

EAST LONDON NHS FOUNDATION TRUST

Strategy Impact Report 2021-2025



Foreword	03
Our Strategy	04
The Big Conversation	06

Strategic Outcome 1	07
Improved population health	
Strategic Outcome 2	18
Improved experience of care	
Strategic Outcome 3	32
Improved staff experience	
Strategic Outcome 4	40
Improved value	
Afterword	50



Contents



Foreword

Here at East London NHS Foundation Trust, it is time to revisit our organisational strategy to see what progress has been made and what areas still need our attention to address the health needs of our communities going forward.

A strategy is a plan that states what your long-term aim is, what it is you want to achieve and the ways you are going to make it a reality. In this context, it informs patients, service users, carers, partner organisations and the public of our goals. This means that we can unite and work together to make the best use of our resources to improve the lives of local people.

Back in 2021, our communities were getting back on their feet after the COVID-19 pandemic. The pandemic had revealed inequity and poor health in certain groups in our population and this is still apparent five years on. We were anticipating changes in the make-up of our communities (a growing population of under 25s, and an aging population in some areas) and the advent of new housing developments meant that we had to plan for more people using NHS services.

So we conducted our 'Big Conversation' to get the views of local people and stakeholders. This consisted of a range of consultation activities with stakeholder groups both online and in face-to-face focus groups. Through these, it became clearer what people wanted from their local health services and what our priorities should be. This report aims to share our progress with everyone who helped shape the strategy and our wider population.

It has not been an easy five years for our communities or our workforce. We have tried to deliver our strategy to a backdrop of a cost of living crisis, which has brought soaring prices, high cost rents/mortgages/travel that have had a huge impact on our communities and our workforce. I want to pay tribute to the resilience of our staff and the commitment of our people participation teams that has sustained us in these challenging times.

In the pages that follow, we will set out where we have made progress against our objectives, where we still have more work to do, and how this will inform the development of our new strategy.

I want to thank everyone who helped us with developing our strategy in 2021, and ask that you all join us in ensuring we have the right plan for the next five years to enable our communities and our workforce to thrive.

Kind Regards

Lorraine Sunduza OBE
Chief Executive Officer





2021-2026 Strategy

In our strategy, we stated that by 2026, with our partners, we would deliver on our commitment to provide person-centred coordinated mental and physical health care, improve the health and wellbeing of the communities we serve to support their recovery from the pandemic, and promote social justice.



Six specific areas were highlighted in our stakeholder groups as warranting particular attention. These were:

- The needs of children and young people
- Social justice
- Tackling inequalities and access
- To 'get the basics right'
- To work in partnership, and
- To ensure that staff have a good experience of working for the organisation.





You can see the key objectives of the Strategy in this driver diagram:

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?

To improve the quality of life for all we serve

Improved population health

- Prioritise children and young people's emotional, physical, social and learning development
- Support service users, carers and the communities we serve to develop skills & to access meaningful activity and good quality employment
- Support service users, carers and the communities we serve to achieve a healthy standard of living
- Contribute to the creation of healthy and sustainable places, including taking action on climate change
- Champion social justice, and fully commit to tackling racism and other forms of prejudice
- Prioritise prevention and early detection of illness in disadvantaged groups

Improved experience of care

- Address inequalities in experience, access and outcomes in our services
- Deliver on our commitment to integrated care, including multidisciplinary teams working around neighbourhoods
- Get the basics right through reducing waiting times and increasing access to services, meeting existing and new demand
- Continue to build our approach to coproduction, people participation and programmes such as peer support and befriending
- Build on the innovation that we saw during the pandemic to transform and improve our clinical delivery, strengthening our ability to adapt and remain flexible and resilient to future challenges and opportunities

Improved staff experience

- Develop and embed trauma-informed approaches into clinical practice and in our work with communities and partners
- Prioritise quality of care and develop our patient safety approach, applying quality improvement to all that we do
- Enhance our digital and data infrastructure so it works effectively in service of our teams
- Get the basics right through supporting our staff and teams to thrive and be happy and healthy, including work-life balance
- Develop and grow our workforce, offering lifelong learning, professional development and creating new and exciting opportunities for staff, service users, carers and local communities

Improved value

- Extend the financial viability programme, engaging all in reducing waste, improving financial and environmental sustainability
- Work collaboratively across the system with our partners to improve value and reduce waste





Each year, our annual planning process supports every part of the Trust to identify priorities for the year, aligned to the 5-year strategy. This annual process has strengthened year-on-year – enabling all parts of the organisation to focus on what matters most to people locally, whilst aligning to our overarching strategic priorities.

This report shares the progress we have made in delivering against the priorities in our 5-year strategy, and also considers the key areas to focus on going forward.



The Big Conversation

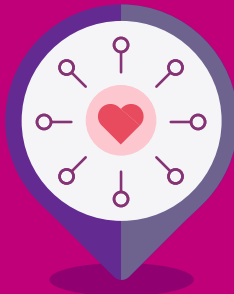
The Trust's 2021-2026 strategy was formed through The Big Conversation programme in 2021. More than 20 sessions took place across the Trust, with nearly 800 participants and more than 2,000 responses submitted and thematically analysed. Staff, service users, carers and governors were involved and sessions covered all our services: IAPT services (now Talking therapies), CAMHS, corporate services, mental health service, community health services and addictions services. Sessions were also open to members of the public, and our partner organisations in the two integrated care systems in which ELFT operates.



Strategic Outcome 1

Improved Population Health

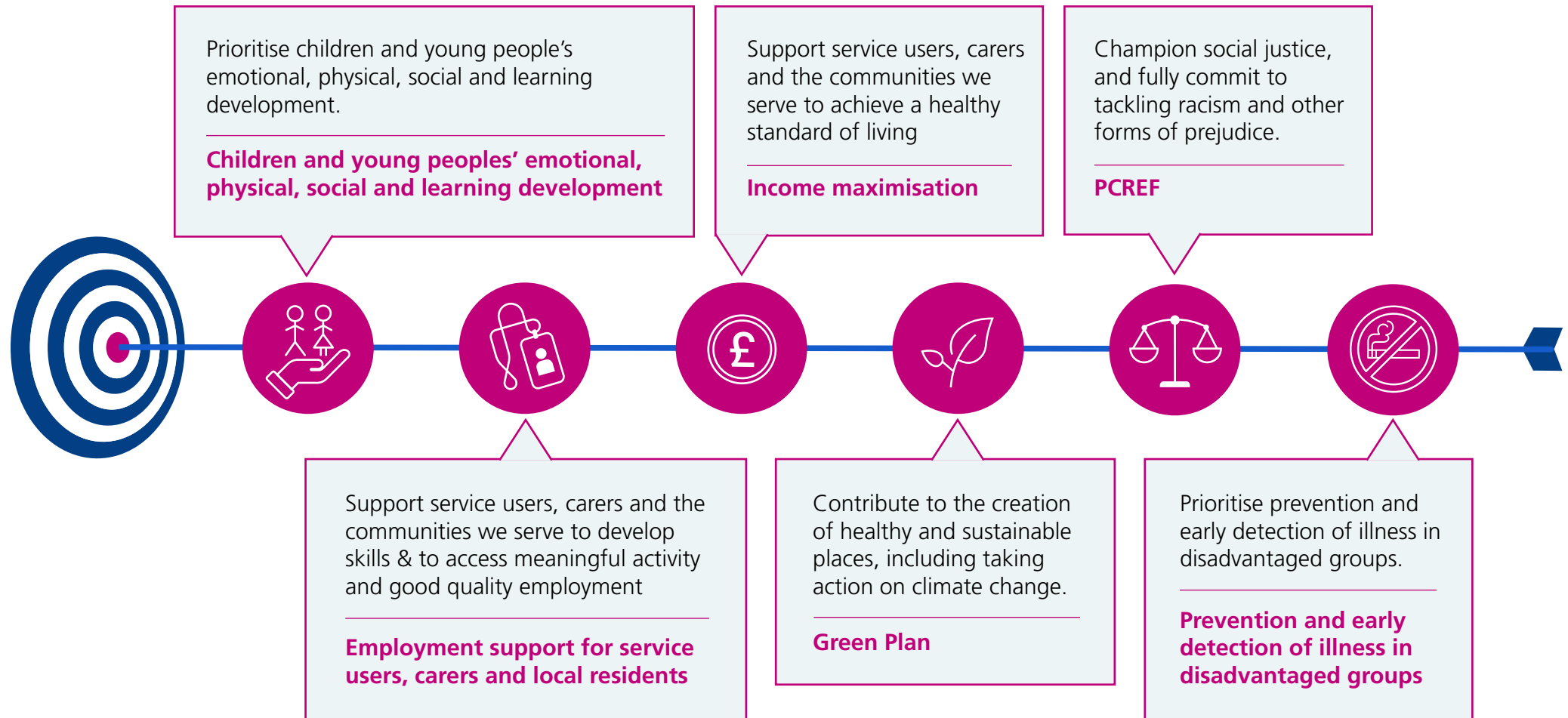
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Improving Population Health

The Trust has **six specific objectives** for its strategic outcome of improved population health:





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



Income maximisation

Living in poverty makes it harder to live a healthy life. A large proportion of ELFT's population are impacted by poverty which will impact on health outcomes. For example, The Denny Review, investigating health-related inequalities in Bedfordshire, Luton and Milton Keynes, shows differences in life expectancy of more than eight years between the least and most deprived areas of Bedford and Luton. It also describes inequalities between different population groups.

Healthier Wealthier Families is a pioneering programme funded by the ELFT Charity alongside other partners aimed at improving the financial wellbeing of children and their families. Raising a disabled child with additional needs has

a huge impact on family finances. This initiative co-located welfare benefit advice in a specialist Neurodisability clinic for children and young people in Newham.

Results of the independent evaluation showed that on average families received £6,000 per year in unclaimed benefits as a result of the money advice. This is an average of £47 return for every £1 invested in advice.





Key ingredients for success were:

- Co-location of money advice where families attend routine appointments
- Every effort is made to help people feel more comfortable accessing money advice
- Comprehensive, high-quality advice covering monetary and non-monetary benefits
- Advice is accessible and responsive
- Partners collaborate and are engaged

Further income maximisation provided by the Trust includes:

- Work by our People Participation Cost of Living Lead to create a comprehensive online resource on the Trust public website that includes advice and tips for reducing household bills along with details of local borough-based free resources, supportive venues and services.
- ELFT's Digital Life Coach programme is training 25 Digital Champions at the Trust to train other staff and service users to be digitally confident.
- Publication of a poverty proofing toolkit for ELFT to reduce the impact of poverty on people not being able to attend appointments in partnership with the charity Children North East.



Becoming the first Marmot Trust

To achieve our strategic ambition of improved population health, ELFT is working with the UCL Institute of Health Equity as the first NHS 'Marmot Trust', testing the boundaries of what an NHS Trust can do to tackle some of the drivers of poor health, such as poverty and unemployment.

As a mental health and community service provider, we often see service users whose conditions are caused or made worse by poverty, insecure jobs and living conditions. People with severe mental illness are dying 15-20 years earlier than they should. NHS Trusts have not often tried to influence these building blocks of health, as efforts are usually focused on reactively delivering clinical care.

Our Marmot Trust programme of work is exploring how an NHS Trust can work more 'upstream' to implement the 'Marmot principles' to reduce health inequalities and ensure the right building blocks are in place to improve health, and stop lives being cut short in the communities we serve. ELFT is the first NHS organisation to explore this, which will be important learning for the NHS.



Prioritise prevention and early detection of illness in disadvantaged groups

Our tobacco dependency service aims to increase the proportion of people in inpatient settings who quit smoking. Since 2019, the service covers all directorates including people with severe mental illness and forensic services.

A unique feature of the new model is ongoing support in the community from the same advisor for six weeks after discharge. The new service has not only supported many patients to quit smoking but has also helped reduce violence and aggression on inpatient wards by 57 per cent, which was often related to lack of access to nicotine alternatives or a consistent tobacco dependence treatment careplan.

Staff who smoke are also supported confidentially by advisors within their individual directorates. To further reduce inequalities, we have increased the availability of vapes for service users and staff to help support them to stay smokefree for longer.

In 2024, the community service supported 234 service users, an increase of 53% from the previous year. An internal smoking cessation

evaluation looking at data from 2022 to 2023 showed over 1,350 inpatient and community health service users supported over a year to stop smoking with an estimated 19 lives saved alongside reducing the risks of smoking related diseases in many others.

Throughout 2024 we also prioritised activities to promote the physical health of people with severe mental illness and learning disabilities.

This has included:

- ELFT supporting system-wide partnership work in North East London and Bedfordshire, Luton and Milton Keynes to address the physical health inequalities faced by people with SMI.
- Establishment of a Physical Health Working Together Group (WTG) involving service users directly in shaping physical health services.
- Physical health support for people with learning disabilities including weight management and cancer screening.
- A Trust-wide diabetes group was set up in 2024, supported by service users and carers to continue to improve prevention and management of diabetes.



- Vaccination uptake and outreach have been a central part of our population health prevention work since the start of the strategy period.
- ELFT worked jointly with staff from the Hatters Health Primary Care Network (PCN) to undertake a Quality Improvement (QI) project to identify black, Asian and minority ethnic (BAME) clients on Hatters Health PCN's SMI register with low engagement with primary care mental health services in the past two years. This led to a change from 62% receiving health checks in September 2022 to 87% by January 2024.



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

Our DISCO (Discovery College) is one of the ways the Trust has been supporting children and young people's emotional, physical, social and learning development.

It offers free workshops to young people between 13 and 18 years old across Luton and Bedfordshire.

All our workshops are done in groups either face to face or online. The Discovery College cultivates a non-judgemental environment and allows everyone to share their voice, creating healthy resilient neighbourhoods.

Workshops cover themes such as personal growth, healthy relationships, life skills and creativity. We welcome parents and carers, professionals and supporters to come along too.

Better Days is a series of co-produced creative projects across Luton, Bedfordshire and Milton Keynes. It aims to increase engagement, break down stigma and reach young people who might not otherwise access services. Involvement in creative projects can help to begin a dialogue about health and wellbeing. Examples so far have included poetry nights and a queer craftivism collective.

Other work has included:

- The new Integrated Front Door (IFD) for children, young people and families pilot programme in East Ham, Plaistow and Newham. It enables a timely response to emerging emotional or mental wellbeing

needs of children, young people and families. The IFD multi-agency team of CAMHS, local authority social workers and mental health in schools practitioners accepts referrals from schools, GPs, community and voluntary sector services and aims to provide an initial assessment and develop a multi-agency plan within three to four working days. An external evaluation shows the service succeeds in reviewing just over half of their cases within one day of referral and 97 per cent of cases within 4 or fewer working days.

- The North Central and East London Voluntary and Community and Social Enterprises (NCEL VCSE) small grants programme launched in 2022 which distributed a £1.5million in funds across 47 projects focused on prevention, early intervention, recovery, and crisis support.
- ELFT continues to improve understanding of the health and wellbeing needs of our children and young people in collaboration with the NCEL CAMHS Provider Collaborative.



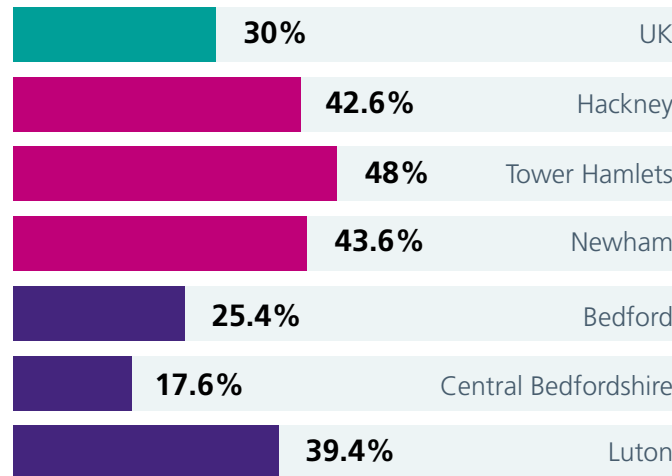
Why does it matter?

A good childhood matters, and difficulties in childhood, even before birth, can influence a child's emotional, physical, social, and learning development in enduring ways, shaping the life course. The 2024 Good Childhood Report identified that children in the UK are less happy compared to ten years ago, and that 1 in 10 children aged 10-17 experience low wellbeing. For children and young people living in households under financial strain, 2 in 5 children and young people were either 'often' or 'always' worried about how much money their family had. This sort of concern about the cost of living underlines a widening gap between the richest and poorest and the physical and mental health and wellbeing of children and young people.

Our local context

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

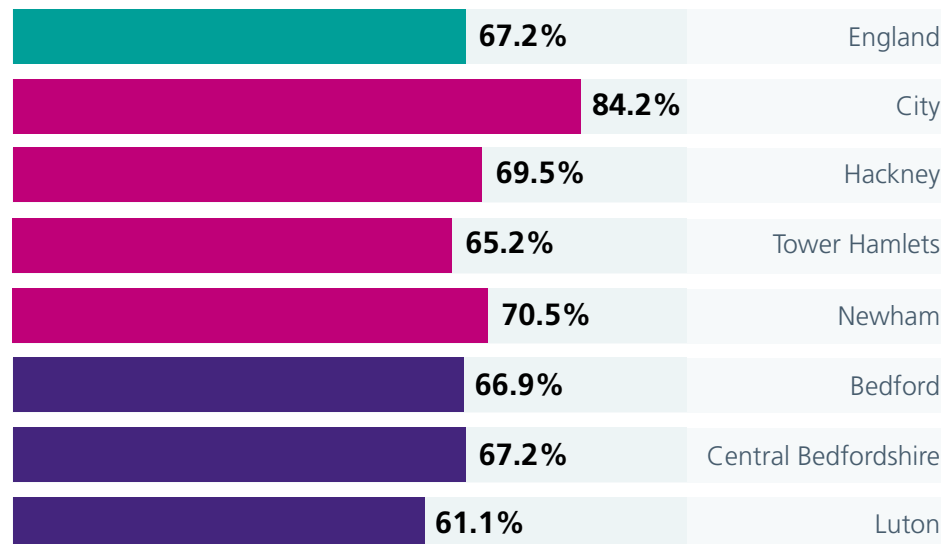
Child Poverty, % of children living in poverty after housing costs



Key - Region

- England
- East London
- Bedfordshire and Luton

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







Employment support for service users, carers and local residents

Employment is an essential building block for good mental and physical health. Unemployment has a negative impact on mental and physical health.

It can lead to stress, anxiety, low self-esteem, depression, increased risk of illness, and coping via unhealthy behaviours. Some groups face additional barriers to employment, including informal carers, people with learning disabilities and people with long term physical or mental health conditions.

Employment advisors working within our NHS Talking Therapies services is one of the ways we now support service users, carers and the communities we serve to develop skills and to access meaningful activity and good quality employment.

Support is available for people experiencing common mental health disorders and receiving Talking NHS Therapies, who are either in or out of work.

The service user, employment advisor and therapist work together to set employment goals and deliver a bespoke action plan.

In Newham, ELFT and Our Newham Works, Newham Council's employment support team, have worked together and helped more than 90 local people secure healthcare roles.





Other progress includes:

- 224 people are employed at ELFT (as of October 2024 data) in roles that directly use lived experience expertise.
- Individual Placement Support (IPS) programmes are in place for all ELFT mental health secondary care teams.
- A Trust-wide employment group was established in 2018 to support all ELFT services help as needed service users remain in or gain employment as part of their health care delivery including hosting employment support events in Luton and Bedfordshire and East London in 2024.
- 89 apprentices have been externally recruited into the Trust since the 1st of April 2021.
- From 2022-2023, we developed training in partnership with Luton Council and Total Wellbeing Luton on the importance of good quality work and how to create a workplace that is supportive for people who may have mental ill health.
- ELFT partners with local universities to provide volunteer placements in healthcare settings to around 100 graduates each year. This supports graduates gain an understanding of the work environment, develop links with ELFT staff and open up opportunities for further learning and development, such as apprenticeships.





Green Plan

In 2022 we published a three-year Green Plan mapping the ways in which we planned to reduce our emissions. This includes clear goals, targets, and actions for carbon reductions in both utilities and waste. For example, a 5 per cent reduction in all energy usage year on year and an increase in our recycling to 35 per cent. Progress includes achieving an 18% reduction in energy usage across our sites in 2022/23. We have also introduced a new furniture reuse portal to re-use unwanted furniture and equipment, increasing recycling by 5% since 2023.

Other key highlights include:

- **Leadership for climate action:** We have a climate network of 300 people and 38 climate champions. This includes the Leading Environmental Action Forwards Working Together Group (LEAF WTG) to include service users within our sustainability efforts.
- **Improving green spaces or gardens across ELFT sites.** We have improved four green spaces with a further three planned for 2025. Developed spaces include a service user therapeutic garden in Newham, a gardening project at the Lighthouse in

Leighton Buzzard and gardening groups as part of Recovery Colleges in Bedfordshire and Tower Hamlets.

- **Promoting community wealth building:** Spending and investing in our local people and spaces where we can, for using community-owned sites for away days and increasing the numbers of local apprenticeships.



PCREF

The PCREF (Patient and Carer Race Equality Framework) is a recommendation from the 2018 independent review of the Mental Health Act. In 2021, the Trust piloted this anti-racism framework in its East London boroughs. Experts by Experience from racialised backgrounds led a survey and consultation process, sharing learning across the Trust and with NHS England. Our PCREF approach addresses race, ethnicity and intersectionality, encompassing the Equality Act's nine protected characteristics, lifestyles, neurodiversity and special educational needs. See our Improved Experience of Care section for more details.

A comprehensive programme of work has been taking place within our Forensic Services which includes:

- The directorate has established a monthly steering group to implement the Trust's PCREF strategy.
- The service has established an Anti-Racism Coalition of staff from the Global Majority and white staff working together. Members attend the monthly RaCE Focus Group (the local RaCE Staff Network) to listen to experiences of Global Majority service users and staff and to offer support.
- The service is working with The Reverse Mentoring Practice. A number of more junior colleagues from the Global Majority have received training as reverse mentors to mentees who are in senior roles and matched in terms of differing protected characteristics.





Strategic Outcome 2

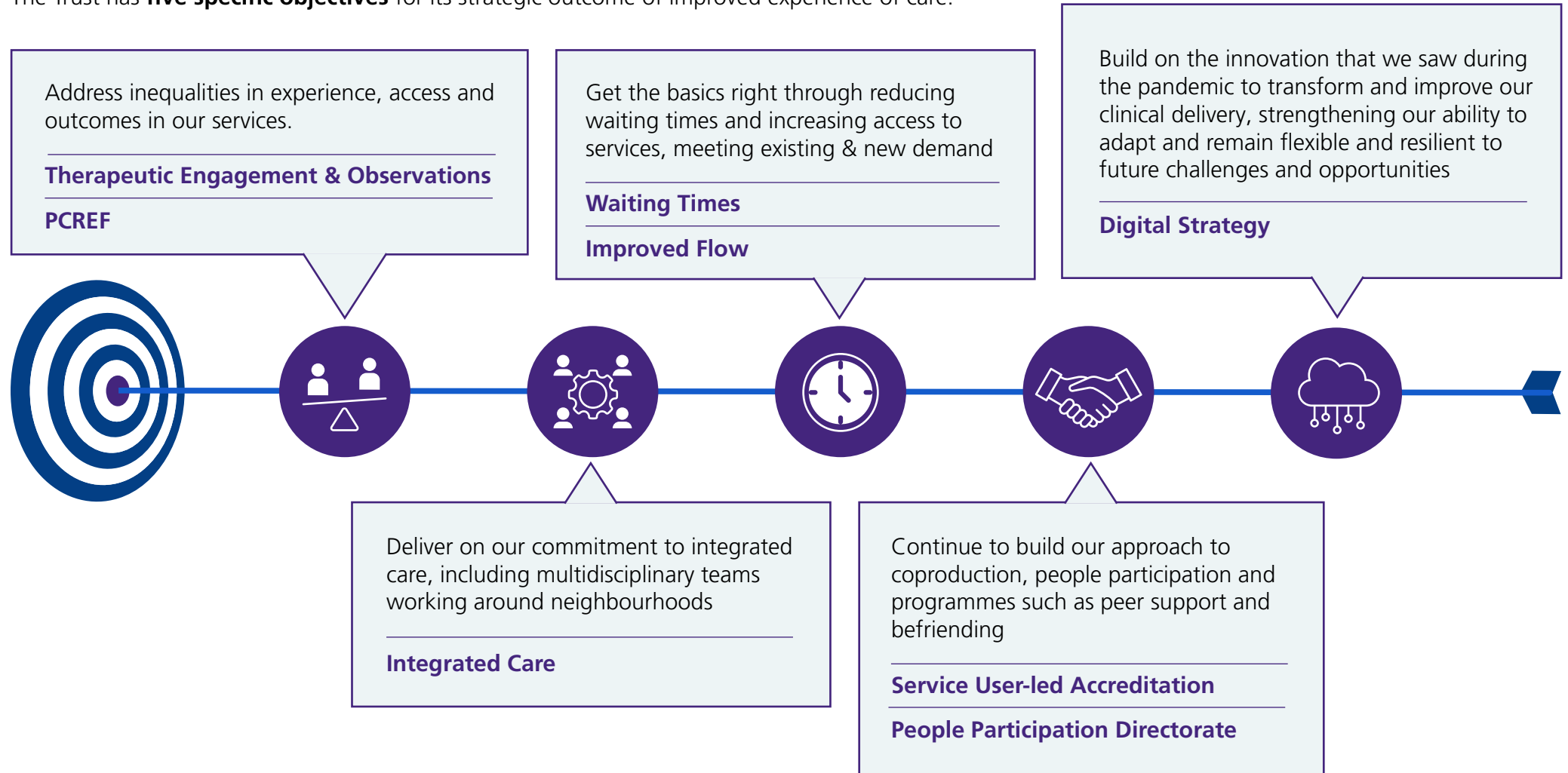
Improved Experience of Care





Improved Experience of Care

The Trust has **five specific objectives** for its strategic outcome of improved experience of care:



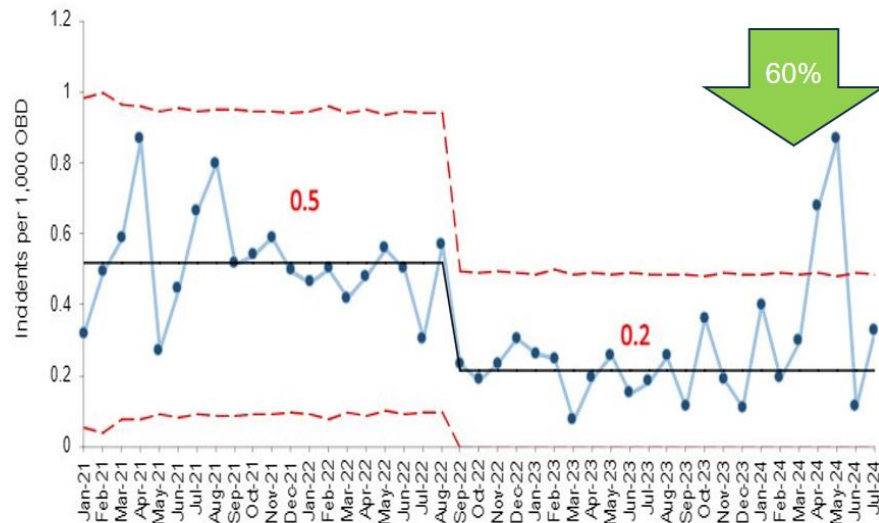


Therapeutic engagement and observations

The Inpatient Quality and Safety improvement programme, the Trust's largest ever quality improvement programme, began in November 2022

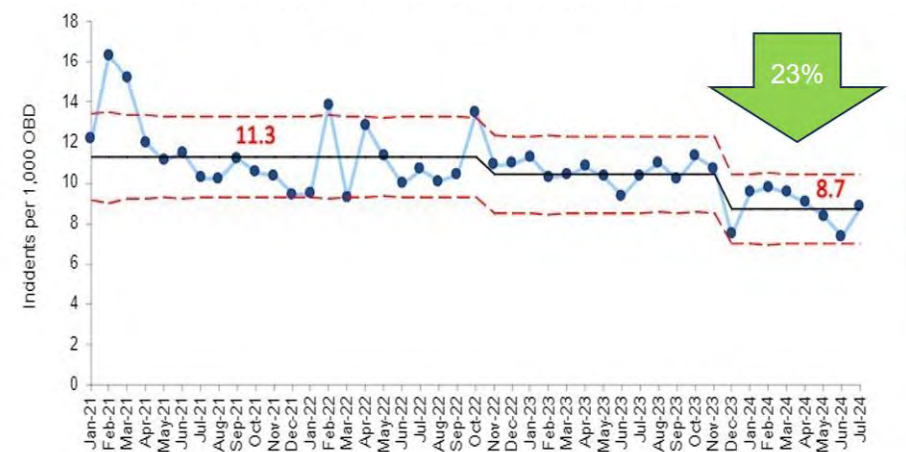
All inpatient units were engaged in work in two key areas; to reliably implement the ELFT safety culture bundle and test ideas to improve the reliability of observations and therapeutic engagement.

Incidents of racial aggression per 1,000 OBD (Trustwide) - U Chart



A standardised measurement plan was agreed across all teams, with data displayed over time on statistical process control charts to understand if change was leading to improvement.

Incidents of physical violence per 1,000 OBD (Trustwide) - U Chart



In September 2023, staff and service users came together as part of a series of regular trust wide learning sessions to agree three ideas which they believed could be tested for scale up across all wards in the trust. These include a board relay, where staff hand over a physical board with



observation documentation; zonal observations, where nursing staff are assigned a zone to engage with service users; and the use of Life Skills recovery workers on Twilight shifts (2-10pm) to conduct therapeutic activities with service users. The team at the original test sites produced standard guidance to assist other wards in testing for scale-up.

Over the course of the work there been sustained improvement trust wide in observation completion, and several measures of violence and restrictive practice. Our local governance structures have been developed to ensure there is oversight of observations practice and includes reported rates of completion and incident reporting on incomplete observations to inform learning and further improvement. A service user qualitative tool has been co-produced to help us understand their experience of observations. Phase 2 of this QI project was launched with 10 pilot wards in March 2025 and will focus on developing the quality and improving the experience of therapeutic observations.



Improvements were made in several measures:

- General observation completion increased to 99.57%
- Incidents of monthly physical violence reduced by 23% from 11.3 per 1000 occupied bed days to 8.7
- Incidents of monthly verbal aggression reduced from 1.3 per 1000 OBD per month during baseline to an average of 0.8 per 1000 OBD per month (-38%)
- Incidents of monthly prone restraint use reduced by 31% from 2.2 per 1000 occupied bed days to 1.5
- Incidents of seclusion use reduced from an average of 3.4 to 2.1 per 1000 OBD (-38%) each month
- Staff days of absence due to sickness fell by 16% from 5481 to 4561 days each month







Service user-led accreditation

In 2019 the Trust launched the pioneering Service user-led accreditation programme.

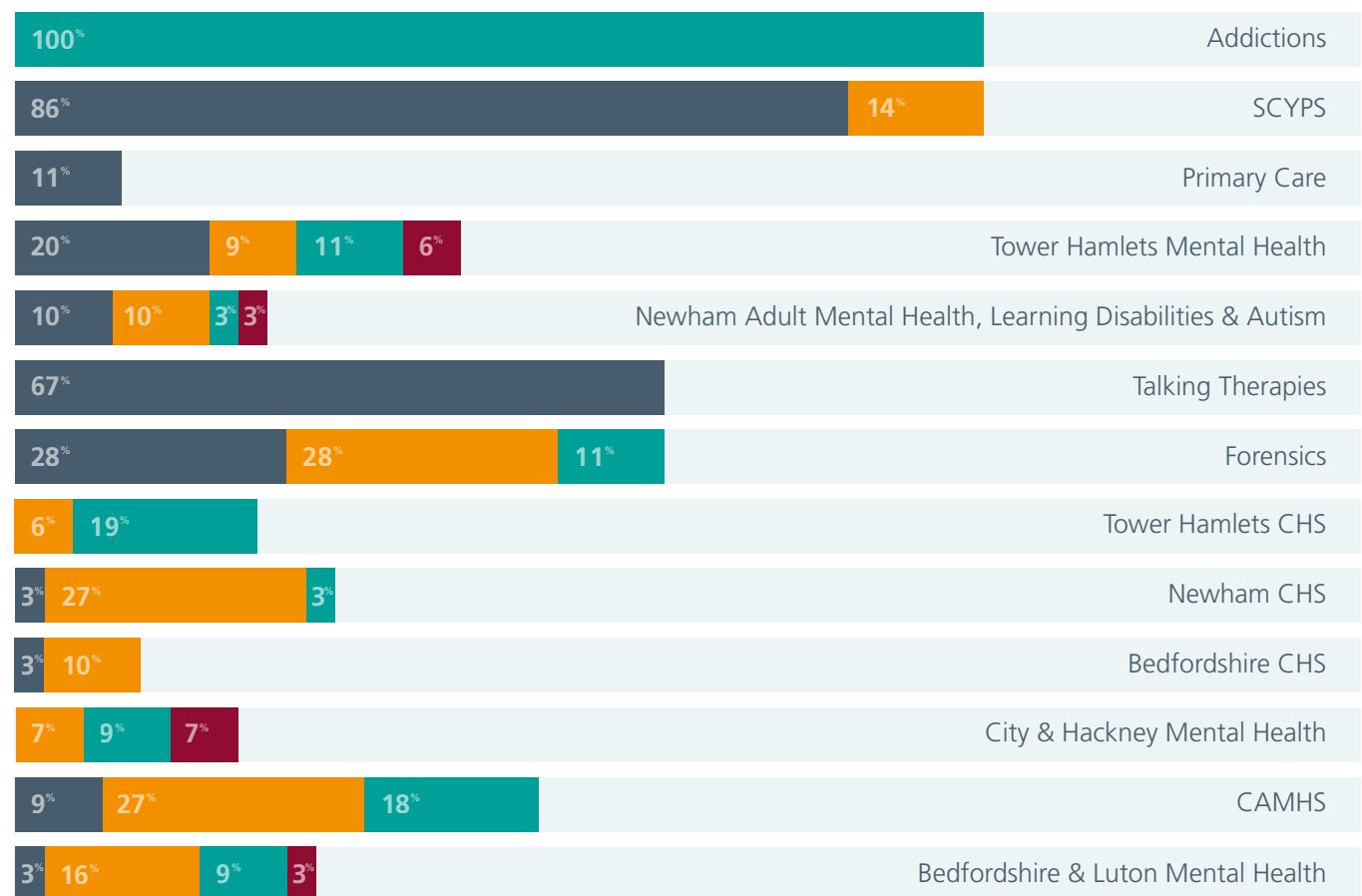
By working collaboratively, the Quality Assurance Team and People Participation Teams, service users and carers have developed the programme to recognise excellence, support improvement in patient experience and involvement and develop key markers of quality that matter most to our service users.

The teams that take part in the programme are given an opportunity to self-assess against 27 standards. These standards cover a wide range of elements of service provision and were coproduced together with service users and carers, focusing on what matters most to them. Dependent on the number of standards achieved, services are awarded Gold, Silver or Bronze awards. Exceptional services coming back to the programme to be reaccredited also have the opportunity to apply for a Platinum Award, if they demonstrate meeting additional, and more 'aspirational' standards. Therefore, by taking part in this innovative programme, teams have a better overall understanding the quality of their service and experience of service users, and can focus on making key local improvements to improve care for the population we serve.

A total of 131 of ELFT's services have now taken part in the programme or are due to take part in 2025. This includes all of ELFT's inpatient services.

Awards by Directorate (%)

Key ● Platinum ● Gold ● Silver ● Bronze





The programme has three essential components:

- Self-assessment
- A team visit to the service by a group of trained Service User and Carer Assessors
- Accreditation panel.

These steps help us to ensure transparency, capture and share good practice.

Case Studies:

- Health E1's platinum accreditation story.



- Bedfordshire and Luton mental health services become the first inpatient unit to achieve service user-led accreditation for all their wards.





Waiting Times

In the wake of the Covid-19 pandemic, many clinical teams at ELFT faced growing demand for their services and long waiting lists for people to receive the care they needed.

Teams have been applying QI to help them tackle waiting times and flow across the Trust. Between 2021-2023 more than 50 teams used QI as part of a large-scale flow programme to tackle waiting times.

Staff and service users worked together across the whole healthcare system, including from GP referrals, primary care, community, and inpatient care.

Results include:

Tower Hamlets Autism Service tested several change ideas including a new screening pack and changing referral closure criteria. Through their work they reduced the average waiting time to first contact by 40% from 30 days to 18.9 days

Children's Community Eating Disorders Team - The team tested several change ideas including a single point of triage and assessment, reviewed

referral form, caseload audit, reviewing discharge communications and changes to psychiatry and therapy waiting list. As a result of their work, the waiting time from referral to first appointment reduced by 88% from 17 weeks to 2 weeks.

Outside of this programme teams continue to use QI to tackle waiting times.

In Community Health Newham, the extended primary care team has reduced the number of people waiting more than 6 weeks from occupational therapy by 89% from 30 to 3.1 each month. Change ideas tested include staff re-organisation to create a unified borough team, reviewing referral criteria for therapies and a new process to ensure referrals are screened within 48 hours.

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.



People Participation Directorate

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 PP 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.

ELFT also leads on co-production for the North East London Mental Health Learning Disability and Autism Collaborative (NEL MHLDA) and the Bedfordshire, Luton and Milton Keynes Mental Health Learning Disability and Autism Provider Collaborative (BLMK MHLDA). PP lead posts for both collaboratives have been developed by ELFT. Further partnership work includes helping Barts Health NHS Trust develop a PP approach in acute settings.





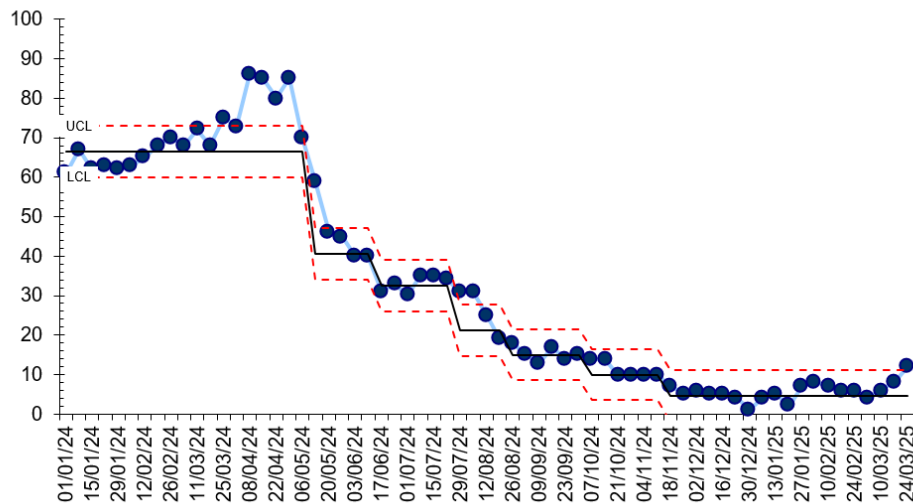
Improved Flow

Our focus has always been on improving the quality of life for those we serve, but what if better care could also mean better use of NHS resources?

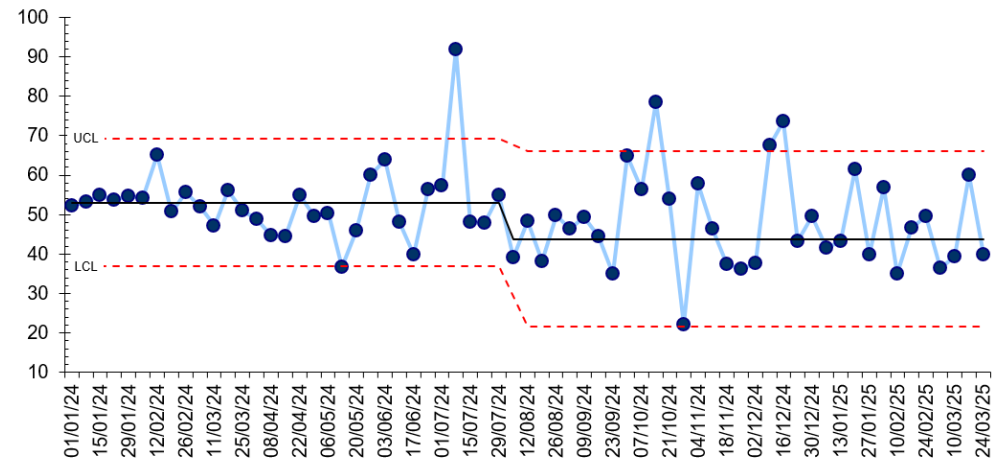
In April 2024, we set out to improve patient flow with two key aims: eliminate out-of-area placements and reduce length of stay to 40 days - keeping people closer to home while managing hospital care more effectively.

Trust wide programme measures (excluding Forensics and CAMHS)

Trust wide weekly out of area placements (excluding Forensics, CAMHS and step down care) - I Chart



Average length of stay across London - I Chart



Teams achieved substantial improvements: trust wide out of area placements have reduced to an average of four per week, length of stay across London has been reduced by 17% and £8.5 million in costs were avoided over the year.

The programme didn't rely on one big idea, but a series of practical changes tested across the patient pathway. Supported by data-driven decisions, these changes ensure service users receive the right care, at the right time, in the right place.



Out of area placements are both tough on service users and their families, and costly to services.

Before the programme began, the Trust faced high monthly spend on these placements. Trust wide we've dramatically reduced spend on out of area private beds by 93%, from an estimated average of £370,937 per week to £24,572 per week.

In some areas of the trust, we are now offering inpatient mental health bed capacity to other organisations.

By working to all but eliminate out of area placements, streamlining care pathways and tackle Length of Stay, ELFT has not only saved costs but set a blueprint for better patient care.

The ELFT approach to optimising flow



This is a journey of innovation, collaboration, with results including:

- Substantial trust wide reduction in out of area bed use from a high of 86 each week to an average of four per week
- £8.5m in cost avoidance
- 93% reduction in trust wide spend on out of area placements
- 17% reduction in length of stay across East London to an average of 41 days
- 44% reduction in trust wide instances of clinically ready for discharge
- Reduction in trust wide bed occupancy from 105.5% to 94%



Patient and Carer Race Equality Framework (PCREF)

The PCREF (**Patient and Carer Race Equality Framework**) is a recommendation from the 2018 independent review of the Mental Health Act. In 2021, the Trust piloted this anti-racism framework in its East London boroughs. Experts by Experience from racialised backgrounds led a survey and consultation process, sharing learning across the Trust and with NHS England.

Our PCREF approach addresses race, ethnicity

and intersectionality, encompassing the Equality Act's nine protected characteristics, lifestyles, neurodiversity and special educational needs. Local implementation for this vital antiracist work is steered forward by Directorate Leads, informed by the diverse needs of local communities and using the Trust's quality improvement methodology to deliver PCREF. Applicable to all mental health pathways, we recognise the disparities faced by minority communities and prioritise coproduction and implementation through partnerships with local statutory services and community organisations.

Across the Trust, our data reflects national disparities regarding the disproportionate use of force, Mental Health Act detentions and Community Treatment Orders on service users from racialised backgrounds, and in particular Black service users. The Trust's action plan aims to address these racial inequities on a directorate level, factoring in local demographics and differences between the boroughs we serve. ELFT continues to identify new, more efficient ways to capture data, including when obtaining feedback from service users and carers.

These themes were explored in ELFT's Tri-Trust partnership with Oxleas NHS Foundation Trust and North East London NHS Foundation Trust (NELFT). From September to November 2024, each Trust hosted a PCREF event, exploring Use of Force, Early Intervention and Feedback Mechanisms. All three Trusts will integrate learning from these events into PCREF action plans and strategies.

The Trust published its **2025/6 PCREF Action Plan** in May 2025.





Digital strategy

ELFT produced its first Digital strategy in 2021 which set out our ambition to use technology and data to make ELFT services more accessible, equitable and efficient, freeing up staff time and improving the experience of care for all. At that time, digital change had already proved key in our response to the COVID 19 pandemic by enabling remote and mobile working, but there were still significant challenges to address. We have since made our services more reliable and resilient by moving all our clinical systems to cloud-hosting and embarking on a multi-year programme of investment to transform our IT infrastructure.

This continues to improve network and Wi-Fi access and device provision across ELFT. We have introduced a dedicated cybersecurity team which is essential for the safe & resilient operation of our services, and we have set up a 'Trust Integration Engine' (TIE) to better connect the information within our systems, offering new avenues for optimisation.

We have improved the sharing of clinical information with partner organisations via Shared Care Record systems, and we have implemented a Patient Held Record platform,

connected to the NHS App, which offers our service users greater control over their own clinical information and supports self-management of health needs.

We have developed our Digital team's capacity and capabilities and restructured our Digital services to better meet the organisation's needs. ELFT's Digital Project Initiation Office and Digital Solutions Board now help to ensure that the right digital systems are selected for implementation, and that cybersecurity, Information Governance and clinical safety standards are assured in order to maximise the likelihood of realising meaningful benefits. We continue to pursue longstanding high-priority digital projects, despite their complexity and complications, including digitisation of pathology test ordering and electronic inpatient observations. ELFT's new '4D Group' is key to clinically-led user-centred design of our digital systems and will help to address upcoming challenges in the use of AI for clinical care.

ELFT has also developed a strong Digital People Participation agenda, championing inclusion and placing service users' voices at the centre of digital change, demonstrated recently via ELFT's leadership within the OneLondon programme to digitise use of the Mental Health Act.





Integrated care

Delivering person-centred integrated care with our partners is an integral component of improving the quality of life for all we serve. Our ultimate ambition for integrated care is that our service users and carers will be able to say: “I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me.”

This means working to remove the artificial barriers that currently exist between physical health and mental health services, between primary care and specialist health services, and between health, social care and the voluntary and community sector.



Over the past five years, we have started moving closer to realising this ambition:

- Between 2021 and 2024 we developed, tested and started using an integrated care competencies framework which gives professionals the right knowledge, skills and behaviours to make integration effective. This is the first of its kind in the UK and has been tested in a range of settings with professionals inside and outside of ELFT. We will continue to use this in our work on multidisciplinary teams working around neighbourhoods, including with health and care professionals employed outside of ELFT.
- In July 2022 the government introduced legislation that created Integrated Care Systems which are partnerships of health and care providers and the communities they serve across large geographical areas. ELFT has been a prominent member of both the Bedfordshire, Luton and Milton Keynes Integrated Care System and the North East London Integrated Care System. Over the past three years, we have shaped the systems we work in by sharing our expertise in population health, people participation and quality improvement, and have built strong relationships with our partners.

- Neighbourhood working remains an important focus for us. Over the past five years we have made several changes to the way that our community mental health services are organised so that our staff can work much more closely with general practice, social care and the voluntary sector. We have also begun to realign our community health teams in London and Bedfordshire so that we can join up care for people and begin to shift care from hospitals back into the community.





Strategic Outcome 3

Improved Staff Experience

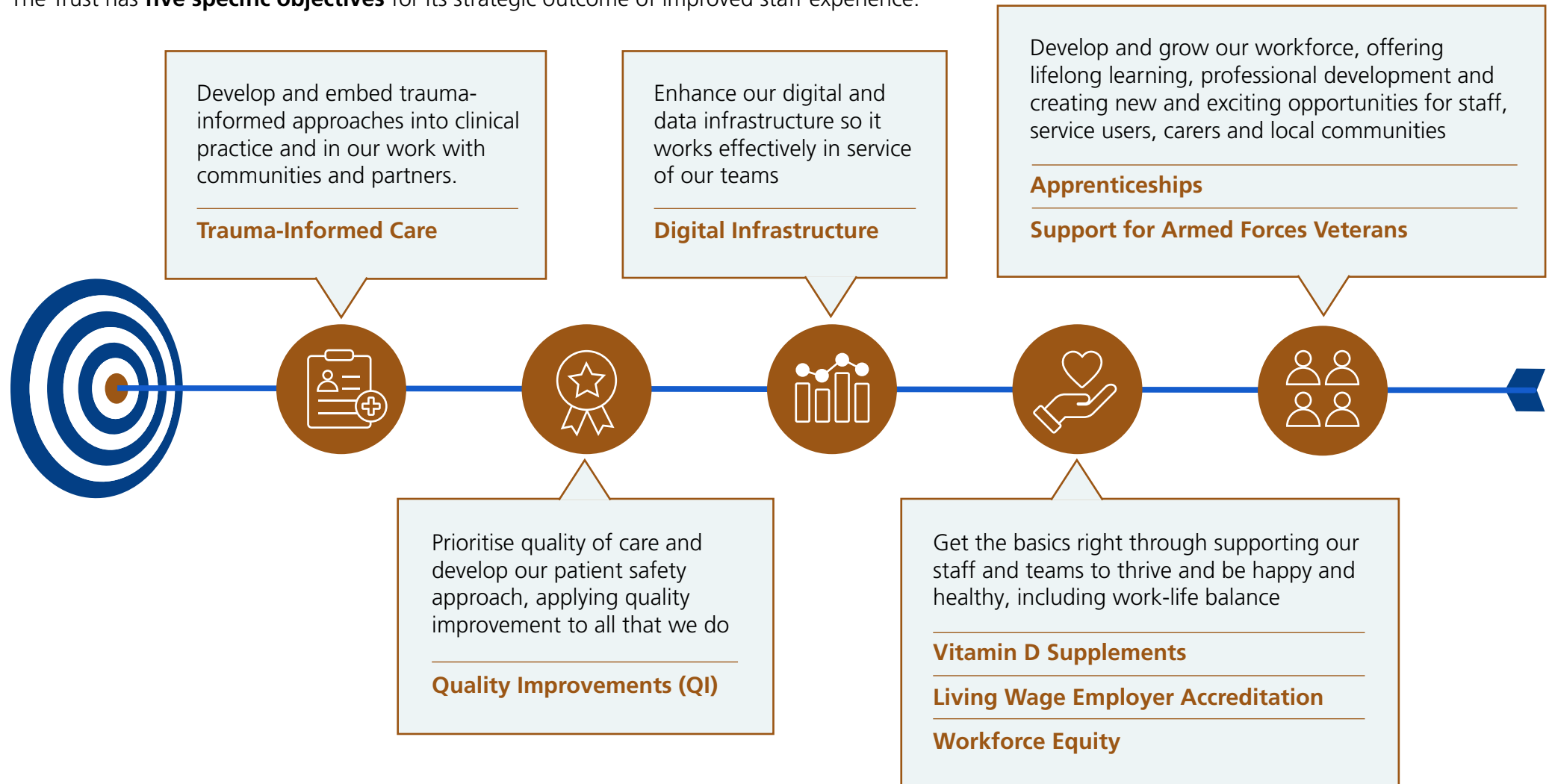
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Improved Staff Experience

The Trust has **five specific objectives** for its strategic outcome of improved staff experience:





Apprenticeships

Apprenticeships are helping the Trust develop its workforce and recruit new staff.

The programme offers internal and external candidates opportunities to gain the technical knowledge, practical skills and behaviours needed for their immediate job and future career.

With apprenticeships ranging from GCSE to Masters level, there is an apprenticeship suitable for every employee at ELFT. At present, we have 174 apprentices at the Trust, across 28 different apprenticeship programmes.

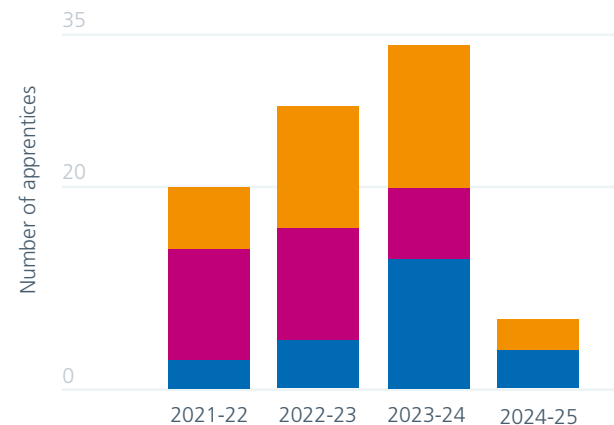
The apprenticeships offered include both clinical and non-clinical roles.

With any apprenticeship, the knowledge and skills is evidenced against the role, e.g. someone working in finance would not be able to start a social worker apprenticeship unless they moved into a social worker role on an apprenticeship learner contract.

Apprenticeships help fill skills gaps and bring trained staff into hard to fill roles.

There is a cost saving on salary and the training element is paid for using our Apprenticeship Levy. 77% of colleagues that have completed an apprenticeship at ELFT have remained at the Trust, making apprenticeships a fantastic tool for retention.

Externally recruited apprentices

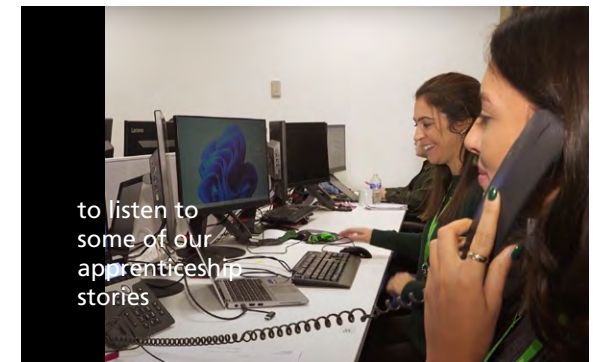


Key

● BLMK ● NEL ● Other

Apprentices can also bring new ways of looking at things and fresh ideas.

- 89 apprentices have been externally recruited into the Trust since the 1st of April 2021. 25 of these apprentices live within our Bedfordshire, Luton and Milton Keynes (BLMK) boroughs, and 29 are from boroughs within our north east London (NEL) footprint.
- The number of externally recruited apprenticeships has increased over time, providing more apprenticeship opportunities for our local communities.





Support for Armed Forces Veterans

We are proud to be accredited as a Veteran Aware Trust in recognition of our commitment to improving NHS care for veterans, reservists, members of the Armed Forces and their families. The accreditation, from the Veterans Covenant Healthcare Alliance (VCHA), acknowledges ELFT's commitment to a number of key pledges, including:

- Ensuring that the Armed Forces community is never disadvantaged compared to other patients, in line with the NHS's commitment to the Armed Forces Covenant
- Training relevant staff on veteran specific culture and needs
- Making veterans, reservists and service families aware of appropriate charities or NHS services beneficial to them, such as mental health services or support with financial and/or benefit claims
- Supporting the Armed Forces as an employer

Trusts recognised as Veteran Aware display posters in their clinics and public waiting areas urging anyone who have served in the armed forces, to make themselves known to staff.

The Trust was accredited in 2021 and reaccruited in 2024 when ELFT Armed Forces Working Group was recognised for their continued dedication to the Armed Forces community widely recognised within London as the gold standard of care.

The VCHA is a partnership between mental health, community, acute and ambulance trusts who adhere to a model of care for the Armed Forces community. The Steering Group makes up subject-matter experts from across the military and the NHS.

'Veteran Aware' is a recognition provided to trusts who have consistently demonstrated that they have tailored healthcare to the needs of the community, along with their families.

The VCHA Steering Group determined that ELFT meets the principles of the Armed Forces Act 2021. This Act of Parliament sets out an 'Armed Forces Covenant', recognising the sacrifices of the Armed Forces and seeks to remove disadvantages for service personnel.





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, if they wish. 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.

It believed to support in boosting the immune system to help to fight infection and promotes muscle & bone growth.

In the UK, it is currently estimated that 1 in 5 people have low vitamin D levels, and even more so in the winter months. Additionally, low vitamin D status is more common in Black, Asian and Global Majority communities. This is due to the fact that darker skin produces less vitamin D than lighter skin per unit of ultraviolet light exposure.

One study found that 79% of South Asian women in southern England had much lower levels of vitamin D in the winter, compared with 4% of white women.

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.



Living Wage Employer Accreditation

People are working across all our ELFT areas and being paid less than the Real Living Wage, with this ranging from 5.5% in Tower Hamlets to 16.8% in Newham.

Gaining accreditation as a Living Wage Employer has been part of our work to get the basics right through supporting our staff and teams to thrive and be happy and healthy, including work-life balance.



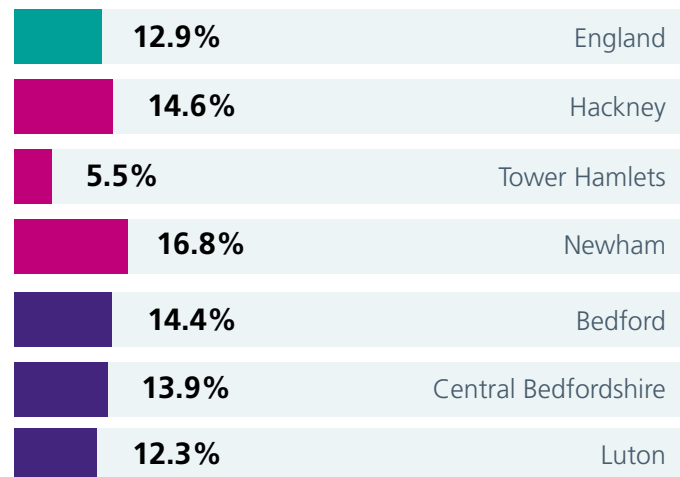


We pledged to provide a wage that helps people meet their everyday needs and that is now standard for all staff employed directly by the Trust.

ELFT is also working with suppliers to ensure as many of them as possible do the same. As of 2024, 82 per cent of our suppliers pay the Real Living Wage, compared to just 22 per cent three years ago. The aim is for all suppliers to provide a real living wage by the end of 2026.

One of the Trust's key successes has been in a new contract with OCS, a company providing services like cleaning, catering and electrical services on ELFT sites, which began in 2022. The contract secured an increase in monthly take-home pay of nearly £185 for domestic cleaners and porters at the Trust. Policies on paid sickness and maternity leave have also been brought into line with NHS Terms and Conditions.

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



Key - Region

- England
- East London
- Bedfordshire and Luton





Workforce Equity

The Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) are national frameworks designed to address and correct inequities, ensuring BME (Black and Minority Ethnic) and disabled employees have equal career opportunities and fair treatment in the workplace.

ELFT is dedicated to fulfilling the requirements of the Workforce Equality Standards and reporting outcomes from all equity surveys.

Through ongoing targeted initiatives, the Trust has improved on metrics such as reducing the likelihood of disabled staff entering capability process, increasing workforce adjustments and decreasing the percentage of BME and disabled staff experiencing bullying and discrimination from patients. In the past five years, ELFT has seen increased BME and disabled workforce representation.

The Trust has continued to lead antiracism workshops and training for all staff, including sessions facilitated by Dr Robin DiAngelo, an international campaigner and educator on racial and social justice.

As a Disability Confident Level 2 Employer and signatory to the Mindful Employer Charter, ELFT is committed to ensuring accessibility across all our work. This includes the review of new and existing policies, as well as developing more practical guidance for different disabilities and neurodivergence.

- The Trust has seen significant improvement in the Gender Pay Gap over the past five years and has recently introduced reporting for Ethnicity and Disability Pay Gaps. This enables us to streamline and align action plans across multiple reporting frameworks.
- The Trust has five Staff Equity Networks (Women's, Men's, ELFT Ability, LGBTQIA+ and RaCE) which continue to influence Trust policy and actions on advancing equity, diversity and inclusion across the workforce.
- Each year, the Trust produces an annual EDI (Equality, Diversity, and Inclusion) report. For more information on the above, please visit the [Equity, Diversity and Inclusion page](#) on our website.



Quality Improvement (QI)

Quality improvement (QI) is about giving people closest to the issues impacting care the skills and resources they need to solve complex problems. It is about applying a systematic approach to working through a complex issue, involving the people closest to the issue in understanding it deeply, developing creative ideas and testing these, using data to learn and adapt.

QI is used by all ELFT services. Examples in this report include therapeutic engagement and observations, waiting times and improved flow. Information about extensive other QI work taking place across the Trust is available on the [ELFT QI website](#).



Trauma-informed Care

Trauma-informed care (TIC) is an approach to care that recognizes the widespread impact of trauma and understands potential paths for recovery. It emphasizes safety, trustworthiness, choice, collaboration, and empowerment, aiming to prevent re-traumatization and promote healing. Instead of asking 'What's wrong with you?', TIC asks 'What has happened to you?'

A dedicated TIC section has been created on the ELFT Learning Academy (ELA) with resources for staff and teams. It has a gateway to online training which individual members of staff can book onto that provides in-depth facilitated training with our psychology leads.

Staff can also request consultation advice and project support in implanting TIC at a team level and many of our HR policies are trauma informed.

Across the Trust, nearly 1,000 colleagues have received TIC training.

TIC is now part of our induction programme and the majority of our clinical teams have reflective practice which is a cornerstone of TIC.

We have also worked with partners to support them to become trauma informed, including the PRHA hostel for people without homes.



Digital Infrastructure

Over the past four to five years, significant progress has been made in enhancing our digital infrastructure.

This period saw substantial, centrally funded investment across key workstreams. We deployed new technologies including Wi-Fi upgrades and cloud computing adoption, alongside significant enhancements to existing digital systems.

Key developments include a patient engagement platform, a Trust Integration Engine, and streamlined electronic diagnostic orders and results. The implementation of an e-Mental Health Act system and electronic patient consultations have also transformed care delivery.

Enhanced access to Trust digital systems across diverse locations now enables teams to access vital patient information across broad geographic areas.

These developments have led to a significantly improved experience for clinicians and Trust staff accessing digital services and systems.

A consistent, resilient, and high-capacity digital infrastructure has resulted in a significant reduction in operational disruption. The restructure of digital services has improved platform development and notably reduced issue resolution times. Ultimately, this has enhanced confidence, reliance, and functionality in our digital services, reducing the need for multiple systems and paper records. For example, a clinician in a community setting can now confidently access comprehensive patient information at the point of care via digital devices, ensuring seamless, secure access to vital data and directly enhancing their ability to deliver high-quality care.

In 2025 the trust adopted predictive data models to identify service users that are more likely to miss appointments to both reduce waste and improve access, identifying the reason service users might be unable to attend.





Strategic Outcome 4

Improved Value

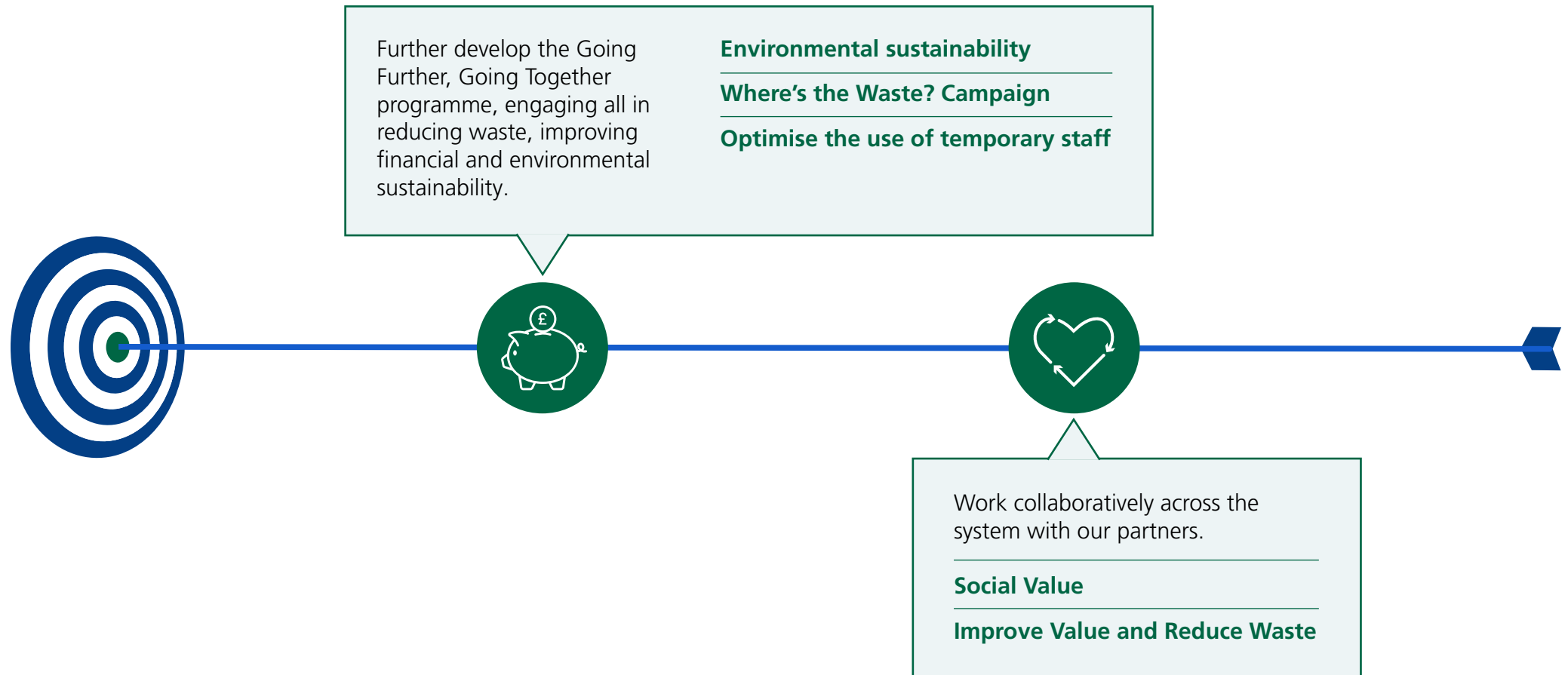
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Improved Value

The Trust has **two specific objectives** for its strategic outcome of improved value:





Improved Value



Social Value

In partnership with our facilities management partner OCS the Trust has delivered nearly £15m of local social & economic value (LSEV) across priority catchment areas.

The partnership LSEV includes increasing employment, supporting local communities and enabling voluntary sector organisations to grow and thrive.

This contract is in the top 10% of NHS social value contracts delivering for its service areas. The collaborative approach supports the Trust's mission to improve the quality of life for all it serves and its work to become an anchor institution.

More than 300 local residents have accessed employment since April 2022 through ELFT's facilities social value contract.



Environmental sustainability

Our Green Plan for 2022-25 guides how the Trust is improving its sustainability.

It sets out actions for how the Trust will reduce our carbon emissions to zero as an organisation by 2040 and of those we can influence - such as our suppliers of food or medicines - by 2045. Staff and service users at ELFT are doing this using quality improvement.

We have already reduced carbon emissions by over 40% compared to 1990 levels in the emissions we control directly. This has been achieved by removing carbon from our electricity supply which is now 100% renewably sourced; reducing our use of energy and water utilities by 20% since 2016 and moving from polluting to Ultra Low Emission vehicles across ELFTs transport vehicles.

More than 60% of directorates mentioned sustainability within their annual plans in 2024. Our Climate Network has grown to 300 members of staff and service users, we now have 37 staff Climate Champions and the Greener Health awards are part of staff awards each year.

In September 2023, the Leading Environmental Action Forwards Working Together Group (LEAF WTG) was formed to support service users within our sustainability efforts. Since then, over 40 service users and carers have taken part in a range of opportunities including: developing the Green Plan, participating in sustainability workstreams, developing new programmes and five members are soon to become our first service user or carer Climate Champions.

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

Energy monitoring and audit

A significant part of the Trust carbon footprint involves the energy we use across our estate. Ongoing energy monitoring and energy audits across our large and varied estate have helped

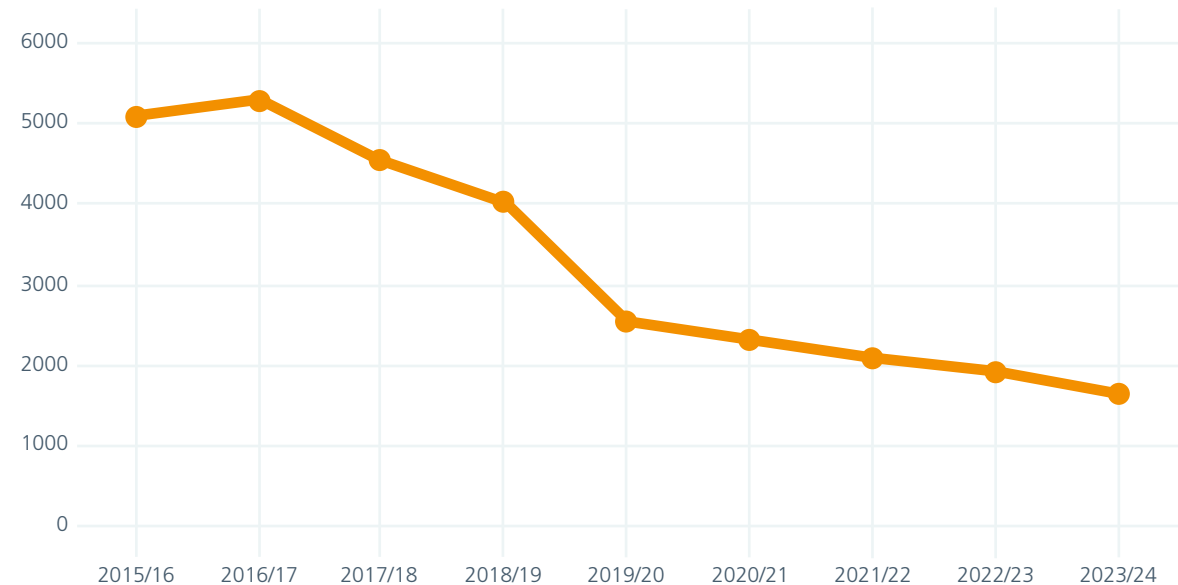


us to identify areas for improvement and energy reduction. Thanks to a targeted approach to our building management systems, lighting upgrades and process change involving our contractors, we have reduced our energy use by 18% across all utilities in one year.

Reducing print volumes

Printing and paper use across corporate services is a significant cost for the Trust, as well as having a large carbon impact. Since 2019, we have reduced our overall print volumes by six million pages per year. We have seen significant reductions in our back office, with print volume reductions saving more than one tree per month. We have also made a real impact on the proportion of our printing that is in colour, which has a higher carbon footprint than mono. Colour printing now accounts for only around 7% of our overall printing. The changes in our print behaviours over the last few years have reduced our annual spend by £500,000.

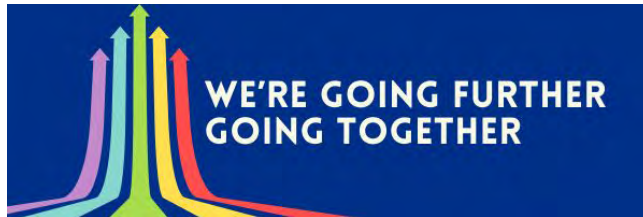
CO2 emissions



Key

● CO2 emissions





Delivering value is essential to deliver quality care and meet the needs of our communities, staff and service users.



Going Further, Going Together

Our Going Further, Going Together (GFGT) programme was launched in 2024 to develop and deliver the plans to ensure we are financially sustainable: reducing waste, increasing efficiency, transforming services and ensuring we deliver value for money for the populations we serve.

The Trust was spending on average £30k a day more than we were paid, often because we were trying to do the right thing. The focus of GFGT was to help the Trust live within its budget and to deliver £29.0m in savings, double what we had traditionally achieved.

The programme was set up to focus on seven high impact areas across the Trust with Executive sponsorship.



Target operating model

Ensuring the Trust is right sized in how we are organised across clinical and corporate functions.



Contract optimisation

Maximising our contracts to ensure we are paid for the work we deliver, and explore new income opportunities.



Clinical effectiveness

Redesign certain clinical pathways (e.g. memory clinics, recovery college) to reduce variation and improve outcomes.



Service user flow/productivity

Improve productivity including reducing missed appointments and patient flow (e.g. length of stay, discharge planning).



Engagement

To promote communication, keeping staff and service users informed and understanding how we can all contribute to supporting financial sustainability.



Non-pay

To help ELFT spend more wisely on things like travel, training, equipment, venue hire and contracts so more money can go towards frontline care.



People & establishment

To optimise how we use recruit, train and plan our workforce which includes reducing our temporary pay bill by c. 30% through more efficient rostering.



Digital-estates optimisation

Enable the shift to digital to improve clinical and operational processes, whilst making best use of our estate for today and in the future.



DMT savings plans

Help directorates create and deliver tailored cost-saving measures, with robust governance and quality assurance.



We are committed to ensuring quality and safety as we make the required efficiencies. To achieve this, each savings initiative identified goes through a Quality Impact Assessment (QIA) which is signed off by the directorate and reviewed by a multidisciplinary panel, chaired by the Chief Medical Officer.

Through the GFGT programme in 2024/25 we have achieved the following:

- £32.8m of savings, more than our £29.0m savings plan.
- Reducing our reliance on private beds and improving length of stay has meant we could generate £2.3m of income through selling capacity to other NHS providers.
- Reduced the spend on agency staff by c.£1.0m per month.
- Reduced the number of extra staff we were using - those we weren't actually funded for - by over 340 since the start of 2024/25.
- We saved c.£0.4m through reviewing the portion sizes of our meals to patients as part of our non-pay working group.





Communications resources have been developed to help hold discussions between managers and their teams, explaining the challenges we face financially and what is needed to support the Trust financial position. The narrative has been produced by colleagues, staff representatives and service users as part of an engagement workstream to support GFGT.

The engagement workstream also created a weekly GFGT Bulletin including success stories, informing on changes which impact on staff and top tips to improve value. In 2025, the bulletin is now going out to all staff across the Trust to ensure transparency in achieving value.

Work continues as we move into 2025/26 where we have a Trust wide savings target of £31.9m to deliver through GFGT, and over £40m of savings now signed off and moving into delivery.



“ I have never known any organisation to be as transparent as ELFT – it’s refreshing and it builds trust in the leadership. ”

Mark Cox,
Service User





Where's the Waste? Campaign

Staff have been encouraged to get involved in making ELFT more efficient and sustainable and during the 2024/25 financial year including the launch of the Where's the Waste? Campaign. The initiative aimed to support local teams in spotting areas of unnecessary cost, duplication, or inefficiency - whether in admin, clinical practice, or day-to-day operations - while still delivering high quality care.

Over a 10 week period we saw over 100 ideas generated to improve efficiency. The suggestions we received the most related to meetings and venue hire, digital and organisational structures, printing/paper use and travel and subsistence and 68% of the ideas received were progressed by the high impact workstreams which have delivered c.£0.5m of savings in 2024/25.



Optimise the use of temporary staff

Reducing our reliance on temporary staffing spend, including agency staffing, is crucial for the NHS due to impact this has on staff and patient experience, as well as being better value for money.

Agency staff are vital to support short term gaps in rosters, but they are more expensive than permanent staff and are not sustainable long term.

Significant programmes of work have been undertaken to reduce our reliance on long-term agency staff, through the following:

- Converted agency staff to permanent roles, with long term agency workers offered substantive posts.
- Renegotiated what we pay in agency fees.
- Open recruitment days and focused job adverts have supported ELFT to be a more attractive employer for all staff groups.
- Creation of a centralised in house staff bank has supported people to join the staff bank, and use of rostering and Loop for communication means increased visibility of work available to all staff.
- Introduced Patchwork, a digital workforce solution for medical staffing, to reduce our reliance on external agency providers.

We have also reviewed where we need to have agency staff working across ELFT, and limited the use of agency in Administrative and clinical support roles. Through the introduction of Vacancy Control Panels in 2024/25 we have seen all agency requests approved at Executive level to ensure safety and quality are maintained.

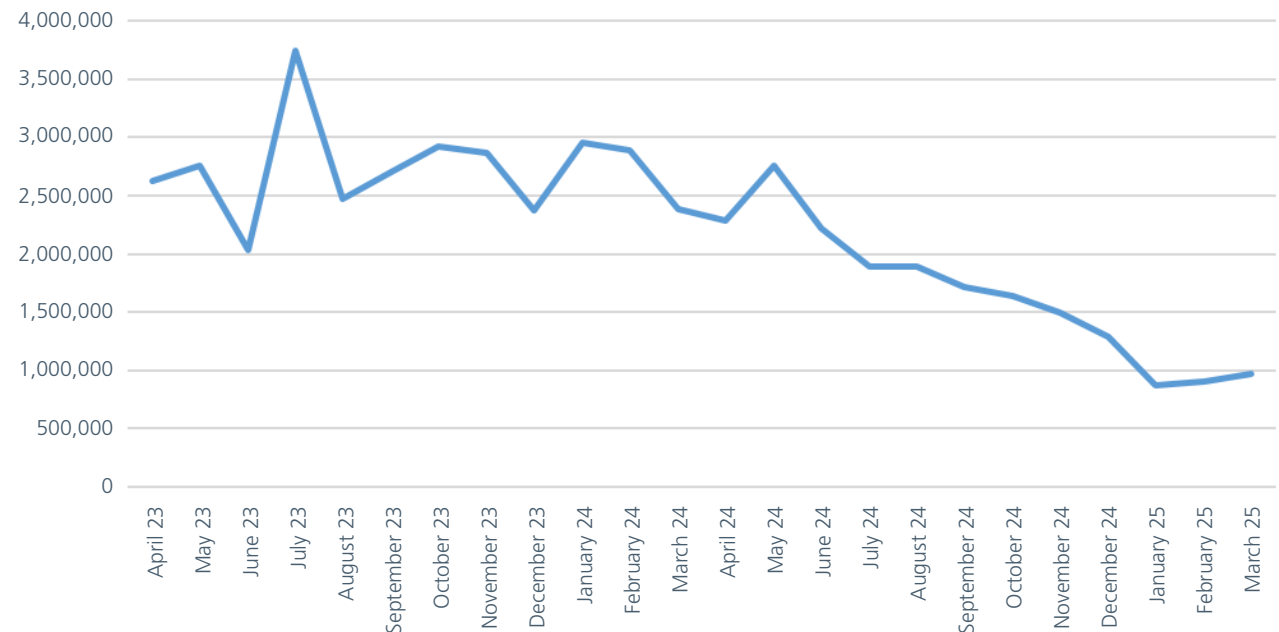


Where there were long term workforce challenges identified, we have worked with directorates to review their staffing models. Bedford Community Health Services took a practical people-focused approach to reducing agency spend through reviewing their district nursing workforce model against national guidelines and best practice. This saw a change in the skill mix of the workforce, supporting creating more entry level roles and reducing agency spend by c.£2.0m this year. The result has been a steady reduction in agency use, and a more stable workforce. We have saved nearly £1m each month in 2024/25 compared to prior years and are now within the caps set for each Trust by NHS England for the use of agency staff.

Work will continue in this space in 2025/26 as there is a requirement to further reduce agency usage by 30% from NHS England.



Monthly agency spend





Developing a new ELFT strategy - Afterword

This summer we will be focusing on the development of a new strategy that has the health and wellbeing of the communities we serve at its heart. As with our previous strategy, this will evolve by listening to and working with partners, staff, and those who use our services. Together, we can consider what our over-arching goals should be, debate long-term plans and state what we want to achieve.

A new Strategy will signal our priorities to enable us to pool our resources with other health and social care organisations, and work together for the benefit of our local communities.



The publication of the government's new 10 Year Health Plan advocates a shift in the NHS from being a reactive, illness-treating system to a proactive,

preventative one. The 10 Year Health Plan has a focus on digital technologies, patient-centred care and a commitment to moving care from hospitals to communities. This aligns with the work we have been doing in ELFT, focusing on inequity and poverty with the adoption of a population health approach, and modernising our processes. I am excited for the future and feel ELFT is in a position to be in the vanguard, ready to move forward with the wider NHS to deliver care in a new way.

I humbly request that you each set aside a bit of your valuable time to participate in discussions about our new Strategy, to ensure that we have a roadmap with strong foundations that will support our communities to have healthy fulfilling lives

Eileen Taylor
Chair
July 2025



