

Board of Directors Meeting in Public

Thursday 30 January 2025 from 13:00 – 16:45

Royal College of Psychiatrists, 21 Prescott Street, London E1 8BB

12:15 – 13:00	Lunch
13:00 – 13:25	Meeting of the Board of Directors as the ELFT Charity Corporate Trustee
13:30 – 16:15	Trust Board in Public
16:20– 16:45	Quality Improvement Presentation

ELFT Charity

Meeting of the Board of Directors as Corporate Trustee

Agenda

1	Welcome and Apologies for Absence*	Note	Eileen Taylor	13:00
2	Declarations of Interest	Note	All	
3	Healthier Wealthier Families Project	Assurance	Laura Austin Croft	13:02
4	Charitable Funds Committee Assurance Report	Assurance	Peter Cornforth	13:15
5	ELFT Charity Annual Report & Accounts 2023/24	Approve	Tanya Carter/ Kevin Curnow	13:20
6	Any Other Business	Note	Eileen Taylor	
7	Close			13:25

Meeting of the Board of Directors in Public

Agenda

Opening Matters

1	Welcome and Apologies for Absence*	Note	Eileen Taylor	13:30
2	Patient Story: <i>'The Lived Experience of People Participation'</i>	Note		
3	Declarations of Interests	Assurance	All	13:55
4	Minutes of the Previous Meeting held in Public on 5 December 2024	Approve	Eileen Taylor	
5	Action Log and Matters Arising from the Minutes	Assurance	All	
6	Matters Arising from Trust Board Meeting in Private*	Assurance	Eileen Taylor	

Strategy

7	Chair's Report	Assurance	Eileen Taylor	14:00
8	Chief Executive's Report	Assurance	Lorraine Sunduza	14:10
9	Audit Committee Assurance Report	Assurance	Anit Chandarana	14:20
10	Integrated Care & Commissioning Committee Assurance Report	Assurance	Richard Carr	14:25
11	Population Health Annual Report	Assurance	Richard Fradgley	14:30

Quality & Performance

12	People Participation Committee Assurance Report	Assurance	Aamir Ahmad	14:40
13	Quality Assurance Committee Assurance Report	Assurance	Donna Kinnair	14:45
14	Quality Report	Assurance	Dr Amar Shah	14:50
15	Performance Report	Assurance	Dr Amar Shah	15:05

16	5 Minute Break			15:15
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People

17	Appointments and Remuneration Committee Assurance Report	Assurance	Deborah Wheeler	15:20
18	People & Culture Committee Assurance Report	Assurance	Deborah Wheeler	15:25
19	People Report	Assurance	Tanya Carter	15:30
20	Safer Staffing	Assurance	Claire McKenna	15:40

Finance

21	Finance, Business & Investment Assurance Report	Assurance	Sue Lees	15:50
22	Finance Report	Assurance	Kevin Curnow	15:55

Closing Matters

23	Board of Directors Forward Plan	Note	Eileen Taylor	16:10
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			
	• Thursday 27 March 2025 (London)			
	• Thursday 22 May 2025 (Luton)			
	• 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 16:15

*verbal update

Eileen Taylor
Chair of the Trust

16:20 – 16:45 A Quality Improvement presentation will focus on the topic of Reducing Nursing Vacancies

Eileen Bryant – Director of Nursing for Primary Care and Bedfordshire Community Health
Nike Bademosi – Lead Nurse Tower Hamlets CHS
Taiye Aro – Head of Marketing and Digital

Board of Directors Register of Interests: as at 22 January 2025

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

Name	Job Title	Interests Declared
Aamir Ahmad	Vice-Chair (London)	• Director and Trustee, Place2Be • Psychotherapy Student, Regents University • Mentor at Mosaic, an LGBT+ young persons charity • Psychotherapy and counselling private practice • Volunteer Counsellor at Naz a charity in West London • Member, British Association of Counselling and Psychotherapy (BACP) • Member, UK Council for Psychotherapy (UKCP)
Dr David Bridle	Chief Medical Officer	• Member, British Medical Association • Member, Medical Protection Society • Member, Royal College of Psychiatrists • Member, General Medical Council
Richard Carr	Senior Independent Director	• Director, Richard Carr Consulting Ltd, Management Consultancy • Interim Managing Director, East Midlands Development Company • Managing Director Commissioner, Woking Borough Council • Chair, Improvement Board, Cambridgeshire and Peterborough Combined Authority • Member, Society of Local Authority Chief Executives and Senior Managers (SOLACE)
Tanya Carter	Chief People Officer	• Board Member of the Healthcare People Management Association (HPMA) until Oct 2024 • Co-Chair of the London HR Directors Network • Chartered Fellow – Chartered Institute of Personnel Development (CIPD) • Member, North East London People Board • Member, Bedfordshire, Luton & Milton Keynes People Board • Member, NHS Professionals Strategic Advisory Board • Personal Stylist and Coach, Apex Synergy Styling and Coaching Ltd • Member, NHS Employers National Policy Board
Anit Chandarana	Non-Executive Director	• Group Director, Network Rail

Chair: Eileen Taylor

1

Chief Executive: Lorraine Sunduza

Name	Job Title	Interests Declared
Peter Cornforth	Non-Executive Director	• Director, Good Way Ltd – music venue operator • Director, Field Doctor Ltd – frozen meals producer • Director, Kind Canyon Digital Ltd – music rights owner • Director, Music Venue Properties Ltd. – community benefit society • Governor, John Whitgift Foundation – care homes and schools • Trustee, The Ormiston Trust • Parent Member, National Autistic Society • Independent Investment Advisory Group – Property, Transport for London • Non-Executive Director, Community Health Partnership
Alison Cottrell	Non-Executive Director	• Director, Ley Community Drug Services • Trustee, Phoenix Futures • Fellow, Society of Professional Economists • Freeman, Worshipful Company of International Bankers • NED at LINK Scheme Ltd
Kevin Curnow	Chief Finance Officer	• Director of Health & Care Space Newham Ltd (joint venture between ELFT and LB Newham)
Professor Sir Sam Everington KBE	Non-Executive Director	• Salaried GP of the Bromley By Bow Health Partnership Tower Hamlets (a member of Tower Hamlets GP Care group CIC) • Salaried GP based on the same site as The Bromley by Bow Centre (charity) • Associate director NHS Resolution 2018- • Consultant to the National Association of Social Prescribing 2022- • BMA Council member, 1989- • Vice President of the BMA, 2015- • Fellow and Professor of Queen Mary University of London 2015- • As a GP member of the MDDUS - insurance for the GP practice • Vice President Queen's Nursing Institute 2016- • Vice President and Council member the College of Medicine 2019- • Board member NHS Strategic Infrastructure Board 2020- • Member of the Royal College of GPs • Council member RCGP November 2022- • Wife: Linda Aldous is a Partner in Bromley by Bow Health Partnership, a clinical lead for North-East London CCG and Director Bromley by Bow Health Limited - joint venture with Greenlight Pharmacy around training of pharmacists in primary Care Sept 2020- • Director and Chair of MEEBBB Health CIC (a Primary Care Network, Tower Hamlets) • Son: Dr Raoul Li-Everington is GP partner in the Bromley By Bow Health Partnership

Chair: Eileen Taylor

2

Chief Executive: Lorraine Sunduza

Name	Job Title	Interests Declared
Richard Fradgley	Executive Director of Integrated Care and Deputy CEO	• Director, Compass Wellbeing CIC • Social Worker registered with Social Work England • Member, North East London Integrated Care Board Mental Health Learning Disabilities and Autism Collaborative Sub-Committee • Member, North East London Integrated Care Board Community Services Collaborative Sub-Committee
Philippa Graves	Chief Digital Officer	• Director, Health Care & Space Newham (joint venture between ELFT and LB of Newham) • Board Member, Digital Strategy Board for BLMK • Board Member, Patient Held Record Board for NEL
Professor Dame Donna Kinnair DBE	Non-Executive Director	• Board Member, NHS Race and Health Observatory • Patron, Trinity College Medical Society • Trustee, Burdett Trust for Nursing • Non-Executive Director at Royal Free Hospital NHS FT • Director at DDK Consultancy Ltd (provides ad hoc training and other consultancy support; clients NHS organisations)
Susan Lees	Non-Executive Director	• Vice Chair, North East London Foundation Trust • Non-Executive Director Barking, Havering and Redbridge University Hospital Trust
Claire McKenna	Chief Nurse	• Member, Royal College of Nursing • Registered Mental Health Nurse NMC
Edwin Ndlovu	Chief Operating Officer	• Member of UNISON • Member of Race Health Observatory Mental Health Working Group • Director, Phoenix Sunrisers PCN • Director East Bedford PCN • Director, EEHN Co Ltd • Partner, Five Elms Medical Practice • Partner, Victoria Medical Centre • Partner, Upminster Medical Centre • Partner, Rainham Health Centre • Registered Mental Health Nurse NMC • Health Trustee, St Mungo's Homeless Charity.

Chair: Eileen Taylor

3

Chief Executive: Lorraine Sunduza

Name	Job Title	Interests Declared
Dr Amar Shah	Chief Quality Officer	• Director, AS Healthcare Improvement Ltd (private consulting and teaching related to healthcare improvement) • National Clinical Director for Improvement, NHS England • National improvement lead for mental health and chair of QI faculty, Royal College of Psychiatrists • Chair of the expert reference group on quality at NHS Providers • Member of the Q advisory board (Health Foundation) • Council member at the Healthcare Costing for Value Institute, at the Healthcare Financial Management Association (HFMA) • Faculty member with the Institute for Healthcare Improvement (IHI), US and chair of the Scientific Advisory Group at IHI • Honorary visiting professor, University of Leicester • Honorary visiting professor, City University London • Member, General Medical Council • Member, Royal College of Psychiatrists • Wife is a GP on the bank at ELFT • Private consulting and teaching related to healthcare improvement
Lorraine Sunduza	Chief Executive	• Named shareholder for Health E1 • Named shareholder for Tower Hamlets GP Care Group • Named shareholder for City & Hackney GP Federation • Named shareholder for Newham GP Federation • Member of BLMK Bedfordshire Care Alliance Committee • Member of Central Bedfordshire Health & Wellbeing Board • Member of City & Hackney Neighbourhood Board • Member of City & Hackney Integrated Commissioning Board • Member of City & Hackney Health & Wellbeing Board • Member of Newham Health & Wellbeing Board • Member of East of England Provider Collaborative Board • Member of North East London Community Health Collaborative Committee • Member of North East London Integrated Care Board • Member of North East London Population Health and Integrated Care Committee • Member of NHS England London People Board including the EDI Committee • Member, Management in Partnership • Registered Mental Health Nurse NMC

Chair: Eileen Taylor

4

Chief Executive: Lorraine Sunduza

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

Chair: Eileen Taylor

5

Chief Executive: Lorraine Sunduza

Board of Directors

4

DRAFT Minutes of the Board of Directors meeting held in public on Thursday, 26 September 2024 from 1.00pm at Grove View Integrated Health and Care Hub, Court Drive, Dunstable, Bedfordshire, LU5 4JD and online

Present:

Eileen Taylor	Trust Chair
Aamir Ahmad	Vice-Chair (London)
Dr David Bridle	Chief Medical Officer
Richard Carr	Senior Independent Director
Tanya Carter	Chief People Officer
Peter Cornforth	Non-Executive Director (online)
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
Prof Dame Donna Kinnair	Non-Executive Director
Claire McKenna	Chief Nurse
Dr Amar Shah	Chief Quality Officer
Lorraine Sunduza	Chief Executive
Deborah Wheeler	Vice-Chair (Bedfordshire & Luton)

In attendance:

Gren Bingham	Governor, Tower Hamlets (online)
Liz Birch	Governor, Central Bedfordshire
Bob Cazley	Governor, Central Bedfordshire
Derek Feeley	Board Adviser (online)
Elliot Goodman	Governor, Rest of England (online)
Simon Hall	Interim Chief Executive, Compass CIC (online)
Peter Landman	Public Governor, Newham (online)
Norbert Lieckfeldt	Corporate Governance Manager (online)
Sheila Menzies	People Participation Lead for Central Bedfordshire
Cathy Lilley	Director of Corporate Governance
Lesley Moan	Patient Story Presenter
Linda McRoberts	Minute Taker
Glenn Mitchell	Head of Communications
Sarah Ogunremi	Executive Assistant, Corporate Services
Jamu Patel	Deputy Lead Governor and Luton Governor
Shona Sinclair	Chair, Compass CIC
David Stevens	Director of Estates & Facilities
Felicity Stocker	Governor, Bedford Borough (online)
Hazel Thomas	Governor, Newham (online)
Richard Underwood	Councillor, Luton Borough Council

Apologies:

Anit Chandarana	Non-Executive Director
Susan Lees	Non-Executive Director
Edwin Ndlovu	Chief Operating Officer & Deputy CEO

The minutes are presented in the order of the agenda.

1 Welcome and Apologies for Absence

1.1 Eileen Taylor:

- Welcomed all to the meeting, particularly the Governors, members of staff and the public who have joined either in person or online. She congratulated the eight new Governors who took up their roles in November.
- Recognised awareness dates and celebrations which highlight the importance of respect, support and recognition for diverse communities and individuals, and are reminders to be compassionate and proactive in making a difference. Events during November and December are aimed at promoting social justice and equity, health and wellbeing, and strengthening communities as well as a time for reflection and remembrance. These included Living Wage Week – which coincided with ELFT's accreditation as a living wage employer, Anti-Bullying Week, Self-Care Week, World Children's Day, Carers Rights Day, and Remembrance Sunday.
- Advised the meeting will be recorded for minute taking purposes only 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 – A Mum's Story about Communication and Listening

2.1 Lesley Moan, a mother and NHS PA, shared the heartbreaking story of her daughter, Niamh, 22, battling severe anorexia since 2021. Niamh obtained A grades in three A-Levels but was unable to accept her place at university as she was too unwell. Despite relentless advocacy, the family has faced numerous systemic failures and inadequate support, leading to Niamh's current placement in terminal care. She believes if she did not work for the NHS, she would struggle to access certain services or know who to contact for help. She highlighted:

- Early struggles and private intervention: Niamh's anorexia emerged in 2021, marked by drastic weight loss. Initial NHS care was limited to anti-depressants and rejection of referrals during the COVID-19 pandemic. The family sought private treatment, but psychologists declined to continue care due to her critically low weight, redirecting them back to the NHS.
- Escalating crisis and sectioning: In December 2021, Niamh ran away and was sectioned after a life-threatening episode. At Townsend Court, she refused food for a month; her condition worsened, but suitable care was unavailable. She was eventually transferred to Luton & Dunstable Hospital, then to Glasgow under restraint in April 2022, as no appropriate local facilities were available.
- Struggles with misplacement and promises unfulfilled: Glasgow provided gradual progress, but funding cuts forced a move to unsupported accommodation, eroding trust and straining family relationships. Despite repeated assurances, promised care services such as therapy and 1:1 support was not delivered. Niamh's advocate had more influence than her family, leaving them powerless despite their intimate understanding of her needs.
- Systemic failures: Mismanagement, outdated records, and incorrect funding applications caused critical delays. Communication breakdowns including 27 days without access to a key worker deepened the crisis. Safeguarding concerns were dismissed, and complaints resulted in accusations of harassment. It took nine weeks for somebody to listen to Niamh and 40 weeks in total for somebody to acknowledge that there was a problem with where she was – that is 40 weeks of the NHS paying a company to deliver something they did not. The family was assured that communication would improve and out-of-office

responses would be implemented. However, during a critical time, they were unable to reach a key worker for 27 days. Additionally, no one informed them that Niamh's care coordinator had left in July, and a replacement had not been assigned.

- Current state: Niamh is now planned to go into terminal care, as essential therapeutic interventions remain inaccessible. The family is devastated, having exhausted all avenues of advocacy. Despite isolated instances of compassionate care, such as by Eating Disorder Lead Nick Hawkes, systemic shortcomings have led to a dire prognosis.
- This has all been very difficult – although Lesley acknowledged there have been some amazing team members – Lesley praised Nick Hawkes, as Eating Disorder Lead, for his empathy and understanding and his will to do good for Niamh. But the community mental health team have been unable to do any good, so this has reached the point where the family know they will lose Niamh this year.
- Lesley raised a concern with safeguarding about the placements offered and her social worker rang to criticise Lesley, saying she was tarring Niamh's name, and this was harassment. The family explained it was not. The ICB said it was the care co-ordinators making the decision, the care co-ordinators are telling the family it is the ICB making the decision. It feels to them that their daughter is in the middle of an argument.
- Also in the last week, with the best intention, the care co-ordinator shared the funding pack that went to the ICB and that gave Niamh's weight. Niamh's mind cannot cope with her weight and that makes her want to harm herself – so this has done more harm.
- ELFT promised the family that communication would improve and that out-of-offices will be used – as there was a time when they could not get hold of a key worker for 27 days when it was a desperate need. No-one called back to tell them that Niamh's care co-ordinator had left in July and that no other care co-ordinator had been assigned to her.

2.2 In discussion, the Board:

- Expressed deep gratitude to Lesley for sharing her experience, recognising the emotional difficulty of recounting such a painful journey. They commended her resilience and acknowledged the urgent need for systemic improvements in mental health services to prevent further similar tragedies.
- Recognised the critical importance of listening to families and loved ones as they often understand the patients' needs best.
- Acknowledged the system had let the family down through poor communications and a lack of honesty. Simple actions, such as using out-of-office, were identified as essential improvements.
- Claire McKenna and David Bridle committed to follow up with Lesley to ensure all possible support is currently being provided.

ACTION: Claire McKenna and David Bridle

Lesley Moan and Sheila Menzies left the meeting.

Continuing the discussion, the Board:

- Committed to a review of the situation, ensuring a detailed understanding of what is and is not feasible. Claire and David will link with clinical and borough directors to address the immediate issue and systemic concerns. A priority will be to carefully review the recent assessment to ensure Niamh's current needs are accurately identified and addressed.
- Suggested there is a need to look at cross-commissioning to find the right units, without anyone going all the way to Scotland.
- Systemic changes: highlighted the need to improve care pathways, including ensuring services take responsibility for referrals when they cannot help directly. Recommended cross-commissioning to provide appropriate local units, avoiding the need for distant placements like Scotland. Emphasised the importance of maintaining parental involvement post-18 through legal mechanisms, such as Power of Attorney, as young adults often require significant support.

- Broader reviews: requested the Quality Assurance Committee (QAC) with reviewing the entire pathway, including immediate and systemic issues, and assessing whether similar cases exist; and that the story be shared with the BLMK Mental Health Collaborative and East of England Collaborative to address commissioning challenges.

ACTION: Claire McKenna/David Bridle

- Staff: noted that staff appeared overwhelmed and uncertain, signalling a need for better training and support. Emphasised the need for a specialist eating disorder unit, potentially in Greater London, to reduce the strain of distant placements.
- Tracking and accountability: agreed there is a need to explore mechanisms to track similar cases and assess the scope of the issue. Acknowledged 'Martha's Rule', currently for acute hospitals, and supported its principles being applied in mental health care, with ELFT piloting this initiative.
- Reinforced its commitment to learning from this case and implementing actionable changes to address systemic failings with compassion and urgency.

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 26 September 2024

- 4.1 The minutes of the meeting held on 26 September 2024 were **APPROVED** as a correct record subject to the following amendments:
- Minor amendments, around typos and acronyms, which have been shared.
 - 13.1 private bed usage: the minutes will be updated to reflect that the Trust has significantly reduced private bed usage across ELFT with Bedfordshire and Luton using much lower numbers and currently none being used in North East London (NEL).

5 Action Log and Matters Arising from the Minutes

- 5.1 The Board noted the following updates to the action log:
- **Action 394:** *Review opportunity to align cycle of NED visits with stakeholder led accreditation programmes* - the schedule for NED visits have now been planned to match the services that present at each QAC – the aim is for members to better triangulate information heard from services and the information gained from service visits.
 - **Action 396:** *QAC Assurance Report: Consider including deep dives into mortality and morbidity at a future QAC meeting to help with identifying strategies* - this has been included in the QAC Forward Plan. Action is closed
 - **Action 397:** *QAC 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* - this is being taken forward by QAC as part of the patient safety quarterly report to the committee. Action is closed.
 - **Action 398:** *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* - this will be taken forward as part of the safer staffing report to People & Culture Committee. Action is closed.

6 Matters Arising from Trust Board Meeting in Private

- 6.1 Eileen Taylor advised the main topic was finance and that is on the agenda for this meeting.

7. Compass Wellbeing CIC Annual Report

- 7.1 Richard Fradgley, Executive lead for Compass Wellbeing CIC, introduced Shona Sinclair and Simon Hall to present the annual report. He highlighted recent progress in governance, leadership, and strategy, including the appointment of Shona as the new Chair. On behalf of the Board, Richard expressed gratitude to Simon for his outstanding contributions as interim Chief Executive, commending his exceptional leadership during a challenging period.
- 7.2 Shona provided an update, highlighting:
- Simon's contribution and leadership during his interim tenure.
 - The impact report provides a comprehensive overview of Compass' activities over the past year, aligned with the Marmot principles to enhance focus and engagement. It also includes a link to the recently approved filed accounts for the last twelve months.
 - The process for appointing a new CEO. There were 44 applications with four applicants invited to interview; the shortlist has been narrowed down to 2 candidates with a decision expected this week.
 - When the CEO is in place, the plan is to expand the Board and develop a new strategy.
 - Currently the focus is to build on and stabilise the team after recent changes which will help Compass reach the next level.
 - Compass is guided by the Marmot principles and is focused on achieving clear outcomes. The aim is to identify the best approach, including how ELFT can support as a major shareholder. Compass will remain flexible, exploring opportunities to contribute meaningfully to these goals. A three-year strategic plan is being developed, with budgeting and financial planning aligned to support these objectives.
- 7.3 In discussion the Board:
- Noted how Compass can support the Trust in achieving its Marmot principles by acting as a 'translator'/'facilitator' to engage in communities, understand their needs and optimise the work of local organisations particularly in connecting these efforts back into healthcare, a challenge often faced by community groups.
 - Suggested this work aligns with social prescribing which although growing requires further evidence to prove its impact. Compass could help by collecting evidence to demonstrate the value of social prescribing and exploring how ELFT can drive this initiative within the healthcare system.
 - Agreed that Compass should not be seen as directly carrying out ELFT's Marmot work. Developing a clear strategy will help define the relationship, set mutual expectations and explore how both organisations can work synergistically for greater impact.
 - Acknowledged that small organisations find it difficult to work with the NHS and Compass could provide valuable guidance on what the Trust could do differently to improve collaboration with these groups.
 - Noted clear communication is needed to help understand Compass' role and the importance of making the most of the Governors' expertise and experience in this area.
 - Expressed interest in exploring the integration and collaboration of pathway work with Compass. This would allow voluntary organisations to slightly adapt to meet population needs resulting in tangible benefits, potentially as an annex to what the NHS deliver.
 - Noted Compass is keen to define its role alongside ELFT ensuring both organisations recognise their strengths and areas of focus. Compass is working with UCL and smaller voluntary groups to improve their outcomes; this will be highlighted in the next annual report.
 - Echoed the thanks to Simon for stepping in as interim CEO and for his valuable contribution.
- 7.3 The Board **RECEIVED** and **NOTED** the report.

8 Chair's Report

8.1 Eileen Taylor presented the report highlighting:

- She had recently seen a demonstration showcasing how artificial intelligence can be used in capturing patient interactions with clinicians. She would like to encourage the Trust to explore such opportunities as other Trusts are already adopting AI, transforming patient-clinician relationships and introducing efficiencies.
- Three Non-Executive Directors' terms of office end during 2025; the Council of Governors has approved the commencement of the recruitment process to be supported by Gatenby Sanderson.

8.2 Non-Executive Directors' Visits

Visit to Rapid Response Team, Tower Hamlets: Alison Cottrell had visited with Aamir Ahmad and highlighted:

- The team consists of a wide mix of professions and works in the community to avoid hospital admissions.
- Efforts are being made to integrate health and social care through working together across disciplines and to focus on better outcomes.
- The culture was collaborative and it was clear that care and thought went into patients' individual situations.
- Their focus was on better outcomes and looking at the evidence about improvements.
- One of the challenges includes limited car parking where ambulances are able to park in residential areas but medical staff do not have the same access; efforts under way to address this issue.

Visit to Newham Specialist Children and Young People Services (SCYPS): Sam Everington had visited with Alison Cottrell and highlighted:

- The key issues raised were:
 - There was not strong co-ordination with social services.
 - There were some financial issues which are being addressed.
 - Staff recruitment delays had resulted in losing recruits.
- They were a strong and enthusiastic team who were very engaged.

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

9 Chief Executive's Report

9.1 Lorraine Sunduza presented the report, highlighting:

- Operationally it has remained busy and Lorraine thanked colleagues across the Trust for working to support people through these busy times.
- Work continues on reducing out of area placements – in Bedfordshire the numbers continue to go down and NEL are not using any.
- It is 'Flu and Covid season and Lorraine encouraged everyone to have their jabs and encourage others to do so.
- ELFT are working with the Integrated Care Systems on winter plans as it is busier across all providers. Particularly focussing on the Urgent and Emergency Care pathways.
- The new Mental Health Bill is going through Parliament. This proposes some significant shifts in how the MHA 1983 is applied, particularly for those with Learning Difficulties and Autism. ELFT will need to look at the practical and resource implications.
- Lorraine continues to take opportunities to meet with teams and it is very rewarding to hear, not just their challenges, but how they translate their passion for what they do.

- A consultation has started in relation to Simmons House which had to be temporarily closed. There is a proposal about how to mitigate the impact of that while enhancing community care and supporting young people closer to home.
- Lorraine attended a sustainability conference in Milton Keynes with Eileen Taylor. It was a good conference, facilitated in part by young people. It looked at the health and wellbeing impact of climate change and the need for a cultural shift in the NHS. ELFT will be looking at the Green Plan and that will come to Board.

9.2 In discussion the Board:

- Noted the main topics coming from the visits to services are the shift in terms of responding to financial challenges is really being felt. This is new for ELFT and has been mentioned at every session. This is not negative, but people are struggling with how to do it and how to change the way things are done. There is also an acknowledgement about generally life being hard – ELFT serve some of the most deprived communities and are feeling that. This has also featured at most visits.
- Board suggested greater encouragement for Nurses to become Queens' Nurses and also to look at the equivalent for psychiatrists. Noted this is something that ELFT have encouraged, both for mental health and other community nurses.

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

10 Audit Committee Assurance Report

10.1 In Anit Chandarana's absence, Alison Cottrell presented the Audit Committee Assurance report of the meeting on 14 November 2024, highlighting:

- The progress being made against the delivery of the internal audit plan.
- Waiting for the assurances for the local Government pension scheme to allow the signing of the annual report and accounts.
- The committee was impressed by the finance team's thoroughness and openness with the lessons learnt review of the development of the annual report and accounts.
- A deep dive of BAF risk 7 on financial stability provided assurance there is an increasing grip on issues.
- The committee had first sight of the forward view of the medium-term financial plan and there was a discussion of the cultural changes that need to come along with that.

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

11 Integrated Care & Commissioning Committee Assurance Report

11.1 As chair of the committee, Richard Carr presented the report of the meeting held on 21 November 2024, highlighting:

- Explored the transformation happening within the East of England collaborative.
- The engagement approach being taken over Simmons House was commended.
- The continued emphasis on population health links aligns well with the Darzi review. The committee encouraged the team to leverage the Trust's existing examples of good practice, as the Department of Health is focused on reducing system demand and advancing the population health agenda. This presents a valuable opportunity for ELFT to showcase its practice.

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

12 10 Minute Break

14:20

13 People Participation Committee Assurance Report

13.1 As chair of the committee, Aamir Ahmad gave a verbal update of the meeting held on 28 November 2024, highlighting:

- The committee received presentations from three mental health services and Forensics that highlighted their wide range of people participation activities. It was acknowledged that while progress has been made, there is still significant work needed to enhance inclusion and effectively engage individuals.
- The presentations demonstrated the positive impact people participation has on service users, highlighting how even small investments can make a big difference. The importance of continuing to support people participation activities especially during financial challenges was emphasised.

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

14 Quality Assurance Committee Assurance Report

14.1 As chair of the committee, Donna Kinnair presented the report from the meeting of 4 November 2024, highlighting:

- Prevention of Future Deaths report focused on whether the escalation processes are appropriate. The coroner was satisfied with the Trust's current approach to escalation concerning observations.
- The quality and safety report focused on Bedford and Luton mental health services. The reduction in the use of private beds was commented; however, there is recognition of the need for improvement in the crisis pathway. Increasing demand in ADHD and autism remains a key area of focus.
- Winter planning has commenced.
- The committee terms of reference were reviewed and approved with no significant changes required.
- BAF risk 4 on essential standards of quality and safety was reviewed; the committee is well sighted on the controls in place which are deemed appropriate.
- The committee reviewed the quality of the financial viability plans, noting effective processes are in place.

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

15 Quality Report

15.1 Amar Shah and David Bridle presented the report, highlighting:

- The quality improvement section outlines progress across the improvement plan, particularly in two key areas:
 - Flow and appropriate use of in-patient beds: significant progress has been made notable in reducing out of area placements, and there has been some success in reducing the length of stay London mental health and forensics, though not yet across the whole Trust.
 - Non-attendance at appointments: this initiative is in its early stages although some teams are already seeing improvements with plans to scale up.
- The quality assurance section focuses on the review of intensive and assertive community mental health care; this follows the CQC 'Rapid Review' of Nottinghamshire Healthcare NHS FT after the conviction of Valdo Calocane for three homicides in June 2023. ELFT has established groups with the relevant expertise to explore systematic issues raised.
- One aspect of this work involves assertive engagement. Historically ELFT used assertive outreach teams for people where engagement was difficult and some Trusts

continue with this approach. Currently ELFT's preference is to find a better integrated approaches that minimise fragmentation; some elements are effective while others need strengthening.

- The 24/7 pilot, based on the Trieste model, aims to move away from fragmentation and focus on continuity of care and assertive, intensive input where necessary. The Trust is one of six pilot sites in the country working on this, exploring how to implement these approaches across all services.

16 Performance Report

16.1 Amar Shah presented the report, highlighting:

- Several services have outperformed national goals, such as Talking which has exceeded improvement outcomes, and Rapid Response in district nursing which has surpassed access goals.
- The 72-hour follow-up is now consistently over 80% across all services. While the target is 100%, this marks the first time all services have achieved this level, reflecting significant improvement.
- Areas requiring attention include:
 - Waiting lists continue to grow, particularly for ADHD, autism and some aspects of mental health services.
 - A&E waiting times remain high. As the Trust's capacity improves, delays in accessing in-patient services may help alleviate some of these challenges though several factors contribute to this issue.

16.2 In discussion, the Board:

- Commended the Nottinghamshire review as a clear and helpful summary.
- Received assurance the reviews were conducted at an ICS level taking a system-wide approach. This has also been an inclusive process involving people with lived experience, voluntary sector partners, etc. A paper was recently taken to the NEL Integrated Care Board (ICB) which will also be shared with Bedfordshire, Luton & Milton Keynes (BLMK) Integrated Care System (ICS) go to BLMK providing valuable opportunities for wider collaboration.
- Received assurance that demand and capacity remain central to conversations with commissioning colleagues through the collaboratives.
- Noted that reductions in out of area placements have been driven by significant process improvement, particularly clinically led, enhancing overall efficiency. In addition, efforts to address extended length of stay with people clinically ready for discharge now occurring more effectively although challenges remain in securing supported accommodation. The Trust has collaborated effectively with local authorities to mitigate this.
- Noted the peaks in demand were influenced by increased complexity, crisis service needs and industrial action. These have now returned to more stable levels although the impacts of Covid continue to play a role in system delays. Key learning has emerged around clinical practice and leadership, with a focus on early discharge planning from admission.
- Noted the vaccination programme is tracking similarly to last year with variable uptake. Efforts to improve communications are under way to enhance progress.

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

17 Appointments & Remuneration Committee Assurance Report

17.1 As chair of the committee, Deborah Wheeler took the report of the meeting held on 24 October 2024 as read and noted:

- The recruitment in Compass has been covered in their report.
- Noted the agreed uplift to the VSM salaries in line with the national recommendation.

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 6 November 2024, highlighting:

- Aiming to expand the meeting agenda to ensure diverse voices across the Trust are heard with a stronger emphasis on workforce-related matters rather than solely focusing on the delivery of the people plan.
- Some cross-cutting themes were identified from the discussions, and the committee asked for deeper analysis and impact-focused insights moving beyond merely tracking data.
- Staff stories are being heard through presentations from the staff networks who also share their insights; however, it was recognised that these networks should not become the sole platform for raising concerns as there are other appropriate mechanisms in place. The networks are beginning to collaborate more effectively, particularly in addressing intersectionality. The ELFT Ability Network was the inaugural presentation.
- A deep dive presentation from the Bedfordshire and Luton mental health services directorate provided valuable insights into how the work of people and culture is being implemented at a local level.
- BAF Risk 5 has been reduced from 16 to 12, largely due to the reduced risk of industrial action.

18.2 In discussion the Board:

- Supported the need for greater interpretation of the data presented in the people reports to better explain insights and trends.

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

19 People Report

19.1 Tanya Carter presented the report, highlighting:

- While there has been a perception that progress on the people and establishment workstream has been slow, significant developments are under way. Future reports will show measurable progress, such as in the Resource Planning Application (RPA), which is expected to lead to substantial savings.
- Meetings are increasingly starting with discussions around financial performance, a shift that has been made to better manage the impact of financial pressures. To support this, engagement and communication efforts have been heightened, including the launch of webinars and training sessions to help staff navigate these changes.
- There is ongoing tension with the Unite narrative which perceives that benefits are being eroded; this has led to pressure for full consultations.
- The level of employee relations cases remains high; a review is under way to identify cases that should not have been escalated and how to minimise these in future. Deep dives are being conducted to understand root causes.
- The Employment Rights Bill which proposes significant changes, such as giving Bank workers the right to permanent employment, could have far-reaching impacts. The Bill is still in the consultation phase so further developments are awaited.

- The high level of ongoing change has led to burnout, declining morale and an increase sickness absence among staff. This pressure may impact staff participation in upcoming surveys although there are extensive communications efforts.

19.2 In discussion the Board:

- Highlighted a concern that statutory and mandatory training does not drive-up quality and safety; the current review of the CQC presents an opportunity to address this. Noted that NHSE is reviewing statutory and mandatory training and ELFT is part of this process.
- Noted ELFT is working with other Trusts to respond to the consultation on the Employment Rights Bill. The Trust is also preparing for the changes where possible, including agreeing with staffside to review parts of the 2018 Bank agreement.
- Praised the GFGT programme and the impactful weekly newsletter.
- Received assurance the business partners triangulate other feedback about using data, providing a narrative that reflects directorate-level insights which is then presented to the Service Delivery Board (SDB).
- Suggested one of ELFT's key markers of success will be its ability to lead people through change in a way that communicates hope which is a key element of staff retention.
- Expressed some concern that too much responsibility is falling on the Executive team; it is essential that leaders at all levels take ownership of change. Received assurance that the Executive team is engaged at supporting leadership at all levels; each service has a director linked to it, and leadership development is very much within the Executive's focus, particularly in fostering a cultural shift.

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

20. Charitable Funds Committee Assurance Report

20.1 As chair of the committee, Peter Cornforth took the report of the meeting held on 17 October 2024 as read. He highlighted an awayday is planned in February explore the future direction of the charity.

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

20 Finance, Business and Investment Committee Assurance Report

20.1 In Sue Lees' absence, Alison Cottrell presented the report of the meetings held on 24 October and 21 November 2024, highlighting the committee:

- Reviewed the financial position alongside the Going Further Going Together (GFGT) programme supported by strong and detailed papers; and considered the deficit within the context of ongoing systems pressures, recognising the scale of the challenge while commending the progress achieved.
- Commended the decision to appointed Amanda Grantham as the Financial Sustainability Director as a proactive step to addressing the financial challenges.
- Conducted a detailed review of workforce over-establishment and welcomed progress in areas such as reducing agency usage; and requested further deep dives, including workforce and the re-design of service pathways.
- Considered the implications for ELFT of the new procurement plan.
- Received an update on the green sustainability plan, noting the critical importance of integrating sustainability into the Trust's core operations and that embedding sustainability into the delivery of GFGT programme is essential.

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

21 Finance Report

21.1 Kevin Curnow presented the report highlighting:

- At the end of October the deficit is just under £17m, which is £14m behind plan.
- The challenges to address the £17m deficit and achieve a breakeven position, with a need to eliminate overspending. Proposed actions will be reviewed and Board updated.
- Current capital expenditure stands at £5.2m, which is £1m behind plan; however, assurance provided that the full £10m allocation will be spent by year end. This is being closely monitored through the Finance Committee and Capital Group.
- There is a strong cash position of £118m primarily reserved for capital investments rather than operational costs.
- A correction will be made next month to account for unpaid income tax and NI on Agenda for Change and Doctors' back pay, with the year-to-date position providing a clearer financial picture than the in-month figures.
- There has been a good reduction in agency spend, now at £1.6m per month, and private bed usage has also significantly decreased.
- The GFGT programme has good organisational engagement; however, only 40% of plans are currently yielding a sustained monthly cost reduction. The aim remains to achieve 100% run-rate benefit.
- Workforce challenges persist with a need to reduce temporary staff by c350 to meet plan. Overall staff numbers have risen since last month; this increase may be due to pilots in Tower Hamlets and in Newham; this will require further analysis.
- Key areas of focus include ensuring the vacancy control panel operates with sufficient scrutiny and rigour, as well as gaining clarity on funding arrangements for the next financial year.

21.2 In discussion the Board:

- Commended Kevin and the finance team for the new report format, which gives a really clear picture of what is going on.
- Linked to the vacancy control is taking a view about what staffing levels will be required over the longer term, particularly when taking into account planned productivity improvements. Doing this allows for a slightly different approach to vacancy control.
- Praised the GFGT newsletters as a great way to communicate what is being done and to invite participation.

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

22 Board of Directors Forward Plan

22.1 Noted.

23 Any Other Business

23.1 None.

24 Questions from the Public

24.1 None.

25 Date of the Next Meeting

25.1 • Thursday 30 January 2025 (London)

The meeting closed at 3.30pm

ELFT
Action Log Trust Board (Part 1)

BOARD OF DIRECTORS MEETING IN PUBLIC: Action log following meeting held on 5 December 2024

Ref	Meeting Date	Agenda item	Action Point	Executive Lead	Due Date	Status	Comments
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).
400	05-Dec-24	Patient Story	Follow up with LM to ensure all possible support is currently being provided	DB/CMcK	30-Jan-25	In progress	A senior member of directorate staff has been in communication with her parents to ensure this, and there is ongoing, regular contact and support being provided by the ED service clinical lead. Recommend action is closed
401			Update to be provided to the QAC following a review of the pathway			In progress	Presentation will be brought to future QAC on the Eating Disorder pathway. Included on forward plan. Recommend action is closed
402			Details of the story to be shared with the BLMK Mental Health Collaborative and East of England Collaborative to address commissioning challenges			In progress	Meeting held re complex care management and placement in this case with ICB, with further follow up on this. Regular contact and escalation of cases with EoE collaborative in place. Recommend action is closed
403							
404							
405							
406							

In progress with delay
Closed
Forward plan
Not due

REPORT TO THE TRUST BOARD IN PUBLIC 30 January 2024

Title	Chair's Report
Author	Eileen Taylor, Trust Chair

Purpose of the report

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

Committees / meetings where this item has been considered:

16 January 2024	Council of Governors Meeting
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Key messages

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

Strategic priorities this paper supports

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

Implications

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

1. Introduction

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

2. Chair's update

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

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

Patient and carer leadership

- 2.3. At its meeting held on 15 January, the North East London Mental Health, Learning Disabilities and Autism (NEL MHLDA) Collaborative Committee was privileged to be joined by Nigel Copsey. Nigel is known to many at ELFT in his role as founder and leader of the Department of Spiritual Care. However, Nigel joined the committee very generously to share the deeply personal story of his beloved wife, Sarah, and their journey together following Sarah's diagnosis with Alzheimer's in 2020. Sarah's story – often shared by Nigel in Sarah's own words – was hugely moving, centring on Sarah's experience of losing her sense of personhood and the anguish that this has caused them both.
- 2.4. Sarah's story was a powerful reminder of the importance of health and care professionals never losing sight of the person behind the diagnosis and continuing to respect and 'see' that person at all times. It also reminded all of us there of our own individual roles as friends, neighbours and members of our communities in supporting people and families living with dementia who can become incredibly cut off and isolated during the most difficult and painful period of their lives.
- 2.5. Sarah and Nigel's story laid bare the continuing gap in 'parity of esteem' as Nigel described the stark contrast between the excellent support and care his first wife had received following her diagnosis of brain cancer, against the dearth of post-diagnostic support he and Sarah have experienced, particularly the lack of psychological support for either one of them in managing their ongoing deep and painful loss and grief. Nigel spoke compellingly of the importance of honesty in communicating what a diagnosis of Alzheimer's really means and of the pressing need for improved community-based support for people living with dementia so that their families can truly be supported to care for them at home.
- 2.6. Committee members were deeply affected by Sarah's story and reflected particularly on how staff who are caring for loved ones with dementia can be supported and the importance of enabling local communities to become 'dementia aware' so that people

living with dementia and their families are 'seen' and included. Sarah's story underlined the critical importance of ensuring a focus on post-diagnostic support and Sarah and Nigel's lived experience brought powerful focus on this in the subsequent 'deep dive' dementia item on the Committee's agenda.

Staff support and empowerment

- 2.7. I was delighted to see two outstanding ELFT people recognised in the King's New Year's Honours 2025. Our Chief Operating Officer, Edwin Ndlovu, was awarded a MBE (Member of the Order of the British Empire) for his services to the NHS and to nursing, and Rebecca Daniels, Newham Community Children's Matron, was awarded a BEM (British Empire Medal) for her services to clinically vulnerable and complex children and young people. These honours recognise people who truly go 'above and beyond' in their service to the country and I would like to offer my heartfelt congratulations to Edwin and Rebecca on behalf of the Board; we are incredibly proud to have you at ELFT.

Board effectiveness

- 2.8. On 12 December, the Board met for a development session that focused particularly on strategic decision making during challenging times. This was also a theme at the meeting of the NELFT and ELFT Boards on 22 January. In this the most recent of our regular joint sessions, we continued our work to explore how the Trusts can most effectively collaborate to mitigate the current financial challenges and develop collaborative plans for 2025/26. We also reflected upon the leadership behaviours that our Boards will need to demonstrate so as to enable our teams to deliver the best possible outcomes for our local residents in the context of significant financial restraint.
- 2.9. Recruitment to three Non-Executive Director (NED) positions is under way with applications closing on 27 January and final interviews taking place at the beginning of April. We are seeking individuals with strategic finance or commercial experience, clinical experience – particularly in primary care, experience of improving population health outcomes and inequalities, digital experience and individuals with connections to the local communities served by the Trust.

System leadership

- 2.10. Since the last meeting of the Trust Board, new Chairs have been appointed to our three acute partner organisations in North East London: Mary Elford as Chair of Homerton Healthcare NHS Foundation Trust; Sarah Betteley as Chair of Barking, Havering and Redbridge University NHS Trust; and Professor Ian Jacobs as Chair of the Barts Health NHS Trust. I would like to offer my congratulations and look forward very much to working with the new Chairs to further develop links across to the acute sector from the NEL MHLDA and Community Health Services Collaboratives.
- 2.11. As noted in the Council of Governors update below, it has also been great to bring together the governors of ELFT, NELFT and Homerton Healthcare NHS Foundation Trust for a second session as part of our shared commitment to collaboration and 'doing once' as a system.
- 2.12. The Trust is also working closely with partners and Bedfordshire, Luton and Milton Keynes (BLMK) ICB with the recruitment of their new Chair – taking part in various stakeholder panels, meeting with candidates and providing input to the panel as to system priorities from the Trust's perspective.

3. Council of Governors update

- 3.1. The Council met online for the first meeting of the year on 16 January 2025.
- 3.2. I was really pleased to update the Council on the “Meet ELFT” event the day before the meeting, run in connection with the current recruitment drive for three new NEDs. More than 100 potential candidates attended and I was heartened to see their positive feedback following the meeting which showed we put our best foot forward.
- 3.3. The Council this time focused on the impact of our financial viability drive on services, staff and especially service users. The session, led by Edwin Ndlovu, the Trust’s Chief Operating Officer and Deputy CEO and supported by Sarah Wilson as Director of Children and Specialist Services and Kerry Joseph, a carer supporting the Trust with quality impact assessments (QIAs), focused on the complexity of decisions to make savings whilst, wherever possible, not impacting on the quality of services we provide.
- 3.4. The Council recognised the emotional labour that goes into shaping these decisions, the potential impact on service users, carers and staff, the necessity of working with the system and with other partners such as the voluntary sector to mitigate any impact but also the opportunities that a fundamental review of how we deliver a particular service can entail.
- 3.5. In breakout rooms, the Governors then focused on developing their strategic priority themes for the coming year – it is unusual for Councils in the NHS to shape their agenda in this way. It helps the Council to focus on strategic priorities rather than operational detail and gives voice to the views of our members and the wider public as governor input is often influenced by what they hear in their community.
- 3.6. Initial feedback following the discussion indicates that ‘collaboration’ may well be a theme for the coming year; but our Governors (as they always do) also challenged ELFT to be a leader in the way we innovate (for example on artificial intelligence) and staff wellbeing, as always, featured highly. The results of their feedback will be analysed for the next meeting when the Council will make their final decision.
- 3.7. In a brief update on progress on the Membership Engagement Plan, Tina Bixby highlighted the work undertaken to ensure that Governors and the Trust hear the voices of our diverse communities. She reminded us that ELFT was the only Council positively name-checked in the recent Darzi report stressing that “a strong voice for patients and local communities will promote more responsive services while making it easier for the NHS to fulfil its promises, to promote population health, and to narrow health inequalities.”
- 3.8. On 14 January, we held the second of our joint training sessions with ELFT, NELFT and Homerton Healthcare NHS Foundation Trust Governors on ‘The Role of the Governor’, in the spirit of ‘doing things once’. It was wonderful that ELFT could host the event in our new conference suite at Alie Street.
- 3.9. Governors valued the opportunity to exchange good practice with their peers from our neighbouring trusts. I particularly enjoyed the introduction by NELFT’s co-production lead, Nadia Ahmed, reminding us all why we are all here: to improve, in a shared endeavour between Board and Council, the experience of our service users, carers and staff. A further joint session is planned for later this year that will focus on the NEL Community Health Services Collaborative which brings all three trusts and other NEL system partners together.

4. NED visits

- 4.1. No NED visits have been made to services since the last meeting of the Trust Board due to the festive period.

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 30 January 2025

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

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

Implications

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

1.0 Purpose

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

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

2.1 Going Further, Going Together update

Our work continues to ensure that the Trust is financially sustainable and that we are optimising the use of all our resources. We are in the delivery phase of the Going Further Going Together programme with a current focus on action and transforming our plans into tangible outcomes. This means delivering value through new ways of working, collaboration and innovation, as well as reducing waste and variation. In December, we delivered £4.2m of savings against our plan of £3.6m in month. In total, we have achieved £18.5m savings so far, £0.6m ahead of our year-to-date plan. We are on track but need to maintain focus to ensure we can deliver our £29.0m savings target.

2.2 Organisational Milestones in 2025

We have some important milestones coming up this year. On 1 April, ELFT will have been a trust for 25 years when, initially, mental health services in Tower Hamlets, Hackney, Newham and The City of London came together to form a single entity. Additionally, 1 April will mark 10 years since staff and services in Luton and Bedfordshire joined ELFT. These are significant milestones in the Trust's history and for the NHS.

2.3 New Year's Honours

We have started 2025 in a very positive way with the news that two ELFT colleagues were named in the New Year's Honours list. Massive congratulations to our Chief Operating Officer and Deputy Chief Executive, Edwin Ndlovu, who received a Member of the Order of the British Empire for his services to the NHS and to nursing. And to Rebecca Daniels, a Community Children's Matron in Newham's Specialist Children and Young People's Service, who was awarded a British Empire Medal for services to clinically vulnerable and complex children and young people.

2.4 Trust Partnership with OCS Delivers £15m of Social Value

I am delighted to report that in partnership with our facilities management partner OCS, the Trust has delivered nearly £15m of local social and economic value (LSEV) across priority catchment areas. The partnership LSEV includes increasing employment, supporting local communities and enabling voluntary sector organisations to grow and thrive. The collaboration with OCS supports the Trust's mission to improve the quality of life for our communities and our work to become an anchor institution – an organisation rooted in our community that uses its resources to commission local services and recruit local people.

2.5 NHS England's Amaree Women's Network Anniversary

I was delighted to be invited to speak at an event to mark the first anniversary of NHS England's Amaree Women's Network back in December. The Network is open to all women in leadership positions from the global majority, looking to improve the quality of healthcare provided to England's diverse population. It also aims to address the lack of proportionate representation of global majority women in senior leadership roles. There were a range of speakers throughout the day, focussing on areas ranging from career progression and patient outcomes to equity in nursing and professional development. I was accompanied by colleagues from ELFT services.

3.0 System Planning

3.1 The Trust is working intensively with system partners to prepare for developing financial and operational plans for 2025/26, pending the publication of the planning guidance by NHS England. We have established arrangements in place through our collaboratives in both BLMK and in NEL to work with the Integrated Care Boards and other provider partners to plan for what we believe will be a challenging year.

3.2 I attended the BLMK Board seminar on 10 January 2024. This seminar brought together key partners from health and care, as well as the voluntary, community and enterprise (VCE) sectors, to discuss and establish the principles for our approach to the 2025/26 operational plan.

3.3 We also identified priority transformation areas for 2025/26. While the principles are still being finalised, they will be shared. We agreed on the transformation of following transformation areas:

- Transforming Admission Avoidance and Discharge Care Pathways
- Transforming End of Life Care in BLMK
- Transforming Complex Care in BLMK (with a focus on Children and Young people)

The existing work programmes are being reviewed to align with these priorities and propose areas that should be deferred or stop.

4.0 Integrated Care (ICS) and Provider Collaborative Updates

- 4.1 The (BLMK) Mental Health Learning Disability & Autism (MHLDA) Collaborative Committee met for the second time on 9 January 2025, including three newly recruited lived experience leaders as members of the committee, alongside BLMK Integrated Care Board (ICB), ELFT and Central North-West London and local authority and voluntary sector colleagues. The focus of the agenda was on neurodiversity pathways, introduced through very powerful stories of their own experience of neurodiversity from two lived experience committee members. The committee noted the significant growth in adults seeking assessment and treatment for neurodiverse conditions, and the variation in the current offer with long waiting times in Bedfordshire and Luton. It was noted that long waiting times for assessment and treatment for neurodiverse conditions is a national issue, and that whilst some progress has been made in a streamlined single pathway for adult autism assessment in BLMK, there are still long waiting times for autism assessment, and for Attention Deficit Hyperactivity Disorder (ADHD). The committee endorsed a series of next steps to develop our system approach.
- 4.2 Community Health Service provider partners are now working together with BLMK ICB to plan more systematically across the whole of BLMK for 2025/26 and beyond.
- 4.3 In NEL the NEL Mental Health, Learning Disability and Autism (MHLDA) Collaborative Committee met on 15 January 2025. The focus of the agenda was on services for people with dementia, introduced by a very powerful story from a carer, in particular drawing a comparison between services for people with cancer and those with dementia, and the considerable difference between them. Whilst NEL is making progress with improving diagnosis for people with dementia, the importance of post-diagnostic support was emphasised, and the Committee endorsed next steps to continue to improve the service offer. Also considered was an interim report on the Committee's review of services for adults with neurodiversity.
- 4.4 The NEL Community Health Services Collaborative Committee met on 20 January 2025. The main focus of the discussion was on our collaborative approach to planning for 2025/26, and on next steps with regards to the commissioning of long Covid services in NEL.

5.0 Operational Update

- 5.1 Operational pressures remain high, particularly due to the ongoing challenges of the winter season, including increased cases of seasonal flu, adverse weather conditions, and the impact of the festive period. Our teams continue to work diligently across all services, including mental health, primary care, and community health services, to ensure seamless access to care while maintaining patient safety and high standards of quality.
- 5.2 Key areas of focus include:
- Improving patient flow and reducing waiting times in A&E to ensure patients receive timely and effective care.
 - Reducing CRFD (clinically ready for discharge) and length of stay (LOS) without compromising safety or quality.
- 5.3 Ensuring efficient use of resources, demonstrated by the fact that we are currently not using any private beds in our NEL and BLMK services. This reflects our ability and commitment to deliver excellent patient care while reducing financial overspend in the face of increased demand.
- 5.4 Our winter plans, developed in close collaboration with system partners across NEL and BLMK, are now being implemented. These plans focus on bolstering capacity, enhancing patient flow, and ensuring coordinated responses to seasonal pressures. This partnership

approach strengthens our collective ability to maintain patient safety and deliver high-quality care throughout the winter period.

- 5.5 We continue to prioritise the health and well-being of our workforce and service users during this critical time. Our flu vaccination campaign, alongside the Covid-19 autumn/winter vaccination programme, is progressing well. These initiatives are essential in protecting staff and service users during the peak winter months.
- 5.6 In line with the 2024/25 OPEL (operational pressures escalation levels) framework, we are enhancing our approach to accurately report operational pressure ratings across the trust and the system in both NEL and BLMK. This framework ensures consistent and transparent reporting to support effective decision-making, resource allocation, and sustained delivery of safe, high-quality care.
- 5.7 Following a detailed review, the Trust has decided to realign its primary care services to better reflect our strategic ambitions for integrated care and population health improvement. ELFT will focus its primary care presence on its three inner East London Inclusion practices namely, Newham Transitional Practice, Health E1 and Greenhouse Practice which fit the integrated model of care we aim to achieve. Consequently, ELFT will cease operating primary care practices in Bedfordshire, Luton and the outer NEL practices, with these service transitioning to other providers with greater expertise and agility in primary care delivery. ELFT is working closely with ICBs and other commissioners to carefully manage the transition and ensure seamless continuity of care for patients. Comprehensive plans are in place to support staff and patients during this process, including the transfer of care plans, patient records, and familiar staff to new providers once the selection has been completed by the ICBs. The Trust is committed to minimising disruption and maintaining high-quality care throughout the transition. I would like to express my sincere gratitude to our primary care teams for their dedication and achievements and assure all stakeholders that patient care remains our top priority during this transition. ELFT remains committed to influencing and supporting primary care initiatives BLMK and NEL ICS to improve community health and well-being.
- 5.8 Finally, I would like to extend my thanks to all our staff who worked tirelessly during the recent festive season. Their dedication and commitment to our patients and services are deeply valued and greatly appreciated.

6.0 Connecting with Teams

6.1 Celebrating International Recruitment Conference

On 25 November, I was delighted to attend an inspiring and action-packed event celebrating international recruitment and professional development alongside our Chair, Eileen Taylor. It was an opportunity to thank them for choosing ELFT. Since 2022, the Trust has successfully recruited hundreds of nurses, allied health professionals and doctors from across the world to the Trust. This highlights our commitment to supporting a thriving, diverse workforce and to supporting individual practitioners to broaden their skills, knowledge and experience.

6.2 Joint Governors Session

On 14 January, I joined a session for governors from ELFT, North East London NHS FT (NELFT) and Homerton Healthcare NHS FT governors in our new conference suite recently completed at Trust HQ. 30 governors attended in total. The purpose of the event was to reflect on and discuss the role of council of governors in the NHS. Nadia Ahmet, Lead for Co-production at NELFT, led a session called 'Why are we all here?' An interesting discussion ensued with the outcome that we are all here to ensure high quality care for our service users. Sir John Gieve, Chair of Homerton and our own Chair, Eileen Taylor, spoke at the event. ELFT and NELFT Non-Executive Director, Sue Lees, shared what being held to account by the governors meant to her, Trust relationships and how she gets assurance.

There was also a session from a solicitor about the legal frameworks around NHS governors. Paul Calaminus, NELFT CEO and myself, spoke about what makes a well-functioning Council from our perspective as leads. I said how I thrive on challenge and how governors bring constructive conversations that ground us and remind us of our shared endeavour and duty to the people we service.

7.0 ELFT People Updates

- 7.1 **ELFT Mental Health Nurse speaks in Parliament on Global Health Partnerships:** As part of a new report published by Global Health Partnerships, Lucia Vambe, mental health nurse and Interim Clinical Skills Development Lead at ELFT spoke at Parliament on Universal Health Coverage (UHC) Day. The Global Health Partnership is a UK-based organisation that builds partnerships between UK and overseas health institutions to strengthen healthcare systems in low and middle-income countries. The partnership focuses on training healthcare workers, improving leadership, and aligning projects with local health priorities to promote UHC and sustainable improvements.

8.0 Appointments

8.1 Compass Chief Executive Officer

I am excited to share some important news regarding our leadership at Compass Wellbeing CIC. We are pleased to announce the appointment of Mathew Sheehan as our new Chief Executive Officer, effective Monday, February 3, 2025. Mathew comes to us with a remarkable 25 years of experience managing organisations in both the public and private sectors. His recent role as Managing Director of Enable Living Healthcare has equipped him with valuable insight into providing health and social care services throughout West London. Prior to his work at Enable Living Healthcare, Micheal served as the Business Lead Director at New Arm Bank, where he honed his skills in strategic management and operational efficiency.

9.0 Visitors to Our Services

- 9.1 Community mental health workers from Trieste and Gorizia in Italy visited ELFT as part of a three-day trip to London. ELFT staff had previously visited Italy in 2023 to learn about the city's model of care in operating without the need for hospital admissions. The findings from that visit helped ELFT to establish the foundations of our own non-hospital support in the form of the Barnsley Street Neighbourhood Mental Health Centre. ELFT is one of six national pilot sites across the country to trial this. The visitors came to Trust HQ, the Tower Hamlets Recovery College, the Together Café, Barnsley Street, and Brick Lane Ward and Globe Ward

10.0 Other Service Updates

10.1 NEL Mental Health Crisis Phone Line to Switch to 111 on 31 January 2025

NHS 111, Option 2 will fully replace the mental health crisis lines for The City of London, Hackney, Newham and Tower Hamlets from Friday 31 January 2025. Calls to the 0800 numbers will no longer be diverted. Instead, NHS 111 calls will go through to a 24/7 mental health service for all ages based in ELFT's crisis hub in Tower Hamlets.

The aim is to create a uniform, consistent way for the public to access mental health crisis support with an easy-to-remember three-digit number for urgent mental health care. It will remain a localised service run by staff who understand the needs of the local community working in ELFT's catchment areas.

10.2 Luton's Kingsway & Broomfield Medical Centre Host Patient Engagement Event

Kingsway & Broomfield Medical Centre held a community health event at Luton Gurdwara on 1 December 2024 to raise awareness about key health topics and engage directly with local residents. It was an opportunity to foster a deeper connection between

the Trust and the local community. Attendees had the opportunity to learn about diabetes, cervical screening, and immunisations through presentations and one-on-one discussions with GPs and healthcare leads. The event also provided an opportunity for visitors to book appointments on the spot, making it easier to access essential services.

10.3 **Bedford GP Practices Hosts Men's Health Event**

Cauldwell Medical Centre in Bedford hosted a Men's Health Day in November focusing on raising awareness and providing essential health checks for men aged 45+, overdue for screenings. It attracted over 50 attendees who heard presentations on health awareness, followed by prostate-specific antigen (PSA) blood tests and examinations.

10.4 **ELFT Hosts Fairs at Two GP Homeless Practices**

Health E1 (Tower Hamlets) and Greenhouse GP (Hackney) Practices delivered two highly impactful Winter Homeless Fairs to provide crucial winter support, highlighting its commitment to supporting vulnerable populations. The events, which together welcomed over 250 visitors, offered practical support and resources to those experiencing homelessness, living in temporary accommodation, or struggling to register with a GP. Attendees were able to make the most of hot meals, long-life food supplies, toiletries, winter clothing, smoking cessation services, and healthcare support.

10.5 **Talking Therapies Counsellor in Spotlight at National Careers Service**

It is good to see ELFT staff on national platforms talking about their work and raising their profile and the profile of career paths and support provided by the NHS. Tower Hamlets Talking Therapies counsellor Imtaz Khaliq shared her story in a video for the National Careers Service to encourage others to consider a similar career path. Imtaz shared her career journey and spoke about how she finds her role rewarding.

10.6 **ELFT Therapists Talk to Muslim Audience on TV Show 'Salaam Britain'**

Ruhma Aboobakar, Project Lead for Faith-Adapted Psychological Therapy and Falak Naz, a Senior Cognitive Behavioural Therapist, joined Islam Channel's 'Salaam Britain'. The channel is a free-to-air, Islamic-focussed channel that provides news and entertainment for British Muslims. The broadcast focussed on mental health challenges facing Muslim people. Muslim Mind Collaborative found that 90 per cent of service users prioritise faith and cultural sensitivity in their mental health support. Government polling has found that almost 60 per cent of Muslims watch it Salaam Britain and that the TV channel reaches 2.2 million monthly TV viewers. So it was a great platform for these colleagues to talk about options for people with mental health issues.

10.7 **BLMK Recovery Lounge**

A Mind BLMK Recovery Lounge service is being provided by partners ELFT and Mind BLMK. The Recovery Lounge will support Bedford borough, central Bedfordshire and Luton communities. Formerly the Mind BLMK crisis café service, the service started operating under the new title from 1 December to reflect changes in how support is provided. It will be built into the community pathway offering preventative mental health care for service users, offering a safe and supportive space for people to come and receive out-of-hours support in person. The service remains a drop-in service during the opening times.

10.8 **ELFT Hosts Visit from NHS England and Regional People Promise Exemplar Team**

On 26 November 2024, colleagues from NHS England visited the Trust to hear about our progress in adopting the new NHS People Promise Exemplar at ELFT. The People Promise sets out staff thoughts on what will most improve their working experience and make the NHS a better workplace. The People Promise exemplars are a mix of acute, community and mental health organisations of which ELFT is one, working to achieve improved outcomes and optimum staff satisfaction and retention.

Staff representatives shared an overview of the ELFT Exemplar Programme focusing on key topics aligning to each people promise element such as people conversations, flexible working, communications and engagement and looking ahead to the future. The visiting

team said they were impressed to see how the Trust had combined the National People Promise elements with our organisational culture and improvement approach.

- 10.9 Newham Children's Occupational Therapy Team Host Lecture at National Conference**
Newham's Specialist Children and Young People's Service (SCYPS) Occupational Therapy (OT) team attended a national OT conference at the NEC in Birmingham to showcase their work and achievements. They hosted a lecture to an audience of more than 100 professionals and also won Best Poster of the Poster Zone 2024.

The SCYPS lecture was delivered by OT Louis Purpura who showcased the Developmental Coordination Disorder (DCD) pathway being developed at SCYPS. Louis explained the complexities of DCD, blending research with practical applications, and introduced the first tri-borough intervention spanning Newham, Hackney, and Tower Hamlets, being supported by Leyton Orient Football Club.

10.10 Volunteers and Governor Celebration

I was delighted to join over 30 ELFT volunteer service and the governors who came together on 11 December 2024 to celebrate the hard work carried out by our dedicated team of volunteers throughout the year. Volunteers Hafsa Qureshi, Sindhu Tella and Niti Vivek gave insightful speeches about their experiences as volunteers in the Trust over the last six months. One of the outcomes of the day was an agreement to expand the presence of volunteers on dementia wards in Bedfordshire. A second outcome is to think about better ways to engage and inform ethnic majority communities about volunteering initiatives and support in the Trust. This was an opportunity to thank all our volunteers and governors for giving us their time to enhance the care and support we provide to our communities.

11.0 Awards and Recognition

11.1 Newham GP Practice Wins RCGP Award

Congratulations to the Newham Transitional Practice (NTP) team who have been awarded the Non-Clinical Team Award at the Royal College of General Practitioners (RCGP) North East London Faculty Recognition Awards. They were commended for their flexible, compassionate, and patient-centred approach that ensures that vulnerable patients receive the respect and care they deserve. During the awards ceremony, the judges highlighted how the team has fostered a culture of collaboration and support within the practice, which has created a welcoming environment.

11.2 Queen's Nurse Award for Newham Community Nurse

Chika Soronnadi, a Senior Cardiac Rehabilitation Nurse in the Trust's Newham Cardiac Rehabilitation Service, has been named as a Queen's Nurse, a title which recognises commitment to learning, leadership and excellence in healthcare. Chika was presented with a certificate and badge at a ceremony in November.

The Queen's Nurse title is given by the Queen's Nursing Institute (QNI) to nurses who continually go above and beyond to provide excellent patient-centred care. The application and assessment process to become a Queen's Nurse is rigorous and requires clear commitment to improving care for patients, their families and carers.

12.0 Action Being Requested

12.1 The Board is asked to:

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

REPORT TO THE TRUST BOARD IN PUBLIC

30 January 2025

Title	Audit Committee Meeting held on 16 January 2025 – 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 16 January 2025.

Key messages

Internal Audit Update

- Good progress continues to be made against the internal audit plan for 2024/25 with three reports finalised and all remaining reviews in progress. The dedicated efforts around follow up actions has resulted in the closure of all outstanding items since the last meeting.
- The committee requested further assurance around the setting of realistic and achievable timescales for actions resulting from internal audit reports, particularly in respect of the business continuity audit, acknowledging the ambition to speedily resolve any vulnerabilities.
- Assurance was provided on the robustness of the Trust's internal processes related to Records of Processing Activities (ROPA) and the associated risks as a follow up action from the last meeting.
- The internal audit plan for 2025/26 provides coverage across a range of issues; it will be presented for further review at the next Board development session and subsequently to the committee for final approval in March 2025.

External Audit Update

- The necessary final assurances from the Local Government Pension Scheme auditors are still awaited before the 2023/24 report and accounts can be laid before Parliament and become a public document for presentation to the Council of Governors and members. It is anticipated these will be received by the end of January.
- Planning for the 2024/25 audit is under way with fieldwork scheduled to take place from April through to the end of June 2025. Materiality levels have been increased reflecting the auditors' confidence in the Trust's financial reporting process, track record of sound judgements and estimates, as well as the absence of errors or significant issues identified in the accounts over the past two years. The increase in materiality is also expected to reduce the need for third party assurances on the Local Government Pension Scheme in future audits, streamlining the process further.
- The significant risks identified are consistent with those held by other comparable trusts, such as management override of control and risk of fraud in revenue and expenditure. A full estate valuation exercise is planned which may support mitigation of the risk around valuation of land and buildings.

Deep Dive BAF Risk 8: Digital

The deep dive presentation focused on 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 as well as our ability to transform services within digital* and outlined the current risk score, existing assurance mechanisms and areas requiring improvement:

- Improvements in infrastructure and systems, cyber defences and workforce capabilities as well as good financial overview and innovation has led a reduction from the initial risk score of 25 to the current score of 16.
- A recent benchmarking report shows ELFT to be the most digitally mature mental health trust in London and in the lower quartile for cost.
- Focused work continues to remain up to date and fully cognisant of the constantly changing cyber threat level; and intensive cyber training continues to be delivered Trustwide with a suite of tools in place to strengthen the Trust's digital defences.

- Challenges include staffing shortages, skill gaps and retention of key staff in the cyber security team. Additionally, funding remains an issue with a need for adequate resources to sustain and strengthen cyber security measures, including the upgrading of outdated technology to ensure robust protection.
- Considering the level of external risk, the resources available and the gaps and challenges highlighted in the report, the committee requested a detailed examination of the target score ambition.

Board Assurance Framework Q3

- There has been a reduction in the people risk 5 score from 16 to 12 due to the triangulation of several people and culture metrics.
- Ongoing work is being undertaken to ensure consistency across all BAF risks. This will form part of an exec review and Board development session focused on the BAF framework including the Trust's risk appetite and tolerance as well as a forward-looking assessment of risks for 2025/26.

Waivers and Breaches

- Two waivers in Q3 which correlates to data for the same period last year.
- Further consideration will be given around methods to stimulate the market where only a single supplier is available for the avoidance of ongoing waivers and breaches.

Counter Fraud Progress Report

- Proactive work has begun to map the Trust's fraud prevention procedures against the requirements of the new Failure to Prevent Fraud Act to ensure full compliance prior to the Act's implementation during 2025.
- There are several actions related to the new Act and it was acknowledged the necessary prioritisation of this work may temporarily impact on the level of risk being carried in the short term. Additionally, this focus may impact the counter fraud team's capacity to undertake proactive work in other areas. Steps will be taken to monitor and manage these risks to ensure they remain within acceptable levels.

ELFT Charitable Funds Annual Report 2023/24

- The report outlined the approach to the development of the annual report and accounts and included the current versions.
- An audit dispensation request has been submitted to the Charity Commission as the one-off transfer of ELFT's charitable funds from the Bart's charity exceeded the threshold for an external audit rather than qualifying for an independent examination of the accounts. This approach ensures full compliance with regulatory requirements and supports the timely submission of the charity's report and accounts within the mandated ten-month period following the charity's financial year end, i.e. 31 January 2025.
- A review of the annual report and accounts development process will be undertaken to identify lessons learnt and to inform the approach for 2024/25.
- A planned away day for the Charitable Funds Committee members will focus on reviewing the charity's objectives, articles and ambitions. The session aims to ensure alignment with the charity's vision and strategic priorities, providing a strong foundation for future activities and decision-making.

Policies: Draft Accounting policies

- No significant changes to the national NHS policy are expected.

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
30 January 2025

Title	Integrated Care & Commissioning Committee (ICCC) 16 January 2025 – 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 16 January 2025 as well as at a joint meeting of ELFT’s ICCC and North East London NHS FT (NELFT) Partnerships & Integrated Care Committee (PICC).

Key messages

Population Health Annual Report 2024

- The report clearly highlights the positive impact a focus on population health has in supporting and improving the mental health and wellbeing in communities. The way in which the Trust is leading on the health and prevention agenda is captured in the foreword provided by Sir Michael Marmot.
- The design and content have been co-produced with service users and carers and includes quotes and case studies throughout, as well as a summary of achievements and the next steps in prioritising the Trust’s focus on population health work.
- There was an acknowledgement of further beneficial consequences of the public health approach with positive external interest and the attracting of like-minded people into leadership and clinical roles. The more holistic understanding of people and communities also resonates with our workforce.
- The committee welcomed the excellent work in this area and noted the ongoing discussions around the most effective methods for wider circulation of the report to promote and drive conversations and provide opportunities to shape collective approaches for the mitigation of national health issues.
- A final draft of the report will be presented at the January Trust Board meeting in public.

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: notes the progress on the forthcoming mobilisation of the 24/7 Trieste model of a community in crisis mental health service at Barnsley Street, expected to take place in February 2025.
- Risk 2: includes movement on actions to mitigate gaps in controls, assurance and timeframes.
- Risk 9: reflects the end of the engagement process for the inpatient general adolescent unit at Simmons House and next steps.
- 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.

Joint meeting of the ELFT Integrated Care & Commissioning Committee and the NELFT Partnerships and Integrated Care Committee

- A joint meeting was held to explore how each of the two committees discharge their responsibilities and where opportunities might exist for collaboration and joint risk management strategies within the geographical areas of both Trusts.
- Common themes around several health and wellbeing issues demonstrated the many areas of shared focus and values for both organisations as well as the benefits of a joint approach in influencing decisions around community and mental health services.
- It was agreed for the next steps to focus on exploring a common assurance framework in areas of shared collaboration (to include patient and staff voices), the development of spaces to consider strategic approaches around both national and local policies and plans, and further definition of the influential power of combined advocacy.
- A further meeting will be scheduled following discussions at the two Trust committees.

REPORT TO THE TRUST BOARD IN PUBLIC
30 January 2025

Title	Publication of Annual Population Health Report 2024
Author	Laura Austin Croft, Director of Population Health
Accountable Executive Director	Richard Fradgley, Executive Director of Integrated Care and Deputy Chief Executive

Purpose of the report

The Annual Population Health report 2024 showcases work taking place in the last year to meet the Trust’s strategy objective to improve population health in addition to setting out next steps for the year ahead. It is a timely celebration of the Trust’s work to prevent ill health noting the focus on prevention as part of the consultation of the new 10-year plan for the NHS.

Committees/meetings where this item has been considered

Date	Committee/Meeting
21 Nov 24	Integrated Care and Commissioning Committee – Update on the drafting of the 2024 Annual Population Health report including structure, content and timeline.
27 Nov 24	Population Health Advisory Group (service users and carers) reviewed sections of the draft report and provided editorial input.
16 Jan 25	Integrated Care and Commissioning Committee – Sharing the designed report draft for approval.

Key messages

This is the second Annual Population Health Report, reporting and celebrating activity over 2024 alongside setting out next steps for the year ahead.

It builds on the first Annual Population Health report published in 2023 that set out three priority areas: local employment, income maximisation and supporting the physical health of people with severe mental illness and learning disabilities. These priorities will remain areas of focus in the year ahead (2025-26) alongside early years and family support and homelessness prevention.

This report is timely in the context of the Independent Investigation of the National Health Service in England and the government’s development of the new 10-year plan for the NHS, with ELFT demonstrating in this report examples against the three shifts for healthcare particularly treatment to prevention. To note, this report includes a foreword by Professor Sir Michael Marmot alongside our Chief Executive and Chair, noting the Trust’s unique role as a ‘Marmot Trust’.

The development of the report was over-seen by an editorial board of service users and carers, who have made a huge contribution to both the content and presentation style. Quotes, data and case studies are used throughout the report to show impact alongside need. The report has been reviewed by the Integrated Care and Commissioning Committee (ICCC) and progress against the recommendations laid out in the report for the coming year will be overseen through the ICCC.

We plan to launch the report via a webinar to colleagues and partners in early March 2025 following Board approval.

Strategic priorities this paper supports

Improved population health outcomes	☒ The Annual Population Health Report 2024 showcases work which has taken place in the last year to meet ELFT’s population health objectives
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		and identifies recommendations for work going forward.
Improved experience of care	☒	Examples in the report include where teams and services are taking forward projects focussed on prevention, supporting people and communities earlier, and thereby improving experience of care.
Improved staff experience	☒	Examples in the report include teams and services identifying population health issues and taking action to tackle them, supporting fulfilling and enjoyable jobs.
Improved value	☒	There are examples in the report where teams and services are taking forward projects focussed on prevention, supporting people and communities earlier and preventing downstream costs.

Implications

Equality Analysis	The report highlights initiatives that are reducing inequity in health and life outcomes that impacts on the populations we serve.
Risk and Assurance	There are no risks to the Trust based on the information presented in this report.
Service User/ Carer/Staff	The work has been co-produced by an advisory group including service users and carers including editing and advising on the report style and structure. Many of the initiatives showcased in the report include service user and carer involvement and leadership.
Financial	There are examples in the report where teams and services are taking forward projects focussed on prevention, supporting people and communities earlier, and therefore preventing downstream costs. Nothing presented in this report directly affects our finances.
Quality	There are examples in the report where teams and services are taking forward projects focussed on prevention, supporting people and communities earlier, and therefore improving experience of care.



East London
NHS Foundation Trust

Annual Population Health Report 2024



Forewords	03	Objective 1	21	Objective 5	47
Summary	07	Employment support for service users, carers and local residents		Champion social justice, and fully commit to tackling racism and other forms of prejudice	
About this report	09	Objective 2	28	Objective 6	53
What we mean by population health and why it matters to ELFT	10	Income maximisation to support a healthy standard of living		Contribute to the creation of healthy and sustainable places, including taking action on climate change	
Cross-cutting programmes	16	Objective 3	35	Reflections	59
		Promoting the physical health of people with long term mental health conditions and learning disabilities		2024 population health activity and learning going forward	
		Objective 4	41	Acknowledgements	60
		Children and young peoples' emotional, physical, social, and learning development			

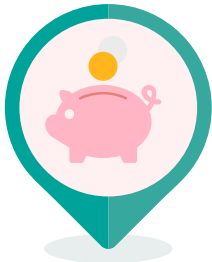
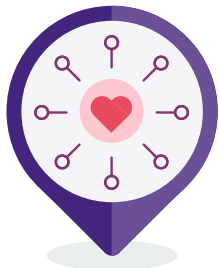
Contents





Foreword

Congratulations to everyone who supported our population health work over the past year.



This report is a celebration of many of our achievements and the partners working with us on this journey. In addition, I know behind each story and example there are many, many other colleagues, services, partners, volunteers who are making a difference to the wider health and wellbeing of others, whether its by initiating a conversation about help with employment, making a referral to our tobacco dependency service, developing a partnership with a community organisation or supporting the wider environment. Thank you.

Our commitment to improved population health at the Trust gives us space to talk about and then put into action what we can do collectively to make a difference to the quality of life for the

people we work with and who live in our service areas. It is underpinned by our Trust values – to be caring, respectful and inclusive. It is also about social justice. Far too many people in the places we provide support do not experience the same health outcomes when compared with the national average. This is not acceptable, and we need to continue to recognise and act on the ways we as an NHS trust can help reduce health inequities including working with our place-based and national partners.

I encourage you to read this report and think about the areas of work that speak to you. If you are not already, let us know how you can join our population health commitments at the Trust. And do share this work with others.

Lorraine Sunduza OBE
Chief Executive Officer



Foreword

My colleagues and I at the UCL Institute of Health have produced reports showing the dreadful state of health in the UK in 2024: life expectancy did not improve over the last 14 years, health inequalities increased and health for people in the most deprived areas deteriorated. We then put forward a set of recommendations on the social determinants of health, all actions that commonly have little to do with health care.



A common *cri de coeur* from people working in the health sector is: but what can we do?

My answer is: look at ELFT.

We point to eight areas that need action – give every child the best start in life, support good education and lifelong learning, create fair employment and good working conditions, ensure a healthy standard of living for all, develop healthy sustainable places, tackle racism, discrimination and pursue environmental sustainability and health equity together.

When these areas of action become the guiding framework for an organisation we celebrate this commitment as a Marmot Place. What makes

ELFT unique is that it's a 'Marmot Trust' – the first healthcare trust that says we will focus on addressing the social determinants of health, using these evidence-based principles to guide our work. Noting the government's mission to shift our healthcare system from sickness to prevention, ELFT is showing the way.

I therefore welcome this very timely publication of ELFT's second annual population health report. If people suffer ill health through the conditions in which they are born, grow, live, work and age then it is incumbent on all of us to help achieve health equity. I am delighted that ELFT is a partner, working alongside many others, in this journey.

Professor Sir Michael Marmot





Foreword

I am delighted to introduce East London NHS Foundation Trust’s second annual population health report. This builds on the first report published in 2023, that set out our strategic commitment to work on improving the health of everyone living in the places we serve alongside showcasing our initiatives.

As we deal with the financial challenges facing many of us in the NHS, we need to remember the values that guide us in our commitment to population health – to do our bit to make our corner of the world a fairer place to live and work. This is also timely with the government consulting on a new 10 Year Health Plan, including a focus on preventing illness occurring in the first place. This report helps us celebrate what we are achieving and look ahead to what more we can do.

Our population health work is the collaboration of the many - including teams from across our organisation and partnership working with place-based colleagues, including local authorities, health care partners, the voluntary and community sector and academics. Our

achievements are part of this partnership support, alongside our investment in People Participation and Quality Improvement in the Trust. This is evident in the case studies and quotes embedded in the report with many projects led by our People Participation leads with input from service users and carers, and Quality Improvement providing the tools and approach to support a diverse range of projects alongside delivering a Trust wide health equity programme.

Congratulations to all involved, including our population health advisory group of service users and carers helping guide the work over the year and oversee this report

Eileen Taylor
Chair East London NHS Foundation Trust





Service user and carer population health advisory group



Improving population health is vital for creating equitable, sustainable, and person-centred care. I'm proud of the strides we've made in collaborating across teams and communities, particularly in addressing health inequalities.

Over the next year, I encourage everyone—staff, partner organisations, service users and carers—to take collective action by embedding population health principles into everyday practices and co-creating solutions that truly make a difference.

- Aurora Todisco



This is a coproduced report with service users, and I am proud to be a part of it.

I support ELFT's work in Tower Hamlets, one of the most diverse boroughs in London. It faces a lot of inequalities and challenges when it comes to public health. The work we're doing with population health is critically important as it impacts all walks of life within the borough, especially people with serious mental illnesses who have an unfair reduced life expectancy.

- Eleanor Addo



I have enjoyed being part of the Population Health Advisory Group. It has been a great opportunity to advise on the format, layout and content of the Population Health Report to make it as accessible as possible. Along the way I have learned a lot about some of the great work that is happening across the Trust to tackle some of the issues that impact our local communities.

- Jane Fernandes



I am proud of being part of the Population Health Advisory Group and what's been achieved over the year. I've been part of a number of population health projects, including quality improvement work, developing an anti-racism framework for the Trust (PCREF) and being part of the domestic abuse steering group. I encourage others to join quality improvement projects that can support this work particularly connected to Bedford primary and secondary care.

- Jeniffer Hedworth



Summary of annual achievements

Our Strategy commits us to improving population health together with improving quality of care, staff experience and value.

In 2024 we've focused on three specific areas alongside broader population health work:

1. Local employment ([see Objective 1](#))

- Benefiting as an organisation from many people with lived experience in employment and volunteer roles at ELFT including in our People Participation directorate.
- Providing employment advisors to help service users stay in and return to work through Individual Placement Support, employment advisors in Talking Therapies and additional employment support through Compass Well-being.
- Helping local residents access healthcare careers through apprenticeships, taster days, volunteering, local partnerships and social value contracts.

2. Income maximisation ([see Objective 2](#))

- Becoming a Real Living Wage accredited organisation, including increasing the proportion of suppliers paying the Real Living Wage by 13% in the past year.
- Co locating benefit advisors in our healthcare settings and evaluating its impact through the Healthier Wealthier Families in East London pilot.

- Launching a digital champion training programme to improve digital inclusion and providing cost of living support to service users, carers and local communities.

3. Promoting the physical health of people with severe mental illness and learning disabilities ([see Objective 3](#))

- Providing health promotion support through specialist stop smoking and weight management services.
- Increasing access to health checks and physical activity opportunities.
- Creating learning spaces across the Trust to improve physical health outcomes through quality improvement and a diabetes prevention and management group.





Next steps

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



1. Early years and family support

- Reducing the impact of child poverty through co located income support.
- Strengthening awareness and access to mental health support through community partnerships.

2. Local employment

- Continuing to increase access to employment support and good quality job opportunities for service users, carers and local communities.

3. Homelessness prevention and support

- Strengthening support through ELFT service settings including for people with uncertain immigration status.
- Working with partners to strengthen health and housing support across the Trust.

4. Prevention and early support for physical ill health

- Reducing barriers to cancer screening for people with Severe Mental Illness and learning disabilities.
- Ongoing focus on physical health promotion and prevention including Type 2 diabetes and the development of a Trust physical health strategy.



About this report

Improving population health is one of ELFT's four strategic pillars. Our second annual population health report celebrates the many ways this strategic commitment is driving action across the Trust, emboldened by partnerships, people participation, quality improvement and our recognised need to strengthen preventative action alongside delivering high quality clinical care.



The report describes actions against three agreed areas of focus for the Trust over the year:

- Employment support for service users and local people
- Income maximisation to support a healthy standard of living
- Promoting the physical health of people with severe mental illness and learning disabilities.

This is alongside activity for our three additional population health strategic objectives:

- Prioritise children and young people's emotional, physical, social and learning development
- Champion social justice and fully commit to tackling racism and other forms of prejudice
- Contribute to the creation of healthy and sustainable places, including taking action on climate change.

Quotes from staff, service users and carers, including interviews with ELFT's Academy of Lived Experience, are included in the report alongside numbers, charts and case studies, with key references listed at the end. We are very grateful to everyone's contribution, both in terms of report contents and delivery over the year.

Laura Austin Croft
Director of Population Health





What is population health?

Population health involves taking a broader look at what underpins the physical and mental health outcomes and wellbeing of staff, service users, carers and our communities. It includes providing good, accessible health care services that meet the needs of all population groups in our service areas, as well as addressing the wider determinants of health that play an important role in where we see unfair differences in health outcomes.



Population health to me means a more holistic approach to the health of the general population and not just talking about clinical terms or hospital waiting list times, but also the other factors that have an impact on people’s health, whether that be housing, air quality and many other external factors in physical health as well as mental health.

- Academy of Lived Experience
Service User interview



Glossary

Equity vs Equality: A model that recognises the differing needs, challenges, and circumstances of individuals and communities, allowing tailored support to achieve fair outcomes. Unlike Equality, which treats everyone identically, Equity fosters fairness by adapting approaches based on specific needs. This approach aligns with ELFT’s commitment to providing inclusive, patient-centred care.

Integrated Care Systems: Partnerships across a local area that bring health and care organisations together to develop shared plans and joined-up services.

NHS-led Provider collaboratives: Partnerships across services to ensure that people with specialist mental health, learning disability and autism needs experience high quality, specialist care, as close to home as appropriately possible, which is connected with local teams and support networks.

Racialised groups/communities: This term describes individuals who experience discrimination or different treatment based on perceived racial characteristics, shaped by social, historical, and institutional factors rather than biology. The term is not an acronym nor a label, rather an overarching term to refer to the wide range of ethnic and racial groups experiencing racial inequities.

Wider determinants of health: A range of social, economic, and environmental factors that impact our health and well-being.



Wider determinants of health can be described as the 'building blocks of health' - the things we need in place to help us stay well and safe, for example good housing, employment, air quality and education. It's estimated that health care services contribute around 20% of what keeps us well compared to our everyday activities and the environment where we live contributing around 50%.

Improving population health includes a strong emphasis on improving health equity, which means reducing the unfair and avoidable differences in health across population groups. Health equity challenges are often linked to the wider determinants of health. For example, being a carer may make it more difficult to get a job, resulting in a low income that can impact on living conditions and participation in activities that help us stay well. Reducing barriers to health equity also means designing services with others, specifically people with lived experience, to support everyone to achieve good access, experience and outcomes.

Partnerships are key to population health improvement. Healthcare settings frequently use the term population health to describe the collective and collaborative approaches required across Integrated Care Systems, local government, the NHS, voluntary and community sector organisations, education and other partners to support the health and wellbeing and reduce health inequities of communities in a specific geographical area.



From a carers perspective I found that many places work in silos and don't actually connect with each other, so talking about population health will help people to join up, to think holistically about how they are going to help their patients and their loved ones.

- Academy of Lived Experience Carer interview

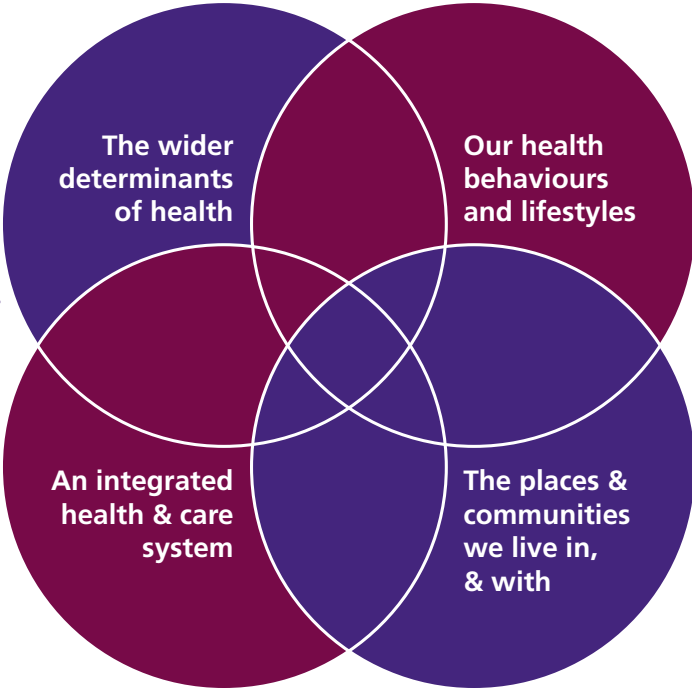




A population health framework developed by the King’s Fund helps illustrate the different areas of population health activity, noting that there are overlaps across areas. This includes acting on the wider determinants of health, supporting healthier behaviours and lifestyles, working with local place-based partners and building on community assets, and developing relationships with other organisations to better meet the needs of our populations.

- Maximising social value for our population through role as an Anchor Trust (e.g. being a Real Living Wage employer).
- Supporting our service users with advice and access to:
 - employment support
 - income maximisation
 - education and training
 - and green space across our sites.

- Identifying areas where we can join up with other organisations to better meet the needs of our populations.
- Collaborating with other health and NHS organisations in our geographical patch to better meet the needs of particular groups either through formal partnerships (eg. North Central East London Collaborative for children and young people) or through improvement networks.



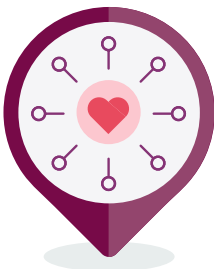
- Creating environments for our staff, service users and carers to support them to make healthy lifestyle choices (eg. the availability and affordability of a healthy nutritious food offering in our canteen; offering vaccinations to our staff).
- Supporting our service users with: smoking cessation; alcohol reduction; weight management and opportunities for physical activity.

- Locating our services where they are needed.
- Working with our local communities and their assets.
- Enhancing social relationships and community networks.
- Developing our services with our communities so they are culturally sensitive.
- Tackling racism and other forms of discrimination.



Why does population health matter to ELFT?

More and more of us are sadly spending a greater proportion of our lives in ill health, with this unfairly affecting people who are most negatively impacted by the wider determinants of health, such as poor quality housing, low income and insecure employment.



The more we can help address health concerns early or prevent health problems developing by addressing the causes of ill health, the better we will be in providing care when needed and reducing demand on emergency access to healthcare support. **This is also about doing the right thing – taking action where we can to support healthier and happier lives.**

Independent Investigation of the National Health Service in England

Lord Professor Ara Darzi completed a rapid independent review of NHS performance for the new government, published in September 2024. The review sets out serious population health challenges, noting the recent fall in the number of years people can expect to live in good health and the contribution of the wider determinants of health to poorer health outcomes.

The reviews findings, alongside a wider consultation, are informing a new ten-year plan being developed by the government for the NHS, which will be based on three shifts in healthcare: focusing on preventing sickness, not just treating it; moving more care from hospitals to communities; making better use of technology in health and care.

Examples in this report set out the shifts we are making each day towards embedding prevention and health equity in our work as a provider of mental health, community health and primary care services, alongside the role we play as an employer, a procurer of services, and being part of two Integrated Care Systems. These examples can be mapped onto the three health missions set out by the government in October 2024.



Everyone knows that prevention is better than cure.

- Independent Investigation of the NHS in England, 2024



Examples of ELFT activity against the Three Big NHS shifts

Treatment to prevention	Supporting people with mental health needs and long-term health conditions stay in and return to employment including bringing together local services and organisations. Co locating benefit advice in our healthcare settings to mitigate the health harms of poverty. Strengthening physical health support for population groups experiencing inequitable gaps in life and healthy life expectancy. Tackling racism and discrimination in the NHS for staff and service users.
Analogue to digital	Training Digital Champions in the Trust to support service users, carers and staff who face barriers to digital access. Ongoing use of needs assessments to better understand our population health data to improve support.
Hospital to community	Working across provider collaboratives to support care at home and in the community. Delivering weight management and smoking cessation programmes in community settings. Piloting a mental health hub in a community setting to reduce need for inpatient admissions.

For more information visit our population health web page:

> <https://www.elft.nhs.uk/information-about-elft/our-strategy-vision-and-values/population-health>

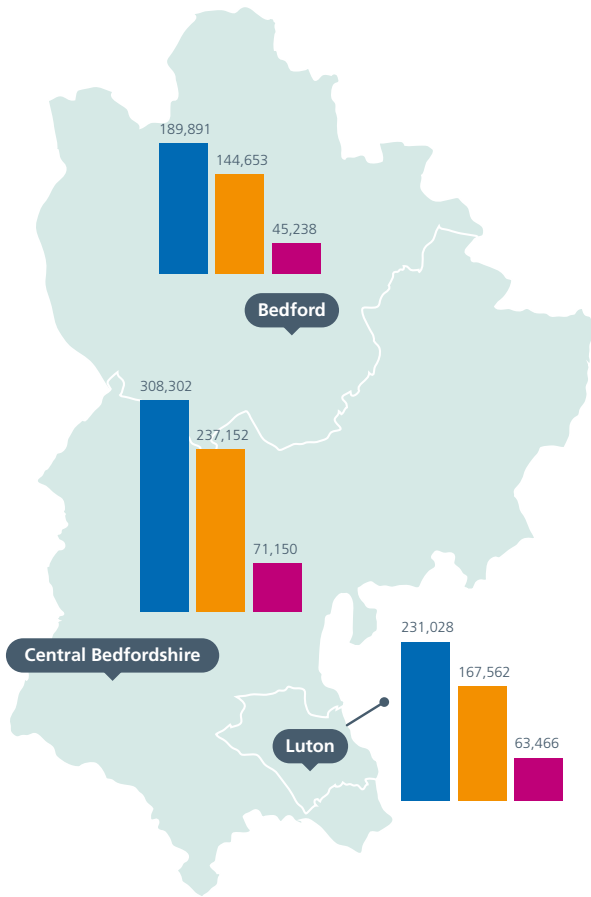
Overview of ELFT’s populations

We provide services to over 2 million people. This includes around 1,700,000 people living in the East London boroughs Tower Hamlets, Newham and City and Hackney and Bedford, Central Bedfordshire and Luton, alongside commissioning responsibilities for North Central East London and providing forensics services across North London.

Our populations are ethnically diverse. Newham and Tower Hamlets are in the top ten most diverse local authorities in England and Wales and there are also high levels of ethnic diversity in City and Hackney and Luton. The proportion of people 18 years and under compared to the overall population is highest in Luton (27%) and lowest in Tower Hamlets (20.4%). All ELFT areas have seen an increase in population size since the 2021 Census data, with this highest in Central Bedfordshire at just over 2%.

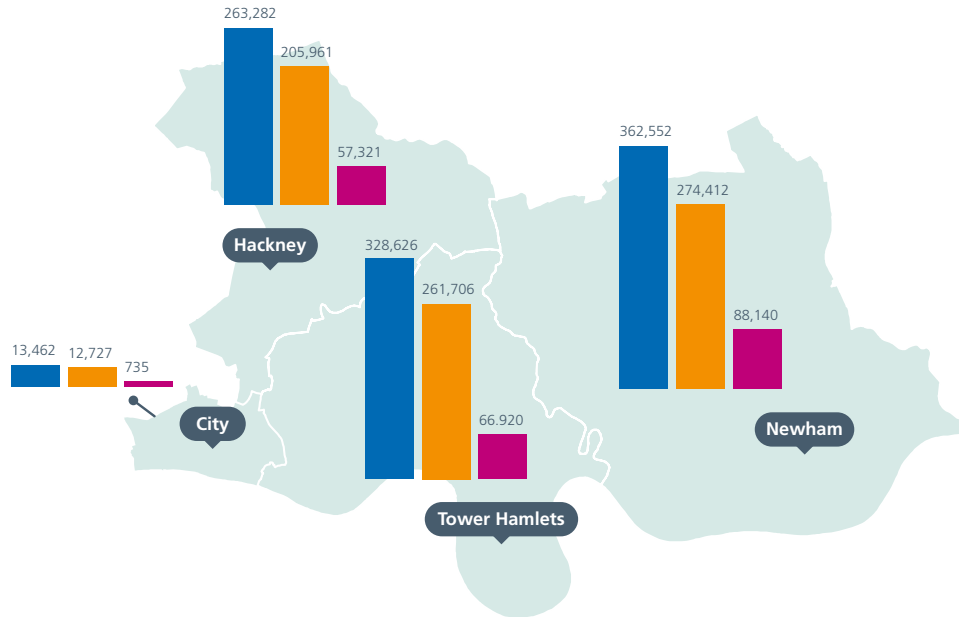


Bedfordshire and Luton population estimates mid 2023, ONS



Key - Age Group ● Total population ● 19 year+ ● 0-18 years

East London population estimates mid 2023, ONS



For a more detailed overview of our populations and characteristics see:

- > [Annual population health report 2023](#)
- > [Local area data packs](#)



Cross-cutting programmes of work

We believe we have a responsibility to do our bit to make our corner of the world a fairer place to live and work. Our work on population health, including being an Anchor organisation and a Marmot Trust, is our way of turning this aspiration into reality.

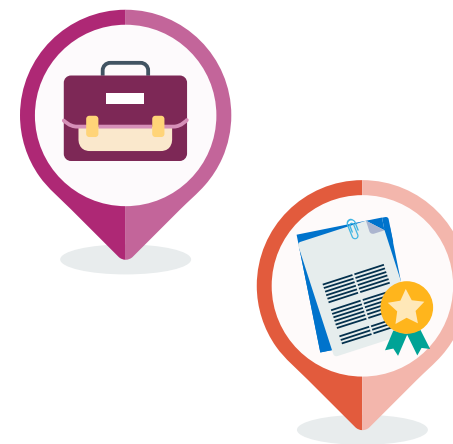
ELFT as an Anchor organisation

The Health Foundation describes anchor institutions as large organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. As an anchor institution, the East London NHS Foundation Trust (ELFT) has a significant stake in influencing the health and wellbeing of its communities by its local presence and activities.

In 2023, ELFT published an Anchor Plan with commitments for the years 2023-2026, focused around four key areas called 'pillars':

1. Employment - Widening access to employment for local people and those facing barriers to the labour market.
2. Procurement - Embedding social values in procurement so that we purchase more goods and services from local businesses and those that promote social, economic and environmental wellbeing in local communities.
3. Sustainability - Improving environmental sustainability in our operations and in the wider community.
4. Land and Estates - Using our land and buildings to benefit local communities.

Our progress towards Anchor Plan commitments are celebrated in this report, for example the number of suppliers now paying the Real Living Wage and increasing the number of green spaces in the Trust. We are currently in the process of reviewing the commitments we made in the [2023-2026 Anchor Plan](#). We are doing this by speaking with the pillar leads and other stakeholders, including service users and carers, as well as reviewing performance data where available. Findings of the review will inform our population health plan over the next year.





Being a Marmot Trust – focusing on upstream actions to improve health



A good example is how East London Foundation Trust is working with the people it serves to be a Marmot Trust, seeking to tackle health inequalities in all it does. A strong voice for patients and local communities would promote more responsive services, while making it easier for the NHS to fulfil its promises to promote population health and to narrow health inequalities.

- Independent investigation of the NHS in England

We have worked with the Institute of Health Equity to become the first NHS “Marmot Trust”, testing the boundaries of what an NHS Trust can and should do to improve the health of the whole population it serves. This includes embedding the evidence-based principles led by Professor Sir Michael Marmot for reducing health inequities in our strategic population health work across the Trust.

This year we established an ELFT Marmot Implementation and Learning Advisory Group to learn and critically assess with public health and academic colleagues how we are testing the boundaries of an NHS provider trust against Marmot principles and to help prioritise areas of action and focus.

Compass Wellbeing, a community interest company owned by ELFT, includes supporting the ambition of ELFT being a Marmot Trust as central to its mission. This helps provide a strong community focus in our work to tackle the drivers of poor health through partnership working with the voluntary community sector.

A commitment to People Participation in everything we do

As noted in the Independent Investigation of the NHS in England, the strong voice of ELFT service users and carers is key to our population health work. ELFT’s People Participation directorate, dedicated to involving service users and carers in the work of the organisation and its partnerships, is central to the delivery of a wide range of our population health action and celebrated throughout this report.

A commitment to Quality Improvement in everything we do

Quality Improvement (QI) uses a systematic approach to solve complex issues through testing, learning, and measuring progress, with staff and service users actively involved in the process. Since 2022, the Trust has run two phases of its Pursuing Equity QI programme, supporting over 30 teams to address inequities for racialised communities and issues related to gender and sexuality. Currently phase three is focussing on supporting 31 teams to reduce the gap in missed appointments between the most and least deprived areas served by the Trust.

Other QI initiatives include working to improve physical health and drive environmental sustainability. For example, supporting a 54% reduction in single-use cutlery in forensics, a 95% reduction in tablet waste in the Luton crisis team, and an increase in walking aid recycling in Newham from zero to six per week.





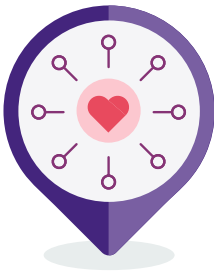
Integrated Care Partnerships



One of the biggest barriers that I've found as a service user is no joined up thinking. Everybody works very hard. Everybody is very conscientious and everybody wants the best for service users, but many departments seem to work in isolation....So I would say to anybody think about the whole network...think about joined up thinking approach.

- Academy of Lived Experience
service user interview

ELFT is pleased to work across two Integrated Care Systems (ICSs), North East London and Bedfordshire, Luton and Milton Keynes, bringing together providers and commissioners of NHS services with local authorities and other local partners to plan, co-ordinate and commission health and care services. They provide a space to work with partners on prevention and reducing health inequities, based on a local understanding of population needs and therefore supporting us with many aspects of our population health ambitions as a Trust.





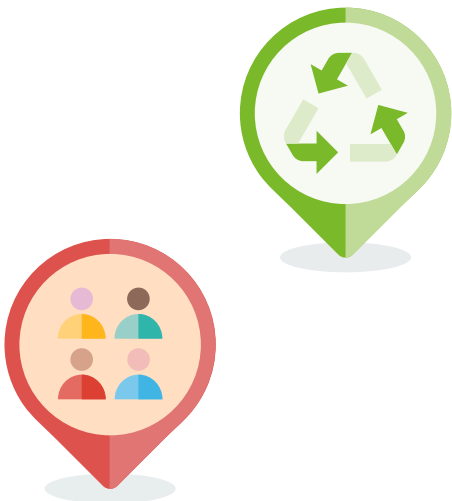
Building population capability, capacity and coherence

Enabling all ELFT staff to take a population health approach to their work is how we achieve scale and wide-reaching impact across the Trust.

A series of learning programmes are in place to support staff, including an introduction to ELFT’s commitment to population health during induction and the newly accredited ELFT Lead Programme.

We offer ongoing opportunities to develop skills through webinars and presentations. This year we focused on how to support people experiencing poverty with webinars on destitution in the UK, poverty proofing NHS organisations as well as practical advice on supporting people with No Recourse to Public Funds. We also delivered population health learning sessions at staff awaydays, conferences and for ELFT networks.

Outstanding contributions to population health are celebrated through the Commissioners Award for Improving Population Health in the annual staff awards and the Living Well Working Together Award for Allied Health Professionals (AHPs).



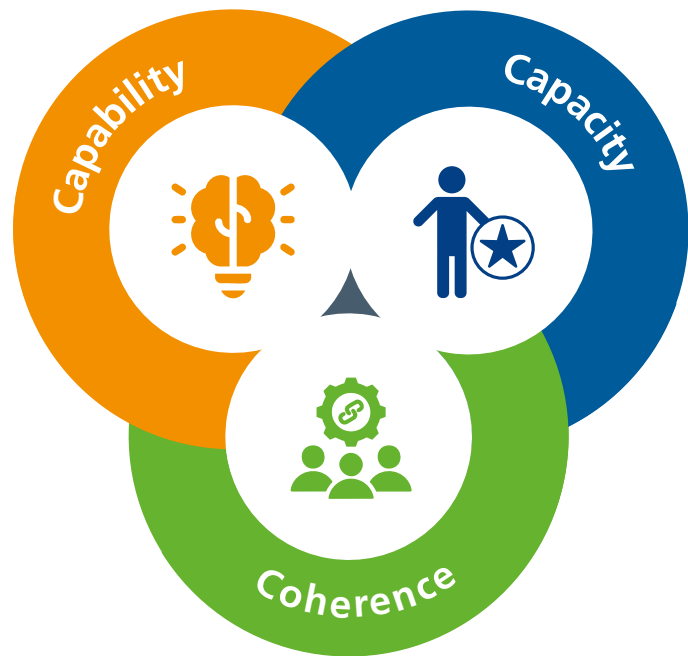
Allied Health Professional (AHP) Living Well Working Together Award

This award recognises an AHP team or individual who has worked together with service users, local communities and service providers to deliver service improvements that benefit population health and wellbeing, prevention, self-management, recovery and rehabilitation.

The 2024 winner was the Developmental Co-ordination Disorder (DCD) Team of the Specialist Children Young People & Services (SCYPS) Occupational Therapy Service for Children. With Leyton Orient Football Club, the team developed and delivered football group sessions for children, young people and their families with DCD across Newham, Hackney and Tower Hamlets. 100% of the parents said that their child or young person enjoyed these sessions and there was a 71.4% improvement in the number of football goals children scored following participation.



A review is currently taking place to understand how we further develop the population health capability and capacity of the organisation, with this informing action plans for 2025 to 2026.



Capability

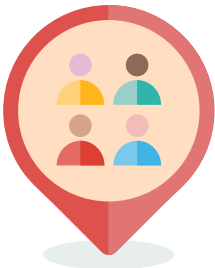
Equipping staff with the knowledge and skills they need to take a population health approach to their work

Capacity

Grow capacity as an organisation to deliver improved population health

Coherence

Linking population health work across initiatives so it makes sense for staff, service users and partners





Objective 1

Employment support for service users, carers and local residents

1





Objective 1

Employment support for service users, carers and local residents

Over 2024 we've been prioritising activity that supports service users, carers and the communities we serve to develop skills and access meaningful activity and good quality work.

Highlights over the year:

Supporting service users to stay in and find good employment

- **224** people are currently employed at ELFT in roles that directly use lived experience expertise. This includes peer support workers, befrienders, peer tutors at Recovery Colleges and People Participation leads across all ELFT service delivery areas. In addition, service users and carers are involved in programmes of work across the Trust and reimbursed for their time.

- Around **1,000 people with long term mental health conditions received Individual Placement Support** over the past year helping **236 (24%) people enter employment and 85 education, training or volunteering**.
- **1,165** people accessed employment advice as part of Tower Hamlets Talking Therapies provision. Two new employment advice services were launched this year for people using Talking Therapies services in Newham and Bedfordshire, with **1,067 people** receiving support in the first ten months.
- ELFT hosted **two in person co produced employment events** for service users and carers, bringing together NHS, local authority and voluntary and community sector employment support services.

Glossary

Unemployment rate: The proportion of people who are unemployed and looking for work.



At the Recovery College I began to discover capabilities I didn't know I possessed: skills in teaching and peer support...My perception of myself, of what I was capable of and the future I might be able to dream of, started to shift.

- Katherine, Recovery College previous student and peer tutor



Working with partners to support local people into employment and apprenticeships

- **304** local residents accessed employment since April 2022 through ELFT’s facilities social value contract, with nearly £15 million in social and economic value delivered so far. This contract is in the top 10% of NHS social value contracts delivering for its service areas.
- A Quality Improvement programme started this year to **develop a healthcare careers awareness programme** for the Trust, including holding our first career taster day for young people in two East London service areas.
- Around **60% of apprentices** recruited from ELFT footprint areas. In addition, seven apprenticeships supported in local employer settings through the **transfer of ELFT’s apprenticeship levy** (a way of supporting smaller businesses provide apprenticeship placements).
- ELFT achieved a gold standard for the Ministry of Defence Employment Recognition scheme recognising its work to improve employment opportunities for the Armed Forces community.



The information given was helpful for if I want to pursue a certain career, or if I want to consider other options for moving up in my career.

- Attendee of the summer 2024 healthcare career taster day

Why does it matter?

Good jobs provide fair pay, safety, job security, opportunities to progress, flexibility and opportunities to help make decisions. A good job helps people stay well and recover.

Supporting people to return and stay in employment is an important health and economic issue. There are rising levels of people not able to work owing to ill health and this is affecting more people living in poorer economic areas and in younger age groups.

Some people face particular barriers to employment, including carers, people with learning disabilities, and people with long term physical or mental health conditions. For example, only 6% of people in contact

with secondary mental health services are in employment nationally and 4.7% of people with learning disabilities. This is despite approximately 80% of people with mental health conditions wanting to work. Health care services therefore play a key role in supporting people to stay in and return to work, including by sharing what support is available within their own services or in their local area.



Too often, disabled people and people with health conditions cannot get the help they need or cannot access support in a way that is joined up between services. To tackle these trends, preventative health interventions, a stronger role for local areas in integrating support, reforms to the benefits system and support for employers to play a proactive role, are all needed.

- Get Britain Working White Paper



Employment support programmes available in healthcare settings

Individual Placement and Support (IPS) - Helps people with long term or complex mental health and people in structured community treatment for drug and/ or alcohol misuse access employment. Employment specialists work with clients on rapid job searches, confidence building, CV development, employer engagement, interview techniques and reasonable adjustments. IPS is now also offered in Primary Care for people with common mental health or physical health disabilities in City and Hackney, Newham and Tower Hamlets.

Employment Advisors in NHS Talking Therapies - For people experiencing common mental health disorders and receiving NHS Talking Therapies treatment, who are either in or out of work. The service user, employment advisor and therapist work together to set employment goals and deliver a bespoke action plan.

Our local context

The proportion of people in employment varies across ELFT, with the unemployment rate higher than the national average in four areas.

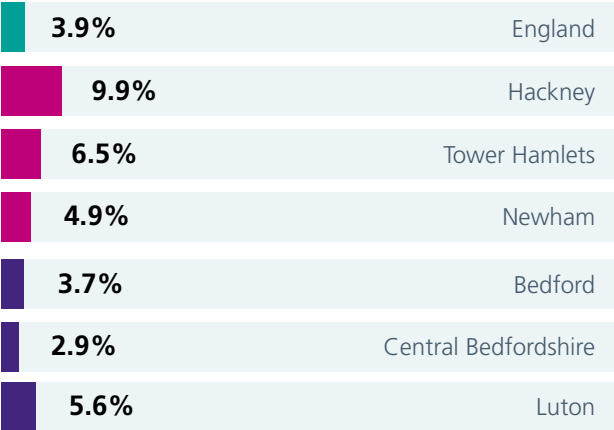
Gaps in employment rates refer to the percentage point difference between the employment rate for one group compared to another. It can therefore be a measure of inequity and show structural challenges for different population groups accessing employment.



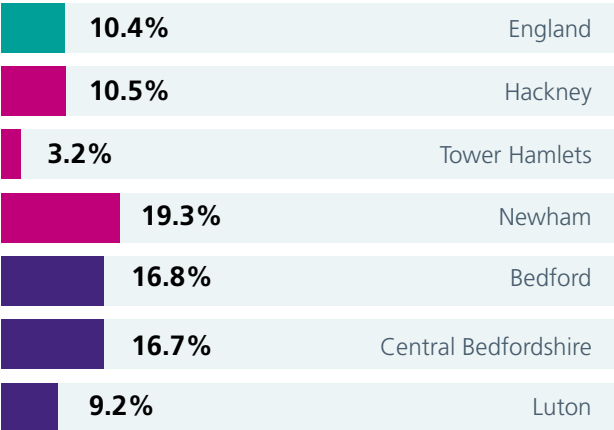


Unemployment rate

(2023 / 24)



Gap in the employment rate: People with a physical or mental long term health condition (aged 16 to 64) and the overall employment rate (2022 / 23)



Key - Region

- England
- East London
- Bedfordshire and Luton

Examples of local partnerships

Improving Equity with ELFT Quality Improvement and Tower Hamlets Council

Projects included supporting 15 Somali women into healthcare careers through a partnership between Women in Training and Tower Hamlets GP Care Group and development of a peer network to support African men over 50 access employment.

Project Jobs - Co-produced to increase lived experience employment within ELFT and NELFT (North East London Mental Health & Learning Disability Provider Collaborative)

Developed from service users feedback for better representation ('people like me') in services and more career development opportunities for lived experience roles. Actions so far include a skills and interests audit and support with digital and project working skills.

ELFT and Our Newham Works (Newham Council's employment support team)

Piloted in 2023 and now an embedded partnership, supporting so far over 90 local people secure healthcare roles. Help includes information workshops and interview practice.



Case Studies

1. Compass Wellbeing CIC: Supporting Employment Pathways

Compass Wellbeing, a community interest company owned by ELFT, launched a two-year Employment Support programme this year with NHS Charities Together to help hundreds of mental health service users across Tower Hamlets, Newham, Hackney, Bedford, Luton and Central Bedfordshire overcome employment difficulties worsened by the pandemic. Compass Wellbeing also provides an employability and training programme for service users transitioning from inpatient or secure facilities, many with a history of offending. In 2024, twelve people completed work placements. All were formally contracted as business administrators in paid part-time roles and received skills training and an initial allowance to help prepare for work, such as buying office clothing. Participants reported improvements in confidence, motivation and work skills.



I developed and refined my computer skills and am now more comfortable.

- Compass Well-being work placement participant

2. ELFT volunteer placements for local graduates

ELFT partners with local universities to provide volunteer placements in healthcare settings to around 100 graduates each year. This supports graduates gain an understanding of the work environment, develop links with ELFT staff and open up opportunities for further learning and development, such as apprenticeships. Even with a degree it is not always easy to get a job and pre-employment support, such as through volunteering, can build confidence and greater appreciation of the work environment.



I wanted to volunteer with ELFT because it would give me a really good insight into how the NHS works, working with vulnerable people especially.

- Gabriela, ELFT volunteer



3. Work placements for people with learning disabilities

ELFT's Occupational Therapists in Forensics and Community Services came together to increase work placement opportunities for people with learning disabilities.

An ELFT charity application supported a partnership with Unity Works, providing work placements opportunities in a range of settings including cafes and horticultural placements. This has supported two service users to complete a year work placement. The success of the partnership is being followed up with an application to the North London Forensics Collaborative to fund two more placements next year.



I have made friends with other people that have learning disabilities.

- Service user completing a work placement at Unity Works



Next steps

Start a learning disabilities employment network for ELFT to learn from different areas and identify ways to increase training and employment opportunities.

Continue to increase awareness of local employment support including through in person events, encouraging clinically led conversations and strengthening partnerships in each ELFT service area.

Work with Integrated Care System partners, including local authority public health teams, ICS Anchor networks and Provider collaboratives on employment support goals.





Objective 2

Income maximisation to support a healthy standard of living

2





Objective 2

Income maximisation to support a healthy standard of living

Over 2024 we've supported service users, carers and our communities to achieve a healthy standard of living through tackling low pay, supporting people to access the benefits they are entitled to, building awareness of cost of living support and helping improve digital inclusion.

Highlights over the year:

- ELFT is now a **Real Living Wage (RLW) accredited organisation** recognising its ambition for all suppliers to pay the RLW by March 2026 as well as paying staff Real Living Wage rates. **81% of our suppliers now pay the Real Living Wage** compared to 22% three years ago.
- The Healthier Wealthier Families project at Newham's specialist neuro disability clinic SCYPS has so far supported access to around **£665,000 in unclaimed benefits for 107**

families. Many similar examples of co located benefit advice continue to happen across the Trust including in Forensics, Centre for Mental Health in Hackney and Newham, Mind providing support for East London community mental health teams, Citizens Advice supporting Luton primary care services and the Claim the Max clinic running in Mile End hospital.

- **ELFT's Digital Life Coach programme** is training 25 Digital Champions at the Trust to train other staff and service users to be digitally confident. This builds on national examples of practice, such as Bradford City Council where 50 Digital Champions supported 500 local residents over two years.
- **Wide range of support by ELFT's People Participation Cost of Living lead** including a [Trust-wide online resource](#) for service

Glossary

Deprivation: Where you do not have the things or conditions needed for an agreeable life.

Real Living Wage: Recommended UK wage rate based on the cost of living.

users, carers, staff and local communities. This includes advice and tips for reducing household bills along with details of local borough free resources.

- Hosting **three webinars** for staff and partner organisations to deepen understanding and provide spaces for discussion around income support including who is affected by **destitution**, what we mean by **poverty proofing** and awareness of people with **No Recourse to Public Funds** (NRPF).



After completing the digital life coach training one of the things I really wanted to do was support people to get the NHS app... I volunteer in a small community centre where ladies meet. A number of them have limited English and most of them have health issues.

I collected different resources including YouTube videos and set the group session to follow the instructions step-by-step...Everyone managed to install the app and I explained how to order medicines so you don't have to go to the GP.

- Moniek, Digital Life Coach

Why does it matter?



I was quite shocked how many carers did not know what was available to them financially, things like benefits, attendance allowance..."

- Academy of Lived Experience
Carer interview

Living in poverty makes it much harder to live a healthy life. Poverty can stop people being able to buy what they need, reach their full potential in education, participate in social activities and manage unexpected expenses. It can be harder to access healthcare owing to transport costs or difficulties taking time off work. Eating well is difficult, with the Food Foundation estimating that people in the poorest 20% of the population need to spend half of their income for a healthy diet. Poverty also worsens mental health and well-being, for example increasing feelings of loneliness and anxiety.

National data shows a recent increase in poverty. It now affects 3 in 10 children, 2 in 10 working age adults and 1 in 6 pensioners. There's also been an increase in people experiencing destitution, which is when you are not able to afford the most basic needs to stay warm, dry, clean and fed.

Rising poverty increases demand on healthcare services. For mental health care, if you live in the most deprived areas of the UK three times as many people are in hospital and five times as many stay longer than 60 days compared to the least deprived. It may also be more difficult

to access early healthcare support - for example people with diabetes in the poorest areas are less likely to receive all the care processes they need as compared to people in the least deprived.

Digital poverty can affect income, employment, education and access to healthcare appointments and advice. Digital exclusion affects population groups likely to also experience other social and economic challenges – for example older people, disabled people, low-income families, refugees, asylum seekers and migrants and people who are homeless.





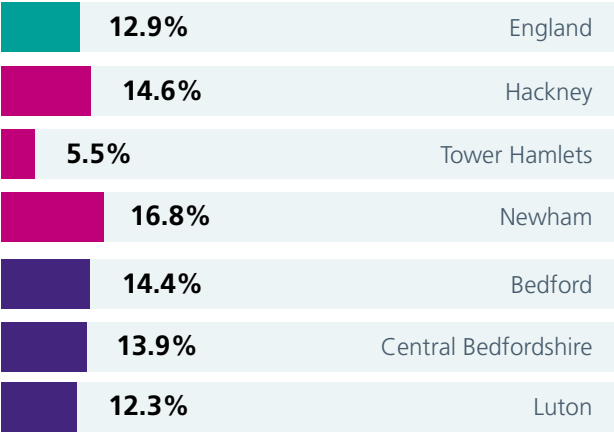
Our local context

Many people living in ELFT service areas are impacted by poverty with accompanying poor health outcomes. For example, the Denny Review, investigating health-related inequalities in Bedfordshire, Luton and Milton Keynes, shows differences in life expectancy of more than eight years between the least and most deprived areas of Bedford and Luton. It also describes inequalities between different population groups, for example estimating that one in 66 people in Luton are homeless.

Children living in poverty are more likely to have poorer physical and mental health problems with potential lifelong impacts. Some adult populations using ELFT services are also at increased risk of health harms owing to less money. For example, the Trust’s learning disability needs assessment showed that nearly all people on the learning disability register live in the most deprived parts of ELFT’s East London boroughs.

Integrating welfare and money advice into our healthcare settings provides a targeted form of support for people in most need. An evaluation of health setting advice services in Hackney showed that a higher proportion of people with disabilities and/ or long-term health conditions accessed advice when in a healthcare setting compared to its main setting. A Centre for Mental Health report on the impacts to mental health from the cost of living crisis recommends all mental health services to offer money, housing and welfare advice to help address the two crises of mental ill-health and poverty.

Percentage of employee jobs below the living wage (2022 / 23)



- Key - Region
- England
 - East London
 - Bedfordshire and Luton



Support can encompass a range of needs, including support with applying for benefits, blue badges, housing queries and employment difficulties... The health and wellbeing team at Hatters have found that having Citizens Advice Luton support their patients has been hugely beneficial.

- Jane Lee,
Social Prescription Link Worker, Hatters Primary Care Network (PCN), one of six PCNs in Luton where Citizens Advice are co locating welfare support



Case Studies

1. Healthier Wealthier Families in East London

Funded by the ELFT Charity and other partners, ELFT piloted with UCL the Healthier Wealthier Families model at SCYPS (Specialist Children & Young People’s Services), it’s neurodisability clinic for children and young people in Newham.

Healthier Wealthier Families involves two aspects: first, co-locating welfare benefit advice in health services, and second, integrating referrals to benefit advice through health and other routine appointments.

Over the research period (April 2023 to June 2024) nearly half a million pounds was achieved for 76 families attending SCYPS through co located support provided by Our Newham Money, the Council’s financial support service. On average this is around £6,000 per family with an estimated return on investment of £47 for every £1 invested in advice. Evaluation research themes include: the importance of co-location of money advice in trusted healthcare settings to improve access; greater awareness of financial benefits for healthcare staff through co location; and the role of the advisor to

help overcome other barriers such as digital exclusion and language. It’s being shared as an example of practice with a range of national and international partners.



It’s a weight off my mind, because I know they are getting the support that they need with experts.

- Nurse in neuro-disability clinic



With bulk shopping, the money can go further. We can eat properly and get clothes for summer.

- SCYPS family receiving Our Newham Money benefit advice



2. Cost of living in person event in Hackney

Organised by ELFT's People Participation Cost of Living lead in partnership with Hackney Council, an opportunity for residents not digitally enabled, homeless, or who prefer to communicate in-person, to engage with local support services and get immediate support.

Around 55 people attended, learning about the event from a wide range of community support including food banks, Age UK, employment

coaching for young adults, play groups for families with young children in temporary accommodation, support groups for recovering addicts and ex-offenders, and charitable support from local churches. Half of attendees were ELFT service users but the main way of finding out about the event was from local community services they use, showing the value of building local connections. Help at the event included benefit advice, food vouchers, Household Support Fund vouchers and ELFT's Cost of Living Support Household Bills printed booklet.



East London NHS Foundation Trust - Annual Population Health Report 2024



Broad spectrum of help and support and welcoming atmosphere. Personalised help was accomplished when I spoke to each person...Thank you for such a supportive event!

- Cost of living Hackney event attendee





3. Personal Health Budgets in East London

Personal Health Budgets (PHB) are available to people receiving recovery focused mental health support from ELFT. It provides money to purchase an item, activity or service to support someone to work towards an identified, personalised mental health recovery goal.

ELFT East London boroughs saw 1,074 PHB referrals over a year with 42 mental health teams referring into the service. PHBs are supporting a range of goals, including physical health, accessing leisure activities, supporting and developing friendships and improving employment. The positive impact on recovery is demonstrated in the outcome scores and feedback from individuals; over 2023-2024, 78% of people accessing PHB had improved wellbeing scores measured by a quality of life tool.



Mental Health is multi-faceted, and you have internal resources you can draw on to empower you. Personal Health Budgets enable you to tap into these internal resources.

- Community Occupational Therapy team member, Newham



Next steps

Help expand the co-location of benefit and welfare advice in health care settings, working with partners such as DWP, Citizens Advice and local authority teams.

Provide co located immigration advice in mental health services to support people with uncertain migration status access healthy living support.

Reach 100% of all ELFT suppliers paying the Real Living Wage.

Work across ELFT areas to tackle digital inequalities including supporting digital access, skill development through digital coaches and repurposing digital devices.

Explore partnership opportunities to strengthen health and housing support in Luton, Bedfordshire and East London.

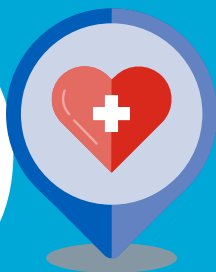
Continue to reach staff, service users and community groups that are less easy to connect with Trust wide Cost of Living support, including building council and community connections and hosting in-person events.



Objective 3

Promoting the physical health of people with severe mental illness and learning disabilities

3





Objective 3

Promoting the physical health of people with severe mental illness and learning disabilities

This year we've prioritised activities to promote the physical health of people with severe mental illness and learning disabilities. This supports ELFT's strategic commitment to prioritise prevention and early detection of illness in disadvantaged groups including through vaccination, screening and health checks alongside increasing the proportion of service users who stop smoking and can access weight management support.

Highlights over the year:

Over twenty Quality Improvement (QI) projects taking place across the trust focusing on supporting the physical health of people with learning disabilities and/ or Severe Mental Illness.

Establishment of a Physical Health Working Together Group (WTG) involving service users directly in shaping physical health services. Key

achievements include supporting Newham Recovery College's first Physical Health Week, helping 22 people receive health checks, a **Healthwise Newsletter** to keep service users informed about physical activity opportunities and an online **Physical Activity Hub**.

64% of people living with a severe mental illness receiving a **physical health check** in North East London and **55%** in Bedfordshire, Luton and Milton Keynes with a target of 70% and 60% for each ICS area by the end of March 2025. A range of partnership work and initiatives are taking place to help increase uptake.

Nearly 1 in 4 service users accessing ELFT's smoking cessation service are supported to quit with many others reducing their smoking intake. An internal smoking cessation evaluation showed over 1,350 inpatient and community health service users supported over a year to

Glossary

Life expectancy: An estimate of the number of years a person may live from a particular population group.

Severe Mental Illness: Refers to people who have received a diagnosis of psychosis, schizophrenia or bipolar affective disorder. This definition does not imply that other diagnoses are not 'serious' or 'severe' but is a term used for healthcare guidance around physical health checks.





stop smoking with an estimated 19 lives saved alongside reducing the risks of smoking related diseases in many others.

ELFT is piloting a **community tobacco dependency service**, supporting 234 service users in 2024. Local authority partnership work is also helping expand smoking cessation support for ELFT service users, including a **smoking cessation advisor at Path 2 Recovery in Bedford**, supporting people accessing drug and alcohol advice and treatment.

A Trust wide **diabetes prevention and management group** is now established to strengthen learning and resources around diabetes prevention for staff, service users and carers.

Strengthened physical health support for people with learning disabilities in Bedfordshire and Luton including the development of a dementia pathway for people with Downs Syndrome over the age of 30 and piloting a Learning Disability Friendly GP Practice project.

Expansion of the **‘Shape Up’ Healthy Eating**

programme for people with learning disabilities in Tower Hamlets including carer training, supporting staff with nutritional screening and partnership working with Barts Health and London Borough of Tower Hamlets Public Health. Learning is being shared with other areas of the Trust.

Why does it matter?



ditching bad habits, including smoking, physical inactivity...promote good nutrition and social integration in a positive environment...integrating physical health properly in the ward environment.

- Academy of Lived Experience
Service User interview

There is an unacceptable difference in health between people with long term health conditions, learning disabilities and the general population. This includes longer periods in poor health as well as dying earlier - up to 20 years less life expectancy than the general population.

A Nuffield Foundation report describes preventable physical health challenges for people with learning disabilities. This includes obesity particularly in teenage years and young adulthood, which can increase risk of physical ill health including type 2 diabetes and cardiovascular disease. People with learning disabilities have lower access to cancer screening rates, resulting in cancer often diagnosed at a later stage. In addition, only around 26% of people with a learning disability in England are on the learning disability register which can be a barrier to accessing annual health checks and flu vaccinations. Over medication of people with learning disabilities can cause side effects such as weight gain, tiredness and some serious physical health problems.

People with long term mental health needs are twice as likely to suffer from diabetes and respiratory conditions and experience more deaths from cancer and heart disease despite having the same number of people with these conditions as in the general population. Risk factors for physical ill health include lifestyle factors often linked to deprivation such as poor diet alongside side effects of antipsychotic medication. Two in three of these deaths are for physical illnesses that can be prevented with the right support.



For people with a serious mental health condition an annual health check in the past year is associated with a **20% reduction** in Accident and Emergency attendance and a **25% reduction** in mental illness admissions.

Smoking tobacco is the biggest cause of preventable death, disability and ill-health in the UK. A strong body of research shows the positive difference smoking cessation support makes in healthcare settings.

Flu vaccines in 2023 supported a **30% reduction** in people aged 65 and over being hospitalised and a **74% reduction** in those between 2 and 17 years of age.

Our local context

Inpatient service data shows estimates of around 50% of inpatient service users smoke compared to 11.6% of adults in the general population, a 38.4% difference. By providing smoking cessation support through a healthcare setting we not only save lives but directly support

people from lower income settings, with North East London data showing that 85% of people supported to stop smoking through healthcare services are from the 40% most deprived areas.

An ELFT commissioned East London needs assessment for people with learning disabilities recommends a number of actions to strengthen preventative and health promoting services following analysis of local data. For example, in Tower Hamlets, Newham and City and Hackney there is lower cancer screening for cervical, bowel and breast cancer for people with learning disabilities compared to the general population, and this varies by local authority.

Over 54% of the adult population in areas where ELFT provides support are overweight or obese. Being overweight or obese increases risk of a range of long-term health conditions for people ELFT supports, such as cardiovascular disease and type 2 diabetes. For example, people with learning disabilities experience poorer access to mainstream weight management services and are more dependent on others for nutrition care leading to greater risk of poor physical health. In Newham, 25% of adults with Severe Mental Illness have type 2 diabetes compared to 8.8%

in the local population. In Luton, 10% of the adult population have diabetes, with the Hatters Health Primary Care Network noting an increase of a third of type 2 diabetes service users in the past five years with 25% of these service users being from the most 20% deprived areas of the borough.





Case Studies

1. Reducing weight management inequalities for people with learning disabilities

The Community Learning Disabilities Service (CLDS) in Tower Hamlets started a Quality Improvement project in response to the higher risk of obesity and related physical health conditions for people with learning disabilities. It aimed to increase the monitoring of Body Mass Index during service users’ appointments, a key way to identify and mitigate risks such as diabetes and cardiovascular disease. It used a multidisciplinary approach involving dietitians, clinicians, and carers.

Key project interventions included the installation of a health monitoring machine in the waiting area, development of educational resources and nutrition training for staff. This resulted in an increase in BMI recordings from less than 3% to over 15% of service users by the end of the project period. Both service users and staff also reported increased awareness and engagement with weight management practices.

Next steps for the project include refining interventions based on ongoing data collection and user feedback, expanding the use of health monitoring tools, and improving data recording systems.

2. Increasing engagement of Black, Asian and ethnic minority service users with severe mental illness (SMI) taking up annual physical health checks

ELFT worked jointly with staff from the Hatters Health Primary Care Network (PCN) to undertake a Quality Improvement (QI) project. The aim was to identify Black, Asian and minority ethnic clients on Hatters Health PCN’s SMI register with low engagement with primary care mental health services in the past two years. This led to a change from 62% receiving health checks in September 2022 to 87% by January 2024.

A number of change ideas took place including improvements to appointment information and reminders and offering preferences in terms of where the health check takes place including



home visits. Learning includes the importance of changing processes to support different cultural backgrounds, publishing leaflets and letters in different languages and ensuring GP surgeries hold the correct ethnicity data on service users. The project won the ELFT Commissioners award and finalists of the 'Improving Health Outcomes for Minority Ethnic Communities' category at the 2024 HSJ Patient Safety Awards.



I will come next year again as I know it's nothing to worry about.



I'm happy to have the review at home as I'm too anxious to go out.

- Hatters Health service users who have now taken up annual physical health checks

3. Supporting weight loss and annual health check attendance at Clerkenwell Ward

Clerkenwell Ward is a low secure forensic ward for men with learning disabilities. Over the past year the clinical team has been supporting its service users with weight loss, leading to an average reduction in weight of nearly 14kg per inpatient, representing a shift in Body Mass Index readings from obese to overweight.

Reducing medication where possible can also help reduce weight loss. The use of antipsychotics on the ward has on average decreased by 22%, with complete discontinuation in 3 out of 12 patients on antipsychotic medication. Pharmacy teams are now part of regular ward rounds, reviewing medication use on a monthly basis. Other weight loss support includes sports groups and activities such as volunteering and work placements. In addition, GPs are now completing annual health checks on the wards, with all service users receiving an annual check in the past 12 months.



Next steps

Develop a Trust wide physical health strategy as part of ongoing work to support improved physical health outcomes for our service users.

Reduce barriers for people with severe mental illness and learning disabilities to access cancer screening.

Deliver an action plan to strengthen diabetes prevention and management across the Trust, including learning from Quality Improvement projects.

Work with ELFT Allied Health Professionals through structured learning opportunities to develop a Living Well approach that supports equitable access to health promotion and prevention.

Continue to roll out smoking cessation support across the Trust.



Objective 4

Children and young peoples' emotional, physical, social, and learning development

4





Objective 4

Children and young peoples’ emotional, physical, social, and learning development

ELFT’s work with children and young people’s healthy development involves leading the North Central East London (NCEL) CAMHS Provider Collaborative, supporting the work of the Mental Health Support Teams (MHSTs) in schools and other innovative projects.

Highlights over the year:

Discovery College Bedfordshire and Luton continued its work supporting and enhancing community resilience by developing wellbeing programmes for young people. Examples of this work include:

- The **Mindful Journeys** project, a platform for young people within the South Asian community in Luton to share and discuss challenges they face around mental health or accessing healthcare services.
- The **Raising Aspirations Programme** which supports underprivileged young people to reach their academic and personal potential.
- The **Young People Seeking Sanctuary** event in collaboration with Central Bedfordshire Council created a safe space for care leavers to improve their understanding of community services in a fun environment with sport and creative activities.

Glossary

CAMHS: Child and adolescent mental health services.

MASH: Multi-agency safeguarding hub. This is a team that receives and coordinates responses to safeguarding referrals in a local area.

MHSTs: Mental Health Support Teams are based in schools and involve the provision of Educational Mental Health Practitioners who can deliver schools based mental health support.

NCEL CAMHS Provider collaborative: This is the North Central and East London provider collaborative, a partnership of five NHS trusts across 13 boroughs in North London.

School readiness: There are several different measures of ‘school readiness’ used by the Department for Education. Here we refer to the percentage of children achieving a ‘good level of development’ at the end of Reception (age 4/5). Children achieve a good level of development if they have reached the expected (or better) level of early learning goals.

Strategic health needs assessments (SHNA): A tool to inform service planning and improvement by systematically identifying the unmet health needs of a population and recommending changes to meet those unmet needs.



ELFT continues to improve understanding of the health and wellbeing needs of our children and young people in collaboration with the NCEL CAMHS Provider Collaborative:

A strategic health needs assessment (SHNA) of inpatient CAMHS services for children and young people with Learning Disability and/or Autism was completed. It engaged extensively with service users and their families/carers, developing a deeper understanding of living conditions in inpatient settings, and the need for better joint working between inpatient and community CAMHS. Plans are now in place to support improvements.

The NCEL VCSE (Voluntary and Community and Social Enterprises) small grants programme launched in 2022 with a £1.5million fund and was recently evaluated. Funds were distributed across 47 projects in the NCEL patch, focused on prevention, early intervention, recovery, and crisis support. The evaluation found evidence of moderate to significant impact across key outcomes for Young People, particularly in improving young people’s mental health and wellbeing, young people being better able to manage their mental health (high impact), and with significant impact on improving knowledge and understanding about mental health among young people.



I’ve learned so much about mental health. Not just about my own. But the mental health of others. I’ve been telling my family all this stuff and now they are coming to me and asking me questions!

- Beneficiary - Focus Group





Why does it matter?

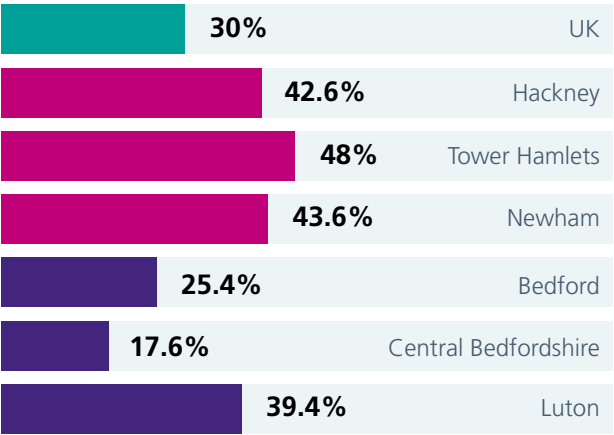
A good childhood matters, and difficulties in childhood, even before birth, can influence a child’s emotional, physical, social, and learning development in enduring ways, shaping the life course.

This year the 2024 Good Childhood Report identified that children in the UK are less happy compared to ten years ago, and that 1 in 10 children aged 10-17 experience low well-being. For children and young people living in households under financial strain, 2 in 5 children and young people were either ‘often’ or ‘always’ worried about how much money their family had. This sort of concern about the cost of living underlines a widening gap between the richest and poorest and the physical and mental health and wellbeing of children and young people.

Our local context

In the areas within the ELFT footprint, there is variation in ‘school readiness’ at the end of reception and rates of child poverty:

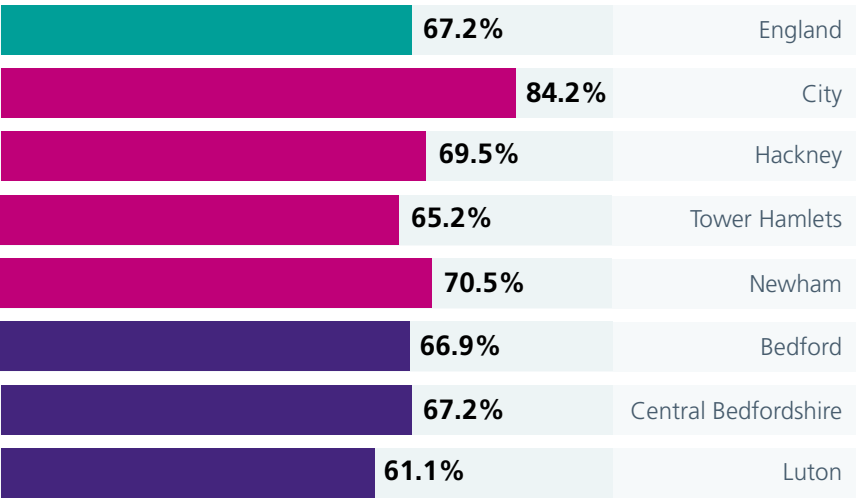
Child Poverty, % of children living in poverty after housing costs



Key - Region

- England
- East London
- Bedfordshire and Luton

School Readiness, % of children with a good level of development at end of reception





Case Studies

1. Identifying, addressing, and improving the mental health inequalities in the South Neighbourhood of Luton

This co-produced community project uses quality improvement methodology to improve mental health equity in the South Neighbourhood of Luton. It aims to strengthen system resilience around children, young people, families, and their communities, taking an asset-based approach.

A co-produced strategy and action plan was developed after an exploration of what parents, young people and school staff think are the issues most impacting on their children's mental health and well-being. Several projects have developed from this including a new peer-led parenting programme which aims to support parents to receive training and gain qualifications. The first cohort is currently in training to lead a peer-led parenting group (Empowering Parents Empowering Communities). A psycho-education programme on child mental health and how to access support is also co-designed specifically for South

Asian communities in the neighbourhood to improve accessibility and acceptability to CAMHS services.

2. ELFT and North East London (NEL) partners All About Me project: developing a booklet on consent and confidentiality for young people using healthcare

Together with NEL partners, young people who use ELFT CAMHS were involved in an All About Me project, to better understand young people's rights in relation to healthcare. They focused on consent and confidentiality and explored how these apply across the health system, including how they relate to safeguarding and looking after yourself.

Over the October half term, young people completed the first stage of creating a new booklet for use in the system, that can be placed in any venue where young people seek help and advice including schools, GP surgeries and hospitals. Having developed the content, the next stages will involve working with a graphics team to design the layout and images for the



booklet, and to agree on a name. Young people and NEL partners will complete the booklet, with the ambition of cascading across NE London to services working with children and young people.



It was really nice to work with other young people to create the leaflet. It has deepened my knowledge about consent, which I can now use in my own life. I could also converse with others [young people] and share our stories and knowledge on the topic, which created an atmosphere where we could share information with others in a safe space.

- Shante, young participant – Newham

3. New 'Integrated Front Door' for children, young people and families in East Ham and Plaistow, Newham

The Integrated Front Door (IFD) is a pilot programme (2023 – 2025) in Newham, designed

to enable a timely response to emerging emotional or mental wellbeing needs of children, young people and families. The IFD multi-agency team of CAMHS, local authority social workers and mental health in schools practitioners accepts referrals from schools, GPs, community and voluntary sector services and aims to provide an initial assessment and develop a multi-agency plan within 3 – 4 working days. Where there are safeguarding concerns or a mental health crisis identified, these are referred into the MASH/ CAMHS crisis team.

An external evaluation shows the service succeeds in reviewing just over half of their cases within one day of referral and 97% of cases within 4 or fewer working days.



I appreciated the time spent speaking with me to understand our needs and for holding space for me to talk about how I was feeling and the struggles we have gone through. It felt like we had someone on our side.

- Parent/Guardian from evaluation



Next steps

Carry out a review with Trust wide partners to identify additional areas of population health focus to support children and young peoples' emotional and social wellbeing in community settings.

Further develop the participation and engagement of children and young people in the population health work of the Trust.

Continue collaborating with system partners on strategic health needs assessments including taking forward findings from the NCEL Perinatal Mental Health Needs Assessment delivered through the Anna Freud Centre.



Objective 5

Champion social justice, and fully commit to tackling racism and other forms of prejudice

5





Objective 5

Champion social justice, and fully commit to tackling racism and other forms of prejudice



Over 2024 we've been identifying ways we can create more inclusive services for all our communities, including implementing the Patient and Carer Race Equality Framework (PCREF), supporting zero tolerance of racism within our organisation and continuing to work in partnership with local voluntary and community sector organisations to support community-based health and well-being support.

Highlights over the year:

Published a **needs assessment for East London on people with learning disabilities** to help with future service planning. This showed that the number of older people with learning disabilities will increase significantly over the next 15 years and that people with learning disabilities live in our most deprived areas.

Analysed **access and recovery rates to Talking Therapies services for ethnic minority communities across North East London**. This identified similarities in population groups with lower access rates (including Bangladeshi, Pakistani, African and Other ethnicity categories) leading to a number of recommendations and actions being taken forward by the North East London (NEL) Talking Therapies collaborative. These include joining up community engagement strategies and adapting interventions for these identified populations. For example, development of culturally and faith-adapted interventions and partnerships with mosques, churches and community centres.

A **series of training sessions** are being delivered as part of ELFT's ongoing commitment to being an **anti-racist Trust**. The sessions have individual focuses on antisemitism, xenophobia and Islamophobia. Through these sessions,

the Trust aims to improve staff knowledge and awareness of harmful impacts and offer practical tools to challenge these forms of discrimination in the workplace.

Learning sessions to **strengthen Asset Based Development approaches** to help recognise and work with community assets in place. A project group has been established to start taking forward these approaches in our work including mapping local assets.

The **ELFT Domestic Abuse Steering group** is carrying out a Quality Improvement (QI) project to increase **Routine Enquiry into Domestic Abuse (REDA)**. This uses regular, structured questioning to improve identification of domestic abuse experienced by service users, helping improve early identification and connection with support services.



Implementation of the Patient and Carer Race Equality Framework (PCREF)

PCREF is the first NHS anti-racism framework. As a Pilot Site, ELFT has embedded PCREF into its governance and strategy. The Trust launched PCREF in November 2023, ahead of it becoming mandatory for all mental health service providers from March 2025.

Implementation is monitored by the PCREF Steering Group, co-chaired by a clinical director and a service user, plus a Data Subgroup that breaks down data by place and ethnicity to compare access, experience and outcomes data to local demographics to help better identify inequities. All Service User Co-Chairs and deputies are of racialised backgrounds. Their lived experience of accessing mental health services and their racial backgrounds help inform PCREF implementation and support robust accountability when monitoring progress.

Why does it matter?

When we champion social justice we are trying to create a fair and equal society in which individual’s rights are recognised, respected and protected. This is particularly significant for marginalised groups such as racialised ethnicities, LGBTQ+ communities, people with lived experience of poor mental health, asylum seekers, people who have been in the care of criminal justice systems, victims of domestic abuse and people who have experienced homelessness. These characteristics may overlap and cause greater differences in health and quality of life that are unfair and avoidable.

Racism has direct and long-term impacts on mental and physical health and affects service users, carers and employees within health and social care. An Institute of Health Equity report on structural racism, ethnicity and health inequalities in London sets out evidence on these impacts, including how the fear of experiencing racism, such as feeling unsafe and/or avoiding certain spaces, has a cumulative, negative effect on the mental health of people

from ethnic minority groups. The 2024 Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries report found that Black women are almost three times more likely to die from pregnancy and childbearing-related complications than white women, while women from Asian ethnic backgrounds are almost two times more likely to die.

Our local context

The ethnic and cultural diversity of ELFT’s service areas is one of our greatest strengths and we are committed to doing what we can to reduce unjust differences in health outcomes in our local communities. This includes a strong focus on data analysis to understand how different population groups are accessing and benefiting from the services we provide and how we can address barriers to accessing support. We also recognise the need to work closely with voluntary and community sector partners, often led by and/or working closely with communities experiencing inequities, and the importance of placing people participation at the centre of our work.



24 hour mental health hub pilot

Mental health services in Tower Hamlets are one of six areas selected across the country to trial a new approach to supporting people needing mental health support. The Trust and Look Ahead charity have partnered to develop a new mental health hub in the borough for anyone known to GP and mental health services in the area. People with serious mental health problems will be able to drop into the centre without an appointment and receive support from psychiatrists, mental health professionals, social workers, voluntary sector workers and peer support workers at any time of day. Support for wider determinants of health such as housing or employment will be available alongside psychological therapies and medication.



Meeting of the Board of Directors in Public-30/01/25



Case Studies

1. ELFT Pursuing Equity programme: Bridging the missing appointment gap

Across ELFT services data reveals that service users from the most deprived neighbourhoods are more likely to miss their appointments than those from more affluent areas. This disparity leads to longer waiting times, not using resources to their best potential and poorer health outcomes for those who need care the most.

The Pursuing Equity Programme brings together 31 teams from across ELFT to reduce missed appointments and tackle these inequities. A programme-level theory of change framework helps support understanding of the drivers behind missed appointments and offers a practical “menu” of evidence-based change ideas. Initiatives being tested include peer-support workers making reminder calls, automated text reminders and distributing translated service information packs. Teams will start by testing change ideas locally and using their data to see what works. In learning sessions, they’ll share successful ideas for others to test and adopt. These efforts will

come together in a change package for sharing across the Trust and beyond, helping everyone benefit from proven ways to reduce missed appointments.

2. Developing a trauma informed integrated clinical pathway for unaccompanied asylum-seeking young people

Unaccompanied asylum-seeking children (UASC) in the UK are a vulnerable population with complex social, mental and physical health needs. A recent survey of initial health assessments (IHA) across England showed significant variation in scope and quality of care. With support from Barts Charity, two ELFT doctors are developing alongside peer group workshops a trauma informed integrated pathway for unaccompanied asylum-seeking young people for use across North East London (NEL). The pathway includes an enhanced initial health assessment with support from a senior CAMHS and a Health Improvement practitioner with a follow up professional multi-disciplinary team to support the foster carer and social worker with care planning. An interpreter is provided at each assessment.

So far the pathway’s been rolled out in Tower Hamlets, Barking and Dagenham, Havering and Waltham Forest in partnership with ELFT, NELFT and Barts Health. An evaluation framework is being developed to understand the feasibility, acceptability and impact of the pathway.





3. Perinatal mental health Race and Health Observatory Learning Action Network

In collaboration with the Race and Health Observatory, ELFT is undertaking a quality improvement project to increase referrals to perinatal mental health services for Black African and Black Caribbean women and birthing people across the Trust. Its aims are to increase access and improve experience, through service user and staff interviews and collection of quantitative and qualitative data.

Black Caribbean and Black African Experts by Experience are on the project team, along with representatives from community organisations such as Sister Circle, enabling the Trust to reach those within the demographic who have never accessed perinatal mental health services. Early change actions include co creating a poster to increase awareness of perinatal mental health care and engaging with primary care. The project will bring learning together at the end of March 2025 to then embed new positive ways of working into everyday practice.



Next steps

Continue to increase use of routine enquiry for domestic abuse as part of ELFT healthcare services to facilitate early identification of those affected and ensuring they are connected to the appropriate support services.

Develop a sustainability plan following the perinatal mental health Race and Health Observatory Learning Action Network to embed positive change ideas.

Carry out data analysis to strengthen preventative approaches to health and wellbeing in our three East London primary care practices for homeless service users.

Launch the Trust's Patient and Carer Equity Strategy and run an equality campaign for ELFT staff.





Objective 6

Contribute to the creation of healthy and sustainable places, including taking action on climate change

6





Objective 6

Contribute to the creation of healthy and sustainable places, including taking action on climate change

Highlights over the year:

Delivering our [Green Plan](#) for 2022-25. The plan sets actions for how the Trust will reduce our carbon emissions to zero as an organisation by 2040 and of those we can influence - such as our suppliers of food or medicines - by 2045. We've written an [article](#) explaining how we - staff and service users at ELFT - are doing this using quality improvement. We have already reduced carbon emissions by over 40% compared to 1990 levels in the emissions we control directly. This has been achieved by removing carbon from our electricity supply which is now 100% renewably sourced; reducing our use of energy and water utilities by 20% since 2016 and moving from polluting to Ultra Low Emission vehicles across ELFTs transport vehicles.

More than 60% of directorates mentioned sustainability within their annual plans in 2024. Our Climate Network has grown to 300 members of staff and service users, we now have 37 staff Climate Champions and the Greener Health awards are part of staff awards each year. In September 2023, the Leading Environmental Action Forwards Working Together Group (LEAF WTG) was formed to support service users within our sustainability efforts. Since then, over 40 service users and carers have taken part in a range of opportunities including: developing the Green Plan, participating in sustainability workstreams, developing new programmes and five members are soon to become our first service user or carer Climate Champions.

We promote community wealth by spending our resources locally where we can, for example

Glossary

Carbon emissions: These are the emissions of carbon dioxide that come from the use of fossil fuels as energy sources. They can be direct emissions - that the NHS directly controls - such as energy use in buildings or waste generated. They can also be indirect emissions - that the NHS can influence - such as equipment and medicines purchased by the NHS.

Net zero carbon emissions: Means that the amount of carbon emissions produced is equal to or less than the amount removed from the atmosphere. In other words, that no more carbon dioxide is being added to the atmosphere.

Sustainability: The NHS defines sustainability as meeting the needs of patients without compromising the needs of the future. This includes the needs of patients, the public and the environment.



using community-owned sites for away days and increasing the numbers of local apprenticeships. We have also introduced a new furniture re-use portal to re-use unwanted furniture and equipment, increasing recycling by 5% since 2023. We have continued to reduce carbon emissions and costs by carefully managing and monitoring the use of energy across the Trust.

Why does it matter?



Climate change will affect everyone, but it is the most vulnerable in society who will feel its impacts more significantly. This crisis demands a collective effort; we rely on the diverse perspectives of our staff, service users and carers to successfully reach our net-zero goals.

- Siân Hodgkinson, People Participation Lead for Environmental Sustainability

At ELFT, we understand that the climate and ecological crisis is fundamentally a public health crisis that affects our populations now and threatens the physical and mental health of our communities in the years to come. We know that children and young people in particular are harmed by the crisis.

As a healthcare organisation providing mental healthcare alongside community health and primary care services, we are especially aware of our responsibilities in helping our service users, staff and partners navigate this challenging and concerning crisis. The World Health Organisation (WHO) has said that we need to be concerned about mental health in the context of climate change. There are many ways that climate change impacts on our mental health. This might be directly through the stress of experiencing flooding or indirectly through cancelled medical appointments during extreme weather events. The wider building blocks of our mental health such as our environment and the quality of the air we breathe, our financial circumstances

and our social connections are also affected by climate change. We must tackle these issues head on, not just in our own operations but working with our partners and peers.

Fortunately, action to tackle climate change has the opportunity to improve physical and mental health. According to the Climate Cares Centre at Imperial College London, climate action can be an opportunity multiplier for creating a world that supports good mental health. This is because climate action can lead to conditions that foster good mental health such as: clean air, access to green spaces, and more connected and equal societies.





Our local context

In June 2021 ELFT declared a Climate and Ecological Emergency, with a commitment to raise awareness of the health and social implications of the climate crisis and drive down emissions from the work that we do. This includes contributing to reducing national emissions through our supply chain and how we deliver our service and also locally in our communities through how we get to and from our sites, our deliveries and the emissions from our local contractors.

Our local areas are vulnerable to the impacts of climate change. For example, air pollution is the largest environmental risk to public health in the UK. It affects people’s health throughout their lives, from before birth to old age. Although it affects everyone, it has the greatest impact on the most vulnerable. There is no clear evidence of a ‘safe level’ of exposure to air pollution. Across ELFT, our areas are exposed to these risks.



Although air quality has improved in recent years, London still has some of the worst air quality in the UK. Air pollution alone is estimated to have caused 5,600 deaths in London in 2024. Luton is also bottom of a UK league table of predicted city-wide air pollution concentrations according to analysis by the Universities of Birmingham and Lancaster.





Case Studies

1. Reducing single use products in a continence service

Sustainable healthcare is a major goal both worldwide and for the NHS as well in ELFT, where single-use products are a key contributor to plastic waste. Staff in the [Tower Hamlet's Community Continence Service](#) identified that there was an opportunity to take a more sustainable approach to incontinence management by reducing the amount of single use products and finding longer life multi-use alternatives. For example, the service is now using washable incontinence underwear, which can be washed and re-worn multiple times and reusable male and female body-worn support devices. These changes result in fewer products being thrown away, fewer products being produced in the first place and can also be more cost-effective than disposable product alternatives. For their work, the service was awarded a 2024 ELFT Greener Health Award.

2. Reducing the use of non-sterile gloves when serving food to patients

The John Howard Centre service provides care for people recovering from a mental health crisis, with a focus on supporting their rehabilitation back into the community, rather than treating acute illness. Gloves have a significant impact on our environment in their manufacture, supply and disposal. In fact, a recent study suggests that every box of 100 gloves is equivalent to driving 20 miles in a standard petrol car. Since the COVID-19 pandemic an expectation developed that staff would wear gloves. This has led to an unnecessary use of gloves for many tasks such as when serving food to patients. The Gloves Off project is now underway with the aim of promoting safe and sustainable glove use whilst minimising infection risks. The project is involving service users, infection control nursing staff, sustainability staff and a quality improvement coach.

3. Gardening project within the grounds of a co-produced mental health drop-in service

The gardening project at the [Lighthouse in Leighton Buzzard](#) is an example of ELFTs commitment to sustainability and community building. The gardening project is one of the initiatives that all visitors, staff and service users can be involved in. It offers the opportunity to improve the green space for other service users and for people working in the garden to experience a sense of belonging and the benefits of horticultural therapy.



I love working in the garden especially in the fruit and vegetable area – it gets me outdoors – I really enjoy the work – it helps with my Mental Health – I can relax and it reduces my stress. I have a real sense of achievement and such a positive wellbeing especially when everything starts to grow – I love seeing other people's faces when we achieve.

- Darren who works at the Lighthouse in Leighton Buzzard



East London NHS Foundation Trust | Annual Population Health Report 2024



Opportunities to do more

Going forward, as a Trust we see that there is more work to be done in many areas. In 2025 we will be delivering the actions outlined in our [Green Plan](#). We highlight some of these here:

- Establishing projects to reduce medication waste and the over prescription of medicines and to increase annual recycling from 31% in 2024 to 40% across Trust sites by end of 2025.
- Improving air quality around the Trust site in relation to transport options and promoting active travel, as well as influencing contractors and reviewing our supply chains.
- Reviewing sustainability of diets, especially for in-patient wards, and what our canteens offer to service users, families and staff.



Reflections on 2024 population health activity and learning going forward

This report celebrates what can be achieved when population health is embedded as part of organisational strategy, with priorities then agreed for specific focus.

Population health enablers over the past year include:

- Dedicated leadership support, including from the Trust Board, staff teams and place-based partners such as Directors of Public Health and Integrated Care Board colleagues.
- A Trust wide commitment to Quality Improvement and People Participation to improve population health and promote equity in healthcare for some of the most under-served communities that we support in our settings.
- Maximising the opportunities afforded to us by being an 'Anchor' organisation within the communities we serve.

- Alignment of national policies and initiatives, such as the Patient Carer and Race Equality Framework and the Tobacco and Vapes Bill, which strengthen our population health principles and approach.

Challenges experienced include financial pressures, felt both internally and across both our Integrated Care Systems. In addition, there is a lack of recurrent funding for specific initiatives, such as Healthier Wealthier Families, despite the significant value they are showing to service users, carers and clinical teams. Population health also requires skills and tools to identify risks early, target interventions and evaluate impact, and these need to continue to be developed across the Trust.

We will carry this learning into next year by:

- An ongoing focus on population groups at risk of experiencing the greatest gaps in life and healthy life expectancy through preventative healthcare support including people who are homeless, people with learning disabilities and people with Severe Mental Illness.

- Continuing to support pathways to employment through our role as an Anchor organisation and integrating employment advisers in our healthcare services.
- Supporting children and families through community-based partnerships, including by reducing the impacts of poverty, improving access to perinatal mental health support and working with schools.
- Building population health capacity and capability across the Trust, for example through skill development and learning opportunities.
- Working with national, regional and local partners to support the government's new ten-year health plan.





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ELFT Population Health Service User advisory group including editorial support:

Eleanor Addo, Jane Fernandes, Jeniffer Hedworth, DK Jonah, Andrew Powell, Aurora Todisco, Paul Richards.





Key reports and articles:

- > [ELFT Anchor Programme and Plan](#)
- > [ELFT Equality Diversity Inclusion Annual Report 2023](#)
- > [Learning disabilities needs assessment City and Hackney, Tower Hamlets and Newham report](#)
- > [The Denny Review](#)
- > [Independent Investigation of the NHS in England, 2024](#)
- > [Get Britain Working White Paper](#)
- > [Building healthier communities: the role of the NHS as an anchor institution. The Health Foundation, 2019.](#)
- > [Joseph Rowntree Foundation Destitution in the UK 2023](#)
- > [The Broken Plate 2023: The State of the Nation's Food System, The Food Foundation](#)
- > [Centre for Mental Health: Just Living and Coping, 2024](#)
- > [The Childrens Society - The Good Childhood Report 2024](#)
- > [Illustrating the relationship between poverty and NHS services, The Kings Fund](#)
- > [Preventing people with a learning disability from dying too young | Nuffeld Trust](#)
- > [Individual placement and support for severe mental illness guidance, NHS England](#)
- > [Community Mental Health Survey 2023](#)
- > [WHO Mental Health and Climate Change Policy Brief](#)
- > [Blog from Climate Cares Centre at Imperial College London](#)
- > [NICE Domestic violence and abuse Quality standard \[QS116\] Published: 29 February 2016.](#)

Key data sets:

- > [Child Poverty Statistics from End Child Poverty](#)
- > [Department of Health & Social Care Fingertips Public Health Profiles](#)
- > [Health Foundation Local Authority dashboard](#)
- > [Office for National Statistics Population estimates](#)





REPORT TO THE TRUST BOARD IN PUBLIC
30 January 2025

Title	People Participation Committee (PPC) 28 November 2024 – Chair’s Report
Committee Chair	Aamir Ahmad, Non-Executive Director and Committee Chair
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

This report is for noting as a verbal update on the key issues and assurances discussed at the People Participation Committee (PPC) meeting held on 28 November 2024 was provided at the Trust Board meeting in public held on 5 December 2024.

Key messages

The focus of the meeting was on receiving implementation updates on the Trust-wide working together group/people participation priorities from a range of services; in addition, progress with the development of the priorities for the period 2025-28 was provided.

People Participation Priorities: Newham Mental Health Services

- Focus has been on three priorities; progress includes:
 - Addressing inequalities: ensuring services are accessible to all with initiatives including community engagement, enhancing understanding of coproduction and staff training such as Beyond the Label designed by the Working Together Group which aims to improve staff understanding of service users’ identities beyond diagnosis. In addition, there has been a significant focus on racial disparities, reducing restraint use and improving service accessibility
 - Education: a Recovery College established in response to service user requests
 - Care and treatment: working in partnership with the local authority and Barts Health, employment opportunities for individuals with lived experience have supported diversity with over 60 service users transitioning to employment
- An environmental design project was paused; lessons learned will inform future efforts
- A new People Participation (PP) Lead has been appointed to strengthen involvement
- The collaborative approach undertaken reflects a commitment to making services inclusive, representative, and co-produced with service users.

People Participation Priorities: Tower Hamlets Mental Health Services

- Focus has been on four priorities; progress includes:
 - Quality of life: equipping staff through co-produced training initiatives including trauma-informed care, neuro-affirming and Dialog+ training and therapeutic engagement training
 - PP: increasing service user involvement from the earliest stages and service users contributing to staff recruitment including developing values-based interview questions
 - Joint working: quality improvement (QI) projects include enhancing experiences for loved ones/carers of service users and a QI forum where service users prioritise projects; other initiatives include ward round planning, doctor visibility and partnerships addressing inequalities in community learning disability services. Extensive service user involvement in the Barnsley Street project, a pilot reimagining mental health service delivery
 - Addressing inequalities: projects aimed at improving access to personal disorder and autism services to address representation gaps
- Efforts demonstrate a collaborative and inclusive approach, fostering meaningful service improvements and addressing inequalities.

People Participation Priorities: City & Hackney Mental Health Services

- Focus has been on people participation (PP) and joint working; progress includes:

- PP: strengthening local PP efforts despite leadership transitions, including a member of the PP team attending the weekly inpatient community meetings to promote opportunities resulting in an increase in referrals from 10 in 2023 to 44 in 2024; a referral tracker implemented to streamline engagement; and a coproduced newsletter developed to raise awareness of PP opportunities. A new PP Lead starts in January 2025
- Joint working: stronger ties with community organisations highlighted; improved inpatient engagement connects service users to key services like advocacy, education, and finance; weekly PP feedback to the directorate management team enhances insight, supported by new systems to track progress and feedback; a monthly food committee involving staff and service users has improved ward meal experiences addressing cultural needs; the carers' hub at Homerton Hospital provides dedicated support for carers of individuals receiving mental health services
- Direction of travel includes a shift of focus to community mental health services with lived experience central to planning; efforts to prioritise equity by engaging 'seldom heard' groups strengthening ties with community organisations; and deepening service user and carer co-leadership in QI projects
- The progress highlights a robust commitment to fostering inclusive participation, improving joint working and delivering meaningful support to service users and carers.

People Participation Priorities: Forensic Services

- The following initiatives highlight significant progress in inclusivity, education, community integration, and well-being for service users:
 - Addressing inequalities: focused projects on race equality, learning disability/autism advocacy and reducing restrictive practices
 - People participation: integration of peer support workers in the community across eight boroughs and peer support expanded with new community connector roles for community integration
 - Education: service users trained and employed through partner organisations; co-facilitation roles in the Recovery College; educational success with exam completions in IT, English and maths; all service users now receive educational needs assessments
 - Joint working: improved ward rounds; smartphone pilots for service users on leave; and service user involvement in virtual interview panels
 - Quality of life: social clubs, service user-led activities and health initiatives enhance transitions and wellbeing
 - Emerging priorities: focus on employment and skills-building for service users; continued emphasis on addressing stigma and inequalities
- Inclusion and involvement team within the forensics service is part of the London Offender Personality Disorder Pathways, a national partnership between the NHS, probation and prison service. It supports high-risk, complex individuals focusing on rehabilitation and reducing re-offending through psychologically and trauma-informed approaches, prioritising meaningful involvement and service-user empowerment.

Trustwide Working Together Group Priorities Review: An annual away day focused on developing new priorities focusing on integrating physical and community health alongside mental health. The ten draft priorities will be further reviewed with the aim of reducing to six.

BAF Risk 3: *If the Trust does not work effectively with patients and local communities in the planning and delivery of care, services may not meet the needs of local communities:*

- The committee noted the progress with the recruitment of new people participation leads and the success of the peer support worker training partnership agreement with City University
- The committee agreed there are no changes to the current risk score, and that appropriate controls are in place and operating effectively.

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

REPORT TO THE TRUST BOARD IN PUBLIC
30 January 2025

Title	Quality Assurance Committee (QAC) on 6 January 2025 – Committee Chair’s Report
Committee Chair	Professor Dame Donna Kinnair, Non-Executive Director and Chair of QAC
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 6 January 2025.

Key messages

Emerging Issues • An update on three patient safety incidents highlighted the importance of strengthening safeguards for informal patients at risk of absconding; enhancing care pathways for high-risk individuals with complex needs; and a continuing focus on ligature risk reduction through systematic reviews and safety measures; as well as ensuring learning reviews are undertaken. • Ongoing risk of GP collective action; while impact has been limited to date, monitoring and mitigation actions are in place to address potential issues. • The Trust will review the principles in the government’s elective waiting list plan to ensure a proactive and comprehensive approach to optimising patient care and reducing waiting times. • Critical incident was declared by acute partners in East of England over Christmas. Collaborative efforts made to manage patient flow which are expected to continue through winter. Quality and Safety Report: Inpatient Transformation Programme in Bedfordshire, Luton & Milton Keynes and North East London • Both programmes are focused on improving service pathways, eliminating out-of-area placements, improving crisis care, addressing bed occupancy/flow challenges, and promoting shared learning. • Significant strides have been made in reducing out-of-area placements, reflecting effective implementation of the improvement strategies. • Ongoing efforts include pilot projects, collaboration across units and engaging staff through innovative approaches like ‘people personas’. • Regular monitoring and reporting will ensure continuous improvement and accountability, with progress reviewed every six months. • There is a focus on ensuring all areas share insights and learning to maintain consistent improvements, and on improving measurement consistency, with initiatives like PowerBI enhancing the Trust’s ability to track and compare data across regions. • A comprehensive approach is being taken with multiple interlinked initiatives to address the root causes of pressures, including crisis care hubs and ED management. • The team is aware of the risks and is actively working to monitor and mitigate potential issues, with a strong focus on ensuring improvement efforts are sustained. Quality and Safety Report: Forensic Services • Forensics provide care and treatment, as part of the North London Forensic Collaborative, to service users who have a history of serious convicted violence, or equivalent “parallel” behaviours. Work is across two large hospital sites as well as providing community and specialist services. • Achievements: Establishing peer support workers and ‘community connectors’; developing partnerships to help patients build community coping skills; and creating user involvement groups that collaborate across NHS Trusts. All wards participated in service user-led accreditation supported by patients; QI projects have been successful contributing to a reduction in average length of stay; there is a strong emphasis on learning through seminars, academic meetings, and clinical networks, with improved sharing of insights across services. PSIRF has been successfully embedded with regular tracking of actions.
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- **Variations:** Admissions, discharges and referrals have decreased with plans to reduce female medium secure beds and LD/ASD beds. The potential of re-opening of Ludgate Ward and expansion of advocacy services for LD/ASD patients are being explored, alongside the procurement for liaison and diversion services is also under way.
- **Challenges:** Efforts will continue to address staff experiences of racism with a QI project focused on team cultures. The impact of doing things differently on financial viability (FV) and services is being considered while recruitment challenges persist, particularly for the medical and psychology workforce.
- The committee: requested that the provider collaborative is made aware of plans on potential bed reductions; requested data on re-admission rates and national averages to help assess the Trust's performance; recommended a clinical effectiveness perspective to further highlight quality; and commended the people participation efforts.

Quality and Safety Report: Primary Care

- The directorate operates across Bedfordshire, Luton, and inner and outer North East London, serving diverse populations, including homeless individuals and asylum seekers, and has expanded significantly in the last 18 months with six new practices merged into three.
- **Quality:** Oversight has been strengthened with clear governance structures, standardised quality indicators, and an outcome framework (safety, performance, FV, and strategic benefits), though integration with population health services remains a focus for improvement.
- **Achievements:** Significant efforts have been made to consolidate and stabilise newer practices, focusing on staff retention and process maturity to integrate them effectively into the directorate and Trust. The practices have also shown strong engagement with their patient populations, with examples such as INEL practices hosting fairs to offer additional services and KBMC conducting outreach work to raise awareness of diabetes.
- **Variations:** In practices, populations, and geography, with differing maturity levels among practices, evolving team cultures, and specific challenges in reaching hard-to-reach communities, while merging six new practices into three has required balancing process harmonisation with preserving local autonomy.
- **Challenges:** Significant challenges with FV, workforce sustainability, and leadership capability.
- The team's efforts in maintaining service improvements under difficult circumstances were commended.

Cross Cutting Theme: Trust's Spiritual Services

- The spiritual care service has been supporting a diverse community for over ten years. The team, composed of part-time staff from various faiths and backgrounds, promoting effective collaboration.
- Inpatients are the primary focus, but the service is open to all, offering prompt responses and signposting to community services.
- A priority from the previous year, particularly for end-of-life support in community health services, remains a focus for 2025/26, with active participation in the end-of-life working group.
- Webinars have enhanced staff awareness and engagement, ensuring spiritual care is accessible, culturally sensitive, and aligned with community needs.

Internal Audit: Good progress being made against the plan with two draft reports close to finalisation and no outstanding management actions.

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:*

- Good progress has been made against key actions with several moving to key assurance and controls. However, the QIA process requires further strengthening, particularly regarding service changes and their system-wide impacts.
- The committee identified a gap in the speak-up culture, requested a QIA process report to address potential negative outcomes, and approved maintaining the risk score of 12, noting ongoing challenges with GP action and bed utilisation but confirming effective controls are in place.

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

REPORT TO THE TRUST BOARD IN PUBLIC

30 January 2025

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

Purpose of the report

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

Key messages

The Quality Assurance section of this report focuses on the quality and safety of our estate. Acknowledging the impact of the environment on our service users, carers and staff, and recognising that feedback tells us there is room for improvement, the report outlines the ELFT estates strategy, and the structures and programmes in place to further improve the environment in support of our four strategic priority outcomes.

The report sets out key standards for the quality of our estate and the mechanisms for monitoring and oversight, as well as the work being done to improve. Key amongst these mechanisms are the annual Patient Led Assessment of the Care Environment (PLACE), and the Premises Assurance Measure (PAM). While focusing on the role of the Estates and Facilities department, the report draws attention to the role of staff and service users in maintaining a safe environment, supporting the development of the care environment, and the work being done to establish people participation across this work.

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

Several areas are using QI to support cost improvement. A team in forensics has seen a 71% reduction in monthly transport spend from £69,775 to £19,279. A team using QI to reduce salary overpayments across the trust have reduced monthly overpayments by 44% from £61823 to £34658. In Bedford Community Health services, there has been a 9% reduction in weekly agency nursing spend. Trust-wide there has been a reduction in band 5 and 6 nursing vacancies from 26.39% to 12.15%.

31 teams are working to reduce missed appointments as part of the trust wide equity programme. 5 teams have already seen improvements, with a further 16 currently testing change ideas. The flow programme has seen a further reduction in out of area placements, reaching zero in early January 2025. Average length of stay remains unchanged trust wide, but there has been a 17% reduction in London and a 13% reduction across Forensics. The estimated cost avoidance achieved by this programme in 2024-25 is £8.6 million.

Strategic priorities this paper supports.

Improved population health outcomes	☒	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	☒	Use of QI to tackle long waiting times, long length of stay for inpatients and system flow.
Improved staff experience	☒	Building capability in QI across the trust through several learning programmes.
Improved value	☒	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.

1.0 Quality Assurance

- 1.1 This quality report provides assurance to the Trust Board on the quality and safety of the Trust's estate. The report brings together national guidance and expected standards with information about infrastructure and governance of the physical environment within the Trust, along with service user and clinician experience. It will set out strengths and highlight good practice, and identify actions being taken to improve.
- 1.2 The impact of the physical environment on both staff and service user experience and outcomes has long been recognised, albeit the complexities not fully understood. Many studies have shown that the physical environment of hospitals can impact on patient outcomes, with evidence pointing towards the role of visual and acoustic stimuli, access to natural light, spatial layout, air temperature and overall quality of furnishings. There is also evidence of a connection between working environment, staff well-being and productivity, and this partially relates to staff control over the environment in which they work. The physical environment

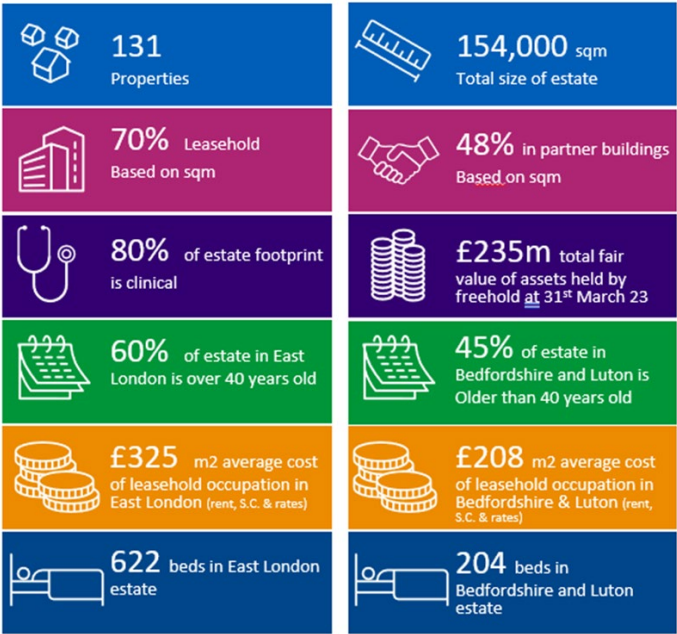
encompasses architectural elements, interior design, and ambient features. Within healthcare settings, staff outcomes are influenced by these physical factors and across a range of indicators, such as well-being, satisfaction, performance, productivity, stress and burnout, commitment, and turnover.

- 1.3
- There is some evidence that the built environment of healthcare facilities can influence the healing process and that it can have a direct impact on patient outcomes, including for example reducing levels of anxiety and stress, shortening recovery periods following surgery through enabling views of nature, increasing social interaction through improved positioning of furniture and decreasing pathological behaviour through creation of a supportive, stabilised environment for patients.
- 1.4
- The NHS Health and Wellbeing Framework is clear that a healthy workplace is one where workers and managers collaborate to continually improve the health, safety and wellbeing of all workers, and by doing this, sustain the productivity of the business. In its introduction, it states “Given we spend one third of our lives at work, the working environment can have a significant impact on our health and wellbeing. Getting the basics right, such as clean restrooms with locks on the toilets, proper space dedicated for lunch/breaks and access to drinking water is vitally important and should not be underestimated. Additionally, our NHS people need a work environment in which there is not only an absence of harmful conditions that can cause injury and illness, but one that supports healthy choices and offers resources to actively encourage healthy behaviour.”
- 1.5
- In addition in its 2015 publication, “The impact of physical environments on employee wellbeing”, Public Health England state “The surroundings in which employees spend their working lives are an important source of job satisfaction and impact on work motivation and patterns of interaction. They can be as much of a source of pressure as a heavy workload, poor work-life balance or significant organisational change.”

- 1.6
- East London NHS Foundation Trust (ELFT) estate consists of 131 properties with geographical coverage encompassing London, Bedfordshire and Luton.

2.0 Estates strategy

- 2.1
- The Estates Environment Strategy was approved by the Trust board during 2023-24 has been supported by an annual review, which was presented to the Estates Strategy Board and FBIC in March 2024. Highlights from the review were the completion



of a Trustwide Six-Facet (condition) Survey, development of a Trust Wide Decarbonisation plan, and identification of a number of existing properties no longer fit for purpose to be decommissioned.

2.2 The Estates strategy sets out four key priorities, aligned to the trust's four strategic outcomes:

- Place-based care with enhanced staff and patient experience
- Delivering value for money
- Improving sustainability of our estate and healthcare provision
- Prioritisation of major investment schemes

2.3 Whilst the strategy is relatively early in its lifecycle, and there is much still to be done, delivery in priority areas to date has been judged to have made an impact across eight areas:



2.4 The Estates Team has also actively contributed to both NEL and BLMK ICS Infrastructure Strategies, which are now approved.

3.0 Staff and Service User Feedback on the Environment

3.1 There are a range of means by which the Trust is able to routinely and regularly obtain feedback on the quality of its estate, and the impact on service user and staff experience.

3.2 Patient Reported Experience Measures

There is no specific question regarding the care environment as part of the ELFT survey. However, as part of the Friends and Family test, service users are asked if there is anything that would improve their experience. During 2024, the Trust received over 17,000 completed surveys. This question, being non-mandatory, is not always completed. However, of the over 1100 responses to this question received during 2024, a small proportion (around 0.5%) refer to the environment. Those that do are primarily in relation to:

- Food and drink provision (not addressed directly in this paper, but considered in detail in the July 2024 Board quality report)

- Cleanliness and hygiene
- Accessibility
- Signage

3.3 Service User Led Accreditation

The Service User Led Accreditation programme, launched in 2019, consists of a self-assessment against service user defined standards for excellence, followed by a visit by service user assessors to test the self-assessment and assess compliance with the standards. Following the visit, an Accreditation Panel will award the service with Gold, Silver or Bronze accreditation.

There is one standard (of the 27 in total) that relates directly to the care environment. It states *‘Service users report that they are satisfied that all areas (service user accessible areas of the service’s premises) are pleasant and welcoming’*.

This is a ‘must meet’ standard, meaning that no service can be accredited until such time as they comply with this standard. All 99 services that have been accredited to date, can there be said to provide a pleasant and welcoming environment, as judged by our service users.

3.4 Complaints

Very few formal complaints have been received during 2024 relating to the care environment. Seven were received in total, albeit some raising concerns regarding multiple aspects of the environment. The main themes emerging from the complaints are cleanliness and hygiene, and quality of shower facilities.

3.5 Executive Walkrounds

Executive Walkrounds are a semi-structured conversation between an Executive Director and members of a team, based around a standard set of questions to explore what is going well, and what is getting in the way of a team doing the job they’d like to be.

Previous Board quality reports that have triangulated walkround feedback with other sources of staff experience data have highlighted that the physical environment is consistently raised by staff as presenting challenges or requiring improvement.

Of the 123 walkrounds recorded during 2024, the environment was raised as an issue in 27 (around 22%). Most frequently, the nature of the issue raised by staff was inadequate space, poor ergonomics, or a lack of comfort. This is very similar to the picture in 2023 during which there were also 123 recorded walkrounds, with 25 references to issues with the environment that affected staff well-being or ability to work as effectively as they wished.

4.0 Maintaining quality, monitoring standards and governance arrangements

- 4.1 The Estates strategy sets out the Trust's priority areas for capital investment in the care environment:

Inpatient Facilities	Community Facilities
John Howard Masterplan	Balaam Street Redevelopment
Mile End and City & Hackney Masterplan	Morrisons Site Development
Bedford Health Village Masterplan	Shrewsbury Site Redevelopment
Calnwood Court Reconfiguration	Dunstable Hub

- 4.2 With capital spend limited, a scoring matrix is used to inform decision making around prioritisation of capital projects. During the last year, the trust has completed over 20 Capital schemes and maintenance projects, with a total capital spend of £10.6m. Some of the completed schemes include refurbishment of the health-based places of safety in City & Hackney and Luton, environmental improvements in City & Hackney, net zero carbon energy efficiency projects at Twinwoods and The Lodge, secure bedroom door improvements and patient wristlock unlocking at a number of locations, backlog maintenance improvement interventions, and a number of ligature reduction improvements.
- 4.3 In line with the Trust policy **Ligature Reduction Risk Policy** (and the approved tool within its Appendices), matrons conduct an annual review of their respective ward areas in relation to ligature risks. Each room is audited and scored using an audit template (incorporated within the ligature policy). Where a high score is indicated, this requires mitigation with a commensurate action or escalation plan being devised to address the identified risk(s). Each completed audit is sent to the Borough Lead Nurse, who produces a report to the directorate management team and for the Trust Risk and Governance Department to raise awareness and resolution for concerns. Where appropriate, any identified unmitigated risk(s) will be placed on the directorate risk register. Urgent risks will be escalated by borough directors to the executive operational lead. A Trustwide Ligature group reviews all summary reports from these audits, to identify themes and risks Trustwide. This informs the Trust's capital planning and spend, to prioritise risk reduction – an example of this is the window replacement across the Trust.
- 4.4 All ward staff are expected to have an in-depth knowledge of ligature risks in their clinical area and the ways in which these can be managed within the environment. This is also discussed with existing staff in their monthly supervisions, away days and monthly MDT meetings.
- 4.5 Ward staff conduct daily checks, and a structured weekly walkround focused on the inpatient environment is carried out by ward managers. Estates and Facilities staff conduct regular walkrounds and spot checks of Trust premises to check condition, cleanliness, quality and safety. Soft FM contracts are regularly monitored, and compliance evidenced by providers. Any non-compliance is robustly addressed. The Chief Nurse and Director of Estates pick two sites where there have been triangulated concerns for an oversight visit.

- 4.6 A range of further walkrounds are used locally to monitor and check a range of aspects of quality and safety. In Newham, for example, matrons, directors of nursing, service/clinical Directors, estates and infection control all conduct regular walkrounds. Across Forensic in-patient services, there are numerous in-person spot checks and walkrounds routinely taking place:
- Spot Checks by DMT members, looking at staffing and staff practice, patient safety and satisfaction, environment etc
 - Weekly lead nurse walkrounds
 - Weekly night checks (on a specified quality and safety theme)
 - Monthly joint Security and Estates and Facilities walkround looking at anything that compromises security of the unit, or quality and safety issues relating to estates and facilities
 - Head of Nursing monthly walkround with head of security looking at environment, security issues, staffing, patient experience
 - Quarterly Lead Nurse walkrounds with Estates and facilities monitoring capital projects
- 4.7 Assurance and governance in relation to Estates has continued to be strengthened by the creation of the Estates Strategy Board, Environment Assurance Boards, Engineering Safety Groups, Estates Quality Improvement Programme, all now including service users in the membership. Furthermore, Estates have created an Estates and Director of Nursing Group, an Estates Risk Review Group, and a Pest Control Safety Group is being actively considered as part of a new Trust Wide Pest Control Policy.
- 4.8 Estates have completed a number of policy developments and improvements such as a new Asbestos Management Plan, a new Asbestos Policy, a revised Fire Safety Policy and new Trust Standards for kitchens, bathroom and seclusion room doors.
- 4.9 **Premises Assurance Measure (PAM)**

The NHS Premises Assurance Model (PAM) is a mandatory submission to NHS England that provides assurance of actions needed to keep the NHS estate and facilities safe, effective, efficient and of high-quality. PAM is required to be updated annually to reflect feedback from users, incorporate amendments identified by the NHS PAM User Group and incorporate changes to the strategy for the NHS estate as set out in relevant guidance.

PAM Self-Assessment Questions (SAQs) are grouped in five domains. Each domain is further broken down into individual sections and questions. The five domains (*plus three separate sections*) are:

- Safety (Hard and Soft Facilities Management)
- Patient Experience
- Efficiency
- Effectiveness
- Organisational Governance
- *Helipads*
- *FM Maturity Framework*

- *Contacts*

The majority of responses for ELFT's PAM submission for this year are assessed as being in the 'GOOD' category, with 69% of scores achieving this level of assessment. This is an increase of 19% in GOOD scores from last year. The improvement can be attributed to the development and sign-off of policies and completion of training actioned from last year's PAM submission.

The next highest scores were in the 'REQUIRES MINIMAL IMPROVEMENT' category at 28%. This has decreased by 12% from the previous year. It is expected that the majority of these scores can also be improved for next year's submission. There are a number of policies which are currently in review or development which will require formal Trust sign off, prior to next year's submission window.

One-to-one peer review meetings with domain leads were set up to support, review and verify self-assessment questionnaires and PAM evidence provided, including the development of an action log to contain actions necessary to lift the scores in future assessments. The planning of PAM is to be developed further in preparation for next year's submission through the set-up of a dedicated PAM project group, involving key operational leads and a mock-scoring exercise prior to the opening of next year's submission in May 2025.

4.10 Patient Led Assessment of Care Environment (PLACE)

A cornerstone of the oversight and scrutiny of the quality, safety and service user experience of the physical environment is the annual Patient Led Assessment of the Care Environment (PLACE). This annual assessment aims to 'improve standards across all hospitals, hospices and independent treatment centres providing NHS-funded care'. The PLACE process uses information gleaned directly from service user assessors to report how well a site/organisation is performing. It requires the trust to engage service users and carers in assessing against 6 dimensions:

- Cleanliness
- Condition, appearance, and maintenance
- Food and hydration
- Privacy, dignity, and wellbeing
- How well the facility meets the needs of patients with dementia
- How well the facility meets the needs of patients with a disability

Over past two years, the Estates team have made great strides in making the PLACE assessment a more meaningful and honest appraisal of the environment and food, with much improved service user and clinician engagement, and with stronger assurance that we are acting on the findings through regular reporting, and Quality committee oversight.

PLACE assessments have been completed across the ELFT estate, led by the Estates People Participation Lead. Clinical and Estates colleagues have worked together with the help of nine service users to cover 51 assessments over 19 days (during Sept – Nov 2024). The results have been uploaded to the national PLACE portal and awaiting submission. (N.B. results are not ratified and made public until Q1 2025).

The 2023 PLACE assessment highlighted wide-ranging and significant issues in the City and Hackney Centre for Mental Health on the Homerton Hospital site, scoring below average in 6 of the 8 measured domains. This was the lowest performing location across the Trust. An action plan was implemented, featuring 115 actions varying in scale and impact.

Pleasingly, some progress has been made, and the provisional scores have improved following the 2024 assessment. 81 of the 923 answers analysed are more positive than last year, and 19 are less positive.

As detailed in a previous quality report to the board on food provision and mealtimes, the new structures and service user involvement in the local Food Committee have helped bring some improvement. Significant investment has been made in bathroom facilities and cleaning that have also addressed the most pressing hygiene issues. However, we know that challenges persist. As well as extensive improvement works with the Homerton Hospital site that have caused disruption over an extended period of time, there are still issues having a notable effect on the quality of patient experience. Most notably:

- Presence of pests - a significant cockroach outbreak on Conolly Ward in December, and frequent rodent sightings across the unit, which is partly related to the building works across the Homerton site
- Issues with heating and hot water, with showers often not at the appropriate temperature
- Toilets blocking easily
- Some wards lacking adequate ventilation, and some bedrooms without windows
- Difficulty in providing fresh air / access to outdoor space for those on the 1st floor wards

Our estates team and the leadership team in City & Hackney manage these issues through our service level agreement with Homerton Hospital, and their subcontractors (for example, for pest control), which causes delay and challenge in terms of prioritising attention from another Trust's estates team. From ELFT's perspective, there has been increased pest awareness training amongst staff, to help ensure kitchens are kept clean, and food packets are kept closed in service user bedrooms, to avoid attracting pests, as well as increased input from pest control specialists.

The Newham Centre for mental health also had lower scores in the PLACE assessment. A number of initiatives are currently being implemented by the supplier of both hard and soft facilities services, with an improvement plan being monitored by the senior ELFT estates team and the site landlord / senior PFI partner. A separate engineering team has also been deployed by the facilities service provider to tackle backlog issues, resulting in improvements to the general fabric of the building and fewer bedrooms being deemed unavailable due to electrical and mechanical failures. Challenges in maintaining cleaning standards are being addressed by training of domestic staff, and the regional domestic manager visiting weekly. Crystal ward, which had a number of negative scores on the PLACE assessment, is earmarked for a full refurbishment commencing in March 2025.

From the 2024 PLACE assessment, an action tracker collates commentary and responses for every “qualified pass” or fail received, as well as general comments that are actionable. A combined action plan will follow, which will be a live document to track progress of tasks identified by the assessments and with funding allocated by Estates. The closure report will go to the Quality Committee for review in January 2024, and that committee will also have oversight of the implementation of the action plan. The team is prioritising works with a target of having 80% of the actions completed by the end of March 2024.

5.0 Ongoing work and achievements in improving the Estate

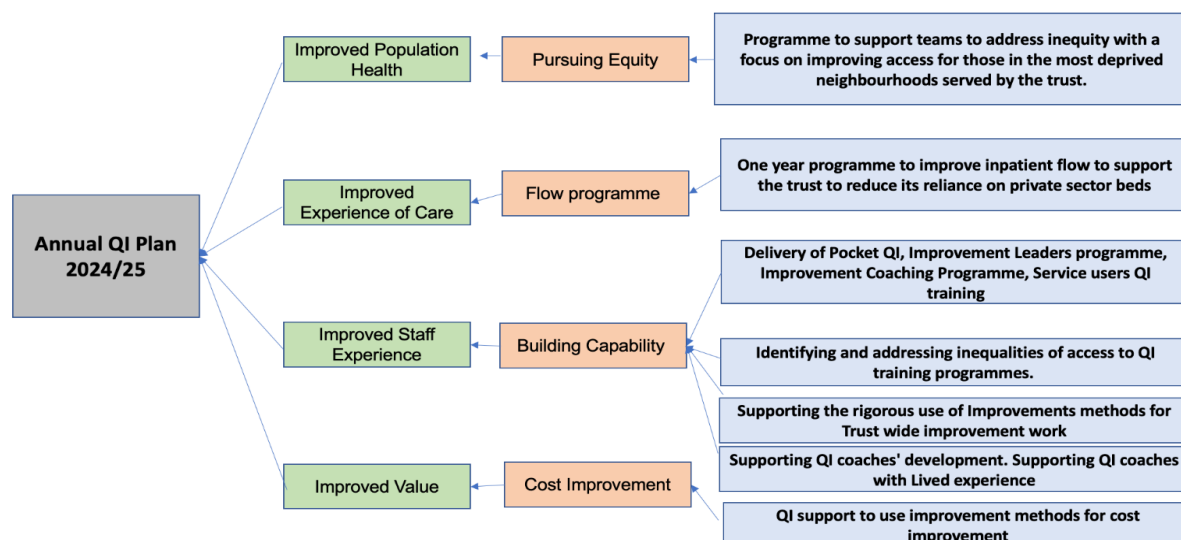
- 5.1 As is the situation across the NHS, the condition and state of the estate environment remains a challenge, which is highlighted by executive and non-executive visits. A high level of maintenance backlog is resulting in an increasing occurrence of engineering and fabric related incidents and failures, compounded by a lean estates team's ability to respond in a timely and effective way. Whilst the six-facet survey will enable the Trust to effectively understand the true condition of the estate infrastructure, identify priorities and cost pressures, there remains a significant gap in funding to adequately address this.
- 5.2 The Estates team have developed a new Hard FM (compliance and maintenance) specification, which will introduce transformational improvements in the area of maintenance, data gathering, compliance management, patient safety and environment improvement. Estates and commercial teams are working together on a procurement process for the new Hard FM service provision.
- 5.3 The Estates team has been recently strengthened by the arrival of a new Assistant Director – Capital Programme, a new Senior Project Manager, and a new Net Zero Carbon and Sustainability Project Manager. The team continue to try and forecast the need for funding by meeting borough directors and service leads and projecting their requirements for the short, medium and long term, compiling these into a 'pipeline' of schemes going forward.
- 5.4 The Trust have vacated a number of leased and freehold properties, primarily managed by NHS Property Services, and are on target for a reduction of the estate footprint by 1.2% this financial year. In addition, Estates are planning a Trustwide space optimisation / space use survey which should identify future opportunities for space utilisation improvements and potentially space reduction.
- 5.5 Within the facilities management section of the team, OCS Facilities Management is delivering a good service for the trust, evidenced through monthly reporting and regular audits, with a new food hub now operational and having avoided disruption in the supply chain as a result of strikes and disputes within the national logistics network. Overall, the OCS contract has delivered £14m social value contributions.
- 5.6 The clinical and estates team has launched a research project to study the benefits of removing airborne pathogens and improving air quality in the enclosed environment of a mental health inpatient site. The research is thought to be the first of its kind in a mental health inpatient unit in the UK. The project is an extension of a study led by Cambridge University Hospitals Trust which has seen similar

testing take place for physical health inpatient wards at Addenbrooke's Hospital in Cambridge. The project is taking place at Fountains Court, a 26-bed acute assessment unit for older people with mental illness. Six air cleaning units have been installed with discreet housing covers and are all ligature-proof. The project earned the Estates and Facilities Team the Best Patient Safety Initiative Award at the Building Better Healthcare (BBH) Awards 2024. At the same ceremony the team won Estates and Facilities Team of the Year and the Service Users' Choice Awards, for their innovation and commitment to engaging service users in improving their care environments.

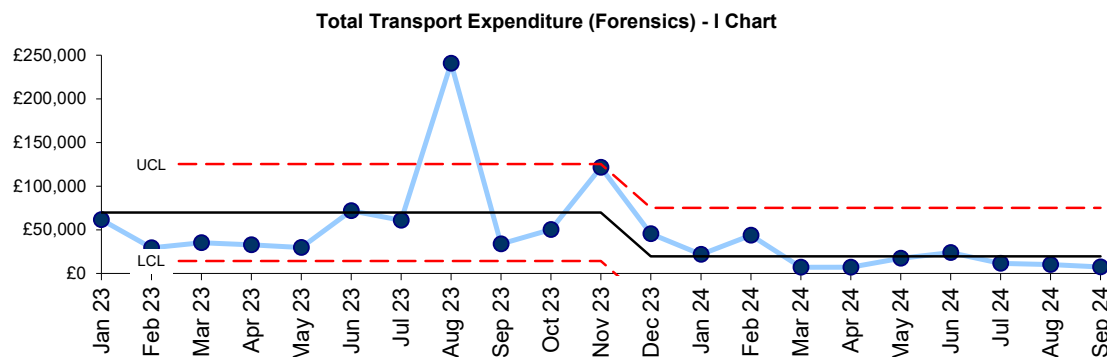
- 5.7 In Newham, the Hope Garden has illustrated the positive impact that a green space can have on both managing crisis, and supporting recovery.
- 5.8 As part of its commitment to supporting ELFT as an anchor institution, the Estates department will be working during 2025 to increase the impact of the Trust's estate on the wider community, and increasing available green and growing space:
- 30% of our designated communal space to be made available for the benefit of the wider community
 - We will have partnerships with 4 additional public sector or VCSE organisations – as of December 2024, we have 8 such partnerships
 - We will increase the number of functional and useful green spaces or gardens across ELFT sites by 5. Currently improved two green spaces with three planned for 2025

6. Quality Improvement

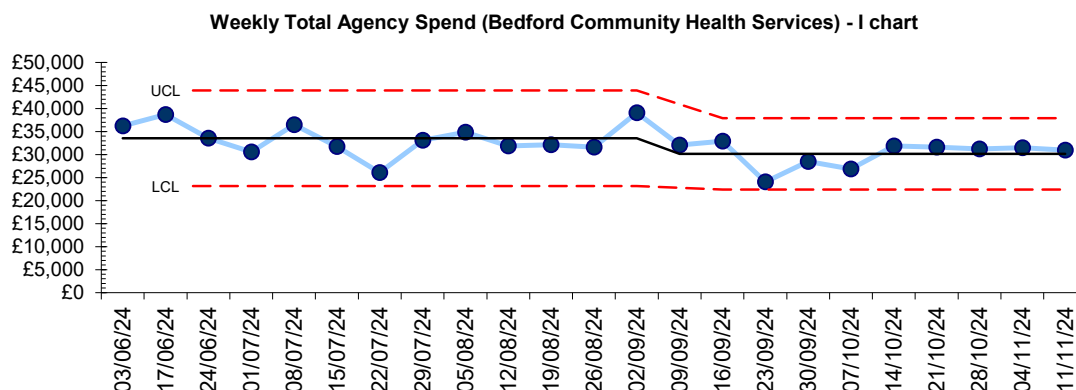
- 6.1 The Quality Improvement (QI) plan at ELFT is designed to support delivery of the organisation's strategic objectives to improve population health, improve service user and staff experience and to improve value across the Trust.



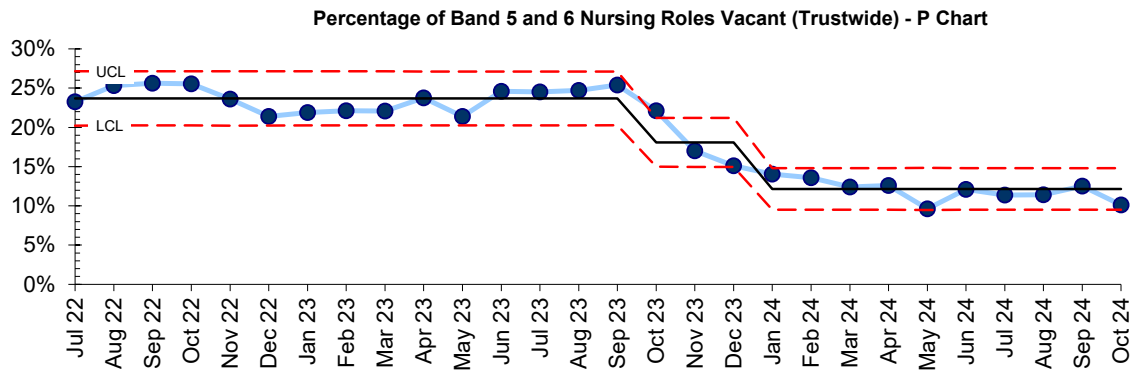
- 6.2 Several areas across the trust are using QI to support cost improvement. In Forensics a team has worked to reduce transport spend by 72% from £69,775 to £19,573 each month; a potential annual reduction of £600,000. Change ideas tested include a checklist for van repairs, closer working between the unit and the supplier of high security transfers and virtual court hearings. The work is being shared with other directorates to understand the potential scalability to different areas.



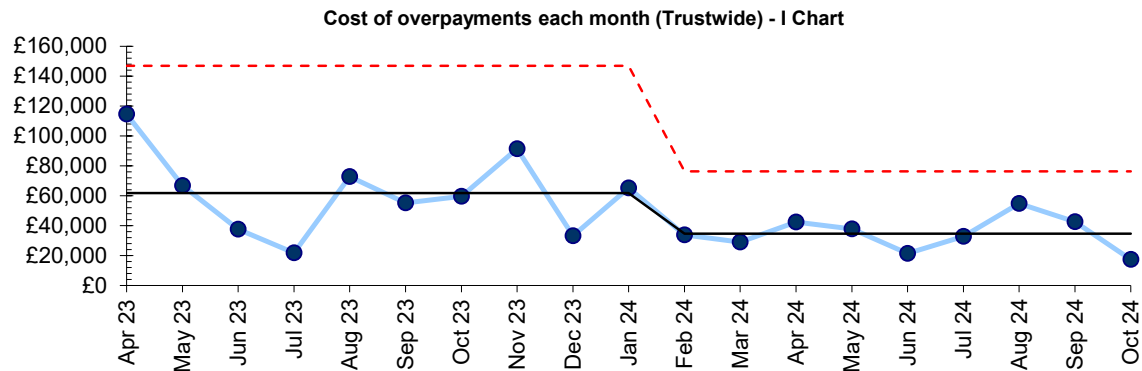
- 6.3 Bedford community health services have reduced agency spend by 9%, from £33,395 to £30,146 each week. Weekly case load reviews, fortnightly rota planning, adapted referral criteria, a revised DNA policy, and improved patient identification at access points have all been tested. The team is recruiting nurses to the bank pool and streamlining pathways, such as Trial Without Catheter clinics. Collaborative efforts with People and Culture are focusing on recruitment fairs and student nurse recruitment. These initiatives align with broader trust projects aimed at improving nurse retention and standardising clinical pathways.



- 6.4 Quality improvement has been used to reduce band 5 and 6 nursing vacancies across the Trust from 23.96% to 12.15%, through a large project sponsored by the Chief Nurse. Change ideas tested include best practice recruitment guides, improved workforce planning, enhanced inductions, and career progression resources. Next steps include shifting from trust-wide to local interventions in community health and community mental health services. This includes developing a retention program and testing a band 5-6 development program in community health services.



6.5 A team from finance, people and culture, payroll and operations have reduced Trustwide salary overpayments by 44%, from £61,823 to £34,658 each month. The team are currently testing several change ideas including improved communications to budget holders to remind them of the importance of completing change forms, a change in process to remind management accountants to action change forms a trust wide email campaign to raise awareness of overpayments.



6.6 The percentage of projects with Big I service user involvement (where service users are equal and active members of a project) has increased from 44% to 49%. Several factors have driven progress, including strengthened onboarding processes for the Improvement Leaders Programme to ensure service user involvement from the start of new projects, and strengthened relationships between local people participation leads and improvement advisors.

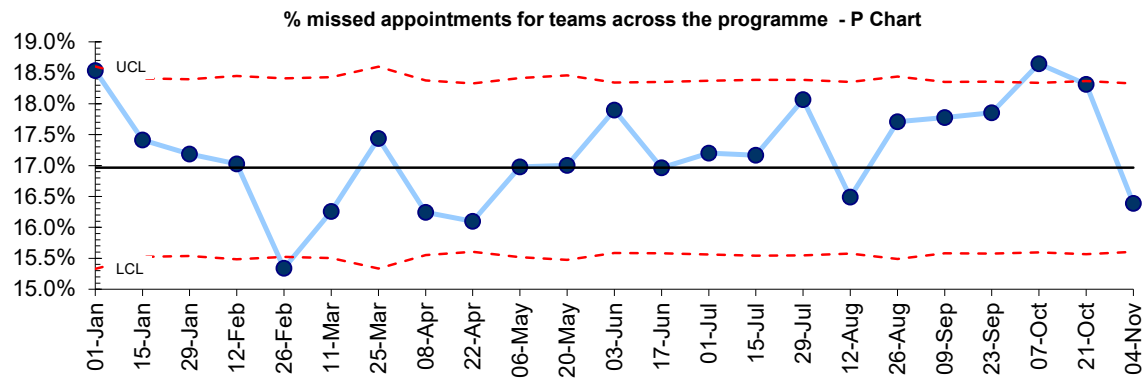
7. Building Capability for QI

7.1 Day 2 of Wave 14 of the Improvement Leaders Programme, which was held in November, focused on developing aim statements, driver diagrams, measurement plans, and tests of change. A survey assessing participants' project progress highlighted that 45% had understood the problem they were tackling using an improvement tool, 53% had an aim statement, 50% had a driver diagram, and 15% had tested a change idea. Additional support areas identified included establishing project infrastructure, regular meetings, team membership, and data collection. This

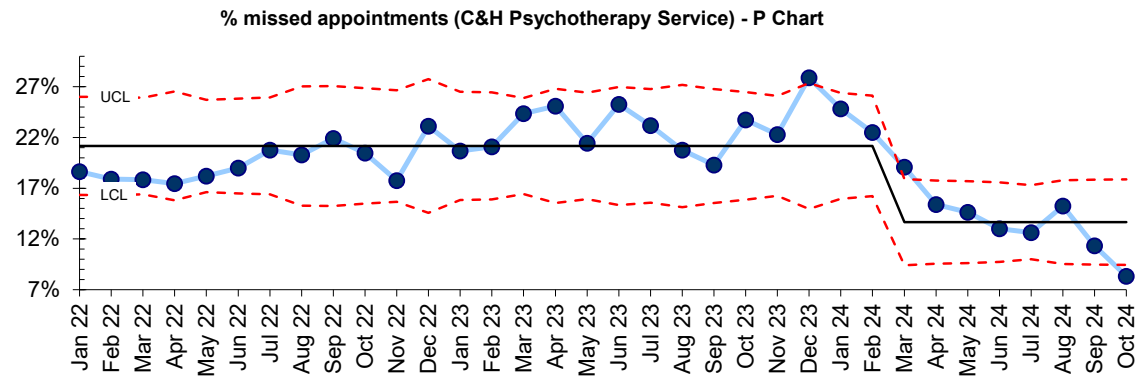
programme aims to support directorates to design and deliver improvements through a series of QI projects, aligned to their annual plan for 2024-25.

8 Pursuing Equity QI Programme – Improving Population Health

8.1 31 teams are focusing on reducing missed appointments as part of the Pursuing Equity programme. 16 teams are testing change ideas, with a further seven developing their first idea to test. Five teams have already seen an improvement in missed appointments.

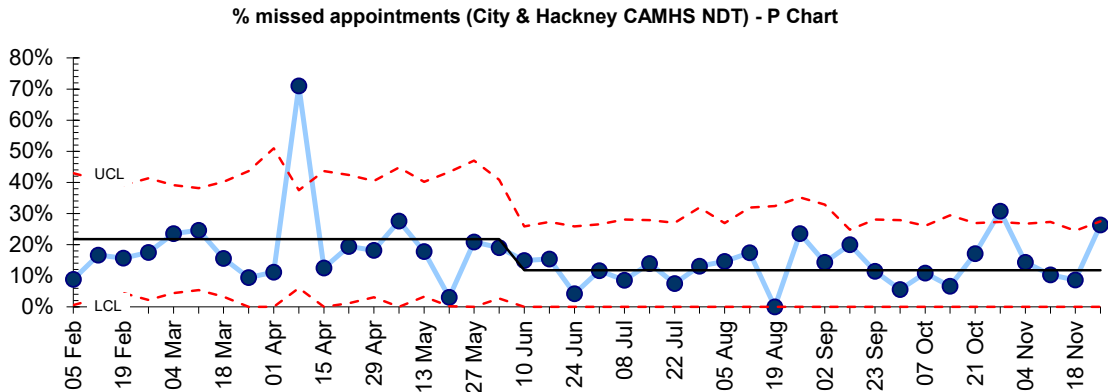


8.2 The City & Hackney Psychotherapy Service has reduced missed appointments by 35%. They have tested several change ideas, including the use of automated text message reminders and have developed a process where administrative staff call service users to remind them of appointments. Support is being provided to document standard work around these.



8.3 A CAMHS Neurodevelopmental team (NDT) from City and Hackney have also reduced their missed appointments from 21.7% to 11.7%. The team have tested automated text reminders and a welcome pack which provides information about what to expect from an appointment to reduce the anxiety young people may feel.

The pack also gives clear information about how to cancel an appointment.

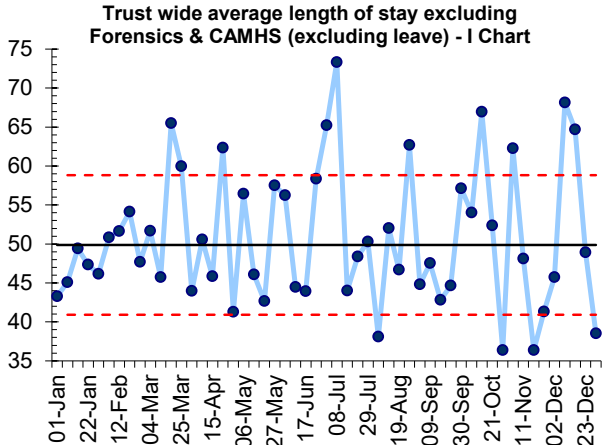
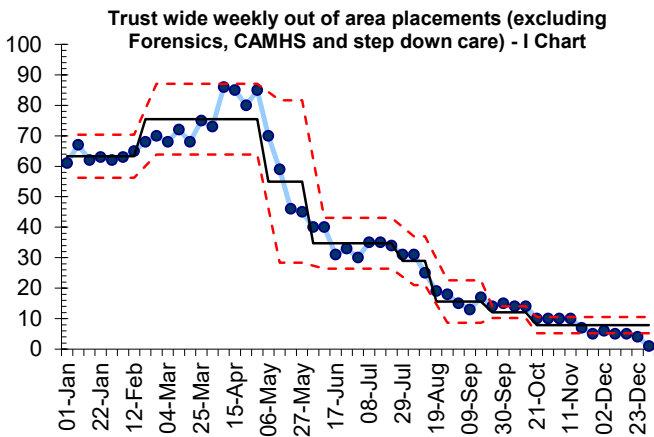


8.4 The Trust digital team are supporting all programme teams to test the use of automated appointment reminders using the RiO, SystemOne and AccuRx electronic health record systems. Currently 13 teams are fully set up to use automated reminders, with the remaining teams meeting with digital to ensure all relevant clinics are set up over the coming weeks.

8.5 Next steps include hosting a Trust wide learning session in the new year that will support teams to use a ‘Poverty Proofing’ toolkit to address areas such as navigating and negotiating appointments, transport options, managing costs of getting to appointments and staff awareness of resources.

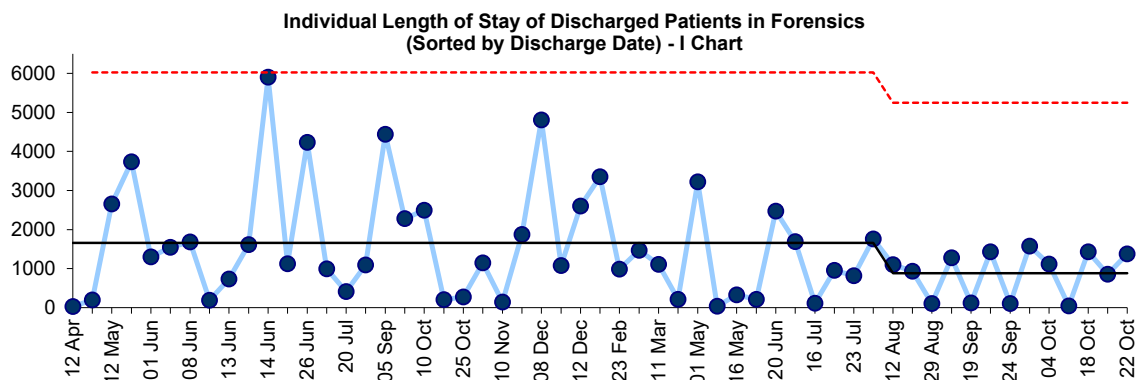
9 Flow Programme

9.1 The Flow Programme is supporting work to reduce out of area placements and length of stay. Trust wide there has been a further reduction in out of area placements to a current low of 6 each week. This has been driven by reductions in Bedfordshire and Luton following a decompression event held with system partners in September 2024. Trust wide length of stay, excluding CAMHS and Forensics, remains at an average of 49.9 days. In London there has been a 17% reduction in

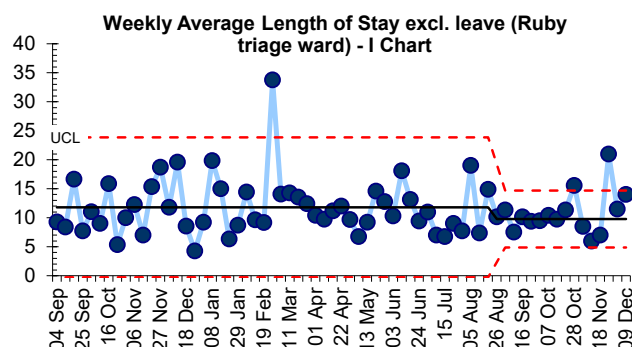
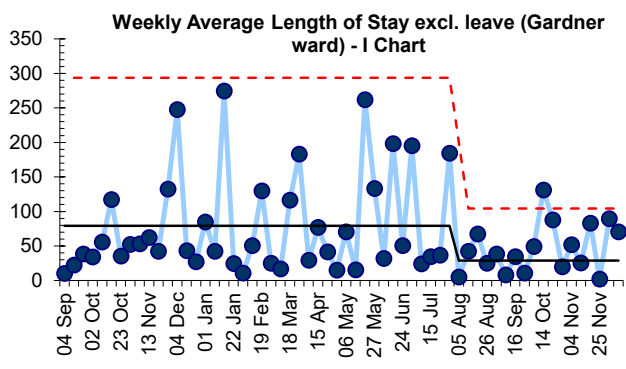
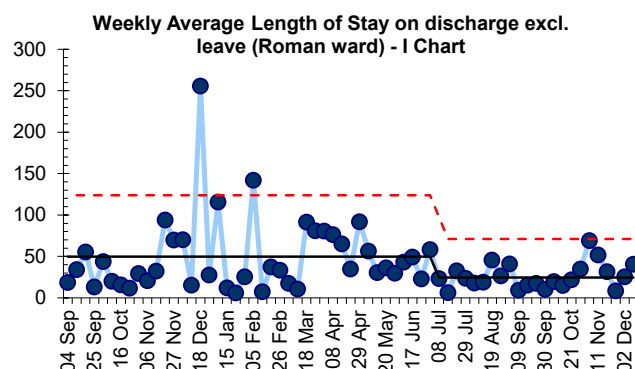
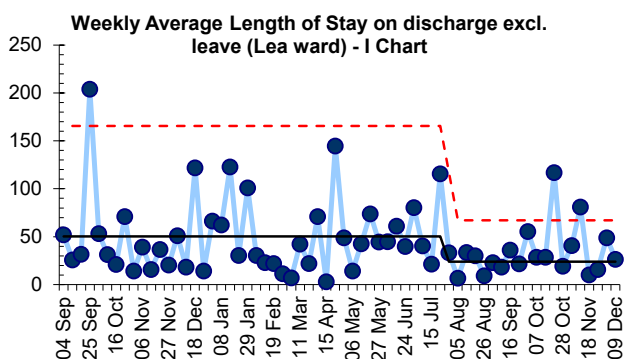


average length of stay from 53.1 to 43.9 days, with no reduction yet observed in Bedfordshire and Luton.

- 9.2 In Forensics there has been a 48% reduction in individual length of stay, which is attributed to a new bed management meeting, educating staff around making clinically ready for discharge decisions and a revised nursing admission template.



- 9.3 Although we are not seeing a Trustwide reduction in length of stay yet, there are encouraging signs at more local level. Several wards have seen improvements in their average length of stay. In Tower Hamlets, Lea Ward has seen a 52% reduction from 50.3 to 23.9 days and Roman Ward has seen a 51% reduction from 49.8 to 24.6 days. In City and Hackney, Gardner ward has reduced length of stay by 64% from 79 to 29 days. In Newham both triage wards have experienced reductions - Ivory Ward by 38% from 15.3 to 9.5 days and Ruby Ward by 12% from 11.8 to 9.8 days; and Sapphire ward has seen a 40% reduction from an average of 70 days to 41 days. Other wards are showing signs of moving towards reduced length of stay.



down beds for early discharge and weekly flow meetings. Tower Hamlets has focused on red-to-green days, discharge-to-assess beds, and revised bed management meetings. In Newham, standard procedures for step-up and step-down beds, and revised bed management meetings have been developed. Next steps involve embedding these practices into business operations through governance structures and policies.

- 9.5 The trust finance team have developed a framework to quantify the programme's financial impact. Using April to July 2024 as a baseline, the programme has achieved estimated cost avoidance in 2024-25 of approximately £8.6 million.

10. Action Being Requested

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

Performance report

January 2025

15

REPORT TO THE TRUST BOARD IN PUBLIC

January 2025

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 number of service users in private out-of-area placements has reduced from around 70 in early 2024 to close to zero by January 2025, which is an exceptional achievement. The number of service users clinically ready for discharge was 41 at the start of January, from a peak of 173, which in turn is enabling wider system flow and access to emergency & urgent care.

The rate of incidents resulting in harm remains stable at 36% of all reported incidents in December 2024. Since September 2023, incidents of violence and aggression in inpatient services have reduced to a rate of 6.1 per 1,000 bed days, from a previous average of 8.7, due largely to the QI programme on therapeutic engagement and observations.

The number of pressure ulcers continues to remain stable, with an average of 143 cases per month. This is encouraging, considering feedback from services that demand and caseload acuity remains high.

71% of service users in Talking Therapies are achieving reliable improvement in outcomes post-intervention, surpassing the national target (67%).

Community Health Services achieved the highest performance for rapid response to date, with 89% of urgent referrals seen within two hours, well above the national target of 70%.

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 52% in December.

Early Intervention Services have consistently exceeded the national target (60%) for service users starting treatment within two weeks of referral, reaching 84% in December.

What's of concern?

In December, around 5700 patients across the Trust had been waiting over 52 weeks for an assessment. December saw the first month-on-month reduction in this number since May 2024. 3600 of this group are waiting for adult Autism and ADHD services. Efforts to address backlogs in these two pathways include the use of the QbTest assessment in Luton and Bedfordshire, which staff report is showing promising signs of reducing the time required to complete an assessment. Services are also testing ideas like transitioning medication reviews to primary care in Hackney, implementing referral process improvements, and developing a GP-led ADHD portal in Tower Hamlets. Newham ADHD service is shifting towards a needs-led model, which includes clearer pathways and better access to psychoeducation and self-help resources. Despite these efforts, significant challenges remain with addressing the high demand, and work is underway through the North East London provider collaborative, and discussions underway with BLMK ICB, to develop longer term plans.

Community Health services are focused on reducing long wait times, with 955 patients waiting over 52 weeks. The SCYPS autistic spectrum disorder service has introduced a streamlined single-clinician assessment model to shorten assessment waits and improve productivity. In Newham MSK, the initial test of the GetUBetter app has achieved a 68% sign-up, with the potential to reduce referrals by 32% through supporting self-management for lower back pain. Foot Health services are addressing inefficiencies, including addressing high appointment non-attendance. Bedfordshire MSK service has 1285 patients on the waiting list, with an average wait time of 60 weeks, despite ongoing training and awareness initiatives aimed at addressing demand.

What's worth watching?

The use of restraint saw an unusual increase from 9 per 1,000 bed days to 16 in December. This reflects increases across adult mental health wards in Tower Hamlets, Newham, Bedfordshire and Luton, and CAMHS inpatient units, due to a range of factors related to a small number of acutely unwell service users. The Use of Force Steering group are monitoring this closely.

While 12-hour waits in A&E departments have stabilised to an average of 126 per month, services are still working to address ongoing challenges, particularly in East London.

CAMHS are starting to see longer waiting times, particularly in Newham's Emotional & Behavioural and Neurodevelopmental Services. The group programme and launch of an improved website aim to improve clinician engagement and provide service users with better access to information and resources to support their needs.

The inequity in access between service users from different ethnicities is explored in more detail within the equity section of this report, with examples of projects underway to increase access for specific communities.

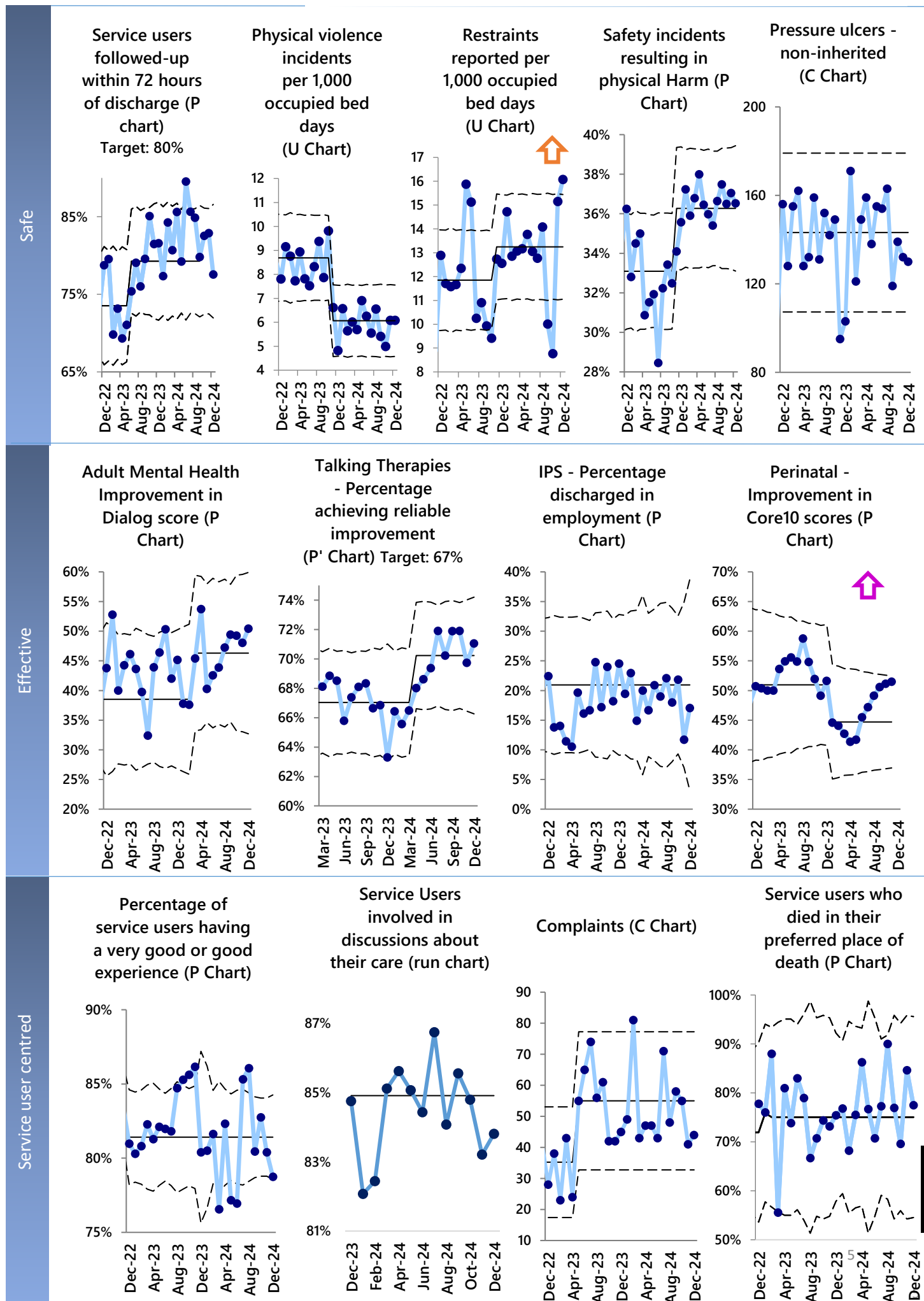
Strategic priorities this paper supports (please check box including brief statement)

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

Committees/meetings where this item has been considered

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

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

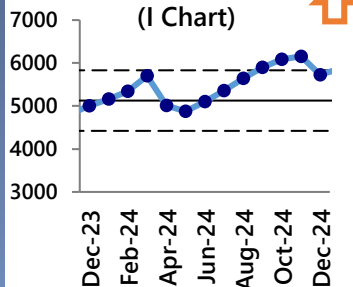


Performance Dashboard

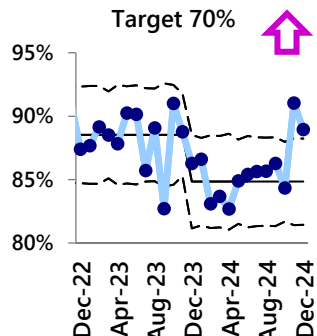
Special cause variation (↑↓) and when it's of potential concern (↑↓)

Timely

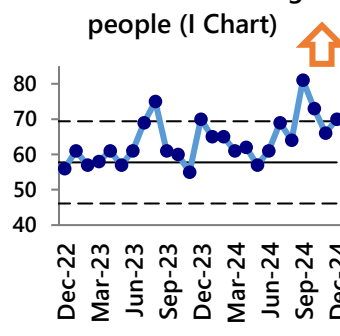
Service Users
Referred to ELFT and
not seen within 52
weeks by any service
(I Chart)



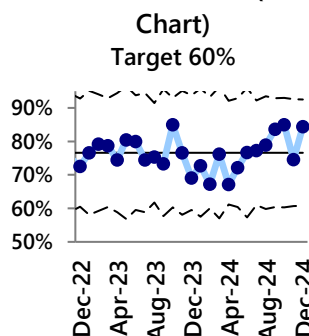
Rapid Response seen
within 2 hour
(P Chart)
Target 70%



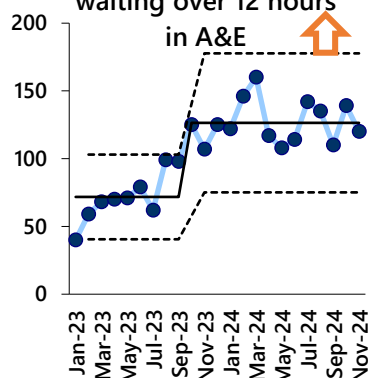
Waiting time for
treatment (days) for
Children and Young
people (I Chart)



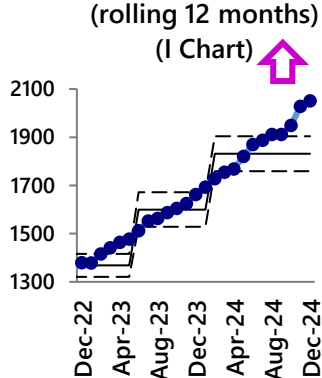
Early intervention
treatment started
within 2 weeks (P
Chart)
Target 60%



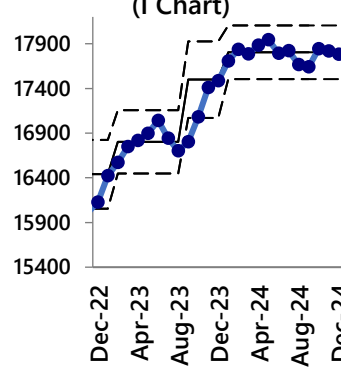
Number of patients
waiting over 12 hours
in A&E



Perinatal Access Rate
(rolling 12 months)
(I Chart)

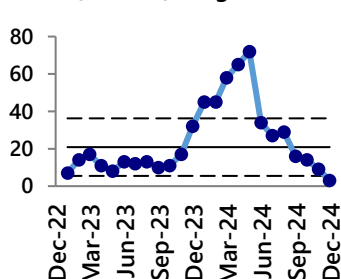


CAMHS Access Rate
(I Chart)

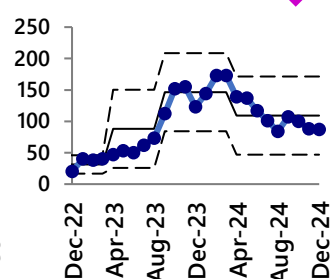


Efficient

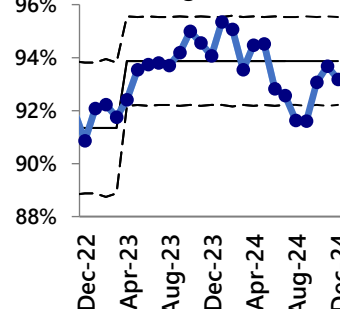
Private Inpatient
Placements
(I Chart) Target: 0



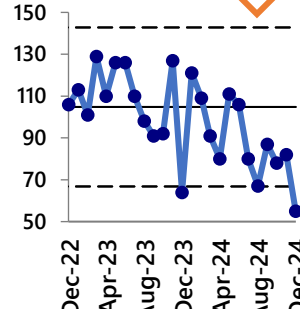
Clinically Ready for
Discharge
(I Chart)



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

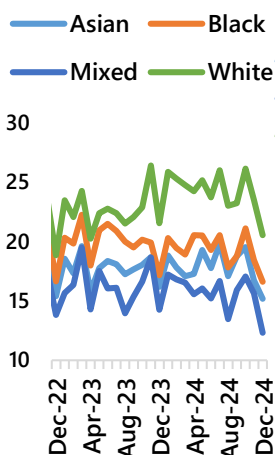


IPS Referrals
(I Chart)

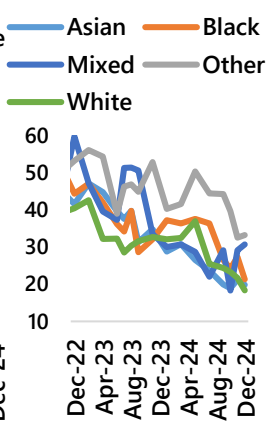


Equitable

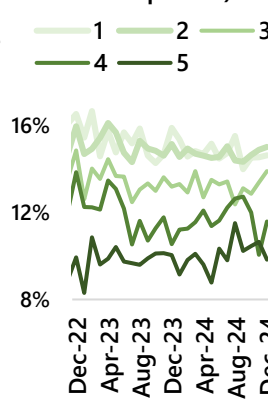
Referrals by
ethnic group,
per 1,000
population.



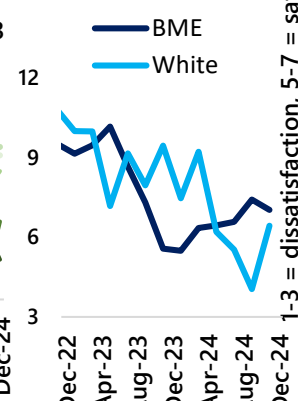
Average wait
(days) for
community
mental health
assessment



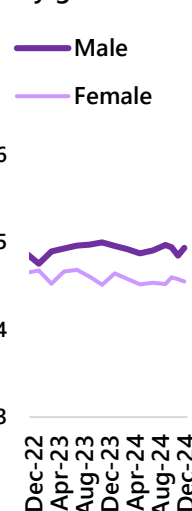
Non-attendance
at mental health
appointment (1
= most
deprived, 5 =
least deprived)



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



Average Dialog
score at review,
by gender



Commentary

Safe

The average number of pressure ulcers across community health services remains stable at around 143 cases per month. To ensure comprehensive care is being provided, services are continuing to ensure that the SSKIN bundle (a bedside tool to help staff and patients reduce pressure ulcer risk), is completed at every visit for at-risk patients.

The percentage of incidents resulting in harm remains stable at 36% of all reported incidents in December 2024. Since September 2023, incidents of violence and aggression in inpatient services have stabilised at a reduced level of 6.1 per 1,000 bed days, down from 8.7. This is mainly due to the 2022-24 large-scale QI programme focused on improving therapeutic engagement and observations.

The rate of restraints increased from 9 per 1,000 bed days to 16 in December, which was due to a number of factors related to a small number of acutely unwell service users across adult mental health wards in Tower Hamlets, Newham, Bedfordshire and Luton, as well as our two CAMHS inpatient units.

In Tower Hamlets, the increase in restraints was influenced by high acuity levels and the patient mix in the female PICU ward. One service user required frequent tranquillisation while commencing clozapine, with restraint sometimes being required to administer the medication. In Newham, similar factors were observed in the general female wards, where four service users accounted for most of the restraints. These individuals were experiencing severe illness, not adhering to treatment plans, or engaging in self-harming behaviours.

In Bedfordshire and Luton, higher restraints are noted among women of white ethnicity who were diagnosed with personality disorders. These individuals often exhibited impulsive and emotionally dysregulated behaviours, contributing to disruptions in the ward environment, including aggression, lack of engagement with care plans, and self-harm. The absence of adequate access to specialised female PICU wards further complicated the management of these acute behaviours.

Notably, in December, the male PICU in Bedfordshire and Luton experienced a rise in restraints due to increasing complexity and acuity, self-harm, violence, and aggression.

In CAMHS inpatient services, the rise in restraints was linked to a small number of service users requiring nasogastric feeding. This intervention was considered the least restrictive option and was necessary to ensure adequate nutritional intake.

To reduce the risk of self-harm, teams have increased vigilance in searching for and removing items from the service user's room that could be used for self-injury. Service users are encouraged to participate in therapy and other activities, including family therapy and health and wellbeing programmes, to address underlying challenges and trauma, with the aim of helping to de-escalate issues.

Effective

In December, 50% 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. Previous reports have described the range of initiatives underway to tackle the main areas of dissatisfaction.

Talking Therapies have continued to exceed the national target for reliable improvement (67%), reaching 71% in December. Training and awareness sessions have helped staff understand and adjust their clinical practices to align with this year's new outcome goal. Services have identified lower levels of reliable improvement among South Asian communities in Tower Hamlets and Bedfordshire, which reflects national trends. To address this, QI projects are underway to tackle barriers for these specific populations, such as language and cultural differences. Initiatives include using professional interpreters, training staff in cultural competence, offering groups in a culturally sensitive way, and collaborating with community leaders to improve engagement and ensure care is more inclusive and effective. Where possible, additional appointments are offered to meet the specific needs of individuals to assist with their recovery journey.

The number of service users accessing perinatal services continues to grow in line with expectations in the Long-Term Plan, having increased to a rolling 12-month figure of 2882, and 2405 year-to-date. Perinatal services are working to expand access by engaging local communities through initiatives like the Women's Group workshops, which recently attracted over 40 participants. These sessions raise awareness of available support and break down barriers to care related to stigma and cultural difference.

The perinatal outcomes data shows an increase in service users demonstrating improvement, reaching 52% in December. This is attributed to a proactive approach to training staff and using supervision to track process with completing the Core-10 outcome survey. Challenges in the Mother and Baby Unit with completing the Core-10 survey have been addressed by reallocating tasks within the multidisciplinary team, and using data in PowerBI to ensure the survey is completed prior to discharge.

Service User Centred

The percentage of service users who report being satisfied with the care they received remains stable, at an average of 79%. Satisfaction remains highest across SCYPS and community health services, exceeding 90% for most teams. In East London community health services, housebound patients in the Enhanced Primary Care Teams (EPCT) provide feedback through QR codes. A new approach is being tested to enhance understanding of their experience, involving phone calls from the Single Point of Access administration team.

In Foot Health services, including QR codes in appointment letters has increased feedback on care. Over the next few months, focus will shift to enhancing feedback in Phlebotomy services, where the short 5-minute appointment slots present a unique challenge. Teams plan to adapt successful ideas from both the EPCT and Foot Health services to improve service user feedback in this area.

Several directorates have seen lower satisfaction scores, including City and Hackney, Forensics, CAMHS, and Bedfordshire mental health services. Primary Care is addressing issues like timely access, digital exclusion, and staff attitudes by embedding a new administration hub to streamline processes, free up clinical capacity, and ensure daily emergency slots for urgent referrals. City and Hackney have reintroduced "You Said, We Did" boards, introduced daily emergency appointments, and have set up automated patient survey reports to plan improvements more effectively in teams. Forensic and CAMHS services have lower response rates and are improving feedback collection by utilising different methods through people participation leads, service user surveys, and engagement events. Forensic services are also holding monthly drop-in clinics where service users can meet with multidisciplinary teams to discuss ways to improve care. These discussions have led to improvements in food quality, activities, trauma-informed care, and the ward environment.

The number of complaints has remained steady, averaging 55 per month. The key concerns continue to focus on staff attitude, communication, clinical care, and waiting times. These concerns and specific examples are regularly shared with directorate teams and 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 84% in December. The latest National Clinical Audit for Psychosis highlights that most services are performing well, with opportunities to make improvements in City and Hackney. The service has developed plans to address the gaps related to physical health monitoring and carer education support, by reestablishing a carer group and increasing clinical capacity to support monitoring and completion of physical health checks.

Across the Trust, 5721 patients across mental health services have been waiting over 52 weeks to be seen for assessment. 3636 of this group are waiting for adult Autism and ADHD services. In Luton & Bedfordshire, the staff assigned to the ADHD service are prioritizing initial assessments. While originally designed to handle 300 referrals annually, the service now receives over 1,000 referrals a year. Discussions are underway with the ICB about how to manage this additional demand and address the backlog of referrals for assessment.

Across the Trust, a number of initiatives are underway to manage the rising demand for ADHD assessments. This includes sending a letter to patients on the waiting list, directing them to available resources. The communication includes a survey to understand individual needs during the waiting period, to help identify the type of support they would benefit from, and determine whether they have pursued assessment and diagnosis elsewhere. This information will aid in reprioritising the waiting list and support teams in redesigning services, transitioning from a solely diagnostic approach to a 'needs-driven model' that is more sustainable and accessible.

Newham ADHD service has started to develop such a model, starting with a non-pharmacological offer to cater to patients who would benefit from advice and support to make lifestyle adjustments without relying solely on medication. The service has also created a single point for ADHD screening and developed distinct pathways for individuals undergoing medication reviews, those awaiting assessment and diagnosis, alternative non-pharmacological support, and those diagnosed outside of ELFT. It is challenging to differentiate these groups within the waiting list and prioritise them based on individual needs. The new pathways aim to address this by enabling the service to better direct patients to the care they require to meet their needs more quickly, including psychoeducation groups and self-help resources available through the Recovery College.

In City & Hackney ADHD service, a joint agreement has been made with primary care and the Integrated Care Board to shift medication reviews from the ADHD service to primary care, leaving the service solely focused on assessments. A QI project across ADHD and Autism services in Hackney is currently reviewing the referral process, with the goal of establishing an online referral form to collect information jointly from patients and implement joint MDT referral meetings to support identified needs. Tower Hamlets has also been liaising with GPs to develop a GP ADHD portal which will have information on external ADHD support that can be accessed by those currently waiting for an assessment.

As of September, the Trust has taken on the Milton Keynes Autism service, with an additional 200 patients, which has caused the waiting list for assessment to increase. An ongoing staff consultation has delayed the increase in capacity that was intended to cater for this additional demand. The new staff members have started undertaking assessments, and the number of completed assessments has increased from 26 to 47 in the past month, which is the highest number of completed assessments in the last 18 months. This is in response to demand of 127 referrals in December.

In Tower Hamlets and Newham, the Autism and ADHD services are actively working to integrate Peer Support workers. This initiative aims to establish peer support groups, develop robust feedback and evaluation mechanisms, and foster collaboration between ADHD and Autism services. By creating interconnected peer support networks across both pathways, the project seeks to enhance the experiences of individuals navigating these services, improve support structures, and ultimately drive better outcomes.

Memory services across the Trust continue to improve their waiting times. In Newham, waiting lists have dropped from 468 to 402 over the past 3 months due to temporary medical capacity. In City & Hackney, the waiting list has also reduced from 120 to 91 in the past 3 months due to an increase in medical capacity and the team is confident they will continue to reduce the waiting list over the next 3-6 months. In Tower Hamlets, service users are able to undergo a comprehensive diagnostic assessment and receive a same-day diagnosis from a multidisciplinary team, with a focus on complex cases. While this clinic is not yet a complete solution for all dementia types, it has significantly enhanced the efficiency of the diagnostic process.

Waiting lists across CAMHS services have increased from 1457 patients to 1628 in December. This increase has been mainly observed in the Newham Emotional & Behavioural Team and neurodevelopmental services, driven by an increase in referrals from 158 to 258 in the past 3 months. Progress has been made in the group programme, with a dedicated role established to manage group interventions, alongside efforts to engage clinicians by aligning group activities with their skills and interests to balance workload. To enhance the service user experience, a pathway diagram and redesigned website are now helping to provide accessible information and resources.

In Community Health services, there are 955 service users that have been waiting over 52 weeks for an appointment. Managing service users who have been waiting the longest remains the priority. In the SCYPS autistic spectrum disorder service, the team has implemented a streamlined single-clinician assessment model for cases where strong evidence of social communication difficulties is documented by partner agencies and the MDT, to help release capacity and reduce waits.

In Newham MSK, the service is actively addressing patients who have been waiting the longest. There are currently 4321 service users waiting for a first appointment. The team have been testing the GetUBetter app (GUB), with 20% of patients with lower back pain being signposted to the app. Currently, there is a 68% sign-up to the app, and a full evaluation report is currently in the process of being drafted to demonstrate effectiveness. Going forward, the intent is for all patients to use the digital self-help through the app before being referred to MSK. There is a potential to reduce referrals by 30% based on those who see an improvement through the GUB app and require no further treatment.

Within the Newham Foot Health service, a review has taken place where the key actions include improving clinical escalation through establishing a GP multidisciplinary team, enhancing incident reporting training and exploring suitable patient-reported outcome measures. Additionally, efforts will focus on reducing non-attendance and enhancing data reporting through PowerBI, while encouraging patient and carer feedback through Care Opinion and focus groups.

The Bedfordshire Podiatry service has seen a reduction in the number waiting for a first appointment from 734 to 175 in 6 months. A revised access criteria has been introduced to ensure that only appropriate referrals are included on waiting lists. This refinement has enabled a more focused approach to managing demand. The team has engaged additional staff and apprentices to support with caseload management and booking appointments. These efforts have resulted in a 30% reduction in low and moderate-need cases.

Within the Bedfordshire MSK service, 1097 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 continue to be offered to manage increasing demand.

In December, urgent care teams in Community Health Services exceeded the 70% target for assessing service users within 2 hours, achieving 91%. Bedfordshire Community Health services have seen improvements following a review to optimise the allocation of work between planned and unplanned duties within the team to enhance efficiency.

Efficient

In December, inpatient bed occupancy reached 93%, exceeding the Royal College of Psychiatry's recommended goal of 85%. ELFT's annual plan for 24-25 includes a Trustwide QI programme on flow, which is reported on in detail in the quality report. A range of initiatives have been underway, such as expanding step-up and step-down bed availability, enhancing community team provision to reduce A&E attendances, and introducing more rigour in clinical decision-making within the inpatient pathway. Through this work, the number of service users in private out-of-area placements has dropped from around 70 in early 2024 to less than 1 at the start of January. The number of service users clinically ready for discharge was 41 at the start of January, from a peak of 173, which reflects the success of working with partners and developing community step-down provisions.

Psychiatric Liaison Teams (PLS) continue to achieve a high percentage of assessments within one hour across the emergency departments that the Trust serves, achieving 73% in Luton & Bedfordshire and 79% in East London. 12-hour waits in A&E departments have begun to stabilise, at an average of 126 per month. A number of initiatives are underway with system partners to improve patient flow and ensure timely, effective care for those who present in crisis. In East London, work is underway with the ICB and London Ambulance Service (LAS) to review arrangements for managing crisis presentations, through better access to community crisis services. A steering group led by the ICB has begun a consultation process with services to develop new models of care, including an expanded single point of access, clinical standards and operational protocols, to ensure timely access to reduce inappropriate hospital conveyance and ensure patients are treated in the right place first time.

Across the Trust, PLS services have reported an increase in the number of walk-in presentations and patients not known to the Trust, often with complex mental health, physical health and social care needs. This group is a key focus of the transformed community mental health teams to see how they can be identified earlier so that pre-crisis support can be offered. All services have initiated regular cross-departmental and system-wide huddles involving community, crisis, social care, and inpatient teams. These huddles, guided by senior leaders, aim to systematically address challenges, resolve issues, prevent delays, and enhance overall workflow. In Newham, community step-up beds are being used to provide Psychiatric Liaison Services with the capacity to consider alternative community care arrangements to avoid presentation to the emergency department. In Bedfordshire, teams are working with system partners to strengthen community provision and care pathways, including improving community crisis response services. Learning from the decompression exercise conducted in Bedfordshire with the ICB in September is being implemented to improve access to community mental health and social care support services, including progressing with the development of a crisis house.

Referrals to Individual Placement Support (IPS) continue to decrease, mainly across East London, where services have highlighted challenges related to changes in staff and reduction in capacity. Referral numbers to IPS services in Bedfordshire and Luton remain stable, with the East of England region currently leading as the best-performing region against the 2024/25 year-end target.

Encouragingly, all services are seeing improvements in conversion rates into employment. Services have focused on moving away from traditional recruitment processes such as CVs towards directly brokering opportunities with employers. In Tower Hamlets, services continue to use the 'jobs channel' WhatsApp group to share opportunities. Additionally, ELFT hosted two in-person coproduced employment events for service users and carers, bringing together NHS, local authority and voluntary and community sector employment support to improve the employment offer.

Equity

This report will concentrate on initiatives addressing the referral disparity between ethnic groups. The data reveals variations in referral rates among different groups. The white population has the average highest referral rate at 20 per 1,000 population, followed by 17 in the Black population, 15 in the Asian population, and 14 in the mixed ethnicity population. Across the Trust, there are a range of initiatives underway to tackle this variations and ensure that services are inclusive and responsive to the diverse needs of the populations they serve.

CAMHS services are tackling variations in access and outcomes across different boroughs by implementing targeted projects to engage specific communities effectively and tackle barriers to access. For example, Luton CAMHS team has a dedicated population health project to address the unique needs of the South Asian community. This work has brought a range of partners together to help develop a whole system approach to serving the needs of the local population. In City and Hackney CAMHS, teams have focused on developing culturally sensitive services for Orthodox Jewish communities in partnership with Homerton Hospital through the Cheredi Service, which addresses stigma around mental health and digital inequality caused by poverty and cultural beliefs. Tower Hamlets CAMHS has launched a range of initiatives tailored to the Bangladeshi community to improve accessibility by working more closely with wider partners and organisations. In Newham, services have partnered with Youth Zones to support young Black boys, who often avoid CAMHS due to stigma, lack of trust, and feeling misunderstood. This work aims to build trust and improve access.

Adult mental health services in City and Hackney are undertaking a comprehensive community services review as part of the Neighbourhood implementation, which began in 2020. This review aims to compare the progress made since the original pilot, with current service delivery, to help address systemic barriers, reduce inequalities, and improve access to mental health services for all communities. The review will encompass all community teams, including rehabilitation services, early intervention, and crisis services, and will focus on improving access pathways, front-door services, and integration within the broader community offering. Equity, Diversity, and Inclusion (EDI) work will be central to informing the review's outcomes, ensuring services are equitable and accessible. In addition, several initiatives are addressing disparities in service access and outcomes. A Quality Improvement (QI) project is currently analysing ethnicity-related access to Specialist Psychosis Services (SPS). Furthermore, recommendations from the Healthwatch Hackney report on LGBTQ+ healthcare needs are being implemented, both in inpatient settings and as part of the community review.

Bedfordshire & Luton Perinatal Services have held three workshops in collaboration with the Luton Roma Trust, the Community Youth and Development Centre, and the African Women's Group. Over 40 women attended these workshops designed to share information about services and promote access to the care offered. The service will continue supporting ongoing engagement events through partnerships with Maternity and Neonatal Voices Partnerships.

In Tower Hamlets Community Health Services, a project is being undertaken to support homeless individuals. As part of this initiative, the foot health team provides specialised care to homeless service users, addressing issues such as wound care, infections, and chronic conditions like diabetes. The team collaborates with local partners and shelters to offer accessible clinics and educate on foot hygiene.

Newham SCYPS is collaborating with the local authority to create an inclusive and accessible local offer for the local population. A key focus is ensuring that all health services are listed on the local website, making them easily accessible to the community. Information will be provided in accessible formats to address the needs of individuals with visual or hearing impairments. Additionally, materials will be available in multiple languages to engage Newham's diverse population. There is also a specific focus on addressing digital exclusion, including providing access to services through local libraries, community centres, schools, and other venues managed by the local authority. Families less familiar with digital tools will benefit from user-friendly, visually accessible formats to improve understanding and engagement. The services actively engage with parent-led groups, health forums, and local participation programs to gather feedback and improve the local offer. By partnering with schools, healthcare providers, and community leaders, the team is distributing information through trusted networks to reach families directly.

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, mainly access rates within Talking Therapy services which have increased from 54% to 72% in the last 3 months and an increase in Dementia Diagnosis rates which have increased from 65% to 68% in the last 3 months. Talking Therapy services continue to focus on enhancing outreach and managing patient flow. To expand access, the services have implemented ELFT Digital Therapy (EDT) which is an electronic platform that has high-intensity CBT therapists to help with growing waiting lists and an automated triage service to help support access targets.

As mentioned in this report dementia diagnosis rates have improved in December due to quality improvement initiatives to reduce the number of unattended appointments and other quality improvement initiatives like the Tower Hamlets "diagnosis in a day" clinic which allows service users to receive a full diagnostic assessment and same-day diagnosis. While this is not yet a 'one-stop shop' for all dementia types, the clinic has improved efficiency.

The percentage of hypertension patients treated has increased from 62% to 68% since September. At The Greenhouse, the World Homeless Day event was successful, and many readings were taken, however this revealed that the readings were not within the required range. The team have agreed to change the focus from recalling patients for the blood pressure readings to recalling patients to ensure that they are taking their medication in a timely manner before reviewing.

Other operating 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 8.25%, against a national value of 7.07%
	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 62.2% 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 1
	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 33 per 1,000,000 and across BLMK this is at 48 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 37.4% of people aged over 14 with a learning disability have received an annual health check. In BLMK this is at 28.8% 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 1.28 and across BLMK this is at 1.37
	S042a	E.coli bloodstream infection rate	ICB	1	The latest position shows, in NEL and BLMK this metric is at 1.39
	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 6.75 per 10,000 and in BLMK at 8.05 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 and 93% in BLMK
	S127a	A&E – percentage of patients managed within 4 hours	ICB	95%	Across NEL, 75.9% of patients are seen within 4 hours and 75.3% in BLMK
	S128a	Virtual ward – percentage of regular appointments within 14 days	ICB		The latest position shows, this metric is currently at 80.6% across NEL and 75.9% in BLMK
	S129a	GP Appointments – percentage of regular appointments within 14 days	ICB		The latest position shows, this metric is currently at 92.9% and in BLMK this is at 85.6%
	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 70.3% in NEL and across BLMK this is at 84.4%
	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%	The latest position shows that across NEL this metric is at 67.7% and across BLMK this is at 62.5%
	S050a	Cervical screening coverage - % females aged 25 – 64 attending screening within the target period	ICB	75%	The latest position shows that across NEL, this metric is at 64.5% 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%	The latest position shows that across NEL this metric is at 69.3% and across BLMK this is at 63.3%

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		Efficient	
Adult Mental Health Change in Paired Dialog Scores	The proportion of paired dialog scores showing an improvement of >12.5%.	CAMHS Access Rate	Number of service users with at least one contact in the last 12 months.
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
30 January 2025

Title	Appointments & Remuneration Committee (RemCo) 22 January 2025 – 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 22 January 2025.

Key messages

Interim Chief People Officer

- The committee agreed the approach to the recruitment of an interim CPO as the current CPO is due to go on maternity leave in late spring for up to 12 months.
- The committee also agreed the job description and person specification subject to one minor amendment.

Corporate Governance Arrangements

- The committee discussed the corporate governance structure arrangements in the Trust in preparation for the current Director of Corporate Governance retirement in summer 2025.

REPORT TO THE TRUST BOARD IN PUBLIC
30 January 2025

Title	People & Culture (P&CC) 7 January 2025 – 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 7 January 2025.

Key messages

Emerging Issues and Challenges • A significant decrease in the overall response rate for the 2024 staff survey with a final outturn of 33% compared to 42% in 2023. There are a range of external and internal issues that are thought to have contributed to the decline in appetite for completing the survey. Results of the survey are embargoed, and a further update will be provided following analysis. Cross Cutting Theme: RaCe Network • The lead presenter highlighted their focus on providing safe spaces and a platform to amplify and celebrate racial and cultural differences by sharing learning and dialogue on global and local inequities, to drive change and impactful growth across the Trust. • Work with the network has increased awareness and engagement from the wider workforce in supporting work to model culturally aware behaviours and promote understanding of the nuances between training delivery and effecting change. • Challenges remain around leadership engagement and representation, and insufficient integration of anti-racism actions in some areas, as well as progressing intersectionality between groups of staff who do not necessarily feel included. • A key focus is on supporting psychologically safe, open dialogue and transparency on the necessary conversations on race inequalities. Their request is for the Trust to be proactive in its responses to global and local issues which can leave staff feeling unsupported and unsafe. Cross Cutting Theme: Professional Groups – Nursing • This was the first in a schedule of updates from Trust-wide professional groups to provide assurance around practice and insights into their workforce priorities, challenges and development. • ELFT employs 3600 nurses working across services and pathways; the importance of maintaining regulatory practices that align with national standards was highlighted along with a commitment to offering learning opportunities and career development programmes that support leadership ambitions and diversification of skills. • A programme of work since 2022 to address the key challenge around recruitment and retention has seen a significant decrease in the vacancy rate and an associated lessening of the reliance on temporary staff. There is also work continuing to ensure quality outcomes for service users during periods of increased pressure and acuity, and address issues of staff burnout. • Future work is aimed at developing pathways into community and mental health services from universities and increased utilisation of digital technologies noting the appointment of a chief nursing information officer to support and advocate for the workforce. • The committee welcomed the career development initiatives as part of the work around retention such as the introduction of advanced clinical practitioners, and the extension of the wellbeing offer to staff impacted by high living costs. Nursing Revalidation

- Assurance provided on the Trust's fulfilment of legal and professional obligations on nurse registration and revalidation and the high level of overall compliance.
- As well as an internal recording and monitoring process there is a feed of data from the Nursing and Midwifery Council as the main independent regulator.
- Work to maintain robust internal processes, address gaps and enhance the reporting system is under way as is the collection of data for nursing associates which will be included in reports going forwards.

Deep Dive: Directorates – Forensic Services

- This was the second in a schedule of updates from directorates to provide deeper insights into locality workforce priorities, plans and challenges as well as staff engagement.
- Forensic teams work within inpatient and community services and partnerships into prisons, covering psychology, occupational therapy and peer support as well as clinical pathways. Operational models and staffing have been revisited to align system work around learning disability and autism, improving flow and complex patient discharges.
- Developmental psychology posts have supported the achievement of a decrease in staff turnover and helped address historic recruitment challenges, as has a strong focus on leadership development support for staff and the integration of the pharmacy team.
- Service user involvement in reflective discussion forums has supported the development of a culture of learning from incidents and ongoing co-led quality improvement projects.
- The focus on developing a positive culture included reflective practice forums and safe and positive practice initiatives.
- Key challenges include an ongoing focus on anti-racist work and continuing to develop new and more efficient ways of working.
- The committee acknowledged the work to embed cultural change and the awareness of the potential for a closed culture in forensics.

Deep Dive: Directorates – Primary Care

- The geographical range of the directorate and recent acquisitions were highlighted along with key workforce challenges including recruitment, retention and staff morale, and the ongoing work to ensure robust responses to racist, sexist or ableist abuse.
- Improvements have been achieved around the reduction in the use of agency staff and turnover rates overall. There has been the successful embedding of reflective practice, psychological support and wellbeing champions.

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.*

- The staff survey results remain embargoed until March however a correlation between the low response rate and comments around pressure, burnout and morale has been noted in initial feedback; work to understand and mitigate where possible will be undertaken.
- Changes to the annual leave and mileage policies are planned for implementation from 1 April 2025.
- The committee highlighted the importance of understanding the pressures on staff and finding ways to alleviate them to improve morale and engagement, emphasising the need for effective communication and support for staff during challenging times.
- There are no planned changes to the risk score.

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

30 JANUARY 2025

19

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. The number of adverts has reduced because there is a more streamlined approach, reducing the number of individual adverts within each directorate. In addition, there are more targeted recruitment fairs. It is also possible the recently established vacancy control process is resulting in a reduction in the number of non-clinical adverts due to the numbers that are rejected both at directorate level, executive level, and at Integrated Care System (ICS) and NHS England level as a result of the 'triple lock' process.

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 decreased slightly from 89.32% to 88.59%. The Trust's wellbeing offer provides support to many staff and, following the success of the vitamin D campaign in previous years, the scheme was run again in 2024, with the final orders being posted in January.

In the last paper we reported that the Trust were around 300 whole equivalent staff above the establishment. The month 9 data show material reductions in our Contracted whole time equivalents used over the last 2 months, with ending of fixed term contracts, closing down agency contracts and the normal churn of people leaving to work elsewhere – the impact of this is higher than normal due to vacancy control limiting the amount of new starters.

Learning from Going Further, Going Together (GFGT) has seen changes to the vacancy control process to enhance rigour and better management of over establishment. Clarity has been provided to determine the roles that are considered critical with a definition provided to directorates to support the management of vacancy requests.

In addition to the changes to the redeployment processes previously reported on, further improvements to the redeployment process are being implemented. This will result in a better experience for people who are at risk of redundancy with the ultimate aim of mitigating potential redundancies.

The Robotic Process Automation (RPA) business case has been developed and is going through the internal mechanism in January 2025. If agreed, processes will be streamlined and carried out at pace

as the robot will have the capacity to carry out more transactional functions, to enable the Trust to streamline the work of People & Culture teams and to put the right resources in the right place to support services.

After a successful pilot, the 'Last Opinion' Survey will continue to provide key insights to the Trust from people who leave to enable better insight to the challenges of turnover.

Deep dives are continuing to take place for people relations cases and so far, proving successful in reducing the number of open cases. 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. This has also resulted in high rates of informal resolutions for Disciplinary, Dignity at Work, and Grievance cases. The success of informal resolutions indicates that informal approaches are effective in many cases, highlighting the importance of continuing to encourage and develop these methods to resolve issues quickly and amicably.

Improvements in the apprenticeship offering and journey sees the Trust on target to achieve the highest completion rate to date, with 77% of apprentices either already completed, or due to complete by end of March 2025.

The main Freedom to Speak up theme identified (FTSU) in the FTSU sessions was a 'lack of psychological safety'. This correlates with the Freedom to Speak Up (FTSU) themes of people not feeling heard. Work is ongoing with the FTSUG guardian, champions and people & culture colleagues to remind managers and staff of the importance of raising concerns. We continue to engage with staff to highlight the mechanisms to raise concerns. The Trust are also beginning to triangulate the FTSU cases with the employee relations cases and address the themes.

What are the challenges?

The 2024 National Staff Survey Results are in, and whilst the results are embargoed, it is clear that there is a deterioration in the response rate in the previous year. However, we have not yet had sight of the Trust engagement score. 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 ongoing pressure in terms of the vacancy control processes (VCP), although we are trying to mitigate this with the measures to improve the approval process as this is impacting on the available posts for redeployment. In that, some posts that are put forward for VCP are rejected and that means the rejected roles are then not viable options for redeployment to mitigate redundancies.

Sickness absence has increased to 5.00% against a Trust target of 3.50%, with the top three reasons for absence being:

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

Changes have been proposed to the following policies:

- Exceptional Leave Policy,
- Annual Leave Carry Over Leave
- Holiday of a Lifetime Policy.
- Selling of Annual Leave

It is important to note that a possible unintended consequence of the proposal to remove the exceptional leave scheme, may mean that sickness absence will increase post-April 2025. To mitigate this, there is ongoing support being provided to managers through a series of case conferences. These deep dives will be locality led and the Senior Triumvirate (Service Director; Borough Lead Nurse and Clinical Lead) will identify who will be present to ensure senior oversight and accountability. The deep dive will provide opportunity to explore themes of absence as well as developing and monitoring sickness management plans. If themes are identified, the Locality Leadership team and People Business Partner can work together to develop actions to reduce sickness occurring. The number of employee relations cases were significant but are reducing as a result of the recent deep dives is starting to decrease. The challenge 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 is elongated due to pressures. Investigation officer training is now being rolled out to address this and has received positive feedback. What is worth watching? There may be an impact to delaying all admin start dates to after 1st April and removal of band 3-5 agency cover. We need to monitor this to ensure that this does not result in increased agency use elsewhere. Statutory and mandatory training had a slight drop in December, but an overall compliance rate is above 85%. There will be a continued focus on ensuring that new starters receive their training within the exemption window. The increase in OD activity and intensity of follow up support required. Of the 24 Team OD sessions in November 2024, 70% of these teams require longer term specialist OD support, compared to 30% of one-off facilitation sessions. The national review of job evaluation review of profiles along with the agreement as part of the 2023 pay award to ensure nurses have an accurate job description and access to a banding review process. There will be a need to assess the risk of exposure to challenge from staff. 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 remain at 12 'High'. In summary, the Trust has made significant strides in employee retentions, 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 OD offerings, particularly in support of the GFGT programme. There continue to be positive impacts on staff redeployment.

Committees/meetings where this item has been considered

Date	Committee/Meeting
	None

Strategic priorities this paper supports.

The performance reports support assurance around delivery of all four strategic priorities. The Board performance dashboard includes population health, service user experience and value metrics for

each of the main populations that we serve. Metrics around staff experience are contained within the Board People report.

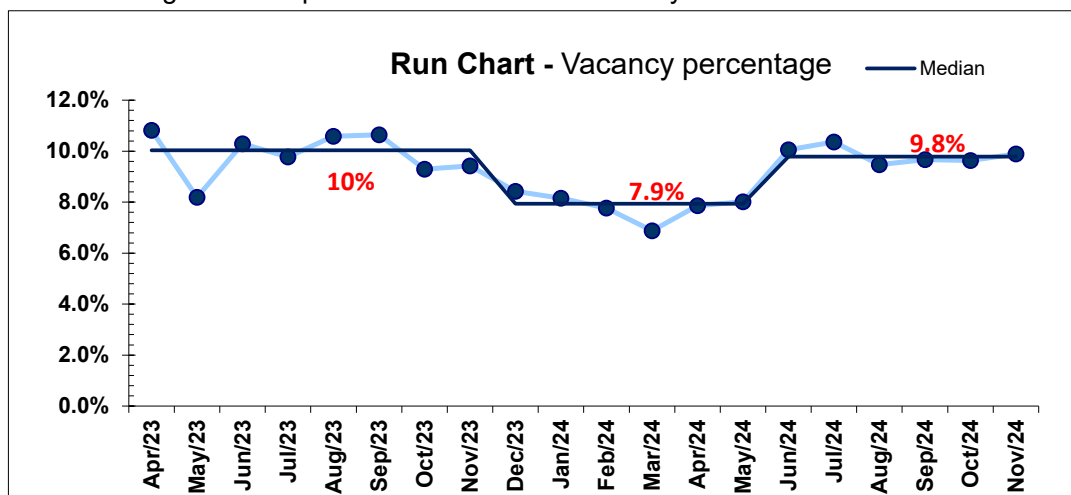
Improved population health outcomes	☒	
Improved experience of care	☒	
Improved staff experience	☒	
Improved value	☒	

Implications

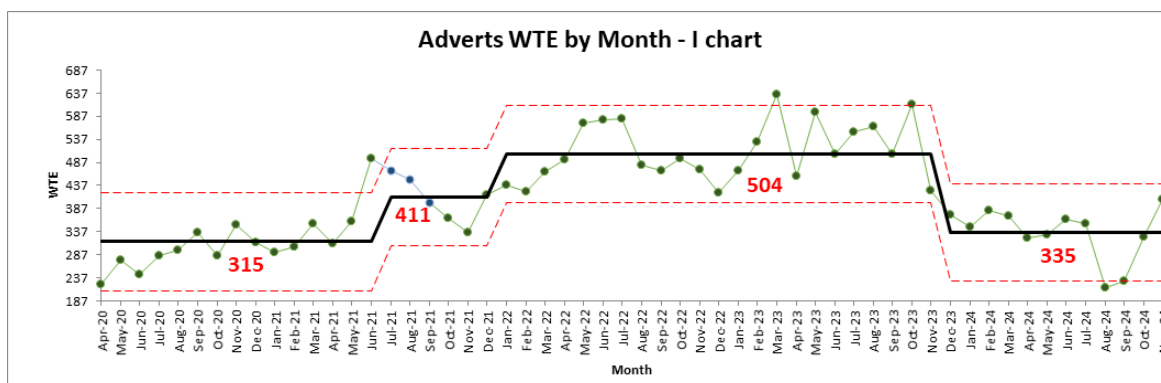
Equality Analysis	Analysis of the experience of different groups is undertaken as part of the Trust's inequalities workstream and population health task and finish group.
Risk and Assurance	This report covers performance for the period as of September 2024 and provides data on key compliance across each 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.

1.0 Recruitment

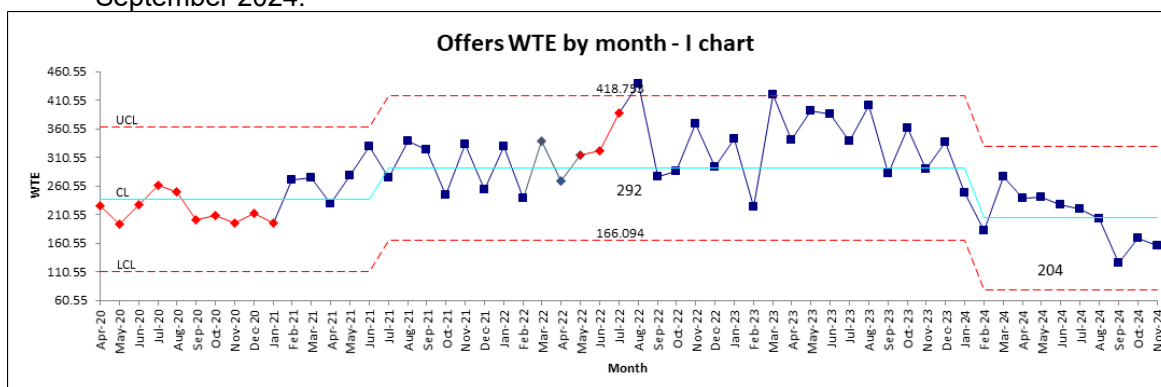
1.1 This section gives an update of the recruitment activity within the Trust. 



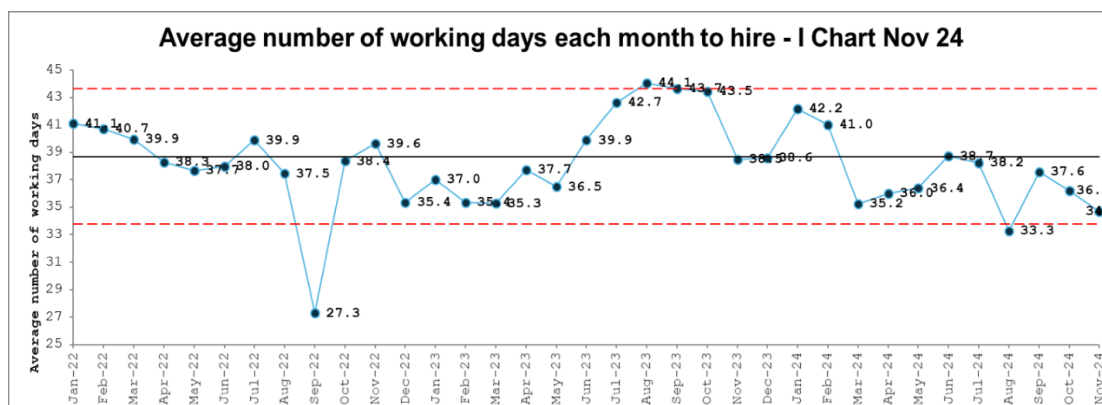
- 1.2
- 1.3 The Trust average vacancy rate remains within the controls under 10% at 9.9% with 801.36 WTE vacancies, with an increase in vacant headcount of 19.58 WTE in establishment over last month.
- 1.4 The Luton directorate has the highest reported vacancy rate of 16.8% equating to 67.8 WTE. To address this, around 30 posts were approved at the last vacancy control panel. Forensics has the second highest reported vacancy rate at 16.3% with 105.8 WTE.
- 1.5 Bedfordshire directorate has the next highest number of vacancies, increased to 153.67 WTE by 16.75 WTE, followed by Forensics and Tower Hamlets at 77.33 WTE.
- 1.6 Nursing vacancies across the Trust have slightly decreased to 8.5% with 190.59 WTE vacant roles. We continue to monitor nursing hotspots and are replacing agency staff with substantive appointments with a more focused approach.
- 1.7 Medical vacancies have slightly reduced at 13.28% with 70.07 WTE vacant roles. We continue to work with headhunters, converting agency staff to locum/fixed term and substantive posts, exploring temporary to permanent contracts and have mobilised the General Medical Council (GMC) sponsorship route via which we have recruited 3 WTE headcount.
- 1.8 The number of adverts has increased due to all roles being approved on a central portal as part of the new vacancy approvals process including bank and agency requests. This increased activity corresponds to the new process being introduced via TRAC which includes the roles being either approved or rejected at this stage.



- 1.9 The reduced number of offers to candidates correlates to the additional controls in the new vacancy control panel process that has been introduced since September 2024.

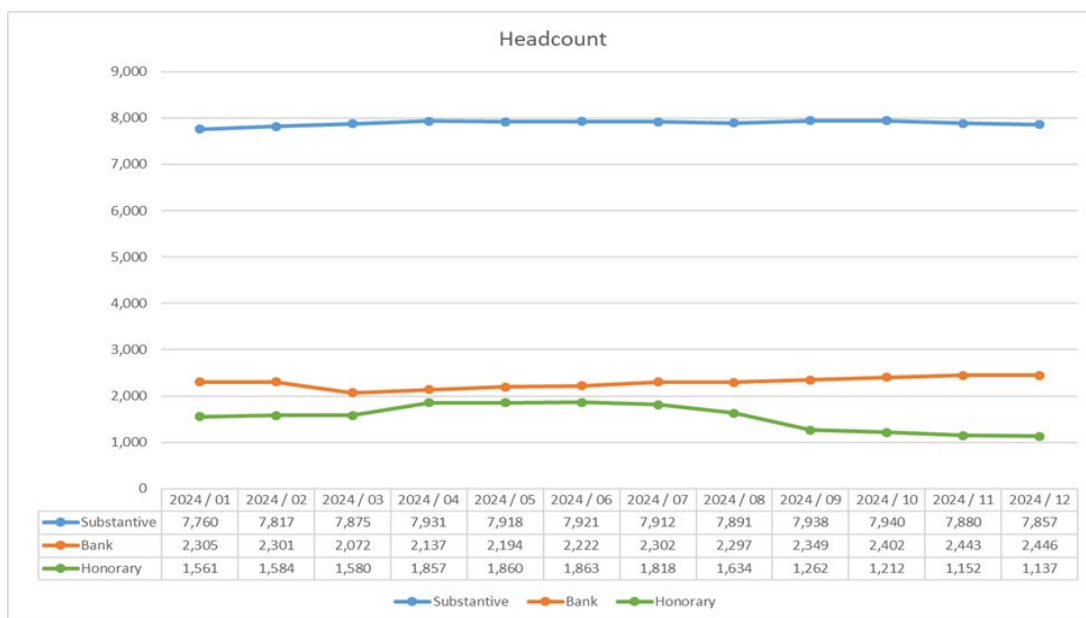
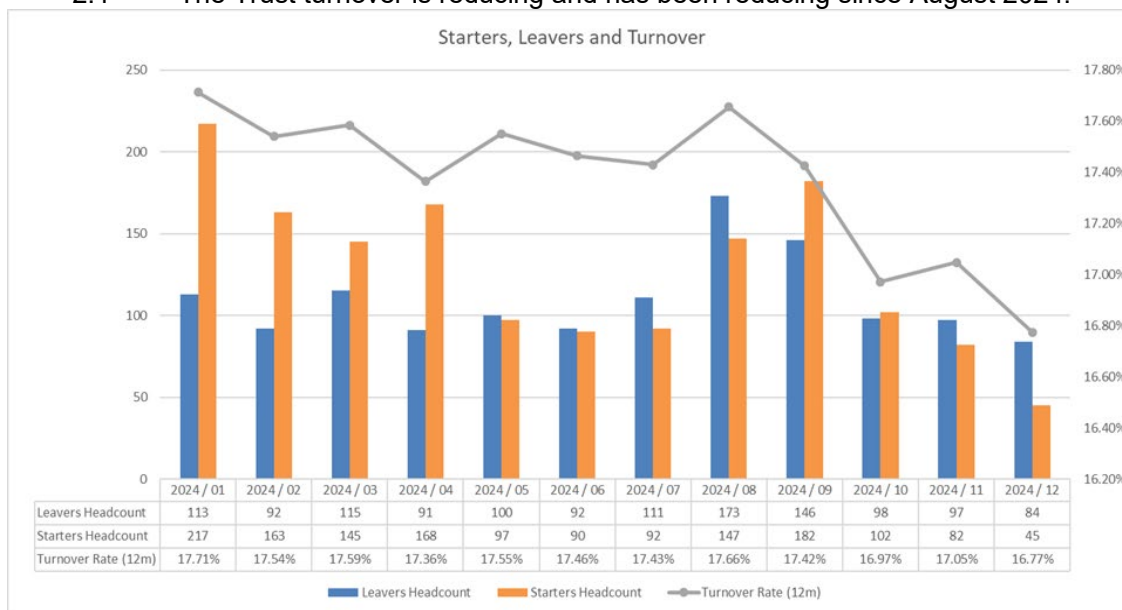


- 1.10 There has been a noticeable reduction in the number of starters, which has halved over the last 2 months, and is reflected again in the reduced number of adverts and the level of posts that are approved at the vacancy approval stage. Lastly, as part of the GFGT actions, the onboarding of newly recruited staff has been delayed until 1 April 2025.
- 1.11 The Trust time to hire is 34.7 working days and is below the Trust target of 42 working days.



2.0 Turnover and Staff Headcount

2.1 The Trust turnover is reducing and has been reducing since August 2024.

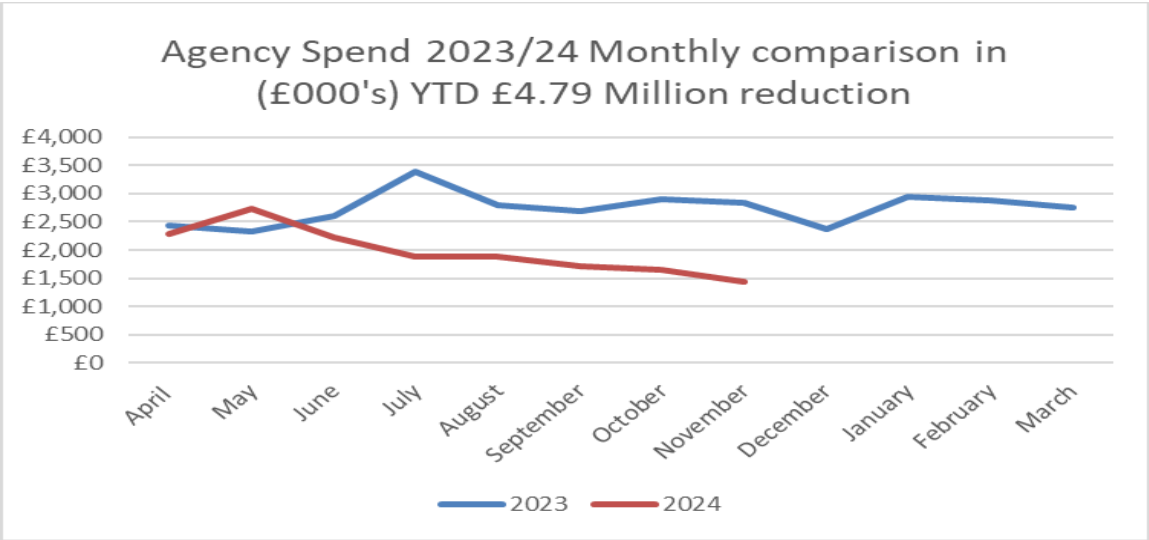


- 2.2 The month 9 data show material reductions in our Contracted whole time equivalents used over the last 2 months, with ending of fixed term contracts, closing down agency contracts and the normal churn of people leaving to work elsewhere – the impact of this is higher than normal due to vacancy control limiting the amount of new starters.
- 2.3 It is worth noting some of the agency staff will have chosen not to work over Christmas, so agency WTE may increase slightly next month. However, the Finance Business Partners report that lots of the service are terminating their agency contracts.
- 2.4 Bank bookings for acuity appear to be falling, but we have seen an increase in sickness bookings. We are also using more bank staff to cover vacancies (I am aware we had nurses leaving in BLMK in Nov)

2.5 Over-establishments has also fallen, as we have received funding for new teams – for example the 24/7 team in North East London, new posts in Specialist services, and a handful of funded posts in Newham CHS and 1 in corporate. It is not 100% apparent if these have all been recruited to, or if we have some vacancies that are slightly over-egging the reduction in over-establishment.

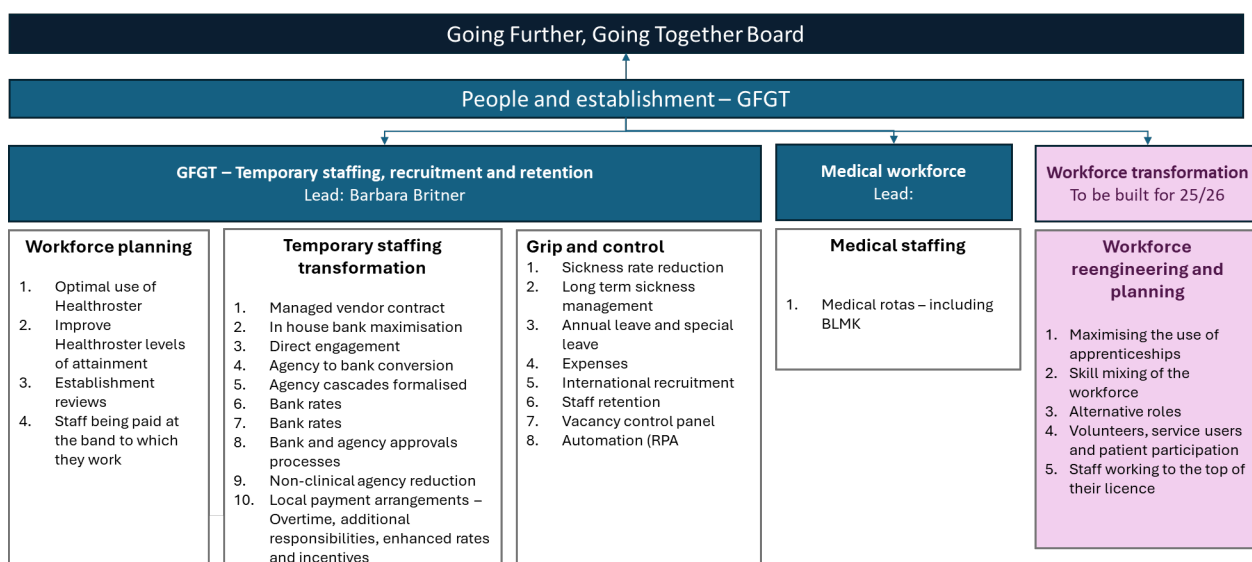
3.0 Temporary Staffing Update

3.1. There is now visibility of agency shifts across the organisation at granular level. This allows us better management of agencies and agency workers 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. This trend continues. Below is a table depicting agency spend across organisation in the past year, in comparison to the previous year, which indicates a steady and sustained month on month reduction in overall agency spend. The enhanced centralisation of agency utilisation, effective supply chain management, avoiding agency introduction fees, improved substantive recruitment, agency controls aligned to NHSE, and improved authorisation process has seen a marked reduction in agency spend. As of date in month 8 the agency use has been reduced by £4.79 million reduction over last year's spend, year to date from April to November, with continued scrutiny and monitoring for the effective deployment of agency staff.



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

4.1 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.



4.2 The main updates for the people and establishment workstream are for temporary staffing which has been covered in section 3.1 in the paper and the vacancy control process which is set out below.

4.3 Recommendations to streamline the vacancy control process have been agreed by the Trust executive to enhance rigour and better management of over-establishment alongside Directorate vacancy requests.

4.4 The roles listed below have been identified as being scrutinised via other mechanisms and so will be automatically approved without need for discussion at the weekly panel:

- Inpatient ward Band 3-6 staffing within Safer Staffing establishments that have been approved, unless there is identified over establishment which needs to be resolved first;
- Deanery rotation and medical training posts (Resident doctors) which are within funded establishments;
- Band 5 & 6 District Nursing posts and Band 6 Care Coordinators where there is an existing vacancy equivalent post number.

4.5 These will still be visible to the panel each week.

4.6 Roles should only be considered through Vacancy Control Panel (VCP) which are 'critical' as now defined and set out below:

- The service would be unable to function;
- Inability to fulfil statutory obligations;
- Result in severe financial loss;
- There is an identified risk on the risk register (risk score of 20 or above) this role will mitigate;
- Severe loss of public confidence or sustained media criticism.

- 4.7 In addition, all roles are reviewed at directorate level prior to coming to VCP. Administrative roles which are determined to be critical and approved for recruitment will have a deferred start date to after 1st April 2025.
- 4.8 To reduce our use of agency staff to cover non-critical roles:
- The Trust will not use agency to cover roles in Bands 3-5 across the Trust;
 - There will be no agency usage in inpatient wards;
 - No non-clinical agency roles approved across the Trust.
- 4.9 The redeployment process has been amended and will now be factored into the VCP process which will negate the need to hold vacancies for the current two week redeployment period. The aim of this is to better support people to be placed in alternative roles and reduce the number of redundancies. As a result, redeployment will be more targeted to individual people and posts. This will mean the creation of a redeployment panel that meets weekly to match redeployees to the posts requesting approval to recruit or those which have been approved:
- The redeployment panel will be made of People Business Partners, operational lead from each directorate, representation from professions and the P&C redeployment team. This will replace the current 2-week recruitment hold for redeployment;
 - Redeployees will be allocated to posts for a 4-week trial and will only attend a competitive interview where there is more than one suitable candidate.
- 4.10 The robotic processing automation business case has been developed. Following a setback in December, this is now due to be progressed in January.
- 4.11 Sickness absence case conferences will begin to explore in greater depth at a granular level the support that staff and managers need to help people stay well in work.

5.0 Retention

- 5.1 The Trust turnover by headcount as at end of November 2024 is 15.13% which is a very slight decrease of 0.01% from the previous 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 232 responses out of 668 resignations (a completion rate of 35%). Of the exit questionnaires received, 54% of these leavers were 'happy leavers' whilst 46% were considered to be 'unhappy leavers'. The top four reasons for leaving are Career Progression (24%), Personal Growth (22%) Wellbeing (21%) and Loyalty and Trust (16%). 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.
- 5.2 75% of respondents indicated that they would return to work for the Trust. **70% would still recommend ELFT as a place to work.** 44% of the leavers had less than 2 years' service, 23% had 2-5 years' service, 16% had 5-10 years' service and 18% had over 10 years' service. Of the 135 ELFT leavers who indicated they were moving to a new job, 79% are moving to another NHS Trust, 46% to a similar role and 33% in a different role.
- 5.3 24% 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. 29% of respondents did not know how long they intended to stay at ELFT. 24% intended to stay 10 years plus. 30% of respondents said that a friend or colleague recommended ELFT as a place to work.

- 5.4 The next steps are to embed the 'Last Opinion Survey' as the pilot has provided successful. This has been fully embedded and we are in receipt of regular reports.

6.0 Statutory and Mandatory Training

- 6.1 Statutory and mandatory training compliance has shown a positive upward trend throughout 2024, decreasing marginally from 88.83% in November to 88.59% in December. Notably, five directorates have surpassed the 90% compliance threshold, while the remaining Directorates have maintained compliance rates above 85%.

- 6.2 While overall compliance continues to improve, a slight decrease in December was anticipated due to clinical pressures and the conclusion of the exemption period for over 170 staff members.

- 6.3 It is important to note that there are currently 229 new starters within their three-month exemption period. To address this, the Learning and Development Officers will adopt a targeted approach to engage with new starters during their exemption period to enhance statutory and mandatory training compliance before the exemption period concludes.

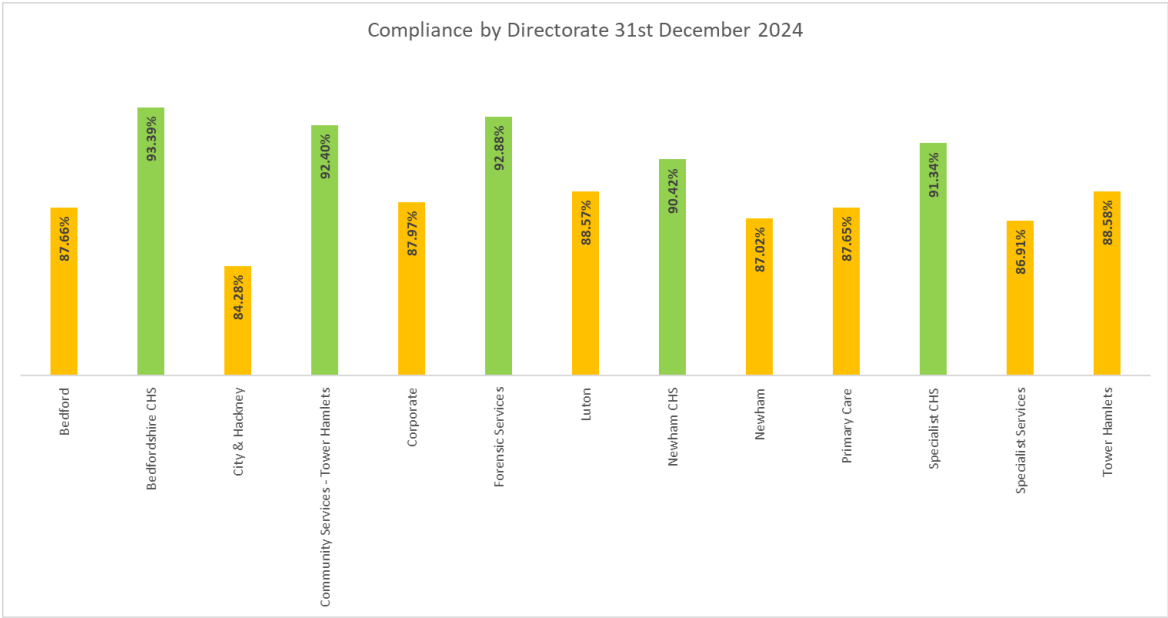
6.4 Oliver McGowan Tier 1 Training

- 6.4.1 Compliance for Oliver McGowan Tier 1 training among non-patient-facing staff has seen a gradual increase, rising from 79.55% in November to 80.53% in December. Continued efforts will be made to improve this further.

- 6.4.2 Since the introduction of Tier 1 training requirements for clinical staff in September, compliance has significantly risen from 1,191 staff members completing the training to 3,083 by December (52.33%). This positive trend reflects an ongoing commitment to meeting training requirements across the clinical workforce.

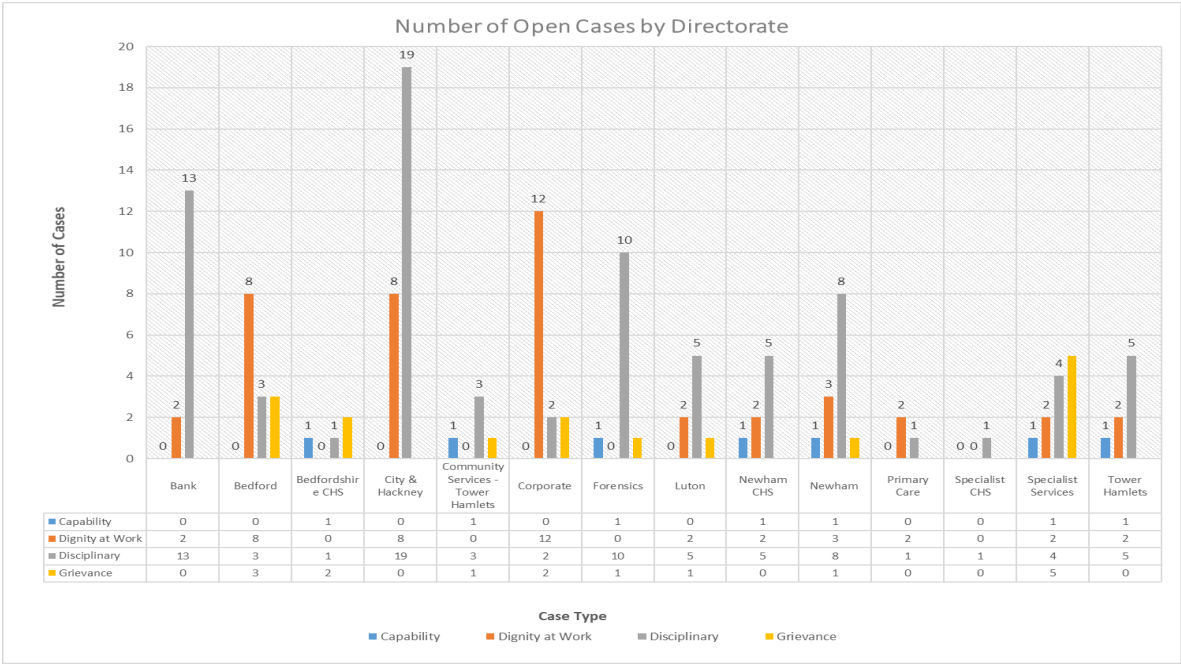
6.5 Next Steps and Ongoing Support

- 6.5.1 We will continue to identify and address any areas of concern to ensure full compliance across all training requirements. Moving forward, the Learning and Development team will work closely with services to sustain current compliance levels. Furthermore, we await additional guidance from North East London Integrated Care Board regarding the progression of Oliver McGowan training and the forthcoming national review of statutory and mandatory training requirements.



7.0 People Relations

7.1 The level of employee relations (ER) cases remains high with 156 live ER cases, although is a decrease from the peak of 175 in September 2024. In addition, we are managing seven Employment Tribunal (ET) cases following two being withdrawn. Seven cases are with the Advisory Conciliation and Arbitration Services (ACAS). There are 183 long-term sickness cases, and 139 short-term sickness cases which are being managed by the People Relations team. In line with other informal cases, the People Relations Team are not reporting on informal sickness absence process unless there is active involvement from the team. This has led to a reduction in reported short-term sickness management, but the work undertaken locally by line managers in addressing sickness absence informally remains the same.



- 7.2 Following the positive feedback from the Investigating Officer training held in September 2024, additional sessions took place in December 2024 and a further session is scheduled in January 2025. This additional training is increasing our capacity to undertake Investigations internally and reduce the need for outsourcing.
- 7.3 The key themes for Disciplinary cases are falsification of records, assault and inappropriate behaviour. Of the new disciplinary cases opened in October and November 2024, 45% relate to assault/inappropriate or negligent behaviour.
- 7.4 The Head of People Relations has met with the Service Director, Clinical Lead, and 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.
- 7.5 Reviews have taken place with Luton and Bedfordshire, Newham and Tower Hamlets Mental Health with actions underway to conclude long standing cases. Strategies have been agreed on managing each of these cases. Where possible, options of alternatives will be explored with the service, ie., process review, training, informal resolution, or agreed outcomes.
- 7.7 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.
- 7.8 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.
- 7.9 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
- 7.10 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.
- 7.11 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.
- 7.12 Review Outcomes:**
- 7.12.1 **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.
- 7.13 Monitoring and Review:**
- 7.13.1 **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.

7.14 Preliminary Investigations and Fair Treatment:

7.14.1 **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.

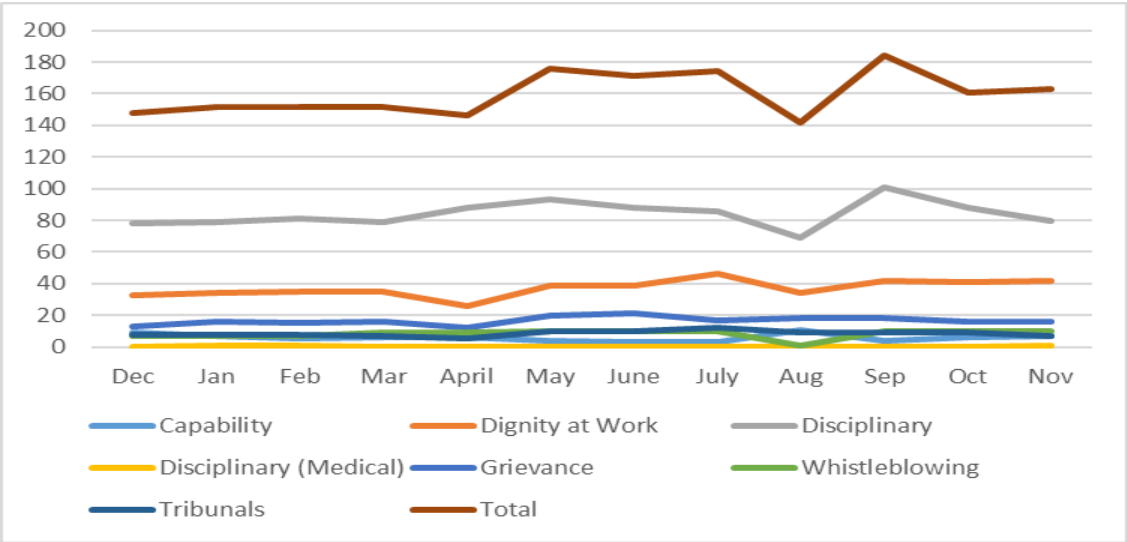
7.15 Case Breakdown Since 2019:

7.15.1 **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.

7.16 Resolution Rates:

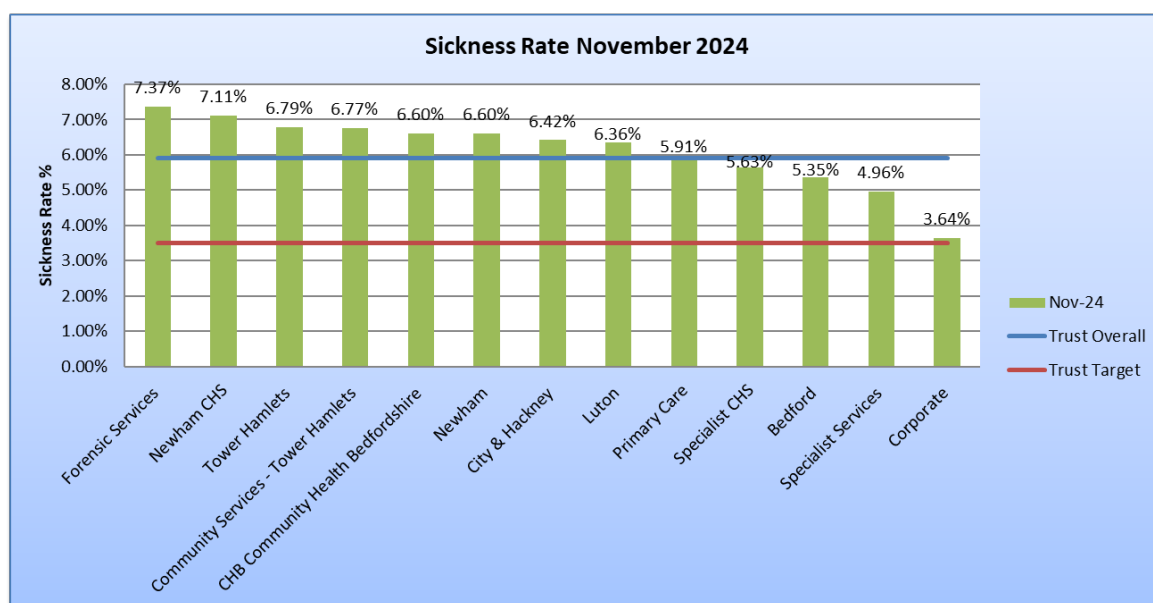
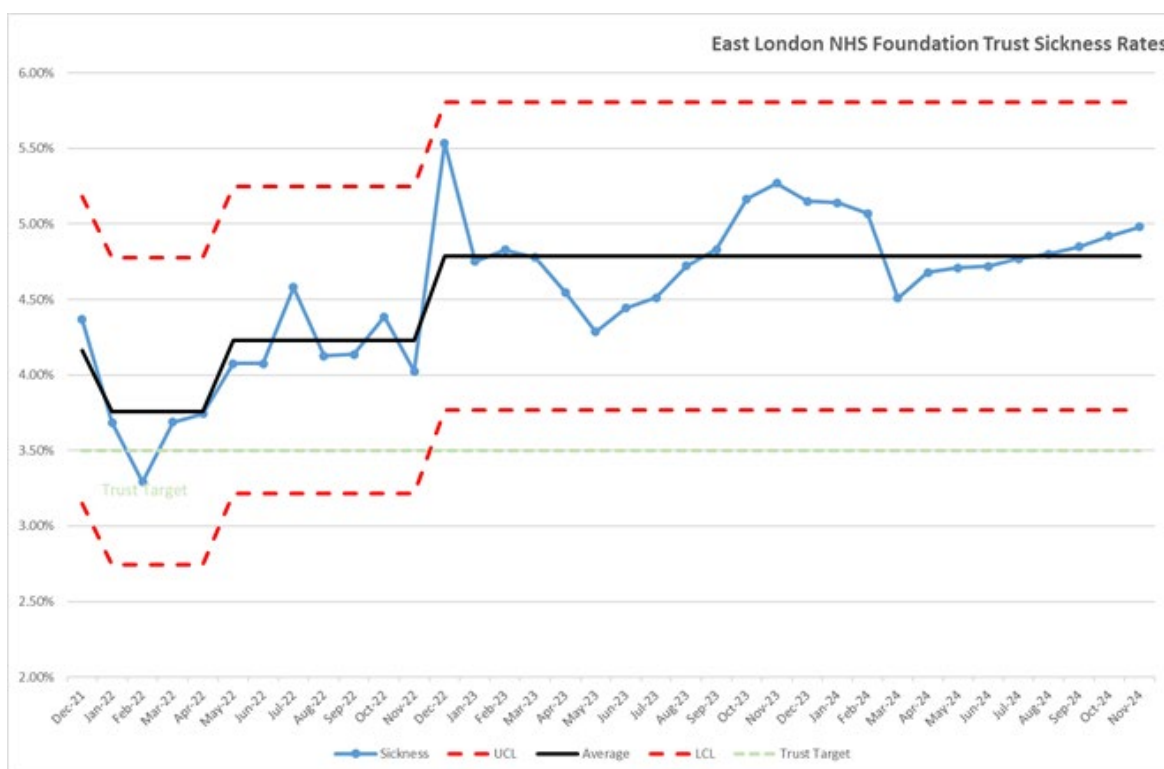
7.16.1 **Informal Resolution Success:** High rates of informal resolutions for Disciplinary, Dignity at Work, and Grievance cases. The success of informal resolutions indicates that non-formal approaches are effective in many cases, highlighting the importance of continuing to encourage and develop these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

7.16.2 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.



8.0 Sickness Absence

8.1 Sickness absence remains high at 5.00% against a target of 3.50%.



8.2 The top three reasons for absence being:

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

8.3 The PR Advisors currently meet monthly with managers to review the cases and to put strategies in place to manage the short-term and long-term cases. From January 2025,

these meetings will be replaced by a series of deep dives introduced. The deep dives will be locality led and the Senior Triumvirate (Service Director; Borough Lead Nurse and Clinical Lead) will identify who will be present to ensure senior oversight and accountability. The deep dive will provide an opportunity to explore themes of absence as well as developing and monitoring sickness management plans. If themes are identified, the Locality Leadership team and People Business Partner can work together to develop actions to reduce sickness occurring.

9.0 **Organisational Changes**

- 9.1 There are currently 16 organisational change processes in progress with 71 staff members affected by the changes, of which 37 staff members are potentially at risk. There is one TUPE transfer out of ELFT which affects one staff member. People Business Partners are working with Directorates and the Redeployment Team to identify redeployment opportunities for at risk staff.
- 9.2 From January 2025, the revised vacancy control process will include a redeployment panel which will include People Business Partners, operational lead from each directorate, representation from professions and the P&C redeployment team. This will replace the current 2-week recruitment hold for redeployment. Redeployees will be allocated to posts for a 4-week trial and will only attend a competitive interview where there is more than one suitable candidate. The ability to redeploy people can be factored into the decision to recruit.

10.0 **National Staff Survey**

- 10.1 The National NHS Staff Survey closed on 29th November 2024, despite the Wellbeing and Engagement team working tirelessly in organising and attending many Staff Survey roadshows, meetings, campaigns etc. Preliminary results have now been received and are currently being analysed. Further reports, such as WRES and WDES reports and free text reports, will be made available in late January 2025. These preliminary results are under embargo until NHS England reports are published (c. mid-February 2025). It is important to note that despite [previously low response rates, the Trust have experience high engagement scores. The Trust are yet to receive the 2024 response rates.
- 10.2 Factors that are considered to have potentially impacted the staff survey response rate are detailed below:



- 10.3 In addition to the factors below, it should be noted that most professional groups experienced industrial and collective action for most of 2024. It is also of note that whilst other Trusts may also be going through challenging financial times, this is less familiar territory for ELFT. The Trust was also delayed in starting its Financial Viability (FV) programme, whereas most other Trusts are likely to have kicked off the Cost Improvement (CIPs)/Cash Realising Efficiency Releasing (CRES) programmes at the start of the financial year. This has demonstrated a significant leadership challenge, coupled with difficult decisions that may appear to staff and middle managers as incongruent with the Trust’s culture, and values and the ELFT way of doing things.
- 10.4 There are likely to be ongoing impacts to staff morale, given the ongoing financial pressures and the likelihood of having similar financial targets in 2025/26 and the

proposed changes agreed under GFGT, subject to Joint Staffside Committee (JSC) consultation in February 2025.

Proposed Changes:

- **Changes to annual leave carry over** for 2025/26 reduced from five days to zero, unless exceptional circumstances;
- **Removal of the Exceptional Leave** scheme where staff who have taken no sickness absence are entitled to claim two days' time off or pay. It has been proposed that this scheme is withdrawn from April 2025. It is anticipated that this scheme may have previously deterred some staff from taking sick leave. Staff also indicated in the staff survey that they feel pressured to come to work when they do not feel well enough to do so.

It should be noted that a potential unintended consequence may be that sickness absence may increase in 2025. In addition, the ELFT Ability network have raised concerns about the current scheme as there is a disproportionate impact on staff with a disability.

- **Changes to the Holiday of a Lifetime Scheme:** It has been proposed that this scheme is withdrawn from 1 April 2025, although staff with leave banked would have until 2030 to use the leave.
- **Changes to the selling of annual leave:** A removal of the scheme to sell annual leave, although staff can still purchase annual leave. These changes are likely to be perceived by staff as negative, that the Trust is taking more away from them. Most of these initiatives again are unique to ELFT;
- **Changes to the mileage rates:** The mileage rates were revised during Covid 19. Now that the government has reviewed the HMRC mileage rates, the Trust has agreed to reinstate the HMRC rates from 1 April 2025 at the October 2024, JSC meeting.

- 10.5 Significant savings have been identified within these schemes and quality and equality impact assessments have been undertaken. However, in response to Staffside's resistance, these schemes have been delayed to 2025/26 recognising that if the Trust proceeded, Staffside may submit a dispute and then there would be insufficient time to consult in 2024/25 and enable staff to utilise their leave in time.

11.0 Apprenticeships

- 11.1 We continue to focus on the governance and management of our apprenticeships and our number of apprentices continue to increase. In December 2024, we have 179 apprentices on the programme. In the last quarter, 19 apprentices have successfully completed, including 11 Nursing Associates.
- 11.2 We are on target to achieve our highest completion rate to date, with 77% of apprentices either already completed, or due to complete by the end of March 2025. This demonstrates that our apprentice journey and offering is improving.
- 11.3 This year, we have been working with local communities to promote apprenticeship opportunities at ELFT. Through participation at school events and local career fairs, we have reached 1500+ residents.

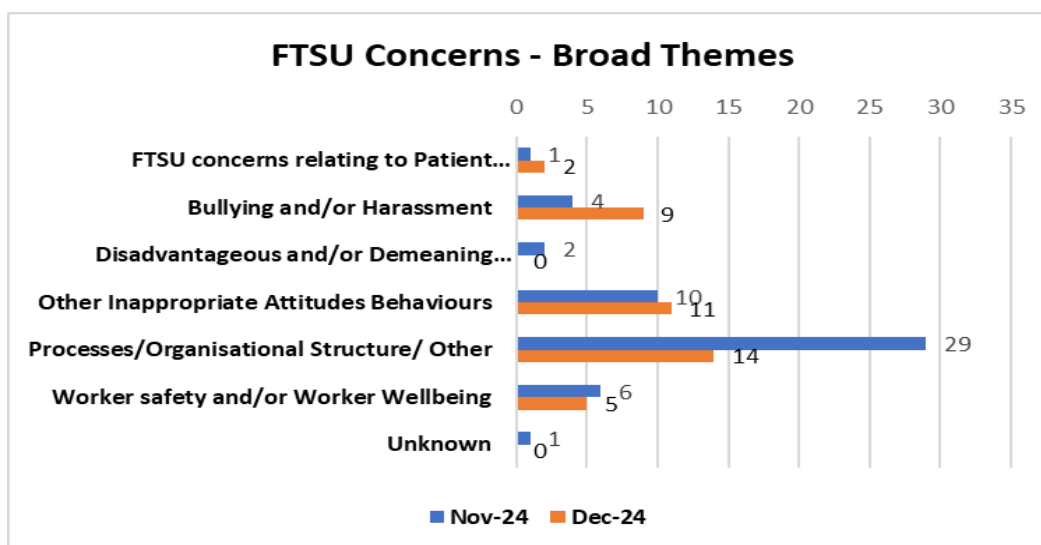
12.0 Organisational Development

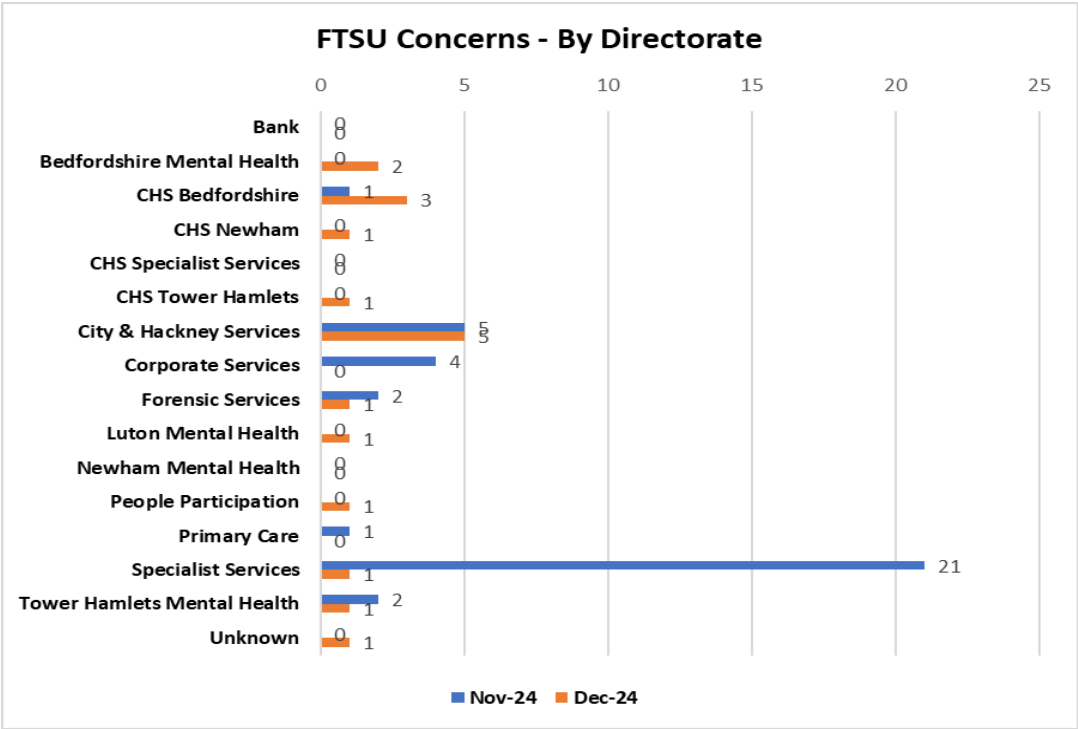
- 12.1 We previously reported a pilot of the OD toolkit as an output of the leadership and culture work. This has been fully embedded and is being utilised by teams. Positive feedback has also been received. Since the last reporting period, there have been 52 OD facilitation sessions held in November 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.
- 12.2 There were 24 Team OD sessions in November 2024. 70% of these teams require longer term specialist OD support, compared to 30% one-off facilitation sessions. The highest OD sessions by Directorate were for Specialist Services (37.5%) and Forensic Services (17%).
- 12.3 The main themes identified for the 24 team OD Sessions were:
- Lack of Psychological Safety – 45%;
 - Conflict – 25%
 - Future Planning/Vision – 21%;
 - Team Dynamics – 21%

13.0 Freedom to Speak Up

- 13.1 54 FTSU cases were raised in total during November and December 2024. 43 related to Processes/Organisational Structure/Other, 21 to Other Inappropriate Attitudes/Behaviours, 13 to Bullying and/or Harassment, 11 to Worker Safety/Worker Wellbeing and three to Patient Safety/Quality of Care. 21 concerns were raised anonymously.
- 13.2 Out of the 54 FTSU concerns raised this period, 49 remain open.
- 13.3 Recurring themes are concerns relating to processes such as Respectful Resolution, Mediation, Grievance, Dignity at Work, TUPE, lodging appeals, and the time taken to complete the processes. Some FTSU concerns were linked to consultation processes, how the process was carried out, information communicated around the processes, impact of potential/job losses on staff. Other FTSU concerns are linked to racial issues within teams, racial biases, how racism impacts the service being delivered in the local community, and bullying. In Specialist Services, of the 22 concerns raised, 12 related to a specific issue in one particular service. There is congruence with what we're seeing in the employee relation cases and work is ongoing between the FTSU Gaudian, Head of People Relations and the Associate Director of Business Partnering.
- 13.4 Some staff shared the negative impacts that their concerns and experiences are having on their mental health. 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.
- 13.5 Staff also continue to reference wanting to know and learn more about psychological safety in teams, and how this can be developed and maintained. Currently Community Health Services are using Swartz rounds. Psychological safety is also a feature in the facilitated OD away day interventions. We are also trying to be timelier and more transparent in terms of the outcomes of FTSU concerns that are raised and following through with eth relevant service directors. Incorporated information around psychological safety into sessions I deliver on FTSU

- Steps taken thus far have been to share information and resources with teams to support further discussion.
 - Discussed at FTSU Champions meeting and shared information to encourage/support discussions and embedding with their teams
 - Information and resources are linked on the FTSU intranet page
 - Information links related to this topic included in the Speaking Up Strategy (Civility Saves Lives and The Importance of Psychological Safety: Amy Edmonson)
 - Worked with the OD team and inform of areas where support around matter this would be helpful.
 - Link both OD/Service together when appropriate to encourage discussion and potentially plan a session around this matter
- 13.6 Work is ongoing at senior manager, Directorate and Board level, as appropriate, to support resolution of the open cases.





14.0 Medical Staffing

- 14.1 Collaborative working within P&C colleagues has resulted in streamlining of processes to introduce a record in Electron Staff Records (ESR). This provides a better onboarding experience for trainee doctors and removes duplication in providing personal information. After a successful pilot in December 2024, this will now be embedded as standard practice. The time saved enabled 80% of resident doctors’ rosters to be sent out within the deadline of 12-weeks.
- 14.2 The team continues to support Medical Managers and Resident Doctor Representatives with maximising internal on-call arrangements which in turn reduces the amount of locum cover required and, therefore, reduces the agency costs. Savings have already been made of £50,000 for February to August 2025 rosters.

15.0 Medical Education

15.1 GMC trainee survey results 2024

- 15.1.1 A joint Medical Education and senior Tower Hamlets clinical management Trust self-report was submitted to NHS England (NHSE) in September 2024, including SMART action plans, aimed at resolving concerns raised by GP and Core Trainee cohorts in Tower Hamlets fed back through the GMC Survey. The Trust self-report was reviewed by NHSE and an outcome two issued, which details additional actions needed and an initial deadline of December 2024 set, to provide feedback and evidence trainee satisfaction had improved against the areas highlighted in the GMC Survey and covered in the trust SMART action plan.
- 15.1.2 Through regular meetings with local senior clinical management, also through direct engagement with the trainee cohorts concerned in appropriate forums, improvements were made and evidence gathered which confirmed trainee satisfaction had improved.

- 15.1.3 This evidence was submitted to NHSE at the beginning of December 2024 and, on review by NHSE, it has been confirmed that all Trust actions have been closed with no further action or intervention needed. Outside of this, our Medical Education 'dynamic trainee feedback form' continues to be a useful and positive tool for receipt of direct feedback from all our trainee cohorts, which links into a regularly updated 'you said, we did' document which is then distributed to the trainees, so they are aware what action is being taken to resolve any issues or concerns they have fed back, but also so that we can forward on positive feedback received regarding their placements and training programmes.

16.0 Job Evaluation

- 16.1 The NHS Staff Council is currently reaching the final stages of its review of the national job matching profiles for nursing and midwifery staff. In the 2023 pay award, there was an agreement to review nursing career progression, separate spine point for nurses and workforce transformation. One of the recommendations was to ensure that nurses had an accurate job description and access to the banding review process. It is anticipated that the impact of the publication of revised national job matching profiles for nursing and midwifery in early 2025, there will be a need to assess the risk of exposure to challenge from all staff, not just nurses or midwives.
- 16.2 With the revised national job profiles, the Trust will need to identify how many nursing staff there are and the number of job descriptions there are for the roles. The Trust will need to identify job descriptions that cover multiple and single staff numbers where multiple staff are covered by a single job description and ascertain whether that job description accurately captures the job demands.
- 16.3 The Trust will be required to review all of the nursing job descriptions and put them through the job evaluation process using the revised job profiles. It is noted that in 2019, all inpatient mental health nursing job descriptions were reviewed and evaluated. These are the standard job descriptions used for all adverts.
- 16.4 The Associate Director of People and Culture will work with the Directors of Nursing and Lead Nurses to build on the work previously done to review all nursing job descriptions and will revisit to ensure that they are still relevant,

17.0 Conclusions

- 17.1 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 in the near future.
- 17.2 As the Winter period progresses, sickness absence levels is likely to worsen and the pressures on staff are likely to increase as a result of financial viability challenges and organisational changes having a negative impact on staff. It is also probable that with proposed changes to the exceptional leave scheme and changes to other annual leave policies, may exacerbate sickness absence levels and staff morale may worsen post April 2025.
- 17.3 It is important for the Trust to continue to invigorate its communications, and engagement plans specifically in relation to Financial Viability particularly as the challenges for 2025/2026 remain significant. Also, in response to the various global conflicts quipping and empowering local managers to communicate effectively with teams.

- 17.4 The Trust's Anti-racism work continues, and an Anti-racism statement will be agreed at a future board or board development session and will be published early 2025.
- 17.5 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.
- 17.6 Given the continuing 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. Also, the actions undertaken by the Chief Operating Officer, Chief Nurse and Associate Director of Business Partnering is also seeing progress in terms of cases being closed.

18.0 Steps to Mitigate

- 18.1 To build on these achievements and address the emerging challenges, the Trust will continue to:
- **Reinforce Communication and Engagement:** With the anticipated winter sickness and financial pressures, it is crucial to invigorate communication and engagement plans, particularly concerning FV and responses to global conflicts, enabling and empowering local line managers to be confident and competent in delivering key messages. The impact of which will be reviewed at the executive meeting and also through the People & Culture Committee and Integrated Care Committee.
 - **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. The progress of this will be tracked through the people & Culture Committee.
 - **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. We continue to work in partnership with Staffside colleagues in order to get the best outcomes.
 - **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. The progress of this will be reported through the People & Culture Committee.
 - **Continuous Wellbeing Support:** Continue to innovate and expand wellbeing offerings based on staff feedback and emerging trends to address the evolving needs of the workforce.
 - **Continue to 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. We will monitor the impact through a number of forums such as Service Delivery Board, People & Culture committee and report to the Trust board.

- 18.2 By taking these steps, the Trust can sustain its positive trajectory, address emerging challenges, and continue enhancing the work environment for all staff members.
- 18.3 The Committee are asked to **CONSIDER, NOTE** and **AGREE** the recommendations in this report.

REPORT TO TRUST BOARD IN PUBLIC
30 January 2025

20

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

Purpose of the report

To present to the Board a report on inpatient mental health, community health inpatient wards safer staffing levels, and community safer staffing caseload review levels in line with the national expectations of NHS providers for safe staffing levels. The report provides assurance and outlines issues related to safer staffing for the Board at six monthly intervals. This report to the Board summarises the results of the Trust monitoring of staffing levels across all mental health and continuing care wards and covers the 6-month period from May 2024 to October 2024. In this period, 23 of the 54 wards showed variance in fill rate with immediate actions taken at the time by the managers. Regular rota and establishment reviews inform planned and actual staffing decisions. All services have mitigation actions they follow to manage unplanned absences up to and including business contingency plans. Establishment reviews have been undertaken across all inpatient areas during November /December 2024 to inform budget setting in line with safer staffing levels and will be reported in next board report. The ward staffing information is published monthly on the NHS Choices and Trust Website. The Board is asked to NOTE the assurance provided and CONSIDER if further sources of assurance are required.
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Strategic priorities this paper supports

Improved population health outcomes	☐	
Improved experience of care	☐	The right staffing numbers to meet the service user needs and respond accordingly.
Improved staff experience	☐	The right staff numbers create an environment where staff can safely practice and deliver high quality care

Improved value	☐	The right staffing resources reduces the need for agency and promotes consistency of practice.
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Implications

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

Meetings where this item has been considered

Date	Committee/Meeting - People Board Jan 2025 and Trust Public Board.

Supporting documents and research material

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

Chair: Eileen Taylor

Chief Executive: Lorraine Sunduza OBE

https://improvement.nhs.uk/resources/safe-staffing-district-nursing-services/
d. Lord Carter’s report “Operational productivity and performance in English NHS acute hospitals: Unwarranted variations” provides background evidence on the development of the Model Hospital and the development of CHPPD (Care Hours Per Patient Day) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf
e. ELFT Planned vs Actual staffing unify reports https://www.elft.nhs.uk/information-about-elft/safer-staffing-levels

Glossary

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

1.0 Background

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

2.0 Analysis of Trust Results, Planned vs Actual Staffing

- 2.1 Assessment of the impact of staffing on care, quality and safety has been undertaken in different ways. All the information is triangulated to give a more rounded view.
- 2.2 The Average Fill rate reports on the planned vs actual Nursing hours are published on the Trust Intranet and included in the Model Hospital Health System data set. Occasions where wards have achieved less than 90% registered nurse fill rate is reported below.
- 2.3 23 of the 54 wards showed a negative variance in fill rates. This is a slight decrease to the 24 reported in the previous board report, July 2024. Some wards adjust the skill mix and increase the health care support workers numbers to offset the reduced registered nurse numbers.

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

Table 1 Average Fill rates based on planned vs actual staffing

RMN – Registered Mental Health Nurse

HCA – Health Care Assistant

Ward	May	June	July	Aug	September	October
Newham: Nil						
Tower Hamlets						
Globe	Day RMN 83% HCA 118%	Day RMN 86% HCA 112% Night RMN 80% HCA 124%		Day RMN 86% HCA 125%	Day RMN 80% HCA 133% Night RMN 83% HCA 117%	Day RMN 88% HCA 109%
Luton and Bedford						
Poplars	Day RMN 73% HCA 191%	Day RMN 77% HCA 188%				
Coral	Day RMN 73% HCA 156%	Day RMN 87% HCA 141%			Day RMN 81% HCA 164%	
Onyx				Day RMN 88% HCA 165% Night RMN 87% HCA 179%		
Cedar				Day RMN 63% HCA 126%		
Jade				Day RMN 85% HCA 94%	Day RMN 83% HCA 154%	Day RMN 81% HCA 154%
Townsend Ct.			Night RMN 77% HCA 153%		Day RMN 77% HCA 125%	
LU Crystal						Day RMN 88% HCA 211%
Ash			Day RMN 84% HCA 105%			
Fountains Court			Night RMN 71% HCA 121%			
East Ham Care Centre:						
Sally Sherman						Day RMN/RN 84% HCA 122%
Fothergill						Day RN 80% HCA 102%

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Child & Adolescent Mental Health:						
Coborn Acute	Night RMN 61% HCA 134%	Night RMN 63% HCA 144%		Night RMN 76% HCA 127%	Night RMN 78% HCA 145%	Night RMN 72% HCA 134%
Coborn PICU				Day RMN 82% HCA 64%	Day RMN 75% HCA 180%	Day RMN 75% HCA 321%
Coborn Galaxy	Night RMN 67% HCA 145%	Day RMN 75% HCA 161% Night RMN 67% HCA 110%		Night RMN 87% HCA 113%	Day RMN 59% HCA 202% Night RMN 68% HCA 142%	Day RMN 54% HCA 194% Night RMN 66% HCA 137%
Evergreen	Day RMN 81% HCA 59%	Day RMN 87% HCA 60%		Day RMN 86% HCA 125%	Day RMN 81% HCA 56%	
City & Hackney						
Brett			Night RMN 66% HCA 169%			
Forensics:						
Hoxton	Night RMN 72% HCA 174%					
Broadgate			Night RMN 74% HCA 275%			
Loxford	Day RMN 87% HCA 152%			Night RMN 60% HCA 184%	Night RMN 62% HCA 177%	Night RMN 84% HCA 177%
Limehouse						Night RMN 87% HCA 113%
Clissold		Night RMN 83% HCA 117%			Night RMN 78% HCA 174%	
Victoria						Night RMN 89% HCA 114%

3.0 Care Hours Per Patient Day (CHPPD)

- 3.1 CHPPD was developed, tested and adopted as a way of recording and reporting staff deployment on all inpatient wards across all healthcare sectors. It is used to benchmark within the Trust and the National Model Health System.
- 3.2 CHPPD is the sum of the hours of registered nursing staff and the hours of Health Care Assistants divided by the total number of patients in the ward at 23:59 each day.
- 3.3 The CHPPD figures report funded and additional staffing provision.
- 3.4 Using the Model Health System ELFT reports slightly higher than the London Region median but below the national figure. Many Trusts outside of London run stand-alone

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services which by their very nature require additional staffing which increases their median CHPPD number. This negative variance against the national figure does not suggest that ELFT’s position requires any further action.

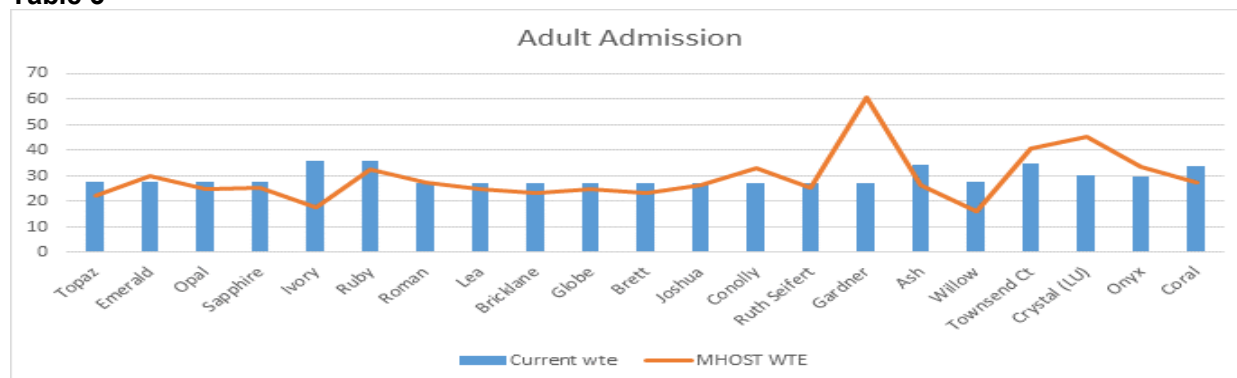
Table 2: Median CHPPD per month

	May	June	July	August	Sept	Oct
ELFT	9.6	9.8	9.6	9.4	9.6	9.3
London	9.56	9.53	9.36	9.42	9.5	Not published
National	10.9	10.8	11.3	11.0	11.0	Not published

National benchmarking : <https://model.nhs.uk/>

4.0 Mental Health Optimal Staffing Tool (MHOST) Data

- 4.1 The Mental Health Optimal Staffing Tool (MHOST) is a multi-disciplinary, evidence-based system that enables ward-based clinicians to assess patient acuity and dependency, incorporating a staffing multiplier to ensure that ward establishments reflect patient needs in acuity and dependency terms. Patients are rated daily for a minimum of 20 consecutive days.
- 4.2 The tool is based on five acuity and dependency levels for each mental health in-patient specialty. Each acuity and dependency level has an associated descriptor to enable clinical staff to score patients receiving care in their ward. These descriptors were developed by expert reference groups during the MHOST project.
- 4.3 MHOST data collection below provides data capture between September – November 2024. The tool is not designed for use in specialist areas eg. PICU, Forensic and Older People’s wards. The tool is also limited in reliability where staff have not had adequate training on application of the tool or where periods of data capture might coincide with periods of high acuity.
- 4.4 Currently the data is captured as a ‘snapshot’ at six monthly intervals and therefore is an infrequent task for staff to undertake and only reflects acuity at that period in time. It is a manual task that is limited to the individual’s application of the tool.
- 4.5 The information that MHOST data provides is valuable information to inform safer staffing requirements and to understand acuity, however the infrequency of data collection and the known variability in service user need limits the utility of the information, therefore running more frequent reports monthly is a priority for 2025 reporting which will better inform safer staffing and establishment review processes.
- 4.6 Table 3 shows the current investment in WTE against the MHOST data for teams. Where we have seen significant variance in funded WTE and MHOST data, this has been on our female wards where acuity has been high due to the number of incidents and levels of observation required to ensure patient safety. The variance does demonstrate that where staff have needed to increase staffing levels above funded WTE to ensure safety this has been actioned through the use of temporary staffing.

Table 3

5.0 London MH Service Narrative

- 5.1 There is significant improvement in fill rates for the East London Inpatient MH wards, with 2 wards (Globe ward, Brett Ward) out of 20 wards achieving less than 100% RMN fill rates. Globe Ward in Tower Hamlets has had some consistent challenges with retaining nurses and there is an appreciation of local factors that have contributed. The leadership of the team has been reviewed and overall review of registered nurses within the directorate has been undertaken to redistribute resources and reduce the impact of vacancies local to individual wards.
- 5.2 This improvement in fill rate reflects ongoing work to recruit and retain staff with an enhanced focus on time to recruit (getting appointed nurses into vacant positions). The contributions of our international recruits to the workforce challenges we have seen in previous quarters is also reflected here. Teams have continued to use defined escalation processes for redeployment of resources, re-prioritisation of tasks and flexibility in the leadership roles to support safer staffing ratios across all wards.

6.0 Bedford & Luton Services

- 6.1 Coral and Townsend Court showed deficits in the registered mental health nurses and a high fill rate for unqualified staff. Coral ward has seen more occurrences of lower fill rate due to staff who were on non-clinical duties due to disciplinary investigations. There is now monthly Director of Nursing, Chief Nurse and People and Culture oversight meeting looking at Employee Relations investigations time to complete and outcomes.
- 6.2 Townsend Court has historically struggled to attract candidates due to its geographical locations and transport links. Targeted recruitment has been undertaken to try and increase numbers.
- 6.3 Ward managers and Matrons in the locality cover the deficits where necessary. There is now no agency staff usage within Luton and Bedford inpatient services and a greater reliance on registered bank staff.
- 6.4 There has been on going RMN recruitment with University of Bedfordshire and a number of recruitment fairs and open days which has had a positive impact with a positive impact on vacancy rates. The use of agency has now stopped in all inpatient services. [OBE]

7.0 Forensic Services

- 7.1 Most of the wards highlighted have preceptorship nurses who are not yet able to work night shifts. The high number of HCA's and Nursing Associates was to cover high acuity, increase in high levels of observations and long-term segregation for service users on extra packages of care. There is work which is currently being done to align safer staffing numbers with the budget to allow for the vacant posts to be recruited to. We expect to see an improvement in the fill rate once all wards have the right safer staffing levels allocated and are able to fully recruit to those posts. Parallel work continues to be undertaken to reduce violence and aggression which impacts on staff attendance due to industrial injury on some wards.

8.0 CAMHS

- 8.1 **Evergreen:** Between May and August 2024, HCA fill rates at Evergreen were low, especially during day shifts. This was mainly due to a mix of short and long-term sickness. To manage this, the ward has monthly meetings with People and Relations to track absences and follow established procedures. They are working closely with staff to ensure absences are reported promptly, making it easier to cover shifts. Day shifts are usually challenging to fill with bank staff, but the Clinical Nurse Manager and Matron are regularly on-site during the week and step in to cover shifts when necessary.
- 8.2 Recruitment has improved significantly, with just one HCA vacancy and no RMN vacancies. In August 2024, HCA fill rates exceeded 100%, which is unusual. This was due to higher acuity, increased observation levels, and extra meal support needs for young people on the eating disorder pathway.
- 8.3 To strengthen staffing further, the Service Manager, Matron, and Ward Manager now hold bi-weekly oversight meetings to monitor staffing levels and review rotas two weeks in advance. Clinical Practice Leads are also now actively involved in managing day-to-day rotas. At times judgement as to whether a shift is covered is made when there is fewer young persons on the ward due to weekend leave or lower patient numbers on the ward.
- 8.4 **Coborn:** Over the past few months, Coborn has experienced higher sickness rates due to occupational injuries. Additionally, the acute ward has seen an increase in young people requiring meal support and nasogastric feeding, which has required extra resources to support young person's appropriately reflected in the high use of HCA. To address this, they request for extra packages of care (EPOCs) and have implemented monthly Healthroster meetings to ensure better oversight of staffing and rota planning.
- 8.5 Monthly sickness monitoring meetings which are supported by People and Culture to provide effective monitoring, follow-up on sickness management, and additional support for staff. Coborn has a small number of Band 5 vacancies which are currently being recruited to. Despite staffing challenges and consistently lower-than-expected fill rates across the Coborn Unit, recruitment for registered nurses remains strong. Staffing gaps have primarily been impacted by long and short-term sickness as well as absences related to People and Culture and Local Authority Designated Officer investigations (LADO) processes that externally reviews and investigates allegations of abuse against children. The Matron and Ward Manager hold oversight and assurance for the day and night fill rate of registered nurses

8.6 During out-of-hours after 5 pm and at weekends and night shifts the duty senior nurses support by basing on the wards, escalating to the on-call manager for support. We also work closely with colleagues at Newham Centre for Mental Health for cross-cover of staff including DSN support with acuity.

8.7 Older Peoples' Wards

8.7.1 Older People's wards provide step down intermediate care, end-of-life care, care to adults with an organic mental illness and dementia care.

8.7.2 **Poplars ward:** May and June the lower fill rate of RMN was due to sickness absence. The high rate of HCA fill rate between 171 % - 188 % was in response to 1:1 observations of patients at risk of falls or harm. The RMN fill rates have now stabilised with staff supported to return to work following periods of sickness absence. HCA fill rate remains variable dependent on clinical need.

8.7.3 **Fountains Court:** The lower fill rate in July for RMN, at 71%, was due to sickness absence and not a recurrent gap. HCA fill rate in July at 121% was responding to clinical need to prevent falls and 1:1 observation. The ward have a proactive system for monitoring sickness absence and supporting staff to return to clinical duties in a timely way; the improved fill rate in August evidences this.

8.7.4 **Sally Sherman Ward:** The ward had a vacancy rate of 18% for band 5 nurses and 20% vacancy rate for band 6 in July 2024. Following a successful recruitment drive and onboarding of internationally recruited staff all band 5 posts have been recruited to.

8.7.5 Lower percentage fill rate for registered nurses in October 24 was due to International Nurses awaiting PIN numbers, therefore they continued to work as a Health Care Assistant during this period and sickness absence, this has now stabilised.

8.7.6 **Fothergill Ward:** The ward had a fill rate for band 5 registered nurses of 80% in October. At this time, there were several internationally recruited nursing staff who had not yet received their NMC pin number. This has now resolved with international nurses passing their Objective structured clinical exam (OSCE) and there have been zero staff leavers in 2024.

9.0 Remedial Actions

9.1 Across all the wards there are systems to put in place mitigating actions to ensure safety and quality of care has been maintained. These have included:

- A review of staffing levels shift by shift by nursing staff and immediate managers that can result in agreement for managers and Matrons to cover clinical shifts;
- Unit wide safety huddles that can result in redeployment of staff by the Duty Senior Nurses to cover staffing deficits and to address issues of risk or acuity;
- Potential to re-introduce Peripatetic rotas if required at points of high acuity or staffing gaps Services have a contingency plan to put a peripatetic team in place (the peripatetic team sits outside of ward rotas and is a small team that can be utilised to cover short notice staffing deficits. (As the peripatetic team rota sits outside of individual ward rotas, shifts that they cover will not be captured on ward rotas and show as a deficit even though the shift is covered).

10.0 Temporary staffing

10.1 There has been a focus on developing our temporary workforce (Bank staff) who are not able to access local inductions, mandatory and statutory training. Temporary Bank staff working on wards and community are only booked to cover shifts where they can evidence they have completed local inductions. This reduces the risk of unsafe practice as they are provided with the knowledge and skills to work in clinical areas. There is a Trust wide project to develop:

- The support offer to temporary staff that will include access to training and professional supervision provided to this group;
- Building a substantial Bank of staff for Community and Primary Care Nursing;
- Booking systems 'Loop' - an accessible booking system for staff aligned with Health Roster.

10.2 Oversight panels have been established to ensure timely completion of People and Culture investigations that supports people back into clinical roles in a timely manner if appropriate to do.

10.3 Where gaps remain, there is an escalation to the service directors and out of hours to the managers on call for their support and it is recorded as an incident. The incident sign-off process will review whether the gap was avoidable and take forward any learning.

10.4 Community Health Services (CHS) - Nursing

10.4.1 Since July 2024 safer staffing report, we have seen a further positive reduction in the number of vacancies within London CHS teams but an increase for Bedfordshire CHS; the vacancy rates for October 24:

- Bedfordshire – 11.42% (an increase of 6.22% since July 24);
- Tower Hamlets 6.36% 13% (a reduction of 6.64 % since July 24);
- Newham- 7.21% (a reduction of 6.79% since July 24).

10.4.2 The increased vacancy rate for Bedfordshire CHS is due to Leavers across Band 5 – 7 since July '24. The reasons for leaving are for same band roles in alternative sectors eg Care and Nursing homes and Primary Care and also promotion. Senior Nurses have explored the reasons why Nurses are leaving; a significant number stated due to workload pressures and limited opportunity to complete clinical documentation within the allocated shift time.

10.4.3 Recruitment and retention for all Community services is an ongoing piece of work via the workforce steering group; Bedfordshire CHS has a workforce plan as well as various methods of recruitment eg recruitment fairs and also exploring pipeline opportunities with local universities. The Directorate management team have commenced a review of current workforce capacity and skill mix, to meet the current clinical demand and inform future workforce plans.

10.4.4 Where temporary staff have been required to cover vacancies, all three CHS's have proactively worked with the Corporate Bank team to convert in situ Agency Nurses to Bank with significant reduction on pay costs.

10.4.5 The table below shows a reduction in spend over 3 months for London Community Health Services. Bedfordshire is to continue with their QI Agency reduction

programme and building a Bank pool of Nursing staff for Community Health Services and Primary Care.

Directorate	SEP-24	OCT-24	NOV-24
BEDFORDSHIRE CHS	148,660	111,260	117,081
NEWHAM CHS	16,796	13,733	8,236
TOWER HAMLETS CHS	61,330	45,607	41,424
	226,759	170,600	166,741

10.4.6 It has been a long-standing national challenge for Community Nursing teams to achieve complete visibility of workload and have access to consistent modelling tools to forecast future demand and capacity for delivering care. Community services and Primary Care are significant services to achieving the NHS Plan and therefore it is essential we have deeper understanding of our current capacity and gaps in service and resource ahead of meeting future health care needs of our local populations. The Executive team commissioned a review of District Nursing conducted by PA Consulting.

9.0 Review of District Nursing

9.1 PA Consulting were commissioned by the Executive team to review the District Nursing service which commenced October 2024 and concluded Dec 2024. The project aim was to deep dive for a better understanding of the current picture - operational and nursing model, budget overspend alongside current and future demand and capacity and identify areas for improvement relating to financial and operational efficiencies. The review aligns with the Trust's programme for Financial Viability as well as future planning for community health care provision.

9.2 The second project aim was to quantify the impact of transformation, ie., quantify what improvements are required to work within the funded establishment or establish what further resource is required to meet current and projected health care needs.

9.3 The review has explored how we work with the clinical systems as a mobile workforce.

9.4 Evidence for the review has included data analysis of workforce and clinical data, including Benchmarking other services and engaging staff at all levels to gain insights and understand their working experience.

9.5 Recommendations require attention to:

- Demand and capacity which is increasing in volume and complexity;
- Senior nursing staff to be available for care instead of managing demand and scheduling workforce to workload – there is a need to review caseload / workforce scheduling system;
- Review clinical systems suitability for Community Services – Electronic patient record;
- Creating a cost effective temporary workforce.

9.6 The recommendations will be progressed by the steering group with members from the directorate senior management teams and senior nurses.

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10.0 Community Safer Staffing Tool (CNSST)

- 10.1 The new NHS England team for Community Nursing have completed their review of the CNSST to ensure its continued effectiveness, reliability, and usability. This review has incorporated the feedback by community nursing users to shape and introduce a new tool which will be relaunched on 22nd January 2025.
- 10.2 Licences have been renewed and reissued to Trusts; this is held by the Chief Nurse. Following its relaunch an audit will take place which will start the Safer Staffing rolling programme. Planning is in place to meet the staff in the new year to refresh people's minds and also engage with the Directorate based Safer staffing champions.

11.0 2024/25 Priorities

- 11.1 Trustwide recruitment and retention quality improvement project is ongoing and will consider the impact of the work done so far to reduce vacancies and improve retention and reduce variation, recognising the impact this has on safer staffing.
- 11.3 Develop and embed Healthroster governance and assurance systems for inpatient wards and community health services. This work will include developing the skills in creating rosters and data dashboards required for oversight with panels in place for assurance and support to teams. This work will ensure consistency in the distribution of resources in line with safer staffing requirements, improve service user and staff experience and support financial viability.
- 11.4 Continue to develop utilisation of MHOST tool.
- 11.5 Implementation of workforce redesign of district nursing.

12.0 Conclusion

- 12.1 Whilst we have seen a reduction in the number of registered nurse vacancies, this will continue to require focused work to maintain. The next steps we have identified to sustain these improvements will focus on systems for oversight of the management of resources, retention of staff and providing equal opportunities for progression.
- 12.2 There has been positive impact of Safer staffing in London MH services however there is still significant variation in Luton and Bedfordshire, CAMHS and Forensics where we will focus attention.
- 12.3 Recruitment and retention QI work will look to reduce variation in RMN availability throughout the year.
- 12.4 The ward staffing information is published monthly on the NHS Choices and Trust Website.

13.0 Action being requested

Chair: Eileen Taylor

Chief Executive: Lorraine Sunduza OBE

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

REPORT TO THE TRUST BOARD IN PUBLIC
30 January 2025

Title	Finance, Business and Investment Committee (FBIC) 30 January 2025 – Committee Chair’s Report
Committee Chair	Sue Lees, Non-Executive Director and Committee Chair
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

- To bring to the Board’s attention the key issues and assurance discussed at the Finance, Business & Investment Committee (FBIC) meeting held on 30 January 2025.

Key messages

Finance Update M9 2024/25

- The Trust is reporting a deficit of £16.9m at the end of December which is £14.9m 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. The underlying position, however, reflects a £0.5m improvement compared to the previous two months.
- There continues to be a steady reduction in agency staff usage and dedicated work to control and reduce staffing costs has seen a reduction in the whole-time equivalent (WTE) over-establishment by 200 posts since April 2024. However, the WTE baseline is incorrect, leading to an apparent growth that is not reflective of reality. This error is being addressed to provide a clearer picture. In addition, there has been significant reduction in private bed usage in Bedfordshire and Luton.
- Achieving a reduction in the organisation’s run rate remains a challenge and efforts are being focused in this area. The decrease in the cash position to £109m reflects the impact of this challenge.
- While the capital programme is currently behind plan, there remains confidence in achieving full delivery by year end.

Going Further, Going Together (GFGT)

- Savings exceeded target by £600k, with identified savings of £33.4 million reflecting significant progress in addressing financial challenges. Risks associated with unidentified and/or unspecified savings schemes have been reduced from £3m to £1.75m indicating an increased confidence in delivery.
- The introduction last month of control totals for directorates for pay, non-pay and income has shown all except one directorate have either met or exceeded their control total which is a significant move towards organisational recovery.
- Although the savings target for 2025/26 has not yet been confirmed, the planning process has commenced with the assumption of a similar level of savings being required; the aim is for 80% of the programme to be signed off by the end of February. Key areas of focus include finalising plans earlier taking account of lessons learned from delays in previous sign-offs to allow for smoother execution starting in April; and combining bottom-up directorate specific savings plans with top-down Trust strategies to establish clear and achievable targets.
- The committee acknowledged the significant progress that has been made recognising the value of ongoing subject matter expertise to sustain and embed this work within the organisation.
- Assurance provided that plans are being developed to transition to a sustainable model of delivery that will embed robust financial processes and reduce reliance on additional resources. Achieving this requires a cultural shift, with shared leadership, clear expectations and strong executive support.

Deep Dive: Clinical Pathways Design

- The clinical pathways workstream is one of the high-impact and enabling GFGT programme workstreams. Its focus was expanded to cover more clinical services and geographies.
- Projects to improve service delivery and patient outcomes as well as reducing costs include the recovery colleges, crisis cafes and memory services where there are opportunities for

collaboration and consolidation, as well as large-scale system-led pathway transformation and improvement work through the provider collaboratives.

- Local ownership in clinical pathway design and engagement of clinicians and service users in coproducing solutions are critical in ensuring that the pathways meet the needs of the community. The need to work within existing structures and avoid creating additional layers of complexity was also highlighted.
- The committee stressed the need for pace and for a focus on systemic large-scale transformation over localised initiatives, leveraging system-wide resources and partnerships to achieve impactful scalable change. The importance of 'big picture' thinking and stronger communication of the Trust's transformation successes were also highlighted.

Deep Dive: Cyber Security

- The update focused on the progress made and the ongoing work to improve defences and manage supplier security.
- The Trust conducted a deep dive into cyber security risks, focusing on lessons learned from external incidents and measures to mitigate vulnerabilities.
- Efforts include implementing advanced tools, such as AI-driven threat detection, and embedding business continuity and recovery processes. A review of supplier security management and security protocols are planned to address risks from third-party connections.
- The progress so far reflects a reduction in risk scores; however, concerns about future national funding and the evolving threat landscape remain.
- To ensure ongoing assurance, a visual dashboard highlighting key risks and achievements was recommended by the committee, alongside continued focus on systemic defences and supplier standards.

Procurement Update

- Continued growth in savings categories being achieved
- Push for a 'no PO no pay' policy
- Ongoing discussions with NELFT about the procurement partnership.

Hard Facilities Management Procurement

- The business case for the hard facilities management procurement was presented which aims to establish a transformational, outcomes-focused partnership with a single provider. The specification was co-produced with service users, staff and members of the Board, and addresses gaps in the current contract while enhancing patient care and efficiency.
- Extensive financial modelling confirms the approach offers better value for money, reducing reactive maintenance costs through a focus on planned, preventative maintenance. The updated specification reflects modern demands, regulatory expectations and technological advancements, ensuring a professional, future-ready estates service.
- The committee emphasised the importance of robust contract management to prevent cost and scope creep and was assured the plan aligns with the estates strategy, offering flexibility to reduce footprint where needed and ensuring benefits are felt broadly across patients, staff and visitors.
- The committee approved the move to market to tender for a new service provision.

Business Development Update

- Update on the mobilisation of several initiatives, tenders in progress, and prospective tenders; for projects requiring approval the focus is on aligning with the Trust's strategic priorities.
- The committee emphasised the importance of robust qualification criteria to ensure projects align with strategic goals, avoid financial risks, and address complexities associated with work outside of our primary ICSs to ensure sustainability and strategic alignment; and requested these criteria are shared with the committee.

National Cost Collection

- The review of the NCC was deferred due to data quality concerns; the outcome of the investigation by NHS England (NHSE) is awaited.
- The committee requested an analysis using the NCC data to assess its implications be presented at a future committee meeting, once the data quality issues are rectified.

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.*

- Risk 7: Has been updated to reflect the month nine position, with no changes expected to the RAG ratings through year-end. A new measure has been implemented, introducing control totals for each DMT to enable closer monitoring of spending trajectories. This initiative aims to reduce overspends and achieve a break-even position by the end of the year.
- Risk 8: The target score is under review following a challenge raised by the Audit Committee. It was determined that achieving the current target in the context of ongoing cyber threats may not be realistic. Assurance provided that the heightened risk around cyber threats is being closely monitored.
- Risk 10: No change to the risk score was required. Assurance was provided on the continued moves forwards with the approach to estates strategy, and future proofing the estate, for instance through the proposed hard facilities management contract procurement.
- A review of the Board's risk appetite and tolerance will be discussed at the Board development session in February as part of the BAF annual review.
- 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 30 JANUARY 2025

Title	Finance Report Month 9 (December 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
23-01-25	Finance Business and Investment Committee

Key messages

Summary of Financial Performance:

- As at month 9 the Trust is reporting a deficit position of £16.9m year to date, which is £14.9m 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 December 2024 was £109.0m.
- Year to date Capital expenditure was £6.7m.
- Better Payment Practice Code performance is 91% by volume and 94% by value.
- As at month 9 the NEL ICS is reporting a deficit position of £85.6m year to date, which is £76.1m adverse to plan.

Strategic priorities this paper supports

Improved Population Health Outcomes	☒	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	☒	Delivering financial sustainability, provides the structure for the organisation to deliver high quality, consistent care in the most appropriate setting.
Improved Staff Experience	☒	Delivering financial sustainability enables the organisation to support staff with innovative ways of workings, enhancing training opportunities and prioritising staff development
Improved Value	☒	This is a key requirement to ensure that the Trust delivers value for money and is not in breach of its Foundation Trust provider licence.

Implications

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

December 2024 (Month 9) Finance Report 30 January 2025 – Trust Board

2024/25

Kevin Curnow

Chief Finance Officer



**We care
We respect
We are inclusive**



Executive Summary

	In Month			Year To Date			Annual Budget £000
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	
Clinical Income	57,356	59,542	2,186	509,313	509,926	613	684,158
Other Income	241	1,810	1,569	17,441	17,795	354	22,355
Pay costs	(40,674)	(42,117)	(1,443)	(380,465)	(386,404)	(5,939)	(504,173)
Non-pay costs	(13,056)	(16,489)	(3,433)	(117,482)	(127,500)	(10,018)	(160,998)
Financing / non-operating costs	(3,447)	(3,445)	2	(31,654)	(31,655)	(1)	(42,217)
	420	(699)	(1,119)	(2,847)	(17,838)	(14,991)	(875)
Adjustments	(51)	(12)	39	834	910	76	684
Reported Surplus /(Deficit)	369	(711)	(1,080)	(2,013)	(16,928)	(14,915)	(191)
Memorandum items							
Industrial Action Costs (pay)	0	0	0	0	112	112	0
Agency Costs	0	(1,283)	(1,283)	0	(17,175)	(17,175)	0
Financial Viability	3,663	4,150	487	17,890	18,488	598	29,000
Cash	2,000	(337)	(2,337)	114,375	108,954	(5,421)	n/a
Capital	683	946	263	8,241	6,739	(1,502)	10,303

Key messages

The Trust is reporting a deficit position of £16.9m as at 31st December 2024. This is £14.9m adverse to plan. This is a £0.5m improvement on the underlying position from the previous two months, with reductions in pay costs and in private bed expenditure.

Key drivers of the year-to-date deficit remain the same - 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).

At month 9 the Trust has met its savings plan. This has been delivered through a combination of cost reduction and budget adjustments.

The capital expenditure programme is below plan, however, there was an in month overspend against plan, and it is expected to fully deliver the plan by the end of the year.

Clinical income	£0.6m above plan – improvement in month, with recognition of additional income in North Central & East London CAMHS Collaborative (NCEL) (matched by expenditure), and increased recharges to NHS Trusts. Further detail on slide 6.
Other income	£0.4m above plan, resulting from increased recharges of inpatient beds to other providers.
Pay costs	£5.9m overspend, with £0.9m 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	£10.0m overspend, arising from cost pressures in Supplies (£1.1m), Premises (£0.9m) FV slippage, and contingencies. Further detail is included on slide 9. Private Beds show as a £1.0m overspend, with high use in earlier months. Further detail is shown on slide 16.
Financial Viability	£18.5m FV has been delivered, ahead of plan, with 54% relating to run-rate reductions. The most likely forecast delivery is £29.5m. Further detail is shown on slide 5.
Cash	As at the end of December, the cash balance was £109.0m, £5.4m below plan. The impact of the deficit position has been partly offset by movements in working capital and capital slippage.
Capital	Capital expenditure of £6.7m, which is a £1.5m 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	56,164	57,622	1,458	498,325	497,226	(1,099)	669,376
Non NHS - Patient Care Activities	1,192	1,920	728	10,988	12,700	1,712	14,782
Other (in accordance with IFRS 15)	1,351	1,500	149	14,896	15,983	1,087	18,680
Other Operating Income	(1,110)	310	1,420	2,545	1,812	(733)	3,675
Income Total	57,597	61,352	3,755	526,754	527,721	966	706,513
Pay							
Substantive	(40,222)	(35,937)	4,285	(376,714)	(325,302)	51,412	(499,289)
Bank	(218)	(4,714)	(4,496)	(2,263)	(42,439)	(40,176)	(3,003)
Agency	0	(1,283)	(1,283)	0	(17,175)	(17,175)	0
Apprenticeship levy	(235)	(183)	52	(1,488)	(1,488)	0	(1,881)
Pay Total	(40,674)	(42,117)	(1,443)	(380,465)	(386,404)	(5,939)	(504,173)
Non-Pay							
Non Pay	(13,056)	(16,489)	(3,433)	(117,482)	(127,500)	(10,018)	(160,998)
Non-Pay Total	(13,056)	(16,489)	(3,433)	(117,482)	(127,500)	(10,018)	(160,998)
EBITDA	3,867	2,746	(1,121)	28,807	13,817	(14,990)	41,342
Post EBITDA							
Depreciation	(3,199)	(2,977)	222	(26,055)	(26,055)	0	(34,502)
Amortisation	(90)	(90)	0	(810)	(810)	0	(1,080)
Finance Income	456	503	47	4,381	4,380	(1)	5,550
Finance Expenditure	(32)	(299)	(267)	(3,932)	(3,932)	0	(5,201)
PDC Dividend	(582)	(582)	0	(5,238)	(5,238)	0	(6,984)
Total Post EBITDA	(3,447)	(3,445)	2	(31,654)	(31,655)	(1)	(42,217)
	420	(699)	(1,119)	(2,847)	(17,838)	(14,991)	(875)
Less							
Depreciation: Donated Assets	41	41	0	369	370	1	493
Remove impact of PFI revenue costs	(92)	(54)	38	465	540	75	191
Reported Surplus /(Deficit)	369	(711)	(1,080)	(2,013)	(16,928)	(14,915)	0

The Trust is reporting a deficit position of £16.9m as at 31st December 2024. This is £14.9m adverse to plan.

The in-month position is a deficit of £0.7m. This is an improvement on recent months, with an underlying deficit of £1.2m reported in October and November. This improvement arises from reduced staff cost for substantive and agency staff, and from having materially reduced private bed expenditure in month.

The Trust is still spending more than it earns each month, and this is expected to continue for the rest of the financial year. 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) run rate reductions is another key factor.

Forecast

The annual plan for 2024/25 is for a breakeven position. The phasing of the final submitted plan delivers a deficit in the first 6 months of the year, followed by a surplus in the remaining months, to arrive at breakeven by March 2025.

Externally, the Trust continues to forecast a breakeven position in line with plan. However, there are very clear risks to delivery of this, including the need to recover the adverse year to date position.

Based on the current run rate, and the current FV delivery, the forecast would indicate a **£18.5m deficit**.

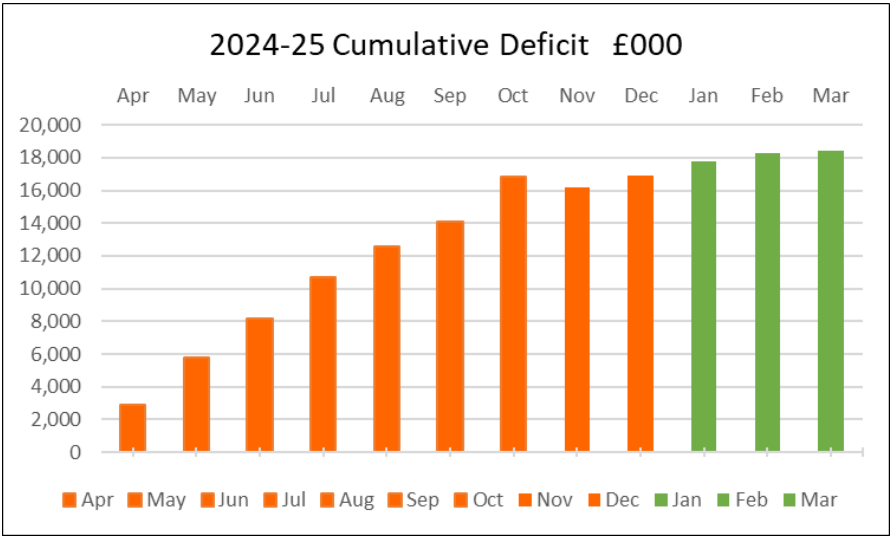
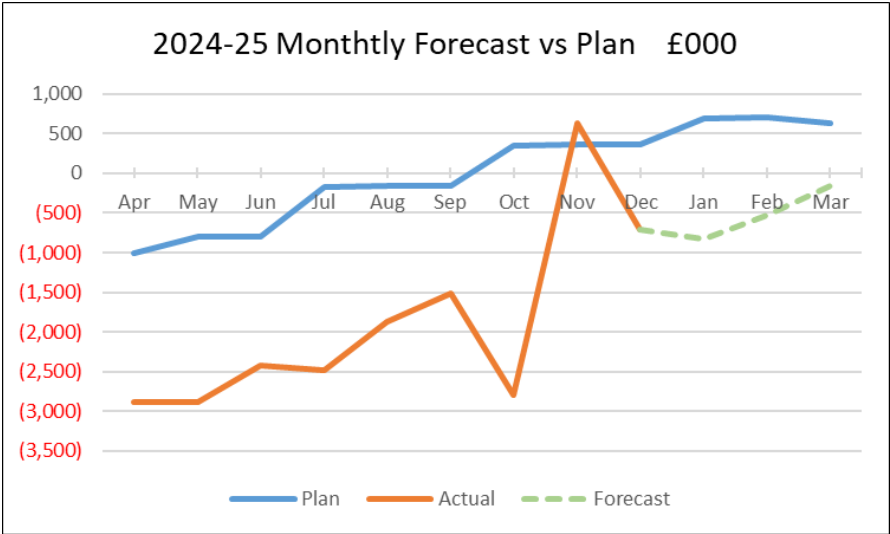
Risks to Plan Achievement

- Agency usage continuing above the planned level.
- Private sector beds usage for Luton and Bedford continues at current run-rate without additional income to offset the costs incurred.
- North-East London recommencing the use of private sector beds.
- Not delivering FV savings in line with plan.
- Continuing levels of patient need resulting in ongoing use of bank staff.
- The reduced cash balance may act to reduce the amount of Investment Income generated.

Mitigations

The Trust is ensuring all possible options to mitigate against these risks, and ensure plan delivery, are explored.

Key message : Externally, the Trust is reporting a forecast of break-even, but has flagged the risks to delivery. GFGT programme continues to drive savings.



Financial Viability / Going Further, Going Together

2024/25 Targets

The financial savings target for 2024/25 is £29m. 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 9 was £17.9m with a total reported delivery of £18.5m, resulting in a favourable variance of £0.6m

The Trust remains on plan at Month 9, although there still remain year to date variances against Adult Mental Health targets in particular. Some Directorates are currently ahead of their year to date plan which offsets the shortfall.

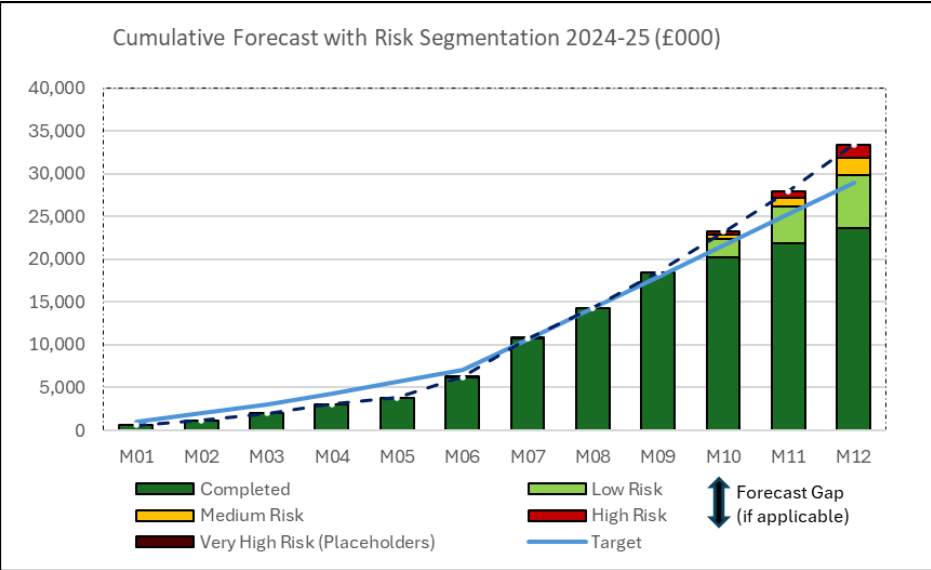
Delivery of plan to date has seen only 54% delivered through schemes that impact the expenditure run-rate – while a further improvement on the 48% delivered in October, It remains critical that efforts are focused on plans that reduce budget and run-rate

2024/25 Forecast

The best case forecast at month 9 is to deliver £33.4m, with a most likely case of £29.5m based on risk and delivery status. The risk profile has improved again slightly since month 8 with 91% of the programme value now 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 and into 2025/26 as this shortfall is driving the deficit position.

Directorate Grouping	2024-25 Target £000	2024/25 Forecast £000	2024/25 Forecast Variance £000
East London AMH	8,500	6,774	(1,726)
Luton & Bedfordshire AMH	5,100	5,396	296
London CHS	2,700	2,715	15
Bedfordshire CHS	1,500	1,209	(291)
Specialist Services	4,500	3,518	(982)
Forensic Services	2,400	2,580	180
Primary Care	500	1,243	743
Clinical Directorates Total	25,200	23,434	(1,766)
Corporate Services & Estates	3,800	4,254	454
Unallocated High Impact Workstream	0	5,727	5,727
GRAND TOTAL	29,000	33,416	4,416



Income

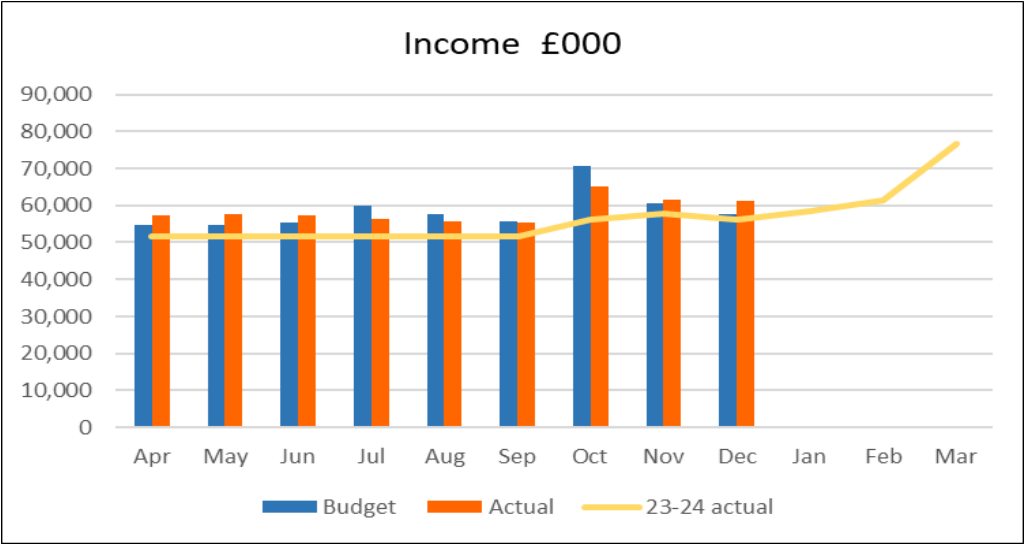
The income position at the end of December is an over-performance of £1.0m. This a change from November, when the position was £2.5m below plan. This change is due to recognition of income to match higher costs in NCEL (£1.3m) and NHS Benchmarking (£0.4m). We also have additional NHS Trust income from selling of beds (£0.3m) and some estates recharges (£0.3m).

The main areas of under performance is a £4.1m 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 a £0.7m under performance relating to income generation targets not being delivered. This has materially improved since October, with the trust now generating increased income from bed sales.

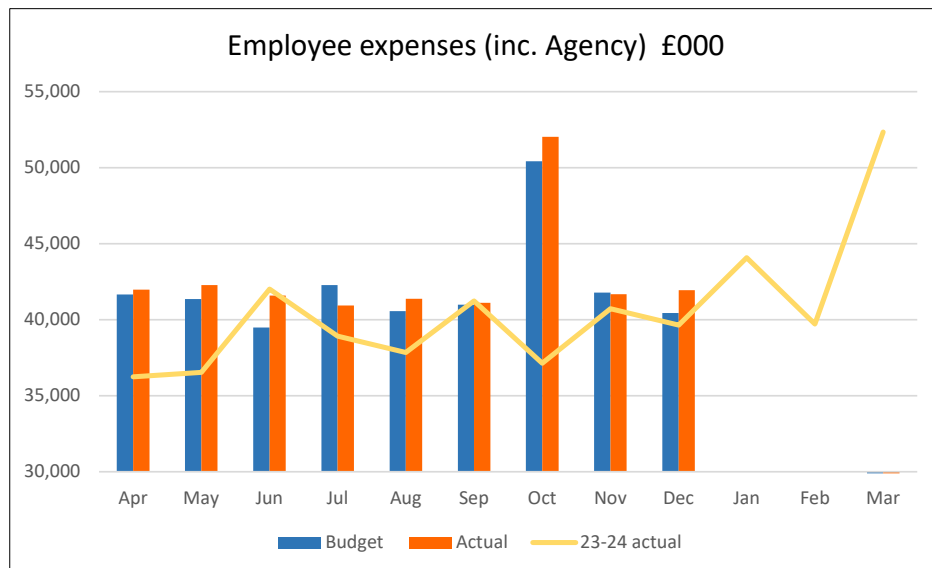
There are areas of over-performance,, though these are offset by costs. The main areas are :

- £1.0m NHS Trust & Foundation Trust income for NCEL Provider Collaborative Non-Contracted Activity,
- £0.6m for estates recharges to Cambridge Community Services
- £0.9m Local Authority income for school-based services – this funds costs incurred in the Specialist directorate.
- £0.7m R&D, with income being higher than initially budgeted



Key message : Income is now above plan, with a material increase in the NCEL income recognised in month and a stepped increase in bed sales.

Pay



Pay type	Funded WTE	Actual WTE	Variance WTE	Year To Date			Annual Budget £000
				Budget £000	Actual £000	Variance £000	
Substantive	(8,119.2)	(7,282.5)	836.7	(376,714)	(325,302)	51,412	(497,408)
Bank	(45.7)	(909.1)	(863.5)	(2,263)	(42,439)	(40,176)	(3,003)
Agency	0.0	(115.6)	(115.6)	0	(17,175)	(17,175)	0
Sub-total - staff	(8,164.9)	(8,307.3)	(142.4)	(378,977)	(384,917)	(5,940)	(500,411)
Apprentice Levy				(1,488)	(1,488)	0	(1,881)
Non-Executives	(1.4)	(1.4)	0.0				
Total Pay costs	(8,166.3)	(8,308.7)	(142.4)	(380,465)	(386,404)	(5,939)	(502,292)

Non-executive costs are recorded under non-pay.

The WTE are included here to show the total WTE for the Trust

Overall pay is overspent by £5.9m. The main drivers of this are the use of temporary staff at a level above the number of vacant posts, alongside the premium costs associated with using agency staff. There is also a £0.9m cost pressure, arising from under-funding of the recent pay awards

Actual pay spend in month is £42.1m, which is £0.9m less than the year-to-date average spend (£43.0m). October spend was impacted by the reversal of the £1.3m over-accrual of the pay-award in September.

WTE use has fallen in month, but the trust is still using more staff than we have funding for, with Whole Time Equivalents (WTE) being 142.4 above the funded level in month (this was 244.2 over-established in November)

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. GFGT controls on agency and bank usage, alongside the Vacancy Control Panel is impacting through reduced WTEs being used. In addition, through this workstream, there is work relating to the booking of additional ward-based staffing ongoing.

Pay – Whole Time Equivalents (WTE)

Pay type	Funded WTE	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Movement in month	WTE Actuals	NOV-24	DEC-24	Movement in month
Funded WTE	Substantive	(7,824.4)	(7,889.5)	(8,076.6)	(8,071.4)	(8,061.3)	(8,076.0)	(8,090.0)	(8,079.1)	(8,120.6)	(41.5)	City & Hackney	(773.3)	(759.5)	13.8
	Bank	(66.7)	(59.9)	(59.9)	(59.9)	(59.9)	(59.9)	(59.9)	(45.7)	(45.7)	0.0	Tower Hamlets CHS	(280.2)	(269.4)	10.8
	Agency	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	Tower Hamlets	(851.7)	(841.0)	10.7
Actual WTE	Substantive	(7,280.9)	(7,320.9)	(7,314.8)	(7,285.0)	(7,343.2)	(7,338.6)	(7,354.4)	(7,325.3)	(7,283.9)	41.4	Bedford Directorate	(959.3)	(949.4)	9.9
	Bank	(967.3)	(896.4)	(901.0)	(924.4)	(898.5)	(920.4)	(981.4)	(902.2)	(909.1)	(6.9)	Newham CHS	(485.2)	(476.1)	9.1
	Agency	(249.3)	(272.5)	(284.6)	(235.5)	(219.8)	(198.0)	(160.2)	(141.5)	(115.6)	25.8	Specialist Services	(1,320.8)	(1,313.1)	7.7
Variance	Substantive	543.5	568.7	761.8	786.4	718.1	737.4	735.6	753.8	836.7	82.9	Bedfordshire CHS	(509.5)	(503.6)	6.0
	Bank	(900.6)	(836.6)	(841.2)	(864.5)	(838.7)	(860.6)	(921.6)	(856.5)	(863.5)	(6.9)	Forensic Services	(791.7)	(788.4)	3.3
	Agency	(249.3)	(272.5)	(284.6)	(235.5)	(219.8)	(198.0)	(160.2)	(141.5)	(115.6)	25.8	Specialist CHS	(193.3)	(190.0)	3.3
Total Funded WTE		(7,891.1)	(7,949.4)	(8,136.5)	(8,131.3)	(8,121.1)	(8,135.9)	(8,149.9)	(8,124.8)	(8,166.3)	(41.5)	Newham	(743.7)	(741.5)	2.1
Total Actual WTE		(8,497.5)	(8,489.9)	(8,500.4)	(8,444.9)	(8,461.4)	(8,457.0)	(8,496.0)	(8,369.0)	(8,308.7)	60.3	NEL Vaccination	(1.0)	0.0	1.0
Overestablishment		606.4	540.5	363.9	313.6	340.3	321.1	346.1	244.2	142.4	(101.8)	R&D	(24.4)	(23.6)	0.8
Overestablishment %		(7.7%)	(6.8%)	(4.5%)	(3.9%)	(4.2%)	(3.9%)	(4.2%)	(3.0%)	(1.7%)		NCEL Provider Collaborative	(21.6)	(21.3)	0.3
												NCEL Perinatal Prov Collab	(4.4)	(4.4)	0.0
												Non-Execs	(1.4)	(1.4)	0
												SLA's Received	(0.3)	(0.5)	(0.2)
												Estates & Facilities	(41.5)	(42.2)	(0.6)
												Primary Care	(208.5)	(213.2)	(4.7)
												Luton Directorate	(412.1)	(417.7)	(5.6)
												Corporate	(745.1)	(752.3)	(7.2)
													(8,369.0)	(8,308.7)	60.3

The trust is still using more staff than we have funding for, with WTE being 142.4 above the funded level. The trust has seen a reduction for a second month, with 60.3 fewer WTEs used than in November. Funded Posts have increased by 41.5, with investments in NEL Adult Mental Health (+23.4), Specialist (+9.4) and Tower Hamlet CHS (+1.9) and other smaller adjustments. These are a mix of ICS, NHS England and other funding.

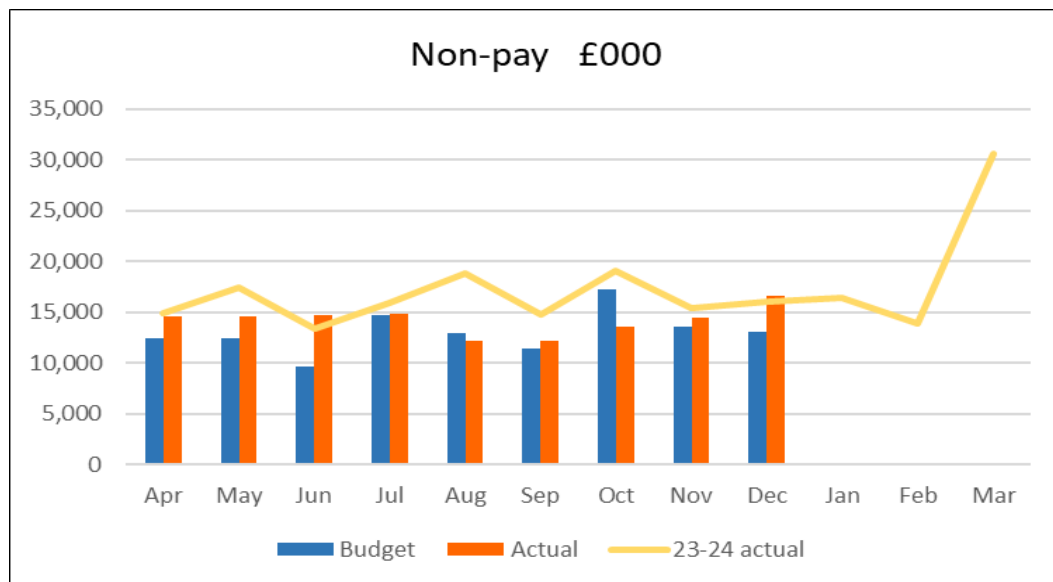
Substantive staff have reduced again in month, following the end of more fixed-term contracts.

Bank usage increased slightly in month, with increased sickness and annual leave cover over Christmas. Bookings for patient acuity have reduced compared to last month, following focused work to reduce bookings.

The trust has made further improvements in the use of agency, with WTE reducing to 115.6 in December – a proportion of this decrease will be due to staff not working over Christmas.

Key message : Whilst improving, pay remains above plan with the Trust using more staff that we are funded for, and is using agency staff at premium cost. Agency costs constitute 4.5% of total pay costs, above the 3.2% national target set by NHSE. The GFGT workforce workstream is focusing on opportunities to reduce agency spend through WTE reductions and cost renegotiations.

Non-pay



Expenditure type	Year To Date			Annual Budget £000
	Budget £000	Actual £000	Variance £000	
Private Beds (ELFT)	(8,306)	(9,373)	(1,066)	(10,693)
Health and Social Care - NHS	(17,991)	(19,610)	(1,619)	(24,026)
Health and Social Care -non-NHS	(16,593)	(14,277)	2,315	(22,243)
Supplies & Services	(24,049)	(25,196)	(1,146)	(32,514)
Drug costs	(4,215)	(4,856)	(641)	(5,620)
Consultancy & Legal fees	(1,533)	(2,443)	(910)	(1,987)
Establishment	(3,810)	(4,857)	(1,047)	(5,039)
Premises	(24,064)	(24,972)	(908)	(32,123)
Transport	(3,684)	(3,993)	(309)	(4,923)
Audit fees	(139)	(147)	(7)	(186)
Training	(3,739)	(3,792)	(53)	(4,987)
Clinical negligence	(1,546)	(1,551)	(5)	(2,062)
Non-executive directors	(170)	(150)	20	(227)
Other Expenditure	(7,642)	(12,284)	(4,642)	(14,368)
Grand Total	(117,482)	(127,500)	(10,018)	(160,998)

Non pay is £10.0m overspent, arising from :

- ELFT Private Beds (excluding NELFT) account for £1.0m of overspend, arising from the £8.2m spend on ELFT private sector bed purchases (further details on slide 16).
- Services commissioned by NCEL Provider Collaborative are underspent by £1.0m, with a reduction in the number of patients placed. The underspend has materially reduced in month, following paying of dividends to NHS trusts.
- Supplies and Services are overspent by £1.1m, with increased catering charges (£0.3m), increased in costs from the OCS contract (£0.4m), and unfunded Agenda for Change inflation in outsourced contracts (£0.4m)
- The trusts Premises costs are overspent by £0.9m, driven by the effect of building works and repairs (£1.7m), furniture repairs (£0.1m) rates (£0.3m), energy and utilities (£0.2m). This is part offset by £0.8m underspends in ICT, and savings across a range of directorates
- Consultancy and Legal Fees is overspent by £0.9m, with the main areas being visas for International Recruitment (£0.2m), fees incurred by the Research & Development team (£0.3m), legal fees in Corporate and Estates (£0.2m), and fees relating to 23-24 (£0.3m)
- Other Expenditure is overspent by £4.6m, resulting from FV slippage and also from provision for expected expenditure.

Key message : Non-pay is above plan, with pressures arising in a range of areas. These continue to be reviewed as part GFGT for further opportunities.

Statement of Financial Position

- The net balance on the Statement of Financial Position as at 31st December 2024 was £303.5m. The decrease of £17.4m since year-end reflects the YTD deficit position partially offset by Public Dividend Capital funding.
- The key movements since the prior month are: -
 - £1.4m reduction in non-current asset values, with depreciation of £3.1m exceeding additions of £0.9m and lease additions and remeasurements of £0.7m.
 - £1.1m rise in receivables, with increases in the amounts owed by Barts Health and North London NHS Foundation Trust.
 - £3.4m increase in payables, with additional accruals for estates and facilities, the Public Dividend Capital charge, bank holiday enhancements and adjustments for charges notified through the NHS agreement of balances exercise partially offset by a reduction in tax and social security creditors.
 - £3.0m decrease in deferred income, as income received in prior months from North East London ICB and NHS England for future periods is released into the position.

	Prior Year 31/03/2024 £000s	Previous Month 30/11/2024 £000s	Current Month 31/12/2024	Variance £000s
Non-current assets				
Intangible assets	3,220	2,500	2,410	(90)
Property, Plant and Equipment	270,023	262,374	261,626	(748)
Right of use assets	79,210	72,076	71,475	(601)
Investments in associates and joint ventures	1,787	1,787	1,787	0
Other non current assets	969	970	970	0
Total non-current assets	355,209	339,707	338,268	(1,439)
Current assets				
Inventories	556	506	450	(56)
Trade and other receivables	34,051	43,138	44,233	1,095
Assets held for sale	350	350	350	0
Cash and cash equivalents	116,413	109,292	108,954	(338)
Total current assets	151,370	153,286	153,987	701
Current liabilities				
Trade and other payables	(73,690)	(67,379)	(70,814)	(3,435)
Borrowings	(15,248)	(15,248)	(15,127)	121
Provisions	(438)	(762)	(1,038)	(276)
Deferred income	(7,368)	(23,638)	(20,641)	2,997
Total current liabilities	(96,744)	(107,027)	(107,620)	(593)
Total assets less current liabilities	409,835	385,966	384,635	(1,331)
Non-current liabilities				
Borrowings	(88,416)	(81,289)	(80,668)	621
Provisions	(496)	(472)	(471)	1
Total non-current liabilities	(88,912)	(81,761)	(81,139)	622
Total net assets employed	320,923	304,205	303,496	(709)
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	90,214	89,505	(709)
Total taxpayers' and others' equity	320,923	304,205	303,496	(709)

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

Capital

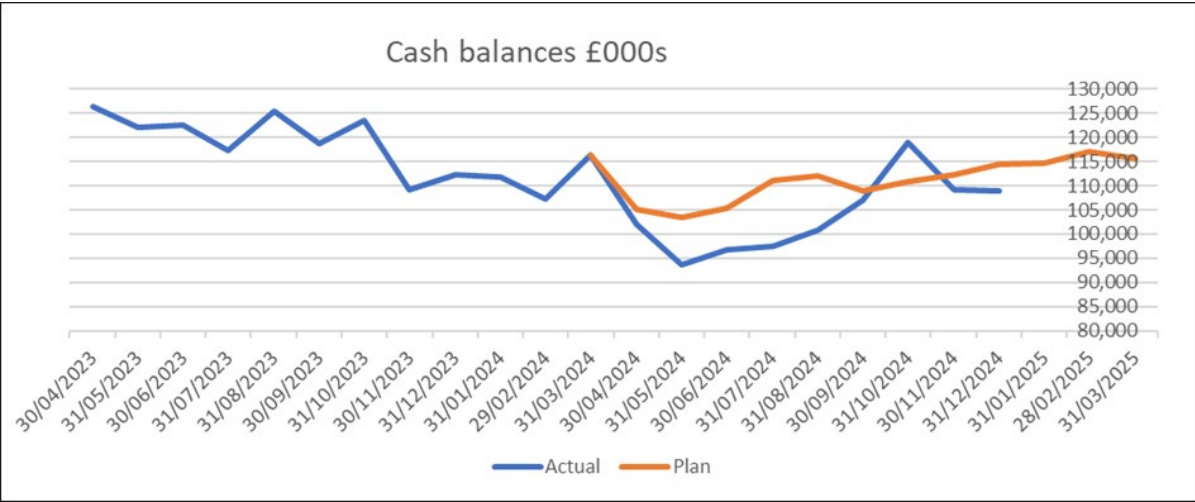
- The Trust submitted a capital plan for the year of £10.3m (£9.9m internally generated and £0.4m PDC funded).
- Since the original plan additional PDC funding has been agreed for £0.4m.
- Capital expenditure, excluding IFRS16, as at 31st December 2024 was £6.7m, with an in month spend of £1.0m. Against the plan this is a £1.5m YTD underspend.
- Collectively Digital schemes are £0.4m under plan and Estates schemes are £1.4m underspent (with £1m of this 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 forecast remains that we will spend the allocation in full by the 31st March.
- 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 £3.2m, £5.8m 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	2,586	1607	(979)
Mental Health and Security Improvement Plan	369	186	142	(44)
HBPos Luton - Internally funded	431	431	181	(250)
Six Facet Survey Backlog works programme	200	100	82	(18)
Critical, fire and digital spaces infrastructure upgrade	200	100	0	(100)
In Patient Environmental Upgrade and CQC Improvement Plan	400	201	0	(201)
Net Zero Carbon Reduction Plan	100	40	10	(30)
New Business, Community and Primary Care Development	40	40	36	(4)
Medical Devices/Equipment	20	20	12	(8)
Digital Systems	125	50	64	14
ICS	100	75	7	(68)
ICT infrastructure and Service Improvement	770	665	845	180
ICT Digital Spaces	1450	1,266	678	(588)
ICT Unified Communication	477	286	438	152
ICT Cyber Security	840	551	553	2
ICT Digital Portfolio	1000	820	765	(55)
Staff capitalisation	531	406	450	44
HBPos Luton - PDC funded	418	418	418	0
Alie Street - New Ways of working	0	0	179	179
Other plant and equipment	0	0	217	217
Additional PDC schemes	0	0	55	55
	10,303	8,241	6,739	(1,502)

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 December, the cash balance was £109.0m, a decrease of £7.5m since the start of the financial year.
- The cash position is £5.4m below plan, the main causes for this are: -
 - £15.3m due to the operating deficit being higher than plan
 - Offset by £8.6m working capital movements. The main factors being higher deferred income balances partially offset by higher receivables.
 - £1.2m due to slippage in the capital programme.



Key message : Whilst the cash position remains strong it has deteriorated over the year due to the deficit position.

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

	Year To Date			Prior month	Movement in actuals	Annual plan
	Plan £000	Actual £000	Variance £000	Actual £000		
BHRUT	(3,672)	(18,652)	(14,980)	(16,868)	(1,784)	0
Barts	(407)	(15,421)	(15,014)	(14,002)	(1,419)	0
ELFT	(2,013)	(16,933)	(14,920)	(16,217)	(716)	0
Homerton	(2,948)	(13,906)	(10,958)	(13,748)	(158)	0
NELFT	(1,979)	(19,500)	(17,521)	(17,656)	(1,844)	0
Providers	(11,019)	(84,412)	(73,393)	(78,491)	(5,921)	0
ICB	(1,722)	(4,438)	(2,717)	(5,202)	764	0
ICS Total	(12,741)	(88,850)	(76,110)	(83,693)	(5,157)	0

System plan

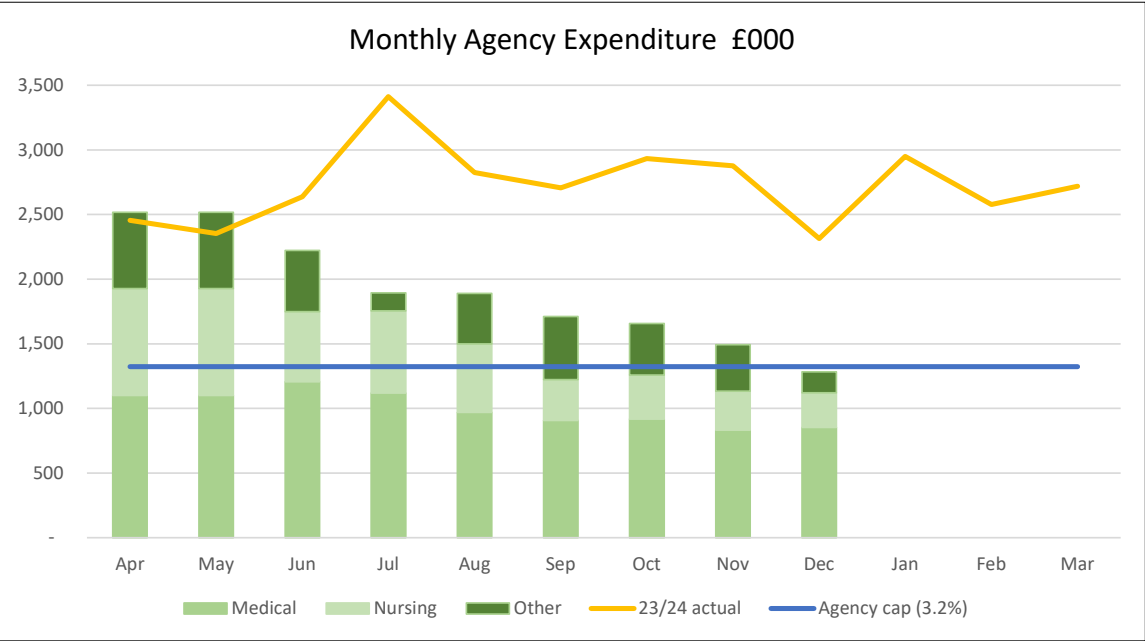
The ICS plan for 2024-25 is for a break-even position, following NHS England (NHSE) allocating Deficit Funding to the ICS in the autumn.

At the end of December, the ICS is reporting a deficit of £88.5m. This is £76.1m adverse to plan. This a deterioration from the £83.7m deficit reported at the end of November.

Appendices

- Agency spend
- Private Bed activity and costs
- Receivables
- Payables

Agency spend



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 £17.2m which is below the current phased plan (£21.7m).

In the first 9 months of this year, Agency costs have reduced by £0.9m on average compared to the last year – the average is £1.8m for 2024-25, compared to the 2023-24 monthly average of £2.7m.

Agency costs constitute 4.5% 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	Nov-24 £000s	Dec-24 £000s		Movement in month
Medical and Dental	(1,100)	(1,100)	(1,207)	(1,118)	(970)	(908)	(918)	(833)	(852)		(20)
Nursing, Midwifery and HV	(828)	(828)	(543)	(636)	(529)	(314)	(340)	(301)	(268)		33
Administration and Estates	(277)	(277)	(137)	202	(130)	(239)	(124)	(142)	(15)		127
Healthcare assistants and Other	(171)	(171)	(201)	(198)	(160)	(186)	(169)	(139)	(93)		46
Scientific, Therapeutic and Tech	(142)	(142)	(135)	(144)	(100)	(65)	(108)	(77)	(54)		23
Total Agency	(2,518)	(2,518)	(2,223)	(1,894)	(1,890)	(1,712)	(1,658)	(1,492)	(1,283)		209

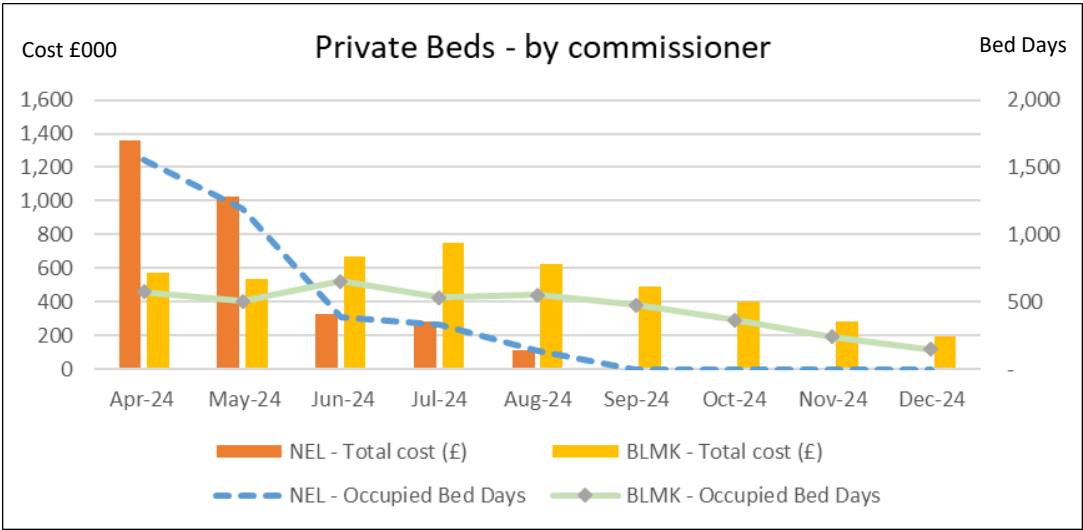
Private Beds

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, though activity has reduced in month and is anticipated to reduce further, with the aim of zero beds in January. At the time of writing this report there are zero private beds in use in BLMK.

The two ICS’s provided funding for Private Beds – the funding for North East London has been fully utilised, leaving a £2.0m cost pressure. The funding for Bedford, Luton and Milton Keynes has a balance of £0.1m - there is a risk this will be fully utilised before year-end.



ICS	Full Year Income £000s	Costs YTD £000s	Cost pressure £000s
North East London	1,667	3,641	(1,974)
BLMK	4,700	4,587	0
Total	6,367	8,227	(1,974)
NEFLT	1,145	1,145	0
Total	7,512	9,373	(1,974)

Receivables

- The receivables balance in the Statement of Financial Position of £44.2m includes £24.0m of invoiced debt. The remaining balance largely relates to prepayments, accrued income and VAT reclaims.
- Significant balances over 90 days include:
 - £2.3m owed by NHS North Central London ICB for 2023/24 Out of Area charges, this has been disputed and negotiations are ongoing to try and resolve this.
 - £1.3m owed by NHS North East London ICB for estates adjustments relating to 2023/24. This charge has been disputed and negotiations are ongoing to resolve this issue.
 - £1.2m owed by London Borough of Hackney, the largest element relating to the Look Ahead Contract for 2023/24A partial credit was issued against the original invoice in December, it is hoped this will now facilitate payment.
- Monthly debt meetings are held between the finance and contracting teams to review both invoiced and accrued debt to improve timeliness of invoicing and resolution of disputes.
- Against the below debts provisions of £2.2m are held, this predominantly relates to debts owed by individuals (including staff) and overseas visitors.

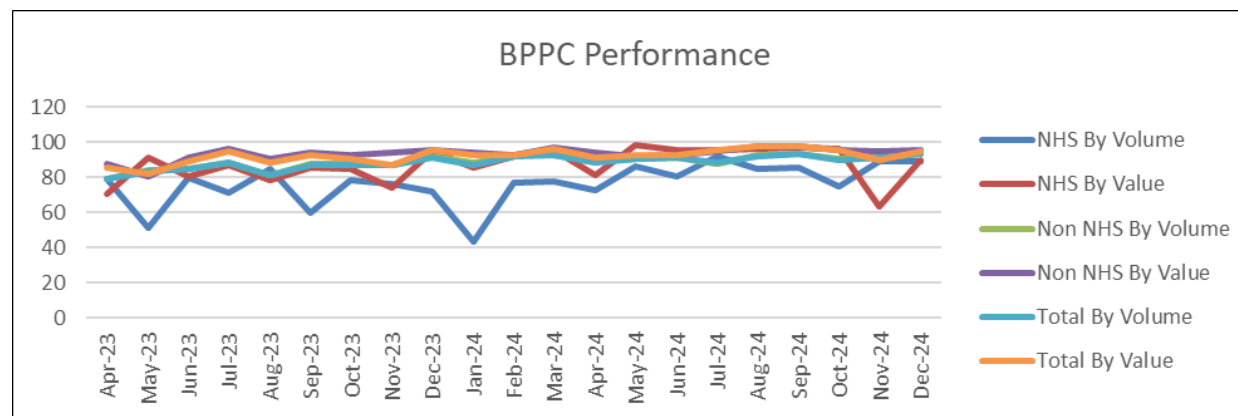
	NHS £000s	Non NHS bodies £000s	Individuals £000s	Overseas Visitors £000s	Total £000s
Current	6,168	632	2	0	6,802
1-30 Days	6,050	1,745	12	0	7,806
31-60 Days	1,231	248	14	0	1,493
61-90 Days	184	27	2	0	212
Over 90 Days	4,348	1,394	455	1,489	7,687
Total	17,980	4,046	485	1,489	24,001

Payables

- The payables balance in the Statement of Financial Position of £70.8m includes £15.5m of outstanding invoices. The remaining balance largely relates to taxes, pensions and accruals.
- Significant balances over 90 days include: -
 - £1.3m, Bedfordshire Hospitals NHS Foundation Trust, this largely relates to estates and service recharges, a meeting is to be arranged to resolve disputes from both parties.
 - £1.3m, Whittington Hospital NHS Trust, with NCEL provider collaborative invoices currently on hold.
 - £0.6m, Homerton Healthcare NHS Foundation Trust, for disputed estates charges.
 - £0.6m, Barts Health Trust, largely due to disputes on charges for catering.
- The Trust is signed up to the NHS commitment to the Better Payment Practice Code (BPPC) whereby the target is to pay 95% of all invoices within the standard credit terms.
- Overall, the Trust's current YTD BPPC performance is 91% by volume and 94% by value.

Outstanding Invoices

	NHS £000s	Non NHS £000s	Total £000s
0-30 Days	4,763	3,001	7,765
31-60 Days	519	702	1,221
61-90 Days	689	290	979
Over 90 Days	3,512	2,048	5,560
Total	9,483	6,042	15,525



Trust Board Forward Plan 2023-2025

MEETING IN PUBLIC	Item	26/05/2023	27/07/2023	28/09/2023	30/11/2023	25/01/2024	28/03/2024	23/05/2024	June TBC	25/07/2024	26/09/2024	05/12/2024	30/01/2025	27/03/2025
Standing Items	Declarations of interests	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Minutes of previous meeting	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Action log and matters arising	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Matters arising from Trust Board private	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Forward Plan	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Patient Story	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Teatime Presentation (alternate QI and People Participation Story)	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Strategy	Chair's Report	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Chief Executive's Report	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Audit Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Integrated Care & Commissioning Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Population Health Annual Report			✓								✓		
	EDI Annual Report				✓		✓							✓
Quality and Performance	Quality Report	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Performance Report	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	CQC		✓			✓				✓			x	
	Patient Safety (PSIRF, PCREF, Patient Safety Plan)						✓						✓	
	People Participation Committee Assurance Report	✓	✓		✓	✓		✓		✓		✓		
	Quality Assurance Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
People	People Report	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Safe Staffing		✓			✓				✓		✓		
	People & Culture Committee Assurance Report		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Appointments & Remuneration Committee Assurance Report													
Finance	Finance Report	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Charitable Funds Assurance Report	✓	✓		✓	✓		✓		✓				
	Finance, Business & Investment Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Governance	Annual Report and Accounts		✓	✓						✓				
	Annual Reports:													
	~ Charitable Funds Committee Annual Report and Accounts											x	✓	
	~ Compass Wellbeing CIC Annual Report			✓						✓		✓		
	~ Health & Care Space Newham Annual Report									✓				✓
	~ Internal Audit Plan						✓							✓
	~ Modern Day Slavery Statement		✓							✓				
	~ NHS Self-Certification		✓							✓				
	Corporate Trustee of the ELFT Charity							✓				x	✓	
	Board and Committee Effectiveness/Committee Terms of Reference						✓							✓
MEETING IN PRIVATE	Item	26/05/2022	27/07/2023	28/09/2023	30/11/2023	25/01/2024	28/03/2024	23/05/2024	Jun-24	25/07/2024	26/09/2024	05/12/2024	30/01/2025	27/03/2025
Standing Items	Declarations of Interest	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Minutes of previous meeting	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Action log and matters arising	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Matters arising to be raised at meeting in public	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Emerging Issues - Patient Safety Issues	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Emerging Issues - Internal and External	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
	Trust Board Forward Plan	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
BOARD WORKSHOP	Item	26/05/2022	27/07/2023	28/09/2023	30/11/2023	25/01/2024	28/03/2024	23/05/2024	Jun-24	25/07/2024	26/09/2024	05/12/2024	30/01/2025	27/03/2025
Strategy	Green Plan / Sustainability (May 2023)	✓						✓						
Training	Corporate Manslaughter Briefing (Capsticks)							✓					x	✓
	Cyber Security						✓						x	✓
	Health and Safety										✓			✓
	Infection Control													✓
	Safeguarding											x	✓	✓
	Sustainability		✓							✓				
	Oliver McGowan Training (three yearly)			✓										