

Board of Directors Meeting in Public

Thursday 5 December 2024 from 13:00 – 16:35

Grove View Integrated Health and Care Hub, Court Drive, Dunstable, Bedfordshire, LU5 4JD

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| 12:15 – 13:00 | Lunch |
| 13:00 – 16:00 | Trust Board in Public |
| 16:10 – 16:35 | People Participation Teatime 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: <i>A Mum's Experience: 'Communication and listening and what happens when that doesn't happen'</i> | Note | | |
| 3 | Declarations of Interests | Assurance | All | 13:25 |
| 4 | Minutes of the Previous Meeting held in Public on 26 September 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 | |
| 7 | Compass Wellbeing CIC Annual Report | Assurance | Richard Fradgley Shona Sinclair Simon Hall | 13:30 |

Strategy

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|----|--|-----------|------------------|-------|
| 8 | Chair's Report | Assurance | Eileen Taylor | 13:50 |
| 9 | Chief Executive's Report | Assurance | Lorraine Sunduza | 14:00 |
| 10 | Audit Committee Assurance Report | Assurance | Alison Cottrell | 14:10 |
| 11 | Integrated Care & Commissioning Committee Assurance Report | Assurance | Richard Carr | 14:15 |
| 12 | 10 Minute Break | | | 14:20 |

Quality & Performance

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|----|---|-----------|------------------------------|-------|
| 13 | People Participation Committee Assurance Report | Assurance | Aamir Ahmad | 14:30 |
| 14 | Quality Assurance Committee Assurance Report | Assurance | Donna Kinnair | 14:35 |
| 15 | Quality Report | Assurance | Dr Amar Shah | 14:40 |
| 16 | Performance Report | Assurance | Dr Amar Shah Edwin Ndlovu | 14:55 |

People

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|----|--|-----------|-----------------|-------|
| 17 | Appointments and Remuneration Committee Assurance Report | Assurance | Deborah Wheeler | 15:10 |
| 18 | People & Culture Committee Assurance Report | Assurance | Deborah Wheeler | 15:11 |
| 19 | People Report | Assurance | Tanya Carter | 15:15 |

Finance

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|----|---|-----------|-----------------|-------|
| 20 | Charitable Funds Committee Assurance Report | Assurance | Peter Cornforth | 15:30 |
| 21 | Finance, Business & Investment Assurance Report | Assurance | Alison Cottrell | 15:35 |
| 22 | Finance Report | Assurance | Kevin Curnow | 15:40 |

Closing Matters

| | | | | |
|----|--|------|---------------|-------|
| 23 | Board of Directors Forward Plan | Note | Eileen Taylor | 15:55 |
| 24 | Any Other Urgent Business*: <i>previously notified to the Chair</i> | Note | Eileen Taylor | |
| 25 | Questions from the Public* | | Eileen Taylor | |
| 26 | Dates of Future Meetings <ul style="list-style-type: none"> • 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) | | | |
| 27 | Close | | | 16:00 |

*verbal update

Eileen Taylor Chair of the Trust

16:10 – 16:35 A People Participation teatime presentation will focus on 'Ambassadors for Access: A checklist for service users and carers of East London NHS Foundation Trust

Board of Directors Register of Interests: as at 28 November 2024

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

| Name | Job Title | Interests Declared |
|-----------------|-----------------------------|--|
| Aamir Ahmad | Vice-Chair (London) | <ul style="list-style-type: none"> • Director and Trustee, Place2Be • Psychotherapy Student, Regents University • Mentor at Mosaic, an LGBT+ young persons charity • Volunteer Counsellor at Naz a charity in West London • Member, British Association of Counselling and Psychotherapy (BACP) • Member, UK Council for Psychotherapy (UKCP) |
| Dr David Bridle | Chief Medical Officer | <ul style="list-style-type: none"> • Member, British Medical Association • Member, Medical Protection Society • Member, Royal College of Psychiatrists • Member, General Medical Council |
| Richard Carr | Senior Independent Director | <ul style="list-style-type: none"> • Director, Richard Carr Consulting Ltd, Management Consultancy • Interim Managing Director, East Midlands Development Company • Managing Director Commissioner, Woking Borough Council • Chair, Improvement Board, Cambridgeshire and Peterborough Combined Authority • Member, Society of Local Authority Chief Executives and Senior Managers (SOLACE) |
| Tanya Carter | Chief People Officer | <ul style="list-style-type: none"> • Board Member of the Healthcare People Management Association (HPMA) 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 • Personal Stylist and Coach, Apex Synergy Styling and Coaching Ltd |
| Anit Chandarana | Non-Executive Director | <ul style="list-style-type: none"> • Group Director, Network Rail |

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

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

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

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

Board of Directors

DRAFT

Minutes of the Board of Directors meeting held in public on Thursday, 26 September 2024 from 1.15pm at Riverside Suite, Venue 360, 20 Gipsy Lane, Luton, Bedfordshire, LU1 3JH and online

Present:

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

In attendance:

| | |
|-----------------------------|---|
| Paul Atkinson (online) | Honorary Ground Worker |
| Fatima Begum | Governor |
| Shahid Begum | Member of Public |
| Yesmin Begum | Governor |
| Liz Birch | Governor |
| Bob Cazley | Governor |
| Derek Feeley | Board Adviser |
| Steve Gladwin | Director of Communications |
| Norbert Lieckfeldt (online) | Corporate Governance Manager |
| Cathy Lilley | Director of Corporate Governance |
| Nicola McCoy | Corporate Secretariat Manager |
| Linda McRoberts | Minute Taker |
| Kamila Naseova | People Participation Lead |
| Caroline Ogunsola (online) | Staff Governor, Lead Governor |
| Jamu Patel | Deputy Lead Governor |
| Claire Pearce | Patient story presenter |
| Gary Porter | Relationship Manager, Pulse (Recruitment company) |
| Stephanie Quitaleg | Senior Executive Assistant |
| Sasha Singh | Director of Nursing |
| David Stevens | Director of Estates & Facilities |
| Felicity Stocker | Governor |
| Caitlin Tilley | Health Service Journal |

Apologies:

None

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. She informed Board that Richard Carr, Anit Chandarana and Donna Kinnair will need to leave early

Eileen recognised recent awareness dates and celebrations including: World Alzheimers month, World Suicide Prevention Day, World Patient Safety Day and International Day of Peace.

Eileen advised the meeting will be recorded for minute taking purposes and reminded everyone that this is a meeting of the Trust Board held in public. Questions relating to agenda items can be asked at the end of the meeting if time allows and questions submitted online will be answered online after the meeting.

- 1.2 Apologies were noted as above.

2 Patient Story – Peer Support in Physical Health

- 2.1 Claire Pearce, a service user from Bedfordshire Community Health Services shared her experience after contracting long Covid:

- Prior to Covid Claire led a busy life as a wife, mother of three, employee and a student. After completing treatment at the long Covid clinic she realised she did not feel like her pre-Covid self.
- Towards the end of her treatment Claire was referred to people participation as she felt isolated having lost both university and work connections along with friends who did not understand her condition.
- Through her involvement with PP Claire gained valuable skills and confidence which helped rebuild her social life and improve her physical health.
- Claire believes that an earlier referral to PP would have helped her treatment to be more effective as PP (People Participation) has been instrumental in improving her physical and mental wellbeing.
- Claire participated in a pain management course which involved weekly meetings with about 30 people. Hearing from others with similar experiences was immensely helpful reinforcing the clinicians' advice and providing hope and support.
- Many people struggle with mental health issues stemming from their physical conditions, a concern often overlooked by physical health services. The PP group's patient approach has been crucial in her recovery.
- Claire and her group are eager to know how the Trust plans to expand peer support within community services.

- 2.2 In discussion, the Board:

- Praised Claire for articulating how crucial support beyond purely clinical care can significantly impact on individuals' lives especially in the context of current financial constraints; it is particularly important to recognise that people may face a range of intertwined mental and physical health issues.
- The Trust is committed to ensuring that PP is integrated across all services and appreciated Claire's insights on areas for improvement.
- Acknowledged the challenges faced during events, such as employment workshops, to adequately consider both physical health and mental health needs.
- Noted that while Claire had found her physical treatment invaluable, it alone would not have sufficed, and that personal experiences shared in the group setting enriched her understanding of medical information. Claire has barely taken any pain relief since

participating in the pain management course and believes that much of her learning came from her peers.

- Noted that many individuals arrive at health services expecting providers to have all the answers. However, they recognised that a significant part of recovery involves self-discovery and personal effort, often inspired by those who have navigated similar challenges.
- Suggested Claire's experience illustrates the value of peer support as a form of social prescribing, although not formally labelled it as such. The Board considered that it might be beneficial to reevaluate how this support is categorised.
- Thanked Claire for her presentation and the challenge.

3 Declarations of Interests

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

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

4.1 The minutes of the meeting held on 25 July 2024 were **APPROVED** as a correct record.

5 Action Log and Matters Arising from the Minutes

5.1 The Board noted the following update to the action log; other actions are not yet due:

- Action 399 (to include recruitment and retention deep dive review on People & Culture committee forward plan) and 395 (amendments to minutes) are closed.

6 Matters Arising from Trust Board Meeting in Private

6.1 Eileen Taylor advised:

- The Care Quality Commission (CQC) had conducted a review of the case in Nottingham, which resulted in three deaths. As a result the CQC has requested mental health Trusts benchmark their practices against a checklist of identified issues, which ELFT will be doing this month.
- A comprehensive review of finances is planned for the December Board meeting.

7 Chair's Report

7.1 Eileen Taylor presented the report highlighting:

- During a recent visit to Coral Ward in Luton, patients praised the care they received and specifically noted improvements in food quality from a recent QI project. She observed first hand the significant challenges in discharging clinically ready patients, noting the critical role of social workers in addressing housing and benefits issues to facilitate smoother discharge.
- At the learning disability conference for staff Simon Bedeau, the people participation lead for learning disability, shared powerful feedback from service users in a presentation titled "in our words":
 - Laura emphasized, "I know my own needs," showcasing her active involvement in Trust recruitment processes and advocating for a broader understanding of disabilities.
 - Zoe urged ELFT to enhance support for individuals with learning disabilities in securing employment, advocating for more job opportunities within the Trust.
 - Charley is developing videos to assist GPs in addressing access needs, emphasizing that support should extend to all individuals, not just select groups.

- The North East London Mental Health, Learning Disabilities & Autism (NEL MHLDA) Collaborative has been shortlisted for the HSJ Award for “Provider Collaborative of the Year”. An equivalent collaborative is starting next month in BLMK.

7.2 Non-Executive Directors’ Visits

Visit to Brett Ward, City & Hackney: Peter Cornforth had visited with Donna Kinnair and highlighted:

- The centre for mental health at Homerton Hospital focuses on providing short and targeted admissions. A creative display of self-portrait painting showcased active service user participation.
- The team expressed pride in their teamwork and achieving positive results especially given the increased acuity over the past 18 months. They recently achieved service user led accreditation at silver.
- During discussions with staff, they acknowledged the challenges they face in respect of observations but emphasised that a strong focus on their purpose motivates their work.
- Staff shared some of their issues and challenges, such as bed pressures and frustrations with IT capabilities; these issues have been fed back to execs for further attention.

Visit to Crisis Team, Bedford: Alison Cottrell had visited with Richard Carr and highlighted:

- A wide range of activities are covered including a nurse-led crisis line, a triage service in collaboration with the Police and working with the community mental health team.
- Two key observations were the team’s motivation, professionalism and creativity as well as the significant role of service user and carer involvement in shaping services.
- The team has introduced new initiatives such as staff diaries for home visits to prevent duplication of efforts and the use of QR codes to gather immediate feedback.

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

8 Chief Executive’s Report

8.1 Lorraine Sunduza presented the report, highlighting:

- The recent race riots have deeply affected our communities, prompting ELFT to create safe spaces. However, there remains important work to be done in how we continue to support those impacted.
- The celebration of the befriending service, a service which originated during the isolation of the Covid pandemic and continues to thrive. The event highlighted the mutual benefits for both those receiving support and the befrienders themselves.
- Breakfast meetings with clinical directors have provided the opportunity to discuss some of the challenges including achieving a balance between quality and financial viability. The feedback has been invaluable.
- The findings of the Darzi investigation are beneficial particularly in the context of Covid. It is encouraging that ELFT received positive mention and recognition for its co-production efforts, commitments to becoming a Marmot Trust and the initiatives to address health inequalities. The Trust will work closely with partners to respond to the findings with further discussions planned for Board committees.
- As part of the NEL MHLDA Collaborative, she is proud to be working with Chief Nurses focusing on those who present with mental illness and working with service users to look at ways to improve their experience in ED and acute hospitals.
- BLMK ICB are finalising its health services strategy with an ambition to shift towards prevention and achieve parity between physical and mental health.

- Although operationally it has remained busy there has been a sustained reduction in bed occupancy, and Lorraine expressed gratitude to staff for their dedication, particularly in reducing reliance on private beds.
- The Trust has been selected as one of six national providers to lead a pilot for 24/7 mental health services Pilot in Tower Hamlets, drawing on the learnings from work in Italy. Feedback will be presented to the Quality Assurance Committee and to Board.
- The People Participation Awards celebrated and recognised the contribution of service users, carers and volunteers, highlighting that diversity enriches ELFT's work.
- Recent appointments include Claire McKenna as substantive Chief Nurse and Shona Sinclair as Chair for Compass Wellbeing. Congratulations were also extended to Eileen Taylor for her reappointment as Chair for both ELFT and NELFT.

8.2 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 meeting held on 12 September 2024 highlighting:

- All committees have successfully implemented the updated Board Assurance Framework (BAF), which has enhanced visibility into mitigations and controls. Productive discussions have taken place regarding potential further developments to strengthen this framework.
- The introduction of a new business case and capital investment policy aims to establish stronger controls, ensuring effective oversight and accountability in financial investments.
- The completion of the 2023/24 accounts is pending the finalisation of the local authority pension scheme audit, now expected to be completed by December. Implications of this delay will be discussed with NHSE and the Board will be updated on any developments.

9.2 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 12 September 2024 highlighting:

- There are some concerns that financial pressures may hinder BLMK's progress toward driving forward collaboration which will lead to better outcomes. However, the development of a health strategy focused on prevention is a positive step with a strong emphasis on the need for commitment to deliver.
- The NCEL Perinatal Collaborative team is effectively managing emerging risks demonstrating resilience in their efforts.
- The NEL CAMHS Collaborative continues to perform well.
- A joint meeting with the ICCC equivalent in NELFT is being scheduled as part of the continued effort to foster greater cooperation and collaboration within the system.

10.2 In discussion the Board:

- Highlighted that the waiting list challenge is across the sector, not limited to acute trusts. It is essential to identify and share effective strategies that help service users cope with the financial crisis.
- Received assurance that collaborative committees actively discuss initiatives that positively impact service users which informs improvement plans. The upcoming meeting of both ICB Boards in November will focus on mental health in the community, presenting an opportunity to address investment needs and the context of historic under-investment.
- Noted an implementation plan will follow the BLMK strategy which will clearly outline how the strategy will be realised in practice.

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

11 Patient Safety – Mental Health Inpatient Observations

11.1 David Bridle and Claire McKenna provided the update:

- The issue of missed and, in some cases, falsified observations is a serious concern and is a complex challenge that requires a multi-faceted approach to resolve.
- Efforts are being made to address this by examining safety cultures and fostering an environment where staff feel safe to report when observations cannot be completed. A just culture is being promoted to encourage transparency and accountability. Both systemic and human factors are being analysed to identify the root causes of the problem, and work is ongoing to address these underlying issues.
- Significant progress has been made and plans for further action are underway. An external expert in human factors is collaborating with the team to explore additional strategies for improvement.
- While the responsibility primarily falls on nursing staff, patient safety is a systemic concern that involves the entire multidisciplinary team.
- Key work undertaken so far include:
 - Safer staffing investments ensuring staff have the appropriate conditions to work as intended, which is making a significant impact.
 - Training and team engagement on observation practice, expectations on care and documentation honesty as well as discussions on procedures when observations cannot be completed.
 - An extensive QI project across 52 wards implemented, generating change ideas from service users and carers to improve both compliance with, and experience of, observations. This has resulted in impressive improvements in completion rates as well as a reduction in violence and restrictive practices.
- Planned work will focus on human factors and gathering input from service users on their perceptions of safety and what they think will make them safe. While observations are one tool for safety other factors also contribute to how safe and cared for individuals feel.
- ELFT is actively participating in various to address these challenges including collaborations with Scotland where there are interesting initiatives focused on MDTs and strategies to enhance patient safety.
- Plans are being tested with the CQC and ICB as this is a national challenge.

11.2 Donna Kinnair informed Board there had been a discussion on this topic at the Quality Assurance Committee which included:

- Considering the indepth review of the cases from 2018 to identify correlations, interruptions and environmental factors affective staff performance.
- During a visit to Brett Ward, Donna and Peter found that frontline staff echoed findings from the report and shared their efforts to enhance observation practices.
- Recognised staff understanding the purpose of observations is crucial as is informing patients about these practices. Educating staff on the rationale behind observations can help prevent the automatic placement of patients under observation.
- The Trust has set up an oversight group to look at the issues and is actively participating in national improvement initiatives.

11.3 In discussion the Board:

- Supported the approach taken and noted that the aims for a sustainable, long-term improvement rather than a quick fix.
- Questioned the availability of digital tools that could support the human element of this work. Noted work is under way to identify and develop a more efficient way to record

observations through a new form of technology known as a 'power app'. This will be tested incrementally and the necessary infrastructure for mobile recording will be evaluated.

- Confirmed that currently the Trust is unable to conduct digital observations at the bedside as the wi-fi is not robust. Plans are in place to upgrade the infrastructure to support patient status monitoring and ensure seamless digital recording capabilities.

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

12 People Participation Committee Assurance Report

12.1 As chair of the committee, Aamir Ahmad presented the report of the meeting held on 19 September 2024, highlighting:

- The discussions on the 'Getting the Basics Right' priority. This is an area that can make a big difference to service user experiences. It encompasses a range of aspects from arranging appointments and appropriate communication to the quality of service people receive when upon entry to facilities. Numerous examples of good practice were shared highlighting the importance of listening and responding to service users and their needs. This will continue to be a focus for the Working Together Groups.
- The review of the volunteers' programme is having a positive impact with volunteers working alongside clinical staff to enhance service user support. New processes have been introduced to facilitate easy onboarding of volunteers ensuring they feel supported and fulfilled in their roles. This initiative, along with peer support, befriending and broader people participation work demonstrates the Trust's strong commitment to co-production and active participation.
- It was agreed that the BAF score should remain unchanged. A continued focus will be on assessing whether people participation methods are being utilised consistently across all services.

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

13 Quality Assurance Committee Assurance Report

13.1 As chair of the committee, Donna Kinnair presented the report from the meetings of 18 July and 2 September 2024, highlighting:

- The discussion on observations was reported at item 11 above.
- The positive impact of the flow work which has successfully eliminated the need for private beds in NEL.
- The indepth quality and safety presentations of mental health services in Newham and Tower Hamlets, as well as CAMHS and SCYPs. All these services face challenges but significant efforts are under way to improve access and address the challenges.
- Comprehensive quality impact assessment processes involving multiple stages to ensure through scrutiny have been implemented to evaluate the financial savings schemes.
- The committee was delighted that the CAMHS Eating Disorder team won the Royal College of Psychiatry Team of the Year award.
- Positive news that the Data Security & Protection Toolkit has met all standards with no actions required.

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

14 Quality Report

14.1 Amar Shah presented the report, highlighting:

- The assurance section highlights efforts to support the leadership teams in establishing effective quality control practices, enabling them to work with accurate data, interpret meaningfully and take informed actions. The report provides a summary of lessons learned so far with further details to follow upon project completion.
- The improvement section describes the ongoing flow programme aimed at eliminating private bed usage. While this goal has been achieved in NEL, work continues in Bedfordshire and Luton. The next phase will focus on optimising bed occupancy and reducing length of stay, the aim is an average of 40 days in adult mental health patients.
- The equity programme was launched recently, focussing on non-attendance at appointments. Currently there is an average of 16% of appointments missed with significant variation between affluent and more deprived areas. The 28 teams involved in this project have c1,000 missed appointments per month so this initiative provides a meaningful opportunity to enhance access and continuity of care.

14.2 In discussion the Board noted:

- The quality control programme has identified a common issue of information overload, where too much data hinders effective analysis. The project now focuses on guiding teams in consolidating key metrics, balancing quantitative data with narrative insights to enhance clarity and actionable understanding.

15 Performance Report

15.1 Amar Shah and Edwin Ndlovu presented the report, highlighting:

- This is a revised report with a streamlined dashboard of system measures across the six dimensions of quality.
- Growing waiting lists, especially in autism and ADHD for adults services, remain a concern as demand continues to outpace capacity. Efforts are under way in both systems to explore a long-term system-wide approach to address this.
- There are notable achievements including improved safety with 72-hour follow-up after inpatient discharge, and outcomes from both Talking Therapies and Early Intervention services exceeding national targets. Additionally, access to perinatal services has increased and management of pressure ulcers in community health services has shown a marked improvement.
- An increasing trend of physical violence on wards will be a priority over the coming months. There is confidence in maintaining stable private bed use in NEL at c85% occupancy which historically has helped reduce violence and aggression. Some teams remain cautious about out of area admissions; however, there is a focus on ensuring all patients needing a bed receive appropriate care.

15.2 In discussion of the quality and performance reports the Board:

- Stressed the importance of ensuring all patients including those from outside of area receive consistent and equitable care and suggested raising this at commissioner-level to ensure a system-wide approach.
- Praised the DNA initiative and noted this work aims to understand reasons for missed appointments and reduce repeated non-attendance. The Trust's proactive approach includes calling patients who miss appointments and, in unreachable, assessing their risk level to determine follow up actions.
- Encouraged continued innovation including community-tailored communication such as WhatsApp which service users prefer. The digital team is actively identifying, reviewing and testing these engagement routes.
- Noted that winter planning is under way within the systems. Building on effective practices from the flow program, mental health discharge-to-assess pilots and step-down bed management have shown promising results. With no additional funding for winter,

ELFT is focused on optimising these initiatives within budget and prioritising workforce wellbeing during this challenging period.

- Recognised the importance of triage within the ADHD population to prioritise those in greatest need. Given current resource limitations and long waits, there was a recommendation to shift system discussions beyond bed availability to also assess if patient care needs are being fully met, regardless of their location or origin.

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

16 5 minute break

17 Appointments & Remuneration Committee Assurance Report

17.1 As chair of the committee, Deborah Wheeler took the report of the meeting held on 24 July 2024 as read.

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

18 People & Culture Committee Assurance Report

18.1 As chair of the committee, Deborah Wheeler presented the report of the meeting held on 4 September 2024, highlighting:

- Discussed the potential implications of the upcoming ten-year plan, particularly in relation to people-focused issues, and will await further insights on its alignment with the Darzi report.
- Reviewed the Workforce Race Equality and Workforce Disability Equality action plans and requested a deep dive into workplace adjustments to better understand their complexities.
- The women's network presented and the committee would encourage all senior leaders to attend a network meeting to increase visibility and engagement with the network.
- To enhance organisational insight, the committee will shift from 'people and culture' presentations to presentations from individual directorates, providing a broader view of operational dynamics across the Trust.

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

19 People Report

19.1 Tanya Carter presented the report, highlighting:

- Making good progress in the Going Further, Going Together (GFGT) establishment workstream. All clinical off-framework agencies have been phased out with plans to remove all non-clinical and admin agency staff by the end of the month.
- In terms of the I&I control, the initial assessment has been completed and an action plan is in place to further strengthen controls.
- Phase 2 of the supervision tool launched in early September includes 'trialogue', a measurement tool designed to provide insights into staff wellbeing.
- Efforts to progress anti-racism work are being prioritised, particularly in the light of recent unrest in the UK.
- Employee relations activity remains high with continuous engagement with the joint staffside committee to explore ways the Trust can better support staffside.

19.2 In discussion the Board:

- Acknowledged the extension work in implementing the trialog supervision template led Dr Frank Rohricht and Paul Binfield. This initiative required careful planning to address the

varying needs of different professions, and the addition of dialogue is expected to yield valuable insights.

- Commended the efforts in reducing reliance on off-framework agency usage which has resulting in cost savings and a decrease in temporary staffing spend on the wards.
- Recognised the difficulties London faces in international recruitment due to the high cost of living. In contrast, Bedford and Luton offer a better settlement rate, though the need for drivers' licences and vehicle ownership presents challenges.
- Noted the ongoing initiatives to promote respectful resolution of employee issues, including training for managers and mediators to facilitate informal problem-solving. A recent survey of participants in this process will inform improvements, and policies are being reviewed to create a comprehensive resolution policy based on best practices from other Trusts.

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

20 Finance, Business and Investment Committee Assurance Report

20.1 As chair of FBIC, Sue Lees presented the report of the meeting held on 19 September 2024 highlighting:

- The position remains adverse to plan.
- The committee focussed on the work of the GFGT group and was encouraged by the recent appointment of a dedicated lead for the programme which has noticeably accelerated the progress. With a structured programme now in place to meet the target, the focus is shifting from planning to implementing schemes.
- As reported already, the impact of these efforts is beginning to show. Emphasis remains on improving quality while achieving cost savings evidenced by the significant reduction in out of area placements which is enhancing patient experience whilst reducing costs. The reductions in agency spend are also contributing to savings and establishing a stable permanent workforce will improve both patient and staff experience.
- The digital update highlighted encouraging progress. The team is focused on establishing a solid infrastructure foundation essential for driving desired digital improvements which highlights the importance of this groundwork.
- Procurement efforts continue with the committee requesting more detailed analysis of how these activities are enhancing social value. A presentation highlighted the collaborative work within the ICS to consolidate procurement services, leveraging economies of scale to maximise benefits.

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

21 Finance Report

21.1 Kevin Curnow presented the report highlighting:

- At month 5 there is a £12.5m deficit, nearly £10m off plan, primarily driven by increased ward security needs, reliance on agency staffing due to challenges in filling medical vacancies, and delays in achieving targeted savings. Additional non-pay pressures include rising drug costs without additional funding and some increased premises costs.
- Both BLMK and NEL ICSs are facing difficult financial pressures with NEL reporting an £87m deficit at month 5 and BLMK an £18m deficit at month 4.
- Positive progress includes the reduction of private beds use in NEL from c£1m at the beginning of the year to zero in NEL, marking a significant achievement. BLMK has also shown progress, albeit at a slower rate. Additionally, agency spending has decreased from c£2.5m per month to about £1.8m, contributing to cost control efforts.

- Since its launch in July, the GFGT programme has gained momentum with strengthened governance and the redeployment of staff into a project management office to drive efforts forward.
- Achieving the required savings will be challenging but there is confidence that there are opportunities to stay on track with the plan. The committee was assured by QAC's feedback that cost-saving measures are not impacting negatively on service users.

21.2 In discussion the Board:

- Recognised the scale of the challenges but agreed there is reason to be optimistic.
- Noted the Investigation & Intervention (I&I) regime is a 12-16 week programme with PA Consulting conducting the initial four-week investigation which will assess ELFT's controls and potential savings opportunities. Early findings align with the Trust's prior discussions although ELFT will need to ensure that cost-saving measures do not compromise quality of care.
- Noted the Trust has implemented quality impact assessment frameworks for mental health, learning disabilities and autism, and community health services. The next step will involve working with the ICB to extend quality impact assessments across the system, including acute and primary care services where similar issues are being grappled with.
- Received assurance that ELFT is working closely with local authorities and place-based partners to consider the impact of savings programmes on inter-dependencies.
- Noted the ICB Board highlighted the importance of quality impact assessments when looking at the financial challenges.
- Agreed the importance of responding promptly to financial pressures while maintaining thoughtful, values-driven decision-making to avoid unintended impacts.

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

22 Board of Directors Forward Plan

22.1 Noted.

23 Any Other Business

23.1 The Board commented that despite the pressures there are reasons to bring positivity to work and feel confident ELFT has the tools to meet these challenges. The Board's top priorities remain the quality and safety of services, as well as the experience of the staff.

24 Questions from the Public

24.1 The Governors congratulated Eileen Taylor on her re-appointment as Chair.

25 Date of the Next Meeting

25.1 Thursday 5 December 2024 at 1pm in Bedford.

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 26 September 2024

| Ref | Meeting Date | Agenda item | Action Point | Executive Lead | Due Date | Status | Comments |
|-----|--------------|-----------------------|--|----------------|-----------|-------------|---|
| 394 | 23-May-24 | Quality report | Review opportunity to align cycle of NED visits with stakeholder led accreditation programmes | CMc | | 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. |
| 386 | 28-Mar-24 | ICCC assurance report | Review purpose of committee and priorities | RF/AS | 27-Feb-25 | 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. To be brought back to Board at February BDS, in readiness for the 25-26 plan (and development of our next 5-year strategy for 2026-31). |
| 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 | Closed | Action now closed: included in QAC forward plan |
| 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 | Closed | This is being taken forward by QAC as part of the content of the patient safety quarterly report to the committee. |
| 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 | Closed | This will be taken forward as part of the safer staffing report to People & Culture Committee. |
| 400 | | | | | | | |
| 401 | | | | | | | |
| 402 | | | | | | | |
| 403 | | | | | | | |

| |
|------------------------|
| In progress with delay |
| Closed |
| Forward plan |
| Not due |

REPORT TO THE ELFT TRUST BOARD
5 December 2024

| | |
|---------------------------------------|--|
| Title | Annual Update: Compass Wellbeing CIC |
| Authors | Simon Hall, Interim Chief Executive of Compass Wellbeing Shona Sinclair, Chair of Compass Wellbeing |
| Accountable Executive Director | Richard Fradgley, Deputy Chief Executive |

Purpose of the report

This report provides the ELFT Board with an update on the development of Compass Wellbeing CIC in line with the Trust's strategy. In particular the report:

- Provides an update on Compass Wellbeing's activities over the last year and its refreshed focus on supporting ELFT's Marmot Trust ambitions
- Notes the recruitment of a new Chair who took up her position in September 2024, and the process being undertaken to recruit a new substantive Chief Executive.
- Details the overall financial position of the CIC, including the final position for 2023/24 and the projected final out-turn position for 2024/25.
- Outlines the need for Compass Wellbeing to diversify its income streams in the next couple of years, and proposes a process for development of a longer term strategy for the company over the next six to nine months.

Committees/meetings where this item has been considered

| Date | Committee/Meeting |
|----------|--|
| 12/11/24 | The contents of this paper have been considered at the Compass Wellbeing CIC board meeting |

Key messages

Background

Compass Wellbeing CIC is a Community Interest Company (CIC), wholly owned by the Trust. The mission of Compass Wellbeing is to carry the mantle of social justice so that the organisation is able to positively impact on the outcomes for the disadvantaged and vulnerable in society, and to promote ELFT's mission as a Marmot Trust.

Each year the ELFT Board receives a report from Compass Wellbeing on its activities and progress over the last year, which provides an opportunity for the Trust to get a more detailed insight into its work and to provide, as the sole shareholder in the company, a perspective on future direction and strategy.

Dr. Mohit Venkataram undertook the role of Chief Executive of Compass Wellbeing in addition to his role as ELFT's Commercial Director until his resignation in March 2024. Since this time the role of Compass CEO has been undertaken on an interim basis by Simon Hall, whose role has been to ensure that Compass functions effectively during this interim period, refresh governance arrangements and aims and objectives, and prepare for the recruitment of a new Chair and CEO. Shona Sinclair was appointed as the new Chair and took up her role from 2 September 2024. The process for the appointment of a substantive Chief Executive has almost concluded and a verbal update on this will be provided at the meeting.

Strategic priorities this paper supports

| | | |
|-----------------------------|-------------------------------------|--|
| Improved experience of care | <input checked="" type="checkbox"/> | Compass Wellbeing's key contribution to ELFT's strategic priorities is in the area of improved population health. Compass is also explicitly working to support ELFT's ambitions as a Marmot Trust. Through its work on medical devices, its |
| Improved staff experience | <input checked="" type="checkbox"/> | |

| | | |
|------------------------------------|-------------------------------------|---|
| | | employment initiatives, and its work with the voluntary and community sector, Compass Wellbeing also contributes to improving the experience of care and improving value. Additionally Compass Wellbeing contributes, via the ELFT Charity, to initiatives to improve staff welfare. |
| Improved value | <input checked="" type="checkbox"/> | |
| Improved population health outcome | <input checked="" type="checkbox"/> | |

Implications

| | |
|--------------------------|--|
| Equality Analysis | Compass Wellbeing's refreshed mission is in line with promoting social justice and equality, and explicitly providing support to ELFT's Marmot Trust ambitions. |
| Risk and Assurance | As part of refreshing governance arrangements, the Compass Board has put in place a refreshed risk register, which it keeps under review. |
| Service User/Carer/Staff | Compass Wellbeing is committed to supporting the social justice agenda and to promoting ELFT's Marmot Trust ambitions. Compass Wellbeing looks to involve service users actively in all its work, and through its work with the EFLT Charity provides support to Trust staff. |
| Financial | 2023/24 annual accounts have been independently reviewed by RSM UK Tax and Accounting Ltd., and were agreed at the Compass Wellbeing Board on 12 November 2024. The Compass Wellbeing Board is working to develop a refreshed strategy, which includes opportunities for growth and diversification. |
| Quality | The purpose of setting up the subsidiary relationship between Compass Wellbeing and ELFT was to deliver improved quality of provision for residents served by the Trust. This purpose is enshrined in the workplan and strategy for Compass Wellbeing and is well articulated in its Impact Report. |

1.0 Background

- 1.1 This annual report presents the ELFT Board with an update on the achievements of Compass Wellbeing Community Interest Company (CIC), and provides the Board with assurance that the company is delivering services in line with the Trust's strategy. Compass Wellbeing was acquired by ELFT in November 2018. The Trust is the sole shareholder of the CIC which exists to promote social justice and to further ELFT's mission as a Marmot Trust.

2.0 Impact Report 2023/24

- 2.1 Attached as Appendix 1 of this report is the latest Impact Report produced by Compass Wellbeing. It provides an overview of service provision, detailing the various activities undertaken in furtherance of the organisation's aims.
- 2.2 The organisation continues to focus predominantly on working with organisations in the voluntary, community and social enterprise sectors and passed over £5.4 million to such organisations during the year. The support provided is tailored to smaller and medium-sized organisations, and particularly targets organisations that focus on mental health and wellbeing. This work is underpinned by an extensive database and is supported by a small team of community development workers. A range of training and development initiatives are also provided as part of Compass Wellbeing's offer to these organisations across the footprint of ELFT and the North Central and East London Mental Health Collaborative.
- 2.3 Compass Wellbeing also offers a range of service user training and employment programmes as well as support and management of over 8,000 medical devices across the ELFT footprint. We've also teamed up with the ELFT Charity to provide support around fundraising.

3.0 Voluntary, community and social enterprise support

- 3.1 Compass Wellbeing has a long history of working with the voluntary, community and social enterprise sectors. It works closely with, and provides support to, organisations directly as well as working with the myriad of voluntary sector umbrella organisations (such as Councils for Voluntary Services – CVS) across its footprint. Compass Wellbeing does not see itself as a competitor with these organisations but seeks to complement what they offer.
- 3.2 As Compass Wellbeing is owned by the NHS it is ideally positioned to serve as a bridge between the healthcare system and voluntary and community sector organisations due to its unique blend of public accountability and operational flexibility. As part of the NHS, Compass Wellbeing has direct access to healthcare infrastructure and resources, ensuring it can address health-related needs effectively. At the same time, being structured as a CIC allows for a more agile, mission-driven approach that aligns with the voluntary sector's emphasis on community welfare and social impact. This combination enables Compass Wellbeing to foster strong partnerships, facilitate collaborative initiatives, and ensure that both ELFT's priorities and the goals of voluntary and community organisations are met, creating a more integrated and holistic approach to public health and social care.

4.0 ELFT Charity

- 4.1 Compass Wellbeing is the ideal vehicle for delivering for the ELFT Charity because it is able to combine the best elements of public service with entrepreneurial agility. Unlike traditional NHS trust structures, a CIC can operate with greater flexibility and innovation,

enabling it to quickly adapt to emerging needs and opportunities. Compass Wellbeing's clear social mission ensures that it is able to reinvest its profits into public health, community or ELFT staff wellbeing initiatives, aligning with the values of ELFT. Moreover, Compass Wellbeing already has strong relationships with local voluntary sector organisations and stakeholders, enabling greater collaboration and allowing the potential to expand the impact of charity funds. The ELFT Charity can benefit from Compass Wellbeing's dual strengths of being mission-driven, like a charity, and operationally nimble, like a business—allowing for more effective fundraising and delivery of health-related services and support.

- 4.2 In the last year Compass Wellbeing has been working closely with the ELFT Charity to provide support and fundraising services. The level of fundraising directly delivered has not been as high as was hoped, although the ELFT Charity has benefitted from being the recipient of dividends from Compass Wellbeing. For the last two years Compass Wellbeing has funded, via the ELFT Charity, the provision of vitamin D to ELFT staff as well as sponsoring the annual ELFT staff awards event.

5.0 Statutory requirements and governance

- 5.1 The articles of the company are registered at Companies House and a CIC annual update report (CIC34) was lodged for 2022/23. The CIC34 for 2023/24 was ratified by the Compass Wellbeing Board at its meeting in November 2024, and will be lodged following this Board discussion.
- 5.2 All documents posted to Companies House are available for public viewing and a link to all Compass Wellbeing submissions to Companies House is available on the Compass Wellbeing website.
- 5.3 Compass Wellbeing's Chair and Chief Executive are appointed by the ELFT Board (the latter in conjunction with the Compass Wellbeing Chair). Compass Wellbeing is an important asset for ELFT, and other Trusts across the country are currently looking at setting up similar bodies to undertake work that is more at "arm's length" from the Trust. During the spring and summer of 2024, the Compass Wellbeing Board reviewed its aims and objectives to reflect better the aims of the Trust, and to focus on the delivery of the Trust's commitments to being a Marmot Trust.

6.0 Finance

- 6.1 Compass Wellbeing CIC is a healthy "going concern" with reserves exceeding the recommended three months' running costs. It ended 2023/24 with a profit of £268,367, which were added to the organisation's reserves.
- 6.2 The high level figures for 2023/24 for the company are outlined in Table 1 (below):

| | Total |
|-------------------------------------|----------------|
| Sales | 7,025,192 |
| Direct expenses | 6,320,221 |
| Gross profit | 704,970 |
| Overheads & other income | 343,673 |
| Net profit / (loss) | 361,297 |
| Corporation Tax | 92,930 |
| Retained Earnings | 268,367 |

Table 1: 2023/24 Compass Wellbeing Profit and Loss (Abbreviated)

The year end balance sheet for 2023/24 was as in Table 2:

| | As at 31st March 2024 |
|--|------------------------------|
| Fixed assets | 43,586 |
| Current assets | 4,106,219 |
| Current liabilities | 2,520,095 |
| Current assets less current liabilities | 1,586,124 |
| Total assets less current liabilities | 1,629,710 |
| Long term liabilities & provisions | 1,092 |
| Net assets | 1,628,618 |
| Capital and reserves | |
| Share capital | 3 |
| Current Year Earnings | 268,367 |
| Profit & loss account | 1,360,248 |
| Total Capital and Reserves | 1,628,618 |

Table 2: Balance Sheet for Compass Wellbeing 2023/24 (Abbreviated)

- 6.3 The 2023/24 Annual Accounts for Compass Wellbeing can be found at <https://find-and-update.company-information.service.gov.uk/company/08451249/filing-history/MzQ0NDExODQwMWFkaXF6a2N4/document?format=pdf&download=0>. They have been approved, following an independent limited assurance review, by the Compass Wellbeing Board (on 12 November 2024). A CIC34 report is the form used by Community Interest Companies for annual reporting. Each year, Compass Wellbeing submit the report to the Regulator of Community Interest Companies and this has been submitted for 2023/24 at the same time as the accounts have been filed.
- 6.4 The current projection for Compass Wellbeing for 2024/25 shows a surplus forecast of £84k. The profile of the company's business, in common with many other health and care related organisations, is that contracts and budgets iterate and firm up as the financial year progresses.

- 6.5 Over the next couple of years Compass Wellbeing will focus on growth and diversification. It is expected that the Compass Wellbeing Board will work closely with the new permanent Chief Executive to promote the organisation further and make links across the wider NHS, as well as across other statutory and non-statutory services. In making this transition it will be imperative for ELFT to continue its support for Compass Wellbeing. The longer-term success of Compass Wellbeing is dependent on ELFT promoting Compass Wellbeing as the preferred partner for the delivery of its unique range of services and its ability to create innovative solutions to the challenges faced by our partner organisations, being a “translator” between the statutory and voluntary sector and an additional resource to enable organisations deliver their goals. to its network of partner organisations and stakeholders. Through this partnership, ELFT will be expected to actively endorse Compass Wellbeing’s capabilities, expertise, and track record.

7.0 Strategy and ambition

- 7.1 Over the next nine months, Compass Wellbeing will develop a longer-term strategy building on the one-year plan for 2024/25 and work that has already taken place with the Compass Wellbeing Board and staff team. This timescale will enable work to be started on this now, but for it to be led predominantly by the new substantive Chief Executive when they take up their position in early 2025. A comprehensive review of the current year’s objectives and outcomes as already been undertaken, identifying key learning and areas for growth. Over the next nine months, Compass Wellbeing will need to engage key stakeholder organisations (particularly ELFT, and increasingly NELFT) and existing service users through a series of workshops, focus groups, and surveys to gather feedback and ensure that its strategy reflects the diverse needs and perspectives of the populations we serve as well as the strategic objectives of ELFT.
- 7.2 Compass Wellbeing’s approach to future strategy development will include co-designing future goals and actions with service users, ensuring alignment with ELFT’s commitment to being a Marmot Trust, and the broader health and social care landscape locally. It is anticipated that this work will begin in earnest once the new Chief Executive takes up their post.
- 7.3 By the end of this nine-month period, Compass Wellbeing will have developed a clear, evidence-based long-term strategy for that will include measurable milestones and a solid foundation of stakeholder buy-in and engagement. This refreshed strategy will be underpinned by the valuable insights of service users and key partners, and will have a detailed plan for income diversification.

8.0 Action being requested by this Board

The shareholder board is asked to:

- Receive and note this report, and to note and comment on the Impact Report attached.
- Note the ongoing development of work by Compass Wellbeing that supports the Trust’s strategic aims, and particularly its Marmot Trust ambitions.
- Continue to support Compass Wellbeing in its work across the ELFT footprint.
- Note the important contribution that Compass Wellbeing has made to the ELFT Charity, and make recommendations on how this partnership might be developed and improved further during 2025/26.
- Agree to provide proactive support to Compass Wellbeing in its work to develop a refreshed strategy, including with a focus on growth and diversification.



compass
wellbeing



Impact Report 2023/24

Reducing inequalities and enhancing
community wellbeing

Canary Wharf by Clementine Aimee, participant,
Ozone creative digital skills project from Frames of Mind

compasswellbeing.co.uk



East London
NHS Foundation Trust



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About us

As a community interest company, wholly owned by the East London NHS Foundation Trust (ELFT), we work to support the ambitions of ELFT as the first Marmot Trust, tackling the drivers of poor health with the aspiration of reducing inequalities and improving health outcomes.

Our Vision

We envisage a future where communities across England are not only empowered but also enjoy a high level of wellbeing and equity. Our foundation in both the voluntary, community and social enterprise (VCSE) sector and the NHS uniquely positions us to deliver seamless collaboration between the third sector and larger institutions. This leads to robust health and social support systems, ensuring that every individual, especially in underrepresented groups, has access to the resources and care they need to thrive.

Our Mission

Our mission is to reduce inequalities, enhance community wellbeing and promote social justice. We support the ambition of the East London NHS Foundation Trust to be a Marmot Trust. We work to empower individuals and the VCSE sector through innovation. We strive to bridge these community focused organisations with institutions like the NHS; advocating for holistic health solutions and fostering resilient, supportive environments for marginalised groups.



This year, we have committed to achieving Net Zero emissions by 2030 for the emissions we can control and by 2045 for the emissions we can influence.

Where we work

Compass Wellbeing works across three boroughs in Bedfordshire and 13 in London.



Our History

Over the past decade, we've transformed our organisation to work as an innovative partner and aid in ELFT's mission to improve population health. We use our expertise and local connections to promote holistic, community-focused solutions.

2013: Compass Wellbeing is founded

Compass Wellbeing is created as a community interest company, a subsidiary of ELFT, initially delivering talking therapies in Tower Hamlets.



2015: Innovating mental health service delivery

Compass Wellbeing expands its scope to include community nursing and also develops innovative, specialised counselling and psychology services for marginalised groups and mothers and children.



2018: A change of direction

ELFT acquires the company and our focus shifts to 'Primary and Community Care & Social Justice Services.'



2020-21: Covid response

During the COVID pandemic we ran testing for key workers across Luton, Bedford and Central Bedfordshire.

2018-20: Supporting the NHS

We develop and deliver leadership training to 124 Newham GP surgeries, work that won us a 'Leading Healthcare' award. We begin work to improve services such as interpreting and medical device management.



2021-22: Service User Employment

We launch a number of programmes to support ELFT service users into employment, including free interpreter training and service user work placements.

2021: Supporting the VCSE sector

We begin providing support and training for the voluntary and community sector, securing funding and tailoring programmes to support these essential services.

2022-23: A mission of wellbeing & equality

ELFT announced it was becoming a Marmot Trust and we pivoted our operations to support these aims. We secured over £12 million of funding for our voluntary and community sector partners across this period.



2024: Reducing social inequalities

We have helped shape the trust's work as an anchor organisation across East London, Bedfordshire and Luton, using our community expertise and innovative solutions to reduce social inequalities.



What we do

Delivering on ELFT's commitment to be a Marmot Trust.

In pursuit of its bold vision for improved population health, ELFT is pioneering an innovative approach to become the first NHS 'Marmot Trust'. This tests the boundaries of what an NHS trust can do to tackle some of the drivers of poor health, such as poverty, living conditions and unemployment.

NHS trusts don't usually have the opportunity to influence these building blocks of health, efforts are often focused on reactively delivering clinical care. We've utilised our unique position as an agile arm to ELFT, with deep community connections, to become an essential element in delivering the Marmot principles.

Our work with the voluntary, community and social enterprise (VCSE) sector, medical devices, and service-user employment are all prime examples of the innovation that has come from working through a community interest company.

The contracts we have procured and delivered over the past year have been to directly meet these principles. Our agility as a community interest company can be used to propel real change on behalf of larger institutions.

Marmot Trust

The Marmot principles were originally set out by [Prof. Michael Marmot](#) in 2010. (principles 7 & 8 have been added more recently)

- 1
Give every child the best start in life
- 2
Empower everyone to reach their full potential and control their lives
- 3
Create fair employment and good work *for all*
- 4
Ensure a healthy standard of living *for all*
- 5
Foster healthy, and sustainable communities
- 6
Strengthen the role and impact of ill health prevention
- 7
Tackle racism and its outcomes
- 8
Tackle climate change and health equity in unison



“

Working with Compass Wellbeing has been transformative for our ambitions as a Marmot Trust. Their unparalleled expertise, vast connections, and dynamic agility have been instrumental in our efforts to address the root causes of ill health. With Compass Wellbeing, we are able to reach further into the communities we serve, creating a healthier, more equitable future for all.”

Lorraine Sunduza OBE, Chief Executive Officer ELFT



Our Theory of Change

Activities

Access to funding for VCSEs through ELFT, other authorities and NHS commissioning bodies with an agile, simplified procurement process to ensure organisations of all types can access funds.

Empowering and increasing the resilience of VCSEs through personalised support offering access to development opportunities, training and application support.

Delivering innovative solutions to key ELFT contracts, such as service user employment training and medical device management.

Outcome

An empowered and resilient VCSE sector able to tackle inequalities through holistic, community-focused approaches, whilst ensuring every individual has the access and resources needed to thrive.

Impact

Increased community wellbeing and a reduction in social and health inequalities.

2023/2024 Our year in numbers

£5.4 million

of funding passed to VCSEs

£43,837

funding managed on behalf of ELFT Charity

3,000+

VCSEs in the Compass Wellbeing network

8,000

medical devices serviced

9

service users completed our employability and training programme

94

projects commissioned





Supporting VCSEs

We specialise in providing expert support to voluntary, community, and social enterprise (VCSE) organisations across our footprint. Acting as a vital bridge, we open opportunities for collaboration between these groups, larger authorities and NHS trusts.

By empowering VCSEs to flourish, we foster healthier communities and ensure equitable access for all. VCSEs are able to transcend factors that limit access and experience such as being LGBTQI+, specific religious and cultural groups, looked after children, refugees, families with parents who don't speak English, or other vulnerabilities. Strengthening the VCSE sector enhances capacity, promotes sustainability, and channels expertise into NHS services.

Our efforts enable ELFT to serve as an anchor institution, supporting local services at a time where many are at risk of folding. By supporting ELFT and other trusts in investing in grassroots organisations, we facilitate their journey toward the Marmot objectives.

“Throughout our community mental health transformation programme we have seen the value that investment into the voluntary sector can bring, allowing us to reach populations and organisations who have previously felt excluded or overlooked, and helping us to deliver the vision of the NHS Long Term Plan.”

Richard Fradgley, Deputy Chief Executive Officer, ELFT



Supporting VCSEs meets these Marmot principles:

- 1 Give every child the best start in life
- 2 Empower everyone to reach their full potential and control their lives
- 4 Ensure a healthy standard of living for all
- 6 Strengthen the role and impact of ill health prevention
- 7 Tackle racism and its outcomes

Our approach

We take pride in our personalised approach, forging genuine connections with individuals and organisations throughout our network.

584

meetings with VCSEs this year

£14.5 million

provided in funding to the voluntary sector in the last 3 years

With our dedicated Community Development Officers always on the move, tuned in to the pulse of the community, we're keenly aware of the evolving needs of VCSEs. We respond swiftly and effectively, ensuring we deliver precisely the support they require.

We're constantly striving to unleash the full potential of every organisation we work with. When it comes to managing funds, we put our all into spreading the word throughout our extensive network and providing support tailored to organisations of every size.

Funding & Resource Assistance

Policy Support & Guidance

Capacity Building & Skills Development

Consultancy & Advisory Services

Networking & Collaboration Opportunities

Access to Tools & Resources





Cardboard Citizens

This year, our efforts have blossomed into numerous new partnerships, including our work with Cardboard Citizens.

Cardboard Citizens creates life-affirming theatre and art with people experiencing homelessness, poverty, and inequity. Thanks to our outreach, Cardboard Citizens were informed about upcoming funding opportunities, leading to a successful application.



“

We are grateful to Compass Wellbeing for their support... Working with the Compass Wellbeing team is a pleasure. We have been delighted by the team's interest in and understanding of the impact of our work and the partnership is helping to further and enrich our longstanding work with young people.”

Leone Richmond,
Head of Development, Cardboard Citizens

Mutual Value: UCL Community Research initiative

We link organisations in our network with PhD or Masters students from University College London.

This mutually beneficial proposition enables organisations to get help with research or evaluation problems and students get the opportunity to solve real-world problems. We've seen that organisations need help understanding impact and reporting. By building this capacity, we can increase resilience with VCSEs better able to attract funds.

19 VCSEs have been partnered with UCL students (2022-2024)

11 organisations are working with students on Masters dissertations following a research clinic in East London

3 organisations took part in a co-designed evaluation mapping workshop

Alliance-building Conference

In July, we hosted an alliance-building conference in Stratford with great success. The event brought together 179 enthusiastic attendees from our network, as well as NHS trust representatives and commissioners.

The day was packed with engaging showcases, inspiring keynote speeches, and lively discussion sessions, all focused on the power of alliance-building. The message was clear: we are stronger together.

Our mission is to facilitate these crucial connections. We aim to unite the sector, fostering resilience, sharing knowledge, expertise and best practice.



The ability to network was quoted as a key benefit, followed closely by the keynote session on population health.

98%
rated the conference positively

91%
found the conference useful

What our network says about us...

We're incredibly proud of the support we provide to the organisations in our network, but we're always striving to do even better. That's why every year, we bring in an external consultant to gather insights from our VCSE network.

84%

rated the effectiveness of the team as either Very Good or Good

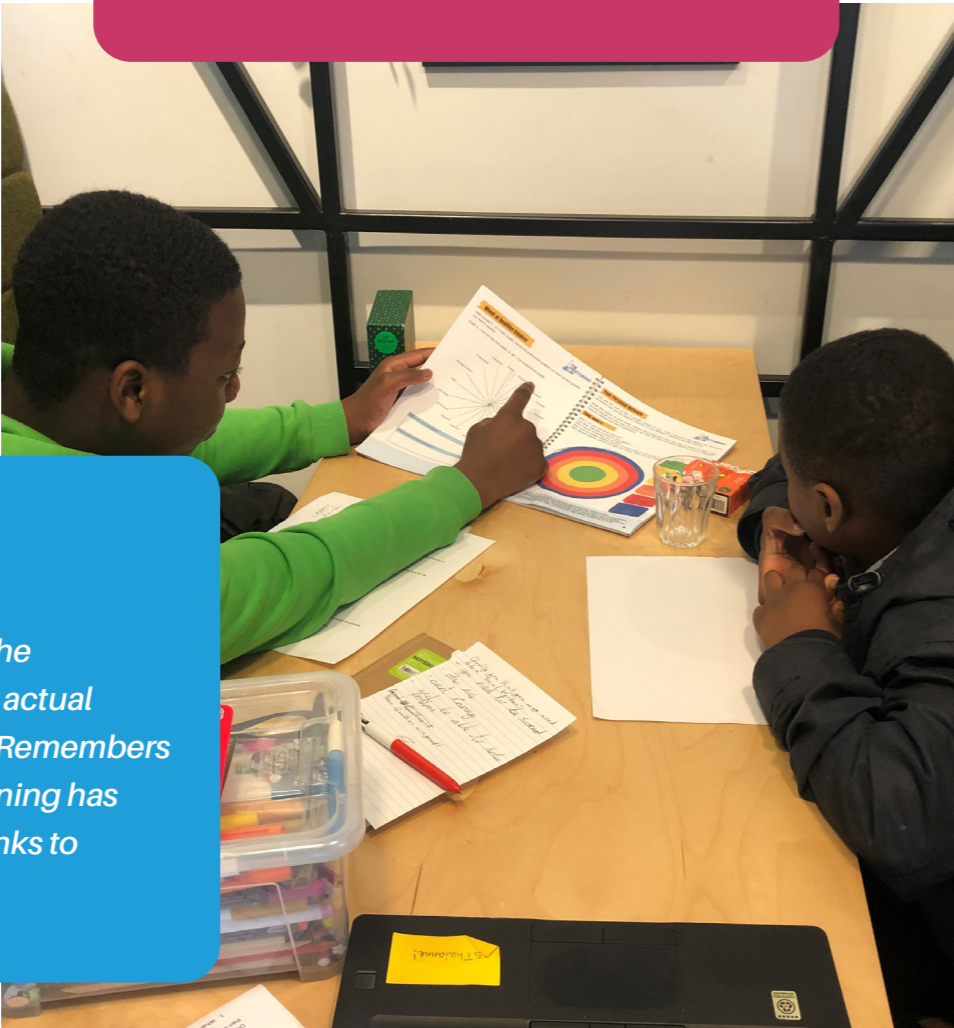
72%

agreed that Compass Wellbeing was either Good or Very Good at promoting funding opportunities

100%

thought that newsletter content was relevant

“
Outstanding! The first funders I've seen who are very proactive. Others have been hard to access and feel like they are doing us a favour by providing support. Compass Wellbeing is in a class of its own.”



The Mentoring Lab

“
Regular newsletters. Appreciate the training opportunities. Good with actual relationships on a personal level. Remembers who we are and what we do... Training has transformed our organisation thanks to Compass Wellbeing.”



Women's Inclusive Team



Forest Farm Peace Garden

Feedback on Compass Wellbeing's application processes

“Compass Wellbeing has taught me a lot about putting in application bids, the language to use and understanding the necessary jargon.”

“Compass Wellbeing focuses on our sector. The process alleviates a lot of red tape. The support process for applicants is very good.”

We've also responded to constructive feedback and now offer an open feedback and learning webinar to go through typical reasons why applications weren't successful in getting funding. We have also reached out in the network to better publicise the facility space we have available.

“
They are all amazing. Very experienced and knowledgeable with regards to our issues.”

“
Being able to represent the needs of the Third Sector to the NHS/ funders is key to improving our capacity.”

VCSE Training

We provide specialised, tailored training at no cost to organisations within our network.



We understand the unique needs of parties across our footprint and source the best trainers to deliver engaging webinars. Our training sessions are designed to enhance the capacity of VCSEs, boost team skills, including HR and fundraising, and discover important approaches to service delivery. By spreading best practice, we're creating a more robust and knowledgeable VCSE sector to enable the delivery of even higher quality services.

The most popular recent sessions:

- Getting Started with Chat GPT
- Top 10 Tips for Funding Applications
- Setting a Project Budget
- Trauma Informed Care
- Autism and Neurodiversity in the Workplace

4.6/5

on the quality of the presentations

98%

said training was relevant to their needs

93%

would attend future trainings

“

Really beneficial for the VCS to have training that is relevant and directly related to our work. Thank you.”



10

lunchtime training sessions

251

attendees

“

Brilliant content - very well presented and engaging. Very enjoyable and insightful!”

iLearn

We also offer over 100 free, online professional development courses. We are working to expand the programme to enable ELFT service users to also enrol on these courses. Check out our website for upcoming training sessions and to register for iLearn.

The most popular courses this year:

- First Aid
- Equality & Diversity
- Safeguarding Adults
- Domestic Violence & Abuse Awareness
- Developing a Business Plan

18

users

74

courses either completed or in progress

“

So helpful and invaluable.”

Funding VCSEs

We've spearheaded the effective distribution of funds from NHS trusts to VCSE organisations, unlocking the sector's ability to deliver vital services and reach diverse communities.

£5.4 million
of funding directed to VCSEs in 2023/2024

Company Drinks



“

I think Compass have been excellent... the application stage has been probably the most proactive funder I've ever seen.... there was a lot of personalised engagement, which is very unusual in the sector.”

By harnessing the strengths of VCSE partners, larger providers can maximise their impact and deliver exceptional outcomes that directly enhance public health.

As a pivotal link in this process, our role is to ensure VCSEs can access these crucial funds while aligning with commissioner objectives. We streamline the application process, provide tailored support, and establish equitable contracting procedures. This approach ensures that organisations of all sizes have an equal opportunity to secure funding and contribute meaningfully to community health initiatives.

To highlight the profound impact of VCSE funding, we need look no further than the **£1.5 million Small Grants Programme** we facilitated on behalf of the North Central and East London (NCEL) Child and Adolescent Mental Health Services (CAMHS) Provider Collaborative.

This initiative distributed funds across **47 organisations**, kickstarting projects that have been taking place across the year. The goal of this funding was to address disparities in mental health care access and outcomes for children and young people. By tapping into the innovation and creativity of VCSEs, we successfully reached marginalised groups often overlooked by statutory services, achieving tangible improvements in mental health support across our community.



Scarabeus
Aerial Theatre

“Whenever I come here, the more that I do something I thought I couldn't do, it helps my confidence and that in turn helps my mental health...”

Scarabeus (image above) used a range of approaches, including mentoring and aerial circus to increase self-esteem.

Evaluation showed that providers highly valued our role in the process, including the personal approach and proactive support offered. They also valued the flexibility in our funding process to really meet the needs of beneficiaries.

“

We felt supported every step of the way and questions were quickly answered by a member of the team.”

Independent evaluation of this contract was completed by Charity Fundraising Ltd, providing strategic and practical consultancy services. The full report can be read on our website.



East London Dance



6,000 young people showed improvements in their mental health and wellbeing

5,800 young people improved their ability to manage their mental health

97% of providers said funding enabled them to support more under-represented young people



Body & Soul

Let's delve into the remarkable achievements of one organisation we proudly supported: **Body & Soul**

Body & Soul, a North London based charity, have been delivering trauma-informed therapy and support to young people for over 27 years. Around 85% of their beneficiaries are from racially minoritised communities.

They secured a grant of **£48,593** to enhance their suicide prevention initiative, You Are Not Alone (YANA). This program integrates Dialectical Behavioural Therapy with engaging workshops in movement, dance, wellbeing, and creative arts. Beneficiaries also received practical assistance tackling employment and housing challenges.

“
You have saved my life, thank you.
”

— Anonymous member

“I've learned so much and I have so much more control over things now. Most importantly, I have been able to come to accept things in my life and kind of move past them. I get on so much better with my family now. I have stopped taking drugs and drinking. I actually sleep which is amazing.”

— Anonymous member

95%

of YANA beneficiaries have not made any further attempts at suicide whilst on the programme

94%

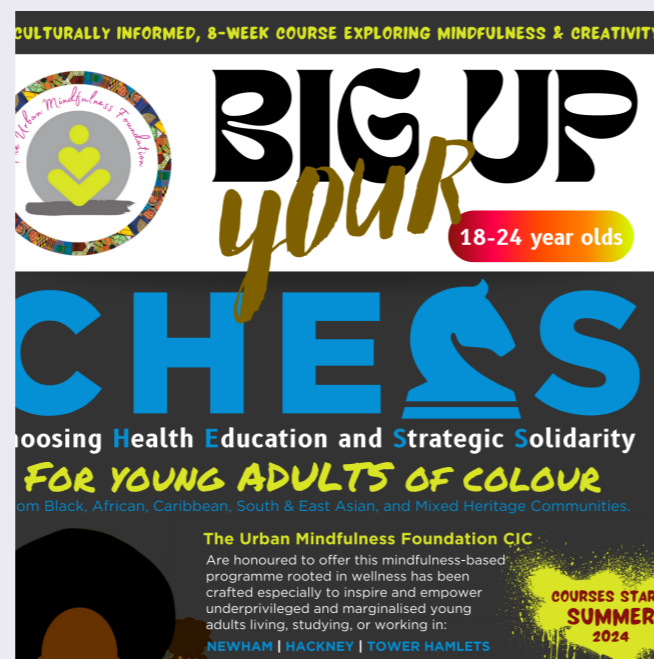
of young people have improved their confidence

92%

are more able to manage difficult relationships

Activities across our network:

1. Healthy cooking sessions, Bonny Downs
2. Big up your Chess mindfulness programme, The Urban Mindfulness Foundation
3. Animation by Cyrus Daley, Frames of Mind
4. Football session at The Hive, Catch22
5. Bushcraft Bikers, Higham Hill Hub
6. Thrive programme, Power2





Employment Opportunities

Service User Training & Employment Programme

Our ability to foster and support talent allows us to also deliver key community services. We are commissioned by ELFT to support service users through our dynamic Employment & Training Programme in our offices in Whitechapel.

Through our comprehensive six-month paid training programme we provide vital support to service users transitioning from inpatient or secure facilities, many with a history of offending. Supported employment programmes are recognised by the National Institute for Health and Care Excellence (NICE) as an essential aspect of mental health care. For individuals leaving

secure services, the transition is often marred by a shortage of opportunities and gaps in key skills. Many haven't held a job and must explore their career aspirations from scratch.

Despite these challenges, the desire to work is strong and it is our responsibility to cultivate and support these ambitions.



Supported employment meets these Marmot principles:

2

Empower everyone to reach their full potential and control their lives

3

Create fair employment and good work for all

"Employment has been proven to be an effective recovery tool and therapeutic intervention for those with severe and enduring mental health conditions. Aside from monetary reward, employment is a means of structuring time and provides a sense of worth and achievement, which enhances self-esteem and confidence... it can reduce symptoms associated with mental illness and potentially prevent re-offending, as the individual develops a sense of independence, self-efficacy, and value."

BMJ Quality Improvement Report, 2014

We've created a unique, supported experience for service users to promote and develop the mindset, knowledge, self-confidence and skills to increase employability and drive positive life changes.

100%

of service users saw improvements across all competencies from the start of the placement to the end.

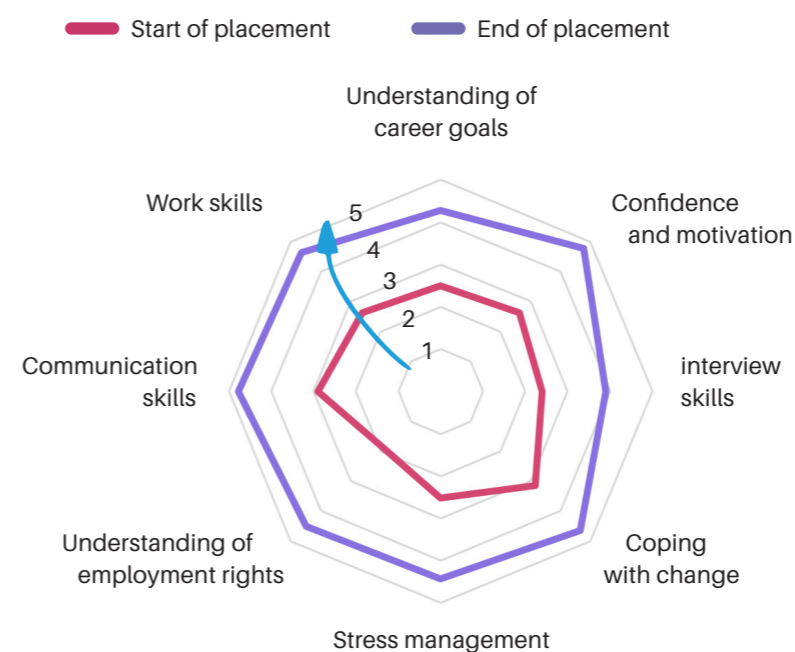
Progress from the start to the end of the programme

Participants chart their own progress assessing their confidence in essential skills. The matrix below highlights the impressive improvements in confidence.

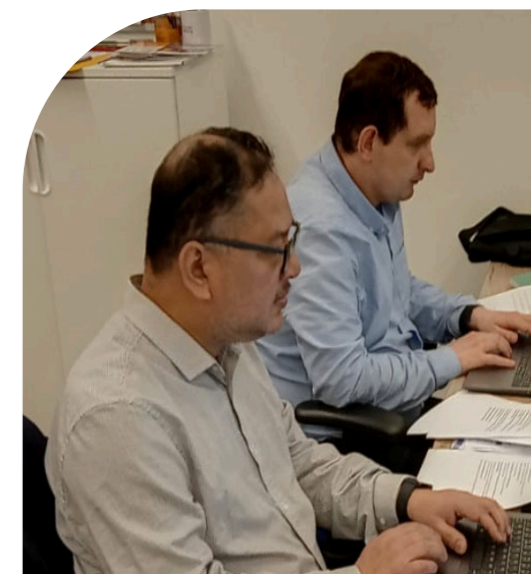
This year we've worked with nine service users.

Each employee evaluates themselves on a scale of 1-5.

- 1- Not confident at all
- 2- Not very confident
- 3- Neutral
- 4- Somewhat confident
- 5- Very confident



Combined matrix of all nine participants.



"I have found [the training] very helpful. It helped me develop IT skills, graphic design skills using Canva and Microsoft and Excel as well as giving me an understanding of office work and the office environment. It's been supportive and provides me with structure. I enjoyed being there overall. Six hours a week helped me to provide structure and prepare me for a new role. I now work at Redemption Roasters working 16 hours a week... I am looking to do more training and learning in the future in sound and music."

— Rad, programme participant

Promoting Independence

Medical Devices

We're busy promoting healthcare excellence, through our forward-thinking medical device management. On behalf of ELFT, we're managing more than 8,000 medical devices.

8,000

medical devices are featured in our extensive portfolio

100

customised training sessions for over 1,000 healthcare professionals in managing devices & adhering to national safety standards

120

locations

We ensure comprehensive clinical care and governance standards are met across the trust, setting a new benchmark in healthcare management.

We empower every team member, from junior staff to senior healthcare professionals, to embrace the Marmot principles to champion independence and uphold the highest standards. Our management of medical devices plays a crucial role in delivering impactful patient care. Through an innovative approach rooted in education, sustainability, and community support, we ensure device users retain dignity and autonomy, fostering a healthier standard of living for all.

Innovative Technology Utilising advanced cloud technology enabling precise, live tracking of all devices ensures optimal efficiency.

Unified Strategy We're a single provider servicing all trust devices, simplifying a previously complex process.

Tailored Support Bespoke training and assistance to meet diverse service needs and device types with a dedicated account manager and on-site engineers.

Sustainability We use electric vehicles and purchase from local enterprises and have a target to be carbon neutral by 2040.

“Compass Wellbeing has significantly improved the efficiency of our medical device management. The team has a true commitment to excellence and their approach has not only elevated our healthcare services but established them as an indispensable partner in achieving exceptional patient care.”

— Lorraine Sunduza OBE, Chief Executive Officer, ELFT

2 Empower everyone to reach their full potential and control their lives

4 Ensure a healthy standard of living for all

ELFT Charity

We've teamed up with ELFT to take the ELFT Charity to new heights. This new charitable arm was set up to propel ELFT's impact across its six boroughs, and with its ambition to reduce health inequalities, it made perfect sense to bring it into our network.

The charity empowers ELFT staff to find gaps in service and submit applications for projects that are important to communities. These projects go on to create proof of concept that can then better services at scale.

Healthier Wealthier Families:

Tackling child poverty by helping families secure benefits they are entitled to. Over the past year, nearly £500,000 in benefits have been delivered across 72 families.

Expanding Horizons Theatre Trip:

Helping a group of teenagers with learning disabilities attend a theatre production of Cinderella - some of whom had never left Newham.

Employment Support:

Launching a two-year Employment Support programme with NHS Charities Together to help hundreds of mental health service users overcome disadvantages worsened by the pandemic.

Our work at ELFT Charity meets these Marmot principles:

- | | | | |
|---|--|--|---|
| 1 Give every child the best start in life | 2 Empower everyone to reach their full potential and control their lives | 3 Create fair employment and good work | 4 Ensure a healthy standard of living for all |
| 5 Foster healthy, and sustainable communities | 6 Strengthen the role and impact of ill health prevention | 7 Tackle racism and its outcomes | |



£43,837

across 33 projects

Grants ranged

from **£150**
to **£9,000**



“

The impact on my daughter was profound; she returned from the trip with newfound confidence and a sparkle in her eyes. Such experiences are invaluable for our special needs children, who often face limitations in participating.”

- Letter from a parent, Expanding Horizons



Looking back on a busy year...

In this year's Impact Report we have celebrated Compass Wellbeing's uniqueness. As a Community Interest Company we're able to be more agile than other parts of the NHS, but yet we draw on our links with larger authorities, the NHS - particularly ELFT - to benefit our local communities. Whether through the innovative medical devices service, our stewardship of the ELFT Charity, our fantastic service user training and employment programme, or our collaborative relationship with the voluntary and community sector, our commitment to social justice and tackling the wider determinants of health and care shines out.

The wide range of projects and initiatives captured here reflects the innovative ways in which we fulfil this mission. The range of voices in the report represents the diverse partners we have alongside us: from large health and statutory sector organisations to small grassroots community groups, from medical professionals to community representatives and health service users. All these partners have played a crucial role in our work this year.

None of this could have been achieved without the hard work of our small staff team, our Board, and the support of ELFT. I'd like to pay particular tribute to our former CEO, Dr Mohit Venkataram, who led the organisation for almost six years until March 2024. His inspirational leadership was instrumental in developing Compass Wellbeing into the thriving organisation it is today.

2024/25 promises to be a year of exciting change for Compass Wellbeing. We have refreshed and redefined our mission and purpose to align with ELFT's ambition to be a Marmot Trust. This summer we will appoint our new Chair, and I will work with them to expand the membership of our Board and appoint a new permanent Chief Executive in the autumn. Please get in touch if you'd like to be part of our journey.

— Simon Hall, Interim Chief Executive



*Stretch that **Comfort Zone!**

- * Discovering new things even when it's scary
- * Expanding your selfbeing whether times hard or not
- * Changing ways within yourselves because you are in control
- * Getting yourself into activities so you feel better as
- * Understanding what your here for and understanding there's a lot out there to check around. Don't stay in one place, MOVE



1: Face It, Khulisa - 2: Mental Health Hub, The Trauma Healing Collective - 3: Physical fitness and wellbeing, Bonny Downs - 4: Key Changes - 5: Mind over Matter, 4 Young Minds - 6: Navigate, East London Dance



Reducing inequalities and enhancing community wellbeing

Get in touch:

020 3827 7580 | info@compasswellbeing.co.uk

www.compasswellbeing.co.uk



REPORT TO THE TRUST BOARD IN PUBLIC
5 December 2024

| | |
|---------------|----------------------------|
| Title | Chair's Report |
| Author | Eileen Taylor, Trust Chair |

Purpose of the report

| |
|---|
| <ul style="list-style-type: none"> To provide feedback on Governor discussions to inform Board decisions To provide updates on the key strategic points arising from Chair and Non-Executive Director activity as part of the Board's commitment to public accountability |
|---|

Committees / meetings where this item has been considered:

| | |
|------------------|------------------------------|
| 14 November 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 | <input checked="" type="checkbox"/> | Council of Governors identifies annually its strategic priorities which will assist the Trust to improve experience of care at critical points in the patient journey |
| Improved population health outcomes | <input checked="" type="checkbox"/> | Board discussions on how we can best achieve our population health ambition within a changing context will enable the organisation to be better prepared. Governors' focus on member priorities emphasises improving population health outcomes |
| Improved staff experience | <input checked="" type="checkbox"/> | Governors and NEDs have highlighted staff experience as a key priority for the Trust and provided areas of focus |
| Improved value | <input checked="" type="checkbox"/> | Working collaboratively with our health and care partners will secure better integrated and more accessible care, thereby increasing value |

Implications

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

1. Introduction

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

2. Chair's update

- 2.1. Since my appointment as Joint Chair of East London Foundation Trust (ELFT) and North East London NHS Foundation Trust (NELFT) on 1 January 2023, I have shared my vision for both trusts: to improve equity of access and population health outcomes across the communities we serve.
- 2.2. Underpinning this vision, I have four key areas of focus:
 - Patient leadership
 - 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. At its meeting held on 6 November, the North East London Mental Health, Learning Disabilities and Autism (NEL MHLDA) Collaborative Committee was privileged to hear the story of a young person who shared her experiences of both mental health and social care services for young people. I was struck not only by her resilience in the face of multiple adversities, but also by her generosity in joining the Collaborative so that she could 'give back' and help to improve the experiences of other young people. We went on to hear some of the successes and challenges of our Collaborative Children & Young Peoples Mental Health Improvement Network, with recommendations for us to continue to ensure that we are tackling variation in outcomes, access, and investment in the CAMHS services across our seven places in north-east London, and to continue to ensure that children and young people's priorities are at the centre of our improvement work.
- 2.4. As Chair of the NEL MHLDA Collaborative Committee, I am committed to ensuring that it is accessible to our lived experience members so that they are empowered and enabled to contribute fully. I was therefore very grateful to one of our carer leaders for her constructive challenge as to the use of acronyms during the meeting, something that we must all be mindful of if we are truly to work in an inclusive way with the people who use our services and our local communities.

Staff support and empowerment

- 2.5. Once again, it was a true privilege and treat to attend the ELFT Staff Awards on the evening of 17 October. This remains one of my favourite events of the year and I would like to say a huge thank you to everyone involved in organising such a wonderful, joyful evening. The ELFT Choir was, as ever, outstanding and will never fail to move me deeply. It was truly inspiring to hear about the achievements of all the nominees and a wonderful opportunity to connect with staff.

Board effectiveness

- 2.6. The NELFT and ELFT Boards met on 3 October for one of our regular joint sessions to explore how we can not only navigate these challenging times but also emerge stronger with better outcomes. Our focus was on improving our practices to deliver positive results for the communities we serve and to ensure a supportive experience for our staff. We recognised that, as a Board, humility is essential; we must stay open to learning and adapting while holding a clear vision of the future. We've outlined a roadmap to keep us on track, focusing on balancing strategy and operations, fostering constructive support and challenge, maintaining curiosity alongside clear direction, and investing in our people.

Above all, we must remember our core purpose: to serve our communities and support our staff. Difficult decisions must centre around these values, with clear communication and hope guiding our leadership.

At the Trust Board development session on 24 October, the focus built on the discussions with NELFT on how the Board leads through challenging times and also how the Board takes strategic decisions. We explored critical aspects of leadership and adaptability particularly in navigating both internal and external pressures. These discussions exemplified the Board's proactive approach and commitment to supporting the Trust through complex and challenging times while staying focused on delivering safe, equitable and high quality services to the population we serve.

System leadership

- 2.7. At the London NHS Chairs meeting on 23 October, attendees had the opportunity to learn more about the potential for the use of artificial intelligence (AI) in healthcare. One of the key potential benefits demonstrated was how AI can be used to enhance clinicians' interactions with patients such that clinicians do not have to take notes and have their eyes on a screen but can instead maintain eye contact with patients throughout consultations. As well as the improvements to patient experience this enables, clinicians have commented on how this better enables them to make a holistic assessment of a patient's needs.
- 2.8. At the NEL Integrated Care Partnership meeting on 24 October, there was a deep dive on employment as one of the key wider determinants of health. I was pleased to be able to highlight the multitude of ways in which the Trust already seeks to support service users to access and maintain employment and that this continues to be a priority for our organisation. The meeting also included an update on the NEL Voluntary Services and Community Enterprise (VSCE) Collaborative. Here again, I was able to highlight our multiple VSCE partnerships and the particularly important role the VSCE sector plays in supporting people who are on waiting lists for NHS care to 'wait well' insofar as possible.
- 2.9. I was pleased to attend the NHS Providers Conference on November 12 and 13 2024 in Liverpool. I find these conferences an opportune place to connect with other leaders across the country and with partners who support us such as the law and recruitment firms. There was ample opportunity to learn from best practice. I was particularly impressed by the community health collaborative in Leeds which includes the community and acute trusts as well as social care and has had some success at reducing hospital admissions. I also attended a session on patient safety where I was struck by how closely tied improvements in safety are tied to culture.
- 2.10. On 15 November I attended a BLMK ICB summit on how to become a Sustainable Health and Care system. We heard hard hitting, personal examples on how environmental factors impact negatively on health. The highlight was heading from a group of young people assessing how impactful the summit was from their perspective and how they want to be communicated to on important issues, but very importantly, how they want to be heard on issues that impact their futures.

- 2.11. Dr Rima Makarem announced in October that she would be standing down as the Chair of the BLMK Integrated Care Board following her appointment as Chair of Somerset NHS Foundation Trust. I would like to take this opportunity to thank Rima for her leadership and to wish her well in her new role.

3. Council of Governors update

- 3.1. The Council of Governors met on 14 November 2024 where I was delighted to welcome eight new Governors with the start of the new term of office on 1 November; I've had the pleasure of meeting our new Governors in an informal session online before the meeting. We also held a heartfelt and poignant farewell recognition to honour our six departing Governors; it was a bittersweet moment filled with sadness at their departure but with immense pride in their contributions.
- 3.2. In the operational update, Kevin Curnow our Chief Finance Officer presented on the progress of achieving our financial targets in 2024/25 through our Going Further, Going Together programme.
- 3.3. This was followed by brief presentations from the Non-Executive Director chairs of three Board committees - Sue Lees, Donna Kinnair and Deborah Wheeler – who shared how they seek and receive assurance that saving projections are financially realistic and, as far as possible, are not achieved by cutting important services or compromising staff wellbeing or the quality of service.
- 3.4. The Trust is mindful of avoiding potentially disproportionate impact on colleagues with protected characteristics, such as women, disabled staff and those from an ethnic minority or global majority background. Deborah also highlighted the important and constructive role of our staffside representatives in this process.
- 3.5. This meeting's priority theme was Access to Services, and I was very pleased we could hear from the Tower Hamlets Barnsley Street Neighbourhood Mental Health Centre pilot project. This project, based on the Trieste model, is a revolutionary redesign of services for our service users, offering 24/7 access to multi-disciplinary support without the need for formal referral. The service focus, as defined by our service users, was "community, connection and freedom". Leah White (Clinical Director for Adult Mental Health TH) and Day Njovana (Tower Hamlets Borough Director) talked Governors through the ethos and practice of the proposed service which has a launch date in January 2025.
- 3.6. In discussion, Governors considered the sustainability of the new model; what success would look like from the point of our service users; and what opportunities there might be to open services to communities which we have struggled to serve in the past.
- 3.7. In the following group discussions, Governors discussed the question: "Are there barriers to our services, and how can we minimise them?".
- 3.8. In the business section, Governors agreed to commence the recruitment process for three new NED positions as sadly the terms of three of our NEDs (Aamir Ahmad, Anit Chandarana and Sam Everington) are coming to an end in late 2025.
- 3.9. Governors also ratified the results of the committee membership elections and received a brief verbal update on the progress of the Membership Engagement Plan, implementation of which has been gathering steam under Tina Bixby's energetic leadership.

4. NED visits

- 4.1. Visits made by the NEDs since the last Board meeting include:
- The Early Intervention Service for Bedford and Luton

- The Tower Hamlets Rapid Response Service
- The Trust Safeguarding Team
- Newham Recovery College
- The Drug & Alcohol Team
- The Newham Specialist Children and Young People's Service (SCYPS)

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
5 December 2024

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

Purpose of the report

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

Key messages

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

Strategic priorities this paper supports.

| | | |
|-------------------------------------|-------------------------------------|---|
| Improved experience of care | <input checked="" type="checkbox"/> | Information presented describes how we are understanding, assuring against and improving aspects related to these four objectives across the Trust and within the local and national systems. |
| Improved population health outcomes | <input checked="" type="checkbox"/> | |
| Improved staff experience | <input checked="" type="checkbox"/> | |
| Improved value | <input checked="" type="checkbox"/> | |

Implications

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

1.0 Purpose

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

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

2.1 Going Further, Going Together

We are continuing with the Going Further Going Together (GFGT) programme of work, a priority area for the Trust as we strive to make the required £29m savings. Quality impact assessment continue to be undertaken to ensure the least possible impact on our service users on plans as they are considered.

We are communicating progress on our GFGT plan in weekly staff updates for managers to aid their conversation with their teams locally. These highlight progress updates, key messages and highlights teams who have had impactful projects for others to consider and learn.

2.2 Islamophobia, Antisemitism, and Xenophobia Workshops

It is important that we provide our staff with the skills and insights they need to provide thoughtful and culturally sensitive care to service users, and to be supportive colleagues to those around them. We are sourcing and setting up workshops for staff, to provide insights into the harmful impacts of Antisemitism, Xenophobia, and Islamophobia. I attended the first session on Antisemitism. The workshops offer practical tools to challenge discrimination in the workplace and for individual learning. Through education and open dialogue, I hope that we can continue to foster a culture of respect, understanding across our Trust.

2.3 CEO Discussion Group Meeting

This is an open, informal space for directors across the Trust to have a conversation, to challenge and/or share ideas related to issues that we are grappling with. Any director can bring a topic to discuss with support from myself, an executive lead and the organisational development team. At the recent session, the focus was on fostering psychological safety within leadership teams amidst the current financial sustainability challenge the trust is working on. The session aimed to support directorates and corporate leadership teams in aligning emotional and considered engagement, connecting both hearts and minds to effectively navigate the complex challenges of achieving financial sustainability effectively. The discussion helped in sharing perspectives and feelings about our current financial sustainability work and expectations setting the tone for broader and constructive discussion within the leadership teams and the wider teams they oversee.

Equality, Diversity and Inclusion: We reviewed Equality, Diversity and Inclusion (EDI) data including key figures on protected characteristics representation updates, Gender Pay Gap 2024, Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data that provided an overview of ELFT's EDI journey from 2021 to 2024 and plans until 2026.

We questioned if the data reflected our understanding in services and in what ways we can cross check this. We came up with a number of measures to improve our local knowledge and drill down to test our assumptions and get an authentic picture. We also discussed how we can make equity a reality in teams and enable staff to feel able to talk about it by creating safe spaces, coaching, reverse mentoring, normalising the topic in supervision and making it everyone's business to support true equity. And moreover, considered what we as executive directors can do to make a difference and support this work.

Emergency Preparedness, Resilience and Response (EPRR): We discussed Emergency. We have achieved full compliance against each of the 2024 NHS England EPRR Annual Assurance standards. The 2024 NHS England EPRR Annual Assurance Process recently completed, was led this year by the North East London (NEL) Integrated Care System (ICS) EPRR team and supported by NHS England London EPRR colleagues. The discussions allowed the leaders to consider their process of creating a business continuity plan and the need to involve colleagues who can help to create practical responses.

2.4 New Mental Health Bill

The new Mental Health Bill was introduced to Parliament on 6 November 2024, marking the first reading of the new legislation. Its second reading was scheduled for 25 November 2024. The Bill aims to modernise the Mental Health Act 1983 and improve the treatment of patients. It aims to reduce the use of detention and racial inequalities, tighten the criteria for Community Treatment Orders, and:

- Give patients more say in their care
- Focus on treating patients with dignity and respect
- Increase the risk threshold for detention

- Limit the application of the act to people with a learning disability and/or autistic people.

2.5 NHS Providers

I attended the two-day NHS Providers annual conference on 12 and 13 November 2024. It was a chance to network, attend sessions and learn from others. It was honourable being present for the keynote addresses from NHS England's CEO Amanda Pritchard and the Secretary of State, the Right Honourable Wes Streeting. Key messages from the conferences focused on improvement, integration, and sustainability. I was privileged to chair a session on 'Leading an Improvement Culture: People-Powered Improvement,' it emphasised the importance of fostering a culture of continuous improvement through collaborative and people-centred approaches.

2.6 NHS Change Consultation

The government is seeking the views of the public on its 10 Year Health Plan to build a health service fit for the future. This follows on from Lord Darzi's independent review of the NHS in England, published on 12 September 2024 to understand the scale of the challenges facing the health service. The government is working to develop a plan to tackle the challenges identified and meet the shifting needs of the changing population. As part of this, the public, and health and care staff in England have all been invited to share their views, experiences and ideas at the Change NHS online portal and via regional events. The portal opened on 21 October 2024 and will run for several months.

2.7 Balancing Flexible Working With Patient Need

We wrote to staff in late September asking them to review working arrangements in their teams to ensure that we are achieving the right balance for optimal patient/service user care and consider the impact of these on the effectiveness of teams and systems. The communication reiterated that service and patient care requirements must take precedence over personal preferences in work arrangements, and that in-person work is our usual default arrangement in our services. In writing to staff, we asked them to consider if their team working practices took all of this into account and urged managers to have local discussions to ascertain if they had the right balance in their service.

3.0 Integrated Care System (ICS) and Provider Collaborative Updates

- 3.1** The NEL Mental Health, Learning Disabilities and Autism (MHLDA) Collaborative Committee met on 6 November 2024. The committee heard a powerful story from a young person who had deep experience of both mental health and children's social care services in NEL. This was followed by a presentation from clinical leaders on the mental health of children and young people (CYP) across NEL, concluding with recommendations for further action to tackle variation in outcomes, quality and value in CAMHS (Child and Adolescent Mental Health Service) across our seven NEL places. The committee also received an update on the NCEL (North, Central and East London) CAMHS Collaborative in the context of the NHS England (NHSE) delegation of commissioning for these services to Integrated Care Boards (ICBs) on 1 April 2025. An update on our work to improve the assertive and intensive community offer for adults' will be tabled at the next ICB meeting in public.
- 3.2** The NEL Community Health Services (CHS) Collaborative met on 18 November 2024, and received an update on developing community health services improvement networks, through which we bring together clinical and care professionals with lived experience leaders to understand and tackle variation across our seven places and improve together. We now have improvement networks in place for musculo-skeletal services, community nursing, intermediate care beds, rapid response, community stroke, babies and children and young people. We also have best value programmes established on smaller contracts and dietetics.

- 3.3** The 25 September NEL ICB considered in particular the needs of people living in NEL who have a long-term condition, reviewing recent analysis on population need and demand. The Trust through our MHLDA and CHS collaboratives and our place-based partnerships are involved in taking forward the plans for 2024/25 and 2025/26, including a particular focus on cardiovascular disease, diabetes and frailty.
- 3.4** In Bedfordshire Luton & Milton Keynes (BLMK), the MHLDA Collaborative Committee met formally for the first time on 16 October 2024 and considered a draft commissioning strategy to improve accommodation for people with serious mental illness in Bedford, Central Bedfordshire and Luton, which we are now taking forward in partnership with our partners in councils. The committee also received an update on the system inpatient mental health improvement plan, and on our work to improve the assertive and intensive community offer for adults which will be tabled at the next ICB meeting in public.
- 3.5** At the 27 September BLMK ICB, the Health Services Strategy was approved. The Trust is due to meet with BLMK partners in the near future to consider implementation, including the delivery of the “we will” statements” in practice.

4.0 Operational update

- 4.1** Pressures on services have remained high since our last meeting, particularly across our urgent and emergency care pathway. However, due to the hard work of our clinical and operational teams, we have stopped the use of out of area beds in London and reduced this in Bedfordshire and Luton in Mental Health. The number of people who are clinically ready for discharge but still in hospital is decreasing gradually across our services. This is a key effort towards ensuring our services are responsive and sustainable for the communities we serve. Over the coming months we aim to build on this progress, with plans to reduce A&E waits further, end reliance on out-of-area placements, and undertake more significant transformation work across our crisis, acute and community pathways to ensure they can meet the needs of our population in the longer term.
- 4.2** Both ICS winter plans have been activated. The plans are designed to enhance system resilience during the winter period, ensuring that quality of care remains high despite anticipated demand surges. These plans align with national UEC (Urgent and Emergency Care) Recovery Plan goals, shaped by last year’s learnings, national UEC goals, and evolving system demands.
- 4.3** The national Covid and flu immunisation campaign has started with more than 10 million vaccinations being delivered in the first ten days. The NHS has invited over 11 million people in England to come forward. Anyone eligible can book a Covid-19 or flu vaccine appointment via the NHS website, NHS App, or by calling 119 for free. We are going with a mixed model here at ELFT with local ward/team vaccinators as well as pre-publicised clinics and roving vaccinators.
- 4.4** An inspirational event was held to celebrate Black history month, where colleagues shared their diverse experiences and leadership stories. This year’s theme was ‘Reclaiming Narratives’, marking a significant shift towards recognising and correcting the narratives of Black history and culture. It aimed to correct historical inaccuracies and showcase untold stories and the overlooked contribution of Black individuals both in the UK and globally.

5.0 Connecting with Teams

5.1 Allied Health Professionals Conference

I was pleased to be able to speak to 130 of our ELFT Allied Health Professionals (AHPs) at their conference on Thursday 10 October 2024 led by the ELFT Director of AHPs, Fiona Kelly. We were joined by the AHP lead for the East of England Region and the NHSE National Chief AHP Information Officer.

The theme was 'Rise Up' and the day focused on the ELFT AHP annual priorities and the national AHP theme of Quality and Safety. The conference shared and celebrated the innovation and creativity that our ELFT AHP workforce bring within service delivery and enabled AHPs to connect and identify opportunities to continue to lead within improvement and transformation. These plans are closely aligned with the AHP strategy for England (2022-2027): AHPs Deliver and the ambitions within the NHS Long Term Plan, NHS Long Term Workforce Plan and Lord Darzi Investigation.

Collectively, AHPs are the third largest clinical workforce in the NHS. In ELFT, they carry out critical work in the treatment, management and rehabilitation of many of our patients and service users. The total ELFT AHP workforce funded establishment is 788 WTE (Whole Time Equivalent) - 607.74 WTE registered AHP staff and 180 WTE AHP Support Workers.

It was good to spend time with AHP colleagues and thank them for the vital contribution they make to the work of the Trust.

5.2 Breakfast Meetings with Staff

I was delighted to be joined by 14 primary care colleagues at my most recent 'breakfast meeting' in Tower Hamlets at Health E1. These get-togethers are a great way for me to hear the key issues and challenges staff face direct from them, but it is also a space, in a more intimate setting, to talk about wider issues. At Health E1, we talked about current challenges in primary care, the achievements of the directorate in recent years (many!), leadership, award nominations, and financial viability.

5.3 ELFT Staff Awards Ceremony and Party

Our Staff Awards Ceremony is always an absolute joy to attend. Over 700 people attended this year's Staff Awards Ceremony and Party on 17 October 2-24, with over 120 tuning into the live stream to follow all the action.

The ELFTin1Voice choir, alongside the Sing Tower Hamlets choir, gave an uplifting performance of "I'll be There" by the Four Tops. This was a medley of lyrics from the original soundtrack but also included new lines created in service user workshops across the Trust, representing their thoughts and voices, enabling them to be part of the event. A gallery of images of staff from across the Trust was displayed above while they sang.

The event is a chance for me to say how proud I am of the work of staff and how, even in difficult times with many challenges as we are finding now, they adapt and strive to do their best for those in their care. Our Staff Awards are a chance for all of us to take a moment to celebrate our collective achievements and thank staff for all that they do – not just the winners. Details of award categories and winners are on the Trust website.

5.4 Launch of ELFT Psychological Professions Network

The ELFT Psychological Professions Network launched on 26 September 2024, to connect psychological professions across the Trust and to foster networking and collaboration opportunities. It included representation from varied occupations within the psychology professions including CMHT's, clinical psychologists, assistant psychologists and people participation.

5.5 Social Work Conference

Our annual ELFT Social Work conference took place on 8 November 2024, facilitated by Mary Brazier, Director of Social Work and Richard Fradgley, Director of Integrated Care and Deputy Chief Executive. 130 social workers attended from across the Trust.

There were presentations from the British Association of Social Workers, ELFT peer support, Ian Brownhill - 39 Essex Chambers, Belinda Schwehr, CASCAIDr (Centre for Adults Social Care Analysis Information), and Muibat Alli, Social Worker and PhD candidate. It ended with a Q&A session with senior leaders from our partner local

authorities. A huge thank you to everyone who attended and participated, and a special thanks to our social work carers leads and carer expert by experience Lyn Bliss for facilitating an information session on local carer's resources.

5.6 October – November Awareness Days and Campaigns

Autumn is one of the busiest times of the year in the healthcare calendar: Stoptober, Black History Month, World Mental Health Day, Freedom to Speak up Month, Allied Health Professional Day, Learning Disability Nurses Day, Transgender Awareness Week, and Movember Men's Health. Our approach is to share information and stories on the themes that have most relevance to our staff in their work, as well as join in national health campaigns about flu and Covid immunisation. I have had my flu jab to lead the way and to encourage all staff to have theirs too.

5.7 Conference: Changing the Culture and Structure of Mental Health

We co-hosted a conference on 6 November 2024 on Changing the Culture and Structure of Mental Health with the International Mental Health Collaborative Network. It was facilitated by Dr Frank Rohricht and I opened it along with David Bradley, CEO of South London and Maudsley NHS Trust (SLAM) and Sir Norman Lamb (Chair of SLAM). This was inspired by both trusts having secured the 24/7 Pilot and showcasing many examples from services across England that have found innovative ways to support people.

6.0 ELFT People Updates

6.1 HSJ Influential BAME List

Senior figures at ELFT have been included in the Health Service Journal's annual list to celebrate the most prominent Black, Asian and Minority Ethnic (BAME) figures across the healthcare system. Chief People Officer Tanya Carter has been included for the third year running; Non-Executive Director Dame Donna Kinnair DBE, is featured as is Dr Amar Shah, Chief Quality Officer. The list also features two former ELFT Board members who have also been recognised: former Chief Executive Officer Dr Navina Evans CBE and former Trust Chair Marie Gabriel CBE.

Each year during Black History Month, the Health Service Journal (HSJ) creates a list of those it believes are influential across the NHS in England.

6.2 Queen's Nurse's Appointed

I am delighted to report that five more of our community nursing staff have acquired the title Queen's Nurse since my last report to the Board. They are Newham nurses: Lara Lawson, Clinical Lead of Referral and Assessment Team and Urgent Community Response, Lucy Kwatia, Clinical Lead of District Nursing in the North Locality; and Bedfordshire nurses: Denise Locklin, Continence Lead Nurse, and Hazel White, Parkinson Specialist Nurse.

The title is not an award for past service but indicates a commitment to high standards of patient care, learning and leadership. Nurses who hold the title benefit from developmental workshops, bursaries, networking opportunities, and a shared professional identity.

7.0 Visitors to Our Services

7.1 Rt Hon Sir Stephen Timms, MP for Eastham

I was delighted to join with the Newham Early Intervention team to welcome Sir Stephen Timms MP on 11 October 2024. Sir Stephen wanted to learn more about mental health support provided to the community. The Newham Early Intervention Service were able to explain that they assess and work with adults up to the age of 40 experiencing/are at risk of developing early-onset psychosis. The service is aimed towards those showing first signs of a possible psychotic episode and are in the first years of untreated psychosis.

7.2 Alistair Strathern, MP for Hitchin

Later that day, I had the pleasure of welcoming Alistair Strathern, MP for Hitchin, who came to meet the Dunstable CAMHS team. He was keen to discuss NHS mental health care for

children and young people. I was joined by: Charlotte Davies, Clinical Team Lead, Community Access Services Central Bedfordshire; Laura Gill, Integrated Schools Lead Central Bedfordshire and Dr Hilary Gahan, Associate Clinical Director South Bedfordshire CAMHS, so Alistair Strathern, was able to get a rounded impression of the challenges and the way all services are working together to get it right for young people.

8.0 Other Service Updates

8.1 Anti-Slavery Event – Hosted by Hestia

It was a great honour to be invited to speak at an Anti-Slavery event hosted by partner organisation, Hestia, on 17 October 2024. They hosted a private art exhibition: 'Art is Freedom' to raise awareness of the role we all play in ending modern slavery, which is sadly still happening today in our communities. The theme was 'Unlocked'. The artwork showed how the topic had resonated uniquely with each artist, while celebrating freedom, hope and life beyond trauma. Each photograph, painting and drawing was created by someone who had experienced modern slavery. The art was showcased for two weeks throughout October to promote the anti-slavery theme. The event provided an additional opportunity to bring together healthcare leaders from across London.

Hestia delivers services across London for children and adults to tackle modern slavery, domestic abuse and mental health needs. Across 2023-24, Hestia has supported almost 250 individuals across Newham, Hackney and Tower Hamlets in its modern slavery work.

8.2 Tower Hamlets Joins National MEAM Network for Disadvantaged People

ELFT and our partners in Tower Hamlets have successfully applied to join the Making Every Adult Matter (MEAM) Approach Network, which aims to make a difference in the lives of adults facing physical and mental health barriers. MEAM is a national lottery-funded joint-partnership programme that comprises of 50 areas across England to improve services and systems for people experiencing disadvantages. It uses insights and experiences of local communities to influence policies at a national and local level. With many people facing challenges such as homelessness, substance misuse and mental health issues, it can be hard to get the help they need so I am pleased that this group will now get dedicated support to help them to get back on track.

8.3 Bedfordshire Heart Failure Service Technical Breakthrough

In October, the Bedfordshire Heart Failure Service achieved full integration of patient measurements taken at home into their Electronic Patient Record (EPR) system using the Doccla platform. Previously, results were fed into the system manually into the patients' SystemOne records by staff. Now, this process is seamlessly integrated into the patients' records autonomously, ensuring real-time results and mitigating transcription errors. I know staff will value the extra time that has been freed up and the knowledge that with accurate and timely data, they will be better able to support cardiac patients.

8.4 Proposals for Interim Model of Care for CAMHS in North Central and North East London (NCEL)

A consultation is underway to consider a new model of care for children and young people who need admission for mental health care in NCEL. Simmons House, an Adolescent Unit in Highgate, temporarily closed in December 2023 following safety concerns. All partners made immediate and temporary changes to their services so that young people could continue accessing the care and treatment they needed. This has increased activity at other units and meant that families have to travel further. New proposals have been developed by a team of senior clinical leaders and include the options of commissioning three additional beds at The Beacon Centre in Barnet; extending outreach services to help children and young people avoid being admitted to hospital; and increasing learning disability and autism specialist support to young people at home. Children, young people, their parents and carers are being asked for their thoughts on these proposals and the impact on them.

8.5 National Digital Maturity Ranking for ELFT

Earlier this year every NHS trust completed an in-depth questionnaire related to their Digital Maturity. The fields we were assessed on as a digital function were Well-Led, Ensuring Smart Digital Foundations, Digital Safe Practice, Digital Supporting People, Empowering Citizens digitally, Improving Care and Healthy Populations with Digital. The score varied from 0 (no evidence of the digital maturity within the organisation at the time of assessment), up to a maximum of 5 per category, (which would be fully digitally enabled by everyone within the population that we serve and all services we deliver.)

The results for London as an ICS show it placed 7th for Digital Maturity within the national ranking, with a measurement of 2.802. In terms of mental health providers for London, ELFT was measured at a maturity measurement of 2.737, and was placed first for London, and ninth nationally. Our partners NELFT were ranked second for mental health, and third in London for community trusts, with ELFT positioning fourth for community trusts. We were also benchmarked in terms of Value for Money and were positioned in the lowest quartile nationally for our sector (i.e. of mental health trusts and for our ICS) on total cost of digital function per £100m income. One area where we benchmarked higher was departmental structure, where we have slightly fewer people in total, but slightly higher banding. This is a conscious decision in terms of our people plan for Digital services in terms of skills, retention and future proofing the service to support the business going forward.

It reflects well on our aspirations to improve the infrastructure and clinical systems integration set out in the Trust digital strategy, and the funding bids that we a successfully submitted and were awarded to fund programmes. It also reflects our people-focussed digital strategy, with recycling digital equipment for use by service users, the implementation of Patient Knows Best, the patient-facing communications and record portal for our citizens, and the support that is offered by digital, including cyber awareness and one-on-one training. As we continue along our digitisation journey, our scores should continue to increase supporting our enablement and transformation agendas.

8.6 ELFT Accredited as a Living Wage Employer by Living Wage Foundation.

I am delighted that the work of the Trust to pay staff according to the cost of living has been officially recognised. We have pledged to provide a wage that helps people meet their everyday needs. This is now standard for all staff employed directly by the Trust. We are also working with suppliers to ensure as many of them as possible do the same. As of 2024, 82 per cent of our suppliers pay the Real Living Wage, compared to just 22 per cent three years ago. The aim is for all suppliers to provide a real living wage by 2026. One of the Trust's key successes has been in a new contract with OCS, a company providing services like cleaning, catering and electrical services on ELFT sites, which began in 2022. The contract secured an increase in monthly take-home pay of nearly £185 for domestic cleaners and porters at the Trust. OCS policies on paid sickness and maternity leave have also been brought into line with NHS Terms and Conditions.

8.7 BLMK Leading for a Sustainable Health and Care System Summit

We are all aware of climate change and the need to drive down emissions as an organisation across all our operations, and the benefits of working across our system to drive improvements and change. That is why I was delighted to attend the BLMK 'Leading for a Sustainable Health and Care System' with our Chair Eileen Taylor and Sustainability Lead for the Trust, Adam Toll. This was a joint ICB and (Integrated Care Partnership) ICP event to help drive sustainability and carbon reduction across our BLMK patch and beyond.

As the ICBs and Trusts work towards the Green Plan refresh which will cover the next three years of objectives and opportunities, we heard from system leaders across the ICB about the challenges that lay ahead should we not be successful in our goals but also the opportunities that present themselves too. As we work towards our Going Further, Going Together savings targets, it is more important than ever that we work together across the system to drive efficiencies and reduce our carbon footprint. Every project we undertake to reduce our emissions will also represent a saving for the Trust.

Additionally, it was a delightful to witness and be a part of an enjoyable and rewarding debate with the BLMK youth council who attended. Their opinions, suggestions and general enthusiasm was invigorating and reminds us all why we are striving so hard to reduce our significant footprint on the planet that we hope future generations will be able to enjoy for many years to come.

9.0 Awards and Recognition

9.1 Tree of Life Project Wins Parliamentary Award

Congratulations to The Tree of Life in Schools project who received the 'Health Equalities Award' at the NHS Parliamentary Awards 2024 in October. Secretary of State for Health and Social Care, Wes Streeting, presented the award to the team. The Tree of Life is a collaborative psychological intervention developed in South Africa, bringing together groups who have experiences of social suffering, as an alternative to traditional therapy methods. The Hackney model has pioneered the use of this intervention as a peer-led, African and Caribbean specific offer within local secondary schools.

9.2 North London Forensic Collaborative Wins Parliamentary Award

Congratulations to the North London Forensic Collaborative who have won an Excellence in Mental Health Care Award at the 2024 NHS Parliamentary Awards in Westminster. They are an NHS team who oversee specialist inpatient and community psychiatric services for individuals who have come through the criminal justice system

9.3 Newham Forensic 'Youth to Adult' Pilot Commended

I was proud to hear that a new approach to supporting young offenders in Newham could go on to be a template for services across the country. The ELFT specialist youth-to-adulthood (Y2A) probation service was described as a 'successful model' by the Government who would like to see it adopted by other providers. Known as the Y2A Hub, it was developed to address the requirements of 18-25 year olds in the criminal justice system with a focus on their maturity needs. The Hub comprises of a small, specialist team made up of psychologists, youth workers and a speech and language therapist. Now in its third year, The Ministry of Justice carried out an evaluation over the course of two years, exploring its implementation across the borough. This included qualitative research, such as interviews with 60 practitioners and 35 young adults. Researchers from the Government identified various areas of success which they recommended other forensic services across the country implement:

9.4 Triple Recognition for ELFT at Building Better Healthcare Awards 2024

I am delighted to share that the Trust's estates team have been named as winners in not one but three categories at the prestigious national Building Better Healthcare (BBH) Awards. The team were named Estates and Facilities Team of the Year and also took home gold awards in the 'Best Patient Safety Initiative' and 'Patient's Choice' categories for their pioneering partnership mental health inpatient air quality work, described as the first programme of its kind in the UK. The awards celebrate innovative projects and products in the healthcare sector.

9.5 National Recognition for Chefs at John Howard Centre

A pair of talented chefs from the Trust have received national recognition by reaching the finals of the NHS Chef of the Year 2024 competition. Tom Baker and Tremaine Gibson from the John Howard Centre competed against chefs from across the country in the finals of the national contest in York on 18 October 2024. They won through regional heats that involved more than 70 chefs. Their innovative approach has received glowing feedback from both service users and staff at the unit, who appreciate the fresh flavours that have become hallmark of their culinary creations. I am so proud of them for this achievement and for embracing the 'Food is Medicine' doctrine and their belief in providing the best for our service users.

9.6 Nurse Associate Awarded High Level Academic Achievement Award

I would like to congratulate Nursing Associate Egbukichi Chukwuma who has received a 'High Level Academic Achievement' from the School of Health and Psychological Sciences (SHPS) at City, University of London. The Nursing Associate role bridges the gap between Healthcare Assistants and Registered Nurses. Egbukichi, who was previously a Social Therapist, was described as a "star pupil throughout the programme". The SHPS Awards recognise a student's academic achievement and excellent contribution in practice during their time at SHPS.

9.7 Ministry of Defence Gold Award

The Trust was commended at London's Honourable Artillery Company for its commitment to supporting the Armed Forces community. The Ministry of Defence Employer Recognition Scheme Gold Awards 2024 took place on 31 October, at the Honourable Artillery Company's Long Room in the City of London. The event honoured 24 London-based organisations, including ELFT, for their work in supporting the Armed Forces community. This is an area that is close to my heart as many veterans struggle when they leave the forces. This means that ELFT joins an exclusive group of just over 1,000 organisations nationally, including around 100 in Greater London, that have achieved Gold status.

9.8 Forensic Services Win RCPsych Team of the Year

Congratulations to service users and staff from the John Howard Centre who have won a prestigious award for their work in developing an app for service users in hospital. The Pathways App Team (occupational therapists and service users at the unit) won the 'Psychiatric Team of the Year: Digital Mental Health' category at the Royal College of Psychiatrists' annual RCPsych Awards on 7 November 2024.

10.0 Action Being Requested

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

REPORT TO THE TRUST BOARD IN PUBLIC
5 December 2024

| | |
|-------------------|---|
| Title | Audit Committee Meeting held on 14 November 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 meeting held on 14 November 2024.

Key messages

Internal Audit Update

- Good progress continues to be made against the internal audit plan for 2024/25 with only one remaining audit on the organisation’s risk and assurance framework scheduled to commence in January 2025. Follow up actions are also in a strong position with dedicated efforts resulting in the closure of several outstanding actions since the last meeting.
- Two benchmarking reports reviewed and compared ELFT performance against similar healthcare organisations. The Trust was reported favourably in terms of single tender waivers and the data security protection toolkit, with a substantial assurance opinion and high confidence level rating achieved. High priority management actions aimed at further learning and improvement will be developed from the benchmarking findings and will be presented at a future meeting.
- The committee requested additional assurance on the robustness of the Trust’s internal processes related to Records of Processing Activities (ROPA) and the associated risks around data processing. Further discussions with the information governance team to provide the requested clarity and assurance.

External Audit Update

- Confirmation that the necessary assurances from the Local Government Pension Scheme auditors is expected imminently enabling final sign off of the 2023/24 accounts, after which the process to lay the documents before Parliament will commence. Once laid, the annual report and accounts will become a public document and will be made available on the Trust’s website and in line with statutory requirements will be presented to the Council of Governors and at the annual members meeting planned for January 2025.
- No major changes to the accounting reporting requirements are anticipated for next year and planning meetings with the finance team for the 2024/25 audit will commence shortly.

Annual Report and Accounts: Lessons Learnt

- The conclusion of a positive external audit process was acknowledged. In recognition of the valuable lessons learnt from a review of previous audits and reflecting good practice, a comprehensive review of the entire process from initial planning to the finalisation of the accounts is under way.
- Confidence remains high in respect of addressing one outstanding recommendation from the 2023/24 audit. However fully addressing the recommendation related to accruals will remain a challenge due to the variable nature of accruals was acknowledged.
- The committee extended their gratitude to the teams involved for their efforts which contributed to the successful outcome of the external audit process.

Deep Dive BAF Risk 7: Financial Sustainability

- The deep dive presentation focused on BAF risk 7 *there is a risk that the Trust cannot achieve its strategic priority to ensure financial sustainability* and outlined the current risk score, existing assurance mechanisms and areas requiring improvement.
- The three pillars of assurance – planning and frameworks, policies and governance, and regulations and compliance – form the structural basis for the risk.

- Focused work is under way to strengthen the policy and governance framework for financial decision making. This includes the work of the Going Further Going Together workstreams which are focused on enhancing productivity and achieving a sustained reduction in the Trust's run rate.
- Acknowledging the need for cultural change, the Trust is prioritising the development of tools and knowledge to empower staff, enabling improved financial management whilst balancing service delivery with financial constraints. This cultural shift is critical to embedding sustainable financial practices.
- The committee reiterated the urgency of accelerating efforts to change the Trust's financial trajectory; this includes ensuring an evidence-based approach to validate the robustness of mechanisms in place to drive better value and lower costs.
- The first iteration of a medium-term financial plan was welcomed. However, the committee emphasised the need for a complementary medium-term cultural plan to support organisational behavioural change and equip staff with the necessary skills and tools to enable a financial reset. The committee recommended the cultural work be the subject of a future board discussion.

Waivers and Breaches

- No waivers or breaches have been approved or reported in Q3 to date and a benchmarking exercise carried out by the internal auditors showed ELFT to be one of the most compliant trusts in comparison to its peer group.
- The technical approval process now in place will support the addressing of any future potential waiver requisitions and is also building good behaviours in advance of the introduction of the new Procurement Act in 2025.
- A 'no PO, no pay' position is being pursued as part of a QI project to strengthen controls.

Counter Fraud Progress Report

- Proactive work is planned to map existing ELFT fraud prevention procedures against the requirements of the new Economic Crime and Corporate Transparency Act 2023. This will ensure full compliance prior to the Act's implementation in 2025.
- Further assurance was provided on the ongoing efforts to manage conflicts of interest effectively. There is ongoing work to streamline the declarations of interest procedures by March 2025; in the interim all registers are being maintained and updated manually.
- Inconsistencies identified in contract management processes are being actively addressed as part of the Going Further Going Together (GFGT) contract optimisation workstream.

Policies: Business Case

- Following a request for more work around the escalation of approvals, an agreed solution has been added and the policy was approved.

The committee undertook a performance review of the External Auditors Forvis Mazars.

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

REPORT TO THE TRUST BOARD IN PUBLIC
5 December 2024

| | |
|------------------------|--|
| Title | Integrated Care & Commissioning Committee (ICCC) 21 November 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 21 November 2024

Key messages

Simmons House update

- The Trust is the lead provider for the North Central & East London CAMHS Collaborative
- Following the temporary closure of the Simmons House adolescent inpatient unit in Haringey, Trust clinicians have worked with Collaborative partners to develop interim proposals to ensure that children and young people get the care and treatment they need
- An engagement process with children and young people and stakeholders is now underway. Findings from the engagement process will inform an updated set of proposals to be presented to an extraordinary NCEL Collaborative Strategy Board meeting at the end of January 2025.
- The committee acknowledged the thorough approach to this process and noted there has been some local media interest.

Population Health update

- Good progress is being made in delivering against the 2024/25 priorities to improve population health, as approved by the Trust Board in the 2023/24 Annual Population Health Report. Key achievements include a successful social value facilities contract, unemployment support events, prevention activities and attaining real living wage accreditation
- Measures against the key priority areas of physical health interventions and income maximisation show steady progress. Further work is under way to ensure the accurate capture of data related to individual placement support for employment.
- A Marmot implementation and learning advisory group has been established in partnership with local authority public health colleagues and the Institute of Health Equity.
- The committee commended the report’s clarity in aligning the progress update against delivery of the Trust’s strategy. Consideration of the NHS ten-year plan priorities will be given for the 2024/25 Annual Population Health Report to the Trust Board in January 2025.

Darzi reflection

- A presentation highlighted key insights from the Darzi report, including themes for the ten-year plan and the engagement programme. Responses to a set of questions for individual organisations around the three key strategic shifts are due to be submitted to NHSE by 2 December.
- In discussion the committee noted:
 - The potential implications for next year’s planning guidance and the ongoing financial pressures, particularly concerning the unresolved issue of mental health investment standard support (MHIS) going forwards
 - The importance of showcasing the Trust’s proven processes and practical solutions already embedded in its model of delivery, especially those addressing the wider determinants of population health
 - A potential reset of the ICB focus on strategic challenges such as the introduction of neighbourhood care, presents a key opportunity for ELFT to lead and drive momentum in place-based initiatives. The Trust’s critical role in the broader social care system also remains a priority area for emphasis

- There is an opportunity to align the design of Trust's five-year strategy from April 2025 onwards with the ten-year plan, to prioritise prevention and create investment capacity to support long-term goals.

East of England Collaboratives update

- Collaborative work between partners has seen a marked improvement in the financial position. However, concerns remain regarding the continued funding of the Evergreen unit with two options for resolution have been put forward
- Community services continue to perform well in hospital admission avoidance contributing to a marked reduction in the use of out of area beds. However, bed management pressures remain in the system. Work to position private providers within the collaborative space is an ambition for the Trust in the future
- Key challenges persist around complex discharges from secure mental health units and gaps in the autism service
- The committee commented on the need for stronger clinical leadership within wider system discussions and highlighted the importance of enhancing more effective communication across the wider geography which encompasses numerous providers and ICBs.

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*

- Risk 1: inclusion of an action to develop leadership skills, knowledge and behaviours in working in systems
- Risk 2: further detail included on the management of system relationships and the work to strengthen place-based partnerships
- Risk 9: updated to reflect the engagement process for the inpatient general adolescent unit at Simmons House, and capacity issues around eating disorders.
- There were no changes proposed to the risk scores for risks 1, 2 and 9, and agreement that appropriate controls are in place and operating effectively.

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

REPORT TO THE TRUST BOARD IN PUBLIC
5 December 2024

| | |
|------------------------|---|
| Title | Quality Assurance Committee (QAC) on 4 November 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 4 November 2024.

Key messages

Emerging Issues

- A recent PFD report (prevention of future deaths) highlighted concerns from the coroner relating to NEWS2 (national early warning system 2) escalation, observation practice and record keeping. While not causative factors in the patient’s death, the potential to compromise patient safety was emphasised. The coroner was satisfied with the Trust’s ongoing efforts to address these issues.
- Significant progress in the acute pathway with private beds usage reduced from 70 to single figures, due to stronger clinical leadership, daily monitoring of progress and barriers, and the effective use of step-down/step-up bed capacity. Challenges remain with 40-50 patients clinically ready for discharge due to complex social care circumstances including housing. Assurance provided that comprehensive staff training is in place to ensure awareness of physical health concerns escalation with plans for automated systems to enhance the process.

Quality and Safety Report: Bedfordshire and Luton Mental Health Services

- The presentation highlighted the achievements, challenges and ongoing initiatives in crisis pathway, peri-natal services, inpatient services and community services (including adult community mental health services, memory assessment services, eating disorders, early intervention and recovery college).
- **Achievements** include the reduction in private bed use, the implementation of the Right Care, Right Person initiative; the implementation of the clinical model in community health teams; the development of the older adult pathway; the crisis pathway review; the service user led accreditation of various services; improvements in patient feedback collection; the successful recruitment of specialist grade doctors; the development of professionalising admin staff; a number of active QI projects some of which are linked to the equity work
- **Variations** include outcome measures need some improvement across the crisis pathway and referrals need to be reviewed to ensure early discharge can be prioritised; engagement with some projects, such as patient flow, varies across teams; workforce recruitment is more challenging in Luton.
- **Challenges** include high demand for ADHD and autism services, the need for forensic provision and the variation in service offers across different areas. Ongoing initiatives to address these challenges include the development of a neurodiversity model and the integration of Section 117 reviews within community mental health services. Managing financial viability remains challenging; while easier decisions have been made, the focus has now shifted to more complex issues and additional support has been requested to help navigate these challenges as it is crucial to provide staff with the necessary support as they face these difficulties.

Cross Cutting Theme: Winter Planning Update 2024/25

- There is a proactive system-level planning approach with the incorporation of lessons learned from the previous winter season. The plans address seasonal pressures alongside ongoing challenges.
- The need for early planning even in the absence of funding plans and organisational readiness was highlighted. Key focus includes capacity planning, community and crisis interventions, workforce support and continuity measures for digital and environmental risks with priorities tailored to local context in North East London and Bedfordshire, Luton & Milton Keynes. There are,

however, differences about local approaches to investment and plans are dependent on place-based leadership agreeing their priorities. There is also a need for system-wide collaboration.

- Despite bed occupancy and recruitment challenges, mitigation efforts like enhanced psychiatry cover and piloting new roles aim to alleviate the pressures.
- The Trust focuses on year-round stability and collaboration to ensure readiness for winter and other critical periods with the current risk to delivery considered manageable.

Cross Cutting Theme: Reducing Restrictive Interventions

- Rapid tranquilisation remains high particularly in some adult services and work is under way with services to understand the reasons for the increase. Learning disability (LD) wards are experiencing challenging behaviours and are being supported by a LD nurse consultant.
- There has been a reduction in the use of restrictive practices across services and focus is now on understanding inequalities and their impact through a task and finish group.
- Reviewing use of prone restraints, which primarily are for rapid tranquilisation with the aim of eventual elimination through improved awareness and understanding, and also to ensure correct reporting.
- Safety pods are being trialled on units, but adoption has been lower than expected. Efforts are under way to address barriers and encourage wider use to reduce prone restraints.
- The Use of Force Act compliance is based on last year's audit actions are now fully implemented. Future reporting will detail specific measures and timeframes to provide clearer assurance.

Speaking Up Culture

- The new speaking up strategy aligned with the national approach and linked to the People Promise, aims to enhance staff experience in raising concerns. It highlights the various routes for staff to speak up reinforcing that every voice matters. An easy-read version is being developed for wider distribution.
- The committee requested evaluation plans include clear success measures in addition to the follow-up survey after launch. Triangulation with other areas in the Trust, such as respectful resolution, will help assess impact.
- The committee suggested considering how the nominated Non-Executive Director can ensure the Board has oversight and accountability for this.

Integrated Patient Safety Report Q2

- There has been an increase in PFDs due to delayed inquests caused by Covid-related disruptions.
- The PSIRF (patient safety incident response framework) & Incident Management Policy has been approved and is available on the intranet.
- Mortality data has been reviewed to understand the rise in expected deaths and findings are detailed in the report.
- Four PFDs received, two related to clinical observations, with focused actions from Q1 to improve practices in this area.
- PSIRF and safety plan oversight groups established alongside a growing safety specialist network.
- While developing measures to assess impact remains work in progress, there is ongoing effort to track improvements.
- Assurance provided that process mapping is planned to ensure correct usage and identify opportunities for improving the timeliness of completion of 72-hour reports. A QI (quality improvement) project in Bedfordshire and Luton is under way to help inform improvements to be implemented Trust-wide.

Internal Audit

- Good progress being made against the plan with the closure of six actions and issue of the draft report on the Mental health Act.
- Learning from thematic reviews of high priority recommendations to be undertaken, focusing on identifying themes that yet to be subject to an audit.

Terms of Reference Review:

- Approved terms of reference attached at appendix 1; no changes required.
- The importance of triangulating themes across committees and the visibility of health and safety issues at the Quality Assurance Committee were highlighted for further consideration.

Board Assurance Framework: Risk 4: *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:*

- Business continuity plans are in place to address potential industrial action. However, potential GP action remains a concern in primary care which could affect services more during winter months.
- Progress in bed flow and utilisation continues but challenges remain in Bedford and Luton.
- The committee highlighted the impact of delays in autism diagnosis particularly on accessing special education and benefits and requested a review of the impact on service users.
- Current risk score is recommended to remain unchanged due to ongoing service challenges, operational pressures and previously advised as previously advised potential patient safety risks the flow work. 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.

Quality Assurance Committee

Terms of Reference

1 Authority

- 1.1 The Quality Assurance Committee (Committee) is constituted as a standing committee of the Trust's Board of Directors (Board). Its constitution and terms of reference is set out below, subject to amendment and approval by the Board.
- 1.2 The Committee is authorised by the Board to act within these terms of reference.
- 1.3 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its duties. All members of staff are expected to co-operate with any request made by the Committee.
- 1.4 The Committee is authorised to obtain outside legal or other independent professional advice and to secure the attendance of external individuals/organisations with relevant experience and expertise if it considers this necessary in support of its duties.
- 1.5 These terms of reference shall be read in conjunction with the Trust's Scheme of Delegation, Standing Orders, Constitution and Standing Financial Instructions as appropriate.

2 Purpose

- 2.1 The purpose of the Committee is to provide assurance to the Board on and oversee:
 - Effective delivery of safe and quality care
 - Positive experience and outcomes for service users and carers, and equality and inclusion
 - Quality assurance and quality improvement underpins all we do
 - Effective control and management of quality and safety related risk within the Trust.
- 2.2 The duties and responsibilities of the Committee as detailed below cover quality assurance and improvement, governance and risk, quality and safety reporting, and audit and assurance.
- 2.3 In carrying out this work the Committee will seek reports and assurances from directors and managers, and other Trust committees in addition to the Quality Committee as appropriate, concentrating on the over-arching system of quality governance, together with indicators of its effectiveness, and will also utilise the work of internal audit and other assurance functions.

3 Duties

3.1 Quality and safety

- Review and monitor the effectiveness of:
 - The Trust's patient safety plan and priorities to improve safety of patients and staff via improvements in safety systems and culture
 - The systems and framework for responding to patient safety concerns
 - The review of serious incidents, mortality, learning from deaths, claims and inquests from within the Trust and wider NHS to receive assurance that

- appropriate investigation, thematic review, trends identification and learning to reduce risk has been undertaken and is implemented
- The assurance that patients/service users and carers are engaged in the business of the Trust and have a voice in service provision, change and improvements
- The arrangements in place to protect the health and safety of Trust staff
- Receive and review, as relevant, reports of or relating to the Integrated Care Systems and provider collaboratives in relation to the quality and safety of services.

3.2 **Quality assurance, governance and improvement**

- Review and monitor:
 - All aspects of the Trust's quality governance activities that support the achievement of the Trust's strategic priorities
 - The Trust's quality assurance and plans and progress of their implementation
 - Strategies relating to healthcare governance (including clinical audit, research, education, and information governance plans)
 - The governance arrangements in place in clinical directorates, through the directorate quality and safety reports/presentations and thematic deep dives
 - All healthcare governance related disclosure statements (including declarations of compliance with the Care Quality Commission (CQC) requirements), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances
 - The assurance processes in place to ensure compliance with CQC requirements, reports from the CQC and the Trust's responses and the development and monitoring of progress against action plans
 - The Trust's annual quality governance statutory reports including (but not limited to) Quality Accounts; infection prevention and control; adult and children safeguarding; complaints; claims; patient safety and learning from deaths (mortality); etc for approval
- Promote the achievement and improvement of quality across the Trust.

3.3 **Culture**

- Promote a culture of learning and continuous improvement.
- Support the Board to promote within the Trust a culture of open and honest reporting on any situation that may threaten the quality of patient care as part of the delivery of safe and effective care.

3.4 **Risk management and internal controls**

- Monitor the risks as assigned to the Committee associated with the Trust's strategic priority in relation to improved patient experience, their controls and assurances via the Board Assurance Framework providing onward assurance to the Trust's Audit Committee and Board that appropriate controls are in place and operating effectively.
- Escalate to the Board or refer to the relevant standing committee unresolved risks arising within the scope of these terms of reference that require action or that pose significant threats to the operation, resources or reputation of the Trust and, where appropriate, make recommendations to the Board if it proposes to add or remove any risk.
- Receive and review the findings of quality related internal audit reports and seek assurance that recommendations are implemented in a timely and effective way.
- Review the findings of other significant assurance functions, i.e. external to the Trust, and consider the implications to the quality governance of the organisation.
- Receive and review the assurance that can be derived from specific areas of risk identified by the Committee through receiving reports from Directors and managers in order to drill down in areas of risk.

- 3.5 Establish such sub-groups/committees as it deems necessary to support it to discharge its functions. In so doing the Committee will inform the Board of the establishment of such sub-

groups/committees and present to the Board the terms of reference of the sub-groups, ensuring compliance with the Scheme of Delegation.

4 Membership

- 4.1 The members of the Committee will be appointed by the Board and comprise:
- At least three Non-Executive Directors, one of whom will be the chair of the Committee
 - Chief Medical Officer
 - Chief Nurse (Executive Lead)
 - Chief Operating Officer
 - Chief Quality Officer
 - Head of Internal Audit (or representative).
- 4.2 The chair of the Committee shall be appointed by the Board.
- 4.3 In the absence of the chair of the Committee, one of the other Non-Executive Director members will chair the Committee meeting.
- 4.4 One Non-Executive Director member of the Committee will also be a member of the Audit Committee.

5 Quorum

- 5.1 A quorum will be three members, including at least two Non-Executive Directors.
- 5.2 If the Committee is not quorate, the meeting may be postponed at the discretion of the Committee chair. If the meeting takes place and is not quorate, no decisions may be made at this meeting and such matters will be deferred until the next quorate meeting.

6 Attendance at Meetings

- 6.1 All members are expected to attend each meeting.
- 6.2 Only members and any named attendees of the Committee have the right to attend meetings.
- 6.3 Other Trust Directors or staff or external advisers may be invited by the Committee chair to attend for all or part of any meeting when appropriate to assist in deliberations.
- 6.4 Attendance at meetings may be by face to face or remotely. Remote meetings may involve the use of telephone and/or electronic conference facilities. Any Committee member with the agreement of the Committee chair may participate in a meeting by way of telephone, computer or any other electronic means of communication provided that each person is able to hear and speak. A person participating in this way is deemed to be present in person although their actual location shall be noted in the minutes; and will be counted in a quorum and entitled to vote.

7 Support to the Committee

- 7.1 The Director of Corporate Governance will act as Company Secretary to the Committee and working with the Executive Director Committee lead(s) will:
- Agree the agenda with the Committee chair.
 - Ensure meeting papers are distributed in good time.
 - Ensure minutes are taken, action points and matters arising are recorded and followed up.
 - Advise the Committee on pertinent areas.

- Draft the assurance report for the Board following each Committee meeting.
- Draft the Committee's annual report of the review of its effectiveness and the terms of reference.

8 Frequency of Meetings

- 8.1 The Committee will normally meet six times a year (bi-monthly) and as required to fulfil its duties as the Committee chair shall decide. An additional meeting may also be held to receive the statutory and regulatory quality and safety related annual reports.
- 8.2 Where a decision needs to be taken outside the normal cycle of meetings, and where the matter is not deemed by the Committee chair to require an additional meeting to be called, the decision may be made via email. This approach will be used on an exceptions basis. Decisions via email will be reported to the next meeting and the wording of the decision minuted.

9 Conflicts of Interest

- 9.1 Where a Committee member or attendee has an interest, or becomes aware of an interest which could lead to a conflict of interest in the event of the Committee and subsequently the Board considering an action or decision in relation to that interest, that must be considered as a potential conflict, is subject to the provisions of the Trust's Standards of Business Conduct Policy or other protocols or arrangements relating to the management of Conflicts of Interest.
- 9.2 At the beginning of each meeting as a standing agenda item, the Committee chair will ask members to highlight any conflicts of interest and identify any items/issues that may raise a conflict of interest for any Board member.
- 9.3 If any member or attendee has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, they will declare that interest as early as possible and not participate in the discussions. The Committee chair has the authority to request that member or invitee to withdraw until its consideration has been completed.
- 9.4 An up-to-date Register of Interests will be available on the Trust's website for public scrutiny.

10 Reporting and Minutes

- 10.1 The Committee chair will provide an assurance report to the Board after each meeting; this will be drafted by the Director of Corporate Governance. The report will set out the matters discussed together with any recommendations to the Board.
- 10.2 The Committee chair will highlight to the Board any pertinent issues and/or those that require disclosure, escalation, action or approval of the full Board.
- 10.3 The minutes of the Committee meetings will be formally recorded, and a draft copy circulated to Committee members together with the action log as soon after the meeting as possible.
- 10.4 The approved minutes will be available to the Board on request and presented to Audit Committee at their subsequent meeting.
- 10.5 The Committee will receive and agree a description of its work (in the form of an annual forward plan) and will regularly monitor progress against this plan.

11 Sub-Committees/Groups

- 11.1 The Committee's sub-committees/groups are:
- Quality Committee.
- 11.2 The Committee will receive regular assurance reports and an annual report from its designated sub-committees/groups.
- 11.3 Where appropriate the Committee will liaise with other relevant Trust Board sub-committees to ensure an integrated and consistent approach to quality, finance, performance and communication.

12 Review

- 12.1 The Committee will undertake an annual review of its effectiveness and provide a report to the Board of its findings including highlighting areas for improvement.
- 12.2 Terms of reference will be reviewed annually and reported to the Board for ratification.

13 Review Dates

- 13.1 Date approved: March 2023
- 13.2** Next review date: November 2024

REPORT TO THE TRUST BOARD IN PUBLIC November 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 integrated performance report, which contains quality measures at organisational level.

Key messages

The quality assurance section of this report focuses on the review of intensive and assertive community mental health care, further to the Care Quality Commission ‘Rapid Review’ of Nottinghamshire Healthcare NHS Foundation Trust, commissioned in response to the conviction of Valdo Calocane for three homicides that took place in Nottingham in June 2023 whilst he was under the care of the Trust.

The report sets out NHS England expectations, the process of review undertaken, and the main findings of those reviews, including good practice and opportunities to strengthen. Reviews were led at Integrated Care System (ICS) level, meaning separate reviews were undertaken in East London and in Bedfordshire and Luton, and in collaboration with other providers in those systems. Initial plans of action are set out, alongside the ongoing work to more fully understand this complex area, and think through what great care for this cohort of service users requiring intensive and assertive care looks like and how it is best delivered. Working groups have been formed in each system, and progress will be brought together at the Trust’s Quality Committee in early 2025, and subsequently through to Quality Assurance Committee.

The Quality Improvement (QI) section of this report provides assurance regarding the progress of the annual QI plan in support of the strategic goals of the organisation. Quality improvement is being applied in supporting cost improvement work across the trust – including reducing nursing agency spend across Bedfordshire community health services, reducing medication waste Trustwide, reducing the use of printed letters and reducing patient transport costs.

The Pursuing Equity programme is supporting 31 teams from across the trust to reduce missed appointments. The programme began in September. Six teams are testing change ideas, with two teams in City and Hackney already seeing a reduction in the number of missed appointments.

The Trustwide Flow programme, which launched in May 2024, is supporting all adult mental health directorates to tackle inpatient flow. There have been Trustwide reductions in use of

out of area beds and in the average length of stay, enabling the organisation to treat people closer to home and also generate income by offering additional inpatient bed capacity to other organisations.

Cohort 10 of the Improvement Coaches Programme started in October 2024, with 43 staff and service users (plus a number of system partners) training to become QI coaches. Wave 14 of the Improvement Leaders' Programme began in October 2024 with 267 staff and service users learning and applying QI to tackle a range of complex problems across the trust.

Strategic priorities this paper supports.

| | | |
|-------------------------------------|-------------------------------------|--|
| Improved population health outcomes | <input checked="" type="checkbox"/> | Applying the QI method across the integrated care system. Large-scale QI programme on pursuing equity and reducing the equity gap for patients who have missed appointments. |
| Improved experience of care | <input checked="" type="checkbox"/> | Use of QI to tackle long waiting times, long length of stay for inpatients and system flow. |
| Improved staff experience | <input checked="" type="checkbox"/> | Building capability in QI across the trust through several learning programmes. |
| Improved value | <input checked="" type="checkbox"/> | Most quality improvement work enhances value through improving productivity and efficiency, with substantial QI support currently focused on cost improvement. Use of QI to improve flow in inpatient units and reduce spend on private sector beds. |

Implications

| | |
|---------------------------|--|
| Equality Analysis | Many of the areas that are tackled through quality assurance and quality improvement activities directly or indirectly 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. |
| Quality | The information and data presented in this report help understand the quality of care being delivered, and our assurance and improvement activities to help provide high quality, continuously improving care. |

1. Quality Assurance

- 1.1 In August this year the Care Quality Commission published the two-part report of its 'Rapid Review' of Nottinghamshire Healthcare NHS Foundation Trust. The review was commissioned by the Secretary of State for Health and Social Care under section 48 of the Health and Social Care Act 2008, further to the conviction of Valdo Calocane for three homicides that took place in Nottingham in June 2023.

- 1.2 In September, NHS England instigated an integrated care board (ICB) review of intensive and assertive community treatment for people with severe mental health problems. The ask was for ICBs to work alongside local stakeholders and partners, with reviews completed by 30 September 2024. In practice, ICBs asked mental health providers in their system to undertake a self-assessment and to submit these to the ICB to formulate a return to NHS England. In addition, the ICBs supported engagement with multiple partners, and also reviewed historic serious incidents to identify any specific learning related to this group.
- 1.3 NHS England set out the characteristics of individuals in scope of needing intensive and assertive community mental health care:
- Are presenting with psychosis (but not necessarily given a diagnosis of psychotic illness)
 - May not respond to, want or may struggle to access and use 'routine' monitoring, support and treatment that would minimise harms
 - Are vulnerable to relapse and/or deterioration with serious related harms associated (esp. but not limited to violence & aggression)
 - Have multiple social needs (housing, finance, self-neglect, isolation etc)
 - Likely present with co-occurring problems (e.g. drug and alcohol use/dependence)
 - May have had negative (e.g. harmful and/or traumatic) experiences of mental health services or other functions of the state (e.g. the criminal justice systems)
 - Concerns may have been raised by family / carers
- 1.4 A 'maturity index' self-assessment tool was provided, to 'support ICBs in their own self-assessment of their current level of service provision and capacity in relation to adequately and safely providing the function of assertive and intensive community support for people with serious mental illness, where engagement is a challenge. The tool invited exploration of a range of key lines of enquiry:
- Function of assertive outreach / intensive case management
 - Clinical Pathways
 - Workforce
 - Risk assessment and safety planning
 - Legislation
 - Interface with other services
 - Recovery and personalisation
 - Meeting the needs of diverse populations
 - Medication management
 - Experts by Experience
 - Discharge from services
 - Data
 - Policy variation control
 - Governance
- 1.5 The self-assessment was undertaken by mental health providers in each system, in line with national guidance and utilising the maturity index.

1.6 In addition, the Care Quality Commission conducted a survey of all relevant provider organisations (individually) to gain assurance that Boards have been (or have plans to be) sighted to the findings of their reports into Nottingham Healthcare NHS Trust, have considered their recommendations, and have undertaken a review of their own services, resulting in a plan of action. The Trust has submitted its response to the survey, summarising the key findings of our self-assessment and action plans as set out in this report.

2.0 Assessment of current provision

Model of care delivery

2.1 At present ELFT does not have dedicated teams to provide Assertive Outreach and Intensive Case management for the care and treatment of people where psychosis has become a long-term condition and where an individual has co-occurring needs ('Assertive Outreach Teams'). This function was nationally commissioned in the 2000s, but became decommissioned over time (in ELFT, and most of the country) as commissioning was decided at a more local level. Over recent years, policy drivers have encouraged less fragmentation and siloed services, in pursuit of more personalised accessible models of care, which has contributed to decisions to decommission separate assertive outreach teams.

2.2 Individuals requiring intensive and assertive care are identified on an individual basis via the assessment and care planning process, and their needs and a plan for meeting those needs are the outputs of these ongoing assessments. Assessment and care planning are supported by robust care planning and risk assessment policies at ELFT, as well as the Dialog+ process for engagement, assessment and monitoring of outcomes.

2.3 The Trust currently has a Care Programme Approach (CPA) policy in place that sets out expectations for assessment and care planning. However, with the national shift away from the CPA classification, the Trust is in the final stages of developing a new Care Planning policy that addresses the complexities of providing community mental health care in the current context, and the complexities of managing easier access to services and larger caseloads.

Self-assessment (with reference to the NHSE Maturity Index)

2.4 In light of the Trust providing services across two ICSs, two separate self-assessments were undertaken in East London and in Luton and Bedfordshire. Initial review, based on the views and experiences of key stakeholders, operational and clinical leads, service users and carers, identified a range of good practice but also areas for improvement and gaps in provision.

2.5 Luton and Bedfordshire

Strengths / good practice identified:

- Clinical Pathways - clear policies / processes across a number of teams
- Enabling the workforce - clear policies and processes for staff, support offers, lone working arrangements and defined roles
- Risk Assessment / Safety planning - strong safeguarding, 48hr follow up post-discharge, and needs-based risk assessments
- Legislation - strong support for information and access for staff
- Interfacing - strong links with wider services, including Local Authorities
- Recovery / Personalisation - strong links with families and friends
- Diverse populations - strong staff representation and networks
- Medication - robust procedures around prescribing, dispensing and monitoring of medication
- Experts by experience - very strong, with people participation being embedded in all that we do
- Discharge - good practice amongst our teams at the transition between inpatient and community care, with non-engagement not being a driver for discharge
- Data - good reporting of waiting times, waiting lists and caseloads, using transparently available data in PowerBI
- Governance - strong governance in place to review and update policies and practice

Potential gaps or areas for improvement:

- Function – no dedicated intensive / assertive outreach team or function, with this offer being integrated into the wider community mental health service
- Pathways – Not easy to identify and keep sight of those service users in scope for intensive and assertive care, and so ensure that their needs are being met
- Workforce – opportunities to improve on follow ups, caseload management, managing co-morbidity
- Risk / Safety planning – practice could be strengthened to improve risk prediction
- Interfaces - could better define VCSE / police roles.
- Recovery and personalisation - policies could be more personalisation focussed
- Diverse populations - could use data better and focus on referral / retention rates for diverse communities
- Experts by experience – could build on this to work better with diverse communities
- Discharge – could improve involvement of families and primary care
- Data - could more easily view the caseload that would benefit from intensive outreach

2.6 East London

Strengths / good practice identified:

- Notable service models and tools:
 - RAMHP: (Rough Sleeping and Mental Health Programme) service, which covers all three East London boroughs, established to provide additional mental health support for people who are sleeping rough (some of whom might be in this cohort)
 - PKB (Patients Know Best) the use of a patient owned digital platform to provide information and planning tools.
 - FACT: (Fast Assertive Community Treatment) these teams are present in some boroughs to provide rapid step up for patients at risk.
- Significant levels of skill and experience in engaging and supporting this group through our community mental health workforce

Potential gaps or areas for improvement:

- Staffing - caseload sizes are too large in some services to provide the level of intensity of support provided by assertive outreach. Capacity needs to be defined. No specific dedicated staffing resource for this group but needs are met through a number of services and functions
- Work needed to improve the process of identification and holding sight of people within this group, and step up and step down of care could be better clarified.
- Whilst co-produced care planning is in place, there could be more clarity and consistency in terms of use
- Policies on disengagement to be improved to ensure clarity
- Broadening access to community mental health has impacted capacity for more intensive, proactive work. The care planning process is still evolving (with the end of the CPA framework), and some uncertainty exists about how to best balance risk and access

2.7 What our data tells us

2.8 At this point, the self-assessment process has necessarily been in the subjective realm, with little opportunity to review objective data thus far. Therefore, any assurance taken from the review is limited, albeit that it is reflective of the experience of those closest to the services being provided.

2.9 Objective data regarding the care and treatment of this cohort of service users that could corroborate and quantify the issues identified, and prioritise action, is difficult to obtain, as this patient group is dynamic and not readily identified. Available data is typically cut by team, service type (i.e. community / neighbourhood mental health, early intervention, crisis) or directorate, and not according to the specific identified need of a particular client group.

2.10 In terms of data germane to the issues raised in the CQC's reports, the Board will be very familiar with the data around flow, and actions being taken to reduce

waiting times, and effectively manage the risk of those waiting. There is a clear process around the monitoring, action and reporting of work focused on waiting times across ELFT services, through from team and directorate to Trust-level and board.

- 2.11 The Board is also routinely sighted on key equity metrics and the work of the Pursuing Equity programme. The latest phase of this work focuses specifically on the topic of non-attendance at appointments. 31 teams are involved in this programme, across adult and older adult mental health services, community health services, specialist services, primary care and child and adolescent mental health services.
- 2.12 The Board will also recognise that safer staffing data for in-patient mental health, and community health services is routinely reported on, but that due to the complexities of understanding safe staffing / caseload levels across community mental health services, these are not in scope for that report.
- 2.13 Community mental health teams are asked to rate their staffing levels as part of the annual CQC self-assessment that forms part of the trust’s internal quality assurance process. At the last assessment the mean score across all directorates was 3 (equating to ‘Good’ in CQC terms).
- 2.14 The trust takes pride in its people participation work, and structures to support the involvement of service users and carers in their care, but also in the management, improvement and design of services.
- 2.15 Several standards in our unique service user-led accreditation programme measure people participation:
- ‘The service can demonstrate that they include service users in decision making about their care’
 - ‘The service can demonstrate it includes and invites service users and carers to service management level meetings’
 - ‘The service can demonstrate they consult with service user groups’
 - ‘The service can demonstrate it is culturally inclusive (towards staff and service users and carers) and is able to meet the needs of older people, LGBTQ and BME communities, and people with intellectual disabilities’
 - The service can demonstrate it works with People Participation and can direct service users to the local People Participation Lead.
- 2.16 At the time of writing, a number of community mental health teams are accredited, and the Quality Assurance team is working with management teams towards all services being accredited:

| Team Name | Directorate | Award |
|--------------|----------------------|----------|
| Amphill CMHT | Bedfordshire & Luton | Platinum |

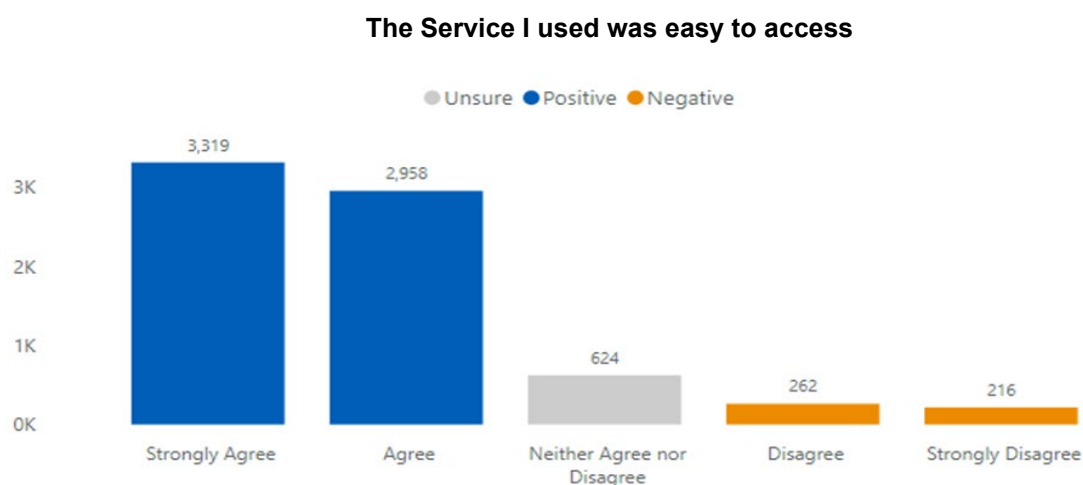
| | | |
|---------------------------------|-----------------------------|----------|
| Biggleswade CMHT | Bedfordshire & Luton | Silver |
| Bethnal Green & Globe Town CMHT | Tower Hamlets Mental Health | Silver |
| Tower Hamlets EIS | Tower Hamlets Mental Health | Platinum |
| Stepney and Wapping CMHT | Tower Hamlets Mental Health | Platinum |

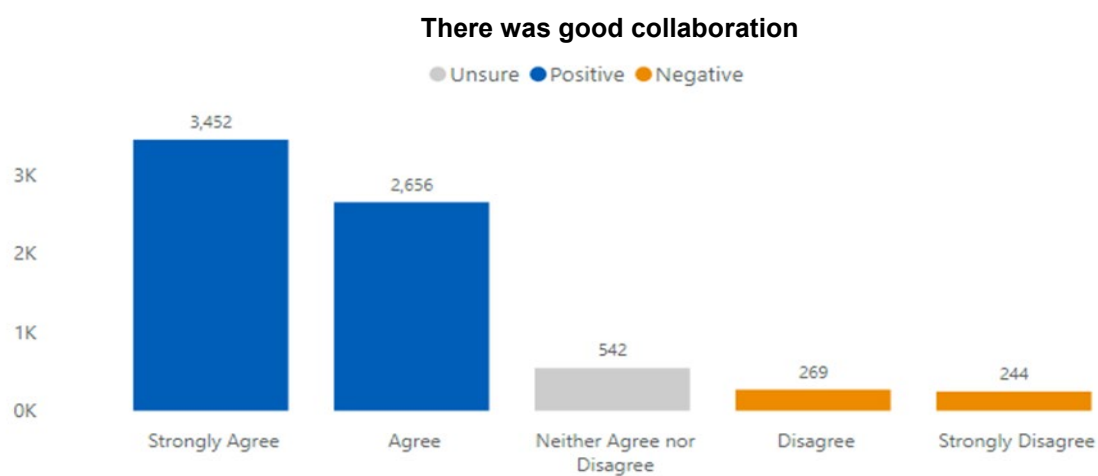
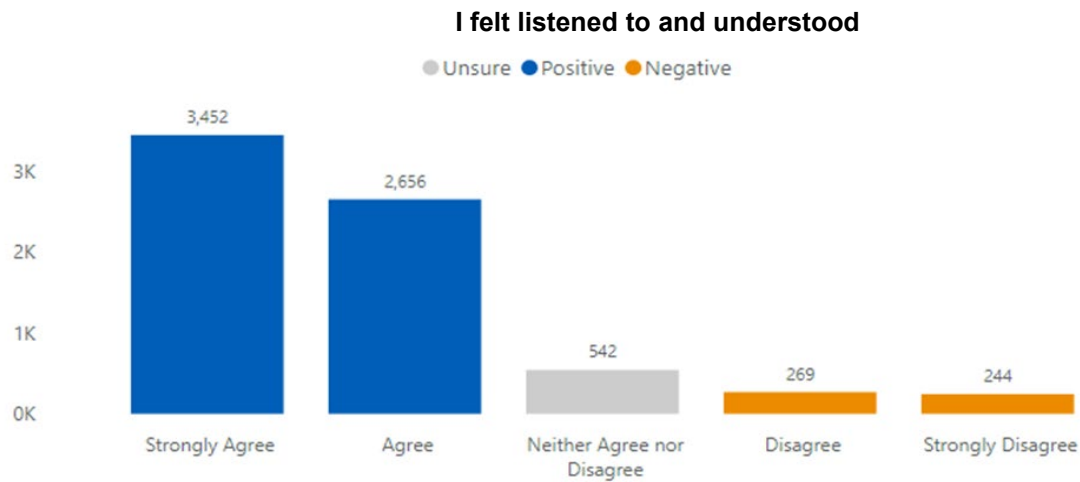
2.17 Robust risk assessment and care planning policies and procedures are also identified as significant in the review, and a number of directorates have identified standards in this area for their regular clinical audit programme. Audit standards are measures of adherence to prescribed process, with a particular focus in City & Hackney and Tower Hamlets on involvement of service users and carers. Looking at audit results over time, most reflect a stable or improving picture. Where this is not the case, teams have improvement actions in place.

2.18 In addition, as part of the continuous collection of service user feedback, there are questions on access to services and feeling listened to, in relation to experience of care and treatment.

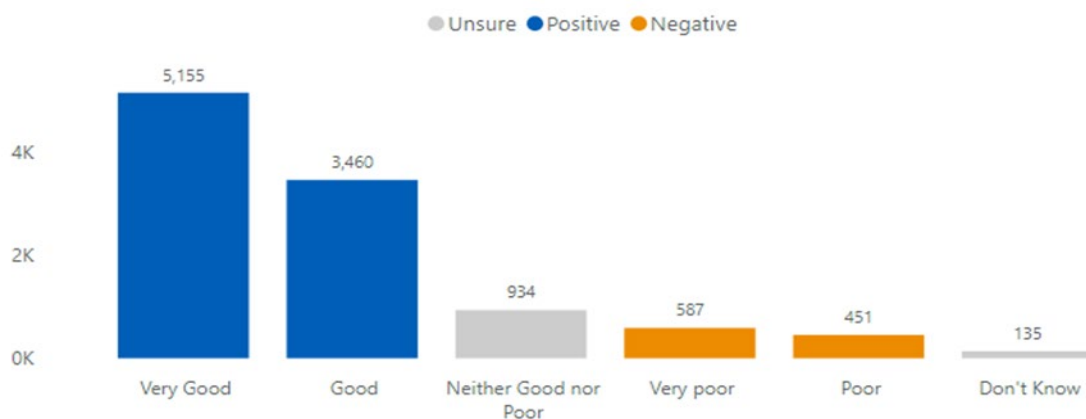
- ‘The service I used was easy to access’
- ‘I felt listened to and understood by the people involved in my care and treatment.’
- There was good collaboration between me and the people involved in my care’

2.19 Each of these questions are responded to broadly positively across all community mental health services. The charts below show responses across all community mental health teams over the last 6 months.





2.20 Overall experience is measured via the Friends and Family Test – ‘Overall how was your experience of our service?’ Again, experience is generally positive.



3.0 Actions taken to date, and next steps

3.1 Organisations, as part of the NHS England review process, were asked to ensure their reviews are presented and discussed at public ICB board meetings, alongside an action plan for how the national guidance will be implemented.

- 3.2 In the meantime, an initial paper has been received by the NHS England Board that clarifies the context and intentions of the review and next steps, notably:
- A longer-term review into the whole system approach to supporting people with severe mental illness, with a wide range of partners who support them. It will review what is in place, fidelity to models, how services are working together and integrating, what data, capital, and resources are required to meet demand, and what changes are required to ensure efficient flow and high patient quality care within and between services. The review will start at the beginning of 2025 and aim to report by the end of 2026.
 - In the shorter term, the national team are already developing guidance on what good quality, safe care looks like for community mental health teams, together with external partners including the Royal College of Psychiatry and CQC. This will include a review of patient safety and the basics of good quality care. It will also include the development of metrics and methods for identifying and overseeing live patient safety risks and align with CQC reviews for these services. The guidance will be published by the end of the financial year.
 - The NHS England mental health team will also share best practice and increase training and education. This will enable the skills and knowledge of good safe care to be improved and embedded across the country.
- 3.3 Review findings and initial plans have now been completed in each of the trust's ICS footprints, and been shared with the ICBs. Both plans acknowledge the complexities of service design and delivery, and involve more detailed work to understand need, what great care looks like and what is required to deliver that.
- 3.4 In North East London, the review and findings have been presented to the NEL ICB executive group and the NEL MHLDA collaborative committee, prior to coming to the NEL ICB board meeting in public on 27 November. The plan proposes the establishment of an expert reference group that will oversee design work to improve the coherence and consistency of our offer. It is proposed that this group takes the form of an Improvement Network, which will be clinically led with service user representation. The group will aim to balance and manage the polarities outlined in this paper so that we improve our assurance around risk whilst preserving our innovative patient-centred approaches which deliver open access, flexibility and responsiveness.
- 3.5 A workshop is scheduled for January 2025 to further engage, focus and structure the network. It is envisaged that the network will review current best practice and past models such as assertive outreach. To increase the speed of delivery, it is proposed that the design tasks will be held within four sub-groups. These mirror the areas of improvement identified by the review:

- **Identification and holding sight** – This workstream covers risk formulation and will explore the use of central data systems, and will balance this with a review of patient-led approaches such as open access interventions. This workstream will agree both how patients at risk become known to the system, how risk is assessed and also, once identified, how people are held in sight.
 - **Personalised care planning** – This will build on the work of Care Planning Groups currently held in ELFT and NELFT which are focused on the movement away from CPA. It will bring the work of these groups together as part of a NEL-wide approach. This workstream will review the holistic bio-psycho-social assessment model as a means of risk formulation and a means of informing care planning and personalised goal setting.
 - **Continuity of care and discharge** – This group will review the discharge policies and create a standard NEL-wide policy covering the needs of people who are at risk. It will also look at transitions between services to ensure that continuity of care is maintained and that people at risk are held in sight.
 - **The intensive offer and rapid access** – This group will design the intensive offer for people at risk and will consider whether minimum standards are useful such as frequency of contact, the presence of a named professional etc. It will seek to balance the need for greater intensity for those at risk with dangers of creating cliff edges and ensuring rapid access.
- 3.6 Bedfordshire, Luton and Milton Keynes (BLMK) have also set out a plan with short term actions, complemented by longer term ambitions. In the short term there will be a review of the self-assessment and plan with a view to identifying themes, emerging trends and any learning that can be taken and used to inform planning and improvement in BLMK.
- 3.7 This work is being overseen by the fortnightly Bedfordshire and Luton Community Transformation Board and the Board has tasked the Deputy Director of Integrated Care with further developing a local action plan and monitoring progress against this. A group has been convened to undertake this work, and met for the first time in early November, and will meet regularly until further notice.
- 3.8 Longer term, the priorities for action, whilst being mindful of similar work that is going on across the Trust and ICB footprints, are to:
- Revisit and test the findings of the initial Maturity Index Assessment to confirm current gap analysis
 - Review and understand best practice models from elsewhere
 - Develop a more detailed improvement action plan based on the above activities
 - Develop measures for ongoing measurement of improvement and success

3.9 Centrally, having discussed the initial findings of the review process at the Trust Quality Committee in September, the group, chaired by the trust Chief Medical Officer, committed to fundamentally tackling two core questions:

- How do we systematically identify and keep sight of this cohort of people?
- What do we believe that great intensive and assertive community mental health care looks like at ELFT; how does this vary from the current, and what are the standards that we can expect to be applied across the organisation, and we can monitor and report on?

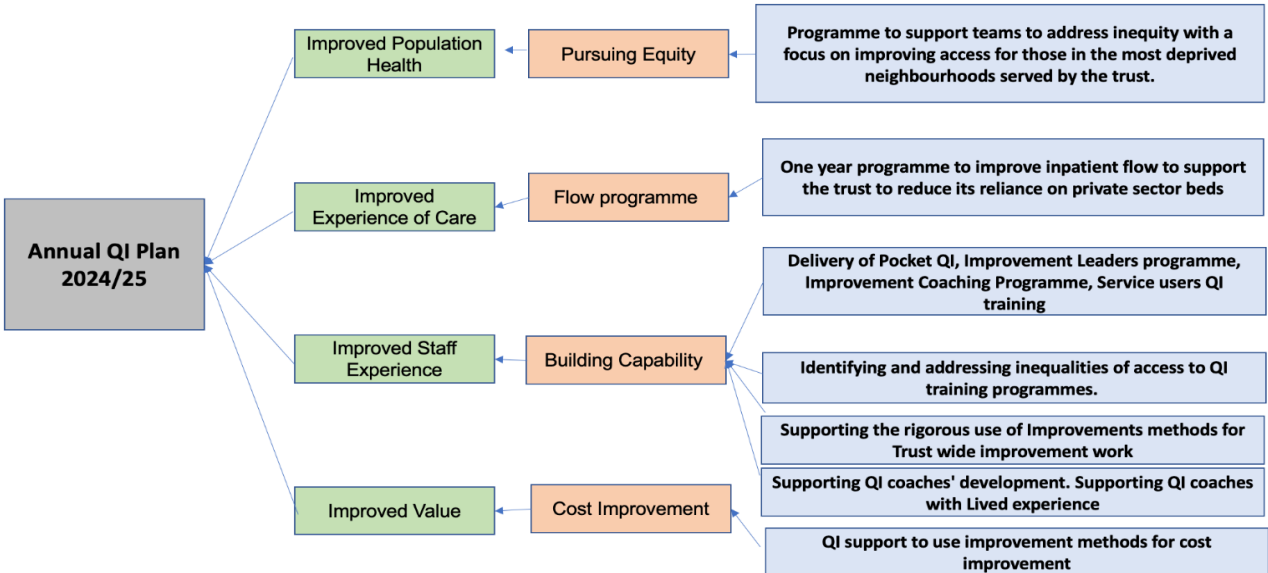
3.10 The Committee will return to these key questions in 2025, in order to bring together the output from meetings and workshops in both integrated care systems. In support of this, the Medical Director for Inpatient and Urgent Care across NELFT & ELFT will be facilitating a Trustwide learning lessons seminar based on the findings of the CQC reports into Nottinghamshire Healthcare NHS Trust and the care and treatment of Valdo Calocane.

3.11 The Data and Analytics team are working to build into PowerBI a simple way to visualise this particular cohort of service users, within the caseload of community mental health teams. The characteristics of this group (for example diagnosis, substance misuse, admission history) will be defined by clinical leads, alongside research into similar tools in the NHS.

3.12 Progress on this work will be shared with the Quality Assurance Committee by June 2025, following the Trust quality committee discussion, and the workshops and plans developed within each integrated care system.

4. Quality Improvement

4.1 The Quality Improvement (QI) plan at ELFT is designed to support delivery of the organisation’s strategic objectives to improve population health, improve service user and staff experience and to improve value across the Trust.



- 4.2 In collaboration with the Going Further Going Together programme, high impact cost improvement opportunities are being supported to apply quality improvement. These projects include the reduction in agency nursing spend across Bedfordshire and Luton Community Health Services, uptake of electronic patient mail to reduce the cost of postage, and reduction of medication waste.
- 4.3 An area of focus this year is addressing variation across the Trust, in the application and embedding of quality improvement. Several opportunities have been identified and are being addressed, including strengthening QI coach peer networks and local supervision, reducing variation of participant experience and outcomes of QI training programme, improving project exit strategies and strengthening quality control mechanisms, and improving service user involvement in QI projects.

5. Building Capability for QI

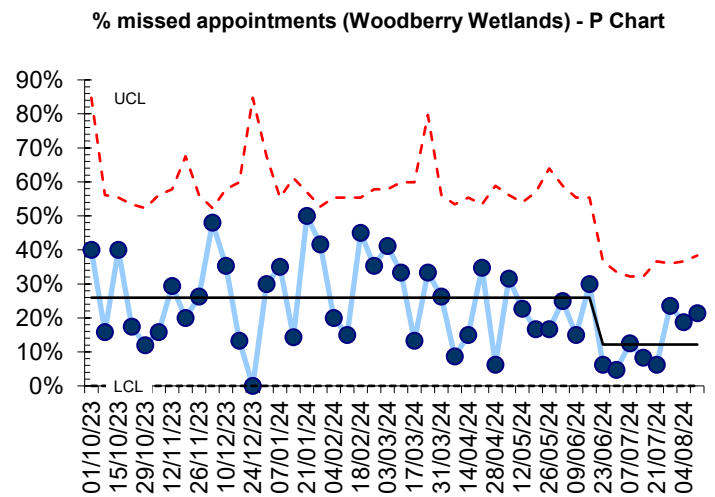
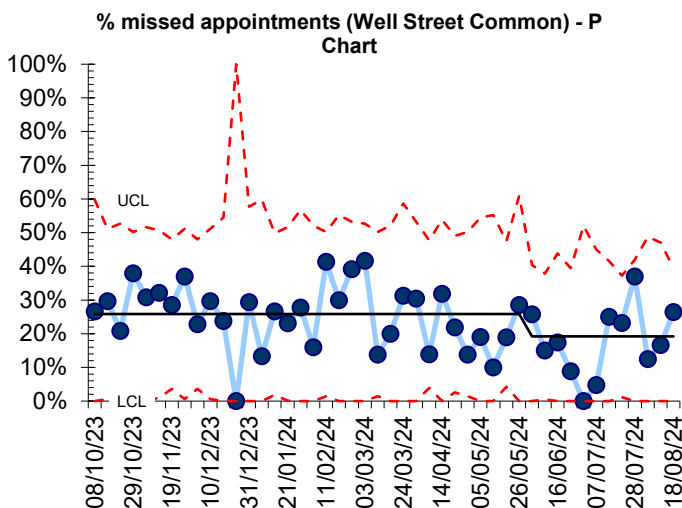
- 5.1 Cohort 10 of the Improvement Coaches Programme started in September 2024 with 43 ELFT service users and staff (plus a range of external partners) starting their journey to become improvement coaches. The first workshop days supported coaches to develop the skills needed to support teams at the early stages of applying QI to identify and solve a complex problem, and all are now actively coaching live QI projects at ELFT.
- 5.2 Wave 14 of the Improvement Leaders' Programme commenced in October 2024, with 267 ELFT staff and service users joining the programme – all bringing a real quality issue that they will learn and apply QI to help tackle. The first day supported participants to set up the foundations of their project, understand how to involve service users and how to apply a range of tools to understand the complex problem they are tackling.

6. Pursuing Equity QI Programme

- 6.1 Thirty-one teams from across adult and older adult mental health services, community health services, specialist services, primary care and child and adolescent mental health services are taking part in the programme. Across these teams, approximately 17% of all appointments (1266 on average) are missed each fortnight. People from our most deprived neighbourhoods are 4.5 times more likely to miss their appointments than those living in the least deprived neighbourhoods. The 31 teams will collaborate to test innovative change ideas aimed at reducing missed appointments and closing this equity gap. Each team is currently developing a specific, measurable aim, which will then support development of a programme-wide aim.
- 6.2 Seven teams are currently testing change ideas, with a further 6 teams expected to begin testing by December 2024. Examples of ideas that are currently being

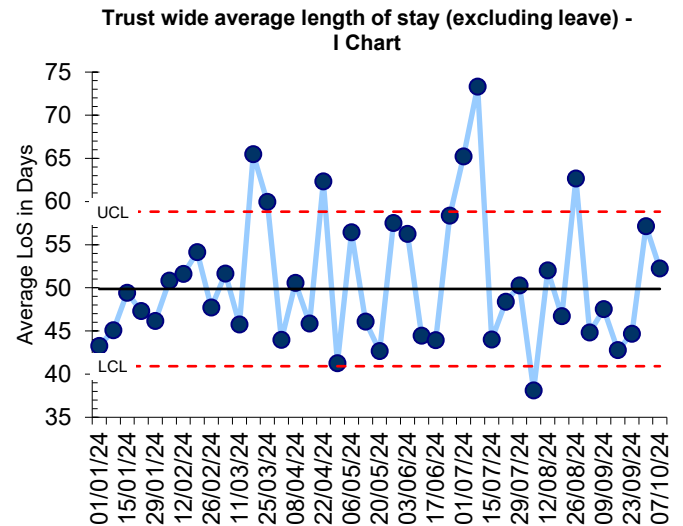
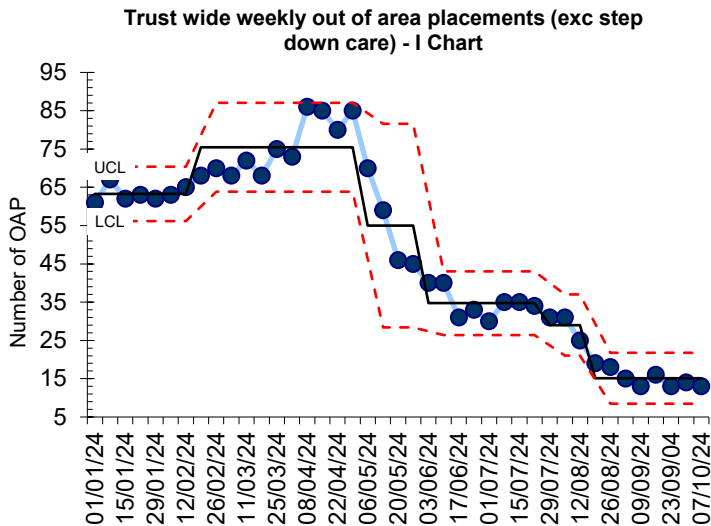
tested or developed include patient-initiated follow up for low-risk patients, a peer-support worker calling service users a day before their appointment to remind them, automated text message reminders, service information packs translated into different languages and providing a service in an outreach shelter for homeless women. A 'poverty proofing' toolkit is currently being developed by the population health team together with a local charity, and the teams will then be encouraged to identify ideas to test from this.

6.3 Eight City & Hackney neighbourhood mental health teams (NMHTs) are part of this programme, with change ideas currently being tested at Well Street Common and Woodberry Wetlands. These two teams are testing automated text message reminders, have updated and shared their missed appointments policy with their staff, and the administrative team have updated all patient demographics. Woodberry Wetlands has reduced missed appointments from 26% to 12% and Well Street Common has reduced missed appointments from 26% to 19%. These teams will receive support to implement these successful ideas into business as usual and spread the ideas across the remaining NMHTs.



7. Improved Experience of Care – Flow Programme

7.1 Work continues to reduce out of area placements and length of stay as part of the Flow programme. Out of area placements have reduced to approximately 10, at the end of October. In London, there have been zero placements since August 2024. In London there has also been a 17% reduction in average length of stay, from 53.1 to 43.9 days, with no reduction yet observed in Bedfordshire and Luton. The trust is now generating income by offering additional bed capacity to other organisations.



7.2 In London, the Inpatient Quality Transformation Service Development Fund has been used to procure bed and breakfast accommodation and stepdown beds, which have contributed to our success in reducing length of stay and private bed usage. A role to support individuals with no recourse to public funds is also being developed. In Bedfordshire and Luton, a proposal for a crisis house is in underway, with the intention of having the service operational by June 2025. A change to our clinical record system that will enable better monitoring of stepdown bed activity is due to launch in January 2025.

7.3 Directorates are being supported to understand the theories behind the improvement being seen, to enable the effective ideas to be converted into standard work. Bedfordshire and Luton is reviewing their theory of change, and developing new change ideas, with the aim of eliminating out of area placements and reducing length of stay by December 2024.

8. Action Being Requested

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

Performance report

November 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, informed by a small 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 83% in October. For the first time this year, all services have achieved the national standard, which is encouraging.

October saw a decrease in the rate of restraints to 9 per 1000 occupied bed days compared to the mean of 13.1. This reduction was largely related to CAMHS and Bedfordshire inpatient services. CAMHS attribute the improvement to the successful discharge of complex service users and the completion of trauma-informed care training. Better integration of this approach into care planning and risk management has reduced the need for restrictive practices and enhanced patient well-being.

72% of Talking Therapies service users are achieving reliable improvement, surpassing the national target (67%). The percentage of service users seeing an improvement in quality of life (measured through Dialog) has continued to rise over the past four months, from 40% to 46% in October .

Access to perinatal services continues to increase in line with Long Term Plan aspirations. Perinatal outcomes for service users have seen improvement over the past six months, rising from 41% in May to 51% in October.

The number of service users in private out-of-area placements has reduced from around 70 in early 2024 to less than 10 by the middle of November. The number of service users clinically ready for discharge was 100 in October, below the previous peak of 173, which in turn is enabling wider system flow and access to emergency & urgent care.

Early Intervention Services have consistently exceeded the national target (60%) for service users starting treatment within two weeks of referral. Over the past six months, performance has improved from 67% in May to 85% in October.

What's of concern?

Long waits persist in adult ADHD and Autism services, with over 6,000 people waiting over 52 weeks. City & Hackney are addressing this by shifting annual medication reviews to primary care, freeing specialist capacity for assessments, while Tower Hamlets has bolstered its ADHD service by hiring General Practitioners with Special Interest to help reduce waiting times. Efforts to integrate ADHD and Autism services are underway in City & Hackney through a quality Improvement project aimed at creating a unified pathway for neurodevelopment disorders. Planned initiatives include standard psychoeducation sessions for service users on waiting lists, potentially allowing them to reassess their need for a formal assessment. The introduction of the QbTest diagnostic tool has shown promise, cutting clinical assessment time by 30 minutes.

In Community Health services, 1,100 people are waiting over 52 weeks for assessment. Steps are being taken to address these delays, particularly across MSK, Podiatry, and SCYPS ASD services. The children's ASD pathway in Newham is adopting a streamlined assessment model, managed by a single clinician, reducing the need for multiple staff to be involved in assessments. In Newham MSK, interim plans are being developed in collaboration with the ICB to address the rising demand for musculoskeletal services. Bedfordshire podiatry service has increased capacity through staff recruitment and training, with plans for group educational sessions to reduce the waiting list.

What's worth watching?

The number of people presenting in A&E with mental health difficulties, who face a delay in accessing care, has been increasing – primarily due to limited bed availability and the need for intoxicated patients to sober up before assessment. While bed availability is slowly improving, the mental health urgent care workstreams in our two systems are actively working to address the key themes and issues identified.

The inequity in use of restraint between service users from Black and Minority communities compared to White communities has increased in recent months. This report provides details of the work underway across the Trust to tackle this variation.

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

| | | |
|---|-------------------------------------|--|
| Improved service user experience | <input checked="" type="checkbox"/> | 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 | <input checked="" type="checkbox"/> | |
| Improved staff experience | <input checked="" type="checkbox"/> | |
| Improved value for money | <input checked="" type="checkbox"/> | |

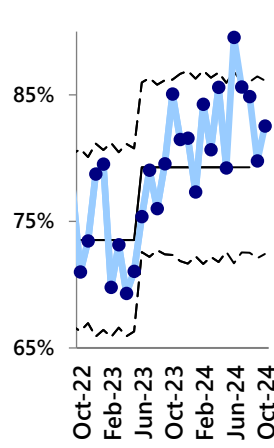
Committees/meetings where this item has been considered

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

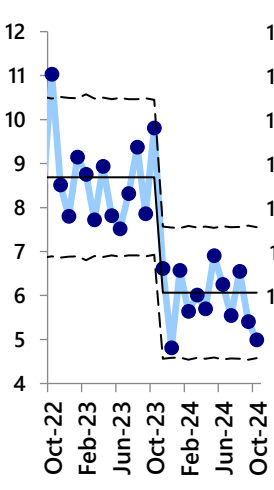
| Impact | Update/detail |
|----------------------------------|---|
| Equality Analysis | Some of the metrics in this report are designed to improve equalities by ensuring access to services and good outcomes. Analysis of the experience of different groups is undertaken as part of the Trust's inequalities work stream and population health task and finish group. |
| Risk and Assurance | This report covers performance for the period to the end of October 2024 (where available) 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. |

Safe

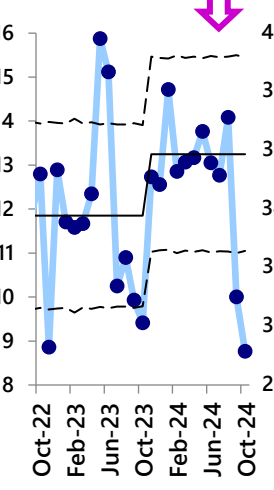
Service users followed-up within 72 hours of discharge (P chart) Target: 80%



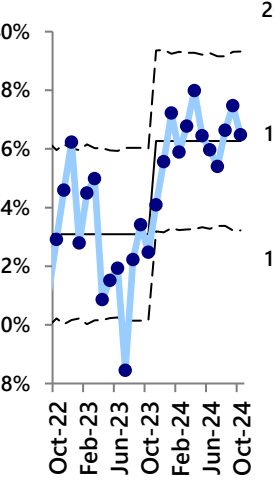
Physical violence incidents per 1,000 occupied bed days (U Chart)



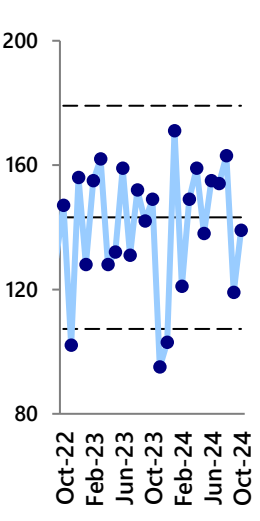
Restraints reported per 1,000 occupied bed days (U Chart)



Safety incidents resulting in physical Harm (P Chart)

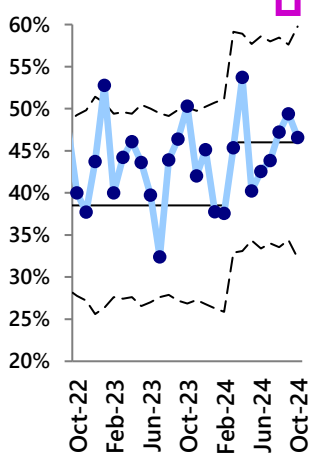


Pressure ulcers - non-inherited (C Chart)

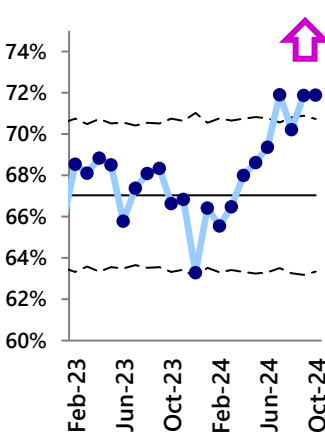


Effective

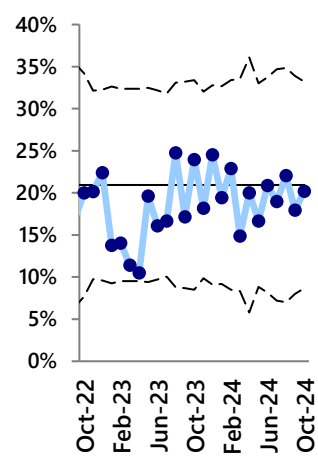
Adult Mental Health Improvement in Dialog score (P Chart)



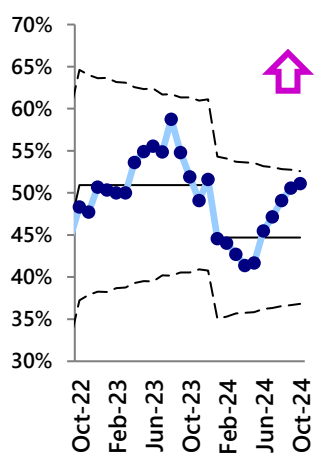
Talking Therapies - Percentage achieving reliable improvement (P' Chart) Target: 67%



IPS - Percentage discharged in employment (P Chart)

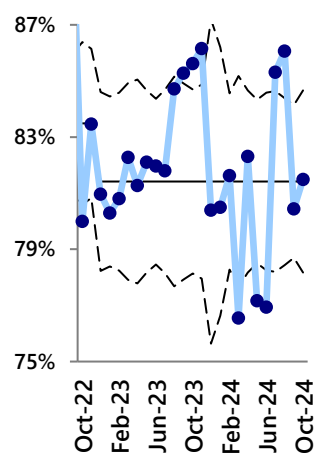


Perinatal - Improvement in Core10 scores (P Chart)

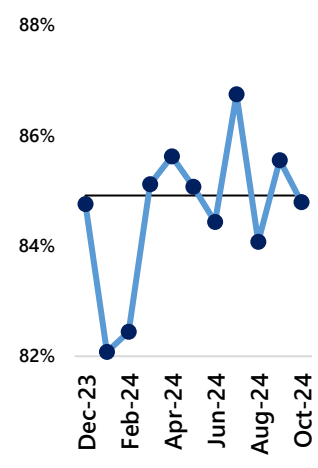


Service user centred

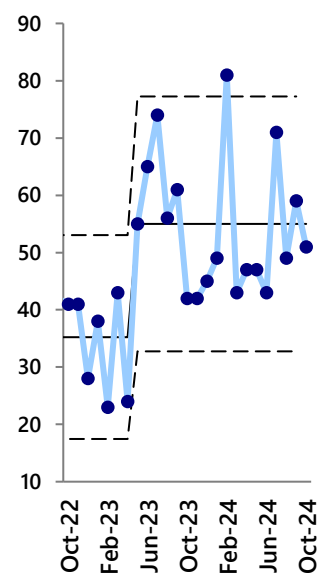
Percentage of service users having a very good or good experience (P Chart)



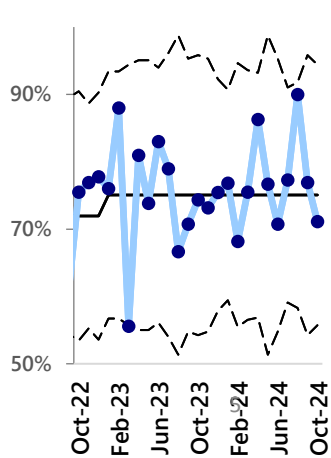
Service Users involved in discussions about their care (run chart)



Complaints (C Chart)

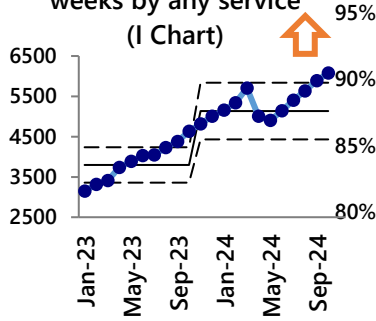


Service users who died in their preferred place of death (P Chart)

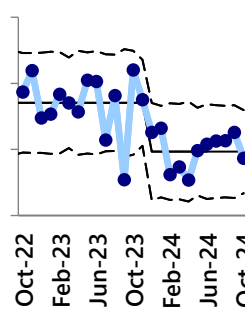


Timely

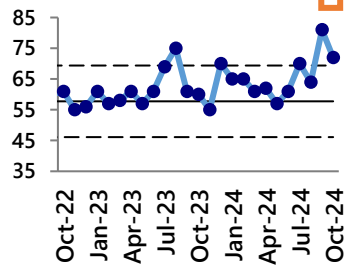
Service Users Referred to ELFT and not seen within 52 weeks by any service (I Chart)



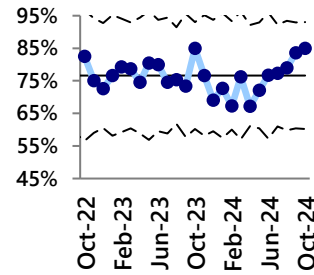
Rapid Response seen within 2 hour (P Chart) Target 70%



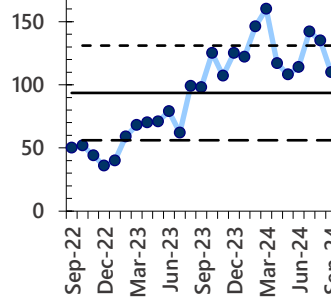
Waiting time for treatment (days) for Children and Young people (I Chart)



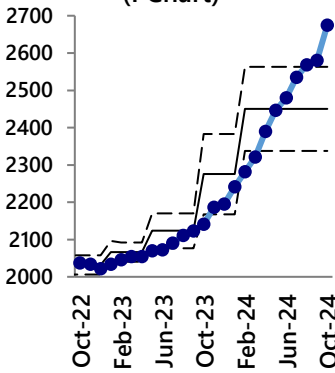
Early intervention treatment started within 2 weeks (P Chart) Target 60%



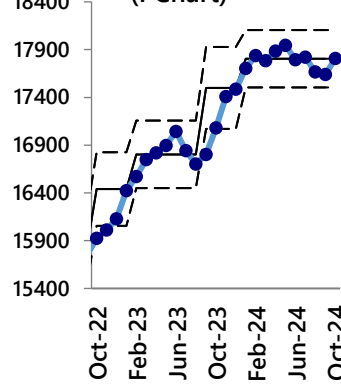
Number of patients waiting over 12 hours in A&E (I Chart)



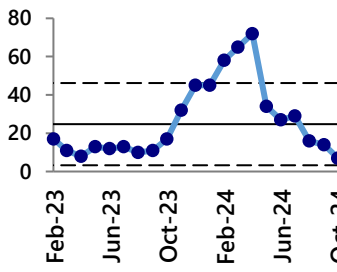
Perinatal Access Rate (I Chart)



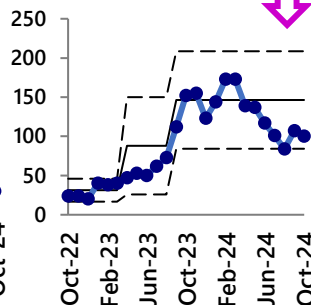
CAMHS Access Rate (I Chart)



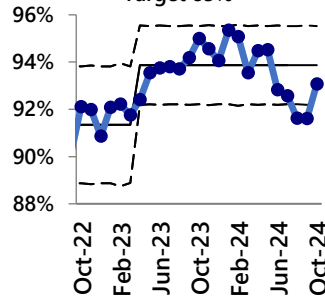
Private Inpatient Placements (I Chart) Target: 0



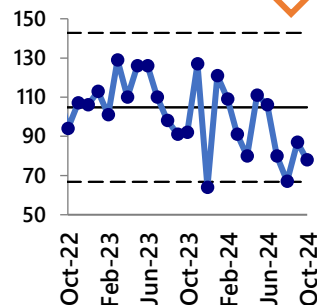
Clinically Ready for Discharge (I Chart)



Bed occupancy - all specialties (P Chart) Target 85%

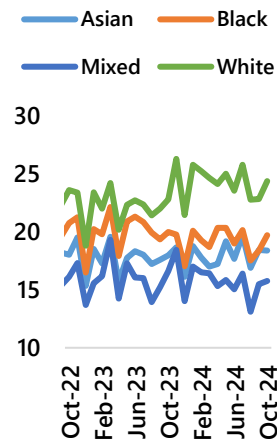


IPS Referrals (I Chart)

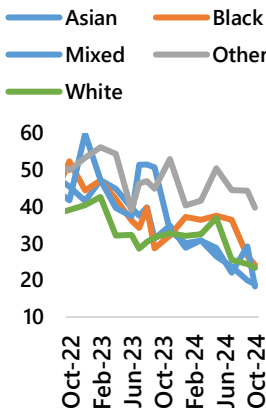


Efficient

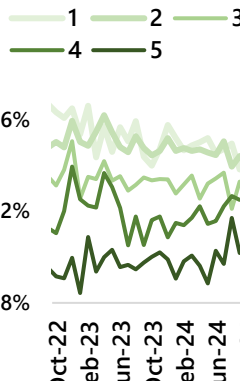
Referrals by ethnic group, per 1,000 population.



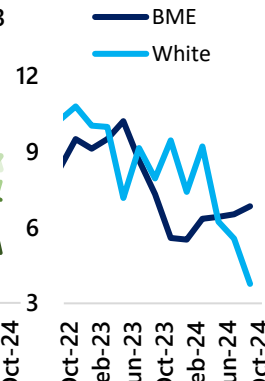
Average wait (days) for community mental health assessment



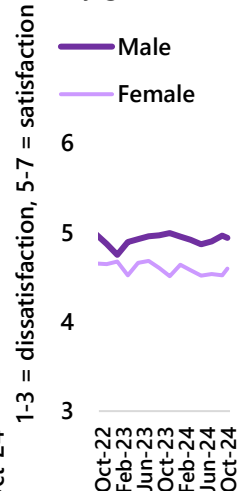
Non-attendance at mental health appointment (1 = most deprived, 5 = least deprived)



Adult restrictive practices per 1,000 occupied bed days (OBDs), by ethnic group



Average Dialog score at review, by gender



Equitable

Safe

The percentage of service users who were followed up within 72 hours of discharge from mental health inpatient care reached 83% in October, exceeding the national target. All directorates have exceeded the standard for the first time, highlighting the positive impact of various initiatives. These include providing service users with mobile phones, verifying contact details before discharge, and incorporating 72-hour follow-up conversations into discharge planning to ensure patients are ready for follow-up contact.

The rate of incidents resulting in harm remains stable at 36% of all reported incidents in October 2024. Since September 2023, violence and aggression in inpatient services has dropped to 6.1 incidents per 1,000 bed days (from 8.7). This is mainly due to the 2022-24 QI programme focused on improving therapeutic engagement and observations.

The number of pressure ulcers across community health services remains stable at around 143 cases per month. In October, the number of pressure ulcers decreased to 119, which reflects a decrease in all grades of pressure ulcers. Community Health Services are testing the SWARM tool, as part of our new patient safety plan and ways of accelerating learning from incidents, allowing staff to examine and address problems as soon as possible. Immediately after an incident, staff 'swarm' to the site to quickly analyse what happened and how it happened and decide what needs to be done to reduce risk. Positive staff feedback has focused on enhanced teamwork, faster problem-solving, and a greater sense of shared accountability for patient safety.

The rate of restraints is 9 per 1,000 bed days, which has dropped from 14 per 1,000 bed days in the past couple of months. This is mainly due to a reduction across CAMHS and Bedfordshire inpatient services. CAMHS inpatient units have reported a decrease in incidents involving restraints and nasogastric tube feeding. This was due to the successful discharge of service users with complex needs, as well as clinical director interventions aimed at reviewing care plans and better-aligning feeding practice with evidence of the benefits and risks. There is now a stronger emphasis on risk assessment, resulting in fewer service users requiring tube feeding. In Bedfordshire, services have found that closely monitoring service users and maintaining full staffing levels have helped reduce the use of restraints. With more staff available, emergencies are addressed quickly, with more time to engage with service users, helping to meet their needs and manage challenging behaviours. Additionally, by applying trauma-informed care, staff are offering more tailored support, preventing situations from escalating.

Effective

In October, 46% of service users in adult and older adult mental health services reported an improvement in their quality of life. This is based on measuring the change in Dialog outcome score before and after an episode of care. As mentioned in the previous report, several initiatives are in progress to address areas of dissatisfaction.

Talking Therapies have continued to exceed the national target for reliable improvement (67%), achieving 72% in October. Training awareness sessions have supported staff to understand and adapt clinical practices to meet the new standards introduced this year.

The number of service users accessing perinatal services continues to grow in line with expectations in the Long Term Plan, having increased to 1828 year-to-date. The perinatal outcome data shows that the number of service users demonstrating an improvement in their outcome scores has been increasing over recent months, reaching 51% in October. This improvement can be attributed to our proactive approach in reminding staff to complete the Core-10 outcome survey, providing thorough training for new team members, and utilising supervision to track progress.

Service User Centred

86% of service users reported being satisfied with the care they received, marking an overall improvement in satisfaction across most services. Satisfaction with primary care services saw an increase, rising from 66% in April to 82% in August, before settling back to 75% in October. There was a 32% increase in the number of responses across primary care teams, jumping from 492 in August to 735 in October. This reflects the success of promotional campaigns encouraging service users to provide feedback, as well as improvements in service accessibility. Efforts to increase appointment availability and the implementation of a new telephony system have contributed to enhancing the experience of booking appointments. Moreover, services have addressed delays in repeat medication prescriptions by redistributing tasks, ensuring that staff are more readily available to process new orders. These changes have positively impacted the overall patient experience and service efficiency.

However, some services, such as Tower Hamlets and Bedfordshire mental health services, experienced a 10% decrease in the percentage of service users reporting a good or very good experience. Most of the feedback received was related to waiting times within the community mental health services, predominantly within the ADHD service. Plans are in place to manage the growing waiting lists, which are discussed in the next section of this report. Tower Hamlets has recently started a Patient Reported Experience Measures (PREMs) forum. Each team has a champion to promote PREMs and share lessons with wider teams to help tackle emerging themes and issues.

The number of complaints has remained steady, averaging 55 per month. Common issues include staff attitudes, communication, clinical care, and service waiting times. These concerns, along with specific examples, are regularly shared with directorate teams and are being addressed through staff training, learning sessions, and efforts to reduce waiting lists.

Timely

Early Intervention Services continue to exceed the national goal of ensuring that 60% of service users are commencing treatment within two weeks, achieving 80% in October.

Across the Trust, 6096 patients are waiting to be seen over 52 weeks in October. Most of these service users, 3727, are waiting for adult Autism and ADHD services. ADHD services in City & Hackney have been implementing plans to transfer annual medication reviews from the ADHD service to primary care, freeing up specialist capacity for more assessments.

Tower Hamlets has adopted a multidisciplinary approach by hiring two General Practitioners with Special Interest (GPwSI) to support the ADHD service and reduce long waits for specialist appointments.

City & Hackney has embarked on a Quality Improvement project to integrate the ADHD and Autism services, aiming to make better use of shared resources and create a unified pathway that addresses waiting times more efficiently. There are plans in place to introduce psychoeducation sessions as standard practice to manage waiting lists, allowing service users to decide if pursuing an assessment is suitable for them. The QbTest (a diagnostic assessment tool) is being trialled and shows early signs of saving clinical assessment time.

Memory services across the Trust have improved their waiting times. In City & Hackney, the team has been addressing a backlog caused by long-term medical staff sickness, successfully reducing waits from 120 in May to 81. In Tower Hamlets, the team has managed to see 81% of their patients within 6 weeks, which is the highest performance in over two years. This reduced the average wait for assessment from 7 to 5 weeks during this period. In Tower Hamlets, as part of the QI project, the service have established a “Diagnosis in a Day” clinic which allows service users to receive a full diagnostic assessment and same-day diagnosis from a multidisciplinary team, focusing on complex cases with a neurological component. While this is not yet a “one-stop shop” for all dementia types, the clinic has improved efficiency.

In Community Health services, there were 1188 service users waiting over 52 weeks at the end of October 2024. Managing service users who have waited the longest has been a priority within the SCYPS ASD service. To address this, more staff have been trained and are now conducting assessments, with a focus on those waiting the longest. The service has adopted a streamlined model, shifting towards single-clinician appointments to help relieve capacity.

In Newham, the MSK service is actively addressing the increased demand that has exceeded planned levels of activity. There are currently 4356 service users waiting for a first appointment, with 3687 referrals received in October 2024. An interim plan is being developed in collaboration with the ICB to manage risks while a service redesign is underway. Within Foot Health Services, the recent relocation to premises at Centre Manor Park is expected to enhance capacity, while a time-in-motion study has informed process improvements to balance clinical and administrative tasks. Additionally, administration roles are being redefined to allow clinicians more time for complex appointments, while new tools for referral triage are under development to support efficient decision-making.

The Bedfordshire Podiatry service continues to receive an average of 300 referrals each month, with 283 currently waiting for a first assessment. The team are actively working to bring this down to the 18-week waiting time target, with the current average wait being 27 weeks. The service has increased capacity by recruiting new staff, including a consultant and additional Band 6 and Band 7 professionals, who bring specialised skills to the team.

Within the Bedfordshire MSK service, 1709 service users are waiting to be seen, with the average waiting time currently 60 weeks (against the 18-week target). Targeted training programmes in musculoskeletal and diabetes care are being offered to manage the increasing demand. The service is exploring group educational sessions, followed by individual assessments if needed, which will help to address long waiting times.

Urgent care teams in Community Health services continue to exceed the national 70% target to assess service users within 2 hours, reaching 84% in October. 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 to manage 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

A trust-wide quality improvement programme focused on patient flow is currently underway, with details available in the Quality report.

Inpatient bed occupancy in October reached 93% against the 85% national goal. In Newham, a discharge flow team, including a housing offer, social worker, home treatment team, and inpatient input, is helping to monitor step-down and step-up community beds closely. In Tower Hamlets, senior leadership has worked closely with clinical teams to ensure that admissions are purposeful and focused on stabilising acute illness. The borough lead nurse has established a process to review all patients in A&E to ensure they go to the right place, involving community, crisis and step-down services.

The number of service users in private out-of-area placements has dropped from around 70 in early 2024 to less than 10 by mid-November. The number of service users clinically ready for discharge was 100 in October, below the previous peak of 173, which reflects the positive impact of the range of initiatives focused on tackling barriers to timely discharge.

There continue to be delays in the time people with mental health difficulties are spending in A&E. This is partly due to a lack of available beds, presentation by people from outside our catchment area, and the need for intoxicated or overdose patients to sober up before an assessment. Although there are signs of improvement in bed availability, pressures remain high, prompting the introduction of initiatives such as the QI project aimed at reducing the average length of stay in Homerton Hospital. Psychiatric liaison teams across the Trust continue to have a high percentage of service users seen within 1 hour (78%).

The Mental Health Urgent Care improvement workstreams are focused on enhancing system flow and improving the quality and safety of mental health care in emergency departments. This work has identified that specific populations, such as children in social care, patients with housing issues, out-of-area presentations, and individuals with substance misuse issues, present specific challenges that require a system-wide response rather than solely improvements in mental health services.

Teams are working with partners to tackle these themes within local place-based partnership forums. In Bedfordshire, a decompression exercise was conducted with the ICB, acute providers, and local authorities, in September to address key themes and improve responsiveness. In addition, plans are underway to establish a Bedfordshire Crisis House to help divert people away from A&E. Specifications and eligibility criteria are being developed, with Ceder House identified as the appropriate facility to host the service. The goal is to launch this in April 2025.

Individual Placement Support services are continuing to see a decrease in referrals. Services have identified issues with the way information is captured on two different systems, and a review is underway to understand if this is related to data quality or a genuine decline in referrals.

Equity

This report will concentrate on initiatives aimed at addressing the disparity in restrictive practices between Black and Minority Ethnic Minority (BME) groups and White groups. The underlying data shows that restraint activity accounts for most restrictive practices, followed by a smaller proportion related to rapid tranquilisation and use of seclusion. Among BME groups, individuals from "Other" ethnicities show the highest rate of restraint at 15 per 1,000 bed days. Gender and age disparities are also notable: female service users (21 restraints per 1,000 bed days) are more than twice as likely to be restrained compared to male service users (8 per 1,000 bed days), with elevated restraint rates observed in the Rosebank PICU in Tower Hamlets and acute wards in Bedfordshire and Luton. Additionally, younger service users, particularly those aged 0-18 (65 restraints per 1,000 bed days), experience a significantly higher rate of restraint compared to those aged 19-29 (24 per 1,000 bed days)

The Trust's Patient and Carer Race Equality Framework (PCREF) plan focuses on reducing restrictive practices through improved data access via Power BI, enabling teams to analyse patterns in intervention use across ethnic groups. The Trustwide Use of Force steering group, involving service users and staff, leads efforts to minimise restrictive practices. Additionally, 'Time to Think' sessions in each borough encourage reflective discussions on local data to promote compassionate and culturally sensitive care.

Within CAMHS, the use of restrictive practices is often related to a small group of young people requiring repetitive interventions. Teams are focusing on adopting proactive, trauma-informed strategies that prioritise de-escalation and minimise the need for restrictive practice. This has started to have an impact, for example, with the number of restraints decreasing from 114 in August to 77 in September.

Higher rates of restraints are also noted among white women diagnosed with personality disorders in Luton and Bedfordshire. These complexities are exacerbated by insufficient access to specialised female PICU wards, impacting the management of acute behaviours.

Due to the impulsive and emotionally dysregulated behaviours often associated with this condition, individuals may be disruptive in a ward environment, affecting the care of other service users. Teams have highlighted that these challenges can sometimes be compounded by not having timely access to a female Psychiatric Intensive Care Unit (PICU), such as Rosebank ward in East London. The lack of a commissioned female PICU ward in Bedfordshire and Luton results in the general female acute ward managing higher levels of acuity and complexity. This can create a challenging environment for both staff and service users, potentially contributing to the increased use of restrictive practices. However, teams have developed thresholds and processes for admitting to Rosebank and, when that is not possible, to a private ward in rare cases where there is a clinical need.

Although the female Rosebank ward in Tower Hamlets has a relatively high rate of restrictive practices, partly due to caring for some of the most acutely unwell service users, the rate is lower than general female wards in Bedfordshire and Luton. Rosebank provides a structured, secure environment for women, with fewer beds and higher staffing levels compared to general acute wards. The team is also skilled in managing complex, high-risk behaviours, related to learning disabilities and neurodiversity, helping to stabilise individuals quickly and creating conditions for engaging with therapeutic interventions. The Trustwide Use of Force steering group has set up a task and finish group to focus on service users with neurodevelopmental needs and personality disorders. This group is training staff to enhance their knowledge and skills in managing these complex needs, as more individuals with such conditions are being admitted.

The Newham adult male PICU ward in East London had higher levels of restrictive practices compared to similar wards. This is due to a combination of factors, including a higher number of service users from prisons, often from BME backgrounds, who come with strict legal conditions and pose higher risks. Gang-related issues and increased incidents during weekends, likely due to fewer available activities, also contribute to this. To address this, an Occupational Therapist has been employed to run weekend activities. Service user feedback is being incorporated to improve these sessions. Teams have also started adapting medications used for rapid tranquilisation, favouring short-acting antipsychotic injections that stabilise users for longer periods of time (2-3 days), reducing the need for more restrictive interventions like physical restraint or seclusion.

System Oversight Framework

The System Oversight Framework (SOF) enables 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 what will be expected of providers. A brief summary by exception of indicators relevant to ELFT is provided in Appendix 1, with a narrative below.

Improvements have been observed in a few indicators. Access rates in Community Mental Health Teams have increased from 116% to 119% across East London and Dementia Diagnosis Rates have increased from 64% to 67% over the past 3 months. Community mental health teams in East London have been focused on enhancing outreach and managing patient flow by implementing a centralised appointment booking system and new processes for outpatient referrals to improve the experience of access.

A newly established psychology team has been put in place to streamline the identification and triaging of patients alongside quality improvement initiatives to reduce the number of missed appointments, which have significantly increased the capacity to assess new patients.

As mentioned in this report dementia diagnosis rates have improved with September showing some of the highest performance in the past 12 months. Average wait times have dropped by 2 weeks in Tower Hamlets and the teams continue to implement quality improvement initiatives across the Trust by using video or phone consultations where appropriate to improve diagnosis rates.

The percentage of hypertension patients treated continues to see a reduction across the Trust from 70% to 62% in the past 3 months which is mainly as a result of a decline in performance in our homelessness practices in East London. Targeted efforts including the World Homeless Day including an initiative to recall patients for blood pressure checks to raise awareness and ensure service users are taking their education on time.

Other operational plan indicators, including quality of care, access and outcome indicators have been mentioned in other sections of this 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 8.35%, 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)

| Oversight Theme | Indicator Code | Measure Name (metric) | Oversight | Target | Current performance and progress |
|--------------------------------------|----------------|--|-----------|------------------|---|
| 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 37 per 1,000,000 and across BLMK this is at 48 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 15% 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) bacteraemia infection rate | ICB | 0 | As of March 2024, in NEL this metric is at 46 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 7.85 per 10,000 and in BLMK at 7.97 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 | | Timely | |
|---|--|--|---|
| 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. | 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 |
| 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. | 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. |
| 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. | Waiting time for treatment (days) for Children and Young people | Number of days from referral to first contact. |
| Safety incidents resulting in physical Harm | Percentage of incidents resulting in any physical harm including fatalities from all safety incidents. | 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 |
| Number of non – inherited pressure ulcers | Number of Category 2,3 & 4, SDTI and Unstageable pressure ulcers not-inherited outside the trust. | Perinatal Access Rate | Number of service users with at least one face to face or video contact in the last 12 months. |
| Effective | | CAMHS Access Rate | Number of service users with at least one contact in the last 12 months. |
| Adult Mental Health Change in Paired Dialog Scores | The proportion of paired dialog scores showing an improvement of >12.5%. | Efficient | |
| Talking Therapies - Percentage achieving reliable improvement | The proportion of people completing treatment who have shown significant improvement and recovered. | Private Inpatient Placements | Number of patients placed in private beds at the start of the month. Excludes CAMHS & step-down care and other NHS providers |
| IPS - Percentage discharged in employment | The proportion of patients discharged from any IPS service who are in employment. | Clinically Ready for Discharge | Number of patients ready for discharge without a clear plan for ongoing care and support during month |
| Peri Natal Paired Core10 outcomes scores showing improvement | Proportion of paired scores showing a movement from higher risk category to a lower risk category. | 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. |
| Patient Centred | | IPS Referrals | Number of referrals to the IPS team |
| 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?' | Equitable | |
| 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.' | Referrals by ethnicity, per 1000 population | Referrals to East London per 1,000 population using 2021 Census |
| Complaints | Number of formal complaints received | Average wait for assessment by ethnic group. | Average wait by service user ethnicity |
| 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 | 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
5 December 2024

| | |
|------------------------|--|
| Title | Appointments & Remuneration Committee (RemCo) 24 October 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 October 2024.

Key messages

VSM Remuneration

- The committee approved a VSM uplift in line with NHS England pay recommendations to be back date to 1 April 2025.

Compass Wellbeing CIC Recruitment

- Following an open recruitment process in June-July 2024, Shona Sinclair was appointed as the Chair of Compass Wellbeing with effect from 2 September 2024. She will work closely with the ELFT Board to define the strategic direction of Compass Wellbeing with a focus on providing the best possible support to voluntary and community organisations that serve our local communities.
- Recruitment for the CEO of Compass Wellbeing is in progress with the stakeholder panel and interviews scheduled for late November/early December.
- The CEO will play a pivotal role in leading Compass Wellbeing’s growth and diversification and will be expected to have specific skills and experience to meet these objectives.

REPORT TO THE TRUST BOARD IN PUBLIC
5 December 2024

| | |
|------------------------|--|
| Title | People & Culture (P&CC) 6 November 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 6 November 2024.

Key messages

Emerging Issues and Challenges

- The issue arising from a social media comment by a staff member has been addressed at a local level as well as with system partners, ensuring appropriate actions are being taken to resolve the matter and reduce likelihood of recurrence.
- The planned workshops on anti-Semitism, Islamophobia and xenophobia are under way. On completion an evaluation of participation feedback will be conducted and reported.
- The continuing collective action by GPs is being closely monitored. While the impact on the Trust has been limited to date, the situation continues to be actively tracked.

Cross Cutting Theme: Temporary Staffing

- Efforts to reduce agency use and transition high-cost agency workers to bank are progressing, with most agency staff now moved to cost-saving direct engagement arrangements.
- A summary of staffing spend by profession and locality for both agency and bank workers included a focus on reducing high medical agency costs and transitioning locum doctors to fixed-term contracts where feasible.
- Priority is given to ensuring appropriate controls on bank staff numbers in inpatient settings, with ongoing collaboration with system partners to create a pool of specialist expertise, particularly digital staff on fixed term contracts.
- The programme has a low risk rating, with confidence in the plan in achieving the forecast savings based on the strategies in place and progress made to date.
- The committee requested further refinement of data for better benchmarking and ensuring continued improvements in staffing and financial management.

Cross Cutting Theme: Employee Relations

- Data on formal disciplinary, grievance, dignity at work and capability cases from 2019 to date was presented, with breakdowns by locality, ethnicity and grade.
- On average disciplinary cases take 159 days to complete with some areas experiencing significantly longer durations.
- Comparative WRES data aligned with these findings show a higher likelihood of black and male staff entering formal processes with concerns about staff wellbeing due to the length of these processes. There are ongoing efforts to verify disability data in ESR.
- The committee requested further assurance on the learning and impact of this review with an update and comparative analysis of appraisal data to be presented at the next meeting to understand the performance distribution and identify those requiring capability interventions.

Cross Cutting Theme: ELFT Ability Network

- This was the second in a schedule of regular presentations to gain insights into staff networks’ priorities, achievements, challenges and future plans.
- The co-leads highlighted their focus on intersectionality to increase diversity and representation including collaborative work with the other staff networks, monthly seminars on relatable subjects and creating network connections through peer support, advocacy and signposting.

- A key focus is improving the workplace adjustments process, addressing lengthy delays and technical issues that often hinder disabled colleagues from fully performing their roles.
- The network's three main requests included: clarification of roles and improved coproduction between all staff networks and the people and culture and EDI teams; increase line manager training and knowledge on disability; and a review of the leave reward for exceptional attendance policy to ensure disabled staff are not unfairly impacted.
- The committee requested a future update on how the Trust is addressing these asks and sought assurance that lessons from all the networks are embedded into the recruitment processes ensuring the development of inclusive pathways that support and improve experiences for disabled colleagues and create a comfortable environment for staff to disclose disabilities or needs.

Deep Dive: Directorates – Bedfordshire and Luton Adult Mental Health Services

- This was the first in a schedule of updates from directorates to provide deeper insights into locality priorities, plans and challenges.
- Collaboration with Central & North West London on community, inpatient and specialist learning disability services across three local authority areas was highlighted.
- Work to ensure a more sustainable workforce has led to reduced agency usage, improved admin staff development, enhanced senior leadership support and a remodelling of the community mental health services to focus on prevention and early engagement.
- Challenges persist regarding staff experiences of racism, inappropriate sexual behaviour, financial viability, and the need for a sustainable medical workforce. The committee welcomed actions to address discrimination, bullying and harassment including the appointment of a senior lead for sexual safety.

Speaking Up Culture

- A further iteration of the strategy details the routes, support and resources available to staff.
- The committee acknowledged the collaborative efforts with a range of stakeholders in developing the strategy and requested clearer communication on how contributions ensure staff safety and address concerns.
- The committee also requested further work on using data to identify trends and establish clear measures of success for the strategy's implementation.

Board Assurance Framework 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.*

- Good progress made in strengthening the link between causes and consequences, with a focus on ensuring actions are effectively triangulated. Additional work will be undertaken to streamline the BAF for clarity and impact.
- The committee highlighted the ongoing staff uncertainty linked to the Going Further Going Together programme. Efforts to improve resilience across the Trust will form part of the GFGT communications workstream. The intensity of the GFGT programme will reduce given the focus on developmental and cultural work being undertaken this year.
- Due to progress in key areas such as improved sickness management and achieving 90% target for statutory and mandatory training compliance, the committee agreed the recommendation to reduce the overall risk score from 16 Significant to 12.

Guardian of Safe Working Q2: There has been an increase in exception reports and breaches of working hours.

Doctors' Annual Revalidation Report: The report now includes diversity data and highlights the achievement of a 91% appraisal rate.

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.

REPORT TO THE TRUST BOARD
5 DECEMBER 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 people related issues across the Trust and to give the board assurance on the Trust people priorities, as defined in the Trust Strategy. The report also provides commentary on the following areas:

-
- Vacancy rate;
- Recruitment & Establishment;
- Leavers/Turnover percentage;
- Sickness absence, long term and short term;
- Statutory and mandatory training compliance;
- Employee Relations activity (grievance, disciplinary, whistleblowing, dignity at work, Advisory, Consultation and Arbitration cases (ACAS and employment tribunals));
- Engagement: Staff survey and quarterly pulse survey engagement;
- Freedom to speak up cases.

What are we doing well?

Turnover is improving and is on a downward trajectory. The number of adverts has reduced because there is a more streamlined approach, reducing the number of individual adverts within each directorate.

The Trust vacancy rate is consistently low. Time to Hire is also consistently below the Trust’s target. The compliance rate for statutory and mandatory compliance has increased to 89.32%. The Trust’s wellbeing offer provides support to many staff and, following the success of the vitamin campaign in previous years, the scheme is about to launch for 2024/2025. In view of the challenges listed above, the Trust’s Organisational Development (OD) offering is proving popular and is a support to staff and services. This is being increased to support the Go Further, Go Together (GFGT) programme of work. We are seeing an improvement in the number of staff that are redeployed as opposed to being made redundant; this is following the change to the redeployment processes.

The Trust has continued the usual wellbeing offerings over the last few months, including cycle to work and home electronics orders, employee/team of the month, welcome back maternity/paternity returners vouchers, holiday play schemes, massages, Pilates, induction, managers induction, and attending special request away days/network groups and MOTs.

In view of the progress, the 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. The mitigations in place enabled the risk to reduce from 16 significant to 12 high.

What are the challenges?

The current challenges facing our workforce are the pressures of workload as a consequence of increasing demand, complexity and acuity of patients, alongside the Trust's financial pressures and the need to make financial savings. There are several organisational change processes in place to redesign services and to reduce costs, which is putting a number of staff at risk of redundancy.

There is the added pressure on services in terms of the NHS England Investigation and Intervention (I&I) process and triple lock process. Whilst the numbers of staff affected at present are not significant, there is an inertia amongst staff.

Sickness absence remains high at over 4.50% against a Trust target of 3.50%, with the top three reasons for absence being:

- Anxiety, stress, depression:
- Cough, cold or flu:
- Musculoskeletal.

There is ongoing support being provided to managers. The Occupational Health (OH) provider has agreed to undertake training and to meet with Staffside representatives in order to enhance the process, quality of referrals and, therefore, the quality of occupational health reports.

There is an increasing number of employee relations cases. Currently, 184 live ER cases compared to 142 case in August 2024. This is compounded by increasing complexity of cases and often staff being involved in multiple cases. There are challenges with capacity within services to undertake timely investigations, which often means that external investigations are commissioned. Whilst they are timelier, they are expensive. Where investigations are undertaken internally, often process are elongated due to pressures.

Employment Tribunal Activity is likely to increase in light of the Employment Rights Bill which came into force in October 2024.

We are concerned that despite being c300 whole time equivalent (WTE) over established as a Trust, headcount does not appear to be reducing. Additional focus is being applied in the vacancy control panel process.

What is worth watching?

The Trust should continue to monitor the rising People Relations activity. Deep dives have already taken place in terms of Dignity at Work and Disciplinary cases. It is worth keeping an eye on Employment Tribunal Activity in light of the Employment Rights bill which is currently being consulted on within Parliament.

We await further guidance from NHS England regarding the national review of statutory and mandatory training and the NEL ICB position on Oliver McGowan Training, expected late November 2024.

In summary, the Trust has made significant strides in employee retention, streamlined processes, and maintaining a low vacancy rate. The robust compliance rate and diverse wellbeing initiatives highlight the Trust's commitment to staff support and development. The organisational development offerings, particularly in support of the GFGT programme. There have been positive impacts on staff redeployment.

However, it is essential to monitor the rising People Relations activity and Employment Tribunal cases closely. Additionally, staying informed about upcoming training guidance will ensure continued

compliance and excellence in staff development. By addressing these areas proactively, the Trust can continue to enhance its work environment and achieve its strategic goals.

Committees/meetings where this item has been considered

| Date | Committee/Meeting |
|---------------|---|
| November 2024 | Aspects of the paper were discussed at the November 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.

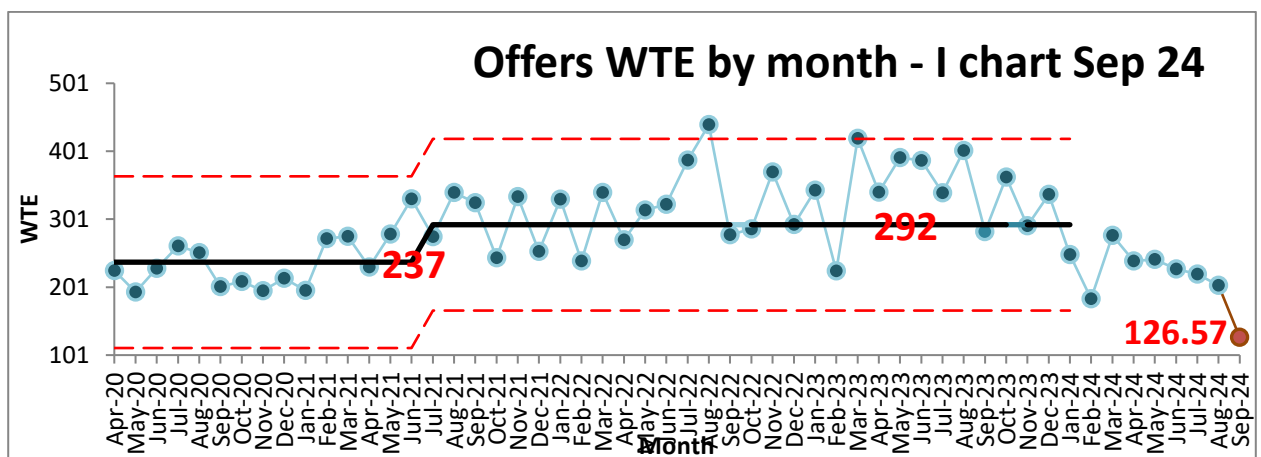
| | | |
|-------------------------------------|-------------------------------------|--|
| Improved population health outcomes | <input checked="" type="checkbox"/> | |
| Improved experience of care | <input checked="" type="checkbox"/> | |
| Improved staff experience | <input checked="" type="checkbox"/>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

Implications

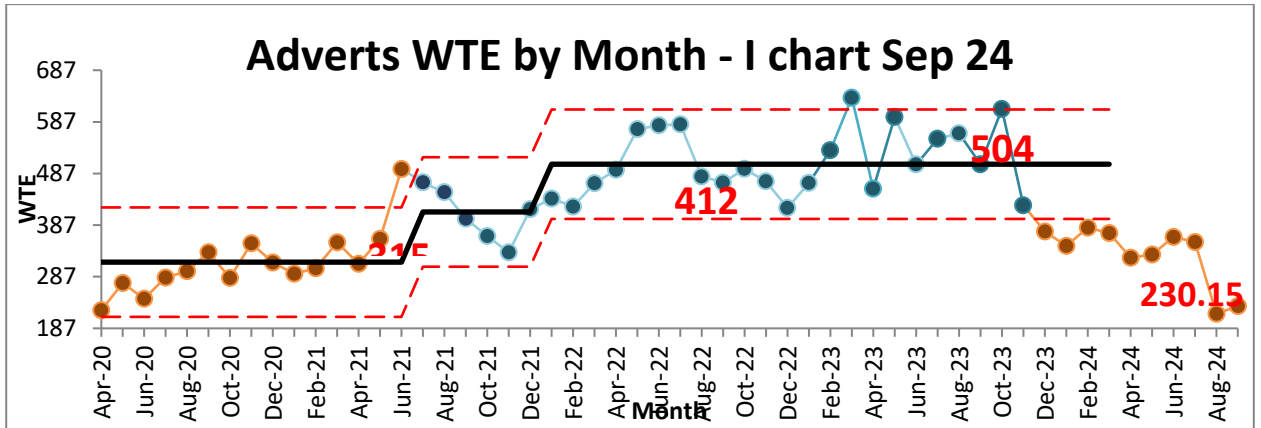
| | |
|---------------------------|--|
| Equality Analysis | Analysis of the experience of different groups is undertaken as part of the Trust’s inequalities workstream and population health task and finish group. |
| Risk and Assurance | This report covers performance for the period as of September 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 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. |

Recruitment

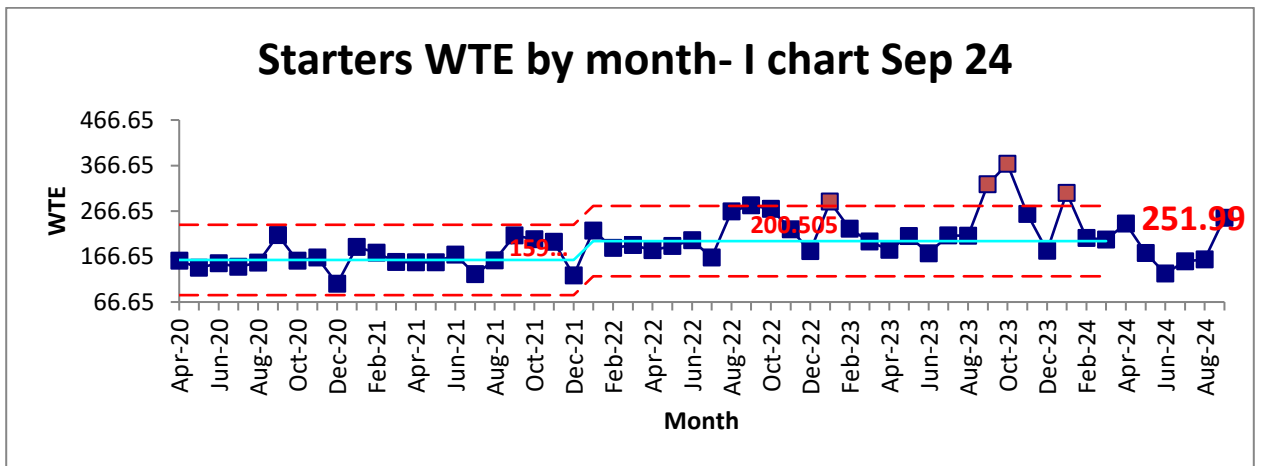
- 1.0 This section gives an update of the recruitment activity with the Trust.
- 1.1 The time to hire is currently 37.6 working days, below the Trust KPI of 43 days, reduced further from 38.7 days in the last report.
- 1.2 Overall, the Trust vacancy rate remains within the controls at 9.7% with 783.22 WTE vacancies.
- 1.3 Forensics has the highest vacancy rate, which has increased to 18.8% equating to 135.64 WTE. Bedford has the second highest reported vacancies at 127.10 WTE and vacancy percentage of 13.1%.
- 1.4 Tower Hamlets has the next highest number of vacancies, slightly increased at 102.28 WTE, followed by Newham Community Health Services (CHS) at 74.86 WTE. These remain the top hot spots for vacancies across the organisation across a total establishment of 7,940.
- 1.5 Nursing vacancies across the Trust have increased from 8.9% to 10.4% with 230.49, with an increase of 35 WTE. To mitigate this, we continue to monitor hotspots and are replacing agency staff with substantive appointments where possible.
- 1.6 Medical vacancies are reported at 14.3% with 75.26 WTE vacant roles. To address this, we are working with headhunters, converting agency to locum/fixed term and substantive posts, exploring temporary to permanent contracts and exploring other routes such as the General Medical Council (GMC) sponsorship route.
- 1.7 The reduced number of offers to candidates correlates with the reduced number of adverts that are being placed.



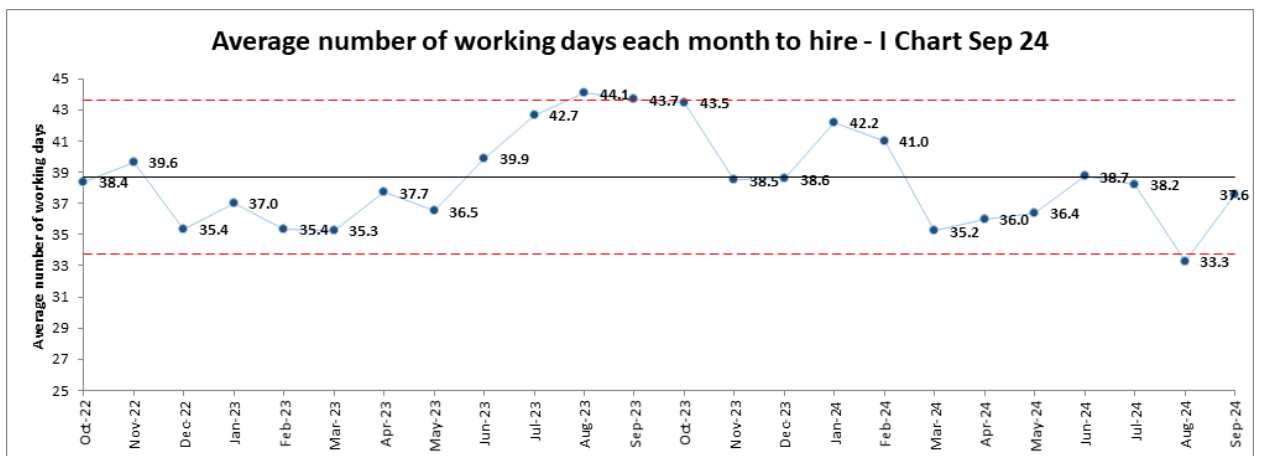
- 1.8 Because of improved efficiencies there is a downward trend in the number of adverts placed with 230.15 WTE adverts in September. This is as a result of streamlining recruitment activity such as running targeted recruitment fairs. The number of employment offers has reduced to 62% over the previous month with offers being 126.57 WTE in September.



1.9 A rise in the number of new starters in September to 157.42 % over the previous month with 251.99 WTE, including bank, is contributed to dashboard review and periodic increase in intakes in September.



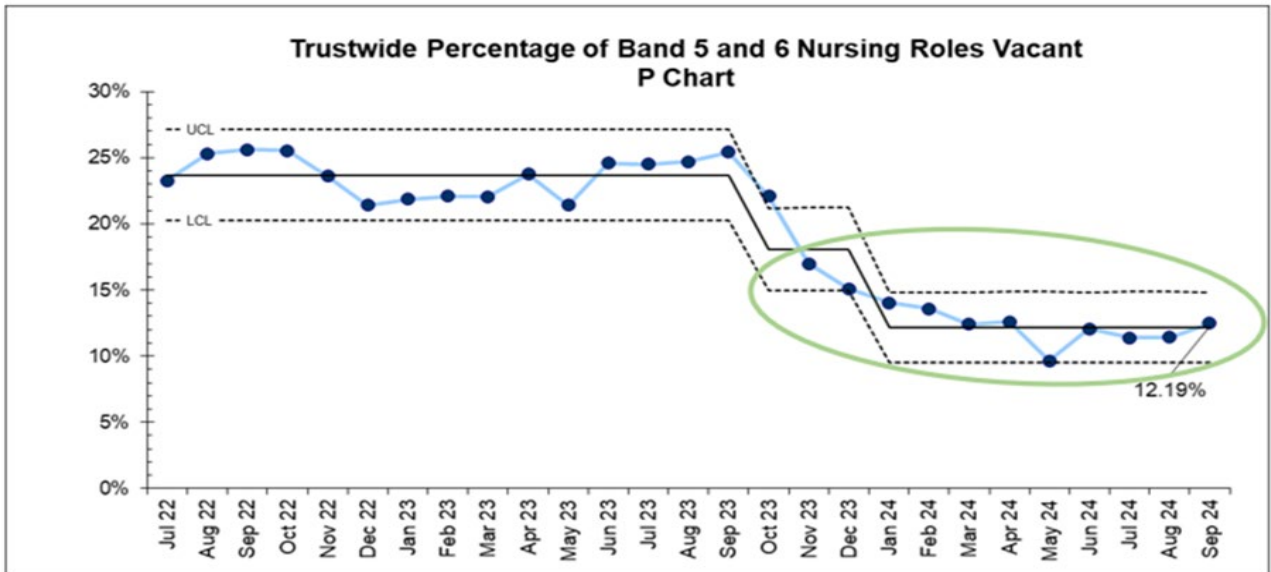
1.10 The Trust time to hire is 37.6 days and is consistently below the Trust target of 42 days.



2.0 Strategic Recruitment Update

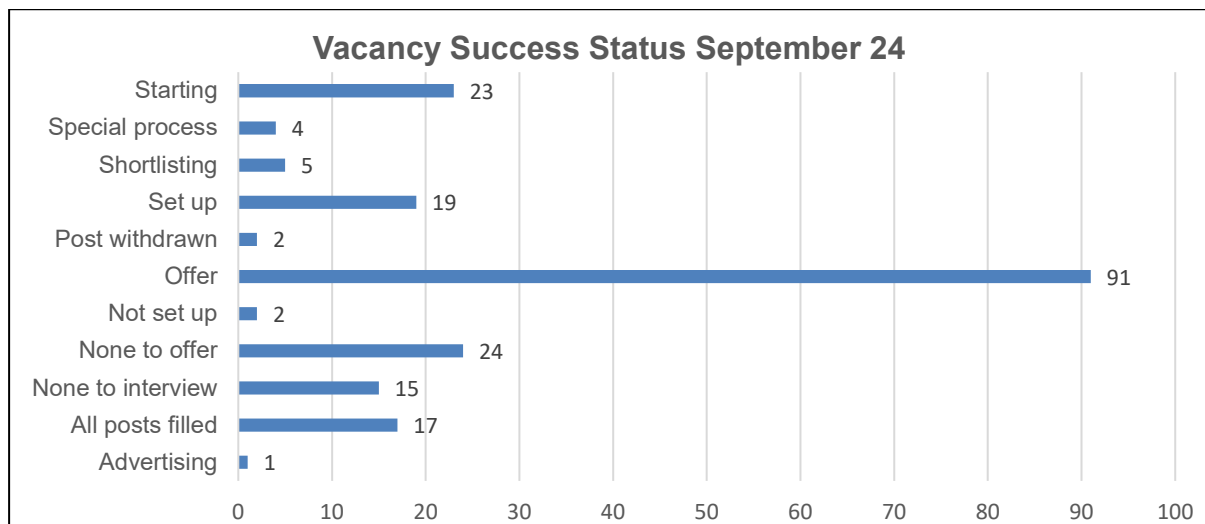
2.1 Below is a chart depicting the nursing vacancies reduction following the strategic campaign and nursing recruitment improving project, which shows a marked

improvement. Going forward we will continue to monitor this position whilst also ensuring run rate and head count are not negatively impacted but will continue to strategically position our recruitment campaigns to support the harder to fill roles.



3.0 Vacancy Success Factor- Breakdown by Category

3.1 Recruitment outcomes in September 2024 resulted in two applicants withdrawing from positions, and 15 episodes where there were 24 unsuitable candidates following either shortlisting or interview, so the recruitment episode did not continue.



4.0 Vacancy Control Process

4.1 The Triple Lock mechanism was implemented by systems with deficit plans for 2024/25. The process applies 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 Trust to reaching a balanced plan.

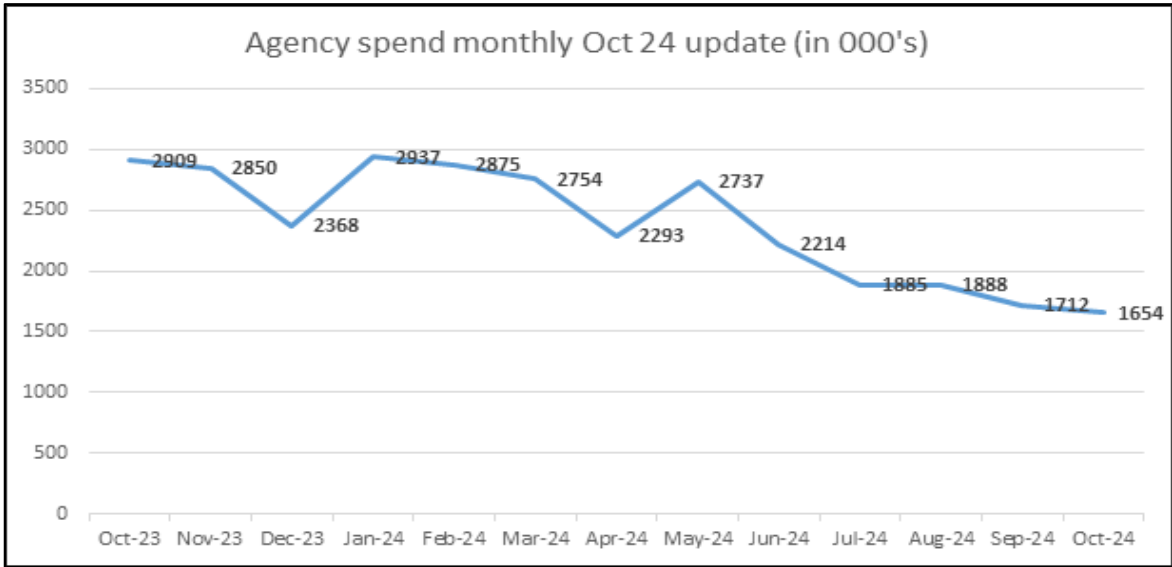
4.2 The mechanism covers pay and non-pay expenditure over defined thresholds unless explicitly excluded. The review of expenditure requests will operate weekly to ensure there

is rapid decision making and a clear process for the organisation, Integrated Care Board (ICB) and NHS England.

- 4.3 The vacancy control process requires all substantive, fixed term, bank and agency requests up to three months, to be authorised at Executive level as part of the grip and control. This process allows greater engagement across directorates and localities and empowers managers to make better hiring decisions and consider how best to utilise their existing workforce, whilst providing the opportunity to review and control their run rate and head count.
- 4.4 The local directorates are reviewing their services and making alternative service delivery decisions prior to bring posts to for approval. That said, there are still too many non-clinical posts being submitted for approval. The vacancy control process is being further refined to address this.
- 4.5 As part of the review, it takes into account where there is a run rate increase and or increase in headcount, and also focuses on where roles have been vacant for long period of time. On average there are around 80 posts per week being submitted for approval. Going forward, the panel will also take a closer look at where there is also over establishment in this area.
- 4.3 All non-clinical requests are submitted to NEL ICB as part of the 'triple lock process'. The feedback from the ICB thus far is that too many non-clinical roles are still being submitted. This panel provides the necessary check and challenge to all directors to ascertain whether or not all avenues for cost avoidance, cost reduction or service redesign have been fully explored
- 4.4 The next steps are that Trust will continue with the streamlining of recruitment. More rigour is being added to the vacancy control panel process, so that we can better manage over-establishment alongside Directorate vacancy requests.

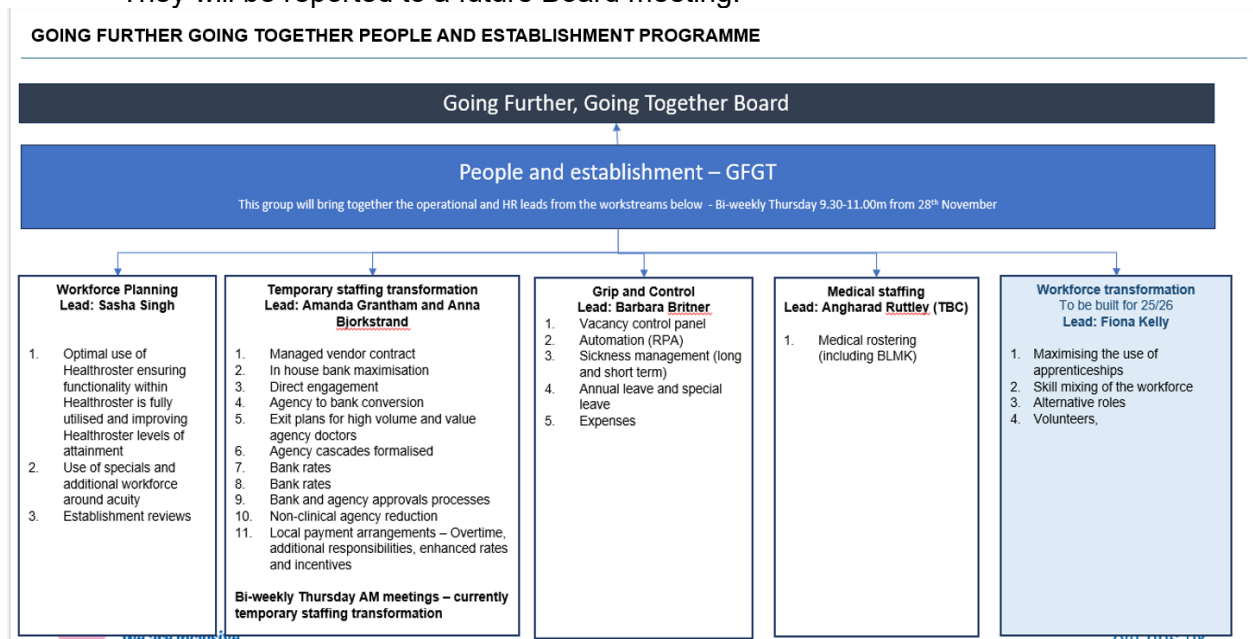
5.0 Temporary Staffing Update

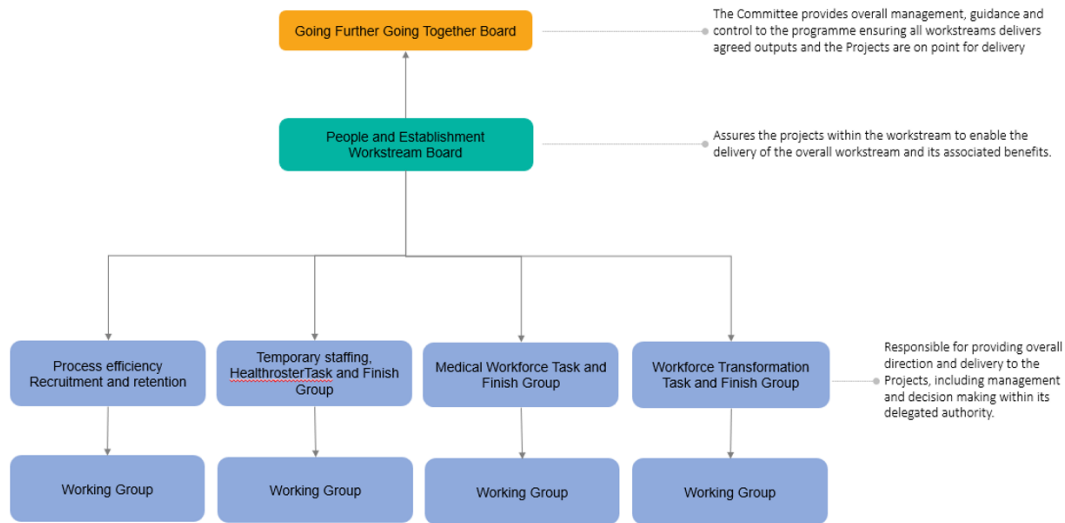
- 5.1 Following the agency centralisation project in June 2024, we have aligned our processes to ensure more robust adherence to agency rules, removal of off-framework and elimination of admin agency usage, improved governance and enhanced agency worker registration to provide services as part of our contingent workforce.
- 5.2 There is now visibility of agency shifts across the organisation at granular level. This allows us better management of agencies and agency workers, the ability to negotiate rates and align to NHSE agency rate card / One London agency rates, and also eliminate recurring agency use by identifying those hot spots and replacing with substantive, fixed term contract or bank workers where feasible or altogether eliminate it. Additional support has been provided to managers to control their agency use. Below is a table depicting agency spend across organisation in the past year which indicates a steady and sustained reduction in overall agency spend.
- 5.3 The next steps are to increase reporting and visibility and to capture the progress of the vacancy control panels to demonstrate the improvements.



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

6.1 A number of plans have been identified and are being costed. Quality impact assessments and project initiation documents are in the process of being completed. They will be reported to a future Board meeting.





6.2 There will be a continued focus on the GFGT workstreams. There are several schemes within the People & Establishment workstream, which Trust-wide people initiatives and are being worked through and quality impact assessed. The workstreams are:

- Workforce planning
- Temporary staffing and transformation
- Grip and control
- Medical staffing
- Workforce transformation

6.3 These possible schemes are high value but also has a potential impact on staff morale and/or motivation, which we are carefully managing and will work closely with Staffside. Once finalised, more information will be brought to the GFGT board and an update as requested to Finance, Business and Investment Committee. A Trust-wide narrative is almost ready for circulation to engage and communicate with staff on the progress of the Where’s the Waste campaign and the GFGT workstreams, and an update on the Trust’s financial challenges.

6.4 In terms of mitigating the impact on staff affected by organisational changes as a result of the GFGT programmes, more support is on offer. A series of webinars lead by each Executive is being launched. In addition, the OD resources tool kit is available on the Intranet and is designed to support and empower teams to lead their own non-complex away days. Communication has been sent to all managers to publicise and promote this toolkit more widely. Since the launch, there have been 533 views on the page overall and 390 views on the away day’s resources page. In October 2024, there were 204 views on the away day’s parent page. The OD team is working closely with the non-pay workstream to develop guidance regarding away days in line with the GFGT programme.

6.5 As part of the GFGT programme, we have arranged some Trust-wide OD workshops throughout November to support staff going through change. Further OD workshops are currently being explored/developed with GFGT workstreams and Staff-side colleagues including Managing Difficult Conversations, leading teams through change and psychological safety.

6.6 The new ‘Triage’ OD process has been developed to identify which teams require specialist OD support from the OD team and/or People Business Partners, and which teams can

facilitate their own non-complex away days. This process is being piloted and tweaked as necessary with a small number of teams.

6.7 Further information on this new process will be communicated when finalised, and will include an offer of facilitation skills, training and support, should any leaders/managers require this. The webinar topics are as follows:

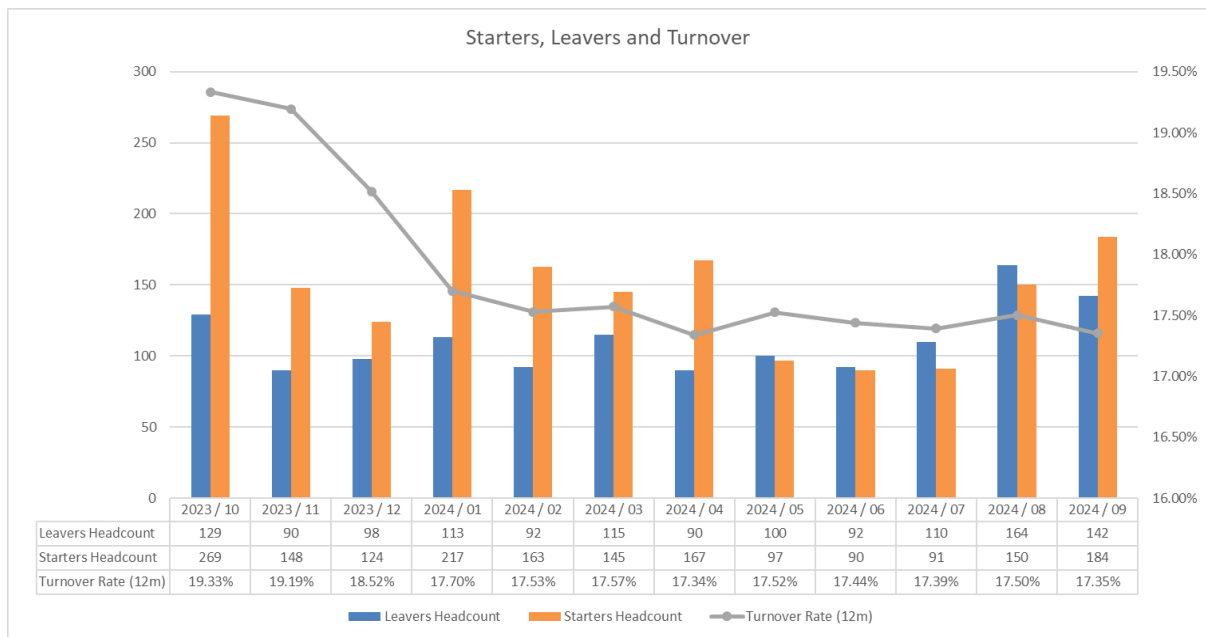
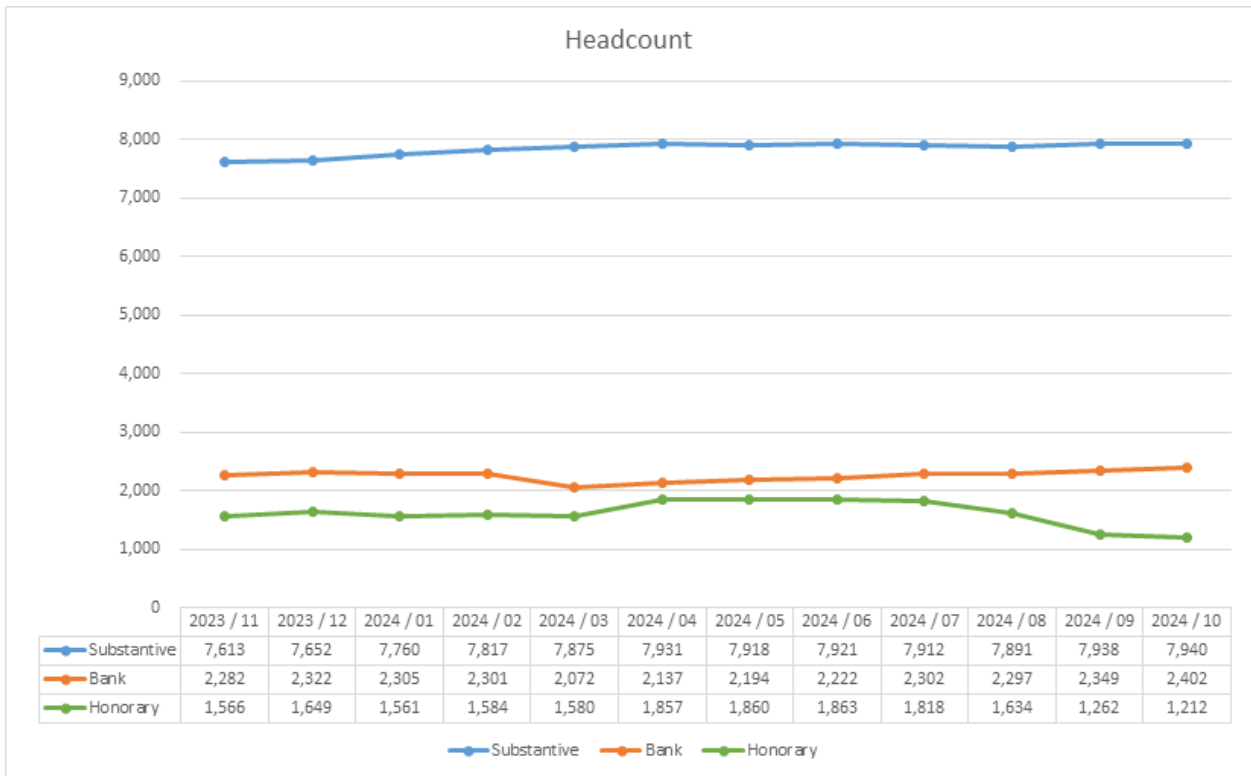
- Understanding how the money works
- Understanding budgets
- Understanding how to remove waste
- Leading with compassion
- How is my service doing? Quick guide to accessing all the data you need to understand the rounded performance of your service
- How to plan and prioritise for the year ahead
- How to use service users to transform services
- Management of change processes
- How to achieve quality and efficiency Effective rota management
- Working in systems.

6.8 The Trust headcount increased during last financial year (Nov-23 to Mar-24), with Increase use of bank staff, to manage increasing levels of patient acuity seen on the wards, and in some community teams. Service developments have also been identified within Primary care, Mental health Support teams and others.

6.9 The Trust headcount has fallen this financial year (Apr-24 to Oct-24). This is harder to explain, as we have not seen a similar story with paid / contracted WTE. There has been a material reduction in the number of agency staff engaged by the trust. A number of redundancies and cessation of fixed-term contracts. In addition, there has been some transfers of agency workers to bank and addition service design and developments.

| | Headcount | | | Change | |
|-------------|-----------|--------|--------|------------|------------|
| | Nov-23 | Apr-24 | Oct-24 | Nov to Oct | Apr to Oct |
| Substantive | 7,613 | 7,931 | 7,940 | 327 | 9 |
| Bank | 2,282 | 2,137 | 2,402 | 120 | 265 |
| Honary | 1,566 | 1,857 | 1,212 | -354 | -645 |
| | 11,461 | 11,925 | 11,554 | 93 | -371 |

6.10 The next steps are to include a review of the directorate’s establishment within the vacancy control process and to ensure that all savings as a result of the vacancy control process are captured and monitored.



7.0 Retention

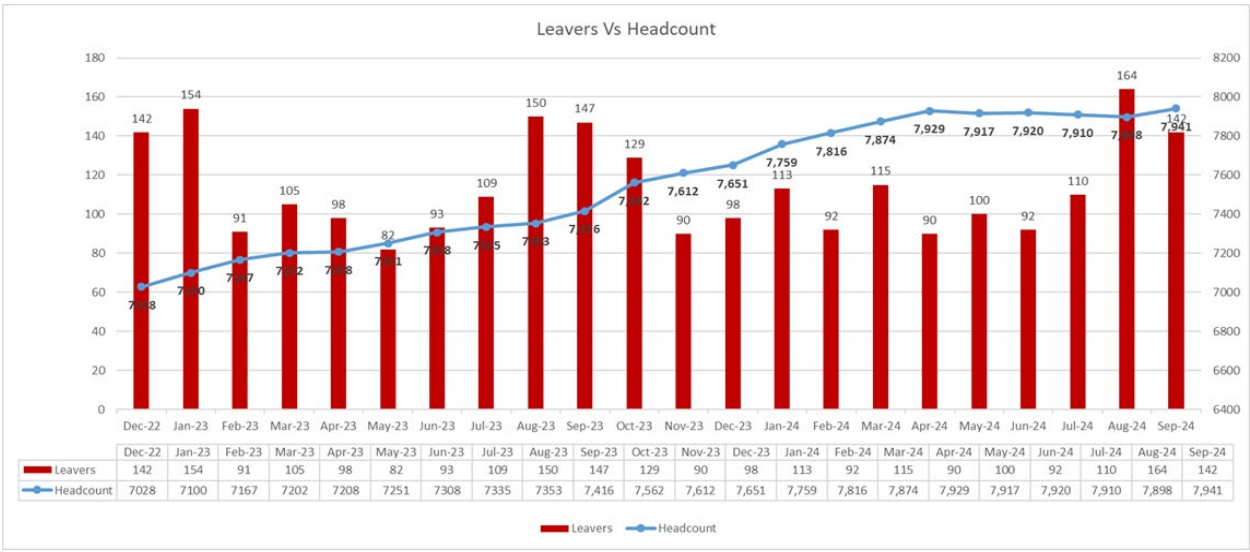
7.1 The Trust turnover by headcount as at September 2024 is 17.35% which is a decrease of 0.15% from last month. The Trust is continuing to trial a new leaver questionnaire process called the 'Last Opinion Survey'. Since this trial commenced around April 2024, there have been 186 responses out of 705 resignations (a completion rate of 26%). Of the exit questionnaires received, 55% of these leavers were 'happy leavers' whilst 45% were considered to be 'unhappy leavers'. The top four reasons for leaving are Career Progression (23%), Wellbeing (22%), Personal Growth (22%) and Corporation (14%).

7.2 78% of respondents indicated that they would return to work for the Trust. **72% would still recommend ELFT as a place to work.** 44% of the leavers had less than 2 years' service, 24% had 2-5 years' service, 17% had 5-10 years' service and 15% 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 workforce transformation group.

7.3 25% of the staff that left believed that when joining ELFT, the development opportunities meant that it 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. 23% intended to stay 10 years plus. 32% of respondents said that a friend or colleague recommended ELFT as a place to work. The graph below demonstrates the numbers of leavers vs. headcount of ELFT staff from December 2022 to September 2024, and where there were peaks in the number of leavers.

7.4 September 2024 saw 142 leavers in one month which is a significant decrease on last month (yet 21% of August leavers were due to training contracts ending). The number of leavers in September is similar to this time a year ago. This is a positive step and means that retention is improving.

7.5 The next steps are to embed the 'Last Opinion Survey' as the pilot has provided successful.



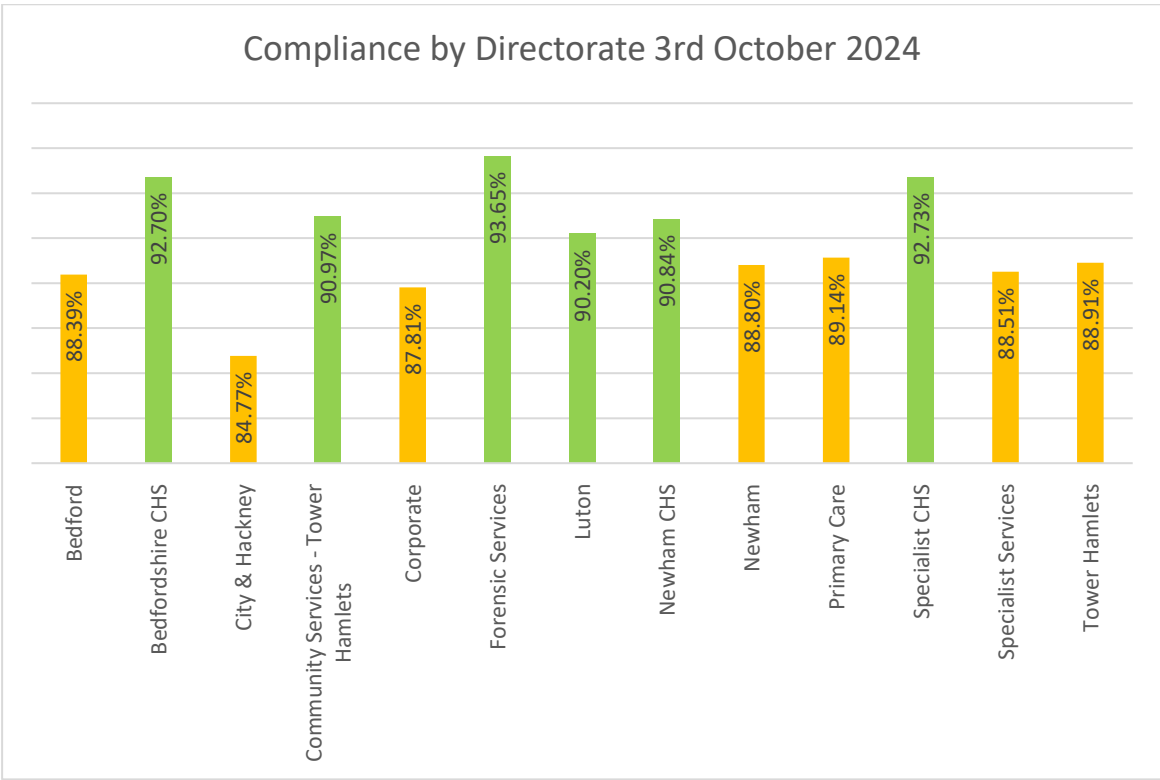
8.0 Statutory and Mandatory Training

8.1 Statutory and mandatory training compliance has demonstrated a positive upward trend, increasing from 88.61% in August to 89.32% in September. Six directorates have exceeded the 90% compliance threshold, with the remaining directorates maintaining compliance rates above 85%.

8.2 Although overall compliance continues to improve, it is important to note that 403 new starters remain within their three-month exemption period. We are proactively engaging with directorates to address potential risk areas, particularly Basic Life Support, which has been highlighted in Directorate Management Team (DMT) meetings.

8.3 Oliver McGowan Tier 1 training among non-patient-facing staff, compliance has risen from 73.56% in August to 76.20% in September.

- 8.4 Since the introduction of Tier 1 training requirements for clinical staff in September 1191 clinical staff members have completed this training. The “Workshop to Raise Awareness of Prevent” (WRAP) has experienced steady growth following the June 2024 transition from a one-off course to a recurring three-year requirement. Compliance has increased from 60.71% in August to 66.20% in September.
- 8.5 Compliance with Safety Intervention training has improved significantly, increasing from 71.04% in August to 76.76% in September. This continued progress reflects our commitment to maintaining and enhancing training compliance across all areas.
- 8.6 We will persist in identifying and addressing any areas of concern to ensure full compliance.
- 8.7 The next steps are to continue to support services to maintain their levels of compliance. In addition, we await further guidance from North East London ICB about the progression of the Oliver McGowan training and the national guidance on the review of statutory and mandatory training.



9.0 People Relations

- 9.1 The level of employee relations cases remains high with 184 live ER cases against 142 in August 2024. In addition, we are managing 9 Employment Tribunal (ET) cases following two being withdrawn in August. 3 cases are with the Advisory Conciliation and Arbitration Services (ACAS). There are 170 long-term sickness cases, 426 short-term sickness cases and 4 cases currently on hold which are being managed by the People Relations team.
- 9.2 September has seen a particular spike in disciplinary cases. As a result, a deep dive is being undertaken, starting in the two directorates with the highest number of cases, to review the progress and ensure they are being managed appropriately.

- 9.3 The People Relations team have run additional Investigating Officer training in September following the success of the training in January which will help to boost the number of internally trained investigators, and an additional session is being arranged for November. 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.
- 9.4 The key themes for Disciplinary cases are Fraud, Assault and Unauthorised Absence.
- 9.5 A deep dive into People relations cases was undertaken and presented to People & Culture Committee in November 2024.
- 9.6 The review outcomes were:
- Forensics – 7 cases were closed, 1 hearing organised, 8 cases to proceed to investigation, 1 investigation on-going, and 1 case at preliminary stage;
 - City & Hackney – 8 cases were closed, 2 hearings organised, 2 cases at agreed outcome, 11 investigations are on-going.
- 9.7 The Head of People Relations has met with the with the Service Director, Clinical Lead, locality People Relations Advisor with the support of the Chief Nurse and Chief Operating Officer, to review all of the current disciplinary cases and longstanding ER cases.
- 9.8 Strategies will be agreed on managing each of these cases, and where possible, options of alternatives will be explored with the service, i.e., process review, training, informal resolution, or agreed outcomes.
- 9.9 The cases will be monitored in a monthly ER meeting with the Service Directors supported by locality People Relations (PR) Advisor and Senior PR Advisor.
- 9.10 Reviewing the preliminary investigation and fair treatment process, following feedback from Service Directors and Staffside. Deep dives are planned for other directorates early in 2025. A further deep dive of all nursing ER cases from 2019 to present was undertaken.
- 9.11 These cases include disciplinaries, grievances, dignity at work, and capability. There has been a total of 756 ER cases since 2019. The breakdown is as follows:
- Disciplinaries – 451 cases
 - Dignity at work – 157 cases
 - Grievances – 113
 - Capability - 35
- 9.12 The deep dive found that 30% of Disciplinary cases went to formal action, with 59% of cases being resolved informally or no case to answer.
- 9.13 30% of Dignity at Work and 31% of Grievance cases respectively were resolved informally, with only 20% of cases being upheld. We will continue to work with managers to explore informal resolution where possible to avoid unnecessary formal processes.
- 9.14 So What?

High Volume of Cases:

Current Status: The Trust is managing a high volume of employee relations (ER) cases, including 184 live ER cases and multiple Employment Tribunal (ET) cases.

The high number of cases indicates a significant strain on line managers, Staffside and the People Relations team. Potential underlying issues within the workforce that need addressing to prevent escalation.

Spike in Disciplinary Cases:

Deep Dive: A notable increase in disciplinary cases in September has prompted a deep dive review in the directorates with the highest numbers. This deep dive differs to the one undertaken specifically focussed on nursing cases.

This spike necessitates timely and effective interventions to ensure that disciplinary processes are managed fairly and consistently, which can impact staff morale and trust in the management.

Training and Policy Updates:

Investigating Officer Training: Additional training sessions are being conducted to increase the number of trained investigators. Enhancing the skills of investigators and updating manager training to reflect current policies will improve the handling of ER cases, ensuring they are dealt with promptly and fairly.

Key Themes in Disciplinary Cases:

Themes: Fraud, Assault, and Unauthorised Absence are identified as key themes in disciplinary cases. Understanding these themes helps the Trust identify patterns and areas that require focused attention, such as tighter controls, clearer communication, and targeted training.

Review Outcomes:

Deep Dive Findings: The deep dive review provided detailed insights into the status and progression of cases within Forensics and City & Hackney. These insights allow for tailored strategies to manage specific issues within different departments, ensuring more effective and context-specific interventions. Regular reviews and strategic discussions enhance oversight and ensure that each case is managed with a clear, coordinated approach, potentially reducing the duration and severity of cases.

Monitoring and Review:

Ongoing Monitoring: Cases will be regularly reviewed in monthly ER meetings to ensure continued oversight and progress. Continuous monitoring enables early identification of trends and timely interventions, preventing issues from escalating and ensuring consistent application of policies.

Preliminary Investigations and Fair Treatment:

Feedback and Future Plans: Reviewing feedback and planning additional deep dives in early 2025 to further refine processes. Incorporating feedback and conducting further reviews will help improve the fairness and efficiency of the ER processes, fostering a more supportive and transparent environment.

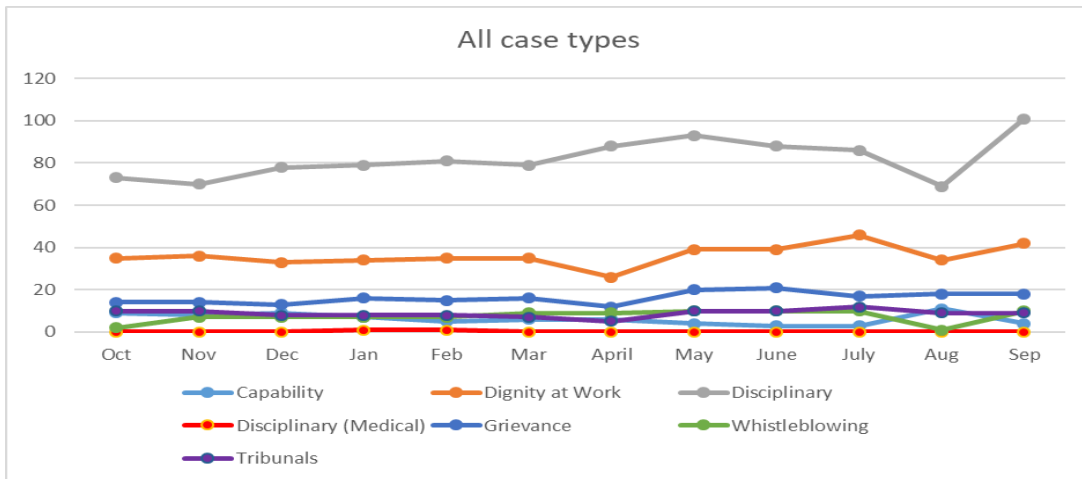
Case Breakdown Since 2019:

ER Case Data: The breakdown of cases since 2019 provides a comprehensive view of the types and outcomes of ER cases. This data helps the Trust understand long-term trends and the effectiveness of interventions, guiding future policy and training developments to better address recurring issues.

Resolution Rates:

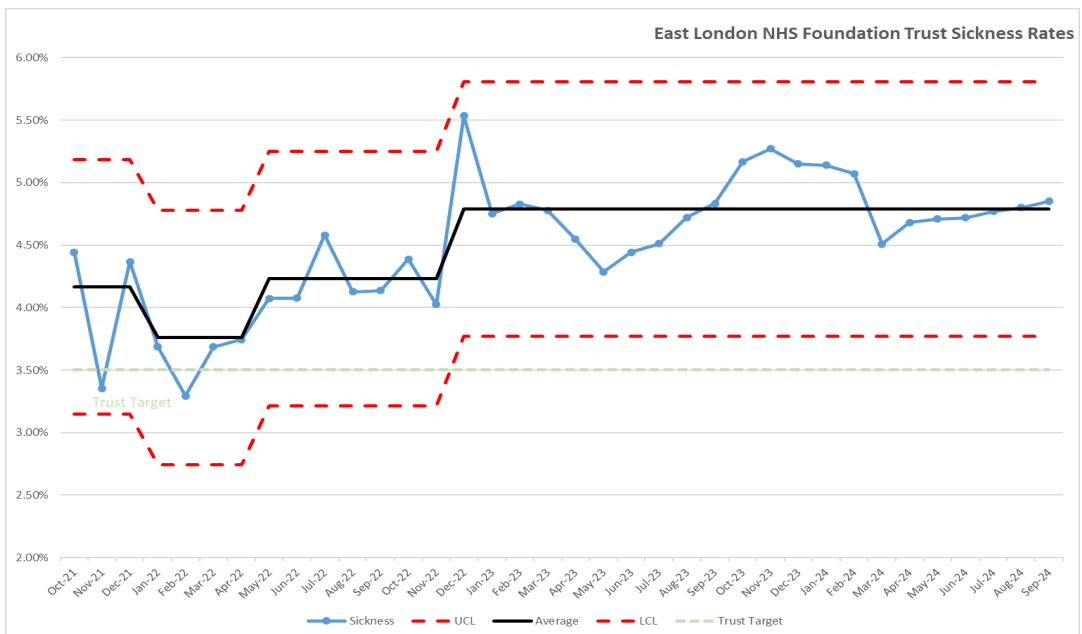
Informal Resolution Success: High rates of informal resolutions for Disciplinary, Dignity at Work, and Grievance cases. The success of informal resolutions indicates that non-formal approaches are effective in many cases, highlighting the importance of continuing to encourage and develop these methods to resolve issues quickly and amicably.

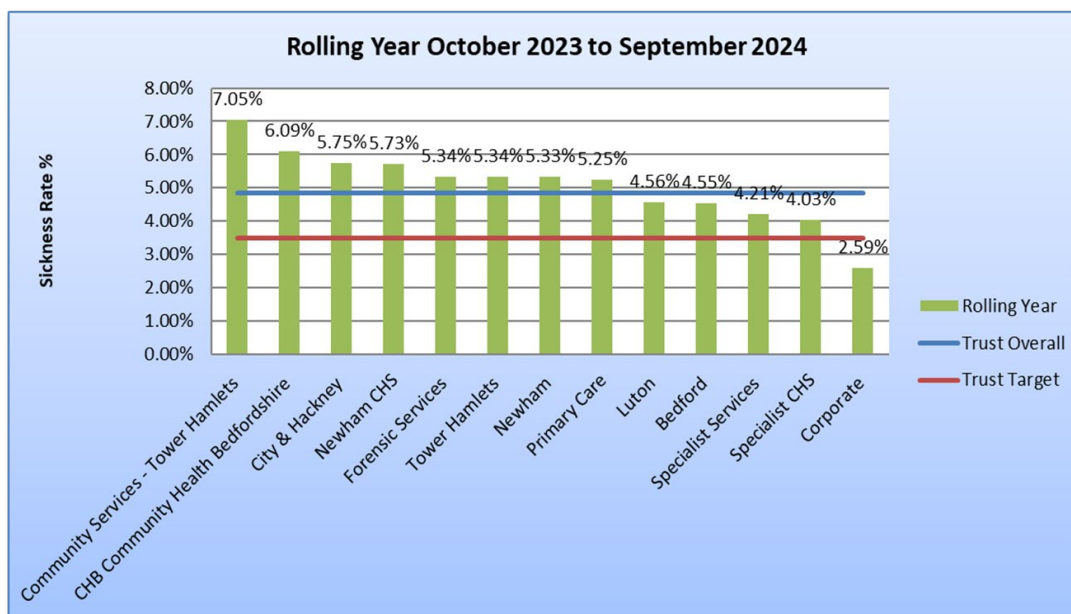
By addressing these "So what?" points, the Trust can maintain a proactive stance in managing employee relations, ensuring a fair, supportive, and responsive work environment.



10.0 Sickness Absence

10.1 Sickness absence remains high, over 4.50% against a target of 3.50%.





The top three reasons for absence being:

- Anxiety, stress, depression;
- Cough cold or flu;
- Musculoskeletal.

- 10.2 There is ongoing support being provided to managers. The OH provider has agreed to undertake training and to meet with Staffside representatives in order to enhance the referral process, the quality of referrals and, therefore, the quality of OH reports as a result.
- 10.3 Case reviews have been requested with OH providers so that focused advice and support can be given. We continue to work with the project manager for reasonable adjustments to minimise the delay in procuring items that are required for reasonable adjustments.
- 10.4 The People Relations Advisors meet monthly with managers to review the cases and to put strategies in place to manage the short term and long-term cases. In addition, the Head of People Relations is meeting with the Advisors to discuss long-standing cases to develop strategies and clear timelines for resolution. It is expected that in the new year, the Head of People Relations will set up meetings with the Service Directors to review cases by locality.
- 10.5 There is also a data cleansing exercise to ensure that all episodes of sickness absence that have ended, have been closed on the Electronic Staff Record (ESR) system.
- 10.6 The Trust is leading project is to establish a consistent approach to managing attendance across NEL and to contribute to improving workforce productivity. The key focus will be on evaluating sickness absence management methods across the patch to see if there are any opportunities to align processes and ensure a consistent approach. There will also be a review of special leave options and application of annual leave policies. The outcomes sought relate to consistent support for staff across NEL and reducing staffing costs due through increasing attendance.

10.8 People Relations is a continued concern as there are spikes in disciplinary and dignity at work cases. A deep-dive was presented at the September 2024 People & Culture Committee on Dignity at Work cases. In November 2024, a deep-dive was presented on all People Relations cases, and then with a detailed focus specifically on nursing cases, as this is the biggest group affected. Support and training for managers in services continues to be offered as well as reviewing all long-standing cases to try and reduce the timescales for completion. We continue to work in partnership with staff on overall on cases, but also on individual cases.

10.9 As we are approaching winter, we are ramping up the wellbeing offers, and for the fifth year, we are rolling out the vitamin D campaign. In terms of sickness absence, we are working with the OH provider and Staffside to run briefings for managers to support them in effective and timely referrals to OH, to help successfully manage sickness.

11.0 Organisational Changes

11.1 There are currently 15 organisational change processes in progress, with 115 staff members affected by the changes, of which 37 staff members are potentially at risk. The People Business Partners are working with the Redeployment Officers to support at risk staff into suitable alternative employment (SAE). People Business Partners are working with their services to identify any vacancies for staff who may be at risk to minimise potential redundancies.

11.2 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.

11.3 We are seeing improvement in the effectiveness of the redeployment team and continue to work closely with services to mitigate as many redundancies as possible. Work continues with Staffside in terms of pre-consultation engagement and London Joint Staffside forum is being stood up to replicate the Joint Staffside forum in Luton and Bedfordshire.

12.0 Wellbeing and Engagement

12.1 The National NHS Staff Survey is now underway with a closing date of 29 November 2024. A detailed communications plan, is in place and staff survey roadshows are underway at multiple sites across ELFT.

12.2 This year, for the first time, we have partnered with the Flu Campaign Team to try to drive up staff participation in both campaigns. Service users have also been consulted on how to increase staff survey uptake. Currently, we are on a 17.82% response rate as at 4 November 2024 (1384 respondents from an eligible sample of 7767 staff), one of the lowest response rates in our Picker comparator group.

12.3 The Annual ELFT Staff Awards Ceremony was held on 17 October 2024 at the Troxy and was a great success. 1557 employees booked a ticket on Eventbrite prior to the event and 717 employees attended the evening, including the choir, helpers and special guests. There were 14 award categories with 18 winners (a mix of both teams and individuals).

12.4 We have received funding from Compass Wellbeing for the Vitamin D / 'Sunshine in Your Pocket' campaign, meaning that this campaign will go ahead again this winter for the fifth year in a row. Preparations for this are already underway together with the Pharmacy Team.

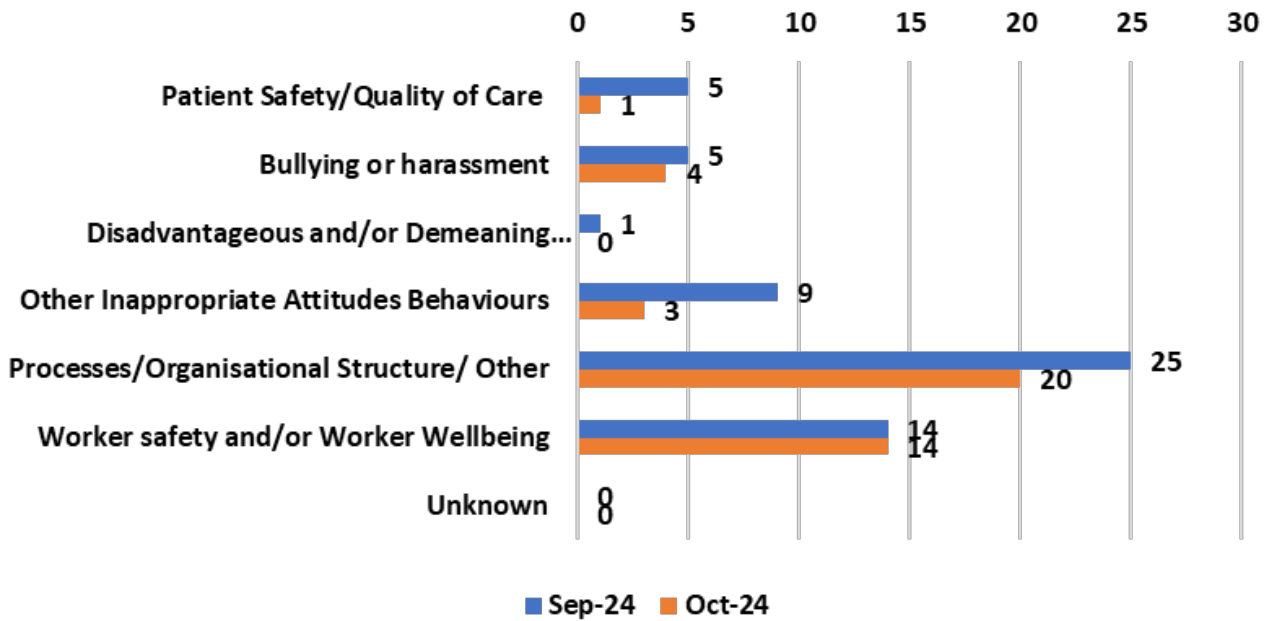
13.0 Organisational Development

- 13.1 Since the last reporting period there have been 61 OD facilitation sessions held in October 2024 including Individual Coaching, Team OD support and OD project work. The project work was predominantly supporting the ELFT Sexual Safety Charter Project, People Promise Retention Project and the GFGT programme.
- 13.2 There were 36 Team OD sessions in October 24 – 30% of these teams require longer term specialist OD support, compared to 47% of one-off facilitation sessions (23% are to be determined whether longer term support is required at this stage). The highest OD sessions by locality were for Bedfordshire CHS, City & Hackney and Forensic Services (17% each).
- 13.3 The main themes identified for the 36 team OD Sessions were:
- Team Dynamics and Relationship Building – 47%;
 - Culture – 10%;
 - Future Planning/Vision – 10%;
 - Stress/Burnout – 10%;
 - Coping with change – 10%.

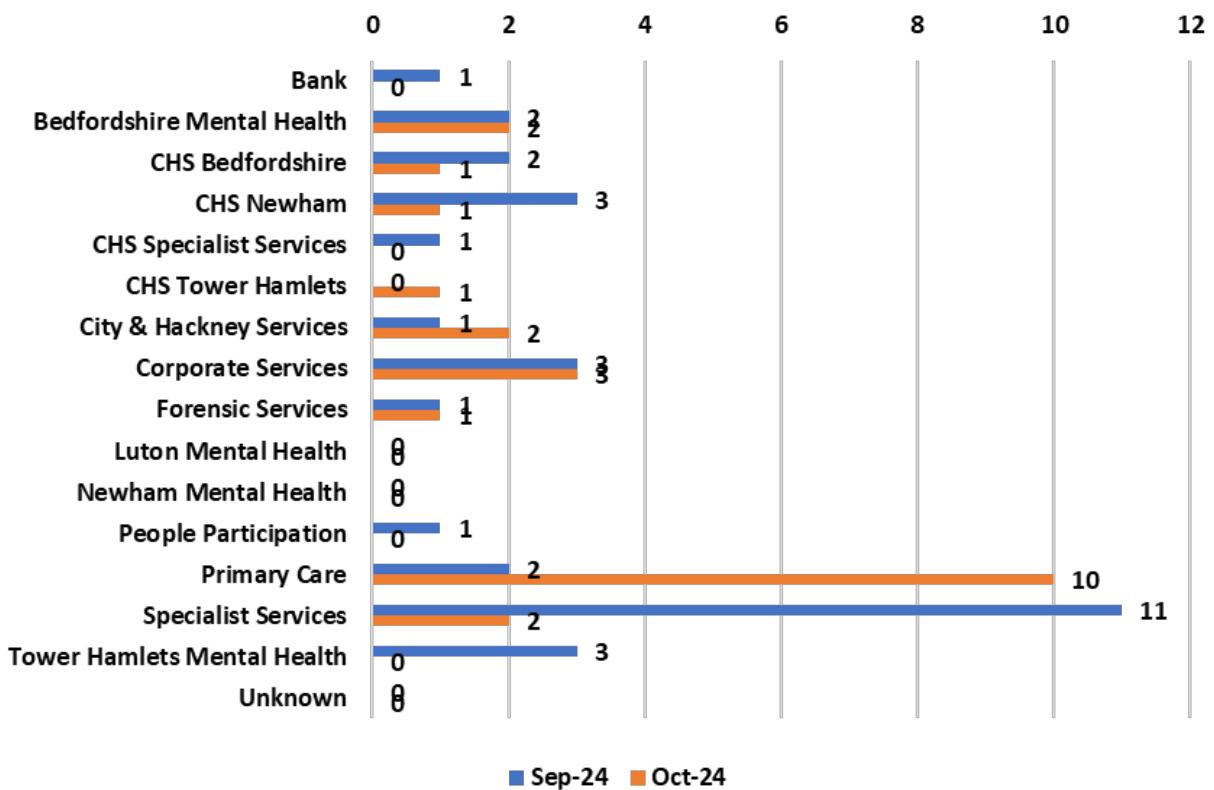
14.0 Freedom to Speak Up

- 14.1 54 FTSU cases were raised in total during September and October 2024. 45 related to Processes/Organisational Structure/Other and 28 to Worker Safety/Worker Wellbeing. 19 concerns were raised anonymously.
- 14.2 Out of the 54 FTSU concerns raised, 43 are currently open. Those cases that are closed took an average of 11 working days each.
- 14.3 Recurring themes are concerns relating to processes such as Respectful Resolution, Mediation, Grievance, Dignity at Work, Work Life Balance requests, TUPE, lodging appeals, and the time taken to complete the processes. Four concerns raised are linked to consultation processes; how the process was carried out, information communicated around the processes, impact of potential/job losses on staff.
- 14.4 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 staff. General feedback is that on many occasions they have already spoken up about their concerns, but do not feel heard or taken seriously. Sometimes they are told that 'things are in hand' but do not receive any further information and/or feedback, and do not see improvement in matters raised. Concerns around race and how it impacts staff at work, and also impacts service user/patient's treatment have also been raised.
- 14.5 Staff also continue to reference wanting to know and learn more about psychological safety in teams, and how this can be developed and maintained.
- 14.6 Work is ongoing at Directorate and Board level, as appropriate, to support resolution of the open cases.

FTSU Concerns - Broad Themes



FTSU Concerns - By Directorate



15.0 Belonging in the NHS

15.1 Workforce Race Equality Standard (WRES)

15.1.2 Key WRES actions include enhancing fair investigation processes by reviewing the diversity of managers involved in investigations. A detailed data analysis with national benchmarking will be shared once 2024 WRES and WDES data is published, supporting targeted improvements.

15.2 Anti-Racism and Cultural Awareness Webinars

15.2.1 In response to the Flair Survey findings, and as part of our anti-racism initiatives, online webinars on Xenophobia, Islamophobia, and Antisemitism have been commissioned. These learning sessions aim to spread understanding and inclusivity across the workforce. The Equality, Diversity & Inclusion (EDI) Team will also explore Artificial Intelligence (AI) tools to analyse qualitative responses from FLAIR survey for theming and actionable insights.

15.3 Gender, Disability, and Ethnicity Pay Gap Action Plan

15.3.1 An action plan to address the Gender, Disability, and Ethnicity Pay Gaps is being developed. This plan will be reviewed by relevant teams in November 2024, focusing on equitable pay practices and identifying areas for targeted intervention.

15.3.2 This report provides an overview of current EDI actions to support workforce equality, demonstrating our ongoing commitment to diversity, inclusion, and a supportive work environment across the Trust.

15.4 2025 Workforce Equality Campaign

15.4.1 A collaborative 2025 Workforce Equality Campaign is being scoped by EDI and Communications, featuring webinars and training sessions throughout the year. The campaign is supported by Staff Equity Networks and is aimed at promoting inclusive and informed workforce.

15.5 Workforce Disability Equality Standard (WDES)

15.5.1 The WDES submission was completed in May 2024, with 7.5% of the workforce reporting a disability, marking an increase from 2023. As a Level 2 Disability Confident Employer, ELFT is committed to advancing inclusive recruitment and is working towards Level 3 certification. In partnership with the ELFT Ability Network, our approach remains person-centred to support disabled staff.

15.6 Disability Confident Level 2 Compliance and Level 3 Planning

15.7 A self-assessment of the Disability Confident Level 2 criteria, supported by corporate teams, confirmed the Trust's compliance. Four areas identified for improvement include:

- Ensuring an inclusive and accessible recruitment process;
- Providing work trials for potential hires;
- Targeted advertising through disability-focused media;
- Developing innovative methods to encourage applications from disabled individuals and providing supportive measures upon hiring.

- 15.8 The EDI Team is preparing a guidance document with best practices to achieve Level 3 certification by March 2025. This document will be circulated to relevant teams by 2 December 2024.
- 15.9 The Trust continues to implement key WRES actions, including enhancing fair investigation processes by reviewing the diversity of managers involved in investigations.
- 15.10 The EDI Team will also explore AI tools to analyse qualitative responses from FLAIR survey for theming and actionable insights.
- 15.11 An action plan to address the Gender, Disability, and Ethnicity Pay Gaps is being developed. This plan will be reviewed by relevant teams in November, focusing on equitable pay practices and identifying areas for targeted intervention.
- 15.12 Work is underway to create a collaborative 2025 Workforce Equality Campaign, featuring webinars and training sessions throughout the year.
- 15.13 The Trust is working towards Level 3 certification in partnership with the ELFT Ability Network. Our approach remains person-centred to support disabled staff.
- 15.14 Work is underway to progress the four areas identified for improvement. This includes:
- Ensuring an inclusive and accessible recruitment process;
 - Providing work trials for potential hires;
 - Targeted advertising through disability-focused media;
 - Developing innovative methods to encourage applications from disabled individuals and providing supportive measures upon hiring.

16.0 Conclusions

- 16.1 This undoubtedly remains a challenging time for the workforce. The ongoing pressures of workload, patient acuity, staff burnout and the external pressures, such as the cost of living and the global conflicts are unlikely to resolve any time soon.
- 16.2 With the onset of Winter, sickness absence is likely to worsen and the pressures on staff as a result of financial viability challenges resulting in a fear of the impending organisational changes. It is important for the Trust to continue to invigorate its communications, and engagement plans specifically in relation to Financial Viability and also in response to the various global conflicts.
- 16.3 We are seeing increasing numbers of concerns from staff about the Trust's perceived lack of response and/or stance in relation to the global conflicts and there is an unrealistic expectation of some staff, for the Trust to take a political stance. We will need to keep under observation the potential divides amongst different staff groups and balance the different tensions and needs from different ethnic groups.
- 16.4 It is important for the trust to continue to build on its culture, celebrate its treasures and also cascade its leadership and culture across all leadership levels to support and empower managers, to make difficult but compassionate decisions. But also, to provide clarity to staff so they know what they can expect from the Trust and from their line manager.
- 16.5 The 2024 staff survey closes on 29 November 2024, and the current low response rate could be indicative of how some staff are feeling, but there could also be a reticence to complete the survey. Whilst is easy to focus on the response rate, it is more indicative to

focus on the engagement scores as well as the qualitative and quantitative feedback to gauge the progress of the Trust's interventions.

16.6 Lastly, given the number of ongoing organisational changes, the volume of people potentially at risk of redundancy and the changes to the employment rights bill; people relations cases and employment tribunal cases are likely to increase. But the positive and effective working relationship between the Trust and Staffside will enable the Trust to mitigate the impact of these increases in addition to the measures outlined above.

17.0 Recommendations

17.1 To build on these achievements and address the emerging challenges, the Trust should consider the following steps:

- **Reinforce Communication and Engagement:** With the anticipated winter sickness and financial pressures, it is crucial to invigorate communication and engagement plans, particularly concerning Financial Viability and responses to global conflicts.
- **Monitor Staff Concerns:** Address the increasing staff concerns regarding the Trust's stance on global conflicts. This involves balancing diverse opinions and ensuring clear, compassionate communication to prevent potential divides among different staff groups.
- **Enhance Organisational Culture:** Continue to build and celebrate the Trust's culture. Empower leaders across all levels to make compassionate decisions and provide clarity to staff about what they can expect from the Trust and their line managers.
- **Focus on Staff Survey Feedback:** Despite the low response rate, it is vital to focus on engagement scores and both qualitative and quantitative feedback from the 2024 staff survey to gauge the effectiveness of the Trust's interventions and identify areas for improvement.
- **Prepare for Employment Challenges:** Given the organisational changes and new employment rights bill, anticipate an increase in people relations and employment tribunal cases. Strengthen the Trust's relationship with Staffside and implement strategies to mitigate the impact of these challenges.
- **Enhance the People Plan:** Develop proactive strategies to manage People Relations issues, including enhancing the training managers on handling Dignity at Work and Disciplinary matters to enable managers to manage more effectively.
- **Continuous Wellbeing Support:** Innovate and expand wellbeing offerings based on staff feedback and emerging trends to address the evolving needs of the workforce.
- **Strengthen Organisational Development Initiatives:** Expand and align OD offerings with the Trust's strategic goals, ensuring robust support for the Go Further, Go Together (GFGT) programme and effective communication across all levels.

By taking these steps, the Trust can sustain its positive trajectory, address emerging challenges, and continue enhancing the work environment for all staff members.

The Committee are asked to **CONSIDER, NOTE** and **AGREE** the recommendations in this report.

REPORT TO THE TRUST BOARD IN PUBLIC
5 December 2024

| | |
|------------------------|---|
| Title | Charitable Funds Committee 17 October 2024 – Committee Chair’s Report |
| Committee Chair | Peter Cornforth, Non-Executive Director and Committee Chair |
| Author | Cathy Lilley, Director of Corporate Governance |

Purpose of the report

To bring to the Board’s attention key issues and assurances discussed at the ELFT Charitable Funds Committee meeting held on 17 October 2024.

Key Messages

NHS Charities Together Update

- This is a two-year employment support project with £132k funding which aims to engage with and support 400 service users whose employment and wellbeing was impacted by the Covid-19 pandemic.
- The newly appointed project lead has developed a range of resources and tools to establish a comprehensive employment pathway providing support for individuals at a level they find appropriate. This includes a tailored programme of training courses designed to enhance employability skills which individuals can access independently or with appropriate support.
- The project has been co-produced with service users in the people participation employment group ensuring its design reflects their needs and experiences. The clinical understanding of how good employment positively influences health and the quality of life is a core strength of this initiative.
- The committee emphasised the importance of capturing robust measurements to demonstrate impact and clear improvements in quality of life, as well as accurate quantification of data on numbers and expenditure to support future funding opportunities.
- The committee recommended that the exec explore the benefits of embedding this aspect of social prescribing into ELFT frontline teams. Such an approach could enhance the Trust’s holistic care offerings and further embed employment support as a core element of service delivery.

Fundraising Update

- Recruitment process for a new fundraising coordinator is under way. A key focus of this role will be enhancing bid writing and increasing awareness of the ‘*Pennies from Heaven*’ initiative.
- Automated Gift Aid registration for all donations has now been applied, streamlining the process and maximising potential income. A proposal for contactless donation points to be located across ELFT sites is being developed will be presented at a future committee meeting for consideration.
- Ensuring a robust and effective fundraising strategy along with addressing the challenges faced by a small charity in securing a fundraiser will be central topics of discussion at a planned away day. Leveraging the strength of the ELFT brand to enhance engagement and attract high-quality candidates will also be considered.

Funding Awarded

- Funding totalling c£268k has been granted to 90 projects to date across the ELFT geography, with an upturn in awards to projects in Bedfordshire and Luton.
- Further work on the funding report was requested to include a broader financial update, tracking of spend and up to date bank balance information.

Equalities Impact

- Engagement with the charity remains stronger in London compared to Bedfordshire and Luton, despite recent increases in uptake in these areas. Work continues to further raise the charity’s profile and deepen engagement in Bedfordshire and Luton.

- Conducting a detailed analysis of the demographic data of individuals directly impacted by the charity's funding remains a complex challenge; however, work is under way to develop and refine frameworks that will ensure the data collection and analysis are robust, reliable and fit for purpose.

Communications Update

- As part of a focused communications project, additional dedicated resource has been allocated to revitalise and rebuild the charity's momentum to ensure sustained engagement and visibility.
- Information gathering sessions are under way to capture the impacts and success stories of funded projects, providing powerful narratives to highlight the charity's value. Concurrently efforts are being stepped up to raise the charity's profile in Bedfordshire and Luton to foster broader engagement.
- Steps are being taken to secure donations of fees from ELFT employees who deliver talks to external organisations.

Annual Report & Accounts 2023-2024

- A high level one page plan will be developed to provide assurance that the correct approach is being taken to ensure full compliance with regulatory requirements and deadlines.

Policy Review

- Work is under way to streamline policies and ensure compliance.
- A policy sub-group will be responsible for receipt and sign off of new and amended documents before being received by the committee.

Assurance

- Assurance provided on the charity's risks with an increase in the risk score for risk 1 proposed and agreed due to the current vacancy for a fundraiser.
- The need for clearer articulation of the role of Compass Wellbeing in the administration of the charity was requested, to avoid the potential for any conflicts of interest. In light of this it was proposed and agreed to increase the score for risk 2 relating to governance to 12.

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

REPORT TO THE TRUST BOARD IN PUBLIC
28 November 2024

| | |
|------------------------|--|
| Title | Finance, Business and Investment Committee (FBIC) 24 October and 21 November 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) meetings held on 24 October and 21 November 2024.

Key messages

Finance Update M7 2024/25

- The Trust is reporting a deficit of £16.9m at the end of October which is £14.1m adverse to plan. Key drivers continue to include pay inflation costs exceeding funded levels, temporary staff to cover patient acuity and vacant posts, and non-pay cost pressures. Payment of the AfC pay award and arrears have impacted the in-month figure; however, the underlying position reflects a £0.3m improvement compared to September.
- A steady reduction in agency staff usage continues reflecting positive progress. However, an unexpected increase in bank usage in some areas is being monitored. Analysis of the over-establishment of inpatient staffing levels confirms this is primarily driven by increased patient acuity.
- At month 5 NEL ICS is reporting a deficit position of £80.1m, £63.1m adverse to plan underlining significant system-wide pressures.
- The cash position has increased to £118.9m primarily due to AfC pay award timing; adjustments will occur in November to account for a lag in tax, social security and pension payments.
- While the capital programme is currently behind plan, there remains confidence in achieving full delivery by year end.

Going Further, Going Together (GFGT)

- GFGT programme is progressing well, with £34.6m identified in savings, exceeding the £29m target and providing more confidence in delivery.
- The year-to-date deficit has been recovered with financial viability at month 7 now £100k ahead of plan. Efforts to de-risk the programme and accelerate savings into Q3 are ongoing.
- There is a focus on strengthening operational controls for agency usage, rostering and recruitment to support delivery of plans and move towards organisational recovery. Challenges remain around the workforce programme and the plans to bring in external resources to accelerate this work was welcomed. A schedule of deep dives into the cross-cutting themes that impact on progress was requested, starting with workforce.
- Staffing levels are driven by patient acuity; enhanced scrutiny of rosters and better controls are priorities for managing workforce needs effectively.
- The committee recognised the significant progress that has been made to identify savings in excess of the target and the delivery programme in place.

Business Development Update

- This marks the first in a series of regular insights from the business development team aimed at enhancing visibility into the pipeline of contracts and opportunities requiring committee approval.
- Current pipeline includes three formal tenders in mobilisation phase and six in progress, with one scheduled for presentation to the committee in January 2025.
- The committee requested further assurance to ensure consistency and robustness in the decision-making process, particularly around financial modelling.
- Collaborating with digital and informatics teams on a PowerBI dashboard is ongoing to enhance tracking and reporting of business development activities.

Estates Update

- 91% of CDEL is fully committed to projects with back-ended completions expected to ensure full spend by year-end.
- The hard FM re-procurement process is under way with further due diligence being carried out. A further update will be provided regarding the current provider's eligibility to re-tender given their involvement in the Grenfell tragedy.
- Discussions with neighbouring providers are progressing on a joint approach to PFI/PPP contract expiries focusing on improving value for money and contract performance.
- The estates team was commended for receiving three awards at the recent Better Healthcare Awards showcasing their achievements.

Procurement Update

- Continued growth in savings categories being achieved through the GFGT programme alongside improvements in overall key metrics and compliance levels.
- A business case is being drafted for potential recurrent funding of the warehouse function exploring collaboration with NELFT logistics colleagues to enhance supply chain resilience for both organisations.
- Preparations for the new Procurement Act are under way; there is an emphasis on publishing performance data to enhance the organisation's social value ambitions and greater flexibility in procuring new contracts.
- A Trust-wide training programme is being developed to ensure clarity around procurement processes and adherence to enhanced obligations.

Green Sustainability Plan

- Progress highlights include sustainability efforts are increasingly integrated into directorate annual plans and the GFGT programme; a significant number of QI sustainability projects are under way; and the recruitment of net zero project manager is in progress.
- Challenges include the need for better engagement, investment in infrastructure and validation of carbon footprint calculations.
- A Green Plan refresh is scheduled for April 2025 with workshops and engagement sessions planned.
- The committee emphasised the need for a stronger focus on patient travel and supply chain sustainability given their significant impact on the Trust's carbon footprint.

Medium-Term Financial Plan

- The first iteration of the plan to 2026/27 outlines a pathway to achieve financial balance by 2026/27 with realistic modelling of mitigations.
- The committee supported a sustainable phased approach while recognising the operational and system-wide complexities.

Board Assurance Framework: 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.*

- Assurance provided that the heightened risk around cyber threats is being closely monitored.
- 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.

REPORT TO TRUST BOARD
26th SEPTEMBER 2024

| | |
|---------------------------------------|--|
| Title | Finance Report Month 7 (October 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 |
|----------|---|
| 21-11-24 | Finance Business and Investment Committee |

Key messages

Summary of Financial Performance:

- As at month 7 the Trust is reporting a deficit position of £16.9m year to date, which is £14.1m adverse to plan. Key drivers are pay inflation cost above the level of funding, additional bank bookings to manage patient acuity, medical agency bookings to fill vacant posts, and non-pay cost pressures. Slippage on FV is another key factor.
- The Trust's cash balance on 31st October 2024 was £118.9m.
- Year to date Capital expenditure was £5.2m.
- Better Payment Practice Code performance is 91% by volume and 94% by value.
- As at month 7 the NEL ICS is reporting a deficit position of £80.1m year to date, which is £63.1m adverse to plan.

Strategic priorities this paper supports

| | | |
|-------------------------------------|-------------------------------------|---|
| Improved Population Health Outcomes | <input checked="" type="checkbox"/> | Delivering financial sustainability enables the Trust to invest strategically. Enhanced financial data also allows the appropriate allocation of funds to trust priorities. |
| Improved Experience of Care | <input checked="" type="checkbox"/> | Delivering financial sustainability provides the structure for the organisation to deliver high quality, consistent care in the most appropriate setting. |
| Improved Staff Experience | <input checked="" type="checkbox"/> | Delivering financial sustainability enables the organisation to support staff with innovative ways of workings, enhancing training opportunities and prioritising staff development |
| Improved Value | <input checked="" type="checkbox"/> | This is a key requirement to ensure that the Trust delivers value for money and is not in breach of its Foundation Trust provider licence. |

Implications

| | |
|---------------------------|--|
| Equality Analysis | Financial sustainability aids the organisation in being able to address and adequately resource equality issues within the services we deliver |
| Risk and Assurance | The North East London Integrated Care System is currently included in the NHS England Investigation and Intervention process. |
| 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. |

Month 7 Finance Report

5th December 2024

Kevin Curnow

Chief Finance Officer



We care
We respect
We are inclusive

Ask about the
#ELFTPromise

Executive Summary

| | In Month | | | Year To Date | | | Annual Budget £000 |
|-------------------------------------|----------------|----------------|------------------|----------------|-----------------|------------------|-----------------------|
| | Budget £000 | Actual £000 | Variance £000 | Budget £000 | Actual £000 | Variance £000 | |
| Clinical Income | 68,206 | 63,014 | (5,192) | 393,347 | 390,665 | (2,682) | 678,037 |
| Other Income | 2,358 | 2,240 | (118) | 15,342 | 14,257 | (1,085) | 23,716 |
| Pay costs | (49,508) | (51,096) | (1,589) | (296,764) | (301,302) | (4,539) | (499,705) |
| Non-pay costs | (17,201) | (13,554) | 3,647 | (90,843) | (96,610) | (5,767) | (160,644) |
| Financing / non-operating costs | (3,450) | (3,382) | 68 | (24,757) | (24,795) | (38) | (42,088) |
| | 405 | (2,778) | (3,184) | (3,675) | (17,785) | (14,110) | (684) |
| Adjustments | (53) | (14) | 39 | 937 | 934 | (3) | 684 |
| Reported Surplus /(Deficit) | 352 | (2,792) | (3,145) | (2,738) | (16,850) | (14,113) | (0) |
| Memorandum items | | | | | | | |
| Industrial Action Costs (pay) | 0 | 0 | 0 | 0 | 112 | 112 | 0 |
| Agency Costs | 0 | (1,638) | (1,638) | 0 | (14,393) | (14,393) | 0 |
| Financial Viability | 3,664 | 4,541 | 877 | 10,664 | 10,741 | 77 | 29,000 |
| Cash | 1,680 | 11,962 | 10,282 | 110,736 | 118,940 | 8,204 | n/a |
| Capital | 983 | 927 | (56) | 6,525 | 5,221 | (1,304) | 10,303 |

Key messages

The Trust is reporting a deficit position of £16.9m as at 31st October 2024. This is £14.1m adverse to plan.

Key drivers are pay inflation cost above the level of funding, additional bank bookings to manage patient acuity, medical agency bookings to fill vacant posts, non-pay cost pressures and slippage on Financial Viability (FV) is another key factor.

At month 7 the Trust is has met its savings plan. This has been delivered a combination of cost reduction and budget adjustments.

The capital expenditure programme is close to plan and it is expected to fully deliver the plan by the end of the year.

| | |
|----------------------------|--|
| Clinical income | £2.6m below plan – this is a material change from September, following changes to income budgets. £5.2m variance following deferral of income for NCEL Provider Collaborative, which is partially offset by additional income (matched by expenditure). |
| Other income | £1.0m below plan, resulting from non-delivery of Financial Viability (FV) schemes. |
| Pay costs | £4.5m overspend, with £1.5m of pressures arising from the pay awards, in addition to the existing pressures of over-establishment of posts, use of bank staff to manage levels of acuity, and use of premium agency to cover vacancies in difficult to recruit areas. Further detail is included on slides 7 and 15. |
| Non-pay cost | £5.8m overspend, arising from cost pressures in Supplies (£1.6m), Premises (£1.0m) and FV slippage. Further detail is included on slide 9. Private Beds show as a £2.1m overspend, with expenditure incurred earlier than planned. This position will improve in the following months. |
| Financial Viability | £10.7m FV has been delivered, in line with plan. The forecast delivery is £33.5m. |
| Cash | As at the end of October, the cash balance was £118.9m, £8.2m above plan – the trust has received funding for pay awards, but has not yet paid the additional tax, pension and National Insurance elements related to seven months of backpay. |
| Capital | Capital expenditure of £5.2m, which is a £1.3m underspend against plan. |

Statement of Comprehensive Income and Expenditure

| | In Month | | | Year To Date | | | Annual Budget £000 |
|-------------------------------------|-----------------|-----------------|------------------|------------------|------------------|------------------|-----------------------|
| | Budget £000 | Actual £000 | Variance £000 | Budget £000 | Actual £000 | Variance £000 | |
| Income | | | | | | | |
| NHS - Patient Care Activities | 67,043 | 61,677 | (5,366) | 384,768 | 381,506 | (3,262) | 663,150 |
| Non NHS - Patient Care Activities | 1,163 | 1,337 | 174 | 8,579 | 9,159 | 580 | 14,887 |
| Other (in accordance with IFRS 15) | 1,559 | 2,049 | 490 | 12,203 | 12,835 | 632 | 18,693 |
| Other Operating Income | 799 | 191 | (608) | 3,139 | 1,422 | (1,717) | 5,023 |
| Income Total | 70,564 | 65,254 | (5,310) | 408,689 | 404,922 | (3,768) | 701,753 |
| Pay | | | | | | | |
| Substantive | (49,161) | (43,087) | 6,073 | (294,280) | (252,789) | 41,492 | (495,481) |
| Bank | (192) | (6,211) | (6,019) | (1,385) | (33,024) | (31,639) | (2,344) |
| Agency | 0 | (1,638) | (1,638) | 0 | (14,393) | (14,393) | 0 |
| Apprenticeship levy | (155) | (159) | (4) | (1,098) | (1,097) | 1 | (1,881) |
| Pay Total | (49,508) | (51,096) | (1,589) | (296,764) | (301,302) | (4,539) | (499,705) |
| Non-Pay | | | | | | | |
| Non Pay | (17,201) | (13,554) | 3,647 | (90,843) | (96,610) | (5,767) | (160,644) |
| Non-Pay Total | (17,201) | (13,554) | 3,647 | (90,843) | (96,610) | (5,767) | (160,644) |
| EBITDA | 3,855 | 604 | (3,252) | 21,082 | 7,010 | (14,073) | 41,404 |
| Post EBITDA | | | | | | | |
| Depreciation | (2,879) | (2,898) | (19) | (19,977) | (20,180) | (203) | (34,373) |
| Amortisation | (90) | (90) | 0 | (630) | (630) | 0 | (1,080) |
| Finance Income | 425 | 514 | 89 | 3,500 | 3,396 | (104) | 5,550 |
| Finance Expenditure | (324) | (326) | (2) | (3,576) | (3,307) | 269 | (5,201) |
| PDC Dividend | (582) | (582) | 0 | (4,074) | (4,074) | 0 | (6,984) |
| Total Post EBITDA | (3,450) | (3,382) | 68 | (24,757) | (24,795) | (38) | (42,088) |
| | 405 | (2,778) | (3,184) | (3,675) | (17,785) | (14,110) | (684) |
| Less | | | | | | | |
| Depreciation: Donated Assets | 41 | 40 | (1) | 287 | 287 | (0) | 493 |
| Remove impact of PFI revenue costs | (94) | (54) | 40 | 650 | 648 | (2) | 191 |
| Reported Surplus /(Deficit) | 352 | (2,792) | (3,145) | (2,738) | (16,850) | (14,113) | (0) |

The Trust is reporting a deficit position of £16.9m as at 31st October 2024. This is £14.1m adverse to plan.

The in-month deficit is £2.8m, with £1.6m of this relating to the impact of the pay award.

Adjusting for pay-award, the Trust was overspent by £1.2m. This represents a £0.3m improvement on the deficit recorded in September, and reflects the impact the enhanced focus on Going Forward, Going Together (GFGT) is having on the underlying run-rate.

Key drivers are pay inflation cost above the level of funding, additional bank bookings to manage patient acuity, medical agency bookings to fill vacant posts, non-pay cost pressures and slippage on Financial Viability (FV) is another key factor.

Financial Viability / Going Further, Going Together

2024/25 Targets

The financial savings target for 2024/25 is £29.00m. The agreed Directorate targets have been allocated to Clinical and Corporate areas as part of 2024/25 budgets.

Year to Date Performance

The year to date planning target for month 7 was £10.66m with a total reported delivery of £10.74m, resulting in a favourable position of £0.08m.

The overall variance improved against month 6. This included some significant 'catch-up' for some newly added schemes and validated figures being included against existing plans. There remain year to date adverse variances against Corporate and Adult Mental Health targets in particular.

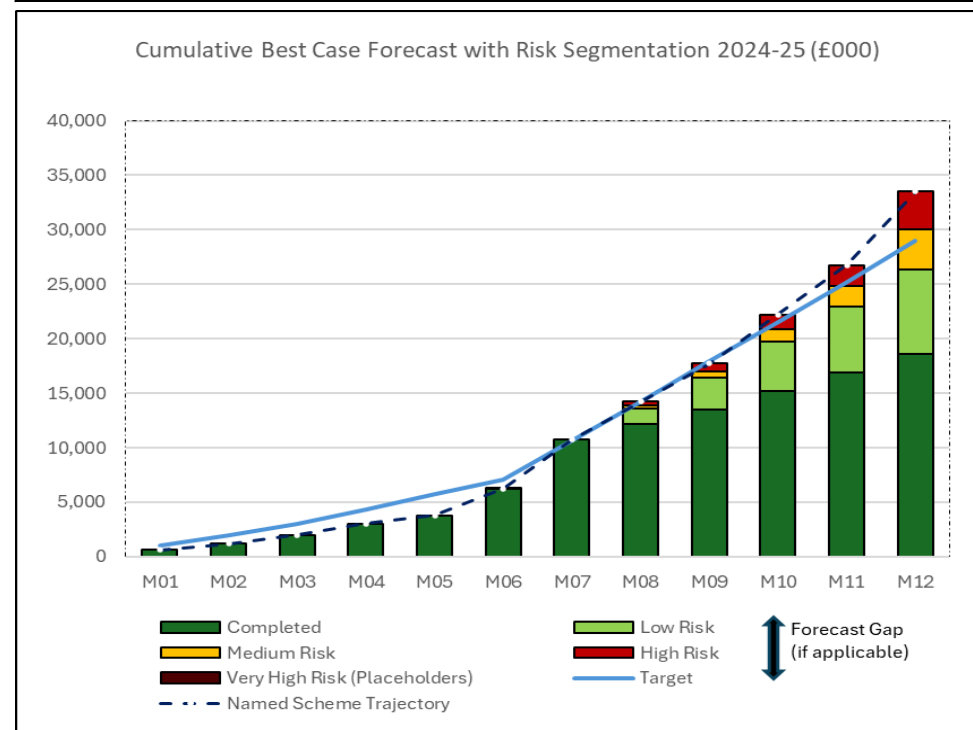
Delivery of plan to date has seen only 40% delivered through schemes that impact the expenditure run-rate, with the remaining 60% coming through budgetary savings without any equivalent expenditure reduction.

2024/25 Forecast

The best case forecast at month 7 is to deliver £33.5m, with a most likely case of £26.5m based on risk and delivery status. The risk profile has improved since month 6, with 87% of the programme value having fully signed off documentation.

Key message : The Trust is on plan year-to-date but still requires a material step-up in delivery and improved grip and control measures to achieve plan. There needs to be focus on schemes delivering a run-rate improvement over the coming months.

| Directorate Grouping | 2024-25 Target £000 | 2024/25 Best Case Forecast £000 | 2024/25 Forecast Variance £000 |
|---|------------------------|---------------------------------------|--------------------------------------|
| East London AMH | 8,500 | 6,919 | -1,581 |
| Luton & Bedfordshire AMH | 5,100 | 5,480 | 380 |
| London CHS | 2,700 | 2,683 | -17 |
| Bedfordshire CHS | 1,500 | 1,349 | -151 |
| Specialist Services | 4,500 | 3,533 | -967 |
| Forensic Services | 2,400 | 2,563 | 163 |
| Primary Care | 500 | 1,245 | 745 |
| Clinical Directorates Total | 25,200 | 23,773 | -1,427 |
| Corporate Services & Estates | 3,800 | 4,140 | 340 |
| Unallocated High Impact Workstream Scherr | 0 | 5,604 | 5,604 |
| GRAND TOTAL | 29,000 | 33,517 | 4,517 |



Financial Viability / Going Further, Going Together

Seven high impact workstreams have been established to identify and deliver. These workstreams are at varying degrees of maturity and the focus has been on getting each workstream established with clarity of purpose and interventions/areas of focus. The high impact workstreams will complement the delivery of savings through the directorates



Financial Viability / Financial know-how

Lead: Kevin Curnow, Chief Finance Officer

- Oversight of the delivery of the existing CIP programme
- Review of the NHSE checklists and grip and control across the Trust
- Upskilling of budget holders



Non-pay review programme

Lead: Claire McKenna, Chief Nurse

- Optimal spend on non-pay across the Trust
- Contract review
- Patient meals savings and drug switches
- PO compliance



Contract optimisation

**Lead: Richard Fradgley, Executive Director of
Integrated Care**

- Recovery of income for services
- Review of unfunded services
- OOA admissions
- ICB funding gaps
- Income generation including private patients



Clinical pathways

Lead: David Bridle, Chief Medical Officer

- Clinical Service reviews and clinical pathway redesign to support sustainability



Workforce and establishment

Lead: Tanya Carter, Chief People Officer

- Review of staffing models and skill mix
- Maximising use of scheduling tools ie. Healthroster
- Sickness reduction and recruitment
- Headcount growth
- Reduction in premium pay spend



Digital-estates optimisation

Lead: Philippa Graves, Chief Digital Officer

- Rationalise and optimise the estates footprint
- Pivoting digital capabilities to deliver efficiencies
- Reprocurd hard FM service and PFI hand backs
- Contract optimisation
- Sustainability



Service user Flow / Productivity

Lead: Amar Shah, Chief Quality Officer

- Inpatient flow programme to reduce private sector beds and average LOS
- Reduction in out of area placements and patients clinically ready for discharge
- Reduction in DNA rate to improve equity



Engagement workstream

Lead: Tanya Carter, Chief People Officer

- Communications narrative
- Where's the waste campaign
- Weekly bulletin to share case studies
- Engagement

Income

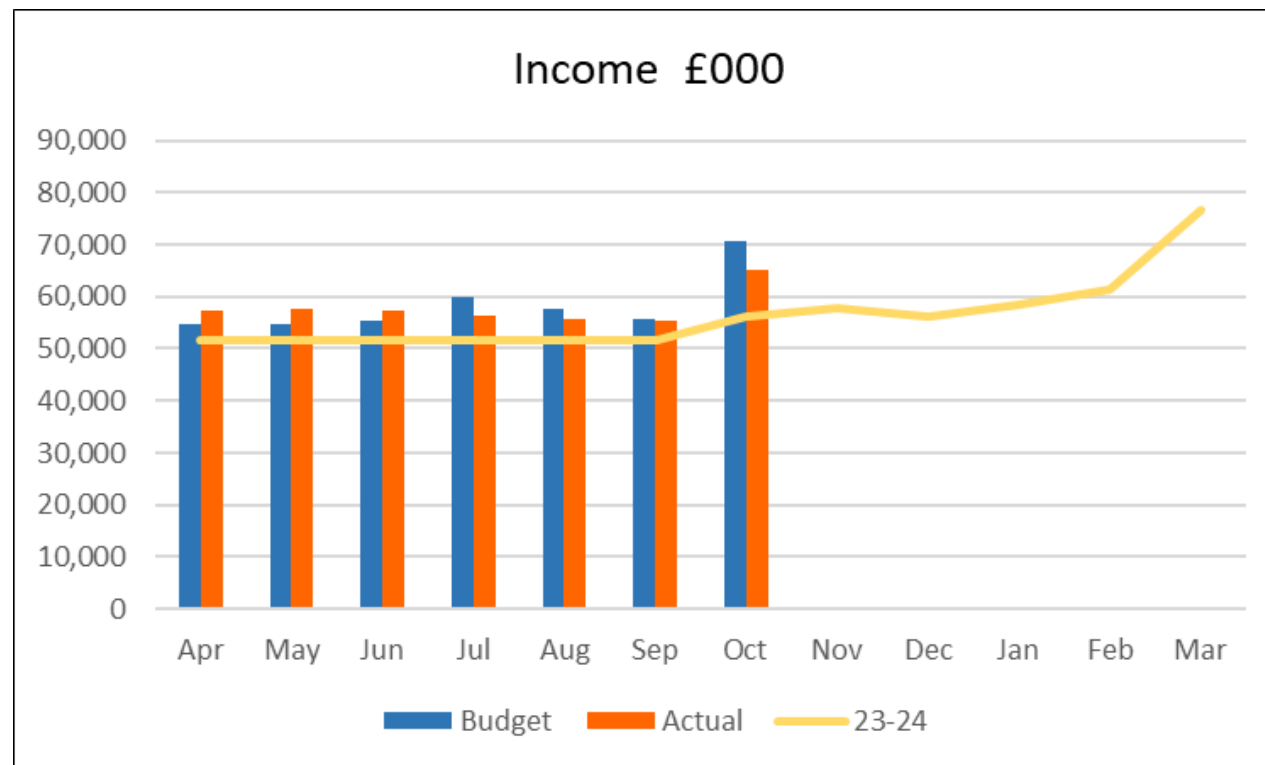
The income position at the end of October is an under-performance of £3.8m. This a change from September, when the position was £1.5m above plan. This change is due to re-phasing the budget for Private Beds and SDF funding.

The main areas of under performance is a £5.6m 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. This over-performance will reduce before the end of the financial year

There is an additional £1.1m under performance in Other Operating Income, relating to income generation targets not being delivered.

There are areas of over-performance, including :

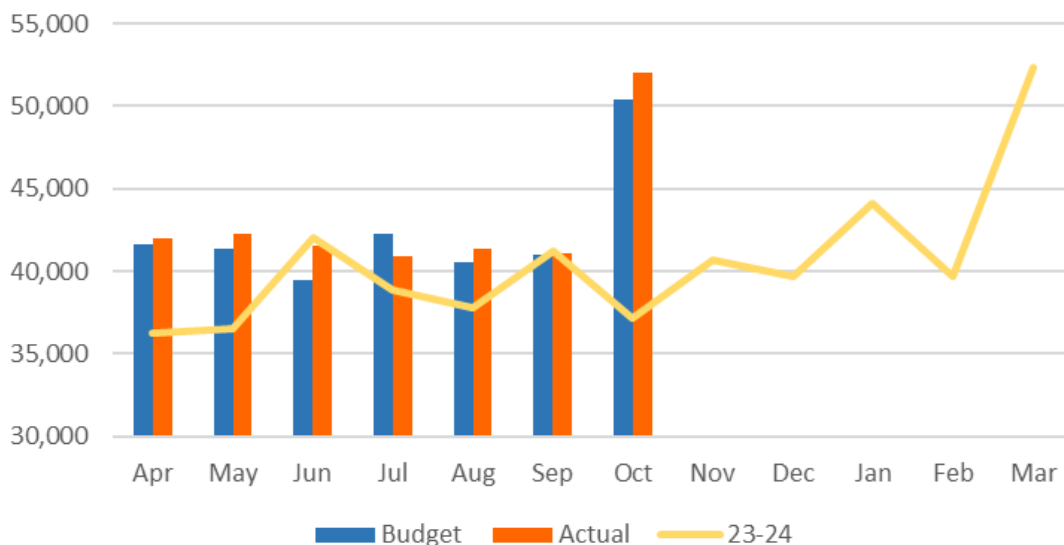
- £1.4m NHS Trust & Foundation Trust income for NCEL Provider Collaborative Non-Contracted Activity.
- £0.8m Local Authority income for school-based services – this funds costs incurred in the Specialist directorate.
- £0.6m of vaccination funding from NHS England



Key message : Income is below plan – a change in month, with budget changes to rephrase income following confirmation of ICS allocations. These relate to SDF income already accrued in previous months.

Pay

Employee expenses (inc Agency) £000



| Pay type | Funded WTE | Actual WTE | Variance WTE | Year To Date | | | Annual Budget £000 |
|--------------------|------------------|------------------|----------------|------------------|------------------|----------------|--------------------|
| | | | | Budget £000 | Actual £000 | Variance £000 | |
| Substantive | (8,088.6) | (7,353.0) | 735.6 | (294,280) | (252,789) | 41,492 | (495,481) |
| Bank | (59.9) | (981.4) | (921.6) | (1,385) | (33,024) | (31,639) | (2,344) |
| Agency | 0.0 | (160.2) | (160.2) | 0 | (14,393) | (14,393) | 0 |
| Grand Total | (8,148.5) | (8,494.6) | (346.1) | (295,666) | (300,205) | (4,540) | (497,824) |
| Apprentice Levy | | | | (1,098) | (1,097) | 1 | (1,881) |
| Non-Executives | (9.0) | (9.0) | 0.0 | | | | |
| Grand Total | (8,157.5) | (8,503.6) | (346.1) | (296,764) | (301,302) | (4,539) | (499,705) |

Non-executive costs are recorded under non-pay, with 1 WTE per individual.
The WTE are included here to show the total WTE for the Trust

Overall pay is overspent by £4.5m. The main driver is a £1.6m cost pressure, arising from under-funding of the recent pay awards. Other pressures arise from the use of temporary staff at a level above the number of vacant posts, alongside the premium costs associated with using agency staff.

Actual spend in month is £52.0m. The trend is distorted by the recognition of the pay-award costs in month. The pay budget has increased in month, reflecting the pay award funding.

The trust is still using more staff than we have funding for, with Whole Time Equivalents (WTE) being 346.1 above the funded level.

Key message : Pay is above plan as the Trust is using more staff that we are funded for, and is using agency staff at premium cost. The pay awards have created a £1.6m cost pressure in month, as funding received from the commissioners does not cover the full costs. We are currently 346.1 WTE over-established.

Pay – Whole Time Equivalents (WTE)

| Pay type | Funded WTE | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Movement in month | WTE Actuals | Sep-24 | Oct-24 | Movement in month |
|----------------------------|-------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-------------------|-----------------------------|------------------|------------------|-------------------|
| Funded WTE | Substantive | (7,841.0) | (7,897.2) | (8,084.2) | (8,079.0) | (8,068.9) | (8,083.7) | (8,097.6) | (14.0) | Tower Hamlets | (857.7) | (887.1) | (29.5) |
| | Bank | (66.7) | (59.9) | (59.9) | (59.9) | (59.9) | (59.9) | (59.9) | 0.0 | City & Hackney | (776.2) | (803.4) | (27.2) |
| | Agency | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | Forensic Services | (782.2) | (800.9) | (18.6) |
| Actual WTE | Substantive | (7,297.5) | (7,328.5) | (7,322.4) | (7,292.7) | (7,350.8) | (7,346.2) | (7,362.0) | (15.8) | Newham | (731.4) | (742.3) | (10.9) |
| | Bank | (967.3) | (896.4) | (901.2) | (924.4) | (898.5) | (920.4) | (981.4) | (61.0) | Newham CHS | (487.1) | (489.6) | (2.5) |
| | Agency | (249.3) | (272.5) | (284.6) | (235.5) | (219.8) | (198.0) | (160.2) | 37.8 | NCEL Provider Collaborative | (18.5) | (19.9) | (1.4) |
| Variance | Substantive | 543.5 | 568.7 | 761.8 | 786.4 | 718.1 | 737.4 | 735.6 | (1.8) | NCEL Perinatal Prov Collab | (4.4) | (4.4) | 0.0 |
| | Bank | (900.6) | (836.6) | (841.4) | (864.5) | (838.7) | (860.6) | (921.6) | (61.0) | Estates & Facilities | (40.0) | (41.3) | (1.3) |
| | Agency | (249.3) | (272.5) | (284.6) | (235.5) | (219.8) | (198.0) | (160.2) | 37.8 | SLA's Received | (0.3) | (0.4) | (0.1) |
| Total Funded WTE | | (7,907.7) | (7,957.0) | (8,144.1) | (8,138.9) | (8,128.8) | (8,143.5) | (8,157.5) | (14.0) | Primary Care | (215.7) | (215.0) | 0.7 |
| Total Actual WTE | | (8,514.1) | (8,497.5) | (8,508.2) | (8,452.5) | (8,469.1) | (8,464.6) | (8,503.6) | (39.0) | NEL Vaccination | (4.0) | (2.0) | 2.0 |
| Overestablishment | | 606.4 | 540.5 | 364.1 | 313.6 | 340.3 | 321.1 | 346.1 | 25.0 | Tower Hamlets CHS | (282.0) | (279.8) | 2.2 |
| Overestablishment % | | (7.7%) | (6.8%) | (4.5%) | (3.9%) | (4.2%) | (3.9%) | (4.2%) | | Bedford Directorate | (963.7) | (958.0) | 5.7 |
| | | | | | | | | | | Specialist CHS | (200.6) | (194.2) | 6.4 |
| | | | | | | | | | | Bedfordshire CHS | (518.0) | (510.2) | 7.8 |
| | | | | | | | | | | Luton Directorate | (450.0) | (441.9) | 8.1 |
| | | | | | | | | | | Specialist Services | (1,333.3) | (1,323.9) | 9.4 |
| | | | | | | | | | | Corporate | (790.7) | (780.4) | 10.3 |
| | | | | | | | | | | Non-Executive Director | (9.0) | (9.0) | 0.0 |
| | | | | | | | | | | | (8,464.6) | (8,503.6) | (39.0) |

The trust is using more staff than we have funding for, with WTE being 346.1 above the funded level. Funded Posts have increased, reflecting ICS investments in services – the impact of this is part-offset by removal of budget from GFGT schemes.

Substantive staff have increased in month, following new services commissioned by the ICS, and conclusion of recruitment that commenced earlier in the year.

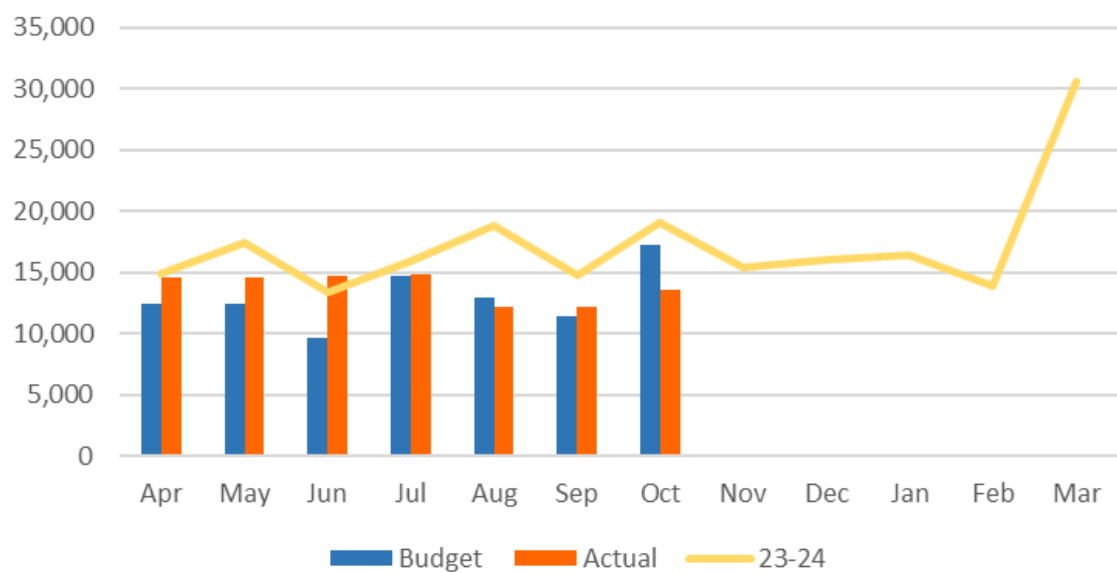
Bank usage increased in month with a combination of annual leave cover for half-term, sickness, and enhanced patient acuity on some wards.

The trust has made a material improvement in the use of agency, with WTE reducing from 249.3 in April down to 160.2 in October

Key message : Pay is above plan as the Trust is using more staff that we are funded for, and is using agency staff at premium cost. Agency costs constitute 4.8% of total pay costs, above the 3.2% national target set by NHSE.

Non-pay

Non-pay £000



| Expenditure type | Year To Date | | | Annual Budget £000 |
|---------------------------------|-----------------|-----------------|----------------|--------------------|
| | Budget £000 | Actual £000 | Variance £000 | |
| Private Beds | (5,841) | (7,084) | (2,072) | (9,195) |
| Health and Social Care - NHS | (14,054) | (14,652) | (597) | (24,143) |
| Health and Social Care -non-NHS | (13,540) | (10,593) | 3,776 | (22,777) |
| Supplies & Services | (18,234) | (19,871) | (1,637) | (22,734) |
| Drug costs | (3,279) | (3,687) | (408) | (5,620) |
| Consultancy & Legal fees | (1,023) | (2,010) | (987) | (1,754) |
| Establishment | (2,940) | (3,821) | (880) | (4,988) |
| Premises | (18,755) | (19,557) | (802) | (32,215) |
| Transport | (2,855) | (3,185) | (330) | (4,914) |
| Audit fees | (87) | (99) | (12) | (150) |
| Training | (2,782) | (2,873) | (91) | (4,769) |
| Clinical negligence | (1,203) | (1,206) | (4) | (2,062) |
| Non-executive directors | (126) | (111) | 14 | (227) |
| Other Expenditure | (6,125) | (7,862) | (1,737) | (15,903) |
| Grand Total | (90,843) | (96,610) | (5,767) | (151,449) |

Non pay is £5.7m overspent, arising from :

- Private Beds account for £2.1m of overspend, arising from the £7.1m spend on ELFT private sector bed purchases (further details on slide 16).
- Purchase of Health and Social Care – there are underspends in the NCEL Provider Collaborative, with a reduction in the number of patients placed in Private Beds. The impact of this offset by recognising less income than planned.
- Supplies and Services are overspent by £1.6m, with increased catering charges (£0.6m), increased in costs from the OCS contract (£0.4m), unfunded Agenda for Change inflation in outsourced contracts (£0.2m), and increased demand for Wheelchairs (£0.1m).
- The trusts Premises costs are overspent by £1.0m, driven by the effect of building works and repairs (£1.2m), furniture repairs (£0.1m) rates (£0.3m), energy and utilities (£0.3m). This is part offset by £0.4m underspends in ICT, and savings across a range of directorates
- Consultancy and Legal Fees is overspent by £1.0m, with the main areas being visas for International Recruitment (£0.2m), fees incurred by the Research & Development team (£0.2m), legal fees in Corporate and Estates (£0.2m), and fees relating to 23-24 (£0.3m).
- Other Expenditure is overspent by £1.7m, resulting from FV slippage.

Key message : Non-pay is above plan, with pressures arising in a range of areas. These are being reviewed as part GFGT.

Statement of Financial Position

- The net balance on the Statement of Financial Position as at 31st October 2024 was £303.6m. The decrease of £17.4m since year-end reflects the YTD deficit position partially offset by Public Dividend Capital funding for the Luton Health Based Place of Safety capital scheme.
- The key movements since the prior month are: -
 - £2.1m reduction in non-current asset values, with depreciation of £3.0m exceeding additions of £0.9m.
 - £6.7m increase in payables, largely due to the additional amounts outstanding for income tax, national insurance and pensions associated with the pay award arrears, this will be paid over in November.
 - £7.3m increase in deferred income, predominantly due to funding received in advance for Service Development Funds for the remainder of the year and the Non-Medical Education Tariff.

| | Prior Year 31/03/2024 £000s | Previous Month 30/09/2024 £000s | Current Month 31/10/2024 £000s | Variance £000s |
|--|-----------------------------------|---------------------------------------|--------------------------------------|-------------------|
| Non-current assets | | | | |
| Intangible assets | 3,220 | 2,680 | 2,590 | (90) |
| Property, Plant and Equipment | 270,023 | 264,264 | 263,497 | (767) |
| Right of use assets | 79,210 | 74,485 | 73,281 | (1,204) |
| Investments in associates and joint ventures | 1,787 | 1,787 | 1,787 | 0 |
| Other non current assets | 969 | 969 | 970 | 1 |
| Total non-current assets | 355,209 | 344,185 | 342,125 | (2,060) |
| Current assets | | | | |
| Inventories | 556 | 478 | 468 | (10) |
| Trade and other receivables | 34,051 | 42,484 | 42,508 | 24 |
| Assets held for sale | 350 | 350 | 350 | 0 |
| Cash and cash equivalents | 116,413 | 106,978 | 118,940 | 11,962 |
| Total current assets | 151,370 | 150,290 | 162,266 | 11,976 |
| Current liabilities | | | | |
| Trade and other payables | (73,690) | (69,676) | (76,384) | (6,708) |
| Borrowings | (15,248) | (15,248) | (15,248) | 0 |
| Provisions | (438) | (703) | (700) | 3 |
| Deferred income | (7,368) | (18,077) | (25,406) | (7,329) |
| Total current liabilities | (96,744) | (103,704) | (117,738) | (14,034) |
| Total assets less current liabilities | 409,835 | 390,771 | 386,653 | (4,118) |
| Non-current liabilities | | | | |
| Borrowings | (88,416) | (83,953) | (82,621) | 1,332 |
| Provisions | (496) | (480) | (472) | 8 |
| Total non-current liabilities | (88,912) | (84,433) | (83,093) | 1,340 |
| Total net assets employed | 320,923 | 306,338 | 303,560 | (2,778) |
| Financed by | | | | |
| Public dividend capital | 118,885 | 119,303 | 119,303 | 0 |
| Revaluation reserve | 94,688 | 94,688 | 94,688 | 0 |
| Income and expenditure reserve | 107,350 | 92,347 | 89,569 | (2,778) |
| Total taxpayers' and others' equity | 320,923 | 306,338 | 303,560 | (2,778) |

Key message : The net asset position for the Trust continues to deteriorate due to the YTD deficit.

Capital

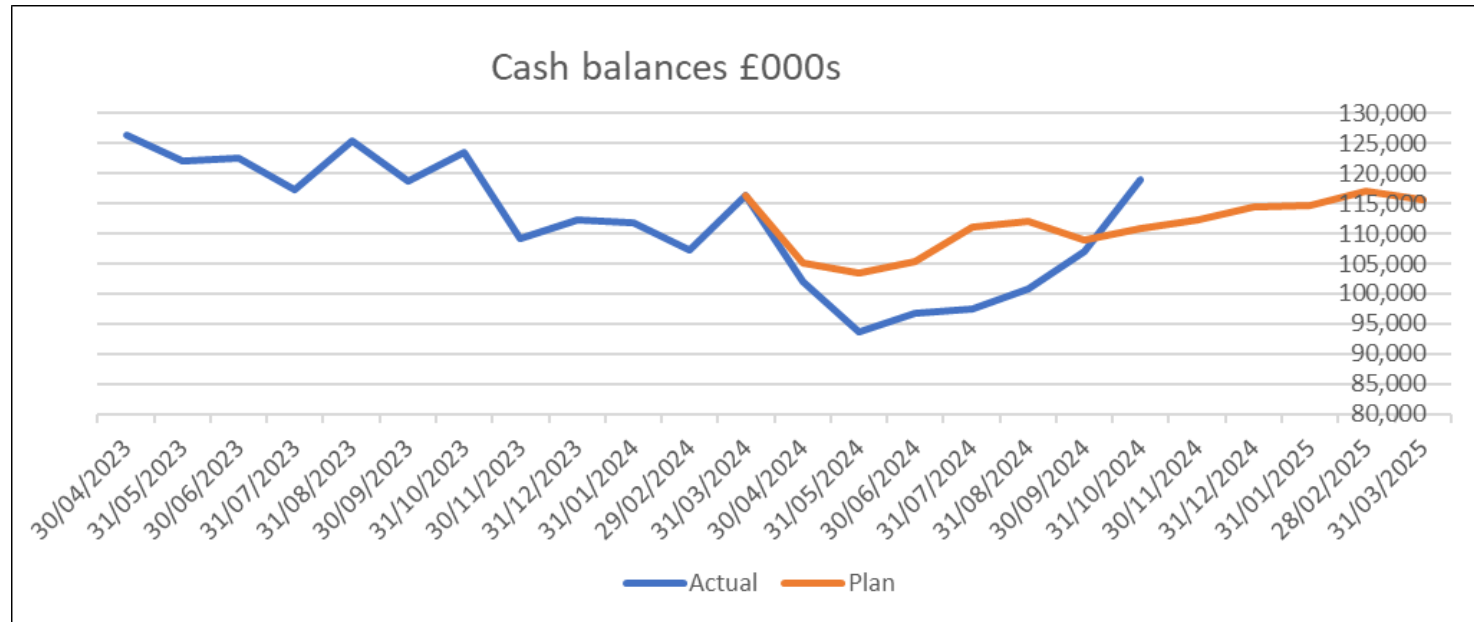
- The Trust submitted a capital plan for the year of £10.3m (£9.9m internally generated and £0.4m PDC funded).
- Since the original plan additional PDC funding has been agreed for £0.4m.
- Capital expenditure, excluding IFRS16, as at 31st October 2024 was £5.2m, with an in month spend of £0.9m. Against the plan this is a £1.3m YTD underspend.
- Collectively Digital schemes are £0.5m under plan and Estates schemes are £1.0m underspent (predominantly on Asset Property Management). This is partially offset by the transfer of spend from revenue to capital for plant and machinery costing £0.2m.
- The underspend on Digital has been caused by negotiations to achieve better value for money and some delays in the supply chain.
- The underspend of Asset Property Management is expected to reduce over the coming months with large schemes such as Wolfson House lifts and works to Charter House underway.
- The plan also included £10.4m relating to International Financial Reporting Standards (IFRS) 16 lease additions and remeasurements.
- Lease additions and remeasurements for the YTD total £2.6m, £6.5m below YTD plan. This is due to the leases for Outer North East London practices not yet being signed and lease remeasurements being lower than budgeted.

| Programme | Annual Plan £000s | YTD Plan £000s | YTD Actual £000s | Variance £000s |
|---|----------------------|-------------------|---------------------|-------------------|
| Asset and Backlog Management | 2,832 | 2,096 | 1314 | (782) |
| Mental Health and Security Improvement Plan | 369 | 112 | 88 | (24) |
| HBPos Luton - Internally funded | 431 | 431 | 431 | 0 |
| Six Facet Survey Backlog works programme | 200 | 60 | 0 | (60) |
| Critical, fire and digital spaces infrastructure upgrade | 200 | 60 | 0 | (60) |
| In Patient Environmental Upgrade and CQC Improvement Plan | 400 | 121 | 0 | (121) |
| Net Zero Carbon Reduction Plan | 100 | 0 | 10 | 10 |
| New Business, Community and Primary Care Development | 40 | 40 | 0 | (40) |
| Medical Devices/Equipment | 20 | 20 | 12 | (8) |
| Digital Systems | 125 | 0 | 73 | 73 |
| ICS | 100 | 25 | 7 | (18) |
| ICT infrastructure and Service Improvement | 770 | 580 | 694 | 114 |
| ICT Digital Spaces | 1450 | 916 | 458 | (458) |
| ICT Unified Communication | 477 | 232 | 369 | 137 |
| ICT Cyber Security | 840 | 451 | 378 | (73) |
| ICT Digital Portfolio | 1000 | 645 | 379 | (266) |
| Staff capitalisation | 531 | 318 | 296 | (22) |
| HBPos Luton - PDC funded | 418 | 418 | 418 | 0 |
| Alie Street - New Ways of working | 0 | 0 | 28 | 28 |
| Other plant and equipment | 0 | 0 | 222 | 222 |
| Additional PDC schemes | 0 | 0 | 44 | 44 |
| | 10,303 | 6,525 | 5,221 | (1,304) |

Key message : Capital spend, excluding IFRS16, is behind plan, but is forecast to be on plan by the end of March.

Cash

- As at the end of October, the cash balance was £118.9m, an increase of £2.5m since the start of the financial year.
- The cash position is £8.2m above plan, the main causes for this are: -
 - £14.3m due to the operating deficit being higher than plan
 - Offset by £21.6m working capital movements. The main factors being payable balances higher than plan due to the tax and social security impact of the pay award arrears not being due to be paid over until November and higher deferred income.
 - Slippage in the capital programme.



Key message : The funding for the pay award and advance payments from the ICB have improved the cash position in October. Much of this will be unwound in November with settlement of tax, social security and pension creditors.

System position – North East London (NEL) Integrated Care System (ICS)

| | Year To Date | | | m6 actual £000 | Movement in actuals | Annual plan |
|------------------|-----------------|-----------------|------------------|-------------------|------------------------|----------------|
| | Plan £000 | Actual £000 | Variance £000 | | | |
| BHRUT | (4,468) | (16,216) | (11,748) | (15,307) | (909) | 0 |
| Barts | (657) | (11,446) | (10,789) | (9,919) | (1,527) | 0 |
| ELFT | (2,738) | (16,850) | (14,112) | (14,058) | (2,792) | 0 |
| Homerton | (3,775) | (11,998) | (8,223) | (10,941) | (1,057) | 0 |
| NELFT | (2,499) | (17,122) | (14,623) | (15,421) | (1,701) | 0 |
| Providers | (14,137) | (73,632) | (59,495) | (65,646) | (7,986) | 0 |
| ICB | (2,875) | (6,508) | (3,634) | (7,814) | 1,306 | 0 |
| ICS Total | (17,012) | (80,140) | (63,129) | (73,460) | (6,680) | 0 |

System plan

The ICS plan for 2024-25 is for a break-even position. This is a change from the £35m deficit plan reported in last month. NHS England (NHSE) have allocated new Deficit Funding to the ICS which is reflected in the amended plan.

At the end of October, the ICS is reporting a deficit of £80.1m. This is £63.1m adverse to plan. This is a deterioration from the £73.5m deficit reported at the end of September.

NHS England Investigation and intervention

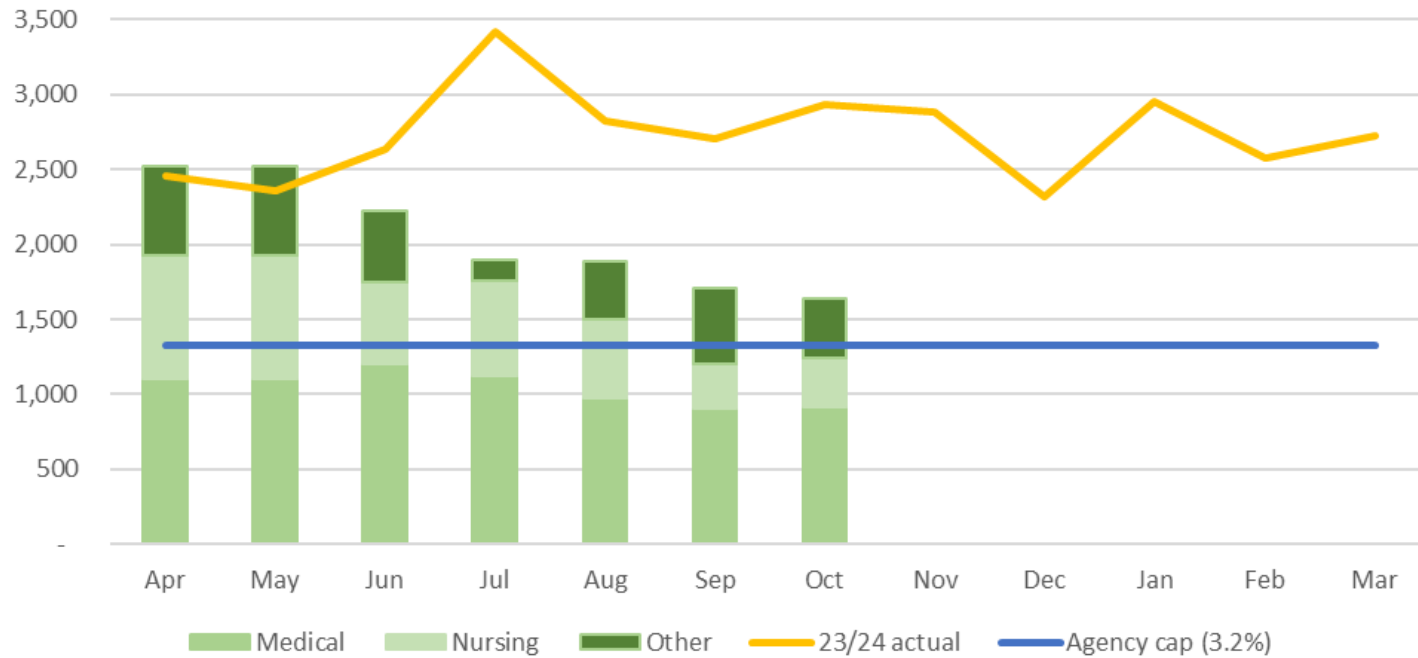
As part of the NHSE Investigation and Intervention process, the ICS have commissioned Deloitte and PA Consulting to undertake a review of the system financial control environment. Although draft 'phase one' reports have been shared, final versions and suggested actions for phase two are still to be determined.

Appendices

- Agency spend
- Private Bed activity and costs

Agency spend

Monthly Agency Expenditure £000



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 £14.4m which is below the current phased plan (£17.5m).

In the first 7 months of this year, Agency costs have reduced by £0.6m on average compared to the last year – the average is £2.1m for 2024-25, compared to the 2023-24 monthly average of £2.7m.

Agency costs constitute 4.8% of total pay costs, above the 3.2% target set by NHSE.

Agency use, by staff type

| Pay costs £000s | Apr-24 £000s | May-24 £000s | Jun-24 £000s | Jul-24 £000s | Aug-24 £000s | Sep-24 £000s | Oct-24 £000s | Movement in month |
|----------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|-------------------|
| Medical and Dental | (1,100) | (1,100) | (1,207) | (1,118) | (970) | (910) | (918) | (8) |
| Nursing, Midwifery and HV | (828) | (828) | (543) | (636) | (529) | (294) | (320) | (26) |
| Administration and Estates | (277) | (277) | (137) | 202 | (130) | (261) | (124) | 138 |
| Healthcare assistants and Other | (171) | (171) | (201) | (198) | (160) | (193) | (169) | 25 |
| Scientific, Therapeutic and Tech | (142) | (142) | (135) | (144) | (100) | (54) | (108) | (54) |
| Total Agency | (2,518) | (2,518) | (2,223) | (1,894) | (1,889) | (1,712) | (1,638) | 108 |

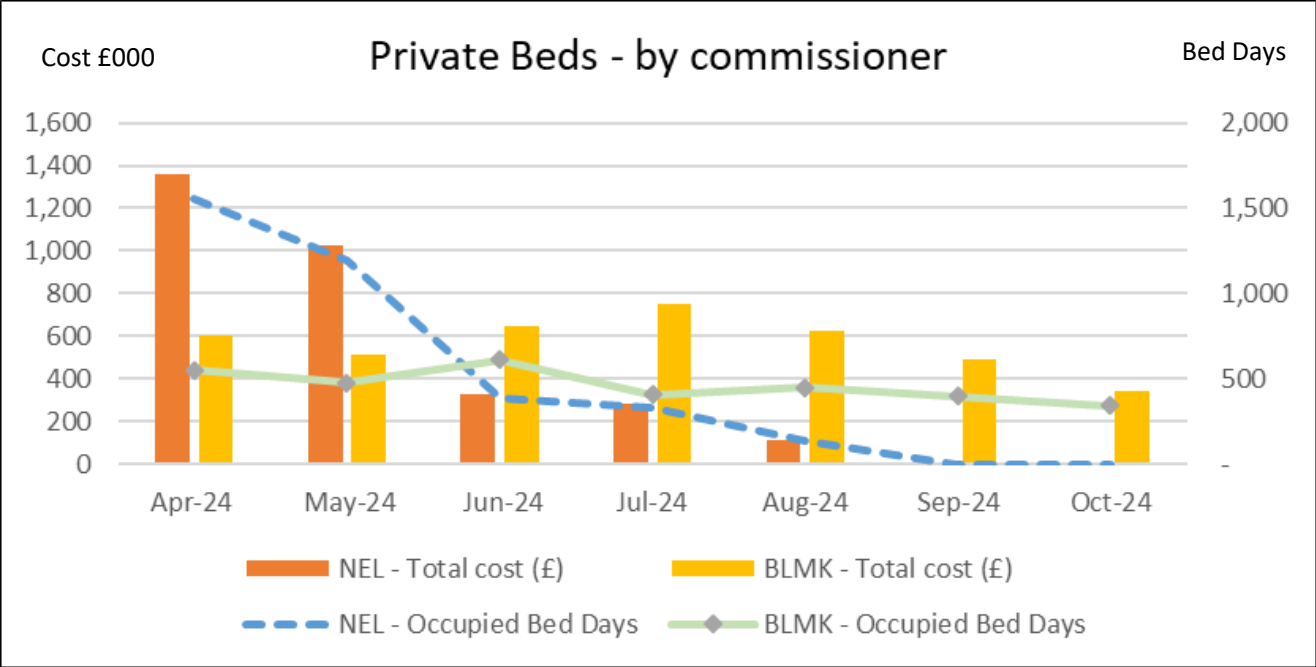
Private Beds

During 2023-24, the trust experienced high demand for Adult Mental Health beds, and as a result incurred high levels of expenditure in purchasing Private Beds

The Trust has undertaken intensive work on patient flow and – along with initiatives funded through non-recurrent funding - this is now down to zero in North East London as patients have been discharged.

There are still ongoing pressures in Bedford, Luton and Milton Keynes (BLMK) area, through activity has reduced in month and is anticipated to reduce further, with the aim of zero beds by the end of December

The two ICS’s provided funding for Private Beds – the funding for North East London has been fully utilised, leaving a £1.4m cost pressure. The funding for Bedford, Luton and Milton Keynes has a balance of £0.8m - there is a risk this will be fully utilised before year-end.



| ICS | Full Year Income £000s | Costs YTD £000s | Cost pressure £000 |
|-------------------|------------------------|-----------------|--------------------|
| North East London | 1,667 | 3,110 | (1,443) |
| BLMK | 4,700 | 3,973 | |
| Total | 6,367 | 7,084 | (1,443) |

Acronyms

| | | | |
|----------------|--|-----------------|---|
| A | | D (cont) | |
| A&E | Accident & Emergency | DoLS | Deprivation of liberty safeguards |
| ACAS | Advisory, Consultation and Arbitration Service | DRR | Directorate Risk Register |
| ADHD | Attention Deficit Hyperactivity Disorder | E | |
| AfC | Agenda for Change | EAP | Employee Assistance Programme |
| AGS | Annual governance statement | EBITDA | Earnings before Interest, Depreciation and Amortisation |
| AHM | Associate Hospital Manager | ED | Executive Director |
| AHP | Allied Healthcare Professional | EDI | Equality, Diversity and Inclusion |
| ANA | Apprentice Nursing Associate | EDS | Eating Disorder Service |
| ANP | Advanced Nurse Practitioner | EIS | Early Intervention Service |
| B | | ELA | ELFT Learning Academy |
| BAF | Board Assurance Framework | ELFT | East London NHS FT |
| BAME | Black, Asian and Minority Ethnic | EPOC | Extra Packages Of Care |
| BCF | Better Care Fund | EMIS | Electronic patient record system |
| BCHS | Bedfordshire Community Health Services Trust | EoE | East of England |
| BEH | Barnet, Enfield & Haringey Mental Health Trust | EPPR | Emergency prevention, preparedness and response |
| BLM | Black Lives Matter | ER | Employee Relation |
| BLMK | Bedfordshire, Luton & Milton Keynes | ET | Employment Tribunal |
| BMA | British Medical Association | F | |
| BPPC | Better Payment Practice Code | FBIC | Finance, Business & Investment Committee |
| C | | FFT | Friends and family test |
| C&I | Camden & Islington NHS FY | FIA | Financial impact assessment |
| CAMHS | Children & Adolescent Mental Health Services | FOI | Freedom of information |
| CCG(s) | Clinical Commissioning Group(s) | FPPR | Fit and proper persons regulation |
| CCT | Community Care Team | FT | Foundation Trust |
| CDO | Chief Digital Officer | FTSU | Freedom To Speak Up |
| CEA | Clinical excellence awards | FV | Financial viability |
| CEO | Chief Executive Officer | G | |
| CFO | Chief Finance Officer | GDPR | General Data Protection Regulations |
| CHS | Community Health Services | GFGT | Going Forward Going Together |
| CMHT | Community Mental Health Team | GMC | General Medical Council |
| CMO | Chief Medical Officer | GP | General Practitioner |
| CN | Chief Nurse | H | |
| CNWL | Central & North West London NHS FT | H1/H2 | 2021/2022 NHS finance regime |
| CoG | Council of Governors | HCA | Healthcare Assistant |
| COO | Chief Operating Officer | HCAS | High-Cost Area Supplement |
| CPA | Care programme approach | HCP | Healthcare Professional |
| CPD | Continuing professional development | HSCW | Health Care Support Worker |
| CPN | Community Psychiatric Nurse | HEE | Health Education England |
| CQC | Care Quality Commission | HOSC | Health Overview and Scrutiny Committee |
| CQUIN | Commissioning for quality and innovation | HRT | Hormone Replacement Therapy |
| CRHT | Crisis resolution and home treatment | HSJ | Health Service Journal |
| CRR | Corporate Risk Register | HSSIB | Health Services Safety Investigations Body |
| D | | HTT | Home Treatment Team |
| DBS | Disclosure and barring service | | |
| DD | Due diligence | | |
| DMT | Directorate Management Team | | |
| DNA | Did not attend | | |
| DoH/ | Department of Health & Social Care | | |
| DHSC | | | |

| | | | |
|----------------|--|-----------------|--|
| I | | N (cont) | |
| IAPT | Improving Access to Psychological Therapies | NMC | New Models of Care |
| ICB | Integrated Care Board | NomCo | Nominations & Conduct Committee |
| ICCC | Integrated Care & Commissioning Committee | O | |
| ICP | Integrated Care Partnership | OBC | Outline business case |
| ICP | Integrated care pathway | OD | Organisational development |
| ICO | Information Commissioners Office | OH | Occupational Health |
| ICS | Integrated Care System | ONEL | Outer North East London |
| IFRS | International Financial Reporting Standards | OOA | Out of area |
| IG | Information governance | OPEL | Operational Pressures Escalation Level |
| I&I | Investigation and intervention | P | |
| ILP | Improvement Leaders' Programme | P&C | People & Culture |
| Inphase | Incident reporting system, replaces Datix | PALS | Patient Advice and Liaison Service |
| IPC | Infection prevention and control | PC | Primary Care |
| IT | Information technology | PCREF | Patient and Carer Race Equality Framework |
| ITT | Intention/invitation to tender | PCN | Primary Care Network |
| J | | PDC | Public Dividend Capital |
| JSC | Joint Staff Committee | PFI | Private finance initiative |
| K | | PHSO | Parliamentary and Health Service Ombudsman |
| KLOE | Key line of enquiry | PICU | Psychiatric Intensive Care Unit |
| KPI(s) | Key performance indicator(s) | PID | Project initiation document |
| L | | PMO | Programme management office |
| LA | Local authority | PP | People participation |
| LCFS | Local Counter Fraud Service | PHSO | Parliamentary and Health Service Ombudsman |
| LD | Learning Disabilities | PPG | People Participation Group |
| LDA | Learning Disabilities and Autism | PPL | People Participation Lead |
| LeDeR | Learning Disabilities Mortality Review | PSI | Patient Safety Incident |
| LTP | Long Term Plan | PSIRF | Patient Safety Incident Response Framework |
| LWW | London living wage | PSW | Peer Support Worker |
| M | | Q | |
| MDT | Multi-Disciplinary Team | QA | Quality Assurance |
| MHA | Mental Health Act | QAC | Quality Assurance Committee |
| MHLDA | Mental Health, Learning Disabilities and Autism | QI | Quality Improvement |
| MHS | Mental Health Services | QIA | Quality Impact Assessment |
| MOU | Memorandum of understanding | R | |
| MSK | Musculoskeletal | RaCE | Race and Culture and Equity |
| N | | RAID | Rapid assessment |
| NQPS | National Quarterly Pulse Survey | RCA | Root cause analysis |
| NCEL | North Central East London Provider Collaborative | RCN | Royal College of Nursing |
| NED | Non-Executive Director | RCP | Royal College of Physicians |
| NEET | Young people between the ages of 16 and 24 that are not in full time education, employment or training | RTT | Referral to treatment |
| NEL | North East London | RVS | Respiratory syncytial virus |
| NELFT | North East London NHS FT | S | |
| NHSE | NHS England | SAS | Speciality and Specialist |
| NICE | National Institute for Clinical Excellence in Health | SCYPS | Specialist Child and Young Person Services |
| | | SEND | Special Educational Need and Disability |
| | | SI | Serious incident |
| | | SID | Senior Independent Director |
| | | SIRO | Senior Information Risk Officer |

S (cont)

| | |
|-------------------|--|
| SLT | Senior leadership team |
| SJR | Structure judgement review |
| SME | Small and medium-sized enterprises |
| SOC | Strategic outline case |
| SOF | Single Oversight Framework |
| SOP | Standard operating procedure |
| SPA | Single point of access |
| SPOR | Single point of referral |
| SRO | Senior Responsible Officer |
| SoFP | Statement of Financial Position |
| STEIS | Strategic executive information system |
| System One | Electronic patient record system |

T

| | |
|--------------|--|
| ToR | Terms of reference |
| TUPE | Transfer of Undertaking Protection of Employment |
| TWWTG | Trust-wide Working Together Group |

U

| | |
|------------|----------------------|
| UCR | Urgent Care Response |
|------------|----------------------|

V

| | |
|-------------|--|
| VCS | Voluntary and community sector |
| VCSE | Voluntary, community and social enterprise |
| VDI | Virtual desktop infrastructure |
| VfM | Value for money |
| VPN | Virtual private network |
| VSM | Very Senior Manager |

W

| | |
|-------------|--|
| WDES | Workforce Disability Equality Standard |
| WRES | Workforce Race Equality Standard |
| WTD | Working time directive |
| WTE | Whole-time equivalent |
| WTG | Working Together Group |

Y

| | |
|------------|--------------|
| YTD | Year to Date |
|------------|--------------|