

Board of Directors Meeting in Public

Thursday 27 March 2025 from 13:00 – 16:35

Conference Room, 2nd Floor, Robert Dolan House, Trust HQ, 9 Alie Street, London, E1 8DE

12:15 – 13:00	Lunch
13:00 – 15:50	Trust Board in Public
16:00 – 16:25	People Participation Teatime Presentation

Agenda

Opening Matters

1	Welcome and Apologies for Absence*	Note	Eileen Taylor	13:00
2	Patient Story: <i>Experiences and challenges of Equality Diversity and Inclusion and Patient Carer Race Equality Framework</i>	Note		13:05
3	Declarations of Interests	Assurance	All	13:30
4	Minutes of the Previous Meeting held in Public on 30 January 2025	Approve	Eileen Taylor	
5	Action Log and Matters Arising from the Minutes	Assurance	All	
6	Matters Arising from Trust Board Meeting in Private*	Assurance	Eileen Taylor	

Strategy

7	Chair's Report	Assurance	Eileen Taylor	13:35
8	Chief Executive's Report	Assurance	Lorraine Sunduza	13:45
9	Audit Committee Assurance Report	Assurance	Anit Chandarana	13:55
10	Integrated Care & Commissioning Committee Assurance Report	Assurance	Richard Carr	14:00

Quality & Performance

11	People Participation Committee Assurance Report <i>(to follow)</i>	Assurance	Donna Kinnair	14:05
12	Quality Assurance Committee Assurance Report	Assurance	Deborah Wheeler	14:10
13	Quality Report	Assurance	Dr Amar Shah	14:15
14	Performance Report	Assurance	Dr Amar Shah Edwin Ndlovu	14:30

	5 Minute Break			14:40
15	CQC Update	Assurance	Claire McKenna	14:45
16	Equalities Annual Report 2024/25	Assurance	Tanya Carter Claire McKenna	14:50

People

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

Finance

19	Finance, Business & Investment Assurance Report (to follow)	Assurance	Sue Lees	15:25
20	Finance Report	Assurance	Kevin Curnow	15:30

Closing Matters

21	Board of Directors Forward Plan	Note	Eileen Taylor	15:45
22	Any Other Urgent Business*: <i>previously notified to the Chair</i>	Note	Eileen Taylor	
23	Questions from the Public*		Eileen Taylor	
24	Dates of Future Meetings <ul style="list-style-type: none"> Thursday 22 May 2025 (London – Conference Room, Robert Dolan House) Thursday 24 July 2025 (Bedford) Thursday 25 September 2025 (London – Conference Room, Robert Dolan House) Thursday 4 December 2025 (London – Conference Room, Robert Dolan House) Thursday 29 January 2026 (London – Conference Room, Robert Dolan House) Thursday 26 March 2026 (Luton) 			
25	Close			15:50

*verbal update

Eileen Taylor Chair of the Trust

16:00 – 16:25	A People Participation teatime presentation will focus on: Digital Life Coaches Saleem Haider, Digital People Participation Lead
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Board of Directors Register of Interests: as at 05 March 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)	<ul style="list-style-type: none"> • Director and Trustee, Place2Be • Psychotherapy Student, Regents University • Mentor at Mosaic, an LGBT+ young persons charity • Volunteer Counsellor at Naz a charity in West London • Member, British Association of Counselling and Psychotherapy (BACP) • Member, UK Council for Psychotherapy (UKCP)
Dr David Bridle	Chief Medical Officer	<ul style="list-style-type: none"> • Member, British Medical Association • Member, Medical Protection Society • Member, Royal College of Psychiatrists • Member, General Medical Council
Richard Carr	Senior Independent Director	<ul style="list-style-type: none"> • Director, Richard Carr Consulting Ltd, Management Consultancy • Interim Managing Director, East Midlands Development Company • Managing Director Commissioner, Woking Borough Council • Chair, Improvement Board, Cambridgeshire and Peterborough Combined Authority • Member, Society of Local Authority Chief Executives and Senior Managers (SOLACE)
Tanya Carter	Chief People Officer	<ul style="list-style-type: none"> • Board Member of the Healthcare People Management Association (HPMA) until Oct 2024 • Co-Chair of the London HR Directors Network • Chartered Fellow – Chartered Institute of Personnel Development (CIPD) • Member, North East London People Board • Member, Bedfordshire, Luton & Milton Keynes People Board • Personal Stylist and Coach, Apex Synergy Styling and Coaching Ltd • NHS Employers National Policy Board
Anit Chandarana	Non-Executive Director	<ul style="list-style-type: none"> • Group Director, Network Rail

Chair: Eileen Taylor

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Chief Executive: Lorraine Sunduza

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

Chair: Eileen Taylor

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Chief Executive: Lorraine Sunduza

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

Chair: Eileen Taylor

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Chief Executive: Lorraine Sunduza

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

Chair: Eileen Taylor

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Chief Executive: Lorraine Sunduza

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

Chair: Eileen Taylor

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Chief Executive: Lorraine Sunduza



Board of Directors

DRAFT Minutes of the Board of Directors meeting held in public on Thursday, 30 January 2025 from 1.30pm at The Royal College of Psychiatrists, 21 Prescot Street, London E1 8BB and online

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Present:

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

Taiye Aro	Head of Marketing, Digital
Laura Austin Croft	Director of Population Health
Nike Bademosi	Senior Nurse Manager
Amina Begum	Executive Assistant Corporate Services
Paul Binfield	Director, People participation
Liz Birch	Governor, Central Bedfordshire
Barbara Britner	Deputy Director, People & Culture
Eileen Bryant	Director of Nursing
Bob Cazley (online)	Governor, Central Bedfordshire
Renato Congias (online)	People Participation
Derek Feeley	Board Adviser
Steve Gladwin	Director of Communications
Dave Green	Chief Paramedic, Yorkshire Ambulance Service
Kerry Joseph	Carer and People Participation participant
Peter Landman	Public Governor, Newham
Norbert Lieckfeldt (online)	Corporate Governance Manager
Cathy Lilley	Director of Corporate Governance
Linda McRoberts	Minute Taker
Beverley Morris	Governor, Hackney
Andrea Okolokwe	Deputy Chief Pharmacist and Staff Governor
Yemi Okubadejo	Strategic Resourcing Manager
Jamu Patel	Deputy Lead Governor and Luton Governor
Meena Patel	Executive Assistant, Corporate Services
Marion Reilly	Deputy Borough Director

Shona Sinclair
Felicity Stocker (online)
Hazel Thomas (online)
Steph Quitaleg

Chair of Compass CIC
Governor, Bedford Borough
Governor, Newham
Executive Assistant, Corporate Services

Apologies:

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 three colleagues joining to observe: Dave Green from Yorkshire Ambulance Service, Barbara Britner and Marion Reilly; also, Governors, members of staff and the public who have joined either in person or online.
- Congratulated Edwin Ndlovu for his MBE, awarded for services to the NHS and to nursing and Rebecca Daniels, a community children's matron awarded a British Empire Medal for services to clinically vulnerable and complex children and young people.
- Congratulated the North East London Integrated Care Board (NEL ICB) Chair, and former ELFT Chair, now Dame Marie Gabriel as she has been awarded a DBE.
- Recognised awareness dates and celebrations, including many important to ELFT's core business: including Great Mental Health Day, Race Against Dementia Day, Children's Mental Health Week and Mental Health Nurses Day, Safer Internet Day and National Apprenticeship Week.
- Highlighted Holocaust Memorial Day at a time when intolerance appears to be more prevalent in the world than for some time.
- 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.
- Advised the meeting will be recorded for minute taking purposes only.
- Noted the next Trust Board will be held in the new conference suite in Alie Street which will contribute to financial savings.

1.2 Apologies were noted as above.

2 Patient Story – The Lived Experience of People Participation

Kerry Joseph, a Hackney resident and carer for her son who has been diagnosed with paranoid schizophrenia, shared her experiences with people participation (PP):

- Kerry has actively contributed to various Trust initiatives including designing and delivery a carers' course at Hackney's Recovery College, and participating in interview panels, Quality Improvement (QI) projects and service user-led accreditations.
- Kerry values the lived experience and diverse skills that service users and carers bring to the Trust.
- Two QI projects Kerry was involved in included:
 - Hospital and Community Carers' Service: Kerry introduced ideas from a positive private hospital experience, leading to the development of a family, friends, and carers hub in City & Hackney. However, she expressed disappointment that only a few of these ideas were fully implemented
 - Improving Complaint Responses: Kerry contributed to improving response letter quality through templates and guidance. While the broader project is on hold, the letter-writing improvements have been sustained and measured through a scoring system.

Kerry highlighted her gratitude for being included in important discussions as a non-staff member which she sees believes is rare in other organisations. Her reflections include:

- Getting the basics right: Before initiating complex QI projects, foundational improvements should be prioritised.
 - A dedicated staff member could oversee the consistency and distribution of welcome packs and information for families and carers across wards
 - Dedicated investigators could manage complaints, rather than frontline staff handling them alongside their daily responsibilities.
- Communication improvements: Good communication is crucial for a caring, respectful and inclusive organisation. ELFT's website contains outdated information such as the PP page listing events from 2023. Clearer more effective communication is needed to ensure accurate and up-to-date resources for service users and carers.
- Impact on 'big ticket' ideas: Greater visibility is needed for community and neighbourhood mental health initiatives, such as the Raybould Centre at Homerton Hospital. Currently, A&E sees approximately 400 mental health cases per month, while the Raybould Centre handles only 100. Increased awareness and improved hospital signage would be of value.

Kerry commended the Trust's approach to PP stating that it has provided her with a sense of purpose, belonging and new skills. She emphasised the importance of continued engagement with service users and carers to drive meaningful change.

2.2 In discussion the Board:

- Noted Kerry's view that digital improvements including AI could enhance efficiency particularly in letter-writing; however, confidentiality concerns must be addressed first.
- Recognised the opportunities for simple yet impactful improvements that could lead to both financial savings and better outcomes by reducing 'failed demand', the unnecessary work created when processes are ineffective; and agreed that this presents significant potential.
- Appreciated the insight into the individuality of carers as well as service users, acknowledging their distinct needs and contributions.
- Agreed that signage for the Raybould Centre must be improved to clearly communicate both its purpose and location.
- Emphasised the value of co-production, noting that patients and carers often identify inefficiencies more clearly than staff.
- Expressed gratitude to Kerry not only for her contribution to the meeting but for her ongoing dedication and impact on the Trust.

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.
 - Deborah Wheeler has advised that her term as a trustee at the Epilepsy Society ended in December 2024. The register will be updated but this causes no conflict with the agenda.

4 Minutes of the Previous Meeting Held in Public on 5 December 2024

- ### 4.1
- The minutes of the meeting held on 5 December 2024 were **APPROVED** as a correct record subject to the following amendments:
- Para 2.1 patient story - the last bullet has been amended to remove repetition; now reads: *'The Trust promised the family improved communication and the use of out-of-office notifications, after they were unable to reach a key worker for 27 days during a critical time. Additionally, they were not informed that Niamh's care coordinator had left in July, and no replacement had been assigned.'*
 - Para 16.1: Includes 'Therapies' after 'Talking'

- Para 7.3: Agreed to delete the second bullet relating to social prescribing, which it was felt did not accurately represent the discussion.

5 Action Log and Matters Arising from the Minutes

- 5.1 The Board noted the following updates to the action log:
- Action 368 relating to ICCC will be covered at the Board development session in February.
 - Actions 400, 401 and 402 relate to the patient story; all are being actioned and are now closed.

6 Matters Arising from Trust Board Meeting in Private

- 6.1 Eileen Taylor advised the two main discussion points were:
- The Executive presented the primary care exit plan for practices in Bedfordshire and Outer North East London and plans for remaining in the inclusion practices in Inner North East London. The Board was assured about how ELFT exit safely and with compassion.
 - Financial position was also discussed and will be presented in this meeting.

7 Chair's Report

- 7.1 Eileen Taylor presented the report highlighting:
- Mental Health Parity of Esteem: A moving account was shared by ELFT's leader of spiritual care at a recent Mental Health Learning Disability & Autism (MHLDA) Collaborative meeting. He recounted his wife's dementia diagnosis, highlighting the stark contrast in care experiences between cancer and dementia. He called for greater support for dementia carers and increased community awareness, reinforcing the need for equal funding and resources for mental health.
 - Strategic decision-making in challenging times: ELFT and North East London NHS FT (NELFT) continue to collaborate to streamline services, reduce duplication and address financial constraints. These efforts have been central to recent leadership discussions.
 - Recruitment: Progress continues in the recruitment for three Non-Executive Director positions.
 - North East London system leadership: Three new Chairs have been appointed: Mary Elford at Homerton Healthcare NHS FT; Sarah Betteley at Barking, Havering and Redbridge University Hospitals NHS Trust; and Professor Ian Jacobs at Barts Health NHS Trust.
 - Council of Governors: At the Council's most recent meeting, Governors discussed their strategic priority themes for next year which align to the Trust's strategy. A second joint development session for ELFT, NELFT and Homerton Healthcare Governors was held to enhance understanding of their roles and highlighted the benefits of collaboration with training streamlined into a single session. Special recognition was given to Nadya Ahmed for her inspiring opening remarks.
 - Volunteers: The Trust hosted a special event to thank volunteers, including Governors, for their invaluable contributions to the Trust.

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

8 Chief Executive's Report

- 8.1 Lorraine Sunduza presented the report, highlighting:
- Clinical services and capacity management: Continued high demand for clinical services, especially in Emergency Departments (EDs). Efforts to support patients clinically ready for discharge and reduce length of stay as well as reliance on private sector beds have shown improvements.

- Primary care transition: A structured approach is in place to support the transition out of certain primary care practices ensuring high quality care for both exiting and remaining patients. Lessons will be gathered as this process is new for the Trust.
- Organisational milestones: ELFT celebrates 25 years as a Trust and 10 years in Bedfordshire, Luton and Milton Keynes (BLMK).
- Awards: Congratulations extended to Edwin Ndlovu MBE and to Rachel Daniels BEM for their recognition in the King's New Year's Honours list.
- Leadership: Mathew Sheehan will join Compass Wellbeing CIC as the new CEO on 3 February 2025. The Trust is also preparing to recruit an interim Chief People Officer as Tanya Carter prepares for maternity leave in the spring.
- Planning and system collaboration: Lorraine participated in a planning seminar in Bedfordshire and Luton where three priority areas were agreed: admission avoidance and discharge pathways, end of life care and complex care pathways focusing on children and young people. Guiding principles have now been established which include empowering local communities, enhancing system collaboration with full transparency, future focused innovation including digital and AI, implementing quality improvement, and maximising financial efficiency with a system-wide perspective.

8.2 Richard Fradgley added that the new planning guidance has now been published. The Trust will refine its financial assumptions for upcoming year. Although it will be financially challenging, the focus will remain on ensuring quality and safety with plans being delivered in alignment with the Trust's values.

8.3 In discussion the Board:

- Recognised the size of the financial challenge and was encouraged to hear about the progress with Going Further Going Together (GFGT) programme.
- Highlighted point 2.4 in the report regarding the social value derived from ELFT's partnership with the facilities management organisation, OCS. This partnership demonstrates how broader support can alleviate pressures on the NHS and public sector further reinforcing the importance of maintaining our ambitions around the population health agenda.

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

9 Audit Committee Assurance Report

9.1 As chair of the committee Anit Chandarana presented the report of the meeting on 16 January 2025, highlighting:

- The draft internal audit plan for 2025/26 will be reviewed with the Board at their development session in February.
- Final assurances from the Local Government Pension Scheme auditors are still pending. Once received, expected by the end of January, the 2023/24 report and accounts will be laid before Parliament and presented to the Council of Governors and members at a general meeting of the Council and an annual members meeting.
- 2024/25 audit planning preparations are under way, with fieldwork scheduled from April to June 2025. Auditors have increased materiality levels, reflecting their confidence in the Trust's financial reporting, strong track record, and the absence of significant errors in recent years. This adjustment is expected to reduce reliance on third-party assurances for pension scheme audits, streamlining future processes.
- The approach to developing the Charity's annual report and accounts was outlined highlighting challenges with the development timeframe and a late audit dispensation request to the Charity Commission. To improve future processes, a comprehensive review will be conducted to ensure a more streamlined and timely approach for the 2024/25 report development.

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

10 Integrated Care & Commissioning Committee Assurance Report

10.1 As chair of the committee, Richard Carr presented the report of the meeting held on 16 January 2025 highlighting two points:

- The population health annual report serves as a key opportunity to assess and reinforce the focus on preventative measures, reducing the need for services.
- A joint meeting with NELFT's equivalent committee identified opportunities to enhance efficiency and collaboration, including a unified assurance framework to streamline oversight, joint strategic planning for a more cohesive approach and leveraging combined influence to drive system-wide improvements.

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

11 Population Health Annual Report

11.1 Richard Fradgley and Laura Austen Croft presented highlighting:

- The second annual population health report showcases the collective efforts across various directorates, people participation and quality improvement. It highlights numerous initiatives aimed at addressing health inequalities and improving both physical and mental health.
- The report will be officially launched in March with a seminar for staff and partners.
- Next year's priorities build on the current year's initiatives including:
 - Healthier Wealthier Families: continued focus on addressing child poverty and sharing learning across the initiative.
 - Strengthening employment support for service users and carers.
 - Improving physical health prevention including the development of a Trust-wide physical health strategy
 - Strengthening cancer screening for people with learning disabilities and severe mental illness alongside a stronger focus on type 2 diabetes
 - New areas of focus include strengthening early years support especially in mental health services for children and perinatal mental health, prioritising homelessness prevention and support for refugees and asylum seekers, enhancing population health knowledge and leadership development, integrating it with existing learning tools such as quality improvement and data analytics.
- The importance of connecting with local services and community assets as well as addressing the needs of the aging population.

11.2 In discussion the Board:

- Praised the significant progress made in population health.
- Suggested engaging with colleagues in NELFT regarding a housing intervention in Thurrock which has effectively reduced evictions and emergency mental health attendances working with the local authority saving approximately £1m annually.
- Expressed interest in physical health as a therapeutic tool for mental health and suggested looking at how to encourage service users to engage in local initiatives, such as free swimming. Noted that public swimming pools, often under-used, could serve as potential venues for services. Assurance as given that the team is aware of using local assets on some services, citing a successful partnership with a local football club.
- Shared concerns regarding the growing crisis of dementia particularly with the aging population and the need to reflect on this priority in the Trust's population health work was noted
- Suggested that the report could better emphasise the cultural shift the Trust is aiming to create, highlighting both the progress made and the challenges ahead, and requested that the introduction be revised to reflect these points more clearly.

ACTION: Richard Fradgley/Laura Austen Croft

- Noted that despite facing financial challenges, the Trust has remained focused on its core values.
- Noted the recent Public Accounts Committee report which recommended that NHSE's 10-year plan allocate a percentage of its budget to prevention and questioned if such resources should be reflected in the report. While it is challenging to quantify prevention efforts, there was agreement that ELFT could, as part of commissioning, explore allocating a portion of funds to prevention initiatives. The ongoing debate about the implementation of the 10-year plan and budget allocation is expected to provide further guidance on this.

12 15 Minute Break

13 People Participation Committee Assurance Report

- 13.1 As chair of the committee, Aamir Ahmad provided a verbal update of the meeting held on 28 November 2024, highlighting:
- The presentations from four different services about progress with Trustwide Working Together Group (TWWTG) priorities.
 - Work is continuing to broaden into areas that were traditionally harder to reach.
 - The TWWTG priorities are being reviewed and be presented when finalised.

- 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 6 January 2025 highlighting:
- Significant progress was noted in eliminating out-of-area placements, with congratulations extended to all involved.
 - Primary care: clear governance structures in place and considerable achievements in service delivery.
 - Three patient safety concerns were identified specifically relating to absconding, ligature risks and individuals with complex needs; further details are waited for further review.
 - Presentation on spiritual care services prompted a suggestion to explore community partnerships for delivery; this approach could help alleviate pressures and contribute to financial objectives.
 - The committee requested additional information regarding any decisions to reduce the numbers of beds in Forensics Services should such a decision be made.

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

15 Quality Report

- 15.1 Amar Shah and Philippa Graves presented the report.

The **Quality Improvement** section highlights:

- The entire organisation is actively engaged in using QI methods to tackle key challenges. An example is the flow programme which is estimated to result in an £8.6m cost avoidance this year alone.
- Progress being made in addressing missed appointments with some team level results beginning to emerge; this directly correlates with the Trust's productivity challenge.
- Applying co-production, people participation and QI together brings a broad range of perspectives fostering innovative solutions for improvement.

The **Quality Assurance** section is about a deep dive into ELFT's Estate:

- The report provides a deep dive into the Trust's estate, outlining key standards for estate quality and the mechanisms in place for monitoring and oversight. It also details ongoing efforts to enhance the estate
- Significant improvement has been made in the PLACE (Patient Led Assessment of the Care Environment) scoring with an 10% increase as a result of focused improvement work.
- A tracker has been implemented to monitor all actions including the signage issue identified at Homerton which has now been added to the tracker for resolution.
- The aim is to improve response times, achieve better value for money and reduce vacant space that is no longer required.
- Robust governance is in place and efforts are under way to empower staff to take immediate action on environmental issues to ensure continuous improvement.

16 Performance Report

16.1 Amar Shah presented the report, highlighting:

- Despite the winter period, the Trust's emergency care response, District Nursing teams, and Community Health Services achieved the best performance recorded to date.
- For the first time in several months, the Trust saw a month-on-month reduction in its waiting list which will be closely monitored moving forward.
- There has been some stabilisation in the number of patients waiting over 12 hours in EDs, suggesting that recent efforts are making a positive impact.
- Trust will focus on two key areas: the increase in the use of restraints in inpatient settings and the growing waiting list for CAMHS (Child and Adolescent Mental Health Services).

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

- Supported the work on estates and emphasised the importance of fostering a culture where staff feel comfortable raising concerns. Assurance was provided that a new digital platform will be introduced to monitor issues raised which will significantly improve the process.
- Acknowledged the challenge facing estates, particularly with limited resources, and noted the need for clarity on what can reasonably be expected. However, it was also noted that improvements are under way including the deployment of responsive teams to address immediate issues.
- Highlighted the recurring theme across several agenda items of focusing on the fundamentals, which in turn will improve the patient experience and lead to cost savings. The work on Estates was cited as a good example of this approach.
- Noted that even a small number of incidents can destabilise an overall low level of restraints. Restraint figures to be closely monitored to ensure restraints are being used appropriately.
- Suggested that Non-Executive Directors (NEDs) could add value by visiting estates sites. A checklist of items to look out for would be helpful during these visits.
- Acknowledged the relatively small capital allocation for estates and digital teams. The suggestion to maximise community assets to help address some financial challenges was supported, and it will be taken forward through the Estates Strategy Board. Requested an update on the estates strategy at a future meeting.

ACTION: Philippa Graves

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 22 January 2025 as read.

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

18 People & Culture Committee Assurance Report

18.1 As chair of the committee, Deborah Wheeler presented the report of the meeting held on 7 January 2025, highlighting:

- The discussions on nursing, with a focus on how to develop and retain the workforce with particular attention given to revalidation process.
- Work is ongoing in addressing closed cultures within the Forensic Directorate. A key issue under the equalities work is staff-on-staff racism, and efforts are being made to tackle this issue proactively.
- **Primary Care Team** is focused on workforce planning, including exit strategies for contracts and providing ongoing support for staff during transitions.

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

19 People Report

19.1 Tanya Carter presented the report, highlighting:

- The staff survey, which closed in November, saw a significant decline in response rates. Anecdotal feedback suggests this decline may be due to the impact of financial challenges and a perceived shift in the Trust's culture and values. Communication and engagement efforts are under way to address these concerns. A detailed paper will be presented to the next People & Culture Committee and to the Board.
- Several savings proposals are being considered by the Joint Staff Committee, including changes to annual leave policies and a reduction in mileage rates in line with HMRC guidelines. Efforts are being made to mitigate the impact on staff.
- Positive progress has been made on staff numbers. The previously reported 300 FTE staff over establishment has now been reduced to 140 FTEs.
- The processes for vacancy control and redeployment have been strengthened to minimise redundancies.
- One of the GFGT measures, which involves delaying admin start dates until 1 April 2025, is being monitored for its impact.
- Agency spend has been reduced by approximately £4.79m since the last report.
- Work continues to engage with staff and enhance communication across the Trust.

19.2 In discussion the Board:

- Welcomed the triangulation being used in the approach to decision making.
- Recognised the positive improvements, such as in vacancy control and agency numbers, and praised efforts in reducing agency spend, which has saved nearly £10m since last year which is expected to contribute to both cost savings and improved service quality.
- Suggested that open communication with staff could help involve them in decision-making. Assurance was received that staff consultation is ongoing, including a review of the future of staff awards and a postponed proposal to change annual leave policies until 2025/26 to allow more time for engagement.
- Highlighted feedback from the ELFT Ability Network regarding the inequity of the exceptional leave policy, which may disadvantage staff with disabilities who are more likely to need additional sick leave. This will be reviewed.
- Noted the difficulty in triangulating data from the leavers' survey with other information due to its anonymity. Concerns were raised that if negative feedback is only seen in leavers' surveys, it might indicate that staff feel they can only voice concerns when leaving. The Board agreed that it is crucial to develop assurance mechanisms and ensure triangulation of information from multiple sources.

- Questioned the adequacy of systems to monitor both short-term and long-term sickness, particularly in non-nursing staff. Assurance was received that more robust systems have recently been introduced for medics and that electronic solutions are being explored. It was suggested that sickness absence monitoring should be addressed at a national level, given the broader NHS context.
- Recognised that the impact of GFGT in its first year was expected, both in terms of financial outcomes and staff experience. There is variability across teams and ongoing efforts are being made to support local leadership in balancing ownership with the need for more directive leadership during times of crisis. The importance of good communication was emphasised.

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

20. Safer Staffing

20.1 Claire McKenna presented the report, highlighting:

- In London acute wards, only two out of twenty wards showed a variance between expected and actual staffing, marking a significant improvement. This suggests that the ongoing recruitment and retention efforts are beginning to yield positive results.
- The Mental Health Optimising Staffing Tool (MOHOST) which maps acuity against normal staffing levels on a monthly basis, indicates a trend of increasing acuity, particularly on women's wards and some Psychiatric Intensive Care Units (PICUs). The goal is to use the MOHOST more consistently throughout the year to gain more accurate and helpful data.
- A new weekly assurance meeting has been introduced to better understand and manage acuity levels and staffing. This meeting allows for real-time triangulation of data to ensure appropriate staffing levels are maintained.

20.2 In discussion the Board:

- Praised the report's narrative and the helpful, insightful data presented, which provides a clearer understanding of staffing and acuity trends.
- Enquired about the introduction of the peripatetic team, noting the team is in place and can be activated or deactivated as needed based on staffing requirements.

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

20 Finance, Business and Investment Committee Assurance Report

20.1 As chair of the committee Sue Lees presented the report of the meeting held on 30 January 2025 highlighting:

- ELFT remains in deficit and adverse to plan although the underlying position is improving.
- Agency spend continues to decrease and the level of over-establishment in substantive staff is also reducing.
- The run rate is not where it needs to be and while that persists the capital position will continue to erode.
- GFGT has identified key transformations to help meet targets. The savings run rate is accelerating and now exceeding targets.
- With the planning guidance now received, the focus is on finalising next year's plans with the aim of signing them off by the end of February.
- The committee sought reassurance on how the changes will embed into the organisation and become a cultural shift, noting that progress is being made in this area.
- A deep dive on clinical pathway design was presented, highlighting the need to balance local ownership with top-down approaches, particularly in challenging times. Opportunities for collaboration across two collaboratives and with other organisations were discussed.

- A paper was presented on the facilities management procurement process which will involve a flexible procurement and contract model to future-proof the estate. The committee approved moving forward with the procurement process.
- The committee is now receiving regular updates on business development focusing on identifying other potential services for ELFT to provide. Discussion centred around clarifying the qualification criteria for new opportunities and assessing their strategic fit.

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

21 Finance Report

21.1 Kevin Curnow presented the report for month 9, highlighting:

- The Trust was originally on track to report a £2m deficit and break even, but is instead reporting a £16.9m deficit, representing a £15m shortfall from the planned position.
- Successes include:
 - Agency spend which was over £30m last year has significantly decreased to £1.3 in December approximately half of what it was previously.
 - The reduction in private bed usage is both a financial and quality improvement. In January zero private beds were being used and today only one remains. This represents a significant improvement as private beds cost over £1k per day.
 - The GFGT programme is making excellent progress and is on track to exceed its savings targets with strong momentum in identifying potential savings.
- Challenges include:
 - Despite reductions, overspending persists, with a daily overspend of c£25-30k that still needs to be addressed.
 - ELFT is still formally expected to break even by the end of the year which remains a significant challenge.
- Areas to watch include:
 - Staffing remains over-established by 140 positions which needs to be addressed.
 - Capital expenditure is currently £1.5m behind plan; this is being monitored.
 - Next year is expected to be challenging with a need to accelerate efforts to achieve break-even. The Trust's financial position will be heavily influenced by the final agreements with the ICB, and efforts will focus on securing the most favourable outcome.

21.2 In discussion the Board:

- Noted that a large part of the ICB allocation is on a block basis leaving limited flexibility. However, cost pressures identified throughout the year can be discussed with the ICB, which has some flexibility in addressing them.
- Suggested rationalising the estates as an opportunity for savings including the potential to share training facilities across the system. Received assurance that this area is targeted for savings, with a £2m savings target applied for estates and digital next year. Noted that the new conference room at Alie Street will generate significant savings.
- Highlighted the need for a cultural reset, acknowledging that financial challenges may persist beyond next year.
- Stressed the importance of clear communication, ensuring staff understand that progress relies on both major transformations and small, consistent actions. Providing tangible examples of success and equipping staff with the right tools will be key to maintaining momentum and engagement.
- Agreed that clarity is needed in distinguishing when decisions need to be top-down or bottom-up, and additional work may be required to address this.
- Noted that the increase in private bed usage has complex causes, particularly the number of clinically ready-to-discharge patients with no discharge destinations. Pathway improvements, including housing and support partnerships, will be key to resolving this.

- Acknowledged the growing issue of homelessness with more individuals presenting as homeless at admission or becoming homeless during their stay. The Trust has commissioned support for individuals without access to public funds and this area will require increased focus to ensure it becomes part of 'business as usual.'

21.3 The Board **RECEIVED, DISCUSSED** 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 27 March 2025 (London)

The meeting closed at 4.15pm



Board of Directors

DRAFT Minutes of the Board of Directors as Corporate Trustee of the ELFT Charity
held in public on Thursday, 30 January 2025 from 1.30pm
at The Royal College of Psychiatrists, 21 Prescot Street, London E1 8BB

4

Present:

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

Taiye Aro	Head of Marketing, Digital
Laura Austin Croft	Director of Population Health
Nike Bademosi	Senior Nurse Manager
Amina Begum	Executive Assistant Corporate Services
Paul Binfield	Director, People participation
Liz Birch	Governor, Central Bedfordshire
Barbara Britner	Deputy Director, People & Culture
Eileen Bryant	Director of Nursing
Bob Cazley (online)	Governor, Central Bedfordshire
Renato Congias (online)	People Participation
Derek Feeley	Board Adviser
Steve Gladwin	Director of Communications
Dave Green	Chief Paramedic, Yorkshire Ambulance Service
Kerry Joseph	Carer and People Participation participant
Peter Landman	Public Governor, Newham
Norbert Lieckfeldt (online)	Corporate Governance Manager
Cathy Lilley	Director of Corporate Governance
Linda McRoberts	Minute Taker
Beverley Morris	Governor, Hackney
Andrea Okoloekwe	Deputy Chief Pharmacist and Staff Governor
Yemi Okubadejo	Strategic Resourcing Manager
Jamu Patel	Deputy Lead Governor and Luton Governor
Meena Patel	Executive Assistant, Corporate Services
Marion Reilly	Deputy Borough Director

Shona Sinclair
Felicity Stocker (online)
Hazel Thomas (online)
Steph Quitaleg

Chair of Compass CIC
Governor, Bedford Borough
Governor, Newham
Executive Assistant, Corporate Services

Apologies:

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 three colleagues joining to observe: Dave Green from Yorkshire Ambulance Service, Barbara Britner and Marion Reilly; also Governors, members of staff and the public who have joined either in person or online.
- Reminded attendees that this is the second meeting of the Board as the ELFT charity's corporate trustee following the establishment of the charity; however, the Board receives regular updates on the work of the charity through the Charitable Funds Committee assurance reports.
- Advised the meeting will be recorded for minute-taking purposes only and that this is a meeting of the corporate trustee 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 after the meeting.

1.2 Apologies were noted as above.

2. Declarations of Interests

2.1 There were no additional declarations in respect of agenda items. Declarations are as recorded on the published register of interests circulated with the papers; this will be updated to reflect that Deborah Wheeler's term as a trustee at the Epilepsy Society ended in December 2024, which has no impact on the agenda items.

3 Healthier Wealthier Families Project Presentation

3.1 Laura Austin Croft presented, highlighting:

- The project focuses on reducing child poverty which is particularly crucial for the Trust as it includes areas with some of the highest levels of destitution in the country.
- The project aims to co-locate financial advice services within health and community service settings for families and children.
- While the model had been successful in other countries, it has not been tested in such a diverse area as East London with the aim of reducing health inequalities.
- Financial advisers were based in SCYPS and Tower Hamlets.
- The evaluation of the project not only focused on financial benefits but also examined which conditions and practice settings worked best.
- Research findings revealed that the pilot helped secure about £478k for 60 families in unclaimed benefits. Co-location was found to be essential as it improved access to financial services and allowed clinicians to focus on health rather than financial needs.
- Key recommendations from the research include:
 - Establish money advice services in trusted healthcare and community settings
 - Train healthcare and community staff to encourage families to seek financial advice without judgement
 - Prioritise inclusivity so that families can overcome digital, language and cultural barriers to accessing money advice.

- The aim is to scale up by strengthening existing services expanding to new areas within the Trust and using the findings to influence policy and encourage other providers to adopt the model.

3.2 The Trustee acknowledged this project as a great example of the Trust living up to its Marmot principles.

3.3 The Trustee **RECEIVED** and **NOTED** the presentation.

4 Charitable Funds Committee Assurance Report

4.1 Peter Cornforth presented the report from the committee held on 16 January 2025, highlighting:

- The Healthier Wealthier Families project is the charity's most significant initiative to date.
- A new two-year project offering employment support has launched funded by £130k from NHS Charities Together with UCL graduates involved in the evaluation.
- Currently fundraising is paused. While some donations have been throughout the year, the charity has mainly focused on responding to grant requests rather than active fundraising. Since its inception c£300k has been allocated.
- Efforts are under way to enhance communications especially targeting under-represented groups in applications.
- The charity is now planning to revitalise its strategy through an away day event and stakeholder engagement which will also involve reviewing the risk framework and governance processes. The goal is to develop a new three-year strategy outlining future aspirations.

4.2 The Trustee **RECEIVED** and **NOTED** the report.

5. ELFT Charity Annual Report & Accounts 2023/24

5.1 Tanya Carter presented the charity's report and accounts for April 2023-March 2024, which have been reviewed by the Charitable Funds Committee and the Audit Committee, and highlighted:

- This report marks the charity's second year of operation.
- Following the establishment of the charity and its infrastructure all existing funds managed through the Barts Charity on behalf of ELFT were successfully transferred to the ELFT charity on 31 May 2023.
- An audit dispensation was granted by the Charity Commission in January 2025 allowing for an independent examination instead of a full audit for the financial year ending 31 March 2024. The dispensation was based on the charity being small and not subject to audit requirements, as well as the asset transfer justifying the decision.
- The independent examiner's report from Price Bailey LLP confirms compliance with accounting standards.
- Approval is now being sought to file the accounts by the 31 January 2025 deadline.

5.2. In discussion the Board:

- Received assurance that the Charitable Funds Committee has agreed to invest the funds held in the bank, with this process to commence shortly.
- Noted that the current accounts make it difficult to distinguish between income for the year and the transfer of assets and requested this be clarified moving forward.

ACTION: Tanya Carter

- Praised the Healthier Wealthier Families project and suggested there would be value in evaluating its outcomes alongside the Trust's traditional activities to compare health and wellbeing outcomes as well as the costs involved in the two approaches. This evaluation is particularly relevant given the rising use of antidepressants and the associated cost

increase. Such an evaluation has broader implications including for non-medical prescribing in Newham.

- Suggested it would be valuable for the 'ripple effects' of the Healthier Wealthier Families project to be part of the evaluation; while challenging to capture, it will be considered when evaluating similar models

5.3 The Trustee:

- **RECEIVED, DISCUSSED** and **NOTED** the report
- **APPROVED** the ELFT charity report and accounts for 2023-24.

6 Any Other Business

6.1 None

The meeting closed at 1.30pm

DRAFT

ELFT
Action Log Trust Board (Part 1)

BOARD OF DIRECTORS MEETING IN PUBLIC: Action log following meeting held on 30 January 2025

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	30-Sep-25	In progress	Ongoing: 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. Being considered in review of 2025/26 plan and development of our next 5-year strategy for 2026-31.
403	30-Jan-25	Population health annual report	Revise introduction to emphasise the cultural shift the Trust is aiming to create, highlighting both progress and challenges ahead	RF/LAC	30-Mar-25	Closed	Report updated
404	30-Jan-25	Performance report	Update on estates strategy to be scheduled for a future meeting	PGr	30-Jul-25		
405							
406							
407							
408							

In progress with delay
Closed
Forward plan
Not due

REPORT TO THE TRUST BOARD IN PUBLIC 27 March 2025

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:

13 March 2025	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	<input checked="" type="checkbox"/>	Council of Governors identifies annually its strategic priorities which will assist the Trust to improve experience of care at critical points in the patient journey
Improved population health outcomes	<input checked="" type="checkbox"/>	Board discussions on how we can best achieve our population health ambition within a changing context will enable the organisation to be better prepared. Governors' focus on member priorities emphasises improving population health outcomes
Improved staff experience	<input checked="" type="checkbox"/>	Governors and NEDs have highlighted staff experience as a key priority for the Trust and provided areas of focus
Improved value	<input checked="" type="checkbox"/>	Working collaboratively with our health and care partners will secure better integrated and more accessible care, thereby increasing value

Implications

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

1. Introduction

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

2. Chair's update

- 2.1. Since my appointment as Joint Chair of East London Foundation Trust (ELFT) and North East London NHS Foundation Trust (NELFT) on 1 January 2023, I have shared my vision for both trusts: to improve equity of access and population health outcomes across the communities we serve.
- 2.2. Underpinning this vision, I have four key areas of focus:
 - Patient 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 5 March, the North East London Mental Health, Learning Disabilities and Autism (NEL MHLDA) Collaborative Committee heard deeply moving accounts of the challenges faced by autistic people accessing routine and urgent care in acute hospital settings. The importance of understanding, empathy and kindness were underlined, as well as the importance of making the reasonable adjustments that can make such a difference to a person's experience of healthcare and their healthcare outcomes. The accounts that were shared framed the discussion that followed with acute provider colleagues from Barking Havering and Redbridge University NHS Trust (BHRUT), Barts Health NHS Trust and Homerton Healthcare NHS Foundation Trust, who joined the Committee to share the work that they are taking forward to improve the care provided to autistic people and people with learning disabilities. It was encouraging to hear the work happening across the system and the potential for join-up between the work of the NEL MHLDA and Acute Care Collaboratives. I was also very pleased that the voices of people with lived experience – both service users and carers - framed and were central to the discussions that followed.

The March meeting was the last for the Committee's first cohort of lived experience leaders who completed their two-year term. I would like to offer my personal and heartfelt thanks to Marcella Cooper, Gordon Moser and Christopher Baker. Their contributions to the development of the Committee have at every stage been outstanding and they have ensured that the voices of people with lived experience have truly been central to the work of the Committee and the decisions it makes. I would particularly like to recognise their generosity in sharing their own lived experience to try to improve care for others. It has been an absolute pleasure and privilege to work with each of them and they will be greatly missed by fellow Committee members.

Staff support and empowerment

- 2.4. Following recent announcements, the Board is alert to the potential impact of the reductions to staff numbers at our Integrated Care Boards (ICBs) and the impact of the planned move of NHS England's (NHSE) functions into the Department of Health and Social Care. The ICBs and NHSE are important partners for the Trust who support and enable the work we

do in many ways. We interact with them regularly and this is a time to double down on our value of caring for our colleagues at these organisations during this very unsettling time.

Board effectiveness

- 2.5. On 27 February 2025, the Board met for a development session to consider the planned review of the Trust's strategy highlighting the need for a strategy refresh rather than a full rewrite and maintaining the validity of existing strategic outcomes while prioritising actions based on impact quantification, financial viability and their contribution to improving population health. A process will now be developed to engage with service users, carers, staff and stakeholders to gather insights to shape the strategy review.
- 2.6. Recruitment to three Non-Executive Director (NED) positions is under way with stakeholder sessions and final interviews taking place on 28 March and 3 April 2025 respectively. As previously reported, 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.
- 2.7. I was pleased to serve as a panel member to assess applicants for the national Aspiring Chairs programme on 10 February. I benefitted greatly from the programme and was delighted to see the new influx of talent.

System leadership

- 2.8. At the Bedfordshire, Luton & Milton Keynes (BLMK) Integrated Care Partnership (ICP) meeting on 14 February, system progress was reviewed against priorities. It was encouraging to see that the rate of admissions for falls for people aged 65+ has fallen, and the percentage of children reaching a good level of development has improved. A continuing challenge is the percentage of the population aged 18-64 who are economically inactive due to long term sickness, which has increased. The meeting was a great opportunity for partners to focus on population health outcomes for local communities.
- 2.9. The NEL ICB held a development session on 26 February to explore the impact we have had in working as a system. Many of the conversations centred on the improvement in relationships between system partners. It is my hope that, in future sessions, we will be able to focus more on how working as a system is impacting outcomes for our local communities.
- 2.10. On 4 March, I was pleased to join NEL ICB chair, Marie Gabriel, for a dinner with the three new chairs of the acute hospitals. In addition to relationship building, we were able to devote time to discussing how we can collectively address the financial challenges in the system. It was encouraging to hear the chairs of the acute hospitals committing to injecting new energy into the Acute Provider Collaborative. I was able to share some of the benefits achieved for MHLDA and community health services through collaborative working.
- 2.11. On 13 March 2025, Prime Minister Sir Keir Starmer announced plans to integrate NHS England back under government control with the aim of streamlining operations, reducing bureaucracy and enhancing efficiency. On the same day, Lorraine Sunduza and I joined an in-person meeting of Chairs and CEOs where Sir Jim Mackey, incoming new NHSE CEO, led discussions on the implications of this change. He emphasised the importance of strong leadership, stability and collaboration, and for Trusts to work within budgets focusing on productivity and reducing variation as well as setting clear targets for all sectors to reduce costs while maintaining a focus on quality of services and the cost-effectiveness of care.

3. Council of Governors update

- 3.1. The Council met for the first time in our new conference room in Robert Dolan House on 13 March 2025.
- 3.2. I thanked governors for the many kind messages of condolence on the death of Jason Cook, lead governor at North East London NHS FT (NELFT) and expressed how much this meant to the NELFT Council and the whole team at NELFT.
- 3.3. The Council this time focused on the final strategic priority item in their current series, 'communication'. Introduced by Community Engagement Manager, Tina Bixby, and her annual report and, mindful of the Council's duty to bring the views of the members and the wider public to the Trust, we asked the question "What can we all do to help our members, and the wider public communicate with and be heard by the Trust?". The feedback from the Council from this discussion will flow into the annual report on progress on the Membership Engagement Plan which will be presented to June's People Participation Committee.
- 3.4. Governors then received an operational update on the Trust's Crisis Services, particularly the impact of changing to the NHS 111 Option 2 service in our London boroughs (our Bedfordshire & Luton services were national pioneers, having introduced the new crisis line number in June 2020). The discussions helped us to focus on service user benefit in future operational updates.
- 3.5. Governors approved their next five strategic priority themes building on their discussions from January 2025. The themed feedback from that meeting had been cross-referenced with the Trust strategy, our Marmot Trust ambitions, recent governor discussions on barriers to equity of access to services, and insights from the recent "Caring Together – What Matters to You" conversations arranged for members and governors. Additionally, consideration was given to the future direction of the NHS 10 Year Plan, and Trust initiatives such as our recently launched Poverty Toolkit. The themes agreed were:
 - Shifting from acute to community care
 - Staff wellbeing
 - AI and Digital Innovation – how will they improve patient experience?
 - Prevention and support for independence in older adults
 - Estates and community.
- 3.6. Governors received a written report from the Significant Business & Strategy Committee detailing its recent submission to the NHS 10 Year Forward Plan consultation, as well as a verbal update by Committee Chair, John Bennett, on an important session held just two days previously that focused on the changes to the Trust's primary care strategy. John highlighted that, while the decision had not been an easy one for the Board, feedback underscored confidence and provided assurance that the Board is making tough but necessary choices. It was noted that the services are being left in a better position than when the Trust initially took them over, and there was alignment between the Board and Governors on prioritising the interests of both patients and staff in the services throughout the process.
- 3.7. As Chair of the Nominations & Conduct Committee I shared progress in the recruitment of three new Non-Executive Directors (NEDs). In response to Governor queries, I was able to offer assurance that the appointments would only be made if we are confident the person is the right fit for the role and for the Trust. I also confirmed there is sufficient time to re-open the recruitment process if necessary and the current skill mix on the Board allows the Trust to manage in the interim. Additionally, we are placing a strong emphasis on maintaining if not improving the diversity of the Board, ensuring robust succession planning, and continuously learning from each new recruitment process.
- 3.8. In her report from the Communications & Engagement Committee, newly re-elected committee chair, Felicity Stocker, drew special attention to the upcoming Mental Health Summits in NEL, planned for 28 March and 7 April 2025. I emphasised the importance of

these service-user led events which play a crucial role in shaping our mental health plans for the coming years.

4. NED visits

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

- Talking therapy services – Newham
- Addictions services – Bedford
- Eating disorders team – Bedford

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

5. Action being requested

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

REPORT TO THE TRUST BOARD IN PUBLIC 27 March 2025

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

Purpose of the report

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

Key messages

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

Strategic priorities this paper supports.

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

Implications

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

1.0 Purpose

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

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

2.1 Going Further, Going Together

We continue with our work to ensure that the Trust is financially sustainable and that we are making the best use of our resources. We are doing this through a combination of reducing waste and variance, adopting new and improved processes, collaborating more where we can, and looking to innovate.

In January, we successfully delivered our plan to achieve £3.7m in savings. To date, we have achieved £22.9m savings, slightly ahead of our plan of £21.6m. Our 2024/25 savings target is £29.0m with forecasted savings of £31.9m. Although this is very encouraging, we must remain focused to ensure we meet the savings target. I am grateful to everyone who has contributed to this achievement.

2.2 Change in NHS England (NHSE) Senior Leadership

You may be aware of the recent announcement that Amanda Pritchard, Chief Executive of NHS England, will be stepping down. Sir Jim Mackey, Chief Executive of Newcastle upon Tyne Hospitals NHS Trust, will assume the position of interim CEO. He will be supported by Dr Penny Dash, a clinician and former Chair of the North West London NHS Integrated Care Board (ICB), alongside a transition team tasked with leading NHSE's reforms, including its integration into the Department of Health and Social Care. We look forward to working collaboratively with the new leadership team during this period of change.

The NHS continues to navigate a significant national financial challenge, underscoring the need for strong leadership and strategic alignment to ensure both financial sustainability and the delivery of high-quality care. In this context, I attended the NHSE leadership event for Chairs and CEOs on 13 March 2025, led by Sir Jim Mackey and Dr Penny Dash. The event offered insights into NHSE's evolving direction, covering the financial recovery approach, enhanced system collaboration and the future of service delivery. Discussions emphasised the importance of balancing financial pressures with the commitment to maintain and improve patient outcomes, highlighting the role of collective leadership in driving operational efficiency and transformative change across the NHS.

Following the announcement regarding the reduction in running costs for both NHSE and ICBs, I wrote to all staff to provide clarity on the situation, offer reassurance about our approach, and acknowledge the significant work we have already undertaken. I also emphasised our commitment to transparency about the scale of the challenge we face. Open communication remains essential as we navigate these changes and through our collective efforts we will continue to deliver the best possible care for our communities.

2.3 Preparation for Review on New Trust Strategy

Five years have passed since the implementation of our current ELFT Strategy. Now is the time to evaluate our progress and reflect on our future aspirations and ambitions. To inform our next steps, we are organising sessions to gather insights from key stakeholders, including service users, staff, partner organisations, and the public. These engagement sessions will begin in the summer, offering opportunities to participate through online focus groups, in-person meetings and an online survey. The feedback gathered will help shape and communicate our new strategy for 2025-2030.

2.4 National Staff Survey Results Published

The staff survey results are a vital tool for understanding staff wellbeing and their experience of working within the Trust. We are currently analysing this feedback to develop an action plan aimed at improving key areas, ensuring that the Trust is a place where

people enjoy working and can thrive. A detailed report was presented to the March 2025 People & Culture Committee, followed by an in-depth discussion. Additionally, a comprehensive update is included in the People Report. Analysis of the survey results, particularly around stress at work, was shared with the Joint Staffside Committee (JSC), and further discussions will take place at the JSC meeting in April

2.5 Primary Care Update

Following a review of our primary care services, we have taken the decision to refocus on primary care services for people experiencing homelessness. This will mean changes to the overall management of our other practices.

We have given notice that we will cease the running of practices in Bedfordshire and Luton (Leighton Road Surgery, Cauldwell Medical Centre, and Kingsway & Bramingham in Luton) and outer North-east London (Five Elms in Dagenham, Rainham Health Centre, and Upminster Medical Centre). We anticipate that there will be synergies and benefits for these practices in being able to operate in smaller, more agile structures. We will work with practice leads and the respective ICBs to ensure a smooth transition for staff and for patients.

During their tenure with ELFT, primary care services in the Trust have delivered improvements in care: enhancing access to services, embedding patient-centred practices, and implementing innovative care models. These achievements are a testament to the hard work of practice staff and their commitment and professionalism. I am immensely proud of everything we have accomplished together. We will continue to work with primary care teams across our ICB footprints.

2.6 Annual Population Health Report Webinar

We held our annual population health report webinar on 11 March 2025. This was a space to launch the new Population Health Annual Report for 2024 and to look at the top priorities for the year ahead. The report describes areas where the Trust is uniquely placed to support population groups experiencing unacceptably poorer health outcomes when compared to the general population.

The report highlights examples of ELFT's work under six objectives:

- Employment support for service users, carers and local residents
- Income maximisation to support a healthy standard of living
- Promoting the physical health of people with long term mental health conditions and learning disabilities
- 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.

2.7 University of Cambridge Implementation Research Hub

A partnership research hub shared by the University of Cambridge and ELFT is taking its first steps to establish research capacity in Bedfordshire and Luton and in doing so promote a collaborative research culture. The partnership was launched in September 2024 and aims to improve representation in research, with people participation and equity, diversity and inclusivity embedded into all hub activities.

An open invitation has been extended to colleagues to join monthly hub sessions. These are open to research active clinicians and any other colleagues interested to finding out about research, who have a research idea or want to know more about their research studies their service users could access.

The hub team have been successful in obtaining funding for their first collaborative project to focus on children and young people's health in Luton.

3.0 Integrated Care System (ICS) and Provider Collaborative Updates

- 3.1 In both Integrated Care Systems, we are working closely with partners through our Collaboratives to prepare operating plans for 2025/26, in response to the planning guidance. Whilst the Mental Health Investment Standard has been retained, there are reductions in Service Development Funding for mental health, along with other planning requirements. The Trust, together with its partners, will need to make some difficult decisions to finalise plans over the next several weeks.
- 3.2 The North East London Mental Health, Learning Disability and Autism (NEL MHLDA) Collaborative Committee met on 3 March, and considered, with acute trust partners, the experience of people with learning disability or autism in acute trust settings, with progress made and more work to do. It was agreed it was important to ensure people with lived experience are at the centre of our improvement work, and we will work together to do so going forward. The Committee also received a report from the four lived experience leaders who sit on the Committee whose term has come to an end – they have together provided immense advice, guidance, wisdom and challenge over the past two years, for which we are very grateful indeed. We look forward to welcoming the new lived experience leaders at the May Committee.
- 3.3 The Bedfordshire, Luton & Milton Keynes (BLMK) MHLDA Committee met on 13 March, and considered how we can work together to improve access to child and adolescent mental health services across BLMK. The approach to transforming community and mental health services across BLMK was also considered, pending further discussion at the ICB later in the month.

4.0 Operational Update

4.1 Winter Pressures and Demand for Mental Health Services

January and February 2025 saw a significant rise in demand for mental health care, further straining available resources. This was exacerbated by widespread norovirus outbreaks which resulted in multiple ward closures with a subsequent impact on patient admissions. Despite these pressures, inpatient teams, community physical health teams the Crisis Resolution and Home Treatment Team (CRHTT), and liaison services have continued to deliver high-quality care.

However, staff sickness and absence has been fluctuating upwards, further depleting resources. This highlights the need for a continued focus on staff wellbeing and resilience, particularly in light of sustained winter pressures.

4.2 Impact of Norovirus on Hospital Capacity

Nationally, health services have been under sustained pressure due to record norovirus infection levels. NHSE reported that during February an average of 1,160 patients per day were in hospital with norovirus, more than double the figures from the same period last year. We had two clusters of diarrhoea in inpatient units in February 2025 in the Trust. However, no norovirus was detected, and this did not have an impact on operational flow.

4.3 Flow and Operational Pressures

Flow through our hospitals has remained a significant challenge since the last Board meeting, with services operating at elevated Operational Pressures Escalation Level (OPEL) status for the majority of the time. Efforts have continued to ensure that patients who are clinically ready for discharge leave hospital in a timely manner, freeing up capacity for those with acute needs. This has resulted in notable successes in addressing complex, long-term care and housing needs, allowing patients to transition more quickly to appropriate community or residential settings.

A key area of focus has been to reduce waiting times in Emergency Departments (ED) for patients requiring acute mental health admissions. While delays still occur more frequently than desired, we are actively working with acute trusts and system partners to identify further actions that can improve patient experiences and reduce waiting times:

- **NEL Success:** I am pleased to report that no private sector beds have been used to accommodate demand in NEL and there has been a reduction in 12-hour breaches in ED, demonstrating the effectiveness of our system-wide approach.
- **BLMK Update:** In BLMK, some private sector beds have been used to manage capacity, though numbers have remained consistently below five since the last Board meeting.

While the past months have been challenging, our teams have demonstrated resilience and commitment in delivering high-quality care. The successes seen in NEL and the controlled use of private sector beds in BLMK highlight the effectiveness of our operational strategies. Continued focus on staff wellbeing, patient flow, and system-wide collaboration will remain essential in the months ahead.

5 Connecting with Teams

5.1 Breakfast meetings with staff

On 7 March 2025, I had the opportunity to have a breakfast meeting with over 20 staff members from Newham Centre for Mental Health. These meetings provide a valuable opportunity for me to hear directly from staff about the issues that matter most to them and offer a space for open dialogue and questions.

During our conversation, staff shared their pride in their work, as well as their views on challenges including recruitment, financial viability, staff wellbeing, (outer) London weighting, and patient care. Additionally, they requested a review of the uniform policy and suggested more team-building opportunities, such as away days.

I will be following up on the points raised with the relevant executives, who will work closely with local leaders to address both specific concerns within their directorates and broader themes. This feedback is invaluable to the Trust's leadership team as we continue to strive for improvements.

As always, I am incredibly grateful to our staff for their openness, dedication, and passion for enhancing the experience of both their colleagues and those in their care.

5.2 CEO Discussion Group

As an Executive team, we have continued to create informal spaces for dialogue with clinical and corporate leaders to discuss the impact of the financial challenges ahead. These conversations have focused on key areas including population health, clinical leadership, and broader workforce and patient engagement. The CEO Discussion Group, which meets fortnightly, has provided a valuable platform for these discussions, enabling collaborative thinking and shared solutions as we navigate the challenges together.

5.3 Staff Awards 2025

It is important that we celebrate the achievements of staff and acknowledge those who go the extra mile to support individuals, families and our communities. Our annual Staff Awards Ceremony has been a key way to do this, and it has had high staff engagement and appreciation. The event is entirely free for staff, funded by Compass Wellbeing CIC and charitable sources with the sole purpose of enhancing staff wellbeing.

This year, with the financial backdrop all Trusts are facing, we have carefully considered whether an in-person event remains the best way to recognise staff achievements and endeavours. A survey of staff after the last event showed that the majority of respondents valued an in-person gathering, felt it boosted morale and that such gatherings are even more vital in challenging times. We also mark two important organisational milestones this

year with our 25th year as a trust, and the 10th anniversary since Luton and Bedfordshire services joined ELFT.

After extensive discussion, we have decided to host an in-person Staff Awards Ceremony in 2025. ELFT is a Trust built on strong relationships, and our awards night reflects the spirit of connection and appreciation that defines our culture.

6 Other Service Updates

6.1 ELFT Recognised Again for Supporting Veterans

The Trust has been re-accredited as a 'Veteran Aware' Trust for its commitment to supporting the wellbeing of veterans, reservists and all members of the Armed Forces. ELFT first achieved accreditation status in 2021. The Trust's successful application to retain its accreditation was approved in mid-February by the Veterans' Covenant Healthcare Alliance (VCHA) Steering Group.

6.2 Completion of Pioneering Air Cleaning Research

A pioneering research programme in Bedford to test the benefits of air cleaning units for service users and NHS staff in a mental health inpatient service has been completed. The Trust was part of an 18-month research project at Fountains Court using Quality Improvement (QI) tools to study the benefits of units in 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 studying the benefits of improved air quality for service users and staff. The findings will be published when evaluated.

6.3 Switchover from Mental Health Crisis Lines to NHS 111 (Option 2) in East London

NHS 111, Option 2 has fully replaced the mental health crisis lines for the City & Hackney, Newham and Tower Hamlets as of 1 January 2025. Mental health crisis support is already available in Bedfordshire and Luton via NHS 111 (mental health option).

6.4 Launch of Service User Network (SUN) in Bedfordshire and Luton

A new facilitated peer support service for the Bedfordshire and Luton communities has launched for people with complex emotional needs commonly associated with 'personality disorder'. In partnership with mental health charity Mind BLMK, the Trust has developed a 'Service User Network' (SUN) to improve community support for people with complex emotional needs.

6.5 Launch of Pilot Eating Disorder Day and Virtual Service

A new NHS eating disorder intensive day and virtual service for teenagers has been launched by the Trust in central Bedfordshire as part of a one-year regional pilot programme. The Aspire service has gone live from Whichello's Wharf in Leighton Buzzard, as part of the new regional pilot pathway Children and Young People Eating Disorder Intensive Day and Virtual service launched by the NHS partnership East of England Provider Collaborative.

6.6 Innovative Bedford Substance Misuse Partnership

People in Bedford struggling with substance misuse are being supported by an innovative GP and addiction service partnership. ELFT's Path 2 Recovery (P2R) substance misuse service team has linked with the De Parys Primary Care Network (PCN) to develop an addiction model of care that supports safer prescribing in primary care and identifies people dependent on prescribed medication who would benefit from formal treatment from P2R. The detail of the work was well-received when presented at the Royal College of General Practitioners (RCGP) annual conference in January 2025.

The model was launched in March 2022 and is now being rolled out to other practices after a successful testing phase. Benefits include:

- Dramatically improved patient attendance compared to traditional clinics

- A supportive approach, maintaining patient dignity and choices
- High success rates in medication reduction
- Prevention of new high-dose opiate prescriptions.

The model was initially developed to focus on specific issues such as missed appointments, low efficacy in reducing medication and a sense that patients with serious dependence or addiction were not being seen. The team focused on harm minimisation, patient-led approach to changes in dose or type of medication, developing the skills of PCN colleagues, offering all patients recovery work with an experienced P2R worker and sharing learning and clear communication between practice and P2R.

7 Celebrating Colleagues

7.1 Mental Health Nurses Day

Mental Health Nurses Day took place on 21 February 2025 when we took the opportunity to recognise and celebrate the dedication, compassion, and expertise of our mental health nursing colleagues. Their vital role in supporting patients through some of life's most challenging moments was honoured throughout the day. From providing therapeutic care and crisis intervention to advocating for mental wellbeing, their impact continues to be profound and far-reaching. We are grateful for their unwavering commitment to delivering compassionate, person-centred care, making a real difference in the lives of individuals, families, and communities. Thank you to all our mental health nursing colleagues for their outstanding work.

7.2 International Women's Day

On 10 March 2025, I had the pleasure of closing an event celebrating International Women's Day which is marked globally on 8 March. This year's theme, "Inspire Inclusion," encouraged us to reflect on how we can create environments where everyone feels valued and supported.

International Women's Day is a chance to recognise the achievements of women across our organisation and beyond; while also acknowledging the steps we can all take to build a more inclusive and equitable future.

It was inspiring to hear the stories shared and to see the passion and commitment of those working to make a difference. I was grateful to be part of such a thoughtful and reflective event, celebrating progress and the ongoing journey toward greater inclusion.

7.3 National Social Worker Day

On National Social Worker Day, which took place on 18 March 2025 we celebrated the invaluable contributions of our social work colleagues. Their vital role in supporting patients, families and communities was highlighted throughout the day. Social workers provided compassionate care, advocacy, and practical support, ensuring that individuals received the assistance they needed during challenging times.

We are grateful for their dedication to addressing social determinants of health, promoting wellbeing, and ensuring equitable access to care. Staff across the Trust joined together to thank social workers for their unwavering commitment and the positive impact they have on the lives of many. Thank you to all our social work colleagues for their outstanding efforts.

8 Action Being Requested

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

REPORT TO THE TRUST BOARD IN PUBLIC
27 March 2025

Title	Audit Committee Meeting held on 13 March 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 13 March 2025.

Key messages

Internal Audit update

- The committee considered evidence of good progress against the internal audit plan for 2024/25 noting that one report has been finalised and all remaining reviews were either in draft or in progress. Assurance was provided regarding efforts to set achievable timescales for management actions arising from the audit reports.
- Further assurance was sought on work to resolve gaps in fundamental organisational governance such as those identified the accounts receivable review. Actions being taken include the development of an assurance map
- Reflecting on the importance of emerging geopolitical instability and shifting government priorities, the committee requested a Board-level discussion to assess potential impacts on the Trust’s overall risk profile.
- The committee approved the draft internal audit plan for 2025/26 subject to the inclusion of a GFGT transformation review, the cyber audit scope to be expanded to include supply chain resilience and flexibility for further additions in response to changing NHS landscape. The committee was satisfied that operational risk beyond just strategic risk had been sufficiently incorporated into the plan to ensure comprehensive risk management.
- A draft level 2 Head of Audit opinion is anticipated for 2024/25 noting this is dependent on the continued completion of management actions. The committee was keen to receive assurance from the internal auditors regarding the robustness of the supporting evidence for a level 2 opinion.

External Audit Update

- The committee were advised of continuing delays in receiving final assurances from the Local Government Pension Scheme auditors which are affecting the submission of the 2023/24 report and accounts to Parliament and their presentation to the Council of Governors and members. This issue has been escalated and the committee received assurance that NHS England is fully aware this situation is outside of the Trust’s control.
- Good progress is being made against the timetable for the 2024/25 audit and the committee was assured of effective co-operation and responsiveness between the auditors and the finance team.

Annual Report and Accounts 2024/2025 update

- The committee received assurance the internal process for completion of the annual report is underway and will align with the annual report production timeline.
- The committee noted some additional NHSE funding is to be distributed across north east London which will positively affect the year end outturn figure; this will be taken to the Finance, Business & Investment Committee (FBIC) and Board to agree an adjustment to the previous forecast outturn.

Deep Dive BAF Risk 5: Staff Experience

The deep dive presentation focused on 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* and outlined the current risk score, existing assurance mechanisms and areas requiring improvement:

- The committee noted progress continues against a number of people metrics including a reduction in temporary staffing spend and work to align establishment numbers, and was assured that these

measures have helped maintain the risk at its agreed target score of 12 but noted the potential for future risk fluctuations due to external national and global factors.

- The committee reflected on the importance of staff engagement and morale, noting with concern the marked decrease in the 2024 staff survey response rate, which may indicate a decline in staff experience. While it was satisfied with the Trust's commitment to staff wellbeing, requested further work to build workforce resilience in light of ongoing and future challenges.
- To strengthen assurance, the committee requested a sharper focus on identifying the root causes of negative staff experience and a clearer alignment of BAF actions with the causes and consequences of the risk.

Waivers and Breaches

- One waiver was approved in the previous period with none received to date in this current reporting period. The committee acknowledged the dedicated efforts to prevent future waivers recognising these will be subject to market scrutiny and challenge under the newly enacted Procurement Act.
- The committee noted an increase in breaches and non-compliant requisition practices sought further assurance on the robustness of governance over all technical processes; and welcomed the ongoing work to develop an assurance map to provide greater clarity on the strength and effectiveness of existing controls.

Counter Fraud Progress Report and Annual Work Plan

- The committee acknowledged the preparatory work underway to mitigate any impact on the Trust's fraud prevention procedures from introduction of the new Failure to Prevent Fraud Act in September 2025 and noted additional requirements of the Act have been included in the work plan for 2025/26. Assurance was provided these additional requirements will not impact on the team's capacity to address future significant fraud risks.
- The committee sought assurance on the status of mandatory training for the Act for both new joiners to the Trust's and existing staff.

Losses and Special Payments

- The committee noted this report is the first in a plan of regular update in line with the SFIs and as a key monitoring tool around the Trust's management of public money.
- A recent change to the provider of bank medical staff system has highlighted a potential overpayment issue; the committee was assured that the issue is being investigated to determine the extent and potential recovery of overpaid amounts to inform what action will be taken.

Audit Committee Terms of Reference update

- The committee approved its revised terms of reference which had been updated to reflect the model terms of reference in the recently revised HMFA handbook to strengthen oversight, provide clarity in areas of governance and introduce some changes to the scope of the committee (attached at appendix 1).

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

Audit Committee

Terms of Reference

1 Authority

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

2 Purpose

- 2.1 The committee is responsible for providing assurance to the Board on the Trust's system of internal control by means of independent and objective review of the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the Trust's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives. This will include compliance with law, guidance and regulations governing the NHS.
- 2.2 In carrying out this work the committee will seek reports and assurances from directors and managers, and other Trust committees as appropriate and will also utilise the work of internal audit and other assurance functions.

3 Duties

Governance, Risk Management and Internal Control

- 3.1 Review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the Trust's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives.
- 3.2 In particular, the committee will review the adequacy and effectiveness of:
 - All risk and control related disclosure statements (including but not limited to the annual governance statement, annual report, annual financial statements, value for money, annual licence compliance/self-certification, annual code of governance compliance together with any accompanying internal audit statement, external audit opinion or other appropriate independent assurances) prior to submission to the Board
 - The underlying assurance processes that indicate the degree of the achievement of Trust's objectives, the effectiveness of the management of principal risks and the

- appropriateness of the above disclosure statements
 - The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and any related reporting and self-certifications
 - The policies and procedures for all work related to counter fraud, bribery and corruption as required by the NHS Counter Fraud Authority (NHSCFA)
 - The policy, systems and processes for the management of conflicts, including gifts and hospitality and bribery, including receiving reports relating to non-compliance with the relevant policy and procedures
 - Arrangements in place for allowing staff (and contractors) to raise, in confidence, concerns about possible improprieties in any area of the Trust (financial, clinical quality, patient safety or workforce matters) and ensure that any such concerns are investigated proportionately and independently, in line with the relevant policies.
- 3.3 Advise the Board on the committee's key decisions on governance and managing opportunities and risks in line with HM Treasury guidance (*Managing Public Money*).
- 3.4 Review the Trust's reporting on compliance with the NHS provider licence, NHS FT code of governance and the fit and proper persons test.
- 3.5 Monitor and review the Board Assurance Framework, receiving assurance that this together with the risk management framework is properly utilised by Board committees, executive directors and directorates to identify and adequately manage risk and identify mitigating actions.
- 3.6 In carrying out this work the committee will:
- Primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources
 - Seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness
 - Have effective relationships with other key committees, for example the Quality Assurance Committee, so that it understands processes and linkages; however, such committees must not override the committee's role.

Internal Audit

- 3.7 Oversee and ensure there is an effective internal audit function that meets the Public Sector Internal Audit Standards and provides appropriate independent assurance to the committee, Chief Executive and Board. This will be achieved by:
- Considering the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal
 - Reviewing and approving the annual internal audit plan and detailed programme of work, ensuring this is consistent with the audit needs of the Trust as identified in the Board Assurance Framework
 - Considering major findings of internal audit work and management's response, and monitoring the implementation of recommendations
 - Ensuring co-ordination between the internal and external auditors to optimise audit resources
 - Ensuring that the internal audit function is adequately resourced and has appropriate standing within the Trust
 - Monitoring the effectiveness of internal audit including an annual review.

External Audit

- 3.7 Ensure compliance with the NHS Act 2006 and the Audit Code for NHS Foundation Trusts in relation to the appointment and provision of an external audit service.

3.8 Review and monitor the external auditors' integrity, independence and objectivity and the effectiveness of the external audit process. In particular to review the work and findings of the external auditor considering the implications and management's response to their work. This will be achieved by:

- Considering the appointment and performance of the external auditors including providing information and recommendations to the Council of Governors (Council) in relation to the appointment, re-appointment and removal of the external auditor in line with the criteria agreed by the Council and the committee
- Discussing and agreeing with the external auditors, before the audit commences, the nature and scope of the audit as set out in the annual external audit plan
- Reviewing all external audit reports, including agreement of the annual audit letter before submission to the Board and any work carried outside the annual audit plan, value for money reports and management letters, together with the appropriateness of management responses
- Monitoring the implementation of recommendations resulting from external audit reports
- Discussing with the external auditors their local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee
- Assessing the external auditors' work and fees on an annual basis to ensure that the work is of a sufficiently high standard and that the fees are reasonable, including the use of performance measures, as appropriate
- Reviewing and monitoring the external auditors' independence and objectivity and the effectiveness of the audit process, taking into consideration relevant UK professional and regulatory requirements
- Ensuring there is in place a clear policy for the engagement of external auditors to supply non-audit services.

Counter Fraud

3.9 Ensure the Trust has effective and appropriate arrangements for counter fraud, bribery and corruption that meet NHSCFA's standards; this will be achieved by:

- Approving the LCFS annual work plan and annual report
- Reviewing the counter fraud programme including NHSCFA quality assessment reports, and monitoring the implementation of action plans
- Considering major findings from investigations, including management's responses, and ensuring effective coordination between internal auditors and counter fraud service
- Ensuring there is a proactive approach to counter fraud measures, supporting the independence of the function and that it has appropriate standing and visibility within the Trust
- Reviewing the adequacy and effectiveness of counter fraud, anti-bribery and corruption policies and procedures to ensure these meet the NHSCFA's standards including the outcomes of work in these areas, including reports and updates on the investigation of cases from the local counter fraud service.

Financial Reporting

3.10 Monitor the integrity of the financial statements of the Trust, and any formal announcements relating to the Trust's financial performance, reviewing significant financial reporting judgements contained in them.

3.11 Ensure that the annual accounts have been properly prepared and are free of material mis-statements and that the underlying transactions have appropriate parliamentary authority.

3.12 Review the annual report, annual governance statement and annual financial statements before these are presented to the Board for adoption to determine their completeness, objectivity, integrity and accuracy focusing particularly on:

- The annual governance statement and other disclosures relevant to the work of the committee

- Accounting policies and practices followed, and any significant changes
- Unadjusted misstatements in the financial statements
- Areas where judgement has been exercised
- Explanation of estimates or provisions having material effect and significant variances
- The schedule of losses and special payments which will also be reported on separately during the financial year
- Significant adjustments resulting from the audit and unadjusted audit differences
- **Letters of representation**
- Any reservation and/or disagreements between the external auditors and management which have not been satisfactorily resolved.

3.13 Ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

Accounting Policies

3.14 Review and approve accounting policies of the Trust to ensure they are fit-for-purpose for an NHS Foundation Trust.

Scheme of Delegation, Standing Financial Instructions, Standing Orders, and Standards of Business Conduct

3.15 Review comprehensiveness and currency of documents dealing with probity including scheme of delegation, standing financial instructions, standing orders, standards of business conduct and counter fraud including the operation of and any proposed changes ensuring they remain up to date in respect of regulators/government guidelines and recommendations.

3.16 Review the circumstances of any significant departure from the requirements of the documents referred to in 3.15 above.

Charitable Funds

3.17 Review the Trust's charity annual report and accounts prior to consideration and approval by the corporate trustee (the Board).

4 Membership

4.1 The members of the committee will be appointed by the Board and will comprise of not less than three independent non-executive directors (NEDs), one of whom will be the chair of the committee and at least one will have recent and relevant financial experience.

4.2 One NED member of the committee will also be a member of the Quality Assurance Committee.

4.3 The Chair of the Trust shall not be a member of the committee.

4.4 The chair of the committee shall be appointed by the Board.

4.5 In the absence of the chair of the committee, one of the other NED members will chair the committee meeting.

5 Quorum

5.1 A quorum will be two members.

5.2 If the committee is not quorate, the meeting may be postponed at the discretion of the committee chair. If the meeting takes place and is not quorate, no decisions may be made at this meeting and such matters will be deferred until the next quorate meeting.

6 Attendance at Meetings

- 6.1 All members are expected to attend each meeting.
- 6.2 The following will be regular attendees at routine committee meetings to provide information and advice:
- Chief Finance Officer (Executive Director lead)
 - Chief Digital Officer
 - Representative from internal auditor
 - Representative from external auditors
 - Representative from the local counter fraud service (LCFS).
- 6.3 The Chief Executive and other executive directors will be invited to attend for all or part of any meeting, particularly when the committee is discussing areas of risk or operation that are the responsibility of that director.
- 6.4 The Chief Executive will be invited to attend, at least annually, to discuss with the Audit Committee the process for assurance that supports the annual governance statement and be present for its review as well as the annual report and accounts.
- 6.5 The committee has the right to meet with the internal or external auditors without executive Board members being present.
- 6.6 Only members and any named attendees of the committee have the right to attend meetings.
- 6.7 Other Trust directors or staff or external advisers may be invited by the committee chair to attend for all or part of any meeting when appropriate to assist in deliberations.
- 6.8 The head of internal audit and representative of external audit have a right of direct access to the committee chair; this also extends to the LCFS as well as the security management specialist (where they do not report elsewhere).
- 6.9 Attendance at meetings may be by face to face or remotely. Remote meetings may involve the use of telephone and/or electronic conference facilities. Any committee member with the agreement of the committee chair may participate in a meeting by way of telephone, computer or any other electronic means of communication provided that each person is able to hear and speak. A person participating in this way is deemed to be present in person although their actual location shall be noted in the minutes; and will be counted in a quorum and entitled to vote.

7 Support to the Committee

- 7.1 The Director of Corporate Governance will act as company secretary to the committee and working with the executive director committee lead(s) will:
- Agree the agenda with the committee chair
 - Ensure meeting papers are distributed in good time
 - Ensure minutes are taken, action points and matters arising are recorded and followed up
 - Advise the committee on pertinent areas
 - Draft the assurance report for the Board following each committee meeting
 - Draft the committee's annual report of the review of its effectiveness and the terms of reference.

8 Frequency of Meetings

- 8.1 The committee will normally meet six times a year (bi-monthly) and as required to fulfil its duties as the committee chair shall decide.
- 8.2 The external auditors or the head of internal audit, Chair or any other NED may request an additional meeting if they consider that one is necessary.
- 8.3 Where a decision needs to be taken outside the normal cycle of meetings, and where the matter is not deemed by the committee chair to require an additional meeting to be called, the decision may be made via email. This approach will be used on an exceptions basis. Decisions via email will be reported to the next meeting and the wording of the decision minuted.

9 Conflicts of Interest

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

10 Reporting and Minutes

- 10.1 The committee chair will provide an assurance report to the Board after each meeting; this will be drafted by the Director of Corporate Governance. The report will set out the matters discussed together with any recommendations to the Board.
- 10.2 The committee chair will highlight to the Board any pertinent issues and/or those that require disclosure, escalation, action or approval of the full Board. In particular, the committee chair shall disclose any evidence of ultra vires transactions or improper acts to the Board, in accordance with standing financial instructions.
- 10.3 The minutes of the committee meetings will be formally recorded, and a draft copy circulated to committee members together with the action log as soon after the meeting as possible.
- 10.4 The approved minutes will be available to the Board on request.
- 10.5 The committee shall receive the minutes of the Quality Assurance Committee. Quality Assurance Committee members will identify any issues that affect the work of the Audit Committee.

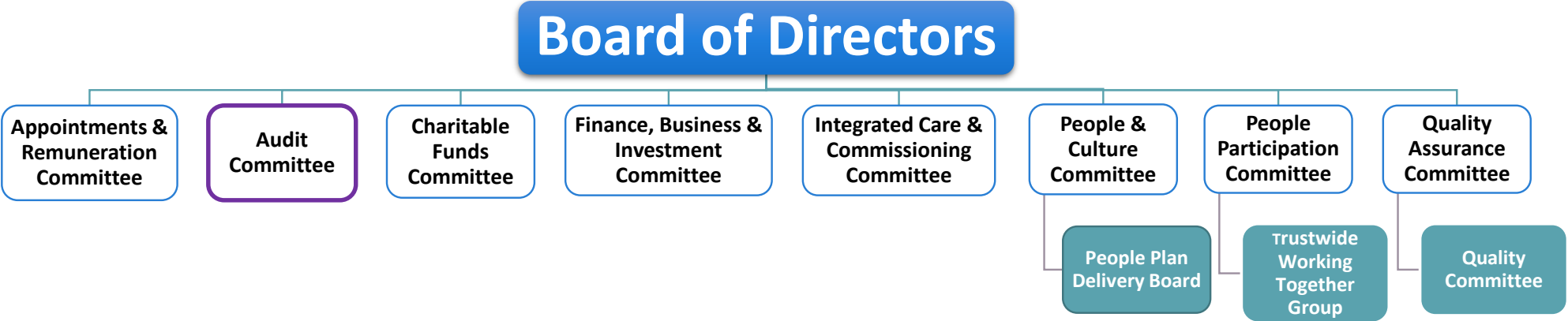
- 10.6 The committee shall also report to the Council, identifying any matters in respect of which it considers that action or improvement is needed and making recommendations as to the steps to be taken.
- 10.7 The committee will report to the Board annually on its work in support of the annual governance statement, in advance of the Board meeting to agree the annual report and accounts.
- 10.8 The Trust’s annual report should also describe how the committee has fulfilled its terms of reference and provide details of any significant issues that the committee considered in relation to the financial statements and how they were addressed.
- 10.9 The committee will receive and agree a description of its work (in the form of an annual forward plan) and will regularly monitor progress against this plan.
- 10.10 The Director of Corporate Governance will ensure that these terms of reference are compliant with NHSLA risk management standards, and monitor compliance with the standards.

11 Review

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

12 Review Dates

- 12.1 Dates approved: March 2024
 13 March 2025
- 12.2 Next review date: March 2026



REPORT TO THE TRUST BOARD IN PUBLIC
27 March 2025

Title	Integrated Care & Commissioning Committee (ICCC) 13 March 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 13 March 2025.

Key messages

<p>Bedfordshire, Luton & Milton Keynes Integrated Care System (BLMK ICS) update</p> <ul style="list-style-type: none">• The committee received an update on the announcements in respect of the changes to NHS England (NHSE) and the Integrated Care Boards (ICBs) and noted the good work of our integrated care colleagues. Consideration will be given on the implications to the Trust as further guidance emerges.• The committee received the progress report of working in the BLMK ICS and noted the progress with the collaboratives, BCA and the transforming community and mental health programme. <p>North Central East London CAMHS Collaborative Q3 update</p> <ul style="list-style-type: none">• The committee received assurance from the continuing positive outcomes achieved by the collaborative, noting the successful management of children and young people’s mental health needs within the community and focus on admission avoidance wherever possible. The service contract has been extended by a further year to March 2027• A priority focus remains on diagnoses for learning disabilities and autism with the aim of admitting young people only when necessary, to address the challenge of an over-representation in inpatient units and to manage patient flow• The committee noted the progress towards implementation of a final interim proposal following the closure of Simmons House. <p>North Central East London Perinatal Collaborative Q3 update</p> <ul style="list-style-type: none">• As the collaborative nears completion of its first year of operation, the committee considered the evidence as detailed in the report and received assurance around the high level of service as demonstrated by exceptional outcomes• Further assurance was provided by the work on a strategic needs analysis as a key to future planning, undertaken in full consultation with service users and stakeholders• The committee reflected on the opportunities to enhance the commissioning role using service user experiences, outcomes and quality improvement initiatives to address complex challenges across multiple providers <p>Primary Care Exit update</p> <ul style="list-style-type: none">• The committee acknowledged the challenging situation and strong leadership being shown in the careful navigation and management of the exit process• The full engagement and support of the ICB provided assurance on the future of the services, with an acknowledgement of the positive improvements made by the Trust in the primary care space and the openness and clarity provided around the financial challenges• The Trust remains the largest provider of mental health care in BLMK with a strong clinical presence linking in with primary care and GP practices as well as continuing the arrangements for inclusion practices in east London• The committee welcomed the development of some guiding principles on lessons learnt through this process, with key elements around maintaining a focus on issues of strategic importance given the current operating climate on services and supporting staff when challenging service changes are having to be made.

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: noted the current programme of CQC adult social care visits is driving increased focus and activity around systems and processes, however recognising the focus of the risk remains around internal capacity and capability.
- Risk 9: noted the work to on the Simmons House service redesign and resolution of the financial issues should positively impact the score.
- There were no changes proposed to the risk scores for risks 1, 2 and 9, and agreement that appropriate controls are in place and operating effectively.

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

REPORT TO THE TRUST BOARD IN PUBLIC
27 March 2025

Title	Quality Assurance Committee (QAC) on 3 March 2025 – Committee Chair’s Report
Committee Chair	Deborah Wheeler, Vice-Chair (Bedfordshire & Luton) and chair of the QAC meeting on 3 March 2025
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 3 March 2025.

Key messages

Integrated Patient Safety Report Q3

The committee:

- Assessed a range of data, including patient safety incidents, reporting timeliness, and areas of improvement, noting one Prevention of Future Deaths (PfD) report was received in Q3 and whilst the coroner’s concerns were not causative, they highlighted issues in record-keeping, documentation and patient observation, all of which the Trust is actively addressing
- Received assurance that actions are in place to improve the timeliness and quality of 72-hour reports which have previously been identified, and reflected on the importance of ensuring these reports remain effective without becoming burdensome under the new Patient Safety Incident Response Framework (PSIRF). The committee requested ongoing updates on the implementation of PSIRF and the effectiveness of 72-hour reports to ensure sustained improvements
- Was pleased to note some positive learning examples including improved safeguarding follow-ups and staff persistence in engaging service users who initially declined treatment and commended the report particularly its clear focus on assessing the impact of safety initiatives.

Patient Safety Programme

The committee received assurance on the continued development of the patient safety plan which focuses on five key workstreams: supporting staff, PSIRF implementation, involving service users and carers, upskilling staff and digital safety. Key initiatives include staff wellbeing support, specialist coaching, a safety learning library and system improvements to address clinical risks.

Equalities Report 2024

The committee:

- Considered evidence presented on the progress of equalities initiatives, particularly the embedding of the PCREF framework and its impact on clinical priorities across boroughs with positive outcomes reflected in service user feedback
- Was assured of ongoing efforts in reducing restrictive practices in NEL and integrating EDI into annual planning and quality improvement initiatives
- Regarding staff, noted significant progress in addressing disability priorities with further updates to be shared at the People & Culture Committee
- Highlighted the challenge of disability data underreporting and recommended clearer categorisation and improved data collection methods including comparisons with national demographics for context
- Stressed the importance of continuing to integrate EDI into broader workstreams to ensure its sustained impact
- Was satisfied with the positive progress to date and highlighted the continued importance of embedding these initiatives across the Trust for sustained impact.

Learning from Learning from Lives and Deaths of People with a Learning Disability and Autistic People (LeDeR)

- The committee considered the evidence from the LeDeR report, noting the ongoing health inequalities faced by people with learning disabilities and autistic people and was assured that the

transition to an ICB-led approach strengthens system-wide learning, with a robust review process in place to identify key issues

- Key challenges noted include low reporting of autistic deaths, difficulties in recognising deterioration and the need for improved reasonable adjustments in acute care
- The committee acknowledged good progress in vaccination uptake, weight management, dysphagia and cancer screening initiatives, alongside efforts to integrate learning from multiple sources
- The committee reflected on emerging trends, including higher suicide and substance misuse rates among autistic individuals and the impact of genetic conditions on people with learning disabilities. The committee was satisfied that measures are being explored to improve recognition and support, including potential system flags
- The committee requested further updates on efforts to improve reporting, access and health outcomes.

Global Health

- The committee noted the good progress in maintaining international partnerships despite funding challenges and was satisfied that successful collaborations continue to deliver mutual benefits
- Successful projects, including a mental health training model in Kenya, are informing new initiatives in Zimbabwe. While funding constraints have delayed projects in Zambia, Nigeria, and Ghana, relationships in Uganda, Bangladesh, and Vietnam continue
- The committee reflected on the importance of sustaining global collaboration, noting that the Trust's engagement informs local service development
- The committee requested greater alignment with EDI work to highlight the programme's impact and ensure continued learning amid a challenging funding climate.

Quality & Safety Report: Talking Therapies

The committee:

- Considered the report regarding the performance and ongoing developments within the Talking Therapies service, including patient outcomes, service access and financial performance, and noting strong performance in exceeding national targets with services in Newham and Bedford leading in reliable recovery outcomes
- Was assured the data demonstrated that the service has maintained high standards despite challenges such as waiting times in Bedfordshire and space constraints for team dynamics
- Noted the successful introduction of a centralised referral service and in-house interpreter services, contributing to improved access and cost-effectiveness, as well as the good progress in recruitment and retention, alongside efforts to generate additional income
- Reflected on the importance of ICB collaborations and reducing geographical access variations through digital services
- Commended the service's consistent performance, staff involvement in decision-making, and the efficient use of resources
- Requested continued monitoring of trainee offers and financial pressures, and agreed that the learning from the service's digital tools should be shared across the Trust for broader benefit.

Primary Care Exit Update

- The committee received assurance that despite the complexities, the exit of the primary care services in Bedfordshire and Luton remains on track with close monitoring in place with no quality or assurance concerns identified. While most timelines are being met, delays in one contract due to contract issues are being managed
- Further clarity on the status of the inclusion health practices in East London will be presented at a future meeting
- To strengthen future transitions, a structured template and case studies are being developed, alongside work to establish a formalised patient safety and regulatory compliance framework to ensure that the necessary steps are followed and that patient safety is maintained during transitions

GP Action

Progress in national agreements with GPs may bring collective action to an end. However, some changes to the Quality and Outcomes Framework (QOF) are expected, including the removal of the mental health requirement as part of a broader move towards fewer targets. The committee received

assurance that local monitoring will be in place to mitigate risks and ensure there is no negative impact on patient care.

CQC Update

The committee:

- Noted there have been mock inspections of inpatient services, with key themes being taken forward to the CQC assurance group alongside any outstanding CQC review actions
- Received assurance that operational effectiveness reviews, including the Nottinghamshire review, are being addressed through internal and external oversight processes
- Reflected on the importance of preparing for a well-led inspection and on system learning from new inspection processes; the 'know your service' sessions are being reinvigorated with a focus on quality and safety
- Was satisfied with the progress and actions being taken to address identified themes and challenges.

Internal Audit

- Good progress being made against the plan with two reports – appraisals and Mental Health Act – finalised both receiving partial assurance
- The MHA audit found strong governance, monitoring and training compliance controls but also identified areas requiring improvement including documentation issues, late treatment certificate and incomplete incident logs
- The committee received assurance that a robust action plan is in place to address the areas requiring improvement and was satisfied that the need for a robust consent-to-treatment process is a priority
- To strengthen oversight, the committee requested an update from the Mental Health Law team prior to the annual report presentation
- The committee reflected on the importance of aligning with sector best practices and noted the inclusion of industry standards and developments in the report.

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:*

- The committee was assured that the BAF had been updated in response to previous feedback; historical narrative has been reduced, updates are now clearly identifiable and the gap in control regarding the speaking-up culture has been addressed
- Actions approaching their completion dates will be fully reviewed to assess whether adjustments are needed or if initial timelines were overly ambitious
- There has been no significant change in the overall risk score, which remains at 12. While progress has been made in implementing actions and strengthening controls, patient safety risks remain
- The committee requested that the primary care exit is included in the BAF and noted a review of risk appetite for all BAF risks will be initially undertaken by the Execs prior to consideration by the relevant lead committees and Audit Committee in May.

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

27 March 2025

Title	Quality Report
Author / Role	Marco Aurelio, Associate Director of Quality Improvement Jo Moore, Associate Director of Quality Improvement Duncan Gilbert, Associate Director of Quality Management
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 domains of assurance and improvement. Quality control is contained within the performance report, which contains quality measures at organisational level.

Key messages

The Quality Improvement (QI) section of the report provides assurance of progress against the 2024-25 QI plan in supporting the strategic goals of the organisation.

Within the Pursuing Equity programme, 6 of the 31 teams have now seen improvement in reducing non-attendance at appointments. 20 of the remaining 25 teams are testing change ideas and so might be predicted to achieve results over the coming months. A predictive analytics tool has been developed in PowerBI which helps understand who is most likely to miss an appointment in a forthcoming clinic, and this is currently being tested by two teams in the programme. In other work focused on population health improvement, the learning disabilities team in Newham has increased breast screening for women with learning disabilities by 29%, and the Tower Hamlets learning disabilities team has increased the number of service users with monthly Body Mass Index recording from 7 to 25.

The flow programme has supported reduction in out-of-area bed usage and length of stay, a priority within the 2025-26 national planning guidance. Out-of-area beds are at an average of 4 across the trust, with average length of stay across East London reduced by 17%. In Newham there has been a 27% reduction in length of stay, with a further 9 wards from across the trust also seeing reductions. Next steps include the development of standard operating procedures at ward, directorate and Trust level and embedding these into Trust policy to sustain the gains through standard work around managing flow.

Wave 14 of the Trust's Improvement Leaders' Programme is supporting over 200 staff and service users, and 81 quality improvement projects aligned to the Trust's strategic priorities. Two-thirds of the way through the programme, 50% of projects are testing change ideas, with 14 currently showing improvement. The remaining projects are being supported to develop change ideas and start testing.

Quality improvement work across the Trust continues to target opportunities to improve value. In Tower Hamlets community health services, weekly catheter callouts have reduced by 23%, saving an estimated 10.5 hours of staff time each week. In Bedfordshire and Luton, Oakley court inpatient ward has increased the monthly waste recycled by 17%.

Strategic priorities this paper supports.

Improved population health outcomes	<input checked="" type="checkbox"/>	Applying the QI method across the integrated care system. Large-scale QI programme on reducing the equity gap for patients who have missed appointments.
Improved experience of care	<input checked="" type="checkbox"/>	Use of QI to tackle flow across the inpatient and community pathway
Improved staff experience	<input checked="" type="checkbox"/>	Building capability across the Trust in improving care and delivering value
Improved value	<input checked="" type="checkbox"/>	Most QI work enhances value through improving productivity and efficiency, with QI support currently focused on cost improvement, improving 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 QI activity helps support our financial position, through enabling 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 Lord Darzi’s independent review of the NHS in England in Autumn 2024 set out a diagnostic of the current state, and the scale of the challenges ahead. Key themes included the need to re-engage staff, empower patients through greater control over their care, moving care and funding into the community, organising around neighbourhoods, embracing technology, and clarity of structures and roles.
- 1.2 The Government is currently developing the 10-year health plan, with wide consultation. The plan is expected to have three key shifts at its core: Hospital to Community; Treatment to Prevention; Analogue to Digital.
- 1.3 The report will focus on ELFT’s community health services for adults across Bedfordshire, Newham and Tower Hamlets, and describe how our community services are aligned with, contributing to, and planning for these three shifts.

2.0 Hospital to Community

- 2.1 Community health teams play a vital role in supporting people with complex health and care needs to live independently in their own home for as long as possible. Whilst clearly a collaborative endeavour, Community health services have always had the function of ensuring care is provided outside of hospital wherever possible and are absolutely central to this shift.
- 2.2 Community health services in ELFT, as they are across the country are many and varied, and often delivered in partnership with other organisations, tending to look after people with complex needs who are in contact with more than one service. Amongst many services that support this shift, ELFT's community health services have three key functions that enable this shift:

- Rapid Response / Urgent Community Response
- Discharge Hubs / Discharge Services
- Virtual Wards

- 2.3 **Rapid / Urgent community response services** were a commitment in the NHS Long Term Plan to provide urgent care to people in their homes if their health or wellbeing suddenly deteriorates, helping avoid hospital admission and enabling people to live independently for longer.

Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours. This includes access to physiotherapy and occupational therapy, medication prescribing and reviews, and help with staying well-fed and hydrated. The Board is routinely sighted on performance of this service through the Board's performance report.

In Bedfordshire, the team works in partnership with East of England Ambulance Service, having access to an external 'stack' portal which gives the ability to view patients who have called for an ambulance in categories 3 – 5 (lower risk) in order to help triage and support where able. Triage is completed by a registered nurse, after which a community nurse would be sent to assess the patient, provide care, support and signpost if required. If the patient still requires an ambulance to attend, they can be returned to the 'stack'. This pathway aims to reduce avoidable ambulance attendances and hospital conveyances.

In East London, conversations are being held with London Ambulance Service, but at present there is no similar arrangement in place. In the meantime, ELFT Rapid Response teams provide A&E 'in-reach', and will assess patients on-site, to support admission prevention.

The community teams of North East London (NEL) have been considered how to enhance the service and explore opportunities to increase system resilience and achieve a 15% reduction in hospital admissions. A NEL rapid response network

has been established to improve productivity, reduce variation, and support recommendations for an improved Rapid Response core offer.

- 2.4 **Discharge Services** across ELFT vary somewhat in function and terminology, but each use a model called “Home First” or “discharge to assess”, based on the principle that most peoples’ on-going health and care needs are best assessed and managed at home. This aims to accelerate discharge from acute hospital and prevent delays, deconditioning of the patient and the risk of acquiring Health Care Acquired Infections (HCAI’s).

In Bedfordshire, the North therapy team and community beds team have been working closely with the ICB on an in-reach pilot. The pilot consists of a team across community, local authority, community beds and discharge planners to provide on-site real-time triage and initial assessment for medically fit-for-discharge patients.

In Newham, the Integrated Discharge Team has begun work to integrate with the Newham University Hospital discharge team. This began by shadowing the hospital discharge team, working alongside to improve the discharge process. Early findings are positive and have reinforced the importance of multidisciplinary and multi-partner working.

- 2.5 **Virtual wards** allow clinically assessed patients to get the care they need, within their home environment, in a model sometimes called ‘hospital at home’. Patients on a virtual ward are cared for by a team of experts who can offer a range of tests and treatments. Every patient has a personalised care plan designed to meet their care needs. Virtual wards use technology so healthcare staff can easily keep track of a patient’s progress. If the patient’s condition starts to change, the virtual ward team can step in quickly to help. NHS England expects provision of 40-50 virtual beds per 100,000 population, which the trust delivers across Bedfordshire. In East London, virtual wards are managed by Barts Health, with ELFT providing some input.

2.6 **Access to services.**

Timely access to services is crucial to their effectiveness and the goal of caring for people outside of hospital. Access and waiting times are monitored closely by Directorate Management Teams and overseen by the Board through the Performance Report.

Services have come together across ELFT to learn and improve together as they share the challenge of increasing demand for services, and complexity of patients. The ideas that have had the greatest impact on waiting times fall into a few categories:

- Improving the referral process

- Triage and screening – finding new, more efficient ways of working, such as routinely including therapists in assessments, and creating standardised tools
- Administrative support - teams leveraged administrative resource to free up therapist capacity for clinical work.
- Increasing capacity
- Integrating teams - Newham and Tower Hamlets integrated their teams to create one waiting list per borough, leading to improved cover for leave or absence, greater standardisation of processes, reduced variation in experience and reduced waiting

2.7 **Self-management of conditions as a means of improving patient experience and managing caseload**

Self-management enables people to take more control over their condition, empowering them to actively participate in managing their health, leading to improved quality of life, better outcomes, potentially reduced complications and lower healthcare costs. An example of work in this area is the Newham foot health team, which has been using quality improvement to promote self-management, reduce caseloads and waiting times.

Planned care services in Bedfordshire have been applying QI to reduce the number of patients requiring visits for insulin administration. This work has included a number of different change ideas, including a 4-week training programme for patients and their carers to learn to administer insulin, and tightening of the diabetes referral criteria. The project has achieved a 17% reduction in caseload size to date, with plans to extend into care homes.

Newham Diabetes team is undertaking similar work, testing home visits to educate service users and family members in insulin administration, using dummy insulin pens for family members to practice with, tackling needle phobia proactively, and introducing a diabetes champion role for band 5 nurses. So far, 35 people have been supported to independently manage their insulin. A further 10 families have now gained the skills and confidence to support their family members with insulin at evenings and weekends, which means that they rely on less visits from district nurses.

3.0 **Treatment to Prevention**

- 3.1 Some of the work described above in relation to self-management also has the potential to prioritise prevention over treatment, with a greater level of patient engagement, and the potential for earlier identification of, and intervention in, deterioration.
- 3.2 In Bedfordshire, in order to support neighbourhood working, ELFT therapy teams based in South and Mid-Bedfordshire have aligned under one locality manager to deliver therapy services across Central Bedfordshire. These teams consisting of

Occupational Therapists and Physiotherapists are supported by a cohort of assistant practitioners and rehab support workers. By moving to a more integrated service delivery model, the teams are able to deliver improved response and coordination of intermediate care in the community. In time they expect to be able to demonstrate

- 3.3 At the system level, work is underway within both integrated care systems to develop clear systems and structures for local collaboration around neighbourhoods, that prioritises prevention. The diversity of populations in both East London and Bedfordshire presents a challenge in the effective shift from treatment to prevention. Health inequalities are prevalent and inequity of outcome and experience notable. Several community health services are part of the Trust's 'Pursuing Equity' programme, focusing on tackling missed appointments amongst those living in our most deprived neighbourhoods.

4.0 Analogue to Digital

- 4.1 The appointment in May 2024 of a Chief Nursing Information Officer (CNIO), a new role for the Trust, has brought significant leadership capability to the community health move to digital, with a priority on increasing digital literacy for our clinical workforce. Since appointment, the CNIO has been promoting digital and medical devices, enhancing knowledge of digital clinical. A new group is in place to look at optimising the way community health teams use the clinical record system. An example is the development of a new template for safeguarding reporting, which will improve data capture but also remove duplication for clinicians in multiple reporting systems.
- 4.2 The Trust now routinely uses Doccla medical devices. Their clinical monitoring services provide continuous oversight, ensuring that any signs of deterioration are swiftly identified and managed. The service provides real-time monitoring and alerting, whilst reducing the clinical burden on healthcare teams.
- 4.3 The transition to InPhase as the incident reporting system now enables community health system to more easily report incidents and learn, as the platform is web-based and more easily accessible when away from a Trust site.
- 4.4 Work is underway on digitising the new Purpose-T tool (pressure ulcer risk assessment tool, which will replace the Waterlow assessment). This was released from NHS England as a paper tool and is being digitised internally. ELFT is coordinating with NEL and BLMK partners to introduce this in ELFT across three different electronic clinical systems.
- 4.5 Individual teams are also using digital solutions to support their work. A great example of this is the MSK team in Newham who have been testing the 'Getting You Better' app. The app delivers evidence-based support for new, recurrent, and long-term MSK injuries and conditions, including the physical, mental, societal, work, economic, and behavioural components of recovery and wellbeing. It is

designed to help patients easily develop the knowledge, skills, and guidance to self-manage. The test has proven successful.

- 4.6 Of course, the digital opportunities are vast, and the technologies never stand still. Focus for development during 2025/26 is being confirmed, but will include:

- Extending the capability for point-of-care testing
- Extending the use of digital scheduling tools to improve efficiency
- Formal review of the electronic patient record system in London as it is not meeting the directorate's needs and other options are available to be explored

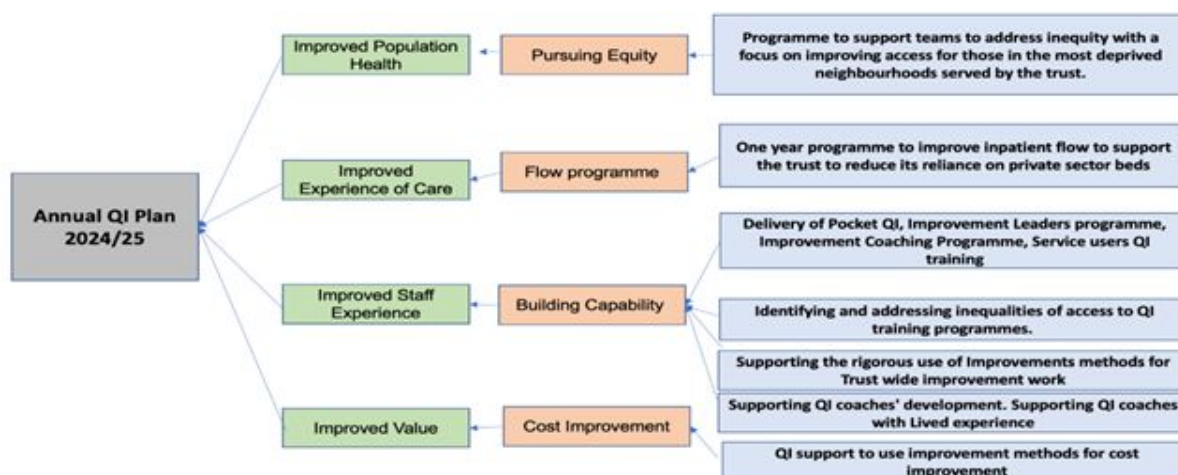
5.0 Challenges in the year ahead

- 5.1 Community Health Services are in the process of finalising their annual plans for the coming year. The continuing work in support of the three shifts will be a feature of those plans, and priorities already emerging are:

- Accelerating and delivering on integrated care delivery at place, through the developing Neighbourhood Model
- Care pathway redesign, improved system flow and reduced waiting times
- Further promotion of self-management
- Increased focus on prevention and the addressing of health inequalities
- Continued digital innovation, including automation
- Developing of data systems and metrics for more effective analytics, and to further understanding of outcomes for patients, and impact on the wider system

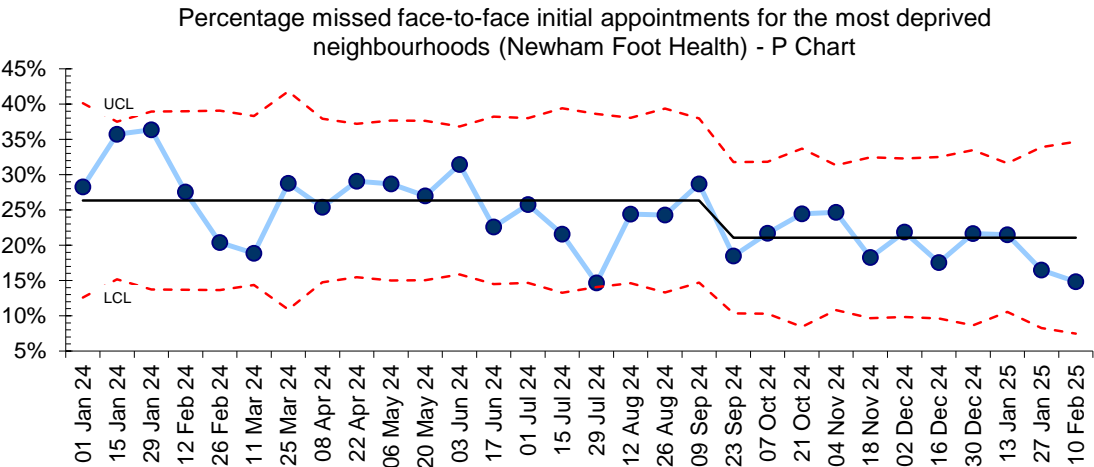
6. Quality Improvement

- 6.1 The 24-25 Quality Improvement (QI) plan at ELFT is designed to support delivery of the organisation's strategic objectives to improve population health, improve service user and staff experience and to improve value across the Trust.



7. Improved Population Health

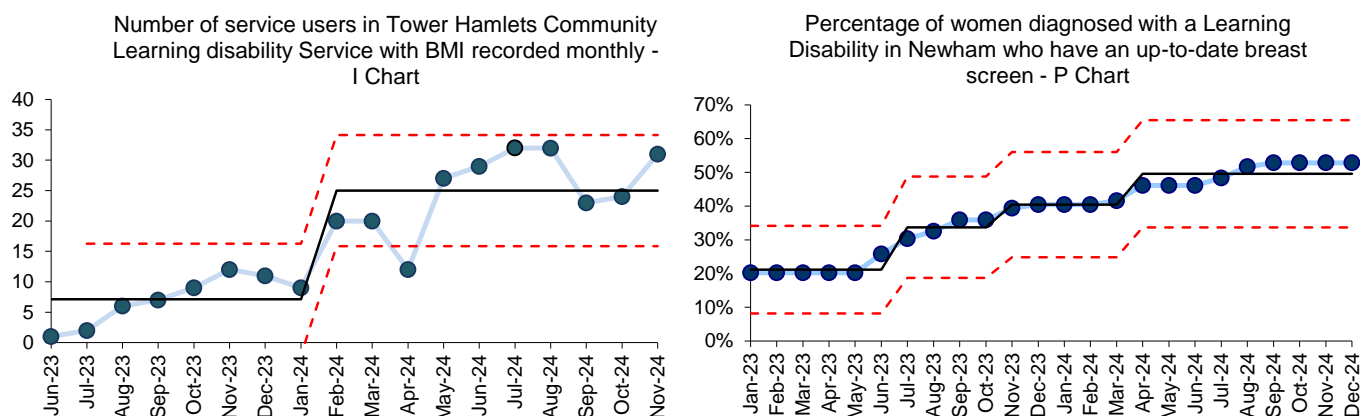
- 7.1 31 teams are focusing on reducing missed appointments as part of the Pursuing Equity programme, six of which have already seen a sustained reduction. Of the remaining 25 teams, 20 are actively testing change ideas, with an additional five developing their first idea to test.
- 7.2 The Newham Foot Health service have reduced missed face-to-face appointments for people from the most deprived neighbourhoods from 27% to 22%. The team have tested calling service users to book in future appointments to ensure that appointment times are suitable and have also sent text message reminders.



- 7.3. The Data and Analytics team has developed a predictive tool to identify patients most likely to miss an appointment in an upcoming clinic, utilising Microsoft’s data science capabilities. Integrated into Microsoft Power BI, the tool analyses various factors, such as service user demographics, attendance history, and appointment details (e.g., time and day of the week), to predict which clinic appointments are likely to be missed. This allows the team to proactively contact the patients most likely to miss their appointment, and find ways to engage, encourage and support them to attend. Currently, two teams (Newham Foot Health and City and Hackney London Fields neighbourhood mental health team) are testing the model, which is built on a dataset derived from each service's data over the past two years. Two additional teams (Tower Hamlets Bethnal Green neighbourhood mental health team and Community Health Newham Diabetes) will begin testing the tool in March 2025.
- 7.4 Next steps for the Pursuing Equity programme involve supporting teams in fostering active community involvement in developing change ideas, ensuring that these changes are relevant and meet the needs of the population. Finance colleagues are in the process of developing a model to assess the financial impact of the work.
- 7.5 In addition to the Pursuing Equity programme, 30 teams across the trust are using QI to support ELFT’s priority of improving population health. Two of these have been

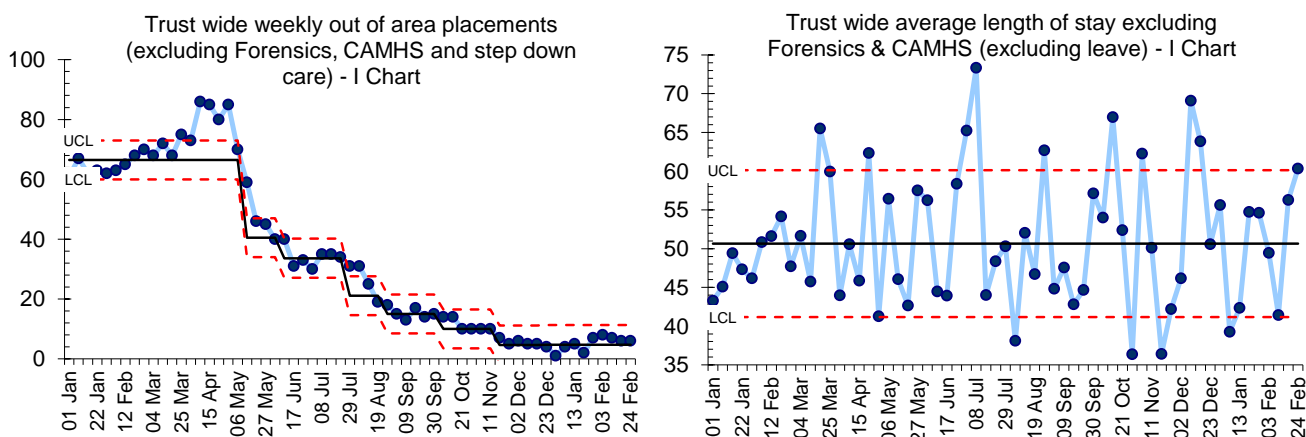
focusing on improving physical health for those with learning disabilities (LD). The Newham LD team increased breast screening uptake for women from 21% to 50%. They tested change ideas including improved data sharing, easy-read materials, and a breast awareness video. The team also collaborated with the Royal Free NHS Trust Breast Clinic to create a tailored pathway.

- 7.6 In Tower Hamlets, the community LD team have used QI to improve weight management for service users. Through testing ideas including a wellbeing journal, a weight monitoring machine, and a nutrition training program for staff, the number of service users with a recorded Body Mass Index (BMI) increased from 7 to 25 each month. Staff also reported greater confidence in supporting clients across seven nutrition domains.

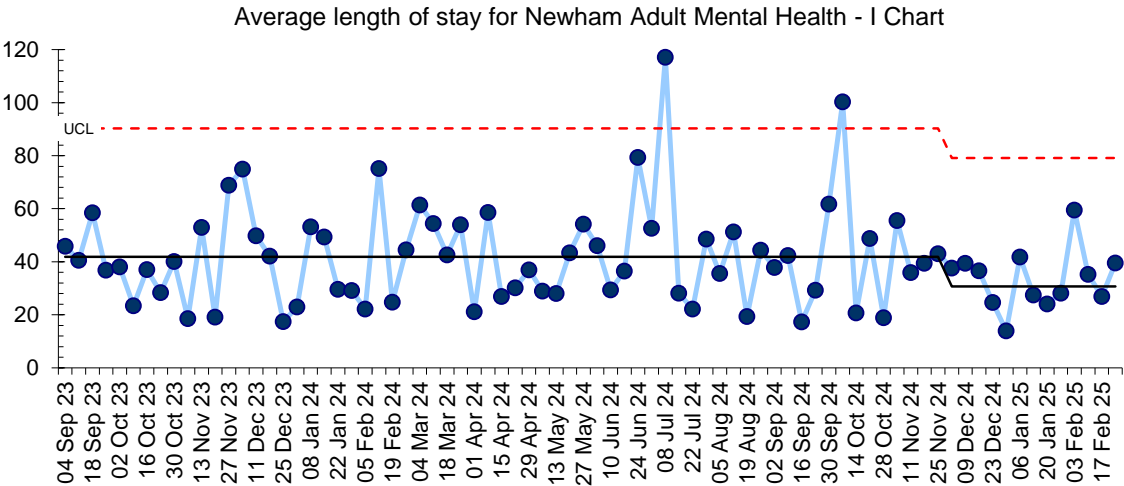


8. Improved Experience of Care – Flow Programme

- 8.1 The flow programme is aimed at reducing out-of-area placements and length of stay on inpatient wards. Across the trust there has been a further reduction in out of area placements to an average of 4 each week.



8.2 Although we are not yet seeing an aggregate reduction in length of stay across the Trust, this is predicted to be achieved in coming months, as we are already seeing reductions at ward level and unit level. In Newham adult mental health, there have been several improvements in length of stay - a 27% reduction (42 to 31 days) across all wards, and a 34% reduction (72 to 48 days) across acute wards. In Tower Hamlets, Cazaubon ward, an older adult dementia unit, has reduced length of stay by 43% (118 to 69 days). Ruth Seifert Ward in City and Hackney has reduced length of stay by 56% (66 to 26 days). In Bedfordshire and Luton, Willow Ward has seen a 57% reduction in length of stay (52 to 22 days).



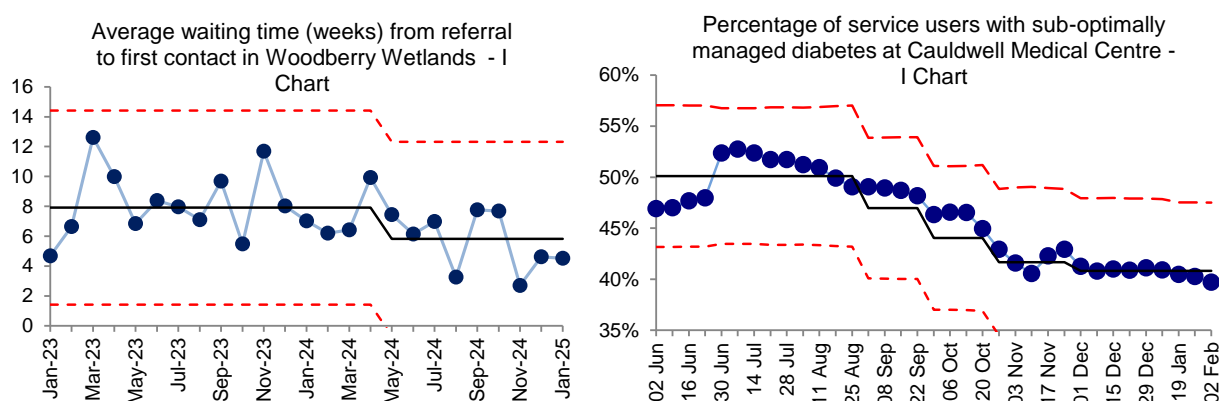
8.3 Next steps are to support the implementation of successful change ideas. Teams have been developing Standard Operating Procedures to describe new standard work for managing flow, specifying where this will be monitored at team, unit and directorate level. These will be integrated into the Trust’s admissions, transfers and discharge policies to reflect changes to practice. A new RiO form to record step-up and step-down bed usage is now operational, with the data being integrated into PowerBi to enable ongoing monitoring of patient flow across the system.

9. Improved Staff Experience

9.1 Day 3 of the Improvement Leaders’ Programme (ILP) was held in February 2025. The session helped participants explore how to use data over time, develop effective change ideas, and incorporate generative AI to support their work. There are over 200 staff and service users on ILP, undertaking 81 projects, all aligned to the Trust’s strategic priorities. By this stage of the programme, teams are expected to be focusing on developing and testing their ideas, with 50% already in the testing phase. Each project has support from a QI coach from the local directorate, and a senior leader as sponsor. 14 projects are currently demonstrating improvement.

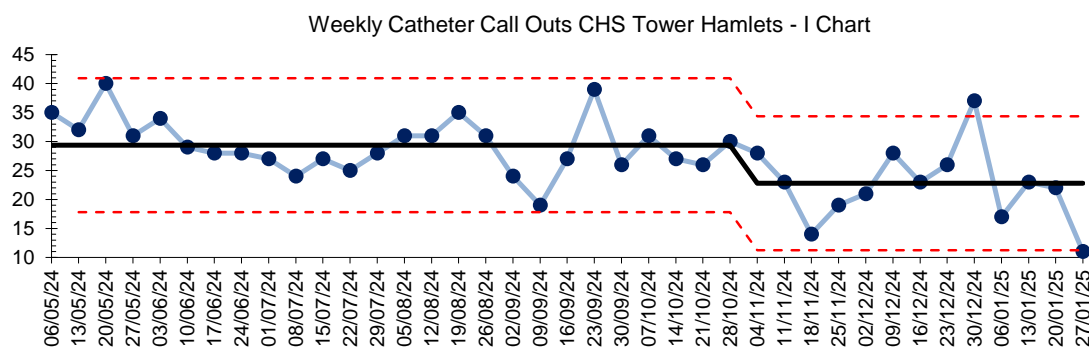
9.2 Woodberry Wetlands neighbourhood mental health team in City and Hackney has reduced the waiting time from referral to first contact by 25%, from 7.9 weeks to 5.8 weeks. Key ideas tested include adding breach dates to referral lists, improved allocation communications amongst the team, changes to the non-attendance policy and the use of text messages to remind patients of appointments.

9.3 Cauldwell Medical Centre in Bedfordshire is using QI to enhance diabetes management. Change ideas tested include translating blood test letters, introducing a new patient survey, and modifying the patient pathway. As a result of the work, the percentage of patients with sub-optimally managed diabetes decreased from 50% to 42%, and the number of patients with high blood glucose but undiagnosed diabetes dropped from 53 to 43 each week.



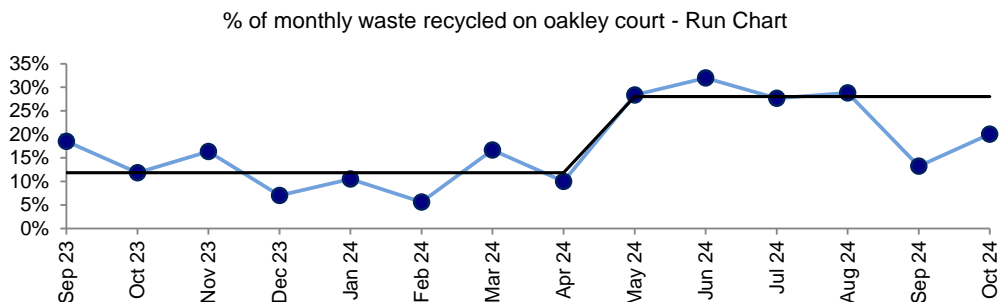
10. Improved Value

10.1 In Tower Hamlets Community Health Services, a team has been focused on reducing callouts related to catheter issues. Several change ideas have been tested, including conducting constipation assessments, identifying patients with frequent catheter blockages, and holding complex case discussions with the Barts Health Bladder and Bowel lead. As a result, weekly callouts have decreased by 23%, from 29 to 22, saving over 10 hours of staff time each week.



10.2 Oakley Court, an inpatient ward in Bedfordshire and Luton, has been working with service users to improve sustainability by increasing the percentage of items

recycled from 11.9% to 28%. The team have streamlined recycling bins, increased recycling signage, trialled education on recycling for staff and service users, and created a project board to share the work visually in a public place.



11. Action Being Requested

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

Performance report

March 2025

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REPORT TO THE TRUST BOARD IN PUBLIC

March 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?

Bed occupancy remains challenging across inpatient services, but the number of service users in private out-of-area placements has reduced to an average of 4 across the Trust. The number of service users clinically ready for discharge was 86 at the end of January, from a peak of 173, which in turn is enabling wider system flow and access to emergency & urgent care. In addition, in some parts of the Trust, we are seeing a reduction in average length of stay, which is encouraging.

The rate of restraints has returned to normal levels since January, following an increase over the previous two months, decreasing from 16 to 13 per 1,000 bed days. This is partly due to the successful discharge of a few complex service users that accounted for most of the incidents in November and December.

The number of pressure ulcers continues to remain stable, with an average of 143 cases per month. The rate of incidents of violence and aggression in inpatient services has continued to decline, reaching an average of 4.3 per 1,000 bed days in January.

72% of service users in Talking Therapies achieved reliable improvement in February, surpassing the national target (67%).

Access to perinatal services continues to increase in line with Long Term Plan aspirations. Perinatal outcomes for service users have continued to increase over the past six months, rising from 41% in May 2024 to 56% in February 2025.

Early Intervention Services continue to outperform against the national target (60%) of initiating treatment within 2 weeks, achieving 78% in February. The most notable improvements have been observed in Tower Hamlets, where a staff refresher training program has ensured that clinicians are aware of best practices and policies.

The percentage of service users reporting feeling more involved in their care increased unusually from 84% in January to 87% in February.

Waiting times in City & Hackney's neighbourhood mental health teams have improved, with first appointment waits reduced from 12 weeks to 6.8 weeks, driven by a 50% reduction in missed appointments.

Community Health Services are seeing 92% of urgent referrals within 2 hours, well above the national target of 80%.

What's of concern?

The overall waiting list for assessment is relatively stable across the Trust, with a large proportion of this related to ADHD and autism. Work is underway to integrate parts of the pathway for both ADHD and autism assessment. Newham is integrating the peer support offer. Recovery colleges now provide various courses to support people on these waiting lists. The effectiveness of the QbTest is being evaluated, with initial feedback being positive. A further idea of opening up talking therapies groups to those waiting for ADHD assessment is being explored.

5056 adults have been waiting over 52 weeks for mental health assessment, which includes 3119 for adult autism and ADHD. CAMHS waiting lists have also increased, rising from 1815 in January to 1948 in February. This is mainly related to the growing demand for Newham's Emotional & Behavioural and Neurodevelopmental services. Service users have reported frustration over limited access to information while waiting, prompting the development of clearer information on the website.

Staffing shortages in Bedfordshire's MSK and SCYPS ASD services have seen the waiting lists grow, particularly following the departure of Bedfordshire's MSK admin lead.

What's worth watching?

The percentage of incidents resulting in harm saw an unusual increase in January, rising from 36% to 39%. However, this returned to normal levels in February (35%). The increase in January was primarily related to a rise in planned deaths across several teams in Bedfordshire community health services, particularly those on the end-of-life pathway. There was also a small increase in moderate harm incidents related to violence and aggression.

The proportion of service users followed up within 72 hours of discharge decreased from 81% to 75% in February, primarily related to reduced performance in Tower Hamlets and City & Hackney.

The percentage of service users satisfied with their experience of care increased in January to 85%, but then fell in February to 75%. The decrease in February was largely related to a marked reduction in satisfaction in our primary care services.

The inequity section of this report focuses on the variation in quality of life between men and women, as recorded through Dialog outcome scores, and highlights initiatives designed to improve satisfaction with different quality of life domains amongst women.

REPORT TO THE TRUST BOARD IN PUBLIC

March 2025

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

Improved service user experience	<input checked="" type="checkbox"/>	The performance report assures the Board on performance of the organisation, through the tracking of organisational metrics that align with three of the four strategic objectives. Measures on staff experience are contained within the Board People report.
Improved health of the communities we serve	<input checked="" type="checkbox"/>	
Improved staff experience	<input checked="" type="checkbox"/>	
Improved value for money	<input checked="" type="checkbox"/>	

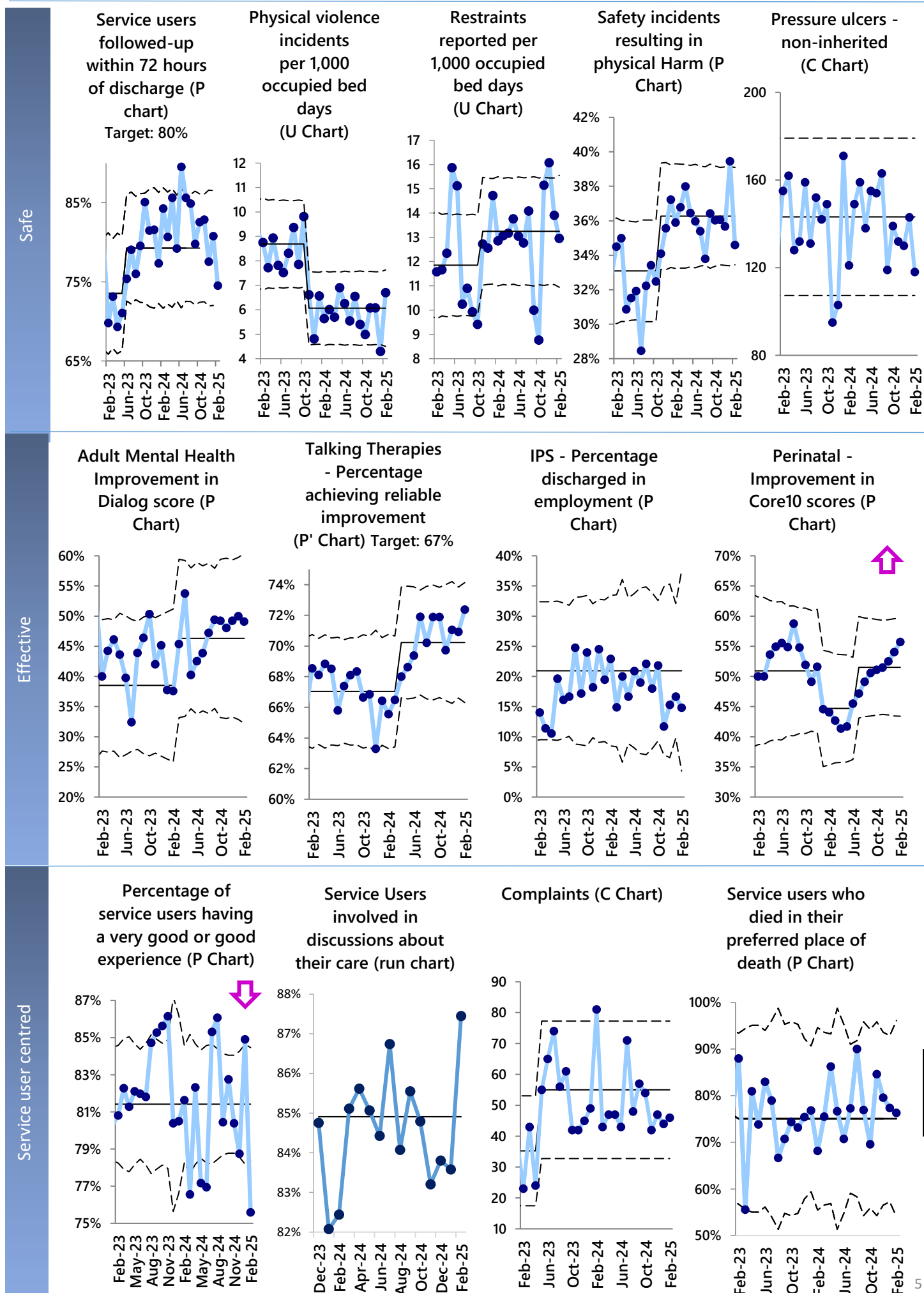
Committees/meetings where this item has been considered

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

Impact	Update/detail
Equality Analysis	Some of the metrics in this report are designed to improve equalities by ensuring access to services and good outcomes. Analysis of the experience of different groups is undertaken as part of the Trust's inequalities work stream and population health task and finish group.
Risk and Assurance	This report covers performance for the period to the end of February 2025 (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 (↗↘)

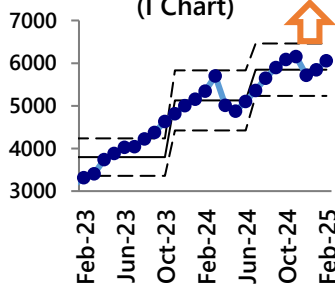


Performance Dashboard

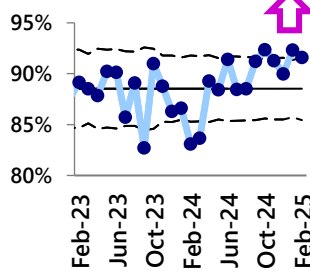
Special cause variation (↑↓) and when it's of potential concern (↑↓)

Timely

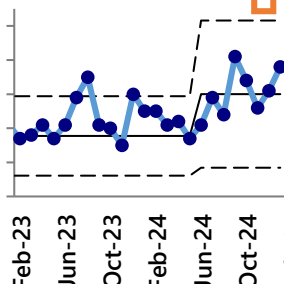
Service Users
Referred to ELFT and
not seen within 52
weeks by any service
(I Chart)



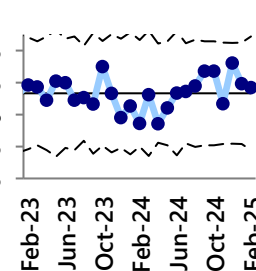
Rapid Response seen
within 2 hour
(P Chart)
Target 70%



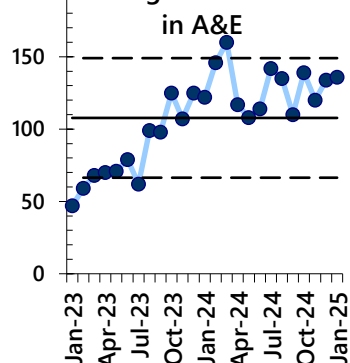
Waiting time for
treatment (days) for
Children and Young
people (I Chart)



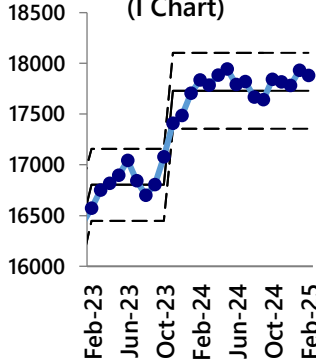
Early intervention
treatment started
within 2 weeks
(P Chart) Target 60%



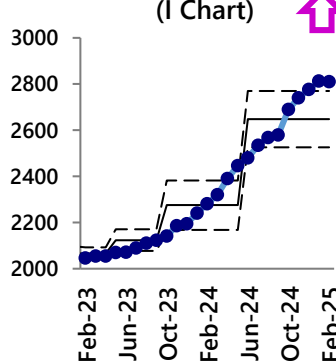
Number of patients
waiting over 12 hours
in A&E



CAMHS Access Rate
(I Chart)

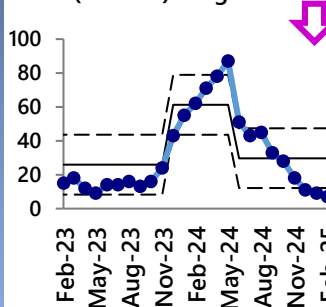


Perinatal Access Rate
(rolling 12 months)
(I Chart)

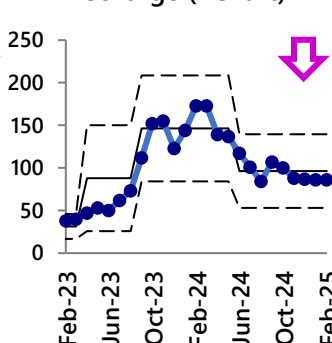


Efficient

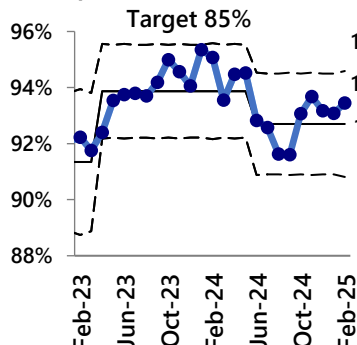
Private Inpatient
Placements
(I Chart) Target: 0



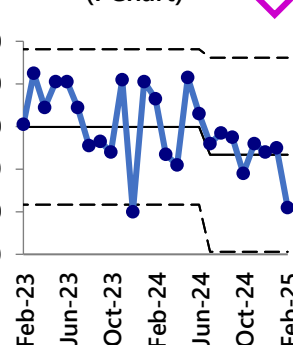
Clinically Ready for
Discharge (I Chart)



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

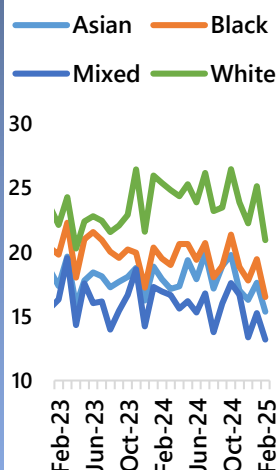


IPS Referrals
(I Chart)

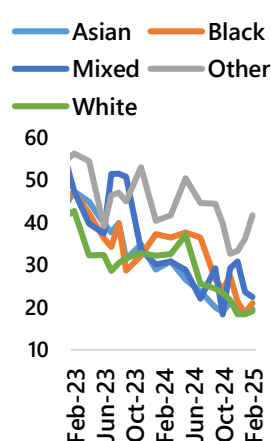


Equitable

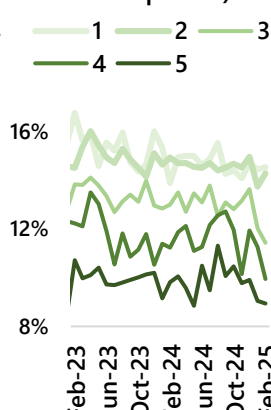
Referrals by
ethnic group,
per 1,000
population.



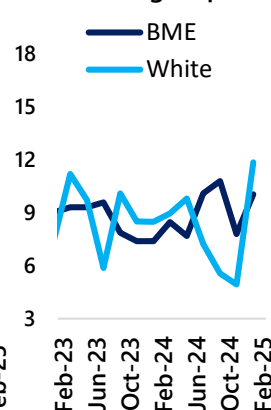
Average wait
(days) for
community
mental health
assessment



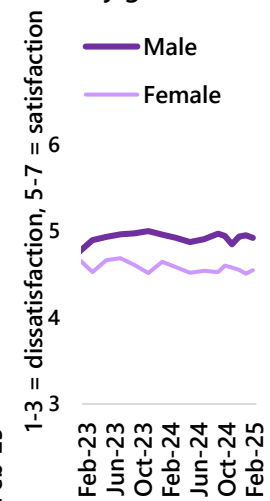
Non-attendance
at mental health
appointment (1
= most
deprived, 5 =
least deprived)



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



Average Dialog
score at review,
by gender



Commentary

Safe

After two months of elevated rates of restraint, this has now returned to normal levels in January and February. This is partly due to the successful discharge of a small number of complex service users that accounted for most of the incidents and the establishment of more effective care plans. Across the Trust, the Use of Force strategic group leads a range of initiatives to minimise the use of restrictive practices. For example, staff have undergone training in de-escalation techniques and trauma-informed care, equipping them with the skills to manage challenging behaviours more effectively. Policy revisions have been implemented to ensure that restraints are used only in the most extreme cases, with a strong emphasis on respecting patient rights and dignity. Alternative interventions, such as sensory rooms, calming activities, and personalised care plans, have been introduced to address the needs of individuals in distress more holistically. Enhanced monitoring and reporting systems have been established to track the use of restraints in each ward through local safety huddles. Additionally, the involvement of service users in their care planning ensures that their preferences and needs are better respected.

The percentage of service users followed up within 72 hours of discharge has decreased from 81% to 75%. Performance in Tower Hamlets and City & Hackney contributed most to this reduction. In Tower Hamlets, multiple attempts continue to be made to contact service users, and some were contacted on the fourth day post-discharge. The importance of 72-hour follow-ups is reinforced in ward and unit huddles and performance meetings. In City & Hackney, the wards are exploring using Personal Health Budgets to procure mobile phones for service users who do not have one, to help facilitate follow-up contact and ongoing communication with community teams.

January saw an unusually high proportion of incidents resulting in harm, rising to 39% compared to the average of 36%. This had reduced back to normal levels in February. The increase in January was partly attributed to a rise in deaths, particularly planned deaths within palliative care services, rapid response, district nursing and intermediate care teams across Bedfordshire. Over the last six months, 88% of all deaths reported were planned, averaging 138 per month. In January, planned deaths increased to 145. Within this number, 9 cases were actually from previous months but retrospectively reported after recent notification from the GP or partner organisations. At the end of 2023, the national incident reporting classification underwent a change, resulting in the removal of the category 'death (not caused by a patient safety incident).' As a result, planned deaths, such as those occurring in end-of-life care or due to other acute medical conditions, are now included in safety data to offer a comprehensive view of patient outcomes. Some of these deaths took place in the patient's home, acute hospitals, or nursing homes. By reporting all of these deaths, we are able to review all the cases and identify any trends or learning.

Within the increase in incidents resulting in harm was a small rise in cases of moderate harm incidents linked to violence and aggression by service users toward staff, as well as safeguarding concerns. The de-escalation training and trauma-informed care training help manage high-risk situations on the wards. Teams are also reviewing staffing levels during peak times to enhance safety for both staff and service users.

Additionally, staff affected by such incidents are provided with regular debriefing sessions and mental health support. It's important to note that while moderate harm incidents related to violence and aggression have risen, these figures only include cases where harm occurred. The overall rate of violence and aggression, which includes incidents that did not result in harm, has continued to decline, reaching an average of 4.3 per 1,000 bed days in January. The average number of pressure ulcers across community health services remains stable at around 143 cases per month. To ensure that 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.

Effective

In February, 49% of service users across adult & older adult mental health services reported an improvement in their quality of life. This is based on measuring the change in the 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, and further information is available in the equity section of this report.

Talking Therapies services consistently surpass the national 67% target for reliable improvement, achieving 72% in February. Bedfordshire Talking Therapies has seen the greatest gains in service users completing treatment and achieving reliable recovery. Some reasons for this are clinicians' flexibility in offering more treatment options. This includes the expansion of digital and remote therapy options. This has increased the availability of guided self-help modules, online CBT, and video consultations, allowing more patients to complete treatment successfully.

To ensure treatments are effective and meet the needs of different communities, the service is running quality improvement projects focusing on improving the experience of service users from communities with lower outcome scores and access, particularly those from South Asian communities.

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 2908 and 2583 year-to-date. Perinatal services are working to improve access through community outreach initiatives to raise awareness of the available support for service users. The service offers flexibility in their appointments, combining face-to-face appointments with virtual appointments, ensuring that patients are seen in a timely manner.

The latest perinatal outcomes data highlights a further increase in service user outcomes, with 56% of service users showing measurable improvement. This positive trend is primarily driven by focusing on staff training and enhanced supervision practices, which have helped ensure consistent use of the Core-10 outcome survey.

Service User Centred

In January, the percentage of service users satisfied with their experience of care rose to 85%, up from 79%. SCYPS (Specialist Children and Young People's Services) and community health services continue to maintain the highest satisfaction levels, with most teams exceeding 90%. In January, there was a notable rise in satisfaction in Newham mental health and learning disability services (95%).

February, however, saw a decline in overall patient satisfaction, falling from 85% to 75%. This drop was primarily attributed to a sharp decrease in satisfaction within primary care services (a fall from 81% to 54%). The key concerns related to access and the timely dispensing of repeat prescriptions. A new clinical triage process has been introduced to increase appointment capacity and improve the booking process, ensuring patients are directed to the most suitable healthcare professional for their needs. Additionally, a review of clinical and administrative roles has released capacity, allowing for more appointments and better management of repeat prescriptions. Additionally, anecdotal feedback suggests that the recent communication to patients about the change in management of our primary care practices in Outer North East London and Bedfordshire & Luton may have also contributed to the decline in satisfaction. The primary care leadership team is actively engaging with service users to ensure a smooth transition, with support from corporate services.

In February, there was an increase in the percentage of service users feeling more involved in their care, especially within adult mental health services. Teams have noted that staff and peer support workers are playing a key role in fostering this engagement by gathering feedback, distributing paper surveys, and engaging in discussions, which helps service users feel heard and valued. This feedback is actively driving improvements in community services, particularly within neighbourhood-based mental health teams, crisis services, and learning disability services. A major focus has been on enhancing responsiveness, a priority for all teams. For instance, community teams are working to follow-up after discharge by strengthening communication, simplifying care transitions, and ensuring timely support to prevent relapse and maintain continuity of care.

In community health services, teams have been testing innovative ways to gather feedback, such as using QR codes and encouraging greater engagement from service users in shaping and improving services.

To support teams to use the service user feedback, PowerBI includes natural language processing to enable rapid access to themes and sentiment analysis, as well as being able to drill into the verbatim feedback.

The number of complaints has remained stable, with an average of 55 reported monthly. Primary issues revolve around staff attitude, communication, clinical care, and waiting times. These concerns and specific examples are routinely communicated to directorate teams and tackled through initiatives such as staff training, learning sessions, and strategies to reduce waiting lists.

Timely

Early Intervention Services (EIS) continue to exceed the national goal of ensuring that 60% of service users are commencing treatment within two weeks, achieving 78% in February. Improvements have been seen mainly in Tower Hamlets, where the service has been providing refresher training for staff over the past 4 months to ensure they remain up to date with best practice. To reduce delays related to manual data entry on clinical systems, a digital working group is exploring an automated solution for blood results to be shared with clinicians over the next 6 months.

Across the Trust, 5056 patients across adult mental health services have been waiting over 52 weeks to be seen for assessment. 3119 of this group are waiting for adult Autism and ADHD services. A Trustwide review of this group is underway, with plans to send an e-mail or text message in the next month to all patients currently waiting for an assessment. This will help understand their needs in order to prioritise the waiting list appropriately. Many service users may also have arranged a private assessment, given the long NHS waiting lists for assessment, and therefore may no longer need to remain on the waiting list.

Waiting lists across the Trust have increased by 210 since last month and the majority of this increase is due to the City & Hackney ADHD service. In City & Hackney, to manage the growing waiting list for ADHD assessment, the service is looking at opportunities to develop a single approach to neurodiversity. A QI project is underway to merge ADHD and Autism triage and assessment pathways, which will help the service reduce duplication and improve patient experience. It is estimated that 30% of service users have both conditions, and this change would help meet their needs more effectively. Change ideas to integrate and merge the triage and screening processes across the two services are currently moving into the testing phase.

An evaluation report is being drafted to assess the impact of the QbTest within the Trust. Feedback from 27 clinicians indicates that 73% found the QbTest score to be consistent with their assessment outcomes, while 64% reported that it was effective in guiding decisions and improving their understanding of service user symptoms. Additionally, 83% agreed that it was a productive use of service user time. Service users also provided positive feedback. From a total of 120 service users, 25 respondents completed the survey. From this, 91% stated that the experience was helpful. 78% felt that the test helped them understand how clinicians reached their diagnosis, and 74% said it improved their understanding of their own symptoms. Overall, the team is keen to continue the QbTest, having observed its benefits, subject to funding availability.

Newham Autism Service is continuing to develop an integrated peer support offer in collaboration with the ADHD service. Classes and courses have been set up in the community, including cooking and gardening classes, to promote self-help techniques and practical strategies for coping with ADHD and Autism.

Beyond our ADHD and Autism services working closer together, these teams are also collaborating with other partners, including the Recovery Colleges, Talking Therapies and Primary Care. In the Tower Hamlets ADHD service, work is underway with the communications team to scope the development of a GP ADHD portal, which would help signpost patients to additional support that doesn't require a diagnosis. City & Hackney has agreed with primary care colleagues and the ICB to shift medication reviews away from the ADHD service to primary care, freeing up capacity for more assessments. Additional support to service users is also being provided through the Recovery College. All of the Recovery Colleges now have ADHD and/or Autism-specific courses that have been made available to service users on the waiting list. This includes the "Thriving with ADHD" and "ADHD and Me" courses in Luton & Bedfordshire and Newham.

Discussions about collaborative working arrangements across ADHD and Talking Therapies are ongoing. The two main ideas that have been brainstormed include encouraging Cognitive Behavioural Therapy (CBT) as a form of practical support to manage core symptoms like impulsivity. Talking Therapies also offers mindfulness-based interventions to help support emotional regulation for service users with ADHD by teaching techniques to improve focus, reduce stress and increase self-awareness. Across East London, there are opportunities for some of the group therapy sessions to be opened up to patients with ADHD. The next steps involve demand and capacity analysis to identify available capacity and how much this would reduce the waiting list.

Neighbourhood mental health teams have reduced the number of people waiting for assessment and intervention. In City & Hackney, the average time for first appointments has improved from 12 weeks in July 2024 to 6.8 weeks, aided by a 50% reduction in missed appointments and ongoing quality improvement work. There has also been a reduction in service users waiting for Tower Hamlets neighbourhood mental health teams, with a longer-term plan to deliver a 24/7 community mental health model focusing on open door policies, crisis support and collaborative partnerships with social services as part of the Barnsley Street Project.

Waiting lists across CAMHS have increased from 1815 in January to 1948 in February. The increase in demand is mainly related to the Newham Emotional & Behavioral Team and Neurodevelopmental services. To better understand service user experience, a survey was conducted with 75 respondents. The key issue highlighted was limited access to information during the waiting period. In response, the team has developed a clear pathway diagram to improve transparency and provide service users with more clarity around the next steps in their care journey.

In order to address the growing waiting list, Newham CAMHS are increasing capacity in existing teams and enhancing signposting to interim support. A new "integrated front door" for children, young people and families in East Ham and Plaistow has been launched to enable a timely response to emerging emotional needs. The multi-agency team includes local authority social workers and mental health practitioners in schools to provide an initial assessment and joint plan. So far, data shows that the service reviews 50% of cases within 1 day and 97% within 4 days, which will aid timely access.

In Luton & Bedfordshire CAMHS, targeted interventions are also underway. This includes the Aspire service, a regional pilot aimed at supporting young people with eating disorders by providing intensive day and virtual care. Aspire, delivered by ELFT, helps manage waiting lists and reduce inpatient admissions by offering specialist support closer to home.

In Community Health services, 878 service users have been waiting over 52 weeks. Those waiting the longest in Bedfordshire Community Health services are within the MSK pathway and in the SCYPS Autism Spectrum Disorder (ASD) service.

Within Bedfordshire MSK, new staff members have been recruited in the South Bedfordshire team, including an acute support worker. As part of the Patient Initiated Follow-up (PIFU) pilot, a leaflet has been developed to inform patients about how they can request follow-up care when needed. In addition, team training is helping integrate MSK podiatry into assessments, helping to streamline services and make better use of available capacity.

The MSK service in Newham is tackling waiting lists by targeting missed appointments. There is an ongoing QI project across all pathways to reduce non-attendance to less than 10% by June 2025. Various ideas are currently being tested, including easier cancellations, direct booking, and flexible booking appointments. This has helped to reduce non-attendance from 20% to 17% in the last month for service users living in the most deprived neighbourhoods.

The Newham Foot Health service has also established a series of actions, including educating GPs (who send 86% of referrals) on the service's access criteria and improving incident reporting and visibility of the service. The quality report provides details on the new predictive analytics being used by Newham Foot Health. This AI-driven approach helps to identify patients at risk of missed appointments, allowing for earlier intervention.

Within the SCYPS ASD service, the main challenge is due to long-term staff absences, which have impacted waiting times. The departure of the operational admin lead has exacerbated administrative delays. Newly recruited administrative staff have joined in February, as well as a lead paediatrician specialising in autism. A "test and learn" initiative has been launched, focused on social partners and non-verbal younger children. By streamlining the assessment and diagnosis process, the goal is to shorten assessment times, enabling the team to support more children.

In February, urgent care teams in Community Health services remain stable in 2-hour access at 92%, which is higher than the national 80% target.

Efficient

In February, inpatient bed occupancy was 93%, above the Royal College of Psychiatry's recommended target of 85%. ELFT's 2024-25 annual plan includes a large-scale quality improvement programme on flow, detailed in the quality report. Key initiatives have included the expansion of step-up and step-down bed capacity, strengthening community teams to reduce A&E attendance, and more rigorous clinical decision-making within the inpatient pathway. These efforts have helped reduce the number of service users in private out-of-area placements to an average of 4. Additionally, the number of service users clinically ready for discharge was 86 at the end of February, down from a peak of 173.

Over the next few months, all boroughs will focus on improving community services and pathways to ensure that service users receive effective, preventative care to avoid relapse and crisis. This includes enhancing the role of home treatment teams, reviewing community care provision, and strengthening collaboration between healthcare providers, social services, and community organisations.

In East London, services are piloting the Trieste model to reorganise community mental health care within a number of neighbourhoods. This approach, inspired by an alternative community-based mental healthcare model operating in a region within Italy, focuses on accessible, non-stigmatising care through local hubs, multidisciplinary teams, and 24/7 crisis support. The goal is to shift from hospital-based care to early intervention and social inclusion, reducing admissions and improving outcomes. The pilot will be evaluated for potential expansion across other boroughs.

A project is currently underway in Bedfordshire and Luton, aimed at reviewing caseloads in community mental health. This has led to a reduction in the CPA (Care Programme Approach) caseload over the last 12 months, with effective interventions delivered to step-down service users to less intensive community care arrangements. In addition, Luton & Bedfordshire teams have facilitated extended escalation meetings with Luton Borough Council (LBC) to address discharge delays and have established good working relationships to solve these challenges. The business case to establish a crisis house has been submitted and plans are in place to open this Summer.

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. As highlighted in the January report, services continue to implement a range of initiatives to reduce delays and improve system flow.

Equity

The equity chart on restrictive practices shows a greater disparity between the rate of restraints for white and BME service users in the last quarter. This relates to the higher rate of restraint that was seen across the Trust in November and December 2024. As detailed in the January performance report, a small number of service users were affected by this increased rate, with frequent restraints needing to be used in order to manage challenging behaviour, administer medication or NG feeding. This small group of service users has led to the increased inequity in the use of restraints that is shown in the January 2025 data point.

The remainder of this section in the report will focus on the inequity in quality of life described by men and women, as measured by Dialog. The scores reported by women consistently average 4.5, lower than the 4.9 average reported by men. A score of 1–3 indicates dissatisfaction with services, 4 represents neutrality, and scores between 5–7 fall within the most satisfied range. The underlying data reveals that women initially report lower scores than men, but this score increases through an episode of care. In contrast, men start with a higher quality of life scores and experience a similar improvement to women, over the course of an episode of care. The greatest variation in quality of life between men and women relates to mental and physical health needs.

A number of initiatives are underway across forensic services, community mental health teams, perinatal services, autism, and learning disabilities to address these disparities. Within forensic services, the focus is on creating a more therapeutic and supportive environment. For instance, on Bow Ward, the bed configuration is being reviewed, which may lead to a reduction in the number of beds, an increased staff-to-patient ratio, and a better environment for recovery.

Forensic services have also introduced comprehensive physical and mental health screening programmes to address the health needs of individuals. These screenings, originally developed in community health services, are now being conducted on the ward.

Practical measures, such as providing sanitary pads and training staff to support women's specific needs, such as cervical smear tests, have also been implemented. Additionally, women's forums have been established to offer peer support and create a safe space for sharing experiences. The trauma-informed care (TIC) approach, which won the Nursing Times award in 2022, is key to tackling this inequity. The work focuses on understanding and addressing the impact of trauma on women in forensic settings, ensuring that care is delivered in a way that promotes healing and empowerment. Forensic services are also collaborating with community teams and Recovery Colleges to expand opportunities for women to engage in community-based activities and courses.

In Newham Learning Disabilities service, only 23% of women attend routine breast screening appointments. To improve this, changes were introduced, such as providing clear information, sending reminders, offering home or clinic-based appointments, and launching an awareness campaign. Enhanced coordination and interpreter services were also made available to increase access and improve health outcomes.

To address the gap in satisfaction with physical health, especially between men and women, recovery teams are now including regular physical health checks in care plans, focusing on cardiovascular health, diabetes, and lifestyle factors such as smoking and nutrition. This proactive approach helps identify and tackle physical health issues early, reducing long-term risks and supporting overall well-being.

In the Bedfordshire & Luton OCEAN maternity service, staff identified that women and birthing people from Black, Asian, and minority ethnic backgrounds were underrepresented. These groups often face higher risks of complications during pregnancy and childbirth, which can lead to tokophobia (fear of childbirth) in future pregnancies. To address this, a focus group for Urdu-speaking Pakistani service users has been established to understand the barriers to access and engagement with the service. The feedback from the group is being used to inform strategies to improve access to the OCEAN service, such as the creation of a joint clinic staffed by a specialist midwife and consultant obstetrician at Luton & Dunstable Hospital. This clinic will establish referral pathways from both community and hospital midwifery services, bringing trauma-informed assessments and support into standard antenatal care.

In City and Hackney, the Perinatal Service has established a quality improvement project to improve access to preconception counselling for women with Serious Mental Illness (SMI). Women with SMI are at higher risk of unplanned pregnancies, obstetric complications, and mental health relapse during the perinatal period. They often have concerns about planning a pregnancy, including the impact of their medication on fertility, foetal development, and breastfeeding. Additionally, they may have questions about maintaining physical and mental well-being during pregnancy, parenting, and the potential intergenerational transmission of mental health issues. The project aims to enhance the patient experience, address health inequalities in maternity care, and empower women to make confident decisions about their pregnancies, ultimately increasing the likelihood of healthy pregnancies and positive outcomes. Some of the ideas include staff working closely with primary care staff and GP practices to create an updated preconception referral pathway, ensuring that women with SMI are more easily referred.

In Tower Hamlets, a project is underway to increase referrals to the Tower Hamlets Autism Service (THAS) from underrepresented ethnic groups, aiming to better reflect the local population. A staff audit showed that referrals to THAS did not match the area's ethnic diversity, with Bangladeshi women particularly underrepresented. While Bangladeshi people make up 34.6% of the population, they account for only 5.33% of referrals. People with autism face higher risks of chronic physical and mental health conditions, and ethnic minority groups often experience worse health outcomes. THAS has partnered with trusted community organisations and involved community members in developing a new website, offering an easy-to-use platform to help people access the service and request support more quickly.

2025-26 Planning Guidance indicators

In this Board Report, we have revised the appendix while we await the new national oversight framework metrics. In the interim, we are giving sight to our performance against the 25-26 planning guidance priorities.

It is important to note that ELFT is not always responsible for the delivery of some of these priorities, and where indicated, our current performance represents our contribution, which is only a subset of the actual target.

As previously highlighted in this report, the availability of beds remain the primary driver of 4-hour and 12-hour breaches in emergency departments. The delays are compounded by complex assessments, intoxication cases and out-of-area presentations. Improvements have been made in reducing out of area placements to an average of 4 across the Trust.

Bedfordshire Talking Therapies service has seen the greatest gains in service users achieving reliable recovery and completed treatment (more detail in the effectiveness section of this report).

Across the Trust, access to perinatal services continues to expand in line with expectations set out by the long-term plan, with Bedfordshire notably outperforming other regions.

The percentage of service users describing their overall satisfaction with access to general practice has decreased over the past 12 months, currently 50% against a target of 70%.

Appendices

- Appendix 1 – Performance against the 2025-26 planning guidance priorities
- Appendix 2 – Operational Definitions for the Performance Dashboard

Appendix 1: Performance against the 25-26 NHS planning guidance priorities

***Note:** In this Board Report, we have shifted from the previous System Oversight Framework (SOF) to a new appendix that describes our current performance against the priorities within the 25-26 NHS planning guidance. This change has been made because the old SOF is outdated. Once the new national oversight framework metrics are published, we will consider reverting back to give the Board sight of our performance against these indicators.

Oversight Theme	Measure Name (metric)	Target	Current Performance (Jan-25)	Progress
Urgent & Emergency Care	A&E attendances and 4-hour performance	95%	82.4%	Across the Trust, 82.4% of service users are seen in 4 hours. 79.1% in Luton & Bedfordshire and 83.5% in East London Please note: This performance is based on ELFT performance only, and the data relates to people with mental health difficulties referred to our psych liaison team
	Percentage of attendances in A&E over 12 hours	100%	88.2%	Across the Trust, 88.2% of service users are seen within 12 hours. In Luton & Bedfordshire, this metric is at 89.3% and 87% in East London. Please note: This performance is based on ELFT performance only, and the data relates to people with mental health difficulties referred to our psych liaison team
Beds	Virtual Ward occupancy	n/a	NEL – 96.3% BLMK – 65.9% [ELFT is developing reporting to monitor this indicator locally]	Local reporting is currently being developed. In NEL, 367 out of the 409 virtual ward capacity is currently being used and in BLMK 224 of the 340 are occupied.
Mental Health	NHS Talking Therapies for anxiety and depression – number of adults and older adults receiving a course of treatment and those achieving reliable recovery and improvement	95% 50% % Target TBC	<u>Completed Treatment</u> Newham – 93.7% Tower Hamlets – 99.8% L&B – 100% <u>Reliable Recovery:</u> Newham – 48.5% Tower Hamlets – 48.3% L&B – 54.7% <u>Reliable Improvement</u> Newham – 68.1% Tower Hamlets – 69.7% Bedfordshire – 75.1%	Across all of the boroughs, completed treatment figures remain slightly below the borough targets, but remain stable. Reliable recovery rates and improvement rates also remain stable
	Active inappropriate adult acute mental health out of area placements	0	4	Across the Trust there are a total of 5 out of area placements. 2 of which are in Luton and 2 in Bedfordshire.
	Women accessing specialist community perinatal mental health services	4037 (by March-25)	2406	Across the Trust, there is a rolling access rate of 2406 year to date. Bedfordshire in particular is notably outperforming other regions
	Access to children and young people mental health services	TBC	17,795	The access rate in Luton & Bedfordshire continues to increase and currently stands at 8,813. In East London is remains stable at 8,668.

Appendix 1: Performance against the 25-26 NHS planning guidance priorities

Oversight Theme	Measure Name (metric)	Target	Current Performance (Jan-25)	Progress
Mental Health	Number of people accessing Individual Placement Support (IPS)	TBC	57	In recent months, there has been a drop in IPS referrals across the Trust. In Bedfordshire there were 32 referrals and across East London, 25 referrals.
	Average length of stay for adult acute beds	60 days	54 days	In the past 3 months, average length of stay has slightly declined. In Luton & Bedfordshire, the wards are averaging 63 days, and in East London, 49 days.
Learning Disability and Autism	Reliance on mental health inpatient care for people with a learning disability and autistic people	TBC	<i>[ELFT is developing reporting to monitor this indicator locally]</i>	TBC
Primary Care	Appointments in General Practice	TBC	TBC	TBC
	Improving patient experience of access to general practices	70%	50%	Across the Trust, there has been a decline in patient satisfaction with access of appointments across our GPs. In Victoria & Five Elms this is at 29%, in Upminster 42.4%, in Rainham, 19.5%. The Greenhouse, 40%, Health E1 71.3% and in the Newham Transitional Practice 80%.
Community	Urgent Community Response (UCR) referrals	80%	84%	Across the Trust, 84% of referrals are being seen within 2 hours In East London, this is at 87.5% and in Bedfordshire, 80.5%.
	Community services waiting list, over 52 weeks	0	1077	Across Community Health services, there are 1077 people waiting over 52 weeks. The majority of these are within our Bedfordshire MSK and SCYPS ASD services.
Reducing waste and improving productivity	Deliver a balanced net system financial position for 2025/26	Net Finances	£65m [income], £56m [expenditure]	The latest position across the Trust shows that our expenditure is £9m under our income.
	Agency usage and minimum 20% reduction on current spending.	0	2%	Over the past year, a lot of work has gone into reducing agency spending across the Trust. Overall, this has reduced from 9% to 2% in January 2025.
	Reduce bank usage at a minimum of 10%	10% reduction	14.9%	Bank usage across the Trust remains stable at 14.9%. Improvements have been made in Tower Hamlets MH, Forensics and Primary Care.

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 27 MARCH 2025

Title	CQC Update
Author	Ellie Parker, Head of Quality Assurance
Accountable Executive Director	Claire McKenna, Chief Nurse

Purpose of the report

The purpose of this report is to provide an update on the Trust's relationship with CQC, and inspection activity.

Committees/meetings where this item has been considered

Date	Committee/Meeting
19.02.2025	Quality Committee
03.03.2025	Quality Assurance Committee

Key messages

- In September and October 2024, a series of mock inspections were conducted to support inpatient services CQC preparations and understand quality and safety.
- There have been two recent reviews into CQC's operational effectiveness.
- In October this year, it will have been 4 years since the Trust's last Well Led inspection. As a result, we are stepping up preparations ahead of a potential Well Led inspection in 2025.

Strategic priorities this paper supports

Improved population health outcomes	<input checked="" type="checkbox"/>	Learnings from recent mock and actual CQC inspections drive improvement in patient care resulting in better outcomes.
Improved experience of care	<input checked="" type="checkbox"/>	Supporting services to improve quality and safety therefore improving service user and carer experience.
Improved staff experience	<input checked="" type="checkbox"/>	Preparation for a Well Led inspection supports staff to understand their role and impact. Close working with CQC through their period of review and change will allow for timely engagement with ELFT staff around any changes to CQC inspections
Improved value	<input checked="" type="checkbox"/>	Working collaboratively across the system with our partners and reducing the likely impact of poor care improves patient outcomes

Implications

Equality Analysis	The report has not identified any impact on equality
Risk and Assurance	The Trust has defined systems to ensure adherence to the CQC standards for delivering care; these will be reviewed in line with any changes to CQC inspection standards. This report provides assurance relating to how the Trust is preparing for CQC inspection activity.
Service User/ Carer/Staff	The focus of this report is on CQC compliance and preparation, which ensures we are providing a safe and high quality service. This positively impacts the service user, carer and staff experiences.
Financial	There are no direct financial implications associated with the report.

Quality	The report informs of CQC assessment of quality and learnings and proposed preparations aim to further support teams to understand and improve the quality of their service.
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1.0 Background/Introduction

- 1.1 The Care Quality Commission (CQC) are the regulator for health and social care in England, and work to ensure that services provide safe, effective and high quality.
- 1.2 This report aims to share updates related to CQC's related activity and preparation for inspection.

2.0 Mock Inspections for Inpatient Services

- 2.1 In September and October 2024, a series of mock inspections were conducted to support inpatient services CQC preparations and understand quality and safety. Twelve wards were inspected, by a team from a different borough/directorate which included a Lead Nurses, Matrons, members of the MDT, a Service User representative, Pharmacy and Mental Health Law colleagues.
- 2.2 Each ward was given a bespoke report highlighting areas of achievement and areas for improvement for each key question. All have been asked to return an individual action plan, of which so far 9 have completed. Various themes were identified:
- 2.3 Pharmacy themes – good practice was identified with staff observed actively engaging with patients during drug administration round, explaining what the medicines are for. There was good understanding of reporting medication incidents and the importance of learning from these and good understanding around clozapine and monitoring required with this medication. However inconsistency was identified with allergy status being checked on each new admission, T2/T3 consent to treatment and waste disposal. Following on from the mock inspection, a Pharmacy Technician checklist is in development, taking into consideration findings of the mock inspections so that pharmacy can build in some routine ward inspection parameters
- 2.4 Mental Health Law themes – there was good evidence of section 132 rights compliance, and statutory documentation including DoLS documentation was in good order. However, there was variation in accessibility of the Code of Practice, IMHA information and voluntary patients consent and capacity to consent being routinely recorded. The Mental Health Law department will be developing an informed consent to voluntary admission template form to support improvement with this.
- 2.5 Other common themes for improvement include limited MDT input (particularly psychology), a lack of meaningful activities, learning from incidents and complaints, evidence of timely and person-centred care planning and issues with the repairs to the estate, cleanliness and food. Some of these broader themes are already being addressed through other work streams such as PLACE audits, and work related to therapeutic wards, reporting to Quality Committee.

3.0 Reviews into CQC's Operational Effectiveness

- ### 3.1 There have been two recent reviews into CQC's operational effectiveness

3.2 These reviews included:

- An independent interim review conducted by Dr Penny Dash into the operational effectiveness of CQC
- A review commissioned by the board of the Care Quality Commission (CQC) to complement the report by Dr Penny Dash, looking at changes that CQC made following the publication of its new strategy in 2021 and their impact, and recommendations for the future

3.3 Both reviews identified similar themes:

- Recognition that currently the number of inspections taking place is much less than usual, and more staff need to be recruited to achieve this
- Review of Single Assessment Framework – both reviews identified that the framework needed to be reviewed. Including,
 - Consideration as to whether one-word ratings should continue
 - Definitions of what 'Outstanding', 'Good', 'Requires Improvement' and 'Inadequate' ratings look like have not been developed
 - The scoring system and evidence categories require greater transparency
- Reinstatement of relationship management arrangements with providers
- Rebuild sector specific expertise within CQC, including ensuring all Chief Inspector roles are filled and there is a return to sector-based inspection teams
- Ensure they have the right systems in place to support its regulatory activity and fox issues with regulatory platform

3.4 CQC have accepted these review findings in full. They have confirmed that they will realign the organisation around sector specific expertise, modify the single assessment framework, stop scoring evidence categories, and fix their provider portal. Local Authority assessments will continue but with improvements. Assessments of ICSs have been paused for 6 months, to free up capacity to inspect providers.

3.5 Given these reviews, and a further full review pending publication this Autumn there is uncertainty as to how CQC will operate going forwards, so it's difficult to predict the implications. However a return to our previous relationship arrangements and improved access to real-time data are welcomed, which will allow better triangulation of information. Both reviews have raised a sharp decrease in the number of inspections that have taken place in the last year, and it is expected for these to increase. ELFT was last inspected in February 2023.

4.0 Rapid review of Nottinghamshire Healthcare NHS Foundation Trust

4.1 Following the conviction of Valdo Calocane in January 2024 of three homicides, CQC was commissioned to carry out a rapid review of Nottinghamshire Healthcare NHS Foundation Trust (NHFT) under section 48 of the Health and Social Care Act 2008

4.2 Whilst many of the recommendations were specific to NHFT, there were also system-wide recommendations. CQC also responded to the findings of the review by stating there would be an in depth look at the standard of quality of care in community mental health teams (CMHTs) across the country.

4.3 Consequently, all mental health trusts were subsequently asked to provide details of all the locations of their CMHTs and provide details of how their Trust boards had:

- Reflected on the issues and recommendations identified in the review

- Self-assessed and/or audited community mental health services,
- Identified areas for improvement in quality of care, patient safety, public safety and staff experience
- Put in place, or are putting in place, action plans and timescales to address the areas for improvement.

4.4 This information has been submitted by ELFT, with updates in relation to action plans being reported to quality committee. The board quality report gave an overview of actions being taken for assurance.

5.0 Well Led Preparation

5.1 In October this year, it will have been 4 years since the Trust's last Well Led inspection. As a result, we are stepping up preparations ahead of a potential Well Led inspection in 2025.

5.2 At Board level this will include board development sessions, and collaborating with colleagues at North East London NHS Foundation Trust to do a series of mock interviews (e.g. ELFT COO interviews NELFT COO, and vice versa). Themes and learning will be then shared back to Board for consideration. This will be supplemented by a desktop review completed by Director for Corporate Governance. A session focused sharing key information to date will be held for new non-executive directors in April.

5.3 For leaders of corporate services who may be likely to be interviewed as part of a Well Led inspection, interviews with Chief Nurse and the responsible Executive Director will be scheduled to discuss areas of achievement and challenges, and how challenges are being addressed and mitigated.

5.4 Finally, 'Know your Service' sessions will be cascaded for throughout the organisation, to support local leaders to be readiness for inspection within their service.

6.0 Action Being Requested

6.1 The Board is asked to:

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



REPORT TO THE TRUST BOARD
27 March 2025

Title	EDI Annual Report 2024
Author	Juliana Ansah, Head of Equity Diversity and Inclusion
Accountable Executive Director	Claire McKenna, Chief Nurse, Tanya Carter, Chief People Officer

Purpose of the report

<p>This report contains a summary of Equality, Diversity, and Inclusion (EDI) practices across East London NHS Foundation Trust (ELFT), from January 2024 to December 2024 in line with our strategic aims to ‘identify and remove systematic barriers, and to develop a wider understanding of intersectionality’.</p> <p>This report highlights how the Trust is working to tackle inequality and to improve the experience of patients, service users, carers, and staff. The Trust remains active in promoting equality of access, experience and outcomes for people who use our services, their carers, and our workforce. We understand that everybody’s journey through life is unique and individual, and value the importance of diversity and inclusion across our services, our workforce, and the wider community. As part of this, we see the important role we can play as an employer, as a purchaser of services and as a key player in local partnerships to make the places we support healthier and fairer for all.</p> <p>In this reporting cycle the Trust have highlighted areas of progress across the three focus areas:</p> <ul style="list-style-type: none">1 – Population Health;2 – Patient Access and Outcomes;3 – Improving Staff Experience. <p>This is the second of two linked reports. The first report is the 2024 Population Health report which details Focus 1: The Population Health report sets out key areas of progress over the past two years following the Trust’s strategic commitment to improving population health.</p> <p>This report evidences the Trust's commitment to fulfilling its obligations under the Public Sector Equality Duty.</p>

Committees/meetings where this item has been considered

Date	Committee/Meeting
March 2025	Quality Assurance Committee
March 2025	People and Culture Committee

Key messages

The annual equality report now has three focus areas that will continue to be monitored and reported on in future reports. This allows us to maintain a structured approach to tracking progress and identifying areas for improvement in our equality, diversity, and inclusion initiatives. By consistently monitoring these key areas, we can ensure accountability, transparency, and ongoing commitment to fostering a more inclusive and equitable environment for all.

Commitment to Anti-Racism and Accountability

ELFT's ongoing anti-racism workshops, collaboration on the North East London ICS Anti-Racism Strategy, and transparent reporting on WRES metrics reflect the Trust's dedication to creating a truly equitable and inclusive workplace.

Pursuing Equity QI Programme

Launched in May 2024, this Trust-wide initiative aims to reduce missed appointments by 10% for people from the most deprived communities. Supported by 31 teams, the programme uses data dashboards to track progress by ethnicity, gender, age, and deprivation. Early results show six teams already reducing missed appointments.

Translation and Interpretation Services

In 2024, the Trust achieved a 100% fulfilment rate for translations and 96% for spoken and non-spoken languages, meeting our legal obligations under the Equality Act 2010. The highest demand was for Urdu, Bengali, Arabic, Farsi, and Spanish, ensuring equitable access for diverse communities.

Improving Physical Accessibility

ELFT is leading several accessibility projects, including a clinical-led signage audit, enhanced disabled parking at key sites, and the co-production of an Accessibility Checklist with service users. Additionally, targeted improvements at sites like Fountains Court and the Perinatal Team Base aim to remove physical barriers to care.

Patient and Carers Race Equality Framework (PCREF)

ELFT has established a governance structure for PCREF, with Claire McKenna, Chief Nurse, as the PCREF Executive Lead and Juliana Ansah as the Trust-wide PCREF Strategic Lead. The PCREF Steering Group, co-chaired by a clinical director and a service user, provides strategic oversight and monitors progress across directorates.

In line with standardised reporting we continue to use the term BME which is in statutory reporting. In other parts of the report, more inclusive terms such as 'racialised groups' and 'global majority' are used. In 2024, 55% of restraint incidents involved BME service users, despite making up 38% of inpatients, showing a reduction from 60% in 2022, but highlighting ongoing racial disparities that ELFT is addressing through Cultural Competence Training, the Restrictive Practice Task and Finish Group, and lived experience sessions to foster equitable and trauma-informed care.

Workforce Race Equality Standard (WRES) 2024

With 57% of the workforce identifying as BME, ELFT exceeds the national NHS average. Positive improvements include increased BME representation across most bands and a reduction in disciplinary disparities. However, challenges remain in closing the leadership gap at senior levels (Band 8c-VSM). ELFT is in the top 15% nationally for equal opportunities for career progression, likelihood of appointment from shortlisting, and access to non-mandatory training. However, BME staff remain overrepresented in lower bands and are still twice as likely to enter formal disciplinary processes compared to White staff.

Priorities include achieving equity in disciplinary processes by 2025, expanding leadership development for BME staff, and launching anti-racism campaigns to tackle harassment and bullying. Enhanced manager training and improved reporting systems will support these efforts.

Workforce Disability Equality Standard (WDES)
ELFT's 2024 WDES data highlights improvements in disability representation, workplace adjustments, and reduced disparities in capability processes. 7.5% of ELFT staff declared a disability in 2024, up from 7.3% in 2023, with a target to reach 10% by April 2025. However, challenges remain in recruitment equity and addressing harassment from patients and the public.
As a Level 2 Disability Confident Employer, ELFT is committed to increasing disability declarations to 10% by 2025, enhancing reasonable adjustments, and fostering an inclusive culture where Disabled staff can thrive.

Pay Gap Reporting
Gender: ELFT's mean gender pay gap narrowed from 12% in 2020 to 7% in 2023, with the median gap reducing from 6% to 1% in 2023, demonstrating progress in pay equity for women, who make up 72% of the workforce.

Ethnicity: Black employees experience the largest average hourly pay gap of 14.26%, while Asian staff face the largest median pay gap of 15.70%, with the most significant disparities seen in Allied Health Professionals and Administrative & Clerical roles.

Disability: Disabled staff face a 7.27% average hourly pay gap and a 4.54% median pay gap, with Band 3 (10.04%) and Band 9 (9.17%) showing the most significant disparities, and disabled staff being underrepresented in Band 8b (4%) and Medical (4.4%) roles.

ELFT is committed to achieving total pay equity by addressing disparities in gender, ethnicity, and disability pay gaps. Our 2024 report highlights progress in narrowing the gender pay gap, alongside our first-ever reporting on ethnicity and disability pay gaps. Targeted actions include increasing representation in senior roles, improving salary transparency, and enhancing support for underrepresented staff through mentorship and development programmes. These actions are aligned with WRES, WDES, and the NHS High Impact Action Plan to create a fairer and more inclusive workplace.

Strategic priorities this paper supports

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

Implications

Equality Analysis	Positive impact
Risk and Assurance	Positive impact
Service User/ Carer/Staff	Positive impact
Financial	
Quality	Positive impact

EDI ANNUAL REPORT 2024

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Foreword

We are pleased to present this year’s Annual Report on People and Service User Equity, which reflects our continued commitment to creating an inclusive, fair, and equitable environment for both our staff and the communities we serve. Equity, Diversity, and Inclusion (EDI) is crucial, especially during times of significant capacity and financial challenges in the NHS. To ensure that individuals with protected characteristics do not face further disparities ELFT have developed targeted initiatives and data-driven approaches to address inequalities in access, experience, and outcomes.

We recognise that equity in both staff and service delivery is fundamental to improving outcomes, fostering a sense of belonging, and ensuring that every individual, whether a staff member, patient, or carer, feels valued, heard, and supported.

Over the past year, we have taken significant steps to embed (EDI) into everything we do. Our work on the Patient and Carer Race Equality Framework (PCREF) is helping us address disparities in mental health outcomes, while the development of the future Patient and Carer Equity Strategy will set a clear vision for tackling health inequities across our services. For our workforce, our focus on the Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES), alongside initiatives to close the gender and ethnicity pay gaps, have driven meaningful progress in promoting a more inclusive workplace.

As an organisation, we are committed to leading by example, ensuring that our policies, culture, and practices reflect the diverse communities we serve. Our ongoing work as a Disability Confident, Trans Inclusive and Anti-Racist Trust reinforces our support for colleagues and service users, while continued efforts to improve access to mental health services are helping to break down barriers to care.

While we celebrate our achievements, we recognise that there is more work to be done. Over the next year, we will focus on embedding long-term solutions to sustain and expand our impact. This includes securing resources to support staff networks, increasing engagement with underserved communities, and strengthening wellbeing initiatives for all.

Achieving true equity requires collective action, and we are grateful for the dedication of our staff, service users, carers, and partners who continue to drive this important work forward. By keeping equity at the heart of our mission, we remain committed to building a future where every individual, regardless of background or circumstance, has equal opportunities to thrive.

Chief People Officer

Chief Nurse

Introduction

At ELFT, equity, diversity, and inclusion are fundamental to who we are and how we operate. We are committed to ensuring that everyone, regardless of background or identity, has fair access to healthcare, equitable outcomes, and a positive experience.

We recognise that systemic barriers continue to exist, and we are actively working to identify and remove them. Our approach is data-driven, person-centred, and rooted in lived experience, ensuring that our strategies are informed by the communities we serve.

Beyond healthcare delivery, we acknowledge our role as an employer, an anchor institution, service provider, and strategic partner, working collaboratively with local organisations to create healthier and fairer communities. Our commitment to EDI is embedded in everything we do, ensuring that equity remains at the heart of our Trust's culture, policies, and practices.

East London NHS Foundation Trust (ELFT) is pleased to publish the 2024 Annual Equity, Diversity, and Inclusion (EDI) Report. Over the past year, the Trust has built on the foundations set in 2023, where we identified three key focus areas:

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

Since establishing these priorities, the Trust has implemented new ways of working, developed targeted initiatives, and strengthened data collection and analysis to better understand and address inequities. This report reflects our progress, the gaps we have identified, and the next steps needed to ensure meaningful and lasting change.

This report, covering January 2024 to December 2024, outlines how the Trust is working to improve equity and inclusion for patients, service users, carers, and staff.

This is the second of two linked reports. The annual ELFT Population Health and EDI reports are linked because both focus on reducing health inequities and ensuring equitable access to services for diverse communities. By integrating insights from population health data with equity, diversity, and inclusion priorities, the reports provide a comprehensive view of how ELFT addresses systemic disparities and improves outcomes for both service users and staff.

The first report is the [Population Health report](#), published in 2024, details Focus 1. The Population Health report sets out key areas of progress over the past two years following the Trust's strategic commitment to improving population health.

Overview of our population

ELFT provides care to over two million people. This includes around 1,700,000 people living in the East London boroughs of 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.

Many population groups are living in areas of high deprivation. Newham, Luton, Tower Hamlets and Hackney are in the top 30 UK local authorities for populations experiencing destitution. This includes families with children, people with disabilities and migrant households, with a strong link between ethnicity and migration status.

The places ELFT provides services continues to see rises in population growth. All ELFT service areas have seen an increase in population size since the 2021 Census data, with this highest in Central Bedfordshire at just over 2%.

Many of ELFT's areas are very 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. A wide range of languages are spoken in areas we support, including Bengali, Romanian, Spanish and Urdu, as well as different faiths practised.

72% of Bedfordshire's population is white, 17% are Asian, and 6% are Black. The Asian ethnic group was the largest in Luton, making up 37% of the population

Environments we live and work in impact our health and well-being and our activity levels. For example, air pollution is the largest environmental risk to public health in the UK with London experiencing some of the worst air quality in the UK. 30% of adults in Hackney are estimated to walk for travel at least three days per week compared to just under 5% in Central Bedfordshire. Luton's air pollution levels are higher than the national average. Air pollution can increase the risk of stroke, respiratory illnesses, cardiovascular disease, and dementia.

Equity, Diversity and Inclusion

ELFT is committed to continue embedding EDI into every aspect of its five-year strategy 2021-2025, aligning with the changing needs and strengths of our local populations. This strategy considers the lessons learned from the pandemic, the importance of collaborative working between health and social care organisations, and the insights and voices of local people and stakeholders.

To achieve this, the Trust has established robust governance mechanisms to fulfil its statutory duties and address inequities that impact individuals and groups. These mechanisms are designed to identify and mitigate disparities, ensuring fair access, equitable outcomes, and a commitment to holistic wellbeing for all.

In 2024, the Trust has reaffirmed its belief that a meaningful EDI strategy must extend beyond compliance with the Equality Act. We are taking an intersectional approach to EDI, recognising that individuals' identities and experiences are multi-dimensional and interconnected. This approach is critical to promoting equity of outcomes for both our service users and our staff, fostering a culture where everyone can thrive.



While respecting and advancing the rights of individuals under the nine protected characteristics, our equity framework also encompasses other critical factors influencing health and wellbeing, including:

- Accent and language diversity;
- Caring responsibilities;
- Experiences of homelessness;
- Mental health and overall wellbeing;
- Deprivation and socio-economic circumstances.

By addressing these intersecting characteristics and experiences, ELFT aims to reduce barriers, enhance access to services, and promote inclusivity at all levels of the organisation. This approach ensures that every voice is heard and valued, enabling us to work collaboratively with our communities towards a fairer and healthier future for all.

Shifts in Terminology

In last year's report, we explained our shift as a Trust towards more inclusive terminology, including a move away from "BAME" and towards "racialised groups" and "global majority", and a shift from "Equality" to "Equity". ELFT's commitment to equity ensures that our language accurately reflects our collective knowledge and fosters respect, in line with our values. By being clear on the terminology and changes ELFT have made to the terms that are used, we combat discrimination, challenge assumptions of homogeneity among groups and ultimately enhance care quality.

The Trust is developing guidance to support the use of acceptable and inclusive terms for all protected characteristics. As part of this, we will be assessing the impact of using umbrella terms, especially when related to the use of data and service delivery. This is because such

grouping does not always reflect the diversity within communities and can obscure inequities experienced by specific groups.

Language and preferences vary across communities and evolve over time. While we recognise that preferences may vary, particularly in relation to catch-all terms, we encourage clear, precise language as much as possible when referring to and addressing individuals and specific groups. Our usage of positive, specific terminology honours the diversity of experience and acknowledging the breadth of healthcare inequities.

Additionally, there may be exceptions to the terms we use in this report, which we have decided to keep consistent with nationally used terms for benchmarking purposes and to maintain accuracy in reporting. This includes the use of “BME” when referring to the WRES (Workforce Race Equality Standard) report, and the use of “Equality” when referring to national frameworks, such as the PCREF (Patient and Carer Race Equality Framework) or EDS (Equality Delivery System).

Intersectionality vs Intersecting Identities

The Trust uses the term intersectionality frequently; it is one of our local cultural competencies for PCREF and is a focus for our reporting this year. However, intersectionality is often conflated with intersecting identities, which are two different things.

- Intersectionality refers to the interconnected nature of systems of oppression, discrimination and disadvantage such as racism, sexism and classism. The term was coined by a Black feminist legal scholar, Professor Kimberlé Crenshaw, to refer to the experience of Black women. The overlapping and interdependence of power structures, and the resultant marginalisation, forms the basis of intersectionality and intersectional experiences.
- Intersecting identities refers to the different demographic and social categories a person occupies. Everyone has intersecting identities or characteristics, which can shape experiences in positive and negative ways.

To honour the specificity of this term and the lived realities of marginalised groups, we will continue to ensure the Trust uses the term intersectionality precisely and appropriately, without conflating it with intersecting identities.

Equality Delivery System 2022 (EDS22)

The EDS is a tool to help NHS organisations improve health equity by reviewing access, experiences, and outcomes for patients and staff. In 2024, ELFT integrated EDS22 into its equity work, including Equality Impact Assessments and Quality Improvement (QI) initiatives.

The Trust is currently designing a new way to deliver the EDS assessment. In early 2025, the Trust will assess key services as part of its work with the Bedfordshire, Luton, and Milton Keynes (BLMK) Integrated Care Board (ICB), focusing on:

- Service Access: Ensuring patients can access the care they need;
- Health Needs: Meeting the individual health needs of patients;
- Patient Safety: Keeping patients safe from harm;
- Service Experience: Ensuring positive patient experiences.

Additionally, all providers in BLMK are working collaboratively to identify and understand their interfaces with emergency departments in the region. This includes mapping patient pathways, addressing barriers to equitable care, and developing joint strategies to enhance patient experiences and outcomes within urgent and emergency care services.

These assessments will involve service users, carers, staff, and other stakeholders, examining data on service delivery, outcomes, and workforce wellbeing. Recommendations will be co-produced and shared with the Equity Programme Board to inform improvement efforts.

To ensure assurance and alignment with system-wide equity objectives, this work will be reported by BLMK ICB. Updates on findings and action plans will be provided, ensuring accountability and continuous improvement across the system.

FOCUS 1: Population Health

Overview

Improving population health is one of ELFT's four strategic pillars. 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.

The 2024 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 all six population health objectives for the Trust, including championing social justice and fully commit to tackling racism and other forms of prejudice as well as work against three priority areas for 2024: employment, income maximisation and physical health support. This includes case studies, service user, carer and staff feedback and measurable change impacts, for example:

- 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;
- 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 RLW compared to 22% three years ago;
- Publishing 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.

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 Leads programme.

We offer ongoing opportunities to develop skills through webinars and presentations. This year we have 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 have 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).

[Data Packs](#)

Summary of Key Population Health Recommendations

Over 2025 to 2026 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 (SMI) and learning disabilities.
- Ongoing focus on physical health promotion and prevention, including Type 2 diabetes and the development of a Trust physical health strategy.

We will also continue to build population health capacity and capability across the Trust, for example, through communities of practice, leadership programmes and further embedding population health in existing learning and development platforms, including QI and data analytics support.

The Denny Review

Addressing Inequalities Across BLMK

Over the past year, ELFT has worked in collaboration with partners across BLMK to address health inequities. Key initiatives have focused on improving access, outcomes, and experiences for diverse communities, with a particular emphasis on young people, those from ethnic minority backgrounds, individuals with learning disabilities and autism, and people facing mental health challenges.

Key Progress Areas

- Better Days BLMK continues to support young people's mental health by strengthening community networks, breaking stigma, and providing safe spaces. Upcoming workshops and a planned summer festival will further expand engagement.
- Suicide Prevention Grants have funded 24 initiatives, targeting social inequities and suicide prevention. However, demand continues to exceed available funding.
- Learning Disability & Autism Strategy is under development, using a quality improvement approach to address access barriers, particularly in cancer screening.
- Gender Identity Training for CAMHS staff, parents, and carers aims to create a more inclusive service for transgender young people, alongside safe space sessions.
- Pre-school Mental Health Support is rolling out training and parenting programmes to address early childhood trauma and Adverse Childhood Experiences (ACEs).
- Improving Mental Health in 16-25 Year Olds includes workforce upskilling, resilience-building, and targeted interventions for vulnerable young people. Recruitment challenges and limited school engagement have been barriers.
- Talking Therapies is focused on improving outcomes for young adults, those with neurodiversity, and ethnic minority groups through targeted outreach.
- Total Wellbeing Luton is implementing employment and lifestyle support initiatives, alongside integrated smoking cessation and mental wellbeing workshops.
- NOAH Enterprise BPI provides therapy and befriending services for under-represented communities, particularly racialised and homeless populations. Sustainable funding remains a challenge.
- Perinatal Mental Health Services in MK is working to improve access for ethnic minority communities through a structured QI project.
- Community Mental Health Initiatives in MK include engagement with faith groups, cultural competency training, and targeted outreach to reduce stigma.
- Weight Management for Adults with Learning Disability & Autism has been piloted in MK, with plans to expand into Bedfordshire and Luton.

Key challenges across BLMK include sustaining programmes beyond initial funding, addressing stigma and cultural barriers to mental health support, ensuring equitable access, and increasing participation among underserved communities. Over the next six months, priorities include securing long-term funding, expanding BetterDays workshops and the planned festival, strengthening suicide prevention initiatives, finalising the Learning Disability & Autism Inequalities Strategy, enhancing targeted outreach for young adults, minority ethnic communities, and neurodivergent individuals, and increasing engagement with schools and community partners to broaden programme impact.

Through these initiatives, ELFT continues to drive forward its commitment to tackling health inequities, ensuring that services are inclusive, accessible, and effective for all communities across BLMK.

This work has not yet started in the North East London (NEL) ICB.

FOCUS 2: Service User Access, Outcomes and Engagement

Service user data

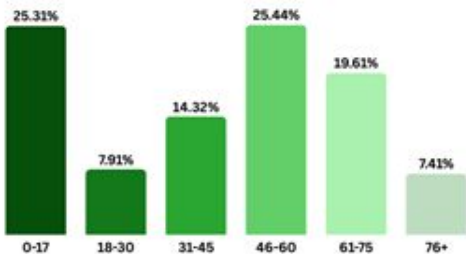
Understanding the demographic makeup of our service users is essential for identifying and addressing health inequities. By analysing data across protected characteristics, we can ensure our services are equitable, accessible and responsive to the diverse needs of our communities.

Whilst ELFT has made progress in capturing and using this data, we recognise the need for ongoing improvements, particularly in areas such as gender and disability. We are working to enhance data quality and completeness to better inform decision-making, improve service accessibility, and reduce disparities in health outcomes. The following data provides insight into the service user representation across our Trust.

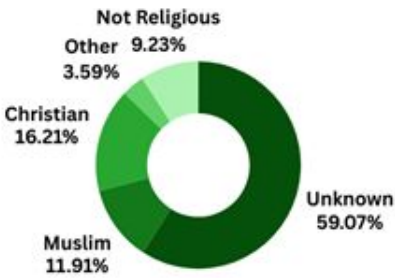
This section highlights the Trust's commitment to equity in service delivery by ensuring that all communities have fair access to care and experience positive health outcomes. By analysing demographic data, we can identify gaps, address barriers to engagement, and tailor services to meet the diverse needs of our populations. Our focus on improving data quality, particularly for gender and disability, enables us to develop targeted interventions and drive meaningful change. These insights inform our ongoing work to enhance accessibility, reduce health disparities, and create more inclusive, person-centred services.

ELFT SERVICE USERS - 2024
Service User Total: 98146

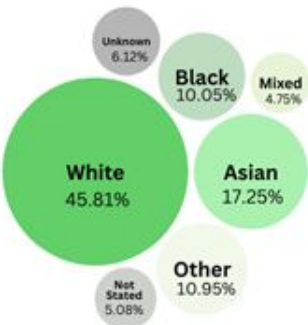
Age Group



Religion



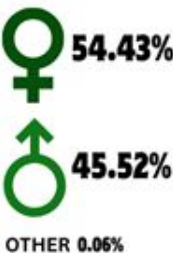
Ethnicity



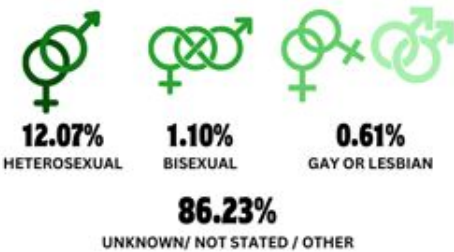
Disability



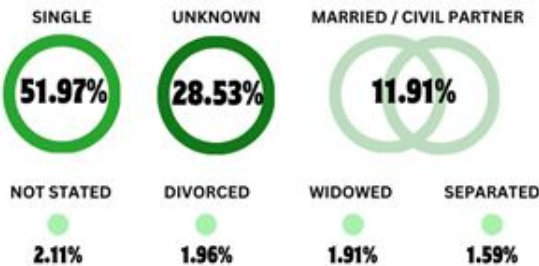
Gender



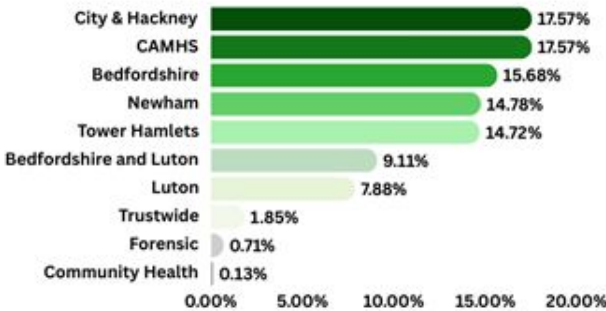
Sexual Orientation



Marital Status



Directorate



Healthcare Setting



Improving Access

As the Trust continues to meet the diverse needs of our community, it has been important for us to continue to build on developing the quality of our data. At ELFT, improving access is a priority.

In May 2024, we launched the Trust-wide Pursuing Equity QI programme to improve equitable access to services across ELFT by reducing missed appointments for people in our most deprived communities to 10%. 31 teams are testing change ideas with support through monthly learning sessions, an evidence-based change ideas menu, and a PowerBI data dashboard. The dashboard enables teams to analyse missed appointments data by deprivation quintiles, ethnicity, age, gender, and sexual orientation. So far, six teams are showing a reduction in missed appointments, with several others showing early signs that improvement may occur.

Translation and Interpretation Services

Under the Equality Act 2010, the Trust is obligated to provide translation and interpretation services to patients. This allows for more informed agreement and leads to more positive health outcomes. Facilitated by The Language Shop, we had a 100% fulfilment rate for translations in 2024, and 96% fulfilment respectively for Spoken and Non-Spoken languages. Our highest 2024 fulfilment rates were in Urdu, Bengali, Arabic, Farsi and Spanish.

Accessible Information Standards

The Accessible Information Standard (AIS) ensures that individuals with disabilities or sensory impairments can access communication materials in their preferred format, promoting accessibility and reducing health disparities. In 2024, Trust policies remain aligned with these standards, with ongoing efforts to maintain and improve compliance. Staff continue to receive training from the Learning Disability Team and the ELFT Ability Staff Network. Ongoing work on our intranet aims to see a significant reduction in non-accessible documents.

Equality Impact Assessment

Equality Impact Assessments (EIAs) help the Trust ensures that equity considerations are balanced alongside priorities such as Health & Safety. They promote inclusive decision-making by examining the impact of services and policies on diverse groups and encouraging adjustments to better meet community needs, whilst reducing potential negative impacts on protected characteristics.

In 2024, updated EIA guidance incorporated the Equality Delivery System (EDS), emphasising its mandatory domains. All EIAs are reviewed and ratified by the Equity Programme Board. Key EIAs reviewed this year included:

- **ASYE Programme:** Supporting and assessing Newly Qualified Social Workers (NQSWs) following the national framework by Skills for Care;
- **Mobile Phone Policy:** Guidance for service users, visitors, and staff in inpatient settings;
- **Patient Property Policy:** Managing and safeguarding patients' belongings.

Quality Impact Assessments (QIAs), including potential impact on equity and access, form part of the Financial Viability project planning process and decision-making.

Accessible Buildings

Below are a number of enhancements that ELFT are working on:

- **Access:** The Trust is launching a clinical led accessibility and signage audit to align with PLACE actions which will be ready for April 2025. It builds on existing discussions with organisations such as AccessAble and our own “PYIMS” audits (Put Yourself In My Shoes), where we look at access to the site from a service user facing physical and mental challenges from the nearest public transport or car park;
- **Alie Street (HQ):** An accessibility survey was commissioned via ‘AccessAble’ which looked at the accessibility of the HQ building and highlighted a number of actions. A plan was created outlining the recommended actions, highlighting those that are easily achievable and those with significant costs. We are exploring how this work can be implemented across the Trust in future.
- **Tower Hamlets Local Plan:** The Property Team fed into the Local Plan by liaising with ELFT services and the NHS London Healthy Urban Development Unit and have requested inclusion of the following:
 - Dedicated parking bays provided in accessible and safe locations to all new housing for visiting health workers;
 - Accessible and appropriate space for emergency vehicles close to individual buildings.
- **Enhanced Services Centre:** Insufficient staff/patient and disabled car parking at Enhanced Services Centre have been liaising with the landlord. Plans are in progress to revise the design for car parking to the rear of the building to create more disabled car parking spaces and the landlord to seek funding for repair of lampposts in the rear car park.
- **Fountains Court:** Approval for accessibility works has been received, including suitable access for wheelchair users. This work will be completed by the end of March 2025.
- **Perinatal Team Base – NCfMH:** Funding has been secured to install a ramped access into the building to enable prams and pushchairs to access the unit without having to navigate steps. This also includes a new front and back door to the clinical suite.
- **Learning Disabilities People Participation Group – Luton and Bedford:** Service user lead group working on standards for people booking venues to ensure they support the needs of people with disabilities and support inclusivity.
- **Ambassadors for Access / Accessibility Checklist Working Group / Tower Hamlets Learning Disability Working Together Group:** This monthly meeting is attended by service users and carers in Bedfordshire Community Health Service (BCHS) and Learning Disability Services (Bedfordshire & Luton). The aim of the Ambassadors for Access group is to identify areas where physical accessibility and accessible information can be improved on, for the benefit of all.
- **Tower Hamlets Learning Disability Working Together Group:** The Working Together Group have been instrumental in raising their concerns regarding the accessibility of the learning disability services at Beaumont House, Mile End Hospital. The group continues

to work with estates colleagues (internal and external) to ensure changes are made to the accessibility of the front door, intercom system and accessible toilet.

- **Accessibility Checklist Working Group:** This Trust- wide working group is made up of service users and carers who access a number of ELFT services. The group have co-produced an 'Accessibility Checklist' which will be used by ELFT employees to ensure that the venues used for events meet physical, cultural and digital accessibility. The checklist also focuses on the need for accessible information to support people to meaningfully engage in ELFT events.

Improving Access: Pursuing Equity QI Programme

Since 2022, the Trust has been using QI to support teams in tackling health inequities, aligning with our strategy to improve the quality of life for all. The Pursuing Equity QI Programme has provided a structured approach for teams to identify and address disparities in care access, experience, and outcomes.

Phases One and Two: Addressing Equity Challenges

Phase One ran from April 2022 to September 2023, laying the foundation for equity-focused improvements. Building on this, Phase Two (September 2023 – August 2024) supported 21 teams in tackling diverse equity challenges, leading to tangible improvements:

- A 67% increase in people from racialised communities accessing Bedford Perinatal services by enhancing service information and introducing jointly located clinics with obstetricians;
- A 33% increase in referrals from racialised communities to the Bedford Liaison and Diversion service through police collaboration and improved awareness;
- An award-winning project in Luton's Hatters Health Primary Care Network, which increased physical health checks for people with SMI by 40% through home visits, appointment reminders, and translated information.

Phase Three: Reducing Missed Appointments

Since September 2024, Phase Three has focused on reducing missed appointments, particularly the disparity between the most and least deprived communities. Missed appointments are an equity issue, barriers such as language, digital exclusion, and financial hardship disproportionately impact certain groups, leading to poorer health outcomes and inefficiencies in service delivery. Across the programme's 31 teams, 17% of appointments are missed, amounting to an average of 1,266 missed appointments every two weeks. People from the most deprived neighbourhoods are 36% more likely to miss appointments than those in the least deprived areas.

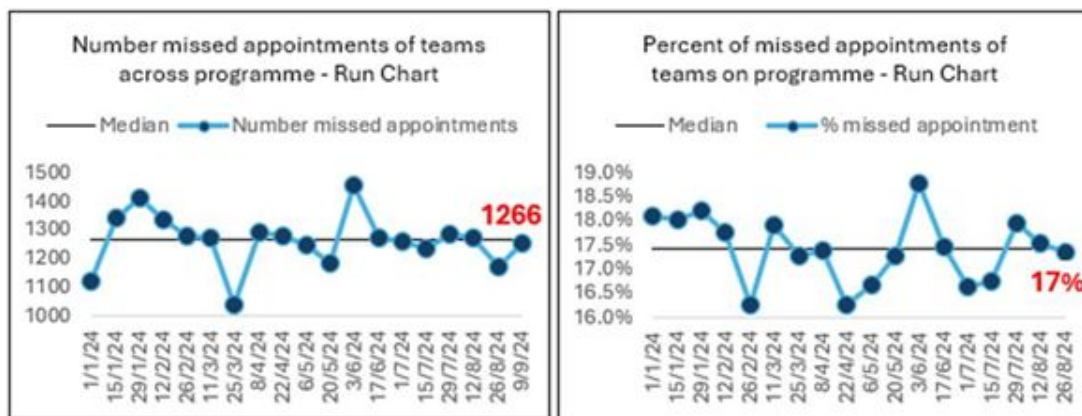
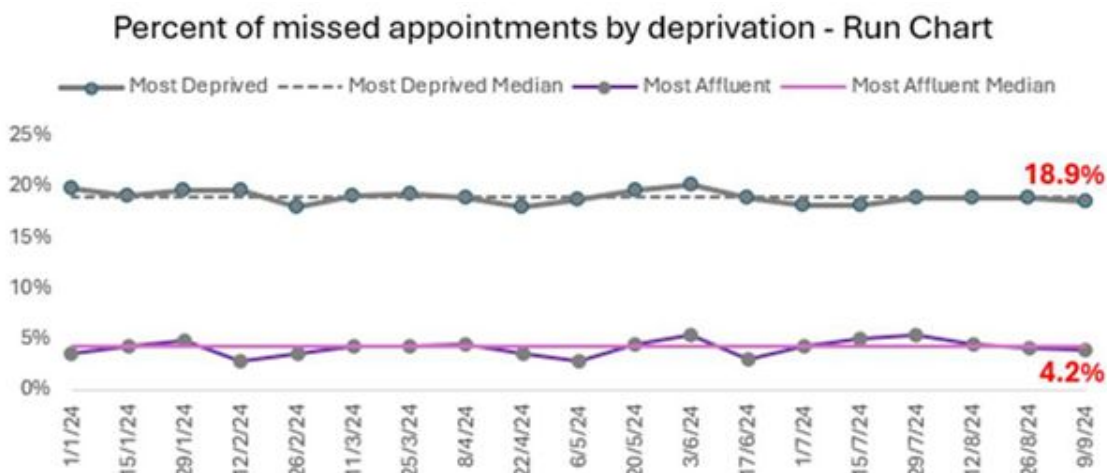
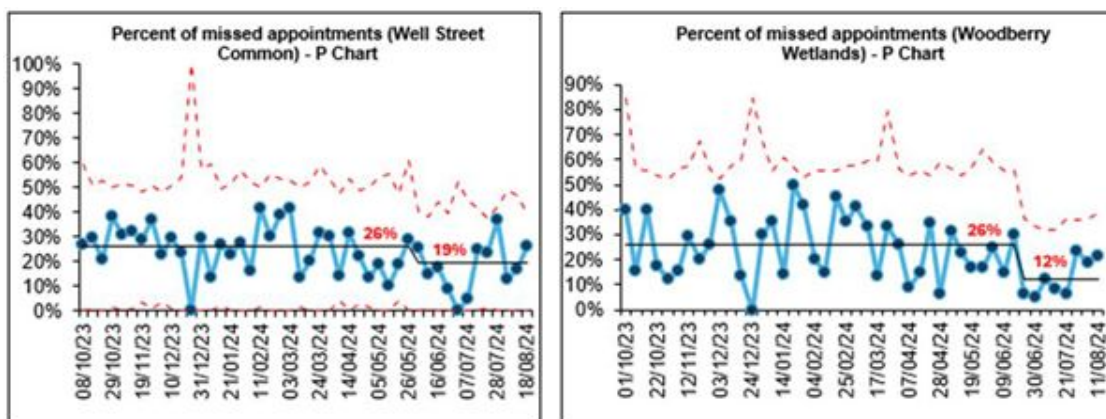


Chart showing programme level data on run charts for the number of missed appointments and percent of missed appointments of teams on the programme

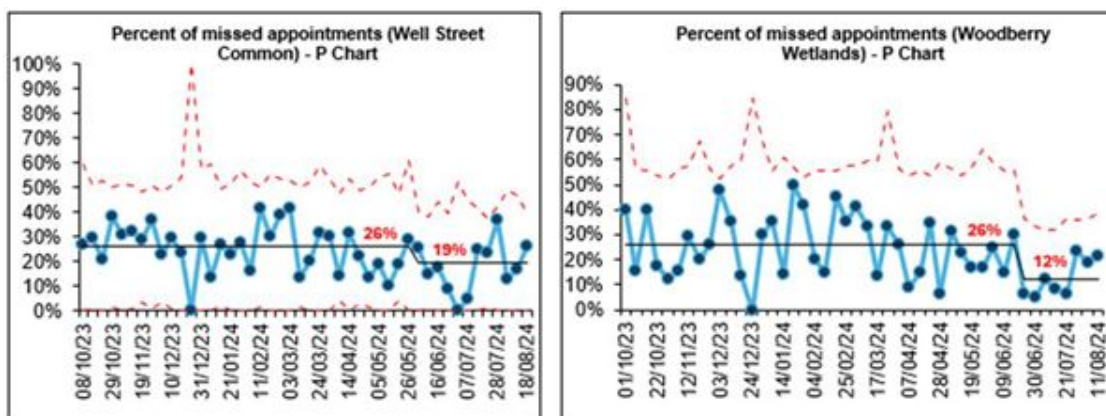


Run chart showing the percent of missed appointments by deprivation

To address this, teams are testing a range of solutions, including patient-initiated follow-ups, translated information packs, community-based hubs, and automated text reminders. The Trust's Digital team is supporting efforts to improve patient communication, and a Trust-wide session with Population Health and a poverty-proofing charity has introduced tools to better support deprived communities.



Two charts showing percent of missed appointments for Well Street Common and Woodberry Wetlands



Early Successes

Several teams have already seen significant reductions in missed appointments:

- Two Neighbourhood Mental Health Teams in City and Hackney:
- Woodberry Wetlands reduced missed appointments from 26% to 12%.
- Well Street Common reduced missed appointments from 26% to 19%.
- City and Hackney Psychotherapy Service reduced missed appointments from 21% to 13%.
- City and Hackney CAMHS Neurodevelopmental Team reduced missed appointments from 21.7% to 11.7%.

By the end of 2024, seven teams were actively testing change ideas, with more in development. Teams that have successfully reduced missed appointments will work on embedding and spreading these improvements across services to ensure sustained impact.

Through its phased approach, the Pursuing Equity QI Programme continues to drive meaningful change, ensuring equitable access to care and reducing disparities across the Trust's diverse communities.

Improving Access for Service Users with Learning Disabilities

Under-identification of people with a learning disability can be influenced by inconsistent inquiry, stigma within the population and certain cultural communities, and underdiagnosis. To address this, some initiatives focus on improving experiences for all while having a significant impact on those with disabilities. One of our initiatives at ELFT has been to introduce quiet spaces in ward environments benefits everyone but is especially valuable for neurodiverse service users.

Identifying Adults with Learning Disabilities Through Mainstream Community Health and Mental Health Services at ELFT

People with learning disabilities experience significant health inequities, including higher levels of premature mortality and poorer health outcomes compared to the general population. These disparities are often exacerbated by barriers to accessing services, such as a lack of reasonable adjustments and diagnostic overshadowing.

ELFT has long been committed to improving access to care for people with learning disabilities, using tools such as the Greenlight Toolkit and working closely with specialist Learning Disability Teams to ensure services are inclusive. However, there remain gaps in our understanding of how people with learning disabilities engage with ELFT services and where under-reporting may occur.

To address this, ELFT has launched a project, jointly led by Ruth Cooper, Operational and Strategic Lead for Learning Disability, and the EDI Team. The project aims to develop a clearer picture of how service users with learning disabilities access Trust services and identify any barriers they may face, particularly through the lens of gender and race. By leveraging data, ELFT seeks to improve how it captures and utilises information to ensure equitable service provision.

The goal is to develop services that align with national and local priorities, ensuring that people with learning disabilities receive person-centred, accessible, and effective care. Findings and recommendations will be compiled into a report due in 2025, shaping future improvements and reinforcing ELFT's commitment to equity and inclusion.

Improving Outcomes and Experience

Improving patient outcomes is central to the Trust's commitment to provide the highest quality care and ensure that all service users achieve the best possible health outcomes. By delivering effective treatments and interventions, the Trust can support recovery, help manage long-term conditions and enhance overall quality of life.

EDI are essential to this work, as outcomes and experiences are not uniform across all groups. Addressing health disparities, such as differences in access, treatment, and engagement, ensures that all service users receive care that is fair, culturally responsive, and tailored to their needs. By focusing on equity, we can reduce gaps in health outcomes, particularly for marginalised communities.

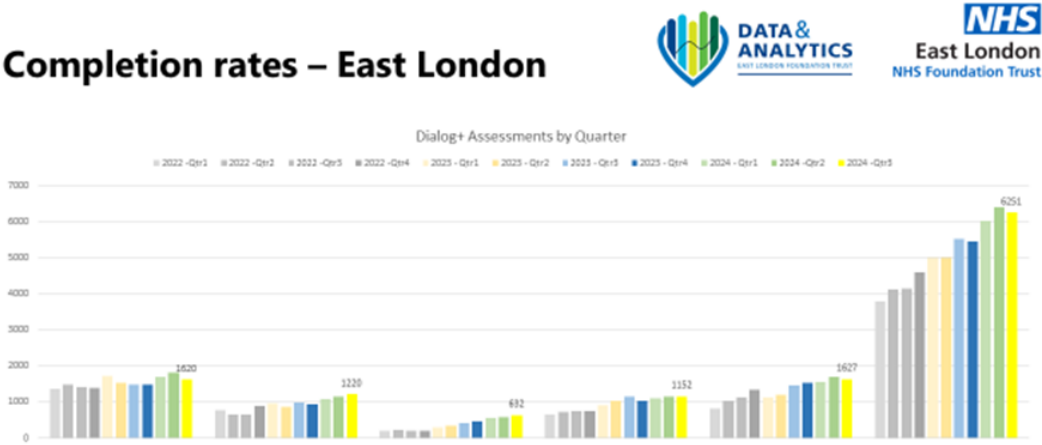
Positive patient outcomes also help build trust and strengthen relationships between service users and the Trust. When patients experience good care, they are more likely to engage with services in the future, communicate openly with healthcare teams, and participate in co-producing their treatment plans. Embedding EDI principles into our improvement efforts ensures that every individual, regardless of background, has the opportunity to experience high-quality, person-centred care.

DIALOG Outcome Measurements

Since 2018, ELFT has adopted DIALOG and DIALOG+ as key approaches to care planning, aligning with service users' desire for a single care plan that reflects their priorities:

- DIALOG Scale: This is an 11-question tool where service users rate their satisfaction with eight life domains and three aspects of treatment on a seven-point scale. It provides scores for subjective quality of life and treatment satisfaction;
- DIALOG+: Going beyond the DIALOG Scale, DIALOG+ is a therapeutic intervention designed to make routine patient-clinician meetings more effective. It creates care plans based on service users' priorities, incorporating solution-focused therapy principles and patient-centred communication. Research across multiple countries and services has demonstrated that DIALOG+ can improve patients' quality of life.

Our data shows over 6,000 DIALOG+ assessments being completed every quarter, with higher recordings in 2024 than 2023. As of August 2024, in our East London Community Mental Health services, 15% of our closed referrals and 22% of our open referrals have paired DIALOG+ scores, which is double the national recording rate.



In East London, all domains of DIALOG+ show an increase in the average satisfaction score between initial assessment and discharge. For example, in the Mental Health domain, average scores increased from 3.8 to 4.7, with 21% of those initially dissatisfied moving into the satisfied group.

[Full Data Report](#)

ELFT's implementation of DIALOG+ is service user-led, with a steering group overseeing its rollout, promoting good practice, and supporting pilots in specific areas, including Perinatal, Learning Disabilities, and CAMHS. The group ensures DIALOG+ is used in a person-centred manner.

Improving Quality of Life Outcomes Steering Group:

- Co-chaired by service users, this group sets the agenda, co-develops materials, and ensures the service user voice is central in DIALOG+ conversations;
- A service user-only subgroup provides additional input, co-developing resources and co-delivering training to staff. This training helps staff understand how DIALOG+ conversations should look and feel to maximise their therapeutic value.

DIALOG+ remains an evolving initiative at ELFT, driven by service users to empower both staff and service users in achieving the best outcomes through meaningful, collaborative conversations. Since 2023 to 2024, the Trust has seen a rise in requests for team training around DIALOG+ to support staff in having a person-centred conversation. All our training is co-delivered alongside our service users. Service users have also coproduced a poster and leaflet to support service users in understanding what DIALOG+ is and how they should be involved within their own care planning. The service users planning group have remained committed to raising awareness of the importance of service users knowing and raising awareness of DIALOG+.

Patient and Carer Race Equality Framework

The Patient and Carer Race Equality Framework (PCREF) is due to become mandatory nationally in March 2025. As a PCREF Pilot Site, ELFT has worked hard to test and embedded this antiracist framework into its governance structure and strategy. The Trust launched PCREF locally in November 2023 to include all six national organisational competencies and two local cultural competencies.

Cultural Awareness	Co-Learning
Staff Knowledge and Awareness	Workforce
Partnership Working	Trauma-Informed Care (Local Competency)
Coproduction	Intersectionality (Local Competency)

PCREF Leadership and Governance

Strong leadership and clinical expertise are critical for the implementation of the PCREF at ELFT. Our Chief Nurse, Claire McKenna, serves as the PCREF Executive Lead and chairs the Equity Programme Board, where PCREF is a standing agenda item. Our Chief Executive Officer, Lorraine Sunduza, played a pivotal role in leading PCREF during the pilot phase when she was Chief Nurse.

ELFT has established dedicated strategic leadership for PCREF. Juliana Ansah, Head of EDI and Trust-wide PCREF Strategic Lead, has implemented a robust governance structure to integrate clinical, data, and lived experience expertise. Maxine Obeng, PCREF Clinical Strategic Lead and Assistant Director of the Bedfordshire and Luton Crisis Pathway, has been instrumental in identifying and training PCREF Leads across directorates to ensure local implementation and action plans that address inequities.

The PCREF Steering Group, co-chaired by a clinical director and a service user, was established in December 2023 to monitor Trust-wide and local progress, resolve barriers, and provide strategic oversight. Reporting monthly to the Equity Programme Board, it includes representatives from borough directors, directorates, People Participation, Mental Health Law, and Safeguarding.

Upskilling PCREF Leads and Service Users

Embedding equity into our QI initiatives has been a key strength. Phase 2 of Pursuing Equity, a Trust-wide QI project involving 64 teams, included a quarter of projects focused on race and ethnicity, directly feeding into PCREF. All PCREF Leads are required to complete QI training, and two of our Service User Deputy Co-Chairs also serve as QI Coaches.

Our People Participation directorate ensures service users and carers, particularly from racialised backgrounds, play a central role in PCREF. Service User Co-Chairs and deputies

contribute not only lived experience but also professional expertise, ensuring accountability and sustainability in PCREF implementation. ELFT is committed to equipping them with the skills and resources needed for impactful involvement.

People Participation also plays a critical role in the implementation of PCREF. Local People Participation Leads are working closely with directorates ensuring co-production remains at the core of PCREF, from identification of the areas of most inequities in their localities to development of improvement projects to tackle these.

Being Informed by Real-Time Data

The Data Subgroup, launched in March 2024 and co-chaired by the Head of EDI and a service user, focuses on analysing PCREF data to uncover inequities. By breaking down access, experience, and outcomes data by location and comparing it to local demographics, the group ensures insights are meaningful. Quarterly PCREF reports summarise these findings, with further context provided by directorate and service level Leads.

Strategically, this programme of work focuses on building PCREF into the existing infrastructures of the Trust, such as QI and People Participation. The Trust will refocus on upstreaming to educate, communicate and raise awareness, taking learning from the outputs of the Tri-Trust partnership for success. These will include active partnership from, Voluntary, Community and Social Enterprises (VCSEs), Police, local authorities, primary care and diverse communities.

Operationally, there are PCREF leads in each directorate across the Trust. The leads will act as the Directorate Management Team (DMT) PCREF representative, raising awareness and leading the implementation across their area. Directorate leads have begun to set up local working groups with representatives from the voluntary sector, service users and carers, and improvement advisors to understand their local racialised equity disparities and begin the improvement work in their areas. Directorate priorities for PCREF implementation in 2025/26 will be incorporated into the Trust's yearly planning cycle, and then add in next steps will be developing local priorities driven by their communities' needs.

Examples of how initial findings are shaping next steps

The Trust's findings show that Black service users are detained for longer under the Mental Health Act (MHA) across all directorates, and Black and Asian service users are held under Community Treatment Orders (CTO) longer. Interventions are being led by our restrictive practice group as part of a centralised QI initiative.

Further findings show that there is a high percentage of ethnicity classification reported as 'Other'. This is particularly more evident across Bedfordshire & Luton directorate. Consequently, the local PCREF Steering Groups are working with clinical teams to improve recording, and the People Participation Leads will support PCREF education to service users through local working together groups on the importance of providing ethnicity information.

In Bedfordshire & Luton, their local PCREF steering group has been established and reports into the DMT. Their identified areas of focus will include CTO lengths of Asian service users, violent incidents and DNA rates of mixed service users.

In Newham, the directorate lead has begun attending team away days to raise awareness of PCREF, discussing issues pertaining to service user and staff experiences. Feedback from these will form part of the local cultural competency programme. PCREF has also been included in local staff inductions.

Directorates will be developing co-produced plans with service users with the aim to radically reduce the identified health inequities identified. These have been identified through the data of service users who use the clinical services at ELFT, aggregated by race and locality, using population health data as the basis for differential proportionality. If successfully implemented, the PCREF programme will lead to improvements in the access, experience and outcomes for service users from racialised backgrounds where these inequities have been identified. There is a particular focus on upstreaming, which includes rethinking how services are designed in order to ensure proportionate use by under-represented racialised groups, and partnership working which will promote PCREF principles through local authorities and the Police.

Restrictive Practices

In 2024, ELFT reinforced its commitment to reducing restrictive practices by embedding trauma-informed care and prioritising equity. Data shows that Black African and Black Caribbean service users continue to experience higher rates of restrictive interventions, prompting the Trust to enhance monitoring and implement targeted strategies. ELFT recognises that reducing restrictive practices is about fostering a culture of dignity, respect, and person-centred care.

To address these disparities, ELFT introduced Cultural Competence and Anti-Racism Training, particularly for services supporting individuals with learning disabilities and autism. The Trust established a Restraint Reduction Network and integrated PCREF to ensure equitable care for racialised communities. Additionally, the Use of Force Committee created the Restrictive Practice Task and Finish Group to monitor trends and develop action plans at the directorate level.

Key initiatives include “Time to Think” forums, where staff and service users review data and explore strategies to reduce restrictive interventions. The Use of Force Committee oversees this work, producing quarterly reports, conducting incident reviews, and ensuring transparency through feedback mechanisms. Routine Equality Impact Assessments help to ensure restraint-related policies remain fair and culturally responsive.

Lived experience is central to this approach. Service users and carers from racialised backgrounds share first-hand accounts in ‘learning from lived experience’ sessions, informing training and policy decisions. Staff also engage in continuous reflection to consider alternatives to restrictive interventions.

Through these initiatives, ELFT is strengthening its commitment to safer, more equitable, and culturally responsive care, ensuring that all service users receive appropriate and compassionate support.

What does the data tell us about restrictive practices?

In 2024, updated Trust data shows that while BME service users made up 38% of inpatients, they accounted for 55% of restraint incidents. While this marks a decrease from 60% in 2022, it continues to highlight the disproportionate use of restrictive practices among BME groups. Data indicates that service users of Other ethnicities experience the highest median rate of restraint per 1,000 bed days, while female service users are more than twice as likely to be restrained as males (21 vs. 8 per 1,000 bed days). Age is also a significant factor, with service users aged 0-18 experiencing restraint at more than twice the rate of those aged 19-29 (65 vs. 24 per 1,000 bed days).

Since September 2023, inpatient violence and aggression rates have steadily declined, with incidents per 1,000 bed days reducing from 8.7 in October 2023 to 6.1 by September 2024, likely due to the Trust’s large-scale QI programme focused on therapeutic engagement and

observations. ELFT continues to utilise multiple data sources, including Quality Accounts, annual reports, internal audits, and incident reporting, to monitor and reduce restrictive practices. The Use of Force Committee has established a Restrictive Practice Task and Finish group to develop directorate-specific action plans aimed at reducing restraints, particularly among marginalised groups. This work directly feeds into the Patient Safety Forum and Quality Assurance Committee, ensuring that data-driven interventions support safer and more equitable care across the Trust.

Patient, Service User and Carer Engagement

Working together as a team with our patients, service users and carers is core to ELFT's vision of making a positive difference in people's lives. The EDI team shares this commitment by involving service users in designing and implementing approaches to reducing inequities. Experts by experience contribute valuable insights into the priorities of service users who face healthcare inequities, and the cultural and access needs of the communities the Trust works within. The aim of this co-production is to deliver services that provide optimal and culturally appropriate access, experiences, and outcomes for the communities in which the Trust provides care.

Equity, Diversity and Inclusion Within People Participation

EDI is embedded throughout the People Participation directorate, providing service user and carer representation in inequities initiatives across the Trust. Examples include:

- Placements for Learning Disabilities service users in the Tower Hamlets Covid Vaccinations project, addressing employment inequities.
- People Participation representation in the Perinatal Equity Board, to improve the delivery of culturally appropriate care.
- CAMHS service users in Bedfordshire & Luton have delivered LGBTQ+ awareness training to service staff, and gender identity training to schools.
- The Befriending Service, providing culturally appropriate peer support, addressing issues around loneliness and lack of access to support by offering the service in 22 languages.

Learning from the Equity, Diversity and Inclusion Working Together Group will inform People Participation's ongoing commitment to supporting Trustwide EDI initiatives.

Inequities Steering Groups

The Trust is committed to tackling health and workforce inequities through collaborative efforts that bring together staff, service users, and carers. The following examples highlight some of the work taking place across different areas to address inequities and improve experiences for diverse communities. These groups not only drive change locally but also contribute to shared learning across the Trust, ensuring that insights, challenges, and successes are used to inform wider initiatives.

Bedfordshire and Luton Anti-Racism Steering Group

Since being set up in 2021 by the Bedford Borough Working Together Group, this group offers a safe and supporting space for staff, service users and carers from racialised backgrounds to discuss challenges they face. This can relate to the service they provide, their working environment or the care received from local services. In 2024, the group challenged its thinking and explored its expectations about the Trust's 'Zero Tolerance Against Racism' policy. The group co-produces their annual plan and seeks to make a positive difference to people's lives. Additionally, the steering group served as a pilot for the Trust's first ever PCREF workshop.

Newham Mental Health Inequalities Group

The Newham Mental Health Inequalities group continued its work along the themes of Community Mental Health Transformation. Projects have been focused on Community Capacity Building and testing culturally adapted approaches such as Behavioural Activation with Muslim men and CBT Music Group for South Asian men. PCREF will be a focus for 2025.

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

The EDI WTG has evolved over the past year into a dynamic forum of service users and carers, with around half of the mailing list attending monthly meetings regularly. The group reflects the diversity of protected characteristics and all boroughs served by ELFT, ensuring a broad representation of the communities we support.

The WTG provides a vital platform for service users and carers to:

- Share their experiences and raise priorities in a safe and supportive environment.
- Collaborate on EDI projects that drive meaningful change.
- Access learning and training opportunities to enhance their contributions.

By feeding into the PCREF Steering Group and reporting to the Equity Programme Board, the WTG strengthens the Trust's governance and accountability. This ensures that service users and carers can directly influence decision-making and hold the Trust to account, driving equity and inclusion across our services.

FOCUS 3: Improving Staff Experience

ELFT regularly capture equity workforce data, disaggregated by protected characteristics under the Equality Act 2010 as well as other relevant categories. This enables the Trust to gain deeper insights into ELFT's workforce's demographics, including how it reflects the populations we serve and the specific needs of our staff. We take great pride at ELFT in our diversity, but we also recognise how crucial our demographic data is in shaping our strategic priorities and our improvement plans.

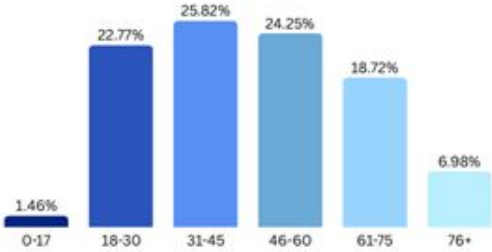
This data reflects the demographics of our staff as of December 2024. This breakdown includes substantive, Bank and honorary staff.

This section highlights the Trust's ongoing commitment to embedding EDI principles into workforce-related initiatives. By analysing workforce data, we can identify disparities, address barriers to career progression, and tailor interventions to foster an inclusive and equitable workplace. Understanding the demographics of our staff allows us to develop targeted support mechanisms, enhance staff wellbeing, and ensure fair opportunities for all. The insights gained from this data directly inform our EDI strategies, helping to shape policies, training, and organisational culture to create a more representative and supportive working environment.

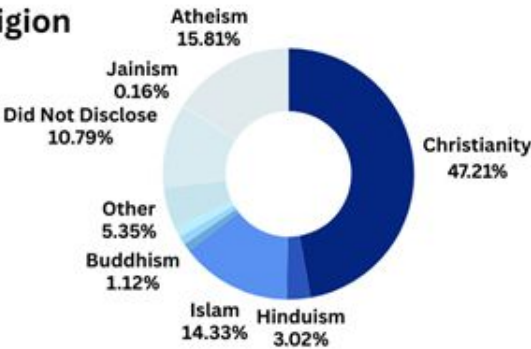
ELFT STAFF - 2024

Staff Total (including Bank and Honorary Contracts): 11439

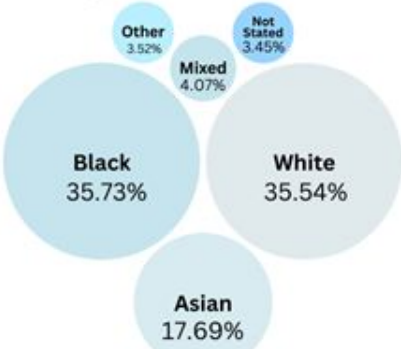
Age Group



Religion



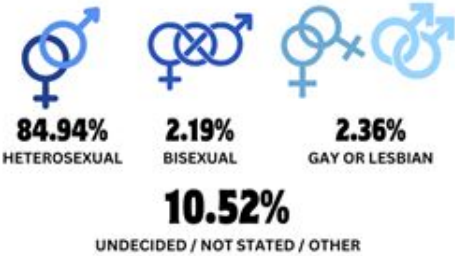
Ethnicity



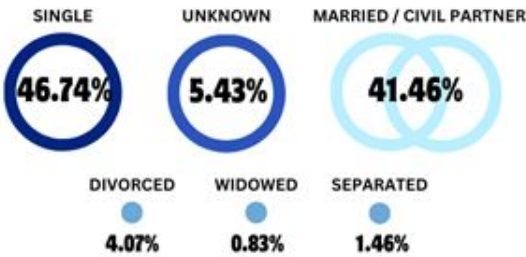
Disability



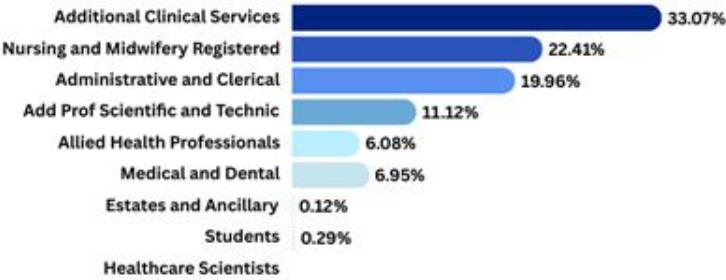
Sexual Orientation



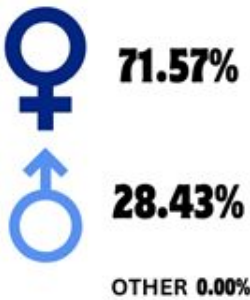
Marital Status



Staff Group



Gender



In 2024, the Trust remains dedicated to advancing its local Equality, Diversity, and Inclusion (EDI) improvement plan, originally launched in 2023 as part of our broader EDI strategy. This plan focuses on the development Equity, Diversity, and Inclusion through an intersectional approach, aiming to create a workplace where all staff feel valued, respected, and empowered to thrive. By addressing intersecting identities and the unique challenges they present, the Trust seeks to ensure its initiatives are inclusive and responsive to the diverse needs of its workforce.

Recognising that individuals often hold multiple protected characteristics, such as race, gender, disability, age, and sexual orientation, the Trust’s intersectional approach emphasises the interconnected nature of these identities. This all-inclusive perspective acknowledges that overlapping identities can create compounded disadvantages and aims to address these complexities collectively rather than in isolation. Such a strategy ensures that the Trust’s EDI efforts are more impactful and comprehensive.



Central to this initiative are six Staff Equity Networks: Men’s, Women’s, RaCE (Race and Cultural Equity), ELFT Ability (supporting disabled staff), LGBTQIA+, and Intergenerational. These networks provide vital platforms for dialogue, advocacy, and support, amplifying the voices of underrepresented groups within the organisation. Each network is championed by an Executive Board Member, ensuring their perspectives and concerns are integrated into leadership decisions and policy-making processes. This collaborative framework empowers these networks to shape organisational practices and promote inclusivity.

The Trust’s commitment to EDI is further strengthened by the adoption of six High-Impact Interventions, which serve as the foundation for meaningful change:
1. Measurable Objectives for Leadership: Chairs, Chief Executives, and Board members are assigned clear, actionable EDI objectives, ensuring accountability and progress.
2. Inclusive Recruitment and Talent Management: Recruitment processes are revamped to eliminate biases and promote diversity, embedding talent management practices that ensure fair opportunities for all candidates.
3. Eliminating Pay Gaps: Targeted initiatives address pay disparities related to race, disability, and gender, encouraging a more equitable compensation structure.
4. Addressing Health Inequalities: The Trust promotes equitable access to health resources and addresses disparities within its workforce to support overall wellbeing.
5. Comprehensive Induction and Onboarding: A robust program emphasises the Trust’s commitment to EDI from the outset, helping new staff feel welcomed and included.
6. Eliminating Bullying and Harassment: Focused efforts aim to eradicate environments where bullying, harassment, or physical harassment may occur, ensuring a safe and respectful workplace.

Workforce Race Equality Standard (WRES)

All six high-impact interventions are linked to this work.

The Workforce Race Equality Standard (WRES) is a national framework designed to address inequities and ensure employees from Black and Minority Ethnic (BME) backgrounds have equal opportunities and fair treatment.

In 2024, ELFT submitted its workforce data to the National Workforce Equality Team. Unlike previous years, no data was requested for the Medical Workforce Race Equality Standard (MWRES) or Bank Workforce Race Equality Standard (BWRES). With 57% of our workforce identifying as BME, ELFT significantly exceeds the national average of 29%, reflecting the diverse communities we serve.

We recognise that diversity is not homogeneity. Our initiatives are informed by listening to the voices of our ethnically diverse workforce to tailor plans, address specific challenges, and create a workplace culture that embeds equity, diversity, and inclusion (EDI) into daily practices.

Key Findings

- BME Representation: Increased across all bands except for Medical and Dental Trainees, whose recruitment is managed externally.
- Overrepresentation: BME staff are disproportionately represented in Band 1-4 (clinical and non-clinical) and Band 5-7 (clinical roles).
- Leadership Gap: ELFT ranks in the bottom 10% nationally for the gap in BME representation at Band 8c-VSM compared to the overall workforce.
- Disciplinary Disparity: The likelihood of BME staff entering formal disciplinary processes has decreased (2.9 to 2.11) but remains almost twice the national average (1.09 in 2024).
- Career Progression: Equity gaps in career progression have significantly improved, with Metric 7 (equal opportunities for career progression or promotion) halving its equity gap from 15.1% in 2023 to 7.5% in 2024.

Areas of Improvement

1. Indicator 3: Likelihood of entering formal disciplinary processes.
 - Objective: Achieve equity by April 2025.
 - Current Status: BME staff are 2.11 times more likely than White staff to face formal disciplinary processes.
2. Indicator 1: Career progression for non-clinical roles.
 - Focus: Address barriers to progression from lower bands to senior levels for BME staff.
3. Indicator 5: Harassment, bullying, or abuse from patients, relatives, or the public.
 - Action: Continue to address and reduce incidents targeting BME staff.

Best Performances

ELFT ranks among the best-performing trusts nationally in the following WRES metrics:

- Indicator 2: Likelihood of appointment from shortlisting (Top 15%).
- Indicator 4: Likelihood of undertaking non-mandatory training (Top 15%).
- Indicator 7: Equal opportunities for career progression or promotion (Top 25%).
- Indicator 8: Discrimination from a manager, team leader, or colleague in the last 12 months (Top 25%).

WRES: What's Next?

- Targeting Disciplinary Disparities: Introduce enhanced training and support mechanisms for managers to mitigate unconscious bias in disciplinary decisions.
- Leadership Representation: Expand mentoring and sponsorship programs for BME staff to increase representation at senior levels.
- Harassment and Bullying: Launch targeted campaigns and provide additional resources to support BME staff who experience harassment or bullying.

These actions demonstrate ELFT's commitment to addressing disparities, driving cultural change, and ensuring accountability in workforce equity.

FLAIR

For the second time, the Trust invited staff to complete the FLAIR (Race in the Workplace) survey. The confidential situational judgement survey was open to substantive staff as well as staff who had been on Bank for longer than six months. Like in 2022, when ELFT first launched FLAIR, the findings of this survey will shape the Trust's antiracist statement, strategy and action plans.

The FLAIR survey focuses on four key measurement areas: Racial Diversity, Racial Awareness, Racist Behaviours and Racial Inclusion.

Key Findings

- Staff of 55 nationalities completed the FLAIR survey.
- Although Racial Diversity itself was a strength area, the lowest score across seniorities was in Band 8c. A lack of diversity at senior levels was noted to impact staff progression and patient relatability.
- Respondents expressed a widespread need for mandatory antiracism and cultural sensitivity training.
- Across all ethnicities, concerns were raised about the impact of direct and indirect racism on the physical and mental health of staff.
- A growing interest was expressed in intersectionality, including discrimination based on overlapping identities (such as race, religion and gender) and awareness of resultant systemic bias.
- On average, respondents not identifying as White British, as well as 32% of Asian respondents, felt their ethnicity was somewhat a barrier to feeling included at work.
- 38% of Black respondents felt their ethnicity was a barrier to receiving promotion opportunities.

Areas of Improvement

- The lowest scoring measurement area in 2024 was Racial Awareness. This was calculated based on how appropriately staff responded to fictional examples of racism at work. At 3.4/10, the score is lower than in 2022, where the Trust scored 5.5/10.
- 65% of respondents thought the Trust could significantly improve by creating a culture for staff to confidently discuss, identify and challenge racism.
- Staff reported a lack of awareness (1.2/10) about how to respond appropriately when witnessing racist jokes at work.
- Persistent hurdles were identified for BME staff in recognition, promotion and leadership opportunities. Concerns were expressed about favouritism and bias in recruitment and promotion processes.
- The need for timely, transparent responses to racist incidents was raised by Black respondents. Black respondents witnessed racist behaviours most frequently across all ethnic groups.
- Mixed ethnicity respondents discussed the impact of unspoken hierarchies in team dynamics.

Best Performances

- Racial Diversity continued to be the highest scoring measurement area, with a score of 7.8/10 for those completing the survey. Many respondents described their teams as inclusive, respectful and feeling pride in the diversity of the workforce.
- High levels of Racial Awareness were identified in White British respondents on how to appropriately respond to racial discrimination.
- Certain leaders and departments were praised for being proactive in addressing discrimination and fostering a culture of inclusivity, including through safe spaces for open conversations about racial equity.

FLAIR: What's Next?

- Promotion and Leadership: Identify ways for senior staff and management to challenge workplace racism.
- Diversity in Senior Roles: Set targets for increased Black, Asian and Mixed ethnicity representation in senior roles and management.
- Bias Reporting System: Develop a system to categorise bias-related incidents, with a clear, transparent process that allows for accountability and protects privacy.

Anti-Racism Workshops

ELFT has demonstrated its ongoing commitment to being an anti-racist Trust through a series of workshops, with individual focuses on antisemitism, xenophobia and Islamophobia. Facilitated respectively by Campaign Against Antisemitism, The Behaviour Garage and Stop Hate UK, these sessions provided vital insights into the harmful impacts of antisemitism, xenophobia, and Islamophobia. In addition to meaningful dialogue and thoughtful discussions, staff were offered practical tools to challenge these forms of discrimination in the workplace. Through training, education and open dialogue, the Trust continues to support staff to address and challenge biases, and fostering a culture of respect, understanding, and solidarity.

Anti-racism training supports the Trust to reduce inequities, demonstrating a commitment to the Public Sector Equality Duty under the Equality Act 2010. The Trust's existing policies, including Dignity at Work and Freedom to Speak Up, are supported by this training which encourages staff to report and respond to racial incidents. This training offer forms part of the Trust's broader work towards anti-racism, which includes ELFT's involvement in the development of the North East London ICS Anti-Racism Strategy. This collaborative work with partners in the Integrated Care System (ICS) to develop a system-wide anti-racism strategy is crucial to ensuring that all forms of racism are addressed. The outcome of this work is ensuring that ELFT remains an inclusive, safe, and supportive environment for all, with a healthcare system that provides equitable quality care.

ELFT's previous offer of anti-racism training centred on anti-Black racism. These initial workshops provided staff an opportunity to learn about and reflect on the impacts of anti-Black racism, supporting in the development of an ELFT Anti-Racism Strategy and Statement. Feedback from these initial workshops indicated a need for a deeper focus on other forms of racism, with specific focus on antisemitism, Islamophobia and xenophobia to reflect the needs of our diverse workforce and communities.

This ongoing series of sessions additionally also came at a much-needed time, following 2024's race-related incidents across the globe and within the United Kingdom that had profoundly impacted many within our workforce and the communities we serve. Feedback and learning from the workshops delivered so far will inform the shape of future anti-racism training, particularly around finding the appropriate balance between maintaining an apolitical stance, and responding sensitively to prejudice, discrimination and hate crime that may be

associated with heavily politicised current events. Ensuring a focus on ELFT's obligations to provide quality care and equitable access will support to deliver anti-racism training that supports all staff and contributes to meaningful progress towards the Trust's anti-racism objectives.

Workshop Feedback

The anti-racism workshops were highly engaging and thought-provoking, with attendees praising their depth, relevance, and practical insights. Participants valued the opportunity to reflect on workplace dynamics, explore psychological safety and unconscious bias, and gain tools to challenge discrimination. The sessions encouraged open discussions on identity, inclusion, and systemic barriers, with many attendees recommending them as essential learning. The workshops were also commended for combining lived experience with legal and historical context, debunking common stereotypes, and encouraging candid conversations. Across the sessions, participants expressed a strong commitment to applying their learning, sharing insights with colleagues, and driving meaningful change.

Workforce Disability Equality Standard (WDES)

All six high-impact interventions are linked to this work.

The Workforce Disability Equality Standard (WDES) measures and addresses disparities in workplace experiences between Disabled and Non-Disabled staff. ELFT values the voices and experiences of Disabled employees, embedding these into support mechanisms and initiatives to promote equity.

This report is based on WDES data submitted to NHSE in 2024, which includes 2023 Staff Survey results and staff information as of March 31, 2024.

As a Level 2 Disability Confident Employer, ELFT are committed to inclusive recruitment and accessibility. Our partnership with Purple Space provides professional development resources for Disabled employees, network leaders, and allies. ELFT also collaborate with the Business Disability Forum to deliver person-centred support for our workforce.

In 2024, 7.5% of ELFT staff declared a disability, up from 7.3% in 2023.

Key Findings

- Representation: The percentage of Disabled staff increased in most bands, except Non-Clinical Band 5-7 and Band 8C-VSM (Clinical and Non-Clinical).
- Capability Process: The relative likelihood of Disabled staff entering the formal capability process has significantly improved, dropping from 11.63 in 2023 to 3.82 in 2024.
- Recruitment: The likelihood of Non-Disabled staff being appointed from shortlisting compared to Disabled staff increased from 0.7 in 2023 to 1.1 in 2024, highlighting an area for improvement.
- Workplace Adjustments: The percentage of Disabled staff reporting adequate adjustments increased from 71% in 2023 to 76% in 2024.

Improvements in metrics 4-6 show progress in reducing equity gaps, though further work remains to sustain these positive changes.

Areas of Improvement

1. Indicator 1: Disabled Representation in the Workforce

- Objective: Increase disability declarations from 7.5% to 10% by April 2025.
- Action Plan:
 - o Promote self-disclosure through the Employee Staff Record (ESR) system, especially for neurodivergent conditions and hidden disabilities.
 - o Leverage awareness campaigns and staff networks to encourage open conversations about disability.
- Rationale: Reflecting the estimated 15-20% neurodivergent population in the workforce will support metrics on representation and capability process equity.

2. Indicator 3: Capability Processes

- Objective: Continue reducing the disparity in Disabled staff entering formal capability procedures.
- Action Plan:
 - o Provide targeted training for managers on unconscious bias and neurodivergence.
 - o Enhance early support and reasonable adjustments to prevent escalation to capability processes.

3. Indicator 4a: Harassment, Bullying, or Abuse from Patients or the Public

- Objective: Address incidents of harassment and abuse reported by 29% of Disabled staff in 2023.
- Action Plan:
 - o Develop and promote robust incident reporting mechanisms.
 - o Implement Trust-wide campaigns to educate the public and service users about appropriate behaviour toward staff.

Areas of Best Performance

ELFT ranks in the top 15% nationally for the following metrics:

- Indicator 7: Satisfaction with how the organization values Disabled staff's contributions.
- Indicator 9a: Staff engagement score.
- Indicator 10: Disabled representation on the Board compared to overall workforce representation.

WDES: What's Next?

- Strengthening Recruitment Equity: Enhance inclusive hiring practices to ensure fair outcomes for Disabled applicants. Use data insights to inform targeted interventions.
- Embedding Adjustments Support: Improve systems to track and provide reasonable adjustments for Disabled staff, ensuring consistent and timely support.
- Reducing Harassment: Work closely with ELFT Ability Network to implement Trust-wide awareness campaigns to tackle harassment and bullying incidents.
- Monitoring Progress: Regularly review and communicate progress on WDES metrics through workshops, focus groups, and data dives with staff networks.

By addressing these areas, ELFT aims to foster a more inclusive workplace where Disabled staff can thrive and contribute fully to the Trust's mission.

Disability Confident

As an action noted from last year's WDES reporting, ELFT completed a self-assessment confirming the Trust's compliance with Disability Confident Leader Level 2 requirements. This involved evidencing the Trust's inclusivity of disabled staff in policy and practice, highlighting progress and improvement areas, in coordination with ELFT Ability (our network for disabled staff), People and Culture and Wellbeing services.

Findings

1. The Trust's targeted employment activities as part of the Population Health programme include employment support fairs and a QI project to widen ELFT's work experience programme. However, more could be done to ensure specific communities are targeted, and for ELFT Ability and the EDI team to be present at disability recruiting events.
2. All recruiting applications are on Trac. Although alternative formats are not available, all advertisements undergo a rigorous process to ensure accessibility, with clear, simple language, explicitly stating that the Trust welcomes disabled applicants, guaranteeing them interviews through the two-tick scheme if minimum criteria is met for the role applied for.
3. In addition to wellbeing support, existing policies cover management of disabilities and health conditions, such as flexible working and reasonable adjustments.
4. Disabled staff have various feedback mechanisms, including ELFT Ability, the EDI feedback form and the Staff Survey.

Priority Areas

1. Ensuring an inclusive, accessible recruitment process.
2. Providing work trials for potential hires; this is not currently a standard in the Trust.
3. Targeted advertising through disability-focused media.
4. Developing innovative methods to encourage applications from disabled individuals and providing supportive measures upon hiring.

Improvement Areas

1. Ensuring reasonable adjustments are consistently offered on a proactive basis, and training all managers in providing reasonable adjustments.
2. 7.5% of staff declared their disability on their employment record. There is still a significant gap between this figure and the anonymous Staff Survey, but this has closed consistently over the past few years.
3. Ensuring employees have sufficient disability equity awareness training. The Trust currently provides training to make recruitment accessible. This is included in managers' training as well as mandatory EDI training for all staff.

Pay Gap Reporting

This work links to high-impact intervention 3: Eliminating Pay Gaps: Targeted initiatives address pay disparities related to race, disability, and gender, encouraging a more equitable compensation structure.

Our goal is to aim for total pay gap equity, while promoting diversity and inclusion in leadership and enhancing workforce support and engagement. Our pay gap actions include increased salary transparency and pay progression, specific targets for recruitment, retention and promotion and the fostering of a more inclusive workplace culture that addresses the needs of all employees, particularly those from marginalised backgrounds. These actions align with our strategic plans for WRES, WDES, our People Plan, and our NHS High Impact Action Plan. Our analysis of data includes pay gap by pay quartiles, staff group, pay bands and bonuses, allowing for us to identify more pronounced pay inequities and marked improvements, all which inform our strategic priorities.

[Link to Pay Gap Report 2024](#)

Gender

Gender Pay Gap reporting has been mandated since 2019 for employers with 250 or more employees. Legislation requires NHS Trusts provide snapshots of average pay differences for men and women, as well as differences in bonus payments. Reports must be published on the employer's website, a government website and confirmed by a senior official.

Our Gender Pay Gap reporting is particularly important given 72% of ELFT's workforce are women. Since 2020, our mean and median hourly pay differences have narrowed between male and female employees. In 2020, the mean gender pay gap was 12%; in 2023, it is 7%. Additionally, the median gender pay gap was 6% in 2020, and it is now 1% in 2023.

Ethnicity

This is the first year ELFT has reported on Ethnicity Pay Gap. Future Ethnicity Pay Gap reports will include data analysis of trends, improvements and priority areas, measuring the Trust's progress from the previous year.

57% of ELFT's workforce come from diverse ethnic backgrounds (significantly more than the national average of the NHS workforce, of which 31% are from non-white ethnicities). Thus, our Ethnicity Pay Gap reporting is vital in informing our strategic equity plans, aligned with the Workforce Race Equality Standards (WRES) action plan and the NHS High Impact Action Plan. Targets include retention of Black and Asian staff through mentoring and development initiatives, setting recruitment targets for Black and Asian staff and encouraging increases in Black and Asian representation in Band 8d and above through mentorship and development programmes. All pay gaps are calculated against the average pay of white employees.

Across ELFT's workforce, white staff receive a higher average and median hourly pay rate than any other ethnicity. Black employees have the biggest average hourly pay gap (14.26%), while Asian employees have the largest median hourly pay gap (15.70%). Black staff face the largest ethnicity pay gap (11.25%) in the Allied Health Professionals staffing group. Asian staff have the largest ethnicity pay gap in the Administrative & Clerical staff group. However, within some staff groups, white employees experience a pay gap, such as Additional Clinical Services where average pay of white employees is less than Black, Asian and Mixed Ethnicity staff.

Disability

This is the first year ELFT has reported on Disability Pay Gaps, though they are not yet mandated by NHS England.

7.5% of ELFT's workforce has declared a disability, largely in line with the national average in the NHS workforce (7% of whom declared a disability). 86.3% of ELFT's workforce are non-disabled; 6% did not disclose their disability status. Given this, our Disability Pay Gap reporting helps inform our strategic goals, particularly relating to the Workforce Disability Equality Standards (WDES) action plan and NHS High Impact Action Plan. This includes increasing disability declaration rates, recruiting more disabled staff and improving reasonable adjustments for disabled staff. Pay gaps are calculated against the average pay of non-disabled staff.

In ELFT's overall workforce, disabled staff experience an hourly pay gap of 7.27% and median hourly pay gap of 4.54%. The majority of disabled staff are in the lower quartile, and Band 3 disabled staff face the largest disability pay gap (10.04%) followed by Band 9 staff (9.17%). Disabled staff are significantly underrepresented in Band 8b (4%) and Medical (4.4%). The

staffing group with the largest disability pay gap is Medical and Dental (13.63%) followed by Additional Clinical Services (5.63%) and Allied Health Professionals (5.07%).

Stonewall Equality Index

Stonewall has recognised ELFT's work to create an equitable, inclusive and supportive work environment with its bronze award. This means the trust has met specific requirements to demonstrate its commitment to LGBTQIA+ inclusion, involving consistently upholding Stonewall's values and the establishment of support groups.

This was measured when members of the LGBTQIA+ Staff Network completed the 2024 Stonewall UK Workplace Equality Index, the definitive benchmarking tool for employers to measure progress on inclusion. This year ELFT's results hit their highest ranking so far, coming in at 156 out of 256 participating organisations, moving up from last year's ranking of 210.

The implementation of the LGBTQIA+ Network's new strategy following its relaunch in 2023 has been integral to this achievement. Establishing a weekly safe space, appointing bi and trans representatives and continuing to visibly celebrate London Pride and Black Pride see the trust's offering of support for LGBTQIA+ staff to be in alignment with Stonewall's robust quality measures.

When individuals have concerns at work, ideally, they can discuss them with their line manager in the first instance. If this is not always possible, for whatever reason, they can also speak to: Their line manager's manager, supervisor, service lead, clinical lead, directorate lead, professional lead, raise an incident via InPhase, speak with the People & Culture Team, speak with their Union/Union Rep.

However, if individuals do not feel they can speak up to those, or they already raised their concerns but have not received feedback or seen an improvement, they can refer to the Freedom to Speak Up Guardian for support. Freedom to Speak Up is an additional route to support raising concerns and speaking up on matters.



Staff Health and Wellbeing

In 2024, ELFT continued its commitment to staff wellbeing, focusing on offering physical, emotional, social, environmental, and financial wellbeing throughout the year, as outlined in the five pillars of ELFT's Wellbeing Wheel.

The Trust implemented initiatives to comprehensively support staff in maintaining their wellbeing and thriving both personally and professionally. By creating an inclusive and supportive workplace, ELFT encouraged open conversations about health challenges and provided resources to empower staff. These efforts reflect the Trust's dedication to ensuring employees feel valued and supported across all aspects of wellbeing, promoting a healthier and more balanced work environment for all.

Recognition

At ELFT we know that peer-to-peer and staff recognition can go a long way to supporting our staff's health and wellbeing. The Annual ELFT Staff Awards Ceremony was held in October 2024. 717 employees attended the evening, including the choir, helpers and special guests. There were 14 award categories with 18 winners (a mix of both teams and individuals). Additionally, our new Highfive app (which is available for download on ELFT mobile phones) launched in April 2024 where staff can continuously recognise the hard work and tireless dedication of their colleagues, actively appreciating one another as a daily part of work lives.

The Wellbeing & Engagement Team continually explore ways to support ELFT staff with their health and wellbeing and initiatives available. These are promoted in the ELFT BE WELL Wellbeing newsletter which is sent to all ELFT staff and staff clicked through and accesses support/resources link approx. 18,000 times in 2024. This support includes cycle to work and home electronics orders, employee/team of the month, holiday pay schemes, massages, Pilates, induction, managers induction, money management and cost of living seminars and support signposting, attending special request away days/network groups and MOT health checks for staff.

Vitamin D Supplements for All Staff

The annual Vitamin D campaign known as 'Sunshine in my pocket' has become an important part of ELFT's commitment to staff wellbeing and equity since the winter season in 2020. This initiative, which offers a free three month's supply of vitamin D supplements to staff during winter months, supports the health and wellbeing of ELFT staff while promoting inclusivity across our diverse workforce.

Vitamin D deficiency is known to disproportionately affect individuals with darker skin tones (particularly those from African, Caribbean and South Asian backgrounds) due to reduced absorption from sunlight. Research found that shift workers and indoor workers are more likely to be deficient in vitamin D during the winter months, so they may benefit the most from the vitamin D supplement. Therefore, the Trust aims to improve staff wellbeing whilst in the workplace by offering this resource free to ELFT staff. This campaign not only supports health and wellbeing but actively addresses an important health inequity, given over half our staff (53.42%) is Black or Asian.

Benefits of Vitamin D

Symptoms of vitamin D deficiency include muscle weakness, pain and fatigue. Through 'Sunshine in my Pocket', ELFT staff reap the benefits of receiving this supplement for free in the winter months. [Benefits of Vitamin D](#) as published by the NHS include:

- Strengthening the immune system and reducing susceptibility to illness, which can lead to fewer sick days.
- Promoting better bone health, as deficiencies can lead to bone deformities and other bone-related problems.

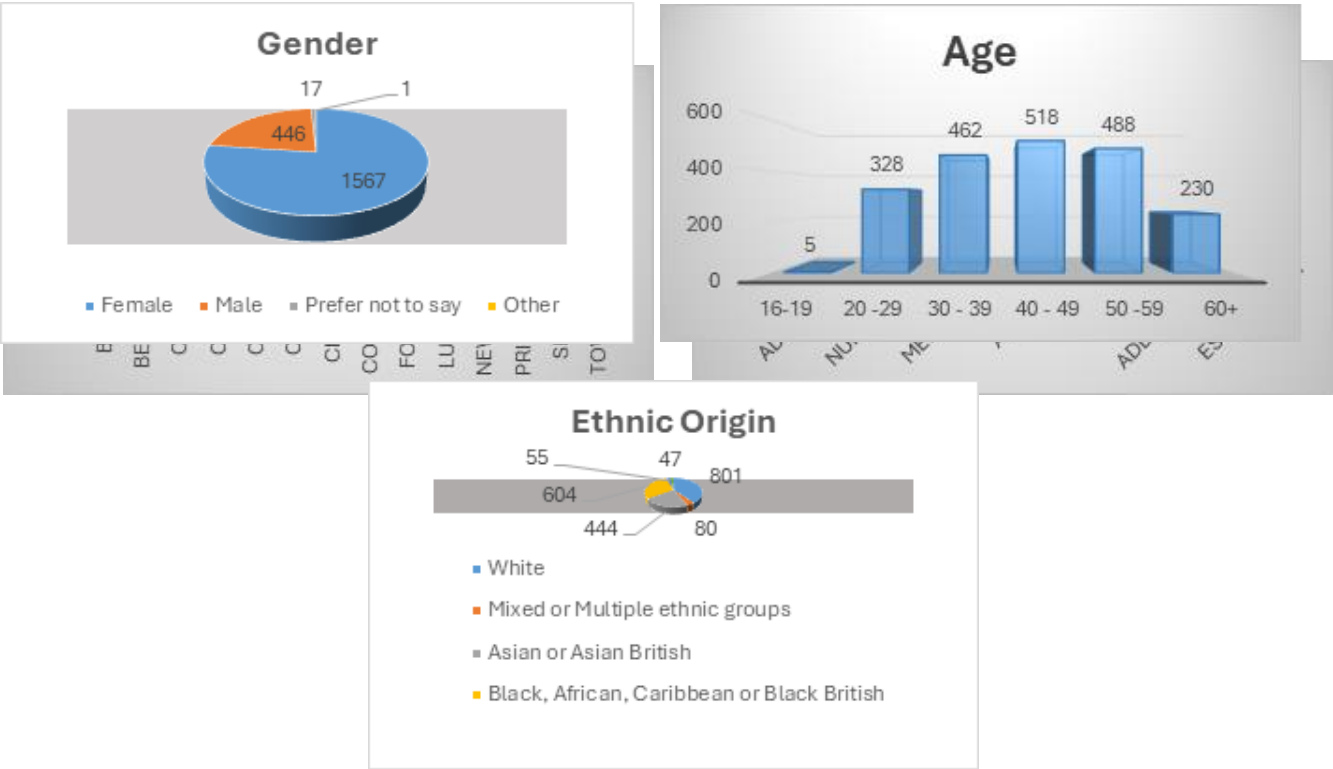
- Regulating the amount of calcium and phosphate in the body (the nutrients needed to keep bones, teeth and muscles healthy).
- Reducing fatigue and improving low energy levels.

In winter 2023/24, we saw a large uptake, with 2,031 requests for vitamin D supplies, up from 1,884 the previous year. This increase along with feedback we received from staff reflects not just a growing awareness but also staff’s confidence in the benefits of the wellbeing offer. The campaign is beneficial in reaching all corners of our workforce. Of the total requests,

- 1,567 came from female staff, and 446 from male staff.
- By ethnicity, 801 requests were from White staff, 604 from Black, African, Caribbean or Black British staff, and 444 from Asian or Asian British staff.

Staff have reported improvements in their physical and mental health, with many noticing reduced winter illnesses and a boost to their overall wellbeing. As one ELFT colleague shared, “It shows the Trust cares about its staff and makes a real difference during winter.”

Whilst providing this supplement to our employees, we were able to capture the below infographics, which enables us to see where the need is most:



Men’s Health

2024 marked the relaunch of the Men’s Network at ELFT, an important step in addressing the unique challenges faced by men, who make up just 25% of the Trust’s workforce.

Key Activities in 2024

- Network meetings have provided a platform for discussing topics such as navigating parenthood for first-time fathers and those serving as primary caregivers.
- Sessions explored the experience of being the only male in a team or shift, addressing feelings of isolation and the importance of fostering inclusivity.
- Prostate Cancer Awareness: During Men's Health Week (June 10–16), the Trust ran a focused campaign on prostate cancer awareness. This included:
 - o Digital resources on early detection and treatment options.
 - o General health and wellbeing guidance to encourage men to take proactive steps in managing their physical and mental health.

What's Next for Men's Health

1. Expanding Network Reach
 - Plan in-person meetings and focus groups at various ELFT sites to connect directly with male staff and identify pressing issues.
 - Actively promote the network to increase membership and representation.
2. Addressing Sexual Violence and Harassment
 - Upcoming discussions will tackle how sexual violence and harassment towards male staff are perceived and managed within the Trust.
 - The network will work collaboratively to improve reporting mechanisms and ensure fair support for male victims.
3. Promoting Health and Wellbeing
 - Continue providing resources and information to support men in living longer, healthier, and more fulfilling lives.
 - Collaborate with other staff networks to create shared initiatives, fostering equity and mutual goals across the Trust.
4. Strengthening Collaborations
 - Build meaningful relationships with other networks to create a supportive ecosystem for male staff while advancing equity across all groups.

Menopause Health Campaign

The menopause transition can be a challenging period, marked by symptoms such as hot flushes, insomnia, anxiety, fatigue, and low mood. These symptoms not only impact daily life and work performance but also increase long-term health risks such as heart disease, osteoporosis, and depression. With women making up 74% of ELFT's workforce, providing targeted support during this life stage is essential for individual well-being and fostering an inclusive workplace.

Key Achievements in 2024

1. Menopause Support Workshops
 - ELFT hosted its first-ever Menopause Support Workshops, open to all staff, including those experiencing symptoms, supporting colleagues, or wanting to learn more.
 - Five workshops were attended by 58 staff members, receiving an average satisfaction rating of 4.6 out of 5.
 - Feedback highlighted the workshops' value in providing reassurance, practical guidance, and actionable information, reinforcing ELFT's commitment to creating an informed and supportive environment.
2. Menopause Day Event
 - On October 18th, the Women's Network held an online Menopause Day meeting, sending out fliers and other resources to participating teams.

- This event served as a springboard for continued dialogue on menstrual health, perimenopause, and menopause, sparking plans for a follow-up meeting in January 2025.

What's Next for Menopause at ELFT?

1. January 2025 Follow-Up Session

- Aimed at expanding the conversation to cover menstrual health, perimenopause, and menopause.
- The Women's Network will host breakout rooms to gather feedback on the main challenges faced by staff and actionable ways ELFT can enhance support.
- Invitees include colleagues, brothers, partners, sons, and daughters, ensuring a broader understanding of menopause and promoting allyship across genders and relationships.

2. Workplace Support Initiatives

- Use staff feedback from the January session to inform future policies, resources, and workplace accommodations.
- Continue providing practical tools and information to improve the working lives of women navigating menopause.

3. Inclusive Awareness Campaigns

- Extend education and awareness efforts, emphasizing the importance of understanding menopause for all staff, regardless of gender, to build a more empathetic and inclusive culture.

Sexual Safety Charter

On September 4, 2023, NHS England (NHSE) launched its inaugural Sexual Safety Charter, and ELFT immediately committed to its principles. By signing the Charter, ELFT reinforces its zero-tolerance approach to any unwanted, inappropriate, or harmful sexual behaviours within the workplace. The Trust is dedicated to the ten core principles outlined in the Charter and has taken significant steps to implement and embed these commitments across its services.

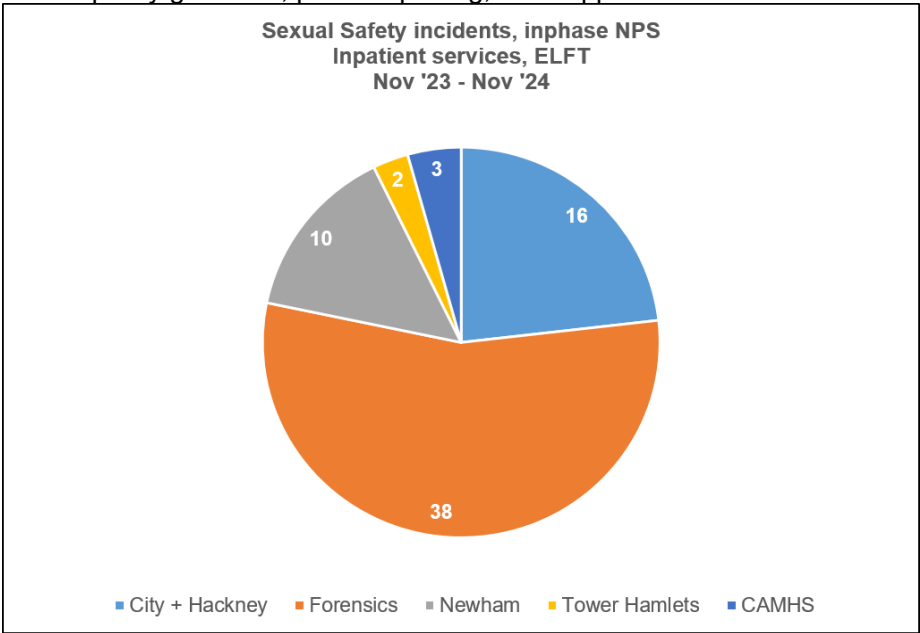
A trust-wide working group, comprising staff, service users, and carers, meets bi-monthly to guide the implementation of the Charter. This collaborative approach ensures that the priorities of both staff and service users are addressed, adapting commitments as needed to meet their specific needs.

ELFT has already taken concrete actions to support the Charter's objectives, including:

- Establishing a Sexual Safety Intranet page, providing staff with access to support resources, signposting, and guidance.
- Appointing Emma Furlong (Sexual Safety Lead for Forensics) to support the project one day per week.
- Developing an Action Tracker to monitor and prioritise activities, with a target to meet commitments by July 2024.
- Formalising Terms of Reference and accountability to the Sexual Safety Steering Group, which oversees implementation.
- Launching a dedicated Sexual Safety Inbox, offering staff a direct line for support and guidance.
- Enhancing communications through regular updates and signposts to intranet resources, ensuring all staff are informed.
- Progressing the creation of an ELFT Sexual Safety Teams channel and a resource library to centralise support materials.

Raising awareness and embedding sexual safety support for both staff and service users will be pivotal in successfully implementing the Charter. Key initiatives planned for Autumn 2024 include:

- Launching the 'Ask Alex' campaign, inspired by the national 'Ask for Angela' initiative. Posters, co-designed with service users, will provide guidance on seeking discreet help.
- Co-developing a Sexual Safety Charter for service users, led by service users and the communications team.
- Training staff to triage sexual safety support requests received via the dedicated email.
- Rolling out the NHSE Sexual Misconduct Policy and Training through the ELFT Learning Academy.
- Collaborating with ELFT's QI team to use data tools such as InPhase, Power BI, and Safety Cross/Huddles to produce monthly reports on prevalence and improvement areas.
- Introducing Sexual Safety Ambassadors in each directorate to provide support, raise awareness, and address inappropriate behaviours.
- Developing a specialised two-day training programme, delivered by Independent Sexual Violence Advisors (ISVAs), to equip Sexual Safety Ambassadors with skills in policy guidance, police reporting, and support services.



These initiatives reflect ELFT's unwavering commitment to fostering a safe and supportive environment for staff and service users alike, ensuring the principles of the Sexual Safety Charter are woven into the fabric of the organisation.

EDI Research at ELFT

ELFT is actively partnering on and hosting EDI research projects to address inequities through an intersectional lens. Key initiatives and findings include:

Workforce Racism

- Research Lead: Dr. Camilla Parker (QMUL)
- Findings: A survey of NHS staff in the Royal London Hospital Older Persons Service revealed:
 - o 69% of Black, Asian, and Minority Ethnic staff experienced racism.
 - o 80% of White staff witnessed racism, yet most incidents were unreported.

- 67% of staff saw patients request a clinician of a different ethnicity.

Digital Equity

- Research Leads: Saleem Haider & Dr. Ben Wright (ELFT and City University)
- Findings: A survey of 30,000 service users (1,500 responses) identified socio-economic, demographic, and health-related determinants of digital exclusion. Key factors identified for digital exclusion are increasing age, ethnicity and decreasing income. ELFT has trained two cohorts of service users and staff in becoming Digital Life Coaches as part of the PPDC (People Participation Digital Community) project, and they are currently recruiting for their 2025 cohorts.

Health Inequity – [PEGASUS Project](#)

- Research Partners: ELFT, QMUL, and City University
- Focus: Addressing cardiovascular disease (CVD) risks in people with severe mental illness (SMI). This six-year study (2023–2028) explores lifestyle interventions, medication side effects, and targeted community outreach to reduce disparities, particularly in Black and minority ethnic groups.

Intellectual Disability – [ICONIC Project](#)

- Research Lead: Prof. Afia Ali (NIHR Programme Grant)
- Focus: Adapting DIALOG+ care planning for individuals with intellectual disabilities to improve quality of life and manage challenging behaviour.

Adult Mental Health

- **DIALOG Data Review:** Analysis of patient outcome data revealed:
 - Increased health needs among Black and Asian communities during the pandemic but better outcomes overall.
 - Gender, age, and deprivation influenced satisfaction levels across life domains.
 - Partners: ELFT and Portsmouth University.
- **[ARIADNE Impact Study](#):** Follow-up workshops explored patient access for racialised minorities, with findings shared in July 2024.
- **Culturally Appropriate Advocacy:** Researching advocacy's impact for psychiatric inpatients from racialised backgrounds, running in Birmingham and Manchester (2023–2025), with input from ELFT's EDI Research Lead, Dr Rahul Bhattacharya. Objective is to understand what makes culturally appropriate advocacy services effective at meeting the needs of racialised groups, focusing on culturally appropriate advocacy projects being tested by the Department of Health and Social Care.

Children and Young People (CYP)

- **[DEER Study](#):** Led by QMUL's Youth Resilience Unit and funded by Barts Charity, this project explores emotional resilience in primary school children in East London, with a focus on Newham's diverse communities.

[Perinatal and Women's Health](#)

- **Meta-Analysis on Loneliness:** Led by Kate Adlington, this study highlights loneliness as a key factor in perinatal depression, emphasizing the need for stigma reduction and culturally appropriate support, particularly in disadvantaged communities.

These research projects demonstrate ELFT's commitment to using evidence-based approaches to address health inequities and improve patient outcomes across diverse populations.

Conclusion and Next Steps

Over the past year, ELFT have made significant strides in embedding Equity, Diversity, and Inclusion (EDI) across our organisation, ensuring that both patients and staff experience a fairer and more inclusive environment. Key achievements include the development of the Patient and Carer Equity Strategy 2025, strengthening our approach to tackling health inequities, and the continued implementation of the Patient and Carer Race Equality Framework (PCREF) to improve experiences and outcomes for racialised communities. Our work on Workforce Race Equality Standards (WRES) and addressing the pay gap has helped us take further steps toward a more equitable workplace, while our commitment to Disability Confident accreditation has reinforced support for disabled staff and service users.

In mental health services, we have made notable progress in improving Learning Disability access, ensuring that individuals receive the support they need.

The ongoing focus on the Use of Force has led to strengthened safeguarding measures and staff training, promoting safer and more dignified care experiences. Our partnerships with community organisations, schools, and staff networks have been instrumental in increasing engagement and broadening the reach of our initiatives.

The finalisation and implementation of the Learning Disability & Autism Inequalities Strategy will further address gaps in care, while targeted outreach will improve engagement with young adults, racialised communities, and neurodivergent individuals. Additionally, we will enhance collaboration with schools and community partners to extend the reach and impact of our work.

While challenges persist, the dedication of our teams and partners continues to drive meaningful change. By embedding EDI into every aspect of our services and workforce, we are creating a more inclusive, fair, and supportive environment for all. Our ongoing commitment ensures that we will not only sustain this progress but build upon it, shaping a future where equity is not just a goal, but a reality.

REPORT TO THE TRUST BOARD IN PUBLIC 27 March 2025

Title	People & Culture (P&CC) 10 March 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 10 March 2025.

Key messages

Emerging Issues and Challenges

- Media interest in the case of a nurse continuing to work after the expiry of a practice licence and the resulting disciplinary case; the committee received assurance around the strengthening of the process for monitoring registrations.

Cross Cutting Theme: Resourcing and Recruitment

- The committee noted the data showing an increase in the vacancy rate to 10.9% evidencing the success of the vacancy control process, and commended the extensive work undertaken to reduce the reliance on temporary staff which has realised c£5m of cost savings year to date
- The committee assessed a range of data including outcomes from the triple lock process and was assured on the increased robustness in decisions regarding establishment at a local level has been achieved, and noted the intention to review posts declined for recruitment as part of the planning and budgetary processes
- The committee reflected on the importance of clinical transformation and welcomed the progress which is to be supported by capacity work to be undertaken through the GFGT programme alongside a planned review of the target operating model.

Cross Cutting Theme: LGBTQIA+ Staff Network

- The co-leads presented a highlight of their achievements over the past year including the introduction of various membership options ranging from active to private, the provision of two safe spaces and the attainment of a Stonewall bronze award
- The committee noted the successful participation in the well-attended 2024 London Pride parade which received Trustwide support; planning for the 2025 event is already under way with collaboration with the ELFT Ability and the RaCE networks
- The committee reflected on the importance of addressing key challenges particularly the lack of racial diversity and cultural attitudes; and noted work is actively being undertaken to explore confidential ways for individuals to access the network ensuring inclusivity and support for all
- The committee recognised the need for wider focused training in response to ongoing reports of microaggression and ambient homophobia, and was assured that efforts to improve intersectionality between staff networks have been progressing well. The committee commended the positive strides being made in this area which will be essential for fostering a more inclusive and supportive environment for staff.

Primary Care Exit update

- The committee received assurance that negotiations with the Integrated Care Board (ICB) on the majority of practices are progressing well with the affected staff being supported and confidence expressed in securing alternative providers
- The complexity in respect of the subcontract held by ELFT at one surgery has presented some challenges; however, the committee noted that consultations with the affected staff regarding their TUPE transfer have commenced

- The committee welcomed feedback from staff in BLMK recognising the improvements in service they have experienced under the Trust's management
- An analysis of the number of staff affected will be provided to the committee for assurance to support robust tracking of scale, progress and resolution monitoring.

Deep Dive: Directorates:

Talking Therapy Services

- The report and presentation were part of the schedule of directorate updates providing deeper insights into locality priorities, plans and challenges and included a range of qualitative and quantitative data
- The therapeutic interventions offered by the teams include face to face, group sessions and workshops and more recently guided self-help online therapy options, receiving between 4,000-5,000 referrals annually demonstrating a significant demand for services
- The committee noted the strong emphasis on continuous personal development, leadership and coaching programmes which have been key to supporting staff retention within the service and achieving a near full establishment
- The committee reflected on the importance of close partnership working and integrated pathway which fosters co-working and learning between therapists and other professionals. This collaboration also attracts engagement and community workers who identify with the local cultural demographic
- Key challenge is the growing the workforce to meet access targets within the current financial climate. However, the committee was assured that staff wellbeing is being prioritised and enhanced with regular reflective spaces, promotion of cultural awareness, support for reasonable adjustments and access to mental and physical health resources.
- The committee noted the good progress being made in implementing the agile workforce model which has demonstrated clear benefits for the client group being tailored to service user needs.

Staff Survey 2024

- The committee considered the data and feedback from the staff survey results and noted that a range of internal and external factors are thought to have contributed to the decline in engagement. However, requested comparative data from other trusts to provide further evidence and context for this trend, and that there is a focus on actions and a measurement of the impacts and outcomes from work carried out in response to the 2023 survey results
- The committee welcomed the recognition of the importance of triangulation of staff survey findings with other staff feedback mechanisms to ensure a comprehensive understanding of the key themes that matter most to staff. The committee was satisfied this approach will strengthen insights and support targeted improvements in staff engagement and experience.

Equality Diversity and Inclusion Annual Report 2024

The committee:

- Received and considered evidence presented in the annual report and noted the good progress made in the workplace disability equality standards (WDES) data
- Was assured that the ongoing focused work on bullying, harassment and anti-racism continues to drive meaningful change
- Assessed a range of data, including those related to disciplinary procedures, and was satisfied that efforts to ensure equitable processes are progressing effectively
- Requested that further work be undertaken to provide an organisational overview of the groups most affected by ongoing transformation initiatives, ensuring any disproportionate impacts are identified and addressed, to enhance clarity, provider stronger insights and ensure better alignment with high-impact interventions. In reviewing this, the committee reflected on the importance of, and actions being taken to address gaps in representation, strengthen capability processes and expand mentorship opportunities.

Internal Audit Reports

- The committee received assurances from a finalised report on the Trust's appraisal process which was found to be well-defined with good controls and governance in place for monitoring appraisal performance, and that actions against the accepted areas for improvement are being

planned, including essential training for appraisers to support with improving and increasing completion rates

- The committee highlighted that the disruption to the appraisal reporting platform last year would have impacted on the timely completion of appraisals and requested this be fed back to the auditors.

Guardian of Safe Working (GoSW) Q3

- The committee considered the data in the GoSW report for Q3 and was assured there were no major concerns, and that exception reporting and shift coverage were consistent with previous reports.

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 committee:

- Noted the concern on the declining response rate for the staff survey, and received assurance that work is ongoing to understand links to a potential decline in morale across the Trust
- Noted the emerging risks to relationships with the trade unions which have been amplified by the primary care exit process, following tensions already expressed around the GFGT programme
- Agreed there are no planned changes to the risk score, taking account of a number of key metrics remain stable or are progressing

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
27 MARCH 2025

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. It outlines progress, challenges, and ongoing initiatives in recruitment, retention, staff wellbeing, training, and financial viability.

Key findings include:

- Recruitment & Staffing:** The vacancy rate has risen to 10.9%, exceeding the 10% target, with the highest rates in Luton (18.1%), Bedfordshire (17.5%), and Forensics (121.52 WTE vacancies). Medical vacancies remain high but are being actively managed through recruitment initiatives and agency conversions.
- Turnover & Retention:** Turnover has been gradually decreasing since August 2024, with a notable drop in new starters (57% lower than the previous year) which is as a result of proactive work to decrease the overall over establishment. Exit survey data highlights career progression and wellbeing as primary reasons for staff leaving.
- Temporary Staffing:** A structured approach to agency staff reduction has led to a £5.138 million year-to-date decrease in agency spend. The Trust continues to focus on replacing agency roles with substantive hires and bank staff.
- Employee Relations & Sickness Absence:** There is a high volume of employee relations cases, with common disciplinary themes including falsification of records and inappropriate behaviour. Sickness absence remains high at 6% (target: 3.5%), with stress, flu, and gastrointestinal issues being leading cause.
- Statutory & Mandatory Training:** Compliance has improved, with five directorates surpassing 90%. Specific focus remains on Oliver McGowan Tier 1 training for clinical staff.
- Workforce Wellbeing & Inclusion:** The Trust has implemented wellbeing initiatives such as the 'Sunshine in Your Pocket' Vitamin D campaign and continues to improve race and disability equity through targeted actions arising from the findings of the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES).
- Apprenticeships & Organisational Development:** The Trust remains committed to workforce development, with 277 apprenticeships completed since 2017 and new workforce planning strategies being explored. Organisational Development (OD) interventions continue to support staff morale, team cohesion, and leadership engagement.
- Freedom to Speak Up & Staff Engagement:** Concerns remain regarding workplace culture, microaggressions, and procedural fairness. National Quarterly Pulse Survey results indicate a decline in staff engagement, with an increased focus required on retention and morale-boosting strategies.

The Trust remains focused enhancing staff experience to ensure long-term operational resilience and service quality.

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.

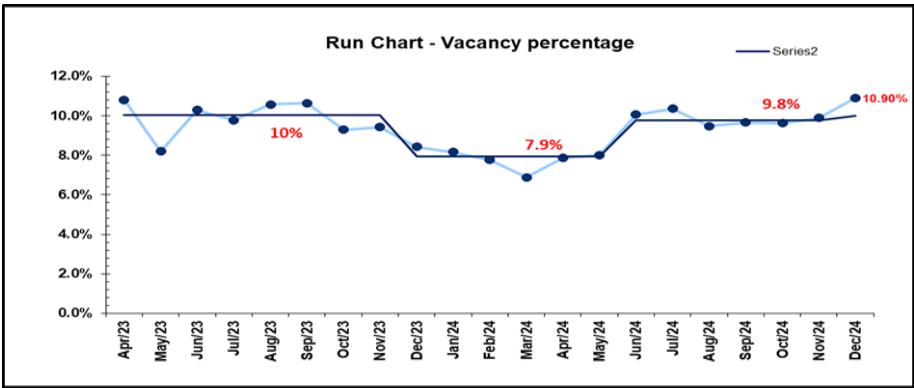
Improved population health outcomes	<input checked="" type="checkbox"/>	
Improved experience of care	<input checked="" type="checkbox"/>	
Improved staff experience	<input checked="" type="checkbox"/>	
Improved value	<input checked="" type="checkbox"/>	

Implications

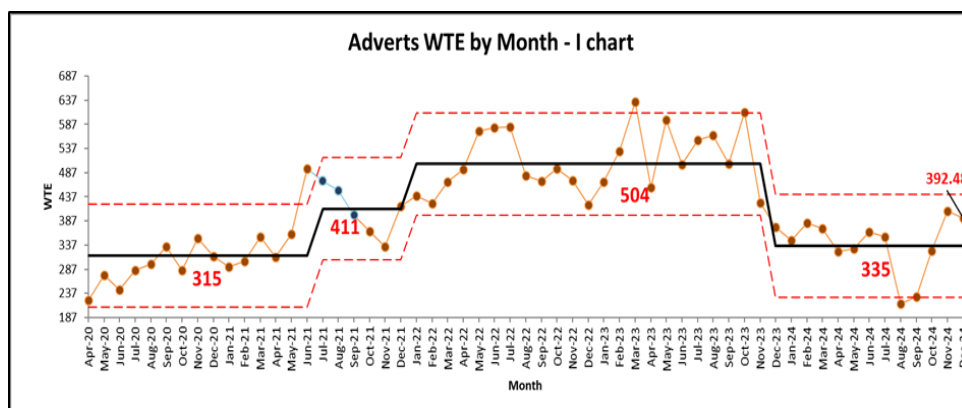
Equality Analysis	Analysis of the experience of different groups is undertaken as part of the Trust's inequalities workstream and population health task and finish group.
Risk and Assurance	This report covers performance for the period as of December 2024 and provides data on key compliance across each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

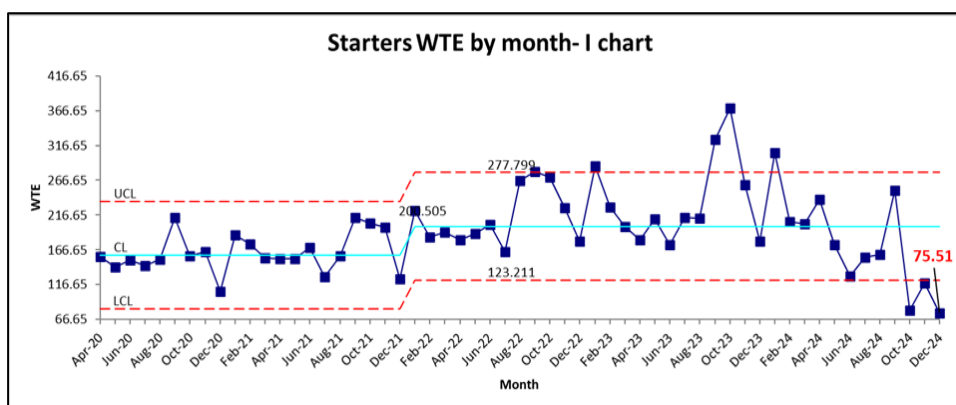
1.1 This section gives an update of the recruitment activity within the Trust.



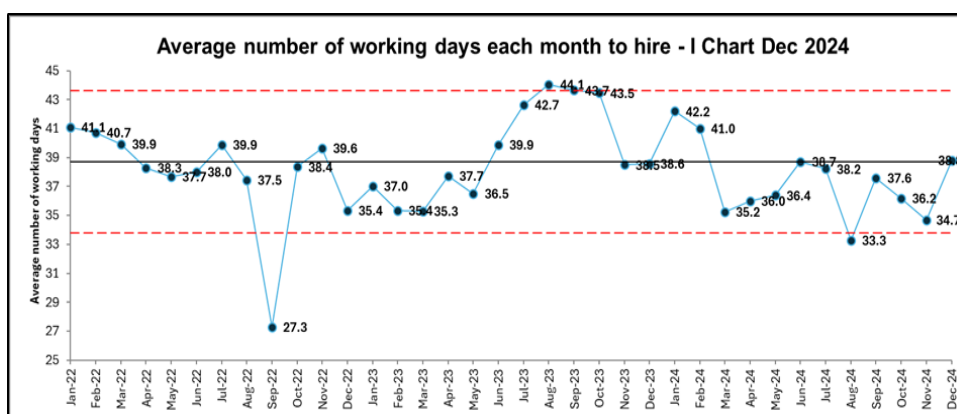
- 1.2 The Trust average vacancy rate has slightly breached the target of 10% and is now at 10.9%. This is an increase of almost 1% equating to 886.70 whole time equivalent (WTE) vacant posts. This increase is likely to stem from posts being put on hold at the vacancy control panel and rejections from the triple lock process.
- 1.3 Luton has the highest reported number of vacancies of 18.1% equating to 74.16 WTE. To address this, around 30 posts were approved at a previous vacancy control panel so it will take some time to see a reduction in the rate while recruitment takes place. Bedfordshire has the second highest reported vacancy rate at 17.5% with 171 WTE. Forensics directorate has the next highest number of vacancies, increasing to 121.52 WTE.
- 1.4 Nursing vacancies across the Trust have slightly increased to 9.2% up from 8.5% with 190.69 WTE vacant roles. We continue to monitor nursing hotspots and are replacing agency staff with substantive appointments with a more focused approach.
- 1.5 Medical vacancies remain predominantly static at 13.15% which is a marginal reduction from 13.28% last month equating to 69.49 WTE vacant roles. We continue the work with our head-hunters, converting agency staff to locum/fixed term and substantive posts, exploring temporary to permanent contracts, and utilising the General Medical Council (GMC) sponsorship route.
- 1.6 The number of adverts has increased due to all the 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.



- 1.7 There has been a further reduction in the number of starters by 36.5% over the previous month and a 57% reduction compared to the same time last year. This is expected due to the controls on headcount being introduced.



- 1.8 The Trust time to hire is 39 working days and is below the Trust target of 42 working days. There is currently a consultation with NHS Shared Business Services (SBS), on behalf of NHS England to get all trusts below an 8-week period to hire window by the end of March 2025. The Trust is currently within this aspirational target.



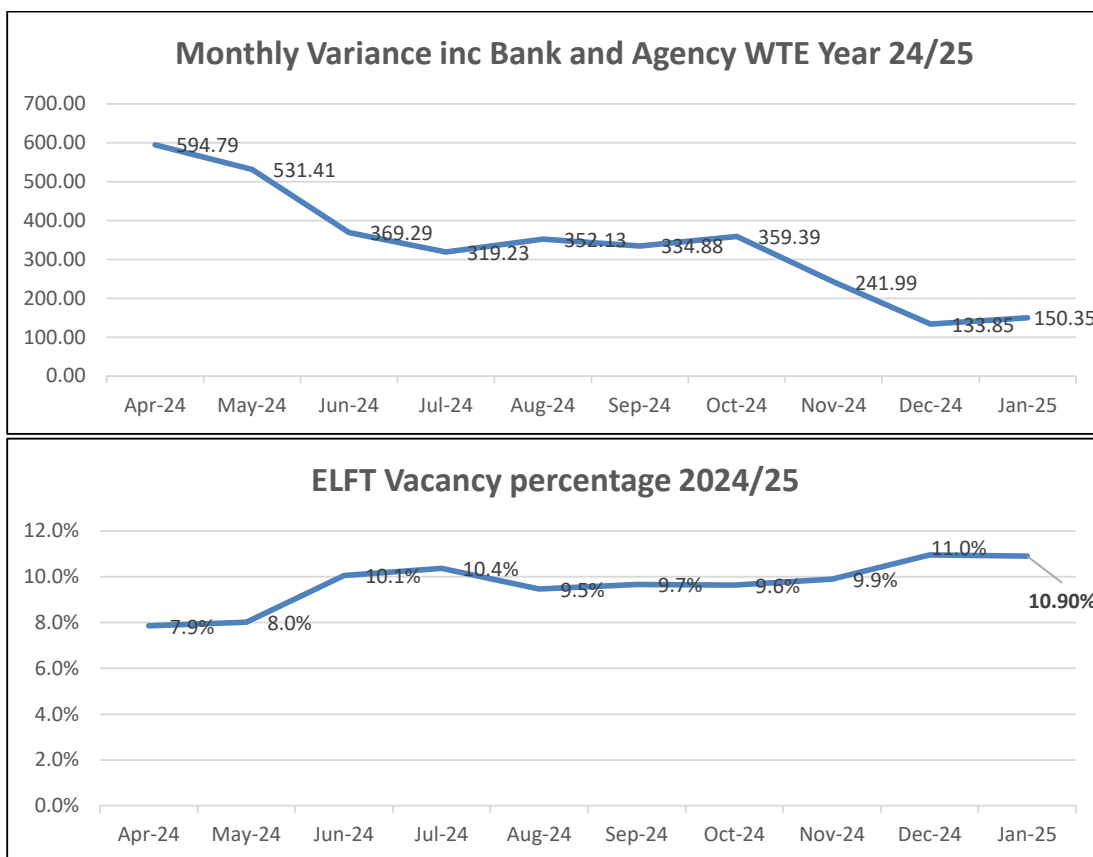
- 1.9 The executive vacancy control panel and 'triple lock' process was introduced in September 2024 by NHS England to increase the scrutiny and control on pay expenditure. The process requires that permission approval must be sought from the ICB and Region to recruit to non-patient facing roles.
- 1.10 Recruitment to Clinical and Non roles approved or rejected weekly at Directorate level and Trust Exec level via the established Vacancy Control process subject to Triple Lock.
- 1.11 The table below details the outcome of the 828 posts that have been through the vacancy control process since the 'triple lock' process started in mid September 2024.

Number of request/outcome	25/10/2024	01/11/2024	08/11/2024	15/11/2024	22/11/2024	29/11/2024	13/12/2024	20/12/2024	27/12/2024	03/01/2025	10/01/2025	24/02/2025	31/01/2025	27/02/2025	14/01/2025	21/02/2025	Total to date (in WTE)
No of post reviewed VCP	21	64	83	62	66	83	140	115	53	47	44	47	76	46	46	59	1052
No of post (VCP) - Declined	11	30	22	23	14	15	68	37	22	13	5	3	10	5	3	10	291
No post req more info	3	0	5	1	3	1	7	1	2	2	1	0	0	0	0	0	26
No of post Substantive Approved	4	11	20	17	23	16	42	35	8	11	17	17	42	18	28	27	336
No of post Substantive Declined	16	12	10	9	9	6	27	9	6	8	3	2	2	4	1	4	128
No of post patients facing	45	56	73	59	58	76	120	102	49	43	38	44	66	44	44	54	971
No of post non/Clinical	10	8	10	3	8	7	20	13	4	4	6	42	13	8	2	6	164
No of post-SENT external (TL)	7	0	3	4	2	0	1	3	0	2	0	1	4	7	0	0	34
No of post external (TL) declined	1	0	1	0	0	0	0	0	0	1	0	1	2	5	0	0	11
No post req more info	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

In summary:

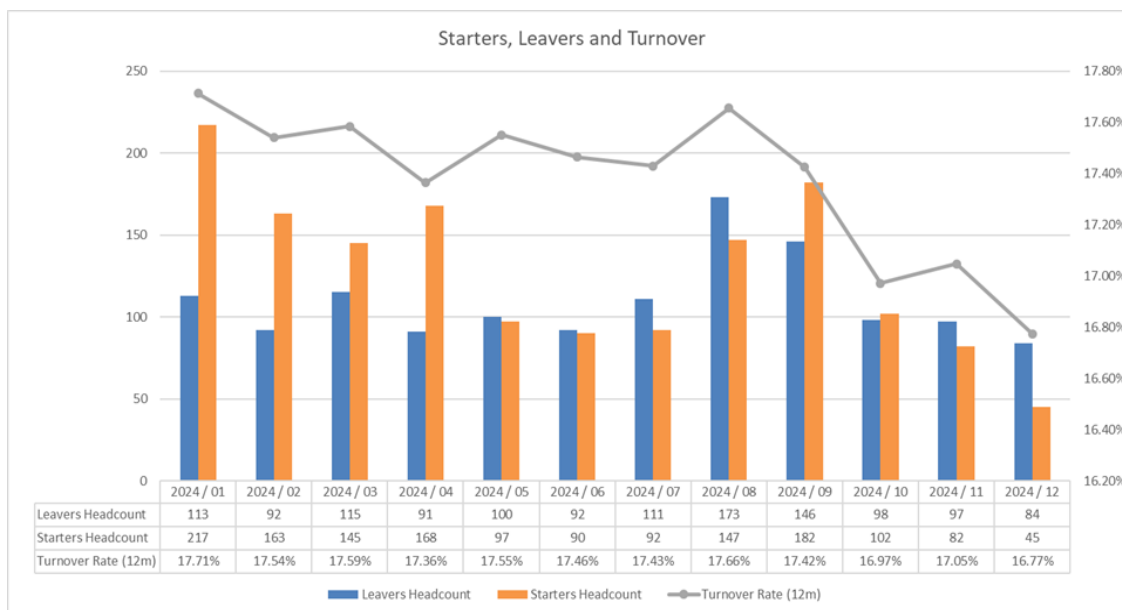
- The table above details the outcome of the **1052** posts that have been through the vacancy control process since Triple Lock process started in Mid-September 2024. In summary:
 - 1052 posts have been through the vacancy control process
 - 164 non-patient facing roles have been submitted to the group VCP
 - 292 total posts have been declined by the Trust VCP Panel
 - 34 Posts submitted have been submitted to the Triple Lock process
 - 11 Posts have been declined by the Triple Lock panel
- 1.12 11 posts submitted to the ICB 'triple clock' process have been rejected. . These have been corporate roles, and the Trust are trying to strengthen the applications to improve the success of the application. The internal process is regularly being reviewed to ensure that it is as robust as possible.

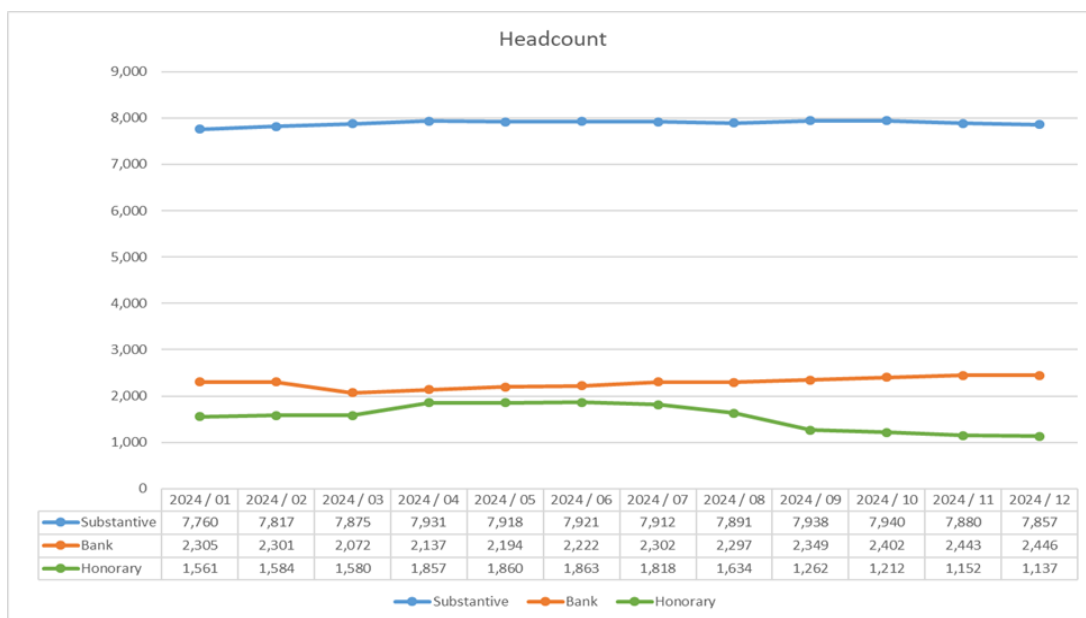
- 1.13 The graphs below set out the trend in ELFT vacancies in 2024/25



2.0 Turnover and Staff Headcount

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



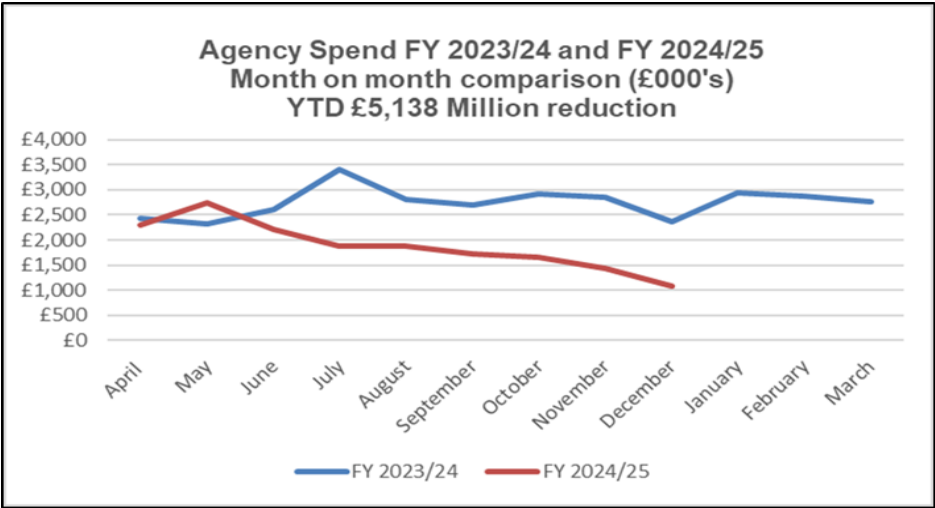


- 2.2 The month 9 data show material reductions in our contracted whole-time equivalents used over the last 2 months, with ending of fixed term contracts, closing down agency contracts and the normal churn of people leaving to work elsewhere – the impact of this is higher than normal due to vacancy control limiting the number of new starters.
- 2.3 It is worth noting some of the agency staff will have chosen not to work over the Christmas period, 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.
- 2.5 Over-establishment has reduced, 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 Community Health Services (CHS) and 1 in corporate.

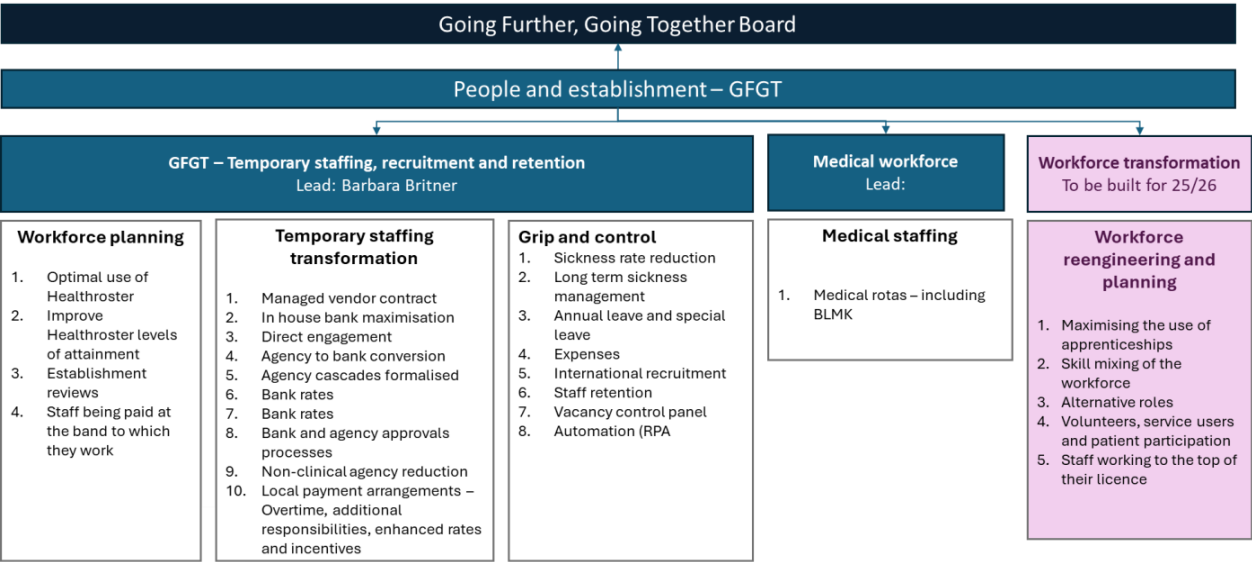
3.0 Temporary Staffing Update

- 3.1 There is now visibility of agency shifts across the organisation at granular level. This allows 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.
- 3.2 Below is a table detailing agency spend across organisation in the past year, in comparison to the previous year, which indicates a 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.

3.3 As of month 9 the agency use has been reduced by £5,138 million over last year's spend, year to date from April to December, with continued scrutiny and monitoring for the effective deployment of agency staff.



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



- 4.1 The main updates for the people and establishment workstream that have not already been updated within this paper are:
- The first round of matching redeployees to vacant posts began the week commencing 27th January, with meetings taking place every week with people business partners, professional leads and operational managers, to match and allocate staff to available roles. This will improve the experience of redeployees and minimise the cost of redundancies.
 - Annual establishment reviews have been completed and enhancements within the rostering processes will see improvement for nursing staff rotas.
 - The bank recruitment team successfully converted 26 agency nurses to the staff bank between mid-December and the end of January.

- The robotic processing automation (RPA) contract for people and culture was signed off by all governance boards and the contract let on 31st January. The next steps are for the Digital team and supplier to finalise the implementation plan in order to realise benefits in the forecast timelines.

The focus for the next four weeks will be:

- The auto-rostering pilot working group is set to begin, with the goal of launching the first auto-generated roster for the nominated ward in April 2025
- Implementation of Patchwork System to replace the master vendor arrangement and deliver significant cost savings through enhanced bank functionality and direct bookings with agencies.

5.0 Lease Car Insurance Premium Increase

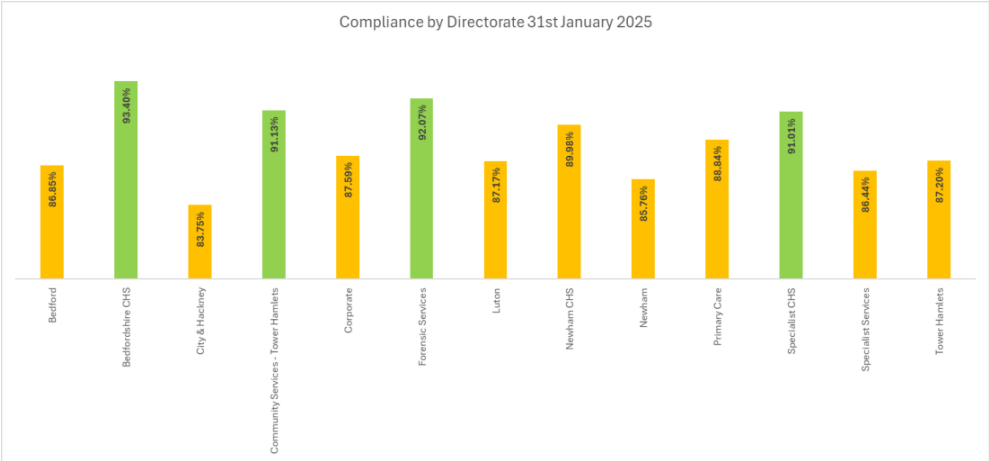
- 5.1** Since 1st December 2023, there has been a significant increase in the cost of the lease car insurance, managed by Knowles due to Zurich (our previous insurance supplier) withdrawing from the NHS Motor Market, inflation and price increases for special parts and the substantial growth of insurance claims of ELFT lease cars in the last two years.
- 5.2** There has also been a historical arrangement in place for all lease car holders (a pool insurance scheme), meaning that the costs of insurance are shared equally between vehicles, no matter the make and model. The insurance increase to each driver using this pool scheme equates to £680, which the Trust has been covering for each staff member since 1st December 2023, whilst we have been working on a solution.
- 5.3** All lease car holders received a letter in January 2025 to inform them of these increases and that the current pool insurance scheme arrangement will end, and all staff will be moved towards an individually banded insurance rate, depending on the make and model of their lease car.
- 5.4** The Trust will provide some subsidised financial support to each staff member with a current lease car until 31st March 2025. Staff side and staff are disgruntled by this, and we are working closely with staff side, finance and Knowles to minimise the impact on staff affected as much as possible.

6.0 Statutory and Mandatory Training

- 6.1** Statutory and mandatory training compliance has shown a positive upward trend throughout 2024 with an anticipated decrease from 88.59% in December 2024 to 87.91% in January 2025. Notably, four directorates have surpassed the 90% compliance threshold, while the remaining Directorates have maintained compliance rates above 85%.
- 6.2** As part of our ongoing efforts to streamline and enhance our course offerings, we have successfully amalgamated the Basic Life Support (BLS) with Automated External Defibrillator (AED) course and the Basic Life Support with

Anaphylaxis course. This consolidation aligns with our broader goal to simplify training while maintaining the high standards required for clinical staff.

- 6.3 Additionally, this work has included a comprehensive remapping of our resuscitation suite of courses, ensuring that all clinical staff are correctly aligned to the appropriate training modules. Due to this current compliance rates for the BLS course stand at 74.34%, while the Immediate Life Support (ILS) compliance is at 77.38%, down from 83.22%.
- 6.4 We are actively working with services to encourage completion of these critical training modules, emphasising the importance of maintaining a high level of compliance. The remapping process will play a key role in ensuring that all clinical staff who are required to complete resuscitation training are enrolled in the appropriate courses, ultimately improving the consistency and effectiveness of our training programs.
- 6.5 Compliance for Oliver McGowan Tier 1 training among non-patient-facing staff has seen a gradual increase, rising from 80.53% in December to 81.23% in January. Continued efforts will be made to improve this further.
- 6.6 Since the introduction of Tier 1 training requirements for clinical staff in September, compliance has significantly risen from 52.33% in December to 57.87% in January. This positive trend reflects an ongoing commitment to meeting training requirements across the clinical workforce.
- 6.7 North East London ICB have progressed with the Tier 1 Oliver McGowan training and virtual dates are now available for booking.
- 6.8 Bedfordshire, Luton and Milton Keynes (BLMK) ICB have confirmed Tier 1 virtual sessions for 2025/26. Whilst 200 BLMK staff have undertaken Tier 2 training.
- 6.9 We await additional guidance from North East London ICB regarding the progression of Oliver McGowan Tier 2.
- 6.10 **Next Steps and Ongoing Support**
- 6.11 The Trust have signed the national memorandum of understanding (MoU) with NHS England to work through the proposed changes to statutory and mandatory training. Through this effort, we are focusing on refining the mapping of staff to courses in preparation for the forthcoming national review of statutory and mandatory training requirements.
- 6.12 We continue to enhance the Stat Man offering by leveraging the functionalities of ELA to streamline operations and improve overall efficiency.
- 6.13 We will continue to identify and address any areas of concern to ensure full compliance across all training requirements.



- 6.14

In Summary, there has been the expected decrease in compliance which have several contributing factors. The trust experiences an annual dip in compliance at the end of the calendar year and a number of courses have had their mapping adjusted. This adjustment has resulted in more staff now being in scope of the training which has caused a reduction in compliance levels.
- 6.15

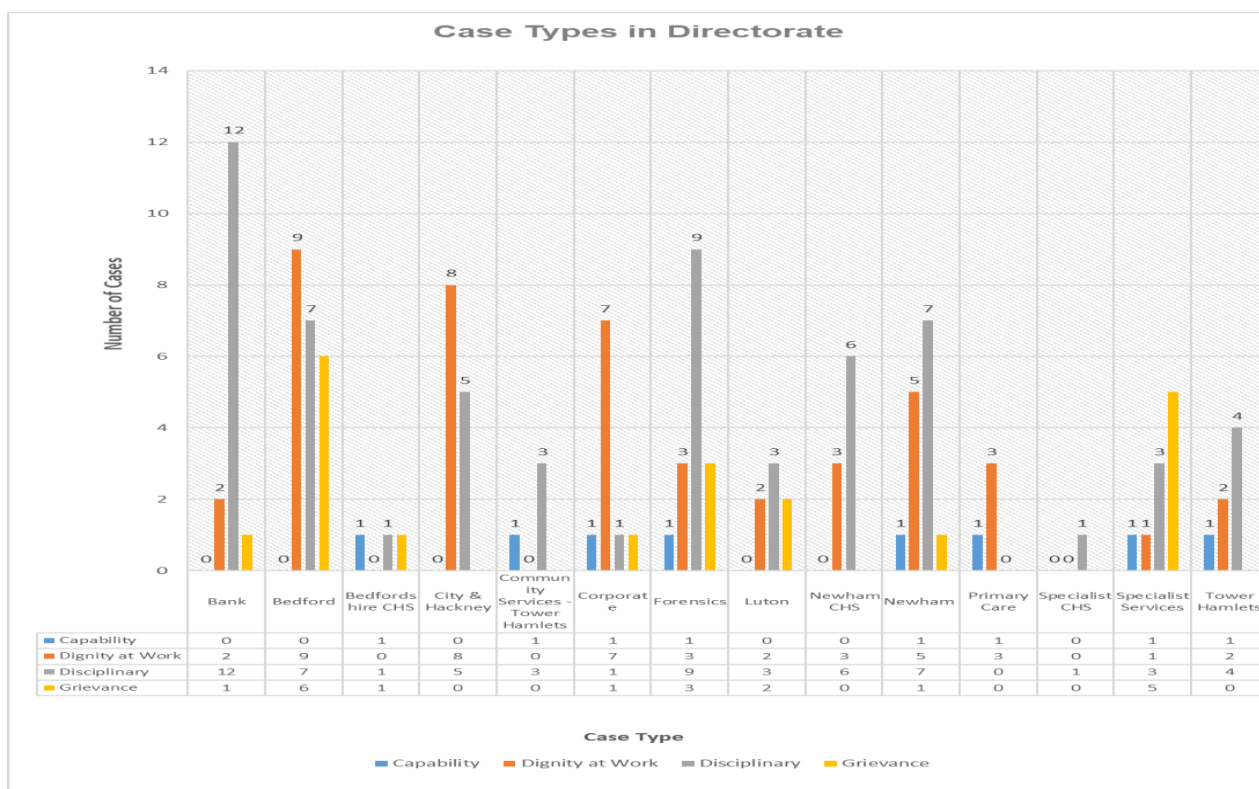
The Learning & Development Team continue to work with subject matter experts and the directorates to ensure that suitable training is available for staff to achieve their personal and functional compliance targets.

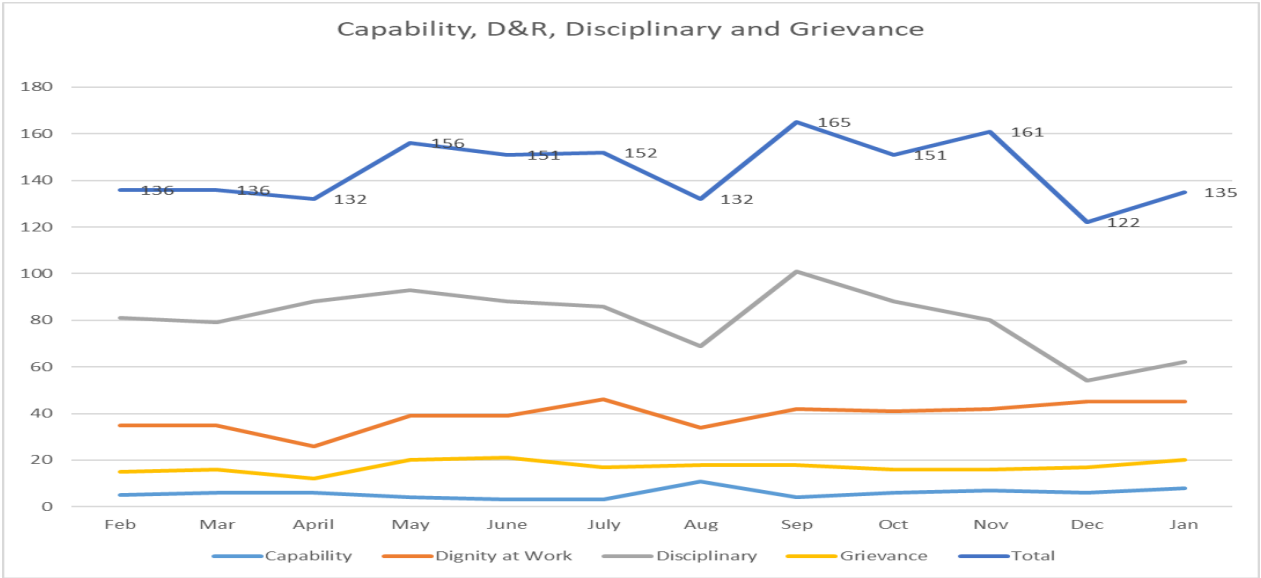
7.0 People Relations

- 7.1

The level of employee relations (ER) cases remains high with 159 live ER cases. January started with a reduction to 142 cases which was the lowest value for the last 12 months but this has increased through the month, mainly due to less cases being closed than in the previous few months. We are managing twelve Employment Tribunal (ET) cases which includes four new cases in January and one new case with the Advisory Conciliation and Arbitration Services (ACAS). There are 192 long-term sickness cases, and 97 short-term sickness cases in January. This does not include informal management of short term sickness.

- 7.2 In Quarter 3, 59 disciplinary cases were closed against 21 in the same quarter the previous year. There has also been a continuous reduction over the last quarter, of the number of disciplinary cases that have been open over 90 days. Further long-standing reviews are scheduled over the next month and continuous monitoring of the progress to conclude cases is taking place. We continue to promote the Respectful Resolution process to try and address matters informally.
- 7.3 Preliminary investigations are being undertaken in a more timely manner as they were too in-depth, and therefore taking too long. We are exploring the opportunity for partnership working with North East London NHS (NELFT) Foundation Trust so that we can support each other with investigations.
- 7.4 Disciplinary cases involving drugs are increasing and the Trust are exploring with occupational health what support we can offer staff.





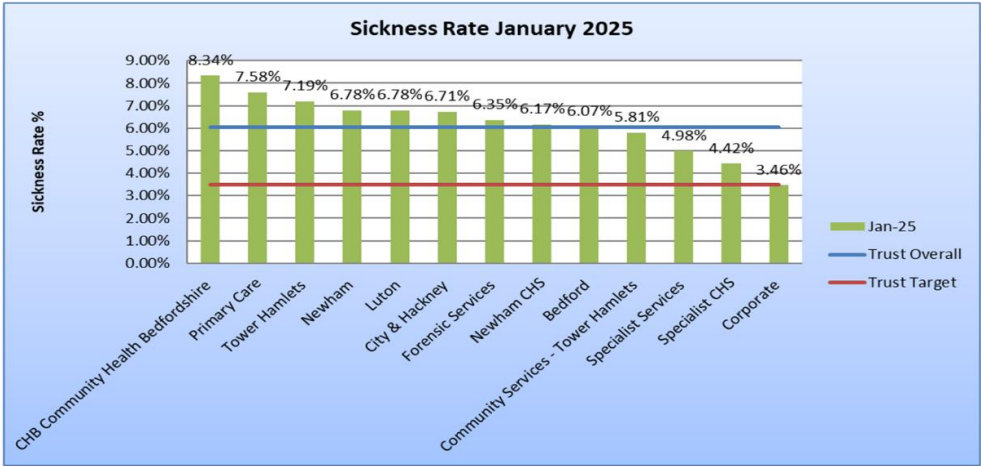
- 7.5** Following the positive feedback from the Investigating Officer training held in September 2024, additional sessions took place in December 2024 and January 2025. This additional training is increasing our capacity to undertake Investigations internally and reduce the need for outsourcing.
- 7.6** The key themes for Disciplinary cases are falsification of records, assault and inappropriate behaviour. There were 11 new disciplinary cases in January including 3 allegations of Assault and 5 relating to negligent/bullying behaviours.
- 7.7** The Head of People Relations continues to meet with the Service Director, Clinical Lead, and locality People Relations Advisor for the London and Bedford Community Health Directorates.
- 7.8** 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, i.e. process review, training, informal resolution, or agreed outcomes.
- 7.9** The cases will be monitored in a monthly ER meeting with the Service Directors supported by locality People Relations (PR) Advisor and Senior PR Advisor.
- 7.10** There is ongoing monitoring of cases in monthly ER meetings to ensure continued oversight and progress.
- 7.11** A formalised escalation process is being developed to support the People relations Team to escalate internally and through the management structure when cases are not progressing in a timely manner. The intention is that this will assist in highlighting delays and challenges at an earlier stage and subsequently enable strategies to be put in place at an earlier opportunity.
- 7.12** Over the last 4 months, 43% of cases are closed at the informal stage. 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.

- 7.13
- Of the cases closed in the last 4 months 15% closed with a formal sanction being issued. In contrast 42% proceeded to a formal process or referral to another process which did not lead to a formal sanction.
- 7.14
- By reviewing and learning from the cases which proceed formally with no sanction we can work to reduce the number of cases proceeding formally and look for alternative informal resolution where possible.

8.0 Sickness Absence

- 8.1
- Sickness absence has increased to 6% against a target of 3.50%. This is consistent with the increase seen in December 2024 but remains higher than in January 2024 when Trust sickness was 5.14%.



- 8.2
- The top three reasons for absence being:
 - Anxiety, stress, depression;
 - Cough, Cold, Flu
 - Gastrointestinal
- 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 are being replaced by a series of deep dives. 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.
- 8.4
- The latest Employee Assistance Programme report shows that since February 2024, there have been 388 calls to their 24/7 helpline:



8.5 Of these 388 calls, 121 were referred to counselling as detailed below:

Counselling referrals

	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Total
Referred to face-to-face counselling	0	0	0	0	0	1	0	0	0	0	0	0	1
Referred for telephone counselling	0	0	0	0	6	10	7	4	8	4	6	8	53
Passed for computerised CBT	0	0	0	0	2	4	2	3	1	3	2	1	16
Referred for video counselling	0	0	0	0	4	9	8	5	8	7	6	4	51

8.6 When staff call the EAP for a work-related issue, since February 2024, below is a breakdown of the different work related issues (bullying and harassment is the highest with 18 calls in total, following by a generic HR type query (10 calls):

8.7 **Next Steps** During the upcoming sickness deep dives to review not only how to manage and support current sickness absence but to develop action plans to support the prevention of future absence. This will include triangulating if there is a pattern between the areas with high sickness and those teams with lots of other processes under way (e.g. change processes/Dignity at work complaints).

8.8 To enable and support managers to consistently apply the sickness management policy and proactively support absent employees with early referrals to Occupational Health.

Work related issues this month

	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Total
Working Pattern/Shift Patterns	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident at work	0	0	0	0	1	0	0	0	0	0	0	0	1
Bullying Harassment	0	0	0	0	2	4	1	2	3	4	1	1	18
Change management - identifying blocks at interview	0	0	0	0	0	0	0	0	0	0	0	0	0
Change management - identifying core transferrable skills	0	0	0	0	0	0	0	1	1	0	0	0	2
Discrimination	0	0	0	0	1	1	0	0	0	0	0	0	2
Generic HR type query	0	0	0	0	1	3	1	1	4	0	0	0	10
Manager coaching re holding difficult conversations	0	0	0	0	1	0	0	0	0	0	0	0	1
Manager emotional support for difficult cases (e.g. dismissal)	0	0	0	0	0	0	0	0	0	0	0	0	0
Operational / Process issues	0	0	0	0	0	0	0	0	0	0	0	0	0
Traumatic incident at Work	0	0	0	0	0	0	0	1	1	0	1	0	3
Work related stress	0	0	0	0	10	21	12	9	12	10	13	16	103

Stressors may not be reported for all callers reporting work-related issues, whilst other callers may present with multiple stressors, or the same stressor leading to multiple work-related issues; the sum of stressors reported will generally differ from the sum of issues reported.



9.0 Organisational Changes

9.1 There are currently 10 organisational change processes in progress, with 46 staff members affected by the changes, of which 27 staff members are potentially at risk. One staff member was TUPE transfer out of ELFT at the end of January 2025. People Business Partners are working with Directorates and Redeployment Team to identify redeployment opportunities for at risk staff.

9.2 The revised redeployment process has now been implemented. People Business Partners will flag any posts going to vacancy control panel (VCP) that may provide opportunities for suitable alternative employment for staff on the

redeployment register. Once the post has been approved via VCP, the redeployment panel will identify staff who will be offered a trial period for the post or put forward for interview, if more than one staff member is suitable. This will remove the two-week redeployment process. 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 is being factored into the decision to recruit.

- 9.3** Following a detailed review, ELFT has made the decision to realign its Primary Care portfolio and cease the running of practices in Bedfordshire and Luton (Leighton Road Surgery, Cauldwell Medical Centre, the GP Support Unit, and Kingsway and Bramingham Medical Centre in Luton) and outer north-east London (Victoria and Five Elms Medical Centre in Barking and Dagenham, Rainham and Upminster Medical Centre in Havering). The Trust is currently communicating with staff and the relevant ICBs on the TUPE transfers and will be commencing formal consultation with staff in due course.

10.0 **The National Quarterly Pulse Survey**

- 10.1 This quarter's National Quarterly Pulse Survey ran for the month of January, below is a summary of the results:

- The Trust received a response rate of 11% (2% lower than the Trust's previous quarter response rate, and 8% lower than that of the Picker average response rate of 19%).
 - Corporate & Bedfordshire CHS yielded our highest response rates, 21% and 18% respectively.
 - Our bank response rate was the lowest at 5%.
- The Trust response, consisting of 940 completed surveys, yielded positive scores of 60% or higher on 8 of the 9 core questions.
- The scores for the two staff friends & family questions were:
 - 61.6% of staff would recommend the Trust as a place to work (down from last quarter's 65.6%).
 - 61.6% of staff would be happy with the standard of care provided by the Trust if a friend or relative needed treatment (slightly down from last quarter's 63.5%).
 - The Trust's NQPS staff engagement score is 6.85 (slightly down from last quarter's 6.94) and higher than that of the Picker average engagement score of 6.62.

- 11.0 From April 2025, ELFT is moving to the free to use NHSE People Pulse survey for the National Quarterly Pulse Survey. There are many benefits of moving to this new NHSE survey including benchmarking other/similar NHS Trusts, personalised to ELFT and quick results and response rates (within 3 working days of close).

12.0 **Vitamin D 'Sunshine in Your Pocket' Campaign**

- 12.1 The Wellbeing Vitamin D / 'Sunshine in Your Pocket' campaign ran for the 5th consecutive year over the winter months of 2024/2025. The campaign was made possible via sponsorship from Compass Wellbeing. Upon the campaign closing, The Wellbeing & Engagement Team processed 1849 vitamin D course requests from ELFT staff, meaning that over 5547 boxes of vitamin D were sent out.

13.0 Staff Awards 2025

- 13.1 Following the Staff Awards Ceremony and party which took place in October 2024, a staff focus group and survey was completed to understand the views of staff, given the current financial climate to ascertain whether a further event should occur in 2025 and what this would look like, thinking through proposed cuts/changes.
- 13.2 Responders were split with some thinking an awards event is ill-timed in this time of financial cuts backs/efficiencies, with others saying it is important to come together as an ELFT community. Many had suggestions for other ways to celebrate staff achievements. However, (75%) of those staff asked said having a physical face-to-face event was important. Following further discussion with executive team members, it has been agreed that another in-person staff awards ceremony will take place in 2025 at the Troxy.
- 13.3 Over the years, all scope to change venue has been explored by looking at venues, in Luton & Bedfordshire, Duxford Airfield, Kings Cross, Euston and Camden Town. However, all venues were unable to accommodate due to either capacity or unsuitable for our event requirements. The venue hire was changed for a few years to the Barbican Centre, which is slightly more accessible to Luton & Bedfordshire staff, however the cost of the venue hire was a lot more expensive than what we have been paying the Troxy. Significant cost reductions were made in 2024 and again in the plan for 2025.

14.0 National Staff Survey

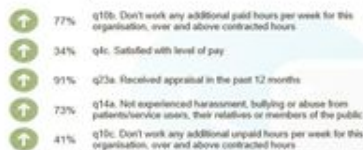
- 14.1 The National NHS Staff Survey closed on the 29th of November 2024. The final response rate came in at 33% (9% below last year's percentage), despite the Wellbeing & Engagement and Communication Teams working tirelessly in arranging numerous staff survey roadshows, meetings, videos, campaigns etc.
- 14.2 A summary of the most improved scores, top and bottom 5 scores compared with the Picker average can be seen overleaf.

NHS Staff Survey 2024 Results

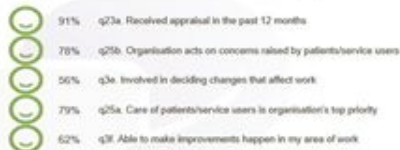
Thank you everyone who took part in the survey. Here are our top line results.



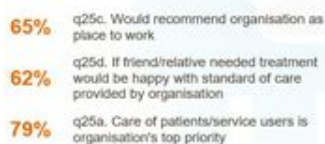
Most improved scores since 2023



Top 5 scores vs the Picker Average



Our views



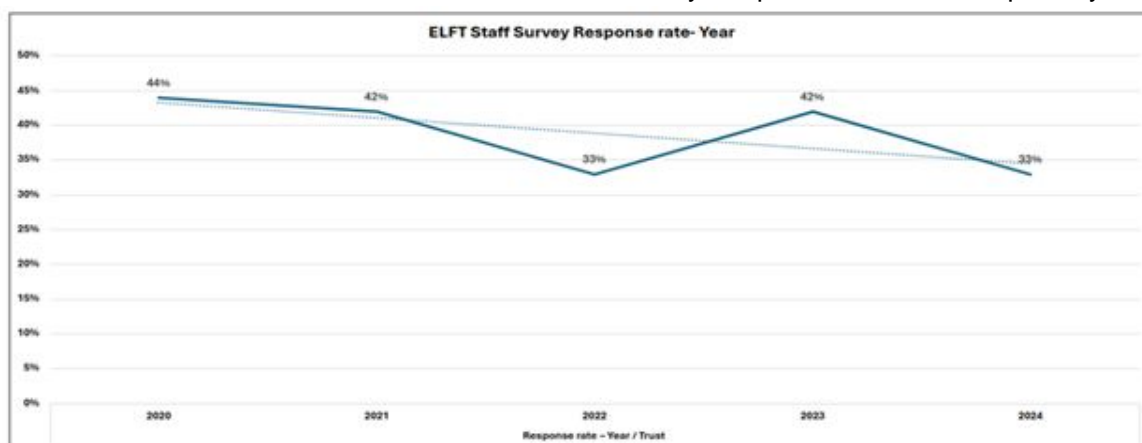
Bottom 5 scores vs the Picker Average



To find out more about the survey and our results please contact



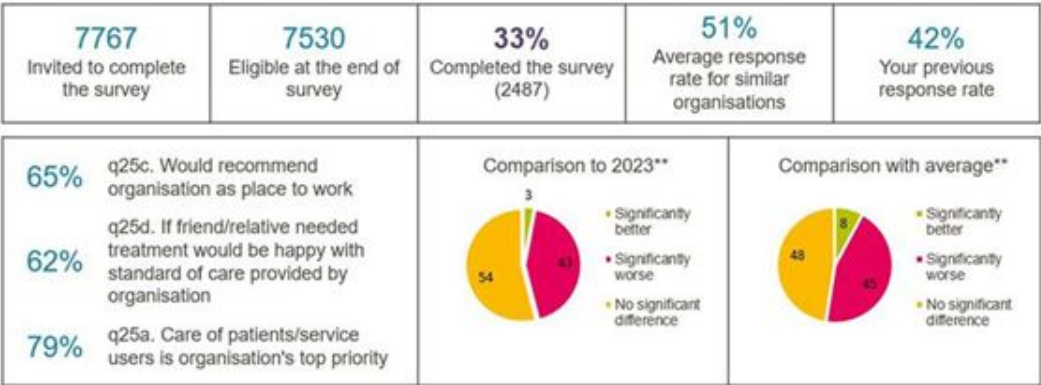
14.2 The run chart below shows the ELFT Staff Survey Response Rate over the past 5 years:



14.3 Factors that are considered to have potentially impacted the staff survey response rate are detailed below:



- 14.4
- 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.
- 14.5
- Please see below for the 2024 Staff Survey ELFT Executive summaries:



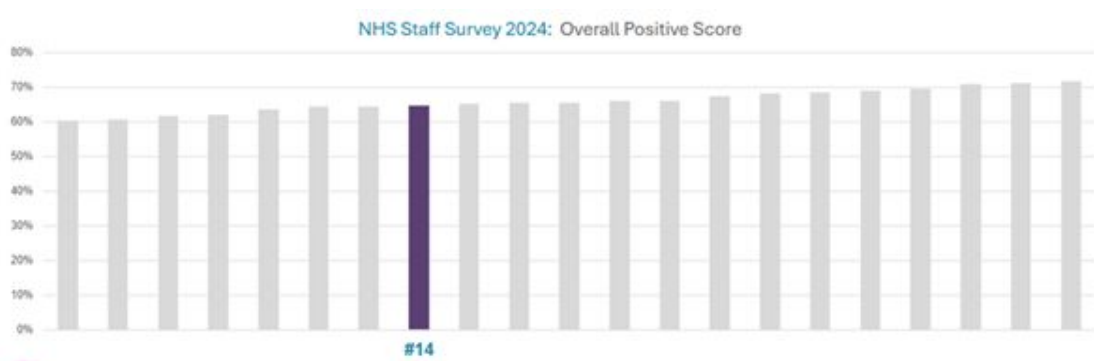
Top 5 scores vs Organisation Average	Org	Picker Avg
q23a. Received appraisal in the past 12 months	91%	87%
q25b. Organisation acts on concerns raised by patients/service users	78%	74%
q3e. Involved in deciding changes that affect work	56%	53%
q25a. Care of patients/service users is organisation's top priority	79%	77%
q3f. Able to make improvements happen in my area of work	62%	59%

Bottom 5 scores vs Organisation Average	Org	Picker Avg
q26c. I am not planning on leaving this organisation	52%	60%
q26b. I am unlikely to look for a job at a new organisation in the next 12 months	45%	51%
q4d. Satisfied with opportunities for flexible working patterns	62%	68%
q6c. Achieve a good balance between work and home life	56%	61%
q6b. Organisation is committed to helping balance work and home life	54%	58%

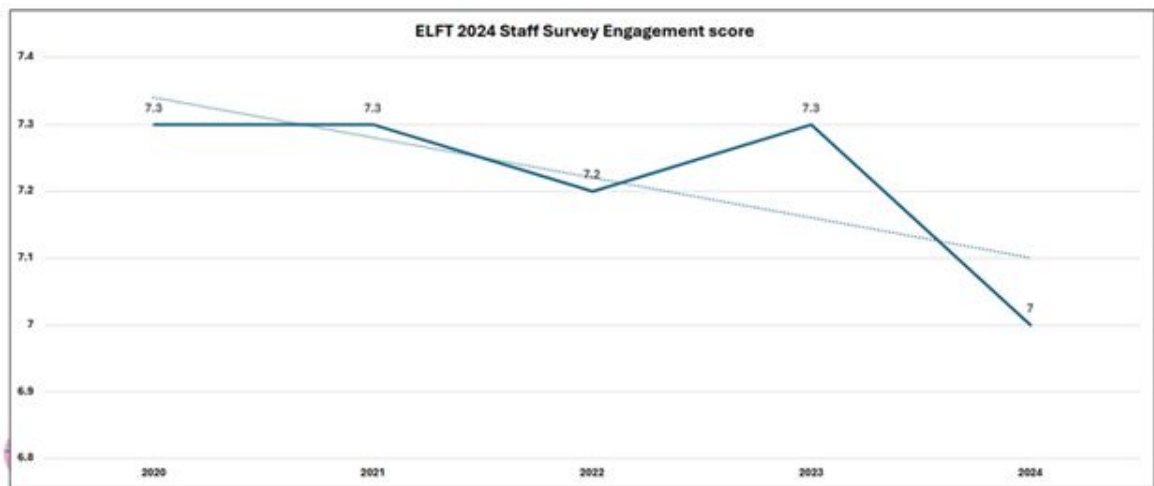
Most improved scores	Org 2024	Org 2023
q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	77%	72%
q4c. Satisfied with level of pay	34%	31%
q23a. Received appraisal in the past 12 months	91%	89%
q14a. Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	73%	71%
q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	41%	39%

Most declined scores	Org 2024	Org 2023
q25c. Would recommend organisation as place to work	65%	71%
q26a. I don't often think about leaving this organisation	42%	48%
q26c. I am not planning on leaving this organisation	52%	58%
q2b. Often/always enthusiastic about my job	68%	73%
q25d. If friend/relative needed treatment would be happy with standard of care provided by organisation	62%	67%

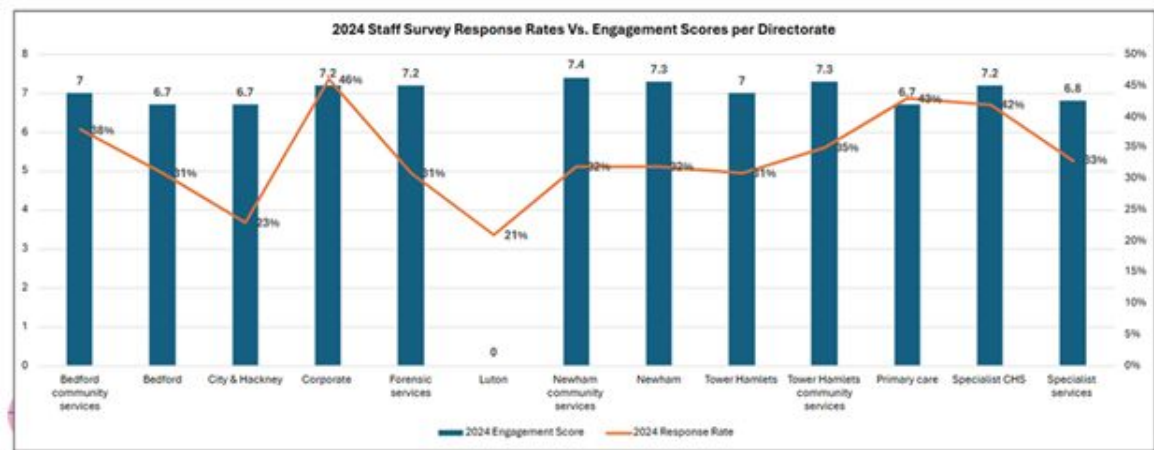
- 14.6
- The below league table shows how ELFT's overall positive score is ranked in comparison to the overall positive score of every other Mental Health and Mental Health Community Trust organisation that ran the NHS Staff Survey 2024 with Picker. The overall positive score is the average positive score for all positively scored questions in the survey:



14.7 The run chart below shows the ELFT Staff Survey Engagement Scores over the past 5 years:



14.8 The graph below shows the 2024 Staff Survey Response Rates vs. Engagement Scores for each ELFT Directorate:



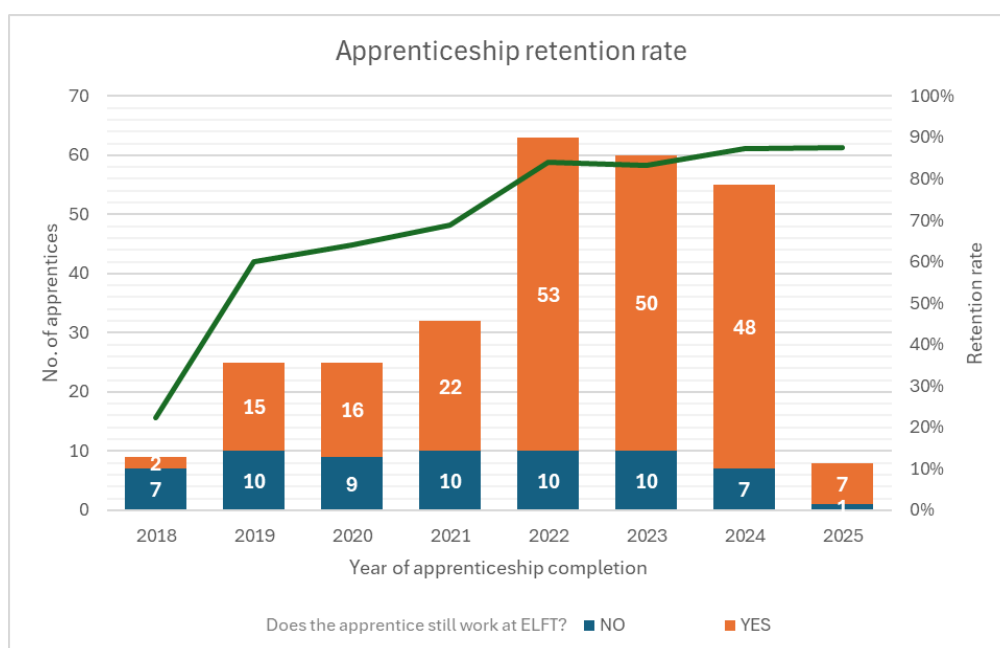
14.9 The staff survey data tells us that as well as the response rate being low, engagement scores have also decreased from 7.3 to 7.0 for 2024. The bottom/most declined scores

as detailed above demonstrate that staff retention is a concern for ELFT, and staff are dissatisfied with flexible working/balance between their work and home life. We predict that the ongoing impacts to staff morale, given the ongoing financial pressures and the likelihood of having similar financial targets in 2025/26 are going to continue, therefore we need to think of innovative way to increase staff morale and ultimately improve staff retention.

- 14.10 We will produce infographics for each directorate/team and Trust wide staff survey data and undertake deep dives, linking in with People Business Partners and Locality DMT's to analyse data and draft meaningful locality action plans. We will also explore methods to engage teams and staff to evidence that these meaningful action plans can support the retention of staff, linking in with the People Business Partners and the People Promise work/bundle/champions.

15.0 Apprenticeships

- 15.1 February 2025 saw ELFT celebrate National Apprenticeship Fortnight. The team, along with our apprentices, hosted webinars, job fairs, school careers events, and took over ELFT's social media platform with 35+ posts and stories across the fortnight. We ran an Apprenticeship Roadshow, visiting sites across the Trust, speaking to hundreds of colleagues about how apprenticeships can enhance or advance their careers.
- 15.2 Since apprenticeships started at the Trust in 2017, 277 colleagues have completed an apprenticeship, with 77% still working for the Trust. This demonstrates how apprenticeships are a positive incentive for retention and should continue to be promoted and encouraged across the Trust. The chart below show the number of apprenticeship starts by year, apprenticeship retention rate for those completed, and how the improvements made to our apprenticeship offer have increased completion rates.



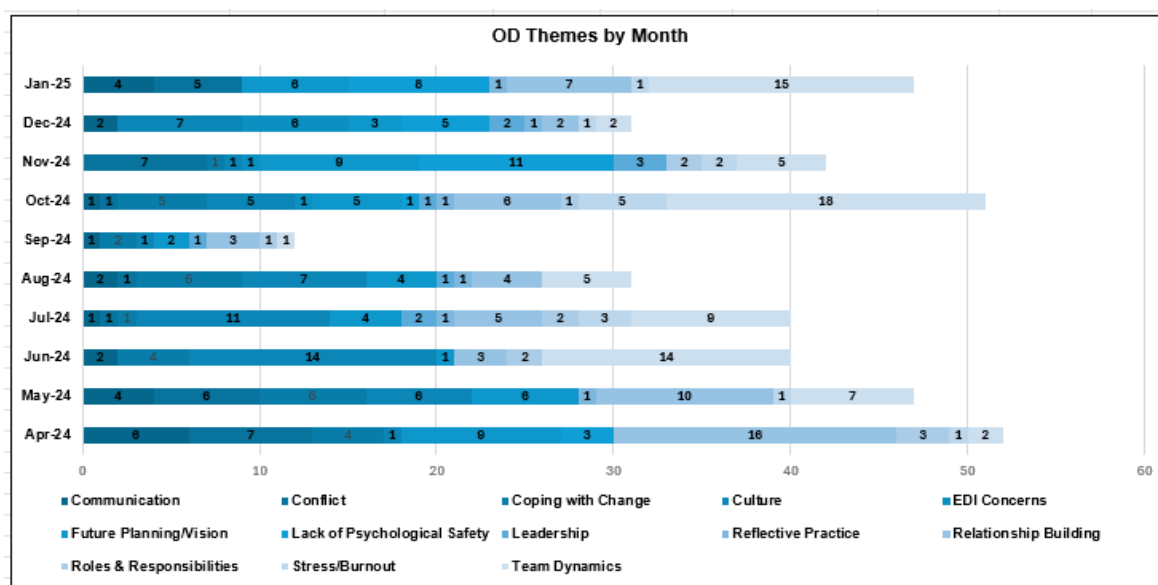
- 15.3 The 'Going Further, Going Together' programme is proving to be both beneficial to apprenticeships but there are also some unintended consequences. We are seeing

teams relinquish their entry-level apprenticeship vacancies to save budget. This is reducing the number of entry-level apprenticeship opportunities being offered by ELFT as a pathway into the NHS. In turn, it is affecting the Anchor Plan goal to support social equity and our local communities.

- 15.4 Apprenticeships feature on the GFGT People & Establishment: Workforce Transformation workstream. This could be an opportunity to encourage long-term workforce planning and include apprenticeships as a sustained and embedded offering within teams.
- 15.5 Since Labour has entered Government, there have been proposed changes to the Apprenticeship Levy. It is due to be renamed the Growth & Skills Levy, with the potential for organisations to use 50% of levy contributions on non-apprenticeship training. There are talks of de-funding Level 7 apprenticeships, and shorter apprenticeships to be introduced from August 2025. These would be a minimum of 8 months, changed from the current minimum duration of 12 months. Level 2 Functional Skills maths & English are no longer a government funding rule, and it will be the employer's choice on whether to implement the requirement.
- 15.6 The next steps for the apprenticeship team are;
- Contribute to the GFGT Workforce Transformation workstream, and work towards maximising the use of apprenticeships within workforce planning.
 - Remain the subject matter expert for apprenticeships and communicate any internal or government changes to key stakeholders.
 - Build on the work of our recent National Apprenticeship Fortnight, promoting apprenticeships across the Trust; at team meetings, away days, roadshows, DMTs etc.

16.0 Organisational Development

- 16.1 There have been 247 OD interventions since April 2024 – end of January 2025 including facilitation, planning/scoping sessions and coaching sessions. 50% of these teams require longer term specialist OD support and the main themes emerging for this required longer-term support are:
- Team Dynamics – 20%;
 - Relationship Building – 14%
 - Culture – 13%
 - Future Planning/Vision – 12%;



16.2 Given the ongoing financial pressures and the likelihood of having similar financial targets in 2025/26 continuing, the OD Team are witnessing the ongoing impacts to staff morale in OD Development Days with Teams. One example of this were 4 x OD development sessions with a Community Team who shared very strong feelings of frustration, being overwhelmed and demoralised. Staff shared they are trying to manage an unsustainably high workload, and this is having a significant impact on them as individuals (burnout and extreme stress) and they were at 'breaking point' Feedback received from the OD sessions was that the staff really appreciated the time and space to share with each other and were appreciative that the issues were not just isolated to one team. The OD Team provided detailed feedback to the Senior Leadership Team who were aware of the issues but were profoundly impacted by hearing in detail the impact of these pressures on the team. The leadership team have implemented open forums to meet with staff regularly to discuss these issues and show increased visibility and transparency on the challenges. The OD Team will be providing further OD sessions to support the wellbeing and identify ways to support the team going forward.

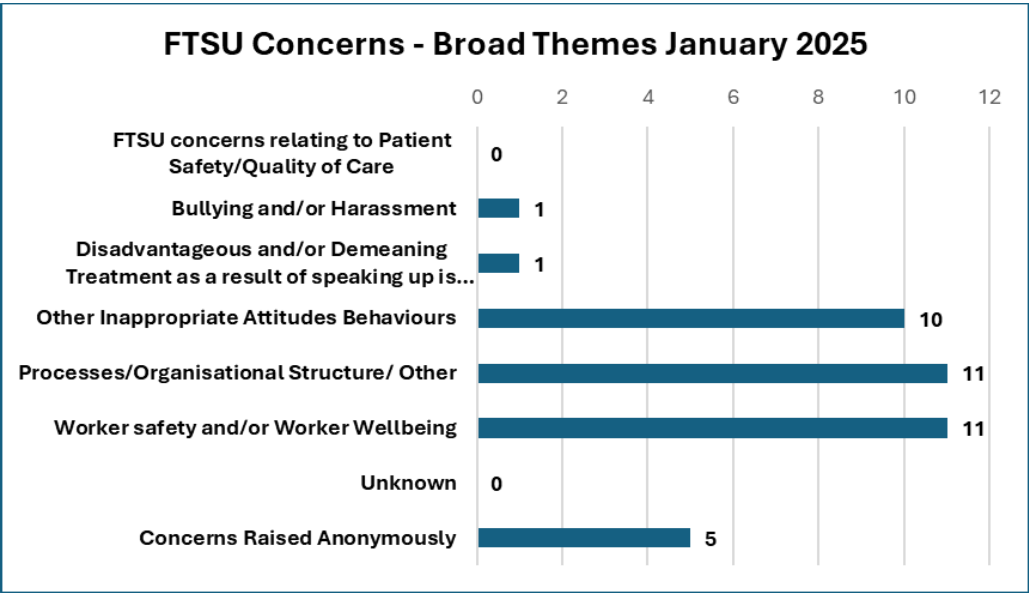
16.3 Within the last 3 months, the OD team have also observed an increase in OD support requests from teams to address EDI concerns within teams i.e. racism. The OD Team are linking in with the Head of Equality Head of Equity, Diversity and Inclusion at ELFT and People Business Partners to discuss these concerns further and explore what support is available for the OD Team to facilitate these complex conversations (either internally or externally) and are working to identify ongoing projects to support any ongoing anti-racism work.

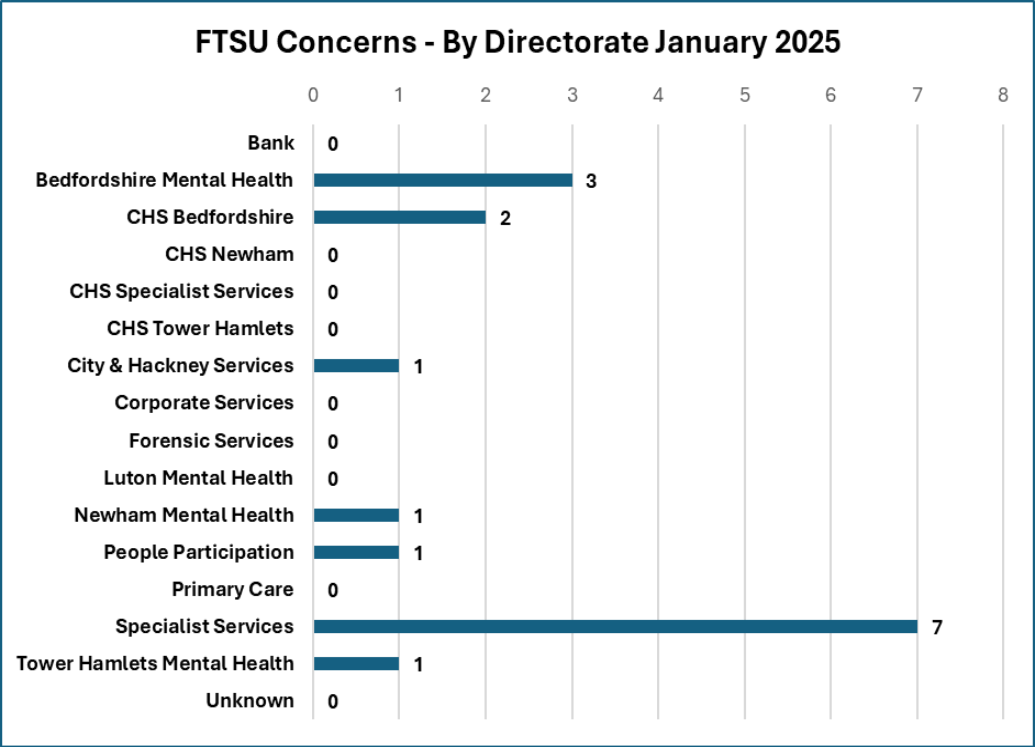
17.0 Freedom to Speak Up

17.1 16 FTSU cases were raised during January 2025. 11 related to Processes/Organisational Structure/Other, 11 to Worker Safety/Worker Wellbeing, 10 to Other Inappropriate Attitudes/Behaviours, 1 to Bullying and/or Harassment and 1 to Detriment. 0 concerns related to Patient Safety/Quality of Care. 5 concerns were raised anonymously.

17.2 Of the 16 FTSU concerns raised, 14 are currently open.

- 17.3 Themes are relating to team difficulties, team culture, microaggressions, unfairness between staff groups, reporting poor practice and suffering detriment as a result and the time taken to complete formal processes. Of the 7 concerns raised in Specialist Services, 6 were raised in the same service regarding the same issue.
- 17.4 There is congruence with what we are seeing in the employee relation cases. Work is ongoing between the FTSU Guardian, Head of People Relations and the Associate Director of Business Partnering.
- 17.5 Other feedback received by FTSU:
- **Staff raising In phases not receiving feedback** – Shared with Governance and Risk Team – Comms going out to reiterate the requirement to quality assure, sign off and feedback to staff.
 - **Speaking their native language at work** – Some colleagues shared that they have felt targeted and discriminated against around this issue. Article shared with People & Culture Team around work completed in another Trust in collaboration with UNISON “Use of Language – Guidance for Colleagues”. The guidance is to ‘... ensure everyone in the Trust is on the same page on how we demonstrate the value of and respect those who speak different languages, whilst maintaining patient safety’. The P&C team will review and explore adapting it in the future.
- 17.6 Speak Up sessions continue to include information relating to the [Speaking Up Strategy](#), civility at work ([Civility Saves Lives](#)) and the importance of psychological safety with creating and maintaining a positive speaking up culture in teams ([NHS Employers](#) and [The King’s Fund](#)) .
- 17.7 Work is ongoing at senior manager, Directorate and Board level, as appropriate, to support resolution of the open cases.





18.0 Annual Equality, Diversity and inclusion report 2024

- 18.1

The Equity, Diversity and Inclusion (EDI) Annual Report has been completed, summarising the Trust’s EDI practices from January 2024 to December 2024. The third of its focus areas is Improving Staff Experience. In addition to breaking down our workforce’s diverse demographic data and showcasing our six Staff Equity Networks, the report shares findings and actions from our FLAIR survey and pay gap reporting for gender, ethnicity and disability. Progress is shared on key workforce initiatives, such as the Menopause Health Campaign, Men’s Health and the Sexual Safety Charter.
- 18.2

The report further outlines next steps and actions arising from our WRES and WDES reporting, all which are aligned with our six High-Impact Interventions. These include achieving racial equity in staff likelihood of entering formal disciplinary processes (WRES Indicator 3) and increasing disability declarations from 7.5% to 10% by April 2025 (WDES Indicator 1). The EDI report will be presented to the Quality Assurance committee amongst others prior to being published.
- 18.3

Antiracism Workshops Feedback is still being collated for the Trust’s antiracism workshops, which had individual focuses on antisemitism, xenophobia and Islamophobia. Initial feedback described the workshops as highly engaging and thought-provoking, allowing for staff to reflect on workplace dynamics, explore psychological safety and unconscious bias. Staff were encouraged to openly discuss identity, inclusion and systemic barriers. Sessions were led by a combination of lived and professional experience, providing attendees with

historical and legal context while providing tools to meaningfully challenge discrimination.

18.4 WRES (Workforce Race Equality Standard)

The Trust has shown improvement in most WRES metrics, both in scoring and national benchmarking, although there are still areas of improvement that the Trust has identified in our WRES reporting. These areas will be addressed through action plans and next steps.

- **Metric 4 (Likelihood of BME staff accessing non-mandatory training and CPD):** ELFT ranked at 11% nationally in 2024, improving from last year where we ranked at 30%.
- **Metric 3 (Likelihood of BME staff entering formal disciplinary proceedings):** In 2023, the Trust ranked at 89% nationally, which improved in 2024 where we ranked 75%. However, ELFT's score for this metric (2.12) is almost double the national average (1.09). We aim to achieve equity (a score of 1) by April 2025.
- **Metric 5 (Staff experiencing bullying and harassment from patients):** We ranked at 73% in 2024 for BME staff, a 9% improvement from the previous year where this metric was identified as a priority area. We aim to continue addressing and reducing incidents targeting BME staff.
- **Metric 8 (Staff experiencing discrimination from colleagues or line manager):** Since reporting began, ELFT has worsened each year on this metric. 2024 is the first year improvement has been recorded, with ELFT ranking nationally at 24% for BME staff, improving from the previous year where we ranked at 43%.

19.0 WDES (Workforce Disability Equality Standard)

The Trust has demonstrated marked progress in the majority of WDES metrics, particularly in reducing equity gaps for previously deteriorating metrics and improving ELFT's national rankings. Further work is needed to sustain these positive changes, including increasing disability declarations. Currently, 7.5% of ELFT's workforce has a declared disability on ESR.

- **Metric 3 (Likelihood of disabled staff entering the formal capability process):** This metric has deteriorated since 2020, with ELFT ranking in the bottom 10% nationally in 2023. In 2024, ELFT ranked at 60% nationally, with our score 7.83 percentage points less than last year. The Trust aims to continue improving this metric through targeted managers' training and enhanced early support to prevent escalation to capability processes.
- **Metric 4b (Staff experiencing bullying and harassment from managers):** The Trust ranked at 51% nationally in 2024 for disabled staff, an improvement from last year where we ranked 79%.
- **Metric 7 (Satisfaction with how the organisation values contributions from disabled staff):** Nationally, the Trust ranked at 6% for this metric in 2024, improving from 2023 where we ranked at 20%.
- **Metric 8 (Disabled staff given adequate reasonable adjustments):** Identified as a priority area in 2023 where we ranked at 70% nationally, the Trust now ranks at 38% for this metric.

20.0 Conclusions

What Is Going Well:

- Successful reduction in agency reliance, leading to significant cost savings.
- Improving compliance in statutory and mandatory training.

- Increasing focus on equity, diversity, and inclusion, with positive strides in WRES and WDES metrics.
- Proactive measures in organisational change management and redeployment to minimize redundancies.
- Strong engagement in apprenticeship programs as a workforce development strategy.

Challenges:

- Rising vacancy rates in key directorates, particularly in Luton, Bedfordshire, and Forensics.
- Declining staff engagement and satisfaction, as indicated by National Staff Survey and Pulse Survey results.
- High sickness absence rates, particularly due to stress-related conditions.
- Persistent employee relations issues, with disciplinary cases and employment tribunals requiring ongoing management.
- Ongoing financial pressures impacting workforce expansion and retention efforts.
- Car lease insurance premium increases to staff with a lease car – working to minimise impact on staff

What Needs to Be Monitored:

- Recruitment and vacancy control strategies to address workforce shortages.
- Effectiveness of retention initiatives, particularly for early-career employees.
- Impact of organisational development interventions on staff morale and engagement.
- Trends in sickness absence and staff wellbeing programs to mitigate long-term absences.
- Implementation of financial controls while ensuring adequate workforce capacity.

The Board is asked to **CONSIDER, NOTE** and **AGREE** the recommendations in this report.

REPORT TO TRUST BOARD 27 March 2025

Title	Finance Report Month 11 (February 2025)
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
20-03-20	Finance Business and Investment Committee

Key messages

Summary of Financial Performance:

- As at month 11 the Trust is reporting a deficit position of £18.0m year to date, which is £17.4m adverse to plan. Key drivers are pay inflation costs 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 run rate reducing Financial Viability is another key factor.
- The Trust forecast for the year is a deficit of £12.7m. This is an improvement of £5.8m on the forecast reported last month, following additional non-recurrent income from the Integrated Care Board.
- The Trust's cash balance at 28th February 2025 was £117.0m.
- Year to date Capital expenditure was £8.6m.
- Better Payment Practice Code performance is 92% by volume and 94% by value.

As at month 11 the North East London Integrated Care System is reporting a deficit position of £91.5m year to date, which is £86.1m adverse to plan.

What has gone well

- Agency reduction from £2.5m to £0.9m per month – likely out-turn of £20m to £21m versus over £30m last year
- Vacancy Control Panel and Workforce controls - steady realignment of workforce numbers and costs over the past three months
- Private beds – material reduction since April. Pressures remain in Bedfordshire, Luton and Milton Keynes,
- Going Further Going Together – Good momentum. Over £31m of schemes badged against the programme

What challenges do we have

- Reducing run rate spend further to ensure we spend within allocation
- Ensuring we meet the forecast out-turn position
- Meeting further challenges in 25-26, as per the planning guidance

Watching

- Over-establishments – still need to ensure we live within our means. Currently 148 WTE above plan
- Capital spend - £8.6m spend to date. £1.1m behind plan. £10m out-turn
Bank – increasing spend from vacancies in nursing teams

Strategic priorities this paper supports

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

Implications

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

Trust Board

27th March 2025

February - Month 11 Finance Report

2024/25

Kevin Curnow

Chief Finance Officer



**We care
We respect
We are inclusive**



20

Executive Summary

	In Month			Year To Date			Annual Budget £000
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	
Clinical Income	57,059	56,632	(427)	625,999	625,342	(657)	685,558
Other Income	1,761	1,748	(13)	20,560	21,168	608	22,256
Pay costs	(40,507)	(41,418)	(911)	(460,853)	(469,404)	(8,551)	(501,862)
Non-pay costs	(14,469)	(13,316)	1,153	(148,452)	(156,426)	(7,974)	(164,548)
Financing / non-operating costs	(3,091)	(4,365)	(1,274)	(38,609)	(39,772)	(1,163)	(42,088)
	753	(719)	(1,472)	(1,355)	(19,091)	(17,736)	(684)
Adjustments	(51)	196	247	732	1,092	360	684
Reported Surplus /(Deficit)	702	(523)	(1,224)	(623)	(17,999)	(17,376)	0
Memorandum items							
Industrial Action Costs (pay)	0	0	0	0	112	112	0
Agency Costs	0	(903)	(903)	0	(18,928)	(18,928)	0
Financial Viability	3,691	4,133	442	25,258	27,046	1,788	29,000
Cash	2,374	3,366	992	116,965	116,975	10	n/a
Capital	644	1,156	512	9,672	8,583	(1,089)	10,303

Key messages

The Trust is reporting a deficit position of £18.0m as at 28th February 2025. This is £17.4m adverse to plan.

There is a £0.5m deficit in month, consistent with the £0.5m adverse position for January, and in line with our year-end forecast trajectory.

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 run rate reducing Financial Viability (FV) schemes.

At month 11 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, it is expected to fully deliver by the end of the year.

Clinical income	£0.7m behind plan, with a combination of unbudgeted income from a range of services being offset by deferral of North Central & East London (NCEL) Child and Adolescent Mental Health Services (CAMHS). Further detail on slide 7.
Other income	£0.6m above plan, resulting from increased recharges to other local providers.
Pay costs	£8.6m overspend, with £1.0m 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. Costs are decreasing, but the budget is also reducing to the phasing of FVs. Further detail is included on slides 8 and 16.
Non-pay cost	£8.0m overspend – this is a further improvement on recent months. This is impacted by the higher levels of spend anticipated at budget setting in Winter months, which has not fully materialised. Cost pressures in Premises (£2.7m), Establishment (£1.7m) Consultancy (£1.2m) and FV slippage. Further detail is included on slide 10. Private Beds are now on plan. Further detail is shown on slide 17.
Financial Viability	£25.2m FV has been delivered, ahead of plan, with 58% relating to run-rate reductions. Further detail is shown on slide 6
Cash	As at the end of February, the cash balance was £117.0m, in line with plan. The impact of the deficit position has been offset by movements in working capital and capital slippage.
Capital	Capital expenditure of £8.6m, which is a £1.1m 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	55,873	54,923	(950)	612,416	609,343	(3,073)	670,711
Non NHS - Patient Care Activities	1,186	1,709	523	13,583	15,999	2,416	14,847
Other (in accordance with IFRS 15)	1,704	1,506	(198)	17,899	18,938	1,039	19,218
Other Operating Income	57	242	185	2,661	2,230	(431)	3,038
Income Total	58,820	58,380	(440)	646,559	646,510	(49)	707,814
Pay							
Substantive	(40,096)	(35,768)	4,328	(456,289)	(396,941)	59,347	(496,978)
Bank	(247)	(4,602)	(4,355)	(2,756)	(51,726)	(48,970)	(3,003)
Agency	0	(883)	(883)	0	(18,928)	(18,928)	0
Apprenticeship levy	(164)	(164)	0	(1,808)	(1,808)	0	(1,881)
Pay Total	(40,507)	(41,418)	(911)	(460,853)	(469,404)	(8,551)	(501,862)
Non-Pay							
Non Pay	(14,469)	(13,316)	1,153	(148,452)	(156,426)	(7,974)	(164,548)
Non-Pay Total	(14,469)	(13,316)	1,153	(148,452)	(156,426)	(7,974)	(164,548)
EBITDA	3,844	3,646	(198)	37,254	20,680	(16,574)	41,404
Post EBITDA							
Depreciation	(2,494)	(3,895)	(1,401)	(31,493)	(32,894)	(1,401)	(34,373)
Amortisation	(90)	26	116	(990)	(874)	116	(1,080)
Finance Income	400	460	60	5,150	5,307	157	5,550
Finance Expenditure	(325)	(374)	(49)	(4,874)	(4,628)	246	(5,201)
PDC Dividend	(582)	(582)	0	(6,402)	(6,402)	0	(6,984)
Other finance costs	0	0	0	0	(281)	(281)	0
Total Post EBITDA	(3,091)	(4,365)	(1,274)	(38,609)	(39,772)	(1,163)	(42,088)
	753	(719)	(1,472)	(1,355)	(19,091)	(17,736)	(684)
Less							
Depreciation: Donated Assets	41	251	210	451	661	210	493
Remove impact of PFI revenue costs	(92)	(54)	38	281	430	149	191
Reported Surplus /(Deficit)	702	(523)	(1,224)	(623)	(17,999)	(17,376)	0

The Trust is reporting a deficit position of £18.0m as at 28th February 2025. This is £17.4m adverse to plan.

This is a £0.5m deficit in month, consistent with the £0.5m adverse position for January.

Depreciation costs have increased in-month, following a provisions for Dilapidation costs (see slide 11 for further details). Under the depreciation funding regime, the costs of this are offset by additional income.

The in-month deficit represents an improvement in the months since Q3 with a deficit of £1.2m reported in October and November, and £0.7m in December, and is a marked improvement from the deficits in the first half of the year.

The Trust is still spending more than it earns each month, and this is expected to continue for the remainder 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 run rate reducing Financial Viability (FV) schemes.

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.

Due to the time in the fiscal cycle the breakeven position is no longer achievable. Based on the current run rate, and the current FV delivery, the forecast would indicate a **£18.5m deficit**.

However, the Trust has been allocated £5.7m of additional funding, resulting in a revised forecast of £12.7m

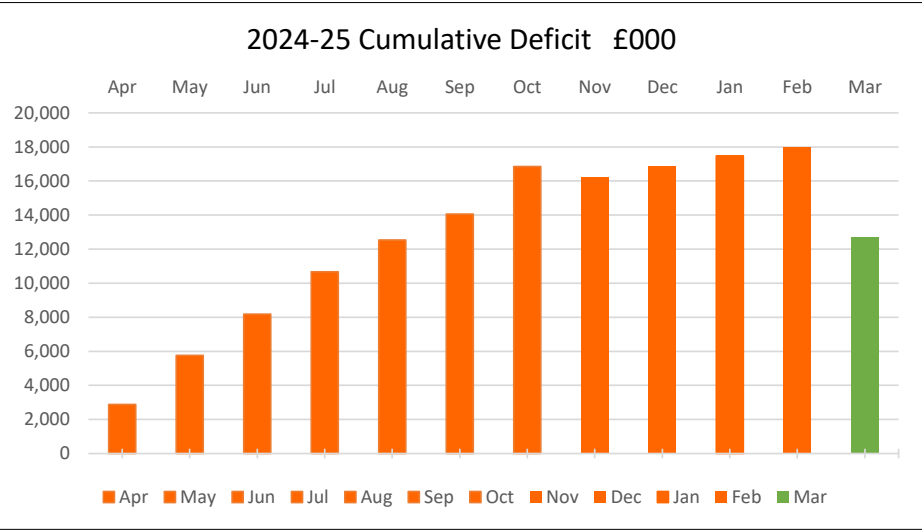
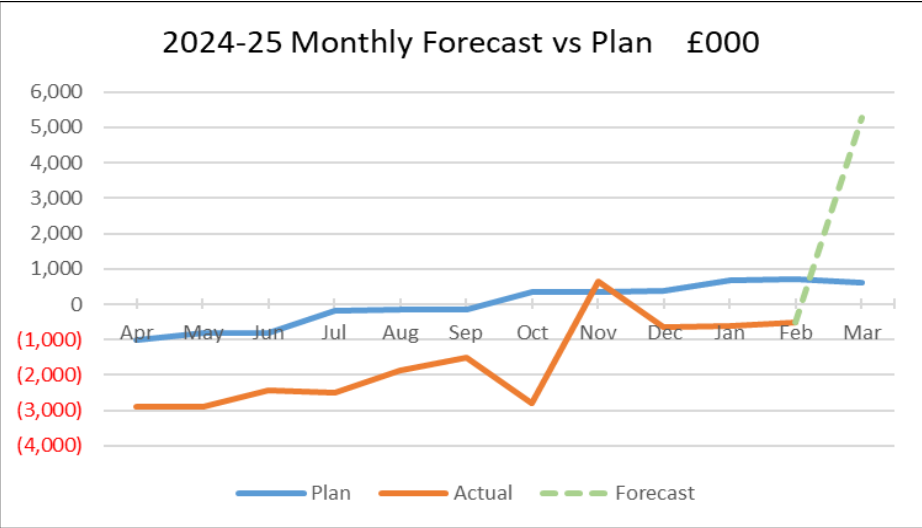
Risks to Plan Achievement

- Agency usage continuing above the planned level.
- Private sector beds usage for Luton and Bedford continues at a higher run-rate without additional income to offset the costs incurred.
- East London recommencing the use of private sector beds.
- 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 : The Trust is reporting a forecast of £12.7m
Going Further Going Together (GFGT) programme continues to drive savings.



Forecast

Pay type	YTD	Forecast month	Year-end forecast
Income	646,510	58,589	705,099
Additional income		5,752	5,752
Pay	(469,404)	(43,537)	(512,941)
non-pay	(196,198)	(15,184)	(211,381)
Sub-total - staff	(19,091)	5,621	(13,471)
Technical adjustments	1,092	(145)	947
Adjusted surplus	(17,999)	5,476	(12,524)

Risks	value	Modelled risk	Potential impact
Provision for contractual disputes	(1,470)	100%	(1,470)
Provision for disputed NHS invoices			(650)
Provision for Public Dividend Capital (PDC) charges	tbc		(300)
Provision for redundancy, legal costs and early retirement provision	0	0%	(550)
Increase in value of Annual Leave accrual	tbc	100%	(400)
Income deferrals	tbc	1	(400)
Benefits			
Balance sheet review	tbc	100%	1,500
Provider Collaborative dividends	tbc	100%	2,076
			(12,718)

Additional income confirmed by the ICS

The Trust modelling indicates a Forecast Outturn of £18,470k deficit.

This is based on directorate forecasts, plus worked up estimates of a known risks and opportunities.

However, the Trust has been allocated £5.7m of additional funding, resulting in a **revised forecast of £12.718m**

Contractual disputes relating to historic estates charges
External consultants have been appointed to support negotiations
Potential for disputes arising from Agreement of Balances exercise
Discussions are taking place between both parties to manage these disputes.

Potential impact of revaluation of estate, as part of the Annual Accounts process. This will be calculated at 31st March, and could result as a benefit rather than an increased cost

The trust is required to assess and recognise high-risk provisions. This is considered on a monthly basis. Figures are being calculated by the People & Culture team ahead of year-end

The trust is required to assess and recognise the costs of any outstanding annual leave that individuals are allowed to carry-forward into the next financial year. This is expected to increase to reflect the 2024-25 pay award. This is considered on an annual basis.

Review of items where paid in 24-25, but not fully met performance obligations

Review of accruals for costs relating to prior years. The Financial Accounts team are undertaking a detailed review to identify those accruals that are no longer required

Financial Viability / Going Further, Going Together

2024/25 Targets

The financial savings target for 2024/25 is £29.0m. 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 11 was £25.2m with a total reported delivery of £27.0m, resulting in a favourable variance of £1.8m

The Trust remains on plan at Month 11 although there remain year to date variances against Adult Mental Health and Specialist Services targets in particular.

Delivery of plan to date has seen only 58% delivered through schemes that impact the expenditure run-rate. It remains critical that efforts are focused on plans that reduce both budget and run-rate. Less than half of the forecast delivery has a recurrent impact into 2025/26 which impacts on medium term financial forecasts and the required savings target next year.

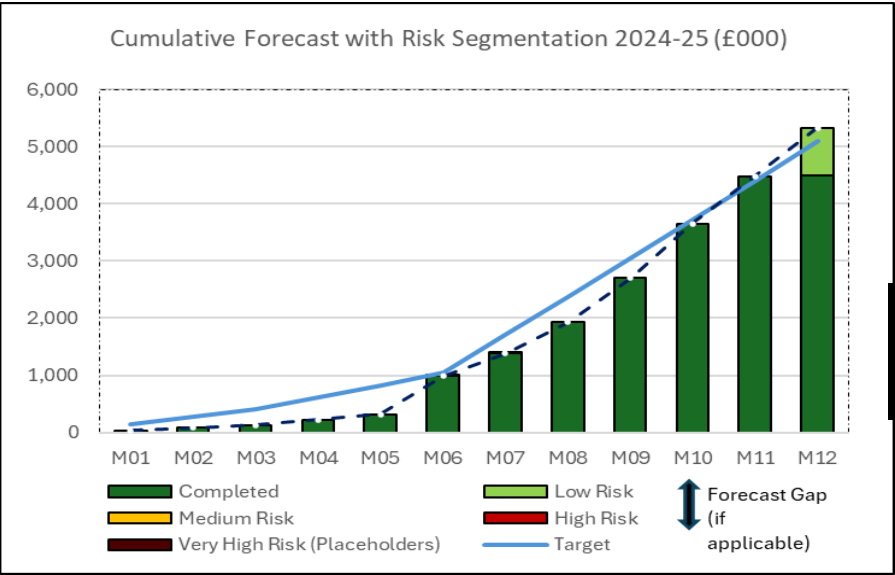
2024/25 Forecast

The forecast at month 11 is to deliver £31.6m, a slight reduction of £0.3m against last month’s forecast. This is not expected to change significantly between Month 11 and Month 12, given schemes are in delivery and Month 12 forecasts have been reviewed.

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.

There needs to be focus on schemes delivering a recurrent run-rate improvement over the coming months and into 2025/26 as this is a key driver of the deficit position. 2025/26 plans need to be developed to be in delivery from 1st April and are expected to deliver an improvement in run-rate at the point the scheme begins delivery.

Directorate Grouping	2024-25 Target £000	2024/25 Forecast £000	2024/25 Forecast Variance £000
East London AMH	8,500	6,601	(1,899)
Luton & Bedfordshire AMH	5,100	5,333	233
London CHS	2,700	2,715	15
Bedfordshire CHS	1,500	1,170	(330)
Specialist Services	4,500	3,557	(943)
Forensic Services	2,400	2,597	197
Primary Care	500	1,242	742
Clinical Directorates Total	25,200	23,214	(1,986)
Corporate Services & Estates	3,800	4,175	375
Unallocated High Impact Workstream Schemes	0	4,174	4,174
GRAND TOTAL	29,000	31,563	2,563



Income

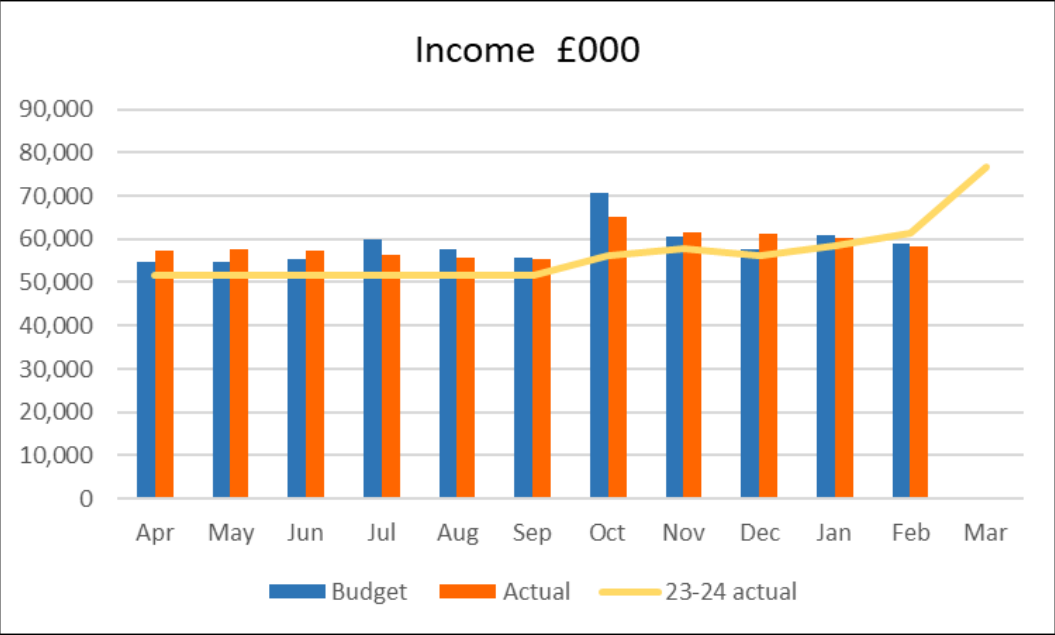
The income position at the end of February is a small (£49k) underperformance. There are areas of over-performance, with the trust receiving income for services where we had no budget. This is offset by deferred NCEL income.

The main areas of under performance is a £7.2m 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 £0.4m under performance relating to income generation targets not being delivered. This has materially improved since October, with the trust now generating increased income from local bed sales within NEL.

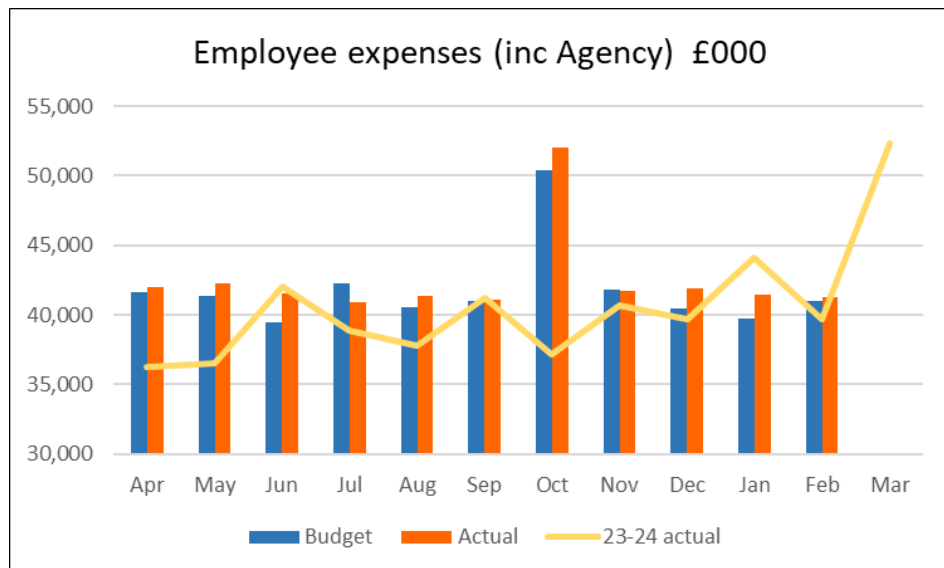
There are the main areas of over-performance, though these are offset by costs. The main areas are :

- £2.3m NHS Trust & Foundation Trust income for NCEL Provider Collaborative Non-Contracted Activity,
- £1.8m Forensic EPOC income
- £1.0m Local Authority income for school-based services – this funds costs incurred in the Specialist directorate.
- £0.8m ICS funding for depreciation costs
- £0.4m R&D, with income being higher than initially budgeted



Key message : Income is slightly below plan. There are areas we are receiving income that was not planned in the budget. This is offset as the income recognised for NCEL Provider Collaborative is less than plan, but this is matched to expenditure below the plan level.

Pay



Pay type	Funded WTE	Actual WTE	Variance WTE	Year To Date			Annual Budget £000
				Budget £000	Actual £000	Variance £000	
Substantive	(8,140.8)	(7,284.5)	856.3	(456,289)	(396,941)	59,347	(496,978)
Bank	(45.7)	(959.5)	(913.9)	(2,756)	(51,726)	(48,970)	(3,003)
Agency	0.0	(90.7)	(90.7)	0	(18,928)	(18,928)	0
Sub-total - staff	(8,186.4)	(8,334.7)	(148.3)	(459,045)	(467,596)	(8,551)	(499,981)
Apprentice Levy				(1,808)	(1,808)	0	(1,881)
Non-Executives	(1.4)	(1.4)	0.0				
Total Pay costs	(8,187.8)	(8,336.1)	(148.3)	(460,853)	(469,404)	(8,551)	(501,862)

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 £8.6m. This is a deterioration from last month, as the plan reduces in month due to the phasing of FV targets. The main drivers of the overspend 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 £1.0m cost pressure, arising from under-funding of the pay awards.

Actual pay spend in month is £41.4m, which is £1.3m less than the year-to-date average spend (£42.7m).

WTE use increased in month, with increases in bank staff, and substantive recruitment into NCEL Commissioned services. The trust is still using more staff than we have funding for, with Whole Time Equivalents (WTE) being 148.3 above the funded level in month.

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 and reduced pay costs.

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	Jan-25	Feb-25	Movement in month	WTE Actuals	JAN-25	FEB-25	Movement in month
Funded WTE	Substantive	(7,833.4)	(8,076.6)	(7,889.5)	(8,071.4)	(8,061.3)	(8,076.0)	(8,090.0)	(8,079.1)	(8,120.6)	(8,098.4)	(8,142.1)	(43.8)	Corporate	(743.4)	(771.7)	(28.3)
	Bank	(66.7)	(59.9)	(59.9)	(59.9)	(59.9)	(59.9)	(59.9)	(45.7)	(45.7)	(45.7)	(45.7)	0.0	Bedford Directorate	(946.0)	(957.6)	(11.5)
	Agency	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	Tower Hamlets	(853.9)	(860.0)	(6.1)
Actual WTE	Substantive	(7,289.9)	(7,314.8)	(7,320.9)	(7,285.0)	(7,343.2)	(7,338.6)	(7,354.4)	(7,325.3)	(7,283.9)	(7,266.7)	(7,285.9)	(19.1)	Forensics	(783.4)	(788.9)	(5.5)
	Bank	(967.3)	(901.0)	(896.4)	(924.4)	(898.5)	(920.4)	(981.4)	(902.2)	(909.1)	(925.2)	(959.5)	(34.3)	Newham CHS	(471.9)	(473.1)	(1.2)
	Agency	(249.3)	(284.6)	(272.5)	(235.5)	(219.8)	(198.0)	(160.2)	(141.5)	(115.6)	(113.1)	(90.7)	22.3	NCEL Provider Collabo	(22.4)	(23.4)	(1.0)
Variance	Substantive	543.5	761.8	568.7	786.4	718.1	737.4	735.6	753.8	836.7	831.6	856.3	24.6	NCEL Perinatal	(4.6)	(4.6)	0.0
	Bank	(900.6)	(841.2)	(836.6)	(864.5)	(838.7)	(860.6)	(921.6)	(856.5)	(863.5)	(879.5)	(913.9)	(34.3)	Tower Hamlets CHS	(267.7)	(269.4)	(1.7)
	Agency	(249.3)	(284.6)	(272.5)	(235.5)	(219.8)	(198.0)	(160.2)	(141.5)	(115.6)	(113.1)	(90.7)	22.3	Specialist CHS	(186.7)	(188.4)	(1.7)
Total Funded WTE		(7,900.1)	(8,136.5)	(7,949.4)	(8,131.3)	(8,121.1)	(8,135.9)	(8,149.9)	(8,124.8)	(8,166.3)	(8,144.1)	(8,187.8)	(43.8)	Estates	(41.4)	(41.6)	(0.3)
Total Actual WTE		(8,506.5)	(8,500.4)	(8,489.9)	(8,444.9)	(8,461.4)	(8,457.0)	(8,496.0)	(8,369.0)	(8,308.7)	(8,305.0)	(8,336.1)	(31.1)	SLA's Received	(0.9)	(0.3)	0.7
Overestablishment		606.4	363.9	540.5	313.6	340.3	321.1	346.1	244.2	142.4	161.0	148.3	(12.7)	Newham	(749.0)	(747.9)	1.1
Overestablishment %		(7.7%)	(4.5%)	(6.8%)	(3.9%)	(4.2%)	(3.9%)	(4.2%)	(3.0%)	(1.7%)	(2.0%)	(1.8%)		Specialist Services	(1,314.2)	(1,312.9)	1.4
														Luton Directorate	(421.1)	(418.7)	2.4
														R&D	(24.0)	(21.0)	3.0
														Primary Care	(211.0)	(206.8)	4.2
														Bedfordshire CHS	(509.4)	(504.6)	4.9
														City & Hackney	(752.5)	(744.0)	8.6
														Non-Execs	(1.4)	(1.4)	0.0
															(8,305.0)	(8,336.1)	(31.1)

WTE has increased in month, with increases in Substantive and in Bank. Substantive staff have increased in Specialist, with recruitment in Dialectical Behaviour Therapy and Interface Eating Disorder services schemes funded by NCEL Provider Collaborative. Forensics have increased - WTE use reduced in recent months due to leavers, but these have now been recruited into.

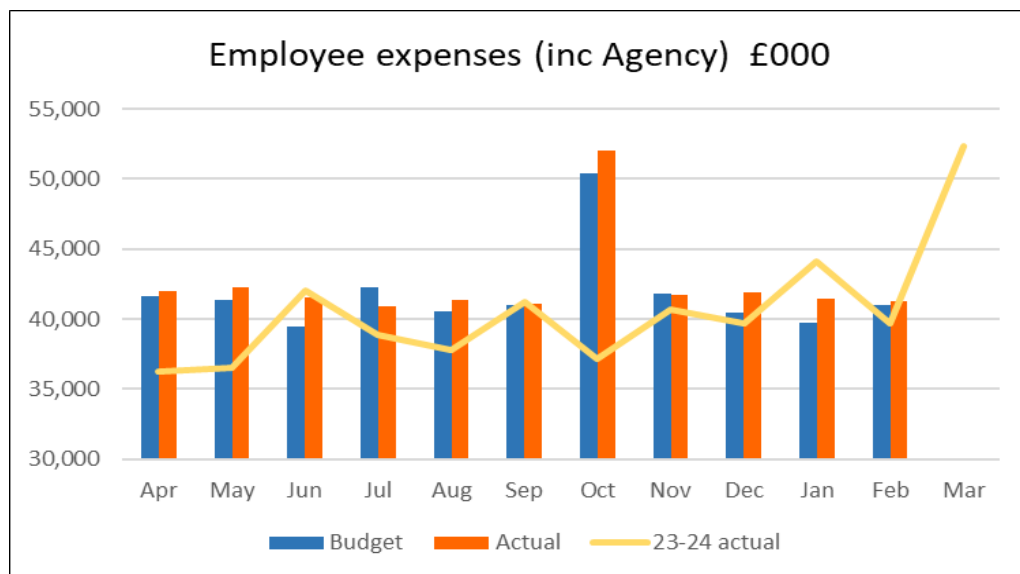
Bank usage has increased in month - a large element of this is replacement of Agency staff, but there are also increases in Tower Hamlet and Bedford, driven by activity pressures.

The trust is still using more staff than we have funding for, with WTE being 148.3 above the funded level.

Funded Posts have increased by 43.8 in month – the majority of this is from Non Medical Education and Training (NMET), with confirmation of additional income. Specialist has increased following the NCEL investments.

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 4.2% of total pay costs, above the 3.2% national target set by NHSE.

Non-pay



Expenditure type	Year To Date			Annual Budget £000
	Budget £000	Actual £000	Variance £000	
Private Beds (ELFT)	(9,898)	(9,845)	52	(10,693)
Health and Social Care - NHS	(22,032)	(24,703)	(2,671)	(24,044)
Health and Social Care -non-NHS	(20,447)	(18,588)	1,859	(22,030)
Supplies & Services	(30,736)	(30,950)	(214)	(23,003)
Drug costs	(5,152)	(5,942)	(790)	(5,620)
Consultancy & Legal fees	(2,009)	(3,164)	(1,155)	(2,157)
Establishment	(4,630)	(6,289)	(1,659)	(5,039)
Premises	(29,345)	(32,020)	(2,676)	(32,023)
Transport	(4,492)	(4,647)	(155)	(4,904)
Audit fees	(170)	(179)	(8)	(186)
Training	(5,015)	(4,685)	329	(5,545)
Clinical negligence	(1,890)	(1,895)	(6)	(2,062)
Non-executive directors	(208)	(184)	24	(227)
Other Expenditure	(12,429)	(13,333)	(904)	(27,016)
Grand Total	(148,452)	(156,426)	(7,974)	(164,548)

Non pay is £8.0m overspent, arising from :

- The overspend has reduced again in month, with the trust budget set higher to reflect seasonal increases in costs such as Private Beds. The work of GFGT means these costs have not increased at the budgeted rate.
- ELFT Private Beds (excluding NELFT) are now on plan. ELFT have spent £8.7m on private sector bed purchases this year (further details on slide 18).
- The trusts Premises costs are overspent by £2.7m, driven by the effect of building works and repairs (£1.8m), rates (£0.4m), energy and utilities (£0.6m), partially offset by underspends in IT. There is a £0.9 increase from previous months, as the trust has backdated rent claims on two properties it rents.
- Establishment is overspent by £1.7m. This arises from £0.3m interpreting costs, £0.3m printing costs and £0.3m recruitment & visa costs. A range of these costs have been recoded from Consultancy
- Consultancy and Legal Fees is overspent by £1.1m, with the main areas being visas for fees incurred by the Research & Development team (£0.4m), legal fees in Corporate and Estates (£0.4m), and fees relating to 23-24 (£0.5m)
- Services commissioned by NCEL Provider Collaborative are underspent by £0.5m, with a reduction in the number of patients placed. This is a reduction from previous months as the service has been paying dividends to external providers.

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

Statement of Financial Position

- The net balance on the Statement of Financial Position as at 28th February 2025 was £302.2m. The decrease of £18.7m since year-end reflects the YTD deficit position partially offset by Public Dividend Capital funding.
- The key movements since the prior month are: -
 - £1.2m reduction in non-current asset values. Depreciation of £1.8m exceeded additions of £1.2m on Property, Plant and Equipment. Within Right of use assets dilapidation provisions totalling £1.3m have been recognised for leased properties and £0.2m for leases on pooled cars have been added, this has been offset by depreciation of £2.1m.
 - £0.8m decrease in receivables, with significant payments received from Barts Health NHS Trust and Oxleas NHS Foundation Trust partially offset by a £2m increase in accrued income.
 - £1.2m increase in deferred income, primarily due to the deferral of NMET (Non-Medical Education Tariff) monies relating to March.
 - £1.7m increase in provisions, largely due to recognition of liabilities for dilapidations.

	Prior Year 31/03/2024 £000s	Previous Month 31/01/2025 £000s	Current Month 28/02/2025 £000s	Movement in Month £000s
Non-current assets				
Intangible assets	3,220	2,320	2,346	26
Property, Plant and Equipment	270,023	260,584	259,956	(628)
Right of use assets	79,210	70,262	69,648	(614)
Investments in associates and joint ventures	1,787	1,479	1,479	0
Other non current assets	969	970	970	0
Total non-current assets	355,209	335,615	334,399	(1,216)
Current assets				
Inventories	556	430	611	181
Trade and other receivables	34,051	36,969	36,145	(824)
Assets held for sale	350	350	350	0
Cash and cash equivalents	116,413	113,609	116,975	3,366
Total current assets	151,370	151,358	154,081	2,723
Current liabilities				
Trade and other payables	(73,690)	(72,896)	(73,472)	(576)
Borrowings	(15,248)	(15,128)	(15,128)	0
Provisions	(438)	(1,118)	(1,113)	5
Deferred income	(7,368)	(15,097)	(16,309)	(1,212)
Total current liabilities	(96,744)	(104,239)	(106,022)	(1,783)
Total assets less current liabilities	409,835	382,734	382,458	(276)
Non-current liabilities				
Borrowings	(88,416)	(79,325)	(78,112)	1,213
Provisions	(496)	(465)	(2,119)	(1,654)
Total non-current liabilities	(88,912)	(79,790)	(80,231)	(441)
Total net assets employed	320,923	302,944	302,227	(717)
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	88,953	88,236	(717)
Total taxpayers' and others' equity	320,923	302,944	302,227	(717)

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

Capital

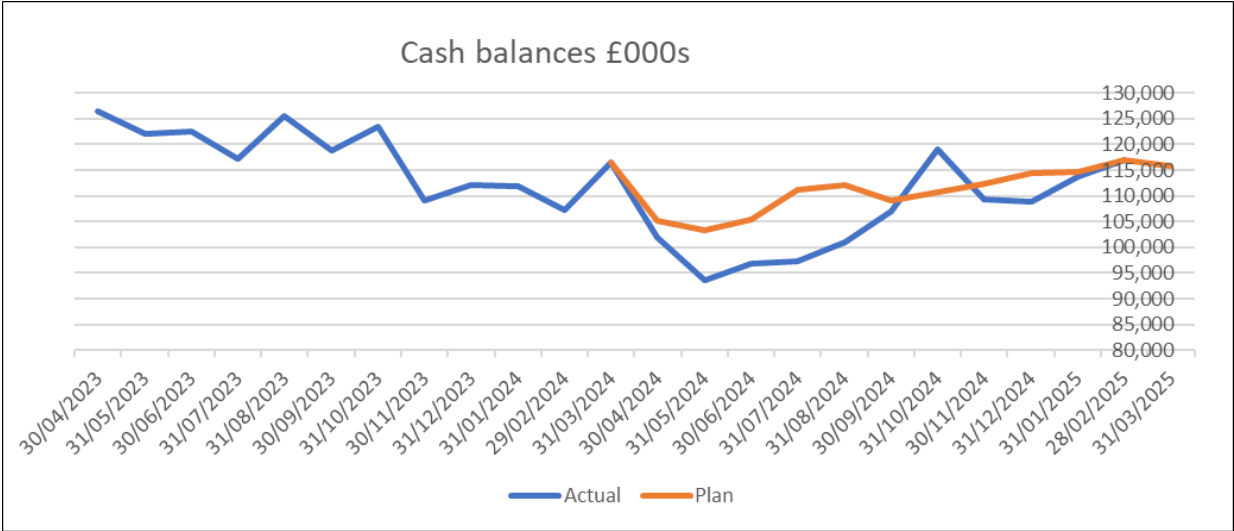
- The Trust submitted a capital plan for the year of £10.3m (£9.9m internally generated and £0.4m PDC funded).
- Since the original plan additional PDC funding has been agreed for £1.3m.
- The Trust was given an additional capital allocation of £0.6m to support the Windows 11 update in January.
- Capital expenditure, excluding IFRS16, as at 28th February 2025 was £8.6m, with an in month spend of £1.2m. Against the plan this is a £1.1m YTD underspend.
- The underspend is driven by Estates schemes, predominantly on Asset Property Management.
- Including PDC funded schemes the Trust is expected to spend £12.1m by 31st March, this requires spend of £3.5m in March.
- 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, £6.0m 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	2776	1683	(1,093)
Mental Health and Security Improvement Plan	369	308	273	(35)
HBPos Luton - Internally funded	431	431	178	(253)
Six Facet Survey Backlog works programme	200	166	169	3
Critical, fire and digital spaces infrastructure upgrade	200	166	238	72
In Patient Environmental Upgrade and CQC Improvement Plan	400	333	28	(305)
Net Zero Carbon Reduction Plan	100	80	0	(80)
New Business, Community and Primary Care Development	40	40	36	(4)
Medical Devices/Equipment	20	20	25	5
Digital Systems	125	100	86	(14)
ICS	100	75	7	(68)
ICT infrastructure and Service Improvement	770	735	943	208
ICT Digital Spaces	1450	1386	1126	(260)
ICT Unified Communication	477	453	556	103
ICT Cyber Security	840	751	583	(168)
ICT Digital Portfolio	1000	940	981	41
Staff capitalisation	531	494	530	36
HBPos Luton - PDC funded	418	418	418	0
Alie Street - New Ways of working	0	0	275	275
Other plant and equipment	0	0	294	294
Windows 11 - PDC	0	0	185	185
Additional PDC schemes	0	0	-31	-31
	10,303	9,672	8,583	(1,089)

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 February, the cash balance was £117.0m, an increase of £0.6m since the start of the financial year.
- The cash position is in line with plan. Whilst cashflow from operating activities is £17.9m lower than plan due to the operating deficit this has been offset by: -
 - £15.5m working capital movements, with significantly higher than planned deferred income and payable balances.
 - £1.2m due to slippage in the capital programme.
 - £1.3m higher depreciation charges largely due to the recognition of dilapidation provisions.



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)

ICS position M11 YTD

	Year To Date			Prior month	Movement in actuals	Annual plan
	Plan £000	Actual £000	Variance £000	Actual £000		
BHRUT	(1,794)	(25,552)	(23,758)	(40,659)	15,107	0
Barts	(371)	(16,000)	(15,629)	(14,593)	(1,407)	0
ELFT	(623)	(17,999)	(17,376)	(17,477)	(522)	0
Homerton	(1,260)	(16,408)	(15,148)	(14,943)	(1,465)	0
NELFT	(781)	(15,547)	(14,766)	(19,669)	4,122	0
Providers	(4,829)	(91,506)	(86,677)	(107,340)	15,834	0
ICB	(569)	0	569	(2,593)	2,593	0
ICS Total	(5,398)	(91,506)	(86,108)	(109,934)	18,427	0

	Forecast		
	@ m10 £000	Allocation	Revised FOT £000
BHRUT	(53,100)	21,100	(32,000)
Barts	(17,000)	5,294	(11,706)
ELFT	(18,470)	5,752	(12,718)
Homerton	(18,800)	5,854	(12,946)
NELFT	(17,612)	7,000	(10,612)
Providers	(124,982)	45,000	(79,982)
ICB	0	0	
ICS Total	(124,982)	45,000	(79,982)

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.

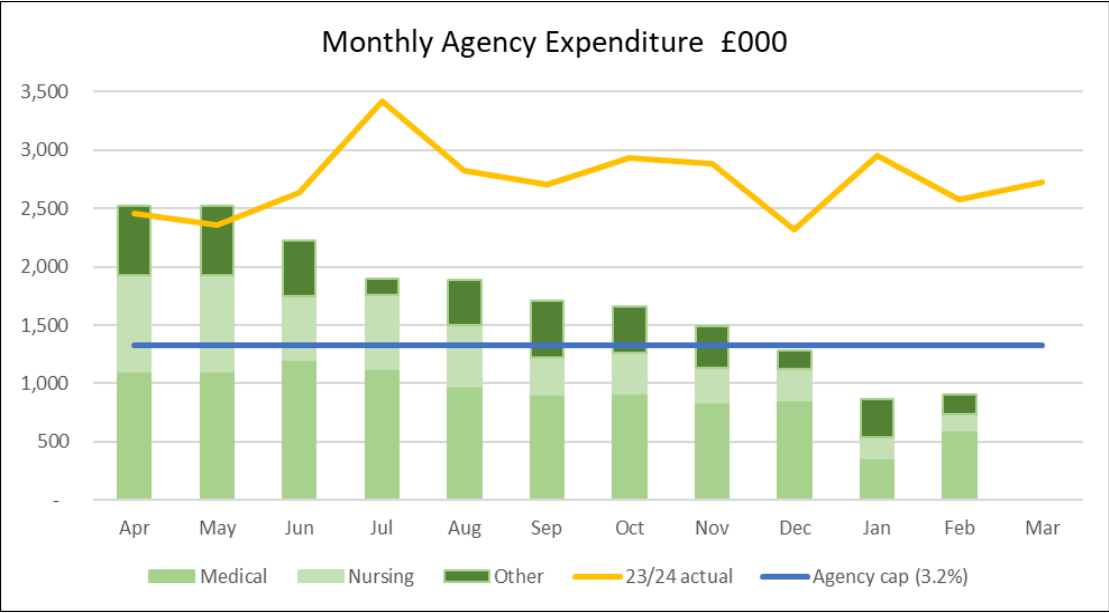
At the end of February, the ICS is reporting a deficit of £86.1m. This is £84.7m adverse to plan. This an improvement from the £109.9m deficit reported at the end of January.

The ICS has been allocated £45m of additional funds, which has been allocated to Trusts. This is shown in the second table. The improvement in month is caused by BHRUT and NELFT recognising elements of this income in month.

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 £19.0m which is below the current phased plan (£25.6m). December's figures included an over-estimate of £200k, which reversed as a credit in January. Adjusting for this, February's figures show a reduction of £170k.

In the 11 months of this year, Agency costs have reduced by £1.0m on average compared to the last year – the average is £1.7m for 2024-25, compared to the 2023-24 monthly average of £2.7m.

Year to date agency costs constitute 4.0% of total pay costs, above the 3.2% target set by NHSE. We have been below the cap for the last 3 months.

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	Jan-25 £000s	Feb-25 £000s	Movement in month
Medical and Dental	(1,100)	(1,100)	(1,207)	(1,118)	(970)	(908)	(918)	(833)	(852)	(359)	(596)	(237)
Nursing, Midwifery and HV	(828)	(828)	(543)	(636)	(529)	(314)	(340)	(301)	(268)	(183)	(144)	39
Administration and Estates	(277)	(277)	(137)	202	(130)	(239)	(124)	(142)	(15)	(207)	(101)	106
Healthcare assistants and Other	(171)	(171)	(201)	(198)	(160)	(186)	(169)	(139)	(93)	(73)	(44)	29
Scientific, Therapeutic and Tech	(142)	(142)	(135)	(144)	(100)	(65)	(108)	(77)	(54)	(49)	(19)	29
Total Agency	(2,518)	(2,518)	(2,223)	(1,894)	(1,890)	(1,712)	(1,658)	(1,492)	(1,283)	(870)	(903)	(33)

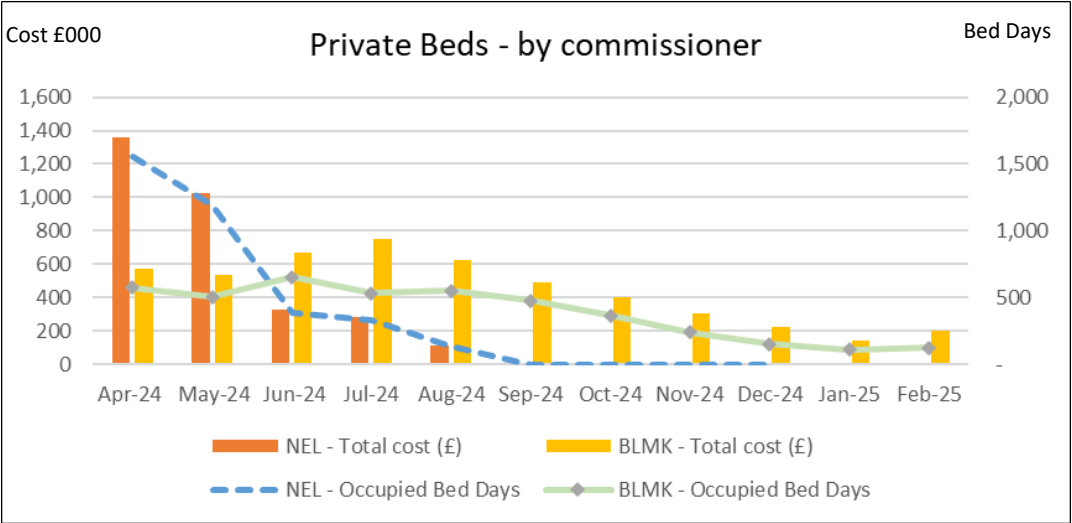
Private Beds

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

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

There are still ongoing pressures in Bedford, Luton and Milton Keynes (BLMK) area, through activity has reduced in month and is anticipated to reduce further.

The two ICS’s provided funding for Private Beds – the funding for North East London has been fully utilised, leaving a £2.1m cost pressure. The funding for Bedford, Luton and Milton Keynes has also ben fully utilised, leaving a £0.3m cost pressure.



ICS	Full Year Income £000s	Costs YTD £000s	Cost pressure £000s
North East London	1,667	3,726	(2,059)
BLMK	4,700	4,975	(275)
Total	6,367	8,700	(2,334)
NEFLT	1,145	1,145	0
Total	7,512	9,845	(2,334)

Receivables

- The receivables balance in the Statement of Financial Position of £36.1m includes £15.5m 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. Further information has been provided to support the charges, it is hoped this will be settled before year-end.
 - £0.8m owed by London Borough of Hackney, the largest element relating to the Look Ahead Contract for 2023/24, a purchase order has now been issued and payment is expected imminently.
 - £4.3m credit note issued to North London NHS Foundation Trust as they paid the SLA twice for one month
- 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 £1.4m are held, this predominantly relates to debts owed by individuals (including staff) and overseas visitors.

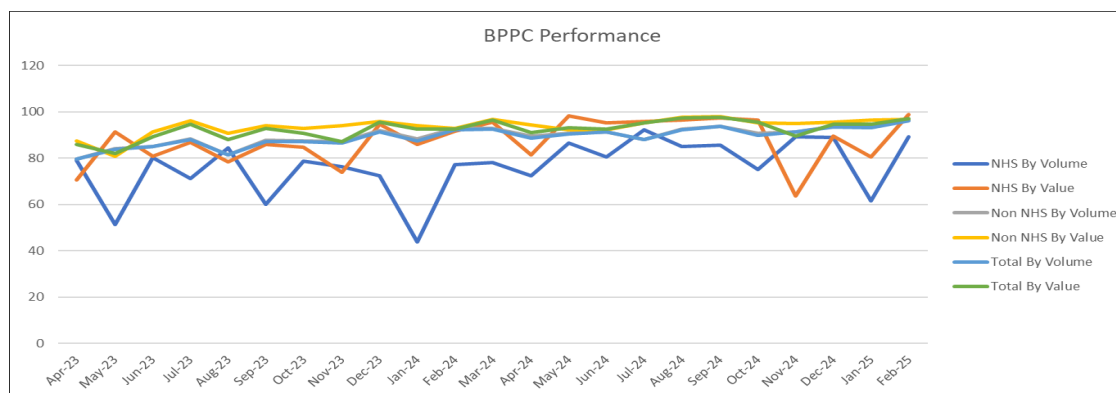
	NHS £000s	Non NHS bodies £000s	Individuals £000s	Overseas Visitors £000s	Total £000s
Current	2,197	1,052	15	0	3,264
1-30 Days	7,528	1,115	14	0	8,657
31-60 Days	1,314	143	1	0	1,458
61-90 Days	187	116	12	0	315
Over 90 Days	-252	944	440	662	1,794
Total	10,975	3,371	481	662	15,488

Payables

- The payables balance in the Statement of Financial Position of £73.5m includes £18.4m of outstanding invoices. The remaining balance largely relates to taxes, pensions and accruals.
- Significant balances over 90 days include: -
 - £1.7m, Whittington Health NHS Trust, with NCEL provider collaborative invoices currently on hold.
 - £1.1m, Bedfordshire Hospitals NHS Foundation Trust, this largely relates to estates and service recharges, a meeting is being arranged to resolve disputes from both parties.
 - £0.7m, Barts Health Trust, largely due to disputes on charges for catering.
 - £0.6m, Homerton Healthcare NHS Foundation Trust, for disputed estates charges.
- 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 92% by volume and 94% by value.

Outstanding Invoices

	NHS £000s	Non NHS £000s	Total £000s
0-30 Days	3,784	6,786	10,571
31-60 Days	-120	457	337
61-90 Days	728	319	1,047
Over 90 Days	5,098	1,331	6,429
Total	9,491	8,893	18,384



Trust Board Forward Plan 2023-2025

MEETING IN PUBLIC	Item	23/05/2024	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)	✓	✓	✓	✓	Q1	✓
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		✓				x
	~ 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						✓
	Annual Plan						✓
MEETING IN PRIVATE	Item	23/05/2024	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	23/05/2024	25/07/2024	26/09/2024	05/12/2024	30/01/2025	27/03/2025
Strategy	Green Plan / Sustainability (May 2023)	✓					
Training	Corporate Manslaughter Briefing (Capsticks)						
	Cyber Security	✓				x	✓
	Health and Safety					x	✓
	Infection Control			✓			
	Safeguarding				x	✓	
	Sustainability		✓				
	Oliver McGowan Training (three yearly) - due September 2026						