

## Board of Directors Meeting in Public

Thursday 22 May 2025 from 13:00 – 16:10

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

12:30 – 13:00	Lunch
13:00 – 15:30	Trust Board in Public
15:45 – 16:10	Quality Improvement 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 27 March 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	Charitable Funds Committee Assurance Report	Assurance	Peter Cornforth	13:55
10	Audit Committee Assurance Report	Assurance	Anit Chandarana	14:00
11	Integrated Care & Commissioning Committee Assurance Report	Assurance	Richard Carr	14:05

#### Quality & Performance

12	Quality Assurance Committee Assurance Report	Assurance	Donna Kinnair	14:10
13	Quality Report	Assurance	David Bridle Claire McKenna	14:15
14	Performance Report	Assurance	Edwin Ndlovu	14:25

5 Minute Break				14:35
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## People

15	Appointments & Remuneration Committee Assurance Report	Assurance	Deborah Wheeler	14:40
16	People & Culture Committee Assurance Report	Assurance	Deborah Wheeler	14:45
17	People Report	Assurance	Barbara Britner	14:50

## Finance

18	Finance, Business & Investment Assurance Report	Assurance	Sue Lees	15:05
19	Finance Report	Assurance	Kevin Curnow	15:10

## Closing Matters

20	Board of Directors Forward Plan	Note	Eileen Taylor	15:25
21	Any Other Urgent Business*: <i>previously notified to the Chair</i>	Note	Eileen Taylor	
22	Questions from the Public*		Eileen Taylor	
23	Dates of Future Meetings <ul style="list-style-type: none"> <li>Thursday 24 July 2025 (Grove View Integrated Health and Care Hub, Court Drive, Dunstable, Bedfordshire, LU5 4JD)</li> <li>Thursday 25 September 2025 (London – Conference Room, Robert Dolan House)</li> <li>Thursday 4 December 2025 (London – Conference Room, Robert Dolan House)</li> <li>Thursday 29 January 2026 (London – Conference Room, Robert Dolan House)</li> <li>Thursday 26 March 2026 (Luton)</li> </ul>			
24	Close			15:30

\*verbal update

### Eileen Taylor Chair of the Trust

15:45 – 16:10	Quality Improvement teatime presentation will focus on: <b>Reducing Admissions to Hospital for Service Users with Learning Disabilities in Bedfordshire and Luton</b> <ul style="list-style-type: none"> <li>Simone Mingay, Clinical Nurse Manager and Specialist Healthcare Team Manager in Services for People who have a Learning Disability</li> <li>Paola Martucci, Befriending Captain and Volunteer Service Administrative Officer</li> <li>Dr Asma Ambreen, Consultant Psychiatrist for Services for People who have a Learning Disability</li> </ul>
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### Board of Directors Register of Interests: as at 16 May 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"> <li>• Director and Trustee, Place2Be</li> <li>• Psychotherapy Student, Regents University</li> <li>• Mentor at Mosaic, an LGBT+ young persons charity</li> <li>• Volunteer Counsellor at Naz a charity in West London</li> <li>• Member, British Association of Counselling and Psychotherapy (BACP)</li> <li>• Member, UK Council for Psychotherapy (UKCP)</li> <li>• Psychotherapist in Private Practice</li> </ul>
Dr David Bridle	Chief Medical Officer	<ul style="list-style-type: none"> <li>• Member, British Medical Association</li> <li>• Member, Medical Protection Society</li> <li>• Member, Royal College of Psychiatrists</li> <li>• Member, General Medical Council</li> </ul>
Barbara Britner	Interim Chief People Officer (12 May 2025)	<ul style="list-style-type: none"> <li>• Nil to Declare</li> </ul>
Richard Carr	Senior Independent Director	<ul style="list-style-type: none"> <li>• Director, Richard Carr Consulting Ltd, Management Consultancy</li> <li>• Part-owner of Richard Carr Consulting Ltd</li> <li>• Managing Director Commissioner, Woking Borough Council</li> <li>• Chair, Improvement Board, Cambridgeshire and Peterborough Combined Authority</li> <li>• Member, Society of Local Authority Chief Executives and Senior Managers (SOLACE)</li> <li>• Ministry of Housing, Local Government &amp; Communities (Note this an appointment, not technically treated as an employment)</li> </ul>
Tanya Carter	Chief People Officer	<ul style="list-style-type: none"> <li>• Personal Stylist and Coach, Apex Synergy Styling and Coaching Ltd</li> </ul>
Anit Chandarana	Non-Executive Director	<ul style="list-style-type: none"> <li>• Group Director, Network Rail</li> </ul>

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"> <li>• Director, Good Way Ltd – music venue operator</li> <li>• Director, Field Doctor Ltd – frozen meals producer</li> <li>• Director, Kind Canyon Digital Ltd – music rights owner</li> <li>• Director, Music Venue Properties Ltd. – community benefit society</li> <li>• Governor, John Whitgift Foundation – care homes and schools</li> <li>• Trustee, The Ormiston Trust</li> <li>• Parent Member, National Autistic Society</li> <li>• Independent Investment Advisory Group – Property, Transport for London</li> <li>• Non-Executive Director, Community Health Partnership</li> </ul>
Alison Cottrell	Non-Executive Director	<ul style="list-style-type: none"> <li>• Trustee Ley Community Drug Services</li> <li>• Trustee, Phoenix Futures</li> <li>• Fellow, Society of Professional Economists</li> <li>• Freeman, Worshipful Company of International Bankers</li> <li>• NED at LINK Scheme Ltd</li> </ul>
Kevin Curnow	Chief Finance Officer	<ul style="list-style-type: none"> <li>• Nil to Declare</li> </ul>

Chair: Eileen Taylor

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Chief Executive: Lorraine Sunduza

Name	Job Title	Interests Declared
Professor Sir Sam Everington KBE	Non-Executive Director	<ul style="list-style-type: none"> <li>Salaried GP of the Bromley By Bow Health Partnership Tower Hamlets (a member of Tower Hamlets GP Care group CIC)</li> <li>Salaried GP based on the same site as The Bromley by Bow Centre (charity)</li> <li>Associate director NHS Resolution 2018-</li> <li>Consultant to the National Association of Social Prescribing 2022-</li> <li>BMA Council member, 1989-</li> <li>Vice President of the BMA, 2015-</li> <li>Fellow and Professor of Queen Mary University of London 2015-</li> <li>As a GP member of the MDDUS - insurance for the GP practice</li> <li>Vice President Queen's Nursing Institute 2016-</li> <li>Vice President and Council member the College of Medicine 2019-</li> <li>Board member NHS Strategic Infrastructure Board 2020-</li> <li>Member of the Royal College of GPs</li> <li>Council member RCGP November 2022-</li> <li>Albert medal winner and life member of the RSA</li> <li>Member of the Council of the Imperial Society of Knights Batchelor 2023 –</li> <li>Trustee Anglo-Norse society (charity) 2024</li> <li>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-</li> <li>Director and Chair of MEEBBB Health CIC (a Primary Care Network, Tower Hamlets)</li> <li>Son: Dr Raoul Li-Everington is GP partner in the Bromley By Bow Health Partnership</li> </ul>
Richard Fradgley	Executive Director of Integrated Care and Deputy CEO	<ul style="list-style-type: none"> <li>Director, Compass Wellbeing CIC, a trust subsidiary</li> <li>Member, North East London Integrated Care Board Mental Health Learning Disabilities and Autism Collaborative Sub-Committee</li> <li>Member, North East London Integrated Care Board Community Health Services Collaborative Sub-Committee</li> <li>Member, Bedfordshire, Luton Milton Keynes, Integrated Care Board Mental Health Learning Disabilities and Autism Collaborative Committee</li> <li>Member, Newham Place Committee</li> <li>Member, Tower Hamlets Place Committee</li> <li>Partner Works for ELFT</li> </ul>
Philippa Graves	Chief Digital Officer	<ul style="list-style-type: none"> <li>Director, Health Care &amp; Space Newham (joint venture between ELFT and LB of Newham)</li> </ul>

Chair: Eileen Taylor

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Chief Executive: Lorraine Sunduza

Name	Job Title	Interests Declared
Professor Dame Donna Kinnair DBE	Non-Executive Director	<ul style="list-style-type: none"> <li>• Board Member, NHS Race and Health Observatory</li> <li>• Patron, Trinity College Medical Society</li> <li>• Trustee, Burdett Trust for Nursing</li> <li>• Non-Executive Director at Royal Free Hospital NHS FT</li> <li>• Director at DDK Consultancy Ltd (provides ad hoc training and other consultancy support; clients NHS organisations)</li> </ul>
Susan Lees	Non-Executive Director	<ul style="list-style-type: none"> <li>• Non-Executive Director and Vice Chair, North East London Foundation Trust (until 31/07/2025)</li> <li>• Non-Executive Director Barking, Havering and Redbridge University Hospital Trust</li> <li>• Chair of the Charitable Funds Committee of the Barking, Havering and Redbridge University Charity</li> </ul>
Claire McKenna	Chief Nurse	<ul style="list-style-type: none"> <li>• Nil to Declare</li> </ul>
Edwin Ndlovu	Chief Operating Officer	<ul style="list-style-type: none"> <li>• Member of UNISON</li> <li>• Member of Race Health Observatory Mental Health Working Group</li> <li>• Director, Phoenix Sunrisers PCN</li> <li>• Director East Bedford PCN</li> <li>• Director, EEHN Co Ltd</li> <li>• Partner, Five Elms Medical Practice</li> <li>• Partner, Victoria Medical Centre</li> <li>• Partner, Upminster Medical Centre</li> <li>• Partner, Rainham Health Centre</li> <li>• Registered Mental Health Nurse NMC</li> <li>• Health Trustee, St Mungo's Homeless Charity</li> <li>• Member, Jabali Men's Network Community Interest Organisation</li> </ul>

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"> <li>• Director, AS Healthcare Improvement Ltd (private consulting and teaching related to healthcare improvement)</li> <li>• Director, A&amp;M Residential Properties Ltd – property management.</li> <li>• National Clinical Director for Improvement, NHS England</li> <li>• National improvement lead for mental health and chair of QI faculty, Royal College of Psychiatrists</li> <li>• Member of the National improvement board, NHS England</li> <li>• Member of the Q advisory board (Health Foundation)</li> <li>• Council member at the Healthcare Costing for Value Institute, at the Healthcare Financial Management Association (HFMA)</li> <li>• Faculty member with the Institute for Healthcare Improvement (IHI), US and chair of the Scientific Advisory Group at IHI</li> <li>• Honorary professor, University of York</li> <li>• Honorary visiting professor, City University London</li> <li>• Member, General Medical Council</li> <li>• Member, Royal College of Psychiatrists</li> <li>• Honorary Member, Faculty of Public Health</li> <li>• Private consulting and teaching related to healthcare improvement</li> </ul>
Lorraine Sunduza	Chief Executive	<ul style="list-style-type: none"> <li>• Named shareholder for Health E1</li> <li>• Named shareholder for Tower Hamlets GP Care Group</li> <li>• Named shareholder for City &amp; Hackney GP Federation</li> <li>• Named shareholder for Newham GP Federation</li> <li>• Member of BLMK Bedfordshire Care Alliance Committee</li> <li>• Member of Central Bedfordshire Health &amp; Wellbeing Board</li> <li>• Member of City &amp; Hackney Neighbourhood Board</li> <li>• Member of City &amp; Hackney Integrated Commissioning Board</li> <li>• Member of Newham Health &amp; Wellbeing Board</li> <li>• Member of East of England Provider Collaborative Board</li> <li>• Member of North East London Community Health Collaborative Committee</li> <li>• Member of North East London Population Health and Integrated Care Committee</li> <li>• Member, Unison</li> </ul>

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"> <li>• Joint Chair, East London NHS Foundation Trust (ELFT) and North East London NHS Foundation Trust (NELFT)</li> <li>• Chair of the NEL Mental Health, Learning Disabilities and Autism Provider Collaborative</li> <li>• Member, Mid and South Essex Community Collaborative</li> <li>• Chair, MUFG Securities EMEA plc</li> <li>• Chair, Nominations Committee at MUFG Securities EMEA plc</li> <li>• Member of the US Democratic Party</li> </ul>
Deborah Wheeler	Vice-Chair (Bedfordshire & Luton)	<ul style="list-style-type: none"> <li>• Non-Executive Director at North East London NHS Foundation Trust</li> <li>• Board Trustee and Lead Trustee for Safeguarding, Revitalise Respite Holidays (member of Quality &amp; People Committee)</li> <li>• Registrant, Nursing and Midwifery Council</li> <li>• Member, Royal College of Nursing</li> <li>• Churchwarden, St Laurence Church Barkingside (Church of England)</li> <li>• Design Team member for Clarity Crafts Ltd</li> </ul>
Cathy Lilley	Director of Corporate Governance (Company Secretary)	<ul style="list-style-type: none"> <li>• None</li> </ul>

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, 27 March 2025 from 1.00pm in the Conference Room, Robert Dolan House, 9 Alie Street, London E1 8DE and online**

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### Present:

Eileen Taylor	Trust Chair
Dr David Bridle	Chief Medical Officer
Richard Carr (online)	Senior Independent Director
Anit Chandarana	Non-Executive Director
Peter Cornforth	Non-Executive Director
Alison Cottrell	Non-Executive Director
Kevin Curnow	Chief Finance Officer
Prof Sir Sam Everington	Non-Executive Director
Richard Fradgley	Executive Director of Integrated Care & Deputy CEO
Philippa Graves	Chief Digital Officer
Professor Dame Donna Kinnair	Non-Executive Director
Susan Lees	Non-Executive Director
Claire McKenna	Chief Nurse
Edwin Ndlovu	Chief Operating Officer & Deputy CEO
Dr Amar Shah	Chief Quality Officer
Lorraine Sunduza	Chief Executive

### In attendance:

Gren Bingham (online)	Governor, Tower Hamlets
Liz Birch	Governor, Central Bedfordshire
Tina Bixby (online)	Membership Officer
Barbara Britner	Deputy Director of People & Culture
Bob Cazley	Governor, Central Bedfordshire
Humaira Farhaan (online)	Service user
Chris Fung (online)	Member of the public
Dr Farah Jameel	Member of the public
Peter Landman (online)	Public Governor, Newham
Norbert Lieckfeldt (online)	Corporate Governance Manager
Cathy Lilley	Director of Corporate Governance
Linda McRoberts	Minute Taker
Caroline Ogunsola	Staff Governor, Lead Governor
Jamu Patel	Deputy Lead Governor and Luton Governor
Mark Pridmore (online)	Staff agency company
Mark Rickets (online)	Member of the public
Shona Sinclair	Chair, Compass CIC
Steph Quitaleg	Senior Executive Assistant

### Apologies:

Aamir Ahmad	Vice-Chair (London)
Tanya Carter	Chief People Officer
Deborah Wheeler	Vice-Chair (Bedfordshire & Luton)

*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 Barbara Britner who was congratulated for her appointment as Acting Chief People Officer and is standing in for Tanya Carter today. Also particularly welcomed Governors, members of staff and the public.
- Thanked everyone who had sent kind messages on the sad passing Jason Cook, the lead Governor at North East London NHS FT (NELFT).
- Recognised awareness dates and celebrations that align with the Trust's commitment to inclusivity and respect across our diverse communities. These included: International Day for the Elimination of Racial Discrimination; Covid Day of Reflection, marking five years since the first lockdown; religious and cultural observances including Ramadan, Holi, Easter and Passover; International Women's Day and Women's History month; Stress Awareness month, highlighting mental health and stress management; Autism Acceptance week; Young Carers' Action Day and World Social Worker Day.
- Noted this is the first Trust Board to be held in the new conference room in Alie Street, which has been developed to contribute to financial savings.
- 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.

### 1.2 Apologies were noted as above.

## 2 Patient Story – Challenges of EDI and Patient Carer Race Equality Framework

### 2.1 This item will be carried forward to the next meeting as Jen Hedworth was unable to attend.

## 3 Declarations of Interests

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

## 4 Minutes of the Previous Meeting Held in Public on 30 January 2025

### 4.1 The minutes of the meeting held on 30 January 2025 were **APPROVED** as a correct record subject to the following amendments:

- Para 2: patient story at top of page 3 says 'she sees believes', 'sees' to be deleted
- Para 7.1: spelling of Nadia to be corrected
- Para 8.1: should read Rebecca Daniels, not Rachel.

## 5 Action Log and Matters Arising from the Minutes

### 5.1 The Board noted:

- Action 403 Population Health Annual Report: the introduction has been updated as requested and this action is now closed.

## 6 Matters Arising from Trust Board Meeting in Private

### 6.1 Eileen Taylor advised an extraordinary Board meeting was held in private on 24 March 2025 to approve the Trust's financial and operational plans for 2025/26 which have been submitted today; further details will be shared during this meeting.

## 7 Chair's Report

### 7.1 Eileen Taylor presented the report, highlighting:

- This is a period of significant and ongoing change particularly within the Integrated Care Systems (ICSs) and NHS England (NHSE). The Board recognises the impact on colleagues and will continue to offer its full support.
- Appreciation to the Executive and Trust staff for successfully developing a financial plan that ensures balance for the upcoming financial year. The Board remains committed to its strategy and values during these challenging times.
- At the recent meeting of the North East London Mental Health, Learning Disabilities and Autism (MHLDA) Collaborative, participants heard powerful accounts highlighting the difficulties autistic individuals face in acute hospital settings. Representatives from Barts, Homerton, and Barking, Havering and Redbridge NHS Trust (BHRUT) joined the collaborative for the first time to explore joint solutions for improving care experiences.
- This meeting also marked the conclusion of the two-year term for lived experience leaders. Eileen expressed deep gratitude to Christopher Baker, Marcella Cooper and Gordon Moser for their exceptional contributions as well as to Aurora Todisco, Patient Experience Lead, for her work in making financial documents more accessible.
- She would be participating in the annual patient-led Mental Health Summit.

### 7.2 Non-Executive Directors' Visit – Newham Addiction Services

Sue Lees reported on a recent visit with Alison Cottrell and Deborah Wheeler:

- The service supports approximately 1,300 clients with a team of 80 staff, delivering a broad range of services including assessment, safeguarding, criminal justice, and support for rough sleepers across a large area.
- The client population is evolving, becoming older and presenting with changing drug use patterns. Clients range in age from their 20s to their 80s.
- The team demonstrated creativity and a focus on delivering high-quality, cost-effective care including piloting an alternative to methadone.
- Notably, they had reduced agency staffing to zero while maintaining service standards.
- The main concern raised was the poor condition of the building which is not conducive to high-quality care. Challenges in supporting people post-prison release were also highlighted.
- The visit left a strong impression of a caring, creative and holistic team with strong service user engagement.
- NEDs expressed clear support for urgently addressing the building issues.

### Non-Executive Directors' Visit – Bedford Eating Disorder Unit

Alison Cottrell reported on her visit with two Governors, Ruby Sayed and Jamu Patel:

- The unit serves individuals aged 18 and over and has recently started supporting 17-year-olds transitioning to adult services.
- Staff are managing very complex cases and working closely with a range of partners. A new intensive community support pathway is being piloted to reduce hospital admissions.
- The team has grown significantly, from 6 to 24 staff in three years. They were noted to be professional, engaged, and strongly committed to partnership working.
- Challenges included a gap in medical monitoring commissioning (sometimes inadequately covered by GPs), limitations with the Dialog reporting system for eating disorder outcomes and ongoing recruitment difficulties, particularly for nursing roles.
- A strong Working Together Group is in place with diverse involvement beyond service users. Training is co-designed and co-delivered.
- The unit is contributing to the development of an alternative admissions model; this model would benefit from wider visibility, possibly through a future Board or Council meeting.

### 7.3 In discussion the Board:

- Noted the positive commitment to collaboration shown by the new chairs of the acute Trusts and discussed opportunities for greater system-wide coordination, doing things once across the system rather than duplicating efforts.
- Raised concerns about productivity levels in the services visited specifically the ratio of staff to service users and the potential risk of delivering excellent care to too few people in need.
- Suggested that national benchmarking data on caseloads per staff member in similar services would be helpful for context and planning.

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

## 8 Chief Executive's Report

8.1 Lorraine Sunduza presented the report, highlighting:

- RemCo today confirmed the appointment of Barbara Britner as Acting Chief People Officer.
- The Going Further Going Together (GFGT) programme is progressing well.
- Recent announcements about NHS leadership changes are expected to have a particular impact on colleagues in Integrated Care Boards (ICBs).
- Preparatory work has begun for the new Trust strategy, including summer engagement sessions to review achievements and set future aspirations.
- Primary care exit: the Trust is working closely with ICBs to ensure a smooth transition as it exits from primary care services.
- ELFT's 2024 Population Health Report was launched during a Trust webinar; the report has already been shared with the Board.
- Work continues across the mental health collaboratives with growing focus on future organisational arrangements.
- While the Trust has had no ward closures due to Norovirus, the wider system has been affected. Service pressures remain high, and staff continue to show outstanding commitment particularly in supporting clinically ready discharges.
- Notable success includes continued zero private bed use in Inner North East London (INEL) and a reduction in 12-hour Emergency Department (ED) breaches, reflecting effective system partnership. In Bedfordshire, Luton & Milton Keynes (BLMK) private bed use remains low with efforts to reduce it further.
- Continued engagement with staff through breakfast meetings and a CEO discussion group with leaders.
- Despite financial pressures, staff supported continuing the Staff Awards, which will go ahead this year, funded by Compass Wellbeing CIC and charitable sources.
- She marked International Women's Day with a speech recognising the ongoing challenges faced by women while celebrating their vital contribution to the workplace.
- Her thanks to all staff for their intense and effective work on planning and financial balance.

8.2 In discussion the Board:

- Considered the reach and productivity of inclusion services, which ELFT is retaining, noting that while the team's work is highly specialist, it significantly intersects with community mental health services. Work is under way on the team's future structure.
- Recognised the need for closer alignment and intentional collaboration between inclusion services and community teams. Additionally, inclusion services' expertise could shape more consistent and effective system commissioning.
- Noted that once organisational and operational alignment is achieved, the Trust will be better positioned to assess the productivity and impact of these services.

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 13 March 2025, highlighting:
- The 2023/24 accounts have been signed off by the auditor following finalisation of the Local Pension Scheme arrangements for Bedfordshire.
  - The external audit process for the current financial year is progressing as planned.
  - A new losses and special payments report has been introduced, enhancing oversight and assurance in this area.
  - The committee approved revised terms of reference with no significant changes.
  - The internal audit plan for 2025/26 was approved incorporating feedback from the Board.
- 9.2 In discussion the Board:
- Welcomed the expanded cyber scope in next year's internal audit plan, recognising both patient safety and business continuity risks.
  - Suggested that, in the context of supply chain resilience, consideration be given to the Trust's role as an anchor institution and its commitment to engaging SMEs.
  - Emphasised the importance of maintaining service quality and continuity during alignment following the Trust joining a procurement collective.
- 9.3 The Board **RECEIVED** and **NOTED** the report.

## 10 Integrated Care & Commissioning Committee Assurance Report

- 10.1 As chair of the committee, Richard Carr presented the report of the meeting held on 13 March 2025 highlighting:
- The review of the BLMK ICS will need to take account of national changes announced.
  - The collaborative continues to manage their risks effectively.
  - The primary care exit update features elsewhere as it is being monitored by several committees.
- 10.2 In discussion the Board noted:
- The update on the NEL CAMHS collaborative focused specifically on the proposed interim arrangements following the temporary closure of Simmonds House in North Central London.
  - As part of the Trust's response additional learning disability posts have been introduced into home treatment and other community CAMHS teams aimed at addressing the disproportionate number of children with learning disabilities requiring inpatient care from North Central London.
- 10.3 The Board **RECEIVED** and **NOTED** the report.

## 11 People Participation Committee Assurance Report

- 11.1 In Aamir Ahmad's absence, Donna Kinnair presented the report of the meeting held on 20 March 2025, highlighting:
- The committee focused on children's services, noting significant progress despite financial pressures. Funding has been secured for a People Participation Lead in CAMHS and highlights included work by discovery college on life-skills education, delivery of an access project, improved cancer screening for people with learning disabilities, and efforts toward equitable payments across people participation roles.
  - A key concern was the extensive waiting times for autism and ADHD diagnosis and treatment currently estimated at around six years. While improvements are under way, the

committee felt that without major service transformation, the backlog is unlikely to be addressed effectively.

11.2 In discussion the Board:

- Received assurance that the Executive is working with system partners to tackle high waiting lists for neurodiversity assessments affecting both children and adults. These services are not fully commissioned, and system collaboratives are seeking sustainable solutions. National guidance on ADHD models of care is lacking, although a primary care led national task and finish group is expected to report in the summer.
- Received assurance that support is being provided to individuals while they wait including how to access information, recovery college courses and signposting to other support.
- Considered the balance of spending between children's and adult mental health services, noting that only around 12% of the Mental Health Investment Standard currently goes to children. Through the collaborative, NEL has been increasing investment in children's services at a faster rate than in adults. Agreed that how funding is allocated across age groups should be central to the medium-term financial strategy, as it raises fundamental questions about priorities for the next 5–10 years.

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

## 12 Quality Assurance Committee Assurance Report

12.1 Alison Cottrell chaired the committee held on 3 March 2025 in Donna Kinnair's absence and presented the report, highlighting:

- The committee focused on record-keeping, data quality, and equity, with discussions centred around how these elements underpin service improvement and assurance.
- Record keeping issues arose through the Integrated Safety Report and the Internal Audit Report on appraisals and the Mental Health Act; positive examples of action being taken to improve practice were noted
- The Equity, Diversity and Inclusion (EDI) report highlighted several positive initiatives as well as ongoing challenges particularly the under-recording of disability data which limits analysis of whether staff are being treated equitably.
- LeDeR reviews continue to provide valuable insights into the lives and deaths of people with disabilities and autism. The use of data to tailor local responses was commended.
- The Trust's two-decade involvement in Global Health Partnerships including mental health training in Kenya, was recognised as mutually beneficial and aligned with trust values.
- The committee praised the community Talking Therapies in Bedfordshire, Newham and Tower Hamlets teams for strong service user engagement and empowering staff decision-making.

12.2 In discussion the Board:

- Raised the potential of AI to improve record-keeping. Assurance was provided that the Executive Assistants are piloting AI notetaking with positive results. For clinical records, integration with RiO is planned with the upcoming system upgrade, followed by a pilot phase.

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

## 13 Quality Report

13.1 Amar Shah presented the report, highlighting:

- The quality assurance section outlines how community health services are aligning with the three strategic shifts central to the 10 year plan particularly the focus on the 'left-shift' toward prevention and community-based care. It includes a summary of current service delivery models and ongoing transformation efforts.



- The quality improvement section focused on two key priority areas:
  - Flow: success has been achieved in East London with the elimination of private sector bed usage and reduced length of stay; continued focus is needed in BLMK to further reduce private bed dependency.
  - Missed appointments: aim at improving productivity, efforts are now concentrated on supporting teams yet to make improvements. The programme is ongoing with further gains expected in the coming months.
- Staff experience and leadership development: the Improvement Leaders Programme now has c200 participants. Staff are applying QI methods to real team-based challenges enhancing engagement and ownership of service improvements.

## 14 Performance Report

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

- Strong performance from several teams with many exceeding national targets, demonstrating consistent progress and impact.
- Areas requiring attention include CAMHS waiting times which remain a key pressure point; and 72-hour follow-up post-discharge, a critical patient safety metric, saw a drop in performance and is being closely monitored.
- The outdated appendix on the system operating framework has been removed and replaced with an analysis of planning for 2025/26 ensuring the report remains forward-looking and relevant.
- Urgent and Emergency Care (UEC) remains a system-wide challenge particularly in how it affects inflow to ELFT beds. The Trust continues to collaborate with partners to improve discharge pathways though housing constraints remain a barrier to flow.

14.2 In discussion on both the quality and performance reports, the Board:

- Welcomed the update on flow improvement work which has largely achieved its objectives and resulted in a cost avoidance of approximately £8.6 million.
- Noted progress on the missed appointments initiative which is midway through implementation and already demonstrating positive outcomes.
- Noted the potential for sub-contracting to private providers is being explored and that the outcomes of an assessment will be reported to the Board once complete.
- Suggested that the key messages section of the report could be clearer particularly in highlighting key concerns and associated mitigations. Assurance provided that each risk is accompanied by information on actions being taken.
- Noted that for the 72-hour follow-up metric performance fell below the 80% target in February attributed to a mix of operational challenges and high acuity. However, the metric had been consistently achieved in prior months, and teams continue to test and implement improvements. Some fluctuation is expected in periods of increased demand.

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

5 Minute Break

## 15 CQC Update

15.1 Claire McKenna presented, highlighting:

- Inpatient mock inspections have been completed with emerging themes now informing ongoing quality improvement initiatives.
- The Trust is awaiting the outcome of the recent independent review of the CQC, which may influence future inspection approaches.

- The CQC is expected to focus on Nottingham Healthcare and mental health community services; internal processes are in place at the Trust to monitor related actions. These will be reported through the Quality Committee and QAC to ensure robust support for complex mental health care.
- A well-led inspection is anticipated as CQC have increased their inspection activity across the NHS nationally. Preparations are progressing well, with learning drawn from recent inspections of other Trusts to inform ELFT's readiness.

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

## 16 Equalities Annual Report

16.1 Claire McKenna presented, highlighting:

- The Patient and Carer Race Equality Framework (PCREF) continues to progress well, now shifting from governance-focused work to becoming embedded in everyday practice. It is being integrated into locality priority setting and Working Together Groups.
- A successful North East London collaborative focused on reducing restrictive practices has highlighted the disproportionate impact on different ethnic groups and is supporting more equitable approaches.
- Positive progress has been made in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) metrics, with action plans being developed to close remaining gaps.
- Anti-racism workshops have been well received and will continue.
- Staff networks remain active and influential, now regularly presenting to the People & Culture Committee, with an increasing focus on intersectionality.

16.2 In discussion the Board:

- Noted that measurement systems for PCREF and related initiatives are being developed, as many projects are still in early stages.
- Requested future reports distinguish between full-time and part-time staff to better understand how working patterns may affect staff experience.

### **ACTION: Claire McKenna**

- A pilot on flexible working is under way, with learning to be shared.
- Welcomed a significant reduction in the gender pay gap over two years, attributed in part to changes in how Consultant Clinical Excellence Awards are distributed.
- Clarified that disability metrics currently apply only to substantive staff, meaning service users supporting through people participation are not included in WDES reporting.
- Raised concern that anti-racism efforts, while showing progress, tend to lose momentum over time and reiterated the need for a sustained and robust anti-racism strategy, and agreed this should be revisited.

### **ACTION: Claire McKenna**

## 17 People & Culture Committee Assurance Report

17.1 In Deborah Wheeler's absence, Sue Lees presented the report of the meeting held on 10 March 2025, highlighting:

- The equalities report was reviewed (also discussed at today's Board meeting).
- Strengthened processes for monitoring professional registrations were noted, providing increased assurance.
- The vacancy rate has risen to 10.9% primarily due to the vacancy control process where each post is scrutinised before recruitment. Despite this, £5m has been saved in agency spend reflecting the Trust's commitment to financial control while maintaining service quality.



- The committee continues to receive deep dives from staff networks and services. Presentations from the LGBTQIA+ Network and Talking Therapies services were particularly well-received.
- The transition of primary care services was reviewed with assurance provided on the care and support being shown to affected staff.
- The staff survey findings were discussed (reported separately to the Board).
- An internal audit of the appraisal process was received and was broadly positive.
- The latest Guardian of Safe Working report was reviewed.
- Board Assurance Framework Risk 5 (People) was reviewed, with the committee recommending no change to the current risk score.

17.2 In discussion Board noted:

- Noted concern regarding the high vacancy rate, with clarification that many vacancies remain unfilled intentionally under the Going Further Going Together process. As planning continues decisions will be made to either retain or close these posts within budgets.
- Emphasised the need to ensure equity in how the vacancy control process is applied across the system. The Board requested assurance that consistent and fair decision-making is in place.

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

## 18 People Report

18.1 In Tanya Carter's absence, Barbara Britner presented the report, highlighting:

- Sickness absence has increased to c6%. A new consistent system has been implemented and is already resulting in some improvements. The lessons learned will inform further targeted actions and support.
- The people and establishment workstream continues to deliver substantial savings by improving visibility of temporary staffing needs. Earlier entry of workforce gaps into HealthRoster has helped increase Bank staff utilisation and reduce reliance on more expensive agency staff.
- Staff Survey
  - Response rate dropped from 42% to 33%, well below the sector average of 51%; reasons for the decline include both feedback and assumptions outlined in the paper.
  - The overall engagement score has declined to 7, with morale slightly below average.
  - Positives include:
    - o 91% reported receiving an appraisal in the past year.
    - o 79% believe patient care is the Trust's top priority.
    - o 78% said the Trust acts on concerns raised by service users.
    - o A 5% improvement was seen in staff not experiencing harassment or bullying from patients/service users.
  - Areas of concern include:
    - o 58% reported frequent thoughts of leaving, and 48% said they intend to leave.
    - o Satisfaction with flexible working is at 62%, and only 56% feel they can maintain a good work-life balance.
  - An action plan is being developed at locality level, using workforce data to triangulate feedback and track progress.

18.2 In discussion the Board:

- Shared their concerns about engagement and that the survey response rate is a key early indicator. It was agreed that improving response rates should form part of the action plan. Action: Barbara Britner
- Encouraged learning from other Trusts including NELFT which has a significantly higher response rate.

- Noted that HealthRoster captures sickness trends and informs appropriate interventions. A deep dive into sickness absence is planned for presentation at the People & Culture Committee.
- Requested future reports include 3–5-year trend data for key indicators, rather than year-on-year comparisons only.  
Action: Barbara Britner

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

## 19 Finance, Business and Investment Committee Assurance Report

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

- The meeting mainly focused on the Going Further Going Together programme and the financial plan for 2025/26. The final plan has since progressed and was submitted to the ICS on the day of the report.
- The internal audit report on the financial viability programme was reviewed which provided reasonable assurance. Recommendations from the audit are being implemented.
- The committee requested that next year's audit programme formally include the Going Further Going Together programme.
- An update from estates confirmed that the capital programme is on track to be fully spent by year-end with contingency plans in place.
- The committee received details of a plan to establish joint procurement arrangements among the five provider Trusts in NEL which is expected to deliver cost savings. The business case is anticipated for completion by summer.
- Board Assurance Framework (BAF) risks were reviewed. No changes to risk scores were recommended, though there was a request for further information regarding an increase in the cyber risk score before any decision is made.

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

## 20 Finance Report

20.1 Kevin Curnow presented the report, highlighting:  
Month 11 – February 2025

- The Trust is currently reporting a £18m deficit, £17.4m worse than the revised plan which originally aimed for break-even. Following additional Department of Health funding, ELFT accessed £5.8m of the NEL allocation, improving the forecast deficit to just under £13m.
- The capital allocation stands at just over £10m, with £8.6m spent by end of February. Approximately £400k remains to be processed, primarily through invoice finalisation and the capital plan is expected to be delivered on target.
- Significant progress has been made in reducing expenditure, notably agency staff costs (down from £32m to £21m) and private bed usage benefiting both finances and patient care.
- Ongoing focus is required to reduce the financial run rate and return to budget, a priority extending into next year.

Financial Year 2025/26

- The budget for next year will be presented at the next Board meeting.
- The Trust has secured additional funding and now forecasts a break-even position, consistent with the wider system though risks remain for all organisations.
- Achieving this requires delivering nearly £32m in savings, an increase from this year and a significant challenge. Most savings have been identified through the Going Further Going Together programme.

- Capital expenditure is projected to rise slightly to £12m, partly reflecting inflationary pressures.

20.2 In discussion the Board:

- Received assurance that estates and digital teams have risk-assessed the capital plan with prioritised schemes in place. The Executive will seek visibility on unfunded schemes to explore potential funding.
- Noted that inflation impacts remain uncertain until contract tenders are returned; prioritisation will be used if costs exceed budgets with clinical risk and CQC-related areas prioritised.
- ELFT has submitted a funding proposal to NHSE for mental health emergency care pathways in Bedfordshire and Luton which could help address patient flow challenges if approved.

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

**21 Board of Directors Forward Plan**

21.1 Noted.

**22 Any Other Business**

22.1 None.

**23 Questions from the Public**

23.1 None.

**24 Date of the Next Meeting**

24.1 Thursday 22 May 2025 (London)

*The meeting closed at 3.15pm*

ELFT  
Action Log Trust Board (Part 1)

BOARD OF DIRECTORS MEETING IN PUBLIC: Action log following meeting held on 27 March 2025

Ref	Meeting Date	Agenda item	Action Point	Executive Lead	Due Date	Status	Comments
406	27-Mar-25	Equalities Annual Report	Revisit the development of a anti-racism strategy that is robust and can be sustained	CMcK	26-Jun-25		To be included on June Board development session agenda
404	30-Jan-25	Performance report	Update on estates strategy to be scheduled for a future meeting	PGr	30-Jul-25		
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.
405	27-Mar-25	Equalities Annual Report	Future reports to distinguish between full-time and part-time staff to better understand how working patterns may affect staff experience	CMcK	25-Sep-25		To be taken forward through People & Culture Committee; recommend showing action as closed
407							
408							

In progress with delay
Closed
Forward plan
Not due

## REPORT TO THE TRUST BOARD IN PUBLIC 22 May 2025

<b>Title</b>	Chair's Report
<b>Author</b>	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:

14 May 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. I was privileged to attend the third lived-experience-led North East London Mental Health Summit on 28 March. It had been roughly 500 days since the previous summit and I was struck by the important contribution this summit makes to our mental health, learning disabilities and autism (MHLDA) programme as it provides an opportunity to bring in so many more voices than we are able to at the NEL MHLDA Collaborative Committee meetings.
- 2.4. Progress was reviewed against the innovative lived-experience-led projects that had been established in response to priorities identified at previous summits. There were also workshops focused on improving cultural awareness and cultural competency, and on improving relationships with and support for carers. The importance of challenging cultural assumptions and bias was underlined, and there was widespread recognition of the value of carers, their knowledge and insights, and the importance of ensuring that they too are cared for and supported.
- 2.5. I would like to note my personal thanks to Robert Hunter, People Participation Lead for the NEL MHLDA Collaborative, and Nadia Ahmed, NELFT's Patient Experience Academy and Coproduction Lead, for their brilliant leadership of the summit and for their outstanding commitment to ensuring that coproduction is 'the way we do things around here' in North East London.

### Staff support and empowerment

- 2.6. The wellbeing of staff - in the context of regular announcements of shifts in the focus of the NHS and media coverage of the financial pressures - is of the highest priority for me and the Board. As noted in section 3 below, staff wellbeing was also the focus of the discussion at the 14 May Council of Governors. The Board is conscious of the need to look not only at feedback from the staff survey, which is historic by the time we receive it, but also to explore what we learn from staff networks, speaking-up channels and

interactions with staff through NED and executive visits. It is our staff in every part of the Trust who will have the best answers on how to navigate the current challenges.

### **Board effectiveness**

- 2.7. I am delighted to be able to share news of the appointment of two new Non-Executive Directors (NEDs), Prof Dr Durka Dougall and Dr Farah Jameel, whose terms will commence on 1 June 2025. Both will bring significant clinical experience and skill in population health, tackling health inequalities and primary care. Recruitment will shortly commence for a further NED, with strategic digital expertise.
- 2.8. This is the last Board of Directors meeting for Cathy Lilley, our wonderful Director of Corporate Governance. Cathy has played an integral role in ensuring the effectiveness of our Board and our overall governance at ELFT. She has also shown unstinting commitment to our values as an organisation and I think most of us here today will have been touched by her kindness. Cathy will be hugely missed and I would like to say a personal and heartfelt thank you to her for all she has done for ELFT. We wish her all the very best on her well-earned retirement and this exciting next chapter in her life.

### **System leadership**

- 2.9. At the 10 April meeting of the NEL Integrated Care Partnership (ICP), we heard a presentation on the voluntary, community, faith and social enterprise (VCFSE) sector. The focus was on the important role that the sector can play in prevention and enabling system working. A NEL-wide VCFSE strategy is to be launched during the summer.

## **3. Council of Governors update**

- 3.1. The Council met on 14 May 2025 to hold not only its usual general meeting but also the 2024 Annual Members Meeting (AMM) where Governors and members of the public who joined us received the Trust's Annual Report & Accounts 2023/24 and the auditor's report on them. There had been a delay in the auditors completing their review due to the timing of local authority audits, affecting the final sign-off of ELFT's accounts even though they had been prepared in good time. I am pleased to report this technical obstacle has now been resolved, and we anticipate holding the next AMM in a more timely manner.
- 3.2. Starting the Council meeting, I felt it was important to highlight once again the Trust's values. These are difficult times for our staff and our service users, and the financial pressures in the Trust, as in the wider NHS, are posing additional pressures. The two main items at the meeting, on the financial plan for the current year and staff wellbeing, are core to how the Trust works, they are interconnected and both are areas where perhaps we all struggle to find the best way forward together. Holding on to our values matters most in times when it is hardest to do so.
- 3.3. Governors received an update on the Trust's financial plan 2024/25, with a forecast savings target of £38m (including a contingency of c £6m). Through negotiation with our commissioners, our income has increased, with a commensurate increase in planned expenditure. Governors especially focused their queries on the communication strategy to staff on the financial situation, and the need to ensure that staff feel engaged and empowered to contribute to the solutions required. Governors also heard from Sue Lees, as chair of the Finance, Business & Investment Committee, how the NEDs are ensuring there is robust oversight on the Trust's work to achieve the financial target.
- 3.4. In the first of the current cycle of the Governor's priority themes, the Council focused on staff wellbeing. Acting Chief People Officer, Barbara Britner, highlighted the results of

the staff survey which, whilst showing some positive trends, have been concerning overall, especially in terms of the low return rate. Governors had challenged the Board to outline how they are proposing to reverse the negative trend and Barbara outlined the work in developing a Staff Experience Plan, and a “You Said, We Did” approach to responses as they relate to NHSE’s People Promise. Governors suggested to ensure the latter relate to team and directorate level rather than Trustwide to make them more real to our staff. Governors voiced concern, echoed by Deborah Wheeler, the Trust’s Vice-Chair and chair of the People & Culture Committee, that some of the usual indicators for staff experience such as retention of staff may no longer be reliable due to the lack of vacancies across the NHS.

- 3.5. Deborah Wheeler, as Chair of the People & Culture Committee, provided assurance around how the Committee actively seeks out and triangulates information from the staff survey with a variety of other sources such as presentations of the Trust’s staff networks and departmental teams to gain a fuller picture of the staff experience at ELFT. She and I both stressed that the responsibility for addressing and improving the current situation lies with the whole Trust Board, not just with the people and culture team.
- 3.6. The Council received the annual report on progress of the Membership Engagement Plan for 2024/25 which will now be presented on my behalf to the next People Participation Committee. This work is crucial in helping us to achieve our population health ambitions by enabling us to hear the authentic voices of our communities – it is, as Lord Darzi highlighted in his recent report, one of the things that makes ELFT unique.
- 3.7. In private session, the Council approved the recommendation of its Nominations & Conduct Committee to appoint Prof Dr Durka Dougall and Dr Farah Jameel as Non-Executive Directors of the Trust from 1 June 2025 as noted in section 2 above. The Council also approved commencement of a recruitment process for a further NED, with the role focusing on contributing significant strategic digital skills to the Board. We are aiming to complete the process by the next Council meeting in July.
- 3.8. Finally, the Council said a fond farewell to Cathy Lilley, our Director of Corporate Governance upon her retirement. Cathy has always believed firmly in the role of the Council and our Governors as a force for good and constructive contribution to the work of the Trust.

#### 4. NED visits

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

- Joshua Ward in City & Hackney
- Coventry Road in Tower Hamlets
- Ruby Ward in Newham
- The Estates Team
- The Finance Team

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

#### 5. Action being requested

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



## REPORT TO THE TRUST BOARD IN PUBLIC 22 May 2025

<b>Title</b>	Chief Executive Report
<b>Author/Role</b>	Chief Executive, Lorraine Sunduza OBE
<b>Accountable Executive Director</b>	Lorraine Sunduza OBE

### Purpose of the report

The purpose of this report is to provide the Trust Board with the Chief Executive'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 update

As I reflect on the past year, our service leads have pulled together to enable us to achieve the savings and changes that we have needed to make. This journey has not been easy and there have been times when the challenge has felt overwhelming. I have valued the openness and honesty of our staff in giving us feedback about our progress and impact of the programme. Their willingness to engage with us has been invaluable in helping to keep us grounded and, on occasion, revising our approach.

We have already begun identifying the savings we need to make in the coming year to build on the momentum and help us to start working on this sooner rather than later.

## 2.2 CEO Discussion Group

Our CEO discussion group is a space where we discuss key issues/initiatives and the implications for the leadership team. Recent topics included:

- **Neighbourhood health guidance:** We debated whether the introduction of integrated neighbourhood team working would be the right approach for our communities. A range of views came across during the session. We have taken away the feedback from this discussion for further consideration by our executive team.
- **2024 Staff survey results and staff engagement:** A detailed analysis of the staff engagement, staff survey response rates and scores over the past ten years was presented to the group. Key themes that emerged included how to drive hope to staff during these financially challenging times and how can we communicate the balance between optimism and reality for staff.
- **New Target Operating Model:** In this discussion, we focused on the outcomes of an initial baselining exercise to better understand our current leadership and corporate structures, including benchmarking roles at Band 7 and above across ELFT clinical and corporate directorates. This showed variation in how leadership is structured across the Trust, highlighting gaps in consistency, clarity and alignment with ELFT's ambitions. This generated ideas about the design principles that should underpin thinking and work on our leadership structures going forward taking into account the complexity of the Trust's services and our strategic aims.
- We were delighted to welcome Pedro Delgado, Professor Jason Leitch CBE and Patti Harvey from our **Institute for Health Improvement (IHI)** partners for their annual review visit to the Trust - their 11<sup>th</sup> visit! They attended a number of meetings including our CEO discussion group and our leaders programme. We discussed the challenges of leading in a time of turbulence, strengthening service user and carer involvement, learning from innovation and partnership working from the Barnsley Street pilot in Tower Hamlets. As always, their wisdom and observations were extremely helpful.
- **Staff experience:** We are currently in the process of drafting a plan to implement a strategy to improve staff experience at ELFT. A draft plan was presented to our executive team recently who are fully on board. We will identify evidence-based models already utilised within the NHS as part of this strategy including the NHS People Promise, which we have already started embedding across the Trust.

As part of the plan, we will potentially undertake the NHS Health and Wellbeing Framework: Organisational Diagnostic Tool to self-assess the Trust against each element of the NHSE Health and Wellbeing Framework. The seven elements of the NHS health and wellbeing model include improving personal health and wellbeing, profession wellbeing support, data insights, environment, managers and leaders, fulfilment at work and relationships.

This plan will continue to identify and incorporate the ongoing work already taking place across the Trust to support staff experience including the ELFT People Plan, NHS People Promise, current and planned engagement forums/methods and the ELFT People Promise bundle, career experience conversations, Trialog/supervision, team-based rostering, sexual safety charter, etc.

We also recognised that a pivotal part of this strategy is the ELFT Leadership Behaviours Framework and Team Health bundle; and how we embed these leadership behaviours to develop our ELFT people leaders to have the confidence,

competence and contextual knowledge to lead Trust staff through these challenging times, and ultimately, to improve their experience as a staff member.

### 2.3 **Supreme Court Judgement on legal definition of a woman**

We have written to staff following the Supreme Court Judgement on the legal definition of a woman in the Equality Act. NHS England has advised that it is working out the ruling may mean for the NHS, we have not made any changes to policy pending the outcome of their deliberations. We reminded staff that trans people continue to have important protections from discrimination under the Equality Act. This is a sensitive subject for many and the ruling has been upsetting for some colleagues and service users. Staff have been advised to be mindful of this and supportive in all discussions.

### 2.4 **Service User Health and Safety Group – first of its kind**

The Trust has established a monthly Service User Health and Safety Group, thought to be the first of its kind within the NHS. Its aim is to review the Trust's measures to ensure the health and safety of patients and staff. Recommendations by the group are actioned and publicised through the overarching Health, Safety & Security Committee. The group's feedback has been invaluable and well received. The length of their meeting has been extended due to the passion and interest of attendees! Going forward, all members of the group will be offered risk officer training with plans for future sessions being co-delivered to staff.

### 2.5 **Green initiatives - food recycling initiative launched and funding for solar panels**

As a Trust, we are striving to reduce our carbon footprint and improve our waste management and segregation. In support of this, we are implementing food waste collection at a number of our sites. Initially this will be in place across our directly managed in-patient sites with a view to rolling this out more widely.

Additionally, we have been successful in bids to install solar panels at the Newham Centre for Mental Health and at the John Howard Centre for Mental Health in Hackney. The Newham project has the potential of a 20 year saving of £1.82 million, while the John Howard Centre project has a potential 20 year saving of £1.75 million. Funding was awarded to 132 projects across 78 NHS Trusts covering around 200 sites in England. They are expected to deliver savings of around £8.6m a year and up to £260m over the panel's lifetime across the NHS.

I was delighted to see that Twinwoods Resource Centre in Bedfordshire is going even greener! On 8 April, staff, service users and contractors came together to see 150 NHS forest trees planted, gifted by NHS Forest. Twinwoods will also benefit from scholarship funding of £5,000, awarded to an innovative project that will create an accessible outdoor garden space as part of therapy sessions.

## 3.0 **Integrated Care System (ICS) and provider collaborative updates**

### 3.1 In late April 2025, NHS England published the Model Integrated Care Board (ICB) Blueprint which lays out the future proposed functions of ICBs, in the context of the requirement on them to reduce costs during the 2025/26 financial year.

The ICB blueprint confirms that the key role of ICBs is to act as a strategic commissioner and provide more detail on the core functions, activities and capabilities that they will need to deliver to fulfil this responsibility. The blueprint also confirms a range of functional changes, including those that ICBs will need to grow and invest in over time, those that they will need to selectively retain and adapt and those that they should review for transfer including to neighbourhood health providers.

The Trust is supporting ICB and other system partners as this work progresses rapidly over coming weeks.

- 3.2 In **North-East London**, the NEL MHLDA Collaborative has been focused on developing final system plans for 2025/26 including delivering against the national priorities to eliminate out of area placements, reduce the number of people with mental health conditions waiting in emergency departments, increase CAMHS access and continue the momentum with Mental Health in Schools Teams, alongside local priorities to develop new neurodiversity pathways and improve the intensive and assertive community outreach offer.

The NEL MHLDA Collaborative Committee met on 20 May 2025 and received an update on the 2025/26 plan, perinatal mental health services and the 2025 service user and carer summit.

- 3.3 In **Bedfordshire, Luton & Milton Keynes**, the BLMK MHLDA Collaborative has recently appointed a new Collaborative Programme Director, Nadia Barakat who will work across the ICB, ELFT and Central and North West London NHS FT (CNWL) to lead the delivery of our collaborative programme of improvement. BLMK has also been focused on developing final system plans for 2025/26, including delivering against the national priorities to eliminate out of area placements, reduce the number of people with mental health conditions waiting in emergency departments, increase CAMHS access and continue the momentum with Mental Health in Schools Teams. As part of the development of our collaborative plan for 2025/26 to eliminate out of area placements and reduce the number of people with mental health conditions waiting in emergency departments, the Trust has been allocated in principle capital funding from the £75m national mental health urgent and emergency care fund which we are currently finalising.

- 3.4 We continue to work with NEL partners through the NEL Community Health Services Collaborative to develop our core offer for community services, including musculo-skeletal and district nursing. Progress is being made in BLMK in the development of a shared improvement plan across providers.

- 3.5 In both our systems, work to implement the national 2025/26 guidance for integrated neighbourhood teams is now accelerating.

3.6 **Workshop with Voluntary, Community and Social Enterprise (VCSE)**

On 12/5/25, I was very pleased to participate in a workshop with colleagues from VCSE organisations providing mental health services in Bedfordshire & Luton. The workshop gave ELFT and VCSE colleagues the opportunity to reflect on opportunities for strengthening our approach to joint working in the future, and we agreed a series of practical actions in order to do so.

3.7 **Workshop with the East London Business Alliance and local employers**

On 14 May 2025, the Trust held a joint workshop with East London Business Alliance and local employers to explore opportunities to work together to tackle health inequalities in East London. This excellent event gave a number of colleagues working in different sectors and industries, but all with an interest in East London, to come together and to build new connections, with a number of opportunities identified for closer working in the future.

**4.0 Operational update**

**4.1 Acute Bed Pressures and Out of Area Placements**

Since the last Board meeting, demand for adult mental health acute and older adult functional beds has remained consistently high. While the Trust has managed to admit

patients within our own beds in London services, we have had to utilise out of area (OOA) beds in Bedfordshire and Luton. The team is working on some medium to long term solutions that will help us move away from using OOA in Bedfordshire and Luton. From January through April, activity levels have been elevated driven by both seasonal pressures (winter) and the increasing complexity of individuals requiring our services. Discharge challenges persist particularly due to the lack of suitable care packages and placements. We continue to prioritise improving patient flow and discharge processes to address these ongoing barriers.

#### 4.2 **Community Health Services**

In Bedfordshire, the work of community health services in enhancing discharge pathways and patient flow has shown a significant positive impact. These efforts have led to a notable reduction in the average length of stay and a decreased reliance on NHS-funded discharge to assess (D2A) beds. Instead, there has been an increased use of community-led, less intensive discharge options. These improvements highlight the strength of integrated working, timely interventions and a commitment to delivering patient-centred care closer to home.

#### 4.3 **Secure Mental Health and Children and Young People (CYP) Services**

Secure mental health services and CYP services are also experiencing sustained operational pressures. This includes increased acuity, demand for specialist placements and complexity of care needs all of which are placing additional challenge on capacity and workforce resilience. Work is ongoing across these services to manage risk, maintain safety and ensure the continuity of high-quality care for some of our most vulnerable service users.

#### 4.4 **Staff Safety and Operation Cavell**

Staff safety remains a priority for us here at ELFT. We are relaunching our focus on addressing violence and aggression with an emphasis on ensuring incident reporting through InPhase. This will enable targeted prevention and appropriate support for affected staff. As part of this initiative, we are also relaunching Operation Cavell, a national initiative involving the NHS, the Metropolitan Police, and the Crown Prosecution Service. This programme ensures a coordinated response to threats or assaults on staff with cases being handled by dedicated police investigators and receiving oversight from ELFT's Security Management Specialist. This renewed focus strengthens our commitment to maintaining a safe and respectful working environment for all staff members.

#### 4.5 **Primary care update: Leighton Road Contract Extended**

The Trust has extended its subcontract arrangements with practice partners at Leighton Road Surgery in Leighton Buzzard. The partners have formally served notice on their General Medical Services (GMS) contract with Bedfordshire, Luton and Milton Keynes Integrated Care Board. (BLMK ICB).

In the meantime, ELFT will continue running day-to-day services at the practice on behalf of the partners until either the six-month notice period ends or a new provider is confirmed, whichever comes first. This follows our decision in January 2024 to refocus on secondary services, when we notified practice colleagues, practice partners and BLMK ICB of our intention not to renew our contract arrangement with the practice.

The surgery has been established in Leighton Buzzard for more than 40 years and over 22,000 patients are registered with the practice. I appreciate that this is a period of uncertainty for staff and patients and am grateful to the team there for their continued professionalism and focus during this time. Together, we will endeavour to make this a smooth transition at the end of the six months.

- 4.6 Finally, I want to thank all our staff across the Trust for their unwavering commitment during this period of sustained pressure and unprecedented change across health and care systems. This is not only clinical services but all our support/corporate teams as well. Their continued professionalism, teamwork, and dedication to putting service users first is deeply appreciated and remains central to the Trust's ability to respond effectively to current challenges.

## 5.0 Connecting with Teams

### 5.1 Primary care visits

Edwin Ndlovu, our Chief Operating Officer and I joined Primary Care Manager, Irfaan Ibne, to visit GP surgeries in Bedfordshire and Luton. The Trust will no longer be contracted to provide these services apart from at Leighton Road Surgery where we have extended the contract for another six months until a new contract lead is appointed. The visits were an opportunity to say thank you to the staff and acknowledge their achievements during their time with the Trust.

### 5.2 Pads on a Roll Now Available to Staff at Eleven Trust Sites

ELFT is the first NHS trust to provide free period products inside toilet cubicles. This initiative aims to remove barriers to accessing essential menstrual products by making them as readily available as toilet paper, ensuring no one is stressed and left unprepared at work. Pads on a Roll recently won the Social Value Award at the 2025 Metsa Sustainability Awards highlighting its role in championing dignity and accessibility for all.

### 5.3 COVID Day of Reflection – 9 March 2025

It is hard to believe that it is five years since the COVID-19 pandemic and the subsequent lockdowns took place. In many ways it feels like it was just yesterday and yet we have moved on and for many years have been playing our part in the national recovery as people and communities get back on track. To mark this milestone in the Trust, we invited staff to share their reflections of this time. Additionally, four colleagues were filmed to share their COVID-19 recollections.

The pandemic was a period of exceptional teamwork, change and innovation as the NHS responded to the unprecedented challenge of a pandemic and national lockdown. And a period of incredible demand and loss will never be forgotten.

### 5.4 Clinical and Care Professional Leads Away Day

An away day for Clinical and Care Professional Leads took place led by our Chief Nurse, Claire McKenna and Chief Medical Officer, Dr David Bridle. I was impressed by the energy and commitment of these colleagues who are key in introducing innovation, clinical and care leadership and ensuring that our teams feel equipped and knowledgeable to deliver competent and thoughtful care.

### 5.4 Appointments: New Acting Chief People Officer

I am delighted to announce that Barbara Britner has been appointed as ELFT's Acting Chief People Officer with effect from 12 May 2025. Barbara has already made an outstanding contribution to the Trust as Deputy Director of People and Culture and brings with her extensive NHS experience and a genuine passion for supporting our staff. She has been appointed to this post while Tanya Carter leaves us temporarily for a period of maternity leave. Barbara began her NHS career at Lewisham and Greenwich, before moving on to King's College Hospital and, Imperial College Healthcare where she gained a breadth of experience in workforce development and employee engagement.



## 6.0 Visitors to our services

### 6.1 Zimbabwean Minister Visits ELFT

As part of the UK-Africa Health Summit 2025 and in collaboration with Global Health Partnerships (GHP) formerly known as THET, we were pleased to welcome a delegation from the Zimbabwean Ministry of Health and Child Care, led by Permanent Secretary Dr Aspect Maunganidze and Dr Christopher Pasi Head of the Health Service Commission to Mile End Hospital. The group were accompanied by Ben Simms, CEO of Global Health Partnerships and other GHP colleagues including Moses Wasswa Mulimira, Diaspora Engagement Advisor and a former ELFT staff member. The visit was hosted by Tower Hamlets Service Director Day Njovana and Clinical Director Dr Leah White who welcomed the guests and guided them through a programme showcasing several of our local services.

## 7.0 Other service updates

### 7.1 Breaking Barriers Project: ELFT, BLMK ICB, Autism Bedfordshire Partnership

The Breaking Barriers Project is a set of video guides developed to help autistic people or those with a learning disability prepare for health appointments, with some videos specifically aimed at professionals to help equip them with information about a range of different subject matters. The videos can be used to support health promotion and prevention work, as well as to orientate people to tests or investigations they might need to undergo.

Autistic people and people with a learning disability were identified as a key group with specific needs in the Denny Review, a pioneering report on health inequalities in the local area, led by Reverend Lloyd Denny, a well-respected faith and community leader from Luton. His report, which included more than two thousand resident voices, outlined that some people face worse health outcomes than others, because they do not understand how health and care services work, or what will happen during routine appointments.

Using insights from interviews undertaken by local Healthwatch organisations and grassroots organisations in the voluntary, charity and social enterprise sector, the series of explainer videos were developed to break down the barriers to good health for autistic people and other learning disabilities.

### 7.2 Autism Awareness Film Screening Marks World Autism Day

A powerful film premiere on 2 April explored neurodiversity, lived experience and compassion in healthcare at an Aldgate cinema. Two screenings of the film took place on the day, each followed by a panel discussion. The event was hosted by ELFT, Inner Eye Production, University of Bristol and the British Film Institute (BFI) drawing an engaged audience from across healthcare, academia, and the arts.

The 20-minute film "Sensory" was developed and performed by a neurodivergent cast as part of a co-produced project aimed at increasing awareness and compassion around autism, both for neurodivergent individuals and those unfamiliar with their experiences. It was specifically designed for NHS staff working in hospitals and community services. The film seeks to highlight how seemingly standardised processes can unintentionally create distress for autistic patients. For example, the film portrays the impact of waiting in a noisy, busy environment and the importance of offering quieter alternatives.

At its core, the short film is a reminder to staff to approach every patient with understanding, flexibility, and compassion, recognising that individual needs may differ and that small adjustments can make a significant difference in care. I encourage

everyone to watch the film and absorb its insights. It can be accessed from the ELFT website.

### 7.3 **NHS Appointments Now Live on NHS app and Patient Knows Best**

On 24 March, the Trust went Live with NHS App appointments. All clinic appointments sent to Patients Know Best (PKB) will now also be sent to the NHS App which means ELFT service users can now view their clinic appointment details, specialty and location in the NHS App. This is a key way of giving service users more control over their care and providing a 'single view' of their referrals and appointments in the NHS App. It is anticipated that clinical and administrative time will be freed up as service users and carers will be able to find more of the information they need in the NHS App rather than contacting services for an update. For the moment, only selected clinics will be sharing their appointments with NHS App.

### 7.4 **Digital Life Coach Training Programme Will Address Digital Exclusion**

The Trust has launched an innovative Digital Life Coach Training Programme to address the growing issue of digital exclusion, especially among those accessing mental health services. With more healthcare services moving online, many find themselves left behind due to lack of access, digital skills, or confidence. From booking GP appointments to ordering prescriptions, these tasks are now routinely done via apps or websites, but not everyone is digitally equipped to keep up.

ELFT's People Participation Digital Community has developed a unique programme that trains service users to become Digital Life Coaches. These coaches support others in their communities to gain confidence with technology, use key tools like the NHS App, and access services that can improve their day-to-day lives. The programme has been co-produced with input from people who have lived experience of digital exclusion. It focuses on building peer-to-peer support networks rather than relying solely on technical experts.

Now with 12 trained coaches across the Trust, and a goal to reach 25 by June, the programme is gaining momentum thanks to initial funding from the NHS and additional support from the ELFT Charity.

### 7.5 **North East London Joint Mental Health Summit**

Service users and carers with lived experience, staff, partners and voluntary organisations came together on 28 March 2025 to explore joint approaches to mental health care in North East London and how to improve service quality and access across partner Trusts. The day was organised and facilitated by the Collaborative North East London Lived Experience Leaders Group.

The opening session titled "500 Days" showcased key achievements, successes, and ongoing challenges across the collaborative. A powerful panel Q&A followed, featuring lived experience leaders and executive members from both Trusts who discussed what meaningful involvement looks like in practice and the importance of continuing to embed service user voices into the heart of decision-making.

### 7.6 **Women's Health Network Launches in BLMK**

I was delighted to see the launch of a Women's Health Network for Bedfordshire, Luton and Milton Keynes. The network will put women's health at the forefront and provide better support for women across the region. The launch brought together NHS partners, including the Trust, with residents and the voluntary, community and social enterprise sector to improve health outcomes for women following the introduction of the Government's first-ever Women's Health Strategy for England in 2022. ELFT's Medical Director for Bedfordshire and Luton, Dr Angharad Ruttley, was a panel speaker, championing the importance of integrated care, psychological wellbeing and a whole-



person approach to health. She highlighted how addressing women's health must go beyond physical symptoms, recognising the deep connection between mental and physical health.

#### 7.7 **Month of the Military Child**

ELFT's Armed Forces Community Forum met on 24 April 2025 to recognise and reflect on the resilience, bravery and sacrifices of children growing up in military families. The Armed Forces Community Forum mark April as the Month of the Military Child, an annual campaign held each year to recognise the unique experiences faced by children in armed forces families. Young people in military families often face unique challenges like frequent moves, parental deployments and long separations but often show incredible strength and adaptability

#### 7.8 **Show Me You Care: Therapeutic Engagement Matters**

The Trust is launching a 'Show me you care – therapeutic observation matters' campaign to build a culture of therapeutic engagement across all mental health inpatient services. Over the coming weeks, messages, posters and videos will be issued to emphasise the values of therapeutic engagement when observing the safety of service users. By working with staff, service users and carers, we want to reach a space where a therapeutic engagement approach is ingrained across all inpatient mental health services.

A number of resources have been co-produced for staff to use (available on the intranet) and to share with service users and carers. Their insights of service users have shaped these to encourage normal conversation, reduce clinical language and to stay mindful that carrying observations is not a tick box exercise or a data activity – it is a key way to keep people safe. The aim is that these resources will help promote conversations within teams and with service users about the benefits of therapeutic relationships.

### 8.0 **Awards and Recognition**

#### 8.1 **Award for ELFT Nurse at Africa Health Summit**

Congratulations to ELFT Nurse Lucia Vambe, who was presented with a Diaspora Healthcare Champion Award at the opening of the UK-Africa Health Summit Global Health Partnership. Lucia, the Trust's Corporate Lead Nurse in Education and Development, received her award at the Royal College of Physicians in London in recognition of her charity work as a founder of the Zimbabwe Life Project (ZLP). ZLP is dedicated to improving mental health care in Zimbabwe.

### 9.0 **Action Being Requested**

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

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**22 May 2025**

<b>Title</b>	Charitable Funds Committee - Chair's Report
<b>Committee Chair</b>	Peter Cornforth, Non-Executive Director and Committee Chair
<b>Author</b>	Cathy Lilley, Director of Corporate Governance

**Purpose of the report**

To bring to the Board's attention key issues and assurances discussed at the Charitable Funds Committee (CFC) meeting held on 24 April 2025.
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**Key messages**

<p><b>Fundraising Update</b></p> <ul style="list-style-type: none"><li>• The committee was delighted to welcome Fuad Uddin, the newly appointed fundraiser.</li><li>• The committee noted Q4 fundraising progress including £1,725 raised through MicroHive and over £4,000 from six marathon runners and assessed qualitative feedback from community engagement activities.</li><li>• The committee was assured that this demonstrated growing momentum and increasing awareness of the charity.</li><li>• The committee welcomed the opening of a Churches, Charities and Local Authorities (CCLA) deposit account with investment decisions under way.</li><li>• To build visibility and community engagement and visibility, the committee encouraged greater participation in external running events and requested a strategic fundraising plan with regular reporting and event mapping across ELFT's East London and Bedfordshire, Luton &amp; Milton Keynes (BLMK) footprint.</li><li>• The committee reflected on the importance of diversifying fundraising approaches while maintaining a strong community focus.</li></ul> <p><b>Fundraising Awards and Equalities Impact</b></p> <ul style="list-style-type: none"><li>• The committee considered the Q4 data showing five small awards totalling £8k, and two larger grants, including £12k to ELFT and reviewed the narrative insights and post-project evaluations, with extended timelines enabling deeper strategic learning.</li><li>• The committee was assured the data reflected a broad geographical spread of awards and alignment with charitable priorities, noted particular support for smaller projects in BLMK and welcomed employment-focused partnerships such as Redemption Races; and reflected on the importance of data around demographics and socio-economic indicators to inform strategy.</li><li>• Keen to refine targeting and communications, the committee proposed a review of priority themes and requested future reports include clear outcome measures and narrative feedback as well as external benchmarking to improve future impact assessments.</li></ul> <p><b>Charity Annual Report and Accounts Update</b></p> <ul style="list-style-type: none"><li>• The committee received assurance that the annual report and accounts for 2023/24 were submitted on time and that the 2024/25 annual report and accounts are being prepared with the aim to present to a meeting of the ELFT Board of Directors as the corporate trustees in July.</li><li>• The committee was satisfied that lessons learned from the previous accounts process had been addressed.</li><li>• The committee noted the £1m financial position and welcomed improved dashboard reporting.</li></ul>
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### **Communications Update**

- The committee noted the feedback on engagement stories such as the Forensics team and Redemption Coffee, staff responses to communication materials and MicroHive's effectiveness in prompting participation during staff recruitment.
- The committee **reflected** on the value of storytelling and internal engagement in sustaining support and was keen to revisit communication and fundraising strategies to better incorporate feedback and narratives from funded projects.

### **Risk Register**

- The committee was assured that work was under way to streamline and strengthen the relevance of risks, including the consolidation of overlapping items. It noted plans to escalate operational risks where appropriate and proposed the addition of an overarching safeguarding risk.
- The committee requested continued support in developing a robust operational and strategic risk framework.

### **Terms of Reference Review**

The committee was assured that revised Terms of Reference (ToR) clarified the committee's authority, purpose, and attendance expectations (attached).

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**22 May 2025**

<b>Title</b>	Audit Committee Meeting held on 8 May 2025 – Committee Chair’s Assurance Report
<b>Board Lead</b>	Anit Chandarana, Non-Executive Director and Chair of the Audit Committee
<b>Author</b>	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 8 May 2025.

**Key messages**

- Internal Audit update**
  - Continuing good progress against the internal audit plan for 2024/25 was acknowledged by the committee with four reports finalised and one remaining in draft. Subject to the finalisation of this last report, the annual audit programme is nearing completion.
  - The committee reflected on capacity challenges in addressing findings identified in the raising concerns review and improving practices and processes related to temporary staff engagement. Plans are in place for an options appraisal and system reviews. The committee requested that issues identified in the financial viability programme review be escalated to the Finance, Business & Investment Committee to further strengthen this key programme of work.
  - The committee was briefed on a draft level 3 Head of Audit opinion for 2024/25 highlighting significant gaps in governance and compliance with core processes. In response, the committee sought further assurance on the robustness of plans for a strategic review of the organisational culture and behaviours, emphasising the importance of effective staff engagement and communication.
  - The committee approved the internal audit plan for 2025/26 subject to flexibility for further additions resulting from actions relating to audit opinion. The committee was satisfied the plan sufficiently integrates operational as well as strategic risks to support comprehensive risk management.
- External Audit Update**
  - The committee was assured of continuing good progress being made against the timetable for the 2024/25 audit, noting the confidence expressed in meeting the submission deadline for the final accounts at the end of June.
  - The committee was informed that the draft accounts for 2024/25 indicate the Local Government Pension Scheme (LGPS) assets and liabilities may fall below the materiality threshold and could be deemed immaterial to the Trust’s overall financial position. Nonetheless, the committee was assured that final confirmation will be sought from the LGPS auditors as part of the audit conclusion process.
- Annual Accounts 2024/2025 briefing**
  - The committee received a draft version of the accounts highlighting key variances, noting there are no significant changes to the accounting process this year.
- Annual Governance Statement**
  - The committee received assurance of a strengthening of wording to reflect actions aligned with the Head of Audit opinion to be included in the draft statement, noting the statement development remains in alignment with the annual report production timeline.
- Deep Dive BAF Risk 10: Estates**
  - The deep dive presentation focused on BAF risk 10 which relates to the potential consequences of an inadequately maintained or digitally supported estate impacting statutory compliance, net zero carbon (NZC) obligations, clinical service delivery, and CQC expectations.

- The committee welcomed the creation of a dedicated estates BAF risk, recognising it as a positive step in highlighting infrastructure challenges. Assurance was received on efforts to reduce the current risk score of 20 including the active programme of space optimisation.
- Further assurance was provided through the embedding of strengthened governance, stakeholder engagement and integration with digital services to ensure capital investment delivers whole-system value. However, the committee noted significant constraints in capital and revenue funding and an estimated £80m backlog in maintenance liabilities.
- The estates strategy and existing controls were seen to support progress toward the target risk score of 12. However, the committee requested further consideration of whether current mitigations are sufficiently robust to reduce the impact at the level reflected in the current risk score and suggested that the strength of these mitigations may warrant a reassessment of whether better outcomes are already being achieved.
- To enhance assurance, the committee asked for greater clarity on the relationship between actions taken and their direct influence on the risk scoring.

#### **Board Assurance Framework Q4**

- The committee reviewed the Q4 BAF update which highlighted four key areas of significant risk: financial sustainability, estates environment, commissioning responsibilities and digital infrastructure.
- Assurance was provided that appropriate mitigations are in place to maintain essential standards of quality and safety across these areas.
- The committee welcomed ongoing work to strengthen the consistency and clarity of risk score definitions and was assured by efforts to ensure alignment and scrutiny of risk scoring across the organisation.

#### **Waivers and Breaches**

- One waiver was approved in the current reporting period and the committee welcomed confirmation that none had been received since the introduction of the newly enacted Procurement Act in February. This indicates early evidence of strengthen compliance and reduced exposure to market challenge.
- The committee noted the positive progress in addressing an increase in breaches and non-compliant requisition practices. Targeted improvements to systems and processes are helping to identify and address knowledge gaps, contributing to enhanced governance and assurance over technical compliance processes.

#### **Counter Fraud Annual Report**

- The Trust continues to demonstrate strong performance in counter fraud measures with benchmarking data showing the team maintaining a leading position nationally.
- The committee was assured by the proactive focus on readiness for the introduction of the *Failure to Prevent Fraud Act* in September supported by training and awareness initiatives. A notable increase in disciplinary outcomes related to fraud was also observed, driven by the inclusion of fraud considerations in the terms of reference for all investigations, strengthening detection and accountability.
- Further assurance was provided on mechanisms to improve compliance with mandatory counter fraud training, with increased managerial oversight in place across the Trust.

#### **Losses and Special Payments**

- The committee received this regular update as part of its oversight of the Trust's management of public funds in line with SFIs.
- To strengthen assurance, the committee requested the inclusion of long term trend data and benchmarking comparisons with similar local trusts in future reports.
- The increased diligence and transparency in this area were welcomed, particularly given the heightened national scrutiny over the stewardship of public money.

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

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**22 May 2025**

<b>Title</b>	Integrated Care & Commissioning Committee (ICCC) 15 May 2025 – Committee Chair's Report
<b>Committee Chair</b>	Richard Carr, Senior Independent Director and Chair of Integrated Care & Commissioning Committee
<b>Author</b>	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 15 May 2025.

**Key messages****Trust Strategy Development update**

- The committee received an update on the approach to refreshing the Trust's overarching strategy. Assurance was provided that the process draws on learning from the previous *Big Conversation*, ensuring a clearer focus on defined priorities and goals for the next five years with strengthened annual objective-setting and measurement.
- The committee welcomed the intention to balance national policy alignment with a grounded understanding of the Trust's operational challenges. The emerging strategy aims to inspire renewed hope and a strong sense of shared purpose across the organisation.
- To support accountability and learning, the committee noted the development of a comprehensive impact report incorporating both qualitative and quantitative data from the current five-year strategy (2021–2026).

**Neighbourhood Development update**

- An update on the evolving national focus on neighbourhood health was received with the committee recognising the strategic relevance for ELFT as both a mental health and community health provider.
- The committee was assured by the strong foundation already in place through the Trust's integrated care work and local partnerships. Encouraging progress was noted in North East London including active stakeholder engagement and alignment with system priorities.
- The committee acknowledged the long-term potential of neighbourhood approaches to build community resilience and reduce health inequalities, and requested continued updates as the programme develops.

**North Central East London CAMHS Collaborative Annual report**

- The committee received assurance from the annual report which highlighted sustained positive outcomes across the collaborative including effective patient flow management and a clear focus on avoiding unnecessary admissions.
- Key risk mitigation efforts throughout the year were noted particularly the successful implementation of an interim solution following the closure of Simmons House. The committee acknowledged a continuing risk regarding the delegation of specialist commissioning responsibilities but was assured that constructive engagement is ongoing with NHS England and ICB partners to secure a resolution.
- The committee also noted a year-end underspend of £7.9 million which will be reinvested into collaborative programmes for 2025/26.

**North Central East London Perinatal Collaborative Annual report**

- The committee considered the annual report and was assured by the strong service performance and robust risk management across the collaborative.
- Particular assurance was drawn from the reduction in out-of-area placements and the increasing involvement of women with lived experience in service development and quality assurance processes, reflecting the growing strength of people participation across the footprint.

- As with CAMHS, the committee acknowledged ongoing risks related to the delegation of specialist commissioning but remained assured by the progress being made towards a sustainable resolution. The committee also noted current efforts to clarify the funding model beyond 2025/26.
- An end-of-year underspend of £279,000 will be carried forward to support future reinvestment plans.
- In recognition of both collaboratives sustained strong performance and effective risk management, the committee reflected on the opportunity to streamline and reduce the frequency of reporting requirements. It was agreed that future reporting would be scheduled annually and where appropriate presented jointly with North East London NHS FT (NELFT) at a combined meeting to support alignment and reduce duplication.

#### **Board Assurance Framework – Risks 1, 2 and 9**

- The committee reviewed BAF risks relating to capability for integrated care (Risk 1), partnership working (Risk 2), and commissioning responsibilities (Risk 9), and was assured that current controls remain appropriate and effective, with no changes proposed to the risk scores at this stage.
- 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:* Assurance was provided on developments in neighbourhood models and progress following the peer review of the Trust's adult social care responsibilities, particularly regarding Section 75 arrangements with local authorities.
- Risk 2: *The Trust does not build and sustain effective partnerships with other health, care, voluntary sector and other organisations:* The committee noted ongoing work to assess the implications of the ICB operating model paper and its potential impact on partnership structures.
- 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.* A watching brief is being maintained on the delegation of specialised commissioning amidst ongoing structural changes within NHS England and Integrated Care Boards. The committee noted that a future review may enable a positive re-evaluation of the risk score once further clarity emerges.

**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**  
**22 May 2025**

<b>Title</b>	Quality Assurance Committee (QAC) on 28 April 2025 – Committee Chair’s Report
<b>Committee Chair</b>	Professor Dame Donna Kinnair, Non-Executive Director and chair of the Quality Assurance Committee
<b>Author</b>	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 28 April 2025.

**Key messages**

<p><b>Integrated Patient Safety Report (Jan-Mar 2025)</b></p> <p>The committee considered evidence from a range of quantitative and qualitative data on the Trust’s safety profile and response measures, including incident reporting trends, mortality data and performance against reporting timeframes as well as a thematic reviews, national safety alerts and staff feedback. The committee recognised ongoing progress while acknowledging further improvement in some areas area needed; in particular:</p> <ul style="list-style-type: none"><li>• Noted incident levels remained within expected variation, with violence and aggression continuing as the most reported incident type. Safeguarding concerns involving adults at risk also increased. Flu and pneumonia were the leading causes of death, primarily among older adults.</li><li>• Was assured by the absence of any Prevention of Future Death notices.</li><li>• Noted the positive improvement in the timeliness of 72-hour reports (44% compliance), although remains below target. After Action Reviews have been introduced to support organisational learning.</li><li>• Considered an increase in reported incidents in the last quarter, attributed to service reconfigurations in Bedfordshire &amp; Luton, with no significant safety concerns identified.</li><li>• Reflected on national findings linking staff fatigue to patient safety and requested triangulation with local data.</li><li>• Queried a potential link between lower staff vaccination uptake and increased mortality primarily among the elderly and requested further investigation.</li></ul> <p><b>Cross-Cutting Theme: Patient Safety Thematic Review</b></p> <ul style="list-style-type: none"><li>• The committee assessed qualitative data from a thematic review of 411 historic serious incident investigations completed under the previous framework (pre-PSIRF). The review identified over 500 contributory factors grouped into seven interrelated patient safety themes, including:<ul style="list-style-type: none"><li>- Clinical care and management (e.g. observation, risk reduction, resuscitation)</li><li>- Documentation and record-keeping</li><li>- Non-adherence to policy and protocols</li><li>- Physical health management</li></ul></li><li>• The committee was assured that current patient safety priorities align with the themes identified. Contributing factors, existing improvement actions, and governance arrangements were clearly outlined for each theme.</li><li>• The committee noted the value of thematic reviews in shaping improvement work and recommended future reviews deepen analysis of action impact, better distinguish system-level from individual factors and more clearly map actions to root causes. Future thematic reviews will be undertaken biannually using the PSIRF methodology to enhance learning and evaluate the effectiveness of interventions.</li></ul> <p><b>Cross-Cutting Theme: Clinical Effectiveness</b></p> <ul style="list-style-type: none"><li>• The committee reviewed the first structured review of clinical effectiveness using six CQC quality standards as a framework. The review analysis provided a system-wide perspective and included both qualitative and quantitative insights, and identified areas of strength, such as the service</li></ul>
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accreditation programme and areas requiring development, such as outcome monitoring in community health services.

- The committee noted the value of this initial review and acknowledged the inherent challenges in measuring effectiveness, particularly in complex mental health settings. The committee considered the limitations of current outcome tools (e.g. Dialog Plus) and recognised the need to strengthen the integration of national audit findings into assurance processes.
- The committee agreed to incorporate clinical effectiveness-focused questions in future directorate quality and safety reports and was keen to explore how additional data sources could enhance oversight. Further work will be undertaken to refine outcome measurement approaches and strengthen Board-level assurance on clinical effectiveness across care pathways.

#### **Directorate Quality and Safety Report: City and Hackney Mental Health Services**

The committee received assurance on City and Hackney Mental Health Services' quality and safety performance:

- Positive outcomes included strong CQC inspection feedback, improved post-discharge contact, reduced wait times, enhanced service user engagement, and financial gains from bed management.
- Challenges noted included workforce wellbeing concerns, equity issues affecting ethnic minority groups, delays in ADHD and autism assessments, and inconsistent use of clinical effectiveness tools.
- The committee acknowledged ongoing efforts to address these areas including service reviews and estates improvements and noted plans to better understand Home Treatment Team caseloads.

#### **Directorate Quality and Safety Report: Newham Mental Health Services**

The committee received assurance on Newham Mental Health Services' quality, safety and operational performance.

- Key achievements noted included positive staff survey results, a reduction in length of stay and progress with bed sales supporting financial plans. Quality improvement work within Community Integrated Mental Health Services (CIMHS) teams demonstrated enhanced care and team morale alongside promising community partnership developments.
- Variations were observed across wards in areas such as bed sales, care transitions and memory clinics.
- Challenges identified included a growing ADHD waiting list, increased older adult caseloads, prolonged A&E admission waits, and ongoing estate issues with older community facilities.
- The committee acknowledged these points and noted ongoing efforts to address them.

#### **Directorate Quality and Safety Report: Tower Hamlets Mental Health Services**

The committee received assurance on Tower Hamlets Mental Health Services:

- Key achievements include the successful integration of new services and positive outcomes in respect of reduced agency use, no private bed usage since mid-2024 and strong patient feedback.
- Challenges remain around high bed occupancy, length of stay, staff sickness and violence and aggression with leadership strategies being adapted accordingly.
- Progress on the new Barnsley Street community mental health centre was also noted, with staff already working to new care models ahead of its imminent opening.
- The committee acknowledged consistent themes across boroughs and requested further assurance on Project 15 relating to bed pressures.

#### **Internal Audit Progress Report**

- The committee received assurance on progress with the internal audit plan, noting the finalisation of the *Raising Concerns* report and upcoming completion of *Temporary Staffing*, *Out of Area Placements*, and *Risk Management* audits. There are no overdue actions with 15 outstanding but not yet due. Emerging risks such as cyber threats and shifting government priorities were highlighted, with further discussion planned.
- Freedom to Speak Up Report: The committee noted a reasonable assurance rating, showing improvement and effective controls, alongside an agreed action plan to address timely responses and case management. Capacity concerns were discussed, with assurance provided on training,

system improvements, and ongoing monitoring. The committee requested updates on progress and a review of action deadlines to ensure appropriateness.

#### **Mental Health Act (MHA) Internal Audit and Action Plan**

- The committee noted a partial assurance was issued in respect of the internal audit of MHA processes. Good controls were noted in training, reporting and lawfulness of detention paperwork. The main area for improvement was timely completion of treatment certificates where initial compliance was 33%. An action plan is in place, and recent data shows improvement to 63% compliance. Weekly monitoring is ongoing, and the aim is to reach 100% within three months.
- Assurance was provided that risks have reduced, visibility and oversight have improved, and a dashboard is now in use to monitor MHA requirements.

#### **Emerging Issues**

The committee were advised of the following emerging issues:

- Unlawful detention: A person was wrongly detained under the Mental Health Act; an investigation is under way with learning identified. The key risks lie primarily with the local authority.
- Media coverage: The Trust had limited involvement in a 2020 death in Hackney currently under receiving media attention. Legal constraints have prevented Trust comment. Media focus remains on the ambulance service with minimal attention directed at ELFT.
- Supreme Court ruling on definition of woman: A recent ruling under the Equality Act may have implications for patient placement and staff policies. No immediate changes will be made until further guidance is issued.
- Junior doctors pay dispute: Ongoing industrial dispute may lead to further action or a negotiated settlement. This poses risk to staff morale and service delivery.

#### **Primary Care Exit Update**

- The committee received assurance that the primary care exit is being managed according to the established plan, noting that practice partners have formally notified the ICB of their intention to serve notice, with a planned transition period of up to six months which will facilitate a smooth handover and that the Bedfordshire, Luton & Milton Keynes (BLMK) Integrated Care Board (ICB) is yet to confirm a replacement partner.
- Challenges in Outer North East London practices were also reviewed with assurance provided on ongoing oversight and support through weekly primary care DMT meetings and a dedicated programme board.
- Members noted a temporary decline in some quality and patient safety indicators and were assured of a clear response system in place to address these issues.
- Quantitative and qualitative data on staff absences, particularly at one practice experiencing dissatisfaction, were reviewed, with confirmation that bank staff cover is provided as needed.
- The committee requested that future reports include a full year's data to better illustrate trends.

#### **Board Assurance Framework: Clinical Risk 4**

- The committee received assurance on Risk 4 related to maintaining quality and safety standards. Progress against actions, including primary care transition plans, was noted. The risk score remains at 12, with consensus that reducing it to the target of 9 is unlikely without revisiting risk appetite. The committee agreed to escalate concerns about the achievability of the current risk target to the Board for further consideration.
- Members discussed the need for clearer updates on promoting an open culture with future leadership strategies expected to provide assurance. Delays in CQC community mental health standards were acknowledged, but progress continues on key priorities.

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 May 2025

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

### Purpose of the report

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

### Key messages

The Quality Assurance section of this report focuses on the quality of care provided to people with a diagnosed learning disability and/or autism in our adult mental health inpatient services. The report sets out the support available to staff providing care and treatment to this population, in particular the training offer and good practice guidance both national and internally developed.

The report describes the adjustments being made to processes, practice and the ward environments, to deliver high quality care that is sensitive to their particular needs. It also outlines what we know about the experience of the patient group, and the work that is going on to reduce variation, and to further improve both staff skills and knowledge, and ward environments.

The Quality Improvement (QI) section of the report highlights progress in supporting the organisation's strategic goals.

As part of the Pursuing Equity programme, 26 teams are focused on reducing missed appointments for service users living in our most deprived neighbourhoods. Nine teams are already showing improvement through testing ideas such as telephone reminders, co-scheduling, and standardizing the protocol after a missed appointment. All teams are being supported to adopt the change ideas that have shown greatest benefit, and are being supported to consider how they would use the extra capacity gained from reducing missed appointments.

The Flow Programme has achieved sustained reductions in out-of-area placements and average length of stay, with length of stay reductions demonstrated across nine wards and two directorates. The programme is now in the quality control phase, embedding successful practices into routine operations, supported by directorate-led structures and trust-wide oversight.

Wave 14 of the Improvement Leaders' Programme involves over 200 staff and service users across 88 projects. 83% of teams on the programme are testing change ideas, with 31 teams currently seeing improvement. Projects on this programme, excluding those working on Flow

or Pursuing Equity, have rendered an estimated combined cost avoidance of £742k to date, and a cumulated productivity saving of 222 hours of clinical time each month.

### 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 systems flow
Improved staff experience	<input checked="" type="checkbox"/>	Building capability in QI across the trust through several learning programmes.
Improved value	<input checked="" type="checkbox"/>	Most 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 This report looks at the quality of care provided to service users with a learning disability and/or autism on our adult mental health in-patient wards.
- 1.2 The publication of 'Winterborne View – Time for Change' in 2014 was the catalyst for a step-change in the provision of care for people with learning disabilities and/or autism. The recommendations of the report saw a significant move from in-patient or residential care settings to a much more community focused approach.
- 1.3 Over 10 years on, this shift remains ongoing. The NHS Long Term Plan had a strong focus on expanding and improving the quality of community care for people with mental health problems, including people with a learning disability and autistic people. As part of delivering the NHS long-term plan, NHS England have been leading a Mental Health, Learning Disability and Autism Inpatient Quality Transformation programme. The programme had four objectives:

- Localising and realigning inpatient services, harnessing the potential of people and communities
  - Improving culture and supporting staff
  - Supporting systems and providers facing immediate challenges
  - Reducing restrictive practice through least coercive care
- 1.4 Nationally, around 10% of people admitted to adult mental health wards have a diagnosed learning disability and/or autism. Admissions to our wards at ELFT run a little lower, at around 5-10%, with a slightly higher number having a learning disability than an autism diagnosis. However, it is important to note that there is likely to be underdiagnosis, and some cases that are not coded accurately on our systems, so this may be an under-representation of the true number. Length of stay for people with a learning disability and/or autism is similar rate to the wider in-patient population in ELFT, at an average of between 40-50 days. It is also of note that autistic adults with no learning disability are at increased risk of suicide. They are 9 times more likely to die by suicide than the neurotypical population, and this rises to 13 times more likely for autistic women.

## 2.0 Care provision at ELFT

- 2.1 The trust does not have any specialist learning disability in-patient services (with the exception of its secure Forensic provision). It has supported people with learning disabilities and autistic people to use mainstream mental health beds as custom and practice. Admission to our own beds is the default option, though a Care and Treatment Review (CTR) under the Transforming Care programme may make a recommendation otherwise.
- 2.2 It is acknowledged best practice to be guided by the independently chaired CTRs to direct specialist placement. There are currently a number of people in specialist beds in BLMK based on an assessment of their complex needs. There is no-one in a specialist bed in NEL at present, and there is currently no pathway or funding stream within the system to support these admissions.
- 2.3 Our community Learning Disability teams have established links with mental health crisis and home treatment teams, and have used an 'in-reach' model to support admissions and safe discharge. There are currently no adult autism specialist services. Existing teams are commissioned to provide a solely diagnostic service.
- 2.4 The Trust has Intensive Support Teams (ISTs) in Luton and Bedfordshire and, within the last year, has established a similar service in East London. These are crisis services for adults with a learning disability. IST support people in the community who are in a mental health crisis - this could include an increase in behaviours that challenge, difficulty managing symptoms of mental illness.
- 2.5 IST's aim is to keep people in their own home by providing intensive assessment and treatment. However, when a hospital admission is required, the IST will support the individual through this to ensure continuity of care, appropriate intervention and plan for discharge is in a safe and timely manner, through skilling up and supporting the inpatient workforce in relation to the specific needs of the individual. The service in East London also provides a consultative offer for autistic adults in crisis, and such work is mainly ward-based at the moment.

- 2.6 There is senior Clinical Leadership in place to provide strategic direction and support for learning disabilities services, in the form of a Clinical Director and an Operational and Strategic Lead. There is a trust Strategic Lead for Autism, currently working on a fixed-term contract. In Bedfordshire and Luton, there is an Autism Specialist, and ongoing recruitment into Autism Specialist OT posts.
- 2.7 There are structures in place to specifically focus on this cohort of service users. For learning disabilities, the main forum is the Learning Disability Learning Network. The network is formed of three elements – bi-monthly learning sessions, a set of workstreams wrapped around specific projects, and oversight at the LD inter-team meeting, which includes all the leads from ELFT learning disability services. There are also wider NEL improvement networks for both Learning Disability and Autism where discussions are being held around how we share and develop good practice in both community and inpatient settings.
- 2.8 The consultant nurse for learning disabilities supports development of our learning disabilities workforce and clinical leadership. The Operational and Strategic Lead for Learning Disabilities is currently leading a project to design a framework of ELFT 'Best Practice Standards for Admissions for People with a Learning Disability and/or Autism'. The project is driven by 6 weekly meetings which include ELFT, NELFT, Quality and Commissioning colleagues from NEL ICB. The work aims to deliver a set of practical, evidence based and co-produced guidance ready to implement by the end of this calendar year.
- 2.9 As a core part of their roles, the Strategic Leads for Autism and for Learning Disabilities offer support and advice to staff when there are particular challenges. In the course of this work, it has been possible to identify and help address areas of development for in-patient services, including
- Effective communication with people with Learning Disabilities and autistic people e.g. giving time to process information, use of preferred communication and total communication, preparing for meetings, understanding of situational mutism, masking, alexithymia and difficulty expressing emotions
  - Greater awareness of the Care, Education and Treatment Review (CeTR) process and subsequent access to regular reviews with external clinical experts and experts by experience to prevent admission and improve experience of care during admission and discharge planning (ICBs have been approached to facilitate staff training around this).
  - Challenging the perception that people with a Learning Disability and autistic people would be best cared for in specialist inpatient services

### 3.0 Ward Environments

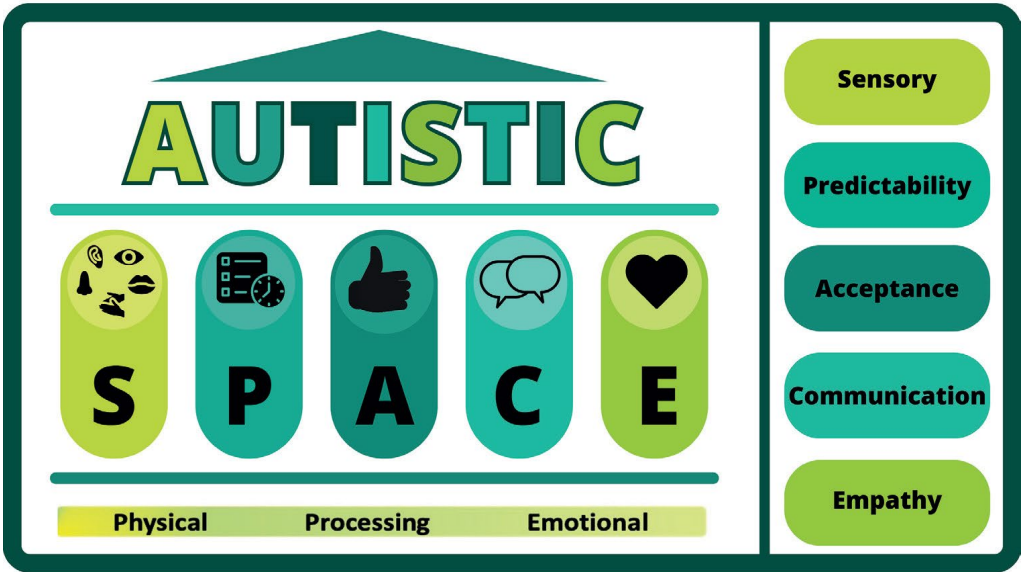
A large number of autistic people and people with a learning disability have Sensory Integration difficulties (difficulty processing sensory information). This can lead to being overwhelmed by sensory information in sensory rich environments, such as an inpatient ward. Combined with mental health crisis, changes to routines or unpredictable routines, being unable to implement self-soothing strategies and

increased social interaction with unknown people (and limited interaction with familiar friends/family), admission can often lead to distressed behaviour.

- 3.1 There are a range of resources available to services to support and guide them in making reasonable adjustments to the environment, to better meet the needs and improve the experience of people with Learning Disabilities and/or autism.

The ‘Green Light Toolkit’ has been around in various iterations since 2004, most recently updated in 2022. NHS England published complementary guidance, ‘Sensory-friendly resource pack - Resources to improve the sensory environment for autistic people’ in 2023.

- 3.2 In 2023, research was published with the aim to create a simple framework (Autistic SPACE) promoting accessibility without adding to current clinical burdens. The term Autistic SPACE refers to places and events where autistic needs are prioritised. The authors adapted the term to provide a memorable acronym which encompasses the breadth of autistic experience and healthcare access needs, offering a potential solution to address knowledge gaps.



- 3.3 The framework has been promoted across our in-patient services and posters setting out the ways in which services can readily make impactful reasonable adjustments have been circulated to all in-patient service leads.
- 3.4 The trust is also piloting its own co-produced environmental checklist. The checklist content is based on guidance from NHSE, including the Greenlight Toolkit, the Sensory Friendly environments checklist, and service user feedback/suggestions. This is currently being tested in Luton, Bedfordshire and Newham, and is designed to offer practical guidance for all staff, including estates colleagues and other non-clinical staff/services that contribute to inpatient care.

There will be a review of the efficacy of the tool before full implementation is planned, to ensure that we are seeing appropriate usage and healthy outcomes for people, based on service user experience.

- 3.5 In the meantime, the Strategic Lead for Autism has co-ordinated ward walkarounds using the guidance above as a key reference point. These have been completed on all the wards in Bedfordshire and Luton. The walkarounds are currently stand-alone visits and on offer to all, they are conducted based on need identified and requested by the Borough Lead Nurse. The intention is to develop the knowledge and empower place-based staff to notice and adjust their own environments. In addition, there are 8-weekly quality oversight visits by host commissioners for every person with a learning disability or autistic person, who is admitted on our wards.
- 3.6 These processes have been collectively helpful in identifying key issues, including preferred bedrooms and wards for autistic patients. The work has emphasised the need to consider sensory aspects of the wards – in particular busy areas and times of day: e.g. visually (lighting - no fluorescent or motion sensitive lights, clutter, clear signage), smell (food, deodorants, personal body odours, cleaning fluids, unclean rooms), touch (texture of linen, food textures, people brushing past, crowded meeting/dining rooms), taste (food requirements), access to calming proprioceptive physical activities, interoception and difficulty perceiving pain and other internal body sensations when assessing etc.
- 3.7 There is inevitably some variation across the ward environments. Issues that have most reported impact are the ratio of patients to showers and the availability of en-suite facilities, as this can have a significant impact for patients who are sensitive to touch and smell; the use of fluorescent or motion sensitive lighting; access to quiet spaces; and access to gym and/or outdoors are also crucial to enable a person to self-regulate.

Changes in the environment (e.g. admission, changing wards, from seclusion, transition from CAMHS to adult ward) are also significant for this patient group. To help mitigate the impact of change, clinical leads are currently co-producing a Ward Welcome Pack with services and service users for patients with Learning Disabilities and autistic patients in Newham. Once tested and finalised, it is intended to spread the use of the pack across all inpatient services.

- 3.8 It has been possible to make some permanent improvements to ward environments. For example, NHS England funding was allocated for a project on Oakley Court to create a more sensory friendly environment, resulting in the creation of an ensuite bedroom, quiet room and the purchase of sensory equipment.

In addition, the trust has recently been awarded capital funding for improvement of its inpatient services in Luton and Bedfordshire. These improvements will deliver more learning disability and autism friendly environments and will specifically enable the creation of de-escalation/quiet rooms across mental health inpatient wards that will promote calm and therapeutic spaces that meet the sensory and cognitive needs of autistic people.

By incorporating sensory pathways, quiet seating areas, soft landscaping, and visual wayfinding, this project will enhance experience and outcomes, making care environments more therapeutic, engaging, and conducive to recovery.



Alongside work with the Estates team to bring about improvement of the physical environment, there is a need for clinicians to ensure a fuller understanding of patients' sensory needs and self-regulatory strategies from admission to enable effective and timely reasonable adjustments and the support of effective self-management, and ensure delivery of person-centred care plans.

- 3.9 The Trust is participating in the national Culture of Care programme, commissioned by NHS England and delivered by the Royal College of Psychiatry. This programme, the latest quality improvement programme in mental health globally, is supporting over 200 wards across all mental health providers in England, to improve the culture of inpatient mental health, learning disability and autism wards. The programme will also support ELFT with creating autism-friendly inpatient environments.

#### 4.0 Staff Attitudes, Skills and Knowledge

Oliver McGowan online training is now mandatory for all staff with the potential to be concerned with the delivery of care and treatment of people with a learning disability or autism. The Health and Care Act 2022 introduced a statutory requirement that regulated service providers must ensure their staff receive learning disability and autism training appropriate to their role. The Oliver McGowan Mandatory Training is the standardised training that was developed for this purpose and is the government's preferred and recommended training for health and social care staff.

The training is intended to upskill the wider health and care workforce to provide appropriately adjusted care for people with a learning disability and autistic people to reduce health inequality. Compliance with the training is monitored via the monthly training and development report.

- 4.1 A number of inpatient staff have now attended the 4-day NHS England National Oliver McGowan 'Train the Trainer' Programme, and are now 'Autism Champions' within their workplace and are able to train others as part of their work. Staff report that they have considered their learning when reviewing patients' care plans and have used the resources as part of their practice.
- 4.2 In addition to the core mandatory training offer, a half-day Autism and Learning Disability awareness training has been facilitated for City and Hackney inpatient services. The training is due to be delivered to Luton and Bedfordshire inpatient staff early June. The training will be available to all other in-patient services thereafter. This training incorporates a grounding in what is autism and learning disability, health inequalities, current legislation and why people with learning disability and autism access mainstream mental health services, co-occurring mental health conditions (including trauma, risk and suicide), sensory integration and the ward experience, distressed behaviour, reasonable adjustments.

The driving principle of the training is to provide the staff with a safe space to ask questions and to respectfully challenge any stereotyped perceptions. Whilst service users do not co-facilitate the sessions, the content has been co-produced with service users, and incorporates real life service user experience throughout the content.

- 4.3 In April 2025, a film was launched called 'Sensory' to mark World Autism Day, co-produced with service users and carers, and in partnership with the University of Bristol. The film tells the stories of autistic people in healthcare settings, and includes a fully neurodivergent cast.

## 5.0 Access to Activities and Therapies:

As alluded to previously, the importance of structured, familiar activities and access to a gym, sensory room and outdoor space, including at weekends, is recognised by inpatient services. However, provision does vary across our inpatient sites.

- **City & Hackney** adult acute wards have very limited access to outside space. There are some gym facilities within wards but there is no central gym
- **Newham** wards all have access to outside space and access to gym facilities
- **Tower Hamlets** has very limited access to external space and a small central gym facility
- **Luton and Bedfordshire** wards all have access to external spaces/gardens and services in Luton have a central gym facility

- 5.1 It is acknowledged that group activities may be too challenging and adjustments may be needed to ensure engagement (for example, a 1:1 session in a quiet space). Awareness of any sensory integration difficulties at admission would ensure reasonable adjustments are in place from the start.

Typically, activities and occupational therapy provision on wards is good, with access to sessions and reasonable adjustments possible. Some specific therapies (particularly psychology and speech and language therapy) can be more difficult to access, and vary by location.

Whilst not all wards are able to provide dedicated quiet or sensory rooms, the Strategic Lead for Autism has worked with the lead occupational therapist in each directorate to create a Trustwide sensory integration training plan for all OTs. Subsequently, some inpatient OTs have created sensory boxes on their wards to enable patients to identify appropriate self-regulatory strategies.

## 6.0 People Participation

The trust has a 0.8 wte Autism People Participation lead (PPL) and a 1.0 wte PPL for Learning Disability, who facilitate regular Working Together Groups with service users. There is an active service user group, with one current priority focused on ensuring accessible meeting and training spaces to enable service user involvement. PPLs work with service users and carers on various co-produced projects (e.g. ward welcome pack, staff training content, environment checklist). At present there are no specialist peer support workers, however this is a need often expressed by service users.

## 7.0 Outcomes and Experience

The Trust's patient experience survey (incorporating the Friends and Family test) does not provide the opportunity to record diagnosis, so it is not possible to identify

the feedback provided by those people using inpatient services that have a learning disability and/or autism. However, work has been done to collect feedback for the purpose of discrete service evaluation (undertaken separately in East London and In Luton and Bedfordshire). Feedback was fairly consistent across both sets of services.

The majority of those asked responded positively with regards to:

- There were things to do on the ward
- Needs were met by staff on the ward
- Treated with respect on the ward
- Feeling comfortable on the ward and liked being with other patients on the ward
- Feeling safe on the ward
- Supported after leaving the ward
- Most said they would be happy for their family or friends to use the service

Responses were less favourable with regards to:

- Feeling listened to on the ward
- Being given information about their care
- Majority only understood some of the information provided
- Feeling involved in decisions made about care

The feedback received has been fed into the project designing admission standards for the trust.

- 7.1 Review of the use of restrictive practices, which may be a marker of poor care and treatment, experience and outcomes, does not highlight any specific concerns. The proportion of people with a learning disability or autism involved in incidents that result in the use of restraint, seclusion or rapid tranquilisation are in line with the number of admissions, and for people with a learning disability specifically, they tend to be somewhat lower (around 5%).

The number of incidents that involve restrictive practices applied to people with autism is somewhat higher (around 10%), but both are comparable, proportionately, with the general population of inpatients.

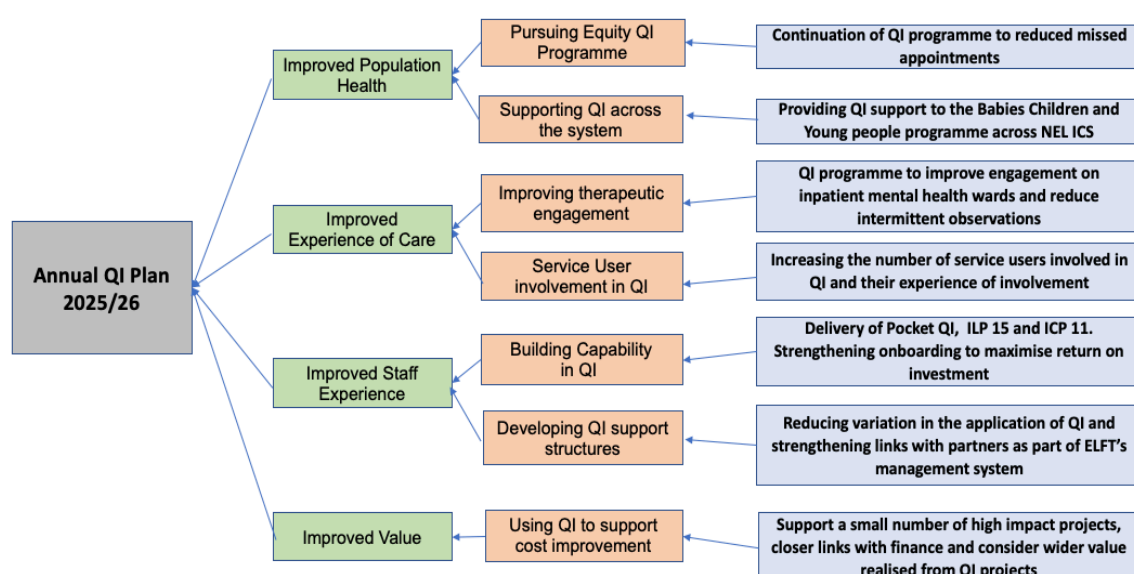
## 8.0 Summary

- 8.1 Overall there are robust structures in place to support good quality care for people with learning disabilities and/or autism in our adult in-patient services.
- 8.2 There is good training available to staff involved in the delivery of care and treatment, and this continues to be promoted and monitored along with all mandatory training programmes.
- 8.3 There is variation in the suitability of the physical environments for this population and work is ongoing to improve. The successful capital bid in Luton and Bedfordshire will deliver tangible improvements, and the Estates team continues to work closely with clinical services to respond to need.

- 8.4 The implementation of standards for admission, co-produced with our service users and carers, offers the opportunity to further support our services in reducing variation and more effectively adjusting systems and processes to deliver high quality care for all.

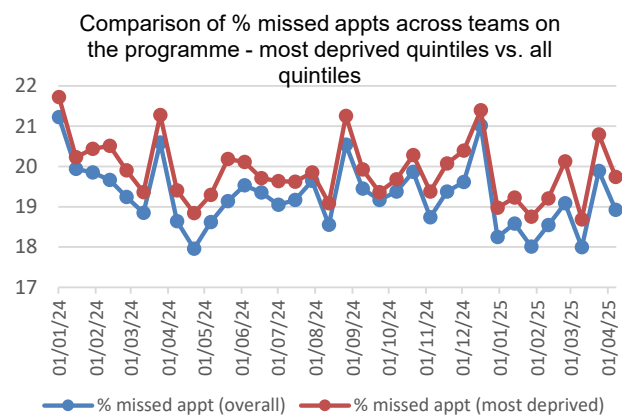
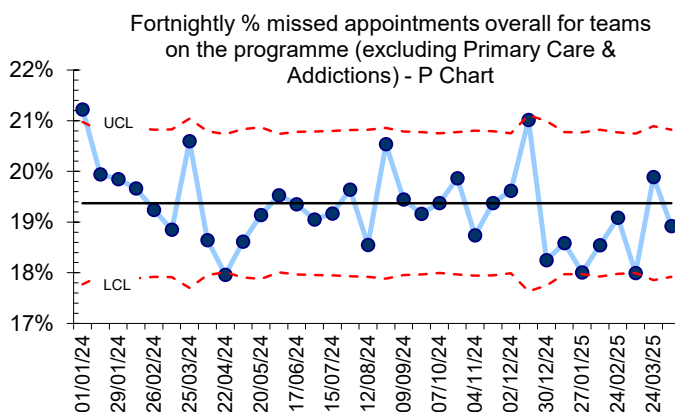
## 9.0 Quality Improvement

- 9.1 The 25-26 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.

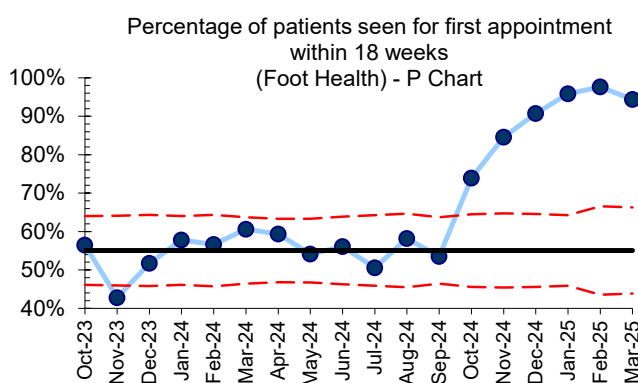
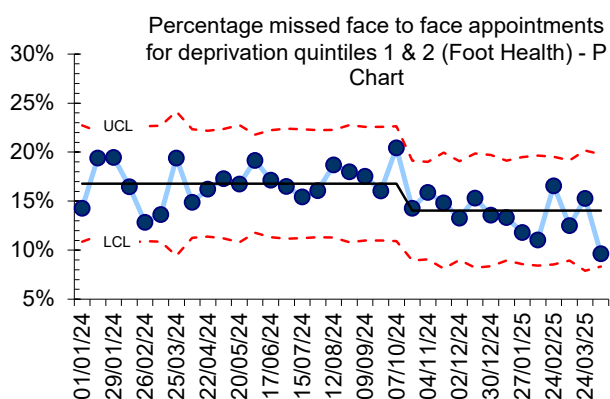


## 10. Improved Population Health – Pursuing Equity Programme

- 10.1 Twenty-six teams are working to reduce missed appointments for people who live in our most deprived neighbourhoods. Of these, 20 teams are actively testing change ideas, one team is in the implementation phase, and three teams are designing new high-impact change ideas to be tested in the coming weeks.
- 10.2 Nine teams have demonstrated sustained reductions in missed appointments, with others showing early signs of reduction. Successful change ideas include a combination of reminding service users of their appointments, scheduling appointments alongside service users rather than booking dates without their consultation, and developing clear protocols following a missed appointment. The remaining teams on the programme are being supported to test these high-impact ideas. Below are the programme level outcome measures. The increase in missed appointments during the week of 24 March is likely to be due to Ramadan.



10.3 The Foot Health Team in Newham aimed to improve the percentage of patients seen within 18 weeks from 54% to 90% by June 2025. The team have tested calling patients ahead of appointments, updating access codes to improve data quality and using the new predictive analytics tool to identify those at risk of missing their appointment. The team recognised that there were high levels of missed appointments in one clinic that is difficult to access via public transport. The team are currently working with Barts Health patient transport services to find a solution.

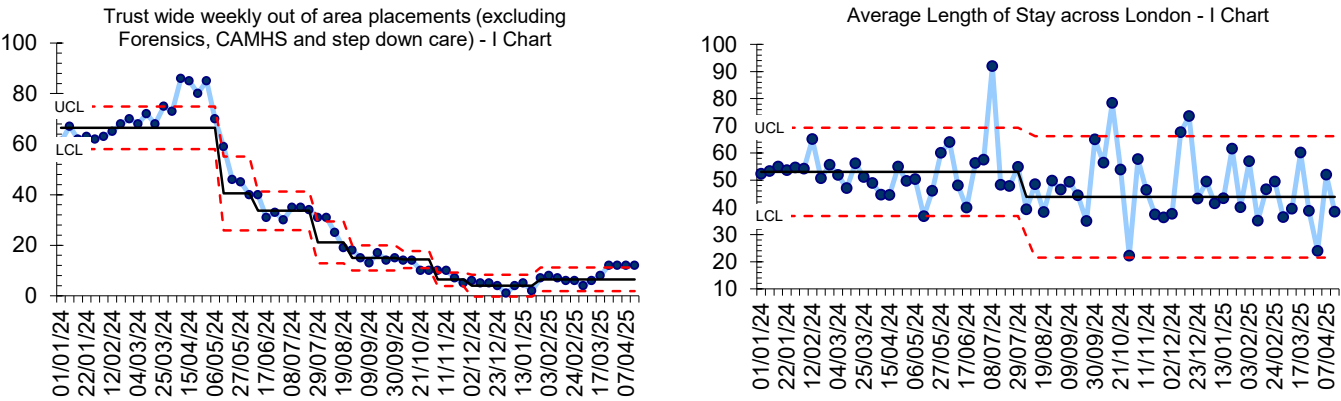


10.4 Further work is being done to support teams to consider how they will utilise the extra capacity gained through reducing missed appointments. Most teams intend to use the extra capacity to reduce their waiting list. For example, the Bedfordshire continence service calculated that, between August 2023 and December 2024, 710 hours of clinical time was lost to missed appointments — time that could have been used to see 804 new service users.

## 11. Improved Experience of Care – Flow Programme

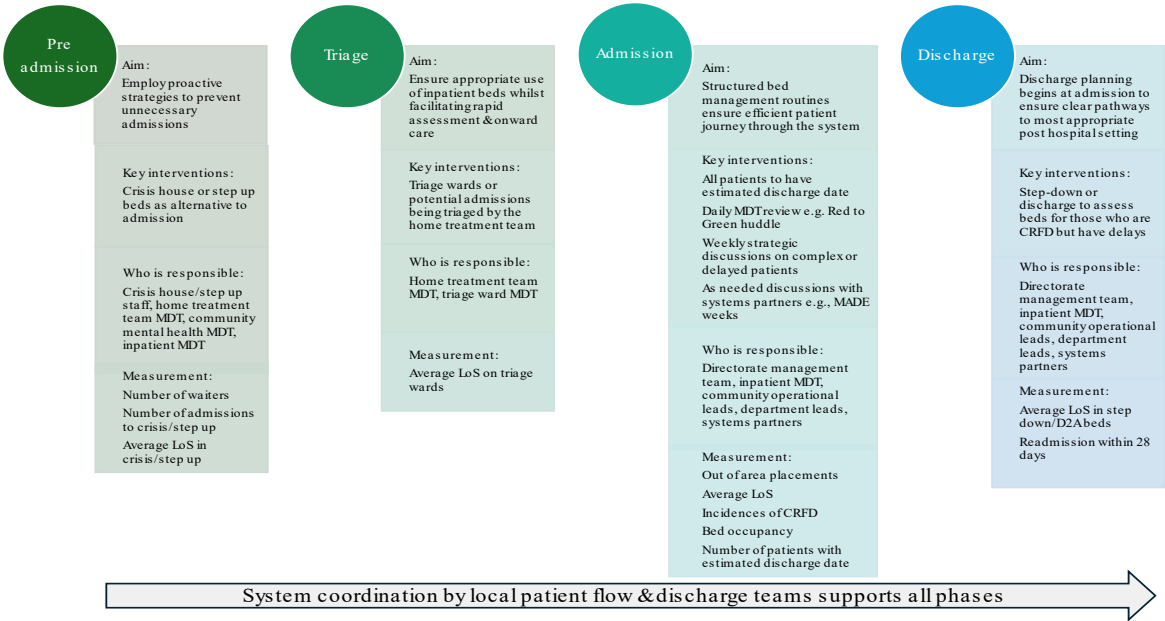
11.1 The Flow Programme has delivered reductions in out-of-area placements and average length of stay. Across the Trust, out-of-area placements have seen a sustained reduction – being eliminated in East London since September, and reduced to a current average of 10-12 in Bedfordshire and Luton. Nine wards have

seen reductions in average length of stay, with Newham Adult Mental Health, Forensics and East London directorates reporting aggregated unit wide reductions.



11.2 The programme has now entered the quality control phase, ensuring that successful change ideas are embedded into routine practice. Local directorates have developed standard operating procedures to support a structured and sustainable approach to patient flow and are embedding the work through ward-level huddles, unit-level flow reviews and directorate governance. Trust-wide oversight will continue via the monthly operations meeting, chaired by the Chief Operating Officer.

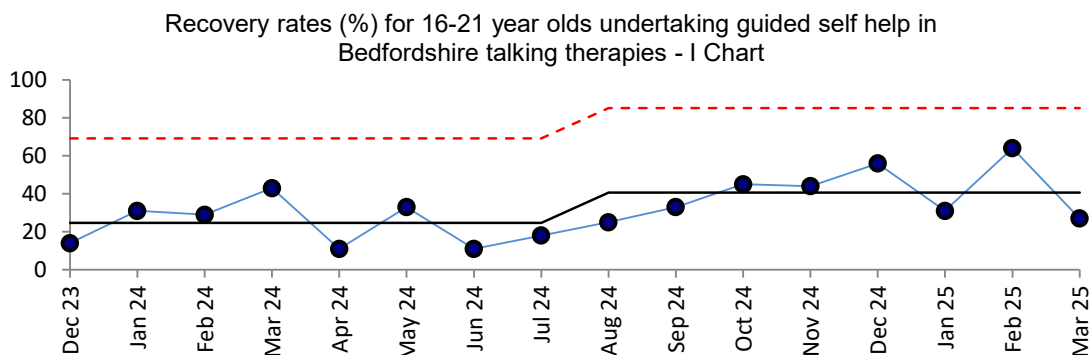
11.3 The inpatient flow pathway is structured around four key phases, each with targeted interventions to improve patient flow and is summarised below. This will be included and ratified as part of an amended “Inpatient admissions, discharge and transfers” policy.



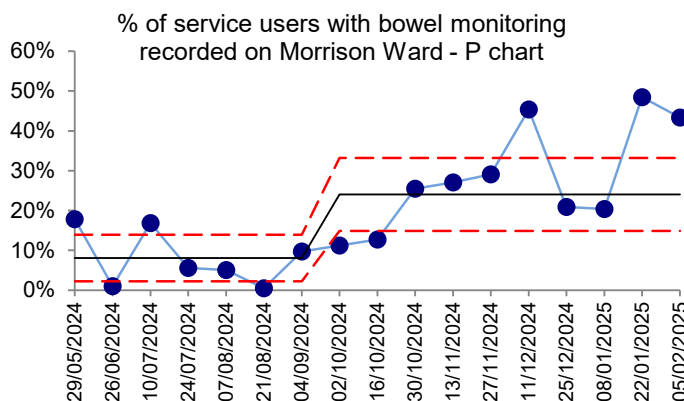
## 12. Improved Staff Experience

12.1 Wave 14 of the Improvement Leaders' Programme finished in April 2025, with 215 people graduating. The graduates represent 94 projects across the trust. 35% of these have already seen sustained improvement, although we would not necessarily expect projects to be concluding at this stage. The remaining projects will continue testing change ideas, with support from QI coaches and local directorates. 96% of those completing the programme agreed or strongly agreed they would use QI to help them solve complex problems at work and 93% agreed or strongly agreed that the course had prepared them to lead improvement work.

12.2 A team from Bedfordshire Talking therapies has been working to improve recovery rates for young people aged 16-21 who are referred into the service. Change ideas include joint therapy offers with CAMHS, changing the assessment process to provide more client choice, change in service outcomes to focus more on recovery rather than referrals and staff training. There has been an increase in the average monthly recovery rate for service users undertaking step 2 guided self-help treatment from 24% to 40%.

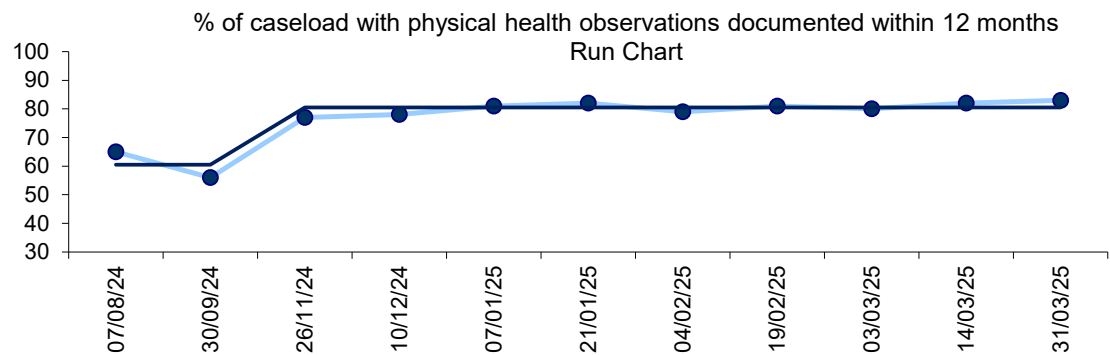


12.3 On Morrison ward in Forensics, a team have been working to increase bowel monitoring for service users who are at risk of bowel obstruction from anti-psychotic medication. Several change ideas were tested, including adding bowel monitoring to the daily safety huddle, developing an instructional video, monthly teaching sessions and a league table that showed which staff had the greatest number of recordings. As a result, the team has seen an increase in monitoring from 8% to 24%.



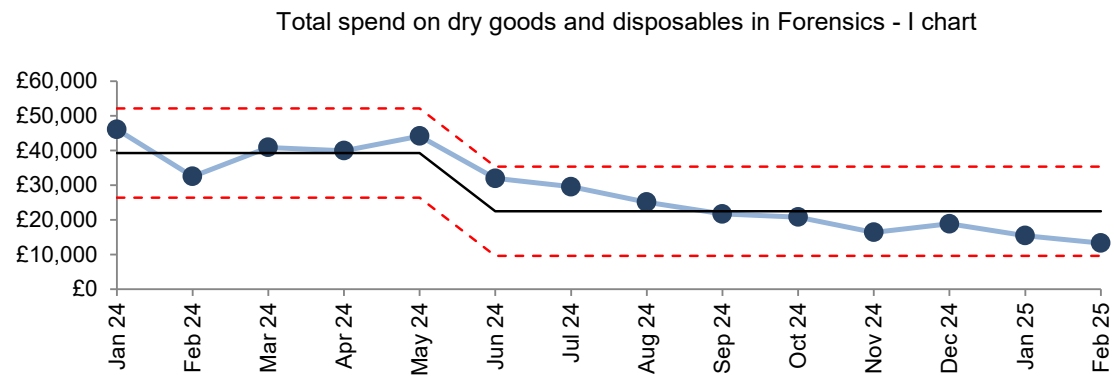


12.4 The Newham community recovery team (North) are aiming to have an up-to-date physical health screen for 80% of the patients on their caseload by October 2025. Change ideas tested so far include using a physical health screen tracker in monthly supervision, weekly audits of clinical equipment and using backpacks with physical health screening supplies for home visits. The team have seen a 23% increase in physical health screening recorded and a 33% increase in blood test screens.



13. Improved Value

13.1 Across forensics, a team have been working to reduce the use of disposable plastics and dry goods (breakfast items). The team have tested several ideas including the use of re-usable plastic cutlery, providing dishwashers and development of a tracking system for spend on dry goods. As a result of their work, the monthly spend has reduced from an average of £39,276 to £22,485. This equates to an estimated annual reduction in spend of almost £200k.



13.2 To capture all value from QI projects a new section will be included in the QI project charter (which is the initial document describing design of the work), with teams considering potential impact on financial as well as environmental sustainability.

13.3 The cost impact of the current cohort of projects being supported through the Improvement Leaders' Programme (excluding those teams working on Flow or Pursuing Equity) is estimated to be a combined cost avoidance of £742k to date,

and a saving of 222 hours of clinical time each month. Some examples of projects and the cost and productivity savings are included in the table below:

Project	Cost and productivity impact
Reducing salary overpayments	Reduced monthly overpayments from an average of £61,824 to £34,659. Estimated annual saving of £325k
Reducing agency spend in Bedfordshire CHS	Reduced weekly agency spend from an average of £32k to £29k. Estimated annual saving of £159k
Reducing use of disposables and dry goods in forensics	Reduced monthly spend from an average of £39,276 to £22,485. Estimated annual saving of £200k
Reducing catheter call outs in community health services	Based on an average call out costing £50.16, reduced average weekly call out costs from £1,287 to £995. Estimated annual saving of £15,184
Increasing insulin self-management	Based on an average appointment cost of £23.79 (1 hour appointment) the cumulative reduction in spend over 12 months is £51,116

#### 14. Action Being Requested

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

# Performance report

**May 2025**

**14**

**REPORT TO THE TRUST BOARD IN PUBLIC****May 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?***

While bed occupancy remains high at 93%, there has been a substantial reduction of out-of-area placements to under 10. The number of patients clinically ready for discharge remains broadly stable, at an average of 96. This is helping to reduce system pressure and improve access to emergency care. Some areas of the Trust (at ward level, across East London and Forensics) are also seeing reduced length of stay.

Safety metrics remain stable, with restraint rates returning to normal, and incidents resulting in harm, violence and aggression, and pressure ulcer cases all remaining stable.

75% of Talking Therapies service users achieved reliable improvement (exceeding the 67% national target), and perinatal outcomes rose from 41% to 53% over six months. Early Intervention Services commenced treatment within 2 weeks of referral for 65% of cases (60% target). Community health services saw 94% of urgent referrals within 2 hours (against the 80% target).

***What's of concern?***

The percentage of service users reporting feeling involved in their care dropped from 87% in February to 81% April. This was due to a drop in Bedfordshire and Luton mental health services, which is believed to be linked to staffing gaps and high caseloads. Targeted actions, including strengthened clinical oversight, review of caseloads, and continued rollout of trauma-informed training, are underway to improve satisfaction.

While the Trust's overall waiting list remains broadly stable, CAMHS, ADHD, Autism and community health continue to face capacity challenges and are actively working to reduce their backlogs. CAMHS has seen an increase in waiting lists, to 2,567 in April, with many linked to children needing assessments to support Education Health & Care Plans and/or ADHD.

A review is underway of referral thresholds & acceptance criteria to clarify pathways for ADHD and ASD between CAMHS and SCYPS, ensuring families are directed to the right support the first time.

4369 adults have been waiting more than 52 weeks for mental health assessment, with 4205 of this group awaiting ADHD and/or autism support. City & Hackney, Luton and Bedfordshire are particularly affected, with Luton & Bedfordshire showing especially high figures because ADHD cases are still managed within their neighbourhood teams.

The Trust is currently reviewing ADHD waiting lists to improve access and reduce delays. A recent letter to those waiting has generated nearly 1,000 responses, helping better understand individual needs. Many respondents have already been diagnosed elsewhere and now require medication management or alternative support. In Newham, referrals have increased from 38 in January to 93 in April, partly due to improved referral recording and the introduction of two new care pathways: one for assessment and diagnosis and another for medication and titration. These changes enhance the visibility of demand and enable more targeted patient support.

Additionally, the autistic spectrum disorder pathway in SCYPS and MSK pathways in community health are seeing longer waits. To manage this increase in demand, the MSK service is revisiting virtual appointments and education sessions to expand reach, particularly for paediatric MSK cases.

**What’s worth watching?**

There has been a rise in the number of patients waiting over 12 hours in A&E, reaching 174 in March. The proportion of referrals assessed by Psychiatric Liaison Services within 12 hours declined to 81.4%. Services are strengthening crisis pathways, working collaboratively with community teams to undertake joint assessments within the emergency department, and redirecting to alternative community resources where possible.

Complaints rose to 70 in April against the previous average of 55 each month. There was a particular rise in City & Hackney, following the temporary suspension of new referrals to the ADHD waiting list and redirection to Right to Choose alternative providers. The Trust addresses common complaint themes – such as delays, communication and ward activities through staff training, service improvement initiatives and efforts to expand therapeutic activities on wards.

**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"/>	

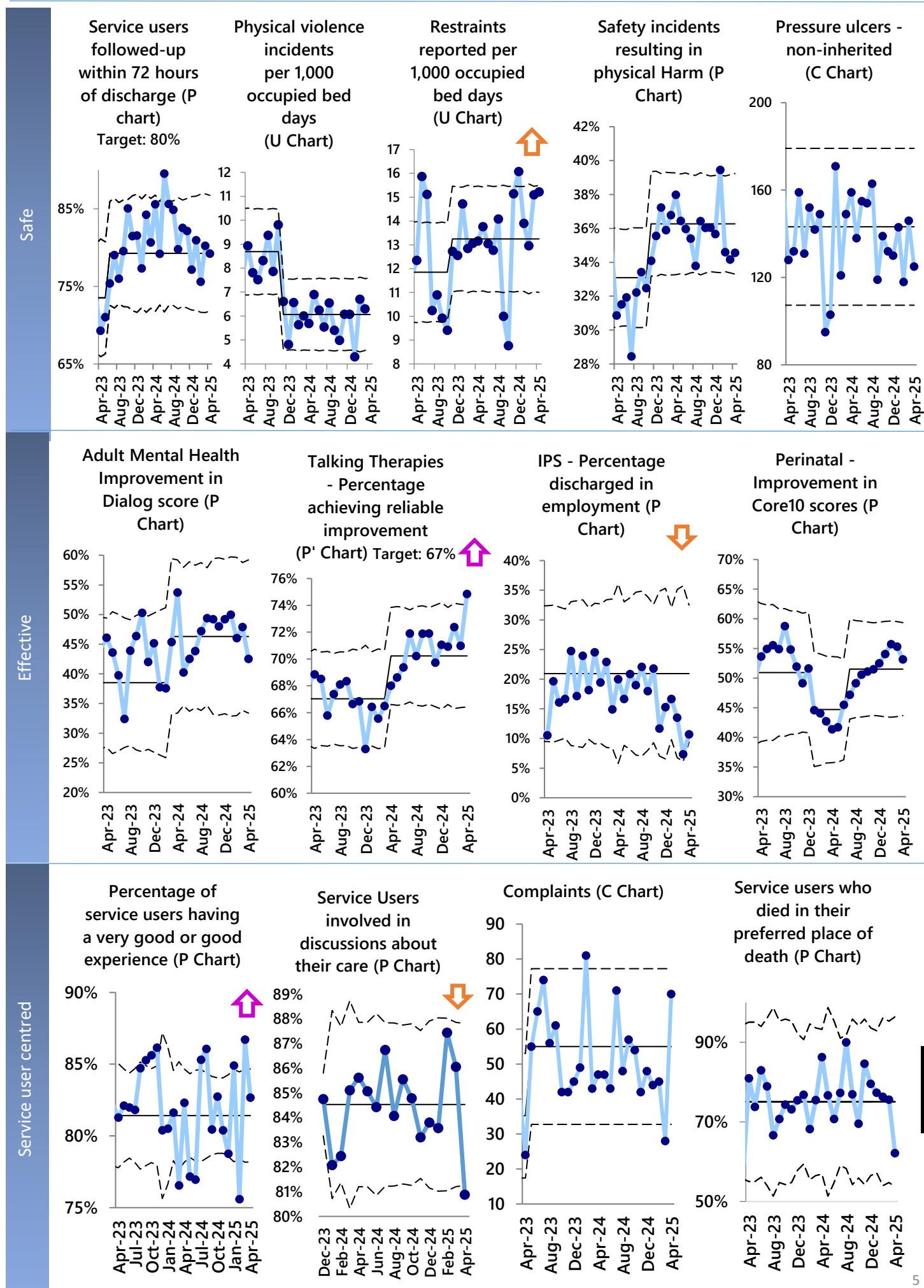
**Committees/meetings where this item has been considered**

<b>Date</b>	<b>Committee and assurance coverage</b>
<b>Various</b>	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.

<b>Impact</b>	<b>Update/detail</b>
<b>Equality Analysis</b>	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.
<b>Risk and Assurance</b>	This report covers performance for the period to the end of April 2025 (where available) and provides data on key compliance, national and contractual targets.
<b>Service User/Carer/ Staff</b>	This report summarises progress on delivery of national and local performance targets set for all services.
<b>Financial</b>	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.
<b>Quality</b>	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 (↗↘)



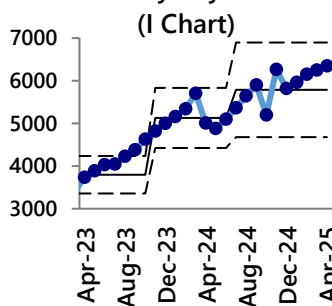


## Performance Dashboard

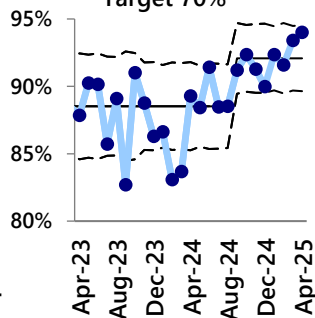
Special cause variation (↗↘) and when it's of potential concern (↗↘)

Timely

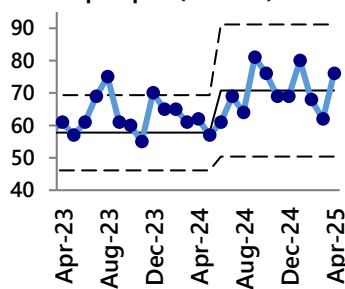
Service Users  
Referred to ELFT and  
not seen within 52  
weeks by any service  
(I Chart)



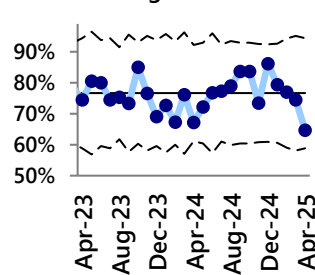
Rapid Response seen  
within 2 hour  
(P Chart)  
Target 70%



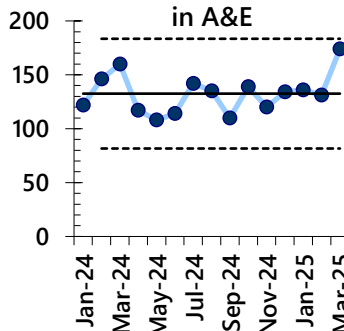
Waiting time for  
treatment (days) for  
Children and Young  
people (I Chart)



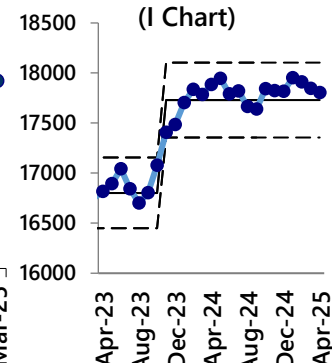
Early intervention  
treatment started  
within 2 weeks (P  
Chart)  
Target 60%



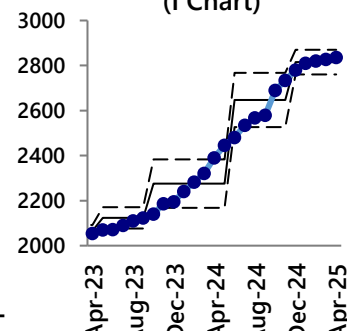
Number of patients  
waiting over 12 hours  
in A&E



CAMHS Access Rate  
(I Chart)

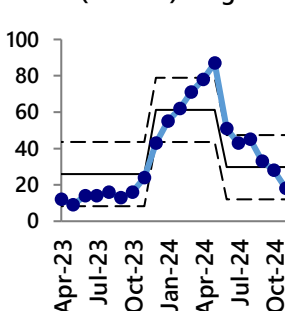


Perinatal Access Rate  
(rolling 12 months)  
(I Chart)

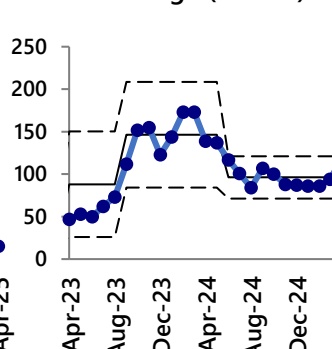


Efficient

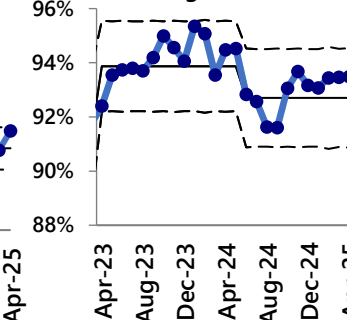
Private Inpatient  
Placements  
(I Chart) Target: 0



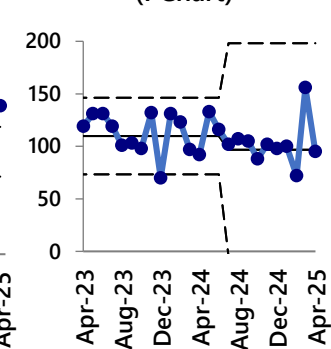
Clinically Ready for  
Discharge (I Chart)



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

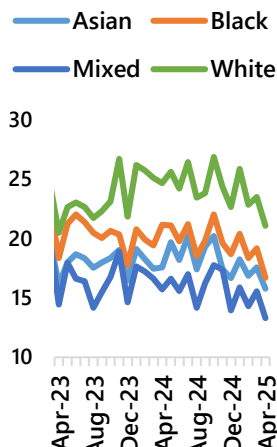


IPS Referrals  
(I Chart)

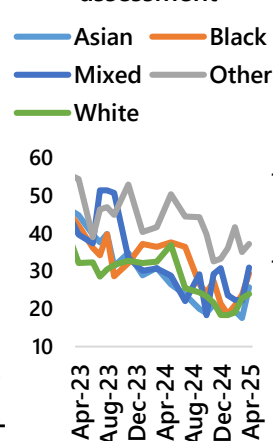


Equitable

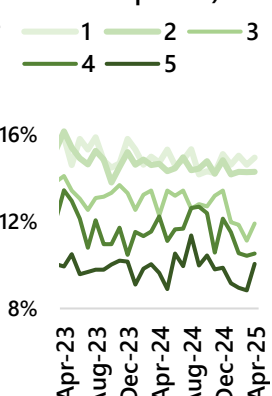
Referrals by  
ethnic group,  
per 1,000  
population.



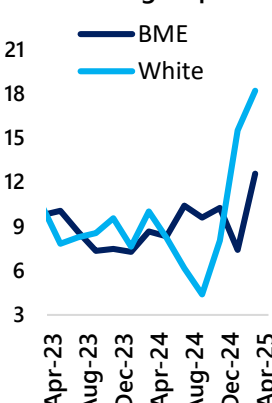
Average wait  
(days) for  
community  
mental health  
assessment



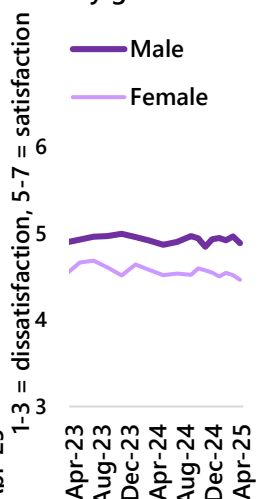
Non-attendance  
at mental health  
appointment (1  
= most  
deprived, 5 =  
least deprived)



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



Average Dialog  
score at review,  
by gender



## Commentary

### **Safe**

The percentage of service users followed up within 72 hours of discharge from inpatient services was 79.1% in April, which is just below the national target of 80%. Performance in Newham and City & Hackney dropped slightly in March and April. To address this, teams implemented various initiatives to improve follow-up care, including robust discharge planning, confirming contact details before discharge, and better coordination between inpatient and community teams.

After an unusual rise in restraints in January, levels returned to normal in February, but were again close to the upper threshold in March and April. Variation in the use of restraint is expected and is reflective of a cluster of service users who require restrictive practices during periods of acute wellness. The Trust's Use of Force group continues to monitor the use of restrictive practices, applying an equity lens to reduce identified variations between different ethnic groups. Reports are in place to monitor trends and develop targeted initiatives. Wards have implemented more activities like sensory rooms, calming activities, and personalised care plans. Regular safety huddles track progress, and staff actively involve service users in care planning, which helps prioritise their needs. Teams also adjust staffing levels in order to manage the ward safely at times of high acuity.

After an increase in January, incidents resulting in harm returned back to normal levels, falling from 40% or 35% in April.

The overall rate of violence and aggression, which includes incidents that did not result in harm, continues to remain stable with at a rate of 6 incidents per 1000 bed days in April.

### **Effective**

In April, 43% of service users across adult & older adult mental health services reported an improvement in their quality of life (measured through the change in Dialog outcome scores before and after an episode of care). This percentage has increased over time, demonstrating that our services are having an increasing impact on people's quality of life over an episode of care.

One particular area of improvement in quality of life relates to personal safety. This reflects the focus on improving crisis response and developing robust and co-produced crisis safety plans to avoid relapse. Areas of lower satisfaction in quality of life relate to accommodation, mental health, employment, and physical health. Community mental health teams continue to support service users to find stable housing, secure jobs, and join wellness activities like cycling and boxing clubs. Individual Placement Services (IPS) are expanding access to employment. All teams are collaborating with local employers and job centres to create more job opportunities for people with mental health needs and working with local authorities to review housing provision and gaps in the local area.

Referrals to IPS increased in March 2025, reaching a total of 156, the highest monthly figure recorded to date. This increase was seen across most boroughs, with notably higher volumes in Tower Hamlets (61) and Newham (54). The increase is attributed to additional

funding in both boroughs, which enabled the expansion of IPS and enhanced outreach activity. A Trust-wide initiative to improve the use of RIO, supported by training, has also contributed to improved data capture and accuracy. In contrast, City & Hackney faces capacity challenges, including long-term staff sickness, multiple maternity leaves, and an unfilled vacancy due to funding constraints. Referral activity remains below expected levels, and recovery is likely to be gradual as recruitment and staffing stabilise.

The percentage of service users discharged into employment declined from 14% in February to 8% in March and 11% in April. This decrease has been primarily attributed to data quality issues. As an example, in Tower Hamlets several discharges had no employment status recorded, adversely affecting the figures. This is being addressed through targeted data validation and refresher training for staff on data recording. In City & Hackney, it was noted that service users are not routinely discharged from caseloads, which may also lower the total number of people in employment upon discharge. This practice is currently under review to ensure consistency across all boroughs.

Our Talking Therapies services continue to perform strongly, exceeding the national 67% target for reliable improvement, achieving 75% in April. This reflects improvement across all our services, with Bedfordshire in particular demonstrating excellent outcomes. Training and learning sessions are underway to share good practice across the teams to meet the 25/26 aspirations for reliable recovery and outcomes. While treatment completion numbers saw a slight dip in April, this temporary reduction can be attributed to seasonal factors, including staff annual leave patterns and some vacancies, most notably within our Newham team.

Across perinatal services in 2024/25, the Trust achieved an access rate of 2,973 as part of the broader ambition to reach 4,050 across BLMK and North East London. Our Bedfordshire and Luton perinatal service, in particular, outperformed other services in the region. Looking ahead to 2025/26, services are aiming to improve access through community outreach initiatives to raise awareness of the available support for service users. This includes remaining flexible in the appointment offer, ensuring service users can access face-to-face and virtual appointments.

The latest perinatal outcomes data shows improvement in service user outcomes, with 43% 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 the past two months, the percentage of service users satisfied with their experience has seen notable levels of variation, increasing from 76% in February to 87% in March. As detailed in the previous report, the drop in satisfaction in February was mainly attributable to primary care services. March and April saw a reversal, largely due to marked

improvements across all primary care teams, where satisfaction scores rose from 54% in February to 83%. Additionally, sustained progress was observed across several other services, including Tower Hamlets and Newham community health services.

The percentage of service users feeling involved in their care remains high, but dropped from 86% in March to 81% in April. This was largely due to a decline in Bedfordshire and Luton, and related to large caseload sizes and staff vacancies, impacting on clinical engagement with service users. Targeted actions are being taken to address this, strengthening clinical leadership at the local level, conducting caseload reviews to ensure appropriate discharges, and analysing patient feedback to identify opportunities for improvement.

The number of complaints saw an increase to 70 in April. This mainly reflects a rise in City & Hackney, which recently closed their ADHD waiting list, referring patients to Right to Choose. While Patient Advice Liaison enquiries have also risen, suggesting more people are engaging with services to resolve issues early, a proportion of concerns continue to escalate to formal complaints. The main themes of these complaints across the Trust include appointment delays or cancellation, clinical care, medication, community, staff attitudes, and the need for more ward activities. These concerns are regularly shared with directorate teams and are being addressed through measures such as staff training, learning seminars, and initiatives to reduce waiting times. Services are also exploring ways to expand ward activities, including over weekends, through better use of current staff and the potential addition of therapy-focused roles.

### ***Timely***

Early Intervention Services continue to exceed the national goal of ensuring that 60% of service users are commencing treatment within two weeks, achieving 65% in April. Services are currently focusing on improving the timely and accurate recording of physical health checks, particularly through increasing capacity by recruiting additional staff, training and implementing dedicated time for data entry. A digital working group is exploring longer-term solutions to streamlining recording processes to simplify administrative tasks.

Across the Trust, 4369 patients across adult mental health services have been waiting over 52 weeks. This number has grown by 69 March to April. 4205 of this group are waiting for Adult Autism and ADHD services.

As part of the ADHD Trustwide programme, a waiting list letter has been emailed to all patients currently on the waiting list to help understand their needs and enable us to prioritise appropriately. This was sent to approximately 4000 people on the waiting list, and so far almost 1000 have responded. An initial review shows that most patients currently on our waiting lists fall into one or more of the following categories: they were diagnosed elsewhere (privately or abroad), have moved out of area and no longer require an appointment, need medication advice or need a reassessment to access alternative services, such as adjustments to university exam arrangements. The findings from this survey and the specific service users the responses refer to, have been shared with each of the operational leads to support waiting list management.

The main increase in waiting lists has been observed in City & Hackney ADHD. In City & Hackney, referrals have dropped from a peak average of 110 to 35 in the past 7 months. This is because GPs have been advised by the ICB to refer patients via Right to Choose to decrease demand on the service. All services are cleansing their caseload, removing any out-of-area patients, patients with a private diagnosis, and patients receiving prescriptions from their GP who have already been diagnosed and discharged from the service. This reprioritisation of caseloads will fast-track the longest-waiting patients, reducing overall wait times by addressing backlogs systematically.

Following the positive results of the QbTest evaluation, it has been agreed that the QbTest will be extended into 25-26 in Bedfordshire. Additionally, Luton ADHD services have also agreed to commence using this platform. Training is currently being organised with the suppliers to support staff with interpreting the QbTest results and administering the test.

In Newham ADHD, referrals rose from 38 in January to 93 in April. This is due to the service changing how it records referrals on our clinical systems, including referrals that would not have previously been recorded (such as email referrals). The service has implemented two new needs-led pathways to manage the increasing demand and improve access. One is focused on assessment and diagnosis, and the other is focused on medication and treatment. While this is driving some of the fluctuations in the data, it ensures that patients receive appropriate support in a timely way.

Teams supporting individuals with ADHD and Autism are not only strengthening their collaboration but also partnering with Recovery Colleges, Talking Therapies and Primary Care teams. Recovery Colleges continue to enhance their offer, providing ADHD- and Autism-specific courses for those on the waiting lists such as "Thriving with ADHD", "ADHD and Me" and "Autism Awareness". Talking Therapies is integrating Cognitive Behavioural Therapy (CBT) to help individuals manage impulsivity, alongside the use of mindfulness strategies to support emotional regulation and attention. In East London, discussions have progressed around the introduction of group therapy as a practical and person-centered options to deliver meaningful support tailored to the needs of people with ADHD.

For World Autism Acceptance Week at the start of April, ELFT celebrated and reinforced its commitment to improving care and inclusion for Autistic people. As a Trust, we showcased the launch of a co-produced film *Sensory*, highlighting the real-life experiences of autistic individuals in a healthcare setting. The new Adult Autism Diagnostic Services website was celebrated, developed with service users to provide accessible information across our boroughs. We also championed the Autistic SPACE framework, designed to guide staff in making meaningful adjustments in clinical environments.

In the Tower Hamlets Autism service, the team is looking at narrowing down the assessment tools it uses for diagnosis, as well as integrating the AQ50 and EQ assessment tools onto the website to streamline the process.

Beyond the 4205 people who have been waiting over 52 weeks for ADHD or autism assessment, a further 41 service users are waiting in neighbourhood mental health teams, 45 are waiting in Newham memory services and 31 for learning disabilities support in



Tower Hamlets. There are 22 service users waiting over 52-weeks in Luton & Bedfordshire for non-ADHD related support. Positive progress has been made in reducing the number of service users waiting over 52 weeks in these services, having previously been at 107 in January 2024.

Waiting times for first appointments in City & Hackney have improved, dropping from 12 weeks to under 7, driven by the Pursuing Equity work focused on reducing missed appointments. Key changes such as centralising the booking system and better access to medical and psychological services have contributed to this. Tower Hamlets neighbourhood mental health teams have also made progress, with 68% of service users seen within 28 days. The median time for service users to be seen was 7 days in April. Waiting lists have reduced and are now relatively stable. Ongoing work includes staffing reviews, targeted team support, and process improvements, alongside the Barnsley Street Project, which seeks to offer better community mental health support 24/7.

In Luton & Bedfordshire, although capacity remains a challenge, there's been a modest increase in the percentage of service users seen within 28 days. Many delays are linked to service users not engaging with the team, with regular reviews in place to assess their ongoing care needs.

A variety of initiatives have been tested in memory clinics to help manage the growing demand, including a new Memory Clinic Pathway Monitoring form which has been designed and recently launched on clinical systems. This form enables services to record and track where service users are within the pathway to provide greater visibility of progress and help identify bottlenecks. Memory clinic leads are now members of the NEL Imaging Network. Service leads are having early conversations regarding direct access to Community Diagnostic Centres across NEL to help ensure service users waiting the longest receive timely support.

Waiting lists across CAMHS decreased from 2614 in March to 2567 in April. The number of service users waiting over 52 weeks remains broadly stable at 132. Over 50% of this group are waiting in the Bedfordshire ASD service. To manage this waiting list, CAMHS in Bedfordshire have introduced a clinical priority booking system and simplified administrative processes to reduce delays.

Across the Trust, CAMHS have seen a notable rise in referrals for children and young people with ADHD and ASD, particularly where there is a need for an Education, Health and Care Plan (EHCP) to support them at school, and alongside an increase in awareness of ADHD in the community. To respond to this increasing demand, CAMHS are working closely with partners, including SCYPS, to clarify referral pathways, and revisit the thresholds for assessment. The focus is on identifying and fast-tracking young people with neurodevelopmental conditions who present with co-morbidities, ensuring that those with the most urgent and complex needs are prioritised, particularly where time-sensitive EHCP processes are involved.

Waiting times across CAMHS continue to grow, largely due to workforce capacity and vacancies in critical roles. A pause on recruitment in November 2024 temporarily

constrained the ability to backfill roles or recruit to new posts, particularly within the Neurodevelopmental Teams and Emotional & Behavioural pathways. Recruitment has since resumed, with the priority being vacancies that present a risk to patient flow and waiting times. This targeted approach aims to stabilise capacity at pressure points and reduce waiting times.

In community health services, 950 service users are waiting over 52 weeks, along with 223 across SCYPS. Those waiting the longest are within the MSK pathway and the SCYPS Autism Spectrum Disorder (ASD) service.

Within the SCYPS ASD service, referral volumes have risen by nearly 11% over the past 2 years, reflecting increased demand and improved identification of neurodevelopmental needs. In response, the service is undergoing a major pathway redesign to improve access and reduce waiting times. A streamlined single-clinician assessment model has been introduced for clearly documented cases, supported by multi-agency input, to accelerate diagnostic decisions and enable earlier access to post-diagnostic support. A full process mapping exercise has identified improvement opportunities, with the next steps focused on increasing the number of children seen and embedding the revised pathway to support a 5% reduction in waiting lists by the end of 2025/26.

In Bedfordshire MSK, work continues to focus on improving capacity and skills within the team. Staff received external training from ALGEOS to enhance MSK skills, resulting in three members expressing interest in running additional MSK clinics within the community. Competency training has also begun for two Band 6 staff members to join the core MSK team, which would increase treatment capacity. Discussions have been reopened to explore the reintroduction of virtual appointments, as well as the possibility of offering virtual education sessions for parents of paediatric patients. While current demand remains manageable, progress in reducing the backlog has been slow due to the additional time new staff require to manage the complex needs of MSK patients.

The MSK service in Newham is actively addressing waiting lists through a quality improvement project focused on reducing missed appointments. By introducing more flexible booking options, non-attendance rates have already dropped from 20% to 17%, with a target of reaching 10% by June 2025. Following a successful pilot of the GetUBetter (GUB) app, Newham are planning to scale up use across MSK. The pilot phase saw over 200 patients referred to the digital self-management tool, with only 4% requiring further physiotherapy input. This positive outcome aligns with external data from Whittington Health, which demonstrated consistently low return rates following patient engagement with GUB. Based on this, the team is now implementing a "GUB-First" approach for all new patients presenting with eligible MSK conditions. This means that rather than facing potential delays of six months or more for a physiotherapy appointment, patients will be able to access early intervention, self-management advice and condition-specific guidance immediately through the app. The "GUB-First" model will be tested for an initial one-month period, during which outcomes will be closely monitored and reviewed to inform longer-term implementation.

In April, urgent care teams in Community Health services have improved 2-hour access, achieving 94%, which is higher than the national 80% target.

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## ***Efficient***

In April, inpatient bed occupancy was 93%, above the Royal College of Psychiatry's recommended target of 85%. The Trust-wide Flow Programme continues to focus on improving patient flow and reducing inpatient length of stay. These efforts have helped reduce the number of service users in private out-of-area placements to single figures, all from Bedfordshire and Luton. While the number of service users clinically ready for discharge increased to 117 in April, it remains below the peak of 173. The main reasons for delays relate to housing delays, social care support, and delays due to the Ministry of Justice's process and procedures. This work is now in the stage of embedding new practice into routine operations, policy and monitoring through governance structures. Further details are included in the Quality report.

As highlighted in the January report, all boroughs focus on improving community services and preventing crises that may otherwise lead to an admission. Key priorities include strengthening home treatment teams, utilising community step-down beds to minimise the impact of delays on acute bed capacity, and improving operational escalation and partnerships between health and social care services to improve flow across the system.

Across Bedfordshire and Luton, additional capital funding has been secured to establish nine additional general acute inpatient beds and open a community crisis house - all of which will be operational by the end of the year. These developments will enhance inpatient flow, improve the quality of patient care and support cost savings by reducing out-of-area placements and high-cost rehabilitation placements.

Psychiatric Liaison Teams (PLS) continue to achieve a high percentage of assessments within four hours across the emergency departments that the Trust serves, achieving 74% in Luton & Bedfordshire and 78% in East London. However, there has been a rise in the number of patients waiting over 12 hours in A&E, reaching 174 in March. The proportion of referrals assessed by PLS within 12 hours declined to 81.4%. The main reasons for delay relate to intoxication (thereby delaying mental health assessment), physical health issues, complex out-of-area presentations, and bed availability. A project is underway to standardise data collection on the ELFT clinical system rather than manual spreadsheets, to ensure better access to data for this critical pathway and support clinicians with real-time dashboards to improve decision-making, oversight and operational efficiency.

## ***Equity***

This section of the report focuses on work being undertaken to ensure equitable access to care. The data shows variation in access between groups from different ethnic backgrounds. Across the Trust, multiple initiatives are underway to enhance accessibility within community services. These include effective waiting list management, prioritising vulnerable groups, and strengthening partnerships with voluntary sector organisations. Additionally, the Trust is exploring innovative ways to build stronger connections with service users and improve engagement with services and appointments. Evidence

suggests that some communities disengage from services and treatment plans, even after repeated support offers. This can result in delays and disruptions to care. To address this, teams are working to better understand these communities and develop targeted strategies.

In Bedfordshire and Luton, mental health support teams (MHST) in schools have developed innovative well-being programmes to support children from different communities. For example, the Discovery College in Bedfordshire and Luton created community resilience projects, including the Mindful Journeys programme, that helps South Asian youth in Luton discuss mental health challenges, address inequalities and improve access.

Luton CAMHS launched a quality improvement project focused on co-producing initiatives directly with South Asian communities and other organisations and partners to build a holistic, system-wide offer to meet the needs of this population. This led to two main initiatives: a peer-led parenting support scheme and culturally tailored mental health materials for South Asian families. Both initiatives build on community strengths to make mental health services more accessible. The parenting program trains local parents to help others, while educational resources are designed to meet cultural needs.

Hatters Health primary care network in Luton has focused on ethnic minority patients with severe mental illness. The project focused on re-engaging patients who hadn't accessed care in two years. By introducing simple changes through a quality improvement project, like better appointment reminders, offering home visits, and providing multilingual information, health check participation increased from 62% in September 2022 to 87% by January 2024. The team learned that adapting processes for cultural needs and maintaining accurate patient data are essential for effective care. This successful initiative won the ELFT's Commissioners Award and was a finalist in the 2024 HSJ Patient Safety Awards for improving minority health outcomes.

In Luton, a QI project has focused on improving referrals for patients on clozapine to the Luton Psychiatric Liaison Service (PLS). Clozapine is a medication used to treat treatment resistant schizophrenia. In the past, patients on clozapine have been admitted to an acute hospital, and the PLS have not been informed. This has resulted in patients not receiving their clozapine for 48 hours, necessitating re-titration. When comparing baseline data to post-intervention results, the referral rate improved from 52% to 76%. Similarly, the rate of referrals made within 48 hours of admission increased from 40% to 52%.

The Bedfordshire & Luton OCEAN maternity service identified underrepresentation of Black, Asian and minority ethnic women, who often face higher pregnancy risks that can lead to tokophobia (childbirth fear). To address this, they formed a focus group with Urdu-speaking Pakistani women to understand access barriers. Based on feedback, the service is launching a specialist clinic at Luton & Dunstable Hospital staffed by a midwife-obstetrician team. The clinic will integrate trauma-informed care into routine antenatal visits and create clear referral pathways from community and hospital services, aiming to improve accessibility and address childbirth-related anxiety.

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 and better informed about the service offered.

Across the Trust, data reveals that service users from the most deprived neighbourhoods are more likely to miss their appointments than those from more affluent areas. This disparity leads to longer waiting times, reduced access, and poorer health outcomes for those who need care the most. 26 teams across the Trust are focusing on reducing missed appointments as part of the Pursuing Equity programme.

The Newham Children's Physiotherapy Service identified that appointment non-attendance rates were quite high at 12% and established a QI project to overcome this, with input from service users. The service tested four change ideas; training staff on how to manage non-attendance as per the policy; offering appointments 3-4 weeks in advance; sending out appointment reminder texts a day before; and creating an opt-in clinic letter asking service users to call in and choose an appointment slot that suited their availability. The results highlight that the first two ideas had the biggest impact, reducing non-attendance to 7.7%. There was minimal impact from the other ideas.

In Newham, the Foot Health Service found that older adults often miss early morning appointments because their bus passes aren't valid at that time. To address this, the service plans to schedule appointments later in the day and also offer more appointments in underutilised sites to provide a greater choice of appointment times. Furthermore, the Tower Hamlets service is offering a dedicated foot health clinic to help improve access for the local homeless population.

The Newham Diabetes Services is creating a multilingual educational leaflet to help reduce non-attendance at appointments. Since most diabetes patients are working-age men, the clinic is testing an early morning clinic (7:30 AM) and offering after-hours clinical advice to accommodate service users who can't attend appointments during working hours.

In Tower Hamlets, a project is underway to increase referrals to the Tower Hamlets Autism Service (THAS) from underrepresented ethnic groups, aiming to reflect the local population better. An audit showed that referrals to THAS did not match the area's ethnic diversity,

with Bangladeshi women particularly underrepresented. While Bangladeshi people comprise 34.6% of the population, they account for only 5.33% of referrals to this service. 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.

The Tower Hamlets Psychological Therapies Service (PTS) identified underrepresentation of service users from the local Bangladeshi community. Baseline data showed that only 16.% of service users were Bangladeshi, and just 31% were male (compared to 50% in the local population). To improve access, the service introduced an opt-in process with telephone follow-ups for vulnerable groups, cultural awareness training for staff, trauma groups for women and racially minoritised individuals, and revised referral criteria to allow case-by-case assessments for substance misuse and wider social care needs. Collaboration with primary care and neighbourhood mental health teams also helped increase male referrals. While outcome measures remain unchanged, process improvements, such as higher opt-in rates among older adults, and positive feedback suggest progress in addressing barriers.

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

Tower Hamlets Talking Therapies aims to improve reliable recovery rates for Bangladeshi service users by implementing culturally sensitive interventions, including cultural competency training for staff, additional supervision, translated materials, and bank interpreters, with plans to research the most effective ways to provide adapted therapies. While measurable improvements in recovery have not yet been observed - likely due to the time needed for systemic change - the team has made progress in enhancing accessibility, staff awareness, and communication. To assess the early impact, process measures (such as engagement, satisfaction, and clinician confidence) are being used to provide insight into whether interventions are effectively supporting Bangladeshi service users before long-term recovery outcomes are evident. This initiative represents a crucial step toward more equitable and effective mental health care for this community.

## **2025-26 Planning Guidance**

In this report, we have revised the appendix while we await the new national performance oversight framework metrics, and are showing ELFT performance against the indicators within the 2025-26 planning guidance.

It is important to note that ELFT is not always fully 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 remains the primary driver of 4-hour and 12-hour breaches in emergency departments. Complex assessments, intoxication cases and out-of-area presentations compound the delays. Improvements have been made in reducing out-of-area placements to around 10 across the Trust.

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

# 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

	Measure	Target	Performance	Last Month's Performance	Narrative
Urgent & Emergency Care	Percentage of patients seen within 4 hours and 4-hour performance	95%		75.9%	<p>Across the Trust, 82.4% of service users are seen in 4 hours. 74% in Luton &amp; Bedfordshire and 78% in East London</p> <p><b>Please note:</b> This performance is based on ELFT performance only, and the data relates to people with mental health difficulties referred to our psych liaison team</p>
	Percentage of patients seen within 12 hours	100%		81.4%	<p>Across the Trust, 81.4% of service users are seen within 12 hours. In Luton &amp; Bedfordshire, this metric is at 82.3% and 79.7% in East London.</p> <p><b>Please note:</b> This performance is based on ELFT performance only, and the data relates to people with mental health difficulties referred to our psych liaison team</p>
Beds	Virtual Ward occupancy	n/a		45 referrals	<p>Only Bedfordshire Community Health services is in scope for this metric as Tower Hamlets does not have a virtual ward and Newham is not funded. In the past week 45 service users were referred to the virtual ward</p>
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	70%		75%	<p>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</p>
		50%		48%	
		TBC		1105	
	Active inappropriate adult acute mental health out of area placements	0		10	

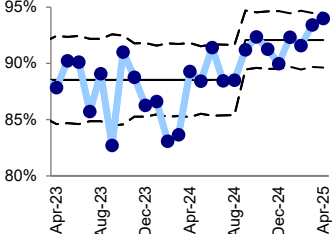
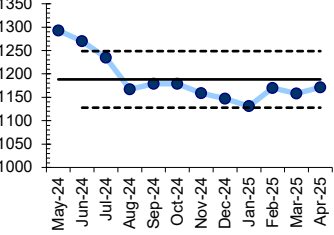


## Appendix 1: Performance against the 25-26 NHS planning guidance priorities

	Measure	Target	Performance	Last Month's Performance	Narrative
Mental Health	Women accessing specialist community perinatal mental health services	4050 (by March-26)		2937	Across the Trust, there is a rolling access rate of 2406 year to date. Bedfordshire in particular is notably outperforming other regions. The Bedfordshire and Luton target for 2025/26 is 1022
	Access to children and young people mental health services	10,434 (L&B) East London - TBC		17,805	The access rate in Luton & Bedfordshire continues to increase and currently stands at 8,836. In East London is remains stable at 8,969.
	Number of people accessing Individual Placement Support (IPS)	TBC		95	In recent months, there has been a drop in IPS referrals across the Trust. In Bedfordshire there were 27 referrals and across East London, 68 referrals.
	Average length of stay for adult acute beds	60 days		62 days (bi-weekly)	Length of stay continues to remain stable. In Luton & Bedfordshire, the wards are averaging 68 days, and in East London, 53 days.
	Number of older adults with a length of stay over 90 days	0		9	In the past 12 months, this metric has been reducing and as explored in the main body of the report, several initiatives are underway to improve flow across the Trust
	Restraints reported	n/a		15.5 per 1000 reported bed days	The slight increase this month is linked to more complex users being admitted, with ongoing monitoring and oversight ensuring safe management through targeted interventions
Learning Disability and Autism	Reliance on mental health inpatient care for people with a learning disability and autistic people	TBC	n/a	TBC	ELFT is currently in the process of developing reporting to monitor this indicator



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

	Measure	Target	Performance	Last Month's Performance	Narrative
Primary Care	Appointments in General Practice	TBC	n/a	TBC	ELFT is currently in the process of developing reporting to monitor this indicator
	Improving patient experience of access to general practices	70%	[Local reporting under development]	50%	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%		93%	Across the Trust, 93% of referrals are being seen within 2 hours In East London, this is at 95%% and in Bedfordshire, 92.1%.
	Community services waiting list, over 52 weeks	0		1171	Across Community Health services, there are 1171 people waiting over 52 weeks. The majority of these are within our Bedfordshire MSK and SCYPS ASD services.

## Appendix 2: Operational Definitions

Safe		Timely	
Service users followed-up within 72 hours of discharge	Percentage of discharges from an Adult Acute Mental Health Bed followed-up by a community mental team within 72 hours.	Referred to ELFT and not seen within 52 weeks by any service	The number of newly referred service users at the start of each month who have not been seen by any ELFT service or been an inpatient within 52 weeks
Physical violence incidents per 1,000 occupied bed days	Number of violent incidents reported per 1,000 occupied bed days excluding leave. Occupied bed days from all settings.	Rapid Response seen within 2 hour	Proportion of people responded to within 2 hours who are experiencing a health or social care crisis and are at risk of hospital admission.
Restraints reported per 1,000 occupied bed days	Number of restraints reported as incidents per 1,000 occupied bed days excluding leave. Occupied bed days from all settings.	Waiting time for treatment (days) for Children and Young people	Number of days from referral to first contact.
Safety incidents resulting in physical Harm	Percentage of incidents resulting in any physical harm including fatalities from all safety incidents.	Early intervention treatment started within 2 weeks	Proportion of people experiencing their first episode of psychosis offered a NICE recommended package of care within two weeks of referral
Number of non – inherited pressure ulcers	Number of Category 2,3 & 4, SDTI and Unstageable pressure ulcers not-inherited outside the trust.	Perinatal Access Rate	Number of service users with at least one face to face or video contact in the last 12 months.
Effective		CAMHS Access Rate	Number of service users with at least one contact in the last 12 months.
Adult Mental Health Change in Paired Dialog Scores	The proportion of paired dialog scores showing an improvement of >12.5%.	Number of users waiting more than 12 hours in the ED	Count of number of MH users referred to PLS waiting more than 12 hours in the ED from entry
Talking Therapies - Percentage achieving reliable improvement	The proportion of people completing treatment who have shown significant improvement and recovered.	Efficient	
IPS - Percentage discharged in employment	The proportion of patients discharged from any IPS service who are in employment.	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
Peri Natal Paired Core10 outcomes scores showing improvement	Proportion of paired scores showing a movement from higher risk category to a lower risk category.	Clinically Ready for Discharge	Number of patients ready for discharge without a clear plan for ongoing care and support during month
Patient Centred		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.
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?'	IPS Referrals	Number of referrals to the IPS team
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.'	Equitable	
Complaints	Number of formal complaints received	Referrals by ethnicity, per 1000 population	Referrals to East London per 1,000 population using 2021 Census
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	Average wait for assessment by ethnic group.	Average wait by service user ethnicity
		Number of Adult restrictive practices per 1000 occupied bed days by ethnic group	Number of restrictive practice incidents per 1,000 occupied bed days excluding leave
		Appointments not attended, by deprivation quintile	Missed appointments where in insufficient notice was given by the deprivation of the service user post code.
		Change in Paired Dialog Scores by Gender	Difference between the paired dialog scores by gender

REPORT TO THE TRUST BOARD IN PUBLIC  
22 May 2025

Title	Appointments & Remuneration Committee (RemCo) 27 March 2025 – Chair’s Report
Committee Chair	Deborah Wheeler, Vice-Chair (Bedfordshire and Luton) and Committee Chair
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

To bring to the Board’s attention key issues and assurances discussed at the Appointments & Remuneration Committee meeting held on 27 March 2025.
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Key messages

<p>The committee received a range of presentations that provided an update and assurance on embedding a focus and involvement of people participation in the services, the impact it is having on our service users and future opportunities.</p> <p><b>Acting Chief People Officer Appointment</b> The committee endorsed the appointment of Barbara Bittner as Acting Chief People Officer and agreed the terms and conditions of her post. Her selection followed a rigorous interview process.</p> <p><b>Corporate Governance Arrangements</b></p> <ul style="list-style-type: none"><li>• The committee considered the arrangements for the joint Director of Corporate Governance post between ELFT and North East London NHS FT (NELFT) endorsing a single postholder model over a joint team approach. Emphasis was placed on ensuring strong governance and operational resilience within both organisations.</li><li>• A robust support structure has been developed to provide consistent senior-level oversight and support for the joint role, reinforcing the sustainability of the role.</li><li>• The committee also explored potential challenges of cross-organisational working, drawing on comparable examples to assess feasibility and manage associated risks.</li></ul> <p><b>Communications Portfolio</b> The committee noted that the communications portfolio has been transferred to Amar Shah. Further consideration is being given to the potential for the Director of Communications role to become a joint post with NELFT reflecting broader collaboration efforts.</p> <p><b>Conflict of Interest and Governance Review</b> The committee discussed the need for clearer processes to manage conflicts of interest, particularly with joint roles across organisations. There was agreement on the value of open debate, but a need to clearly define participation in decision-making. The committee supported codifying a consistent approach to conflict management and reviewing wider governance processes to ensure clarity, transparency and alignment with increasing collaboration.</p>
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## REPORT TO THE TRUST BOARD IN PUBLIC

### 22 May 2025

<b>Title</b>	People & Culture Committee (P&CC) 1 May 2025 – Committee Chair's Assurance Report
<b>Committee Chair</b>	Deborah Wheeler, Vice-Chair (Bedfordshire & Luton) and Chair of the People & Culture Committee
<b>Author</b>	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 1 May 2025.

#### Key messages

##### Emerging Issues and Challenges

- The committee received assurance on the re-establishment of constructive relations with Staffside colleagues following earlier tensions particularly related to primary care exit and the GFGT programme.
- The potential for broader industrial relations pressures was highlighted, particularly considering the ongoing BMA resident doctors' pay dispute.
- Additionally, two external developments were noted as potential triggers for heightened staff concern: the impending ruling in the North East London NHS FT (NELFT) corporate manslaughter case and the Supreme Court's decision on the legal definition of biological sex. Assurance was provided that appropriate communication plans are in place to support staff following both outcomes.
- Safeguarding actions for CAMHS service users remain a priority amid an ongoing investigation involving an ELFT staff member, with the committee assured that appropriate measures are in place.

##### Primary Care Exit Update

- The committee was updated on the progress with the Trust's planned withdrawal from its primary care contracts. Assurance was provided on the management of exit timelines, resolution of subcontracting complexities at one site and the implementation of full staff engagement and TUPE consultation processes.
- Executive visibility and support have been maintained through ongoing site visits, reinforcing leadership presence during the transition. While the process has presented unanticipated challenges, the committee noted that it is being delivered with transparency, integrity and strong support for affected staff.

##### Staff Survey Update

- The committee welcomed the development of a comprehensive staff experience and engagement plan which integrates findings from the staff survey with other feedback channels to provide a holistic view of what matters most to staff.
- There was assurance of continued focus on analysing trend data and evaluating the impact of actions taken in response to previous surveys. The importance of seeking insights from longer-serving staff to understand the effect of recent organisational change was noted, alongside the need for more innovative approaches to engage those expressing the highest levels of dissatisfaction.
- The committee emphasised the importance of sustaining momentum on improvement efforts and proactively sharing positive developments across the Trust to support morale and engagement.

##### Deep Dive: Staff Retention and Leavers

- The committee received assurance that overall staff turnover remains stable with targeted actions in place to address higher turnover in specific areas. Key drivers for leaving continue to

centre around career progression and personal growth, reflecting broader trends in NHS employment markets.

- The committee reflected on feedback during exec walkarounds highlighting a lack of clarity amongst staff around how to navigate the Trust's career progression pathways and received assurance on work under way to address and improve development offers.

### **Deep Dive: Directorates**

As part of the scheduled programme of locality updates, the Committee received detailed insights from City & Hackney, Newham, and Tower Hamlets Mental Health Services, with a blend of qualitative and quantitative data informing assurance.

#### **City & Hackney Mental Health Services**

- The committee welcomed evidence of strengthened QI capability, improvements in staff engagement, communication and reductions in employee relations cases and agency use. Progress on race equity through a local anti-racism strategy was commended, alongside focused support for teams undergoing change.
- Key challenges remain in supporting struggling teams, managing workforce financial constraints and improving compliance with statutory and mandatory training.

#### **Newham Mental Health Services**

- Strong staff survey results and low turnover reflect positive workforce engagement, underpinned by creative recruitment and succession planning. The committee was assured that the service has also responded effectively to safety concerns through targeted security measures and full participation in Operation Cavell, supporting staff impacted by aggression.
- Challenges noted include addressing higher levels of sexual abuse reports in the staff survey, increased sickness absence, and managing transition-related pressures on staff.

#### **Tower Hamlets Mental Health Services**

- The directorate has successfully integrated three new services and is on track to eliminate agency use by August 2025. Workforce plans include development of new multi-professional roles and realigned leadership structures, while income generation through service transformation is helping mitigate the impact of service reductions on staff.
- Assurance was provided around wellbeing and organisational development work, measures to reduce staff abuse, and proactive engagement by senior leadership to strengthen staff understanding of financial pressures. Ongoing challenges include persistent sickness absence, inpatient violence and aggression, and support for disabled staff requiring adjustments.
- The committee requested future updates demonstrate tangible outcomes from actions taken to address these challenges.

### **Professional Group Deep Dive: Psychology**

- The committee noted the breadth of the different professional psychological roles that contribute both to service user outcomes and to fostering a psychologically healthy workforce culture. Assurance was provided on the range of engagement and wellbeing initiatives in place, including reflective practice, away days, and development opportunities.
- While recruitment and retention patterns continue to fluctuate, a job planning exercise is under way to review consistency in role bandings across services and geographies. The committee acknowledged the complexities posed by differing bandings in comparable roles across other Trusts and welcomed the work to identify longer-term strategic solutions to these workforce challenges.
- Key challenges discussed included professional protectionism and resistance to change which can impact flexibility and innovation. The committee also reflected on the need to strengthen access to career progression pathways, particularly in light of the complexities surrounding the introduction of multi-professional advanced clinical roles, while noting successful progress elsewhere in the Trust.

### **Guardian of Safe Working (GoSW) Q4**

- The Q4 report provided assurance that no significant concerns had been identified.
- The committee welcomed the planned inclusion of long-term trend data in future reports to strengthen oversight of exception reporting patterns.

**Board Assurance Framework Risk 5**

- The committee reviewed BAF Risk 5 which concerns the impact of staff experience on motivation, engagement and retention. Assurance was received on the Trust's continued efforts to improve staff experience including the development of a comprehensive engagement strategy.
- In recognising current pressures on leadership capacity and the operational environment, the committee emphasised the importance of strong, consistent communication to help staff navigate ongoing change.
- Recent concerns raised by the ELFT Ability Network regarding changes to the exceptional leave policy were noted, with the committee assured that feedback is being carefully monitored.
- Given that several key indicators remain stable or show signs of improvement, the committee agreed there is no current need to amend the risk score.

**Previous Minutes:** The approved minutes of the previous People & Culture Committee meetings are available on request by Board Directors from the Director of Corporate Governance.

## REPORT TO THE TRUST BOARD IN PUBLIC

### 22 May 2025

<b>Title</b>	People Paper
<b>Author</b>	Lisa Baker, Steve Palmer and Shefa Begom, Associate Directors of People and Culture
<b>Accountable Executive Director</b>	Barbara Britner Acting 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.

The Trust's **vacancy rate** rose to 12% in March 2025, up from 11.3% in February 2025, reflecting 980.39 WTE vacant roles. Bedfordshire, Luton, and Forensics are identified as hotspots with the highest vacancy rates ranging from 18.3% to 19%. Efforts to address nursing (8.97%) and medical (12.86%) vacancy rates include strategic recruitment, head hunter collaboration, GMC sponsorships, and increased advertising activities. Recruitment offers and starters also rose in March, with time-to-hire maintained within the KPI of 43 working days at 35.9 working days.

**Average monthly turnover** remains steady, with 112 leavers and 111 new starters. Turnover by headcount increased slightly to 17.06%. Bank workforce increased by 17.35%, while honorary staff decreased by 17.34% over the last year.

**Agency staffing costs** reduced significantly, achieving a milestone by falling below 2% of the total pay bill in March 2025. This represents a 40.33% year-on-year reduction in spend, equating to savings of £13.26 million. Key factors include stricter adherence to agency rules, improved training, enhanced processes, and the adoption of Patchwork technology for better management. Workforce planning improvements include integrating safer staffing templates into Health Roster and regular oversight meetings. Reports now address several metrics such as roster approvals, bank spend, and unavailability.

**Statutory and mandatory** training compliance within the Trust has shown a positive upward trend, reaching an average of 88.05% in March 2025, with four directorates surpassing 90% compliance. Efforts to improve training consistency include remapping resuscitation training for clinical staff and enhancing compliance with Oliver McGowan Tier 1 training for both clinical and non-patient-facing staff, which has steadily increased. Virtual training sessions have been well-attended, and further guidance for Tier 2 training is awaited. The Trust has signed a national memorandum with NHS England to refine training processes in preparation for upcoming changes in statutory requirements. Meanwhile, enhancements to the ELFT Learning Academy (ELA) system and collaboration with subject matter experts are ongoing to ensure compliance targets are achieved.

Additionally, the **appraisal process** saw a completion rate of 73.99% in 2024, though improvements are being implemented for 2025, including transitioning to an annual rolling cycle, updating systems, and introducing a new training course to support meaningful conversations for managers. Efforts continue to strengthen training and appraisal processes across the Trust.

The Trust is actively managing high levels of **employee relations** (ER) cases, with 145 live cases and ongoing efforts to reduce long-standing issues. Employment Tribunal cases, appeals, and ACAS enquiries remain a focus, alongside disciplinary actions, sickness absence management, and collaboration with North East London NHS Foundation Trust for investigations. Reviews of disciplinary cases have demonstrated a reduction in those progressing to formal stages, with informal resolutions proving effective, though further improvements are required to expedite case

closures. A formal escalation process is being developed to address delays in case progression more efficiently.

In March 2025 **sickness absence** reduced to 5.44%, driven by locality-led deep dives to explore themes and implement action plans to manage and prevent future absences. Mental health challenges, seasonal illnesses, and gastrointestinal issues remain the top reasons for absence, with efforts to triangulate patterns between sickness levels and other team processes.

**Organisational changes** are affecting 41 staff members, with 35 identified as potentially at risk, supported by redeployment efforts and continuous refinement of processes to improve outcomes. Consultations are ongoing regarding TUPE transfers for several surgeries, with Leighton Road Surgery expected to transfer by October 2025. Additionally, efforts to align redeployment processes with staff needs include feedback-driven refinements and assessments by redeployment panels. These actions demonstrate the Trust's commitment to addressing employee relations concerns and managing organisational changes efficiently while fostering workforce resilience and support systems.

The **2024 National NHS Staff Survey** concluded with a response rate of 33%, marking a drop compared to previous years. Results were communicated Trust-wide, and directorate-specific posters were designed to summarise findings in alignment with the NHS People Promise. The data is being analysed and action plans developed to address key concerns, including flexible working arrangements. A comparison exercise between the 2023 and 2024 survey results is under way to measure the effectiveness of past interventions and identify focal areas for improvement. Discussions with the CEO group highlighted challenges such as low trust in leadership, discrepancies between stated values and practice, and psychological safety concerns. Suggested actions include rebuilding trust through a "you said, we did" campaign, addressing work-life balance disparities, and equipping middle managers with coaching tools.

The **Organisational Development (OD)** team is providing tailored support to teams across the Trust, focusing on communication, psychological safety, and team dynamics. Intensive OD efforts with Specialist Services and City & Hackney directorates have been particularly impactful, addressing systemic leadership issues, EDI concerns and fostering respectful resolutions. The OD team is also facilitating coaching sessions to support staff in managing conflict, health and change, alongside driving key projects like the People Promise exemplar work and the Sexual Safety Charter.

**Freedom to Speak Up (FTSU)** at the Trust addresses concerns raised by staff regarding processes, worker safety, wellbeing, inappropriate behaviours, bullying and patient safety. While 37% of concerns raised in February and March 2025 have been closed, ongoing efforts at senior management and board levels are focused on resolving open cases.

The FTSU internal audit highlighted the effective design and consistent application of the FTSU process, supported by comprehensive policies, guidance documents and a case management system which is transitioning to the InPhase platform to enhance tracking and management. The Trust promotes a speak-up culture through various communication methods, training and initiatives such as speak-up month and conferences, aligned with the People Promise strategy to reinforce staff confidence in raising concerns. Governance arrangements ensure regular reporting and monitoring of FTSU activity contributing to transparency and continuous improvement, while the newly launched Speaking Up strategy aims to further enhance staff engagement and support mechanisms for voicing concerns.

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
1 May 2025	People & Culture Committee

**Strategic priorities this paper supports.**

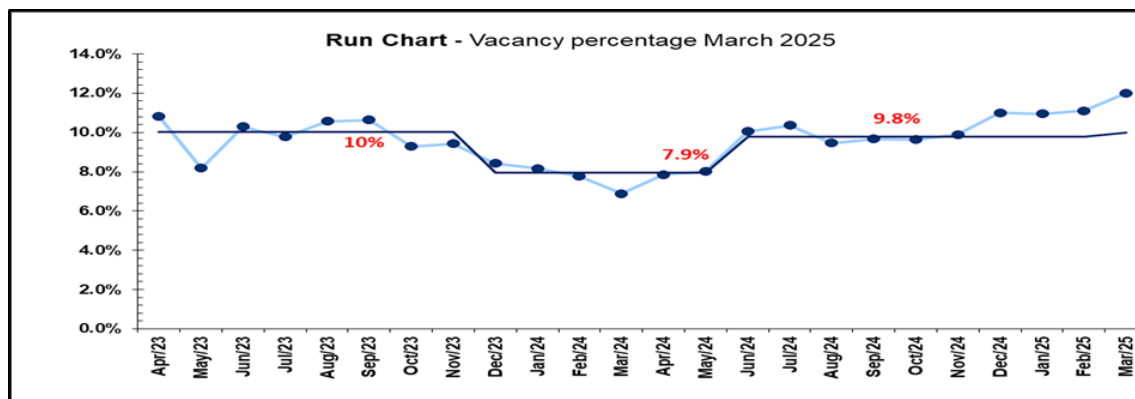
Improved population health outcomes	<input checked="" type="checkbox"/>	The performance reports support assurance around delivery of all four strategic priorities. The Board performance dashboard includes population health, service user experience and value metrics for each of the main populations that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

**Implications**

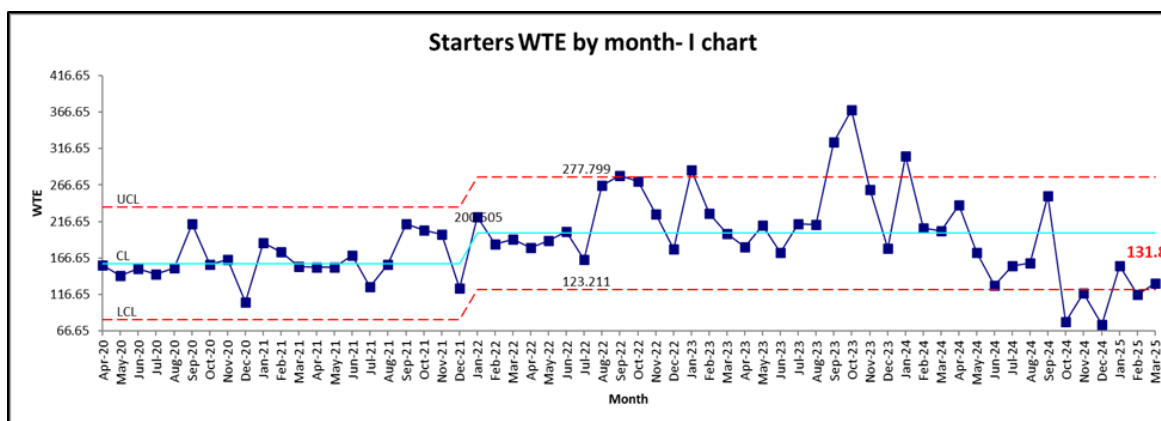
Equality Analysis	Analysis of the experience of different groups is undertaken as part of the Trust's inequalities workstream and population health task and finish group.
Risk and Assurance	This report covers performance for the period as of February and March 2025 and provides data on key compliance 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

This section provides an update of the recruitment activity within the Trust.

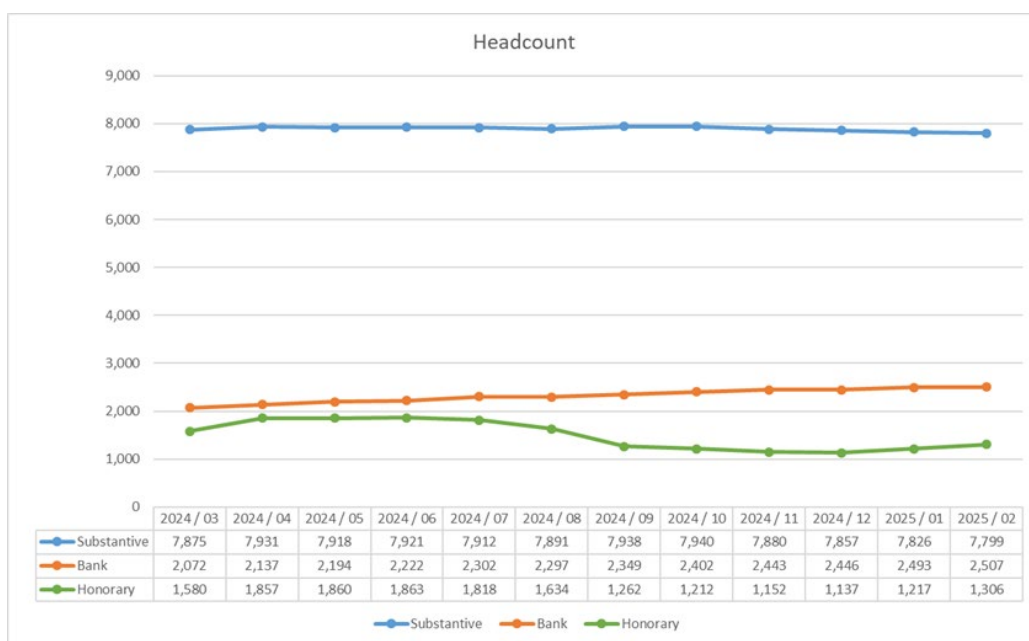
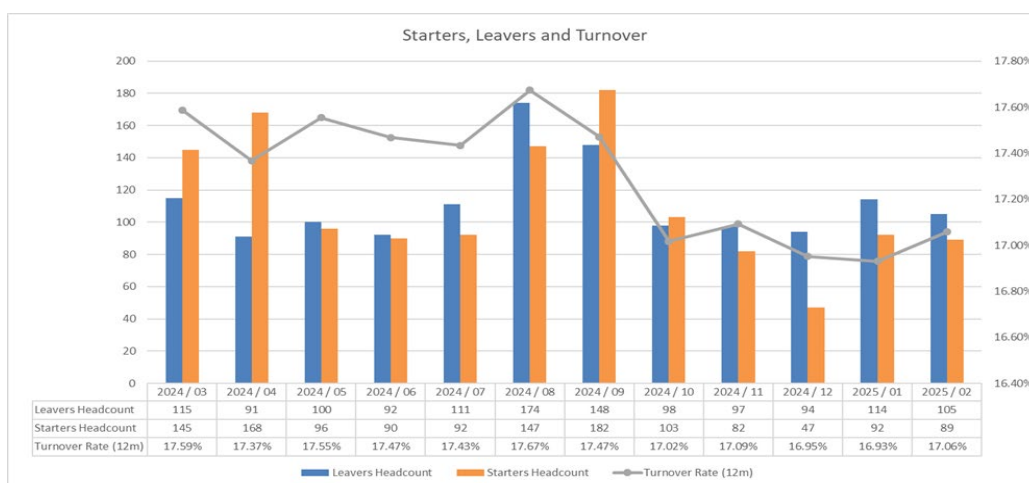


- 1.1 In March 2025, the Trust's average vacancy rate increased to 12%, up from 11.3% in February 2025, resulting in a total of 980.39 WTE vacant roles. This rise aligns with the additional scrutiny at the executive vacancy panel. Further work will take place to remove vacancies that will no longer be within the establishment to better reflect the true vacancy rate.
- 1.2 The Bedfordshire directorate reported the highest number of vacancies at 184.14 WTE and the second highest vacancy rate at 18.8%. The Luton directorate had the third highest vacancy rate at 18.3%, with 74.14 WTE vacant roles. Forensics had the highest vacancy rate at 19%, with 139.21 WTE vacant roles. These three directorates are identified as hotspots. Additionally, Newham CHS and Tower Hamlets CHS reported high vacancy rates of 16% and 13.9%, respectively.
- 1.3 The nursing vacancy rate across the Trust stands at 8.97%, with the vacant headcount increasing to 203.07 WTE, a rise of 18.98 WTE. Efforts to address nursing vacancies include strategic recruitment, replacing agency staff with bank or substantive appointments, and building the community bank.
- 1.4 The medical vacancy rate rose to 12.86% from 8.88% in February, with medical vacancies reported at 68.11 WTE, an increase of approximately 20 WTE. The Trust continues to collaborate with head hunters to secure talent, focusing on improving substantive fill rates and offering temporary to fixed term contracts or permanent contracts through targeted recruitment, GMC sponsorship, and enhanced communications and social media efforts.
- 1.5 Advertising and recruitment activities have gradually increased following an initial decline due to new vacancy control processes. In March, advertisements reached 370.54 WTE, slightly up from the previous month. There was a 50% rise in offers from the previous month, totalling 148.7 WTE, along with an additional 48 WTE honorary placements. Starters increased slightly to 131.8 WTE.
- 1.6 It is important to note that the reduction in headcount is a required FV outcome, impacting the above metrics. The Trust's time to hire remains within the KPI of 43 working days, currently at 35.9 working days.



## 2.0 Turnover and Staff Headcount

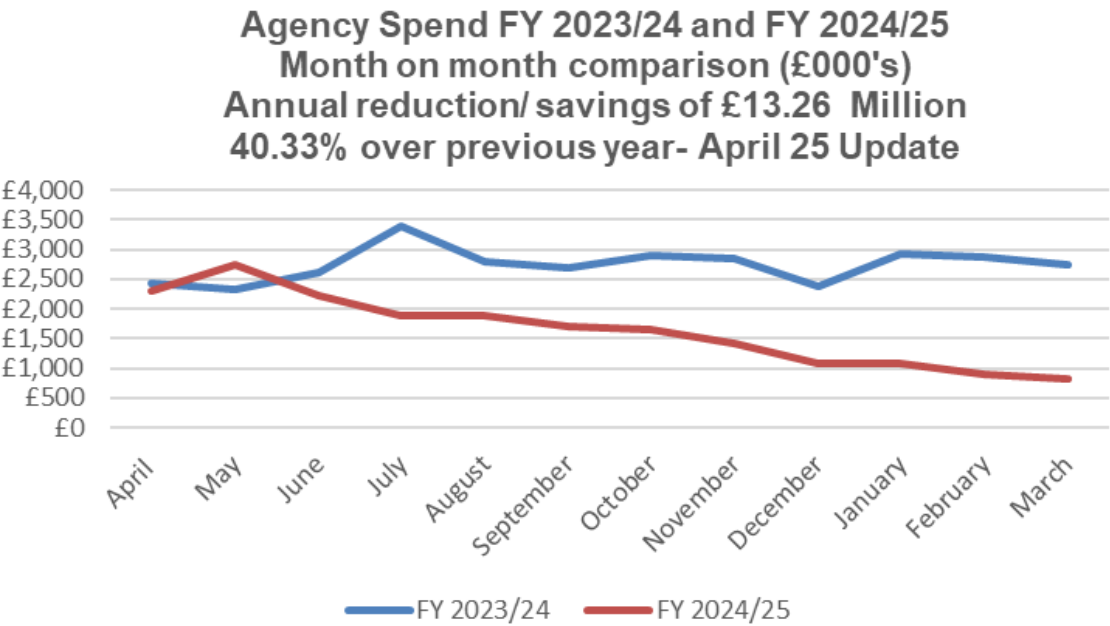
2.1 On average there are 112 leavers per month and 111 new starters. Turnover by headcount is currently 17.06% which is an increase of 0.13% from last month.



- 2.2
- The month February 2025 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
- The bank workforce has increased by 17.35% in the last year to 2507 while honorary staff numbers have decreased by 17.34% in the last year to 1306.

3.0 Temporary Staffing Update

- 3.1
- In March 2025, spend on agency staff achieved a significant milestone by reducing to 1.98% of the total pay bill, marking the first time it has fallen below the 2% threshold. This reduction is part of a broader trend over the year 2024/25, where agency spend has drastically decreased from nearly £33 million in FY 23/24 to £19.69 million. This represents a substantial 40.33% reduction, equating to a £13.26 million saving.



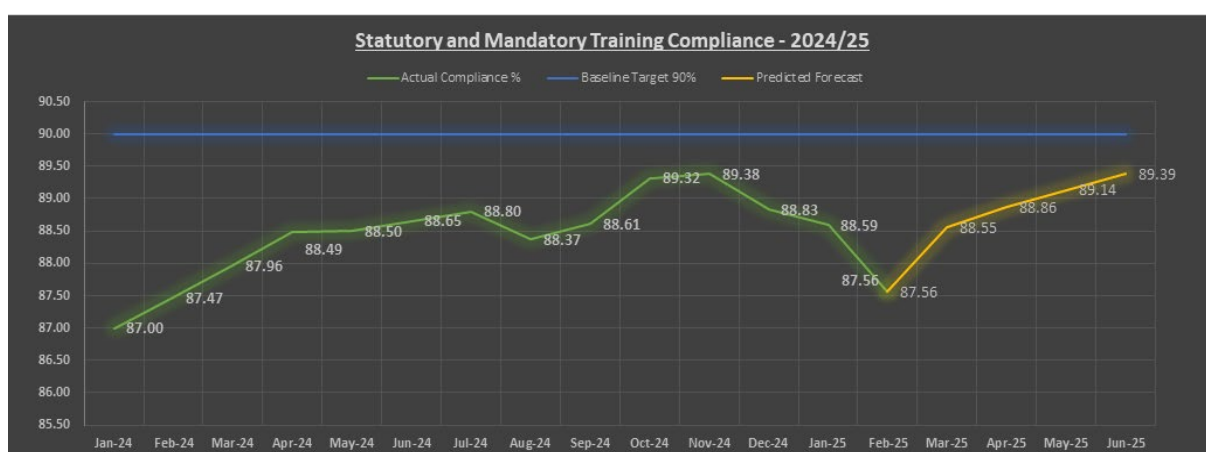
- 3.2
- A number of key factors that contributed to this remarkable achievement. Firstly, there has been a stricter adherence to agency rules across the organisation. Additionally, comprehensive training and education programs have been implemented trust-wide to ensure managers are well-informed on the correct deployment and utilisation of agency workers. Process improvements, enhanced executive and directorate controls, and the centralisation of the agency workforce have also played crucial roles. Furthermore, better engagement with the Temporary Staffing Team has facilitated more efficient management of agency resources.
- 3.3
- Our technology partnership with Patchwork has been instrumental in recording all Medical Bank and Agency use. The bank module went live on 24th February 2025, followed by the agency module on 7th March 2025. This system is designed to help manage our medical bank and agency use while ensuring compliance with framework, reporting, and governance obligations. It has flagged some issues with medical bank pay rates and the temp staffing team are working through these issues. Post-implementation, efforts are underway to adopt and improve processes so that the full benefits of the technology can be realised.

#### 4.0 Lease Car Insurance Premium Increase

- 4.1** 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.
- 4.2** 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 1 December 2023, whilst we have been working on a solution.
- 4.3** 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. This letter confirmed that the Trust will provide some subsidised financial support to each staff member with a current lease car until 31st March 2025.
- 4.4** Staff side and staff have understandably been disgruntled by this, and following further discussions with staff side, finance and Knowles, another letter was sent to all staff affected in April 2025. This letter confirmed that as a gesture of support, the Trust has decided to defer the recovery of the increased insurance costs for an additional six months, until 1 October 2025. This extension is intended to provide staff with additional time to adjust their finances. From 1 November 2025, the difference in insurance premiums from 1 April 2025 will need to be repaid by staff over a maximum period of 12 months.

#### 5.0 Statutory and Mandatory Training

- 5.1** Statutory and mandatory training compliance has shown a positive upward trend with compliance in March 88.11% in February to 88.1% in March. Notably, four directorates have surpassed the 90% compliance threshold, while the remaining Directorates have maintained compliance rates above 85%.



- 5.2** 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.

- 5.3 Compliance for Oliver McGowan Tier 1 training among non-patient-facing staff has seen a gradual increase, rising from 81.23% in January to 82.30% in March Continued efforts will be made to improve this further.
- 5.4 Since the introduction of Tier 1 training requirements for clinical staff in September, compliance has significantly risen from 57.87% in January to 62.08% in March. This positive trend reflects an ongoing commitment to meeting training requirements across the clinical workforce.
- 5.5 North East London ICB have progressed with the Tier 1 – Part 2 Oliver McGowan training and virtual dates are now available for booking. Staff continue to book and attend training.
- 5.6 Bedfordshire, Luton and Milton Keynes (BLMK) ICB have confirmed Tier 1 virtual sessions for 2025/26. Staff have been booking the session and almost all sessions are fully booked.
- 5.7 We await additional guidance from North East London ICB regarding the progression of Oliver McGowan Tier 2.

**Next Steps and Ongoing Support**

- 5.8 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. This work will also oversee the implementation of the National statutory and mandatory training policy recently circulated.
- 5.9 We continue to enhance the Stat Man offering by leveraging the functionalities of ELA to streamline operations and improve overall efficiency.
- 5.10 We will continue to identify and address any areas of concern to ensure full compliance across all training requirements.



- 5.11 In summary, there has been the expected decrease in February 2025 due to the amalgamation of resuscitation training and target audience amendments to compliance. 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 as well. This adjustment has resulted in more staff now being in scope of the training which has caused a reduction in compliance levels. However, we have seen an increase in March close to the predicted forecast trend outlined above.

- 5.12** 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.

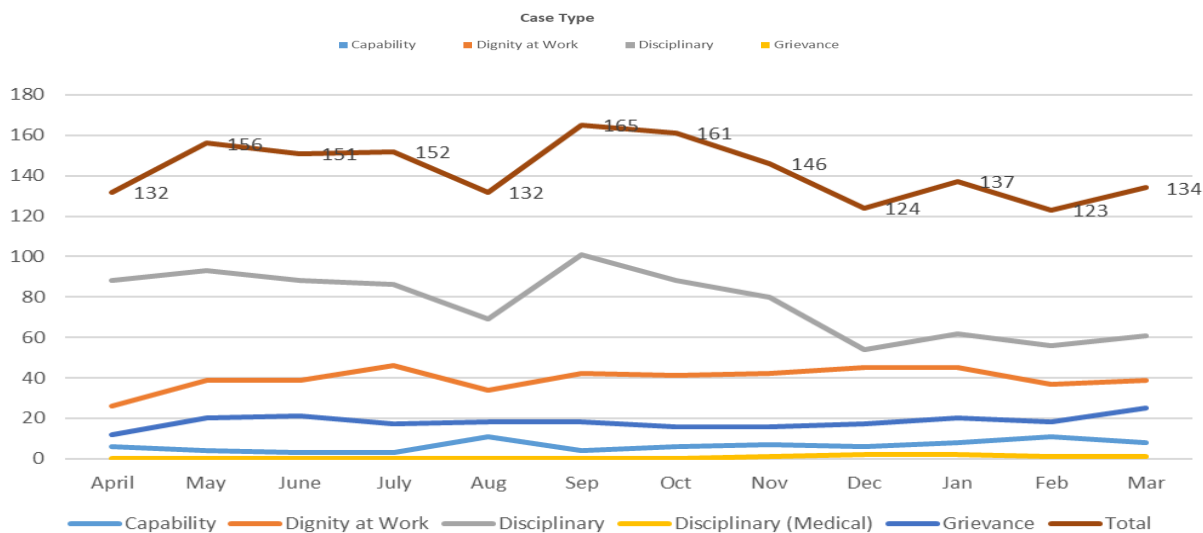
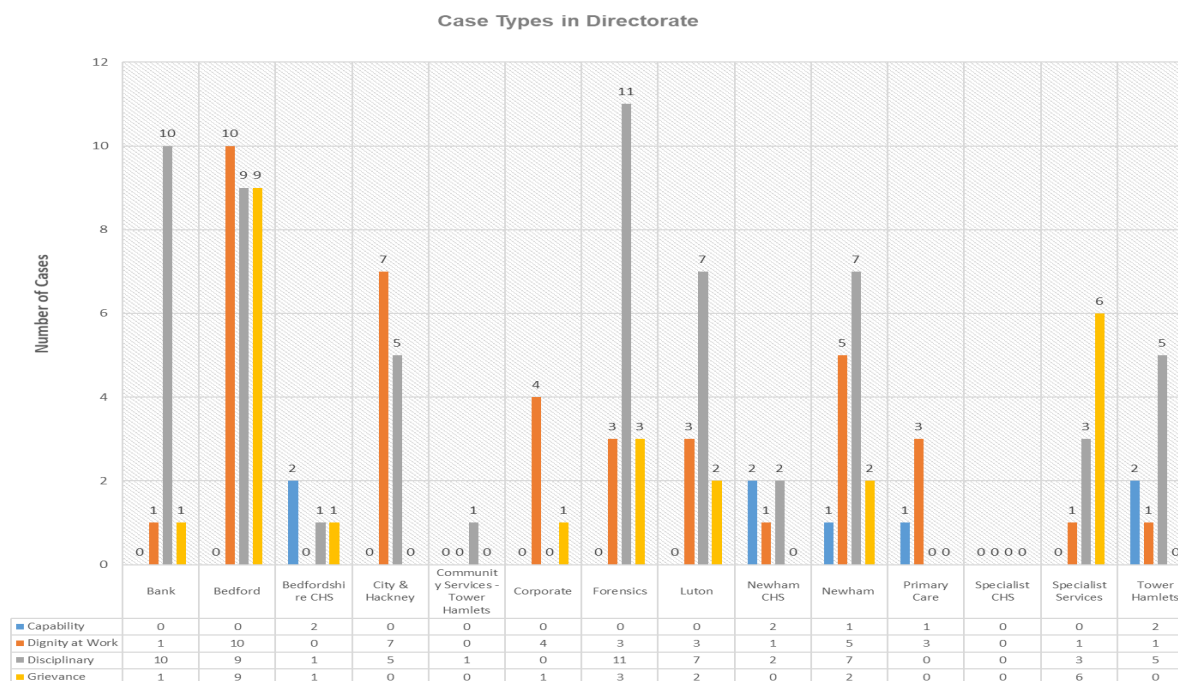
## **6.0 Appraisal**

- 6.1** The 2024 appraisal process concluded with 73.99% of eligible staff completing their appraisals. This was a decrease from 2023 and is attributable to a system error from our LMS provider which required external intervention to resolve.
- 6.2** Appraisal will transition to an annual rolling cycle for 2025, away from the window-based approach used previously. This is to widen the scope of those able to complete an appraisal year-round (e.g. new starters and returners from maternity leave) and to ease pressure on managers to balance Appraisal completion with other competing priorities.
- 6.3** Work with the LMS system provider will commence in April 2025 to update our Appraisal systems to enable the change in approach. Once this has been completed, the Learning & Development Team will liaise with Data Analytics to launch an updated PowerBI dashboard to provide real-time data reporting for Appraisal completion.
- 6.4** A new one-day training course, 'Meaningful Conversations for People Managers', will launch in May 2025, designed to consolidate training for Appraisal, Supervision, Career Conversations and Difficult Conversations into a singular offer.
- 6.5** A communications plan has been developed to ensure that training, support and socialisation of appraisal is available year-round, including the centralisation of general Appraisal queries to the new P&C Service Centre, as well as strengthening links to Directorate Management Team Meetings and Business Partners.

## **7.0 Employee Relations**

- 7.1** The level of employee relations (ER) cases remains high with 145 live ER cases. Active management of long-standing cases saw a reduction in January 2025 from the peak in September 2024 which has been maintained since. Regular reviews continue to reduce this further. We are managing twelve Employment Tribunal (ET) cases which includes one that went to tribunal in March 2025 as well as receiving a new case. The increase in change management processes has led to an increase in the number of appeals and ACAS enquiries. In March 2025, there were 4 ACAS enquiries open and 15 Appeals in progress, 5 of which were received in March 2025. At the end of March 2025 there were 168 long-term sickness cases, and 82 formal short-term sickness cases.
- 7.2** Preliminary investigations on the whole are being undertaken in a more timely manner as they were too in-depth, and therefore taking too long. There is still work to do to ensure this continues in all teams. We are exploring the opportunity for partnership working with North East London NHS FT (NELFT) so that we can support each other with investigations.
- 7.3** Disciplinary cases involving drugs are increasing and the Trust are exploring with occupational health what support we can offer staff.





- 7.4** Reviews have now taken place in eight localities to discuss long standing cases, especially Disciplinary with actions and strategies in place to conclude these cases. Where possible, options of alternatives will be explored with the service, i.e. process review, training, informal resolution, or agreed outcomes.
- 7.5** 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.
- 7.6** There is ongoing monitoring of cases in monthly ER meetings to ensure continued oversight and progress.
- 7.7** 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

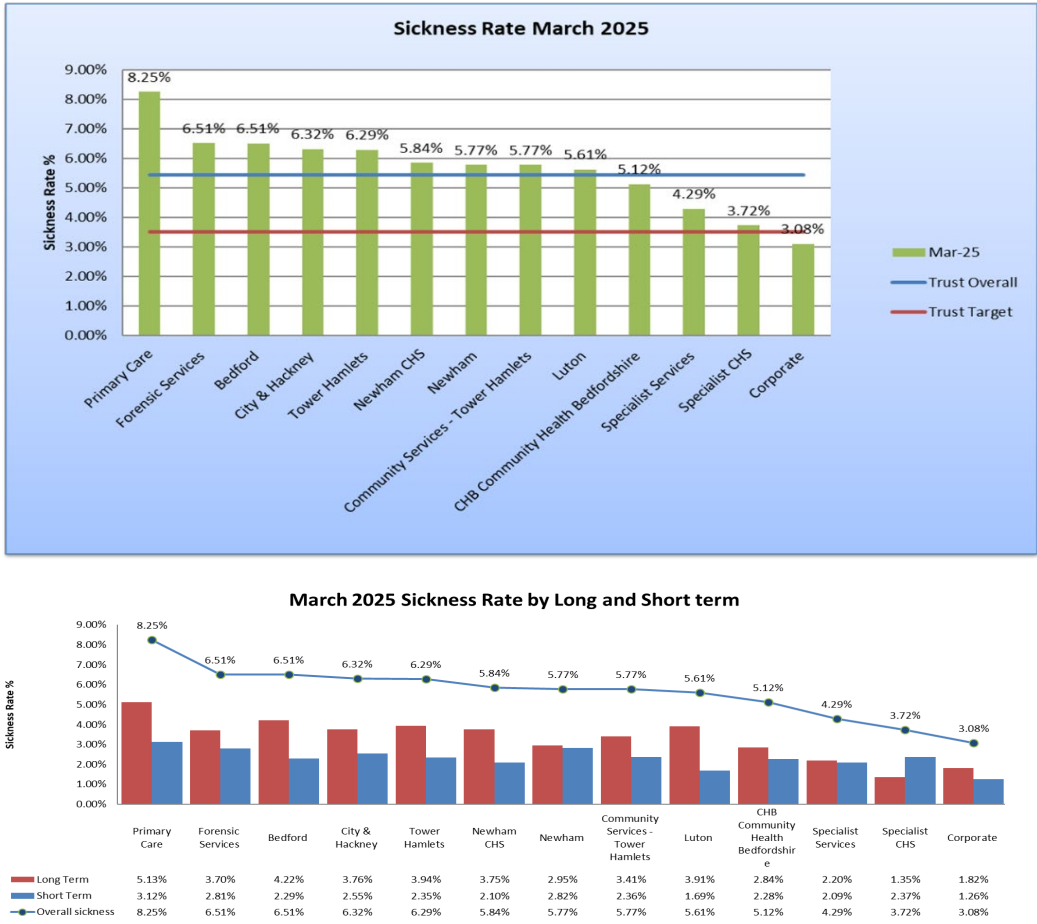


delays and challenges at an earlier stage and subsequently enable strategies to be put in place at an earlier opportunity.

7.8 A review of the disciplinary cases that progressed to a formal stage in 2024/25 has shown a significant reduction to previous years. In 2023/24 there were 144 cases that entered the formal stage against 68 in 2024/25. The total number of cases logged in the year has remained constant at 154 to 159. This indicates that informal resolution is effective but further work can be undertaken to review the timeliness of the informal resolution in order to reduce the length of time cases remain open.

8.0 Sickness Absence

8.1 Sickness absence has started to decrease in March 2025, reducing to 5.44% against a target of 3.50%. This is consistent with the anticipated reduction as we come out of winter but remains higher than in March 2024 when Trust sickness was 4.51%.



8.2 The top three reasons for absence being:

- Anxiety, stress, depression;
- Cough, Cold, Flu
- Gastrointestinal

8.3 In Quarter 4, sickness deep-dives have commenced as part of the GFGT work to reduce sickness absence. The deep dives are locality led and the Senior Triumvirate (Service Director; Borough Lead Nurse and Clinical Lead) has identified who will be present to ensure senior oversight and accountability. The deep dives 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. To support the monitoring of the deep dives and their progress a pro-forma has been introduced to capture key outputs for the reviews and to enable future reporting.

- 8.4 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).

## **9.0 Organisational Changes**

- 9.1** There are currently 13 organisational change processes in progress, with 41 staff members affected by the changes, of which 35 staff members are potentially at risk. 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 are working with the recruiting managers in identifying potential redeployees for vacancies and slotting at risk staff into suitable alternative employment. The process is continuously being refined using feedback from redeployees and recruiting managers. The redeployment panel is also assessing any refusals of SAEs and providing feedback to the redeployees.
- 9.3** The Trust commenced consultation with staff at Leighton Road Surgery (LRS) and the GP Support Unit (GPSU) to transfer under TUPE which concluded on 7 April 2025. LRS will be expected to TUPE transfer by the end of October 2025 at the latest. The Trust will commence consultation for TUPE with Cauldwell Surgery and Kingsway and Bramingham in May 2025.

## **10.0 National Quarterly Pulse Survey – Q1 for 2025/26**

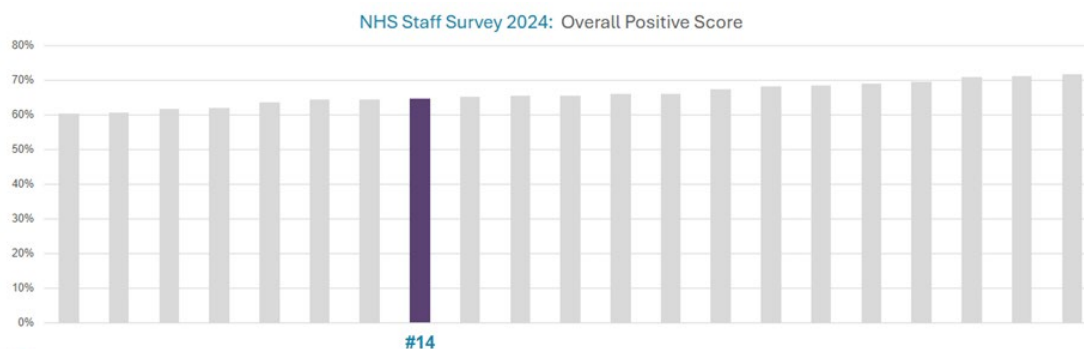
- 10.1** Q1 for 2025/26 National Quarterly Pulse Survey (NQPS) launched on 1 April 2025 and will close on 30 April 2025. It was decided to use the NHSE People Pulse platform as a cost-saving move, as using NHSE People Pulse is free of charge, whilst also being proven and trusted as over 150 NHS organisations - including trusts, ICBs, Community Interest Companies (CICs), Primary Care, and Social Care - already use People Pulse for regular staff feedback.
- 10.2** The results are available after three working days via the People Pulse results dashboard once the survey has closed. The results will include response rates, quantitative and qualitative question results including free text comments and key drivers of positive mood and employee engagement are identified to support understanding of the top areas for action to improve employee experience and employee's engagement. These results will be shared as necessary as soon as they are available to highlight how employee voice has been heard and how the results inform actions within the organisation

## **11.0 2024 National Staff Survey**

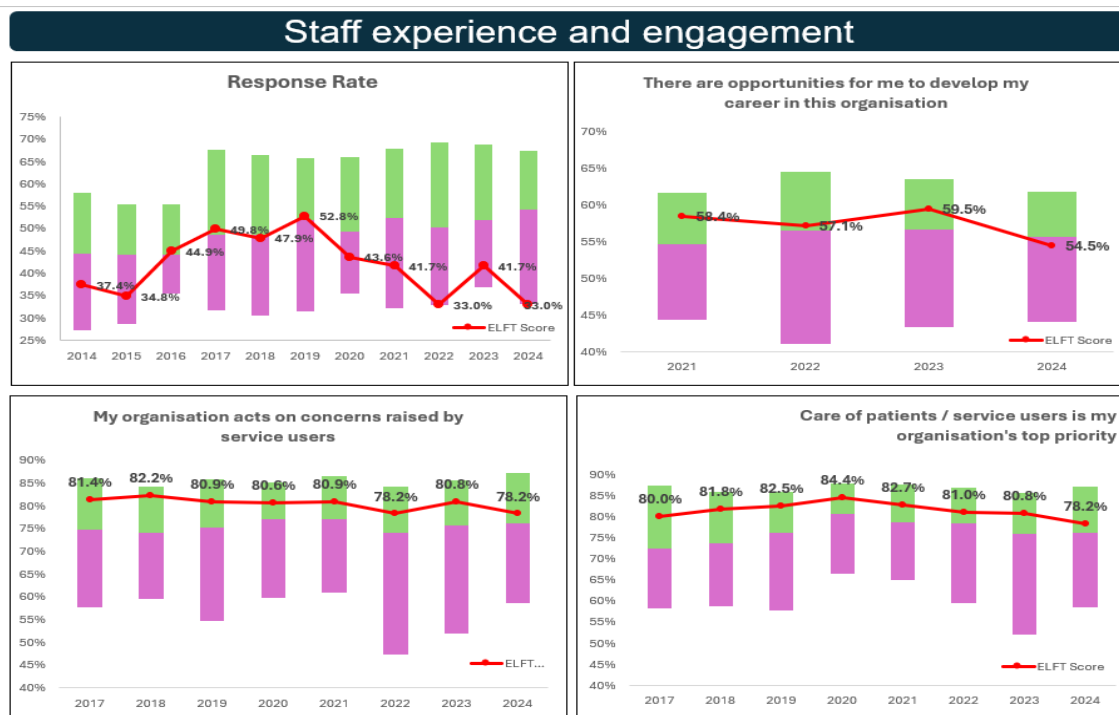
- 11.1** The National NHS Staff Survey closed on the 29th of November 2024, with the final response rate coming in at 33% (9% below last year's percentage), despite the Wellbeing & Engagement and Communication Teams working tirelessly in

arranging numerous staff survey roadshows, meetings, campaigns etc. The NHS embargo was lifted on 13th March 2025 and the results were present at the People & Culture Committee in March and have now been communicated Trustwide.

- 11.2 The below league table shows how ELFT's overall positive score is ranked (no. 14) 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:



- 11.3 The charts below show the staff experience and engagement questions and scores over the past 8 years which are combined to calculate the overall engagement score for staff in comparison to other NHS Trusts (green colour of bar are higher performing Trusts and purple colour are lowest performing Trusts):



- 11.4 ELFT Staff Survey Response Rate over the past 10 years averaged around 40-50% (highest in 2019 at 52.8%). Our lowest response rates were in 2014, 2022 and 2024, when the response rates decreased significantly to 33%.

- 11.5 A poster has been designed for each directorate to summarise the 2024 Staff Survey Results themed in line with the NHS People Promise. This will enable the People Business Partners and Locality DMT's in analysing their directorate staff survey data. They have been asked to develop locality action plans which will be aligned with the project work already ongoing with the People Promise Manager i.e. flexible working.
- 11.6 A comparison exercise is being undertaken of the 2023 and 2024 NSS results, what we have implemented as part of the 'you said, we did' campaign is being identified and the difference these interventions have/have not made is being analysed to identify what ELFT's key areas of focus should be based on the 2024 NSS results.
- 11.7 A strategy to enhance staff experience is being developed. A detailed plan will be produced using co-production methodology and will incorporate the ELFT People Plan, NHS People Promise, ELFT Leadership Behaviours Framework and Team Health Bundle. The staff survey results will be one of the sources of rich information that inform areas where improvements will be focused. There will therefore be a renewed focus on the response rates for future years with plans to ensure better engagement across the Trust.

## **12.0 Organisational Development**

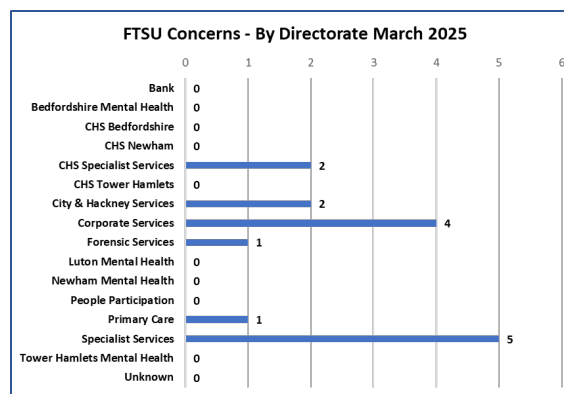
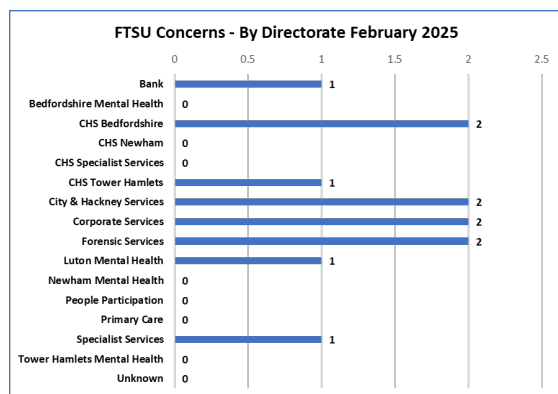
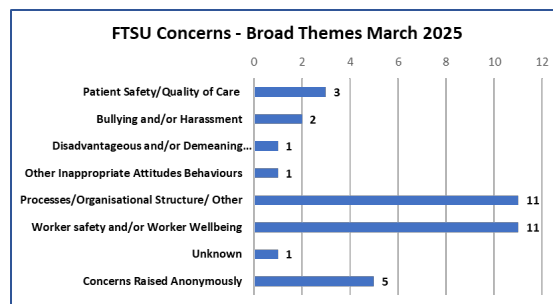
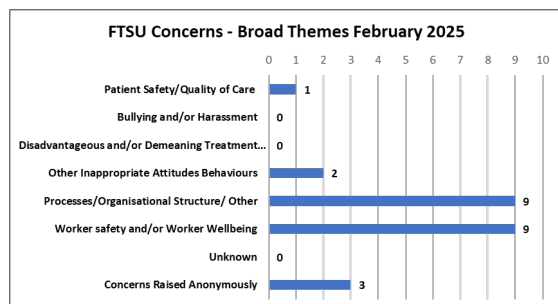
- 12.1 During February 2025, the Organisational Development (OD) Team liaised with 16 different team leads across the whole of ELFT regarding requests for OD support. Around 40% of these 16 teams required just one-off OD development sessions. The majority of these sessions were to support these teams with communication and relationship building/team dynamics. The remaining OD requests with teams is for longer term, intensive OD support.
- 12.2 25% of these OD requests in February 2024 were for the Specialist Services directorate (working with 4 different teams). One of these teams require specialist OD support which has been ongoing since October 2024. This OD work included individual scoping meetings with every team member and the main theme emerging is a lack of psychological safety within the team, team dynamics and Equality, Diversity and Inclusion concerns. A team OD session has been delivered with this team and a further 4 monthly OD sessions have been contracted. This work (although still ongoing) is proving to be really positive for the team and word has reached a similar team within the NEL ICB. Our ELFT OD Team are working with this team to develop a future vision for a NEL-wide programme.
- 12.3 A comprehensive piece of OD work is also being undertaken with the C&H directorate. This work included individual scoping meetings with every team member and the main theme emerging again is a lack of psychological safety within the team and team dynamics concerns. Monthly 3hr OD sessions are to be provided to the team leads to explore expectations of line managers, psychological safety, systems leadership, communication skills, Respectful resolution, leading with compassion and managing conflict.
- 12.4 A longer-term piece of OD work is currently being scoped with relevant team leads following a pattern of an increased and high volume of FTSU concerns raised within the team.
- 12.5 Group coaching sessions are also being held with other teams across ELFT to support team dynamics and we have seen an increase in requests for individual coaching sessions with staff across ELFT, mainly to support staff with their health and wellbeing, conflict resolution and supporting staff to cope with change.

- 12.6** The OD Team continues to provide support for ELFT projects including People Promise exemplar work, GFGT, Sexual Safety Charter, Staff Support After Incident Project etc.

### 13.0 Freedom to Speak Up (FTSU)

#### 13.1 FTSU Concerns

- 12 FTSU cases were raised in February 2025. 3 concerns were raised anonymously. 9 relate to Processes/Organisational Structure/Other, 9 to Worker Safety/Worker Wellbeing and 2 to Other Inappropriate Attitudes/Behaviours. 1 concern related to Patient Safety/Quality of Care.
- 15 FTSU cases raised in March 2025. 5 were raised anonymously, 11 relate to Processes/Organisational Structure/ Other and Worker Safety/Worker Wellbeing. 2 relate to Bullying & Harassment and 1 to Other Inappropriate Attitudes/Behaviours. 3 relate to Patient Safety/Quality of Care.
- Themes are relating to formal processes, change management process, sponsorship visa, recruitment, change in role responsibilities/impact on wider team, onboarding and support with disability, building safety, active bystander witnessing poor treatment of colleague.
- The 3 Patient Safety/Quality of Care concerns were raised in City & Hackney and Specialist Services and related to rapid response, unfair practices on a ward and staff disagreements in front of patients, respectively.
- 37% of the FTSU concerns raised in February and March are closed. Work is ongoing at senior manager, Directorate and Board level, as appropriate, to support resolution of the open cases.



#### 13.2 FTSU Audit Report

The audit of the Trust's Raising Concerns was undertaken as part of the agreed internal audit plan for 2024/25, with the audit opinion being that reasonable assurance can be taken that the FTSU process is suitably designed, consistently applied and effective.

### 13.3 **ELFT Speaking Up Strategy:**

The Speaking Up Strategy was formally launch Trust wide on the 3<sup>rd</sup> of April. In future comms the NHS Staff Survey results around speaking up will be shared and highlight where staff can seek support on speaking up if required.

### 14.0 **Conclusion**

- 14.1 The Trust is performing well in several areas, including a reduction in agency staffing costs, meeting recruitment KPIs, and achieving steady increases in statutory and mandatory training compliance. Efforts to improve staff wellbeing, such as Mindful Employee Charter renewal, demonstrate a proactive approach to enhancing staff engagement.
- 14.2 Workforce planning improvements, including Health Roster enhancements and tailored organisational development sessions, have supported more effective management processes. Additionally, initiatives like the Freedom to Speak Up Strategy and successful adoption of new technologies highlight the Trust's commitment to transparency and innovation.
- 14.3 However, challenges persist, including high vacancy rates in hotspot directorates such as Bedfordshire, Luton, and Forensics, as well as rising sickness absence, employee relations cases, and concerns over psychological safety. The drop in response rates for the 2024 NHS Staff Survey reflects disengagement that needs to be addressed through targeted campaigns like "you said, we did" and improved leadership communication. Delays in automation processes, difficulties in case progression, and staff concerns related to redeployment further emphasise areas requiring attention.
- 14.4 To continue progress, monitoring will be essential for recruitment activity in high-vacancy directorates, the resolution of long-standing ER cases, and the impact of workforce planning improvements. Tracking statutory training compliance, sickness absence trends, and staff survey actions will also be critical to identifying areas for further enhancement. Sustained focus on transparency, engagement, and staff support will ensure that current challenges are mitigated, fostering a more resilient and cohesive workforce.

### 15.0 **Action required**

- 15.1 The Board is asked to **CONSIDER and NOTE** the report.

## REPORT TO THE TRUST BOARD IN PUBLIC

### 22 May 2025

<b>Title</b>	Finance, Business and Investment Committee (FBIC) Committee Chair's Report
<b>Committee Chair</b>	Sue Lees, Non-Executive Director and Committee Chair
<b>Author</b>	Cathy Lilley, Director of Corporate Governance

#### Purpose of the report

- To bring to the Board's attention the key issues and assurance discussed at the Finance, Business & Investment Committee (FBIC) meetings on 24 April and 15 May 2025.

#### Key messages

##### Going Further, Going Together (GFGT)

The committee assessed the continuing progress on the delivery of the GFGT programme:

- Noting the final outcome for 2024/25 reached £32.8m exceeding the £29m target by £3.8m. Key contributors included focused efforts on reducing agency spend, private bed usage and whole-time equivalent establishment.
- Delivery of the 2025/26 programme is under way with a savings target of £31.9m. A stretch target of 20% (£38.3m) is being developed to mitigate potential in-year slippage.
- Although £44.6m of savings have been identified to date, risks remain. Work continues to fully validate and assure the programme by end of May. Incorporating lessons from last year, there has been a move to more rigorous planning and reporting against forecast rather than identified plans enhancing mitigation strategies for budget only savings (ie not impacting run-rate spend) and this is having a positive impact on the Trust's run rate.
- Currently the best-case scenario forecast is to deliver £38.4m savings with two thirds expected to be recurrent, predominantly driven by workforce reductions.
- Month 1 savings of £1m have been achieved exceeding the financial plan submitted to NHS England though slightly behind internal forecasts. Continued executive support and targeted workstreams are in place to accelerate scheme delivery, address high-impact gaps, and develop exit strategies for unmitigated cost pressures.

The committee welcomed the implementation of a delivery tracker which enhances assurance and enables detailed analysis of savings achieved against run rate overspend and budget deficits.

##### Finance Update M12 2024/25 and M1 2025/26

- The committee acknowledged the achievement of the agreed year end deficit target of £12.7m for 2024/25, subject to final external audit confirmation. It was noted that strong controls on reducing agency spend, controlling workforce costs, decreasing private bed usage (despite ongoing pressures) and progress with GFGT programme supported the achievement of the final position.
- The month 1 position is a £1.8m deficit, slightly ahead of plan. Assurances provided that recovery actions are on track to achieve a planned break-even outturn by year end.
- The committee noted the effective tracking and monitoring of key deficit drivers and early warning mechanisms for any deviations from plan. It was also noted that the Trust is the only provider in North East London to report an on-plan position at month 1.
- While welcoming the positive start to the financial year, the committee recognised the ongoing challenges and committed to continued oversight on key financial risks and performance.

##### Deep Dive: GFGT Workforce

- The committee reviewed the performance of the people and establishment workstreams, noting £1.92m savings achieved in 2024/25 and £5.3m identified for 2025/26 against a £3m target. Savings opportunities focus on reductions in establishment and temporary staffing, alongside assurances of support for improved staff experience.
- Improvements in workforce planning were welcomed, including enhanced support for teams in optimizing HealthRoster use and an ongoing review of policies impacting costs—such as sickness absence management, and a strengthened redeployment function.



- The committee was assured by the acceleration of the temporary staff transformation programme, supported by GFGT workstreams and underpinned by improved data to target support for challenged teams.
- The committee reflected on the positive financial outcomes anticipated from improved job planning and requested a timeline be brought back for further assurance.

**Internal Audit report: Key Financial Controls:** The committee received assurance the progress of actions addressing audit recommendations following a reasonable assurance rating.

#### **Business Development Update**

- The committee considered the update on current and prospective tenders requesting future reports clearly differentiate between new business development bids and renewals of existing service contracts.
- The committee reviewed a capital proposal to enhance urgent care capacity and improve flow. Further assurance on financial risks was requested, with ongoing system discussions. The committee supported the overall direction and awaits the final proposal for formal approval.

#### **Procurement Update**

- The committee welcomed progress in improving purchase order compliance and advancing the Trust's anchor organisation ambitions, notably increasing suppliers with net zero commitments.
- Assurance was received on robust monitoring of service impacts following the warehouse function decommissioning, with no significant concerns reported to date.

#### **Digital Update**

- The committee received its regular update and noted progress in key areas including the planned move to a virtual desktop cloud-based environment, wifi upgrade programme and the Windows 11 rollout providing assurance on the continued strengthening of the Trust's overall resilience and improving stance on cyber.
- Further support for clinicians from improvements to the RIO prescribing system technology was welcomed as were continuing achievement of cost savings through the GFGT digital workstreams.
- The committee emphasised the importance of supporting and maintaining quality business continuity plans, in the light of increasing global cyber risk.

**Service Line Reporting & Patient Level Costing:** The committee received an update on the phased plan noting this would enhance financial management and assurance through more precise evidence-based data.

#### **Board Assurance Framework: Risks 7, 8 and 10**

- BAF risk 7: *There is a risk that the Trust cannot achieve its strategic priority to ensure **financial sustainability***: The committee welcomed further review of confidence levels in delivering financial plans, which may positively influence Risk 7 score.
- BAF risk 8: *If **digital infrastructure plans** are not robustly implemented and embedded, this will adversely impact on our service quality and deliver, patient care and carer experience as well as our ability to transform services within digital*: Noted a proposal to increase the target risk score for BAF Risk 8 to 12 high pending ratification by the Digital Strategy Board, and recommended considering separating cyber and infrastructure risks into two distinct entries.
- BAF risk 10: *If the estate is not effectively maintained or improved (inc digitally) this will result in a poor quality environment and reduced statutory compliance, as well as a failure in net zero carbon (NZC) obligations and a failure to support clinical needs and CQC expectations*: The committee requested further discussion on the impact risk score of 20 for Risk 10.
- Apart from the proposal to raise the target risk score for BAF 8, which will be further reviewed, there were no changes proposed to the risk scores for risks 7, 8 and 10, and agreement that appropriate controls are in place and operating effectively.

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

## REPORT TO TRUST BOARD 22 May 2025

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<b>Title</b>	Finance Report Month 1 (April 2025)
<b>Author</b>	Daniel Stephens, Associate Director of Finance
<b>Accountable Executive Director</b>	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
15-05-25	Finance Business and Investment Committee (verbal only)

### Key messages

#### Summary of Financial Performance

- As at month 1 the Trust is reporting a deficit position of £1.8m year to date, in line with the deficit plan for the month. There is a small £28k favourable variance.
- The deficit arises from cost pressures from additional bank bookings to manage patient acuity, medical agency bookings to fill vacant posts, and non-pay cost pressures. These are partially offset by pay underspends from vacancies.
- The Trust's cash balance at 30 April was £119.7m
- Capital expenditure was £0.3m, in line with plan
- Better Payment Practice Code performance is 96% by volume and 86% by value.

#### What has gone well

- Delivery of deficit plan for month 1. We are the only provider in the Integrated Care System (ICS) to meet the April plan
- Finalisation of 2025-26 contract negotiations with ICS commissioners

#### What challenges do we have

- Enhanced level of scrutiny from NHS England, leading to increased external reporting
- Reducing run rate spend further to ensure we remain within allocation
- Review of North Central & East London (NCEL) and NHS Benchmarking budget phasing, to better reflect planned spend.

#### Watching

- Private Bed pressures in Bedfordshire Luton Milton Keynes (BLMK) – we have utilised over 20% budget of the annual budget in month 1
- Over-establishments – key to ensuring we live within our means.
- Going Further Going Together (GFGT) delivery - the most likely forecast of £24.5m would leave the Trust £7.4m short of plan.

**Strategic priorities this paper supports**

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

**Implications**

Equality Analysis	Financial sustainability aids the organisation in being able to address and adequately resource equality issues within the services we deliver
Risk and Assurance	In 2024-25, the North East London Integrated Care System is currently included in the NHS England Investigation and Intervention process.  We are awaiting updated guidance on the risk scoring for this financial year.
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

## 22 May 2025

### April - Month 1 Finance Report

2025/26

Kevin Curnow

Chief Finance Officer



We care  
We respect  
We are inclusive



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## Executive Summary

	In Month			Year To Date			Annual Budget £000
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	
Income	59,006	58,490	(516)	59,006	58,490	(516)	711,651
Pay costs	(43,984)	(42,926)	1,058	(43,984)	(42,926)	1,058	(510,538)
Non-pay costs	(13,374)	(13,866)	(492)	(13,374)	(13,866)	(492)	(158,728)
Financing / non-operating costs	(3,457)	(3,364)	93	(3,457)	(3,364)	93	(43,300)
	(1,809)	(1,666)	143	(1,809)	(1,666)	143	(915)
Adjustments	4	(110)	(114)	4	(110)	(114)	915
<b>Reported Surplus /(Deficit)</b>	<b>(1,805)</b>	<b>(1,777)</b>	<b>28</b>	<b>(1,805)</b>	<b>(1,777)</b>	<b>28</b>	<b>0</b>
<b>Memorandum items</b>							
Agency Costs	0	(673)	(673)	0	(673)	(673)	0
Financial Viability	589	1,034	445	589	1,034	445	31,900
Cash	113,628	119,724	6,096	113,628	119,724	6,096	n/a
Capital	327	274	(53)	327	274	(53)	327

### Key messages

The Trust is reporting a deficit position of £1.8m as at 30<sup>th</sup> April 2025. This is in line with the 2025-26 financial plan, with a small £28k favourable variance.

Key drivers of the year-to-date deficit continue from last year, additional bank bookings to manage patient acuity, medical agency bookings to fill vacant posts, and non-pay cost pressures. These areas are being addressed through the Going Further, Going Together programme.

At month 1 the Trust has delivered £1.0m of savings – this is £0.4m above the plan. The Most Likely Forecast would fall short of the full-year plan, and the GFGT team are working with the high impact workstreams and undertaking 'deep dives' where there remain gaps to mitigate and offset the shortfall by the end of May 2025.

Core capital expenditure for April of £0.3m was in line with plan.

<b>Income</b>	£0.5m behind plan, from recognising less NHS Benchmarking and NCEL income than planned. This is offset by non-pay underspends.
<b>Pay costs</b>	£1.1 underspend, with vacancies in a range of teams. Pressures remain from the over-establishment of posts, use of bank staff to manage levels of acuity, and use of premium agency to cover vacancies in difficult to recruit areas. Further detail is included on slides 6 and 7.
<b>Non-pay cost</b>	£0.5m overspend, with a Private Bed pressures in BLMK (£0.2m), and a range of smaller overspends. Further detail is included on slide 8. Further detail on Private Beds is shown on slide 14.
<b>Financial Viability</b>	£1.0m FV has been delivered, £0.4m above plan. There is ongoing work to manage risk in the full-year plans, and to undertake corrective action. Further detail is shown on slide 4
<b>Cash</b>	As at the end of April, the cash balance was £119.7m, £6.1m above plan. The impact of the deficit position has been offset by movements in working capital.
<b>Capital</b>	Core capital expenditure of £0.3m, in line with 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	
<b>Income Total</b>	<b>59,006</b>	<b>58,490</b>	<b>(516)</b>	<b>59,006</b>	<b>58,490</b>	<b>(516)</b>	<b>711,651</b>
<b>Pay</b>							
Substantive	(38,804)	(37,483)	1,321	(38,804)	(37,483)	1,321	(451,435)
Bank	(4,890)	(4,492)	398	(4,890)	(4,492)	398	(55,627)
Agency	0	(673)	(673)	0	(673)	(673)	0
R&D Pay costs	(119)	(109)	10	(119)	(109)	10	(1,424)
Apprenticeship levy	(171)	(169)	2	(171)	(169)	2	(2,052)
<b>Pay Total</b>	<b>(43,984)</b>	<b>(42,926)</b>	<b>1,058</b>	<b>(43,984)</b>	<b>(42,926)</b>	<b>1,058</b>	<b>(510,538)</b>
<b>Non-Pay</b>							
Non Pay	(13,374)	(13,866)	(492)	(13,374)	(13,866)	(492)	(158,728)
<b>Non-Pay Total</b>	<b>(13,374)</b>	<b>(13,866)</b>	<b>(492)</b>	<b>(13,374)</b>	<b>(13,866)</b>	<b>(492)</b>	<b>(158,728)</b>
<b>EBITDA</b>	<b>1,648</b>	<b>1,698</b>	<b>50</b>	<b>1,648</b>	<b>1,698</b>	<b>50</b>	<b>42,385</b>
<b>Post EBITDA</b>							
Depreciation	(2,887)	(2,834)	53	(2,887)	(2,834)	53	(35,076)
Amortisation	(96)	(118)	(22)	(96)	(118)	(22)	(1,152)
Finance Income	425	480	55	425	480	55	4,600
Finance Expenditure	(316)	(310)	6	(316)	(310)	6	(4,672)
PDC Dividend	(583)	(583)	0	(583)	(583)	0	(7,000)
<b>Total Post EBITDA</b>	<b>(3,457)</b>	<b>(3,364)</b>	<b>93</b>	<b>(3,457)</b>	<b>(3,364)</b>	<b>93</b>	<b>(43,300)</b>
	<b>(1,809)</b>	<b>(1,666)</b>	<b>143</b>	<b>(1,809)</b>	<b>(1,666)</b>	<b>143</b>	<b>(915)</b>
<b>Less</b>							
Remove capital donations / grants / peppercorn lease	63	(60)	(123)	63	(60)	(123)	745
Remove impact of PFI revenue costs	(59)	(50)	9	(59)	(50)	9	170
<b>Reported Surplus /( Deficit)</b>	<b>(1,805)</b>	<b>(1,777)</b>	<b>28</b>	<b>(1,805)</b>	<b>(1,777)</b>	<b>28</b>	<b>0</b>

The Trust is reporting a deficit position of £1.8m as at 30th April 2025. This is in line with the plan, with a small £28k favourable variance.

Key drivers of the year-to-date deficit continue from last year - additional bank bookings to manage patient acuity, medical agency bookings to fill vacant posts, and non-pay cost pressures. These areas are being addressed through the Going Further, Going Together programme.

The Trust has spent more than it earned during the month. Key drivers of this deficit remain from last year, with additional bank bookings to manage patient acuity, medical agency bookings to fill vacant posts and non-pay cost pressures.

This has partially been offset by vacancies across a range of directorates.

Going Further, Going Together (GFGT) – Cost Improvement

2025/26 Targets

The financial savings target for 2025/26 is £31.9m and Directorate targets have been issued and incorporated into Directorate budgets. The Trust is working to a stretch target of £38.3m to have 20% more identified than target to mitigate slippage or delays in delivery. In 2025/26, only savings that improve the expenditure run-rate can be counted towards the programme.

Performance

Reported delivery at the end of Month 1 was £1.0m against our submitted plan of £0.6m, resulting in a favourable variance of £0.4m. However, the Trust is behind against the identified internal plans by almost £0.5m.

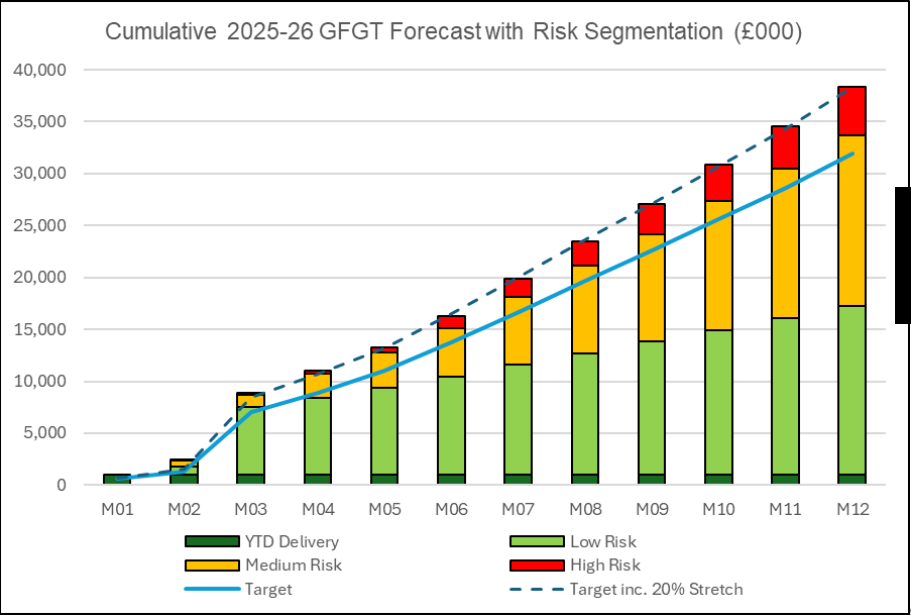
2025/26 Forecast

The Trust has identified plans of £44.6m at the close of Month 1, but around £4.9m of these will not improve the expenditure run-rate, and so these have been removed from the forecast. After taking this and Month 1 delivery into account, the Trust has a ‘best case’ forecast of £38.3m (with £6.0m still to be signed off) should all schemes in the tracker be fully delivered in year. Taking scheme risk and development status into account, the Trust has a ‘most likely’ forecast of £24.5m, which would see the Trust not meet the financial plan.

**Key message:** The Trust delivered £1.0m in Month 1. The most likely forecast of £24.5m would leave the Trust £7.4m short of plan.

It is essential that run-rate reducing mitigation is found against internal plans that have not delivered the expected saving in Month 1, and that identified schemes are progressed quickly and to forecast to prevent further shortfall against plan. Schemes need to be de-risked to provide sufficient assurance that the Trust will deliver to plan.

e Forecast	YTD Target £000	YTD Actual £000	YTD Variance £000	Target £000	'Most Likely' Forecast £000	Variance to 'Most Likely' Forecast £000
City & Hackney AMH	116	50	(66)	3,000	2,083	(917)
Newham AMH	119	143	24	3,000	1,367	(1,633)
Tower Hamlets AMH	194	285	91	3,900	2,786	(1,114)
Luton & Bedfordshire AMH	230	145	(85)	5,700	4,157	(1,543)
London CHS	108	13	(95)	2,750	840	(1,910)
Bedfordshire CHS	44	42	(2)	1,800	1,111	(689)
Specialist Services	230	116	(114)	3,400	1,487	(1,913)
Forensic Services	55	116	61	2,550	1,952	(598)
Primary Care	3	2	(1)	600	250	(350)
Corporate Services	51	83	32	4,202	2,792	(1,410)
Estates & Facilities	0	12	12	1,000	779	(221)
Trust-Wide Schemes	0	27	27	0	889	889
Directorate Sub-Total	1,150	1,034	(116)	31,902	20,493	(11,409)
Planning Adjustment & Mitigation	(561)	0	561	0	4,010	4,010
TOTAL	589	1,034	445	31,902	24,503	(7,399)

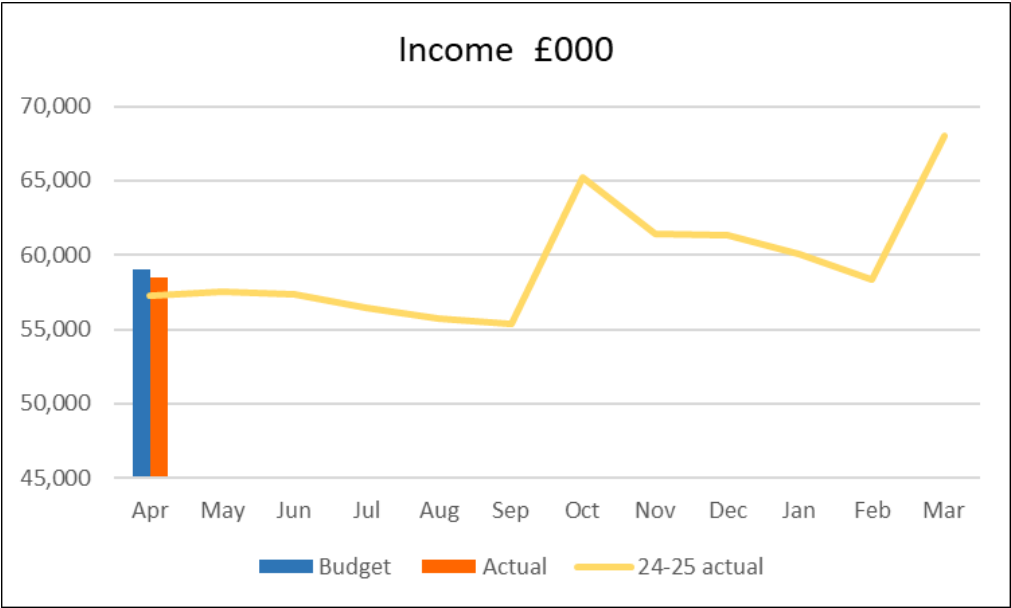




Income

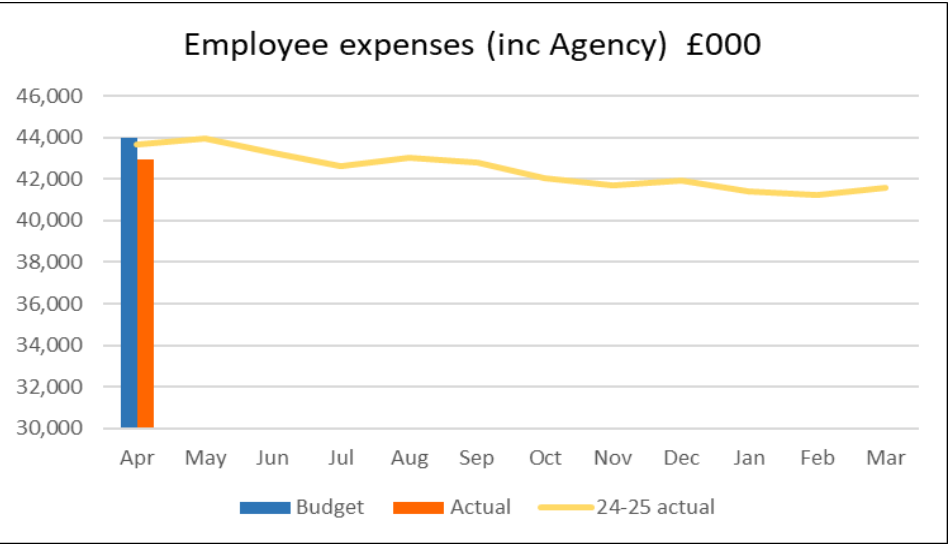
The income position at the end of May is an £0.5m underperformance. This is primarily attributable to the NHS Benchmarking and NCEL income plan phasing. This variance is currently offset by corresponding underspends movements in non-pay.

The phasing will be reviewed and adjusted accordingly in Month 2 to reflect the expected timing of both income and related costs more accurately.



**Key message :** Income is below plan, due to deferring income to match the level of service delivered for Benchmarking and for NCEL Provider Collaborative

Pay



Pay type	Funded WTE	Actual WTE	Variance WTE	Year To Date			Annual Budget £000
				Budget £000	Actual £000	Variance £000	
Substantive				(38,804)	(37,483)	1,321	(451,435)
Bank				(4,890)	(4,492)	398	(55,627)
Agency				0	(673)	(673)	0
Sub-total - staff				(43,694)	(42,648)	1,046	(507,062)
R&D costs				(119)	(109)	10	(1,424)
Apprentice Levy				(171)	(169)	2	(2,052)
Non-Executives							
Total Pay costs				(43,984)	(42,926)	1,058	(510,538)

Non-executive costs are recorded under non-pay.  
The WTE are excluded for month 1 reporting to enable validation of movements

Overall pay is underspent by £1.1m. This is driven by substantive vacancies across a range of services.

Pay pressures continue from the use of temporary staff at a level above the number of vacant posts, alongside the premium costs associated with using agency staff, though this is offset by vacant posts.

Actual pay spend in month is £42.8m, which is £1.3m higher than m12 (£41.5m). This includes £1.3m assumed costs for the pay-award, and also reflects the increase of the National Insurance uplifts.

**Key message :** Pay is favourable to plan, though the Trust is using more staff that we are funded for, and is using agency staff at premium cost.

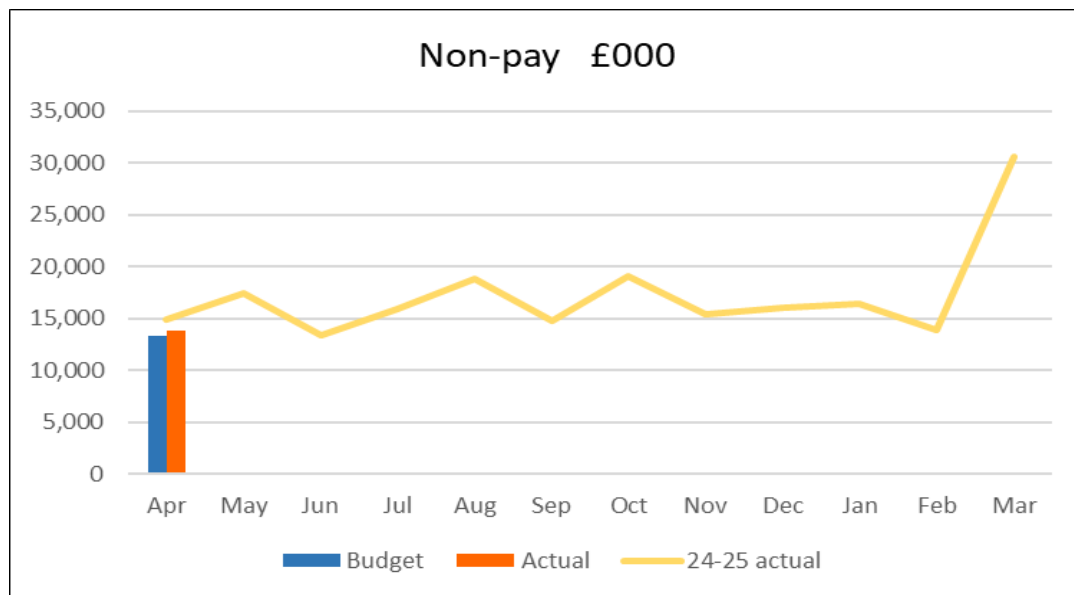
## Pay – Whole Time Equivalents (WTE)

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	Mar-25	Apr-25
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)	(8,168.4)	
	Bank	(66.7)	(59.9)	(59.9)	(59.9)	(59.9)	(59.9)	(59.9)	(45.7)	(45.7)	(45.7)	(45.7)	(45.7)	
	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	
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)	(7,242.4)	
	Bank	(967.3)	(901.0)	(896.4)	(924.4)	(898.5)	(920.4)	(981.4)	(902.2)	(909.1)	(925.2)	(959.5)	(1,002.2)	
	Agency	(249.3)	(284.6)	(272.5)	(235.5)	(219.8)	(198.0)	(160.2)	(141.5)	(115.6)	(113.1)	(90.7)	(71.7)	
Variance	Substantive	543.5	761.8	568.7	786.4	718.1	737.4	735.6	753.8	836.7	831.6	856.3	926.0	
	Bank	(900.6)	(841.2)	(836.6)	(864.5)	(838.7)	(860.6)	(921.6)	(856.5)	(863.5)	(879.5)	(913.9)	(956.5)	
	Agency	(249.3)	(284.6)	(272.5)	(235.5)	(219.8)	(198.0)	(160.2)	(141.5)	(115.6)	(113.1)	(90.7)	(71.7)	
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)	(8,214.1)	
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)	(8,316.3)	
Overestablishment		606.4	363.9	540.5	313.6	340.3	321.1	346.1	244.2	142.4	161.0	148.3	102.2	
Overestablishment %		(7.7%)	(4.5%)	(6.8%)	(3.9%)	(4.2%)	(3.9%)	(4.2%)	(3.0%)	(1.7%)	(2.0%)	(1.8%)	(1.2%)	
Bank & Agency		1,216.57	1,185.57	1,168.98	1,159.89	1,118.29	1,118.42	1,141.59	1,043.67	1,024.76	1,038.27	1,050.26	1,073.92	

WTE data will be added in the Month 2 report

**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.

## Non-pay



Expenditure type	Year To Date			Annual Budget £000
	Budget £000	Actual £000	Variance £000	
Private Beds (ELFT)	(130)	(373)	(243)	(1,563)
Health and Social Care - NHS	(1,508)	(1,195)	313	(18,092)
Health and Social Care -non-NHS	(1,552)	(1,327)	225	(27,274)
Supplies & Services	(3,475)	(3,964)	(489)	(31,963)
Drug costs	(371)	(557)	(187)	(4,450)
Consultancy & Legal fees	(170)	(96)	74	(859)
Establishment	(441)	(614)	(173)	(5,326)
Premises	(2,321)	(3,345)	(1,024)	(28,039)
Transport	(371)	(293)	79	(4,558)
Audit fees	(16)	(20)	(4)	(186)
Training	(429)	(526)	(97)	(5,162)
Clinical negligence	(199)	(199)	(0)	(2,394)
Non-executive directors	(19)	(18)	1	(230)
Other Expenditure	(2,373)	(1,339)	1,034	(28,632)
<b>Grand Total</b>	<b>(13,374)</b>	<b>(13,866)</b>	<b>(492)</b>	<b>(158,728)</b>

### Non pay is £0.5m overspent, arising from :

- The trusts Premises costs are overspent by £1.0m
- Supplies are overspent by £0.5m
- These are offset by underspends in Reserves which will be distributed over the next few months
- There are underspends in NHS Benchmarking and in NCEL Provider Collaborative – these are offset by the recognition of reduced income
- Private Beds are £0.2m overspend, and have already used up 20% of the annual budget

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

## Statement of Financial Position

- The net balance on the Statement of Financial Position as at 30<sup>th</sup> April 2025 was £306.5m. The decrease of £1.7m since year-end reflects the YTD deficit position.
- The key movements since the prior month are: -
  - £1.3m decrease in Property, Plant and Equipment, with depreciation of £1.6m exceeding capital spend of £0.3m.
  - £2.1m increase in Right of use assets, with additions of £3.3m for lease renewals commencing in April, partially offset by depreciation of £1.2m.
  - £7.5m increase in receivables, of this £4.4m relates to April Service Level Agreement (SLA) for North London NHS Foundation Trust which was not paid in month. There has also been a £5.5m increase in prepayments with annual payments for rates and some SLAs, along with quarterly payments for rent. These increases have been partially offset by a reduction in non-NHS debt with clearance of debts by local authorities.
  - £5.2m increase in deferred income, of this £2.9m relates to quarterly income received for the Non Medical Education Tariff (NMET) and £0.8m for an increase in the level of deferral for the NCEL Provider Collaborative.
  - £1.8m increase in borrowings with the recognition of lease renewals, partially offset by in month rental payments.

	Prior Year 31/03/2025 £000s	Current Month 30/04/2025 £000s	Movement in Month £000s
<b>Non-current assets</b>			
Intangible assets	2,922	2,804	(118)
Property, Plant and Equipment	260,681	259,351	(1,330)
Right of use assets	70,977	73,040	2,063
Investments in associates and joint ventures	1,443	1,443	0
Other non current assets	708	708	0
<b>Total non-current assets</b>	<b>336,731</b>	<b>337,346</b>	<b>615</b>
<b>Current assets</b>			
Inventories	187	256	69
Trade and other receivables	30,727	38,218	7,491
Assets held for sale	350	350	0
Cash and cash equivalents	120,978	119,724	(1,254)
<b>Total current assets</b>	<b>152,242</b>	<b>158,548</b>	<b>6,306</b>
<b>Current liabilities</b>			
Trade and other payables	(70,869)	(72,620)	(1,751)
Borrowings	(15,021)	(15,021)	0
Provisions	(1,915)	(1,915)	0
Deferred income	(12,328)	(17,519)	(5,191)
<b>Total current liabilities</b>	<b>(100,133)</b>	<b>(107,075)</b>	<b>(6,942)</b>
<b>Total assets less current liabilities</b>	<b>388,840</b>	<b>388,819</b>	<b>(21)</b>
<b>Non-current liabilities</b>			
Borrowings	(78,928)	(80,751)	(1,823)
Provisions	(1,747)	(1,567)	180
<b>Total non-current liabilities</b>	<b>(80,675)</b>	<b>(82,318)</b>	<b>(1,643)</b>
<b>Total net assets employed</b>	<b>308,165</b>	<b>306,501</b>	<b>(1,664)</b>
<b>Financed by</b>			
Public dividend capital	120,566	120,566	0
Revaluation reserve	95,737	95,737	0
Income and expenditure reserve	91,862	90,198	(1,664)
<b>Total taxpayers' and others' equity</b>	<b>308,165</b>	<b>306,501</b>	<b>(1,664)</b>

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

## Capital

- The Trust submitted a capital plan for the year of £25.3m:-
  - £13.7m core capital. This differs to the £12.2m agreed programme due to the requirement from the ICB to include an over utilisation assumption for planning purposes, this has not been allocated.
  - £6.5m for the impact of leases and dilapidations
  - £5.0m Public Dividend Capital (PDC) funded schemes
- Core capital expenditure, excluding IFRS16, as at 30<sup>th</sup> April 25 was £0.3m, in line with the plan.
- Lease additions and remeasurements for April total £3.3m, £1.6m above plan, this is a phasing issue with the plan and will unwind in month 2.

Core Capital Programme	Annual Plan £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s
Asset and backlog management	2,196	0	18	18
Critical, fire and Digital Spaces Infrastructure	1,565	0	0	0
Digital and Clinical Systems	250	0	0	0
Digital Cyber Security	440	38	38	0
Digital Infrastructure and Service Improvement	889	61	74	13
Digital Innovation and ICS	610	27	24	(3)
Digital Portfolio	740	0	0	0
Digital spaces	1,016	92	39	(53)
Digital Unified Comms	631	59	35	(24)
Inpatient Environmental Upgrade and CQC plan	553	0	0	0
Mental Health Security and Improvement plan	1,815	0	0	0
Net zero carbon reduction plan	690	0	0	0
Staff wellbeing	230	0	0	0
Staff capitalisation	600	50	32	(18)
Asset and backlog management part 2	555	0	0	0
5% overplanning provision	964	0	0	0
Other	0	0	14	14
	<b>13,744</b>	<b>327</b>	<b>274</b>	<b>(53)</b>

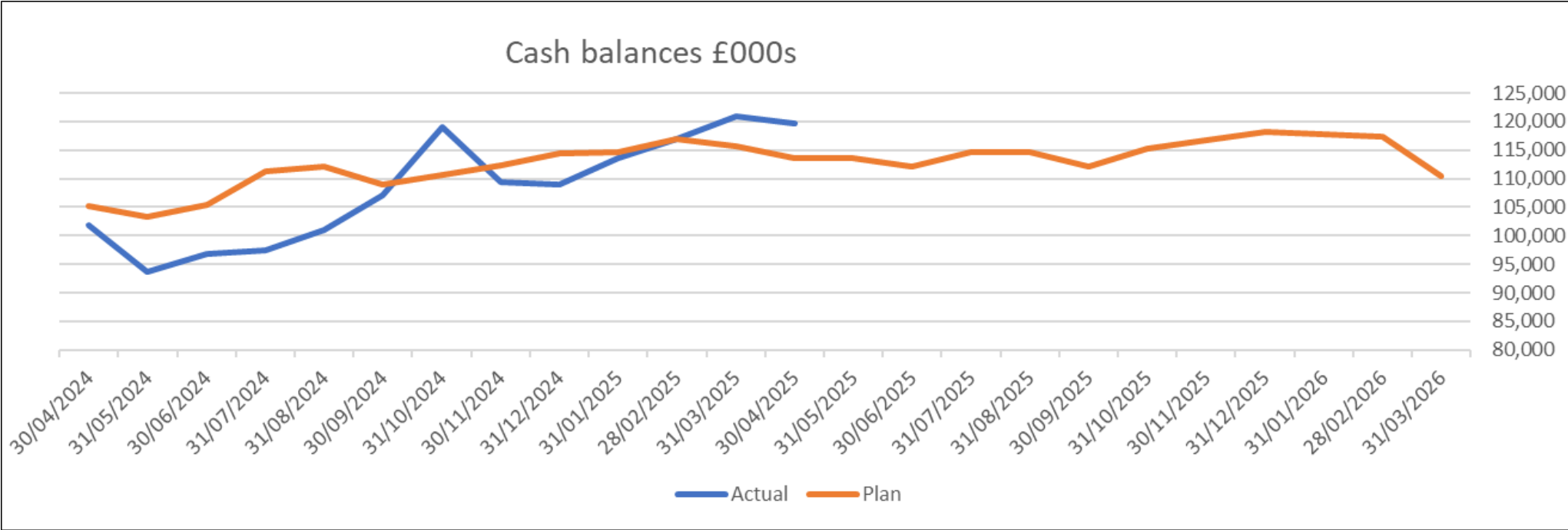
Public Dividend Capital Funded Programme	Annual Plan £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s
Solar energy project	1,126	0	0	0
BLMK Reducing Out of Area Placements	3,890	0	0	0
	<b>5,016</b>	<b>0</b>	<b>0</b>	<b>0</b>

Leases, dilapidations and disposals	Annual Plan £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s
Leases, dilapidations and disposals	<b>6,500</b>	<b>1,718</b>	<b>3,289</b>	<b>1,571</b>

**Key message :** Capital spend, excluding IFRS16, is in line with plan for the year to date.

Cash

- As at the end of April, the cash balance was £119.7m, a decrease of £1.3m in month.
- The cash position £6.1m above plan. This is predominantly due to continuing high levels of deferred income and payables.
- Based upon the current interest rates a cash holding of £5m generates c£0.2m annually and reduce Public Dividend Capital charges by c£0.2m.



**Key message :** The cash position remains strong due to movements in working capital balances, as these unwind the cash position is expected to reduce.



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

	Year To Date		
	Forecast £000	Actual £000	Variance £000
BHRUT	(353)	(1,881)	(1,528)
Barts	(3,783)	(7,281)	(3,498)
ELFT	(1,805)	(1,777)	28
Homerton	(205)	(1,299)	(1,094)
NELFT	(2,253)	(3,555)	(1,302)
<b>Providers</b>	<b>(8,399)</b>	<b>(15,793)</b>	<b>(7,394)</b>
ICB	(626)	(626)	0
<b>ICS Total</b>	<b>(9,025)</b>	<b>(16,419)</b>	<b>(7,394)</b>

### System plan

The ICS plan for 2025-26 is a break-even position.

At the end of April, the ICS is reporting a deficit of £16.4m, a negative variance of £7.4m.

# Appendices

- Private Bed activity and costs
- Receivables
- Payables

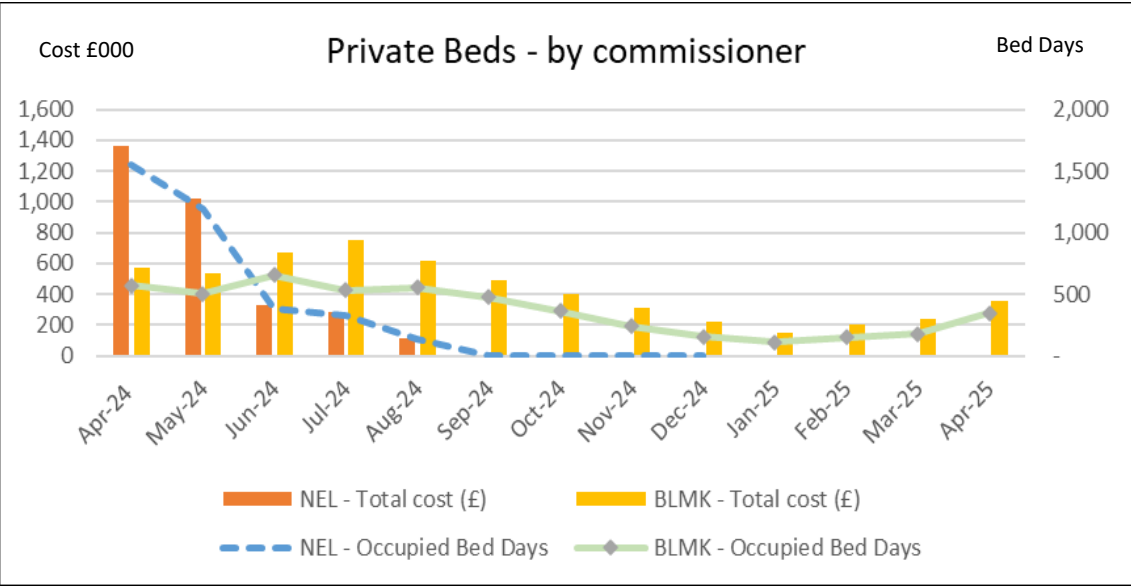
Private Beds

During the early part of 2024, the Trust experienced high demand for Adult Mental Health beds, and as a result incurred high levels of expenditure in purchasing Private Beds.

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

There are still ongoing pressures in Bedford, Luton and Milton Keynes (BLMK) area, though activity has reduced during the year, there has been an increase level of private bed usage since February. This has continuing in April 2025.

This remains an area of high focus for BLMK ICS, and a Business Case proposal to expand the capacity in ELFT beds is currently being developed.



## Receivables

- The receivables balance in the Statement of Financial Position of £38.2m includes £22.7m 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.
  - £0.7m owed by Barts Health NHS Trust, discussions are ongoing to resolve disputes.
- 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 relates to debts owed by individuals (including staff) and overseas visitors.

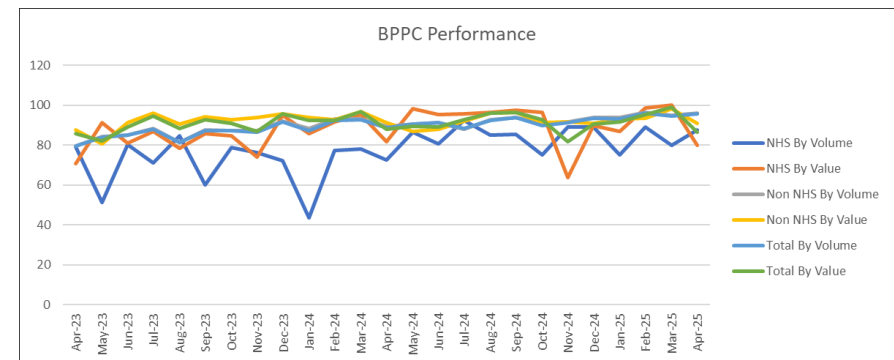
	NHS £000s	Non NHS bodies £000s	Individuals £000s	Overseas Visitors £000s	Total £000s
Current	7,960	513	17	18	8,509
1-30 Days	3,907	2,901	75	0	6,883
31-60 Days	596	181	13	0	790
61-90 Days	330	66	12	0	409
Over 90 Days	4,794	167	441	662	6,063
<b>Total</b>	<b>17,586</b>	<b>3,828</b>	<b>559</b>	<b>680</b>	<b>22,653</b>

## Payables

- The payables balance in the Statement of Financial Position of £72.6m includes £17.4m of outstanding invoices. The remaining balance largely relates to taxes, pensions and accruals.
- Significant balances over 90 days include: -
  - £1.0m, Bedfordshire Hospitals NHS Foundation Trust, this largely relates to estates and service recharges, meetings have been taking place move forward the disputes.
  - £0.5m, Homerton Healthcare NHS Foundation Trust, for disputed estates charges.
  - £0.4m, Virgin Media, these are being discussed between the supplier and the Digital team
- The Trust is signed up to the NHS commitment to the Better Payment Practice Code (BPPC) whereby the target is to pay 95% of all invoices within the standard credit terms.
- Overall, the Trust's current YTD BPPC performance is 96% by volume and 86% by value. Of the £2.6m of invoices that failed BPPC in April, £1.9m related to 6 high value invoices. Delays in authorisation have been followed up with the relevant teams.

### Outstanding Invoices

	NHS £000s	Non NHS £000s	Total £000s
0-30 Days	8,929	3,084	12,013
31-60 Days	-1,283	2,291	1,009
61-90 Days	177	577	754
Over 90 Days	2,105	1,472	3,576
<b>Total</b>	<b>9,928</b>	<b>7,424</b>	<b>17,352</b>



## 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	22/05/2025	24/07/2025	25/09/2025	04/12/2025	29/01/2026	26/03/2026
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	Annual Collaborative Report												
	Quality Report	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Performance Report	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	CQC		✓			X	✓		✓			✓	
	Patient Safety (PSIRF, PCREF, Patient Safety Plan)					✓							✓
	People Participation Committee Assurance Report	✓	✓		✓	✓		✓	✓		✓	✓	
People	Quality Assurance Committee Assurance Report	✓	✓	✓	✓	✓		✓	✓		✓	✓	
	People Report	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Safe Staffing		✓			✓			✓			✓	
	People & Culture Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Finance	Appointments & Remuneration Committee Assurance Report	✓		✓	✓	✓		✓		✓	✓		
	Finance Report	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Governance	Charitable Funds Assurance Report	✓	✓			✓		✓	✓		✓	✓	
	Finance, Business & Investment Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Annual Report and Accounts		✓					✓					
	Annual Reports:												
	~ Charitable Funds Committee Annual Report and Accounts	✓			X	✓		✓			✓		
	~ Compass Wellbeing CIC Annual Report		✓		✓						✓		
	~ Health & Care Space Newham Annual Report		✓					✓					✓
	~ Internal Audit Plan								✓				✓
	~ Modern Day Slavery Statement		✓						✓				
	~ NHS Self-Certification		✓						✓				
BOARD WORKSHOP	Corporate Trustee of the ELFT Charity	✓			X	✓		✓			✓		
	Board and Committee Effectiveness/Committee Terms of Reference						✓						✓
MEETING IN PRIVATE	Annual Plan						✓						✓
	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	22/05/2025	24/07/2025	25/09/2025	04/12/2025	29/01/2026	26/03/2026
	Strategy	Green Plan / Sustainability (May 2023)	✓					X	✓				
	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											
										Due Sept 2026			