

REPORT TO THE TRUST BOARD: PUBLIC
28 November 2019

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| Title | Integrated Performance report |
| Author | Dr Amar Shah, Chief Quality Officer |
| Accountable Executive Director | Dr Navina Evans, Chief Executive |

Purpose of the Report:

This report provides assurance to the Trust Board on Trust wide performance, finance and compliance matters. It is structured in line with the strategic outcomes in the Trust’s strategy, along with information about regulatory compliance. It therefore seeks to demonstrate how the Trust is improving the quality of life for all we serve.

Summary of key issues

This report sets out summary progress against annual plan priorities, analysis of metrics, and summaries of strategic risks.

In our population health plan, the task and finish group has focused recently on improving employment with people with mental health problems. Work is also underway on the theme of loneliness, with a staff training package being tested, and a number of service user-led ideas being developed across the directorates. As an early adopter site for community mental health transformation programme, there is now a programme team in place starting to work with primary care networks to identify a small number of pioneer networks to test new ways of working.

In our patient experience plan, the service user-led accreditation is now recruiting to the fourth cohort of teams, with positive feedback so far from both the teams and service users involved. Work is continuing on the theme of improving sexual safety across inpatient units. We have seen a recent increase in the levels of violence and restraint, and are reviewing how to more effectively embed the violence reduction interventions that have been tested and scaled up across all our wards.

On staff experience, we have commenced the third cohort of the Trust’s Enjoying Work QI programme, with eighteen teams engaged. We have seen an improvement in statutory and mandatory training compliance, achieving a likely 90% in October.

For improved value, the operating surplus (EBITDA) to end of September 2019 is £8,851k compared to planned operating surplus of £8,971k. The Net surplus is £1,743k (0.8%) compared to planned net surplus of £1,525k (0.7%). Year to date favourable net surplus variance of £218k. Year to date favourable performance against control total of £51k. NHSI risk rating of “2” to end of September 2019. Cash balance of £91.6m as at the end of September 2019. The Trust remains in category “1” of the Single Oversight Framework overall, as it has met all national targets and the financial rating is “2”.

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

| | | |
|---|-------------------------------------|---|
| Improved patient experience | <input checked="" type="checkbox"/> | The report is structured around the four strategic priorities and the sections set out progress in each area. |
| Improved health of the communities we serve | <input checked="" type="checkbox"/> | |
| Improved staff experience | <input checked="" type="checkbox"/> | |
| Improved value for money | <input checked="" type="checkbox"/> | |

Committees/meetings where this item has been considered

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

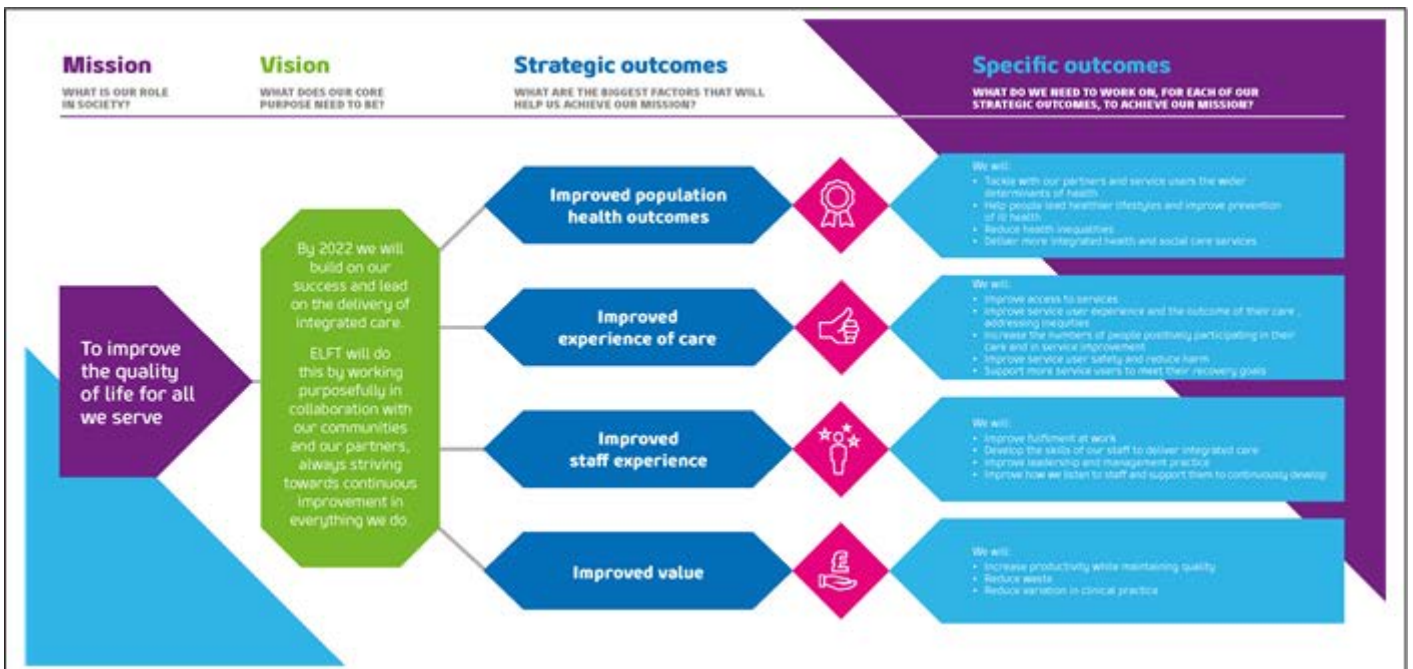
Implications

| 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 equalities work stream. |
| Risk and Assurance | This report and supporting appendices cover performance for the period to the end of September 2019 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. |

Explanation regarding the use of Statistical Process Control (SPC) charts: SPC charts are used to study how a system or process changes over time. It allows us to understand whether we are improving over time, and to pay attention in a more scientific way to 'signal' versus 'noise'. Signals in the data are based on standard rules used across industry and healthcare to identify 'special cause variation' – when the system is performing in a way that is unstable, requiring further investigation and potential mitigating action.

1. Introduction

This report provides assurance to the Trust Board on delivery against our annual priorities for our Trust strategy, thereby demonstrating how we are improving the quality of life for all we serve. The report is structured in line with the strategic outcomes in the Trust’s strategy, followed by compliance with national targets and exception reporting of other performance issues. It therefore seeks to demonstrate how the Trust is improving the quality of life for all we serve.



From 2020-21, we will be reorganising the way in which we deliver the Trust strategy, by starting with populations instead of the four strategic outcomes. This will allow us to integrate our work across the four strategic objectives for specific populations with similar needs, enabling us to have a greater focus on people, to co-design our strategy delivery in a more meaningful way and to have a more intentional design focused on inequity. This would represent a significant reorganisation of the way in which we work, and think about our strategic activities as a Trust. It will also mean that the activities and measures within this report will be redesigned around populations.

2. Improved population health outcomes

Executive leads: Chief Medical Officer, Director of Integrated Care

Lead executive committee: Service Delivery Board

Annual Plan priorities

| Annual Priority: | Delivery lead: | Timeframe: |
|--|-----------------------------|------------|
| Increase the number of people with serious mental illness in employment & work to reduce the number of people in | Director of Integrated Care | March 2020 |

| | | |
|--|-----------------------------|------------|
| contact with all Trust services who feel lonely | | |
| Increase awareness of the Trust population health objective with staff and service users | Director of Integrated Care | March 2020 |
| Develop our mental and community health service offer to primary care networks | Director of Integrated Care | March 2020 |
| Deliver a population health “triple aim” project in each directorate | Chief Quality Officer | March 2020 |

Executive Commentary – Annual Plan Priorities

The third Population Health Task & Finish Group took place on 9 October 2019, with a focus on a commissioned diagnostic report on how the Trust can further improve employment for people with mental health problems, in particular on opportunities for developing a more consistent Individual Placement Support offer, and in forging deeper relationships with local employers. A final report has now been received and next steps in development.

Work to reduce the number of people in contact with the Trust who feel lonely is well underway. There is a regular steering group, led by Paul Binfield and with good attendance from service users. The group has developed an ELFT definition of loneliness, has designed a staff training package on loneliness and has piloted it with a group of Band 6 nurses in advance of more systematic roll-out across the Trust. Each directorate is now working on a service user led loneliness activity, and the Recovery College in Luton is aiming to focus on loneliness. The group is also developing plans for measuring the extent to which service users feel loneliness is reduced through dialog plus.

Angela Bartley has now started as Deputy Director of Population Health for the Trust. Angela is an experienced public health professional and comes to the Trust from the Royal Free Hospital, where she led the public health programme for a number of years. Angela will focus on increasing awareness of the Trusts population health objective across the Trust.

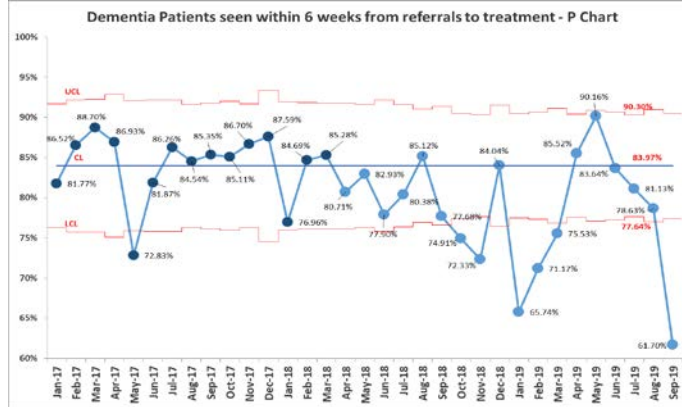
The Trust has been successful as a partner to the North East London Sustainability & Transformation Partnership bid to become one of twelve early adopter sites nationally for new ways of working in community mental health services, organised around primary care networks. A programme team is now in place with a mixture of operational, commissioning and primary care skills and experience, with a lead appointed from amongst the team for each of the three London boroughs. A service user lead will shortly take up post and will work as part of the programme team. The team is working with Primary Care Networks to identify a small number of pioneer PCNs to start testing new ways of working.

Progress within the population-based triple aim QI work in all parts of the Trust is detailed within the quality report.

1. IMPROVED HEALTH OF THE COMMUNITY WE SERVE

People who are frail or who have dementia will be able to stay at home for longer

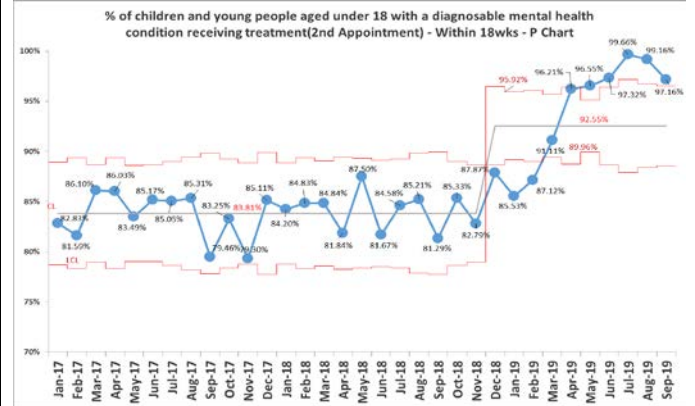
Chart 1.1



This measure is experiencing special cause variation due to low performance recorded in Tower Hamlets. Tower Hamlets Memory Assessment Service is currently facing capacity issues that are affecting performance. A medical consultant has retired and a new consultant has since been recruited. A QI project is also being run in Tower Hamlets.

Children will have a better start in life

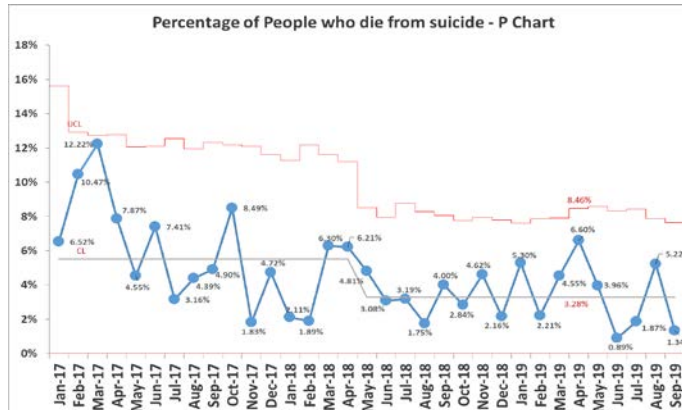
Chart 1.2



The number of children with a diagnosable mental health condition receiving treatment within 18 weeks is increasing month on month.

Fewer People will take their own lives

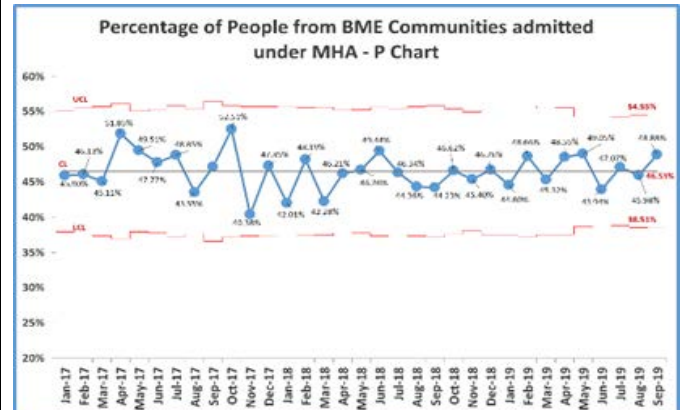
Chart 1.3



The denominator is all deaths of service users open to our services recorded in the month. The numerator is all deaths recorded as suicide in Datix. A Suicide Prevention conference held in Luton featured a service user panel that gave rich and powerful feedback on their care and how that has influenced their suicidal ideation. The CQUIN programme to support follow-up within 72 hours of discharge from a ward began in May with a focus on suicide prevention.

People with Mental Health issues Experience Less Stigma

Chart 1.4



In this chart, the denominator is all service users admitted under Section 2 or 3 of the Mental Health Act (MHA). The numerator is all service users admitted under Section 2 or 3 of the MHA excluding the ethnic categories 'White-British', 'White - Irish' and 'White - Any other background'.

More people that the trust serves will lead healthier lifestyles

Chart 1.5

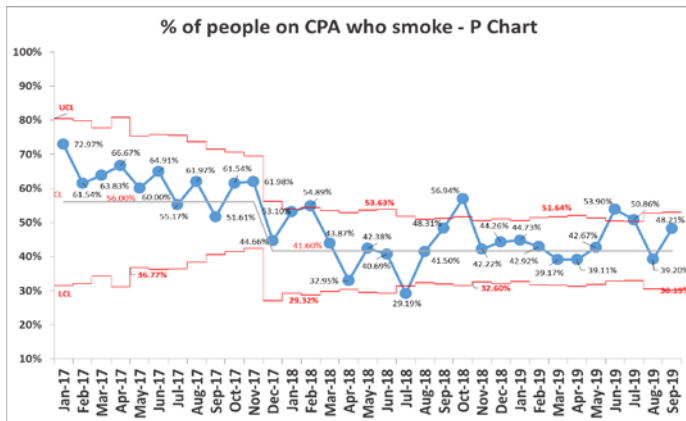
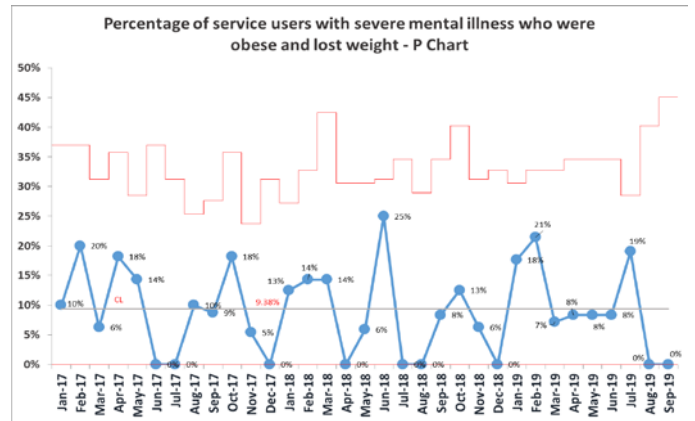


Chart 1.6



This chart shows those service users with severe mental illness who are obese at the time of initial CPA assessment who then lost weight at their 12 month assessment, as a percentage of all service users with SMI who were obese. The “0%” recordings in August and September are reflective of no service users having lost weight.

More people with long-term mental and physical health problems will be in regular employment

Chart 1.7

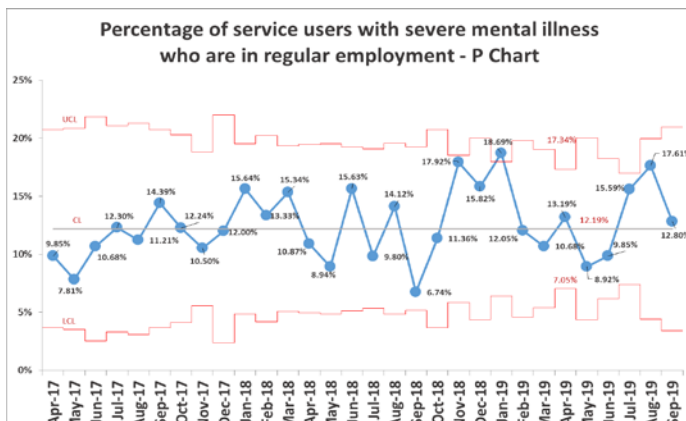
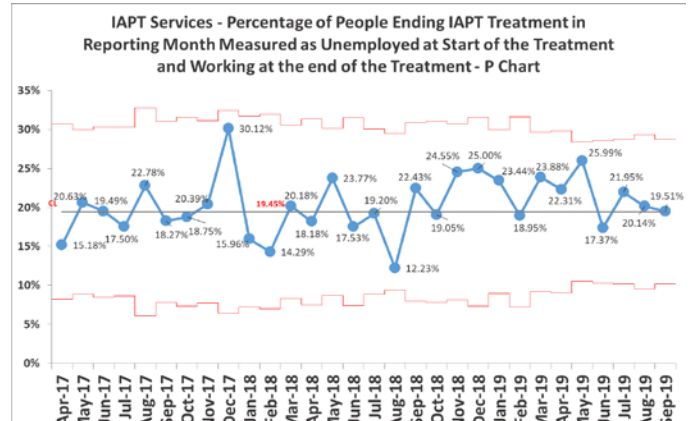
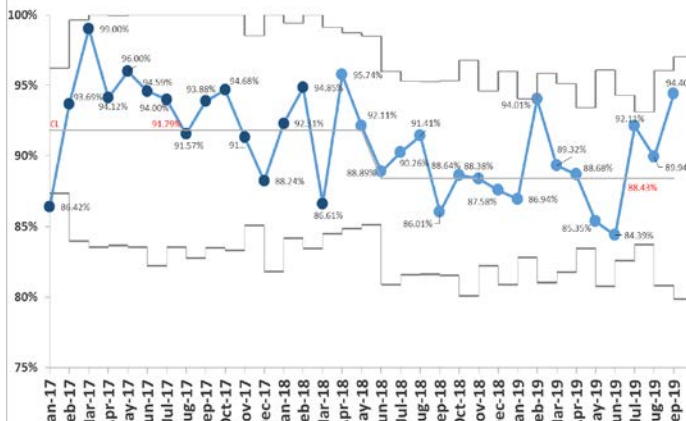


Chart 1.8



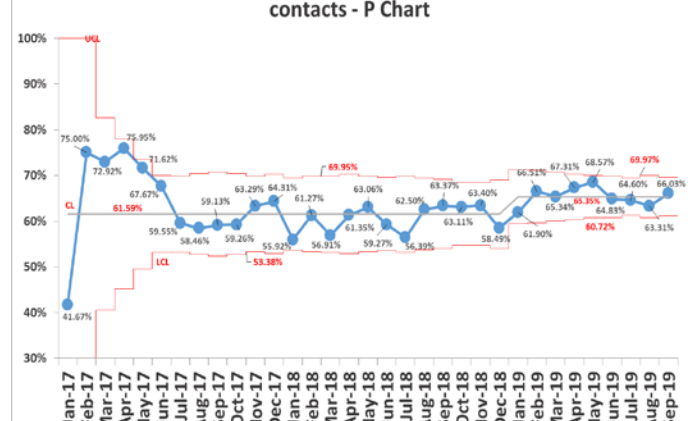
More people that the trust serve will have a decent home

Chart 1.9



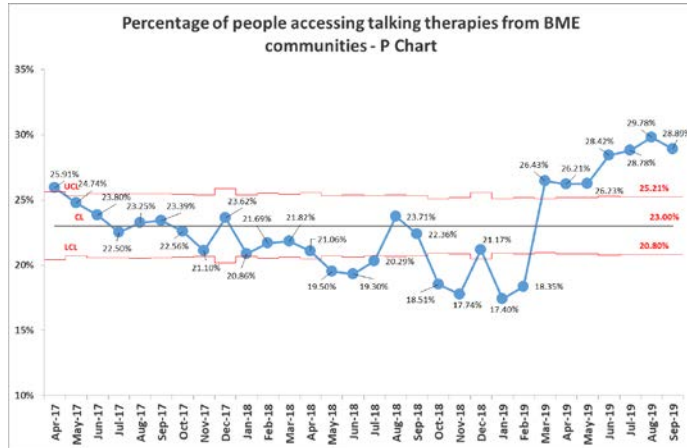
Fewer people that the trust serves will feel lonely

Chart 1.10



People from the different communities we serve will have improved access to services

Chart 1.11



From April 2019, Tower Hamlets was included in the trustwide data. Tower Hamlets is a more ethnically diverse borough than Richmond or Bedfordshire, therefore the data from April 2019 onwards shows increased access from BME communities.

Chart 1.12

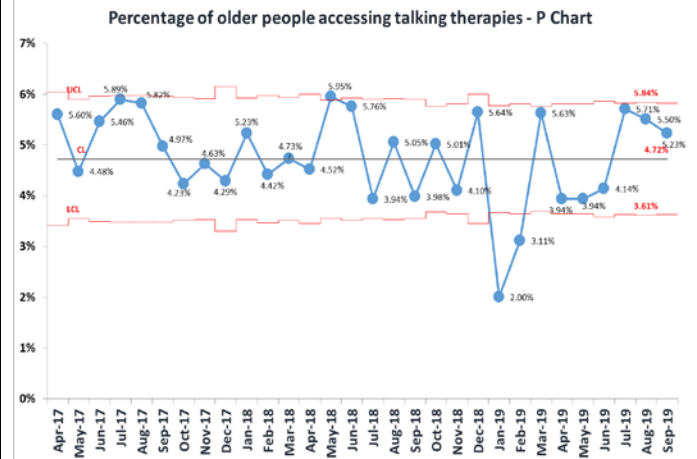
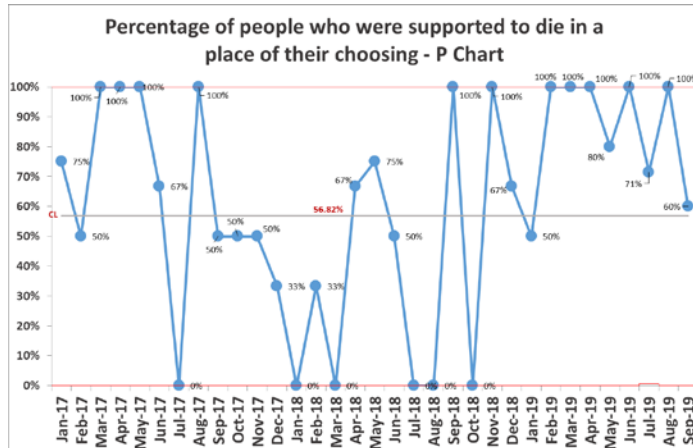


Chart 1.13



Of the people who died in month registered on the End of Life pathway, this is the number of patients who died in their preferred place of choice.

Chart 1.14

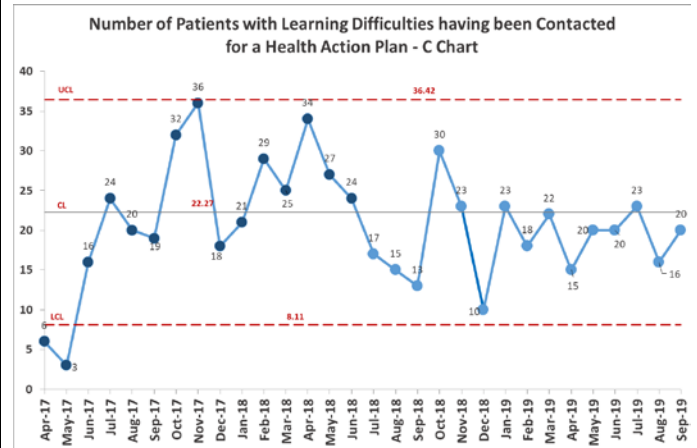
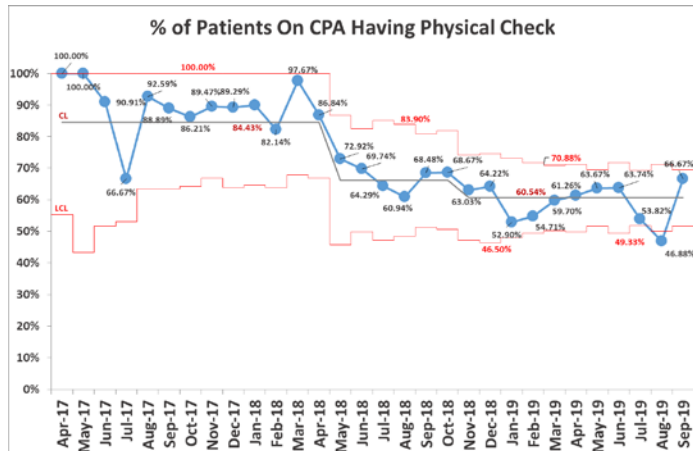


Chart 1.15



The proportion of service users who are on CPA for more than 12 months who have had a cardiometabolic assessment. This data comes from the ELFT clinical record system, and so represents only one perspective of whether service users with

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| <p>mental health difficulties are receiving adequate physical health checks, as many of these are performed in primary care. Responsibility for ongoing physical health checks for service users in the community lies with primary care.</p> | |
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Board Assurance

Summary: At its meeting in October 2019, the Population Health Group (PHG) has reviewed and agreed revised wording for both risks, taking account of the discussions held at the Board Development Session in April. The wording for the new risks was ratified by the Audit Committee at its meeting on 11 November 2019.

Risks Mitigating Actions: An internal audit has been commissioned to review the controls in place. In addition, further discussion will take place with the Executive Team initially on the actions being taken to address any gaps in controls and/or assurance and an update will be provided at the next PHG in December.

| | | |
|-------------------------|---|--|
| Strategic Risk 1 | If the Trust does not anticipate, and proactively respond to, external changes, including factors outside the Trust’s control, then the Trust may fail to deliver in its strategy, including our population health, quality and value strategic objectives, and key associated transformation plans | |
| Executive Lead | Director of Integrated Care | <p>Update: Revised risk wording takes account of the challenges to capture the potential impact if the risk was to materialise; implicit within each risk are the following potential negative impacts/outcomes:</p> <ul style="list-style-type: none"> • Financial sustainability • Stakeholder relationships • System-wide transformation of the health economy • Reputation • Poor quality of care/services • Service user and carer experience. <p>Mitigating actions include:</p> <ul style="list-style-type: none"> • Universal evaluation of data for increased service quality with concomitant decrease in costs to evidence the effectiveness of the new strategies and models of care • Executive leads developing subject-specific plans following the approval of the revised Trust Five-Year Strategy • An internal audit of the Trust’s engagement with STPs and place-based partnership has recently been completed, and action planning underway. “Reasonable assurance” was provided. |
| Lead Committee | Population Health Group | |
| Risk Score | | |
| Current | 12 | |
| Target | 8 | |
| Recommendation | None | |
| Strategic Risk 2 | If the Trust does not engage, influence and enthuse citizens, communities, partners in local health and care systems, and staff then the Trust may fail to deliver on its strategy, including our population health, quality and value strategic objectives, and key associated transformation plans | |
| Executive Lead | Director of Integrated Care | <p>Update: Revised risk wording recognises the challenges to capture the potential impact if the risk was to materialise; implicit within</p> |

| | | |
|-----------------------|-------------------------|---|
| Lead Committee | Population Health Group | <p>each risk are the following potential negative impacts/outcomes:</p> <ul style="list-style-type: none"> • Not being seen as a key system player • Decisions taken adversely that may affect the Trust • Potential stagnation of services • Falling behind on system transformation. <p>Mitigating actions include: Executive engagement, local system governance, and the support of IHI. Assurance is required that partnerships are developing and achieving stated outcomes.</p> |
| Risk Score | | |
| Current | 12 | |
| Target | 8 | |
| Recommendation | None | |

3. Improved patient experience

Executive leads: Chief Operating Officer, Director of Commercial Development

Lead executive committee: Quality Committee

Annual Plan priorities

| Annual Priority: | Description of work: | Delivery lead: | Timeframe: |
|---|--|--|------------|
| Providing a high quality experience of services | <p>Implementation of new accreditation scheme</p> <p>Response to and learning from complaints and compliments</p> <p>Safer Services work to improve safety in inpatient services</p> | <p>Chief Quality Officer</p> <p>Chief Nurse</p> <p>Chief Nurse</p> | March 2020 |
| Improving provision of holistic care | <p>Continue to roll out the use of outcome and experience measures, including Dialog</p> <p>Implementation of Physical Health strategy</p> <p>Work on loneliness</p> <p>Improving care at the end of life</p> | Service and Clinical Directors | March 2020 |
| Recovery orientated care | <p>Reduction in restrictive practice</p> <p>Development of Peer Support roles</p> <p>Improving care planning through further development of CPA and use of Patient Activation measures</p> <p>Improving opportunities for employment and education</p> | <p>Chief Nurse</p> <p>Chief Operating Officer</p> | March 2020 |

The accreditation scheme continues to roll out and there continues to be positive feedback from both the teams involved and the service users who are involved in the process. Where

teams have not been successful in being accredited this has been helpful in stimulating improvement work. 39 teams have been involved so far. 19 are awaiting accreditation this quarter. Of the remaining twenty, nine have received a gold award, three a silver award and five a bronze award.

Safer Services work continues, with the continuation of the work on sexual safety across the inpatient environments. There has been an increase in the levels of violence (and restraint) reflected in the dashboard. Whilst this has partly related to some specific patients, there is also work ongoing to ensure that we are using our violence reduction tools effectively – in one borough the robustness of this has reduced and we are now therefore reinvigorating this approach and have plans in place to review the way in which this work is supported so that it is more effectively embedded.

During the last quarter, the national mental health patient survey has been released. On some key measures of satisfaction with the quality of care provided e.g. whether or not people felt they had a very good experience of community mental health teams (CMHT), the Trust scored worse than the national average. This report and associated actions will be the subject of a separate board report, but this survey, along with the themes of complaints continue to point to the importance of the CMHT redesign work taking place across the Trust, that places Dialog at its heart, and aims to create services that are “service user led and clinically supported.”

Access targets are broadly stable, although there are developing issues in the Tower Hamlets IAPT service where the waits for treatment are beginning to be a cause for concern (caused largely by the successful work that the team has done to achieve access rates and waiting times for assessment). There is a plan in place to address this and further expansion of the service is expected in the next financial year as a result of the NHS Long Term Plan.

In relation to care at the end of life, we have recently been informed that we have been successful as part of a MacMillan bid to support and improve end of life care, which will give us a significant opportunity to work to improve the experience of those receiving services, and the spread this learning across the Trust.

We are continuing to review the board dashboard, to enable a more robust composite picture across the domains in this priority, and intend to have this prepared for review in the last quarter of the current financial year. The majority of indicators have not moved significantly since the last Board report. Incidents of restraint and prone restraint remain at previously reported levels. Whilst there are improvements in specific areas, and relating to specific QI initiatives, it remains the case that the number of restraints is not reducing. The work in this area and future plans is reported regularly to the Quality Committee and is also to be reviewed by the Quality Assurance Committee.

2. IMPROVED PATIENT EXPERIENCE

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| <p><i>All patients will experience improved access to services</i> Chart 2.1</p> | <p>Chart 2.2</p> |
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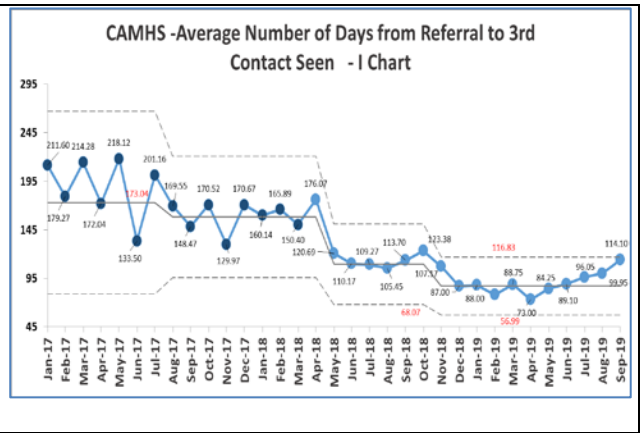
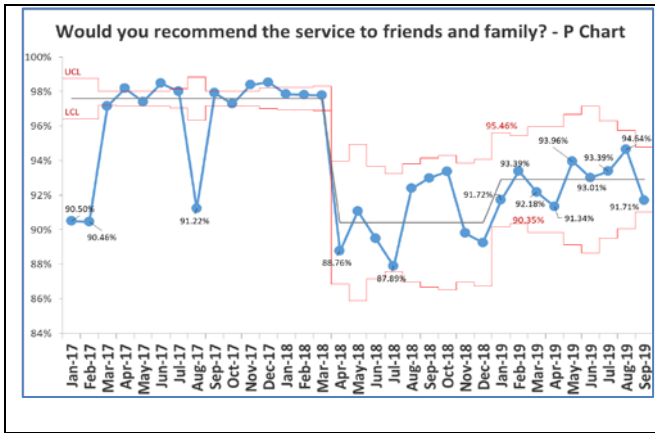
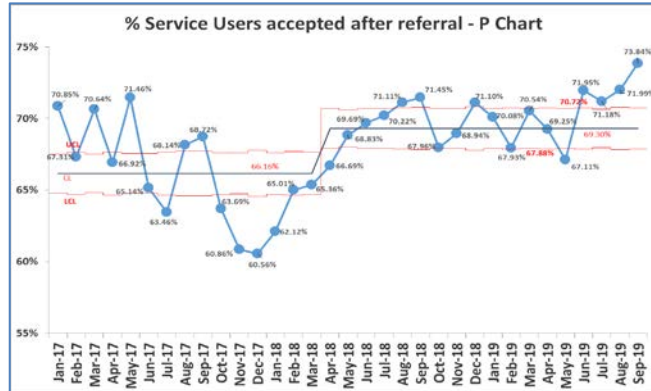
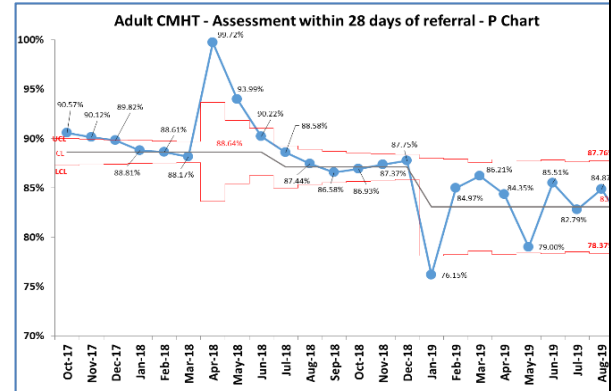


Chart 2.3



This is showing that performance is improving, with a higher percentage of service users accepted after referral.

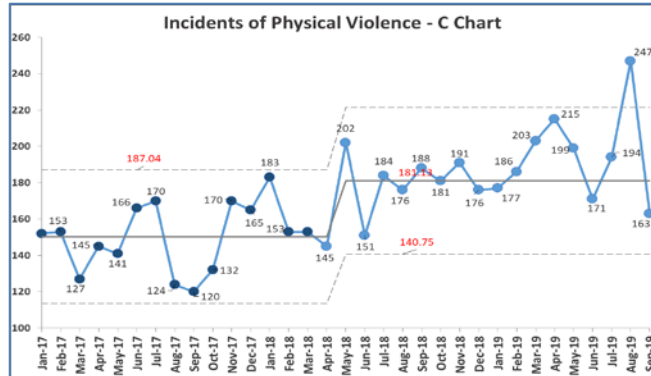
Chart 2.4



In Bedfordshire performance has been rising and though not at the 95% target, it is expected that the reconfiguration of the community mental health teams will improve performance. In Luton Older People's service, performance has recently dropped due to a shortage of available clinic slots. In East London, performance is steady at around 90%. The community transformation project in Newham has created some short term pressures in terms of medical capacity. In Tower Hamlets the introduction of telephone contacts is expected to improve performance. In City & Hackney there has been a gap in consultant cover that has now been filled and this too will improve performance.

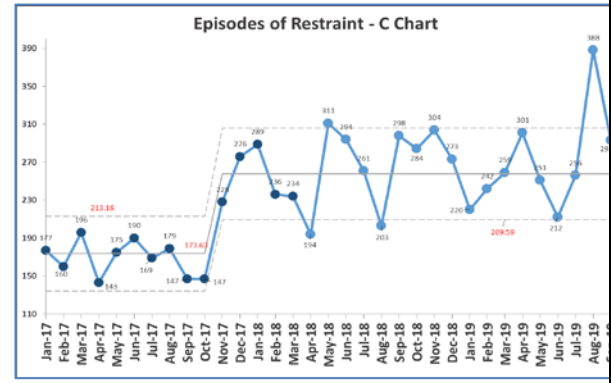
Improved experience of contact with services

Chart 2.5



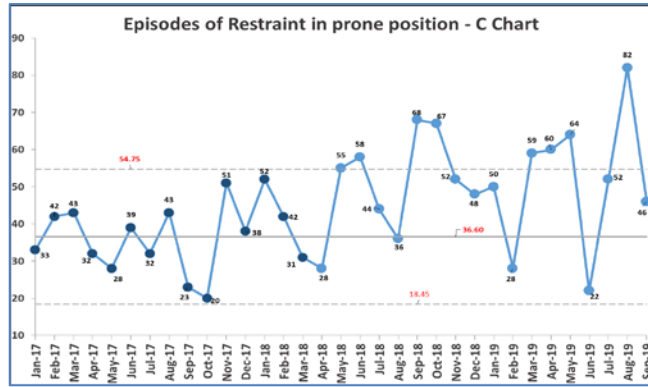
An increase in physical violence in August related to four service users who were involved in six or more incidents, with one service user involved in 10 incidents.

Chart 2.6



An increase in episodes of restraint in August was attributable to four service users who experienced eight or more episodes.

Chart 2.7



In August, three service users experienced restraint in prone position three or more times, and five service users experienced restraint in prone position on two occasions.

All patients will report an improved positive experience of contact with services

Chart 2.9

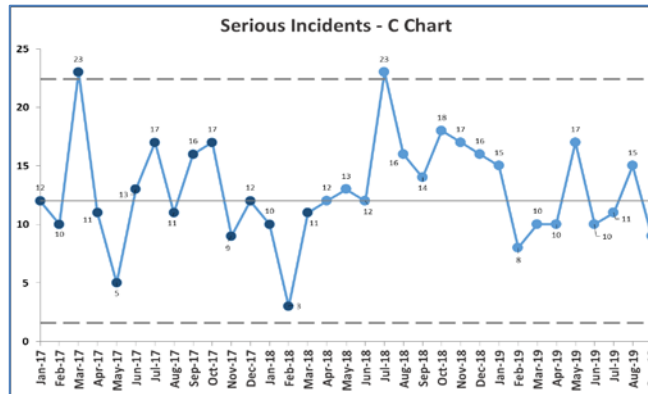


Chart 2.8

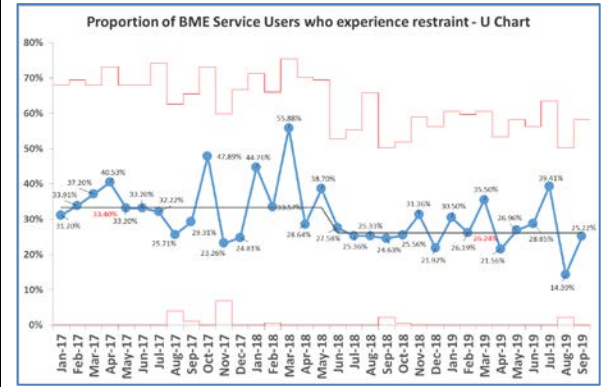
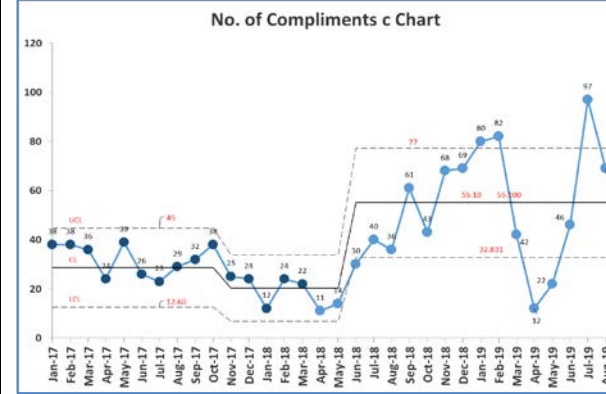


Chart 2.10



The number of compliments received is for a second month above the upper control limit.

Chart 2.11

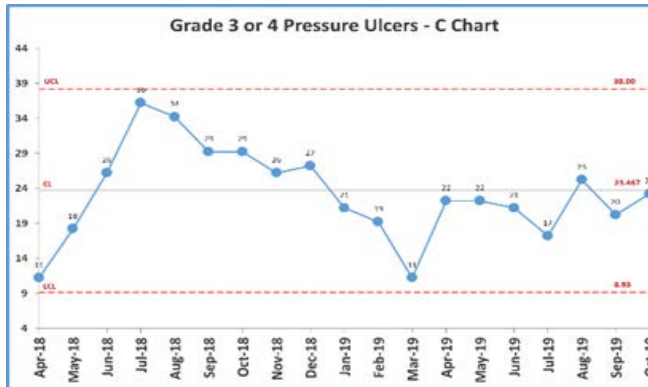
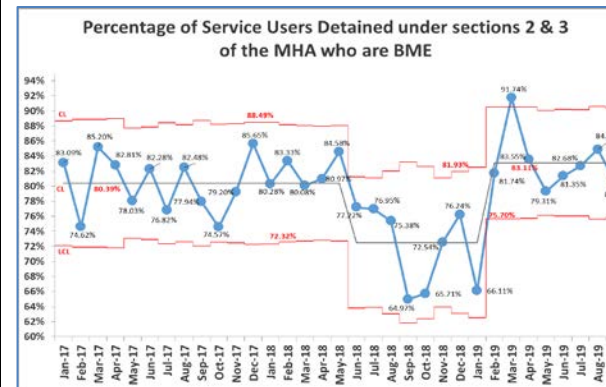
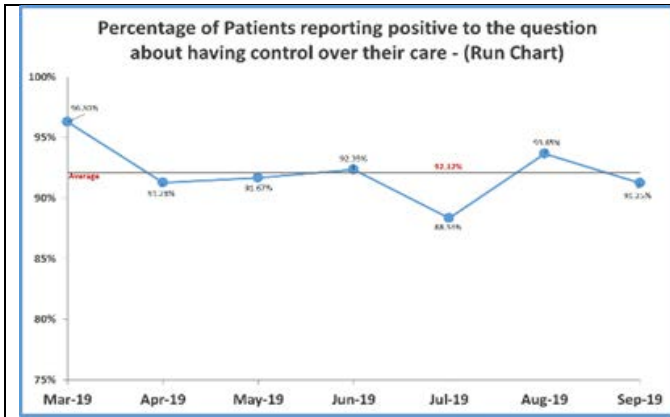


Chart 2.12



All patients will have more control over their care

Chart 2.13



This is a new measure that has been introduced to our patient-reported experience measures across the Trust in March 2019. The current average is 92% of service users feel they have control over their care.

All our services will be designed and developed with service user input

Chart 2.14

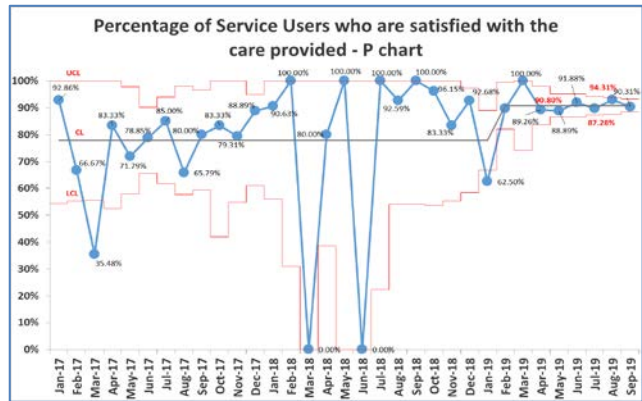
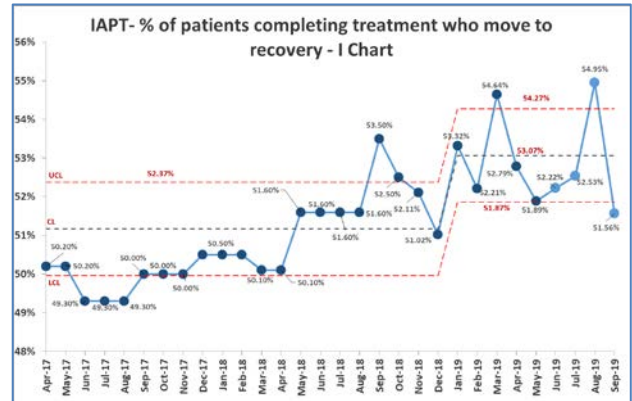


Chart 2.15



Recovery is improving since May 2019 due to a number of key changes:

1. The introduction of Anxiety Disorder Specific Measures (ADSM) in line with the national CQUIN is improving recovery rates due to aligning the correct outcome measure to the person's condition.
2. The services have delivered recovery-focused training for all staff.
3. In July Bedfordshire increased the number of management staff, now allowing more time for clinical supervision and case management which is improving recovery rates.
4. Improvements to the care pathway in Tower Hamlets following taking the service over in October 2018.

Board Assurance

Overview: Risks 3 and 4 were considered at the Quality Assurance Committee on 4 November 2019 who commented on the good progress with actions to mitigate the risks.

| | |
|-------------------------|--|
| Strategic 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 |
|-------------------------|--|

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| Executive Lead | Chief Operating Officer | Update and mitigating actions: <ul style="list-style-type: none"> Peer support workers: New People Participation role recruited to which will support the development of peer support worker roles Carers Strategy: Continued good progress with the implementation of the Carers Strategy; update to be provided to the People Participation Committee Service user experience: The service user led accreditation process is reviewing the second wave of teams CPA and Dialog+: A working group now established chaired by the Chief Medical Officer to oversee and guide the next phase of the eCPA process inc training. |
| Lead Committee | Quality Assurance Committee | |
| Risk Score | | |
| Current | 12 | |
| Target | 8 | |
| Recommendation | None | |
| Strategic 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 | |
| Executive Lead | Chief Operating Officer | Updates: <ul style="list-style-type: none"> From April 2019 the Service User Accreditation process was established and as of October 2019 21 teams have been assessed October 2019 – Quality Committee Part 1 revised and strengthened the reporting arrangements and improved the quality assurance dashboard that enables oversight of our key quality assurance processes 16 October 2019 first Patient Safety Learning event held in Luton and Bedfordshire feeding back the themes and learning in complaints and serious incidents Exploring peer reviews with Norfolk Community Services NHS FT (CQC rated outstanding) Report on the patient safety review to be presented to QAC January 2020. Mitigating actions include: <ul style="list-style-type: none"> CQC inspections preparedness and ongoing work, e.g. Chief Nurse quality reviews Trust-wide Learning Lessons Framework introduced and now to include ‘impact’ at request of QAC Patient safety review commissioned Changes to Quality Committee Governance arrangements |

4. Improved staff experience

Executive leads: Director of Planning and Performance, Director of People & Culture, Chief Quality Officer

Lead executive committee: People & Culture Committee

Annual Plan priorities

| Annual Priority: | Description of work: | Delivery lead: | Timeframe: |
|------------------|----------------------|----------------|------------|
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| | | | |
|--|---|--|-------------|
| Develop leadership for all staff groups. | Devise a structured career pathway for all professional staff groups | Director of People & Culture | Summer 2019 |
| | A 4 module programme known as ELFT Lead begins in September (Bedford) and October (London). 29 people are attending each cohort and formed from those who were not placed on the Clinical, Collective & Compassionate Leadership Programme. | Associate Director of People & Culture (OD) and Associate Director of People Development | Autumn 2019 |
| | The second cohort of the senior clinical leaders' programme comes to an end in October 2019 | Chief Quality Officer | Summer 2019 |
| | Generic job descriptions for Psychotherapists at all bands in place with statements about how to enter/ progress at that level. | Associate Director of People & Culture (Ops) | Autumn 2019 |
| | Advanced nurse practitioner/ prescribing nurse's development programme in place. Now need to evaluate how this impacts on medical workforce planning. | | Autumn 2019 |
| | Delivery of a revised Trust-wide leadership programme including programmes for specific staff groups i.e. Admin and clerical staff | | Winter 2020 |
| | Make available a directory of internal programmes through learning and development | | |
| | Capture data for all external leadership programmes attended by staff | | |
| | Improve visibility, accessibility and monitor the return on investment / progression of staff who have attended programmes. | | |
| | There are some issues with this since most external organisations are unable to disclose personal details of delegates under the new Data Protection Law. Bookings for | | |

| | | | |
|---|--|--|-------------|
| | external programmes are not made centrally | | |
| Equip our staff to be able to deliver integrated care | Refine the core competencies for community health staff to deliver integrated care. | Director of People & Culture | Autumn 2019 |
| | This project has received some funding from Health Education England to scope the integrity and viability of the model across Bedford, Luton and Milton Keynes (BLMK). The first stage of the project to undertake a literature review of worldwide competency models is complete. A steering group has been formed to guide the project and the first meeting takes place in October. Focus groups across BLMK will take place in October and November. | Director of People & Culture / Director of Integrated Care | Spring 2020 |
| | This focus is reflected in the new job descriptions for psychotherapist job family. Mental health nursing are the next set of JDs for review. Led by Ruth Bradley. | | |
| | Incorporate the 'wheel of partnership' and integrated care competences in appraisals for all Agenda for Change staff | Director of People & Culture / Director of Integrated Care | Summer 2020 |
| | Identify and roll out a digitised platform. | | |
| Create an environment in which our staff can thrive | Cohort 3 of the Enjoying Work QI learning system | Chief Quality Officer | Summer 2019 |
| | Respect and Dignity @ Work project | Director of People & Culture / Chief Nurse | Spring 2020 |
| | <ul style="list-style-type: none"> • 'A Mile in My Shoes' • Big conversations 'Through My Eyes' • Through Someone Else's Eyes | CEO/All Execs | Spring 2020 |
| | Deliver the revised workforce equalities plan. | Director of People & Culture | |

| | | | |
|---|---|--|---------------------------------------|
| | <p>A new staff council has been set up and the first session takes place in November 2019.</p> <p>There are also local listening forums already in place such as 'chin-wag with the Borough Director of Tower Hamlets.'</p> | Associate Director of People & Culture (Ops) | |
| Improve the health and wellbeing of our staff | <p>A wellbeing plan for staff that factors in the determinants of health.</p> <p>Healthy Workplace Charter. Foundation level achieved and accreditation in place and celebrated. We are now seeking to achieve the next level which is called achievement. Target date is November and we are on track.</p> | Director of People & Culture | <p>Summer 2019</p> <p>Winter 2019</p> |

The table above sets out our proposed priorities to improve staff experience in our 2019-20 annual plan. The four key areas of focus will be to activate leadership across all levels, to equip our staff to deliver integrated care, to create an environment where all our staff can thrive, and to adopt a population health lens to improve health and wellbeing of our staff. An update on the Enjoying Work programme is found within the quality report.

Executive commentary - Integrated Dashboard

The number of staff in post has been stable since July 2018 and currently ELFT employs 5,793 substantive staff. The drop in Bank staff numbers from circa 1,400 to 1,100 relates to a data cleanse undertaken in summer 2019. Bank workers that had not been working shifts within the last 6 months were removed from the payroll to prevent compliance risk.

Staff turnover has continued on a downward trajectory for the last 2 years which is positive, a reasonable turnover rate is 13% and ELFT is now achieving 14%. However, whilst this is a positive indicator the proportion of leavers going in their first 2 years of employment is 50% of total leavers in the last quarter. It is not likely that people join an organisation with the intention of staying such a short period; this indicates further improvements to on-boarding and induction are needed.

Vacancy factor has been within a stable range since July 2018 but in September there is an increase out of this range to 11.8%. The Trust's strategic recruitment and retention group that has been in place since January 2019 has focussed on delivering long-term strategies such as job redesign, apprenticeship development, STP workforce planning and community involvement. This group will now start focussing on some short-term initiatives to reduce the vacancy factor towards 8% which is more favourable.

A quality improvement group led by People and Culture and Finance in partnership has completed a piece of work on the leavers process in October. The new leaver's process which

is now instigated by the employee that is leaving is now live and a reduction in overpayments should follow if the project has been successful.

Sickness absence has been in a stable range around 4% since March 2018. Whilst 4% is considered low amongst comparator Trusts, Forensics and Community Services Tower Hamlets are outliers with sickness absence at around 6%. The Occupational Health tender process has now completed with the award going to Team Prevent, the current provider. This provides the opportunity to re-launch the contract and service. As part of this relaunch, it will be possible to direct some targeted support and training to those managers who have areas with particularly high sickness rates. The JSC expect to ratify a new sickness policy that moves away from the Bradford score to sickness triggers in November.

Employee relations case numbers haven't reduced since the introduction of the 'Fair Treatment Process' in Spring this year. However, there has been a significant and sustained reduction in staff suspensions. There is also a slight improvement on the 2019 WRES submission on the metric comparing BAME staff in a HR process to white staff in a HR process. It is still possible that with further understanding and embedding that the 'Fair Treatment Process' could lead to reduced employee relations case numbers.

Statutory Mandatory training has been on an upward trajectory over the last quarter and is on target to hit 90% for October reporting, this is a great success for the Learning and Development team and wider organisation. The appraisal window for 2019 closed at 75.8%, whilst this isn't at the Trust target it is a positive result for the first year of a new/ different reporting process and appraisals will continue despite the window being closed.

3. IMPROVED STAFF EXPERIENCE

Increased sense of engagement by staff – Annual Figures

Chart 3.1

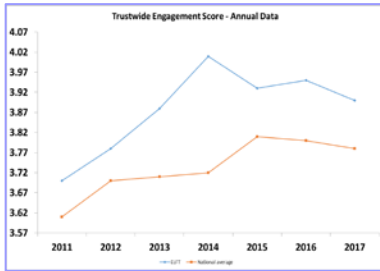


Chart 3.2

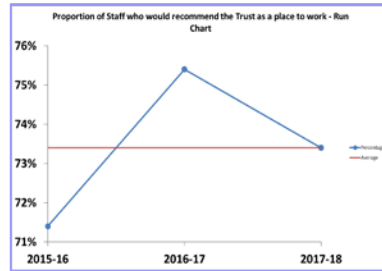


Chart 3.3

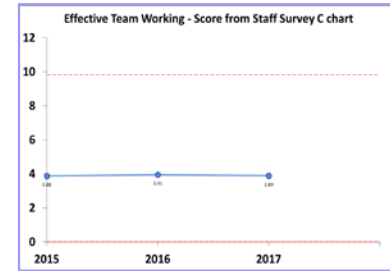


Chart 3.4

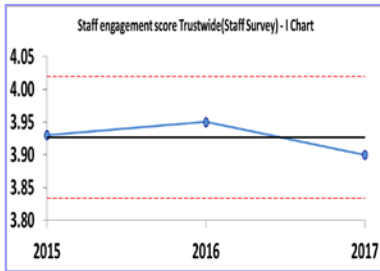


Chart 3.5



The right number of staff with the right skills to provide a service

Chart 3.6

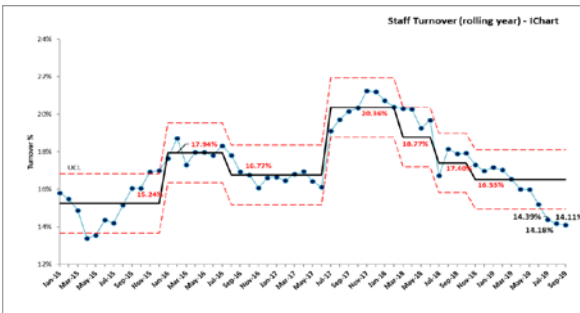


Chart 3.7

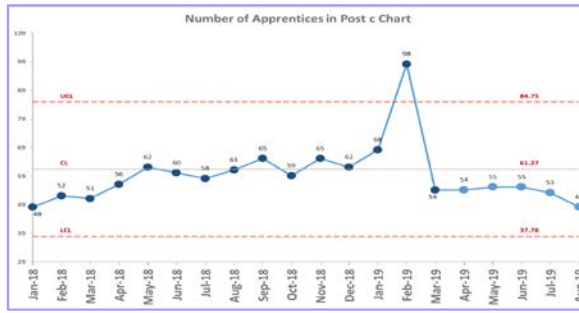


Chart 3.8

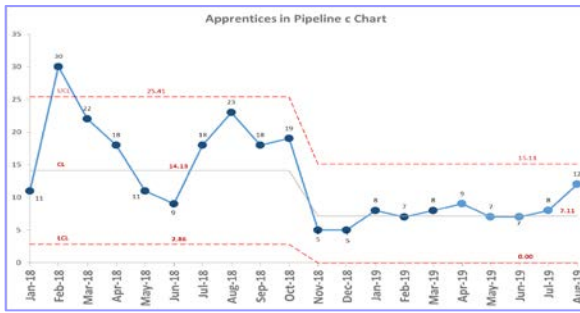


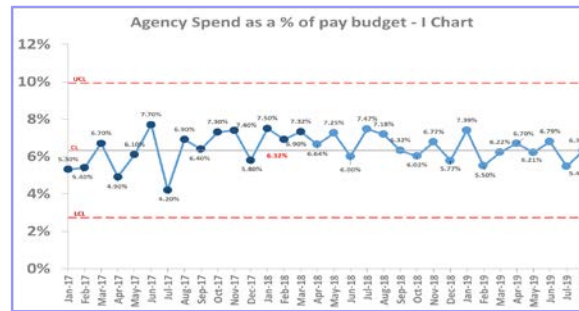
Chart 3.9



Chart 3.10



Chart 3.11



Staff feel supported and motivated to come to work

Chart 3.12

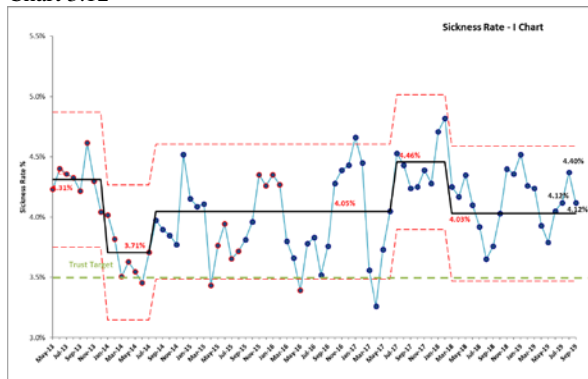


Chart 3.13

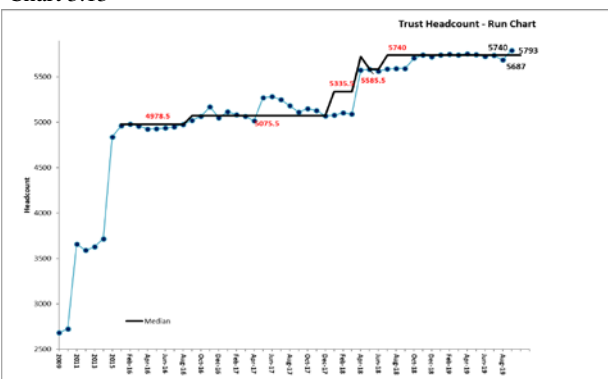
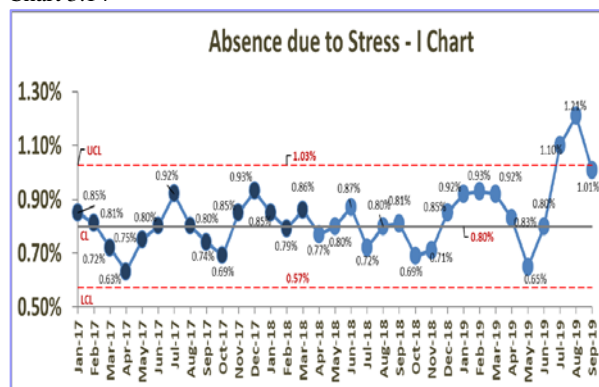


Chart 3.14



Board Assurance

Overview: The updates below were reported to the Appointments and Remuneration Committee in the form of a paper but were not considered due to the meeting being cancelled. Further consideration will be given at the Committee’s next meeting on 5 December 2019. At its meeting on 11 November 2019, the Audit Committee acknowledged the continued good progress with the actions being taken to mitigate the risks.

| | | |
|-------------------------|--|--|
| Strategic Risk 5 | If the Trust does not effectively plan for, attract and retain the right numbers and skills of staff required, there will be an impact on the Trust’s ability to deliver safe, high quality integrated care | |
| Executive Lead | Director of People and Culture | Updates and mitigating actions: <ul style="list-style-type: none"> Turnover rate further reduced from 14.39% in July 2019 to 14.18% against a Trust target of 16% Workforce Race Equality Standards (WRES) submission showing positive improvements across all indicators Workforce Disability Equality Standards (WDES) shows some areas for improvement Developing Sustainability Transformation Partnerships (STP) Long Term Plan (LTP) submissions for both STP footprints A new community Resourcing Team has been created to better meet the resourcing needs of Community Health Services |
| Lead Committee | Appointments & Remuneration Committee | |
| Risk Score | | |
| Current | 12 | |
| Target | 5 | |
| Recommendation | None | |

| | | |
|-------------------------|--|--|
| | | <ul style="list-style-type: none"> • A proposal to transform the Trust bank has been drafted and will be discussed at the November People & Culture meeting • People and Culture are going 'Agile' from December 2019 in order to improve the services provided. |
| Strategic Risk 6 | If issues affecting staff experience, health and wellbeing and equalities are not addressed there will be a high turnover of staff as well as staff burnout | |
| Executive Lead | Director of Planning and Performance | Updates and mitigating actions: <ul style="list-style-type: none"> • Knife crime, gangs and county lines: developing our offer of support to staff • Staff Council being launched, the first meeting is in November • The second edition of the Wellbeing & Benefits magazine was published in October 2019 • Data cleansing exercise underway to validate continuous service in preparation of Long Service Awards • Improvement of the disciplinary processes, implementation of the Fair Treatment Processes • Suspensions reduced in July 2019 • Service user involvement in disciplinary processes • Following retender, OH contract awarded to current provider Team Prevent. |
| Lead Committee | Appointments & Remuneration Committee | |
| Risk Score | | |
| Current | 9 | |
| Target | 5 | |
| Recommendation | None | |

5. Improved value

Executive leads: Chief Finance Officer, Chief Nursing Officer

Lead executive committee: Service Delivery Board

Annual Plan priorities

| Annual Priority: | Delivery lead: | Timeframe: |
|---|---|-------------------|
| New Infrastructure plans around efficient and effective use of digital and estate | Director of Estates and Chief Information Officer | March 2020 |
| Launching waste reduction campaigns and supporting teams to think value | Chief Finance Officer | March 2020 |
| Incorporating value and waste into the Trust's QI work | Chief Quality Officer | March 2020 |
| Delivering high quality services using 97% of the resources available compared to FY18/19 | Chief Finance Officer | March 2020 |

Details about the value and waste reduction QI work is contained within the quality report. Details of the Financial Value programme are set out in the commentary below.

The Trust Financial value plans comprise of plans to reduce waste, deliver clinical transformation as well as provide increased opportunities for the clinical reach of the Trust. The roll out of waste reduction through reduced printing costs has been implemented. A new procurement programme launched earlier this year has identified a partner the Trust will work with and will result in reduced utilisation of paper across the Trust. Additional transformational schemes regarding reduction in the waste through service transformation and improving quality have been implemented in learning disability inpatient services.

Executive commentary - Financial performance

A summary of financial performance is as follows:

- Operating surplus (EBITDA) to end of September 2019 of £8,851k compared to planned operating surplus of £8,971k.
- Net surplus of £1,743k (0.8%) compared to planned net surplus of £1,525k (0.7%).
- Year to date favourable net surplus variance of £218k.
- **Year to date favourable performance against control total of £51k.**
- NHS Improvement (NHSI) risk rating of “2” to end of September 2019. This is deemed to be a low risk rating.
- Cash balance of £91.6m as at the end of September 2019.

The contractual income detailed in this report is based on signed contracts for 2019/20 for all NHS contracts over £5m, and agreed or anticipated contract values for other contracts. The Trust’s 2019/20 control total is £5,683k including Provider Sustainability Fund (PSF) income of £3,319k (£2,364k excluding PSF income). The Trust has agreed the control total for 2019/20. The Trust was notified by NHSI on 3rd July 2019 that it would receive an adjustment to the 2018/19 Bonus PSF amounting to an additional £167k. As the Trust were notified of this after completion of final accounts, the advice from NHSI is that the Trust should “record this immaterial 2018/19 item within...2019/20 accounts.”

While this will have the effect of improving the Trust’s overall net surplus and cash position, it will not benefit the Trust reporting against the 2019/20 control total; i.e. the Trust will still need to make a surplus of £2,366k in 2019/20 **excluding** the additional £167k, in order to qualify for 2019/20 PSF income. This is shown as separate line in the table below.

| | Sep-19 | | | Annual Budget £000 | Aug-19 Variance £000 | Change +/- £000 |
|--|----------------|----------------|------------------|-----------------------|----------------------------|-----------------------|
| | Budget £000 | Actual £000 | Variance £000 | | | |
| Operating Income | 214,265 | 215,233 | 968 | 429,449 | 749 | 220 |
| Operating Spend | 205,294 | 206,382 | (1,088) | 408,874 | (851) | (237) |
| Operating Surplus (EBITDA) | 8,971 | 8,851 | (120) | 20,575 | (102) | (17) |
| Interest Receivable | 150 | 314 | 164 | 300 | 135 | 30 |
| Interest Payable | (1,041) | (1,041) | 0 | (2,081) | 0 | 0 |
| Depreciation | (3,551) | (3,551) | 0 | (7,102) | (0) | 0 |
| Public Dividend Capital | (3,005) | (2,999) | 6 | (6,010) | (0) | 6 |
| Underlying Net Surplus / (Deficit) | 1,525 | 1,576 | 51 | 5,683 | 32 | 19 |
| Non-Recurrent Support Adjustment | 0 | 0 | 0 | | 0 | 0 |
| Control Total Net Surplus / (Deficit) | 1,525 | 1,576 | 51 | 5,683 | 32 | 19 |

| | | | | | | |
|---|--------------|--------------|------------|--------------|------------|-----------|
| 2018/19 Bonus PSF Reported in 2019/20 | 0 | 167 | 167 | | 167 | 0 |
| Reported Net Surplus / (Deficit) | 1,525 | 1,743 | 218 | 5,683 | 199 | 19 |

Expenditure Risk

The Trust is reporting an adverse variance of £1,088k against operating expenditure at 30th September 2019.

Financial Viability Programme

The delivery of the overall financial plan is predicated upon achieving the requirements of the Trust's Financial Viability Programme (previously referred to as Cash Releasing Efficiency Savings, "CRES").

The Trust is continuing to work through existing plans within the 2019/20 Financial Viability Programme. A separate paper is tabled to Finance Business and Investment Committee (FBIC) which will include relevant detail of the programme. Consideration is being given to the FVP being delivered over a longer-term horizon, e.g. 18 to 24 months. This is more likely to accommodate scheme slippage as invariably there will be schemes which can be accelerated to deliver the savings earlier.

The total internal Trust savings requirement to achieve the 2019/20 control total are £10.0m, of which £9.7m form part of the formal financial viability programme, and £0.3m are reported within Directorates for schemes identified but not delivered during 2018/19. The planned financial viability savings required to 30th September 2019 were £2.8m, against which the Trust achieved £2.1m to the end of September 2019 (a shortfall of £0.7m year to date).

NHSI Agency Ceiling

The NHSI ceiling set for the Trust was £7.95m to the end of September 2019. The Trust is reporting expenditure of £10.03m, a variance of £2.08m from the ceiling (26.2%).

This gives the Trust an agency risk rating of "2" at Month 6, well within the 50% variance that would trigger an agency risk rating of "4" and an overall risk rating of "3".

The Trust plan assumed agency spend would not fall within the agency ceiling at this stage, and variance from the planned agency expenditure is 7.8%. To address this, the procurement process is being streamlined. The number of agencies used by the Trust, will be reduced, and assigned to Tier 1 on ELFT's procurement framework- This could produce significant savings as only the Agencies on the framework (with agreed term and conditions) should be used as their terms are centrally negotiated.

The Trust is committed to finding ways to reduce agency expenditure during 2019/20, including moving from agency to bank where temporary cover is required. Already, ELFT has sought and is using, a preferred supplier of Agency Staff to address the gaps.

All bookings of Medical and Allied Health Professional agency staff should be made via the iNGAGE system. There is an assurance process to ensure the payment arrangements between the Trust, the agency and the worker are tax compliant. The Trust has no such assurance that bookings placed outside the system comply with the relevant tax legislation,

or indeed have been subject to the required pre-employment checks (DBS, professional registration, etc.). The Trust as the end user is liable for any tax shortfall arising where non-compliant arrangements have been used and would be at risk from significant fines from the Inland Revenue should any such cases arise.

All agency bookings above NHSI price caps and/or via an off-framework agency, whether booked through iNGAGE, require a formal waiver agreed by an Executive Director of the Trust. Directorate Management Teams are responsible for ensuring this process is followed. This is to ensure the Trust is compliant with NHSI rules.

The key driver for the reported overspend in Bedfordshire Community Health (CHS) is use of bank and agency staff over budget, with further overspends in particular services. Similarly, in Bedfordshire Mental Health services, there is high agency use in Medical staffing and bank and agency use in inpatient wards and Community Mental Health Teams (CMHTs).

The key driver for the reported overspend in Bedfordshire Community Health (CHS) is use of bank and agency staff over budget, with further overspends in particular services. Similarly, in Bedfordshire Mental Health services, there is high agency use in Medical staffing and bank and agency use in inpatient wards and Community Mental Health Teams (CMHTs).

Overspend of £1,343k, mainly arising from the high agency costs are shown against Bedfordshire CHS. This is partly offset via a designated reserve, resulting in a net overspend of £433k. In making this assumption in the accounts, the Trust is accepting that the contribution from this contract is lower than planned in the business case.

Areas of high overspend in Corporate departments are in the process of being reviewed by the finance team to understand the reasons for these variances and to discuss what action can be taken. As a result, some additional funding has been released to the HR budget from reserves in Month 6, and further work is ongoing to identify capital costs relating to the implementation of Health Roster that may have been charged to the revenue budget, and to review non-pay budgets.

The Trust is managing overspend against expenditure budgets through the better than planned income position and reserves at Month 6. However, this is not a sustainable position, and consideration will need to be given as to how the current level of overspend against some budgets can be reduced.

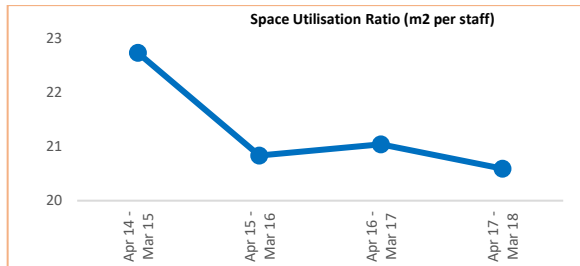
Forecast

The revised plan submitted to NHSI for 2019/20 is consistent with this report and is based on achieving a rating of "1" (low) under the Risk Assessment Framework by March 2020. This is in line with the revised NHSI control total of £5.7m (including PSF income of £3.3m).

4. IMPROVED VALUE FOR MONEY

The trust will improve the utilisation of its estate

Chart 4.1



All budget holders will be held responsible for the management of their budgets

Chart 4.2

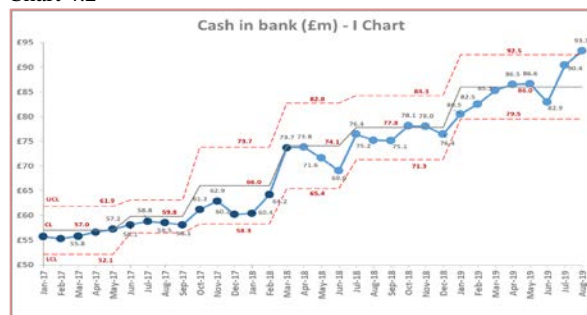


Chart 4.3

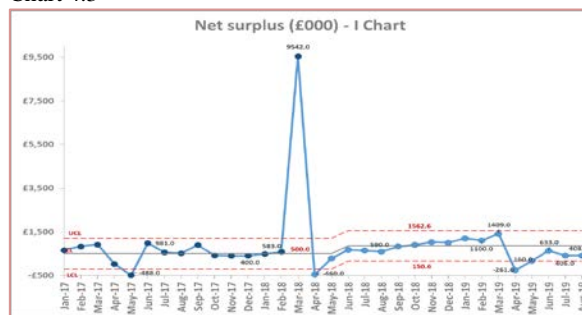


Chart 4.4

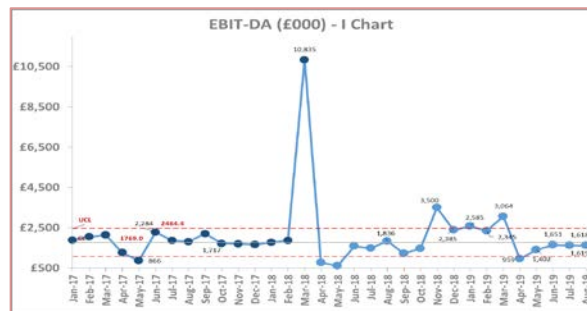


Chart 4.5



The trust will increase the efficiency and effectiveness or resource utilisation

Chart 4.6



Chart 4.7

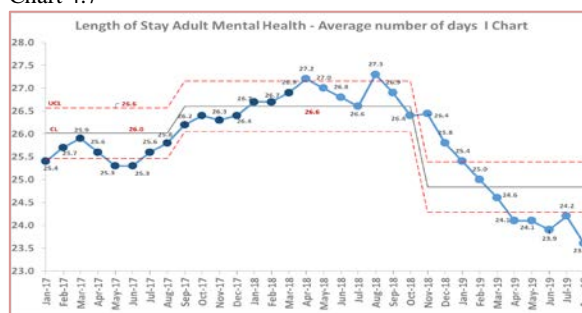
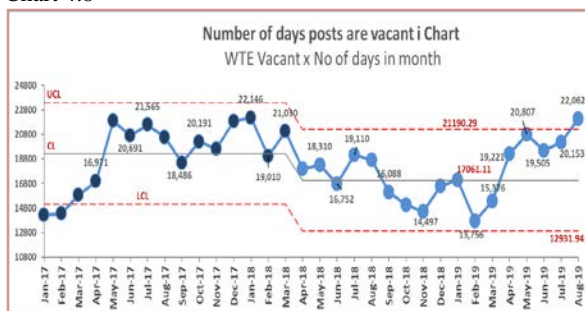


Chart 4.8



Board Assurance

Overview: The Finance, Business and Investment Committee undertook a deep dive on financial viability focusing on risks 7 and 8 at its meeting on 11 November 2019 and were assured of the significant amount of work being undertaken through a staged approach to mitigate the risks and to support the successful delivery of the Trust’s new approach to value and financial sustainability.

| | | |
|-------------------------|---|--|
| Strategic Risk 7 | If behavioural and culture changes are not embedded, the new approach to value and financial sustainability may result in resorting to previous methods of delivering efficiency savings | |
| Executive Lead | Director of Commercial Development | Updates and mitigating actions: <ul style="list-style-type: none"> Continued focus on culture development and the creating value campaign <ul style="list-style-type: none"> A move away from top-down ‘salami slicing’ approach Consideration of the delivery of clinical services inc geographical sectors (not confined to commissioning silos) Embedding culture of waste reduction and incorporating in multiple forums, e.g. Improvement Leaders’ Programme, Corporate induction, etc Creating ‘value campaign’ Empowering staff to tackle issues which frustrate them and waste time/money. Learning from peers: <ul style="list-style-type: none"> Relationships developed with other Trusts to share good ideas, techniques, experiences and methods to overcome obstacles (particularly Leeds Teaching Trust and NHS Highlands) and to learn from their success Trust delivered waste workshop to share experiences at the European Health Improvement Alliance Conference; other partner Trusts identified Ongoing work with Institute for Health Improvement (IHI). |
| Lead Committee | Finance, Business and Investment Committee | |
| Risk Score | | |
| Current | 25 | |
| Target | 15 | |
| Recommendation | None | |
| Strategic Risk 8 | If the adoption of supporting plans is not embedded to aid waste reduction, in year financial benefits may not be delivered. This includes infrastructure, people and directorate plans | |
| Executive Lead | Chief Finance Officer | Risk 8 for 2019/20 has been amended to reflect the focus on financial sustainability and waste reduction, and the importance of key plans which include digital on financial |

| | | |
|-----------------------|--|--|
| | | delivery. Reference should therefore also be made to Risks 5 and 6 in relation to the People Plan. |
| Lead Committee | Finance, Business and Investment Committee | Updates and mitigating actions: <ul style="list-style-type: none"> • New leadership roles have been agreed at the Board and FBIC. These are in the process of being recruited • Dedicated Steering Group established in each 'sector' of the Trust, taking a view across geographical areas • Inclusion of significant clinical input • Service user involvement in some schemes with the aim to involve in all 2020/21 schemes • Significant investment in underlying IT infrastructure to support Trust's digital ambitions • The mitigation for risk around quality data is focussing currently on systems, data stability and how the use of systems are being maximised to their fullest capacity with a focus on training, behavioural and cultural change. |
| Risk Score | | |
| Current | 10 | |
| Target | 5 | |
| Recommendation | None | |

6. Regulatory compliance

NHS Improvement Single Oversight Framework

Trusts are segmented under the Single Oversight Framework (SOF) based on the level of support each provider needs which is designed to help NHS providers attain, and maintain, Care Quality Commission ratings of 'Good' or 'Outstanding'. NHS Trusts are placed on 1 of 4 "segments", with 1 being the lowest risk, and 4 being the highest risk.

The Framework is divided into 5 themes. See table below for the Trust's current rating against each theme.

| Theme | Current Rating |
|---------------------------------------|---|
| Quality of Care | No Concerns |
| Finance and Use of Resources | The Trust has an overall NHSI Risk Rating of "2". |
| Operational Performance | No Concerns |
| Strategic Performance | No Concerns |
| Leadership and Improvement Capability | No Concerns |

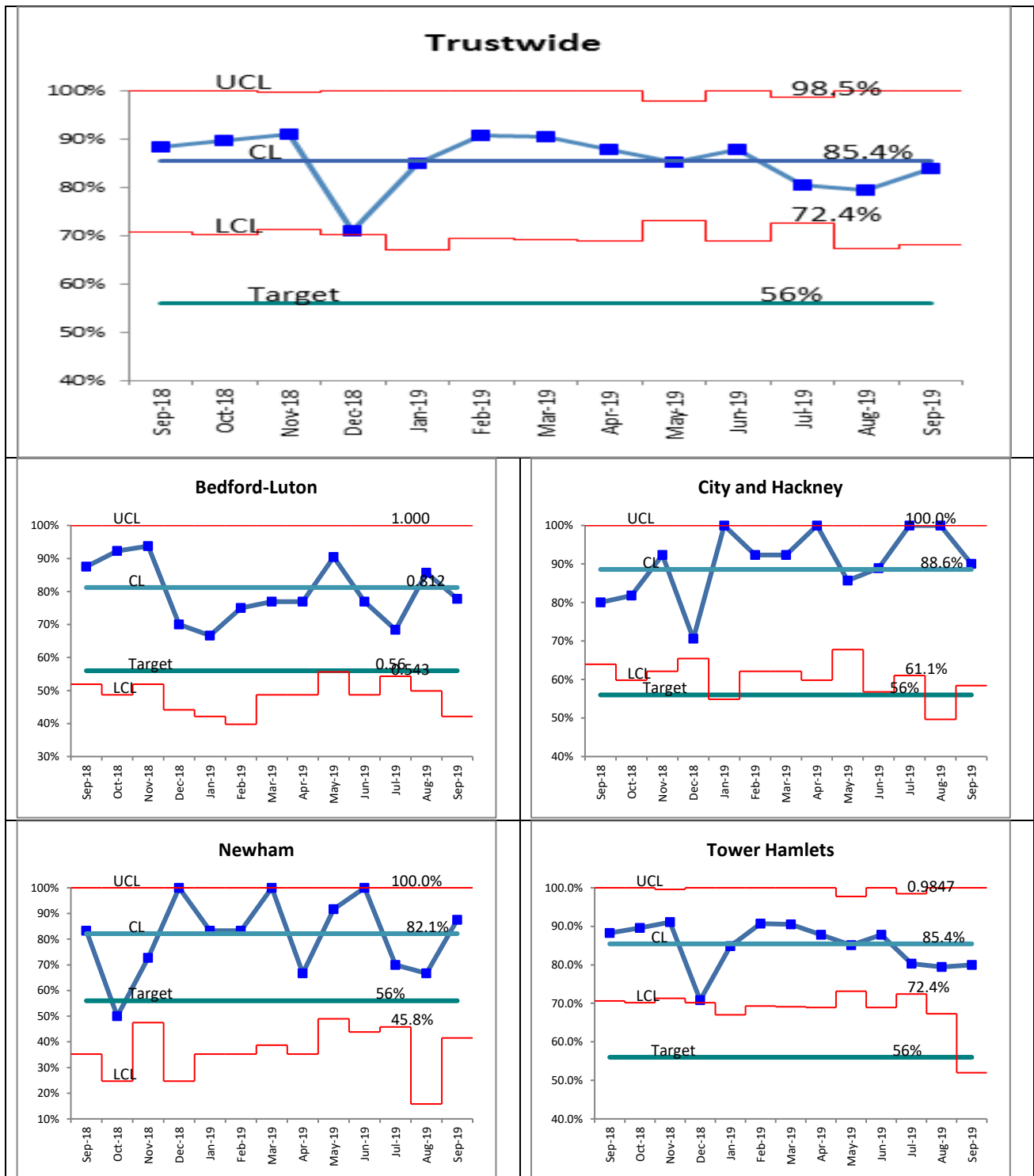
NHS Improvement operational performance metrics

Performance against nationally mandated operational performance metrics are set out below.

NHSI Single Oversight Framework Operational Performance Metrics

1. Single Oversight Framework (SOF)

Early Intervention Services - People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral

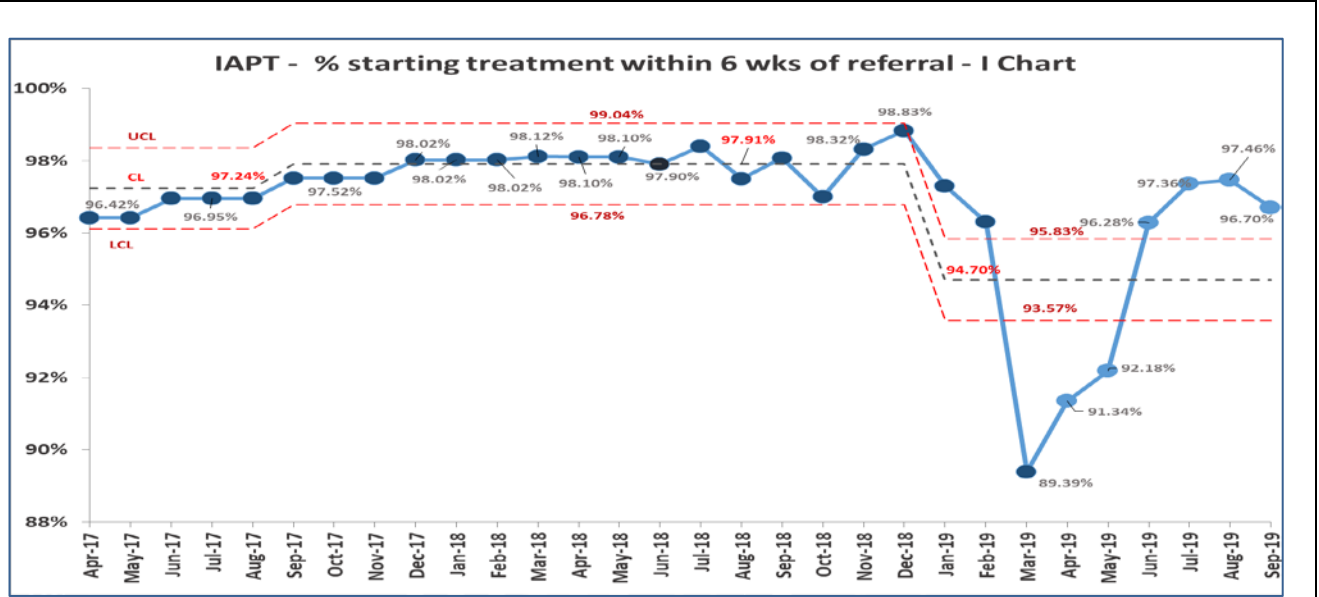


All directorates (trustwide) are meeting the target of 50%. In June, in order to align our reporting with the data shared through to NHS Digital (which is derived from the Mental Health Services Data Set (MHSDS)), our operational definition changed resulting in a performance drop. One of the key changes was the exclusion of CAMHS internal referrals.

This reduction in the size of the cohort caused the data to be more susceptible to variances in performance across the remaining cohort of patients.

The other issue affecting performance on this measure relates to when people are referred to the early intervention service without their knowledge. This sometimes makes it difficult for the service to engage with the service user. The early intervention teams have started to work closely with carers to identify new ways to engage and support better. Proactive team work is used to maintain standards with the Early Intervention prevention and recovery approach. Some of the new changes introduced include daily referral meetings, assertive approach towards engagement, being more flexible around where and when to meet with service users, and better information gathering from the referrer (including contact details for the service user).

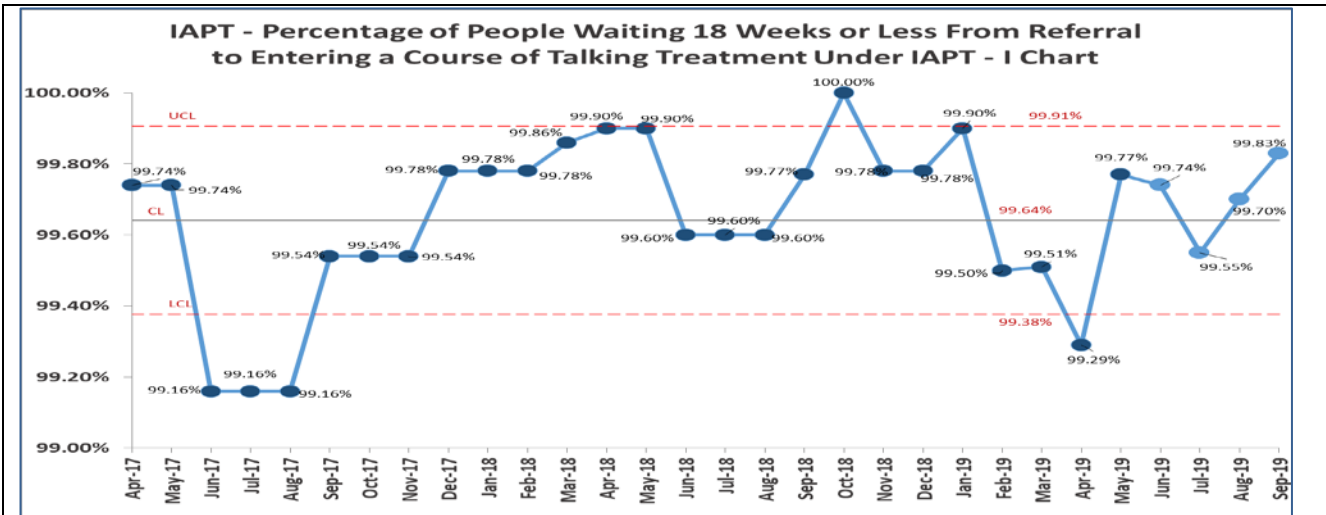
Percentage of people waiting six weeks or less from referral to entering a course of talking treatment under IAPT (Improving Access to Psychological Therapies)



The drop in performance in March 2019 was when Tower Hamlets IAPT service data was included in the trust overall data. Since March, Tower Hamlets has been improving to a position where performance is closer to the original levels prior to March 2019. It is expected that performance will be maintained at this position.

Percentage of people waiting 18 weeks or less from referral to entering a course of talking treatment under IAPT

| |
|--|
| |
|--|



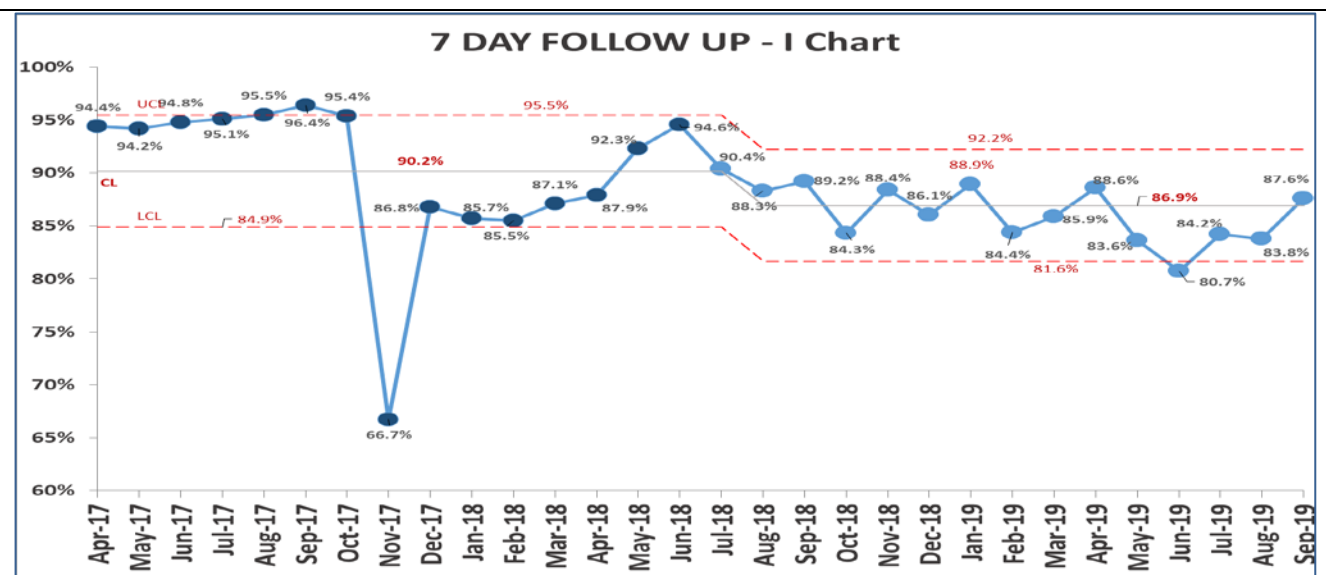
No significant change is expected in this data, performance above the target is expected to be maintained.

2. National and Local Indicators

There is one performance issue for escalation:

- 7 Day Follow up (the CQUIN data for 72 hour follow up has also been included)

7 Day Follow Up from Adult mental health inpatient services



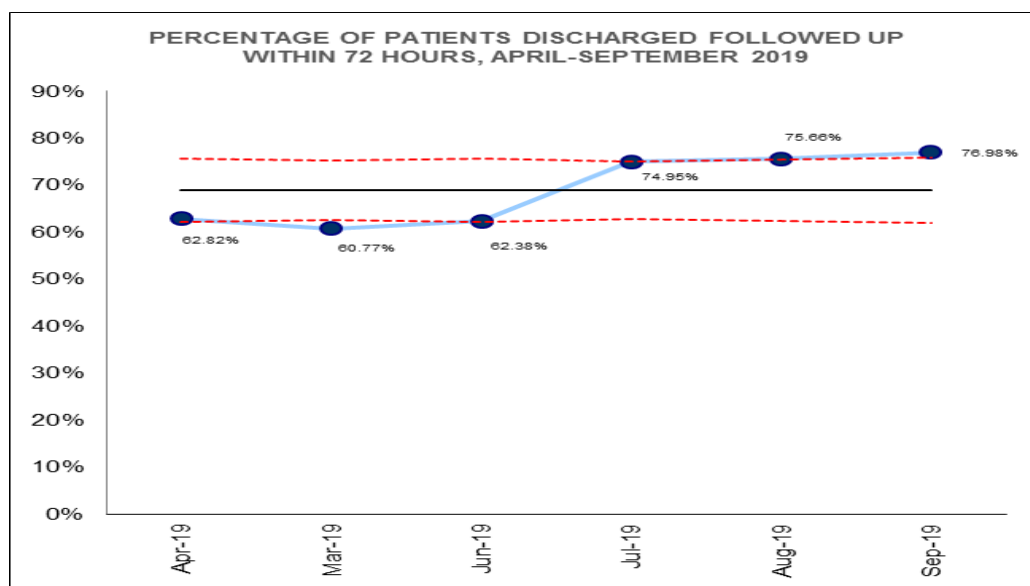
Performance in this area is within the upper and lower limits, but is still some distance from the target of 95%. September performance trustwide is 87.6%. Efforts are continuing to address the 72 hour follow up target (see below), but emphasis needs to be maintained on engaging with those service users who are not reached within 7 days.

Feedback has been that teams have not been tracking this target as much as usual, as they focused on working towards the new 72 hour CQUIN target for follow-up. At the fortnightly Trustwide meeting on this issue, 7 day follow up data is now being shared and added as a rolling agenda item to maintain parallel focus. Also, each performance lead has been tasked

with ensuring that the message regarding the importance of the 7 day follow up target (not just the 72 hour follow up target) is clear and that each ward has a monitoring system in place both for 72 hours and 7 days.

Further support is being provided in City and Hackney particularly in wards with high rates of discharges, to ensure a clear system for follow up is in place that covers 72 hour follow up and 7 day follow up.

72 Hour Follow Up CQUIN



Monitoring of follow up within 72 hours of discharge began in April 2019 in anticipation of the CQUIN recording period commencing in October 2019. The 72-hour follow up target is 80% for Quarter 3 and 4. September performance is at 76.98% and this is expected to rise in October as teams further embed their improvement ideas. A QI project in Newham has led the development of the theory around discovering and testing solutions to this complex issue.

7.0 Recommendations and Action Being Requested

7.1 The Board is asked to **RECEIVE** and **DISCUSS** the report.