the new collaboratives so they reach a larger population.
- Received assurance that teams are able to see live data on the system. There is a delay in completing and validating the monthly data for the Board report in time to complete the narrative for the meeting, however, the narrative is often more current than the numbers.
- Highlighted the vital importance of safety cultures and suggested this is a potential gap in the quality report; however, was assured this is discussed at QAC where committee members regularly question what difference reported initiatives make.
- Noted that the report's focus this month had been on mental health and young people's services, however, it is also important to acknowledge the important role played by community health services which are a vital service working to keep people at home and they come under increasing pressure at this time of year.

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

16 10 minute break

17 People & Culture Committee Assurance Report

17.1 Aamir Ahmad presented the report from the meeting of 2 November 2023, highlighting:

- The committee requested a focus on the 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, particularly as there had previously been some improvement in this area.
- The good progress on the uptake of the Trust's apprenticeship programmes.
- The committee requested that career development and personal growth as a core part of supervision is made more explicit to support staff development and retention.
- The progress with international recruitment but that housing remains a barrier.

17.2 The Board **NOTED** the report.

18 People Report

18.1 Tanya Carter presented the report highlighting:

- The FTSU internal audit report has already been presented; action plans are being implemented with some actions already completed. This work is being done with the FTSU Guardian.
- Data across the Trust is triangulated, e.g. a FTSU issue raised became a respect and dignity at work issue and this became a cultural review in a particular area. The Business Partners meet monthly and present a highlight report on what is happening in their area from the different sources of information.

- A case study that demonstrated the impact of OD (Organisational Development) work following concerns with a team's dynamics, staff morale and breakdown in relationships: leaders were supported with their styles, how they work together and conflict resolution. The impact was that over a year the sickness rate reduced from 49% to 11% and the vacancy rate reduced from 27% to 7%.
- Meetings have been held with service directors to discuss their experience of people and culture. Feedback is that both line managers and people relations advisers often move too quickly to formal processes to resolve issues rather than informal resolution, resulting in the high number of cases.
- The CEO, CPO, COO and CQO are leading the cultural leadership work which links to FTSU actions, as it is identifying similar issues, such as inconsistent processes. There has also been an increase in whistle-blowing cases which also reflects similar themes. The new Inphase system will support strengthened reporting and triangulation as data and its visibility will be improved.
- A complainant who recently won her case against NHSE presented to HR Directors recently on how her experience of going through HR processes and how she felt things could be done differently. It was illuminating to hear her perspective and she has been invited to talk to the people relations teams to spread that understanding with the aim to improve how the Trust's approach.
- The CPO has led on a national piece of work for NHSE on how to support managers to better manage teams and individuals; this has resulted in new resources which will now be embedded in ELFT processes.
- The change process has been improved by shifting the focus to the impact on people and how to engage and consult before commencing formal consultations.
- Recruitment has historically been below target and is for the first time in a while above target; this reflects the volume of work that has been taking place.

18.2 In discussion the Board:

- Suggested that the system of statutory and mandatory training, where new staff and knowledgeable staff have to take the same courses, is not in line with ELFT's principles of learning and quality improvement. Lessons could be learned from primary care where experienced people do shorter update training, which would save time. There is an opportunity to do integrated training and integrated academia. It was suggested this could be a discussion topic for a future Board development session.
- Queried the huge reliance on agency staff, which appears to be a mismatch with the reported availability of bank staff and noted a new system has been introduced for the allocation of bank shifts which it is hoped will help. Issues will be addressed through the temporary staffing project that is underway and that will introduce a collaborative bank with NELFT as a priority.
- Noted that the work pressures are a combination of factors including a growing volume of work and productivity/competency issues. There are plans in place to address these, e.g. reception at Alie Street take about 1500 calls for people and culture each month and in the short term, some extra resource is being brought in to provide support whilst a review of technical/automated solutions which can help longer term is being considered with the digital team.
- Was assured that FTSU issues are considered in terms of numbers and themes against a national benchmark. The CNO and CPO meet regularly with the FTSU Guardian to review the issues raised. Recognised the need to ensure the FTSU service is widely communicated and issues raised are speedily followed up and closed. However, FTSU is one of many routes for issues to be reported. There is a need to identify the specific metrics and how they are presented over time. Inphase will assist with showing live data for FTSU and there are opportunities to work with NELFT on this area.

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

19 Charitable Funds Committee Assurance Report

19.1 As chair of the committee Aamir Ahmad presented the report from the meeting of 11 October 2023, highlighting:

- The charity has now funded 59 projects across ELFT.
- The Healthier, Wealthier Families is providing major financial help to families.
- The next phase is to collect stories and data.
- A fundraiser has been recruited to drive fund raising including from corporates.
- The work of the charity demonstrates how the Trust can help people in other ways and not just through clinical intervention.
- The work of the charity is an important part of the Trust's Marmot ambitions.
- Acknowledged Ken Batty's role in establishing the charity; Ken was a former NED.

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

20 Finance, Business and Investment Committee Assurance Report

20.1 As chair of FBIC, Sue Lees presented the report of the meeting held on 14 November highlighting:

- The committee considered month 6 finances; the finance report to the Board provides more current data for month 7; however, the broad themes remain unchanged.
- Discussions during the meeting covered the challenges faced in the health economy particularly around agency usage and bed pressures; these areas are also covered at the QAC.
- The Trust is not currently on plan but is expected to meet forecast by year-end.
- Going into the new financial year, it will be important to focus on how finances are managed particularly around financial viability (FV) and delivering high quality services within the funds available.
- Challenges have been identified, particularly those which require additional support.
- The committee had previously requested the procurement and counter fraud teams to review the procurement processes and compliance with purchase orders. This was addressed quickly and significant improvements made.

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

21 Finance Report

21.1 Kevin Curnow presented the report based on month 7, highlighting:

- The Trust operates within two systems – BLMK and NEL where there is a £20m deficit and £93m deficit at the end of month 7 respectively.
- The Trust is currently running at a deficit of £3.2m, which is c£4m off plan. The aim is to breakeven by year end; this is achievable but will be challenging.
- £7m of FV has been achieved; however, it is anticipated that c£15m will be achieved by year end against the ambitious target of £20m.
- At month 7 agency spend is high at £19m; 80% of this is for agency doctors and nursing; and there is a high spend in corporate services which is being reviewed with the aim to reduce.
- There is a need to undertake some data validation in order to understand the workforce as some staffing groups are showing as being over-established.
- The issue with clinically ready for discharge patients is creating significant pressures in both systems.

- The cash position remains strong at £120m; however, there are limited options on how this can be spent but the Trust benefits from the current improved interest rates.
- £2.3m of the £10m capital allocation for the year has been spent to date; however, it is anticipated that the full £10m will be spent prior to 31 March 2024.
- Next steps include data validation and an update on capital spend for next FBIC; delivering the FV target; greater focus on agency and triangulating this with fill rates as currently there are some anomalies. There is also a need to look beyond year-end to the medium term on how to manage the challenges in the coming years.
- A challenge for services will be on how to deliver care, without compromising quality, within a smaller pot of money and more financial constraints.

21.2 In discussion the Board:

- Commented that if the Trust is not able to deliver this year's FV target, consideration should be given to reinventing the approach in forward planning for both next year and also the 'medium' term.
- Suggested that further analysis of where over establishment is sitting as it is not being seen amongst clinical teams.
- Received assurance the capital programme is already 93% contracted to be spent and despite the anticipated challenges for next year and beyond, there is potential to work collaboratively and collectively across the system which should be of benefit.

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

22 Board of Directors Forward Plan

22.1 Noted.

23 Any Other Business

23.1 None.

24 Questions from the Public

24.1 None were previously notified but if anyone has questions in regard to the agenda they will be responded to in writing.

25 Date of the Next Meeting

25.1
- Thursday 25 January 2024 in London

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

The meeting closed at 3.30pm

DRAFT

ELFT
Action Log Trust Board (Part 1)

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

Ref	Meeting Date	Agenda item	Action Point	Executive Lead	Due Date	Status	Comments
381	30-Nov-23	Patient Story	Copy of the Carers Report by Lynn Bliss to be circulated to Board	Miles Tringham/ Nicki McCoy	25-Jan-24	In progress with delay	Report requested and will be circulated once received.
383	30-Nov-23	Performance Report	Include more detail on the opportunities to address discharge challenge to be brought to the January Board meeting	EN	25-Jan-24	In progress with delay	An update will be brought to March Board due to winter pressures and activity.
382	30-Nov-23	EDI annual report	2024 EDI annual report to include changes over time/trajectories, e.g. for gender pay gap, likelihood of being recruited, etc. Also data and key outputs to be clearly highlighted	TC/RF/CMc	28-Mar-24		
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	28-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 Coprorate Governance and Deputy Head of QA
384							
385							
386							

In progress
In progress with delay
Closed
Forward plan
Not due

East London
NHS Foundation Trust

REPORT TO THE TRUST BOARD IN PUBLIC
25 January 2024

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:

18 January 2024	Council of Governors Meeting

Key Messages

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

Strategic priorities this paper supports

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

Implications

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

1. Introduction

1.1. This report updates the Board on the Chair's main activities, Non-Executive Director (NED) visits and Council of Governor discussions as part of the Board's commitment to public accountability.

1.2. The report also provides a summary of discussions at the Council of Governors (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 key areas of focus:

- **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 four areas.

2.3. I would like to start my report by formally noting huge congratulations on behalf of the Board and the Trust as a whole to our Chief Executive, Lorraine Sunduza, on being awarded an OBE in the King's New Year Honours. Lorraine will be invested into the Order of the British Empire in recognition of the outstanding contribution she has made to public life and in NHS leadership. I am delighted at this thoroughly well-deserved recognition of Lorraine's contribution over many years of service to the NHS and to nursing.

Patient leadership

2.4. On 24 November I was privileged to attend the service user led NEL Mental Health Summit which focused this year on how we can improve the experience of people coming into contact with mental health services for the first time. It was wonderful to be part of so many rich discussions which brought home to me the crucial importance of 'getting the basics right', of treating people with compassion and kindness and of there being 'no wrong door'.

Staff support and empowerment

2.5. On 7 December, I was privileged to join Lorraine Sunduza, staff and service users at the unveiling of Covid-19 memorial plaques at Twinwoods and Bedfordshire Community Health Services. As at every one of these events, I felt so proud and so grateful to our staff for the courage and compassion they showed during the pandemic and that they continue to show our patients, every day, despite the ongoing challenges of this recovery period. It was a huge pleasure to be able to spend the whole morning with staff

and to have the opportunity to speak one-to-one to so many about their individual experiences.

2.6. I would like to say a personal thank you to all of the staff who worked over the holiday period and for the extra care they took to make this a special time for our service users. I'd also like to thank all those who have worked so hard to prioritise patient care and safety in planning for and during the most recent periods of industrial action.

Board effectiveness

2.7. On 14 December, our Board development session focused on integrated care and collaboration – taking stock and looking forward. We considered how we can facilitate medium and longer-term planning in the systems in which we operate, given the current financial constraints, and how we can track the differences we want to make to outcomes for our populations. We also reflected on the importance of focusing on the quality of relationships with our partners and the risk of a shift to these becoming more transactional as financial pressures increase. We agreed that we must consciously shift our focus to how we prioritise the quantum of our resource rather than how we deliver service-line cost-savings, and that we should embrace opportunities for radical change where this could deliver better outcomes for our populations. There was strong consensus that we must ensure we preserve our 'organisational treasures' - people participation, quality improvement, and clinical leadership – and that these should continue to underpin our approach and our work.

2.8. Following the end of Ken Batty's term of office, the Board has reviewed our current skills and experience mix, succession planning and system-working requirements and we are now seeking to recruit a NED with substantial strategic finance experience. Advertising and search commenced on 18 December 2023 with the application closing date on 29 January 2024. An open evening session on 'getting to know the Trust' is being held on 23 January.

System leadership

2.9. On 9 January, I attended the Bedfordshire, Luton and Milton Keynes Leaders and Chairs Meeting where there was a good discussion on the importance of collaboration across the NHS and the wider system (social care and wider local government and the voluntary care and social enterprise sector) in addressing the pressures being felt by acute and mental health providers. We agreed that the more system partners spend time together to understand the nature and reasons for system bottlenecks, the greater the chance of finding solutions – particularly in supporting the high numbers of patients clinically ready for discharge (CRFD) who are unable to leave hospital due to next-step care not being in place.

2.10. The North East London (NEL) Integrated Care Partnership (ICP) met on 10 January. There was a wide-ranging discussion that included review of our work in Newham to support families to claim their full benefits entitlements, with a focus on the impact on health of relieving childhood poverty. The complexities of supporting CRFD patients was also discussed and, again, the need for effective partnership working in addressing system pressures and preventing detrimental impact on patients was underlined.

3. Council of Governors update

3.1. The Council met on 18 January for their first meeting of 2024 – the Council had previously agreed to meet online every January which turned out to be a wise choice given the temperatures. However, it also made me realise how much I missed not being

in the same room as our governors.

3.2. Governors received an update from Edwin Ndlovu on winter pressures and ELFT's plans to mitigate the impact on our service users.

3.3. As part of their final strategic priority themes "Working in collaboration with others", governors received a presentation by Richard Fradgley and Dr Mohit Venkataram on our collaboratives, with a special focus on our highly successful North Central and East London CAMHS Tier 4 Collaborative. Governors were very pleased to hear the positive impact collaborative working has made on the outcomes for children with severe mental illness and eating disorders – especially the fact that hospital stays have been much reduced as have out of area placements, with children being treated much closer at home with all the benefits this brings for their recovery.

3.4. Working in collaboration with others also means coproduction with service users and our CAMHS service has been especially successful in this regard. Governors learned how our young people co-produced the services of the East London Discovery College (the Recovery College for CAMHS services) and the Evergreen CAMHS Ward in Luton.

3.5. In breakout rooms, governors considered what other opportunities there may be for ELFT to collaborate to enable us to achieve our strategic objectives. Early feedback indicates a clear-eyed focus on benefits for service users, especially our youngest and oldest service users in CAMHS and the Older Adults MH services respectively, but also on benefits of working closely with other stakeholders including local authorities, the voluntary sector and charities as well as schools. There was also a sense that we must demonstrate humility when collaborating as there is much to learn from our partners.

3.6. Governors formally adopted their priorities for the Annual Plan 2024/25, resulting from two annual plan meetings with our members in Bedfordshire & Luton and London. The priorities are aligned to all aspects of the Trust's strategic objectives and as expected range from the broad such as more work to reduce social isolation and loneliness to the very specific such as an improved offer in Luton by the Beds & Luton Recovery College.

3.7. Governors also agreed their strategic priority themes for the coming year. The themes are:

- Access to services
- Communication
- Staff Wellbeing
- Diversity
- Prevention.

I was pleased to see once again that staff wellbeing is one of the top priorities for governors and to acknowledge how much these priorities dovetail not only with the Trust's ambitions and the Marmot principles but also with the priorities as identified by our members.

This practice of setting its own priorities is unique to ELFT and it arose from a previous QI project to improve the Council's working – it helps the Council to convert issues raised with them in their communities into opportunities to discuss, receive assurance where necessary and contribute to the Trust's thinking.

3.8. Governors received updates from the Council's three committees (Nominations & Conduct, Significant Business & Strategy and Communications & Engagement) and ratified their NomCo's decision with regard to the recruitment process for the NED vacancy on the Board. Governors also received an update on the progress of the

Membership Engagement Plan with a special focus on a review of Trusttalk, the Trust's magazine.

3.9. Governors noted the date for our Annual Members Meeting on 8 February 2024 – this is an important date in the Council's diary as this is where governors report back on their impact as outlined in the ARA to those who elected them.

3.10. And finally, I highlighted the QI presentation on learning from serious incidents which is taking place after the January Trust Board meeting. This is something that has been at the forefront of the Council's mind for some time and the presentation should go some way of providing assurance that the Trust takes this learning very seriously.

4. NED visits

4.1. Due to the festive period, no NED service visits have taken place since the last meeting of the Board of Directors.

5. Action Being Requested

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

NHS
East London
NHS Foundation Trust

REPORT TO THE TRUST BOARD IN PUBLIC
25 January 2024

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

Purpose of the report

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

Key messages

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

Strategic priorities this paper supports.

Improved experience of care	☒	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	☒	
Improved staff experience	☒	
Improved value	☒	

Implications

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

1.0 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

Appointment of Deputy Chief Executive Officer

2.1 I am very pleased to be able formally to share that our Chief Operating Officer, Edwin Ndlovu, has been appointed Deputy Chief Executive with a specific focus on Luton and Bedfordshire services. He will continue in his role as Chief Operating Officer and joins Richard Fradgley, Director of Integrated Care and Deputy Chief Executive, who will have a special focus on London services

Appointment of Dr Amar Shah as National Clinical Director for Improvement

2.2 On 10 January, I was delighted to see the announcement from NHS England that Dr Amar Shah, our Chief Quality Officer, will be the first National Clinical Director for Improvement. The role is a part-time secondment to NHS England, leading the adoption and application of quality improvement across the health and care system in England. Amar has been a key agent for change in guiding ELFT's improvement journey over the last 12 years. He has also been working at a national level for some time, leading the design and delivery of large-scale improvement programmes in the field of mental health, through his role as national improvement lead at the Royal College of Psychiatrists (RCPsych). This appointment is wonderful news for ELFT as well as for Amar and I would like to note here my personal congratulations.

Visit by the Secretary of State for Health and Social Care to Evergreen

2.3 On 11 January, Victoria Atkins MP, the Secretary of State (SoS) for Health and Social Care visited our Evergreen CAMHS inpatient unit in Luton. This was her first visit as SoS to a mental health service and she spent time speaking to the ward team and to service users. She was particularly impressed by the work of the unit to support young people to remain connected to their communities, by Evergreen's message of hope, and by the support offered to families.

Opening of the Mile End perinatal mental health service

2.4 The Mile End perinatal service formally opened its new accommodation on 12 December. I was so pleased to see the outcome of the joint work between clinical and estates colleagues to convert an area that had formerly housed medical records into new staff accommodation and space and facilities to work with families. We were joined by Councillor Gulam Kibria Choudhury, London Borough of Tower Hamlets' Cabinet Member for Adults, Health and Wellbeing, who spoke about the importance of the service for local families.

Meeting with new student nurses

2.5 On 15 December, I had the opportunity to welcome a new cohort of City, University of London student nurses to their training, during which most of their placements will be at ELFT. I shared my own nursing journey and encouraged them to enjoy their time with us, to access support when they need to, to take advantage of opportunities and to speak up if they ever have concerns.

Celebrations during the holiday period

2.6 On 14 December, Edwin Ndlovu and I joined a Hanukkah celebration event held at our Trust Headquarters at Alie St. The event felt particularly poignant in light of current events. The RaCE Staff Network has been holding support sessions for staff alongside our Trustwide ELFT Humanitarian Network sessions, with both providing a space for staff to talk about the personal impact of the Middle East conflict.

2.7 On 21 December, I was delighted to join a number of Executive colleagues at a festive event for our internationally recruited staff. It was wonderful to be able to welcome them personally and to say thank you to them for choosing to come to work at ELFT. I and other senior staff shared our personal journeys, having been born, raised and sometimes trained in a different country and culture. We shared some of our own experiences and our learning and urged our new colleagues to continue to give us feedback so that we can ensure they are well supported and hopefully enjoy long careers in the NHS and with ELFT.

2.8 I was truly honoured to hear that I had been awarded with an OBE in the King's New Year Honours for my contribution to NHS mental health and community services. It feels like a great privilege to be honoured for work that I am passionate about. I have been

deeply touched by the well wishes I've received from so many people and would like to say a heartfelt thank you.

2.9 I would also like to say thank you to all of the staff who worked over the holiday period and who made extra efforts to support our service users at a time of year that can be difficult for many. I hope very much that these staff have now had the opportunity to have a break and to enjoy time with family and friends. Clinically, we continue to be very busy and I would like to note my continued personal thanks to all our staff for their consistent commitment, compassion, skill and hard work in responding to these challenges.

NHS England Sexual Safety Charter / Pledge

2.10 In September 2023, NHS England launched its first-ever sexual safety charter to help protect staff who have suffered harassment or incidents of sexual misconduct. Trusts are required to establish clear reporting mechanisms and provide training to equip managers to fully investigate incidents and to provide appropriate support to individuals affected. The Trust has now signed up to this charter. A number of actions are already in progress, the target date for all actions to be implemented is June 2024.

Passing of Professor Julie Attenborough

2.11 It was with great sadness that we heard of the death of Professor Julie Attenborough, Associate Professor and the Associate Dean for Undergraduate Studies in the School Health and Psychological Sciences, at City of London University. The Trust has had a long-time association with Professor Attenborough who taught on graduate nursing courses undertaken by our staff and was the architect of the Nurse Associate training programme. Our thoughts are with her family, friends and colleagues.

3.0 Integrated Care System (ICS) and provider collaborative updates

3.1 Collaboration is key to the success of Integrated Care Systems (ICSs) and provider collaboratives – driving collaboration at system, place and neighbourhood levels – are the primary enabler. ELFT is actively involved in collaboratives for mental health, learning disability, autism and community health services in every system we operate within. The key strategic aims of collaboratives are:

- To reduce unwarranted variation in access, quality, experience and outcomes
- To reduce health inequalities
- To support integration wherever it will improve care and enhance system resilience
- To develop strategies to tackle issues that impact the whole system – such as workforce planning

Collaboratives for specialised services have also been established to develop and implement strategies that deliver better care, in least restrictive settings closer to home for CAMHS Tier 4 and forensic mental health service users.

3.2 The maturity of the collaboratives we are part of varies, but all are leading planning for their respective areas in this year's planning round. This is an important development as it ensures that decisions are more likely to be made on the basis of what is best for the populations we serve as a system, including decisions relating to resource allocation.

3.3 The annual planning round for the NHS has commenced across all the systems we operate within. The NHS planning guidance, usually circulated before Christmas, has not yet been published but work is underway – led by the collaboratives - to assess system positions at both place and collaborative levels and to agree priorities for the

year ahead. This work will take into account service user and carer priorities, system priorities, capacity and demand pressures and financial constraints.

3.4 Nationally, all systems have submitted revised financial plans for the second half of the financial year. In seeking to land these plans, organisations are managing a number of risks, including any additional costs incurred due to the industrial action that took place in December and January. Additionally, actions taken to manage service pressures and finances to conclude 2023/24 may have consequences for 2024/25 and will need to be considered as part of the above collaborative planning work.

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

3.5 On 29 November, I had the opportunity to meet the new MP for Mid Bedfordshire, Alistair Strathern, for an introductory meeting. I provided an overview of ELFT, our services, our approach and our strategy and we discussed some of the challenges facing health services.

3.6 I attended the 8 December meeting of the BLMK Integrated Care Board where the recommendations of the review commissioned from Reverend Lloyd Denney into health inequalities were discussed. I have been appointed as Board Champion for the BLMK system's response to the review recommendations and my role will include championing the work at Board level and providing support and challenge to the ICB team co-ordinating the work across the system. I will also act as a critical friend to the ICB transformation team and wider system partners and will support the ICB's work with the Institute of Healthcare Improvement to address the Denny Review findings, sharing ELFT's experience of using QI to address inequalities in access and healthcare outcomes.

3.7 On 16 January, we held our first Executive-to-Executive meeting with Cambridgeshire Community Services NHS Trust (CCS). The purpose of the session was to consider our combined offer for adults and children in the BLMK system and how we can work together – and with provider colleagues in Milton Keynes - to provide high-quality seamless services which always have the patient at the centre. Our operational teams meet on a bimonthly basis and they will be considering the priority areas where collaborative working could have the highest impact. We agreed to continue a regular rhythm of Executive-to-Executive meetings

3.8 We are part of three Collaboratives in BLMK, including:

- BLMK ICS Mental Health, Learning Disability and Autism (MHLDA) Collaborative (in development)
- The East of England Specialised Commissioning Collaborative

BLMK Mental Health, Learning Disability & Autism Collaborative update

3.9 The Trust is working closely with Central and North West London NHS Foundation Trust (CNWL), the BLMK Integrated Care Board (ICB) and the four place-based systems, including Bedford, Central Bedfordshire, Luton and Milton Keynes, to develop our collaboration. We aim to build on and formalise our current approach to integrated planning and improvement across the ICB, ELFT and CNWL to ensure our collective resources are integrated to further improve outcomes across BLMK and through more fully joining up-planning and improvement at place and the Bedfordshire Care Alliance.

3.10 Formalising our way of working, and developing and extending our collaboration across the system, our places and the Bedfordshire Care Alliance will allow us to make progress more quickly and develop an integrated approach to whole-population planning

and delivery. We are already making progress and 'learning by doing' through our work on existing operational priorities including:

- Improved all-age crisis pathway, addressing the challenges of increased demand in urgent and emergency care and our inpatient services
- Improved focus on prevention and tackling unwarranted variation in access and outcomes for children and young people with or at risk of mental health conditions
- Better outcomes and improved value for people with serious mental illness or learning disability or autism who need specialist hospital placement, residential care or supported accommodation
- Improved access and outcomes for people with neuro-developmental conditions
- Improved health outcomes for people with mental and physical health problems.

3.11 I am delighted to report the appointment of Rachel Farrow as the People Participation Lead for the BLMK MHLDA Collaborative. Rachel has now started in her new role and is working with our system partners to ensure the developing work of the Collaborative is focussed on what matters most to service users and carers, building on the priorities identified by service users and carers at our Summit in March 2023.

North East London (NEL) Integrated Care System

3.12 We are part of 5 collaboratives with NEL partners, with two of these also including partners from the North Central London (NCL) system:

- NEL Mental Health, Learning Disabilities and Autism (MHLDA) Collaborative
- NEL Community Health Collaborative (CHC)
- North Central and East London (NCEL) Specialist CAMHS Collaborative
- NCEL Forensic Collaborative
- NCEL Perinatal MH Collaborative (developing)

NEL MHLDA Collaborative update

3.13 The NEL MHLDA Collaborative is a partnership between NEL Integrated Care Board, East London NHS Foundation Trust (ELFT), NELFT, and the seven place-based partnerships spanning the seven boroughs of NEL. The collaborative engages and works with service users and carers, communities, local authorities, primary care, and the voluntary, community and social enterprise (VCSE) sector. It is led by a sub-committee of the Population Health and Integration Committee of the Integrated Care Board (chaired by Eileen Taylor), which includes provider, ICB, local authority, primary care and service user and carer members. Joint work is in train for this sub-committee to develop into a formal joint committee with authority delegated by the NEL ICB, NELFT and ELFT Boards.

3.14 The aim of the NEL MHLDA Collaborative is for system partners to work together to improve outcomes, quality, value and equity for people of all ages with, or at risk of mental health problems, people with learning disabilities and autistic people. A comprehensive MHLDA system diagnostic was carried out during 2023, the outputs of which are being used to inform future planning and provide insight to the MHLDA improvement networks; the primary vehicle for delivery of the ambitions and aims of the collaborative.

3.15 Three service-user and clinician-led improvement networks have been established and a further five are under development. The networks are building on existing relationships to drive and lead the programmes of work that are best delivered at scale, with a key focus on sharing learning, reducing unwarranted variation, and tackling health inequalities within and between borough populations. All of the networks are employing quality improvement methodology to deliver and evaluate change.

3.16 On 24 November at the City Gates Conference Centre, and on 27 November online, partners from across North East London came together to discuss priorities for mental health. These events were planned, organised and led by lived experience experts. They focused on: progress made so far; imagining a better and brighter future; and then exploring the things that could be done differently now to bring about improvements. The work to follow will involve service users and carers from across North East London working together to identify the most promising ideas for improving services. These ideas are now being worked up into plans to start testing and evaluating new approaches via the improvement networks.

NEL Community Health (CH) Collaborative update

3.17 The NEL CH Collaborative is a partnership between NEL Integrated Care Board, East London NHS Foundation Trust (ELFT), NELFT, Homerton NHS Foundation Trust and other senior system stakeholders. The collaborative and its governing sub-committee are at an earlier stage of development than the MHLDA Collaborative and Committee, but partners are already working together in pursuit of their shared goal of supporting NEL residents to be cared for at home and in the community wherever possible, thereby also contributing to the effective management of system demand, capacity and flow. This year, for the first time, the CH Collaborative will lead on joint planning for community health services across NEL, bringing together places, providers and the ICB to jointly agree priorities for the year ahead.

3.18 As for the MHLDA Collaborative, improvement networks will be the primary vehicle for delivery of the ambitions and aims of the CH Collaborative. These will be clinically led and comprise a diverse membership, including service users and representatives from primary care, social care and the VSCE sector. The networks will include: babies, children and young people (already established), falls, rapid response and community nursing. Central to all of the CH Collaborative developments will be the need to support places to progress integrated neighbourhood teams that support people to be cared for at home.

3.19 The NEL CH Collaborative Sub-Committee met on 15 January and focused on joint planning work and the resource required to support the CH Collaborative programme and improvement networks going forward, including clinical leadership. A further planning session is to be held later in the month to identify key priorities for community health across NEL for the year ahead.

NCEL Perinatal MH Collaborative update

3.20 Following discussion between partner trusts and NEL and NCL ICBs, it was agreed that a provider collaborative for specialist perinatal mental health services in North Central and North East London (NCEL) should be established to ensure maximum benefits to patients, carers, families and staff. The collaborative is to be hosted by ELFT and work is in train to appoint to the senior leadership roles.

3.21 A mobilisation board has been established and commenced meeting in early January 2024. This will be a shadow form of the future Clinical Oversight Group, which will oversee delivery following go-live, planned for April 2024.

4.0 Operational update

4.1 Mental health services continue to experience significant pressures in the community and across all inpatient services. The number of people in contact with our services and on our waiting lists is high. The length of stay on our wards has gone up and this is mainly driven by the number of people who are clinically ready for discharge (CRFD) but

for whom next-step housing and / or social care support is not in place. As at 15 January, we had 40 patients CRFD in NEL and 16 in Bedfordshire and Luton. Use of private sector beds is being largely driven by the CRFD challenge, similarly the long waits in emergency departments that are being experienced by some of our patients waiting for admission. As at 15 January, we had 11 Bedfordshire and Luton patients in private beds and 46 London patients (77 for NEL). Extensive work is taking place across our services and with system partners to try to manage these pressures.

4.2 For children's mental health services, the last period has been stable but, since schools reopened in January, we are seeing increased activity.

4.3 In NEL, joint partnership and system arrangements for Right Care Right Person have been live since November 2023. There have been no major issues / concerns reported by service, partners or service users. There has been a drop in the number of calls to the police and an increase in the number of calls to our crisis line. In Bedfordshire and Luton, a phased implementation plan has been agreed across the system, with a start date set for the end of January 2024. We are learning as these new ways of working are rolled out and there will be further changes as we adjust and adapt our policies. However, with our partners we are united in our ambition to keep service users and the public safe in NEL and Bedfordshire and Luton and to ensure they feel confident that our services are there for them.

4.4 Community health services in NEL and in Bedfordshire have also experienced a sustained level of pressure, relating predominantly to the winter season and its associated conditions and also to the pressures being experienced by our acute hospital partners. These latter include: ambulance arrivals and handovers, industrial action and Covid-19 related absences. Our urgent care response services have been busy but have predominantly delivered on the 2 hour response.

4.5 Industrial action by junior doctors has been an added contributor to the challenges being experienced across all services, particularly the 6-day strike action during December that was the longest period of strike action in the history of the NHS. I'd like to thank all our staff for their continued efforts in responding to this and all of their work to keep our services accessible and safe for the people we serve.

5.0 Autumn / winter vaccination campaign

5.1 The staff vaccination programme 2023/24 continues to offer flu and covid vaccines (and co-administrated flu and covid vaccines) at clinics Trustwide from our staff vaccinators. NHS England (NHSE) has set a target of 75% of patient-facing staff being vaccinated against flu this season. We are currently achieving just under 30% vaccinated (patient facing staff) on the NHSE data. The Covid vaccination uptake is not reported to NHSE. Work has been taking place in collaboration with the NHSE analytics team to ensure a more accurate denominator for the data is used for the Trust. These corrections to the denominator may have some impact on improving the reported position.

5.2 However, in addition to data issues, significant challenges are being encountered in vaccination uptake amongst some groups of staff, with cultural and other influences leading to notable levels of staff declining the offer of vaccination. This is particularly notable in some of the staff groups working in the inner East London services.

5.3 Additional clinics (and vaccinator attendance at team away days) have been set up to try to reach these groups and discuss the importance of the vaccination directly with them through until the end of the campaign in March 2024. Another Trustwide roadshow is also scheduled in January 2024 to further increase awareness and engagement of staff.

The roadshow is intended to create opportunities to engage in in-depth conversations with staff who may have declined the vaccine. The Communications Department continues with efforts to engage staff through the VACC Challenge game, where vaccinated staff can win a range of prizes.

5.4 The effectiveness of the range of approaches used in this year's campaign have been considered throughout this period. This learning and further evaluation at the end of the campaign will be used to inform next year's approach.

6.0 ELFT people updates

6.1 Chris Gibbons, a prison reconnect worker in the Luton and Bedfordshire Liaison Team won a Health Care Hero award in the Community Awards for Luton and Bedfordshire 2023. This recognised his work with clients prior to their release, supporting them to link into services in the community.

6.2 Our Children's Community Eating Disorder Service won this year's Royal College of Psychiatrists (RCPsych) 'Psychiatric Team of the Year' award for improving flow and reducing waiting times. The team was recognised particularly for its use of quality improvement (QI) methodology.

6.3 Peer Support training lead, Lenna Adley, was also recognised at the RCPsych Awards as 'Patient Contributor of the Year'. The award was for her contribution to improving care and service user experience through quality improvement work and other initiatives.

6.4 The pioneering 'Tree of Life' project, empowering children and young people from City and Hackney's African and Caribbean communities, won a second prestigious national award, the 'Mental Health and Wellbeing Award' at the Children & Young People (CYP) Now Awards on 23 November.

6.5 Cauldwell Medical Practice in Bedford won an 'Excellence in Patient Communication' award at the Primary Care Impact Awards. This was in recognition of how they have increased cervical screening uptake in vulnerable groups through a quality improvement initiative.

Appointments

6.6 Dr Vaishali Ashar, ELFT's Medical Director for Primary Care, has completed her tenure in this role. Dr Stefan Struebind has been appointed as the interim Medical Director while recruitment to the role is completed. I would like to note my thanks to Dr Ashar for her leadership and for laying strong foundations in the Primary Care Directorate

7.0 Visitors to our services

NHSE visit from Steve Russell, Matt Neligan and Adam Doyle

7.1 On 11 December, Chief Delivery Officer and National Director for Vaccinations and Screening, Steve Russell visited Tower Hamlets and met with staff at Mile End Hospital. The focus of discussion was the physical health needs of people with serious mental illness and progress on the integration of services at neighbourhood level.

8.0 Other service updates

Bank staff away Day

8.1 We held our first ever away day for bank staff on 7 December. Chief Operating Officer and Deputy CEO, Edwin Ndlovu, thanked all bank staff for their ongoing hard work and support for the Trust and reiterated the value of their contribution to the organisation as a key part of the ELFT workforce.

Christmas Fairs

8.2 On 1 December, the Greenhouse Practice in Hackney welcomed individuals experiencing homelessness to a Winter Fair. Attendees were offered a hot meal and were able to take advantage of flu and Covid vaccinations and other health services, such as physiotherapy and smoking cessation. The library service offered books and promoted their warm space hubs. A similar event was held at the Health E1 Christmas Fair on 8 December, attended by 160 people. Supplies and contributions for both events came from corporate staff and the ELFT Charity.

9.0 Action Being Requested

9.1 The Board/Committee is asked to:

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

East London NHS Foundation Trust

REPORT TO THE TRUST BOARD IN PUBLIC
25 January 2024

Title	Audit Committee Meeting held on 11 January 2024 – Committee Chair's Assurance Report
	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 11 January 2024.

Key messages

BAF Risk 3 Patient Experience and People Participation (PP) – Deep Dive

- A deep dive into the work of the PP team highlighted the scale of progress being made and the strength of leadership in this highly valued area, noting the ELFT team is the largest in the UK and is regularly contacted by other trusts and international healthcare organisations for information and advice, particularly around the levels of service user and carer involvement.
- The team are leading on both ICB PP workstreams and, as well as reaching the milestone of 200 people with lived experience working in the Trust, the committee heard about their work with external bodies such as Network Rail and the Docklands Light Railway to support staff around vulnerable people who use their services as well as providing a range of training to universities and colleges.
- The approach to PP at the Trust covers service users, carers, peer support workers, volunteers, befriending, academy of lived experience (ALE) and ICS
- Areas for focus over the next 12 months will be to reduce the Trust-wide variation in commitment to service user involvement, to continue to influence system partners with a less developed culture around people participation and recognise the resourcing and capacity requirements associated with the growth in this area.
- The current risk score remains at 12 and the committee sought some further assurance around evaluating the impact of this work and clearer timelines on the expected improvements and further successful development.
- The committee requested that future deep dives also provide a summary or examples that demonstrated how progress is being made.

Board Assurance Framework

- Following consideration by the lead committees for each BAF risk, no changes to risks scores (details included in appendix 1).
- The committee discussed how maintaining a pattern of high-risk scores potentially carries a reputational risk in mis-representing the Trust's position and requested the addition of trajectories for improvements that will minimise and/or mitigate the risks, noting that fluctuations in scores over time are acceptable given the appropriate rationale.
- The value of examining the BAF over a longer period of time was also acknowledged, with an assessment of whether any of the factors contributing to the maintenance of high scores ever materialised.
- The ongoing conversations at ICS level around the introduction of a system risk register were welcomed, with the caveat that only risks which impacted on more than one provider should be included, or where providers can jointly influence and help support a risk.

External Audit Progress Update

- Confirmation the 2022/2023 audit report was signed off and an audit opinion given on 19 December 2023; it is an unqualified opinion with no significant weaknesses on value for money.
- A plan for the 2023/2024 audit has been agreed between the Trust's external auditors, Mazars LLP, and the finance team with preparatory work underway.
- The committee noted that the impact of IFRS16 becomes a significant risk this year and assurances around this are already being sought in advance of preparation of the final accounts.

- The annual report and accounts have been laid before Parliament and plans are in place for the Governors to formally receive these at the annual members meeting scheduled for 8 February 2024.

Internal Audit Progress Update

- Good progress is being made on the annual internal audit workplan with an expectation this will be fully completed by year end.
- Two final reports issued with reasonable assurance:
  - Learning management system (LMS)/mandatory training: further assurance is being sought around the potential clinical risk in areas where there are low mandatory training compliance levels and any correlation with impacts on incidents, given patient safety is a key priority. The committee also requested a more defined management response on tackling non-attendees at training courses and the reasons for this, along with line management responsibilities to ensure staff complete their mandatory training
  - ELFT Charity funds: the recommendation around documentation relating to donated charitable funds has been addressed since the audit was undertaken.
- Following a review undertaken between internal audit and exec leads, the committee were provided with assurance that the Trust's business continuity plans are now fully compliant.
- A process for the renewal of the Trust's internal audit contract was discussed with options for the provision of future internal audit service sought from the relevant execs particularly taking account of the challenges with the audit market, noting the truncated timeline for appointing a provider.

Counter Fraud Update

- The team reported on a recent best practice visit by the NHS Counter Fraud Authority, with good verbal feedback given around the work of the team, and the support received from the Audit Committee and the wider organisation; a final report is awaited.
- The committee discussed the ongoing challenges in the system for the recording of declarations of interest, noting work to explore the full automation of the system is underway. Although there is a robust manual process in place, further assurance was sought around confidence levels in the system.

Waivers and Breaches

- The committee acknowledged the work undertaken by the procurement team in maintaining a low level of waivers in comparison with system partners.

Standards of Business Conduct policy

- The committee requested further consideration to simplifying the framework of the policy to provide more clarity, particularly in respect of gifts and hospitality declarations.

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 5 January 2024

BAF Risks	Updates
Strategic Priority: Improved population health	
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* **Target risk score:** 8 High **Risk score:** Remains at 12 High	• No change to risk score which remains at High 12 • Neighbourhood working pilot in Leighton Buzzard, led by the Trust and CBC, evaluated and model being rolled out across Central Bedfordshire as part of the Fuller neighbourhood implementation • Annual population health report published and now pursuing recommendation to open up employment adviser roles to service users/people with lived experience • Government focus on mental health and employment outcomes could bring in additional investment but this also brings a risk of undue pressure being placed on mental health service users to enter work that could impact on their recovery • Potential impact of 2024/25 planning constraints on funding for services that are experiencing significant demand growth or that are non-recurrently funded in 2023/24; working with ICB, collaborative and partners to develop system financial plans
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* **Target risk score:** 8 High **Risk score:** Remains at 8 High	• 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 • ELFT/NELFT: Regular exec2exec and B2B meetings are strengthening relationships and helping to align the strategic direction of both Trusts • BLMK: MHLDA Collaborative going live from April 2024 with a PP post in place; initial focus will be on developing the 2024/25 operational plan • NEL: Community collaborative has refreshed its priorities and is working to embed improvement network approach used by the MHLDA Collaborative to deliver improved outcomes, experience and value for NEL residents • Capacity: Trust has agreed to financially contribute towards some ICB roles at place in order to influence JDs and to sustainably deliver the embedded commissioning model that we have been testing since April 2021; NEL CHS Collaborative exec including ICB director now in place
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* **Target risk score:** 8 High **Risk score:** Remains at 16 Significant	• No change to risk score which remains at Significant 16 reflecting the much higher financial and bed based risk profile for the Perinatal NMC (provider collaborative for specialist perinatal services) in North Central East London with ELFT as the lead provider unlike the more established CAMHS collaborative • NMC commissioning programme is gaining considerable success as a result of the work over the last few years. The work on OD has already borne some fruits. The extensive coproduction systems and SU leadership has delivered excellent results in reducing the out of area placements • Perinatal NMC contractual measures established; key success criteria including leadership, partnership developments and SU participation programmes, to be developed; recruitment to clinical, SU and management roles under way • CAMHS NMC: new ICS relationships and financial challenges unsettling; however, working with partners to develop winter plans

BAF Risks	Updates
Strategic Priority: Improved experience of care	
Risk 3: *If the Trust does not work effectively with patients and local communities in the planning and delivery of care, services may not meet the needs of local communities* **Target risk score:** 8 High **Risk score:** Remains at 12 High	• No change to risk score which remains at High 12 • Continued expansion of PP roles to cover all areas of Trust activity: good progress being made with recruitment: PPL leads for BLMK, EDI, and estates and facilities appointed; and currently recruiting to a deputy head of PP • ICS approach to PP needs to be supported and grown system-wide: the Trust is working in partnership with ICS colleagues on developing provider based reward and recognition process; however legal issues re payment of non-service users remain • BAF will in future cover the component parts of PP including volunteers, befriending, peer support workers, service users, carers, ICS and the academy of lived experience
Risk 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* **Target risk score:** 9 High **Risk score:** Remains at 12 High	• No change to risk score which remains at High 12 due to continuing challenges in services • Industrial action: Impact of the more recent industrial action has been more challenging due to the timing, supporting the two ICSs and also seasonal operational pressures within our services as well as within the wider system, particularly ED and ambulance services • Services: Continued challenges with demand for adult male and female beds in both NEL and BLMK has led to use of private sector beds. The challenge of cases clinically ready for discharge raised with both system partners as also having an impact on financial spend. Although there are workforce challenges this is not impacting on patient safety and there is close monitoring of service delivery, patient safety and quality
Strategic priority: improved staff experience	
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* **Target risk score:** 8 High **Risk score:** Remains at **20 Significant**	• Although a number of the Trust people metrics are progressing in the right direction, no recommendation to amend the risk or target scores; metrics will continued to be monitored to ensure progress is being made • Focus on reducing agency spend across all staff groups, particularly on non-clinical areas, e.g. no longer any agency workers in P&C and plans to reduce agency spend in finance and digital teams • Range of initiatives to support with staff retention continue to be implemented; turnover rate has reduced over the last six months but is still above target • Continued focus on improving stat/man training compliance; Trust target not achieved by December 2023 but with continued focus is expected to be met in spring 2024
Strategic priority: improved value	
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* **Target risk score:** 8 High **Risk score:** Remains at **16 Significant**	• No recommended changes to the risk score which remains at Significant 16 as we will not address the gap in plans of approximately £6m before year end. Furthermore, changes implemented to address G2 have had a positive impact but some slippage in scheme delivery has been experienced during Q3; this is negatively impacting on the composition of FV delivery as we progress through the financial year • Focus has shifted to support delivery of all low and medium risk schemes in forecast • Non-recurrent measures will be utilised to offset slippage experienced against recurrent schemes

BAF Risks	Updates
	• Planning programme under way to engage all directorates/senior leaders to support development of 2024-25 FV schemes
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* **Target risk score:** **9 High** **Risk score:** Remains at **20 Significant**	• Recommendation no change to the risk score to remain at Significant 20 • Cyber is stable; however, risk is still evolving but internal approach to response and education is showing results • Outages related to links, air conditioning, firewalls and remote access and e-prescribing have all posed Trust-wide impact; robust plans in place to address but given the number of changes at once, and size of the changes, a large business change programme needs to accompany this with strong executive and clinical leadership • Estates have also suffered some severe outages with plant failure, and a focus on prioritising the limited CDEL available to address these is being given by executives, to accompany the intense work being undertaken by the Capital Planning Steering Group • Reports being given to Finance, Business & Investment Committee with detail on the estates and digital plans on rotation to support understanding of the large programme being delivered by both teams

NHS
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REPORT TO THE TRUST BOARD IN PUBLIC
25 January 2024

Title	Integrated Care & Commissioning Committee (ICCC) 11 January 2024 – Committee Chair's Report
Committee Chair	Richard Carr, Senior Independent Director and Chair of Integrated Care & 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 11 January 2024
- To share 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

Bedford, Luton & Milton Keynes (BLMK) Integrated Care System (ICS) – 18 Months On

- Discussions focused on the summary update and think piece on the relative strengths, challenges and opportunities for the BLMK ICS following their inception in July 2022 from the perspective of the ELFT integrated care team
- The articulation and measurability of the core aim and priorities was highlighted as was continued work around quality improvement methods with the engagement of the Institute of Healthcare Improvement as strategic partners, providing clear opportunities for ELFT to strengthen and lead in these areas for more productive work within the system
- The intensity of current demand pressures occupies a great deal of time and energy in the short term which affects the ability of the system to focus on long term planning and clarity around the joint forward plan. The scale of the challenges to the Trust's resources was acknowledged.
- There are many examples of good care and exceptional outcomes as a result of our commitment, presence, visibility and investment in Bedfordshire and Luton services, creating opportunities for significant progress in the provision of mental health services and taking a lead on tackling inequalities
- The Trust maintains good relationships with the local authorities allowing for challenge and inclusion, and very positive feedback has been received from the local primary care networks around the quality of our staff and services with helpful opportunities for further valuable improvements. There remains a challenge around some partnership and individual relationships in the system, which is unsettling for the staff and leadership; the committee requested a focus on improving these with open and direct engagement
- The operating model and priorities have not yet received the full consensus of all partners although the place-based partnerships are becoming increasingly vibrant and more inclusive with good involvement and engagement across the voluntary sector and local authorities and with senior clinicians from the primary care networks, and are providing a forum to discuss how to meet the needs of the local populations
- Close work with system partners continues to progress the development of the mental health collaborative, although there will be a requirement for careful management of financial risk going forwards
- The Trust is continuing to take action in the area of supporting broader economic and social development with our Marmot and anchor organisation work.

Annual Planning Strategy Update Report Q2

- An update on the delivery the Trust's strategy and 2023/24 annual plan detailed progress on the thirteen areas of high priority and where more focus is required
- Good progress has been made in respect of improving population health and being a Marmot Trust; however, there remain issues around delayed discharge which is a prominent topic in system discussions; the committee requested particular consideration by execs of the apparent disconnect between the perception of local authorities of a positive pathway and the frontline health service view of ongoing and continuing challenges

- Further discussion around the planning programmes and ownership highlighted the opportunity to review and develop an organisational infrastructure and strengthen capacity around this process to ensure appropriate assurance can be drawn from the planning strategy
- Although the Trust is in an improved space with regard to articulating the progress against the delivery of the annual plan, the committee recommended there should be clearer links between the risks and issues highlighted and the planning of next steps.

New Models of Care: North Central East London CAMHS

- The committee welcomed a positive report on this highly successful example of collaborative working, noting the continued progress in reducing out of area placements and increasing treatment in the community to support admission avoidance. There is valuable system learning around the management of patient flow highlighted by the maintenance of available beds, despite the temporary closure of one ward and winter pressures
- Work on a more innovative and shared strategic approach around moving young people through the system following clinical discharge is underway with local authority partners as this remains a challenging area
- The collaborative benefits from a user-led approach as well as the committed support of its voluntary sector partners, evidenced by a healthy response to a small grants programme which has been developed in partnership with Compass Wellbeing. The procurement panel working through these applications is comprised primarily of service users
- Tragically, the death of a young person in one of the inpatient units provided by Whittington Health has highlighted safety risks resulting in the closure of the unit whilst safety concerns in relation to the building are addressed
- There has been good engagement from Ellern Mede senior management to develop a clear plan of action to address some of the ongoing quality of provision concerns previously advised to the committee.

Global Health

- A presentation on the Trust's ongoing voluntary work in sub-Saharan Africa and South Asia, as part of a UK-wide NHS initiative which has been running for over 20 years and which includes staff working as volunteers on a network of projects and programmes, highlighted there has been a huge amount of mutual learning and benefits to both the countries we work with and also to the Trust derived from supporting and engaging with far less well-resourced countries
- An analysis was shared that evidences both reputational and cost benefits in particular around recruitment and retention initiatives.
- The committee agreed future reporting will be presented at the Quality Assurance Committee.

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.
- More work will be undertaken to introduce trajectories for clearer articulation around the changes required to affect risk scores across the whole Board Assurance Framework.

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

A summary of the key items of business from the BLMK ICB and HCP was considered 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.

NHS
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REPORT TO THE TRUST BOARD IN PUBLIC
25 January 2024

Title	People Participation Committee (PPC) 7 December 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 7 December 2023.

Key messages

Implementation of the Trustwide Working Together Group Priorities: Forensics

Good progress is being made across all six priorities:

- **Addressing inequalities**: funded peer support worker role for the communities equalities project – this project has gained extended funding; work under way on eliminating over-medication of service users with learning disabilities and/or autism (STOMP); easy read materials being pooled across the provider collaborative to make services as accessible as possible
- **People participation:** team has expanded including the appointment of a peer support worker for carers and a people participation worker role to support the PP lead
- **Education**: recovery college is going from strength to strength
- **Joint working**: working with Compass Wellbeing CIC on a vocational partnership and a similar programme established with a partner for those with learning disabilities; establishment of an active and growing patient council as part of the North London Forensics Collaborative
- **Care and treatment:** a co-produced and co-delivered communications skills course being developed to be delivered by the recovery college
- **Quality of life for service users:** a multi-disciplinary physical health team offers courses in life skills, e.g. nutrition and weight management; the Bridge Club, a social group, has seen a growth in service users attending and positive feedback received – opportunity for the club to be used to help people to make the transition from a ward to being back in the community and that learning could be transferred to other parts of the Trust.

Implementation of the Trustwide Working Together Group Priorities: CAMHS

CAMHS priorities reflect the PP priorities to ensure alignment and direction of travel; initiatives include:

- **Discovery college in East London**: this community initiative offers a range of courses (both face to face and on line), information and resources for young people aged 13-18 with emotional wellbeing issues was recently launched and aims to encourage engagement. It was and was co-produced with stakeholders and young people who are now also developing some audit tools
- **CAMHS transition drop-in services Newham:** this partnership service with the community integrated mental health team aims to improve transition to adult/community services for young people. Originally a pilot but will be continuing in the new year due to its success
- **Engagement sessions** provide an opportunity for parents/carers in the Coburn centre to tour the wards where their young people will be staying; this helps to manage any anxiety and provides an opportunity for the Trust to hear what further support parents may need
- **Better Days for BLMK:** further funding awarded from local authorities for this community wellbeing project which includes working with other local providers to deliver workshops for young people aged 10-25 and provides the opportunity for further engagement

- **Mental health awareness training:** excellent feedback has been received on this training which has been coproduced and co-delivered by young peopled, tailored to meet the needs of the organisation it is being delivered to
- **Anti-bullying project:** service users, families and mental health practitioners have been involved in developing films, podcasts and training for schools to help address bullying.

Implementation of the Trustwide Working Together Group Priorities: City & Hackney MHS

- Steps are being taken to refresh the local PP approach including a focus on recruiting to various PP roles, strengthening the understanding and embedding of PP with staff, and increasing service user involvement
- Other emerging priorities include a focus on service users, carers and staff working together on a range of projects to improve the quality of life, and on education by working with the recovery college and New City college on training to build confidence and resilience as well as interview training
- Good service user involvement in a range of QI projects; referrals have recently increased and service users appointed to roles in the cost of living crisis team and befriending services, and as a peer support worker
- Weekly community meetings are led by the PP peer support worker; work is under way to raise the understanding and value of this week particularly as there are mixed levels of attendance.

Trustwide Working Together Group Priorities Update:

- **Accessibility:**
  - Challenges with accessibility within the Trust were highlighted and the issues were particularly reinforced through the experience of attending the recent PP conference in London. Issues were wide-ranging including limited/no transport links to venues, inaccessible buildings for wheelchair users, agreement on the 'definition of accessibility, accessible admin and finance systems, etc – all contributing to people feeling excluded
  - The committee apologised for the issues colleagues have been experiencing and committed to a concerted focus on improving accessibility and therefore experience for both our service users and staff recognising that there is a range of needs that need to be considered. This will be taken forward working with service users.
- **Wider priorities:** Both BLMK and NEL ICSs are identifying their own PP priorities and there is a need for the Trust to align our priorities to these but without losing the local context particularly as the strength of the work has been on a place focus.

Board Assurance Framework: Risk 3

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

- Continued expansion of PP roles to cover every area of Trust activity: good progress being made with recruitment: PPL leads for BLMK, equality, diversity and inclusion, and estates and facilities appointed; and currently recruiting to a deputy head of PP
- ICS approach to PP needs to be supported and grown system-wide: the Trust is working in partnership with ICS colleagues on developing reward and recognition process which is provider based; however legal issues re payment of non-service users remain
- Future reports will cover all components of PP, e.g including volunteering, befriending, peer support workers, academy of lived experience
- The committee agreed there are no changes to the current risk score, and that appropriate controls are in place and operating effectively

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

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REPORT TO THE TRUST BOARD IN PUBLIC
25 January 2024

Title	Quality Assurance Committee (QAC) on 8 January 2024 – Committee Chair's Report
Committee Chair	Prof Dame Donna Kinnair, Non-Executive Director, Chair of 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 8 January 2024.

Key messages

Emerging Issues

- **Pressures on acutes**
  - Significant pressure on acute pathways which is heightened by the industrial action; occupancy levels on acute mental health wards have been high approaching 100% impacting on delays with admissions, longer lengths of stay and resulting in some out of area placements
  - The main challenge is that people are clinically ready for discharge but the appropriate level of care provision is not available or in place; the Trust is working with local authority partners to identify solutions although has already put in place mitigating actions including step down beds whilst care packages are agreed
- **Industrial Action**
  - Further periods of strike action by junior doctors during December and in early January resulting in a difficult three week period at a time of year when staff had planned leave and a higher impact of staff sickness
  - Appropriate cover has continued to be provided to ensure the safety of our service users and services; however, there has been an impact on planned activity, particularly acute pathways and in-patient units
  - Plans for future industrial action are not known.

Quality and Safety Report: Forensics Services

- **Overview of services:** as part of the North London Forensic Collaborative provide care and treatment to service users who have a history of serious convicted violence or equivalent/parallel behaviours at the John Howard Centre and Wolfson House; community services for men and women discharged from the Trust's inpatient services; specialist services for both men and women on the national offender personality disorder pathway in the community; and a service for young people in Newham transitioning between the youth offending team and adult probation services – the latter two are part of the London Pathways Partnership collaborative
- **Achievements:** focus on equalities including staff on staff racism QI project, piloting of an anti-racism intervention and the spiritual care team being relaunched following a report by service users that identified poor appreciation among staff of their spiritual needs; growth of people participation including the appointment of an equalities and carers peer support workers, a plan to create an LD/autism PP worker role, and a patient council established across the provider collaborative; new services include community forensic LD/autism team, integrated physical health team, advocacy support and establishment of a research hub
- **Learning:** shared through learning lessons seminars, weekly academic meetings, running learning events for clinical networks in the collaborative, electronic newsletters and directorate management team walkrounds
- **Variations:** significant reduction in admissions and discharges, as well as the rate of referrals; QI projects on 'stuck patients' and flow

- **Challenges:** recruitment and bed bugs
- The committee commended the involvement of service users in developments and also the app that had been introduced to help service users to follow their journey.

Quality and Safety Report: Primary Care

- **Overview of services:** there are 180 substantive staff serving a diverse population of c56,000 across Bedfordshire, East London and Luton which provides a unique position to deliver improved population health for Trust patients. The service includes mainstream general practice, primary care for homeless people, refugees and asylum seekers and hospital based pathways to support safe discharge of homeless people from acute care
- **Achievements:** embedding robust quality governance systems and processes; introducing QI approach; adopting a learning culture; accolades and awards for both individual team members and practices; strengthened leadership; improved recruitment and retention of GPs; active PP groups; online hub to provide directorate access to necessary information
- **Variations:** patient populations and practice list sizes are very diverse
- **Risks and challenges:** competition for staff affecting recruitment and retention; financial viability particularly in respect of locum staff dependency; issues with the standard of some estate particularly those not managed/owned by the Trust; implementing the GP support unit which aims to combine back office functions to reduce admin pressures on frontline clinical staff
- The committee noted the effectiveness of the Trust's involvement and leadership in primary care services can be demonstrated in the provision of support to a number of primary care networks (PCNs), developing relationships with PCN clinical directors, and investing in the appointment of mental health GP leads; the hosting of regular training and development webinars; and working with NHS providers to set the national policy on primary care.

Cross Cutting Theme Deep Dive: Trust's Spiritual Services

- **Overview of services:** research initiatives have shaped the service which is a development from the traditional chaplaincy model and reflecting feedback that there is a spiritual part of lives which is important. The diversity of the team reflects the demographics of the Trust geography as the aim is to cover the range of spiritual beliefs of the population the Trust serves; the team also include non-religious members representing spiritual journeys and quests
- **Achievements:** open access service to all service users with all wards being visited by a team member on a weekly basis; all major festivals are celebrated; peer support community groups offered across the Trust; mental health training delivered to faith leaders and spiritual training for nurses in training
- **Variations:** full service is only available to mental health services due to limited resources
- **Challenges:** resource and capacity to meet the growth of the Trust and to provide further training for staff; how to provide equal access within community health services and expand the service into primary care; how to develop working with service users at end of life
- The committee agreed: there are opportunities for more partnership working in communities; this is an important contribution in looking after personal and mental health wellbeing; consideration to be given with regards to training staff on how to hold difficult conversations.

CQC Action Plan Update

- The update focused on the two 'must do actions' from the inspection in February 2023
- Statutory and mandatory training compliance: as previously reported, this issue was in relation to the transition to the new Learning Management Academy which had resulted in a gap in reporting and challenges in matching staff to training. Assurance provided that these issues have mainly been addressed and the Trust is showing 87% compliance against a target of 90%; however, this is mainly due to system difficulties in one ward which have now been rectified
- Supervision: steady improvements have been made including the introduction of a Trust-wide common approach in February which will enable the recording of and reporting on supervision
- The committee requested that the action timelines are reviewed to ensure they are achievable
- *This report is also being presented to the January 2024 Board in public as an agenda item.*

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*:

- Further consideration to be given to the risk and the scoring; in particular taking account of any impact of the changing external environment, a period of industrial action and limited capital as well as reviewing the actions being taken to mitigate the risks and their effectiveness
- The committee requested that a concerted focus is given to supporting services in meeting the CQC 'must do' requirement around statutory and mandatory training compliance and that robust and effective actions are in place as this is still reporting below the 90% requirement across the Trust as a whole
- The committee also requested that the report is considered by the People & Culture Committee
- Subject to the above review, the committee agreed no changes to the risks scores and that appropriate controls are in place and operating effectively.

Internal Audit

- Good progress has been made with the quality assurance related internal audits with the final report on the Learning Management System – Mandatory Training issued with a rating of 'reasonable assurance'

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

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REPORT TO THE TRUST BOARD IN PUBLIC
25 January 2024

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 the report provides a triangulation of data from five different sources, to understand themes related to service user and staff experience at ELFT – the routinely collected patient experience feedback, complaints, feedback submitted on the Care Opinion website, executive walkrounds and non-executive visits. The themes are largely similar to those identified in previous triangulations, although it should be noted that there are fewer concerns about digital infrastructure from staff. Positive themes that emerge relate to service users feeling listened to and treated with compassion; experiencing a professional and supportive service; staff motivation; and staff feeling able to make improvements.

The main themes of dissatisfaction relate to service user feedback about access and waiting times; the environment and facilities; information provision and communication with service users; and the impact of recruitment challenges. The report provides detail of work that is underway on each of these areas. The board receives substantial assurance and line of sight to work on access and waiting times through the performance report. There are a number of good examples of work underway to improve the provision of information and the way we communicate, with training modules on customer care in development. The findings from the Premises Assurance Model and PLACE assessments, together with assurance on how we are tackling the gaps identified, are included in the report. A summary of work underway on resourcing is included in this report, but is also provided within the people report to the Board, with oversight by the People & Culture subcommittee of the Board.

The Quality Improvement (QI) section of this report provides assurance regarding the progress of the Quality Improvement plan in supporting the strategic goals of the organisation. This report will primarily focus on the two large-scale QI programmes, Pursuing Equity and Inpatient Quality and Safety.

The second phase of the Pursuing Equity QI program has commenced, involving 28 teams across the Trust utilising QI to enhance access to care and the overall experience for service users. These teams predominantly address equity issues related to race, gender, and LGBTQ+ issues. The report includes stories and impact of this work to date.

The Inpatient Quality and Safety programme, which commenced in November 2022, has engaged all our inpatient units in testing ways to embed the safety culture bundle, and develop and test ideas to improve the reliability of observations and therapeutic engagement. Following a period of local innovation, wards are now testing the three change ideas that have had the greatest impact. From March 2024, the work will move into implementation phase. The report includes data to demonstrate impact, as the Trust has seen an improvement in reliability of general observations to 99.6%, and reductions in physical violence, verbal aggression, racial aggression, prone restraint, use of seclusion and rapid tranquilisation.

Capability building for improvement is a crucial aspect of the QI plan, to ensure that teams are equipped with the necessary skills to address their complex problems. QI learning programmes have seen the largest increase in people registering for Pocket QI, the Improvement Leaders Programme, and the Improvement Coaching programme in 2023.

The involvement of service users in QI projects has not only recovered since the pandemic, but increased, with over 40% of all QI projects now having service users as full and active members of the project team (defined as Big I involvement).

Strategic priorities this paper supports.

Improved population health outcomes	☒	Large-scale QI programme on pursuing equity and Inpatient quality and safety
Improved experience of care	☒	QI approach to tackling waits and flow
Improved staff experience	☒	Supporting the development and application of improvement skills in daily work
Improved value	☒	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. In May 2022 the Board received a thematic analysis, triangulating various data sources, to provide an overview of quality issues emerging during the 9-month period from 1 August 2021 to 30 April 2022. This report presents a similar analysis, to examine any changes since then in terms of staff and service user experience, and describes work underway on the themes identified. This report looks at feedback collected over the 8 month period from 1 April to 30 November 2023.

1.2. As previously, the report brings together the thematic findings from Patient Experience Reported Measures (PREM) and Executive Walkrounds, along with complaints, feedback received via 'Care Opinion' (a website on which anyone can share their experience of care, in their own words) and, additionally for this iteration, Non-Executive visits to services.

1.3. Both Executive Walkrounds and Non-Executive visits are currently taking place virtually and in person, and feature a conversation that is structured around standard questions:

a. What are you proud of as a team?
b. What gets in the way of you enjoying your day at work?
c. What are you working as a service to improve?
d. Are you aware of the Trust's new strategy? What does it mean to your team?
e. How are you taking time to care for yourself as a team?

1.4. Our PREM surveys typically ask service users to rate the following statements based on their experience of care:

a. I feel listened to by the team
b. I feel I have been given enough information regarding my care
c. I feel involved in decisions about my care
d. The professionals involved in my care talk to each other and work well together
e. What can we do to improve the care we offer?

From December 2023, the trust has introduced a new, improved platform for the collection of patient experience feedback, with new survey questions that were co-produced by service users, carers and clinicians during 2023. This is supplemented

by the collection of feedback via the Care Opinion platform, which offers an entirely open invitation to anyone who experiences ELFT services to share that experience, good, bad or indifferent.

2. Feedback from Executive Walkrounds and Non-Executive visits

2.1 During the period from April to November 2023 there were 76 Executive Walkrounds and 13 Non-Executive visits recorded. Analysis of this data has shown that the themes of feedback during this period were very similar across all services visited:

What are you proud of?	**What gets in the way?**
The team - Working well together / maintaining team cohesion - Supportive and flexible approach - Looking after each other Being inclusive and working together with service users Rising to increasing challenges of workload and acuity	Extent of workload / capacity and demand Staffing / recruitment / retention The working environment – comfort / space / equipment / ergonomics

3. Feedback from Patient Reported Experience Measures (PREM)

3.1. During the past eight months, services have collected 12,000 survey responses at a fairly consistent rate of around 1500 each month. The table below outlines the themes from analysis of qualitative PREM feedback:

What has worked well?	**What could have been better?**
- Friendly, caring and kind staff - Staff keen to help and care for service users - Service was efficient / professionally delivered - Services worked together with service users	- Long waiting times - Poor communication between staff and/or teams disrupts care provision - Not feeling like have enough time with care providers In-patient settings - A more comfortable / better appointed environment - Greater access to purposeful activity

3.2 The trust has recently received the report of the annual national Community Mental Health Service User survey, with data collection having taken place during the

period covered in this report. At present, the trust only has the quantitative data, with comments and narrative feedback provided separately. However, although reflecting a small proportion of the population that the trust serves, 24% reported waiting over 3 months between assessment and first appointment for treatment, and 34% felt that their wait was too long. Once the full report has been received, the results will be reviewed and triangulated with other relevant sources of service user feedback, and taken to the trust Patient and Carer Experience Forum to consider priorities for action and next steps.

4. Care Opinion

4.1. At the time of the previous report in 2022, relatively little feedback had been collected via the Care Opinion platform, with only a handful of stories during the preceding 12 months. The Trust had just upgraded its subscription to Care Opinion and committed to working with clinical services and service users, to engage with the platform and optimise it as a means of understanding, learning from and responding to patient experience. The number of people using Care Opinion to give feedback has been increasing, and over the last eight months, 174 people have shared their stories. These stories have been viewed 5860 times.

4.2. The majority of feedback received through Care Opinion is positive, with the main sources of satisfaction being:

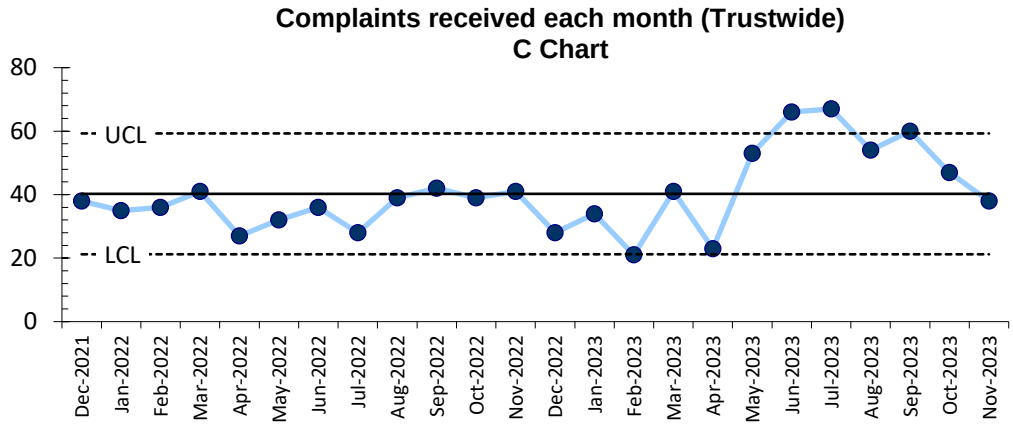
- Friendly and helpful staff
- Receiving the support and advice they needed
- The service being delivered in a professional way

4.3. When feedback is negative, the most common themes of dis-satisfaction are:

- Not feeling listened to
- Staff not coming across as kind or compassionate
- Not receiving information they needed about their care and treatment
- Difficulty in accessing the service

5. Complaints data

5.1. The Complaints team has been working to improve both the accessibility and functioning of the complaints process, and to promote the process to service users and carers as a valuable source of feedback and learning. The trust has received 408 formal complaints during the last 8 months.



5.2. These complaints can be categorised into three main themes, that themselves can be broken down a little further to provide greater understanding:

Communication	Interaction between the family / representative and service Lack of clarity or explanation from service regarding diagnosis / treatment plan / medication Lack of collaborative approach to care planning and support Lack of communication relating to appointment changes
Access to Services	Waiting time for appointments The experience of waiting Delays in answering of phone / transfer of calls Cancelling or delay of appointments
Attitude of Staff	Customer care / reception Kindness and compassion Time afforded / Feeling listened to Service provided in a professional manner

6. Looking at the data in the round

6.1. Bringing together all five data sources, it is evident there are common themes across the spectrum of data received from April to November 2023. These themes have remained consistent over time, but comparison with previous reports suggests some progress in improving digital infrastructure:

Strengths to build on	**Areas for improvement**
- Many service users feel listened to and treated with kindness and compassion - Many service users experience a professional service, and feel supported	- Access to services is often not timely or easy for service users to navigate - Staff and service users are experiencing the impact of challenges in recruitment, leading to

- Many staff continue to be motivated to provide a great service - Staff continue to feel able to bring about improvements	shortage of staff, waits or cancellations of appointments, and perception of overworked or stressed staff. - Information provision and communication with service users and carers could be improved - Some staff and service users remain dissatisfied with the environments in which care and treatment are provided

7. Actions being taken to improve

7.1. Access and waiting times

The Board is regularly updated on progress in improving access to services and waiting times via the Performance Report. The report provides detail of the range of work being undertaken across the trust, along with key improvement projects and innovations. This month, the report highlights large scale improvement work across ADHD and Autism services; work underway in City & Hackney mental health services to look at crisis pathways and admission avoidance, with similar work lined up in Newham. Tower Hamlets have used a "Perfect Week" exercise with system partners to identify new ideas to address access to inpatient beds. Across Community Health Services, teams with longer waiting times or higher demand all have recovery plans which are monitored regularly, with a specific focus in Newham on those waiting longest, and finding creative ways to engage those hardest to reach.

There is regular oversight of waits, demand, access and backlogs within directorate management meetings and through our internal performance management system. This is complemented by ensuring that our teams have access to high quality data so that they have a robust understanding of who is waiting for care, and how long they have been waiting.

Teams are continuing to apply systematic methods to understand and tackle this complex problem, with use of time and capacity trackers, leading to testing of ideas to maximise clinical capacity, and many teams testing the use of innovative digital platforms. Some of the improvement projects being undertaken locally to address particular challenges around access and waits are listed below:

- Hatters Health PCN in Luton are working to increase access to screening for health checks for people from BAME backgrounds with SMI. They have increased the percentage of people receiving screening from 0% in September 2022 to 50% in September 2023
- Cauldwell Medical Centre has been working to increase access to cervical screening for women.

- The Perinatal Team in Luton and Bedfordshire have been working to improve access to services, increasing the number of referrals from 22 to 28 a month
- Tower Hamlets Extended Primary Care Team (EPCT) have reduced the number of people waiting for an Initial Assessment from 60 to 39 people
- All GP's across Tower Hamlets are currently working to reduce the number of referrals that are rejected or lost within the system
- Newham talking therapies is working to increase access to the service for young black men aged 18-24
- The perinatal team in City and Hackney is working to increase access to pre-conception counselling
- Newham Secondary Psychological services are working to increase access to therapy for service users from South Asian Backgrounds

7.2. **Resourcing**

The vacancy percentage remains stable at 9.4%. Recruitment activity overall continues to increase over time, as can be seen in the People report. There has been an increase in new starters by 17% as compared to the same period last year. There is a range of work taking place both centrally and locally to improve resourcing.

<u>Recruitment</u>

The People and Culture Team has been creatively supporting recruitment efforts throughout the year, through:

- Recruitment fairs and events in partnership with clinical teams and our communications team, utilising social media platforms to increase reach and visibility of our roles during campaigns and standard adverts
- Targeted work within Directorates, at ICB level and with local partners, such as the Prince's Trust, providing jobs to young people and our local population
- An ambitious quality improvement project to tackle nursing vacancies, jointly led by people and culture and our nursing leadership, which will inform the direction of our nursing recruitment plans
- Placements and work experience teams engaging with local universities and colleges to recruit into training roles

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 Capital Nursing, GMC registered International Medical applicants and the development of GMC sponsorship route to further aid this workstream. Data shows 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.

Temporary staffing

A programme of work is ongoing to deliver an improved service, with the aim of filling every staffing gap every time, and for patients and service users to be assured of the same level of care from temporary staff as substantive staff. Main developments at this stage include:

- New service brought in-house to manage direct engagement bookings for doctors and allied health professionals (AHPs)
- Roll out of a new software to support the process of temporary staffing
- All existing direct engagement agency workers and shift bookings for doctors and AHPs transferred over to the new central system
- The next phase will include transitioning other agency staff groups to the central system, for better oversight and cost savings

Operational oversight of recruitment and retention takes place at the monthly Recruitment and Retention task and finish group, chaired by the Chief People Officer. This group feeds into the People and Culture subcommittee of the Board.

7.3. **Communication and information provision**

An example of a service responding to feedback about customer service and experience of first contact with services is Florence Ball House. The Associate Director has put an improvement plan in place, which includes:

- Training for 'Front of house' staff, that includes understanding of trauma informed care, customer service and communication skills
- Recognising the importance of customer service by ensuring permanent staff fulfil this role
- Ensuring a comfortable waiting environment
- Appointing a patient experience champion to ensure feedback is collected and acted upon, and patient experience continues to be prioritised.

The Quality Assurance team have been supporting the service, and have conducted two follow up visits to the service since implementation of the plan to experience the service and environment, and reported positive experiences on both occasions.

Tower Hamlets community health services have been working on improving communication and information provision through the GP Communication Quality Improvement Project, led by Dr Alex Harborne. Through this project, a new website has been developed, aimed at GPs, which provides simpler information on how to access services in Tower Hamlets: https://www.elft.nhs.uk/health-professionals/information-gps/i-am-gp-tower-hamlets

This project has involved collaborative work between the ELFT clinical teams and the ELFT communication team to provide clear service and contact information to inform better referrals from GPs and enhance communication about patient need. The website was promoted through the Primary Care bulletin and the recent Protected Learning Time event for GPs. Visits to the ELFT GP section of the website have risen from between 0-80 a month at the start of the project, to 328 views in

October 2023. Average monthly views are consistently around 200, which demonstrates that the website is used as a valuable information tool. A lot of positive feedback has been received from GPs on how useful they find the information now.

The QI project has also tested the introduction of a podcast series, which includes ELFT staff, GP colleagues and service users. Podcast topics include services provided, explaining community health services and helping to connect GPs with their community health practitioner colleagues. GPs who took part in the podcasts have provided very positive feedback and have added this to their annual appraisal. The podcasts themselves can be used for CDP. There are now 7 episodes live on Spotify with 211 plays to-date. https://www.elft.nhs.uk/health-professionals/information-gps/i-am-gp-tower-hamlets/im-gp-tower-hamlets-podcast

Surveys undertaken as part of the project illustrated a need to improve the referral process. A new referral group, including all stakeholders (GPs, TH GPCG, ICB representatives, Barts Community Health Services Leads, ELFT Community Health Services Leads and TH Clinical Effectiveness Group), was started by Dr Alex Harborne to understand the issues and work together to make improvements.

A referral form control management group was created with representatives from all stakeholders to test and implement changes to the GP EMIS template and referral form. The work was included in the recent 'Improvement Week' facilitated in Tower Hamlets Primary Care. A new EMIS template which includes direct links to the GP website page and podcast was published into practices on 15th Dec and feedback is currently being received through online daily huddles and surveys. Staff and GPs so far report significant improvement - data will be captured to demonstrate improvement including a reduction in % rejected GP referral.

During 2024-25 the Training and Development team will be adding a Customer Care programme to their training offer, making learning available Trustwide, and are currently in the process of procuring a provider for the programme.

7.4. **Environment**

The new Estates Environment Strategy was approved by the Trust board during 23/24 and the Estates leadership Team are actively working with both NEL and BLMK ICS on the creation of their respective ICS Infrastructure Strategies.

Assurance and governance in relation to Estates has been strengthened by the creation of the Estates Strategy Board, Environment Assurance Boards, Engineering Safety Groups, Estates Quality Improvement Programme and the creation of a decarbonisation plan.

During the last year, the trust has completed over 40 Capital schemes and maintenance projects with a total capital spend of £10.9m. Completion of a 6-facet survey identified £70m of Trustwide backlog maintenance, and this is being addressed via annual Capital Development Expenditure Limit (CDEL) allocations.

Some of the completed schemes include the new perinatal centre at Mile End and the refurbishment at Spring House in Biggleswade. A significant number of patient bedroom doors in both London and Luton have been replaced, both reducing the

ligature risks and also improving the patient environment. The Estates Team has overseen a programme of redecorations across the Forensic Estate, and this has received positive feedback from the CQC. The Team is currently carrying out ward improvement works to both Bevan and Gardener Wards at Homerton Hospital and have resolved a number of ligature issues at Mile End in the Occupational Therapy department. Funding has been approved for a refurbishment of West Ham Lane clinic.

The Trust have vacated a number of leased and freehold properties in Luton and Bedfordshire and consolidated services into a new purpose-built Hub facility, namely Grove View (Dunstable Hub).

Within the facilities management section of the team, OCS Facilities Management is delivering a good service for the trust, evidenced through monthly reporting and regular audits, with a new food hub now operational and having avoided disruption in the supply chain as a result of strikes and disputes within the national logistics network. Overnight food vending options to better care for staff on night shifts are currently being explored.

The NHS Premises Assurance Model (PAM) assessment has been undertaken by the Estates Team. This tool is designed to bridge the space between NHS boards and the operational detail of their day-to-day estates and facilities operations. The majority of responses for this year's PAM submission were assessed as being in the 'GOOD' category, with 50% of scores achieving this overall level of assessment. This is a 10% increase in GOOD scores from last year's scores.

In addition, PLACE assessment has been successfully completed in collaboration with the people participation department and the new estates people participation lead. PLACE is the Patient Led Assessment of the Care Environment programme produced by NHS England. A closure report has been produced by Estates and is with the Chief Digital Officer for final approval. A combined action plan will follow, which will be a live document to track progress of tasks identified by the assessments and with funding allocated by Estates. The closure report will go to the Quality Committee for review in January 2024, and that committee will also have oversight of the implementation of the action plan.

As is the situation across the NHS, the condition and state of the estate environment remains a challenge, which is further highlighted by Executive and Non-executive visits. A high level of maintenance backlog is resulting in an increasing occurrence of engineering and fabric related incidents and failures, compounded by a lean estates directorates' ability to respond timely and effectively. The six facet survey will enable the Trust to effectively understand the true condition of the estate infrastructure, identify priorities and cost pressures.

Estates resourcing and capacity remains a concern, and a plan for improvement is currently being developed. However, the Estates team has been recently strengthened by the arrival of an estates manager, estates people participation lead and Area Facilities Manager. The team continue to try and forecast the need for funding by meeting borough directors and service leads and projecting their requirements for the short, medium and long term, compiling these into a 'pipeline' of schemes going forward.

The capital programme process has been improved through weekly collaboration between estates & digital colleagues, and an improved and strengthened capital projects steering group. A new forum has been established between Chief Operating Officer, Chief Nurse, Chief Financial Officer and Director of Estates to openly discuss and resolve estates, estates operations and estates environment matters.

A full review of key Service Level Agreements (SLA) with Barts Health and Homerton NHS Foundation Trust has been carried out, which has informed the Trust of current service provisions, gaps in service/performance and future requirements. The trust continues to work closely with system partners from NEL and BLMK ICB, NHS Trusts and Local Authorities via several forums including the Local Infrastructure Forums and through input at Local Planning Consultations.

8. Quality Improvement

8.1. The Quality Improvement (QI) plan at ELFT is designed to support delivery of the organisation's strategic objectives. These include improving population health, enhancing the experience of service users and staff, and increasing value. This section of the quality report provides the board with assurance regarding the delivery of the annual Quality Improvement plan.

9. Pursuing Equity QI programme

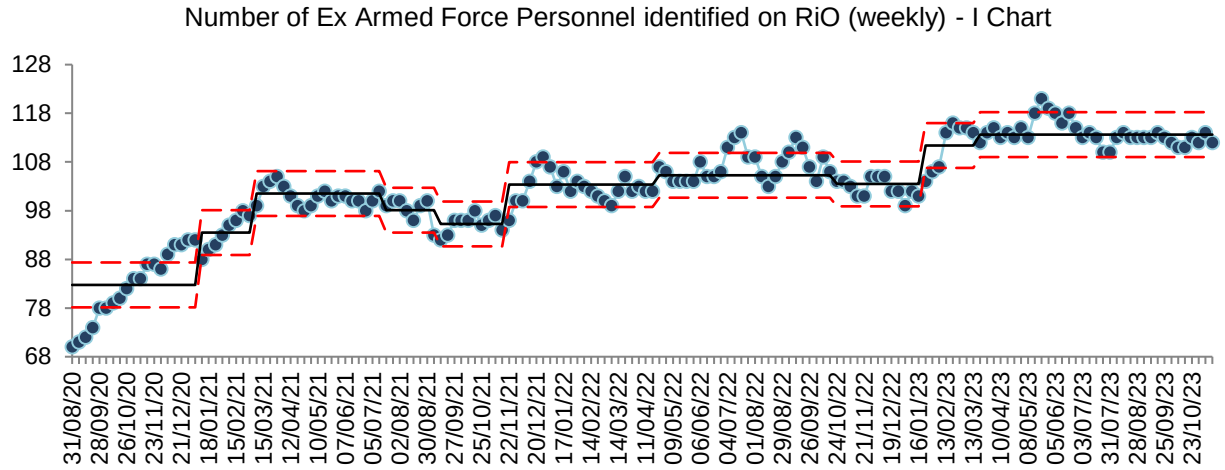
9.1. Phase two of the Pursuing Equity QI programme began in September 2023. Twenty-eight teams across the Trust are applying the quality improvement method to understand and address a variety of health inequities.

9.2. The perinatal mental health team in Bedfordshire is collaborating with service users to increase the number of women accessing their service by October 2024. Currently, they see an average of 20 women each month and aim to increase this number to 100 a month. The team are testing various ideas, such as using promotional videos co-produced with service users, and conducting joint clinics with midwives and obstetricians to facilitate more effective case discussions.

9.3. Tower Hamlets Psychological Therapies Service is working to improve access for three groups that are currently underrepresented – men, individuals in the 65+ age range, and people from Black, Asian, and minority ethnic communities. The team is testing several change ideas, including reviewing referral and triage criteria, offering treatment groups for specific demographics, and incorporating training on unconscious bias for staff.

9.4. Within corporate services, a team of staff, partners, and former armed forces personnel, along with their families, are currently working Trust-wide to improve awareness of the mental and physical health needs of armed forces personnel. The

team has tested several change ideas, including the development of armed forces champions and an enhanced recruitment process for ex-armed forces personnel. Their latest change idea is the development of an accreditation process, which has been tested with the Trust's estates and pharmacy teams. The team has seen a 37% increase in the number of ex-armed forces members identified on the clinical system (RiO).



9.5. Jade Ward, a psychiatric intensive care unit within Bedfordshire and Luton mental health services, is working to improve the identification of unhealthy Body Mass Indices (BMI) and to increase the offer of appropriate interventions among their Black, Asian, and minority ethnic service users by 10% by June 2024. The team has co-produced change ideas with service users, including establishing healthy eating groups, providing staff training on healthy eating with respect to cultural differences, and holding regular physical health huddles on the ward.

9.6. Teams on the Pursuing Equity programme are supported regularly by improvement coaches and improvement advisors, and also come together as a whole group every two months. Generative AI has also been utilised to identify high impact and evidence-based change ideas for the equity gaps that the teams are tackling.

10. Inpatient Quality and Safety

10.1 The Inpatient Quality and Safety improvement programme began in November 2022, and represents our largest ever quality improvement programme. All inpatient units are engaged in work to reliably implement the safety culture bundle, and test creative ideas to improve the reliability of observations and improve therapeutic engagement.

10.2 The safety culture bundle consists of the Broset Violence Checklist (BVC), a dynamic risk assessment tool designed to predict incidents of violence; the Safety Cross, a daily data collection tool to enhance transparency and data ownership across the ward; Safety Huddles, which are structured, safe, and brief meetings to convene, share concerns, and plan action; and finally, Community meetings for

service users and staff to discuss safety on the ward. Teams are currently being supported in developing plans to implement these four elements across all inpatient services.

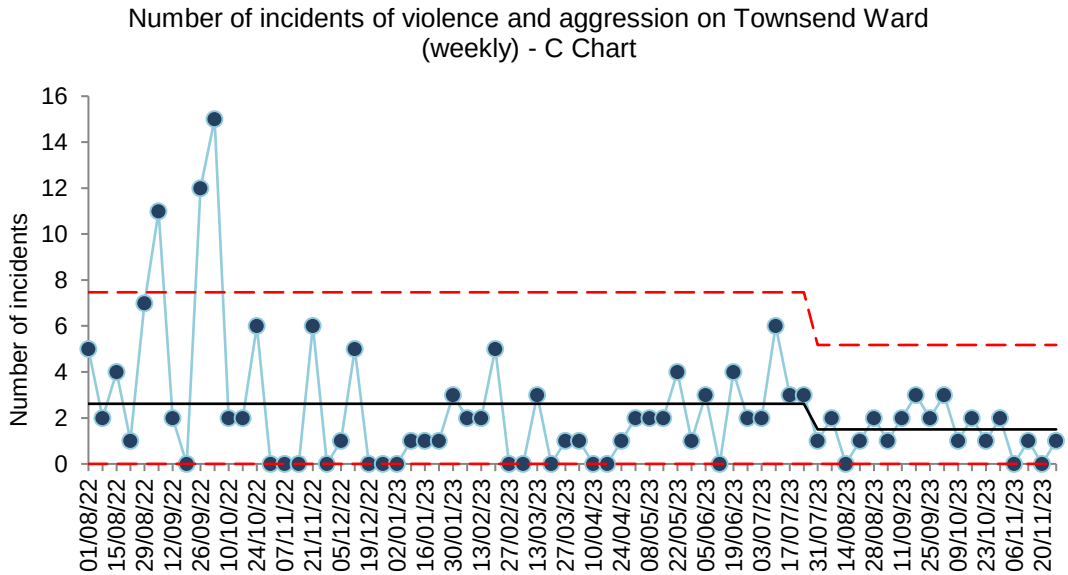
10.3 A key component of this work is the use of visual management boards. These are quality control tools that consolidate data on all aspects of the safety culture bundle. Directorates are being supported in developing these boards locally to suit their context. City and Hackney, Tower Hamlets, and East Ham Care Centre all have boards in place (see examples below). Within Forensics, boards have been established, but there is significant variation in their function and appearance, staff are working to standardise these for consistency. All teams across the Trust will also be supported to actively incorporate the boards into regular practice.

Visual Management Board
– Shoreditch ward (Forensics)

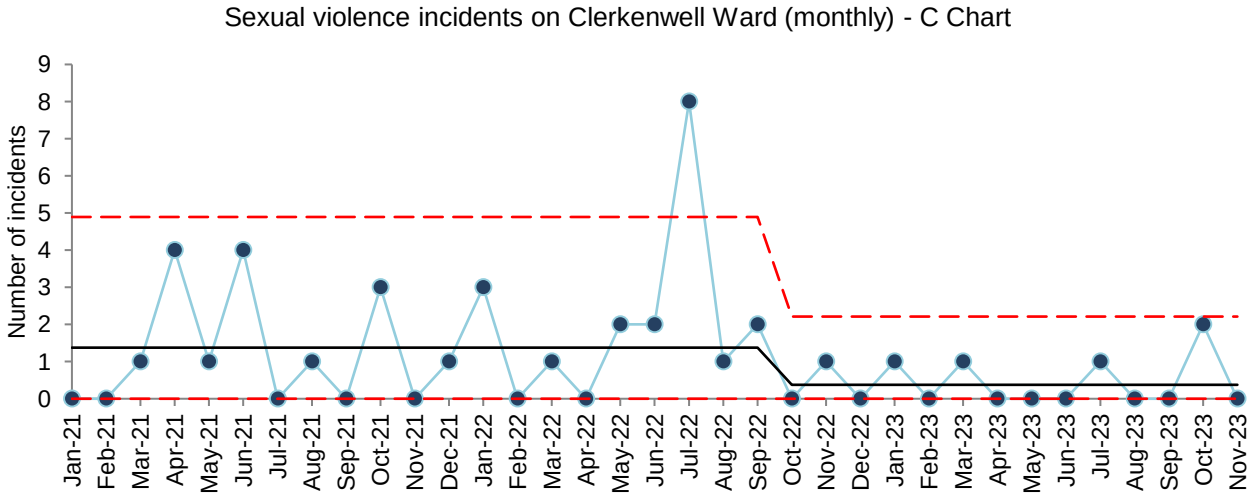
Visual Management Board
– Rosebank ward
(Tower Hamlets Mental Health)

10.4 Following an initial phase of local innovation, development and testing of a wide range of creative ideas to improve therapeutic engagement and observations, teams are currently being supported to test the three change ideas that have had the greatest impact, under different conditions across the Trust. These include a board relay, where staff hand over a physical board with observation documentation; zonal observations, where nursing staff are assigned a zone to engage with service users; and the use of Life Skills recovery workers on Twilight shifts (2 - 10pm) to conduct therapeutic activities with service users. The team at the original test site has produced standard guidance to assist other wards in testing for scale-up.

10.5 Life Skills Recovery Workers on twilight shifts are being tested across most directorates. Feedback from staff and service users has highlighted a positive impact so far. In Luton and Bedford, two wards have seen reductions in the number of incidents of violence and aggression. On Townsend Ward, incidents have reduced by 43%, from 2.62 per week to 1.5. As part of the testing process, some units have identified a need to consider how staff can travel home safely after a later shift. Some units are now considering how life skills recovery workers can take on some responsibilities of other staff on the ward, with the intention of freeing up nursing staff for therapeutic interventions.

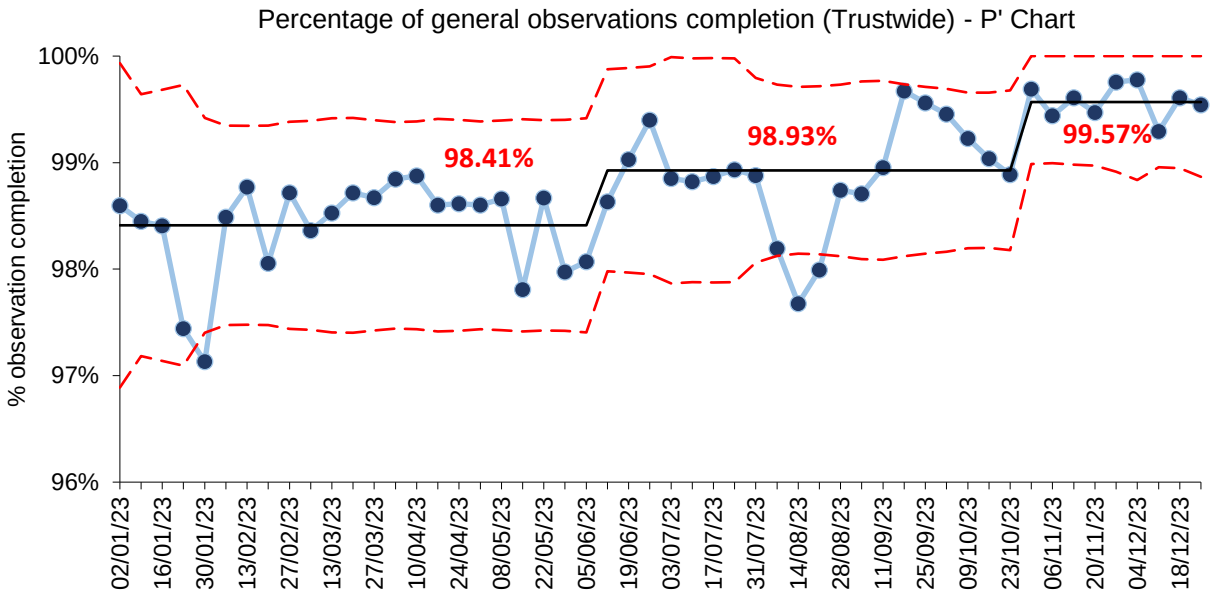


10.6 Zonal observations are being tested across nine wards, mainly in Older Adult or Psychiatric Intensive Care Units (PICU). Theories suggest that the layout and higher staffing levels of these wards might provide a context in which this intervention could have most impact. Clerkenwell Ward in Forensics has seen a 72% reduction in incidents of sexual violence from 1.38 a month to 0.38 (below) a month.

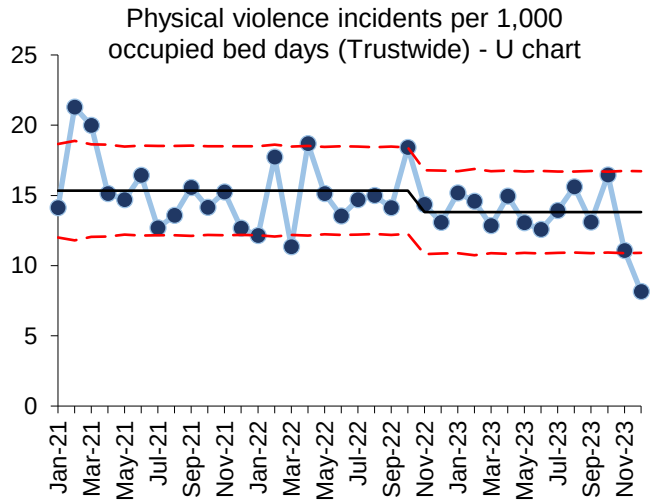


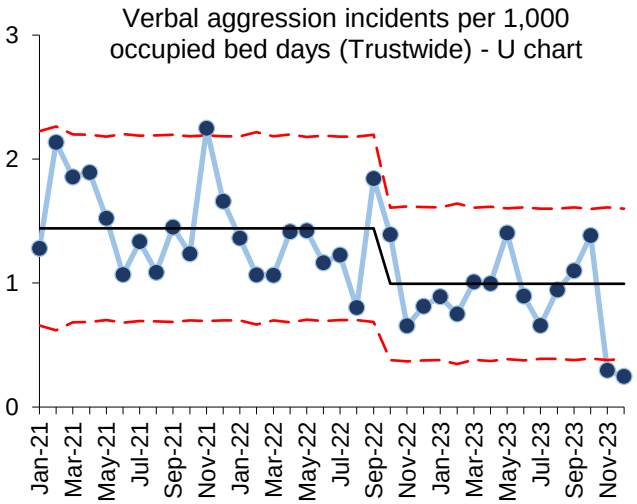
10.7 The use of a board relay to enhance reliability of completion of observations is currently being tested across all directorates. In some wards, staff have reported challenges in carrying the board, especially when they are required to support service users or colleagues during times of high acuity. Alternatives to the board are being explored in these areas.

10.8 Across the Trust, there has been an increase in the reliability with which general observations are carried out, from a baseline of 98.4% to 99.6%.



10.9 We are also seeing improvement at scale on a range of safety measures, which coincides with the start of this programme. We are seeing Trustwide reductions in the rate of physical violence, verbal aggression, racial aggression, prone restraint, seclusion and use of rapid tranquilisation (see charts below). This impact, at scale, and during a period of heightened acuity and occupancy on our inpatient units, is testament to the deep involvement of service users and staff in coproducing improvements to tackle safety and quality at a local level, through the systematic method of quality improvement.


Physical violence incidents per 1,000 occupied bed days (Trustwide) - U chart
25
20
15
10
5
0
Jan-21
Mar-21
May-21
Jul-21
Sep-21
Nov-21
Jan-22
Mar-22
May-22
Jul-22
Sep-22
Nov-22
Jan-23
Mar-23
May-23
Jul-23
Sep-23
Nov-23


Verbal aggression incidents per 1,000 occupied bed days (Trustwide) - U chart
3
2
1
0
Jan-21
Mar-21
May-21
Jul-21
Sep-21
Nov-21
Jan-22
Mar-22
May-22
Jul-22
Sep-22
Nov-22
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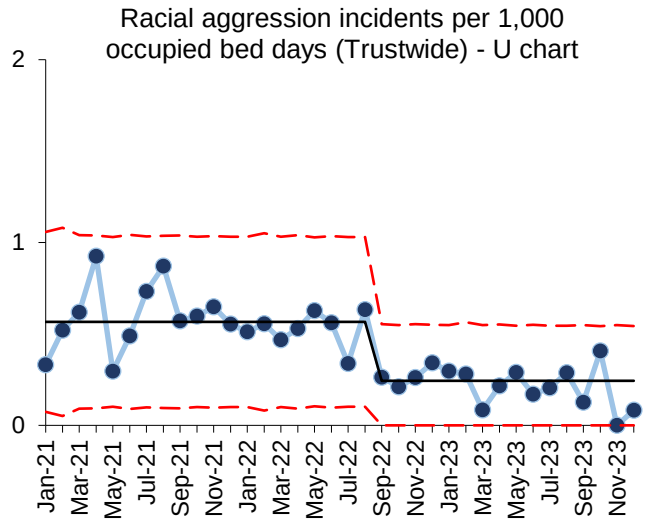
Jul-23
Sep-23
Nov-23


Racial aggression incidents per 1,000 occupied bed days (Trustwide) - U chart
2
1
0
Jan-21
Mar-21
May-21
Jul-21
Sep-21
Nov-21
Jan-22
Mar-22
May-22
Jul-22
Sep-22
Nov-22
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Mar-23
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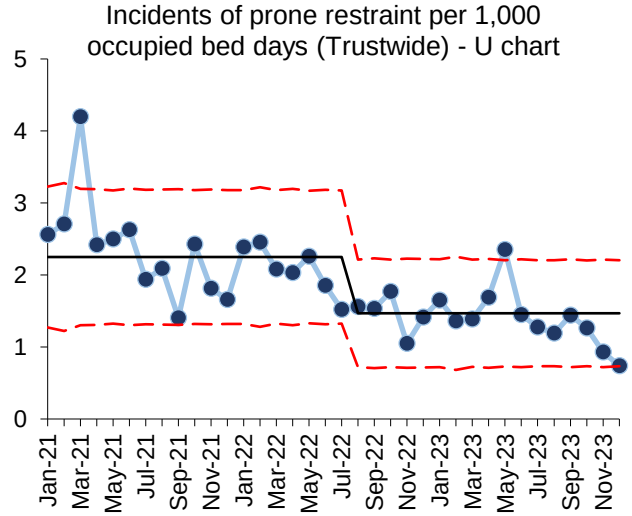
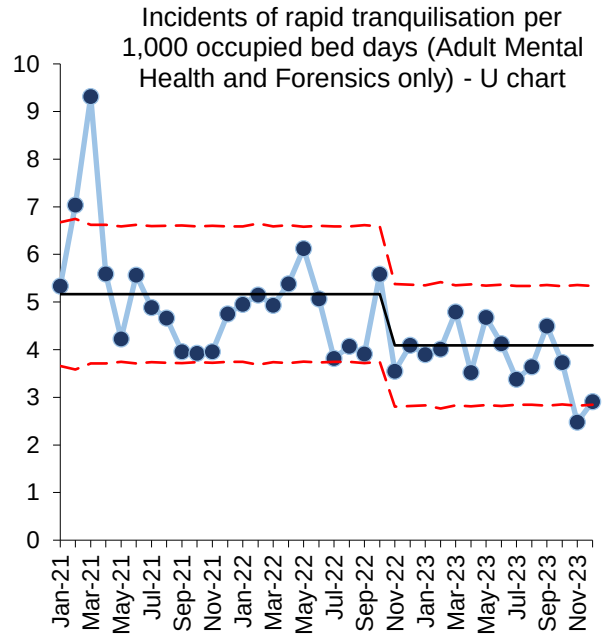
Jul-23
Sep-23
Nov-23


Incidents of prone restraint per 1,000 occupied bed days (Trustwide) - U chart
5
4
3
2
1
0
Jan-21
Mar-21
May-21
Jul-21
Sep-21
Nov-21
Jan-22
Mar-22
May-22
Jul-22
Sep-22
Nov-22
Jan-23
Mar-23
May-23
Jul-23
Sep-23
Nov-23


Incidents of rapid tranquilisation per 1,000 occupied bed days (Adult Mental Health and Forensics only) - U chart
10
9
8
7
6
5
4
3
2
1
0
Jan-21
Mar-21
May-21
Jul-21
Sep-21
Nov-21
Jan-22
Mar-22
May-22
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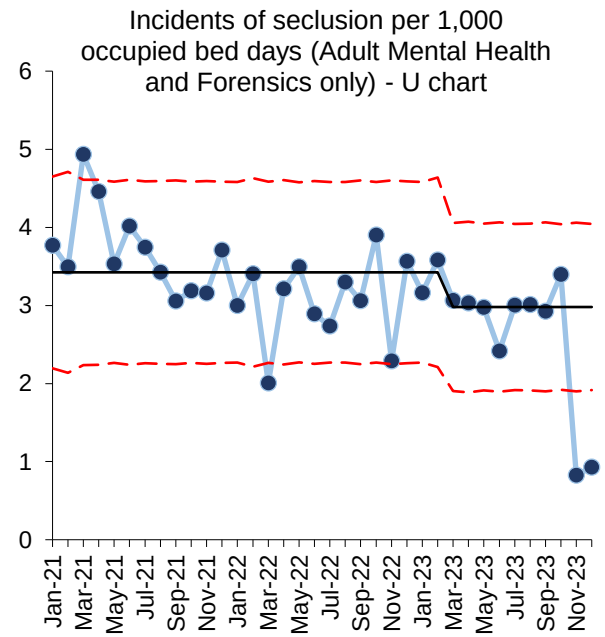
Sep-22
Nov-22
Jan-23
Mar-23
May-23
Jul-23
Sep-23
Nov-23


Incidents of seclusion per 1,000 occupied bed days (Adult Mental Health and Forensics only) - U chart
6
5
4
3
2
1
0
Jan-21
Mar-21
May-21
Jul-21
Sep-21
Nov-21
Jan-22
Mar-22
May-22
Jul-22
Sep-22
Nov-22
Jan-23
Mar-23
May-23
Jul-23
Sep-23
Nov-23

10.10 Until March 2024, the focus of this programme is on testing the three chosen change ideas for therapeutic engagement and observations under different conditions. Subsequently, the work will move into implementation phase, with support to embed the effective change ideas into practice. Additionally, colleagues in informatics and digital teams are developing a longer-term sustainable way to measure and report on reliable completion of observations on our wards. A description of our work and learning will also be written up for peer-review publication, as it is likely to represent the first effort at scale in mental health settings on the topic of observations to achieve these level of results.

11 Improved Staff Experience

11.1 Building the improvement capability of staff and service users across the Trust remains a consistent objective of our QI plan, with various levels of training and support for application available. To date, 1409 staff and service users have completed the Improvement Leaders' Programme, with a further 200 people currently undertaking wave 13 of this programme. Recruitment for Wave 14 will open in January 2024.

11.2 There are 130 active QI coaches across the Trust, all with dedicated time in their job plans to coach one or two teams in their local directorate. Improvement coaches support and guide teams in applying QI methodology to tackle complex challenges within their respective areas.

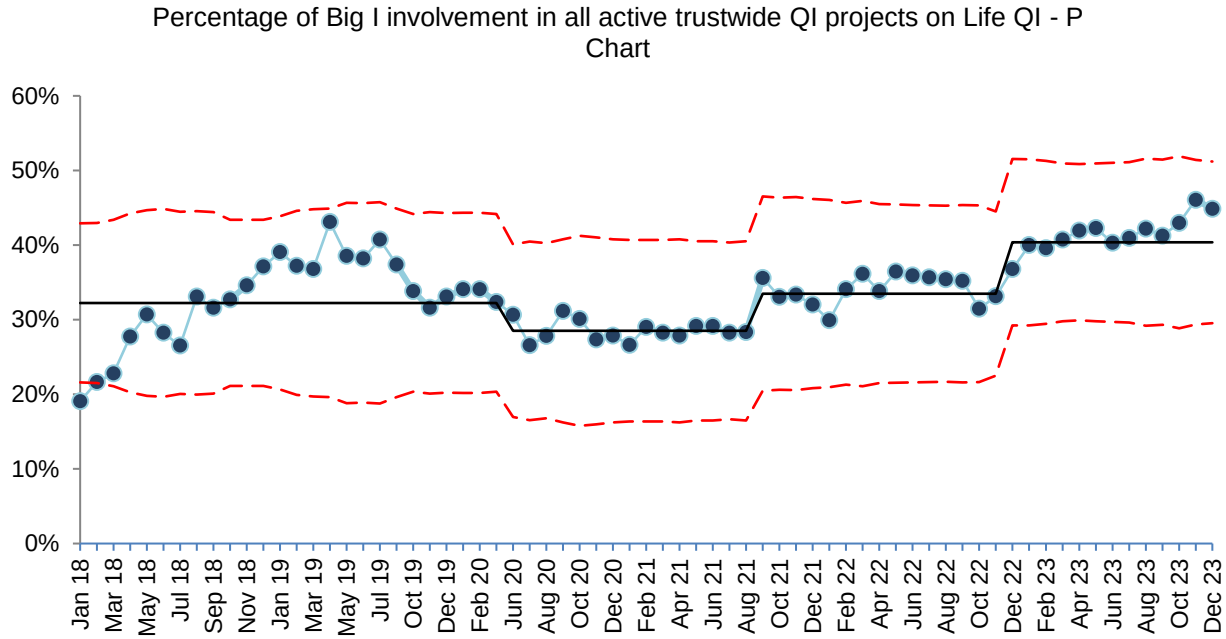
11.3 Pocket QI, ELFT's introductory QI course, offers regular workshops in London, Luton, and Bedfordshire. To date, 3362 ELFT staff members and service users from across the Trust have completed this course, with demand in 2023 being higher than previous years.

11.4 To enable people to brush up on areas of knowledge and skill, and also deepen their understanding, a series of QI masterclasses have been running on different topics, such as rapid-cycle testing, measurement for improvement, qualitative data, publishing QI work, demand and capacity. To date, 507 staff and service users have taken a deeper dive into the application of specific QI methods.

12 Improved service user experience

12.1 The involvement of service users and carers in QI work across ELFT continues to deepen. The pandemic saw a reduction in meaningful and authentic "Big I" involvement – defined as full and true partnership between staff and service users in the improvement effort. Currently, almost 45% of QI projects have service users who are either leading or are active members of QI projects across the Trust, with most other QI projects demonstrating service user involvement in a more ad-hoc or occasional way. A number of factors are contributing to the strengthening service user involvement – including a growth in the number of service users

attending QI training, stronger collaboration between the QI and People Participation departments, and clearer processes at directorate level for enabling service user involvement from the very outset of improvement efforts.



13 Action Being Requested

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

Performance report

January 2024

NHS
East London
NHS Foundation Trust

Title	Performance report
Author Name and Role	Amrus Ali, Associate Director of Performance and Planning 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?

The Trust has seen a slight decrease in the overall waiting list over the last two months, with the largest reductions observed in Community Health services, Talking Therapies, and adult Community Mental Health services..

During November and December, the Trust successfully transitioned to the new incident reporting system (InPhase) and the number of incidents resulting in harm has remained stable. The percentage of service users achieving recovery in talking therapy services continues to surpass the national target of 50%, which is even more impressive when we consider the high proportion of service users from minority ethnic groups, where the data nationally suggests a lower percentage achieve recovery. The percentage of inpatient mental health service users seen within 72 hours of discharge is increasing over time, reaching 79% in December against the national target of 80%.

Access to Rapid Response teams in Community Health Services continues to exceed the national 70% target, achieving 86% in December, despite an increase in the number of referrals. Early Intervention Services are starting treatment within two 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. A comprehensive training package has been developed to support teams to transition away from the legacy Care Programme Approach (CPA).

KEY MESSAGES (continued)

The number of complaints has decreased back to normal levels over the past three months. This is believed to be linked to ongoing efforts to record complaints and PALs queries more accurately and proactively managing concerns through informal resolution. The corporate complaints department recently completed a deep dive into complaints received between April and September 2023, with the key themes being communication, staff attitude, and appointments/cancellation. Analysis by directorate and service level revealed no clear hot-spots, but did show that complaints related to staff attitude were higher across community services than inpatient services. The complaints department has refined Complaints Training to incorporate insights from the deep dive, placing a heightened emphasis on improving communication skills.

The equity section describes work underway to tackle identified areas of inequity. Early indications suggest a closing of the gap in waiting times between people of different ethnic backgrounds, except for those from the 'Other' group. An audit of these cases showed there are data quality issues related to the accuracy of completing demographic information in the clinical system. Further work is underway to address the issues identified. A disparity continues to persist in appointment attendance between residents from more deprived neighbourhoods and those from more affluent areas. The rate of referrals to CAMHS continues to show a disparity between White and BAME communities. Referrals to Talking Therapy from different ethnic groups show signs of narrowing of the equity gap for most groups, except the Mixed group which appears to have much higher rates of access. Dialog scores show that men consistently have higher levels of overall satisfaction with quality of life than women. The report provides detail of activities underway in each of these areas to address these inequities.

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

Bed occupancy remains high at 97% in December. This is leading to a high number of service users being admitted to out-of-area placements, reaching 60 in December and January. This poses challenges for both access to inpatient care, and quality of care for those admitted to an independent sector unit. Teams are actively engaging with care teams in these out-of-area units, to ensure high quality of care, timely discharge and repatriation. Whilst we have 60 people in out-of-area placements, we also have approximately 60 inpatients who are clinically ready for discharge. The delays to discharge are largely related to social care issues, difficulties finding placements and accommodation. In addition, ELFT routinely has approximately 25-30 service users in beds who are from outside our catchment area.

A range of local and system-wide initiatives are in place to tackle these challenges, including utilising step-down bed capacity to mitigate delays to discharge related to housing and social care issues. In Bedfordshire, peer-led consultant ward rounds, led by the Associate Clinical Directors, are helping teams review care plans for complex cases and expedite issues that may delay discharge. In November, Tower Hamlets brought system partners together to complete a 'Perfect week' exercise. The week focused on investigating factors leading to prolonged stays in A&E departments and delays in discharge from mental health beds. Teams have observed positive effects on strengthening relationships and decision-making processes, leading to the initiation of a quality improvement project to sustain progress and learning. In Newham, a stakeholder event is scheduled for February to bring partners together to identify ways to tackle flow challenges and identify ways to improve care upstream, before an admission is required. The City and Hackney service is undertaking an analysis of recent admissions to identify opportunities to strengthen crisis and community mental health services.

KEY MESSAGES (continued)

The number of service users waiting in A&E departments for over 12 hours has increased over recent months, although 80% are still seen within one hour. This has been attributed to a number of factors including bed availability, intoxicated service users requiring additional time to undertake assessments, and a rise in acuity and complexity including those with substance misuse and no fixed abode. Interventions are being introduced within A&E to support service users and staff, from both the mental health and physical health teams. A number of changes are also underway to improve flow across the crisis pathway, including strengthening alternative community crisis provision, merging crisis line, and improving bed capacity and section 136 suite capacity.

Of the 53 services where waiting times are being monitored, 22 have seen an increase. The challenge is especially apparent in the adult ADHD and Autism teams. The plans for adult ADHD and autism focus on the use of digital tools to make the assessment process more efficient, providing greater breadth of resources online for people to utilise while they are waiting, introducing group assessments, and working with primary care to address the referral pathway. Drawing on learning from CAMHS ASD services, the adult ADHD teams are planning to test similar digital screening tools (QB Check and QB Tests) to improve the assessment and diagnosis process and improve capacity. Autism services are scoping the potential use of the Brain in Hand app (a digital self-management system), EBO (an electronic booking system), and NearMe (a video consulting platform) to improve access and enhance the support offer for service users waiting to be diagnosed.

CAMHS is introducing the Lumi Nova digital app across services to support graded exposure and self-management. Tower Hamlets Memory Services has established a "Diagnosis in a day" clinic where service users can receive a full assessment and diagnosis from the MDT on the same day. Whilst demand remains high and waiting lists are growing for some services, the report demonstrates that teams are continuing to tackle this in a systematic way, for example through the use of Time and Motion studies to examine ways to enhance productivity, and introducing creative ideas through quality improvement to manage demand upstream, enhance capacity and streamline pathways, including the use of digital solutions.

Executive Summary

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

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

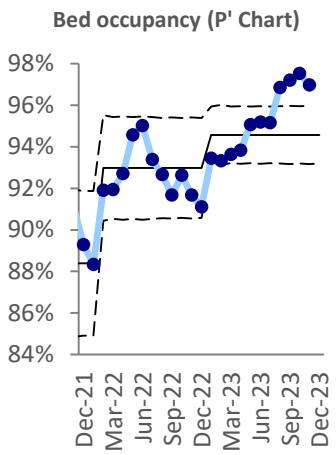
Committees/meetings where this item has been considered

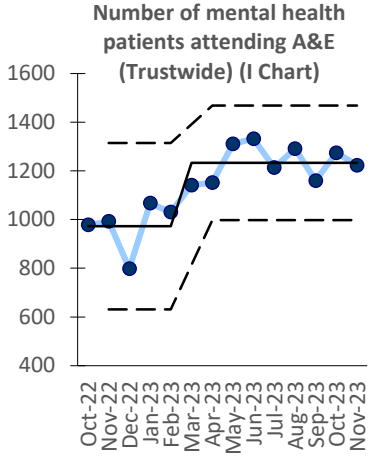
Date	Committee and assurance coverage
Various	Various sections of this report are submitted to the Service Delivery Board, Finance Business and Investment Committee and other Trust committees. Some of the performance information is submitted to commissioners and national systems.

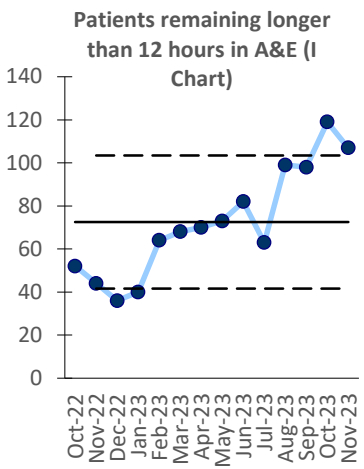
Implications

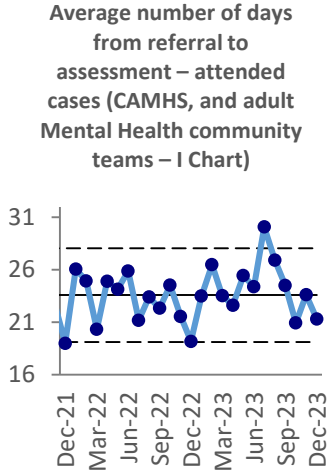
Impact	Update/detail
Equality Analysis	Some of the metrics in this report are designed to improve equalities by ensuring access to services and good outcomes. Analysis of the experience of different groups is undertaken as part of the Trust's inequalities work stream and population health task and finish group.
Risk and Assurance	This report covers performance for the period to the end of November 2023 (and December where data was available) 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.

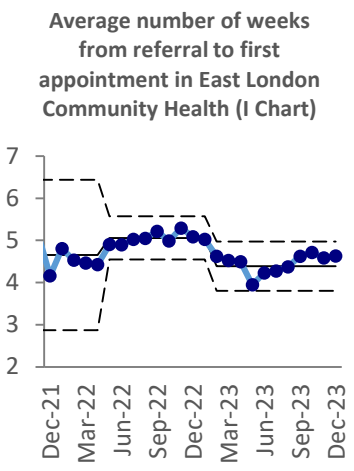
Access and Responsiveness

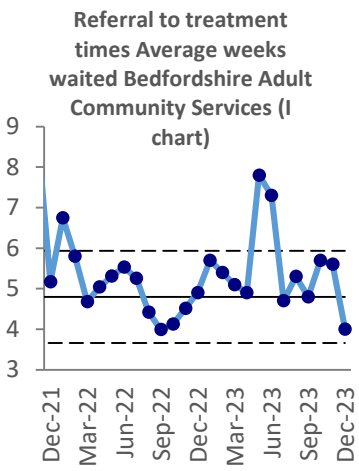


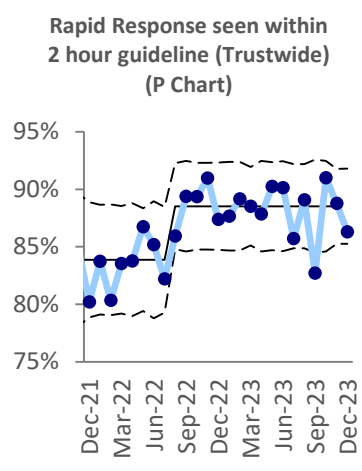












The occupancy of inpatient services remains high, reaching 97% in December. The high occupancy has also resulted in an increase in out-of-area placements by the Trust, going from 11 in September to approximately 60 in January. The main contributing factors are an increase in acuity and complexity of admissions, including a rise in service users with autism and learning disabilities, and delays in discharging people who are clinically ready. At the end of December, there were 30 inpatients in East London and 30 in Bedfordshire and Luton, who were ready for discharge. Most of these delays were attributed to social care, related to nursing or residential placements and packages of care being unavailable.

Several initiatives are underway across BLMK to address these issues. In order to help improve flow, ten community step-down beds are being utilised to address discharge delays associated with housing and packages of care. System escalation processes have also been strengthened, with a process to ensure same-day decisions related to packages of care. Additional consultant ward rounds overseen by Associate Clinical Directors have been introduced after a successful test, providing ward teams with objective challenge around opportunities to facilitate progress and discharge, especially for service users with complex needs. The discharge hub team has recently hired a new social worker who is actively supporting inpatient wards to facilitate timely discharge. This professional identifies service users with discharge challenges at the point of admission, enabling prompt steps to be taken to address potential issues ahead of the discharge date. Similar to East London, the discharge team along with Home Treatment, routinely monitor and review all out-of-area placements to ensure prompt repatriation and discharge. All services have shared positive feedback regarding the implementation of discharge coordinator roles and discharge hubs. These initiatives have cultivated robust working relationships and communication channels between community teams and inpatient services.

Community services are also in the process of establishing a high-intensity user project, which will focus on people who repeatedly access crisis services. The goal is to tackle the underlying reasons for presentations by creating more effective care plans in collaboration with community mental health teams, primary care networks, the voluntary care sector, and local authorities. In addition, a communications campaign has been developed as part of Bedfordshire's winter plans to raise awareness of crisis alternatives to A&E and to assist service users in navigating community crisis services so that they can receive care in the most appropriate care setting for their needs.

Access and Responsiveness

Across East London, an additional twelve mental health beds covering North East London (NEL) were partially opened at the Goodmayes site in December and will be fully available by the end of January 2024. A total of 19 community step-down beds are in place across Newham, Tower Hamlets, and City and Hackney to support people to leave hospital whilst waiting for social care and housing. There are also initiatives to improve psychological support and wellbeing interventions within A&E departments. This entails hourly collaborative 'check-ins' for staff who are responsible for service users, ensuring continuous monitoring of service user well-being and timely escalation of issues. All A&E staff will also receive breakaway training to improve their expertise in mental health nursing care. A new System Coordination Centre across NEL, using a digital platform, will help improve flow across the system.

The number of people seeking help from Psychiatric Liaison Services within A&E departments remains steady, with 80% of service users being seen within one hour of arrival. However, the number of service users waiting more than 12 hours in the department continues to increase, particularly across City and Hackney and Tower Hamlets. This is due to a number of factors, including limited assessment room and team capacity, delays with physical health investigations, intoxicated service users that require additional time before an assessment can begin, a rise in substance misuse and homeless presentations, and limited bed availability. To ensure patient safety, all service users waiting in the department are reviewed on a regular basis, and if they exceed 12 hours, the psychiatrist or liaison nurse, or the duty doctor out of hours, conducts a review of mental state, capacity, and consent. All services are now collecting service user feedback through text messages to help improve the service. Services are considering using bed and breakfast for service users who have been admitted informally, but are awaiting a bed, in order to improve experience of care and reduce delays in A&E. A recent initiative in Tower Hamlets during the “Perfect Week” exercise has encouraged staff to make contact with the appropriate primary care network or community mental health teams to support the assessment process in A&E. This joint collaboration has helped expedite decision-making, improve care planning, and prevent admissions. Additionally, the service has secured winter funding to recruit a medical member of staff to work in the crisis team out of hours. making it better equipped to manage increasingly complex presentations and reduce the need for A&E referrals.

The amalgamation of the three East London crisis line services into a unified service across East London is in the final consultation stages with staff, and is due to go live in February 2024. Through more efficiently pooling the skills and resources of crisis line staff, this initiative seeks to improve the responsiveness of community crisis provision. Services estimate that currently 15-20% of calls to the crisis line are abandoned by service users, potentially resulting in unmet need. Additionally, this service will free up clinical capacity across Crisis and Home Treatment Teams to facilitate early discharge from inpatient services and provide more crisis prevention support to service users in the community to reduce the risk of relapse.

In City and Hackney, a senior nurse is now routinely on shift with the Psychiatric Liaison team to help redirect service users appropriately to the Raybould Centre Crisis team, where they can be assessed for their mental health needs and provided support in the community. The service is also undertaking an analysis of recent admissions to identify opportunities to strengthen crisis and community mental health services. This entails mapping every service user's admission along with all associated crisis and community appointments (attended or not) before admission to ascertain whether sufficient support was given or whether any gaps need to be filled by the recently redesigned community services.

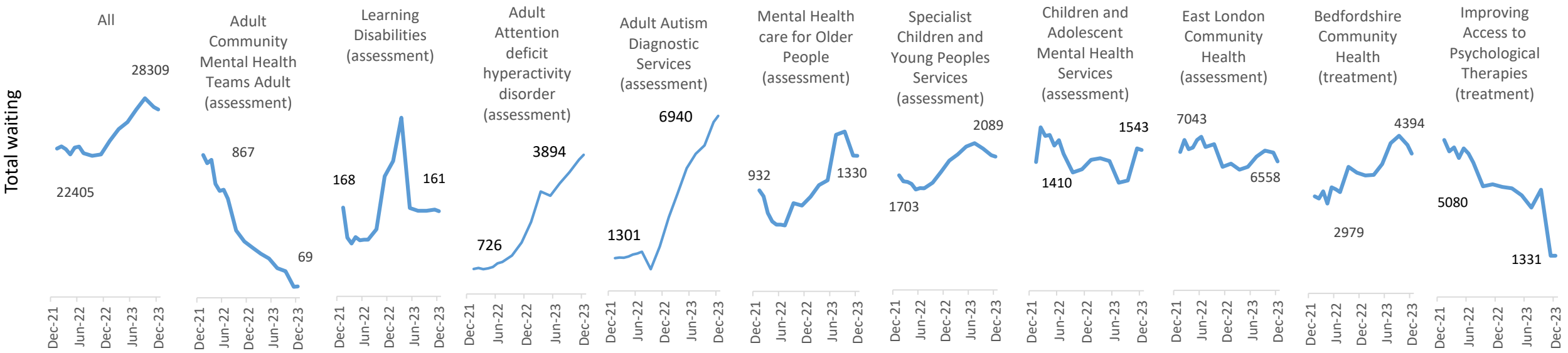
Access and Responsiveness

A similar analysis of admissions is being conducted across Newham mental health services to help prepare for a stakeholder event in February. The goal is to bring partners together to explore changes that could take place earlier in the service user journey to avoid the need for admission. The group will also look at changes that can be made during admission in order to improve the discharge process, and identify high impact changes that have the potential to improve quality and experience of care. Preliminary data analysis indicates that, even though community-based support is being provided, this is not always resulting in the prevention of an admission. As a result, there may be more opportunities to strengthen the borough's community and primary care neighbourhood offer, including how we improve access and engagement with community crisis provision such as the crisis café and other community support hubs. Additionally, alongside the introduction of step-down beds, the service has implemented 'step-up beds' modelled after Tower Hamlets Crisis House service. These beds offer respite care for service users seeking a reprieve from their home surroundings or facing the risk of relapse but who do not meet the threshold for an admission to an acute ward.

In November, Tower Hamlets initiated the "Perfect Week" exercise in collaboration with system partners and senior leaders to address acute flow. Learning from a similar exercise in Luton and Bedfordshire, the leadership teams of each organisation convened twice a day for a week, with the aim of reorganising workflow, coming up with creative solutions, and pinpointing areas that needed to be improved through the service user journey — from emergency care to inpatient care and beyond. The week focused on managing demand and capacity challenges across all services, investigating factors leading to prolonged stays in emergency departments and inpatient mental health beds, proactively monitoring service user well-being in the community, and facilitating early discharge. Many themes were recognised and addressed, including improving communication and collaboration between partners, raising awareness of alternatives to A&E, tackling social care and housing delays, maximising staffing capacity, tackling rising demand upstream across community services, and unblocking issues related to service users with substance misuse not meeting accommodation referral criteria. One change introduced has led to closer working with housing providers and the local drug and alcohol service to support service users in accessing accommodation. Another idea centred on relaxing the access criteria for step-down beds to better serve the requirements of service users, while also mitigating discharge delays on inpatient wards. The testing of community teams participating in assessments of service users in A&E who are known to them, has demonstrated potential for improving flow, and is currently being implemented as standard practice. A quality improvement project on flow is being established as the next step to take the ideas forward from this one-week simulation.

Following an unusual drop in previous months, the percentage of service users seen within 2 hours by Rapid Response teams across Community Health Services has returned to normal levels. Performance continues to exceed the national 70% target, with 86% achieved in December. During the last two months, services have seen an increase in demand from acute hospitals and ambulance services, rising from 484 referrals in November to 572 in December.

Access and Responsiveness



Waiting times are being monitored across 53 teams within the Trust. Of these teams, 17 are seeing a decrease in their waiting lists, 22 are seeing an increase and 16 remain stable with their waiting lists. 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.

Trustwide programmes of work are underway across adult Autism and ADHD services. In exploring digital solutions, a meeting has been held with QbTech suppliers to understand the cost implications of the QbCheck or QbTest solution. QbTest is a digital option that requires a face-to-face appointment to monitor attention, impulsivity and activity. QbCheck is a solution that allows a similar assessment to be conducted virtually using computer-based solutions. Adult services have met with external NHS providers and internally with the City and Hackney children's ASD service, where the QbTest has been in place for more than two years, and teams have provided overwhelmingly positive feedback. The two pilot sites for testing these two solutions are the ADHD services in Newham and Luton & Bedfordshire. An option appraisal is currently underway to determine the preferred solution, agree on an operational model, and secure funding before testing can start.

As part of work with primary care on the referral process, a training session was recently conducted by a clinical psychologist in Tower Hamlets with primary care colleagues in East London to help streamline referrals. A survey has been produced to gather feedback from GP colleagues and this will help to inform the design of future sessions.

ADHD services across the Trust continue to meet regularly to progress a range of initiatives that have been identified to tackle waiting lists. Five key ideas are being explored across the boroughs including: co-producing a dedicated web page with a range of 'waiting well' resources over the next 2 months; exploring group interventions; developing pre and post diagnostic support through Recovery Colleges; streamlining the assessment process through digital solutions or exploring alternative assessment questionnaires that are available; maximising staff roles and responsibilities; and stratifying caseload depending on complexity and risks.

Access and Responsiveness

The group is currently working with the Communications team to redesign the ADHD and Autism websites using leaflets and booklets that City & Hackney and Tower Hamlets have developed. The plan is to design a comprehensive website that will host resource packs and guidance, signpost service users to other support services and include videos and blogs around self-management. The project team is working closely with all the Recovery Colleges to offer pre-diagnostic support and/or ADHD self-management courses to make full use of the College's skills and expertise to support service users while they are on a waiting list. A meeting is due to be held with the Recovery Colleges in each borough to co-design sessions that meet the needs of service users on the ADHD waiting list, understand how many people the courses can accommodate and a projected start date.

The ADHD referral forms for Luton and Bedfordshire were reviewed and presented at the People Participation Working Together Group. A new and more user-friendly referral form has been created based on the feedback and is now live in the clinical system. The service will be monitoring the quality of referrals to ensure that the team minimises the time administration staff spend seeking additional information, which can cause delay to decision-making and the assessment process. An operational model is currently being developed to determine how the QbTest or QbCheck could be introduced in a way that impacts waiting lists most effectively and reduces overall assessment times.

As part of the Trustwide Autism project, a review of three potential digital solutions was undertaken in November: Brain in Hand (a digital self-management system), EBO (an electronic booking system), and NearMe (a video consulting platform). Of the three options, it was felt that Brain in Hand and EBO could fit nicely into our clinical pathways and as such, a more detailed options appraisal is being undertaken to answer some of the questions that the project group highlighted around cost, functionality, and impact. The project group is also looking at improving digitally accessible resources around 'waiting well' which is hoped to be made available on the newly designed website covering both ADHD and Autism services. Teams are currently working with service users to understand what they would find useful to access, including videos, blogs, and signposting to alternative support. In an effort to increase productivity and efficiency, the services also plan to make the referral form available online. This will encourage service users to fill in the required information ahead of time, releasing clinical time for staff who would sometimes collect this information on the phone. The lead for the CAMHS Autism transitions workstream is currently developing a smooth handover and transition process between CAMHS and Adult Autism Services, which will be presented at the next project meeting for feedback.

Specialist Psychotherapy Services (SPS) waiting times in City & Hackney have been seeing an increase in the number of people waiting for assessment from 150 to 160 in the past three months. The team has been offering first and second appointments on referral acceptance which has meant that service users are getting a more meaningful assessment quicker than in the previous system, since assessment and treatment are being delivered in one appointment. Work has started on investigating the capacity of the team by looking at appointments being recorded by staff members against their work plans. Staff members' records of contacts have been found to differ significantly, and this will be addressed over the next three months. In Newham, the service is starting to see a stabilisation in demand, however, this is still higher than the available capacity within the service. The number of service users waiting for assessment has increased from 68 to 82 in the past three months. Short-term solutions are being explored such as offering additional bank shifts for assessments.

Memory Services, particularly in City & Hackney and Tower Hamlets, are seeing an increase in their waiting times for treatment. In City & Hackney, the average waiting time from assessment to treatment has increased from 11 to 13 weeks in the past three months. A GP with special interest has recently started working one additional day each week. Two senior nurses have also been able to offer support with initial assessments and feedback sessions, which has meant that since November, the team has managed

to see 25% more service users than the previous 6-month average. In Tower Hamlets the number waiting for treatment has increased from 99 to 118 in the past three months. The service has established a "Diagnosis in a day" clinic where service users can receive a full diagnostic assessment from the MDT and receive their diagnosis on the same day. The "Diagnosis in a day" clinic operates as a specialist psychiatry and cognitive neurology clinic, which includes provision to diagnose complex presentations with a neurological component. The service continues to maintain a collaborative partnership with the Royal London Hospital's imaging department. Through this partnership, a more efficient imaging pathway has been developed. The number waiting for assessment has started to decrease from 99 to 94 service users. The service is currently reviewing the feasibility of establishing an 'out of hours' weekend assessment clinic.

Primary Care Network (PCN) mental health teams in East London are also starting to see an increase in their waiting times. In City & Hackney, a new referral screening process was introduced in September, where all referrals to the neighbourhood teams are first screened by an allocated member of staff. A new process for requesting outpatient appointments has been put in place, as part of a quality improvement project to make sure appointments are scheduled appropriately and with the right professional. While the effects on the overall waiting list are likely to be observed in the coming months, the team is seeing a decrease in the amount of time it takes to receive and accept the referral. The team is observing an increase in the number of appropriate referrals, which is reducing the time taken to divert inappropriate referrals to alternative services.

In Newham PCN mental health teams, particularly in Stratford, there has been a focus on understanding long waits within the teams in recent months. Teams have observed that a significant number of long waiters are attributed to service users not actively engaging with their scheduled appointments or at-home visits. The service maintains a list of these service users and are attempting alternative forms of contact, including engaging with friends and family, where deemed necessary, to ascertain if further care is required. Across Tower Hamlets PCNs, mainly in Bethnal Green, the teams are experiencing an increased demand for medical reviews, and the team is exploring different ways to manage this demand, including utilising different professionals in the team to ensure that these needs are met. Working groups have been set up in each area to understand staffing across the neighbourhood teams to understand any variations in the borough. Weekly meetings are in place to review this regularly and establish efficient processes to ensure service users are referred to the correct professional in a timely manner.

The quality improvement project in Tower Hamlets Extended Primary Care Teams (EPCT) aimed at ensuring all new service users receive an initial therapy assessment within 6 weeks of referral acceptance continues to progress. The team is currently reviewing the results of the time and motion study to help map clinical and non-clinical activity. This has helped to identify that clinicians are spending a lot of time undertaking admin activities and the number of appointments that are carried out varies between clinicians. Plans have been put in place to ensure that admin staff are leading on booking, rearranging and cancelling appointments, instead of clinicians. Two further ideas have from the time and motion study. The first involves therapists offering new initial therapy assessments daily, and the second idea involves reviewing and standardising staff activity for all therapy roles in EPCT.

The Newham Diabetes team has started to observe a growing waiting list and is developing a recovery plan. In September and October, the service observed an increase in referrals due to the Freestyle Libre initiation. FreeStyle Libre is a flash glucose monitoring application that allows service users to self-monitor their glucose levels. Currently, the Diabetes service in Newham only sees service users with Type 2 Diabetes, however with the launch of FreeStyle Libre, the service is seeing an increase in the number of

referrals for both Type 1 and Type 2 Diabetes. Since this is currently not covered by their service level agreement, the service is meeting with the ICB to find out if there is any additional funding available to support service users who have Type 1 Diabetes.

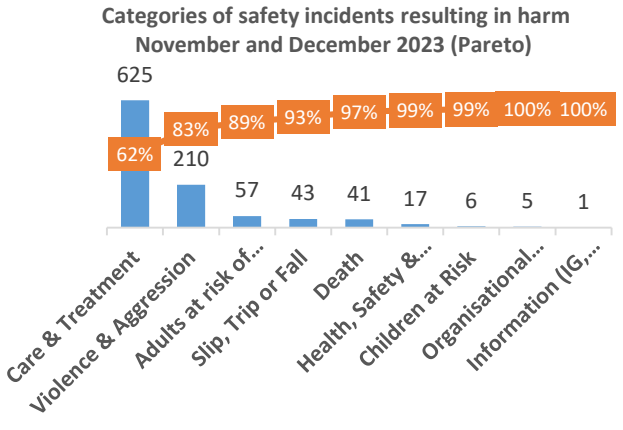
Across Community Health Services, the Foot Health Service in Newham has experienced a 50% reduction in clinic capacity. Immediate plans include repurposing one of the rooms into a nail surgery clinic as there is currently no appropriate clinic room available. The team is liaising with the Estates department to identify short-term residual clinic space. One of the options includes looking at acquiring additional capacity at the Copper Box Arena which, if successful, would increase capacity for follow-up contacts to 7,000 a year. The service is also considering reaching out to private providers to outsource a portion of their long waiters and a review is underway to identify appropriate providers and understand the cost implications.

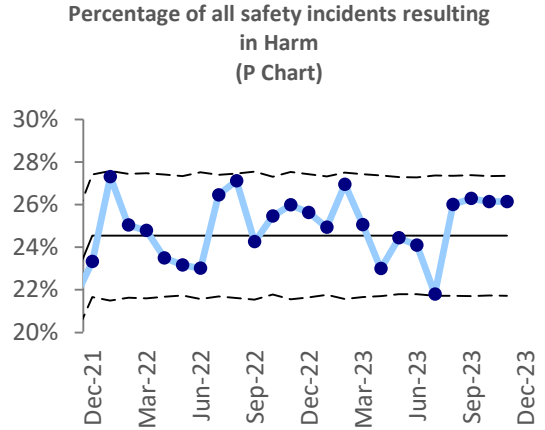
Challenges in Bedfordshire Community Health Podiatry services remain within the MSK service, due to the limited available capacity. The podiatry service is currently prioritising strengthening its information for GPs, ensuring that the website has more information added that will give GPs more ways to support their service users. This will consist of leaflets and QR codes with links to further online information and resources. So far, this has resulted in a reduction in the number of referrals received by the service from an average of 79 to 63 in December. The service continues to prioritise children, which has impacted the waiting times for adults and resulted in a 17% increase in caseload. An action plan has been developed and immediate next steps agreed. These include adult education group sessions to support self-management as well as launching Continuing Professional Development (CPD) events to support in-house training for staff and training for referrers.

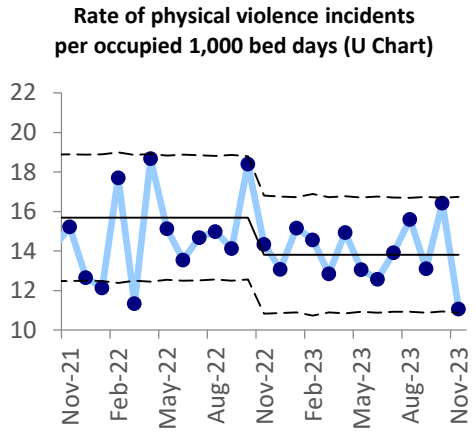
As highlighted in Appendix 1, 71% of referrals to perinatal services were seen within 28 days, with the target being 80%. This represents an increase from previous months, however, the increase in referrals means the service continues to be below target, particularly in Luton & Bedfordshire. A meeting was recently held between the perinatal service in Luton & Bedfordshire and corporate performance for some dedicated support around demand and capacity. A time and capacity audit has been carried out to understand how many assessments and follow-up appointments are undertaken in a working day, how much time is spent traveling, and how much time is spent undertaking admin tasks. This is currently in the process of being analysed to get a clearer indication of actual capacity in the service, which will then lead to discussion about potential changes to the way the service operates.

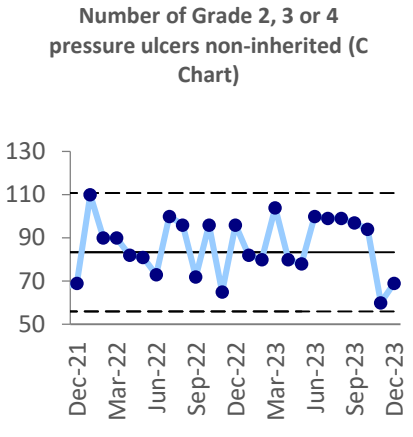
Early Intervention Services continue to exceed the national target of 62% of service users commencing treatment within 2 weeks of referral, achieving 76% in November.

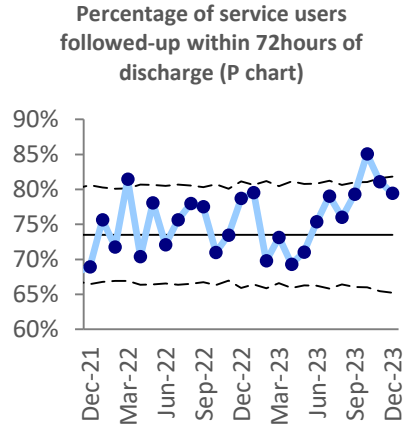
Safety











The Pareto chart above shows the overall distribution of reported incidents in November and December, with 62% of reported incidents related to Care and Treatment and 21% related to violence and aggression. The main care and treatment incidents related to pressure ulcers across Community Health services. The total number of pressure ulcers resulting in harm within ELFT has decreased from 94 in October to 69 in December. This decrease has been especially noticeable in Bedfordshire services, which reduced from 71 to 37 in the same period. This reflects a reduction in moderate to severe pressure ulcers, with a rise in low grade incidents. Services are monitoring the overall decrease and have not identified any immediate concerns. Local case audits in Bedfordshire have identified good practice in terms of a prompt referral to the Tissue Viability team and strong collaboration with the continence service, providing consistent advice on repositioning and hydration to service users, involving a Specialist Palliative Care Nurse for effective pain management, expediting equipment orders and maintaining comprehensive documentation and monitoring of skin conditions.

The percentage of safety incidents that result in harm remains stable. The Trust completed phase one of the InPhase Project in November, transitioning from the existing risk management system for incident reporting and complaints. Phase 2 is currently underway, with live Patient Safety Alert and Claims applications, with various other applications to follow in February and March 2024 as part of phases 3 and 4. Despite encountering a few obstacles, the initial feedback from staff has been largely positive. They find the system intuitive, user-friendly, and more accessible due to the implementation of single sign-on. This feature enables users to log into the system using NHS mail credentials from any device and location, such as during home visits or while working remotely. The new system provides improved reporting and data analysis, bringing information previously captured on multiple platforms together in one location. There is ongoing monitoring of incident reporting numbers to identify any potential decrease in incident reporting and staff engagement. Initial findings show a total of 2257 incidents reported in December 2023 using InPhase, compared to 2526 in December 2022. There is a 10% reduction in reported incidents compared to the 12-month average. The requirement to include a mandated set of questions within our own incident form to meet national reporting requirements, has increased the time it takes to complete an incident form, and staff have noted that some of the mandatory questions are more acute hospital-focused rather than mental health-focused, which can be confusing. The project team is now delving into the data to identify areas of low reporting to implement actions to assist staff in addressing these.

Safety

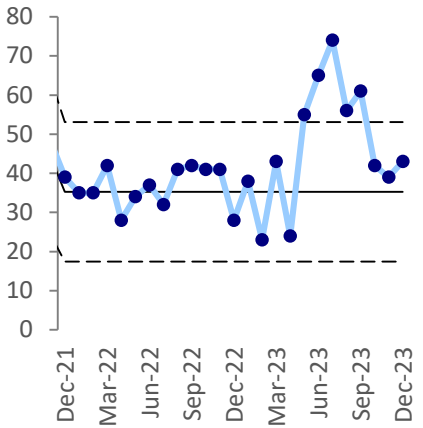
In Newham Community Health inpatient wards, personalized boxes have been tested in order to reduce safety incidents. These boxes, containing a "This is Me" booklet and items reflecting service users' interests, contribute to improved health and wellbeing, de-escalating situations. "This is me" is intended to provide professionals with information about the person with dementia. This is aimed at enhancing care and support given while the person is in an unfamiliar environment. Staff have reported that this approach has been particularly effective in managing service users at risk of falls by reducing agitation. Ongoing staff training ensures that the boxes are used correctly and encourages active engagement with service users. This work is part of the inpatient quality and safety programme, described more fully in the quality report.

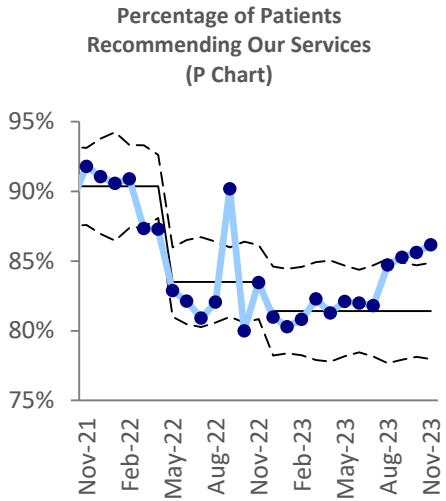
The percentage of service users followed up within 72 hours of discharge from mental health inpatient care continues to progress well across most services, achieving 79% in December. All services except Newham achieved the national 80% target. Wards in Newham have described difficulties in reaching out to service users after discharge due to a growing population of service users without a means of communication, living outside of Newham, or with no permanent home. Staff are exploring potential solutions, such as supplying mobile phones to service users and assigning a dedicated staff member to have conversation with service users to prepare them for the contact after discharge.

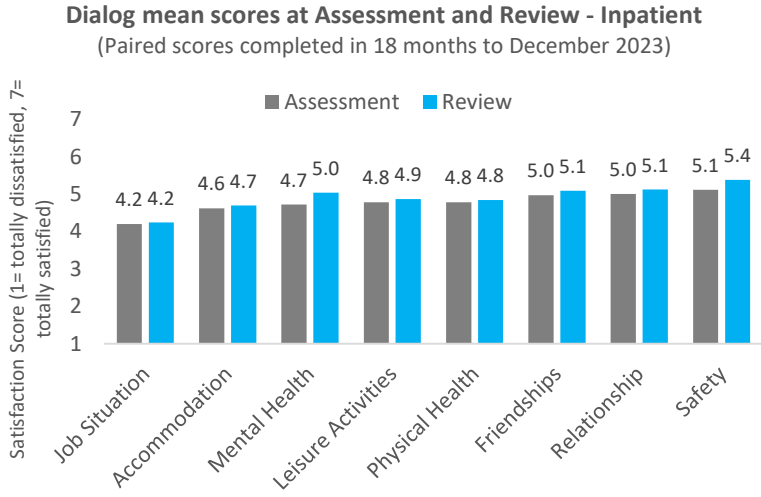
City and Hackney has consistently achieved the 80% target over the past 3 months, which is encouraging. Learning from wards that obtained 100% has been shared with all teams, highlighting the positive impact of nominating a clinician responsible for follow-up contact and allocating time during the daily huddles to ensure follow-up contacts were successfully completed or handed over to the next team on shift. In addition, the team reviewed all instances where contact was unsuccessful and discussed ways to avoid recurrence. Ward administrators have been crucial in validating contact information while service users are on the ward to ensure that the correct details were recorded in clinical systems, which improved the chances of successfully contacting the service user.

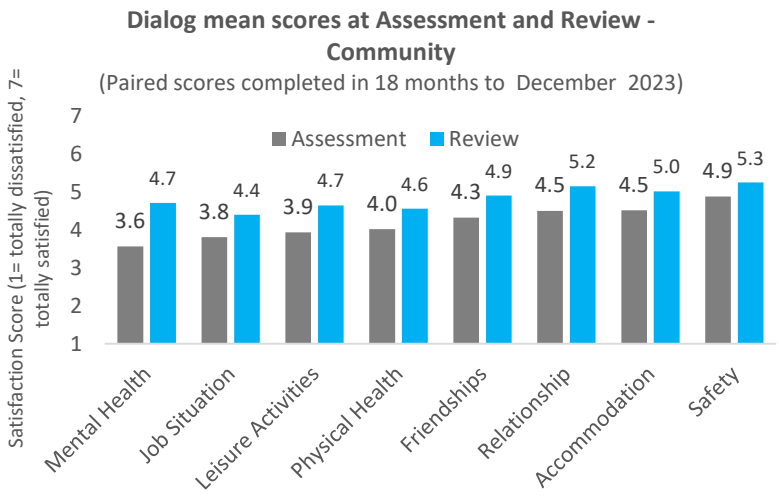
In Luton & Bedfordshire, services continue to exceed the target, achieving 95%. Teams have delivered training sessions to new and existing staff to support completion of this task, with notable attendance rates. These sessions encourage staff to communicate with service users prior to discharge, explain the purpose of the follow-up, and inform them of what to expect after discharge to ensure safe discharge from hospital care. The sessions also help staff understand how to have a high-quality follow-up conversation with service users, what questions to ask during the contact, and how to manage risks.

Experience and Outcomes









The number of complaints has decreased over the past three months, returning to normal levels. This is believed to be linked to ongoing efforts to record complaints and PALs inquires more accurately and proactively managing concerns through informal resolution. The corporate complaints department recently completed a deep dive into complaints received between April and September 2023, with key themes revolving around communication (56 complaints), staff attitude (64), and appointments/cancellation (19). Analysis at directorate and service level revealed no clear hotspots, but did show complaints related to staff attitudes were higher across community services than inpatient services. The complaints department has refined complaints training to incorporate insights from the deep dive, placing a heightened emphasis on communication skills. The extended version of this training equips staff with tools and advice for resolving local issues and communicating effectively during investigations. Training sessions, aligned with new complaint standards that prioritise communication, will be conducted by both the complaints department and the Parliamentary Health Services Ombudsman (PHSO). The deep dive findings will be shared with the Patient Safety Forum, and through other Trustwide communications channels to ensure widespread awareness and learning of common complaints themes.

The percentage of service users who would recommend our services has continued to increase in the past couple of months. The new platform which was launched in November brings a more intuitive and improved user experience, with enhanced accessibility to help service users provide feedback. Early indications are encouraging, with 1042 responses in December (from go-live on the 4th to the 29th), compared to an average of around 1500. Feedback is currently collected via web links, QR codes and SMS. In January, an app will be introduced for all mobile devices to enhance collection during clinical contacts. The QA team conducts drop-in sessions at key trust sites to offer support, with more planned in January, including virtual sessions. Exciting Power BI data visualisation dashboards have been developed, which include natural language processing, and training and awareness sessions will be provided from January to assist services in better understanding and utilising feedback received.

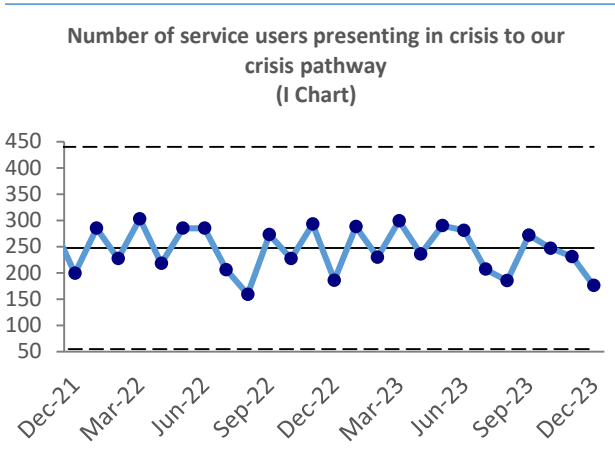
Experience and Outcomes

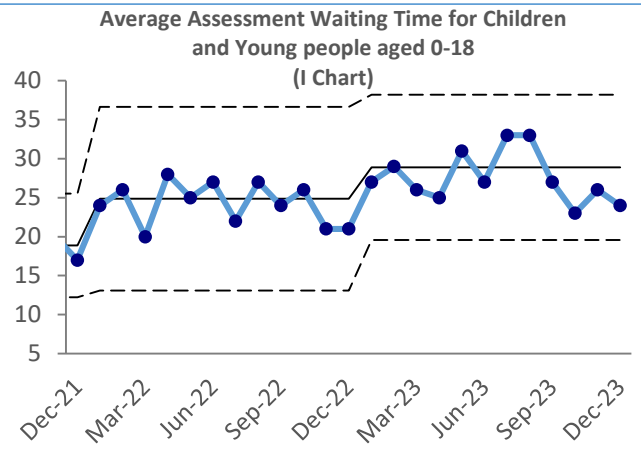
The Dialog outcome charts show improvement in average scores between initial assessment and subsequent review, for both inpatient and community-based services, across all quality-of-life domains. The Community Mental Health Transformation programme has developed a replacement framework for Care Programme Approach (CPA) and circulated to teams. This document provides guidance to implement DIALOG and DIALOG+, sets out the role of care coordinators in developing personalised care plans, establishes a minimum standard for care, ensuring that this meets the needs of the service user and carers, and places emphasis on maintaining safety of care. In addition, a comprehensive training package is due to be delivered to all inpatient and community mental health services across ELFT. This will include an overview of the vision for DIALOG as a Quality-of-Life outcome measure in the context of personalised and recovery-focussed care and support planning, best practice on DIALOG documentation, an overview of how named key workers should use DIALOG and a summary of the suite of associated tools and approaches that might enhance an individual's care, including Personal Health Budgets, Patient Held Records, or access to specific 'personalised care roles' including community connectors, social prescribing link workers or health and wellbeing coaches. Consultations are also taking place with services that are not currently using DIALOG to find out why they are not engaging and co-design the framework to better meet the needs of service users. For example, perinatal services are thinking about including questions about mothers and babies specifically. The proportion of perinatal service users who have completed an outcome measure has increased to 54%, exceeding the national target of 40%. Learning Disability services are reviewing the format to ensure it is accessible for service users.

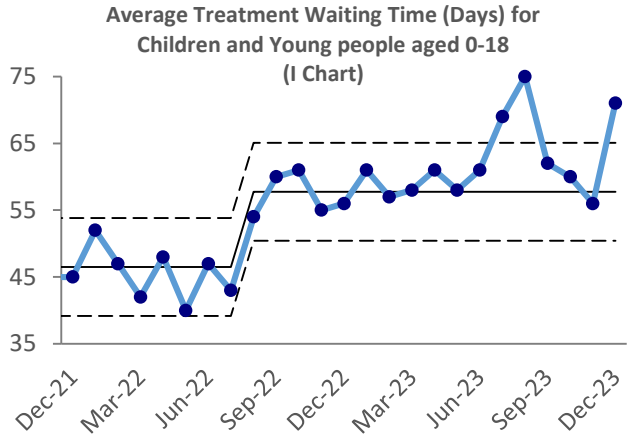
The percentage of service users receiving support from employment services through Individual Placement Support (IPS) remains stable at 15%. This is a key long-term-plan indicator, is an important priority for service users and the Trust's population health strategy over the next year. ELFT will host an employment conference in April 2024 to share examples of good practice across the Trust with regards to employment support.

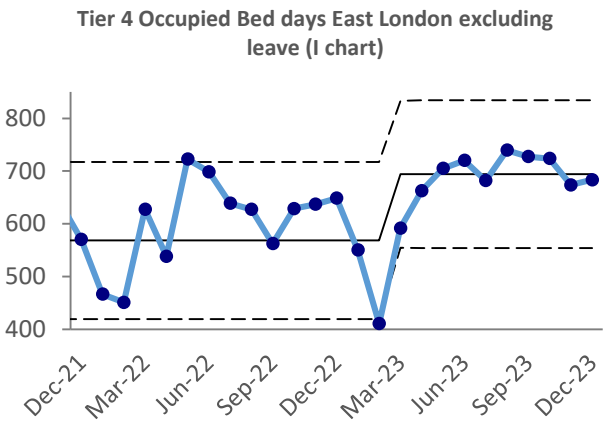
The percentage of service users achieving recovery in talking therapies exceeds the national target of 50%, achieving 51%. This compares favourably to the national average of 48%. The proportion of service users who respond positively to the Patient Experience Questionnaire (PEQ), which is administered at the end of treatment, has decreased from 91% in October to 87% in November. This relates to a small number of responses from Tower Hamlets and Newham, which were associated with low scores on questions about the information and support they received. Services review all survey feedback on a monthly basis, and have noted some service users have highlighted that they want treatment sessions for longer durations than the service can provide. In some instances, where clinically appropriate, this will be offered. However, this is not always possible due to the service specification and because their on-going needs may require support from alternative services such as secondary care mental health teams. Conversations are underway to develop plans with wider mental health services to improve access and support for these service users and ensure there is good communication and handover. A population health fellow is now in post within the talking therapies service focusing on improving access and outcomes across North East London, offering dedicated project management support around inequalities and recovery.

Children and Young People









The number of crisis presentations is stable at 230 in December. All CAMHS teams are meeting their Long-Term Plan access targets for urgent and routine referrals for the Eating Disorder Service.

Across Newham, Tower Hamlets, Bedfordshire and Luton, CAMHS have started offering free access to Lumi Nova - a digital therapy in the format of a mobile app to help children and young people learn to self-manage, reduce symptoms of anxiety, build resilience and thrive. This platform was initially tested in March in Newham and has now been launched across Tower Hamlets, Bedfordshire and Luton. This platform facilitates graded exposure based on Cognitive Behavioural Therapy (CBT), which is the most effective treatment for anxiety. Many service users have expressed feeling more independent, confident in expressing challenges, and equipped to manage anxieties.

In Bedfordshire CAMHS, waiting lists have increased from 204 to 217 for assessment and from 176 to 242 for treatment. Autism services within CAMHS are contributing to the majority of this increase and dedicated demand and capacity support is being provided to the team. The team has recruited to an assessor role but is reliant on temporary staffing to conduct assessments. Due to limited capacity in the team, some of these assessments are being outsourced to a private provider as an interim measure. The team is hoping to recruit to their vacant positions by January. The demand and capacity work includes the use of a time and capacity audit for the service to complete based on current capacity levels to understand how much time is being spent on clinical work and identify how to improve efficiency and productivity.

In Tower Hamlets, the waiting list continues to decrease from 215 to 208 for assessment and has increased for treatment from 109 to 130. The QI project is ongoing within the services, collecting feedback through digital surveys and feedback forms to identify potential improvement ideas. The team are focusing on analysing the data this month and begin testing ideas based on the feedback received.

In City & Hackney, the waiting list has decreased from 153 to 144 for assessment and increased for treatment from 86 to 96. Group therapy sessions remain ongoing as these have proven effective in reducing the waiting list. Targeted training with staff is underway to ensure that staff are on-hand to deliver these sessions and improve engagement.

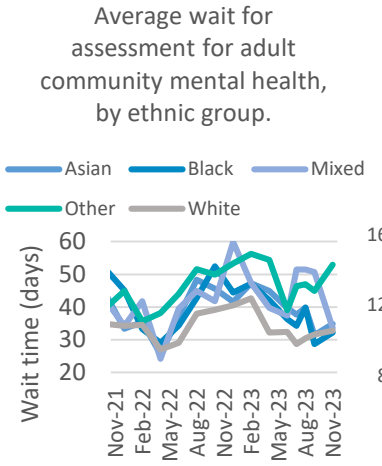
Children and Young People

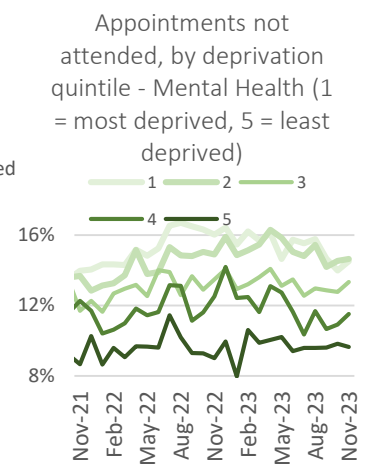
Newham CAMHS is conducting a deep dive into their demand and capacity data. The team has discovered that 38% of referrals are inappropriate to the team and have to be diverted back to GPs. The service is updating the CAMHS website to make the scope of the service clearer, and user-friendly, including information about the services on offer, as well as resources to direct service users to other forms of support. The team also hopes to expand the website further to include videos, blogs, and materials to support self-management for those on the waiting list. Specific resources are being developed around bereavement, cancer, and for LGBTQ+ service users as part of the "waiting well" programme. The dedicated group lead is due to start in post in January. Staff job plans are currently being reviewed to ensure that group sessions and interventions are a part of their job plans. The long-term aspiration is to introduce group therapy sessions for low-complexity cases rather than one-to-one appointments. The team anticipates a reduction in their waiting lists once the group sessions begin to take effect. Currently, two staff members co-lead groups at any one time. Once the group lead is in post, there will be more capacity to train staff in delivering group sessions so that one member of staff can run these alone. The allocation spreadsheet is currently business as usual, however, some clinicians have expressed that the allocation spreadsheet does not reflect the reality of the workload especially if they are tackling some complex cases. A review of the spreadsheet is being undertaken to allow some flexibility around the time spent on different cases depending on complexity.

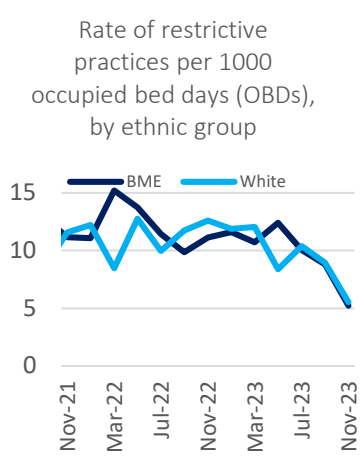
The SCYPS Speech and Language (SLT) team data shows an increasing demand for the service, from 129 referrals to 256 referrals in the past 3 months. The service has been successful in recruiting to all vacant positions; however, the service is currently in the process of developing a plan for March 2024 when fixed-term funding expires. An initial recovery plan has been developed and ELFT is currently in the process of 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.

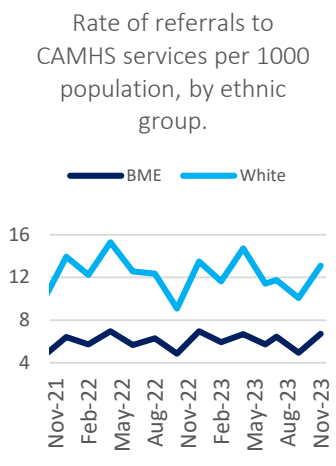
Across SCYPS Autism Spectrum Disorder services, the waiting list has increased from 814 to 856 in the past three months. A meeting was held in December with corporate performance to design a demand and capacity workshop. As part of this work, a bespoke training session is being designed to equip the team with the necessary demand and capacity tools to maximise efficiency and productivity within their service.

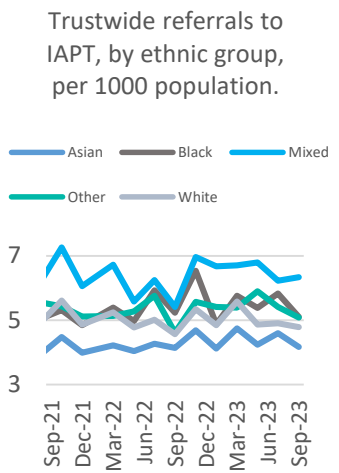
Equity and Equality

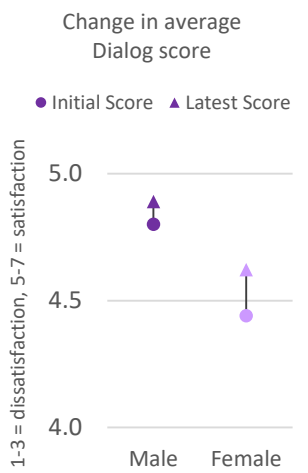


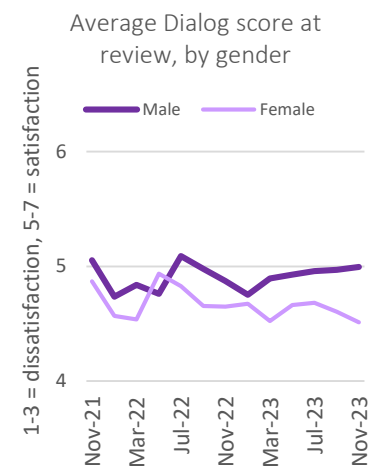












This section focuses on a range of equity and equality measures through a gender, ethnicity and deprivation lens in order to better understand disparities and the initiatives underway to provide more equitable care. Equity measures have also been added to each of the populations in the full system performance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

The average waiting time across community services shows that the equity gap has narrowed for all but the "other group". An initial audit of 10 cases highlighted that there are data quality issues, where ethnicity information has not been entered correctly in the clinical records system. Of the 10 cases, two were Pakistani, one was Bangladeshi, one was Iranian, two were White British, two were Afro-Caribbean, one was Ghanaian, and one was Persian. Where ethnicity information is not completed, a service user will be categorised into the “Other" category by default. Services will be conducting further data cleansing exercises to improve the accuracy of this information over the coming months. Community Mental Health Teams are working with external organisations like Resolutions and Total Wellbeing Luton to help improve access to both mental health and addiction services. The teams are collaboratively designing a process to 'get the basics right‘ to enable effective joint working. An initial conversation has been held across all organisations and the teams are now focusing on establishing clear communication pathways between all organisations alongside the establishment of concise referral criteria. It is hoped that this will help to address existing pressures to the crisis pathways where service users typically present with substance misuse, as highlighted in the ‘Access and Responsiveness’ section.

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 Carer Race Equalities Framework (PCREF) is in place to across the Trust to improve the quality of care for service users from disadvantaged ethnic groups and communities. Workshops are currently in the process of being designed with a formal launch event being planned in January.

Equity and Equality

In the Tower Hamlets Early Intervention Service, a review of equity data has revealed the need to improve translation services and offers of interpreters to increase access for all communities. Concerns have been highlighted that a reliance on carer translation doesn't always lead to effective communication between the service user and clinician. In Tower Hamlets, the main communities that this affects are Bangladeshi and Somali, which have lower access rates than other communities. Therefore, services are working closely with local interpreting providers to improve awareness of the service and ensure availability and timely access during appointments.

To support directorates with their PCREF aims and objectives, the monthly PCREF steering group launched in December with attendance from the Voluntary, Community, and Social Enterprise (VCSE) sectors, local schools, police representatives, and the carers strategy group to share learning and progress in each area and help monitor progress across the Trust. Eating Disorder services in East London have been undertaking a review to understand the main barriers to access through a series of community focus groups. This highlighted several assumptions and stereotypes associated with people who access the service, including the belief that the majority of service users are thin and white. As part of the PCREF programme, services are planning to conduct a series of awareness workshops to address these biases and improve access for young people from different ethnic backgrounds.

Community Mental Health teams are also collaborating with local faith groups, charities and community resources to ensure that service users are able to access appropriate care. The Recovery College in Luton & Bedfordshire has multiple courses on offer to improve engagement and support to service users from different communities. This includes women-only wellbeing courses, men's courses offering self-management for mental health challenges, LGBTQ+ support networks and also language and employability courses for those where English is a second language and who require employment support. In Newham, a similar offer is in place with specific courses around 'LGBTQ+ and Identity" for people between the ages of 18 and 30, as well as culturally-focused courses including "Islam and Recovery" to explore barriers and attitudes to mental health challenges and improve awareness of how services can support them.

The Tower Hamlets Psychological Therapies Service (PTS) is focusing on addressing the under-representation of people from BAME communities, men, and people aged 65 and over. Through a series of qualitative interviews with service users, several challenges have been highlighted including a lack of available interpreters, cultural biases around mental health and insufficient information or material around the PTS service. The project team is now working through the key change ideas including improving communications with older adult community services to increase the number of referrals into the service. Part of this work includes presenting the PTS service to the older adult service at Mile End Hospital and allocating a clinician to link with older adult services. The service is also looking at offering single sex groups, so that people from underrepresented backgrounds feel more comfortable in discussing their mental health. As a test, the team is looking to offer a men's group jointly with community psychology services and review Dialog scores, qualitative feedback and dropout rates to determine if this is a useful initiative at increasing access and engagement.

Work in Tower Hamlets Community Health services is ongoing to improve end of life care for Bangladeshi communities by increasing awareness around end-of-life issues. Discussions are being held at local mosques and Islamic centres, care homes and other charitable organisations to explain bereavement support that is available and also distributing leaflets around advance care planning in multiple languages.

Equity and Equality

A newly initiated quality improvement project aims to ensure comprehensive support within Tower Hamlets Community Health Services for homeless service users. Currently, treatment adherence among the homeless population is poor, elevating the risk of deteriorating foot and wound conditions, especially for high-risk individuals such as diabetic service users. This population often accesses healthcare through A&E, and it is hoped that this project will help to mitigate the burden on acute hospitals by improving the community health service offer. The Tower Hamlets Foot Health service has found a suitable location to offer foot health and community specialist services for the homeless community in the borough. The team is collaborating closely with hostels and GP surgeries to improve visibility and engagement with service users, and is actively expanding to additional locations. In an effort to raise awareness and provide compassionate care for hostels, rough sleepers, and homeless, the Primary Care services organised a successful Christmas fair event, that was attended by over 160 community members.

A disparity continues to persist in appointment attendance between residents from more deprived neighbourhoods and those from more affluent areas. For example, in City & Hackney CAMHS, there has been a reduction in the number of referrals from more deprived neighbourhoods and an increase in appointment non-attendance, particularly for ADHD and Autism services. The team is identifying service users who are at higher risk of not attending appointments and at a higher risk of health inequalities. The service is planning to facilitate one-to-one supportive discussions around how the young person can be supported to attend appointments, either through changing the location or the mode of contact, and other reasonable adjustments. Personalised text messages sent directly from the Neurodevelopment Team (NDT) to the service users' mobile phone at the time of booking are also being tested to see if this helps improve attendance amongst this population.

The rate of restrictive practice between different ethnic groups across Adult & Older Adult services has shown a considerable narrowing of the equity gap, owing to a range of initiatives underway to improve safety culture across the Trust, as highlighted in the November report. The rate of referrals to CAMHS continues to show a disparity between White and BAME communities. To support young people better in the community, Bedfordshire Recovery Colleges' "Raising Aspirations Programme" aimed at 10 and 11-year-olds from deprived communities has proven successful in building resilience and addressing stigma around mental health. Partnering with the University of Bedfordshire has helped to empower young people to develop their skills and abilities and encourage career aspirations. In Bedford, self-esteem and resilience courses have been delivered to young people who have fallen out of mainstream education. Community workshops have been delivered across 27 schools, as well as the popular 'Sports and Wellbeing' course, where a graduate was successfully recruited by the Luton FC Women's team and has agreed to return to teach others where English is a Second Language from next term.

The Health Needs Assessment for individuals using CAMHS with a learning disability or autism has been concluded and is currently awaiting approval. Additionally, an evaluation of the impact of the small VCSE grants programme, aimed at addressing mental health disparities and enhancing well-being for children and young people in North London, has commenced.

Referrals to Talking Therapy services from different ethnic groups continue to show signs of narrowing, except for those of Mixed ethnicity who have much higher rates of access. Notably, services highlight that unlike the national trend, where talking therapy services are predominantly utilised by individuals from White backgrounds, the Trust's Talking Therapy services reach a more diverse range of communities, especially those from BAME ethnic groups. This is encouraging and

demonstrates the positive impact of outreach projects and engagement with diverse populations to ensure that care is delivered in a culturally sensitive way. Within Bedfordshire's talking therapy service, local outreach work is focused towards engaging older adults from Asian communities. Newham talking therapies continue to focus on young black males aged 18-25, utilising promotional merchandise at local gyms and barber shops, and through increased social media presence. In Tower Hamlets, a project is underway targeting service users from Bangladeshi communities. Analysis of recovery outcomes data shows that Black African groups achieved the most favourable results, a pattern not observed nationally. Service users from Pakistani and Bangladeshi backgrounds showed the lowest recovery rates. Initial feedback from the services indicates that this could be attributed to the use of interpreters during appointments and language barriers, diminishing the effectiveness of interventions. Additionally, it is believed to be linked to expectations regarding post-treatment care and support, as well as accessing alternative services. Teams are addressing these issues by working with partners to improve access to secondary care services and community resources.

The North East London Talking Therapy collaborative has initiated an in-depth examination of equity, access, and outcomes data across the seven Talking Therapies providers. The objective is to share best practices and create collaborative strategies for improved outcomes. Insights from this analysis will be shared during sessions, and priorities identified to improve equity and outcomes, such as developing culturally adapted interventions to meet the needs of different populations .

Dialog scores shows that men consistently have higher levels of overall satisfaction with quality of life than women. The Perinatal women's working group continues to ensure equitable access to perinatal 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 Forensics service, a Women's Strategy is being developed to address period poverty and getting 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 Trust has also successfully applied to be part of the NHS Race and Health Observatory Learning Action Network on addressing inequalities in perinatal health access, starting in January 2024. This is alongside ongoing QI work focused on inequalities in access experience and outcomes of this service.

To help increase outcomes for women, Cauldwell Medical Centre has received feedback from service users that management around menopause could be improved. In light of the government's recent response to the Women and Equalities Committee Report (2023) and the feedback from service users, the team has taken the necessary steps to enhance menopause management at Cauldwell Medical Centre and raise service user satisfaction by establishing a dedicated menopause clinic. The aim is to raise awareness around the impact of menopause and the need for increasing early recognition and support for women and offer timely access to Hormone Replacement Therapy (HRT) when necessary.

As part of improving physical health outcomes, the Hatters Health Primary Care Network is working with the local population to raise the percentage of individuals with severe mental illness (SMI) from minority ethnic groups in Luton to receive routine physical health checks. Various ideas, including improving communication through appointment text reminders, and providing more convenient locations within the community, have been tested and data is showing sustained improvement.

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	694.1	↑
Percentage of service users has paired Outcome Measures at discharge	Quality	50.4%	↑
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		

		Average	
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	75.1%	
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		

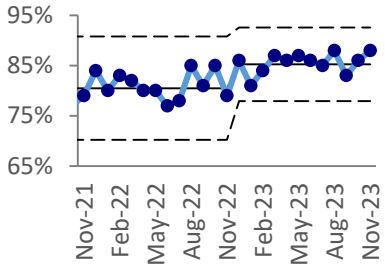
		Average	
People with common mental health problems			
Percentage of service users moving into recovery	Population Health	51.9%	
Percentage access by minority groups	Population Health	39.8%	
Percentage of positive comments to PEQ	Quality/Experience	91.5%	
Average wait times to assessment (in weeks)	Quality/Experience	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	45.9%	↑
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 1st 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		

		Average	
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	23%	↑
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	3.0	
Physio Referral to treatment times average weeks waited	Quality	3.4	
Adult Speech and Language Therapy Referral to treatment times average weeks waited	Quality	5.4	
Wheelchairs Referral to treatment times average weeks waited	Quality	15.1	↑
Average weeks waited for initial appointment, by ethnic group	Quality		

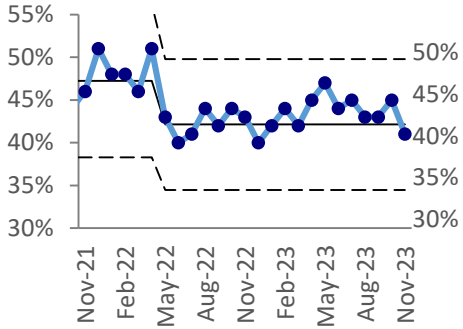
Appendix 1: System Performance dashboard Long Term Plan (●) Special cause variation (↑ ↓) and when it's of potential concern (↑ ↓)

People with substance misuse problems

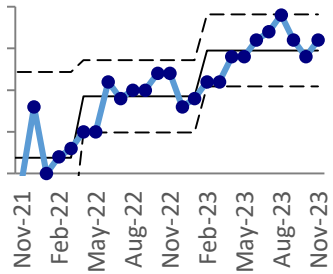
Reporting improvements in quality of life on discharge in Bedfordshire (I Chart) Population Health



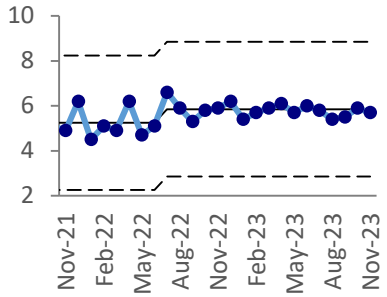
Service users in employment on discharge in Bedfordshire (I Chart) Population Health



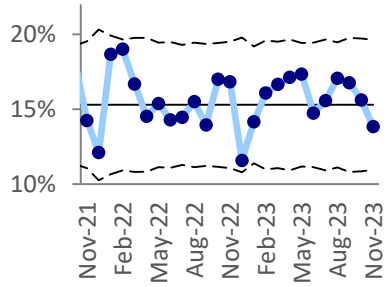
Successful completions not re-presenting to service in Bedfordshire (I Chart) Quality



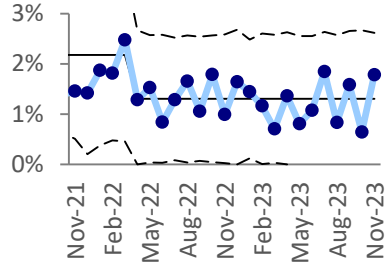
Average waiting time (days) to treatment in Bedfordshire (I Chart) Quality



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

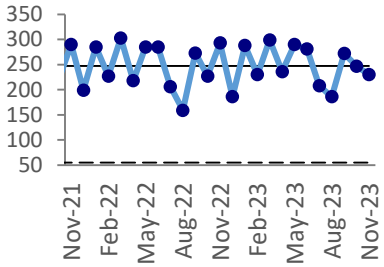


Service users with Alcohol problems across Mental Health services (P Chart) Quality

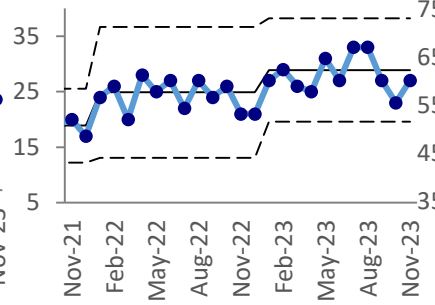


Children with complex mental health needs

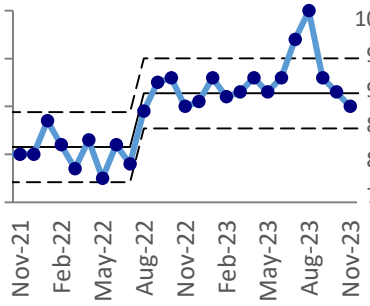
Number of service users presenting in crisis to our crisis pathway (I Chart) Population Health



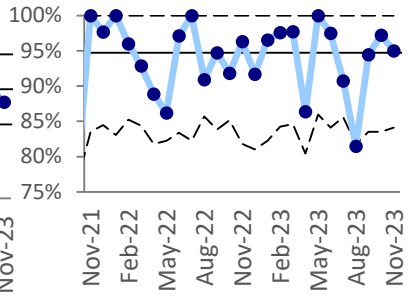
Average Assessment Waiting Time for Children and Young people aged 0-18 (I Chart) Population Health



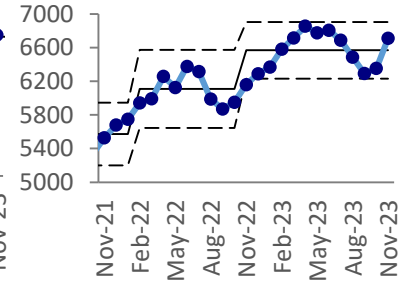
Average Treatment Waiting Time (Days) for Children and Young people aged 0-18 (I Chart) Population Health



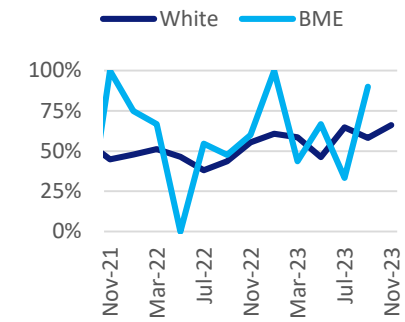
Carers and service users recommending our Community services (P chart) Population Health



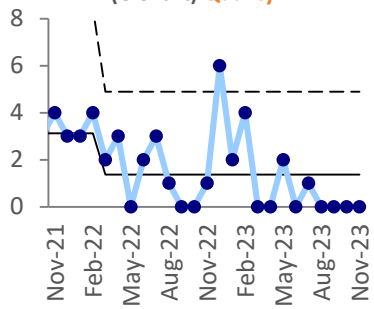
Children and young people aged 0-18 who have received one or more contacts with mental health services (I Chart) Quality



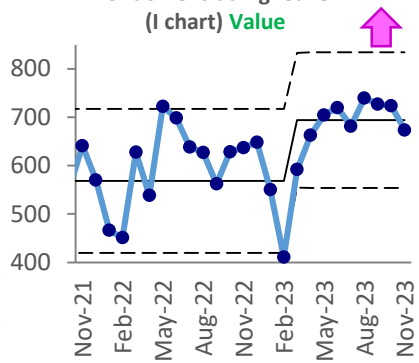
Successful completions in Bedfordshire, by ethnic group



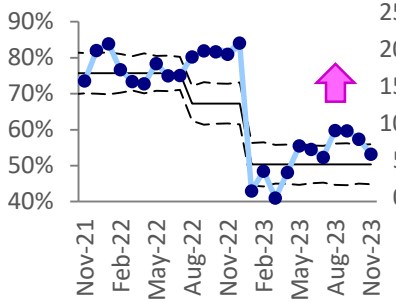
Admissions to adult facilities for services users under 18 years old (C Chart) Quality



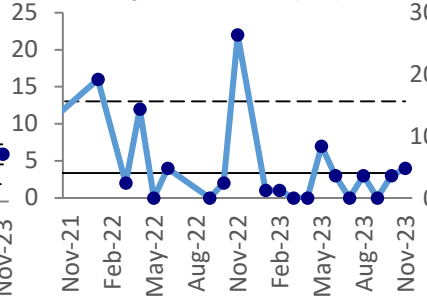
Tier 4 Occupied Bed days East London excluding leave (I chart) Value



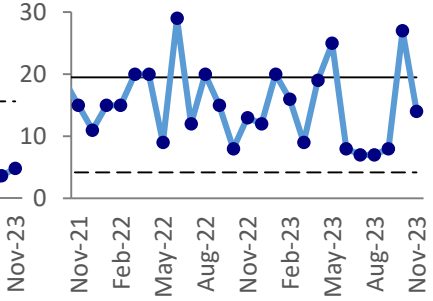
Percentage of service users has paired Outcome Measures at discharge (P chart) Quality



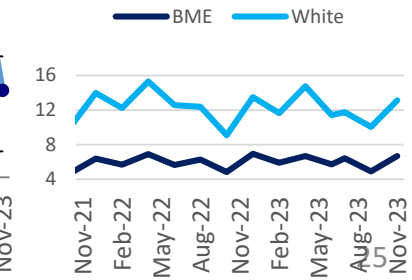
Average waiting time (days) for urgent referrals to CYP Eating Disorders services (I Chart) Population Health (LTP)



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



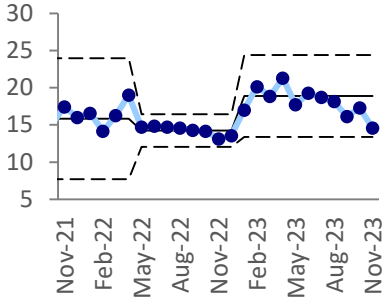
Rate of referrals to CAMHS services per 1000 population, by ethnic group.



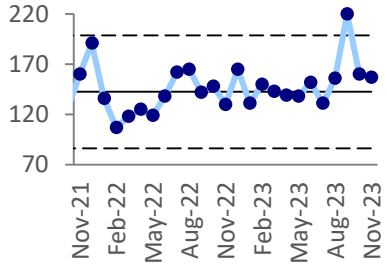
Appendix 1: System Performance dashboard Long Term Plan ( ) Special cause variation ( ) and when it's of potential concern ( )

People with dementia

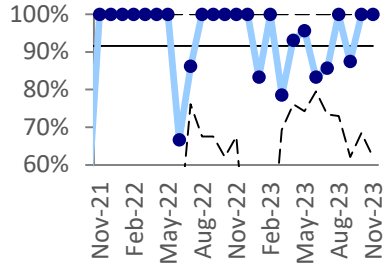
Average wait (in weeks) from referral to diagnosis (I chart) Quality



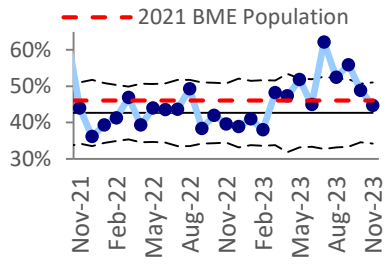
Average waiting time (in days) from referral to assessment (I chart) Population Health



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

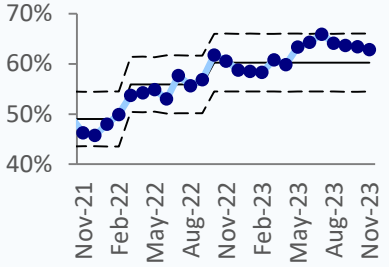


Percentage of service users seen by dementia services from minority communities (P chart) Quality

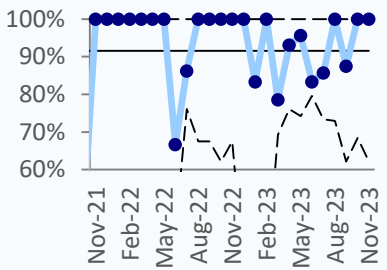


Children with complex health needs

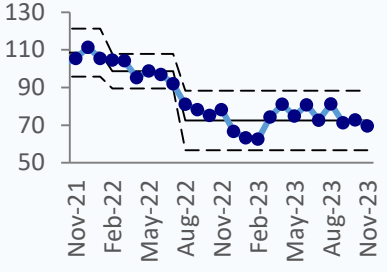
Complex neuro disability receiving a clinical review within past 12 m (P Chart) Population Health



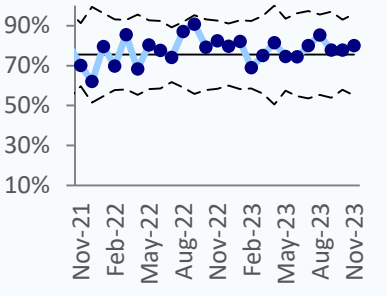
Percentage satisfaction with service, service users and carers (I chart) Quality



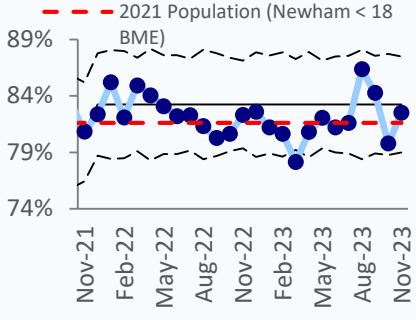
Average weeks waited from Autism Spectrum Disorder referral to first appt. (I chart) Quality



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

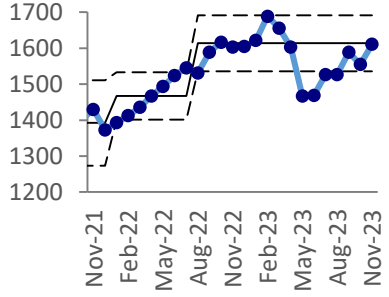


Percentage of service users referred from minority ethnic groups

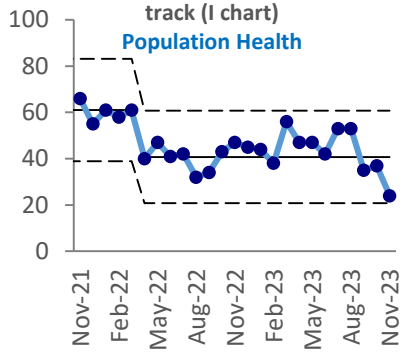


People receiving end of life care

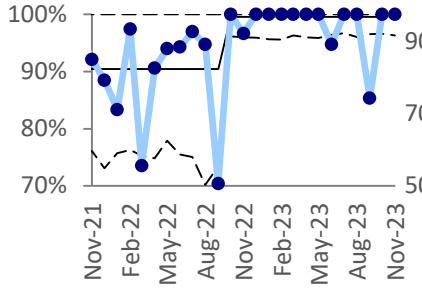
Service users on End of Life Pathway (I chart) Population Health



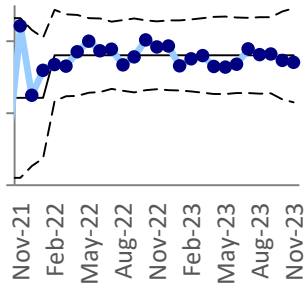
Service Users referred to Continuing Healthcare as a fast track (I chart) Population Health



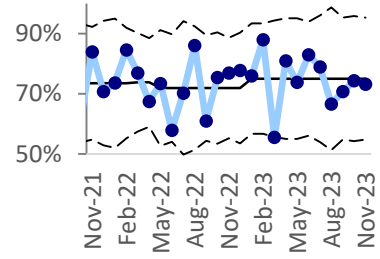
Service users with Care Plan in place (advanced) in Bedfordshire (P Chart) Quality



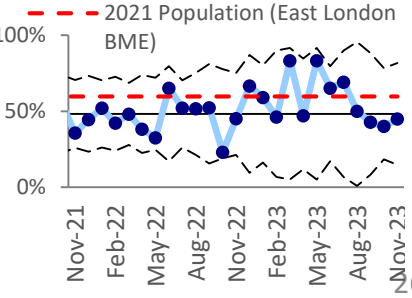
Service users with Care Plan in place (advanced) in East London (P Chart) Quality



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



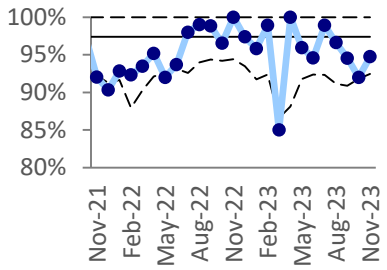
Access from minority communities (East London) (P chart) Quality



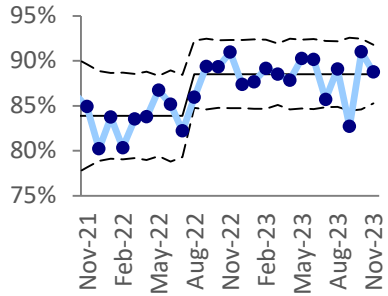
Appendix 1: System Performance dashboard Long Term Plan ( ) Special cause variation ( ) and when it's of potential concern ( )

People who are frail or have long term conditions

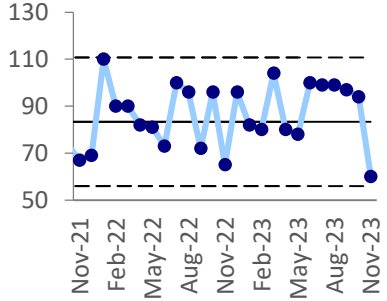
Percentage of service users who have recorded a positive experience (P chart)
Quality



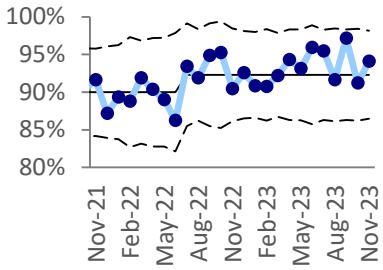
Rapid Response seen within 2 hour guideline (Trustwide) (P Chart) Quality



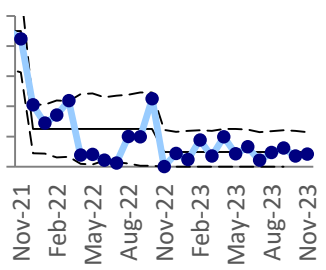
Number of Grade 2, 3 or 4 pressure ulcers non-inherited (C Chart)
Quality



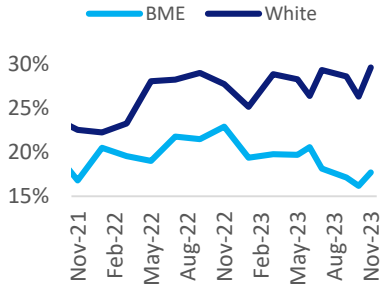
Promoting independent living - discharged within 6 weeks Bedfordshire(P Chart)
Quality



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

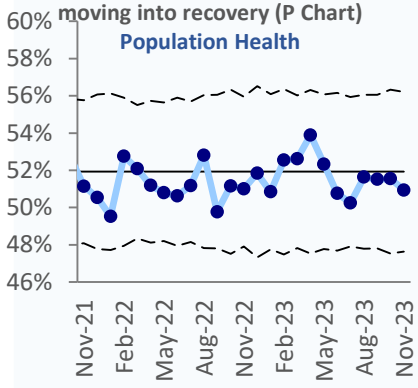


Percentage of referrals re-referred within 30 days
Quality

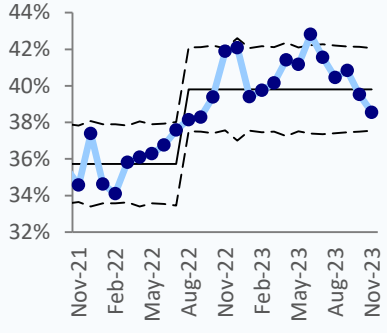


People with common mental health problems

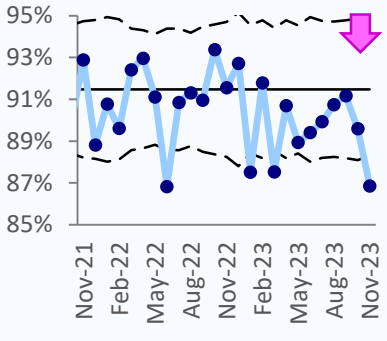
Percentage of service users moving into recovery (P Chart)
Population Health



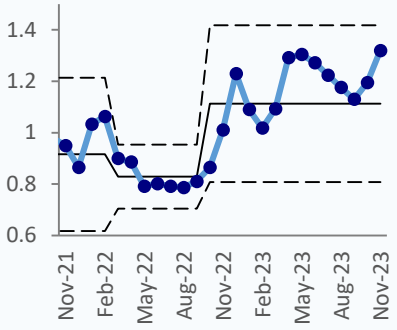
Percentage access by minority groups (P Chart)



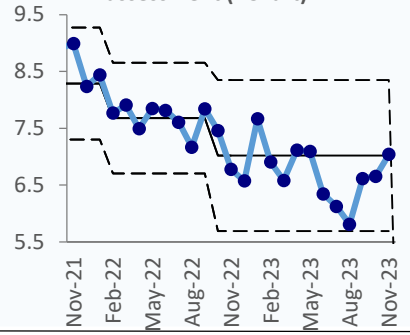
Percentage of positive comments to PEQ (P Chart)



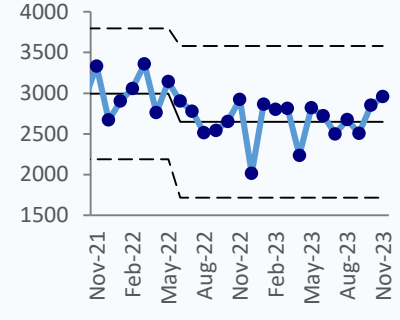
Average wait times (in weeks) to assessment (I Chart)



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

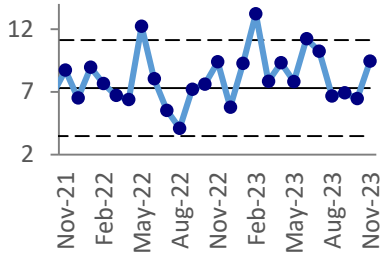


Number of people accessing IAPT services (I Chart)
Value

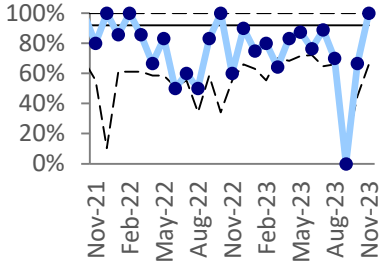


People with a learning disability

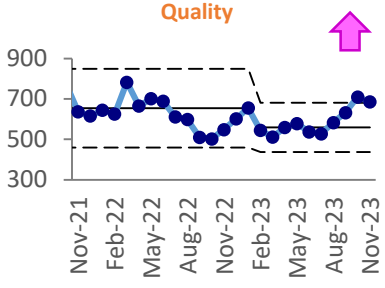
Average waiting times for new referrals seen (in weeks) for assessment (I chart) Population Health



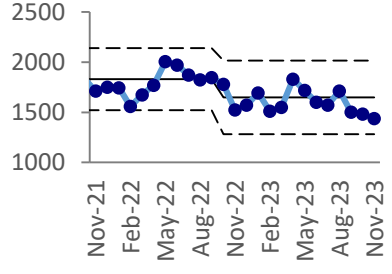
Percentage of service users that would recommend this service (P Chart)
Population Health



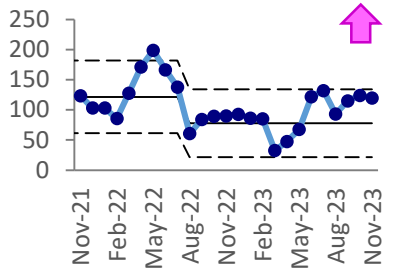
Occupied bed days used in month by service users with a referral to a Learning Disability team (I Chart)
Quality



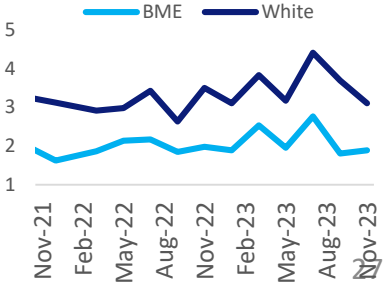
Occupied bed days used in month by service users with a Learning Disability diagnosis (I Chart) Quality



Occupied bed days used in month by service users with a Autism diagnosis (I Chart)
Quality



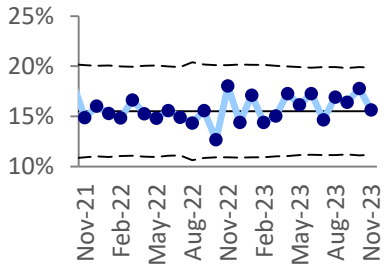
Referrals by ethnicity, per 10 000 population
Quality



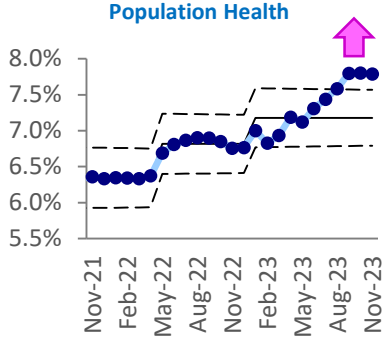
Appendix 1: System Performance dashboard Long Term Plan ( ) Special cause variation ( ) and when it's of potential concern ( )

People with Severe Mental Illness

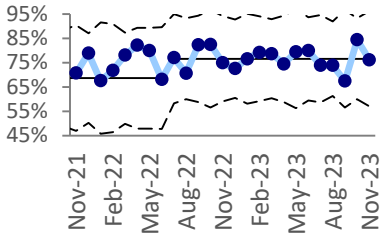
Percentage of service users receiving Individual Placement Support (P chart) Population Health



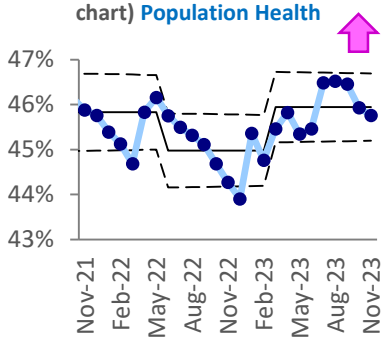
Percentage of service users in employment (P chart) Population Health



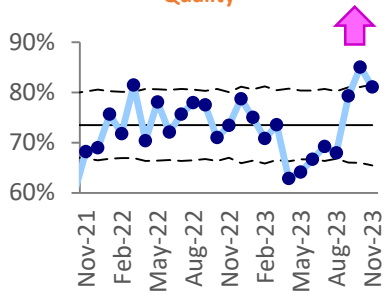
Service users receiving NICE concordant care within 2 wks of referral (EIS services – face to face) (P Chart) Population Health



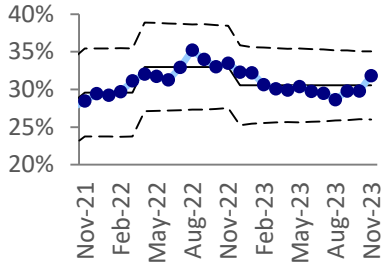
Percentage of service users in settled accommodation (P chart) Population Health



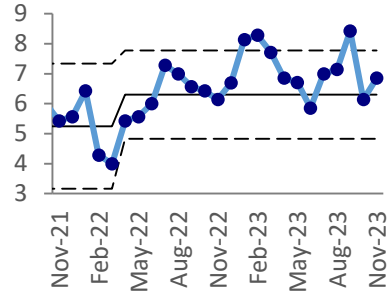
Percentage of service users followed-up within 72hours of discharge (P chart) Quality



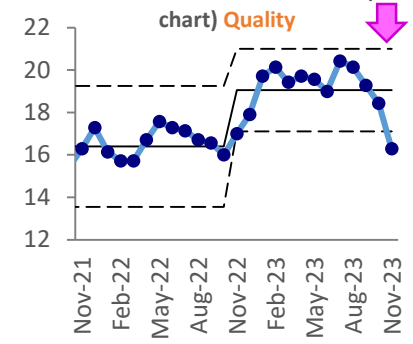
Service users with paired outcome measures showing improvement (P Chart) Quality



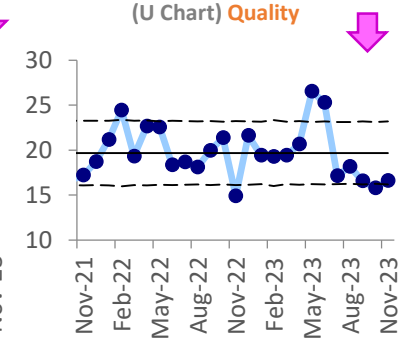
PTS average wait times to (weeks) to 1st assessment in East London (I chart) Quality



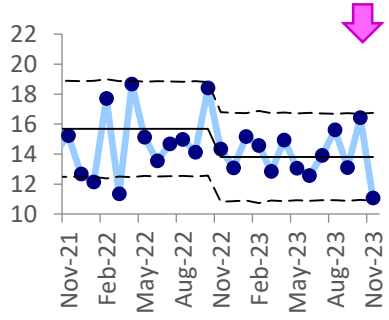
PTS average wait times (weeks) to treatment in East London (I chart) Quality



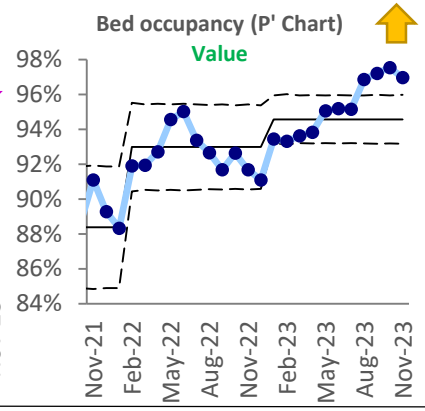
Number of restraints reported per 1,000 occupied bed days (U Chart) Quality



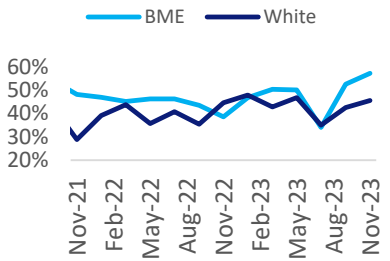
Rate of physical violence incidents per occupied 1,000 bed days (U Chart) Quality



Bed occupancy (P' Chart) Value

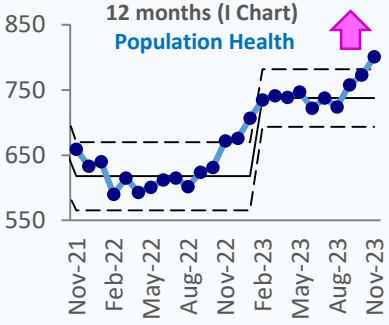


Percentage of service users with SMI recieving a full physical health check Quality

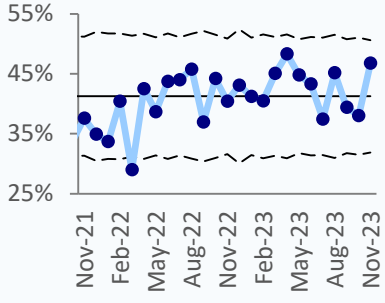


Woman who are pregnant or new mothers

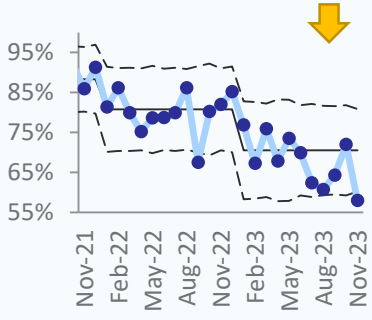
Number of women receiving one + contact with specialist mental health services within 12 months (I Chart) Population Health



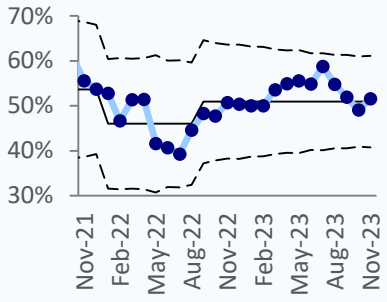
Service users seen in the month from minority communities (P Chart) Population Health



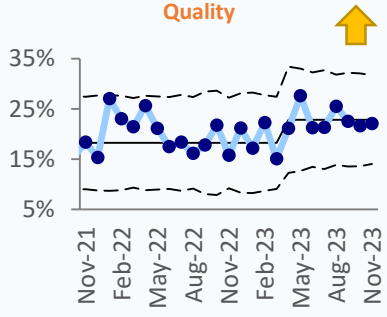
Percentage of service users seen within 28 days (P Chart) Quality



Percentage of service users undertaking Core10 showing improvement (P Chart) Quality



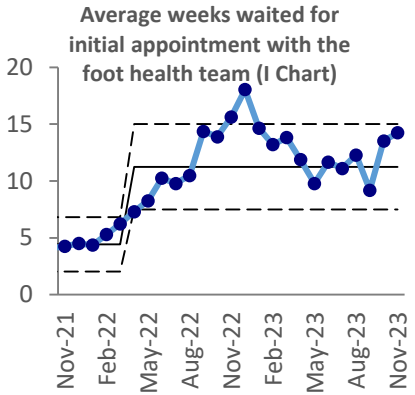
Percentage of Service Users not attending their initial appointment (P Chart) Quality

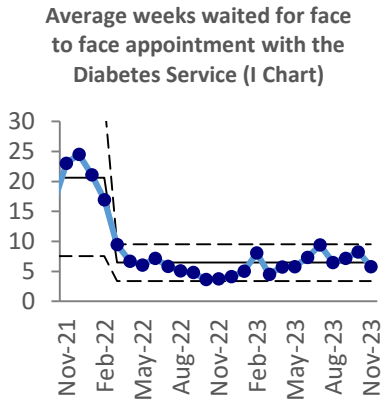


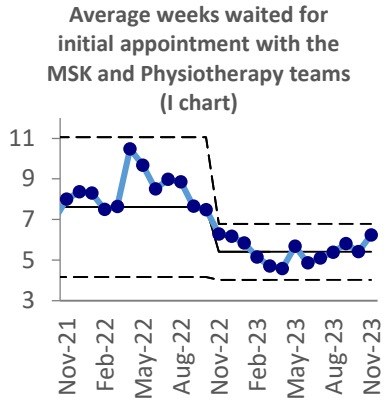
Appendix 1: System Performance dashboard

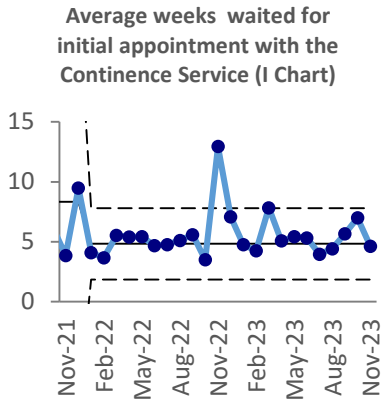
Special cause variation (⇧⇩) and when it's of potential concern (⇧⇩)

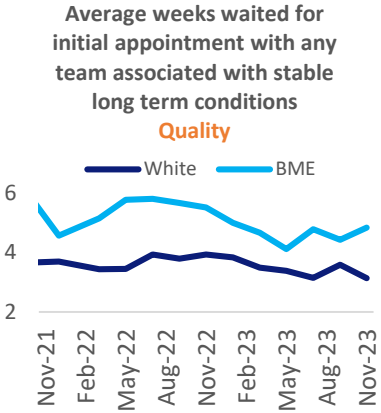
People with stable long term conditions (East London)



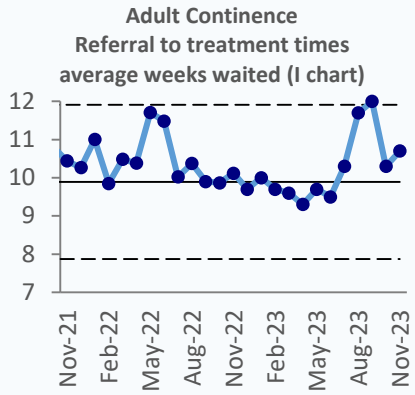


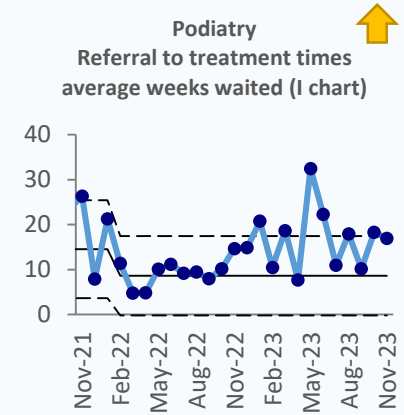


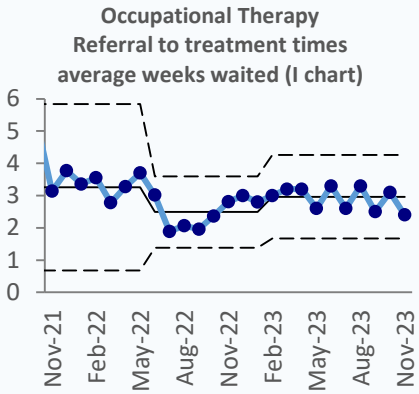


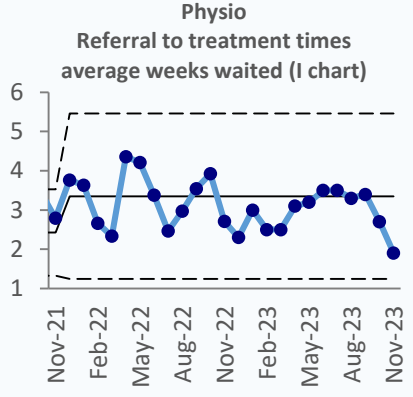


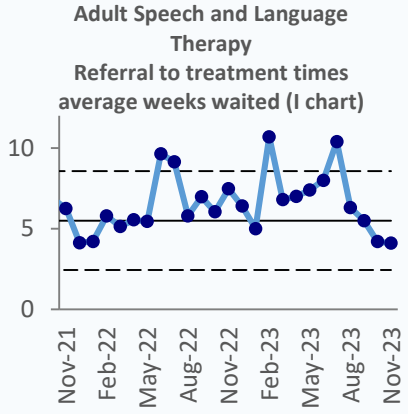
People with stable long term conditions (Bedfordshire)

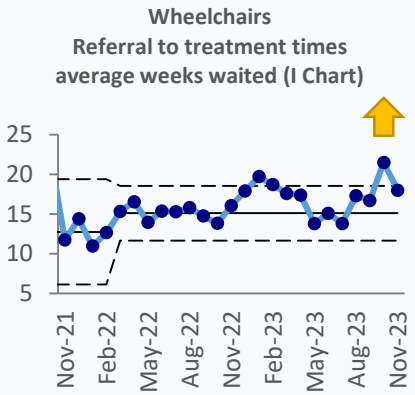


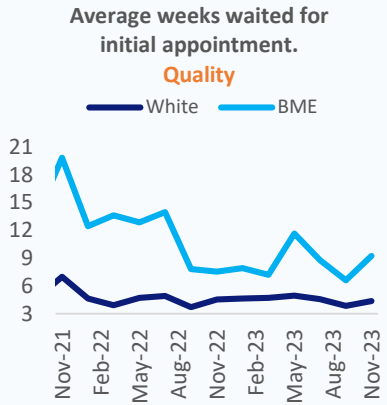












Appendix 2: Regulatory Compliance – System Oversight Framework (SOF)

NHS England and NHS Improvement have published a revised approach to NHS System Oversight (SOF) in July 2022 to align with the vision set out for Integrated Care Systems. The table below provides a summary of the new indicators relevant to the Trust and current status. Some of the measures remain undefined so will be clarified over time. There are currently no areas of concern to bring to the Board's attention.

Oversight Theme	NHS Long Term Plan Area	Indicator code	Measure Name (metric)	Oversight Level	Target	Current performance and progress
Quality of care, access and outcomes	Urgent and Emergency Care		Proportion of service users spending more than 12 hours in an emergency department	ICB		The November position for East London is 101 breaches and 9 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 August-23. We are awaiting the dashboard to reflect our September-November position.
	Primary Care and Community Services	S105a	Proportion of service users discharged from hospital to their usual place of residence	ICB/Provider		In the last 12 months to November 2023, 47% of discharges with a recorded discharge destination show discharge to usual place of residence. 58% 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. 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 14,828 children and young people who have had contact with a Community CAMHS service in the last 12 months to November 2023. The population of young people in East London, Luton and Bedford is 1.72 million. Access rate is 0.9% approximately which equates to 1 in 110 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 September 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 September 2023 is 113.5%.
	Mental health services	S086a	Inappropriate adult acute mental health placement out -of-area placement bed days	Provider		In Quarter 2 (July to September 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 September, 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%. (*This is the most recent position reported at the national level*)

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

Oversight Theme	NHS Long Term Plan Area	Indicator code	Measure Name (metric)	Oversight Level	Target	Current performance and progress
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 September 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		56% responded positively to the question, 'How would you describe your appointment-making experience?' in the previous 12 months to November 2023 (n = 3,971).
	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. (*This is the most recent position reported at the national level*)
	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%. (*This is the most recent position reported at the national level*)
	Prevention and long term conditions	S051a	Number of people supported through the NHS diabetes prevention programme as a proportion of service users profiled	ICB		The 2023 Q2 position reported by NHS SOF Dashboard is 55.2%. (*This is the most recent position reported at the national level*)

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

Oversight Theme	NHS Long Term Plan Area	Indicator code	Measure Name (metric)	Oversight Level	Target	Current performance and progress
Preventing ill Health	Prevention and long term conditions	S055a	Number of referrals to NHS digital weight management services per 100k head of population	ICB		The current position reported by ICB for September. 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 September 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 September 2023 is 79.9% (*This is the most recent position reported at the national level*)
Leadership & Capability	Leadership	S060a	Aggregate score for NHS staff survey questions that measure perception of leadership culture	ICB/Provider		According to the Annual calendar year, Trust at 7.45/10 (*This is the most recent position reported at the national level*)
	Leadership	S059a	CQC well -led rating	Provider	Outstanding	Rated 4 - Outstanding

East London NHS Foundation Trust

REPORT TO THE PUBLIC BOARD
25 JANUARY 2024

Title	Care Quality Commission Must Do Actions – Dec 2023 Update
Author	Ellie Parker, Deputy Head of Quality Assurance
Accountable Executive Director	Claire McKenna, Interim Chief Nurse

Purpose of the report

To provide an update and assurance to the Board on progress towards to the action plan put in place following Care Quality Commission's (CQC) most recent inspection of the Trust in February 2023.

The report provides an update on actions taken in response to the 2 'Must Do' actions in the report:

1) The trust must ensure that staff meet its targets for compliance with mandatory training, in particular basic life support, immediate life support and invention and prevention for the management of violence and aggression training (Regulation 12(2)(c)) in relation to the wards inspected.
2) The trust must ensure that the services meet its targets for compliance with staff supervision (Regulation 18(2)(a)) In relation to the wards inspected.

The report provides an update the board on changes to CQC in relation to regulatory approach.

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

Committees/meetings where this item has been considered

Date	Committee/Meeting
8/01/24	Quality Assurance Committee

Key messages

- Statutory and Mandatory training compliance has improved for the four wards inspected, with 3 now >90%.
- Gardner Ward's compliance is now 85% and work is in progress to ensure they achieve >90% by end of January.
- The Trust's overall training compliance is 87% which has increased from 80.58% in July
- All wards achieved >90% supervision compliance in most recent month reported (November 2023).
- There has been a delay to implementing a common approach to supervision recording on the ELFT Learning Academy, and this is now aimed to be live by end of February 2024.

Strategic priorities this paper supports

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

Implications

Equality Analysis	The report does not include equalities analysis.
Risk and Assurance	This report provides assurance relating to how the Trust is responding to CQC inspection activity.
Service User/ Carer/Staff	The focus of this report is on CQC compliance, which ensures we are providing a safe and high quality service. This positively impacts the service user, carer and staff experiences.
Financial	There are no direct financial implications associated with the report.
Quality	The proposed changes aim to further support teams to understand the quality of their service.

1.0 Background

1.1 In February 2023, Care Quality Commission (CQC) carried out focussed unannounced inspections to acute mental health wards for adults of working age, across the Trust.

1.2 The inspections looked into serious incidents of suicides and self-harm, ligatures, observations and learning in in-patients' wards. The wards inspected were:

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

1.3 As a result of the inspection the CQC published a report in spring 2023 which highlighted a number of positive areas of practices such as:

- Staff had good level of awareness around serious incidents that occurred across the Trust and the learning from them
- Action plans from incidents were being implemented
- Wards had embedded learning into day to day practice
- Patient feedback was largely positive
- Staff feedback was positive and reflected a supportive work culture.

1.4 The CQC identified areas of improvements. They categorised them as Must Dos (to comply with legal obligation under the regulation) and some should dos (actions to prevent non-compliance with legal requirements in the future or improve services). Within the report there was also areas for improvement identified, including 2 Must Do Actions. This report provides an update on progress for these Must Do Actions and overview progress of the Should Do actions.

2.0 There were 2 Must do actions

Must Do Action 1: The trust must ensure that staff meet its targets for compliance with mandatory training, in particular basic life support, immediate life support and invention and prevention for the management of violence and aggression training (Regulation 12(2)(c)).

2.1 At the time of CQC's inspection there were several challenges with Training compliance, which had coincided with the transition from ESR to the ELFT Learning Academy. Teams were no longer receiving regular fortnightly reporting of teams training information and mapping changes had led some of the data on the ELFT Learning Academy system to be inaccurate. As a result teams were manually keeping their own records. Further to this, many teams were low on compliance for face to face training (such as Basic Life Support, Safety Interventions) due to limited availability of sessions.

2.2 An action plan was put in place which included a target to increase training compliance to 90% by the end of January 2024, increasing capacity in training sessions, reinstating reporting and improving the accuracy of mapping.

2.3 The most recent compliance data (from 14 December 2023) for the four wards inspected by CQC is below. Three of the wards have achieved the aim of having 90% of staff compliance with statutory and mandatory training.

Directorate	Ward	% Compliance
Bedfordshire and Luton	Coral Ward	97.03%
Bedfordshire and Luton	Willow Ward	96.06%
Tower Hamlets	Roman Ward	93.00%
City and Hackney	Gardner Ward	85.58%

2.4 Gardner Ward have reported that there are accuracy issues with the data and that some team members do not have access to the ELFT Learning Academy system, and therefore have started to use a local database. The Learning and Development team have been informed of these issues and will be meeting with Gardner Ward to ensure accuracy issues are resolved and the team do not have to use local recording.

2.5 Gardner Ward have also arranged supernumery time for staff to complete their training to ensure 90% of staff are compliant by end of January 2024.

2.6 Further to update above regarding the 4 wards specifically inspected, a broader update regarding improvements to statutory and mandatory compliance is below.

- All directorates are now RAG rated amber or green (>80%) for statutory and mandatory training compliance.
- The Trust's overall compliance is 87.00% which has increased from 80.58% in July.
- Since the CQC report was published, work has been undertaken by Learning and Development to ensure staff are mapped correctly to the correct training.
- Regular reporting has been reinstated which provides team leads with data about their team compliance, as well as DNA at training sessions.

2.7 Training compliance is monitored through the people and culture committee, with additional CQC compliance meetings in place to ensure compliance for our must do actions.

3.0 Must Do Action 2: The trust must ensure that the services meet its targets for compliance with staff supervision (Regulation 18(2)(a))

3.1 At the time of CQC's inspection, CQC found that supervision was not always taking place for the wards inspected. We also recognised that there were inadequate systems for monitoring and reporting supervision compliance. An action plan was agreed which aimed to implement a common approach for Managerial and Professional Supervision for ELFT, across all staff groups utilising the TRIALOG approach by the end of February 2024.

3.2 This aims to embed supervision recording within ELFT Learning Academy (ELA), therefore enabling electronic access and reporting. As an interim measure to provide assurance that supervisions are taking place across the Trust, local performance leads will provide completions data to Learning and Development. All Directorates inspected also put in place local plans to improve supervision compliance.

3.3 The most recent compliance data (from Jun 2023-November 2023) for the four wards inspected by CQC is below.

		Supervision Compliance					
Directorate	Ward	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23
Bedfordshire and Luton	Coral Ward	100%	100%	100%	96.7%	96.7%	100%
Bedfordshire and Luton	Willow Ward	100%	100%	100%	100%	100%	94%
Tower Hamlets	Roman Ward	81%	73%	0%	100%	94%	100%
City and Hackney	Gardner Ward	42%	75%	63%	63%	67%	96%

3.4 The policy states that supervision should be undertaken 8 times in the year or 6 weekly periods, this accounts for leave, sickness or high levels of acuity in clinical areas.

3.5 Coral and Willow Ward have consistently met >90% supervision monthly. Roman Ward has also consistently achieved this, with a brief impact in the summer due to a number of new starters joining the team. Gardner Ward have gradually improved over the last 6 months, and monitoring will be maintained for the next few months to ensure improvements are sustained.

3.6 With regard to the broader trust wide improvements, a new system has now been piloted but will not be live until February 2024.

3.7 The ongoing monitoring of supervision will be undertaken in the People and Culture committee.

3.8 Many of the CQC actions that were identified related to City and Hackney where challenges had been identified and with an action plan in place. The support and oversight continues for the directorate. They have struggled to increase training and supervision compliance due to, lack of monitoring and governance systems l, and staff vacancies. There is a City and Hackney improvement plan in place with executive support and oversight, and there are improvements in staffing levels and greater stability in leadership however as improvements are not embedded the additional support and oversight measures will remain in place.

4.0 Should do actions

4.1 Should do actions includes issues in relation to environment and safety. Ensuring daily environmental checks are completed consistently. Ligature audits include all environmental risks. Maintenance issues are reported, tracked, and monitored these have all been addressed and there are robust monitoring systems in place

4.2 A number of actions were in relation risk management and communication of risks. Consistently sharing learning from incidents with team. Serious incident documents updated when actions have changed. All but one of these issues of these issues have been completed but will require ongoing monitoring. There is a final task incomplete in relation to evidencing regular communications in relation to learning lessons which is expected to be complete by February 2024

4.3 Consistent appraisal completion. There is access to a compliance report and this is monitored through the directorate management team.

5.0 CQC New regulatory approach

5.1 The CQC has been reviewing and updating their regulatory approach. The new assessment framework will apply to providers, local authorities and integrated care systems. The ratings and 5 key questions will remain central to our approach. They will continue to use: 5 key questions (safe, effective, caring, responsive and well-led) and 4-point ratings scale (outstanding, good, requires improvement and inadequate).

5.2 The assessment framework is changing in the following ways:

Old regulatory approach	New Regulatory approach
Multiple assessment frameworks	Single assessment framework across care pathway (Local authorities, intergraded care systems)
Ongoing monitoring and inspections were scheduled according to previous rating	Ongoing assessment of quality and risk.

Evidence was gathered onsite during inspection (single point in time)	Evidence gathered at multiple points in time.
Judgment and ratings decisions were made using rating characteristics	CQC team assign scores to evidence.
Narrative inspection report	Rating applied; short narrative published.

5.2 They will have new structures based on geographical areas to support intergraded assessment process.

5.3 They will regulate local authorities who provide adult social care. Where ELFT is a local authority partner (under section 75 arrangements) we will be part of the inspection processes.

5.4 The trusts internal readiness program will adapt in line with these changes and there are plans to integrate our monitoring programmes onto InPhase system in early 2024.

5.5 We continue with a programme of CQC relationship visits where we are able to provide ongoing assurance and receive briefing on how the above changes are being realised in order to adapt as required.

5.6 We are linking with early inspection sites and National forums to understand the impact of these changes on the inspection program, and expectation of services.

5.7 Adult social care partners are expecting their first CQC inspection using this framework imminently. There are robust links with Local authorities, Adult social care teams, and internal monitoring and support in place. We await clarity in relation to children's social care.

5.8 They have advised that they will continue to use their current methods to monitor, assess and rate providers. They will inform us when they formally move to the new approach.

6.0 Action Being Requested

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

East London
NHS Foundation Trust

REPORT TO THE TRUST BOARD IN PUBLIC
25 January 2024

Title	Safer Staffing 6 Monthly Review of In-patient mental health nurse staffing levels and community health Nursing provision.
Author/Role	Sasha Singh - Director of Nursing (Mental Health London) Ruth Bradley - Director of Nursing (Community Health Services London) Evah Marufu –Director of Nursing Bedfordshire and Luton (Mental Health) Eileen Bryant – Director of Nursing (Primary care and Bedfordshire Community health)
Accountable Executive Director	Claire McKenna – Interim Chief Nurse

Purpose of the report

To present to the board a report on in–patient mental health, community health inpatient wards safer staffing levels, and community safer staffing caseload review levels in line with the national expectations of NHS providers for safe staffing levels.

The report provides assurance and outlines issues related to safer staffing for the Board at six monthly intervals

This report to the Board summarises the results of the Trust monitoring of staffing levels across all mental health and continuing care wards and covers the 6-month period from May 2023 to Oct 2023. The report includes the audit of the District Nursing Workload and Staffing review.

In this period 32 of the 54 wards showed variance in fill rate with immediate actions taken at the time by the managers.

Covid related absences continue to have an impact on safer staffing levels. Services are flexible in use of resources to respond to the fluctuating impact based on community prevalence of COVID-19 in the community.

Regular rota and establishment reviews inform planned and actual staffing decisions. All services have mitigation actions they follow to manage unplanned absences up to and including business contingency plans.

Establishment reviews are being undertaken across all inpatient areas during November /December 2023 to inform budget setting in line with safer staffing levels.

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

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

Strategic priorities this paper supports

Improved population health outcomes	☐	
Improved experience of care	☐	The right staffing numbers to meet the service user needs and respond accordingly.

Improved staff experience	☐	The right staff numbers create an environment where staff can safely practice and deliver high quality care
Improved value	☐	The right staffing resources reduces the need for agency and promotes consistency of practice.

Implications

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

Meetings where this item has been considered

Date	Committee/Meeting

Supporting documents and research material

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

Glossary

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

1.0 Background

1.1 Further to the Robert Francis Report (2013), the National Quality Board (NCB) have published guidance that sets out the expectations of commissioners and providers for safe nursing and midwifery staffing, in order to deliver high quality care and the best possible outcomes for service users.

1.2 In July 2016, the NQB issued a follow up paper "*Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time. Safe sustainable and productive staffing"* which outlines an updated set of NQB expectations for Nurse staffing within Acute Trusts.

2.0 Analysis of Trust Results, Planned vs Actual staffing.

2.1 Assessments of the impact of staffing on care quality and safety in different ways. All the information is triangulated to give a more rounded view.

2.2 The Average Fill rate reports on the planned vs actual Nursing hours provided. Some wards adjust the skill mix and increase the health care support workers (Unregistered) numbers to offset the reduced RMN (registered nurse numbers). 32 of the 54 wards showed variance in fill rate with immediate actions taken at the time by the managers. This is an increase from 28 of 54 wards in the previous board report.

Table 1 Average Fill rates based on planned vs actual staffing.

Ward	May	Jun	July	Aug	Sept	Oct
Newham						
Emerald	Day RMN 106% HCA 88%	Day RMN 82% HCA 97% Night RMN 82% HCA 247%	Night RMN 88% HCA 223%	Night RMN 81% HCA 259%	Day RMN 64% HCA 143% Night RMN 80% HCA 322%	Day RMN 77% HCA 134% Night RMN 85% HCA 2010%
Sapphire	Night RMN 84% HCA 303%		Night RMN 79% HCA 833%	Day RMN 81% HCA 164% Night RMN 82% HCA 292%	Night RMN 85% HCA 210%	Day RMN 89% HCA 135%
Crystal	Night RMN 87% HCA 161%	Night RMN 75% HCA 130%	Night HCA 81% Night 143%	Night RMN 76% HCA 144%	Night RMN 63% HCA 140%	Night RMN 87% HCA 121%
Opal		Day RMN 89% HCA 133%	Day RMN 74% HCA 159% Night RMN 85% HCA 113%	Day RMN 48% HCA 107% Night RMN 85% HCA 332%	Day RMN 77% HCA 99% Night RMN 84% HCA 247%	Day RMN 88% HCA 109% Night RMN 77% HCA 335%
Ruby Triage	Night RMN 88% HCA 149%	Day RMN 75% HCA 168% Night RMN 85% HCA 168%	Day RMN 84% HCA 183%	Day RMN 68% HCA 186% Night RMN 89% HCA 163%	Day RMN 80% HCA 84%	Day RMN 81% HCA 75%
Ivory	Night RMN 87%	Night RMN 87%		Night RMN82%		

	HCA 116%	HCA 130%		HCA 176%		
Tower Hamlets						
Brick Lane		Day RMN 74% Night 182% Night RMN 88% HCA 252%		Night RMN 83% Night 238%		
Leadenhall	Day RMN 81% HCA 302%	Day RMN 83% HCA 313%	Day RMN 82% HCA 307% Night RMN 73% HCA 555%	Day RMN 85% HCA 285% Night RMN 79% HCA 279%		
Globe				Day RMN 76% HCA 226%		
Roman	Night RMN 84% HCA 232%	Day RMN 86% Night 130%	Day RMN 89% HCA 129% Night RMN 84% HCA 226%	Day RMN77% HCA 121% Night RMN 80% HCA 247%	Day RMN 75% HCA 131%	Day RMN 80% HCA 109%
Lea			Day RMN 78% HCA 222%	Day RMN 74% HCA 223%	Day RMN 84% HCA 223%	
Rosebank	Night RMN 84% HCA 151%		Night RMN 67% HCA 173%			
Luton and Bedford						
Poplars	Day RMN 76% HCA 166%	Day RMN 84% HCA 173%	Day RMN 70% HCA 194% Night RMN89% HCA 233%	Day RMN 75% HCA 180%	Day RMN 76% HCA 182%	Day RMN 83% Night 166%
Coral	Day RMN 77% HCA 165%	Day RMN 82% HCA 150%	Day RMN 71% HCA 160%	Day RMN 72% HCA 156%	Day RMN 74% HCA 165%	Day RMN 79% HCA 144%
Townsend Ct.		Day RMN 78% HCA 114%	Day RMN 70% HCA 128% Night RMN 77% HCA 134%	Day RMN 80% HCA 108%	Day RMN 87% HCA 108%	
East Ham Care Centre						
Cazaubon					Night RMN 88% HCA 317%	
Coborn Adolescent Unit						
Coborn Acute	Night RMN 73%% HCA 209%%	Night RMN 75% HCA 178%		Night RMN 67% HCA 167%	Night RMN 80% HCA 129%	
Coborn Galaxy	Night RMN 86% HCA 170%	Day RMN 87% HCA 246% Night RMN 83% HCA 158%	Night RMN 79% HCA 189%	Day RMN 84% HCA 215% Night RMN 77% HCA 151%	Day RMN 71% HCA 201% Night RMN 80% HCA 131%	Day RMN 86% HCA 153% Night RMN79% HCA 130%
Evergreen	Day RMN 83%			Day RMN 83%	Day RMN 87%	Day RMN 81%

	HCA 63%			HCA 76%	HCA 66%	HCA 134% Night RMN 85% HCA 210%
City & Hackney						
Mother and Baby Unit		Night RMN 85% HCA 248%	Day RMN 76% HCA 186% Night RMN 71% HCA 290%		Day RMN 89% HCA 161%	Day RMN 89% HCA 159%
Bevan			Day RMN 74% HCA 158%	Day 82% HCA 188%	Day RMN 83% HCA 200%	Day RMN 73% HCA 189%
Brett	Night RMN 87% HCA 268%					
Joshua						Day RMN 89% HCA 156%
Gardner				Night RMN 87% HCA 229%		Night RMN 84% HCA 464%
Forensics						
Victoria	Night RMN 85% HCA 163%					
Clissold				Day RMN 88% HCA 142%		
Morrison						Day RMN 89% HCA 159%
Butterfield					Day RMN 88% HCA 104%	
Bow		Night RMN 61% HCA 501%				
Loxford		Day RMN 62% HCA 136%				
Limehouse			Day RMN 76% HCA132%			
West Ferry				Day RMN 115% HCA 87%		

2.3 Data is not included for wards where there are no exceptions to the expected fill rates.

2.4 Newham, Tower Hamlets, City & Hackney and Luton and Bedfordshire Working Age inpatient services showed below expected fill rates for Registered Mental Health Nurses (RMN) over a number of wards. In these areas the shortages are balanced with above expected staff levels of HCA fill rates. The registered nurse deficits are covered by the Ward Manager, Matron and Duty senior nurse, redeploying staff across the inpatient units or booking agency or bank staff. The challenge in filling registered nurse shifts is increasing in London in line with vacancies.

2.5 Within wards, retention issues impact registered nurse fill rates during the summer period. Many of our newly registered nurses start employment between September to December each year in line with completion of courses. Between 6-to-9-month period post registration, a percentage of registered nursing staff move into higher banded roles within and outside of the trust leaving a greater deficit in staffing during the summer months. With increased numbers of new starters, including international recruits, there is a requirement for induction and training periods for new starters in September to December. During these periods of induction and training this group of staff will not be recorded as registered nurses against expected fill rates as they are supernumerary. The newly formed trust wide nursing recruitment group will look to improve recruitment and retention to reduce variation throughout the year.

2.6 In August and September, some wards in Newham (Opal, Ruby and Emerald ward) saw a decrease in registered nurse fill rates. These wards had exceptional levels of unplanned absence and included the senior roster managers this impacted on oversight of the rotas and advanced planning to cover safer staffing gaps. Additionally, they had several newly registered nurses and International Recruits joining the teams as Band 4's whilst they waited for completion of their Clinical examination process (OSCE) assessments and NMC (Nursing and Midwifery Council) registration.

2.7 Luton and Bedford wards showed high fill rates for unregistered staff, this is more so in the older adults' wards, due to the increased level of observations mainly due to falls risk. This has prompted a piece of work around falls management. There is robust recruitment through recruitment fairs, international recruitment, and close working relationship with University of Bedford, which will impact the aim to significantly impact on agency use. Willow and Townsend have historically struggled to attract candidates due to its geographical locations. Targeted recruitment has been undertaken to try and increase numbers for these two wards. The ward manager and Matron cover the deficits where necessary.

2.8 CAMHS (Child and Adolescent Mental Health Services), although they have historically struggled to attract registered nurses, they have seen a marked increase in the number of nurses recruited to the ward with only one Band 5 nursing vacancy. Occupational injury was high over the last six months due to high acuity levels. The overall staffing for support workers was high due to increased levels of enhanced observations. The Matron and Ward Manager are based on the ward and help to cover any shortages in staffing and the duty senior nurse bases themselves on the ward out of hours.

2.9 Older Adults wards - East Ham Care Centre, Fothergill ward provide step down and end of life care & Sally Sherman provide care to adults with an organic illness and behaviour that challenges. Recruitment into older adult care continues to be challenging; there is a high number of staff who are due to retire or have retired and return and international and domestic recruitment is a valuable workstream. This workforce challenge is in some part being met by international registered nursing staff and domestic unregistered health care staff from the local community. Where appropriate, access routes into registered posts via Nurse Associate will be offered. Retention within the service remains good.

2.10 **Remedial actions**

2.10.1 Across all the wards there are systems to put in place mitigating actions to ensure safety and quality of care has been maintained. These have included:

- A review of staffing levels shift by shift by nursing staff and immediate managers that can result in agreement for managers and Matrons to cover clinical shifts
- Unit wide safety huddles that can result in redeployment of staff by the Duty Senior Nurses to cover staffing deficits and to address issues of risk or acuity
- Flexible shift patterns implemented to support community staff who work 9-5 to undertake twilight shifts and weekend work across inpatient services. Community staff have been paid as their substantive Band where they have covered inpatient shifts at a lower grade
- Formal extension and review of working time directive hours in parallel to recruitment and retention QI project and protected time for new starters' inductions
- Peripatetic rotas- At points of high acuity or staff challenge service put a peripatetic team in place (the peripatetic team sits outside of ward rotas and is a small team that can be utilised to cover short notice staffing deficits. (As the peripatetic team rota sits outside of individual ward rotas, shifts that they cover will not be captured on ward rotas and show as a deficit even though the shift is covered)

2.10.2 Where gaps remain, there is an escalation to the service directors and out of hours to the managers on call for their support and it is recorded as an incident. The incident sign-off process will review whether the gap was avoidable and take forward any learning.

2.11 Overall, staffing issues are subject to review in the weekly locality senior nurse meetings and 3-monthly rota reviews with the Director of Nursing, Service Lead Nurse and the Safer Staffing Lead. The Directors of Nursing undertake annual establishment reviews with all teams that considers Mental Health Optimal Staffing Tool (MHOST) data.

2.12 There is a pipeline of recruitment from City, University of London and the University of Bedford, we continue to work with universities to maintain high recruitment levels and look for opportunities to grow our student numbers. In our next report we can outline levels of recruitment from our partnered universities as we are currently working on the data.

2.13 We have reviewed our recruitment processes to allow for rapid application to appointment into posts- this has included open days. In mental health open days generate 75 additional offers (in addition to our host university recruits) of employment for registered staff. Within community health Newham has recruited 10 registered nurses and 4 occupational therapists from open days. . The recruitment and retention group will track offer to hire ratio and also spread the initiative as results become apparent.

3.0 The Trust remains a member of the consortium for International Recruitment with other London Trusts hosted by Capital Nurse in addition to direct international recruits. We currently have 50 international nurses within our community health and mental health workforce with an additional 38 in the pipeline. We are developing better systems to track the impact of international recruitment on vacancies and agency use.

3.1 There is a targeted nurse recruitment / retention trust wide QI project to monitor, share and spread change.

4.0 Community Health Services Nursing

4.1 3.1 Within Community Health Services vacancies for Registered Nurses at band 5 and 6 remain the highest, and an aspect of the Nursing workforce where we are doing targeted recruitment, proactively linking with universities for qualifying nurses and continue to internationally recruit. Since the last safer staffing report, we have seen a positive reduction in vacancies within Bedfordshire and London CHS; the most recently reported vacancy rate, November 2023 is:

- Bedfordshire – 6.38 % a reduction by 3.6%
- Tower Hamlets 9 % - a reduction by 14%
- Newham-14%-a reduction by-4% –

4.2 National Safer Staffing tool for community nursing (CNSST tool).
We have been one of the early implementer sites has applied and was granted the licence. This is to enable consistent workload acuity measurement against patient dependency and workforce factors in managing a community nursing team/ caseload at a national level, to constantly promote safer staffing through patient safety. This is the first safer staffing tool in community nursing and is well accepted.

4.3 Bedfordshire, Tower Hamlets and Newham community health service's most recent audit took place in May 2023 over a period of seven days. The services were benchmarked against 657 national community nursing teams. The new NHS England copyright licenced tool was used. Prior to the audit, the trainers, trained by NHS England to carry out in-house training, planned a rolling session of training for all staff over a period of one week.

4.4 Key findings: The audit highlighted that overall, our community staffing levels are sufficient for the number and care dependency level of patients on our caseloads and above the England average team size. The audit did identify some issues for consideration, for example, a need to consider a review of skill mix to ensure appropriate numbers of unregistered staff within community nursing teams who are appropriately trained and skilled to deliver some aspects of care; to reduce the number of administrative tasks and release more time to care.

4.5 The Lead Nurse for each Community Health Service will act on the findings and recommendations by including this in directorate workforce planning and reporting on progress to the workforce development steering group for community health services. The Professional Development Nurse has engaged with NHSE on developing a sustainable training model for using the CNSST tool.

4.6 Another audit will take place in May 2024 and staff training will precede this. We are also exploring the opportunity to digitalise the tool to ease the completion of the tool for staff, and more accurately receive the data.

5.0 Conclusion

5.1 As in previous reports, from the data above the challenge in obtaining registered nurses are evident across all services. In most areas there is a reliance on existing staff covering deficits by doing additional hours however, continued covid sickness and protracted high acuity impacts staff’s ability to do extra shifts at the same level. Repeated months or a number of wards within one service with a below 100% fill rates can put extreme stress on patient services with expected impacts on outcomes for

service user care, and service user and staff satisfaction and action is being taken to minimise variation.

5.2 Current national shortages and the impact of the pandemic, increased acuity does continue to have an impact on recruitment and retention. To ensure appropriate staffing levels are maintained a number of actions have been taken to manage, monitor and escalate concerns around safe staffing on a shift-by-shift basis with senior staff providing appropriate support to ward teams.

5.3 Recruitment and retention QI work will look to reduce variation in RMN availability throughout the year.

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

6.0 Action being requested

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

NHS
East London
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REPORT TO THE TRUST BOARD IN PUBLIC
25 January 2024

Title	Appointments & Remuneration Committee (RemCo) 30 November 2023 – Committee Chair's Assurance Report
Committee Chair	Deborah Wheeler, Vice-Chair (Bedfordshire & Luton) and Committee Chair
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

- To bring to the Board's attention key issues and assurances discussed at the Appointments & Remuneration Committee (RemCo) meeting held 30 November 2023.

Key messages

VSM Remuneration

- The committee approved the recommendations detailed in NHS England's letter in respect of an across the board increase of 5% for all VSMs to be backdated to 1 April 2023; these were based on Senior Salaries Review Body (SSRB) 2023-2024 pay recommendations for VSMs which were accepted by the Government.

Executive Directors Update

- Dr Amar Shah has been appointed by NHSE as the first National Clinical Director for Improvement; he will, however, continue his role as Chief Quality Officer at the Trust.

Appointment of an Interim Deputy CEO

- The committee approved the appointment of Edwin Ndlovu as the Interim Deputy DEO with effect from 1 December 2023, noting the agreed process was followed.

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REPORT TO THE TRUST BOARD IN PUBLIC
25 January 2024

Title	People & Culture (P&CC) 11 January 2024 – Committee Chair's Assurance Report
Committee Chair	Deborah Wheeler, Vice Chair, Bedfordshire & Luton
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 11 January 2024.

Key messages

Emerging Issues and Challenges

- Following the robust plans put in place to meet the CQC 'must do' requirement around statutory and mandatory training compliance, the Trust has achieved a level of 87% compliance to date; targeted work to achieve the required 90% standard Trust-wide is under way. The deadline to achieve the CQC 'must do' requirements has been revised to February 2024
- The committee sought and received assurance that training is being prioritised against high-risk safety areas along with links to learning from serious incidents
- Further work with services is ongoing to resolve the challenge around training non-attendance rates and to reiterate the importance of ensuring staff are allowed protected time to undertake their training
- Although there has been progress in rationalising some areas of learning to provide more relevant and bespoke training for target groups, there is more to do in this space, along with work around the transferability of training data between trusts as we continue to work more closely with NELFT
- Ongoing development of a series of people metric dashboards which have been agreed NEL-wide
- Staff survey: engagement has increased by 9%.

Growing and Developing for the Future: Apprenticeship Levy

- The presentation highlighted the breadth of learning with 172 apprentices in place across 24 different clinical and non-clinical programmes and the commitment of £2.4m of the levy to date
- A recent process undertaken with the Trust's internal auditors resulted in a positive opinion of both the strategy and the approach in identifying apprenticeship opportunities, confirming that the levy is being utilised in a sustainable way; ELFT is in the top half of trusts for levy spend
- The priorities for the programme over the coming months include ensuring a robust level of support is available to individuals throughout the duration of their programme, further engagement with professional leads around standards for apprenticeships and providing greater awareness of the realities of entering a programme for both applicants and their managers
- Positive feedback received from individuals about their learner journeys
- The committee requested an overview on individuals' experience and learning is included in future reports; in addition individual presentations to be included at future meetings and also to the Trust Board
- The committee welcomed the transfer of £575k of the levy to small organisations to fund their apprentice training programmes as a valuable part of our anchor organisation work.

NHS Sexual Safety Charter

- The Trust has signed the charter containing actions and principles, with a plan for Trust-wide communications in place
- There was an acknowledgement of the great deal of work already taking place in this space throughout the Trust. The required action plan will capture these initiatives including the work being undertaken within the staff networks and as part of the EDI strategy and plans

- The committee highlighted the need to broaden the scope of the work to articulate all groups who experience sexual safety matters as the charter is aimed at both staff and service users.

Raising Concerns/Freedom to Speak Up (FTSU)

- Actions already in place for specific improvements following an internal audit of the FTSU service; however, also developing a wider raising concerns strategy, broadening the speaking up culture as a whole and linking it with ELFT's leadership work
- Assurance provided that clusters of issues in particular areas are considered in an holistic way, with organisational development interventions and dedicated work from people business partners with service directors
- The committee will seek further assurance on the issues surfaced in the report at a future meeting and noted in the meantime the potential for the new PSIRF process to engender staff with more confidence in raising concerns as part of after incident reviews, without having to use formal processes.

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*

- There has been positive movement in some of the people metrics; however, it is proposed that a level of consistency be achieved on these before any changes to the risk scores are considered, along with further progress in the following key areas:
  - Reducing agency spend
  - Centralisation of the temporary staffing process
  - Cessation of industrial action
- The results of the staff survey are embargoed until the end of March 2024; these will provide a key indicator on the health of the Trust
- As part of wider work to articulate tangible targets to influence risk scores, trajectory forecasts will be developed for each BAF and work to ensure there is a clear definition between risks and issues
- 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.

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REPORT TO THE TRUST BOARD IN PUBLIC
25 JANUARY 2024

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	This paper has not previously been discussed.

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 pressures in services caused by industrial action and other operational and external challenges which is impacting 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.

Where are we making progress?

The Trust turnover rate is 19%, which is still above the Trust target of 16%. However, it has reduced for 6 consecutive months. The overall trust wide vacancy percentage remains stable at 9.4% with whole time equivalent (WTE) vacancies at 731.75. Bedfordshire Directorate vacancies are 146.17 WTE with a vacancy percentage of 15.6%, Tower Hamlets CHS has 77.05 WTE. 26.4%.

There is a focus on international recruitment and there has been a year-on-year increase in candidates from overseas predominantly across clinical staffing groups. We have 89 WTE across all staffing groups in 2023 and have a further 70 WTE offers in the pipeline.

Agency recruitment project across all staff groups is progressing. The Trust is recruiting an Associate Director of Transformation role. ELFT and NELFT have joined a national working group to review high-cost area supplement (HCAS) for outer London and fringe areas.

We are in the process of creating a temporary staffing function for Bank and Agency. 247 Time

implementation (new direct engagement model for temporary staffing) was implemented in October 2023.

The Trust sickness absence rate has reduced from around 5.10% in August 2023 to 3.50% in October 2023, which is line with the Trust target. The time to hire figure has reduced from 44.2 days to 38.5 days which is below the Trust target of 45 days.

New Ways of Working.
The Trust is working to reduce the agency across all staff groups with a focus on non-clinical areas. There are no longer any agency workers within People & Culture and there are plans to reduce the agency spend in Finance and Digital in the coming months. To mitigate the use of agency in clinical areas the updates are as follows:

Looking After Our People: Retention
The recruitment and retention working group has oversight of temporary staffing working group and is already seeing some progress. The Trust submitted a bid for the NHS E Retention Exemplar programme but was unfortunately unsuccessful and we are addressing other related factors linked to retention.

Growing and Developing for the Future:
Statutory and mandatory training compliance continues on an upward trajectory, we are now reporting at 87.00% (with effect from 8 January 2024) with focussed activity in place to return the Trust to 90% compliance target, which is likely to be achieved by Spring 2024. The L&D Team 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. Work continues to focus on reducing the number of non-attendances at training which have increased in November and December.

We continue to focus on governance and management of our apprenticeships and the number of apprentices continue to increase. In January there are 161 apprentices on programme. In the last quarter 12 apprentices have successfully completed with 33 commencing their learning.

Leadership development continues across the 5 key programmes which continue to be delivered into 2024. Managers Induction has successfully supported newly appointed leaders, and this will continue to involve and improve.

Belonging in the NHS:
Work is underway to plan for the initial Pharmacy Workforce Race Equality Standard (PWRES). The anti-racism work is continuing following the trust wide events in October 2023 and we are continuing to operationalize equality governance framework.

The Trust has signed the NHS England Sexual Safety Charter and is progressing the actions by the June 2024 deadline. In addition, the Freedom to Speak Up actions identified in the internal audit are also underway.

Strategic priorities this paper supports.

Improved population health outcomes	☒	We have taken a population health approach to our staff wellbeing as many members of staff live and/or work within the boroughs that we provide services in.

Improved experience of care	☒	Research shows that if staff are engaged, then they will be able to provide better care to patients and service users.
Improved staff experience	☒	The approach to improvement sets out in this paper are designed to directly improve staff experience.
Improved value	☒	There is a strong evidence base that engaged staff are healthier and more productive at work and, therefore, contribute to value for money.

Implications

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

1. Introduction

This paper provides assurance in terms of ongoing work across the Trust to support our people. Managing within 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, which is covered in more detail in the report.

2. New Ways of Working - Recruitment activity

The overall Trust wide vacancy percentage remains stable currently at 9.4% with whole time equivalent (WTE) vacancies at 731.75. The highest number of vacancies exist in Bedfordshire Directorate at 146.17 WTE with a vacancy percentage of 15.6%, with highest vacancy percentage in Tower Hamlets CHS at 26.4% and total vacancies at 77.05 WTE.

The trend suggests that the overall recruitment activity has increased but is being sustained by improved ways of working and improved monitoring of the pipeline of recruitment activity. From the latest monthly figures, a total of 434.01 whole-time equivalent (WTE) adverts were placed, 282.42 WTE offers were made to internal and external candidates and a total of 253.03 WTE new starters. This pipeline includes replacement of leavers, new roles, international recruitment and targeted recruitment campaigns for both substantive and fixed term recruitment. It does not include new starters joining on an honorary basis, training roles or transfers from other organisations.

Table 1: Adverts by Whole Time Equivalent (WTE)

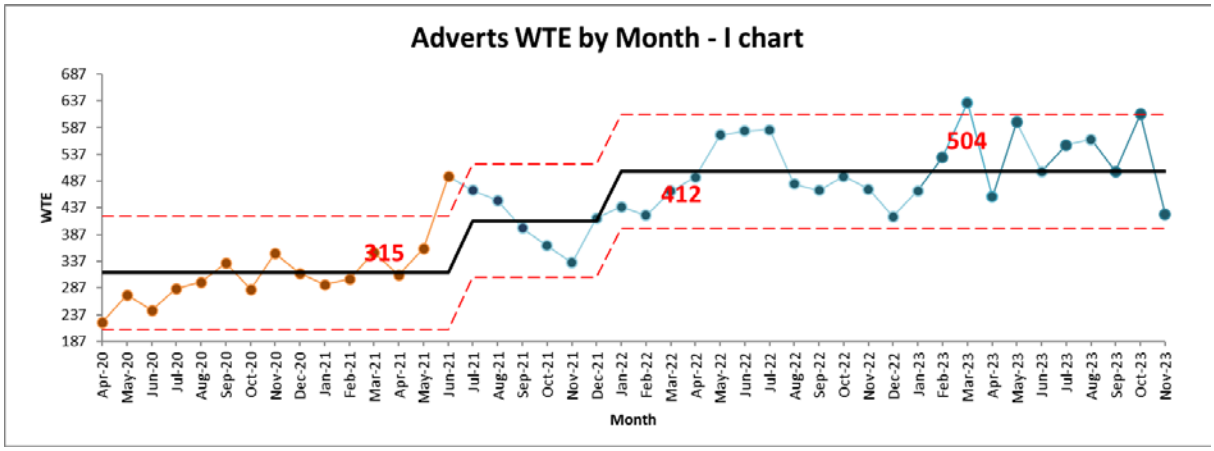


Table 2: Offers by Whole Time Equivalent (WTE)

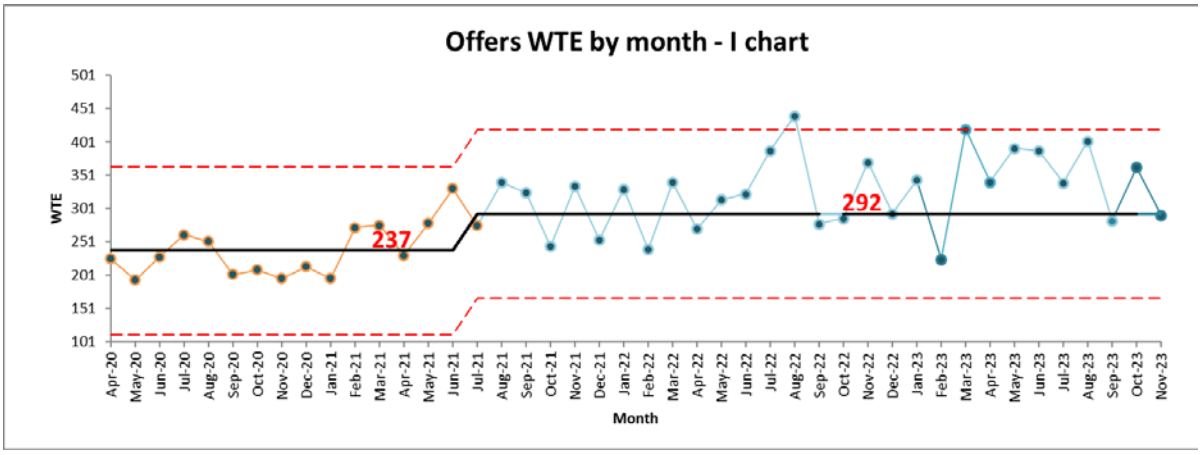
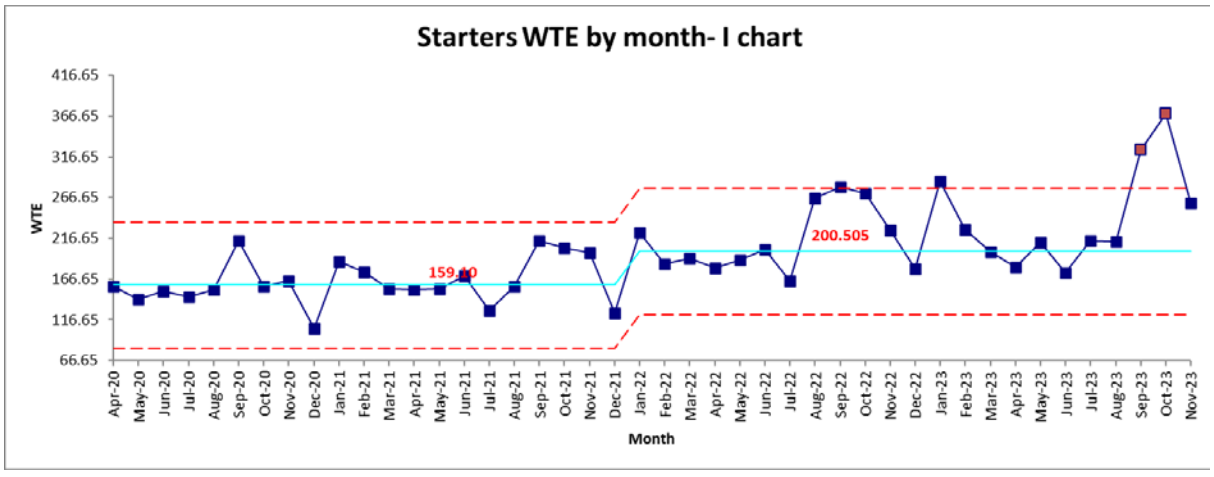


Table 3: Starters by Whole Time Equivalent (WTE)



Time to hire

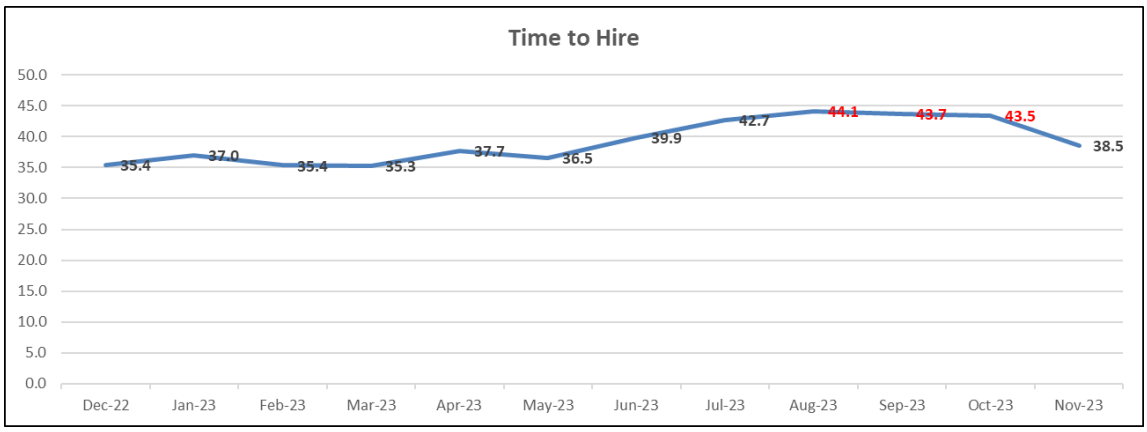
The Trust's time to hire (TTH) target is 43 days from the point of advert to pre-employment checks being completed. The latest TTH indicates an improvement since the last report, and is back within the normal ranges. The current time to hire is within the target at 38.5 working days. Concerted efforts were made to improve on these figures such as greater scrutiny by

the Resourcing team, in terms of the pipeline and reviewing those offers which have been in pipeline for a longer than desired period. This scrutiny and the required further action which was taken has helped to stabilize and reduce the TTH and bring it within the target range.

A detailed plan is being put together to standardise, streamline and automate the recruitment processes within the Trust. This is to address the significant increase in activity and volume in this area and to improve the experience people have in navigating these processes. Work that has already begun includes:

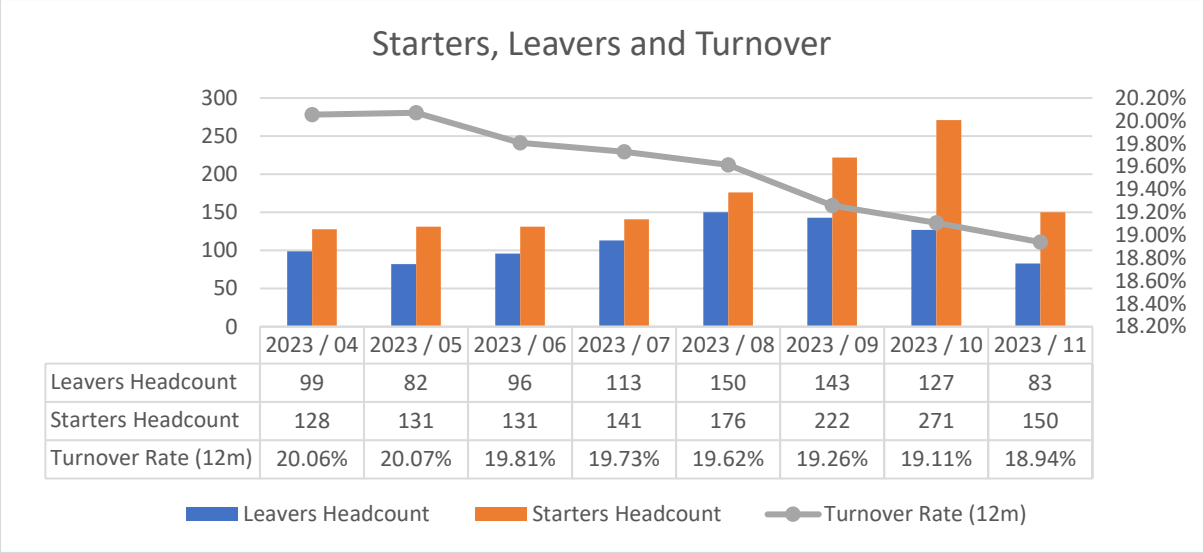
- The management structure within the recruitment team has now been established and embedded. This will help with day to day operational leadership and creates capacity for strategic planning.
- Optimising use of the Trac recruitment system for better use of the functionality of the software used by the Trust to carry out end to end recruitment. Initial work will see automation in setting up virtual interviews, vacancies moving to shortlisting without the need for manual input and onboarding forms processed via Trac.
- Working with localities to combine recruitment fairs to make better use of available resource.

Graph 4: Time to hire.



Graph 5: Starters, Leavers and Turnover

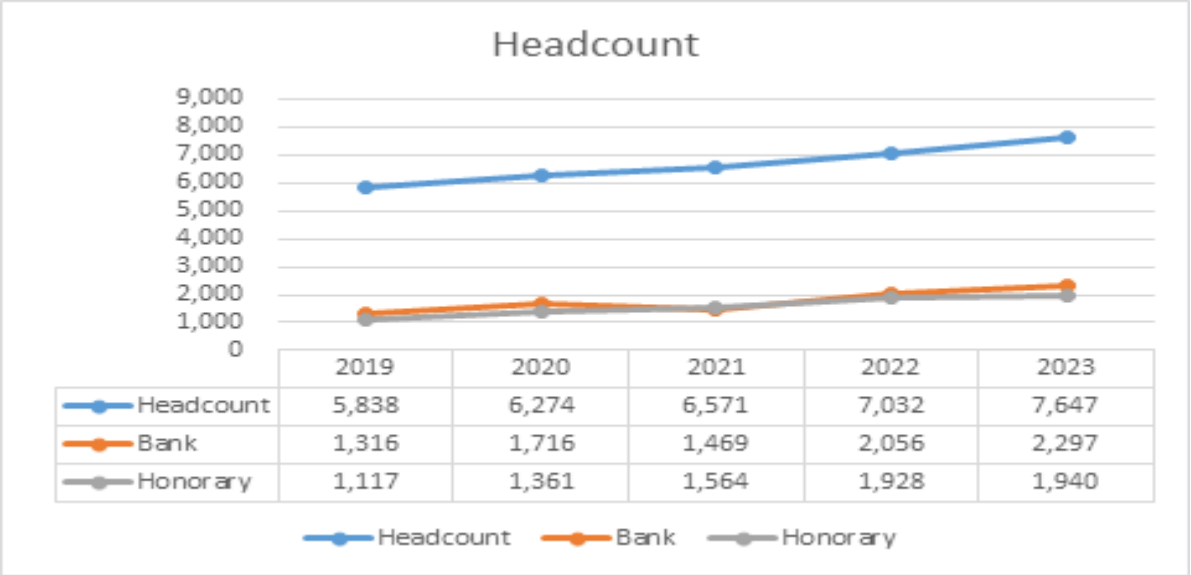
The data shows that turnover has been reducing for 6 consecutive months and this is a positive sign. The number of new starters peaked in October 2023. The Trust applied to NHS England to become a retention exemplar but were unsuccessful in the bid.



	2023 / 04	2023 / 05	2023 / 06	2023 / 07	2023 / 08	2023 / 09	2023 / 10	2023 / 11
Leavers Headcount	99	82	96	113	150	143	127	83
Starters Headcount	128	131	131	141	176	222	271	150
Turnover Rate (12m)	20.06%	20.07%	19.81%	19.73%	19.62%	19.26%	19.11%	18.94%

Graph 6 Headcount

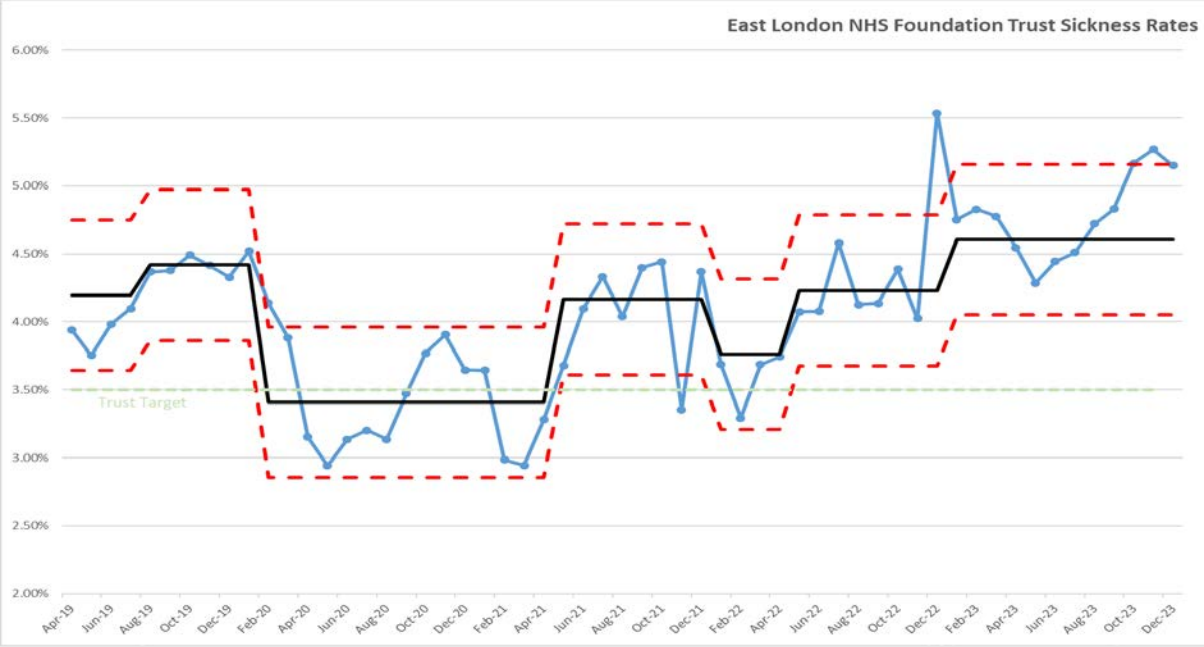
Graph 6 shows that the Trust headcount has grown steadily each year. These figures exclude Bank and honorary contracts. There has been a significant increase in substantive staffing number and 1,800 whole time equivalent increase since April 2019 equating to 34%.



	2019	2020	2021	2022	2023
Headcount	5,838	6,274	6,571	7,032	7,647
Bank	1,316	1,716	1,469	2,056	2,297
Honorary	1,117	1,361	1,564	1,928	1,940

Graph 7 Trust sickness rates

The sickness absence data shows that after six months of consecutive increases, it is starting to reduce. It is also of note that the sickness absence data during the period of COVID-19, may be distorted because of the numbers of staff who were either working from home whilst they were sick, isolating and/or shielding. These would not have been reported or recorded as sick.



The top three reasons for sickness absence are as follows:

Jan 2023 to Dec 2023				
Absence Reason	**Headcount**	**Abs Occurrences**	**Abs Days**	**%**
Anxiety/stress/depression/other psychiatric illnesses	777	1,035	34,109	27.2
Cold, Cough, Flu - Influenza	2487	3,426	15,032	12.0
Other musculoskeletal problems	506	618	10,546	8.4

3. Temporary Staffing

Key areas that the programme is focusing on include reviewing the current bank rates, scoping the options of a collaborative bank with system partners, 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.

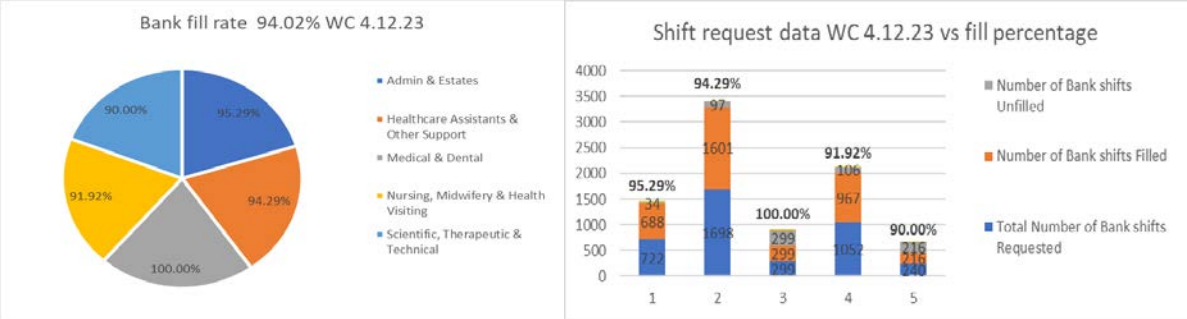
4. Programme update January 2024:

- A new system brought in house to manage direct engagement (DE) agency worker bookings for doctors, allied health professionals and Admin staffing groups.
- Roll out of Staff Direct software by Allocate replaced Fieldglass software

- All existing direct engagement agency workers and shift bookings for Medics and AHPs transferred over as part of transition Phase 1. Implementation is now complete.
- Phase 2 to include roll over of Nursing/ Admin agency shifts onto the Allocate Staff Direct system to enable further DE savings which is in progress and on target for January 2024.
- Phase 3 to include transfer of Trust wide Nursing Agency bookings via the central temporary staffing team which will ensure greater compliance of agency workers, adherence to NHSE requirements such as DE and Framework regulations, and provide greater visibility of agency usage and spend across the organisation. This work should be completed by the end of March 2024.

5. Bank Usage Report

The data shows we have a healthy weekly bank fill percentage across all staffing groups where bank shifts are requested. During week commencing 4th December 2023, 4011 bank shifts were requested and 3711 shifts were filled across all staffing groups, with an overall bank fill percentage of 94.2%.



6. Agency Usage report

With the launch of staff direct we will be able to report on the monthly usage and spend on Medical, Allied Health Professional and Admin agency staffing groups per directorate and locality. This will help to provide an overview to Service Directors and manager's requesting these shifts, help plan their temporary workforce requirements better and enable better planning to convert bookings to either bank or substantive.

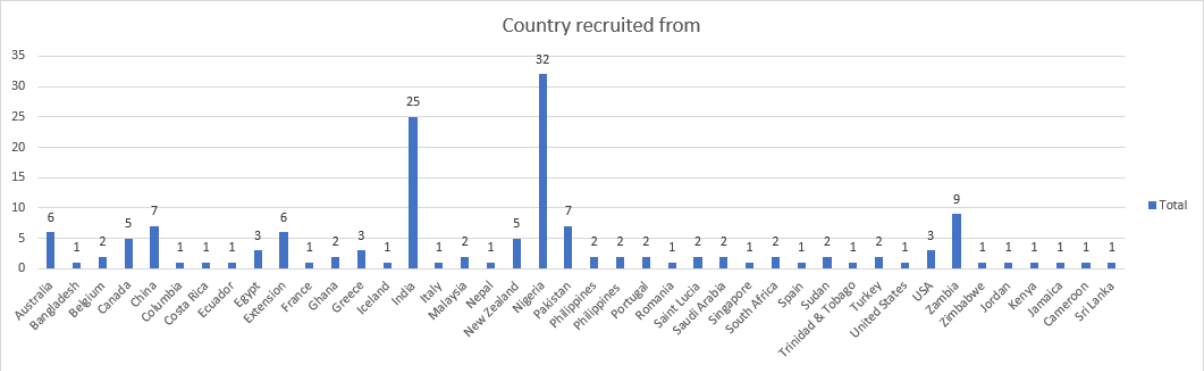
Further plans for recording of nursing shifts on Allocate via a centralised service will allow us to have better oversight of agency workers and ensure the agency is fully compliant along with reducing spend in this area. The aim is to have this in place by the end of March 2024.

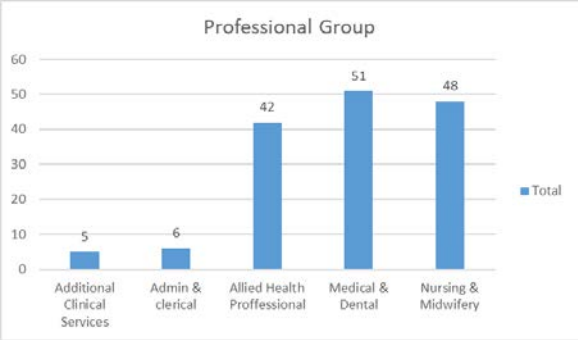
7. International Recruitment

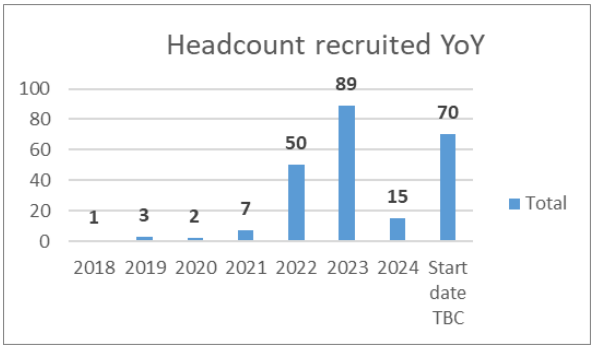
There is a stronger focus on international recruitment which has now been embedded as a workstream to help fill some of our hard to fill roles. Direct and indirect approaches are being explored including the Capital Nursing and other alliances, GMC registered International Medical applicants and the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

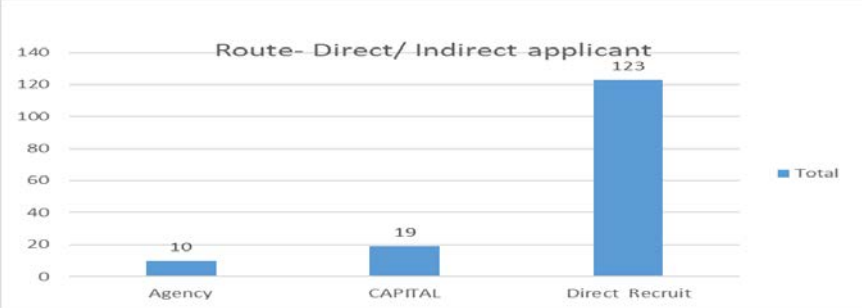
The graphs below indicate a year-on-year increase in uptake of candidates from overseas predominantly across clinical staffing groups. A robust induction and onboarding package alongside considering ethical sources of recruitment activity will lead to future growth and stability within this workstream. There are 40 nurses in the pipeline from Pulse academy Sri Lanka and 24 from IIHS, Sri Lanka, only 1 from each partnership have started so far. We

recruited 89 WTE across all staffing groups in 2023 and have a further 70 WTE offers in the pipeline.









8. Junior Doctor Industrial Action

8.1. Junior Doctors took part in the longest Industrial Action in the history of the NHS from 7am on 3 January to 7am on 9 January. This follows a three-day strike from 7am on Wednesday 20 December 2023 to 7am on Saturday 23 December 2023. A summary will be provided within the next report detailing the number of junior doctors who took strike action over the period.

8.2. Strike drop-ins as well as the emergency incident management calls have been reinstated by way of addressing any immediate concerns and clarify processes to support.

9. Looking after our People: Organisational Development (OD):

Following the facilitation of team OD interventions, 98 staff members completed an evaluation form. The outcomes confirm:

- 99% agreed or strongly agreed that the session was relevant and useful to them in their current circumstances.
- 99% agreed or strongly agreed that the session has helped them to develop new insights or knowledge.
- 91% agreed or strongly agreed that the session will be of benefit to them in the future.
- 90% gave an overall rating of 8, 9 or 10 (10 being the highest) for the OD session.

10. Organisational Development (OD) Case Study:

Following changes and a consultation in 2022, two clinical teams were asked to work more closely together. The teams were unsettled, felt they had lost their identity and were experiencing staffing pressures, burnout and a lack of understanding of what each of the teams face daily, which led to misperceptions and assumptions between both teams.

The OD Team scoped with many staff and leadership for both teams to ensure the intervention was fit for purpose. Activities were facilitated with both teams on the day to help the teams develop an understanding and appreciation of one another, build working relationships, and ultimately support both teams to grow and flourish as a system, for the benefit of staff & patients. Each team took a 'walk in each other's shoes' explored their team identity and drew up a collaborative vision as one team. Further OD interventions are being planned with this team to continue building on relationships and collaboration.

11. Leadership and Culture

As part of the leadership and culture work, we have devised a tool kit to support teams in delivering non-complex OD interventions.

Delivery of leadership development programmes continues with Stepping into Leadership, ELFT Lead, and Senior Clinical Leaders programmes all being delivered in November and December, with further cohorts and sessions running into 2024.

The Managers induction programme aimed at newly appointed managers has been running monthly since September and is scheduled throughout 2024. This course is designed to highlight and signpost to managers what is expected of them, the skills and knowledge they need and the support that is available to them. The course has been evolving monthly based on learner feedback and this improvement will continue on an ongoing basis.

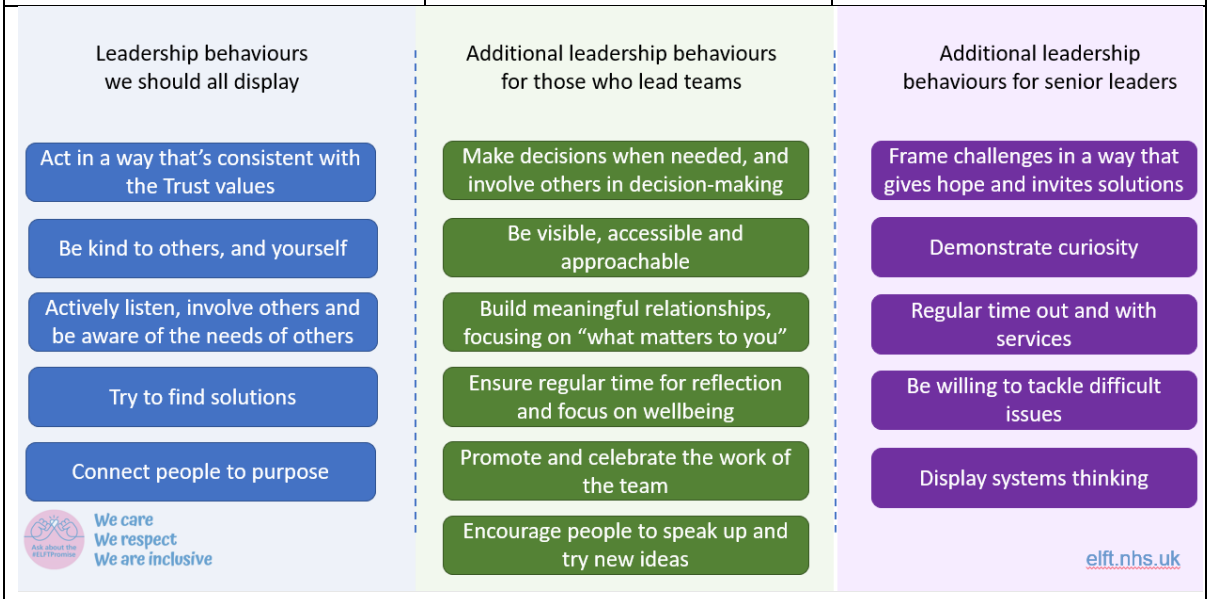
Our training content will be reviewed in Q1 2024 to ensure that there is no overlap, there are no gaps, and that they include the ELFT Leadership Behaviours that were launched in 2023 as well as the new NHSE resource titled 'Expectations of a Line Manager' which we will use to give managers clarity around what the organisation expects of them.

The Leadership behaviours will also be embedded into AFC appraisal for 2024 with all staff being asked to consider their own strengths and development areas just as they currently do for the Trust Values.

The new Leadership Behaviour Framework has three levels which can be mapped against the existing course catalogue. Within Agenda for Change (AFC) the term Senior Leader

refers to a leader who is employed in a role which is banded at 8a or above, so we have used this definition to map the provision. This map can be seen below.

Prospective Managers	Managers ≤ Band 7	Senior Managers
Stepping into leadership Coaching & Mentoring	Managers Induction HR Skills for Managers ELFT Lead Coaching & Mentoring	Managers Induction HR Skills for Managers Senior Clinical Leaders Senior Leaders Coaching & Mentoring



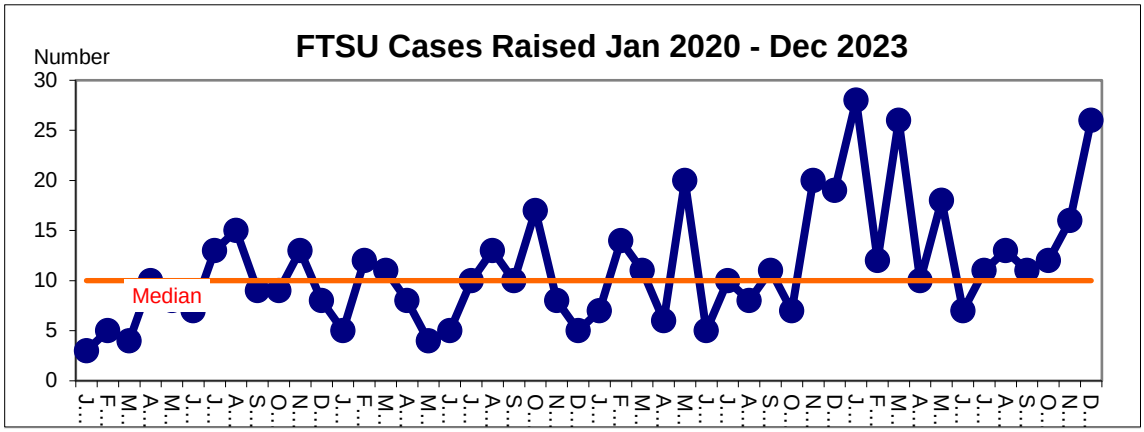
The Vitamin D Campaign (Sunshine in Your Pocket)

The 2022/2023 campaign: Over the past 4 years that ELFT has offered this vitamin D supplementation to staff, we have received high uptake.

Year	Total requests	Male	Female	BME	White
2020/2021	2731	Data not collected	Data not collected	Data not collected	Data not collected
2021/2022	2020	449	1528	1127	837
2022/2023	1884	401	1462	1084	722
2023/2024 (thus far)	1855	414	1426	1073	741

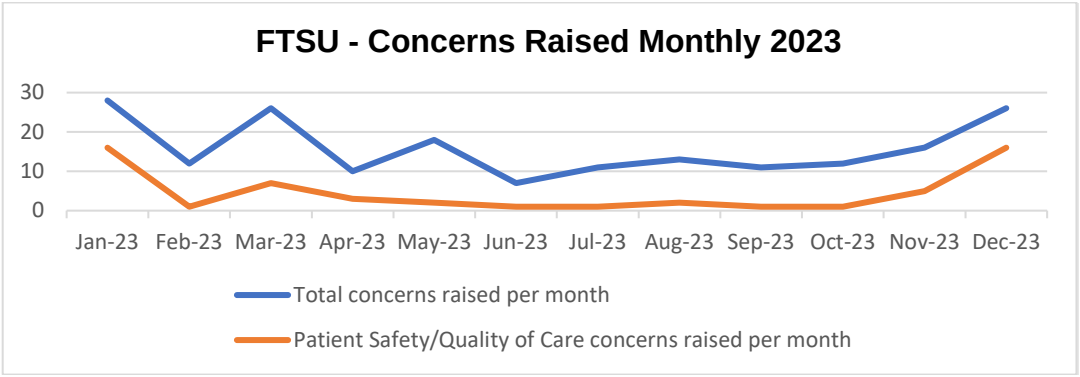
12. Freedom to Speak Up Data November and December 2023. FTSU Overall numbers.

Run chart displaying number of cases raised each month from January 2020 to December 2023.

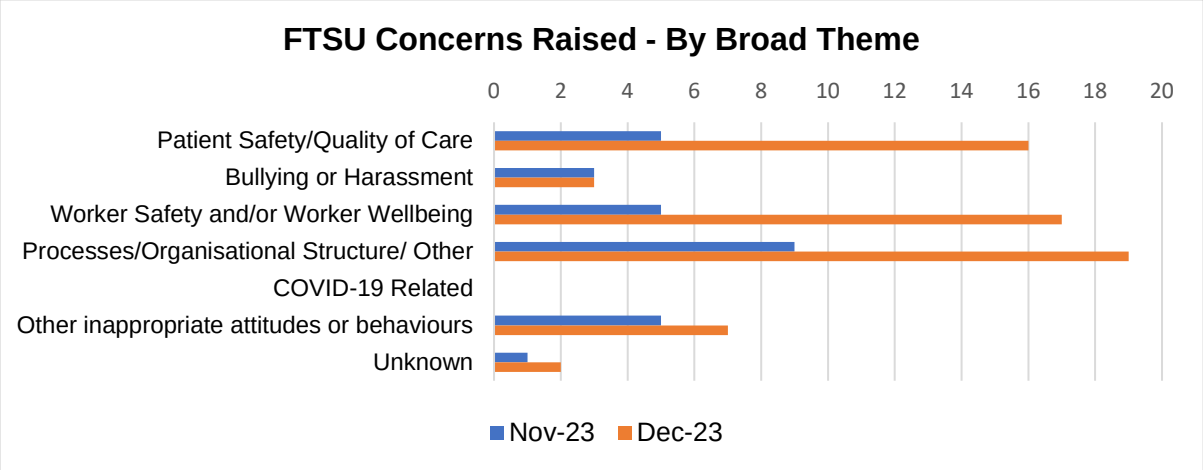


Total number of concerns raised and those relating to Patient Safety/Quality of Care each month for 2023. The noticeable increase in Patient Safety/Quality of Care concerns in December is due to 13 concerns raised in City & Hackney around a particular building that colleagues work from, 30 Felstead Street.

12.1. The concerns raised were around Staff Safety/Staff Wellbeing and Patient Safety/Quality of Patient Care. These concerns were escalated to the relevant service director. Work has been ongoing over the last 12 months to improve the site. Now looking at improving communication and frequency of communication with staff to ensure clarity on progress of work, difficulties encountered and timelines for completion with improving the building for Staff and for Service Users.

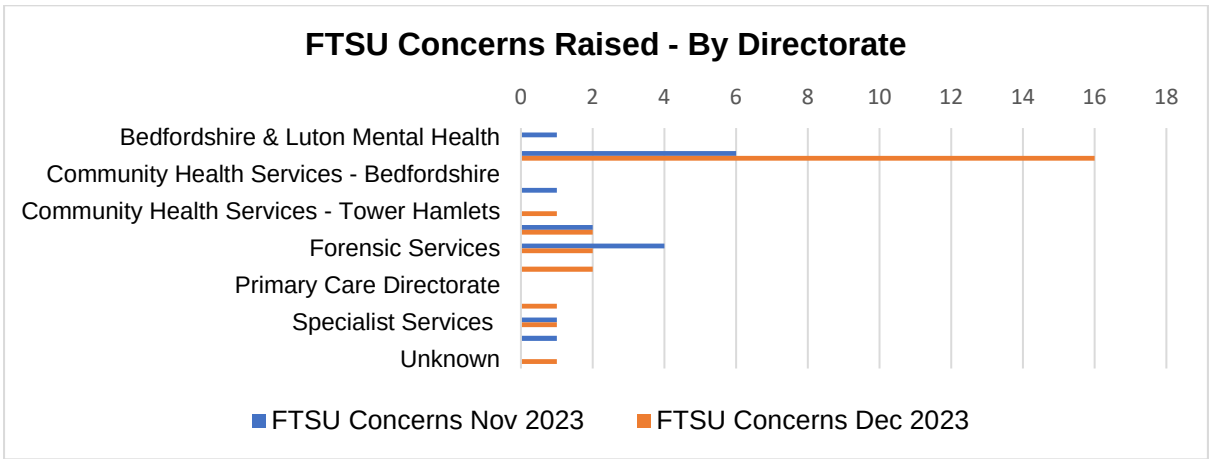


12.2. **FTSU Broad themes raised.**



- Processes/Organisational Structure/Other was the highest broad theme for both November and December 2023. These concerns relate to: High turnover of nursing staff and senior practitioner roles.
- Agency staff - start and leave very quickly.
- Role not being fulfilled to standard and the impact it is having on Service Users.
- The experience of raising a Grievance – not being heard or fully understood.
- OT Team – culture and micromanagement
- Cultural favouritism with Bank shift allocation.
- External company – contract procurement
- Conflicting messages in inpatient setting – staff told patients can't have an item, staff inform patient, patient escalates to senior nurse, they allow patient the item.
- Unprofessional behaviours not addressed by management.
- Lack of clarity around a process – Nurse working bank shifts while having restrictions in place – how is the restriction information shared whilst maintaining necessary confidentiality?
- Stance on supporting staff with childcare – person in management does not want to hear about these issues or for staff to bring these issues to them.
- Site issues at the building 30 Felstead Street, impacting Staff and Service Users.

FTSU concerns – Directorate



12.3. The highest number of concerns raised in November and December 2023 are in City and Hackney. Concerns with the ongoing issues with the building at 30 Felstead Street account for the majority. The other concerns raised relate to staff concerns, around retention, staffing numbers, staff feeling unsupported, inappropriate/unprofessional behaviours, working bank shifts while having restrictions in place, OT team and micromanagement culture, racial discrimination, and racial bullying.

12.4. Over this reporting period, the highest number of concerns raised were from Nursing colleagues (10), followed closely by Administrative and Clerical colleagues (9), and Additional Clinical Services colleagues (6).

12.5. A detailed update on the actions from the internal audit was presented to the People & Culture Committee in January 2024 and the Business Partners are working with Service Directors to address the challenges.

13. NHS E Sexual Safety Charter

13.1. In September 2023, NHS England launched it's first-ever sexual safety charter to help protect staff who have suffered harassment or incidents of sexual misconduct. This requires trusts to establish clear reporting mechanisms and provide training to equip managers to fully investigate incidents and to provide appropriate support to individuals affected. The Trust has now signed up to this charter.

An update of the initial action plan was presented to the January 2024 People & Culture committee. Most of the required actions are already in progress, with a deadline date of June 2024 for the remainder of the actions. A more detailed update will be brought to a future P&C committee and will include all other sexual safety work streams across the Trust.

14. Whistleblowing

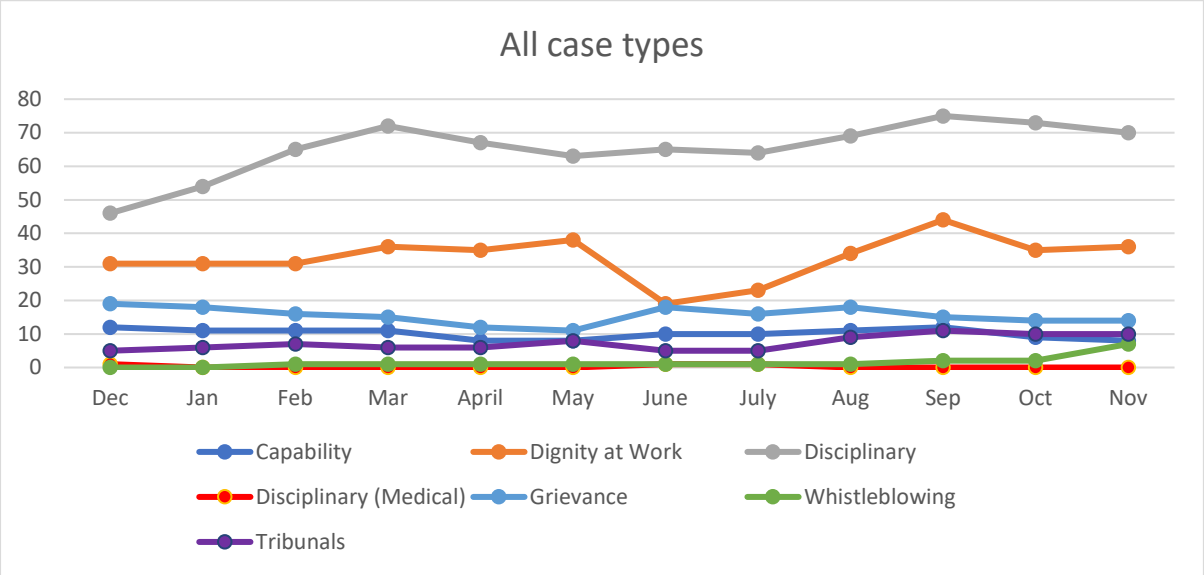
14.1. There are currently 8 open Whistleblowing. This has increased from 6 in the last report. The themes for the complaints have been:

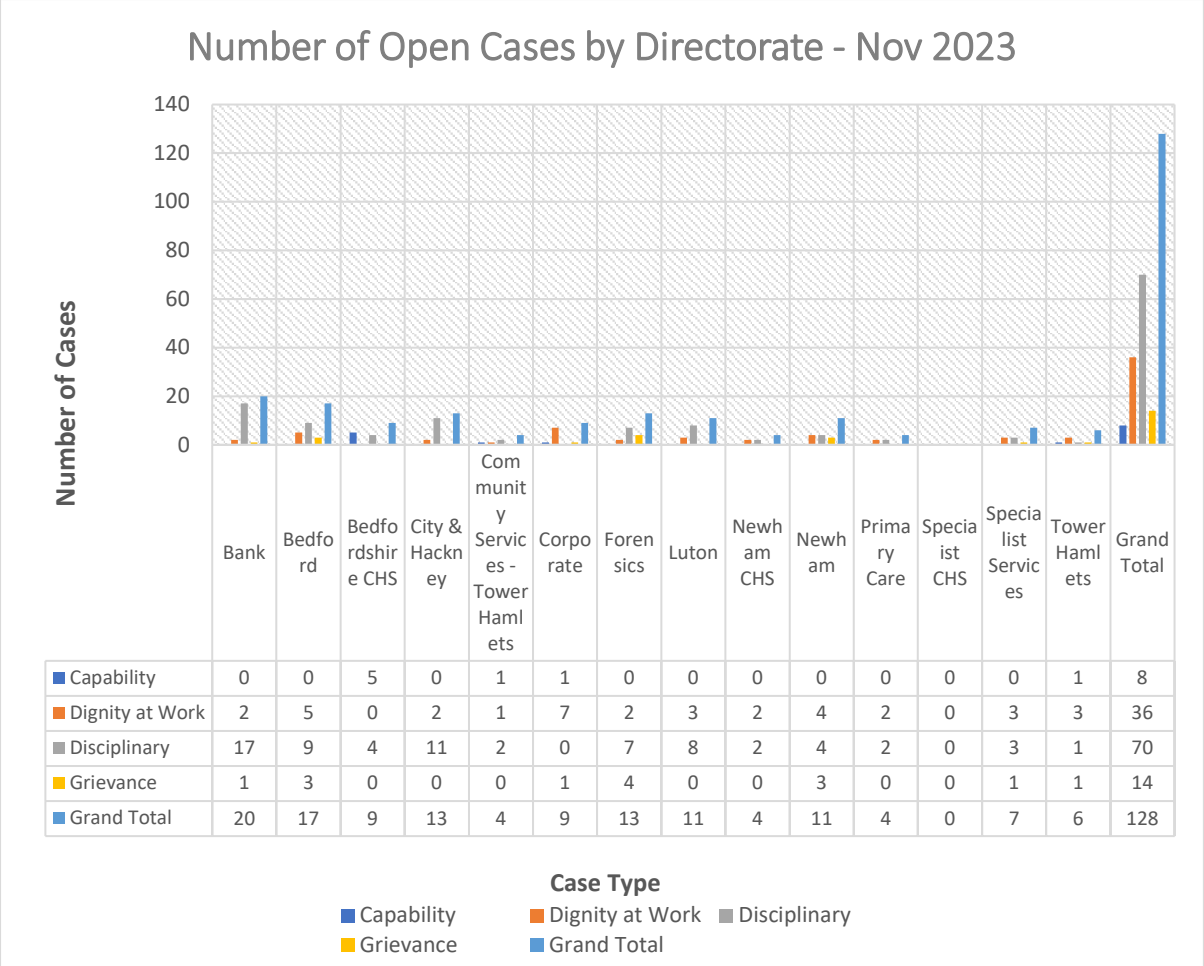
- Bullying and harassment.
- Concerns about the professional or clinical practice or competence of colleagues or other members of staff.
- Inappropriate or unauthorised use of public funds or other resources, Potential corruption, fraud, or other financial malpractice.
- Health and Safety risks to the public, service users or other employees.
- Healthcare matters including suspected maltreatment/abuse of service users or staff.
- Other unethical conduct.
- The whistleblowing complaints have been raised via various routes including Freedom to Speak Up Guardian, CQC, and anonymously. The process for which whistleblowing complaints has been reviewed given the various avenues that the Complaints can be received. Whistleblowing complaints are now recorded on the People Relations systems as they were previously manually recorded.

15. People Relations

15.1. At the end of November 2023, there are: 145 live employee relations (ER) cases including 10 Employment Tribunal cases, 1 ACAS, 161 long-term sickness cases and 544 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 as it promotes informal resolution. The team is also in the process of relaunching Restorative Just Culture, this will be reviewing the current Fair Treatment Process.

15.2. 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 early 2024.





	Bank	Bedford	Bedfordshire CHS	City & Hackney	Community Services - Tower Hamlets	Corporate	Forensics	Luton	Newham CHS	Newham	Primary Care	Specialist CHS	Specialist Services	Tower Hamlets	Grand Total
Capability	0	0	5	0	1	1	0	0	0	0	0	0	0	1	8
Dignity at Work	2	5	0	2	1	7	2	3	2	4	2	0	3	3	36
Disciplinary	17	9	4	11	2	0	7	8	2	4	2	0	3	1	70
Grievance	1	3	0	0	0	1	4	0	0	3	0	0	1	1	14
Grand Total	20	17	9	13	4	9	13	11	4	11	4	0	7	6	128

Work is continuing with the People Relations team and services in order to bring down the overall number of cases. In the last 12 months there has still been an over representation of staff from Black and global majority communities. They represent 103 staff from Black and Global majority, compared with 42 White staff and 8 staff from groups defined as Other.

The People Relations team are in the process of relaunching the 'just culture work' and decision tree. All staff who have been through the disciplinary process (although those not dismissed) are being surveyed to inform the improvements that can be made to the disciplinary process. Investigating Officer training has also been commissioned and the Respectful Resolution process, which has been piloted is being rolled out across the Trust.

16. COVID-19

16.1. COVID-19 autumn/winter booster programme ended in December 2023. 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. A new agreement on financial arrangements for 2024/25 for the Workforce Management team is to be confirmed in due course.

16.2. 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.

17. Growing and Developing our People - Statutory and Mandatory Training

17.1 Statutory and Mandatory Training compliance continues to improve, with a reported compliance level of 87.00% as of 8th January which is a 1.38% increase since 7th December 23.

17.2 Of the 11 directorates, all are now above 80%, 6 are between 87% and 90%, and 3 are above 90%. An Increase in non-attendance (DNA) in December was experienced due to service demands, and increased levels of staff absence had an impact on the move towards increased compliance.

17.3 The L&D Team continue to work with DMTs to ensure that training is delivered, where practicable, around service demands and in localities.

17.4 In November and December there were also two large cohorts of new starters who had not reached compliance within the 3-month grace period. This had an impact on expected compliance increases.

17.5 The L&D have increased the targeted communication to new starters during their first 3 months to encourage compliance and communicate with DMT Leads. Based on the above, and the volume of learning that is expected to become non-complaint in Jan to Mar it is expected that the trust will reach the 90% target in March 2024.

17.6 The L&D Team are working with the Business Information Team to build a live data dashboard within the PowerBi app. This is currently being tested and when both teams are confident in the accuracy of the date the tool will be rolled out and allow DMTs and performance leads to access real time data and reporting. This will result in the L&D team ceasing its fortnightly reporting.

17.7 Whilst Compliance was 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 we encounter issues due to high levels of DNA and on some occasions course cancellations which has impacted us achieving the 90% compliance.

17.8 The reasons for not being able to achieve the target of 90% by the end of the year is due high levels of DNA and cancellations often with staff citing staffing issues on ward. There have also been low levels of provider cancelations due to staff sickness.

17.9 In line with our CQC action plan we continue to take the following actions to ensure the Trust can meet the 90% compliance target.

- Provide reports to Service, Borough Directors, and Leads Nurse on directorate compliance on a bi-weekly basis to allow them to manage local requirements and provide oversight of compliance in their directorates.
- We will on a bi-monthly basis review the audience, looking at staff mapping to ensure it is up to date and that any hierarchical changes are reflective of compliance and training.

- We will continue to work with our Learning Management System (LMS) provider, by meeting bi-monthly to ensure systemic issues which may impact compliance i.e., recertification calculations are rectified in a timely manner.
- L&D officers will continue to send targeted emails to those staff who are non-compliant including details of upcoming training dates to ensure staff can book and attend. Managers / matrons will be copied into these emails to ensure staff are encouraged to attend and safe rostering and levels of staff on ward.
- We will continue to commission courses to meet demand.

22. It is now expected that we would reach the target of 90% by end of May 2024 as we continue to take the necessary measures such as mapping, liaising with subject matter experts, targeting staff who are non-compliant etc.

23. 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. A further update is scheduled for the March People & Culture committee.

18. Belonging in the NHS - Equality, Diversity and Inclusion

18.1. The Equality Programme Board has continued to meet monthly and have added the review of Equality Impact Assessments to the fixed agenda. The purpose of the EPB is:

- To provide a collaborative approach to monitoring, challenging, influencing and changing the culture of Equality, diversity, and Inclusion (EDI)
- To oversee the progress of ELFT Equality Plans for patient, services users, staff and communities.
- To deliberate and reach a consensus in respect of risk and appropriate management measures which will form the basis of formal recommendations.

The EDI Network is a Trust-wide sharing workshop that takes place bi-monthly with a focus aligned to EDI priorities, such as disability awareness, population health, and anti-racism.

The Trust will launch the second FLAIR survey in early 2024. Findings from the previous survey had been shared with HR Business Partners, who worked with Directorate Leads to develop local FLAIR action Plans. Progress of the actions will be reported in last 2024 and be measured against its impact on the Workforce Race Equality Standards indicators.

This is the first year that a WRES collection for Bank Staff has been mandated. Its main purpose is to understand the detail of the active bank workforce and key elements of its demographics by position as this has not previously been measured across the NHS. There are an estimated 150,000 bank-only workers in NHS trusts and to support NHS England's strategic aim of improving the quality of bank provision as a flexible option for staff, it has been decided that the scope of the NHS Workforce Race Equality Standard (WRES) will be expanded to cover bank-only workers for the first time. Key findings were:

- There is a large representation of both Black Men and Black Women in Clinical Band 3-5 roles. Particularly Clinical Band 3 where there are 8 times more Black staff (268) than the next highest group, White (32), and 9.5 more than Asian (28).
- White and Asian Bank Staff make up the highest number of Medical and Dental Bank Staff at 119 for both. There are 32 Black staff on Medical and Dental Bank.
- Overall there are more Women (658) on Bank than Men (436), this is also true for each ethic group.
- Black Women represent the largest number of Bank Staff (252), followed by White women (193), and Black Men (180).
- Black Bank Staff represent the highest group entering the formal disciplinary process. This is reflective in Metric 3 of WRES - where BME staff are almost 3 times more likely to enter the formal disciplinary process. No Bank worker has been from any ethnicity has been dismissed in the last 12 months. An overarching governance framework and equality, diversity and inclusion plan has been agreed and implemented to address the issues highlighted in the WRES, WDES, Medical WRES and Bank WRES (BWRES) to address these challenges.

Pharmacy Workforce Race Equality Standard (PRWES)

The 2023 publication of the national Pharmacy Workforce Race Equality Standard (PWRES) report is a significant step in creating an evidence base to reveal racism, discrimination, and inequality in career progression in the NHS pharmacy workforce and is an important deliverable from the Inclusive Pharmacy Practice (IPP) initiative. The Trust will be collecting local data from March 2024 to inform the development of an action plan.

Recommendations

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

REPORT TO THE TRUST BOARD IN PUBLIC
25 January 2024

Title	Charitable Funds Committee 18 January 2024 – 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 18 January 2024.

Key Messages

Population Health ELFT Charity Annual Report 2022/23

- The committee welcomed a draft of the first ELFT Charity Annual Report for the period April 2022 to March 2023 covering the key highlights of the year, including total spend and the number and profile of projects funded to evidence alignment with the agreed population health themes around social isolation, digital poverty, financial pressures and access to green spaces and healthier living
- Whilst acknowledging that this report relates to an early development stage of the charity, the committee encouraged the inclusion of narrative around current plans and projects either in planning or already underway, as potential funders or donors will gain assurance and confidence from seeing evidence of the ongoing progress and achievements of the charity
- The importance of emphasising the added value of the charity as a wellbeing wraparound function, distinct from the statutorily funded work of the NHS was highlighted with increased showcasing throughout the document of beneficiary case studies and stories to highlight the breadth of benefits gained by individuals and communities as a result of ELFT charity funding, as this will be of particular interest to potential donors or funders
- The report will be presented at the Trust Board meeting in March.

Hope Garden Project

- This garden project in Newham has grown exponentially into a multipurpose space providing huge health, wellbeing and therapeutic benefits for service users and staff following a grant from the charity
- Regular weekly garden groups of service users actively engage in meaningful activities, interacting socially in a supportive community environment and learning new skills; the garden is also used for art therapy sessions with service users, by clinicians working in the crisis services as a more relaxed environment to see service users and their families, along with some successful in-reach work with long term inpatients by use of behaviour activation techniques in the space; as a result of working in the garden, one service user has embarked on a carpentry skills course
- The committee commended this project and in particular acknowledged the drive, motivation and commitment of the leader of the project on the breadth of creativity and benefits evidenced and the strength of dynamic leadership demonstrated, encouraging further discussion around the potential to showcase and scale up this initiative for replication of the idea across the geography of the organisation as it very much aligns with ELFT's Marmot and anchor organisation aims.

Communications Update

- Communications messages promulgating information around the purpose of bids and details of the funding awarded continue to be well read and the programme of regular Trust-wide webinars continues
- Following the relaunch of the 'Pennies From Heaven' initiative, there are now 167 members of staff participating highlighting the gradual increase in Trust-wide engagement.

Funding Awarded

- Funding totalling c£195k granted to date, with applications for bids continuing to be received
- The last quarter has seen an increase in applications from Bedfordshire and Luton services following dedicated on the ground promotion of the charity and this is expected to improve engagement from all locations as the raising of awareness continues Trust-wide
- There will be more focus on raising the narrative around support for larger grant applications in order to effect greater change to the wider health outcomes and socio-economic conditions of our population, and grow staff capability to support the population health agenda.

Equality Impact Assessment

- There remain challenges in obtaining accurate and purposeful equalities data from all of the funded projects; however, focused work is ongoing to improve this area.

Fundraising Update

- The report contained details of a range of recent activities including the receipt of legacy funds and a successful grant from NHS Charities Together, noting a presentation on this will come to the next meeting
- There is a need for strategic thinking around the range of donors to be targeted for larger projects without having funds restricted to any particular areas.

Charity Funds Review: Internal Audit Report

- Overall, the audit opinion was good with processes already put in place to address and resolve the two recommended action points.

Assurance

- Assurance provided on the risks BAF with a rewording of risk 4 around equity across the geography of the Trust and scores having been adjusted following previous discussions
- The committee requested further consideration around the impact element of risk 1.

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.

East London NHS Foundation Trust

REPORT TO TRUST BOARD
25 January 2024

Title	Finance Report Month 9 (December 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
22/01/2024	Finance Business and Investment Committee (FBIC)
24/01/2024	Service Delivery Board (SDB)

Key messages

Summary of Financial Performance:

- As at month 9 the Trust is reporting a deficit position of £2.0m year to date, which is £4.5m 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
  - Industrial Action (IA) cost impact
- The Trust's cash balance at 31st December 2023 was £112.2m.
- Capital expenditure as at 31st December 2023 was £6.4m.
- Better Payment Practice Code performance is 85.6% by volume and 89.5% by value.
- The Trust is currently forecasting to be on plan when excluding the cost impact of the IA of £1.4m incurred during December.
- Appendix 1: Directorates / Corporate Divisions Financial Performance

Strategic priorities this paper supports

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

Implications

Equality Analysis	Financial sustainability aids the organisation in being able to address and adequately resource equality issues within the services we deliver
Risk and Assurance	NHS 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 9, the Trust is reporting;

- An income and expenditure deficit position of £2.0m year to date, which is £4.5m adverse to plan. The key drivers of this variance are;
    - Slippage on Financial Viability delivery
    - Staffing cost pressures in inpatient services, linked to staff shortages due to high acuity needs (enhanced observations) and long-term sickness
    - High agency usage for medical and nursing staff.
    - Usage of private sector beds
    - The impact of the continued effect of hyperinflation and high RPI contract renewals, particularly within estates.
    - Industrial Action (IA) impact.
- Adverse variances are currently being partly offset by underspends against planned investments in other services and non-recurrent balance sheet support of £10.5m (£3.6m planned and £6.9m unplanned).
- Excluding balance sheet support the Trust is reporting a £12.5m deficit.
- The Trust is currently forecasting an annual outturn of £4.0m surplus which is £1.4m adverse to plan. The forecast include additional balance sheet support in M10-12 of £6.5m (£2.8m planned and £3.7m unplanned) and also include December and January cost impact of Industrial Action.
- The Trust's cash balance on the 31st of December was £112.2m. The cash balance is lower than plan mainly due to the reported Trust underlying deficit position. 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 of December 2023 was £6.4m, which was behind plan by £0.5m. Projects are regularly reviewed with project managers and the capital plan will be fully completed by March 2024.

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

2.1 The year-to-date Trust financial position is a deficit of £2.0m compared to a planned surplus of £2.5m. This position is £4.5m adverse to plan. The variance from plan increased by £0.8m compared to the November position.

2.2 In month, the Trust is reporting a surplus position of £182k which is £0.8m adverse to in month planned surplus of £976k.

2.3 Overall M09 expenditure run rate excluding the impact of Industrial Action remained in line with previous months with continuation of pressures across the inpatient services driven by high acuity of patients, usage of private sector beds with medical staff pay continuing to overspend.

2.4 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 and have now started using step down beds in BLMK. 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.

2.5 The Trust is currently in the process of developing its recovery plan focusing on key overspending areas to guarantee delivery of the financial plan and ensure the current run-rate does not continue in the next financial year. 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, ban on agency usage for non-clinical staff 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	458,059	460,855	2,796	609,301	2,066	729
Non NHS - Patient Care Activites	16,890	19,400	2,509	22,265	2,597	(88)
Other (in accordance with IFRS 15)	14,999	15,522	523	19,142	654	(131)
Other Operating Income	1,476	1,001	(474)	1,889	(417)	(58)
Income Total	**491,424**	**496,778**	**5,354**	**652,598**	**4,901**	**453**
Pay						
Substantive	(343,397)	(280,390)	63,007	(457,899)	56,356	6,651
Bank	(1,965)	(44,254)	(42,288)	(2,218)	(37,166)	(5,122)
Agency	(71)	(24,488)	(24,418)	(94)	(22,053)	(2,365)
Pay Total	**(345,433)**	**(349,132)**	**(3,699)**	**(460,212)**	**(2,863)**	**(836)**
Non-Pay						
Non Pay	(118,737)	(126,317)	(7,580)	(154,011)	(6,988)	(592)
Non-Pay Total	**(118,737)**	**(126,317)**	**(7,580)**	**(154,011)**	**(6,988)**	**(592)**
EBITDA	**27,254**	**21,330**	**(5,924)**	**38,375**	**(4,950)**	**(974)**
Post EBITDA						
Depreciation	(21,553)	(21,553)	(0)	(28,737)	(0)	(0)
Finance Income	3,535	4,945	1,410	4,714	1,275	135
Finance Expenditure	(2,047)	(2,047)	(0)	(2,729)	(0)	(0)
PDC Dividend	(5,059)	(5,014)	45	(6,685)	-	45
Total Post EBIDTA	**(25,123)**	**(23,668)**	**1,455**	**(33,437)**	**1,275**	**180**
	2,131	**(2,338)**	**(4,469)**	**4,938**	**(3,675)**	**(794)**
Less						
Depreciation: Donated Assets	**(342)**	**(342)**	**-**	**(462)**	**-**	**-**
Reported Surplus /(Deficit)	**2,473**	**(1,996)**	**(4,469)**	**5,400**	**(3,675)**	**(794)**

EBITDA – Earnings before Interest, Depreciation and Amortisation
PDC – Public Dividend Capital

2.6 Income

The income position at the end of Q3 reported a favourable variance of £5.4m. 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 £1m, enhanced packages of care income £0.8m, unexpected income from the previous financial year (Bedfordshire Hospital £0.5m and Circle Health £0.1m), NEL winter pressures and discharge funding £0.6m, NEL industrial action funding £0.4m, Perinatal services and R&D income which is being offset by costs.

The income and expenditure plans will be reviewed and updated 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)	374,030	376,473	2,443	499,030	1,847	596
NHS England	37,837	38,517	680	50,387	540	140
NHS Foundation Trusts	3,203	3,691	488	3,453	433	56
NHS Trusts	42,839	41,931	(908)	56,130	(847)	(62)
NHS Other (including Public Health England)	150	244	94	301	94	0
NHS - Patient Care Activities Total	**458,059**	**460,855**	**2,796**	**609,301**	**2,066**	**729**
Non NHS Patient Care Activites						
Local Authorities	12,598	13,557	959	16,754	240	719
Non-NHS: Other	4,293	5,839	1,547	5,511	2,271	(724)
Non-NHS: Overseas Patients	-	4	4	-	86	(83)
Non NHS Patient Care Activites Total	**16,890**	**19,400**	**2,509**	**22,265**	**2,597**	**(88)**
Total Patient Care Activities Income	**474,950**	**480,255**	**5,305**	**631,566**	**4,663**	**641**
Other Operating Income						
Other (in accordance with IFRS 15)						
Research and development	763	932	168	928	450	(281)
Education and Training Income	10,450	10,450	0	13,166	0	-
Other (recognised in accordance with IFRS 15)	3,786	4,141	355	5,047	205	150
Other (in accordance with IFRS 15) Total	**14,999**	**15,522**	**523**	**19,142**	**654**	**(131)**
Other Operating Income						
Other Income	1,476	1,001	(474)	1,889	(417)	(58)
Other Operating Income Total	**1,476**	**1,001**	**(474)**	**1,889**	**(417)**	**(58)**
Other Operating Income Total	**16,474**	**16,524**	**49**	**21,031**	**238**	**(188)**
EBITDA Income	**491,424**	**496,778**	**5,354**	**652,598**	**4,901**	**453**

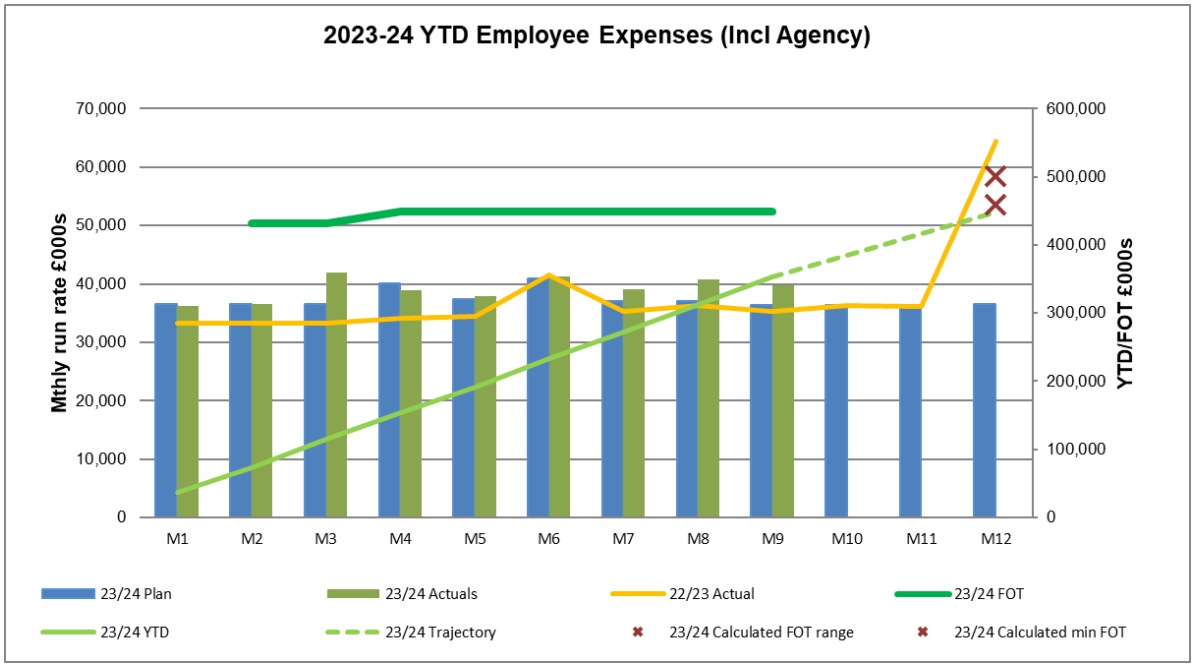
2.7 Pay

Overall pay is off plan by £3.7m year to date. Staff costs in December are £0.7m higher than previous month when adjusted for central adjustments. The increase is mainly due to Industrial Action impact and bank holiday premium payments.

The unachieved Financial Viability (£2.5m) 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 nursing services overspent by £10.1m 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), and activity pressures.
- Medical staffing budgets are overspent by £6.9m. The additional costs are due to long term sickness cover, the use of agency to cover vacancies and industrial action impact.
- Administrative and clerical staffing are underspent by £4.3m YTD, mainly linked to Corporate and Bedfordshire Services.
- Primary Care overall pay is overspent by £2.3m, due to the use of agency, over-establishment and high salaried GPs to cover vacancies at the Leighton Road surgery.

	2023-24							
Pay	**JUN-23**	**JUL-23**	**AUG-23**	**SEP-23**	**OCT-23**	**NOV-23**	**DEC-23**	**Mov^t**
	£'000	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Substantive	30,664	30,323	30,001	31,408	31,320	32,775	31,572	(1,202)
Bank	5,609	4,697	5,232	4,950	4,913	4,923	5,466	544
Agency	2,037	3,750	2,469	2,699	2,918	2,862	2,373	(489)
Pay Total	**38,310**	**38,770**	**37,702**	**39,057**	**39,152**	**40,559**	**39,411**	**(1,148)**

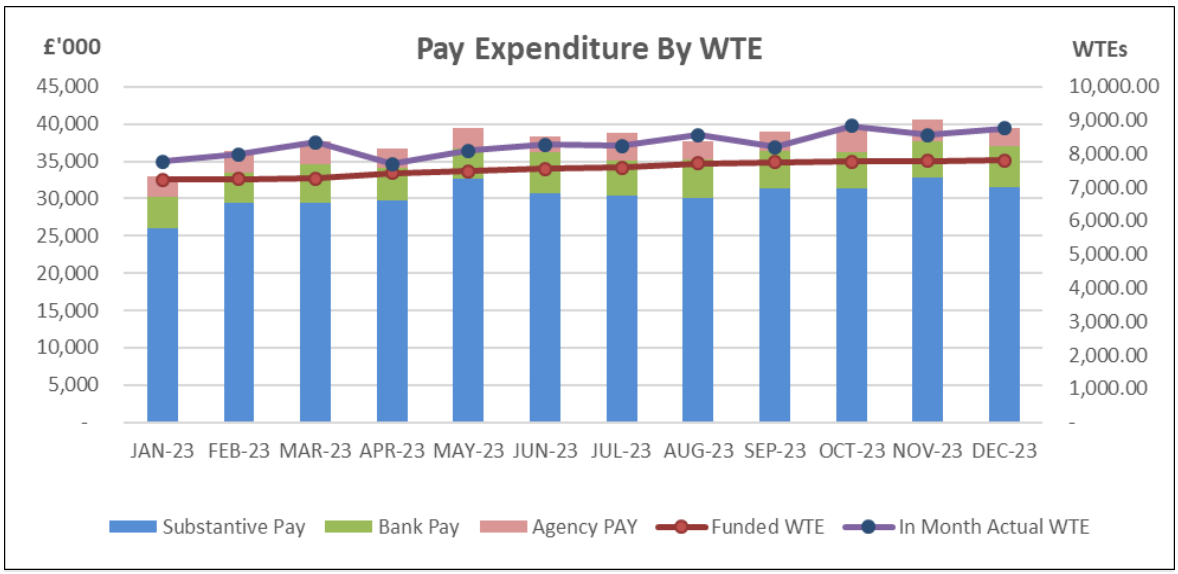


2.8 WTE Trend (per the finance ledger)

The in-month substantive WTE movement is mainly due NEL inpatient wards continued recruitment to fill vacancies in line with safer staffing (City & Hackney 6.53WTEs, Newham 16WTEs and Tower Hamlets 4.91WTEs) and NMET SIFT & PGME related WTEs being transferred to directorates in month after HEE Q3 schedule revisions, the transfer included M08 costs and WTEs.

Increase in bank WTEs is due to increased bank usage during the Christmas period and cover for the industrial action.

	2023-24							
Pay Type	**JUN-23**	**JUL-23**	**AUG-23**	**SEP-23**	**OCT-23**	**NOV-23**	**DEC-23**	**Mov^t**
Funded WTE								
Substantive	7,552.1	7,587.3	7,717.3	7,748.7	7,768.8	7,791.3	7,795.4	4.05
Bank	6.0	6.0	2.2	2.2	2.2	3.2	3.3	0.10
Agency	0.3	0.3	1.0	1.0	1.0	1.0	1.0	-
In Month Actual WTE								
Substantive	6,757.9	6,827.2	6,882.1	6,894.7	7,019.4	7,031.0	7,112.3	81.3
Bank	1,206.0	1,019.0	1,316.7	931.0	1,453.4	1,168.1	1,293.9	125.77
Agency	314.7	396.5	371.2	385.7	363.2	366.9	363.4	(3.49)
Total Funded WTE	**7,558.4**	**7,593.6**	**7,720.5**	**7,751.9**	**7,772.0**	**7,795.5**	**7,799.7**	**4.1**
Total In Month Actual WTE	**8,278.6**	**8,242.6**	**8,570.1**	**8,211.4**	**8,836.1**	**8,566.0**	**8,769.6**	**203.6**
Total Variance WTE	**720.2**	**649.0**	**849.6**	**459.5**	**1,064.1**	**770.5**	**970.0**	**199.5**



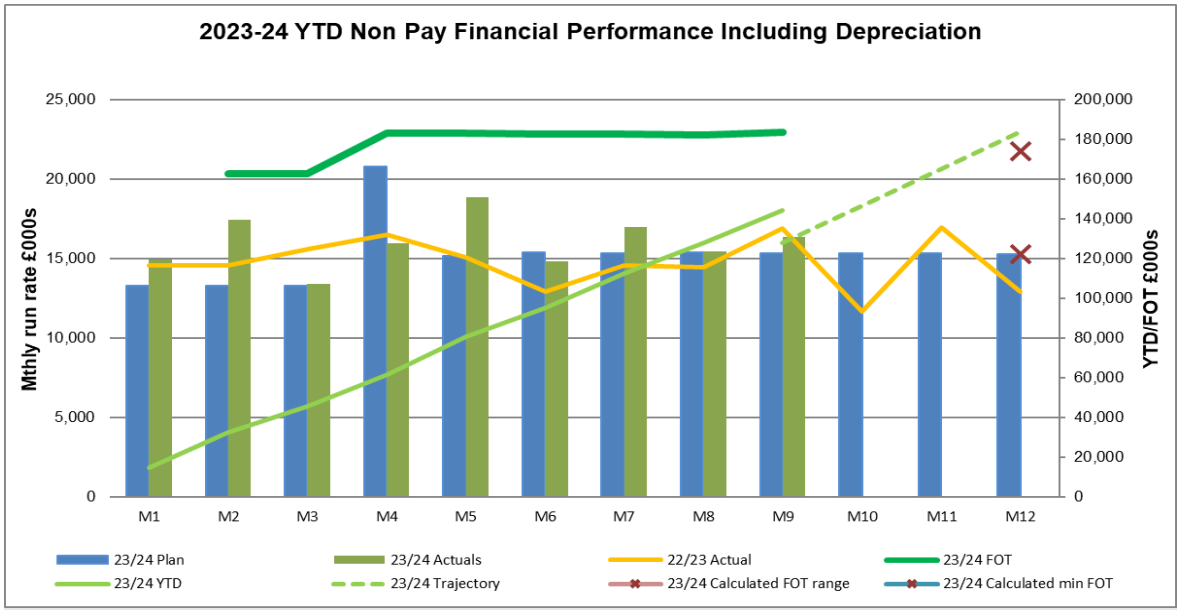
2.9 Non-pay

Overall non-pay is overspent by £7.5m year to date. The run-rate remained the same as prior month when adjusted for central adjustments. The movement in premises, other expenditure and purchase of health is due to recoding.

The year-to-date key overspending areas are;

- Estates and Facilities (£2.7m) driven by the effect of hyperinflation pressures, rental costs, utilities and building maintenance works.
- Catering cost £0.9m, continence products £0.3 and transport costs £1.2m
- Private sector bed purchases £4.6m (NEL £2.9m, BLMK £1.7m).
- Drug cost pressures driven by inflation and increased activity (£1.4m.)
- The some of the overspends are being offset by non-recurrent balance sheet support.

	2023-24							
Non-Pay Excluding Depreciation	**JUN-23**	**JUL-23**	**AUG-23**	**SEP-23**	**OCT-23**	**NOV-23**	**DEC-23**	**Mov^t**
	£'000	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Establishment	471	637	664	577	704	625	498	(127)
Consultancy	414	161	317	401	68	439	256	(183)
Other NHS charitable fund resources	22	27	34	13	28	65	23	(42)
Supplies & Services	3,206	3,626	2,614	3,358	3,313	3,432	3,356	(76)
Transport	497	521	321	451	554	449	432	(17)
Other Expenditure	1,095	(226)	2,405	1,380	(846)	1,416	(2,590)	(4,006)
Premises	3,008	1,876	2,440	1,842	2,864	(173)	5,662	5,835
Purchase of Health and Social Care	5,206	6,307	6,249	5,648	6,674	6,384	5,305	(1,078)
Costs related to people	388	326	445	380	682	333	417	84
Clinical negligence	153	153	153	153	153	153	153	-
Charges to operating expenditure	424	424	424	424	424	424	424	-
Audit fees and other auditor remuneration	12	12	12	12	12	12	12	-
Not currently mapped - Non Pay	-	1	24	-	(4)	10	-	(10)
Non-executive directors	18	18	18	18	18	17	30	13
								-
Non-Pay Total	**14,914**	**13,863**	**16,121**	**14,658**	**14,643**	**13,587**	**13,979**	**392**



2.10 **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.

2.11 **Risks In Forecast Outturn**

- Income from the ICB if not paid (£1.1m).
- Rates rebate assumption (£585k).
- Balance sheet support not materialising as planned (£2.9m).
- Further Industrial Action impact.
- Private sector beds usage continues at Dec/Jan run-rate.
- Moors ward not opening.
- FV run-rate improvement in Q4

2.12 **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.

Due to further industrial action impact in December and January the trust is now forecasting an outturn position of £4m surplus which is £1.4m adverse to plan. Any further industrial

action between now and 31st of March 2024 will have an impact on the Trust forecast outturn.

3 Agency Expenditure and Ceiling

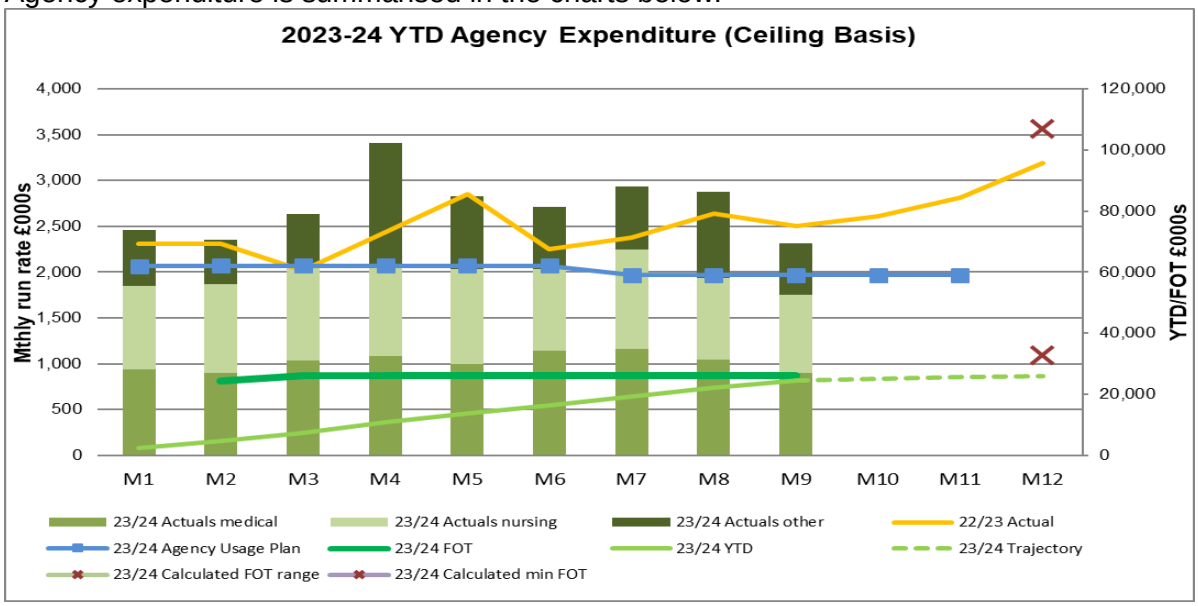
The Trust submitted an annual financial plan with planned agency usage of £24.2m.

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. Plans are now in place to cease agency in administration functions.

Year to date ELFT agency expenditure is £24.9m which is £6.3m (34.9%) above the plan and represent 7.0% of total pay expenditure. There was a £0.5m agency cost reduction reported in December compared to prior month. The reduction is mainly associated with ICT (£0.33m) and medical staff in City and Hackney and Luton (£0.14m).

The Trust implemented an initiative on 6th November, reducing VAT liabilities on agency staff which will help to reduce cost of using agency staff.

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.

4.2 Financial Viability Year to Date Performance

The year-to-date planning target for month 9 was £12.9m with a total reported delivery of £10.4m, resulting in an adverse position of £2.5m. This has been delivered through interest from investments (£2.9m), the pay costing exercise (£2.8m), income from bed sales (£1.0m), one-off Forensic service efficiencies (£0.4m), rates rebates (£0.4m), overhead contribution (£0.3m), pharmacy savings (£0.3m), and other bottom up Directorate plans (£2.3m).

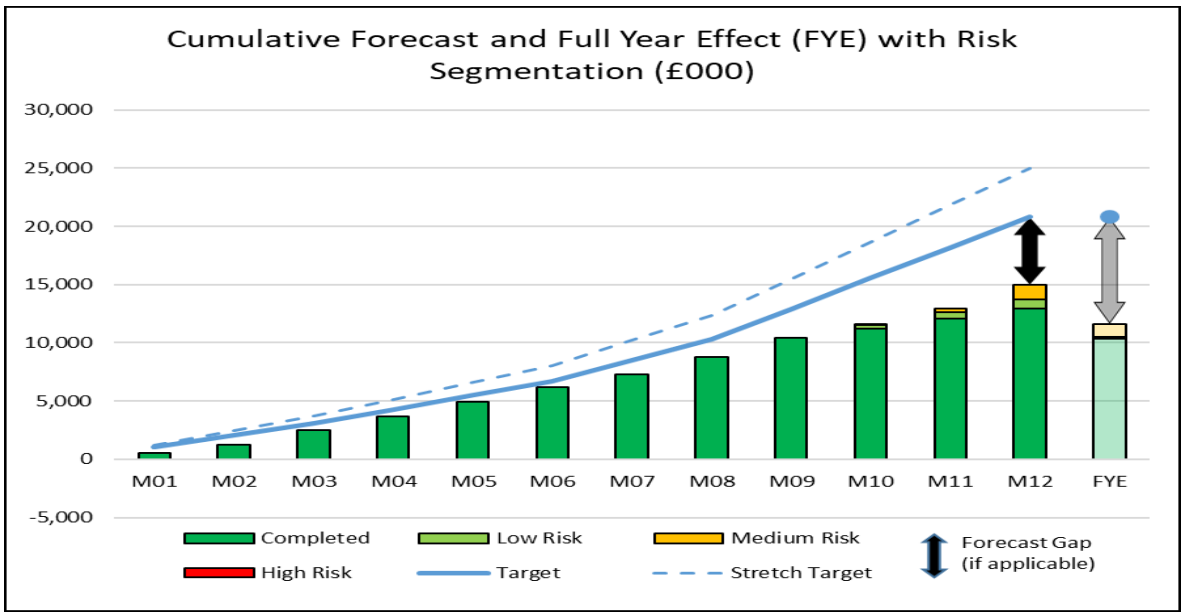
Directorate	2023/24 FV Target Allocated £'000	YTD Plan £'000	YTD Actuals £'000	YTD Variance £'000	Actuals vs YTD Plan %
Specialist Services	1,975	1,367	364	-1,003	27%
Forensic	1,110	768	919	152	120%
CHS Bedfordshire	760	526	167	-358	32%
Luton & Bedfordshire AMH	2,316	1,603	345	-1,258	22%
CHS Newham	795	550	489	-61	89%
CHS Tower Hamlets	449	310	263	-48	85%
City & Hackney AMH	1,223	847	382	-465	45%
Tower Hamlets AMH	1,365	945	1,314	370	139%
Newham AMH	1,111	768	752	-16	98%
Clinical Directorates Total	**11,104**	**7,684**	**4,996**	**-2,687**	**65%**
Corporate Services & Estates	1,112	769	456	-313	59%
Central Projects & Unallocated	8,584	4,481	4,943	462	110%
GRAND TOTAL	**20,800**	**12,934**	**10,395**	**-2,539**	**80%**

4.3 NEL ICB was required to produce a financial recovery plan, and meetings were held between Trusts, ICB and NHSE during September 2023. As a result of these discussions, the FV Trust forecast was adjusted to exclude high risk schemes where there are no firm plans for delivery in 2023/24 and is now £14.96m. This is shown in the graph below against the Trust target and segmented by delivery risk.

There includes an element of non-recurrent mitigation (£0.85m, against £0.77m at Month 9) 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 continue to be worked on to close the recurrent unidentified gap shown in the final column of the graph, 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	606	31%	573	29%
Forensic	1,110	1,080	97%	149	13%
CHS Bedfordshire	760	223	29%	219	29%
Luton & Bedfordshire AMH	2,316	506	22%	506	22%
CHS Newham	795	722	91%	642	81%
CHS Tower Hamlets	449	430	96%	430	96%
City & Hackney AMH	1,223	517	42%	571	47%
Tower Hamlets AMH	1,365	1,779	130%	1,644	120%
Newham AMH	1,111	949	85%	801	72%
Clinical Directorates Total	**11,104**	**6,812**	**61%**	**5,536**	**50%**
Corporate Services & Estates	1,112	663	60%	716	64%
Central Projects & Unallocated	8,584	7,482	87%	5,382	63%
GRAND TOTAL	**20,800**	**14,956**	**72%**	**11,635**	**56%**



4.4 2024/25 Planning

The full year effect of 2023/24 identified plans has been revised following changes to plans and a reassessment of the likely delivery in 2023/24 and is now approximately £11.64m (excluding high risk schemes).

Alongside the upcoming annual budget setting and planning round, the Trust has begun to scope schemes for the 2024/25 programme to meet planning requirements plus any recurrent shortfall from the 2023/24 programme. This was a key focus of the DMT away day on 23rd November 2023. DMTs were asked to complete Project initiation Documents (PIDs) by the end of December, although to date only a few have been submitted to the PMO. Meetings have been arranged with all operational DMTs during January to discuss 2024/25 plans in more detail.

Quality Impact Assessments (QIAs) will be completed, with an assigned clinical executive to lead the review and sign off process.

Initial discussions relating to Corporate plans are taking place during week commencing 15th January.

The Trust do not yet know the percentage saving required to deliver our financial plans in 2024/25, but management teams are working to an initial planning assumption of 5% which would equate to a total Trust requirement of approximately £29m.

5 Statement of Financial Position (SoFP)

5.1 Balance Sheet

The net balance on the Statement of Financial Position as at 31st December 2023 is £339.3m, which is an increase of £0.1m since 30th November 2023.

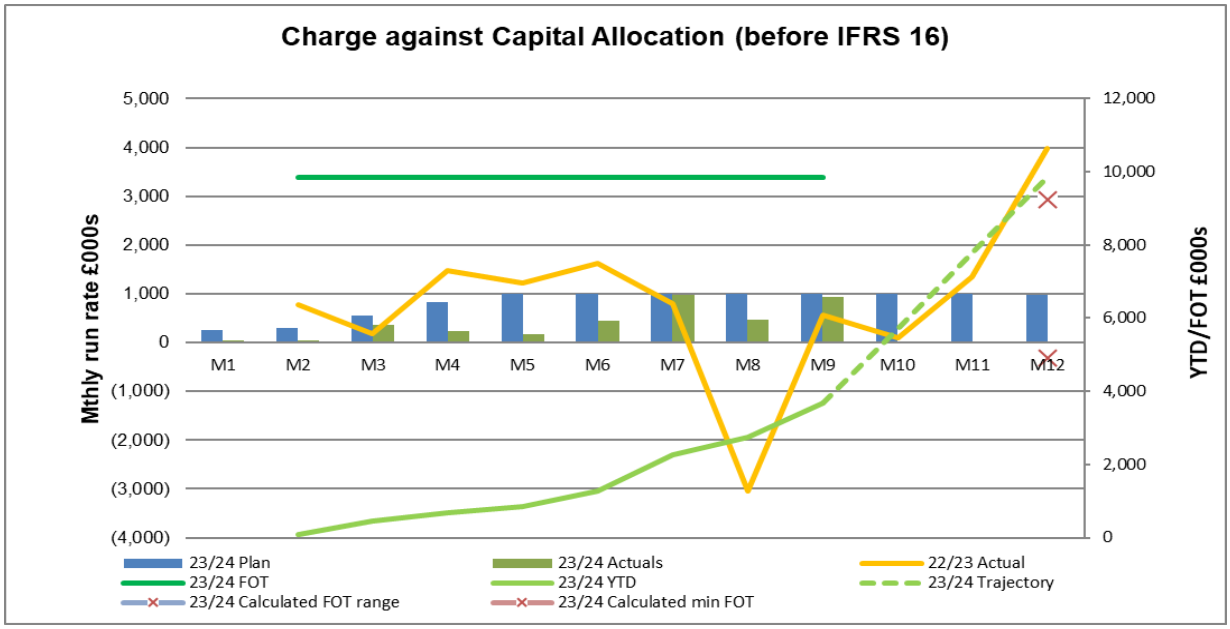
Draft M09 SOFP	Year to Date			Forecast Outturn		
	Plan	Actual	Var	Plan	Actual	Var
	£000s	£000s	£000s	£000s	£000s	£000s
Non-current assets	365,801	372,197	6,396	365,081	365,514	433
Current Assets	164,332	153,420	(10,912)	166,622	164,615	(2,007)
Current liabilities - borrowing	(11,109)	(14,575)	(3,466)	(11,109)	(11,258)	(149)
Current liabilities - other	(108,318)	(86,901)	21,417	(106,603)	(103,131)	3,472

Total assets less current liabilities	**410,706**	**424,142**	**13,436**	**413,991**	**415,740**	**1,749**
Non-current-liabilities - borrowing	(85,900)	(84,217)	1,683	(85,900)	(84,049)	1,851
Non-current liabilities - other	(5,886)	(628)	5,258	(6,363)	(6,363)	0
Total net assets employed	**318,920**	**339,296**	**20,376**	**321,728**	**325,328**	**3,600**

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.

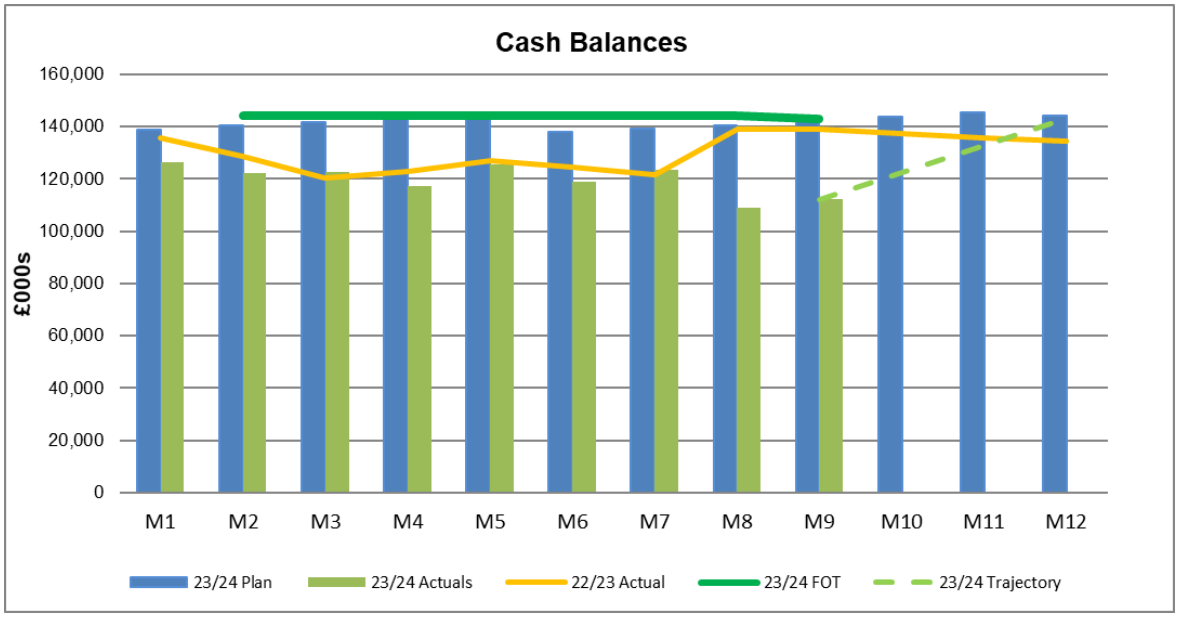
Capital expenditure as at 31st of December 2023 was £6.4m, which was behind plan by £0.5m. Projects are regularly reviewed with project managers and the capital plan will be fully completed by March 2024.



5.3 Cash

As at the end of December, the Trust's cash balance stands at £112.2m, an increase of £3.0m from December. The cash balance is £29.9m lower than plan. The decrease is due to a number of factors:

- Reported deficit of £12.5m excluding balance sheet support
- Increase in capital expenditure



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 85.6% by volume and 89.5% by value. The BPPC for non-NHS invoices is 88.0% by volume and 91.4% by value.

BPPC % of bills paid in target	Year to date		
	Current month	Previous month	Movement
	%	%	%
Non-NHS			
- By number	88.0%	85.1%	2.9%
- By value	91.4%	90.8%	0.6%
NHS			
- By number	72.2%	74.9%	(2.8%)
- By value	82.1%	80.6%	1.5%

6 Conclusions

6.1 The Trust is reporting net deficit of £2.0m which is adverse to plan by £4.5m. 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, impact of IA 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	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
People	People Report	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	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							✓						✓
	Sustainability		✓							✓				
	Oliver McGowan Training (three yearly)			✓										