Board of Directors Meeting in Public

Thursday 26 September 2024 from 13:00 – 15:30
Riverside Suite, Venue 360, 20 Gipsy Lane, Luton, Bedfordshire, LU1 3JH

12:15 – 13:00	**Lunch**
13:00 – 15:30	**Trust Board in Public**
15:40 – 16:10	**Quality Improvement 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: *What the Trust is doing to kickstart Peer Support Workers in Physical Health Services*	Note		
3	Declarations of Interests	Assurance	All	13:25
4	Minutes of the Previous Meeting held in Public on 25 July 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	Patient Safety – Mental Health Inpatient Observation Focus	Assurance	David Bridle Claire McKenna	14:00
12	People Participation Committee Assurance Report	Assurance	Aamir Ahmad	14:10
13	Quality Assurance Committee Assurance Report	Assurance	Donna Kinnair	14:15

14	Quality Report	Assurance	Dr Amar Shah	14:20
15	Performance Report	Assurance	Dr Amar Shah Edwin Ndlovu	14:30
16	5 Minute Break			14:40

People

17	Appointments and Remuneration Committee Assurance Report	Assurance	Deborah Wheeler	14:45
18	People & Culture Committee Assurance Report	Assurance	Deborah Wheeler	14:50
19	People Report	Assurance	Tanya Carter	14:55

Finance

20	Finance, Business & Investment Assurance Report	Assurance	Sue Lees	15:05
21	Finance Report	Assurance	Kevin Curnow	15:10

Closing Matters

22	Board of Directors Forward Plan	Note	Eileen Taylor	15:25
23	Any Other Urgent Business*: *previously notified to the Chair*	Note	Eileen Taylor	
24	Questions from the Public*		Eileen Taylor	
25	Dates of Future Meetings			

- Thursday 5 December 2024 (Bedford)
- Thursday 30 January 2025 (London)
- Thursday 27 March 2025 (Luton)
- Thursday 22 May 2025 (London)
- Thursday 24 July 2025 (Bedford)
- Thursday 25 September 2025 (London)
- Thursday 4 December 2025 (Luton)
- Thursday 29 January 2026 (London)
- Thursday 26 March 2026 (Bedford)

26	Close			15:30

*verbal update

Eileen Taylor
Chair of the Trust

15:40 – 16:10   A Quality Improvement teatime presentation will focus on the topic of applying quality improvement to tackle flow.

Board of Directors Register of Interests: as at 13 September 2024

East London NHS Foundation Trust is committed to openness and transparency in its work and decision making. As part of that commitment, we maintain and publish this Register of Interests which draws together Declarations of Interest made by members of the Board of Directors. In addition, at the commencement of each Board meeting, members of the Board are required to declare any interests on items on the agenda.

Name	Job Title	Interests Declared
Aamir Ahmad	Vice-Chair (London)	• Director and Trustee, Place2Be • Psychotherapy Student, Regents University • Mentor at Mosaic, an LGBT+ young persons charity • Volunteer Counsellor at Naz a charity in West London • Member, British Association of Counselling and Psychotherapy (BACP) • Member, UK Council for Psychotherapy (UKCP)
Dr David Bridle	Chief Medical Officer	• Member, British Medical Association • Member, Medical Protection Society • Member, Royal College of Psychiatrists • Member, General Medical Council
Richard Carr	Senior Independent Director	• 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	• Board Member of the Healthcare People Management Association (HPMA) until Oct 2024 • 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	• Group Director, Network Rail

Name	Job Title	Interests Declared
Peter Cornforth	Non-Executive Director	• Director, Good Way Ltd – music venue operator • Director, Field Doctor Ltd – frozen meals producer • Director, Kind Canyon Digital Ltd – music rights owner • Director, 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	• Director, Ley Community Drug Services • Trustee, Phoenix Futures • Fellow, Society of Professional Economists • Freeman, Worshipful Company of International Bankers
Kevin Curnow	Chief Finance Officer	• Director of Health & Care Space Newham Ltd (joint venture between ELFT and LB Newham)
Professor Sir Sam Everington KBE	Non-Executive Director	• 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	- 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	- 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	- Board Member, NHS Race and Health Observatory - Patron, Trinity College Medical Society - Trustee, Burdett Trust for Nursing - Non-Executive Director at Royal Free Hospital NHS FT - Director at DDK Consultancy Ltd (provides ad hoc training and other consultancy support; clients NHS organisations)
Susan Lees	Non-Executive Director	- Vice Chair, North East London Foundation Trust - Non-Executive Director Barking, Havering and Redbridge University Hospital Trust
Claire McKenna	Chief Nurse	- Member, Royal College of Nursing - Registered Mental Health Nurse NMC
Edwin Ndlovu	Chief Operating Officer	- 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	• 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	Chief Executive	• 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, Management in Partnership • Registered Mental Health Nurse NMC

Name	Job Title	Interests Declared
Eileen Taylor	Chair	• Joint Chair, East London NHS Foundation Trust (ELFT) and North East London NHS Foundation Trust (NELFT) • Chair of the NEL Mental Health, Learning Disabilities and Autism Provider Collaborative • Member, 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)	• 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)	• None

Board of Directors

DRAFT Minutes of the Board of Directors meeting held in public
on Thursday, 25 July 2024 from 1.15pm
at Crowne Plaza Hotel, Royal Victoria Dock, Western Gateway, London, E16 1AL

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
Philippa Graves	Chief Digital Officer
Professor Dame Donna Kinnair	Non-Executive Director
Susan Lees	Non-Executive Director
Claire McKenna	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)

Present online:

Derek Feeley	Board Adviser

In attendance:

Lenna Adley	Peer Support Team Leader
Yasmin Begum	Governor
Paul Binfield	Director of People Participation
Liz Birch	Governor
Richard Bowen	Peer Support Worker
Lucy Duggan	Senior Executive Assistant
Steve Gladwin	Director of Communications
Fay Hough	Chair Rainham Healthcare Centre Patient Participation Group
Sarah Khan	Chief of Staff, ELFT and NELFT
Cathy Lilley	Director of Corporate Governance
Danielle Maule	Service Lead OT, Luton & Bedfordshire
Linda McRoberts	Minute Taker
Caroline Ogunsola	Staff Governor, Lead Governor
Gavin Shields	Lead Nurse, ELFT
Karen Snook	Peer Support Worker
David Stevens	Director of Estates
Kelly Stevens	Senior Nurse

In attendance online:

Roshan Ansari	Governor
Grenville Bingham	Governor
Cass Howes	Governor
Peter Landman	Governor
Norbert Lieckfeldt	Corporate Governance Manager

Sarah Ogunremi	EA to Chief Nurse
Jamu Patel	Governor
Kathryn Smith	Governor
Felicity Stocker	Governor

Apologies:

| Richard Fradgley | Executive Director of Integrated Care and Deputy CEO |

The minutes are presented in the order of the agenda.

1 Welcome and Apologies for Absence

1.1 Eileen Taylor welcomed all to the meeting and:
- Congratulated:
  - Lorraine Sunduza on receiving her OBE at Windsor Castle
  - Dr. Amar Shah who was awarded an MBE in the King's Birthday Honours for his significant contribution to healthcare improvement
  - Shirley Biro, an ELFT Public Governor, who was awarded a BEM for over 30 years community service in Newham
  - Claire McKenna on her appointment as the Trust's substantive Chief Nurse.
- Acknowledged recent and forthcoming awareness dates and celebrations including Disability Pride, National Minority Mental Health Awareness and South Asian Heritage months, and the Samaritan's Big Listen, and World Day Against Trafficking in Persons.
- Advised the meeting will be recorded for minute taking purposes and reminded everyone 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 Primary Care Patient Story: Rainham Healthcare

2.1 Fay Hough presented, highlighting;
- She has worked for the local MP for nine years and became Chair of the PPG in 2020; however, setting up the first meeting was interrupted by the Covid lockdown.
- Dr Abdullah who ran the practice sadly passed away from Covid a few months into the pandemic, leaving staff stretched.
- New owners, Omnes Healthcare, took over but failed to deliver on their promises, leading to the resignation of most PPG members. Despite efforts by local MPs, conditions did not improve until ELFT was awarded the contract.
- Since then there have been improvements including new consulting rooms, staff pay rises, fewer complaints and happier staff.
- The PPG is now actively seeking new members but some challenges remain such as infrastructure issues, a lack of appointments, and the need for closer blood test centre. However, there is optimism under ELFT's management that the health centre can become the provider the community has long wanted.

2.2 In discussion, the Board:
- Praised Fay for an impressive presentation that highlighted important issues, particularly the low number of GPs per patient in North East London (NEL).
- Noted the benefits of having phlebotomy services in every practice, as seen in Tower Hamlets, and agreed there is a strong case for investing in these services.
- Provided assurance that all points had been noted and the Trust is committed to do its best to address them, including promoting patient participation.

- Thanked Fay for recognising the improvements and her suggestions were acknowledged as helpful for ongoing progress.
- Eileen Taylor expressed interest in visiting the practice and Fay agreed to invite her.

3 Declarations of Interests

3.1 There were no additional declarations in respect of agenda items. Declarations are as recorded on the published register of interests circulated with the papers. It was noted that the register will be updated to reflect that Eileen Taylor is no longer chairing the MSE Community Collaborative but remains a member.

4 Minutes of the Previous Meeting Held in Public on 23 May 2024

4.1 The minutes of the meeting held on 23 May 2024 were **APPROVED** as a correct record, subject to the following amendments:
- In the meeting of the Board as the Corporate Trustee of the ELFT Charity reference to productivity under point 3.3 to be deleted
- In the public Board minutes:
  - 7.2 NED visits: Peter Cornforth was accompanied by Caroline Diehl, not Caroline Ogunsola.
  - 9.2: third bullet include 'historic' before 'anomalies'.
  - 15.1 delete duplicate sentence.
  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** relate to the ongoing establishment review as discussed at the ELFT/NELFT joint Board and is included in the Chair's report.
- **Action 393:** a system for consolidating and cross-referencing actions is being introduced to support with Executive oversight.

6 Matters Arising from Trust Board in Private

6.1 None that are not on this agenda.

7 Chair's Report

7.1 Eileen Taylor presented the report highlighting:
- At the NEL Mental Health, Learning Disabilities and Autism (MHLDA) Collaborative a powerful patient story highlighted the support needed for a 19-year old son with autism offering valuable insights.
- Eileen visited Bedfordshire community health services, discussing productivity and identifying time-wasting issues, aligning with an upcoming waste reduction campaign.
- The inclusion of the Chief Executives of ELFT, NELFT and Barking, Havering, Redbridge University Hospital Trust (BHRUT) in the HSJ Top 50 CEOs list.
- The Board development session emphasised maintain focus on ELFT's 'organisational treasures' while managing financial challenges.
- There was an enthusiastic joint meeting of ELFT and NELFT Boards including agreement about the importance of applying a system level lens to productivity.
- In Deborah Wheeler's absence, Eileen joined the first BLMK MHLDA Collaborative meeting, noting the importance of providers, partners, service users and carers collaboration to address priorities for the local populations. This also provided an

opportunity to reflect on the progress of the NEL MHLDA Collaborative which can support BLMK's Collaborative development.

- The Council of Governors who met in July discussed the financial challenges and appreciated the candid presentation from Board members and guidance offered.
- Governors from ELFT, Homerton University NHS FT and NELFT met and received a presentation on the improvements in Talking Therapies which demonstrated the positive outcomes of effective collaboration. It was agreed there would be joint Governor training across the three Trusts to enhance collaboration and improve productivity.

7.2 **Non-Executive Directors' Visits**

Visit to risk & governance team (Health E1): Deborah Wheeler highlighted:
- The team is proud of their collaboration with health & safety and risk management teams and find it useful to draw on each other's expertise.
- Significant progress has been made in introducing PSIRF over the past year.
- The team shared the time it takes for systems to boot up and the potentially unproductive hours that accumulates. The meeting was hybrid and this made clear the problems the team raised about wi-fi.
- Challenges include slow system boot-up times, wi-fi issues in hybrid meetings, reliance on timely information from services, lack of office privacy, and the repetitive production of reports for different purposes.
- Despite challenges, the team displayed a strong ethos and inspiration.

Visit to **forensic services at Limehouse Ward**: Alison Cottrell highlighted:
- The team showed professionalism and deep knowledge of patients, carers and families demonstrating pride in their work particularly in supporting people with complex problems and being able to discharge them in an improved state.
- Challenges include parking difficulties and working across different local authorities who work in different ways.
- The weekly safety huddle, chaired by two patients, clearly added value.
- The focus on carers and families was particularly notable.

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

8 Chief Executive's Report

8.1 Lorraine Sunduza presented the report, highlighting:
- CEO breakfast meetings with Luton and Tower Hamlets Mental Health, Newham community health and CAMHS Trust-wide provided opportunities to meet the teams and valuable insights into team perspectives including the financial challenges and the efforts which are focused on balancing service user needs and financial targets.
- Joint executive meetings with NELFT and Cambridgeshire Community Services explored ways to streamline services and ensure consistency across Trusts for service users.
- The first meeting of the BLMK MHLDA Collaborative was held and will draw on learning from the NEL MHLDA Collaborative.
- The NEL MHLDA Collaborative hosted a successful Connections Fair in Ilford that emphasised the importance and impact of coproduction and shared learning. The Collaborative also received a deep dive report at its meeting into inpatient care for people with learning disabilities and autism, approving a service review to reduce variation.
- Efforts to reduce the use of private sector mental health beds are showing significant progress in London, but less so in Bedfordshire and Luton where similar work is under way.

- Bedfordshire community health services contributed to a system-wide discharge event resulting in sustained improvements to discharge within the acute hospital pathway.
- The first Going Further, Going Together financial board meeting focused on actions to address the financial challenges while keeping service users central to decision-making.
- A disappointing report on the culture of the Nursing & Midwifery Council was published. The Trust has committed to support those referred to the NMC.
- Her acknowledgement and thanks to all staff for their hard work and focus on keeping services safe and accessible during busy periods, especially during industrial action.
- Her congratulations to colleagues and teams who have received awards, with special mention of Shirley Biro and Amar Shah, and to Clare McKenna on her appointment.

8.2 In discussion the Board noted:
- Key themes from the breakfast meetings with staff include staff connection and team culture, frontline staff are deeply connected to their work and communities and team culture is strong, but the shift to remote working has made maintaining close relationships harder, risking more transactional interactions and relationships.
- A NED referenced the public perception of the NHS, highlighting the use of the language describing it as 'broken'. Lorraine acknowledged that post-Covid challenges such as long waiting lists exist and emphasised the importance of the Trust leading with hope and optimism, focusing on innovative approaches and system-wide collaboration.
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  Lorraine noted the Board's recommendation of including themes from the breakfast meetings, particularly areas for improvement.

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

9 Audit Committee Assurance Report

9.1 As chair of the committee, Anit Chandarana presented the report of the meetings held on 27 June and 2 July 2024 highlighting:
- The Trust's accounts for 2023/24 were approved at an extraordinary meeting.
- The external audit was completed with the exception of a delay in assurance from the Local Government Pension Scheme auditors. Minor concerns about the valuation of property were noted but were not material.
- The committee ratified the re-appointment of RSM as ELFT's internal auditors and requested more information on thematic issues.
- Two annual reports – Healthcare Space Newham and East of England Collaborative – were reviewed with additional lines of enquiry requested for future meetings.

9.2 In discussion the Board:
- Noted the procurement process for internal auditors was a joint process with two other Trusts; RSM's appointment is as an individual internal auditor to ELFT.

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

10 Integrated Care & Commissioning Committee Assurance Report

10.1 As chair of the committee, Richard Carr presented the report of the meeting held on 11 July 2024 highlighting:
- The committee provided some feedback on NEL ICB risk assurance framework, particularly about focusing more on the medium- and not just the short-term, and the dynamic nature of risk management.
- The excellent work on population health and the range of work programmes under way.

- The work taking place in terms of an options appraisal for Simmons House.
- The committee supported the change of approach and amendments to the BAF.

10.2 In discussion the Board:
- Commented a major risk is the differing values among organisations within the NEL system, and highlighted the need for value alignment to achieve true integration.
- Highlighted any project addressing financial challenges should prioritise the best outcomes for service users with outcomes measures that are easily understood by them. Maintaining focus on medium to long-term plans for service users is crucial.

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

11 People Participation Committee Assurance Report

11.1 As chair of the committee, Aamir Ahmad presented the report of the meeting held on 20 June 2024, highlighting:
- People participation is continuing to grow with expansion into corporate services as well as across different geographies.
- The PP team was praised for their significant achievements and the transformational impact of their work.

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

12 Quality Assurance Committee Assurance Report

12.1 As chair of the committee, Donna Kinnair presented the report from the meeting of 1 July 2024, highlighting:
- Industrial action has pressured teams with ongoing efforts to maintain safety.
- Three incidents were reviewed, including an inquest into the death of a young person with mental health issues, emphasising the need to apply lessons learned to prevent similar occurrences.
- Financial viability was a key discussion point, particularly ensuring it does not compromise and impact on quality; updates at future meetings were requested.
- The success of the transformational programme and virtual ward in Adult CAMHS in Bedfordshire resulted in moving from Opel 4 to Opel 1 within four weeks.
- A request for an update on how the Trust maintains clinical effectiveness at a future meeting.
- Agreed to maintain the current score for BAF risk 4.

12.2 In discussion the Board:
- Considered the effectiveness of learning from Prevention of Future Death reports (PFDs).
- Suggested QAC could have deeper discussions on mortality and morbidity to identify prevention strategies as this might help direct future investment. A holistic approach is required to improve life expectancy for people with mental health issues.
- Noted that on some occasions the PFD is issued three years after the event and this creates challenges in tracking.
  ACTION: David Bridle
- Noted PFDs act as a useful check that recommendations are being implemented, often highlighting learning already in progress.
- Noted that the Quality Committee is shifting the focus of reports from single events to trends in patient safety including near misses and good practices, to identify learning and positive changes.

- Agreed the committee should focus on thematic issues from PFDs, rather than individual cases ensuring themes such as observations are being addressed.
- There is a need to ensure completed actions are reported to the Board to 'close the loop'.
- Suggested a template for tracking key factors at the time of death, e.g. smoking, weight, housing, employment, deprivation, and whether there was social prescribing, would be useful to identify patterns and contribute to future actions. This will be explored further. **ACTION: David Bridle**

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

13   Quality Report

13.1   Amar Shah and Clare McKenna presented the report, highlighting:
- The improvement section provides assurance on plans for the year and how some of the variation and themes are being tackled. such as observations where improvements have been achieved. Current topics are around equity and flow.
- The assurance section focuses on food, recognising its impact on wellbeing and recovery. Work under way to improve the quality of food on inpatient wards and new structures are in place to monitor food and nutrition.
- The report outlines actions to improve low PLACE scores focusing on increasing service user involvement in menu choices, kitchen activities and opportunities such as growing their own vegetables; this is particularly important for long-term inpatients.
- Upcoming PLACE assessments are expected to show improved scores.
- This work has significant collaboration with QI and PP, along with extensive work with suppliers, resulting in positive feedback.

14   Performance Report

14.1   Amar Shah and Edwin Ndlovu presented the report, highlighting:
- Access: Long-term solutions require partner negotiations, but teams are achieving success, e.g. CAMHS is meeting goals around eating disorders and for ADHD teams continue to focus on innovative approaches whilst people wait for a full assessment.
- Safety: Despite high occupancy rates, inpatient violence levels are low and follow up after discharge, a key suicide prevention measure, continues to improve.
- Equity: Focus in the report is the work led by community health, primary care and addictions on addressing gaps in these services.
- Out of area patients/use of private beds: Private bed use is decreasing, especially in London, with learning being shared in Bedfordshire and Luton. This remains a key focus due to its impact on finances, patient safety, quality and staff satisfaction.
- Decompression and urgent care: Bedfordshire shows continued steady performance in urgent care response, aiding admission avoidance, despite pressures from strikes and ambulance demand.
- Musculoskeletal (MSK) and memory services face challenges; however, there are some medium to longer term strategies in development.

14.2   In discussion of the Quality and Performance reports the Board:
Food on Wards
- Praised the food quality improvements, noting recent feedback had highlighted the positive changes at the John Howard Centre.
- Observed there is a need for clarity on the thematic issues related to food across the Trust and the actions required.

- Noted the Trust recognizes the need to address food availability for staff, particularly in locations like Newham Health Centre. A smart NHS vending machine pilot is underway, with potential for wider rollout.

Private Bed Usage
- Noted that to sustain the reduction in private bed usage will require further work on admission avoidance, particularly for male patients. The Trust is confident in its progress, supported by an extensive flow programme.

ADHD and Autism
- Noted the ADHD Qbs test pilot is part of an ongoing improvement project which has a year's funding. A decision will be made by April on its continuation.
- Received assurance that a larger service redesign is under way with primary care and ICBs in both ICSs, with a focus on a needs assessment and to be user-led, to identify a meaningful set of interventions. The national ADHD taskforce is also undertaking a similar exercise and the outcomes will also inform the Trust's work.

Safety
- Noted the increase in reported harm is linked to a system change that now combines harm from restraints and expected deaths, previously reported separately. This is being reviewed for clearer presentation.

Missed Appointments (DNAs)
- Noted high levels of DNAs presents an opportunity to reduce waste and improve patient and staff experience. Agreed it would be useful for this to taken forward at scale as improvement work. The Board will receive updates on DNAs during the next twelve months with a focus on addressing the most affected groups.

Bed Occupancy
- Noted bed occupancy has remained at 95% for a long period. A plan to reduce length of stay from 61 to 40 days is in place and queried the forecasted impact on bed occupancy.
- Received assurance that despite some deterioration, rapid response reporting remains above the national target. Narrative is not included due to the frailty measure as numbers are so small, but this is always monitored.
- Commented that performance reporting may benefit from a refresh about the deeper content analysis as opposed to the evaluation derived from the data, as well as better data particularly as a result of FV efforts.

14.3   The Board **RECEIVED, DISCUSSED** and **NOTED** the reports.

15   10 minute break

16   CQC Update

16.1   Claire McKenna reported:
- All but one of the 'must do' actions have been met and now working on assurance that embedded learning is taking place.
- The CQC is in a process of change and the Trust has had opportunities to provide feedback. The Board will receive updates as new information becomes available.

16.2   In discussion the Board:
- Emphasised the importance of providing assurance on the quality of training and supervision, not just the quantity of staff who complete their training/supervision.
- Mentioned revisiting statutory and mandatory training requirements including the possibility of shorter update sessions instead of complete course re-takes.

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

17   Appointments & Remuneration Committee Assurance Report

17.1   As chair of the committee, Deborah Wheeler took the report of the meeting held on 6 June 2024 as read. Deborah confirmed there was a meeting on 24 July to approve the appointment of Clare McKenna as Chief Nurse.

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

18   People & Culture Committee Assurance Report

18.1   As chair of the committee, Deborah Wheeler took the report of the meeting on 3 July 2024, as read. Deborah noted that the challenge is to broaden the focus of the committee to Trust-wide.

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

19   People Report

19.1   Tanya Carter presented the report, highlighting:
- In response to the financial challenges recruitment processes have been adjusted to prioritise redeployment of those at risk and ensure central oversight earlier in the process for redundancy approvals. Regular meetings are now held, the Chief Finance Officer, Chief People Officer and Chief Nursing Officer.
- The Government's upcoming changes to employment tribunals will grant rights from day one (previously required two years employment). The impact will be monitored with continued focus on informal resolutions.
- There has been a 3% increase in the quarterly Pulse survey response rate.
- Compliance with statutory and mandatory training has improved to an average of 89.8%.

19.2   In discussion the Board:
- Suggested the report currently leans towards operational detail and would benefit from including more evidence of impact to provider stronger assurance.
- Highlighted that the deep dive into leavers and retention identified 'organisational culture' as a reason for leaving, and understanding what that means in practice will be taken forward by the People & Culture Committee.

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

20   Safer Staffing

20.1   Clare McKenna presented the report, highlighting:
- The improved position since the last report with improved recruitment resulting in more stable staffing and with full recruitment for inpatients and a 5% vacancy rate for the Bedfordshire community team.
- The community safer staffing model has been paused for evaluation; a deep dive into caseloads is planned.

20.2   In discussion the Board:
- Received assurance that Coborn's staffing issues caused by sickness, resulting in senior staff working extra shifts, have stabilised and vacancies filled; monitoring will continue.
- Queried the over-establishment of healthcare assistants, particularly on Bow Ward, and sought clarification that these positions are not substituting registered nurses and also understanding the rationale behind the numbers.
  ACTION: Claire McKenna
20.3   The Board **RECEIVED** and **NOTED** the report.

21   Charitable Funds Assurance Report

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

22   Finance, Business and Investment Committee Assurance Report

22.1   As chair of FBIC, Sue Lees presented the report of the meetings held on 27 June and 18 July 2024 highlighting:
- The committee focused on temporary workforce reduction and noted there are some areas of particular challenge, such as medical agency staff in Bedfordshire and Luton.
- The key message from the committee was a need for pace and urgency.
- Approved the submission of the National Cost Collection Submission report which will. create benchmarking data for cost comparison across the NHS aiding FV work.
- The discussions on potential for private sector opportunities; while supportive of the concept the committee emphasised that FV targets should focus on controlling costs, not generating additional income.
- The deep dive into the refreshed BAF for risks 7 and 8 and supporting the recommendation to split BAF risk 8 and create a new BAF risk (risk 10) to cover the full scope of digital and estates.

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

23   Finance Report

23.1   Kevin Curnow presented the report highlighting:
- At the end of June the Trust is reporting a deficit of £8.2m year to date, £5.6m off plan.
- The cash position is at about £96m in the bank, but with the potential level of deficit that could soon be eroded and will have an impact on future investment plans.
- The capital expenditure position is slightly ahead of plan, with a spend of c£1.6m of the £10m capital resource.
- Investment opportunities are used during the year to enhance the capital allocations.
- The key areas of risk are:
    - FV not being achieved with a predominantly workforce pressure within primary care, related to reliance on locum and agency, particularly for GPs.
    - Inpatient pressures due to enhanced observations.
- A good discussion about the level of challenge and the need for traction/pace to reap the benefits from some of the ideas was held at the Going Further, Going Together board.
- A key issue is the use of private beds, where current income matches costs but will be depleted by mid-August. This poses a potential financial impact if not addressed.

23.2   In discussion the Board:
- Noted pay and non-pay costs are under review. For pay this is about applying increased controls and rigour and working to ensure everyone understands budgets and feels invested in this. A 7% reduction in costs was achieved this month. Non-pay costs are also being reviewed to identify opportunities; one contract variation has resulted in a £300k saving and there is potential for more savings.
- Emphasised the importance of not overlooking the cumulative impact of smaller cost-saving measures.
- Commented that hearing from peer support workers reinforced the importance of long-term solutions and received assurance that efforts are under way to explore different service models and pathways including cross-borough collaboration.

- Queried if there is an opportunity to set up a private unit similar to that established at Barts where it has worked well. The committee supported the Trust's policy and approach to developing private practice but cautioned that private practice cannot replace financial stability.
- Noted the People & Culture Committee will review the reported difficulties in recruiting and retaining home treatment team staff.
  ACTION: Tanya Carter
- Noted that the need to shift underlying culture to achieve FV particular as this will be new to many staff members. The Chief Finance Officer, Chief Nurse and Chief Operating Officer are meeting regularly with the DMTs to discuss their ideas and provide encouragement. Other support is also being considered including mobilising a team internally, and some possible external expertise.
- Discussed the feasibility of achieving the break-even year end forecast and the need for wider staff communication about the current figures. However, acknowledged there are 'green shoots': the 7% cost reduction is promising but needs further evaluation to ensure it is sustainable. There will be two more reporting cycles before the next Board for further evaluation.

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

24   Board of Directors Forward Plan

24.1   Noted.

25   Any Other Business

23.1   The Board acknowledged the reports of relentless staff pressures, expressed gratitude for their efforts and requested to be informed of any ways they could help reduce these pressures or eliminate obstacles that waste staff time.

26   Questions from the Public

26.1   None were previously notified or raised at the meeting.

27   Date of the Next Meeting

27.1   Thursday 26 September 2024 at 1pm in Luton

The meeting closed at 4.30pm

ELFT
Action Log Trust Board (Part 1)

BOARD OF DIRECTORS MEETING IN PUBLIC: Action log following meeting held on 25 July2024

Ref	Meeting Date	Agenda item	Action Point	Executive Lead	Due Date	Status	Comments
399	25-Jul-24	Finance report	P&CC to review the reported difficulties in recruiting and retaining home treatment staff	TC	26-Sep-24	Closed	This will be included in the deep dive review into recruitment and retention on the P&CC forward plan
395	25-Jul-24	Minutes of previous meeting	Amendments in respect of paras 7.2, 9.2 and 15.1	CL	26-Sep-24	Closed	Minutes updated
394	23-May-24	Quality report	Review opportunity to align cycle of NED visits with stakeholder led accreditation programmes	CMc	31-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.
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	05-Dec-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	05-Dec-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
396	25-Jul-24	QAC assurance report	Consider including deep dives into mortality and morbidity at a future QAC meeting to help with identifying strategies	DB	05-Dec-24		
397	25-Jul-24	QAC assurance report	Patient safety/incident reviews: explore development of a template for tracking key factors at the time of death, e.g. smoking, weight, housing, etc to identify patterns and contribute to future actions	DB	05-Dec-24		
398	25-Jul-24	Safer staffing	Provide clarity on whether the over-establishment of healthcare assistants (particularly on Bow Ward) are not substituting registered nurses; provide rationale for the numbers	CMc	05-Dec-24		
400							
401							
402							
403							

In progress with delay	
Closed	
Forward plan	
Not due	

REPORT TO THE TRUST BOARD IN PUBLIC
26 September 2024

Title	Chair's Report
Author	Eileen Taylor, Trust Chair

Purpose of the report

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

Committees / meetings where this item has been considered:

12 September 2024	Council of Governors Meeting

Key Messages

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

Strategic priorities this paper supports

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

Implications

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

1.   Introduction

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

1.2.   The report also provides a summary of discussions at the Council of Governors (the Council) so that these views may inform Board decisions.

2.   Chair's update

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

2.2.   Underpinning this vision, I have four key areas of focus:

- Patient leadership

- Staff support and empowerment

- Board effectiveness

- System leadership

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

Patient leadership

2.3.   Once again, the North East London Mental Health, Learning Disabilities and Autism (NEL MHLDA) Collaborative Committee was privileged to hear the stories of people willing to share their experiences of using our services so that we may learn from them and improve the quality and accessibility of the care we provide. At the meeting held on 4 September, Nigel generously shared his experience of presenting to an emergency department (ED) while he was experiencing mental health crisis. Hirah, Renato, and Hanna also shared written testimony of their experiences of presenting to local EDs when either they or a loved one was experiencing crisis.

2.4.   People experiencing mental health crisis, just as those experiencing a physical health emergency, should be able to expect to receive high quality, compassionate care if they present to an emergency department – and, indeed, people frequently present with urgent care needs that relate to both their physical and mental health. The Committee was pleased to note the continuing work of a NEL Chief Nurses' Group, chaired by Lorraine Sunduza, that brings together chief nurses from acute and mental health providers from across the system to focus on opportunities to improve the quality of care and the experiences of people presenting in crisis to NEL EDs.

2.5.   However, the experiences of the service users we heard from underlined the importance of there also being alternatives available to ED which provide timely compassionate support in a more therapeutic environment. The committee welcomed the developments described in a subsequent 'deep dive' item on crisis services to expand the provision of community-based crisis service alternatives to emergency departments.

2.6.   The power of listening to service users and coproducing quality improvement (QI) work with people with lived experience was also apparent in my visit to Coral Ward in Luton on 11 September where I heard about the positive impact of QI projects to improve food quality and to introduce evening activities. I also saw firsthand the critical role that our

social workers play in enabling discharge from hospital and the complexity of some of the issues that they are charged with resolving.

Staff support and empowerment

2.7.   I was also delighted to be able to spend time with the Coral Ward staff team. They shared how much they appreciated the well-being space they now have available following an opportunity they had to bid for funds from the Trust's charity.

2.8.   During this period where we are facing significant service and financial pressures, I was particularly pleased to see this example of support for our staff. I would like to express my continued personal thanks to all our staff who continue to work so hard to provide the best possible care for the people we serve and who so often go the extra mile.

Board effectiveness

2.9.   The ELFT and NELFT Boards met on 16 July for one of our regular joint sessions, focusing this time on developing our strategic approach to improving productivity. As well as the helpful discussions that took place on this topic, Board members from both Trusts also reflected on the positive relationships that have developed since the two Boards started to meet, and the joined-up approaches to system-level challenges that are now the norm.

2.10.   The two Boards are due to meet again on 3 October and this session will focus on how boards should operate during challenging times.

System leadership

2.11.   I was delighted to hear that the NEL MHLDA Collaborative has been shortlisted for the HSJ Award for "Provider Collaborative of the Year". It continues to be a privilege to chair the Collaborative Committee which benefits immensely from its lived experience members who so skilfully ensure that the Committee is focused on the issues that matter most to the people who use our services and the people who care for them.

3.   Council of Governors update

3.1.   The Council of Governors met for its regular meeting on 12 September 2024 at the Bishopsgate Institute.

3.2.   The Council congratulated Claire McKenna on her appointment as Chief Nurse of the Trust.

3.3.   Governors were reminded of Alzheimer's Awareness Month and the upcoming Black History Month which will be marked by a number of Trust events. It has also been *Know Your Numbers* Week, so governors were encouraged to have their blood pressure checked.

3.4.   I expressed my appreciation to governors for their contribution to the joint governor session between ELFT, Homerton and North East London NHS Foundation Trusts. There was a palpable vibrancy and energy in the room, we held fruitful discussions, many useful contacts were made, and plans are already in hand to carry this forward with future joint sessions – a real good-practice example of collaboration in the system.

3.5.   For the operational update, Governors received assurance around the Trust's work on improving clinical observations, following recent adverse press coverage. Sasha Singh (Clinical Nursing Director for London) updated governors about the intense work that has been undertaken since 2020 to enable staff to develop guidelines about how they themselves, using QI methodology, can improve the management of required

observations and how, within the Board governance structure, central oversight ensures this remains a focus of our work on all 54 wards. Following work on professional accountability, record keeping and training, future efforts will focus on developing a shared vision around the therapeutic value of observations as service user feedback report that in their current form they are often regarded as intrusive and unhelpful.

3.6. In response to Governor queries, both Claire McKenna and David Bridle stressed the importance of creating an atmosphere where staff can truthfully note any failed observations rather than falsify records, as it is only through this honesty that we can continue to learn and improve, looking at each situation individually.

3.7. The strategic priority theme, deferred from the previous meeting, addressed equity, diversity, and inclusion, with governors emphasising equitable access for people or communities that may face challenges in accessing our services.

3.8. In a powerful and inspirational presentation, Eleanor Mata (Lead, Tower Hamlets Homeless Foot Health project) and Hilda Mango (service user) reported on this important work providing foot health care to homeless people. By using innovative, coproduced ways of reaching out to this population and simplifying access, the team are conducting clinical and preventative work which goes far beyond foot health, also looking at issues such as general physical health checks, benefits advice, housing as well as mental health support.

3.9. In the table discussions that followed, Governors were asked to consider which communities do they feel struggle to access our services equitably, and what might we do to support them. Brief feedback from each group highlighted that it is often a case of the Trust becoming better and more innovative at advertising the services we can offer – through established forums; religious gatherings, garden centres, barber shops are all possible spaces where we can reach out to various communities.

3.10. Governors identified sections of the community such as carers as well as barriers such as those imposed by language, social norms, culture and stigma but also highlighted how men's health may often be overlooked as a specific group that may be less likely to reach out and seek help. They noted that, importantly, we must not overlook those who are all too often not part of a community: those living in social isolation and often digital exclusion.

3.11. Governors received and noted the report from the most recent Communications and Engagement Committee, as well as reports on the Council elections and the Committee elections. I was struck by the number of candidates nominating themselves for a limited number of spaces – a real testament for the reputation of the governor role at ELFT and the work of our current and previous governors.

3.12. The update on the Membership Engagement Plan began with a quote from the recent report by Lord Darzi, name-checking ELFT for our work on co-production with our service users in everything we do to achieve our Marmot Trust ambitions. The report stressed the role a strong voice for patients and local communities has in promoting more responsive services, and in making it easier for the NHS to fulfil its promises to promote population health and to narrow health inequalities.

3.13. Governors noted the success of the *Membership Pop-Ups:* our Membership team going to where people already meet and providing them with support and information that is relevant to them in their respective meeting. Governors are deeply involved in this work through their own community connections.

3.14. In closing, I paid special tribute to three Governors who have reached the end of their third and final term: Roshan Ansari, Shirley Biro, and Larry Smith. Each of them, in their own way, has been a critical friend to ELFT, bringing their own lived experience to their role, never shying away from raising concerns and often influencing the way I, and the Trust as whole, are looking at our services.

4.   NED visits

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

- Brett Ward in City & Hackney
- The Bedford Crisis Team

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

5.   Action Being Requested

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

REPORT TO THE TRUST BOARD IN PUBLIC
26 September 2024

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

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 Care Quality Commission (CQC) inspections of the Trust, awards and recognition and updates on changes and improvements to services across the Trust. The report also provides a brief update on national/regional issues.

Strategic priorities this paper supports.

Improved experience of care	☒	Information presented describes how we are understanding, assuring against and improving aspects related to these four objectives across the Trust and within the local and national systems.
Improved population health outcomes	☒	
Improved staff experience	☒	
Improved value	☒	

Implications

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

1.0   Purpose

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

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

2.1   In response to the national unrest and rioting, our leadership team felt it was crucial to address the situation and clarify our stance as a Trust, building on the statement from NHS England CEO Amanda Pritchard. We strongly reaffirmed our commitment to rejecting racism and supporting our diverse workforce. A letter was sent to all staff, emphasising the importance of our values, the benefits of diversity in our workforce and the communities we serve, and the personal risks faced by racially minoritised individuals due to increased threats of violence. The letter also reminded staff of the consequences for anyone participating in disorder or violence. Recognising the impact on both staff and service users, we followed this with a series of open forums where

colleagues could share their thoughts and feelings. While the rioting has ceased, we understand that the work to address its effects must continue, and we remain dedicated to supporting our staff and service users moving forward.

3.0   Connecting with Teams

3.1   I had the opportunity to engage with various teams and participate in meaningful events:

3.2   **Befriender Day**: I opened the Befriender Day, a celebration of our befrienders who play a key role in supporting isolated service users. It was inspiring to hear colleagues share stories of how they support each other and service users, highlighting how they also benefit personally from befriending. I extended my gratitude to the People Participation leadership team for their ongoing support.

3.3   **Service Users and Carers Conference (Learning Disability) in Luton**: I attended a co-produced conference focused on what truly matters to our service users and carers with learning disabilities. The event showcased the work being done to improve our services, and I emphasised the importance of continued collaboration with service users and carers to shape our work and expand opportunities for their involvement.

3.4   **NHS London Mental Health Celebration and Strategy Event:** I participated in this event, which brought together leaders, clinicians, and service users across London to discuss the regional mental health strategy. It provided a platform to share feedback with the regional team on key priorities and actions. I have since committed to supporting the Inpatient Quality Transformation Programme in London to help drive improvements.

3.5   **Breakfast meetings**: I continued my connection breakfast meeting the Forensic Consultants and the Primary Care Directorate Team and clinical directors. The meetings are a chance for me to hear directly from clinical services regarding their services, challenges, and opportunities. I took the opportunity to update them all on our progress and extend my appreciation for their leadership and support, recognising the challenges they are facing in their services. Our recent discussions focussed on the Going Forward Going Together (GFGT) program and emphasised the need for us to strike the balance in order to maintain consistency in our focus and oversight of quality, safety and efficiency.

4.0   Publication of the Darzi Review

4.1   An independent investigation into the NHS in England, led by Rt Hon. Professor Lord Darzi, was published on 12 September 2024. Commissioned by the government, the report aimed to assess NHS performance and provide a detailed analysis of existing challenges, serving as a foundation for the upcoming ten-year health plan.

4.2   The investigation focused on:

- Quality of care and outcomes
- Moving care closer to home
- Productivity and flow

4.3   It identified four key performance drivers:

- Revenue and capital funding
- The impact of the COVID-19 pandemic and its aftermath
- Patient voice and staff engagement
- Management structures and systems

4.4 While the report concluded that the NHS is in a critical state, it emphasized that its vital signs remain strong. We are committed to working closely with regional and system partners in response to the findings and will ensure that the report's insights are discussed at our board committees for further consideration.

5.0 Joint Executive meeting with NELT

5.1 On 2 August 2024, the Executive teams at ELFT and North East London NHS Foundation Trust (NELFT) met for another in our regular series of joint meetings. The meeting focused particularly on how our organisations can work most effectively together to progress work to improve productivity in ways that benefit service users, staff and the local system. Both Trusts are taking forward programmes of work to address waste as well as looking together at opportunities to work collaboratively so that the best possible use is made of our combined resources.

6.0 Integrated Care System (ICS) and provider collaborative updates

6.1 The North East London (NEL) Mental Health, Learning Disabilities and Autism (MHLDA) Collaborative Committee met on 4 September 2024. The committee received a report about the experiences of people experiencing mental health crisis in emergency department (ED) settings. This identified specific learning to take forward to improve care quality in EDs and a dedicated senior mental health nurse has recently been appointed to lead this improvement work across NEL.

6.2 As Chair of the NEL Chief Nurses' Group, I'm proud of the collaborative work we are doing to bring together chief nurses from both acute and mental health providers across the system. Our focus is on identifying opportunities to improve the quality of care, with a particular emphasis on enhancing the experiences of individuals who present in crisis to NEL EDs. By working closely together, we aim to make a tangible difference in the lives of those we serve.

6.3 The committee received an update on demand pressures for services, particularly crisis and inpatient services and the current programme of work underway to alleviate the pressures on these pathways.

6.4 Publication of the CQC special review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust was noted, and the work taking place across NEL to review services for people with serious mental illness (SMI) in light of the review recommendations. It was noted that a collaborative workshop is planned for October 2024. A similar review is being carried out in ELFT Bedfordshire, Luton and Milton Keynes (BLMK) services.

6.5 The committee also received an update on the progress against the service user and carer priorities. We were encouraged to see the progress on service-user led improvement projects and pleased to see the efforts being made to ensure their voices are at the heart of our work.

6.6 The NEL Mental Health, Learning Disabilities & Autism (MHLDA) Collaborative has been shortlisted for the Health Service Journal Award for Provider Collaborative of the Year. The nomination recognises the significant work undertaken across the collaborative and the impact the collaborative is having on changing how we are working in partnership – most importantly with service users and carers - to improve care quality and health outcomes for our communities.

6.7 BLMK ICS partners are preparing for the first formal BLMK Mental Health, Learning Disabilities & Autism (MHLDA) Committee on 16 October 2024, following a preliminary

meeting in July. This committee will bring together ELFT, Central North West London NHS Trust, BLMK ICB, and key partners to collaboratively plan and enhance mental health, learning disability, and autism services for BLMK residents. Plans are underway to recruit lived experience leaders to join the committee, ensuring that service users' perspectives are central to its work.

6.8 BLMK ICB is also finalizing a Health Services Strategy, which outlines the strategic vision for developing health services within the framework of the BLMK Integrated Care Partnership's Integrated Care Strategy and Joint Forward Plan. This strategy includes a set of "we will" statements, focusing on a shift toward prevention, achieving parity between physical and mental health, and prioritizing children and young people. The ICB is inviting feedback from partner organizations before formal approval, and the Trust Integrated Care & Commissioning Committee has reviewed and provided feedback on the strategy.

7.0 Operational update

7.1 Work has continued within mental health services on inpatient flow and capacity building. We have seen sustained decreases in inpatient occupancy and reductions on length of stay. We believe our shift in operational focus towards dedicated discharge resource, work with partners and further scale up of step-down bed provision has helped. Lowering occupancy levels has allowed us to focus more on quality and better experience outcomes for our service users and we thank our staff for working hard to achieve this in the context of significant demand.

7.2 As part of the Trusts response to delivering financial efficiencies we have created a programme of work called Going Further, Going Together that I lead. Over the summer we reviewed the structure and enhanced the resources to support the work in identifying and delivering efficiencies. We have started a weekly bulletin that I send to the organisation highlighting progress and sharing learning.

7.3 There is also a NEL-wide draw down of private bed use. We are at zero private beds and this will be hugely impactful for our service users and their families but also significant in helping us to achieve our financial viability (FV) goals.

7.4 **Infection Prevention and control**
The number of COVID-19 cases are increasing within the general population. The continued support of colleagues in maintaining good infection control practices is crucial in preventing harm to our patients, staff and visitors. Information and guidance have been provided to all staff around measures to be taken to prevention and manage outbreaks of Covid. Within the trust there have been no cases of Mpox, we have guidance and infection control support in place should this occur.

7.5 **Other Service updates**
The Trust has been named as one of six providers nationally, to lead the development of a 24/7 mental health service pilot. Tower Hamlets Mental Health Directorate have partnered with Look Ahead charity to develop a unique mental health hub in the borough. The hub which will be in Bethnal Green will be there for anyone known to GP and mental health services in the area, with serious mental health problems, to drop into the centre without an appointment to receive support from mental health clinical professionals, social workers, voluntary sector workers and peer support workers.

7.6 **Bedfordshire, Luton & Milton Keynes (BLMK) Autism Assessment Service**
The Trust has welcomed Milton Keynes Integrated Autism Assessment Service (MKIAS) colleagues, who joined ELFT on 2 September 2024. They will work alongside ELFT's autism service colleagues supporting Bedfordshire and Luton communities, forming a

BLMK system-wide service.

7.7 Opening of Kate's Place women only clinic

Two nurses from our substance misuse service Path 2 Recovery (P2R) have teamed up with SMART Bedford to open a new women's only clinic in Bedford called Kate's Place. Kate's Place takes place in a safe environment where only female staff are present and only females are allowed on site during that time. The team are aiming for it to be a one-stop-shop for vulnerable women to attend and receive housing support and health support including a needle exchange and sexual health screening and treatment.

8.0 ELFT people updates

8.1 Bedfordshire Wellbeing Games

Hundreds of guests have taken part in the inaugural Bedfordshire Wellbeing Games in Dunstable on 26, July 2024. The aim was to promote the benefits of sport and activity for everyone's wellbeing and in helping with recovery from poor mental health. The games were organised by the Trust in partnership with leisure centre provider Everyone Active and Central Bedfordshire Council.

8.2 Appointment of Queen's Nurses

The title of Queens Nurse recognises a commitment to high standards of person-centred care in community nursing. It is bestowed by community nursing charity the Queen's Nursing Institute (QNI). The oldest professional nursing organisation in the UK, the QNI is dedicated to improving the nursing care of people in their homes and in the community. Congratulations to all colleagues who have been given the prestigious title of Queen's Nurse (QN) by the Queen's Nursing Institute (QNI), a title that recognised exceptional contributions to nursing practice, patient care, and leadership in the community across all our specialities. Our new QN's Lucia Vambe, Karen Griffiths, Stephanie Aidoo, Narenza Dhanasar, Ola Ojuolape, Lara Lawson, Lucy Kwatia, Denise Locklin and Hazel White.

9.0 Awards and Recognition:

9.1 People Participation Awards

The achievements and contributions of service users, carers and volunteers from across the Trust were celebrated at the annual People Participation Awards on 8 August 2024. I was delighted to attend and to share with guests my pride in how People Participation helps the Trust improve and the achievements of every individual nominated. We cannot do what we do without service users and carers working alongside us.

The awards were held during the national unrest and it was important to acknowledge the impact on our communities and our Trust commitment to celebrate diversity and support in line with our values.

9.2 Stonewell bronze recognition for ELFT

Stonewall has recognised the Trust for its continued progress in creating a welcoming workplace where LGBTQ+ colleagues can bring their full selves to work. ELFT has achieved a bronze recognition award in the national charity's annual Workplace Equality Index.

9.3 Pride events

Members of ELFT's LGBTQIA+ Network took part in London Pride on 24 June 2024 held to celebrate love, equality and diversity. Network members also participated in UK Black Pride, held at Queen Elizabeth Olympic Park in Stratford on 11 August 2024. UK Black Pride is the world's largest pride celebration for LGBTQI+ people of African, Asian, Caribbean, Latin American and Middle Eastern-descent and is a safe space to celebrate

diverse sexualities, gender identities, gender expressions and cultures.

9.4 **Nursing Times Workforce Awards**
Two senior primary care staff working at the Health E1 in Tower Hamlets and Cauldwell Medical Centre in Bedford have been shortlisted for Nursing Times Workforce Awards 2024. Deputy Head of Nursing and Allied Health Professionals, Christina Guevara, has been shortlisted in both the Nurse Manager of the Year and Manager of the Year (Non-Clinical) categories. Health E1's Practice Manager, Mohammed Almahfuz, has also been shortlisted in the Manager of the Year (Non-Clinical) category.

9.5 **NHS Parliamentary Awards**
Partnership ELFT programmes have been shortlisted in two categories at the NHS Parliamentary Awards 2024, held to celebrate outstanding contributions of staff, volunteers and others within the healthcare sector. The Tree of Life in Schools project, a pioneering mental health partnership programme supporting young people from City and Hackney's African and Caribbean communities, has been shortlisted for the Health Equalities Award.

The North London Forensic Collaborative (NLFC), of which ELFT is a partner, is a finalist for the Excellence Mental Health Care Award. It commissions and delivers adult secure inpatient and community forensic services for the population of North London.

9.6 **Stakeholder Led Accreditation**
In 2019, we launched the Service User Led Accreditation programme for our clinical services, which has seen a positive impact in our services and the experiences of our service users. Given the increasing interest from corporate and support services, we developed a Stakeholder Led Accreditation programme which aims to enhance service user experience, improve collaboration between corporate and clinical teams, and share best practices. I am delighted that our Corporate Governance Team has recently been awarded the first silver accreditation under this new programme.

10.0 Appointments

10.1 **Appointment of new Chief Nurse**
I am delighted to share the news that Claire McKenna has been appointed as our new Chief Nurse on 26 July 2024. She had been interim Chief Nurse since August 2023.

Claire has extensive nursing knowledge and experience acquired over a career of nearly 30 years at ELFT. For most of her early career, Claire specialised in Child and Adolescent Mental Health care, working her way up to being Service Manager and then Lead Nurse for the Coborn Centre for Adolescent Mental Health at the Trust. She extended her experience into adult services and became Lead Nurse at the Newham Centre for Mental Health. She then became Director of Nursing for Luton and Bedfordshire Mental Health Services.

10.2 **Experienced new Chair to lead Compass Wellbeing CIC**
Shona Sinclair has been appointed as Chair of the Trust's not-for-profit community interest company, Compass Wellbeing.

Shona has worked with commercial sector and not-for-profit organisations in senior management roles for more than three decades.

Shona's arrival coincides with the recent appointment of Richard Fradgley, Deputy CEO/Director of Integrated Care at ELFT, who joined the Compass Wellbeing board as a Non-Executive Director in May 2024.

11.0   Action Being Requested

11.1   The Board is asked to:

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

REPORT TO THE TRUST BOARD IN PUBLIC
26 September 2024

Title	Audit Committee Meetings held on 12 September 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 12 September 2024.

Key messages

External Audit Update

- The external auditors Forvis Mazars anticipate receiving the necessary assurances from the Local Government Pension Scheme auditors shortly which will enable finalisation of the annual accounts for 2023/24. At that time the arrangements for the laying of the Annual Report and Accounts before parliament will be advised.
- High level planning and timetabling for the 2024/25 external audit is due to begin with finance team colleagues in early October.

Internal Audit Update

- Good progress is being made on the internal audit plan for 2024/25 with audits on the Mental Health Act and business continuity under way; further audits are planned including on the Trust's risk and assurance frameworks.
- The committee acknowledged the amount of work undertaken on cyber security as reflected in a positive internal audit outcome.
- The risk radar report highlighted key risks across their client base; this will be reviewed in the context of the Trust's strategic risks, recognising the benefit of learning from wider organisations.
- A benchmarking report comparing the Trust against RSM's healthcare client base highlighted the increased focus in the Trust on more areas of risk and provided assurance the Trust's Level 2 Head of Audit opinion reflects the client base average.

Counter Fraud Progress Report

- Three recommendations from the NHS counter fraud team specific to the Trust's declarations of interest policy are being reviewed as are the options to move away from a manual procedure to a self-driven automated process.
- Annual benchmarking against similar trusts shows a consistently higher number of investigations and outcomes for ELFT. There has also been a sharp increase in the return-on-investment figure for 2023/24 largely due to the quantifying of a value against every fraudulent entry on the National Immunisation and Vaccination system.

Waivers and Breaches

- Four waivers have been approved in Q2 to date and no breaches reported.
- The committee received assurance there is a more rigorous approach in place around the engagement of consultants, with any potential conflicts or declarations of interest being clearly documented and mitigated against.
- As part of the work of the Going Further Going Together non-pay workstream, a technical approver role has been developed to improve the grip, control and scrutiny around potential waivers.

Policy Update: Business Case and Capital Investment policies

- Internal reviews of the organisation's financial control environment have highlighted the need for some improvements; these two policies are the first in a series designed to address gaps in the rigour around decision-making.
- Both policies will be reviewed once the processes have been fully socialised and embedded in the organisation, acknowledging the business case process in particular is new to the Trust. Whilst a

positive approach to providing further assurance, the committee encouraged continual review of the balance between process and bureaucracy.

Board Assurance Framework (BAF)
- The revised BAF template has now been presented at all committees with positive feedback received on the increased usefulness in highlighting causes, consequences and mitigations. Further work will be undertaken to reduce the current variation across individual risks to develop trajectories and tolerance for each risk. A quarterly review by execs is planned to ensure consistency and maintaining an accurate reflection of Trust-wide challenges and risks.
- There is ongoing work to revise and reword risk 5, ensuring the strategic people and culture risks are fully captured.
- Further assurance was sought around confidence in the impact of actions in reducing the current risks. Work to better articulate the current risk, the risk after mitigation and the target was requested.

A committee effectiveness review was undertaken as part of the overarching review of all ELFT committees.

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

Title	Integrated Care & Commissioning Committee (ICCC) 12 September 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 12 September 2024

Key messages

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

- At the end of July, the ICS reported a £18m deficit, £9.2m adverse to plan and largely attributable to staffing over-establishment in Bedfordshire's acute hospitals and a shared agreement with the Trust on a c£4m mental health risk. A mitigation plan for the mental health risk is underway; however, it remains a challenging target. While the ICS is not yet under NHS England's (NHSE) Investigation & Intervention (I&I) process, it is anticipated this will be imposed.
- In response to the restrictive financial environment, there has been a notable change in ICS behaviours around the use of contracts which is being robustly challenged.
- Planning for community health services remains less coordinated in the BLMK system.
- The committee noted several points of consideration regarding the draft revised ICB health services strategy observing it contained statements indicating a shift in ICB priorities and highlighting the opportunity for the ICB to further demonstrate its commitment to addressing funding imbalances between the acute sector and mental health, as well disparities in cultural issues and behaviours.
- The committee suggested there is value in arranging a joint meeting between the ICS and ELFT Boards for further discussions.

NCEL Perinatal Collaborative Q1 update

- The collaborative is fully operationally mobilised with a focus in Q1 around contracts, robust governance and developing a quality assurance framework based on shared learning from the CAMHS collaborative.
- A people participation lead is already working alongside the team with a small group of service users on pathway mapping, patient experience and understanding the flow from community services into inpatient care and on to discharge. A strategic health needs analysis has also been commissioned to further understand population needs.
- The number of patients being placed out of area is more than was anticipated and dedicated case work is ongoing to understand their positions and how these women might be repatriated nearer to home.
- A fixed budget remains in place until March 2026; however, there is a risk that it may not accurately reflect patient activity. To mitigate this, a shadow exercise is tracking costs from out of area placements with reviews planned at 12 and 18 months to evaluate the data and potential support a business case to the NHS if necessary.
- The committee was assured by the early work to identify issues and acknowledged the work to provide quality visits to women in out of area placements and the positive learning from the CAMHS collaborative.

North Central East London CAMHS Collaborative

- There continues to be a positive downward trajectory in the numbers of young people entering inpatient services with admissions down to 41 at the end of Q1, compared to 77 in June 2021.
- Higher acuity in units is creating significant challenges to staff, alongside a national trend of increasing admissions to specialist eating disorder services leading to more out of area placements. Recruitment of additional clinical expertise is under way along with work to refresh the eating disorder strategy.

- The inpatient unit at the Whittington Hospital remains closed; however, joint work with the Whittington Hospital and the ICB is ongoing to develop an engagement plan for interim arrangements proposed from 1 January 2025.
- Further clarity is awaited from NHSE on the arrangements for the delegation of specialised mental health commissioning from April 2025 which presents potential risks.
- The financial outturn for 2023/2024 was a surplus of £5.8m which is being reinvested.
- The committee requested assurance on the movement of funds between ICSs, recognising the expertise of collaboratives does not always operate within defined geographies.

Working with North East London NHS FT (NELFT) Partnerships and Integrated Care (PICC) Committee
- A productive meeting was held with the chairs of the ICCC and NELFT's PICC (the equivalent of the ICCC) and it has been proposed to hold a joint meeting of both committees in November to primarily consider updates on the NEL collaborative work and also review the recently issued Darzi report.
- The committee welcomed this proposal as provides the opportunity to share views, learn from each other and avoid duplication.

Board Assurance Framework – Risks 1, 2 and 9
Risk 1: *If the Trust does not build and sustain the right capability and capacity to support new models of integrated care this may impact adversely on our ability to deliver the Trust strategy*
Risk 2: *The Trust does not build and sustain effective partnerships with other health, care, voluntary sector and other organisations*
Risk 9: *There is a risk that the Trust does not manage its commissioning responsibilities and associated risks as a lead provider and/or collaborative commissioner*
- The committee noted and agreed to the addition of further controls, mitigations, evidence and actions.
- The greater understanding and articulation provided by the revised process around the larger concerns, the actions in place and progress being made was acknowledged.
- 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.

A committee effectiveness review was undertaken as part of the overarching review of all ELFT committees.

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
26 September 2024

Title	Patient Safety – Mental Health inpatient Observation focus
Author	Sasha Singh, Director of Nursing, London Mental Health Services
	Dr Deborah Dover, Director of Patient Safety
Accountable Executive Director	Claire McKenna, Chief Nurse
	Dr David Bridle, Chief Medical Officer

Purpose of the report

This paper outlines the mental health observations improvement work undertaken to date, along with future work planned in this area, and is for information purposes

Committees/meetings where this item has been considered

Date	Committee/Meeting
2nd September 2024	Quality Assurance Committee

Key messages

- Mental health observations are an established component of mental health in-patient care, as part of a suite of interventions aiming to maintain a safe and therapeutic environment.
- Challenges exist in maintaining quality of observations practice, that have been recognised at a national level. Issues such as resources, staffing, training and ward design being recognised as factors that may contribute to poor practice and negative outcomes for service users, and questions have emerged about whether the current national approach to observations is effective.
- Analysis of safety incidents at the trust has identified variability in observations practice over several years and a wide range of improvement work has been undertaken.
- Significant improvement work has been undertaken at the trust, since 2022, including a large-scale quality improvement programme involving all our in-patient wards, with service user involvement with positive impact on reliability of observations (alongside reduction in physical violence and a range of restrictive interventions).
- Variability around individual practice, recording of observations and quality continues to prove challenging to address and remains a risk in terms of the impact on patient safety.
- A detailed action plan has been developed, including further in-depth analysis and a second phase of the quality improvement work planned under the oversight of our clinical executive leads for quality and safety.

Strategic priorities this paper supports
Check box and include brief explanation

Improved population health outcomes	⊠	Our improvement work to date enables us to learn and develop recommendations to improve our observation practice. This impacts on the quality of care we provide and the safety of our patients.
Improved experience of care	⊠	Improving our therapeutic engagement and observations practice directly impacts on the care our service users receive. This work has been developed in collaboration with service users
Improved staff experience	⊠	This paper proposes developing safe systems of work that will positively impact staff experience of

		care provision as well as staff skills, knowledge and standards of observation practice.
Improved value	☒	Improvement to observation practice will reduce the number of safety incidents and poor outcomes for service users and staff. Where these incidents have occurred, it has increased staff costs and costs to the people affected

Implications

Equality Analysis	This report highlights issues associated with consistency and quality of observations which can impact the people and services affected. The report provides assurance of those inequalities being considered and work undertaken to reduce them.
Risk and Assurance	The report provides assurance that the risks related to observations practice have been considered in depth, are under ongoing review and that a robust plan is in place for ongoing improvement and oversight.
Service User/ Carer/Staff	Variability in observations practice directly impacts on quality and safety of in-patient care for patients. Observations practice which falls below expected standards of professional practice will have consequences for staff professional practice and will need to be managed via the trust disciplinary policy.
Financial	Safety incidents incur potential costs to the trust relating to patients or families seeking compensation and staffing costs whilst investigations are ongoing or staff removed from clinical duties.
Quality	Poor quality care can lead to poor patient outcomes and experience.

1.0   Background/Introduction

1.1   Continuously improving safety is a central element of providing excellent patient care at ELFT and underpins delivery of our trust strategy. Safety at ELFT is underpinned by our Safety Plan with application of our organisational treasures of quality improvement, service user involvement and clinical leadership, and including a well-developed system and structure for maintaining and continuously improving safety across the organisation.

1.2   **Outline of Challenge**

The trust received a Regulation 28 Notice to Prevent Future Death, issued by the Coroner following the inquest touching the death of Mr Mahamoud Ali, who died in August 2020. Falsification of observations was raised in the care of Mahamoud Ali. The trust outlined that there were a further 11 cases since 2020 where falsification or concerns with observation practice was noted. The trust presented evidence of significant work undertaken at the inquest. Although the jury did not conclude that any falsified observations contributed to Mr Ali's death, the Regulation 28 Notice was issued due to concerns that actions taken by the Trust had not been sufficient to ensure that observations are being conducted and/or recorded as required.

Maintaining standards and quality in observations practice remains a challenge at both a national and local level. Nationally, recognised challenges affecting observations practice include resource constraints affecting observations practice (CQC, 2022), staffing shortages, staff turnover, staff training and specialist knowledge. There are also complexities around balancing patient privacy with safety along with legal and ethical considerations. National research into deaths under observation has found that deaths tend to occur when polices or procedures have not been followed, for example due to distraction by other ward events, at busy periods, when there are staff shortages or when ward design impedes observation (National confidential inquiry into suicide and

homicide, 2015). In Scotland, there has been radical overhaul of observations culture and practice, towards a more responsive and personalised approach, in order to address concerns about effectiveness of existing policies and practice.

Since 2020 reviews of serious safety incidents and in-patient deaths have found repeated themes around observation practice which have also been flagged in coroners' prevention of future deaths reports. None of the reviews indicated that observations practice was causal in deaths.

There is recognised variability in reliability, quality and patient experience of observations practice. The trust recognises the seriousness of the individual and systemic issues that exist and potential impact on patient safety.

Variability has been found to include:

- Prescribed observations being missed
- Observations being completed retrospectively, or completed by staff on behalf of colleagues but not correctly signed for
- Completion of observation records for observations which were not carried out at all.
- Poor practice
- Poor therapeutic engagement whilst completing observations task

1.3   Therapeutic Observations and Engagement

Regular therapeutic engagement and observations of service users is an established part of our wider approach to providing care and keeping service users and staff safe on inpatient mental health wards at ELFT. It is important that it is viewed as part of a broader holistic approach to person-centred care, with regular needs-based review, and not viewed as a standalone task. A core component of nursing activity on a ward is helping maintain a safe environment, which is in part accomplished via the use of observations of service users by staff.

- There are 4 levels of observations defined in the current Trust policy that can be carried out based on a risk assessment of service users:
- General supportive observation (once an hour)
- Intermittent supportive observation (undertaken at agreed intervals within the hour; usually between 10-30 minutes)
- Continuous supportive observation – within eyesight
- Continuous supportive observation – within arm's length

1.4   Maintaining In-Patient Safety

The trust has a wide range of mechanisms which work together to support positive safety culture and systems on our in-patient wards. This has been described comprehensively in previous board quality reports, in the context of reviewing the systems in place to alert us to the development of closed cultures (particularly in the aftermath of the Letby conviction and Greater Manchester investigation findings). These approaches include regular visible leadership on the wards, with senior operational and clinical leaders undertaking walkarounds to listen, observe practice, respond to issues and communicate key safety messages. Safety huddles are in place on all wards, and at all levels in the trust, which enable communication of safety or behaviour concerns and feedback in both directions on any emerging safety concerns. "Time to Think" forums in directorates are an example of protected spaces for safety discussions. Time to Think forums are held monthly in directorates, led by lead nurses and open to all staff and service users within the Inpatient service. They are a protected resource for teams

to reflect on their practice, understand work as it happens using data and clinical examples and generate discussions to inform learning and next steps.

1.5 **Speaking Up for Safety**

Staff are also able to raise concerns about safety culture or professional practice in their teams via a range of methods including using our safety incident reporting system, the confidential staff "freedom to speak up" guardians and system, or in person to leaders in supervision, appraisal or when trust leaders are present on walkarounds.

Service users also have a range of ways to speak up about their safety concerns, including via community meetings, in 1/1 reviews, via our PALS service, the ELFT patient survey, using the independent "Care Opinions" feedback system and/or by raising a complaint to our complaints team. Ward leadership and our central quality and safety leads review data from these sources, in a triangulated way to anticipate and respond to any new or concerning safety issues needing action.
There is an escalation process in place for staff, and encouragement through training for staff to utilise this should they find themselves unable to do observations due to acuity or changing needs of the ward. There is ongoing work with staff to further understand the challenges that prevent observation completion and escalation process. Our understanding of factors impacting completion of observations will be enhanced by the human factors analysis of our observation practice, led by an experienced external safety consultant.

2.0 Observation and Therapeutic Engagement Improvement Work Undertaken

2.1 Over the last 18 months, the trust has undertaken a large-scale trust-wide Quality Improvement programme aiming to improve in-patient quality and safety, via implementation of the in-patient safety bundle of interventions, alongside improving culture and consistency of observations practice. The programme involved all 54 wards, their staff teams and service users across the Trust.   Wards were supported to individually test change ideas, identified by frontline staff and service users, with tracking of impact on the desired outcomes. Following testing, three of the interventions tested were chosen for moving into standard practice across the trust. The interventions were board relay, twilight shifts and zonal observations. The results, shared in previous quality reports to the board, included an increase in reliability of observations to >99%, reduction in levels of physical violence, and reduction in a range of restrictive practices such as use of seclusion and rapid tranquilisation. More detail about the programme can be found in appendix two.

A digital application to provide improved observation documentation (using Microsoft PowerApps) has been designed and is in the testing phase. It is planned that this will be piloted from October 2024 on four wards and then scaled across all inpatient units.

Phase two of the In-Patient Safety programme has been agreed as a priority focus for the year ahead and is in the design stage, pending the outcomes of the planned external Human Factors Observations Safety Analysis that has been commissioned to support this work. Further details of this commissioned work can be found in appendix three.

2.2   **Further improvement work**

A detailed outline of the significant range and amount of improvement work undertaken over the last three years can be seen in appendix one and is summarised in the timeline below.

2.3   **Auditing and Monitoring**

Auditing and monitoring processes for observation practice is in place. Night visit and spot checking is in place across all inpatient services.

2.4   **Nursing Establishment**

Staffing challenges and its impact on observation completion was a feature in a number of the cases pre 2023. In 2023 the safer staffing review and subsequent increase in staffing across all wards positively impacted time to care. Also in 2023 a quality improvement project to reduce nursing vacancies and stabilise the workforce had positive effects with a reduction in vacancies, improved maintenance of safer staffing levels and less reliance on temporary workforce to fill safer staffing gaps.

2.5   **Training**

As well as oversight provided in an ongoing way by ward and senior leadership, at an individual level, staff are required to continuously maintain and develop professional competence and skills by undertaking induction, tailored in-patient essential training and refresher training on all key safety topics. The Inpatient Safety Suite consists of 8 modules and is an essential training all inpatient staff must complete on joining the organisation and require annual updates. Staff are required to complete this suite of training on commencing in a clinical role within inpatient settings. Managers and Matrons are also able to refer people to repeat training if this is needed. Compliance is monitored through our learning system - compliance currently sits at 88% with work ongoing to increase the rate to 100%. The modules include:

- Ligature training
- Observations in MH Care
- Suicide Awareness
- Searching for Safety
- Physical Observations (Contact and non-contact)
- ELFT Safety Culture Bundle
- Seclusion Response
- Honesty in Documentation

Regular supervision and appraisal are also in place to continuously review performance and address any shortfalls or concerns to also support standards of practice.

2.6   **Communication and staff connection**

Since 2022 there has been ongoing communication with staff outlining the observation challenge and the quality improvement aims and progress. In 2023 communication highlighted expected standards of practice and accountability for observation completion and documentation. This was followed up with a session on Honesty in documentation within ward awaydays across the trust.

2.7   **In- Patient Cultural safety tool**

In January 2023 there was the establishment of an In-patient Safety Culture self-assessment tool and process, to support continuous improvement. On an annual basis staff complete anonymous surveys around safety culture which enable and support team planning and actions

Figure 2 – Timeline of Observations Improvement Work undertaken between 2021 and 2024
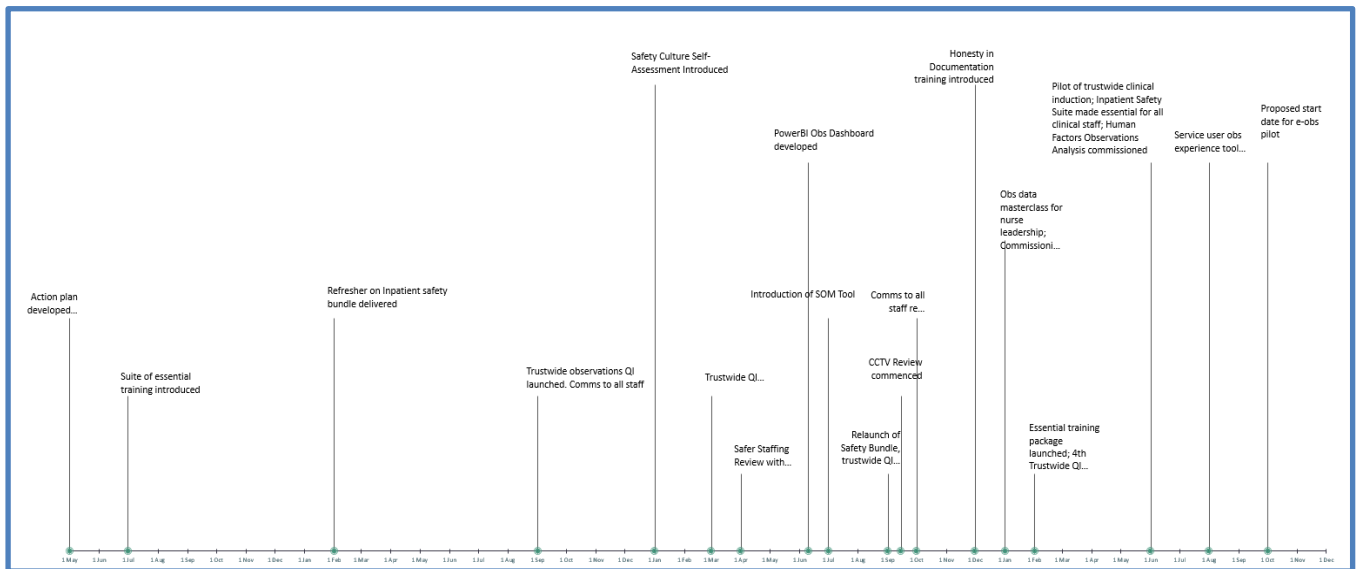
3.0   Next Steps for our Mental Health Observations Improvement and Oversight

3.1   **Quality improvement work phase 2**

A description of the human factors analysis work is available as appendix four. This will help to inform phase two of quality improvement work, including a focus on testing alternatives to observation, with more meaningful and effective ways to manage risk and safety. This builds on work that has taken place in Scotland over the last four years, and we have already established mechanisms to learn from their experience.

Next steps for our improvement plan also include focussed work on:

3.2   **Staffing and resources**

Review of escalation protocols in response to changes in demand, shift co-ordination.

Gain further understanding of challenges through ongoing dialogue with staff and insights from human factors work and incorporate these into actions.

3.3   **Service user engagement**

Ensure that service users are co-designing our ongoing work around observations. We are in the process of co-designing a matron's audit tool that will use open dialogue with service users currently under observations to understand their experiences, and what would be effective in helping them feel safe and supported. This information should inform individual plans for care and pick up concerns in relation to practice. Themes from feedback will inform further quality improvement work locally and trust wide

3.4   **Staff knowledge and capability**

Improve the support and governance system for our temporary workforce. Continued work on honesty in documentation with teams and individuals.

3.5   **Professional practice**

Review of night shift culture and practice, involving staff and service users in standardising best practice across all services. Further work with People and Culture and managers to ensure consistency in approach when standards fall below expectations in relation to observation practice, including consistent use of practice reflective tool.

3.6   **Standardised processes**

Power app roll out. The app will facilitate point of care recording of completion observations.

Further work to strengthen quality control locally, and regular reporting to quality forums and Quality Assurance Committee.

3.7   **Learning System**

Continued communities of practice across our services to share best practice and challenges.

Trust wide learning lessons event to be held to share learning from serious incidents and observations.

Team based learning lessons sessions incorporating Honesty in Documentation and next steps of observation work.

Scope all opportunities to gain learning outside of the organisation through available research, links to National quality improvement work on observations and involvement in collaboratives focused on this.

A dedicated mental health observations oversight board has been established under leadership of the Chief Nurse, Chief Medical Officer and Chief Quality Officer, which will report via the Quality Committee to the Quality Assurance Committee and the Trust Board.

4.0   Summary

4.1   ELFT has a committed focus on patient safety, with a five-year Safety Plan supported and led at executive director level. Maintaining and continuously improving in-patient safety is a core component of this plan. Mental health observations practice is one component of a range of in-patient safety measures in place but has been identified as an area of variability for some years. A significant amount of in-depth improvement work has been undertaken in the area of in-patient safety and observations, with positive results. Nevertheless, the area continues to be challenging to address and risks remain relating to patient safety. Ongoing work is in place and planned to identify and address areas for further improvement and to ensure robust oversight and monitoring.

5.0   Recommendations

5.1   None

6.0   Action Being Requested

6.1   The Board/Committee is asked to:

   a. **RECEIVE** and **NOTE** the report for information
   b. **CONSIDER** whether appropriate assurance has been provided

Appendix One

Outline of Observations Improvement Work Undertaken to Date

Overarching theme	Therapeutic engagement and observation improvement work undertaken
Staffing/ resource availability	Staff establishment reviews were undertaken in 22/23 and 23/24. Correct and agreed investments have gone into teams, increasing staff on each shift by one unregistered Band 3. Additional investment has been made for a Band 4 Life Skills Recovery Worker on Mondays to Fridays 9am to 5pm to increase the delivery of activities and opportunities for meaningful engagement.

A proactive recruitment campaign has been ongoing with services moving to zero registered vacancies and a review of the unregistered workforce (correct band and skill).

Staffing rotas for the wards have been reviewed and updated to reflect safer staffing requirements; senior approval of rotas is required six weeks in advance of the current period and quarterly rota monitoring meetings are in place.

Escalation protocols have been developed for use to guide staff when there are not sufficient resources in place to meet care needs. |
| Staff competency | The Inpatient Safety Suite of training is now 'live' and classed as essential for all inpatient nursing staff. This gives the ability to have oversight of compliance via Trust-wide training reporting. This suite includes training on observations and honesty in documentation.
Honesty in Documentation training was developed in Dec 2023 and rolled out face to face across all inpatient services over the period from December 2023 to April 2024.

A pilot of Trust-wide clinical induction started in August 2024. Prior to this, comprehensive clinical inductions were being done in directorates. This Trust-wide approach supports consistency of material and ensures core learning on commencement of clinical roles. Non substantive staff (bank staff) are booked to attend and have access to protected study time to achieve the same competencies as substantive staff.

Trust-wide learning lessons seminars open to all staff focus on areas of learning and improvement from incidents or identified areas of good practice.

Safety discussion sessions are facilitated weekly in directorates for all inpatient staff to review observation data, reflect on gaps in practice and disseminate learning.

Time to Think forums in directorates are well established. These are held monthly in directorates, led by lead nurses and are open to all staff within the inpatient service. They are a protected resource for teams to reflect on their practice, understand work as it happens using data and clinical examples, and generate discussions to inform learning and next steps. |

Quality improvement	A Trust-wide Quality Improvement programme which involved all 54 wards, their staff teams and service users across the Trust, and ran over a period of 18 months, was undertaken from September 2022 and led to three agreed interventions. The aim was to improve consistency of completed observations and shift the culture of observation practice. The three change ideas agreed to move into standard practice were: • Board relay- this idea is based on the concept of a baton relay – you never let go of the baton until you pass it onto the next person. The board relay is related to general observations and intermittent observations only and aims to reduce the risk of observations being missed and improve handover of clinical information between staff undertaking the observations • Twilight shifts- this shift pattern adds an extra member of staff to requirements for a shift. The hours reflect periods where there is reduced structured activity (after 5PM) and covers the early part of a night shift. Staff undertaking these shifts lead on offering therapeutic interventions in the form of activities to service users on the ward. • Zonal observations- zonal observations allows an alternative method of observation, which involves designating the ward into different zones where allocated staff observe and engage with patients individually and as groups for set periods of time. This is to allow for continuous engagement with patients and monitor environment and patient dynamics over a 12hour shift. Zonal observations can be plotted against certain times or functions dependent on the ward layout and key tasks relevant to the service user group. A digital application to document observations (using Microsoft PowerApps) has been developed and is in the testing phase. It is planned that this will be piloted from October 2024 on four wards and then scaled across all inpatient units.
Standards of professional practice	Expected standards of practice have been communicated to staff, with frequent updates on improvement work since 2021 to date. In 2023, this specifically addressed accountability and responsibility for accurately documenting observations. It included the importance of honesty in documentation and gave guidelines for staff to follow for occasions when observations were missed. The Trust-wide Quality Improvement programme described above has introduced the observation relay board to reduce incidents of observations being left or not handed over.
Audit and monitoring	The Standard Observation Measurement (SOM) Tool was developed for oversight of rates of completion of all observations. Individual ward teams and directorates can access and use their data to drive continued improvement. Local governance systems exist to ensure changes to practice are embedded. Night visits are undertaken by senior staff in directorates to monitor practice through spot check audits and observing work as it happens.

| Inpatient Ward Safety Culture Improvement Work | Since 2023 a new safety culture self-assessment process has been incorporated into the Quality Assurance annual review process for each in-patient team across ELFT. Annually, staff complete an anonymous survey based on each component safety culture element. A bespoke team report on the safety culture results is then shared back to directorates and teams (where enough responses are received) with advice/signposting to where steps can be taken to strengthen safety culture. The survey tool results are then discussed in team away-days and meetings with teams, enabling local leaders to focus on areas where improvements need to be made.

All of our mental health inpatient wards have been participating in this process, with good engagement and over 800 responses have been collected from across all directorates and wards. Next steps are to seek service user perspectives to triangulate and strengthen the safety culture intelligence available to the teams.

The Trust is involved in the London-wide Cavendish Square community of practice attended by Chief Nurses (Observation practice is one of its yearly objectives) and have applied to enrol in a new NHS England 90-day collaborative around Enhanced Therapeutic observations. |
|---|---|

Appendix Two

Description of ELFT In-Patient Quality and Safety Programme

In September 2022, the trust launched the Inpatient Quality and Safety Improvement programme. The aim of the programme was twofold, to reliably implement the ELFT safety culture bundle and to also improve the reliability of observations and therapeutic engagement. All inpatient wards from across the trust were involved in the work including adult mental health, Child and Adolescent Mental Health (CAMHS) and Older Adults units.

The ELFT safety culture bundle consists of four components:

- The Broset Violence Checklist (BVC), a dynamic risk assessment tool designed to predict incidents of violence.

- The Safety Cross, a daily data collection tool to enhance transparency and data ownership across the ward.

- Safety Huddles, which are structured, safe, and brief meetings to convene, share concerns, and plan action.

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

Between November 2022 and July 2023, senior nurses across the trust worked to create standard guidance for each of the parts of the bundle. These were developed into an education package and relaunched in September 2023 at a trust wide learning event, attended by staff and service users. Material was accessible via the online ELFT Learning Academy

Between September 2023 and March 2024 each team was supported to develop an implementation plan for each part of the bundle which included who was going to what parts of the bundle locally, how new staff would be trained in the bundle and what measures would be used to monitor effective implementation. A core component of this work was the use of visual management boards; quality control tools that consolidate data on all aspects of the safety culture bundle. Each ward was supported to put up these boards in visible areas to manage the work and visually display data.

The therapeutic engagement and observations strand of the work ran from September 2022-March 2024, with the aim of improving reliability of observation completion and improving therapeutic engagement on wards. Each ward formed a multidisciplinary project team of staff and service users and applied the ELFT approach to quality improvement to approach this complex issue. The work was sequenced across several stages including testing of local ideas, testing ideas for scale across the organisation and then going to full scale and implementation.

Between September 2022 and September 2023 each team developed a local aim aligned to the trust wide goal and used tools such as cause-and-effect diagrams for a deeper and coproduced understanding of the issue. Teams developed a local driver diagram and change ideas to test. During this period twenty-five change ideas were co-produced and tested with service users.

A standardised measurement plan including measures around observation reliability (both general and enhanced), violence and restrictive practice were agreed across all teams, with data displayed over time on statistical process control charts to understand if change was leading to improvement. The Trust's business intelligence team helped develop a dashboard for the work, which was available transparently to all staff, in real-time on the trusts reporting platform.

Between September 2023 and March 2024 three of these ideas were then tested for scale up across the trust. Staff and service users decided on which three to test these based on the initial impact they had on observation completion reliability and other measures of safety. These included a board relay, where staff hand over a physical board with observation documentation; zonal observations, where nursing staff are assigned a zone to engage with service users; and the use of Life Skills recovery workers on Twilight shifts (2 - 10pm) to conduct therapeutic activities with service users. Each directorate across the trust then decided which ideas to test on each ward based on local conditions and context. The team at the original test site produced standard guidance to assist other wards in testing for scale-up to ensure ideas were tested in a consistent way.

During the work teams of staff and service users from across the trust were brought together in learning sessions to share progress and learning from the work. Each month local leaders were brough together for one hour in a session designed to share progress. This was chaired by the Chief Nurse, Chief Medical Officer and Chief Quality Officer. Four whole day learning sessions were held for staff and service users in September 2022, February 2023, September 2023 and March 2024. These brought teams together to share learning and progress work supported with coaching.

From March 2024 and May 2024, teams moved into the implementation phase, with teams supported to develop implementation plans to embed the effective change ideas into practice. The trusts informatics and digital teams are currently working with a provider to develop a more sustainable method of recording the completion of observations that integrates into the trusts patient administration system.

Over the course of the work there were sustained trust wide improvements overtime in the completion of general and enhanced observations, several areas of violence (physical, verbal, racial and sexual) and prone restraint. Ongoing quality control mechanisms have been put in place for both the Safety Bundle Implementation and therapeutic engagement and observation streams with work reporting into local quality committees and overseen at a trust level by the Quality Assurance Committee. The three change ideas implemented across the trust are being written into the organisations observation policy.

Appendix Three

Human factors analysis of incidents and healthcare systems relating to mental health observations of in-patients at ELFT

Building on the Quality Improvement work around therapeutic engagement and observations, in June 2024 ELFT commissioned an external Human Factors and Patient Safety Consultant, Dr Jane Carthey, to undertake an analysis of observations practice on our mental health In-Patient Wards to better understand observations practice from a human factors/systems approach, and to provide redesign ideas to address any gaps, pain points and workarounds that exist. The work has an anticipated completion in early autumn 2024.

Dr Carthey has previously worked with NHS England to develop some of the tools in the Patient Safety Incident Response Framework (PSIRF) toolkit, which replaced the previous Serious Incident Framework, and is the new approach to learning from patient safety events set out by NHS England.

The programme of work is being carried out in three phases:
In the first phase, Dr Carthey will carry out a deductive, human factors-based thematic analysis of a sample of serious incident investigation reports relating to mental health observations on in-patient wards at ELFT. The proposed approach is to use the Systems Engineering Initiative for Patient Safety (SEIPS) model (Holden, Carayon et al., 2013, 2021) to frame the deductive thematic analysis. SEIPS is the complex systems model which most of the tools in NHS England's PSIRF toolkit for learning from patient safety events is based on.

In the second phase, Dr Carthey will gather insight into what is termed, 'work as done' (i.e. how care is delivered by frontline healthcare teams), in relation to observations practice on inpatient wards from a range of ELFT staff. Three virtual workshops, held on MS Teams, will be carried out, framing the conversation with participants using the SEIPS Work System Explorer (NHS England 2022). Dr Carthey developed the SEIPS Work System Explorer and has used it previously to explore 'work as done' and 'pain points' (i.e. barriers and challenges in everyday work), along patient pathways.

In the third phase, observational work on site in ELFT in-patient wards will be undertaken, to understand the work system in relation to observations practice including several observations in different wards are carried out on each day.

Dr Carthey will compare the findings of the thematic analysis to our current improvement plan and refine the latter using the outcomes of the thematic analysis report.

The key deliverable is a report summarising the findings of the three phases, focusing on redesign ideas that address any ongoing systems gaps, pain points and workarounds identified. This report will be reviewed by our Executive leads for Safety, Medical and Nursing Directors and Director of Safety, and relevant recommendations will be incorporated into ongoing improvement work in this area.

Throughout the work programme, Dr Carthey will also mentor colleagues in ELFT's patient safety team to build capacity to apply this approach to future safety issues that arise within the organisation.

Link to National confidential inquiry into suicide and homicide 2015:

https://www.hqip.org.uk/resource/national-confidential-inquiry-into-suicide-and-homicide-ncish-annual-report-2015/

REPORT TO THE TRUST BOARD IN PUBLIC
26 September 2024

Title	People Participation Committee (PPC) 19 September 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 19 September 2024.

Key messages

Trustwide Working Together Group Priorities: Getting the Basics Right
- The committee discussed whether the Trust is 'getting the basics right' sharing examples of good practice and where improvements have been seen, areas needing improvement and ideas for enhancing service, care and treatment.
- Examples of good practice, such as the transition initiative at the Queensway Centre, show how thoughtful communication and peer support can make challenging transitions smoother for patients and service users. Positive communication practices, such as accommodating the needs of children on the autism spectrum, were highlighted as models for patient-centred care.
- Areas for improvement included allowing patients and service users to select suitable appointments and shifting to email communications for appointment confirmations and auto-populating calendars, while offering choices to accommodate preferences, could enhance patient experience. Other suggestions included providing an explanation of the role of the professional to remove anxiety, clearer guidance on next steps after appointments, improving accessibility for events and buildings, and ensuring that we truly listen to the diverse needs of all our communities. Using the 15 Steps Challenge approach could also help assess and enhance the patient experience (i.e. in just 15 steps into a healthcare facility, patients and visitors can form a strong first impression about the care they are likely to receive).
- The committee emphasised it is important to ensure digital equity and choice, especially for vulnerable populations like rough sleepers, who may lack access to digital tools. Ongoing initiatives, such as piloting a common platform for seeing appointments across different services, reflect the Trust's commitment to improving access and patient experience.
- The committee stressed that feedback from patients and service users is vital in shaping improvements. Collaborative efforts between staff, patients and service users will help ensure that interventions are truly meeting the needs of those we care for, while continuing to focus on the core values of kindness, communication, and flexibility.

Volunteers
- Over the past few years, the Trust's volunteer programme has undergone significant changes with new team members, policies, and procedures aimed at creating the best possible experience for all involved. Volunteers play a vital role by supporting staff, patients and service users especially during challenging times such as staff shortages and patient care backlogs, ultimately helping to enhance patient, service user and staff satisfaction.
- Key priorities for the program include enhancing service user satisfaction; boosting staff morale; maintaining financial viability; and ensuring volunteers have access to ethical and meaningful opportunities.
- Volunteers are placed in roles that are mutually beneficial to patients, service users, staff, and volunteers themselves. Their primary purpose is to improve patient and service user

satisfaction by offering kindness, companionship and respect while also assisting staff with non-clinical tasks. Volunteers never replace staff responsibilities but instead help improve care quality without adding financial strain.

- The Trust categorises volunteers into three groups: patient/service user volunteers, local community volunteer, and graduate/student volunteers, matching them to roles based on skills and locality needs. Success is ensured by placing volunteers in appropriate roles, utilising a buddy system for support, and providing ongoing supervision and a clear fixed-term agreement.
- All volunteer roles are designed with equity, good practice and mutual benefit in mind.
- Examples of volunteer work and its benefits were highlighted, including Sally Sherman ward where volunteer support has contributed to a reduction in falls and restrictive practices.
- The positive impact extends to staff, patients, service users, carers and the volunteers themselves as the experience helps some volunteers, particularly those in health, to identify their preferred professional path.
- The committee commended Rajia for her leadership in embedding volunteering within the Trust, recognising the valuable opportunities it provides to both the volunteers and the services as well as its positive impact on our patients and service users.

Rewards and Recognition Policy
- The committee agreed the review of the policy be extended pending the development of a payments app.
- Assurance was provided that claims could still be made via the completion of a paper form.

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
26 September 2024

Title	Quality Assurance Committee (QAC) on 18 July and 2 September 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 19 July and 2 September 2024.

Key messages

Emerging Issues
- **Topaz Ward Incident**: Following an in-patient homicide, an SI investigation was conducted and an independent investigation is currently under way that will focus on governance and systemic learning rather than repeating the SI investigation which already addressed key issues.
- **Hackney Incident**: A recent tragedy involved a teenager stabbing another, with connections to CAMHS services. The victim had minimal involvement, while the alleged perpetrator had extensive engagement with CAMHS, including ADHD treatment. Challenges in contacting the perpetrator and his subsequent move to Portugal will be reviewed.
- **Caloocan Case**: Media coverage has focused on a multiple homicide case in Nottingham involving a patient previously under early intervention services. Lessons will be drawn from a checklist provided by NHS, and an internal learning event will be organised with insights from a CQC review. This learning will be included in the November quality report for the Board.
- **Flow work**: Effective progress made with no one in private beds in East London and reduced numbers in Bedfordshire and Luton.
- **Observations**: A 2022 QI project has made notable progress in addressing falsification of observations resulting in improvements in practice, culture and processes across the Trust. A comprehensive review of 12 serious incidents since 2018, where falsified observations contributed, identified areas for improvement, particularly in night practices and digital observation tools, though no systemic commonalities were found. In addition to the Trust-wide safety culture programme, an external safety consultant is re-analysing cases with the aim of identifying and designing broader, systemic solutions. The establishment of a dedicated oversight group and participation in national improvement programmes further strengthens the Trust's commitment to patient safety.

Quality and Safety Report: Adult Community Mental Health Services - Newham and Tower Hamlets
- Collaborative efforts are progressing well, particularly through the Community Collaborative Board and neighbourhood work led by clinical directors with significant progress in Tower Hamlets. In Newham, initiatives have successfully reduced the high length of stay on Fothergill ward particularly for social care and homeless patients.
- There has been a focus on workforce development, including bespoke demand and capacity training, and positive progress on improving team culture, recruitment, and induction processes. Notably, the tissue viability team achieved a Service User platinum accreditation, and training compliance now exceeds 90%.
- Challenges include FV requirements and high waiting times persisting since Covid. Collaborative approaches are being used to balance patient safety and financial sustainability. Additionally, work is ongoing to meet NHS England's outcome measure requirements, which are currently acute focused without specific guidance for community services.
- An inquest from an incident in 2021 highlighted learning around staff shortages, delayed referrals, and communication with social care, resulting in implemented action plans. Another inquest, leading to a Prevention of Future Deaths (PFD) report, focused on multi-agency communication, escalation issues, and wound care, prompting staff training and clinic improvements. Collaborative work with the local authority is a priority in response to the PFD.

Quality and Safety Report: CAMHS
- Successes and achievements: Referral model at Evergreen seeing shorten lengths of stay and reduces inappropriate admissions; East London CAMHS Eating Disorder team won the Royal College of Psychiatry Team of the Year award; strong progress on the rollout of Mental Health Support Teams (MHSTs) with a focus on integrated school offers; shared priorities across the NEL system have been co-produced with good clinical engagement; streamlined interfaces between CAMHS and SCYPS n Newham to reduce duplication and contribute to FV efforts.
- Variations: Waiting times and access to services vary across regions; further development of PowerBI for effective outcome measurement; limited access to learning disability diagnosis services in three boroughs; some staff experience and outcome issues in historically well-performing areas are being addressed; CAMHS core offers vary and a leadership away day is planned to address these discrepancies; in Bedford and Luton, a funding gap will lead to the streamlining of crisis home treatment and intensive service teams.
- Risks and challenges: changes to funding arrangements and FV requirement; increasing complexity and numbers of presentations; digital progress is slow; collaboration across BLMK is hindered by staffing shortages particularly in clinical leadership; estate issues impacting on service provision.

Quality and Safety Report: SCYPS
- Successes and achievements: Improved partnership working in Newham; significant reduction in occupational therapy waiting times; strong community collaborative presence in speech and language therapy and autism services; strengthened leadership team; joint work with CAMHS on autism assessments with plans for a unified pathway; embedding people participation in QI; early years team achieved platinum service user-led accreditation.
- Challenges: Further strengthening of paediatric leadership needed; variation in practice; delays in the business case for non-medical prescribing; influencing the wider NEL system; reduced autism capacity has led to longer waiting times; underfunding with risks to service delivery and staff morale.

Integrated Patient Safety Report
- PSIRF safety learning response investigation tools are fully implemented, with ongoing revisions to address inconsistencies, particularly in 72-hour reports. Operational pressures have caused delays in safety report submissions, but service leads are increasingly engaged with PSIRF oversight panels. Positive feedback has been received from independent reviews and terms of reference for an autism spectrum disorder (ASD) thematic review are being developed.
- The Trust is actively addressing physical attacks in services and has commissioned a review of ASD patient pathways following a coroner's request. Learning from deaths aligns with national trends, with future focus on unexpected deaths. Safety leadership continues to develop with new specialists joining training. The Patient Safety Forum is emerging as a key space for sharing safety improvements.
- The committee commended the proactive approach to addressing coroner's concerns and shifting focus to unexpected deaths.

Cross Cutting Theme Deep Dive: Mental Health Activity in Emergency Departments (ED)
- Bedfordshire and Luton: Waiting times have continued to rise since 2020, with further data validation needed to clarify if delays occur before or after psychiatric referrals. Psychiatric liaison teams have maintained steady demand seeing nearly 90% of patients within the one-hour response time. 44% of these patients were already known to community mental health services, indicating a potential to prevent some ED visits. A major challenge is patient flow as many patients remain in acutes awaiting beds, placing strain on both liaison services and acute staff. Upcoming plans include improving patient flow, piloting enhanced observation support and organising a mental health decompression week.
- London: The crisis and emergency care strategy for NEL involves multiple interconnected projects targeting pre-crisis, crisis, and inpatient care. Since 2020, the number of patients waiting over 6 and 12 hours in EDs has increased significantly with rising referrals to psychological liaison services. Two key issues identified are the extended time patients spend in EDs and concerns around the quality and safety of care during these waits. Efforts are under way to reduce out-of-area patients and improve care pathways, with discussions on reallocating funds from one-to-one ED observations to other areas of the system.

- The committee discussed pilot programs to enhance patient experience and reduce costs in EDs and the need to reconcile differing data between acutes and mental health services. Assurance was given that resolving these data discrepancies and improving patient flow is a priority.

Cross Cutting Theme Deep Dive: Financial Viability (FV) and Quality Impact Assessment (QIA) Process
- The presentation outlined the structured approach for assessing FV schemes which undergo three assessments: a Project Initiation Document, a QIA focused on risks and benefits, and a Financial Impact Assessment. Schemes over £50k are reviewed by a panel including clinical leads and service users, while smaller schemes reviewed by service directors. The panel evaluates risks to specific groups, and decisions can result in approval, query, escalation, or veto. The process has proven effective with 43 schemes reviewed this year, providing valuable learning for future assessments. Proposals impacting the broader health system require additional system-level approval.
- Assurances were provided that long-term impacts are considered with service users actively challenging proposals. Data on decision categories is monitored regularly and reported to the Finance, Business & Investment Committee. Prior local discussions involving staff and service users help shape proposals and decisions are informed by input from panel members with detailed knowledge of the schemes. A future review of the financial aspects of the schemes was agreed to ensure savings are realised.

Data Security and Protection Toolkit (DSPT) Compliance and Senior Information Risk Owner (SIRO) Report
- The DSPT achieved 'standards met' status with no required action plan. Despite increasingly challenging requirements, the DSPT audit received a 'high' confidence level with all seven action items on track to meet the deadline. Changes to the Toolkit are expected as it transitions to a Cyber Assessment Framework. Freedom of Information (FOI) requests handling has significantly improved with overdue cases reduced from 78 to two. There were no reportable data security breaches, and ICO complaints were resolved favourably.
- Significant progress made in strengthening cybersecurity, including being one of the first trusts to implement Multi-Factor Authentication (MFA) across the organisation. A cyber awareness platform is being rolled out, with training focused on mitigating risks. Infrastructure improvements are ongoing, and staff are being equipped with the knowledge to manage cyber threats.
- The committee commended the reduction in the FOI backlog and noted improvements in managing Subject Access Requests.

Guardian of Safe Working
- Junior doctor work schedules remain compliant with the junior doctor contract with no significant change in trends. The reporting of exceptions to work schedules has decreased to 17 for Q1 compared to 32 in Q4 – the majority related to hours and rest with one relating to access to education. There was one breach of the junior doctor contract for a doctor who had stayed late due to locum doctor arriving late.
- In the period, 427 vacant shifts required locum cover (no data from CAHMS), 12% of which were covered by agency doctors. This is a decrease in the number of vacant shifts in comparison with the previous quarters but an increase in the percentage of agency use required.

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 committee requested that financial and reputational consequences should also be taken into account.
- Although the flow work is resulting in some improvements, due to the continuing challenges in services and 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.

Appendix 1: Meeting held on 18 July to receive quality and safety related annual reports for 2023-24

Annual Report 2023-2024	Key Points	Matters of Concern/ Improvements	Positive Assurance
Annual Integrated Safety Report	• Implementation of Patient Safety Incident Response Framework (PSIRF) has strengthened patient safety incident response capabilities. Range of initiatives have enhanced ability to make timely, data-driven decisions and achieved consistency in responding to/learning from incidents • Rigorous review mechanisms have been embedded ensuring rigour, transparency and accountability. in incident management. An Integrated Care Board (ICB) representative attends one of the weekly meetings supporting commissioning oversight and learning • With the support of the QI team, the elimination of SI investigation backlog has been a major achievement. This progress demonstrates the benefits of collaborative working and our commitment to conducting timely investigations and ensuring prompt learning from each incident • Future priorities include driving continuous learning and building on the PSIRF work to ensure lessons learned are continuously embedded into practice across the Trust; enhancing patient and service user engagement in case reviews to promote transparency, improve patient experience and drive meaningful service improvements. Two patient safety partners have recently joined the team bringing invaluable user and carer perspectives.	• No concerns raised	• Assurance provided on the work undertaken to continuously improve safety management, learning and culture within the Trust, and the progress made against achieving year-two objectives of the Trust's safety plan • There is a continued healthy safety reporting culture • The committee acknowledged the management of change and improvement work • The committee approved the annual report
Safeguarding Annual Report (for Adults and Children)	• The 'Think Family' approach is being successfully embedded Trust-wide; its aim is to protect all those at risk of harm, abuse or neglect, and recognises that safeguarding is most effective when working collaboratively and restoratively with partner agencies • The integration of safeguarding teams aims to ensure a continuum of service with a focus on improving efficiency and holistic family care. The team's workload is being monitored as a risk and efforts are under way to enhance safeguarding skills in operational teams to reduce duplication • A notable increase in section 42 enquiries is attributed to rising complexities such as self-neglect and emotional abuse. A deep dive into these areas is planned. • Future priorities include enhancing domestic violence training by incorporating learning from reviews; focus on coproduction with service users to improve safeguarding management; improve focused learning from reviews and quality of safeguarding data.	• No concerns raised • Recommendation: future reports include audit outcomes and any resulting actions; however, it was noted no major concerns have been identified	• Assurance provided on the progress with regard to the Trust's responsibilities for safeguarding adults and children's activity as part of its regulated and statutory responsibilities, and that the safety and protection of our patients/service users and staff remains a key Trust priority • The committee approved the annual report

Annual Report 2023-2024	Key Points	Matters of Concern/ Improvements	Positive Assurance
Infection, Prevention and Control Annual Report	• The Trust has maintained IPC standards during the year ensuring continual delivery of care in clean and safe environments for patients, staff and visitors, meeting the Health & Social Care Act (2008) code of practice requirements • Key achievements include successful participation in national hand hygiene campaigns, significant reductions in Gram-negative infections and C. difficile across East London and BLMK, the expansion of the ELFT B6 infection nurse programme due to its strong induction process and several team members completed a Masters in Infection Control • Challenges included the management of bed bug infestation in one ward and the decrease in frontline uptake of seasonal flu vaccinations • Future priorities include continuing QI projects on sustainability, particularly reducing glove and PPE usage, aligning the annual work plan with national strategies for infection reduction and fully implementing the work plan.	• No concerns raised • Recommended that future reports are edited to remove the significant amount of data analysis	• The report demonstrated the actions taken to ensure high standards of infection prevention and control have been maintained within the Trust during the past year • The committee commended the report for effectively showcasing the breadth of the work • The committee approved the annual report
Mental Health Law Annual Report	• Key achievements include a QI project improved compliance with Rule 32 (timeliness of tribunal reports); significant increase to 90% within a year in respect of inpatient compliance with Section 132 of the MHA which requires informing patients of their rights; staff training on the Mental Capacity Act led to a reduction in rejected Deprivation of Liberty Safeguards applications • Collaborating closely with operational teams has been effective in resolving compliance issues, with the team now attending DMTs quarterly and engaging operational staff in policy and training • The CQC identified issues with recording consent to treatment, though processes were followed. Efforts are underway to improve recording systems and ensure proper documentation of consent capacity • A key priority next year is to support community patient compliance with Section 132 to reflect same levels as for inpatients • The anticipated reform of the Mental Health Act, focusing on autonomy and choice, is seen as a positive development.	• No concerns raised	• The report provided assurance that the Trust discharges its statutory duties and responsibilities under the Mental Health Act (MHA) 1983 and the Mental Capacity Act (MA) 2005 • The committee commented that the work of the MHL team is a good example of the ethos of corporate services 'wrapping around' and supporting DMTs • The committee approved the annual report
Emergency, Preparedness, Resilience and Response Annual Report	• The past year was challenging due to industrial action and bed pressures; however, the Trust is fully compliant with NHSE requirements on emergency plans and resilience and has received positive feedback with NHSE concluding the Trust maintains a high standard in its EPRR arrangements which are robust and evidenced by the high quality of its plans and the schedule of training and exercises	• No concerns raised	• The Trust is fully compliant with NHSE requirements on emergency plans is fully compliant with NHSE Core Standards for EPRR with no red or amber ratings

Annual Report 2023-2024	Key Points	Matters of Concern/ Improvements	Positive Assurance
	• Key activities during the year included updating plans to address Covid, industrial action, and bed pressures, enhancing business resilience by streamlining business continuity templates, creating a handbook, developing an "off the shelf" exercise plan, and conducting business continuity workshops to support teams • The annual cyber exercise, postponed due to industrial action, has now taken place, and a successful hostage situation exercise with police at the John Howard Centre was conducted, receiving positive feedback. • 75% of last year's actions were completed, with upcoming priorities including improving IT resilience, continuing workshops, and focusing on climate resilience in line with new public sector recommendations		• The Trust's major incident plan is recognised as best practice • NHSE observed the Trust-wide workshop and provided positive feedback • The committee approved the annual report
Health, Safety and Security Annual Report	• There was a significant reduction in RIDDORS (reports of injuries to staff) although the majority are due to assaults, a consistent trend. Violence and aggression incidents have decreased across all directorates except for a temporary rise in specialist services which has since improved • Challenges with police liaison continue but the introduction of 'Right Care, Right Person' has reduced police involvement • Achievements include, the People Safe lone worker app usage significantly increased with 88% compliance due to better communication, ELFT's risk officer training is now NEBOSH-endorsed - a first for any Trust, and a monthly service user and carer health and safety group established with participants involved in risk officer training and plans for co-presenting training and health and safety audits • Future key priorities include conducting workplace assessments for all sites, full implementation of Operation Cavell, and raising awareness of display screen equipment use to tackle musculoskeletal conditions, a leading cause of sickness absence.	• No concerns raised	• The report demonstrated the Trust is meeting its obligations under the Health & Safety at Work Act 1974 • The committee approved the annual report
Guardian of Safe Working Annual Report	• Exception reports increased from 158 to 165 in the last year attributed to the efforts to raise awareness of exception reporting; of these 17 involved rest rules breaches as doctors remained late at work due to delays in handover processes and increased workload in day and out of hour shifts • Where there have been breaches, the issues have been addressed • Future priorities include encouraging more exception reporting particularly within CAMHS where reporting remains low, working further to engage consultants and issuing updates to supervisors and trainees.	• No concerns raised	• Junior doctor work schedules are compliant with the junior doctor contract • The committee noted the annual report

Annual Report 2023-2024	Key Points	Matters of Concern/ Improvements	Positive Assurance
Freedom to Speak Up Annual Report	• The most common issues raised related to processes/organisational structure, worker safety and/or wellbeing, and bullying and harassment; the professional groups raising most concerns were administrative and clerical, nursing and midwifery, and additional clinical services • Small increase in the number of issues raised compared with last year • New e-learning modules introduced • FTSU strategy development on hold pending the NGO's strategy launch to ensure alignment • Future priorities include integrating speaking up into business as usual and ensuring staff feel supported both in using the FTSU service and speaking up in their teams	• No concerns raised • Recommended future reports include more data to provide clearer assessment of changes/issues and insights into outcomes and themes	• The committee noted the annual report
Complaints, PALS and Compliments Annual Report	• Number of complaints has increased to an average of 51 per month, up from 35 last year, with most coming from Bedfordshire, Luton and City & Hackney. The top three themes are staff attitudes, communication/information and access to services • Response delays, due to busy directorates, are being addressed through a QI project involving both directorates and service users with improvements seen in most KPIs • Lessons learned from recurring themes are being actively addressed to raise awareness and prevent future issues • Decrease in the number of PALs enquiries and a 38% increase in the number of compliments recorded on the previous year • Future plans focus on enhancing collaboration and learning, and optimising service delivery systems.	• No concerns raised	• Under NHS complaints regulations (2009) the Trust is required to provide timely, fair and quality responses to complaints with learning identified where possible • The committee approved the annual report
Legal Claims Annual Report	• Number of negligence and third-party liability claims have remained stable and not significantly different to previous three years • While several negligence claims were closed and some liability claims denied, one case had an exceptionally high value potentially impacting insurance premiums despite NHS Resolution covering the costs • Third-party claims, mostly involving violence and aggression, present an opportunity for cost savings through improved documentation and timely processing, as not all costs are covered by NHS Resolution. A QI project is planned to improve system effectiveness.	• No concerns raised • Recommended future reports also reflect learning and benchmarking with other trusts	• The committee noted the annual report

Annual Report 2023-2024	Key Points	Matters of Concern/ Improvements	Positive Assurance
Medical Education Annual Report	• Key achievements include a successful medical education awayday, alignment with the HE quality framework and NHS People Plan, enhanced faculty development, and a new simulation course for international medical graduates. Developmental courses for SAS doctors received positive feedback, and international student placements were well-received, with plans to increase student intake. Positive feedback was also noted from quality assurance visits for QMUL and Cambridge students. • Challenges include financial constraints and cost pressures • Future key priorities include a GMC survey, increasing trainee feedback opportunities, and implementing improvements based on psychotherapy trainee feedback.	• No concerns raised	• The Trust is a major educational provider for the undergraduate and postgraduate medical education for psychiatry in the North and East London and East of England regions • The committee noted the annual report
Research and Innovation (R&I) Annual Report	• The NHS Constitution aims to maximise research participation opportunities for all service users. Last year marked the fourth consecutive year of increasing study enrolments, with a focus on expanding offerings and including more under-served communities. Efforts are underway to balance research portfolios across London, Bedfordshire and Luton, and between community and mental health services • While 1,000 people were recruited into studies, there is potential for further growth • A key focus of the five-year plan is to integrate R&I into the corporate structure to address the perception that it is an optional addition, with initiatives like revising the staff research champions program and establishing a principal investigator network. A new partnership with Cambridge University has also been formed, leading to research grants in community and primary care	• No concerns raised	• In 2024 ELFT was the highest recruiting and most productive community and mental health trust in the north Thames region in respect of respect of participating in relevant research • The committee noted the annual report

NHS
East London
NHS Foundation Trust

REPORT TO THE TRUST BOARD IN PUBLIC
26 September 2024

Title	Quality Report
Author / Role	Duncan Gilbert, Associate Director of Quality Management
	Jo Moore, Associate Director of Quality Improvement
	Marco Aurelio, 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 performance report, which contains quality measures at organisational level.

Key messages

The Quality Assurance (QA) section of this report focuses on work underway to strengthen quality control structures across our directorates. This is aimed at ensuring that teams and directorate management are looking at the right data, both qualitative and quantitative, in the appropriate way, acting on the information, and are clear about what to escalate, when and where. Early learning suggests some good practice across all directorates, related to the use of data to inform intelligence and action, and the use of huddles. Actions are underway to clarify the purpose of some meeting structures, ensure clarity around decision-making responsibility, and build clear escalation thresholds and routes. This work will help ensure that decisions are being taken at the right level, by the appropriate people, thus reducing the number of issues that are either acted on too late or escalate to senior groups who then become inundated.

The Quality Improvement (QI) section of this report provides assurance regarding the progress of the QI plan in supporting the strategic goals of the organisation.

A trustwide QI programme focused on flow began in May 2024, supporting all adult mental health directorates across East London, Bedfordshire and Luton, to tackle issues around flow. All directorates are testing change ideas across their pathways, with a PowerBI dashboard in place to enable ready access to the data. There has been a Trustwide reduction in use of private placements from an average of 75 per week in early 2024, to approximately 15 at the start of September.

Phase 2 of the Pursuing Equity programme has now concluded – this programme supported 22 teams to address health inequities through coproduction and quality improvement. Previous reports have shared data to demonstrate the impact of this work. A third phase of this programme has commenced, focused on a single topic of reducing the gap in appointment attendance between those who live in the most and least deprived communities. 26 teams are involved in the programme and are currently being supported to set up a project structure, involve service users in the work, and then develop their theory of change.

QI is being applied within the financial viability programme. Three new projects have been agreed and resourced with QI support, focusing on reducing agency spend in Bedfordshire

community health services, reducing spend on private transport, and reducing salary overpayments. The flow programme is already reducing spend on private beds, with the next phase of the work focused on reducing length of stay and demand for inpatient care. The pursuing equity programme on non-attendance will aim to reduce waste within clinical teams, through non-attended or missed appointments, enabling teams to engage with service users better, improve outcomes and reduce waiting times for appointments.

Strategic priorities this paper supports

Improved population health outcomes	⊠	Large-scale QI programme on pursuing equity.
Improved experience of care	⊠	QI approach to tackling flow
Improved staff experience	⊠	Learning and applying quality improvement to improve care has a positive effect on staff engagement and experience
Improved value	⊠	Applying QI to reduce spend on agency staff across community health services, and reduce use of private ambulance transport, and reduce salary overpayments across the trust. QI work on flow has seen a reduction in spend on private placements.

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. QI is also being applied in specific targeted areas in support of financial viability, where the issue is a complex one that lends itself to a quality improvement approach.
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   Teams that use meaningful, real-time data and insights to understand how their service is functioning, come together to problem-solve and take prompt action, and know how to escalate for help, are likely to be more effective at managing quality and performance. This is the essence of good quality control.

1.2   Failure of good quality control is likely to lead to two scenarios:
- teams being more likely to miss, and therefore not act on, important indicators of deteriorating performance, quality or safety

- issues not being resolved at the right level, thereby resulting in more senior groups needing to intervene, inundating senior teams with continuous fire-fighting of issues better resolved earlier and closer to the point of care

1.3 Ensuring robust structures and systems for quality control at team and directorate level gives us greater assurance that problems are being identified and solved at the right level, by the right people, and that challenges are escalated rapidly for support to an appropriate forum. Quality control is one of the four elements of our management system – alongside planning, assurance and improvement.

1.4 Over the last nine months, we have begun work to review and support the strengthening of quality control systems across our directorates. The purpose of the project was:
- To work with the Directorate Management Team (DMT), or equivalent, to strengthen their quality control system, through:
  - Critically appraising the data utilised at DMT to understand performance (in the broadest sense) across the directorate – this will include the use of both quantitative data and softer intelligence
  - Appraising the way in which data is viewed and shared
  - Reviewing the way that the DMT takes and documents actions
  - Reviewing how issues are escalated, when appropriate
- To develop recommendations for the DMT, and work with them to implement these over a short space of time
- To look for aspects of the quality control system that could be standardised across all DMTs

1.5 As well as looking at the effective functioning of quality control systems at DMT level, the work is also looking the levels beneath this – from team-level upwards - to ensure there are robust systems for problem-solving, action and escalation, informed by appropriate data, at all levels of the directorate.

1.6 Key lines of enquiry used in this project are below:

Data	Does the data represent all aspects of quality and performance? Is it viewed in a way that helps identify variation (over time, and across services)? Is there an appropriate balance between quantitative and qualitative data? How close to real-time is the data? Is the quantitative data appropriately charted and displayed?
Sense-making	Are decisions based on an understanding of variation? Is there triangulation across different sources of information? Is there an appropriate balance between dark spots and bright spots? Is there narrative to accompany the data?
Actions	Are deficits in quality or performance appropriately identified? Are appropriate actions taken, documented and tracked through to completion? Is there a logical connection with how quality improvement is deployed, based on annual plans and complex problem-identification? Are areas of strength and learning identified and shared?

1.7   The work involves review of data and reports used locally to understand current quality and performance, with observation of the forums in which these data/reports are discussed and acted upon. At the conclusion of this fieldwork, a written report is provided to the DMT that summarises observations, highlights strengths and opportunities for improvement, and sets out some recommendations on areas to strengthen. In discussion with the DMT, an action plan is agreed for the directorate, identifying any corporate support that may be required to deliver those actions. The project team then returns to observe the quality control systems in the directorate to assess the changes, and consider any further work needed.

2.0   Progress to date

2.1   At the time of writing, five directorates have gone through the process of review and observation, have received their feedback and are now implementing their actions. Fieldwork is ongoing with five further directorates, and work is yet to start with three directorates (although all are aware and intend to participate).

3.0   Learning to date

3.1   The work has been universally well-received. All DMTs have welcomed the opportunity to step back from daily work to critically appraise their effectiveness, and really want to have the correct data upon which to make decisions and escalate/manage risks.

3.2   **Good practice and strengths identified**

- All directorates are visualising their data in a robust way, with broad use of statistical process control to identify unwarranted variation that merits action. There is consistent use of narrative alongside data, with commentary and stories to supplement the quantitative charts.

- Quality control systems at team and unit level are now integrating the new PowerBI applications, which have been developed over the last three years, to inform huddles and actions. The apps in PowerBI bring information together from a range of data sources into a single place, aiming to make it easier for a team to understand its performance at a glance. Examples of this include the ward task views, which are now in use on screens across 20 wards, showing the patient list, with all critical tasks (to optimise flow) and clinical information available. The early warning system for inpatient mental health brings together data from ten safety and staffing indicators, giving a single at-a-glance view that informs the weekly unit safety huddle, enabling clinical teams to better identify which wards may need support or intervention.

- DMTs typically take a holistic view of quality, reviewing a wide range of data including service user experience and safety data, alongside staffing, finance and other activity and performance data.

- Quality control systems exist at various levels, from service to DMT, in all the directorates that have so far participated. Some elements of the control system are

stronger than others – for example, huddles are in standard use, but clarity around actions and escalation is often less clear.

3.3 **Work underway to strengthen practice**

Data and Reporting

- As part of the action plans, each directorate is being supported to ensure they are looking at the range of data that they ought to be, in a form that enables rapid analysis, insight and action. This includes ensuring that the reporting and narrative triangulates insight from a range of sources, and is clear about the issues that demand attention and action.

- In some areas, the fieldwork has identified the need for further learning and development about how to create, interpret and take action based on statistical process control charts. As an example, sessions have already been held with London community health services DMT to address this.

Meeting Purpose and Structure

- In some cases, the purpose of certain meetings and structures within directorates is not clear. Where this has been identified, as part of the action plan, the directorate is reviewing the need for the meeting and developing written clarity on purpose and terms of reference.

- Through the observation work at team-level, it is apparent that not all teams are clear or confident about the scope of their decision-making power. This can lead to unnecessary escalation to the DMT. Where this has been identified, directorates are clarifying accountability around decision-making at different levels of the directorate.

Escalation of concerns and risk

- Not all meetings operate with clear and universally understood thresholds for, and routes of, escalation for issues that cannot be immediately resolved. Where this has been identified, this is being clarified by the directorate leadership, and written into terms of reference.

4.0 Next steps

4.1 Over the next six months, this work will extend across all directorates, with the team returning back to observe the implementation of actions in the earlier directorates. Following this, a comprehensive project report will analyse and share the learning with all stakeholders, which is likely to include some agreed standardisation in the way that DMTs operate. The next phases will include developing resources that clinical teams can utilise to strengthen and standardise their practices for quality control, and also begin a process of observing and strengthening quality control in corporate teams.

5   Quality Improvement Plan

5.1   This section of the paper serves to provide assurance to the board on delivery of the annual QI plan. Activities focus on two large scale QI programmes to pursue equity and tackle flow, the ongoing capability building programmes, and applying QI to improve financial viability.
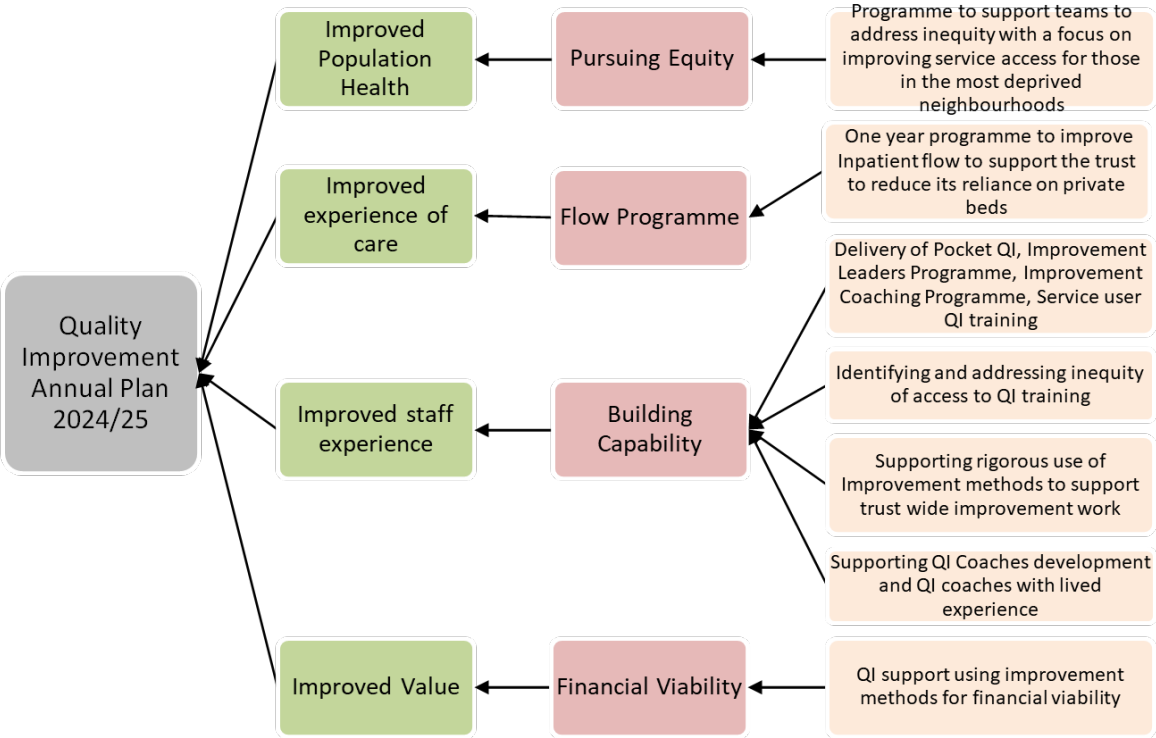
5.2   Improving the experience of care for service users is a core part of the Quality Improvement plan. Currently 45% of active QI projects have Big I service user involvement. Big I involvement means that service users are full and equal partners in the QI project alongside staff. Across the trust there is variation in service user involvement. This variation is under review by the QI and People Participation (PP) leads, with plans in place to review and standardise QI/PP governance structures across all directorates, reduce variation in service user and carer experience of QI training programmes and test ideas to strengthen the co-design and delivery of high impact improvement projects across the trust.

5.3   As part of a tri-Trust collaboration with NELFT and Oxleas, ELFT will host one of three Patient and Carer Race Equality Framework (PCREF) events, focused on equity and restrictive practices. Quality Improvement is embedded in the role description for the PCREF directorate leads, with a key requirement being for candidates to have completed the Improvement Leaders' programme.

5.4   The trust finance team will be using QI to support the delivery of several large pieces of work to support the financial viability programme. These include projects aimed at reducing salary overpayments, reducing private ambulance usage and reducing agency staff use in Bedfordshire community health services. Additionally,

work is underway to identify other high impact opportunities to use QI in support of financial viability, such as rostering accuracy and medication management.

6   Building Capability for QI across the Trust

6.1   To support the delivery of annual priorities, ELFT provides several opportunities for staff, service users and partner organisations to build capability in QI. These were described in detail in the July 2024 quality report. Demand for the flagship Improvement Leaders' Programme (ILP) and Improvement Coach Programme (ICP) remains high.

6.2   There are currently 250 ELFT staff, service users and colleagues from partner organisations signed up to the Improvement Leaders' Programme, due to begin in September 2024. There are 48 ELFT staff, service users and colleagues from partner organisations signed up to join Cohort 10 of the Improvement Coaching Programme, which will begin in October 2024.

6.3   This year, a more strategic lens has been applied to onboarding teams to large QI training programmes. A specific focus has been given to supporting staff leading projects aligned to directorate annual plans and the financial viability plan – encouraging them to enrol onto the programmes and begin improvement work prior to the programme launch date with support of the QI department and QI coaches across the Trust. This has resulted in stronger readiness of teams enrolled to the Improvement Leaders' programme at this stage of the year, which will enhance likelihood of results.

6.4   Part of the QI capability plan aims to strengthen the support provided to coaches and sponsors across the trust. There are robust structures in place to continuously develop and support people who have taken on these key roles. An example of this is the regular trustwide QI coach community sessions, which provide peer support and continuous professional development. The next session in September will upskill this group in the use of generative artificial intelligence and automation in quality improvement work.

7   Pursuing Equity QI Programme – Reducing the number of missed appointments for service users living in our most deprived neighbourhoods

7.1   Phase two of the Pursuing Equity Programme, which began in September 2023, has now ended. The programme brought together 22 teams from across the trust to apply improvement to address a range of inequities. Previous reports have demonstrated results from this work. One new positive story is from the Bedfordshire and Luton perinatal service, which aimed to increase the number of referrals of women into their service to an average of 100 per month. The team have now exceeded their aim and seen a sustained improvement, with an average of 34.4 referrals per week, which is approximately 149 per month.

Weekly Referrals Received - I Chart
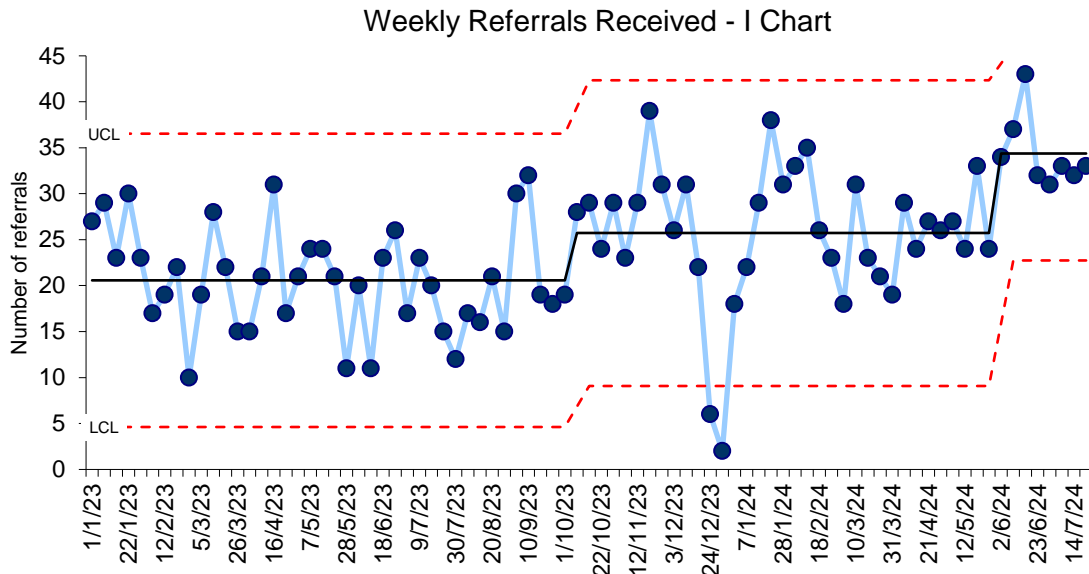
7.2 Phase 3 of the Pursuing Equity programme focuses specifically on the topic of non-attendance at appointments. 26 teams are already signed up from across adult and older adult mental health services, community health services, specialist services, primary care and child and adolescent mental health services.

7.3 Recruitment of teams across the trust has been guided by data showing the levels of non-attendance, and the disparity in non-attendance between people living in different levels of deprivation. An example of potential impact is the Newham CHS Diabetes team, who have a baseline of 46% missed face-to-face appointments, the majority of whom are people living in areas of high deprivation.

7.4 The teams who have signed up are in the set-up phase - developing their project teams, involving service users from the outset, understanding the issue and then developing their theory of change. Teams will be provided with an array of support, including a monthly virtual learning session, which will bring all teams together to share ideas and learn from each other, an evidence-based theory of change and "menu" of change ideas. This will provide examples of how teams can practically set up and test evidence-based change ideas that literature has shown to reduce missed appointments.

Aim	Primary Drivers	Secondary Drivers	Change Ideas
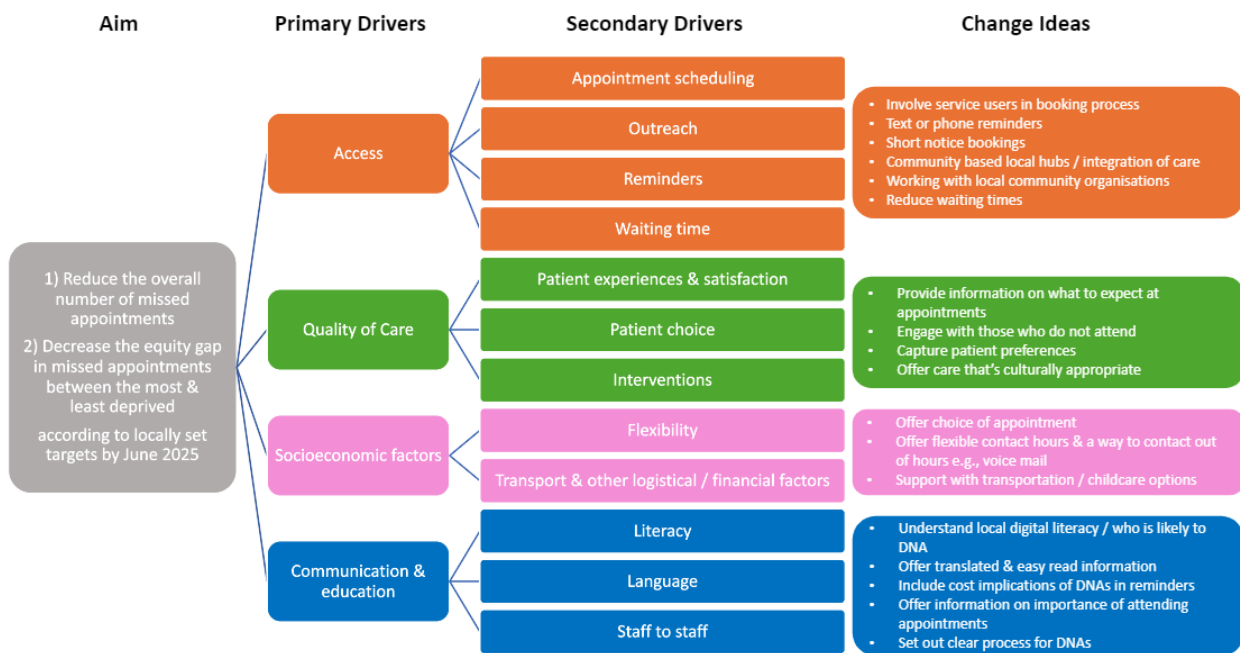
7.5 A measurement plan for the programme has been co-designed and finalised with the project teams, with a dashboard on Power BI now live. This dashboard enables teams to compare data on missed appointments across several metrics including deprivation quintile, gender, ethnicity and sexual orientation.

8   Flow Programme

8.1 The flow programme aims to reduce private sector bed use at ELFT to 0 by October 2024 and to reduce average length of stay from 61.5 days to 40 days by October 2025. This will enable people to receive care and support at home or in the community, where this is possible, and when inpatient admission is required, for this to be more purposeful and in their local area. The flow programme is looking across the entire clinical pathway, including inpatient services, community neighbourhood teams, community crisis teams and A&E liaison. Both Bedfordshire & Luton and East London have developed a shared understanding of the problem, developed a theory of change outlining how they will achieve their aims and change ideas are being tested at both system level and locally.

8.2 Progress has already been made against the programme aim of reducing out of area placements and private bed use, with a Trustwide reduction from an average of 75 per week in early 2024, to the current figure of approximately 15 private placements at the start of September.

Trust wide weekly out of Area Placements – I Chart
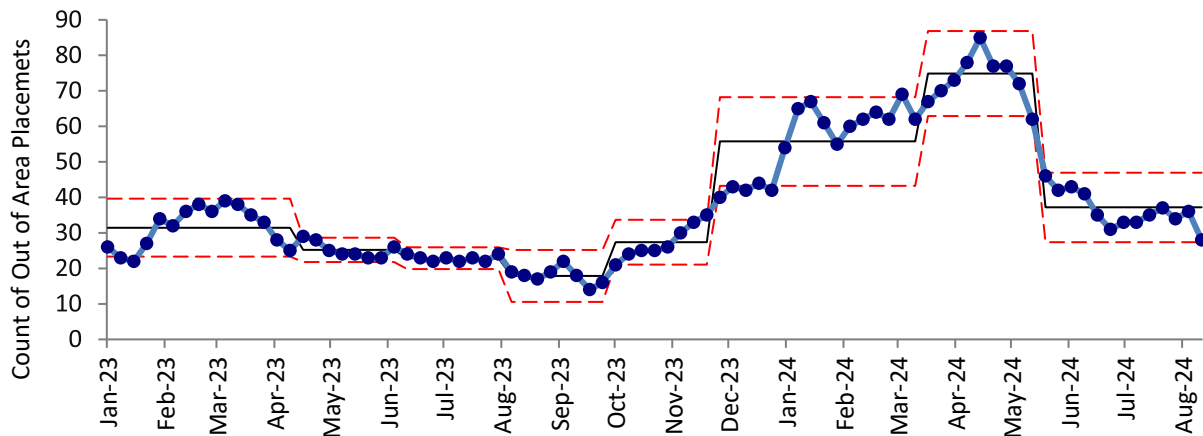
8.3 In London, private bed usage has largely been eliminated by end of August. The theory behind this reduction is related to the increased use of stepdown beds. Over the past two months, funding has been made available in each borough to increase the contracted number of stepdown beds with local providers. With this new part of the pathway in place, the performance team is developing a way to capture this information within our clinical record system so the Trust can better understand stepdown bed utilisation, length of stay and manage flow actively within these placements.

8.4 Although Bedfordshire & Luton have seen a decrease from their peak usage of out of area placements, they are still some way from eliminating usage. Directorate leads recently met with colleagues from Milton Keynes, who no longer use out of area placements, to discuss their approach to eliminating this. They have brought back the learning, which highlighted the need for greater resource around admission avoidance and ensuring each inpatient day is meaningful.

8.5 In addition to utilising stepdown beds, many other high-impact change ideas are being tested across the Trust, with the aim of making positive impact across the patient pathway. A summary of the key ideas currently being tested is shown below.

Directorate	Idea being tested	Learning / Impact
Bedfordshire & Luton	Process improvements to discharge e.g. daily huddles	Clinically ready for discharge reasons revolve around care packaging and general housing. Clinically ready for discharge numbers are showing early signs of reducing.
	Community model review	There is a need to standardise the operating procedures across all three localities.
City & Hackney	Neighbourhood Mental Health Team waiting times	Working on data quality, particularly around outcoming appointments related to non-attendance.
Newham	Clinical leads overseeing care of patients in private beds	The service has eliminated private bed usage.
	Enhanced discharge coordination team	Currently ensuring roles and responsibilities of the team are clear.

| Tower Hamlets | 30-minute daily huddle to understand patient needs and whether tasks have been achieved | Has resulted in the discharge of one long-stay patient. |
| | Discharge to assess | Need to support the inpatient consultant to feel confident to discharge, rather than keeping the service user open on the ward's caseload. |

9 Action Being Requested

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

Performance report

September 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

The purpose of the report is to provide assurance on the overall performance of the organisation, based on tracking a set of indicators that give a rounded view of organisational performance, based on the six domains of quality as defined by the Institute of Medicine.

KEY MESSAGES

What's going well?

The percentage of service users seen within 72 hours has exceeded the national 80% target, achieving 85% in August. This reflects the positive impact of initiatives such as offering mobile phones to service users with no method of contact, and using daily huddles to monitor and plan contacts with service users.

The overall rate of violence and aggression across our inpatient services has reduced since September 2023, and remained stable, which is likely resulting from our large QI programme on therapeutic engagement and observations. The current rate is 6.1 incidents per 1000 inpatient bed days, compared to 8.7 per 1000 days prior to October 2023.

High bed occupancy and acuity are likely to have contributed to higher levels of restraints on the wards, rising from a mean of 11.9 to 13.2 per 1000 bed days. Most of the restraints relate to a small group of complex and unwell service users, and those that refuse to engage with their care plans and treatment. In recent months, a greater proportion of service users from Black and Minority communities have been restrained than those from White communities, which services are exploring further as part of wider efforts to address inequalities in restrictive practice.

Talking Therapies have achieved 70% of service users achieving the outcome of reliable improvement, surpassing the national target (67%).

The number of service users who reported a positive experience of care increased in August to 86%. This was due to a rise in positive survey responses, particularly in Newham community services, where there has been a campaign to increase responses.

Early Intervention Services continue to exceed the national target (62%), with 77% of service users commencing treatment within two weeks of referral in August.

What's of concern?

In total, there are 4616 service users who have been waiting over 52 weeks to be seen. Most of these service users are waiting within adult Autism and ADHD services. Despite recovery plans being in place, new online self-help resources, and digital tools like the QbTest to reduce assessment times, demand will continue to exceed capacity, and the waits for these services are likely to keep growing. There is work underway through the North East London mental health, learning disability and autism provider collaborative to review autism demand and provision across the system. There is also early work developing to design a single integrated neurodevelopment pathway for BLMK.

In community health services, there are 1005 service users waiting over 52 weeks, mainly within the Bedfordshire MSK service and children's autism services. Children's autism have recovery plans in place to increase capacity. Some new investment has been agreed through North East London ICB. Discussions are under way with BLMK ICB to address the mismatch between capacity and demand for the Bedfordshire MSK service.

Psychiatric Liaison Services are assessing 76% of service users who present to A&E within 4 hours, falling short of the national target of 95%. The number of service users waiting more than 12 hours in the department has increased across East London, reaching 142 service users in July. More detail of the causes and plans are contained within the body of the report.

What's worth watching?

Inpatient bed occupancy was 92% in August, the lowest we have seen for over a year, but still above the national 85% goal. The number of service users in private out-of-area placements has decreased from approximately 70 at the start of 2024 to 15 by the start of September. The number of service users clinically ready for discharge have fallen from 173 to 84 over the past few months.

While the percentage of incidents resulting in harm has recently started to fall, there has been a slight increase in the average from 33% to 36% over the past 8 months. This is not of immediate concern as the increase is mainly due to low-harm incidents, with a small rise in moderate-harm incidents, whilst severe harm cases and deaths have remained stable.

The number of monthly pressure ulcers continues to remain stable, with the majority representing low-harm cases. Moderate-harm cases remain low and stable. This is encouraging as it suggests that teams are proactively identifying pressure ulcers early and preventing deterioration.

With regard to our equity indicators, this report provides detail of the work underway across the Trust to tackle the difference in quality of life reported between males and females who are accessing our mental health services.

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

Improved service user experience	☒	The performance report assures the Board on performance of the organisation, through the tracking of organisational metrics that align with three of the four strategic objectives. Measures on staff experience are contained within the Board People report.
Improved health of the communities we serve	☒	
Improved staff experience	☒	
Improved value for money	☒	

Committees/meetings where this item has been considered

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

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 August 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.

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

Safe

Service users followed-up within 72 hours of discharge (P chart) Target: 80%

⬆
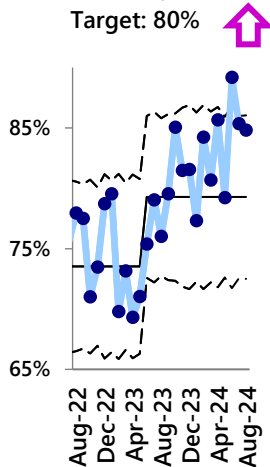
Physical violence incidents per 1,000 occupied bed days (U Chart)

⬇
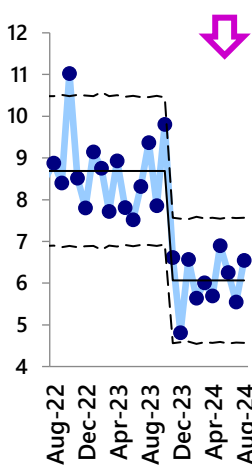
Restraints reported per 1,000 occupied bed days (U Chart)
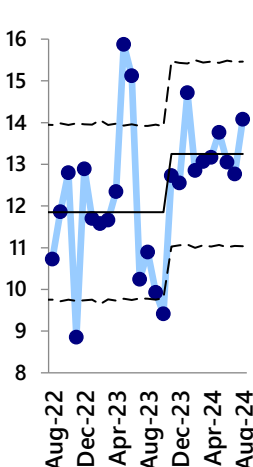
Safety incidents resulting in physical Harm (P Chart)

⬆
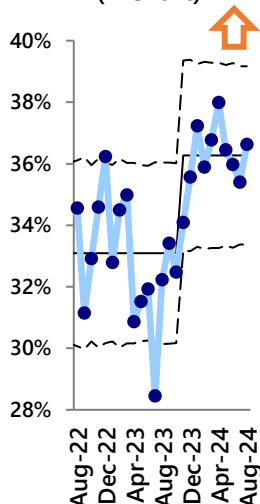
Pressure ulcers - non-inherited (C Chart)
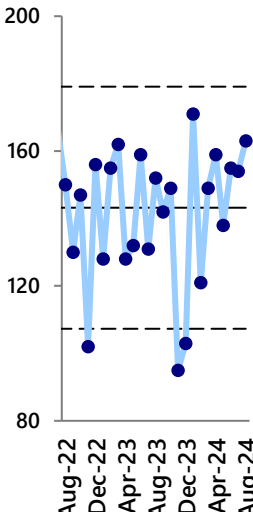
Effective

Adult Mental Health Improvement in Dialog score (P Chart)
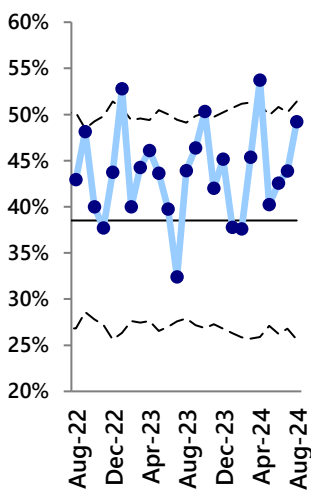
Talking Therapies - Percentage achieving reliable improvement (P' Chart) Target: 67%

⬆
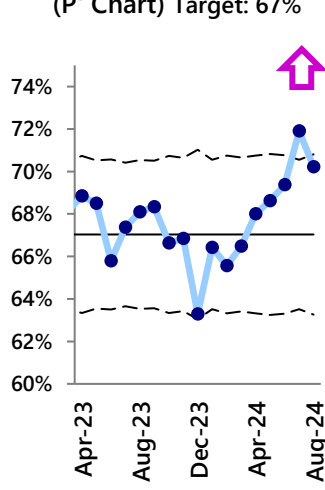
IPS - Percentage discharged into employment (P Chart)
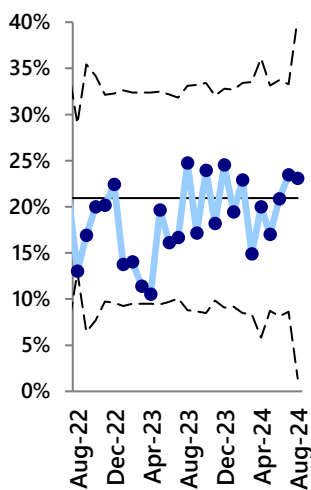
Perinatal - Improvement in Core10 scores (P Chart)

⬇
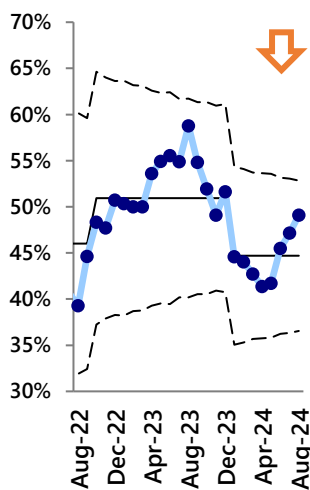
Service user centred

Percentage of service users having a very good or good experience (P Chart)

⬆
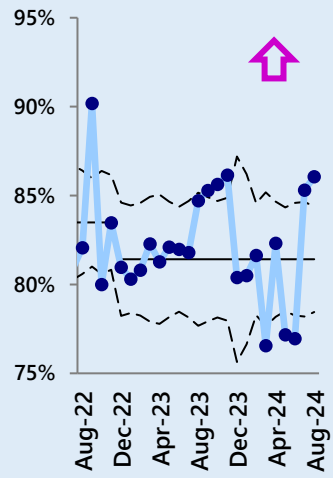
Service users reporting being involved in discussions about their care (run chart)
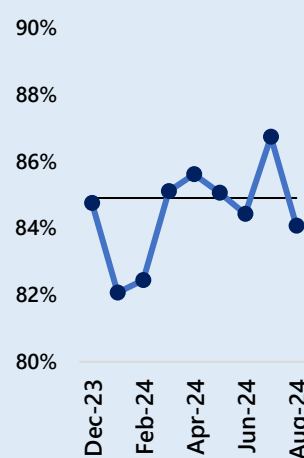
Complaints (C Chart)

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

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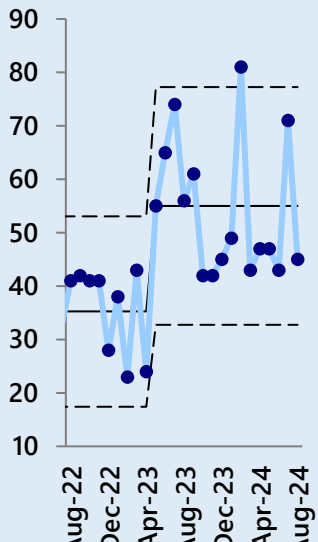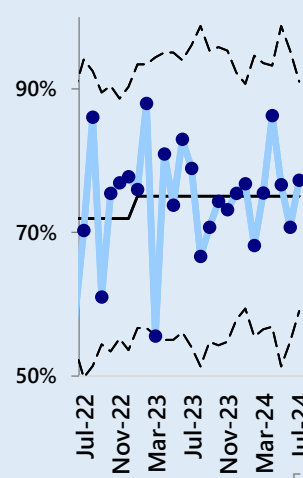
Timely

Number of service users not seen within 52 weeks of referral (I Chart)
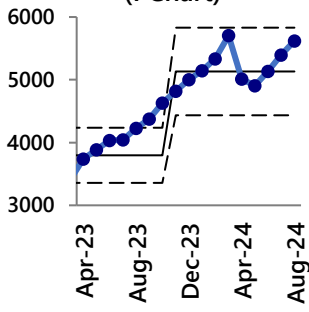
Rapid Response seen within 2 hour (P Chart) - Target 70%
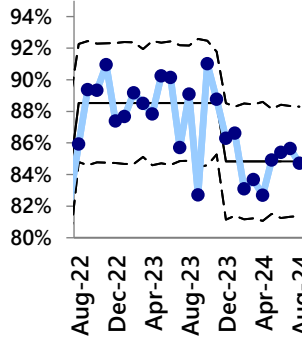
Waiting time for treatment (days) for Children and Young people (I Chart)
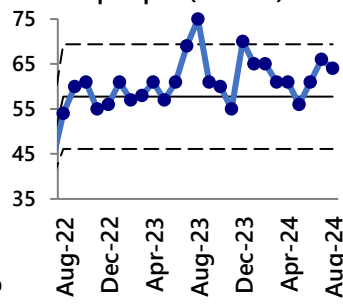
Early intervention treatment started within 2 weeks (P Chart) - Target 62%
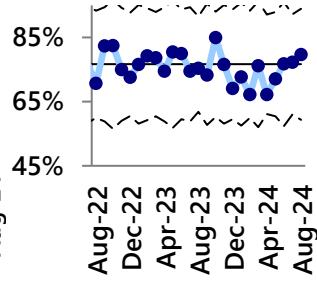
Number of patients waiting over 12 hours in A&E
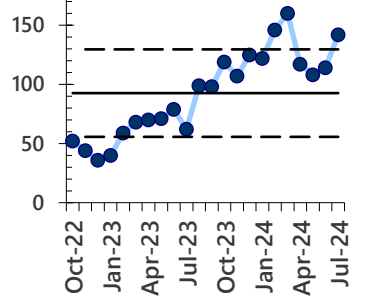
Perinatal Access (I Chart)
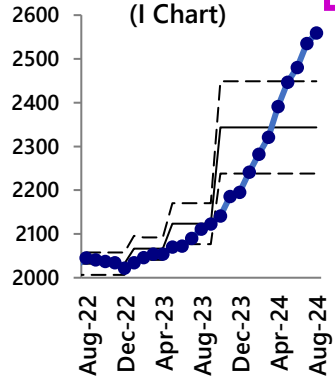
CAMHS Access (I Chart)
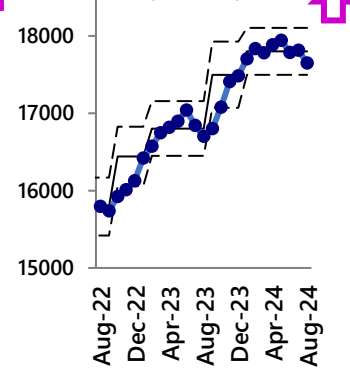
Efficient

Private Inpatient Placements (I Chart) Target: 0
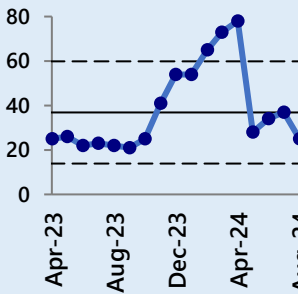
Clinically Ready for Discharge (I Chart)
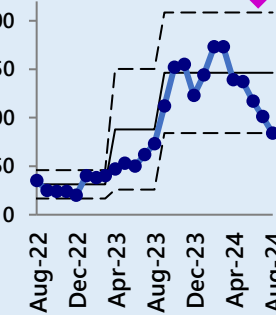
Bed occupancy - all specialties (P' Chart) Target 85%
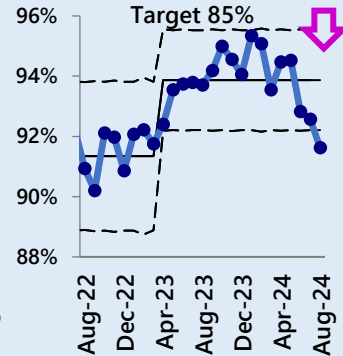
IPS Referrals (I Chart)
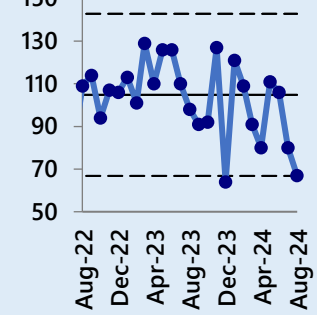
Equitable

Referrals by ethnic group, per 1,000 population.

Asian — Black — Mixed — White
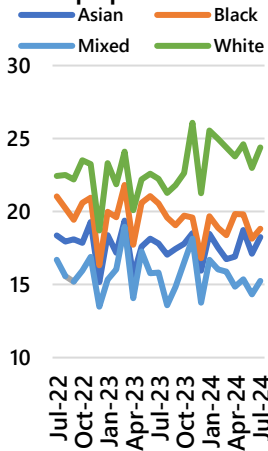
Average wait (days) for community mental health assessment

Asian — Black — Mixed — Other — White
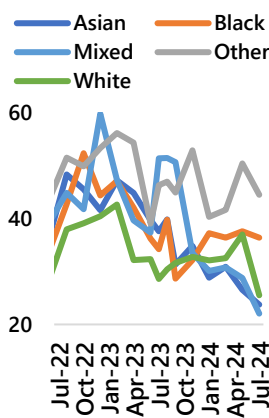
Non-attendance at mental health appointment (1 = most deprived, 5 = least deprived)

1 — 2 — 3 — 4 — 5
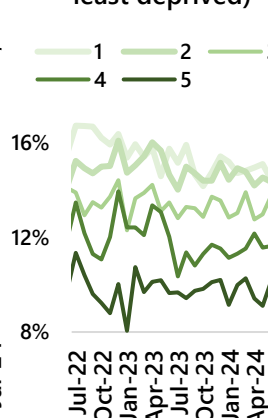
Adult restrictive practices per 1,000 occupied bed days (OBDs), by ethnic group

BME — White
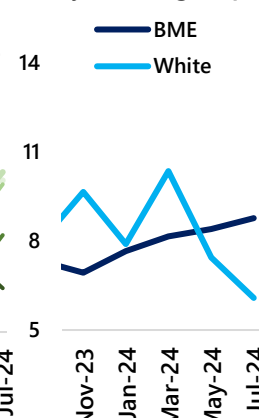
Average Dialog score at review, by gender

Male — Female

1-3 = dissatisfaction, 5-7 = satisfaction
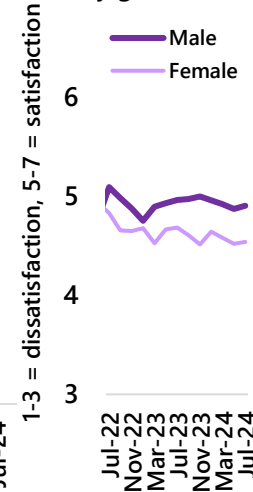
Safe

85% of service users were followed up within 72 hours of discharge from mental health inpatient care in August, surpassing the national target of 80%. This reflects improvement across East London, with Bedfordshire services continuing to exceed the target. In Newham, the initiative of providing a mobile phone to service users who have no method of contact has proven effective. Additionally, directorate-wide planning huddles have been used to bring together inpatient and community managers to strengthen communication and discharge planning. In Tower Hamlets, teams conduct regular reviews to ensure that multiple attempts are made to contact service users. In City & Hackney, a named clinical lead is designated responsible for completing daily follow-up contacts. Learning from these initiatives is shared with all services to support further improvement.

While the percentage of safety incidents resulting in harm has been falling in the past three months, there has been an overall increase over the previous eight months, with the average percentage rising from 33% to 36%. Further analysis shows that this relates primarily to a rise in low-harm incidents and a smaller increase in moderate-harm incidents, while severe-harm incidents (including deaths) have remained stable, which provides reassurance. The main themes for low-harm incidents include pressure ulcers, violence and aggression, self-harm, and medication-related issues. For moderate-harm incidents, the key themes are related to pressure ulcers, followed by violence and aggression and safeguarding concerns.

The overall rate of violence and aggression across our inpatient services has reduced substantially since September 2023, and remained stable at 6.1 incidents per 1000 bed days (compared to previous rate of 8.7). This has largely been achieved through the QI programme on therapeutic engagement and observations, our large-scale QI effort in 2023-24 across all inpatient wards, which included the re-establishment of the inpatient safety culture bundle.

The rate of restraints remains stable at 13.2 per 1000 bed days, which is slightly higher than the rate of 11.9 prior to October 2023. High bed occupancy and acuity have likely contributed to this change. Most restraints are related to a small number of unwell and complex service users. Restraint is often more frequent in the first week of admission, as teams try different approaches to stabilise conditions, optimise medication and care plans. Additionally, some service users refuse to comply with care plans, medications, and food, which may result in restraint to administer care safely. For example, on particular wards where a service user refuses to eat, nasogastric tube feeding may occasionally be required, which can require restraint several times a day to ensure sufficient nourishment.

Staff are being trained in trauma-informed care approaches, integrated within routine care planning and risk management to reduce reliance on restrictive practices, prevent re-traumatisation, and support the well-being of service users. Teams are improving the availability of therapeutic activities and the environment on the wards to enhance patient experience and promote faster recovery. Further exploratory work is underway to understand why some groups of service users refuse to engage with their care plan. This has identified women as a theme, especially those with trauma histories and victims of

violence and aggression. Additionally, efforts are being made to address differences in restraints among different ethnic groups, with service users from black and minority communities being subjected to restraint more often than people of white ethnicity.

The number of pressure ulcers remains stable with an average of 143 cases per month. The incidence of low-harm pressure ulcers remains high, while moderate-harm cases continue to stay low and stable. This suggests that teams are proactively identifying pressure ulcers early and preventing further deterioration. Monthly monitoring and audits are conducted to understand variation and identify specific teams or themes that need attention. Services continue to provide training and awareness sessions to new members of staff, offering tailored advice to service users, customising equipment, and consistently following SSKIN bundles to prevent deterioration in pressure ulcer conditions.

Effective

In August, 49% of service users in adult and older adult mental health services are seeing an improvement in quality of life. This is based on measuring the change in Dialog outcome score before and after an episode of care. The domains of the Dialog measure that are most associated with dissatisfaction from service users are mental health, housing, employment, relationships, and physical health. Services are working with a variety of system partners on initiatives such as reviewing housing needs and gaps with local authorities, running neighbourhood groups to prevent social isolation and encourage healthy lifestyles, and co-locating employment services within nearby job centres to provide more opportunities and support to achieve employment goals. 21% of individuals accessing Individual Placement Support services are securing employment.

Talking Therapies have exceeded the national target (67%) for reliable improvement, with 70% of service users achieving this outcome from completed treatment. The Bedfordshire service has seen the greatest gains. Some potential reasons for this are related to clinicians being flexible in offering more treatment appointments where possible and deemed necessary to improve outcomes before discharge. There has also been training given to staff to help them to understand the new outcome measure of reliable improvement (introduced in April 2024) to help staff to work towards achieving this.

Access to perinatal services continues to grow in line with expectations in the Long Term Plan, with Bedfordshire notably outperforming all other services. Although the improvement in outcomes has decreased from an average of 51% to 46%, there are signs that this is returning back to previous levels. This is likely due to sending reminders to staff about completing the Core-10 outcome survey, training new staff members, and using supervision to monitor progress. Encouragingly, all services exceed the national average of 39% of referrals having two completed outcome surveys (paired outcomes), with an impressive 61%.

Service user centred

86% of service users are satisfied with their experience of care, and 84% feel involved in their care and treatment. This suggests that care is being effectively co-produced with our service users, a key priority for the Trust. The increase in satisfaction is partly related to an

effort in Newham community neighbourhood teams, which saw an unusual increase in responses due to a campaign to encourage more feedback to improve services, contributing to the overall rise in positive experience scores.

The number of complaints remains stable, with an average of 55 a month. The main themes relate to staff attitudes, communication, clinical care, and service waiting times. These themes, with specific case examples, are shared regularly with directorate teams, and are being addressed through staff training, learning sessions and waiting list plans.

In end-of-life services, 75% of palliative care patients are dying in their preferred place of death, whether at home or hospice. This reflects the success of patient-centred care, where the wishes and preferences of service users are being prioritised and respected during their final days. Achieving 100% on this measure is difficult due to unpredictable factors such as, lack of resources or funding, differences in family wishes, and rapid deterioration in health, which means that sometimes arrangements are unable to be put in place in time.

Timely

Across mental health services, there are 4616 patients waiting over 52 weeks for assessment, the majority of which are from Autism and ADHD services. ADHD and Autism waiting lists have increased by 202 service users in the past month. The following initiatives are in place to help manage this growing demand.

Bedfordshire and Luton ADHD service has introduced the QbTest digital assessment tool, predicting that this will enable clinicians to see more service users. This test will run until April 2025, with evaluation across a range of measures, before making a decision about whether or how to integrate this into routine service delivery. Further work is underway to explore different models of care to increase capacity, such as introducing groups, peer support networks and potentially a single neurodevelopment pathway that would integrate ADHD and Autism services. Despite these initiatives, waiting lists for ADHD are expected to grow by 200 a month due to the current resource and capacity being insufficient to meet the volume of referrals.

A business case for investment is being developed to consider what capacity would be needed to bridge the gap, and what alternative models of care might look like (with or without investment) to tackle the waiting lists. In the event that further funding is not available, we will assess our options for altering the diagnostic model of care and working towards the development of a more needs-based model that provides more resources and support to manage symptoms, rather than purely assessment. This will be submitted to the executive team and ICB for review by December 2024.

New, dedicated websites are now live for both ADHD and autism, offering resources such as self-help applications, information on Recovery Colleges, and ADHD or Autism-specific courses to support individuals while they wait. The sites will be promoted through Trust-wide communication and social media platforms to increase awareness of available resources.

Commentary

An away day for autism services in July focused on standardising service pathways, screening processes and assessment tools. These findings will guide the next phase of work within the Trustwide Autism programme group. The waiting lists for autism are expected to grow for the foreseeable future. A longer-term service model for Autism is being developed as part of a programme of work across North-East London through the provider collaborative. This is scheduled to be finalised in January 2025 and will provide an opportunity to draw together system resources to tackle the need more effectively.

Newham CAMHS waiting list has increased from 480 to 509 in the last month, with the neurodevelopmental service increasing the most. With the group programme now fully operational and expanding over the next three months, this is expected to reduce the numbers waiting for treatment. Based on demand and capacity trajectories, referrals are currently outstripping capacity by 7 a month, however this will be closely monitored with the further expansion of the groups programme. A recent survey of 72 service users indicated that there was limited access to information about what to expect while awaiting an assessment. Therefore, a user guide and pathway diagram have been created to improve service users' access to information. The CAMHS website has also been redesigned to provide more information and offer better support, which should reduce the number of calls coming into the service and release capacity in the team.

Neighbourhood mental health teams have seen considerable success in reducing waiting lists and improving access. Overall, these waiting lists have fallen by 21.9%, with the greatest improvements seen in City & Hackney and Newham. In City & Hackney, a quality improvement project focused on reducing appointment cancellations and non-attendance and has contributed positively to change.

Memory services have also seen a reduction in waiting times. Across East London memory services, the percentage of service users diagnosed within 6 weeks has increased from 46% to 71% in the past 3 months. In City & Hackney, waiting lists have reduced by 16% and the percentage of service users diagnosed within six weeks has increased from 37% to 44%. Tower Hamlets has achieved the most improvement, increasing from 40% to 70% over the past three months, through multiple changes tested as part of a quality improvement project.

Across Community Health Services, there are 1005 service users waiting over 52 weeks, with the waiting lists growing particularly across SCYPS autism and adult MSK services.

Specialist Children's and Young People's Services (SCYPS) have trained additional staff for Autism assessments and are prioritising those who have been waiting the longest. Through flow training and time-in-motion studies, the assessment team has created a more efficient pathway by utilising single clinician assessments.

Bedfordshire MSK service continues to have the highest number of people waiting over 52 weeks. To manage the increasing demand the service has been redirecting staffing resources to urgent cases. A training plan for all staff is being drafted to manage less complex MSK cases, and skill-up more staff to be involved in assessments.

The East London MSK service is also seeing an increasing waiting list, and is preparing to launch the GetUBetter app a digital tool that will support service users in self-managing common MSK conditions, which will enable to team to focus on more complex referrals.

The Bedfordshire Podiatry service has enhanced capacity by hiring additional staff and developing new in-house training programmes. The team is exploring group educational sessions and individual assessments to strengthen its workforce and service delivery. There are 6 service users waiting over 52 weeks for a first appointment.

Urgent care teams in Community Health services continue to exceed the national 70% target to assess service users within 2 hours, reaching 85% in August. Feedback from services highlights that the interventions offered by the team are helping to avoid unnecessary admissions to acute hospitals. However, demand remains high, particularly in Bedfordshire, where there is a significant need for managing falls, catheter care, end of life and wound care. A review of the urgent care activity is underway to distinguish and allocate work between planned and unplanned duties within the team, which will improve efficiency.

Efficient

Inpatient bed occupancy was 92% in August, which is the lowest in over a year, but still remains some distance from the national goal of 85%. The recent decrease was mainly due to the reduction in occupancy across CAMHS Tier 4 services. This was influenced by factors such as school holidays, effective home treatment support with enhanced gatekeeping functions, and hospital-at-home services for both eating disorders and other needs to reduce the necessity for hospital admission.

The number of service users in private out-of-area placements has decreased from around 70 in early 2024, to approximately 15 by start of September. The number of service users clinically ready for discharge have fallen from 173 to 84 over the past few months. A trust-wide quality improvement programme on flow is in place, with further details in the Quality report.

Psychiatric Liaison Services assess 76% of service users who arrive at A&E departments within 4 hours, falling short of the national target of 95%. The number of service users waiting more than 12 hours in the department has risen across East London, reaching 142 in July. Teams have reported higher acuity, complexity, unmet social care needs, and a lack of inpatient bed availability, all of which have contributed to delays of more than 12 hours, reflecting national trends.

In City and Hackney, some of the delays were due to intoxication or overdose that required extended recovery times to allow the assessment to be conducted, though efforts to reduce overnight admissions are showing promise, with a QI project planned to address the issue further. In Newham, over half of the 12-hour delays were due to bed availability, compounded by service users needing time to recover from sedation, and delays in assessment caused by junior doctor industrial action. Tower Hamlets has seen additional demand from out-of-area referrals, delays in Mental Health Act assessments, and social complexities, together with junior doctor strikes reducing capacity in the team.

East London services are collaborating with the ICB and acute providers to launch an 'enhanced model of care' in Newham, which aims to improve observations of service users in the emergency department and thus improve safety. The system is also exploring opportunities to redirect funding to alternative community care schemes, such as step-down beds to support flow from emergency departments and inpatient wards.

Equitable

On equity, phase 3 of the Pursuing Equity QI programme will tackle the disparity in non-attendance at appointments, between people living in different levels of deprivation. Further details are contained in the Quality report

In this report, we will focus on work underway to tackle the disparity in outcomes between men and women, as measured through the Dialog outcome scale. The data continues to reveal that women in mental health services have lower quality of life scores compared to men.

The Perinatal Women's working group is addressing equitable access to perinatal services by removing barriers and improving engagement. The Bedford team is developing posters and distributing educational materials, mainly targeting minority communities, to offer various consultation methods for women — whether at home, in the clinic, or virtually. Furthermore, there are also groups in community neighbourhood teams that women have access to, related to their interests and passions, such as sports and arts.

The Forensic Service is advancing its Forensic Women's strategy to address period poverty and ensure better sanitary provision on the wards. Specific women's equality meetings are ongoing, and posters have been displayed on the wards about a new questionnaire to identify further improvements. Plans are in place to set up an onsite women's screening service to encourage an increased uptake of eligible screenings from 40% to 70% by December 2024.

The Recovery College is collaborating with the Women's inclusive team to develop women-only classes, including cooking courses, to support women in achieving their recovery goals.

Other initiatives to improve outcomes for women include work at Caudwell Medical Centre focusing on increasing the accessibility to a dedicated menopause clinic and Hormone Replacement Therapy (HRT) reviews. Efforts are underway to enhance clinician knowledge on menopause and HRT through targeted training.

Tower Hamlets Continence Service if working on improving treatment compliance, specifically focusing on Bengali women, as currently only 45% are concordant with their treatment. This programme of work is due to start in the next couple of months and will adopt culturally tailored education and outreach programmes to raise awareness about continence issues and the importance of treatment adherence

The ELFT Women's Network, which leads on equality, diversity, and inclusivity for women in the Trust, provides a forum for female staff to engage in network meetings, events, and support activities. In July, the network hosted events on female burnout, women and financial freedom, and collaborated with the NHS England Women's Network and Endometriosis UK to raise awareness and outline available support for staff.

System Operating Framework

The System Operating Framework (SOF) indicators provide an framework for NHS England to assess performance at an ICS-level. There are five themes: quality of care, access, outcomes, preventing ill health, and reducing inequalities. A consultation has been underway to update this framework, and we are expected it to change in the coming months. A brief summary by exception of indicators relevant to ELFT is provided in Appendix 1, with narrative below.

Improvements have been observed in a few indicators, mainly the dementia diagnosis rate, as described earlier in this report. The percentage of regular appointments within 14 days through virtual wards has increased from 68% to 72%, and the percentage of GP appointments within 14 days across East London has increased from 85% to 92.3%. This is due to efforts to increase the use of video or phone consultations and reduce the need for in-person visits, freeing up slots for urgent cases.

Cervical screening has been improved as dedicated staff members are working on recalls and running the cervical screening clinics at least once a month to sustain good performance throughout the year.

The percentage of hypertension patients treated has seen a slight reduction across the Trust from 70% to 65%, largely related to our homelessness practices in East London. This is expected to increase in the following month now that two healthcare assistants have been recruited to work across the services, using outreach to monitor blood pressure more closely. Other operational plan indicators, including quality of care, access and outcome indicators, have been mentioned in other sections of the report.

Appendices

Appendix 1 – Regulatory compliance against the system oversight framework

Appendix 2 – Operational Definitions for the Performance Dashboard

Appendix 1: Regulatory Compliance – System Oversight Framework (SOF)

***Note**: The table below reflects the SOF indicators (a non-exhaustive list) that have been identified for 2024/25 pertinent to ELFT as a provider. The current performance and progress reflect the most up-to-date position published on the NHS Oversight Framework dashboard. A broader review of the SOF is currently being concluded, and a new framework will be issued to ICB and providers to evaluate progress with system priorities and outcomes.

Oversight Theme	Indicator code	Measure Name (metric)	Oversight Level	Target	Current performance and progress
Leadership and Capability	S035a	Overall CQC rating	Provider		4 – Outstanding
	S059a	CQC well-led rating	Provider		4 – Outstanding
	S067a	Leaver Rate	Provider		The latest position shows that the leaver rate across ELFT is 7.91%, against a national value of 7.18%
	S069a	Staff survey engagement theme score	Provider		7.33/10 against a national value of 6.89/10
	S071b	Proportion of staff in senior leadership roles who are women	Provider	62%	The latest position shows 62.8% of staff in senior leadership roles are women across ELFT.
	S071c	Proportion of staff in senior leadership roles who are disabled	Provider	3.2%	The latest position shows 7.33% of staff in senior leadership roles are disabled across ELFT.
	S134a	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME (WRES)	Provider	1	Throughout 2023 the relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants is 1.4
	S135a	Relative likelihood of non-disabled applicants being appointed from shortlisting across all posts compared to disabled applicants (WDES)	Provider	1	Throughout 2023 the relative likelihood of non-disabled applicants being appointed from shortlisting across all posts compared to disabled applicants is 0.98
	S072a	Proportion of staff who agree that they organisation acts fairly with regard to career progression, regardless of ethnic background, gender, religion, sexual orientation	Provider		At the end of 2023, this metric was at 56.2% across ELFT

Appendix 1: Regulatory Compliance – System Oversight Framework (SOF)

Quality of care, access and outcomes	S086a	Inappropriate adult acute mental health placement out of area placement bed days	Provider	0	The latest position shows, the Trust had a total of 6,300 total out of area placement bed days, against a target of 0
	S125a	Adult Acute LoS over 60 days, % of total discharges	Provider		The latest position shows, this metric was at 28% across ELFT
	S125b	Older Adult Acute LoS over 60 days, % of total discharges	Provider		The latest position shows, this metric was at 29% across ELFT
	S000d	UEC Tier	ICB		Across NEL, the UEC Tier is 2 (Regionally led support) and across BLMK the UEC Tier is 3 (Universal support offer)
	S029a	Adult inpatients with a learning disability and/or autism per million adult population	ICB	30 per 1,000,000	The latest position shows across NEL this metric is at 33 per 1,000,000 and across BLMK this is at 45 per 1,000,000, against a target of 30 per 1,000,000
	S030a	Proportion of people aged 14 and over with a learning disability on the GP register receiving an annual health check	ICB	100%	The latest position shows, in NEL 84.7% of people aged over 14 with a learning disability have received an annual health check. In BLMK this is at 66.4% against a target of 100%
	S037a	Percentage of service users describing their overall experience of making a GP appointment as good	ICB		At the end of 2023, across NEL, this metric was at 49% and in BLMK at 42.4%
	S040a	Methicillin-resistant Staphylococcus aureus (MRSA) bacteramia infection rate	ICB	0	As of March 2024, in NEL this metric is at 15 and across BLMK this is at 2
	S041a	Clostridium difficile infection rate	ICB	1	The latest position shows, in NEL this metric is at 1.31 and across BLMK this is at 1.78
	S042a	E.coli bloodstream infection rate	ICB	1	The latest position shows, in NEL this metric is at 1.40 and across BLMK this is at 1.63
	S044b	Antimicrobial resistance: appropriate prescribing of antibiotics and broad-spectrum antibiotics in primary care	ICB	10%	The latest position shows, across NEL this metric is currently at 8.53% and in BLMK at 8.25%
	S075a	Direct patient care staff in GP practices and PCNs per 10,000 weighted patients	ICB		The latest position shows, across NEL this metric is currently at 7.36 per 10,000 and in BLMK at 8.38 per 10,000
	S081a	Access rate for IAPT services	ICB	100%	The latest position shows, across NEL this metric is currently at 72% and 84% against a target of 100%

Appendix 1: Regulatory Compliance – System Oversight Framework (SOF)

Oversight Theme	Indicator code	Measure Name (metric)	Oversight Level	Target	Current performance and progress
Quality of care, access and outcomes	S084a	Children and young people (ages 0 – 17) mental health services access (number with 1+ contacts)	ICB	100%	The latest position shows, across NEL 78% of CYP have received 1 or more contacts and in BLMK this is at 76%
	S110a	Access rates to community mental health services for adult and older adults with severe mental illness	ICB	100%	Access rates are at 119% across NEL in March 2024 and 93% in BLMK
	S127a	A&E – percentage of patients managed within 4 hours	ICB	95%	Across NEL, 76.2% of patients are seen within 4 hours and 75.9% in BLMK
	S128a	Virtual ward – percentage of regular appointments within 14 days	ICB		The latest position shows, this metric is currently at 72.2% across NEL and 68.9%
	S129a	GP Appointments – percentage of regular appointments within 14 days	ICB		The latest position shows, this metric is currently at 92.3% and in BLMK this is at 85%
	S130a	Dementia Diagnosis rate	ICB		The dementia diagnosis rate across NEL is 60.6% and across BLMK this is at 68.1%
	S131a	Women accessing specialist community perinatal mental health services	ICB		The latest position shows across NEL, this metric is at 77.1% and across BLMK this is at 97%
Preventing inequalities	S046a	Population vaccination coverage: MMR for two doses (5-year-olds)	ICB	95%	The latest position shows, this metric is at 70.9% and across BLMK this is at 86.2%
	S047a	Proportion of people over the age of 65 receiving a seasonal flu vaccination	ICB	85%	The latest position shows, this metric is at 64.9% and across BLMK this is at 77.1%
	S053b	% of hypertension patients who are treated to target as per NICE guidance	ICB	45%	At the end of 2023, across NEL this metric is at 69.1% and across BLMK this is at 61.5%
	S050a	Cervical screening coverage - % females aged 25 – 64 attending screening within the target period	ICB	75%	At the end of 2023, across NEL, this metric is at 64% and across BLMK this is at 67.6%
	S053c	% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins	ICB	45%	At the end of 2023, across NEL this metric is at 69.1% and across BLMK this is at 61.5%

Appendix 2 : Operational Definitions

Safe	
Service users followed-up within 72 hours of discharge	Percentage of discharges from an Adult Acute Mental Health Bed followed-up by a community mental team within 72 hours.
Physical violence incidents per 1,000 occupied bed days	Number of violent incidents reported per 1,000 occupied bed days excluding leave. Occupied bed days from all settings.
Restraints reported per 1,000 occupied bed days	Number of restraints reported as incidents per 1,000 occupied bed days excluding leave. Occupied bed days from all settings.
Safety incidents resulting in physical Harm	Percentage of incidents resulting in any physical harm including fatalities from all safety incidents.
Number of non – inherited pressure ulcers	Number of Category 2,3 & 4, SDTI and Unstageable pressure ulcers not-inherited outside the trust.
Effective	
Adult Mental Health Change in Paired Dialog Scores	The proportion of paired dialog scores showing an improvement of >12.5%.
Talking Therapies - Percentage achieving reliable improvement	The proportion of people completing treatment who have shown significant improvement and recovered.
IPS - Percentage discharged in employment	The proportion of patients discharged from any IPS service who are in employment.
Peri Natal Paired Core10 outcomes scores showing improvement	Proportion of paired scores showing a movement from higher risk category to a lower risk category.
Patient Centred	
Percentage of service users having a very good or good experience	Proportion of service users responding 'Very Good' or 'Good' to the question 'Overall, how was your experience of our service?'
Service Users involved in discussions about their care	Percentage of service users in agreement to the statement 'I felt listened to and understood by the people involved in my care and treatment.'
Complaints	Number of formal complaints received
Service users who died in their preferred place of death	Percentage of service users on the end of life pathway who died in their preferred place of death

Timely	
Referred to ELFT and not seen within 52 weeks by any service	The number of newly referred service users at the start of each month who have not been seen by any ELFT service or been an inpatient within 52 weeks
Rapid Response seen within 2 hour	Proportion of people responded to within 2 hours who are experiencing a health or social care crisis and are at risk of hospital admission.
Waiting time for treatment (days) for Children and Young people	Number of days from referral to first contact.
Early intervention treatment started within 2 weeks	Proportion of people experiencing their first episode of psychosis offered a NICE recommended package of care within two weeks of referral
Perinatal Access Rate	Number of service users with at least one face to face or video contact in the last 12 months.
CAMHS Access Rate	Number of service users with at least one contact in the last 12 months.
Efficient	
Private Inpatient Placements	Number of patients placed in private beds at the start of the month. Excludes step down care and other NHS providers.
Clinically Ready for Discharge	Number of patients ready for discharge without a clear plan for ongoing care and support.
Bed Occupancy excluding leave	Percentage of beds occupied during the month from the total ward capacity, excluding home leave, private placements and step down care.
IPS Referrals	Number of referrals to the IPS team
Equitable	
Referrals by ethnicity, per 1000 population	Referrals to East London per 1,000 population using 2021 Census
Average wait for assessment by ethnic group.	Average wait by service user ethnicity
Number of Adult restrictive practices per 1000 occupied bed days by ethnic group	Number of restrictive practice incidents per 1,000 occupied bed days excluding leave
Appointments not attended, by deprivation quintile	Missed appointments where in insufficient notice was given by the deprivation of the service user post code.
Change in Paired Dialog Scores by Gender	Difference between the paired dialog scores by gender

REPORT TO THE TRUST BOARD IN PUBLIC
19 September 2024

Title	Appointments & Remuneration Committee (RemCo) 24 July 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 24 July 2024.

Key messages

Chief Nurse Recruitment

- A report detailed the Chief Nurse recruitment process which took place during June and July 2024 and which followed the process as agreed by the committee, as set out in its terms of reference.
- Following a rigorous recruitment process, Claire McKenna was duly appointed as the substantive Chief Nurse of ELFT from 25 July 2024.

Compass Wellbeing CIC Recruitment

- Richard Fradgley, Executive Director of Integrated Care & Deputy CEO is now the exec lead for Compass.
- A recruitment process is under way for the Chair of Compass with stakeholder panel and interviews taking place on 30 and 31 July 2024 respectively
- Under Compass' Articles of Association, the appointment of the Chair and CEO at Compass is undertaken by the Chair and CEO of ELFT.

Strategic priorities this paper supports

Improved experience of care	☒	The Chief Nurse has the overall responsibility for quality assurance and patient experience within the Trust. Together with other executive directors also has the shared responsibility and leadership for setting the strategic director of the Trust. The Chief Nurse will do this through open, supportive and compassionate leadership, continued focus on quality improvement and clinical leadership, putting service users at the heart of service delivery, and partnership working, as well as by ensuring equity of access, experience and outcomes
Improved staff experience	☒	
Improved value	☒	
Improved population health outcome	☒	

Implications

Equality Analysis	The Trust has a duty to promote equality
Risk and Assurance	The recruitment process reflects legal/regulatory requirements and compliance with the Trust's terms of authorisation, and good practice
Service User/Carer/Staff	A wide range of both internal and external stakeholders will be involved in the recruitment processes
Financial	Already accounted for in budget
Quality	

REPORT TO THE TRUST BOARD IN PUBLIC
26 September 2024

Title	People & Culture (P&CC) 4 September 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 4 September 2024.

Key messages

Emerging Issues and Challenges
- The continuing work to support staff and teams following the recent period of racial unrest, and the workshops planned during September and October in respect of antisemitism, Islamophobia and xenophobia.
- Ongoing potential for further junior doctor strikes; the limited impact of GPs' collective action to date. Plans in place to step up incident response as appropriate.
- The workstream on temporary workforce is now reporting into the Going Further, Going Together Board.
- Anticipated impacts on people related issues from the government's NHS 10-year plan and publication of the Darzi report.

WRES/WDES Action Plans
- The actions underway in respect of improving the experience of disabled colleagues include work to improve accessible learning and development opportunities, reviewing the staff wellbeing offer and improving and expediating the process for providing reasonable adjustments.
- The committee sought further assurance that provision of workplace adjustments is considered a priority within services and requested the scheduling of a deep dive to understand the ongoing complexities and challenges to the process.
- Areas for improvement in the WRES plan include reducing the likelihood of BME staff entering formal disciplinary processes, improving career progression in non-clinical roles and a focus on bullying and harassment from patients and relatives; completed actions were noted, including the race awareness sessions, the launch of a QI project on career progression and the embedding of zero tolerance language.
- Ongoing priorities include work on unconscious bias and promoting the reporting and recording of racialised incidents.
- The committee requested further work to understand the causes, to evidence the alignment of actions to the metrics and clarify the aims and expectations of change.

Deep Dive: ELFT Women's Network
- The committee received the first of a schedule of regular presentations from the staff networks, to understand their priorities, achievements and future plans.
- The network highlighted the various pathways used to fully engage with women and male allies Trust-wide in their aim to inspire, educate and support ELFT women; amongst their many activities over the past year there has been the creation of safe spaces for unplanned and open conversations, intersectional work with other network leads, events around menopause, international women's day, gynaecological and breast cancer, and participation in global action against violence towards women and girls.

- A future aim is to increase the level of engagement and information sharing, and to continue support for the groups most affected by pay parity issues.
- The assistance that staff networks provide in informing programmes of work in the organisation was acknowledged and the committee requested future presentations include an update on the maturity index in respect their current position and the support they require to progress further.
- It was noted that one of the most effective ways in which senior leaders can show support and further the network agendas would be to join the network.

Cross Cutting Theme: Bullying and Harassment (Respect & Dignity at Work)
- An overview of the dignity at work cases raised by staff since January 2022 highlighted all cases were related to one or more forms of discrimination, with 50% proceeding to a formal investigation stage and a small number to an employment tribunal.
- Following feedback from staff who had been through one of the complaint procedures, the use of people liaison officers has increased to ensure individuals are provided with more detailed information on the process and kept regularly up to date with progress; work to reduce the duration of cases is also under way, acknowledging the negative health impacts of delays to an already challenging time.
- There is also increased support and tools for alternative informal options including a respectful resolution pathway, with e-learning modules on ELA and support for managers from the people relations team and business partners; there are future plans for a triage panel to review cases before they proceed to a formal investigation.
- The committee sought assurance that cases handled through the respectful resolution pathway are being actively monitored including any previously informally resolved cases that may resurface at a later date.
- Shared learning around best practice is underway with system partners including NELFT.

Board Assurance Framework: Staff Experience/People Risk
Risk 5 *If matters related to staff experience, such as the recruitment and retention of individuals with the appropriate skills, are not effectively planned for and resolved, it will negatively affect staff retention, motivation, engagement and satisfaction.*
- The launch of Trialog into the Learning Management System was noted with a dashboard expected to be available shortly.
- Results from the latest Race in the Workplace survey highlighted areas of slight deterioration and these will be included for increased focus in the overarching EDI plan.
- The committee requested that staff groups be engaged to ensure that the factors negatively impacting their day-to-day work have been appropriately captured in the BAF.
- The committee agreed the recommendation to retain the risk score at '16 Significant'.

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.

Chair: Eileen Taylor   Chief Executive: Lorraine Sunduza, OBE

REPORT TO THE TRUST BOARD
26 SEPTEMBER 2024

Title	People Paper
Author	Associate Directors of People and Culture and Deputy Director of People & Culture
Accountable Executive Director	Tanya Carter, Chief People Officer

Executive Summary

The purpose of the report is to provide a strategic oversight of the workforce related issues across the Trust. The report provides Trust level metrics and outlines a narrative in response to the metrics 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)
- Freedom to speak up cases.

Where are we making progress?

This report highlights that the Trust is still progressing well in terms of the time to hire, in that it is 38.7 days against a KPI of 43 days. This is despite all adverts being restricted for two weeks for staff that are potentially at risk of redundancy, as a result of all of the organisational changes.

All clinical off framework agency workers have been resolved and there are no clinical off framework agency workers. We are working to remove all non-clinical/admin agency by 31 September 2024.

We are currently trialling a new leaver questionnaire process called the 'Last Opinion Survey'. Since this trial commenced around April 2024, there have been 101 responses out of 359 resignations (a completion rate of 28%). 20% of the staff that left believed that ELFT was going to be a great place to spend the rest of their career. 26% said they were most attracted to ELFT because of opportunities for learning/development.

Phase 2 of the supervision project, Trialog, launched on 30 August 2024. The Appraisal window closed on 15 September 2024 and the completion data will be reported at the next Board meeting.

Statutory and mandatory training compliance has had a slight decrease from 88.80% in the last report to 88.37% 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.

The Going Further, Going Together: People and Establishment workstream is progressing and a number of actions have been undertaken to improve the utilisation of staff on inpatient wards. There have also been system improvements to improve the visibility of the shifts booked. The report shows an increase from 6909 shifts in April 2023 to 8310 in March 2024. In addition, there has been a significant decrease in bank and agency costs in July and August 2024 from £1,142.08 in

April 2024 to £572,658 in August 2024 as a result of the improvements made within Health Roster practices.

There are currently 5 organisational change processes in progress, with 45 staff members affected by the change, none of which are at risk of redundancy. At the August JSC and extraordinary JSC session, nine consultation papers were agreed. These changes will affect 55 staff members with a potential of 26.79 FTE being at risk. The redeployment process has been revised so that all vacancies are made available to redeployees for two weeks before it is advertised more broadly.

The updated Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) submissions were made demonstrating improvement across most of the indicators. WRES and WDES action plans are being published imminently and these both link to the Trust high impact equality actions. Following on from the Trustwide sessions on the national racist riots, we are also arranging sessions on Antisemitism and xenophobia which are being finalised for October and November 2024. The Trust anti-racism statement will be presented to a future Board development session.

Reforms for resident doctors (formally junior doctors) pay and measures aimed at improving the experiences of resident doctors have been negotiated and agreed with the British Medical Association (BMA). The government has accepted the recommendations of the independent Pay Review Bodies, with all pay awards backdated to 1 April 2024. The resid doctor pay award has also been accepted and the trust await guidance for the implementation of the new junior doctor rates.

What are the challenges?

Recruitment in some areas is a challenge. The highest vacancy rates are in Bedfordshire and
Forensics. The Trust has rolled out Strategic Recruitment events Trust-wide and is utilising non-standardised approaches. The Nursing Vacancy Improvement programme has been rolled out which is focusing on the nursing hotspots. Nursing vacancies remain lower than the
Trust average at 8.83 with 194.72 WTE.

The volume of employee relations cases remains a concern with 162 live Employee Relation (ER) cases against 142 in August 2023. In addition, we are managing 12 Employment Tribunal (ET) cases, two cases are with the Advisory Conciliation and Arbitration Services (ACAS). There are 156 long-term sickness cases, and 443 short-term sickness. To address this, managers are being trained to undertake investigations; however, they are struggling to balance the pressures of running services with managing investigations or to release staff to undertake investigations, so investigation is taking an inordinate time. Many cases are complex because they are also linked with either sickness absence, and/or a grievance or dignity at work process. A number of cases are also linked to criminal investigations. The case work volume is impacted by the fact that there currently five organisational
change processes.

It is also anticipated that the number is likely to increase because of the levels of organisational changes linked to financial viability, and because of the imminent government changes to 'day 1' rights as opposed to acquiring employment rights after two years unless it is a complaint of discrimination.

The biggest increase in cases continues within Dignity at Work with new cases starting with the Respectful Resolution Pathway prior to commencing the formal stages. A deep dive into Respect and Dignity at work was presented to the People & Culture Committee.

In terms of the update of the FTSUG (Freedom to Speak up guardian) activity, 23 Freedom to Speak Up (FTSU) cases were raised in June 2024. 13 cases relate to 'Worker Safety and/or Worker Wellbeing'.

Sickness Absence remains above the Trust target of 3.50% and currently stands at 4.79%. The People Relations team review all long-standing sickness absence cases on a monthly basis to ensure that there is a plan in place to support the conclusion of these cases. A new Employee Assistance Programme (EAP) is in place to support staff, and we continue to undertake number of referrals to occupational health (OH) each month. The trust continues to work with the OH provider to reduce the number of missed OH appointments.

General Practitioners (GPs) have escalated their actions in response to ongoing disputes over pay, working conditions, and resource allocation within the NHS.

The Chief People Officers from ELFT and NELFT are part of a London region HCAS working group. Five options have been drafted for London and will be presented to the London People Board in September 2024.

NHS England is enhancing Statutory and Mandatory training to improve staff experience and healthcare quality. The initiative aims to simplify, standardise, and digitalise training processes, build a more competent workforce, and facilitate easier movement of staff between NHS employers in support of the Long-Term Workforce Plan and the transformation of NHS Human Resource (HR) and Organisational Development (OD) services.

Staffside have raised the issue about flexible working, and this is a focus for the Joint Staffside Committee (JSC) in November 2024. Trust-wide comms have been sent to promote the Work-Life Balance Policy and to encourage flexible working. Flexible working is also one of the key vehicles the NHS Long Term Workforce Plan (LTWFP) to aid retention and is also a key tool in the NHS People Promise. The Trust's 2023 National Staff Survey most declined are:

- The number of staff who don't work any additional paid hours per week for this organisation, over and above contracted hours. (q10b.)
- The number of staff who Last experience of physical violence reported (q13d).
- Satisfied with level of pay (q4c).
- Not seen any errors/near misses/incidents that could have hurt staff/patients/service users (q18).
- Never/rarely feel burnt out because of work (q12b).
- I can eat nutritious and affordable food at work (q22).

In the context of the cost of living as we approach Winter; the Trust anticipates that there may be an impact on staff. The Trust have offered staff the opportunity to take their backdated Agenda for Change (AfC) pay award increase in instalments. The Trust will also continue to pay revised mileage rates until 31 March 2025 as previously agreed. The national milage rates have now been amended and there is a reduced need to continue the amended Trust rates. Given the ongoing pressure the Trust may need to make some unpalatable decisions in terms of how it supports staff.

As a number of people metrics are either stable and/or are progressing in the right direction, the Board Assurance Framework risk for BAF risk 5: If matters related to staff experience, such as the recruitment and retention of individuals with the appropriate skills are not effectively planned for and resolved, it will negatively affect staff retention, motivation, engagement and satisfaction remains at 16 Significant and no changes were proposed.

In summary, our staff are under pressure operationally due to workload and as a result of the acuity of patients, this is also exacerbated by the financial challenges and the level of organisational changes that are occurring. This is compounded by the leadership challenge, in that some

managers are not yet equipped to address the challenges that are arising. This is also indicative in terms of the increase formal employee relations activity which suggests that some managers are unable to address matters at the informal stages.

The Trust continue to offer support and development to managers as well as to embed the new leadership and culture behaviours through the increased use of OD and team away days etc; however, these practices will also take time to embed and to demonstrate the impact.

Committees/meetings where this item has been considered

Date	Committee/Meeting
August 2024	Aspects of the paper were discussed at the August Service Delivery Board.

Strategic priorities this paper supports

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

Implications

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 July 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.

1.0   Recruitment Update

1.1   Time to hire is sustained at 38.7 days; this is below Trust key performance indicator (KPI) of 43 days. Overall, the Trust vacancy rate is 10.4% with 839.31 Whole Time Equivalent (WTE) vacancies and has peaked for the first time since October 2023, since when it has been below the ceiling target of 10%.

1.2   Forensics has the highest vacancy rate at 19.2% with 135.24 WTE and Bedford has the highest vacancies at 150.38 WTE and vacancy percentage of 15.4%. Tower Hamlets has the next highest number of vacancies at 107.43 WTE followed by Newham at 92 WTE.

1.3   The Trust has rolled out Strategic Recruitment events Trust-wide and is utilising non-standardised approaches whilst engaging hiring managers from those units with success in high vacancy areas enabling us to fill those gaps. The Nursing Vacancy Improvement programme has been rolled out which is scrutinizing the nursing hotspots. Nursing vacancies remain lower than the Trust average at 8.83 with 194.72 WTE.

1.4   Medical vacancies are at 16.31%. Strategic recruitment efforts are being made to recruit more medical staff substantively to reduce this and decrease agency spending. A Medical Quality Improvement (QI) project in Luton & Bedfordshire targeting hot spots helped achieve the improvement targets set within the project, utilising initiatives such as working with headhunters, successfully gaining the General Medical Council (GMC) sponsorship status from GMC this year to tackle these gaps.

1.5   The number of advertisements continues to be reduced via targeted and collective recruitment campaigns. All vacancies are currently held for a period of two weeks for redeployment prior to advertising. This may have an impact on Time to Hire and increase in vacancy percentage.

Adverts WTE by Month - I chart Jul 24

Offers WTE by month - I chart Jul 24

Starters WTE by month- I chart Jul 24

Average number of working days each month to hire - I Chart Jul 24
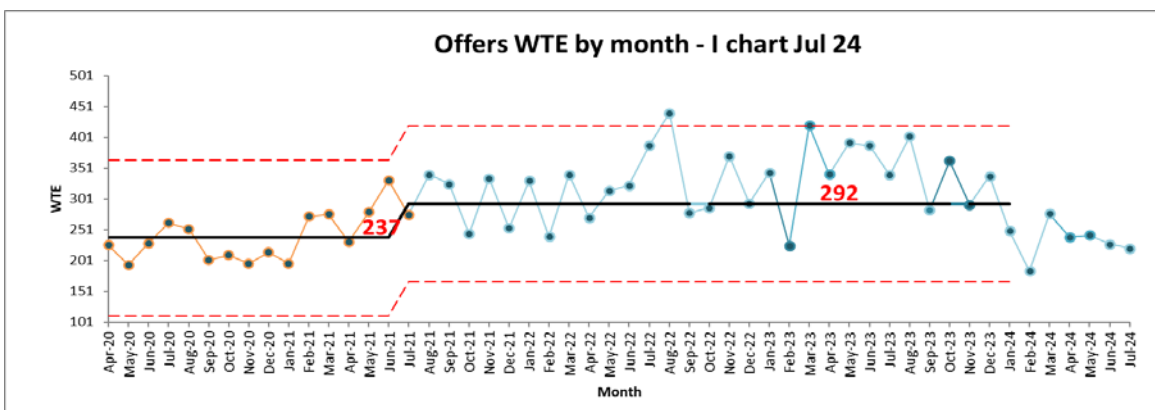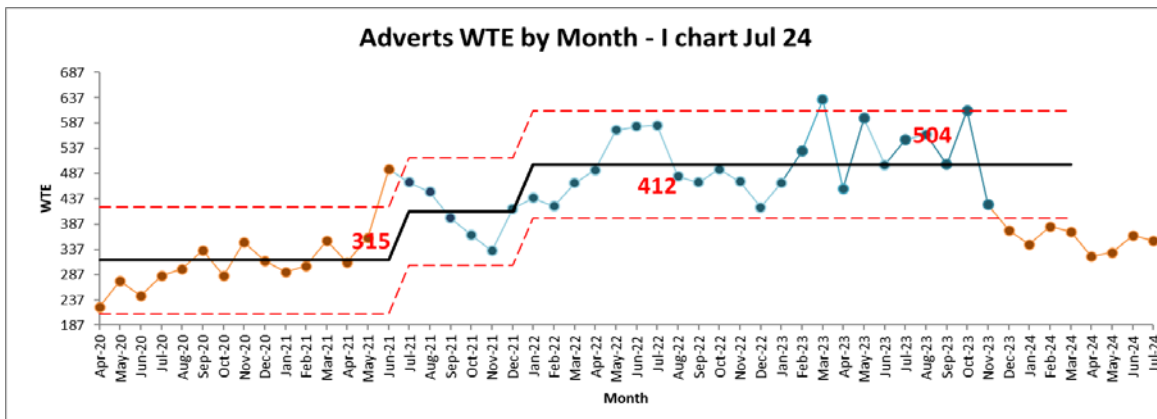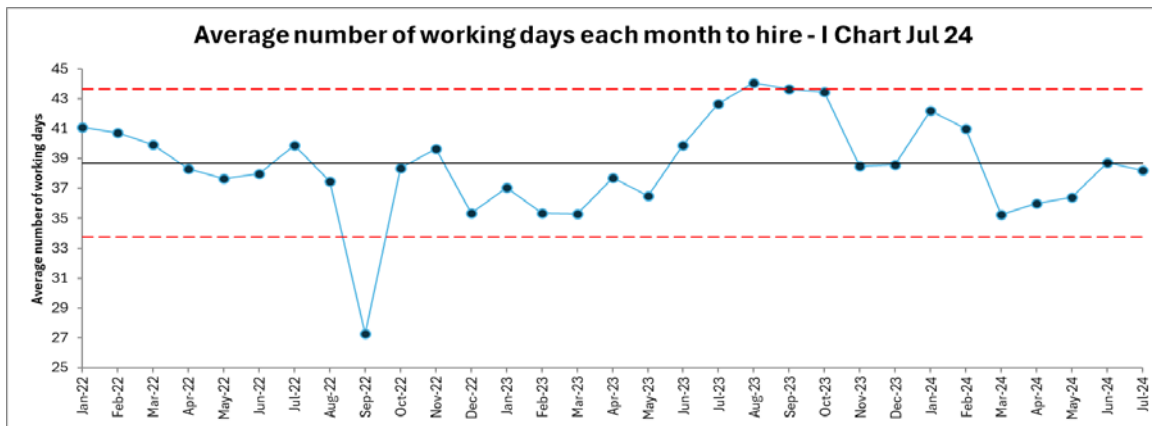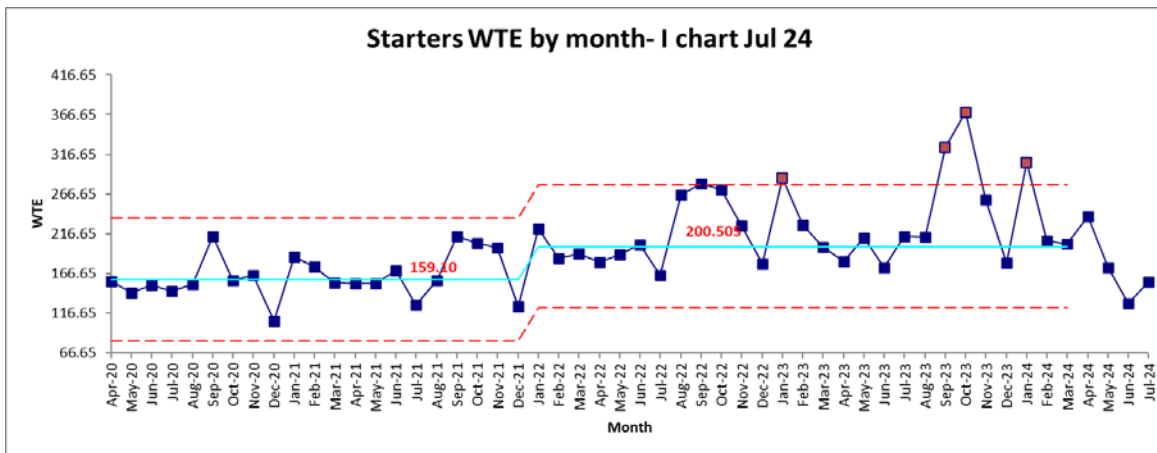
International recruitment (IR) Update

Vacancy trend Trustwide Vacancy Percentage July 24
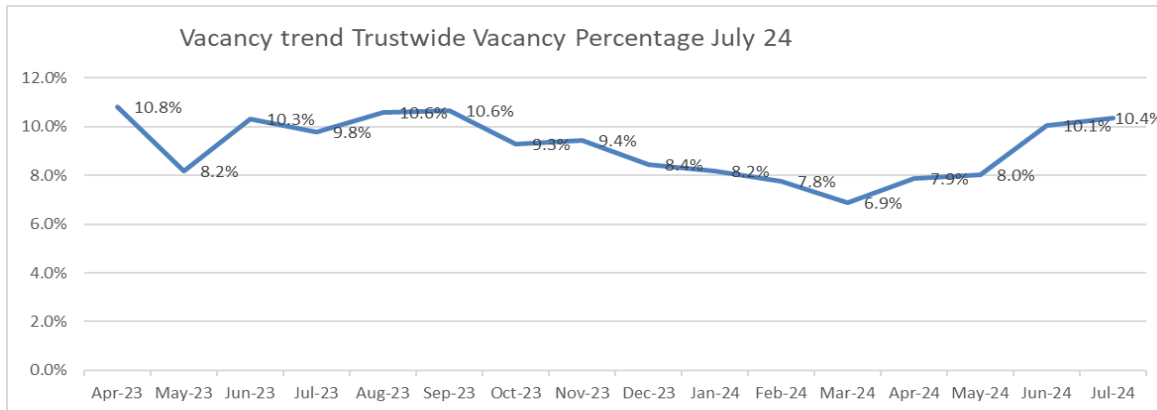
1.6 International recruitment continues as an active workstream helping fill some of our core workforce gaps. The activity indicates that we are recruiting consistently across all staffing groups and more nurses from overseas compared to previous years. We recruit from all over the world with more staff joining us from India and Nigeria. We are saving on introductory agency or headhunter fees and are largely recruiting via direct recruitment, which is our preferred method of recruiting from overseas tapping into direct applications from interested candidates. The Trust have also partnered with voluntary organisations in Sri Lanka as our ethical partner to strengthen our pipeline of supply for nurses and other staffing groups whilst ensuring ethical recruitment practices.

Internationally Recruited Staff Direct / Indirect recruitment Aug 24

Professional Groups recruited started in role wef 2018 August 24 update

Internationally recruited staff by Country Trend August 24
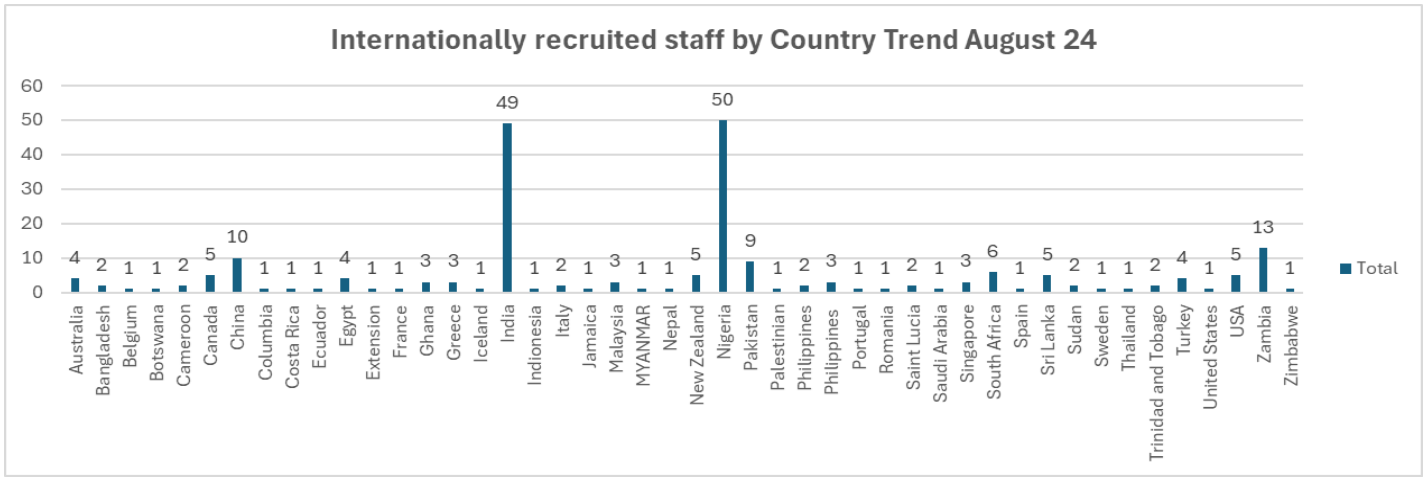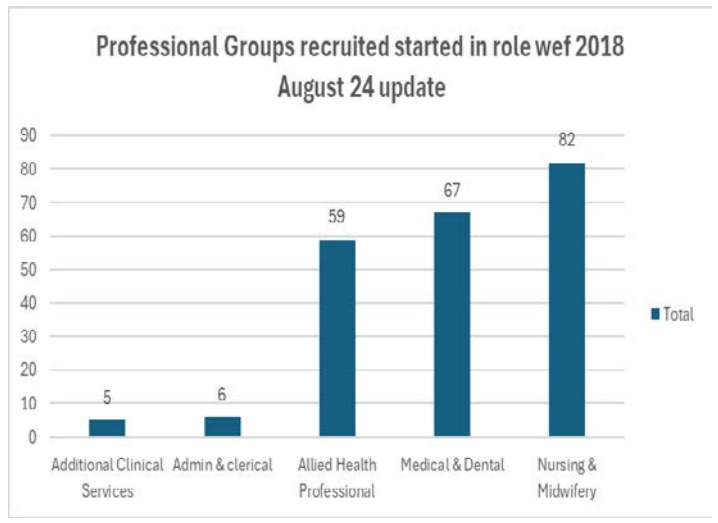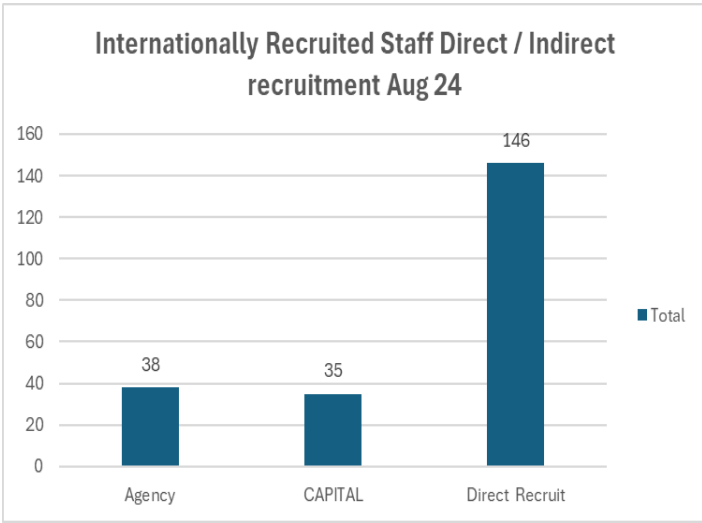
2.0 Agency Workers

2.1 All off-framework agencies have been removed as per the NHS England rules. In addition, all non-clinical/admin agency workers assignments need to end by the end of September 2024. We are working with services to secure alternative workers or to transfer to the Trust bank.

2.2 These graphs show that although there is still significant agency spend, we are seeing some improvements given the interventions that have been put in place. It was agreed at the September Going Further, Going Together (GFGT) meeting that further detail will be presented to illustrate where there have been specific recruitment efforts to substantively recruit to the roles that are constantly covered by agency workers.

Medical DE Agency Spend Mar-Jul 24

AHP DE Agency Spend Mar-Jul 24
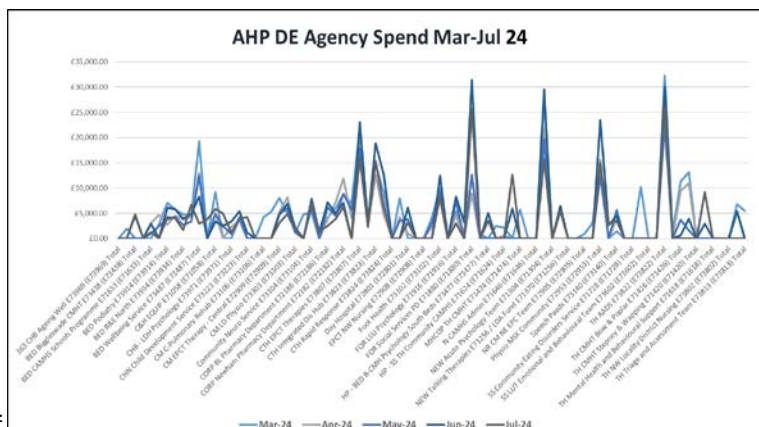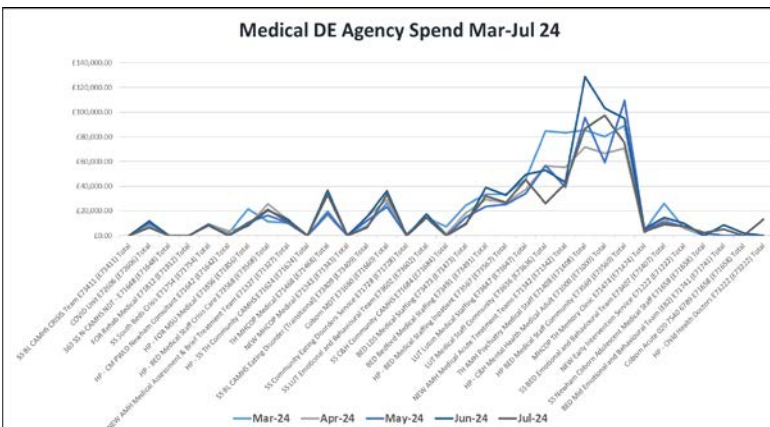
Bank fill % by Staff Group Jul 24

1186, 8%
3192, 21%
3720, 24%
7336, 47%

- Admin & Estates
- Healthcare Assistants & Other Support
- Nursing, Midwifery & Health Visiting
- Scientific, Therapeutic & Technical
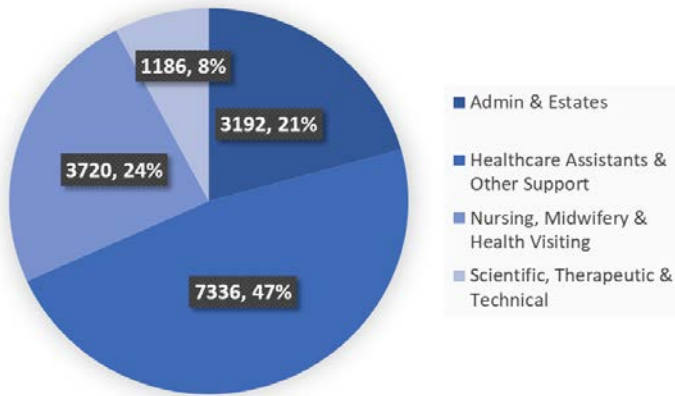
Bank number of Shifts Jul 24

Staff Group	Filled	Total Requested
Admin & Estates	3108	3192
Healthcare Assistants & Other Support	7300	7336
Nursing, Midwifery & Health Visiting	3693	3720
Scientific, Therapeutic & Technical	1174	1186
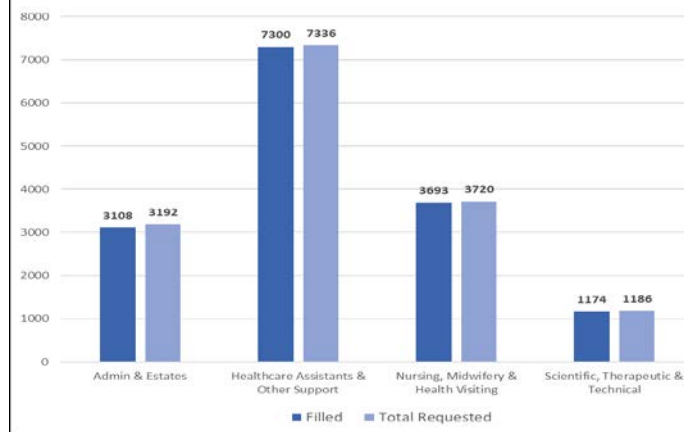
AHP, Medical & Admin DE Agency Spend July 24

		Summary			
	Engagement Type	Total Cost	Gross Savings	Gross Lost Opportunity	Net StaffDirect Cost
Total	Direct Engagement	£1,105,199.52	£211,305.07	£0.00	£21,649.80
	Grand Total	£1,105,199.52	£211,305.07	£0.00	£21,649.80

	Gross Savings	Net StaffDirect Fee	Net Savings
Savings	£211,305.07	£21,649.80	£189,655.27

	Gross Lost Opportunity	Net StaffDirect Fee	Net Lost Opportunity
Lost Opportunity			

	Savings Per £ Spent	% of Total Spend
StaffDirect Fees	£9.76	1.96%

2.3 The Trust headcount has increased in the last year by 3.15% to 7888 for substantive staff. The bank workforce has increased by 21% to 2774. Honorary staff have decreased by 5.57% to 1832. On average, we have 109 leavers per month and 159 new starters. Turnover by headcount is currently 17.18% which is a decrease of 0.14% from last month.

2.4 It should also be noted that the establishment growth from 2019-2024 has been reviewed. In the last 12 months there have been 12 transfers into the Trust under the Transfer of Undertaking Protection of Employment (TUPE) regulations, transferring 123 staff members, this includes the transfer of four new GP practices. There have been 4 transfers under TUPE affecting 3 staff members.

2.5 In terms of general recruitment, the Trust Vacancy Control Panel will be effective week commencing 23 September 2024 and there will be more scrutiny over recruitment to posts. This is one of the key actions in the grip and control measures as part of the GFGT workstreams.

Headcount

	2019	2020	2021	2022	2023	2024
● Headcount	5,838	6,274	6,571	7,032	7,647	7,888
● Bank	1,316	1,716	1,469	2,056	2,297	2,774
● Honorary	1,117	1,361	1,564	1,928	1,940	1,832

Starters, Leavers and Turnover

	2023 / 08	2023 / 09	2023 / 10	2023 / 11	2023 / 12	2024 / 01	2024 / 02	2024 / 03	2024 / 04	2024 / 05	2024 / 06	2024 / 07
Leavers Headcount	151	147	129	90	97	113	92	114	89	99	88	103
Starters Headcount	175	222	269	148	124	217	163	145	167	97	90	89
Turnover Rate (12m)	19.76%	19.36%	19.32%	19.18%	18.49%	17.68%	17.51%	17.54%	17.29%	17.47%	17.32%	17.18%

3.0   Retention

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

Leavers Vs Headcount

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Leavers	142	154	91	105	98	82	93	109	150	147	129	89	95	113	92	114	89	96	71	89
Headcount	7028	7100	7167	7202	7208	7251	7308	7335	7353	7418	7564	7614	7655	7765	7822	7881	7939	7933	7916	7883
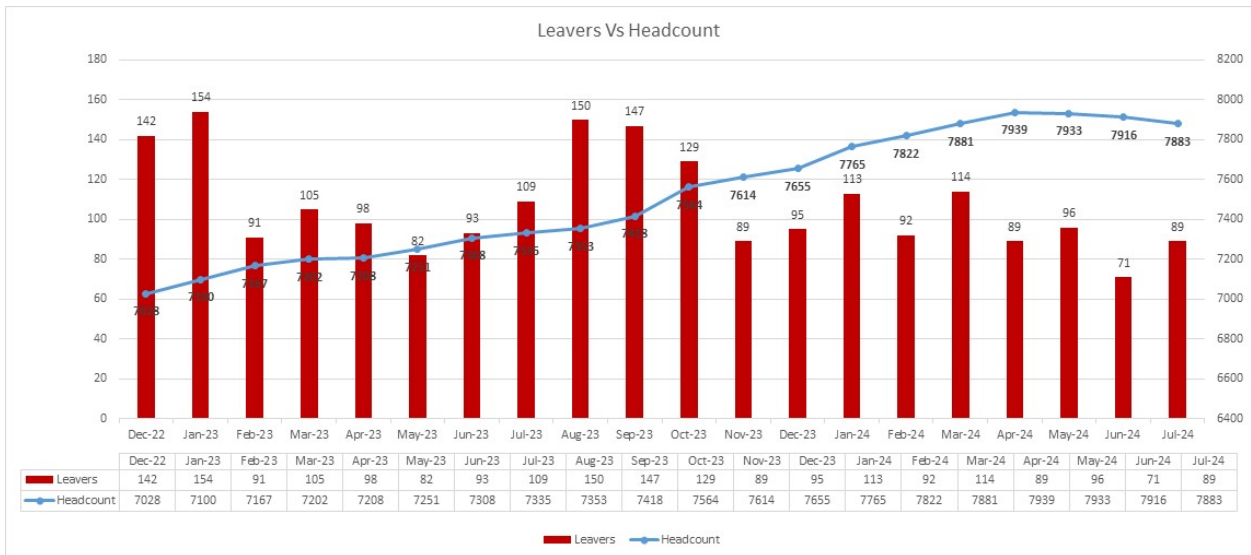
3.2   The Trust is currently trialling a new leaver questionnaire process called the 'Last Opinion Survey'. Since this trial commenced around April 2024, there have been 101 responses out of 359 resignations (a completion rate of 28%). Of the 82 exit questionnaires received, 57% of these leavers were 'happy leavers' whilst 43% were considered to be 'unhappy leavers'. The top four reasons for leaving are Career progression (23%), Wellbeing (22%), Personal Growth (18%) and Loyalty and Trust (17%).

3.3   80% of respondents indicated that they would return to work for the Trust. 74% would still recommend ELFT as a place to work. 43% of the leavers had less than two years' service, 20% had 2-5 years' service, 20% had 5-10 years' service and 18% 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 GFGT workstream.

3.4   20% of the staff that left believed that ELFT was going to be a great place to spend the rest of their career. 26% said they were most attracted to ELFT because of opportunities for learning/development. 30% of respondents did not know how long they intended to stay at ELFT. 27% intended to stay 10 years plus. 27% 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 workforce transformation group.

4.0   Statutory and Mandatory Training

Compliance by Directorate 12th August 2024

Bedford	Bedfordshire CHS	City & Hackney	Community Services ...	Corporate	Forensic Services	Luton	Newham CHS	Newham	Primary Care	Specialist CHS	Specialist Services	Tower Hamlets	Total
86.59%	92.19%	83.55%	90.25%	87.85%	92.60%	89.32%	90.62%	87.98%	86.73%	90.46%	87.13%	88.65%	88.37%
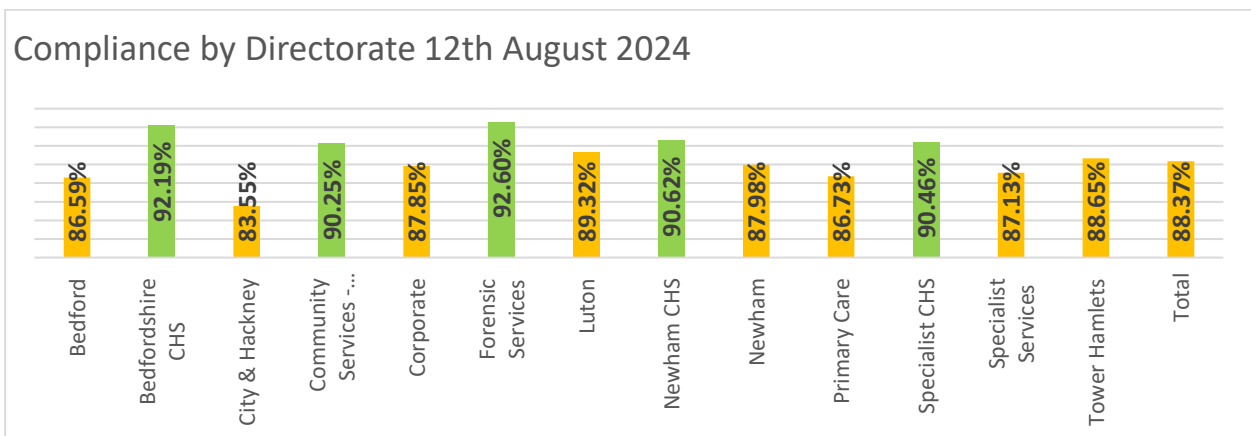
4.1   Statutory and mandatory training compliance has had a slight decrease from 88.80% in the last report to 88.37% against our target of 90%. We continue to work with risk areas to encourage training completion.

4.2   City and Hackney have the lowest compliance within the Trust. We continue to work with our subject matter experts to review audiences to ensure accuracy. In order to continue the progress:

- Monthly meetings are held with the Deputy Lead Nurse to discuss areas of concern related to compliance. These meetings focus on identifying specific risks and developing action plans to effectively mitigate them;

- Bi-monthly meetings are conducted with ward managers to assess and address compliance issues. The meetings help identify non-compliant staff and those with expiring training. A system is in place to facilitate timely booking of staff onto necessary training courses and scheduled on Healthroster;

- Additional training sessions are organised to fill compliance gaps. The compliance officer collaborates with the ward managers to ensure participation from non-compliant staff, with low uptake issues escalated to the training compliance manager for further action;

4.3   Tier two course development across NEL continues. Due to the delay, Tier one will be become mandatory for all clinical staff from 1 September 2024;

4.4   This measure will ensure that staff have awareness and understanding to provide safe and effective care to our service users with learning disabilities whilst we await Tier two in London. Due to the increase in the Tier one target audience, the course will remain exempt from overall compliance figures for a further 12 months.

5.0   National Review of Statutory and Mandatory Training

5.1   NHS England, in collaboration with key stakeholders, is enhancing Statutory and Mandatory training to improve staff experience and healthcare quality. The initiative aims to simplify, standardise, and digitalise training processes, build a more competent workforce, and facilitate easier movement of staff between NHS employers. This programme supports the Long-Term Workforce Plan and the transformation of NHS HR and OD services. The programme includes three parallel workstreams. The first, Optimise (June 2024 – November 2024), focuses on maximising the current training framework by standardising the delivery, timing, methods, and transferability of training for 11 core subjects. This workstream aims to reduce staff burden, eliminate unnecessary repetition, free up capacity for patient care, and cut costs on content production.

5.2   The second workstream, Rationalise (June 2024 – November 2024), reviews the governance, frequencies, and staff groups involved in training, establishing a robust governance framework. Trusts must report alignment issues by October 2024. NHS England will develop a new framework based on data from previous reviews and expert input.

5.3   The third workstream, Redesign (June 2024 – January 2025), aims to redefine statutory and mandatory training requirements, specifying legal minimums for nationally mandated subjects. A new training framework, set to replace the Core Skills Training Framework (CSTF), along with new content will be launched in January 2025 this will be endorsed by key regulatory bodies such as Care Quality Commission (CQC), Health Services Safety Investigations Body (HSSIB), Department of Health and Social Care (DHSC), NHS Resolution and other regulatory bodies.

6.0   Supervision

6.1   A new tool for managerial and professional/clinical supervision launched on the ELFT Learning Academy (ELA) in April 2024. This addresses one of the CQC 'must do' actions. As of 12 August 2024, 6790 supervision conversations have been recorded in the system. A PowerBI report has been created and it is expected to go live mid-September 2024 to allow services to manage their compliance. Phase two of the supervision tool, Trialog, has been developed and launched on 30 August 2024.

7.0   Appraisal

7.1   The appraisal window launched on 1 April 2024 and due to technical issues, the window was extended until 15 September 2024. All technical issues have now been resolved and appraisal window closed on 15 September 2024. The appraisal compliance for Agenda for Change staff 73.35% of eligible staff, compared to 79.19% in 2023. The lower completion rate is likely attributed to context of the launch of a new Trust-wide supervision system, technical issues with the appraisal system in June, and the extended deadline spanning August which sees higher levels of annual leave in the workforce.
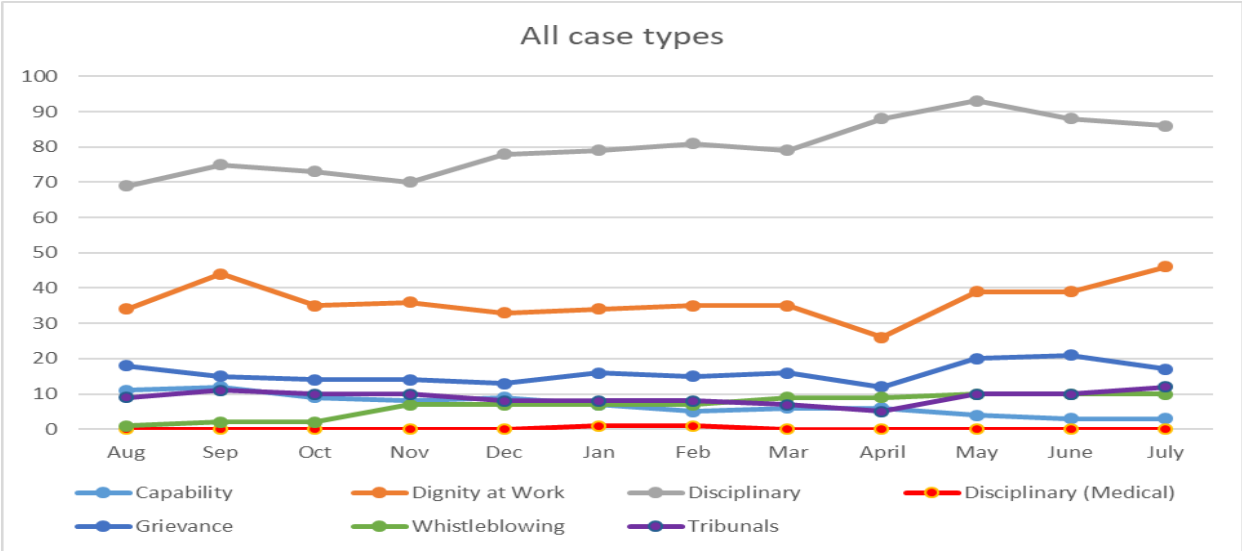
7.2   The level of ER cases remains high with 162 live ER cases against 142 in August 2023. In addition, we are managing 12 Employment Tribunal (ET) cases, two cases are with the Advisory Conciliation and Arbitration Services (ACAS). There are 156 long-term sickness cases, 443 short-term sickness cases and four cases currently on hold which are being managed by the People Relations team.

7.3   Despite training managers to undertake investigations, they are struggling to balance the pressures of running services with managing investigations or to release staff to undertake investigations, so investigation is taking an inordinate time. Many cases are complex because they are also linked with either sickness absence, and/or a grievance or dignity at work process. A number of cases are also linked to criminal investigations.

7.4   There is an increasing reliance on external investigators which is costly. The key themes for disciplinary cases are Fraud; Assault; Unauthorised Absence. The directorate with the most cases overall is City & Hackney. City & Hackney has the highest number of ER cases in the Trust; the directorate has 22 disciplinary cases, seven dignity at work cases, and one grievance.

7.5   A revised preliminary investigation process is being piloted in City & Hackney to ensure that investigations are appropriately commissioned. The sickness absence rate at in

City & Hackney is 5.77% (third highest in the Trust) with 3.59% for long term sickness absence and 2.19% for short term absence. There have been 165 OH referrals in City & Hackney as of July 2024. The directorate's statutory and mandatory training is at 83% which is the lowest in the Trust.

7.6 We are supporting Service Directors and operational managers to review all ER cases and have a strategy in place to review and conclude cases, where possible.

7.7 The People Relations team are currently preparing to provide further Investigating Officer training in the autumn, following the success of the training in January 2024 which will help to boost the number of internally trained Investigators. The current monthly manager training is also being reviewed to reflect the updated policies along with the template letters, and work is under way to develop some manager guides to complement the training and policies.

7.8 The biggest increase in cases continues within Dignity at Work, with new cases starting with the Respectful Resolution Pathway prior to commencing the formal stages. A deep dive into Respect and Dignity at work was presented to the People & Culture Committee:

- In the last two years (January 2022 to present), 151 Dignity at Work cases have been raised by staff, of which 45 cases are currently open, undergoing investigation or proceeding to a formal stage;

- 28% of cases were resolved informally. 17 mediation sessions took place;

- 81 cases proceeded to formal investigation of which 18% of complaints were not upheld. 43% of cases were partially or fully upheld and 27% of the partially/fully upheld cases proceeded to a formal process.

- 10% of cases were withdrawn by the employee and 6% of cases were managed under a different process.

- Four of the Dignity at Work cases progressed on to employment tribunals. Two cases are currently ongoing, one case was settled, and one was withdrawn. All of the cases were related to discrimination – sex, race, disability, and pregnancy/maternity, as well as sexual harassment and victimisation.

- The ET case that was withdrawn was initially raised as a concern via the Freedom to Speak Up Guardian (FTSUG) and investigated under the Dignity at Work Policy.

- The directorates with the highest number of cases are Corporate (16%), Luton and Bedford Mental Health (15%) and Newham Mental Health (13%).

- ELFT's 2023 Staff Survey results show that there has been an improvement in the bullying and harassment indicators:

Staff Survey Questions	Organisation 2022	Organisation 2023	Difference
Not experienced harassment, bullying or abuse from managers	86%	90%	3%
Not experienced harassment, bullying or abuse from other colleagues	81%	83%	2%

Not experienced discrimination from manager/team leader or other colleagues	87%	90%	3%
Not experienced unwanted behaviour of a sexual nature from other colleagues	*	96%	

7.9 The top six themes are:

Themes	Number	% of total cases
Other	45	30%
Victimisation	23	15%
Oral Abuse	21	14%
Sexual Harassment	19	13%
Race	11	7%
Disability	7	5%

7.10 The 'Other' theme covers multiple issues raised within one complaint.

7.11 The 2023 national staff survey results show that there has been a decrease in the proportion of staff claiming to have experienced harassment, bullying and abuse: managers (9.94%) and colleagues (17.66%). This mirrors ELFT's staff survey results.

7.12 The number of cases has increased over the last two years, and in the last 10 months there have been occasional spikes (high and low), but in the main within a fluctuation of 10 cases.

8.0 Lessons learnt

8.1 In December 2023, a survey was sent to a number of staff who had raised a Grievance/Dignity at Work Complaint or been subject to Capability and Disciplinary Processes in the previous two years. The return rate for the Grievance/Dignity at Work survey was 13%. The main themes in the responses were that the process took too long, timescales were not adhered to, and respondents did not receive regular updates. The respondents noted that the length of process impacted on health and added stress to a difficult process.

8.2 Increased use of the People Liaison Officer to undertake monthly welfare calls to provide an update on progress/timescales each month.

8.3 There is additional information provided at the outset of formal process around timescales; support available; process timescales; roles and responsibilities and better signposting to where staff can get additional support - OH/FTSU.

8.4 There is a review of long standing cases to put in put in strategies to conclude the cases. In addition, the team have put in place a process to review initial informal

process to consider if an investigation is the best way forward, or if alternative options are available such as Respectful Resolution or mediation.

8.5   The average duration for open dignity at work cases was 202 days in March 2024. This has started to come down over the last four months to 135 days.

8.6   The new Dignity at Work Policy was revised and ratified on 17 April 2024. The main changes to the policy are that there is no preliminary investigation and the introduction of Respectful Resolution. Previous feedback has shown that preliminary investigations were impacting on the length of time a case was open, as well as not progressing the case in a timely manner.

8.8   46% of cases do not proceed to formal investigations and only 27% of cases are resolved informally, therefore, there is scope for more informal resolution.

8.9   The learning from ET cases has been that greater support is needed for individuals involved in internal processes, including referrals to OH and discussions with individuals about the recommendations made by OH, providing training on managing wellbeing of staff involved in formal procedures, training for investigating officers and chair of hearing panels, and reducing the length of time taken to formally investigate complaints.

9.0   Next Steps

9.1   There has been a greater push to support staff with informal resolution of issues; a mechanism for this has been the introduction of the Respectful Resolution Pathway which provides tools to resolving dignity at work issues.

9.2   The pathway provides information about building a psychologically safe culture where staff can confidently and respectfully raise concerns.

9.3   The process allows staff/managers to reflect on behaviours before deciding to pursue a formal process.

9.4   Other actions being taken include the launch of two Respectful Resolution E-learning modules on ELFT Learning Academy for all staff and managers, and managers are being trained on Respectful Resolution. In addition, a triage panel to review the informal stage before progressing to a formal investigation. Learning lessons sessions are being introduced following the conclusion of complex cases to ascertain learning and improvement in processes.

9.5   In October 2024, the Government is launching a new sexual harassment duty. Work is currently under way with the Joint Staffside Committee (JSC) and the leadership team to review the policies and processes and to communicate the changes and expectations.

10.0   Freedom to Speak Up

10.1   The Trust's new Freedom to Speak up Strategy has been drafted and will be approved at the Quality Assurance Committee in November 2024.

10.3   In terms of the update of the FTSUG activity:

- 23 FTSU cases were raised in June 2024;
- 20 cases related to 'Processes/Organisational Structure/Other';
- Decision U-turns and impact on staff;
- Inappropriate behaviours not managed;
- Work pattern changes without consultation;

- Quality of induction training;
- Recruitment issues;
- Unfair treatment;
- Flexible working;
- Travel expenses;
- Workstations – health & safety for staff.

10.4   13 cases relate to 'Worker Safety and/or Worker Wellbeing':

- Staff feel intimidated for speaking up on concerns;
- Unfair recruitment practice;
- Racial discrimination.

FTSU Concerns - Broad Themes June 2024

Theme	Count
Bullying or harassment	0
Disadvantageous and/or Demeaning Treatment as a result of speaking up is indicated (detriment)	1
Other Inappropriate Attitudes Behaviours	9
Processes/Organisational Structure/ Other	20
Worker safety and/or Worker Wellbeing	13
Unknown	1
Concerns Raised Anonymously	5

FTSU Concerns - By Directorate June 2024

Directorate	Count
Bedfordshire Mental Health	1
	2
CHS Newham	0
	0
CHS Tower Hamlets	3
	3
Corporate Services	3
	2
Luton Mental Health	0
	0
People Participation	2
	0
Specialist Services	7
	0
Unknown	0

10.5   Two cases are closed with 21 remaining open. Work is ongoing at Directorate and Board level, as appropriate, to support resolution.

10.6   It has been noted that some staff are referencing negative impacts to their mental health as a result of the concerns they are experiencing. The new Employee Assistance Programme (HELP) was shared with those staff.

10.7   General feedback from staff is that on many occasions they will have already raised their concerns but are not taken seriously, or they are told things are 'in hand' but receive no further feedback and do not see improvement.

10.8   Staff also continue to reference wanting to know and learn more about psychological safety in teams, and how this can be developed and maintained.

10.9   Sickness absence is 4.79% against the Trust target of 3.50%. The Trust have commissioned a new Employee Assistance Provider (EAP) to provide staff with support. A significant number of referrals are carried out in order to identify support staff who are off sick.

East London NHS Foundation Trust Jun 2023 - May 2024

Cases Created By Month

Case Type	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Total
Blood Borne Virus	1	3	4	3	2	2	2	0	6	0	6	4	33
Generic	1	4	1	0	1	3	1	3	1	3	0	2	20
Immunisation	232	242	277	161	232	199	173	186	184	200	157	206	2,449
Physiotherapy Referral	0	0	2	0	0	0	0	0	0	0	0	0	2
PPQ	282	300	388	254	299	273	274	221	186	282	256	308	3,323
Referral	198	175	198	191	208	197	143	227	196	163	178	211	2,285
Total	714	724	870	609	742	674	593	637	573	648	597	731	8,112

10.10   The People Relations team review all long-standing sickness absence cases on a monthly basis and ensure that there is a strategy in place to support the conclusion of these cases. Plans are in place to conclude five long-standing long-term sickness absences cases by the end of September 2024. The People Relations Advisors are meeting with managers on a monthly basis to review all cases and ensure that appropriate processes are in place.

10.11   From the graph below, the directorates with the highest sickness rates identified in the last 12 months is Tower Hamlets Community Services. Plans are in place to undertake a deep dive into the sickness absence to see what further support is required.

Rolling Year September 2023 to August 2024

- Community Services - Tower Hamlets: 6.80%
- CHB Community Health Bedfordshire: 6.03%
- Newham CHS: 5.86%
- City & Hackney: 5.79%
- Forensic Services: 5.47%
- Tower Hamlets: 5.29%
- Newham: 5.26%
- Primary Care: 4.93%
- Luton: 4.34%
- Bedford: 4.25%
- Specialist Services: 4.15%
- Specialist CHS: 3.88%
- Corporate: 2.54%

Legend: Rolling Year, Trust Overall, Trust Target
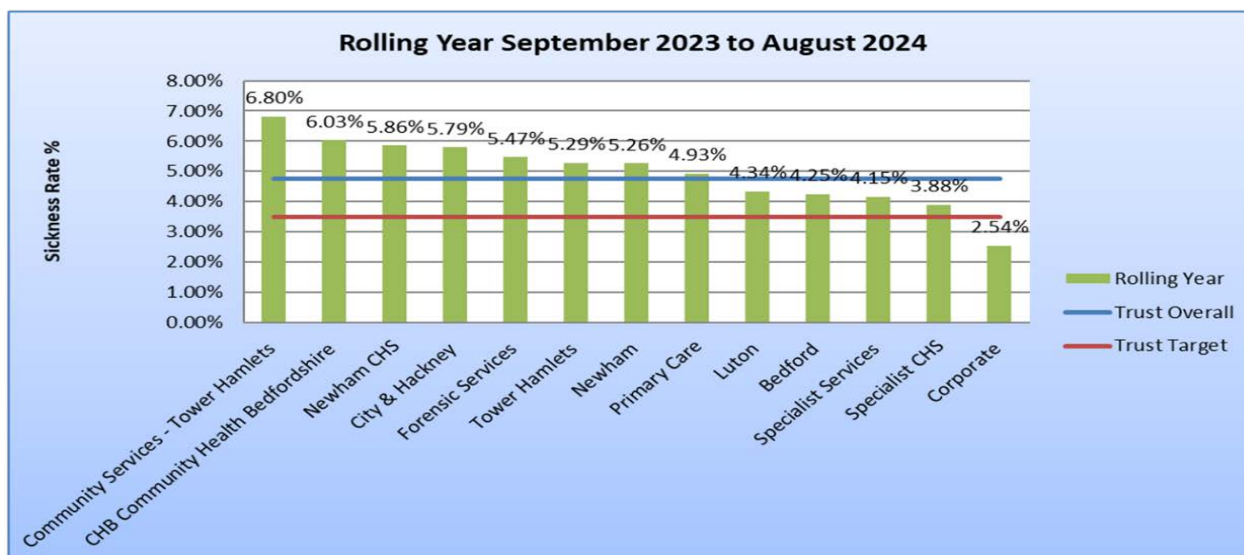
11.0 Organisational Changes

11.1 There are currently five organisational change processes in progress, with 45 staff members affected by the change, none of which are at risk of redundancy. At the August JSC and extraordinary JSC session, nine consultation papers were agreed. These changes will affect 55 staff members with a potential of 26.79 FTE being at risk. The redeployment process has been revised so that all vacancies are made available to redeployees for two weeks before it is advertised internally or externally.

11.2 Following the extraordinary JSC meeting on 25 June 2024, a new consultation paper template has been agreed with Staffside, and all consultations including those affecting five or less staff will be taken to JSC.

11.3 People Business Partners are working with their DMTs to identify vacancies that are currently covered by agency workers and whether those posts could be made available to staff who are at risk.

12.0 Financial Viability/Going Further Going Together (People & Establishment)

12.1 The first Going Further, Going Together (GFGT) meeting has been convened and it has been conflated with the previous recruitment and establishment meeting as there was good representation from operational services.

12.2 A number of actions have already been concluded in respect of temporary staffing and further plans have been identified and are being costed; they will be reported to a future Board meeting. At the August GFGT meeting, it was reported that there has been progress with the Trust-wide Healthroster re-roll out and that the Trust is now at 90% utilisation.

13.0 Challenges Identified within Health Roster :

- Underutilisation: Despite initial efforts, most services remain off the system;
- Operational Inefficiencies: Issues included the failure to publish rosters on time, poor annual leave management, lack of visibility on temporary workforce use;
- Underutilisation of staff hours – Hours owed to the Trust has reduced significantly;
- Shift times were not correct on the system, implemented the correct times and safe staffing;

- Ad-hoc historic, extra or optional shifts were available on demand templates;
- Staff were working more than the Working Time Directives (WTD) thresholds;
- Breaks were not allocated in line with WTD an Agenda for Change (AfC) guidelines;
- Senior staff covering lower band shifts, being paid at the higher bands;
- Services needed consistent support in analysing their rostering data and implementing solutions;
- Incomplete Functionality Use: The Trust had not fully utilised several important tools within the Healthroster suite, including:
-
    - ESRGo Interface : The Gateway Tool for eRoster to ESR reconciliation;
    - Bank/Agency usage and various rostering reports;
    - Annual leave, Holiday of Lifetime, buying/selling annual leave management.

The project was set up with the following objectives:
- Implement a minimum 90% of the services on Healthroster by June 2023.
- Ensure Health Roster is available to all departments as a workforce planning tool.
- Ensure all staff at East London NHS Foundation Trust use EOL/Loop as a time and attendance portal/app;
- Automate expenses, other paper-based forms and payroll processes.
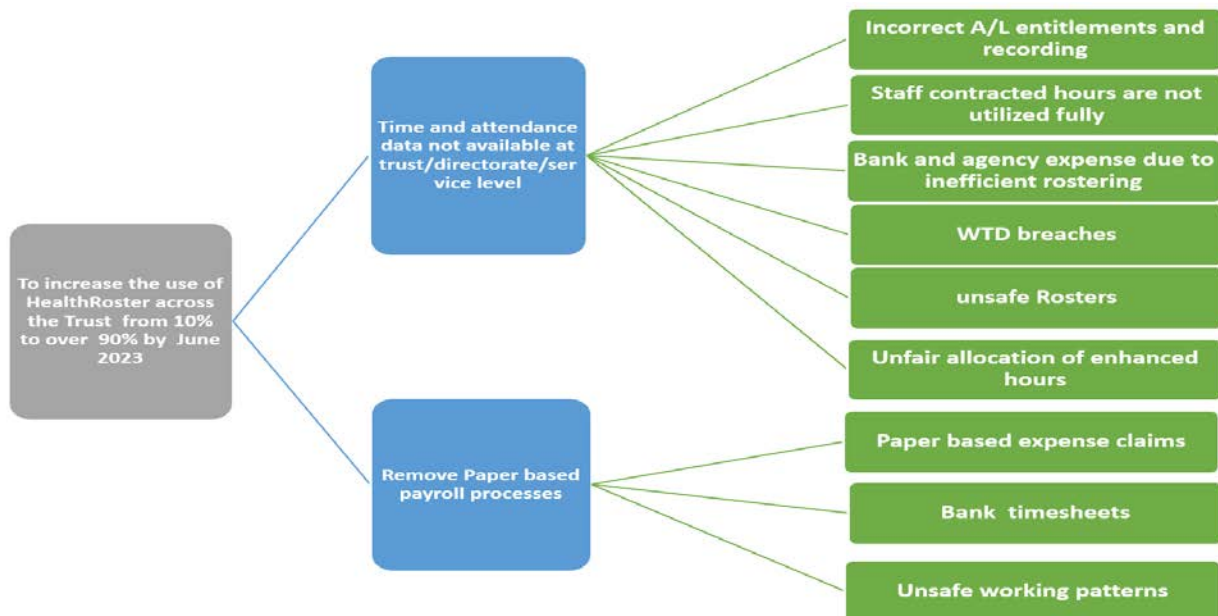
Roster Usage across the Trust: 691 live rosters

RosterPeriod

Employee Type	17/04/2023	15/05/2023	12/06/2023	10/07/2023	07/08/2023	04/09/2023	02/10/2023	30/10/2023	27/11/2023	25/12/2023	22/01/2024	19/02/2024	18/03/2024
Agency	80	74	76	65	47	48	56	196	200	198	208	239	257
Bank Only	720	734	786	850	810	854	810	849	857	783	804	832	825
CloudStaff Employee	0	0	0	0	0	0	0	0	0	0	0	0	0
Employee	6108	6144	6205	6335	6461	6513	6513	6600	6776	6988	6804	6914	7227
Other	1	1	1	1	1	1	1	1	1	1	1	1	1
Total	6909	6953	7068	7251	7319	7416	7380	7646	7834	7970	7817	7986	8310

Staff Group (with Icon Set)	17/04/2023	15/05/2023	12/06/2023	10/07/2023	07/08/2023	04/09/2023	02/10/2023	30/10/2023	27/11/2023	25/12/2023	22/01/2024	19/02/2024	18/03/2024
A&C - (Other)	1452	1474	1476	1560	1577	1566	1560	1566	1592	1651	1592	1633	1734
A&T - (Nursing)	3	4	5	0	0	0	0	0	0	0	0	0	0
Add Prof Scientific and Technical - (Nursing)	0	0	0	340	356	361	360	377	378	396	382	407	427
AHP - (Nursing)	219	233	231	1558	1601	1610	1596	1708	1745	1822	1766	1821	1908
Healthcare Science - (Nursing)	24	29	29	0	0	0	0	0	0	0	0	0	0
Healthcare Scientists - (Other)	0	0	0	29	28	28	29	29	31	31	30	30	30
Kingsway and Bramingham - (Nursing)	0	0	0	0	0	0	0	2	31	30	31	31	0
Med Staff - (Doctor's)	9	7	8	11	9	6	10	74	81	83	83	83	82
MHA - (Other)	0	0	0	1	13	13	13	16	11	16	15	13	11
Nursing - (Nursing)	3584	3638	3662	3729	3710	3767	3762	3832	3880	3897	3876	3936	4044
Optometrist - (Nursing)	0	0	0	0	0	0	0	0	0	0	0	0	0
OT - (Other)	109	109	114	0	0	0	0	0	0	0	0	0	0
Other/Local - (Other)	0	0	0	2	3	3	3	2	5	10	10	11	2
Pharmacy - (Nursing)	111	112	112	0	0	0	0	0	0	0	0	0	0
Physio - (Nursing)	90	92	93	0	0	0	0	0	0	0	0	0	0
Podiatry - (Nursing)	52	50	48	0	0	0	0	0	0	0	0	0	0
Psychology - (Nursing)	401	393	429	0	0	0	0	0	0	0	0	0	0
Psychotherap - (Nursing)	396	383	396	0	0	0	0	0	0	0	0	0	0
SALT - (Nursing)	84	83	85	0	0	0	0	0	0	0	0	0	0
Sci/Tech - (Nursing)	1	1	1	0	0	0	0	0	0	0	0	0	0
Social Work - (Nursing)	234	204	231	0	0	0	0	0	0	0	0	0	0
Therapists - (Nursing)	103	113	118	0	0	0	0	0	0	0	0	0	0
Tupe Local Grades - (Nursing)	0	0	0	0	0	0	0	0	0	0	0	0	8
Vaccination - (Nursing)	37	28	30	21	22	62	47	42	109	33	33	21	64
Total	6909	6953	7068	7251	7319	7416	7380	7646	7834	7970	7817	7986	8310
Nursing & Other Total	6900	6946	7060	7240	7310	7410	7370	7572	7755	7887	7734	7903	8228

14.0   Findings of the Health Roster Review

14.1   Shift times agreed in the safe-staffing reviews did not match with the actual staff working times on the wards, which were identified and amended.

14.2   Managers booking any extra staff needs to create additional shifts which helps them keep tabs of how much extra staffing they have booked on daily basis.

14.3   Agency staff are showing on the same roster so managers can view the complete staffing on the ward in one place and plan the ward activities accordingly, Unify reports reflect correct skill-mix.

14.4   We have also started to review the booked staffing with ward managers where high number of extra shifts are booked.

14.5   Make sure the substantive contracted hours are fully utilised before sending the shifts to bank/Agency.

14.6   The rosters are safe, within the agreed safe-staffing numbers, higher incentive shifts are allocated fairly, annual leave is distributed evenly throughout the year.

14.7   Following these review meetings, the finance team have reported a significant decrease in the bank/agency costs in July and August 2024.

	Nursing, midwifery and health visiting staff				
	APR-24	MAY-24	JUN-24	JUL-24	AUG-24
	185,288	163,311	177,381	182,072	183,583
	172,483	180,116	170,285	180,109	187,968
	169,061	203,162	169,996	183,113	181,195
	155,818	137,653	149,728	152,787	120,037
	164,647	198,471	176,045	168,941	179,322
	128,841	133,958	121,666	132,715	123,345
	104,065	109,301	111,456	102,071	109,555
	140,330	170,552	169,895	170,255	137,255
	113,498	109,269	95,888	94,680	108,817
	47,907	51,975	39,452	38,873	51,247
	105,491	104,086	110,650	148,204	92,022
	117,517	113,638	112,358	102,884	114,392
	109,279	83,593	94,965	92,907	98,265
	152,599	155,683	134,985	147,885	152,420
	111,101	122,711	118,768	107,188	105,156
	194,764	185,717	175,648	172,377	162,344
	119,406	123,855	107,848	116,120	117,753
	115,081	113,564	114,410	112,020	122,460
	139,342	135,712	127,422	134,277	133,844
	107,886	105,419	85,671	96,446	91,460
Actual	7,847,709	7,616,844	7,549,326	7,297,066	7,321,282
Budget	6,705,300	6,705,300	6,705,300	6,705,300	6,748,624
Variance	(1,142,408)	(911,543)	(844,026)	(591,765)	(572,658)

15.0   Investigation and intervention (I&I), Triple lock and Vacancy Control Panels

15.1   The Triple Lock mechanism will need to be implemented by systems with a deficit plan for 2024/25. The process will apply to all organisations in a system even if they are in balance (or better) as an organisation, although some concessions will apply to recognise this and to incentivise reaching a balanced plan.

15.2   The mechanism covers pay and non-pay expenditure over defined thresholds unless explicitly excluded. The review of expenditure requests will operate weekly to ensure there is rapid decision making and a clear process for the organisation, Integrated Care Board (ICB) and NHS England.

15.3   The Trust is preparing its response to the I&I checklist, which is due by the end of October 2024. In addition, a Vacancy Control Panel Process is being finalised for implementation mid-September 2024 for non-Clinical roles. This will also factor in the Triple Lock process for expenditure above £50,000.

16.0   Organisational Development

16.1   In support or the number of organisational changes across the Trust, 46 OD facilitation sessions were held in July 2024, of which 36% of these teams require longer term specialist OD support compared to 59% of one-off facilitation sessions. The main themes identified with these teams include culture and team dynamic concerns. The Trust recently launched a leadership and behaviours framework which includes an OD toolkit which is now available on the Intranet and is designed to support and empower teams to lead their own non-complex away days. Communications is currently being drafted to publicise and promote this toolkit more widely.

16.2   Following the launch of this toolkit, a new 'Triage' OD process has now been developed to identify which teams require specialist OD support f, 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.

16.3   This new process is currently being piloted with a small number of teams; further information on this new process will be communicated when finalised. The toolkit will be further reviewed to see how 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.

17.0   Staff Recognition and Engagement

17.1   For the July 2024 National Quarterly Pulse Survey (NQPS), the Trust received a response rate of 13% (2% lower than that of the previous quarter). The Trust response, consisting of 1086 completed surveys, yielded positive scores of 65% or higher on six of the nine core questions (this was consistent with that of the previous quarter). The scores for the two staff friends & family questions were:

- 65.6% of staff would recommend the Trust as a place to work (down from last quarter's 68.8%);

- 63.5% of staff would be happy with the standard of care provided by the Trust if a friend or relative needed treatment (slightly down from last quarter's 64.5%);

- The Trust's NQPS staff engagement score is 6.94 (slightly down from last quarter's 7.06) and higher than that of the Picker average engagement score of 6.71.

17.2   The 2024 Annual National Staff Survey preliminary dates have been released, with an expected start date of the first week of October 2024. Preparations are underway, together with the Workforce Information, People Business Partners and Communication Teams.

17.3   Planning is underway for the launch of the 2024 National Staff Survey.

18.0   Belonging in the NHS

18.1   The Race in the Workplace survey concluded at the end of June 2024. There was a response rate of 652 responses compared with 914 in 2022/2023. The highlights are that there has been a deterioration in two of the four indicators.

East London Foundation Trust

👥 Who took the questionnaire?

Sample Size
652/652

Weakness	Neutral	Strength
0	4	7	10

Age Gro... ∨	Bank Wo... ∨	Director... ∨	Disability ∨	Ethnic G... ∨	Gender ∨	Leave Ty... ∨	Medical/... ∨
Religion ∨		Seniority ∨		Staff Group ∨		Staff Role ∨	Staff Type ∨

Racial Diversity
7.8

7.9	8.1
Past Year	Benchmark

Racist Behaviours
4.2

4.2	7.5
Past Year	Benchmark

Racial Awareness
3.4

5.5	4.8
Past Year	Benchmark

Racial Inclusion
(Excluding White – British respondents)
4.3

4.2	6.7
Past Year	Benchmark
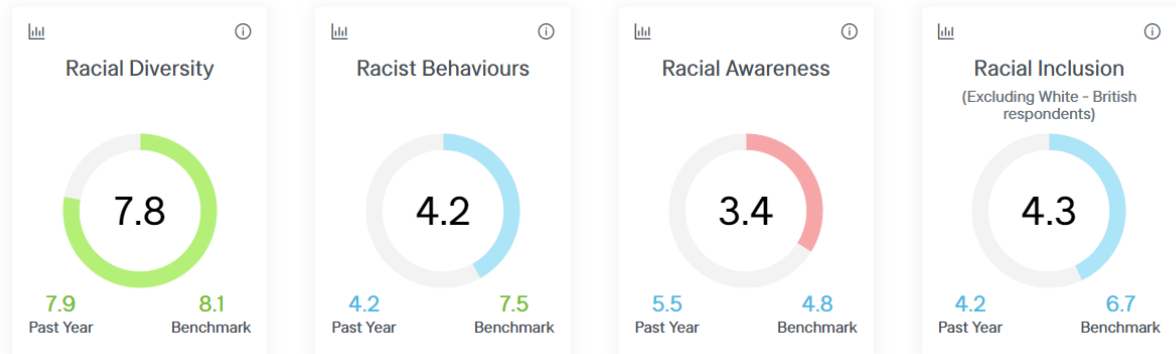
18.2   Key strengths were highlighted as High Racial Awareness amongst staff identifying as 'White - British' for how to respond appropriately to racial discrimination, and a high racial diversity amongst staff. In the context of the feedback from the all-staff sessions on the riots, a key focus will also be on belonging as detailed on the Trust's Equality, Diversion & Inclusion (EDI) action plans. The areas for improvement are detailed below:

- Staff perceive there is a lack of confidence for members of the organisation in talking about, identifying and challenging racism;
- Staff lack awareness of how to respond appropriately when witnessing racist jokes at work;
- Asian staff feel their ethnicity is a barrier to feeling included at work, particularly being themselves.

18.3   In terms of next steps, updated WRES and WDES action plans are being published imminently which ink to the Trust high impact actions. Antisemitism sessions are being finalised for September and October 2024. Islamophobia sessions are also being arranged. Following on from the Trust-wide sessions on the national racist riots, we are also exploring sessions on xenophobia. The Trust anti-racism statement will be presented to a future Board development session.

19.0   Racist riots

19.1   Staff and their families were very affected by the riots and violence that occurred following the horrendous incident in Stockport. A strong message of condemnation for these acts and pride in the diversity of our people was sent to all staff. Advice on staying safe was also included along with local security plans. Recognising the personal impact to our people, a series of spaces were provided for us to come together and reflect. These have been well attended with positive feedback from staff. Despite the riots ceasing, the Trust is of the view that the sessions were important to continue as staff are still fearful and are subject to racist abuse both inside and outside of work.

20.0   GP Collective Action

20.1   Reforms for resident doctors' pay and measures aimed at improving the experiences of resident doctors have been negotiated and agreed with the BMA. If the deal is accepted by the resident doctor membership, then it will see an end to the disruption and tension of the last two years. The BMA will also withdraw the resident doctors' rate card, with immediate effect.

20.2   General Practitioners (GPs) have escalated their actions in response to ongoing disputes over pay, working conditions, and resource allocation within the NHS. The BMA has expressed significant concern over the increasing pressures faced by GPs, including excessive workloads, staff shortages, and inadequate funding, which they argue are compromising patient care and GP well-being. As part of their action, many GPs have started limiting their working hours, refusing to take on extra shifts, and in some cases, participating in organised protests to highlight the need for immediate government intervention and support.

20.3   These actions are part of a broader strategy by GPs to push for better contractual terms and improved working conditions, which they argue are essential for maintaining a sustainable and effective primary care system. The BMA is actively negotiating with the government, seeking a commitment to increase funding for general practice, reduce administrative burdens, and address the workforce crisis. These negotiations are ongoing and, while GPs remain committed to patient care, the strain on the system is evident, and the outcome of these discussions will be crucial in determining the future landscape of primary healthcare in the UK.

20.4   It is expected that none of the Trust's GP surgeries are affected by the collective action apart from Leighton Road Surgery. This may impact some ELFT services (increased demand in and from Acute and Urgent & Emergency Care [UEC], increased referral rates, local service disruption and staff who cannot get a GP appointment in their own practices).

21.0   2024 Agenda for Change (AfC) Pay Award

21.1   The government has accepted the recommendations of the independent Pay Review Bodies, with all pay awards backdated to 1 April 2024:

- **For non-medical NHS staff:** All AfC staff will receive a 5.5% consolidated pay increase.

- **For doctors:** Consultants, Specialty and Specialist (SAS) doctors, and doctors and dentists in training will receive a 6% consolidated increase, with an additional £1,000 uplift for doctors in training. There will be no increases in Local Clinical Excellence Awards.

- **For Junior doctors:** The government has also reached a revised pay agreement for doctors in training for 2023/24, including a further 4.05% pay increase backdated to April 2023 and future pay uplifts for 2024/25 and 2025/26. Additionally, reforms to improve the training experience for resident doctors have been proposed. The Junior doctor pay award has also been accepted by the BMA and the trust await guidance for the implementation of the new junior doctor rates.

21.3   Discussions are ongoing about funding for these pay awards and NHS employers have given assurances that they will ensure transparency as to the funding flows and timings of the pay awards.

21.4   The Trust is aware of concerns from staff, in receipt of benefits, who may experience unintended consequences. Trust-wide communications was published on 11 September 2024.

22.0   National High-Cost Area Supplement project (HCAS)

22.1   The Chief People Officers from ELFT and NELFT are part of a London region HCAS working group. Five options have been drafted for London and will be presented to the London People Board in September. It should also be noted that this is the beginning of a very lengthy process.

23.0   Conclusions

23.1   In conclusion, the Trust continues to undertake actions in response to issues affecting our people, recognising that staff are facing challenges inside of work in terms of operational pressures, financial pressures, patient acuity as well as potentially experiencing violence and/or aggression.

23.2   The Trust metrics show an increasing amount of employee relations activity, with high sickness absence. This is potentially compounded by ongoing cost of living challenges, which we hope may be alleviated by the imminent AfC pay increases. In view of all the actions underway, the Board Assurance Framework (BAF) Risk scores for risk five, remains at 16 Significant with many actions that have been concluded. A number of actions are still underway in order to mitigate the potential impact caused by the factors outlined in this report.

23.4   The financial challenges of the £29m funding gap also presents challenges in terms of leadership and culture and is adding pressure to services and teams as we try to transform, redesign and reduce costs and expenditure. There are a number of resources that have been stood up to support services. There are weekly communications that are agreed by the Executive team to update the organisation on the progress of the FV programmes, and sets out to create the right tone, be informative and to inspire leadership with hope in these challenging times.

23.5   The GFGT workstreams are representative of services, and we are working collaboratively to address some of the people and establishment issues and to implement the changes. Leadership is working closely with Staffside to manage the impact of the current and imminent organisational changes and to mitigate redundancies. A joint Staffside away day took place on 20 September 2024.

24.0   So What, What Next?

24.1   Arrangements for the payment of the AfC pay award, making special concessions for those who are in receipt of benefits as we have done in previous years are underway.

24.2   The EDI action plan including the WRES, WDES and Gender, Ethnicity and Disability Pay Gap actions, were presented at the September 2024 People & Culture Committee and progress updates will be presented at a future P&C committee meeting.

24.4   The work continues on the Going Further, Going Together Workstream to have increased traction to reduce the agency spend and to increase controls around the establishment. The increased reporting capability will provide more granular information on agency bookings and costs.

24.5   A plan is due for submission in October 2024 in response to the I&I process. Work is also underway across the Trust to implement the North East London 'triple lock' for all expenditure over £50,000 which includes the internal vacancy control panels which are currently being stood up between Operations Finance and People & Culture.

24.6   Given the Trust-wide FV challenges, we continue to promote the leadership and culture behaviours framework and associated OD toolkit to support teams through this challenging period.

24.7   The Trust leadership team will continue to work in partnership with the JSC to implement the organisational change processes as seamlessly as possible, in order to mitigate the impact for staff. There are also lots of informal routes for Staffside colleagues to raise concerns about change processes.

25.0   The Board are requested to **CONSIDER** and **NOTE** this report.

REPORT TO THE TRUST BOARD IN PUBLIC
26 September 2024

Title	Finance, Business and Investment Committee (FBIC) 19 September 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

- To bring to the Board's attention the key issues and assurance discussed at the Finance, Business & Investment Committee (FBIC) meeting held on 19 September 2024.

Key messages

Finance Update M5 2024/25

- The Trust's financial performance at the end of August is a deficit of £12.5m which is £9.6m adverse to plan; approximately 75% of the non-pay overspend is attributed to unfunded private bed usage in BLMK.
- At month 5 NEL ICS is reporting a deficit position of £87.3m, £53.2m adverse to plan.
- The cash position remains c£100m and the capital programme is progressing to plan.
- There has been good progress in reducing agency and bank staff usage with a decrease in numbers being seen in August and further reductions expected in September.
- A key challenge is the continuing level of staffing over establishment and the work within clinical and corporate services to remove unfunded posts which is not gaining the required traction.
- There is a need for greater urgency in the focus on workforce controls and scrutiny and the committee requested further assurance on the changes required to ensure there is greater grip on these processes to move forward at pace.
- The committee also requested a review of learning from equivalent mental health and community trusts who are demonstrating more budgetary success is undertaken.

Going Further, Going Together (GFGT)

- The interim financial sustainability director presented an update on the GFGT programme, highlighting the huge opportunities that exist within the organisation for tactical measures to effect positive transformation.
- Delivery of financial viability at month 5 is £3.8m and, although this is £1.9m adverse to plan, the value of identified schemes from both the high impact GFGT workstreams and DMTs has risen to £29.9m with £28m forecast for in-year delivery. Further work on scheme development is under way with the full programme to be signed off through gateway processes by 13 October 2024.
- The focus is now on assurance around deliverability and prioritising work to build capacity to support implementation of the plans. The governance of the process has been strengthened to support effective delivery with seven GFGT workstreams now fully established. Additional specialist support from the PMO has been introduced alongside Trust-wide communications to foster a culture of shared responsibility across the organisation.
- The committee welcomed the progress that has been made, acknowledging the ongoing need to balance financial plans with service transformation efforts that builds for the future while maintaining quality and improving patient experience.

Financial Governance and Scrutiny: Triple Lock and NHSE Investigation & Intervention (I&I)

- Triple Lock is a set of nationally directed pay and non-pay controls which must be in place and evidenced for all organisations where the system overall is in deficit; the aim is to demonstrate and provide further grip and control across pay and non-pay expenditure in the system.
- The triple lock process requires internal, ICB, and NHSE approval for non-clinical vacancies and non-pay spending over £50k; the practical implications on recruitment for DMTs and corporate teams is being worked through with the Chief People Officer.

- PA Consultancy has been appointed to support the I&I process, initially with a review of the organisation's grip and control arrangements and potentially another 12-week period for further assistance.
- The committee welcomed the corporate benchmarking work PA Consultancy will be sharing as part of their initial work with the Trust.

Digital Update
- There has been a reduction in the number of temporary staff in the team; however, a challenge remains around bringing in specialists on short term contracts to achieve project delivery, particularly linked to externally funded projects.
- In response to recent cyber attacks, additional funding from NHS Digital is anticipated to be available towards the end of the financial year. However, the funding will need to be used by the financial year end.
- Work continues on the infrastructure and network improvement programmes.

Procurement Update
- Several short-term schemes and interventions have been identified as part of the work in the GFGT non-pay workstream, with ongoing efforts for speedy implementation. A sustained improvement in PO compliance is also anticipated due to recent focused initiatives.
- The committee requested further assurance on the work to maximise optimum social value, encouraging opportunities to work with the ELFT Charity.

NEL Procurement Health Partnership
- A presentation on the proposed partnership was received from colleagues in Barts Health NHS Trust, Homerton Healthcare NHS FT and ELFT detailing progress towards a collaborative approach to strengthen the health procurement proposition. The partnership will bring together five teams from the five provider trusts in NEL to realise benefits around savings and value in economies of scale, sharing of best practice and a system patient pathway approach.
- There are additional opportunities for ELFT and NELFT to continue to develop their partnership and to create a specific mental health and community heal procurement partnership.
- The committee welcomed this initiative; however, cautioned against distancing the end user from the supplier.

Board Assurance Framework: Improved Value Risks 7, 8 and 10
BAF risk 7: *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: *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: *If the estate is not effectively maintained or improved (inc digitally), this will result in **a poor quality environment**, reduced statutory compliance, failure in net zero carbon (NZC) obligations and failure to support clinical needs and CQC expectations.*
- The additional triple lock process has been added to BAF risk 7 as part of the enhanced control environment.
- The committee requested further granularity on the individual components which will affect improvements in the risk scores.
- There were no changes proposed to the risk scores for risks 7, 8 and 10, and agreement 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.

Title	Finance Report Month 5 (August 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
19-09-24	Finance Business and Investment Committee

Key messages

Summary of Financial Performance:

- As at month 5 the Trust is reporting a deficit position of £12.5m year to date, which is £9.6m adverse to plan. Key drivers are additional bank bookings to manage patient acuity, medical agency bookings to fill vacant posts, and non-pay cost pressures. Slippage on the national tariff deflator target which is applied to all NHS contracts, "FV" is another key factor contributing to the deficit.

- The Trust's cash balance on 31st August 2024 was £100.9m.

- YTD Capital expenditure was £3.3m.

- Better Payment Practice Code performance is 90% by volume and 94% by value.

- The trust has injected additional resource and urgency into its financial recovery agenda "Going Further, Going Together" to achieve improved an financial position

- As at month 5 the NEL ICS is reporting a deficit position of £87.3m year to date, which is £53.2m adverse to plan.

Strategic priorities this paper supports

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

Implications

Equality Analysis	Financial sustainability aids the organisation in being able to address and adequately resource equality issues within the services we deliver
Risk and Assurance	NHS England (NHSE) risk rating places the Trust in segment 1, there are however risks around the use of temporary staff and achieving the Trusts Financial Viability target
Service User/Carer/ Staff	Delivering against the Trusts financial metrics supports the investment in services for the benefit of our staff, service users and carers
Financial	As stated in the report.
Quality	Delivering our services in a financially sustainable way enables continuous investment in improving the quality of our services.

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.

2 ICS position

2.1 The NEL ICS plan for 2024-25 is a deficit position of £35m. The trust operates across two ICBs, hosted in NEL but also providing services in Bedfordshire, Luton and Milton Keynes (BLMK). The BLMK ICS plan for 2024-25 is a breakeven position.

2.2 At the end of August, the NEL ICS is reporting a deficit of £87m. This this is £53.2m adverse to plan. This a deterioration from the £75.4m reported at the end of July. The BLMK ICS latest report is for month 4, July and the reported position was an £18m deficit which is £9.2m adverse to plan.

2.3 As part of the NHSE Investigation and Intervention regime, which is an NHSE programme to provide additional support and scrutiny to financially challenged systems, the NEL ICS have commissioned Deloitte and PA Consulting to undertake a review of the system financial control environment. The first phase of the programme is to be completed within four weeks, this will involve a review of the trusts finance governance framework and control environment as well as identification of potential efficient opportunities. In addition to reporting to the trust, the output will be reported to NHSE who will oversee and challenge both the work delivered, and the system plan.

2.4 This involves an initial assessment against the 'grip and control' measures as well as the production of a high-level view on recovery opportunities.

2.5 In the second phase, which will take 12 weeks, the consultants will support the system to implement any recommendations.

Table 1 – Performance against plan for NEL ICS

	Year To Date			M4 Actual £000	Movement in actuals	Annual plan
	Plan £000	Actual £000	Variance £000			
BHRUT	(9,102)	(18,210)	(9,108)	(16,405)	(1,805)	(10,174)
Barts	(5,871)	(18,823)	(12,952)	(15,361)	(3,462)	(14,232)
Homerton	(7,066)	(12,365)	(5,299)	(10,020)	(2,345)	(6,320)
NELFT	(5,025)	(16,180)	(11,155)	(12,607)	(3,573)	(4,910)
ELFT	(2,930)	(12,537)	(9,607)	(10,670)	(1,867)	0
Providers	**(29,994)**	**(78,115)**	**(48,121)**	**(65,063)**	**(13,052)**	**(35,636)**
ICB	(4,028)	(9,119)	(5,091)	(10,326)	1,207	636
ICS Total	**(34,022)**	**(87,234)**	**(53,212)**	**(75,389)**	**(11,845)**	**(35,000)**

3 Summary of Income & Expenditure Performance as at 31st August 2024.

3.1 The year to date Trust financial position is a deficit of £12.5m compared to a planned deficit of £2.9m. This position is £9.6m adverse to plan.

3.2 The £1.9m in-month deficit position represents an improvement of £0.5m compared to month 4 (£1.9m). This variance is not a result of a single action but a number of small improvements across the directorates. Including reduction in temporary staff costs and the reduction in spend on private beds.

Table 1: Summary of Financial Performance

	Year To Date			Annual Plan £000
	Plan £000	Actual £000	Variance £000	
Income				
NHS - Patient Care Activities	265,395	267,005	1,610	632,945
Non NHS - Patient Care Activites	5,504	6,905	1,401	13,105
Other (in accordance with IFRS 15)	9,387	9,441	54	16,094
Other Operating Income	2,010	984	(1,026)	4,325
Income Total	**282,296**	**284,335**	**2,039**	**666,469**
Pay				
Substantive	(205,136)	(175,487)	29,649	(491,628)
Bank	(1,002)	(22,407)	(21,406)	(2,344)
Agency	0	(11,042)	(11,042)	0
Pay Total	**(206,137)**	**(208,936)**	**(2,799)**	**(493,972)**
Non-Pay				
Non Pay	(62,200)	(70,887)	(8,687)	(149,864)
Non-Pay Total	**(62,200)**	**(70,887)**	**(8,687)**	**(149,864)**
EBITDA	**13,959**	**4,512**	**(9,447)**	**22,633**
Post EBITDA				
Depreciation	(14,219)	(14,394)	(175)	(34,369)
Amortisation	(450)	(450)	0	(1,080)
Finance Income	2,575	2,399	(176)	5,550
Finance Expenditure	(2,928)	(2,656)	272	(5,201)
PDC Dividend	(2,910)	(2,910)	0	(6,984)
Total Post EBIDTA	**(17,932)**	**(18,011)**	**(79)**	**(42,084)**
	(3,973)	**(13,499)**	**(9,526)**	**(19,451)**
Less				
Depreciation: Donated Assets	205	205	0	493
Remove impact of PFI revenue costs	838	757	(81)	191
Reported Surplus /(Deficit)	**(2,930)**	**(12,537)**	**(9,606)**	**(18,767)**

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

3.3 **Income**

The income position at the end of August is a favourable variance of £2.0m.

The main areas of over performance are:

- ICS funding for Private Beds (£2.5m higher than the originally phased plan), which has been matched against the level of expenditure. This is offset by deferral of income in relation to the North Central and East London Provider Collaborative (NCEL) for Children and Adolescent Mental Health Service (CAMHS), as income is only released once the expenditure has been incurred.

- NHS Trust & Foundation Trust income for Priory Beds costs recharged to North East London Foundation Trust, and Extra Packages Of Care (EPOC) charges which are in excess of planned levels.

- Local Authority income for school-based services such as occupational therapy.

There is also a £1m under performance in Other operating income, relating to income generation targets not being delivered. The planned targets included greater recovery of income from private bed sales and new business growth opportunities.

A summary of the Trust income position is included below.

Table 2: Summary of Operating Income

Trust Income Position £'000	YTD Budget	YTD Actual	YTD Variance	Annual Budget
Operating Income From Patient Care Activities				
NHS - Patient Care Activities				
Integrated Care Boards (ICBs)	217,772	216,558	(1,214)	527,874
NHS Foundation Trusts	4,082	4,996	914	8,193
NHS Trusts	24,726	26,171	1,446	59,341
NHS Other (including Public Health England)	35	139	104	85
NHS England	18,780	19,141	361	45,071
NHS - Patient Care Activities Total	**265,395**	**267,005**	**1,610**	**640,565**
Non NHS - Patient Care Activites				
Local Authorities	4,284	5,505	1,221	10,281
Non-NHS: Other	1,220	1,393	173	3,198
Non-NHS: Overseas Patients	0	7	7	0
Non NHS - Patient Care Activites Total	**5,504**	**6,905**	**1,401**	**13,479**
Operating Income From Patient Care Activities Total	**270,898**	**273,910**	**3,012**	**654,044**
Other operating income				
Other (in accordance with IFRS 15)				
Research and development	647	803	155	1,553
Education and Training Income	6,264	6,269	5	13,446
Other (recognised in accordance with IFRS 15)	237	333	96	569
Non-patient care services to other Non WGA bodies	2,239	2,036	(202)	2,239
Other (in accordance with IFRS 15) Total	**9,387**	**9,441**	**54**	**17,806**
Other Operating Income				
Other Income	2,011	984	(1,027)	4,500
Other Operating Income Total	**2,011**	**984**	**(1,027)**	**4,500**
Other operating income Total	**2,011**	**984**	**(1,027)**	**4,500**
Grand Total	**282,296**	**284,335**	**2,039**	**676,351**

3.4 **Pay**

Overall pay is off plan by £2.8m. This is a £0.5m deterioration on the month 4 position. This is caused by use of temporary staff over the level of vacant posts, and the premium costs associated with using agency staff.

Actual spend has reduced slightly in month compare to the average in previous months however, the level of pay budget has decreased in month, in line with the phasing of the financial viability target in the final financial plan.

The trust is still using more staff than we have funding for, with WTE being 344.4 above the funded level.

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	(8,055.8)	(7,341.8)	714.1	(205,136)	(175,487)	29,649	(491,628)
Bank	(59.9)	(898.5)	(838.7)	(1,002)	(22,407)	(21,406)	(2,344)
Agency	0.0	(219.8)	(219.8)	0	(11,042)	(11,042)	0
Grand Total	**(8,115.7)**	**(8,460.1)**	**(344.4)**	**(206,138)**	**(208,936)**	**(2,799)**	**(493,972)**
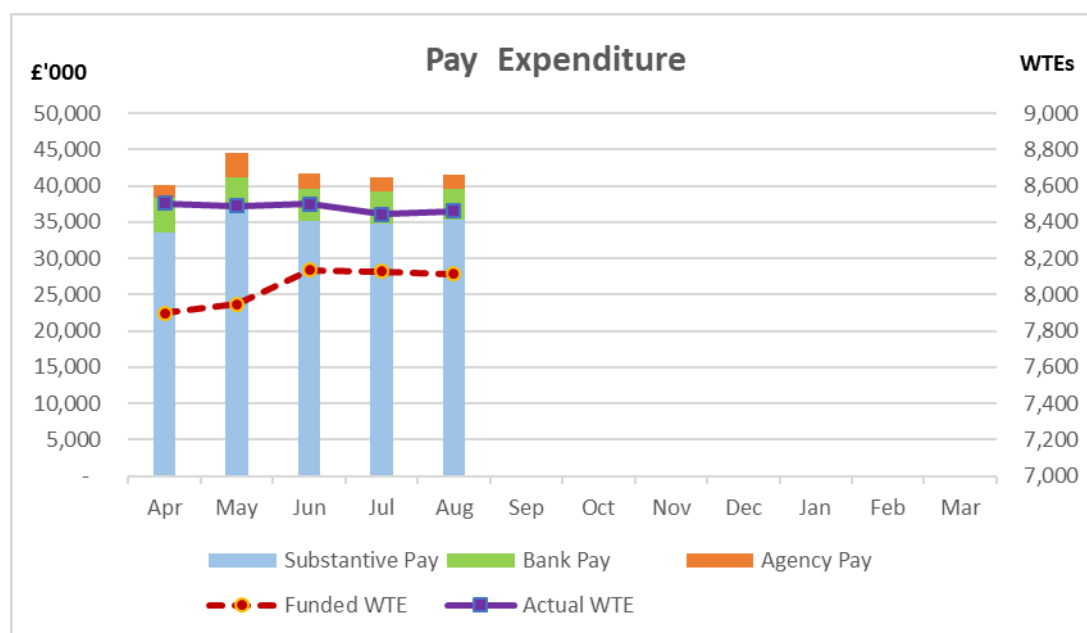
The Trust is continuing to see high levels of Bank spend on Inpatient wards related to patient acuity. There is also high levels of agency spend arising from issues in recruiting staff. These are partially offset by vacancies and delayed recruitment in some of the planned investments in the other directorates and centrally.

The key areas overspending are:

Inpatients services overspent by £3.5m. Services report the current high-levels of acuity of patients is resulting in the need for additional bank staff to provide enhanced observations, 1-to-1 patient support, and escort care. The ward areas are working with 309.3 more WTE than established.

As part of Going Further Going Together, the Chief Nurse (CNO) 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 is beginning to have an impact, with reductions in bank usage City & Hackney, Tower Hamlets and Forensics bank usage.

Other Medical and dental staffing budgets are overspent by £2.5m, (excluding Primary care, which is reported separately) arising from the use of agency and bank staff to cover vacancies.

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.

Primary Care overall pay is overspent YTD by £2.2m, due to the use of agency, over-establishment and the use of high salaried GP's. Medical staffing accounts for £1.4m of the adverse variance.

An external review has been commissioned. This includes 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. The initial findings were reported in July, and they are currently completing supplementary work which is due to report at the end of September.

Home Treatment Teams (HTT) are overspent by £1.4m 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.

The International Recruitment group will review the double-running of staff, to ensure this is kept to a minimum.

These overspends are being offset unallocated Reserves (£2.9m), and vacancies across Community teams.

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 increased in August, due to an increase in the substantive workforce (58.1) which has not been offset by the reduction in temporary WTEs (41.6 less than July), reflecting July reductions from correcting the treatment of salary recharges. WTE is still lower than seen in the first three months of the year.

Table 5: Trust over-establishment

Pay type		Apr-24	May-24	Jun-24	Jul-24	Aug-24		Movement in month
Funded WTE	Substantive	(7,831.0)	(7,887.2)	(8,074.2)	(8,065.9)	(8,054.8)		11.0
	Bank	(66.7)	(59.9)	(59.9)	(59.9)	(59.9)		0.0
	Agency	(1.0)	(1.0)	(1.0)	(1.0)	(1.0)		0.0
Actual WTE	Substantive	(7,288.5)	(7,319.5)	(7,313.4)	(7,283.7)	(7,341.8)		(58.1)
	Bank	(967.3)	(896.4)	(901.2)	(924.4)	(898.5)		25.9
	Agency	(249.3)	(272.5)	(284.6)	(235.5)	(219.8)		15.7
Variance	Substantive	542.5	567.7	760.8	782.2	713.1		(69.2)
	Bank	(900.6)	(836.6)	(841.4)	(864.5)	(838.7)		25.9
	Agency	(248.3)	(271.5)	(283.6)	(234.5)	(218.8)		15.7
Total Funded WTE		**(7,898.7)**	**(7,948.0)**	**(8,135.1)**	**(8,126.7)**	**(8,115.7)**		**11.0**
Total Actual WTE		**(8,505.1)**	**(8,488.5)**	**(8,499.2)**	**(8,443.5)**	**(8,460.1)**		**(16.5)**
								0
Overestablishment		**606.4**	**540.5**	**364.1**	**316.8**	**344.4**		**27.6**
Overestablishment %		**(7.7%)**	**(6.8%)**	**(4.5%)**	**(3.9%)**	**(4.2%)**		

3.6 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.

Year to date agency expenditure is £11.0m which is below the current phased plan (£13.1m). In the first 5 months of this year, Agency costs have reduced by £0.5m on average compared to the last year – the average is £2.2m for 24-25, compared to the 23-24 monthly average of £2.7m.

Agency costs constitute 5.3% of total pay costs, above the 3.2% target set by NHSE.

Agency expenditure (ceiling basis)
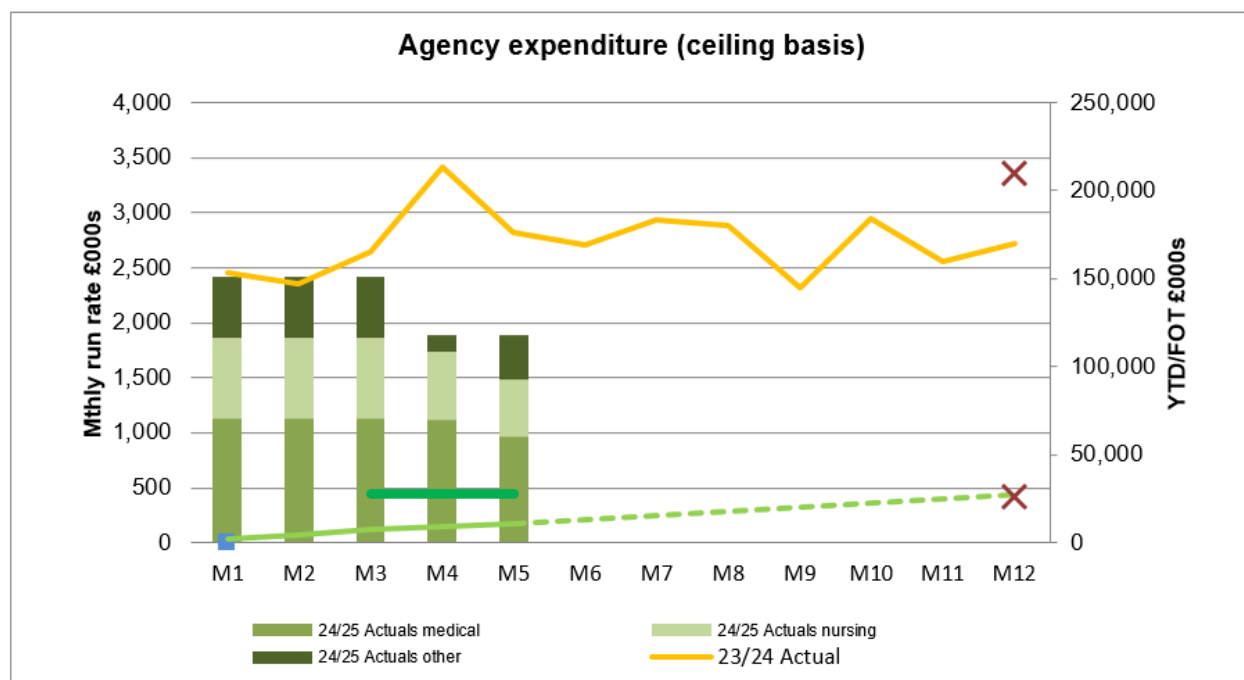
Table 7: Agency use, by staff type

Pay costs £000s	Apr-24 £000s	May-24 £000s	Jun-24 £000s	Jul-24 £000s	Aug-24 £000s		Movement in month
Medical and Dental	(1,100)	(1,100)	(1,207)	(1,118)	(970)		148
Nursing, Midwifery and HV	(828)	(828)	(543)	(636)	(529)		107
Administration and Estates	(277)	(277)	(137)	202	(130)		(332)
Healthcare assistants and Other	(171)	(171)	(201)	(198)	(160)		38
Scientific, Therapeutic and Tech	(142)	(142)	(135)	(144)	(100)		43
Total Agency	**(2,518)**	**(2,518)**	**(2,223)**	**(1,894)**	**(1,889)**		**(251)**

3.7 **Non-pay**

Overall non-pay is overspent by £8.7m year to date.

The year to date key overspending areas are:

Purchase of Health and Social Care – non NHS, arising from the £5.8m 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 Bedford, Luton and Milton Keynes (BLMK) area. The expenditure in this area has reduced since month 4, following validation of the lists of current patients which meant a year to date reduction of £0.8m.

Alongside the £5.8m for ELFT patients, there is an additional overspend of £1.2m relating to beds used by NELFT – however this is offset by additional income (this arrangement has now ended, with no more income or cost in future months).

As part of the GFGT workstream the trust is maintaining oversight of private bed usage and ensuring patient discharged appropriately and in a timely manner. While we have seen a reduction in Private Bed costs for North East London, the trust continues to experience high demand for inpatient beds in the BLMK area, and as a result is making a higher use of beds in the private sector than assumed in the plan. We are working with partner organisations in the BLMK area to understand and mitigate the issues.

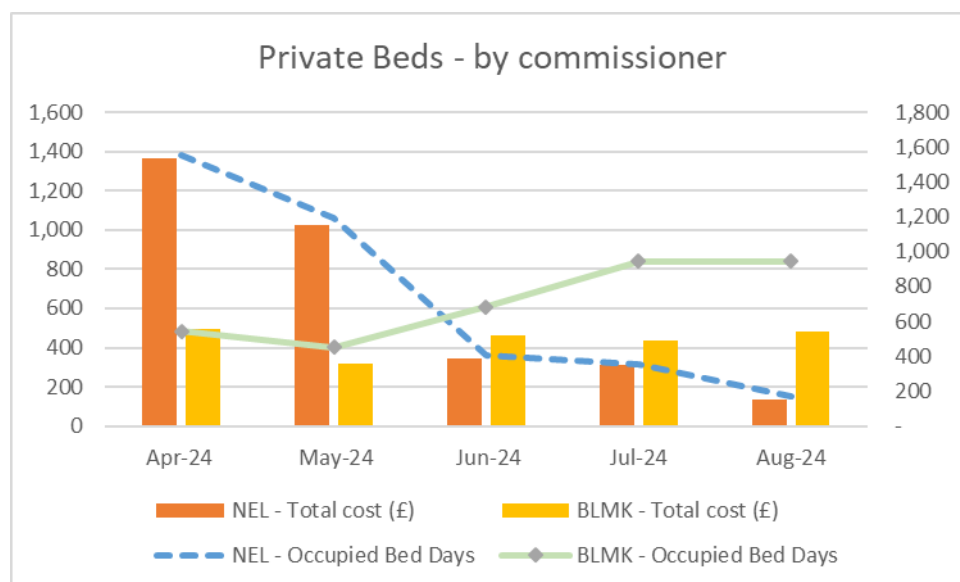**Purchase of Health and Social Care –** there are £3.1m underspends relating to the NCEL Provider Collaborative, with the impact of this offset by income being less than planned.

The trusts Premises costs are overspent by £1.2m, driven by the effect of building works and repairs (£0.9m), furniture repairs (£0.2m) rates (£0.2m), energy and utilities (£0.3m). This is part offset by £0.5m underspends in ICT.

The Digital and Estates work stream are working to address these overspends with plans to vacate under-utilised trust property and reviewing external contractor costs.

Supplies and Services are overspent by £1.1m. There is an overspend related to the OCS contract, with £0.8m overspends in Cleaning and Catering, while Wheelchairs are £0.1m overspent, driven by increasing demand.

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 6: Non-pay

Expenditure type	Year To Date				Annual Plan £000
	Plan £000	Actual £000	Variance £000		
Health and Social Care - NHS	(10,015)	(9,755)	260		(24,004)
Health and Social Care -non-NHS	(13,951)	(14,454)	(504)		(31,252)
Supplies & Services	(12,231)	(13,390)	(1,159)		(29,343)
Drug costs	(2,321)	(2,625)	(304)		(5,570)
Consultancy	(1,440)	(2,176)	(735)		(3,457)
Establishment	(2,070)	(2,786)	(716)		(4,955)
Premises	(13,123)	(14,374)	(1,251)		(31,443)
Transport	(1,749)	(2,266)	(517)		(4,229)
Audit fees	(62)	(59)	4		(150)
Clinical negligence	(2,006)	(1,965)	41		(4,811)
Training	(859)	(862)	(3)		(2,062)
R&D - non-staff	(369)	(224)	146		(216)
Non-executive directors	(90)	(81)	9		(216)
FV savings	3,613	0	(3,613)		5,163
Other Expenditure	(5,525)	(5,872)	(346)		(13,334)
Grand Total	(62,200)	(70,887)	(8,687)		(149,878)

3.8 **Risks To Forecast Outturn**

As part of the trusts financial recovery work, through the GFGT programme, a detailed financial plan will be presented to the October Finance Business and Investment Committee. The current deficit position is presenting a significant risk to the trusts breakeven plan. Particular risks associated with this delivery include:

- BLMK private sector beds usage continues at current run-rate without additional income to offset the costs incurred.
- NEL private sector beds improvement being unsustainable.
- 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.

3.9 **Mitigation to risks**

In the Summer, we have reframed our savings programme as Going Further, Going Together (GFGT) bringing together our need to deliver cost savings whilst reducing our known cost pressures and run rate at ELFT.

We have removed the £4.5m of 'placeholder' values and £9.1m of unidentified savings in our programme through the creation of executive led high impact workstreams focused on non-pay, workforce, patient flow/productivity, contract optimisation, digital-estates optimisation, clinical pathways and financial know-how.

Our savings plan is phased to deliver primarily in Q3 and Q4 in the year due to the late identification of the programme, which means there is a risk that schemes may not deliver in year. To mitigate this risk, we have redeployed resources to create a delivery PMO and appointed a Financial Sustainability Director.

Whilst it is challenging, it is essential that achieving financial sustainability is seen as the enabler for the Trust to grow and innovate to meet local population needs.

4 Statement of Financial Position (SoFP)

The net balance on the Statement of Financial Position as at 31st August 2024 was £307.4m. The decrease of £13.5m since year-end reflects the unadjusted YTD deficit position.

The key movements since the prior month are: -

- £2.0m reduction in non-current asset values, with depreciation of £3.1m exceeding additions of £1.1m.
- £4.3m reduction in Trade and other receivables with a decrease in invoiced debt of £2.7m (significant payments for the drug and alcohol contract and Aberfeldy Health Centre) and a decrease in prepayments of £1.8m.
- £1.5m increase in Trade and Other Payables with increasing accruals for the national pay award and an additional months PDC charge.

	Prior Year 31/03/2024 £000s	Previous Month 31/07/2024 £000s	Current Month 31/08/2024 £000s	Variance £000s
Non-current assets				
Intangible assets	3,220	2,860	2,770	(90)
Property, Plant and Equipment	270,023	265,557	264,978	(579)
Right of use assets	79,210	77,030	75,690	(1,340)
Investments in associates and joint ventures	1,787	1,787	1,787	0
Other non current assets	969	971	971	0
Total non-current assets	**355,209**	**348,205**	**346,196**	**(2,009)**
Current assets				
Inventories	556	439	448	9
Trade and other receivables	34,051	50,358	46,051	(4,307)
Assets held for sale	350	350	350	0
Cash and cash equivalents	116,413	97,369	100,899	3,530
Total current assets	**151,370**	**148,516**	**147,748**	**(768)**
Current liabilities				
Trade and other payables	(73,690)	(68,531)	(70,033)	(1,502)
Borrowings	(15,248)	(15,248)	(15,248)	0
Provisions	(438)	(506)	(584)	(78)
Deferred income	(7,368)	(15,860)	(14,885)	975
Total current liabilities	**(96,744)**	**(100,145)**	**(100,750)**	**(605)**
Total assets less current liabilities	**409,835**	**396,576**	**393,194**	**(3,382)**
Non-current liabilities				
Borrowings	(88,416)	(86,741)	(85,286)	1,455
Provisions	(496)	(480)	(480)	0
Total non-current liabilities	**(88,912)**	**(87,221)**	**(85,766)**	**1,455**
Total net assets employed	**320,923**	**309,355**	**307,428**	**(1,927)**
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	95,782	93,855	(1,927)
Total taxpayers' and others' equity	**320,923**	**309,355**	**307,428**	**(1,927)**

4.1 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.

Since the original plan, additional PDC funding has been agreed for:

	£000s
NHS 111	96
Crystal Wards wristbands	60
NH Newham Crisis Café	14
TW Inpatient wristband doors	158
SS CAMHS PICU Upgrades	56

Capital expenditure, excluding IFRS16, as at 31st August 2024 was £3.3m, with an in month spend of £1.1m. Against the plan this is a £0.6m YTD underspend.

Collectively digital schemes are £0.1m under plan with delays due to negotiations with the supplier for discounts, looking at alternative laptops options and delays in the delivery of Wireless Access points, partially offset by an overspend for the NHS Wi Fi firewall due to earlier delivery.

Estates schemes are £0.6m underspend YTD, this is predominantly on Asset Property Management.

Programme	Annual Plan £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s
Asset and Backlog Management	2,832	1,321	959	(362)
Mental Health and Security Improvement Plan	369	50	0	(50)
HBPos Luton - Internally funded	431	299	97	(202)
Six Facet Survey Backlog works programme	200	26	0	(26)
Critical, fire and digital spaces infrastructure upgrade	200	26	0	(26)
In Patient Environmental Upgrade and CQC Improvement Plan	400	54	0	(54)
Net Zero Carbon Reduction Plan	100	0	0	0
New Business, Community and Primary Care Development	40	40	0	(40)
Medical Devices/Equipment	20	0	0	0
Digital Systems	125	0	42	42
ICS	100	0	7	7
ICT infrastructure and Service Improvement	770	390	258	(132)
ICT Digital Spaces	1450	496	317	(179)
ICT Unified Communication	477	85	296	211
ICT Cyber Security	840	181	227	46
ICT Digital Portfolio	1000	470	376	(94)
Staff capitalisation	531	230	205	(25)
HBPos Luton - PDC funded	418	278	418	140
Alie Street - New Ways of working	0	0	18	18
Other plant and equipment	0	0	111	111
	10,303	3,946	3,331	(615)

Lease additions and remeasurements for the YTD total £2.5m, £6.5m below YTD plan. This is due to the leases for Outer North East London (ONEL) practices not yet being signed and lease remeasurements being lower than budgeted.

4.2 **Cash**

As at the end of August, the cash balance was £100.9m, a decrease of £15.5m since the start of the financial year.

The graph below shows whilst overall cash balances remain strong there has been a deterioration, this reflects the challenges in the financial position which were supported in the prior year by the use of balance sheet releases and are now being seen in the current year Income and Expenditure position.

Cash balances £000s
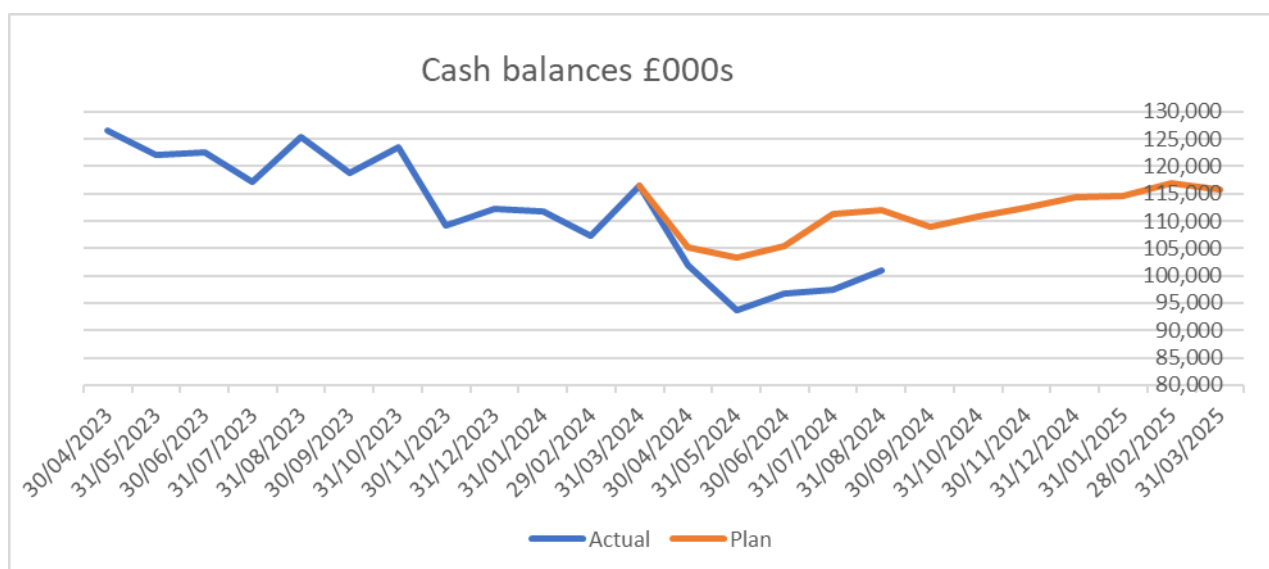
The YTD cash position is £11.1m below plan, the main causes for this are:

- £9.6m due to the operating deficit being higher than plan.
- £1.2m working capital issues with higher receivable balances.

4.3 **Receivables**

The receivables balance in the Statement of Financial Position of £46.1m includes £13.8m of invoiced debt. The remaining balance largely relates to prepayments, accrued income and VAT reclaims.

Invoiced debt

	NHS £000s	Non NHS £000s	Individuals £000s	Overseas £000s	Total £000s
Current	1,846	1,017	38	0	2,901
1-30 Days	1,331	143	16	52	1,542
31-60 Days	716	787	8	0	1,511
61-90 Days	2,517	171	6	0	2,694
Over 90 Days	1,929	1,361	446	1,437	5,173
Total	**8,339**	**3,478**	**514**	**1,490**	**13,821**

Against the above, debts provisions of £2.3m are held, this predominantly relates to debts owed by individuals (including staff) and overseas visitors.

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

4.4 **Payables**

The payables balance in the Statement of Financial Position of £70.0m includes £13.0m 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	1,487	4,371	5,858
31-60 Days	1,183	1,393	2,575
61-90 Days	286	382	668
Over 90 Days	2,413	1,463	3,877
Total	**5,369**	**7,608**	**12,977**

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 94% by value. Performance against the target remains in line with the prior month.
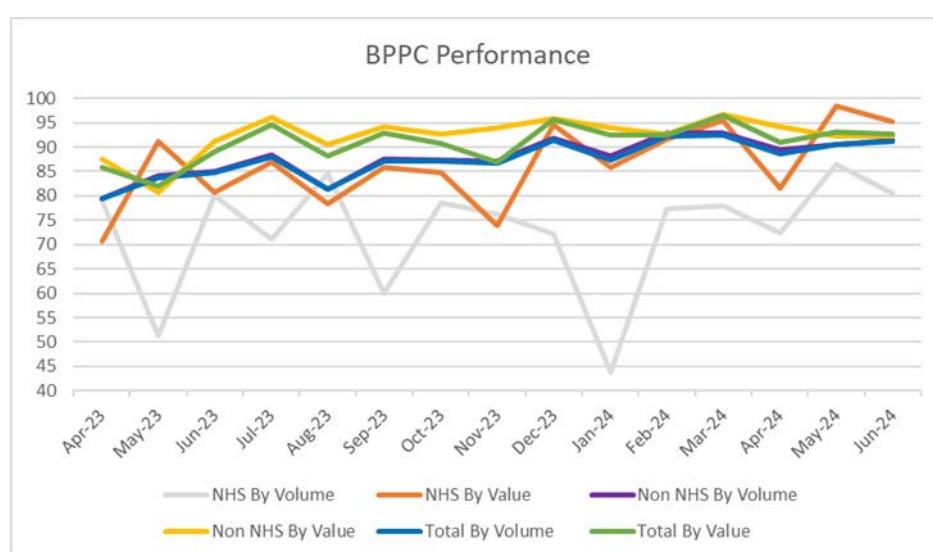
5 Conclusions

5.1 The Trust is reporting an adjusted deficit of £12.5m which is adverse to plan by £9.6m. The 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.

6 Equalities

6.1 This paper has no direct impact on equalities

7 Financial Implications

7.1 These are as stated in this report.

8   Risk

8.1   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).

9   Actions Being Requested

9.1   The Board is asked to:
        a.   RECEIVE and **NOTE** the report

Trust Board Forward Plan 2023-2025

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

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

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

Trust Board and Committee Dates January 2025 - March 2026

Trust Board Meeting (Venues TBC)
18.00 – 19.00 NEDs pre-meeting (day before Board)
10:00 – 12:30 Board in private
13.00 – 15.30 Board in public
15:45 – 16:15 QI/People Participation presentation
- Thursday 30 January 2025
- Thursday 27 March 2025
- Thursday 22 May 2025
- Thursday 24 July 2025
- Thursday 25 September 2025
- Thursday 4 December 2025
- Thursday 29 January 2026
- Thursday 26 March 2026

Trust Board Development Session (Board Room)
- Thursday 27 February 2025 12:00-17:00
- Thursday 1 May 2025 12:00-17:00
- Thursday 26 June 2025 12:00-17:00
- Thursday 23 October 2025 12:00-17:00
- Thursday 18 December 2025 12:00-17:00
- Thursday 26 February 2026 12:00-17:00

Appointments & Remuneration Committee (MS Teams)
- Thursday March 2025 12:00-13:30 TBC
- Wednesday 4 September 2025 14:30-16:00

Audit Committee (MS Teams)
- Thursday 16 January 2025 14:00-16:00
- Wednesday 13 March 2025 11:00-13:00
- Thursday 8 May 2025 14:00-16:00
- Thursday 10 July 2025 14:00-16:00
- Thursday 11 September 2025 14:00-16:00
- Thursday 27 November 2025 11:30-13:30
- Thursday 8 January 2026 14:00-16:00
- Thursday 5 March 2026 14:00-16:00

Charity Committee (MS Teams)
- Thursday 16 January 2025 10:00-11:30
- Thursday 24 April 2025 10:00-11:30
- Thursday 10 July 2025 10:00-11:30
- Thursday 9 October 2025 10:00-11:30
- Thursday 15 January 2026 10:00-11:30

Finance, Business & Investment Committee
(MS Teams; additional meetings at Alie Street)
- Thursday 23 January 2025 10:00-12:00
- Thursday 27 February (Additional) 11:30-12:30
- Thursday 20 March 2025 10:00-12:00
- Thursday 24 April 2025 (Additional) 11:30-12:30
- Thursday 15 May 2025 09:30-11:30
- Thursday 26 June 2025 (Additional) 11:30-12:30
- Thursday 17 July 2025 09:30-11:30
- Thursday 18 September 2025 09:30-11:30
- Thursday 23 October 2025 (Additional) 11:30-12:30
- Thursday 27 November 2025 09:00-11:00
- Thursday 18 December 2025 (Additional) 11:30-12:30
- Thursday 22 January 2026 09:30-11:30
- Thursday 26 February 2026 (Additional) 11:30-12:30
- Thursday 19 March 2026 09:30-11:30

Integrated Care & Commissioning Committee (MS Teams)
- Thursday 16 January 2025 12:00-13:30
- Thursday 13 March 2025 09:00-10:30
- Thursday 15 May 2025 12:00-13:30
- Thursday 17 July 2025 12:00-13:30
- Thursday 18 September 2025 12:00-13:30
- Thursday 20 November 2025 12:00-13:30
- Thursday 15 January 2026 12:00-13:30
- Thursday 19 March 2026 12:00-13:30

People & Culture Committee (MS Teams)
- Tuesday 7 January 2025 11:00-13:00
- Tuesday 4 March 2025 11:00-13:00
- Thursday 1 May 2025 09:00-11:00
- Thursday 3 July 2025 09:00-11:00
- Tuesday 2 September 2025 14:00-16:00
- Tuesday 4 November 2025 14:00-16:00
- Tuesday 6 January 2025 14:00-16:00
- Tuesday 3 March 2025 11:00-13:00

People Participation Committee (MS Teams)
- Thursday 20 March 2025 14:00-16:00
- Thursday 19 June 2025 14:00-16:00
- Thursday 18 September 2025 14:00-16:00
- Thursday 27 November 2025 14:00-16:00
- Thursday 19 March 2026 14:00-16:00

Quality Assurance Committee (MS Teams)
- Monday 6 January 2025 14:00-16:30
- Monday 3 March 2025 14:00-16:30
- Monday 28 April 2025 14:00-16:30
- Monday 23 June 2025 14:00-16:30
- Monday 7 July 2025 14:00-17:00 (Annual Reports)
- Monday 1 September 2025 14:00-16:30
- Monday 10 November 2025 14:00-16:30
- Monday 5 January 2026 14:00-16:30
- Monday 2 March 2026 14:00-16:30

Council of Governors Meetings (Venues TBC)
- Thursday 16 January 2025 17:00-19:00 (online)
- Thursday 13 March 2025 17:00-19:00
- Thursday 8 May 2025 17:00-19:00
- Thursday 10 July 2025 17:00-19:00
- Thursday 11 September 2025 17:00-19:00
- Thursday 13 November 2025 17:00-19:00
- Thursday 8 January 2026 17:00-19:00 (online)
- Thursday 12 March 2026 17:00-19:00

Annual Members Meeting (Zoom)
- TBC