

## Board of Directors Meeting in Public

Thursday 23 May 2024 from 13:00 – 15:50  
St Joseph's Hospice, Mare St, London E8 4SA

12:15 – 13:00 Lunch  
13:00 – 15:30 Trust Board in Public  
15:45 – 16:15 Quality Improvement Presentation

### Meeting of the Board of Directors as Corporate Trustee Agenda: Meeting of the ELFT Charity

1	Welcome and Apologies for Absence*	Note	Eileen Taylor	13:00
2	Declarations of Interest	Note	All	
3	ELFT Charity Update: <ul style="list-style-type: none"> <li>Charitable Funds Committee Assurance Report</li> <li>Annual Report &amp; Accounts 2022/23</li> </ul>	Assurance	Aamir Ahmad Tanya Carter	13:05
4	Any Other Business	Note	Eileen Taylor	
5	Close			13:15

### Meeting of the Board of Directors in public Agenda

#### Opening Matters

1	Welcome and Apologies for Absence*	Note	Eileen Taylor	13:20
2	Patient Story: ( <i>primary care</i> )	Note		13:25
3	Declarations of Interests	Assurance	All	13:45
4	Minutes of the Previous Meeting held in Public on 28 March 2024	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	13:50
8	Chief Executive's Report	Assurance	Lorraine Sunduza	13:55

9	Audit Committee Assurance Report	Assurance	Anit Chandarana	14:00
10	Integrated Care & Commissioning Committee Assurance Report	Assurance	Richard Carr	14:05
11	Equality Diversity Inclusion Annual Report	Assurance	Claire McKenna Tanya Carter	14:10
12	5 Minute Break			14:25

## Quality & Performance

13	People Participation Committee Assurance Report	Assurance	Aamir Ahmad	14:30
14	Quality Assurance Committee Assurance Report	Assurance	Deborah Wheeler	14:35
15	Quality Report	Assurance	Dr Amar Shah	14:40
16	Performance Report	Assurance	Dr Amar Shah Edwin Ndlovu	14:55

## People

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

## Finance

20	Finance, Business & Investment Committee Assurance Report	Assurance	Sue Lees	15:25
21	Finance Report	Assurance	Kevin Curnow	15:35

## Closing Matters

23	Board of Directors Forward Plan	Note	Eileen Taylor	15:45
24	Any Other Urgent Business*: <i>previously notified to the Chair</i>	Note	Eileen Taylor	
25	Questions from the Public*		Eileen Taylor	
26	Dates of Next Meeting <ul style="list-style-type: none"> <li>Thursday 25 July 2024 (London)</li> <li>Thursday 26 September 2024 (Luton)</li> <li>Thursday 5 December 2024 (Bedford)</li> <li>Thursday 30 January 2025 (London)</li> <li>Thursday 27 March 2025 (Luton)</li> </ul>			
27	Close			15:50

\*verbal update

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

16:00 – 16:30 A Quality Improvement teatime presentation will focus on reducing the time to complete Serious Incident reviews at ELFT.

**REPORT TO THE TRUST BOARD IN PUBLIC  
23 May 2024**

<b>Title</b>	Charitable Funds Committee 18 April 2024 – Committee Chair’s Report
<b>Committee Chair</b>	Aamir Ahmad, Vice-Chair (London) and Committee Chair
<b>Author</b>	Cathy Lilley, Director of Corporate Governance

**Purpose of the report**

To bring to the Board’s attention key issues and assurances discussed at the ELFT Charitable Funds Committee meeting held on 18 April 2024.

**Key Messages**

**Funding Awards Story: Expanding Horizons - SCYPS**

- A theatre trip for SCYPS teenagers with learning disabilities was funded by the ELFT charity; the successful bid for £800 paid for tickets and a minibus.
- The feedback from staff, parents and carers stressed the excitement the young people experienced in meeting and interacting with each other and that, despite some apprehension around maintaining focus during the production, they became completely absorbed by the events on stage. The trip has had a positive and lasting impact on confidence and has led to one of the group becoming active in a theatre company and others involved in a community music programme.
- The importance of capturing the broader outcomes from these initiatives was highlighted, particularly to showcase beneficial impacts to future funders and expand the learning across services and groups of service users.
- Consideration to potential work experience opportunities within ELFT is being taken forward by the Chief People Officer.

**Funding Awarded**

- Funding totalling c£203k has been granted to 75 projects to date, with applications for bids continuing to be received.
- It is considered too early in the life of the charity for meaningful performance indicators; however, the committee requested some thought to measures around the most successful areas for focus and aspirations for the amount of funding to be awarded each quarter.
- A discussion took place on ways to speed up the application approval process by using pre-approved templates, acknowledging similar projects will require an element of tailoring to ensure they enhance the experience of different recipients.
- Work continues to support and encourage more applications from the Luton and Bedfordshire areas.

**Equalities Impact**

- The number of applications from the Luton and Bedfordshire areas are improving.

**Fundraising Update**

- A number of donations have been received, in particular through the ongoing engagement by staff with the Pennies from Heaven scheme and a donation from Compass Wellbeing CIC.
- There are plans to workshop future ideas and next steps for the charity, including identifying optimum fundraising opportunities.

**NHS Charities Together Stage 3 Recovery Grant**

- ELFT has been successful in a bid for £132k for an employment programme to support 400 mental health service users, to be delivered over two years to February 2026.
- Work will focus on skills development, finding employment, the adoption of healthier lifestyles gaining qualifications and increasing confidence and self-esteem.



- A bespoke competency framework will measure and evaluate outcomes and key preparatory work is underway.
- Updates on the project have been scheduled into the committee forward plan.

#### **Communications Update**

- The programme of regular Trust-wide webinars continues with ever increasing attendance.

#### **Charitable Investment Strategy**

- A proposal to deposit the charity funds into a churches, charities and local authorities (CCLA) deposit account was received; however, the committee is seeking further assurance on any risk to the principal amount and also that this aligns with both ELFT and NHS-wide investment strategies.

#### **Risks**

- Assurance provided on the risks with a rewording of risk 1 to remove the impact element.
- Risk 4 now contains the impact relating to equitable distribution of funds.

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

**REPORT TO THE ELFT BOARD OF DIRECTORS AS THE CORPORATE TRUSTEE**  
**23 May 2024**

<b>Title</b>	ELFT Charity Annual Report and Accounts 2022/23
<b>Author</b>	Cathy Lilley, Director of Corporate Governance
<b>Accountable Executive Director</b>	Tanya Carter, Chief People Officer

**Purpose of the report**

This report presents the annual report and accounts for 2022/23 to the Board of Directors as the Corporate Trustee of the ELFT charity. The report is for noting.

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

<b>Date</b>	<b>Committee/Meeting</b>
18 January 2024	ELFT Charitable Funds Committee: approved the annual report for 2022/23
16 November 2023	ELFT Audit Committee: received the Barts charity annual accounts for 2022/23

**Key messages**

The ELFT charity was established in 2021 with the Trust's Charitable Funds Committee during 2022/2023 focusing on the consolidation of funds in the Barts charity and developing plans for fundraising and grant opportunities in line with the agreed strategy.

The Barts charity held the Trust's charitable funds until May 2023 when the funds of £1.2m were transferred, and reference to the funds held on behalf of ELFT is included in the Barts charity annual report and accounts for 2022/23.

The annual report reflects the first year of the charity in operation which has seen good progress and a number of successes in terms of the types and range of projects supported that reflect the Trust's geography and population diversity. The report celebrates the charity's impact and its support for ELFT's population health strategic objective, with the intention of attracting further interest and funding support.

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

Improved population health outcomes	<input checked="" type="checkbox"/>	The ways the ELFT charity is contributing to population health outcomes is described in the report, helping sustain this work going forward. Funds are accessible for delivering projects or initiatives in the communities we serve.
Improved experience of care	<input checked="" type="checkbox"/>	Projects and initiatives funded through the ELFT Charity will improve patient care, with the report intending to help sustain and increase funding. Funds are accessible for the benefit of service users.
Improved staff experience	<input checked="" type="checkbox"/>	The report helps build awareness of the Charity across staff groups, encouraging fundraising and grant applications across the Trust. Funds are accessible for the benefit of staff.
Improved value	<input checked="" type="checkbox"/>	An annual report both celebrates and provides accountability of the charity's role and purpose, helping attract future donations to benefit ELFT's communities.

**Implications**

Equality Analysis	The charitable funds will increase access for service users, staff and the wider local communities. This report celebrates different population groups
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	and geographical areas reached through its second year and also helps identify areas for improvement, such as encouraging grant applications from geographical areas with lower numbers and improving target population recording such as by ethnicity.
Risk and Assurance	Charitable funds are required to be spent within the financial year – the establishment of the charity will support the management of these funds more effectively. An annual report supports due diligence of the Charity.
Service User/Carer/Staff	Use of charitable funds is for the benefit of service users, carers and staff. How the charity support services users, staff and carers is described in the report.
Financial	The annual report helps profile charity spend and provides oversight of the management of the charity's general fund and SPFs.
Quality improvement	None identified.

## 1. Introduction

- 1.1. The ELFT charity was established in 2021 and during its first year the charitable funds were held by the Bart charity on its behalf.
- 1.2. The charity is an opportunity for services to go further in their support of their communities by promoting innovative ideas that challenge the healthcare inequalities that they encounter. The charity has found success in going above and beyond that which the Trust could ordinarily support. Driven by the passion and commitment for the communities that are served, each story that is shared in the annual report reflects the successes of the charity and those that have worked with us.
- 1.3. The charity's mission focuses on supporting service users and three key priorities were identified to support this aim:
  - Improving social networks
  - Improving employment prospects
  - Improving digital accessibility.
- 1.4. This report covers the period 1 April 2022 to 31 March 2023.
- 1.5. ELFT Board of Directors as the corporate trustee is responsible for preparing the annual report and financial statements in accordance with the applicable law to charities in England and Wales. The law requires the trustee to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources of the charity for that period.

## 2. Annual Accounts 2022/23

- 2.1. The Trust's Audit Committee received a report on the charity's financial position at its meeting on 16 November 2023 and details were included in the assurance report to the Trust Board on 30 November 2023.
- 2.2. The Barts charity held the Trust's charitable funds until May 2023 when the funds were transferred. As reported in the Barts charity audited annual report and accounts for 2022/23 (attached at appendix 1):
  - £1.2m was transferred to the ELFT charity during the year (ref page 1 Chair and Chief Executive's introduction); the majority of this makes up the non-grant charitable expenditure in note 3 (page 30 Financial statements – expenditure)

- The ELFT general fund is explicitly shown in note 11.2 (page 38 'restricted funds') with the expenditure being the transfer to the Trust; the two other special purpose funds (SPFs) that were transferred are not identified as they were not regarded as 'material' and were included in the 'other' line in 11.2 together with all the other SPFs with balances under £550k at the beginning of the financial year.

### 3. Annual Report 2022/23

- 3.1. The annual report (attached at appendix 2) highlights the work undertaken by the ELFT charity during its first year of operation; production of an annual report is recommended for charities and should include how its activities are meeting its charitable purposes in addition to setting out the goals for the following year.
- 3.2. The report is designed to be relatively short, focusing on key highlights of the year (such as total spend, number of projects funded, geographical reach) in addition to profiling the types of projects funded to address needs identified in local communities.
- 3.3. Key highlights in the report include:
- £142,698.98 awarded to 38 grant applications; grant awards ranged from £150 to £58,000
  - Grants were awarded to all ELFT service areas
  - Grants are analysed by project type creating a number of categories that fit population health themes including: physical activity and well-being; preventing homelessness; supporting children and young people with complex needs; improving social networks; green spaces for well-being; reducing poverty; improving employment prospects; music and arts-based well-being support
  - Using these categories shows the top three categories of charity spend as:
    - Reducing poverty (41%)
    - Music and art-based well-being support and improving social networks (both 14%)
    - Physical activity and well-being (10%).
  - Case studies including Newham Hope Garden, Practical Support to Improve the Health of Homeless People, Luton Striders, Connecting Families Who Have an Ill or Disabled Child, Therapy Bags and Boxercise.
  - To note, Healthier Wealthier Families is not included as a case study as its full evaluation will not be completed until May 2024. It feels therefore best to profile it in the 2023 to 2024 Annual Report.

### 4. Action Being Requested

The Board of Directors is asked to:

- a. **RECEIVE** and **NOTE** the annual report and accounts for 2022/23.



# annual report and accounts 2022–2023

## Contents

<b>Chair and Chief Executive's introduction</b>	1
<b>Trustees' Report</b>	
Who we are and what we do	2
Review of 2022/23	4
Aims for 2023/24	7
Equity, Diversity and Inclusion	8
Finance Review	11
Risk Management	14
Structure, Governance and Management	15
Statement of Trustees' Responsibilities	18
<b>Auditor's Report</b>	19
<b>Financial Statements 2022/23</b>	
Statement of Financial Activities	22
Statement of Financial Position	23
Cash Flow Statement	24
Notes to the accounts	25

## Chair and Chief Executive's introduction

The 2022/23 financial year was a record-breaking one for us. We were delighted to award £43.6m in funding, the largest we've ever given in a single year. This is a great start to our 2022–2027 five-year strategy in which we're aiming to commit at least £150m in funding.

We split funding between our three partners: £32.7m to Barts Health NHS Trust (Barts Health), £9.4m to the Faculty of Medicine and Dentistry (FMD) at Queen Mary University of London (QMUL) and £0.3m to the School of Health and Psychological Sciences at City, University of London. We also awarded £1.2 million to East London NHS Foundation Trust.

What's gratifying is the range of research and healthcare projects we've supported. Through our multi-million-pound targeted transformational programme, we've funded:

- the Academic Centre for Healthy Ageing based at Whipps Cross Hospital, looking at ways to extend healthy living and to treat frailty.
- the digital transformation of dental services at The Royal London Dental Hospital at Barts Health and the Institute of Dentistry at QMUL.
- a highly secure database for Barts Health patient data to be used in research to discover which treatments work best for patients.
- the Psychological Support Service to support the mental health and wellbeing of staff at Barts Health.

We've also approved plans to build a brand-new Clinical Research Facility on the 15th floor of The Royal London Hospital. This will bring vital clinical trials research closer to the people of East London. Costing £14m, this is the single largest project we have ever supported.

But it's not just the high-value awards that make us proud. We refined our existing funding schemes which cover research fellowships for healthcare professionals, research projects and healthcare innovation. We also introduced a new Everyday Impact scheme which allows staff at Barts Health hospitals to apply for funding for relatively small changes that can have a big impact on patient care, experience and wellbeing.

The first Everyday Impact awards included:

- providing bereavement bags designed to carry the belongings of those who have died
- equipment to help dieticians create better nutrition plans for cancer patients
- facilities to speed up rehabilitation for intensive care patients
- a number of ward and waiting room refurbishments.

You can find out more about how we are making a difference to the health of people in East London in our Impact Report.

It's also been an important year for our fundraising. In 2023, St Bartholomew's Hospital is celebrating the remarkable milestone of 900 years since it was founded. To honour this extraordinary anniversary, we've joined with Barts Health and Barts Heritage to create the [Barts 900 Campaign](#).

Our focus is on two important health projects that will help to transform treatment for patients in East London. As mentioned, plans have been jointly approved by us and Barts Health for a Clinical Research Facility at The Royal London Hospital. Proposals are also underway for a state-of-the-art Breast Cancer Centre at St Bartholomew's Hospital.

We've been preparing for this, our most ambitious fundraising programme to date, for most of this year. So, since Foundation Day in March 2023, the Barts 900 Campaign, which will fund the two health projects, has been in full swing. We look forward to reporting on its success in next year's report.

We could not have achieved so much in the last year without our highly talented and engaged staff, Board and advisers, partners and supporters. We feel very fortunate to have their support and would like to extend our thanks for all they do.

**Andy Bruce**  
Chair of Trustees

**Fiona Miller Smith**  
CEO



## Trustees' Report

The Trustees present their report and the audited financial statements for the year ending 31 March 2023. The introduction from the Chair and Chief Executive on page 1, and the Statement of Trustees' Responsibilities on page 18 form part of this Trustees' report.

The financial statements as at 31 March 2023 and for the year then ended have been prepared under the historical cost convention in accordance with applicable United Kingdom Accounting Standards comprising the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) including Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland – (second edition effective 1 January 2019) (Charities SORP (FRS 102), and the Companies Act 2006.

### Who we are and what we do

#### Vision

Life changing improvements to health for the people of East London.

#### Mission

A charity with its roots in East London, dedicated to supporting improvements to healthcare and transformative research for local health benefit.

We work in partnership with the NHS, local research institutes and others who can help us achieve our goals and maximise our impact.

## Barts Charity 2022–2027 strategic objectives

We wanted our vision and mission to provide the strategic context for each area of our charitable activity and we have used them to frame five strategic objectives for 2022–2027.

#### Research

We fund high quality and innovative research that enhances our understanding of health and illness and has the potential to improve and/or save lives in East London.

#### Healthcare

We facilitate transformation to patient care and support for our dedicated NHS staff, primarily focusing our efforts at Barts Health.

#### Fundraising and communications

We are transforming our approach to fundraising to significantly grow revenue and enable us to achieve our ambitions for our mission.

We aim to inspire greater support by communicating about the people and projects we fund and the impact they make.

#### Endowment

We manage our endowment to ensure we take full advantage of potential opportunities to deliver our mission, now and in the future.

#### How we work

We set ourselves high standards for how we operate and aim to maximise the impact we make with our resources.

# Our funding principles and focus

To achieve our funding and impact strategic objectives, we will focus our funding:

- where we can create transformational change
- where we can leverage further support for our funded projects
- on projects which cannot be covered by other funders or revenue sources

Our primary focus is on our funding being relevant to, and having an impact in, East London. We expect that much of the activity we support will continue to have wider health benefit, both across the UK and globally.

We adhere to robust funding processes to make sure our resources can improve healthcare and transformative research. We also make sure that our funding processes and policies are inclusive and unbiased. We are a member of the Association of Medical Research Charities and can demonstrate high standards of governance around decision processes and monitoring involved in funding.

## Our values

We are proud of the work we do. We have created a set of values that express who we are as a charity, the way we want to work and the culture that we want to live and breathe every day.

### One Team

We work collaboratively as one team, supporting and respecting each other and embracing diverse experiences and perspectives.

### Ambitious

We care passionately about Barts Charity's mission, empowering each other to constantly improve and achieve our best.

### Open

We are honest and transparent, sharing information willingly and encouraging the giving and receiving of constructive feedback.

### Accountable

We take pride in doing the right thing and acting with integrity. We take ownership of our actions and learn from our mistakes.

# Review of 2022/23

In our 2022 Annual Report we set out our strategic targets for 2022/23. Here, we summarise the progress we've made against these:

Target	Progress
<b>Funding – Research/Healthcare delivery</b>	
Work with Barts Health and FMD, our Grants Committee and Board to progress development of the Barts 900 Campaign project applications (Barts Breast Cancer Centre at St Bartholomew's Hospital and Clinical Research Facility at The Royal London Hospital).	<ul style="list-style-type: none"> <li>• Plans for Clinical Research Facility, £14m, approved January 2023.</li> <li>• Continuing to progress plans for Barts Breast Cancer Centre at St Bartholomew's Hospital.</li> </ul>
Refresh all funding schemes; design and launch a new Everyday Impact scheme to support ideas where a relatively straightforward and easy-to-implement change could have a big impact on the care, experience and wellbeing of patients and their families, friends, and carers in hospitals across Barts Health.	<ul style="list-style-type: none"> <li>• Refreshed schemes including updating their names, remit and eligibility criteria to better reflect their purpose and/or align with the 2022 –2027 strategy.</li> <li>• Launched the Everyday Impact funding scheme. Created New Advisory Panel for scheme comprising of representatives from each hospital and cross Barts Health staff.</li> </ul>

Target	Progress
Refine impact, outcomes and assessment framework to align with the new Charity strategy and to support activity to communicate the difference Barts Charity funding makes.	<ul style="list-style-type: none"> <li>• Refined the Monitoring and Evaluation Framework to collect information, data and insights about funded grants to support the evaluation of our strategy and communicate the impact of Barts Charity funding.</li> </ul>
Review grant terms and conditions to ensure compliance with best practice.	<ul style="list-style-type: none"> <li>• Refreshed grant terms and conditions which were launched in June 2022.</li> </ul>
<b>Fundraising and communications</b>	
Fundraising for the Barts 900 Campaign (with a target of £30m).	<ul style="list-style-type: none"> <li>• Fundraising focused on the Clinical Research Facility. The team are in the advanced stages of funding conversations with several significant funders.</li> </ul>
Implementation of a public fundraising strategy.	<ul style="list-style-type: none"> <li>• Agreed a three-year strategy in January 2023 and starting to implement it.</li> <li>• Launched the public fundraising element of the Barts 900 Campaign.</li> <li>• Expanded our challenge event portfolio.</li> </ul>
Completion of a brand review and creation of a new website.	<ul style="list-style-type: none"> <li>• Launched our new website and branding in February 2023.</li> <li>• Introducing our new signage in hospitals.</li> </ul>
<b>Endowment</b>	
Implementation of revised asset allocation under investment strategy, including development of responsible investing principles.	<ul style="list-style-type: none"> <li>• Progressing the process of strategically reallocating assets from public to private markets.</li> </ul>
<b>How we work</b>	
Complete office refurbishment to improve flexibility of use and increase collaboration spaces.	<ul style="list-style-type: none"> <li>• Completed summer 2022.</li> </ul>
Complete a review of our Employee Value Proposition and create our first People and Culture strategy.	<ul style="list-style-type: none"> <li>• Finalised our People and Culture strategy in December 2022.</li> <li>• Ongoing engagement with staff about workstream priorities.</li> </ul>
Optimise IT provision and support, including increasing in-house IT and data capability.	<ul style="list-style-type: none"> <li>• Systems Manager appointed to role in March 2023 to focus on technology, information governance and cyber security.</li> </ul>



## Challenges

There have been a number of challenges across the year, and these have helped to inform some of our aims for 2023/24. These have included:

- Our record level of charitable expenditure placed additional review and processing requirements onto our Funding and Impact and Finance teams. We achieved this without recruiting additional staff in those teams.
- Rolling out new funding schemes under the 2022–27 strategy while winding down legacy schemes in parallel placed additional pressures on our funding operations.
- Creating a new Public Fundraising team from October 2022 meant there was more demand placed on internal support roles, especially Marketing and Communications (M&C). A reorganisation of the M&C team commenced in April 2023 and aims to achieve better cross-team working with the Public Fundraising, Funding and Impact and Major Gifts teams. As this will take six months to fully implement, more M&C work is being outsourced than would normally be the case.
- Over the year, our average headcount of team members has grown from 30 to 38 and the number of mid-level line managers has increased. This has put pressure on HR and has meant we've needed to support managers to consistently put policies into practice, especially performance reviews. We are not planning for similar growth this year.

## Managing the endowment

The management of our endowment is designed to provide financing, alongside voluntary income, for our funding programme. The assets in the portfolio are selected with the objective of increasing their value over time and achieving a financial return. A managed approach to risk is taken and the Trustees and management work with a number of advisors to provide an appropriate balance of risk against a targeted return.

The Trustees have delegated investment decision-making to the Investment Committee. The Investment Committee appoints and monitors investment advisors to assist them in managing both financial and property elements of the portfolio. It meets quarterly and reports back to the Trustee board after each meeting.

Since April 2021, the Investment Committee has been working with Mercer as its financial investment advisor. During 2021/22, we undertook a strategic review of our investment beliefs and, as a result, set a new investment strategy for the next five to seven years. This aims to further diversify the overall sources of risk and return. We made a number of investments in new funds during 2022/23 as part of the transition to the target allocation.

From April 2023, we have been working with Swiss Life Asset Managers as our strategic property advisors to advise on our direct and indirect property holdings. Until March 2023, the Charity was advised by Gryphon Property Partners.

# Our aims for 2023/24

## Funding

- Progress the Clinical Research Facility at The Royal London Hospital and develop plans for a Breast Cancer Centre at St Bartholomew's Hospital, as part of the Barts 900 Campaign.
- Maintain a significant funding programme in research and healthcare, outside of the Barts 900 Campaign.
- Maintain a potential pipeline of high-quality research and healthcare funding applications.

## Fundraising and communications

- Invest in our fundraising infrastructure to make sure we have the right resources in place to deliver our strategy for the Barts 900 Campaign. Identify all lead gifts for the Clinical Research Facility and build a pipeline for the next stage of the campaign.
- Amplify our message for our Public Fundraising strategy which will build a broad and sustained base of support from community donors. Develop in memory, in celebration and legacy offerings.
- Further develop our partnership with the City of London Corporation to increase support from key city institutions.
- Identify a successor campaign to the Barts 900 Campaign.

## Endowment

- Continue to implement revised asset allocation under our investment strategy, including developing responsible investing principles.
- Develop a risk register for financial investment operations.
- Develop a property investment strategy.

## How we work

- Improve cyber security and information governance, achieving Cyber Essentials Plus accreditation.
- Consolidate and rationalise a proportion of our restricted funds.
- Engage with staff to prioritise People & Culture projects (e.g. refresh of learning & development programme) and deliver them making more use of cross-team working groups led by non-SMT members.

# Commitment to Equity, Diversity and Inclusion (EDI)

We believe that our commitment to EDI is best demonstrated through action. Our EDI Commitment, Priorities and Definitions are available in full on our [website](#).

## Barts Charity's EDI commitment

We want everyone connected with Barts Charity to feel valued and respected. We will create and sustain a truly inclusive culture where everyone feels they can contribute. We know that this will take action and we must keep working at it.

We recognise that a diverse Barts Charity is not just the right thing to be but will also make us better at what we do. Embracing a breadth of perspectives and experiences will help us to make better decisions and be more effective and impactful in our activity.

We will be transparent about how we deliver on this commitment. We will publish our objectives and report our progress (or lack of it) so that our colleagues, supporters, beneficiaries and stakeholders can hold us to account.

## Barts Charity's EDI priorities

### Culture

- To live out our values.
- To encourage and champion an inclusive and aware internal culture through actions and resources.

### Governance

- To create, update and keep under review our governance structures, policies and procedures to make sure that EDI is embedded into all of our activities.

### Data/insight

- To better capture, monitor and analyse data to develop evidence from which to learn and drive change.

### Funding

- To apply unbiased and inclusive funding processes and make sure the activities we fund are inclusive in their design and delivery.

### Personnel

- To have diversity across our staff and non-executives who each feel able to realise their full potential and who better reflect the communities we work with and for.

During 2022/23 we have:

- Implemented our first annual survey to collect data about the diversity of our staff and non-executives. This covers our Scientific Review Panel, Fellowship Panel, Everyday Impact Panel, Committee Members, Board Advisers, Trustees and employees.
- Implemented processes to collect data about diversity of grant applicants and grant holders to allow us to explore whether our funding processes are inclusive, fair and free from bias.
- Become a signatory of the Declaration on Research Assessment principles and applied these to our funding processes.
- Made sure the terms and conditions of our grants and policies support the creation an inclusive and fair organisational culture at the places we fund. For example, the conduct of grant activities, grant holders and grant personnel and the introduction of paid sick and maternity leave for PhD students on Barts Charity grants.
- Undertaken a review of our HR policies to identify unfairness, inconsistency and apply inclusive language.
- Ensured that our new website meets accessibility standards, and that our imagery reflects patients and supporters.
- Undertaken and implemented recommendations from an accessibility audit as part of our office refurbishment.

## First annual personnel diversity survey

- We ran a diversity survey across the summer and autumn of 2022 with our staff and non-executives. It was the first survey we've conducted on diversity. We wanted to test the response and establish some baseline data. We used questions based on the 2020 census to provide benchmarks. These covered age, disability/long-term health condition/impairment, ethnic group, gender, sexual orientation, and religion/belief.
- We had a response rate of 81% (68 responses out of 84) with very low use of the 'prefer not to say' option. This suggests respondents felt comfortable confirming their personal details in the survey. As a small organisation, it can be challenging to report data about diversity in case it compromises anonymity.
- The areas in which staff and non-executives showed as least representative compared to the England and Wales reported census results were disability/long term health condition and ethnicity. The proportion of staff and non-executives identifying as Asian/Asian British exceeds the reported England and Wales census figures, but representation from people identifying as Black/African/Caribbean/Black British is lower.
- Now that we have established the methodology and baseline data, we will run a single personnel diversity survey in September 2023 across both staff and non-executives. This will give us the opportunity to see if there have been any changes compared to last year. We will also consider whether the data for London is a more appropriate benchmark than that for England and Wales and will look to mine the census data further to help us do this.
- We are very conscious of the importance of diversity and inclusion across our personnel. Every time we recruit someone, we consider how best to appeal to a wide candidate pool and minimise bias. We aim to undertake a formal review in this regard this year (see below).



## 2023/24 EDI plan

Our plans for 2023/24 are as follows:

ACTION
<p><b>Culture</b></p> <ul style="list-style-type: none"> <li>• Work experience programme with Tower Hamlets secondary school children (June 2023).</li> <li>• Review our external events to make sure they are more inclusive and have greater representation from our community.</li> <li>• Consider how we can use our social media platforms to reach a broader range of people and communities.</li> <li>• Introduce a menopause policy and guidelines.</li> <li>• Introduce Mental Health First Aiders and provide awareness training for staff and managers.</li> </ul>
<p><b>Data/Insight</b></p> <ul style="list-style-type: none"> <li>• Analyse the first year of our data about diversity for grant applicants and grant holders in autumn 2023 so that we can begin to explore whether our funding processes are inclusive, fair and free from bias.</li> <li>• Run a second annual personnel diversity survey, comparing results to the previous year and potential benchmarks.</li> </ul>
<p><b>Funding</b></p> <ul style="list-style-type: none"> <li>• Develop funding policies and processes that further support creating an inclusive and fair organisational culture where we fund.</li> <li>• Include patient and public involvement and engagement as a criterion in funding assessment (by committees/panels and peer reviewers).</li> </ul>
<p><b>Personnel</b></p> <ul style="list-style-type: none"> <li>• Undertake a formal review of our recruitment process to reach people from more diverse backgrounds and remove bias.</li> </ul>

The above actions involve all teams and will be incorporated into their delivery plans. These will be assessed mid-year (October) and year end (March), and we will report our progress against each action.

## Finance Review

### Review of financial performance

Our financial strategy is to manage and grow our investment assets and voluntary income to support annual grant giving and operating activities for the long term. Though the net assets as of 31 March 2023 decreased by £48m to £401m (2022: £449m), the level of reserves we maintain is amply in excess of our minimum reserves requirement.

In reviewing the performance of our investments, we consider the total return of the portfolio, both income and capital. By showing the total return, which combines both income generated by our assets and the associated capital gains/losses, as opposed to separating these out, we see the full picture of our finances.

We use this concept as a basis for addressing the two basic principles of our financial strategy:

- To provide for long-term stability and liquidity sufficient for the funding of the Charity's annual grant-making and other operating activities.
- To maintain the value of the Charity's portfolio in real terms so that it can make funding awards in the long term.

The Statement of Financial Activities ([on page 22](#)) shows that, during the financial year, the Charity received income of £11.9m, (2022: £14.5m), of which £10.2m was unrestricted (2022: £12.2m). Total expenditure increased over the same period to £52.5m (2022: £34.6m) in line with the Charity's aspiration to grant £150m over a five-year period. The proportion of charitable activities spending to total expenditure increased marginally (86%, 2022: 83%).

As stated above, and as shown in the Statement of Financial Position, the Charity's net assets were £401m (2022: £449m). The endowment funds decreased in value due to unrealised losses. Restricted funds reduced in value partly because we used some for charitable expenditure and partly in line with the Charity's wish to consolidate and close the large number of low value funds. The remaining deficit-reduced general funds.

In terms of assets and liabilities, the Charity's level of operational fixed assets reflects additions relating to office refurbishments, write down of old office equipment and depreciation of capitalised software.

### Investment review

The value of the Charity's investments decreased by £19m to £497m, reflecting the challenging market conditions over the 12-month period to 31 March 2023.

The majority of the 12-month period coincided with one of the worst years for equity and bond markets. The second and third quarter of 2022 saw a continuation of the broad macro trends seen since the beginning of 2022. Surging commodity prices, to some degree the result of the ongoing conflict in Ukraine and associated sanctions against Russia, alongside the enormous monetary and fiscal stimulus of the last two years, led to new multi-decade inflation records.

In the fourth quarter of 2022, developed market central banks continued tightening monetary policy but at a slowing pace, with signs of inflation on a downward trend from high levels. The first quarter of 2023 started with optimism over declining inflation and a hope of an end to monetary tightening. However, some high-profile bank failures unsettled markets, before calm returned towards the end of the quarter.

The long-term target for the portfolio is an average total return of Consumer Price Index (CPI)+4.5% per year (net of fees) over rolling three-year periods and an annualised return in excess of the portfolio's blended benchmark.

The Charity performed well relative to the broader market during the financial year with the portfolio returning -1.7%, net of fees.

Though the long-term target for the portfolio is a total annualised return of CPI +4.5% over rolling three-year periods, the Investment Committee recognises that, given the current high inflationary environment, this will be a challenging target to achieve over the shorter term.

Investment performance is monitored quarterly by our Investment Committee with the assistance of our investment advisors, Mercer, who provide advice and monitoring services for the financial portfolio.

During the year under review, the Investment Committee conducted a review of the property advisors and decided to replace Gryphon Property Partners with Swiss Life Asset Managers, with effect from 1 April 2023.



All figures are in % per annum	Return achieved	Target CPI+4.5%	Target Blended Benchmark
3-year period to 31 March 2023	8.0	10.6	10.0
3-year period to 31 March 2022	7.0	7.7	7.8
Since inception to 31 March 2023	8.4	7.5	6.2

## Reserves

The Charity holds assets in funds, each type of which dictates how the funds may be disbursed:

**Endowment funds:** there are a number of segregated individual personal endowments which are usually created in the form of a will trust that limits the use of both the original capital and any investment gains attached to them. There is also an aggregated expendable endowment fund – these funds, and gains arising from them, can be applied generally by the Trustees to deliver the Charity's objectives. The value of the aggregated expendable endowment, as at 31 March 2023, was £349.5m (2022: £355.6m).

**Restricted funds** are amounts given with a restriction agreed between the donor and the Charity that specifies the area of the Charity's work that will be supported. Barts Charity has a large number of these funds supporting the many areas of the Barts Health NHS Trust's work.

All other funds held by the Charity form the **general** funds. However, Trustees may choose (and have chosen) to set aside **designated** funds to make sure a particular objective is given prominence. Trustees may remove a designation if they choose.

## Reserves policy

Given the nature of the Charity's activities and our grant-making strategy the Trustees have determined that the reserves policy, taken in conjunction with spending and long-term investment policies, is intended to deliver the following objectives:

- Provide for long-term stability and liquidity sufficient for the funding of the charity's annual grant-making and other operating activities, without jeopardising broader investment objectives.
- Maintain the value of the Charity's portfolio in real terms so that it can continue to make funding awards in the long term. The Trustees wish to ensure the right balance between funding transformational projects over the next five-ten years and ensuring a meaningful role for the long term.

For these objectives, the Trustees have determined that the value of reserves should be deemed to be the amount(s) held in the Charity's investment portfolio.

The Charity annually sets a minimum reserve level it considers necessary to maintain in order to achieve this balance between current and future activity. For 2022/23, this minimum reserve level is £378m (2021/22: £347m).

The level of total reserves as at 31 March 2023 was £497m (2021/22: £516m) therefore the Trustees consider that the Charity has sufficient funds to meet its purposes over its anticipated operating future.

If reserves go below or are projected to come within 5% of the minimum level, Trustees will consider the level of spending and grant-giving in light of the prevailing market conditions and outlook. It is not expected that the Charity would react to short term volatility. The reserve, spending and long-term investment policies are reviewed at least annually and adjusted if necessary.

## Responsible investing

Barts Charity believes that it is right to consider environmental, social, and governance (ESG) factors in investment decisions, in order to identify material risks as well as to earn sustainable, long-term returns. The Charity also recognises that long-term sustainability issues, including climate change, present risks and opportunities that increasingly may require explicit consideration. We believe that it is possible to invest with a positive impact without reducing investment returns. Areas of particular interest include improving societal health care outcomes.

As a result, ESG (including but not limited to climate change) and stewardship considerations are integrated in the investment process. This includes selecting new investment managers and monitoring the existing ones, and an ongoing review of the portfolio's ESG characteristics compared to relevant benchmarks and peers. When we appoint new investment managers, the Charity believes it is important to consider the level of diversity, including (but not limited to) gender across the manager's investment team. The Charity has no direct investments in tobacco stocks. The Charity monitors exposure to tobacco through pooled funds, including passive index trackers as well as actively managed strategies, aiming to have less than 1% of equities in tobacco companies (i.e. approximately half or less vs the aggregated equity benchmark).

We have a strategic equity exposure achieved through investment in pooled equity funds. The Charity has made an allocation to a Sustainable Global Equity Fund. This aims to provide a positive tilt across a broad range of ESG factors, including reducing carbon emissions, relative to investment in a traditional global equity fund.

## Going concern statement

The preparation of the accounts for the year ending 31 March 2023 has been undertaken on the basis that Barts Charity is a going concern.

As part of the assessment of the going concern basis of the Charity, scenario analysis and a multi-year projection of reserve levels has been undertaken. This has demonstrated that the Charity is expected to hold sufficient assets to meet its reserve policy levels, as set out above. Our portfolio is sensitive to movements in investment values, but it still has sufficient liquidity to meet its obligations and is able to meet its planned grant commitments without being a forced seller of assets. Based on these

assessments, the Trustees have determined the Charity to be a going concern and the basis of the preparation of the annual report and accounts on a going concern basis is therefore appropriate.

## Public benefit

The Trustees confirm that they have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing Barts Charity's aims and objectives and in planning future activities and setting the grant-making policy for the year. The Trustees consider that our charitable activities for the improvement of healthcare are all for the public benefit.

## Fundraising policy

We are very grateful to our supporters, who contribute significantly to our work. They give generously in terms of donations and carrying out fundraising activities in our community.

We aim to fundraise in a way that is compelling, respectful and in-keeping with our values.

The Charity is registered with the Fundraising Regulator and is committed to adhering to the Code of Fundraising Practice. We are also members of the Institute of Fundraising and refer to their best practice guidance. Our own practice and policies make sure that no individual, including vulnerable people, are put under undue pressure to make a donation. In the year to 31 March 2023, more than 1,200 people and organisations supported us through donations or fundraising and we received no complaints related to fundraising. We have refreshed our privacy statement in line with the UK General Data Protection Regulation (UK GDPR). This and our complaints policy are freely available on our website.

In 2022/23, we received 18 legacies and six donations from individuals over £5,000. Organisations which made donations over £5,000 include:

Bank of Montreal  
Monday Charitable Trust  
Charles S French Charitable Trust  
CSL Behring UK  
SC Cousins Scaffolding Ltd  
Douglas Allen Foundation  
Terumo  
Global Kidney Foundation  
Rosetrees Trust  
Kilby Jones LLP

## Risk Management

Our Trustees have adopted a Risk Management Policy and regularly review the major risks to which Barts Charity is exposed. Risks are assessed by their likelihood and impact, and also their velocity (speed to impact). Where appropriate, systems and procedures have been established to mitigate risks, and these are also reviewed regularly. The risks and mitigations are recorded in a risk register which is reviewed regularly by the senior management team and submitted quarterly to the Finance and Audit Committee for consideration.

The major strategic risks and principal mitigations on 31 March 2023 are set out below.

Risk	Actions to manage the risk
<p><b>Funding</b> Impact of inflation on significant capital projects under development.</p>	<ul style="list-style-type: none"> <li>• Include contingency in costs surrounding capital builds and potential inflationary increases in costs between design and point of tender.</li> <li>• Expert review of significant capital projects under development. Charity representation on relevant project and design boards to ensure we have early sight on arising risks.</li> </ul>
<p><b>Fundraising</b> Economic environment and a number of competing healthcare capital appeals make it harder to achieve our Barts 900 Campaign fundraising target.</p>	<ul style="list-style-type: none"> <li>• Investment in campaign strategy, team and resources to optimise chances of meeting targets.</li> <li>• Healthy pipeline of major donors means we are on course to meet target.</li> </ul>
<p><b>Fundraising and communications</b> A more politicised environment around healthcare funding and cost pressures may cause us reputational risk by association.</p>	<ul style="list-style-type: none"> <li>• Regular communications between with Barts Health NHS Trust senior team.</li> <li>• Close relations with Barts Health's communications teams.</li> <li>• Regular dialogue with potential major donors.</li> </ul>
<p><b>Endowment</b> Period of stagflation means that endowment asset allocation does not generate our target annual return and potentially results in a real term fall in value.</p>	<ul style="list-style-type: none"> <li>• Asset allocation includes assets which tend to be more inflation-resilient, such as property and equities (including listed infrastructure).</li> <li>• Allocations to asset classes with greater focus on contractual income, such as property, private debt and growth fixed income.</li> <li>• Make investments for the long term and have a significant buffer above a minimum reserve level so that the Charity can withstand periods of lower return without having an impact on our operations or funding.</li> </ul>
<p><b>How we work</b> We suffer financial/reputational loss as a result of a cyber security incident/ data breach.</p>	<ul style="list-style-type: none"> <li>• Additional IT security has been put in place in partnership with our IT partners.</li> <li>• During the year, we obtained Cyber Essentials status, a UK government-backed accreditation scheme, and began working towards Cyber Essentials Plus.</li> </ul>

## Structure, Governance & Management

### Constitution

Barts Charity is a company limited by guarantee (registration number 07168381) and a registered charity in England and Wales (registration number 212563). It is governed by Articles of Association most recently updated on 12 December 2016. It is fully independent of the Department of Health and Social Care and regulated only by the Charity Commission.

The Board has assessed its governance against the Charity Commission's Governance Code for larger charities and is pleased to report high levels of compliance against the suggested standards. An area of continued focus for the Board is to ensure that the Charity is representative of its grantees and the communities it serves across both staff and non-executives.

### Charitable purposes

Our charitable purposes relate to hospital services (including research), or to any other part of the health service associated with any hospital as our Trustees think fit. In practice, we focus our support for improvement and innovation in healthcare on the Barts Health group of hospitals and FMD. We also support School of Health and Psychological Sciences at City, University of London. We carefully consult with representatives of our grantee organisations to make sure they are aligned with our strategic priorities and to secure the greatest impact from our funding. But we retain our independence to act in the best interests of Barts Charity and the community we serve.

### Non-executives and committees

Barts Charity acts through its Board of Directors (who are known as Trustees). As of 31 March 2023, there were 12 Trustees. Since then, one Trustee has resigned and another has been appointed. All Trustees give of their time freely and no Trustee remuneration is paid. Details of Trustee expenses and related transactions are disclosed in Notes 13 and 14 to the accounts. Trustees are required to disclose all relevant interests and register them with the Company Secretary and, in accordance with the Charity's policy, withdraw from decisions where a conflict of interest arises.

Power to appoint new Trustees lies with the existing Board, in accordance with the provisions of our Articles of Association. All Trustees are appointed for a fixed term of not more than three years, renewable to a maximum of nine years in total. Exceptionally, the Board may decide to extend this maximum term for a Trustee in appropriate circumstances.

The Board has established a series of committees so that much of the Charity's detailed governance work can be conducted by groups of Trustees and specialist members with the most relevant experience and expertise. Committee membership is confirmed annually. Board Advisers are appointed for a term of two years renewable to five in total. Specialist committee members who aren't Trustees are appointed annually, renewable up to a total term of five years. All new Trustees and committee members have an induction programme. During this they become familiar with key constitutional and operating documents, meet senior Trustees and management, and tour the hospitals that we work with.

The Board and each committee conduct an annual review of their performance in accordance with the Charity's Performance Review Policy against a checklist of questions. These cover matters such as objects, terms of reference, relationship with executive, documentation, conduct of meetings and skill set.

The Board has established a Scientific Review Panel to supplement the peer review of research grant applications. We are fortunate to be able to call on a team of eminent scientists from across the UK with appropriate expertise relative to the subject matter of the applications. They meet to discuss the full applications and submit their views and recommendations to the Grants Committee for its consideration. Final decision-making authority rests with the Grants Committee for funding requests up to £650,000 and with the Board for requests over this amount.

## Management arrangements

The Trustees delegate the management of the charity to the staff team led by the Chief Executive and the Senior Management Team (SMT). The Chief Executive has been in place since May 2016.

## Staff remuneration

Staff remuneration is closely scrutinised to ensure that we can attract and retain the best talent, while keeping salaries aligned with the market. We use a live salary database run by specialist reward consultants to create and monitor the benchmark salary range for each role, taking into account a number of factors. This includes comparable sectors, the nature and seniority of the role, our location, number of employees and turnover.

We review all staff salaries every year inflation and data from comparable foundations, the Association of Medical Research Charities, the Association of Charitable Foundations and the wider third sector. Increases are applied from 1 April each year. The Charity reserves the discretion not to award an increase, especially when an employee's salary is already at the top of their benchmark range. The same principles apply to the pay of the SMT, which is approved by the Appointments and Remuneration Committee.

## Pension

The Charity operates a non-contributory individual money-purchase scheme for all eligible members of staff, contributing the equivalent of 8% of pensionable salary to each employee's fund (10% for SMT members). Employees can additionally choose to make employee contributions to their pension as a deduction from their salary. The scheme is fully compliant with auto-enrolment regulations.

## Regulatory

### Registered and principal office

12 Cock Lane  
London  
EC1A 9BU

**Company registered number:** 07168381

**Charity registered number:** 212569

**Non-executives** - *includes changes up to date of signing (3 August 2023)*

### Trustees

Andy Bruce, Chair  
Vijay Bharadia (to April 2022)  
Claire Brown (to March 2023)  
Sally Flanagan  
Professor Catherine Godson  
Ian Hart, Deputy Chair  
Professor Dame Parveen Kumar  
Dr Richard Lewis  
Jean Murphy  
Nimesh Patel (from January 2023)  
Professor David Rampton (to September 2022)  
Dr Thomas Round  
Rt Hon Jacqui Smith (ex officio Trustee, Chair of Barts Health NHS Trust)  
Dr Lorna Williamson OBE

### Board Adviser

Moira Gitsham (communications)

### Appointments and Remuneration Committee

Andy Bruce, Chair  
Sally Flanagan  
Ian Hart

### Finance and Audit Committee

Claire Brown, Chair (to March 2023)  
Nimesh Patel, Chair (from April 2023)  
Vijay Bharadia (to April 2022)  
Ian Hart  
Dr Richard Lewis  
Mohammad Memon

### Grants Committee

Dr Lorna Williamson (Chair)  
Professor Mirela Delibegovic (from September 2022)  
Professor Adrian Dixon  
Professor Catherine Godson  
Dr Richard Lewis (to April 2022)  
Professor Sarah Purdy OBE (from January 2023)  
Professor David Rampton (to September 2022)  
Professor Kanchan Rege Thrasher (from September 2022)  
Dr Thomas Round  
Dr Ultan McDermott (from June 2022)

### Investment Committee

Sally Flanagan, Chair  
Andy Bruce  
Philip Glaze  
Ian Hart  
Jean Murphy

### Senior Management Team

Fiona Miller Smith, Chief Executive  
Fiona Bickley, Chief Operating Officer  
Hannah Daws, Director of Marketing and Communications (to March 2023)  
Steve Harris, Chief Finance Officer (to April 2022)  
Victoria King, Director of Funding and Impact  
David Lyon, Interim Finance Director (April to September 2022)  
Ilia Ralphs, Director of Fundraising  
Prabhakar Sundaresan, Director of Finance and Resources (from September 2022)

### Advisors

#### Bank

National Westminster Bank plc  
1 Princes Street  
London  
EC2R 8BP

#### Auditor

BDO LLP  
2 City Place  
Beehive Ring Road  
Gatwick  
West Sussex  
RH6 OPA

#### Legal Advisors

BDB Pitmans LLP  
50 Broadway  
Westminster  
London  
SW1H OBL

Taylor Wessing LLP  
5 New St Square  
Holborn  
London  
EC4A 3TW

Hogan Lovells International LLP  
Atlantic House  
Holborn Viaduct  
London  
EC1A 2FG

### HR Benefits Advisors

Anderson Financial Management Ltd  
Saville Court  
11 Saville Place  
Bristol  
BS8 4EJ

### Property Advisors

Swiss Life Asset Managers UK Ltd (from April 2023)  
55 Wells Street  
London  
W1T 3PT

Gryphon Property Partners (to March 2023)  
12 Austin Friars  
London  
EC2N 2HE

Workman LLP  
80 Cheapside  
London  
EC2V 6EE

### Investment Advisor

Mercer  
1 Tower Place  
West Tower Place  
EC3R 5BU

### Global Custodian

The Northern Trust Company  
50 Bank Street  
Canary Wharf  
London  
E14 5NT

### Insurance Broker

Willis Towers Watson Ltd  
51 Lime Street  
London  
EC3M 7DQ



## Statement Of Trustees' Responsibilities

The Trustees are responsible for preparing the Strategic Report, the Annual Report and the financial statements in accordance with applicable law and regulations.

Company law requires the Trustees to prepare financial statements for each financial year in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). Under company law, the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the Charity and of the incoming resources and application of resources, including the income and expenditure, of the Charity for that period.

In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- make judgements and accounting estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements and;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the Charity's transactions and disclose, with reasonable accuracy at any time, the financial position of the Charity and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the Charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Financial statements are published on the Charity's website in accordance with legislation in the United Kingdom governing the preparation and dissemination of financial statements, which may vary from legislation in other jurisdictions. The maintenance and integrity of the Charity's website is the responsibility of the Trustees. The Trustees' responsibility also extends to the ongoing integrity of the financial statements contained therein.

This Trustees' report, incorporating the Strategic Report, was approved by the Board of Trustees of Barts Charity on 6 July 2023 and signed on its behalf.

**Andy Bruce**

Chair

Date: 3 August 2023

## Independent auditor's report to the members of Barts Charity

### Opinion on the financial statements

In our opinion, the financial statements:

- give a true and fair view of the state of the Charitable Company's affairs as at 31 March 2023 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

We have audited the financial statements of Barts Charity ("the Charitable Company") for the year ended 31 March 2023 which comprise the Statement of Financial Activities, the Statement of Financial Position, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Independence

We remain independent of the Charitable Company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

### Conclusions related to going concern

In auditing the financial statements, we have concluded that the Trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Charitable Company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Trustees with respect to going concern are described in the relevant sections of this report.

### Other information

The Trustees are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

## Other Companies Act 2006 reporting

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Trustees' Report, which includes the Directors' Report and the Strategic report prepared for the purposes of Company Law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Strategic report and the Directors' Report, which are included in the Trustees' Report, have been prepared in accordance with applicable legal requirements.

In the light of the knowledge and understanding of the Charitable Company and its environment obtained in the course of the audit, we have not identified material misstatement in the Strategic Report or the Trustees' Report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Directors' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

## Responsibilities of Trustees

As explained more fully in the Statement of Trustees' Responsibilities, the Trustees (who are also the directors of the Charitable Company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Trustees are responsible for assessing the Charitable Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trustees either intend to liquidate the Charitable Company or to cease operations, or have no realistic alternative but to do so.

## Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under the Companies Act 2006 and report in accordance with the Act and relevant regulations made or having effect thereunder.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

### *Extent to which the audit was capable of detecting irregularities, including fraud*

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

### *Non-compliance with laws and regulations*

Based on our understanding of the Charitable Company and the sector in which it operates, we considered the extent to which non-compliance might have a material effect on the Charitable Company's financial statements. As part of our discussions with management, we identified the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations and how management monitor these processes.

Where possible, we obtained and reviewed corroborating documentation. Appropriate audit procedures included the review of the Charitable Company's documentation of risks and associated mitigating actions, review of Trustee Board, Finance & Audit Committee and Investment Committee meeting minutes, and enquiries regarding any matters identified as a Serious Incident reportable to the Charity Commission.

## Fraud

We assessed the susceptibility of the financial statements to material misstatement, including fraud. In doing so, we had regard to the Charitable Company's own assessment of the risks that irregularities may occur either as a result of fraud or error and held discussions to consider whether there was any knowledge of actual, suspected or alleged fraud. We held a discussion among the engagement team as to how and where fraud might occur in the financial statements. We also considered financial performance and key drivers for any identified performance targets, and considered the consequent risk that the financial statements may be fraudulently misstated.

We completed the following procedures:

- performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud;
- in addressing the risk of fraud through management override of controls, we tested journal entries and other adjustments for inappropriate or unusual journals outside of our expectations, as well as for any significant transactions outside the normal course of business, taking into consideration the scope for management to manipulate financial results through the timing of the recognition of income or grant commitments;
- assessed the appropriateness of key estimates and judgements made by management and challenged the assumptions used in accounting estimates. We considered the key estimates to be the valuation of unlisted financial investments and investment properties, the valuation of heritage assets, specific aspects of income recognition, the calculation of current and non-current grant commitment liabilities and the cost allocation methodology.

We also communicated relevant identified laws and regulations and potential fraud risks to all engagement team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

Our audit procedures were designed to respond to risks of material misstatement in the financial statements, recognising that the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery, misrepresentations or through collusion. There are inherent limitations in the audit procedures performed and the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we are to become aware of it.

A further description of our responsibilities for the audit of the financial statements is located at the Financial Reporting Council's ("FRC's") website at:

[www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

## Use of our report

This report is made solely to the Charitable Company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the Charitable Company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Charitable Company and the Charitable Company's members as a body, for our audit work, for this report, or for the opinions we have formed.

### **Fiona Condron, Senior Statutory Auditor**

For and on behalf of BDO LLP, statutory auditor  
London, UK

Date: 7 August 2023

BDO LLP is a limited liability partnership registered in England and Wales (with registered number OC305127).



# Statement of Financial Activities

(incorporating an income and expenditure account)

for the financial year ended 31 March 2023

	Note	Unrestricted funds £'000	Restricted funds £'000	Endowment funds £'000	2023 Total funds £'000	2022 Total funds £'000
<b>Income</b>						
Voluntary income	2.1	1,064	1,653	-	<b>2,717</b>	3,043
Investment income	2.2	9,182	-	-	<b>9,182</b>	11,468
<b>Total income</b>		<b>10,246</b>	<b>1,653</b>	<b>-</b>	<b>11,899</b>	<b>14,511</b>
<b>Expenditure</b>						
Total costs of raising funds	3.1	7,156	-	-	<b>7,156</b>	5,707
Charitable activities	3.1	27,340	18,053	-	<b>45,393</b>	28,853
<b>Total expenditure</b>		<b>34,496</b>	<b>18,053</b>	<b>-</b>	<b>52,549</b>	<b>34,560</b>
<b>Net expenditure before revaluation of investments</b>		<b>(24,250)</b>	<b>(16,400)</b>	<b>-</b>	<b>(40,650)</b>	<b>(20,049)</b>
(Losses)/Gains on revaluation and disposal of investment assets	7.2	(1,142)	-	(6,252)	<b>(7,394)</b>	38,412
<b>Net (expenditure)/income</b>		<b>(25,392)</b>	<b>(16,400)</b>	<b>(6,252)</b>	<b>(48,044)</b>	<b>18,363</b>
Transfers between funds	11	(16,037)	16,037	-	-	-
<b>Net movement in funds</b>		<b>(41,429)</b>	<b>(363)</b>	<b>(6,252)</b>	<b>(48,044)</b>	<b>18,363</b>
Fund balances brought forward at 1 April 2022		68,977	16,130	364,261	<b>449,368</b>	431,005
<b>Fund balances carried forward at 31 March 2023</b>		<b>27,548</b>	<b>15,767</b>	<b>358,009</b>	<b>401,324</b>	<b>449,368</b>

All activities relate to continuing activities. The Notes on page 25 to 43 form part of these financial statements.

# Statement of Financial Position

as at 31 March 2023

	Note	Unrestricted funds £'000	Restricted funds £'000	Endowment funds £'000	2023 Total funds £'000	2022 Total funds £'000
<b>Fixed assets</b>						
Tangible operational fixed assets	5a	143	-	-	<b>143</b>	40
Intangible operational fixed assets	5b	58	-	-	<b>58</b>	121
Heritage assets	6	-	-	16,600	<b>16,600</b>	16,600
Investments	7	139,570	15,767	341,409	<b>496,746</b>	516,074
<b>Total fixed assets</b>		<b>139,771</b>	<b>15,767</b>	<b>358,009</b>	<b>513,547</b>	<b>532,835</b>
<b>Current assets</b>						
Debtors	8.1	2,341	-	-	<b>2,341</b>	3,170
Cash at bank and in hand	8.2	4,447	-	-	<b>4,447</b>	7,524
<b>Total current assets</b>		<b>6,788</b>	<b>-</b>	<b>-</b>	<b>6,788</b>	<b>10,694</b>
Creditors: amounts falling due within one year	9	(26,387)	-	-	<b>(26,387)</b>	(20,568)
<b>Net current liabilities</b>		<b>(19,599)</b>	<b>-</b>	<b>-</b>	<b>(19,599)</b>	<b>(9,874)</b>
Creditors: amounts falling due after more than one year	10	(92,624)	-	-	<b>(92,624)</b>	(73,592)
<b>Total net assets</b>		<b>27,548</b>	<b>15,767</b>	<b>358,009</b>	<b>401,324</b>	<b>449,368</b>
<b>Funds</b>						
Endowment funds	11.1	-	-	358,009	<b>358,009</b>	364,261
<b>Income funds</b>						
Restricted funds	11.2	-	15,767	-	<b>15,767</b>	16,130
<b>Unrestricted funds</b>						
Designated funds	11.3	366	-	-	<b>366</b>	434
General funds	11.3	27,182	-	-	<b>27,182</b>	68,543
<b>Total funds</b>		<b>27,548</b>	<b>15,767</b>	<b>358,009</b>	<b>401,324</b>	<b>449,368</b>

Company registration number 07168381.

The Notes on page 25 to 43 form part of these financial statements.

**Andy Bruce**  
Chair of Trustees

**Nimesh Patel**  
Chair of Finance and Audit Committee

Date: 3 August 2023

# Cash Flow Statement

for the year ended 31 March 2023

	Note	2023 £'000	2022 £'000
<b>Cash flows from operating activities:</b>			
Net cash used in operating activities	12.1	<b>(13,626)</b>	(23,212)
<b>Cash flows from investing activities:</b>			
Dividends, interest and rents from investments		<b>9,182</b>	11,468
Payments to acquire tangible fixed assets		<b>(166)</b>	-
Payments to acquire investment assets		<b>(177,367)</b>	(59,839)
Receipts from sales of investment assets		<b>178,900</b>	60,180
<b>Net cash provided by investing activities</b>		<b>10,549</b>	11,809
<b>Change in cash and cash equivalents in the year</b>		<b>(3,077)</b>	(11,403)
<b>Cash and cash equivalents at the beginning of the year</b>		<b>7,524</b>	18,927
<b>Cash and cash equivalents at the end of the year</b>	12.2	<b>4,447</b>	7,524

The Notes on page 25 to 43 form part of these financial statements.

# Financial statements

for the year ended 31 March 2023

Notes to the accounts

## 1 Accounting policies

Barts Charity is a private company limited by guarantee. It is a charitable company registered in England (company number 07168381, charity number 212563) and its registered address is 12 Cock Lane, London, EC1A 9BU. These financial statements are presented in pounds sterling (GBP), as that is the currency in which the majority of the charity's transactions are denominated and are the financial statements for the year ended 31 March 2023 rounded to the nearest thousand pounds.

### A. Accounting convention

The financial statements have been prepared under the historic cost convention, with the exception of investments and heritage assets, which are included at market value. The financial statements have been prepared in accordance with the Statement of Recommended Practice (2nd edition): Accounting and Reporting by Charities issued in October 2019, the Financial Reporting Standards 102 applicable in the UK and Republic of Ireland (FRS102), and the Charities Act 2011. The Charity constitutes a public benefit entity as defined by FRS 102.

### B. Going concern

The preparation of the accounts for 2022/23 has been undertaken on the basis that Barts Charity is a going concern. The Charity currently meets day to day working capital requirements through its existing cash facilities. In conjunction with the Charity's investment advisors modelling has been undertaken incorporating expected asset values of the portfolio in stressed scenarios and net spending over the next 10 years.

This has demonstrated that the Charity is expected to hold sufficient assets to meet its reserve policy levels. Whilst the Charity's portfolio is sensitive to movements in investment values, it still has sufficient liquidity to meet its obligations and can meet its planned grant commitments without being a forced seller of assets.

Based on these assessments the Trustees have not identified any material uncertainties relating to going concern. The Trustees have therefore determined the Charity to be a going concern

and the basis of the preparation of the annual report and accounts on a going concern basis is therefore appropriate.

### C. Accounting judgements and estimates

In preparing the financial statements, the Trustees have made judgements, estimates and assumptions that affect the application of the Charity's accounting policies and the reported assets, liabilities, income and expenditure and the disclosures made in the financial statements. These estimates and judgements are continually reviewed and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

The key judgements and estimates are:

#### a. Valuation of property

A full property valuation is undertaken tri-annually with an annual desktop valuation in the years between. A full property valuation was completed for 2022/23 by Knight Frank LLP, Chartered Surveyors, (refer to Note 1, Section I). The valuation has been prepared using a fair value basis, being the price that would be received to sell an asset, in an orderly transaction, between market participants at the measurement date.

#### b. Valuation of private equity and private credit investments

Due to the nature of private investments, there is no quoted market price for the funds. The value at the balance sheet date is deemed to be the most recent valuation from the private investment group, adjusted for those cashflows up to and including the balance sheet date. This is then reviewed in light of valuations which become available post the balance sheet date up to accounts signature.

#### c. Grant creditors settled over a multi-year time period

Many grant commitments will be settled over multiple financial years and so the short and long-term grant creditor balances represent the best estimate of the expected cash outflows, as at the balance sheet date. This is based on historical

drawdown levels and the status of existing grants. The time value of money is considered annually and adjusted in the accounts if material.

#### **d. Allocation of income, expense and gain/loss to restricted and endowment funds**

In preparing the financial statements, judgements and estimates have been made in relation to the extent of allocation to the restricted and endowment funds.

#### **e. Valuation of accrued dividend income**

Dividend income from the Charity's investments is accrued at the year-end, in line with historical and commercial expectations.

#### **f. Heritage assets**

Heritage Assets are not depreciated but are revalued every five years, with the last valuation completed by Gurr John's International, auctioneers and valuers, in March 2019. Any surplus or deficit on revaluation is credited or debited to the Statement of Financial Activities. Please refer to Note 6 for further details.

### **D. Fund structure**

**a. Restricted funds** are funds for which a legal restriction exists over their use and related income is restricted to the purpose of the fund, as set out in Note 11.2.

**b. Endowment funds** include the following:

- (i) Permanent endowment funds: capital is held in perpetuity, but the related income may be used for unrestricted or restricted purposes, as specified by the donor.
- (ii) Expendable endowment: donations received by the hospitals of Barts Health NHS Trust prior to 5 July 1948 (the date on which the NHS was established). The income and capital are available for such expenditure related to sections 220(3) and 220(5) and paragraph 10(1) of Schedule 4, of the National Health Service Act 2006 (see c(i) below).

**c. Unrestricted funds** and their related income are available for use at the discretion of the Trustees for general charitable purposes relating to the following:

- (i) General

Sections 220(3) and 220(5) and paragraph 10(1) of Schedule 4 of the National Health Service Act 2006: To hold the property on trust for such purposes relating to hospital services (including research), or to any other part of the health service associated with any hospital, as the person holding the property thinks fit.

- (ii) Designated

The Trustees have chosen to earmark these funds for specific areas within the general charitable purposes (refer to Note 11.3).

### **E. Income**

Income is recognised when the Charity has entitlement to the funds, any performance conditions attached to the item(s) of income have been met, it is probable that the income will be received and the amount can be measured reliably.

Legacy, income is recognised when three criteria are met: entitlement is established, receipt of the income is probable and it can be reliably measured. Where legacies have been notified to Barts Charity and the criteria for income recognition have not been met, the legacy is treated as a contingent asset and disclosed, if material.

Rental income from investment properties is reported as operating leases and the lease incentives are amortised on a straight-line basis.

Dividend income from the Charity's investments is accrued at the year-end, in line with historical and commercial expectations.

### **F. Expenditure**

All expenditure is accounted for on an accruals basis. Direct costs of generating funds (including fundraising), charitable activities and support costs are charged to the relevant category or activity, according to the area to which the expenditure relates. Support and governance costs incurred that relate to more than one cost category are apportioned, based on full time equivalent staff numbers in each area. Charitable activities include grants that have been approved during the year.

### **G. Grant commitments**

Grant commitments are recognised when the following conditions have been fulfilled: (1) the receipt of necessary approvals for the grant from the Trustees, and (2) the communication of the approval to the grant recipient. Grants are discounted to reflect the time value of money, if this is considered material to the financial statements.

### **H. Fixed assets**

Operational fixed assets (tangible or intangible) are capitalised when a separable asset can be identified with a value of £10,000 or more (inclusive of irrecoverable VAT), and where the estimated useful life of the asset (without the need for additional spend) can be estimated as three years or more.

#### **a. Tangible fixed assets**

Tangible fixed assets are included in the Statement of Financial Position at cost less accumulated depreciation. Assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable, and any impairments are shown as reducing both the initial cost and brought forward depreciation. Depreciation is charged on a straight line basis to support costs over their estimated useful lives (fixtures, fittings and equipment – five years).

#### **b. Intangible fixed assets**

Intangible fixed assets are included in the Statement of Financial Position at cost less accumulated amortisation. Assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable, and any impairments are shown as reducing both the initial cost and brought forward amortisation. Amortisation is charged on a straight line basis to support costs over their estimated useful lives (IT software – three years).

#### **c. Heritage assets**

Heritage assets are capitalised and include: art collections, historic archives, sculptures, ceramic surgical instruments, uniforms, teaching materials, and other items. They are reported on the balance sheet at their insured values, which are based on replacement values in the retail market or, where appropriate, in the second-hand retail market with items of a similar nature, age, condition and quality. They are not depreciated but are revalued every five years, with the last valuation completed by Gurr John's International, auctioneers and valuers, in March 2019. Any surplus or deficit on revaluation is credited or debited to the Statement of Financial Activities. Assets are reviewed regularly for significant damage and appropriate remedial works are carried out wherever possible to preserve the assets or prevent further deterioration. See Note 6 for further details.

### **I. Investments**

Quoted investments are stated at market value at the year-end date. Asset purchases and sales are recognised at the date of trade. Unquoted pooled financial investments are valued based on the number of units held and the price per unit provided by the custodian or fund manager.

These net asset valuations are calculated independently by third party administrators and are subject to annual audit. Private investments are held through funds managed by private

investment groups. As there is no identifiable market price for private investment funds, these funds are included at the most recent valuations from the private investment groups and adjusted for cash flows if the valuation is not available at the balance sheet date.

The annual market valuation of Barts Charity's investment properties has been carried out in accordance with the current editions of the Royal Institution of Chartered Surveyors (RICS) Valuation – Global Standards, incorporating the International Valuation Standards and the RICS UK National Supplement. The valuations were carried out by Knight Frank LLP, Chartered Surveyors, who have been instructed as our external valuer to value Barts Charity's freehold and long leasehold interests at 31 March 2023. They have reported their opinion of the aggregate of the values of Barts Charity's interest in the individual buildings.

### **J. Realised and unrealised gains and losses**

Realised and unrealised gains and losses on investment assets are included in gains and losses on investment assets' within the Statement of Financial Activities.

### **K. Debtors**

Short term debtors are measured at transaction price, less any impairment. Loans receivable are measured initially at their fair value, net of transaction costs, and are measured subsequently at amortised cost, using the effective interest method, less any impairment.

Long term debtors are defined as fully recoverable amounts outstanding for more than 12 months at the balance sheet date.

### **L. Creditors**

Short term creditors are measured at the transaction price. Other financial liabilities, including bank loans, are measured initially at fair value, net of transaction costs, and are measured subsequently at amortised cost using the effective interest method.

### **M. Cash**

Cash is represented by cash in hand and deposits with financial institutions repayable without penalty on notice of not more than 24 hours. Cash equivalents are highly liquid investments that mature in no more than three months from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of a change in value.

## N. Financial Instruments

Basic financial instruments are initially recognised at their transaction value and subsequently measured at their fair value, as at the balance sheet date using the closing quoted market price. The Statement of Financial Activities includes the net gains and losses arising on revaluation and disposals throughout the year. The Charity does not acquire put options, derivatives or other complex financial instruments directly. Where individual investment managers have discretion to use financial instruments, valuation is in line with market practice.

## O. Pensions contributions

The cost of employer contributions to the NHS Pension Scheme and the Defined Contribution Scheme are charged to the Statement of Financial Activities.

Certain past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of benefits payable under these provisions can be found on the [NHS Pensions Website](#). The scheme is an unfunded, defined benefit scheme, preparing its own statements, that covers NHS employers, general practices and other bodies allowed under the direction of the Secretary of State, in England and Wales. The Scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contributions one: the cost to an NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme. Applicable rates for employee contributions for the NHS Pension Scheme were 13.5% for both 2022/23 and 2021/22. Employer contributions were 14.38% for both 2022/23 and 2021/22.

Employees employed after 1 April 2011 can choose to belong to a Defined Contribution Scheme which is a Group Personal Pension Scheme. For 2022/23, the rates of employer contribution for the Defined Contribution Scheme were 10% for SMT and 8% for other staff (unchanged from 2021/22). Employee contributions are voluntary.

# Financial statements

for the year ended 31 March 2023

Notes to the accounts

## 2. Income

### 2.1. Voluntary income

	Unrestricted income £'000	Restricted income £'000	Endowment income £'000	2023 Total income £'000
Donations	433	777	-	1,210
Legacies	631	876	-	1,507
<b>Total 2023</b>	<b>1,064</b>	<b>1,653</b>	<b>-</b>	<b>2,717</b>

	Unrestricted income £'000	Restricted income £'000	Endowment income £'000	2022 Total income £'000
Donations	145	1,503	-	1,648
Legacies	581	814	-	1,395
<b>Total 2022</b>	<b>726</b>	<b>2,317</b>	<b>-</b>	<b>3,043</b>

### 2.2. Investment income

	2023 £'000	2022 £'000
Investment properties	3,602	3,846
Investments listed on stock exchanges	4,146	5,880
Private investments	1,273	1,741
Interest on cash held as part of the investment portfolio	161	1
<b>Total</b>	<b>9,182</b>	<b>11,468</b>



# Financial statements

for the year ended 31 March 2023

Notes to the accounts

## 3. Expenditure

### 3.1. Total expenditure

	Costs of raising funds £'000	Charitable expenditure £'000	Support costs £'000	2023 Total expenditure £'000
<b>Direct expenditure</b>				
Grants – Research	-	31,124	-	31,124
Grants – Service delivery	-	11,581	-	11,581
Grants written back – Research	-	(303)	-	(303)
Non-grant charitable expenditure	-	1,206	-	1,206
<b>Costs of generating income</b>				
Financial and property investment	4,196	-	-	4,196
Fundraising	369	-	-	369
<b>Total direct expenditure</b>	<b>4,565</b>	<b>43,608</b>	<b>-</b>	<b>48,173</b>
<b>Staff and support costs</b>				
Salaries, social security and pension costs	770	630	1,138	2,538
Other staff and related costs	35	3	264	302
Marketing and communications	-	-	210	210
Legal, accounting and IT	-	-	498	498
Office costs	-	-	571	571
Grant administration	-	20	-	20
Loss on disposal of operational fixed assets	-	-	19	19
Irrecoverable VAT	218	-	-	218
Subtotal staff and other costs	1,023	653	2,700	4,376
Allocation of staff and overheads	1,568	1,132	(2,700)	-
<b>Total</b>	<b>7,156</b>	<b>45,393</b>	<b>-</b>	<b>52,549</b>

# Financial statements

for the year ended 31 March 2023

Notes to the accounts

	Costs of raising funds £'000	Charitable expenditure £'000	Support costs £'000	2022 Total expenditure £'000
<b>Direct expenditure</b>				
Grants – Research	-	15,918	-	15,918
Grants – Service delivery	-	11,400	-	11,400
Grants written back – Research	-	(1)	-	(1)
Grants written back – Service delivery	-	(5)	-	(5)
<b>Costs of generating income</b>				
Financial and property investment	2,955	-	-	2,955
Fundraising	240	-	-	240
<b>Total direct expenditure</b>	<b>3,195</b>	<b>27,312</b>	<b>-</b>	<b>30,507</b>
<b>Staff and support costs</b>				
Salaries, social security and pension costs	725	478	964	2,167
Other staff and related costs	38	7	217	262
Marketing and communications	-	-	168	168
Legal, accounting and IT	-	-	612	612
Office costs	-	-	452	452
Grant administration	-	36	-	36
Loss on disposal of operational fixed assets	-	-	85	85
Irrecoverable VAT	271	-	-	271
Subtotal staff and other costs	1,034	521	2,498	4,053
Allocation of staff and overheads	1,478	1,020	(2,498)	-
<b>Total</b>	<b>5,707</b>	<b>28,853</b>	<b>-</b>	<b>34,560</b>

Although Barts Charity maintains regular contact with grant-holders, there are occasions when planned expenditure is not achievable and the related grant accrual is reversed.

### 3.2. Direct charitable expenditure by institution

	2023 Total £'000	2022 Total £'000
Barts Health	32,190	11,059
Barts and the London SMD	9,340	15,774
Other	335	171
<b>Grant funded activity</b>	<b>41,865</b>	<b>27,004</b>
Direct other spending	1,743	308
<b>Total grants awarded</b>	<b>43,608</b>	<b>27,312</b>

# Financial statements

for the year ended 31 March 2023

Notes to the accounts

## 4. Employees

### 4.1. Analysis of staff costs

	2023 Total £'000	2022 Total £'000
Salaries and wages	2,105	1,816
Social security costs	261	195
Other pension costs	172	156
<b>Total</b>	<b>2,538</b>	<b>2,167</b>
Average monthly number of full-time equivalents	37	31
Average head count	38	30

Staff costs include termination payments of £28,523 to two employees (£111,003 to three employees in 2021/22). Of the above, termination payments to key management personnel totalled £21,328 to one employee in 2022/23 (£60,990 to one employee in 2021/22).

### 4.2. Higher paid employees

The following number of employees received emoluments falling within the ranges indicated:

	2023	2022	2023 £'000	2022 £'000	2023	2022
	Number of employees		Value of pension contributions		Number of staff in receipt of pension contributions	
£60,000 to £70,000	4	4	21	16	4	4
£70,001 to £80,000	-	1	-	11	-	1
£80,001 to £90,000	1	1	11	4	1	1
£90,001 to £100,000	1	2	14	14	1	2
£100,001 to £110,000	2	2	21	20	2	2
£160,001 to £170,000	-	1	-	17	-	1
£170,001 to £180,000	1	-	17	-	1	-

Key management personnel (the senior management team of the charity) received aggregate employee benefits of £841,454 in 2022/23 (£971,929 in 2021/22).

# Financial statements

for the year ended 31 March 2023

Notes to the accounts

## 5. Operational fixed assets

5a. Tangible operational fixed assets		5b. Intangible operational fixed assets	
At Cost	Office equipment £'000	At Cost	Software £'000
As at 1 April 2022	173	As at 1 April 2022	214
Additions	166	Additions	-
Disposals	(173)	Disposals	-
<b>Balance at 31 March 2023</b>	<b>166</b>	<b>Balance at 31 March 2023</b>	<b>214</b>
<b>Depreciation:</b>		<b>Amortisation:</b>	
As at 1 April 2022	133	As at 1 April 2022	93
Charge for the year	43	Charge for the year	63
Disposals in the year	(153)	Disposals in the year	-
<b>Balance at 31 March 2023</b>	<b>23</b>	<b>Balance at 31 March 2023</b>	<b>156</b>
<b>Net book value at:</b>		<b>Net book value at:</b>	
31 March 2023	143	31 March 2023	58
31 March 2022	40	31 March 2022	121

# Financial statements

for the year ended 31 March 2023

Notes to the accounts

## 6. Heritage assets

	2023 £'000	2022 £'000
Valuation at start of year	16,600	16,600
Revaluation	-	-
Valuation at end of year	16,600	16,600
<b>Type of heritage assets:</b>		
Antique furniture	1,253	1,253
Paintings, prints and drawings	8,792	8,792
Books and manuscripts	3,003	3,003
Other	3,552	3,552
<b>Total</b>	<b>16,600</b>	<b>16,600</b>

Paintings, prints and drawings include two William Hogarth paintings which have been valued at £3m and £2.6m respectively (£3m and £2.6m in 2021/22). Other heritage assets include clocks, barometers, works of art, sculptures, ceramics, glass, silver and gold. Heritage Assets are not depreciated but are revalued every five years with the last valuation completed by Gurr John's International, auctioneers and valuers, in March 2019.

Heritage Assets are included within the endowment fund and are revalued every five years with the most recent valuation being for March 2019. Prior to this, the asset valuations for 2013/14, 2014/15, 2015/16, 2016/17 and 2017/18 were based on the March 2014 valuation which was £14.428m. (See Note 1, Section H, part c). This is the only change in the last five years.

# Financial statements

for the year ended 31 March 2023

Notes to the accounts

## 7. Investments

### 7.1. Analysis of fixed asset investments

	Property £'000	Financial £'000	2023 Total £'000	2022 Total £'000
<b>Fixed asset investments</b>				
Market value at 1 April 2022	76,125	439,949	516,074	480,603
Less: Disposals proceeds	-	(178,900)	(178,900)	(60,180)
Add: Acquisitions at cost	-	177,367	177,367	59,839
Net (loss)/gain on revaluation and disposals	(4,565)	(13,230)	(17,795)	35,812
<b>Total</b>	<b>71,560</b>	<b>425,186</b>	<b>496,746</b>	<b>516,074</b>

Cash is held within the investment portfolio, predominantly to fund private investment capital calls and is shown separately in the table above, to distinguish from return-bearing assets.

	2023 Total £'000	2022 Total £'000
<b>Market value at 31 March:</b>		
Investment properties	71,560	76,125
Investments listed on stock exchanges	344,943	372,552
Private investments	79,917	66,081
Instant access money market funds held within the investment portfolio	326	1,316
<b>Total</b>	<b>496,746</b>	<b>516,074</b>

	2023 Total £'000	2022 Total £'000
<b>Market value at 31 March:</b>		
Unrestricted funds	139,570	152,284
Restricted funds	15,767	16,129
Endowment funds	341,409	347,661
<b>Total</b>	<b>496,746</b>	<b>516,074</b>

Financial investments held at 31 March 2023 include 16 unit trust funds, representing 81% of the total value, and 35 separate private investments (in 2021/22 16 unit trust funds representing 85% and 27 separate private investments).

At the year end, the Charity had undrawn commitments to private equity funds of £90m, which are expected to be called at various future dates, whilst the current investments in private equity funds will be expected to be realised by a return of capital. The carrying value of the private equity investments of £79.9m reported above represents the valuations of the funds at 31 March 2023, as provided by relevant fund managers and/or as computed by our global custodian. However, it is not possible for the Trustees to liquidate these investments prior to the future return of capital.

# Financial statements

for the year ended 31 March 2023

Notes to the accounts

## 7.2. Analysis of gains and losses on revaluation and disposal of investment assets

	Unrestricted Funds £'000	Endowment Funds £'000	2023 Total £'000	2022 Total £'000
(Losses)/Gains on revaluation and disposal of financial investments	(474)	(2,596)	(3,070)	30,078
(Losses)/Gains on revaluation and disposal of property investments	(705)	(3,860)	(4,565)	5,734
Subtotal: gains and losses	(1,179)	(6,456)	(7,635)	35,812
Other currency gains	37	204	241	2,600
<b>Total</b>	<b>(1,142)</b>	<b>(6,252)</b>	<b>(7,394)</b>	38,412

An analysis of gross income arising from the property assets is set out in Note 2.2.

## 8. Current assets

### 8.1. Analysis of debtors

	2023 £'000	2022 £'000
Trade debtors	1,204	1,323
Prepayments	63	44
Accrued income	1,035	1,801
Other debtors	39	2
<b>Total</b>	<b>2,341</b>	<b>3,170</b>

All debtors in both 2023 and 2022 relate to unrestricted funds. Accrued income largely relates to income on financial investments and amortisation of a rent free period for related leases (see Note 1, Section E).

Included within accrued income is an amount of £0.7m which relates to rent amortisation due to be released after more than one year (31 March 2022: £0.6m).

# Financial statements

for the year ended 31 March 2023

Notes to the accounts

## 8.2. Cash at the bank and in hand

	2023 £'000	2022 £'000
Cash in UK clearing bank accounts	504	991
Cash held with custodian	3,943	6,533
<b>Total</b>	<b>4,447</b>	7,524

## 9. Creditors due in one year

	2023 £'000	2022 £'000
<b>Amounts falling due within one year as at 31 March:</b>		
Trade creditors	2,154	530
Other creditors	96	292
Grant accruals	23,467	19,168
Deferred income	670	578
<b>Total</b>	<b>26,387</b>	20,568

Deferred income represents rent billed to tenants in advance for the first quarter of the following financial year.

	2023 £'000	2022 £'000
Deferred income brought forward	578	1,083
Released	(2,777)	(3,769)
Deferred	2,869	3,264
<b>Deferred income at 31 March</b>	<b>670</b>	578

## 10. Creditors due after more than one year

	2023 £'000	2022 £'000
Grant accruals	92,624	73,592



# Financial statements

for the year ended 31 March 2023

Notes to the accounts

## 11. Funds – Year ended 31 March 2023

### 11.1. Endowment funds

	Balance as at 1 April 2022 £'000	Income £'000	Expenditure £'000	Transfers £'000	Other gains and (losses) £'000	Balance as at 31 March 2023 £'000
Aylwen Bursaries	3,230	-	-	-	(55)	<b>3,175</b>
Edward Hewlett	2,653	-	-	-	(46)	<b>2,607</b>
Hannington	1,045	-	-	-	(18)	<b>1,027</b>
Hamblen Thomas	326	-	-	-	(6)	<b>320</b>
MacCready Mann	321	-	-	-	(6)	<b>315</b>
Levy Family	278	-	-	-	(5)	<b>273</b>
MAEL Jones	257	-	-	-	(4)	<b>253</b>
Funds < £200k	521	-	-	-	(9)	<b>512</b>
Expendable endowments	355,630	-	-	-	(6,103)	<b>349,527</b>
<b>Total</b>	<b>364,261</b>	-	-	-	<b>(6,252)</b>	<b>358,009</b>

### 11.2. Restricted funds

Material funds (over £550k at the start of the year)

	Balance as at 1 April 2022 £'000	Income £'000	Expenditure £'000	Transfers £'000	Other gains and (losses) £'000	Balance as at 31 March 2023 £'000
Cardiac	2,358	170	(411)	-	-	<b>2,117</b>
Margaret Centre	1,044	17	(68)	-	-	<b>993</b>
Covid-19 response	586	-	(586)	-	-	-
Gastroenterology	645	-	-	-	-	<b>645</b>
East London Foundation Trust General Fund	1,012	23	(1,035)	-	-	-
IBD Research	1,123	-	(302)	-	-	<b>821</b>
Trauma	733	58	-	(350)	-	<b>441</b>
Others	8,629	1,385	(15,651)	16,387	-	<b>10,750</b>
<b>Total</b>	<b>16,130</b>	<b>1,653</b>	<b>(18,053)</b>	<b>16,037</b>	-	<b>15,767</b>

### 11.3. Designated and general funds

	Balance as at 1 April 2022 £'000	Income £'000	Expenditure £'000	Transfers £'000	Other gains and (losses) £'000	Balance as at 31 March 2023 £'000
Cardiac funds	122	-	-	-	-	<b>122</b>
Whipps Cross General fund	128	-	(49)	-	-	<b>79</b>
Funds up to £100k	184	-	(19)	-	-	<b>165</b>
Total designated funds	434	-	(68)	-	-	<b>366</b>
<b>General funds</b>	68,543	10,246	(34,428)	(16,037)	(1,142)	<b>27,182</b>
<b>Total designated and general funds</b>	<b>68,977</b>	<b>10,246</b>	<b>(34,496)</b>	<b>(16,037)</b>	<b>(1,142)</b>	<b>27,548</b>
<b>Total funds</b>	<b>449,368</b>	<b>11,899</b>	<b>(52,549)</b>	-	<b>(7,394)</b>	<b>401,324</b>

# Financial statements

for the year ended 31 March 2023

Notes to the accounts

### 11.4.1. Endowment funds – comparatives

	Balance as at 1 April 2021 £'000	Income £'000	Expenditure £'000	Transfers £'000	Other gains and (losses) £'000	Balance as at 31 March 2022 £'000
H F Bailey	1,240	-	-	(1,240)	-	-
Aylwen Bursaries	2,954	-	-	-	276	3,230
Edward Hewlett	2,426	-	-	-	227	2,653
JJ Guthrie Blandford and George Shuter Staff Benefit	445	-	-	(445)	-	-
Hannington	956	-	-	-	89	1,045
David Hughes	148	-	-	(148)	-	-
Bailey City and Hackney	299	-	-	(299)	-	-
Hamblen Thomas	298	-	-	-	28	326
MacCready Mann	294	-	-	-	27	321
Levy Family	254	-	-	-	24	277
MAEL Jones	235	-	-	-	22	257
Funds < £200k	786	-	-	(310)	45	520
Expendable endowments	316,349	-	-	8,889	30,392	355,630
<b>Total</b>	<b>326,684</b>	-	-	<b>6,447</b>	<b>31,130</b>	<b>364,261</b>

### 11.4.2. Restricted funds – comparatives

Material funds (over £550k at the start of the year)

	Balance as at 1 April 2021 £'000	Income £'000	Expenditure £'000	Transfers £'000	Other gains and (losses) £'000	Balance as at 31 March 2022 £'000
Cardiac	2,400	15	(57)	-	-	2,358
Margaret Centre	1,171	-	(48)	-	-	1,123
Covid-19 response	1,146	6	(566)	-	-	586
Gastroenterology	957	217	(130)	-	-	1,044
St Bartholomew's Hospital	646	-	-	-	-	646
Renal disease Research	564	24	(213)	-	-	375
Others	12,195	2,054	(4,251)	-	-	9,998
<b>Total</b>	<b>19,079</b>	<b>2,316</b>	<b>(5,265)</b>	-	-	<b>16,130</b>

### 11.4.3. Designated and general funds – comparatives

	Balance as at 1 April 2021 £'000	Income £'000	Expenditure £'000	Transfers £'000	Other gains and (losses) £'000	Balance as at 31 March 2022 £'000
Cardiac funds	122	-	-	-	-	122
Whipps Cross General fund	128	-	-	-	-	128
Funds up to £100k	184	-	-	-	-	184
Total designated funds	434	-	-	-	-	434
<b>General funds</b>	84,810	12,194	(29,296)	(6,447)	7,282	68,543
<b>Total designated and general funds</b>	<b>85,244</b>	<b>12,194</b>	<b>(29,296)</b>	<b>(6,447)</b>	<b>7,282</b>	<b>68,977</b>
<b>Total funds</b>	<b>431,005</b>	<b>14,511</b>	<b>(34,561)</b>	-	<b>38,412</b>	<b>449,368</b>

# Financial statements

for the year ended 31 March 2023

Notes to the accounts

## 11.5. Funds (additional)

### Endowment funds

Note 1, Section D on page 26 provides further details of the endowment fund structure. There were no other income, expenditure or transfers in 2022/23. Expenses have not been charged to the endowment funds. Due to the historic nature of these, there is no certainty that the terms of the trust of the endowed gift would allow this. In conjunction with ongoing works to consider the provenance of these funds, we continue to review this methodology.

### Restricted funds

Note 1, Section D on page 26 provides further details of the restricted fund structure. There was no allocation of interest or expense to the funds in 2022/23, given that they are funded from readily available cash. The Charity is continuing a review of its restricted funds at hospital sites. The target is to consolidate these into fewer funds with more flexible purposes at each site in order to promote more effective expenditure. This work is ongoing.

### Details of significant funds

Name of fund	Nature and purpose of fund
Cardiac	Treatment of and research into cardiac disease
Margaret Centre	Provision of palliative care at the Margaret Centre (Whipps Cross Hospital)
Covid-19 response	Emergency fund set up to provide an immediate response to the Covid-19 pandemic
Gastroenterology	Gastroenterology unit (Whipps Cross Hospital)
ELFT	East London Foundation Trust General Fund - Staff and patient welfare
IBD Research	Research into Crohns' disease
Trauma	For any purpose relating to trauma

### Transfers between funds

Transfers between funds represent transfers from general funds to restricted funds to cover overspends on restricted funds.

## 11.6. Prior year distribution of net assets

	Unrestricted funds £'000	Restricted funds £'000	Endowment funds £'000	2022 Total funds £'000
<b>Distribution of net assets between funds</b>				
Total fixed assets	152,444	16,130	364,261	532,835
Current assets	10,694	-	-	10,694
Current liabilities	(20,568)	-	-	(20,568)
Creditors: amounts falling due after more than one year	(73,592)	-	-	(73,592)
Total net assets	68,977	16,130	364,261	449,368
<b>Net gains on investments and heritage assets</b>	<b>7,282</b>	<b>-</b>	<b>31,130</b>	<b>38,412</b>

# Financial statements

for the year ended 31 March 2023

Notes to the accounts

## 12. Notes to the cash flow statement

### 12.1. Net cash used in operating activities

	2023 £'000	2022 £'000
<b>Net cash used in operating activities</b>		
Net (expenditure)/income for the year	(48,044)	18,363
Adjustments for:		
Losses/(Gains) on revaluation and disposal of investment assets	17,795	(35,812)
Investment income	(9,182)	(11,468)
Depreciation charges	106	102
Loss on disposal of fixed assets	19	85
Change in debtors	829	157
Change in creditors	24,851	5,361
<b>Cash outflow from operating activities</b>	<b>(13,626)</b>	<b>(23,212)</b>

### 12.2. Analysis of changes in cash and cash equivalents

	2022 £'000	Movement £'000	2023 £'000
Cash in hand and at the bank	7,524	(3,077)	<b>4,447</b>

As at 31 March 2023, the Charity had no loans, leases or other financial instruments classified as debt (2022: none).

# Financial statements

for the year ended 31 March 2023

Notes to the accounts

## 13. Trustee transactions

	2023		2022	
	£	No	£	No
Trustee expenses				
Reimbursement of fees	8,912	16	136	1
Hospitality expenses	913	2	249	2
<b>Total</b>	<b>9,825</b>	<b>18</b>	<b>385</b>	<b>3</b>

Premiums for Trustee indemnity insurance were paid by the Charity on the part of Trustees, £9,017 (2021/22: £4,210).

## 14. Related party donations

The total amount of related party donations made, without conditions, was £4,680 (2021/22: £4,200).

The total amount of related party donations with conditions was £Nil (2021/22: £20).

## 15. Operating leases

### 15.1. Operating lease income

The Charity generates income from leasing out space within its investment properties.  
The future minimum lease payments receivable under non-cancellable operating leases are:

	2023 £'000	2022 £'000
Not later than one year	<b>3,204</b>	3,096
Later than one year and not later than five years	<b>3,903</b>	4,179
Later than five years	<b>413</b>	446
<b>Total</b>	<b>7,520</b>	7,721

# Financial statements

for the year ended 31 March 2023

Notes to the accounts

## 15.2. Operating lease commitments

At 31 March 2023 Barts Charity was committed to making the following payments under non-cancellable operating leases:

	2023 £'000	2022 £'000
Not later than one year	<b>244</b>	242
Later than one year and not later than five years	<b>123</b>	363
<b>Total</b>	<b>367</b>	605

## 16. Net (expenditure) / income for the year

	2023 £'000	2022 £'000
<b>This is stated after charging:</b>		
Auditors' remuneration	<b>58</b>	66
Other payments to the auditors:		
Tax advice	<b>4</b>	-
Amortisation	<b>63</b>	67
Depreciation	<b>43</b>	35
Loss on disposal of fixed assets	<b>29</b>	85
Operating lease payments	<b>244</b>	244

**Barts Charity**

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Registered company no. 07168381



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EAST LONDON FOUNDATION TRUST (ELFT)

# Charity Annual Report 2022/23



**We care**  
**We respect**  
**We are inclusive**



**East London**  
NHS Foundation Trust

# A WORD FROM OUR CHAIR Aamir Ahmad



What an exciting year it has been for ELFT and our Charity as we start providing grants for numerous projects across our geographies that have delivered a significant impact on the well-being of many of the most vulnerable in our communities. The feedback is overwhelmingly positive, with many of those benefiting from these projects saying that it has been life changing.

In healthcare we are uniquely placed to see some of the most disadvantaged and vulnerable people in our society. The distress and health conditions they face are often caused by deep rooted inequities, the solution of which goes beyond purely medical interventions and which requires a focus on prevention and systemic issues. Working within ELFT I have seen many people helped as much by social connection, peer support, people participation and social prescribing as by medical interventions.

This is why I am so excited that ELFT has identified population health as a strategic goal, looking at prevention and the broader impacts we can make to alleviate suffering. Our Charity is a key part of this as it can fund projects that are over and above services normally commissioned by the NHS.

In this first year of our charity being formally established we have funded 38 extraordinary projects with over £140,000 helping people with a wide range of issues such as social isolation, lack of digital access, financial pressures and access to green space and healthier living.

This is just the beginning of an exciting period for ELFT and our Charity and we hope to grow the number of projects that we fund, creating life changing impacts on the people we support and helping achieve our population health goals.

*\*add signature\**

**Aamir Ahmad**  
Vice Chair ELFT  
Chair of the ELFT Charity Committee





## Why an ELFT charity?

Around 1.9 million people live in the areas ELFT serves – 900,00 in London and one million in Luton, Bedford and Central Bedfordshire. These are fast growing population areas and include some of the highest levels of poverty in the UK.

The ELFT charity provides a flexible and creative way to support local people with their health and well-being in the communities where they live. In

addition, it can help support the testing of new ideas to improve health and reduce health inequalities. Stories shared in this report show what is already being achieved and the growing impact the charity will make in the years ahead.

This report focused on grants received in the Charity's first year - April 2022 to end of March 2023.

## Our Mission

For its first year, ELFT's Charity Committee agreed a focus on supporting service users. Three key priorities were identified to support this aim:

Improving  
Social Networks

Improving  
Employment Prospects

Improving  
Digital Accessibility

All services across the Trust were encouraged to apply for grants. Chosen priority areas supported a range of different types of projects helping improve the population health outcomes of our local communities.

## Highlights from 2022-23

**£142,698.98** awarded to **38 grant applications**. Grant awards ranged from £150 to £58,000.

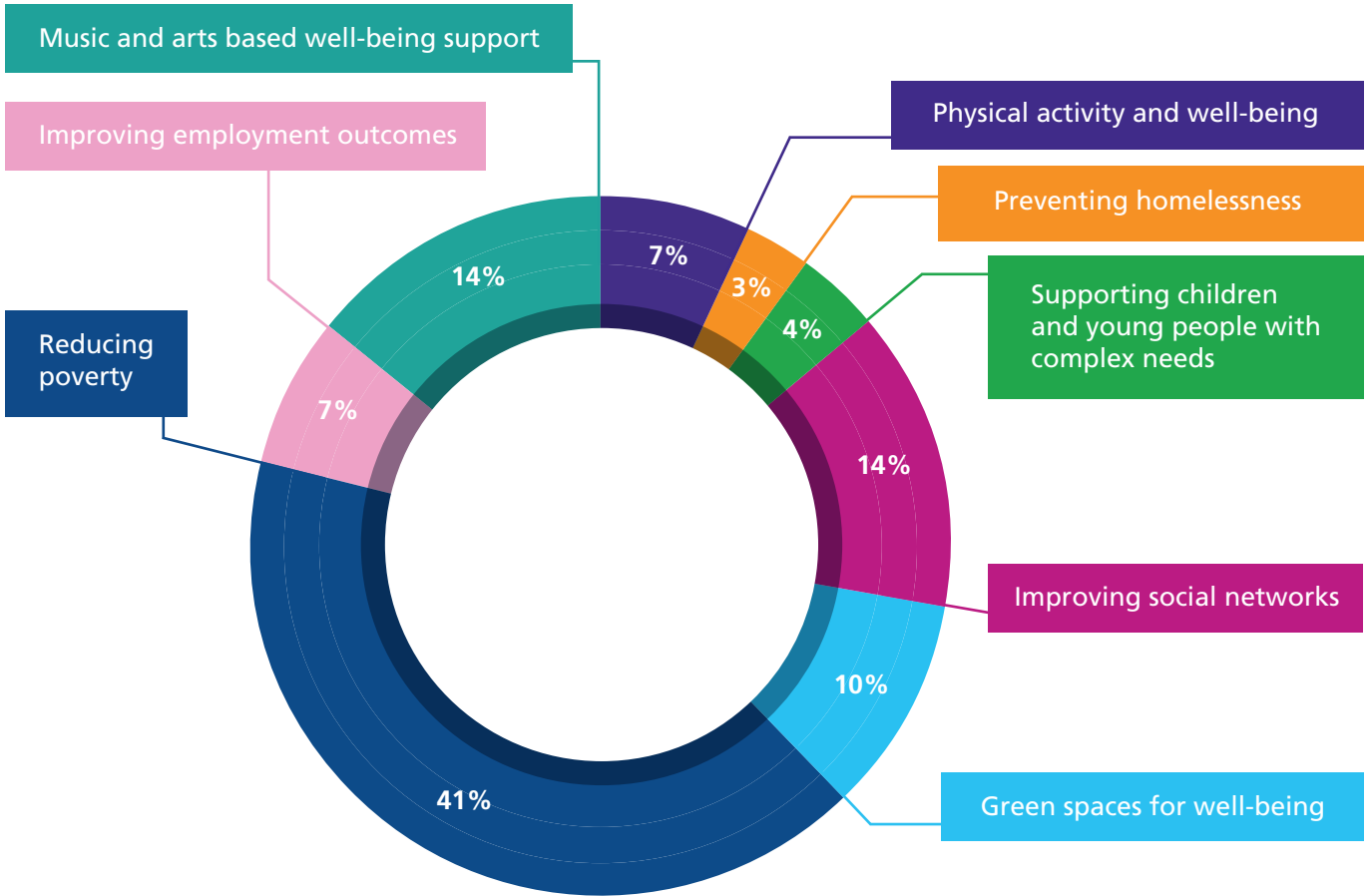
ELFT charity grants supported projects across **all ELFT service areas**.

Awarded projects showed **initiative, innovation, ambition and awareness of needs in local communities** including support for:

- Promoting health and well-being through outdoor community projects and physical activity.
- Providing opportunities for social connection, for example family fun days.
- Support for vulnerable population groups, such as children and young people with disabilities.
- Reducing health inequalities including through improving household income and employment prospects.

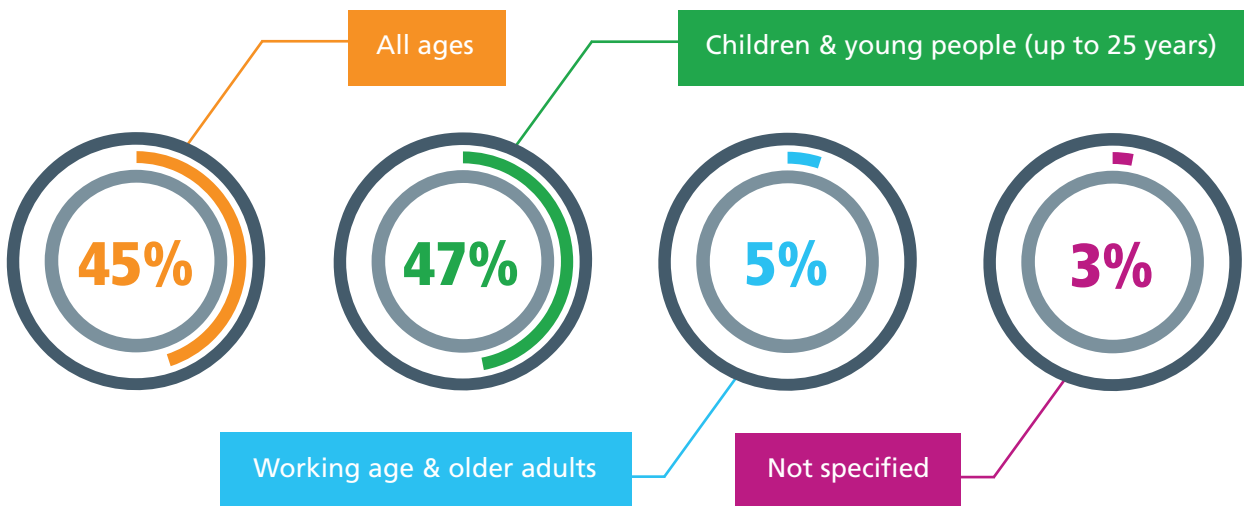


## Proportion of Charity Spend by Project Type



Our grants are reaching a wide range of population groups that include the cultural diversity of the areas we serve and support all ages, with some grants targeted to specific age groups.

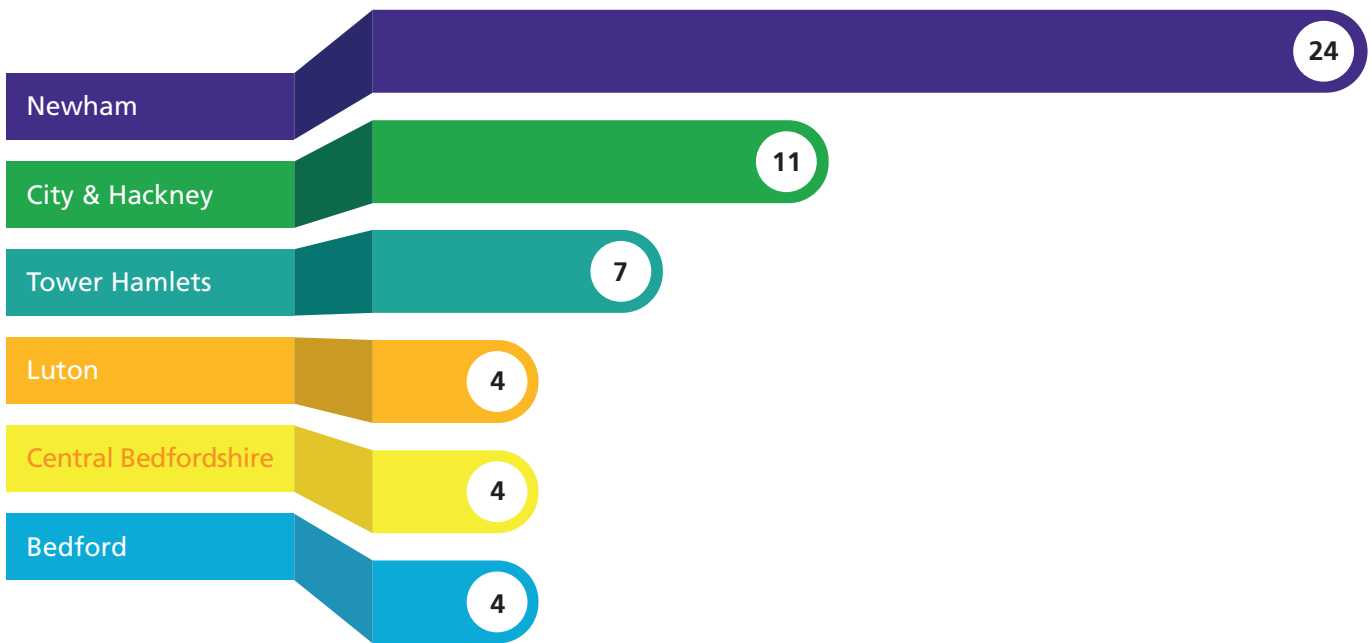
## Grant Funding by Target Age Group\*



\*as specified in the grant application form



# Number of Grants Awarded across ELFT service areas



# ELFT Charity Funded Projects

So what have we done with the money donated to the ELFT Charity? Read on to find out about some of the projects we have supported and their impact.

## Newham Hope Garden

The Hope Garden started out as an attempt to convert the outside space of a mental health site to a more pleasant space. With funding from the ELFT Charity and donated materials from the DIY store Wickes, it has now become an active therapeutic space where people can meet, socialise and get their hands dirty. The benefits of gardening and being with nature have long been known to help with general wellbeing.

Andrew Casey Support Worker who leads all the work in the Hope Garden said:

“When the going gets tough, the tough get gardening. We see on a daily basis that our patients really benefit from being in The Hope Garden and caring for plants. It helps them think more clearly and feel more energised which releases those all-important endorphins which improve mood.”

Diane Ball, Operational Lead at the Newham Crisis Hub & Newham Home Treatment Team said,

“Typically a patient who comes to the centre will be with us for 4-6 weeks. In addition to one-to-one consultations, the centre also offers group therapy in the form of art and garden therapy. Our patients can spend time in the garden growing plants and vegetables. Being able to look out on some green space is really helpful and calming.”

A service user designed and painted a mural of the ELFT Charity logo on a shed to thank the charity for its support. The garden project has now spread to other parts of the hospital campus.

## Practical Support to Improve the Health of Homeless People

Hot meals, long-life food supplies, toiletries and winter clothing are just some of the items the ELFT Charity has been able to fund to support a series of events run by ELFT GP practices. These events are for homeless people and those in insecure accommodation and are a chance to have hot food and socialise. Although these events have a strong social focus, their primary purpose is to strengthen the health and resilience of these vulnerable groups

by also offering flu and COVID-19 vaccinations, physiotherapy, health screening and smoking cessation services. As well as free haircuts and treats for pets.

The Speaker of Hackney, Councillor Humaira Garasia was guest of honour at one of these events. She said:

“This means a lot for the community in Hackney. Today we can really feel the love and togetherness. The services ELFT provides are essential and the love you are providing today really goes a long way and it makes a difference in everyone’s life who attended today.”

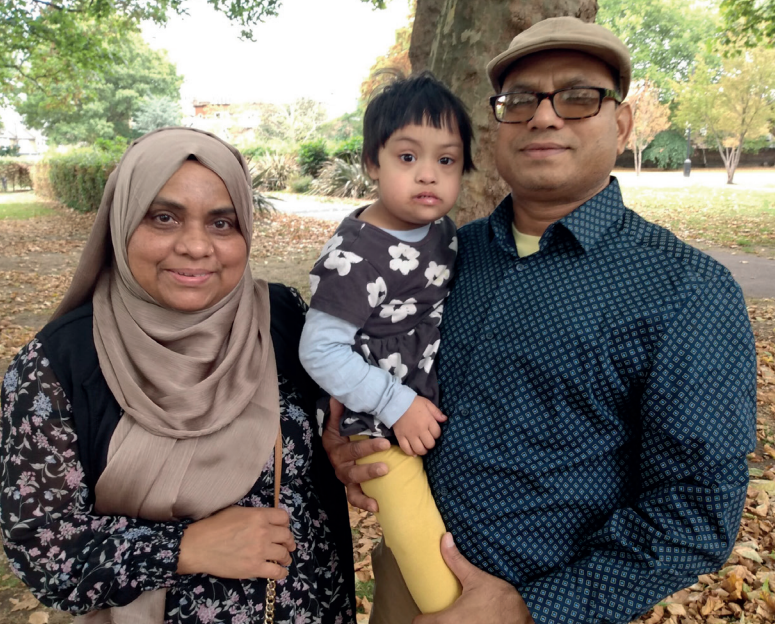
## Luton Striders

The Luton Striders are a group of service users who led by ELFT’s People Participation team, come together to walk along the streets, parks and surrounding countryside on Luton. Funding from the ELFT Charity has enabled the group to engage the services of specialist speakers and local historians to enable the group to get to know their local areas in more depth.

Walking is one of the best ways to be physically active. Walking with others is a social activity which is stimulating and involving. Participants are more likely to be committed to joining sessions which in turn will lead to greater social connectivity and a healthier lifestyle.







## Connecting Families Who Have an Ill or Disabled Child

A Family Fun Day for children with disabilities and special needs was a hit with children and parents alike attracting over 80 families. The Specialist Children and Young People's (SCYPS) team in Newham used a combination of ELFT Charity and Roald Dahl Children's Charity funding to provide a magnificent networking day for families with a sick or disabled child. It included activities for siblings whose needs can often be secondary when they have an ill sibling. It provided an opportunity for parents to meet other parents, staff and voluntary sector organisations that can offer ongoing support.

One parent said,

"We were really happy to come along. We have been looking forward to it for days. It has been helpful to talk to people and see what support is available."

## Therapy Bags

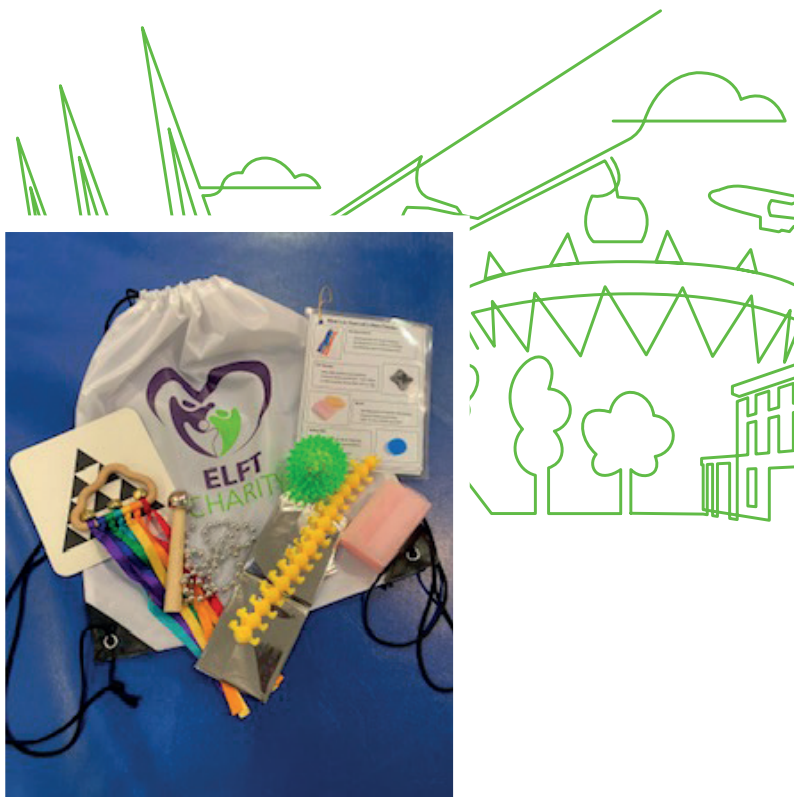
A bid from the Newham Children's Physiotherapy Team resulted in the ELFT Charity funding a bag of toys to support the development and rehabilitation of newborn babies. 'Let's Start' NHS sessions assess and support babies with complex birth histories or conditions requiring ongoing therapy support at home. This involves the use of play and toys that many families sadly cannot afford. The Charity was able to fund the bags and toys.

Physiotherapist Katie Walsh explains,

"Having all the items together in one place means if a baby is readmitted to hospital, the bag can go too so they can continue therapy even when in hospital. It helps parents to develop their babies' reach and grasp skills, body awareness, visual tracking, tactile sensory system and tolerate different positions for longer."

## Boxercise

ELFT Forensic Mental Health Services have used ELFT Charity funding to lay on Boxercise sessions for men under the care of the Trust. The sessions are led by a trained boxing professional who coaches participants on technique, movement, general fitness and sports discipline. Boxing plays an important role in popular culture and is an environment that men are drawn to and comfortable in. As well as being a source of exercise, the Boxercise sessions are a hub of social contact where men can build relationships, and follow and support each other's progress.



# CLOSING WORDS

Dr Mohit Venkataram



I hope you have enjoyed hearing about the range of ways the ELFT Charity has been adding value and making a difference. This has been a groundbreaking year for the ELFT Charity. Although we have functioned as a charity for two years, behind the scenes our funding has been held by the charity arm of partner NHS trusts. This year, these funds were transferred over to us so we now administer and control our own monies.

The ELFT Charity is still very much in its infancy but we are learning and growing. We have set up systems to make it easy for staff to apply for monies, and have a rigorous but understanding panel who review the submissions and decide on their merits. We have established a JustGiving page for the charity which means that any donations arrive instantaneously in the ELFT Charity account to be put to good use.

But we know we have more work to do. We need to ensure that staff in all corners of the Trust know how they can apply for monies. We want to encourage them to think outside the box and identify novel approaches that go the extra mile to support people.

We need to explore new ways to generate income and fundraise for the Charity. We have recently appointed a Fundraising Co-ordinator so we look forward to spreading the word about our work.

We have been fortunate this year to have received some behests from people who have bequeathed money in their wills to thank NHS services. We have benefited from prize donations which we have been able to raffle. And we have benefited from the extraordinary efforts of staff running marathons to raise money for the ELFT Charity. I want to take this opportunity to thank those families and individuals who have helped us to increase our funds. It means that we can continue to support innovative and inspiring projects.

Over the last 12 months, we have been able to enrich people's lives by combining great ideas with financial backing. I am proud of what the ELFT Charity has achieved and look forward to doubling our efforts in the coming year - with a little help from our friends!

Thank you.

**Dr Mohit Venkataram**  
Executive Director of Commercial Development on behalf of  
ELFT Charity | East London Foundation Trust

## Charity commission members:

**Aamir Ahmad (Chair)** Vice Chair, ELFT  
**Ken Batty** Non-Executive Director, ELFT  
**Kevin Curnow** Chief Finance Officer, ELFT  
**Janet Flaherty** Head of Communications, ELFT  
**Natalie Richards** Operational Lead, ELFT Charity  
**Lorraine Sunduza** Interim Chief Executive Officer, ELFT  
**Dr Mohit Venkataram** Executive Director,  
Commercial Development, ELFT  
**Cathy Lilley** Director of Corporate Governance, ELFT  
**Paul Binfield** Director of People Participation, ELFT

Donate to the  
ELFT Charity



## Board of Directors Register of Interests: as at 20 May 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)	<ul style="list-style-type: none"> <li>• Director and Trustee, Place2Be</li> <li>• Psychotherapy Student, Regents University</li> <li>• Mentor at Mosaic, an LGBT+ young persons charity</li> <li>• Volunteer Counsellor at Naz a charity in West London</li> <li>• Member, British Association of Counselling and Psychotherapy (BACP)</li> <li>• Member, UK Council for Psychotherapy (UKCP)</li> </ul>
Dr David Bridle	Chief Medical Officer	<ul style="list-style-type: none"> <li>• Member, British Medical Association</li> <li>• Member, Medical Protection Society</li> <li>• Member, Royal College of Psychiatrists</li> <li>• Member, General Medical Council</li> </ul>
Richard Carr	Senior Independent Director (from 1 November 2023)	<ul style="list-style-type: none"> <li>• Director, Richard Carr Consulting Ltd, Management Consultancy</li> <li>• Interim Managing Director, East Midlands Development Company</li> <li>• Managing Director Commissioner, Woking Borough Council</li> <li>• Chair, Improvement Board, Cambridgeshire and Peterborough Combined Authority</li> <li>• Member, Society of Local Authority Chief Executives and Senior Managers (SOLACE)</li> </ul>
Tanya Carter	Chief People Officer	<ul style="list-style-type: none"> <li>• Board Member of the Healthcare People Management Association (HPMA)</li> <li>• Chair of the Healthcare People Management Association Talent Board (HPMA)</li> <li>• Co-Chair of the London HR Directors Network</li> <li>• Chartered Fellow – Chartered Institute of Personnel Development (CIPD)</li> <li>• Member, North East London People Board</li> <li>• Member, Bedfordshire, Luton &amp; Milton Keynes People Board</li> <li>• Member, NHS Professionals Strategic Advisory Board</li> </ul>
Anit Chandarana	Non-Executive Director	<ul style="list-style-type: none"> <li>• Group Director, Network Rail</li> </ul>



Name	Job Title	Interests Declared
Peter Cornforth	Non-Executive Director	<ul style="list-style-type: none"> <li>• Director, Good Way Ltd – music venue operator</li> <li>• Director, Field Doctor Ltd – frozen meals producer</li> <li>• Director, Kind Canyon Digital Ltd – music rights owner</li> <li>• Director, Barking Enterprise Centres CIC – business support</li> <li>• Director, Music Venue Properties Ltd. – community benefit society</li> <li>• Governor, John Whitgift Foundation – care homes and schools</li> <li>• Trustee, The Ormiston Trust</li> <li>• Parent Member, National Autistic Society</li> <li>• Independent Investment Advisory Group – Property, Transport for London</li> <li>• Non-Executive Director, Community Health Partnership</li> </ul>
Alison Cottrell	Non-Executive Director	<ul style="list-style-type: none"> <li>• Director, Ley Community Drug Services</li> <li>• Trustee, Phoenix Futures</li> <li>• Fellow, Society of Professional Economists</li> <li>• Freeman, Worshipful Company of International Bankers</li> </ul>
Kevin Curnow	Chief Finance Officer	<ul style="list-style-type: none"> <li>• Director of Health &amp; Care Space Newham Ltd (joint venture between ELFT and LB Newham)</li> </ul>
Professor Sir Sam Everington KBE	Non-Executive Director	<ul style="list-style-type: none"> <li>• Salaried GP of the Bromley By Bow Health Partnership Tower Hamlets (a member of Tower Hamlets GP Care group CIC)</li> <li>• Salaried GP based on the same site as The Bromley by Bow Centre (charity)</li> <li>• Associate director NHS Resolution 2018-</li> <li>• Consultant to the National Association of Social Prescribing 2022-</li> <li>• BMA Council member, 1989-</li> <li>• Vice President of the BMA, 2015-</li> <li>• Fellow and Professor of Queen Mary University of London 2015-</li> <li>• As a GP member of the MDDUS - insurance for the GP practice</li> <li>• Vice President Queen's Nursing Institute 2016-</li> <li>• Vice President and Council member the College of Medicine 2019-</li> <li>• Board member NHS Strategic Infrastructure Board 2020-</li> <li>• Member of the Royal College of GPs</li> <li>• Council member RCGP November 2022-</li> <li>• Wife: Linda Aldous is a Partner in Bromley by Bow Health Partnership, a clinical lead for North-East London CCG and Director Bromley by Bow Health Limited - joint venture with Greenlight Pharmacy around training of pharmacists in primary Care Sept 2020-</li> <li>• Director and Chair of MEEBBB Health CIC (a Primary Care Network, Tower Hamlets)</li> <li>• Son: Dr Raoul Li-Everington is GP partner in the Bromley By Bow Health Partnership</li> </ul>



Name	Job Title	Interests Declared
Richard Fradgley	Executive Director of Integrated Care and Deputy CEO	<ul style="list-style-type: none"> <li>• Social Worker registered with Social Work England</li> <li>• Member, North East London Integrated Care Board Mental Health Learning Disabilities and Autism Collaborative Sub-Committee</li> <li>• Member, North East London Integrated Care Board Community Services Collaborative Sub-Committee</li> </ul>
Philippa Graves	Chief Digital Officer	<ul style="list-style-type: none"> <li>• Director, Health Care &amp; Space Newham (joint venture between ELFT and LB of Newham)</li> <li>• Board Member, Digital Strategy Board for BLMK</li> <li>• Board Member, Patient Held Record Board for NEL</li> </ul>
Professor Dame Donna Kinnair DBE	Non-Executive Director	<ul style="list-style-type: none"> <li>• Board Member, NHS Race and Health Observatory</li> <li>• Patron, Trinity College Medical Society</li> <li>• Trustee, Burdett Trust for Nursing</li> <li>• Non-Executive Director at Royal Free Hospital NHS FT</li> <li>• Director at DDK Consultancy Ltd (provides ad hoc training and other consultancy support; clients NHS organisations)</li> </ul>
Susan Lees	Non-Executive Director	<ul style="list-style-type: none"> <li>• Vice Chair, North East London Foundation Trust</li> <li>• Non-Executive Director Barking, Havering and Redbridge University Hospital Trust</li> </ul>
Claire McKenna	Interim Chief Nurse	<ul style="list-style-type: none"> <li>• Member, Royal College of Nursing</li> <li>• Registered Mental Health Nurse NMC</li> </ul>
Edwin Ndlovu	Chief Operating Officer	<ul style="list-style-type: none"> <li>• Member of UNISON</li> <li>• Member of Race Health Observatory Mental Health Working Group</li> <li>• Director, Phoenix Sunrisers PCN</li> <li>• Director East Bedford PCN</li> <li>• Director, EEHN Co Ltd</li> <li>• Partner, Five Elms Medical Practice</li> <li>• Partner, Victoria Medical Centre</li> <li>• Partner, Upminster Medical Centre</li> <li>• Partner, Rainham Health Centre</li> <li>• Registered Mental Health Nurse NMC</li> </ul>

Name	Job Title	Interests Declared
Dr Amar Shah	Chief Quality Officer	<ul style="list-style-type: none"> <li>• Director, AS Healthcare Improvement Ltd (private consulting and teaching related to healthcare improvement)</li> <li>• National Clinical Director for Improvement, NHS England</li> <li>• National improvement lead for mental health and chair of QI faculty, Royal College of Psychiatrists</li> <li>• Chair of the expert reference group on quality at NHS Providers</li> <li>• Member of the Q advisory board (Health Foundation)</li> <li>• Council member at the Healthcare Costing for Value Institute, at the Healthcare Financial Management Association (HFMA)</li> <li>• Faculty member with the Institute for Healthcare Improvement (IHI), US and chair of the Scientific Advisory Group at IHI</li> <li>• Honorary visiting professor, University of Leicester</li> <li>• Honorary visiting professor, City University London</li> <li>• Member, General Medical Council</li> <li>• Member, Royal College of Psychiatrists</li> <li>• Wife is a GP on the bank at ELFT</li> <li>• Private consulting and teaching related to healthcare improvement</li> </ul>
Lorraine Sunduza	Interim Chief Executive (from 21 August 2023)	<ul style="list-style-type: none"> <li>• Named shareholder for Health E1</li> <li>• Named shareholder for Tower Hamlets GP Care Group</li> <li>• Named shareholder for City &amp; Hackney GP Federation</li> <li>• Named shareholder for Newham GP Federation</li> <li>• Member of BLMK Bedfordshire Care Alliance Committee</li> <li>• Member of Central Bedfordshire Health &amp; Wellbeing Board</li> <li>• Member of City &amp; Hackney Neighbourhood Board</li> <li>• Member of City &amp; Hackney Integrated Commissioning Board</li> <li>• Member of City &amp; Hackney Health &amp; Wellbeing Board</li> <li>• Member of Newham Health &amp; Wellbeing Board</li> <li>• Member of East of England Provider Collaborative Board</li> <li>• Member of North East London Community Health Collaborative Committee</li> <li>• Member of North East London Integrated Care Board</li> <li>• Member of North East London Population Health and Integrated Care Committee</li> <li>• Member of NHS England London People Board including the EDI Committee</li> <li>• Member, Unison</li> <li>• Registered Mental Health Nurse NMC</li> </ul>

Name	Job Title	Interests Declared
Eileen Taylor	Chair	<ul style="list-style-type: none"> <li>• Joint Chair, East London NHS Foundation Trust (ELFT) and North East London NHS Foundation Trust (NELFT)</li> <li>• Chair of the NEL Mental Health, Learning Disabilities and Autism Provider Collaborative</li> <li>• Chair of Mid and South Essex Community Collaborative</li> <li>• Non-Executive Director, Senior Independent Director at – MUFG Securities EMEA plc</li> <li>• SID, MUFG Bank London Branch</li> <li>• Member of the US Democratic Party</li> </ul>
Deborah Wheeler	Vice-Chair (Bedfordshire & Luton)	<ul style="list-style-type: none"> <li>• Non-Executive Director at North East London NHS Foundation Trust</li> <li>• Board Trustee, Epilepsy Society (member of Audit Committee and Appointments and Remuneration Committee)</li> <li>• Board Trustee and Lead Trustee for Safeguarding, Revitalise Respite Holidays (member of Quality &amp; People Committee)</li> <li>• Registrant, Nursing and Midwifery Council</li> <li>• Member, Royal College of Nursing</li> <li>• Member of NMC Assurance Advisory Committee for Test Competence</li> <li>• Member of Benevolent Committee of the Barts League of Nurses (a charity)</li> <li>• Son is a bank employee of ELFT</li> </ul>
Cathy Lilley	Director of Corporate Governance (Company Secretary)	<ul style="list-style-type: none"> <li>• None</li> </ul>

## Board of Directors

### **DRAFT** Minutes of the Board of Directors meeting held in public

on Thursday, 28 March 2024 from 1.00pm at St Joseph's Hospice, Mare Street, London E8 4SA

#### **Present:**

Eileen Taylor	Trust Chair
Aamir Ahmad	Vice-Chair (London)
Dr David Bridle	Chief Medical Officer
Richard Carr	Senior Independent Director
Tanya Carter	Chief People Officer
Anit Chandarana	Non-Executive Director
Kevin Curnow	Chief Finance Officer
Richard Fradgley	Executive Director of Integrated Care and Deputy CEO
Philippa Graves	Chief Digital Officer
Professor Dame Donna Kinnair	Non-Executive Director
Susan Lees	Non-Executive Director
Claire McKenna	Interim Chief Nurse
Edwin Ndlovu	Chief Operating Officer and Deputy CEO
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:**

Julie Aduwa	Public Governor, Rest of England
Liz Birch	Governor, Central Bedfordshire
Alison Cottrell	ELFT Non-Executive Director designate (wef 1 April 2024)
Deborah Dover	Director of Patient Safety
Sade Etti	Governor
Derek Feeley	Board Adviser
Steve Gladwin	Director of Communications
John Kauzeni	People Participation Lead, Community Health Adult Services, London (part meeting)
Sarah Khan	Chief of Staff, ELFT and NELFT
Cathy Lilley	Director of Corporate Governance
Nicki McCoy	Corporate Secretariat Manager
Linda McRoberts	Minute Taker
Beverley Morris	Governor, Hackney
Stephanie Quitaleg	Senior Executive Assistant
Jean Regan	Carer and relative of service user (part meeting)
David Stevens	Director of Estates

#### **In attendance online:**

Bob Cazley	Governor, Central Bedfordshire
Norbert Lieckfeldt	Corporate Governance Manager
Caroline Ogunsola	Staff Governor, Lead Governor
Jamu Patel	Governor, Luton
Sarifa Patel	Governor
Hazel Thomas	Governor, Newham

#### **Apologies:**

Peter Cornforth	Non-Executive Director
Prof Sir Sam Everington	Non-Executive Director

*The minutes are produced in the order of the agenda*

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

### **1.1 Eileen Taylor:**

- Welcomed everyone to the meeting, particularly Alison Cottrell who was appointed as a Non-Executive Director at the Trust and officially starts her new role on 1 April 2024.
- Acknowledged this is Dr. Mohit Venkataram's last meeting as a member of ELFT's Board, where he has been the longest-serving member, and thanked him for his significant contribution, recognising his energy, leadership and ability to truly put the service users, carers and families at the forefront of everything he did. Eileen congratulated Mohit and wished him luck in his new role as Deputy CEO at NELFT, where she looks forward to continuing to work with him.
- Advised that Governors and members and the public will be joining the meeting in person and online.
- Recognised there are some important awareness days during March and April, including:
  - Holi on 25 March which celebrates the beginning of spring and the victory of good over evil.
  - Women's History Month which included International Women's Day on 8 March.
  - Easter this weekend.
  - Several health awareness days/weeks this month including University Mental Health Day which focuses on student mental health, and Down's Syndrome Awareness Week which this year is a call to end stereotypes of the condition.
  - The Trust also celebrated Overseas Workers Day on 1 March and took the opportunity to pay tribute to its international staff.
  - Passover is 22-30 April, a Jewish holiday commemorating the Hebrews' liberation from slavery in Egypt.
  - Also in April, it is Autism Acceptance Month and World Autism Acceptance Week from 1-7 April, using World Health Day on 7 April to draw attention to this topic.
- 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 – Newham Community Health Service**

### **2.1 Introduced by John Kauzeni, Jean Regan shared her experiences with both the NHS and social care as a carer for her husband. She highlighted:**

- Her husband had always been violent but had mellowed over the years. In early 2021 he was admitted to the Royal London Hospital following a fall; due to Covid restrictions Jean could not visit. He was discharged with brain bleeds and this appeared to trigger and amplify his violent behaviour when he returned home. Jean did not want to call the police, so contacted the mental health older person's service who after a visit referred her husband to Newham Hospital for a further assessment and where he was re-admitted due to his mental and physical capacity.
- Her husband's violent behaviour continued towards the nurses but no action was taken with the suggestion that he might have delirium and staff were keen to make arrangements for him to return home.
- Jean feared for her life as she had been physically abused by her husband and therefore could not have him back at the house. A member of staff visited the house but there was a lack of empathy and acknowledgement of Jean's worries being told that 'she had to

cope with the situation' despite being 70 years old and disabled; and despite the fact that the police had been called to Southend Hospital following an attack by her husband on a nurse whilst an inpatient. As she felt she had no other option Jean arranged for furniture and equipment to be set up in her home as the requirement was for her husband's bedroom to be based downstairs. Jean planned to stay in a domestic refuge.

- As her husband's violence continued a representative from adult safeguarding arranged for him to be transferred to a care home which meant Jean could remain in her home.
- Her husband has now been admitted to a number of care homes but they are not able to cope with his violence. After another stay in Newham hospital her husband was offered a place in East Ham Care Centre where he has been for the last two years. However, he has continued to be violent, including a severe attack on a nurse.
- Her husband has been sectioned and is now on DOLS. Social services have met him on occasions but usually when no staff are about and for a very short time, and they have said they think he is fit to be released. However, her husband regularly dupes them with stories which are not checked or followed up. Jean's advocate confirms they are being given a false impression as knows he lacks capacity and despite Jean advising that he is crafty and should not be trusted, she is often not listened too and she fears for them. However, in East Ham Care Centre staff have a much better awareness.
- Jean has not been offered any support from social services and feels she has never been listened to, and stressed the need for some common sense to be applied. She is aware that she can stand her ground but concerned that this must happen to other people who cannot speak up for themselves.

## 2.2 In discussion, the Board:

- Thanked Jean for sharing her story and for becoming involved with ELFT, where she can help to ensure such situations are minimised in future.
- Noted Jean's advice to anyone in a similar situation would be to ask for a social services worker to guide, support and fight their cause, she was previously unaware of this option.
- Commented that this highlights how important it is for ELFT to talk to, consult and listen to relatives and be aware of the impact on them, noting that the discussions with Jean were about her husband's care, and no-one considered her needs.
- Noted that Jean felt the person from adult safeguarding had saved her life and she suggested social services need to be in the hospital to make those links sooner. Their single-mindedness about his returning home had held her back, when they just needed to listen and to consider other options, as the impact was wider than her husband alone.
- Acknowledged that this is an important reminder for ELFT to look at the whole picture, not the service user alone.

## 3 Declarations of Interests

- 3.1 There were no additional declarations in respect of agenda items. Declarations are as recorded on the published register of interests circulated with the papers.

## 4 Minutes of the Previous Meeting Held in Public on 25 January 2024

- 4.1 The minutes of the meeting held on 25 January 2024 were **APPROVED** as a correct record, subject to amendments to the discharge conversations to ensure a consistent use of language.  
**ACTION: Cathy Lilley**

## 5 Action Log and Matters Arising from the Minutes

- 5.1 The Board noted the updates to the action log and agreed that action 384 about staffing numbers should remain open.



## 6 Matters Arising from Trust Board in Private

- 6.1 Key discussion points were the service and financial pressures which will be picked up during the various agenda items at this meeting.

## 7 Chair's Report

- 7.1 Eileen Taylor presented the report highlighting:
- The inspiring work of the staff networks. February was LGBT+ month and Eileen opened the LGBT+ conference where the theme was about people being able to be their authentic selves at work. She also opened the ELFT Ability conference which was a great reminder that some really minor adjustments can make a huge difference to someone's life and help them to be a productive member of the workplace.
  - The North East London Mental Health, Learning Disability and Autism (NEL MHLDA) collaborative meeting heard from a service user about the positive impact of receiving a diagnosis which highlighted the importance of understanding the impact of people on a waiting list. The same meeting explored a deep dive of autism services.
  - Attended by over 100 people, the annual members' meeting held in January heard about the progress with our population health ambitions including the Healthier Wealthier Families pilot in Newham and increasing cervical cancer screening rates.
  - The Council of Governors meeting focused on the theme of prevention, through a lively discussion led by Sam Everington, and also included the approval of the appointment of a new Non-Executive Director.

Richard Carr added that the Council of Governors also received an update on the Chair's appraisal and that the Governors had asked for a letter of thanks to be sent to Eileen.

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

## 8 Chief Executive's Report

- 8.1 Lorraine Sunduza presented the report, highlighting:
- A visit from the First Lady of Ukraine – Olena Zelenska – to the Youth Resilience Unit in Newham. It was a sobering visit as they shared how they are trying to address the mental health needs of the nation whilst still in conflict and are running campaigns, similar to mental health first aid for everyone, to help people recognise their mental health needs and working with schools and families. There are parallels with our work on trauma informed care particularly recognising that we also have displaced people. The Trust hopes to continue a relationship with Ukraine, including clinicians coming to visit.
  - There has been a podcast series to mark ten years of quality improvement – work which has had a huge impact on ELFT. Everyone is encouraged to watch the podcasts, which shares reflections on the ten year journey.
  - Three CEO breakfasts have been held which have provided a great opportunity to meet and talk to staff, as well as to thank them for their work in these pressured times.
  - World Social Work day offered an opportunity to celebrate ELFT's social workers and their significant contributions.
  - Operationally it has been really busy, particularly in the inpatient mental health wards. In response and also in preparation for two short working weeks due to Easter bank holidays, an internal critical incident was declared on 20 March which allowed for some areas of work to be stood down so staff could focus on the key activity in the service.
  - In early March ELFT welcomed a new Medical Director for Primary Care – Dr Ge Yu.
  - This is Mohit Venkataram's last Board meeting, and acknowledged his valued experience and uniqueness.

8.2 In discussion the Board:

- Commended the ChatBot initiative in Newham as a way of contributing to financial challenges. Noted that the Executive will review other AI opportunities – both transformational and financial – and there is a plan to invest this year in an e-mental health assessment to further the use of technology.
- Noted the calling of the internal critical incident is a tool to respond to the challenges in the system, and was implemented in response to a sustained period of high occupancy which impacted patient flow. The recent junior doctor's strike also exacerbated the pressures. Both ICSs went into a system of escalation the same week. The aim of critical incident status is to identify what can be stopped or stood down while the pressures are managed and risks minimised.
- Supported the introduction of the critical incident status to create the space to avoid reaching a critical point.

8.3 The Board **RECEIVED** 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 13 March 2024 highlighting:

- The external audit process for this year is on plan and progressing well.
- The draft internal audit annual opinion for 2023/24 is positive and all work is due to be completed in time.
- The cyber risk will be reviewed at FBIC and escalated as required in future.
- The tender process for internal audit services which is being undertaken with partners, although there is an option for the Trust to appoint jointly or on its own.

9.2 In discussion the Board:

- Noted that the Freedom to Speak Up internal audit report was also discussed at the People & Culture Committee and that the concern on the low number of responses to the survey will be raised with the internal auditors.

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

## 10 Integrated Care & Commissioning Committee Assurance Report

10.1 As chair of the committee, Richard Carr presented the report of the meeting held on 14 March 2024 highlighting:

- The focus on ensuring the delivery of ELFT's strategy and how this feeds into annual planning. The committee proposed that for next year each Board committee takes responsibility for the assurance for the delivery of a small number of priorities to meet the Trust's strategy.
- The committee continues to reflect about the experience of working within two ICSs. There is a need to isolate a few items to press ahead with system partners, which will add more focus.
- A delivery plan for the population health priorities has been reviewed and consideration being given on how to chart progress.
- The review of some of the work in primary care which offers an important transformational opportunity to prevent problems rather than to only respond to them.

10.2 In discussion the Board:

- Noted there will be some joint reports with the equivalent committee in NELFT.

- Considered the purpose of this committee and being mindful its role this should not stray into becoming an over-arching committee; the committee's focus should be on integrated care, the benefits and monitoring, as well as reviewing the overall strategy. Agreed the committee's priorities should be clarified and concluded that this would benefit from further discussion at a future Board development session.

**ACTION: Cathy Lilley/Richard Fradgley**

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

## 11 Quality Assurance Committee Assurance Report

11.1 Deborah Wheeler presented the report from the meeting of 4 March 2024 which she had chaired, highlighting:

- The discussions on the operational pressures and ongoing industrial action with more strike dates anticipated. A challenge is to ensure that this does not become normalised and remains viewed as exceptional circumstances.
- The patient safety annual report which has now been developed into an integrated safety report including metrics.
- The presentations from Talking Therapy Services and Addiction Services in Bedfordshire and Luton. Both were honest about challenges currently faced but also shared their achievements, in particular the commitment of their staff in delivering benefits to people.
- The safe working report highlighted the impact of industrial action on junior doctors' working patterns.

11.2 In discussion the Board:

- Acknowledged the estates challenges for the Addiction Services, in particular in not being able to see clients due to the lack of space, and suggested it may be valuable to look at this more widely and from the perspective of perhaps using local authority or voluntary sector partners' space. It was noted this is part of the Estates Strategy Board's remit and every effort is being made not to keep adding space, but to look at space needs differently. It was agreed that co-location with other services can add value.

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

## 12 Quality Report

12.1 Amar Shah presented highlighting:

- The quality assurance section of the report builds on reports that have previously been presented to the Board since 2022 on the safety and quality of care in the Trust's inpatient wards since the concerns in Greater Manchester Mental Health NHS Trust were first identified and again following the Lucy Letby conviction last summer. The independent review report has now been published and is being reviewed to identify any additional learning for the Trust to consider including in the context of the leadership framework and the people plan.
- The quality improvement section summarises the progress with the QI plan. The programme around patient safety is now in its implementation stage. Flow and prevention are in the design stage and will be discussed further in the performance report.

12.2 In discussion the Board noted:

- An example of the way ELFT can do things differently is through triangulation and reporting across different committees.
- The Executives are reviewing the Trust's approach productivity, how it will be tracked and how the Board will receive assurance; an update will be provided in due course.

- All QI projects have clear goals and timelines; they are not all presented in this report but are all regularly monitored against those goals through internal governance arrangements. Suggested it would be helpful these timelines to be included in the report.
- Noted online appraisals were launched last year and there is a focus on ensuring there is a rhythm for completion; there was a marked improvement in the percentage of appraisals carried out last year and a target of 90% is set for the coming year.

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

### 13 Patient Safety Plan

13.1 David Bridle introduced, recognising it is a year since the launch of the new patient safety strategy, and Deborah Dover presented highlighting:

- The Board has received a summary report with the QAC reviewing and discussing a fuller version.
- The ambition and scale of the plan was shared last year and although there has been strong engagement with the services and a number of achievements, is expected to be delivered over a number of years.
- The specific focused areas for the year ahead are:
  - To strengthen the involvement of service users and carers
  - To build on the safety culture – there is good practice and need to make sure it is consistent and continuing to improve
  - To go further with the new learning methods and do more of that
  - To focus on linking digital and safety – want to move from responsiveness to anticipatory and look at how to upskill the whole workforce
  - To look at how everyone has safety expertise in their role.
 The process of defining specific goals and measures for each area is underway and will be presented to the next QAC.

13.2 In discussion the Board:

- Noted QAC had discussed the report in detail, and particularly considered if the plan is overly ambitious and agreed that next year is about continuing the work.
- Recognised that it is difficult to quantify how much safer the organisation is because of this work. There is a link between staff wellbeing and morale and patient safety, and staff are engaging with solution finding and owning issues but it is not always possible to quantify this. However, it was noted that the safety metrics in the performance report are at worst steady and some have improved and, given the current pressures, this is remarkable. So while it may be difficult to show cause and effect there appears to be evidence that there are positive movements.
- Suggested that a measure of staff wellbeing could be a useful interim measure. Also suggested the power of story-telling is important – if people talk about this work and feel safe, that has a multiplier effect.
- Noted that feedback from staff and service users and the number of near misses can be reported, which are markers to indicate that the system is going in the right direction. However, agreed that measurement is probably a longer term goal as the initial aim is to put measures in place; however, the impact will become clearer over time.
- Raised the time that people transition between services as a time of greater risk and one where ELFT needs to engage with partner organisations. Noted that an advantage of PSIRF is that it focuses more on system level work, so can escalate issues from system level reviews.
- Noted the digital part of this safety work is included in the digital strategy.

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

## 14 5 minute break

## 15 Performance Report

15.1 Amar Shah and Edwin Ndlovu presented the report and highlighted:

- It is important to take the opportunity to triangulate the increase in demand and pressures on bed occupancy whilst at the same time as restraints, rapid tranquilisation etc, are reducing. It is likely this is due to the safety work, although not possible to prove.
- There is a lot of work taking place on how to meet the needs of people requiring expert specialist support which involves teams looking at different ways to do things. There are some good examples of meeting the needs of service users better as well as increasing productivity.
- The Board asked previously about non-attendance at appointments from an equity perspective; there is a stark difference related to deprivation status and this report provides more detail of the review work. A review of non-attendance by deprivation and other factors will be a focus for QI next year.

### Positives

- Staff are to be commended for how they are responding to the current much pressured environment.
- Clinically ready for discharge work is more focussed. The Trust is working with system partners to look at how to collectively address these challenges.
- There is progress on out of area placements and now working on a plan to withdraw from private sector bed use.
- For urgent and emergency care work NEL was originally in Tier 1 but is now moving to Tier 2 which is due to collective responsibility. Bedfordshire is also in a good place, working closely with Central & North West London NHS FT (CNWL), particularly around older adults.
- The aim now is to focus on prevention and avoiding admission, looking at where people are before they reach the point of needing a bed.

### Critical Incident

- This was an effort to avoid a crisis by giving teams some time and space and appears to be bearing fruit, e.g. as of this week, private sector bed occupancy has reduced. Going into the long weekend there is a system in place to meet the challenges.
- There is sufficient staffing on the wards, which has been an area of focus.
- There are challenges with autism and ADHD waiting times and work is continuing to reduce waiting lists across all workstreams.

### Private Sector Beds

- Working through the provider collaborative to plan for 2024/25 and an outline proposal was taken to the NEL MHLDA collaborative last week.
- Standing up schemes to mitigate the need for people to go into private sector beds. Specifically, this is about both focussing on the clinically ready for discharge and on avoiding admittance through support from community health services.
- The plan will be finalised by the end of April.

15.2 In discussion the Board:

- Expressed concern about the growing waiting list for ADHD and autism pathways and stressed the need to understand the impact and effectiveness of interventions more broadly as parents/carers also experience the difficulties.
- Commended the 'Thrive' with ADHD initiative and similar work with autism as there is a need for creativity to solve the pressures. Noted that a forum is being established across NEL to bring service users together with commissioning colleagues to look at this area.
- Noted that the use of data has improved. Teams can now see a wide range of data in one place and have been involved in the design themselves.



- Acknowledged there will always be variation; and noted the importance of being able to understand variation, to test ideas and when something works to scale that, particularly around productivity.
- Received assurance that the initiatives listed in the report aim to improve flow and reduce bed occupancy and all have measures attached to them which will help with identifying impact and opportunity for scaling up.

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

## **16 Appointments and Remuneration Committee Assurance Report**

16.1 The report was taken as read. There were no questions.

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

## **17 People & Culture Committee Assurance Report**

17.1 Aamir Ahmad presented the report from the meeting of 7 March 2023, at which he had stood in as chair, highlighting:

- The increased DNA rate at mandatory training reflected the pressures teams are under and that a balance needs to be struck between ensuring training is completed and allowing for those pressures.
- The new supervision system aims to encourage all staff to use the same template and reporting system, and also encourages the opportunity for career development discussions.

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

## **18 People Report**

18.1 Tanya Carter presented the report, highlighting:

- The compliance with statutory and mandatory training is improving; it is now at 87.99% against a target of 90%.
- The new supervision system is being launched on 26 April and Trialog is being introduced in June.
- The information about headcount and establishment and where growth has occurred; these numbers are being reviewed with the aim of understanding the reasons for the growth. An update will be brought to a future meeting of the Board.
- The temporary staffing project is now established with improved reporting and understanding of the use and spend on temporary staffing. A joint post has been appointed with NELFT to manage temporary staffing and its transformation. A new in-house system which manages direct engagement agency workers has resulted in savings of £183k since October 2023. Data and oversight will be strengthened through the next phase of the work which is to include agency staff on Healthroster.
- The ongoing work on international recruitment which will include medical recruitment going forward.

18.2 In discussion the Board:

- Noted that the time to hire staff had increased slightly but is still within the target number of days. ELFT have benchmarked this against other trusts and is in the middle. A QI project is due to commence to look at the end to end recruitment process.



- Discussed the need to adjust the establishment figures when necessary, for example, when staff are TUPEd into ELFT. Supported a flexible establishment mechanism that allows the figures to be flexed each month. Agreed this needs to be introduced.
- Noted that as primary care is not part of the statutory provision, it should not be included in the baseline figures. However, there should be a whole organisation establishment figure, even if it is also shown in two parts because of primary care.
- Suggested that the figures could be presented in a better way to explain the growth.
- Received assurance that the baseline is adjusted; the workforce has grown by 30% since 2019 and the baseline has moved by 29% in that time. However, at the end of 2020 ELFT were over-established by 650 and that has continued since. A review to understand the reasons for the over-establishment is being undertaken with a view to presenting an update to the Board.

**ACTION: Tanya Carter/Kevin Curnow/Claire McKenna**

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

## 19 Finance, Business and Investment Committee Assurance Report

19.1 As chair of FBIC, Sue Lees presented the report of the meeting held on 21 March 2023, highlighting:

- The original FV target has not been achieved, but a large number of savings have been secured. The challenge for next year is an increased FV savings target of £29m against a backdrop of significant system financial challenges and operational pressures.
- FBIC agreed to meet more regularly to ensure timely oversight and monitoring.
- The update report on the progress with the estates strategy and action plan; the committee requested further work to summarise the outcomes and detail progress against timescales. In line with guidance the estates team is reviewing the end of the PFI contract in Newham which is in seven years' time; update reports will be provided.
- Procurement is on track for full savings target and they continue to be focused on ELFT's role as an anchor organisation.
- The committee agreed the proposal for the use of independent sector beds, in partnership with NELFT, while looking at longer term solutions. The advantage is that the beds will be closer to home than if they were spot purchased.
- The report on the Green Plan and reaffirmed ELFT's commitment to being sustainable.
- The committee requested a further review of the risk score for risk 7 given the increasing financial pressures facing the Trust.

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

## 20 Finance Report

20.1 Kevin Curnow presented the report based on month 11, highlighting:

- The Trust is on plan to meet the £4m planned surplus, when the industrial action adjustments are taken into account.
- Year end forecast remains at £14.96m against the full year target of £20.8m.
- Digital team has secured additional funding increasing capital to £17m.
- There is a strong cash position with just over £107m in the bank.
- Priorities have been identified for 2024/25 including:
  - Agency spend: this has a significant financial impact and is not ideal from a quality perspective. There is a target for significant reductions in agency spend; the NHSE cap for the Trust is c£20m compared with £33m this year
  - Private beds involve about £10m of cost pressure and needs to be urgently reduced.

Over establishment must be resolved; over establishment is c800, the majority of which are in nursing

- FV target is £29m; currently pipeline schemes are c£17m which need to go through quality impact assessments. An update report on schemes and a viable plan to reduce the current shortfall of £12m will be discussed at the next FBIC.

## 20.2 In discussion the Board:

- Stressed the approach to and communications on FV are very important; staff need to be clear that this is about re-imagining the approach to care, not about trying to deliver the old model for less, and agreed this should be framed in a way that is understandable to the workforce, but that the importance and seriousness is understood.
- Expressed some concern about going into the new financial year with a £12m FV gap, although noted the need to focus on the money available, rather than the percentage to be saved.
- Emphasised that if agency spend is to be reduced, the focus should be on thinking differently about how to deliver services, particularly in respect of digital opportunities.
- Highlighted that one of the reasons the Board had previously agreed to over-establishment was the aim that bank and agency spend would reduce and noted that whether this impact has been realised is included in the overall over-establishment review. Reasons for over-establishment and high agency spend include meeting the high occupancy levels; and it is anticipated that exiting the private bed use and enhancing community care will have a direct impact on staffing. There is also a particular focus on agency nursing in the first quarter of 2024/25 which should result in a reduction.
- Noted that having more regular staff and less bank and agency improves quality. Luton and Bedfordshire have hugely reduced their bank and agency spend; however, the current spend in these areas is due to the high acuity and complexity.
- It was agreed the April Board development session would be extended to include discussions on establishment, productivity, what ELFT might stop doing, the resources being used and the impacts on the community of any changes which may be made.

**ACTION: Tanya Carter/Kevin Curnow/Claire McKenna**

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

## 21 Board of Directors Forward Plan

21.1 Noted.

## 22 Any Other Business

22.1 None.

## 23 Questions from the Public

23.1 None were previously notified or raised at the meeting.

## 24 Date of the Next Meeting

24.1 Thursday 23 May 2024 in London at 13:00 hours.

*The meeting closed at 3.45pm*

## ELFT Action Log Trust Board (Part 1)

### BOARD OF DIRECTORS MEETING IN PUBLIC: Action log following meeting held on 28 March 2024

Ref	Meeting Date	Agenda item	Action Point	Executive Lead	Due Date	Status	Comments
384	25-Jan-24	People report	Feedback on how staffing numbers which have increased by 34% since 2019 has impacted on productivity and services; and also whether these staff are employed in the relevant services	TC	28-Mar-24	Closed	Included in People Plan report to Board March 2024 and also main topic at April BDS
387	28-Mar-24	People report	Over-establishment review to be undertaken and discussed with Board	TC/KC/CM	25-Apr-24	Closed	Main focus of April BDS
388	28-Mar-24	Finance report	April BDS to focus on establishment/productivity				
385	28-Mar-24	Minutes	Amend discharge conversations to ensure consistent use of language	CL	23-May-24	Closed	
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	23-May-24	In progress	Agenda item May 2024 Board meeting
386	28-Mar-24	ICCC assurance report	Review purpose of committee and priorities	CL/RF	25-Jul-24		To be taken forward as part of annual committees reviews
389							
390							
391							

In progress
In progress with delay
Closed
Forward plan
Not due

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**23 May 2024**

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

**Purpose of the report**

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

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

9 May 2024	Council of Governors Meeting
15 May 2024	Extraordinary 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	<input checked="" type="checkbox"/>	Council of Governors identifies annually its strategic priorities which will assist the Trust to improve experience of care at critical points in the patient journey
Improved population health outcomes	<input checked="" type="checkbox"/>	Board discussions on how we can best achieve our population health ambition within a changing context will enable the organisation to be better prepared. Governors' focus on member priorities emphasises improving population health outcomes
Improved staff experience	<input checked="" type="checkbox"/>	Governors and NEDs have highlighted staff experience as a key priority for the Trust and provided areas of focus
Improved value	<input checked="" type="checkbox"/>	Working collaboratively with our health and care partners will secure better integrated and more accessible care, thereby increasing value

**Implications**

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

## 1. Introduction

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

## 2. Chair's update

- 2.1. I am absolutely delighted to be able to begin this report by announcing the substantive appointment of Lorraine Sunduza as our Chief Executive Officer. Lorraine's contribution to ELFT over the past 22 years has been outstanding, recognised recently in the King's New Year's Honours where she was awarded with the Order of British Empire (OBE). Lorraine embodies the Trust values of care, respect and inclusion and has consistently demonstrated her commitment to delivery of the Trust Strategy and preservation and nurturing of our organisational treasures. I would like to invite the Board to join me in offering Lorraine our sincerest congratulations and every success in her substantive CEO role.
- 2.2. 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.
- 2.3. 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.

### Patient leadership

- 2.4. The power of patient leadership and peer support was demonstrated powerfully at the North East London Mental Health, Learning Disabilities and Autism (NEL MHLDA) Collaborative Committee on 1<sup>st</sup> May. We were privileged to be joined by Akeem, who spoke about his experience of rough sleeping and the support he has received from the Trust's Rough Sleepers Team. He spoke movingly about the impact of peer support, telling the committee that it was his meeting with a peer support worker in the team that truly gave him hope for recovery having lost so much as a result of his illness.
- 2.5. Akeem's story underlined the importance of cultural understanding and respect and the importance of spiritual support. His experience laid bare the challenges of accessing support and care while rough sleeping - and made it clear that accessing accommodation is all too frequently the most challenging aspect of a care plan, particularly when people have nil recourse to public funds. Hearing Akeem's story



brought to life the deep dive committee discussion that followed into the availability of supported housing for our service users; it highlighted the crucial importance of effective partnership working to improve the current picture if we are to fulfil our aim of improving population health outcomes.

### **Staff support and empowerment**

- 2.6. I have been delighted to join ELFT colleagues past and present and partners from across the system – and across the world – in celebrating 10 years of quality improvement (QI) at ELFT. QI has been integral to everything we have achieved as a Trust over the past decade and to nurturing our other organisational treasures – particularly clinical leadership and people participation. It was wonderful to have the opportunity to reflect on our journey to date and our learning, and to consider how we can apply this to the challenges and opportunities ahead – particularly to our work to improve equity. I would like to offer particular thanks to Dr Amar Shah, our Chief Quality Officer, and to everyone who has done so much over the past 10 years to make QI ‘the way we do things around here’.
- 2.7. I was very pleased to be able to open the International Nurses Day (IND) celebration on 10 May, where I had the opportunity to celebrate our nurses for all they do and to thank them for the dedication, skill and compassion. The theme of IND this year was the economic value of nursing. I reflected on the critical part nurses play in making healthcare more efficient, because of the huge range of skills they bring and roles that they deliver – including supporting people to remain at home in their communities so that they and their carers are better able to access work and education, and the critical role that nurses play in prevention and public health.

### **Board effectiveness**

- 2.8. I would like to take this opportunity formally to welcome Alison Cottrell to her first Board meeting as a Non Executive Director at the Trust. Alison brings a wealth of financial services, civil service (HM Treasury) and not-for-profit experience and will be joining our Finance, Business and Investment, Audit and Quality Assurance Committees.
- 2.9. The Board met for an excellent development session on 25 April that focused on our approach meeting the financial challenges that the Trust is facing during the short and likely medium-term, together with the rest of the NHS and wider public sector. There were fruitful discussions regarding the areas where cost increases have occurred across the trust since 2019, with consideration of value for money. Work is continuing between the Executives and the directorates and this will be brought back to the Board with a set of proposed productivity measures and approaches to improving productivity.

### **System leadership**

- 2.10. At the NEL Integrated Care Partnership (ICP) on 25 April, there was a good discussion about how the ICB and its members can help to reduce inequalities in local communities by helping people to access social welfare advice. The Healthier Wealthier Families initiative that ELFT has been running in Newham as part of our Marmot Trust work – where we have helped families to access the benefits they are entitled to – was shared as an example of good practice.
- 2.11. On 7 May, I attended an NHS England East of England Region event that brought together Integrated Care Board (ICB) and provider chief executives and chairs. A thought-provoking presentation was shared on work undertaken in North West London on understanding value for money and productivity. The initiatives described had particularly benefited from being clinically led and embedded in day-to-day working. Quality improvement was showcased and I was asked to talk about ELFT’s 10 year QI journey. As always, I talked about the importance of upskilling patients and carers with

QI skills and how QI projects that are jointly led by service users and clinicians demonstrate the most sustainable results.

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

- 3.1. The Council meet for its most recent meeting on 9 May 2024. I was pleased to remind Governors of the celebrations on the occasion of International Nurses Day on 12 May, recognising the invaluable contributions our nurses make each and every day; and to highlight the excellent work of our staff networks on National Staff Networks Day. This was very apposite as the main topic of the meeting was the Governor's own strategic focus on staff wellbeing.

#### **Annual Plan 2024/25**

- 3.2. The operational update saw Director of Integrated Care and Deputy CEO, Richard Fradgley, update the Governors on the Trust's annual plan. While producing a separate plan for the Trust is no longer a legal requirement (as the Trust now contributes to the systems' plans), it is still a useful opportunity to create synergy between: the priorities of service users coming through the Working Together Group; the priorities agreed by the Council following the annual plan meetings with members and governors where our members outlined their own priorities; and other stakeholders including services and the Board.
- 3.3. Richard outlined how these varied priorities have been brought together in a draft document that is underpinned by a significant programme of work and has ambitious targets, including a reduction to the average length of stay (LoS) on our wards to 40 days to improve patient experience.
- 3.4. In conversation, Governors challenged the 40 day target as LoS should be determined by clinical need. Richard reminded the Council of the previous meeting's discussion around 'clinically ready for discharge' patients who should no longer be on a ward but who for a variety of reasons, mainly due to challenges with lack of social or housing support, cannot be discharged. One in eight patients are currently in this position – this has a negative impact on patient experience but also on length of stay and bed occupancy.

#### **Strategic priority theme: staff wellbeing**

- 3.5. In her presentation on staff wellbeing 'Looking after our People', Chief People Officer Tanya Carter highlighted the many ways in which the Trust supports staff, through schemes like hardship payments, dedicated cost of living advice, increased and faster payment of mileage claims (especially for community health staff), and free massage or Pilates sessions. The uptake of these wellbeing offers is triangulated against response rates to staff and similar surveys as well as by using a wellbeing tracker.
- 3.6. Tanya highlighted some results of the most recent staff survey – the response rate had increased by more than 25% from 33% to 42%. While ELFT is doing well on some scores due to a year-on-year improvement - or compared to other Trusts - on indicators such as teams working well together to achieve joint objectives and care of service users and patients being the organisations' top priority – our performance on other indicators was less positive, such as satisfaction with pay or the availability of nutritious and affordable food at work.
- 3.7. Tanya described work on the Trust's leadership programme as well as the recent changes to the supervision model focusing on wellbeing, contribution to team or Trust success, and personal development.

- 3.8. In a breakout session, Governors considered what else the Trust should focus on in terms of wellbeing of our staff. Initial feedback highlighted themes on:
- Affordability (housing, cost of living, travel)
  - Trust and leadership – focus on induction, ensuring colleagues know how they fit in and contribute to teams and improving patient experience
  - Ability to manage difficult conversations
  - Fun, joy and laughter at work and enabling staff to take meaningful, restful breaks
- 3.9. As ever, the feedback will be collated and themed and reported back to the People and Culture team.

### **Governor impact**

- 3.10. In a previous QI project, Governors had asked to be reminded of their impact at least once a year. Norbert Lieckfeldt presented the update on the Council's Year, reflecting on the theme of trust from the previous item, saying the Trust should be trustful and widely trusted – trustful of the Board, and trusted with information.
- 3.11. A key theme was Governors raising issues they hear from our communities and staff – enabling friendly challenge and having conversations that can lead to service improvement. For example, issues around long stays in A&E for patients in mental health crisis; staff feedback on a difficult restructuring; or the accessibility of services for residents of the City of London. Governor development sessions included: how our psychological services contribute to achieving our strategic objectives; how to track patient safety through the relatively new Patient Safety Incident Response Framework (PSIRF); Quality Assurance Committee reports to the Board and assurance from relevant NEDs.

### **NED Appointments**

- 3.12. Governors approved the recommendation of the Council's Nominations and Conduct Committee to reappoint Non-Executive Directors Aamir Ahmad and Anit Chandarana for a third term of one year as of 1 November 2024 to provide stability and continuity to the Board. They expressed their appreciation of their contributions to the Trust – Aamir's focus on people participation and coproduction and his support for the Chair in his role as Vice-Chair for London; and Anit's unwavering focus on sound systems of internal control as chair of the Audit Committee and his support for the Trust through two rapid and disruptive changes of external auditors.

### **Additional committee reports**

- 3.13. Updates were also received from the:
- Significant Business and Strategy Committee, following discussions with the Committee Chair John Bennett, outgoing Executive Lead Dr Mohit Venkataram, and CFO Kevin Curnow, as new Executive Lead, with the Committee focusing on the Trust's financial saving targets and how Governors can receive assurance around their impact through adjusting their own key lines of enquiry
  - Communications and Engagement Committees as well as the regular update from Tina Bixby on the Membership Engagement Plan. I was delighted to hear about the Committee's work on Trust communications (itself one of the Governor priorities for this year) and plans to collaborate with system partners such as voluntary sector organisations in making public engagement real.

## **CEO appointment**

- 3.14. Under the NHS Act 2006, while the CEO recruitment process is carried out by the Trust's Non-Executive Directors and it is their responsibility to appoint, the Council of Governors (the Council) approves the CEO appointment following the conclusion of the process.
- 3.15. Following the successful stakeholder groups and interview, Governors met in an extraordinary Council meeting on 16 May to discuss the recruitment process, review the information they had received via an online update session on 1 May and in a detailed report, and receive feedback and additional assurance from the Lead Governor (who served on the interview panel) and other Governors on the stakeholder groups.
- 3.16. Governors commended the Trust on the robustness, fairness and transparency of the process and unanimously voted to endorse the decision to appoint Lorraine Sunduza as Chief Executive of the Trust.

## **4. NED visits**

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

- Galaxy Ward
- Topaz Ward
- Newham District Nursing Team

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

## **5. Action Being Requested**

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

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**23 May 2024**

<b>Title</b>	Chief Executive Officer's Report
<b>Author/Role</b>	Interim Chief Executive Lorraine Sunduza
<b>Accountable Executive Director</b>	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	<input checked="" type="checkbox"/>	Information presented describes how we are understanding, assuring against and improving aspects related to these four objectives across the Trust and within the local and national systems.
Improved population health outcomes	<input checked="" type="checkbox"/>	
Improved staff experience	<input checked="" type="checkbox"/>	
Improved value	<input checked="" type="checkbox"/>	

**Implications**

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

**1.0 Purpose**

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

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

Institute for Healthcare Improvement (IHI) events

2.1 It has been a pleasure and privilege over the past two months to be part of a number of events with colleagues from the IHI. On 9 April, the IHI Board had its first meeting outside of America at ELFT in Tower Hamlets. IHI Board members visited local mental health and community health services and were able to see ELFT improvement work in action.



- 2.2 During the same week I was very pleased to join the Senior Leaders Programme at the IHI / British Medical Journal (BMJ) International Forum on Quality and Safety in Healthcare that took place in Newham. I had the opportunity to take part in two panel sessions: the first focusing on the role of quality improvement in tackling health inequalities and the second on the experiences of female leaders. There was much to learn from colleagues in both of these sessions, particularly colleagues from the Southcentral Foundation in Alaska who have done so much to address health inequalities in their communities.
- 2.3 This year marks 10 years of quality improvement (QI) at ELFT and I was invited to share ELFT's story at an event organised by NHS England London Region on 22 April and to consider with regional partners what we could do together as a London system to replicate some of ELFT's learning. It was particularly special during the same week to have the opportunity to congratulate graduates of Wave 13 of our Improvement Leaders Programme; this programme forms a key part of the infrastructure that has enabled QI to grow and flourish at ELFT.

- 2.4 We were delighted to welcome members of the IHI faculty to ELFT at the beginning of May for their annual visit. During the three days of the visit, they met with services from across the Trust and in their feedback they recognised particularly that:
- Quality improvement is now embedded into the fabric of the Trust.
  - Our work on equity is growing rapidly and is already demonstrating a positive impact on our local communities
  - Our people participation work has progressed significantly over recent years and is a 'stand out' feature of our organisation

They also encouraged us to use the opportunities that technology presents to support us in our onward QI journey and to use the success and learning of the last 10 years as a springboard for the next decade. There is no doubt that QI will be integral to our work to address our operational challenges on flow and this will be at the heart of the large scale QI programme that is commencing for 2024-25.

#### Welcoming our new primary care teams

- 2.5 It was a pleasure to meet our new primary care colleagues on 2 April to personally welcome them to the Trust. I was joined by Chief Operating Officer, Edwin Ndlovu, Executive Director for Primary Care, Dr Mohit Venkataram, along with members of the Primary Care Directorate Management Team. We visited Victoria Medical Centre in Barking, Five Elms Health Centre in Dagenham, Rainham Health Centre in Rainham and Upminster Medical Centre in Upminster. The four practices have more than 30 staff and provide care to more than 17,500 people in Barking, Dagenham, Rainham and Upminster communities.

#### CEO breakfast meetings

- 2.6 I was delighted to join Bedfordshire mental health service colleagues at the Wigmore Lane Health Centre on 12 April and community health service colleagues at Twinwoods on 19 April for conversations over a shared breakfast. These meetings are part of a rolling programme, giving me an opportunity to spend time with colleagues from services across the Trust, enabling people to discuss their work and for me to share updates with teams. Discussions included the lasting impact of the COVID pandemic and service users experiencing isolation, recruitment, health inequalities and partnership work.

### Dr Mohit Venkataram's departure

- 2.7 At our March Board meeting, we said farewell and a huge thank you to Dr Mohit Venkataram who started in his new role as Deputy Chief Executive at NELFT on 1 May. We wish him the very best in his new role and look forward to continuing to work with him as a close partner. Executive portfolios have been reconfigured following Mohit's departure to ensure continuity of leadership in these key areas of the Trust's work.

### **3.0 Integrated Care System (ICS) and provider collaborative updates**

- 3.1 During the last period, the Trust has been working intensively with Integrated Care System partners in Bedfordshire, Luton and Milton Keynes (BLMK) and North-East London (NEL) to prepare final draft system plans, which were submitted to NHS England in the first week of May 2024. Whilst significant progress has been made in mitigating risks through planning to date, there is further work to do and, as a consequence, we are continuing to work with partners to refine plans, with a view to moving to finalising contracts by the end of May 2024.
- 3.2 The NEL Mental Health Learning Disability and Autism (MHLDA) Collaborative Committee met on 1 May 2024 and considered the MHLDA draft plans for 2024/25, and had a deep dive on a review that is currently underway on housing-related support for people with severe mental illness, with further engagement planned with a range of staff and partners in early June 2024. We are aiming to have the first MHLDA Collaborative Committee in BLMK in early June 2024.
- 3.3 Over the past two months, we have held three very productive events to develop the NEL Community Health Services Collaborative priorities and plan, with a focus on where we can improve quality and value by working together across NEL. We are in the process of launching work on continence products, wound care, and community nursing.

### **4.0 Operational update**

- 4.1 All services continue to be very busy and our adult mental health teams are continuing to focus on the actions required to improve flow and capacity management and, particularly, to support service users identified as 'clinically ready for discharge' to be discharged safely. Once again, I would like to thank our staff for their intensive work to ensure our system is working well and admission is facilitated as quickly and safely as possible for people in crisis who need access to a bed.
- 4.2 We have experienced some challenges with our IT network system and NHS mail during the last period but these issues were quickly managed by our digital team in collaboration with the NHS England Digital Team.
- 4.3 In Primary Care, our mobilisation of the 2 ONEL practices has gone smoothly with no service delivery issues.

### **5.0 ELFT people updates**

#### ELFT governor receives civic award

- 5.1 Yesmin Begum, an ELFT Governor and community organiser has won a Tower Hamlets Civic Award for 'Outstanding Service to the local community. The awards are honours given to individuals or organisations in recognition of their outstanding contributions and services to the community within the Tower Hamlets borough.

### Podiatry apprentice wins national award

- 5.2 Podiatry apprentice, Phoebe Edwards, from the Bedfordshire Community Health Services (BCHS) team, was awarded Apprentice of the Year in the Our Health Heroes Awards 2024. The Our Health Heroes Awards celebrate the thousands of people who dedicate their lives to the healthcare sector and the awards are voted for by the public and healthcare professionals. Phoebe was one of the first podiatry degree apprentices at ELFT and the University of East London. She also received the ELFT Star of the Future Award at the Trust's Staff Awards in 2022.

### Newham healthcare support workers recognised in CNO awards

- 5.3 Helen Olafoe and Selina Chimanihire, healthcare support workers (HCSW) from East Ham Care Centre, both received CNO awards in recognition of their outstanding contribution. The CNO awards have been developed to recognise nursing excellence and have been extended to include HCSWs as part of Dame Ruth May's commitment to recognising and celebrating the integral contribution HCSWs make to the lives of the people they care for and the nursing colleagues they support.

### Appointments

- 5.4 Dr Shobhana Nagraj who has been appointed as Assistant Professor to head a new health research hub in Bedfordshire and Luton aiming to help improve patient care in primary and community healthcare services, using global health thinking to solve local problems. The University of Cambridge and East London NHS Foundation Trust (ELFT) jointly lead the research hub, which was the first partnership of its kind for the University. Dr Nagraj will be based at the University's Primary Care Unit, one of the largest primary care research centres in the UK. The Unit will provide research expertise and experience about running large-scale research programmes designed to improve patient care and deliver positive impact on people's health.
- 5.5 Robin Campbell has been appointed as interim Service Director for Community Health Services in Bedfordshire. Robin has worked in a variety of strategic and system leadership roles, most recently as Deputy Director for Integrated Care across Bedfordshire and Luton, where he played a lead role in the development of the BLMK Mental Health, Learning Disability and Autism Collaborative. He takes over from Rachel West.

## **6.0 Visitors to our services**

### Visits from international colleagues

- 6.1 ELFT was approached by the Institute for Healthcare Improvement and the Health Service Journal to provide an 'Experience Day' for delegates attending the International Forum on Quality and Safety in Healthcare. On 10 April, 50 delegates visited a range of services and charities in East London to find out more about how we are tackling health inequalities and trialling innovative approaches to improve the health and wellbeing of our local populations. We shared our ambition to become a Marmot Trust and how the work of Compass Wellbeing has been essential in making connections with and supporting local communities via grassroots organisations.

## **7.0 Other service updates**

### Launch of the North East London NHS 111 Mental Health Crisis Response Service

- 7.1 The NHS 111 Mental Health Crisis Response Service officially launched across North East London on 1 April. NHS 111 has been operational in Bedfordshire and Luton for

more than two years. NHS 111 is a freephone number that provides urgent health advice 24 hours a day, 7 days a week to people of all ages. Callers are asked to press Option 2 if they are calling about a mental health crisis to be put through to a mental health professional.

#### Away day for Trust primary care nurses

- 7.2 40 nurses and primary care colleagues attended a Primary Care Nurses' Away Day on 15 April to focus on improving population health and increasing staff satisfaction. The day brought together nurses, paramedics, healthcare assistants and pharmacists from all ELFT practices. As well as the ELFT senior nursing team, keynote speakers from NHS England included: Jane Clegg, London Regional Chief Nurse, Vinice Thomas, London Director of Nursing and Quality, and Louise Brady, National Primary Care Nursing Lead.

#### Talking therapies partnership in Northern Ireland concludes

- 7.3 At the end of March 2024, ELFT's collaboration with Southern Care and Social Trust (SHSCT) to develop the first NHS Talking Therapies service in Northern Ireland came to an end. The aim of the Steps to Wellness service, established in early 2022, was to mirror England's 'Talking Therapies' services, providing a stepped care model of treatment for people presenting with mild to moderate common mental health difficulties.
- 7.4 Steps to Wellness has had huge success in improving access to talking therapy. The service quickly took on more than 1000 referrals and managed to offer treatments and bring waiting times down for both assessments and interventions. 114 clinical groups have been run online in the past 12 months alongside one-to-one appointments, webinars and signposting to other support services in the community and voluntary sector. As our collaboration comes to an end, there is a shared sense of pride between ELFT and our SHSCT partners that this ambitious enterprise has had such a positive impact.

#### Service user accreditation programme

- 7.5 Bedfordshire and Luton mental health services have become the first inpatient unit in the Trust to achieve service user-led accreditation for all of their wards. All nine wards have now been certified through the Trust's service user-led accreditation programme. The programme was launched in 2019 to focus on quality and raising standards. It is led by service users who work alongside our Quality Assurance and People Participation teams to recognise excellence, support improvement in patient experience and develop key standards for quality of care that matter most to the Trust's service users.
- 7.6 The new Platinum Award recognises outstanding services that demonstrate they excel in what matters most to their service users. 7 services have now received this accolade through the accreditation programme:
- Bedford Talking Therapies
  - Clerkenwell Ward, Forensic Services
  - Continence Service, Bedfordshire CHS
  - Health E1, Tower Hamlets
  - Tissue Viability Service, CH Newham
  - Topaz Ward, Newham MH
  - Tower Hamlets Eating Disorder Service

### Reducing food waste across inpatient sites

7.7 As a Trust, we are striving to reduce our carbon footprint and improve our waste management and segregation. I am therefore pleased to report that we will soon be implementing food waste collection at a number of our sites. Initially, this will be introduced across our directly managed inpatient sites. Going forward, we plan to implement across all our inpatient sites and administrative and community settings.

### **8.0 Action Being Requested**

8.1 The Board/Committee is asked to:

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



**REPORT TO THE TRUST BOARD IN PUBLIC**  
**23 May 2024**

<b>Title</b>	Audit Committee Meeting held on 9 May 2024 – Committee Chair’s Assurance Report
<b>Board Lead</b>	Anit Chandarana, Non-Executive Director and Chair of the Audit Committee
<b>Author</b>	Cathy Lilley, Director of Corporate Governance

**Purpose of the report**

- To bring to the Board’s attention key issues and assurances discussed at the Audit Committee meeting held on 9 May 2024.

**Key messages**

- BAF Deep Dive: Risk 4 Quality and Safety**
- BAF 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.
  - Further improvements have been made around some of the strategic areas since the last presentation, in particular a sustained improvement and mitigations in place to improve mental health observations and the successful embedding of four new practices into the primary care directorate; a recommendation to move these into controls will be made at the next Quality Assurance Committee.
  - Capacity and flow continue to be a system wide pressure and the most significant risk area impacting on safety and quality; this is the main driver for the recommendation that the risk score remains at 12.
  - The committee requested a fuller picture of the activities aimed at reducing all risks is included in future reports, recognising operational risks often have a shorter resolution time.
- Board Assurance Framework**
- Work is ongoing with chairs of the lead committees on the embedding of a new BAF process to be presented to the Trust Board in July, along with details of any revised or new risks.
  - The committee welcomed the work to simplify language to ensure comprehensive understanding of the financial risks across the organisation (Risk 7), and for the broadening of the people metrics (Risk 5) to include organisational impacts of current international tensions and the potential for further industrial action by doctors.
  - Discussions are ongoing at system level around commonality of risks between organisations with some work to do to clarify system ownership and control of risks, and the timing of escalations from individual organisations.
  - A continuation of shared learning between organisations is encouraged to provide different perspectives around risk appetite and resolution.
  - Following consideration by the lead committees for each BAF risk, there are no proposed changes to risks scores (details included in appendix 1).
- External Audit Progress Update**
- Positive progress is being made on the 2023/24 audit following receipt of ELFT’s draft accounts.
  - Following a review of the first year implementation of IFRS16, a satisfactory transition was reported.
  - The newly appointed auditors for the Local Government Pension Scheme have responded positively to Mazars’ request for the necessary assurance report; however, they are unable to confirm when their procedures will be completed and this may well impact again on the Trust’s ability to meet parliamentary deadlines for the laying of the annual report and accounts.
- Review of Draft Annual Accounts 2023/24**
- The overall position is a £5.8m deficit, following technical adjustments and impairments removed by the system.
  - As previously notified to the Board, during a detailed review of the Trust’s fixed asset register a legacy issue was identified concerning the application of overly long asset lives to ELFT’s freehold

and leasehold properties; this has resulted in higher depreciation charges in year which led to a £11.3m adjustment to the finances and a deterioration in the adjusted financial performance from £3.7m surplus to £5.8m deficit.

- The committee received assurance that additional controls will be put in place to avoid the likelihood of a repeat situation and sought further assurance through a rolling programme of accounting policies to ensure they remain relevant to the current economic realities.
- The challenging position this has placed the Trust in was acknowledged and the team were thanked for their thoroughness, transparency and professionalism in surfacing and dealing with this issue both regionally and nationally.
- A report on the findings from the preparation of accounts and the audit process for learning, tracking and monitoring of any subsequent actions will be presented to a future committee meeting.

#### **Internal Audit Progress Update**

- Confirmation of a level 2 positive Head of Audit opinion for 2023/24 was received.
- A final report on the estates directorate received a split opinion:
  - The element relating to the wifi project is reported to be well run with good management.
  - The redecoration programme raised challenges around the effectiveness of the project management.
- The committee requested further assurance around the gaps in the management of projects across the capital programme, noting the intention to apply the digital services model to project management of capital going forwards.
- Following the imminent finalisation of the report on financial management, the full work plan for 2023/24 will have been delivered.

#### **Counter Fraud Annual Report**

- The team reported an overall increase in activity during 2023/24 and additional work undertaken in relation to NHS Counter Fraud Authority (NHSCFA) prevention notices.
- The Trust continues to maintain full compliance with NHSCFA components apart from one area around conflicts of interest, where an action plan is being implemented with proposed changes expected to take effect from June 2024.
- Assurance was received from the NHSCFA around the accuracy of the Trust's self-assessment submission of our counter fraud services.

#### **Internal Auditors Tendering Process**

- The committee received an update on the joint procurement process between ELFT, Barnet, Enfield & Haringey NHS Trust, Camden & Islington NHS FT and North East London NHS FT.
- An evaluation and scoring process of the tenders submitted is underway with a presentation to be received from the highest scoring bidder.
- The outcome will be reviewed and ratified by the Audit Committee with the aim of awarding the contract in June 2024.

#### **Review of Counter Fraud Services**

- The committee noted the successful outcome of a review of the current service, noting an objective for the work of the team to be more visible at exec level.

**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: Summary of changes at 1 May 2024

BAF Risks	Updates
<b>Strategic Priority: Improved population health</b>	
<p><b>Risk 1</b> <i>If the Trust does not build and sustain the right organisational capability and capacity to support integrated care, this may impact adversely on our ability to deliver our strategic objective to improve population health</i></p>	<ul style="list-style-type: none"> <li>No change to the risk score which remains at High 12 due to the continued pressures and risks associated with the number of patients who are clinically ready for discharge (CRFD) but have no appropriate accommodation to move to, contributing to higher spend on inpatient provision (including private sector beds)</li> </ul> <p><b>Risk score:</b> Remains at <b>High 12</b></p>
<p><b>Risk 2</b> <i>If the Trust does not build and sustain effective partnerships with other health, care, voluntary sector and other key organisations, this may impact adversely on our ability to deliver the Trust strategy</i></p>	<ul style="list-style-type: none"> <li>No change to risk score which remains at High 8 due to the continued significant effort, commitment and capacity in to working with partners to develop appropriate architecture that will support the Trust to continue to deliver its strategy</li> </ul> <p><b>Risk score:</b> Remains at <b>High 8</b></p>
<p><b>Risk 9</b> <i>If the Trust does not effectively manage its commissioning responsibilities and associated risks as a lead provider or lead commissioner, this will impact on the quality and experience of care for service users and patients</i></p>	<ul style="list-style-type: none"> <li>No change to risk score which remains at Significant 16 reflecting the much higher financial and bed based risk profile for the Perinatal New Models of Care (provider collaborative for specialist perinatal services) in North Central East London with ELFT as the lead provider</li> <li>An update report is being provided at the Integrated Care &amp; Commissioning Committee on 9 May prior to the Audit Committee which includes details of the risk mitigations and risk and gain share agreement setting out the principles for financial risk and gain share proportions by providers</li> </ul> <p><b>Risk score:</b> Remains at <b>Significant 16</b></p>
<b>Strategic Priority: Improved experience of care</b>	
<p><b>Risk 3:</b> <i>If the Trust does not work effectively with patients and local communities in the planning and delivery of care, services may not meet the needs of local communities</i></p>	<ul style="list-style-type: none"> <li>No change to the risk score which remains at High 12</li> <li>BAF now reflects the areas which contribute to people participation: service users, carers, peer support workers, volunteers, befriending, Academy of Lived Experience and ICSs</li> <li>Areas for improvement include continued variation across the Trust in the level of patient and wider involvement in the planning and delivery of services; patient experience data collated at Trust-wide level; corporate services awareness of people participation and supportiveness of policies and process including onboarding infrastructure; levels of commitment to people participation work within the systems</li> <li>as the lead committee for this risks, People Participation Committee, is due to meet on 21 March when the risk will be reviewed</li> </ul> <p><b>Risk score:</b> Remains at <b>High 12</b></p>
<p><b>Risk 4</b> <i>If essential standards of quality and safety are not maintained, this may result in the provision of sub-optimal care and increases the risk of harm</i></p>	<ul style="list-style-type: none"> <li>No change to risk score which remains at High 12 due to the continuing challenges in services</li> <li>The Trust declared an internal business continuity event during 25 March – 5 April 2024 to help teams respond to what were current system wide operational pressures, and also to proactively help clinical teams' preparations for the Easter weekend. An exit plan is in place to manage the use of out of area placements which remains a challenge mainly due to significant numbers of CRFD patients in acute admission beds. This CRFD challenge is being raised with both system partners as it is also impacting on financial</li> </ul>

	<p>spend. Delays for patients in ED also remains a challenge resulting in increased numbers of Decision to Admit and 12 hour breaches. Demand surge work is being undertaken with system partners to ensure a coordinated and safe response.</p> <p><b>Risk score:</b> Remains at <b>High 12</b></p>
<b>BAF Risks</b>	<b>Updates</b>
<b>Strategic priority: improved staff experience</b>	
<p><b>Risk 5:</b> <i>If issues affecting staff experience including the recruitment and retention of people with the right skills are not effectively planned for and addressed, this will adversely impact on staff motivation, engagement, retention and satisfaction</i></p>	<ul style="list-style-type: none"> <li>No changes to the risk score which remains at Significant 16 although a number of people metrics are progressing in the right direction (sickness absence, turnover, vacancy rates, time to hire, statutory and mandatory training, staff survey responses)</li> <li>The People &amp; Culture Committee requested that the BAF reflects a people and culture focus and includes the current external pressures and the level of unrest including, for example, the financial challenge on the high usage of agency staff, the international tensions and impact on staff, continued doctors' industrial action</li> </ul> <p><b>Risk score:</b> Remains at <b>Significant 16</b></p>
<b>Strategic priority: Improved value</b>	
<p><b>Risk 7</b> <i>If the Trust's approach to value and financial sustainability are not embedded, this may impact on the achievement of the Trust's financial, service delivery and operational plans</i></p>	<ul style="list-style-type: none"> <li>No changes to the risk score which remains at Significant 16 as gap in plans of approximately £6m will not be addressed before year end and currently do not have assurance that a plan can be developed to deliver the 2024/25 target</li> </ul> <p><b>Risk score:</b> At March 2024 remains at <b>Significant 16</b>; the lead committee for this risk, FBIC, due to meet on 16 May 2024 when the risk will be reviewed</p>
<p><b>Risk 8:</b> <i>If the Trust fails to robustly implement and embed infrastructure plans including digital and estates, this will adversely impact on our service quality and delivery, patient care and carer experience, and our ability to transform services in line with our aspiration to be a leader in both of our ICSs</i></p>	<ul style="list-style-type: none"> <li>No changes to the risk score which remains at Significant 20 given the deteriorating estate and decreasing CDEL but also the positive work on the resilient links and the data centre move</li> </ul> <p><b>Risk score:</b> Remains at <b>Significant 20</b></p>





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

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

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**23 May 2024**

<b>Title</b>	Integrated Care & Commissioning Committee (ICCC) 9 May 2024 – Committee Chair's Report
<b>Committee Chair</b>	Richard Carr, Senior Independent Director and Chair of Integrated Care & Commissioning Committee
<b>Author</b>	Cathy Lilley, Director of Corporate Governance

**Purpose of the report**

To bring to the Board's attention key issues and assurances discussed at the Integrated Care and Commissioning Committee (ICCC) meeting held on 9 May 2024

**Key messages**

**Annual Plan 2024-2025**

- The plan remains in draft pending finalisation of the process for each Board committee to take responsibility for examining and agreeing the proposed goals and delivery plans, providing assurance and receiving challenge for up to three specific annual plan objectives. A standard reporting template will be introduced to track progress by each committee which would include data and narrative to describe progress, challenges and learning as well as any mitigating actions, with the Integrated Care & Commissioning Committee maintaining overarching oversight of the overall delivery of the strategy.
- The committee welcomed the strengthening of the infrastructure in place to support work on the objectives, recognising this is still under development.
- Further assurance on the process for annual scrutiny of progress against plan was sought as well as stressing the need for robust continuous evaluation to ensure realistic measures remain in place for the programme of work and to meet the increasing scale of new issues and challenges being faced by the Trust.
- The committee also requested greater focus on objectives and clearer goals for meeting the financial viability targets along with more articulation of elements and dependencies which are challenging for the Trust to control.

**System Planning Update**

- Work continues on the final system plan submission and to ensure the Trust is sighted on the management of all financial, quality and performance risks through the contractual process.
- The increased complexity of the planning process as a consequence of financial constraints and demand pressures was acknowledged, along with the need to balance the collective system exposure to risk.
- Data in the report highlighted the low level of investment in mental health across North East London, highlighting the need for more support in the system to realise opportunities to utilise the value of mental health trusts.
- A review of the implications for the Trust following the outcome of the system planning arrangements will be presented at a future meeting.

**North Central and East London (NCEL) Provider Collaborative for Specialist Perinatal Mental Health Services**

- ELFT is the lead provider in this collaborative with Camden & Islington NHS FT (C&I) and North East London NHS FT (NELFT) as partners.
- The service was mobilised on 1 April 2024 and is expected to realise full function within the next two months.
- Previous highlighted risks around staffing accreditation, infrastructure and activity costs have been fully discussed and mitigations agreed with NHS England; a Memorandum of Understanding (MoU) and a risk and gain share agreement are in place.
- The establishment of close working relationships with other provider collaboratives in London are helping to support improved service user outcomes and provide opportunities for shared learning.

- This initiative provides greater opportunities to join the commissioning of community perinatal services across north east London with this specialist service to create an evidence-based system pathway.

#### **North Central and East London (NCEL) CAMHS Provider Collaborative Quarterly Update**

- The collaborative continues to report a stable clinical performance and reductions in lengths of stay for inpatients; risks around pressure in units due to acuity of patients and the knock-on effects on staff were articulated along with continuing system blockages to discharge of service users into the community.
- Despite the temporary closure of Simmons House, a 12 bed T4 CAMHS unit at the Whittington, patient flow has been managed without the need to send any young people out of area. Discussions around the status of the unit are continuing.
- A refresh of the strategic health needs assessment has been undertaken and a particular focus placed on identifying health inequities that exist for children and young people with learning disabilities and autism; the committee received assurance that additional measures are being introduced to tackle the repeat challenges identified.
- The committee welcomed confirmation of a two-year contract extension for the collaborative w, noting the potential for this to be extended to three years.
- The collaborative continues to reinvest savings into further development of the community care pathway.

#### **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.
- Following the recent Board development session on 18 February 2024, a further deep dive review of all risks on the BAF including the risk itself, target score, mitigating actions and trajectories will be undertaken using a QI approach and an update will be brought back to the committee at its meeting in July.

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

**REPORT TO PUBLIC TRUST BOARD  
23 May 2024**

<b>Title</b>	Annual Equity, Diversity & Inclusion (EDI) Report 2023
<b>Author</b>	Juliana Ansah, Head of Equity Diversity, and Inclusion
<b>Accountable Executive Director</b>	Claire McKenna, Interim Chief Nurse, Tanya Carter, Chief People Officer

**Purpose of the report**

This report contains a summary of Equity, Diversity, and Inclusion (EDI) practices across East London NHS Foundation Trust (ELFT) from January 2023 to December 2023 in line with our strategic aims to ‘identify and remove systematic barriers, and to develop a wider understanding of intersectionality’.

This report highlights how the Trust is working to tackle inequity and to improve the experience of patients, service users, carers, and staff. The Trust remains active in promoting equity of access, experience and outcomes for people who use our services, their carers, and our workforce. We understand that everybody’s journey through life is unique and individual, and value the importance of diversity and inclusion across our services, our workforce, and the wider community. As part of this, we see the important role we can play as an employer, provider of services and as a purchaser of services and as a key player in local partnerships to make the places we support healthier and fairer for all.

In this reporting cycle the Trust have identified three focus areas:

- 1 – Population Health
- 2 – Patient Access and Outcomes
- 3 – Improving Staff Experience

This is the second of two linked reports. The first report is the 2023 **Population Health** report published in September 2023 which details Focus 1. The Population Health report sets out key areas of progress over the past two years following the Trust’s strategic commitment to improving population health.

This report evidences the Trust’s commitment to fulfilling its obligations under the Public Sector Equality Duty.

**Action Being Requested**

The Board/Committee is asked to:

- a. **RECEIVE** and **NOTE** the report

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

<b>Date</b>	<b>Committee/Meeting</b>
29/5/24	Quality Assurance Committee
1/5/24	People and Culture Committee

## Key messages

This reporting cycle identified three key focus areas:

1. Population Health: Building on the 2023 Population Health report, this focus highlights progress over the past two years, aligning with our strategic commitment to strengthening population health.

2. Patient and Carer Race Equality Framework (PCREF) implementation and priorities. Positive progress made in relation to access to services, with updated policies and processes aimed at enhancing access and outcomes for service users. The implementation of PCREF and the Equality Impact Assessment (EIA) embodies our dedication to improving governance, accountability, and leadership in addressing the needs of diverse communities. This work is in its infancy but the framework is now in place to build this work further.

3. Improving Staff Experience: By capturing equity data and examining workforce characteristics, we gain invaluable insights to tailor our approaches and meet the specific needs of our staff. Noteworthy efforts include the formulation of Workforce Equity Objectives from the Workforce Race and Disability Standards and the ongoing support of Staff Equity Networks alongside targeted initiatives to tackle issues like anti-bullying, harassment, and racism through dedicated workshops and interventions.

This report serves as a testament to our ongoing commitment to fostering inclusivity, diversity, and equity across all aspects of our Trust, firmly rooted in our Trust Strategy to provide quality care and to improve staff experiences.

## Strategic priorities this paper supports

Improved population health outcomes	<input checked="" type="checkbox"/>	Equity in access to services can improve service user outcome
Improved experience of care	<input checked="" type="checkbox"/>	Patient Care and Race Equality (PCREF) work can improve quality and safety of care
Improved staff experience	<input checked="" type="checkbox"/>	Equalities work is likely to positively impact staff experience
Improved value	<input checked="" type="checkbox"/>	Equalities work improves experience and outcome of care.

## Implications

Equality Analysis	Positive impact
Risk and Assurance	Positive impact – Reduce risk if people receive right care right place
Service User/ Carer/Staff	Positive impact – Improved experience/ outcome
Financial	
Quality	Positive impact – Experience/ outcome



Table of Contents

**FOREWORD ..... 4**

**INTRODUCTION ..... 4**

**OVERVIEW OF OUR POPULATION ..... 5**

**EQUITY, DIVERSITY, AND INCLUSION..... 6**

**SHIFTS IN TERMINOLOGY ..... 6**

**FOCUS 1 – POPULATION HEALTH ..... 8**

**FOCUS 2 – SERVICE USER ACCESS, OUTCOMES, AND ENGAGEMENT ..... 10**

**FOCUS 3 – IMPROVING STAFF EXPERIENCE ..... 17**

**CONCLUDING STATEMENT ..... 24**

## **Equity, Diversity & Inclusion (EDI) Annual Report 2023**

Equity in healthcare is described as “Absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality.”- World Health Organisation

### **Foreword**

We are delighted to introduce this report which provides a summary of Equity, Diversity and Inclusion practices at East London NHS Foundation Trust (ELFT) from January - December 2023. It aligns with our strategic aim to identify and remove systematic barriers and move towards a greater understanding intersectionality.

As an organisation that is an employer, a provider of services, a purchaser of services and key player in local partnerships, we are aware that we have a critical role in promoting health and fairness in all our endeavours. This ties in with our work to be fully compliant with the Public Sector Equality Duty (s.149) within the Equality Act (2010), and its emphasis on the need to eliminate discrimination, advance equality of opportunity, and foster good relations. So, we are mindful that we need to actively lead the way in delivering and promoting equality of access, experience, and outcomes for all individuals accessing services, their carers, and our staff.

As a Trust, we identified three areas of focus for the reporting cycle that provides the basis for this report. They are Population Health; service user Access and Outcomes; and Improving Staff Experience. Our 2023 Population Health report published in September 2023 features in this report. It details the actions and progress we have made in addressing population health over the past two years.

We recognise the unique journeys of individuals who provide or receive ELFT health services. We want the Trust to be a place that supports people to thrive, removes barriers, and values diversity and inclusion across services, the workforce, and the community.

Although this report highlights the many ways, we are trying to address discrimination and our successes, we know we have a long way to go. We are grateful to our service users, carers and staff and to those working alongside us in partner organisations who support this work and strive, in small ways and large ways, to chip away at barriers to try to create a fairer environment for all.

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

**Claire McKenna**  
**Interim Chief Nurse**

- 1.1 As an NHS Trust, we comply with the Public Sector Equality Duty (s.149) within the Equality Act (2010). which requires public bodies to have due regard to the need to:
- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
  - Advance equality of opportunity between people who share a protected characteristic and those who do not.
  - Foster good relations between people who share a protected characteristic and those who do not.
- 1.2 This report contains a summary of Equality, Diversity, and Inclusion (EDI) practices across East London NHS FT Trust, from January 2023 to December 2023 in line with our strategic aims to 'identify and remove systematic barriers, and to develop a wider understanding of intersectionality'.
- 1.3 This report highlights how the Trust is working to tackle inequality and to improve the experience of patients, service users, carers, and staff. The Trust remains active in promoting equality of access, experience and outcomes for people who use our services, their carers, and our workforce. We understand that everybody's journey through life is unique and individual, and value the importance of diversity and inclusion across our services, our workforce, and the wider community. As part of this, we see the important role we can play as an employer, as a purchaser of services and as a key player in local partnerships to make the places we support healthier and fairer for all.
- 1.4 In this reporting cycle the Trust have identified three focus areas:
- a – Population Health
  - b – Patient Access and Outcomes
  - c – Improving Staff Experience
- 1.5 This is the second of two linked reports. The first report is the 2023 Population Health report was published in September 2023 which details Focus 1. The Population Health report sets out key areas of progress over the past two years following the Trust's strategic commitment to improving population health.

## **2.0 Overview of our population**

- 2.1 East London NHS Foundation Trust (ELFT) provides a wide range of mental health, community, primary care and inpatient services to children, young people, adults of working age, older adults, and forensic services.
- 2.2 ELFT employ approximately 8,000 staff across more than 130 sites at locations throughout the City of London & Hackney, Newham, Tower Hamlets, Bedfordshire, and Luton. We provide care to a population of over 1.9 million people. Some key population facts are set out below:
- Many population groups are living in areas of high deprivation. For example, the proportion of children living in poverty in our East London boroughs and Luton is some of the highest in the country;
  - The places where we work are also seeing high levels of population growth. In most of our areas, the fastest population growth is among people aged 65 and over. In contrast, in Luton the largest growth was in the under 15s age group, and in Tower Hamlets the working age population grew the most;
  - Many of ELFT's areas are very ethnically diverse. In our London areas, fewer than half of people are from a white British background and Newham is the most ethnically diverse place in the country. In our places outside of London the pattern is more varied, for

example, in Luton 32% of the population is white British, but in Central Bedfordshire it is 84%;

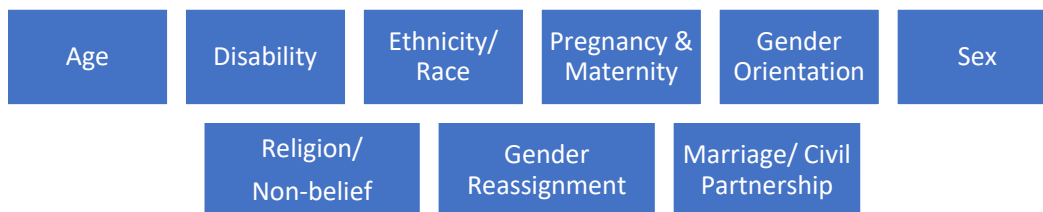
- There are also environmental differences across place. For example, the proportion of green space in the City, Tower Hamlets and Newham is less than half the London average. People in Central Bedfordshire have to travel further than the England average to access services such as job centres and GP surgeries.

2.3 Addressing these inequalities requires an approach that considers the diverse needs and circumstances of different population groups and prioritizes targeted interventions to promote equality and social justice.

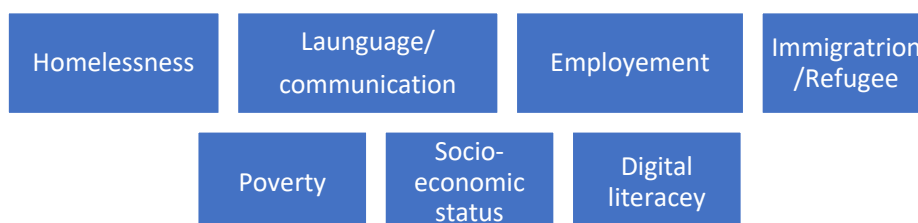
### 3.0 Equity, Diversity, and Inclusion

3.1 Our five-year strategy takes into account the changing needs and strengths within our local populations, the impact of the pandemic, greater collaborative working between local health and social care organisations and the views of local people and stakeholders. The Trust has governance mechanisms in place to ensure our duties are met, and to understand the impact of inequalities on individuals and groups.

3.2 Over the past year, the Trust has acknowledged that an effective EDI strategy should go beyond legal compliance and take an intersectional approach to EDI, which will contribute to the wellbeing and equality of outcomes and impact for all who use our services and benefit our staff. In addition to the 9 protected characteristics the Trust's approach to equality considers factors such as: accent, caring responsibilities, culture, homelessness, invisible disability, neurodiversity, gender expression, mental health and wellbeing, and deprivation and socio-economic circumstances, amongst other personal characteristics and experiences.



3.3 In addition to the protected characteristics outlined in equality legislation, there are several other characteristics that are not legally protected but are important considerations in healthcare equality strategies at the Trust. These include:



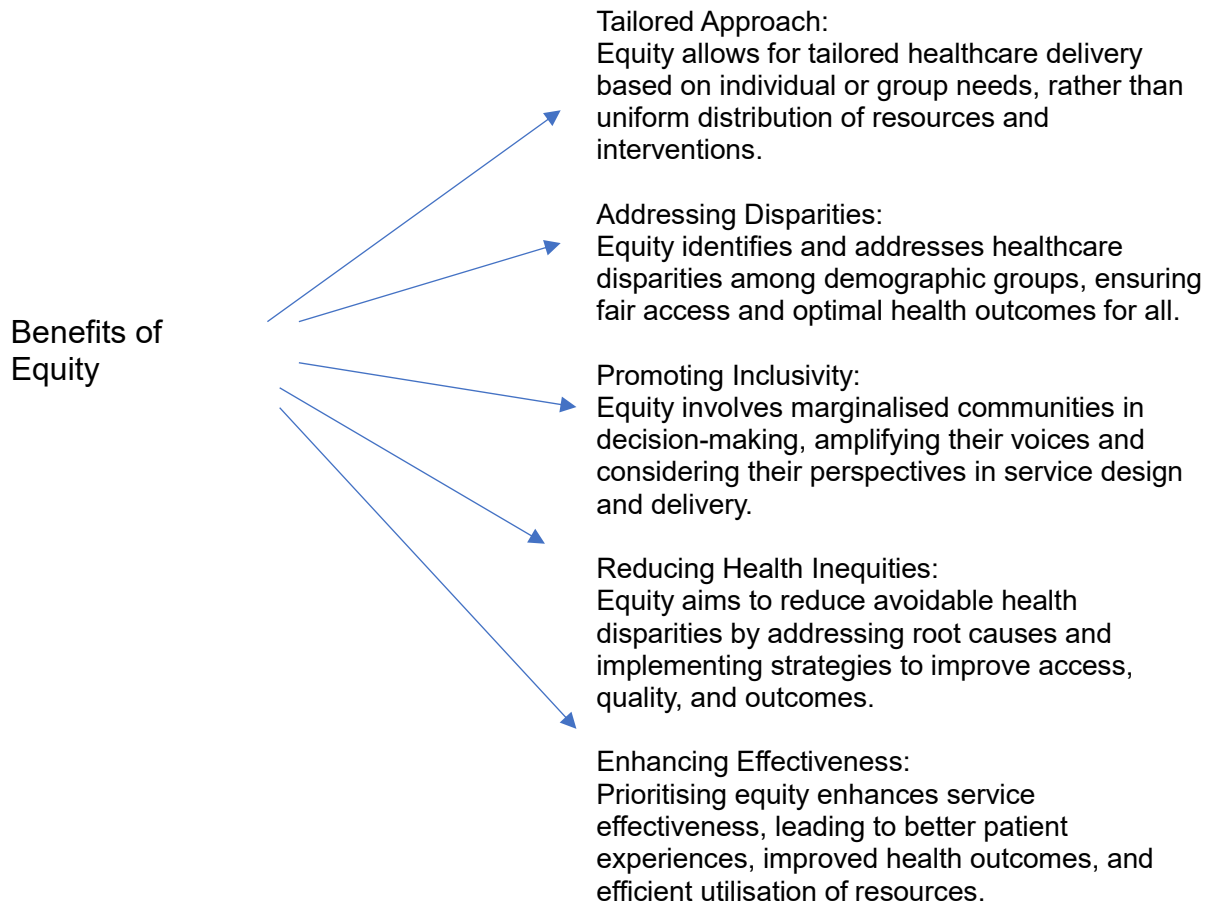
### 4.0 Shifts in Terminology

4.1 Adapting and shifting our equality terminology is vital due to evolving understandings, promoting inclusivity, addressing stigma, meeting legal requirements, enhancing communication, and supporting patient-centred care. This ensures that language accurately reflects current knowledge, fosters an environment of respect, combats discrimination, ensures legal compliance, improves understanding, and enhances the quality of care for all individuals.

4.2 Please note that some sections of this report use the term "equality" or "BME" in accordance with established national reporting standards, such as the Workforce Race Equality Standard (WRES). In order to maintain clarity and consistency, these terms have not been altered.

## 5.0 Equality vs. Equity

5.1 ELFT has shifted from previously using the term "Equality" to now prioritising "Equity". While equality focuses on treating everyone the same, equity in healthcare recognises and responds to the diverse needs and circumstances of individuals and communities, ultimately leading to fairer and more inclusive healthcare systems.



## 6.0 BME/BAME vs. Racialised Groups

6.1 The Trust's terminology has shifted from BME (Black and Minority Ethnic) or BAME (Black, Asian, and Minority Ethnic) to "racialised groups", reflecting our broader understanding of the complexities of identity and discrimination.

6.2 The terms BME and BAME have been commonly used to refer to individuals or communities who are not part of the white ethnic majority. They encompass a range of ethnic backgrounds including Black, Asian, and other minority ethnicities. In an effort to identify the unique needs of different groups, the Trust has shifted away from the term BAME (Black, Asian, and Minority Ethnic) for several reasons, including:

**6.2.1 Homogenisation of diverse groups:** BAME groups encompass a wide range of ethnicities, cultures, and experiences. Using this term can oversimplify the diversity within these communities, erasing the distinct challenges and needs faced by different groups.



- 6.2.2 Masking Inequalities:** Grouping together various ethnicities under the umbrella term BAME can obscure disparities and inequalities within these communities. For instance, while BAME individuals may face discrimination, the experiences of Black people within this category might be distinct from those of Asian or other minority ethnic groups.
- 6.2.3 Lack of agency:** BAME is a term imposed from outside these communities, and many individuals within these groups may not identify with it. It reduces people to a collective label without considering their individual identities, experiences, or agency in defining themselves.
- 6.2.4 Single approach to diversity:** Using BAME may lead to a one-size-fits-all approach to diversity and inclusion initiatives, which may not effectively address the unique needs and challenges of different ethnic groups.
- 6.3 The term "racialised groups" recognises that race is a social construct rather than a biological reality. It emphasises the process by which certain groups are categorised and treated differently based on perceived racial characteristics.
- 6.4 Racialised groups include not only those traditionally classified as BME/BAME, but also individuals who may not fit neatly into these categories, yet experience marginalisation or discrimination based on perceived racial attributes.
- 6.5 This term acknowledges that racial identity and experiences of discrimination are shaped by social, historical, and institutional factors, rather than inherent biological differences.
- 6.6 In essence, "racialised groups" broadens the scope beyond the traditional categories of BME/BAME to encompass a more nuanced understanding of how race operates as a social construct and influences individuals' experiences.

## **7.0 Focus 1 – Population Health**

- 7.1 As described in the overview of our population, ELFT works across areas of high population growth, ethnic diversity and with population groups that vary in terms of environment and social and economic conditions. This includes working in areas where a significant proportion of the population are impacted by poverty. One way of measuring how these social determinants impact health outcomes is by measuring difference in life expectancy and healthy life expectancy (meaning how long people can expect to live in good health). For example, the difference in life expectancy for men between the most and least deprived areas in Bedford is 9 years, but the difference in healthy life expectancy is 13 years. Population health is a way of working that seeks to identify and understand such inequities and inequalities that exist between people and communities then use an evidence-based approach to help reduce them.
- 7.2 In September 2023, the Trust published the Annual Population Health Report. It is the first report of its kind co-produced by a mental health, community health and primary care trust to show the work taking place to improve population health by the Trust. In addition, it sets out priority areas for the year ahead: employment support, exploring ways to help maximise income through clinical settings and supporting the physical health needs of people with severe mental illness.
- 7.3 The Population Health Report provides an overview of the population ELFT supports in order for services to be able to use data to understand their populations and plan for accessibility and equity of care. Awareness of population health needs is also included in staff training. For example, all new staff receive an introduction to our population health objectives during their induction and we have introduced a series of activities to support staff skills, and knowledge and understanding, including the ELFT Lead Programme. There is a leadership development course for staff which includes a population health module to improve understanding of the communities with which ELFT works and causes of poor health within them. Data Packs.

7.4 Our population health focus also brings together our work as an Anchor institution, set out in our [Anchor Plan 2023](#).

## **7.5 Summary of key Population Health recommendations**

7.5.1 Our Population Health Strategy commits us to taking action to improving population health along with improving quality of care, staff experience and value. We believe we have a responsibility to do our bit to make our corner of the world a fairer place to live and work, and to see the communities we serve thrive.

7.5.2 Our work on population health, including being an Anchor organisation and a Marmot Trust, is our way of turning this aspiration into reality.

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

- a. Local employment
- b. Income maximisation
- c. Promoting the physical health of people with severe mental illness

7.5.4 It has also been an important platform to test out and innovate around how we can reduce impacts of poverty for Trust service users through new models of care and support. For example, the ELFT charity funded the Healthier Wealthier Families programme where we are co-locating financial advice in health and care settings in Newham and Tower Hamlets with the impact this is making on families evaluated by University College London. This formed part of our work to become the first NHS Marmot Trust in the country, using a strong evidence base of what drives inequalities in health and to increase our focus on how to reduce these, for example, in terms of taking action around income, employment and prevention.

7.5.5 Quality Improvement (QI) is also a key part of our population health approach. For example, since September 2022, 15 teams have been tackling a range of inequalities including outcomes for ethnic minority groups and issues around sexuality and gender.

## **7.6 Denny Review- response**

7.6.1 The Denny Review was initiated in 2021 after discussions with diverse communities impacted by Covid-19. The review, chaired by Reverend Lloyd Denny, aimed to address health inequalities in Bedfordshire, Luton, and Milton Keynes (BLMK). Led by a steering group representing various sectors, including local authorities and public health, the review engaged marginalised groups like Gypsy, Roma, and Traveller communities, homeless individuals, migrants, and LGBTQ+ populations.

7.6.2 Key findings highlighted issues of service accessibility, cultural competency, communication barriers, unconscious bias, and racism. The review noted a lack of person-centred approaches, exacerbating health disparities and leading to service disengagement. In response, the Integrated Care Board (ICB) Partnership Board proposed short-term tactical and medium to long-term strategic recommendations, supported by all health and social care partners, with ELFT actively involved in their implementation.

7.6.3 Some of the initiatives are outlined below:

### **i. 'Better Days' across Bedfordshire, Luton, and Milton Keynes**

In 2022, ELFT and Central & North West London (CNWL) began collaborating with youth to envision "Better Days in Bedfordshire, Luton, and Milton Keynes." This initiative aims to support engagement, reduce stigma, and bridge service gaps, empowering local communities to prioritise youth well-being. Better Days BLMK fosters social networks,

promotes collective responsibility for youth health, and aims to empower young people to lead their own recovery journeys.

**ii Bedford and Luton Children and Adolescents Mental Health Services**

Gender Identity Training by Experts by Experience is being delivered to CAMHS colleagues, Parents/Carers across Bedfordshire & Luton, MIND Sanctuary staff and other community colleagues.

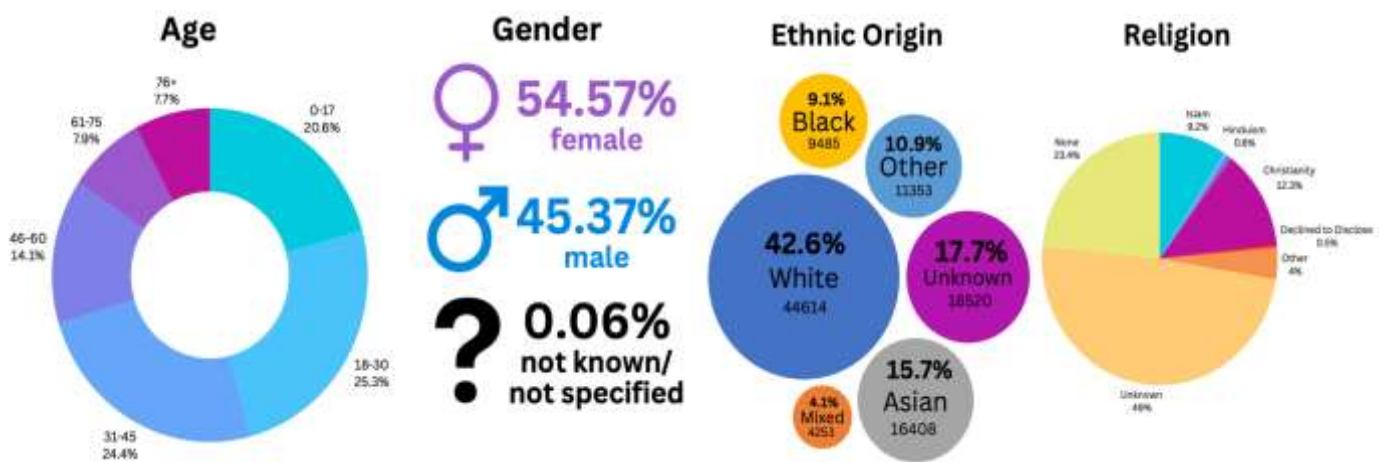
Also, in this workstream is the facilitation of safe space sessions for Trans young people accessing CAMHS with people who have lived experience. These take place fortnightly, alternating between online and face-to-face.

**iv Bedfordshire Population Health Management**

The pre-school mental health support program addresses early behavioural challenges, potentially linked to emerging mental health issues, Adverse Childhood experiences (ACEs), or trauma. Now in its second year of implementation, it offers e-learning on Adverse Childhood Experiences and Early Trauma. The program also rolls out Five to Thrive training across Central Bedfordshire, offering train-the-trainer sessions, e-learning, and face-to-face training. Moreover, Central Bedfordshire Children’s Centres deliver Parenting Puzzle sessions to parents and caregivers of preschool-aged children.

**8.0 Focus 2 – Service User Access, Outcomes, and Engagement**

- 8.1 As we strive to meet the diverse needs of our community, it is important that we continue to build our use of data, our approach to co-production and people participation to address inequalities in experience, access and outcomes in our services.
- 8.2 Getting the basics right and building on the innovation that we saw during the pandemic to transform and improve our clinical delivery, strengthening our ability to adapt and remain flexible and resilient to future challenges and opportunities. The make up of our communities are illustrated below.



**8.3 Accessible Information**

- 8.3.1 As a provider of mental, community and primary care services we are required to support accessible information and a champion of inclusivity, accessibility is important to the Trust.

**i. Translation and Interpretation Services**

The Trust is mandated by the Equality Act 2010 to provide interpreting services for patients, ensuring informed consent and better health outcomes. Managed by Compass Wellbeing, these services are rigorously reviewed for quality and effectiveness. In 2023, Translation requests were fulfilled 100% across the Trust, with British Sign Language requests achieving high fulfilment rates.

**ii. Accessible Information Standard**

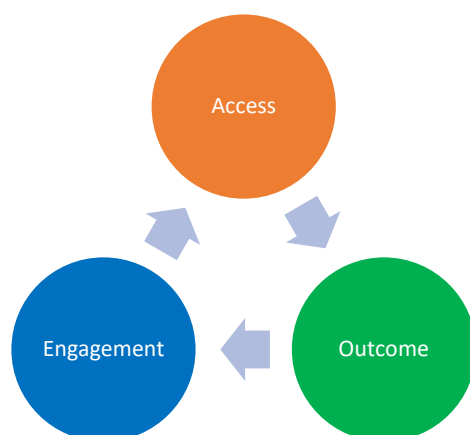
The Accessible Information Standard ensures that individuals with disabilities or sensory impairments can access communication materials in their preferred format, promoting accessibility and reducing health disparities. Trust policies were updated in 2023 to align with accessibility standards, and staff received training from the Learning Disability Team and ELFT Ability Staff Network. A significant decrease in non-accessible documents is anticipated in 2024 as a result of these efforts.

**8.4 Equality Impact Assessment**

8.4.1 No one should receive a poorer service or have a worse experience because of their difference. The Equality Impact Assessment (EIA) guidance helps to identify and avoid inequality in access and outcomes for all. To ensure fair and equal treatment to all. An EIA is an evidence-based approach designed to help ensure that our policies, practices, events, and decision-making processes are fair and do not present barriers to participation or disadvantage any protected groups. The process will help to identify differential Impact and look at how we can avoid disadvantage or further improve the delivery of our services. The EIA can be used to assess existing services, policies, and functions, plans for future changes and new projects.

**8.5 Improving Access/ Pursuing Equity**

8.5.1 Improving access to healthcare services can lead to better health outcomes for patients. Timely access to preventive care, screenings, and treatments can help to reduce complications, and improve overall health and quality of life. By removing barriers to access, such as long wait times or transportation challenges, patients can receive the care they need when it is most effective, leading to better health outcomes and reduced healthcare costs in the long term. Access to services was also a priority for the people we serve both in NEL and BLMK. This priority links to pursuing equity work outlined in May 2024 quality report with over 22 improvements projects using QI methodology to improve access. We will build on this work in 2024/25 through a large scale quality improvement programme focused on non-attendance related to deprivation levels



**8.6 Patient Access Data**

8.6.1 The performance report routinely includes equality measures, and a section that focuses on summarising work on particular equality gap.

8.6.2 The average waiting time across community services shows that the equity gap has narrowed for all but the "other group". Services will be conducting further data cleansing exercises to improve the accuracy of this information over the coming months to further understand the "other group".

8.6.3 Services are able to use available access data to strategically target groups who are failing to access their services and are offering services in different ways to meet the needs of their communities needs, a number of examples below

***i. Improving Access to Psychological Therapies (IAPT)***

Our Improving Access to Psychological Therapies (IAPT) services continue to make significant strides in collaboration with local authorities to support public health priorities. Dedicated Community Engagement Workers are actively engaging with diverse local communities to enhance access and promote involvement in community settings. Across our services, several QI projects are underway, targeting specific populations such as young Black males, Bengali-speaking Service Users, and Indian males to improve engagement and outcomes. Additionally, our IAPT services in East London and Bedfordshire are working closely with Integrated Care Systems (ICS) to enhance access and outcomes for our populations.

***ii. Children and Adolescents Mental Health Services (CAMHS)***

Rainbow Bedfordshire

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

***iii. Community Mental Health Teams (CMHT)***

CMHTs 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.

8.6.4 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.

***8.7 Pursuing Equity Quality Improvement Programme***

8.7.1 In response to the Trust strategy to improve quality of life for all we serve, the Trust has launched a QI programme to support teams to pursue equity.

8.7.2 Phase one of the programme began in April 2022 and was designed in partnership with the colleagues from population health, people participation, the Trust networks, and the QI department.

8.7.3 The programme has brought together several teams from across the Trust to tackle inequities around gender and sexuality and racial inequity regarding access, outcomes, and experience of care.

8.7.4 Phase two of the Pursuing Equity programme began in September 2023 and will run until October 2024. This phase will build on the success of phase one to support teams to use QI to tackle inequity.



#### 8.7.5 Areas of success include:

- An award-winning project on East India ward in Forensics reduced incidents of racism by 90%;
- Award winning Bow Ward in Forensics increased access to cervical screening by 15% and breast cancer screening by 16.5% for women in their care;
- Tower Hamlets Early Intervention Service increased access to their service for people from racialised groups by 27%;
- Cauldwell Medical Centre was nominated for an award for their work in increasing cervical cancer screening;
- Tower Hamlets Early Intervention Team increased access to service for Black Asian and Minority ethnic service users by 27%;
- Hatters Health Primary Care Network in Luton have increased the number of service users with a Serious Mental Illness from Black, Asian and Minority ethnic communities who had a health check from 0% to 50%;

### 8.8 **Patient and Carer Race Equality Framework**

8.8.1 The Patient and Carer Race Equality Framework (PCREF) was one of the key recommendations of the Independent Review of the Mental Health Act (MHA). At its core, the PCREF aims to support NHS Mental Health Trusts to:

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

8.8.2 ELFT became a pilot site for the PCREF initiative in 2021, using adult mental health services in London to scope how this work can be achieved at the Trust. Since piloting the PCREF initiative, we have engaged with both internal and external stakeholders, including the regional and national PCREF steering groups, Local Authority, Community Sector, and service users.

8.8.3 Throughout 2023, we focused on exploring how to embed the new assessment framework by aligning existing work across Performance, People Participation, Careers Strategy Group, People, and Culture. Evidence has been gathered through ongoing programs such as Quality Improvement (QI) and Pursuing Equity.

8.8.4 The People Participation team plays a crucial role in coproducing the PCREF alongside experts by experience. Integration of these voices throughout the framework's design and implementation process is essential to ensure alignment with the priorities and lived experiences of the Trust's ethnically diverse communities.

8.8.5 Officially launched at the Trust in November 2023, the PCREF has been developed with interim guidance alongside service users. Future iterations are planned to be developed in collaboration with operational and clinical leads across the Trust. This phase is about setting the ground work and governance framework and engaging with service users and teams to build priorities and deliverable objectives.

8.8.6 All services are in the process of developing their PCREF / tackling local inequalities plans below are two service examples:

#### *i. **Children and Adolescents Mental Health Services (CAMHS)***

Early indicators suggest a closing of the gap between white and service users from racialised groups in access to CAMHS. CAMHS have been collaborating with partners to improve access and make the service offer more inclusive. This has involved partnering

with organisations to deliver effective, culturally appropriate interventions through the CAMHS Alliance in City & Hackney and LGBTQIA+ inclusion programmes in Bedfordshire.

The CAMHS Anti-racist Action Plan to combat racism and promote equity has been a highlight of 2023 as it was a collaborative endeavour that involved our service users and put the service user experience at the forefront. Our equity, diversity, and inclusion roadmap will give us the direction and structure to continue improving patient experience, access, and outcomes. Our approach has focused on laying a strong and sustainable equality work foundation by producing new equity policies, guidance, and governance to ensure longevity in this work area. Each CAMHS service and inpatient unit has produced developed a local equity strategy that produces three equality priorities informed by local demographic data which is refreshed annually. We have also introduced standard equality guidance for anti-racist work in each service, which includes supervision, Multi-Disciplinary Team (MDT) discussions, and staff forums for the benefit of our service users. This year, we also completed and ratified the Transgender Statement and Policy for service users.

This work builds on the work carried out in CAMHS over several years, including Safe Space and the CAMHS Equity Programme, and from a recognition that, as well as talking, we need to take some meaningful action. We understand what service users have told us about how they want to be treated and are working towards its delivery.

#### ***ii Cultural Competency in Community Mental Health Services***

Across the Trust, Community Mental Health teams (CMHTs) are exploring ways to improve engagement, including partnering with local faith groups, charities, and community resources to help meet the needs of individuals.

In Tower Hamlets and Newham, cultural awareness training at the East London Mosque, which commenced during the summer, supports clinicians to gain knowledge and understanding of the issues around culture and how this might influence health outcomes.

In Luton and Bedfordshire, workshops are tailored to meet the needs of different communities including women-only sessions, sessions around living with long-term conditions and dementia, and LGBTQ+ support networks.

Across East London, similar courses are available with some aimed at communities, including a course on 'Islam and Recovery' which explores ideas and approaches to mental health, including aspects of culture, faith, belief, and lifestyles. New courses have recently been launched, specifically aimed at young adults between the ages of 18 and 30. These focus on managing transitions, food, and self-image, and engaging with personal and professional contacts to manage crises. A Bengali Men's 'Get Fit' Group has also been launched recently to provide accessible fitness resources to improve physical and mental health, as well as establish good relationships with others in the community.

## **8.9 Restrictive Practices**

8.9.1 The rate of restrictive practices between different ethnic groups across adult & older adult services continues to show a narrowing of the equity gap, owing to a range of initiatives underway to improve safety culture. There is a restrictive practice and use of force strategy meeting in place which monitors compliance with the use of force and has a focus on the different elements of restriction, reviews and scrutinises quality improvement projects.

8.9.2 While restrictive practices trust wide are reducing, there is an inequity in the application of restrictive practices for service users who are from the Black African and Black other communities. Work is underway both within the Trust and within NEL to further understand what might be driving this and to implement and monitor change idea to reduce potential impact and disparity.

8.9.3 Service users with learning disability are not overly represented in the data, however, it is likely that the data does not reflect the true prevalence due to under diagnosis or their needs not being identified on RIO. Restrictive practices are likely to have a disproportionate impact on this patient group and, therefore, will be an additional focus for the reducing restrictive practices and impact work.

**i. Time to Think Forum**

The Time to Think forums are fully embedded within inpatient services. The forum is an opportunity for staff and service users to understand their own data and experiences of restrictive practices and adopt local change ideas to address local challenges. This work is overseen by the Use of Force and Restrictive Practices Strategic Group which feeds into the Patient Safety Group.

**ii Safety Bundle Work**

The use of safety bundle which is an evidence-based tool for reducing violence and restrictive practices was relaunched across the Trust with the support of the QI team; this is now fully operational. We are seeing reductions in restrictive practices in all areas.

## **8.10 Patient, Service User and Carer Engagement**

8.10.1 By actively involving service users in decision-making processes, we gain valuable insights into the unique challenges and priorities faced by individuals, leading to more patient-centred care approaches and improved health outcomes. Service user engagement is important in addressing healthcare disparities. By actively involving patients from diverse backgrounds and communities in the design and delivery of our services, we can ensure that services are accessible, culturally sensitive, and responsive to the needs of all individuals. This can help reduce barriers to care and improve health outcomes among marginalised populations.

### **8.10.2 Equity, Diversity, and Inclusion within People Participation**

In 2023, the appointment of an EDI People Participation Lead marked a step in actively involving patients, service users, and carers in service and policy development and review. This role facilitates their inclusion in meetings with senior leaders, empowering experts by experience to collaborate on shaping the Trust's initiatives to address patient and carer inequalities.

8.10.3 Projects initiated in 2023, such as the development of a new Privacy and Dignity Policy and efforts to become a refugee-welcoming organisation, evidence the Trust's commitment to continual improvement. These projects offer service users opportunities to both teach and learn alongside the EDI Team.

**a. Inequalities Steering Groups**

The Trust hosts multiple steering groups focused on tackling inequalities. Each group brings together key stakeholders to decide on priorities and manage progress. The overall goal of the groups is to provide guidance, recommendations, and leadership to drive successful outcomes.

**b. Equity, Diversity, and Inclusion Working Together Group (EDI WTG)**

The EDI WTG, launched in December 2023, comprises service users and carers from across the Trust, providing a dedicated space for co-production and community empowerment. It focuses on all protected characteristics and is supported by the Trust's Equity Programme Board.

**c. Newham & City and Hackney Inequalities Task Group**

The Newham & City and Hackney Inequalities Groups, launched in 2023 as part of the ELFT Community Mental Health Transformation, aim to address inequalities across various services. They encompass all protected characteristics and oversee projects aimed at reducing disparities for residents with mental health, learning disability, or neurodiversity diagnoses.

#### **d. Bedfordshire and Luton Anti-Racism Steering Group**

The Anti-Racism Steering Group collaborates with key partners to develop an action plan for sustainable and measurable change within the ELFT community, focusing on improving the lives and well-being of service users, carers, and staff from Black, Asian, and other racialised ethnicities and cultures. In 2023, the group worked on projects with the Trust's EDI Team and the Bedfordshire Hate Crime Team to promote zero tolerance against hate language and develop resources for spreading this message across services.

8.10.4 The Trust would seek to have local steering group at place to drive local plans forwards.

#### **8.11 PCREF Next Steps**

8.11.1 The launch of the PCREF Steering Group in January 2024 provides structure and an implementation framework. Directorates will report PCREF metrics to the steering group and share insights and learnings both within the Trust and with external stakeholders.

8.11.2 We will continue to develop this work further in relation to developing place based PCREF deliverables that will make a difference to the communities we serve and address equity challenges.

#### **8.12 Improving Patient Outcomes**

8.12.1 Improving the outcomes of our services for patients ensures that they receive the highest quality of care and achieve the best possible health outcomes. By delivering effective treatments and interventions, we can help patients recover from illnesses, manage conditions, and improve their overall quality of life.

8.12.2 Additionally, improving service outcomes enhances patient satisfaction and trust in the healthcare system. Patients who experience positive outcomes are more likely to have confidence in the care they receive and are more likely to access services in future. This promotes a positive relationship between patients and services, leading to improved communication, co-produced treatment plans, and ultimately, better health outcomes.

#### **8.13 DIALOG**

8.13.1 The DIALOG is a scale of 11 questions. People rate their satisfaction with eight life domains and three treatment aspects on a 7-point scale. DIALOG provides a score for subjective quality of life and a score for treatment satisfaction.

8.13.2 DIALOG+ is a full therapeutic intervention. It incorporates the DIALOG scale but goes far beyond administering a scale. DIALOG + is the first approach that has been specifically developed to make routine patient-clinician meetings therapeutically effective. It is based on quality-of-life research, concepts of patient-centred communication, IT developments, and components of solution-focused therapy, and is supported by an App. Research studies in different mental health services and multiple countries have shown that using DIALOG+ can improve patients' quality of life.

8.13.3 DIALOG score can help us to recognise satisfaction or di-satisfaction with an equity Lens. In November 2023, DIALOG scores showed that women are often less satisfied than men with the care they receive, and their quality of life. There are a number of trust project that are seeking to improve satisfaction outcomes for women. The Perinatal women's working group continues to address equitable access to perinatal services. Part of this work has involved removing barriers to access and improving engagement with services.

#### **8.14 Patient Experience Research**

8.14.1 The Trust remains dedicated to actively engaging in research projects aimed at deepening our understanding and enhancing service user equity in access and outcomes. Through our

participation in these research endeavours, we strive to gain valuable insights into the factors influencing equity within our services and identify areas for improvement. We are committed to integrating the knowledge and findings from these projects into our policies and the development of new initiatives. By embedding these learnings into our organisational framework, we aim to continuously enhance the effectiveness and inclusivity of our services, ultimately fostering equitable access and improved outcomes for all service users.

#### 8.14.2 Co-Pact

The research program uses an experience-based codesign approach, focusing on patient experience and detentions. Thematic analysis of narratives generated are underway and results are expected to be published in 2024. Co-Pact Department of Psychiatry <https://www.psych.ox.ac.uk/research/chimes/co-pact>

#### 8.14.3 ENRICHMENT

(Enhanced discharge from inpatient to community mental health care)

This research program involved a randomised control trial looking at the effects of peer work as an intervention to reduce hospital re-admissions. No significant impact on hospital re-admissions were identified, however, peer work was found to be more effective in patients of black ethnicity. This research resulted in funding to optimise peer support within the Trust, and the development of training and guidance around culture, ethnicity, and peer support. Impact National Library of Medicine

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7615860/>

#### 8.14.4 ARIADNE

(Addressing the Impact of the covid-19 pandemic on the access to and experiences of care people from minority ethnic groups with severe mental illness)

The ARIADNE research programme focused on equitable ethnic minority access in the community particularly around COVID-19. Co-production initiatives were utilised through workshops and interviewing patients, carers, clinicians, commissioners, and Local Authority. British Medical Journal <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10357761/>

8.14.5 Three main areas identified which will inform future plans include:

1. Creative methods to engage young people;
2. Communication of investigations on suicide and deaths related to mental health to the general public;
3. Providing information/resources on non-pharmacological and peer-led treatment options.

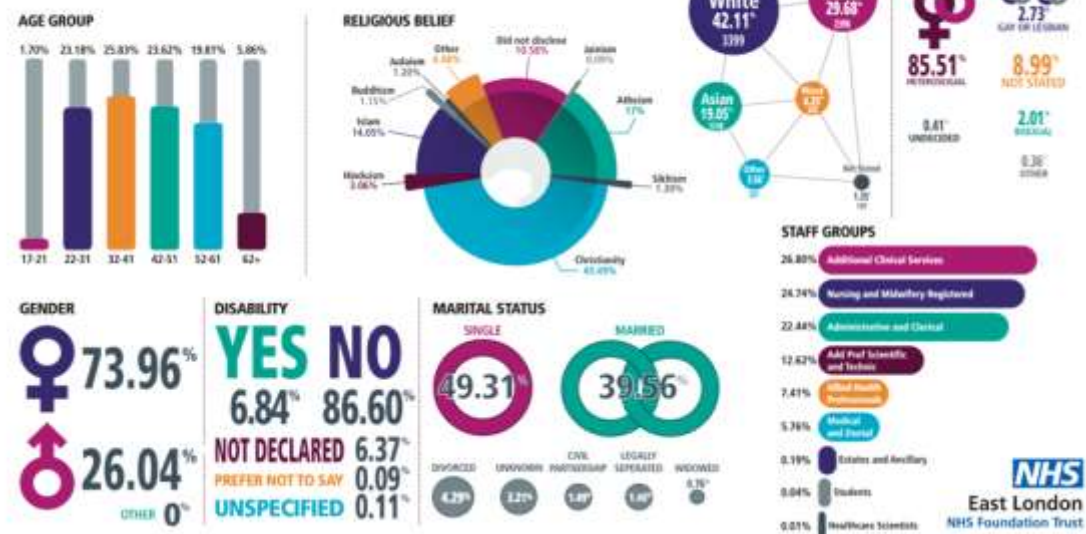
8.14.6 Results of this study are published in the British Medical Journal and the British Journal of Psychiatry. The results attached. Subsequent funding to hold two small workshops on work done so far on the areas identified through co-production.

## 9.0 **Focus 3 – Improving Staff Experience**

9.1 When excellent staff experience is achieved, staff become inspired to be the best people they can be at work which in turn delivers the best patient care. To achieve excellent staff experience, employers must create an environment where staff can succeed, feel valued, supported, and encouraged.

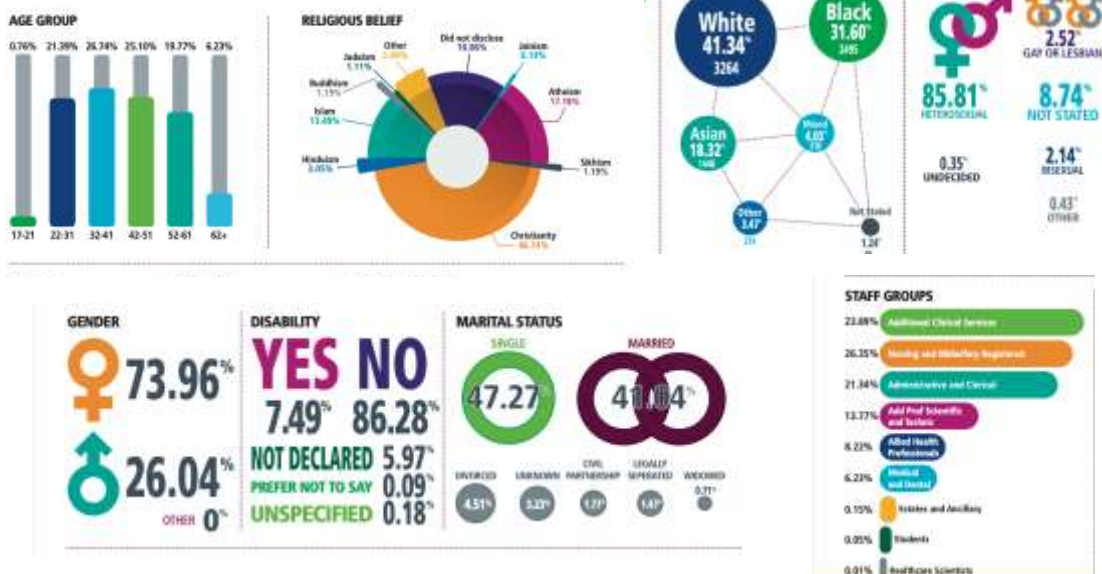
## ELFT WORKFORCE DEMOGRAPHIC

April 2022- March 2023



## OUR TRUST PROFILE

1 April 2023 - 31 March 2024



9.2 Every year, we capture equity data on our workforce, examining protected characteristics like age, ethnicity, and disability. This helps us to gain deeper insights into our workforce and adjust the way we work to meet their specific needs. By integrating this equity data into our strategic priorities, we ensure that our plans for workforce improvement are well-informed about the diverse needs and experiences of our employees. Our workforce development initiatives, which encompass lifelong learning, professional development, and the creation of new opportunities, are all aligned with the Trust's People Plan. This plan is centered on four key strategic priorities:

1. Innovating New Ways of Working;
2. Caring for Our People;
3. Fostering Belonging in the NHS;
4. Facilitating Growth and Development for the Future.

9.3 The section provides a summary of work the Trust is doing to improve staff experience.



#### 9.4 NHS Workforce Equality Objectives supported by the Staff Equity Networks

- 9.4.1 In response to the NHS equity, diversity, and inclusion improvement plan, the Trust published a local plan in 2023. The aim of the plan is to improve equity, diversity, and inclusion through an intersectionality-lens, and to enhance the sense of belonging for staff to improve their experience. The actions set out are intended to positively impact groups and individuals from protected characteristics.
- 9.4.2 There has been focus on intersectionality. The Trust recognises that people can have a number of protected characteristics and multiple identities, and that can perpetuate inequity and/or disadvantage sometimes combine to create obstacles that cannot be addressed through the lens of a single characteristic in isolation. To ensure voices are being heard and actions are in direct response to the needs of our workforce, we are proud to support six Staff Equity Networks: Men's, Women's, RaCE, ELFT Ability, LGBTQIA+, and Intergenerational. Each network is sponsored by an Executive Board Member to support them in leadership and decision making across the organisation. The networks also provide advice and guidance to individual staff and supported the EDI team to develop the EDI feedback form for staff, where concerns of racism can be reported.
- 9.5 Summarised below are some of the Trust's workforce equality objectives that rely on engagement with the Staff Equity Networks to shape and deliver on change ideas.

#### 9.6 Workforce Race Equality Standard (WRES)

- 9.6.1 The Trust have published the 2022/23 WRES Report which includes actions to ensure employees from Black, Asian, and other racialised ethnic backgrounds have equal access to career opportunities and receive fair treatment in the workplace. To support this work, there are a number of Trust-wide and place-level initiatives.

<b>WRES: Summary of findings</b>
There is an over-representation of racialised staff in Band 1-4 for both Clinical (57.9%) and non-Clinical roles (67.7%); compared to 55.4% overall.
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).
<b>No Asian or Black Medical Director's in 2021/22 or 2022/23</b>
Relative likelihood of racialised staff entering the formal disciplinary process is 2.91 times more likely than white staff and has doubled since 2022. Following on from the QI project in 2018/2019, the Trust have revisited some of the previous change ideas and have refreshed the interventions that previously worked. Additional training and support have been rolled out for managers and people relations advisors.
There are new leadership behaviours that have been agreed and have been embedded within the Trust induction, leadership training, supervision, and appraisals.
The Trust have also embedded the NHS England, People Management materials within the Trust Learning Management System and programmes.
The WRES metrics from the 2022 annual staff survey showed a deterioration. relating to staff experience..
For Ethnicity, African (44%) and Bangladeshi (41%) reported experiencing the highest rate of harassment. To address this, the Trust ran the FLAIR 'Race in the Workplace' survey for the first time and gained insights in terms of where the trust needed to focus on. The Trust then launch anti-racism events that focused on racial microaggressions and racist jokes and banter.

Since the start of the middle East conflict there has been a humanitarian group created, chaired by the Executive Director of Commercial Development to create a safe space for staff to discuss challenging issues.

There has been a focus on improving the organisational culture to make staff feel safe to raise concerns and to raise whistleblowing complaints.

### 9.6.2 *Areas for improvement*

In October 2023, the national WRES team sent the Trust's three high priority areas for improvement. These are the areas from amongst the Trust's indicators with the worst percentile rankings against other Trusts. It is impractical to undertake actions to improve all aspects of racial equity, so this will help to target where resources and effort may be best placed:

- Indicator 1: Career progression in non-clinical roles (lower to upper levels);
- Indicator 3: Likelihood of entering formal disciplinary proceedings;
- Indicator 5: Harassment, bullying or abuse from patients, relatives or the public in last 12 months against BME staff.

### 9.6.3 *Areas of best performance*

These are the areas from amongst the Trust's indicators with the best percentile rankings against other Trusts, and where the Trust performs in the best 10% of Trusts nationally. In 2023, the Trust did not perform in the best 10% for any of the WRES metrics.

9.6.4 Indicator 9: BME representation for Executive Board members at the Trust ranked in the best 13% Nationally.

9.6.5 The Trust will continue to build on the findings of the 2022 FLAIR 'race in the workplace survey' and ran a series of trust events with Dr. Robin Di Angelo Previous findings identified that staff perceive a lack of confidence for members of the organisation in talking about, identifying and challenging racism. An action plan has been developed for each Directorate to focus on their unique priority actions.

## 9.7 **Workforce Disability Equality Standard**

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

### 9.7.2 *Areas for improvement*

In October 2023, the national WDES team sent the Trusts three high priority areas for improvement. These are the areas:

- Indicator 4a Percentage experiencing harassment, bullying or abuse from patients/service user, their relatives or members of the public in the last 12 months;
- Indicator 4b Percentage experiencing harassment, bullying or abuse from managers in the last 12 months;
- Indicator 8 Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

### 9.7.3 *Areas of best performance*

These are the areas from amongst the Trust's indicators with the best percentile rankings against other Trusts, and where the Trust performs in the best 10% of Trusts nationally. In 2023, the Trust performed in the best 10% for the following WDES indicators:

- Indicator 1 Disabled representation in the workplace (Non-Clinical);
- Indicator 1 Disabled representation in the workplace (Medical and Dental).

WDES: Summary of findings
Disabled staff are under-represented in Band 8A to VSM roles and Medical and Dental.
Relative likelihood of Non-disabled staff being appointed from shortlisting compared to that of Disabled staff being appointed from shortlisting across all posts has improved and show now inequity. (0.7)
The relative likelihood of disabled staff entering the formal capability process is 11.63. Total number of staff entered formal capability is 9 of which 3 had declared a disability.
In the benchmarking group, the Trust has positioned in the bottom 2 for workplace adjustments.

- 9.7.4 In 2023 reporting, there was an increase in staff declaring a disability from 6.5% to 7.3%
- 9.7.5 A key improvement area in 2023 has been around workplace adjustments. 24% of staff surveyed did not consider that they received adequate workplace adaptations within a timely manner. At ELFT, the Trust defines workplace adjustments as the basic requirement that allow someone to do their job. The Trust acknowledges that not all staff with a disability will have a formal diagnosis and that this should not prevent them from receiving essential resources. To ensure the Trust has a positive and fair approach to disability in the workplace, a project has commenced to review the guidance and process for workplace adjustments.
- 9.7.6 The Workforce Equality Standards 2022/2023 (WES) action plan for both race and disability targeted our key priority areas. We conducted surveys among internal unsuccessful candidates to identify their support and development needs for career progression. This effort led to the introduction of interview skills training and other coaching programs aimed at enhancing staff capabilities.
- 9.7.7 To address the challenges posed by the cost of living, a dedicated Cost-of-Living Director was appointed. This individual oversees the implementation of cost-of-living workshops within the trust and has developed an intranet support page with resources accessible to all staff, aiding them during the cost-of-living crisis.
- 9.7.8 Furthermore, our commitment to diversity and inclusion is evident through our renewed membership with Purple Space. This platform provides invaluable resources, connections, and events that support our disability network leaders, fostering a more inclusive workplace environment.
- 9.7.9 Additionally, the review of the Special Leaves Policy to include support for our disabled staff was co-produced with our ELFT Ability Network. This policy will be used to empower and educate staff on the rights of our disabled workforces.

## 9.8 **Tackling bullying, harassment, and discrimination**

Indicators from NHS National Staff Survey	2023	2024 Target
Increase confidence in reporting of harassment, bullying or abuse experienced at work	55%	57%
Reduce experience of discrimination from line managers and colleagues	13%	11%
Improve staff experiences of career progression opportunities in the organisation	58%	60%

9.8.1 Following the 2022 NHS National Staff Survey, results where staff experiencing bullying and harassment from managers have increased. In response to this, ELFT have launched a new EDI feedback mechanism which allows for staff to submit feedback with the option of anonymity. This process does not replace any formal process and is intended to remove barriers that prevent people from speaking up. This may be due to not feeling they can Trust immediate colleagues, or because they are unsure of how to escalate a concern. All responses are reviewed by People & Culture and the Freedom to Speak Up Guardian.

In addition, the following have been implemented:

- The Equity, Diversity and Human Rights Policy has been updated.
- Developed a 3-year Equality, Diversity, and Inclusion workforce plan.
- Created an Equity, Diversity and Inclusion governance structure had been put in place.
- Held all-staff Equality planning sessions.
- Relunched all our Staff Equality Networks and established a Men's network.
- Reviewed the strategy for our RaCE Network.
- Launched a new [Equality, Diversity and Inclusion feedback form](#) for staff
- Updated the Equity, Diversity and Inclusion section in our training for recruiting managers

## **9.9 Managers Induction Training programme**

9.9.1 In 2023, the Trust launched a Managers Induction Training programme led by the Learning and Development Team. The programme includes an EDI section which aims to raise awareness of diversity within the Trust, and the implications of discrimination legislation and how this impacts the role of a manager. The training programme is part of a wider list on initiatives aimed at reducing the experiences of bullying and harassment from managers.

## **9.10 Anti-Racism Workshops Facilitated by Dr Robin DiAngelo**

9.10.1 Following on from the Respect and Dignity project that started in 2018/19, the Trust progressed its equity, diversity and inclusion priorities for staff.

9.10.2 During October 2023, the Trust hosted a series of workshops led by Dr Robin DiAngelo, a campaigner and educator on issues of racial and social justice. Dr DiAngelo is a best-selling author who has published extensively including on issues of race and equity.

9.10.3 The background to this was when the disproportionate impact of COVID-19 on people from Black, Asian and Minority communities became known, and following the murder of George Floyd and the Global response highlighting the issue of race. In response to this, the Trust hosted Trust-wide sessions called COVID-19, Race and Privilege where we heard difficult stories from colleagues from racialised groups about their everyday experiences of racism. The title of the storytelling sessions was 'Living and Working while BME'. Following on from this, in September 2022 the Trust ran a survey 'Race in the Workplace.' A key finding was that whilst staff were adept at identifying racist incidents, they were not as good at identifying and challenging racist micro-aggressions.

9.10.4 Dr DiAngelo led Trust-wide workshops in Luton and London, with some individual services, and with a group of external stakeholders prompting discussion and personal reflection. This will lay the foundation to help the Trust to co-produce an Anti-Racism Statement and Strategy.

9.10.5 The sessions focused on the Anti-racism and multicultural continuum, obtained from the Institute for Health Improvement's (IHI) within which the Trust population assess where they felt the Trust was on the continuum and where we aspire to be within 18-months. The next steps are to progress the draft anti-racism statement to a board development session and the run the FLAIR race in the work place survey again in 2024.

## 9.11 Gender Equality

### 9.11.1 Gender Pay Gap

Gender Pay Gap reporting is different to equal pay; equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman.

The 2023 median hourly difference was 4.80%. The current the median hourly difference in pay rate is rate 4.19% more for men than women. The gender pay gap shows the difference in the average pay between all men and women in a workforce. If a workforce has a particularly high gender pay gap, this can indicate there may a number of issues to deal with. Its year-on-year comparison allows the Trust to demonstrate progress against the indicators and identify appropriate improvement actions to be identified for the coming year. A QI project has been undertaken to focus on medical pay and a number of change ideas were suggested and are being explored.

### 9.11.2 Stonewall Equality Index

ELFT completed the 2023 Workplace Equality Index (WEI), a wide-ranging and intensive Lesbian, Gay, Bi-Sexual, Trans, Queer Plus (LGBTQIA+) inclusion benchmarking tool. In 2022, the Trust ranked 210<sup>th</sup> on the index. Senior leaders and line managers are vital when it comes to setting an LGBTQIA+ inclusive culture at ELFT. The Trust strives to ensure staff show understanding of, and support for, LGBTQIA+ inclusion, and how to make LGBTQIA+ inclusion part of their day-to-day jobs. In 2023, the Trust started reviewing the Trans Inclusion Policy which is due to enter consultation phase in 2024.

## 9.12 Staff Health and Wellbeing

9.12.1 The Trust strives to bring awareness to preventable health problems for people of all ages, support people to engage in healthier lifestyle activities, and to encourage people to seek help, increasing the likelihood of early detection and treatment of health difficulties. In 2023, the staff Wellbeing magazine was merged with the EDI magazine for the first time to highlight the broad range of wellbeing resources available for staff.

## 9.13 Vitamin D Supplements for All Staff

9.13.1 The Race and Culture Equity Network (RaCE) Network continues to lead workshops and focus groups with staff to identify and address inequalities across the system. In response to initial requests from the RaCE Network in 2020, ELFT is one of the only Trusts to continue to provide **vitamin D** supplements to all staff during the winter months if they wish to take up this option.

## 9.14 Men's Health

9.14.1 ELFT have created the first Men's network recognising that men are a minority in the ELFT workforce and the wider NHS. ELFT also recognises that men often are a minority population. Men's Health Week is designed to give all men access to the information, services, and treatment they need to live healthier, longer, and more fulfilling lives. Last year, the campaign focused on raising awareness of how men were being impacted by COVID-19 and the aftereffects of the pandemic. In 2023, the theme was to highlight the importance of taking stock of overall health now that the worst of COVID-19 is over. The campaign ran from 1-18 June 2023 and focused on 'taking control of your health'. The Trust led events and activities to help staff prioritise physical, mental, and emotional well-being. This included free Men's Health checks at various ELFT sites and resources for men to give themselves a DIY MOT.

## 9.15 Menopause Health Campaigns

- 9.15.1 Perimenopausal and menopausal symptoms can last many years and even decades for some women. These symptoms can include hot flushes, anxiety, insomnia, problems with concentration and memory, fatigue, headaches, muscle and joint pains, urinary symptoms, and low mood. For many women, these are debilitating symptoms that adversely affect their daily life, work, relationships, and also their future health as menopausal women have a greater risk of heart disease, osteoporosis, diabetes, clinical depression and dementia.
- 9.15.2 While the menopause is not often talked about at work, it is where people can find their symptoms most difficult to manage. With women making up around 74% of Trust staff. The Trust have created menopause guidance for staff and managers as well as workshops to raise awareness. to support employees and encourage open and respectful conversations about the menopause.

## 9.16 Age-Related Support

- 9.16.1 The Trust have acknowledged the diversity of experiences at work that can be attributed to age. The Intergenerational network provides a space to come together and ensure that age, be it youth or maturity, is not a barrier to fulfilling a career in ELFT. As the only age-related staff network in the NHS, the network were key stakeholders during consultation for the NHS High Impact Improvement Plan. The Trust are developing a more structured process for offering career development opportunities, payslip and income tax comprehension, and pension advice for staff.

## 9.17 Sexual Safety Charter

- 9.17.1 On 4 September 2023, NHS England (NHSE) launched its first ever Sexual Safety Charter. As signatories to this charter, ELFT commits to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace. The Trust will commit to the ten core principles and actions to help achieve this. Clear reporting mechanisms and support will be provided to staff who have suffered harassment or inappropriate behaviour, and Trust-wide training will be developed. It is expected that the Trust will implement all ten commitments by July 2024.
- We will actively work to eradicate sexual harassment and abuse in the workplace.
  - We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
  - We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
  - We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.
  - We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
  - We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
  - We will ensure appropriate, specific, and clear training is in place.
  - We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
  - We will take all reports seriously and appropriate and timely action will be taken in all cases.
  - We will capture and share data on prevalence and staff experience transparently.



## 10.0 Concluding Statement

10.1 This new structure for our annual reporting allows us to highlight the equity priorities at East London NHS. In 2023, we have worked to better understand our strengths and identify areas that require improvement through collaborative efforts with our diverse stakeholders.

10.2 The three focus areas outlined in this report will be closely monitored over the next three years, enabling us to track progress and tailor our approaches more effectively and sustainably:

- 1 – Population Health
- 2 – improving Patient Access and Outcomes
- 3 – Improving Staff Experience

10.3 In 2024, we're dedicated to driving impactful progress, this includes the following:

10.3.1 Patient and Carer Equity Plan/Strategy:

Collaborating across our healthcare systems, the Trust will establish S.M.A.R.T objectives to support the Directorate-level implementation of the framework, ensuring alignment with the needs of the local racialised service users and carers.

10.3.2 Workforce Race Equality Standards:

Building upon our anti-racism initiatives, the Trust is committed to becoming an anti-racist and multicultural organisation. Throughout 2024, we will host Affinity groups focusing on priority areas such as antisemitism, Islamophobia, and other relevant concerns. Additionally, we will expand Pay Gap reporting to include Disability and Ethnicity, while implementing initiatives outlined in the following workforce equality plans:

- [Workforce Race Equality Plan](#)
- [Workforce Disability Equality Plan](#)
- [Workforce High Impact Plan](#)
- [Gender Pay Gap](#)

10.3.3 Impact of Equity, Diversity, and Inclusion (EDI)

We'll continue to evaluate the impact of our EDI efforts through quality improvement methodologies and stakeholder engagement. This will inform iterative improvements to our processes and practices, ensuring that our initiatives are responsive to the evolving needs of our community.

10.4 Through strategic initiatives highlighted in this report and ongoing dedication from our staff, we aim to make significant strides in patient care, workforce diversity, and community engagement. As we look ahead, we remain committed in our mission to provide the highest quality of care to all individuals, ensuring a healthier and more inclusive future for our community.

10.5 Equity diversity and inclusion is an ELFT treasure and the development of this work is supported by Quality improvement framework and service user, staff co-production.

**REPORT TO PUBLIC TRUST BOARD  
23 May 2024**

<b>Title</b>	Annual Equity, Diversity & Inclusion (EDI) Report 2023
<b>Author</b>	Juliana Ansah, Head of Equity Diversity, and Inclusion
<b>Accountable Executive Director</b>	Claire McKenna, Interim Chief Nurse, Tanya Carter, Chief People Officer

**Purpose of the report**

This report contains a summary of Equity, Diversity, and Inclusion (EDI) practices across East London NHS Foundation Trust (ELFT) from January 2023 to December 2023 in line with our strategic aims to ‘identify and remove systematic barriers, and to develop a wider understanding of intersectionality’.

This report highlights how the Trust is working to tackle inequity and to improve the experience of patients, service users, carers, and staff. The Trust remains active in promoting equity of access, experience and outcomes for people who use our services, their carers, and our workforce. We understand that everybody’s journey through life is unique and individual, and value the importance of diversity and inclusion across our services, our workforce, and the wider community. As part of this, we see the important role we can play as an employer, provider of services and as a purchaser of services and as a key player in local partnerships to make the places we support healthier and fairer for all.

In this reporting cycle the Trust have identified three focus areas:

- 1 – Population Health
- 2 – Patient Access and Outcomes
- 3 – Improving Staff Experience

This is the second of two linked reports. The first report is the 2023 **Population Health** report published in September 2023 which details Focus 1. The Population Health report sets out key areas of progress over the past two years following the Trust’s strategic commitment to improving population health.

This report evidences the Trust’s commitment to fulfilling its obligations under the Public Sector Equality Duty.

**Action Being Requested**

The Board/Committee is asked to:

- a. **RECEIVE** and **NOTE** the report

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

<b>Date</b>	<b>Committee/Meeting</b>
29/5/24	Quality Assurance Committee
1/5/24	People and Culture Committee

## Key messages

This reporting cycle identified three key focus areas:

1. Population Health: Building on the 2023 Population Health report, this focus highlights progress over the past two years, aligning with our strategic commitment to strengthening population health.

2. Patient and Carer Race Equality Framework (PCREF) implementation and priorities. Positive progress made in relation to access to services, with updated policies and processes aimed at enhancing access and outcomes for service users. The implementation of PCREF and the Equality Impact Assessment (EIA) embodies our dedication to improving governance, accountability, and leadership in addressing the needs of diverse communities. This work is in its infancy but the framework is now in place to build this work further.

3. Improving Staff Experience: By capturing equity data and examining workforce characteristics, we gain invaluable insights to tailor our approaches and meet the specific needs of our staff. Noteworthy efforts include the formulation of Workforce Equity Objectives from the Workforce Race and Disability Standards and the ongoing support of Staff Equity Networks alongside targeted initiatives to tackle issues like anti-bullying, harassment, and racism through dedicated workshops and interventions.

This report serves as a testament to our ongoing commitment to fostering inclusivity, diversity, and equity across all aspects of our Trust, firmly rooted in our Trust Strategy to provide quality care and to improve staff experiences.

## Strategic priorities this paper supports

Improved population health outcomes	<input checked="" type="checkbox"/>	Equity in access to services can improve service user outcome
Improved experience of care	<input checked="" type="checkbox"/>	Patient Care and Race Equality (PCREF) work can improve quality and safety of care
Improved staff experience	<input checked="" type="checkbox"/>	Equalities work is likely to positively impact staff experience
Improved value	<input checked="" type="checkbox"/>	Equalities work improves experience and outcome of care.

## Implications

Equality Analysis	Positive impact
Risk and Assurance	Positive impact – Reduce risk if people receive right care right place
Service User/ Carer/Staff	Positive impact – Improved experience/ outcome
Financial	
Quality	Positive impact – Experience/ outcome

Table of Contents

**FOREWORD ..... 4**

**INTRODUCTION ..... 5**

**OVERVIEW OF OUR POPULATION ..... 5**

**EQUITY, DIVERSITY, AND INCLUSION ..... 6**

**SHIFTS IN TERMINOLOGY ..... 6**

**FOCUS 1 – POPULATION HEALTH ..... 8**

**FOCUS 2 – SERVICE USER ACCESS, OUTCOMES, AND ENGAGEMENT ..... 10**

**FOCUS 3 – IMPROVING STAFF EXPERIENCE ..... 18**

**CONCLUDING STATEMENT ..... 25**

## **Equity, Diversity & Inclusion (EDI) Annual Report 2023**

Equity in healthcare is described as “Absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality.”- World Health Organisation

### **Foreword**

We are delighted to introduce this report which provides a summary of Equity, Diversity and Inclusion practices at East London NHS Foundation Trust (ELFT) from January - December 2023. It aligns with our strategic aim to identify and remove systematic barriers and move towards a greater understanding intersectionality.

As an organisation that is an employer, a provider of services, a purchaser of services and key player in local partnerships, we are aware that we have a critical role in promoting health and fairness in all our endeavours. This ties in with our work to be fully compliant with the Public Sector Equality Duty (s.149) within the Equality Act (2010), and its emphasis on the need to eliminate discrimination, advance equality of opportunity, and foster good relations. So, we are mindful that we need to actively lead the way in delivering and promoting equality of access, experience, and outcomes for all individuals accessing services, their carers, and our staff.

As a Trust, we identified three areas of focus for the reporting cycle that provides the basis for this report. They are Population Health; service user Access and Outcomes; and Improving Staff Experience. Our 2023 Population Health report published in September 2023 features in this report. It details the actions and progress we have made in addressing population health over the past two years.

We recognise the unique journeys of individuals who provide or receive ELFT health services. We want the Trust to be a place that supports people to thrive, removes barriers, and values diversity and inclusion across services, the workforce, and the community.

Although this report highlights the many ways, we are trying to address discrimination and our successes, we know we have a long way to go. We are grateful to our service users, carers and staff and to those working alongside us in partner organisations who support this work and strive, in small ways and large ways, to chip away at barriers to try to create a fairer environment for all.

**Tanya Carter**  
Chief People Officer

**Claire McKenna**  
Interim Chief Nurse

## 1.0 Introduction

1.1 As an NHS Trust, we comply with the Public Sector Equality Duty (s.149) within the Equality Act (2010). which requires public bodies to have due regard to the need to:

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

1.2 This report contains a summary of Equality, Diversity, and Inclusion (EDI) practices across East London NHS FT Trust, from January 2023 to December 2023 in line with our strategic aims to 'identify and remove systematic barriers, and to develop a wider understanding of intersectionality'.

1.3 This report highlights how the Trust is working to tackle inequality and to improve the experience of patients, service users, carers, and staff. The Trust remains active in promoting equality of access, experience and outcomes for people who use our services, their carers, and our workforce. We understand that everybody's journey through life is unique and individual, and value the importance of diversity and inclusion across our services, our workforce, and the wider community. As part of this, we see the important role we can play as an employer, as a purchaser of services and as a key player in local partnerships to make the places we support healthier and fairer for all.

1.4 In this reporting cycle the Trust have identified three focus areas:

- a – Population Health
- b – Patient Access and Outcomes
- c – Improving Staff Experience

1.5 This is the second of two linked reports. The first report is the 2023 Population Health report was published in September 2023 which details Focus 1. The Population Health report sets out key areas of progress over the past two years following the Trust's strategic commitment to improving population health.

## 2.0 Overview of our population

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

2.2 ELFT employ approximately 8,000 staff across more than 130 sites at locations throughout the City of London & Hackney, Newham, Tower Hamlets, Bedfordshire, and Luton. We provide care to a population of over 1.9 million people. Some key population facts are set out below:

- Many population groups are living in areas of high deprivation. For example, the proportion of children living in poverty in our East London boroughs and Luton is some of the highest in the country;
- The places where we work are also seeing high levels of population growth. In most of our areas, the fastest population growth is among people aged 65 and over. In contrast, in Luton the largest growth was in the under 15s age group, and in Tower Hamlets the working age population grew the most;
- Many of ELFT's areas are very ethnically diverse. In our London areas, fewer than half of people are from a white British background and Newham is the most ethnically diverse



place in the country. In our places outside of London the pattern is more varied, for example, in Luton 32% of the population is white British, but in Central Bedfordshire it is 84%;

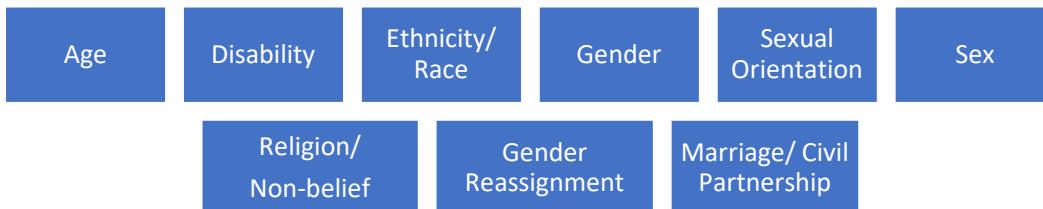
- There are also environmental differences across place. For example, the proportion of green space in the City, Tower Hamlets and Newham is less than half the London average. People in Central Bedfordshire have to travel further than the England average to access services such as job centres and GP surgeries.

2.3 Addressing these inequalities requires an approach that considers the diverse needs and circumstances of different population groups and prioritizes targeted interventions to promote equality and social justice.

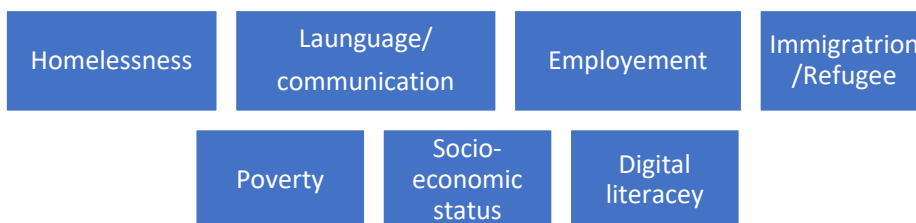
### 3.0 Equity, Diversity, and Inclusion

3.1 Our five-year strategy takes into account the changing needs and strengths within our local populations, the impact of the pandemic, greater collaborative working between local health and social care organisations and the views of local people and stakeholders. The Trust has governance mechanisms in place to ensure our duties are met, and to understand the impact of inequalities on individuals and groups.

3.2 Over the past year, the Trust has acknowledged that an effective EDI strategy should go beyond legal compliance and take an intersectional approach to EDI, which will contribute to the wellbeing and equality of outcomes and impact for all who use our services and benefit our staff. In addition to the 9 protected characteristics the Trust's approach to equality considers factors such as: accent, caring responsibilities, culture, homelessness, invisible disability, neurodiversity, gender expression, mental health and wellbeing, and deprivation and socio-economic circumstances, amongst other personal characteristics and experiences.



3.3 In addition to the protected characteristics outlined in equality legislation, there are several other characteristics that are not legally protected but are important considerations in healthcare equality strategies at the Trust. These include:



### 4.0 Shifts in Terminology

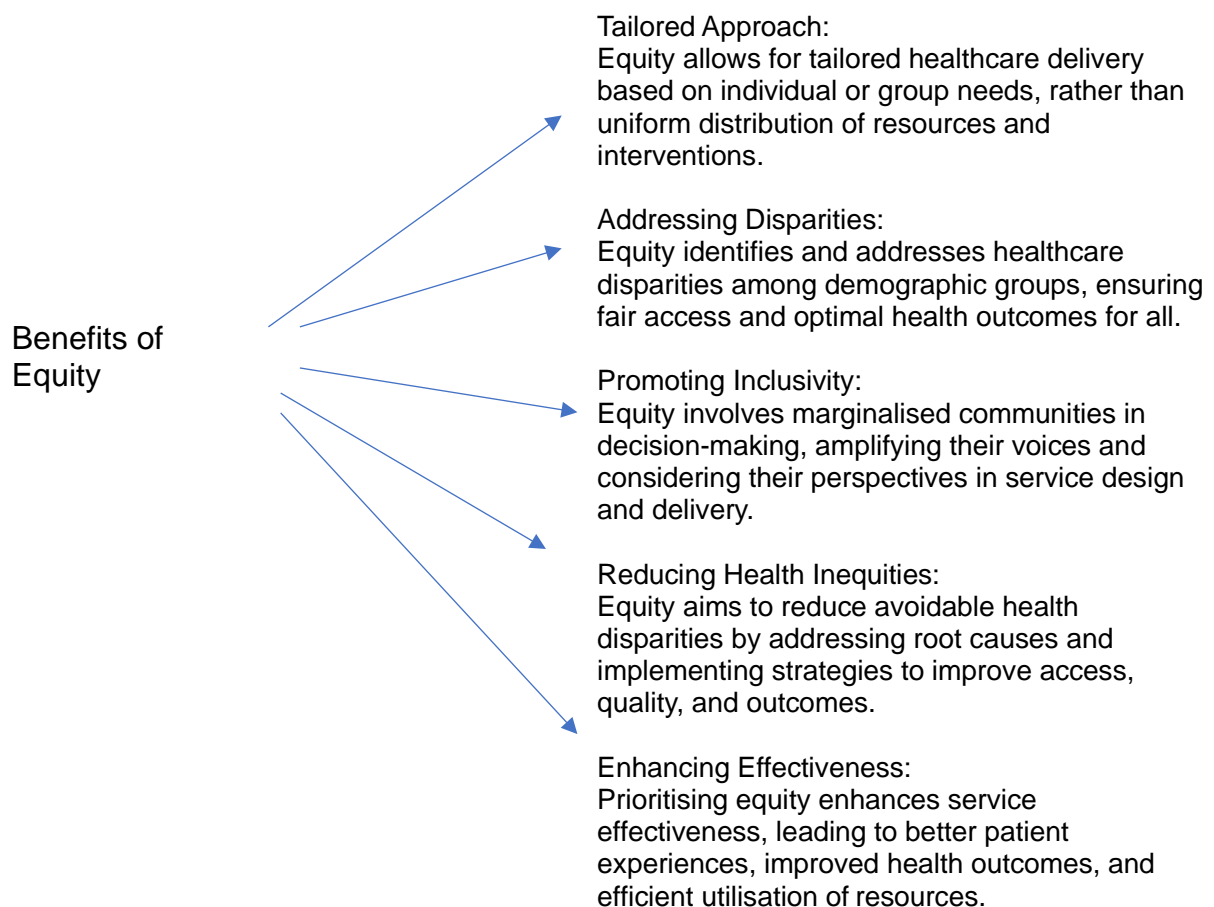
4.1 Adapting and shifting our equality terminology is vital due to evolving understandings, promoting inclusivity, addressing stigma, meeting legal requirements, enhancing communication, and supporting patient-centred care. This ensures that language accurately

reflects current knowledge, fosters an environment of respect, combats discrimination, ensures legal compliance, improves understanding, and enhances the quality of care for all individuals.

4.2 Please note that some sections of this report use the term "equality" or "BME" in accordance with established national reporting standards, such as the Workforce Race Equality Standard (WRES). In order to maintain clarity and consistency, these terms have not been altered.

## 5.0 Equality vs. Equity

5.1 ELFT has shifted from previously using the term "Equality" to now prioritising "Equity". While equality focuses on treating everyone the same, equity in healthcare recognises and responds to the diverse needs and circumstances of individuals and communities, ultimately leading to fairer and more inclusive healthcare systems.



## 6.0 BME/BAME vs. Racialised Groups

6.1 The Trust's terminology has shifted from BME (Black and Minority Ethnic) or BAME (Black, Asian, and Minority Ethnic) to "racialised groups", reflecting our broader understanding of the complexities of identity and discrimination.

6.2 The terms BME and BAME have been commonly used to refer to individuals or communities who are not part of the white ethnic majority. They encompass a range of ethnic backgrounds including Black, Asian, and other minority ethnicities. In an effort to identify the unique needs of different groups, the Trust has shifted away from the term BAME (Black, Asian, and Minority Ethnic) for several reasons, including:

- 6.2.1 Homogenisation of diverse groups:** BAME groups encompass a wide range of ethnicities, cultures, and experiences. Using this term can oversimplify the diversity within these communities, erasing the distinct challenges and needs faced by different groups.
- 6.2.2 Masking Inequalities:** Grouping together various ethnicities under the umbrella term BAME can obscure disparities and inequalities within these communities. For instance, while BAME individuals may face discrimination, the experiences of Black people within this category might be distinct from those of Asian or other minority ethnic groups.
- 6.2.3 Lack of agency:** BAME is a term imposed from outside these communities, and many individuals within these groups may not identify with it. It reduces people to a collective label without considering their individual identities, experiences, or agency in defining themselves.
- 6.2.4 Single approach to diversity:** Using BAME may lead to a one-size-fits-all approach to diversity and inclusion initiatives, which may not effectively address the unique needs and challenges of different ethnic groups.
- 6.3 The term "racialised groups" recognises that race is a social construct rather than a biological reality. It emphasises the process by which certain groups are categorised and treated differently based on perceived racial characteristics.
- 6.4 Racialised groups include not only those traditionally classified as BME/BAME, but also individuals who may not fit neatly into these categories, yet experience marginalisation or discrimination based on perceived racial attributes.
- 6.5 This term acknowledges that racial identity and experiences of discrimination are shaped by social, historical, and institutional factors, rather than inherent biological differences.
- 6.6 In essence, "racialised groups" broadens the scope beyond the traditional categories of BME/BAME to encompass a more nuanced understanding of how race operates as a social construct and influences individuals' experiences.

## **7.0 Focus 1 – Population Health**

- 7.1 As described in the overview of our population, ELFT works across areas of high population growth, ethnic diversity and with population groups that vary in terms of environment and social and economic conditions. This includes working in areas where a significant proportion of the population are impacted by poverty. One way of measuring how these social determinants impact health outcomes is by measuring difference in life expectancy and healthy life expectancy (meaning how long people can expect to live in good health). For example, the difference in life expectancy for men between the most and least deprived areas in Bedford is 9 years, but the difference in healthy life expectancy is 13 years. Population health is a way of working that seeks to identify and understand such inequities and inequalities that exist between people and communities then use an evidence-based approach to help reduce them.
- 7.2 In September 2023, the Trust published the Annual Population Health Report. It is the first report of its kind co-produced by a mental health, community health and primary care trust to show the work taking place to improve population health by the Trust. In addition, it sets out priority areas for the year ahead: employment support, exploring ways to help maximise income through clinical settings and supporting the physical health needs of people with severe mental illness.
- 7.3 The Population Health Report provides an overview of the population ELFT supports in order for services to be able to use data to understand their populations and plan for accessibility and equity of care. Awareness of population health needs is also included in staff training. For example, all new staff receive an introduction to our population health

objectives during their induction and we have introduced a series of activities to support staff skills, and knowledge and understanding, including the ELFT Lead Programme. There is a leadership development course for staff which includes a population health module to improve understanding of the communities with which ELFT works and causes of poor health within them. [Data Packs](#).

7.4 Our population health focus also brings together our work as an Anchor institution, set out in our [Anchor Plan 2023](#).

## **7.5 Summary of key Population Health recommendations**

7.5.1 Our Population Health Strategy commits us to taking action to improving population health along with improving quality of care, staff experience and value. We believe we have a responsibility to do our bit to make our corner of the world a fairer place to live and work, and to see the communities we serve thrive.

7.5.2 Our work on population health, including being an Anchor organisation and a Marmot Trust, is our way of turning this aspiration into reality.

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

- a. Local employment
- b. Income maximisation
- c. Promoting the physical health of people with severe mental illness

7.5.4 It has also been an important platform to test out and innovate around how we can reduce impacts of poverty for Trust service users through new models of care and support. For example, the ELFT charity funded the Healthier Wealthier Families programme where we are co-locating financial advice in health and care settings in Newham and Tower Hamlets with the impact this is making on families evaluated by University College London. This formed part of our work to become the first NHS Marmot Trust in the country, using a strong evidence base of what drives inequalities in health and to increase our focus on how to reduce these, for example, in terms of taking action around income, employment and prevention.

7.5.5 Quality Improvement (QI) is also a key part of our population health approach. For example, since September 2022, 15 teams have been tackling a range of inequalities including outcomes for ethnic minority groups and issues around sexuality and gender.

## **7.6 *Denny Review- response***

7.6.1 The Denny Review was initiated in 2021 after discussions with diverse communities impacted by Covid-19. The review, chaired by Reverend Lloyd Denny, aimed to address health inequalities in Bedfordshire, Luton, and Milton Keynes (BLMK). Led by a steering group representing various sectors, including local authorities and public health, the review engaged marginalised groups like Gypsy, Roma, and Traveller communities, homeless individuals, migrants, and LGBTQ+ populations.

7.6.2 Key findings highlighted issues of service accessibility, cultural competency, communication barriers, unconscious bias, and racism. The review noted a lack of person-centred approaches, exacerbating health disparities and leading to service disengagement. In response, the Integrated Care Board (ICB) Partnership Board proposed short-term tactical and medium to long-term strategic recommendations, supported by all health and social care partners, with ELFT actively involved in their implementation.

7.6.3 Some of the initiatives are outlined below:

**i. 'Better Days' across Bedfordshire, Luton, and Milton Keynes**

In 2022, ELFT and Central & North West London (CNWL) began collaborating with youth to envision "Better Days in Bedfordshire, Luton, and Milton Keynes." This initiative aims to support engagement, reduce stigma, and bridge service gaps, empowering local communities to prioritise youth well-being. Better Days BLMK fosters social networks, promotes collective responsibility for youth health, and aims to empower young people to lead their own recovery journeys.

**ii Bedford and Luton Children and Adolescents Mental Health Services**

Gender Identity Training by Experts by Experience is being delivered to CAMHS colleagues, Parents/Carers across Bedfordshire & Luton, MIND Sanctuary staff and other community colleagues.

Also, in this workstream is the facilitation of safe space sessions for Trans young people accessing CAMHS with people who have lived experience. These take place fortnightly, alternating between online and face-to-face.

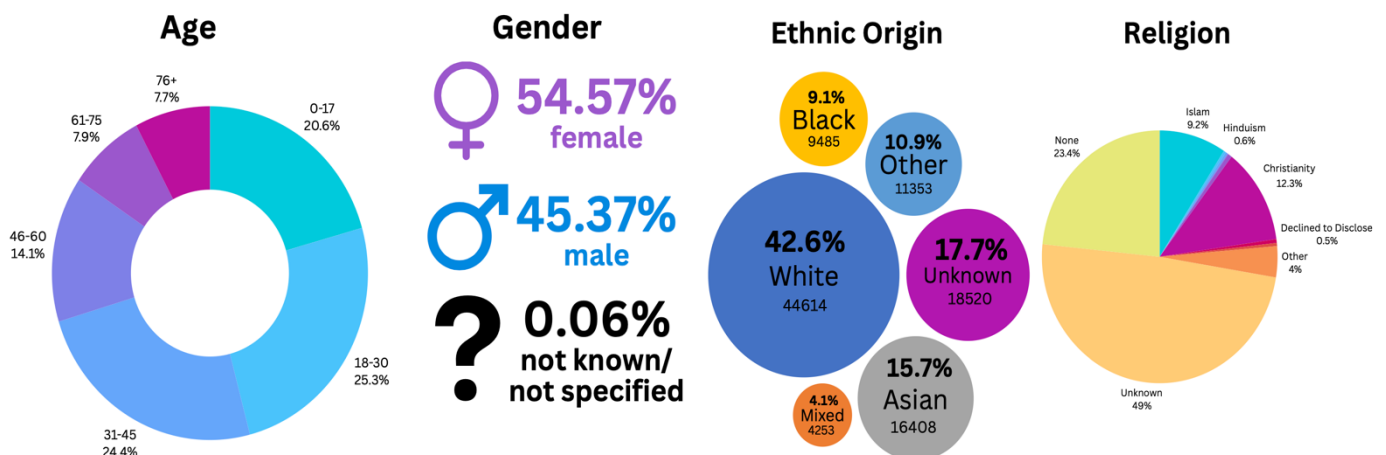
**iv Bedfordshire Population Health Management**

The pre-school mental health support program addresses early behavioural challenges, potentially linked to emerging mental health issues, Adverse Childhood experiences (ACEs), or trauma. Now in its second year of implementation, it offers e-learning on Adverse Childhood Experiences and Early Trauma. The program also rolls out Five to Thrive training across Central Bedfordshire, offering train-the-trainer sessions, e-learning, and face-to-face training. Moreover, Central Bedfordshire Children's Centres deliver Parenting Puzzle sessions to parents and caregivers of preschool-aged children.

**8.0 Focus 2 – Service User Access, Outcomes, and Engagement**

8.1 As we strive to meet the diverse needs of our community, it is important that we continue to build our use of data, our approach to co-production and people participation to address inequalities in experience, access and outcomes in our services.

8.2 Getting the basics right and building on the innovation that we saw during the pandemic to transform and improve our clinical delivery, strengthening our ability to adapt and remain flexible and resilient to future challenges and opportunities. The make up of our communities are illustrated below.



### **8.3 Accessible Information**

8.3.1 As a provider of mental, community and primary care services we are required to support accessible information and a champion of inclusivity, accessibility is important to the Trust.

**i. Translation and Interpretation Services**

The Trust is mandated by the Equality Act 2010 to provide interpreting services for patients, ensuring informed consent and better health outcomes. Managed by Compass Wellbeing, these services are rigorously reviewed for quality and effectiveness. In 2023, Translation requests were fulfilled 100% across the Trust, with British Sign Language requests achieving high fulfilment rates.

**ii. Accessible Information Standard**

The Accessible Information Standard ensures that individuals with disabilities or sensory impairments can access communication materials in their preferred format, promoting accessibility and reducing health disparities. Trust policies were updated in 2023 to align with accessibility standards, and staff received training from the Learning Disability Team and ELFT Ability Staff Network. A significant decrease in non-accessible documents is anticipated in 2024 as a result of these efforts.

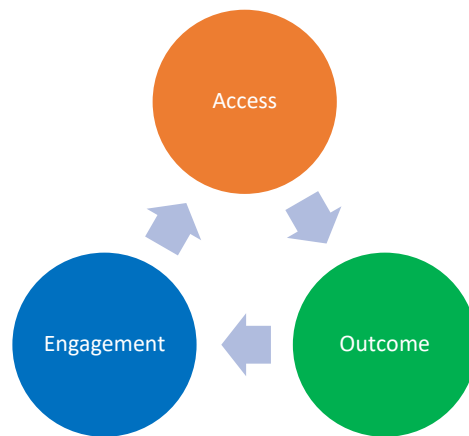
### **8.4 Equality Impact Assessment**

8.4.1 No one should receive a poorer service or have a worse experience because of their difference. The Equality Impact Assessment (EIA) guidance helps to identify and avoid inequality in access and outcomes for all. To ensure fair and equal treatment to all. An EIA is an evidence-based approach designed to help ensure that our policies, practices, events, and decision-making processes are fair and do not present barriers to participation or disadvantage any protected groups. The process will help to identify differential Impact and look at how we can avoid disadvantage or further improve the delivery of our services. The EIA can be used to assess existing services, policies, and functions, plans for future changes and new projects.

### **8.5 Improving Access/ Pursuing Equity**

8.5.1 Improving access to healthcare services can lead to better health outcomes for patients. Timely access to preventive care, screenings, and treatments can help to reduce complications, and improve overall health and quality of life. By removing barriers to access, such as long wait times or transportation challenges, patients can receive the care they need when it is most effective, leading to better health outcomes and reduced healthcare costs in the long term. Access to services was also a priority for the people we serve both in NEL and BLMK. This priority links to pursuing equity work outlined in May 2024 quality report with over 22 improvements projects using QI methodology to improve access. We will build on this work in 2024/25 through a large scale quality improvement programme focused on non-attendance related to deprivation levels





## 8.6 Patient Access Data

- 8.6.1 The performance report routinely includes equality measures, and a section that focuses on summarising work on particular equality gap.
- 8.6.2 The average waiting time across community services shows that the equity gap has narrowed for all but the "other group". Services will be conducting further data cleansing exercises to improve the accuracy of this information over the coming months to further understand the "other group".
- 8.6.3 Services are able to use available access data to strategically target groups who are failing to access their services and are offering services in different ways to meet the needs of their communities needs, a number of examples below

### ***i. Improving Access to Psychological Therapies (IAPT)***

Our Improving Access to Psychological Therapies (IAPT) services continue to make significant strides in collaboration with local authorities to support public health priorities. Dedicated Community Engagement Workers are actively engaging with diverse local communities to enhance access and promote involvement in community settings. Across our services, several QI projects are underway, targeting specific populations such as young Black males, Bengali-speaking Service Users, and Indian males to improve engagement and outcomes. Additionally, our IAPT services in East London and Bedfordshire are working closely with Integrated Care Systems (ICS) to enhance access and outcomes for our populations.

### ***ii. Children and Adolescents Mental Health Services (CAMHS)***

Rainbow Bedfordshire

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

### ***iii. Community Mental Health Teams (CMHT)***

CMHTs 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.

8.6.4 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.

### **8.7 Pursuing Equity Quality Improvement Programme**

8.7.1 In response to the Trust strategy to improve quality of life for all we serve, the Trust has launched a QI programme to support teams to pursue equity.

8.7.2 Phase one of the programme began in April 2022 and was designed in partnership with the colleagues from population health, people participation, the Trust networks, and the QI department.

8.7.3 The programme has brought together several teams from across the Trust to tackle inequities around gender and sexuality and racial inequity regarding access, outcomes, and experience of care.

8.7.4 Phase two of the Pursuing Equity programme began in September 2023 and will run until October 2024. This phase will build on the success of phase one to support teams to use QI to tackle inequity.

8.7.5 Areas of success include:

- An award-winning project on East India ward in Forensics reduced incidents of racism by 90%;
- Award winning Bow Ward in Forensics increased access to cervical screening by 15% and breast cancer screening by 16.5% for women in their care;
- Tower Hamlets Early Intervention Service increased access to their service for people from racialised groups by 27%;
- Cauldwell Medical Centre was nominated for an award for their work in increasing cervical cancer screening;
- Tower Hamlets Early Intervention Team increased access to service for Black Asian and Minority ethnic service users by 27%;
- Hatters Health Primary Care Network in Luton have increased the number of service users with a Serious Mental Illness from Black, Asian and Minority ethnic communities who had a health check from 0% to 50%;

### **8.8 Patient and Carer Race Equality Framework**

8.8.1 The Patient and Carer Race Equality Framework (PCREF) was one of the key recommendations of the Independent Review of the Mental Health Act (MHA). At its core, the PCREF aims to support NHS Mental Health Trusts to:

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

8.8.2 ELFT became a pilot site for the PCREF initiative in 2021, using adult mental health services in London to scope how this work can be achieved at the Trust. Since piloting the PCREF initiative, we have engaged with both internal and external stakeholders, including the regional and national PCREF steering groups, Local Authority, Community Sector, and service users.

- 8.8.3 Throughout 2023, we focused on exploring how to embed the new assessment framework by aligning existing work across Performance, People Participation, Careers Strategy Group, People, and Culture. Evidence has been gathered through ongoing programs such as Quality Improvement (QI) and Pursuing Equity.
- 8.8.4 The People Participation team plays a crucial role in coproducing the PCREF alongside experts by experience. Integration of these voices throughout the framework's design and implementation process is essential to ensure alignment with the priorities and lived experiences of the Trust's ethnically diverse communities.
- 8.8.5 Officially launched at the Trust in November 2023, the PCREF has been developed with interim guidance alongside service users. Future iterations are planned to be developed in collaboration with operational and clinical leads across the Trust. This phase is about setting the ground work and governance framework and engaging with service users and teams to build priorities and deliverable objectives.
- 8.8.6 All services are in the process of developing their PCREF / tackling local inequalities plans below are two service examples:

***i. Children and Adolescents Mental Health Services (CAMHS)***

Early indicators suggest a closing of the gap between white and service users from racialised groups in access to CAMHS. CAMHS have been collaborating with partners to improve access and make the service offer more inclusive. This has involved partnering with organisations to deliver effective, culturally appropriate interventions through the CAMHS Alliance in City & Hackney and LGBTQIA+ inclusion programmes in Bedfordshire.

The CAMHS Anti-racist Action Plan to combat racism and promote equity has been a highlight of 2023 as it was a collaborative endeavour that involved our service users and put the service user experience at the forefront. Our equity, diversity, and inclusion roadmap will give us the direction and structure to continue improving patient experience, access, and outcomes. Our approach has focused on laying a strong and sustainable equality work foundation by producing new equity policies, guidance, and governance to ensure longevity in this work area. Each CAMHS service and inpatient unit has produced developed a local equity strategy that produces three equality priorities informed by local demographic data which is refreshed annually. We have also introduced standard equality guidance for anti-racist work in each service, which includes supervision, Multi-Disciplinary Team (MDT) discussions, and staff forums for the benefit of our service users. This year, we also completed and ratified the Transgender Statement and Policy for service users.

This work builds on the work carried out in CAMHS over several years, including Safe Space and the CAMHS Equity Programme, and from a recognition that, as well as talking, we need to take some meaningful action. We understand what service users have told us about how they want to be treated and are working towards its delivery.

***ii Cultural Competency in Community Mental Health Services***

Across the Trust, Community Mental Health teams (CMHTs) are exploring ways to improve engagement, including partnering with local faith groups, charities, and community resources to help meet the needs of individuals.

In Tower Hamlets and Newham, cultural awareness training at the East London Mosque, which commenced during the summer, supports clinicians to gain knowledge and understanding of the issues around culture and how this might influence health outcomes.

In Luton and Bedfordshire, workshops are tailored to meet the needs of different communities including women-only sessions, sessions around living with long-term conditions and dementia, and LGBTQ+ support networks.

Across East London, similar courses are available with some aimed at communities, including a course on 'Islam and Recovery' which explores ideas and approaches to mental health, including aspects of culture, faith, belief, and lifestyles. New courses have recently been launched, specifically aimed at young adults between the ages of 18 and 30. These focus on managing transitions, food, and self-image, and engaging with personal and professional contacts to manage crises. A Bengali Men's 'Get Fit' Group has also been launched recently to provide accessible fitness resources to improve physical and mental health, as well as establish good relationships with others in the community.

## **8.9 Restrictive Practices**

8.9.1 The rate of restrictive practices between different ethnic groups across adult & older adult services continues to show a narrowing of the equity gap, owing to a range of initiatives underway to improve safety culture. There is a restrictive practice and use of force strategy meeting in place which monitors compliance with the use of force and has a focus on the different elements of restriction, reviews and scrutinises quality improvement projects.

8.9.2 While restrictive practices trust wide are reducing, there is an inequity in the application of restrictive practices for service users who are from the Black African and Black other communities. Work is underway both within the Trust and within NEL to further understand what might be driving this and to implement and monitor change idea to reduce potential impact and disparity.

8.9.3 Service users with learning disability are not overly represented in the data, however, it is likely that the data does not reflect the true prevalence due to under diagnosis or their needs not being identified on RIO. Restrictive practices are likely to have a disproportionate impact on this patient group and, therefore, will be an additional focus for the reducing restrictive practices and impact work.

### **i. Time to Think Forum**

The Time to Think forums are fully embedded within inpatient services. The forum is an opportunity for staff and service users to understand their own data and experiences of restrictive practices and adopt local change ideas to address local challenges. This work is overseen by the Use of Force and Restrictive Practices Strategic Group which feeds into the Patient Safety Group.

### **ii Safety Bundle Work**

The use of safety bundle which is an evidence-based tool for reducing violence and restrictive practices was relaunched across the Trust with the support of the QI team; this is now fully operational. We are seeing reductions in restrictive practices in all areas.

## **8.10 Patient, Service User and Carer Engagement**

8.10.1 By actively involving service users in decision-making processes, we gain valuable insights into the unique challenges and priorities faced by individuals, leading to more patient-centred care approaches and improved health outcomes. Service user engagement is important in addressing healthcare disparities. By actively involving patients from diverse backgrounds and communities in the design and delivery of our services, we can ensure that services are accessible, culturally sensitive, and responsive to the needs of all individuals. This can help reduce barriers to care and improve health outcomes among marginalised populations.

### **8.10.2 Equity, Diversity, and Inclusion within People Participation**

In 2023, the appointment of an EDI People Participation Lead marked a step in actively involving patients, service users, and carers in service and policy development and review. This role facilitates their inclusion in meetings with senior leaders, empowering experts by experience to collaborate on shaping the Trust's initiatives to address patient and carer inequalities.

8.10.3 Projects initiated in 2023, such as the development of a new Privacy and Dignity Policy and efforts to become a refugee-welcoming organisation, evidence the Trust's commitment to continual improvement. These projects offer service users opportunities to both teach and learn alongside the EDI Team.

**a. Inequalities Steering Groups**

The Trust hosts multiple steering groups focused on tackling inequalities. Each group brings together key stakeholders to decide on priorities and manage progress. The overall goal of the groups is to provide guidance, recommendations, and leadership to drive successful outcomes.

**b. Equity, Diversity, and Inclusion Working Together Group (EDI WTG)**

The EDI WTG, launched in December 2023, comprises service users and carers from across the Trust, providing a dedicated space for co-production and community empowerment. It focuses on all protected characteristics and is supported by the Trust's Equity Programme Board.

**c. Newham & City and Hackney Inequalities Task Group**

The Newham & City and Hackney Inequalities Groups, launched in 2023 as part of the ELFT Community Mental Health Transformation, aim to address inequalities across various services. They encompass all protected characteristics and oversee projects aimed at reducing disparities for residents with mental health, learning disability, or neurodiversity diagnoses.

**d. Bedfordshire and Luton Anti-Racism Steering Group**

The Anti-Racism Steering Group collaborates with key partners to develop an action plan for sustainable and measurable change within the ELFT community, focusing on improving the lives and well-being of service users, carers, and staff from Black, Asian, and other racialised ethnicities and cultures. In 2023, the group worked on projects with the Trust's EDI Team and the Bedfordshire Hate Crime Team to promote zero tolerance against hate language and develop resources for spreading this message across services.

8.10.4 The Trust would seek to have local steering group at place to drive local plans forwards.

## **8.11 PCREF Next Steps**

8.11.1 The launch of the PCREF Steering Group in January 2024 provides structure and an implementation framework. Directorates will report PCREF metrics to the steering group and share insights and learnings both within the Trust and with external stakeholders.

8.11.2 We will continue to develop this work further in relation to developing place based PCREF deliverables that will make a difference to the communities we serve and address equity challenges.

## **8.12 Improving Patient Outcomes**

8.12.1 Improving the outcomes of our services for patients ensures that they receive the highest quality of care and achieve the best possible health outcomes. By delivering effective treatments and interventions, we can help patients recover from illnesses, manage conditions, and improve their overall quality of life.

8.12.2 Additionally, improving service outcomes enhances patient satisfaction and trust in the healthcare system. Patients who experience positive outcomes are more likely to have confidence in the care they receive and are more likely to access services in future. This

promotes a positive relationship between patients and services, leading to improved communication, co-produced treatment plans, and ultimately, better health outcomes.

### **8.13 DIALOG**

8.13.1 The DIALOG is a scale of 11 questions. People rate their satisfaction with eight life domains and three treatment aspects on a 7-point scale. DIALOG provides a score for subjective quality of life and a score for treatment satisfaction.

8.13.2 DIALOG+ is a full therapeutic intervention. It incorporates the DIALOG scale but goes far beyond administering a scale. DIALOG + is the first approach that has been specifically developed to make routine patient-clinician meetings therapeutically effective. It is based on quality-of-life research, concepts of patient-centred communication, IT developments, and components of solution-focused therapy, and is supported by an App. Research studies in different mental health services and multiple countries have shown that using DIALOG+ can improve patients' quality of life.

8.13.3 DIALOG score can help us to recognise satisfaction or di-satisfaction with an equity Lens. In November 2023, DIALOG scores showed that women are often less satisfied than men with the care they receive, and their quality of life. There are a number of trust project that are seeking to improve satisfaction outcomes for women. The Perinatal women's working group continues to address equitable access to perinatal services. Part of this work has involved removing barriers to access and improving engagement with services.

### **8.14 Patient Experience Research**

8.14.1 The Trust remains dedicated to actively engaging in research projects aimed at deepening our understanding and enhancing service user equity in access and outcomes. Through our participation in these research endeavours, we strive to gain valuable insights into the factors influencing equity within our services and identify areas for improvement. We are committed to integrating the knowledge and findings from these projects into our policies and the development of new initiatives. By embedding these learnings into our organisational framework, we aim to continuously enhance the effectiveness and inclusivity of our services, ultimately fostering equitable access and improved outcomes for all service users.

#### **8.14.2 Co-Pact**

The research program uses an experience-based codesign approach, focusing on patient experience and detentions. Thematic analysis of narratives generated are underway and results are expected to be published in 2024. Co-Pact Department of Psychiatry <https://www.psych.ox.ac.uk/research/chimes/co-pact>

#### **8.14.3 ENRICHMENT**

(Enhanced discharge from inpatient to community mental health care)

This research program involved a randomised control trial looking at the effects of peer work as an intervention to reduce hospital re-admissions. No significant impact on hospital re-admissions were identified, however, peer work was found to be more effective in patients of black ethnicity. This research resulted in funding to optimise peer support within the Trust, and the development of training and guidance around culture, ethnicity, and peer support. Impact National Library of Medicine <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7615860/>

#### **8.14.4 ARIADNE**

(Addressing the Impact of the covid-19 pandemic on the access to and experiences of care people from minority ethnic groups with severe mental illness)



The ARIADNE research programme focused on equitable ethnic minority access in the community particularly around COVID-19. Co-production initiatives were utilised through workshops and interviewing patients, carers, clinicians, commissioners, and Local Authority. British Medical Journal <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10357761/>

8.14.5 Three main areas identified which will inform future plans include:

1. Creative methods to engage young people;
2. Communication of investigations on suicide and deaths related to mental health to the general public;
3. Providing information/resources on non-pharmacological and peer-led treatment options.

8.14.6 Results of this study are published in the British Medical Journal and the British Journal of Psychiatry. The results attached. Subsequent funding to hold two small workshops on work done so far on the areas identified through co-production.

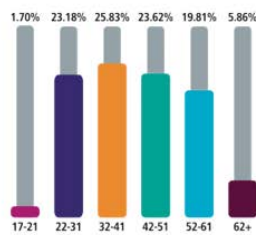
## 9.0 Focus 3 – Improving Staff Experience

9.1 When excellent staff experience is achieved, staff become inspired to be the best people they can be at work which in turn delivers the best patient care. To achieve excellent staff experience, employers must create an environment where staff can succeed, feel valued, supported, and encouraged.

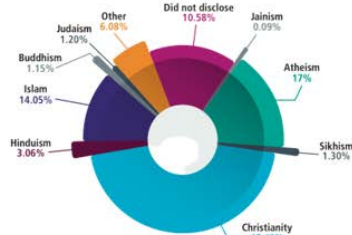
### ELFT WORKFORCE DEMOGRAPHIC

April 2022- March 2023

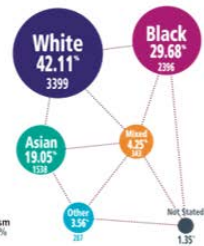
#### AGE GROUP



#### RELIGIOUS BELIEF



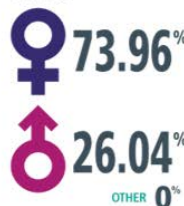
#### ETHNIC ORIGIN



#### SEXUAL ORIENTATION



#### GENDER



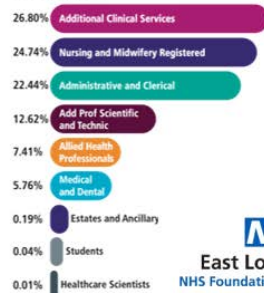
#### DISABILITY



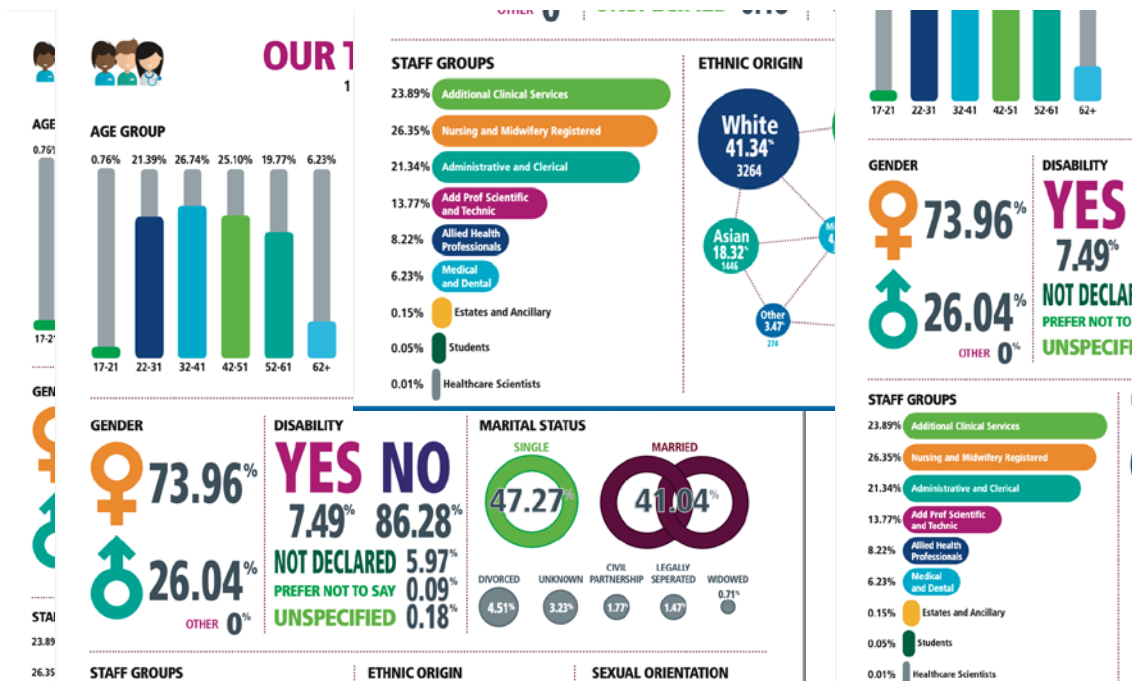
#### MARITAL STATUS



#### STAFF GROUPS



East London  
NHS Foundation Trust



9.2 Every year, we capture equity data on our workforce, examining protected characteristics like age, ethnicity, and disability. This helps us to gain deeper insights into our workforce and adjust the way we work to meet their specific needs. By integrating this equity data into our strategic priorities, we ensure that our plans for workforce improvement are well-informed about the diverse needs and experiences of our employees. Our workforce development initiatives, which encompass lifelong learning, professional development, and the creation of new opportunities, are all aligned with the Trust’s People Plan. This plan is centered on four key strategic priorities:

1. Innovating New Ways of Working;
2. Caring for Our People;
3. Fostering Belonging in the NHS;
4. Facilitating Growth and Development for the Future.

9.3 The section provides a summary of work the Trust is doing to improve staff experience.

**9.4 NHS Workforce Equality Objectives supported by the Staff Equity Networks**

9.4.1 In response to the NHS equity, diversity, and inclusion improvement plan, the Trust published a local plan in 2023. The aim of the plan is to improve equity, diversity, and inclusion through an intersectionality-lens, and to enhance the sense of belonging for staff to improve their experience. The actions set out are intended to positively impact groups and individuals from protected characteristics.

9.4.2 There has been focus on intersectionality. The Trust recognises that people can have a number of protected characteristics and multiple identities, and that can perpetuate inequity and/or disadvantage sometimes combine to create obstacles that cannot be addressed through the lens of a single characteristic in isolation. To ensure voices are being heard and actions are in direct response to the needs of our workforce, we are proud to support six Staff Equity Networks: Men’s, Women’s, RaCE, ELFT Ability, LGBTQIA+, and Intergenerational. Each network is sponsored by an Executive Board Member to support them in leadership and decision making across the organisation. The networks also provide advice and guidance to individual staff and supported the EDI team to develop the EDI feedback form for staff, where concerns of racism can be reported.

9.5 Summarised below are some of the Trust's workforce equality objectives that rely on engagement with the Staff Equity Networks to shape and deliver on change ideas.

## 9.6 Workforce Race Equality Standard (WRES)

9.6.1 The Trust have published the 2022/23 WRES Report which includes actions to ensure employees from Black, Asian, and other racialised ethnic backgrounds have equal access to career opportunities and receive fair treatment in the workplace. To support this work, there are a number of Trust-wide and place-level initiatives.

WRES: Summary of findings
There is an over-representation of racialised staff in Band 1-4 for both Clinical (57.9%) and non-Clinical roles (67.7%); compared to 55.4% overall.
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).
No Asian or Black Medical Director's in 2021/22 or 2022/23
Relative likelihood of racialised staff entering the formal disciplinary process is 2.91 times more likely than white staff and has doubled since 2022. Following on from the QI project in 2018/2019, the Trust have revisited some of the previous change ideas and have refreshed the interventions that previously worked. Additional training and support have been rolled out for managers and people relations advisors.
There are new leadership behaviours that have been agreed and have been embedded within the Trust induction, leadership training, supervision, and appraisals.
The Trust have also embedded the NHS England, People Management materials within the Trust Learning Management System and programmes.
The WRES metrics from the 2022 annual staff survey showed a deterioration. relating to staff experience..
For Ethnicity, African (44%) and Bangladeshi (41%) reported experiencing the highest rate of harassment. To address this, the Trust ran the FLAIR 'Race in the Workplace' survey for the first time and gained insights in terms of where the trust needed to focus on. The Trust then launch anti-racism events that focused on racial microaggressions and racist jokes and banter.
Since the start of the middle East conflict there has been a humanitarian group created, chaired by the Executive Director of Commercial Development to create a safe space for staff to discuss challenging issues.
There has been a focus on improving the organisational culture to make staff feel safe to raise concerns and to raise whistleblowing complaints.

### 9.6.2 Areas for improvement

In October 2023, the national WRES team sent the Trust's three high priority areas for improvement. These are the areas from amongst the Trust's indicators with the worst percentile rankings against other Trusts. It is impractical to undertake actions to improve all aspects of racial equity, so this will help to target where resources and effort may be best placed:

- Indicator 1: Career progression in non-clinical roles (lower to upper levels);
- Indicator 3: Likelihood of entering formal disciplinary proceedings;
- Indicator 5: Harassment, bullying or abuse from patients, relatives or the public in last 12 months against BME staff.

### 9.6.3 *Areas of best performance*

These are the areas from amongst the Trust's indicators with the best percentile rankings against other Trusts, and where the Trust performs in the best 10% of Trusts nationally. In 2023, the Trust did not perform in the best 10% for any of the WRES metrics.

9.6.4 Indicator 9: BME representation for Executive Board members at the Trust ranked in the best 13% Nationally.

9.6.5 The Trust will continue to build on the findings of the 2022 FLAIR 'race in the workplace survey' and ran a series of trust events with Dr. Robin Di Angelo Previous findings identified that staff perceive a lack of confidence for members of the organisation in talking about, identifying and challenging racism. An action plan has been developed for each Directorate to focus on their unique priority actions.

## 9.7 **Workforce Disability Equality Standard**

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

### 9.7.2 *Areas for improvement*

In October 2023, the national WDES team sent the Trusts three high priority areas for improvement. These are the areas:

- Indicator 4a Percentage experiencing harassment, bullying or abuse from patients/service user, their relatives or members of the public in the last 12 months;
- Indicator 4b Percentage experiencing harassment, bullying or abuse from managers in the last 12 months;
- Indicator 8 Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

### 9.7.3 *Areas of best performance*

These are the areas from amongst the Trust's indicators with the best percentile rankings against other Trusts, and where the Trust performs in the best 10% of Trusts nationally. In 2023, the Trust performed in the best 10% for the following WDES indicators:

- Indicator 1 Disabled representation in the workplace (Non-Clinical);
- Indicator 1 Disabled representation in the workplace (Medical and Dental).

#### **WDES: Summary of findings**

Disabled staff are under-represented in Band 8A to VSM roles and Medical and Dental.

Relative likelihood of Non-disabled staff being appointed from shortlisting compared to that of Disabled staff being appointed from shortlisting across all posts has improved and show now inequity. (0.7)

The relative likelihood of disabled staff entering the formal capability process is 11.63. Total number of staff entered formal capability is 9 of which 3 had declared a disability.

In the benchmarking group, the Trust has positioned in the bottom 2 for workplace adjustments.

- 9.7.4 In 2023 reporting, there was an increase in staff declaring a disability from 6.5% to 7.3%
- 9.7.5 A key improvement area in 2023 has been around workplace adjustments. 24% of staff surveyed did not consider that they received adequate workplace adaptations within a timely manner. At ELFT, the Trust defines workplace adjustments as the basic requirement that allow someone to do their job. The Trust acknowledges that not all staff with a disability will have a formal diagnosis and that this should not prevent them from receiving essential resources. To ensure the Trust has a positive and fair approach to disability in the workplace, a project has commenced to review the guidance and process for workplace adjustments.
- 9.7.6 The Workforce Equality Standards 2022/2023 (WES) action plan for both race and disability targeted our key priority areas. We conducted surveys among internal unsuccessful candidates to identify their support and development needs for career progression. This effort led to the introduction of interview skills training and other coaching programs aimed at enhancing staff capabilities.
- 9.7.7 To address the challenges posed by the cost of living, a dedicated Cost-of-Living Director was appointed. This individual oversees the implementation of cost-of-living workshops within the trust and has developed an intranet support page with resources accessible to all staff, aiding them during the cost-of-living crisis.
- 9.7.8 Furthermore, our commitment to diversity and inclusion is evident through our renewed membership with Purple Space. This platform provides invaluable resources, connections, and events that support our disability network leaders, fostering a more inclusive workplace environment.
- 9.7.9 Additionally, the review of the Special Leaves Policy to include support for our disabled staff was co-produced with our ELFT Ability Network. This policy will be used to empower and educate staff on the rights of our disabled workforces.

**9.8 Tackling bullying, harassment, and discrimination**

Indicators from NHS National Staff Survey	2023	2024 Target
Increase confidence in reporting of harassment, bullying or abuse experienced at work	55%	57%
Reduce experience of discrimination from line managers and colleagues	13%	11%
Improve staff experiences of career progression opportunities in the organisation	58%	60%

- 9.8.1 Following the 2022 NHS National Staff Survey, results where staff experiencing bullying and harassment from managers have increased. In response to this, ELFT have launched a new EDI feedback mechanism which allows for staff to submit feedback with the option of



anonymity. This process does not replace any formal process and is intended to remove barriers that prevent people from speaking up. This may be due to not feeling they can Trust immediate colleagues, or because they are unsure of how to escalate a concern. All responses are reviewed by People & Culture and the Freedom to Speak Up Guardian.

In addition, the following have been implemented:

- The Equity, Diversity and Human Rights Policy has been updated.
- Developed a 3-year Equality, Diversity, and Inclusion workforce plan.
- Created an Equity, Diversity and Inclusion governance structure had been put in place.
- Held all-staff Equality planning sessions.
- Relunched all our Staff Equality Networks and established a Men's network.
- Reviewed the strategy for our RaCE Network.
- Launched a new [Equality, Diversity and Inclusion feedback form](#) for staff
- Updated the Equity, Diversity and Inclusion section in our training for recruiting managers

## **9.9 Managers Induction Training programme**

9.9.1 In 2023, the Trust launched a Managers Induction Training programme led by the Learning and Development Team. The programme includes an EDI section which aims to raise awareness of diversity within the Trust, and the implications of discrimination legislation and how this impacts the role of a manager. The training programme is part of a wider list on initiatives aimed at reducing the experiences of bullying and harassment from managers.

## **9.10 Anti-Racism Workshops Facilitated by Dr Robin DiAngelo**

9.10.1 Following on from the Respect and Dignity project that started in 2018/19, the Trust progressed its equity, diversity and inclusion priorities for staff.

9.10.2 During October 2023, the Trust hosted a series of workshops led by Dr Robin DiAngelo, a campaigner and educator on issues of racial and social justice. Dr DiAngelo is a best-selling author who has published extensively including on issues of race and equity.

9.10.3 The background to this was when the disproportionate impact of COVID-19 on people from Black, Asian and Minority communities became known, and following the murder of George Floyd and the Global response highlighting the issue of race. In response to this, the Trust hosted Trust-wide sessions called COVID-19, Race and Privilege where we heard difficult stories from colleagues from racialised groups about their everyday experiences of racism. The title of the storytelling sessions was 'Living and Working while BME'. Following on from this, in September 2022 the Trust ran a survey 'Race in the Workplace.' A key finding was that whilst staff were adept at identifying racist incidents, they were not as good at identifying and challenging racist micro-aggressions.

9.10.4 Dr DiAngelo led Trust-wide workshops in Luton and London, with some individual services, and with a group of external stakeholders prompting discussion and personal reflection. This will lay the foundation to help the Trust to co-produce an Anti-Racism Statement and Strategy.

9.10.5 The sessions focused on the Anti-racism and multicultural continuum, obtained from the Institute for Health Improvement's (IHI) within which the Trust population assess where they felt the Trust was on the continuum and where we aspire to be within 18-months. The next steps are to progress the draft anti-racism statement to a board development session and the run the FLAIR race in the work place survey again in 2024.



## 9.11 Gender Equality

### 9.11.1 Gender Pay Gap

Gender Pay Gap reporting is different to equal pay; equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman.

The 2023 median hourly difference was 4.80%. The current the median hourly difference in pay rate is rate 4.19% more for men than women. The gender pay gap shows the difference in the average pay between all men and women in a workforce. If a workforce has a particularly high gender pay gap, this can indicate there may a number of issues to deal with. Its year-on-year comparison allows the Trust to demonstrate progress against the indicators and identify appropriate improvement actions to be identified for the coming year. A QI project has been undertaken to focus on medical pay and a number of change ideas were suggested and are being explored.

### 9.11.2 Stonewall Equality Index

ELFT completed the 2023 Workplace Equality Index (WEI), a wide-ranging and intensive Lesbian, Gay, Bi-Sexual, Trans, Queer Plus (LGBTQIA+) inclusion benchmarking tool. In 2022, the Trust ranked 210<sup>th</sup> on the index. Senior leaders and line managers are vital when it comes to setting an LGBTQIA+ inclusive culture at ELFT. The Trust strives to ensure staff show understanding of, and support for, LGBTQIA+ inclusion, and how to make LGBTQIA+ inclusion part of their day-to-day jobs. In 2023, the Trust started reviewing the Trans Inclusion Policy which is due to enter consultation phase in 2024.

## 9.12 Staff Health and Wellbeing

9.12.1 The Trust strives to bring awareness to preventable health problems for people of all ages, support people to engage in healthier lifestyle activities, and to encourage people to seek help, increasing the likelihood of early detection and treatment of health difficulties. In 2023, the staff Wellbeing magazine was merged with the EDI magazine for the first time to highlight the broad range of wellbeing resources available for staff.

## 9.13 Vitamin D Supplements for All Staff

9.13.1 The Race and Culture Equity Network (RaCE) Network continues to lead workshops and focus groups with staff to identify and address inequalities across the system. In response to initial requests from the RaCE Network in 2020, ELFT is one of the only Trusts to continue to provide **vitamin D** supplements to all staff during the winter months if they wish to take up this option.

## 9.14 Men's Health

9.14.1 ELFT have created the first Men's network recognising that men are a minority in the ELFT workforce and the wider NHS. ELFT also recognises that men often are a minority population. Men's Health Week is designed to give all men access to the information, services, and treatment they need to live healthier, longer, and more fulfilling lives. Last year, the campaign focused on raising awareness of how men were being impacted by COVID-19 and the aftereffects of the pandemic. In 2023, the theme was to highlight the importance of taking stock of overall health now that the worst of COVID-19 is over. The campaign ran from 1-18 June 2023 and focused on 'taking control of your health'. The Trust led events and activities to help staff prioritise physical, mental, and emotional well-being. This included free Men's Health checks at various ELFT sites and resources for men to give themselves a DIY MOT.

## 9.15 Menopause Health Campaigns

- 9.15.1 Perimenopausal and menopausal symptoms can last many years and even decades for some women. These symptoms can include hot flushes, anxiety, insomnia, problems with concentration and memory, fatigue, headaches, muscle and joint pains, urinary symptoms, and low mood. For many women, these are debilitating symptoms that adversely affect their daily life, work, relationships, and also their future health as menopausal women have a greater risk of heart disease, osteoporosis, diabetes, clinical depression and dementia.
- 9.15.2 While the menopause is not often talked about at work, it is where people can find their symptoms most difficult to manage. With women making up around 74% of Trust staff. The Trust have created menopause guidance for staff and managers as well as workshops to raise awareness. to support employees and encourage open and respectful conversations about the menopause.

## 9.16 Age-Related Support

- 9.16.1 The Trust have acknowledged the diversity of experiences at work that can be attributed to age. The Intergenerational network provides a space to come together and ensure that age, be it youth or maturity, is not a barrier to fulfilling a career in ELFT. As the only age-related staff network in the NHS, the network were key stakeholders during consultation for the NHS High Impact Improvement Plan. The Trust are developing a more structured process for offering career development opportunities, payslip and income tax comprehension, and pension advice for staff.

## 9.17 Sexual Safety Charter

- 9.17.1 On 4 September 2023, NHS England (NHSE) launched its first ever Sexual Safety Charter. As signatories to this charter, ELFT commits to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace. The Trust will commit to the ten core principles and actions to help achieve this. Clear reporting mechanisms and support will be provided to staff who have suffered harassment or inappropriate behaviour, and Trust-wide training will be developed. It is expected that the Trust will implement all ten commitments by July 2024.
- We will actively work to eradicate sexual harassment and abuse in the workplace.
  - We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
  - We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
  - We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.
  - We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
  - We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
  - We will ensure appropriate, specific, and clear training is in place.
  - We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
  - We will take all reports seriously and appropriate and timely action will be taken in all cases.
  - We will capture and share data on prevalence and staff experience transparently.

## 10.0 Concluding Statement

10.1 This new structure for our annual reporting allows us to highlight the equity priorities at East London NHS. In 2023, we have worked to better understand our strengths and identify areas that require improvement through collaborative efforts with our diverse stakeholders.

10.2 The three focus areas outlined in this report will be closely monitored over the next three years, enabling us to track progress and tailor our approaches more effectively and sustainably:

- 1 – Population Health
- 2 – improving Patient Access and Outcomes
- 3 – Improving Staff Experience

10.3 In 2024, we're dedicated to driving impactful progress, this includes the following:

### 10.3.1 Patient and Carer Equity Plan/Strategy:

Collaborating across our healthcare systems, the Trust will establish S.M.A.R.T objectives to support the Directorate-level implementation of the framework, ensuring alignment with the needs of the local racialised service users and carers.

### 10.3.2 Workforce Race Equality Standards:

Building upon our anti-racism initiatives, the Trust is committed to becoming an anti-racist and multicultural organisation. Throughout 2024, we will host Affinity groups focusing on priority areas such as antisemitism, Islamophobia, and other relevant concerns. Additionally, we will expand Pay Gap reporting to include Disability and Ethnicity, while implementing initiatives outlined in the following workforce equality plans:

- [Workforce Race Equality Plan](#)
- [Workforce Disability Equality Plan](#)
- [Workforce High Impact Plan](#)
- [Gender Pay Gap](#)

### 10.3.3 Impact of Equity, Diversity, and Inclusion (EDI)

We'll continue to evaluate the impact of our EDI efforts through quality improvement methodologies and stakeholder engagement. This will inform iterative improvements to our processes and practices, ensuring that our initiatives are responsive to the evolving needs of our community.

10.4 Through strategic initiatives highlighted in this report and ongoing dedication from our staff, we aim to make significant strides in patient care, workforce diversity, and community engagement. As we look ahead, we remain committed in our mission to provide the highest quality of care to all individuals, ensuring a healthier and more inclusive future for our community.

10.5 Equity diversity and inclusion is an ELFT treasure and the development of this work is supported by Quality improvement framework and service user, staff co-production.

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**23 May 2024**

<b>Title</b>	People Participation Committee (PPC) 21 March 2024 – Chair’s Report
<b>Committee Chair</b>	Aamir Ahmad, Non-Executive Director and Committee Chair
<b>Author</b>	Cathy Lilley, Director of Corporate Governance

**Purpose of the report**

To bring to the Board’s attention key issues and assurances discussed at the People Participation Committee (PPC) meeting held on 21 March 2024.

**Key messages**

**Implementation of the Trustwide Working Together Group Priorities: Primary Care**

Patient participation is a regulatory requirement in primary care. A significant amount of work is being undertaken and good progress is being made across the six priorities.

- The voice of Patient Participation Groups (PPGs) is strong in most practices and is growing across all geographies; service users are involved on interview panels and in QI projects and audits.
- Achievements include award-winning QI projects on tackling inequalities; the appointment of a new PP lead; creating a single PPG in Luton to work across two very different practices whilst ensuring diversity is maintained; raising the profile of PP and ensuring there is meaningful engagement at all levels.
- Priorities for 2024/25 include having PPGs that best reflect the whole patient group; increasing the range of forums and opportunities for meaningful engagement; digitally enhancing services; and more practices achieving service-user led accreditation.
- Future opportunities include: developing a work programme for primary prevention and the avoidance of needing secondary care services through the involvement of peers who can talk from experience; reviewing how the Academy of Lived Experience can work for primary care; it offers great potential to look at prevention work; ensuring there is adequate representation across different groups; providing one cohesive service to meet the various needs of the local residents.

**Implementation of the Trustwide Working Together Group Priorities: Learning Disabilities**

A Trust-wide PPL has been appointed across all Trust places.

- Highlights for 2023/24 include good representation from service users and carers to ensure their views were represented when services were being reviewed; significant focus on raising awareness around accessibility challenges; presentations at Trust Board meetings; introduction of the Oliver McGowan training for all staff on how to support people with learning disabilities and those who are autistic; two strong WTGs; service user and carers conference held during 2023; and increased input in QI projects.
- Current focus includes working to make the experience more meaningful for those involved in interview panels including reviewing reasonable adjustments requirements; accessibility is being increased at every level as it is key to meaningful engagement; and addressing inequalities.
- The aims for the future include continuing to work on accessibility, as it underpins most other initiatives; establishing the Newham and City & Hackney WTGs; focusing on inclusion to ensure the people the service talks to are representative of the local population; creating more meaningful opportunities for people to become involved.

**Academy of Lived Experience (ALE):** The academy is going from strength to strength and is involved with all professional groups, bringing lived experience into these areas. It is expanding its work outside of the Trust working with NHS England to feed into the training of clinicians across England and is currently exploring with City University whether an accreditation could be introduced for academy participants’ work in training.

**System/Partnership Working:** The Trust is taking the lead on PP in both North East London and Bedfordshire, Luton & Milton Keynes Integrated Care Systems with the aim of influencing at system level and also taking the learning from the Trust into the systems. Two PPLs have been recruited for the collaboratives to ensure there are joint priorities, as well as two PPLs within Barts and Newham Hospitals. The aim is to spread good practice and increase opportunities around patient leadership and lived experience roles across both systems. One of the priorities for NEL is to increase the offer of peer support.

### **Membership Engagement Plan Annual Report**

- An update was provided on the delivery of the membership engagement plan for 2023/26 which was approved by the Board of Directors and Council of Governors in March 2023.
- The plan on a page was developed following wide consultation including feedback and involvement of Directors, Governors, staff, service users, members, the ICSs and also Governors from other local Trusts.
- The aim of membership engagement is to ensure that membership provides a voice and connects us to those we serve and work with helping to shape what we do, recognising that at ELFT our members are our local community, service users, staff, stakeholders and the voluntary sector – those who connect us to all we serve, and supports the Trust's priorities as well as those of Health & Care Partnerships in BLMK and NEL as well as being a Marmot Trust and anchor organisation.
- If the Trust is to achieve its priorities it requires the voice of the population and there are various ways to hear that voice, including the carers' strategy, the Working Together Groups, PP, Governor priorities as well as the membership engagement plan.
- The plan is made up of five key areas: communications, external collaboration, internal collaboration, population health and financial viability/sustainability.
- What has been heard from the population over the last year includes wanting more relevant information, an improved website and 'doing less better', with more information about them and less about the Trust.
- Achievements over the last year include opening channels of communication both internally and externally, for example linking with the PP team and WTGs which resulted in simplifying the membership application form; a review of Trusttalk and a change to the email topics going out to members.
- Plans now include more place-based meetings with voluntary organisations, improving communications, working with and doing this jointly ICBs and other Trusts in the systems with the aim to create meaningful engagement which will result in changed behaviours, perception and understanding.

### **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 and development of peer support work; with potential to develop PP in community and primary care; and a continued focus on reducing variation.
- The committee suggested other key areas to be referenced include tracking the level of PP across the Trust; identifying additional support for volunteers; ensuring the Trust holds on to its values as it broadens its PP reach into the systems
- 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.

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**23 May 2024**

<b>Title</b>	Quality Assurance Committee (QAC) on 29 April 2024 – Committee Chair's Report
<b>Committee Chair</b>	Deborah Wheeler, Vice-Chair (Bedfordshire & Luton), chair of the QAC meeting on 29 April 2024
<b>Author</b>	Cathy Lilley, Director of Corporate Governance

**Purpose of the report**

- To bring to the Board's attention key issues and assurances discussed at the Quality Assurance Committee (QAC) on 29 April 2024.

**Key messages**

**Emerging Issues**

- Industrial action:** no recent industrial action although there is potential more may be organised. The consultant pay award has been addressed.
- Operational pressures:** ongoing sustained pressures across the entire system, including crisis and community resulting in people in private placements and people who have not been admitted. Work is ongoing to optimise flow.
- Hackney:** an action plan is being taken forward with close involvement of the executive team in respect of the quality concerns previously advised to the committee; a longer term plan is also being developed to ensure changes are sustained.
- System-wide flow:** is one of the two improvement areas of focus bringing together quality improvement work and investment through the mental health investment standard to pump prime new ideas, into one internal programme.
- Establishment:** the Trust has a number of services where the establishment has grown beyond allocation; discussions with the ICB to identify how to address the gap between demand and what the Trust is commissioned to deliver; will work with system partners to understand the risk if the funding gaps are not addressed.
- QIA:** the detailed quality impact assessment process now includes the impact on the system. The ICBs also have a process for any services they propose for disinvestment.
- Primary care:** a new practice has been on-boarded in outer north east London. Successful recruitment has taken place already to reduce the numbers of agency nurses and there is work underway on recruitment and retention across all their staff groupings which may impact agency numbers in the short term.

**Integrated Patient Safety Report Q4**

- Incident reporting:** although incident reporting rates fell following transition to the new InPhase system, Q4 figures suggest a reassuring recovery towards previous levels of incident reporting.
- Learning from deaths:** The increase in overall deaths is consistent with national data. Unexpected death numbers also rose but remained in common cause variation along with expected deaths. Two inpatient unexpected deaths will be investigated as PSIs (potentially serious incidents) in line with the new patient safety incident investigation approach.
- Advancing patient safety through robust incident response frameworks:** ongoing implementation of the Patient Safety Incident Response Framework (PSIRF) with new learning responses now embedded including a new care review tool and more use of after actions reviews. New processes also in place with decision-making panels and a daily incident review huddle, which has strengthened consistency in response to and learning from patient safety incidents.
- Duty of candour:** active work taking place to support directorates to ensure actions arising from safety and other related reviews are overseen and followed through to closure in a timely and effective way.
- Learning:** a thematic review of all the Trust's prevention of future deaths (PFDs) reports is under way. The journey to strengthen learning from service users and carers to support safety continues



and future reports will continue to include data from PALS and complaints as well as to enhance learning from care opinions via patient safety partners and from patient survey data.

- **Freedom to Speak Up:** 25% of concerns raised this quarter related to patient safety and/or quality of care. FTSU Guardian is engaged in regular Trust-wide patient safety forums where there is the opportunity to consider safety concerns and/or activate Trust-wide improvement work required in relation to any identified themes.

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

- **Overview of services:** 700 staff who are ethnically diverse and comprise 70% female delivering crisis and mental health inpatient and community services, older people's services, neuro-developmental services and are part of the Borough's integrated learning disability services. There is a diverse and young population with a high proportion of people earning less than the minimum wage and people who are homeless.
- **Achievements:** staff inductions strengthened with positive feedback; strengthened inpatient discharge arrangements with inclusion of step down beds; introduced pharmacy and medication counselling; continuing to develop and grow relationships with the community sector; improved performance on 72-hour follow ups; low re-admission rates to inpatient services.
- **Variations:** to better understand and address inequalities in access, experience and outcomes.
- **Challenges:** demand exceeding commissioned capacity with resultant implications such as use of private beds and longer waiting lists impacting on the patient experience; violence and aggression on wards; quality of the environment; financial viability whilst at the same time high demand and high levels of acuity; staff wellbeing and feeling over-stretched, sickness levels and retention rates. Range of actions being taken to meet the challenges including organisational development in specific teams and ensuring staff feel supported.
- The committee noted that although 97% of the population served by the service is based in Hackney, there is a need to raise the service profile in the City particularly around the Recovery College and community health offer.

#### **Quality and Safety Report: Adult Mental Health Services – Newham**

- **Overview of services:** seven inpatient wards and a wide range of community services provided in Newham which is the largest borough by population and historically seen an under-investment in community services.
- **Achievements:** engagement in work around future of care programme approach (CPA); reviewing approach to aligning actions from SI reviews into ongoing work programmes; developing local authority and VCSE partnership opportunities; launch of the Recovery College and opening of Hope Garden; relational security training is being rolled out across all wards; a Section 12 daytime rota has been introduced and is delivering better quality services.
- **Variations:** reviewing reasons for the variation between teams for first appointments within community integrated mental health service; developing assurance processes across the directorate to ensure robust recovery plans are in place and monitored.
- **Challenges:** bed occupancy and flow; ED waits and breaches; community recovery plan to avoid admission; ADHD waiters with opportunity for review across the three London boroughs; not all estate is fit for purpose; recruitment and retention of staff although improvements seen with medical recruitment.
- The committee acknowledged the positive and impactful work in Topaz ward following the tragic incident last year and the heartening feedback following a CQC visit.

#### **Quality and Safety Report: Adult Mental Health Services – Tower Hamlets**

- **Overview of services:** 700 staff work from six main sites providing general mental health and specialist services across the care pathway from crisis and inpatient care through to community care and primary care liaison.
- **Achievements:** system-wide learning lessons embedded; four services achieving 'platinum' service user led accreditation; very few registered nursing vacancies for inpatient services; autism service reduction in waiting times; people participation remains very strong; mentorship programme for clinicians; positive feedback from CQC following visit to the female PICU unit; community psychology worked differently particularly to access some of the communities who do not traditionally seek our services; financial viability target for 2023/24 achieved.

- **Variations:** plan to review the complex emotional needs pathways from a system perspective over the next year as these are complex pathways which are sometimes difficult to navigate.
- **Challenges:** patient safety incidents linked to self-harm and suicide; high bed occupancy across all inpatient wards; difficulty with estate in accommodating all staff, particularly large teams; difficulties in staff recruitment to some specialist services.
- The committee commended the appointment of a non-medical approved clinician (AC) which is the first of its type and which has been proactively appointed to in recognition that the role does not need to be undertaken by a doctor.

### **Cross Cutting Theme Deep Dive: Equality, Diversity & Inclusion**

- The report summarises the Trust's EDI practices and progress from January to December 2023 in line with the strategic aim to 'identify and remove systematic barriers, and to develop a wider understanding of intersectionality'; and highlights how the Trust is working to tackle inequality and to improve the experience of patients, services users and staff.
- Key points highlighted include increased visibility of data to services, how the Patient & Carer Race Equality Framework (PCREF) has helped to identify what is important to our communities, the work of the restrictive practices group on addressing the disproportionate impact of restrictive practices on the Black African groups, etc.
- The committee recognised the significant amount of work and focus within the Trust and requested future reports include more outcomes-based data/analysis including narrative on what is going well, the challenges and what is influencing targets.
- The committee highlighted the importance of maintaining a focus on addressing the greater likelihood of people with disabilities entering disciplinary processes which has been a long-standing issue.
- *The EDI annual report for 2023 is also being presented to the Board at its May meeting*

**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:*

- Due to the continuing challenges in services and in particular around flow, the committee approved the recommendation that the current risk score remains at 12 High and agreed that appropriate controls are in place and operating effectively.
- The committee requested that greater clarity is provided in the presentation of mitigating actions in future reports to ensure consistency and alignment.

### **Internal Audit**

- The final report on risk management which focused on directorate risk registers issued with reasonable assurance. An action plan is in place to address the issues raised around the rigour with which teams engage with the process. The Audit Committee will monitor the progress with embedding the actions.
- There are no overdue management actions.

### **Guardian of Safe Working Q4**

- Junior doctor work schedules remain compliant with the junior doctor contract with no significant change in trends since Q3. The reporting of exceptions to work schedules has decreased to 32 for Q4 compared to 50 in Q3 – the majority related to hours and rest with two relating to the category of access to education.
- There were three breaches of the junior doctors contract all within London for doctors who stayed late for the purpose of completing work and handing over complex cases.
- 419 vacant shifts required locum cover, 7% of which were covered by agency doctors. This is an increase in the number of vacant shifts in comparison with previous quarters but a reduction in the percentage of agency use required as most shifts were covered by internal locums.
- Justyna Sierpatowska has been appointed as the new Guardian of Safe Working.

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

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**23 May 2024**

<b>Title</b>	Quality Report
<b>Author / Role</b>	Duncan Gilbert, Associate Director of Quality management Marco Aurelio, Associate Director of Quality Improvement
<b>Accountable Executive Director</b>	Dr Amar Shah, Chief Quality Officer

**Purpose of the report**

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

**Key messages**

The Quality Assurance section of this report focuses on corporate services, and the maturing management system that enables corporate teams to plan, to manage daily operations, to assure quality of the service it delivers, and to tackle complex issues through quality improvement. Each corporate team is supported to identify priorities, through the annual planning process. The link between priority setting and delivery using quality improvement is being strengthened this year. Assurance around the quality of service being provided is being enhanced through the design of a new stakeholder-led accreditation programme, akin to the service user-led accreditation programme already in place for clinical services. There is also new work underway to help corporate teams understand their standard work processes, and to be able to see performance of these processes in real-time in order to better identify and solve problems (thus developing a quality control system).

The Quality Improvement (QI) section of this report presents the QI plan for the Trust in 2024-25, including two large-scale improvement programmes focused on inpatient flow and pursuing equity. The current Pursuing Equity programme has seen 23 teams actively engaging in projects aimed at addressing health inequities. Several teams have now seen improvements for their populations. A third phase of the Pursuing Equity programme will launch over the coming months, focused on reducing the gap in appointment attendance between those in the most and least deprived areas the trust serves. Over 30 teams have been identified to take part in this work.

A Trustwide flow programme is currently being mobilised, supporting all adult mental health directorates across East London, Bedfordshire and Luton with work already underway to help reduce private bed usage, and reduce length of stay on our wards.

Preparation for wave 14 of the Improvement Leaders Programme and cohort 10 of the Improvement Coaches Programme has begun. These programmes continue to deepen improvement capability across the Trust, and with partners in both of our integrated care systems.

**Strategic priorities this paper supports.**

Improved population health outcomes	<input checked="" type="checkbox"/>	Applying the QI method across the integrated care system. Large-scale QI programme on pursuing equity
Improved experience of care	<input checked="" type="checkbox"/>	Learning and improvement focus. QI approach to tackling flow across the system
Improved staff experience	<input checked="" type="checkbox"/>	Supporting the staff development and strengthening the leadership that enables staff to flourish.
Improved value	<input checked="" type="checkbox"/>	Effectiveness and efficiency are key components in the value calculation. Most quality improvement work enhances value through improving productivity, with some work focused on cost avoidance/reduction or improving environmental sustainability

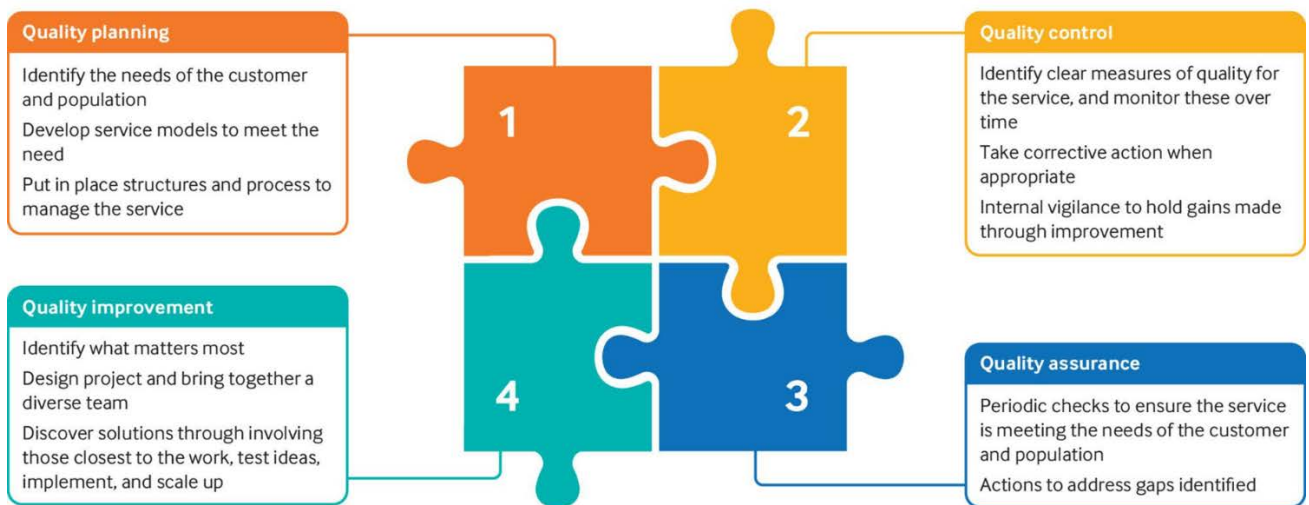
**Implications**

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	This report is aimed to identify risks related to quality and safety, to provide assurance on the work underway to mitigate these risks, and identify actions we can take to reduce these risks.
Service User/ Carer/Staff	The report provides information related to how we listen to the experience of service users and carers, and the systems in place to ensure that this leads to continual improvement in quality and safety.
Financial	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.

**1.0 Quality Assurance**

- 1.1 This report provides assurance to the Trust Board regarding corporate services, and progress in adoption of the ELFT management system, in support of delivering the Trust strategy.
- 1.2 The ELFT management system has four components, as illustrated below. Planning enables alignment with strategy, the articulation of clear priorities and the establishment of structures and processes for delivering these. Improvement is our approach to solving complex problems through the use of robust and rigorous QI projects, involving the people closest to the issue in discovering and testing new ideas. Assurance helps us demonstrate that we are meeting standards (national, local or service user-defined). Quality control allows teams to ensure ownership of daily work, through defining standard work, use of real-time data to adjust for

variation, problem-solving and escalating for support when needed.



1.3 The activities in the management system are not individual, but rather interconnected and closely related. A good management system will be well balanced and primed to deploy the appropriate activity effectively to the various challenges that the team or organisation faces, ultimately towards delivery of the Trust's mission and strategic objectives.

1.4 This report sets out the current position of corporate services, and work being undertaken, to strengthen the elements of the management system, and how they operate in an integrated and systematic fashion across corporate services.

## 2.0 Quality Planning in corporate services

2.1 Quality planning involves understanding the needs of the customer, or service user, determining the systems and structures required to deliver the desired outcomes for those customers and setting goals and priorities accordingly.

2.2 The trust has been iteratively strengthening its approach to planning over the past 3-4 years, and the development of robust, measurable annual plans, that align with, and incorporate, priorities from our working together group, our members and governors, as well as our two integrated care systems and NHS England. This approach to strategy execution through co-production of annual plans is now well-established across our clinical services.

2.3 The planning process for corporate services follows a similar process, with similar expected outputs, but the structures in place to support the planning and delivery processes are less well developed. To address this, in February 2024, we held our first Corporate Annual Planning workshop, bringing all corporate services together in person to:

- Generate a greater sense of shared purpose and ethos as a corporate directorate, and identify opportunities for collaboration and joint working in delivery of our priorities
- Generate a deliverable annual plan for each team for 2024/25 that is aligned with trust and stakeholder priorities

- Generate actionable ideas for the transformation of corporate services to improve sustainability, quality and efficiency, and best meet the challenges we face in 2024/25 and beyond

2.4 The workshop was well attended by corporate teams and executive leads, with over 100 in attendance. The first part of the session helped develop a stronger purpose across corporate teams, utilising powerful stories from clinical teams to understand what great corporate services look and feel like.

ETHOS	DESIGN/STRUCTURES	BEHAVIOURS
<ul style="list-style-type: none"> <li>• Visible</li> <li>• Accessible</li> <li>• Helpful</li> <li>• Hopeful</li> <li>• Flexible</li> <li>• Accountable</li> <li>• Can-do</li> </ul>	<ul style="list-style-type: none"> <li>• ‘Single point of access’</li> <li>• High level of designed integration of functions – seamless, streamlined systems &amp; processes</li> <li>• Proportionately smaller, more efficient, higher value/lower waste</li> <li>• Embedded within services where possible – always visible and accessible</li> <li>• Systematic Service User involvement designed in</li> <li>• Focused upstream, proactive, planned and preventative processes</li> </ul>	<ul style="list-style-type: none"> <li>• Listening and learning</li> <li>• Interested in, and understanding, the clinical context</li> <li>• Aligning with clinical services needs and priorities</li> <li>• Using AI and technology to improve efficiency, experience and outcomes</li> <li>• Connecting with stakeholders – mutual understanding, shared goals, collective responsibility</li> <li>• Great communication</li> </ul>

2.5 The second session focussed on redesign opportunities to support financial viability. A number of high impact ideas were identified which will be incorporated into corporate service annual plans and the 24/25 Financial Viability programme.

Corporate process digitisation & automation	Rationalise Corporate equipment and systems	Seamless recruitment / staff onboarding
Invest in own large meetings and events space to reduce external venue spend	<b>Ensuring Financial Viability within Corporate Services</b>	Invest in central booking system for all desks, rooms & venues
Create a central helpdesk for all Corporate Services jobs & requests	Identify operational spaces for Corporate Services staff to work from	Develop a dispensary in Luton & Bedfordshire

2.6 The final session allowed teams to adjust their annual plans based on the discussions on the day, and consider how best to collaborate with others in the delivery process.

2.7 The planning process across the Trust is led by the corporate quality and performance teams, with a matrix team including other functions, such as financial viability, public health, sustainability. Delivery of annual plans will be monitored by executive leads through the quality review structure, and a further mid-year planning workshop is scheduled for September 2024 to review and refine.



### **3.0 Quality Assurance in corporate services**

- 3.1 Quality Assurance involves periodic checking that a particular standard or threshold is being met. Audit, accreditation and inspection are classic examples of quality assurance activity.
- 3.2 Based on the success of the Service User Led Accreditation programme as a means of measuring quality of care against standards that matter most to service users and carers, recognising and sharing good practice, and supporting improvement, in September 2023 the Trust Quality Committee approved a proposal to co-produce a programme of stakeholder-led accreditation accessible to all those services for corporate services.
- 3.3 This programme was to be designed with aims:
- To tighten focus on the impact on service user care and experience in corporate services
  - To identify, promote and assure against a shared set of core customer-focused standards across corporate services
  - To improve working relationships between corporate and clinical services
  - To provide the opportunity to recognise and share good practice, and support improvement
  - To support core Trustwide quality objectives e.g. CQC compliance, commitment to continuous improvement, providing leadership across integrated care systems
- 3.4 The key stakeholders were identified as service users, clinical services, executive leaders and corporate teams. Several focus groups were held to create design principles and a draft set of standards applicable across corporate services, a process for assessing against those standards, and quality assuring the end award. Three corporate teams are currently involved in a first test of this programme (corporate governance, communications, quality improvement). There are currently 32 standards across 6 domains:
- Leadership, values and purpose
  - Team functioning and relationships
  - Value and sustainability
  - Learning, improvement and innovation
  - Stakeholder involvement
  - Impact and outcomes
- 3.5 The programme broadly follows the same process as the Service User Led Accreditation Programme, with an initial self-assessment followed by an in-person assessment from a team of assessors. The team of assessors should include at least one service user, and one staff member working in clinical services, with at least one more person representing either service users, clinical staff or another corporate service.
- 3.6 Following the assessment, teams will receive a written report of scores and rationale. This report will be taken to the Service User Led Accreditation Panel for final reward sign-off. The rewards will be the same as the Service User Led Accreditation Programme

- >70% standards met – Bronze Award
- 80-89% standards met – Silver Award
- 90-100% standards met – Gold Award

3.7 It is anticipated that the programme will be implemented across all corporate/non-clinical services from July 2024.

#### **4.0 Quality Improvement in corporate services**

4.1 Quality improvement is a systematic and applied approach to solving a complex issue, through testing and learning, measuring as you go, and deeply involving those closest to the issue in the improvement process.

4.2 Current structures and capability

QI in the corporate directorate is supported by 16 QI Sponsors. These sponsors are members of the executive team, or team leads (Directors, associate or deputy directors).

Project teams are supported by 14 QI Coaches. These coaches come from various backgrounds and hold substantive roles, giving one or two hours a week to coaching a team with its improvement work. This diversity brings a wealth of expertise to the QI programme, and the regular nudge and support from outside the team enables quality improvement work to keep progressing.

A monthly QI forum provides a platform for teams to showcase their work and share learnings with the wider community. The forum is chaired by Tanya Carter, Chief People Officer. Throughout 2023, the monthly forum consistently attracted around 30 attendees. Notably, the forum became one of the few within the Trust to resume face-to-face meetings quarterly. During these face-to-face sessions, attendance ranged between 30 and 40 delegates.

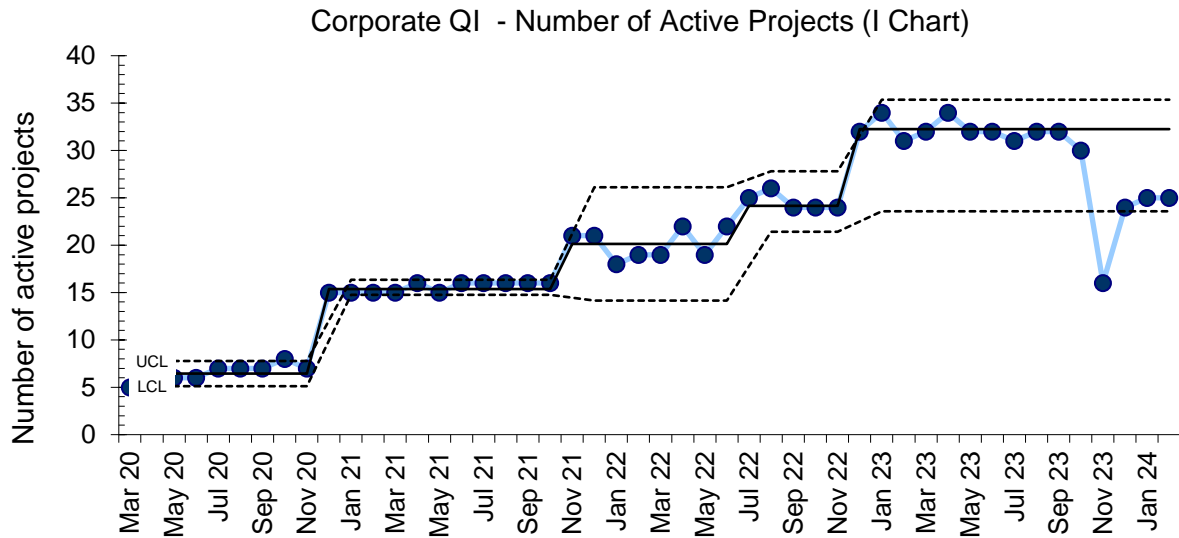
In 2024-25, QI projects in corporate are aiming to be more aligned to annual plans for each corporate department/team. Following identification of the improvement opportunity, in consultation with the executive director for the corporate function, a project lead and project team will be identified. This will lead into the initial steps of analysing the problem/issue/opportunity using a range of tools, and putting forward a project charter, which includes aim, measurement plan and theory of change. After approval at the QI forum, a QI coach and sponsor will be allocated for ongoing support.

In common with clinical services, all corporate staff have access to, and are strongly encouraged to participate in, the range of Improvement Science training offered, namely Pocket QI (an online primer of improvement science and an introduction to the tools and techniques employed), Improvement Leaders Programme (an in-depth, 6 month programme that equips delegates to lead quality improvement work), and the Improvement Coaches programme (ICP). At the time of writing, 267 corporate staff have undertaken quality improvement training of some kind, which represents around 44% of the workforce. Corporate teams have contributed over 50 delegates at each of the last three cohorts of the Improvement

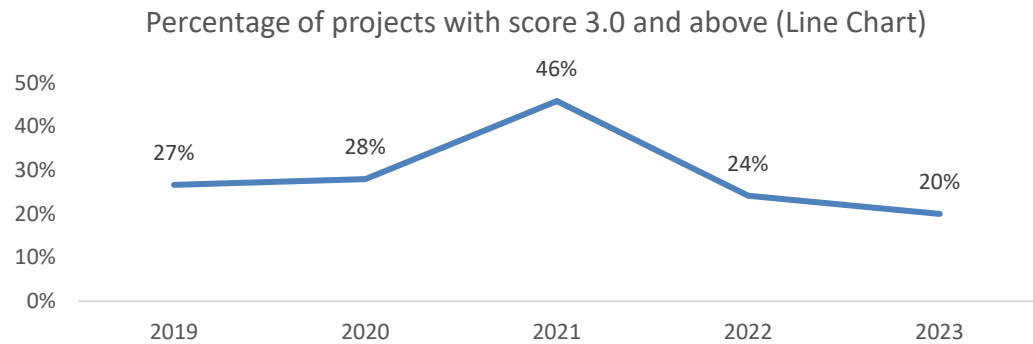
Leaders Programme, the highest number of delegates across all ELFT directorates.

#### 4.3 Activity and impact

There are currently 24 corporate QI projects active, and QI activity in corporate services has been growing over time.



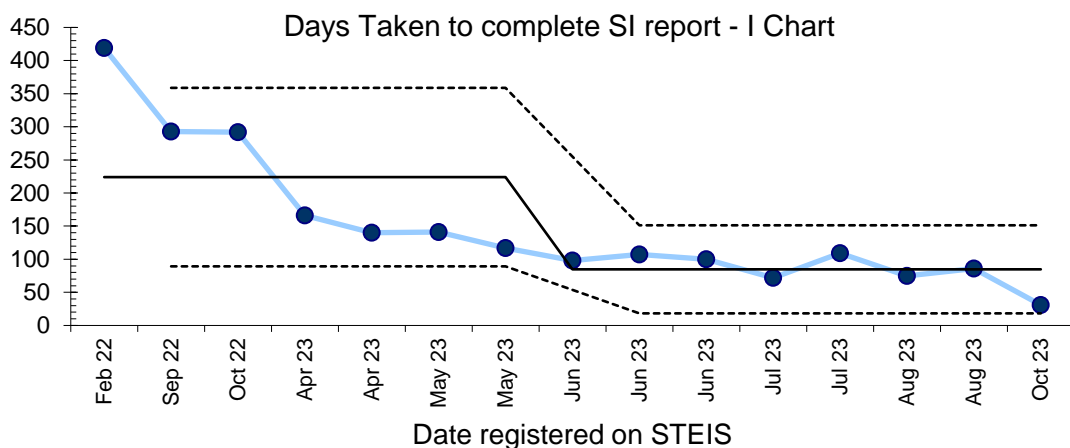
A deeper dive shows that although the quality improvement activity in corporate services has grown over time, the proportion of activity that is leading to improvement has reduced. The reduction in number of active projects in Autumn 2023 was due to closing projects that did not meet the criteria for active quality improvement – testing ideas, measuring data, with a team actively working on the problem.



On the 0-5 scale that is used to monitor progress of all quality improvement work at ELFT (from establishing a team, through to testing changes, through to sustained improvement), only 20% of corporate QI projects demonstrated improvement (score of 3 or more) in 2023. This demonstrates the need for greater rigour in the application of the method, and stronger support (both leadership attention from sponsors, and quality improvement support) in order to ensure that improvement initiatives achieve the desired goals. In 2024, there are plans to strengthen the pool of improvement coaches, tie QI work more closely to annual plans for corporate teams, and support corporate leaders (executives and heads of departments) to more closely and actively sponsor improvement efforts.

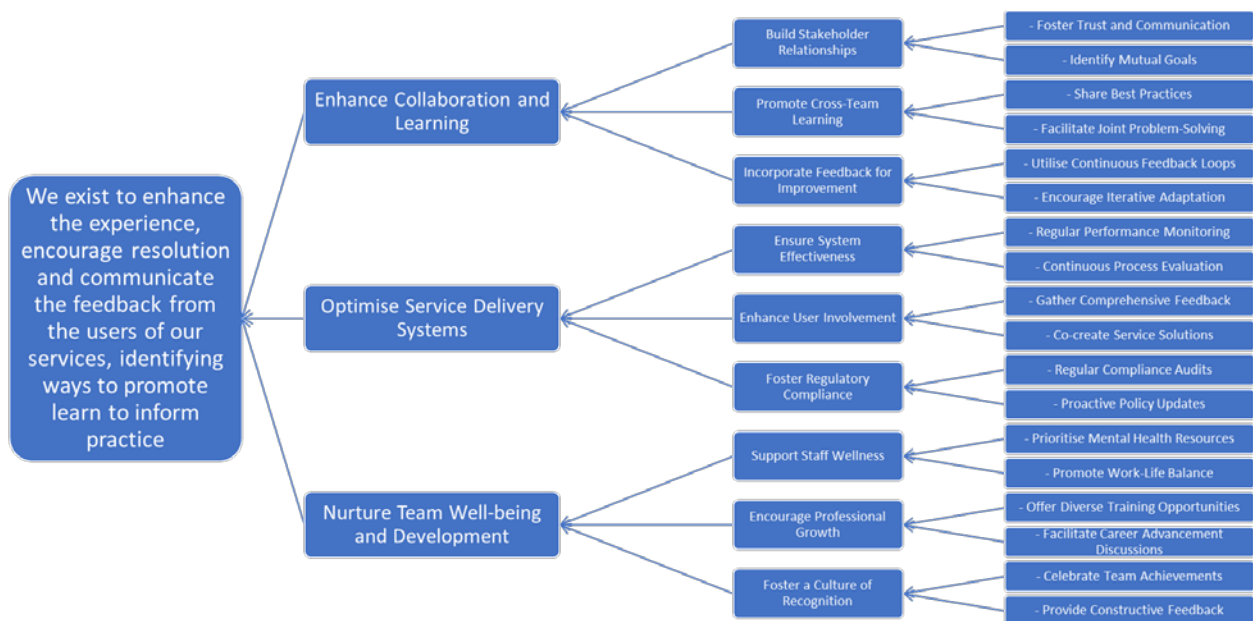
An example of the more rigorous application of improvement science is demonstrated by the Risk and Governance team. In response to a significant backlog of uncompleted serious incident reports, the Risk and Governance team initiated a quality improvement project aiming at reducing the average time taken to complete Serious Incident Reports (SIRs) from an average of 208 days (as of April 2022) to 60 days or less by August 2024, while maintaining the quality and comprehensiveness of investigations. The approach involved an Ishikawa analysis, process mapping, and a driver diagram to understand and address the root causes of delays. Three primary drivers were identified: streamlining Incident Reporting processes, adequate staffing and resource allocation, and timeliness and accountability.

Changes tested and implemented include an enhanced concise report, a caseload tracker, and team escalation meetings, resulting in a reduction in serious incident report completion time from 208 days to 74 days. Beyond these immediate gains, there were broader benefits related to staff engagement and collaboration, fostering a culture of transparency, learning, and continuous improvement. Lessons learned include the vital role of QI principles and data-driven decision-making.



In addition, the Mental Health Law and Legal Affairs team are working on process mapping and streamlining their ways of working, including optimising team processes, with focus on the interface with other teams involved in legal processes, and reducing waste and increasing efficiency in a way that improves experience and may reduce cost associated with litigation.

The complaints team are working to enhance the experience, encourage resolution and communicate the feedback from the users of our services, identifying ways to promote learn to inform practice (see their theory of change below).



## 5.0 Quality Control in corporate services

5.1 Quality control is probably the least developed part of the management system in healthcare globally. This involves being clear about standard work, monitoring performance in real time within the team or service, taking action when needed and escalating rapidly when we can't solve a problem.

5.2 At present there is, perhaps unsurprisingly, variation in quality control practice across corporate services. Data is often not available in real-time to the team, but is reported in arrears to committees (eg recruitment, incident reporting, complaints processes). A few areas are able to demonstrate the use of real-time data to manage service provision (eg IT help desk). Huddles are variable across corporate teams, and often serve the purpose of focusing on staff wellbeing rather than a way to ensure the whole team is involved in managing and supporting the work of the team, with problem-solving techniques being applied.

## 6.0 Work underway to strengthen the management system across corporate services

6.1 The Associate Director of Quality Management, Quality improvement department and corporate performance team are working with corporate teams to help:

- Strengthen the annual planning process, with a small number of priorities that have specific and measurable aims
- Strengthen the use of quality improvement, aligned with annual priorities, utilising the improvement leaders programme as a key vehicle to support people to learn and apply our improvement method for delivery
- Support people to understand the difference between quality improvement and quality control, building systems that enable stronger daily management (quality control)

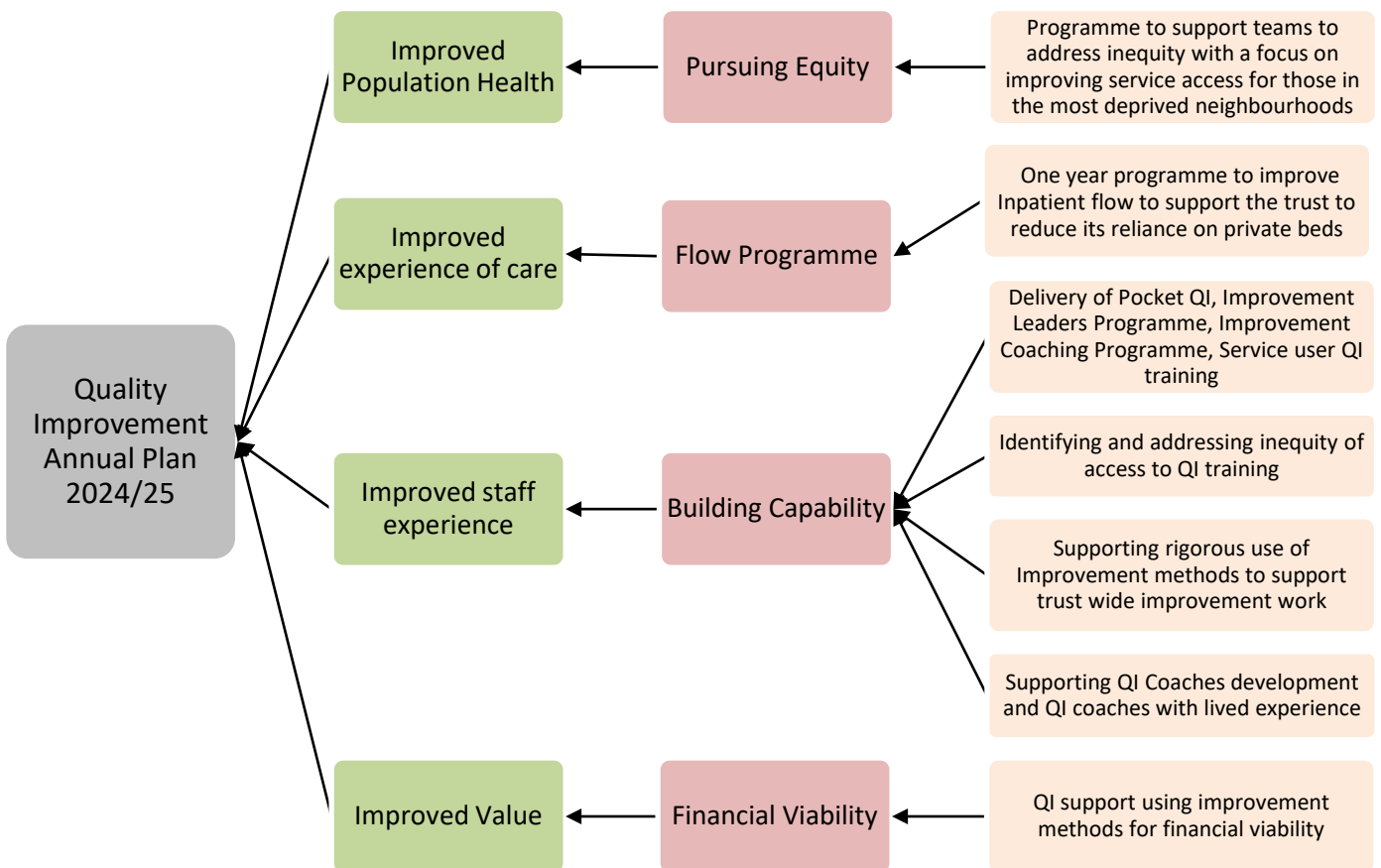
6.2 The Data & Analytics department is working with various corporate teams and departments to ensure they have access to real-time data in support of quality control. This is already available for quality improvement, people & culture,

finance, training & development, mental health law. The design of dashboards in PowerBI is underway for pharmacy and complaints.

- 6.3 All Corporate services will be expected to undertake the stakeholder led accreditation process over the next 18-24 months. The programme will be evaluated to determine if any further central assurance processes are required to support consistent meeting of minimum standards across all corporate teams.
- 6.4 The use of quality improvement across corporate functions will be strengthened in 2024-25, through closer alignment with delivery of annual plans, and enhanced executive director involvement in identifying improvement opportunities and sponsoring subsequent improvement initiatives.

## 7. Quality Improvement

- 7.1 The Quality Improvement (QI) plan at ELFT is designed to support delivery of the organisation’s strategic objectives to improve population health, improve service user and staff experience and to improve value across the Trust.
- 7.2 The QI annual plan has been refreshed for 2024-25. Activities focus on two large scale QI programmes to pursue equity and tackle inpatient flow, continuing several capability building programmes, and supporting teams to use QI to improve financial viability.





## 8 Improved Population Health – Pursuing Equity QI Programme

8.1 Phase two of the Pursuing Equity Programme, which brings together teams from across the organisation to apply the quality improvement method to understand and address a variety of health inequities, has seen significant progress over the last year with 22 teams of staff and service users actively engaged in the second phase.

Team	Aim	Progress
Hatters Health Primary Care Network	To increase the number of BAME service users on SMI register who have not engaged with primary care mental health service for the past 2 years and improve on engagement and uptake of biopsychosocial intervention from 20% to 80%	87% of service users with SMI from a BAME background have had physical health checks
Crisis Pathway and Perinatal mental health service	To increase the number of women referred to the service to an average of 100 each month by October 2024	13% increase in the number of women referred from 22 to 25 per month. Team have tested joint working clinics with midwives and obstetrics colleagues
Bedford and Luton Ocean Service	To increase tokophobia referrals from BAME service users in the Luton area to Ocean by 25% by October 2024	Team have tested a poster to promote the service and joint clinics with midwifery colleagues
Bedford and Luton Liaison and Diversion Service	Increase the % of BAME service users referred to the service by October 2024	Two change ideas tested including an information pack and joint referrals meetings with colleagues from the police
Bedford and Luton Community Rehabilitation Team	To increase the percentage of service users and carers satisfied with the standard of jointly worked care by October 2024	Testing cross-organisation working groups to share expectations and requirements
Bedford and Luton Jade Ward	To increase identification of non-healthy BMIs (obesity) and increase offering of appropriate interventions as defined by NICE guidelines on Jade ward PICU for BAME service users, by 10% by June 2024.	Team have been testing increased Section 17 leave to increase activity and a physical health huddle on a Friday for staff and service users
City and Hackney Perinatal Mental Health Team	To increase the number of referrals for Perinatal preconception counselling from 1 per month to 3 per month by August 2024	Team have tested promotion via posters at GP surgeries, attending CMHT meetings twice weekly and training for GP colleagues in what the service provides
End of Life Care Team in Tower Hamlets Community Health	Improving experience of end of life care for the Bangladeshi community (patients and carers) in Tower Hamlets by June 2024	Team have tested drop in training at East London Mosque around end of life matters and developed a podcast for GPs
Gender Pay Gap Team	Reducing the gender pay gap at ELFT	Team have tested the use of payslip literacy for female doctors.
Corporate Armed Forces Team	Improving recognition of armed forces veterans at ELFT	Team have increased the number of service users with an armed forces status on RiO from an average of 84 to 100 each month
SAS Drs	Improving recognition and experience of Specialist Doctors at ELFT	Team are currently working to create a trust network for SAS Dr's. They are considering the use of a short regular pulse survey to measure experience.

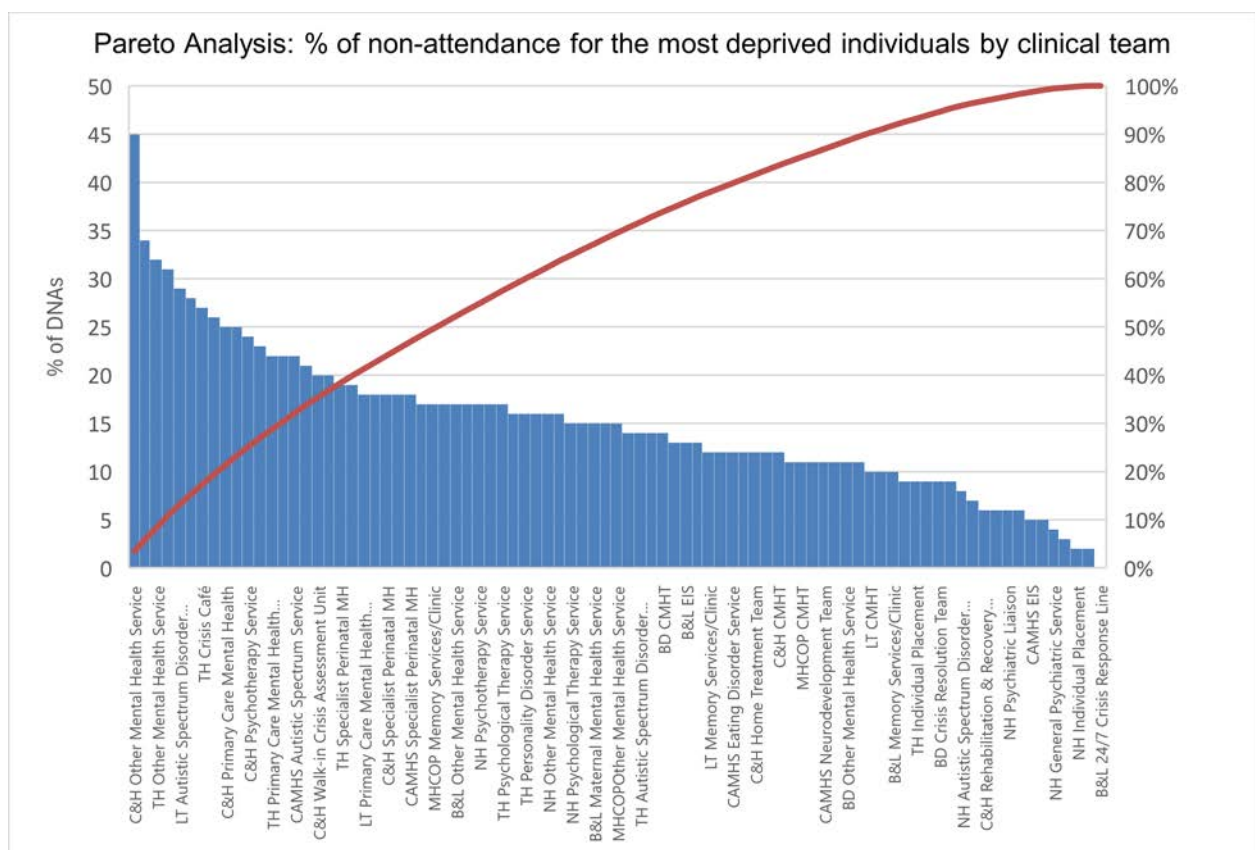
Forensics Unit Wide racism project	Improve Staff Knowledge, Awareness and Reporting Racism by 20% by June 2024	Team have been testing anti racism training as part of local induction.
Aldgate Ward Forensics	Improving service user experience with communication on Aldgate Ward for service users with Autism by October 2024	Team is conducting a focus group to help decide which change ideas to prioritise
Cauldwell Medical Centre Primary Care	Reduce menopause related appointments being booked with GPs by 50% by October 2024	Team are currently understanding the problem via focus groups with service users
South Luton Schools Team CAMHS	To increase the number of referrals from children in the South Neighbourhood of Luton from a southeast Asian background by 25% by September 2024	Team have tested an infographic with information about local mental health services to raise awareness of what is available. Testing of a short training session to raise confidence in teachers to discuss mental health issues with students
Newham Specialist Psychotherapy Service	To increase average monthly referrals to Specialist psychotherapy service from the South Asian Community by 20% by October 2024	Team have tested a frequently asked questions document for service users. They are developing a referral pathway for south Asian women and are partnering with a local charity to take this forward
Newham Early Intervention Service	To reduce the number of Black Men on a community treatment order by October 2024	Team is currently working to understand the problem using a cause-and-effect diagram
Tower Hamlets Talking Therapies	To achieve 50% recovery rate with Bangladeshi patients accessing Tower Hamlets Talking Therapies by Mar 31st 2024	Team have begun testing cultural competency training for staff.
Newham Talking Therapies	To increase NTT referrals from black males aged 18-25 years from 1.1% to 1.5% by May 2024	Team have tested two change ideas including handing out promotion materials at gyms and barbers and holding an awareness session at the University of East London
Bedfordshire Talking Therapies	To increase recovery rates for service users from an Indian and Bangladeshi background by 20% by October 2024	Team is currently working to understand the problem
Tower Hamlets Psychological Therapy Team	By January 2024 we aim to improve access for underrepresented groups, to match the borough population as indicated by census data, with respect to those offered an assessment at PTS	The team are working closely with their key referrers to do joint work around outreach to reach people from BAME backgrounds. Team is still testing their new triage process.

8.2 Several teams have seen improvements as part of the work. Hatters Health Primary Care Network in Bedford and Luton have increased the number of people with SMI who have received physical health checks from BAME backgrounds from 62% to 87%. A team from Bedford Crisis Pathway and Perinatal service have increased the number of women accessing the service by 13% from an average of 22 to 25 people each week.

8.3 Work is underway to develop the third phase of the Pursuing Equity QI programme, which will be launched in September 2024 and run for one-year. Trust-wide data shows that people living in the most deprived areas covered by the trust are more

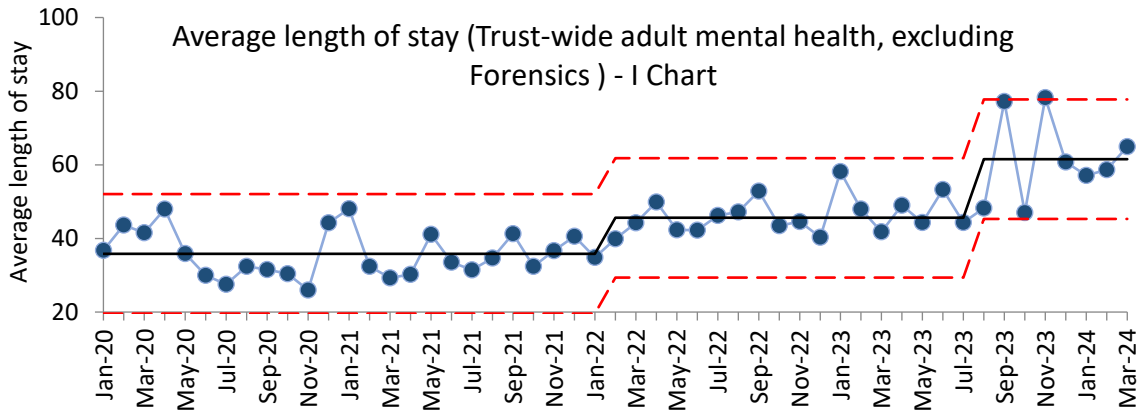
likely to not attend appointments than those living in the least deprived areas (see Equity section of the performance report).

- 8.4 Over 30 teams (with the greatest disparity in non-attendance) from across community-based mental health services and community health services for children, adults, and older adults will be invited to take part in the programme. These teams of staff and service users will be supported to use QI to understand the issue, co-produce a theory of change, test change ideas and measure the impact over time. Wraparound support will also be provided by the trust Data Analytics team to access data and the People Participation Directorate to support meaningful co-production. Teams will also be brought together as part of a series of learning sessions to share their learning and gain support.

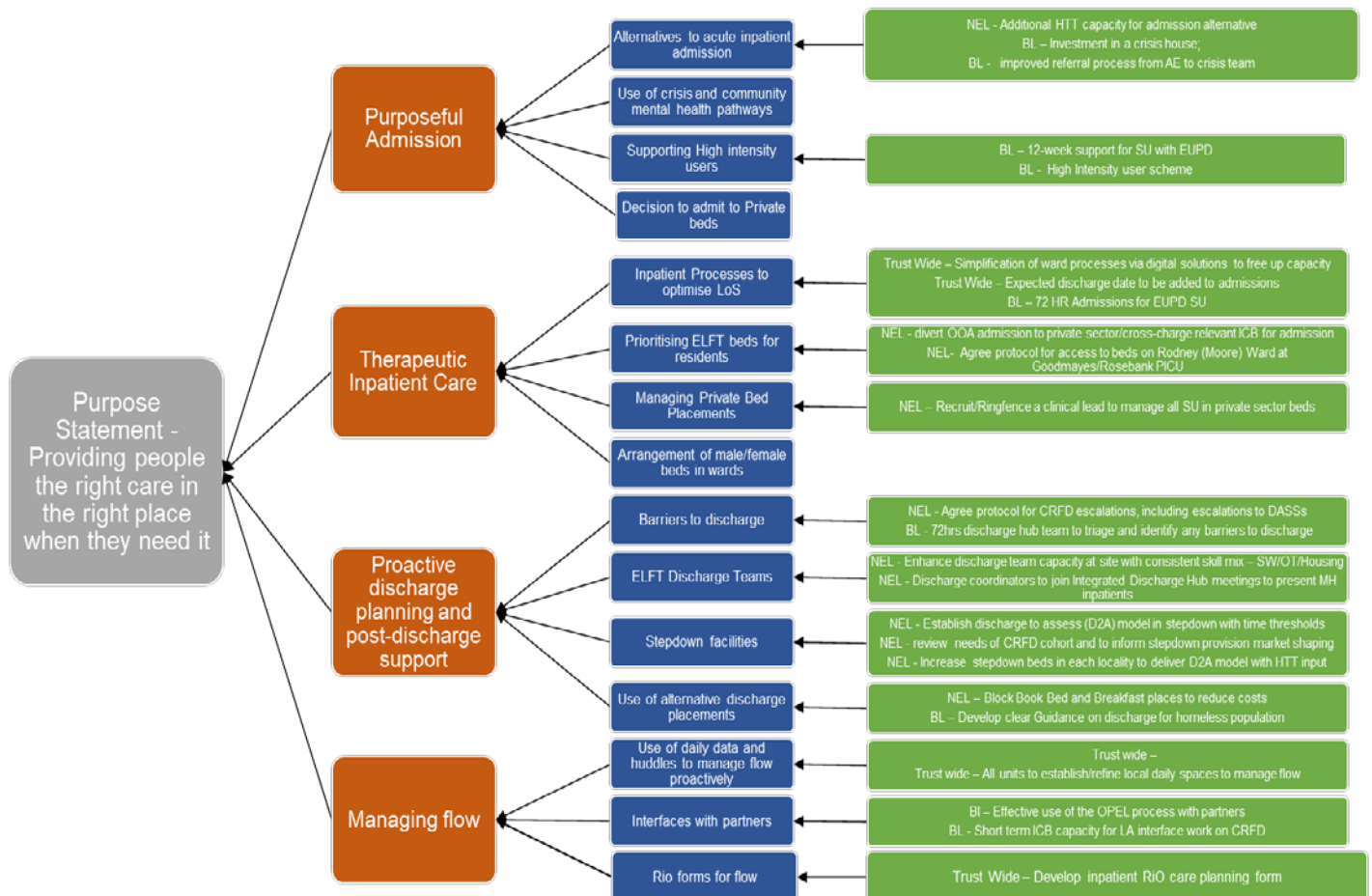


## 9 Improve Experience of Care – Inpatient Flow Programme

- 9.1 The second large-scale QI programme for 2024-2025 is designed to improve flow across adult mental health inpatient units. The trust is experiencing significant pressures with flow through the entire acute pathway, with financial pressures around private sector bed spend. The aims of the programme will be to reduce private sector bed use at ELFT to zero by October 2024 and to reduce average length of stay from 61.5 days to 40 days by October 2025.



9.2 The current Trustwide theory of change is displayed below as a driver diagram and includes a range of change ideas that will be tested across Bedfordshire and Luton, and North East London. Some of these require investment in new services, through the Mental Health Investment Standard, others will be more process related changes to how work is carried out, and some will require the development of digital solutions to streamline workflows.



9.3 A measurement plan for the work is being developed to guide learning and understand the impact that the work is having. The data will be available as statistical process control charts in PowerBI, developed by the Trust's Data Analytics team.

9.4 The programme will be sponsored by the Executive Director of Integrated Care, Chief Operating Officer, and Chief Quality Officer. Teams in each directorate will be

led by our most senior clinical leaders, supported by several corporate teams in a co-ordinated way. Data analytics will support the creation of a dashboard of measures and ensure all data is fed into the Trust's data warehouse where needed. The Finance department will help with the provision of financial data and modelling benefits from proposed change ideas. The Business development unit and integrated care team will help with the development and delivery of business cases relating to change ideas that rely on investment. The digital team and corporate performance team will support the development of a single streamlined RiO form to simplify the capture and accessibility of all data related to managing inpatient care pathways. Support for co-production will be provided by the People Participation directorate.

- 9.5 The QI department will assist in developing the programme infrastructure, co-ordination of learning spaces and provide direct improvement coaching support to teams. Work will be locally led by the clinical and service directors. Each directorate will be supported to develop the appropriate structures to manage the work, including daily spaces to optimise flow, and fortnightly meetings to maintain oversight of the work, which will feed into local directorate management teams for assurance. To share learning, local leaders will be brought together monthly at a project board chaired by the Chief Operating Officer.
- 9.6 Work has already commenced in all parts of the Trust, with workshops to understand the problem systematically and create a theory of change. Several high impact change ideas are already being tested. In Bedfordshire and Luton, the Discharge Hub has been completing 72hr triages for new admissions to identify potential barriers to discharge earlier during admission. In Newham, work is underway to rethink the design of the crisis team as well as undertaking process mapping of the whole inpatient pathway to find ways to improve the pathway. In Forensics, a new admissions ward is currently being scoped with a view to opening in quarter 2 of 2024. Tower Hamlets are working on a range of change ideas including developing a Coventry Road pilot, which will be a single point of access for the neighbourhood, open 24 hours a day. On Globe Ward, work is underway to improve readiness for discharge. City and Hackney are focussing on reviewing the residual Crisis Assessment Team offer, using QI to reduce community mental health waiting times and developing a local step down and crisis bed offer.

## **10 Improved Staff Experience – Building Capability**

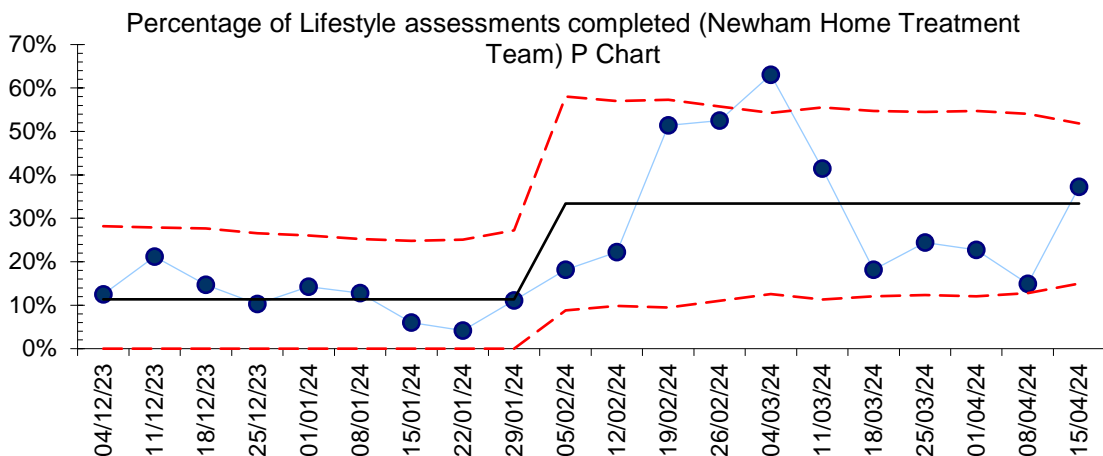
- 10.1 ELFT provides several opportunities for staff and service users to build capability and capacity in Quality Improvement. Three main programmes are delivered each year. Pocket QI is a one-day introductory course for QI; the Improvement Leaders Programme (ILP) is a 6-month course designed to support people who are leading a QI project, and the Improvement Coaches Programme (ICP) runs for 6 days over 6 months, supporting staff and service users to take on the role of an improvement coach. There is also a specific introductory course to QI for service users, which is



co-designed and led by several carers and service users. Several other tailored courses run annually including for psychology trainees and student nurses. Below is a summary of the number of people trained over the last 10 years at ELFT.

Course	Total Trained (2014-2024)	Total Trained Still at ELFT
All courses	6394	3170
QI Masterclasses	518	229
Pocket QI	3424	1933
Improvement Leaders Programme	1531	828
Improvement Coaches Programme	295	172
IHI Improvement Advisor	13	8
Intro to QI for service users and carers	268	

10.2 In 2023-2024, 704 people completed Pocket QI. 41 new QI coaches graduated, and 150 completed the Improvement Leaders Programme. ILP is a vehicle to deliver priorities that feature in team and directorate annual plans. As an example, participants from the Newham Home Treatment team have been applying QI to improve the completion of physical health monitoring for service users on their caseload. As a result of testing change ideas, including a staff reminder to complete physical health checks and pharmacy involvement in directing check completion, the team has seen an increase from 11.4% to 33.4% of people on the caseload with a lifestyle assessment completed.



10.3 Recruitment to Wave 14 of ILP has commenced, with 75 people currently signed up. Directorates have identified 18 people for cohort 10 of the improvement coaching programme so far. Each directorate is being supported to develop local QI capability building plans to help identify what capacity and capability they need to build to help them deliver their annual priorities.

10.4 Work has also been underway to understand how equitable the training programmes are. Further work is needed to support staff in Bands 2-3 and 8c-9 to access QI training. Directorates are considering this as part of annual QI capability plans, informed by analysis available in PowerBI. Other areas identified included a



need to improve accessibility around learning and sensory needs, and physical access requirements for course delegates. Work is underway to develop support materials and confirm that venues meet physical access requirements.

## **11 Annual visit from the Institute for Healthcare Improvement (IHI)**

11.1 Every year since 2014, ELFT has hosted a three-day visit from our strategic partners, the IHI, to enable us to reflect on progress with adopting and embedding quality improvement, bring some external challenge and support, as well as thinking about areas of focus for the year ahead. Our 10<sup>th</sup> annual visit was held from 30 April to 2 May. Each directorate, and a number of corporate functions, hosted sessions with the three faculty from the IHI, to reflect on progress and grapple with current challenges and opportunities. In the final debrief, progress was noted in the involvement of service users and carers in quality improvement, the shift in quality improvement being a way of thinking and working (and not solely limited to projects), and the incorporation of equity as a consideration across all QI work.

## **12 Action Being Requested**

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

# Performance report

**May 2024**

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 a 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. A narrative explaining unusual variation is contained in the performance overview within the relevant theme.

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

Waiting times continue to be monitored across 52 teams within the Trust. Of these teams, 16 are seeing a decrease in their waiting lists, 23 are seeing an increase, and 16 remain stable. While the overall waiting list backlog continues to rise, the most considerable reductions were observed in community health services, community mental health services, Talking Therapies and CAMHS.

Bedfordshire Community Health Services have achieved a significant milestone with an overall reduction in their waiting times. This positive outcome is largely attributed to a decrease in podiatry waiting lists over the past 3 months, which is a testament to the success of various change ideas tested by the service. The ongoing education of healthcare professionals remains a priority, with a focus on expanding their roles to include low-risk tasks such as diabetic foot assessments. Efforts are also directed towards improving knowledge about appropriate referrals to the podiatry department, especially for high-risk cases. Immediate actions involve developing a comprehensive training plan for all staff to enhance their MSK skills, thereby preventing the creation of separate waiting lists for complex cases.

Projects addressing the growing waiting lists for ADHD and Autism assessments are ongoing. Across Luton & Bedfordshire, agreement has been reached to test the QbTest within the Bedford ADHD Team. The QbTest is a computer-based assessment tool used in the management and diagnosis of ADHD, providing healthcare professionals with objective test data to help them make a diagnosis. The team is currently identifying staff members who require training to administer and interpret the QbTest. Across East London, a decision has been made to test the QbTest in the Tower Hamlets ADHD service. A meeting was held with the Recovery Colleges across East London at the beginning of May to explore available pre-diagnostic and post-diagnostic support for service users. Learning is being adopted from Luton & Bedfordshire to inform the design of East London Recovery Colleges courses.

## KEY MESSAGES (continued)

The 'Train the Trainer' Recovery College programme is now in progress within the Tower Hamlets ADHD service. This innovative initiative equips service users, who have first-hand experience with ADHD, to lead various courses and programmes. The aim is to bolster self-management skills for those on the waiting list, fostering a sense of empowerment and self-reliance.

A first draft of the Autism website has been developed and will be presented to the next Working Together Group. The Tower Hamlets referral form has been shared as a model referral form. All teams are comparing this against their referral forms to streamline and standardise across all services. Luton & Bedfordshire services continue exploring several digital solutions, including the EBO app and AI reporting writing tools, to help improve administrative processes and release clinical time to care.

The percentage of service users followed-up within 72 hours of discharge from a mental health inpatient ward has achieved 84% in April, surpassing the national 80% target over the past two months. Similarly, the percentage of service users achieving recovery in talking therapies continues to be in line with the national 50% target. The proportion of service users who respond positively to the Patient Experience Questionnaire (PEQ), which is administered at the end of treatment, has averaged 90%. Waiting times across Talking Therapies have also decreased due to improvements in recruitment, with no vacancies remaining in East London and almost all positions filled in Bedfordshire.

The equity section in this report provides deeper insights into access between different ethnic groups within community CAMHS. The analysis highlights variation between BAME and White groups across Luton and Newham services compared to the relative population size of communities in each borough. Several factors can influence access to services, including language barriers, awareness of services, socio-economic factors, waiting times, social stigma and the extent to which services are sensitive to the cultural needs of different populations. Several initiatives are underway to improve access through working with children and young people, families, schools and broader community organisations to promote a holistic, system-wide approach to tackling mental health and wellbeing issues in each borough. In Luton, the CAMHS triple aim project has brought partners together within schools to address the problems from a population health perspective. Investment has recently been secured to expand Mental Health Support Teams across Newham, which will help improve capacity and increase access in the borough. Services are also developing plans to create a single point of access in partnership with the local authority. This will unite professionals from different organisations to swiftly triage and direct service users to the most suitable teams. Thus, enhancing navigation may also alleviate stigma by routing referrals through the local authority rather than directly to a mental health provider. In City and Hackney, similar initiatives are in place, and single point-of-access models exist in partnership with Homerton Hospital. In Tower Hamlets, well-established relationships with faith organisations and other wider community partners across the entire system are helping to engage children and young people from different communities successfully.

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

Bed occupancy remains high at 96% at the end of April. A critical incident was declared during the Easter Period, and an incident room structure was established to bring senior leaders together across the system to help improve flow, reduce delays in A&E, and reduce out-of-area placements. Learning from this approach is being incorporated into the large-scale flow programme that is currently being established as one of our large-scale QI programmes for 2024-25.

# REPORT TO THE TRUST BOARD IN PUBLIC

## KEY MESSAGES (continued)

The key improvement initiatives will focus on three areas. Firstly, delivering purposeful admissions so that service users are only admitted to inpatient care when necessary assessments, interventions, or treatments cannot be provided outside the hospital setting. Secondly, ensuring that therapeutic inpatient care is tailored to meet patients' needs through planned and regularly reviewed interventions and treatments. Thirdly, discharge planning procedures should be initiated as early as possible to ensure individuals can leave the hospital promptly once they no longer require inpatient care. As part of the Mental Health Investment Standards, several schemes are being developed to improve flow, including expanding discharge to assess model and supported living accommodation, increasing Home Treatment Team capacity, and interventions for service users with complex emotional needs and high-intensity service users.

The percentage of service users who would recommend our services decreased in March, before returning back to normal levels of 82% in April. The unusual drop in March is thought to be related to a reduction in survey responses (30% fewer responses and a similar drop in positive results) since transitioning from the Envoy to the Civica digital platform, the new system that captures service user feedback. The quality assurance team is working with services with lower than expected response rates to overcome any local challenges with the new system.

# Executive Summary

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

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

## Committees/meetings where this item has been considered

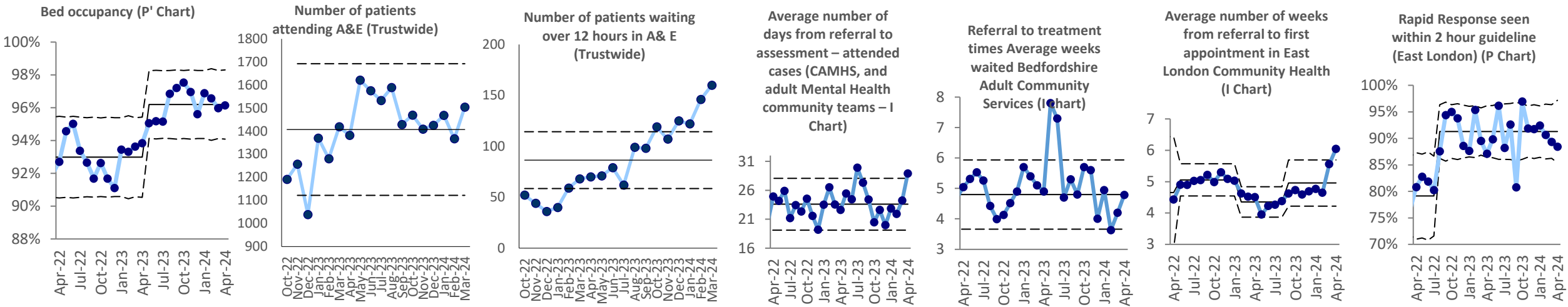
Date	Committee and assurance coverage
Various	Various sections of this report are submitted to the Service Delivery Board, Finance Business and Investment Committee and other Trust committees. Some of the performance information is submitted to commissioners and national systems.

## Implications

Impact	Update/detail
<b>Equality Analysis</b>	Some of the metrics in this report are designed to improve equalities by ensuring access to services and good outcomes. Analysis of the experience of different groups is undertaken as part of the Trust's inequalities work stream and population health task and finish group.
<b>Risk and Assurance</b>	This report covers performance for the period to the end of April 2024 and provides data on key compliance, national and contractual targets.
<b>Service User/Carer/Staff</b>	This report summarises progress on delivery of national and local performance targets set for all services.
<b>Financial</b>	The performance summary will escalate the areas where targets have not been met or areas of noncompliance against the main contracts and could pose a financial risk to the Trust.
<b>Quality</b>	Metrics within this report are used to support delivery of the Trust's wider service and quality goals.



# Access and Responsiveness



For two weeks over Easter, the Trust declared a major incident, to give clinical teams the permission to focus on managing flow over a period that was predicted to be busy. In Newham, bed management meetings were switched to in-person and doubled in length to offer extra scrutiny. All senior management leads in the directorate participated in ward management rounds to provide additional oversight and challenge to strengthen local decision-making around discharge plans. Service managers have said that this allows them to ensure that tasks are promptly discussed and followed up. A new staff member has joined the discharge team to aid in coordinating external actions for service users across step-down beds, A&E, and out-of-area placements, as well as internally with individuals clinically ready for discharge. The team has redesigned the clinical pathway for out-of-area placements. As a result, service users needing treatment must be admitted to the triage ward for three to five days before it is decided whether to place them out of the Trust, if bed capacity is not available locally to meet their ongoing needs. Over the past three weeks, at the time of writing, only one service user has bypassed the triage ward due to clinical reasons. All these changes have helped reduce both the number of people waiting for a bed and private bed usage.

In Tower Hamlets, 'Perfect Day' meetings have been re-established, where actions are identified and decisions expedited to help unblock issues daily. Community teams work within A&E to develop care plans and prevent admissions whenever feasible. These joint assessments aimed to provide alternative care within the community tailored to the specific needs of individuals. The 'Red to Green' approach to ensuring purposeful admissions has been adopted across inpatient wards to re-focus the morning management ward rounds to identify bottlenecks to discharge and put actions in place to prevent delays. The bed management meetings also include placed-based system leads from the ICB to help expedite issues. Services have started exploring ideas to alleviate delays associated with Court of Protection procedures, such as granting leave where possible. Further efforts are underway for service users with the most extended delays, often subject to Ministry of Justice orders, to return them to mainstream prison services as soon as they are well. Inpatient teams have also partnered with several accommodation providers to implement a discharge-to-assess model, improving inpatient capacity and flow. The team's key focus has been reviewing high-intensity users of the inpatient service, developing transition plans, and collaborating with supported accommodation to resolve housing issues. Addressing the complex emotional needs of service users remains challenging, and investment plans are being submitted to establish a SUN (Service User Network) Project where this population can receive ongoing peer support, advice and interventions in the community. Across older adult wards, occupancy levels have reduced due to the continuing focus on managing delays and success in resolving accommodation issues with local authority partners. All these initiatives meant that Tower Hamlets could successfully bring its out-of-area placements down to zero during the critical incident period.

## Access and Responsiveness

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In City & Hackney, new processes have been implemented to elevate the thresholds to which service users get admitted to the wards and identify where support can be provided in the community. More robust conversations have been held with community management teams to identify alternatives to admission. Services have established a complex panel to help review the holistic needs of high-intensity service users to avoid repeat admissions. An incident room was established to identify patient-by-patient actions that need to be implemented to reduce the number of clinically ready-for-discharge service users. The discharge hub undertakes the social care assessment on admission to identify the service user requirements earlier in the pathway and put actions in place according to a Red, Amber, and Green system to prioritise and mitigate clinically ready-for-discharge delays. These processes have reduced the number of patients who are clinically ready for discharge in the borough.

In Bedfordshire and Luton mental health, a new control centre was set up to give easy visibility to patient flow within the wards, barriers to discharge, and to support active management of those who had been admitted to out-of-area providers.

Bed occupancy across inpatient services remains high, averaging 96% in April, with the number of out-of-area placements stable at between 60-80. The main contributing factors continue to be related to the increased acuity and complexity of admissions, including a rise in service users with autism and learning disabilities (see Appendix 1, page 26), delays in discharging people who are clinically ready for discharge, and the number of admissions to ELFT beds from people who are from other catchment areas. The number of people clinically ready for discharge remains at around 65 at any time.

The inpatient flow programme, a significant initiative across the Trust, is being established to oversee and strengthen the support across our services for the coming year, as it becomes one of our two large-scale improvement programmes. The programme will encompass a range of ideas and investments in the community, to reduce preventable admissions, and enable more rapid discharge to the community, through discharge-to-assess models, supported living accommodation, increasing home treatment team capacity and interventions for service users with complex emotional needs. The inpatient element of this programme will focus on three key areas. Firstly, delivering purposeful admissions so that service users are only admitted to inpatient care when necessary assessments, interventions, or treatments cannot be provided outside the hospital setting. Secondly, ensuring that therapeutic inpatient care is tailored to meet patients' needs through planned and regularly reviewed interventions and treatments. Thirdly, discharge planning procedures should be initiated as early as possible to ensure individuals can leave the hospital promptly once they no longer require inpatient care. These goals are consistent with NHS England's aspirations around the national inpatient Quality Transformation programme, which provides guidance and recommendations for ICB and providers to collectively develop plans to support cultural change and introduce bold, radical, reimagined models of care across all NHS-funded mental health, learning disability and autism inpatient settings. In Bedfordshire and Luton, a series of workshops was held in March with all stakeholders to formulate a system-wide plan and approach.

In East London, additional acute beds have been fully opened on Moore Ward on the Goodmayes site, providing additional general acute bed capacity across the system. The NHS 111 service has also gone live across North East London and will help provide mental health support 24 hours a day, seven days a week, for all ages. Individuals can use this number if they have an urgent mental health concern themselves or about someone they know. Providing access to a mental health professional, without the need for a GP referral, can help support people to manage a mental health crisis and, in many cases, be an alternative to attending emergency departments or calling the police. Furthermore, the consolidation of a single crisis line service has been implemented across East London and integrated with the 111 services, enhancing responsiveness, streamlining operations, and enabling services to deliver proactive community support.

## Access and Responsiveness

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Within CAMHS inpatient services, the Coborn Unit in Newham hosts the only PICU ward open for admissions in Southeast England. In close collaboration with the CAMHS provider collaborative, our services have been diligently managing demand. Teams have adjusted clinical treatment plans and one-to-one observations, ensuring that service users can stay within general acute wards and avoid the need for transfer to the PICU. The Evergreen Unit in Bedfordshire has recently completed training and upskilling staff. It is beginning to admit service users with eating disorders, which will increase the complexity and occupancy of the ward in the coming months. Our services are placing significant emphasis on neurodiversity and creating a therapeutic environment conducive to aiding emotional regulation. This includes offering activities and actively promoting usage of sensory rooms. Additionally, as part of improving safety culture, there has been a shift towards focusing on incident data and using insights to inform treatment plans and risk management strategies directly. Staff are prioritising the repatriation of service users placed out of area, identifying suitable candidates for the general adult unit, optimising bed occupancy and improving the experience of care for the local population.

The number of service users attending A&E is beginning to stabilise around an average of 1400 attendances each month, which is encouraging. While too early to know definitively, this might reflect the impact of initiatives aimed at preventing admission and redirecting individuals away from the emergency departments, through the crisis line and pathways established in each borough. Our community services are proactively engaging with high-intensity service users and partner agencies to address specific unmet social and economic needs, preventing repeat crisis presentations. However, the number of service users waiting more than 12 hours in the department continues to rise, mainly due to bed availability in ELFT and other providers, as well as transport delays. Tower Hamlets and Newham psychiatric liaison teams have a higher proportion of service users waiting over 12 hours than other teams. They have continued to face challenges with out-of-area presentations and enabling individuals to be admitted to an inpatient bed close to their home. The teams have increased staffing levels during routine and out-of-hours to assess service users more quickly. A safety protocol to manage service users waiting in A&E is in place, ensuring that regular reviews take place to keep service users safe and well whilst in the department. This also supports teams in reassessing admission plans with service users, community and home treatment teams to avoid admission where crisis symptoms subside. In Tower Hamlets, two new staff members have been recruited into the home treatment team to work closely with inpatient wards to identify service users who can be discharged home sooner with enhanced support from the team. The team is also exploring ways to support service users who require admission for titration of psychotropic medication, by making arrangements for this to take place in their homes. Further work is underway in Tower Hamlets to improve the crisis café offer by integrating the service with partner organisations to deliver joined-up care to effectively meet the needs of service users. This includes offering evening drop-in sessions, housing and benefit advice, activities and peer support.

In Newham, community step-up beds are being used more by the A&E liaison and other community teams to reduce demand for general acute beds and to take steps to prevent the deterioration of service users in the community. The team has also tested employing extra administration staff during evenings to release clinical capacity so that staff can see more service users. However, staff feedback highlighted that the impact of this idea was limited and so the team are instead focused on having more onsite clinical management cover during evenings and weekends. The team is recruiting a nurse consultant for the crisis pathway and liaison service to enhance competency, skills, and confidence in formulation and decision-making processes. This will improve the efficiency and quality of the service. Additionally, daily stakeholder meetings are in place, led by the borough lead nurse, liaison and community colleagues, and representatives from Barts Health to manage flow more effectively and avoid relying on emails to support prompt decision-making and escalation.

## Access and Responsiveness

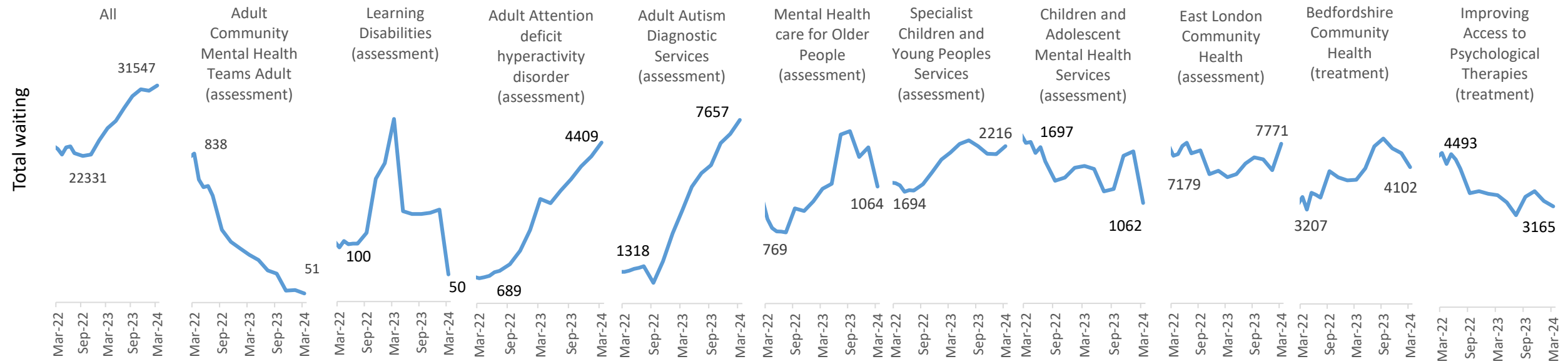
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Community Rapid Response Teams continue to exceed the national 2-hour access target (70%) with 88% in April. However, this has dropped below the mean of 90% over the past few months. This is mainly due to changes in the configuration of the Rapid Response Team in Bedfordshire, where referrals from different teams have now been consolidated under one new team within the clinical record system.

As highlighted in Appendix 1, 78% of referrals to perinatal services were seen within 28 days, with the target being 80%. This reflects an increase compared to previous months. The perinatal service in Luton & Bedfordshire is on track to meet its access target at the end of Quarter 4. This is currently at 1085 against a target of 1121. The corporate performance team have supported with a demand and capacity exercise in March. The report revealed that out of 21 members of staff, 410 hours were spent on admin tasks across 2 weeks. As a result, a refreshed report with updated recommendations has been developed and presented to the team. This includes considering ways of helping clinical staff cut down on undertaking admin duties, including delegating more tasks to admin staff. The same 21 staff members also spent 72 hours travelling between sites. Based on this, a recommendation was made to encourage all face-to-face appointments in the clinic to cut down on travel time that can be invested in assessment slots. Where home visits are unavoidable, plans should be in place to delegate this responsibility to a few staff members where possible and not all staff. A driver diagram is being developed outlining potential improvement ideas that could be explored further as part of a quality improvement projects to improve access.

Early Intervention Services continue to exceed the national target of 62% of service users commencing treatment within 2 weeks of referral, achieving 66% in March.

# Access and Responsiveness



Waiting times continue to be monitored across 52 teams within the Trust. Of these, 16 are seeing a decrease in their waiting lists, 23 are seeing an increase, and 16 remain stable. 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.

Projects addressing the growing waiting lists for ADHD and Autism assessments are ongoing. Across the Luton & Bedfordshire programme, agreement has been obtained to test the QbTest within the Bedford ADHD Team. The QbTest is a computer-based assessment tool used in managing and diagnosing ADHD, providing healthcare professionals with objective test data to help them make a diagnosis. The team is currently identifying staff members who require training to administer and interpret the QbTest. Evaluation metrics are being drawn up to monitor the solution's impact over the 12-month test, which will start in May. An ADHD workshop with all of the community mental health teams across Luton & Bedfordshire was held in March to streamline and standardise pathways. This included reviewing the pathways in place, discharge and triage processes, referral letters, and non-attendance processes. Learning from the away day is being examined and implemented across all teams to reduce variation. The immediate next steps include launching the QbTest, identifying a suitable training date with the suppliers, and launching the ADHD website with a range of resources developed by staff and service users. The ADHD website will go live in May, subject to feedback from the Working Together Group. Ongoing work with the Recovery College has also led to the development of pre-diagnostic and post-diagnostic support courses called 'Thriving with ADHD' and a new 6-week course called 'ADHD & ME' which is due to launch at the end of April.

Across East London, a decision has been made to test the QbTest in the Tower Hamlets ADHD service. A meeting was held with the Recovery Colleges across East London at the beginning of May to explore available pre-diagnostic and post-diagnostic support for service users. Learning from Luton & Bedfordshire is being adopted to inform the design of courses in East London Recovery Colleges. The "Train the Trainer" Recovery College programme is underway with the Tower Hamlets ADHD service. This program trains service users with ADHD to lead various courses and programs to enhance self-management skills for those on the waiting list.

## Access and Responsiveness

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The Trustwide Autism project continues to progress. A first draft of the Autism website has been developed and presented to the group. This will be shared at the next Working Together Group to incorporate further feedback into the final design. The Tower Hamlets referral form has been presented as a model referral form, and all teams are currently comparing this against their referral forms to streamline and standardise. Luton & Bedfordshire, in particular, have been struggling with their limited administration capacity and have expressed an interest in gaining more information about EBO (an Electronic Booking System) to understand how much clinical time this could release in the team. A meeting is due to be held with the digital team to support. A review of how clinical time is spent has highlighted that initial assessments often take approximately 4 hours (2 hours to undertake the evaluation and 2 hours to complete the report). Desktop research has been conducted into AI solutions to help with report writing piloted in other Trusts, including Guy's and St. Thomas' and South London and Maudsley NHS Trust, to understand how this has helped maximise clinician capacity. As part of the CAMHS workstream, process maps are currently being developed to highlight any variation of the transition process in each borough. This process will be reviewed to highlight where this process could be improved and create a design around what a good transition and handover process would look like between CAMHS and Adult Autism services.

Neighbourhood mental health teams across East London continue to experience increased waiting times. In City & Hackney, 51% of referrals were seen within 28 days. A new referral screening process was introduced at the beginning of September, whereby all referrals to the neighbourhood teams are screened continuously by a senior practitioner who can process them accordingly. This is expected to help daily referral discussions be more effective and will speed up referrals to other services as cases will no longer wait at least 24 hours to be processed. In Tower Hamlets, 65% of referrals were seen within 28 days. Working groups are in place in each area with longer wait times to proactively manage waiting lists and adherence to the appointment non-attendance policy. The teams have now observed a reduction in overall waiters in two neighbourhoods which previously had backlogs.

Within the Tower Hamlets Memory Clinic, 12 out of 50 service users were seen within the 6-week national goal. Over the past three months, the service has operated with only three dementia assessment nurses (of an establishment of five). The service continues the 'diagnosis in a day clinic' where service users can receive a full assessment from the MDT and their diagnosis on the same day. This currently operates as a specialist psychiatry and cognitive neurology clinic, which includes the provision to diagnose complex presentations with a neurological component.

As shown in Appendix 1, there has been an increase in the time between referral and first appointment for Podiatry and musculoskeletal services. The podiatrist service in Newham has been facing significant challenges, with 5.7 full-time vacancies, and a national shortage of podiatrists. Since being asked to relocate the service from the University of East London, efforts have been underway to use available space in E14 as a potential site, demonstrating a cross-directorate commitment to finding solutions. A dedicated commissioning lead has been appointed to oversee the service specifications, which reflects a strategic response to recent changes. Initiatives are also being explored to use resources more effectively and expand the reach of the service, from reviewing the foot care assistant job descriptions to considering apprenticeships and recruiting podiatrists for domiciliary visits.

East London MSK has also seen an increase in waiting times. Following an extension of the MSK contract last year, there has yet to be an uplift in funding for the additional referrals. Discussions continue with Barts's colleagues regarding the high demand and planned activity. The increase in demand for services beyond the baseline has been formally raised with the ICB and Barts Health, which commissioned the service. Since April 2023, referrals have averaged around 3295 per month, with



## Access and Responsiveness

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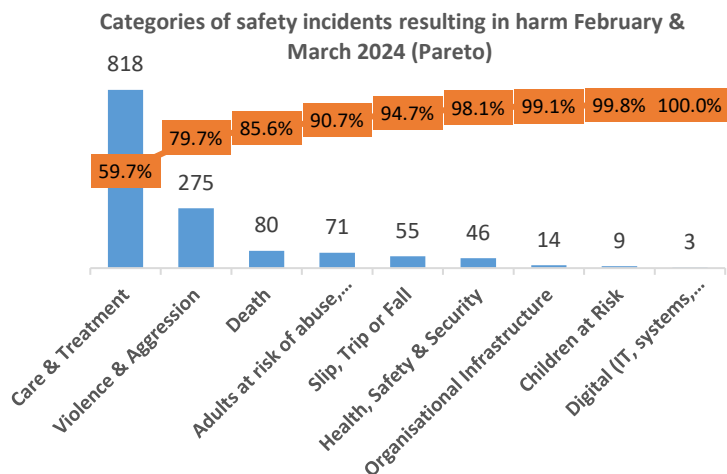
peaks increasing to 3700. As a result, a 3-month pilot of GetUBetter (GUB) will be launched in May to offer evidence-based self-management solutions to common injuries that are accessible around the clock. A revised pathway was implemented with GPs to integrate GUB into initial assessments, making it first-line management for MSK conditions.

Bedfordshire Community Health Services have seen an overall reduction in their waiting times. This is mainly due to a decrease in podiatry waiting lists in the past three months, which is encouraging. However, following the introduction of stricter referral criteria, there are concerns that there may be potential for a rise in complaints stemming from those no longer eligible for NHS care. Efforts have been underway to educate healthcare professionals and service users about these changes, involving collaboration with People Participation working groups. Additionally, individuals ineligible for NHS Podiatry care are directed towards private providers. The ongoing education of healthcare professionals remains a priority, focusing on expanding their roles to include low-risk tasks such as diabetic foot assessments. Furthermore, efforts are aimed at enhancing knowledge regarding appropriate referrals to the podiatry department, particularly for high-risk cases. Immediate actions involve drafting a comprehensive training plan for all staff to improve their MSK skills, thereby preventing the creation of separate waiting lists for complex cases. Staff members, including a Band 7 lead, a support worker and a final-year apprentice, have been reassigned to manage urgent cases effectively.

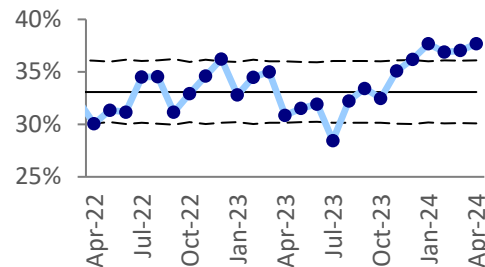
Bedfordshire Wheelchair Services has seen an increase in its waiting list from 480 to 505 in the past month. The team noted that many recent referrals have been complex and take longer to resolve or require faster response times. The additional fixed term Band 6 and Band 4 have extended their contract, which should help maintain capacity. However, the main contributor to this increase is delays in equipment, resulting in more people waiting for extended periods. Due to supply chain and material shortages, equipment 'lead-in' times rose from 1-8 weeks to 10-18 weeks. While there has been an improvement in the supply of most items, waiting times for equipment remain more extended than the 18-week pathway allows and beyond the influence of the service. The administration team maintain a robust process for tracking and chasing equipment promptly, and additional resources for staffing and equipment are being explored to deal with the waiting list.

Bedfordshire Adult Speech and Language Therapy is receiving a higher number of new referrals each week, exceeding the number of new assessment slots available. In the past month, the number waiting has increased from 242 to 272. An improved referral and triage process has been implemented to manage the rising Priority 2 referrals. The aim is to achieve better-defined and more accurate prioritisation. All patients triaged as Priority 1 must receive a phone call before their visit to establish if they are a true Priority 1 and whether they could be managed via phone or video. Since introducing this idea and providing training, the accuracy of triaging has improved, increasing capacity for Priority 2 appointment slots.

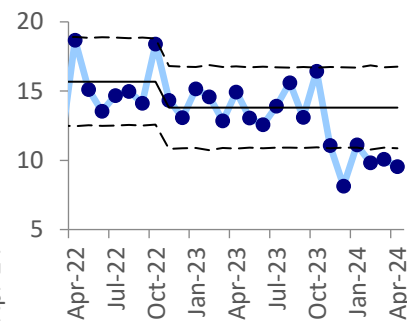
# Safety



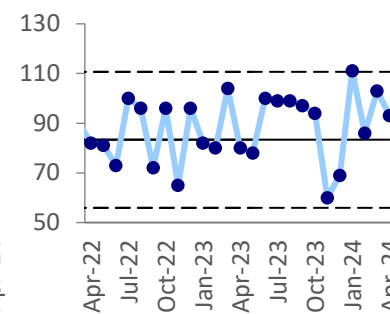
Percentage of all safety incidents resulting in physical harm (including fatalities not involving a patient safety incident) (P Chart)



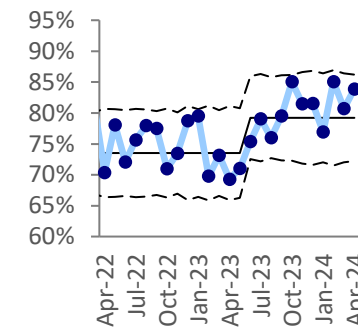
Rate of physical violence incidents per occupied 1,000 bed days (U Chart)



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



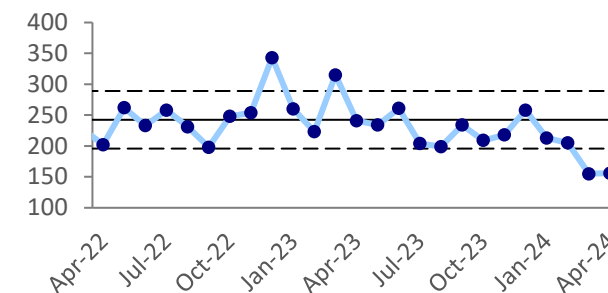
Percentage of service users followed-up within 72hours of discharge (P chart)



The percentage of safety incidents reported that resulted in harm has increased over recent months. This includes all safety incidents causing physical harm, including both expected and unexpected deaths. Investigation shows that the rise in safety incidents causing harm is mainly related to Bedfordshire community health services, Luton mental health and Newham mental health. Bedfordshire community health have seen an increase in reported pressure ulcers, primarily of low severity, which indicates proactive identification to prevent escalation to more severe levels of harm. In Luton, the rise was attributed to a single acute ward, which reported 56 incidents in March. This increase was related to two service users, with self-harming behaviour, combined with noise and violence from other patients, triggering further aggression and self-harm. Several interventions were taken to reduce harm, including using anti-ligature clothing, removing potentially harmful items, creating individual management plans, locking doors during the day, increasing staffing levels, providing more one-on-one interaction with service users, identifying common incident times and triggers, and holding regular discussions in safety huddles focusing on proactive planning for discharge and overall safety.

In Newham, the increase in safety incidents causing harm was primarily observed in the intensive care ward and one acute ward. This was linked to several service users exhibiting complex behaviours and acute illness, manifesting as challenging behaviours such as violence, aggression towards both service users and staff, as well as instances of self-harm. In addition to the increases in Bedfordshire, Luton and Newham, the rise in safety incidents causing harm can be partially linked to the launch of the new incident reporting system in November and national changes to reporting processes. This has led to all deaths initially being categorised as 'unexpected' and therefore being identified as causing harm – each incident needs investigation before being correctly recategorised. Of assurance is that the total number of deaths is not showing a rise across the Trust.

Fatalities including those not involved in a patient safety incident (C Chart)



The Pareto chart above shows the overall distribution of reported incidents resulting in harm in February and March, with 60% of reported incidents related to Care and Treatment and 20% related to violence and aggression. The rate of physical violence continues to decrease, which is encouraging. The care and treatment incidents related to pressure ulcers across Community Health services increased from 111 in January to 198 in March.

# Safety

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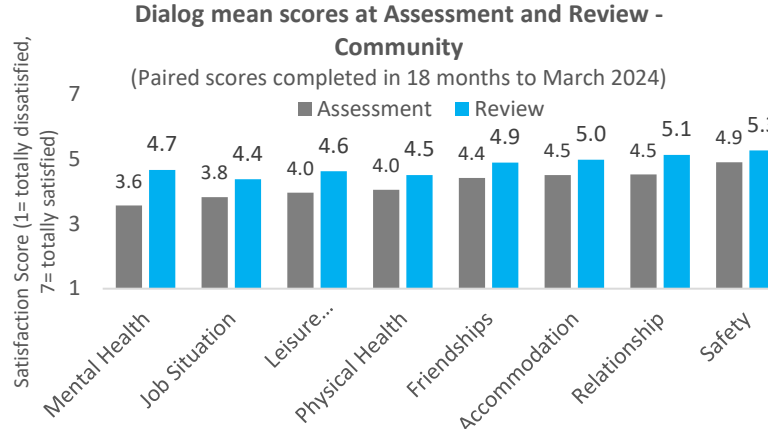
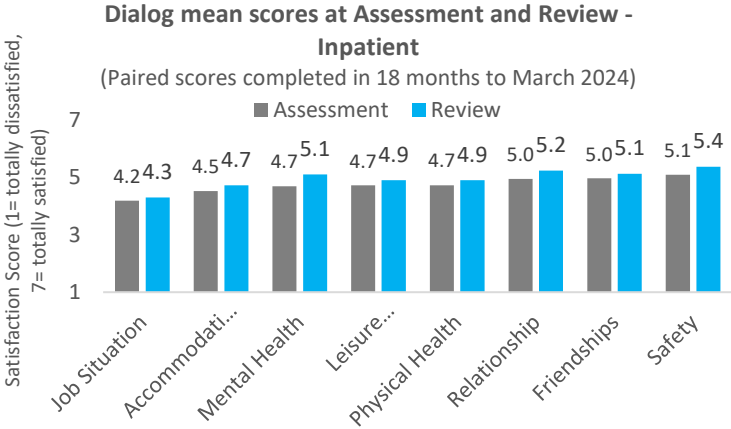
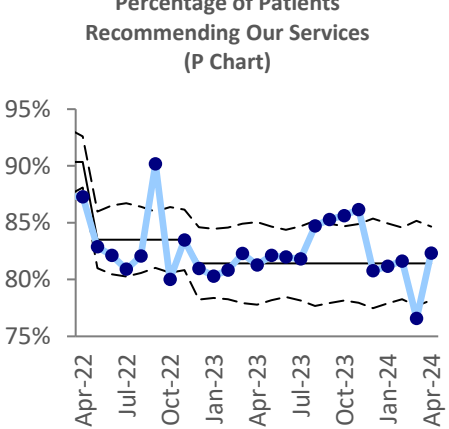
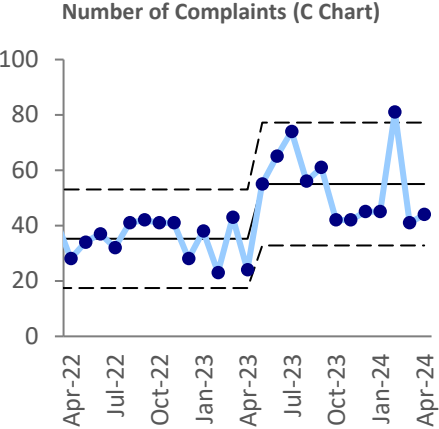
The overall number of moderate to high harm-related pressure ulcers remains stable. In Newham, there has been a slight reduction in moderate harm pressure ulcer cases. However, there has been an increase in unstageable pressure ulcers, with two service users reaching the end of life with multiple pressure ulcers. Despite having all equipment in place and under regular review, skin breakdown has accelerated rapidly towards the end of life. The increase in March resulted from a higher number of low-harm category two and Suspected Deep Tissue Injuries, while the number of moderate harm pressure ulcers has decreased. This suggests that despite the challenges, our care is effectively managing the conditions of these patients without deterioration.

There has been a rise in instances of self-harm and restraint related to a small number of individuals with complex needs across adult mental health and CAMHS services. This is linked to heightened acuity, complexity, and occupancy levels. At the Coborn Unit, a rise in complexity and out-of-area placements has contributed, with one young person requiring 5-to-1 supervision before admission to the unit from another inpatient service.

The large-scale QI programme on inpatient quality and safety, focused on therapeutic engagement and observations and re-embedding the safety culture bundle, is in the implementation phase, as described in previous quality reports to the Board. The CAMHS inpatient units have been focusing on embedding the safety culture bundle. Actions to address emerging issues and concerns are agreed upon and discussed at each meeting, and safety is an important part of these discussions. Encouraging staff to adopt trauma-informed practice is also a key focus in team huddles to help staff guide their approach to problem-solving and de-escalating potential risks. Within the Forensics Directorate, notable progress has been made in staff completion of observations and competencies. This improvement enhances clear and efficient communication among staff during observation handovers and facilitates agreement with service users on their preferred daily activities. Over the last 12 months, data indicates a 50% decrease in verbal and racial aggression, enabling proactive management of issues before they escalate into more serious incidents.

The percentage of service users followed up within 72 hours of discharge from mental health inpatient care has increased in April to 84%. Newham has observed an increase to 88%. The initiative to provide service users with a mobile phone has proved helpful in ensuring contact is made with service users. A small working group has been established to look at the entire discharge process to enhance follow-up procedures and identify areas for improvement. Meanwhile, Tower Hamlets and City & Hackney have also observed an increase in follow-up post-discharge, achieving 83% and 79% in March, respectively. In City & Hackney, wards are currently exploring using Personal Health Budgets to procure phones for service users who do not have one, to enable ongoing communication post-discharge. Luton and Bedfordshire inpatient services continue to surpass the target, achieving 96% and 94%, respectively.

# Experience and Outcomes



The number of formal complaints rose in February before returning to normal levels in April. This was related to a slight increase across most services, particularly Bedfordshire and Luton and Newham mental health services. The main themes in Bedfordshire related to communication and clinical management, community neighbourhood teams, and inpatient services. Services have highlighted that a small number of staff in community teams left the Trust simultaneously, increasing appointment waiting times temporarily. New staff members have been recruited, and when all members are entirely in post, capacity will return to normal levels. The local performance team has introduced a new approach to triangulating themes derived from complaints and broader incident, quality, and performance data. This fosters a more comprehensive approach to supporting learning and improvement within every team. In Newham, there were similar themes around access, communication, clinical management and staff attitude across inpatient, community recovery and home treatment teams. Some of the complaints related to appointments and communication may have been impacted by team capacity due to sickness and leave over the past two months. Regular complaint learning huddles are being utilised in Newham to share insights and knowledge from complaints and tackle thematic issues where they are identified. Local performance teams also aim to enhance the reporting processes between local complaint huddles and broader governance meetings to disseminate learning more effectively throughout the directorate.

The percentage of service users who would recommend our services decreased in March to 77%, before returning back to normal levels in April. The transition to a new digital platform to capture service user feedback led to a decrease in survey responses collected in March (30% fewer responses and a similar drop in positive results). A few directorates have seen a decrease in scores, particularly across Luton Mental Health and Primary Care services.

Analysis of outcome data from Dialog shows that inpatient care and community care is resulting in improved quality of life across all domains. This is a positive outcome of the Community Mental Health Transformation programme, which has introduced a replacement framework for the Care Programme Approach (CPA). The program provides guidance on implementing DIALOG and DIALOG+, outlining the role of care coordinators in developing personalized care plans, setting minimum care standards to meet user and carer needs, and emphasizing safety. The focus for the team continues to be on implementing this guidance and training staff in new approaches, which we believe will lead to further improvements.

## Experience and Outcomes

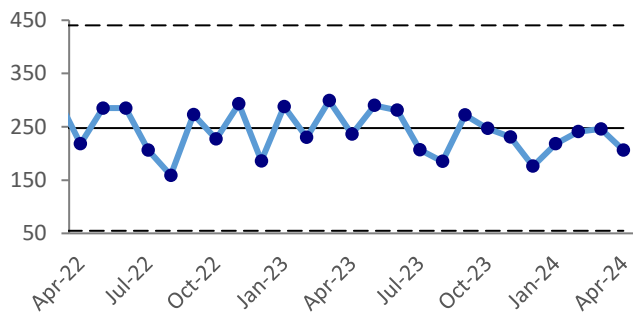
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The proportion of perinatal service users showing improvement in outcome scores continues to decrease, mainly due to results in Tower Hamlets and Newham teams. The service has seen a positive change in the number of users accessing the service, in line with national expectations, and a reduction in waiting times.

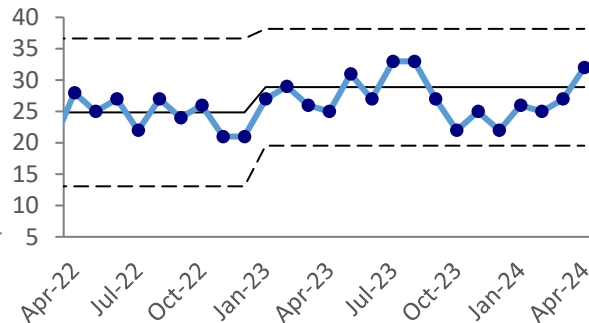
The percentage of service users achieving recovery in talking therapies continues to be in line with the national 50% target, a significant achievement that underscores the effectiveness of our services. The proportion of service users who respond positively to the Patient Experience Questionnaire (PEQ), which is administered at the end of treatment, has averaged 90%. Waiting times across talking therapies have also decreased due to significant improvements in recruitment, with no vacancies remaining in East London and almost all positions filled in Bedfordshire. Moreover, counselling for depression, formerly outsourced to MIND, is now being delivered in-house.

# Children and Young People

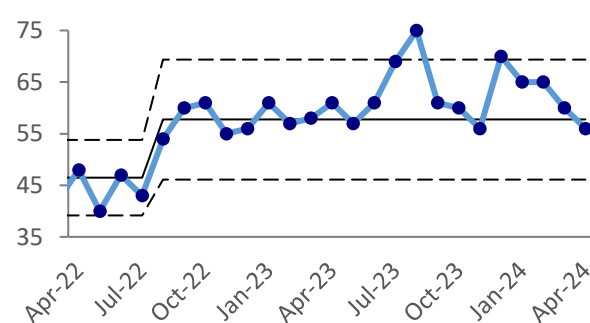
Number of service users presenting in crisis to our crisis pathway (I Chart)



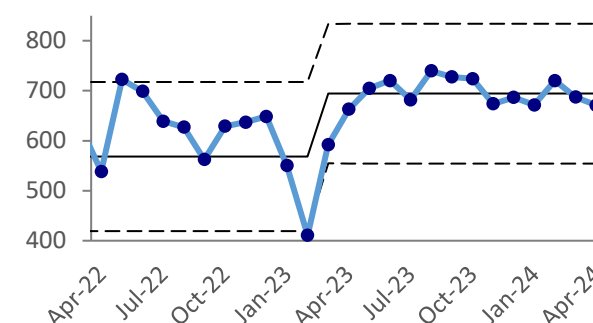
Average Assessment Waiting Time for Children and Young people aged 0-18 (I Chart)



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



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



The number of crisis presentations is stable at 245 each month. All CAMHS teams are meeting their Long-Term Plan access targets for urgent and routine referrals for the Eating Disorder Service.

In Bedfordshire CAMHS, the waiting list for assessment has increased from 359 to 406 and reduced for treatment from 253 to 207. This increase in the waiting list for assessment is attributed to the Autism service; however, recruitment has recently been successful in the neurodevelopmental team, and it is hoped that in the next three months, the team will start to observe a decrease in the number of patients waiting to be seen.

In Tower Hamlets, the waiting list has been reduced from 280 to 249 for assessment, and the treatment waiting list remains stable at 149. A notable increase in demand has been observed within the ADHD and Autism pathways. To address this, two dedicated staff members have been leading the delivery of ADHD-specific parenting interventions to aid families on the waiting list and provide additional support. These interventions have been ongoing for several months using online evidence-based parenting and mental health training programmes facilitated by the charitable organisation Parents Plus. The courses offer a platform for parents to navigate complex home situations and openly discuss concerns they may harbour in a supportive environment. These courses have ended; however, the two staff members are conducting follow-up sessions with families to gauge their progress. Plans are underway to adapt these courses based on feedback and extend this training to Special Education Needs coordinators in Tower Hamlets to increase awareness and improve support for young people awaiting assessment.

In City & Hackney, the waiting list remains stable at 101 and has reduced from 139 to 71 for treatment. This decrease is attributed to the group therapy sessions focused on specific mental health issues, such as anxiety or depression, to accommodate more individuals within a shorter timeframe. Group therapy not only helps to reduce waiting times for individual therapy sessions but also provides peer support.

In Newham, the waiting list for assessment has increased from 320 to 343 and for treatment from 165 to 245. The group lead is now in post to refresh the group sessions; however, challenges have been encountered as the team is currently in the process of amending clinician job plans to account for the time dedicated to group sessions. A



## Children and Young People

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dashboard has been manually developed by the flow lead for the CAMHS front door team. However, discussions are underway with the data analytics team to transfer this to the Trust's analytics platform to maximise time and ensure the figures are automatically refreshed. The team is now focusing on the service user experience and creating a pathway sheet to show service users how they are going through the system and ensure that they have this awareness to reduce the number of questions admin and clinicians receive.

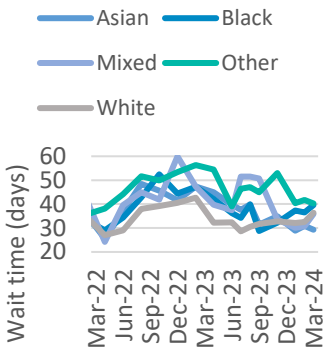
Across SCYPS Speech and Language Therapy services, the waiting list continues to reduce from 645 to 573. The service has not received confirmation from the ICB regarding a funding extension for the 20 speech and language therapists. The team continues to work closely with the Business Development Unit and is currently working with the ICB to determine whether a 3-month or 6-month extension will be received. The SLT service continues to manage its waiting times accordingly and is currently achieving a referral to treatment time of between 18-20 weeks.

The SCYPS Autism Spectrum Disorder service has seen an increase in waiting list from 1276 to 1364. Time-in-motion studies have been conducted across all SCYPS services to identify where time could be spent more effectively to maximise clinical capacity. Corporate performance has been supporting this work and helping with the interpretation of the findings.

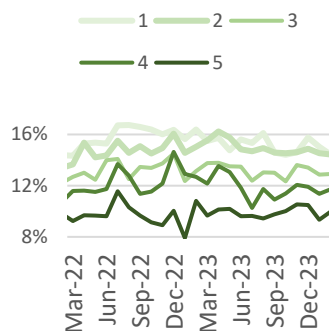
The SCYPS Occupational Therapy (OT) team recently launched a Developmental Coordination Disorder (DCD) Football Group, which lasted for 6 weeks. This is the first time the local children's OT Team has worked collaboratively with the other OT teams of Hackney, Tower Hamlets and Leyton Orient Football Club. The football coaches from Leyton Orient FC received training from OTs on how to embed the Cognitive Orientation to Daily Occupational Performance (CO-OP) approach into the football sessions, which is the leading evidence-based practice for children with DCD. There has been positive feedback and learning experiences with children, young people and families. The football group will start running again this month for its second cohort of children and young people at Langdon Park School.

# Equity and Equality

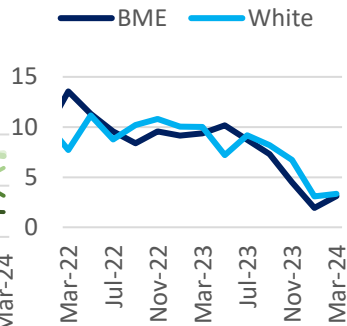
Average wait for assessment by adult community mental health, by ethnic group.



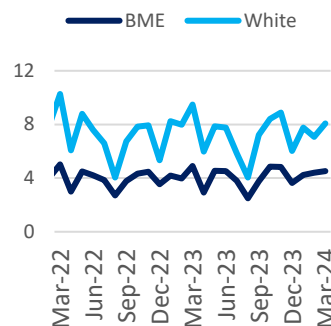
Appointments not attended, by deprivation quintile - Mental Health (1 = most deprived, 5 = least deprived)



Number of Adult restrictive practices per 1000 occupied bed days (OBDs), by ethnic group



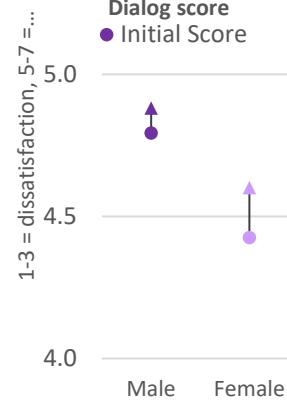
Rate of referrals to CAMHS services per 1000 population, by ethnic group. (2021 Census)



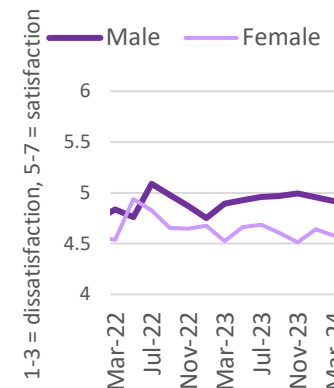
Trust wide referrals to IAPT services, by ethnic group, per 1000 population.



Change in average Dialog score



Average Dialog score at review, by gender



This section focuses on a range of equity and equality measures through a gender, ethnicity, and deprivation lens 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 whole system performance dashboard (see Appendix 1).

This report focuses on the disparities in access to CAMHS between different ethnic groups. The chart above shows that referrals per 1000 population are lower for service users from Black and Ethnic Minority communities (BAME) than for those from White communities. The underlying data suggests that there is parity of access in City and Hackney, Tower Hamlets and Bedfordshire, with slight variation in Newham, and the most notable difference is in Luton services. Insight from teams suggest that some service users from minority communities face additional challenges in accessing CAMHS compared to white communities due to cultural stigma, language barriers, waiting times, cultural needs, and wider socio-economic factors. These factors can deter individuals from seeking help, highlighting the need to work in an integrated way within local communities to improve access and ensure care is delivered in a culturally informed way.

In the Luton CAMHS population health improvement project, workshops were arranged involving young people, parents, and other stakeholders to identify needs and devise a whole system approach to enhance access, minimise inequalities, and combat stigma around mental health issues in the community. One of the principles of this work was to move from the iThrive to the WeThrive approach, which emphasises the need to develop the resilience of the local systems around children, young people and their families and communities, and focus on their strengths rather than deficits, to bring about meaningful change in the quality of their lives. As part of this work, a quality improvement project is underway to enhance mental health accessibility and support for South Asian youth in a neighbourhood in the southern part of the borough. The objective is to increase new referrals by 25% by September 2024. In Luton, young people of school age generally experience higher deprivation compared to their peers in the east of England. Luton also has the highest utilisation of free school meals in the region. Additionally, it ranks among the top three local authority areas in the region for homelessness, low-income families, and unemployment. Schools in Luton report the highest pupil absence and high fixed exclusions at the secondary school level. Furthermore, young people in Luton have one of the lowest rates of life satisfaction at age 15. Communities in the South neighborhood of Luton, along with the West neighbourhood, are among the 10% most deprived areas in the UK, which is why it was chosen as the place to start this work.

## Equity and Equality

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To support the quality improvement project, two South Asian youngsters have joined the project team and are undergoing training to contribute to its success. The team has collaborated closely with community leaders and local organisations to gather insights to develop culturally sensitive strategies, fostering innovative approaches for youth to access services more effectively. Initial stakeholder feedback highlighted that service users lacked confidence in discussing mental health issues and found it challenging to navigate the system and understand the support available to them. As a result, several change ideas have been tested, such as creating an infographic leaflet to improve awareness of the emotional well-being & mental health support offered to young people in Luton and enhancing the school's understanding of mental health issues through delivering training sessions to teachers and other support staff. Services also recognise that not all young people are in schools and, therefore, have developed wider channels of communication and engagement to reach broader populations. The baseline for initial referrals has been established, and although there hasn't been an increase in referrals as yet, the team is actively monitoring the effects of these change ideas.

The Luton and Bedfordshire Discovery College, open to all members of the public, is collaborating with Bury Park faith leaders and cricket enthusiasts to help build closer connections with communities and break down barriers to access by ensuring that care and support are delivered in a culturally sensitive way. Services also support the BLMK Better Days campaign, collaborating with children and young individuals through innovative workshops to share their mental health service encounters and boost awareness across diverse communities. Additionally, a 12-month initiative in Central Bedfordshire involves service users from the travelling community, providing various workshops and activities, including climbing and sports, to enhance awareness and access to mental health care and support for young people. Further investment in school mental health teams is planned for October 2024 and January 2025, which will help improve capacity and access to mental health support.

CAMHS are actively engaged in partnership with every Local Authority to ensure the smooth execution of plans, establishing robust links with their respective strategies to synchronise efforts to enhance coordination and effectiveness in addressing mental health needs within the community. Further discussions are taking place to enhance care pathways for neurodiversity and improve the triage process for core CAMHS services. The objective is to establish joint pathways with partners by integrating the iThrive model of care, which will help improve capacity and access to mental health services. The ultimate goal of this collaboration is to simplify navigation through the system, streamline procedures, minimise assessments, prevent service users from bouncing between different organisations, and ultimately improve experience and outcomes for children and young people. CAMHS teams also work closely with GP surgeries, with named clinical practitioners allocated to each practice to help screen and assess referrals more quickly, offer early contact and build relationships and trust to improve access to services.

In Newham, services have highlighted that the borough has a very diverse and migrant population where mental health stigma is a significant challenge, particularly amongst BAME communities where English is not the first language. Newham also has longer waiting times than City and Hackney, which can impact engagement and access to services. However, a waiting times project and recovery plan are in place, and the overall waiting times continue to decrease from an average of 10 weeks to 7 weeks. In addition, as part of the CAMHS clinical strategy development, further work is underway to explore different consultation models to improve capacity, such as reviewing the length of interventions offered to children and young people. Services are working with the local authority to integrate care through a single point of access. This will bring staff from different disciplines and organisations together to ensure that service users are triaged and promptly signed-posted to the most appropriate team. It will also improve navigation and potentially help to reduce stigma as referrals will go to the local authority rather than directly to a mental health provider.

## Equity and Equality

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Newham CAMHS has faced funding challenges historically and has been working closely with the ICB to ensure parity of investment across services in Newham, especially with a new wave of investment in Mental Health Support Teams (MHST) in schools to level up care across schools in Newham. The next wave of investment is due to start in October and January. City and Hackney, and Tower Hamlets established Mental Health Support Teams as trailblazer sites and are much more established than in Newham. CAMHS services across the Trust have developed online interventions that can be offered to parents, children, and young people. Interventions such as CBT can be administered by parents, on demand, at home at their convenience. This solution is helping to broaden access to those in the school system and broader. Staff across MHST have several different projects to improve access for service users from LGBT communities, for example.

Homerton Hospital and ELFT jointly serve the City and Hackney population, offering integrated care with Homerton as a central access point. ELFT focuses on handling more challenging and complex individuals, while Homerton provides early intervention and manages less complex children and young people alongside child and development services in Hackney. Although coordination between the two providers may sometimes prolong processes, it has reduced silo working and promotes greater collaboration among CAMHS clinicians within both organisations. Notably, the Tree of Life project in City and Hackney has garnered much recognition for its community-based initiatives that have focused on promoting mental health and well-being and strengthening community resilience. It involves various activities and interventions designed to engage residents and foster a sense of connection and support within the community. Through workshops, events, and outreach programs, the project has empowered individuals, reduced mental health stigma, and enhanced overall community resilience.

The City & Hackney teams are also working closely with the Jewish Hasidic community, fostering active community involvement and offering bespoke care and support to address the community's needs. In City and Hackney, services collaborate with the local authority and have taken the lead on anti-racism initiatives, which is helping to break down barriers that may stop certain groups from seeking help. This creates a more inclusive environment where everyone feels comfortable getting support, which can lead to better mental health outcomes for all residents.

In Tower Hamlets, efforts are underway to improve access to services through collaborations with the voluntary sector. The service has built strong relationships with several community voluntary organisations, including Spotlight, involving young people to provide peer support, particularly in schools, where a holistic approach to mental health is a priority for all partners. This consists of addressing various needs beyond academic achievement and anxiety, building resilience and fostering mental health conversations. Additionally, several projects are underway with organisations like Barnados, supported by a new psychological therapy lead in the service to help engage with communities and organisations well connected with Tower Hamlets' diverse population.

# Appendices

Appendix 1 – System performance dashboard

Appendix 2 – Regulatory compliance against the system oversight framework

# Appendix 1: System Performance dashboard - overview

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

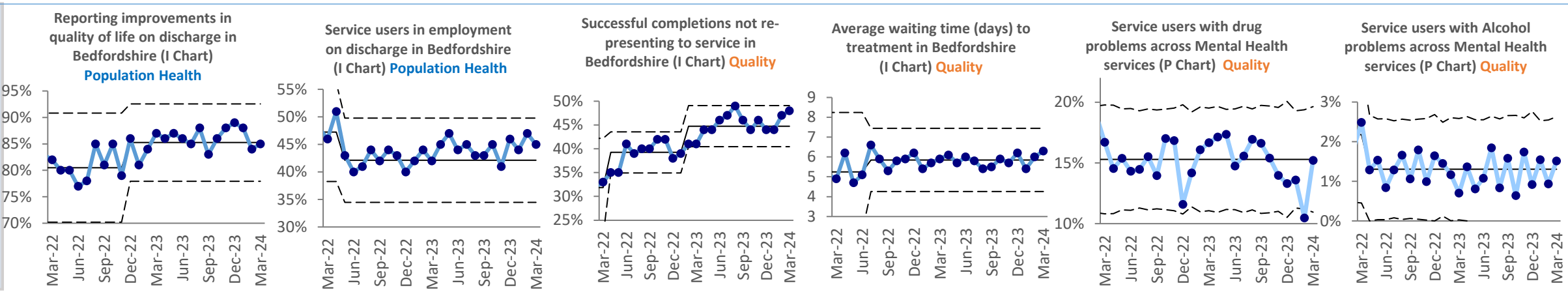
		Average
<b>People with substance misuse problems</b>		
Service users reporting improvements in quality of life on discharge in Bedfordshire	Population Health	85%
Service users in employment on discharge in Bedfordshire	Population Health	42.1%
Percentage of successful completions not re-presenting to service in Bedfordshire	Quality	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	
<b>Children with complex mental health needs</b>		
Service users presenting in crisis to our crisis pathway (monthly)	Population Health	247.4
Average Assessment Waiting Time (days) for Children and Young people aged 0-18	Population Health	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	0.0 ↓
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	92.1% ↓
Average waiting time (days) for urgent referrals to CYP Eating Disorders services	Population Health	3.3
Average waiting time (days) for routine referrals to CYP Eating Disorders services	Population Health	19.5
Referrals, by ethnic group, per 1000 population	Quality	
<b>Dementia</b>		
Average wait (in weeks) from referral to diagnosis -18 week target	Quality	14.3
Percentage of service users offered on-going post diagnostic support - 6 months after diagnosis	Population Health	95.5%
Average waiting time (in days) from referral to assessment	Population Health	142.5 ↑
Percentage satisfaction with service, service users and carers	Quality	91.3%
Percentage of service users seen from minority groups	Quality	
<b>Children with complex health needs</b>		
Percentage with complex neuro disability receiving a clinical review within past 12 months	Population Health	64.1%
Percentage of service users and parents satisfied with services – Friends and Family Test	Quality	98.4%
Average weeks waited from Autism Spectrum Disorder referral to first appointment	Quality	72.5
Children receiving ASD diagnosis within 2 or less appointments	Value	75.5%
Percentage of service users referred from minority ethnic groups	Quality	
<b>People receiving end of life care</b>		
Service users on End of Life Pathway (end of month)	Population Health	1,543
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	
<b>People who are frail or who have multiple long term conditions</b>		
Percentage of service users who have recorded a positive experience	Quality	92.4%
Rapid Response seen within 2 hour guideline	Quality	88.5%
Number of Grade 2, 3 or 4 pressure ulcers (monthly)	Quality	83.3 ↑
Promoting independent living - discharged within 6 wks. Bedfordshire	Quality	92.3%
Percentage of inappropriate referrals into Intermediate Care - Bedfordshire	Value	6.2% ↓
Percentage of referrals re-referred within 30 days, by ethnic group	Quality	

		Average
<b>People with common mental health problems</b>		
Percentage of service users moving into recovery	Population Health	50.9%
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	1.24
Average wait times to treatment (in weeks) from assessment	Quality/Experience	7.0
Number of people accessing IAPT services (in month)	Value	2649
<b>People with a learning disability</b>		
Average waiting times for new referrals seen (in weeks) for assessment	Population Health	7.5
Percentage of service users that would recommend this service	Quality	50.0%
Occupied bed days used in month by service users with a referral to a Learning Disability team	Quality	925 ↑
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	120 ↑
<b>People with Severe Mental Illness</b>		
Percentage of service users receiving Individual Placement Support – IPS	Population Health	15.5%
Percentage of service users in employment	Population Health	7.7% ↑
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	46.5% ↑
Percentage of service users followed-up within 72hours of discharge	Quality	79.1%
Service user service users with paired outcome measures showing improvement.	Quality	30.5%
Psychological Therapy Service average wait times to (in weeks) to 1 <sup>st</sup> assessment in East London	Quality	6.3 ↑
Psychological Therapy Service average wait times to (in weeks) to treatment in East London	Quality	19.1
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	94.1%
Percentage of service users with SMI receiving a full physical health check	Quality	
<b>Woman who are pregnant or new mothers</b>		
Number of woman receiving one + contact with specialist mental health services	Population Health	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%
<b>Stable Long Term Conditions (East London)</b>		
Average weeks waited for initial appointment with the foot health team	Quality	11.2
Average weeks waited for face to face appointment with the Diabetes Service	Quality	6.4
Average weeks waited for initial appointment with the MSK and Physiotherapy teams	Quality	5.4 ↑
Average weeks waited for initial appointment with the Continence Service	Quality	4.8
Average weeks waited for initial appointment, by ethnic group	Quality	
<b>Stable Long Term Conditions (Bedfordshire)</b>		
Adult Continence Referral to treatment times average weeks waited	Quality	9.9 ↑
Podiatry Referral to treatment times average weeks waited	Quality	17.7 ↑
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	

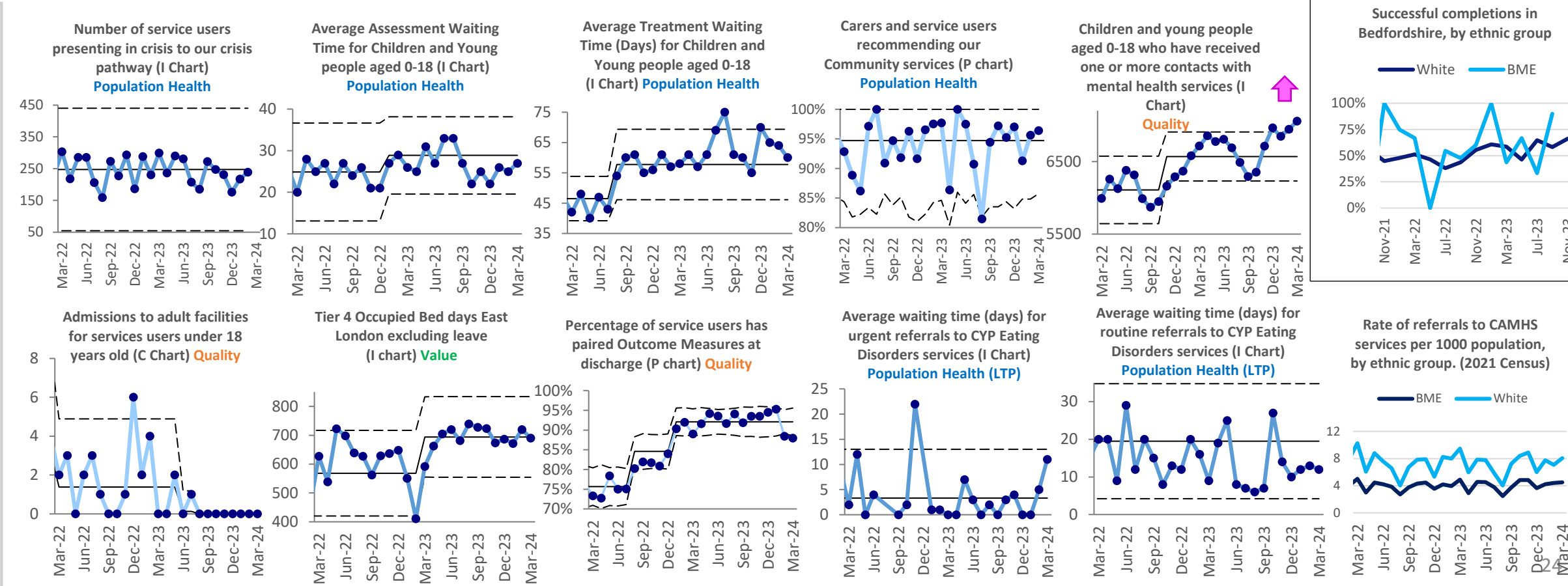


# Appendix 1: System Performance dashboard Long Term Plan (●) Special cause variation (↑ ↓) and when it's of potential concern (↑ ↓)

## People with substance misuse problems

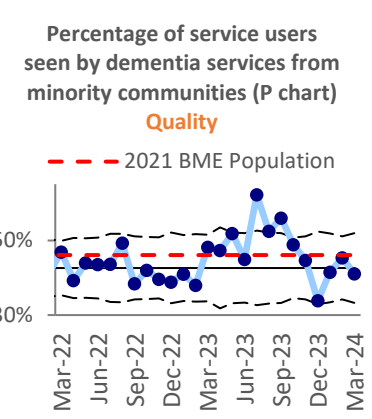
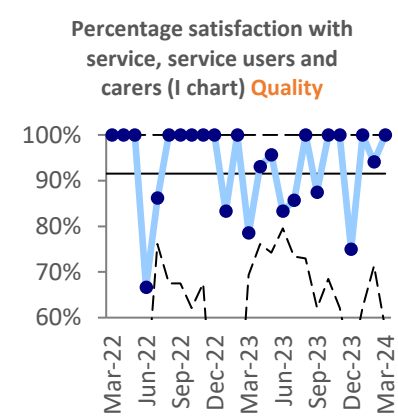
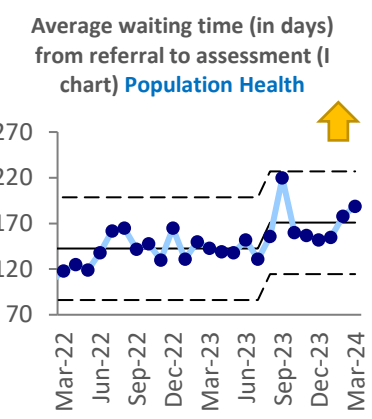
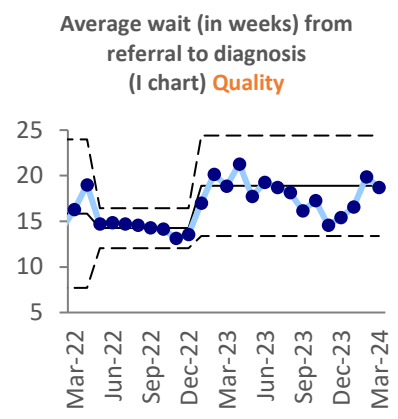


## Children with complex mental health needs

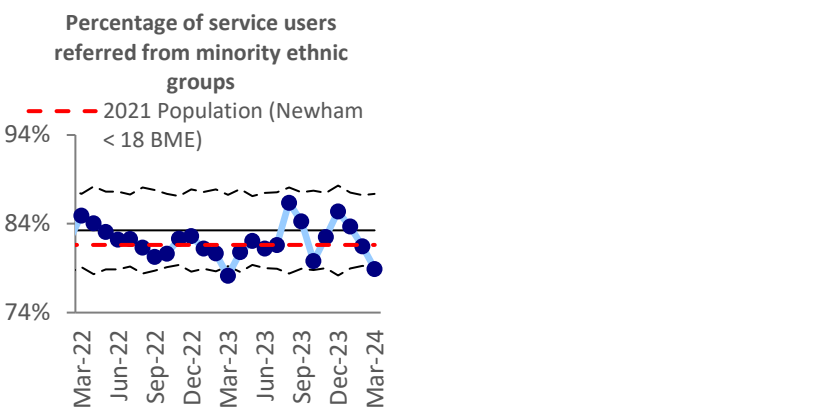
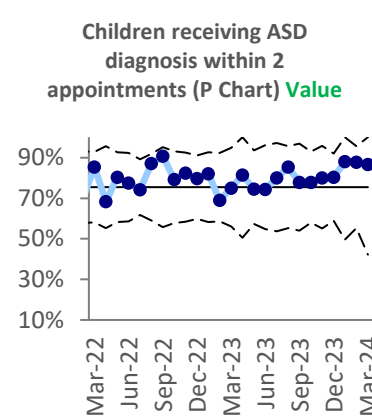
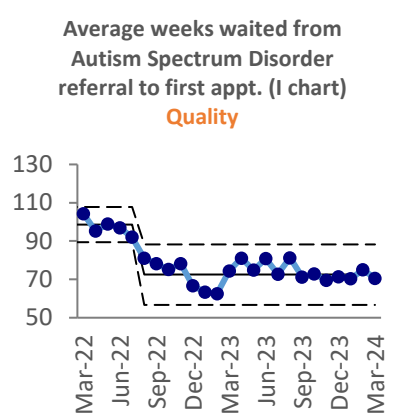
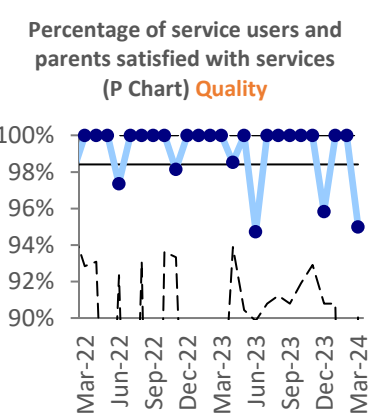
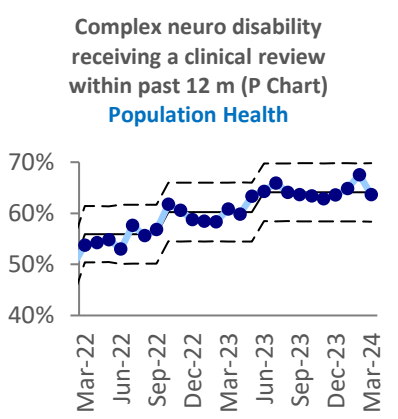


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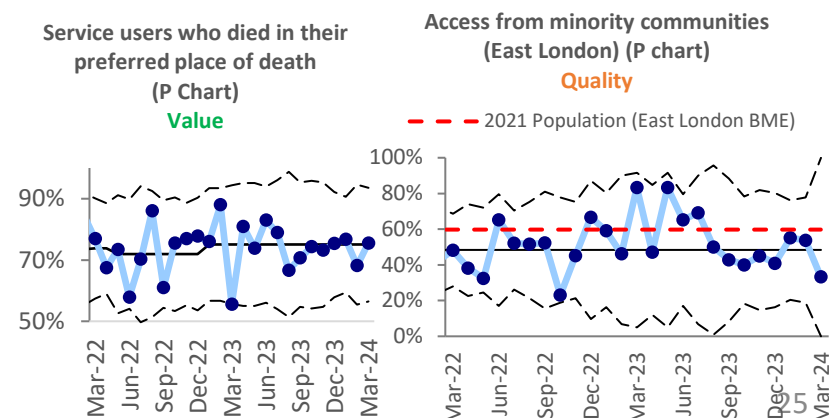
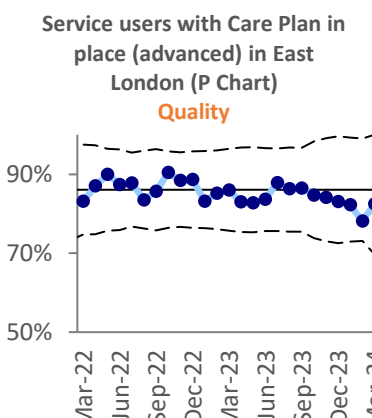
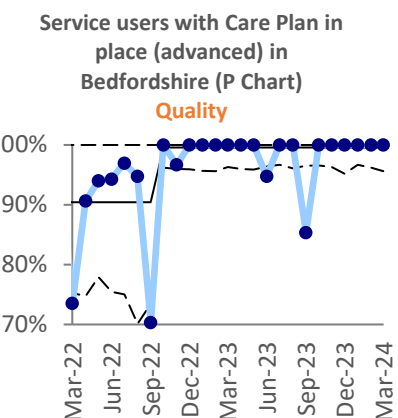
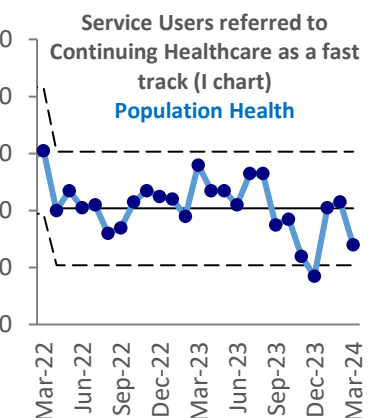
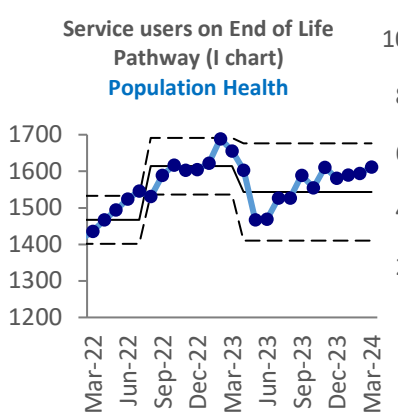
## People with dementia



## Children with complex health needs

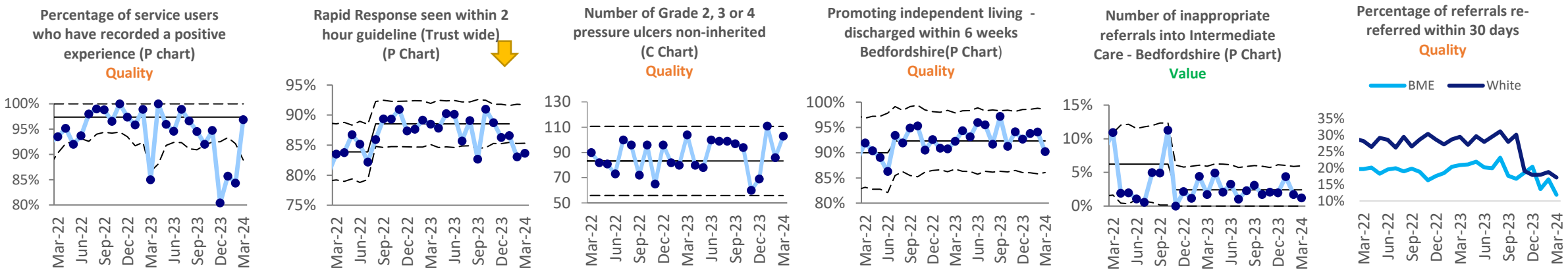


## People receiving end of life care

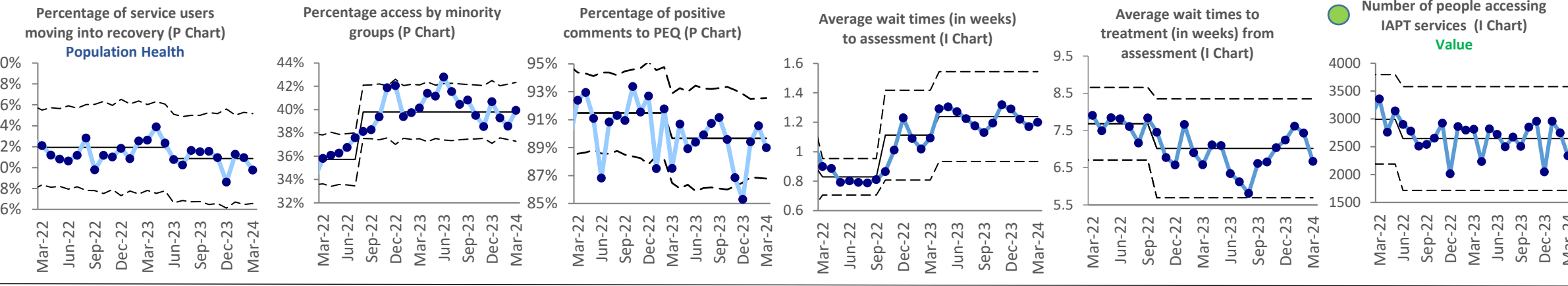


# Appendix 1: System Performance dashboard Long Term Plan (●) Special cause variation (↑ ↓) and when it's of potential concern (↑ ↓)

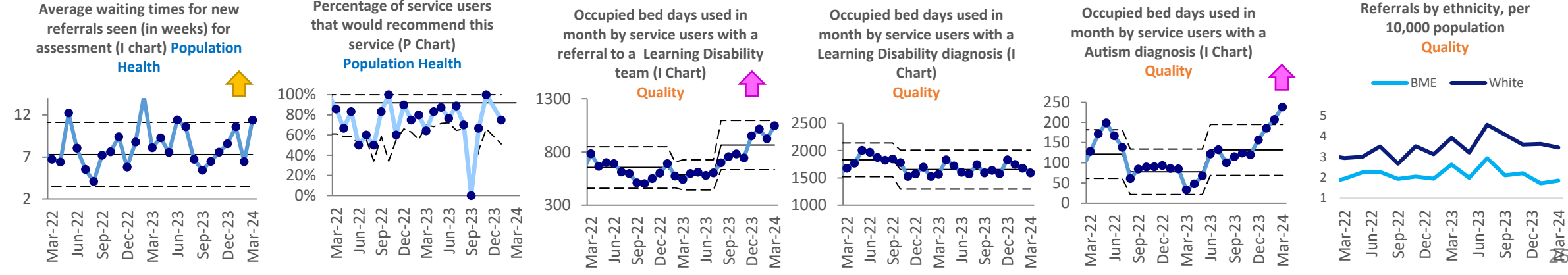
## People who are frail or have long term conditions



## People with common mental health problems



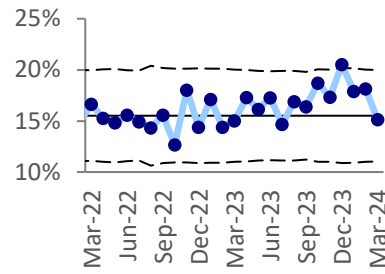
## People with a learning disability



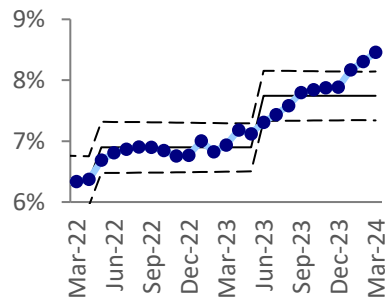
# Appendix 1: System Performance dashboard Long Term Plan (●) Special cause variation (↑ ↓) and when it's of potential concern (↑ ↓)

## People with Severe Mental Illness

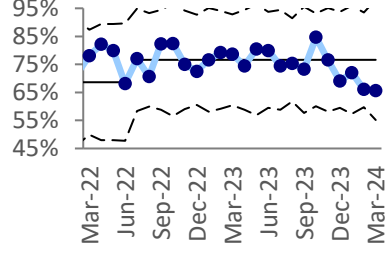
● Percentage of service users receiving Individual Placement Support (P chart) Population Health



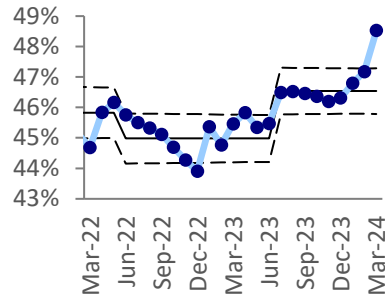
● Percentage of service users in employment (P chart) Population Health



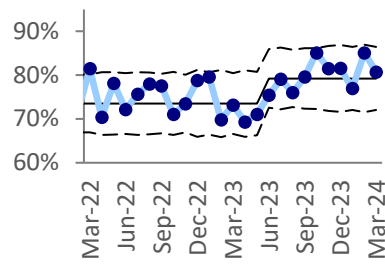
● Service users receiving NICE concordant care within 2 wks of referral (EIS services – face to face) (P Chart) Population Health



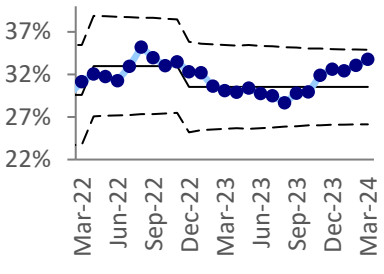
● Percentage of service users in settled accommodation (P chart) Population Health



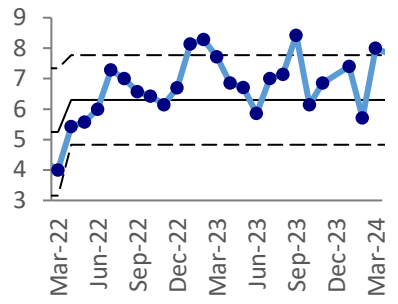
● Percentage of service users followed-up within 72hours of discharge (P chart) Quality



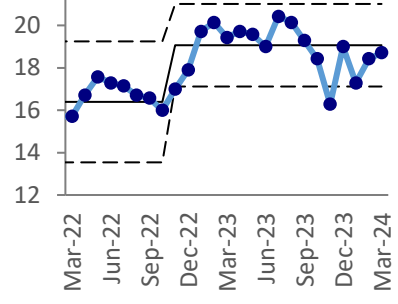
● Service users with paired outcome measures showing improvement (P Chart) Quality



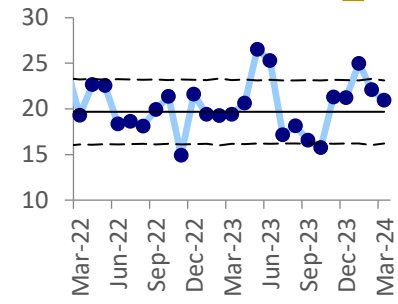
PTS average wait times to (weeks) to 1st assessment in East London (I chart) Quality



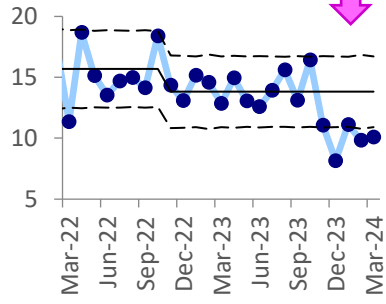
PTS average wait times (weeks) to treatment in East London (I chart) Quality



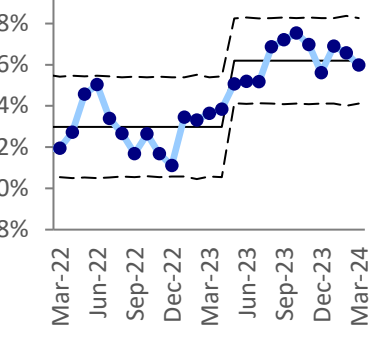
Number of restraints reported per 1,000 occupied bed days (U Chart) Quality



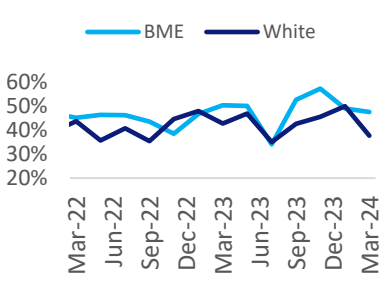
Rate of physical violence incidents per occupied 1,000 bed days (U Chart) Quality



Bed occupancy (P' Chart) Value

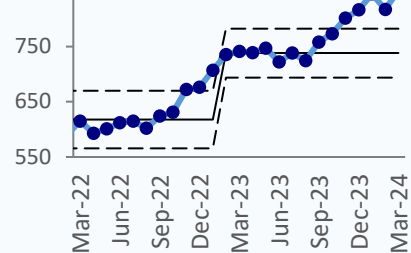


Percentage of service users with SMI receiving a full physical health check Quality

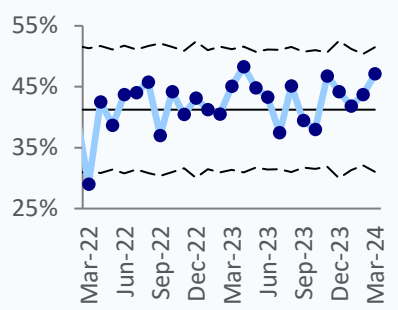


## Woman who are pregnant or new mothers

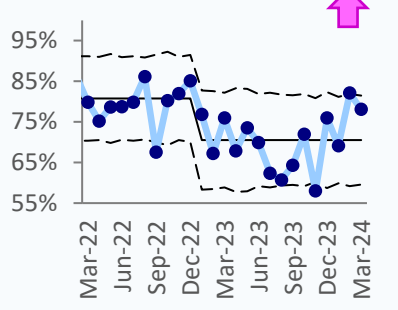
● Number of women receiving contact with specialist mental health services within 12 months (I Chart) Population Health



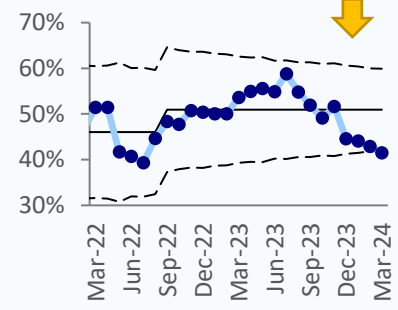
● Service users seen in the month from minority communities (P Chart) Population Health



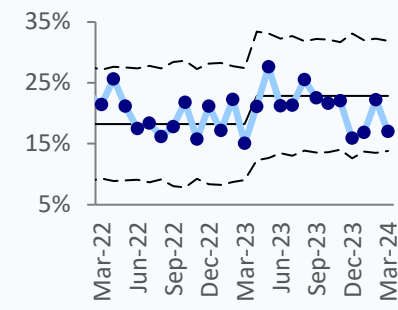
● Percentage of service users seen within 28 days (P Chart) Quality



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



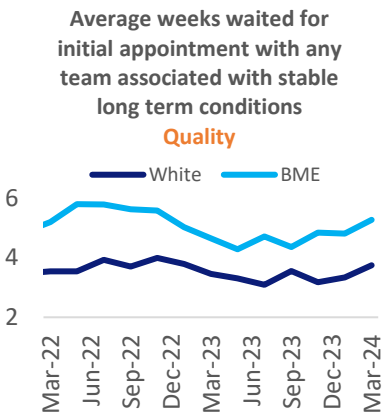
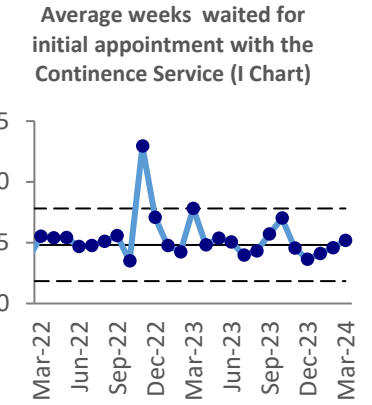
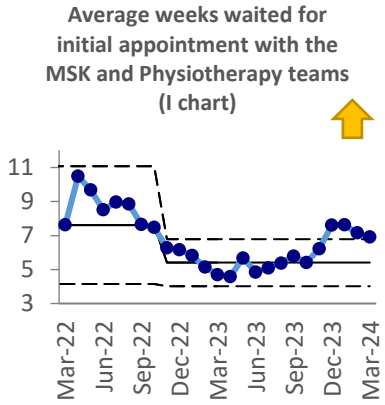
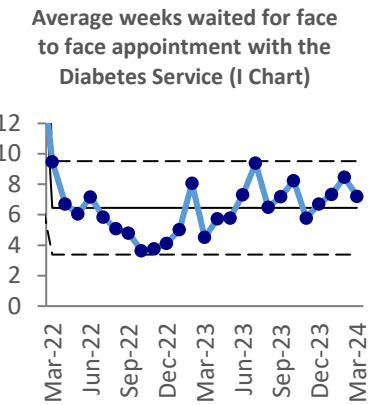
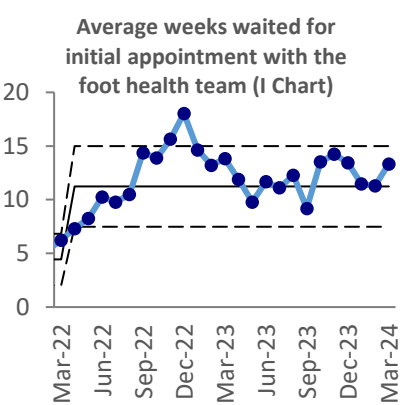
● Percentage of Service Users not attending their initial appointment (P Chart) Quality



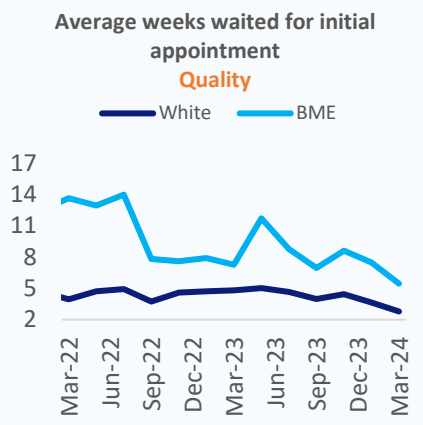
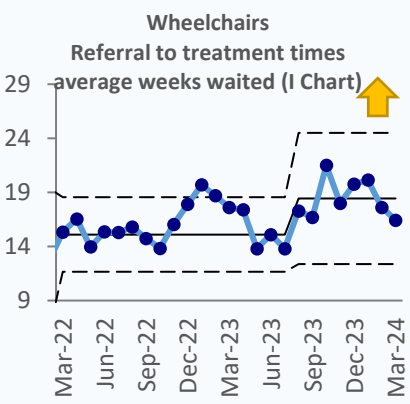
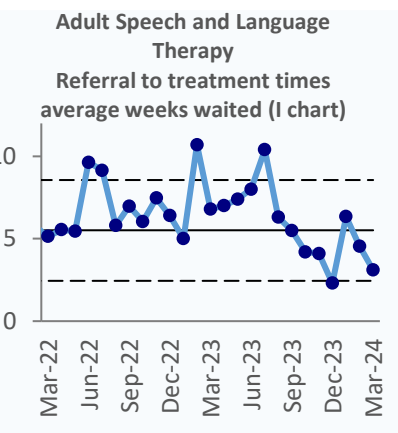
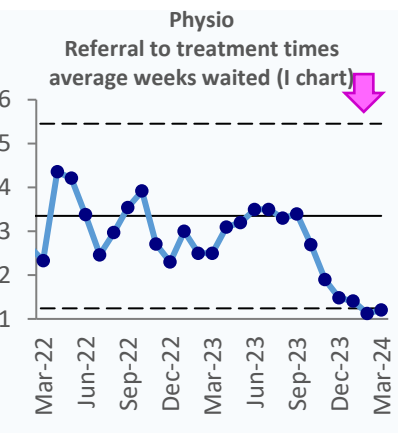
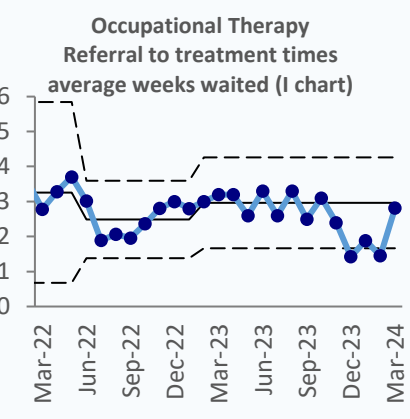
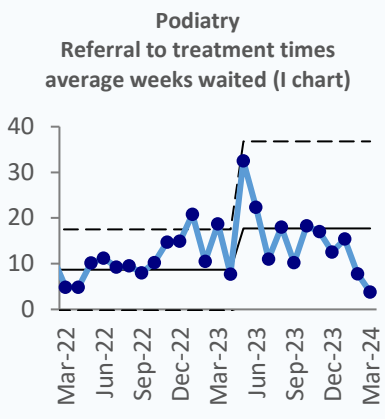
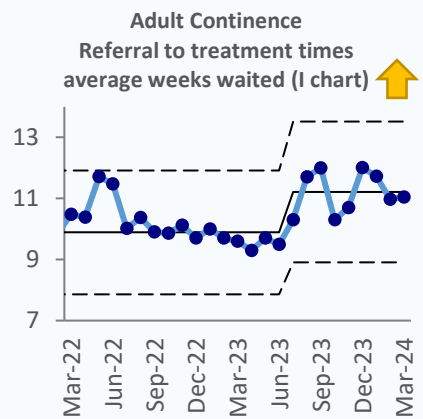
# Appendix 1: System Performance dashboard

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)

**\*Note:** NHS England are currently in the process of engaging with systems on a new oversight framework for 2024/25 with the aim of providing further clarity on the role of NHS England and ICBs. This has not yet been made available, however during 2024/25, NHSE will continue to support all ICBs in integrating the planning and commissioning responsibilities, in line with their individual timeline for delegation.

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	Provider		The February position for East London is 122 breaches and 7 in Bedfordshire & Luton
	Primary Care and Community Services	S107a	Proportion of Urgent Community Response referrals reached within two hours	Provider	70%	Community Health Services are exceeding the target across Trust at 81% in March 2024.
	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 February 2024, 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 Newham, the frailty virtual ward went live on 26th July with the early supported discharge pathway. Occupancy rate has remained at 30% however are currently working to increase capacity through a Communications campaign. The Heart Faily virtual ward pathway has gone live and there is no confirmed date for the respiratory virtual ward due to ongoing recruitment challenges. In Tower Hamlets, all wards are now live and operational. Plans are underway to develop a virtual ward dashboard to support data entry. In Bedfordshire, the progress with virtual ward beds within BLMK is being led regionally.
	Mental health services	S084a:	Children and young people (ages 0-17) mental health services access (number with 1+ contact)	ICB		In BLMK 79% of children and young people have had 1+ contact and in NEL 79% have had 1+ contact with children and young people mental health services in January 2024
	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 October 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 January is 107% in BLMK and 74% in NEL. <i>Further narrative around IAPT access rates can be found in the access and responsiveness section of the report.</i>
	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 January 2024 is 93% in BLMK and 117% in NEL.
	Mental health services	S086a	Inappropriate adult acute mental health placement out-of-area placement bed days	ICB		In December 2023, there were a total of 3645 out of area bed days in NEL and 1405 in BLMK
	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 Quarter 3 (October 2023 – December 2023), in BLMK 36.7% received an annual health check and in NEL this was at 56.5% , against a target of 100%. <i>(This is the most recent position reported at the national level)</i>



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

Oversight Theme	NHS Long Term Plan Area	Indicator code	Measure Name (metric)	Oversight Level	Target	Current performance and progress
Quality of care, access and outcomes	Learning disabilities and autism	S029a	Service users with a learning disability and/or autism per million head of population	ICB	30 per 1,000,000	The current position reported by ICB for Q2 is 41 per 1,000,000 in BLMK and 33 per 1,000,000 in NEL. <i>This is the most up to date position reported nationally</i>
	Safe, high quality care	S039a	National service user Safety Alerts not completed by deadline	Provider	0	100%. In January 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 November and December 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		In BLMK, 42.9% of respondents responded positively to their GP appointment and in NEL, this was at 49% for December 2023.
	Safe, high quality care	S121a	NHS Staff Survey compassionate culture people promise element sub-score	Provider		The BLMK ICB position for 2023 is 7.06/10, and for NEL this is at 7.04/10 ( <i>This is the most recent position reported at the national level</i> )
	Safe, high quality care	S040a	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	Provider	0	Current position is 0 cases.
	Safe, high quality care	S041a	Clostridium difficile infection rate	Provider	100%	Current position is 0 cases.
	Safe, high quality care	S042a	E. coli bloodstream infection rate	Provider	100%	Current position is 0 cases.
	Safe, high quality care	S044b	Antimicrobial resistance: appropriate prescribing of antibiotics and broad-spectrum antibiotics in primary care	Provider	Antibacterial items per STAR/PU - 87%  % of Broad Spectrum - 10%	In October 2023, Antibacterial items per STAR/PU is 107.6% in BLMK and 85.1% in NEL, and as a % of Broad Spectrum is 7.96% in BLMK and 8.45% in NEL.
Preventing ill Health	Reducing inequalities		Performance against relevant metrics for the target population cohort and five key clinical areas of health inequalities	ICB/Provider		Data not available
	Prevention and long term conditions	S115a	Proportion of diabetes service users that have received all eight diabetes care processes	ICB		The 2022-23 Q4 position reported by NHS SOF Dashboard is NEL at 51.9% and BLMK at 46.8%. ( <i>This is the most recent position reported at the national level</i> )
	Prevention and long term conditions	S051a	Number of people supported through the NHS diabetes prevention programme as a proportion of service users profiled	ICB		The 2023 Q2 position reported by NHS SOF Dashboard is 55.2%. ( <i>This is the most recent position reported at the national level</i> )

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

Oversight Theme	NHS Long Term Plan Area	Indicator code	Measure Name (metric)	Oversight Level	Target	Current performance and progress
	Screening, vaccination and immunisation	S047a	Proportion of people over 65 receiving a seasonal flu vaccination	ICB/Provider	85%	The current position reported by NEL ICB for February 2023 is 67% and in BLMK ICB is 79.2% <i>(This is the most recent position reported at the national level)</i>
Leadership & Capability	Leadership	S060a	Aggregate score for NHS staff survey questions that measure perception of leadership culture	ICB/Provider		According to the Annual calendar year, Trust at 7.45/10 <i>(This is the most recent position reported at the national level)</i>
	Leadership	S059a	CQC well-led rating	Provider	Outstanding	Rated 4 - Outstanding

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**23 May 2024**

<b>Title</b>	Appointments & Remuneration Committee (RemCo) 28 March 2024 – Committee Chair’s Assurance Report
<b>Committee Chair</b>	Deborah Wheeler, Vice-Chair (Bedfordshire & Luton) and Committee Chair
<b>Author</b>	Cathy Lilley, Director of Corporate Governance

**Purpose of the report**

- To bring to the Board’s attention key issues and assurances discussed at the Appointments & Remuneration Committee (RemCo) meeting held 28 March.

**Key messages**

**Executive Team Updates**

- The recommendations to divide the Executive Director of Commercial Development’s portfolio amongst the executive team following his successful appointment as the Deputy CEO at North East London NHS FT were agreed including allocating the executive director voting position to the Chief Quality Officer.

**Interim CEO Objectives**

- The committee approved the objectives for the Interim CEO which are aligned to the Chair’s objectives and which had been developed with the Interim CEO; the objectives focus on culture, system, collaboration, strategy and governance. A further review will be undertaken following the recruitment to a substantive CEO.

**CEO Recruitment**

- Following the committee’s approval at its last meeting on 25 January 2024 to commence the recruitment of a substantive CEO, an update was shared on the approved recruitment process as detailed in the committee’s terms of reference including the appointment of a recruitment agency, Hunter Healthcare, to lead on the recruitment process following a mini tendering exercise and also the approach to the Council of Governors’ involvement in the appointment.
- The intention is to advertise by w/c 9 April with a closing day by 31 April 2024, and stakeholder group sessions and interviews will be held in early/mid-May.
- The committee approved the CEO job description and person specification that had been updated and strengthened to reflect the Trust’s focus on collaboration, doing things once and our ‘one front door’ approach for patients across the system, as well as ensuring there remains a focus on the Trust’s organisational treasures. The JD/PS also includes the competencies expected of Board members as required by NHS England and as detailed in its recently published Leadership Competency Framework. The JD/PS will also be shared with the North East London and Bedfordshire, Luton & Milton Keynes ICSSs.

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**23 May 2024**

<b>Title</b>	People & Culture (P&CC) 1 May 2024 – Committee Chair’s Assurance Report
<b>Committee Chair</b>	Deborah Wheeler, Vice-Chair (Bedfordshire & Luton) and Chair of the People & Culture Committee
<b>Author</b>	Cathy Lilley, Director of Corporate Governance

**Purpose of the report**

- To bring to the Board’s attention key issues and assurances discussed at the People & Culture Committee (P&CC) meeting held on 1 May 2024.

**Key messages**

**Emerging Issues and Challenges**

- Due to recent changes in legislation, there are some emerging complexities around certificates of sponsorship and discussions are ongoing with legal services to ensure any necessary changes do not indirectly discriminate against any particular groups or ethnicities.
- The continuing complexity and impact related to the current situation in the Middle East is causing division amongst some of the workforce our service user communities. The importance of continuing conversations and remaining sighted on these and other international conflicts was acknowledged and for the Trust to continue to offer humanitarian support whilst maintaining our values of trust and respect.
- Further risks and challenges may arise due to the potential for industrial action by junior and specialist doctors.

**EDI Annual Report 2023**

- The EDI annual report for 2023 includes three areas of focus: population health, user access and outcome and workforce experience, and evidences practices across the Trust aimed at identifying and removing systemic barriers and developing a wider understanding of intersectionality, in particular highlighting work as a pilot trust for the Patient and Carer Race Equality Framework (PCREF) and on the Workplace Race Equality Standards (WRES) and Workplace Disability Equality Standards (WDES) priorities.
- The committee:
  - sought further assurance around the detail of actions which will directly impact service users and the plans to improve areas where the WRES and WDES data clearly highlights a deterioration in experience or continuing challenges
  - requested an update on the progression of annual outcomes and in particular any risks to the planned programme of work given the funding pressures.
- *The EDI annual report for 2023 is also included as an agenda item at the May Board meeting.*

**WRES/WDES update and submission**

- The Trust’s performance against targets set for the lowest scoring metrics from the 2022 staff survey are beginning to show improvements across most of the indicators.
- The WRES and WDES data submissions are due imminently. The committee requested more time is allocated at the next meeting so that there is appropriate and considered scrutiny of the data, and that the initial draft action plan is also presented ahead of the October 2024 deadline.
- More work is required to align ESR records with declaration data in the staff survey, and the committee requested the inclusion of trajectory charts from the past few years to identify and highlight any trends or special cause variations.
- The committee agreed to bring to the Board’s attention the data highlighting a decline in diversity of the current Non-Executive Directors.

### **Learning Management System/Mandatory Training**

- The Trust is very close to achieving a 90% compliance rate for stat/man training and work continues with services around the scheduling of training courses and examination of the reasons for the number of 'did not attend' instances.
- Phase one of the new supervision tool has been launched, focusing on contribution and wellbeing. There will be a period of time before the launch of phase two (Trialog), scheduled for June 2024, in order to identify any issues.

### **Reporting Update**

- A new template for the people performance report has been developed to provide data on all people metrics for each service including training, employee relations, organisational development and survey participation.
- It is the intention for people business partners to continue to work with service directors on a narrative for each area, identifying trends and improvements, and actions to address areas of concern; a one-page summary on each will be provided with the report for the Board.
- A more detailed breakdown of the establishment data was requested to clarify bank and agency staff numbers against whole-time equivalent vacancy information.

### **Board Assurance Framework: Staff Experience/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.*
- Improvements in people metrics such as staff turnover and statutory/mandatory training compliance continue, along with the launch of the new supervision tool and a number of new actions relating to bank and agency work.
- The committee requested the addition of new risks around the current international tensions and the potential for further industrial action by doctors.
- There are not changes to the risk scores. However, the committee acknowledged the need to ensure any improvements are sustained and to remain vigilant around the potential impact of external and financial pressures before any further review of the risk score can be undertaken.

**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.

# People Performance Report

**May 2024**



# REPORT TO THE TRUST BOARD 23 MAY 2024

Title	Performance Report
Author Name and Role	Shefa Begom, Steve Palmer, Lisa Baker, Associate Directors of People and Culture and Barbara Britner, Deputy Director of People & Culture
Accountable Executive Director	Tanya Carter, Chief People Officer

## PURPOSE OF THE REPORT

The purpose of the report is to provide oversight of the ELFT people metrics by directorate. The report will provide updates on the main people metrics and to give assurance about what is being done to address any challenges. The report includes data on the following metrics.

- Vacancy rate;
- Establishment;
- Leavers/Turnover percentage;
- Stability figures;
- Sickness absence, long term and short term;
- Occupational Health referral rates and OH appointment do not attend rates (DNA) rates;
- Statutory and mandatory training compliance;
- Supervision and appraisal compliance;
- Employee Relations activity (grievance, disciplinary, whistleblowing, dignity at work, Advisory, consultation and Arbitration cases (ACAS and employment tribunals);
- Engagement: Staff survey and quarterly ley pulse survey engagement;
- Compliance: professional registration Disclosure and Barring check (DBS) Visas;
- Freedom to speak up cases;
- Salary overpayments.

And is accompanied by a summary narrative for directorates with an overarching Trust-wide summary and next steps including: Where are we doing well? What have we learned? Where are we identifying challenges, and what are we doing about it?

## KEY MESSAGES

The overarching themes from the services are:

### People Relations Cases

Most directorates are struggling with the volume, length and complexity of people relations case work. The level of people relations cases remains high. There are currently 147 cases across the Trust (excluding sickness absence cases) this has increased from 129 case in the previous report. To address this the P&C team have run additional training for investigating managers and commissioning managers and mock tribunal training. In addition, trying to understand the causes of delays as well as deploying informal resolutions to try and reduce the number of formal cases. A number of investigations have also been commissioned externally and additional training support has been put in place for the people relations advisors. There is an added complexity where there are criminal proceedings and/or counter fraud investigations as well as multiple cases and counter cases. To support managers the new leadership behaviours are being rolled out, with a suite of OD interventions that can be utilised at a local level. In addition to the new supervision tools to help with informal management. The NHS England national work on the expectations of line managers has also been embedded into our learning management system.

Where required the Trust have commissioned cultural service reviews, where there are pockets of concerns. As previously reported the Trust employment tribunal cases primarily relate to disability discrimination and pregnancy discrimination. To address this, the Chief Executive officer (CEO) discussion group in May 2024, was facilitated by the Trust solicitors Capsticks to improve understanding of the Trust challenges, the consequences for the Trust when we may get this wrong and suggestions as to how such cases could be avoided. To address the challenges with our sickness cases in relation to accessing reasonable adjustments. In addition to establishing a project manager that solely focuses on reasonable adjustments, we are entering into a relationship with an organisation called Micro link, that specialises in reasonable adjustments. We are also reviewing the requirement to be referred to Occupational Health as in most cases where there is a disability staff often know what adjustments they need. As raised at the Elft Ability staff network conference, significant changes are required to the process for staff with disabilities, accessing reasonable adjustments. This will undoubtedly have a positive impact on long term sickness cases, that are delayed because of reasonable adjustments. This may also reduce the number of missed occupational health appointments, thus reducing waste.

A survey was undertaken where staff have gone through the Disciplinary process, Dignity at Work process and the Capability process. In December 2023, a survey was sent to a number of staff who had raised a Grievance/Dignity at Work Complaint or been subject to Capability and Disciplinary Processes in the previous 2 years.

- For Disciplinary processes, a total of 181 surveys were sent and 16 were returned (9%)
- For Dignity at Work and grievances, a total of 75 surveys were sent and 10 returned (13%)
- For Capability processes, a total of 36 surveys were sent and 1 returned (3%)

The survey responses have provided predominantly qualitative data which has been reviewed and summarised below. Due to the limited return for capability processes, these have not been reviewed and summarised to ensure anonymity. It is also worth noting that with low return rates the reliability of the data also needs to be considered.

### Summary of Responses (disciplinary):

The main and consistent theme running through the survey responses was that the process took too long with timescales not being adhered to and not receiving regular updates.

56% of respondents were supported by trade unions. The investigation process was seen by most as: stressful; daunting, upsetting; gruelling; frustrating and not knowing when the next meeting would be. Some also expressed that they felt that there were inbuilt bias and inconsistent interpretation/following of the policies. Whilst the investigation feedback was mainly negative, feedback around the hearing stage indicated a greater level of compassion being shown and a greater level of feeling listened to and supported.

## KEY MESSAGES

### Summary of Responses (Dignity at Work):

The responses reflected the same themes as the disciplinary survey, which was that the process took too long, timescales were not adhered to, and the respondents did not receive regular updates. The length of time taken for the process was between six months to nearly two years. 80% of the respondents were supported by trade unions, of which only one felt that the having union present made the process more formal. The respondents felt that the unions explained the process and procedures clearly. In contrast only 20% of the respondents felt supported by People and Culture.

For the cases that have been concluded and an outcome has been presented, 37.5% of the respondents felt that it was a fair outcome whilst 62.5% of the respondents did not. It is noted that 40% of the respondents felt that they were heard throughout the process, whilst 60% of the respondents did not.

80% of the respondents felt that the process was not compassionate. From the respondents that attended hearings felt the hearings were not supportive, one respondent felt that they were not treated with respect and dignity and felt they were being grilled. The respondents noted that the length of process impacted on health and added stress to a difficult process. Having undertaken quality improvement in this area, we are reimplementing the change ideas that previously brought about successes. We're working in partnership Staffside and leadership more generally in order to address this. The following actions are being taken.

- Reduce the length of time processes are taking.
- Workshop with Investigating managers, commissioning managers, trade union representatives and People & Culture.
- Review the Preliminary Investigation stage with a focus on a 48 hours review (Disciplinary)
- Protected time for investigating officers to prioritise investigations or have local Investigating Officers whose main role is to undertake investigations but can support other local project work
- Trust-wide hearing rota, similar to appeals rota to reduce time spent identifying a panel.
- Widening the pool of Commissioning Managers to band 8C and above following training.

There is ongoing work to:

- Reduce the number of cases requiring formal investigation.
- Reviewing initial informal process to consider if an investigation is the best way forward or if alternative options are available (Fair Treatment/Respectful resolution).
- Introducing a triage panel to review Fair treatment process / informal stage before progressing to a formal investigation.
- Improving support and information available to staff involved in a process.
- Increased use of the People Liaison Officer to undertake monthly welfare calls to provide an update on progress/timescales each month
- Better signposting to where staff can get additional support - OH/Freedom to Speak Up.
- Additional information provided at outset of formal process around timescales; support available; process timescales; roles and responsibilities.

These will be achieved using quality improvement methodology, service user engagement, reviewing best practice and supporting managers to address issues before they become formal concerns.

## KEY MESSAGES

### **Organisational Development and Leadership**

There is an increasing demand for organisational development (OD) interventions within services. The recently launched leadership and behaviours work includes an OD tool kit, to empower teams to lead their own non-complex away days. We will further review to see how we can incorporate financial management in response to the challenges that services are experiencing. In addition, the new supervision process, which was one of the Care Quality Commission (CQC) 'must do' actions has been launched within the Learning Management System on 26 April 2024. The second phase which includes Trialog will launch in June 2024 and will support leaders, managers and supervisors.

### **Financial viability and budgets**

Directorates are each focusing on their vacancy, recruitment and establishments well as their financial viability targets. Most directorates have used or are using quality improvement methodology to address some of their challenges. The Trust are in the process repurposing directorate performance meetings directorates with a specific focus on people metrics, issues and support required to make the required shift.

### **Recruitment and Turnover**

In terms of the trust wide people metrics, we have seen improvements in the vacancy rate a reduction of 0.9%. A reduction in agency headcount 16.29 WTE. Turnover has increased by 0.02%. There has been a marginal decrease in the number of new starters which has reduced from 142 in March to 138 in March. There has been a 1% increase in long term sickness absence, and a decrease in short terms absence 0.04% from the previous month. The Trust turnover rate has reduced from 17.53% to 16.82%. The overall Trust wide vacancy percentage has been reduced from 8.4% to 6.9%, however there are some departments with vacancy rates between 10% and 20%. A significant piece of work is underway in terms of the trust establishment, as well as plans to reduce the level of bank and agency spend. This work is focusing on the establishment growth between 2019/2020 to 2024/2025, alongside a number of financial viability plans. From a temporary staffing perspective, the temporary staffing team are working closely with the London Procurement Partnership (LPP).

### **Temporary Staffing**

#### **Q4 2023/2024**

- Working towards centralisation of all agency bookings allowing transparent visibility of Trust agency use & spend.
- Trust temporary staffing policy renewal.
- Implementation of agency standard operating procedures.
- Implementation of off-framework processes & policies

## KEY MESSAGES

### Q1 2024/2025

- Data sharing of future framework & off-framework agency bookings
- Off-framework reduction, agency rate alignment & savings strategy resulting in a PSL with KPIs

### Q2 2024/2025

- Medical & Allied Health professionals preferred supplier list (PSL) implementation.
- Collaborative working opportunity with NELFT to eliminate high-cost Suppliers across all staff groups resulting in a NEL mental Health & community trusts.
- PSL.

The Trust is collaborating with North East London Foundation Trust and are recruiting a joint Associate Director of Transformation role, to lead the delivery of these programmes. ELFT and NELFT, Chief People Officers have joined a national working group to review high-cost area supplement (HCAS) for outer London and fringe areas.

### Retention

The People Promise Manager commences employment in June 2024 to lead on the retention work. In the meantime, a self-assessment has been undertaken in terms of our actions for retention. The domains highlighted the following areas for focus:

- We work flexibly,
- We each have a voice that counts,
- We are compassionate and inclusive.

A new exit questionnaire has launched at the beginning of April, and the Trust are exploring 'stay' conversations to try and address some of the retention challenge. A new Recruitment and Retention Premia Policy is awaiting approval by the Joint Staffside Committee and is being launched to help to address retention issues within directorates. The Recruitment and Retention working group is exploring the trialling of self-rostering on Health Roster as this thought to be a key vehicle in addressing retention.

**Statutory and Mandatory Training:** Statutory and mandatory training compliance continues an upward trajectory and has increased from 88% in the last report to 88.49% against a target of 90%.

**Supervision and Appraisal:** The Supervision platform which is on the CQC 'must do' actions, launches phase one on 29 April 2024, with phase two launching in June 2024. The appraisal window is open and closes at the end of June 2024. The new appraisal process incorporates the new leadership behaviours.

### Belonging in the NHS

The 2023 Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standards (WDES) draft submissions have been completed for final submission at the end of May 2023. Early indications for this year's submissions show that there are improvements in most of the WRES and WDES metrics. Final validation of the data is being undertaken and the three year action plan is being reviewed in advance of the October 2024 deadline for publishing the action plan and will be taken to the next people & Culture Committee. NHS England have confirmed that there will be no submission for the Medical Workforce Race Equality Standard (MWRES) or the Bank Workforce Race Equality Standard (BWRES) this year.

## KEY MESSAGES

### **Gender Pay Gap**

The gender pay gap for 2024 is 7.23% meaning that men are paid on average 7.23% more than women. This has reduced from the 2022/2023 report of 11.01%. The primary issue is around the medical and dental workforce, specifically around Clinical Excellence awards. There has been an expansive QI project to close the gender pay. The aim of the project is to introduce processes and systems reduce the pay gap and to better understand the challenges. This work is part of the wider pursuing equity work a number of change ideas have been suggested and are being tested. NHS England wrote to all Trusts in April 2024, about improving the experienced medical and dental staff, and there were some overlaps in terms of some of the recommendations. There is also a synergy with the Trust equity, diversity and inclusion action plans which incorporates the NHS England high impact actions. A detailed report on gender, ethnicity and disability pay gaps will be brought to a future People & Culture Committee.

### **Organisational Changes**

There are currently 15 organisational change processes including one TUPE transfer into ELFT being undertaken. There are 82 staff members that are affected by the change, of which 11 staff members are at potential risk of redundancies. Two recently completed organisational change processes involved 39 staff members being transferred across to Agenda for Change terms and conditions of employment following TUPE transfer of services.

In the last 3 months, 6 staff members have been given notice of redundancy due to the end of fixed term contracts. People Business Partners are working with the service directors to try to mitigate any further redundancies by exploring suitable alternative employment and avoid redundancies where possible.



# Executive Summary

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

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

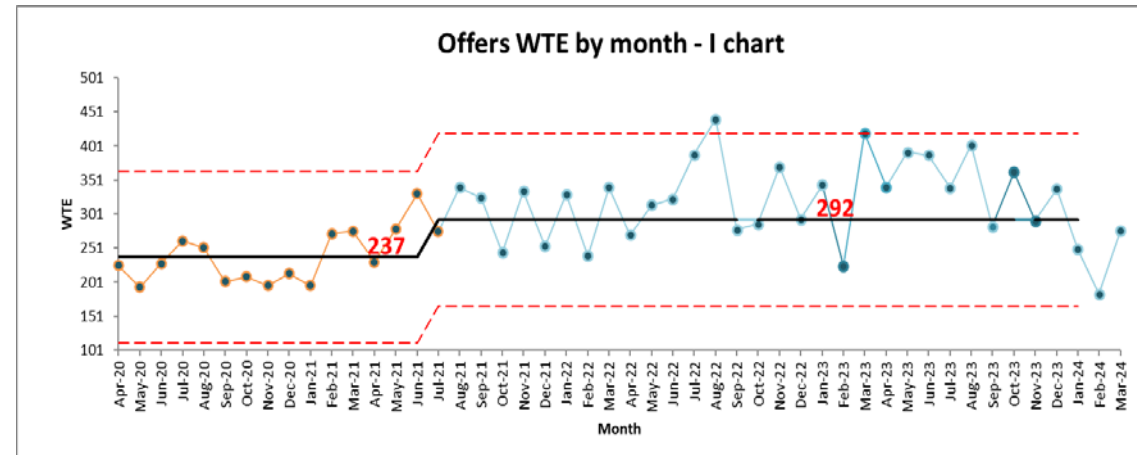
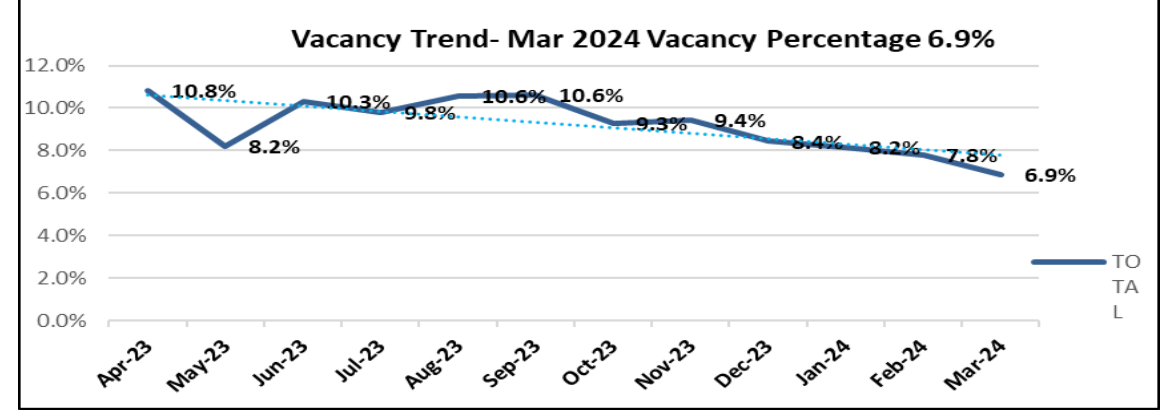
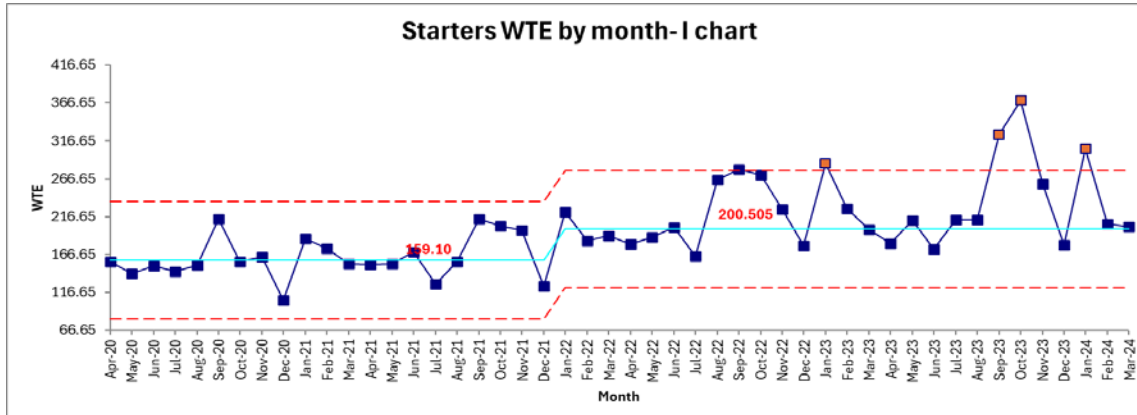
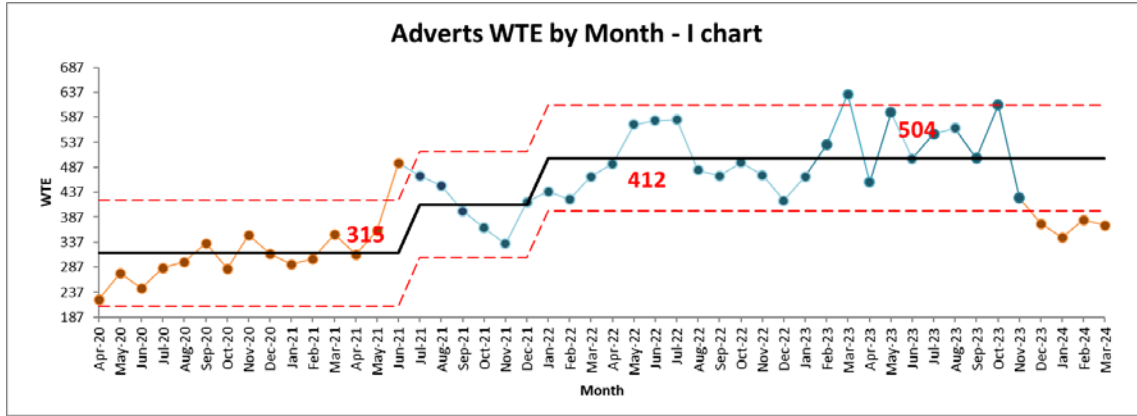
## Committees/meetings where this item has been considered

Date	Committee and assurance coverage
Various	Various sections of this report will be reported to the May 2024 Service Delivery Board, the May People & Culture Committee.

## Implications

Impact	Update/detail
<b>Equality Analysis</b>	Analysis of the experience of different groups is undertaken as part of the Trust's inequalities work stream and population health task and finish group.
<b>Risk and Assurance</b>	This report covers performance for the period as March 2024 and provides data on key compliance across each of the ELFT Directorates.
<b>Service User/Carer/Staff</b>	This report highlights the people metrics across the Trust.
<b>Financial</b>	Our biggest expenditure is spent on our workforce. This report will help to give additional oversight.
<b>Quality</b>	Metrics within this report are used to support delivery of the Trust's wider service and quality goals.

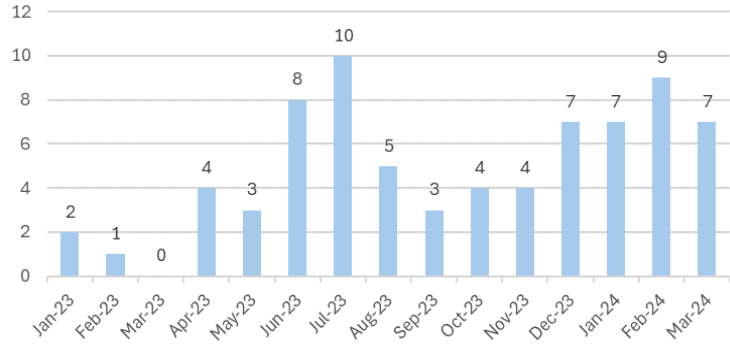
# Resourcing Metrics



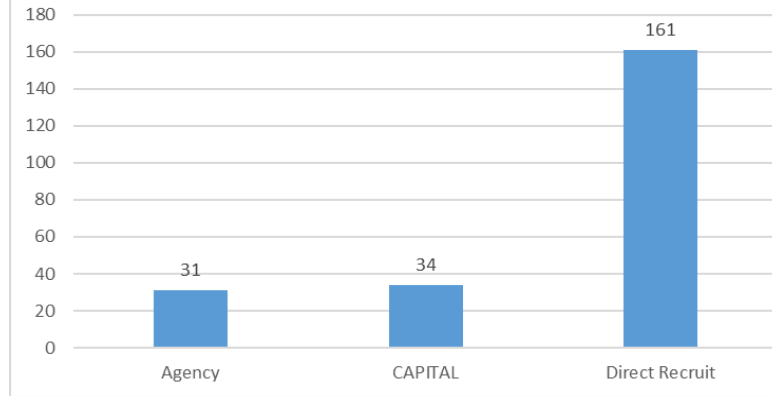
Time to hire has reduced to 35.25 days. The overall Trust wide vacancy percentage has been reduced from 8.4% to 6.9% since the last report, and has been on a downward trajectory since December 2023. However, there are some departments with vacancy rates between 10% and 20%. . The launch of Trust wide targeted Strategic recruitment drive is aimed to help reduce the gaps in hot spot areas, alongside the ongoing International Recruitment project plus the project to improve medical recruitment outcomes and vacancy rates. The number of advertisements remains reduced, but that is because we are doing more targeted and collective recruitment campaigns and less individual job adverts to maximize use of resources and to improve economies of scale. A programme manager has been engaged to commence in May 2024, to lead on a programme of automation of the recruitment processes. In terms of retention, People Promise Manager commences employment in June 2024 to lead on the retention work. In the meantime, a self-assessment has been undertaken in terms of our actions for retention. The domains highlighted as an area of focus are: “we work flexibly”, “we each have a voice that counts”, “we are compassionate and inclusive”.

# Resourcing Metrics

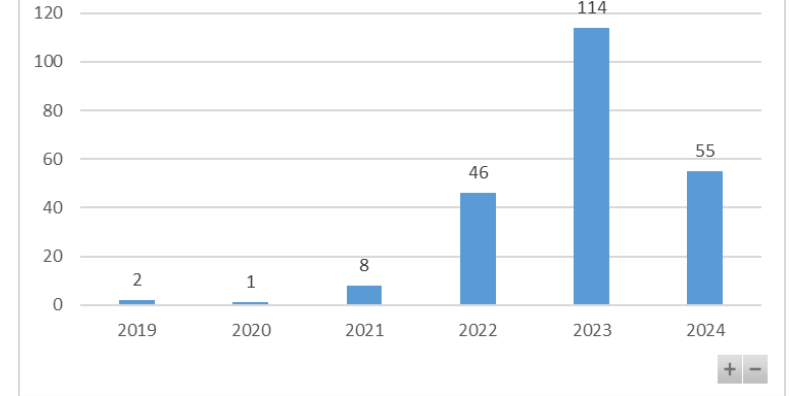
Total Number of International Nurses arrived in month April 24 update



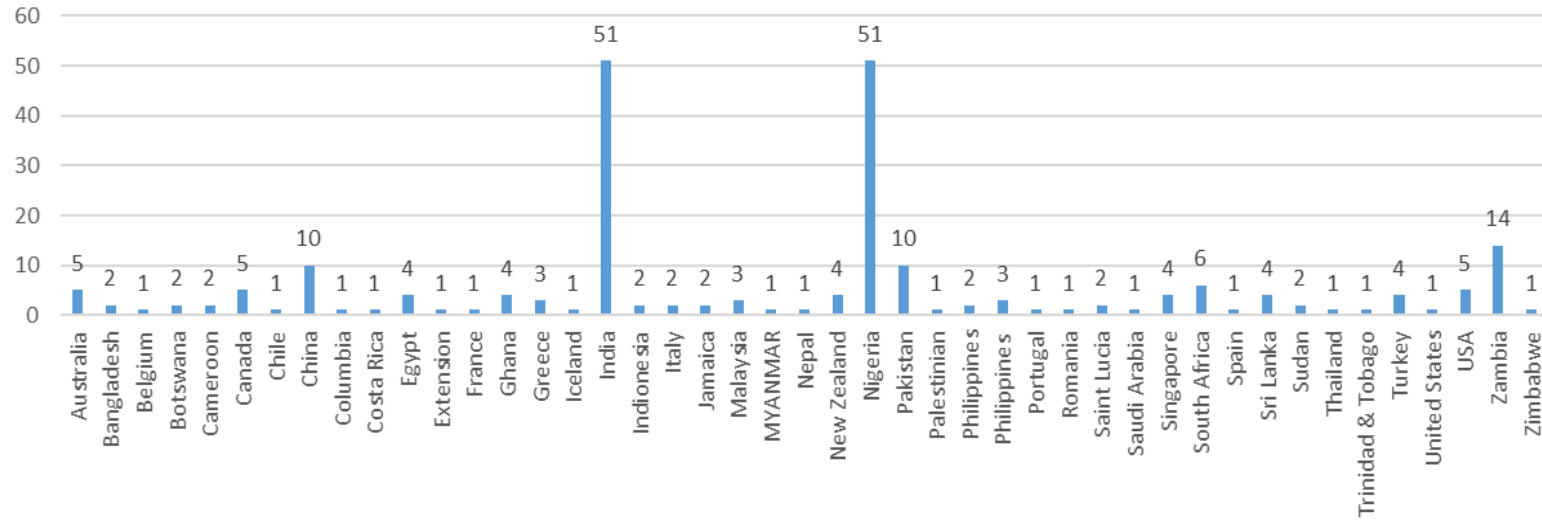
IR Route Recruited



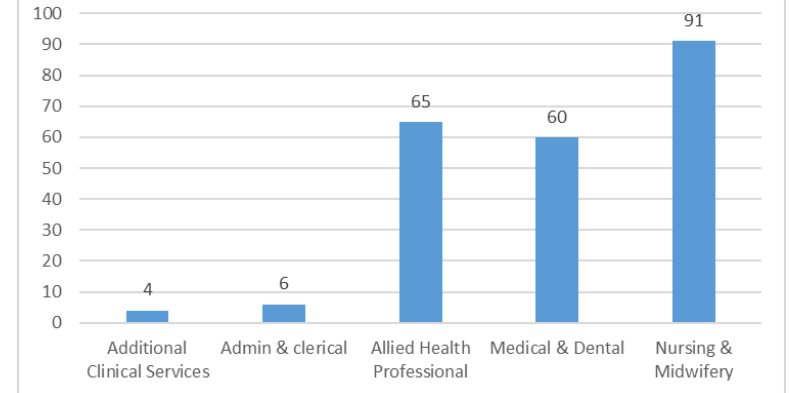
IR Headcount YoY WTE



IR Country Recruited From

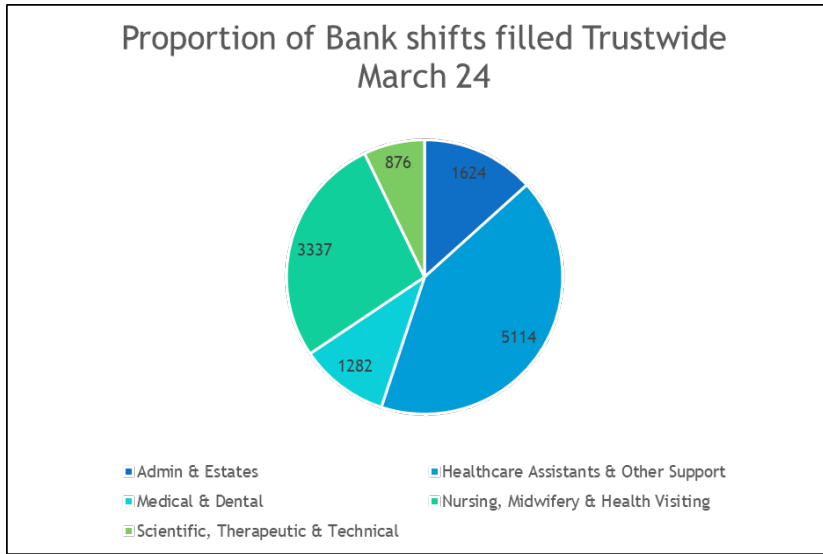
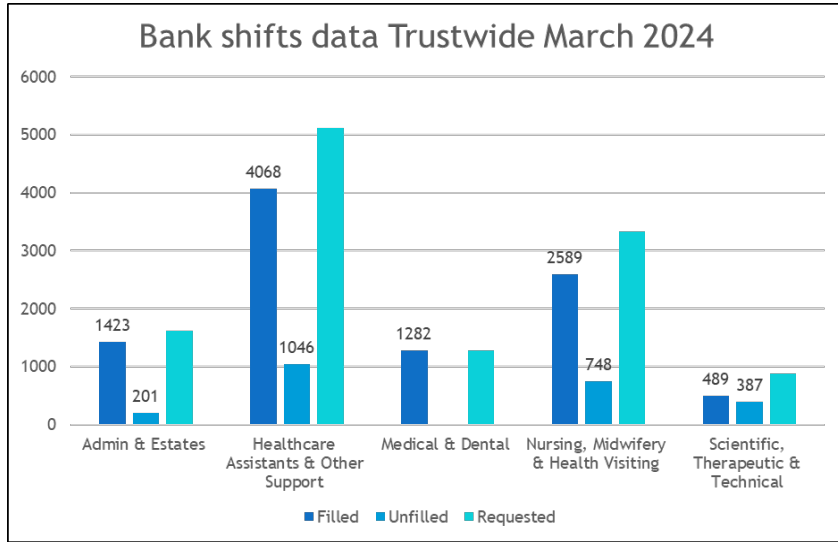


IR Professional Group recruited to date



International recruitment (IR) has become embedded as a tangible source of a talent pipeline Trust wide including concerted efforts via monthly operational and strategic groups and the establishment of the GMC sponsor route. IR is to be further streamlined as a Project Manager for International Recruitment has been appointed to commence shortly to improve the overall scope of work and the pastoral support to international recruits.

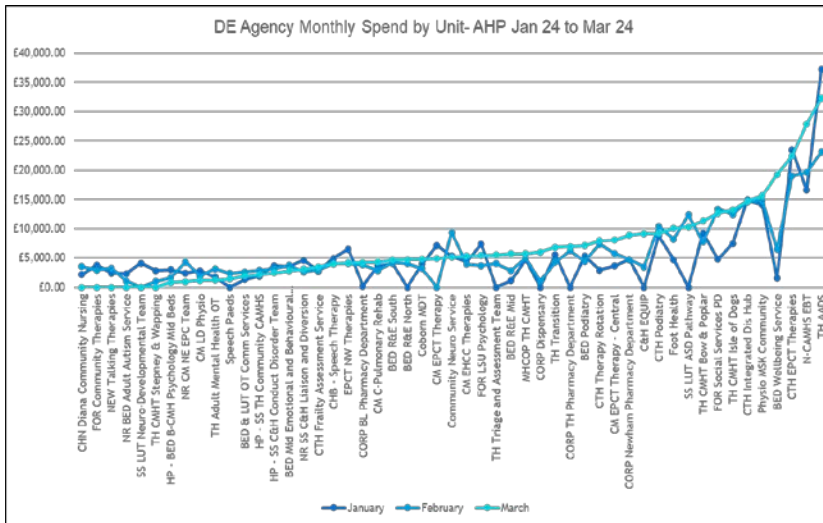
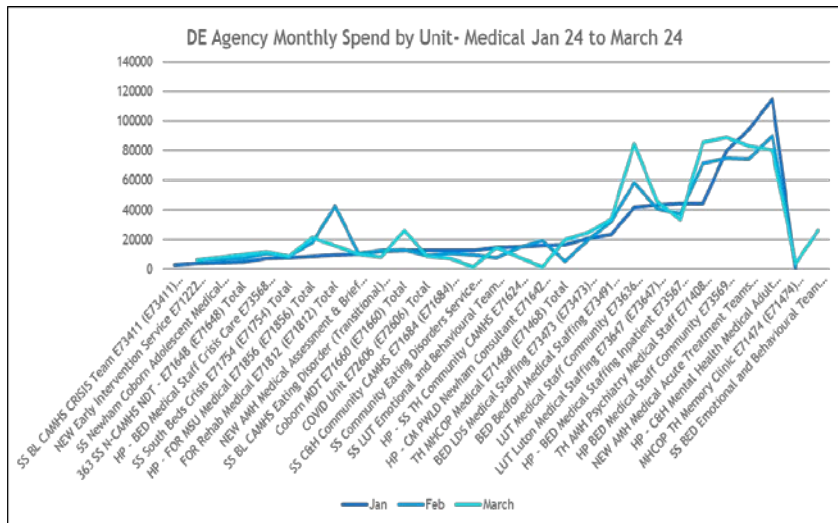
# Resourcing Metrics



The Bank fill rate remains healthy at greater than 90% based on the number of shifts recorded.

The Loop App has been launched which will replace Employee Online, including other functionality this will allow staff to view and book shifts in an enhanced manner.

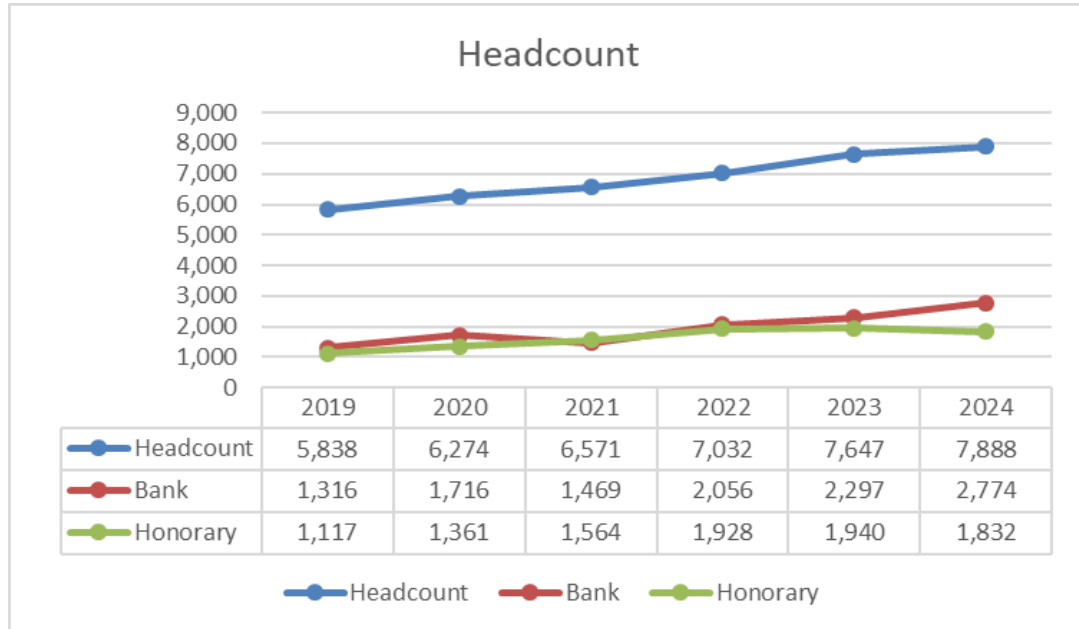
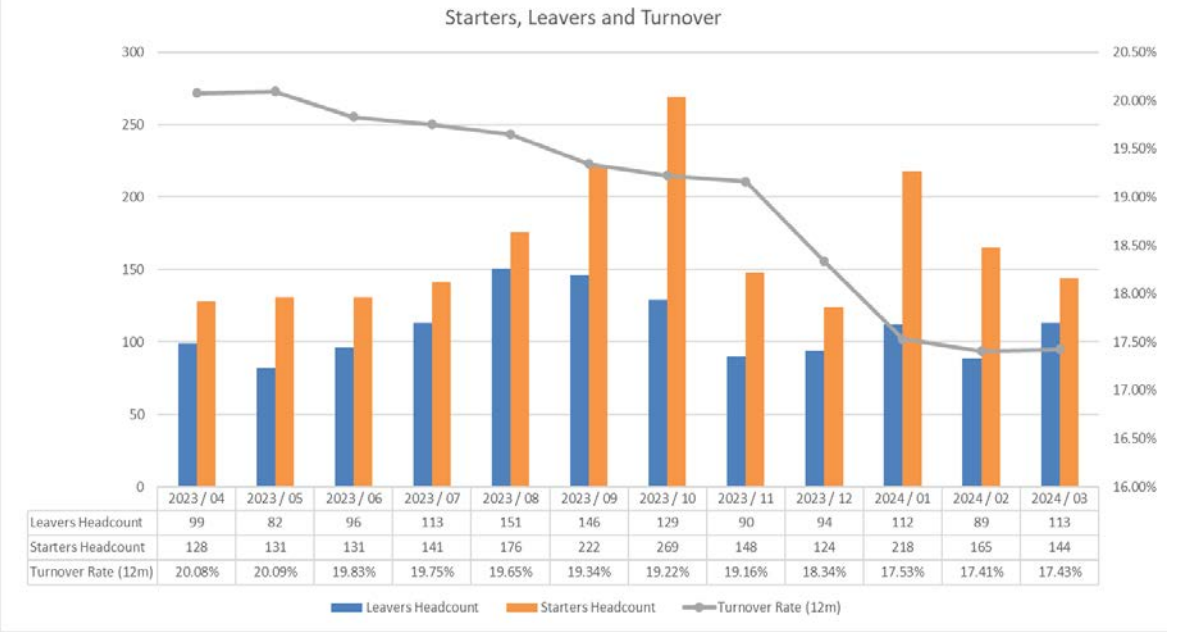
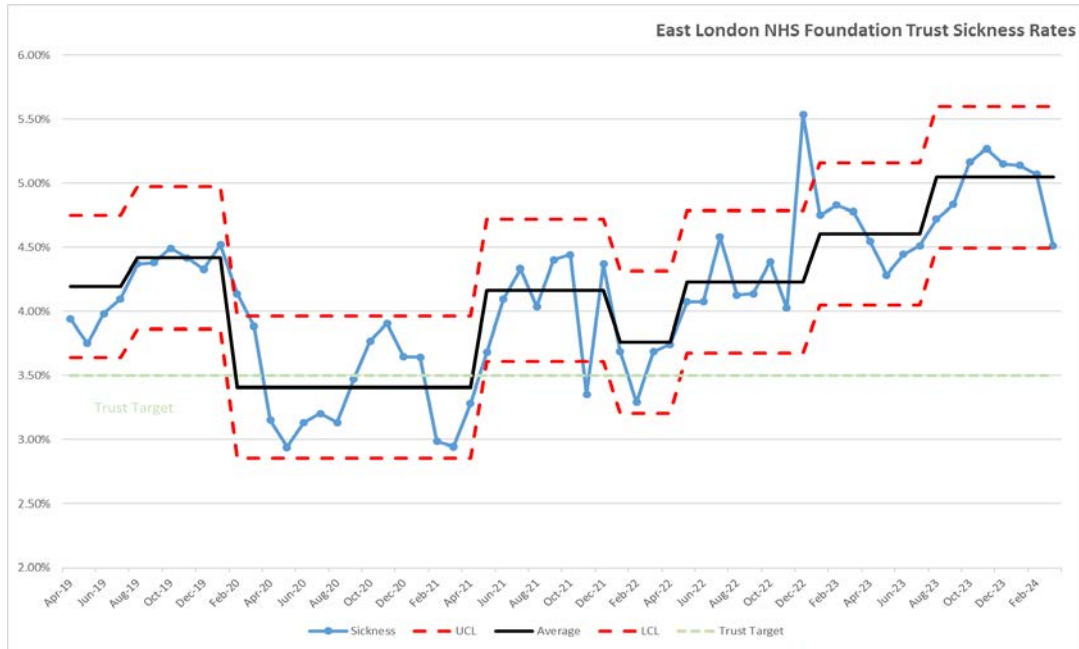
The centralisation of all agency workers on the Staff Direct and Healthroster systems is nearing completion with an estimated date of the 20th June 2024. This enable full visibility of agency usage across the trust a and will provide an opportunity to view and report on the granular information on the usage of temporary workforce across directorates and localities.



The temporary staffing team are working closely with the London Procurement Partnership (LPP) to improve process flow and align the bank and agency processes making it more suitable for the needs of the organisation, and improving governance, visibility of data and controls. Work on the NHSE requirement to remove all Off-framework agencies deployed by end of June 2024 is in progress.

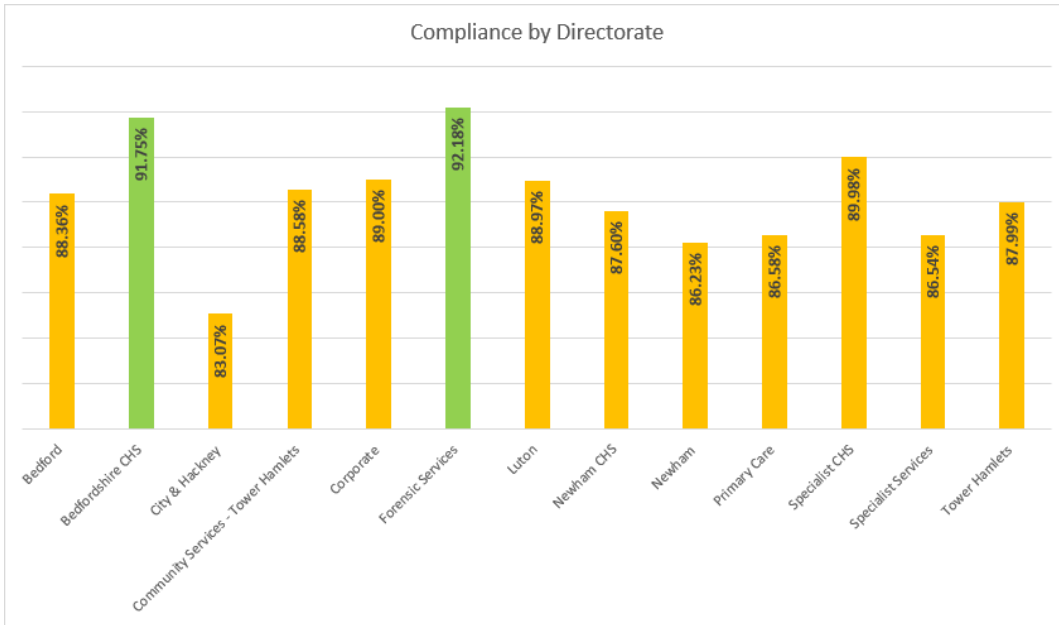
Work is ongoing in terms of the trust establishment, as well as plans to reduce the level of bank and agency spend. This work is focusing on the establishment growth between 2019/2020 to 2024/2025, alongside several financial viability plans.

# Sickness and Headcount



- Sickness average currently at 5.05% consistently rising since May 2022. Trust target 3.50%
- Headcount increased to 7,888 for substantive staff (3.15% increase), 2,774 for bank only staff (20.77% increase), 1,832 for honorary staff (5.57% decrease)
- Average leavers per month 110, average starters per month 166. Turnover by headcount currently 17.43% (increase of 0.02%).

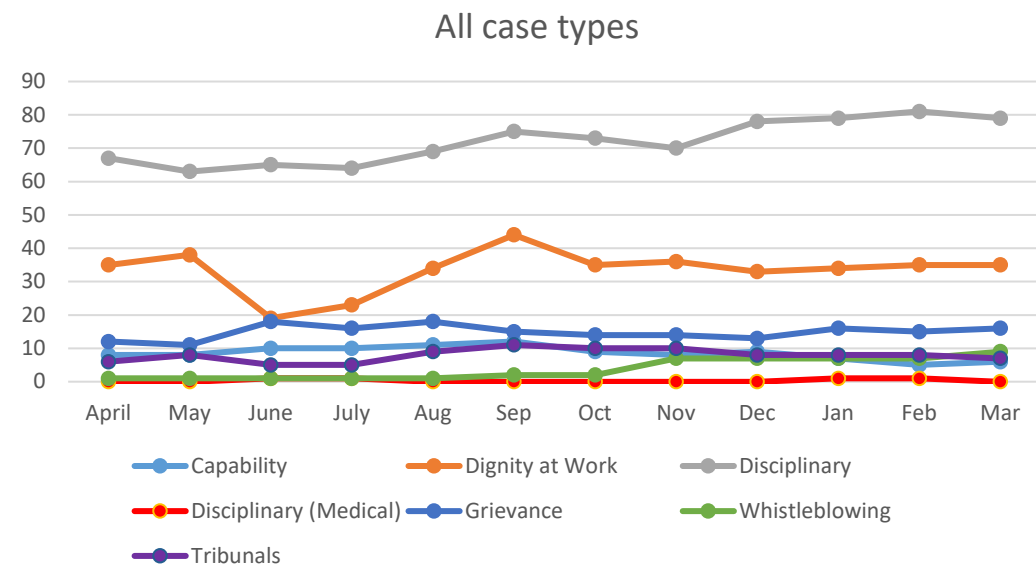
# People Relations



Compliance continues an upward trajectory, reporting **88.49% as of 15<sup>th</sup> April 2024**. Work continues to return the Trust to its 90% compliance target and activity centred around reduction of non-attendance at courses and improving the route through training to ensure easy access for staff and managers.

The L&D team continue to improve the targeted communication to new starters/managers to encourage completion within the three-month exemption timeframe.

As a wider effort to increase compliance and the accuracy of reporting, L&D continue to review the audiences for statutory and mandatory training where inaccuracies are identified to ensure accuracy. This work continues with subject matter experts, managers, and related Legislation.



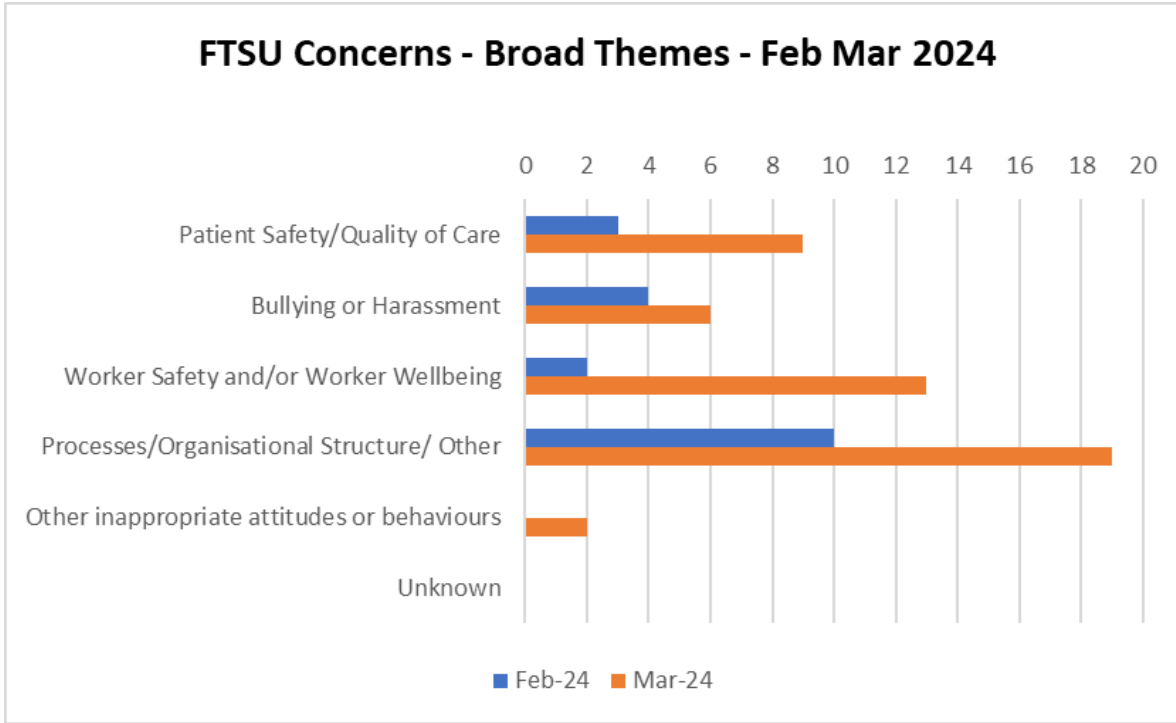
There are: 147 live ER cases plus 8 Employment Tribunal cases, 4 ACAS, plus there are 154 long-term sickness cases and 599 short-term sickness cases and 4 cases currently on hold that are being managed by the People Relations team. The level of ER activity remains high, the team have reviewed the preliminary report template and pre-investigation template. These templates are currently being reviewed by Staffside and will be piloted with managers in two localities before being implemented more widely.

Capsticks delivered a learning lessons session on employment tribunals to People Relations and Staffside. On 1 May 2024, Capsticks delivered an Employment Law Update to the CEO discussion group which focused on the theme of disability discrimination and maternity discrimination and included lessons learnt from previous ELFT employment tribunals.

The revised Dignity at Work Policy has now been published and the Grievance Policy is in the process of being reviewed. The Trust will be looking to merge the policies and have one resolution policy going forward.



# Freedom to Speak Up Data

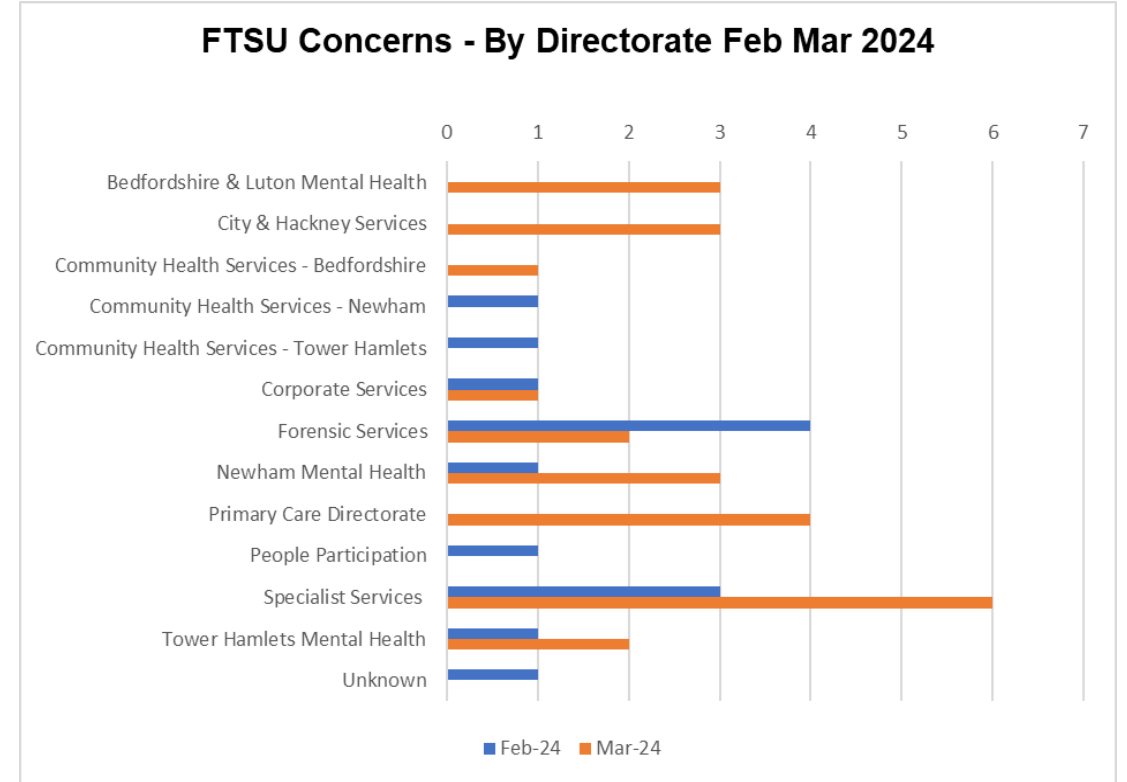


There were 39 FTSU cases altogether raised in February and March 2024. 29 cases fell under 'Processes/Organisational Structure/Other' and related to:

- Career development opportunities
- Investigation process and outcomes
- Reasonable adjustments
- Experiencing racism and its impact on staff affected
- Difficulties within teams and its impact on service delivery
- Recruitment and disciplinary processes
- Pay issues.

15 cases fell under 'Worker Safety and/or Worker Wellbeing' and relate to:

- Staff feeling intimidated for speaking up on concerns.
- Bullying allegations
- Shift patterns and impact on disability
- Unsafe working conditions
- Inadequate induction or training of staff new to a service



18 of the 39 cases are closed. Open cases are still being processed and awaiting updates and feedback. Many staff were supported with escalating their concerns and being part of the resolution conversations and how to improve situations moving forward.

General feedback from staff is that those generally working at Band 3, 4 and 5 don't feel heard or supported when they initially raise concerns and seek advice from FTSU on how to further proceed.

Many staff (those raising concerns and feedback from training sessions) request further information and support on how to create and ensure the psychological safety of teams, so that speaking up can truly become 'business as usual'. Discussions around how we can facilitate and support this have started with the People & Culture team.

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**23 May 2024**

<b>Title</b>	Finance, Business and Investment Committee (FBIC) 16 May 2024 – Committee Chair’s Report
<b>Committee Chair</b>	Sue Lees, Non-Executive Director and Committee Chair
<b>Author</b>	Cathy Lilley, Director of Corporate Governance

**Purpose of the report**

- To bring to the Board’s attention key issues and assurances discussed at the Finance, Business and Investment Committee (FBIC) meeting held on 16 May 2024.

**Key messages**

**Finance Update 2023/2024**

- The original position reported to the ICS was a surplus of £3.7m, as expected following adjustments for the impact of industrial action and increased private bed spend in month 12.
- Subsequently, a legacy issue identified around the application of asset lives to the Trust’s property portfolio impacted the position by £11.3m and resulted in a regional and national agreement to move to a pre-audit adjusted final position of a £5.8m deficit.
- The finance team were commended for their openness and transparency in surfacing the asset lives issue and assurance was provided on the in-depth work that will be undertaken around asset verification going forwards.

**Financial Plan 2024/2025**

- The final plan submission is for a break-even position; this carries a degree of risk particularly around the increased financial viability target requirement, increased demand, ongoing private bed spend and agency usage. A ‘finance sustainability board’ chaired by the CEO is being established to strengthen the governance oversight and provide greater visibility and accountability of the Trust’s financial performance. There are potentially six workstreams that will report into the board; these workstreams will bring together existing work and new initiatives to focus on the key areas on the key areas of risks including, for example, private beds expenditure, temporary workforce, contracts income, etc. Updates will be provided to both the Service Delivery Board and to FBIC.
- The committee welcomed the increased level of commitment and financial focus across the organisation, requesting further work to understand areas of spend against productivity, identifying both the drivers of deficit and areas where costs have been kept down.
- Funding negotiations with commissioners are ongoing with some agreements in place only for a six-month period; it is acknowledged there will be a need for some challenging decisions to be made in areas where funding is not agreed.

**Financial Viability (FV)**

- The year end outturn achieved the forecast amount of £14.96m against the target of £20.8m, noting this figure is more than double the amount of savings in any previous year.
- To date plans totalling £20m have been identified against a target of £29m, with approximately £11.5m of schemes considered secure and the remainder requiring further development. Approximately 70% of schemes sit in high risk although this will reduce as quality impact assessments and financial risks are assessed.
- A dedicated session with all directorates saw good engagement with teams focusing on how their plans will fully meet the target.
- The committee expressed concern that the Trust is working to a target of £29m of savings without applying stretch targets particularly bearing in mind whether the full year effect of planned savings will be achieved during this financial year and also experience has shown over the last few years that the targets set have not been met. The importance of recurrent plans was also stressed.
- Dedicated work to explore divesting the Trust of some estate and opportunities to increase agile working are considered an important contribution to ensuring recurrent expenditure reduction.

### **Procurement Update**

- The team achieved their savings target of £600k for 2023/24 and their ambition for 2024/25 is to achieve £1m of efficiencies with a dedicated focus on Trust-wide non-pay spend.
- Collaborative work is underway to identify the different contracts each trust in the North East London system holds with the same supplier, and apply a system-wide tender process to achieve economies of scale as a consortium.
- Purchase order compliance improvement work also continues, and key collaborative work is planned with the Chief Pharmacist around medicines management in the new non-pay workstream.
- There will continue to be a focus on our anchor organisation and sustainability aims.

### **Digital Update**

- The directorate delivered a budget surplus in 2023/24 partly due to successful bids for central revenue funding and have achieved a decrease in their numbers of temporary staff.
- A programme of service improvements in infrastructure continues with a trouble shooting team stood up to respond and resolve system-wide issues at pace and work continues to ensure the full capture of benefits realisation on all projects.
- The committee welcomed the appointment of a chief nursing information officer in relation to clinical service design and improving system use.
- There was an acknowledgement of the need for an agile way to bring temporary specialist staff in on a project-by-project basis going forwards and the committee encouraged exploring the opportunities for a system-wide approach with the ICSs.

### **North Central and East London Perinatal Mental Health Specialist Collaborative**

- The report provided an update of the work being led by ELFT to develop a provider collaborative for Specialist Perinatal Services in North Central and East London following approval by the FBIC to submit a business case to NHS England in June 2023.
- The report highlighted the establishment of a Memorandum of Understanding and Risk & Gain Share Agreement, and outlined the mitigations to the risks previously identified around the establishment of this collaborative which has stood up on 1 April 2024 with fixed flow funding in place for two years.
- *An update report is also included in the Integrated Care & Commissioning Committee's assurance report.*

### **Board Assurance Framework: Improved Value – Risks 7 and 8**

- **Risk 7:** *If the Trust's approach to value and financial sustainability are not embedded, this may impact on the achievement of the Trust's financial, service delivery and operational plans:* despite the challenging FV target for 2024/25, it was noted there are other elements apart from financial viability that can influence the outcome of the financial plan and this will form part of the wider review of the BAF.
- **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:* continuing network issues are maintaining the risk score at 20, however it is anticipated there will be an opportunity to reduce the score to 16 in July following completion of infrastructure work related to the cloud system. Challenges continue around the backlog of estates' maintenance.
- Assurance around the progress of the BAF and risk review was provided noting it will be presented at the Board Development Session in June and finalised at each lead committee meeting during July.
- The committee agreed no changes to the risks scores and that appropriate controls are in place and operating effectively.

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

**REPORT TO FINANCE, TRUST BOARD**  
**23 MAY 2024**

<b>Title</b>	2024-25 Financial Plan
<b>Authors</b>	Haffejee Knight & Lisa Marsh, Associate Directors of Finance
<b>Accountable Executive Director</b>	Kevin Curnow, Chief Finance Officer

**Purpose of the report**

This report updates the Committee on the financial plan that was submitted on the 2<sup>nd</sup> May to NHS England.

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

Date	Committee/Meeting
16 May 2024	Finance, Business & Investment Committee

**Key messages**

The committee received and approved the plan submission on 25 April 2024. This paper is to provide a final, up to date narrative relating to the submission and also provide some wider system context.

The 2024/25 financial plan was submitted to NHS England on the 2<sup>nd</sup> May, this included: -

- An adjusted financial position of breakeven for the year
- An efficiency target of £29m
- Total capital expenditure, excluding leases of £10.3m
- Lease additions of £4.4m and lease remeasurements of £6m
- A £0.7m reduction in cash balances over the year.
- Appendix 1 – Plan Phasing

**Strategic priorities this paper supports**

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

**Implications**

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

## 1 Introduction

The report provides a narrative summary of progress with the trusts financial planning for the financial year 2024/25.

The NHS England (NHSE) expectation is that each Integrated Care Systems, working with its system providers, submit a balanced financial plan for 2024/25.

Although an aggregated national view of the current financial plan has not been published, it has been reported that the current position is unaffordable.

It is being considered at a national level which system and individual providers require additional, external support to deliver a significantly improved financial plan.

### 1.1 Background

Locally, NEL and BLMK Integrated Care Systems continues to operate under significant pressure, with high demand for urgent and emergency care services and increasing numbers of patients in acute hospitals and mental health wards who are clinically ready for discharge.

Within the trust, our inpatients services continue to operate under extreme pressures; and we continue to care for patients who no longer require inpatient care but are unable to be discharged due to a lack of available stepdown care. As a result, we continue to place our patients in private sector beds.

Following intense work within the trust, with BLMK ICB, as part of the NEL Mental Health Learning Disability and Autism (MHLDA) Collaborative, with North East London NHS Foundation Trust (NELFT) and with the NEL ICB, the Trust final plan submission to NHSE on the 2<sup>nd</sup> May 2024 was an income and expenditure breakeven plan.

In addition, the trust continues to work with ICS colleagues to improve the value of capital allocations available for investment. The trusts submission, to meet current permitted capital expenditure levels, is set at £9.9m before any central funds or leasehold adjustments are accounted for.

### 1.2 Planning Assumptions

- Income national guidelines have been applied including tariff inflation at 1.7% and reductions for efficiency of 1.1% giving a net inflation of 0.6%.
- The Income plan includes contract baseline plus Mental Health Investment Standard (MHIS) and Service Development Fund (SDF) funding in both North East London and BLMK.
- The plan also includes a third year of “convergence” (the process by which historic issues with allocations are equalised) that reduces the income available to the Trust by 0.88% to all block contracts. Although, this has been reinvested for MHIS related services
- Income to cover Covid-19 direct costs has reduced further by 0.3%. Nationally this is expected to be treated as business as usual.
- The impact of Agenda for Change and other pay awards are expected to be funded and are currently built into plans at 2.1%, anything nationally agreed higher than the planned 2.1% is expected to be funded centrally.
- Non-pay 2024/25 inflation assumptions included are as per ICB & NHSE guidelines (0.8%) and therefore exclude unconfirmed assumptions above the funded national inflation.

- The Trust submitted a 2024/25 capital plan of £9.9m in line with its allocation share based on depreciation.

## 2 Income & Expenditure

Considerable financial planning and detailed financial modelling has been undertaken within the Trust. This reflects the national planning guidance together with the agreements reached within the Integrated Care Systems in relation to the distribution of funding across partner NHS organisations. The outcome of this is a balanced budget for the Trust, consistent with the overall NHSE planning guidance regarding submitting an even financial plan.

Statement of comprehensive income 2024-25 Plan	2024-25 Total Plan £'000
Operating income from patient care activities	638,291
Other operating income	18,894
Employee expenses	(468,988)
Operating expenses excluding employee expenses	(182,246)
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>5,951</b>
<b>FINANCE COSTS</b>	
Finance income	5,550
Finance expense	(5,201)
PDC dividends payable/refundable	(6,984)
<b>NET FINANCE COSTS</b>	<b>(6,635)</b>
Other gains/(losses) including disposal of assets	0
<b>SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR</b>	<b>(684)</b>
<b>Adjustment to financial performance</b>	
Remove capital donations/grants/peppercorn lease I&E impact	493
Adjust PFI revenue costs to UK GAAP basis	191
<b>Adjusted financial performance surplus/(deficit)</b>	<b>0</b>

Whilst the plan reflects a financial break-even position, a number of financial risks remain which could, if unmitigated, drive an in-year deficit.

These include:

- Financial Viability (FV) plans currently amount to £20m against the target of £29m, representing a risk of £9m of which a significant proportion are rated as high risk.
- Cost of private beds usage may cost more than the funding available.
- Pay costs have been budgeted based on the substantive cost, with no amount budgeted for the premium cost of agency cover. If the current agency expenditure run rate continues there is an additional risk of up to £0-5m.
- Inflation costs reflect the national planning assumptions, representing a risk of circa £0-£5m against local forecasts.
- The plan includes income for services which were funded non-recurrently in FY23-24 and funding for FY24-25 is not yet confirmed (£3.4m).
  - The assumption is that the commissioners will continue to fund these services as we have not received notice to stop the services.
- Within 2024-25 financial plan, we have assumed £1m for new or unmitigated cost pressures. Any further cost pressures identified during the year will have an adverse impact on the financial performance of the Trust.



These risks, together with the wider financial governance procedures will be managed through the Service Delivery Board (SDB) (supported by the newly proposed Financial Sustainability Board (name to be confirmed)) and assured by the Finance, Business and Investment Committee (FBIC).

### **3 2024/25 Financial Priorities and Strategy**

The Trust's financial priority during 2024/25 is to recover the 2024-25 exit projected underlying revenue deficit thereby mitigating the strategic implications of depleting its cash reserves.

The Trust will continue to develop its detailed financial improvement plans which will be underpinned by strong financial governance and control, both within the Trust and across the ICSs.

Throughout these plans there are priority areas that are the focus of productivity and efficiency opportunities in each Directorate, each of which will have a detailed plan and work stream with specific deliverables:

- Increasing Productivity & Efficiency: Community Teams, Corporate Teams and Primary Care Services.
- Cross Cutting Themes: Temporary Staffing, Procurement and Non-Pay Spend, and Data / Activity Capture.
- Private Beds Usage Reduction
- Patient Flow;
  - Improve patient flow and work towards eliminating inappropriate out of area placements. Underlying this is an increasing proportion of inpatient beds that are occupied by people facing discharge delays despite being Clinically Ready for Discharge.
  - Admission avoidance – ensure only patients from out of area who require emergency admission are admitted in our wards.
- Reduce agency spending across the Trust, to a maximum of 3.2% of the total pay bill across 2024/25.
- Inpatient Review: staffing, non-pay and acuity (1:1 observations).

In addition to delivering direct financial improvements, making progress in these areas will release clinical and management capacity to focus on further quality improvement, thereby improving productivity and efficiency and reducing waste.

### **4 Trust Budget Setting**

The internal 2024/25 budget setting process has been underway since December 2023.

The Trust finance team undertook a review of Directorate expenditure budgets early in 2024 identifying cost pressures and any required budget allocations and realignments.

Discussions were held between Service Directors and the Chief Finance Officer with reviews carried out including the Chief Operating Officer and Chief Executive.

Directorate recurrent budgets and approved cost pressures as at early May were uploaded in month 1 after the following:

- Adjustment for the full-year impact of any budgets released in 2023/24 covering only part of the year.
- Reduction for any budgets funded non-recurrently in 2023/24.
- Re-costing of established posts based on staff in post at December 2023.

Month 1 income budgets were uploaded on this basis of the Trust and ICBs planning submissions.

The balancing figure between uploaded directorate and income budgets forms the basis for reserves budgets, which includes the planned pay award uplift, MHIS and SDF new investments and remaining cost pressure funding, with further agreed allocations to be actioned in quarter 1.

## 5 Financial Viability

The final financial plan submitted by the Trust includes Financial Viability target of £29m. The Trust has identified over £20m of schemes to date, with impact assessments, in-year delivery values and scheme forecasts still to be worked up.

There is a significant proportion of FV schemes with planned phasing into Q3 and Q4 and delivery of these to plan will be essential to ensure the achievement of the financial plan for this year.

<b>Efficiency Programme</b>	<b>£'000</b>
Income - Non-Patient Care	3,417
Income - Private Patient	80
Non-Pay - Corporate services transformation	1,571
Non-Pay - Digital transformation	720
Non-Pay - Estates and Premises transformation	350
Non-Pay - Fleet optimisation	85
Non-Pay - Medicines efficiencies	375
Non-Pay - Net zero carbon	75
Non-Pay - Other	40
Non-Pay - Procurement (excl drugs) - non-clinical directly achieved	1,323
Non-Pay - Procurement (excl drugs) - non-clinical through NHS Supply Chain	225
Non-Pay - Provider collaborative: commissioner efficiencies (NHS subcontracted)	176
Non-Pay - Service re-design	476
Pay - Agency - improve price caps compliance	100
Pay - Bank - increase bank supply	300
Pay - Corporate services transformation	3,231
Pay - Establishment reviews	1,227
Pay - Service re-design	5,287
Unidentified	9,942
<b>Grand Total</b>	<b>29,000</b>

### Next Steps

Following closure of Month 1 accounts, further work is underway to:

- Sign off 2024/25 budgets
- Adjust details for plan income assumptions from the final ICB planning submission
- Allocate further budgets for agreed new investments
- Agree actions and allocate budgets for remaining cost pressures
- Finalise Financial Viability plans and implementation
- Finalise 24/25 contracts
- Set up work streams for the priorities

## 6 Capital Planning

Following engagement with the borough and service directors initial pipeline schemes totalling £60.1m were identified and put forward for capital funding.

An initial prioritisation process was carried out by the Estates and Digital Teams, which reduced the schemes to £23.9m.

Whilst North East London ICB were advised that our capital requirements are in excess of £20m they have confirmed that our allocation is likely to be c. £9.9m. This has been calculated based upon historic depreciation.

To reduce the list of schemes to within the anticipated envelope a weighted scoring matrix was introduced, this considered the impact of each proposal on: -

- Strategic fit
- Patient/Staff safety/care
- Legal/compliance requirements
- Contribution to efficiencies
- Risk mitigation

After assessing the scores, the following programmes are proposed to go ahead, within these some flexibility has been agreed to move budgets between individual project lines. For each project there will need to be consideration to whether the scheme meets the definition of being capital.

Asset and Backlog Management	2,832
Mental Health and Security Improvement Plan	800
Six Facet Survey Backlog works programme	200
Critical, fire and digital spaces infrastructure upgrade	200
In Patient Environmental Upgrade and CQC Improvement Plan	400
Net Zero Carbon Reduction Plan	100
New Business, Community and Primary Care Development	40
Medical Devices/Equipment	20
Digital Systems	125
ICS	100
ICT infrastructure and Service Improvement	770
ICT Digital Spaces	1450
ICT Unified Communication	477
ICT Cyber Security	840
ICT Digital Portfolio	1000
Staff capitalisation	531
	<b>9,885</b>

The constraints on the availability of capital funding both nationally and at a system level has previously been reported to pose a risk on the Trust's ability to carry out the necessary improvements to its physical and digital estates, including backlog maintenance and statutory compliance. Staff and Patient Experience improvements will also be impacted. The Trust continues to highlight the challenges due to a lack of capital funding.

## Central Funding

Currently the only approved Public Dividend Capital (PDC) funding for 2024/25 is for the completion of the Health Based Place of Safety Scheme in Luton, this is for £0.4m.

Other opportunities for PDC funding will be identified and pursued where appropriate, however, it is important in doing this that we consider the future revenue implications.

## Leases

Following the introduction of IFRS16 financial plans are required to consider the capital impact of any new leases or uplifts to existing leases. The plan submitted to NHS England includes £4.4m for additional leases and renewals that are expected to occur this year. A value of £6m has been included for lease remeasurements, this is considered to be prudent given the large increase in some leases that occurred in 2023/24.

## 7 Cash Planning

The opening cash position for 2024/25 was £116.4m, whilst this remains a healthy position there was a reduction of £18.1m during 2023/24 due to the challenges in the financial position.

The high level cash plan for 2024/25 includes the following assumptions: -

	£m
Opening position	116.4
Unadjusted deficit	(0.7)
Add back depreciation, amortisation and PFI remeasurement (non cash)	36.8
Capital expenditure and reduction in capital creditors	(16.1)
Public dividend capital funding	0.4
Working capital movements	(5.5)
Capital element of leases and PFI	(15.6)
	<b>115.7</b>

Achievement of the cash plan will require delivery of the Financial Viability targets and the adjusted breakeven financial plan.

## 8 Conclusion

### 8.1 Risk

There are some key risks identified for the 2024-25 financial plan with mitigations:

- Delivery of a challenging financial viability target with recurrent schemes.
- Unavoidable cost pressures and hyper-inflation above planning assumptions
- Constraints on capital expenditure

There is also significant risk within the overall ICB financial plans, and work is under way to revise governance and collaborative arrangements at ICS level to support the achievement of what are challenging short and medium term plans.

## 9 Actions Being Requested

9.1 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.

## Appendix 1 – Plan Phasing

Statement of comprehensive income 2024-25 Plan	2024-25 Total Plan £'000	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Operating income from patient care activities	638,291	53,191	53,190	53,190	53,190	53,189	53,189	53,188	53,189	53,192	53,192	53,192	53,199
Other operating income	18,894	1,575	1,575	1,575	1,575	1,575	1,575	1,575	1,575	1,575	1,573	1,573	1,573
Employee expenses	(468,988)	(40,005)	(39,811)	(39,802)	(39,185)	(39,173)	(39,176)	(38,790)	(38,785)	(38,786)	(38,494)	(38,489)	(38,492)
Operating expenses excluding employee expenses	(182,246)	(15,329)	(15,326)	(15,325)	(15,293)	(15,286)	(15,289)	(15,087)	(15,089)	(15,081)	(15,025)	(15,016)	(15,100)
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>5,951</b>	<b>(568)</b>	<b>(372)</b>	<b>(362)</b>	<b>287</b>	<b>305</b>	<b>299</b>	<b>886</b>	<b>890</b>	<b>900</b>	<b>1,246</b>	<b>1,260</b>	<b>1,180</b>
<b>FINANCE COSTS</b>													
Finance income	5,550	525	525	525	500	500	500	425	425	425	400	400	400
Finance expense	(5,201)	(324)	(324)	(1,632)	(324)	(324)	(324)	(324)	(324)	(324)	(325)	(325)	(327)
PDC dividends payable/refundable	(6,984)	(582)	(582)	(582)	(582)	(582)	(582)	(582)	(582)	(582)	(582)	(582)	(582)
<b>NET FINANCE COSTS</b>	<b>(6,635)</b>	<b>(381)</b>	<b>(381)</b>	<b>(1,689)</b>	<b>(406)</b>	<b>(406)</b>	<b>(406)</b>	<b>(481)</b>	<b>(481)</b>	<b>(481)</b>	<b>(507)</b>	<b>(507)</b>	<b>(509)</b>
Other gains/(losses) including disposal of assets	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR</b>	<b>(684)</b>	<b>(949)</b>	<b>(753)</b>	<b>(2,051)</b>	<b>(119)</b>	<b>(101)</b>	<b>(107)</b>	<b>405</b>	<b>409</b>	<b>419</b>	<b>739</b>	<b>753</b>	<b>671</b>
<b>Adjustment to financial performance</b>													
Remove capital donations/grants/peppercorn lease I&E impact	493	41	41	41	41	41	41	41	41	41	41	41	42
Adjust PFI revenue costs to UK GAAP basis	191	15	15	15	15	15	15	15	16	17	17	17	19
<b>Adjusted financial performance surplus/(deficit)</b>	<b>0</b>	<b>(893)</b>	<b>(697)</b>	<b>(1,995)</b>	<b>(63)</b>	<b>(45)</b>	<b>(51)</b>	<b>461</b>	<b>466</b>	<b>477</b>	<b>797</b>	<b>811</b>	<b>732</b>

