

Board of Directors Meeting in Public

Thursday 25 July 2024 from 13:00 – 16:35

Docklands West Suite, Crowne Plaza London Docklands, Royal Victoria Dock, Western Gateway, London, E16 1AL

12:15 – 13:00	Lunch
13:00 – 15:55	Trust Board in Public
16:05 – 16:35	People Participation Presentation

Meeting of the Board of Directors in Public

Agenda

Opening Matters

1	Welcome and Apologies for Absence*	Note	Eileen Taylor	13:00
2	Patient Story: Primary Care	Note		
3	Declarations of Interests	Assurance	All	13:25
4	Minutes of the Previous Meeting held in Public on 23 May 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	13:30
8	Chief Executive's Report	Assurance	Lorraine Sunduza	13:40
9	Audit Committee Assurance Report	Assurance	Anit Chandarana	13:50
10	Integrated Care & Commissioning Committee Assurance Report	Assurance	Richard Carr	13:55

Quality & Performance

11	People Participation Committee Assurance Report	Assurance	Aamir Ahmad	14:00
12	Quality Assurance Committee Assurance Report	Assurance	Donna Kinnair	14:05
13	Quality Report	Assurance	Dr Amar Shah	14:10
14	Performance Report	Assurance	Dr Amar Shah Edwin Ndlovu	14:25

15	5 Minute Break			14:35
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16	CQC Update	Assurance	Claire McKenna	14:40
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People

17	Appointments and Remuneration Committee Assurance Report	Assurance	Deborah Wheeler	14:50
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18	People & Culture Committee Assurance Report	Assurance	Deborah Wheeler	14:55
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19	People Report	Assurance	Tanya Carter	15:00
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20	Safe Staffing	Assurance	Claire McKenna	15:15
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Finance

21	Charitable Funds Assurance Report	Assurance	Peter Cornforth	15:25
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22	Finance, Business & Investment Committee Assurance Report	Assurance	Sue Lees	15:30
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23	Finance Report	Assurance	Kevin Curnow	15:35
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Closing Matters

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

28	Close			15:55
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*verbal update

Eileen Taylor
Chair of the Trust

16:05 – 16:35 A People Participation teatime presentation will focus on peer support workers

Board of Directors Register of Interests: as at 13 June 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"> • Director and Trustee, Place2Be • Psychotherapy Student, Regents University • Mentor at Mosaic, an LGBT+ young persons charity • Volunteer Counsellor at Naz a charity in West London • Member, British Association of Counselling and Psychotherapy (BACP) • Member, UK Council for Psychotherapy (UKCP)
Dr David Bridle	Chief Medical Officer	<ul style="list-style-type: none"> • Member, British Medical Association • Member, Medical Protection Society • Member, Royal College of Psychiatrists • Member, General Medical Council
Richard Carr	Senior Independent Director (from 1 November 2023)	<ul style="list-style-type: none"> • Director, Richard Carr Consulting Ltd, Management Consultancy • Interim Managing Director, East Midlands Development Company • Managing Director Commissioner, Woking Borough Council • Chair, Improvement Board, Cambridgeshire and Peterborough Combined Authority • Member, Society of Local Authority Chief Executives and Senior Managers (SOLACE)
Tanya Carter	Chief People Officer	<ul style="list-style-type: none"> • Board Member of the Healthcare People Management Association (HPMA) • Chair of the Healthcare People Management Association Talent Board (HPMA) • Co-Chair of the London HR Directors Network • Chartered Fellow – Chartered Institute of Personnel Development (CIPD) • Member, North East London People Board • Member, Bedfordshire, Luton & Milton Keynes People Board • Member, NHS Professionals Strategic Advisory Board
Anit Chandarana	Non-Executive Director	<ul style="list-style-type: none"> • Group Director, Network Rail

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

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

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

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

Board of Directors

DRAFT Minutes of the meeting of the Board of Directors as Corporate Trustee of the ELFT Charity and Minutes of the Board of Directors meeting held in public on Thursday, 24 May 2024 from 1.00pm at St Joseph's Hospice, Mare Street, London E8 4SA and online via Zoom

Present:

Eileen Taylor	Trust Chair
Aamir Ahmad	Vice-Chair (London)
Dr David Bridle	Chief Medical Officer
Richard Carr	Senior Independent Director
Tanya Carter	Chief People Officer
Anit Chandarana	Non-Executive Director
Peter Cornforth	Non-Executive Director
Alison Cottrell	Non-Executive Director
Kevin Curnow	Chief Finance Officer
Prof Sir Sam Everington	Non-Executive Director
Richard Fradgley	Executive Director of Integrated Care and Deputy CEO
Philippa Graves	Chief Digital Officer
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	Chief Executive
Deborah Wheeler	Vice-Chair (Bedfordshire & Luton)

In attendance:

Patrick Adamolekien	Staff Governor
Bob Cazley	Governor, Central Bedfordshire
Lucy Duggan	Senior Executive Assistant
Satwinder Kaur	PA to Sarifa Patel
Sarah Khan	Chief of Staff
Cathy Lilley	Director of Corporate Governance
Lizzy Mausha	Governor
Linda McRoberts	Minute Taker
Sarifa Patel	Governor
Stephanie Quitaleg	Senior Executive Assistant
Tracey Sharp	People Participation Lead, City & Hackney
Matt	Service User - presenter of patient story

In attendance online:

Cass Howes	Governor
Grenville Bingham	Governor
Norbert Lieckfeldt	Corporate Governance Manager
Caroline Ogunsola	Staff Governor, Lead Governor
Jamu Patel	Governor, Luton
Carys Essen	Associate Director for Integrated Care
Hazel Thomas	Governor, Newham
Steve Gladwin	Director of Communications

Apologies:

Derek Feeley	Board Adviser
Professor Dame Donna Kinnair	Non-Executive Director

The minutes are produced in the order of the agenda

Meeting of the Board of Directors as Corporate Trustee of the ELFT Charity

1 Welcome and Apologies for Absence

- 1.1 Eileen Taylor welcomed all to the meeting, particularly Alison Cottrell, attending for the first time since her appointment as a Non-Executive Director on 1 April 2024. Eileen also warmly congratulated Lorraine Sunduza on her appointment as the Trust's substantive CEO.
- 1.2 Apologies were noted as above.

2 Declarations of Interests

- 2.1 There were no additional declarations in respect of agenda items. Declarations are as recorded on the published register of interests circulated with the papers. It was noted that the declaration will be updated to reflect that Peter Cornforth is no longer a Director at Barking Enterprise Centres CIC.

3 ELFT Charity Update

3.1 Charitable Funds Committee Assurance Report

Aamir Ahmad presented the report, highlighting:

- This is the first time that the Board has met as a Corporate Trustee following the establishment of the charity in 2021. The Board has received regular updates on the work of the charity through the Charitable Funds Committee Assurance Reports.
- The charity is making a real impact through its distribution of grants which are supporting the achievement of the Trust's population health and Marmot Trust ambitions and contributes beyond the normal work of the NHS by tackling the social determinants of care. The projects are detailed in the report.
- The charity is now reviewing how to best grow and build on the work so far to increase and broaden its impact as well as reviewing how to improve the fundraising programme.

3.2 Annual Report & Accounts 2022/23

Tanya Carter presented the report and accounts for 2022/23, highlighting:

- During 2022/2023 the focus was on the consolidation of funds in the Barts charity and developing plans for fundraising and grant opportunities in line with the agreed strategy.
- The report and accounts had been discussed and approved at the Charitable Funds Committee and reported at the Audit Committee.
- 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 Barts charity held ELFT's charitable funds until May 2023 when the funds of £1.2m were transferred, Tanya Carter took over as executive lead for the charity following Dr Mohit Venkataram's appointment as Deputy CEO at North East London NHSFT (NELFT).

- 3.3 In discussion the Board discussed the importance of increasing productivity, encouraging wider project take up, and enhancing service user engagement, in particular:
 - Agreed the current activities are beneficial and could be increased to boost productivity.
 - Noted there is a need to showcase successful projects to encourage wider take up as well as providing support with the application process as well as in simplifying the application process.

- Noted that the most interesting projects, such as the Garden of Hope, have had high levels of service user engagement, with involvement at every level which is a value aspect of project success.

3.4 The Board **RECEIVED and NOTED** the assurance report, and the report and accounts.

4 Any Other Business

None.

The meeting of the Board of Directors as the Corporate Trustee ended at 13:15

Meeting of the Board of Directors in public

1 Welcome and Apologies for Absence

1.1 Eileen Taylor repeated her welcome of Alison Cottrell to the meeting and warmly congratulated Lorraine Sunduza on her appointment as the Trust's substantive CEO.

Eileen also acknowledged the wide range of recent awareness events and celebrations, including National Staff Networks Day, recognising the range of expertise and personal experience these groups bring to challenge the NHS to do better; International Nurses Day and International Day of the Midwife; Black Inclusion Week; Dying Matters Week; and Dementia Awareness Week; and for June: Pride in London; National Patient Participation, Volunteers and Carers Weeks; Child Safety Week; Loneliness Awareness Week; Learning Disability Week; Men's Health Month; Armed Forces Day; and Windrush Day which recognises and honours the contribution of the Windrush generation and their descendants who are important to this Trust.

Eileen 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 – Primary Care

2.1 Introduced by Tracey Sharp, Matt shared his experiences of ELFT mental health services explaining that he has faced significant challenges but has also found moments of support and compassion that have been crucial in his journey. Matt highlighted:

- He arrived in Hackney 17 years ago with exiting mental health problems stemming from a difficult early home life was difficult where he and his siblings have all struggled with mental health problems. He has not been able to sustain employment and has been in hospital and in community organisations.
- He has struggled with depression, anxiety and addiction and, at his worst moments, suicidal thoughts.
- He has been admitted to the Joshua Ward at Homerton Hospital twice, once voluntarily and once under section, following attempts to take his own life on both occasions. Both times he believes his stay may have saved his life and acted as a springboard for him to change his life.
- He praised the help he received from community organisations, particularly a charity rehab in Tower Hamlets that provided six months of psychotherapy. This support helped him staying off drugs and to start working.
- He commented that the conditions on the ward were more chaotic during this second stay with worse facilities and less psychological care; he felt the purpose of the ward was

confinement rather than treatment. He found that the psychological care you might expect on an inpatient mental health ward did not really happen.

- However, he did encounter both compassionate but also burnt out and stressed staff but felt the conditions made it difficult for even well-meaning staff to show compassion. There was sometimes the feeling amongst staff that patients were getting in the way and stopping them doing what they needed to.
- He is grateful to be alive today and believes the help he has received has contributed to this and stressed that the best treatment for mental health problems involves love, compassion and patience and wishes the services were set up in such a way that those qualities could be better expressed.
- He joined people participation to share his experiences and advocate for change; he finds this involvement useful for his recovery.

2.2 In discussion, the Board:

- Thanked Matt for sharing his story in a balanced and compassionate way which is valuable for understanding how to improve services.
- Noted that Matt's experiences highlight the need for early intervention, 1:1 time with staff, and creating conditions on the ward that allow for care and compassion.
- Asked about the causes of staff problems, Matt commended that in his view staff would have liked to spend more time engaging with patients but are constrained by conditions. He also observed that a minority of staff lacked compassion or held unhelpful attitudes towards mental health problems.
- Noted that Matt's involvement in people participation has been helpful for his personal recovery but is unsure whether his involvement is impacting ward conditions. He finds people are listening to him and are well meaning, but there are institutional problems that can hinder the translation of good intentions into improved patient experience.
- Stressed the purpose of people participation is to influence change and was disappointed to hear that Matt did not feel that his contribution was having an impact. The interim Chief Nurse offered to speak with Matt outside the meeting.

ACTION: Claire McKenna

- Noted that the Quality Assurance committee (QAC) is monitoring the action plan to improve services in Hackney and requested it is cross-checked to see if Matt's experiences are reflected and to ensure the actions being taken are making a difference.
ACTION: Claire McKenna
- Agreed there is a shared understanding that treatment is not just about medication but also about kindness, compassion and listening.
- Highlighted that the discussions today underscore the importance of patient-centred care and being connected to the true experience of services users, as well as the need for systematic changes to improve mental health services.

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. It was noted that the register will be updated to reflect that Peter Cornforth is no longer a Director at Barking Enterprise Centres CIC.

4 Minutes of the Previous Meeting Held in Public on 28 March 2024

- 4.1 The minutes of the meeting held on 28 March 2024 were **APPROVED** as a correct record, subject to the following amendments:
- 7.1 clarify to read 'autism' diagnosis (second bullet)
 - Include Alison Cottrell's name when referring to a 'new NED'
 - 15.1 remove 'etc.' (first bullet) – to read 'restraints and rapid tranquilisation are reducing'.

- Under matters arising to record that 'clarity was sought around the discharge challenges and the actions/plans being taken to address them as they are described differently in two places in the minutes and in the chair's report'; to also be added to the action log.
ACTION: Cathy Lilley

5 Action Log and Matters Arising from the Minutes

5.1 The Board noted the following updates to the action log:

- Actions 384 and 387: these actions are not limited to establishment alone and should include an action to bring to the Board a proposed model for reviewing productivity across the range of Trust services. The action log will be updated accordingly with a due date set for July.
- Action 385: the minutes have been amended, so this action now closed.
- Action 382: Equality, Diversity & Inclusion annual report is included on today's agenda.
- Action log: to include the action on providing clarity on the discharge challenges including actions being taken to address them; due date will be July.
- Action 366: ICCC assurance report is being taken forward as part of committee work.
- Action on productivity: the Board asked to be informed about how the outcome is tracked to ensure discussions held at meetings such as the Board development are followed through.

6 Matters Arising from Trust Board in Private

6.1 None.

7 Chair's Report

7.1 Eileen Taylor presented the report highlighting:

Patient Leadership:

- The recent Mental Health Learning Disability & Autism Collaborative meeting in North East London (NEL) heard from someone trying to access services for mental health while rough sleeping, highlighting the significant impact of housing on mental health conditions and the importance of effective partnership working to population health outcomes.

Staff Support and Empowerment

- Congratulations to the QI team and Amar Shah for the successful ten-year QI celebrations. The event showcased how embedded QI has become in the Trust, and the valuable involvement of service users and staff, many of whom have been involved in the QI journey in its early stages.

Council of Governors Update

- While the CEO recruitment process is carried out by the Trust's Non-Executive Directors and it is their responsibility to appoint the CEO, the Council approves the CEO appointment following the conclusion of the process. The Board followed a full recruitment process with wide advertising and was supported by an external recruitment agency. The Council approved Lorraine Sunduza's appointment, confirming that the process was fair, open and transparent. Thanks are extended to all the service users, staff and system partners for their involvement in this process.
- The Council approved the one-year extension to the NED term of office for Aamir Ahmad and Anit Chandarana.

7.2 Non-Executive Directors' Visits

Peter Cornforth reported on his positive visit to **Topaz Ward in Newham** with staff governor, Caroline Ogunsola:

- The opportunity to meet staff in their own environment was appreciated.
- The physical environment on this ward is better compared to the one in Matt's story which makes a significant difference.

- The team is proud of having achieved platinum level in our service user accreditation.
- Recognising carers as a valuable source of information, staff changed their routine to include evening and weekend sessions for carers which has resulted in more useful intelligence being gathered.

Deborah Wheeler reported on the inspiring visit, with Alison Cottrell, to **Newham District Nursing team**:

- All parts of the team are co-located on one floor at East Ham Care Centre, which has positively impacted their ability to work together.
- It was clear that QI is embedded within the team, with every team member mentioning QI projects they are undertaking.
- The team manager was inspirational; he had recently completed a Florence Nightingale scholarship and is sharing learning with the team, including arranging sessions at RADA for staff.
- Newham is the only borough to have a tele-health team which was set up as a pilot ten years ago. The team remotely monitors people with long-term conditions, reducing visits to GPs and provides check-ins for those who need it.
- Another innovation is the 'complex care panel' designed to identify people who might deteriorate before they require admission.
- The team are about to start a QI project focused on patients on Ruby Ward who are experiencing deteriorating physical health.

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

8 Chief Executive's Report

8.1 Lorraine Sunduza presented the report, highlighting:

- Operationally it has continued to be busy, and focus has remained with the clinical teams; she expressed her gratitude to staff for their responsiveness under such pressure.
- The QI celebration was a significant occasion for reflection on continuous improvement and an opportunity to consider the next phases of its development and integration. An annual visit from Institute for Healthcare Improvement (IHI) provided valuable feedback about what is working well as well as presenting questions to challenge what ELFT do.
- The quality and safety international forum in London offered an opportunity to learn from others and to focus on continuous improvement. It was also encouraging to hear about ELFT's reputation in this area.
- Lorraine and directors visited the four new general practices in outer NEL to welcome them and to share the Trust's vision, values and ways of working.
- Work is ongoing to produce systems plans with a view to finalising contracts by the end of May 2024. Lorraine extended thanks to staff for being open and collegiate, and working hard to pull those plans together.
- The NHS 111 Mental Health Crisis Response Service based in Mile End and hosted by ELFT on behalf of NEL officially launched across NEL on 1 April.
- The Trust's Bedfordshire and Luton mental health services is the first inpatient unit to achieve service user-led accreditation for all nine wards. The first corporate team has also achieved the new stakeholder led accreditation.
- Programme of CEO breakfast meetings continue, providing a valuable opportunity to engage directly with colleagues particularly about what is going on in their areas.
- Lorraine has been overwhelmed by the immense support and messages from ELFT and beyond about her appointment as CEO. She stressed she is committed to the Trust and its services and will continue to challenge herself to ensure the Trust strives to deliver its mission to improve the quality of life for all we serve.

- 8.2 In discussion the Board:
- Commended the introduction of the 111 service for NEL.
 - Supported Lorraine in the importance of meeting staff at breakfast meetings and suggested feedback is shared about how perspectives, trends and issues are changing.
 - Acknowledged the importance of disposing of food waste to reduce carbon footprint. Suggested food as a whole could be reviewed differently as food plays a significant role in our mental wellbeing, e.g. cooking can be a therapeutic activity that fosters creativity. The idea of connecting with nature, creativity and exercise is also important; and there is an opportunity to explore these ideas further to enhance the holistic care to patients.

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

9 Audit Committee Assurance Report: 9 May 2024

- 9.1 As chair of the committee, Anit Chandarana presented the report highlighting:
- The first draft of the new Board Assurance Framework will come to the Board in July.
 - The contract with the current internal auditors is coming to an end. The appointment process is under way and will complete in June.
 - Anomalies were identified in the accounts which has led to adjustment in the finances. Additional controls are being put in place to avoid the likelihood of a repeat situation and assurance provided that a lessons learned review will be undertaken.

9.2 In discussion the Board thanked the finance team for their thoroughness and transparency in surfacing and dealing with the accounting issue both regionally and nationally.

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

10 Integrated Care & Commissioning Committee Assurance Report: 9 May 2024

- 10.1 As chair of the committee, Richard Carr presented the report highlighting:
- The continued focus on sharpening ways to review a smaller number of deliverables as part of annual planning.
 - The committee has asked for some insight of the implications of system plans for ELFT.
 - The perinatal collaborative has now been mobilised and NCEL CAMHS collaborative continues to thrive with reinvestment of the savings delivered and also a two-year contract extension issued.

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

11 Equality Diversity Inclusion Annual Report

- 11.1 Claire McKenna and Tanya Carter presented the report which has already been presented to the QAC and People & Culture Committee (P&CC) and will be going to People Participation Committee:
- The paper outlines the significance of the change from the use of equality to equity.
 - The significant work for service users and carers has been the PCREF (Patient and Carer Race Equality Framework) implementation. This examines the way the equity lens is used to look at all our populations and structures the work in this area.
 - For 2023/24 work has been linked to access and is outlined in the performance paper. The difference is palpable in services and people are thinking about who is not accessing their services and reaching out to communities to understand why.
 - PCREF has been an important foundation for this work embedding a framework that enable services to access data to plan and monitor what is happening.

- There has been focused work in partnership with NEL on restrictive practices, as this is known to be an area of inequity.
- Three key priority areas identified: career progression, disciplinary processes and anti-racism work, including a focus group on Islamophobia and anti-Semitism. Services are also identifying local priorities.
- The submission for the Workforce Race Equality and Disability Standards shows there have been improvements across most areas; the action plan will be updated.

11.2 In discussion the Board:

- Noted the P&CC's request for future reports to provide more information on the planned actions and to present metrics over time to offer a clearer picture of the strategies being implemented and also demonstrate the impact of these actions and the difference being made rather than a snapshot alone.
- Considered some of the inequities in men's health:
 - The pilot in forensics around foot health and some general healthcare services which men were not accessing has progressed positively and could be replicated.
 - Whether men are accessing Talking Therapies and if a different approach would be worthwhile.
 - Both male staff as well as service users should be considered.
 - The role of fathers in accessing perinatal services is often overlooked; it is crucial to recognise they too play a significant part in a child's life and the bond between father and child is as important as that between the mother and child. Failing to focus on this could store up problems for the future.
 - Primary care provides opportunities for conversations with men.
- Noted that Lorraine Sunduza is the Board champion in Bedfordshire, Luton & Milton Keynes (BLMK) for the Denny Review into inequalities and will be championing the learning from this which can be shared across the Trust. At its recent launch system partners looked at how to work together to tackle issues. Innovative ways to reach are essential such as the work with an east London Mosque to reach out to communities. Both the Denny Review and PCREF will contribute to learning for the Trust.

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

12 10-minute break

13 People Participation Committee Assurance Report: 21 March 2024

13.1 As chair of the committee, Aamir Ahmad presented the report highlighting:

- People participation has been expanding into new areas, namely, primary care, learning disabilities and the membership engagement plan.
- ELFT is taking the lead on this area in both Integrated Care Systems (ICSs) to share learning across the systems.

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

14 Quality Assurance Committee Assurance Report: 29 April 2024

14.1 Deborah Wheeler presented the report from the meeting which she had chaired, highlighting:

- No further industrial action has been announced; however, remains a risk. This combined with ongoing operational pressures cause significant pressure across the services.
- The Hackney improvement plan is linked to Matt's presentation.
- Tower Hamlets, Newham and City & Hackney adult mental health services presented their work including achievements, variations and ongoing challenges.

14.2 In discussion the Board:

- Acknowledged there is now an attempt at mediation with junior Doctors and that SAS Doctors have an agreement for ballot which may remove the risk of their strike action.

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

15 Quality Report

15.1 Amar Shah presented highlighting:

- The assurance section of the report focuses on corporate services on how they plan and prioritise, the way they operate and how they can demonstrate they are meeting expected standards. There are aspects of all these areas that are currently being strengthened, such as workshops to help with planning and how they link to priorities in the clinical directorates. The new stakeholder led accreditation has also just been piloted with the corporate governance team. The improvement work in corporate services has grown over time and there is a need to ensure rigour and robustness to ensure they can thrive and improve.
- The improvement section of the report outlines the plan for the year ahead and provides examples of how goals are set around improvement. The two significant programmes of work are on flow and equity.
- The Institute for Healthcare Improvement annual visit helped to think about areas of improvement and ways to strengthen our approach for next year.

15.2 In discussion the Board:

- Corporate services improvement scores are not solely linked to FV and have a broader improvement implication. The ongoing work to align corporate improvement projects with strategic priorities should result in fewer and more impactful projects. Equipping the team with the right skills to tackle complex systems problems is crucial as is strengthening the connection between leaders and improvement work.
- Highlighted the importance of engaging staff hearts and minds in sustainability. Although there are opportunities for improvement, through the use of QI methodology some demonstrable results have been identified in the delivery of the Trust's green plan.
- Noted that 'corporate services' refers to the directorate encompassing all of the support services for the Trust, including digital, estates, finance, etc, and is also about keeping the organisation safe and compliant. The stakeholder led accreditation recognises whether services know their various stakeholders and align their work to meet their needs, e.g. procurement has changed its ethos from being transactional to helping to meet needs and is now seen as one of the most helpful services in the Trust.
- Suggested it might be useful to align the cycle of NED visits with some of these projects.

ACTION: Amar Shah

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

16 Performance Report

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

- To address the significant issue around flow, the Trust is employing both improvement infrastructure and system relationships approach.
- Teams are managing the challenges with waits and waiting lists in a creative way, introducing digital technology where appropriate and testing new ideas, e.g. new ways have been introduced to the foot health service in Bedfordshire which have reduced waits. Work is also being taken forward on thinking differently about the assessment for ADHD services to reduce waits.

- Timely follow up is crucial for suicide prevention and performance in this area has significantly improved following the trial of difference solutions, including the provision of service users with mobile phones. as providing service users with mobile phones.
- Continued progress on equity work including tackling gaps to access for children and young people.
- The internal business continuity initiative was well received, and the benefits are being seen as it allowed teams to focus on improving flow and how to keep people in the community. There has been a positive reduction in out of area placements as well as a stabilisation in the numbers presenting to Emergency Departments. However, work continues on reducing the length of stay in ED where the 12-hour breaches remain high.
- Flow is an issue across all services and there are some focused pieces of work within systems to ensure transformation of flow, e.g. a focus on rapid response services as it is often the community health services who are called in when there are ambulance delays.
- The NEL crisis line demonstrates the positive impact of clinicians and service users working together.
- The community CAMHS teams have changed the way they are working which has positively resulted in not seeing the usual spike in presentations for this time of year.

15.2 In discussion the Board:

- Commented that texting has a useful place particularly for young people and that text or online can be useful for a pre-consult before an appointment. Noted that texting has been trialled for triage in ADHD services and digitisation is part of the Trust's improvement roadmap; however, it should be recognised that not everyone has digital access.
- Suggested an area of challenge is about removing some of the 'silos' in services which can result in individuals, like Matt, falling through the cracks especially when they are not deemed 'ill enough'; helping people to access services earlier is a crucial step to addressing this issue. Noted there is a policy in place to ensure people reach the right services and prevent them being transferred from one to another.
- Highlighted the challenges of a 72-hour follow up when people are discharged on a Friday, as Monday then becomes the deadline, and queried whether this could be improved through discharging on different days.
- Cautioned that productivity, for example for community mental health workers, cannot always be measured by simple indicators; the effort put into trying to contact patients even when unsuccessful is a crucial part of the role.

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

17 Appointments and Remuneration Committee Assurance Report: 28 March 2024

17.1 The report was taken as read.

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

18 People & Culture Committee Assurance Report: 1 May 2024

18.1 As chair of the committee, Deborah Wheeler presented the report highlighting:

- The two main topics were the EDI report and the Workforce Race and Disability Equality Standards submission. The committee suggested there is a need to consider the diversity of the Trust Board when new appointments are made.
- Discussed the tensions resulting from the situation in the Middle East and other areas which are impacting staff and service users and asked the Executive to consider this.
- The committee's programme of work was currently being reviewed.

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

19 People Report

19.1 Tanya Carter presented the report, highlighting:

- The new format which pulls together a new suite of people metrics.
- There has been an increase in employee relations and employment tribunal activity and the complexity has increased leading to longer resolution time. To address this, additional training has been implemented for all involved and an internal standalone investigator role has been introduced. More emphasis is being placed on informal resolution; and whilst this represents a significant change, it could lead to quicker and more satisfactory resolutions.
- Statutory and mandatory training is currently at 88.4%, against a target of 90%.
- Phase 1 of the supervision platform on the learning management system launched with phase 2 due to launch in June.

19.2 In discussion the Board:

- Challenged the concept of statutory and mandatory training which is not about addressing gaps in knowledge but also about enhancing skills, promoting best practice and ensuring patient safety. Noted that NHSE is considering an overhaul of training for doctors that the Trust hopes to apply more widely. Updates will be provided to the Board.
- Commented that headcount and sickness levels continued to rise and noted there has been an increase in referrals to Occupational Health. Phase 2 of the supervision platform aims to help focus on wellbeing.
- Noted the current issues staff are experiencing at the Trust are likely to be reflective of broader systemic challenges; sharing these experiences can provide valuable insights and foster collaborative problem-solving across the system.

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

20 Finance, Business and Investment Committee Assurance Report: 16 May 2024

20.1 As chair of FBIC, Sue Lees presented the report of the meeting highlighting:

For 2023/24:

- Heard about the successes of the procurement team in being more cost effective.
- FV was achieved but leaves some carry forward of non-recurrent savings which creates some pressure going forwards.
- The positive outcome following the surfacing of the asset lives issue and commended the open and transparent approach taken.

Looking Forward:

- Financial plan: the Trust's breakeven submission is challenging and requires a level of FV that has not been achieved before as well as significant management of risk; this is in the context of a system that is also grappling with challenges.
- The exec has established a Financial Sustainability Board to be chaired by the CEO; this symbolises the effort and focus which will be placed on this area.
- The committee highlighted it is critical to invest in digital to enable new ways of working.

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

21 Finance Report

21.1 Kevin Curnow presented the report highlighting:

For 2023/24:

- The figures in the report are the pre-audit positions; the majority of the audit work will be completed by the end of June.

- A legacy issue in respect of the application of lives to the Trust's property portfolio was identified resulting in a negative impact of just under £11.3m and resulted in a regional and national agreement to move to a pre-audit adjusted final position of £5.8m deficit. No ongoing impact is expected due to mitigations which will be put in place.

Financial Plan for 2024/25:

- Systems position: BLMK has submitted a break-even position and NEL is anticipating a deficit of c£50m; however, the expectation is that the system will be asked to review.
- The Trust is posting a break-even position but includes a number of risks including:
 - FV: c£20m worth of schemes have been identified against a target of £29m. Focused actions are in place with the aim of identifying and realising the gap.
 - Use of private beds: resources are being mobilised to mitigate this expenditure.
- A cultural shift and general approach towards finances is needed; the finance team is engaging more with budget holders to support with understanding the issues and implications of overspending.
- The pipeline of c£60m capital expenditure is being reviewed against an expected allocation of c£10m; negotiations on how to resource the gap are taking place with the ICS. Despite having a significant cash reserve, the Trust can only spend on capital with central approval; the Trust will continue to lobby to gain permission to use these funds.

21.2 In discussion the Board:

- Noted the £29m FV target includes the achievement shortfall from 2023/24 FV plans.
- Suggested need to plan for the longer term to have a better chance of converting ideas into deliverable savings.
- Noted the opportunity for finance to adopt QI methodology recognising this would take time to embed.
- Received assurance that workshops with clinical operational leads have explored how to achieve this year's savings, and discussions already commenced on plans for 2025-26.
- Noted that there is a need to become bolder around reducing agency, particularly as there are new roles that really make a difference.
- Noted a communications workstream will be taking forward the campaigns to ensure the workforce and service users are part of this journey.

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

22 Board of Directors Forward Plan

22.1 Noted.

23 Any Other Business

23.1 The Board noted the pre-election period has commenced and the need to ensure all are aware of and compliant with the rules.

24 Questions from the Public

24.1 None were previously notified or raised at the meeting.

25 Date of the Next Meeting

25.1 Thursday 25 July 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 23 May 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/KC	25-Jul-24	In progress	Over-establishment and staffing numbers main focus at April BDS. At its May meeting the Board requested that the action is to bring to the Board a proposed model for reviewing productivity across the range of Trust services (AS/RF): Joint ELFT/NELFT Board meeting held on 16 July where the focus was on productivity and how both organisations will address this collectively. Agreed approach will focus on outcomes, as well as agreeing standard ways to measure inputs and activity (outputs). Both organisations developing campaigns to identify and remove waste. The MHLDA provider collaborative will commence work on addressing variation in productivity & outcomes for CAMHS and talking therapies.
387	28-Mar-24	People report	Over-establishment review to be undertaken and discussed with Board				
393	23-May-24	Action log	Identify how outcomes are tracked to ensure discussions held at meetings such as Board development are followed through	CL	25-Jul-24	In progress	System for consolidating and cross referencing actions from Board meetings, development sessions and committees being introduced to support with monitoring and exec oversight
386	28-Mar-24	ICCC assurance report	Review purpose of committee and priorities	RF/AS	26-Sep-24	In progress	Included in discussions at June BDS and being taken forward as part of the strategy execution review and review of the effectiveness of committees and their terms of reference
394	23-May-24	Quality report	Review opportunity to align cycle of NED visits with stakeholder led accreditation programmes	CMc	01-Oct-24	In progress	We will be reviewing the schedule of NED visits with the corporate secretariat, to both offer a greater variety of opportunities (including nights and weekend visits), and to align with key board topics (for example, deep dives at quality assurance committee). A new schedule will be in place by October 2024. We will undertake a review of services and teams visited in the proceeding year to see if there are gaps or if we are more focused in particular areas. We will plan visits in quarterly blocks that correspond to directorates who are presenting deep dives at QAC this will allow for better triangulation of information and assurance.
389	23-May-24	Patient story	Interim Chief Nurse to follow up with Matt re his feedback around his contribution to PP was not having an impact	CMc	25-Jul-24	Closed	Matt introduced to Director for Hackney and Director of Nursing for London to continue discussions about how he can have involvement and contribute in a meaningful way.

ELFT Action Log Trust Board (Part 1)

Ref	Meeting Date	Agenda item	Action Point	Executive Lead	Due Date	Status	Comments
390	23-May-24	Patient story	Themes from the patient story to be cross referenced with the Hackney action plan	CMc	25-Jul-24	Closed	A review of Hackney and specific wards was conducted in the last month, as part of the review service users were consulted, Matt was invited to be part of these reviews. CMc met with the PPL lead for Hackney and the feedback from service users has improved.
392	23-May-24	Action log	Clarity was sought around the discharge challenges and the actions/plans being taken to address them (ref 28 March minutes and chair's report); update to July meeting	AS	25-Jul-24	Closed	The challenges around discharge are described in the Board performance report, together with the ideas being tested across all ELFT boroughs and directorates to address these. From September, this will be detailed in the quality report, as the work on system flow is now one of our Trustwide quality improvement programmes
391	23-May-24	Minutes and action log	Changes to the minutes and action log of the meeting on 28 March as listed in paras 4.1 and 5.1	CL	25-Jul-24	Closed	All amends have been included in the final approved minutes and in this action log
395							
396							
397							
398							

In progress
In progress with delay
Closed
Forward plan
Not due

REPORT TO THE TRUST BOARD IN PUBLIC
25 July 2024

Title	Chair's Report
Author	Eileen Taylor, Trust Chair

Purpose of the report

<ul style="list-style-type: none"> 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:

11 July 2024	Meeting of the Council of Governors
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Key Messages

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

Strategic priorities this paper supports

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

Implications

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

1. Introduction

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

2. Chair's update

- 2.1. Since my appointment as Joint Chair of East London Foundation Trust (ELFT) and North East London NHS Foundation Trust (NELFT) on 1 January 2023, I have shared my vision for both trusts: to improve equity of access and population health outcomes across the communities we serve.
- 2.2. Underpinning this vision, I have four 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

- 2.3. The North East London (NEL) Mental Health, Learning Disabilities and Autism Collaborative Committee on 3 July was privileged to hear a powerful patient story that set the context for a deep dive into the experience of adults with learning disabilities and autistic adults admitted to inpatient services. Julianna, mother to her 19 year old son who is autistic, spoke about her experience of trying to access support and her son's experience of an inpatient admission.
- 2.4. At the heart of this story, which was very difficult to listen to at times, was a lack of understanding on the part of 'mainstream' healthcare staff – in acute and mental health services – of the needs of autistic people and of the importance of support for their parents and carers. Julianna's son's sensory needs were not taken into account and, because he was not supported with his food preferences, he lost a significant amount of weight and consequently did not tolerate the medication he was prescribed. This resulted in an acute hospital admission due to the impact on his physical health. Julianna described her son as 'truly suffering'.
- 2.5. Julianna also spoke about her son's desire to go back to college to study music, but of the struggles they are encountering in having to wait for a local authority assessment to enable him to access 1:1 support. Her very powerful message was that parents need to be supported to care for their children and not have to wait for extended periods for packages of support that enable their children to remain at home and to achieve their potential. She noted the importance of advice and advocacy and cited the Sycamore

Trust as an organisation that had provided her with very helpful support during her son's admission.

- 2.6. Julianna's story and her son's provided powerful context for the Committee's deep dive item on inpatient admissions of people with learning disabilities and autistic people. It served to strengthen still further our collective commitment to ensuring that people with learning disabilities and autistic people – and their families and carers – are able to access the right support at the right time so that they are able to live fulfilling lives in good health.

Staff support and empowerment

- 2.7. I was delighted to have the opportunity to spend time with staff and patients in our Bedfordshire Community Health Services on 30 May. Further to the discussions the Board has been having about productivity and what this means in the context of our services, it was great to have staff really engage on the question of what gets in their way or makes poor use of their time in their efforts to deliver high quality care for their patients. These conversations really brought home to me how important it will be that any effort to improve productivity and release time to care must engage our staff and harness their ideas for change.

Board effectiveness

- 2.8. I was very proud to see the Chief Executives of both of the Trusts I chair named in the Health Service Journal's annual Top 50 CEOs list. This recognition of Lorraine Sunduza's and Paul Calaminus' outstanding leadership – of their organisations and as system leaders – was entirely fitting. I was also delighted to see that Matthew Trainer, Chief Executive of Barking, Havering and Redbridge University NHS Trust (BHRUT) was named as Chief Executive of the year in recognition of the outstanding improvement work he has led at our NEL system acute provider partner.
- 2.9. The Board met for a development session focused on our Trust Strategy, our strategic risks and the 'Well Led' guidance for Trusts published jointly by NHS England and the Care Quality Commission (CQC) in April 2024. The session began with reflections on the ELFT story and the development and nurturing of our 'organisational treasures' of: people participation, quality improvement, our diversity and approach to inclusion, our kind and caring staff, and our clinical leadership.
- 2.10. There was strong consensus that we will need to 'double down' on our organisational treasures as we develop our approach to managing the financial challenges the NHS faces now and into the medium term. The alignment between the things we have prioritised as a Trust in our Strategy and the new Well Led assessment framework was also noted.
- 2.11. Another of the regular joint meetings of the ELFT and NELFT Boards took place on 16 July and the focus was on productivity, including the importance of applying a broad, system-level lens to productivity that considers how our collective resources can be most efficiently and effectively organised to improve population health outcomes.
- 2.12. The Boards reflected on the opportunities that the North East London Mental Health, Learning Disability and Autism (MHLDA) and Community Health Collaboratives provide to bring clinicians and service users together to review and understand variation between our seven NEL places – and then to apply quality improvement methodology to tackle variation that is unwarranted. This 'improvement network' approach has already delivered high impact improvements across NEL talking therapies services and several other improvement networks have either been established or are being set up.

- 2.13. The Boards also noted the importance of empowering and enabling staff to make changes at a local level. Both Trusts agreed that having a focus on waste – and particularly the things that waste time or ‘get in the way’ of our service users accessing high quality care – will need to be integral to this work. It was also acknowledged that challenges within our digital and estates infrastructure can constitute some of the key things that ‘get in the way’, and improving our infrastructure will be a key enabler to productivity improvement.

Fit and Proper Person’s Test

- 2.14. There is an expectation of senior leaders to set the tone and culture of the organisation that leads to staff adopting a caring and compassionate attitude. The purpose of the Fit and Proper Persons Test (FPPT) is not only to hold directors to account in relation to their conduct and performance but also to instil confidence in the public that the individuals leading NHS organisations are suitable to hold their positions.
- 2.15. At its meeting on 3 July 2024 the People and Culture Committee received my report confirming that all individuals appointed or holding the role of Executive Director (or equivalent) or Non-Executive Director during the period 1 April 2023 to 31 March 2024 met the FPPT. To inform this declaration I took into account all the matters outlined in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, CQC requirements and the NHS England FPPT Framework (2023) as well as all the information and documentary evidence provided to me. I am satisfied that there are no other grounds under which each individual would be ineligible to be appointed to or continue in the post. My declaration is attached at appendix 1.

System leadership

- 2.16. In Vice Chair Deborah Wheeler’s absence, I was delighted to join the first meeting of the Bedfordshire, Luton and Milton Keynes (BLMK) Mental Health, Learning Disabilities and Autism Collaborative Committee. As in North East London, it was wonderful to see providers, partners and service users and carers come together to address priorities for our local populations.
- 2.17. On 9 July I joined colleagues from across London at the annual Cavendish Square Group (CSG) Conference. The Cavendish Square Group is a collaboration of the NHS trusts that provide mental health services in London. It aims to promote and enable pan-London collaborative working between Trusts and to provide a voice for mental health in the capital. Much of the conversation during the CSG conference focused on the importance of ensuring high quality support for people in the community and Dr Roberto Mezzina, Chair of the International Mental Health Collaborating Network, shared valuable lessons from Trieste, Italy, on developing comprehensive, integrated, and accessible 24/7 community services.

3. Council of Governors update

- 3.1. The Council of Governors met for its regular meeting on 11 July 2024. Unfortunately, I was unable to attend and Vice Chair, Deborah Wheeler, chaired the meeting in my stead.
- 3.2. The Council congratulated Newham Governor Shirley Biro for having been awarded a British Empire Medal (BEM) in the King’s Birthday Honours for services to the community in Newham, as well as Dr Amar Shah, our Chief Quality Officer, for having been awarded an MBE (Member of the Order of the British Empire).

- 3.3. In an extended 'Operational Update' session, Governors were updated and sought assurance around the financial challenges facing the Trust this year. In a previous Significant Business and Strategy Committee meeting, Governors developed a series of financial key lines of enquiry under three headings, which they recommended the Council used to seek assurance on the broad direction rather than operational detail:

Assurance

- Mindful of the Executives' responsibility for the day-to-day running of the Trust, are the NEDs assured they have sufficient strategic oversight over the current financial viability (FV) plans, with sophisticated mechanisms in place to target savings at the most appropriate activities in the Trust?

Our culture

- How will we prevent the Trust and our teams from becoming insular, focusing solely on achieving its/their own FV targets and no longer being collaborative and generous with time, ideas or even funding?
- When taking decisions, do we consider demonstrable added benefit to service users or to the wider system, benefits of collaboration and of integration of care as well as on prevention/early intervention?
- Are we focusing on service users rather than saving targets –on win:win opportunities, improving the experience of services whilst being more cost-efficient?

The process

Are we:

- Sufficiently radical, thinking outside the box?
- Coproducing and building on the knowledge and experience of our staff, service users and our wider communities?
- Exploring strategic partnerships - e.g. with system partners, or charities - and are we using ELFT charity funds strategically (e.g. to unlock matched funding, to innovate and for proof of concept work)?

- 3.4. Governors received updates from Kevin Curnow as Chief Financial Officer, Claire McKenna as Interim Chief Nurse, and finally Susan Lees as Non-Executive Director. Kevin focused on the underlying financial challenge and the reasons for the structural deficit the Trust is experiencing this year. Claire focused on the clinical work that goes into identifying opportunities for increased efficiency and savings, underlined by a focus on improved patient experience and being equitable to all communities we serve. Finally, Sue Lees gave a description of how she, as a NED, uses intuition borne of extensive experience, as well as correlation of separate pieces of information into a broader picture to help her to seek and find assurance about the direction of the Trust – and how this applies to the current financial challenge.
- 3.5. This led to a constructive and challenging discussion on how the Trust can seek to address the current financial challenges by focusing on our 'organisational treasures' – using clinical leadership and quality improvement methodology whilst maintaining as far as possible our focus on service user experience and co-production.
- 3.6. Governors formally approved the updated Terms of Reference of the Communications and Engagement Committee and formally approved the key lines of enquiry in relation to the financial challenges facing the Trust as outlined above.

- 3.7. A final brief update highlighted the recent presentation at the NHS Providers Governor Focus Conference where the Trust's new Membership Engagement Plan was selected as one of only two Showcase winners this year. We are very proud of the development of this plan and how it reflects the importance of hearing the voice of everyone in our diverse communities, complementing the other feedback mechanisms in the Trust.

4. NED visits

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

- Jade Ward psychiatric intensive care unit (PICU)
- Rosebank Ward in Tower Hamlets
- Limehouse Ward in Forensic Services
- The Risk and Governance 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.

Annual Fit and Proper Persons Test Declaration 2024

1 Introduction

- 1.1 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) [the Regulations] introduced a *fit and proper person test requirement* (Regulation 5) for all Board directors of NHS bodies. Its purpose is to ensure that the Trust is not managed or controlled by individuals who present an unacceptable risk to the organisation or to service users/patients.
- 1.2 In 2019 a government commissioned review (the Kark Review) of the scope, operation and purpose of the Fit & Proper Test (FPPT) was undertaken. In response to the recommendations from this review, NHS England (NHSE) developed a FPPT framework to strengthen and reinforce individual accountability and transparency for Board directors with the aim of prioritising patient safety and enhancing the quality of leadership within the NHS. The framework came into effect in September 2023 and applies to all Board members of NHS organisations irrespective of voting rights or contractual terms.
- 1.3 Under the regulations and new framework, the Trust has an obligation to ensure all Board director-level and VSM appointments meet the FPPT; the regulations place a duty on NHS providers not to appoint a person or allow a person to continue to be an executive director (or equivalent) or a non-executive director (NED) under given circumstances.
- 1.4 Compliance with the regulations is also monitored and enforced by the CQC and forms part of the CQC 'well-led' assessment. The Trust must demonstrate it has appropriate systems and processes in place to ensure that all new appointees and current directors are, and continue to be, 'fit and proper' to undertake the role.
- 1.5 Directors must meet certain criteria including that they are 'of good character'; have the qualifications, competence, skills and experience necessary for the relevant position; and are capable of undertaking the relevant position after any reasonable adjustments have been made. They must also not have been responsible for any serious misconduct and/or or mismanagement in the course of carrying on a regulated activity. As chair of the Trust I have the ultimate responsibility to discharge the FPPT placed on the Trust to ensure that all relevant post-holders meet the 'fitness' test and have overall responsibility for compliance with FPPT.
- 1.6 The portfolio responsibilities in respect of CQC/well-led, HR (including FPPT) and corporate governance (including annual report) are assigned to three different individuals, namely the chief nurse, chief people officer and director of corporate governance respectively. This strengthens the internal control system and provides a check and balance in terms of the chief nurse's lead role in overall CQC responsibility.

2 Assurance Checks

- 2.1 The chief people officer and director of corporate governance are responsible for undertaking an annual review of compliance, bringing non-compliance to the attention of the chair and/or senior independent director (SID), submitting an annual assurance report to the Board and including in the Trust's annual report.
- 2.2 To provide assurance that the Trust meets the FPPT, it has processes in place to determine whether all **new and existing directors are and continue to be fit:**
 - A process to ensure that all new Board director-level appointments are fit and proper as part of the recruitment process
 - An annual process for regularly monitoring and reviewing the ongoing fitness of existing directors to ensure they remain fit for their role, including consideration of serious mismanagement

- Principles for conducting investigations into concerns about the fitness of a director
- A process for the right of appeal for directors.

2.3 **Pre-employment checks** for all new appointments are undertaken in line with the NHS Employment Standards and are subject to full FPPT that includes:

- References using the Board member reference (BMR) template
- DBS check undertaken at a level relevant for the post
- Professional register check as relevant to role
- Search of insolvency and bankruptcy register, Companies House register to ensure that no Board Director is disqualified as a director and the Charity Commission's register of removed trustees
- Web/social media search
- Employment tribunal check
- Satisfactory completion of the FPPT self-declaration.

2.4 The **annual assurance checks** includes:

- All Board directors are required to complete the FPPT self-declaration form annually; this declaration is also counter-signed by the chair (to confirm that the annual checks have been completed) with the exception of their own which is signed by the SID
- The annual appraisal process provides an opportunity to discuss continued 'fitness' and in particular the 'good character' requirements to ensure that the director continues to have the appropriate level of skill, experience and competence for the role and also reflecting the new NHSE Leadership Competency Framework
- All other checks are as listed above in 2.3 with the exception of references and professional register check.

3 Ongoing Fitness

3.1 In April 2024, Board directors completed the annual FPPT self-declaration form. As chair of the Trust I reviewed the declarations and determined that the directors continued to meet the requirements of the Regulated Activities Regulations. The SID reviewed my declarations and also determined that I continued to meet the FPPT requirements.

3.3 In addition, during the year the chief people officer and director of corporate governance have overseen the completion of pre-employment checks for new appointments and confirm that all checks meet the FPPT framework. The outcome of the FPPT have been saved on each personal file and will be uploaded on ESR (new framework requirement).

3.4 The new framework, effective from 30 September 2023, introduced a requirement for the Board member reference template (BMR) to be completed for Board directors on leaving the organisation. During 2023-2024 as two executive directors left the organisation prior to 30 September the BMR template was not completed; a template was completed for one NED, who left on 31 October 2023 and is held on their personal file. In line with the new NHSE FPPT framework the FPPT report form was submitted to NHSE.

3.5 Directors are responsible for identifying any issues which may affect their ability to meet the statutory requirements and bringing these issues on an ongoing basis and without delay to the attention of the chair. During the year none were identified and/or shared.

4 Chair Assurance Statement

4.1 I confirm that, having considered all the matters outlined in the Regulated Activities Regulations and the new FPPT framework including all the information and documentary evidence provided to me, the Trust's Board directors meet the FPPT. I am satisfied that there are no other grounds under which each individual would be ineligible to be appointed to or continue in the post.

REPORT TO THE TRUST BOARD IN PUBLIC
25 July 2024

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

Purpose of the report

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

Key messages

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

Strategic priorities this paper supports.

Improved experience of care	<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

2.1 This is my first CEO report since having been substantively appointed as Chief Executive of ELFT. It was a great privilege to serve as Interim CEO and I am delighted to have been entrusted with the responsibility of leading the Trust in the months and years ahead. I believe strongly in our mission to improve the quality of life for all we serve and look forward to continuing to work with our service users and carers, staff and system partners in our shared endeavour to deliver this aim for our populations in North East London, Bedfordshire and Luton.

2.2 On 12 July I was honoured to receive my OBE from the Princess Royal at an Investiture ceremony at Windsor Castle. It was a great privilege to receive this for my contribution to mental and community health, and leadership in the NHS – work that I love with people whom I hugely value and for whom I have the greatest of respect.

2.3 I would like to take this opportunity to say thank you for the many warm wishes I've received during this last period; they have meant a great deal.

King's Birthday Honours 2024

2.4 Congratulations to Dr Amar Shah, our Chief Quality Officer, and to Shirley Biro, our longstanding and highly regarded Governor who were both recognised in the King's Birthday Honours in June.

2.5 Newham-based Governor Shirley Biro received a British Empire Medal for her enduring dedication to supporting the borough's vibrant community across three decades. Shirley was born in Newham. As well as being an ELFT governor, she has spent much of her professional life working with the local community in her capacity as a local volunteer, Trustee and Chair. Over many years, Shirley has shown a keen interest in community mental health and the damaging impact that loneliness and isolation can have on individuals.

2.6 Dr Amar Shah, our Chief Quality Officer and National Clinical Director for Improvement at NHS England, was awarded an MBE for services to healthcare improvement. Amar has been a key agent for change in guiding the Trust's improvement journey over the last 12 years. He has also been working at a national level for some time, leading the design and delivery of large-scale improvement programmes in the field of mental health, through his role as National Improvement Lead at the Royal College of Psychiatrists.

Newly elected and re-elected Members of Parliament

2.7 Following the General Election on 4 July, I would like to take this opportunity to congratulate our newly elected MPs, some operating in new constituencies. They are:

Bedfordshire and Luton

- Bedford - Mohammad Yasin (LAB)
- Dunstable and Leighton Buzzard - Alex Mayer (LAB)*
- Hitchin - Alistair Strathern (LAB)
- Luton North - Sarah Owen (LAB)
- Luton South and South Bedfordshire - Rachel Hopkins (LAB)
- Mid Bedfordshire - Blake Stephenson (CON)*
- North Bedfordshire - Richard Fuller (CON)

East London

- Cities of London and Westminster - Rachel Blake (LAB)*
- Hackney North and Stoke Newington - Diane Abbott (LAB)
- Hackney South and Shoreditch - Meg Hillier (LAB)
- Islington South and Finsbury - Emily Thornberry (LAB)
- Tottenham - David Lammy (LAB)
- East Ham - Stephen Timms (LAB)
- Stratford and Bow - Uma Kumaran (LAB)*
- West Ham and Beckton - James Edward Asser (LAB)*
- Bethnal Green and Stepney - Rushanara Ali (LAB)
- Poplar and Limehouse - Apsana Begum (LAB)

**indicates new MP*

- 2.8 I have written to all of our new MPs to introduce the Trust, provide some briefing information, and to extend an open invitation to visit local services. We hope to welcome them soon.

Publication of Nursing and Midwifery Council Cultural Review

- 2.9 On 9 July, the independent review of the culture of the Nursing and Midwifery Council (NMC) was published. The review, led by Nazir Afzal OBE, highlighted safeguarding concerns and found that people working in the organisation have experienced racism, discrimination and bullying. The NMC has accepted the report's recommendations in full. Registered Nurses constitute the largest part of our clinical professional workforce and it was both disappointing and discomfiting to hear this from the professional regulator. As with every such review, it is important that, as an NHS organisation, we reflect upon the findings and consider any relevant learning. Our focus will continue to be on ensuring that our processes related to responding to the regulator for professional matters are fair, evidenced and equitable and colleagues are supported during any process.

CEO breakfast meetings

- 2.10 I have continued my series of breakfast meetings with local directorate teams. These provide an opportunity for connection, conversation and to hear about the key challenges our teams are facing and their successes. I have been able to share some of the work I have been involved in but, more importantly, these meetings give staff an opportunity to test things out with me and, sometimes, to challenge me. This contact keeps me grounded and close to the issues our staff face. During June and July, I visited the Luton mental health service, the Trustwide CAMHS teams, Tower Hamlets mental health services and community health services, and Newham community health services.

Bedfordshire, Luton and Milton Keynes (BLMK) health inequalities event

- 2.11 On 17 May, I was delighted to join partners from across the system at the "Creating a Fairer BLMK" event, focusing on the system response to Reverend Lloyd Denny's review of health inequalities that heard from more than 2,000 local people. I spoke at the event in my capacity as the Board Champion supporting the system response to the review by the BLMK Integrated Care Board. Important themes explored on the day included breaking down barriers to accessing health and care services and reflecting on the system's work thus far to respond to Reverend Denny's review recommendations.

Joint Executive meetings with key system partners

- 2.12 On 21 May, the Executive Team met with our partners in Bedfordshire, Cambridgeshire Community Services NHS Trust. Discussions at the second of these Joint Executive meetings focused on how ELFT and CCS can work most effectively together to serve our local communities, strengthening our combined community offer so that local residents are able to receive timely care closer to home and pressure on acute services is reduced.
- 2.13 On 7 June, we had another of our regular joint meetings with the Executive Team at North East London NHS Foundation Trust (NELFT). Discussions focused on our work to improve flow through the urgent and emergency mental health pathway and reduce reliance on out of area private placements, and on our developing approaches to identifying and eliminating waste to realise benefits for service users, carers, staff and the taxpayer.

Launch of Financial Recovery Meeting

- 2.14 The financial context in which the Trust is operating continues to be highly challenging and the need to identify and realise efficiencies, while continuing to maintain and

improve quality, will require a collective and sustained leadership effort. Recognising this, the Service Delivery Board, which brings together senior leaders from across the Trust, now includes a 'part two' meeting that focuses specifically on delivery of the Trust's financial plan.

UK Covid-19 Public Inquiry

- 2.15 The UK Covid-19 public inquiry (the Inquiry) released its report on 18 July 2024 on module 1 examining the resilience and preparedness of the UK in the 10 years leading up to the Covid-19 pandemic. We will review these findings and implications of the recommendations and actions that the Trust will need to take including on our emergency preparedness and planning system, and an update report will be provided to the Quality Assurance Committee.

3.0 Integrated Care System (ICS) and provider collaborative updates

- 3.1 Since the last meeting of the Trust Board, in both Bedfordshire Luton and Milton Keynes (BLMK) and North East London (NEL) Integrated Care Systems (ICS), the Trust has been working intensively with system partners to prepare and submit final system plans, and to work towards contract signature. Both systems are intending to invest in mental health in line with national requirements for the Mental Health Investment Standard.
- 3.2 In BLMK, we held our first meeting of the Mental Health Learning Disability and Autism (MHLDA) Collaborative Committee, in shadow form, pending approval of the terms of reference at the autumn meeting of the Integrated Care Board (ICB). The Committee includes in its membership three lived experience leaders alongside ICB, ELFT and Central and North West London NHS Foundation Trust (CNWL) colleagues, and had a primary focus on plans for 2024/25.
- 3.3 In North East London, on 26 June the MHLDA Collaborative held a Connections Fair at City Gates in Ilford. Bringing together people with lived experience, clinical and care professionals, this event was an opportunity to celebrate the progress we have made so far in improving outcomes for NEL residents and to reflect on progress we want to make over the year ahead. Of particular note was the importance of co-production, both where it is well embedded, and where we need to improve.
- 3.4 We also held the NEL MHLDA Collaborative Committee on 3 July. The Committee focussed primarily on people with learning disability and/or autistic people and received a deep dive report into inpatient care provision for these populations. A number of recommendations to improve the quality of experience for the people we serve were approved, including how we work with people to prevent crisis in the community. The Committee also considered and approved a proposal to review services for neurodiverse adults across NEL, given the huge variation in spend, access, experience and service profile in each of our places. We anticipate the review will report in December 2024.

4.0 Operational update

- 4.1 A further period of industrial action by junior doctors, called by the British Medical Association (BMA), took place from 7am on Thursday 27 June until 7am Tuesday 2 July. Once again, extensive planning was undertaken to ensure that we continued to deliver a comprehensive service across the Trust. I would like to thank all our staff for their continued efforts to ensure our services have remained safe and accessible during these periods.

- 4.2 Work on purposeful admissions, in-hospital flow and ensuring timely discharge has continued across our mental health and community services. In particular, our community health services in Bedfordshire contributed to a system wide discharge event which resulted in significant and sustained improvements to discharge within the acute hospital pathway. Work to reduce our use of private sector mental health beds has started to show significant reductions in London and, in Bedfordshire and Luton, work adopting a similar approach is in train.
- 4.3 Right Care Right Person (RCRP) implementation work continues and three key policies have been developed and now implemented to support RCRP implementation across London. The Trust has been actively involved in this work as a regional system partner.
- 4.4 Two table-top emergency planning exercises were conducted during the last period - in forensic services and in relation to cybersecurity. Both sessions were well-received and helped our services, and key partners such as the Metropolitan Police, to appreciate the critical importance of collaborative working in relation to emergency planning preparedness resilience and response (EPRR).

5.0 ELFT people updates

- 5.1 The Trust's Data and Analytics Team was awarded the 'Driving Change Through Data and Analytics' Award in the annual HSJ Digital Awards for their role in bringing integrated analytics into the hands of clinicians across East London and Bedfordshire. The Team has developed a suite of applications to support staff to use powerful statistical tools to aid continuous improvement. The project has enabled colleagues to view system pressures and improvements by using over 20 applications across mental and community health, as well as corporate services.
- 5.2 The Trust's Estates, Facilities and Capital Development Team was officially named "Estates and Facilities Team of the Year" at the annual Design in Mental Health Awards. The judges were impressed with the extent to which service users have been involved in the day-to-day planning and decision making and the team's commitment to collaboration with patients and clinical colleagues alike to address urgent estates and facilities concerns.
- 5.3 David Stevens, our Director of Estates, Facilities and Capital Development, has been appointed as Vice President of the Chartered Institute of Building Services Engineers (CIBSE). This is the first time in 20 years that someone with an estates and facilities background has attained this role, marking a significant milestone for the facilities management sector. CIBSE is a professional engineering institution that exists to advance and promote the art, science and practice of building services engineering, to invest in education and research, and to support the community of built environment professionals in their pursuit of excellence.
- 5.4 Helen Nunn, a Senior Mental Health Social Worker in The Mental Health Street Triage Team at Homerton Hospital, received 'The Freedom of The City' Award at a ceremony that took place in London at The Guildhall. People can be nominated to win the award if they have made outstanding contributions in their field of work in The City. The award is believed to date back to the 13th century.

6.0 Visitors to our services

Chinese health officials visit Newham Community Health Services

- 6.1 We were pleased to host a visit from a deputation of Chinese health leads from the Shanghai Putuo District Health Commission at East Ham Care Centre on 27 June. The visitors were particularly interested in the use of technology and services focused on admission prevention. The East Ham team demonstrated apparatus to help someone up after a fall and their telehealth home monitoring system.

ELFT hosts a roundtable and CAMHS visits for Ukrainian health officials

- 6.2 Following the visit by the First Lady of Ukraine in March, on 8 July officials from the Ukrainian government visited Newham CAMHS Services in Plaistow to learn about the mental wellbeing support ELFT provides for our local communities. The visit was followed by a discussion which included consideration of the roles and responsibilities of CAMHS staff, funding streams for mental health in the UK, interventions offered and how referrals into the service work.

7.0 Other service updates

New CAMHS emotional wellbeing service joins ELFT

- 7.1 We were delighted to welcome 15 new staff to ELFT on 1 June. The Bedfordshire and Luton CAMHS Emotional Wellbeing Service is a new team model, previously provided by CHUMS, designed to increase early access to help and support as part of an integrated system. Members of the team will be aligned to place-based school, primary care and local authority teams to offer an integrated early help and prevention service in Bedfordshire and Luton. A special induction day took place in Flitwick to introduce them to the Trust.

Official opening of the City and Hackney Family, Friends and Carers Hub

- 7.2 The Family, Friends and Carers Hub at the City and Hackney Centre for Mental Health officially opened on 17 May to provide a safe and comfortable space for the borough's caring community. It aims to provide support for relatives, friends and carers of people with mental health conditions. The Hub brings together local carers organisation in one hub and will utilise a new family liaison role based on the hospital wards to ensure that, within 48 hours of admission, informal carers are contacted and offered essential and helpful information.

Reflections event for Bedfordshire, Luton and Milton Keynes

- 7.3 On 22 May, system partners gathered at a coproduced event to reflect on the progress achieved in mental health care across Bedfordshire, Luton and Milton Keynes (BLMK) over the last five years and to consider the changes required to provide care that continues to meet the needs of the area's communities and increased demand. While there remains much to do, it was heartening to reflect on some of the key achievements of recent years, including:

- The launch of maternal mental health services
- The launch of 11 new Mental Health in Schools Teams (MHSTs)
- The opening of the Evergreen mental health inpatient unit for children and young people
- Significant investment into community mental health services
- An expanded befriending service, now making 13,500 calls every year
- Access to mental health crisis support via NHS 111 (option 2)
- The launch of crisis cafes
- Improved access to dementia diagnosis

8.0 Action Being Requested

8.1 The Board is asked to:

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

REPORT TO THE TRUST BOARD IN PUBLIC
25 July 2024

Title	Audit Committee Meetings held on 27 June and 2 July 2024 – Committee Chair’s Assurance Report
Board Lead	Anit Chandarana, Non-Executive Director and Chair of the Audit Committee
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

- To bring to the Board’s attention key issues and assurances discussed at the Audit Committee meetings held on 27 June and 2 July 2024.

Key messages

- Annual Accounts 2023-2024 Update**
- A change has been made to the primary statements due to the previously incorrect floor area calculations resulting in a £1.6m reduction to the value of net assets; however, this has no impact on the adjusted financial position.
 - Further work on ensuring the accuracy of the valuation process to be undertaken; the responsibility for ensuring correct information rests with the Trust, notwithstanding third-party actions.
 - Broader Trust-wide socialisation of the annual report and accounts and processes was encouraged as part of the ambition to increase financial literacy and ensure accessible and transparent detail on areas of challenge such as financial viability.
- Annual Report and Annual Governance Statement 2023-2024 Update**
- The committee approved the final draft of the annual report, subject to some minor amendments, as well as the annual governance statement.
 - The annual report and accounts do not become a public document until they have been laid before parliament.
- External Audit Completion Report 2023-2024**
- The external auditors Forv/s Mazars confirmed successful completion of the external audit report, with the exception of the ongoing delay in receiving assurance from the Local Government Pension Scheme auditors. This is likely to impact again on the Trust’s ability to meet parliamentary submission deadlines for the laying of the annual report and accounts as well as on the planning of the annual members meeting. However, it is hoped there will be an opportunity to resolve this issue should the future assets or liabilities fall below materiality level.
 - The adjusted misstatement around property floor area valuations has been satisfactorily processed into the accounts and joint discussions between the auditors, finance and estates’ teams will ensure valuation details have been updated and all recommendations are acted upon prior to the commencement of next year’s audit.
 - Anticipate issuing an unqualified opinion on the financial statements and have no matters to report on value for money (VFM).
 - Confirmation that the draft accounts and annual governance statement will be submitted to NHS England by the published deadline of 28 June 2024.
 - The committee acknowledged the clarity and comprehensiveness of the report and Forv/s Mazars confirmed a smooth process with full support and assistance provided by the finance team.
- Internal Audit Update**
- A final report on financial management and the financial viability (FV) programme received a split opinion:
 - The financial management element received a reasonable opinion.
 - The FV programme received only partial assurance with challenges to the setting of achievable targets and a need for a strengthening of the overall governance.
 - The committee requested more overarching conclusions be drawn from the FV programme audit beyond the failure to deliver the plan.
 - Substantial assurance was reported from the audit on the Trust’s Data Security Protection Toolkit.

- The weighting of planned audits for this year will be discussed with the Chief Finance Officer, taking into account that some processes impact more directly on the ability of the Trust to deliver on its strategy.
- Assurance was received on the Head of Audit level 2 opinion noting this reflects the positive engagement of management in addressing issues raised in the reports. However, the committee requested further assurance over the volume of slippages to due dates for follow up actions; further work with execs will ensure conversations around delays are surfaced earlier with improved articulation of the rationale for each one and for realistic deadlines to be set.

Appointment of Internal Auditors

- The committee ratified the re-appointment of RSM as the Trust's internal auditors for a three-year term commencing 2 June 2024 with an option to extend for a further on year, following a joint procurement process between ELFT, Barnet, Enfield & Haringey NHS Trust, Camden & Islington NHS FT and North East London NHS FT, noting this is a direct ELFT contract appointment.
- Learning from the joint procurement process will be shared with system partners.

Counter Fraud Progress Report

- Updates on the fraudulent Covid entries onto the National Immunisation Vaccination presented; a criminal trial is set for one ELFT employee who has pleaded not guilty; the remaining two have pleaded guilty.
- Trust-wide work on counter fraud recommendations is progressing.

Waivers and Breaches

- Q1 saw a slight increase in waivers compared to the same period last year; however, no supply breaches have been identified. Work is ongoing with the finance team to identify potential waivers much sooner in the process to ensure there is adequate time available to explore other options.
- The committee requested further action to provide assurance on the process when recruiting former employees as consultants, ensuring due diligence, transparency and equity.

Modern Day Slavery Statement

- The committee approved the statement (attached at appendix 1) noting a review on the effectiveness of the policy and Trust's approach is being undertaken by the Chief Finance Officer and Chief People Officer together with system partners to understand their validation processes for further assurance.

Health Care Space Newham Annual Report

- The report aimed to provide assurance around the governance and finance of this joint venture between the Trust and the London Borough of Newham, acknowledging the financial risks which impact both organisations with the accounts show an operating loss currently.
- The committee requested further information on the model and achievements or otherwise of the venture to gain assurance; feedback from a recent workshop on risks management was also requested, noting the strategic partnership collaboration agreement is due for review in October.

East of England Collaborative Annual Report

- The committee requested a more strategic overview of the impact of the collaborative as it is felt there remain further opportunities to be realised given the structure, leadership and breadth of the geography.
- The commencement of discussions with the ICB around the delegation of specialised commissioning across the region was noted and welcomed.

Agenda Items and Forward Plan

- The committee requested that the forward plan is reviewed to ensure there is clarity on the purpose of future planned agenda items, ensuring there is an audit and assurance focus, and also that future papers include an overarching analysis or interpretation of views.

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

Modern Slavery and Human Trafficking Statement 2024

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and constitutes the Trust's slavery and human trafficking statement for the financial year ending 31 March 2024. The statement sets out the steps that East London NHS Foundation Trust (ELFT) has taken, and is continuing to take, to make sure that modern slavery or human trafficking is not taking place within our business or supply chain, or in any part of our business during the year ending 31 March 2024.

Modern slavery is the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. Individuals may be trafficked into, out of or within the UK, and they may be trafficked for a number of reasons including sexual exploitation, forced labour, domestic servitude and organ harvesting.

ELFT has a zero tolerance approach to any form of modern slavery or human trafficking in any part of our business activity. We are committed to acting ethically and with integrity and transparency in all business dealings, and to putting effective systems and controls in place to safeguard against any form of modern slavery taking place within the business or our supply chain.

Our Commitment

- We are fully aware of the responsibilities we bear towards our service users, staff and local communities. Our overall approach will be governed by compliance with legislative and regulatory requirements and we aim to follow good practice and take all reasonable steps to prevent modern slavery and human trafficking
- We are committed to promoting a proactive and inclusive approach to equality in both employment and service provision which supports and encourages an inclusive culture which values diversity; this includes a commitment to building a workforce which is valued and whose diversity reflects the communities it serves, enabling the Trust to deliver the best possible healthcare services to the community
- We aim to design and provide services, implement policies and make decisions that meet the diverse needs of our service users and carers, the population we serve and our workforce ensuring that none are placed at a disadvantage
- We are guided by a strict set of ethical values in all of our business dealings and expect our suppliers to adhere to these same principles. We are committed to ensuring there is no modern slavery in any part of our business in so far as possible and require our suppliers to hold similar ethos, again in so far as possible
- We are committed to ensuring that all our staff are aware of the Modern Slavery Act 2015 and their safeguarding duty to protect and prevent any further harm and abuse when it is identified or suspected that an individual may be or is at risk of modern slavery and human trafficking.
- We ensure modern slavery guidance is embedded into the Trust safeguarding policies. Staff are expected to report concerns about modern slavery and human trafficking, and management are expected to act upon them in accordance with our policies and procedures. Guidance on modern slavery and human trafficking – what it means, what are the types and who is affected, what to do if you suspect someone of being subjected to slavery, and further advice, support and resources – can be found on the Trust's intranet site
- We adhere to the National NHS Employment Checks/Standards this includes right to work in the UK, employees' UK address and factual references.

Governance and policies

To identify and mitigate the risks of modern slavery and human trafficking in our business and in our supply chain, we:

- Operate a robust recruitment and selection policy, including appropriate pre-employment checks reflecting the national NHS Employment Checks/Standards requirements on directly

employed staff. Agencies on approved frameworks are audited to provide assurance that pre-employment clearance has been obtained for agency staff, to safeguard against human trafficking or individuals being forced to work against their will

- Implement a range of controls to protect staff from poor treatment and/or exploitation which comply with all respective law as and regulations; these include provision of fair pay rates, fair terms of conditions of employment and access to training and development opportunities
- Consult and negotiate with Trade Unions/Staffside on proposed changes to employment, work organisation and contractual relations
- Have systems to encourage the reporting of concerns including a whistleblowing policy so that all staff know that they can raise concerns about how colleagues or people receiving our services are being treated, or about practices within our business or supply chain, without fear of reprisals; and the promotion of our Freedom to Speak Up Guardian and Ambassadors
- Regular Freedom to Speak Up reports are provided to the Trust Board which includes an overview of the concerns raised by staff and the category they fall in to
- Have a standards of business conduct policy which explains the manner in which we behave as an organisation and about how we expect our staff and suppliers to act
- All our people, procurement and commercial policies are equality impact assessed to ensure that colleagues are always treated fairly.

Working with Suppliers

Our approach to procurement and our supply chain includes:

- Ensuring that our suppliers are carefully selected through our robust supplier selection criteria and processes
- Ensuring a human rights issue clause is included in specification and tender documents as well as being a standard term in all contracts with a requirement for suppliers to have suitable anti-slavery and human trafficking policies and processes in place and that they comply with the provisions of the UK Modern Slavery Act (2015)
- Evaluate specifications and tenders with appropriate weight given to modern slavery and human trafficking points
- Encouraging suppliers and contractors to take their own action and understand their obligations in their processes
- Upholding professional codes of conduct and practice relating to procurement and supply
- Trust staff must contact and work with the procurement team when looking to work with new suppliers so appropriate checks can be undertaken.

Training

All staff have a personal responsibility for the successful prevention of modern slavery and human trafficking. Advice and training on modern slavery and human trafficking is available to staff through our safeguarding policies, procedures and training, and our safeguarding leads.

Safeguarding training on identifying and supporting victims of modern slavery is mandatory for all staff via our online training system. In addition, the procurement team all undertake the Cabinet Office modern slavery training that is specific to managing our supply chain.

Confirmation

The Board of Directors has considered and approved this statement and will continue to support the requirements of the legislation.



Eileen Taylor
Chair
2 July 2024

About the Organisation

ELFT provides mental health, community, primary care, wellbeing and inpatient services to young people, working age adults and older adults across the City of London, Hackney, Newham, Tower Hamlet, Bedfordshire and Luton. The Trust is recognised as a centre of excellence for innovation and improvement. Our extensive work in research and education has led to a number of pioneering health solutions, giving us a strong academic reputation. We have a workforce of over 7,000 staff and provide services from over 130 sites.

The Trust has achieved its third consecutive 'Outstanding' rating from the Care Quality Commission; the first community and mental health Trust to achieve this rating for a third time. The CQC found ELFT's overwhelmingly positive culture supported patients to achieve good outcomes.

Further information about ELFT can be found on our website: www.elft.nhs.uk

REPORT TO THE TRUST BOARD IN PUBLIC
25 July 2024

Title	Integrated Care & Commissioning Committee (ICCC) 11 July 2024 – Committee Chair’s Report
Committee Chair	Richard Carr, Senior Independent Director and Chair of Integrated Care & Commissioning Committee
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

To bring to the Board’s attention key issues and assurances discussed at the Integrated Care and Commissioning Committee (ICCC) meeting held on 11 July 2024

Key messages

NEL ICS Update

- The committee received an overview of system performance and details of the ICB efficiency programme which aims to reduce commissioning spend by £32m and achieve additional savings against the service development fund. A case for this to be minimised for mental health and community services has been made and a proposal put forward for a mental health system contribution of a non-recurrent £1m.
- There are opportunities for more open discussions on the improved deployment of funds to provide quality care for people in crisis. National conversations are beginning to move towards more investment in community and primary care.
- The community health service collaborative is making good progress, and the most recent mental health learning disability and autism collaborative committee meeting agreed to a review of community services for adults with neurodiversity.
- The system continues to perform well in community mental health access, primary care, talking therapies and children and young people’s access; with a significant reduction in the Trust’s private bed usage over the past two months.
- The ICB board assurance framework was reviewed alongside the BAF risks held by ICCC. The committee requested their feedback on alignment in visions between system partners, the focus on a short-term funding approach and a lack of movement in the risk assessments be highlighted to the ICB.

North London Forensic Collaborative

- The contract for this collaborative has recently been extended for a further three years, to focus on their four strategic aims to meet the needs of the forensic population.
- A key achievement is the development of a learning disability strategy which ELFT has been a significant contributor and is now seen as a flagship for service user and clinician coproduction.
- The community care model is focused on a 24hr provision of service to keep service users safe in the community with the support of carers, and improved management of delayed discharge.
- Positive work on addressing inequalities has focused on repatriating women closer to home, and balancing workforce capacity whilst reducing our occupancy in medium secure units.
- An increased number of peer support workers and carers are joining projects and becoming members of the Patient Council, a key part of the work on coproduction.

Population Health Action Plan 2024-2025 Update

- Work against the plan includes the setting up of network delivery groups on physical health, employment support and income maximisation to link and extend the energy and commitment around population health initiatives across services.
- Projects are under way to increase work experience placements in the Trust, embed employment guidance as part of talking therapies and improve the take up of individual placement support; coproduced employment events are also planned.
- It was acknowledged that work to spread the momentum, ideas and concepts underway in ELFT has to be balanced against the system-based approach and how well this work is embedded in other organisations.

- The committee noted the Trust's positive outcome when benchmarked by NHSE on smoking cessation initiatives and welcomed the plan to embed quotes from service users and carers into the population health strategy going forwards, to be used as an important benchmark measure.

Simmons House Update

- The closure of this unit in December 2023 following the tragic death of a service user resulted in the removal of 12 beds from the CAMHS system. Despite the mitigations in place and good management of flow, there has been an increase in acuity across the remaining GAU units, highlighting the need for additional capacity.
- An options appraisal for an interim period of 18 months has been developed using a clinically-led process and engaging clinical leads from each provider Trust in North Central & East London which is currently being progressed through appropriate governance structures.

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*

- The committee agreed to the refreshed wording around the risks and the expansion of Risk 9 to incorporate some of the commissioning activities being undertaken.
- It was noted that the articulation of the causes is more helpful in clearly demonstrating the mitigations against the risks.
- There were no changes proposed to the risk scores for risks 1, 2 and 9, and agreement that appropriate controls are in place and operating effectively.

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

REPORT TO THE TRUST BOARD IN PUBLIC
25 July 2024

Title	People Participation Committee (PPC) 20 June 2024 – Chair's Report
Committee Chair	Aamir Ahmad, Non-Executive Director and Committee Chair
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

To bring to the Board's attention key issues and assurances discussed at the People Participation Committee (PPC) meeting held on 20 June 2024.

Key messages

Implementation of the Trustwide Working Together Group Priorities

A significant amount of work is being undertaken and good progress is being made across the six priorities including the promotion of greater involvement in people participation (PP). In discussion the committee noted the complexity of the issues and the ongoing efforts to address them. Continuous improvement, collaboration and inclusivity are key to addressing the challenges.

Bedfordshire & Luton Mental Health Services

- **Addressing inequalities:** The coproduced and co-delivered anti-racism steering group is reviewing the experience of service users and staff on wards; working with the Bedfordshire Police Hate Crime team to help promote zero tolerance of hate language and aggression on the wards; for learning disabilities, reviewing reasonable adjustments and ensuring information and engagement are accessible.
- **Education:** Co-developed 'chair a meeting' training for service users; a mental health law forum established to provide an opportunity for discussions with service users, carers and staff.
- **Joint working:** Service users participate in the Respond multi-agency training which is available for ELFT staff, police, paramedics and others, focusing on crisis management.
- **Care and treatment:** Carer training has received positive feedback. A QI project on medication flow and communications was initiated by a service user who experienced difficulties medication access and review.
- **Improving quality of life:** BLMK PP is evolving and is focusing on how to best share experiences; the Bedford Link ('BLINK') group is aimed at keeping people connected and combating loneliness.

Bedfordshire Community Health Services

- **People participation:** Continued focus on increasing PP involvement which builds confidence and supports with recovery; also work to understand barriers to involvement.
- **Education:** Supported the Academy of Lived Experience with the development of 'train the trainer' course; developed 'ambassadors for access' training for those with learning disabilities; personal stories presented as part of academic courses.
- **Joint working:** Regularly consider options for collaboration with partners; a workshop for local councils' public health departments developed to help enable the system to work together effectively and agree a common understanding of coproduction.
- **Care and treatment:** Focusing on solutions to 'barriers to care'; reviewing options for more job opportunities for people with lived experience; peer support training redesigned to meet CHS needs with the aim to ensure equal access to peer support.
- **Improving quality of life:** Commenced review with Bedfordshire Rural Charity Commission on increasing access to the natural world for housebound patients; reviewing how to enhance accessibility including development of a Trust-wide accessibility checklist.

Carers Strategy 2022-2026

- The strategy for 2022-2026 includes five main areas of focus:

- Improve identification and recognition of carers including young carers
- Staff should be aware of carers and trained to engage with carers effectively
- Clear pathways to access support for carers and help in a crisis
- Carer voice and involvement
- Ensure right support is in place for young carers.
- Initiatives include: ongoing work to promote the role of carers; establishment of consistent methods of recording individuals' carers; carers awareness training; and the opening of a friends, family and carers' hub to ensure there is somewhere carers can go to access support and information.

People Participation – Corporate Services

Good progress made since the appointment of the PPL in corporate services in 2022; the committee praised the impact and value this work is having, noting the feedback from a service user that 'corporate services are unsung heroes who maintain the efficiency and effectiveness of essential back-office services:

- Establishment of a service user placement programme with valuable contributions from the corporate governance team.
- Nursing workforce retention and recruitment project includes service user involvement.
- Service users working on the co-design and delivery of away days.
- Service users participate in the financial viability quality impact assessment.
- Stakeholder led accreditation for corporate services has been coproduced.
- Embedded involvement of service users in corporate services interviews.

Equity, Diversity & Inclusion Report 2023

- The report focuses on how the Trust is working to tackle inequity and improve the experience of patients, service users, carers and staff; it has also presented to the Board's Quality Assurance and People & Culture Committees.
- The first year has focused on engaging with people, understanding priorities and establishing a clear framework and action plans.
- Priorities include improving access which service users, patients and carers identified was important to them, and reducing restrictive practices, such as restraints and seclusion, which disproportionately affect certain groups such as Black African males and people with learning disabilities. Work has commenced through a number of QI programmes.

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:

- 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
25 July 2024

Title	Quality Assurance Committee (QAC) on 29 April 2024 – Committee Chair's Report
Committee Chair	Professor Dame Donna Kinnair, Non-Executive Director and Chair of the Quality & Assurance Committee
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

- To bring to the Board's attention key issues and assurances discussed at the Quality Assurance Committee (QAC) on 1 July 2024.

Key messages

Emerging Issues

- Industrial action:** a five-day period of industrial action occurring. Assurance provided that well-tested arrangements in place to maintain safety; however, remains a major disruption.
- Operational pressures:** ongoing system-wide pressures including discharge delays. Efforts to optimise flow are showing positive results in London boroughs with a reduction in out of area bed placements
- Learning from incidents:** actions from three incidents (Bedford Hospital absconson, inquest into the death of a young person with autism, and adolescent mental health ward issues) were discussed; the importance of continuous learning and improvement was highlighted to prevent similar incidents occurring in future
- Going further, going together board:** established chaired by the CEO to enhance financial oversight; building on the work currently taking place in the Trust and focusing on six workstreams. The importance of triangulating this work with quality, safety and patient experience is recognised and will be taken forward through the quality impact assessments (QIA) framework
- Delayed discharges:** the committee requested an update at a future meeting.

Cross Cutting Theme Deep Dive: Learning from Winter

- Coordination and capacity:** in winter 2023 NHS England emphasised the importance of coordinating systems and focusing on capacity to enable community health services to care for more frail and complex needs patients, conserving inpatient capacity
- Winter challenges:** high demand before the winter season industrial action added to the challenges; also ensuring staff wellbeing, and filling gaps with permanent rather than agency staff
- Focus on mental health:** last winter saw a shift in focus towards mental health in Emergency Departments (ED). Focus was on admission avoidance/readmission rates, bed management and capacity and average length of stay, and patient re-admission rates. Actions included block booking of private beds, focus on step-down beds, implementing a Trust-wide flow programme, enhancing discharge planning, focusing on virtual wards and urgent care responses as well as system collaboration in sharing plans and working together
- Winter 2024:** ongoing preparations include learning from previous winter challenges, developing a self-assessment matrix to check the Trust's readiness, business continuity protocols, extra capacity, winter bonus incentives, and wellbeing support for staff. Efforts will be made to continuously improve the areas that performed well and as well as areas that need improvement. There will also be a focus on engaging with communities to prevent crises including working with faith leaders and voluntary services.

Quality and Safety Report: Adult Community Mental Health Services: Bedfordshire

- Overview of services:** this is an integrated service across Bedfordshire including community nursing, therapies and clinical psychology with virtual wards. Works across the BLMK system covering Bedford Borough and Central Bedfordshire Councils. Governance is through the Better Care Alliance (BCA), a committee of the BLMK ICB
- Achievements:** strategy and planning group established to drive transformation and address service user and carer priorities through an integrated plan; hospital flow improvement working

with Bedford Hospital reducing the hospital's status from Opel 4 to Opel 1 in four weeks; strengthening partnerships to support transformation; leadership role in the intermediate care beds improvement workstream in the system; successful roll out of virtual wards; achieved 90% completion rates for statutory/mandatory training; reduced vacancy levels; implemented a comprehensive staff wellbeing strategy; established quality assurance measures including a peer review mock inspection programme; active involvement in people participation; sharing lessons from incidents with services across the Trust

- **Variations:** model for urgent care response varies across the BCA system differing from both London and BLMK – ongoing meetings with Cambridgeshire Community Services to explore alignment and integration opportunities; neighbourhood working is different in each place – aligning teams and services for integrated working across primary care; an increase in pressure ulcers being investigated to understand data and underlying causes
- **Learning and sharing learning** through monthly quality reports, service reports, people participation newsletter, and staff engagement with QI activities
- **Challenges:** balancing FV and financial sustainability with transformation whilst maintaining quality; exploring system-wide collaboration opportunities to reduce spend; challenges with waiting times for podiatry, specialist and wheelchair services, with efforts to address the wheelchair service issues with the ICB
- The committee received assurance a case load review is being undertaken to ensure appropriate staffing levels amid high service demand. The work includes reviewing opportunities for highly specialised district nurses to reassign their administrative roles to a focus on direct patient care.

Quality Accounts 2023/24

- These have now been published in line with NHS England requirements and available on the Trust's [website](#)

Internal Audit

- RSM have been reappointed as the Trust's internal auditors
- Audit Committee to provide final agreement to the work plan for 2024/25 this week
- Committee requested action due dates to be reviewed to ensure these are realistic and for the People & Culture Committee to review the delayed actions on statutory and mandatory training.

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:*

- The new BAF format which provides more clarity around the risk, the causes and mitigations was supported.
- The committee requested the inclusion of assurance on how clinical effectiveness is undertaken to be considered in future BAFs as well as strengthening the consequences of the risk which may have wider impact than on quality and safety alone, e.g. on finance, reputation, legal, etc.
- Due to the continuing challenges in services and particularly in respect of the level of demand and pressure on beds, 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.

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 July 2024

Title	Quality Report
Author / Role	Duncan Gilbert, Associate Director of Quality Management Marco Aurelio, Associate Director of Quality Improvement Jo Moore, Associate Director of Quality Improvement
Accountable Executive Director	Dr Amar Shah, Chief Quality Officer

Purpose of the report

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

Key messages

The Quality Assurance section of this report focuses on the topic of food and nutrition in our inpatient settings, recognising the key role that food and mealtimes can have on wellbeing, recovery and relationships that create a healthy ward climate. The report outlines the eight national standards related to food provision in the NHS, and our progress towards meeting these standards. The report describes the relatively new structures that are in place to ensure that our service users are involved in helping us improve the provision and experience of food, from ward community meetings to unit-level food committees, feeding into Trustwide structures with representation from dietetics, estates and facilities and people participation.

There is clear commitment and awareness within our inpatient leadership teams and estates/facilities team about the importance of food and nutrition in supporting recovery. Every inpatient unit makes efforts to ensure food is culturally inclusive, although complaints and feedback suggest that more needs to be done to ensure we are addressing specific dietary needs, such as gluten-free and vegan options. All inpatient units encourage ‘commensality’ – staff and service users enjoying a meal together – which has evidence-based benefits for developing social connection.

The annual PLACE assessments are a key vehicle to ensure service users are involved in assessing standards of food. The results related to food provision are included in this report, together with examples of actions underway to address the gaps. Through our five catering suppliers, we work to reduce food waste and encourage sustainability. Recent innovative examples of taking this further include the work on Morrison ward to introduce safe, re-usable cutlery and crockery, which will now be scaled up across the forensic directorate.

The Quality Improvement (QI) section of this report provides assurance regarding progress with the Trust’s QI plan. Work has been underway to support directorates to use QI in support of annual priorities, and support corporate teams to adopt greater and more robust use of quality improvement, as mentioned in the May quality report.

The current pursuing equity programme has seen 22 teams actively engaging in projects aimed at addressing health inequities. A new programme aimed at reducing the gap in

appointment attendance between those in the most and least deprived areas the trust serves will launch this Autumn. The second large-scale programme focuses on flow, supporting all adult mental health directorates. All areas are testing change ideas and being supported to develop robust infrastructure to manage the work.

Our capability building programmes enable people to learn and apply quality improvement to tackle real complex issues in their service. Wave 14 of the Improvement Leaders' Programme will begin in September 2024, with 124 people signed up so far. Cohort 10 of the Improvement Coaches Programme will start in October 2024, with 28 people signed up to take on this role, which will involve supporting teams to apply quality improvement in support of the delivery of local priorities.

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. Impact of food and nutrition on health outcomes.
Improved experience of care	<input checked="" type="checkbox"/>	QI approach to tackling flow. Service user experience of food in our inpatient environments
Improved staff experience	<input checked="" type="checkbox"/>	Autonomy and support to tackle complex issues, leading to higher staff engagement
Improved value	<input checked="" type="checkbox"/>	Most quality improvement work enhances value through improving productivity and efficiency, with a minority of work focused on reducing spend or improving environmental sustainability

Implications

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

1.0 Quality Assurance

- 1.1 This quality report provides assurance to the Trust Board regarding food provision in our inpatient mental health services, and the approach to, and impact of, food, nutrition and mealtimes. The report brings together national guidance and expected standards and information about infrastructure and governance of food provision, along with service user and clinician experience and observations. It will set out strengths and highlight good practice, and identify actions being taken to improve.

2.0 Background

- 2.1 Food is a fundamental part of one's everyday existence, not just from a nutritional point of view, but also as a means of bringing structure to the day, a means to socialise and mix with others and bring people together, and to thereby impact on physical and mental well-being.
- 2.2 Getting this right as an organisation is hugely important for everyone who uses our services. For some, who are in longer term care, ELFT could be their only, or main, source of food and drink for a number of years. Food and nutrition impacts across our big strategic objectives to improve patient experience, to improve the health of the population we serve, and to maintain financial viability through reduction of waste and improved sustainability. Given the diverse nature of the population we serve, there is some complexity in how we cater to different needs.
- 2.3 In 2022 NHS England published 'National standards for healthcare food and drink'. In the foreword to the document is a clear articulation of the importance of food in healthcare settings:

“Every healthcare organisation has a responsibility to provide the highest level of care possible for their patients, staff and visitors. This includes the quality, nutritional value and the sustainable aspects of the food and drink that is served, as well as the overall experience and environment in which it is eaten. It is important that all healthcare organisations see the intrinsic value in the view of ‘food as medicine’ and that it remains a standing item on the board agenda.”

The document sets out 8 standards that all NHS organisations are required to meet, reinforced in the NHS Long Term Plan and the NHS Standard Contract:

1. Organisations must have a designated board director responsible for food (nutrition and safety) and report on compliance with the healthcare food and drink standards at board level as a standing agenda item.
2. Organisations must have a food and drink strategy.
3. Organisations must consider the level of input from a named food service dietician to ensure choices are appropriate.
4. Organisations must nominate a food safety specialist.

5. Organisations must invest in a high calibre workforce, improved staffing and recognise the complex knowledge and skills required by chefs and food service teams in the provision of safe food and drink services.

6. Organisations must be able to demonstrate that they have an established training matrix and a learning and development programme for all staff involved in healthcare food and drink services.

7. Organisations must monitor, manage and actively reduce their food waste from production waste, plate waste and unserved meals.

8. NHS organisations must be able to demonstrate that they have suitable 24/7 food service provision, which is appropriate for their demographic.

2.4 In considering our compliance against the eight standards, the Trust's Chief Digital Officer is the designated board director. There is a draft food and drink strategy, which is in the process of being approved. There are processes in place within each directorate (outlined below) to ensure choice and input from dietetics and service users. There is a proposal to nominate a named food safety specialist from within the estates team, who will then undertake the relevant qualifications.

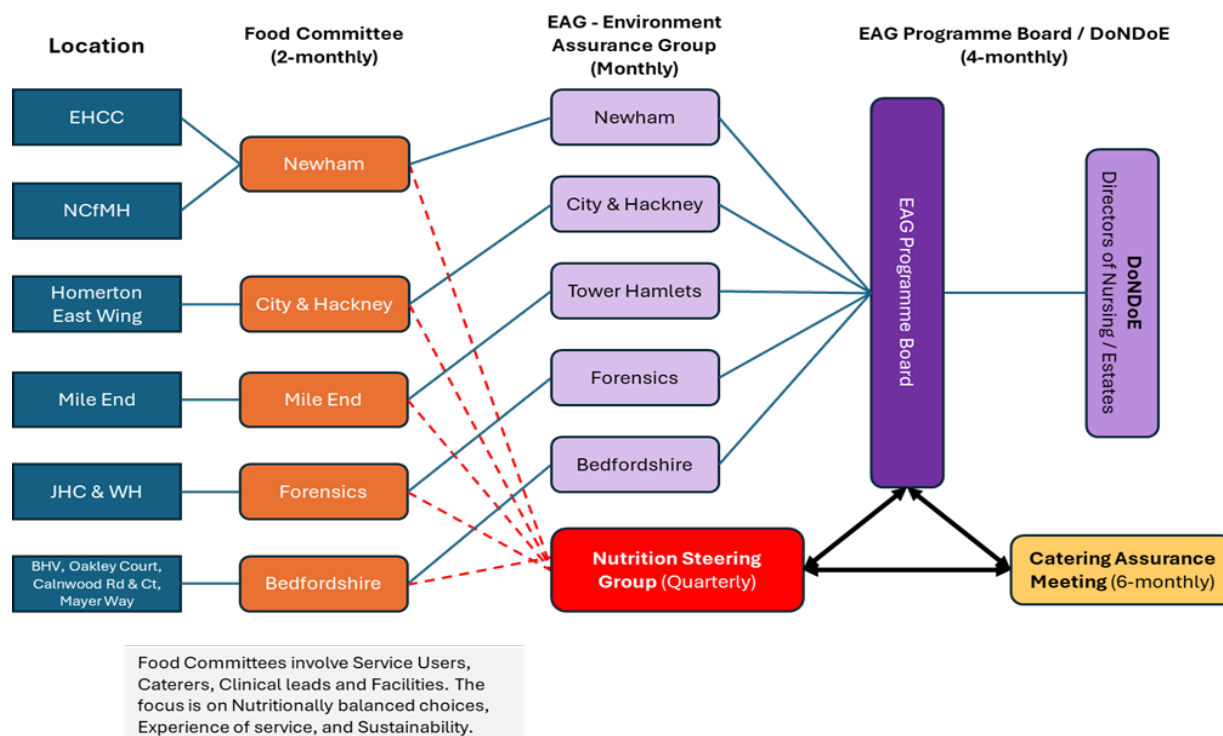
2.5 The trust works with 5 different catering providers to deliver its inpatient food and drink across seven clinical directorates. The contracts and relationships with these providers are managed by the Estates and Facilities Department, to ensure the knowledge, skills and quality of the services. Processes to manage and reduce food waste are in place across all sites, through our catering providers and with support from clinical teams. A training needs analysis is currently being developed to establish the learning needs for all staff who handle food, including nurses, housekeeping staff and porters. There is a plan in place to introduce vending machines, so that staff have food available 24 hours a day, with dietitian involvement to ensure the standards are just as high for vending machine offerings as in catering services.

2.5 The Trust has a Nutrition Policy in place to underpin practice and reinforce required standards around food and drink provision, but also provides broader guidance for clinicians on aspects of nutrition and hydration care, including:

- Nutrition Screening
- Malnutrition
- Overweight/Obesity
- Adult Eating Disorders
- Nutritional Care in Clinical Settings
- Nutrition Equipment and Resources
- Oral Nutrition Supplements
- Enteral Nutrition
- Discharge and Transfer Between Services

3.0 Infrastructure for delivering and monitoring high quality food provision

3.1 The trust has, in its infancy, a governance structure to oversee and to support improvement in food and nutrition provision, that aims to bring together stakeholders, share good practice and to respond to feedback.



3.2 Food committees are local stakeholder groups that collect and utilise feedback from service users and carers, clinical staff, dieticians and providers to review quality of food provision across three interlinked domains:

- Nutritional balance
- Enjoyment of experience
- Sustainability

3.3 The Estates and Facilities department now have in post a dedicated People Participation Lead (PPL) taking a central role in embedding these forums. Feedback from clinical leads indicates that the leadership of the Estates and Facilities team and the involvement of the PPL is greatly valued, and that these forums are establishing themselves.

3.4 On our wards, regular community meetings are used to collect feedback that is relayed to the Food committee. This provides the structure for reviewing and acting upon feedback from service users. For example, at the food committee in Hackney recently, the team have mapped the process for ordering food to ensure clarity of roles and that orders are made correctly. The ordering process will be moving to a digital process to reduce errors. The food committee has encouraged increased water and fruit intake between meals. Random audits are being carried out on all wards to check portion sizes and accuracy of orders. In CAMHS, feedback from young people suggested that the food was too carbohydrate-heavy, resulting in a better balance in the menus. There is now clearer allergy labelling, and better vegan options.

3.5 Feedback from individual Food committees is relayed to the central Nutrition Steering Group as well as local Environmental Assurance Groups. In addition, the Estates and Facilities department facilitate 6-monthly Catering Assurance Meetings that bring together suppliers to monitor contracts, and ensure standards are met, but also to share good practice and support improvement.

3.6 A cornerstone of the oversight and scrutiny of food quality, and service user experience, is the annual Patient Led Assessment of the Care Environment (PLACE). This annual assessment aims to ‘improve standards across all hospitals, hospices and independent treatment centres providing NHS-funded care’. The PLACE process uses information gleaned directly from service user assessors to report how well a site/organisation is performing. The most recent assessment took place in September 2023 and yielded the following results:

Site Name	Food*	Org Food**	Ward Food***
ELFT Average	85.01%	89.71%	78.90%
National Average	90.90%	91.20%	91.00%
City and Hackney Centre for MH	75.00%	91.15%	56.10%
Cedar House / Fountains Court	85.06%	89.76%	82.84%
Townsend Court	89.82%	88.19%	90.59%
Calnwood Court	94.63%	87.67%	96.03%
Newham Centre for MH	83.63%	79.76%	88.89%
John Howard Centre	77.81%	95.66%	55.26%
Tower Hamlets Centre for Mental Health	91.32%	97.40%	85.11%
Wolfson House	91.57%	93.71%	89.02%
East Ham Care Centre	85.65%	76.22%	96.43%
Oakley Court	94.05%	92.19%	94.95%

* overall score for food services, including quality, availability and choice.

** the management of food provision such as food safety, menu choices and display etc.

*** scores from the food tasting and presentation etc.

3.7 There is a Trustwide action plan in response to the findings from PLACE assessments, that includes 812 actions (across all of its domains, not just food). This is monitored at the Environmental Action Group Programme Board, and at time of writing, around 50% of the actions have been implemented.

3.8 The areas requiring most improvement (Newham Centre for Mental Health, City and Hackney Centre for Mental Health and John Howard Centre) have generated individual plans for immediate remedial action. At the John Howard Centre and City and Hackney Centre for Mental Health, a number of the issues raised were related to the practices around serving and presentation of food, where the responsibility falls upon clinical staff, as opposed to specialist housekeeping staff. Additional training and support needs have been identified, which are in the process of being addressed, with a timeline for completion by the end of August 2024, prior to the 2024 PLACE assessments. Other actions include fruit now being supplied daily to wards in City & Hackney with lunch and supper, and any leftover fruit being kept in the fridge. Ward staff are reducing clutter in the eating area at mealtimes, and are more actively involved in the delivery of the food. In Newham,

a wider range of spreads for toast are now available, beyond merely jam. Three Halal hot meals are now provided daily, two of which are meat options and one vegetarian.

- 3.9 Service users and carers are, of course, able to provide feedback through formal routes such as complaints or PALS enquiries, as well as provide compliments or tell their story on the Care Opinion platform. Over the last six months, the Trust has received 5 complaints, 6 PALS enquiries, and 3 compliments relating to food provision and nutrition. There have been no stories relating to food told via the Care Opinion platform.
- 3.10 The most common cause for complaint around food is that the food is not meeting the specific needs of the service user – which includes cultural, or dietary (most often vegan or gluten-free options).
- 3.11 The number of complaints regarding meals is low. However, the complex challenge of meeting the varied needs of a diverse population, whilst balancing good nutrition and health promotion, management of long-term conditions, managing the side effects of medications that may affect appetite and activity levels, and the desire to enjoy food and mealtimes, is one that all stakeholders acknowledge.

4.0 Clinical approach to food, nutrition and mealtimes as part of high quality care and enabling recovery

- 4.1 Feedback from nursing leadership across our inpatient services demonstrated a clear understanding of the central importance of food and nutrition in good quality care, and how a positive experience of food and mealtimes can support wellbeing and promote recovery.
- 4.2 All in-patient services strive to provide ‘protected mealtimes’ where other activity on the ward is paused to focus on the mealtime experience. All services encourage ‘commensality’ where service users and staff eat together. We have learnt through our enjoying work journey how important commensality is in terms of building and sustaining positive relationships, and it is a practice that has a strong evidence base related to team-working, and building connection at a human level. It also presents a great opportunity for positive role modelling in relation to health eating habits.
- 4.3 The Trust has a team providing specialist nutrition and dietetic support, led by the Professional Development Lead Dietitian. The team work across all Trust services and so are not able to have resource dedicated to particular wards or in-patient units (a ‘business partner’ type model). However, all units indicated that they are able to access specialist support when they needed it. A range of resources have been developed for staff to use with service users, as well as clinical guidelines, and screening tools.
- 4.4 All services recognised the importance of skills in food preparation and meal planning in supporting and sustaining recovery, and all had access to occupation therapy support with life skills, and a kitchen in which to practice those skills.

- 4.5 Whilst feedback indicates there is more to do in reliably meeting cultural needs, clinical leaders are unanimous in recognising the power of food to be an inclusive and unifying force. All services routinely have food at the centre of celebratory events on their wards, make efforts to cater for everyone and celebrate the diversity of the ward population. There are some great examples of cultural days, marking particular occasions to facilitate a coming together of people on the ward. As an example, City and Hackney hold an annual Summer Festival, which even has prizes on offer for best food, best theme and best overall party.
- 4.6 There are areas of practice where variation is apparent. Whilst there are structures in place to receive and act upon feedback, there was no consistent way of collecting and recording feedback. Similarly, involvement of service users in menu planning is not routine across all services.
- 4.7 For our older people's wards, family and carer involvement in mealtimes as a means of support for service users was routine, however most other services had not considered that as a potential approach, feeling it may be at odds with the ethos of the protected mealtime.
- 4.8 There are also some differences in approach to the challenge of take-away/delivery food, and the tension that can arise from the need to enjoy a treat and a change from the routine, with health promotion and management of physical health. Most services had negotiation at the heart of their response, and an encouragement towards alternatives such as cooking together. Some services limit availability to certain days, and others discouraged any take-away food.

5.0 Sustainability

- 5.1 As set out in the NHS England standards, we are required to monitor, manage and actively reduce food waste - including production waste, plate waste and unserved meals. The Estates and Facilities team work with our suppliers to deliver this across all inpatient units, although it appears to happen somewhat separately from wider sustainability work and the delivery of the objectives in the Green Plan.
- 5.2 There are good examples of wards and units that have embraced the concept of sustainability in relation to food. Morrison ward in the forensic service have applied a quality improvement approach to this – improving their ordering of dry goods, based on what service users really want. They have also pioneered the use of environmentally sustainable, reusable crockery and cutlery, which is now being spread across the rest of the forensic service. As part of our financial viability programme, we are about to begin waste reduction workshops with inpatient wards, which will include a focus on food waste.

6.0 Actions under way to strengthen practice around food and nutrition

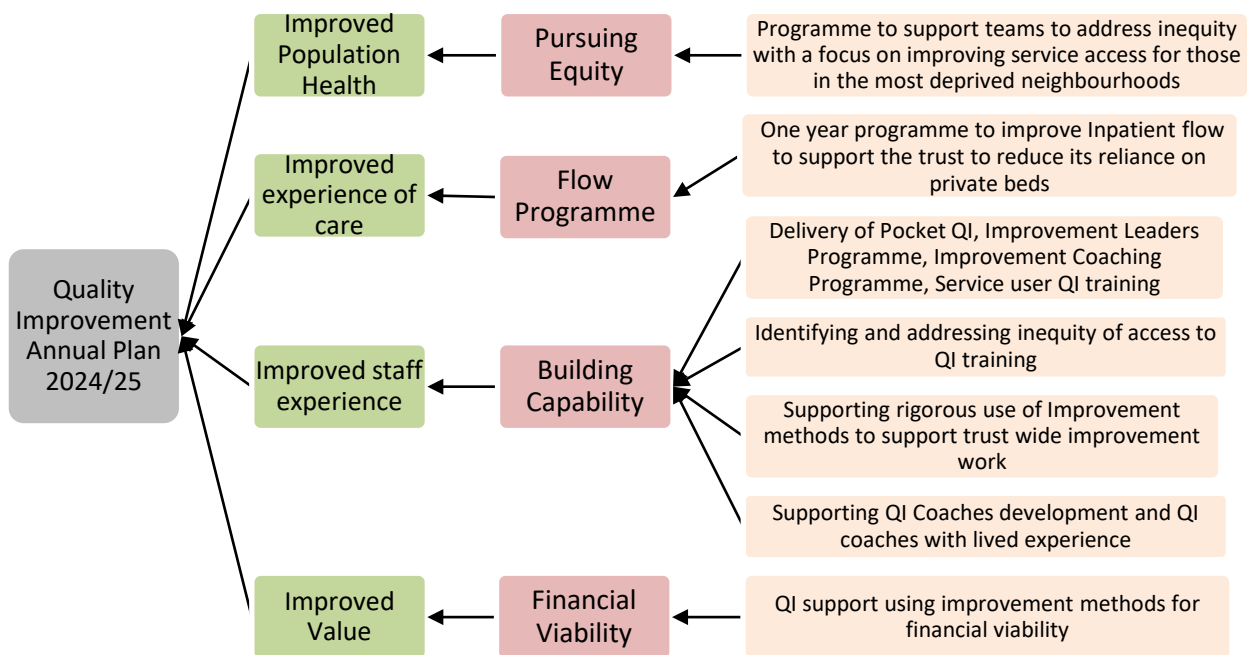
- 6.1 There is a fundamentally positive approach to food and nutrition in our inpatient settings, with clear commitment to providing good nutrition and a good experience for service users that supports recovery.
- 6.2 There is a structure in place to lead and support this work, thanks to collaborative working between Estates and Facilities, People Participation, the Nutrition and

Dietetics team, and our service users. Central to this are the local food committees, where service user feedback is pivotal to changes that are made by our teams and catering suppliers. The food committees are now also starting to involve service users in menu planning and design of service delivery.

6.3 Ensuring that our food options are broad enough to cater for different cultural and dietary needs remains an ongoing area of improvement, and there are steps being taken locally and centrally with our catering suppliers to continue to broaden this. Within clinical care, there are a variety of ways in which our wards celebrate diversity, with food being a central component to this.

7.0 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. This section of the paper provides assurance to the board on the delivery of the annual QI plan.



7.2 Each directorate is being supported to strengthen the use of improvement in support of annual priorities, in order to reduce the variation in application of QI across the trust. Directorates have been supported to review their annual plans, to identify areas where quality improvement can aid delivery, and then align project teams, sponsorship by senior leaders and quality improvement training around these. In some directorates, sponsor development has been identified as a need, with sessions being developed to help sponsors understand their role, what is expected of them and learn from peers. Directorates with less QI maturity are being supported to plan ahead for 2025-26, to develop a pipeline of improvement capability, and integrate quality improvement within the annual planning process. Learning from

areas with more developed systems for QI is being shared in the form of stories and publications.

- 7.3 As mentioned in the May quality report, the application of quality improvement in corporate services is an area of focus. Teams have been supported to identify existing annual priorities that would benefit from the use of QI, putting in place teams to progress the work, and make use of opportunities to learn and apply the method and tools of quality improvement. The data and analytics team will focus on enjoying work for their staff as well as improving analytical accuracy. The commercial development team are about to commence work on improving the response time for paying suppliers to ELFT. The risk and governance team will work to improve support to families and carers after a serious incident, as well as improving learning from safety events. The digital team are aiming to increase people participation in their work and improving digital communication, with people and culture focusing on staff engagement, wellbeing and improving the recruitment process.
- 7.4 The finance team will be using QI to support the delivery of several large pieces of work to support financial viability. These include reducing salary overpayments, improving purchase order compliance and reducing overspend. Additionally, work is underway to identify other high impact opportunities to use QI in support of financial viability.

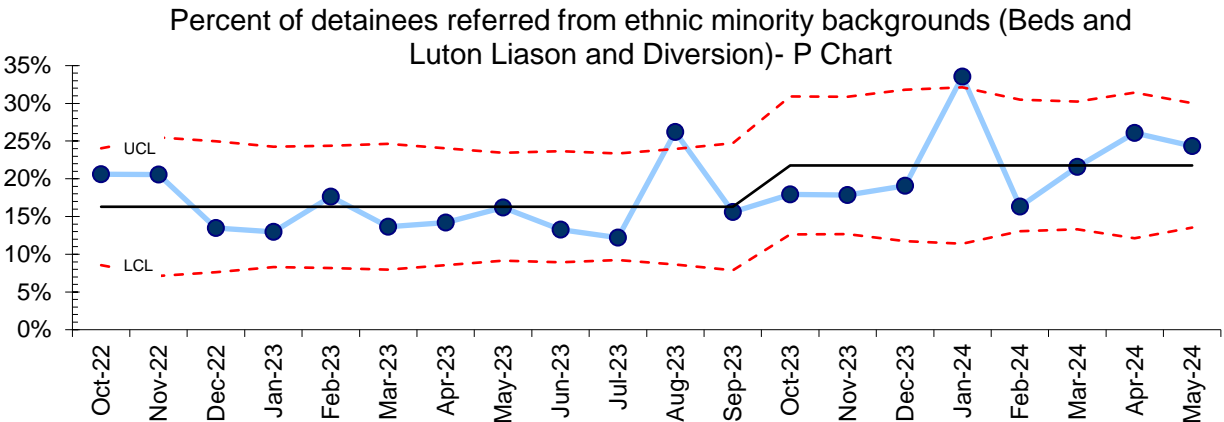
8.0 Building Capability for QI

- 8.1 To support the delivery of annual priorities, ELFT provides several ways for staff and service users to learn and apply quality improvement. These include Pocket QI which is a one-day introductory course for QI, the Improvement Leaders' Programme (ILP) - which is a 6-month course delivered over five days designed to support people who are leading a QI project - and Improvement Coaching Programme (ICP) - which supports people over 6 months to develop the necessary skills and competencies to take on a role of improvement coach as part of their job.
- 8.2 Wave 13 of the ILP finished in April 2024, with 188 people graduating. The evaluation identified that content and facilitation are well received, with 92% of participants rating both as good or excellent. By the end of the programme, 94% of participants agreed they felt prepared to carry out and lead a QI project in their area of work, compared to 62% at the start. A focus for the upcoming wave of ILP is supporting people with the preparatory work needed, to increase the percentage of projects that achieve their aim.
- 8.3 Applications for wave 14 of ILP has commenced, with 124 ELFT staff and service users signed up already. Currently 28 ELFT staff and service users have signed up to join Cohort 10 of the ICP, which will begin in October 2024.

- 8.4 An average of 66 people complete Pocket QI each month, with 95% indicating they would recommend it to a colleague. A recent review has led to a number of reasonable adjustments to support participants with learning and accessibility needs, including the provision of modified slide content to use in session for people's screen readers, facilitating access to hearing loop technology, and development of support planning with trainers for those with identified accessibility needs.
- 8.5 A half day introduction to QI for service users and carers is co-led by QI and People Participation. This runs every quarter, with an equivalent offering for children and young people. Evaluation shows that participants felt both inspired and confident to be involved in quality improvement work. Work is underway to increase the number of attendees as well as increase the number of people who then go on to join QI projects.

9.0 Improved Population Health – Pursuing Equity QI Programme

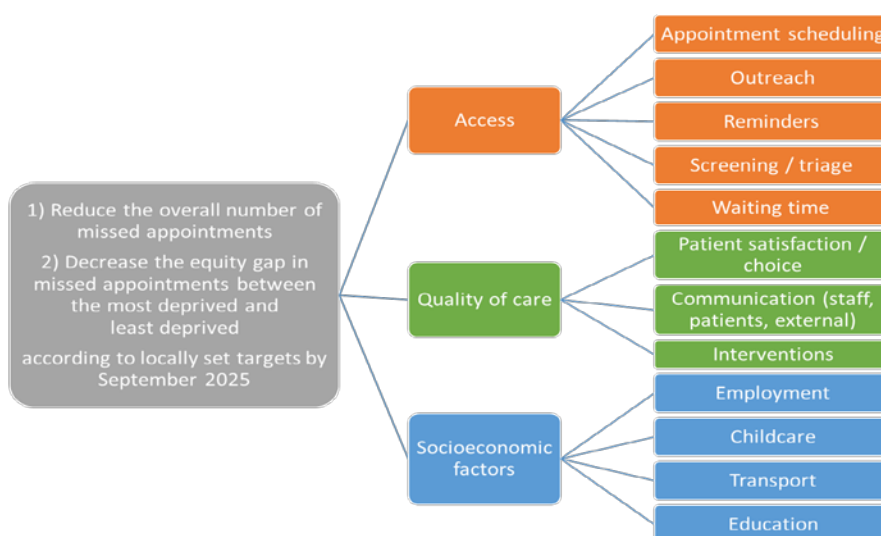
9.1 Phase two of the Pursuing Equity Programme, has been running since September 2023 and has brought 22 teams from across the Trust together to apply improvement to address a range of inequities. Details of this work were contained in the May quality report. The latest team to see an improvement is the Bedfordshire and Luton Liaison and Diversion Service, who offer a screening and triage service to support vulnerable adults who are going through the criminal justice system. The team identified that detainees from a Black, Asian or ethnic minority background were underrepresented in their service. The team have worked closely with the police service on their main change idea, which is to increase the promotion of the service and engagement amongst the police and justice services to drive referrals. As a result of their work, the team has seen an improvement in the percentage of detainees referred to the service who are from Black, Asian or Ethnic minority backgrounds from 16.29% to 21.77%.



9.2 Key learning that has come from Phase 2 of the Pursuing Equity programme (summarised below) will be used to improve impact of the next phase of the programme, launching in September 2024.

Learning	Mitigation
Many broad topics which took time for teams to fully understand the equity gap	Focusing on one Trust wide equity gap that fits well with the QI method
Availability of data was difficult for some teams and often manually collected	Developing a data dashboard around Trust wide equity gap so teams have instant access to the data they need
Review of the literature did not find high impact change ideas that could be shared with teams	As the focus will be on one topic, a literature review, focusing on high impact change ideas will be used to guide teams around what works and will be shared in advance

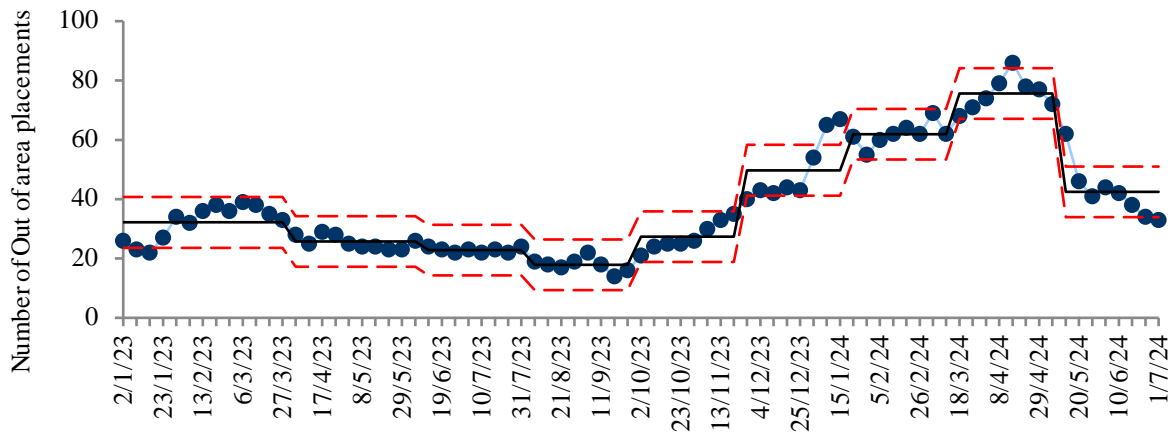
9.3 The third phase of the Pursuing Equity QI programme will focus on reducing the disparity in appointment attendance between individuals living in the most deprived areas and those in the least deprived areas. Work is underway to engage and involve teams across the Trust to work on this topic, after which the teams will be supported to establish a project team including service user and community involvement, set up regular project meetings, understand the problem locally and start to develop a theory of change. An initial theory of change for the programme has been developed and shown below. Work is underway to develop a co-designed measurement plan, with data accessible online via PowerBI.



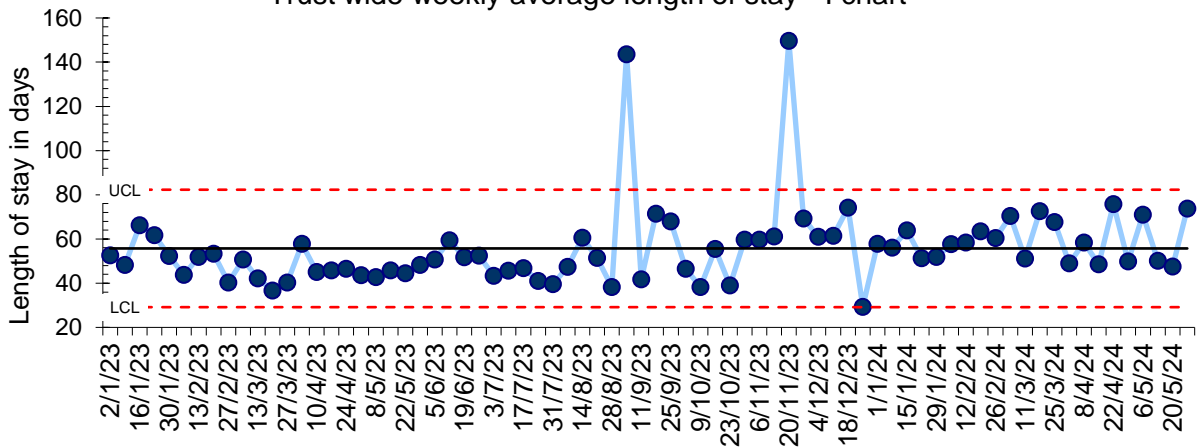
10.0 Improve Experience of Care – Inpatient Flow Programme

10.1 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 and crisis 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 0 by October 2024 and to reduce average Length of Stay at ELFT from 61.5 days to 40 days by October 2025.

Weekly Out of Area Placements - IChart



Trust wide weekly average length of stay - I chart



10.2 Work has commenced in Bedfordshire and Luton and East London, with both areas having understood the causes of the problem, and created driver diagrams to describe their theory of change. Across all directorates, a number of high impact change ideas are being tested. Tower Hamlets is currently developing a standard operating procedure to assist in the timely discharge of people on court protection issues. In Newham, the use of step-up and stepdown beds is being tested to enable discharge when someone is clinically ready. A key component of this idea is a robust multidisciplinary team approach, which facilitates the transition of individuals from stepdown beds into the community. Bedfordshire and Luton are partnering with community connectors to identify people in the community who require quick access to community services, with the aim of preventing inpatient admissions. Across East London, there are encouraging signs, with a reduction in the number of out of area placements to approximately 6 by the end of June.

11.0 Action Being Requested

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

Performance report

July 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, 14 are seeing a decrease in their waiting lists, 25 are seeing an increase, and 16 remain stable. CAMHS teams continue to meet their Long-Term Plan access targets for urgent and routine referrals in the Eating Disorder Service, with 100% of urgent referrals seen within one week and 88% of routine referrals seen within 4 weeks. In Bedfordshire CAMHS, the waiting list has decreased due to successful recruitment to the neurodevelopmental team. The CAMHS Emotional Wellbeing Service in Luton & Bedfordshire has adopted a place-based approach, integrating services with schools, primary care, and local authorities to provide early health and prevention services. This approach has enhanced support provided to young people and increased effective service delivery, with parents and schools able to gain access quickly through the CAMHS Single Point of Access.

Across Specialist Children and Young People Services (SCYPS), Speech and Language Therapy teams have reduced their waiting lists due to additional funded capacity. Time-in-motion studies have identified ways to improve clinical efficiency and productivity by reducing administrative burden on clinical staff. Services are working to improve family support by providing information and 'waiting well' resources on their websites.

Inpatient bed occupancy remains high at 98%. The system-wide flow programme is demonstrating progress, with out-of-area placements reduced from 60 in January to 30 in June. Fifty inpatients in East London and thirteen in Bedfordshire and Luton were clinically ready for discharge in mid-June. The flow programme, with its whole-system approach, has been instrumental in testing various changes across the entire clinical pathway, including community teams, crisis services, A&E liaison, and inpatient services.

KEY MESSAGES (continued)

Through close collaborative work between community, crisis, and A&E liaison services, along with access to community step-up beds, the number of service users waiting more than 12 hours in emergency departments has decreased from 160 in March to 108 in May. The rate of violence and aggression remains low due to various safety initiatives within teams. Additionally, the overall number of complaints has stayed stable, with insights and learning from thematic deep dives shared across the Trust.

The percentage of service users seen within 72 hours of inpatient discharge continues to meet the national target (80%), achieving 81% in May.

The Community Rapid Response Teams exceeded the national 2-hour access target (70%), reaching 83% in May.

The equity section in this report provides deeper insights into the population health and inequalities work taking place across Community Health, Primary Care, and Addiction services. In Bedfordshire Community Health Services, the 'Working Together Leighton Buzzard' project has developed a multidisciplinary team approach involving various partners to help improve care for vulnerable populations. In Tower Hamlets community health services, teams have improved access to End-of-Life care by raising awareness in the Bangladeshi community through events, media outreach, and cultural training. In primary care, teams offer comprehensive outreach and healthcare for socially excluded groups, including the homeless and refugees. Bedfordshire's Path 2 Recovery addictions service supports vulnerable populations with tailored initiatives, including a women-only space and enhanced criminal justice provisions. These initiatives demonstrate our commitment to addressing health inequalities and improving healthcare access for all.

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

The waiting list for ADHD continues to grow across the Trust. The Bedford ADHD service has made significant strides by launching the QbTest pilot, an objective ADHD assessment tool. Training for administrators and clinicians has been completed, an operational pathway flow chart has been developed, and outcome measures have been established to monitor the pilot's effectiveness. The City & Hackney ADHD team is enhancing prescribing capabilities and exploring community roles for ADHD screening, focusing on upskilling staff through an on-demand training package. The ADHD project is launching a new website as part of the "waiting well" initiative, incorporating resources from all ADHD teams across the Trust. The project's next steps include longer-term planning and redesign, integrating ADHD and Autism services, beginning with stakeholder workshops to map pathways and identify overlaps. Autism services have also progressed their work on managing increasing demand, with a website set to launch in July. This will provide information and resources to support self-management.

DIALOG outcome data indicates improvements quality of life outcomes in inpatient and community care. Positive responses to the service user experience survey are at 77%. Primary care services and City & Hackney mental health have seen declines in scores recently and have plans to address this.

KEY MESSAGES (continued)

Neighbourhood mental health teams have seen a slight decrease in waiting lists. However, 959 service users have waited longer than the 28-day target for assessment and meaningful intervention, with the highest numbers in City & Hackney and Newham. Quality improvement work in both areas is focused on improving referral management to reduce delays to assessment. Teams are addressing challenges with service users who repeatedly miss appointments by training staff to follow the non-attendance policy, ensuring contact details are up to date, and issuing text reminders to service users.

Waiting times in memory services have improved but are still facing challenges, particularly in Tower Hamlets. Improvement plans include increasing staffing and new diagnostic clinics to expand capacity.

In Bedfordshire, the Foot Health service is addressing the waiting list with a workforce planning exercise aimed at maximising current resources, while East London is introducing a staff training programme and piloting the GetUBetter app to reduce MSK service referrals.

Perinatal services have seen improved access within the 28 day goal. The OCEAN services, aimed at providing emotional support for people who have experienced birth trauma or birth loss, are now considering a new service model, including group interventions, in order to better meet the need in the community.

In Tower Hamlets, the CAMHS waiting list has increased mainly due to demand for ADHD and Autism services. To address this, the team is delivering ADHD-specific parenting group interventions through Parents Plus. This aims to support parents in discussing concerns about their children. Upcoming training for Special Education Needs coordinators will further expand support for parents and young people. In City & Hackney, the CAMHS assessment waiting list is growing, although treatment waiting lists remain stable. Group sessions focused on anxiety and depression are being used to meet rising demand and improve service productivity. Newham CAMHS is also experiencing an increase in waiting list. The introduction of dedicated roles to manage group interventions has boosted the group programme, with plans underway to deploy more clinical time to run these sessions.

Executive Summary

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

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

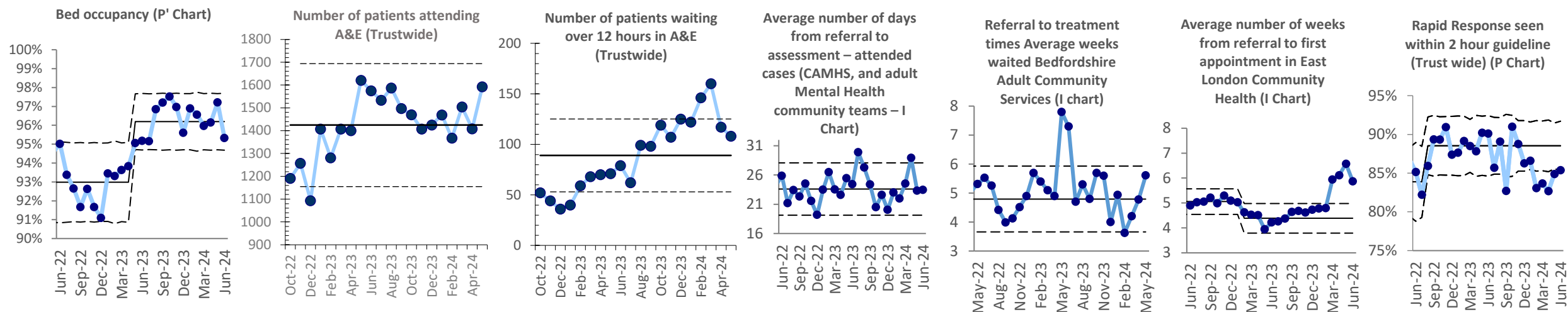
Committees/meetings where this item has been considered

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

Implications

Impact	Update/detail
Equality Analysis	Some of the metrics in this report are designed to improve equalities by ensuring access to services and good outcomes. Analysis of the experience of different groups is undertaken as part of the Trust's inequalities work stream and population health task and finish group.
Risk and Assurance	This report covers performance for the period to the end of May 2024 and provides data on key compliance, national and contractual targets.
Service User/Carer/Staff	This report summarises progress on delivery of national and local performance targets set for all services.
Financial	The performance summary will escalate the areas where targets have not been met or areas of noncompliance against the main contracts and could pose a financial risk to the Trust.
Quality	Metrics within this report are used to support delivery of the Trust's wider service and quality goals.

Access and Responsiveness



The occupancy of inpatient services remains high, but reduced to 95% in June. Progress has been made in managing patient flow and reducing out-of-area placements, which have decreased from 60 in January to less than 30 in June. At the start of July, 40 inpatients in East London and 12 in Bedfordshire and Luton were clinically ready for discharge. The system-wide programme on flow is supporting initiatives aimed at enhancing inpatient flow across the entire clinical pathway, including community neighbourhood teams, community crisis & A&E liaison, and inpatient services. The core aims of this improvement programme are to eliminate private sector bed use by October 2024 and reduce bed occupancy and the average length of stay from 61.5 days to 40 days by October 2025. Work has already commenced in Bedfordshire and Luton, and East London, with both areas having built a shared understanding of the causes of the problem, developed a theory of change about how to achieve these goals, and started testing several high-impact change ideas across the different parts of the system.

In the community neighbourhood and crisis services, several initiatives are advancing to enhance system flow. A crisis house business case is being developed in Bedfordshire and Luton, with local partners being identified to deliver this service. This crisis house will provide early access to community beds and help prevent mental health deterioration. The service is also developing an A&E avoidance plan specifically for high-intensity users, integrating closely with community services to provide comprehensive support and intervention. For example, a number of community teams are planning to offer same-day appointments to improve access and prevent avoidable visits to A&E or crisis services. In East London, plans have been developed to increase the capacity of home treatment teams, to keep people well in the community, facilitate prompt discharge from inpatient services, and repatriate those placed out of the area. In Newham, work is underway to develop a new crisis team, as well as process mapping of the whole inpatient pathway to find opportunities for improvement. Teams are also looking to better integrate inpatient and community teams, with daily discussions to facilitate quicker discharges, similar to the "Red to Green" initiative adopted in Tower Hamlets. In Forensics, a new admissions ward is being scoped to open in quarter 2 of 2024. Tower Hamlets is working on a range of change ideas, including developing a Coventry Road single point of access for the neighbourhood, open 24 hours a day, based on the Trieste model. City and Hackney are 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.

Access and Responsiveness

Within A&E departments, services have developed bespoke admission avoidance plans focused on high-intensity service users, with the aim of providing timely and effective community-based interventions to prevent mental health crises that would otherwise lead to repeat attendance. Additional senior doctors have been added to shifts during the busiest periods of the day to improve capacity and decision-making. Community teams are working closely with A&E liaison teams to help formulate effective plans, including developing alternative support arrangements in the community to reduce avoidable admissions. Services are utilising community step-up beds to reduce delays in the emergency department. These changes have contributed to reducing the number of service users waiting more than 12 hours within A&E departments, decreasing from 160 in March to 108 in May.

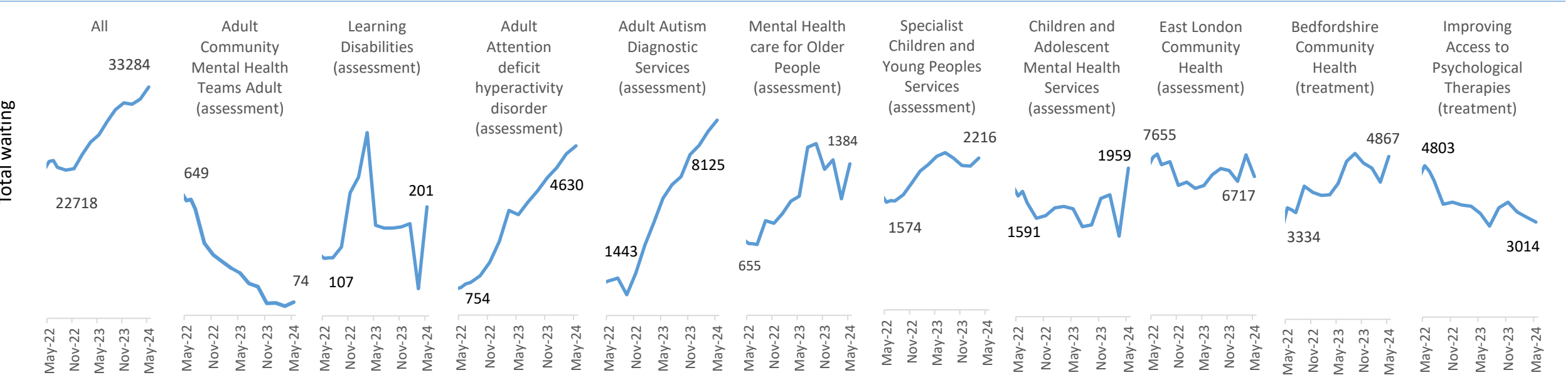
Several ideas are being tested to reduce delays to discharge across inpatient services. In Bedfordshire and Luton, inpatient teams have improved discharge planning, including completing a checklist at the point of admission to identify and avoid potential discharge delays. Protocols for admitting and managing service users with personality disorders have been established, focusing on clear discharge plans and ongoing support to minimise length of stay and avoid repeat admissions. Administrative support has been enhanced to assist inpatient staff in preparing necessary documents for funding panels, and twice-daily reviews are conducted in collaboration with crisis services to facilitate quicker discharge from inpatient services. The cost of out-of-area placements in Bedfordshire and Luton is being reduced through securing more favourable rates with a preferred provider on a block contract basis. In City and Hackney, a new multidisciplinary team approach to admission and discharge planning has been introduced across all wards, which ensures that comprehensive care plans are developed on admission, incorporating input from all relevant teams, including carers and community support services.

Inpatient staff have been working closely with local authorities to reduce accommodation and social care delays, particularly for service users with learning disabilities and other complex needs. A deep-dive review of inpatient care for adults with learning disabilities and/or autism has also been conducted across North East London. This review has developed standards for inpatient care for individuals with learning disabilities and autism in mental health acute settings, including Care and Treatment Review completion, updates to the Dynamic Support Register, and quality oversight reviews and follow-up. The Trust is also working with Integrated Care Boards across the country to establish protocols for the swift transfer of patients back to their local care setting to address the high number of out-of-area admissions and resulting impact on ELFT bed capacity.

To support flow across the system in Bedfordshire and Luton, a 'decompression exercise' was carried out with acute providers in June to expedite discharge from acute beds. Staff from ELFT worked within acute hospitals to address delays to discharge, with frequent huddles to manage patient transfers and discharges, actively moving patients as soon as they were clinically ready rather than waiting for discharge notifications and separate meetings. This approach fostered better relationships and enhanced problem-solving between professionals. The collaboration, including with the local authorities, led to the acute hospital returning to OPEL 1 status, with empty beds and no impact on elective care. The collaboration will continue, based on the learning from this short exercise.

The Community Health Rapid Response Teams have exceeded the national 2-hour access target of 70%, reaching 83% in May. The service is comprised of a multi-skilled team that offers a two-hour crisis response for those with declining health, mobility, or long-term conditions to reduce avoidable admissions to hospital. The team also provides reablement therapy to help patients regain skills and independence after illness or a hospital stay. Despite high demand, especially in Bedfordshire, services are working efficiently to maintain standards of rapid access.

Access and Responsiveness



Waiting times continue to be monitored across 52 teams within the Trust. Of these, 14 are seeing a decrease in their waiting lists, 25 are seeing an increase, and 16 remain stable. The narrative below includes a deeper dive to understand why waiting lists are increasing for certain services, and the plans in place to support improvement.

Significant progress has been made with the QbTest pilot (an objective ADHD assessment tool) in the Bedford ADHD service. A training day was held on 16 May with administrators and clinicians to understand the end-to-end process, starting with how to administer the QbTest effectively, supporting clinicians to understand how to interpret the results, and how these can be used to inform an ADHD diagnosis. A flow chart has been developed to ensure that all members of staff understand the operational pathway. Data is being collected during the test of this new intervention to be able to review the effectiveness of the QbTest, both in terms of supporting a diagnosis and reducing the time taken to diagnose.

In the City & Hackney ADHD service, the team are looking to enhance prescribing capabilities, which includes collaborating with pharmacists within neighbourhood teams to utilise the potential of non-medical prescribing. Additionally, the team have been exploring how community roles might screen for ADHD and manage less complex ADHD cases. This is dependent on the development of an on-demand training package focused on ADHD, designed to support staff development and upskilling. This initiative will ensure that all staff are equipped with the knowledge and skills to provide high-quality assessment and care for those with ADHD.

As part of the 'waiting well' initiative, the ADHD website is being designed and is going live from the end of June. All ELFT ADHD teams have shared their locally developed resources to inform the overall content and design of the website, which has been informed through input from people participation.

Access and Responsiveness

The next steps of the ADHD project involve longer-term planning and redesign, in close collaboration with Autism services. Initial meetings with commissioners have begun, to establish costs and investment needs in order to create a single neurodevelopmental pathway. A workshop is being planned to bring together key stakeholders to start mapping out both the ADHD and Autism pathways, exploring where there might be duplication and overlap, in order to design a more comprehensive neurodevelopmental model.

Across Autism services, the new website has gone live, having been approved by the Working Together Group, and incorporates a range of resources to support people in our local communities, whilst waiting for assessment and following diagnosis. A workshop with all ELFT autism services is planned in July to review all the team pathways and identify opportunities for more collaborative working. This includes considering the Tower Hamlets Autism service referral form being integrated into the Autism website to enable self-referrals. This will help to ensure that relevant information is captured and inputted correctly, directly from service users. This will free up administrative capacity to process referrals and reduce time taken to accept referrals. Across Luton & Bedfordshire Autism services, investments have been allocated to establish two new community roles - a therapist and a social worker - who will offer vital support to service users with Learning Disabilities and Autism, particularly those at risk of hospitalisation.

Neighbourhood mental health teams have seen a slight decrease in their waiting times in May. However, there continue to be 959 service users across the Trust who have waiting more than 28 days for assessment. In City & Hackney, a QI project has started in the neighbourhood teams to reduce waiting times, initially focusing on Well Street Common and Shoreditch Park and the City Neighbourhood. Previous QI projects on waiting time reductions have been reviewed, and learning has been shared with the teams. Demand and capacity analysis has begun, with ideas focused around how to reduce the numbers of non-attended appointments. The teams are in the process of mapping the psychology referral pathway in the neighbourhoods, and presenting ideas back to psychology leads in July, in order to establish ways for better oversight of the psychology waiting lists and reduction of delays within the service. In Newham, the number of service users seen within 28 days has seen a small increase this month. There has been a focus on understanding long waits within the teams. The teams continue to scrutinise the number of referrals to doctors for first appointments, to see if this is always the most clinically appropriate decision. In Tower Hamlets neighbourhood mental health teams, the length of waits has decreased over the last three months. Business cases have recently been prepared to recruit more staff in order to meet the increased population in the borough, increased GP list sizes, increased number of referrals, and increased caseloads. The Coventry Road pilot, based on the Trieste model, is an example of an ambitious redesign, with partner agencies, which could dramatically change the nature of people's interactions with mental health services in the community in the future. Across Bedfordshire and Luton neighbourhood teams, there remain some capacity challenges. However, there has been a small increase in the percentage seen within 28 days. Audits conducted by teams show that a large proportion of the delays are due to missed appointments. The team has started to regularly review all service users who miss their appointments and contact them directly to better understand their needs, before simply offering another appointment.

The City & Hackney Specialist Psychology Service (SPS) is experiencing an increase in waiting list. Clinicians were previously returning cancelled and missed appointments to the administrative team for rebooking, which extended waiting times for initial appointments. Clinicians are now contacting service users one week prior to their scheduled appointment to confirm attendance. This change idea is part of the service's Quality Improvement project, with other work underway to review the entire pathway and identify where there are opportunities to reduce waste and ensure that the service runs effectively.

Access and Responsiveness

East London Memory Services continue to see an increase in the number of service users waiting to be seen. In City & Hackney, 81.3% of patients were diagnosed within 18 weeks, with the goal being 90%. In Newham, this was 83.3%, and in Tower Hamlets 50%. All boroughs have seen an improvement in performance since April. In City & Hackney, the team is reassessing the Homerton Hospital imaging support as it is felt that this doesn't provide the level of service required by the ELFT Memory Clinic. In Tower Hamlets, 12 out of 24 people were diagnosed within 18 weeks. Over the past three months, the service has been operating with only three dementia assessment nurses (out of an establishment of five). The team has since recruited to the vacant posts, and a start date has been agreed for one of the successful candidates. The service has also established a "Diagnosis in a Day" clinic where service users can receive a full diagnostic assessment from the multidisciplinary team on the same day. The service is commencing a QI project to identify improvement ideas, including re-branding the service to the "Dementia Diagnostic Clinic" to reduce the number of inappropriate referrals and make the service offer clearer.

Across Bedfordshire Community Health Services, a Foot Health service review to evaluate the quality, efficiency and effectiveness of the service has been completed and a workforce plan is now in place. The service is proactively taking on students and increasing the workforce pipeline with apprentices. Recently, the team has introduced a podiatry professional development role to increase staff confidence and competency. Current staff are also being trained through preceptorship, integrated working, and supervision. MSK continues to be the largest contributor to the large numbers on the waiting list. There is a dedicated action plan to address this backlog. Staffing resources have been redirected to manage urgent cases; this includes a Band 7 lead, a support worker, and a final-year apprentice. The change ideas in the plan are due to be implemented over the next couple of months, after which there will be a further review of progress. Education sessions have been introduced to staff around the most common conditions, with a wider training plan developed for all staff to upskill in MSK skills to avoid separate waiting lists building for less complex cases.

Across East London Community Health Services, the podiatry team in Newham is operating with fewer podiatrists due to vacancies and recruitment difficulties. The team continues to prioritise high-risk clinics, which are booked 4-6 weeks in advance. The podiatry service review in Tower Hamlets has led to the development of an implementation plan and a set of recommendations. These include a comprehensive review of staff competencies at all levels, with a focus on diabetes training and the enrolment of new staff in Vascular modules for peripheral arterial disease management. A time-in-motion study has also provided valuable insights for demand and capacity analysis. Additionally, there are plans to realign the Band 7 footwear role to cater to high-risk patients with wound care needs, thereby supporting GP practices and the homeless pathway.

The progressively rising demand for our Newham MSK service has increased pressure on the team. In 2023-24, the average monthly referrals were 3,334 per month, which is the highest number since the joint service collaborative with Barts Health, Patient First and Homerton Hospital was established. There are plans to cease self-referrals, refer ultrasound-guided injections to acute services, and introduce the GetUBetter (GUB) app. GUB is a digital application that facilitates self-management of common MSK conditions. This is anticipated to reduce referrals and initial appointments, enabling the service to prioritise severe cases, potentially reducing first-appointment referrals by 44%.

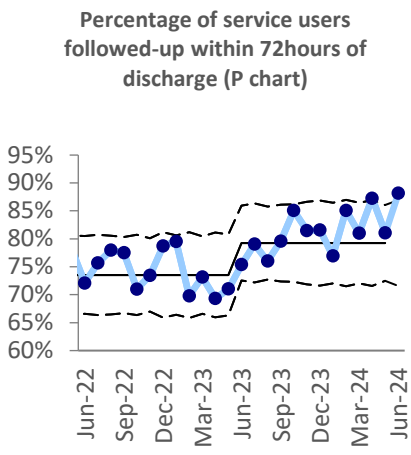
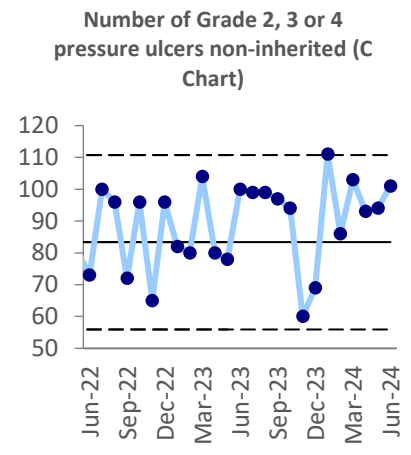
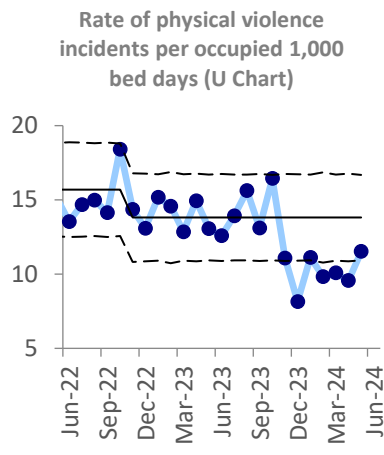
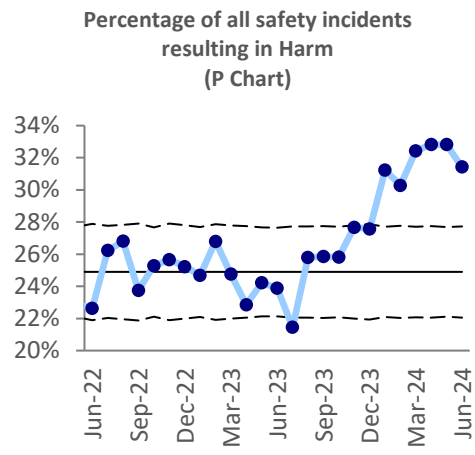
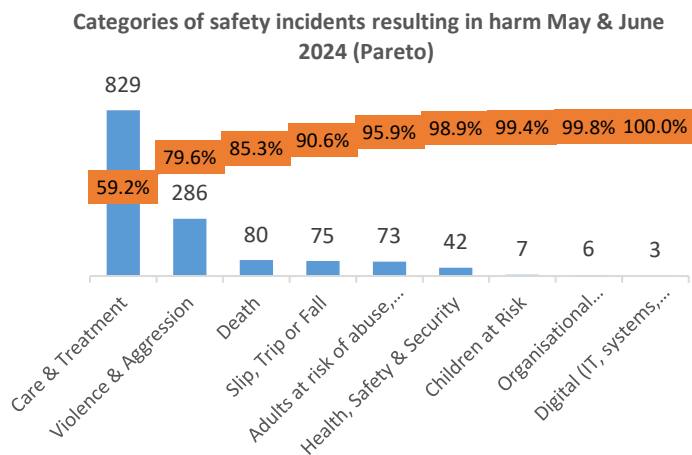
As highlighted in Appendix 1, 86% of referrals to perinatal services were seen within 28 days, which reflects a rise from 78% in March. Bedfordshire and Luton perinatal services have successfully exceeded the national access rate by 10%. In East London, services have also exceeded targets by 8-8.5%. The teams are accepting the majority of referrals and declining very few. The expectation set out by NHS England is that maternity mental health services such as OCEAN (Offering Compassionate

Access and Responsiveness

Emotional Support for those Living Through Birth Trauma & Birth Loss) would meet 1% of the birth rate. As it stands, both OCEAN teams have long waiting lists due to a combination of staffing vacancies (maternity leave and resignations). Also, the services do not currently have the staffing model needed to meet the needs of this population. To maximise capacity within each team, group interventions are being implemented, which have received good uptake and positive feedback from participants. Furthermore, business cases are being prepared for investment considerations in the next planning round for 2025-26 to help enhance the capacity within each service.

Early Intervention Services continue to exceed the national target of 62% of service users commencing treatment within 2 weeks of referral, achieving 65% in May.

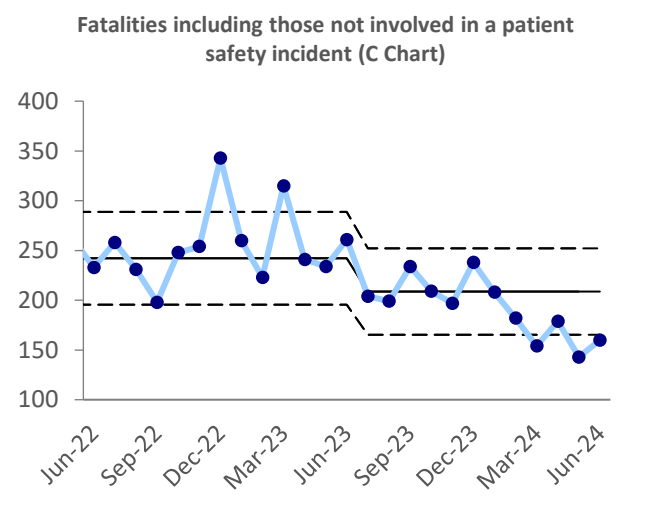
Safety



The Pareto chart above shows the overall distribution of reported incidents resulting in harm in February and March, with 58% of reported incidents related to Care and Treatment and 21% related to violence and aggression. The rate of physical violence continues to remain low and is demonstrating early signs of a potential shift below the current average rate, which is encouraging. At the same time, the number of restraints has seen a small rise owing to a small number of complex and acutely unwell service users.

The percentage of reported safety incidents resulting in harm has increased in recent months. Although there was a slight decrease in June, it remains higher than usual. This includes all safety incidents causing physical harm, including both expected and unexpected deaths. As highlighted in the May report, this increase is partly due to introducing a new incident reporting system in November and changes in national reporting protocols. This change has resulted in all deaths initially being classified as 'unexpected' and thus recorded as causing harm, pending further investigation for accurate categorisation. It is important to note that the overall number of deaths across the Trust has not increased.

Further analysis shows that safety incidents causing harm are mostly associated with Bedfordshire community health services, Luton mental health, and Newham mental health. In Bedfordshire community health services, most harm incidents are related to pressure ulcers. However, both moderate and severe cases have decreased over the past two months, while low-harm pressure ulcers have remained stable. This suggests that effective proactive measures are in place to prevent escalation to more severe harm. In Luton, the rise in incidents can be attributed to high levels of occupancy and acuity in one adult acute ward. To mitigate these issues, ward staff are spending more time getting to know each service user to understand their triggers and reduce the likelihood of incidents. The admission clerking process is being reviewed and tightened, mainly to prevent patients from bringing contraband items when they return to the ward from leave. Ward management rounds are being conducted to address issues related to self-harm and, violence and aggression. Daily safety huddles also include discussions



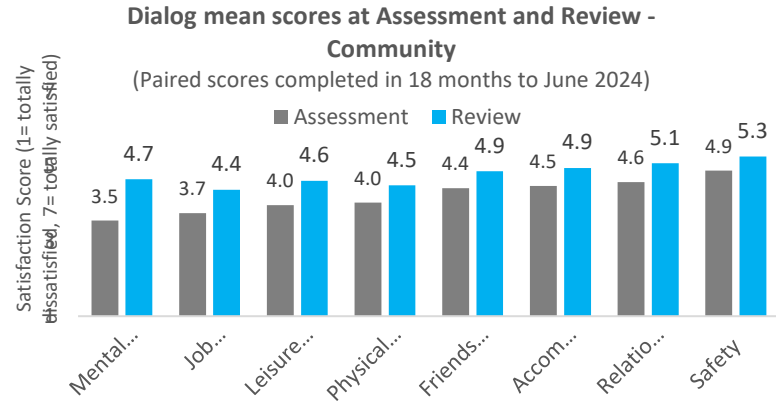
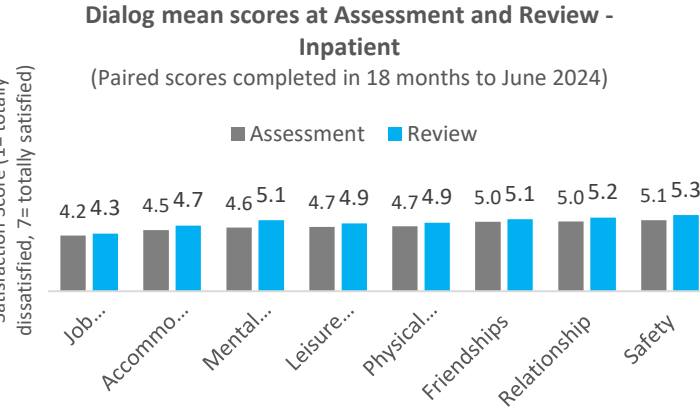
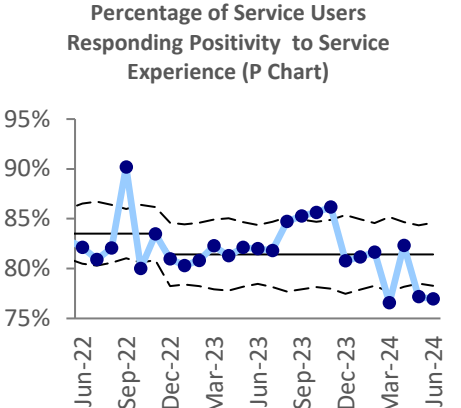
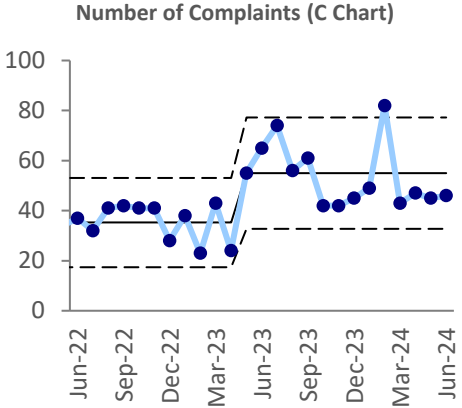
Safety

about staffing levels and incidents, to identify areas needing more support. The next team away day will focus on sharing the learning around the challenges raised. For example, staff have noted that between 5-9pm is a high-risk period and are focusing their efforts to ensure they monitor and engage with service users more closely during these hours.

In Newham, the increase in safety incidents causing harm was primarily observed in the intensive care ward and one acute ward during May. This was linked to several service users exhibiting complex behaviours and acute illness, resulting in challenging behaviour and refusal of medication, resulting in a number of incidents of violence, aggression and self-harm.

The percentage of service users who were followed up within 72 hours of discharge from mental health inpatient care achieved 81% in May, meeting the national target consistently over the past few months. This reflects improvements in Newham, City & Hackney and Tower Hamlets. In Newham, the inpatient units have tested giving mobile phones to service users who have no method of contact upon leaving the ward. Additionally, directorate-wide sessions have been held to bring together inpatient and community managers to strengthen communication channels and discharge planning procedures. In Tower Hamlets, teams have been undertaking regular reviews to ensure that multiple attempts are made to contact service users. The importance of 72 hour follow ups is continually reinforced in huddles and performance meetings. In City & Hackney, significant progress has been made to ensure there is a named lead to complete follow-up contact on each ward on a daily basis.

Experience and Outcomes



The number of formal complaints continues to remain stable. Two deep dives identified themes from complaints over the last year. The first (April-Sept 2023) focused on staff attitude and communication; the second (Oct 2023-March 2024) on access to services, medication, and clinical management. Findings were presented at the Patient Safety Forum, shared through our communications team, and embedded in training. The corporate complaints team now monitors the implementation of the complaint action plan, ensuring departments update complainants and confirm actions have occurred as agreed. Bi-monthly meetings with the Complaints and Patient Advice and Liaison Service (PALS) team and local Governance Coordinators have been re-established to address themes, successes, and improvements. Face-to-face PALS clinics have been reintroduced, allowing direct issue-raising with staff. Three successful clinics have led to the scheduling of twelve more over the next year. Complaints training sessions continue bi-monthly, with tailored sessions for services with a high number of complaints. The Head of Complaints visits all directorates' management teams to share data and learning.

A new QI project is underway to improve complaint handling and response times. The aim is to achieve a 20% increase in timely completions by March 2025. This project involves simplifying complaint processes, training staff for high-quality responses, and incorporating input from clinical and non-clinical representatives, service users, and carers. The project strives to resolve more complaints locally, improve response times, reduce reopened complaints, and lower the average monthly complaint rate.

Our analysis of outcome data from Dialog reveals that both inpatient care and community care are leading to improved quality of life across all domains. While there are areas of dissatisfaction, such as employment, accommodation, and mental well-being, we are making significant strides in these areas. The transformed community mental health teams are demonstrating positive changes in supporting service users to enter and maintain employment and settled accommodation, with success rates consistently high at 9% and 48%, respectively. Individual Placement Services (IPS) are also maintaining high levels of access, with over 17% of service users being offered support. We are also actively working with local employers and job centres to improve access to employment opportunities for service users with mental health needs.

The percentage of service users who responded positively to the patient experience survey, which has replaced the legacy Friends and Family Test question focused on

Experience and Outcomes

likelihood of recommending services, was 77% in May. The transition to a new digital platform for capturing service user feedback led to a decrease in survey responses over the past two months. Several directorates, particularly primary care services and City and Hackney, have reported a decline in scores over the past two months.

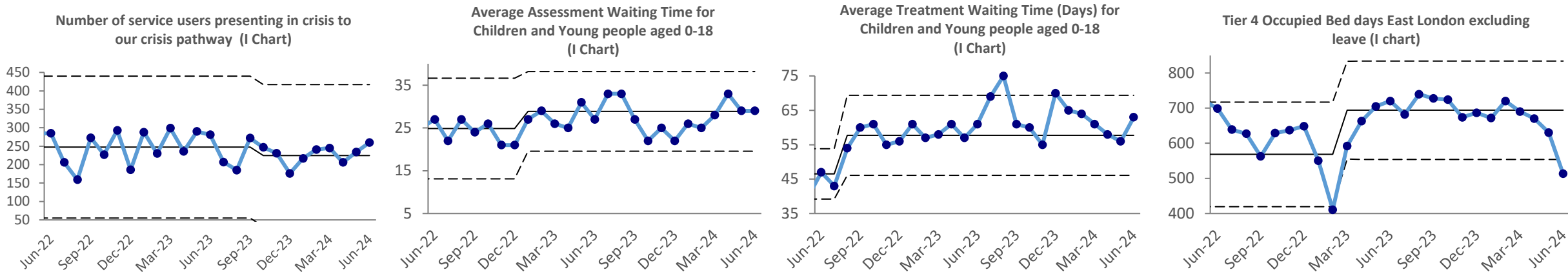
The main themes in primary care services are related to access, care and treatment, difficulties with technology and self-management apps, car parking, and staff attitude. All practices regularly review the feedback and continue to address these issues through working with a new administration hub that is focused on improving processes, such as appointment booking, and ensuring that there are sufficient emergency appointments to see urgent referrals on a daily basis. Teams have promoted changes via “You Said, We Did” boards, newsletters, and posters in each practice, resulting in an increase in response rates from 272 in April to 541 in May, which is encouraging. In City and Hackney, services have identified themes related to access and waiting times, care and treatment and staff communication. All teams have reintroduced “You Said, We Did” boards to focus on learning from feedback. Some community teams are testing daily emergency appointments to improve access. Successful initiatives from other boroughs, such as establishing service user feedback champions, are being explored. Local governance leads have set up automated patient survey response reports that get emailed to each manager to review and agree on actions during regular team meetings.

The proportion of perinatal service users showing improvement in outcome scores has decreased, primarily in Tower Hamlets, due to staffing changes. A training and awareness plan has been put in place to address this. The perinatal teams are part of a National Learning and Action Network (LAN) hosted by the Race and Health Observatory and the Institute for Healthcare Improvement (IHI), aimed at addressing inequities in maternal care using Quality Improvement (QI) and an anti-racist approach. We are the only mental health provider involved, alongside acute maternity services. This initiative, running until March 2025, aims to increase access to perinatal mental health services for Black women and improve their experience of care. This includes reaching women who are not currently using our services and analysing their experiences to understand which interventions are being accessed by women of different ethnicities and where there are gaps or barriers that need addressing.

Perinatal services also offer assessments to partners, but uptake has been low, and engaging partners has been challenging due to a lack of interest. Various initiatives are being explored, including a project in Newham involving a gardening group for fathers to discuss mental health and the challenges of being a new dad. This approach provides a space for fathers to connect and build a support network through shared activities and interests, rather than focusing on clinical assessment. Additionally, the Start for Life/Family Hubs focus on parental mental health and partner support, working closely with our teams to provide further support. Learning from these initiatives will inform future approaches to effectively support this population.

Across Talking Therapies, the percentage of service users achieving recovery has dropped in recent months; this reflects the change in national guidance to prioritise Reliable Improvement as a more meaningful outcome than Recovery. Recovery is achieved for a service user when their clinical scores move from above a “caseness” threshold at the start of treatment to below the threshold at their final appointment. In contrast, Reliable Improvement signifies an improvement by a statistically meaningful number of points on an outcome scale. The number of people accessing Talking Therapies has reduced, which also reflects a change in national priorities where services have been directed to focus on the number discharged with a finished course of treatment rather than the number entering treatment. It is expected that 2024-25 will see a higher level of variation in performance as services adapt the delivery model to achieve the new priorities. The guidance for these new measures has only recently been released and the data will be introduced in the next performance report.

Children and Young People



The number of crisis presentations remains 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, with 100% of urgent referrals being received within 1 week and 88% of routine referrals being seen within 4 weeks.

In Bedfordshire CAMHS, the waiting list for assessment has decreased from 406 to 327, and stabilised at 206 for treatment. This improvement is attributed to successful recruitment efforts within the neurodevelopmental team, which had previously contributed to the growing waiting lists. In Luton and Bedfordshire, the CAMHS Emotional Wellbeing Services have adopted a place-based approach, collaborating with local schools, primary care, and local authority teams to provide an integrated early health and prevention service. New colleagues have been recruited to work with system partners, enhancing the ability to meet local community needs and increasing the number of young people receiving effective support. Parents can refer to this service through the CAMHS Single Point of Access, or referrals can be made by the young person's school.

In Tower Hamlets, the waiting list has increased from 249 to 349 for assessment and from 149 to 154 for treatment. There has been a notable increase in demand for ADHD and Autism services. To tackle this, staff members have been delivering ADHD-specific parenting group interventions, providing additional support through the organisation Parents Plus. This initiative is supporting parents to become more confident in their approach to discussing concerns that they may have about their children. In the coming months, similar training will be provided to the Special Education Needs coordinators to expand awareness and support. The team has also observed variation in how assessments are recorded on our clinical systems, particularly those that were conducted via telephone or video call. To address this, the operational leads and administrators are going through the waiting list line by line to ensure that contacts have been accurately recorded. These will be supported by bespoke team-level training sessions to explain correct recording and how to assess outcomes accurately.

In City & Hackney, the waiting list has increased from 101 to 130 and remains stable for treatment at 154. Similar to Tower Hamlets and Newham, group sessions are helping to meet the rising demand, providing peer support with sessions focused on anxiety and depression, and improving productivity within the service.

Children and Young People

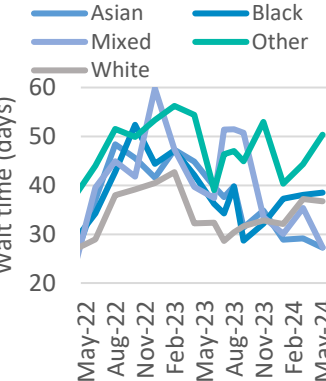
In Newham, waiting lists have increased from 375 to 498 for assessment and 251 to 347 for treatment. The group programme has made significant progress, with a dedicated person in role now to manage group interventions. One of the main challenges remains around supporting clinicians to run these groups. To address this, individual meetings are being held to tackle some of the existing barriers, aligning clinicians to groups that they are most skilled in, and reducing caseloads for those undertaking groups to ensure an equitable workload balance. Additionally, the allocation spreadsheet is being refreshed, with discussions ongoing about the responsibility to update this now that it is a business-as-usual process. A user guide has been developed for the allocation spreadsheet, accompanied by the necessary training. A recent survey conducted with 72 young people revealed that they felt they had limited access to information while waiting. A pathway diagram has been developed for the team, with a separate version intended for service users. The CAMHS website has been redesigned alongside clinicians to ensure that service users, friends, families and carers can access appropriate self-help support and information while they are on the waiting list.

In the SCYPS Speech and Language Therapy (SLT) service, the waiting list has reduced from 645 to 573. The service has yet to receive confirmation from the ICB regarding a funding extension for the 20 speech and language therapists in post. The team is collaborating with the Commercial Development team to develop a plan for all eventualities. Despite this uncertainty, the SLT service is managing its waiting times and currently achieving a referral to treatment time of 18-20 weeks.

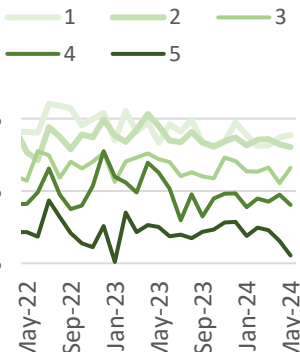
The waiting list for the SCYPS Autism Spectrum Disorder service has increased from 1364 to 1421. Time-in-motion studies have been undertaken to identify opportunities for improving efficiency and productivity. This has revealed opportunities to reduce the amount of time that clinical staff spend on administrative tasks.

Equity and Equality

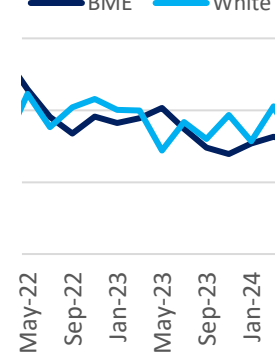
Average wait for assessment by adult community mental health, by ethnic group.



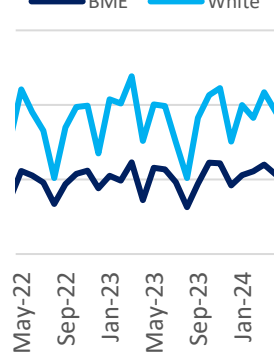
Appointments not attended, by deprivation quintile - Mental Health (1 = most deprived, 5 = least deprived)



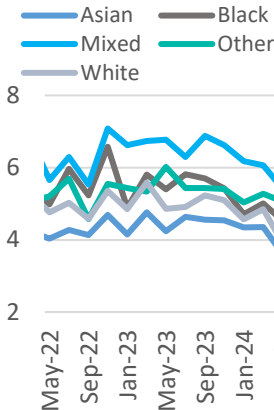
Number of Adult restrictive practices per 1000 occupied bed days (OBDs), by ethnic group



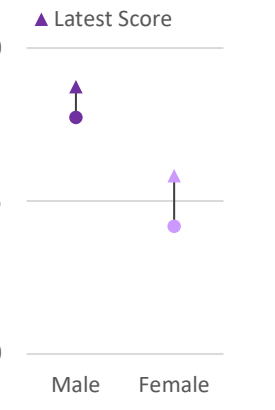
Rate of referrals to CAMHS services per 1000 population, by ethnic group. (2021 Census)



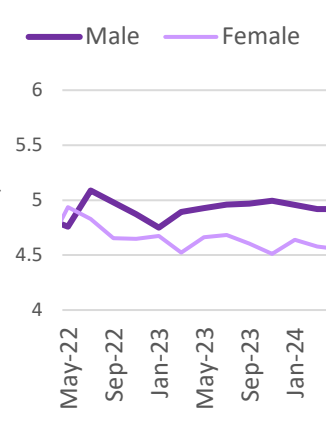
Trust wide referrals to IAPT services, by ethnic group, per 1000 population.



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's focus will be on equity and population health initiatives within our Primary Care, Community Health, and addiction services.

Within Bedfordshire Community Health Services, the "Working Together Leighton Buzzard" project united multi-disciplinary teams from various providers to address health challenges within the population. It was initiated by Central Bedfordshire Council and Bedfordshire Community Services in 2017, was paused during the pandemic, but revived and expanded in September 2021. With a population of about 50,000, Leighton Buzzard was chosen to host the first collaborative team, "One Team at Place - Working Together Leighton Buzzard". This team integrates the neighbourhood mental health teams. It includes clinical representatives from ELFT (both mental and physical health services), Central Bedfordshire Council, Bedfordshire Hospitals Foundation Trust, Bedfordshire Rural Communities, and matrons from each of the three GP practices. Starting in November 2021, the team began daily virtual huddles, Monday to Friday, accepting referrals from different professionals.

Several populations were identified and supported, including people with long-term conditions, housebound individuals in the community, residents in residential and care homes, and the homeless and vulnerable adults. The team offers intensive home care to prevent hospital admissions when possible and appropriate, provides intensive support and rehabilitation at home, and helps people remain independent in their communities. Additionally, they facilitate community referrals and social prescribing to enhance quality of life. Analysis of the service has demonstrated the positive impact of the project in supporting early patient discharge from local acute trusts by enabling timely transitions from acute care settings. For instance, a patient living in a care home who struggled with mental health issues was successfully transferred back to their usual residence with the support of the mental health team. Improved referral and communication pathways ensure no wrong door for service users seeking care, streamlining the process and making it easier for patients to access the services they need.

Equity and Equality

400 service users, mainly from White communities (92% compared to 8% BAME), have been referred to the team since the project's inception. Of these referrals, 73% were for older adults, 23% were for adults, and 1% were for children. The project evaluation highlighted that implementing joint multidisciplinary team (MDT) assessments has profoundly impacted patient care. By enabling patients to share their stories only once, it has reduced repetition and stress while ensuring a more coordinated approach to managing health and care needs. This initiative has also been instrumental in unblocking barriers to timely and appropriate care, thereby enhancing the quality and effectiveness of care. Several primary care networks have provided positive feedback, with two GPs opting to replace existing meetings with the new virtual MDTs. These virtual sessions allow real-time responses, helping to prevent hospital admission and support early discharge. There are plans to expand this model of care and build on this project's learning. Key features include developing a communication and engagement plan to improve oversight for colleagues across the primary care network; strengthening relationships between partner organisations by sharing performance and activity information; establishing a project governance structure with the right people in the right way and at the right time; identifying core outcome indicators to demonstrate the value of the approach, including patient reported outcome measures; expediting IT system integration to enable a unified view of care; adopting population health management tools to risk profile the population served, informing segmentation and enabling proactive care for those most vulnerable; and setting out clear roles for different MDT members within the various services, mapping the resources required for each, identifying potential overlaps in remits and ways of working, and pooling resources where possible.

Within Tower Hamlets Community Health Services, a project has been underway to increase awareness around End-of-Life care within the Bangladeshi community. A significant event was the conference at the East London Mosque held in May. This was attended by over 100 community members and broadcast on local and national Bangladeshi media channels, reaching an estimated 100,000 people to improve awareness of the support available. In addition to the conference, the project has implemented cultural awareness training for staff, ensuring they are better equipped to handle end-of-life care for the Bangladeshi community. Collaborative efforts with hospice services have been critical, particularly in educating the district nursing team on alternatives to traditional medical interventions, which are often met with reluctance by the community. Recruitment within the End-of-Life Palliative Care Team remains a challenge, with only two members from the Bangladeshi community currently involved. The project's next steps will include a recruitment drive to ensure community representation within the service. The results and success of increasing awareness across Tower Hamlets are due to be published next month in the Journal of the British Islamic Medical Association (BIMA). It is hoped that this will help expand awareness beyond the borough and facilitate a better dialogue about end-of-life care. An interesting finding from the work, through focus groups at the mosque, has been that significant challenges and apprehension about death and dying remain, particularly among the younger generation in Tower Hamlets. Additional projects are being considered, aimed at the younger generation. The project plans to launch an annual conference on death and dying, which will be broadcast live to the broader community via dedicated media channels. A new initiative is also set to start, focusing on the LGBTQ+ community, to improve their access to End-of-Life care.

Primary care services are looking to recruit a new role to focus on population health, taking advantage of the London School of Public Health Specialty Training's modified Population Health Fellowship programme for 2024/25, which offers the unique opportunity to host a fellow who will work on a population health project for two days per week over a year. Currently, our three inner London practices are designated 'Inclusion' practices, dedicated to serving patients who are socially excluded and often face multiple disadvantages and overlapping risk factors for poor health, such as poverty, violence, and complex trauma. This vulnerable demographic includes people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, individuals involved with the justice system, and victims of modern slavery.

Equity and Equality

Research highlights the severity of the mental health crisis among the homeless population, with 50% of those sleeping rough having mental health needs. Tragically, the average age of death for people experiencing homelessness is 46 years, which is 30 years below the national average. However, nearly one in three deaths among the homeless are due to causes that are amenable to effective healthcare intervention. Homeless individuals face complex barriers to accessing planned healthcare, being 40 times less likely to be registered with a general practice compared to the general population. Our Inclusion practices work to overcome these barriers, including structural issues like rigid appointment systems and patient reticence due to previous poor experiences and mistrust in professionals.

All East London GP practices offer extensive outreach services. These include street outreach, where people are sleeping rough, visiting soup kitchens, visiting hostels and hotels, and providing care to refugees and asylum seekers in contingency accommodation. Outreach services offer wound care, vaccinations, long-term condition checks, mental health reviews, medication reviews, phlebotomy, health promotion, and patient registration for ongoing care. The Health E1 Homeless Medical Centre in Tower Hamlets hosted a summer fair for people experiencing homelessness, coinciding with World Caring Day. The event provided a welcoming space with food, clothing donations, and essential health services. Thirteen organisations and charities collaborated, donating clothes, toiletries, and food. Over 100 attendees received health checks, including weight, height, heart rate, and blood pressure measurements. Physiotherapy advice was also available. Dental students from Queen Mary University of London supported the event by distributing free oral hygiene packs to ensure accessible healthcare for the homeless population in Tower Hamlets. Alongside these initiatives, support services and information were provided for those in unstable accommodation or on the street to help foster community support and provide essential services in one place. Attendees praised Health E1 for its accessible and compassionate care, where volunteers, including members of the Patient Participation Group, highlighted the rewarding experience of contributing to the event, mainly through translation services for non-English speakers.

Several targeted events and interventions have been delivered, such as organising Women's Health Day, featuring breast cancer awareness and bowel cancer prevention workshops, and a similar series for Men's Health Week. Primary care services are also involved in a project to improve the early detection of liver cancer through targeted outreach for high-risk patients, addressing factors such as alcohol misuse and obesity, which are more prevalent in lower socioeconomic areas. To improve access, our practices offer 'walk-in' appointments with 15-20 minute durations and interpreter clinics with regular translators to build trust and save time. Support from Citizens Advice and VCS partners like Groundswell are integrated into the practice, with open days and events with food, clothes, and haircuts to attract people to the practice. In Bedfordshire, a project to improve menopause management at Cauldwell Medical Centre is set to commence. In Luton, illiteracy and language barriers are being tackled through using mother-tongue videos to enhance the uptake of diabetes reviews, cytology screening, and childhood immunisations.

The Bedfordshire Path 2 Recovery Service (P2R) continues work on improving access and outcomes for diverse groups across Central Bedfordshire and Bedford Borough. Recent initiatives include opening a women-only space as an after-hours provision, aimed at vulnerable women who may be rough sleeping or street working, and staffed by women. To maintain discretion, it is not openly advertised and is promoted through word of mouth and local charities. The space offers physical healthcare checks, assessment and recovery work, and access to hot food and showers. Additionally, the service has increased criminal justice provision for service users leaving prison and courts, including hosting joint workers with the Probation Service. Specific pathways and posts have been created for older and younger people dealing with substance misuse, involving joint work with Aquarius and CAMHS around service users transitioning between different services. Furthermore, a high-level dual diagnosis policy and protocol have been developed, resulting in a low percentage of service users with dual diagnosis not receiving treatment, at 19%, compared to the national average of 27%.

Appendices

Appendix 1 – System performance dashboard

Appendix 2 – Regulatory compliance against the system oversight framework

Appendix 1: System Performance dashboard - overview

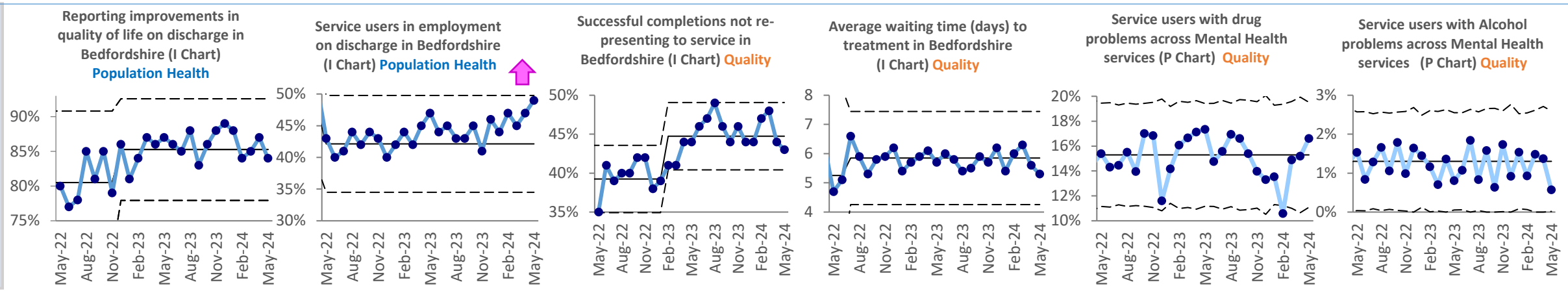
Special cause variation (↑ ↓) and when it's of potential concern (⬆️ ⬇️)

		Average	
People with substance misuse problems			
Service users reporting improvements in quality of life on discharge in Bedfordshire	Population Health	85%	
Service users in employment on discharge in Bedfordshire	Population Health	42.1%	↑
Percentage of successful completions not re-presenting to service in Bedfordshire	Quality	44.8%	
Waiting times to treatment - average days wait in Bedfordshire	Quality	5.9	
Percentage of service users with drug problems across Mental Health services	Quality	15.3%	
Percentage of service users with Alcohol problems across Mental Health services	Quality	1.3%	
Successful completions in Bedfordshire, by ethnic group	Quality		
Children with complex mental health needs			
Service users presenting in crisis to our crisis pathway (monthly)	Population Health	225	↓
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	6568	↑
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		
Dementia			
Average wait (in weeks) from referral to diagnosis -18 week target	Quality	14.3	
Percentage of service users offered on-going post diagnostic support - 6 months after diagnosis	Population Health	95.5%	
Average waiting time (in days) from referral to assessment	Population Health	142.5	
Percentage satisfaction with service, service users and carers	Quality	91.3%	
Percentage of service users seen from minority groups	Quality		
Children with complex health needs			
Percentage with complex neuro disability receiving a clinical review within past 12 months	Population Health	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	81.7%	
Percentage of service users referred from minority ethnic groups	Quality		
People receiving end of life care			
Service users on End of Life Pathway (end of month)	Population Health	1,543	
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		
People who are frail or who have multiple long term conditions			
Percentage of service users who have recorded a positive experience	Quality	92.4%	↓
Rapid Response seen within 2 hour guideline	Quality	88.5%	↓
Number of Grade 2, 3 or 4 pressure ulcers (monthly)	Quality	83.3	
Promoting independent living - discharged within 6 wks. Bedfordshire	Quality	92.3%	
Percentage of inappropriate referrals into Intermediate Care - Bedfordshire	Value	6.2%	
Percentage of referrals re-referred within 30 days, by ethnic group	Quality		

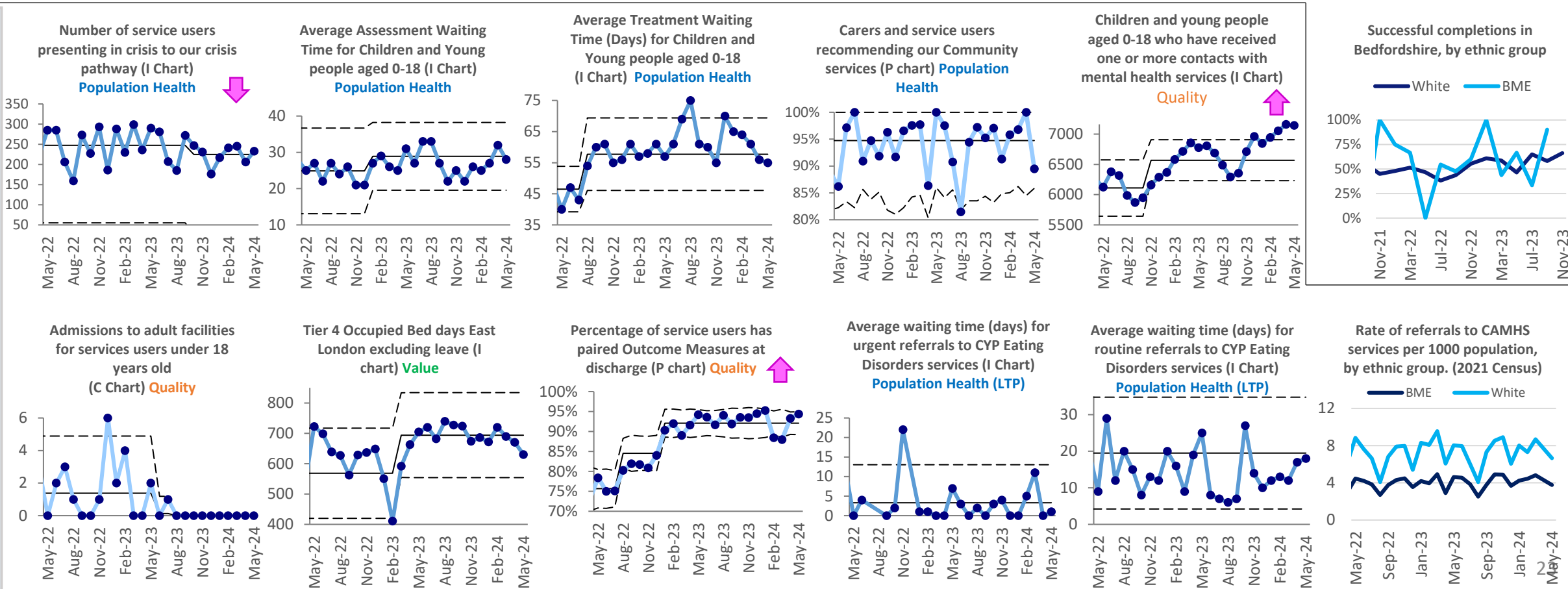
		Average	
People with common mental health problems			
Percentage of service users moving into recovery	Population Health	50.9%	↓
Percentage access by minority groups	Population Health	39.8%	↑
Percentage of positive comments to PEQ	Quality/Experience	91.5%	
Average wait times to assessment (in weeks)	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	
People with a learning disability			
Average waiting times for new referrals seen (in weeks) for assessment	Population Health	7.5	
Percentage of service users that would recommend this service	Quality	50.0%	
Occupied bed days used in month by service users with a referral to a Learning Disability team	Quality	921	
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	1538	
People with Severe Mental Illness			
Percentage of service users receiving Individual Placement Support – IPS	Population Health	15.5%	
Percentage of service users in employment	Population Health	7.9%	↑
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 st 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		
Woman who are pregnant or new mothers			
Number of woman receiving one + contact with specialist mental health services	Population Health	815	↑
Number of service users seen in the month from minority communities	Population Health	41.3%	
Percentage of community perinatal service users seen within 28 days	Quality	70.5%	↑
Percentage of service users undertaking Core10 showing improvement	Quality	54%	↓
Percentage of Service Users not attending their initial appointment	Value	23%	
Stable Long Term Conditions (East London)			
Average weeks waited for initial appointment with the foot health team	Quality	11.2	
Average weeks waited for face to face appointment with the Diabetes Service	Quality	6.4	
Average weeks waited for initial appointment with the MSK and Physiotherapy teams	Quality	5.4	↑
Average weeks waited for initial appointment with the Continence Service	Quality	4.8	
Average weeks waited for initial appointment, by ethnic group	Quality		
Stable Long Term Conditions (Bedfordshire)			
Adult Continence Referral to treatment times average weeks waited	Quality	9.9	
Podiatry Referral to treatment times average weeks waited	Quality	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

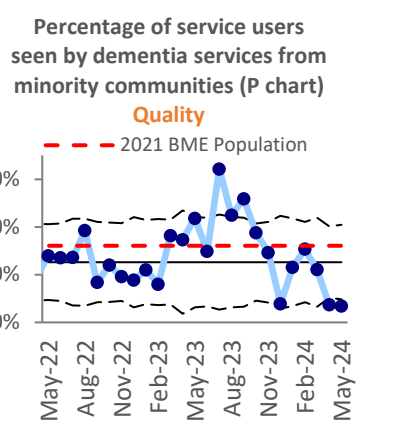
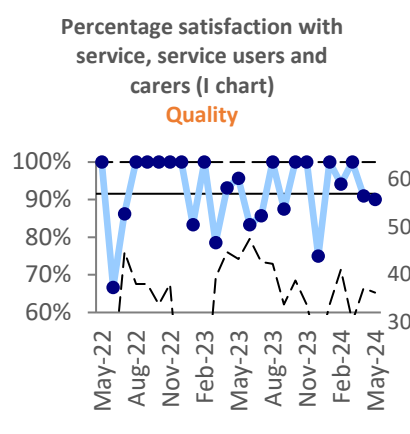
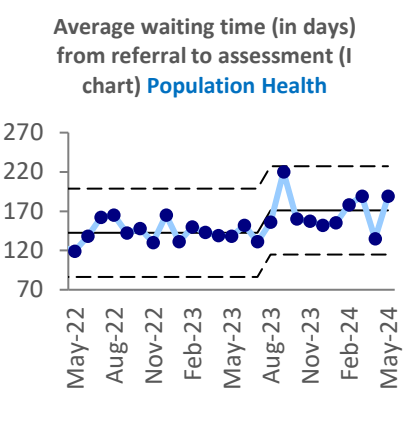
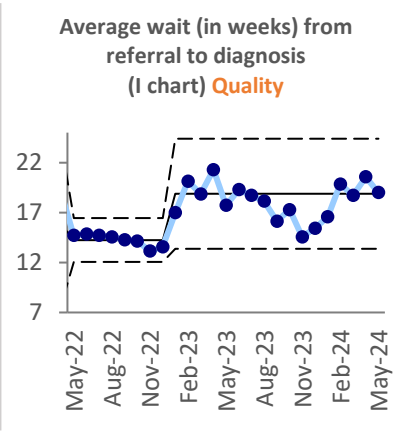


Children with complex mental health needs

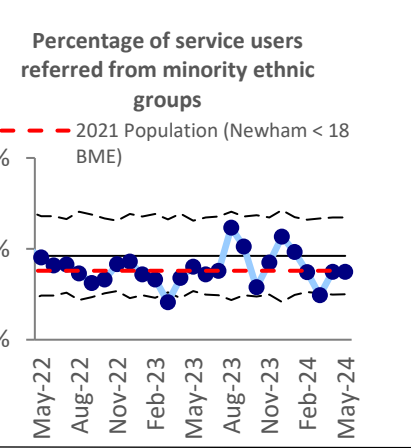
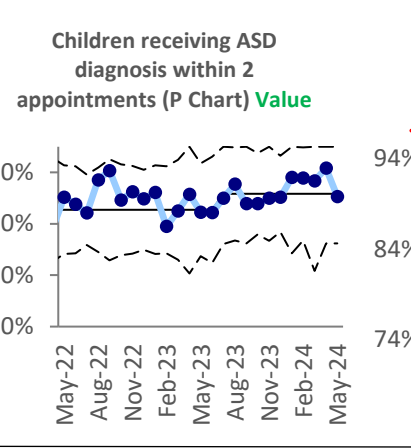
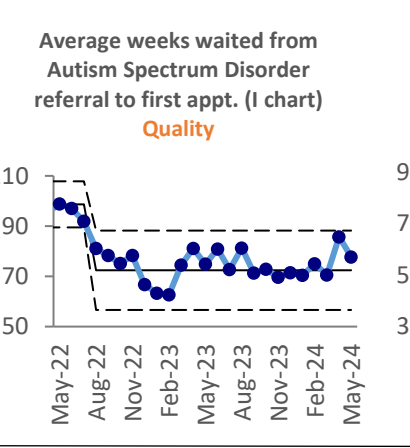
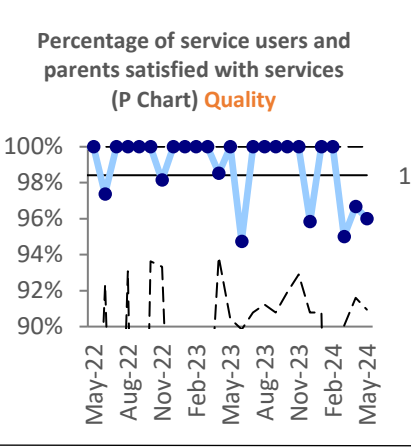
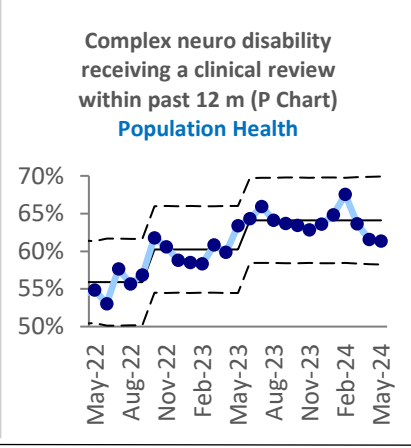


Appendix 1: System Performance dashboard Long Term Plan (●) Special cause variation (↑ ↓) and when it's of potential concern (↑ ↓)

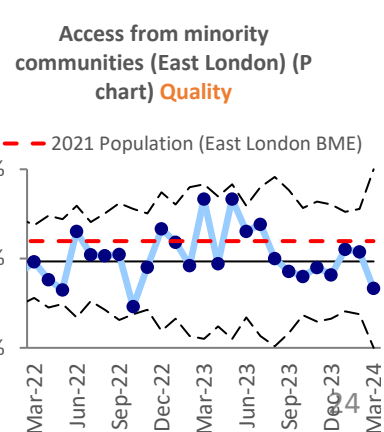
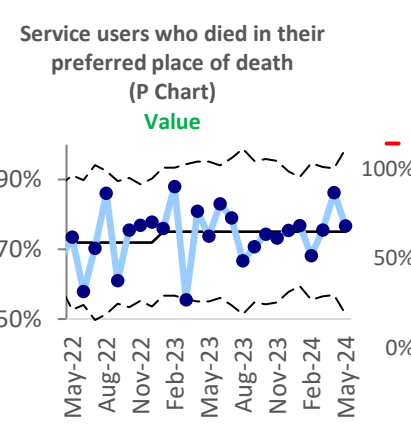
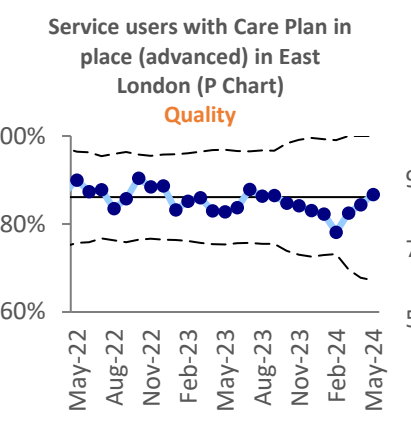
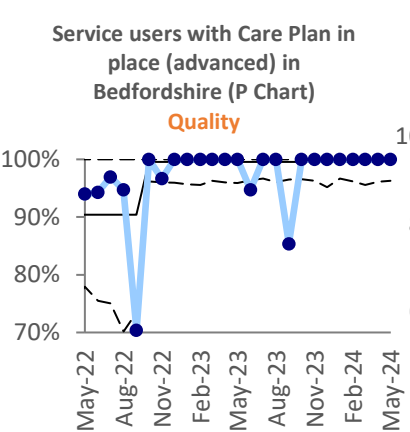
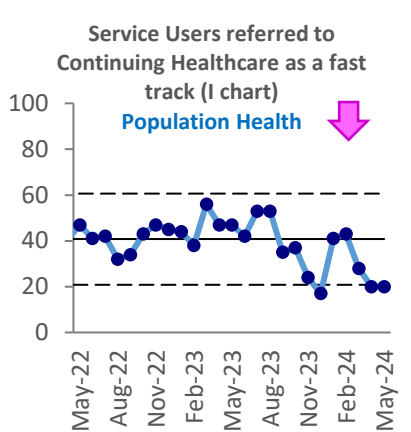
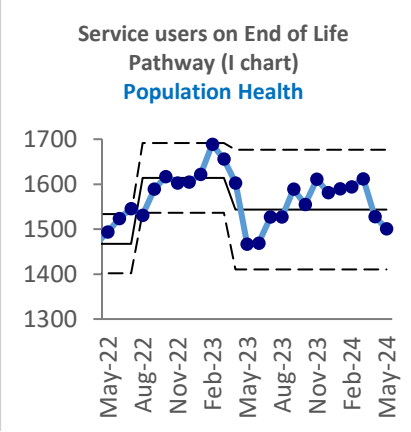
People with dementia



Children with complex health needs

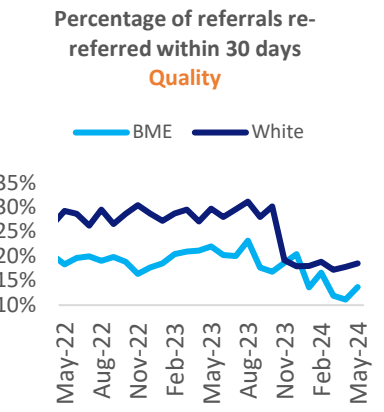
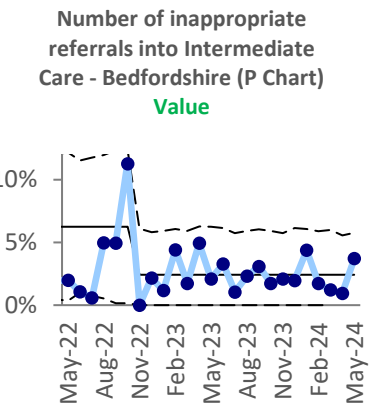
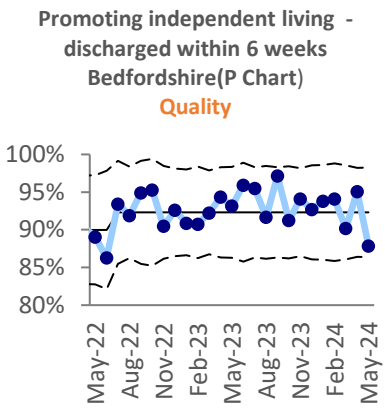
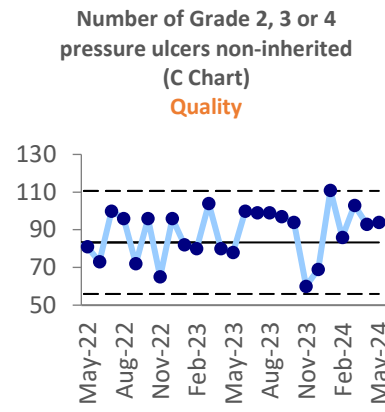
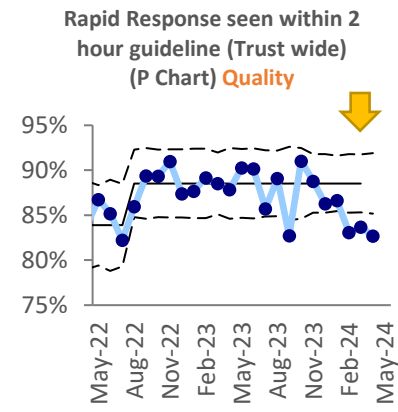
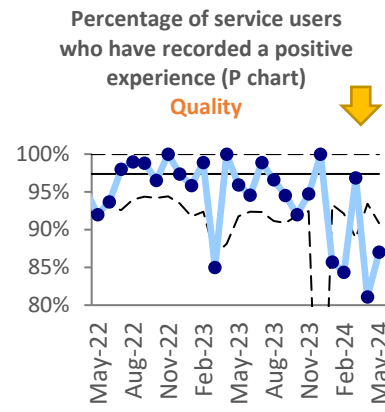


People receiving end of life care

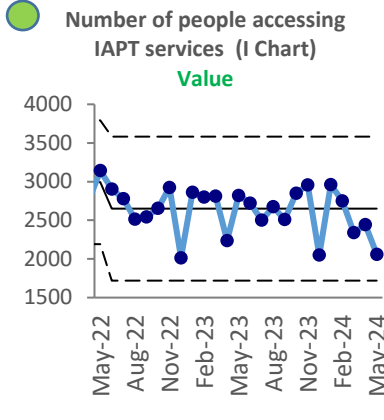
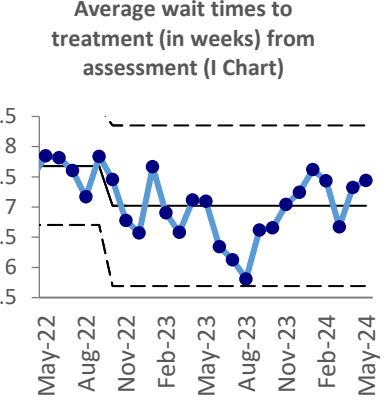
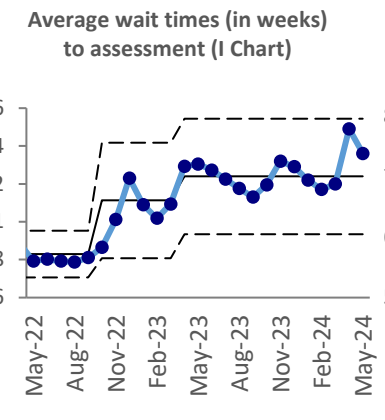
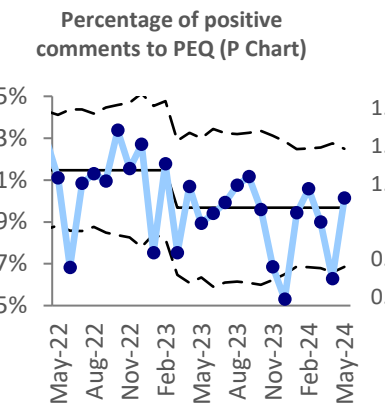
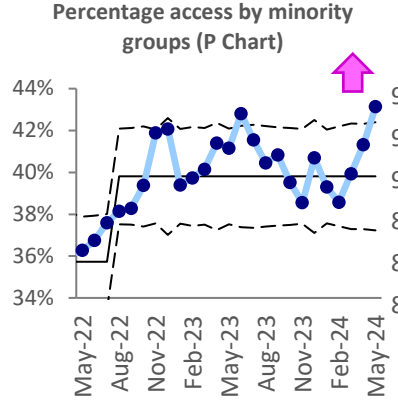
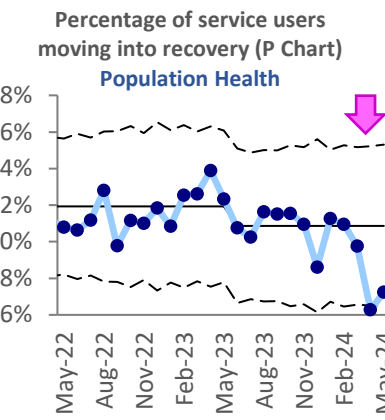


Appendix 1: System Performance dashboard Long Term Plan (●) Special cause variation (↑ ↓) and when it's of potential concern (↑ ↓)

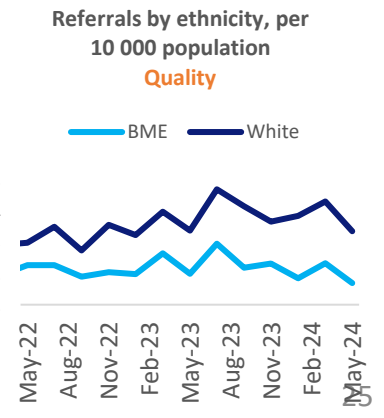
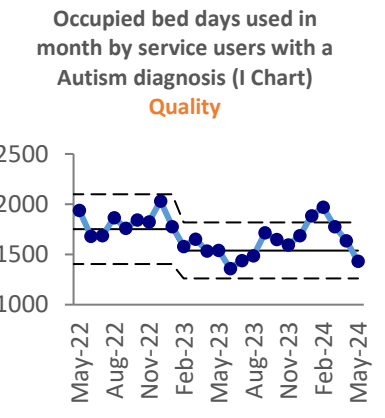
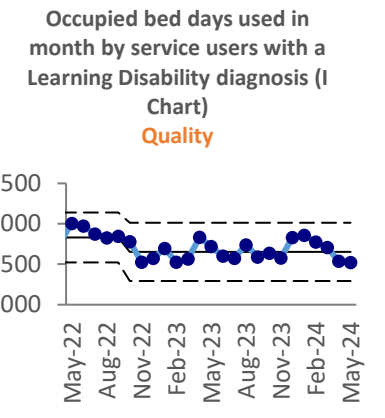
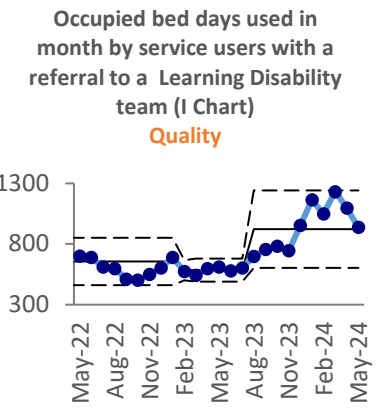
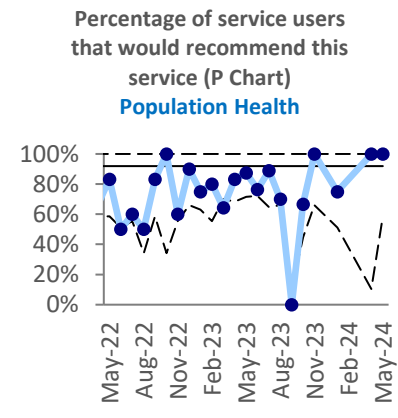
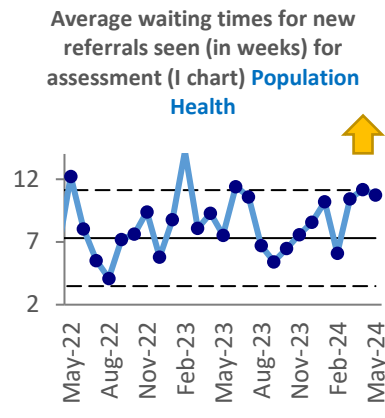
People who are frail or have long term conditions



People with common mental health problems



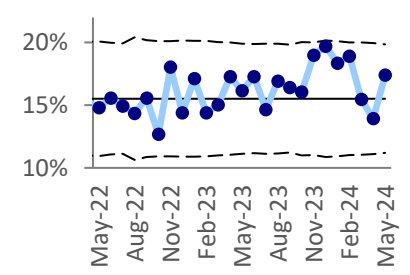
People with a learning disability



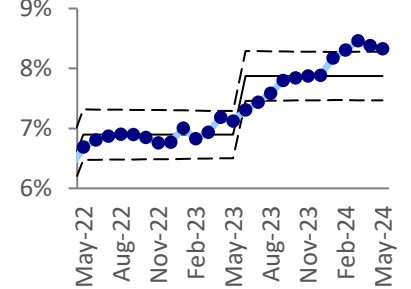
Appendix 1: System Performance dashboard Long Term Plan (●) Special cause variation (↑ ↓) and when it's of potential concern (↑ ↓)

People with Severe Mental Illness

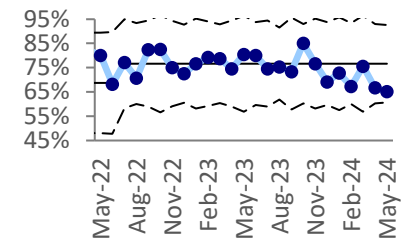
Percentage of service users receiving Individual Placement Support (P chart) **Population Health**



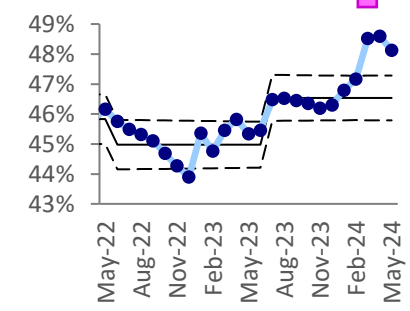
Percentage of service users in employment (P chart) **Population Health**



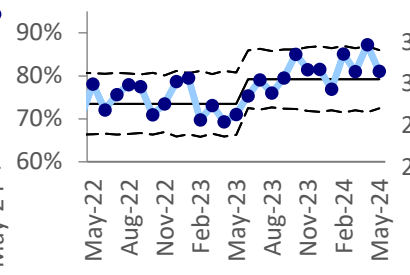
Service users receiving NICE concordant care within 2 wks of referral (EIS services – face to face) (P Chart) **Population Health**



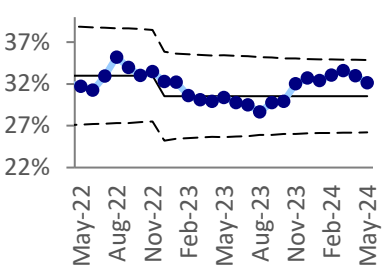
Percentage of service users in settled accommodation (P chart) **Population Health**



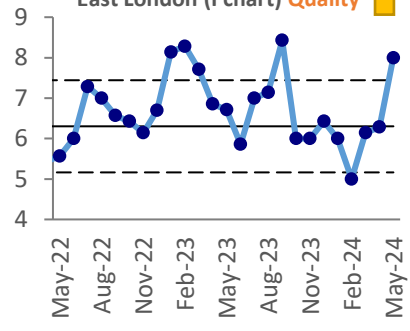
Percentage of service users followed-up within 72hours of discharge (P chart) **Quality**



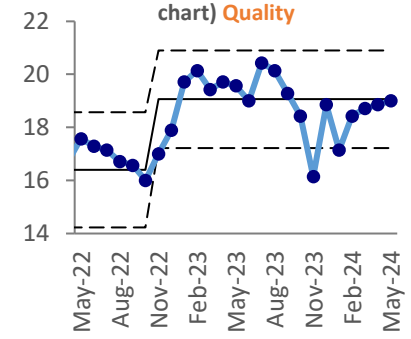
Service users with paired outcome measures showing improvement (P Chart) **Quality**



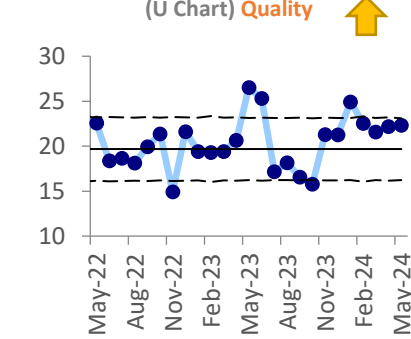
PTS average wait times to (weeks) to 1st assessment in East London (I chart) **Quality**



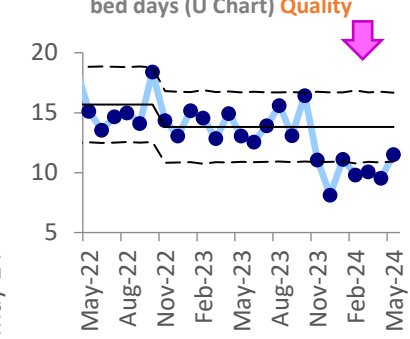
PTS average wait times (weeks) to treatment in East London (I chart) **Quality**



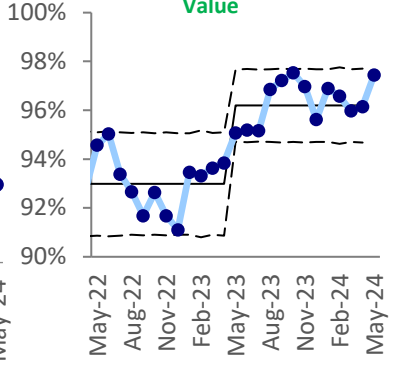
Number of restraints reported per 1,000 occupied bed days (U Chart) **Quality**



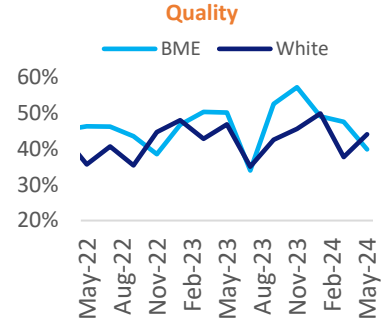
Rate of physical violence incidents per occupied 1,000 bed days (U Chart) **Quality**



Bed occupancy (P' Chart) **Value**

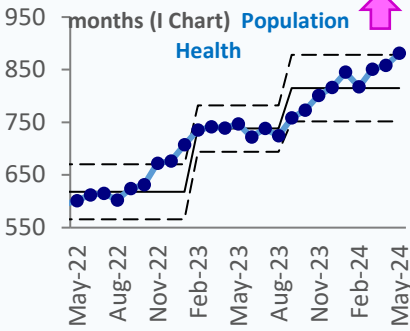


Percentage of service users with SMI receiving a full physical health check **Quality**

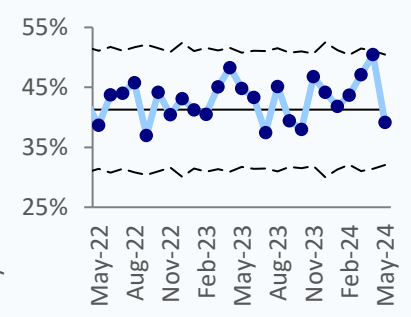


Woman who are pregnant or new mothers

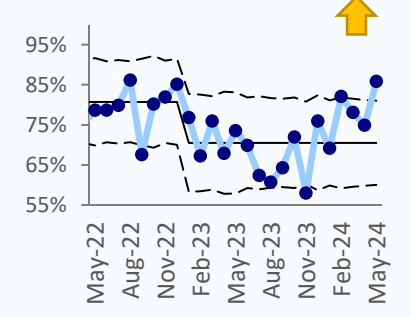
Number of women receiving contact with specialist mental health services within 12 months (I Chart) **Population Health**



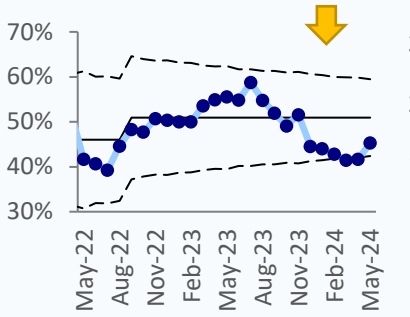
Service users seen in the month from minority communities (P Chart) **Population Health**



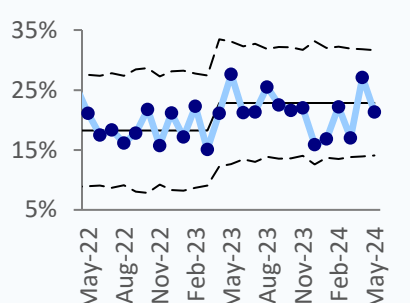
Percentage of service users seen within 28 days (P Chart) **Quality**



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



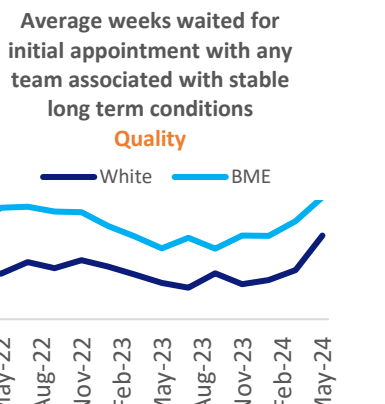
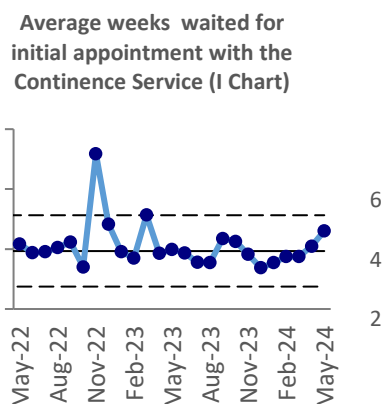
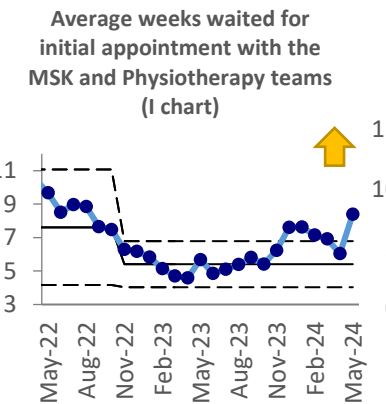
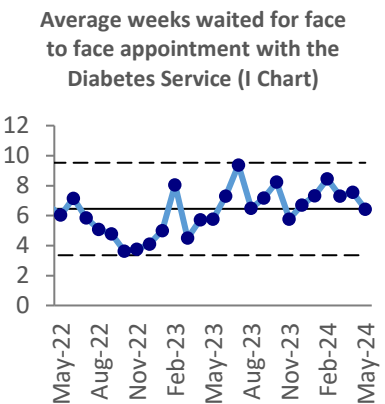
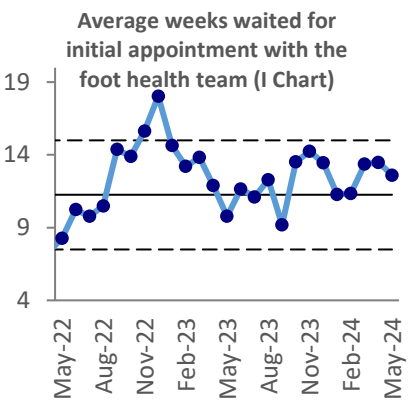
Percentage of Service Users not attending their initial appointment (P Chart) **Quality**



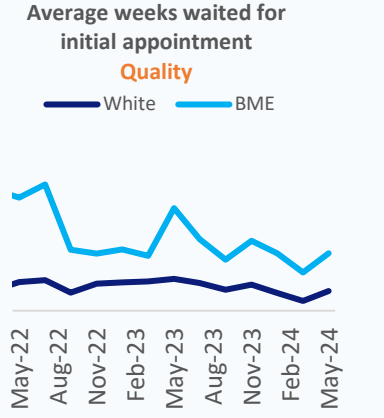
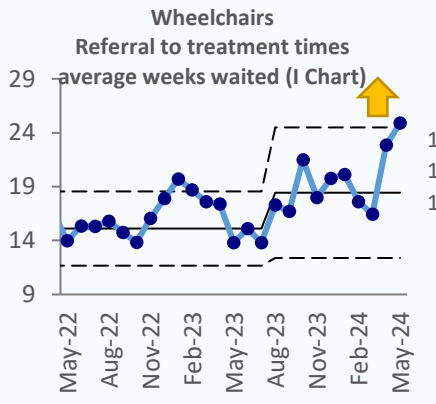
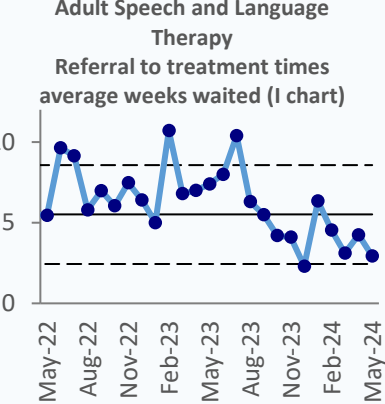
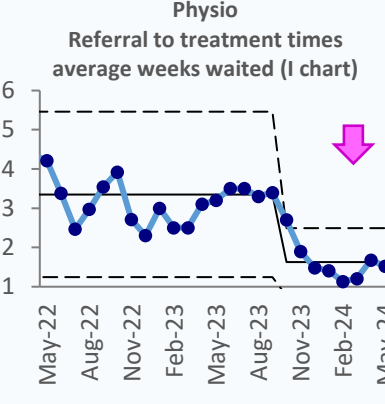
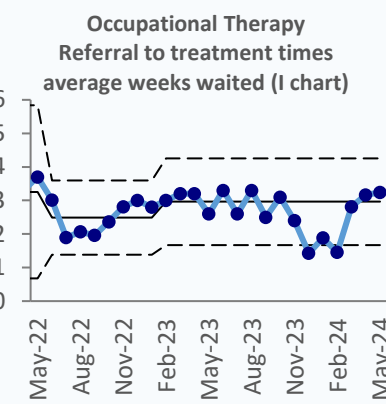
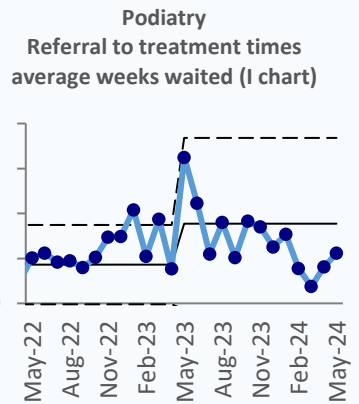
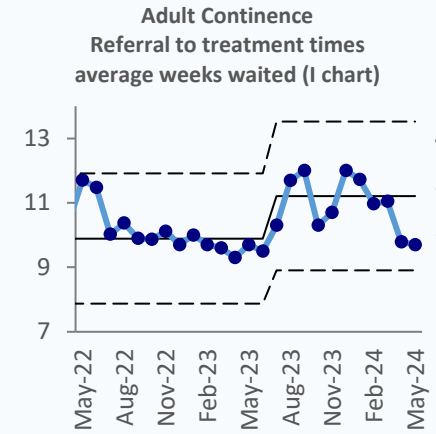
Appendix 1: System Performance dashboard

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		Position TBC from Yas
	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 May 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 Failly 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 78% have had 1+ contact with children and young people mental health services in March 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. This is the most up to date position recorded on the NHS Oversight Framework dashboard
	Mental health services	S081a	Access rate for IAPT services	ICB	100%	The ELFT access rate for January is 107% in BLMK and 72% in NEL for March 2024. <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 March 2024 is 95% in BLMK and 120% in NEL.
	Mental health services	S086a	Inappropriate adult acute mental health placement out-of-area placement bed days	ICB		In February 2024, there were a total of 5725 out of area bed days in NEL and 2020 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 4 (January 2024 – March 2024), in BLMK 66.4% received an annual health check and in NEL this was at 84.7% , 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 38 per 1,000,000 in BLMK and 31 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. This is the most updated reported position
	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. This is the most updated reported position
	Safe, high quality care	S121a	NHS Staff Survey compassionate culture people promise element sub-score	Provider		The BLMK ICB position for 2023 is 7.2/10, and for NEL this is at 7.2/10 (<i>This is the most recent position reported at the national level</i>)
	Safe, high quality care	S040a	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	Provider	0	Current position is 0 cases.
	Safe, high quality care	S041a	Clostridium difficile infection rate	Provider	100%	Current position is 0 cases.
	Safe, high quality care	S042a	E. coli bloodstream infection rate	Provider	100%	Current position is 0 cases.
	Safe, high quality care	S044b	Antimicrobial resistance: appropriate prescribing of antibiotics and broad-spectrum antibiotics in primary care	Provider	Antibacterial items per STAR/PU - 87% % of Broad Spectrum - 10%	In February 2024, Antibacterial items per STAR/PU is 103.1% in BLMK and 81.9% in NEL, and as a % of Broad Spectrum is 8.2% in BLMK and 8.5% 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 2024 is 64.9% and in BLMK ICB is 77.1%
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 PUBLIC BOARD
25 JULY 2024

Title	CQC Must Do Actions – July 2024 Update
Author	Ellie Parker, Head of Quality Assurance
Accountable Executive Director	Claire McKenna, Interim Chief Nurse

Purpose of the report

<p>To provide an update and assurance to the committee on progress towards to the action plan put in place following CQC’s most recent inspection of the Trust in February 2023. The report provides an update on actions taken in response to the 2 ‘Must Do’ actions in the report:</p> <ol style="list-style-type: none"> 1) The trust must ensure that staff meet its targets for compliance with mandatory training, in particular basic life support, immediate life support and invention and prevention for the management of violence and aggression training (Regulation 12(2)(c)) 2) The trust must ensure that the services meet its targets for compliance with staff supervision (Regulation 18(2)(a))
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Committees/meetings where this item has been considered

Date	Committee/Meeting

Key messages

<ul style="list-style-type: none"> • Statutory and Mandatory training compliance has improved for the four wards inspected, with all 4 now >90% • The Trust’s overall training compliance is 85.65% which has increased from 80.58% in July 2023 • The new approach to supervision recording has now launched on the ELFT Learning Academy
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Strategic priorities this paper supports

Improved population health outcomes	<input checked="" type="checkbox"/>	
Improved experience of care	<input checked="" type="checkbox"/>	
Improved staff experience	<input checked="" type="checkbox"/>	
Improved value	<input checked="" type="checkbox"/>	

Implications

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

1.0 Background

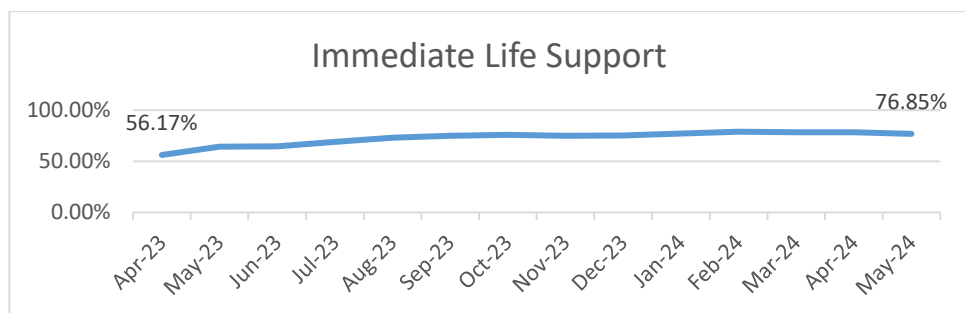
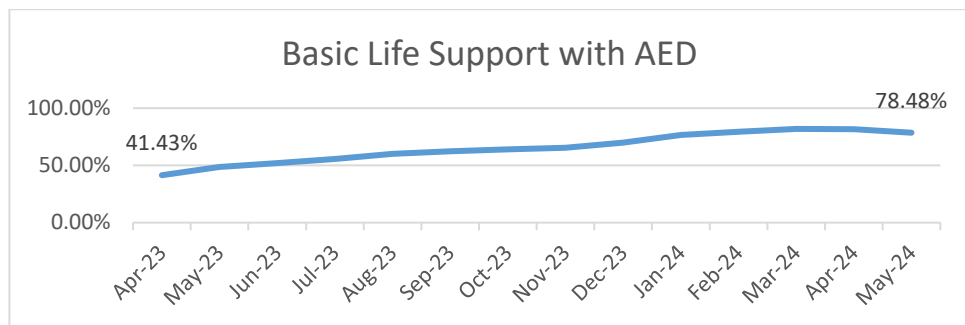
- 1.1 In February 2023, Care Quality Commission (CQC) carried out unannounced inspections to acute mental health wards for adults of working age, across the Trust.
- 1.2 The inspections looked into serious incidents of suicides and self-harm, ligatures, observations and learning in in-patients' wards. The wards inspected were:
 - Willow ward (Bedfordshire)
 - Coral ward (Luton)
 - Gardner ward (City and Hackney)
 - Roman ward (Tower Hamlets)
- 1.3 As a result of the inspection the CQC published a report in Spring 2023 which highlighted a number of positive areas of practices such as:
 - 1.3.1 Staff had good level of awareness around serious incidents that occurred across the Trust, and the learning from them.
 - 1.3.2 Action plans from incidents were being implemented.
 - 1.3.3 Wards had embedded learning into day-to-day practice.
 - 1.3.4 Patient feedback was largely positive.
 - 1.3.5 Staff feedback was positive and reflected a supportive work culture.
- 1.4 Within the report there was also areas for improvement identified, including 2 Must Do Actions. The report below provides an update on progress for these Must Do Actions.

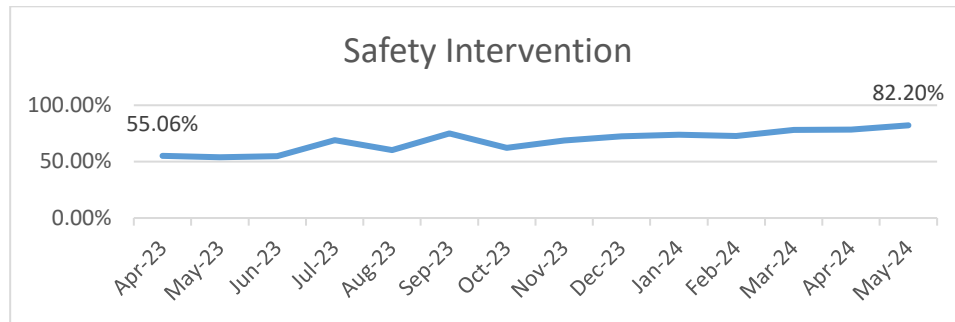
2.0 **Must Do Action: The trust must ensure that staff meet its targets for compliance with mandatory training, in particular basic life support, immediate life support and invention and prevention for the management of violence and aggression training (Regulation 12(2)(c)).**

- 2.1 At the time of CQC's inspection there were several challenges with Training compliance, which had coincided with the transition from ESR to the ELFT Learning Academy. Teams were no longer receiving regular fortnightly reporting of teams training information and mapping changes had led some of the data on the ELFT Learning Academy system to be inaccurate. As a result teams were manually keeping their own records. Further to this, many teams were low on compliance for face to face training (such as Basic Life Support, Safety Interventions) due to limited availability of sessions.
- 2.2 An action plan was put in place which included a target to increase training compliance to 90% by the end of January 2024, increasing capacity in training sessions, reinstating reporting and improving the accuracy of mapping.
- 2.3 Further to the update above, the Trust overall compliance has increased to 88.65% in June, with a breakdown by directorate shown below. This has increased from 80.58%

in July 2023. All directorates are showing as having >85% compliance, with the exception of City and Hackney. The Learning and Development (L&D) officer and the training compliance officer meet with the Deputy Borough Lead Nurse once a month. During these meetings, they identify areas where additional training sessions are needed. The training compliance officer also attends the matrons meeting every month, where they review the list of staff whose certifications are expiring or are not compliant. They then schedule these staff members for resuscitation training and safety interventions. All staff members whose certifications are expiring between now and October 2024 have been scheduled for their resuscitation and safety intervention training.

- 2.4 There are specific training courses that whilst have increased in compliance over the last year, continue to present a risk given their importance for service user and staff safety and not yet or only just reaching >80% compliance. These include the following: Basic Life Support, Immediate Life Support and Safety interventions. These are all face to face trainings and while there had been a significant investment in increased face to face training continued focus is required to get to 90% compliance





2.5 Since the inspection in February 2023, there have been at least monthly meetings in place between the Associate Director of Learning and Development, the Head of Quality Assurance and the Interim Chief Nurse. Given the establishment of a new People and Culture Committee and that that Trust has now neared the 90% target, it has been agreed that the Learning and Development team will now report to People and Culture committee quarterly regarding assurance on statutory and mandatory training compliance.

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

3.1 At the time of CQC’s inspection, CQC found that supervision was not always taking place on the wards. As a result of their feedback, an action plan was agreed which aimed to implement a common approach to Managerial and Professional Supervision for ELFT, across all staff groups utilising the TRIALOG approach by the end of January 2024. This aims to embed Supervision recording within the ELFT Learning Academy (ELA), therefore enabling electronic access and reporting. As an interim measure to provide assurance that supervisions are taking place across the Trust, local performance leads will provide completions data to Learning and Development. All Directorates inspected also put in place local plans to improve supervision compliance.

3.2 The new system was launched on 29 April 2024, which was delayed from the original January timescale. The system enables staff to record supervision on ELA, which aims to provide a central record for supervision compliance.

3.3 It is anticipated that whilst a new centrally administered system is an improvement and provide standardised system for reporting, it is also likely to demonstrate poor compliance initially (whether that be due to staff taking time to adjust to the new system, as well as providing greater visibility where supervision levels may be low). Given this expectation, the Learning and Development team have a launching programme, and will be monitoring uptake and working with areas where supervision rates are low.

4.0 Should Do Actions

4.1 The Trust received 9 Should Do actions following the February 2023 Inspection, several of which related to Gardner Ward in City and Hackney. Below is the list and progress made towards each one.

SD14	The trust should ensure that daily ward environmental checks are completed and recorded consistently in line with the service's protocols to ensure ward environments are safe.	A Template has been developed and implemented to enable consistency of checks. These will migrate to In phase. Process agreed for 1 environmental check per shift, added to the matron audit Further twice weekly process for supplementary spot checks by managers Weekly reviews at inpatient senior nurses meetings	Action closed
SD15	The trust should ensure Gardner Ward's ligature audit and risk assessment includes all potential ligature risks and associated risk mitigation	Work was undertaken to replace windows and ensure anti-ligature Ligature audits were completed and reviewed at Quality DMT. All ligatures are on ward risk registers which are discussed at Inpatient Management Meetings, and escalated to Quality DMT.	Action closed.
SD16	The trust should ensure that Gardner Ward staff are informed by any learning from ligature risks and serious incidents from other wards across the trust	Bi- Monthly inpatient risk governance alerts provide learning alerts and general learning points in relation to patient safety incidents across the trust. The Learning bulletins from Grading Panel that are shared by Director of Patient Safety are now being shared routinely by Clinical Director and directorate. Require Evidence that learning is embedded and is as a standard part agendas.	Action open.
SD17	The trust should continue its work to ensure maintenance issues on Roman Ward are addressed quickly	Following the CQC visit; the identified kitchen refurbishment is completed and bedroom door replacement has begun - 3 bedroom doors have been completed. Estate jobs are logged on ward electronic database and tracked by the ward admin to ensure that jobs are not closed before they are completed. Weekly matron environmental walk around and Monthly walk about visits with estates monitor The London's Estates and Facilities Manager attends daily unit huddle – gives opportunity for wards escalate works reported within a 24hour period	Action closed.

		This is monitored in monthly estates meeting (co-chaired by Borough Lead Nurse and Deputy Director of Estates) Associate Director of Estates and Service Director attending Mile End meetings	
SD18	The trust should ensure that staff on Gardner Ward meet its targets for compliance with staff appraisals	Gardner Ward completed 100% appraisals in 2023.	Action closed.
SD19	The trust should continue its work to ensure that risk mitigation is included in all patients' risk assessments	Risk Mitigating actions are now included within risk assessments, with corresponding audit in place The broader changes will continue to be adapted within the work we are doing to amend the way we care plan as we move away from CPA, and that is held in our Dialog committee.	Action closed.
SD20	The trust should ensure that where actions from serious incident reports evolve to be successfully applied the relevant action plans are updated to include any changes.	All directorates are confirmed to have a confirmed process for reviewing actions following incidents. A Task and Finish group is in situ to ensure SOP are developed ahead of the Action module roll out on InPhase. Monthly reporting on overdue actions started at Patient Safety Forum in April.	Action closed.
SD21	The trust should ensure that actions from serious incident reports are fully discussed between staff responsible for delivering those actions and the senior managers and central serious incident team to ensure actions was correctly interpreted	Directorates have greater oversight of overdue and outstanding actions for serious incidents. Action tracker will go live on in phase imminently which will improve access and visibility. It will also assist in gathering themes. The trust is running learning from incidents sessions which periodically focuses on inpatient deaths and incident themes.	
SD22	The trust should continue its work on serious incident governance systems to ensure actions and recommendations from serious incident 48 hour reports and serious incident investigation reports are correctly understood, applied and monitored.	A review in underway to look at themes from PFDs and serious incidents ahead of the transition to Inphase. The output of this will inform future learning events and bulletin agendas	

5.0 Mental Health Act (MHA) Inspections

5.1 In 2023/24 the CQC conducted 21 MHA Reviews on the following ELFT wards. Green indicates standards being met whereas red indicates where a standard ward not met.

Ward	Directorate	Date	Care Plans	S132	Detention	S17 Leave	Consent	Environment
Globe	Tower Hamlets	19/04/2023	Green	Red	Green	Red	Red	Green
Opal	Newham	04/05/2023	Green	Green	Green	Green	Red	Green
Jade	Luton & Bedfordshire	16/05/2023	Green	Green	Green	Green	Red	Red
Evergreen	CAMHS	16/05/2023	Green	Green	Green	Green	Green	Green
Coral	Luton & Bedfordshire	17/05/2023	Green	Red	Green	Green	Green	Red
Crystal	Luton & Bedfordshire	17/05/2023	Green	Red	Green	Green	Red	Green
Crystal	Newham	31/05/2023	Green	Red	Green	Green	Red	Green
Leadenhall	Tower Hamlets	28/06/2023	Red	Green	Green	Green	Green	Red
Ash	L&B	04/07/2023	Green	Red	Green	Green	Red	Red
Hoxton	Forensics	01/08/2023	Red	Red	Green	Green	Red	Green
Moorgate	Forensics	08/08/2023	Red	Green	Green	Green	Green	Green
Sapphire	Newham	21/08/2023	Green	Green	Green	Green	Green	Red
Brick Lane	Tower Hamlets	23/08/2023	Green	Green	Green	Green	Red	Green
Fountains Court	Luton & Bedfordshire	12/09/2023	Green	Red	Green	Green	Red	Red
Westferry	Forensics	14/12/2023	Green	Green	Green	Green	Green	Red
Rosebank	Tower Hamlets	31/01/2024	Red	Green	Green	Green	Red	Green
Brett	City & Hackney	21/02/2024	Red	Green	Green	Green	Red	Green
Coborn Centre - Acute, PICU and Galaxy	CAMHS	05/03/2024	Red	Green	Green	Green	Red	Green
Limehouse	Forensics	06/03/2024	Red	Green	Green	Green	Red	Green
Joshua	City & Hackney	15/03/2024	Red	Green	Green	Green	Red	Green
Topaz	Newham	25/03/2024	Red	Green	Green	Green	Red	Green

5.2 The top three themes for improvement raised by the CQC were:

5.2.1 **Consent:** some assessments of capacity to consent/admission were not evidenced. In response:

- i. A tool has been introduced on Electronic patient records (EPR) to capture responsible clinician discussion with patient following visit.
- ii. Capacity to Consent to Treatment documentation is included within email reminders when issued ahead of due date including expectation.
- iii. Consent to Treatment and responsible clinician/Nominated Deputy policies circulated to all Approved Clinicians outlining their responsibilities in this area.
- iv. Regrading staff administering treatment for mental disorder whereby a Consent to Treatment certificate is required, documenting on medication administration system that is certificate is in place to reduce prescribing and administering errors and this is audited weekly.
- v. In-Phase being used by the Mental Health Law Department to track when Consent to Treatment certificates is not in place at due date – this is fed back to directorate management teams quarterly as part of incident reporting.
- vi. Second option appointed doctor (SOAD) Standard Operating Procedure introduced in line with CQC new process for booking SOAD's.

5 S132: attempts made to explain their rights to patients were not always evidenced. In response:

- i. All wards have been provided with Mental Health Law Supplementary Policy which outlines when attempts for explanation, and further re-explanation of s132 rights is required.
- ii. Patient whiteboards on wards have been updated with s132 information.
- iii. Accessibility to Power BI on inpatient tile to ensure standard is being met against Mental Health Law Supplementary Policy.
- iv. Implementation of rights reconciliation functionality on EPR system rolled out.
- v. Designed and disseminated demo with EPR team for new starters on where to log s132 explanations on EPR system.
- vi. Independent Mental Health Advocacy Services – ensure posters, leaflets and information up to date, and weekly ward visits occur to improve the service provided to patients.

5.2 **Environment issues** e.g. ward in need of update or repair, seclusion room not fit for purpose, broken window, lack of viewing panel, pest control issue.

- i. Environmental issues are managed on an individual basis. There is significant work underway to address the findings of Place assessment 2023 which includes reducing

repairs backlog across the trust and focused work in Hackney and Newham where scores were low.

6.0 CQC Transformation

The CQC transformation seeks to make interactions more streamlined and simpler. The new assessment approach is intended to be more flexible and proportionate to give a more up to date view on quality.

6.1 **Relationships** - We are experiencing some changes in our relationship management structure with CQC and we are expecting this to continue over the next few months. We have previously worked with one 'Relationship Owner' but as the CQC moves to changing this role to 'Assessors' and 'Inspectors' we are experiencing that we are being contacted by many more people at CQC. We met with the Operational Manager for East London, Luton and Bedford, Primary care in April to understand better how these relationships will work going forwards and share feedback about our experience so far.

6.2 **Single Assessment Framework** - The CQC has announced that their new strategy, including a single assessment framework. This new framework includes:

6.3 The 34 Quality statement, expressed as 'We' and 'I' statement to describe what good care looks like. The 5 key questions (are services safe, effective, caring, responsive and well-led?) remain unchanged.

6.4 The evidence CQC may review when assessing each statement. The evidence is defined in 6 categories: people's experience of health and care services, feedback from staff and leaders, feedback from partners, observation, processes and outcomes. The requirement will vary between services type, and there will understandably be differences between Primary Care, Mental Health Services and Community Health Services.

6.5 The evidence categories that CQC will review when assessing each statement. The evidence is defined in 6 categories: people's experience of health and care services, feedback from staff and leaders, feedback from partners, observation, processes and outcomes.

6.6 The Quality Assurance team is currently in the process of updating internal self-assessment documentation to reflect the new statements. The process by which all teams measure themselves against these standards will then move to InPhase in Summer 2024.

6.7 Board members have had an opportunity to give feedback around our experience and impact of the changes to the CQC thus far, which we hope will positively impact the implementation of the changes.

7.0 Action Being Requested

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

REPORT TO THE TRUST BOARD IN PUBLIC
25 July 2024

Title	Appointments & Remuneration Committee (RemCo) 6 June 2024 – Committee Chair’s Assurance Report
Committee Chair	Deborah Wheeler, Vice-Chair (Bedfordshire & Luton) and Committee Chair
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

- To bring to the Board’s attention key issues and assurances discussed at the Appointments & Remuneration Committee (RemCo) meeting held 6 June 2024.

Key messages

Chief Executive Recruitment

- A report detailed the CEO recruitment process which took place during April and May 2024 and which followed the process as agreed by the committee, as set out in its terms of reference.
- Following a robust recruitment process, Lorraine Sunduza was duly appointed as the substantive Chief Executive of ELFT from 17 May 2024.

Chief Nurse Recruitment

- The committee approved the process and timeline to recruit to the substantive Chief Nurse position as set out in its terms of reference; this role is currently being covered on an interim basis.
- The committee also approved the Chief Nurse job description and person specification as well as the remuneration proposal in line with the Trust’s VSM pay scale.

REPORT TO THE TRUST BOARD IN PUBLIC
25 July 2024

Title	People & Culture (P&CC) 3 July 2024 – Committee Chair’s Assurance Report
Committee Chair	Deborah Wheeler, Vice-Chair (Bedfordshire & Luton) and Chair of the People & Culture Committee
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

- To bring to the Board’s attention key issues and assurances discussed at the People & Culture Committee (P&CC) meeting held on 25 July 2024.

Key messages

Emerging Issues and Challenges

- The lengthy technical issues with the digital appraisal system and the extension to the completion window for appraisals to mid-September.
- The challenges around continuing industrial action by junior doctors and the cumulative impact on colleagues.

EDI Annual Report 2023 Update

- The report has been updated to address actions requested at the last meeting.
- The format redesign was welcomed as it made for easier reading; the wealth of EDI data now held in the Trust was acknowledged.
- All action plans will be monitored through the People & Culture Committee going forwards.
- The committee requested the inclusion of an executive summary in the cover report for all future reports to highlight changes from previous iterations.

WRES/WDES 2024

- An overall positive WRES report was received with improvements across most of the indicators with the exceptions of representation amongst medical and dental staff and parity between ethnicities in career progression.
- The WDES submissions were amongst the lowest nationally; however, significant improvements have been made in most metrics apart from representation in some bandings, the percentage of disabled staff experiencing harassment, bullying or abuse and those who believe the Trust provides equality in career progression for disabled staff.
- The committee requested further nuance in the articulation of areas of improvement and a highlighting of the implications and assurance around actions in future reports.

Deep Dive: Leavers and Retention

- Detailed data on the Trust’s current turnover rate with a breakdown between areas, services and professions was presented.
- Initial feedback from the piloting of a new exit questionnaire process showed a substantial increase in completion rates.
- A more detailed analysis of people’s reasons for leaving the Trust identified the top reasons as wellbeing, followed by career progression, personal growth and the organisational culture; despite this, 80% of respondents said they would return to work for the Trust and 73% would recommend ELFT as a place to work.
- Information on the many ongoing projects linked to improving staff experience and retention was provided; the committee requested more work to show where the high impact projects correlate back to the data and provide assurance they are making a difference.

- The data highlighted that providing clarity around internal career pathways and opportunities to move jobs within the organisation should be prioritised and internal processes made easier for staff.
- The committee sought further assurance around the work to upskill managers and leaders.

Ethnicity and Gender Pay Gap

- Despite improvements, there remains an under-representation of women in the upper quartile and more work is ongoing to increase the number of applications from women for clinical excellence awards.
- More granular detail of actions and expected impacts will be brought to a future meeting.

Statutory and Mandatory Training: Internal Audit Update

- Updates on all specific actions from the internal audit report were provided, including the automation of both do not attend (DNA) reports to managers, reminders to staff to complete their training, and the imminent availability of a manager's page in the ELFT learning academy (ELA) for oversight of staff training and supervision compliance.
- The committee welcomed the assurance provided by the update; however, highlighted a need for more robustness in the process of communicating details of actions to the relevant forums and committees.
- The committee requested further assurance on work around the underlying causes of staff being unable to complete their training; however, noted the more proactive work with DMTs around enabling people to be released during high pressure periods is under way.

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.

- The committee agreed the recommendation to retain the risk score at '16 Significant'.
- A recent extraordinary meeting of the Joint Staff Committee highlighted concerns by staff side colleagues on the impact of the financial viability programme; some basic principles have been agreed around the consultation process, frequency of JSC meetings, a review of the redeployment process and internal ringfencing of vacancies.
- Work to support services locally around off-framework agencies continues.
- The committee requested further work to split the actions between those aimed at reducing likelihood and those designed to offset the impact.

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 Plan Report

July 2024

REPORT TO THE TRUSTBOARD 25 JULY 2024

Title	People Performance Report
Author Name and Role	Associate Directors of People and Culture and 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 a strategic oversight of the people related issues across the Trust. The report provides Trust level metrics below and outlines a narrative in response to the metrics in order to provide assurance to the board.

- Vacancy rate;
- Establishment;
- Leavers/Turnover percentage;
- Sickness absence, long term and short term;
- 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 pulse survey engagement;
- Compliance: professional registration Disclosure and Barring check (DBS), Visas;
- Freedom to speak up cases.

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

Improved service user experience	<input checked="" type="checkbox"/>	The performance reports support 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	N/A.

Implications

Impact	Update/detail
Equality Analysis	Analysis of the experience of different groups is undertaken as part of the Trust's inequalities work stream and population health task and finish group.
Risk and Assurance	This report covers performance for the period as of June 2024 and provides data on key compliance across each of the ELFT Directorates.
Service User/Carer/Staff	This report highlights the people metrics across the Trust.
Financial	Our biggest expenditure is spent on our workforce. This report will help to give additional oversight.
Quality	Metrics within this report are used to support delivery of the Trust's wider service and quality goals.

KEY UPDATES - RESOURCING:

Recruitment

The Trust vacancy rate is 8%, making it 2% below the ceiling target of 10%. This is largely due to the new approach towards strategic recruitment and large-scale recruitment fairs that enable bulk recruitment. Luton & Bedfordshire and Tower Hamlets Community Health Services (TH CHS) have shown a slight improvement in their vacancy rates, but remain at 12.1%, 15% and 18.7% respectively. Forensics has the highest vacancy figure at 18.8%. Nursing vacancy has improved markedly by 90 whole time equivalents (WTE) and is currently at 7.37% down from 11.47% in December 23. This is a significant reduction in vacancies, down from 249.9 WTE to 159.24 WTE. The number of advertisements continue to be reduced via targeted and collective recruitment campaigns and time to hire is sustained at 36.4 days which is within the key performance indicator (KPI) of 43 days which has been under review.

International Recruitment continues as an active workstream helping fill some of our workforce gaps. The trend indicates that we are recruiting consistently across all staffing groups and more nurses from overseas compared to the previous years. We recruit from all over the world with more staff joining us from India and Nigeria. We are saving on introductory agency fees, predominantly recruiting via direct recruitment. A programme of recruitment process automation is currently being scoped, and a business case for capital funding will be prepared in the coming weeks to invest robotic process automation software. This is expected to improve the overall recruitment experience for candidates and for staff, by streamlining and automating elements of the processes.

Temporary Staffing

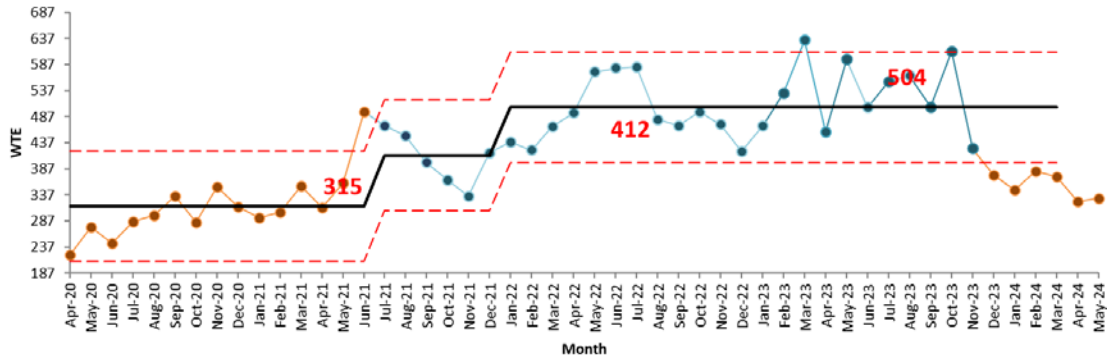
Progress has been made within the Temporary Staffing team in relation to the booking of agency shifts. Managers across all staffing groups have started to record the agency usage via Bank staff or Healthroster. This includes both direct and non-direct Engagement workers. This programme of work has now been implemented and support is being provided to managers to ensure they adhere to the agency rules which will help us as an organisation to align with NHS England (NHSE) requirements. This will also allow us to monitor compliance of agency workers, adhere to framework rules and for managers to monitor their unit spend on an ongoing basis supporting controlled use of agency. There is also oversight of temporary staffing reported at Finance Business and Investment Committee (FBIC) and further reporting to NHS England.

Off Framework Agencies

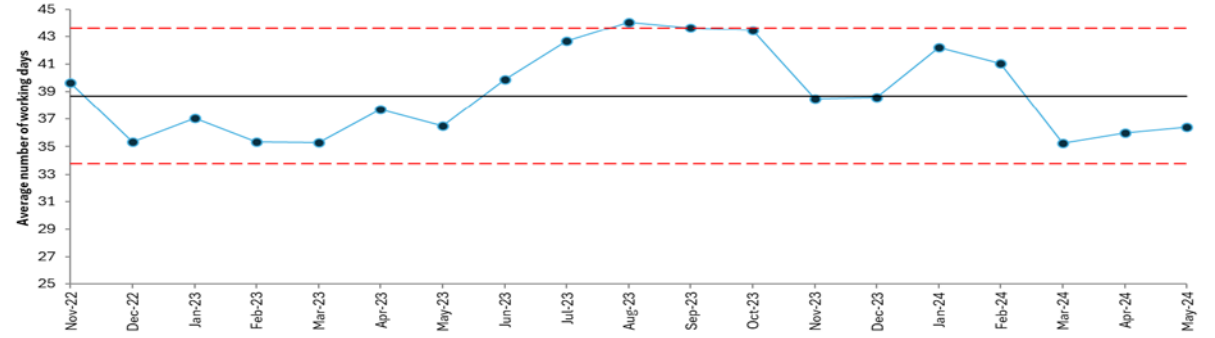
There is a requirement from NHSE for Trusts to remove all off-framework agency use by 31 July 2024. Work is underway and progressing well for the Trust to meet the deadline. 26 off-framework agency workers were identified to date, 15 of which have been resolved. A further 8 are being progressed and support is being provided to managers. There are 3 high risk areas that we are working with to find a resolution. All non-clinical agency is required to cease by 1 October 2024.

Resourcing Metrics

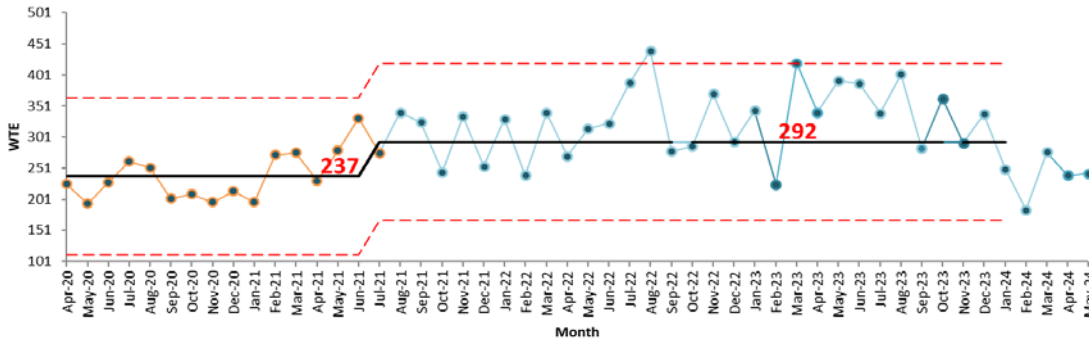
Adverts WTE by Month - I chart



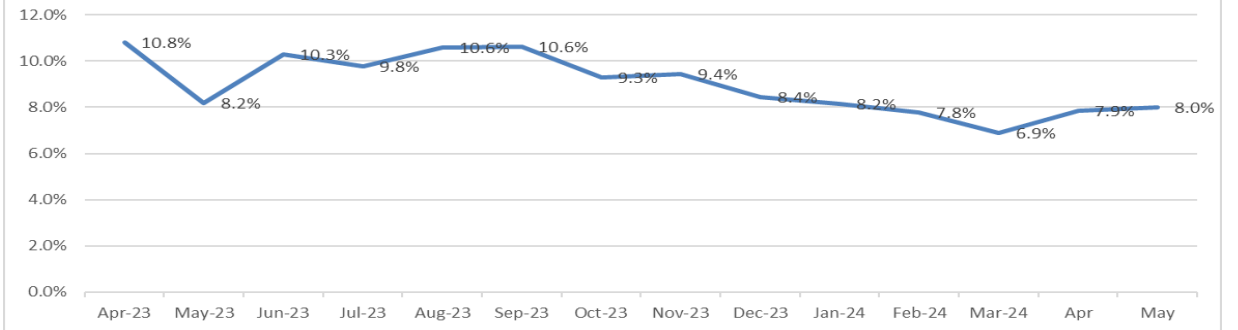
Average number of working days each month to hire - I Chart



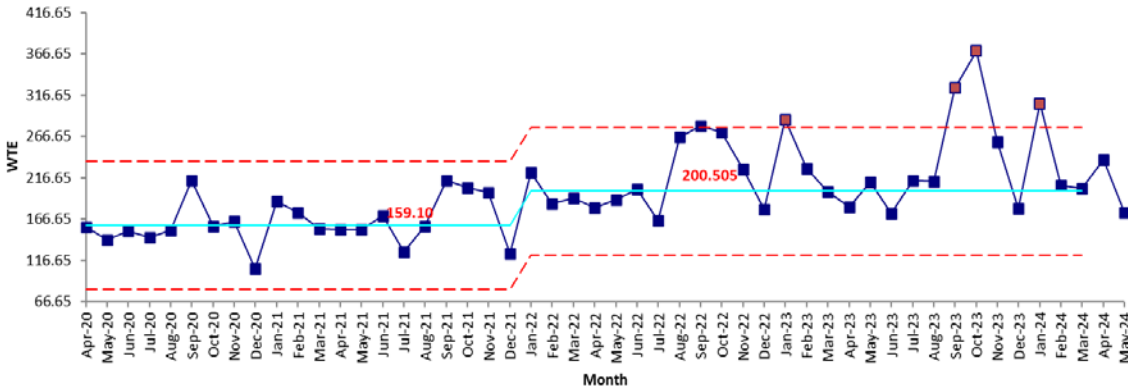
Offers WTE by month - I chart



Vacancy trend Trustwide Vacancy Percentage May 24



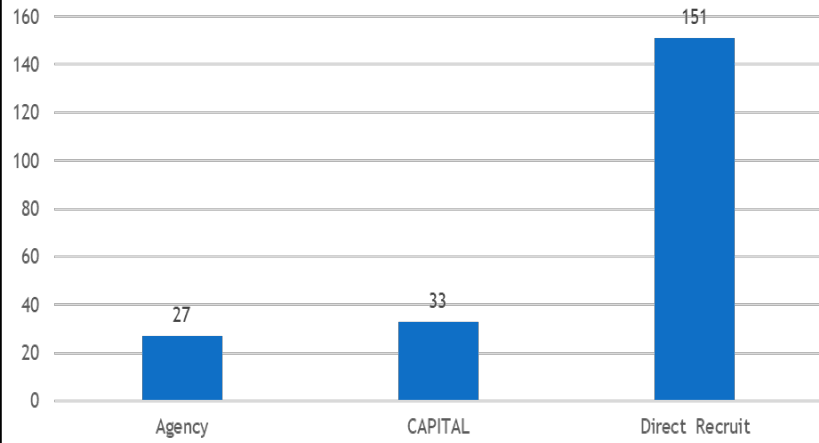
Starters WTE by month- I chart



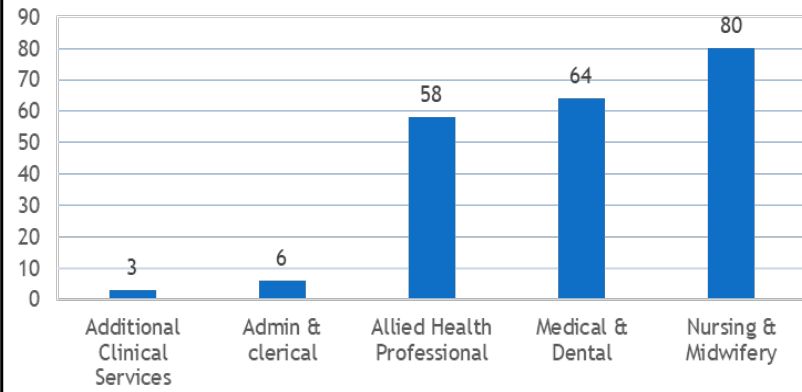
- Time to hire is sustained at 36.4 days below KPI of 43 days.
- Overall, the Trust vacancy rate is 8%, making it 2% below the ceiling target of 10%.
- Luton, Bedfordshire and Tower Hamlets Community Health Services have shown a slight improvement in vacancy rates, but still remain high at 12.1 %, 15% and 18.7 % respectively.
- Forensics has the highest vacancy rate at 18.8%.
- Nursing vacancies have improved markedly reducing to 7.37% down from 11.47% in December 2023.
- The number of advertisements continues to be reduced via targeted and collective recruitment campaigns.

Resourcing Metrics

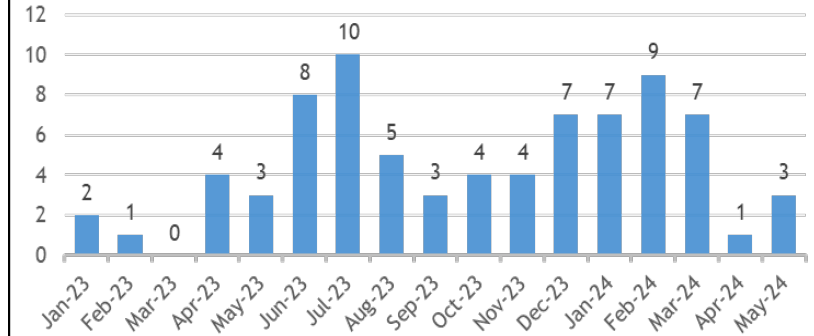
IR Routes WTE



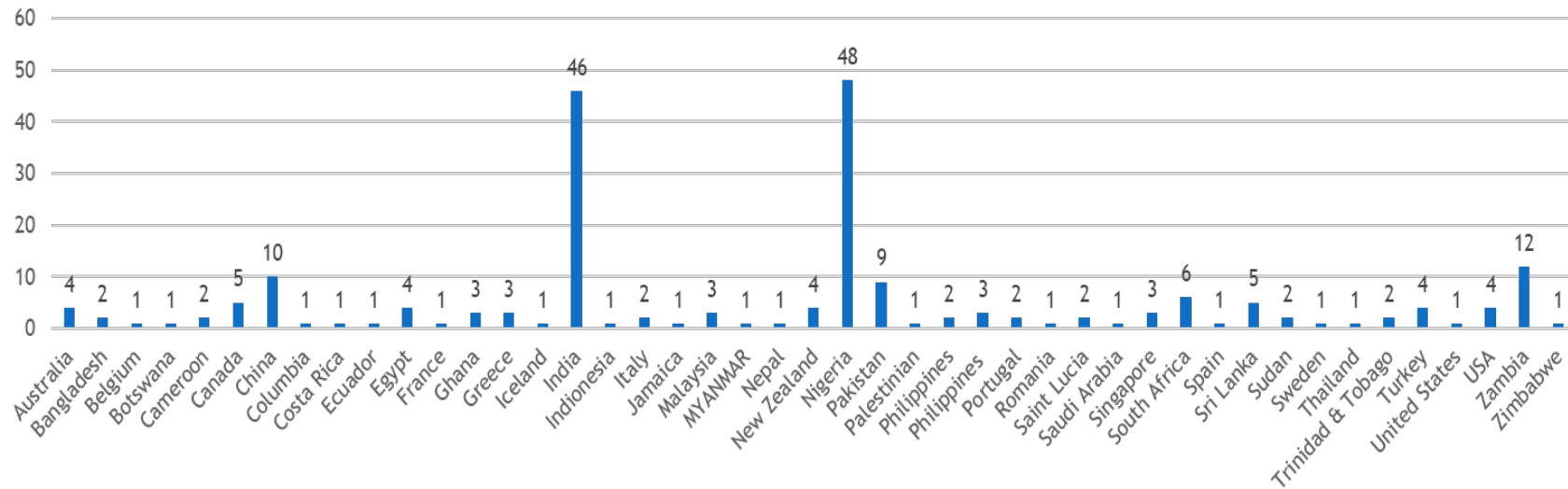
IR professional Group recruited 2019 to date WTE



Total Number of International Nurses arrived in month WTE- June 24 update

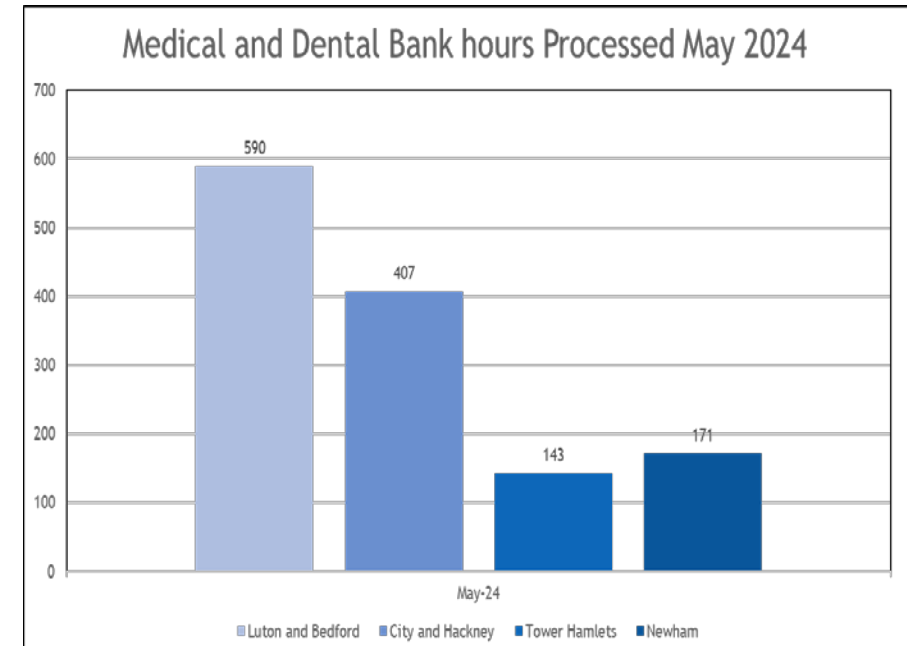
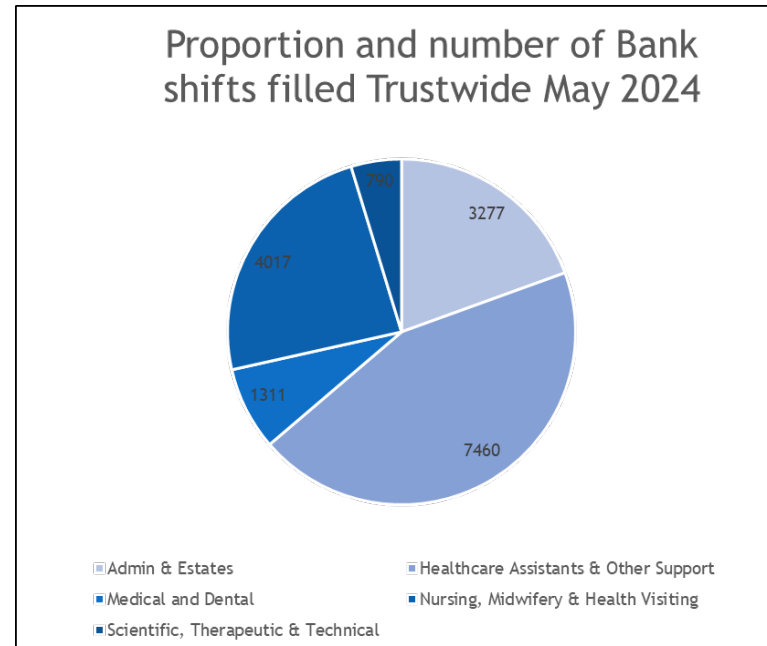
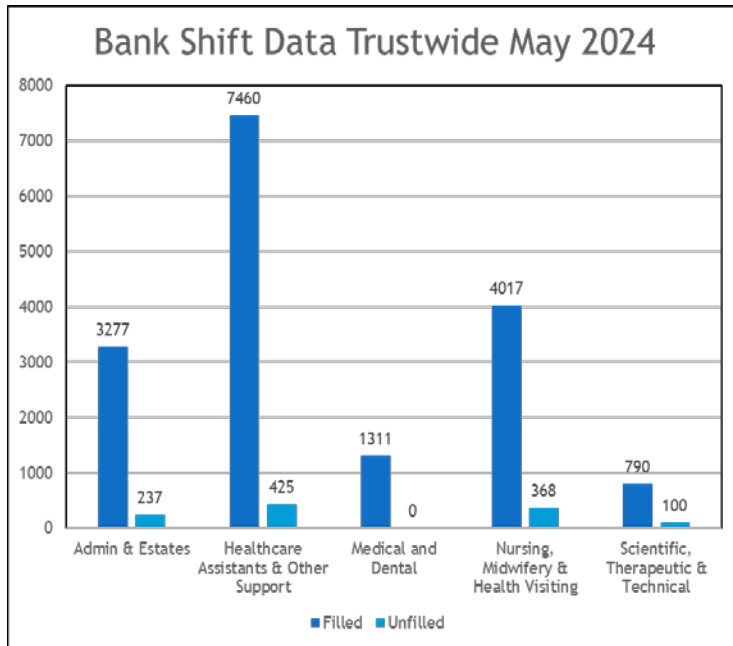
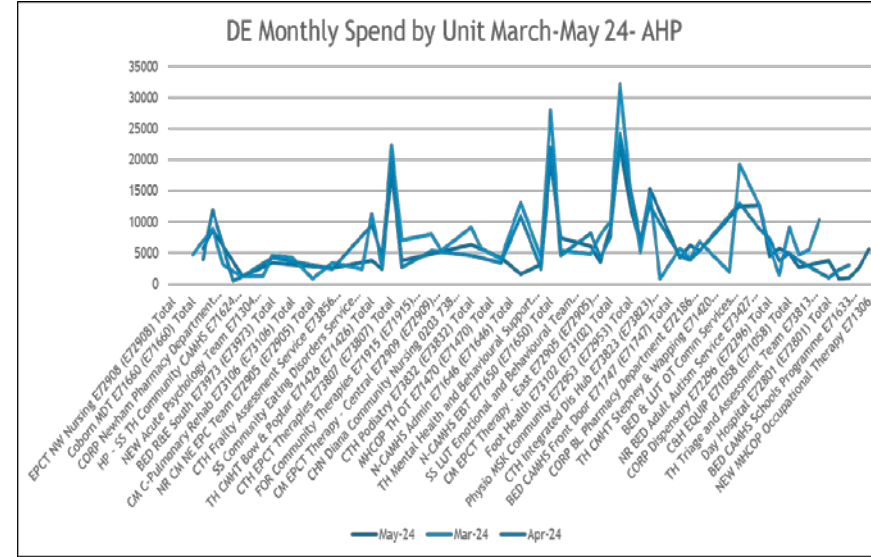
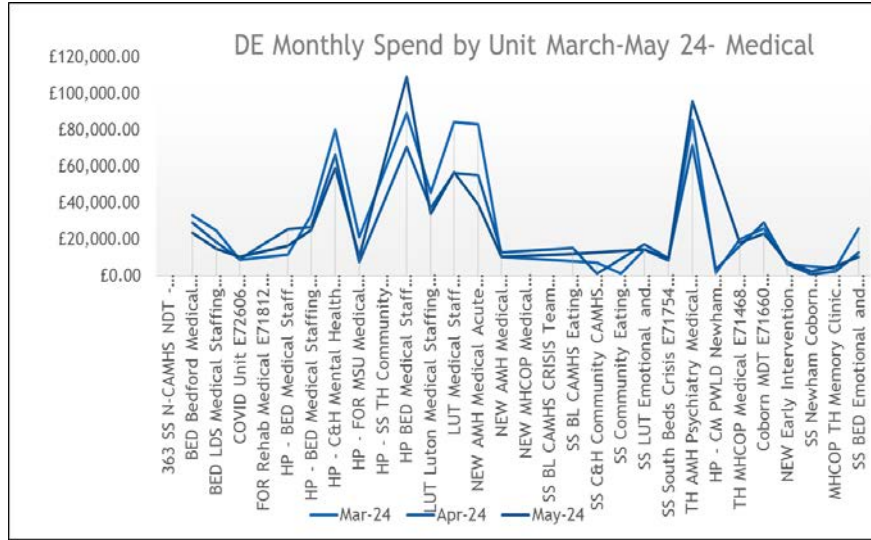


IR countries recruited from WTE



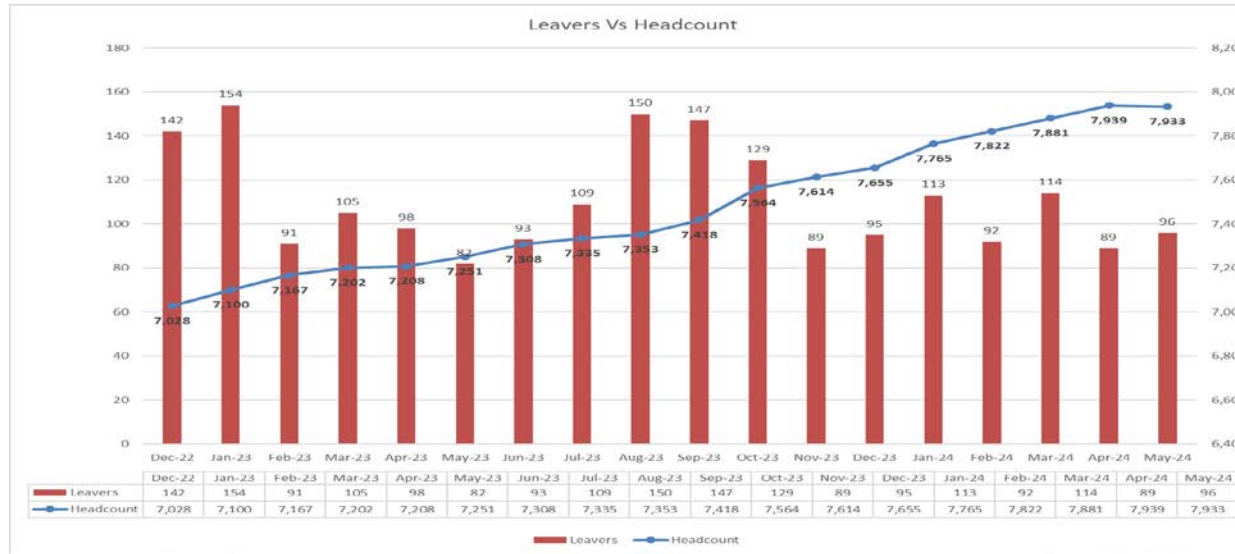
International recruitment continues as an active workstream helping to fill some of our workforce gaps. The trend indicates that we are recruiting consistently across all staffing groups and more nurses from overseas compared to the previous years. We recruit from all over the world with more staff joining us from India and Nigeria. We are saving on introductory agency fees, predominantly recruiting via direct recruitment.

Resourcing Metrics



REPORT TO THE TRUSTBOARD 25 JULY 2024

KEY UPDATES – RETENTION:



This graph demonstrates the numbers of leavers vs. headcount of ELFT staff from December 2022 to May 2024 and where there were peaks in the number of leavers:

August 2023 saw 150 leavers in one month which was the highest since January that same year. Below are the leaving reasons for August 2023 (the main reason was due to end of rotation (21%), followed by promotion (16%) and leaving due to work life balance and to undertake further education/training (11%):

Retention

The Trust is currently trialling a new leaver questionnaire process called the 'Last Opinion Survey'. Since this trial commenced around 12/02/2024, there have been 60 responses out of 228 resignations (a completion rate of 26%). Of the 60 exit questionnaires received, 57% of these leavers were 'happy leavers' whilst 43% were considered to be 'unhappy leavers'. The top 4 reasons for leaving are Wellbeing (25%), career progression (22%), personal growth (20%) and organisational culture (18%).

80% of respondents indicated that they would return to work for the Trust. 73% would still recommend ELFT as a place to work. 40% of the leavers had less than 2 years' service, 18% had 2-5 years' service, 18% had 5-10 years' service and 23% had over 10 years' service. A number of recommendations have been suggested for the Trust to explore how we can reduce the level of turnover. This will be progressed through the recruitment and retention working group.

22% of the staff that left, believed that ELFT was going to be a great place to spend the rest of their career. 30% said they were most attracted to ELFT because of opportunities for learning/development. 35% of respondents didn't know how long they intended to stay at ELFT. 27% intended to stay 10 years plus. 33% of respondents said that a friend or colleague recommended ELFT as a place to work. An action plan is being created and will be monitored by the Recruitment and Retention group.

REPORT TO THE TRUSTBOARD 25 JULY 2024

KEY UPDATES – RETENTION:

The People Promise Manager (PPM), commenced employment on 3 June 2024 to lead on the retention work across the Trust. In the meantime, a self-assessment and Project Implementation Document (PID) has been undertaken and submitted to NHSE. In terms of our actions for retention, this process identified the following findings and areas for focus:

- Our highest overarching element score was “we are recognised and rewarded”;
- Areas to focus on are “we work flexibly”, “we each have a voice that counts”, “we are compassionate and inclusive”;
- There is likely lots of good work going on in the localities to meet this People Promise, but there is no way of identifying this at present. PPM would help collate this data, identify best practice Trust-wide and implement a project plan to share/communicate this Trust wide and implement the People Promise Intervention Bundle;
- The need to work on a communication plan to reach out to all front-line staff who do not have access to a PC/email regularly for wellbeing offers and PPM/exemplar activities.

Ongoing/future projects that are linked to the retention of staff and the People Promise and have/will be rolled out across ELFT during this project plan are:

- Reinvigorate wellbeing champions across ELFT & set up regular meetings with them.
- Reasonable adjustment project ongoing.
- Development of ELFT sexual safety charter and ELFT staff support after incident framework and support guidance/documents.
- Piloting of Self-Rostering in some clinical teams
- Embed Just Culture / Respectful Resolution / Trauma Informed workforce approach
- Introduction of stay conversations and new exit questionnaire process.
- Supervision project launch including career conversations.
- Vivup Highfive praise platform launch – April 2024.
- OD resource toolkit being implemented to support teams to have regular away days.
- Self-rostering pilot/roll out. Spring 2024.
- Embed new Supervision Process & ELFT Leadership & Culture Framework across all teams.
- Incorporate wellbeing conversations into new supervision process .
- Launch of Vivup high five recognition programme.
- Launch of new Employee Assistance Programme.
- Launch of OD resource toolkit to support teams to hold regular away days .

REPORT TO THE TRUSTBOARD 25 JULY 2024

KEY UPDATES – PEOPLE RELATIONS & FREEDOM TO SPEAK UP

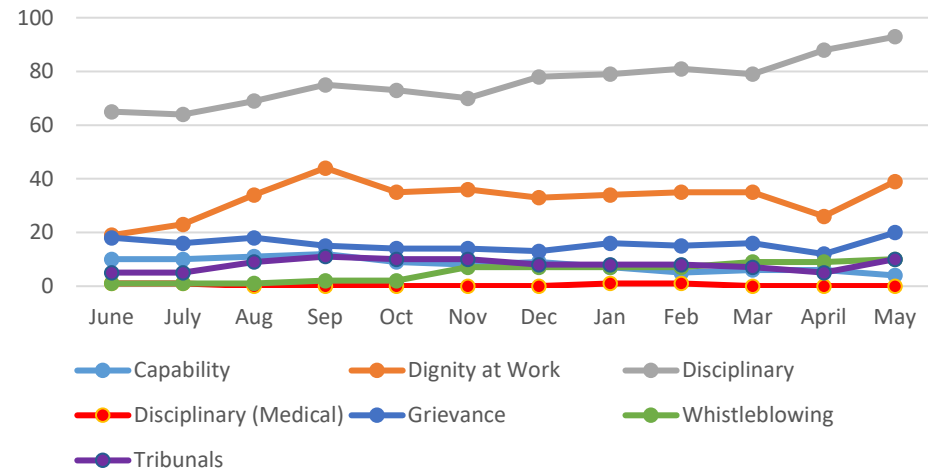
People Relations Cases

The level of employee relations cases remains high. Activity has increased from 147 cases in the last report to 176 live ER cases plus 10 Employment Tribunal (ET) cases, 2 cases are with the Advisory Conciliation and Arbitration Services (ACAS). There are 139 long-term sickness cases, 413 short-term sickness cases and 4 cases currently on hold which are being managed by the People Relations team. The Trust solicitors Capsticks ran a session at the CEO discussion group in May 2024. They are engaged to run a similar session with middle managers focusing on disability and pregnancy discrimination as these are the main claims that the Trust are receiving. The session will take place in September 2024.

The People Relations team has recently reviewed the preliminary investigation process and the Fair Treatment Process. The changes have been agreed with Staffside. A pilot will be undertaken in two directorates implementing the following processes to support the reduction of cases and the length of investigations:

- When an incident takes place, basic fact finding should be completed within 48 hours of the incident/events occurring. A new proforma has been designed to support the managers with this process;
- Weekly meetings to review the Fair Treatment forms to ensure consistency and appropriateness of decision and panel to decide whether formal investigation is required;
- Full review of the pilot in 6 months and lessons learnt to be shared with the Trust.
- The Respectful Resolution process has been fully embedded in the Trust Policies and Procedures and training and resources are on the Learning Management System (LMS)
- The main reasons are for fraud, assault and unauthorised absence.

All case types



KEY UPDATES - COMPLIANCE

Statutory and Mandatory Training

Statutory and mandatory training compliance maintains an upward trajectory and has increased from 88.50% in the last report to 88.65% against our target of 90%. We continue to work with risk areas to encourage training completion. We continue to work with our subject matter experts to review audiences to ensure accuracy. Oliver McGowan Tier two has launched in BLMK with development work underway across NEL. Tier one has reached 67.25% and work continues to roll out fully across the Trust

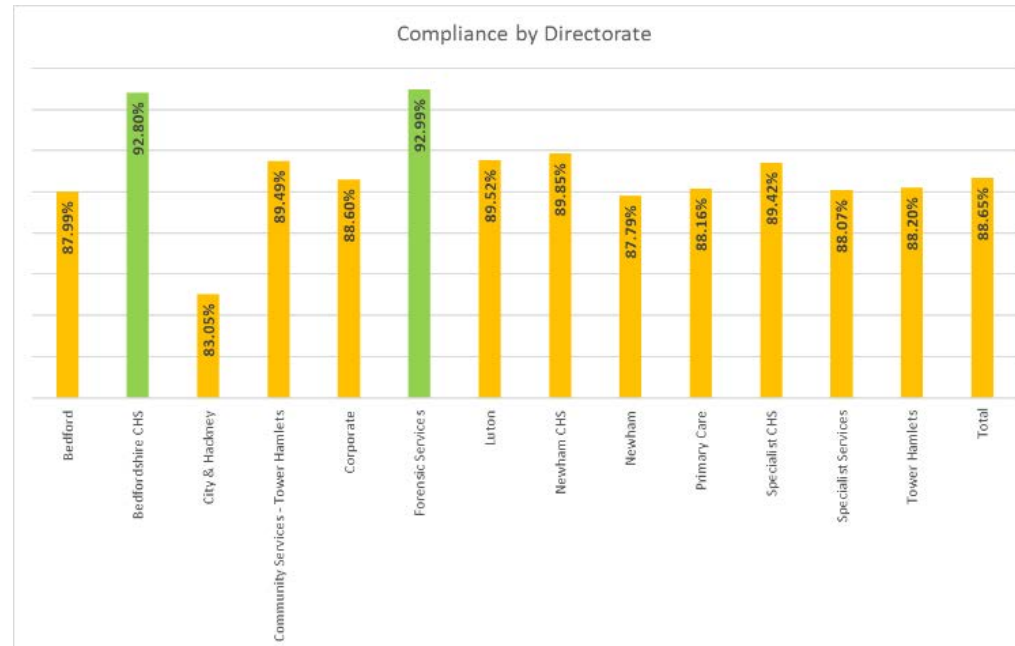
Supervision

The supervision platform which is on the Care Quality Commission (CQC) 'must do' actions, launched on 25 April 2024; as of 20 June 2024, 2,588 sessions have been recorded in the system. The Trialog tool is being built and is will be tested in July 2024 and will launch shortly after.

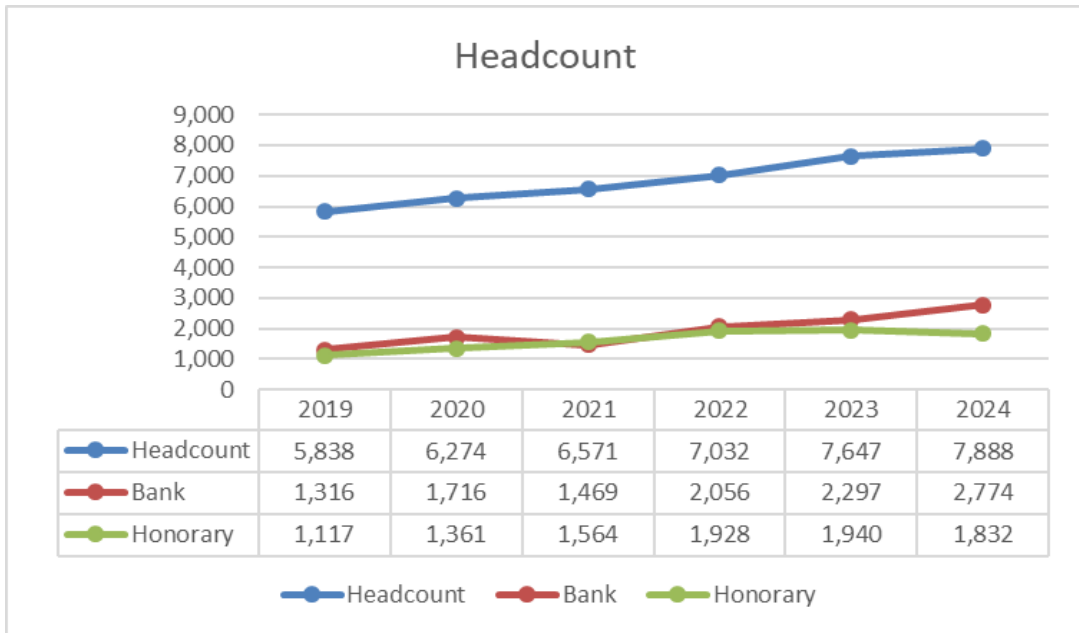
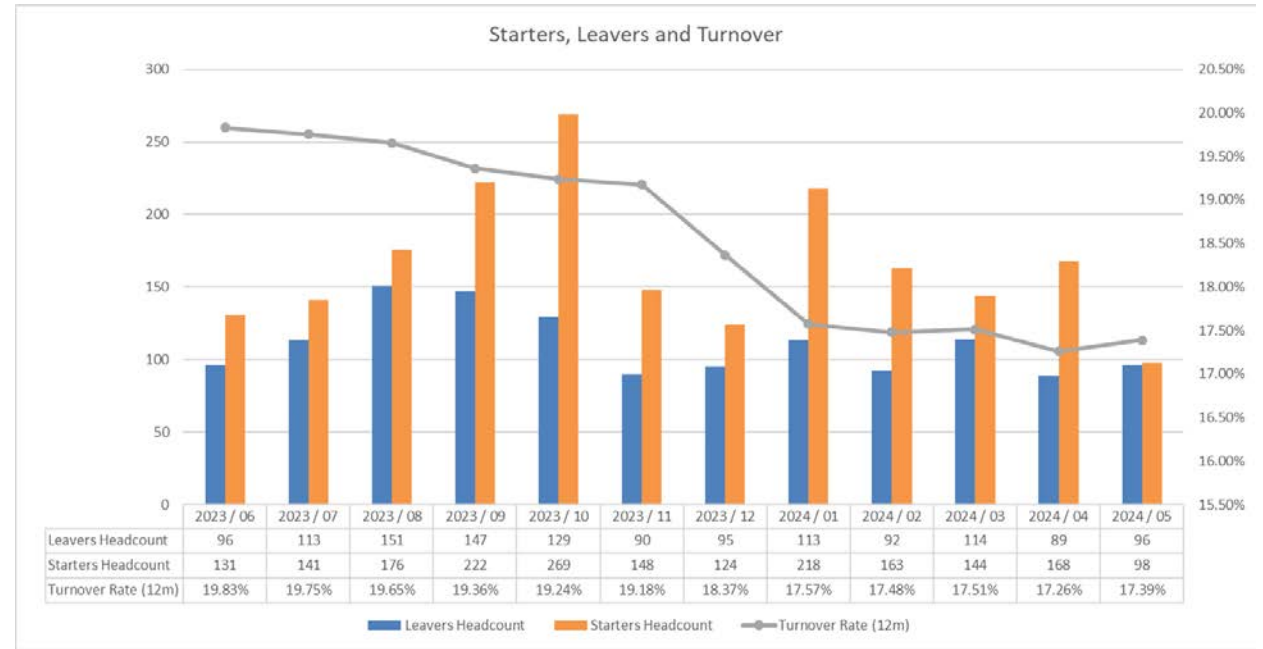
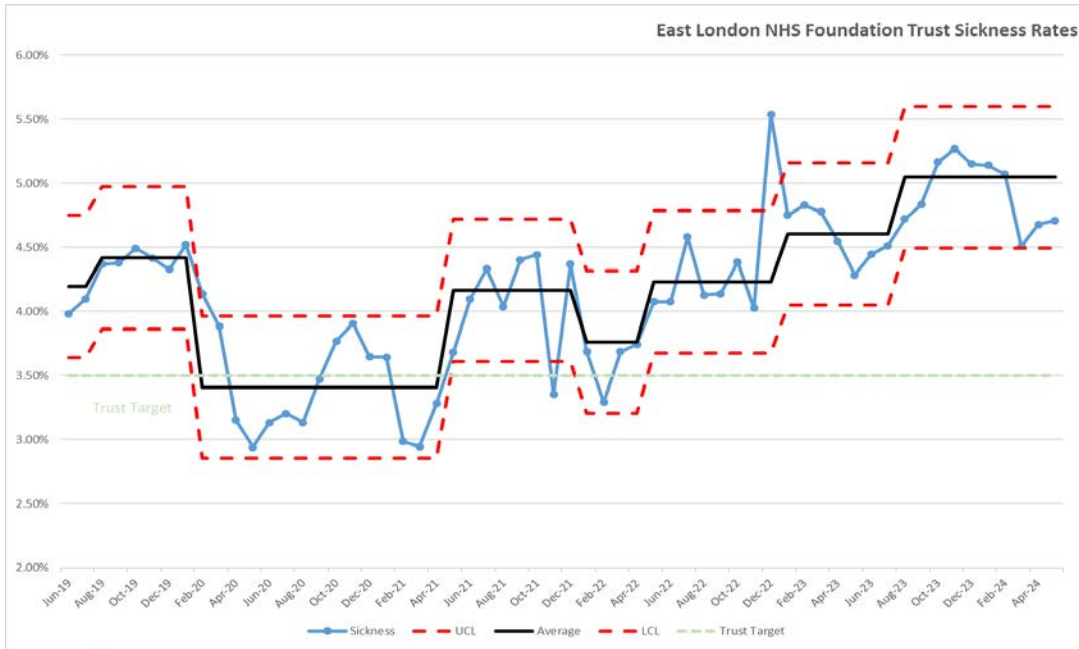
Appraisal

The Appraisal window launched on 1 April 2024 and was due to close on 30 June 2024. However, due to technical issues, the system has been down from 24 May 2024 to until week commencing 8 July 2024. The team are working with the technical company to understand the issues and to try and prevent in future. The appraisal deadline has already the system isn't back in operation by 1 July 2024. been extended but will be extended further to factor in the amount of time the system has been unavailable. A paper form was created as an alternative; however the system is back online and there have been no further issues. We are aware of what caused the issues and are working with the supplier to manage the potential impacts in future.

Statutory and Mandatory Training

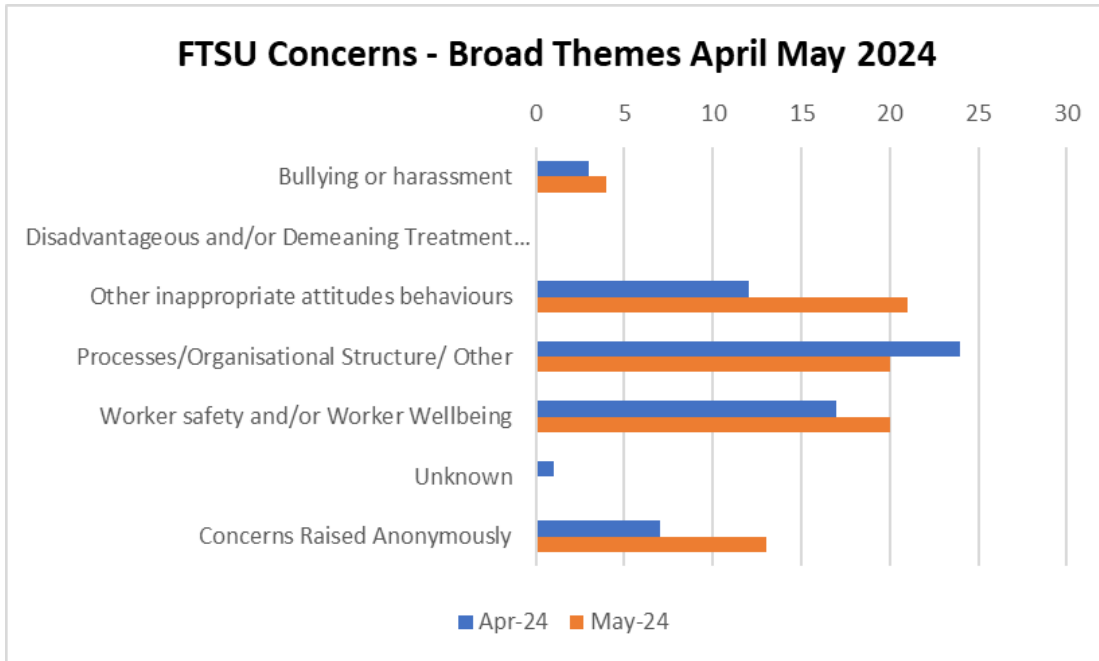


Sickness and Headcount



- Sickness average reduced to below 4.5% against the Trust target of 3.50%. Work is ongoing to support managers in managing sickness absence.
- Occupational health (OH) referrals are also consistently high. There are a number of directorates with a large number of 'did not attend rates' and we are working with the OH provider and services to reduce these. A new employee assistance programme provider has been engaged to support staff. People Relations Advisors are supporting managers in managing complex sickness absence cases.
- There has been a headcount increase to 7888 for substantive staff equating to (3.15% increase) in the bank workforce to 2774. There has been a 5.57% decrease in the number so honorary staff to 1832.
- On average the number of leavers per month is 96 member of staff compared to the average number so new starters per month which is currently 98. Turnover by headcount currently 17.39% (increase of 0.13% from last month).

Freedom to Speak Up Data - Broad Themes



28 cases were raised in April and 33 in May, totaling 61 for this 2-month period. It is a 56.4% increase on the previous 2-month period. Engagement work with the Primary Care Directorate contributed to this increase.

44 cases related to 'Processes/Organisational Structure/Other':

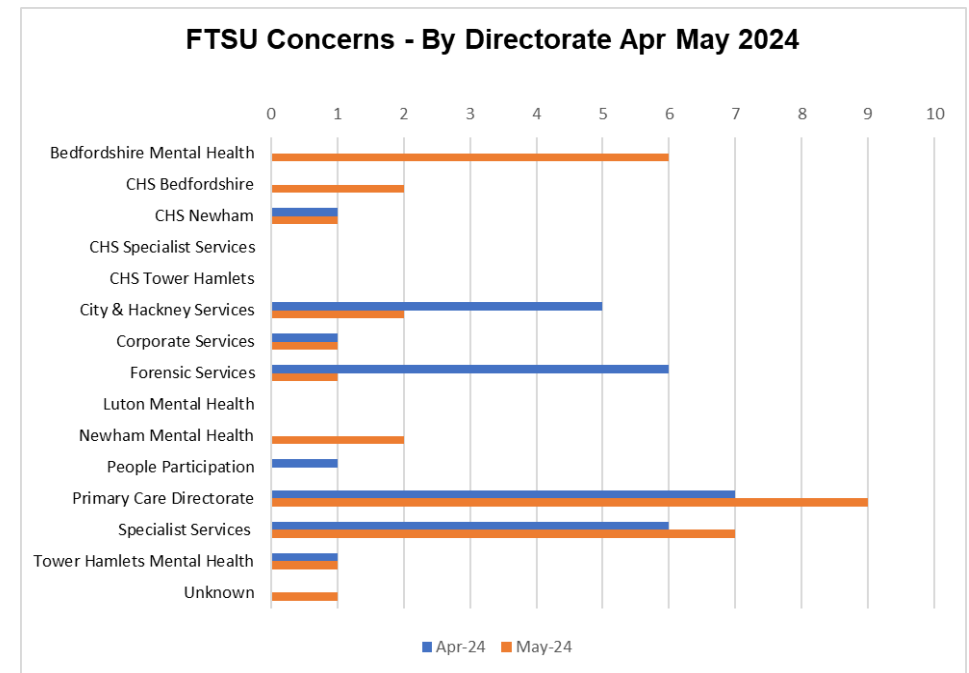
- TUPE process and pay, Disciplinary issue management, Secondment process,
- Recruitment process;
- Length of time taken for reasonable adjustments to be put into place;
- IT/Phone systems, impact on service and service users;
- Difficulties within teams and impact on service delivery.

37 cases relate to 'Worker Safety and/or Worker Wellbeing':

- Staff feeling intimidated for speaking up on concerns;
- Incivility from staff, impacting the place of work;
- Inadequate induction or training of staff.

33 cases relate to Other Inappropriate attitudes/behaviours and are mostly around inappropriate staff behaviours that are uncivil and do not align with the Trust values.

16 cases related to Patient Safety/Quality of Care and mostly relate to staff behaviours, their conduct and their impact on patient care.



9 of these 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 concerns will have already been raised but are not taken seriously or they are told things are 'in hand' but receive no further feedback and do not see improvement. In many cases, this is the reason concerns are raised with Freedom to Speak Up.

Staff are also very keen to learn more about psychological safety in 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.

KEY UPDATES – BUSINESS CONTINUITY

Global unrest

Recognising that the impact of global events such as the different wars and conflicts across the world, with an acknowledgement that our staff and patients represent nearly 150 countries. An example of the work undertaken is the Trust engaging with external organisations such as Campaign Against Antisemitism to commission a training programme and series of workshops for the board and for the trust more broadly. In addition, we are engaging with the NHS England Muslim network to also commission sessions focusing on Islamophobia. Through the RaCE network, the Trust will also explore what other groups we need to focus on. The Race in the Workplace Survey closed at the end of June and the Trust are awaiting the analysis from the external provider and this will be presented to the People & Culture committee in September, in recognition of the spectrum of the race issues across the Trust, the messaging was nuanced to factor in the broadest spectrum of race and racism.

Industrial Action

Further strike action from Junior doctors took place from 7am 27 June 2024 ending at 7am 2 July 2024. Industrial action plans were in place to ensure that services were safe. All shifts were covered with the relevant experience and skills to fulfil them. Reminders about relevant systems and cover arrangements for the period were at a local level detailing everything relevant for everyone to be aware of. There was ongoing support to local department management teams which reported in through the Trust emergency response infrastructure.

New Labour Government

Focusing on the proposed changes that are most likely to impact our workforce are as follows:

- Extended time limits to lodge employment tribunal proceedings from 3 months to 6 months. This would potentially increase the amount of ET claims.
- Ending one-sided flexibility ban on exploitive zero hours contracts. More detail is awaited on what is actually meant.
- Commitment to modernise health and safety practices at work (extreme temperatures, long covid, mental health and the menopause).
- Day one rights for unfair dismissal. Currently it is a two-year qualifying period, which could again significantly increase the amount of employment tribunal activity .

- These changes, if progressed could have a significant impact in terms of the volume of activity and the potential legal costs of defending these claims.

Organisational Development and Leadership

There is an increasing demand for organisational development (OD) interventions within all services across ELFT. The Trust recently launched leadership and behaviours framework which includes an OD tool kit which is now available on the Intranet and is designed to support and empower teams to lead their own non-complex away days. Following the launch of this tool kit, a new 'Triage' OD process is being developed to identify which teams require specialist OD support from the OD team and/or People Business Partners, and which teams can facilitate their own non-complex away days. This process will include an offer of facilitation skills training and support should any leaders/managers require this. Further information on this new process will be communicated when finalised. The tool kit will be further reviewed to see how we financial management can be incorporated in response to the financial viability (FV) challenges that services are experiencing. In addition, financial literacy training is being created by the Finance team for middle managers.

REPORT TO THE TRUSTBOARD 2024

KEY UPDATES - OPERATIONAL

Organisational Changes

There are currently 13 organisational change processes in progress. There are 34 staff members that are affected by the change, of which 12 staff members are at potential risk of redundancies. Of the 12 staff at risk, 6 staff members have been redeployed to suitable alternative employments (SAEs). People Business Partners (PBPs) are working with the service directors to try to mitigate any further redundancies by exploring SAEs and avoid redundancies where possible. 11 staff members were TUPE transferred into the Trust on 1 June 2024.

There will be 3 consultation papers submitted to the Joint Staff Committee (JSC) in July 2024 for change in shift patterns, 7-day working, and move of work bases.

Financial Viability

An extraordinary joint staff side committee meeting took place on 25 June 2024. Staffside discussed their concerns in terms of how some department management teams (DMT) are perceived to be operationalising their financial viability plans and are initiating organisational change processes without going through due process. At the Committee management and Staffside agreed some basic principles:

- As a minimum, JSC meetings will take place monthly. This has been actioned. Additional meetings may be required to meet the demand organisational change processes.
- Cessation of process for managing consultations affecting five or less people. This will create better oversight amongst Staffside and leadership.
- To create a new simpler template for all consultation processes. This has been created and is being negotiated with Staffside.
- To review redeployment across the Trust so that there is a more central approach in terms of redeployment opportunities. To place all adverts internally in the first instance, to improve the chances of staff at risk of redundancy. This is in progress and additional resources are being recruited to manage the likely volumes of redeployees.
- To review roles where agency workers are covering long standing vacancies that staff who are at risk could access.
- As the overall number of staff potentially at risk is likely to exceed 100, the consultation processes are likely to be 45 days.
- Staffside also flagged issues around the processes within Bank specifically in L&B related to the bands which bank shifts are being paid. This is being explored with the service director and Staffside.

Staff Wellbeing

For the April 2024 National Quarterly Pulse Survey (NQPS), the Trust received one of its highest response rates to date of 15% (3% higher than that of the previous quarter). The Trust response, consisting of 1203 completed surveys, yielded positive scores of 65% or higher on 6 of the 9 core questions (this was down 1 since the previous quarter). The scores for the 2 staff friends & family questions were:

- 68.8% of staff would recommend the Trust as a place to work (slightly up from last quarter's 68%);
- 64.5% of staff would be happy with the standard of care provided by the Trust if a friend or relative needed treatment (down from last quarter's 65.6%);
- The Trust's NQPS staff engagement score is 7.06 (slightly up from last quarter's 7.04) and higher than that of the Picker average engagement score of 6.71.

A peer-to-peer staff recognition programme, Highfive, launched in April 2024. With Highfive, staff can continuously recognise the hard work and tireless dedication of their colleagues, actively appreciating one another as a daily part of work lives. The Wellbeing & Engagement Team are working with IT to make the Highfive App available on work phones.

The Trust has transitioned to a new Employee Assistant Programme (EAP) provider to offer improved, confidential, and unbiased support from trained and independent counselling practitioners. The new *HELP* EAP provides 24/7 support for mental and physical health, bereavement, financial advice, legal issues and more.

REPORT TO THE TRUST BOARD JULY 2024

So What, Now What?

In summary, all of the mitigations have enabled the the risk on the Board assurance framework to remain stable. There are positive signs in terms of the Trust vacancy and staff turnover rates. The Trust continue to perform well in terms of time to hire, progressing the international recruitment pipeline to new starters at the Trust. The Trust will continue its approach to targeted recruitment. In terms of the financial viability challenges and the anticipated level of organisational changes potentially affecting hundreds of staff. In response to this, the Trust wide recruitment processes have been changed to restrict all adverts to staff potentially at risk of redundancy. It is only if there are no appointments made, then hiring managers can recruit externally. This is in order to mitigate the potential levels of redundancies. There is close partnership working with executive team members and Staffside in order to address issues that may arise so that they can be addressed. It is important to note that there is a risk that these changes could impact time to hire, in that the recruitment process may be elongated to factor in these additional stages, however this was considered to be a necessary risk, if it will mitigate significant numbers of potential redundancies.

In the context or organisational culture, the Trust continues to encourage and offer organisational development activities. In addition, the OD toolkit that has been launched to empower managers and teams to lead their own away days given the scale of the demand.

There are plans in place to support managers in terms of financial literacy and training is planned for September 2024, so that financial decisions are underpinned by good leadership culture. A series of workstreams have been created that focus on:

- Financial Viability/Financial know-how
- Non-Pay Review Programme
- Contract Optimisation
- Workforce & Establishment
- Digital-Estates Optimisation
- Service User Flow/productivity

In response to the high levels of people relations activity referenced in the report the Trust continue to support and train managers as well as there being an escalation of cases to the executives, where there may be concerns about process, consistency, transparency and/or fairness. The Respectful Resolution tools will assist with informal resolution and over time should help to reduce the volume of cases. Although, given the Labour Government's manifesto we are likely to see an increase the number of Employment Tribunal cases given the proposed 'day 1' rights for employees. A number of people relations policies have already been reviewed further briefings will be arranged for middle managers on the proposed changes in employment law.

There is a lot of work being undertaken in terms of the sexual safety charter and associated action plan and this dovetails with the work on the Patient Safety Incident Response Framework (PSIRF) and this is also likely to be magnified in terms of further changes proposed by the Labour Government. The Trust will continue to raise awareness and train managers and staff in terms of acceptable standards of behaviour. The recently launched leadership and culture framework will assist with this alongside the Trust leadership programmes, and leadership and culture behaviours which have been embedded in the Trust appraisal process. The newly rolled out supervision process will also support this work and is another tool to empower managers and staff.

A key focus is the People Promise work which will pull together all of the work undertaken on the People agenda which will pull together show evidence the work taken to date and will highlight key actions for the Trust to progress this work.

REPORT TO THE TRUST BOARD JULY 2024

So What, Now What?

In terms of Freedom to Speak Up, we continue to work with the Freedom to Speak up Champions, to increase visibility and awareness and encourage staff to raise concerns. This is demonstrated in the increase in the number of concerns that are raised. There is triangulation between the People Relations cases and Freedom to speak up and Whistleblowing cases. A further internal audit is planned for Summer 2024.

A forward plan has been created for the People & Culture committee and includes cross cutting themes and deep dives to provide the board with additional assurance.

The Board are requested to **RECEIVE** and **NOTE** this report.

REPORT TO THE TRUST BOARD IN PUBLIC
25 July 2024

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

Purpose of the report

<p>To present to the board a report on in-patient mental health, community health wards safer nursing staffing levels, and community safer staffing caseload review levels in line with the national expectations of NHS providers for safe staffing levels.</p> <p>The report provides assurance and outlines issues related to safer staffing for the Board at six monthly intervals</p> <p>This report to the Board summarises the results of the Trust monitoring of staffing levels across all mental health and continuing care inpatient wards and Community Health and covers the 6-month period from November 2023 to April 2024.</p> <p>The report includes an update on the Community Nursing Safer Staffing review (CNSST).</p> <p>In this period 24 of the 54 wards showed variance in fill rate with immediate actions taken at the time by the managers. Regular rota and establishment reviews inform planned and actual staffing decisions. All services have mitigation actions they follow to manage unplanned absences up to and including business contingency plans.</p> <p>Establishment reviews were undertaken across all inpatient areas during November /December 2023 to inform budget setting in line with safer staffing levels.</p> <p>The ward staffing information is published monthly on the NHS Choices and Trust Website</p> <p>The board is asked to NOTE the assurance provided and CONSIDER if further sources of assurance are required.</p>

Strategic priorities this paper supports

Improved population health outcomes	<input type="checkbox"/>	
Improved experience of care	<input type="checkbox"/>	The right staffing numbers to meet the service user needs and respond accordingly.

Improved staff experience	<input type="checkbox"/>	The right staff numbers create an environment where staff can safely practice and deliver high quality care
Improved value	<input type="checkbox"/>	The right staffing resources reduces the need for agency and promotes consistency of practice.

Implications

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

Meetings where this item has been considered

Date	Committee/Meeting

Supporting documents and research material

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

Glossary

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

1.0 Background

- 1.1 Further to the Robert Francis Report (2013), the National Quality Board (NCB) have published guidance that sets out the expectations of commissioners and providers for safe nursing and midwifery staffing, in order to deliver high quality care and the best possible outcomes for service users.
- 1.2 In July 2016, the NQB issued a follow up paper “*Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time. Safe sustainable and productive staffing*” which outlines an updated set of NQB expectations for Nurse staffing within Acute Trusts.

2.0 Analysis of Trust Results, Planned vs Actual staffing.

- 2.1 Assessments of the impact of staffing on care quality and safety in different ways. All the information is triangulated to give a more rounded view.
- 2.2 The Average Fill rate reports on the planned vs actual Nursing hours provided has shown improvement. 24 of the 54 wards showed variance in fill rate with immediate actions taken at the time by the managers. Some wards adjust the skill mix and increase the Health Care Support Worker numbers to offset the reduced Registered Nurse numbers.
- 2.3 In the previous period May to October 2023, there were 108.46 WTE registered nurse vacancies across the services. As of March 2024, this has reduced to 53.37 WTE. We anticipate within the next quarter this number will move to zero for inpatient services, pending HR clearances and appointments into permanent Trust contracts following our recent recruitment open days where over 70 staff have been offered positions.

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

Ward	Nov	Dec	Jan	Feb	March	April
Newham						
Emerald	Day RMN 74% HCA 138% Night RMN 82%	Day RMN 85% HCA 153%	Day RMN 78% HCA 124%	Day RMN 81% HCA 113%	Day RMN 83% HCA 109%	

	HCA 240%					
Sapphire				Night RMN 81% HCA 320%		
Crystal	Night RMN 85% HCA 123%	Night RMN 87% HCA 113%				
Opal	Night RMN 72% HCA 151%					
Ruby Triage	Day RMN 84% HCA 77%			Day RMN 82% HCA 83%		
Ivory	Night RMN 87% HCA 116%			Night RMN88% HCA 118%		
Tower Hamlets						
Brick Lane		Day RMN 89% HCA 142%				
Leadenhal l				Night RMN 80% HCA 262%	Night RMN 82% HCA 234%	
Globe	Day RMN 85% HCA 125%	Day RMN 89% Night 150%	Day RMN 82% HCA 160%	Day RMN 76% HCA 130%	Day RMN 81% HCA 111%	
Roman		Day RMN 84% Night 112%				
Luton and Bedford						
Poplars	Day RMN 78% HCA 173%		Day RMN 70% HCA 194% Night RMN89%		Day RMN 83% HCA 204%	Day RMN 89% HCA 186%

			HCA 233%			
Coral	Day RMN 77% HCA 150%	Day RMN 73% HCA 159%	Day RMN 68% HCA 177%	Day RMN 64% HCA 152%	Day RMN 76% HCA 138%	Day RMN 85% HCA 149%
Townsend Ct.		Day RMN 89% HCA 120%				
East Ham Care Centre						
Fothergill				Day RN 83% HCA 113%	Day RN 85% HCA 100%	Day RN 87% HCA 99%
Coborn Adolescent Unit						
Coborn Acute	Night RMN 70%% HCA 122%%	Night RMN 61% HCA 140%		Night RMN 59%% HCA 152%	Night RMN 61% HCA 159%	Night RMN 50% HCA 157%
Coborn Galaxy	Night RMN 76% HCA 132%	Day RMN 89% HCA 150% Night RMN 79% HCA 129%	Night RMN 79% HCA 189%	Day RMN 79% HCA 143% Night RMN 71% HCA 147%	Day RMN 70% HCA 163% Night RMN 71% HCA 132%	
Evergreen	Day RMN 83% HCA 63%	Day RMN 69% HCA 69%		Day RMN 83% HCA 67%	Day RMN 87% HCA 66%	Day RMN 89% HCA 63%
City & Hackney						
Mother and Baby Unit	Night RMN 72% HCA 151%			Night RMN 86% HCA 240%		
Brett	Night RMN 87% HCA 268%				Day RMN 88% HCA 192%	Night RMN 78% HCA 304%
Gardner	Night RMN 87%	Night RMN 82%				

	HCA 431%	HCA 345%				
Forensics						
Victoria	Night RMN 84% HCA 190%					
Bow	Night RMN 87% HCA 503%		Night RMN 82% HCA 452%	Night RMN 85% HCA 352%	Night RMN 80% HCA 247%	
Limehouse			Day RMN 76% HCA 132%			
West Ferry			Night RMN 89% HCA 161%		Night RMN 87% HCA 162%	Night RMN 87% HCA 163%
Clerkenwell						Night RMN 85% HCA 355%

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



2.5 The chart shows that between January 2024 and July 2024 we have seen a decline in the number of wards impacted by below expected fill rates for registered nurses. However we still have some way to go to reduce fill rates to July 2022 levels. Amber rated staffing (staffing of between 99% and 70% fill

rates) have significantly reduced from the last 6 months, and Red rated staffing (Under 70% fill rates) remain stable over time. RAG rating tells us how prevalent a problem is within a clinical area. Red rated wards especially when this occurs over a number of months can put strain on mitigation plans and increase the risk of gaps in staffing that cannot be mitigated. The reduction in both wards affected and number of incidences of below expected fill rates has improved primarily because of recruitment and onboarding of registered nurses with reduced wards vacancies. Data was not available for July 2023.

- 2.6 Newham, Tower Hamlets, City & Hackney and Luton and Bedfordshire Working Age inpatient services showed below expected fill rates on 41 occasions for Registered Mental Health Nurses (RMN) over a number of wards. This is a reduction compared to the last reported period of 80 occasions. Of these 41 occasions, there were 8 wards where this fell below 75%. In these areas the shortages are balanced with above expected staff levels of HCA fill rates. The RMN deficits are covered by the Ward Manager, Matron and Duty senior nurse, redeploying staff across the inpatient units or booking agency or bank staff. The improvement in fill rates is reflective of the focus on recruitment across services and the impact of the Internationally educated registered nurses who have come into post. Higher numbers of substantive staff positively impacts on services as there is continuity of care and better opportunities for team cohesiveness.
- 2.7 There has been a focus on developing our temporary workforce (bank staff) who are now able to access local inductions, mandatory and statutory training. Temporary staff working on wards are only booked to cover shifts where they can evidence they have completed local inductions. This reduces the risk of unsafe practice as they are provided with the knowledge and skills to work in clinical areas. There is a Trust wide project developing the support offer to temporary staff that will include access to training and professional supervision provided to this group.
- 2.8 The newly formed trust wide nursing recruitment group will look to improve recruitment and retention to reduce variation throughout the year. We have proactively recruited into all vacancies with projected start dates between July and November across inpatient services. In order to mitigate the impact on fill rates against the annual cycle of leavers who progress into new opportunities at higher banding within the 6-9 month period post commencing employment with the Trust, we have a proposal to overrecruit by 2 nurses per ward and a defined pipeline for International recruits from Sri Lanka of 25 nurses annually and continue to work with City University and the University of Bedford to provide clinical placements and employment for qualifying students.
- 2.9 In November and January, some wards in Newham saw a decrease in registered nurse fill rates, with 2 wards having occasions of less than 75%. During this period, they had several newly qualified nurses and International Recruits joining the teams as Band 4's whilst they waited for completion of their OSCE assessments and NMC (Nursing and Midwifery Council) registration. Some wards did have vacancies and were pending the start of

new recruits. On Ivory and Ruby wards, unfilled RMN shifts have been covered by substantive staff in posts on the wards as they have been over recruited on Band 4 staff- this supports continuity of care. Crystal and Opal wards have been affected by staff sickness and they are working with staff and People and Culture to support people to return to work as soon as this is appropriate. Staffing structures across all of the wards is being reviewed to ensure they have the right skill mix that supports safer staffing and effective rota management.

- 2.10 Luton and Bedfordshire Poplars, Coral and Townsend Court showed deficits with Coral ward being (below 75%) in the registered mental health nurses and a high fill rate for unqualified staff. Higher fill rates are more evident in the older adults' wards, due to the increased level of observations many due to falls risk. This has prompted a piece of work around falls management which includes a falls lead, robust falls risk assessment training, activities boxes for patient, sport physiotherapist and a new pilot using technology to prevent falls. Willow and Townsend Court have historically struggled to attract candidates due to its geographical locations and transport links. Coral ward has seen more occurrences of lower fill rate due to staff who were on non-clinical duties. Targeted recruitment has been undertaken to try and increase numbers for these two wards together with international recruits, two of which have started. The ward manager and Matron in the locality covers the deficits where necessary. There is now infrequent use of agency in use within Luton and Bedford inpatient services and a greater reliance on registered bank staff.
- 2.11 There has been on going RMN recruitment with the Bedfordshire University and a number of recruitment fairs and open days which has had a positive impact on addressing the deficits and reduce agency use in the coming 6 months. Agency spend for all banding is now almost zero agency spend.
- 2.12 CAMHS Child and Adolescent Mental Health Services (Coborn). Coborn continue to see an improvement in the number of nurses recruited to the unit. They currently have three nursing vacancies, all of which have been recruited to, with the candidates waiting to be cleared through recruitment processes. The acute ward takes admissions from young persons with eating disorder that requires additional staffing however, this is also supported via EPOCs. Monthly Healthroster meetings are now in place to maintain oversight on staffing and effective rota planning. We are also in the process of re-establishing our monthly HR sickness meetings so that there is effective oversight and follow up of over this.
- 2.13 There have been staffing challenges across Coborn and Evergreen with consistent below expected fill rates. Recruitment levels for registered nurses is robust and gaps have been impacted by long- and short-term sickness, and absence due to HR or Lado processes. Proactive management of Sickness and Hr processes are being supported by people and culture team. Although their fill rate is below expected levels, both units manager and matron on site who routinely cover shifts where there are deficits. This has allowed the unit to maintain safe RMN levels per shift. CAMHS leadership teams work in collaboration with placed based job fairs.

- 2.14 Older People's wards at East Ham Care Centre, Fothergill ward provide step down and end of life care & Sally Sherman provide care to adults with an organic illness and behaviour that challenges. Recruitment into older adult care continues to be challenging; there is a high number of staff who are due to retire or have retired and return and international and domestic recruitment is a valuable workstream. This workforce challenge is in some part being met by international registered nursing staff and domestic unregistered health care staff from the local community. Where appropriate, access routes into registered posts via Nurse Associate will be offered. Retention within the service remains good.
- 2.15 Forensic services - most of the wards highlighted have preceptorship nurses and international nurses waiting for their registered pins and were working as Band 4s. this high number of CA was to cover high acuity, increase in high levels of observations and long-term segregation for service users on extra packages of care. We expect to see an improvement in the fill rate as all wards are now fully recruited with nurses starting in July with nurses starting in July and August and most of our international nurses' have obtained their NMC registration, parallel work is being undertaken reduce violence and aggression which impacts on staff attendance due to industrial injury on some wards.

3.0 Remedial actions

- 3.1 Across all the wards there are systems to put in place mitigating actions to ensure safety and quality of care has been maintained. These have included:
- 3.1.1 A review of staffing levels shift by shift by nursing staff and immediate managers that can result in agreement for managers and Matrons to cover clinical shifts
- 3.1.2 Unit wide safety huddles that can result in redeployment of staff by the Duty Senior Nurses to cover staffing deficits and to address issues of risk or acuity
- 3.1.3 Flexible shift patterns implemented to support community staff who work 9-5 to undertake twilight shifts and weekend work across inpatient services. Community staff have been paid as their substantive Band where they have covered inpatient shifts at a lower grade
- 3.1.4 Potential to re-introduce Peripatetic rotas if required at points of high acuity or staffing gaps Services have a contingency plan to put a peripatetic team in place (the peripatetic team sits outside of ward rotas and is a small team that can be utilised to cover short notice staffing deficits. (As the peripatetic team rota sits outside of individual ward rotas, shifts that they cover will not be captured on ward rotas and show as a deficit even though the shift is covered)
- 3.1.5 Ongoing work to reduce the need for agency staff through recruitment fairs, international recruitment, close working relationship with City University and University of Bedford and internal developmental opportunities to retain staff

- 3.2 Where gaps remain, there is an escalation to the service directors and out of hours to the managers on call for their support and it is recorded as an incident. The incident sign-off process will review whether the gap was avoidable and take forward any learning.
- 3.3 Overall, staffing issues are subject to review in the weekly locality senior nurse meetings and 3-monthly rota reviews with the Director of Nursing, Service Lead Nurse and the Safer Staffing Lead. The Directors of Nursing undertake annual establishment reviews with all teams that considers Mental Health Optimal Staffing Tool (MHOST) data.

4.0 Community Health Services Nursing

- 4.1 National Safer Staffing tool for community nursing (CNSST tool). The recent merger of NHS England, Health Education England, and Monitor has led to a massive restructuring in NHS England. The restructuring led to a change of the team responsible for managing the Safer Staffing tool for Community Health services across England. A new team is now working with the Safer Staffing Faculty that runs the Acute hospitals tool. The NHS England national team will be undertaking a comprehensive review of the CNSST to ensure its continued effectiveness, reliability, and usability.
- 4.2 The NHS England team stated that this decision is standard practice in their commitment to delivering quality tools and services and was informed by the valuable feedback received from Trusts and organisations within Cohort 1, who have been utilising the tool. It is therefore worth mentioning that:
- 4.2.1 The Community Nursing Safer Staffing Tool (CNSST) has been in use for nearly 18-months
- 4.2.2 In discussion with the Safer Staffing Faculty, the team thinks it prudent to undertake a comprehensive review to ensure its continued effectiveness, reliability, and usability.
- 4.2.3 Throughout its usage in the last 18 months, we have noted instances where feedback highlighted a potential misalignment between professional judgement and tool-generated results, they are therefore seizing this opportunity to refine and enhance the CNSST
- 4.2.4 The review process will take into account the feedback and queries received from users and stakeholders alike, especially the early implementer sites.
- 4.2.5 This is invaluable as we work towards optimising the CNSST and developing the digital tool for the benefits for all stakeholders.
- 4.3 NHS England team anticipates completing this process to reintroduce the tool September 2024. During this period, all Trusts have been asked to pause using the existing tool and data collections. NHSE team will also pause the launch of training for Cohort 2 during this period.

- 4.4 In light of this pause in data collection, we are requested to implement contingency plans to ensure the ongoing management of safe staffing levels across communities. The services have now reverted to the use of Batman scores and Warrington Scores to ensure safer staffing and patient safety in return.
- 4.5 Due to the directions from NHSE as stated in 3.1 above, the Trust planned audit for May 2024, is paused until further directions are given. Although NHS England is working on digitalisation of the tool, local conversation will also continue to enable a system compatible tool that can work with our local clinical record systems.
- 4.6 Community Health Services do have vacancies for Registered Nurses at band 5 and 6 we are doing targeted recruitment, proactively linking with universities for qualifying nurses and continue to internationally recruit. Since the last safer staffing report, we have seen a positive reduction in vacancies within Bedfordshire and London Community Nursing teams; the most recently reported vacancy rate, April 2024 is:
- Bedfordshire – a reduction to 5.2% (a reduction of 1.18% since November 2024)
 - Tower Hamlets 13% (a reduction of 2% since November 2024)
 - Newham-14% (remains static at 14%)

5.0 Conclusion

- 5.1 We have had significant improvements in RMN recruitment which has improved our registered nurse fill rate for the reporting period. Although we continue to have less than 100% fill rates, the numbers of wards affected and the number of shifts per ward where this is not achieved is less. This means the reliance on existing registered staff to undertake bank shifts is decreased. There is parallel focus on retention, with staff well being and opportunities for development priority areas. We anticipate a positive impact of a stable workforce on patient care, staff experience and the quality and safety of services.
- 5.2 To ensure appropriate staffing levels are maintained a number of actions are taken to manage, monitor and escalate concerns around safe staffing on a shift-by-shift basis with senior staff providing appropriate support to ward teams.

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

6.0 Action being requested

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

REPORT TO THE TRUST BOARD IN PUBLIC
25 July 2024

Title	Charitable Funds Committee 4 July 2024 – Committee Chair’s Report
Committee Chair	Peter Cornforth, Non-Executive Director and Committee Chair
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

To bring to the Board’s attention key issues and assurances discussed at the ELFT Charitable Funds Committee meeting held on 4 July 2024.

Key Messages

Funding Awards Story: Healthier Wealthier Families (HWF) Update

- This is a funded initiative in partnership with the London Borough of Newham to co-locate financial advice in clinical settings with the strategic aim of reducing child health inequalities.
- Between April 2023 and June 2024, 174 referrals were received with a total of c£476k in maximised benefits, an average of £6k per family; the support varied from the provision of vouchers to navigating the benefits system.
- Feedback received from 55 families highlighted the financial agency and empowerment the advice provided as well as improved budgetary skills and purchasing power and positive changes to family life, wellbeing and relationships; they also welcomed the opportunity to access the advice within a trusted, family-friendly environment.
- Feedback from clinicians noted the ease of being able to refer service users and the positive impact of being able to influence their endemic financial difficulties.
- The project has secured future funding through the National Institute for Health & Care Research and future areas for co-locating financial services in ELFT are Luton, Tower Hamlets and City & Hackney.
- The committee welcomed the autonomy, dignity and control this project has brought to families and noted the challenges around HWF becoming a mainstream funded service; however, there will be focused work to profile the concept more widely within both the NHS and national bodies.
- The committee requested further work to showcase the impact of this project.
- The project has been shortlisted for the NHS Parliamentary Awards and an ELFT celebration and learning event is planned for 21 October.

Fundraising update

- Donations continue to be received through the growing engagement by staff with the *Pennies from Heaven* scheme, from families of service users and via the charity’s Just Giving account.
- A planned workshop will focus on ideas to expand and optimise fundraising.

Funding Awarded

- Funding totalling c£219k has been granted to 81 projects to date, with applications for bids continuing to be received.
- Work is under way to increase both the monetary value and number of bids being approved, recognising that larger projects often require more time and greater collaboration. The committee requested improved communication to ensure applicants are aware that the team provides guidance and support for the bidding process
- More emphasis on face-to-face messaging was encouraged for reaching out to groups who may not engage with standard communication methods or in areas with low bid applications

Equalities Impact

- Work continues to raise the profile of the charity in Bedfordshire and Luton.

- The committee requested more accurate qualitative reporting on the demographics of people who actually benefitted from a project, rather than a reliance on the potential targets stated on bid application forms.

Communications Update

- The programme of regular Trust-wide webinars continues and these will be used to emphasise the support and guidance available for bid applicants both before and during the process.
- The committee encouraged more inclusion of specific stories in comms messages to showcase the charity.

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

REPORT TO THE TRUST BOARD IN PUBLIC
25 July 2024

Title	Finance, Business and Investment Committee (FBIC) 27 June and 18 July 2024 – Committee Chair’s Report
Committee Chair	Sue Lees, Non-Executive Director and Committee Chair
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

- The Finance, Business & Investment Committee (FBIC) met on 27 June primarily to receive an update on the month 2 finances
- This report focuses on month 3 finances and the key issues and assurances discussed at the meeting held on 18 July 2024.

Key messages

Finance and Financial Viability (FV) Update M3 2024/25

- The Trust’s financial performance at the end of June was a deficit position of £8.2m, £5.6m adverse to plan. Although the cash position remains strong it is weaker than in recent periods, affecting interest income.
- The committee received assurance on actions to reduce expenditure including the establishment of a new Going Further, Going Together board chaired by the CEO to provide financial oversight and maintain pace across six workstreams. The focus is on service transformation with clinical leadership and service user involvement thereby maintaining quality services, rather than being solely finance-driven.
- The committee noted the impact from the workforce and establishment workstream in the reduction in temporary workforce costs for June. The contract optimisation workstream is focusing on recovering income for services and reviewing unfunded services using a QIA approach; however, the committee cautioned the potential system impact. Work is also being undertaken to understand the reasons for acuity within inpatient wards.
- Current risks include the realisation of industrial action costs and the potential spike in agency and bank usage. Despite a reduction in private bed usage, long term financial challenges may arise when funding runs out. However, there is a system wide focus on making admissions more purposeful.
- FV remains a challenge with a gap of £9m gap in identified schemes to meet the £29m target, some of which have a high-risk profile. The committee received assurance on the range of actions being put in place to support with identifying the remaining schemes including the reallocation of project management resource to increase pace of delivery.
- The committee acknowledged some services may find the scale of the ask overwhelming and will require strong support from corporate teams and execs who also need support to balance quality service delivery, service transformation and financial sustainability.
- A clearer indication of achieving a break-even position by year-end will be available by the end of September. Given the NHS overall spend profile, an earlier than anticipated budget reset by the centre is likely.

Temporary Workforce and Agency Usage Reduction

- The committee noted the range of actions and future plans to reduce agency spend and streamline the agency workforce under a single platform. Progress includes adherence to framework agreements; the elimination of off-framework agencies; negotiations on agency rates and introduction fees; bank staff transitioning to substantive posts; improvements in data management for better visibility on bank and agency spend.
- A key challenge is covering vacancies with agency medical staff, especially in Bedfordshire and Luton where recruiting substantive consultants has been difficult. A strategy has been developed to address this. In Bedfordshire community services agency spend is driven by the need for qualified nurses. Initial recruitment issues are being resolved and the benefits of recruiting international nurses are beginning to materialise. However, onboarding of international recruits

remains a challenge due to delays caused by governance processes. A lessons learnt exercise will be undertaken to ensure processes are made smoother for the future.

Investments Update

- The majority of the Trust's cash balances are held with the Government Banking Service (currently receive 5.14% interest). Due to the way in which the Public Dividend Capital (PDC) dividend is calculated there are limited options for investing elsewhere. The main option available to the Trust is depositing with the National Loans Fund (current best rate is 5.20%).
- The committee supported the approach to managing funds on deposit..

National Cost Collection Submission Report 2023/24

- The committee received assurance that the NCC report was completed and submitted in line with the Approved Costing Guidance with all mandatory and significant non-mandatory validations reviewed and verified including with NHS England.
- The committee highlighted the importance of rigorous cost analysis and benchmarking with other organisations but also internally to understand why the cost drivers are different in services, and to use this as part of identifying waste within the organisation.

Private Sector Opportunities

- The report highlighted the possible opportunities the Trust may wish to consider in engaging in private services and how aligning such initiatives with the Trust's strategy could enhance service user experience and workforce retention. The committee supported the principle of exploring further, with caution that discussions should align with our patient needs and the Trust's strategy and not purely financial efficiency. Specifically this should not distract from our core activities in any way.

New Business Opportunities

- The committee supported the proposal to have greater sight of new business opportunities; the proposed Business Case policy will outline the thresholds and approval routes.

Procurement Update

- £192k procurement savings to date against a full year target of £800k and an aspirational target of £1m. The new non-pay reduction workstream includes procurement, contract and finance teams who will scrutinise all subcontracts due to expire within two years to decrease the number held across the Trust and to reduce expenditure by optimising supplies and enhancing value for money.
- The committee received assurance on the work to address the Purchase Order compliance rate which is currently 50% against a target of 80% with a review of processes and the identification of areas where significant compliance improvements can be made, and advocated for cultural change and the need for financial literacy to improve PO compliance. However, acknowledged a 'no PO, no pay' approach would impact on local small suppliers if they were not properly supported.
- The committee noted opportunities for savings from the evaluation of the size of meals provided by a supplier to inpatient units to generate savings based on volume; and from switching proprietary drugs to generics with potential significant system-level savings.

Estates Update

- The capital programme of £10.3m is divided between estates and digital, based on prioritised assessments. Backlog maintenance has increased due to additional primary care properties.
- The committee received assurance that the ERIC return has been submitted and is showing significant improvements in key areas, such as fire and incidents; as part of the Going Further, Going Together work streams, there is ongoing work and plans on back to basics review, asset disposal programme, lease efficiencies and master plan reviews; a reprocurd hard FM service with a redesigned specification is expected to introduce efficiencies due to increased focus on planned versus reactive maintenance, encourage a new supplier to invest in digital platforms, provide improved compliance and associated visibility, and improve the environment for service users and staff with potential targets and gain share with the service provider.

- The committee confirmed that they had previously suggested reviewing whether there was a more cost-effective solution across the system in resourcing the management of the PFI handback as there are at least two other trusts in North East London who are also handling PFI handbacks, and requested potential options be presented at a future meeting.

Board Assurance Framework: Improved Value

- The committee commended the new approach to the BAF which provides greater clarity on risk drivers and consequences, and approved the following amendments:
 - BAF risk 7: revised wording to reflect the broader financial challenges faced by the Trust beyond efficiency requirements: *There is a risk that the Trust cannot achieve its strategic priority to ensure **financial sustainability** (resulting in failure to deliver a balanced financial plan and savings targets, possible harm to patients, poor experience, impact on external relations and a long-term threat to service sustainability).*
 - BAF risk 8: to now focus on *If **digital infrastructure plans** are not robustly implemented and embedded, this will adversely impact on our service quality and delivery, patient care and carer experience, and our ability to transform services within digital.*
 - BAF risk 10: a new risk to cover *If the estate is not effectively maintained or improved, this will result in **a poor quality environment**, reduced statutory compliance and failure in net zero carbon (NZC) obligations.*
- BAF risk 8: The committee requested the scope to include risks associated with failing to implement new digital approaches to healthcare delivery in addition to infrastructure issues.
- BAF risk 10: The committee requested the risk to include the strategic risks related to its estates usage, capacity in appropriate locations, and whether the Trust needs to acquire or disinvest in certain estates to meet our strategic goals.

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

REPORT TO TRUST BOARD 25 JULY 2024

Title	Finance Report Month 3 (June 2024)
Author	Daniel Stephens, Associate Director of Finance
Accountable Executive Director	Kevin Curnow, Chief Finance Officer

Purpose of the report

This report highlights and advises the board on the current finance performance and related issues.

Committees/meetings where this item has been considered

Date	Committee/Meeting
18 July 2024	Finance Business & Investment Committee

Key messages

<p>Summary of Financial Performance:</p> <ul style="list-style-type: none"> • As at month 3 the Trust is reporting a deficit position of £8.2m year to date, which is £5.6m adverse to plan. The key drivers of this variance are; <ul style="list-style-type: none"> ○ Staffing pressures on inpatient wards, due to patient acuity and enhanced observation requirements ○ Agency costs, arising from difficulties in recruiting medical and nursing staff. ○ Financial Viability (FV) slippage • Usage of private sector beds continues to be high. This is currently offset by income, but if requirements do not reduce, this will create a financial pressure in future months • The Trust's cash balance on 30th June 2024 was £96.8m. • YTD Capital expenditure was £1.6m. • Better Payment Practice Code performance is 90% by volume and 92% by value.
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Strategic priorities this paper supports

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

Implications

Equality Analysis	Financial sustainability aids the organisation in being able to address and adequately resource equality issues within the services we deliver
Risk and Assurance	NHS 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.

Summary

1.1 Background and Financial Framework

For 2024/25 the financial architecture has continued with a contracting model, where funding is based on prior year, adjusted for non-recurrent items, funding growth, services changes and a net 0.6% uplift anticipated for pay and price increases. This is distributed to a system level and then allocated based on agreed methodologies to provider Trusts.

The Trust final plan submission to NHS England (NHSE) on 12th June was an income and expenditure 'breakeven' position, in line with North East London (NEL) Integrated Care System (ICS) plan submission. The final plan submission by the Trust includes a Financial Viability target of £29.0m. The Trust also submitted a capital plan of £9.9m in line with its allocation share based on depreciation. Trust capital requirements far exceed this and this has been highlighted in Regional and National Discussions.

1.2 As at month 3, the Trust is reporting;

- An income and expenditure deficit position of £8.2m year to date, which is £5.6m adverse to plan. The key drivers of this variance are;
 - High bank and agency usage in Medical Staff and in Community teams, arising from vacancies. (£1.8m - this excludes Primary Care, which is reported separately below)
 - Staffing cost pressures in inpatient services (£1.4m) linked to an increase in the number of patients with complex needs, requiring enhanced levels of observation and 1-to-1 staffing
 - Overspend Primary Care services, arising from high agency usage (£1.4m).
 - Slippage on Financial Viability delivery (£1.0m).
 - A continuation of expenditure pressures across Home Treatment Teams (£0.8m)

 - Usage of private sector beds is £4.2m, against a plan level of £0.4m. This has been offset by the recognition of additional income from Commissioners, so has no impact in month. There may be a financial pressure in future months if we are unable to reduce usage. The Trust has been allocated £5.7m of income for 24/25, and the current spend reflects 74% of the annual income.

- The Trust has a number of areas underspending due to vacancies, which are partially offsetting the pay overspends. While the trust does use agency staff to cover posts, not all vacant posts are covered.

- The Trust is currently forecasting a break-even position, in line with our financial plan.

- The Trust's cash balance on the 30th of June 2024 was £96.8m a decrease of £19.6m since the start of the financial year. The decrease is largely due to the deficit position, working capital movements and clearance of large capital creditors at year-end.

- YTD Capital expenditure (excluding IFRS16) as of 30th June 2024 of £1.6m.

2 Next Steps / corrective actions

- 2.1 The Trust needs to reduce expenditure from its current levels to achieve its planned position.
- 2.2 As reported at month 2, a new Going Further, Going Together board has been established, chaired by the Chief Executive Officer (CEO). The impact of the Workforce & Establishment group can already be seen in the reduction in temporary workforce costs in month, and in the material reduction in private bed usage.



1) Financial Viability – existing Financial Viability work stream, which will focus on identifying, delivering and monitoring progress against DMT and Trust-wide FV schemes. This will be led by the Chief Finance Officer (CFO), Chief Nursing Officer (CNO) & Chief Quality Officer (CQO) supported by Financial Viability Project Management Office (FVPMO), with representation from Finance, Commercial Development Department (CDD), Directorate Management Teams (DMTs) leads, as well as other Corporate support functions

2) Contract Optimisation – recovering all income for services provided by the Trust, such as Out Of Area (OOA) admissions and ICB funding gaps, as well as generation of additional income revenue streams. In addition, monitoring the cessation of services which are no longer funded or cost pressures requests not possible. This will be led CFO, Chief Operating Officer (COO) and Director Of Integrated Care (DOIC), and will have representatives from Finance, DMT leads and other Corporate support functions

3) Workforce & Establishment – reviewing staffing models, ensuring we have correct staffing establishment and skill mix, as well as reducing temporary staffing utilisation and maximising the use of scheduling tools eg Healthroster. This will be led by the Chief People Officer (CPO), Chief Medical Officer (CMO) & COO, and will have representatives from Finance, CDD and DMT leads, as well as Corporate support functions

4) Service User Flow/productivity – reviewing current clinical pathways to ensure services are delivered in the most efficient manner, including a focus on reduction in private bed usage. This will be led by the CMO, CQO, COO & DOIC and have support from DMTs, CDD and Finance.

5) Non-Pay – ensure optimal spend on all non-pay across the Trust, in order to address current non-pay cost pressures. This will be led by the CFO, Chief Digital Officer (CDO) & CNO with support from DMT and Corporate leads, as well as Finance

6) Digital-Estates Optimisation – rationalising and optimising estates footprint, as well as pivoting our digital capabilities to deliver efficiency across the Trust. This will be led by the CDO, COO & CMO with support from Finance, CDD and other DMT leads

3 Summary of Income & Expenditure Performance as of 30th June 2024.

3.1 The year-to-date Trust financial position, is a deficit of £8.2m compared to a planned deficit of £2.6m. This position is £5.6m adverse to plan.

3.2 The trust continues to experience high demand for inpatient beds and the utilisation of beds in the private sector is required. The trust is taking action to mitigate these costs and - for North East London - has managed to materially reduce the private sector beds usage by greater clinical and operational oversight as well as using step down beds. Usage is still high in the Bedfordshire Luton & Milton Keynes (BLMK) area, and we are working with partner organisations to understand and mitigate the issues – this represents a material financial risk to the trust.

Table 1: Summary of Financial Performance

	Year To Date			Annual Plan £000
	Plan £000	Actual £000	Variance £000	
Income				
NHS - Patient Care Activities	156,996	163,263	6,267	632,945
Non NHS - Patient Care Activites	3,276	4,357	1,081	13,105
Other (in accordance with IFRS 15)	3,919	4,354	435	16,094
Other Operating Income	743	201	(542)	4,325
Income Total	164,934	172,175	7,241	666,469
Pay				
Substantive	(122,408)	(105,419)	16,989	(472,904)
Bank	(575)	(13,588)	(13,012)	(2,300)
Agency	0	(7,259)	(7,259)	0
Pay Total	(122,983)	(126,266)	(3,283)	(475,205)
Non-Pay				
Non Pay	(34,478)	(43,965)	(9,487)	(149,864)
Non-Pay Total	(34,478)	(43,965)	(9,487)	(149,864)
EBITDA	7,473	1,944	(5,529)	41,400
Post EBITDA				
Depreciation	(8,505)	(8,505)	(0)	(34,369)
Amortisation	(270)	(270)	0	(1,080)
Finance Income	1,575	1,464	(111)	5,550
Finance Expenditure	(2,280)	(2,004)	276	(5,201)
PDC Dividend	(1,746)	(1,746)	0	(6,984)
Total Post EBIDTA	(11,226)	(11,061)	165	(42,084)
	(3,753)	(9,117)	(5,364)	(684)
Less				
Depreciation: Donated Assets	123	123	0	493
Remove impact of PFI revenue costs	1,026	811	(215)	191
Reported Surplus /(Deficit)	(2,604)	(8,183)	(5,579)	0

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

3.3 Income

The income position at the end of June reported a favourable variance of £7.2m. The main over performance is in funding for Private Beds (£3.4m higher than plan), which has been matched against the level of expenditure. There is also growth monies from BLMK ICB, which is above the level reflected in the Budget. NHS Trust income is higher than plan, due to recharges of Priory Beds to NELFT and high levels of Non-Contracted Activity income from the NCEL Provider Collaborative.

Income and expenditure budgets will be updated in month 4 to reflect the additional funding received.

A summary of the Trust income position is included below.

Table 2: Summary of Operating Income

Trust Income Position	In Month Budget	In Month Actual	In Month Variance	YTD Budget	YTD Actual	YTD Variance	Annual Budget
Operating Income From Patient Care Activities							
Income From NHS - Patient Care Activities							
Integrated Care Boards (ICBs)	-38,113	-44,116	-6,003	-129,717	-132,987	-3,271	-523,957
NHS Foundation Trusts	-1,233	-1,236	-2	-1,757	-3,219	-1,462	-7,029
NHS Trusts	-4,872	-6,295	-1,423	-14,354	-15,621	-1,267	-57,285
NHS Other (including Public Health England)	-7	0	7	-21	0	21	-85
NHS England							
NHSEngland Income	-8,609	-2,856	5,753	-11,147	-11,436	-289	-44,589
NHS England Total	-8,609	-2,856	5,753	-11,147	-11,436	-289	-44,589
Income From NHS - Patient Care Activities Total	-52,834	-54,502	-1,669	-156,996	-163,263	-6,267	-632,945
Income from Non NHS Patient Care Activities							
Local Authorities	-838	-978	-140	-2,570	-3,134	-564	-10,281
Non-NHS: Other	-239	75	313	-706	-1,218	-512	-2,824
Non-NHS: Overseas Patients	0	0	0	0	-5	-5	0
Income from Non NHS Patient Care Activities Total	-1,076	-903	173	-3,276	-4,357	-1,081	-13,105
Operating Income From Patient Care Activities Total	-53,910	-55,406	-1,496	-160,272	-167,620	-7,348	-646,050
Other Operating Income							
Other (recognised in accordance with IFRS 15)							
Research and development	-77	-777	-701	-230	-612	-382	-918
Education and Training Income	-1,120	-1,120	0	-3,568	-3,568	0	-14,688
Other (recognised in accordance with IFRS 15)	34	27	-6	-122	-174	-52	-487
Non-patient care services to other Non WGA bodies							
Non Hcare Activities Inc	0	0	0	0	0	0	0
Non-patient care services to other Non WGA bodies T	0	0	0	0	0	0	0
Other (recognised in accordance with IFRS 15) Total	-1,163	-1,870	-707	-3,919	-4,354	-435	-16,094
Other Operating Income							
Other Income	-262	-85	177	-743	-201	541	-4,325
Other Operating Income Total	-262	-85	177	-743	-201	541	-4,325
Other Operating Income Total	-1,425	-1,955	-530	-4,662	-4,555	107	-20,419
Grand Total	-55,334	-57,360	-2,026	-164,934	-172,175	-7,241	-666,468

3.4 Pay

Overall pay is over plan by £3.3m year to date, with overspends in bank and agency costs being partially offset by underspends in substantive staff arising from vacant posts.

The reported over-establishment has reduced in month, following the investment in Safer Staffing and also new investments for the Mental Health Support Team. The trust is still using more staff than we have funding for, with WTE being 365.1 more than the funded level.

The Trust is continuing to see high levels of Bank spend on Inpatient wards related to patient acuity. There is also high levels of agency spend arising from issues in recruiting staff. These are partially offset by vacancies and delayed recruitment in some of the planned investments in the other directorates and centrally. The key overspending areas are;

- **Issue:** Inpatients services overspent by £1.4m. Services are reporting an increase in the acuity of patients, resulting in the need for additional bank staff to provide enhanced observations, 1-to-1 patient support, and escort care.

Action: The Chief Nurse is working with the finance team to review bank bookings which are above the approved safer staffing levels. This is resulting in better control on rostering of staff and the use of rostering system, appropriate use of trained staff filling shifts. This has seen a reduction in Bank costs, as shown in the table below

	APR-24	MAY-24	JUN-24	Grand Total	average m1-2	m3	change
BANK							
RWK304-TOWER HAMLETS	499,604	444,411	403,438	1,347,453	472,008	403,438	(68,570)
RWK300-CITY & HACKNEY	394,389	374,205	343,186	1,111,779	384,297	343,186	(41,111)
RWK306-SPECIALIST SERVICES	199,794	149,797	140,337	489,929	174,796	140,337	(34,458)
RWK311-NEWHAM CHS	66,536	50,366	37,835	154,738	58,451	37,835	(20,616)
RWK354-Luton Directorate	185,465	171,102	160,979	517,545	178,283	160,979	(17,305)
RWK350-Bedford Directorate	230,993	180,097	196,868	607,958	205,545	196,868	(8,677)
RWK302-NEWHAM	243,876	181,916	214,446	640,238	212,896	214,446	1,550
Grand Total	1,820,657	1,551,894	1,497,089	4,869,640	1,686,275	1,497,089	(189,186)

- **Issue:** Primary Care overall pay is overspent YTD by £1.4m, due to the use of agency, general post over-establishment and the use of high salaried GP's. Medical staffing accounts for £0.9m of the adverse variance.

Action: An external review has been commissioned, with the initial report due in July. This will include a 'Health-check' on each practice through a desktop review of information including access, staffing and finance, CQC reports, PCN data, patient satisfaction surveys etc.

- **Issue:** Excluding Primary Care, other Medical and dental staffing budgets are overspent by £1.8m, arising from the use of agency and bank staff to cover vacancies.

Action: The scope of a review of the medical model within Bedfordshire and Luton is being developed by the Chief Medical Officer to be completed within the next few months

- **Issue:** Home Treatment Teams (HTT) are overspent by £0.8m due to the use of agency staff to cover nursing vacancies and double running costs related to internationally recruited nursing staff. The HTT teams are experiencing difficulties in recruiting and retaining staff.

Action: The International Recruitment group will review the double-running of staff, to ensure this is kept to a minimum. The finance team are setting up a process to track agency costs in those areas being recruited to

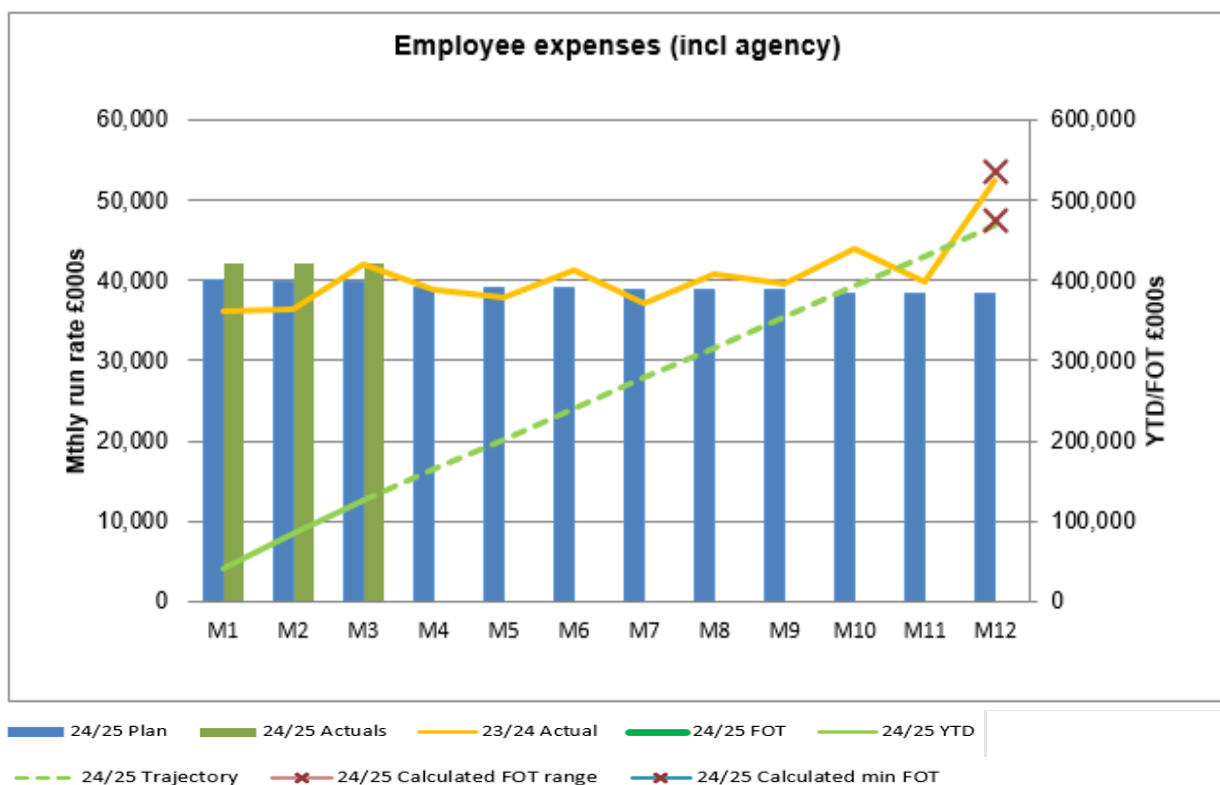
- **Issue:** The trust have a number of services where there is a no identified funding source, and the services are due to be ceased (£0.6m)

Action: The Trust is undertaking urgent work to stop these, and Quality Impact Assessments are currently being developed.

- These overspends are partially offset by vacancies in the Community teams (£2m)

Table 3: Staff costs, based on Substantive and Temporary staff

Pay type	Funded WTE	Actual	Variance WTE	Year To Date			Annual Plan £000
				Plan £000	Actual £000	Variance £000	
Substantive	(8,074.2)	(7,313.4)	760.8	(122,408)	(105,419)	16,989	(472,904)
Bank	(59.9)	(901.2)	(841.4)	(575)	(13,588)	(13,012)	(2,300)
Agency	0.0	(284.6)	(284.6)	0	(7,259)	(7,259)	0
Grand Total	(8,134.1)	(8,499.2)	(365.1)	(122,983)	(126,266)	(3,283)	(475,205)



3.5 Whole Time Equivalent (WTE) Trend (per the finance ledger)

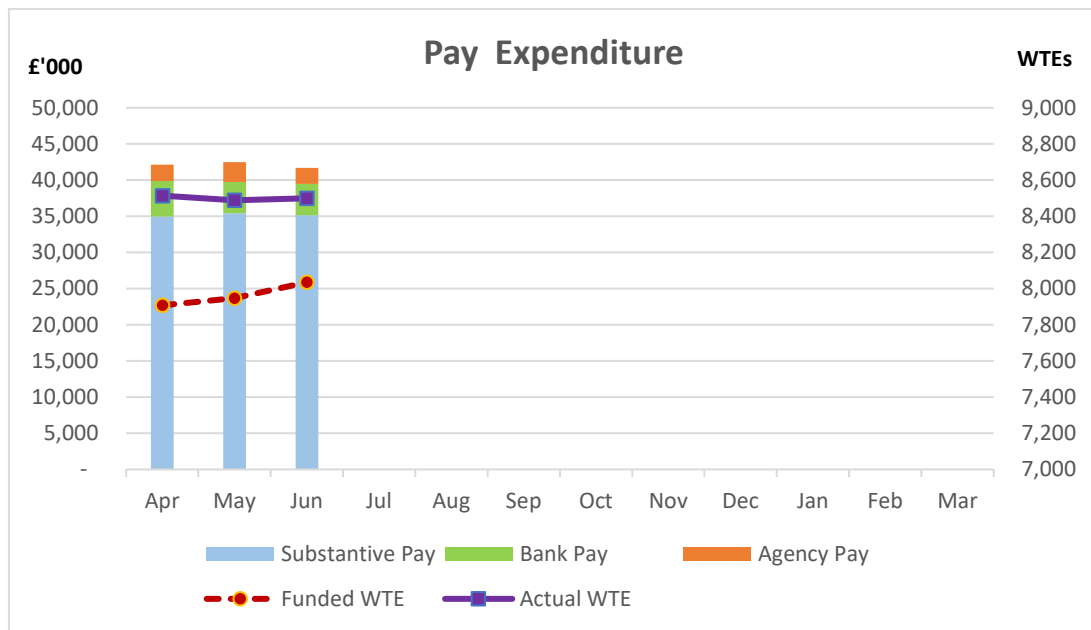
The Trust continue to use more WTE than funded. The reported over-establishment has fallen in June, primarily due to increases in Funded WTE following the trust-wide cost pressure review.

There has also been a decrease in Bank and Agency usage in month. One of the key area of focus for the temporary staffing workforce group is to monitor and review opportunities to bring the trusts WTE usage back in line with the funded establishment levels. The work is beginning to have a financial impact, and we are seeing the first reductions in Newham and Luton Directorate, with smaller reductions in Tower Hamlets and Forensics.

Please note the reduction in Agency spend highlighted on page 13 is not reflected in the reported WTE usage. The WTE for agency staff is estimated, and these estimates are not fully aligned with the actual costs incurred.

Table 4: Trust over-establishment

Pay type	Funded WTE	Apr-24	May-24	Jun-24	Movement in month
Funded WTE	Substantive	(7,840.0)	(7,887.2)	(8,073.2)	(186.1)
	Bank	(66.7)	(59.9)	(59.9)	0.0
	Agency	(1.0)	(1.0)	(1.0)	0.0
Actual WTE	Substantive	(7,297.5)	(7,319.5)	(7,313.4)	6.1
	Bank	(967.3)	(896.4)	(901.0)	(4.6)
	Agency	(249.3)	(272.5)	(284.6)	(12.0)
Variance	Substantive	542.5	567.7	759.8	192.2
	Bank	(900.6)	(836.6)	(841.2)	(4.6)
	Agency	(248.3)	(271.5)	(283.6)	(12.0)
Total Funded WTE		(7,907.7)	(7,948.0)	(8,134.1)	(186.1)
Total Actual WTE		(8,514.1)	(8,488.5)	(8,499.0)	6.1
Overestablishment		606.4	540.5	364.9	(192.2)
Overestablishment %		(7.7%)	(6.8%)	(4.5%)	



3.6 Non-pay

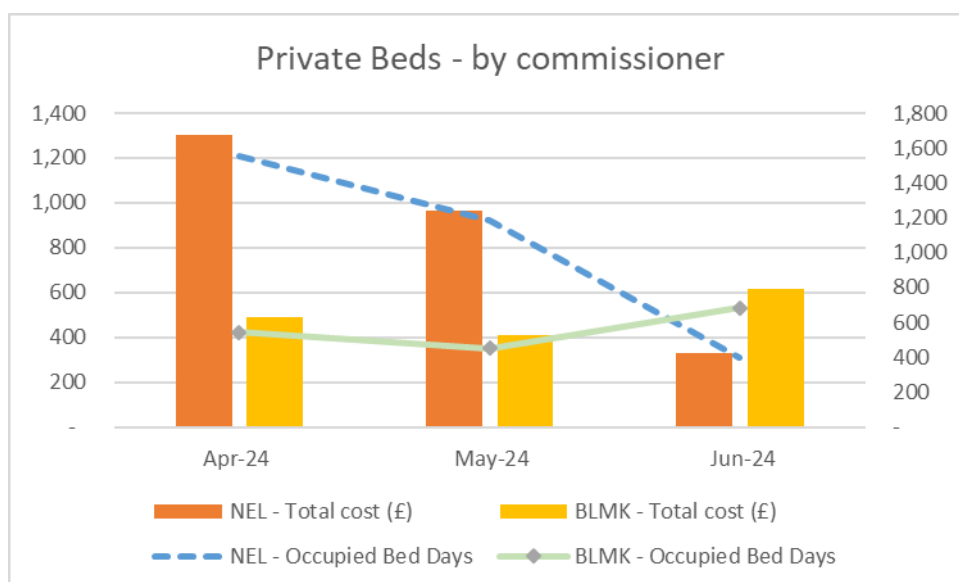
Overall non-pay is overspent by £9.5m year to date.

The year-to-date key overspending areas are;

- Issue:** Purchase of Health and Social Care – non-NHS, which is arising from the £4.2m spend on private sector bed purchases. Since January, the trust has experienced high levels of patients admitted– this is now reducing in North London as patients have been discharged. There are still ongoing pressures in BLMK

Action: Group established to maintain oversight of private bed usage and ensuring patient discharged appropriately and in a timely manner.

The graph below shows how activity and costs have reduced in the London Boroughs. It also shows how BLMK activity is not reducing – June actually saw an increase in costs



- **Issue:** Purchase of Health and Social Care – there is also a £2.9m overspend relating to the NCEL Provider Collaborative, and is offset by income

Action: Work with service to realign budgets

- **Issue:** £1.0m - non-delivery of FV

Action: Section 5 provides more detail on the Financial Viability programme

- **Issue:** Premises are overspent by £0.6m, driven by the effect of building works and repairs (£0.3m), furniture repairs (£0.1m) rates (£0.1m), energy and utilities (£0.1m) and Building repairs (£0.2m).

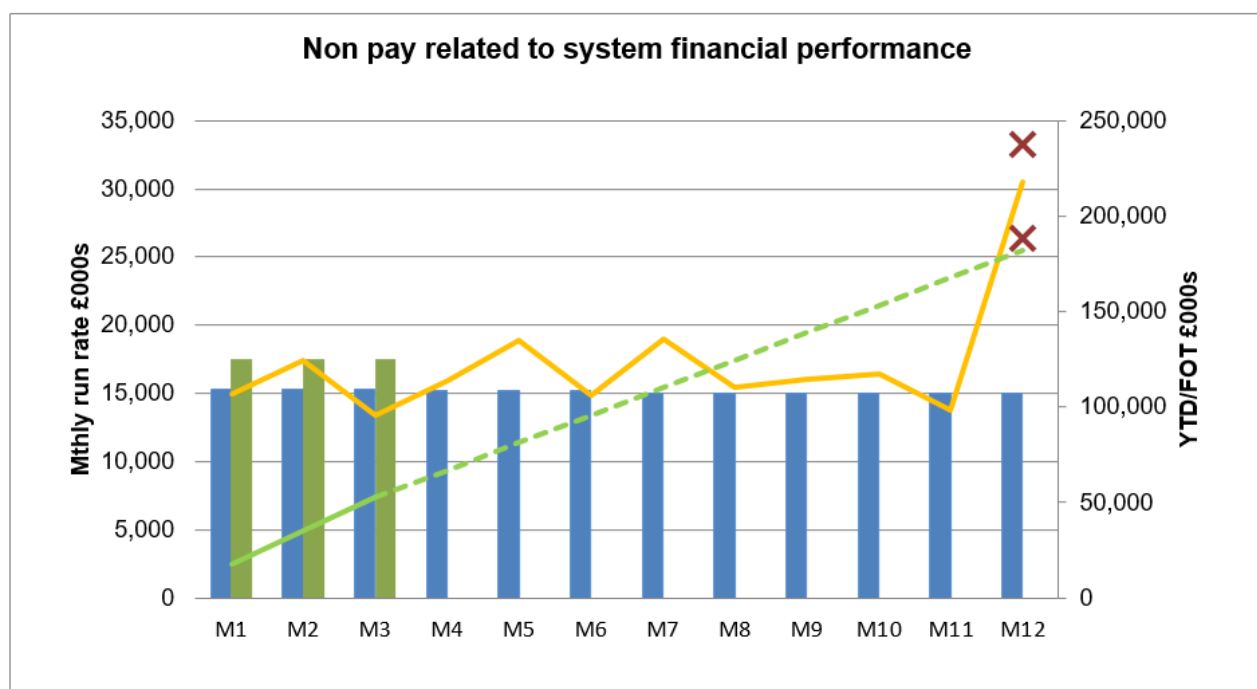
Action: The Digital and Estates work stream have within their terms of reference to requirement to maximise usage of current estates and explore alternatives for sharing with other NHS organisations to reduce costs.

- **Issue:** Supplies and Services are overspent by £0.3m
 - There is an overspend of £0.2m related to the OCS contract, with overspends in Cleaning (£0.15m) and Catering (£0.05m).
 - Wheelchairs are £0.4m overspent, driven by increasing demand.

Action: Two of the GFGT work streams are concentrating resource to review the non pay spend across the organisation to identify opportunities to mitigate these overspends. Including a review of inpatient setting meal options led by the CNO.

Table 5: Non-pay

Expenditure type	Year To Date			Annual Plan £000
	Plan £000	Actual £000	Variance £000	
Health and Social Care - NHS	(6,088)	(10,671)	(4,584)	(24,351)
Health and Social Care -non-NHS	(7,619)	(9,203)	(1,584)	(30,478)
Supplies & Services	(8,634)	(8,921)	(287)	(34,544)
Drug costs	(1,388)	(1,584)	(195)	(5,553)
Consultancy	(829)	(1,279)	(451)	(3,314)
Establishment	(984)	(1,159)	(175)	(3,935)
Premises	(6,529)	(7,076)	(547)	(26,103)
Transport	(828)	(1,125)	(297)	(3,358)
Audit fees	(55)	(56)	(0)	(222)
Clinical negligence	(515)	(517)	(2)	(2,062)
Training	(724)	(1,448)	(724)	(2,898)
Non-executive directors	(54)	(47)	7	(216)
Other Expenditure	(696)	(1,351)	(655)	(15,768)
Grand Total	(34,945)	(44,437)	(9,493)	(152,802)



■ 24/25 Plan
 ■ 24/25 Actuals
 — 23/24 Actual
 — 24/25 FOT
 - - - 24/25 YTD
- - - 24/25 Trajectory
x 24/25 Calculated FOT range
x 24/25 Calculated min FOT

3.7 Risks In Forecast Outturn

- Private sector beds usage continues at current run-rate without additional income to offset the costs incurred
- Delivering FV savings in line with plan
- Continuing levels of patient need resulting in ongoing use of bank staff
- Agency usage continuing above the planned level
- The reduced cash balance may act to reduce the amount of Investment Income generated
- Impact of Industrial Action

4 Agency Expenditure and Ceiling

The Trust submitted an annual financial plan with planned agency usage of £27.5m.

For the last two years, total monthly agency expenditure has been consistently above the agency plans and has exceeded the NHS Agency Cap for the Trust.

The Trust has recently introduced new set of agency controls, reviewed planned shifts and also ensuring we reduce the use of high-cost, non-framework agencies. Bank costs have decreased in month for Nursing and for Admin / Estates. We have seen a small increase in costs for Medical, though this may be impacted by late invoicing.

Year to date agency expenditure is £7.2m which is below the current phased plan (£8.2m). In the 3 months of this year, Agency costs have reduced by £0.2m compared to the last year – the average is £2.4m for 24-25, compared to the 23-24 monthly average of £2.7m.

As noted in section 3.5, the reduction in Agency spend highlighted here is not reflected in the reported WTE usage. The WTE for agency staff is estimated, and it appears these estimates are not fully aligned with the actual costs incurred.

Table 6: Agency use, by staff type

Pay costs £000s	Apr-24 £000s	May-24 £000s	Jun-24 £000s	Movement in month
Medical and Dental	(1,100)	(1,100)	(1,207)	(107)
Nursing, Midwifery and Health Visiting staff	(828)	(828)	(542)	286
Administration and Estates	(277)	(277)	(137)	140
Healthcare assistants and Other support staff	(19)	(19)	(18)	1
Scientific, Therapeutic and Technical staff	(294)	(294)	(319)	(25)
Total Agency	(2,518)	(2,518)	(2,223)	116

The services with the highest levels of agency to date are as follows;

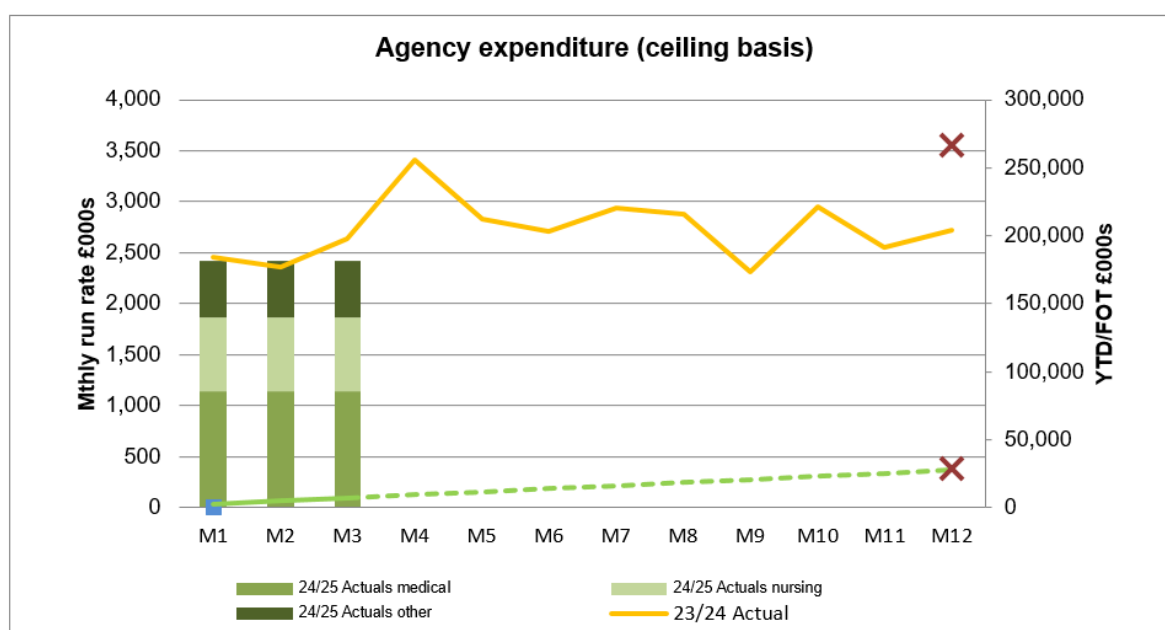
- BLMK Adult Mental Health (£1.3m) driven by medical (£0.8m) and nursing staff (£0.5m)
- Primary Care has spent £1.0m on agency, of which £0.9m is linked to medical agency for across the surgeries.
- Specialist Services has spent £0.7m on agency, across a range of service. This is split by staff group - Medical (£0.4m), Nurse (£0.2m) and Psychologist (£0.1m)
- Corporate spent £0.7m on agency to date, the majority of which relates to the ICT function.

- Bedfordshire Community Health Services (£0.7m), of which £0.6m relates to Primary Care at Home Teams

Table 7: Agency use, by Directorate

Directorate	Apr-24 £000s	May-24 £000s	Jun-24 £000s	YTD	Movement in month
Bedford Directorate	(452)	(452)	(381)	(1,285)	72
Primary Care	(348)	(348)	(330)	(1,025)	18
Specialist Services	(257)	(257)	(271)	(785)	(14)
Corporate	(296)	(296)	(129)	(722)	167
Bedfordshire CHS	(246)	(246)	(204)	(695)	41
Tower Hamlets	(176)	(176)	(198)	(550)	(21)
Tower Hamlets CHS	(184)	(184)	(169)	(537)	14
Newham	(159)	(159)	(129)	(447)	30
Luton Directorate	(153)	(153)	(114)	(420)	39
City & Hackney	(96)	(96)	(126)	(317)	(30)
Newham CHS	(104)	(104)	(98)	(306)	6
Forensic Services	(36)	(36)	(57)	(130)	(21)
SLAs	(13)	(13)	(9)	(35)	4
Speciality CHS	(8)	(8)	(8)	(25)	1
NEL Vaccination	10	10	0	21	(10)
Total Agency	(2,518)	(2,518)	(2,223)	(475)	(21)

Agency expenditure is summarised in the charts below:



The temporary workforce group will review all agency usage and target reductions across the trust.

5 Financial Viability Programme (FVP)

5.1 2024/25 Financial Viability Targets

The Financial Viability target for 2024/25 is £29.0m. The agreed Directorate targets have been allocated to Clinical and Corporate divisions as part of 2024/25 budgets, with the unallocated FV and central schemes held centrally.

5.2 Financial Viability Year to Date Performance

The year-to-date planning target for month 3 was £3.0m with a total reported delivery of £1.99m, resulting in an adverse position of £1.0m.

Delivery to date is largely through accounting for a percentage of underspend due to vacancies in cost centres where there is a net underspend in pay budgets (£1.5m), Forensic service efficiencies (£0.2m), service redesign in Specialist Services and budget review (£0.1m), alongside several other low value Directorate schemes.

The main reasons for the variance are insufficient income received from bed sales (EL AMH, £0.3m), lack of delivery in Corporate services (£0.3m), lower interest received than planned (£0.1m), slippage against sub-contractor expenditure reductions (Specialist £0.1m) and other slippage against identified plans (£0.3m).

Table 8: FV performance, by directorate

Directorate Grouping	YTD Plan £000	YTD Actual £000	YTD Variance £000	Actuals vs YTD Plan %
East London AMH	690	308	-382	45%
Luton & Bedfordshire AMH	414	133	-281	32%
London CHS	219	143	-76	65%
Bedfordshire CHS	122	42	-80	34%
Specialist Services	365	298	-67	82%
Forensic Services	195	314	119	161%
Primary Care	41	52	11	127%
Clinical Directorates Total	2,047	1,291	-756	63%
Corporate Services & Estates	975	695	-281	71%
Unallocated Trust-Wide Schemes	0	2	2	
GRAND TOTAL	3,022	1,988	-1,034	66%

A very small proportion (£0.01m) of the reported delivery to date reduces the expenditure run-rate of the Trust. It is critical that efforts are focused on plans that reduce budget and run-rate, and that where budget reductions are identified that actions are taken to ensure the equivalent reduction in expenditure.

5.3 Identification of 2024/25 Plans

The Trust has identified plans in the FV tracker totalling £20.9m as of 9th July, unchanged since last month. However, the value of 'placeholders' has reduced from £7.2m to £6.7m, indicating the value of named schemes in the tracker has increased by £0.6m. A 'placeholder' indicates that delivery is anticipated but schemes have not yet been developed and as such, these remain very high risk.

Named identified schemes now total £14.2m, which equates to only 49% of the Trust target, with a full year effect, if delivered, of £15.4m.

There remains a significant gap in identified plans (£8.2m), and a high proportion of identified plans remain at high or very high risk.

5.4 2024/25 Forecast

Forecast is currently based on identified plans, phasing and Full Year Effect entered in Directorate FV trackers, adjusted for any slippage already reported.

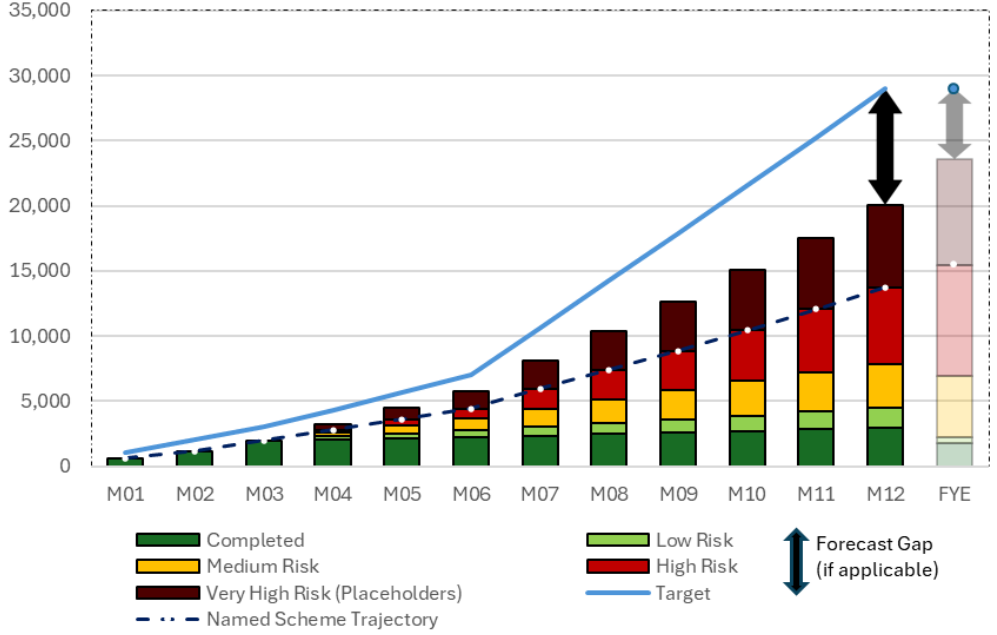
The forecast is lower than the total value of identified plans, because a number of plans that were identified for quarter 1 have not delivered a saving. Directorates are expected to work with their finance teams to ensure the figures included in trackers each month are accurate and deliverable.

Table 9: FV Forecast, by directorate

Directorate Grouping	2024-25 Target £000	Named Schemes - Forecast £000	Placeholder Schemes - Forecast £000	TOTAL Forecast £000	Forecast Variance £000
East London AMH	8,500	4,205	0	4,205	-4,295
Luton & Bedfordshire AMH	5,100	2,241	0	2,241	-2,859
London CHS	2,700	930	0	930	-1,770
Bedfordshire CHS	1,500	463	0	463	-1,037
Specialist Services	4,500	1,614	0	1,614	-2,886
Forensic Services	2,400	1,359	0	1,359	-1,041
Primary Care	500	511	0	511	11
Clinical Directorates Total	25,200	11,325	0	11,325	-13,875
Corporate Services & Estates	3,800	895	2,641	3,536	-264
Unallocated Trust-Wide Schemes	0	1,532	3,626	5,157	5,157
GRAND TOTAL	29,000	13,751	6,267	20,018	-8,982

The graph overleaf shows the cumulative forecast against the Trust target. The forecast for named completed, low and medium risk schemes is only £7.87m in total.

Cumulative Forecast and Full Year Effect (FYE) with Risk Segmentation
2024-25 (£000)



6 Statement of Financial Position (SoFP)

6.1 Balance Sheet

The net balance on the Statement of Financial Position as at 30th June 2024 was £311.8m. The decrease of £9.1m since year-end reflects the YTD deficit position

The key movements since the prior month are: -

- £1.9m reduction in non-current asset values, with depreciation of £2.9m exceeding additions of £1m.
- £2.8m reduction in Trade and Other receivables with a decrease in invoiced debt (largely due to payments from Barnet, Enfield and Haringey Mental Health Trust for months 1-3) being partially offset by an increase in accrued income. This has supported the £3.1m increase in cash balances.
- £1.7m increase in Trade and Other Payables with reductions in capital payables offset by increasing accruals for an additional months PDC charge, pay award and estates charges.

	Prior Year 31/03/2024	Previous Month 31/05/2024	Current Month 30/06/2024	Variance
Non-current assets				
Intangible assets	3,220	3,040	2,950	(90)
Property, plant and equipment	270,023	267,240	266,592	(648)
Right of use assets	79,210	79,371	78,201	(1,170)
Investments in associates and joint ventures	1,787	1,787	1,787	0
Other non-current assets	969	982	970	(12)
Total non-current assets	355,209	352,420	350,500	(1,920)
Current assets				
Inventories	556	455	431	(24)
Trade and other receivables	34,051	48,440	45,666	(2,774)
Assets Held for Sale	350	350	350	0
Cash and cash equivalents	116,413	93,628	96,773	3,145
Total current assets	151,370	142,873	143,220	347
Current liabilities				
Trade and other payables	(73,690)	(63,434)	(65,122)	(1,688)
Borrowings	(15,248)	(15,248)	(15,248)	0
Provisions	(438)	(438)	(438)	(0)
Deferred income	(7,368)	(12,080)	(12,564)	(484)
Total current liabilities	(96,744)	(91,200)	(93,372)	(2,172)
Total assets less current liabilities	409,835	404,093	400,348	(3,745)
Non-current liabilities				
Borrowings	(88,416)	(89,344)	(88,042)	1,302
Provisions	(496)	(496)	(496)	0
Total non-current liabilities	(88,912)	(89,840)	(88,538)	1,302
Total net assets employed	320,923	314,253	311,809	(2,444)
Financed by				
Public dividend capital	118,885	118,885	118,885	0
Revaluation reserve	94,688	94,688	94,688	0
Income and expenditure reserve	107,350	100,680	98,236	(2,444)
Total taxpayers' equity	320,923	314,253	311,809	(2,444)

6.2 Capital

The Trust submitted a capital plan for the year of £10.3m (£9.9m internally generated and £0.4m PDC funded) plus £10.4m relating to International Financial Reporting Standards (IFRS) 16 lease additions and remeasurements.

Capital expenditure, excluding IFRS16, as at 30th June 2024 was £1.6m, with an in month spend of £1.1m. Against the plan this is a £0.2m YTD overspend. Spend includes £0.1m of purchases that were initially charged to revenue and have been moved to capital. It will be important throughout the year to ensure all capital purchases are routed via the Capital Programme Steering Group to prevent the CDEL limits being breached.

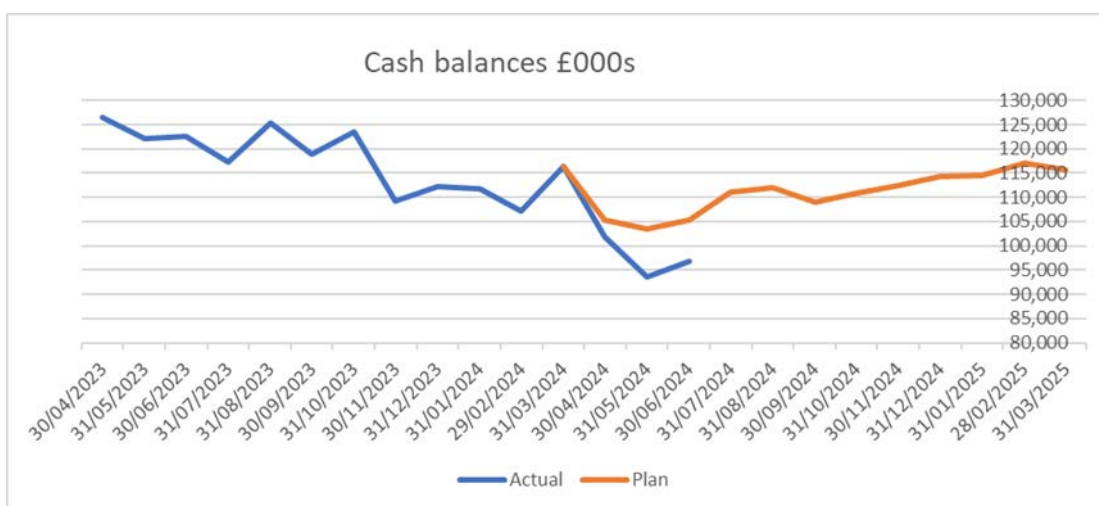
Programme	Annual Plan £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s
Asset and Backlog Management	2,832	531	594	63
Mental Health and Security Improvement Plan	369	0	35	35
HBPos Luton - Internally funded	431	36	0	(36)
Six Facet Survey Backlog works programme	200	0	0	0
Critical, fire and digital spaces infrastructure upgrade	200	0	0	0
In Patient Environmental Upgrade and CQC Improvement Plan	400	0	0	0
Net Zero Carbon Reduction Plan	100	0	0	0
New Business, Community and Primary Care Development	40	0	0	0
Medical Devices/Equipment	20	0	0	0
Digital Systems	125	0	13	13
ICS	100	0	2	2
ICT infrastructure and Service Improvement	770	40	100	60
ICT Digital Spaces	1450	300	67	(233)
ICT Unified Communication	477	31	231	200
ICT Cyber Security	840	81	130	49
ICT Digital Portfolio	1000	235	118	(117)
Staff capitalisation	531	142	115	(27)
HBPos Luton - PDC funded	418	0	42	42
Other plant and equipment	0	0	111	111
	10,303	1,396	1,558	162

Lease additions and remeasurements for the YTD total £2.5m, £4.5m below YTD plan. This is due to the leases for ONEL practices not yet being signed and lease remeasurements being lower than budgeted.

6.3 Cash

As at the end of June, the cash balance was £96.8m, a decrease of £19.6m since the start of the financial year.

The graph below shows whilst overall cash balances remain strong there has been a deterioration over the past 15 month, this reflects the challenges in the financial position which were supported by use of balance sheet releases.



The YTD cash position is £8.6m below plan, the main causes for this are: -

- £5.5m due to the operating deficit being higher than plan
- £2.1m working capital issues with higher receivable balances.

6.4 Receivables

The receivables balance in the Statement of Financial Position of £45.7m includes £17.0m of invoiced debt. The remaining balance largely relates to prepayments, accrued income and VAT reclaims.

Invoiced debt

	NHS £000s	Non NHS bodies £000s	Individuals £000s	Overseas Visitors £000s	Total £000s
Current	1,811	1,950	13	0	3,773
1-30 Days	2,868	350	19	0	3,237
31-60 Days	749	792	19	0	1,560
61-90 Days	535	576	18	223	1,352
Over 90 Days	4,745	744	409	1,214	7,112
Total	10,708	4,411	478	1,437	17,035

Against the above debts provisions of £2.2m are held, this predominantly relates to debts owed by individuals (including staff) and overseas visitors.

Significant balances over 90 days include: -

- £2.2m owed by Barts Health NHS Trust. Of this £1.9m is for the MSK service for which Barts have confirmed that there are no disputes, the issue of non-payment will be further escalated if it is not received in July.
- £1.3m owed by NHS North East London ICB for estates adjustments relating to 2023/24. This charge has been disputed and negotiations will be required to resolve this issue.
- £0.5m owed by Bedfordshire Hospitals Trust for historic service charges, a meeting is to be arranged to resolve disputes from both parties.

Monthly debt meetings are now held between the finance and contracting teams to review both invoiced and accrued debt to improve timeliness of invoicing and resolution of disputes.

6.5 Payables

The payables balance in the Statement of Financial Position of £65.1m includes £13.6m of outstanding invoices. The remaining balance largely relates to taxes, pensions and accruals.

Outstanding Invoices

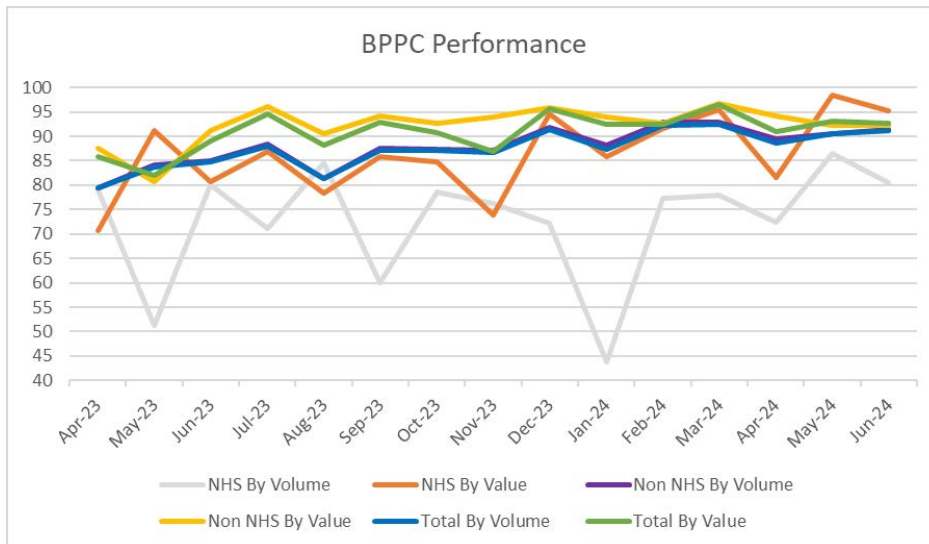
	NHS £000s	Non NHS £000s	Total £000s
0-30 Days	2,948	5,189	8,137
31-60 Days	315	703	1,019
61-90 Days	270	402	672
Over 90 Days	3,012	736	3,748
Total	6,545	7,031	13,576

Significant balances over 90 days include: -

- £1.6m, Barts Health NHS Trust, this mainly relates to disputed estates charges, negotiations have commenced to resolve these issues.
- £0.5m, Bedfordshire Hospitals NHS Foundation Trust, this largely relates to estates and service recharges, a meeting is to be arranged to resolve disputes from both parties.
- £0.4m, Homerton Healthcare NHS Foundation Trust, for disputed estates charges.
- £0.3m, Virgin Media Ltd, this predominantly relates to historic invoices that were received in 2024 but related to previous financial years, these are being investigated by the Digital team.

The Trust is signed up to the NHS commitment to the Better Payment Practice Code (BPPC) whereby the target is to pay 95% of all invoices within the standard credit terms.

Overall, the Trust's current YTD BPPC performance is 90% by volume and 92% by value. Performance against the target remains in line with the prior month.



Actions being taken to improve BPPC performance include: -

- Weekly alerts sent to managers where invoices are at risk of failing the target.
- Escalations to managers where blockages have been identified with particular approvers.
- Escalations to our SBS Service Manager where urgent action is required from their teams.
- Review of the Scheme of Delegation to ensure invoices are routed appropriately for authorisation.
- Increased monitoring of the progress of PO invoices by the Procurement team.

7 Conclusions

7.1 The Trust is reporting net deficit of £8.2m which is worse than plan by £5.6m. The adverse variance is mainly due to enhanced levels of staffing to manage inpatient ward pressures, agency medics to cover vacancies, staffing levels above the planned establishments throughout the Trust, and non-pay costs in estates. Alongside these cost pressures, under-delivery of Financial Viability has created further deterioration to the Trusts position.

The high use of Private Beds has been offset by recognition of additional income, though there will be a financial pressures if we are unable to materially reduce the use of Private Beds in future months.

7.2 As set out in section 2, the Trust is taking urgent action to control expenditure.

8 Equalities

8.1 This paper has no direct impact on equalities

9 Financial Implications

9.1 These are as stated in this report.

10 Risk

10.1 NHS England (NHSE) risk rating is now under the new Segmentation framework. The Trust has been notified it is in Segment 1 (Maximum autonomy, minimum risk).

11 Actions Being Requested

11.1 The Board is asked to:

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

b. **NOTE** the assurance provided and **CONSIDER** if further sources of assurance

Trust Board Forward Plan 2023-2025

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

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

23/05/2024	Jun-24	25/07/2024	26/09/2024	05/12/2024	30/01/2025	27/03/2025
✓		✓	✓	✓	✓	✓
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✓		✓	✓	✓	✓	✓
✓		✓	✓	✓	✓	✓

BOARD WORKSHOP	Item	26/05/2023	27/07/2023	28/09/2023	30/11/2023	25/01/2024	28/03/2024
Strategy	Green Plan / Sustainability (May 2023)	✓					
Training	Corporate Manslaughter Briefing (Capsticks)						
	Cyber Security						✓
	Infection Control						
	Safeguarding						
	Sustainability		✓				
	Oliver McGowan Training (three yearly)			✓			

23/05/2024	Jun-24	25/07/2024	26/09/2024	05/12/2024	30/01/2025	27/03/2025
✓						
✓					✓	
			✓			✓
			✓			✓
		✓				