




East London
NHS Foundation Trust



QUALITY ACCOUNTS 2024/25

East London NHS Foundation Trust



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If you require any further information about the 2024/25 Quality Accounts please contact: ELFT Communications Team on 0207 655 4000

Contact with the Trust





Services and Developments 2024/25

Our Services

East London NHS Foundation Trust (formerly East London and The City University Mental Health NHS Trust) was originally formed in April 2000. In April 2007, the Trust was awarded university status in recognition of the extensive research and education undertaken in the Trust. On 1 November 2007, the Trust was authorised to operate as an NHS Foundation Trust under the National Health Service Act 2006.

In February 2011, we integrated with community mental health services in Newham making us a healthcare provider of both mental health and community health services.

In 2015, we became the provider of mental health, substance misuse, learning disabilities and psychological services for Bedfordshire and Luton. Two years later, on 1 April 2017, Tower Hamlets community health services became part of ELFT. This was followed by community health services in Bedfordshire joining the Trust on 1 April 2018.

The Trust now provides local services to an East London population of 938,000 and to a Bedfordshire and Luton population of 1 million. We provide forensic services to a population of 2 million in north east London. East London and Luton are among the most culturally diverse parts of the country but are also among the most deprived areas. Bedfordshire is a predominantly rural area with some of the most affluent communities in the country living alongside some of the most low income and deprived groups. Both areas therefore pose significant challenges for the provision of mental health and community health services.

The Trust operates from over 120 community and inpatient sites, employs over 7,700 permanent staff and has an annual income of just under £744 million.

The Trust has structured its mental health services in relation to their geographical location to enable them to link easily to local services and be part of a place-based approach to improving the health of local communities. Community health services in Newham, Tower Hamlets and Bedfordshire are managed as one directorate. Our specialist services directorate encompasses child and adolescent mental health services (CAMHS), specialist children's services in Newham, talking therapies services in Newham, Tower Hamlets, and Bedfordshire, and specialist addiction services in Bedfordshire. Our forensic inpatient and community services are managed in one forensic services directorate. Corporate functions are housed in a single corporate services directorate. Our people participation team also comprise a directorate.

There is also a range of services provided in the community via community mental health teams, home treatment teams, crisis resolution teams, rehabilitation teams, rapid response and admission avoidance teams. The Trust aims to provide people with alternatives to admission, where appropriate, and to provide treatment, care and support outside of a hospital setting.

We provide primary care services in Newham (Transitional GP Practice), Tower Hamlets (Health E1) and Hackney (The Greenhouse) - GP practices specialising in support for homeless people.

Our primary care offer expanded with Bedfordshire practices Leighton Road Surgery (Leighton Buzzard) and Cauldwell Medical Centre (Bedford) joining the Trust in 2020, followed by Kingsway and Bramingham Medical Centre (Luton) in 2023.

On 1 April 2024, four practices from outer north east London joined ELFT: Victoria Medical Centre in Barking, Five Elms in Dagenham, Rainham Health Centre in Rainham and Upminster Medical Centre in Upminster. They now operate as Victoria and Five Elms Medical Centre and Rainham and Upminster Medical Centre.

However, during the course of 2024 the Trust took the decision to refocus on Secondary Care services, and has given notice of its intention not to renew its contracts with primary care services in BLMK, and to seek to support as efficient a transition to new providers as possible.

In addition, the Trust provides:

- Forensic services to the London Boroughs of Barking and Dagenham, Havering, Redbridge and Waltham Forest, and some specialist mental health services to North London, Hertfordshire and Essex including Forensic Personality Disorder Service in North London
- A social enterprise in Tower Hamlets in partnership with Compass Wellbeing CIC.

The Trust's specialist mother and baby psychiatric unit receives referrals from London and the south-east of England.

We are an 'anchor organisation.' in that we stay in our location over time and have influence over our local communities. Working as an anchor organisation means we have a unique opportunity to improve the health of our communities through procurement, as an employer, through use of our land and buildings and by being environmentally sustainable. We aim to provide benefit to the local community as much as possible throughout our work as a Trust.

The Trust is part of a CAMHS Provider Collaborative involving a partnership with North London NHS FT, North East London NHS FT (NELFT), The Tavistock & Portman NHS Trust and The Whittington Health NHS Trust. We also work closely with NELFT to make optimum use of adult health care resources to ensure that people can be cared for locally where possible.

With the greater emphasis on Integrated Care Systems (ICS), much of the Trust's work and the way services are provided is in collaboration with partner organisations such as fellow NHS Trusts, local authorities, other public bodies and the voluntary sector.

Our Trust Strategy

The ELFT Board commissioned a refresh of the Trust strategy in early 2021. Building on the previous strategy and retaining the mission to improve the quality of life for all we serve, the latest Trust strategy for 2021-2026 is set out below. During the first half of the coming financial year, the Trust will again be reaching out to stakeholders to co-design our strategy for the next five years.

Our Mission is:
To improve the quality of life for all we serve

Our Vision:
We will work with our partners to deliver on our commitment to person-centred coordinated mental and physical health care, to improve the health and wellbeing of the communities we serve, to recover from the pandemic and to promote social justice...

Our Promise
As part of our continuing commitment to the way in which we work together in our mental health, community health and primary care services, and with our partners, we promise:

- To work together creatively
- To learn what matters to everyone
- To achieve a better quality of life
- To continuously improve our services

Our Organisational Treasures
We believe our strengths as an organisation will support us on our journey, including:

- People Participation
- Quality Improvement
- Our Diversity & Approach to Inclusion
- Our Kind & Caring Staff
- Our Clinical Leadership

Our Values Are:
We Care
We Respect
We are Inclusive

The ELFT Strategy

NHS East London NHS Foundation Trust
elft.nhs.uk
NHS_EFLT
EastLondonNHSFoundationTrust
NHSELF

East London NHS Foundation Trust provides community health, mental health and primary care services to a population of around 1.8 million people across Bedfordshire, Luton, Richmond and East London. Our strategy takes into account the changing needs and assets within our local populations, the impact of the pandemic on our communities, greater collaborative working between local health and social care and voluntary sector organisations, and the views of local people, staff and stakeholders. It provides us with direction, and defines our priorities as an organisation.

Mission
What is our role in society

Strategic Outcomes
What are the biggest factors that will help us achieve our mission?

Specific Objectives
What do we need to work on, for each of our strategic outcomes, to achieve our mission?



Our 'organisational treasures'; People Participation, Quality Improvement, Our Diversity, Our Staff and our Clinical Leadership really are the key enablers for delivering our strategic objectives. To support delivery, the Trust has strengthened its annual planning process. Year on year we are doing more to support implementation, align priorities with system partners, work in collaboration with our communities and partners, always striving towards continuous improvements in

everything we do in order to deliver our strategy, and in support of wider Integrated Care Systems strategic objectives.

Integrated care systems (ICSs) are partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population.

The central aim of an ICS is to integrate care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care. Integrated care systems (ICSs) have been tasked with four main objectives:

- 1 To improve **outcomes in population health** and healthcare
- 2 To tackle **inequalities** in outcomes, experience and access
- 3 To enhance **productivity** and value for money
- 4 To help the NHS support broader **social and economic development**.

The Trust is a member of two ICSs, North East London (NEL), and Bedfordshire, Luton and Milton Keynes (BLMK). Each ICS has an established set of strategic priorities.

NEL

Our purpose:

“We will work with and for all the people of North East London to create meaningful improvements in health, wellbeing and equity.”

Our flagship priorities:

Children & young people

- to make NEL the best place to grow up

Mental health

- to improve the mental health and well being of the people of NEL

Employment & workforce

- to create meaningful work opportunities for people in NEL

Long-term conditions

- to support everyone living with a long-term condition in NEL to live a longer, healthier life

Our operating principles:

- Improving quality and outcomes
- Securing greater equity
- Creating value
- Deepening collaboration





Part 1 – Statements on Quality

1.1 Statement on Quality from Lorraine Sunduza OBE - Chief Executive

During the past year, we have endeavoured to maintain our focus on providing the best care we can to our local communities, whilst at the same time, address the financial challenges that we have faced.

Our Quality Accounts reflect the hard work of our staff to not only deliver effective services, but to also improve and refine them. I am in awe of what has been achieved, from reducing waiting times and missed appointments, to becoming greener in their work, to tackling inequity, to increasing skills and capability within specialties.

As you read through these pages, you will see the partnership working between staff and those who use our services, to drill down, scrutinise the way treatment and care is provided and the systems that support it, and identify where we could work smarter. Co-production is at our core, and we know that it is the only way to move forward together and evolve.

Alongside this, we continue to be aware of the need to address health inequalities in our communities to bring about real improvement in their health. This report highlights our efforts to improve the physical health of people with a learning disability or a serious mental illness, and to ensure that we make it easier for groups more likely to miss appointments to be able to access our services and those of other organisations that can support them. We can contribute to breaking the cycle of poverty by working innovatively with partners to smooth the way, to enable disadvantage groups to get the support they need.

The NHS is going through a period of immense change and will continue to face financial challenges. I am proud of the progress the Trust has made and the impact our services have had on individuals and their families. I am grateful to our staff for their commitment and championing of the people they support. It is vital that, with the pressures facing the NHS, that we remain focused on our mission to improve the quality of life for everyone that we serve.

Lorraine Sunduza OBE
Chief Executive Officer

1.2 Statement on Quality from Dr Amar Shah MBE - Chief Quality Officer

I am pleased to introduce the Quality Accounts for East London NHS Foundation Trust (ELFT) for 2024/25. The report summarises our work to maintain and improve quality, and also reflects the approach to quality at ELFT - both of which are important.

2024-25 has been a year of change, with increasing focus on financial sustainability and cost. And it is of course absolutely right to ensure that every pound of funding for the NHS is used to best effect, and that we live within our means. Health is already the biggest spending part of the public sector, and more money for health comes at the expense of education, health, social services - all of which have a major impact on health and life outcomes. The definition of quality incorporates efficiency as one of six core domains - and so the pursuit of financial sustainability, productivity and efficiency should not be viewed as separate from our pursuit of high quality care.

Our work on evaluating the organisational benefits that we have seen from our approach to quality (on staff and service user experience, on productivity and efficiency, on cost avoidance and cost reduction) is referenced and applied across the globe. 2024-25 has offered an opportunity to strengthen this learning. The annual quality report includes a summary of our two major quality improvement programmes this year - on flow and equity.

The flow programme applied quality improvement across our adult mental health services to reduce the use of out-of-area placements and reduce length of stay - ensuring that people were admitted to a unit close to home, and were supported in the community as much as possible. This is not only better for quality and experience of care, but also for efficiency and cost. This one programme saved an estimated £8.6m in the financial year.

The equity programme aims to reduce missed appointments, specifically focused on those who lived in our most deprived neighbourhoods (who are four times more likely to miss their appointment). This work has supported our teams to understand the issues more deeply, co-design creative new ways to engage people better, test and measure their impact. This programme remains underway, and the report contains a number of stories from the teams involved and the improvements already being seen.

The approach to quality at ELFT, carefully nurtured for over a decade, balances the efforts and methods of assurance and improvement. Quality assurance enables us to demonstrate that we are meeting the standards that people would expect - and increasingly, our methods of assurance have been led and designed by our service users, making them even more meaningful.

Over the years ahead, with finances likely to remain a critical priority, our opportunity is to continue to involve people deeply in the change process, particularly people with lived experience, and to apply the systematic approach to assuring and improvement quality that have transformed ELFT over the last 15 years - and to use these deep skills and experience to help us navigate the challenge of managing our spend, identifying and tackling unwarranted variation, and holding on to quality as our guiding principle.

Dr Amar Shah
Chief Quality Officer

Part 2 – Priorities for Improvement and Statements of Assurance

This annual Quality Accounts provides the platform to share both our progress and achievements during 2024/25 and our plans and priorities for 2025/26.

In this section the Trust updates on progress on delivering our priorities for improvement for 2024/25, along with statements of assurance from our Trust Board.

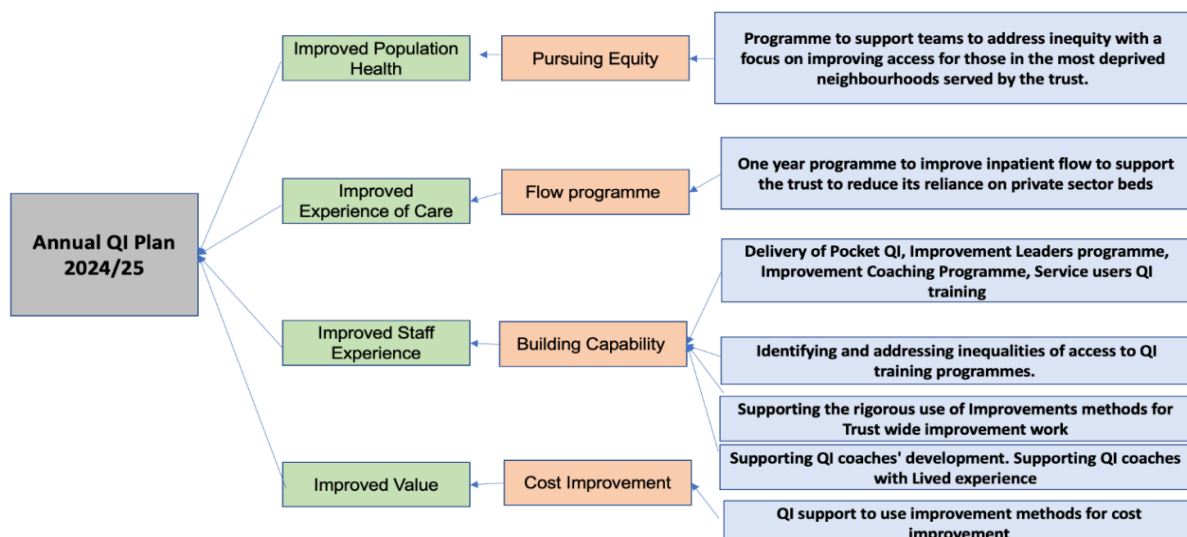
During 2024/25 the Trust provided and/or sub-contracted 174 relevant health services. The Trust has reviewed all the data available to them on the quality of care in all of these relevant health services. The income generated by the relevant health services reviewed in 2024/25 represents 100% of the total income generated from the provision of relevant health services by the Trust for the year.

2.1 Reflections on 2024/25 – Progress Against Priorities

As set out in last year's report, the annual plan QI for 2024/25 focused on the following priorities aimed at progressing our aim to improve the quality of life for all we serve:

- Pursuing Equity QI Programme – Large Scale Programme to reduce missed appointments
- Inpatient Flow - Programme to reduce reliance on out of area beds and Length of Stay
- Capability Building – Delivery of wave 14 of ILP, cohort 10 of ICP and Pocket QI
- Improving Value

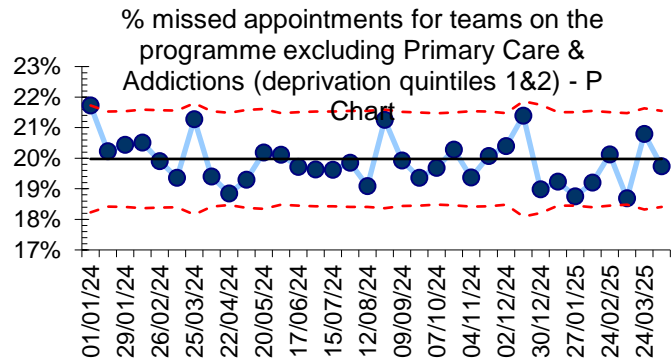
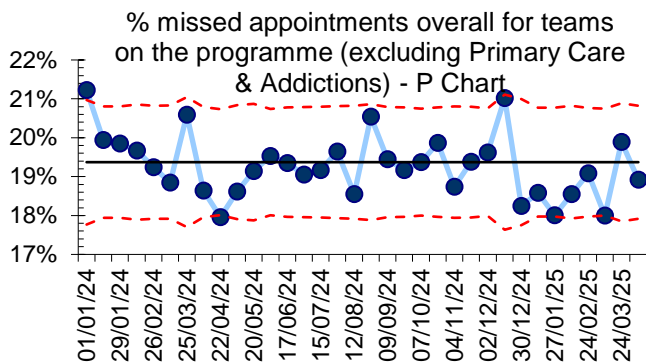
The Trust's quality improvement plan (below) demonstrates how Quality Improvement (QI) work across the Trust was organised to support delivery of the Trust's annual plan. This section of the report summarises progress in delivering the 2024/25 plan, providing examples of work from teams in delivering priorities.



1. Improved Population Health

Pursuing Equity QI Programme

In September 2024, the trust launched phase 3 of its Pursuing Equity QI Programme, supporting 26 teams across the Trust to reduce missed appointments and close the gap between those in the most and least deprived parts of the trust. This programme runs until July 2025.

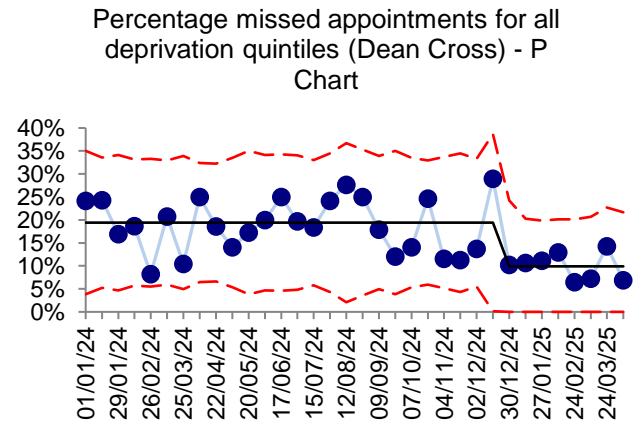
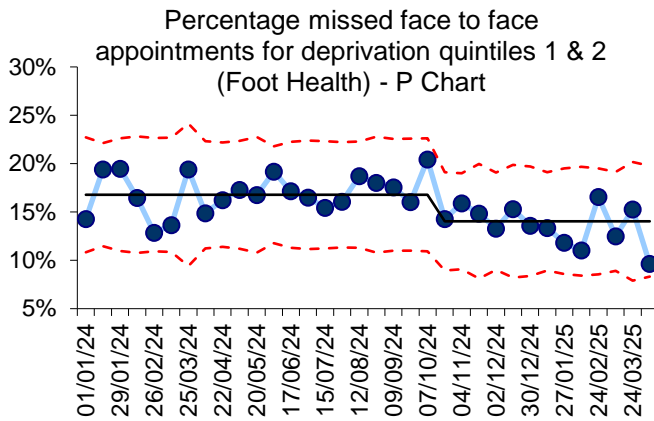


While overall aggregated data has yet to show improvement, nine teams across the Trust have reduced their missed appointments. These teams include Woodberry Wetlands Neighbourhood Mental Health Team, Well Street Common Neighbourhood Mental Health Team, City & Hackney Psychotherapy Service, City & Hackney CAMHS Neurodevelopmental Team, Newham Foot Health Service, City & Hackney Perinatal Team, Newham Perinatal Team, Dean Cross Personality Disorder Service and Newham CHS Diabetes Team.

Teams have tested a variety of evidence-based change ideas, such as automated text message reminders, direct phone calls before appointments, improved service information packs, closer collaboration with community services, updated DNA policies, and offering virtual or patient-initiated follow-ups. Testing has shown that patient-centred booking processes, appointment reminders, and clear DNA policies are particularly effective at reducing missed appointments.

Dean Cross Personality disorder service in Tower Hamlets has reduced missed appointments for all service users from 19% to 9%. They have tested several change ideas including revising their DNA policy, calling service users directly to organise appointments over the phone. The team are currently developing co-design sessions with service users to think about they better support people to understand what missed appointments are and how best to communicate this with people who use the service.

The Newham Foot Health Service focused on service users from the most deprived areas and reduced missed face-to-face appointments from 17% to 14%. The team have tested calling patients ahead of appointments, updating access codes to improve data quality and using the DNA predictor tool to identify patients at risk of missing their appointments ahead of time. 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.

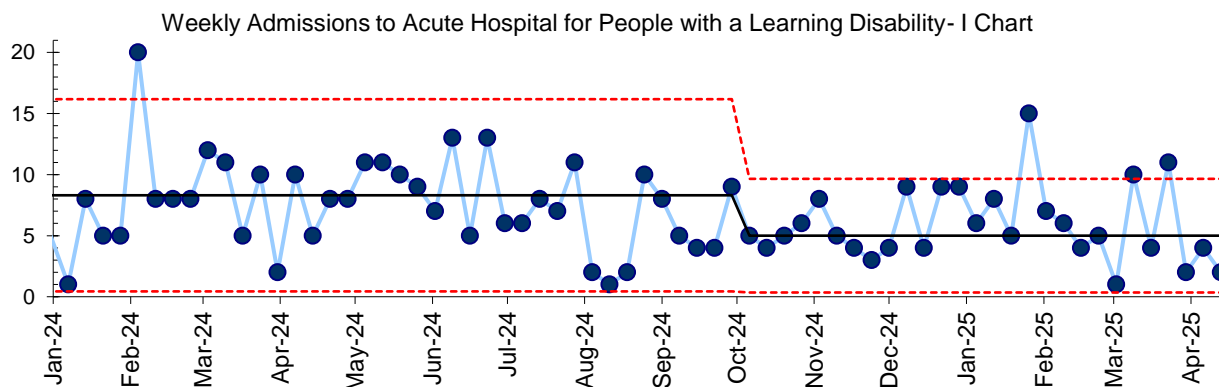


The success of this programme has been driven by collaboration across multiple departments within and outside ELFT. The Data and Analytics Team created a Power BI dashboard and an AI-driven model to predict missed appointments, now being tested by four teams. The Digital Team enabled automated appointment reminders via RiO, SystemOne, and EMIS, while the Finance Team developed a model to assess financial impacts. Thirteen teams are already planning to reinvest time saved into reducing waiting lists and backlogs. For example, the BCHS Continence Service found that 42,575 minutes were lost to missed appointments between August 2023 and December 2024—time that could have been used to see 804 new patients. Work continues to support services in effectively using the additional capacity created.

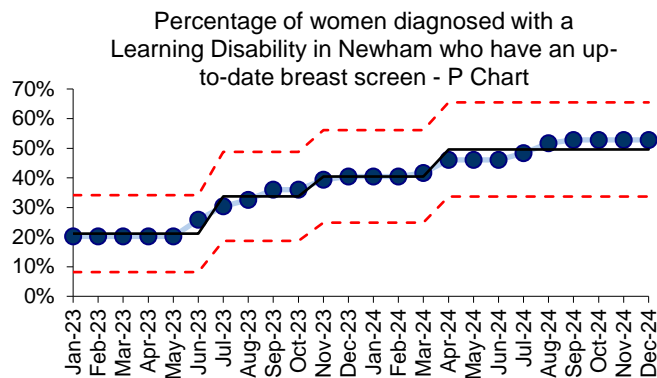
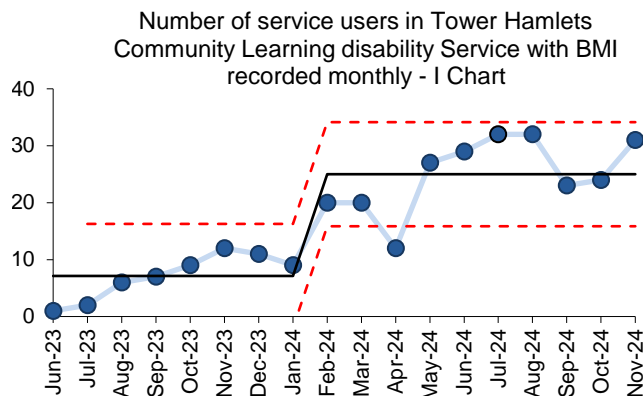
Using QI to support population health improvement

A further 35 projects are using QI to improve an aspect of population health, with a focus on improving physical health for people with severe mental illness. Several teams have been working to improve outcomes from populations living with learning disabilities.

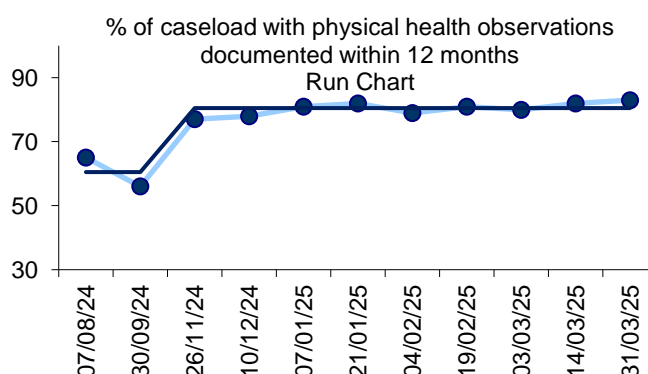
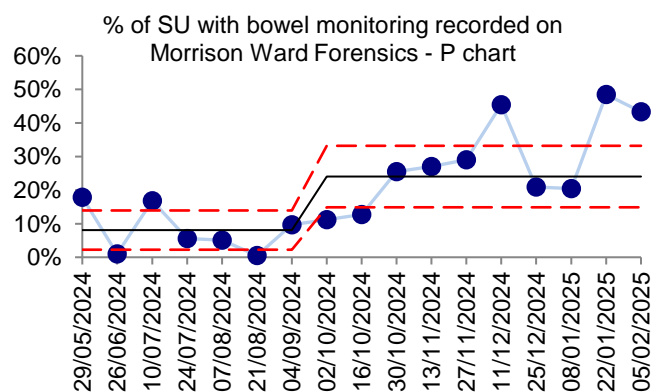
In Bedford and Luton, the services for people with learning disabilities (LD) team have been working to reduce the number of people with LD admitted to the local acute hospitals. The team have tested several change ideas including developing a digital resource space for colleagues across the system, creation of acute and community pathways with partners, working with lower performing GP's to encourage health checks and developing checklists for physical health screening. As a result of their work the number of weekly admissions from reduced by 40% from 8.3 to 5 and readmissions by 55%. This work has resulted in an estimated £600,000 in cost avoidance to the wider system through admission avoidance.



The Newham LD team increased breast screening uptake for women from 21% to 50%. They tested change ideas including improved data sharing, easy-read materials, and a breast awareness video. The team also collaborated with the Royal Free NHS Trust Breast Clinic to create a tailored pathway. In Tower Hamlets, the Community LD team have used QI to improve weight management for service users. Through testing ideas including a wellbeing journal, a weight monitoring machine, and a nutrition training program for staff, the number of service users with a recorded Body Mass Index (BMI) increased from 7 to 25 each month. Staff also reported greater confidence in supporting clients across seven nutrition domains.



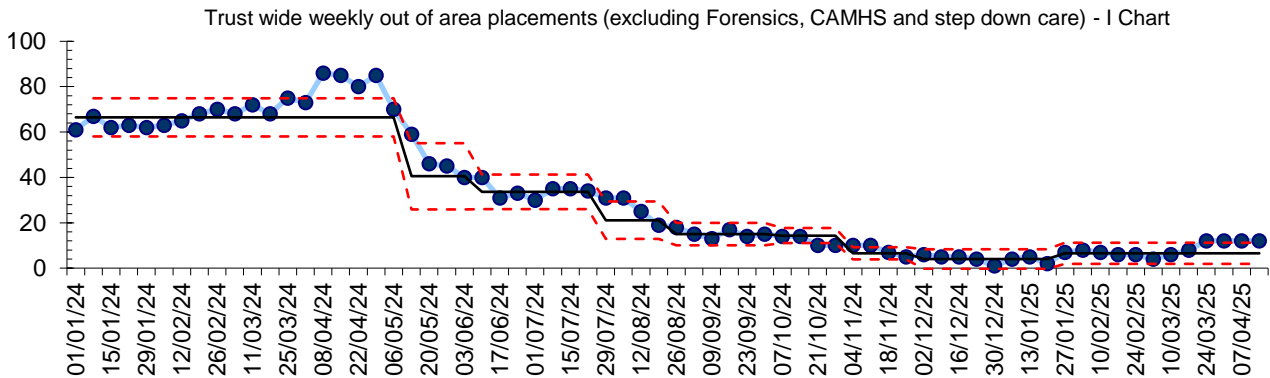
Other teams have been focusing on ensuring service users receive appropriate physical health screening. A team from Morrison ward in forensics has used QI to increase the percentage of people receiving bowel monitoring from 8% to 24%. This was achieved by testing several change ideas including adding bowel monitoring to the daily safety huddle, developing an instructional video and monthly bowel monitoring teaching sessions. The Newham Community Rehab Team North (CRT-N) have increased physical health screening by 23% and blood test screens by 33%. Change ideas tested include using a physical health screening tracker in supervision, weekly audits of clinical equipment and backpacks with physical health screening supplies for home visits.



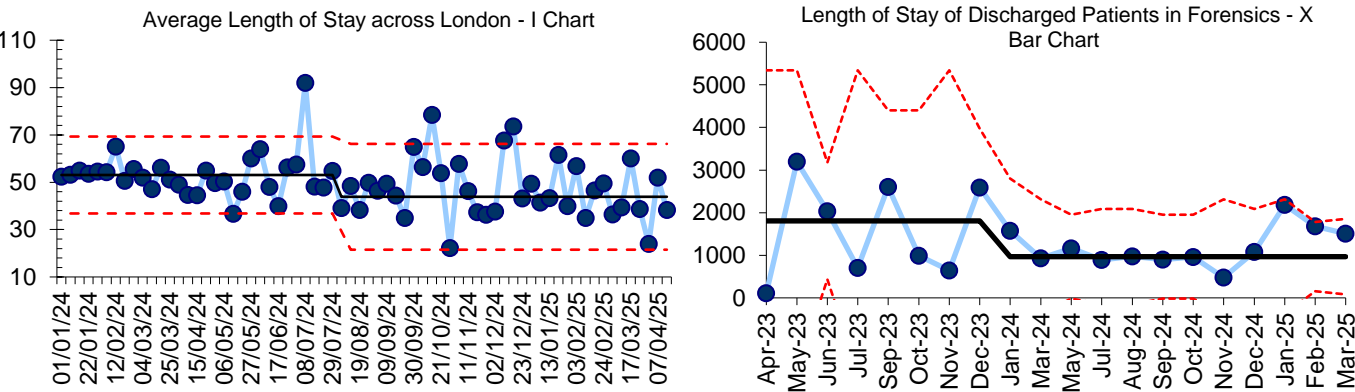
Flow Programme

Since March 2024, the trust has been using QI across all Adult Mental Health directorates in London and Bedfordshire and Luton as part of a large-scale programme to improve flow across inpatient units. The aim of the programme was to reduce out of area bed usage, where a service user is provided care away from ELFT, and reduce length of stay. Trust wide out of area placements reduced by 90% from an average of 66.5 a week to 6.5. These have largely been

eliminated across London directorates with some still being used in Bedford and Luton. Financially, the Trust has avoided £8.5 million in costs during 2024–25 by reducing reliance on out of area placements.



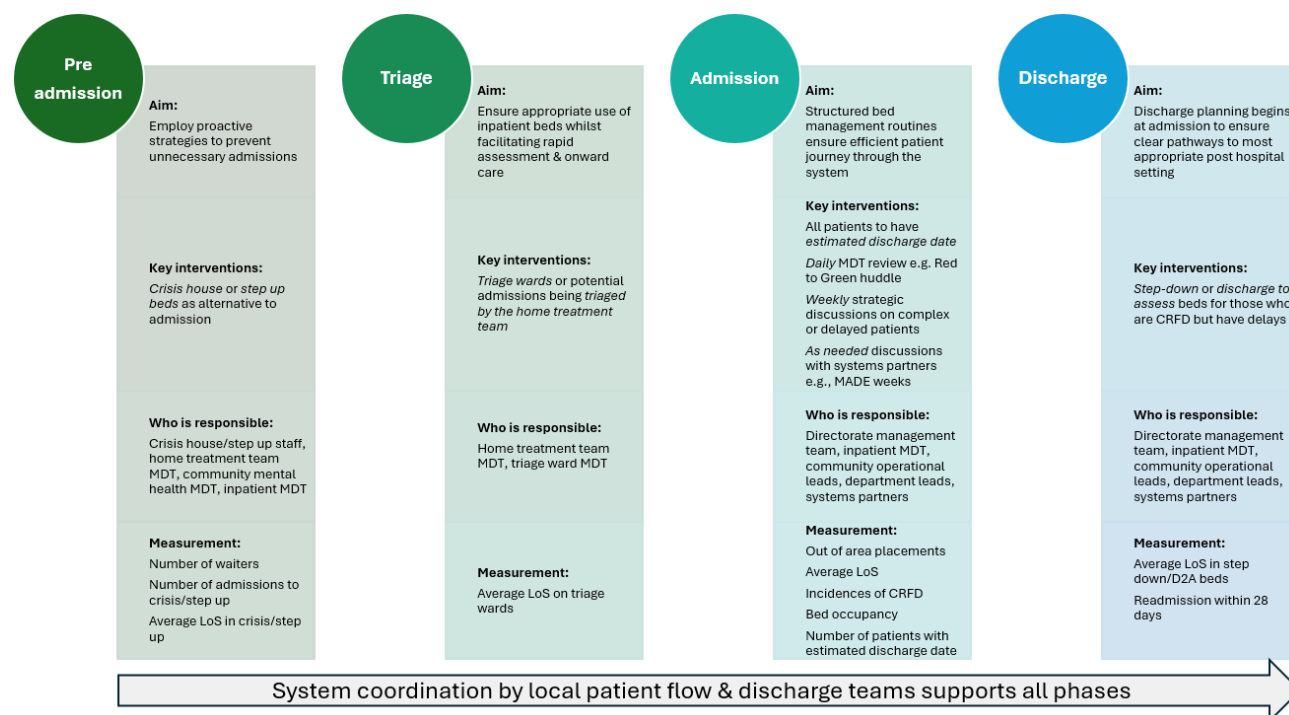
While there has not been a trust wide reduction in length of stay, across all London directorates there has been a 17% reduction in average LoS, from 53.1 to 43.9 days. Forensic services have seen a 46% reduction in LoS of patients at discharge and the Newham directorate have seen a 27% overall reduction in average LoS.



In terms of length of stay, nine wards across the Trust have reported reductions:

Directorate	Ward	Reduction
Newham Adult Mental Health	Sapphire Ward	45% - 87 to 40 days
	Ivory Triage Ward	39% - 15 to 9.5 days
	Ruby Triage Ward	21% - 12 to 10 days
Tower Hamlets	Roman Ward	51% - 49.8 to 24 days
	Cazaboun Older Adults Ward	43% - 118 to 69 days
City and Hackney	Ruth Seifert Ward	56% - 66 to 26 days
	Gardner Ward	64% - 79 to 29 days
Bedfordshire and Luton	Willow Ward	57% - 52 to 22 days
	Townsend Court	53% - 49 to 23 days

The change ideas tested by directorates to improve patient flow are shown below. The guiding concepts outlined in this framework describe ELFT's structured approach to managing flow across the inpatient pathway. While the core principles are consistent across all directorates, there was flexibility to adapt their application to local contexts and operational needs. The figure below summarises the key interventions and responsibilities at each stage, highlighting the emphasis on proactive admission avoidance, effective triage processes, structured inpatient management, and early, coordinated discharge planning.

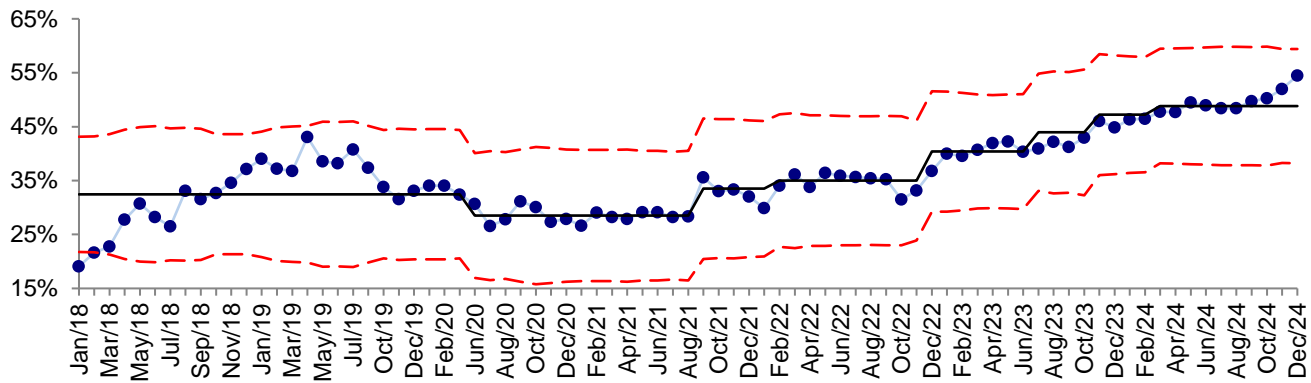


The change ideas that led to improvement were formalised into Standard Operating Procedures (SOPs) at directorate level, using a consistent Trust-wide template. SOPs were shared through team events, local health and care groups, staff communications, and inductions to embed them into routine practice. At a Trust-wide level, effective change ideas were consolidated into a framework for good flow management and incorporated into updated inpatient policies. Ongoing oversight is maintained through monthly directorate management meetings and the Trust's monthly operations meeting, ensuring sustained focus and strategic alignment.

Service User involvement

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

Trustwide percentage of Big I service user involvement in QI projects - P Chart



A project has been started in London Community Health Services to improve service user and carer experience of involvement in quality improvement initiatives. Several change ideas have been tested including developing a method of collecting service user feedback from all SU involved in QI projects in monthly working together groups. Each service user has developed a profile of skills which can be shared with team lead, and the improvement advisor and PPL meet with all service users on all new projects after one month to understand their experience and troubleshoot issues.

3 Improved Staff Experience

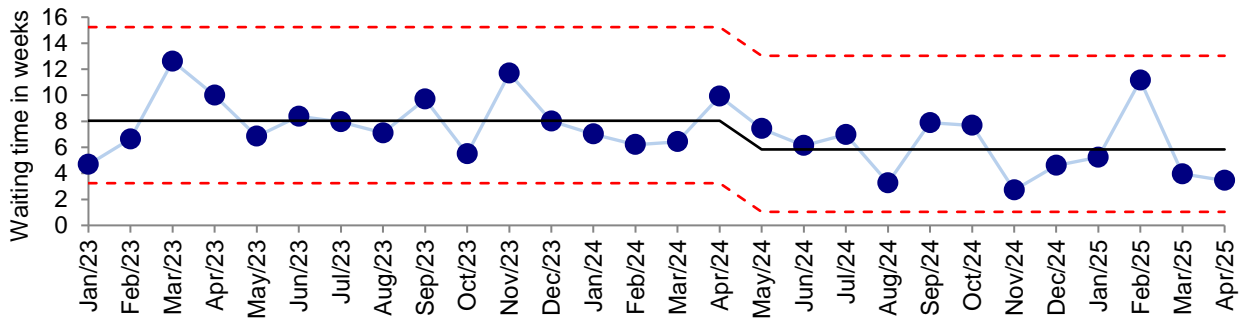
Building capability in QI skills is an important part of developing and maintaining a culture of QI across the Trust. The trust offers three main capability building programmes which are accessible to staff and service users based on their need for skill development.

Pocket QI, the Trust's one-day foundational QI training is accessible to all staff and service users and supports them to quickly be able to apply QI to complex issues that require improvement in their local area. Training is provided in both London and Bedfordshire and has on average 66 graduates each month. In 2024/2025, 711 people completed the course. Of those completing, 95% would agree or strongly agree that they would recommend the course to others.

The Improvement Leaders' Programme (ILP) is a year-long course which builds improvement skills and expertise in project teams working on strategic priority projects across the trust. The programme commenced in April 2024 with 215 staff and service users graduating from ILP in April 2025. Following the course 96% of participants said they would use QI to solve complex problems and 93% said the course had prepared them to lead QI work. The graduates represent 94 projects across the trust with 32 projects, 35%, having seen an improvement. Some examples of ILP project team impact are shared below

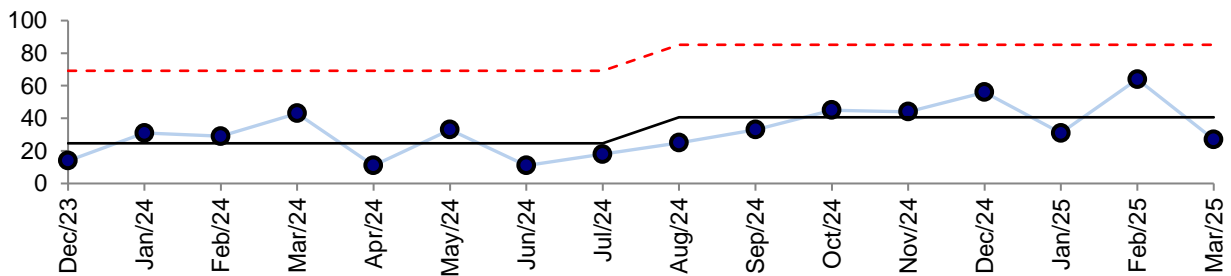
The Woodberry Wetlands Neighbourhood Mental Health team in City and Hackney have reduced the waiting time from referral to first contact by 28% from 8.04 weeks to 5.8 weeks. Key ideas tested include adding breach dates to referral lists, improved allocation communications amongst team, changes to the DNA policy and the use of text messages to remind patients of appointments.

Average time from referral to assessment Woodberry Wetlands - I chart



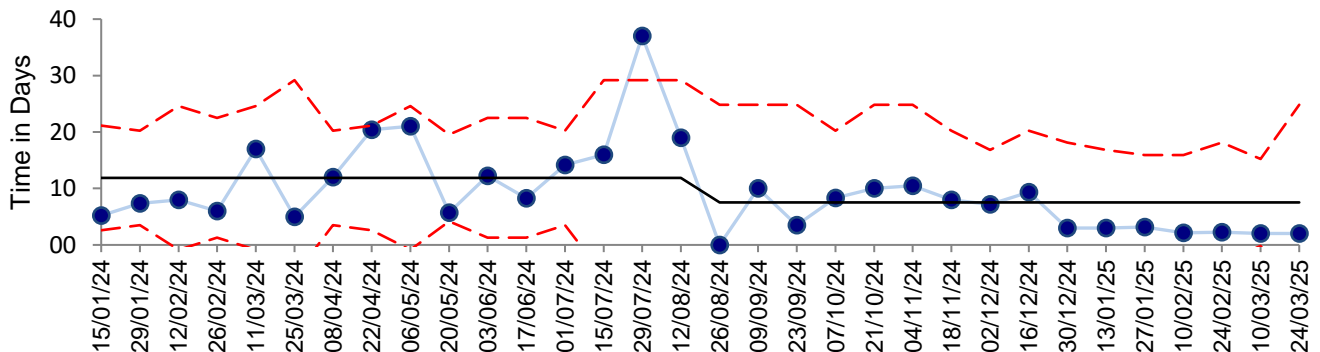
A team from Bedfordshire Talking therapies has been working to improve recovery rates for young people aged 16-21 who are referred into the service. Change ideas include joint therapy offers with CAMHS, changing the assessment process to provide more client choice, change in service outcomes to focus 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%.

Recovery rates (%) for 16-21 year olds undertaking guided self help in Bedfordshire talking therapies - I Chart



Colleagues from corporate services and Bedfordshire and Luton collaborated on work to reduce the time it takes to complete 72 hours reports. The team tested a range of ideas including 1:1 support provided to authors, an amended 72-hr report template to make it more user friendly, changes to email sent to authors with regards to clarity on requirements, focused review of outliers and QR code developed for improvement ideas to be submitted. The team saw a reduction in the average time to complete a report by 37% from 11.85 days to 7.5 days.

Time take to complete 72 hr report (Bedfordshire and luton) - xbar s



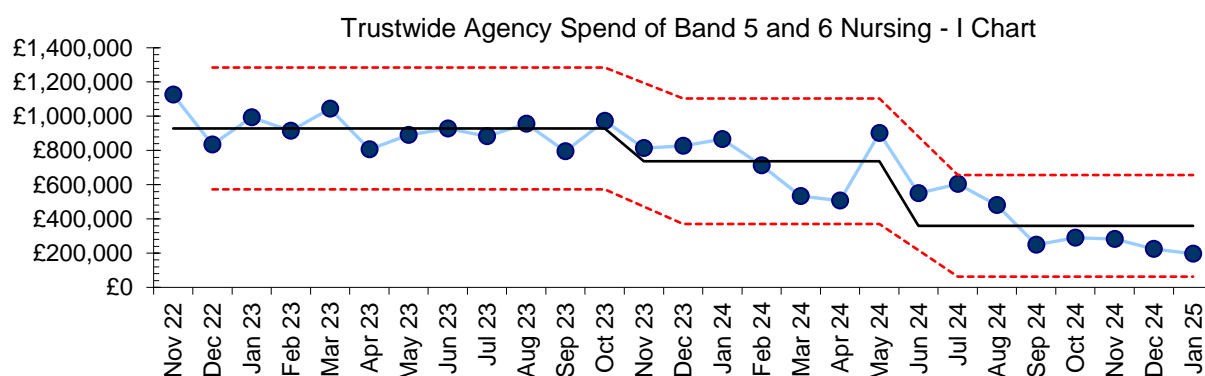
The value impact of the current cohort of projects being supported through the Improvement Leaders' Programme (excluding those teams working on Flow or Pursuing Equity) is estimated to be a combined cost avoidance for the trust of £742k to date and a saving of 222 hours of clinical time each month. The work of the LD team, also on this programme, described in the physical health section has also contributed an estimated £600k in cost avoidance to BLMK system. Three of these projects are outlined in the value section below.

The Improvement Coaching Programme, a six-month experiential learning programme, is designed to equip staff, service users and carers to take on the role of a QI coach. During the course participants are trained to a deeper level in improvement science and practice and embed technical and coaching skills through applied learning with a project team. 39 staff, service users and carers graduated from the ICP this year. Before the course began only 11.8% of participants reported feeling moderately or highly confident in supporting teams to apply QI methods compared to 92.3% of participants after the course.

4 Improved Value

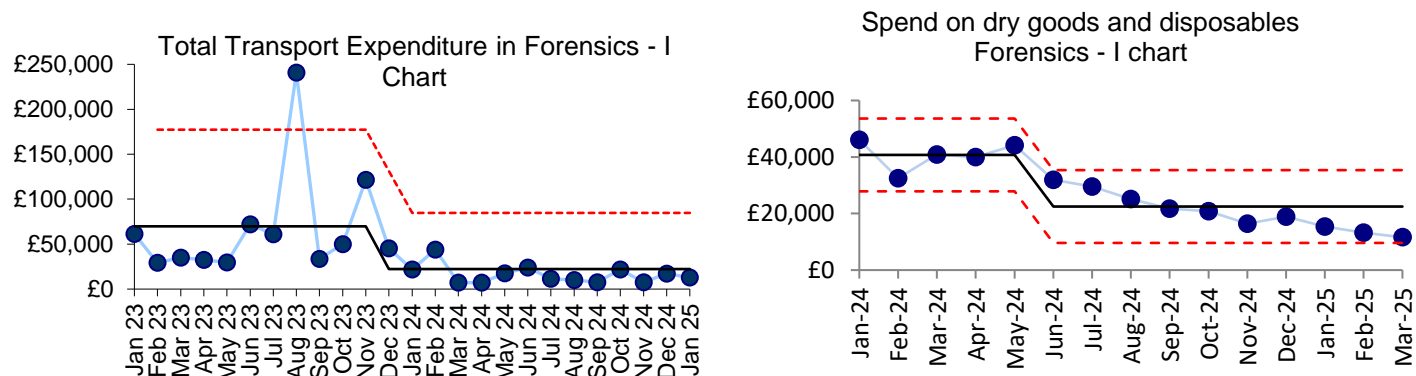
There has been an increased focus on identifying value generated from quality improvement work across the trust this year. To capture all value from QI projects a new section will be included in the QI project charter (which is the initial document describing design of the work), with teams considering potential impact on financial as well as environmental sustainability and societal value. The projects presented below have delivered a combined estimated cost avoidance of £7.7 million. These, combined with work from the flow programme and projects on ILP have supported the trust to realise an estimated £17 million in cost avoidance.

Quality improvement has been used to reduce band 5 and 6 nursing vacancies across the Trust from 23.96% to 12.15%, through a large project sponsored by the Chief Nurse. Change ideas tested include best practice recruitment guides, improved workforce planning, enhanced inductions, and career progression resources. Next steps include shifting from trust-wide to local interventions in community health and community mental health services. This work has reduced spend on agency staff by 61% from £925k to £359k each month. This equates to estimated annual cost avoidance of £6.7million.

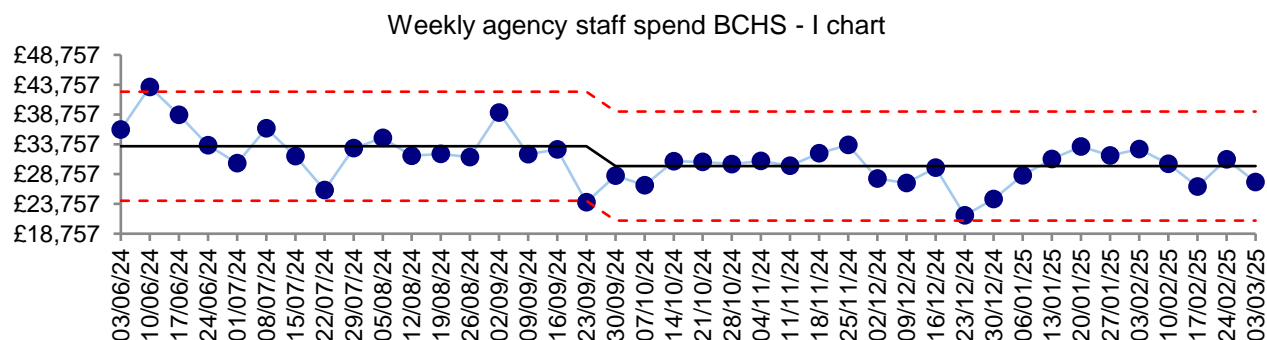


In Forensics, two directorate wide projects have used QI to support cost improvement. One project has reduced directorate wide transport spend by 82% from £69,775 to £22,279 each month: a potential annual reduction of £569,000. Change ideas tested include a checklist for van repairs, closer working between the unit and the supplier of high security transfers and virtual court hearings. Another team has reduced the use of disposable plastics and dry goods (breakfast items). Several ideas have been tested including the use of re-usable plastic cutlery, providing

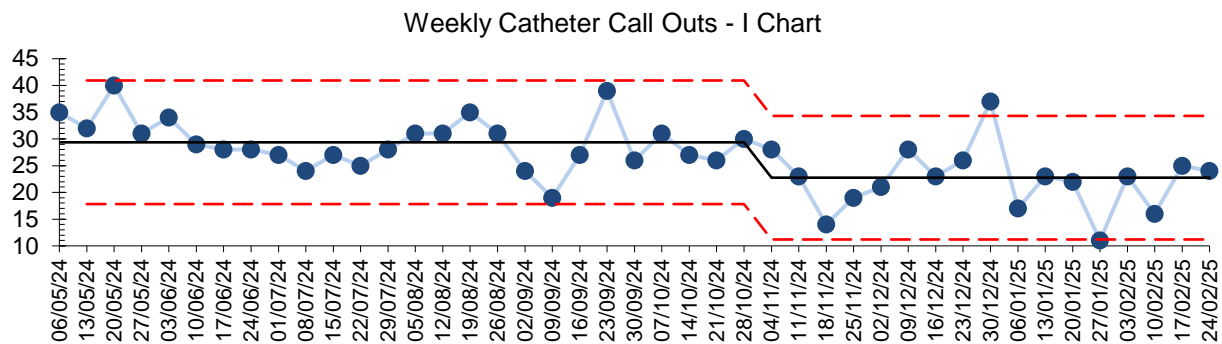
dishwashers and development of a tracking system for spend on dry goods. Monthly spend has reduced by 45% from an average of £40,735 to £22,458. This equates to an estimated annual reduction in spend of circa £200k.



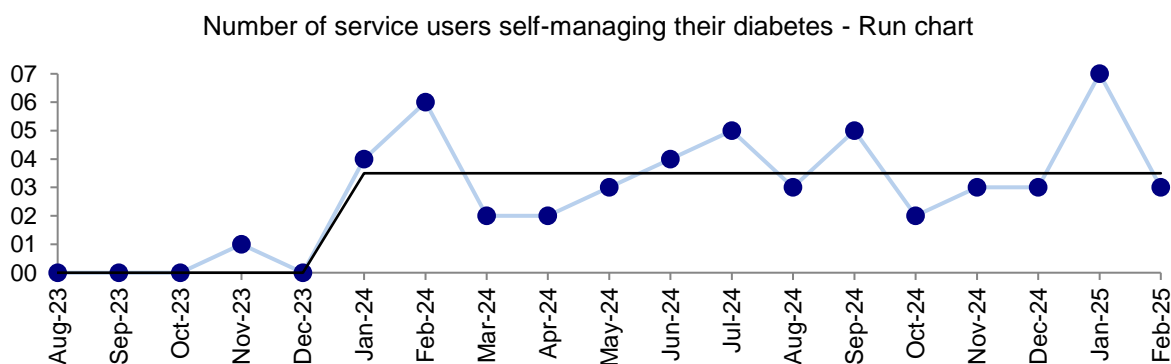
Several teams across Community Health Services have used QI to support improvements in value and efficiency. Bedford community health services have reduced agency spend by 10%, from £33,434 to £30,105 each week. This equates to an annual cost avoidance of £173,108. Change ideas included weekly case load reviews, fortnightly rota planning, adapted referral criteria, a revised DNA policy, and improved patient identification at access points have all been tested. The team is recruiting nurses to the bank pool and streamlining pathways, such as Trial Without Catheter clinics. Collaborative efforts with People and Culture are focusing on recruitment fairs and student nurse recruitment



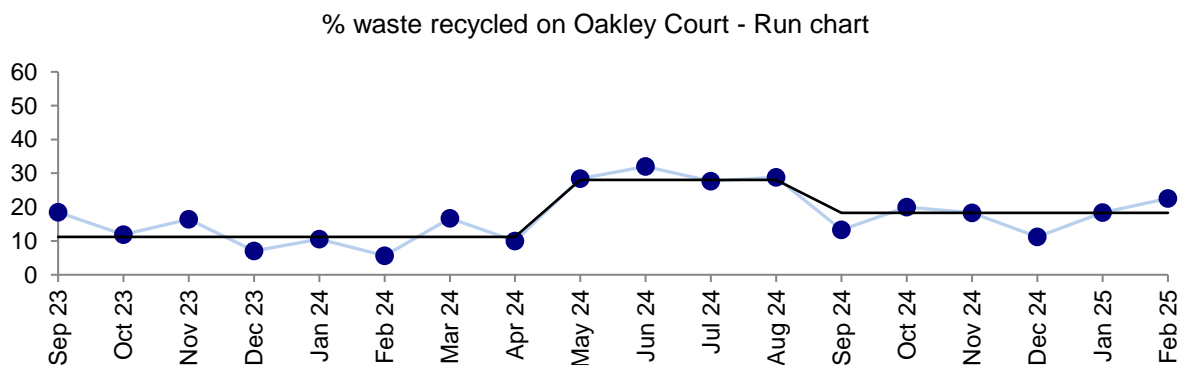
In Tower Hamlets Community Health Services, a team has been focused on reducing callouts related to catheter issues. Several change ideas have been tested, including conducting constipation assessments, identifying patients with frequent catheter blockages, and holding complex case discussions with the Barts Health Bladder and Bowel Lead. As a result, weekly callouts have decreased by 23%, from 29 to 22, saving 630 minutes of staff time each week. This saving of staff time equates to cost avoidance of £292 per week or £15,184 annually.



Another project in Community Health services has been supporting service users to self-manage their own diabetes. Change ideas include carrying out home visits to educate patients, routinely identifying patients' first language and booking an interpreter, using dummy insulin pens to demonstrate how to administer insulin, introducing a diabetes champion and reviewing upcoming HbA1c reviews in locality meetings and liaising with GPs to ensure that all patients have up to date blood tests. As a result of their work this has increased from 0 to 3.5 each month, helping 53 people self-manage their own insulin. By reducing the number of appointments for insulin management, there has been an estimated reduction in spend of £51k over 12 months.

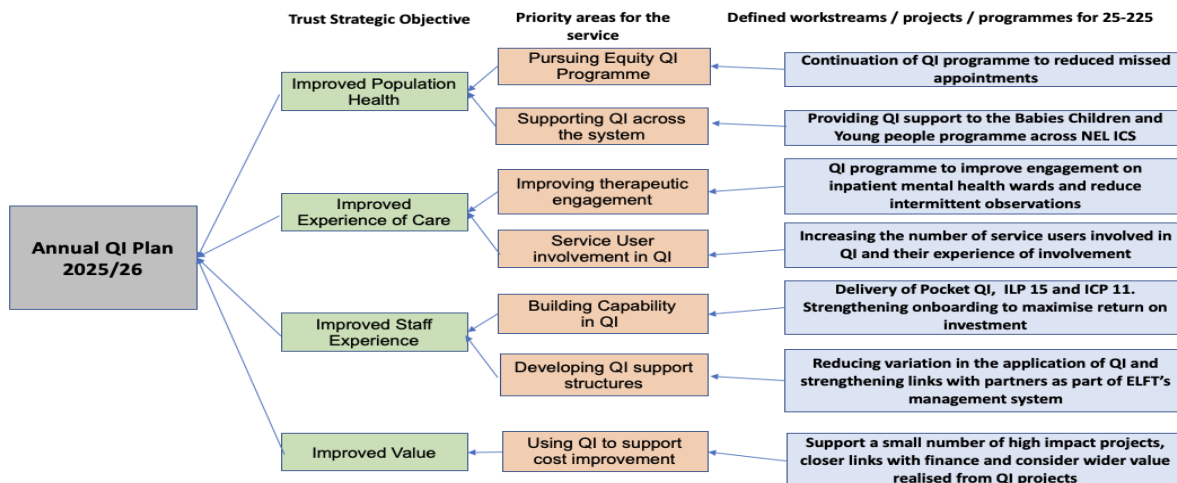


Oakley Court, an inpatient ward in Bedford and Luton, has been working with service users to improve sustainability by increasing the percentage of items recycled from 11.9% to 18%. The team have streamlined recycling bins, increased recycling signage, trialled education on recycling for staff and service users, and created a project board to share the work visually in a public place. This has saved an estimated 772kg of CO₂, which is equivalent to 1,996 miles driven in a petrol car.



2.2. Quality Priorities for the coming year – looking forward to 2025/26

The driver diagram below sets out the priorities for the coming year and shows how quality improvement projects across the Trust links to the key strategic priorities for ELFT and the annual plan for 2025/26.



This year priorities will focus on

1. Continuing delivery of the trust's Pursuing Equity QI programme
2. Large scale programme to use QI to reduce the use of intermittent observations and improve therapeutic engagement on inpatient wards.
3. Delivery of the trust's core QI capability building programmes; Pocket QI, ILP and ICP.
4. Strengthening relations between QI, Going further going together team, population health and environmental sustainability leads to capture the impact of work done across the programmes this year from three lenses of value; financial value, environmental value and societal value.
5. Strengthening our integrated management system to ensure that improvement gains are held and translated into standard work to ensure strong quality control across the organisation. This will also enable us to better share learning for potential scale up.

2.3 Participation in Clinical Audits

2.3.1 National Audit

Throughout 2024/25, ELFT participated in four national clinical audits. A list of these is below, along with the organisation that relevant data was submitted to.

Description of National Audit	Organisation Submitted To
Prescribing Observatory for Mental Health UK (POMH-UK) Topic 16c: Rapid Tranquillisation	Royal College of Psychiatrists
Prescribing Observatory for Mental Health UK (POMH-UK) Topic 21b: Use of Melatonin	Royal College of Psychiatrists
Prescribing Observatory for Mental Health UK (POMH-UK) Topic 24a: Opioid Medications in Inpatient Mental Health Services	Royal College of Psychiatrists
POMH-UK Topic 18c: Use of Clozapine	Royal College of Psychiatrists

A breakdown of the number of teams involved and cases submitted is displayed in the table below where available. Each national audit is assigned a clinical lead who oversees and supports data collection and is responsible for sharing back audit findings and identifying actions for improvement.

Audit	Trust Participation		National Participation		Lead
	Teams	Submissions	Organisation	Submissions	
POMH-UK Topic 16c: Rapid Tranquillisation	30	167	62	3640	Dr Paul Gallagher
POMH-UK Topic 21b: Use of Melatonin	11	108	61	5432	Dr Jolene John
POMH-UK Topic 24a: Opioid Medications	36	78	Report due May 2025	Report due May 2025	Dr Ilona Tappenden
POMH-UK Topic 18c: Use of Clozapine	Ongoing	Ongoing	Report due Sept 2025	Report due Sept 2025	Dr Dave Baillie

Reporting

Once the reports for each audit are published, the findings are reviewed and reflected on locally by teams before being taken to the relevant service level and committee meetings.

The reports for two national audits that ELFT participated in during 2023/24 were published during 2024/25. These were the National Clinical Audit of Psychosis 2023/24 Early Intervention in Psychosis Audit and the National Audit of Dementia Memory Assessment Services 2023/24 Spotlight Audit.

National Audit of Dementia Memory Assessment Services 2023/24 Spotlight Audit

The report for the National Audit of Dementia Memory Assessment Services 2023/24 Spotlight Audit was published in August 2024. All five memory assessment services in the Trust participated with a total sample of 251 cases.

Wait times was an area of lower compliance across all services. Actions put in place by teams to address this were;

- City and Hackney Dementia Service have requested more CT scans where appropriate and reduced the duration of feedback appointments to enable the team to accommodate more appointments, both to improve wait times
- Bedford and Luton Memory Assessment Services have put a daily triage system in place to screen any inappropriate referrals, so eligible patients can get timely access to assessments. The team are also contacting patients on the waiting list and if any risks are identified referrals are escalated accordingly. The team are also piloting a 2 hubs model at both the Bedford and Luton sites from 5th May 2025 – this will allow daily team consultation for timely advice on diagnosis and management. DIADEM based care home assessments are also being trialled, where patients with advanced dementia in care homes can be reviewed by nurses in a timely manner.

Wait times specifically for brain scans was another area for improvement across services, teams fed back that they were aware of this as an ongoing issue for all diagnostic memory services which has been escalated to ICB level. Although there are limitations to what is within the team's capability for improving in this area, teams are actively putting things in place to reduce wait times. Examples are;

- Bedford and Luton Memory Assessment Services and Newham Memory Clinic reported they are aiming to streamline processes to reduce wait times by making requests for the brain scan at triage and when accepting referrals to avoid delays.
- Bedford and Luton teams are reviewing the ICE database at the triage to see if any previous brain scan are available, which may be helpful rather than requesting a new scan. They also have monthly radiology MDT, where scans are discussed and can be reported promptly where needed.
- Tower Hamlets Diagnostic Memory Clinic informed that NEL Dementia Improvement Network is working with NEL's neuroradiology network - a small working group has been established to identify opportunities for improvement including the potential for a 'straight to test model'. This would involve GPs being able to refer patients directly for brain scan. Diagnostically, over 95% of cases would be referred to neuroimaging making this option preferable for reducing delays to scanning.

In Tower Hamlets, the audit data showed lower compliance for offer of CST. The team fed back that this is due to their Post Diagnostic Support Practitioner role having been vacant for some time. Despite this, the service has been exploring other innovative opportunities to facilities CST groups.

Finally, teams fed back actions to improve capturing data such as demographic details and recording of information around physical health assessments. In City and Hackney, the team are using proforma to ensure they are capturing the necessary data, especially for physical health assessments. In Tower Hamlets Diagnostic Memory Clinic, the Operational Lead is conducting a reaudit of casefiles to establish the root cause of any missing demographic data and working with staff to address learning needs in the area by May 2025.

Services continue to find it extremely challenging to meet the post-pandemic demand for dementia diagnostics with the current resource. In response, the trust has commissioned a review of the three East London Memory Clinics with the purpose of establishing areas of good practice and improvements, and to make recommendations to improve both the quality and value of the

current diagnostic care provision across the East London footprint. Teams are eagerly awaiting the outcome of the review to enable them to move forward with the recommendations.

National Clinical Audit of Psychosis (NCAP) 2023/24 Early Intervention in Psychosis Audit

The report for the National Clinical Audit of Psychosis 2023/24 Early Intervention in Psychosis Audit was published in September 2024. ELFT take part in the audit annually. All four Early Intervention Services in the Trust participated with a sample size of up to 100 cases per team and a contextual questionnaire per team, totalling Trust-wide sample of 380 cases and 4 contextual questionnaires.

All services that took part in the audit reflected on the findings locally and developed action plans to address areas of lower compliance.

Teams reported having implemented actions to improve take up of carer focused education and support programmes, including;

- City and Hackney Early Intervention Service will be reestablishing their carer working group. They are conducting a consultation with carers prior to starting, which will be completed by end of March 2025. This work is being led by their operational lead and senior psychologist and will inform their plan to offer regular Introduction to Services Group for new patients & carers, including a psycho-education element
- Newham Early Intervention Service have continued to provide their carers groups in person as well as online. They plan to restart an out of hours online option once they have an assistant psychologist back in post who will lead this
- Tower Hamlets Early Intervention Service have commenced a QI project with the aim of providing carer focused support and education to 75% of Tower Hamlets Early Intervention caseload by January 2026. The team are also due to recommence a road to recovery group by May 2025. The plan is for this to be a rolling offer throughout the year for both service users and carers to access. Lastly, a flyer has been created by the Community Connector for families/friends/carers outlining support and sources of information available both within the team and in the wider community (in-line with all four elements of carer-focused support and education outlined by NCAP).

Teams also reported actions that have been put in place to improve physical health monitoring and interventions, including;

- City and Hackney Early Intervention Service have provided additional CPD sessions in relation to physical health monitoring requirements. The team have agreed an updated process for checks to ensure monitoring is completed and have updated and recirculated their flowchart to support people. Resident doctors completed an initial audit of physical health recording to identify gaps which was presented in their CPD session & circulated end of Jan 2025.
- Bedfordshire and Luton Early Intervention Service fed back that they are aiming to increase the number of people receiving physical health interventions from 84% to 90% (to improve from performing well to top performing). Progress against this is being monitored monthly.

Lastly, actions agreed and implemented in relation to improving uptake of Family Interventions (FI) include;

- Newham Early Intervention Service have recruited a new FI lead and have had two more team members attend FI training at Kings College. The team are now proactively and assertively offering FI early in each initial assessment
- Bedfordshire and Luton Early Intervention Service are training more staff to deliver FI to enable them to increase uptake of FI from 17 % to 24% (to improve from performing well to top performing) by March 2025.

The NCAP Audit is transitioning to routine data collection via MHSDS, and no further bespoke data collection will be required of teams. A working group is underway to ensure a joined-up trust wide approach to recording the relevant data on RiO e.g., via intended activities or codes within progress notes, to ensure it is mapped to the SNOMED codes used for the NCAP audit.

POMH Topic 16c: Rapid Tranquilisation in Adult Mental Health Services

The report for POMH 16c: Rapid Tranquilisation in Adult Mental Health Services was also published in September 2024. Across the Trust, 30 services participated with a combined total of 167 cases, see table below for comparison to previous years participation.

Topic	Number of Participating Teams	Total Number of Cases Submitted
16a (2016)	7	36
16b (2018)	4	21
16c (2024)	29	167

The results were discussed locally as well as at the Forensic Directorate Quality Group, Trust-wide Medicines Committee and Quality Committee. Following these presentations and discussions it was agreed that rapid tranquilisation monitoring should be held by the Trust's Restrictive Practices Committee. The Trust Chief Pharmacist and Director of Nursing (with responsibility for medicines oversight and Chair of Trust's Restrictive Practices Committee) have carried out an exercise to identify any recent cases where monitoring was not performed and are overseeing a wider action plan in response to the findings of the audit, for which progress will be monitored monthly. The action plan aims to address several areas including;

- Understand the reasons for and address a lack of consistency in the location of recording monitoring
- Engage ward staff in proactive monitoring via restrictive practices forum and other suitable trust wide meetings, reminding staff this can be done passively where patients refuse blood pressure or pulse, e.g. respiratory rate, skin colour etc.
- Establish a clear understanding across the Trust of what constitutes rapid tranquilisation by reviewing the policy and ensuring the appropriate information is disseminated
- Understand how rapid tranquilisation/EPMA alerts are generated and who they are received by and clarify with ward staff what the response to alerts should be

POMH 21b: Use of Melatonin

The report for POMH 21b: Use of Melatonin was published in January 2025. 11 services participated with a total sample size of 108 cases.

Topic	Number of Participating Teams	Total Number of Cases Submitted
21a (2022)	6	64
21b (2024)	11	108

Services discussed the findings and developed action plans locally.

Teams reported action plans to address where generic prescriptions were unclear if unlicensed. Changes implemented to drive improvements in this area include;

- Tower Hamlets CAMHS and City and Hackney CAMHS services have circulated information regarding licensing restrictions to psychiatry groups. The team are also updating the resident doctor induction pack to include access to latest formulary and guidance by May 2025.
- Newham LD Service have taken this for discussion at their psychiatry meeting, to ensure prescriptions are licensed where possible.

Teams also documented actions to improve ensuring explanations are given where prescriptions were unlicensed. These included;

- Tower Hamlets CAMHS and City and Hackney CAMHS services fed back that there was significant confusion around whether something was licensed or not, and what information needed to be circulated. The teams therefore circulated the recommended medication leaflet around off license prescribing and added this to the list of resident doctor resources.
- Newham LD service documented an action to take this for discussion at the upcoming team psychiatry meeting.

Tower Hamlets and City and Hackney CAMHS services reported that ADHD and Melatonin reviews are increasing in the services. These are often conducted by junior/rotational staff and ensuring information is recorded can be a challenge. There is a recommendation to include a standard Rio form for both Melatonin and ADHD reviews to improve consistency, concordance with quality standards and effective communication.

Progress against action plans for all national audits is monitored locally by respective teams and updates are provided at the appropriate Trust wide meeting spaces. The Quality Assurance Team request that updates on progress are shared back regularly to ensure the Trust has assurance that there is ongoing monitoring and progress against agreed actions to improve quality of care.

Two reports for audits participated in during 2024/25 are yet to be published. The report for POMH 24a: Opioid Medications in Inpatient Mental Health Services will be released in May 2025 and the report for POMH Topic 18c: Use of Clozapine will be released in September 2025.

2.3.2 Performance against the NHS England Learning Disability Improvement Standards Year 5

The NHSE and NHSI Learning Disability Improvement Standards were launched in 2018 by NHS Improvement to ensure the provision of high quality, personalised and safe care from the NHS for the estimated 950,000 adults and 300,000 children with learning disabilities as well as the 440,000 adults and 120,000 children with autism across England. These standards were designed together with people with learning disabilities, autistic people, family members, carers and health professionals, to drive rapid and substantial improvements to patient experiences and equity of care. (National Benchmarking Network)

The four standards that Trust's performance is measured cover:

1. Respecting and Protecting Rights
2. Inclusion and Engagement

3. Workforce
4. Specialist Learning Disability Services

The first three standards are universal and apply to all areas in all Trusts submitting a completed benchmarking tool. The fourth standard applies specifically to Trusts commissioned to provide specialist services to meet the needs of people with a learning disability and autistic people.

There is a data collection tool that is provided to bring together both qualitative and quantitative data. In addition, there is a staff survey and a service user survey that are distributed across participating teams.

The Trust receives a bespoke report from the NHS Benchmarking Network which demonstrates both compliance with the standards and also data that reflects where ELFT are performing in comparison to other Trusts across England.

The 23/34 results have been made available to the Trust – the survey for 24/25 was delayed and only recently completed. At this time, it's unclear whether this survey will continue following the most recent data collection.

Progress includes the implementation of the Mandatory Training for Learning Disability and Autism, with Tier One available to the target audience. Tier Two has also been available for Trust staff within Bedfordshire and Luton services, where inpatient mental health staff were prioritised to receive the training.

The Trust is now able to disaggregate data for Autistic people without a Learning Disability, however there is work to take forward around how diagnosis is recorded and how to avoid erroneous diagnoses appearing on patient records, where the appropriate diagnostic tests have not been carried out. This aligns with the mandatory training offer to increase awareness of what having a Learning Disability means and also the threshold for a diagnosis of Autism.

The Trust is also working as part of the wider North East London MHLDA Provider Collaborative (Mental Health, Learning Disability and Autism), to develop a practical and supportive guide to offering safe and effective care to people with a Learning Disability and Autistic People across the Trust – this includes better use of advocacy and access to an IMHA (independent advocacy for those detained under the Mental Health Act). This was highlighted as a gap in the Trust's most recent findings within the survey.

There is also some learning about the implementation of Ask, Listen, Do more effectively via our complaints department. Colleagues have already been signposted to complete the mandatory training, with an offer to deliver a more bespoke training where considered appropriate.

2.3.3 Trust Clinical Audit Activity

Audit Programme

During 2024/25 the Quality Assurance team continued to facilitate the Trust-wide Clinical Audit programme. Audits were conducted in three cycles that took place in June 2024, October 2024, and February 2025.

The Clinical Audit Programme consists of a mixture of pharmacy-related audits, infection control audits, and directorate specific audits. All audits are listed below, along with a breakdown of where they are reported to and which directorates they apply to.

Audit Priority	Lead Committee	Frequency
Controlled Drugs Audit and Clinical Use of Medication	Quality Committee / Medicines Committee	Quarterly
Safe and Secure Handling of Medication Audit Transcribing Procedures Audit	Quality Committee / Medicines Committee	Twice annually
Clinical Use of Medicines Audit	Quality Committee / Medicines Committee	Three times per year
Infection Control Audit	Quality Committee / Infection Control Committee	Three times per year
Individual Directorate Audits (NICE/Safety Critical Standards)	Quality Committee / Directorate DMTs	Three times per year

One medicines audit, the Controlled Drugs audit, continues to be audited 4 times per year, at the start of each quarter, as per regulatory requirements. The Safe and Secure Handling of Medication and Transcribing Procedures audits are audited twice per year, in October and February.

Implementation of InPhase platform

In 2024/2025, the Quality Assurance team implemented the InPhase audit module, enabling all services to use the platform for collecting and reviewing mandatory audit data. Five audit cycles have been completed on InPhase, with engagement remaining high at 86%. This transition has improved efficiency, allowing staff immediate access to data when in the past manually reported has meant a 3 week delay in receiving data post data collection. The platform also enables staff to track participation and compliance over time. Since February 2025, directorates have been using InPhase to track audit-related actions, enhancing transparency regarding responses to audit findings.

Learning from Audit

The Trust has a clear process for learning and improvement through the clinical audit programme. After each audit cycle, teams are expected to discuss their results and agree on actions. Audit results and actions are subsequently reported to the Trust's Quality Committee.

Below are a sample of learnings and improvement from audit results during the 2024/2025 financial year:

- The Newham Adult Mental Health, Learning Disabilities, and Autism Directorate has identified that maintaining up-to-date risk assessment forms remains a consistent challenge. Following the most recent audit cycle in February 2025, a DMT-led work stream was established to prioritise working on improvements in risk formulation and action planning across all services.
- Both the Newham Community Health Services Directorate and Bedfordshire Community Health Services identified the recording of information about informal carers as an area for improvement. To address this in Newham, an EMIS template was developed alongside training on how to document this information. The training was also incorporated into the induction programme for all new staff. As a result, the Directorate has seen an

improvement in compliance. The Bedfordshire Directorate is planning to organise a training session to ensure staff understand the importance of this standard as well as the practical process of completing the form.

- In Tower Hamlets Community Health Services Directorate, audit findings revealed inconsistencies in completing documentation within 48 hours. To address this, all staff were provided with access to a mobile device, and reminders were issued to complete the initial assessment template on EMIS and adhere to documentation guidelines and timeframes. This expectation was reinforced through local and handover meetings and reviewing documentation during staff supervision. These measures led to improved compliance with the standard.
- Forensics Directorate has achieved improvements in Enhanced Observations, specifically in the audit standards reviewing the level of observations and recording evidence of the review. A combination of different actions contributed to the improvement: an ongoing Quality Improvement project that aims to improve overall observations and therapeutic engagement; audits results being presented at the Directorate Quality Committee and actions being agreed by the Leads; and also, as part of a piece of work between pharmacy and medical disciplines, junior doctors discuss the requirements for Rio documentation during their induction programme.

2.3.4 Service User Led Accreditation

The Trust's internal Service User Led Accreditation programme, launched in 2019, has continued in 2024/25. The process consists of a self-assessment against service user defined standards for excellence, followed by a visit by service user assessors to test the self-assessment and assess compliance with the standards. Following the visit, an Accreditation Panel awards the service Gold, Silver or Bronze depending on the number of standards met during the assessment visit.

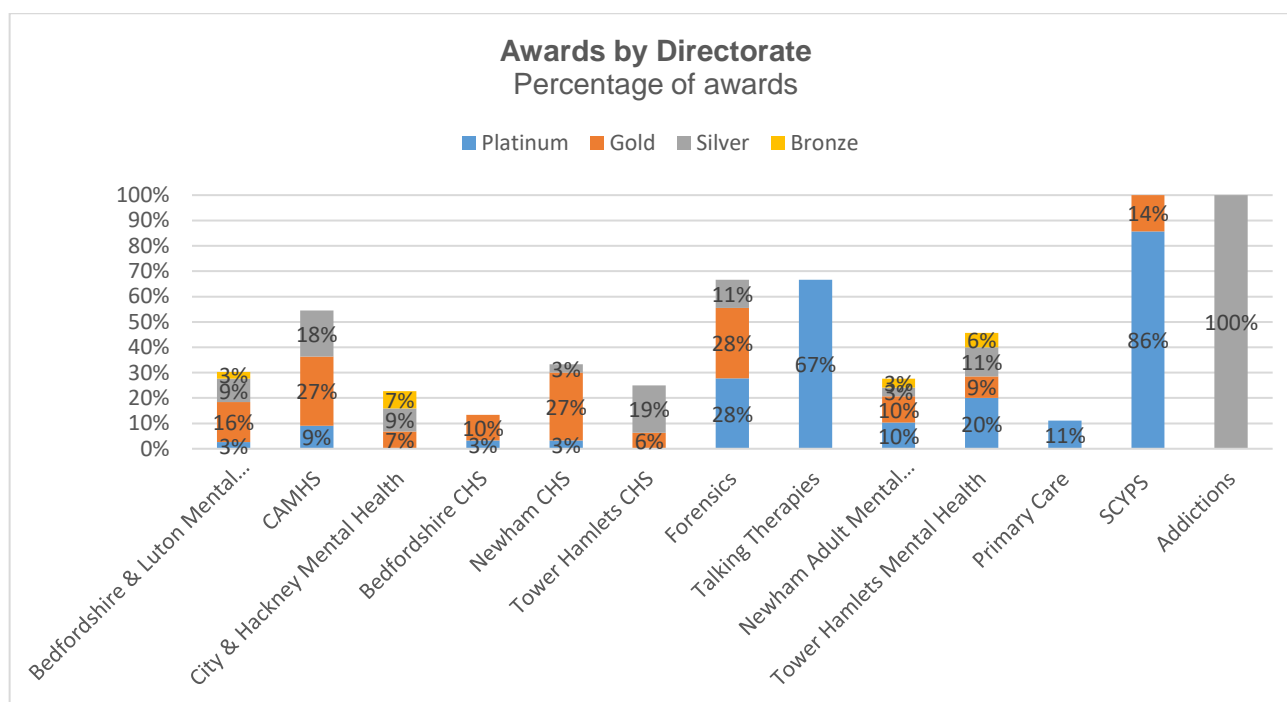
In the last financial year, the Quality Assurance team worked with service users, carers and staff to review all the standards in the programme and further develop a platinum option for teams seeking to fulfill more aspirational standards.

Services that do not meet the required 70% of standards are offered a package of support to work towards accreditation. The service is invited back to the panel once improvements have been made, and they can provide evidence of meeting the required number of standards.

A total of 132 teams have participated in the programme, or are due to participate later this year, including all the Trust's inpatient services.

Outcome of assessments

All services are made aware of the programme and encouraged to participate through their relationships with Quality Assurance Managers in each directorate, and also general communications across the trust. Participation is tracked by the Quality Assurance Strategy Team and reported to directorates in a bi-annual report. The accreditation awards to date are summarised below.



A total of 46 services were accredited in the Service User Led Accreditation programme between January 2024 and March 2025. Efforts over 2024/25 to engage teams within directorates with lower participation focused on our Specialist services such as SCYPS and CAMHS. Over the course of the year, all services within SCYPS participated in the programme for the first time with all 7 services being awarded an accreditation award. Three teams in the CAMHS directorate also took part, 2 of which participated for the first time, and achieved accreditation.

We also focused our efforts on increasing participation amongst East London inpatient services, which resulted in the accreditation of 17 teams across Tower Hamlets, City & Hackney, Newham and Forensics services. Currently undergoing the programme are 5 services from Newham, 3 services from Tower Hamlets, 4 services from Forensic and 9 from City & Hackney, 5 of which have previously participated and are seeking re-accreditation.

In the next financial year, we will focus on Bedfordshire & Luton Mental Health and Community Health Services. Our strategy for the upcoming year aims to improve partnering with People Participation Leads to facilitate service users' involvement in these area and act as a driving force of the programme. Currently, there are 4 community mental health teams participating and 9 inpatient services seeking re-accreditation in Bedfordshire & Luton. These are expecting to host their accreditation visits in quarter 3 of 2025/26. For Community Health Services, 1 service from Tower Hamlets and 1 from Bedfordshire are currently taking part and 5 additional services across the directorate are registered to join the quarter 3 cycle of the programme.

Impact of the programme

One example of how Services have used the process to improve is the work done by Loxford Ward, from the Forensics Directorate. In the feedback from their accreditation visit, Service User Assessors requested assurance that careers were provided with information about the Ward and their services. Welcome packs are sent via email and discussed over the phone. Despite not having frequent new admissions, the Ward took this feedback to review their on-going communications with friends, family & carers, and decided to start a QI project focused on improving communication. This feedback was also discussed with service users in their community meetings to consider having a "Friends & Family champion".

The Early Years Speech and Language Therapy team, in the SCYPS Directorate, are another example of a service that has quickly adopted suggestions made by assessors in order to improve. The service had initially scored 'Partially met' on Standard 9.1, "Service users and carers report having opportunity and confidence to raise concerns". As part of the recommendations, Service User Assessors suggested providing users with different communication methods on how to raise complaints. In response, the service proved to be including information on how to submit feedback and complaints in all of their appointment letters and implemented feedback posters in waiting areas.

Another example of service improvement is Evergreen Ward in CAMHS directorate. The team had scored 'Partially met' on Standard 4.1 "Service can demonstrate they provide and/or promote creative, therapeutic and skill-based activities on a regular and frequent basis". The recommendations from Service user assessors included strengthening collaborations with external services and organisations in the community to implement indoor and outdoor activities in a safe manner. The service provided evidence of their anti-slip edges stairs to their back garden and demonstrated connections with agencies that regularly bring animals to the ward to improve mood and increased social interaction.





We have continued to host regular 'Assessors Together' sessions each quarter to discuss any issues with assessors directly. The space enables assessors to build relationships and stay up to date with changes implemented in the programme and within the Trust; for example, discussions around financial viability and how it may impact teams. Lead Assessors also gave feedback on the need to discuss separately some issues specific to their role, such as reporting writing. This led to creating a new space where they identify blockages and share ideas that are working well. The group created a driver diagram aiming to improve their experience of the programme; lead assessors take forward a change idea at a time and feedback on their tests at the following meetings.







Some additional work to improve efficiency focused on the Assessors Panel. We implemented a 'scoring sheet' as a tool where each assessor can capture their feedback and recommendations of the documentation presented, allowing more time for panel discussion which is the core function of the panel.

We are continuously improving the programme in collaboration with clinical teams and our service users. In 2024/25, the QA team started an 'after panel review' to quarterly reflect on the feedback provided by clinical teams, review some key performance indicators and develop ideas for improvement.

2.3.5 External Accreditation

Many wards and teams within the Trust are Members and are participating in the Royal College Quality Networks.

Accreditation scheme	Location	Members
	Bedfordshire & Luton	Ash Ward Coral Ward Crystal Ward Onyx Ward Willow Ward
	Tower Hamlets	Roman Ward Brick Lane Ward
	Bedfordshire & Luton	Bedford Child and Adolescent Mental Health Service Luton Child and Adolescent Mental Health Service
	City and Hackney	City and Hackney Child and Adolescent Mental Health Service
	Newham	Newham Child and Adolescent Mental Health Service
	Tower Hamlets	Tower Hamlets Child and Adolescent Mental Health Service
	Bedfordshire & Luton	Evergreen Unit
	East London	Galaxy Ward, Coborn Centre Coborn Centre GAU
	Tower Hamlets	Bethnal Green Community Mental Health Team
	Bedfordshire & Luton	Luton ECT Suite

Accreditation scheme	Location	Members
	Tower Hamlets	Tower Hamlets ECT Clinic
	Bedfordshire & Luton	Luton Memory Assessment Clinic
	City and Hackney	City and Hackney Memory Service
	Newham	Newham Diagnostic Memory Clinic
	Tower Hamlets	Tower Hamlets Diagnostic Memory Clinic
	Bedfordshire & Luton	Bedford Psychiatric Liaison Service
	City and Hackney	Homerton Psychological Medicine
	Tower Hamlets	Tower Hamlets Mental Health and Psychological Medicine Team
	Trustwide	East London NHS Foundation Trust
	Community	
	Bedfordshire & Luton	Bedfordshire and Luton Perinatal Mental Health Service
	City and Hackney	City and Hackney Perinatal Outpatient Service
	Tower Hamlets	Tower Hamlets Perinatal Service
	Inpatients	
	City and Hackney	Margaret Oates Mother and Baby Unit (Hackney)
	Bedfordshire & Luton	Jade Ward
	City and Hackney	Bevan Ward
	Newham	Crystal Ward (PICU)

Accreditation scheme	Location	Members
	Forensics (East London)	Shoreditch MSU LD Ward Clerkenwell Ward
	Forensics (East London)	John Howard Centre
	Bedfordshire & Luton	Luton and South Bedfordshire Crisis Team
	City and Hackney	City and Hackney Home Treatment Team
	Tower Hamlets	Tower Hamlets Home Treatment Team

2.4 Research and Innovation

ELFT's mission is to improve the quality of life for all we serve. Our vision for the Research & Innovation (R&I) function in ELFT is to work together with, and in support of, our care services' objectives to continuously improve. The R&I function – as part of a broad innovation portfolio, encompassing Quality Improvement, service evaluations, trainees' degree projects, right up to externally funded research grant programmes – is driven by the improvement needs of the Trust's Places and Clinical areas.



Every day in the UK, someone receives a diagnosis for a disease or health condition. The treatment, care and support they receive will be shaped by research, ensuring that NHS patients continue to benefit from improved and modern services, and helping to deliver better outcomes to patients across the country. There is a significant body of evidence to show that research active trusts have better patient outcomes. The benefits of research apply at all levels from the individual patient to the entire population.

Research is fundamental in providing the evidence we need to transform services and improve outcomes, it is essential to find out which treatments work better for patients and plays an important role in discovering new treatments, making sure that we use existing treatments in the best possible way and improving the quality of life for people living with illness. Research can find answers to things that are unknown, filling gaps in knowledge and changing the way that healthcare professionals work. Patients who participate in research have the opportunity to access cutting-edge treatments.

Recruitment into research studies in 2024/25 decreased from our previous year's high and we enrolled just under 700 participants enrolled into 27 studies from the Department of Health and Social Care's (DHSC) National Institute for Health Research (NIHR)¹ research Portfolio.²

In part, this reduction in gross numbers is a result of a deliberate strategy to prioritise enrolment into interventional studies, where patients are offered treatments they would not otherwise receive outside of research – although recruitment into such studies is much more resource-intensive than for a simple survey. Our focus proved successful, and enrolment in interventional studies this year was more than 50 percent above our own average and a third above the average for community and mental health trusts across London.

Innovative mental health care service delivery

In 2023 a delegation of ELFT started to explore the Trieste community care service model with a visit to local services. Subsequently, ELFT decided to pilot corresponding 24/7 community services and successfully applied to NHSE to become one of six national pilot sites. Working with the World Health Organisation (WHO) Collaborating Centre for Research and Training in Trieste, and the Italian National Research Council, ELFT is conducting a comprehensive evaluation of service outcomes with a woeful focus on coproduction, continuity of care and a reduction in the

¹ The NIHR was established in 2006 to "create a health research system in which the NHS supports outstanding individuals, working in world-class facilities, conducting leading-edge research focused on the needs of patients and the public". It is funded by the Department of Health and Social Care. Working in partnership with the NHS, universities, local government, other research funders, patients and the public, the NIHR funds, enables and delivers health and social care research focused on early translational research, clinical research and applied health and social care research.

² NIHR Clinical Research Network (CRN) support is available to all studies, regardless of location, study type, study size, therapy or research area, provided they meet the [Department of Health and Social Care established eligibility criteria](#). Those that do are considered part of the *NIHR Portfolio*.

use of coercion in acute crisis care. This groundbreaking research will dovetail with the national evaluation programme and it is envisaged that the findings will inform service development and policy across the UK.

Putting the service user at the heart of research

A unique service user and carer research group PoPuLar, Patient and Public Led Research, was successfully established in 2018/19 in close collaboration between R&I, People Participation and the Unit for Social and Community Psychiatry (USCP). The PRIDE study (Curwen et al. Research Involvement and Engagement, 2019, 5:5) was planned, conducted and published in collaboration between service users, clinicians and researchers and may be the first time service users not only defined the research topic but were also trained to become the research assistants and conducted the qualitative analysis of data. In 2024, the second cohort of PoPuLar successfully completed another co-produced research study project. A corresponding paper with the title “Advance Directives as a care planning tool for service users with complex mental health needs - a service evaluation” has been submitted for peer-reviewed publication to the British Journal of Psychiatry Bulletin.

PoPuLaR+ will expand these activities across the Northeast London Integrated Care System (ICS) and will promote lived-experience informed and initiated research, support service users and carers to become active members of this group. Members will design, conduct, analyse and disseminate research that is led by service users and carers that suits their strengths and present this work to others. The aim to create a dynamic and inclusive environment for mental health research that reflects the diverse experiences and needs of service users / carers and contributes to improving health and social inclusion / wellbeing outcomes across the region.

A research hub in Bedfordshire and Luton

This year, through the academic partnership between ELFT and the University of Cambridge, we launched Bedfordshire and Luton (B&L) Research Hub to increase research capacity, embed a culture of collaborative research, and improve representation. During its first year, the hub has successfully brought together research-enthusiastic staff across the region with some notable successes including: research activities

- Co-designed a research engagement plan with established CYP social prescriber link workers and piloted ‘Research Champions’, who underwent bespoke CYP mental health training to engage with the diverse communities in Luton in CYP health.
- Menopause and Mental Health pilot service funded by the Bedfordshire, Luton and Milton Keynes (BLMK) ICS to raise awareness among both the workforce and service users, while improving clinical services for women in the premenopausal and menopausal stages of life.
- B&L memory team has now embarked on their first commercial trial Five-lives that is exploring the use of an app to boost brain health and improve cognition.
- Raised the research profile at ELFT and collaboration in Bedfordshire including constructing our own local priorities which have informed the development of the BLMK ICS research strategy “pillars”

2.5 Regulatory compliance - Care Quality Commission (CQC) Inspection

ELFT is required to register with the CQC and its current registration status is 'Registered with no conditions applied'.

The Trust has no conditions on registration and the CQC has not taken enforcement action against the Trust during 2024/25

The inspection received by the Trust was in February 2023 of four Acute Working Age Mental Health Wards. The inspections looked into serious incidents of suicides and self-harm, ligatures, observations and learning in in-patients wards. The wards inspected were:

- Willow ward (Bedfordshire)
- Coral ward (Luton)
- Gardner ward (City and Hackney)
- Roman ward (Tower Hamlets)

The subsequent report highlighted both areas of positive practice and areas for improvement.

Areas of positive practice:

- Ward environments were safe and clean. The wards had enough nurses and doctors. Escalation processes for staff when they were short staffed or needed additional staff had improved.
- Service improvements had taken place as a result of learning from serious incidents. Wards applied identified recommendations and completed actions in a timely manner. On all wards the observation, ligature risk mitigation and patient search processes had improved.
- In response to a number of incidents where observation procedures were not followed and practice fell below expected standards the trust rolled out a trust wide quality improvement project to understand the challenges in this area. This led to individual teams across the services working on a range of project areas around observations exploring local solutions.
- Most staff were well informed about incidents. Staff knew about previous serious incidents going back several years. The trust developed a suite of online training covering suicide prevention, ligatures, observations, and patient searches to support staff in learning lessons from previous incidents.
- Senior staff investigated incidents thoroughly. Patients and their families were involved in these investigations. The trust worked closely with family members and offered family members to option to feed into the service improvement and development processes. This had a powerful impact in understanding how the application of operational processes played a vital role in patient safety.

Areas for improvement identified:

- The availability and accuracy of Statutory and Mandatory training and staff compliance.
- Access to regular supervision and annual appraisals.

- Consistent environmental checks being conducted.
- Improvements to the serious incident process. This includes ensuring staff responsible for delivering actions following SIs and the senior managers are involved in the development of action plans, and that signed off serious incident action plans is reflecting the latest changes in the actions plan to ensure effective sharing of learning across the Trust.

The report identifies 2 'must do' actions that the Trust is required to undertake to ensure that it complies with the regulations set out in the Health and Social Care Act (2008), and a further 9 actions that the Trust 'should' undertake to improve the service it provides.

Since receiving the report in 2023, the Trust has taken the following action towards meeting the Must Do actions:

- A new system to enable recording of supervision sessions has been implemented Trust wide since April 2024. This now enables a central system to monitor supervision levels across the organisation, and provides automated reminders when supervision is due.
- On Gardner Ward, work to embed environmental checks and update ligature risk assessments has been completed.
- On Roman Ward, required refurbishments have taken place include to kitchen and bedroom doors, and a system to ensure repair works are logged and tracked is in place
- The Clinical Risk Assessment and Monitoring Policy has been reviewed, and changes made to ensure risk mitigation is included in all risk assessments.

In addition, all directorates are now RAG rated amber or green (>80%) for statutory and mandatory training compliance. The Trust's overall compliance has remained stable around 88% over the course of 2024, in contrast to 80.58% in July 2023 shortly after the most recent inspection. Further work has been undertaken by Learning and Development to ensure staff are mapped correctly to the correct training. Regular reporting has also been reinstated which provides team leads with data about their team compliance, as well as missed training sessions.



Are services

Safe?	Good
Effective?	Good
Caring?	Outstanding
Responsive?	Good
Well-led?	Outstanding

Special Reviews

The Trust has not participated in any special reviews during 2024/25.

2.6 Learning From Deaths

Numbers of Patient Deaths Reported by ELFT in 2024/2025

During the reporting period 1 April 2024 to 31 March 2025, ELFT reported a total of 3,313 patient deaths of which 2,905 were reported as expected and 408 were reported as unexpected. This represents an increase from the previous reporting period (2023/2024) during which period the Trust recorded 2,862 deaths. Altogether, expected deaths were higher than unexpected deaths.

Table 1 Total deaths reported by ELFT 01 April 2024 - 31 March 2025

Period	Number of reported deaths
Quarter 1	676
Quarter 2	875
Quarter 3	835
Quarter 4	927
Totals	3313

**Due to potential delays in the Trust being notified of some deaths, this figure may change if a further report is produced which occurs outside of the date when this report is completed.*

Patient Deaths Subject to an Investigation

The year also marked the phased adoption of the Patient Safety Incident Review Framework (PSIRF) which replaced the Serious Incident Framework (SIF). This development represents a shift from exclusively categorising incidents as Serious Incidents (SIs), towards embracing a wider range of learning-focused responses including;

- 72 hour reports
- Care Review Tools
- After Action Reviews
- Patient Safety Incident Investigation.
- Learning Disabilities and Autistic Mortality Reviews

During the reporting period the 72 hour report has now fully replaced the 48 hour report as the initial report into a safety incident.

The Patient Safety Incident Investigation (PSII) has introduced a systems based review methodology which uses the Systems Engineering Initiative for Patient Safety (SEIPS) Framework to review and analyse the factors which contributed to a safety incident. The Care Review Tool (CRT) has been successfully implemented for both expected deaths and unexpected deaths. The CRT is a desktop review, led by Patient Safety Lead Reviewers, and serves as a preliminary incident review tool designed for rapid assessment of incidents, and particularly a subset of unexpected deaths where patients were involved with multiple services. The aim of using a CRT is to evaluate circumstances and care provided without, unnecessarily, necessitating a full Patient Safety Incident Investigation (PSII). CRT's identify opportunities for enhanced organisational learning beyond what can be identified from an initial incident review. CRT reviews where appropriate, can be presented at coronial inquest.

During this period, a total of 512 (15.45%) of all reported deaths were subject to an investigation. 271 reviews of expected deaths were conducted using the Trust's Care Review Tool process (CRT). 313 unexpected deaths were investigated through the Trust's internal Patient Safety

Investigation process. This included 226, 72 hour reports. Whilst 72 unexpected deaths were reviewed as PSII's and CRT's.

After Action Reviews (AARs), which is a facilitated investigation that offers essential learning opportunities. An AAR supports the evaluation of deaths that do not require a full Patient Safety Investigation. Additionally, AARs have enhanced timely and collaborative learning from incidents.

There were 15 deaths reported to LeDeR (Learning from Lives and Deaths Review). LeDeR is a national program, part of the NHS, where the deaths of people with learning disabilities and autistic people are reviewed. Integrated Care Boards (ICBs) are responsible for ensuring these reviews are completed locally and for implementing the learning identified from the reviews to improve services.

Table 2. Learning Response Investigations per quarter and type

Period	Reported deaths	Investigation Type				Total Investigations (% of reported deaths)
		CRT Expected deaths	72hr reports	PSII and CRT unexpected deaths	LeDeR	
Quarter 1	676	76	61	16	3	156 (23.07%)
Quarter 2	875	37	49	37	7	130 (14.85%)
Quarter 3	835	49	53	8	2	112 (13.41%)
Quarter 4	927	37	63	11	3	114 (12.29%)
Totals	3313	199	226	72	15	512 (15.45%)

None of the 199 CRT's for expected deaths identified contributory patient safety factors which contributed to the patient deaths.

Suicide was determined, as the cause of death, for 26 of the unexpected deaths. Six Prevention of Future Death (PFD) reports were issued by HM Coroners to the Trust during the 24/25 annual period (although the period during which the deaths occurred extends outside of the reporting period for this review i.e. earlier than this 24/25 period).

In total 101 unexpected deaths were heard, reviewed and concluded at inquest. The following themes were identified. All findings have had associated recommendations and action plans developed to address them.

Themes identified:

Training

The necessity for autism awareness training was recognised as a key priority, necessitating its comprehensive implementation across the Trust. This initiative ensures that all staff are equipped with the knowledge and skills to better understand and support individuals with autism and fostering a more inclusive and responsive approach to care. By embedding autism awareness into training programs, the Trust is reinforcing its commitment to accessibility, improved patient experience, and the delivery of person-centered support.

Training on venous thromboembolism (VTE) assessment was identified as a further key priority and has now been successfully implemented Trust wide. As part of standard clinical practice,

every inpatient is required to undergo a VTE assessment upon admission, ensuring timely risk evaluation and appropriate preventative measures to enhance patient safety.

Families and carer involvement

There is ongoing work across the Trust around family and carers engagement in PSII's and appropriate signposting to bereavement services. The Patient Safety Review team now include support pathways in their initial contact letters sent to families and carers.

Communication

Interagency work including, discharge, communication and interface issues with external services and agencies were identified as areas for improvement. Particular issues were identified with coordinating with housing associations, private therapy providers, and other NHS Trusts. These challenges negatively affected discharge planning, care continuity, and the effective handover of patient information.

Work is underway to improve communication pathways and joint working practices with our external partners. Work is focused on the early identification and escalation of any concerns related to patient care and safeguarding.

Assessments and physical health

The Trust has implemented support and training for staff to improve the systematic collective and comprehensive assessments of patients', in the face of, the patient's deteriorating mental state

There is regular Trust wide training on mental capacity assessments, to ensure staff are equipped to support patients in making informed choices.

Further issues identified included, poor compliance with diabetes regime in a child and failure to recognise physical health deterioration, and the escalation of concerns relating to deteriorating patients.

As mentioned previously, training on venous thromboembolism (VTE) assessment was identified as a key priority and has now been successfully implemented. As part of standard clinical practice, every inpatient is required to undergo a VTE assessment upon admission, ensuring timely risk evaluation and appropriate preventative measures to enhance patient safety.

Record keeping

We have launched a Trust-wide initiative focused on elevating the quality of clinical documentation, ensuring accuracy, consistency, and compliance with best practices. This improvement project emphasises a multifaceted approach, incorporating comprehensive staff training to enhance documentation skills, routine audits to identify areas for refinement, and the implementation of robust protocols to mitigate errors and uphold stringent standards. By fostering a culture of accountability and precision, this initiative aims to strengthen the integrity of clinical records, ultimately improving patient care and operational efficiency.

Safeguarding

Identified challenges with self-neglect and safeguarding, particularly ensuring local authorities acted on raised concerns. Issues around financial decision-making and literacy were also noted.

Child safeguarding issues in regards a child's environment

Structured and targeted training initiatives are being delivered to enhance staff awareness and understanding of safeguarding procedures, ensuring they are well-equipped to identify and

respond to potential concerns. Additionally, safeguarding leads are actively participating in local meetings, providing continuous oversight, offering expert guidance, and fostering collaborative discussions to strengthen best practices across the organisation. This integrated approach reinforces a culture of accountability and vigilance, ultimately improving the safety and well-being of individuals under our care.

Staffing

Two Patient Safety Incident Investigations (PSIIs) identified staffing shortages, where vacancies and staff absences due to sickness had a direct impact on the quality and continuity of care delivered. In response, proactive recruitment measures have been implemented to address these challenges. Notably, an additional consultant psychiatrist joined the team in November 2024, strengthening clinical expertise. Furthermore, other teams have successfully expanded their workforce, alleviating operational pressures and enhancing service delivery to ensure more consistent, high-quality care.

Table 3. Estimated deaths adjudged to be potentially due to patient care provided by quarter.

Period	Deaths reported	Deaths likely to be related to care provide	%
Quarter 1	676	1	0.148%
Quarter 2	875	4	0.457%
Quarter 3	835	1	0.12%
Quarter 4	927	0	0%
Totals	3313	6	0.181%

The deaths likely to be related to patient care were recorded based on coroners' conclusions and the issuance of Prevention of Future Death (PFD) notices

Summary of ELFT Learning from Case Record Reviews and Investigations Undertaken in 2024/2025

Themes & Trends

Themes and patterns from both expected and unexpected deaths across the Trust show that Community Health Services recorded the highest overall mortality rates. The majority of expected deaths within Community Health and Community Mental Health Services occurred among individuals aged 76 to 100 years. This trend remained consistent throughout Q1, Q2, Q3, and Q4, as well as the previous year, 2023/2024.

In general, the number of expected deaths exceeded the number of unexpected deaths. This is a typical occurrence, influenced by the large number of individuals receiving palliative care through community health services

End of Life Pathway (ELP) and Preferred Plan of Care (PPC)

Over the period 1 April 2024 and 31 March 2025 there was a continuation from the previous year where patients' at the end of life had a care plan in place and had made advanced decisions. Where patients did not have an end of life plan (EoLP) in place this was due to them either; deteriorating unexpectedly requiring an emergent hospital or hospice admission or the patient

was referred to ELFT and died before being assessed or seen. These patients were not specific to a single directorate or geographical area.

Age

The highest mortality rates were recorded in the 76–100 age group, with Community Health Services consistently reporting the most deaths. These services catered to a larger proportion of patients aged over 65, including those who were terminally ill or receiving palliative or end-of-life care.

Patients whose expected deaths were reviewed using the (CRT) utilised Community Health Services as well as Mental Health Services for Older People, which included dementia care and Memory Clinics. Additionally, many older patients within Community health and Mental Health Services were engaged with continence, podiatry, and wheelchair services.

Gender

Although monthly differences in the number of male and female deaths were observed throughout the reporting period. These gender variations were minimal and remained consistent over time.

Standard of care

Care of the dying person was reviewed using the CRT and East London Foundation Trust (ELFT) Dignity in Care at the End of Life Practice Guidance, the Gold Standard Framework (GSF) Guidance and Dying matters Guidelines.

At the conclusion of the CRT review, the Patient Safety Lead Reviewer will highlight whether any identified care omissions warrant further investigation through a PSII, or if completing an After-Action Review (AAR) would suffice to enhance learning.

From April 2024 to March 2025, the case notes examined through the CRT processes demonstrated that, in general, the care delivered across the Trust met the expected standards for supporting dying individuals and incorporated either an End of Life Plan (EoLP) or a Universal Care Plan (UCP).

Patient preferences were addressed through discussions with either the patients themselves or their families, ensuring a focus on patient-centred care. Community Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders were established for all patients who died at home, while those in hospital settings had DNACPRs specific to the acute care environment.

Diagnosis and Cause of Death

The highest number of deaths arose in patients with respiratory conditions including pneumonia and influenza, followed by dementia and cancer. Cause of death was not reported at the time of review in all cases. This trend was similarly evident in the National Death Rates

Actions Taken and Planned based on Learning from Deaths

Dying Matters Week in 2024 included online webinars, published blogs, and Talking about Death and Dying workshops. East ham Care Centre had open house discussion on end of life and support. Bart's Health's Cancer Psychological Services offered a free workshop to understand more about fears of cancer recurring or spreading, practice helpful strategies & connect with other people which was open to all ELFT staff and patients.

The East London Mosque held a community event, talking about death and accessing palliative care. Local leads from ELFT, the Tower Hamlets End of Life Board alongside the Chaplaincy Team at St Joseph's Hospice and Barts Health attended.

ELFT released Blogs during the week. Staff shared how they managed conversations around death and dying and why they thought these are essential to have. ELFT's Director of Nursing released a blog which highlighted the importance of having open and honest conversations with individuals and their families

Hosted by ELFT, Genesis Cinema, Mile End – showed Much Ado About Dying with its director holding a Q&A

World Suicide Prevention Day was on 10 September 2024. The theme was Creating Hope through Action - resources and webinars were available.

Psychiatrist and Clinical Lead for ELFT's Autism Service, led a workshop exploring the experiences of supporting service users who are autistic and feeling suicidal. Looked at how could clinicians, family and the public help?

The Trusts Suicide Prevention Lead facilitated Suicide Prevention Working Group throughout the year.

Continued improvements for supporting staff, patients, families and carers involved in Patient Safety Incidents. This included improved pathways for support in bereavement and those affected by suicide.

Engagement with Primary Care and Homeless Services, Rough Sleepers Mental Health Project (RAMHP) continues to progress. Team Manager, RAMHP - Rough Sleepers Mental Health Project, ELFT is collating data and will present it to the learning from Deaths Panel. The plan to hold a Learning Lessons forum with the Commissioner for Homeless Services in Tower Hamlets is in progress.

We continue to look at and improve the access to palliative care for this group of people. Quality Improvement work continues in Tower Hamlets involving communities and with raising cultural awareness and access to palliative care. This includes engagement with spiritual leaders, mosques and representatives from the local communities.

The Learning from Deaths Group review process for the Trust evolved during the course of 2024/2025

Going forward, The Learning from Deaths Group 2025-2026 plan is to focus on

- Reviewing the terms of reference for the Learning from Deaths Group, with ways to improve our learning from incidents and deaths with more focus on learning from Patient Safety Incidents
- Progressing learning through the PSIRF methodologies adopted to review both expected and unexpected deaths and how themes and systems factors which contribute to adverse patient safety outcomes can be better addressed
- Continued development of the engagement with the Medical Examiners and Coroners Offices.

2.7 Staffing

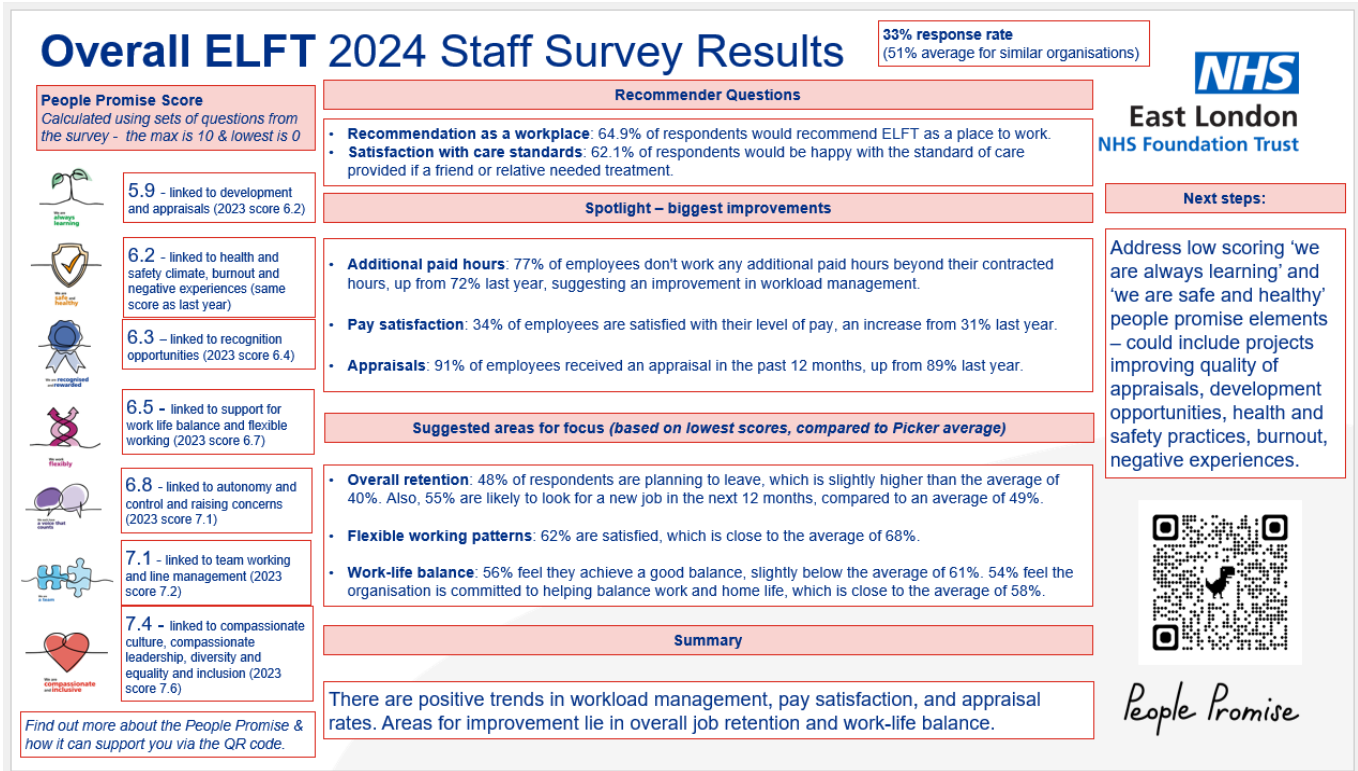
2.7.1 Staff engagement

Progress against ELFT’s current People Plan is regularly reported to the newly implemented People & Culture Committee and to the Trust Board. The People Plan supports the delivery of the Trust’s strategy and focuses on four key pillars, linking in with the NHS People Promise:



2024 NHS Staff Survey

The Trust has recently received results from the 2024 NHS Staff Survey, with the final response rate coming in at 33% (9% below last year's percentage), despite a rigorous communication campaign. The infographic below provides an overview of the Trust’s 2024 NHS Staff Survey data themed in line with the NHS People Promise elements:










The overarching themes emerging for improvement are:

1. We are always learning - Our ELFT Lead Programme is now officially recognised by the Chartered Manager Institute (CMI), meaning that all future participants will be awarded Foundation Chartered Manager status with the CMI. The programme is aimed at new / developing managers, with applications opening soon. Interested staff are encouraged to complete an expression of interest form to be notified once the application window opens
2. Flexible working and work-life balance - we have started work on a flexible working campaign. Including the setting up of an ELFT flexible working group and a flexible working hub on the intranet. The aim of this is to increase awareness and understanding of flexible working opportunities at ELFT, making flexibility in working patterns more accessible for staff.
3. We are Safe and Healthy - ELFT signing up to the NHSE Sexual Safety Charter and have recently launched Operational Cavell to support our staff to have the right to be safe and feel supported at work. As signatories to this Sexual Safety Charter, we are committed to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce

People Promise Manager

Following the publication of the NHS People Promise, NHS England piloted a Recruitment and Retention Exemplar programme. ELFT were successful in a submission to be part of the 2nd cohort of People Promise Exemplar Programme. The programme commenced in June 2024 for a 12-month period and the People Promise Manager has developed a robust project plan to ensure the co-ordination and embedding of all aspects of the NHS People Promise into ELFT.

An NHS People Promise Intranet page is now available for all staff (available here: <https://www.elft.nhs.uk/intranet/teams-support-me/people-culture/nhs-people-promise> which includes information about the NHS People Promise, who the People Promise Manager is and signposts to support available as part of the ELFT People Promise Bundle. A quarterly all staff People Promise newsletter showcasing is sent, which is designed to be concise, accessible and engaging with takeaway piece of information aligned to each of the NHS People Promise Elements. Physical ELFT People Promise z-cards have been printed and sent to all ELFT staff to showcase the key information in the ELFT People Promise Bundle (accessible via a QR code). People Promise champions have also been trained in all ELFT directorates as a further supportive measure for staff to signpost them to the support available.

People Promise Element	What this means at ELFT	2024 Staff Survey - People Promise Score (the max is 10 & lowest is 0)	What has happened / is happening	Engagement activity & plans:
	All personal and professional development, leadership development, apprenticeships, quality improvement.	5.9 - linked to development and appraisals (2023 score 6.2)	<ul style="list-style-type: none"> Re-launch of ELFT lead Revision of appraisal cycle Launch of career experience conversation 	<ul style="list-style-type: none"> People Promise Champion programme live – applications remain open QI project underway: about improving awareness and understanding of and engagement with the People Promise. We now have service user involvement too. Wellbeing strategy being revised – incorporating People Promise and sustainability. Online and print people promise 'bundle' resources continuously evolving. Z-cards sent to all clinical b3&4s and intranet page being refined.
	Support following incidents, workplace adjustments, support for lone workers	6.2 - linked to health and safety climate, burnout and negative experiences (same score as last year)	<ul style="list-style-type: none"> Launch of Operation Cavell / PeopleSafe App Reasonable adjustment project Sexual Safety Charter activity Promotion of support following safety incidents 	
	Salary deduction schemes, NHS discounts, staff awards / employee & team of the month, NHS pension	6.3 – linked to recognition opportunities (2023 score 6.4)	<ul style="list-style-type: none"> Launch of new informal recognition platform Revision of staff awards 	
	Types of flexible working, manager and staff support, awareness and access to flex	6.5 - linked to support for work life balance and flexible working (2023 score 6.7)	<ul style="list-style-type: none"> Flexible working group meeting monthly Moving to record flexible working outcomes on ESR Bank of staff case studies on the intranet Flexible working workshops for managers in progress 	
	Staff survey and pulse surveys, speaking up strategy and FTSU	6.8 - linked to autonomy and control and raising concerns (2023 score 7.1)	<ul style="list-style-type: none"> New exit questionnaire Launch of new speaking up strategy Staff survey / people promise posters developed New National Quarterly Pulse Survey 	
	Staff networks, OD support and away day toolkit, healthy team bundle	7.1 - linked to team working and line management (2023 score 7.2)	<ul style="list-style-type: none"> Launch of away day toolkit 	
	Emotional / wellbeing support, supervision, leadership behaviours.	7.4 - linked to compassionate culture, compassionate leadership, diversity and equality and inclusion (2023 score 7.6)	<ul style="list-style-type: none"> Managers encouraged to use TRIALOG as wellbeing conversation Service user now involved in People Promise / Wellbeing work a part of QI project 	

Vitamin D supplements

We continue to be one of the only Trusts to continue to provide vitamin D supplements to all staff during the winter months. The programme was developed following initial requests from Race and Culture Equity (RaCE) staff network colleagues in 2020. Known as the ‘sunshine vitamin’, vitamin D is thought to play a crucial role in our overall wellbeing and colleagues are offered a free three-month Vitamin D course.

During the winter months of 2023/2024, we received 2,031 vitamin D course requests from all ELFT staff (an increase from 1,884 requests the previous year). That means that 6,093 boxes of vitamin D were sent out by the ELFT Wellbeing Team. Of these requests, 1567 were Female and 446 were Male. 801 requests were from staff who are White, 604 requests were from staff members who are Black, Africa, Caribbean or Black British and 444 requests were from staff who are Asian or Asian British.

Other Wellbeing Initiatives to support staff engagement:

The ELFT Wellbeing and Engagement Team are continually exploring ways to support staff engagement within the Trust. The Trust successfully applied for ELFT to stay signed up to the Mindful Employee Charter and this has now been approved until December 2026. Bi-monthly ELFT BE WELL Wellbeing Newsletters are sent to all staff (issue 35) focusing on support relevant to that particularly moment in time. Other wellbeing initiatives offered to staff include Health MOT’s, subsidised yoga and pilates classes, Cycle to Work scheme, Pension and Money Management Workshops.

We have launched our very own ELFT staff recognition platform, Highfive, in partnership with our home electronics and cycle to work scheme provider Vivup. With Highfive, we can continuously recognise the hard work and tireless dedication that each of you brings to our Trust. It’s about actively appreciating one another as a daily part of our work lives.

Launch of new Supervision process and People Conversations:

At ELFT, we believe that there should be rich conversations at the heart of what our People do, that are aimed at supporting our people to grow and contribute. In 2024, the Trust launched a new People Conversation Process. This has three tools which fit together to help our People to be successful in the job they have today and help them to develop towards their future. These are Appraisal, Supervision & Career Experience Conversations



The new supervision process launched in April 2024 which ensures that all supervision will have at its core three elements that the individual and their supervisor will discuss together.



In order to improve staff retention across ELFT, we are currently in the process of drafting an 2025/2026 ELFT staff engagement plan incorporating 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, relationships.

2.7.2 Raising concerns - Freedom to Speak Up

The Trust is committed to creating a culture where staff can speak up and raise their concerns. Speaking Up is speaking up about anything that gets in the way of colleagues doing a great job. Speaking up about concerns at work is important as it supports improving the working environment and is essential for learning and continuous improvement. Speaking up and listening well supports equity, diversity and inclusion, and supports ELFT's commitment to the NHS People Promise.

The [ELFT Speaking Up Strategy](#), launched this year, outlines ELFT's commitment to improving the experience of our people. It shares all the routes available and the many internal process and policies to support individuals with speaking up.

There are a variety of ways staff can speak up and raise their concerns. We encourage staff to discuss their concerns with their line manager in the first instance. If this is not always possible, for whatever reason, staff can also speak to:

- Their line manager's line manager
- Supervisor
- Service Lead
- Clinical Director/Service Director
- Professional Lead
- Raise an incident via InPhase
- Speak to the People and Culture team
- Speak to their union/union representative

However, if colleagues do not feel they can speak up to those listed, or they already raised their concerns but did not receive feedback or see any improvement, then they can speak to the Freedom to Speak Up Guardian (FTSUG) for support. The FTSUG offers a confidential route to raise concerns. ELFT staff have a clear, confidential, and safe process to raise concerns about any matter that is damaging to patient care, patient safety, worker safety or worker wellbeing.

Raising Concerns via FTSU

The [FTSU intranet](#) page is updated regularly and includes ways in which staff can obtain advice or raise a concern. All referrals are treated in the strictest confidence by the FTSUG and can be submitted anonymously.

If colleagues wish to get advice or raise your concern via Freedom to Speak Up, they can:

- Email the FTSUG via the confidential inbox: elft.freedomtospeakup@nhs.net
- Call the FTSUG directly on 07436 027388
- Complete the [Online FTSU referral form](#)
- Complete a [FTSU MS form](#) where staff can share an experience, suggest an improvement or raise a concern anonymously if they so wish.
- Contact one of the local FTSU Champions
- Write to the FTSUG at the Trust Head Office

The FTSU (whistleblowing) policy also outlines how and who to raise concerns with. The purpose of this policy is to also provide a safe mechanism for anyone who works for the Trust to come forward and raise any concerns they have about any aspect of the Trust's work, and to be able to do so without fear of detriment or reprisal.

Staff can also contact the Senior Independent Director, Richard Carr, at richard.carr10@nhs.net. Colleagues can also seek advice on whistleblowing concerns via *Protect – Speak Up, Stop Harm* (<https://protect-advice.org.uk/>) and from their union representative if a member of a Trade Union.

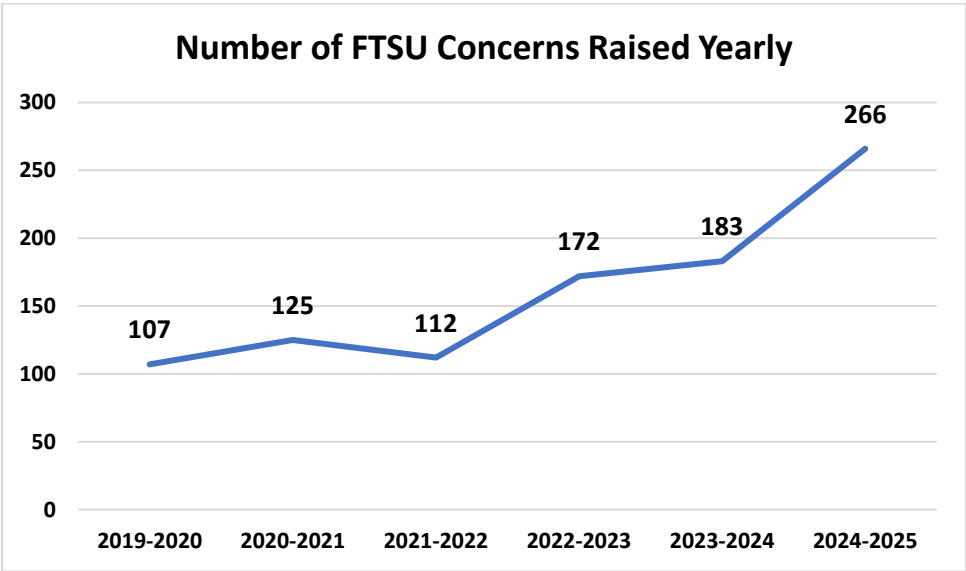
Depending on the nature of the concern raised, feedback and outcomes of the exploration of the concerns raised are given via the FTSU Guardian, directorate lead, service lead or by a member of the people and culture team.

Employee Relations, Advice & Support

- ✓ Respectful Resolution Pathway - the Trust co-created and developed a new approach, [Respectful Resolution](#), to creating a safe and values-led culture to resolving issues of bullying, incivility, or inappropriate behaviour. The approach is based on reflection, empathy, dialogue, de-escalation, and the principles of natural justice.
- ✓ Bullying & Harassment – where colleagues can [contact an advisor](#) for support and advice
- ✓ Employee Assistance Programme – [Workplace Wellbeing](#)

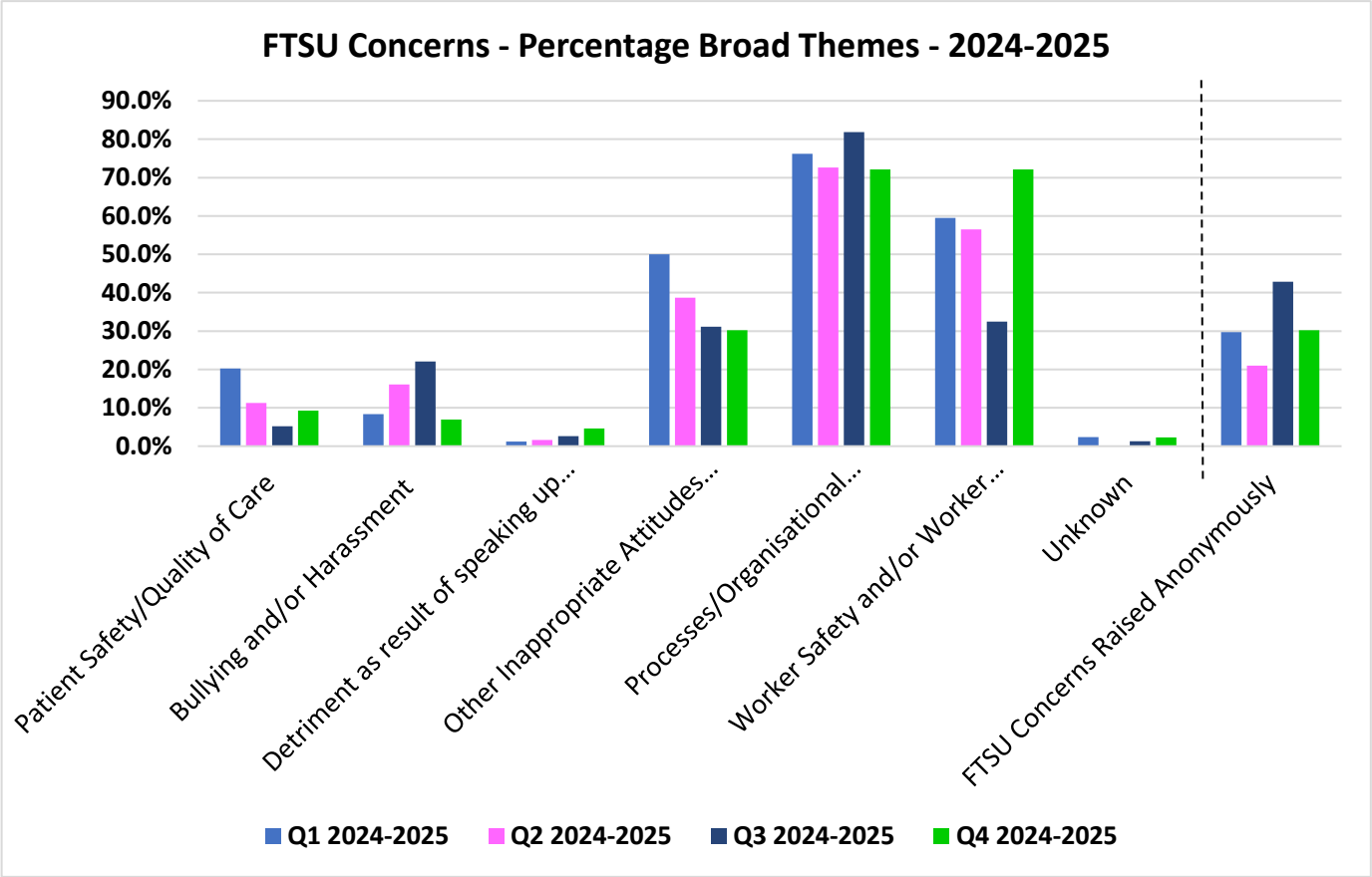
Review of Freedom to Speak Up Concerns 2024/25.

266 concerns were raised with FTSU between 1 April 2024 to 31 March 2025. Depending on the nature of the concern raised, they are generally escalated to the Directorate Leads and/or the People and Culture team. Quarterly meetings are held with Directorate Leads and the People Business Partners to discuss and triangulate what has been raised via FTSU and through the directorate directly. The ‘learning from’ is also captured and directorates share how they have embedded that learning moving forward.



FTSU Concern Broad Themes

76.3% of FTSU concerns raised related to the broad themes of processes/ organisational/ structure/ other. 53% related to worker safety and/or worker wellbeing and 38.7% related to other inappropriate attitudes and behaviours.



**Total number of themes will not correspond with the total number of FTSU concerns raised, as a concern raised by one member of staff can relate to multiple themes. Concerns raised anonymously included to illustrate % of total concerns that were anonymously raised in each quarter.*

All concerns raised are escalated to Service Directors and/or the People and Culture Team, as appropriate to the nature of the concern. Depending on the nature of the concern raised, feedback and outcomes of the exploration of the concerns raised are given via the FTSU Guardian, directorate lead, service lead or by a member of the people and culture team where possible (as not always possible when concerns are raised anonymously).

Themes are reviewed and where it is possible to respond at a more systems level the Trust will do so.

2.8 Goals Agreed with Commissioners for 2024/25 (CQUIN)

For the 2024/25 financial year, NHS England has revised the national CQUIN requirements, introducing greater flexibility for Integrated Care Boards (ICBs) and Providers. Under the updated framework, organisations can opt in or out of the CQUIN schemes without impacting core funding allocations. Following collaborative discussions, the Trust and our ICB have mutually agreed that participation in this year’s CQUIN scheme will not be required. This decision reflects a shared understanding of current priorities and ensures alignment with local operational and strategic objectives.

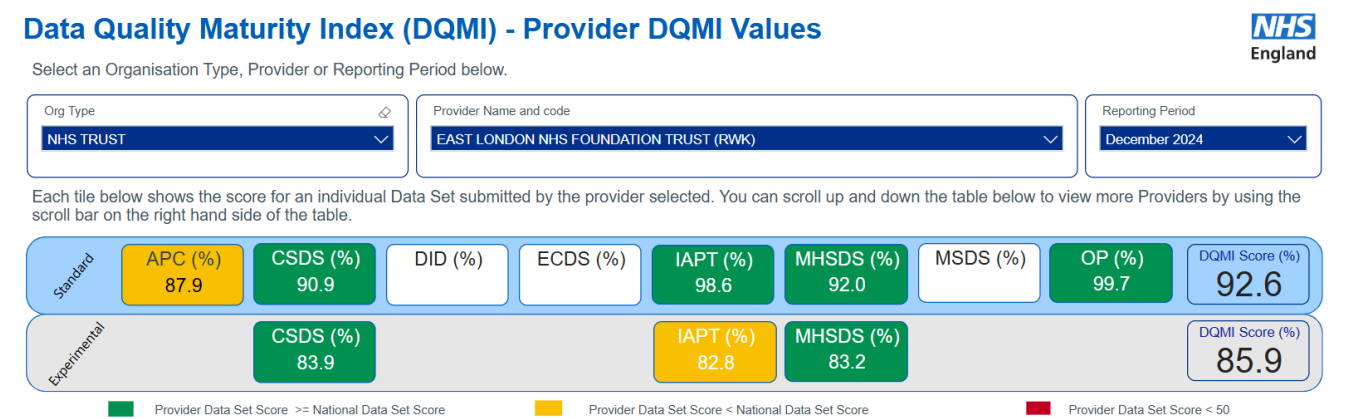
2.9 Data Security and Quality

Data quality metrics and reports are used to assess and improve data quality. The datasets the Trust submits are:

- Mental Health Services Data Set (MHSDS)
- Community Services Data Set (CSDS)
- Improving Access to Psychological Therapies (IAPT) Data Set
- Admitted Patient Care
- Out Patients

The DQMI is a monthly publication about data quality in the NHS which provides data submitters, such as ELFT, with timely and transparent information regarding data quality and standards and allows benchmarking against peers.. The December 2024 report shows ELFT to be higher than the national average, amongst NHS Trusts, in Community Health, Talking Therapies and Mental Health data.

The visual below shows the DQMI scores published on the NHSE website and can be found here ([Data Quality](#))



2.10 Reporting against core indicators

NHS England (NHSE) Assurance

This section of the report sets out indicators that are part of the NHSE Oversight Framework. East London NHS Foundation Trust considers that this data is as described for the following reasons: The Trust has data quality arrangements in place, which ensure the Trust's Commissioners, Trust Board and Information Governance Steering Group receive regular reports on data quality and completion rates against agreed targets. The IG Steering group receive and review performance on data quality benchmarked across London and nationally including the use of the Data Quality Maturity Index dashboard information.

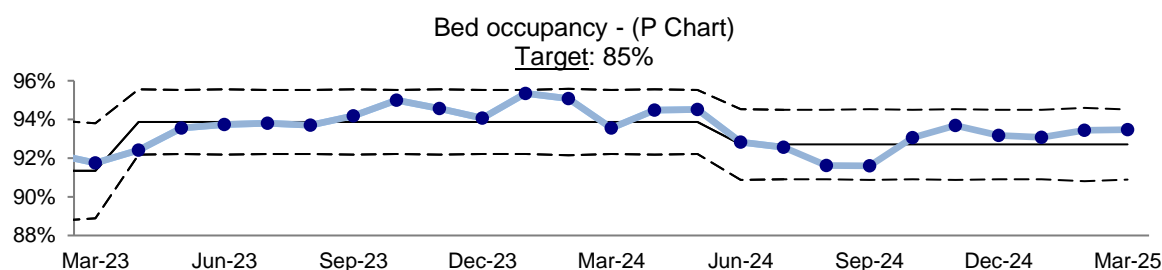
2.10.1 Quality of Care Indicators

The Trust's performance in 2024/25 across a range of services and key performance indicators is summarised in the Statistical Process Control (SPC) charts below. They are used to determine whether variation results from a common or special cause, and whether further investigation is required. Movement of activity between the hashed black lines (control limits) is considered normal variation, and points that exceed these upper and lower control limits are due to special cause.

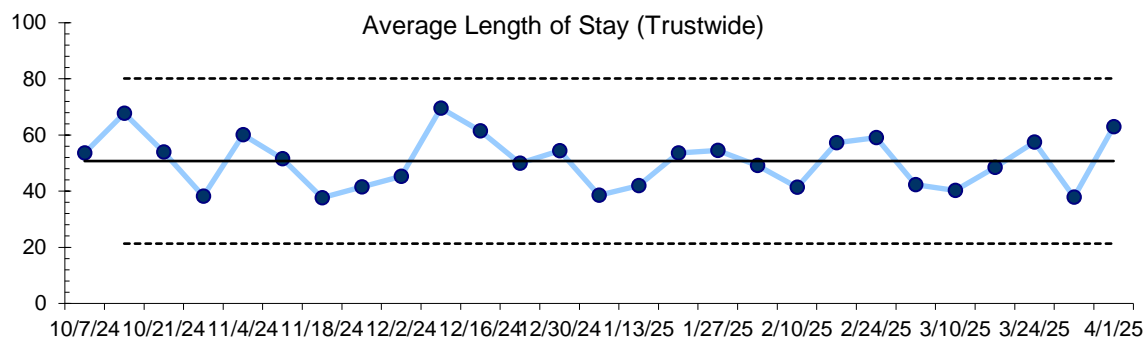
Inpatient Flow

Inpatient bed occupancy across most services has been high, with an average of 93% throughout the year, above the Royal College of Psychiatrists recommended target of 85%. The Trustwide Flow programme was created to improve patient flow and shorten hospital stays, and it has already shown progress. A range of initiatives have been implemented to support these goals, including the development of community-based step-down and step-up beds, and discharge-to-assess models, system-wide escalation processes that unblock issues and facilitate timely patient discharge. Drawing on the 'Red to Green' principles*, weekly flow meetings and bed management protocols have been embedded to promote smoother transitions between inpatient and community services.

Initiatives identified by the programme have focused on every phase of the admission pathway. Before admission, efforts are centred on streamlining referrals and assessments with input from the community and home treatment teams to prevent unnecessary admissions. During triage, the focus shifts to ensuring patients are matched with the most suitable care pathway, using frequent huddles and real-time action tracking to resolve any emerging challenges quickly. At the point of discharge, enhanced coordination with community services and system partners have reduced delays and support timely transitions out of hospital. Work is now underway to embed these improvements into everyday operations, supported by robust governance structures and policy alignment.



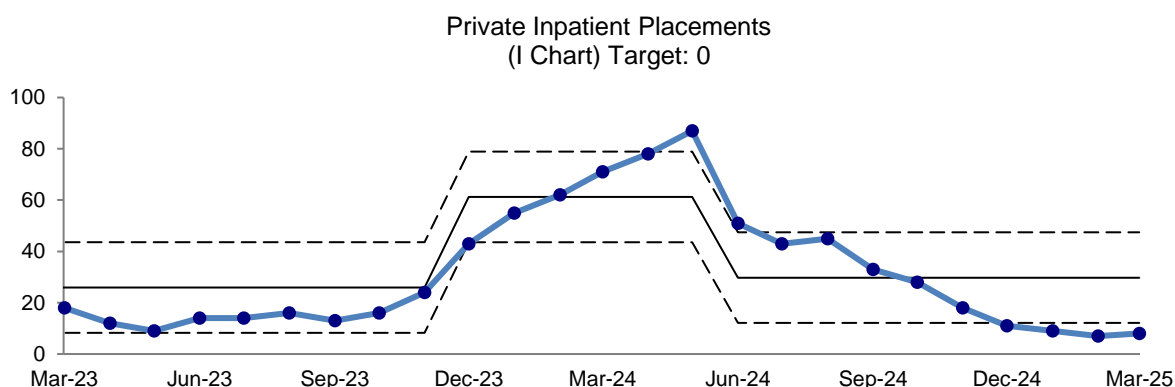
While a Trustwide reduction in length of stay has not yet been achieved, promising progress is visible at local levels, particularly across East London whose average length of stay has decreased by 17% and 13% in Forensics. Several wards have reported significant improvements. For instance, Lea Ward has seen a 52% reduction in average length of stay, Roman Ward 51%, Gardner Ward 64%, Ivory Ward, 38%, Ruby Ward 12%, and Sapphire Ward 40%. Meanwhile, the number of patients who are clinically ready for discharge dropped from a peak of 173 to 96 at by the end of March 2025.



These improvements have contributed to a sharp decline in the number of patients placed in private out-of-area beds, decreasing from a peak of 87 in May 2024 to 8 in March 2025. Out of area placements have been fully eliminated in London, with notable decreases also seen in Bedfordshire and Luton. Community Crisis services and Home Treatment Teams continue to perform well in preventing unnecessary hospital admissions, contributing to a marked reduction in the use of out-of-area beds.

**The "Red to Green" principle in inpatient flow focuses on reducing unnecessary delays and optimizing patient flow by categorizing each day of a patient's stay as either "Red" or "Green". Red days represent days where minimal or no value-adding care is provided, while Green days are when planned and requested care progresses the patient toward discharge.*

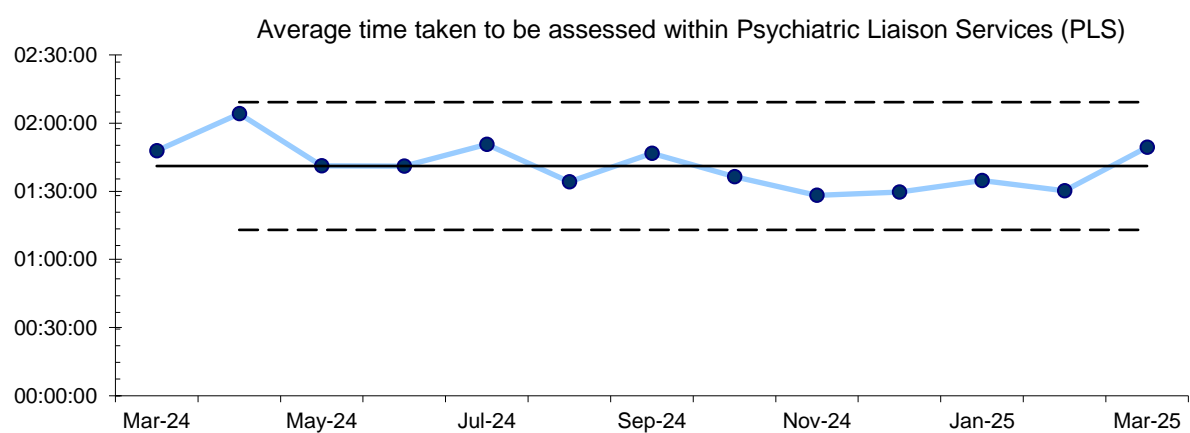
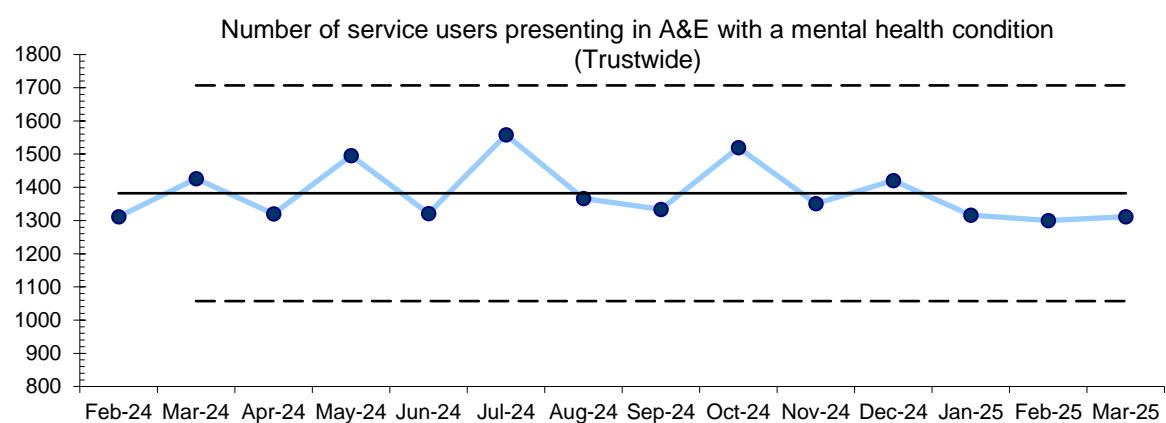
A&E Activity



Our Psychiatric Liaison Teams (PLS) faced significant pressures due to higher levels of complexity and acuity in presentations, while also dealing with system-wide inpatient bed availability. In Luton and Bedfordshire, 74% of assessments were completed within the 4-hour standard, while East London services achieved 78%. These figures reflect the ongoing dedication of our teams to providing rapid mental health support in high-pressure environments.

The number of patients waiting over 12 hours in A&E remained stable, with most (86%) still being seen within this timeframe. On average, our PLS teams assessed patients in under 1 hour and 50 minutes. To support teams in making further improvements, a Trustwide PLS project is now underway. This initiative aims to standardise how data is captured and reported, moving from manual spreadsheets to integrated clinical systems. This seeks to implement real-time dashboards to empower staff with data-driven insights, enhance visibility of

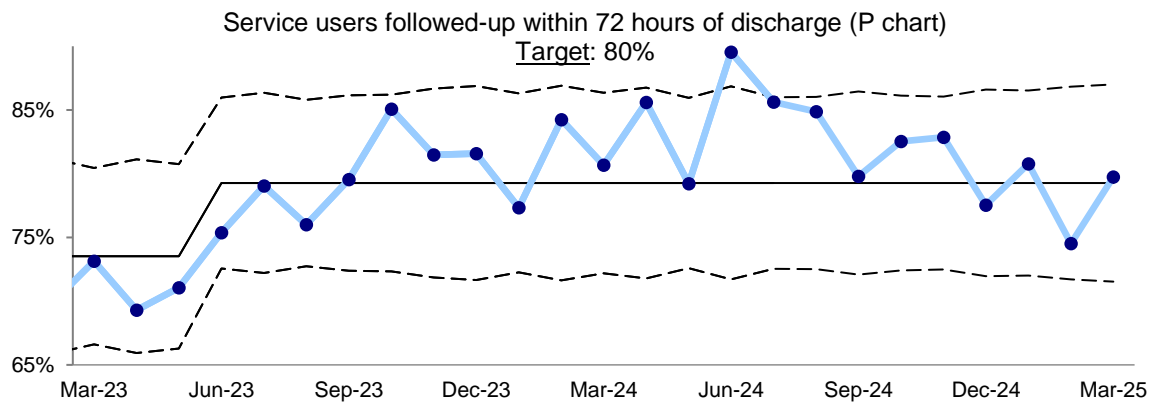
After rising steadily in previous years, A&E mental health attendances stabilised during 2024/25, with an average of 1382 referrals per month. This reflects some of the positive impact of targeted interventions, including a 24/7 crisis line and borough-specific care pathways, which successfully diverted appropriate cases away from emergency departments and reduced preventable admissions.



72-hour Follow-Up

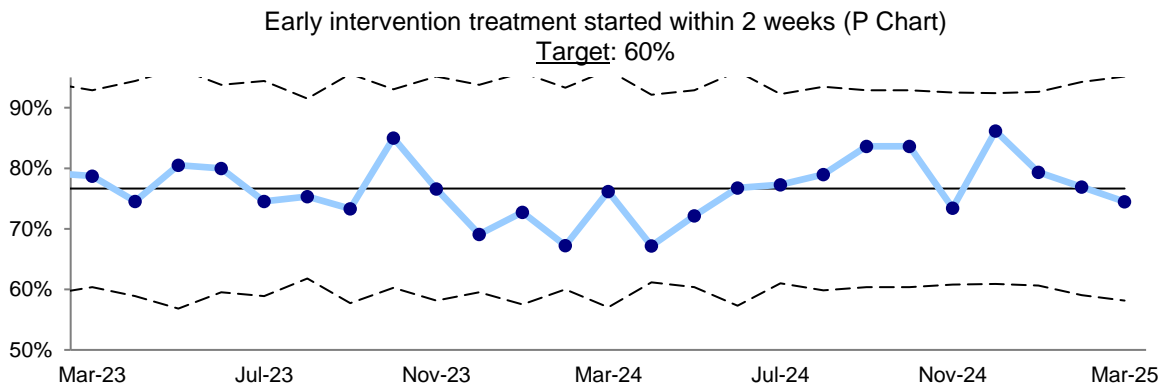
The percentage of service users followed up within 72 hours of discharge from inpatient services achieved an average of 79.3% across the year, just short of the national target of 80%. This reflects consistent improvements across all services, with particularly strong progress in East London, where performance has significantly improved from previous. The primary barriers to timely contacts involved difficulty reaching discharged patients, especially those without mobiles, alternative contact details, or homeless.

We have introduced targeted initiatives to improve follow-up contact rates through three key improvements. First, we've strengthened discharge planning by verifying contact details before patients leave hospital. Second, we're fostering closer coordination between inpatient and community teams. Third, we've implemented real-time feedback mechanisms for wards. Together, these measures directly address current follow-up challenges while helping to stabilise overall performance



Early Intervention Services (EIS)

Early Intervention Services (EIS) continue to exceed the national goal of ensuring that 60% of service users are commencing treatment within two weeks, achieving an average of 76.6%.

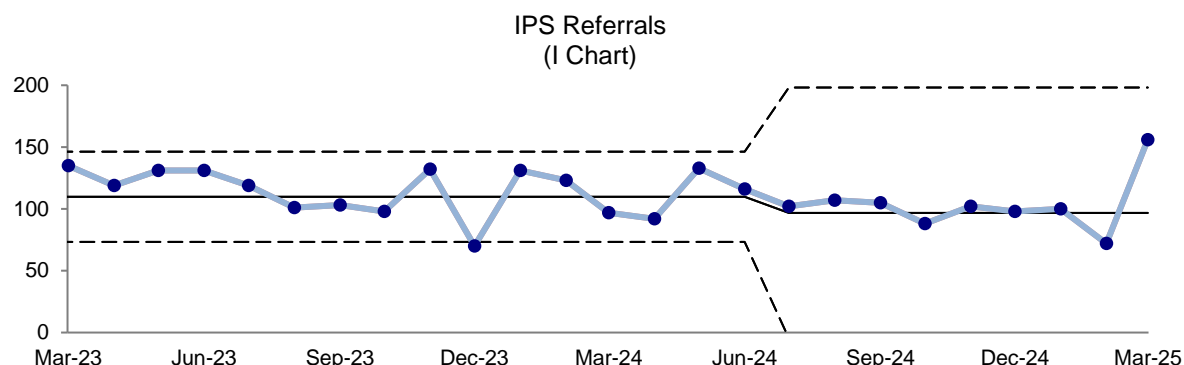


Individual Placement Support (IPS)

The proportion of people employed varies across ELFT, with the unemployment rate being higher than the national average for most of the boroughs we serve. More people are now accessing Individual Placement Support (IPS) services, with referrals reaching a record high of 153 in March 2025. This growth was led by Tower Hamlets (61 referrals) and Newham (54 referrals), where additional funding made the recent expansion of teams possible. In addition, recent staff training has also improved referral tracking through better use of the RIO system. Services continue to work with local employers and job centres to widen access to employment for local people and those facing barriers to the labour market.

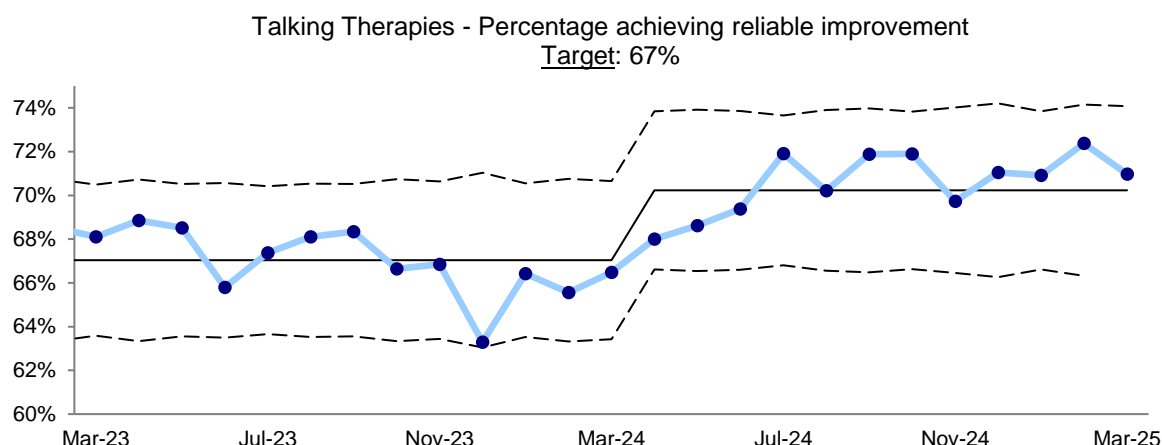
In 2024-25, we helped service users and carers build skills and access work opportunities. A record 224 people with lived experience now work in ELFT roles like peer support and recovery tutoring. Our employment services supported 1,000 people, with 236 finding jobs and 85 starting

education or volunteering. Over 1,160 people received job advice in Tower Hamlets, while new services in Newham and Bedfordshire helped 1,067 others. We hosted two employment fairs linking people to local support. Through social value contracts, 304 residents gained jobs, creating £15 million in community benefits. ELFT also hired 60% of apprentices locally and earned gold recognition for supporting Armed Forces employment



Improving Access to Talking Therapies services

The proportion of service users accessing Talking Therapies achieving reliable improvement has increased from 60% to 70%, outperforming the 67% national standard. This rise is consistent across all our service areas, particularly Bedfordshire, showing the strongest results. Dedicated projects are underway across the Trust, including a quality improvement project in Tower Hamlets, aiming to include reliable recovery rates for Bangladeshi mental health service users by implementing culturally sensitive interventions, including cultural competency training for staff, and translated materials and interpreters to help improve the accessibility of the service.

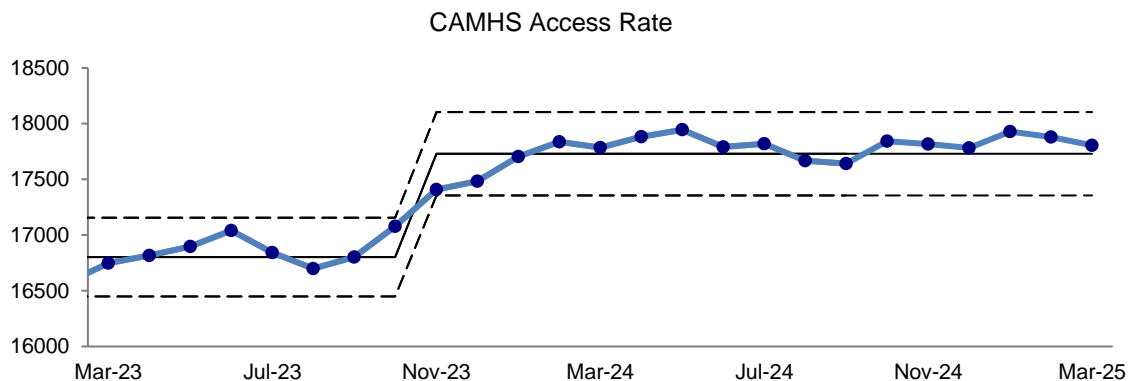


Children and Young People

Access to CAMHS services has remained stable since a major service expansion in November 2024. To further improve support for children in Bedfordshire and Luton, school Mental Health Support Teams have created new wellbeing programmes. One example is the Mindful Journeys programme run by Bedfordshire and Luton Discovery College, which helps South Asian youth talk openly about mental health and address inequalities.

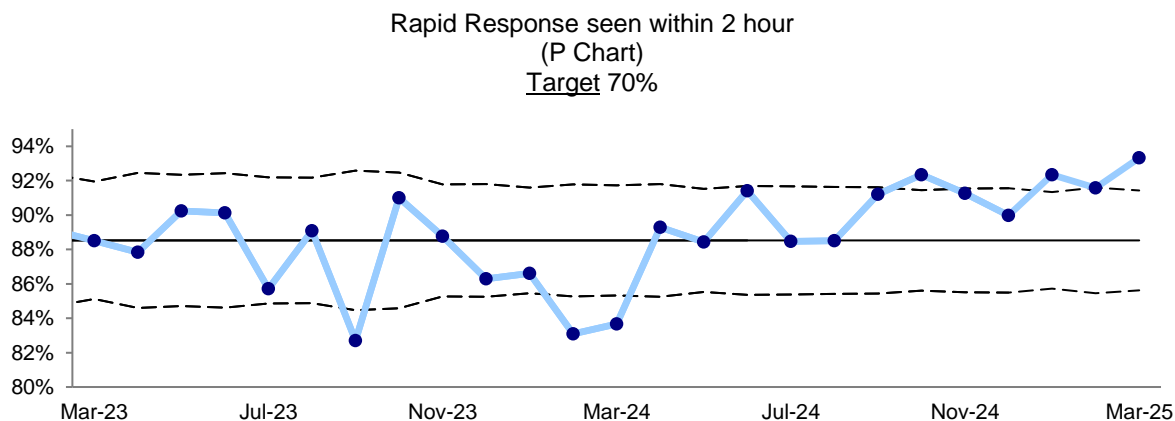
Luton CAMHS has worked closely with South Asian communities to develop culturally appropriate mental health initiatives. These include a parenting support programme where local parents help other parents, and specially designed mental health resources for families. Both programmes make mental health support more accessible by using community knowledge and strengths.

The Integrated Front Door pilot programme has significantly reduced waiting times for children needing mental health support. A team of CAMHS staff, social workers and school mental health practitioners assesses referrals from schools, GPs and community organisations. They create support plans within three to four days, while urgent cases go straight to crisis teams. Evaluation shows this service reviews half of all cases within one day and nearly all cases within four days



Rapid Response

The Trust's rapid response teams exceed the national target, assessing 85.7% of urgent cases within 2 hours. East London leads at 89.6%, with Bedfordshire close behind at 84.6%, significantly better than the 70% national standard. This achievement shows the dedication and efficiency of our community health teams.



Waiting Times

Across the Trust, there has been a particular focus on ensuring that service users who have been waiting the longest are seen. At the end of 2024-25, 6246 service users have been waiting more than 52 weeks to be seen. Across adult mental health services, there are over 5,200 patients waiting more than 52 weeks, with the majority awaiting ADHD and Autism support.

A Trustwide effort to better understand and manage this demand included issuing a survey to over 4,000 people on the waiting list, which has already yielded 1000 responses. These findings will be used to reprioritise care and inform operational leads. Additionally, several boroughs, including Bedford and Luton, are expanding use of tools like the QbTest (an online objective assessment tool), to enhance the diagnostic process. Evaluation reports from the Bedfordshire ADHD service show that 73% of clinicians reported that the QbTests results aligned with their assessment of outcomes with 64% stating it supported decision-making and symptom understanding. Service users also responded positively, with 91% finding the experience helpful and 78% gaining insight into the diagnostic process.

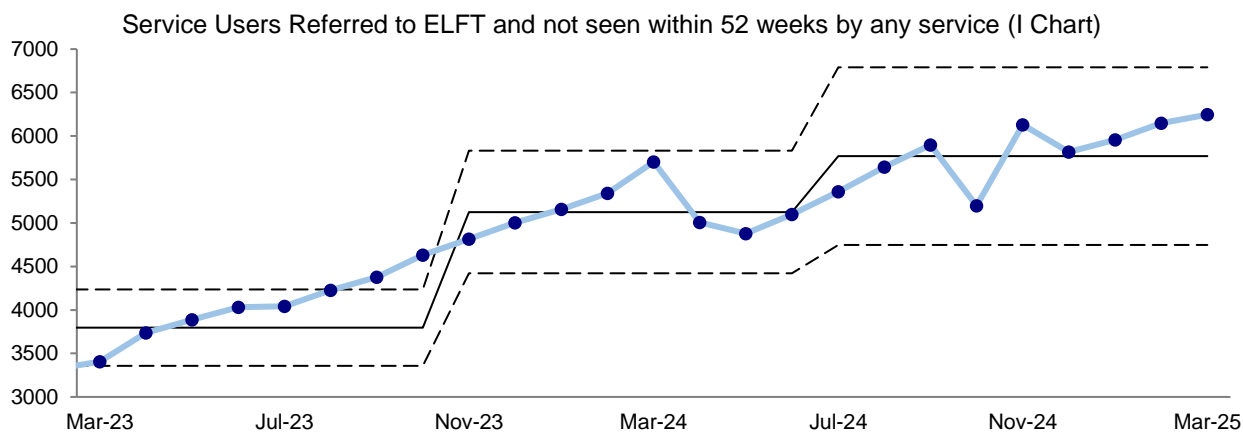
In Newham, a surge in ADHD referrals has led to the creation of two distinct service pathways to streamline assessment and treatment. Tower Hamlets Autism services are refining their diagnostic processes and integrating standardised tools to increase speed and consistency. Additionally, cross-service collaboration is growing, with Recovery Colleges and Talking Therapies partnering to provide condition-specific courses and group therapy options to reduce pressure on waiting lists and offer earlier support to patients.

Across local neighbourhood teams, several boroughs are seeing real improvements. In City & Hackney, first appointment waits dropped from 12 to under 7 weeks due to system changes, while Tower Hamlets report that over half of their patients are now being assessed within the 28-day target.

CAMHS continues to experience an increase in ADHD and ASD referrals, particularly related to Education, Health and Care Plans (EHCP) needs, prompting a review of assessment criteria and improved collaboration with partners to manage thresholds more effectively.

In Community Health services, 950 patients are waiting over 52 weeks to be seen. Long waits persist particularly in MSK and SCYPS ASD. Bedfordshire MSK has expanded staff training and is exploring virtual care options, though progress has been slow due to the time it takes to train new staff to manage the complex needs of MSK patients. In Newham, MSK services are reducing missed appointments and testing the GetUBetter (GUB) app, which is showing promising results. So far, 20% of patients on the waiting list have been signposted to the app for lower back pain, which has achieved a 68% sign-up rate and contributed to a 45% reduction in service referrals over the past 6 months.

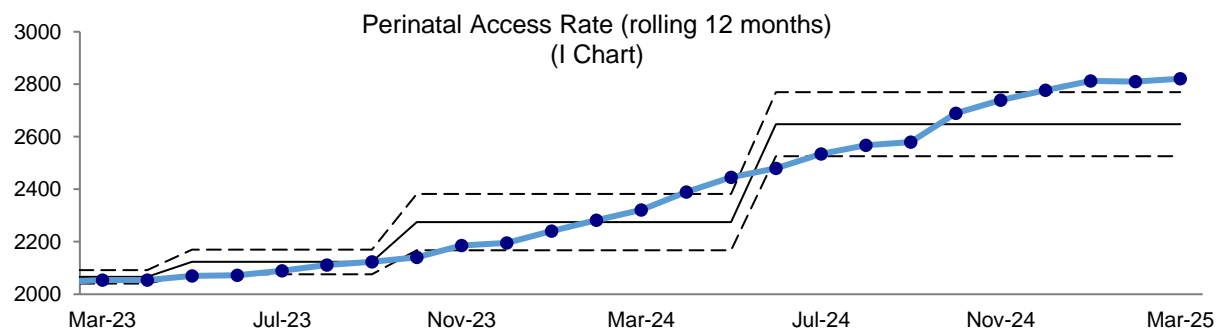
Across SCYPS ASD, a streamlined single-clinician assessment model has been introduced for clearly documented cases, helping to speed up assessments. To improve engagement, the team is offering short-notice appointments and clearer communication about waiting times. A process review has identified key improvements, with next steps focused on increasing the number of children seen and enforcing clearer policies for families who miss appointments.



Perinatal

Access to Perinatal services has increased across the Trust in line with national aspirations, particularly across Bedfordshire and Luton. Services have been implementing initiatives to improve access and outcomes, including a quality improvement project in City & Hackney to enhance preconception counselling for women with Serious Mental Illness (SMI). This work aims to address health inequalities and support women in making informed decisions about pregnancy by improving referral pathways, working closely with GPs, and providing tailored information on medication, parenting and wellbeing.

Trustwide, a focus on enhanced supervision and staff training, and the consistent use of outcome tools like Core-10 has led to measurable improvements for 55% of service users, with Bedfordshire notably outperforming other regions in access and engagement.



PART 3 – Other Quality Performance Information 2024/25

3.1 An Overview of Key Dimensions of Quality During 2024/25

The Trust pays close attention to a whole range of a set of quality measures. The Trust Board monitors measures that enable oversight of delivery of the Trust strategy. A broader selection of quality and performance measures are available to all staff at Trust-wide, Directorate and Service level via our real-time dashboards.

In addition to routine monitoring of key data, the Board also receives regular quality reports that include updates on the progress of priority quality improvement work, and assurance in relation to key, current quality and safety issues. Over the last 12 months the Board has received 6 such quality deep dives, the subjects of which are set out below:

Trust Board Meeting	Topic	Themes of learning and areas of action for improvement
May 2024	Corporate services, and the maturing management system that enables corporate teams to plan, to manage daily operations, to assure quality of the service it delivers, and to tackle complex issues through quality improvement.	Strengthening the annual planning process for corporate teams, providing space for thinking and collaboration, and alignment of planning with improvement work. Broaden access to real time data to understand the functioning of key processes, and enable corrective action where required. Develop a stakeholder led accreditation process for corporate services, establishing a set of shared standards for those services.
July 2024	Food and nutrition in our inpatient settings, recognising the key role that food and mealtimes can have on wellbeing, recovery and relationships that create a healthy ward climate	Further strengthening of service user involvement in local food committees, enabling improved feedback and menu planning. Ensuring food options are broad enough to cater for the range of cultural and dietary needs.
September 2024	An interim report on work underway to strengthen quality control structures across our directorates. The work is aimed at ensuring that teams and directorate management are looking at the right data, both qualitative and quantitative, in the appropriate way, acting on the information, and are clear about their process for escalation	Supporting Directorates to ensure they are looking at the range of data that they ought to be, in a form that enables rapid analysis, insight and action. This includes ensuring that the reporting and narrative triangulates insight from a range of sources, and is clear about the issues that demand attention and action Clarifying meeting purpose and scope of decision making. Ensuring clear and universally understood thresholds for, and routes of, escalation for issues that cannot be immediately resolved
November 2024	The Trust response to the review of intensive and assertive community mental health care, further to the Care Quality Commission	Commitment to fundamentally tackling two core questions: <ul style="list-style-type: none"> How do we systematically identify and keep sight of this cohort of people?

Trust Board Meeting	Topic	Themes of learning and areas of action for improvement
	'Rapid Review' of Nottinghamshire Healthcare NHS Foundation Trust	<ul style="list-style-type: none"> What do we believe that great intensive and assertive community mental health care looks like at ELFT; how does this vary from the current, and what are the standards that we can expect to be applied across the organisation, and we can monitor and report on? <p>Data and Analytics team are working to build into PowerBI a simple way to visualise this particular cohort of service users, within the caseload of community mental health teams</p> <p>Delivery of a Trustwide learning lessons seminar based on the findings of the CQC reports into Nottinghamshire Healthcare NHS Trust and the care and treatment of Valdo Calocane.</p>
January 2025	The quality and safety of our estate. Acknowledging the impact of the environment on our service users, carers and staff, and recognising that feedback tells us there is room for improvement.	<p>As part of its commitment to supporting ELFT as an anchor institution, the Estates department will be working during 2025 to increase the impact of the Trust's estate on the wider community, and increasing available green and growing space:</p> <ul style="list-style-type: none"> 30% of our designated communal space to be made available for the benefit of the wider community We will have partnerships with 4 additional public sector or VCSE organisations – as of December 2024, we have 8 such partnerships We will increase the number of functional and useful green spaces or gardens across ELFT sites by 5. Currently improved two green spaces with three planned for 2025
March 2025	Community health services for adults across Bedfordshire, Newham and Tower Hamlets, and describe how our community services are aligned with, contributing to, and planning for the three shifts	<p>The continuing work in support of the three shifts will be a feature of annual plans, the priorities emerging from the plans are:</p> <ul style="list-style-type: none"> Accelerating and delivering on integrated care delivery at place, through the developing Neighbourhood Model Care pathway redesign, improved system flow and reduced waiting times Further promotion of self-management Increased focus on prevention and the addressing of health inequalities Continued digital innovation, including automation Developing of data systems and metrics for more effective analytics, and to further understanding of outcomes for patients, and impact on the wider system

Key metrics in the domains of patient safety, clinical effectiveness and patient experience are drawn from our dashboards and set out below as a Trust-wide view. They are intended to give a flavour of the quality data that the Trust generates and uses, and, read alongside the other content of this report, of the prevailing quality of Trust services. Some measures are Mental Health specific, others relate to Community Health Services, reflecting the increasing diversity of the Trust. Each is relevant to priority areas for the Trust, encompassing improving physical health, access, experience of care.

Data shows progress over time, enabling informed decision-making in relation to assurance and improvement. Data is generated from the Trust's internal reporting systems; it is not benchmarked but triangulated with relevant internal data to build an accurate picture of the quality of services.

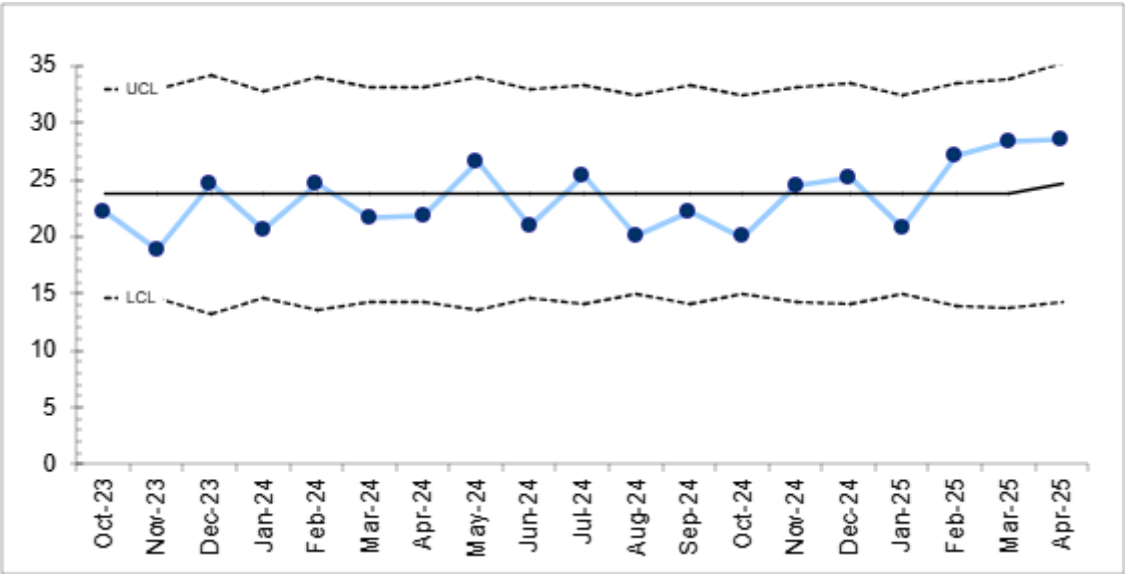
3.1.1 Patient Safety

The ELFT Safety Plan, shown in the driver diagram below, approved at the beginning of 2023/24, builds upon a wealth of safety improvement work that has been completed within the trust over the last decade. The mission is to provide the safest possible care for our patients, safest conditions for our staff and safest lives for those communities we serve, with five key drivers to achieve this mission.

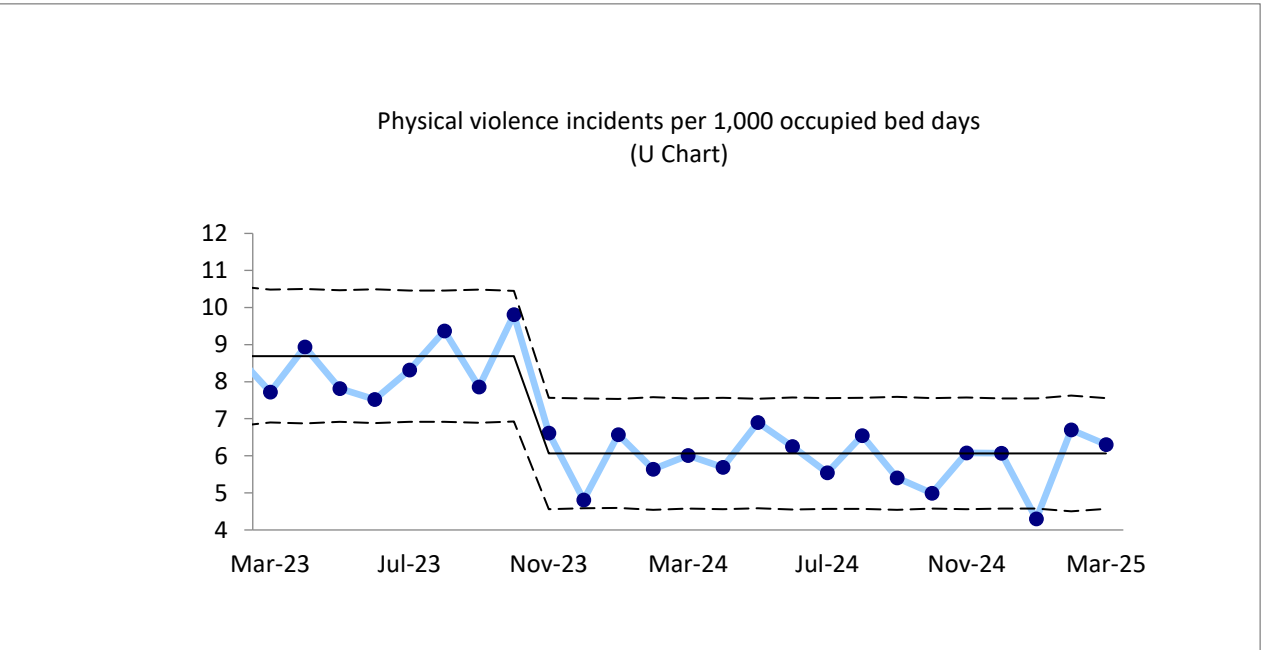
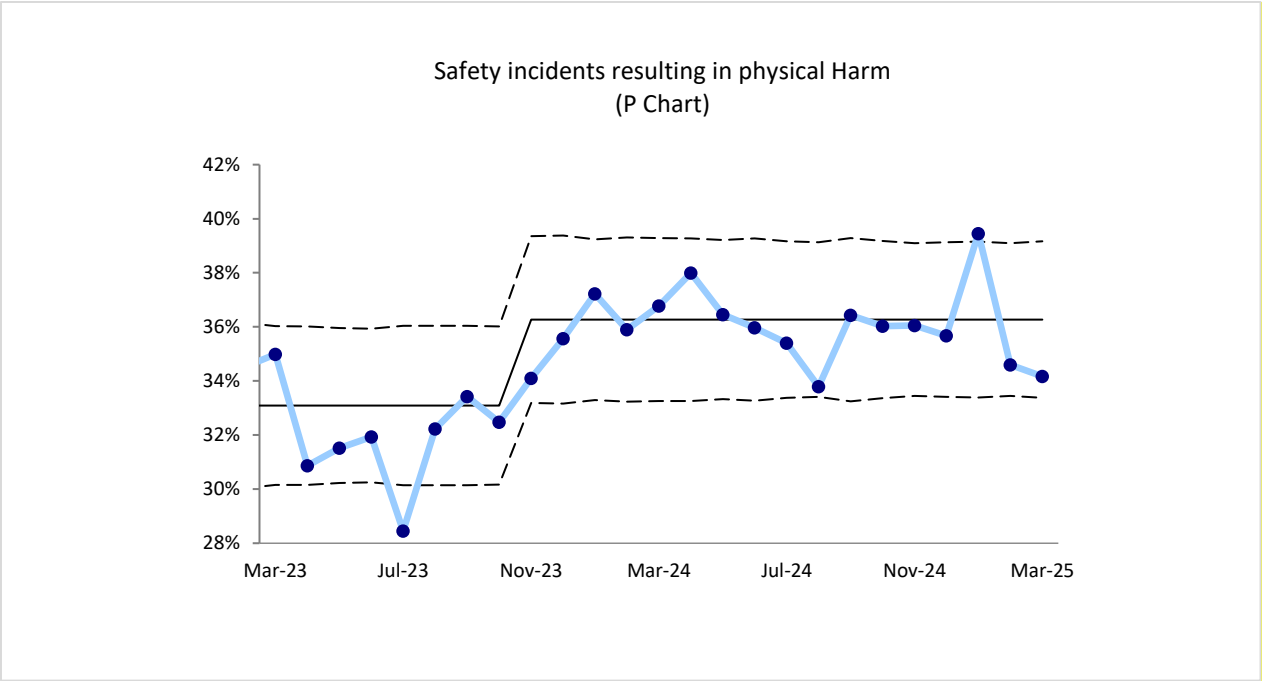


Here we set out some of the key safety metrics the trust has been paying close attention to over the past 12 months.

Incidents reported per 1000 contacts



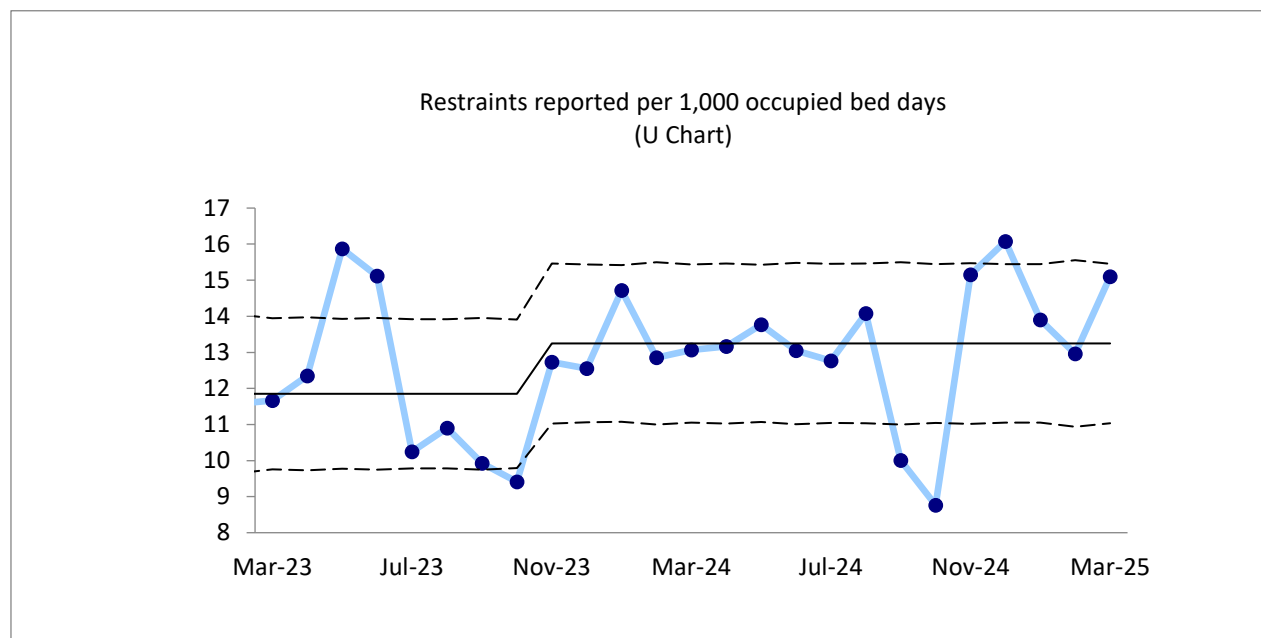
During 2024/25 **31,954** incidents were reported in total. Of these **22,212 (69.5%)** were reported using the designated patient safety form and submitted to NHSE via the national LFPSE system. Of those patient safety incidents, **354 (1.59%** of all patient safety incidents) were categorised as having resulted in severe harm or death. (It should be noted that not all patient safety incidents reported are attributed to the Trust).



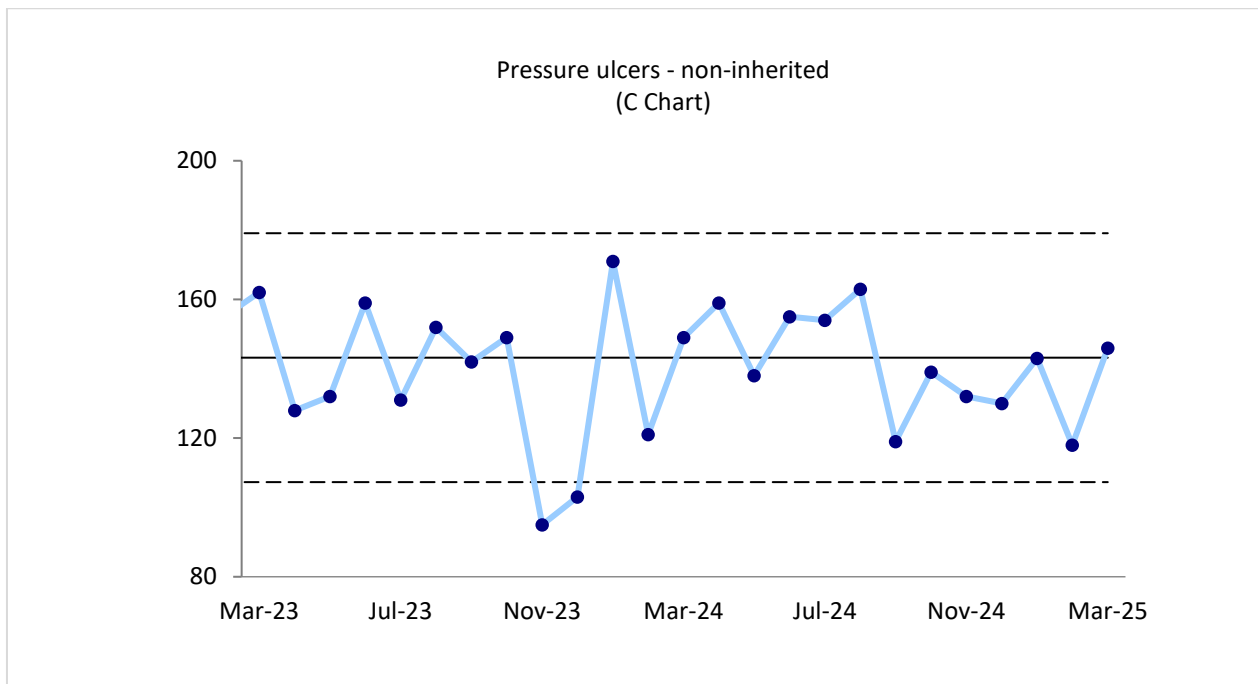
Our work to reduce inpatient physical violence began in 2012, starting with one ward and scaling a bundle of four high impact change ideas across the Trust by 2017. Within the current inpatient quality and safety improvement programme, units are working to embed this safety culture bundle more reliably into everyday operational practice.

Time to Think forums are in place in all inpatient services. These are multi-professional forums with service user input. The purpose of the meeting is to review local data, understand different experiences and perspectives, to shine a light on areas of practice, to support local quality improvement plans, and to monitor safety bundle implementation.

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 March.



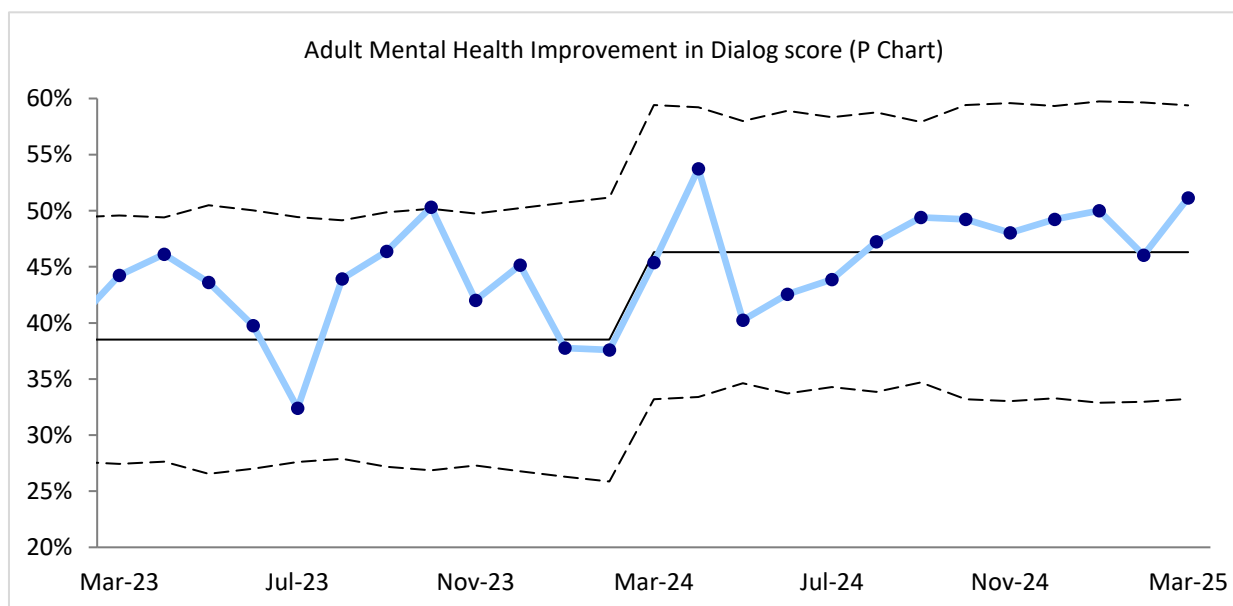
After an unusual rise in restraints in January, levels returned to normal in February and March. Variation in the use of restraint is expected and is reflective of a cluster of service users who require restrictive practices during periods of acute wellness. It is reassuring that the levels have reduced back to baseline. 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.

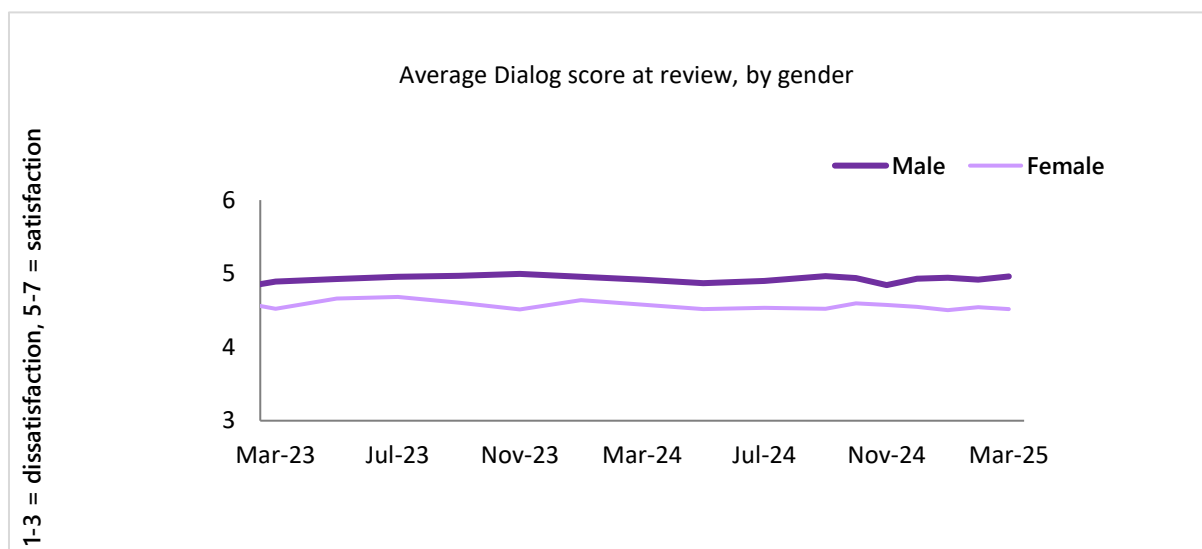


All patients admitted to a caseload have a Waterlow risk assessment completed, to identify individuals at risk of developing pressure ulcers, at the first assessment. If the patient is identified as at-risk, a aSSKING bundle is implemented. This is a care bundle that stands for a - assessment, S - Surface that the patient is sleeping/sitting on S- Skin inspection from head to toe, K – Keep moving to assess level of mobility, I - Incontinence status is checked, N – Nutrition, G – give information. All of these areas must be assessed as part of the prevention strategy.

3.1.2 Clinical Effectiveness

The Trust monitors a range of measures of clinical effectiveness as part of its view on the quality of its services. The measures feed into our understanding of patient experience and value within our strategy. The charts below show some of the measure the Trust Board sees every month as it tracks progress towards our objectives





DIALOG is a scale of 11 questions. People rate their satisfaction with eight life domains and three treatment aspects on a 7-point scale. DIALOG provides a score for subjective quality of life and a score for treatment satisfaction. The scale is part of the intervention but can also be used on its own.

DIALOG+ is the first approach that has been specifically developed to make routine patient-clinician meetings therapeutically effective. It is based on quality-of-life research, concepts of patient-centred communication, IT developments, and components of solution-focused therapy, and is supported by an App. Research studies in different mental health services and multiple countries have shown that using it can improve patients' quality of life.

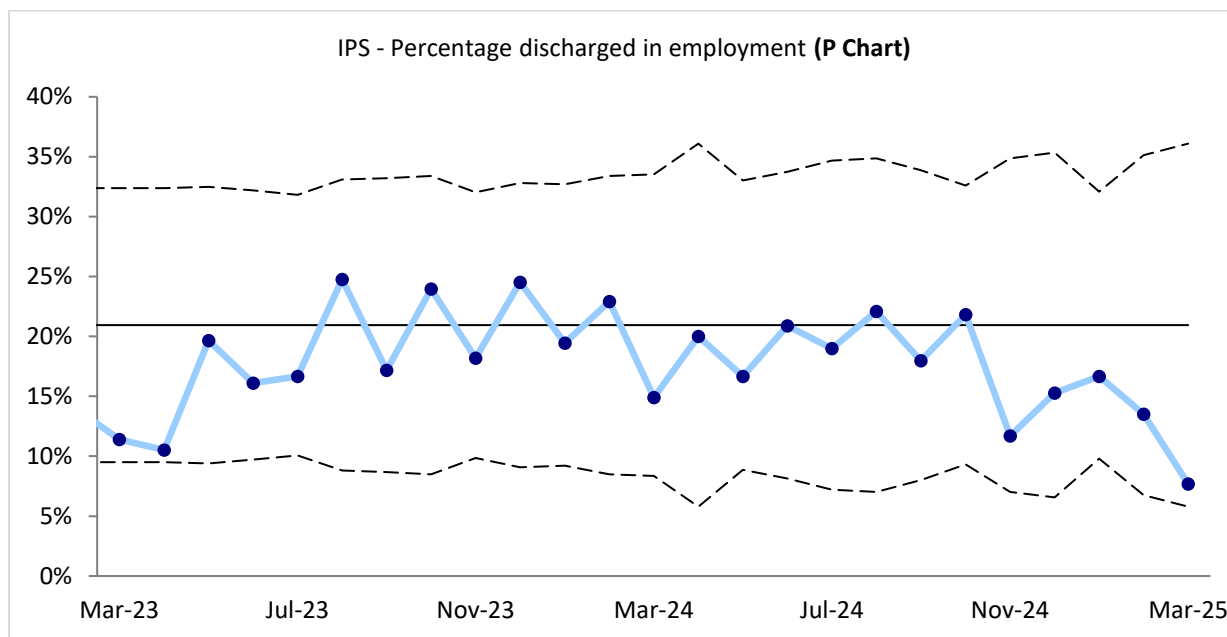
In March, 51% of service users across adult & older adult mental health services reported an improvement in their quality of life (measured through the change in Dialog outcome scores before and after an episode of care). This percentage has increased over time, demonstrating that our services are having 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.

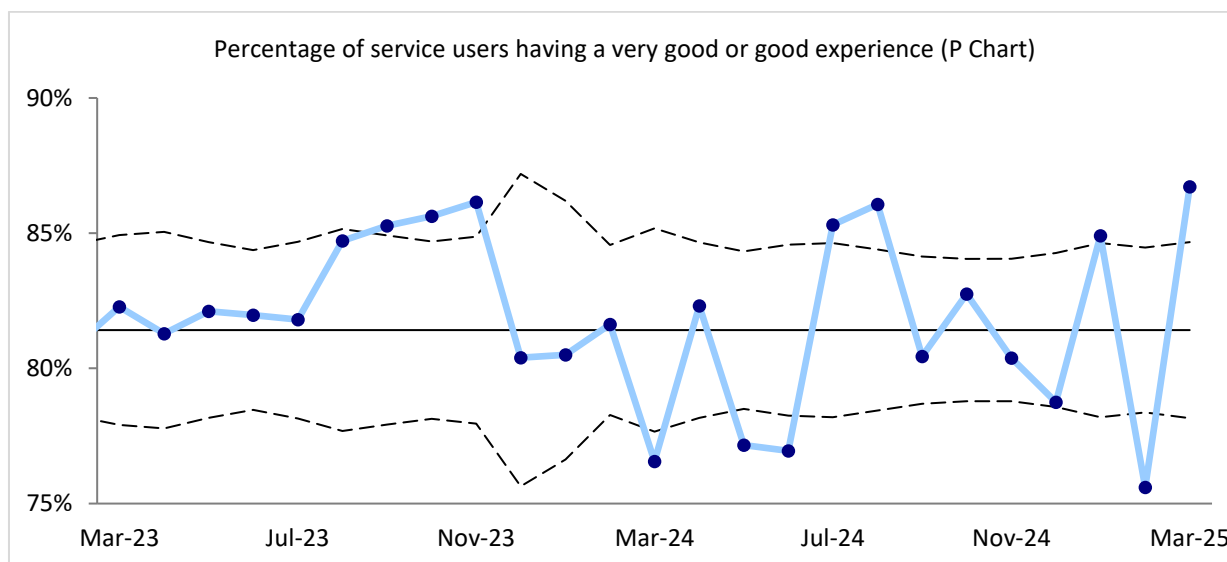
Referral activity remains below expected levels, and recovery is likely to be gradual as recruitment and staffing stabilise.

The percentage of service users discharged into employment declined from 14% in February to 8% in March. This unusual 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.

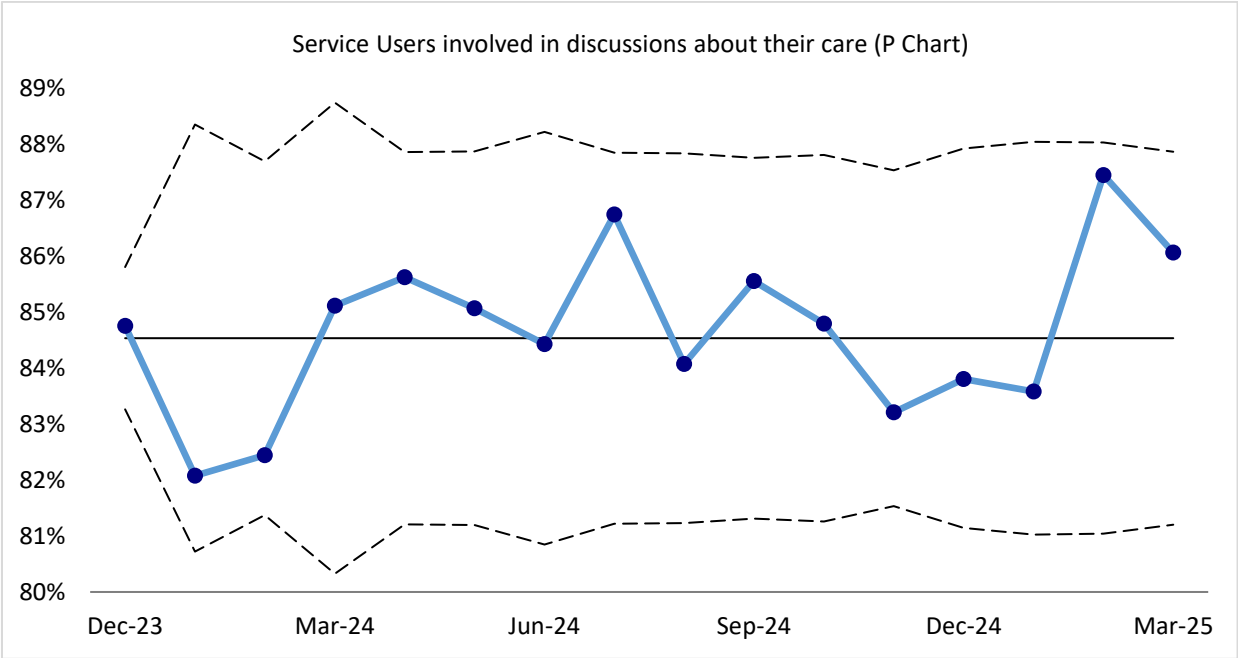


3.1.3 Patient Experience

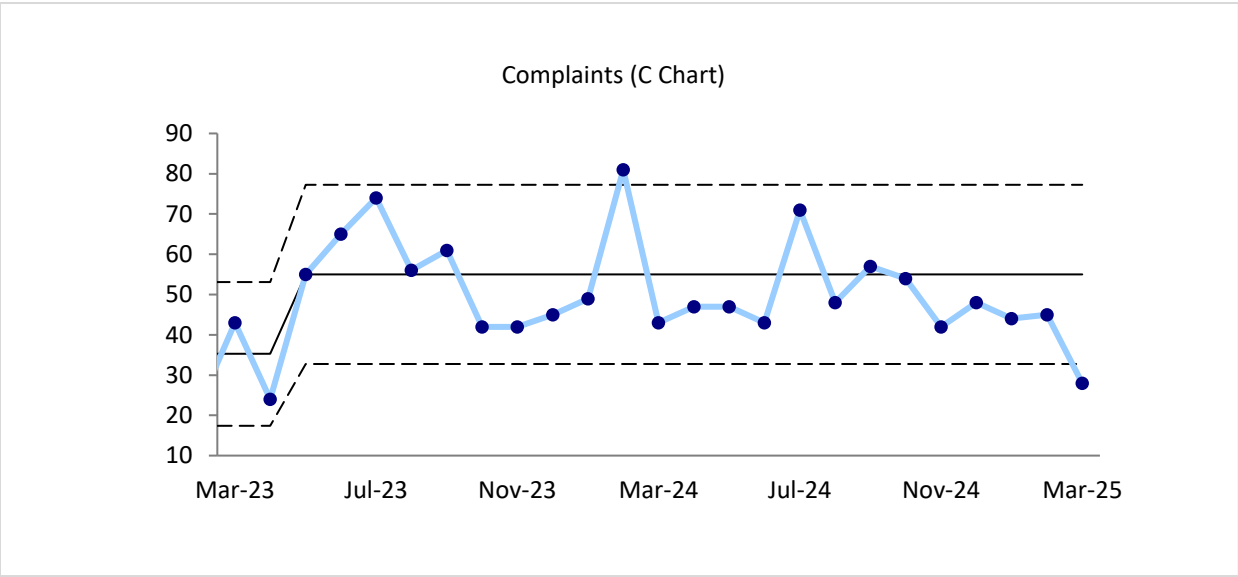
Central to the delivery of the Trust’s Strategy is the belief that all people who use the services provided by the Trust should have the opportunity to leave feedback regarding their experience. The charts below provide assurance across a range of service user experience indicators.



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. The drop in satisfaction in February was mainly attributable to primary care services. March 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, averaging 85%. This consistency reflects ongoing initiatives, such as personalised care plans and regular feedback mechanisms that empower patients. Staff training in trauma-informed care has also strengthened engagement, ensuring users are actively consulted in treatment choices.

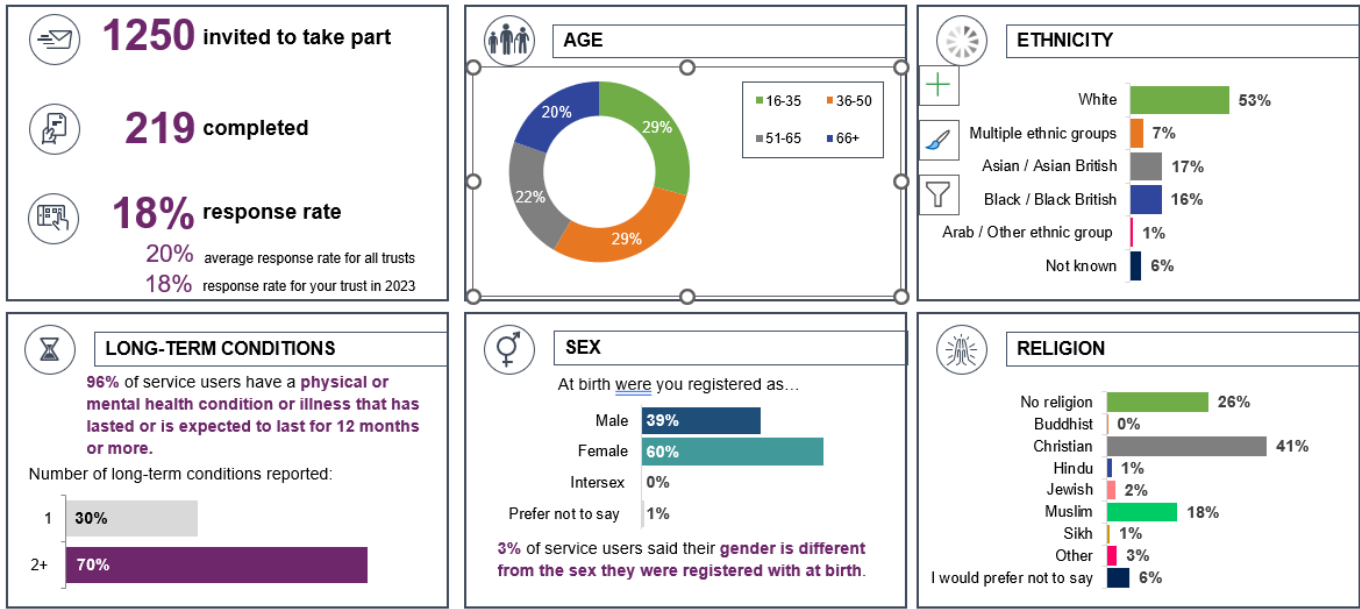


The number of complaints has seen an unusual decrease in March to 28. This reflects a drop in complaints across Bedfordshire and Newham mental health services. On discussion with the local teams, this is felt to be due to an increased focus on resolving complaints early through informal



























channels to avoid issues escalating into formal complaints, as reflected in a corresponding rise in Patient Advice Liaison enquiries across these services. The main issues arising from complaints revolve around appointment delays or cancellations, clinical care, medication, communication, staff attitudes and the need for more ward activities. These concerns are routinely communicated to directorate teams and tackled through initiatives such as staff training, learning seminars, and strategies to reduce waiting lists. All services are exploring ways to provide more activities on wards, including during weekends, through the existing staffing complement or additional therapy roles.

Externally, the Trust also receives feedback on service user experience via the annual Mental Health Community Service User Survey. This is an annual postal survey that provides a snapshot of service user experience, it administered by an appointed contractor and sponsored by the Care Quality Commission.

The National Service User Survey was undertaken for East London NHS Foundation Trust in 2024. The figures below summarise participation and the findings of the report.



Headline scores

▼ Support while waiting	Patient Response  7.3 / 10	Compared with other trusts  About the same
▼ Mental Health Team	Patient Response  6.1 / 10	Compared with other trusts  About the same
▼ Planning care	Patient Response  6.7 / 10	Compared with other trusts  Somewhat better than expected
▼ Involvement in care	Patient Response  6.4 / 10	Compared with other trusts  About the same
▼ Medication	Patient Response  7.1 / 10	Compared with other trusts  About the same
▼ Psychological Therapies	Patient Response  8.6 / 10	Compared with other trusts  About the same
▼ Crisis Care Support	Patient Response  4.8 / 10	Compared with other trusts  About the same
▼ Crisis Care Access	Patient Response  7.2 / 10	Compared with other trusts  About the same
▼ Support with other areas of life	Patient Response  4.2 / 10	Compared with other trusts  Better than expected
▼ Support in accessing care	Patient Response  5.8 / 10	Compared with other trusts  Better than expected
▼ Respect, dignity and compassion	Patient Response  8.1 / 10	Compared with other trusts  About the same
▼ Overall experience	Patient Response  6.8 / 10	Compared with other trusts  About the same
▼ Feedback	Patient Response  3.9 / 10	Compared with other trusts  Better than expected

The role of service users and carers in shaping and further improving care has been expanded across ELFT with the formation of a People Participation (PP) directorate. The People Participation department was set up in 2008 and then established as a directorate in July 2022, which enabled the PP team to further develop its role in empowering service users and carers to share their experiences of using services.

The development of the Directorate was able to support the provision of more opportunities for people with lived experience to shape and develop improved care across the organisation. The PP Directorate ensures service users and carers are involved in all recruitment, brings lived experience to the heart of all staff training, embeds co-production everything we do as a Trust and promotes lived experience experts at the heart of all service improvement.

The PP team endeavours to support service users and carers through their recovery journey and into successful lives, in whichever way works for them, through the PP pathway. The directorate also leads on developing volunteering opportunities within the Trust and the communities it serves.

The team has grown from three PP Leads in 2008 to more than 30 PP Leads, more than 10 People Participation Workers (PPWs), plus befrienders and admin support. PP leads are now established across nearly all services including the Trust's Digital and Estates teams.

3.2 Achievements and Awards

April 2024

- Yesmin Begum, ELFT Governor – Tower Hamlets Civic Award
- Phoebe Edwards, Podiatry Apprentice – National Apprentice of the Year, Our Health Heroes Awards
- Helen Olafoe and Selina Chimanikire, Healthcare Support Workers at East Ham Care Centre – Chief Nursing Officer (CNO) Award

June 2024

- Shirley Biro, ELFT Governor – British Empire Medal, King's Birthday Honours List
- Amar Shah MBE, Chief Quality Officer – Member of the British Empire, King's Birthday Honours List
- Data and Analytics Team – Driving Change Through Data and Analytics, HSJ Digital Awards
- Estates, Facilities and Capital Development – Estates and Facilities Team of the Year, Design in Mental Health Awards
- Helen Nunn, Senior Mental Health Social Worker – Freedom of the City Award
- Lorraine Sunduza OBE, Chief Executive Officer – Top 50 NHS Leaders, Health Service Journal (HSJ)

August 2024

- Trust-wide – Bronze Recognition Award, Stonewall Workplace Equality Index

September 2024

- Newham Nurses: Lara Lawson, Clinical Lead of Referral and Assessment Team and Urgent Community Response, Lucy Kwatia, Clinical Lead of District Nursing in the North Locality; and Bedfordshire Nurses: Denise Locklin, Continence Lead Nurse, and Hazel White, Parkinson Specialist Nurse – Queen's Nurse Award, Queen's Nursing Institute
- Newham 'Youth to Adult' Hub – Commendation by the Ministry of Justice

October 2024

- City & Hackney Tree of Life in Schools – Health Equalities Award, NHS Parliamentary Awards
- North London Forensic Collaborative – Excellence in Mental Health Care Award, NHS Parliamentary Awards
- Trust-wide – Ministry of Defence Gold Award, Ministry of Defence Employer Recognition Scheme Gold Awards
- Tanya Carter, Chief People Officer – Top 50 Most Influential BAME Figures, HSJ

- Dame Donna Kinnair, Non-Executive Director – Top 50 Most Influential BAME Figures (Alumni list), HSJ

November 2024

- Estates, Facilities and Capital Development – Estates and Facilities Team of the Year, Building Better Healthcare Awards
- Estates, Facilities and Capital Development – Best Patient Safety Initiative (Gold Award), Building Better Healthcare Awards
- Estates, Facilities and Capital Development – Patients Choice (Gold Award), Building Better Healthcare Awards
- Egbukichi Chukwuma, Nursing Associate – High Level Academic Achievement, School of Health and Psychological Sciences, City, University of London
- Pathways App Team, John Howard Centre – Psychiatric Team of the Year: Digital Mental Health – RCPsych Awards
- Newham Transitional Practice – Non-Clinical Team Award, Royal College of General Practitioners (RCGP) North East London Faculty Recognition Awards

December 2024

- Chika Soronnadi, Senior Cardiac Rehabilitation Nurse, Newham Cardiac Rehabilitation Service – Queen's Nurse Award, Queen's Nursing Institute

January 2025

- Edwin Ndlovu, Chief Operating Officer – Member of the British Empire (MBE), New Year Honours List
- Rebecca Daniels – Newham Community Children's Matron – British Empire Medal (BEM), New Year Honours List

February 2025

- Tracey Wright, Social Worker, Biggleswade CMHT – 'Amazing Social Work Leaders', British Association of Social Workers
- Martin Orr, Operational Manager, Biggleswade CMHT – 'Amazing Social Work Leaders', British Association of Social Workers

March 2025

- Lucia Vambe, Corporate Lead Nurse in Education and Development – Diaspora Healthcare Champion Award, UK-Africa Health Summit Global Health Partnership
- Twinwoods Health Resource Centre – Elsie Wagg Scholarship, Queen's Nursing Institute

3.3 An Explanation of Which Stakeholders Have Been Involved

The Trust has a long history of working collaboratively with our service user and carer groups, the Trust Governors and local stakeholder groups. There is significant service user and carer participation in all of the Trusts key overview and reporting mechanisms, e.g. the Trust Board, Quality Committee, People Participation Committee and the Patient Experience Committee meetings.

3.4 Statements of Integrated Care Boards and Partners

Statement from North-East London Integrated Care Board to ELFT Quality Accounts 2024 – 2025

NHS North East London Integrated Care Board is the lead commissioner responsible for commissioning health services from East London NHS Foundation Trust on behalf of the population of east London.

Thank you for asking us to provide a statement on East London NHS Foundation Trust's 2024/25 Quality Account and priorities for 2025/26. We commend the Trust for aligning priorities with system partners, working in collaboration with communities to improve care and experience, and supporting the development of our Integrated Care System strategic objectives.

We congratulate the Trust on their continued progress across their priorities of improving population health outcomes; experience of care; staff experience; and improved value. The Trust's substantial quality improvement programme, supported by strong leadership, has delivered an impressive range of quality improvement projects in east London over the last year in both mental health and community services.

We are aware that the Trust has undertaken important work to address health inequalities in the last year. This year the Trust has reported on how it has made a conscious effort to increase physical health screening for those with a Learning Disability, and we welcome the work undertaken as part of the MHLDA Provider Collaborative to improve the care received by those with a Learning Disability and Autistic people. We hope to see this work lead to tangible improvements in experience and outcomes for some of our most vulnerable populations.

We are pleased to see the improvements made across the Flow Programme, particularly the reductions in out of area placements. While the financial savings made through this programme are clear, we hope future reporting can demonstrate the impact this work has had for our service users, particularly regarding their experience.

We commend the Trust on their continued work championing service user involvement in quality improvement and assurance efforts. We note the work undertaken to increase participation in Service User Led Accreditation across East London inpatient services and wish to extend our congratulations to all services who have achieved accreditation over the past year.

We are grateful to the Trust and its staff for their continued commitment to collaboration and partnership working that will further support and develop our North East London Integrated Care System. We confirm that we have reviewed the information contained within the account and checked this against data sources where these are available to us, and it is accurate. Overall, we welcome the 2024/25 quality account and look forward to working in partnership with the Trust over the next year.

Zina Etheridge
Chief Executive Officer
North East London Integrated Care Board

Statement from Bedfordshire, Luton & Milton Keynes Integrated Care Board to ELFT Quality Accounts 2024 – 2025

BLMK ICB acknowledges receipt of the 2024/2025 Draft Quality Account from East London Foundation Trust (ELFT). We extend our thanks to the Trust for sharing this account with the ICB and we welcome the opportunity to provide an assurance statement. The Quality Account was shared with key members of the ICB and reviewed by members of the ICB's Quality Team as part of developing our assurance statement.

Over 2024/25, ELFT and the ICB have continued working together as partners, along with other key stakeholders including Healthwatch and the Local Authority. During this time, it has been helpful to attend various ELFT hosted Trust meetings to gain further insight and understanding of the services delivered by the Trust. This has contributed to gaining assurance throughout this period of delivery of safe and effective care to residents.

As in previous years and in line with the NHS (Quality Accounts) Regulations, BLMK ICB have reviewed the information contained within the Draft ELFT Quality Account and it is to the best of our knowledge, accurate and fairly interpreted.

This year has seen another year of high patient demand on NHS services with often increasing complexity. As an ICB we recognise and commend the commitment of staff working in Community and Mental Health services and the commitment to delivery high standards of patient care and promoting a positive patient experience.

We thank ELFT for their ongoing commitment to the continued quality improvement in admission avoidance work in reducing systemwide pressure, alongside our BLMK system partners. A key highlight was reflected in the work of the ELFT Learning Disabilities (LD) team - working in collaboration with local GP's and system partners to significantly reduce acute admissions for LD patients. This proactive working has a positive impact to patient experience, whilst making best use of our system healthcare resources.

The priorities for 2024/25 focussed on the Trusts aim to improve quality of life for all served. These priorities were organised in a clear quality improvement plan that highlighted key achievements and delivery.

The Trusts priority in improving population health has yielded clear outputs in Quality Improvement (QI) programmes. The Trust is utilising data and analytics intelligence to identify opportunities to maximise clinic capacity to support the reduction of waiting list times and backlogs. The Trust has also used QI across the Bedfordshire and Luton mental health inpatient units where progress has been demonstrated in the patient flow arena. Length of inpatient stay has reduced and there a clear reduction in use of out of area placements for patients. This has contributed positively to patient experience of these services. The ICB looks forward to further updates of this valuable work over the forthcoming year and the contributions this can make to systemwide learning.

Patient and staff experience have been reflected in further QI work. The Trust has demonstrated that there has been engagement and uptake of service user involvement to help shape experiences of the services received. Embedding of QI methodology for both staff and service users support development of QI culture to further improve services and experiences.

The ICB commends the work of ELFT with regards to delivering its priority for improved value. We were pleased to learn more of the reduction in band 5 and 6 nursing staff vacancies and

reduction in agency staff costs through quality improvement transformation work. There was also a distinct shift to more sustainable “greener” health care initiatives within this priority.

We have reviewed the continuation of the Trust’s Quality Priorities for 2025-26 and the ICB is supportive of the annual plan deliver upon these.

The ICB was pleased to see Trusts continued focus on pursuing equity QI programme. The outputs of this will support the recommendations made by the BLMK Denny Review – which gave a deeper understanding of health inequalities faced by our population across our system.

The Trust has adopted the Patient Safety Incident Framework (PSIRF) successfully over this year. This approach is supportive of the National Patient Safety Strategy and further embeds a culture of learning from patient safety incidents. The Trust’s approach with implementation of a Care Review Tool - led by its Patient Safety Reviewers, ensures that patient safety incidents are rapidly assessed. This ensures enhanced key learning is acknowledged promptly. The ICB thanks ELFT for their continued commitment to the development of the systemwide BLMK PSIRF programme. This contribution continues to the development of our Integrated Care System.

We hope that ELFT finds these comments helpful. We look forward to learning of further improvements and working in partnership with the Trust over 2025/26.

Sarah Stanley, Chief Nursing Officer and Executive Director Nursing & Quality

Statement from Central Bedfordshire Council Social Care Health And Housing Scrutiny Committee to ELFT Quality Accounts 2023-2024

Central Bedfordshire Council's Social Care Health and Housing Overview and Scrutiny Committee holds decision-makers to account for improving outcomes and services for the residents of Central Bedfordshire. As a critical friend to the Trust, we are pleased to have an opportunity to provide feedback on the Trust's Quality Account for East London NHS Foundation Trust.

We would like to start by acknowledging the many highlights and achievements delivered by the Trust during the last year, in particular;

- The stabilisation of A&E mental health attendances, following rises over previous years. We hope that this improvement will be sustained during the coming year and would welcome further detail on the interventions that have driven this improvement.
- The improvement in access to Talking Therapies, and the increase in the proportion of service users achieving reliable improvement.

We highlight the following areas of concern and for improvement:

- The long waiting times, particularly for those awaiting ADHD and Autism support, with 6246 service users waiting over 52 weeks to be seen. We would like further detail on these figures in order to understand the situation in Central Bedfordshire and the actions the Trust is taking to address these unacceptably high waiting times.
- The reduction in both the response rate to the staff survey, and the reduction in the percentage of staff who would be happy with the standard of care provided by the organisation if a friend/relative needed treatment. We would like to see further detail in future reports setting out the actions the Trust will take to address these issues, as well as other key areas of staff feedback.
- The Trust's decision to withdraw from provision of Primary Care services, specifically the impact of this decision on patients using Leighton Road Surgery in Leighton Buzzard, which has led to significant uncertainty amongst the public about the future running arrangements for the surgery.

In future reports we would welcome a more detailed breakdown of performance across Central Bedfordshire in order to more effectively assess performance for our residents, as detailed information is not currently provided in this report.

In conclusion we welcome the opportunity to consider and comment on the report and we look forward to working constructively with the Trust to support the scrutiny process and our residents.

Cllr Emma Holland-Lindsay, Chair
Central Bedfordshire, Social Care Health and Housing Overview and Scrutiny Committee.

3.5 Feedback

If you would like to provide feedback on the report or make suggestions for the content of future reports, please contact the Chief Quality Officer, Dr Amar Shah, on 020 7655 4000.

A copy of the Quality Accounts is available via:

- East London NHS Foundation Trust website (<https://www.elft.nhs.uk>)

2024/25 Statement of Directors’ Responsibilities in Respect of the Quality Accounts

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS England has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Accounts (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Accounts.

In preparing the Quality Accounts, Directors are required to take steps to satisfy themselves that:

- the content of the Quality Accounts meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2024/25 and supporting guidance
- the content of the Quality Accounts is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2024 to May 2025, papers relating to quality reported to the Board over the period April 2024 to May 2025
 - the Trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
 - the national patient survey within Quality Accounts
 - the national staff survey within Quality Accounts
- the Quality Accounts presents a balanced picture of the NHS Foundation Trust’s performance over the period covered
- the performance information reported in the Quality Accounts is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Accounts, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Accounts is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Accounts.

Signature	Signature
E. Taylor	L. Sunduza
Eileen Taylor Chair	Lorraine Sunduza OBE Chief Executive
Date 23.06.2025	Date 23.06.2025

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Your opinions are valuable to us. If you have any views about this report, or if you would like to receive this document in large print, Braille, on audio tape, or in an alternative language, please contact the Communications Department on phone 020 7655 4066 or email elft.communications@nhs.net