

Board of Directors Meeting in Public

Thursday 24 July 2025 from 13:00 – 16:25

Grove View Integrated Health and Care Hub, Court Drive, Dunstable LU5 4JD

12:00 – 13:00 Lunch
 13:00 – 15:55 Trust Board in Public
 16:00 – 16:25 People Participation Teatime Presentation

Agenda

Opening Matters

1	Welcome and Apologies for Absence*	Note	Eileen Taylor	13:00
2	Patient Story: <i>End of Life Care</i>	Note	Beryl Tanner	13:05
3	Declarations of Interests	Assurance	All	13:30
4	Minutes of the Previous Meeting held in Public on 22 May 2025	Approve	Eileen Taylor	
5	Action Log and Matters Arising from the Minutes	Assurance	All	
6	Matters Arising from Trust Board Meeting in Private*	Assurance	Eileen Taylor	

Strategy

7	Chair's Report	Assurance	Eileen Taylor	13:35
8	Chief Executive's Report	Assurance	Lorraine Sunduza	13:45
9	10 Years in Bedfordshire & Luton	Assurance	Richard Fradgley	13:55
10	Audit Committee Assurance Report • Modern Day Slavery Statement	Assurance	Anit Chandarana	14:10
11	Integrated Care & Commissioning Committee Assurance Report	Assurance	Richard Carr	14:15
12	Trust Strategy Refresh	Assurance	Richard Fradgley Amar Shah	14:20

5 Minute Break	14:30
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Quality & Performance

13	Quality Assurance Committee Assurance Report	Assurance	Donna Kinnair	14:35
14	People Participation Committee Assurance Report	Assurance	Donna Kinnair	14:40
15	Quality Report	Assurance	Dr Amar Shah	14:45

16	Performance Report	Assurance	Dr Amar Shah Edwin Ndlovu	14:55
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People

17	Appointments & Remuneration Committee Assurance Report	Assurance	Deborah Wheeler	15:05
18	People & Culture Committee Assurance Report	Assurance	Deborah Wheeler	15:10
19	People Report	Assurance	Barbara Britner	15:15

Finance

20	Charitable Funds Committee Assurance Report	Assurance	Peter Cornforth	15:25
21	Finance, Business & Investment Assurance Report	Assurance	Sue Lees	15:30
22	Finance Report	Assurance	Kevin Curnow	15:35

Closing Matters

23	Board of Directors Forward Plan	Note	Eileen Taylor	15:45
24	Any Other Urgent Business*: <i>previously notified to the Chair</i>	Note	Eileen Taylor	
25	Questions from the Public*		Eileen Taylor	
26	Dates of Future Meetings - Thursday 25 September 2025 (London – Conference Room, Robert Dolan House) - Thursday 4 December 2025 (London – Conference Room, Robert Dolan House) - Thursday 29 January 2026 (London – Conference Room, Robert Dolan House) - Thursday 26 March 2026 (Luton)			
27	Close			15:55

*verbal update

Eileen Taylor Chair of the Trust

16:00 – 16:25 People Participation teatime presentation will focus on the Young Adult's Project

Presenters include:

- James Xavier, PP Lead Luton
- Zoe Potter, CAMHS service user
- Nicki Scott, PP Lead CAMHS Luton and Beds

Board of Directors Register of Interests: as at 17 July 2025

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

Name	Job Title	Interests Declared
Aamir Ahmad	Vice-Chair (London)	• Director and Trustee, Place2Be • Psychotherapy Student, Regents University • Mentor at Mosaic, an LGBT+ young persons charity • Volunteer Counsellor at Naz a charity in West London • Member, British Association of Counselling and Psychotherapy (BACP) • Member, UK Council for Psychotherapy (UKCP) • Psychotherapist in Private Practice
Dr David Bridle	Chief Medical Officer	• Member, British Medical Association • Member, Medical Protection Society • Member, Royal College of Psychiatrists • Member, General Medical Council
Barbara Britner	Interim Chief People Officer (12 May 2025)	• Nil to Declare
Richard Carr	Senior Independent Director	• Director, Richard Carr Consulting Ltd, Management Consultancy • Part-owner of Richard Carr Consulting Ltd • Managing Director Commissioner, Woking Borough Council • Chair, Improvement Board, Cambridgeshire and Peterborough Combined Authority • Member, Society of Local Authority Chief Executives and Senior Managers (SOLACE) • Ministry of Housing, Local Government & Communities (Note this an appointment, not technically treated as an employment)
Anit Chandarana	Non-Executive Director	• Group Director, Network Rail

Name	Job Title	Interests Declared
Peter Cornforth	Non-Executive Director	• Director, Good Way Ltd – music venue operator • Director, Field Doctor Ltd – frozen meals producer • Director, Kind Canyon Digital Ltd – music rights owner • Director, Music Venue Properties Ltd. – community benefit society • Governor, John Whitgift Foundation – care homes and schools • Trustee, The Ormiston Trust • Parent Member, National Autistic Society • Independent Investment Advisory Group – Property, Transport for London • Non-Executive Director, Community Health Partnership
Alison Cottrell	Non-Executive Director	• Trustee Ley Community Drug Services • Trustee, Phoenix Futures • Fellow, Society of Professional Economists • Freeman, Worshipful Company of International Bankers • NED at LINK Scheme Ltd
Kevin Curnow	Chief Finance Officer	• Nil to Declare

Chair: Eileen Taylor

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Chief Executive: Lorraine Sunduza

Name	Job Title	Interests Declared
Professor Dr Durka Dougall	Non-Executive Director	• Non-Executive Director & Deputy Chairman, Kingston and Richmond NHS Foundation Trust. This includes being the current chair of the Integration Oversight Committee, and the lead Freedom to Speak Up NED for the board. • CEO, Centre for Population Health, (an action-focused think tank supporting individuals, NHS Trust and ICB boards, NHSE and DHSC individuals and teams, and others working in health, social care and community settings to optimise practice for leadership, organisational development, EDI, population health and equity) • Chair, The Health Creation Alliance, Community Interest Company, the leading social movement fostering health creation approaches to tackle health inequalities across UK. Patronage from members of the House of Lords and involves close working with other senior leaders in health, social care and community organisations across UK. • Associate providing ad hoc freelance work and consultancy for the following consultancies: - Integrated Development - People Opportunities - Panoramic Associates - Acorn Leadership Development - This includes providing long-term consultancy support in Public Health Medicine for Kent County Council since April 2023 (ongoing, involves commissioning responsibilities for services in Kent providers including KCHFT and MTW). • Visiting Professor in Public Health and Population Health supporting University College London (including University College London & Royal Free Medical Schools) and University of East London. • Member of the General Medical Council • Member of the British Medical Association • Fellow of the Faculty of Public Health and CPD Advisor for London's Public Health workforce on behalf of Faculty of Public Health • Member of Seacole Group for Black and Ethnic Minority NHS Chairs and NEDs • Husband is a GP & Senior Partner in Tower Hamlets GP Practice, Primary Care Network Clinical Director, Director on Tower Hamlets Care Group. • Brother-in-law and his partner are employees at ELFT.

Chair: Eileen Taylor

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Chief Executive: Lorraine Sunduza

Name	Job Title	Interests Declared
Professor Sir Sam Everington KBE	Non-Executive Director	- Salaried GP of the Bromley By Bow Health Partnership Tower Hamlets (a member of Tower Hamlets GP Care group CIC) - Salaried GP based on the same site as The Bromley by Bow Centre (charity) - Associate director NHS Resolution 2018- - Consultant to the National Association of Social Prescribing 2022- - BMA Council member, 1989- - Vice President of the BMA, 2015- - Fellow and Professor of Queen Mary University of London 2015- - As a GP member of the MDDUS - insurance for the GP practice - Vice President Queen's Nursing Institute 2016- - Vice President and Council member the College of Medicine 2019- - Board member NHS Strategic Infrastructure Board 2020- - Member of the Royal College of GPs - Council member RCGP November 2022- - Albert medal winner and life member of the RSA - Member of the Council of the Imperial Society of Knights Batchelor 2023 – - Trustee Anglo-Norse society (charity) 2024 - Wife: Linda Aldous is a Partner in Bromley by Bow Health Partnership, a clinical lead for North-East London CCG and Director Bromley by Bow Health Limited - joint venture with Greenlight Pharmacy around training of pharmacists in primary Care Sept 2020- - Director and Chair of MEEBBB Health CIC (a Primary Care Network, Tower Hamlets) - Son: Dr Raoul Li-Everington is GP partner in the Bromley By Bow Health Partnership
Richard Fradgley	Executive Director of Integrated Care and Deputy CEO	- Director, Compass Wellbeing CIC, a trust subsidiary - Member, North East London Integrated Care Board Mental Health Learning Disabilities and Autism Collaborative Sub-Committee - Member, North East London Integrated Care Board Community Health Services Collaborative Sub-Committee - Member, Bedfordshire, Luton Milton Keynes, Integrated Care Board Mental Health Learning Disabilities and Autism Collaborative Committee - Member, Newham Place Committee - Member, Tower Hamlets Place Committee - Partner Works for ELFT
Philippa Graves	Chief Digital Officer	Director, Health Care & Space Newham (joint venture between ELFT and LB of Newham)

Chair: Eileen Taylor

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Chief Executive: Lorraine Sunduza

Name	Job Title	Interests Declared
Dr Farah Jameel	Non-Executive Director	• Non-Executive Director of North London NHS Foundation Trust • Co-Chair and Member Camden Local Medical Committee. • Member, Royal College of General Practitioners. • Council Member / London Representative, Medical Women's Federation. • Husband is a Consultant Neurologist in the Headache & Facial Pain Group at the National Hospital for Neurology and Neurosurgery. • GP at The Museum Practice, Camden. • Appointment to the Board of Directors for London Medical Committees (LMC);
Professor Dame Donna Kinnair DBE	Non-Executive Director	• Board Member, NHS Race and Health Observatory • Patron, Trinity College Medical Society • Trustee, Burdett Trust for Nursing • Non-Executive Director at Royal Free Hospital NHS FT • Director at DDK Consultancy Ltd (provides ad hoc training and other consultancy support; clients NHS organisations)
Susan Lees	Non-Executive Director	• Non-Executive Director and Vice Chair, North East London Foundation Trust (until 31/07/2025) • Non-Executive Director Barking, Havering and Redbridge University Hospital Trust • Chair of the Charitable Funds Committee of the Barking, Havering and Redbridge University Charity
Claire McKenna	Chief Nurse	• Nil to Declare
Edwin Ndlovu	Chief Operating Officer	• Member of UNISON • Member of Race Health Observatory Mental Health Working Group • Director, Phoenix Sunrisers PCN • Director East Bedford PCN • Director, EEHN Co Ltd • Partner, Five Elms Medical Practice • Partner, Victoria Medical Centre • Partner, Upminster Medical Centre • Partner, Rainham Health Centre • Registered Mental Health Nurse NMC • Health Trustee, St Mungo's Homeless Charity. • Member, Jabali Men's Network Community Interest Organisation

Chair: Eileen Taylor

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Chief Executive: Lorraine Sunduza

Name	Job Title	Interests Declared
Dr Amar Shah	Chief Quality Officer	• Director, AS Healthcare Improvement Ltd (private consulting and teaching related to healthcare improvement) • Director, A&M Residential Properties Ltd – property management. • National Clinical Director for Improvement, NHS England • National improvement lead for mental health and chair of QI faculty, Royal College of Psychiatrists • Member of the National improvement board, NHS England • Member of the Q advisory board (Health Foundation) • Council member at the Healthcare Costing for Value Institute, at the Healthcare Financial Management Association (HFMA) • Faculty member with the Institute for Healthcare Improvement (IHI), US and chair of the Scientific Advisory Group at IHI • Honorary professor, University of York • Honorary visiting professor, City University London • Member, General Medical Council • Member, Royal College of Psychiatrists • Honorary Member, Faculty of Public Health • Private consulting and teaching related to healthcare improvement
Lorraine Sunduza	Chief Executive	• Named shareholder for Health E1 • Named shareholder for Tower Hamlets GP Care Group • Named shareholder for City & Hackney GP Federation • Named shareholder for Newham GP Federation • Member of BLMK Bedfordshire Care Alliance Committee • Member of Central Bedfordshire Health & Wellbeing Board • Member of City & Hackney Neighbourhood Board • Member of City & Hackney Integrated Commissioning Board • Member of Newham Health & Wellbeing Board • Member of East of England Provider Collaborative Board • Member of North East London Community Health Collaborative Committee • Member of North East London Population Health and Integrated Care Committee • Member, Unison

Chair: Eileen Taylor

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Chief Executive: Lorraine Sunduza

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

Chair: Eileen Taylor

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Chief Executive: Lorraine Sunduza

Board of Directors

DRAFT Minutes of the Board of Directors meeting held in public on Thursday, 22 May 2025 from 1.00pm at the Conference Room, Robert Dolan House, 9 Alie Street, London E1 8DE and online

Present:

Eileen Taylor	Trust Chair
Aamir Ahmad	Vice-Chair (London)
Dr David Bridle	Chief Medical Officer.
Barbara Britner	Acting Chief People Officer
Richard Carr (online)	Senior Independent Director
Anit Chandarana	Non-Executive Director
Peter Cornforth	Non-Executive Director
Alison Cottrell	Non-Executive Director
Kevin Curnow	Chief Finance Officer
Prof Sir Sam Everington	Non-Executive Director
Richard Fradgley	Executive Director of Integrated Care & Deputy CEO
Philippa Graves	Chief Digital Officer
Professor Dame Donna Kinnair	Non-Executive Director
Susan Lees	Non-Executive Director
Claire McKenna	Chief Nurse
Edwin Ndlovu	Chief Operating Officer & Deputy CEO
Lorraine Sunduza	Chief Executive Officer
Deborah Wheeler	Vice-Chair (Bedfordshire & Luton)

In attendance:

Aliraza Alimohamed	Member of the public
Gren Bingham (online)	Governor, Tower Hamlets
Tina Bixby (online)	Membership Officer
Bob Cazley	Governor, Central Bedfordshire
Renato Congias (online)	Governor
Deborah Dover	Director of Patient Safety
Professor Dr Durka Dougall	Non-Executive Director designate
Derek Feeley	Board Adviser
Jennifer Hedworth	People Participation participant
Dr Farah Jameel	Non-Executive Director designate
Norbert Lieckfeldt (online)	Corporate Governance Manager
Cathy Lilley	Director of Corporate Governance
Viththika Lingeswaran (online)	NHS Providers
Linda McRoberts	Minute Taker
Caroline Oguniola	Staff Governor, Lead Governor
Jamu Patel	Deputy Lead Governor and Luton Governor
Meena Patel	Corporate Governance Support Manager
Mingay Simone	Clinical Nurse Manager and Specialist Healthcare Team Manager, Learning Disability Services
Shona Sinclair (online)	Chair, Compass CIC
Steph Quitaleg	Senior Executive Assistant, Corporate Services
Cllr Richard Underwood (online)	Luton Council member

Apologies:

Dr Amar Shah	Chief Quality Officer
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The minutes are presented in the order of the agenda.

1 Welcome and Apologies for Absence

1.1 Eileen Taylor:

- Welcomed all to the meeting, particularly Barbara Britner, attending her first Board as Acting Chief People Officer and the newly appointed Non-Executive Directors – Professor Dr Durka Dougall and Dr Farah Jameel, who take up their posts on 1 June 2025. Also, Governors and members of the public attending in person and online.
- Recognised awareness dates and celebrations which serve as opportunities to spotlight health, social and cultural issues and foster greater understanding. These include: Mental Health Awareness week, Teen Self-esteem month, Maternal Mental Health Awareness week and Dementia awareness week all in May. ELFT also celebrated International Nurses Day in May recognising the invaluable work of nurse colleagues. Learning Disability Week and Pride month are in June.
- Reminded everyone that this is a meeting of the Trust Board held in public. Questions relating to agenda items can be asked at the end of the meeting if time allows and questions submitted online will be answered online after the meeting.
- Advised the meeting will be recorded for minute taking purposes only.

1.2 Apologies were noted as above.

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

2.1 Jen Hedworth shared her lived experiences and personal journey:

- Jen described her experience of a serious mental health crisis in 2019 following years of struggling in silence due to cultural stigma.
- She shared how accessing Talking Therapies helped her to open up and talk about her experiences and importantly to heal, eventually leading her to become a Mental Health Advocate, supporting others while continuing to manage her own complex Post Traumatic Stress Disorder (PTSD).
- Jen explained about the recent loss of a neighbour to suicide a few days ago; this was someone she had been supporting for the last five years. He was very troubled but had made some improvements including finding work. Despite her efforts to help him access services, he was discharged after missing appointments and subsequently decided to end his life. Jen strongly urged the Trust to reconsider how it responds to non-attendance (DNAs) and emphasised the need for proactive follow up and greater understanding of barriers people face including stigma and fear.
- Jen described herself as a very proud Black woman and advocate for anti-racism, and someone who believes in ELFT's values, i.e. being inclusive, respectful and caring. She gave an example of an interaction which caused her some discomfort: while co-chairing a group, she encountered a well-intentioned but uncomfortable interaction that highlighted the importance of respectful and inclusive communication. She used this example for a need to foster a workplace where everyone feels included, respected and valued in every interaction.
- Jen thanked ELFT for the support she has received and for the opportunity to share her story.

2.2 In discussion the Board:

- Expressed their sympathy for the loss of Jen's neighbour and thanked her for her bravery in sharing such personal and challenging experiences; and acknowledged her ongoing contribution to supporting others and advocating for change.

- Recognised the critical importance of Jen's message about DNAs and agreed that the reasons people do not attend should be understood.
- Noted the work is already under way to improve how the Trust responds to DNA rates and invited Jen to contribute to this work if she wishes.
- Stressed that work is under way to encourage staff to take ownership of every patient interaction including ensuring people are re-directed appropriately if they present to the wrong service.
- Reflected on the importance of respectful communication particularly in the context of anti-racism and inclusion; and acknowledged that staff are increasingly navigating complex and sensitive conversations and must be supported to do so with compassion and awareness.
- Warmly thanked Jen for her powerful and moving account of her personal journey and the broader challenges of equity, diversity and inclusion in mental health care, and in particular her honesty, strength and continued collaboration with the Trust.

3 Declarations of Interests

- 3.1
- Declarations are as recorded on the published register of interests circulated with the papers.
 - There were no additional declarations in respect of agenda items.
 - The declarations will be updated to include the two NEDs before the next meeting.

4 Minutes of the Previous Meeting Held in Public on 27 March 2025

- 4.1 The minutes of the meeting held on 27 March 2025 were **APPROVED** as a correct record subject to the following amendment:
- Para 12.1 notes Alison Cottrell as chairing the Quality Assurance committee, however, the meeting on 3 March was chaired by Deborah Wheeler in Donna Kinnair's absence.

5 Action Log and Matters Arising from the Minutes

- 5.1 The Board noted there are no actions due at this meeting.

6 Matters Arising from Trust Board Meeting in Private

- 6.1 Eileen Taylor advised the private Board had spent time on the external factors currently impacting the Trust and these will be discussed in the Chief Executive's and the Finance reports in this meeting.

7 Chair's Report

- 7.1 Eileen Taylor presented the report and highlighted:
- The annual patient led Mental Health summit for North East London (NEL) took place on 28 March 2025. This is designed and run by service users and used to decide the priorities for the year ahead. Eileen particularly thanked Robert Hunter, People Participation Lead for the NEL MHLDA (Mental Health, Learning Disabilities & Autism) Collaborative, and Nadia Ahmed, North East London NHS FT's (NELFT) Patient Experience Academy and Co-production Lead, for their brilliant leadership of the summit and for their outstanding commitment to co-production.
 - The importance of the wellbeing of staff, particularly at this time of internal and external pressures. Eileen thanked the Council of Governors for discussing this at their recent meeting and thanked staff-side colleagues who pointed out that some of the metrics used to look at wellbeing may no longer be a good reflection of what is going on. This topic will be explored in the Chief Executive and People reports.

- Two new Non-Executive Directors have been appointed – Professor Dr Durka Dougall and Dr Farah Jameel, and there is now a recruitment process under way to appoint a third.
- This is the last public Board that will be attended by ELFT's Director of Governance, Cathy Lilley, before her retirement at the end of June. Eileen thanked Cathy for her tremendous contribution – describing her as having played an integral role in assuring this Trust is outstanding in operating as effectively as possible and having an unstinting dedication to the Trust values. During her time at ELFT, Cathy has played an instrumental role in on-boarding three different Chief Executives and Chairs to the Trust and Eileen thanked Cathy for being a tremendous personal support to her. The Board presented Cathy with a gift and wished her well for the future.

7.2 Non-Executive Directors' Visits

Donna Kinnair reported on her visit to Joshua Ward:

- This is a male adult psychiatric ward. At any one time there can be a number of service users on observations. The Trust is engaged in a quality improvement project that seeks to increase opportunities for therapeutic engagement which is hoped to positively impact on reducing restrictive practices such as observations. A service user, who is also a Governor, joined the visit and provided valuable insights particularly highlighting concerns such as inadequate facilities. Such environmental issues can significantly impact the wellbeing of service users and contribute to tensions on the ward. The estates concerns have recently been raised with Homerton Hospital and while some solutions may be longer term, staff appreciated the Board's recognition of the challenges they are facing.
- There was an example of where some changes had unintentionally gone too far, i.e. staff were unable to access petty cash to help service users. This issue has since been addressed and adjusted to ensure flexibility while maintaining oversight.
- Staff were enthusiastic and innovative. They are actively involving carers in leading community groups and are exploring opportunities to expand sports activities for the patients through charitable funding.
- Overall it was a positive visit with staff who were proud of their work and committed to delivering compassionate person centred care.

Deborah Wheeler reported on her visit to the estates team with Sue Lees, Pete Cornforth and Andrea Okoloekwe, a staff Governor:

- It was clear the team works well together demonstrating strong collaboration and a shared commitment to their responsibilities. Their dedication to improving the physical environment for service users and staff was also clearly evident.
- There are challenges with staff not reporting issues through the processes that exist – staff will often wait until a Facilities Officer visit to raise issues.
- The team raised the issue of violence and aggression particularly as they are often responsible for repairing the damage caused by such incidents. They were interested to hear about the Trust's ongoing work to reduce violence and aggression, and it was agreed they should receive relevant communications and updates on this work.
- The team had won the Estates & Facilities team of the year at the Better Health Care Awards last year.
- It was particularly encouraging to see the introduction of a People Participation Lead in the team; this role is already making a positive impact with a focus on engaging service users in shaping the environment.
- Acknowledgement that working in estates is not easy, particularly given the geographical spread of the Trust but the team's professionalism, pride in their work and commitment to doing their best were clearly evident.

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

8 Chief Executive's Report

8.1 Lorraine Sunduza began by echoing the Board's well wishes to Cathy Lilley, highlighting her contributions including raising a significant amount for the ELFT charity through mask making during Covid and her exceptional talent for baking! Lorraine stressed Cathy's warmth, can do attitude and sound judgement, and said that she will be missed by the whole team.

Lorraine presented her report, highlighting:

- Going Further, Going Together continues to progress with further detail provided in the Finance report.
- Lorraine has continued to spend time with the Leadership group and the CEO discussion group where informal discussions have focused on:
 - Staff survey results particularly the efforts to increase engagement. The discussion broadened to include staff experience more generally with a focus on understanding the challenges staff face and how organisational plans impact them. A co-produced plan is being developed to improve staff experience and ensure appropriate support.
 - The target operating model exercise is reviewing leadership models and structures across the Trust to ensure alignment with ELFT's strategic direction.
 - A session led by the Institute for Healthcare Improvement (IHI) on 'leading in a time of turbulence' encouraged thinking on how to strengthen service user engagement and use QI methodology to address current challenges, as well as to learn from innovation and partnerships, such as the Barnsley Street pilot project in Tower Hamlets.
- The Supreme Court has published its judgement on the legal definition of a woman and NHS England is currently considering the implications for the NHS. In the meantime, internal communications have reinforced the importance of behaviours aligned with the Trust's values and sensitivity to those who may be affected.
- A monthly service user health and safety group has been established to enhance engagement and oversight.
- There have been several recent announcements regarding changes particularly in the Integrated Care System (ICS). ELFT has received the ICB blueprint, outlining their evolving role as a strategic commissioner. The ICB is reviewing its core functions and the Trust has continued to offer support and may be asked to take on additional responsibilities. However, further work is needed to understand how this will be implemented.
- A workshop with the voluntary and social enterprise community in Luton and Bedfordshire was held to explore opportunities to work together. A joint action plan was agreed to strengthen partnership working. Similarly, the Trust participated in a meeting of the East London Alliance and local employers to discuss opportunities to work together to tackle health inequalities in East London.
- Clinical services have remained busy with positive developments in discharge pathways and patient flow. Thanks were extended to clinical colleagues for their continued dedication to support people.
- Lorraine also attended a Clinical and Care Professionals' away day which provided a valuable opportunity to reflect on clinical and care leadership.
- Lorraine welcomed Barbara Britner, as Acting Chief People Officer.

8.2 In discussion the Board:

- Received assurance that the ELFT charity had been highlighted at the community and business workshops; and suggested the provision of additional promotional materials for the charity to support further outreach at such events.

- Noted that the 'show me you care' programme is progressing into its next phase which builds on previous work focusing on consistency in observations now moving towards defining what constitutes a therapeutic environment. The emphasis is on creating spaces that promote safety and emotional wellbeing, moving beyond process management to a more holistic approach to care.

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

9 Charitable Funds Committee Assurance Report

9.1 As chair of the committee Peter Cornforth presented the report of the meeting on 24 April 2025, highlighting:

- Richard Fradgley is now the lead Executive for the charity following Tanya Carter going on maternity leave. He is re-casting the relationship with Compass whose service contract has just expired.
- There has been an increase in grant applications from BLMK which is positive.
- The 2023/24 annual report and accounts have been completed and filed on time with the Charity Commission. The net funds were c£1.1m at the end of the year.

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

10 Audit Committee Assurance Report

10.1 As chair of the committee. Anit Chandarana presented the report of the meeting held on 8 May 2025, highlighting:

- The Head of Internal Audit's draft opinion for 2024/25 has downgraded ELFT from level from 3 to level 2 (out of 4) due to a higher number of internal audit reports receiving only partial assurance. However, there is a clear understanding of the steps needed to improve this rating.
- The internal audit plan for 2025/26 has been approved.
- Delays in filing the Trust's accounts in previous years were partly due to Local Government Pension Scheme (LGPS) issues. With changes to materiality thresholds, this is not expected to be an issue going forward.
- The internal audit findings on the internal auditors raising concerns highlighted they align with feedback from Freedom to Speak Up Guardian; reflect the Trust's focus on staff wellbeing and experience; and while valuable, the findings should be triangulated with other sources. However, the internal audit review has been a good piece of work, and the recommendations should be taken seriously.
- In preparation for Anit standing down as chair of the committee due to the end of this term of office as a Non-Executive Director, Alison Cottrell has been confirmed as the incoming chair, and a handover process is under way.

Eileen Taylor reported that there was a very delayed Annual Members' meeting last week at which Anit presented the 2023/24 accounts. The delay was due to the LGPS issue which historically has impacted on the timeliness of submitting the annual report and accounts to NHSE and laying before Parliament.

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

11 Integrated Care & Commissioning Committee Assurance Report

11.1 As chair of the committee, Richard Carr presented the report of the meeting held on 15 May 2025 highlighting:

- The discussions on plans for refreshing the Trust strategy with the committee emphasising the importance of balancing empirical evidence with a broad range of stakeholder perspectives.
- The implications of recent national announcements on neighbourhoods were discussed particularly what the focus on neighbourhood health might mean in practice. It was felt there is a need to do more than just look at this through an NHS lens, as it is relevant across the wider public sector.
- The risks and activities of the collaboratives ELFT is in were reviewed. While each has risks, they are being well managed and delivering positive outcomes. As a result, it was suggested that reporting requirements could be streamlined; in particular where collaboratives involve both ELFT and NELFT, a single joint report could replace separate submissions to each Trust.

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

12 Quality Assurance Committee Assurance Report

12.1 As chair of the committee Donna Kinnair presented the report of the meeting held on 28 April 2025, highlighting:

- The committee noted incidents around violence and aggression are affecting staff-related issues.
- Deaths among older people are primarily due to flu and pneumonia. The committee is exploring a potential link between mortality rates and lack of immunisation of staff groups.
- Prompted by Governor queries, the committee discussed how the Trust assures clinical effectiveness beyond standard audits. The includes system level reviews such as examining obesity as a side effect of prescribed medications. It was agreed that future service quality and safety reports should include evidence of how clinical effectiveness is being demonstrated.
- The internal audit on the Mental Health Act and resulting actions.
- Assurance provided that the action plan for the Trust's primary care exit is being followed.

12.2 In discussion the committee:

- Noted that thematic reviews, such as the recent one on patient safety, are regularly conducted by QAC. The patient safety analysed historical serious incidents to identify trends with future reviews expected to benefit from richer data under PSIRF.
- Received assurance that quality indicators for the primary care practices ELFT is exiting are being monitored.

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

13 Quality Report

13.1 In Amar Shah's absence, Claire McKenna highlighted:

- The quality assurance section of this report focuses on the quality of care for those with learning disabilities and/or autism in adult mental health inpatient settings (5-10% of inpatients). The report provided assurance on ongoing improvements to ward environments and efforts to reduce variation in practice.
- There has been a sustained reduction in out of area beds across London which remains at zero. Some variation remains in Bedfordshire; however, work to improve patient flow continues.

14 Performance Report

14.1 Edwin Ndlovu presented the report, highlighting:

Positive developments

- Continued reduction in out of area placements though discharge delays remain due to high occupancy by patients clinically ready for discharge.
- Talking Therapies and Perinatal Services are performing well with a marked improvement overall against national targets. Perinatal is now part of a provider collaborative.
- Community health services are meeting two-hour response times through innovative approaches.

Areas of concern

- The long waits for ADHD and autism assessments persist though system level work is under way to address this.
- The decline in service user involvement in Bedfordshire and Luton, is likely due to staffing gaps, and this is being monitored.
- There was a rise in complaints, mainly related to autism and ADHD wait times and system changes. Work is going on with system partners, ICBs and GPs to ensure this is responded to properly.
A correction to page 64 of the report should read 'restraints during periods of unwellness' not 'wellness'.

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

- Received assurance the work going on ADHD/autism waiting lists, which includes:
 - Signposting people to other opportunities, such as Recovery Colleges, courses and access to CBT within Talking Therapies.
 - Reviewing neuro diversity service models to improve efficiency and reduce repetition.
 - Enhancing advice and guidance in primary care to reduce reliance on secondary care..
- Noted it is best practice to mainstream care for people with learning disabilities with specialist provision used only when necessary (currently within forensic services).
- Noted ELFT is not commissioned to provide ADHD services at the level of demand being experienced. In North East London a new pathway is being proposed which will be presented at the collaborative committee in July.
- Noted that to improve the long waits in A&E departments, there is a need to better understand the demand. Data sets are now available which will allow a more detailed understanding, and this will feature in the next quality report.
- Noted a significant proportion of the pressure in ED is people waiting for beds; the recent re-opening of the Newham psychiatric intensive care unit following a period of temporary closure is expected to ease bed pressures.
- A new ICS-wide Clinical Programme Director has been appointed in London to refresh the 2026 plan with acute Trust partners. Updates will be presented at the Quality Committee.
- Noted that in BLMK confirmation of funding through national urgent and emergency care mental health capital awards is expected to support new inpatient capacity and a crisis house, with the aim of reducing out of area placements and help to achieve occupancy targets.
- Received assurance that urgent and emergency care is scrutinised at the QAC on a regular basis.

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

10-minute break

15 Appointments & Remuneration Committee Assurance Report

- 15.1 As chair of the committee, Deborah Wheeler presented the report of the meeting held on 27 March 2025 highlighting:
- The advert is now out for the new Joint Director of Corporate Governance.
 - The review of clearer processes to manage conflicts of interest due to joint roles at other organisations.
- 15.2 The Board **RECEIVED and NOTED** the report.

16 People & Culture Committee Assurance Report

- 16.1 As chair of the committee, Deborah Wheeler's presented the report of the meeting held on 1 May 2025, highlighting:
- Constructive relationships have been re-established with staffside, after some tension around the Trust's exit of primary care in Bedfordshire. However, potential industrial relations pressures remain particularly around pay awards to resident doctors and nurses.
 - A presentation to the Council of Governors on staff survey results and staff retention highlighted that stable workforce figures may mask underlying dissatisfaction due to limited external opportunities. A greater focus on career development was suggested.
 - Directorates now follow up their reports to QAC with a report to the P&CC on their workforce with a focus on actions taken and support required.
 - A deep dive into the psychology workforce highlighted concerns about limited access to new advanced clinical roles with the committee recommending these roles be opened to psychologists and people encouraged to apply for them.
 - The BAF risk 5 was reviewed, and the committee agreed the current risk score should remain unchanged.
- 16.2 The Board **RECEIVED and NOTED** the report.

17 People Report

- 17.1 Barbara Britner presented the report, highlighting:
- The vacancy rates are increasing; however, they are within a manageable range. There is a focus on medical vacancies and head-hunters are being used to support.
 - Agency spend has significantly reduced and is now below 2% of the total pay bill which is a 40% reduction in spend over the last year due to improved oversight and controls.
 - Sickness absence rates are beginning to reduce following a deep dive which resulted in some bespoke actions and increased support.
 - A QI project has been started to reduce high number of employee relations cases. The aim is to encourage the use of informal processes.
 - ELFT has signed a national Memorandum of Understanding about statutory and mandatory training which should reduce duplication and improve passporting between organisations.
 - The staff survey response rate was low with no significant shifts in engagement. Looking back it is recognised that ELFT's response rates have regularly been below average. The key areas of focus for improvements are retention, flexible working and work/life balance.
 - A strategy around enhancing staff experience is being developed and will be co-produced with all key stakeholders.
- 17.2 In discussion the Board:

- Received assurance the QI team have reviewed staff survey results over the last ten years to ensure comparisons are meaningful. Full details are expected shortly.
- Requested confirmation whether key training such as Basic Life Support and Safeguarding are included in the statutory and mandatory training figures, as it was highlighted that some of those areas need to be at 100%.

ACTION: Barbara Britner

- Noted there is a general trend across ELFT to use formal employee relations cases when informal procedures could have been used. A quality improvement project is being set up for disciplinaries and the committee will monitor trends by directorate.
- Noted that the rolling appraisal programme being introduced means everyone should have an appraisal in a twelve-month period and not within a set window.
- Received assurance that where ELFT is exiting primary care services, the practices are being handed back in a strong position with regular Executive engagement and communication with staff, in addition to any consultation process. The Trust has maintained transparency with staffside, communicating the rationale behind decisions and keeping them informed throughout the process.
- Noted that staff networks continue to report regularly to the committee, with one network usually presenting at each meeting.
- The Board commended the significant reduction in agency use recognising the culture change across the organisation to achieve it.

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

18 Finance, Business and Investment Committee Assurance Report

18.1 As chair of the committee Sue Lees presented the report of the meetings held on 24 April and 15 May 2025 highlighting:

- The committee has met twice since the last meeting, one to review year-end figures and one to review month 1 performance as well as 2025/26 plans, particularly the Going Further, Going Together (GFGT) programme.
- The GFGT savings target was achieved last year though some savings were non-recurrent and will be carried forward into this year.
- Clarity for 2025/26:
 - £32m savings required to deliver the budget for this year,
 - £38.3m includes a 20% 'buffer'
 - £44.6m includes additional contingency ('Plan B').
- Opportunities have been identified to meet all these requirements, placing the Trust ahead of its position at the same time last year.
- In month 1 savings targets have been achieved which is notable given the usual pressures in the first month of the financial year. The committee is now focussed on detailed scheme level reporting and monitoring to enable early intervention if plans deviate.
- The committee conducts a deep dive at each meeting into one of the workstreams. This meeting focused on workforce where positive progress was noted on the enhanced use of Healthroster and improved compliance.
- Received an internal audit report on key financial controls which provided reasonable assurance; actions are now progressing.
- Received a business development update and requested a clearer categorisation of between new business and renewals to enable more targeted scrutiny.
- Reviewed a draft capital proposal around enhancing urgent care capacity; the committee supported the direction of travel but requested further work is needed.

- Discussed the Board Assurance Framework and noted the strong process in reducing the likelihood of financial risks and recommended greater focus on mitigating the effects should risks materialise.

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

19 Finance Report

19.1 Kevin Curnow presented the report, highlighting:

- At month 1 the position is a £1.8m deficit in line with plan. This equates to an overspend of £60k a day highlighting the scale of the challenge to reach breakeven.
- The target saving for month 1 of £600k was exceeded with £1m achieved. However, planned savings targets increase over the year.
- The capital allocations have been released early this year. The Trust secured £23m allocation this year (up from £12m previously) and funds are already being utilised.
- External changes could result in additional pressures and more scrutiny. Risks and pressures include:
 - Continued private bed usage in Bedfordshire and Luton poses a financial risk if crisis house funding is not secured
 - Recently announced pay increases exceed planned assumptions. Central funding is expected but not yet confirmed
 - Both BLMK and NEL ICSs are off plan for month 1. Discussions are ongoing about deficit funding support with potential repayment obligations posing further risk across the system.
-

19.2 In discussion the Board:

- Commended the clarity of the report and thanked the finance team for their work during a demanding period.
- Received assurance that quality impact assessments (QIAs) are reviewed by QAC and escalated to Board where appropriate; and agreed that quality impacts should be discussed alongside financial data to ensure a holistic view of value and risk.
- Noted that whole-time equivalent numbers for staff were not included in the report due to a data issue and will be reinstated in month 2 report.

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

20 Board of Directors Forward Plan

21.1 Noted.

21 Any Other Business

21.1 None.

22 Questions from the Public

22.1 None.

23 Date of the Next Meeting

23.1 • Thursday 24 July 2025 (Dunstable)

The meeting closed at 3.30pm

ELFT Action Log Trust Board (Part 1)

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

Ref	Meeting Date	Agenda item	Action Point	Executive Lead	Due Date	Status	Comments
407	22-May-25	People Report	Requested confirmation whether key training such as Basic Life Support (BLS) and Safeguarding are included in the statutory and mandatory training figures, as it was highlighted that some of those areas need to be at 100%.	BB	24-Jul-25		BLS and Safeguarding are incorporated into the reports. The target for all statutory and mandatory training is set at 90% as it's not possible to achieve 100% due to absences such as sickness, maternity etc...
406	27-Mar-25	Equalities Annual Report	Revisit the development of a anti-racism strategy that is robust and can be sustained	CMcK	26-Jun-25		To be included on June Board development session agenda
404	30-Jan-25	Performance report	Update on estates strategy to be scheduled for a future meeting	PGr	30-Jul-25	In progress	Estates dashboard & update shared at July FBIC - and linked through to the Estates Strategy Board (ESB). Report on progress with the Estates Strategy to be signed off by ESB in September and to be tabled for Trust Board in November.
386	28-Mar-24	ICCC assurance report	Review purpose of committee and priorities	RF/AS	30-Sep-25	In progress	Ongoing: Included in discussions at June BDS and being taken forward as part of the strategy execution review and review of the effectiveness of committees and their terms of reference. Being considered in review of 2025/26 plan and development of our next 5-year strategy for 2026-31.
405	27-Mar-25	Equalities Annual Report	Future reports to distinguish between full-time and part-time staff to better understand how working patterns may affect staff experience	CMcK	25-Sep-25		To be taken forward through People & Culture Committee; recommend showing action as closed
408							
409							

In progress with delay
Closed
Forward plan
Not due

REPORT TO THE TRUST BOARD IN PUBLIC

24 July 2025

Title	Chair's Report
Author	Eileen Taylor, Trust Chair

Purpose of the report

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

Committees / meetings where this item has been considered:

10 July 2025	Council of Governors Meeting
3 July 2025	People and Culture Committee

Key messages

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

Strategic priorities this paper supports

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

Implications

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

Chair: Eileen Taylor

Chief Executive: Lorraine Sunduza OBE

1. Introduction

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

2. Chair's update

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

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

Patient and carer leadership

- 2.3. The 'deep dive' topic for the North East London Mental Health, Learning Disabilities and Autism Committee (NEL MHLDA) on 9 July 2025 was peer support. The committee was privileged to hear from two peer support workers: Shanaiz, who has been working in our adult mental health community and inpatient services, and Danny, who has been working in the NELFT Redbridge and Waltham Forest community learning disability teams.
- 2.4. Both spoke powerfully about the impact their roles have had on their own personal recovery journeys as well as those of the individuals they support. Peer support was described as a 'reciprocal journey' where the individual and the peer support worker learn from one another and grow together. Working as a peer support worker was described as 'unlocking who I really am' and 'being the best version of myself' by providing hope for others and helping them to build recovery and resilience.
- 2.5. Both Danny and Shanaiz expressed their hope that peer support expands so that clinicians and people with lived experience can continue to work together to contribute to high quality care and to tackle inequalities. They also described their concern that financial pressures may impact negatively on the future availability of peer support. The Committee expressed its commitment to the ongoing development of peer support and its gratitude to Danny and Shanaiz for generously sharing their stories.

Staff support and empowerment

- 2.6. We were delighted to host a visit from the Chair and Chief Executive of NHS Providers on 3 July. Professor Sir Terence Stephenson and Daniel Elkeles met staff from across the Trust's geography and breadth of services to discuss the innovative work taking place. This included work in Bedfordshire that has significantly reduced the number of care home beds required through enhanced provision of care by community health services. Staff from Tower Hamlets shared the ethos behind the new national pilot 24/7 Barnsley Street neighbourhood mental health service that was officially launched this month.

Our visitors reflected that the Trust is already taking forward a number of the policy shifts outlined in the new NHS 10-year health plan that was published on the day of their visit.

Board effectiveness

- 2.7. I was very proud to see that Lorraine Sunduza OBE was named in the Health Service Journal's annual Top 50 CEOs list. This recognition reflects Lorraine's outstanding compassionate leadership and unwavering commitment to improving the lives of the people and communities we serve. Since becoming CEO, Lorraine has brought a powerful blend of authenticity, vision and inclusivity to ELFT, inspiring colleagues across the Trust and beyond. Her inclusion in this year's list is a testament not only to her impact within ELFT but also to her influence across the wider NHS.
- 2.8. I am delighted to share news of the appointment of Vivek Chaudhri as Non-Executive Director with effect from 1 September 2025. Vivek brings valuable expertise in digital strategy and artificial intelligence (AI) which will significantly support the Board in making informed decisions as we advance our efforts to use digital technologies to enhance the experiences of service users, carers, and staff.
- 2.9. On 26 June, the Board met for a development session where we held a wide-ranging and constructive discussion on the Trust's future service vision and strategic appetite in the context of the evolving NHS operating environment. The session considered the potential implications of the forthcoming NHS 10-year health plan, system changes and the ongoing financial pressures facing the public sector. We reflected on how to maintain a strong focus on quality and safety amid sustained operational demands. The discussions also informed the early thinking around the refresh of the Trust's strategy, ensuring it remains responsive, ambitious, and aligned both with national policy direction and local population needs.
- 2.10. There is an expectation of senior leaders to set the tone and culture of the Trust that leads to staff adopting a caring and compassionate attitude. The purpose of the Fit & Proper Person's Test (FPPT) is not only to hold directors to account in relation to their conduct and performance but also to instil confidence in the public that the individuals leading NHS organisations are suitable to hold their positions.

At its meeting on 3 July 2025, the People & Culture Committee received my report confirming that all individuals appointed to or holding the role of Executive Director (or equivalent) or Non-Executive Director during the period 1 April 2024 to 31 March 2025 met the FPPT. To inform this declaration, I considered the matters outlined in the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014, CQC requirements and the NHS England FPPT Framework (2023) as well as the information and documentary evidence provided to me. I am satisfied that there are no grounds under which everyone would be ineligible to be appointed to or to continue in post and my declaration is attached at appendix 1.

System leadership

- 2.11. The focus of the 8 July meeting of the Bedfordshire, Luton & Milton Keynes (BLMK) Leaders and Chairs was on the planned restructure of Integrated Care Boards (ICBs) in the East of England. Under the new arrangements BLMK will align with Cambridge & Peterborough and Hertfordshire ICBs.
- 2.12. At the NEL MHLDA Collaborative Committee on 9 July, the committee received an update on the work with partners to improve the mental health urgent and emergency pathway across North East London, including work to improve the experience of people presenting to emergency departments in mental health crisis. Despite constrained resources, the plan presented reaffirmed the system-wide commitment to ensuring equitable and high-quality crisis and inpatient care.

3. Council of Governors update

- 3.1. The Council of Governors met on 10 July 2025 in both private and public session.
- 3.2. I was delighted to be able to highlight last month's Windrush Day, remembering all those who came to this country with the gift of their passion, their energy, and their diversity. The NHS has reason to be grateful to all of them.
- 3.3. In private session, the Council approved the Nominations & Conduct Committee's recommendation to appoint Vivek Chaudhri as Non-Executive Director for a three-year term with effect from 1 September 2025. Vivek brings valuable expertise in digital strategy and artificial intelligence, which will significantly support the Board in making informed decisions as we advance our efforts to use digital technologies to enhance the experiences of service users, carers, and staff.
- 3.4. The public section of the meeting focused on the launch of our Trust Strategy Review. It was important to us to hear the voices of our Governors at the outset of the process. Governors heard from Richard Carr (Senior Independent Director, Richard Fradgley (Director of Integrated Care and Deputy CEO) and Carys Esseen (Deputy Director of Integrated Care) about the review of and learning from our current strategy and then were asked in table discussion to consider the following four questions:
- What strengths should we build on as an organisation over the next 5 years?
 - What do you think are the main challenges the trust will face over the next 5 years?
 - What should the trust focus on over the next 5 years to improve the quality of life for all we serve?
 - What are your hopes for what we will achieve over the next 5 years?
- 3.5. During a dynamic discussion, Governors encouraged the Board to explore opportunities for sustained Governor engagement throughout the process. They emphasised the critical importance of including the voices of seldom-heard communities, such as individuals experiencing homelessness. Additionally, they urged the Board to clearly articulate the intended outcomes of the new strategy specifically to distinguish between impacts driven by the strategy itself and those resulting from routine operations.
- 3.6. Publication on 3 July of 'Fit for the Future', the 10-year health plan for the NHS brought some uncertainty for Governors as the plan proposes that NHS Foundation Trusts will no longer have to have a Council of Governors. However, the plan did not include any further detail on this proposal or an implementation timeline. An email was sent to Governors acknowledging that this announcement could feel unsettling and affirming the Trust's commitment to keeping Governors informed as the proposal is developed.

4. NED visits

- 4.1 Visits made by the NEDs since the last Board meeting include:
- Autism Diagnostics Trust wide strategic group
 - Community Health Services - Tower Hamlets Community Health Services
 - Hospital Discharge Team - Luton and Bedfordshire Mental Health services
 - Primary Care home North Team Bedfordshire (district nurses, therapists, and specialist nurses).

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

5. Action being requested

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



Appendix 5: Annual NHS FPPT submission reporting template

NAME OF ORGANISATION	NAME OF CHAIR	FIT AND PROPER PERSON TEST PERIOD / DATE OF AD HOC TEST:
East London NHS FT	Eileen Taylor	1 April 2024 – 31 March 2025

Part 1: FPPT outcome for board members including starters and leavers in period

Role	Number Count	Confirmed as fit and proper?			Leavers only	
		Yes	No	How many Board Members in the 'Yes' column have mitigations in place relating to identified breaches? *	Number of leavers	Number of Board Member References completed and retained
Chair/NED board members	10	10		0	0	0
Executive board members	10	10		0	1	1
Partner members (ICBs)	n/a				0	0
Total	20	20		0	1	1

* See 3.8 'Breaches to core elements of the FPPT (Regulation 5)' in the Framework.

Have you used the Leadership Competency Framework as part of your FPPT assessments for individual board members?	Yes	No
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Part 2: FPPT reviews / inspections

Use this section to record any reviews or inspections of the FPPT process, including CQC, internal audit, board effectiveness reviews, etc.

Reviewer / inspector	Date	Outcome	Outline of key actions required	Date actions completed
CQC	n/a			
Other, e.g., internal audit, review board, etc.	n/a			

Add additional lines as needed

Part 3: Declarations

DECLARATION FOR [name of organisation] [year]				
For the SID/deputy chair to complete:				
FPPT for the chair (as board member)	Completed by (role)	Name	Date	Fit and proper? Yes/ No
	Senior Independent Director	Richard Carr	01/07/2025	Yes
For the chair to complete:				
Have all board members been tested and concluded as being fit and proper?	Yes/ No	If 'no', provide detail:		
	Yes			
Are any issues arising from the FPPT being managed for any board member who is considered fit and proper?	Yes /No	If 'yes', provide detail:		
	No			
As Chair of East London NHS FT, I declare that the FPPT submission is complete, and the conclusion drawn is based on testing as detailed in the FPPT framework.				
Chair signature:				
Date signed:	3 July 2025			
For the regional director to complete:				
Name:				
Signature:				
Date:				

REPORT TO THE TRUST BOARD IN PUBLIC

24 July 2025

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

Purpose of the report

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

Key messages

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

Strategic priorities this paper supports.

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

Implications

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

1.0 Purpose

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

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

2.1 Going Further, Going Together

To meet our savings goal for 2025/26, we have refreshed and refocused our High-Impact Work streams who are each tackling a key area where we can deliver better value and improve how we work. These are:

- **Target Operating Model** - ensuring the Trust is the right size in how we are organised across clinical and corporate functions to deliver services
- **Contract Optimisation** - maximising our contracts to ensure that we are paid for the work that we deliver and explore new income opportunities

- **Clinical Effectiveness** - redesigning certain clinical pathways, such a memory clinics and recovery colleges, to reduce variation and improve outcomes
- **Service User Flow/Productivity** - improving productivity, reducing missed appointments, length of admission and discharge planning
- **Engagement** - keeping staff and service users informed to understand how we can all contribute to supporting financial sustainability
- **Non-pay** - reviewing procurement of travel, training, equipment, contracts, venue hire and spending more wisely
- **People and Establishment** - optimising how we recruit, train, roster and plan our workforce
- **Digital/Estates Optimisation** - shifting to digital processes to make the best use of our sites
- **Directorate Management Teams** - support these teams to create and deliver tailored cost-saving measures without compromising quality.

When I meet with staff and teams, I have been keen to update them and hear from them. I want to stress that it is key that staff and service users are involved in all these discussions as they are well placed to identify where we could work differently or in a more efficient way.

2.2 North East London Foundation Trust (NELFT) Court Proceedings

On 9 June 2025, NELFT and a ward manager were found guilty of health and safety failings over the death of service user, Alice Figueiredo, in a mental health unit in 2015. NELFT was cleared of the more serious charge of corporate manslaughter, while the ward manager was cleared of gross negligence manslaughter. This has been difficult process for Alice's family and my heart goes out to them.

The implications on both parties are still to be determined by the courts. Following this verdict, I wrote to all our staff about the outcome and to acknowledge that we too look after people when they are at their most unwell and often in challenging circumstances. Mental health services strive to manage the risk of suicide and, while rare, unfortunately patient death can happen. This is always incredibly distressing for their family and every member of a team providing care. I used the opportunity to remind staff of the support contacts available to them here at ELFT if the case brought up issues for them.

This prosecution may have wider impact for mental health inpatient care. We will continue to monitor the situation and any changes in how we should work. We will also work with NELFT and North East London Health and Care Partnership as part of a system-wide approach to reassure all stakeholders that mental health services remain the safest way for people to receive the help and care they need.

2.3 CEO Meetings

Our CEO discussion group is a space that I hold every fortnight with clinical and corporate leaders to discuss key issues/initiatives and the implications for the leadership team. Recent meetings included a focus on the development of ELFT strategy, the role of peer support workers, involving carers in providing safer care and the target operating model:

- **Development of ELFT Strategy**
This session focused on refreshing ELFT's strategy, defining it as a roadmap that shapes purpose, values and decision-making. Through interactive exercises, attendees explored effective strategies that energise culture, enhance relationships and accelerate change. Discussions covered strategic alignment from long-term vision to individual goals, as well as methods for engagement, including workshops, surveys and group deliberation to shape the next phase of ELFT's strategy.

- **Peer Support Workers**

In this session, we explored the role of ELFT Peer Support Workers, highlighting their powerful impact on patient recovery through lived experience. Key challenges included inconsistent support, role clarity and the need for wellbeing safeguards. To enhance peer support, proposals included strengthening training to become a centre of excellence, offering facilitation skill development, securing leadership commitment, clearly defining roles and increasing representation in decision-making teams.

- **Involving Carers for Safer Care**

This session included a powerful story from Nasima, a Carers Lead in Tower Hamlets. We discussed current efforts to involve carers, identified barriers and explored ways to improve how we work with those who are a vital support to service users. We looked at involving carers more actively in care, offering scenario-based training and co-producing support systems with carers. It was a chance to review the carer strategy, safety plans and gain key insights from carers' experiences.

- **Target Operating Model**

This session was about agreeing design principles for the Target Operating Model and starting the process of the different ways we may need to organise our structures to ensure they are efficient and are in line with the direction of travel taking into account the three left shifts in the 10 Year Health Plan and neighbourhood working. We are planning to hold a Target Operating Model session for service users.

2.4 **New NHS 10 Year Health Plan for England**

The long-awaited publication of the Government's new 10 Year Health Plan happened on 3 July 2025. It sets out the vision for how the NHS as a whole will change over the coming years and reinvents the NHS approach to healthcare so that we can guarantee that the NHS will be there for all who need it for generations to come. The plan has been shaped by the experiences and expectations of members of the public, patients, our partners and health and care workforce across the country, reflecting the changes that people wanted to see.

It looks to capitalise on the opportunities provided by new technology, medicines and innovation to deliver better care for all patients, wherever they live. It focuses on three big shifts - hospital to community, analogue to digital and moving from a focus on sickness to prevention. It has the overarching aim of personalising care, giving more power to patients and ensuring that the best of NHS care is available to everyone.

This is an exciting moment in the history of the NHS. We will be digesting the content of the Plan over the coming weeks. It will inform the development of our strategy review over the summer. It feels like a plan that aligns with our aspirations and that has the potential to substantially improve the experience of healthcare for patients and staff.

2.5 **Barnsley Street Neighbourhood Team Pilot – Tower Hamlets**

At the time of writing this report Barnsley Street neighbourhood team had their official opening. Feedback will be provided verbally at the Board.

2.6 **London Pride 2025**

I was delighted to join our LGBTQIA+ Network, along with David Bridle Chief Medical Officer and Claire McKenna, Chief Nurse to represent the Trust at this year's London Pride parade on Saturday 5 July. The Trust has proudly supported and taken part in London Pride for many years, reinforcing its commitment to equality, diversity and inclusion. London Pride is the UK's biggest celebration of LGBTQIA+ rights, held annually to honour the progress made towards equality and to continue raising

awareness of the challenges still faced by the community. This year's event drew an estimated 1.5 million people to the streets of central London.

ELFT's open-top bus was a standout feature in the parade, receiving waves of support and cheers from the crowds. The day was filled with colour, joy and a strong sense of community, with a vibrant atmosphere of acceptance and unity throughout. A member of staff shared: *"Being part of the Pride parade with ELFT was deeply meaningful to me. I felt loved and proud, standing together with amazing colleagues and representing a Trust that truly lives its values — showing that we care, we respect, and we are inclusive."* This sentiment truly resonated with me and is a heartfelt reminder of how our values are brought to life.

3.0 Integrated Care System (ICS) and provider collaborative updates

- 3.1 Both North East London (NEL) and Bedfordshire Luton & Milton Keynes (BLMK) Integrated Care Boards (ICBs) are in the midst of developing new operating models as strategic commissioners, in response to the Model Integrated Care Board Blueprint, published by NHS England in May 2025. It is anticipated that transition to new operating model arrangements will begin in during Quarter 3 2025/26, although some changes are already being made, for example recruitment to newly configured executive teams.
- 3.2 Given the requirement for ICBs to reduce their running costs by 50%, there will be a significant impact on much-valued ICB colleagues. As a trust, we have been highly fortunate in both of our ICSs to work over the past few years with genuinely excellent commissioning colleagues, who have brought a highly collegiate approach, with challenge where it has been needed and all with a deep focus on what matters most to the people we collectively serve. As a Trust, we give our profound thanks to ICB partners and wish all colleagues the very best at this difficult time.
- 3.3 In Bedfordshire, Luton & Milton Keynes, the BLMK ICB published a Prior Information Notice on 30 June 2025, indicating the ICB's intent to issue contract extensions up to 31 March 2028 to providers of mental health, learning disability and neurodiversity and community services, i.e. ELFT, Central North-West London NHS Foundation Trust and Cambridgeshire Community Services NHS Trust. The notice also indicated the ICB's intent to explore options on how to recommission mental health, learning disability and neurodiversity and community health services into the future.
- 3.4 In both BLMK and NEL, the Trust continues to work closely with ICS partners through our collaboratives for mental health, learning disability and autism (NEL and BLMK MHLDA) and community health services (CHS) to plan and improve services in line with national and local priorities.
- 3.5 The Trust is also working closely with place-based partners to build on work already underway to develop integrated neighbourhood teams, in line with 10 Year Health Plan requirements.

4.0 Operational Update

- 4.1 Since our last board meeting, our services both and clinical and non-clinical have continued to deliver high-quality services across our diverse populations and geographies, balancing service user needs, safety, innovation and financial prudence. Below is a summary of key operational activity:
- 4.2 **Service Delivery**
While demand remains high our core mental health, community health and primary care services remain stable and responsive. Services continue to have a sustained focus on

improving patient flow, reducing length of stay and minimising delays in discharge. Improvement Initiatives are showing positive impact with no use of out of area beds for our London services and in Bedfordshire and Luton whilst there is use of the out of area beds there is also clear indicators of improvement by way of reduction in the use.

Clinical pathway redesigns, such as those in memory services and community mental health, are contributing to improve flow, reduce variation and enhance outcomes. In CHS, teams are advancing work on earlier discharge support, prevention and long-term condition management through in-reach into acute hospitals to compliment management of complex care cases.

In Bedfordshire, changes to workforce configuration have resulted in better caseload management and reduced cost via skill mix management and reduction in use of agency staff. In all this work our commitment to system and partnership work remains the central to how we work.

4.3 **Primary Care Services in Bedford and Luton**

After a request from the BLMK ICB, we have agreed to continue provision at Cauldwell Medical Centre (Bedford) and Kingsway and Bramingham Medical Centres (Luton) until January 2026. This supports service continuity while a long-term solution is identified with minimal service provision for the residents. We had initially been working toward exiting these contracts on 30 June 2025. Staff engagement remains a priority during this period of transition, and we continue to work with ICB colleagues to ensure future arrangements are safe and sustainable.

4.4 **Looking Ahead**

The Trust's immediate priorities will be ensuring operational resilience through the winter period and preparing to implement the ambitions set out in the 10 Year Health Plan. This includes aligning our clinical and corporate plans to its core themes of shifting care closer to home, embedding prevention and accelerating digital transformation while maintaining safe, responsive services through seasonal pressures.

ELFT is playing a leading role in the newly launched London Mental Health Learning & Improvement Network (LiN), with Edwin Ndlovu Deputy CEO and COO actively shaping the collaboration. The launch event on 30 May 2025 brought together all London mental health trusts and lived experience partners and colleagues. The LiN is focused on improving community and crisis pathways, reducing Emergency Department attendances and sharing best practice. ELFT's participation is contributing this collective improvement effort, strengthening our commitment to regional collaboration and better outcomes for service users.

5.0 **Connecting with Teams**

5.1 **Luton & Bedfordshire Dementia Conference**

On 22 May, Luton and Bedfordshire colleagues held ELFT's third Dementia Conference in Luton. The conference brought local specialists together and sought to raise the research profile of the Memory Assessment Service. Approximately 70 people attended from across Luton and Bedfordshire, including East of England Higher Trainees, London and BLMK colleagues, and multi-disciplinary team (MDT) members from the Memory Assessment Service. Attendees heard a range of speakers including a well-received talk from a carers and patient perspective, as well as research leaders from University of Cambridge, UCL (University College London) and researchers in the field of dementia, which sparked discussion and debate.

Thank you to the Memory Assessment Service Lead in Luton and Bedfordshire, Dr Aneeba Anwar and co-host BLMK Consultant Clinical Psychologist, Dr Marina Palomo, for creating such a stimulating and thought-provoking event.

5.2 **Breakfast Meetings with Staff**

I have been endeavouring to meet with teams to have 'breakfast meetings' to create time to have conversations about their working realities. The sessions are a chance for me to meet staff, for them to share their achievements and breakthroughs, but also discuss obstacles and concerns. It is a chance for me to update them on local and national developments and other topics.

On 3 June I met with colleagues from Tower Hamlets Community Health Services at Beaumont House at Mile End Hospital. Staff shared updates from across their services, innovative work and challenges – from improving discharge flow and achieving cost savings, to exploring flexible ways of working and progressing local QI projects.

On 20 June, I met with colleagues in the City and Hackney Mental Health Directorate. Here, I heard about progress in discharge management and the way they are collaborating with Homerton Hospital to reduce wait times and streamline the assessment and management of service users. I also heard how the challenge of our financial programme is being felt by them.

On 20 June, I also met with the People Participation leads. I used the opportunity to update colleagues on the national, local and Trust developments. We discussed the financial savings programme and I gave assurance of our commitment to coproduction and meaningful engagement with people who use our services and the wider community and that we rely on them to help us during this challenging time where we are having to make significant savings across our clinical and corporate teams.

On 4 July I met with Tower Hamlets Mental Health Adult Services colleagues. It was the day after the 10 Year Health Plan had been published so we used the opportunity to discuss what this might mean for them. They proudly shared their work with the pilot Neighbourhood Team at Barnsley Street and their close working relationships with partner organisations which created a great opportunity to work differently for the benefit of our communities. They shared the challenges of activity and balancing the quality, staff wellbeing and financial efficiency.

I am grateful to everyone who came along to the meetings for being so candid and open with me.

6.0 **ELFT People Updates**

6.1 **Appointments**

6.2 **New Director of Nursing for Community Health London**

I am pleased to announce the appointment of Julie Glyn-Jones as Director of Nursing for Community Health London. Julie brings extensive leadership experience from her current role as Divisional Director for Medicine and Community at Lewisham and Greenwich NHS Trust, where she has supported the emergency department, medical wards, specialties and community services across Lewisham.

Prior to this, Julie spent five years as Head of Nursing for Integrated Care at Guy's and St Thomas' NHS Foundation Trust, overseeing a wide range of community nursing and therapy services in Lambeth and Southwark.

6.3 **ELFT Consultant Psychiatrist Appointed Treasure for Royal College of Psychiatrists**

Congratulations to Consultant Psychiatrist Dr Ian Hall who has been appointed as Treasurer for Royal College of Psychiatrists. The Royal College of Psychiatrists (RCPsych) is the professional body responsible for supporting psychiatrists throughout their careers and setting standards for psychiatry in the UK. The role is one of the most senior posts at the RCPsych. As well as his clinical leadership role in ELFT's Learning Disabilities services, Dr Hall is an elected Fellow on the RCP Council, Associate Dean for RCP Conferences and Advanced Learning, and Chair of the Westminster Parliamentary Liaison Committee, liaising on behalf of the College with politicians and other mental health charities, influencing what became the 2007 Mental Health Act. He was awarded the President's Medal in 2021 for his work with the college.

7.0 **Visitors to our Services**

7.1 **Chair of the Parliamentary Health and Social Care Committee Visit to Perinatal Teams**

On 16 June, we were delighted to welcome Paulette Hamilton MP, the Chair of the Parliamentary Health and Social Care Committee, who visited the Trust's Perinatal Teams to learn about work to improve maternal mental health support for women from ethnic minority backgrounds.

Ms Hamilton met with staff and service users from Tower Hamlets and Newham at Trust Headquarters during her visit on 16 June. She spent time speaking with service users, clinicians and senior leaders, gaining insight into how ELFT is working to reduce health inequalities in perinatal care. A key part of the visit was hearing directly from service users about their lived experiences, offering powerful personal reflections on accessing mental health support during and after pregnancy.

ELFT is one of several pilot sites across England focused on tackling inequalities in maternal care. The Trust has prioritised increasing access for Black African, Black Caribbean and Mixed White/Black African and Caribbean women, communities that have often faced significant barriers to getting the support they need.

7.2 **Deputy Mayor of London Visits Newham Forensic Site**

Colleagues from the Trust welcomed Kaya Comer Schwartz to the youth-to-adulthood (Y2A) Hub to learn about work to tackle the complex causes of crime. The Newham Y2A Hub is designed to meet the specific needs of 18–25-year-olds in probation. It comprises of a small, specialist team of psychologists, youth workers and a speech and language therapist. 2025 is the third year of delivery in Newham.

The visit included a presentation from Laura Norton, the Mayor's Office for Policing and Crime (MOPAC) Commissioner for the service, commenting on findings from the Ministry of Justice's evaluation of the service over the course of two years. Dr Phil Minoudis, ELFT's Head of Forensic Personality Disorder (PD) Psychology, presented outcomes from our local service evaluation, including:

- The development of a new scale to measure psychosocial maturity
- Improved attendance at probation appointments for young people who engaged in the Y2A Wellbeing service.

Following the presentations, the Deputy Mayor for Policing and Crime had the opportunity to meet practitioners who work at the Hub, alongside young people who make use of its services. This included interviews with two of our staff.

7.3 **NHS Providers Visit**

On 3 July our Chair Eileen and I were delighted to welcome Professor Sir Terence Stephenson Chair and Daniel Elkeles Chief Executive of NHS Providers. They were keen to hear about our current reality and what we saw as opportunities in the 10-year Health plan that had been launched the same day. They heard from colleagues from across the trust clinical and corporate services and a carer. We were keen to share examples of partnership working, coproduction and approach to continuous improvement with examples from Tower Hamlets mental health, CAMHS, Specialist Children's community services, Bedfordshire Community Health, Perinatal services and our inclusion health practices and support to populations experiencing homelessness.

8.0 **Other Service Updates**

8.1 **New Therapeutic Room Opens at the Coborn Centre for Adolescent Mental Health**

I was delighted to formally open a new low stimulus room on 11 June at The Coborn Centre for Adolescent Mental Health, in Newham. The room, which is located on Galaxy Ward, will provide a calm and quiet space for young people. It was developed as part of a wider strategy to reduce restrictive interventions and better support young people, particularly those with sensory needs. It will offer a much-needed environment away from the often-stimulating atmosphere of the ward.

The Coborn Centre is an inpatient service for young people in any of our three London boroughs, who have complex and severe mental health difficulties. The unit continues to foster least restrictive interventions and puts the welfare of young people at the forefront of its therapeutic interventions. Speaking at the opening gave me a chance to say how proud I am of the team for always looking for the best option when managing the care of these young people.

8.2 **Estates Annual Report 2024/25**

This report reviews the work of the Estates, Facilities and Capital Development Directorate during 2024/25 and outlines priorities for the year ahead. I am pleased to report that it reflects a period of sustained activity across capital delivery, facilities management, sustainability, compliance and property strategy, with a clear focus on supporting the Trust's wider objectives.

It shows that significant progress has been made in improving the condition and use of our estate. This includes exiting unsuitable properties, delivering capital projects, and improving space utilisation to support better service delivery. Targeted capital investment has enabled high-impact improvements and funding for energy efficiency schemes.

The Green Team has driven forward sustainability goals through staff engagement, investment in renewables and reductions in energy use and waste. At the same time, it is good to see that key risks such as backlog maintenance and contractor performance being managed through strengthened planning, procurement and contracts oversight. There has been a decrease in soft facilities management, waste and the general estates maintenance costs.

Additionally, I would like to congratulate, David Stevens, our Director of Estates, who has been re-appointed as Vice President of the Chartered Institution of Building Services Engineers.

8.3 **Counter Fraud – Failure to Prevent Fraud**

A new offence of failure to prevent fraud (FTPF) has been created by the Economic Crime and Corporate Transparency Act 2023. It will come into force in September 2025

to allow organisations to develop and implement their fraud prevention procedures. The offence is modelled on the existing offence of 'failure to prevent bribery', under the Bribery Act 2010 and is intended to hold large organisations liable for fraud committed by its employees or associated persons (unless they have reasonable procedures in place to prevent fraud).

There is a statutory defence for organisations where they can demonstrate they have reasonable procedures in place to prevent fraud. Organisations need to comply with six principles set out in the government guidance, one of which is top-level commitment.

Here at ELFT, we recognise the importance of the new offence and are taking all necessary steps to comply with its requirements. We have a robust fraud prevention framework, which includes but is not limited to, fraud risk assessment, policies and procedures, training for employees, and communication to employees and associated persons, to prevent fraud and ensure a culture of ethical conduct.

We have much of what is required already in place, but our fraud prevention framework also now needs to focus on fraud for the benefit of ELFT or our service users, whereas previously, the focus has been on protecting ELFT from becoming a victim of fraud. The Counter Fraud Team are undertaking work to ensure our readiness for September.

9.0 Awards and Recognition

9.1 City and Hackney Home Treatment Team Achieves Professional Accreditation

Congratulations to City and Hackney's Home Treatment Team on being recognised for their commitment to delivering high quality, compassionate crisis care in the community. The team achieved Quality Network for Crisis Resolution and Home Treatment Teams (QN-CRHTT) accreditation.

The Home Treatment Team Accreditation Scheme (HTAS) is a programme led by The Royal College of Psychiatry Centre for Quality and Improvement Accreditation for crisis resolution teams. It assesses teams in the UK and Ireland-wide through self-reviews and peer reviews against a set of evidence-based standards.

9.2 Clinical Director Highly Commended in HSJ Digital Innovator of the Year Awards

I was pleased to see that Dr Alex Harborne, Clinical Director for Tower Hamlets Community Health Services, was highly commended as Digital Innovator of the Year at the HSJ Digital Awards 2025. The awards recognise outstanding achievements in harnessing digital technology to improve healthcare outcomes in the UK. A team of staff and patients assisted Dr Harborne, who worked closely with GPs and system partners, to co-create a new website, electronic referral and podcast series for GPs. The digital improvements led to increased website views, improved referrals and co-development of a new process to learn together with primary care from patient safety events. The project impressed the judges with its impactful innovation and scalability.

9.3 Silver Award for Hackney Psychiatric Liaison Staff at Homerton Patient Safety Awards

Well done to the City and Hackney Psychiatric Liaison Service who received a silver award at the Homerton Patient Safety Awards. This was in recognition of their work to provide smoother experiences for mental health patients in hospital, and their proactivity in addressing the physical health needs of those experiencing a mental health crisis

9.4 **Lifetime Achievement Award for Newham Tissue Viability Specialist Nurse**

I was delighted to see that Caroline Dowsett, a senior nurse in Newham has received national recognition for her decades-long contribution to healthcare. Caroline was awarded an Outstanding Lifetime Contribution to Healthcare award at the Skills for Health Our Health Heroes Awards 2025.

In the 1990s, Caroline identified a gap in specialist wound care when she established the first nurse-led venous leg ulcer service and a dedicated tissue viability service for residents of Newham. These initiatives helped improve patient outcomes and quality of life for people dealing with the conditions. There were very few options for patients with venous leg ulcers who often endured months of discomfort from wet, sore, leaking legs, which frequently led to social isolation, low mood and depression. In 1996, Caroline successfully lobbied the Royal College of Nursing to campaign for the inclusion of four-layer compression bandages on the FP10 prescription list, a turning point in venous leg ulcer treatment. Compression therapy is now widely prescribed to treat the underlying reasons for leg ulcers. It is considered the gold standard for managing the condition. Caroline continues to share her expertise through national and international publications and presentations.

10 **Action Being Requested**

10.0 The Board is asked to:

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

REPORT TO THE TRUST BOARD IN PUBLIC 24 July 2025

Title	10 years of providing care and support in Bedford, Central Bedfordshire and Luton
Author	Richard Fradgley, Deputy CEO and Director of Integrated Care
Accountable Executive Director	Richard Fradgley, Deputy CEO and Director of Integrated Care

Purpose of the report

The attached report is a celebration of 10 years of the Trust providing care and support in Bedford, Central Bedfordshire and Luton.

Committees/meetings where this item has been considered

Date	Committee/Meeting
n/a	n/a

Key messages

The report includes a range of impacts achieved over the 10 years the Trust has provided services in Bedford, Central Bedfordshire and Luton. The report highlights a number of service user, staff and partner stories, across a range of our community health, and mental health learning disability and autism services. It is a small sample of examples of the achievements of our staff and teams - it is not intended to be complete or exhaustive.

There is so much to be proud of in the report, in particular the focus on what matters most to service users and carers. Equally, the report outlines the platform from which we can build for the future, ensuring that we work with our partners to continue to improve outcomes, quality, value and equity for residents, and improve experience for staff.

Strategic priorities this paper supports

Improved population health outcomes	☒	The report includes examples of how we have improved population health for residents over the last ten years.
Improved experience of care	☒	The report includes examples of how we have improved experience for service users and carers over the last ten years.
Improved staff experience	☒	The report includes examples of how we have improved staff experience over the last ten years.
Improved value	☒	The report includes examples of how we have improved value and efficiency over the last ten years.

Implications

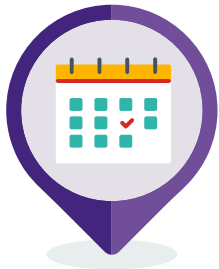
Equality Analysis	n/a
Risk and Assurance	n/a
Service User/ Carer/Staff	n/a
Financial	n/a
Quality	n/a

EAST LONDON NHS FOUNDATION TRUST

10 Years of Providing Care & Support in Bedford Borough, Central Bedfordshire & Luton



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Introduction

The year marks the 10th anniversary of ELFT providing services across Bedford Borough, Central Bedfordshire and Luton and provides an opportunity to pause and reflect on the progress made in supporting those communities.

Our journey in improving care for the people we serve has been one of genuine partnership in Bedfordshire, Luton and Milton Keynes (BLMK).

Service users and carers have been involved from day one, sharing their insight and experience to help us shape services built around the needs of the individual.



Voluntary, Community and Social Enterprise (VCSE) colleagues are embedded within our community mental health services, working side by side with mental health colleagues to provide a holistic approach and connect service users with wider

community support. Mind BLMK perform a vital role within our mental health crisis pathway.

Our mental health services and Bedfordshire Police work together to provide the help that people need through the Right Care, Right Person approach with frontline support including the long-standing mental health street triage team which also includes East of England Ambulance Service NHS Trust (EEAST).

We provide BCHS in partnership with Cambridgeshire Community Services NHS Trust and work closely with Bedford and Luton & Dunstable hospitals.

ELFT Chief Executive Lorraine Sunduza OBE is Health Inequalities Champion on the BLMK Integrated Care Board (ICB) and is helping implement the recommendations of The Denny Review: Health inequalities in Bedfordshire, Luton & Milton Keynes.

Integration and improved access to care have been developed with all of these partners and more.

All of our work has also been built on the foundations of ELFT's organisational treasures: people participation, quality improvement, our diversity and approach to inclusion, our kind and caring staff and our clinical leadership.

This document has been produced to highlight some of the strides we have made over the last decade through the stories of colleagues, service users and partners.

Reading their stories gives me an incredible sense of pride. It also fills me with confidence about how much more we can achieve together moving forward.

Eileen Taylor
Chair



Foreword

It is an absolute privilege for me to write this foreword and to mark 10 years of care in Bedford Borough, Central Bedfordshire and Luton by East London NHS Foundation Trust (ELFT).

In 2015 I was a volunteer with Healthwatch Luton and asked to be involved in the process to choose a new mental health provider. ELFT was chosen and I have been fortunate enough to be involved in the Trust's journey to improve care over the last decade.

I have worked with Trust colleagues, service users, carers and partner organisations throughout that time and have been an elected ELFT governor for eight years, first as a public governor for Luton and now as deputy lead governor.

My message is one of thanks.



I want to thank ELFT colleagues for their commitment, compassion and determination to help our communities.

I have seen first-hand the difference being made in Luton and Bedfordshire in reducing stigma around mental health and in providing services that meet the needs of the people.

We now have 24hr mental health crisis support available via NHS 111, and we have a perinatal mental health service supporting the needs of new parents and mums-to-be.

We have the fantastic Evergreen inpatient unit for children and young people, which is a dream come true because it provides care right here and avoids the need for those young people to travel to London or hundreds of miles away for specialist support.

I see collaboration and co-production present in every discussion about how to improve care and want to thank every service user, carer and partner for their contribution and insight.

The involvement of experts by experience, and the use of quality improvement, have been the foundations on which so much good work has been built.

When I talk to members of my community I feel an incredible sense of pride because people are now talking openly about their mental health, they are accessing services and they are recovering. These may sound obvious things but that has not always been the case and are the products of change, innovation and determination by so many wonderful people over 10 years.

When I am asked whether I made the right choice in helping choose ELFT to provide care my answer is always the same. I am proud we chose ELFT, proud of what we have achieved together and excited at what further progress we can achieve together moving forward.

Jamu Patel
ELFT Deputy Lead Governor



Executive Summary

This year marks 10 years of East London NHS Foundation Trust providing care to the communities of Bedford Borough, Central Bedfordshire and Luton.

We provide services to 730,000 people across the three local authority areas. Since 2015 we have provided a wide range of community and inpatient mental health services to children, young people, adults of working age and older adults. We are also a provider of substance misuse services in Bedford Borough and Central Bedfordshire.

Our Trust became the provider of Bedfordshire Community Health Services (BCHS) in 2018, a service delivered in partnership with Cambridgeshire Community Services NHS Trust (CCS).

Mental health and community health teams operate from 54 community and inpatient sites across the county and the Trust's annual total income for BLMK is £177m.

Our mission is to improve quality of care for all, and our vision is to make a positive difference in people's lives by providing the highest quality mental health and community care to our local communities.

How we provide care and our priorities are defined through our five year strategy which takes into account the changing needs and strengths within our local populations, the impact of the pandemic on our communities, greater collaborative working between local health and social care organisations and the views of local people and stakeholders.



East London NHS Foundation Trust - 10 Years of Providing Care & Support In Bedford Borough, Central Bedfordshire & Luton



The ELFT 2021-2026 Strategy:

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



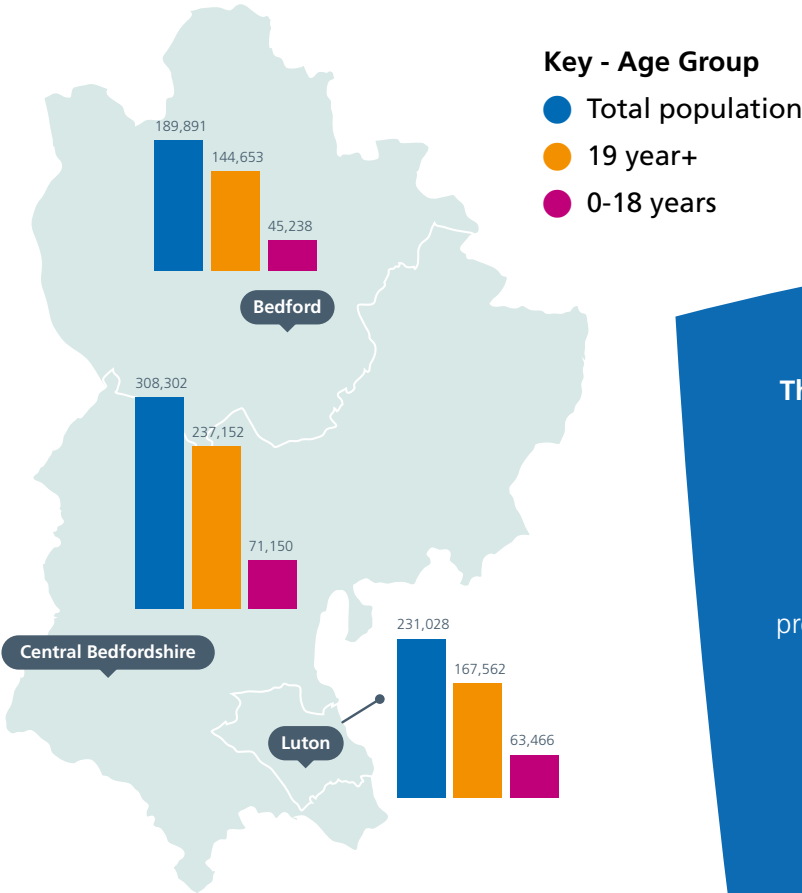


Our strengths as an organisation support us on our journey, including:

- People Participation (PP)
- Quality Improvement (QI)
- Our kind and caring staff
- Our diversity and approach to inclusion
- Our clinical leadership

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.

Bedfordshire and Luton population estimates
mid 2023, ONS



The communities we serve

Luton is among the most culturally diverse parts of the country and 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.



Commissioner Overview

As ELFT marks its 10th anniversary of providing care to communities across the county, Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMK ICB) Chief Executive Felicity Cox reflects on the Trust's work to improve the health and wellbeing of local people



BLMK ICB Chief Executive **Felicity Cox** has praised the commitment of ELFT to supporting communities across the county from 2015 to today.

Reflecting on a decade of the Trust providing care to communities across Bedford Borough, Central Bedfordshire and Luton, Felicity has shared a message of thanks to colleagues for their hard work and professionalism.

She has described ELFT as having led the way in integrating care, working with others and in developing new services to meet the needs of the population.

Examples highlighted by Felicity included the Trust establishing Bedfordshire Talking Therapies Service, work to support people in Luton experiencing homelessness and a partnership approach with local authority and GP services to manage the needs of the Afghan community when they first arrived in Bedfordshire.

She also emphasised how the Trust and Central and North West London NHS Foundation Trust (CNWL), who provide mental health care in Milton Keynes, work closely together to relieve pressure in different parts of the system. They also worked together for the development of the Evergreen adolescent mental health unit and together ensured the voices of young people were front and centre in shaping the bespoke and innovative service.



ELFT has been at the forefront of the ICB's work on health inequalities, sharing its expertise on QI to help with their journey, added Felicity.

Lorraine Sunduza, ELFT's Chief Executive, is Health Inequalities Champion on the Integrated Care Board (ICB) and is helping implement the recommendations of The Denny Review: Health inequalities in Bedfordshire, Luton & Milton Keynes, which found that minority groups and populations did not feel heard or well-served by local health services.

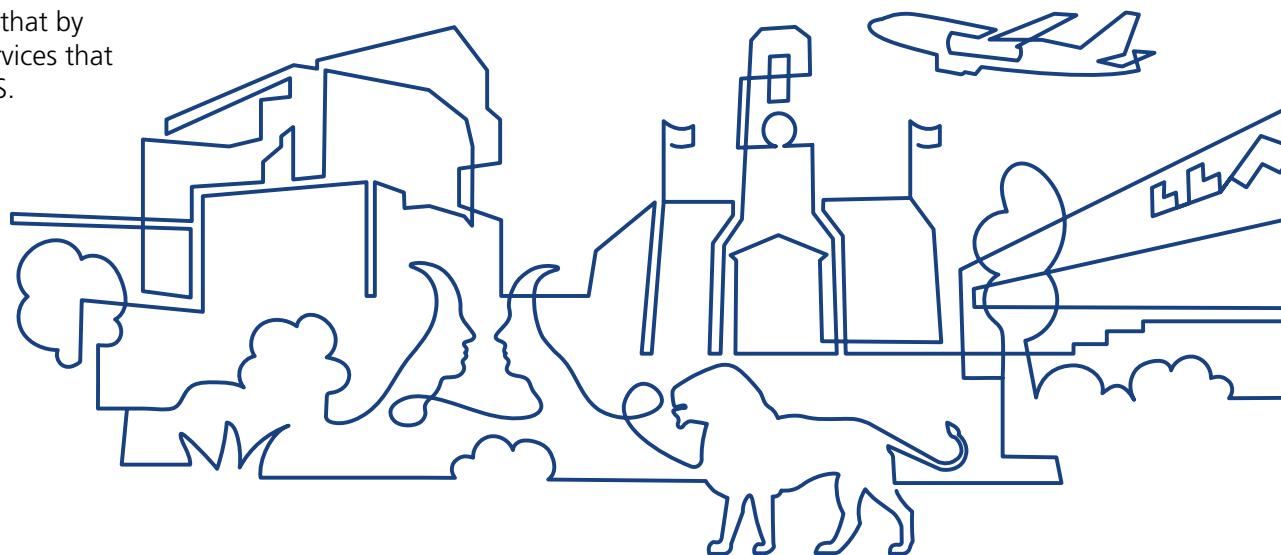
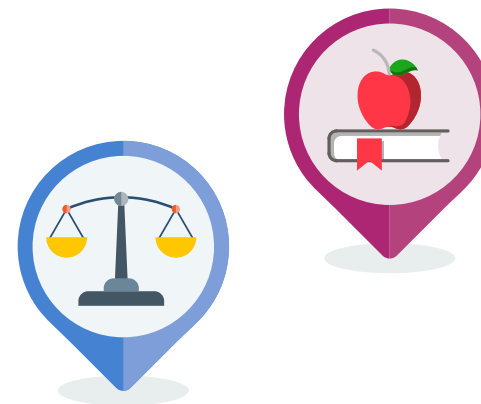
"Having Lorraine as the ICB Board Champion for Inequalities makes a real difference," said Felicity.

"It ensures that we hear the views of other providers, not just our own perceptions. Lorraine has met with many disadvantaged groups and builds that into the work that she does with us.

"ELFT is an exemplar of patient engagement and show that by listening to people who use services, you can design services that fit with their lives, and not around the needs of the NHS.

"Over the decade, ELFT have worked hard with us bringing unique ideas and spreading good practice. From day one, we were struck by how committed the Trust has been to our residents. And now it is 10 years!"

She added: "Thank you for all your endeavours, for sharing your experience so generously and for inspiring us. But most of all, thank you for being part of a vanguard focused on better health outcomes for our communities."





Integration across services, increasing access and improving experience and outcomes are among significant areas of progress in mental health care, says [BLMK mental health programme manager Michael Farrington](#).

Michael has worked in the NHS for more than 20 years, managing 18 different mental health teams through ELFT and with previous providers before starting his current role leading the ICS Mental Health Programme seven years ago.

He has supported the implementation of the NHS London Term Plan for Mental Health, 2019-24.

One area of work has been increasing access to mental health support, from talking therapies, perinatal mental health and community mental health support to dementia diagnosis. This led to more than 20,000 people from BLMK receiving talking therapies support annually.

Michael also emphasised the ELFT culture and value placed on People Participation as a key driver in improving experience and outcomes. Co-production, outcome measures, surveys and events are now used regularly with a clear focus on improving people's experience of care. He sees the third area of significant progress as integration across services.

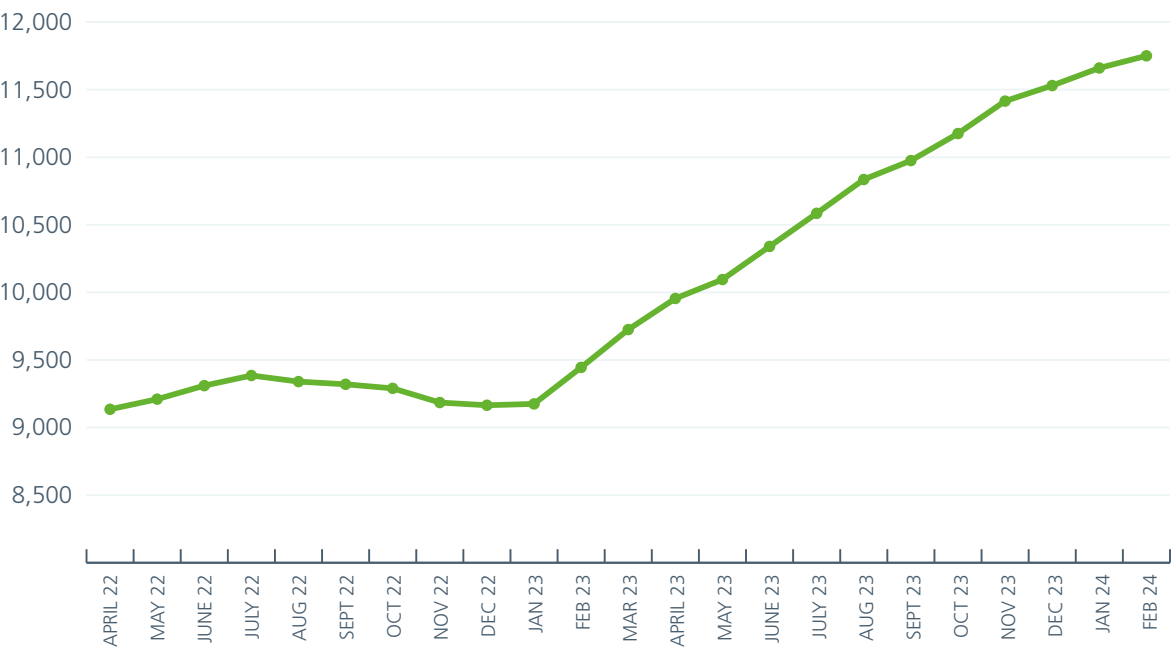
Examples include ELFT's partnership work with Mind BLMK, employer advisors from Waythrough working with Bedfordshire Talking Therapies, community mental health integration with VCSEs.

There is also long-term conditions support via talking therapies, work with acute partners to provide A&E mental health crisis support, close links with Bedfordshire Police with recent work including the Right Care, Right Person approach and links with public health around suicide prevention.

"We have come such a long way in terms of mental health access, reducing



Overall Access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses in BLMK



stigma and in parity of esteem,” said Michael.

“There is still a long way to go but we should take time to consider what has been achieved. The fact you can pick up a phone and get mental health crisis support 24hrs daily, 365 days a year, by calling NHS 111 is really significant.”

He added: “I want to say thank you to everyone at ELFT for their hard work, time, energy, commitment, passion and for making a real difference in people’s lives.”





Collaborative working between primary and secondary care mental health services has been one of the most important developments over the last 10 years, says [Dr Roshan Jayalath](#).

Dr Jayalath is a GP partner from Bedford and the strategic clinical lead for mental health, Learning Disabilities & Autism for BLMK ICB.

He and primary care colleagues are often the first point of contact for people with mental health issues.

"It is hugely important that we have easy access to mental health services,

and that the service users are able to have the right care at the right time by the right people," he said.

Dr Jayalath emphasised the involvement of primary care services, secondary care services and VCSEs in the collaborative approach and highlighted the introduction of primary care link workers as a significant element in improving patient care.

Link workers are professionals in primary care networks (PCNs) and play a vital role in bridging the gap between primary care, secondary mental health services, and the community.

He also referenced the launch of additional mental health services, improved dementia diagnosis rates, and an increased focus on physical health checks for people with serious mental illness (SMI) as further examples of progress.

Dr Jayalath praised ELFT's commitment to co-production and the contribution of service users and carers in sharing their lived experience to improve care and design new services.

"We have seen tremendous progress in mental health care over the last 10 years and I think it is important we celebrate that," he said.

"As we mark 10 years of ELFT services in Bedfordshire and Luton, I want to sincerely thank all the staff members. Your resilience and dedication have been the foundation of this progress and to our service users and carers - your experiences, insights, and feedback have been instrumental in shaping our services."



Our Approach

- » [Leadership](#)
- » [People Participation](#)
- » [Quality Improvement](#)
- » [Research & Innovation](#)
- » [Workforce](#)
- » [Estates](#)





Our Approach | Leadership



The commitment of the clinical leadership team to promote collaboration and opportunities for colleagues and service users to develop is one of the satisfying areas of progress for **Dr Angharad Ruttle, medical director for Bedfordshire and Luton.**

Angharad, who is a Consultant Liaison Psychiatrist, sees QI and research as key drivers in helping colleagues and service users grow.

QI tools and methodology are now ingrained across services in Bedfordshire and Luton, with the involvement of service users a fundamental part of the process.

"I would say it has taken 10 years of hard work and commitment by fantastic colleagues and QI methodology is now embedded across services and is used routinely," she said.

"Building that culture has been a long journey but it is so satisfying to see teams and services consistently use QI methodology to solve problems and improve services."

Angharad said one area of focus has been to reduce high vacancy rates, as they can impact service user experience and clinical outcomes.

The leadership team have worked hard to attract both new and experienced substantive consultant psychiatrists to Bedfordshire.

The ELFT Advanced Clinical Fellowship programme has also been launched, the specialist grade role has been introduced and training programmes for resident doctors have been expanded to achieve a sustainable pipeline of permanent doctors choosing to work in Bedfordshire.

"Our training programmes are now highly competitive and our higher trainees choose to stay with us as consultants, with our service users and carers as active participants in our recruitment processes," she added.

"This approach has reduced the previous high reliance on agency doctors and associated costs of agency use."

Angharad says the entire clinical leadership team promote a 'QI first' approach and also champion research opportunities.

Teams undertake collaborative work across organisational boundaries to improve the experience and outcomes for our service users. Examples include a joint addiction and liver clinic at Bedford Hospital, and a QI project across Luton community mental health team and ReSolutions addictions services.

Angharad also takes pride in how service users and colleagues embrace opportunities to grow. "It is an incredible privilege to work with service users and colleagues and watch them flourish, working as equals in continuously thinking of how we can improve care."



Building a culture of trust for staff, service users and carers has been one of the most meaningful achievements, says **Michelle Bradley, director of Bedfordshire and Luton Mental Health and Wellbeing Services.**

Michelle believes the approach has empowered teams to improve care and ensured service users and carers of all ages and backgrounds are now actively involved in designing the services they want to see.

Michelle, a former Learning Disabilities and Mental Health nurse who this year marks 40 years of working for the NHS, sees the executive leadership approach of giving services and service users space to work together as fundamental to progress made in Bedfordshire and Luton.

"I believe the Trust really listens to services and to service users, which fosters an environment where people are always striving to do better," said Michelle.

"That is led by members of the executive who demonstrate the ELFT values of care, respect and inclusivity and who ensure we create spaces where people can talk about how care can grow and develop.

"A tremendous amount of time has been invested in building relationships over time and the benefits are a genuine sense of trust and the use of co-production in everything we do." Michelle says the approach has paved the way for service development across community and inpatient services.

The Trust has developed its community mental health offer to include the Bedfordshire and

Luton Recovery College and The Lighthouse in Leighton Buzzard, while community mental health services have been redesigned to include a wider offer of health and social care support. The mental health crisis pathway has been developed to include mental health street triage (MHST), NHS 111 24hr mental health crisis support for all ages and the Recovery Lounge service provided in partnership with Mind BLMK.

Michelle highlighted the launch of new services including a county-wide perinatal mental health service and the integrated maternity and mental health service OCEAN (Offering Compassionate Emotional Support for those Living Through Birth Trauma & Birth Loss).

She also emphasised work to improve access and to address inequalities as significant areas of progress.

Michelle also ensures she personally 'walks the journey' with service users, connecting personally with individuals on a regular basis so she can understand how services are performing through the eyes of people receiving care.



"If you get to know people, listen and can really hear what they are saying then it makes a real difference," she added.

She finished by paying tribute to the work of ELFT colleagues across the county. "I work with incredible people every day who are committed to providing the best care possible. They are amazing."



Staff wellbeing and development of workforce opportunities area are helping retain colleagues, says Michelle

She describes the wellbeing support as 'phenomenal' and praised staff initiatives such as the respect and dignity at work campaign which included the innovative 'Mile in my Shoes' experience, developed by the Empathy Museum, which invited staff to don a pair of shoes and a pair of headphones, and to walk listening to a recording of someone's story.

Development pathways have been developed, with one example being opportunities for admin colleagues to step into quality and performance.

Michelle also praised the annual ELFT Staff Awards programme, which celebrates excellent patient care and innovation.

"Some of the stories just blow you away," she said.

"The awards really matter and it gives me such a sense of pride to see colleagues from Bedfordshire and Luton step up on the stage to collect an award. It is just awesome."



The licence given to Bedfordshire Community Health Services (BCHS) colleagues to test ideas through a collaborative leadership approach and no blame culture stand out for associate director and Lead Nurse **Julia Mead**.

Julia, who celebrates 45 years of working for the NHS this summer, has experienced a range of management approaches over that time and says the ELFT executive team are different through the autonomy they give to her and BCHS colleagues, along with their clear focus on staff wellbeing.

“When we first joined ELFT we had some coaching around the approach promoted by the Trust and the facilitator summed it up perfectly – they described us as battery hens that had become free range!” she said.

“Initial responses were ‘we can do that?’ and ‘we can make those decisions?’ and that change in management approach with colleagues actively encouraged to try different approaches is now reflected in everything we do.”

The development of BCHS locality managers and seeing them grow as leaders through a structure of clearly defined support has been one highlight for Julia.

“My responsibilities have changed over time. While I no longer see patients in person and see them get well, I now get a different sense of joy in seeing colleagues flourish with the right support around them,” she added.

One important area of focus for the BCHS leadership team has been the retention of staff. As fewer people train as nurses nationally, BCHS has worked to focus on changes to keep experienced colleagues within community health services.

BCHS has developed a new competency, providing an alternative route for band 5 nurses to become band 6 community nurses. Historically, the only route for progression was to complete an intensive one-year specialist practitioner district nurse qualification at a Master’s level.

The service has now developed an alternative competency framework for that progression, based on practical requirements for the role. Staff feedback has also been instrumental in the development of a ‘skills and drills’ induction programme which sees all new starters complete mandatory training together before they begin work within their service, meaning they are fully equipped for their role and can hit the ground running.

“Some of our best ideas comes from our staff and I cannot emphasise enough how fortunate I feel to work alongside such an incredible group of people,” said Julia.



Our Approach | People Participation



Deputy head of People Participation (PP) Upma Monga believes her own journey as a mental health service user is testimony to the Trust’s commitment to co-production.

Upma first became involved in PP in 2016 as a service user representative when under the care of Luton community mental health team. She describes the opportunity to have a voice in shaping care as transformative in her recovery journey and takes huge satisfaction from now being able to help others do the same.

Upma sees staff and service users work side-by-side as equals on a daily basis and believed the culture of co-production within Bedfordshire and Luton services has been fundamental in progress achieved across all services.

“Our shared objective is to enhance services through the power of lived experience,” says Upma. “It is a privilege to see people grow in confidence through co-production and to listen as their voices are heard and influence meaningful service improvements.”

Upma continues to be an ELFT service user and says her mental health has never been better as she embraces opportunities to grow through different PP roles. She was appointed as PP lead for Luton and established the Trust-wide Academy of Lived Experience (ALE) to embed lived experience into medical education before being appointed as deputy head of PP.

Upma is proud of how far the Trust, with unwavering support from the PP team, has travelled in embedding co-production. ELFT now has more than 200 jobs where lived experience is essential. “We have created a system where service users are not just involved - they are leading the way,” she added.

“In Bedfordshire and Luton we have moved beyond traditional consultation models by embedding service users and carers into decision-making processes, ensuring their voices directly shape services and policies.

“Our service users are not just passive participants - they are leaders and equal partners in driving change.”

Over 1,000 service users are involved in supporting the Trust through the following:

- Medical education
- ELFT befriending service
- Working Together Groups
- Service user representative on every interview panel
- Service user led accreditation programme
- QI programmes
- Digital coaches
- Accessibility ambassadors
- Guest lecturers
- Financial viability panel members
- Governors



Peer support training lead for the Trust
Lenna Adley is happy to share her personal mental health story and the role that PP has performed throughout her recovery journey.



Lenna says her proudest achievement is her work with the University of Bedfordshire, helping the next generation of mental health nurses understand the service user perspective as part of their training.

“Honestly, I never thought I would be well enough to work,” said Lenna. “The Trust offers the space to grow, for service users to build their confidence and to give people a voice.

“PP gave me the confidence to define what my recovery was like and QI gave me the tools to use in my recovery journey.” She added: “Today, my mental health is the best it has ever been. It always amazes me that I am able to visit places like the Bedfordshire and Luton Recovery College, or Biggleswade community mental health team, and have the privilege of calling people who once supported me as my colleagues.”

Lenna says the value the Trust puts into PP is what sets it apart from other mental health providers she has received care from.

“The biggest change we have seen in Bedfordshire and Luton is how ELFT gives service users and carers an active voice in deciding how care is delivered and received. That is what makes the Trust outstanding.”

The Lord Darzi Report independent investigation into the NHS in England highlights ELFT's People Participation as an exemplary model for the NHS:

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

Lenna first met a PP lead while she was receiving care at one of the Trust's Bedfordshire and Luton inpatient services. A few months after discharge she became involved with PP activities for the first time and has never looked back.

Lenna has been involved in QI projects, spoken at conferences, taken part in interview panels, been involved in focus groups and given talks at the University of Bedfordshire.

She has also worked with 18–25-year-olds transitioning from Child and Adolescent Mental Health Services (CAMHS) to adult services. Lenna shared her lived experience of making this daunting transition herself, helping to break down stigma and build rapport with these young people.



Our Approach | Quality Improvement



Embedding a culture of using QI tools and methodology to improve care and outcomes has been hugely important in driving progress, says public governor for Bedford Borough and service user **Felicity Stocker**.

Felicity was a member of the Bridging the Bedford Gap QI programme which received a national recognition after being named winner at the Positive Practice Mental Health Awards in 2018.

The project was launched to increase the awareness of service users on Willow and Ash ward at Oakley Court of what is available upon discharge from the Recovery College and PP.

The team believed if service users on the ward had access to information and experience of what is on offer from the Bedfordshire and Luton Recovery College that they may feel more prepared for discharge and likely to access services on discharge.

“Having the opportunity to test ideas and be creative, innovating with service users and ELFT colleagues, was a fantastic experience and the national recognition also made it really special,” said Felicity.

Felicity believes the use of QI is ingrained across services and its value is in providing a clear framework that provides opportunities to test ideas but is also structured and data led.

“I see QI as an enabler for staff and service users to work together, be creative and to make changes that help the system and the service user,” she added.





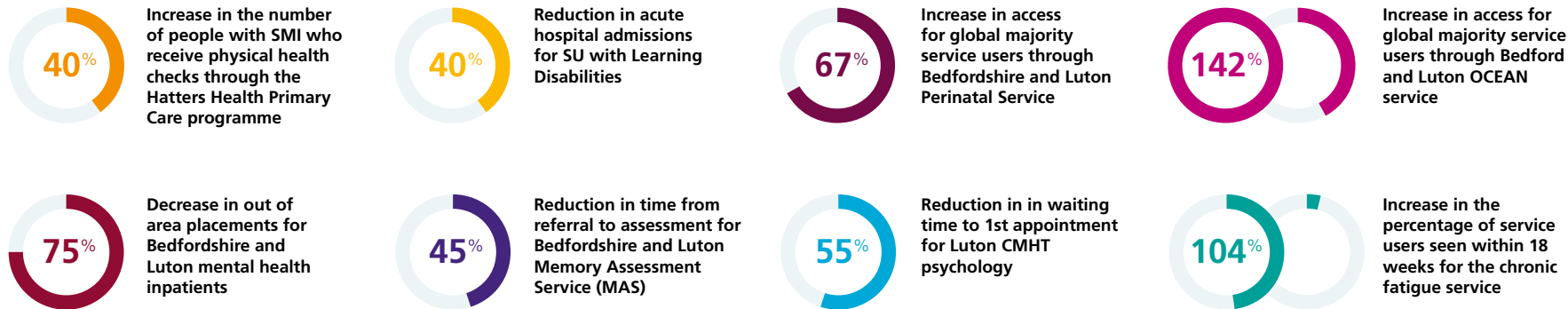
QI is a systematic and collaborative approach to making healthcare safer, more effective, patient-centered, timely, efficient, and equitable.

It involves using specific methods and tools to address problems and achieve measurable improvements within a healthcare setting. The core of quality improvement is a focus on outcomes, involving staff and service users in redesigning care delivery.

Since then, Bedfordshire and Luton have joined with London as part of Trust-wide cohorts. Service users in Bedfordshire and Luton have also developed a co-creators charter to help people understand how to authentically involve people with lived experience in QI.



QI projects in Bedfordshire and Luton





Our Approach | Research & Innovation



A commitment to collaborative research within Bedfordshire and Luton is helping further shape a culture of continuous improvement.

ELFT’s mission is to improve the quality of life for all we serve.

Our vision for Research & Innovation (R&I) within the Trust – as part of a broad innovation portfolio, encompassing QI, service evaluations, trainees’ degree projects, right up to externally funded research grant programmes – is to work together with, and in support



of, our care services’ objectives to continuously improve.

In 2023, ELFT and the University of Cambridge began a partnership to establish a new hub for health research in Bedfordshire and Luton to help improve patient care in primary and community healthcare services.

Dr Afia Ali, consultant psychiatrist in intellectual disability, and previously associate professor of psychiatry at UCL, joined mental health services at ELFT in Luton/Bedfordshire in 2022 as a clinical academic. She provided guidance and mentoring to the emerging research hub, supported by research active consultants (Dr. Kurt Buhagiar, Dr. Sen Kallumpuram and Dr Aneeba Anwar).

The hub aims to increase research capacity, embed a culture of collaborative research, and improve representation, as well as to foster integrated research across the traditional boundaries of physical and mental health care.

The hub carries out its research programmes working closely with healthcare staff in primary and community health and social care services in the area, and with the patients and carers of Bedfordshire and Luton. It also aims to bring new

academic opportunities to GPs and community healthcare professionals in the area, offering training and support to help them get started on their research journeys.

In 2024, we appointed Dr Shobhana (Shobi) Nagraj as the associate professor of community and primary care to lead this endeavour supported by her co-lead - Dr Afia Ali, with a view to foster research in the area of integrated mental/physical health care and population health.

Dr Nagraj is a clinical academic, with a background in implementation science and theory-informed design and evaluation of complex interventions. Her research focuses on developing innovative models of care for improving maternal child health across the life course. Shobi has worked extensively with grassroots organisations in low resource settings both globally and locally, to co-design interventions that meet the needs of communities, service-users, and the healthcare workforce.



"The research hub has raised the research profile at ELFT and promoted collaboration in Bedfordshire including constructing our own local priorities which have informed the development of the BLMK ICS research strategy 'pillars'," said Dr Angharad Ruttley, medical director for Bedfordshire and Luton.

During its past year, the hub has successfully brought together research-enthusiastic staff across the region with some notable successes including:

- A co-designed research engagement plan with established CYP (children and young people) 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
- A menopause and mental health pilot service funded by the 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
- The Bedfordshire and Luton 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.



A pioneering research programme has been completed in Bedford to test the benefits of air cleaning units for service users and NHS staff in a mental health inpatient service.

The research is thought to be the first of its kind in a mental health inpatient unit studying the benefits of improved air quality for service users and staff. The project is an extension of a study led by Cambridge University Hospitals Foundation Trust which had seen similar testing take place for physical health inpatient wards at Addenbrooke's Hospital in Cambridge.

The research at ELFT has been a joint programme involving clinical and estates teams.



ICONIC research programme

About 18 per cent of people with learning disability have behavioural problems such as being aggressive towards other people. Reasons include mental health problems and having a poor quality of life such as not having meaningful activities or friends. Behavioural problems can lead to the person being excluded from day services and having to leave their home if family and paid carers cannot cope with the behaviour. They may also be admitted to psychiatric hospital. There are psychological approaches that try to understand the cause of behaviour but only improve behaviour for short periods and don't appear to improve quality of life. One existing approach called DIALOG+, delivered by health professionals using a tablet, does improve quality of life in people with mental health problems, but it has not been used in people with learning disability.

The aim of the ICONIC research programme is to make DIALOG+ accessible and suitable for people with learning disability and to use it to help individuals think about things in their life they want to improve (e.g, leisure activities, accommodation) by using resources available to them or their carers. We aim to test if it improves quality of life and behaviour.



Celebrating research progress

On June 19 2025, colleagues from ELFT, University of Cambridge, BLMK ICB and community stakeholders gathered in person at Luton Library to celebrate nine months since the launch of the Bedfordshire and Luton Research Hub. The event brought together researchers and professionals from ELFT and the University of Cambridge to share progress, insights, and developments in implementation research taking place across Bedfordshire and Luton.





Our Approach | Workforce



Development of our workforce and a focus on staff wellbeing have been priorities in Bedfordshire and Luton.

Apprenticeships are helping the Trust recruit new staff and providing development opportunities for colleagues.

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. BCHS podiatry apprentice Phoebe Edwards (pictured) received the prestigious Apprentice of the Year gold award at the Our Health Heroes Awards 2024, organised by Skills for Health.

As one of the first podiatry degree apprentices at ELFT and the University of East London, Phoebe, from Dunstable, had taken a lead on foot service casting clinic, alongside training staff members. Speaking after receiving her award, the former Queensbury Academy and Luton Sixth Form College student said: "It's just really humbling and really lovely to be recognised.

"I think it's great that the hard work over the

last four years throughout my apprenticeship has been recognised, and that I'm doing the right thing. I'm helping people and that's what I enjoy!"

Phoebe had also taken on the role of an ambassador for the podiatry profession and apprenticeships, spearheading an awareness campaign in collaboration with the Royal College of Podiatry and attending local schools and colleges.

Workforce and staff wellbeing work has also included:

- ELFT gaining accreditation as a Living Wage Employer. Gaining accreditation 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 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.



Reducing agency spend

Work to reduce agency spent has helped save money, improve stability and enhance workforce management.

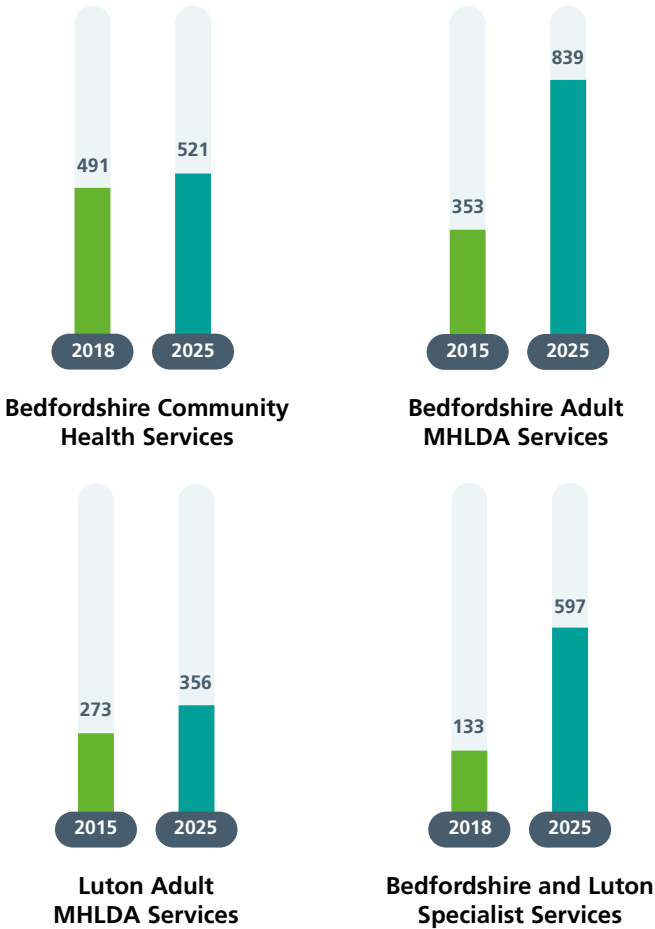
Through renegotiated contracts, limiting agency use for band and below, and converting long-term agency workers into permanent roles, we saved nearly £1m each month across the Trust during 2024 compared to the previous year. Some teams cut agency staffing from 5.3% to 3.2% of their total workforce. By reducing our reliance on agency staff and bringing in permanent nurses, we’re also able to ensure continuity of care, which is crucial for our service users’ recovery. BCHS took a practical, people-focused approach to reducing agency spend.

Work included converting agency staff to permanent roles, with long-term agency workers offered fixed-term or substantive posts, bringing stability to the team reducing costs.

Teams were supported to review caseloads and safely discharge patients who no longer needed input - ensuring resources were focused where they were most needed.

Open recruitment days and improved job adverts made it easier to attract candidates, while stronger staff engagement and development opportunities helped retain existing team members. Teams also worked to strengthen the staff bank, giving managers more flexibility and reducing the need to turn to agencies. The result has been a steady reduction in agency use and a more stable, motivated workforce.

Since 2015 our workforce in Bedfordshire and Luton has significantly increased





Our Approach | Estates

Work to improve the environment for service users and ELFT teams is led by the Trust’s estates team.

They manage a network of 54 Trust sites across Bedford Borough, Central Bedfordshire and Luton.

The team have completed a series of successful mental health inpatient improvement programmes including the opening of the £17m Evergreen unit for adolescent mental health at the Luton & Dunstable University Hospital and the reopening of Oakley Court adult mental health inpatient service.

Nine extra bedrooms are also set to be added to our existing inpatient services this year.

Florence Ball House in Bedford and the Trust’s section 136 suite have been refurbished and the team also completed the relocation of mental health inpatient services from the ageing Weller Wing site.

A crisis house is also planned and we have worked with partners to develop a proposal

for returning inpatient services to Bedford at Bedford Health Village, though have not yet been able to secure relevant funding approvals.

Community mental health programmes have included the £2m refurbishment of Charter House in Luton, refurbishment of Fountains Court in Bedford, creation of older people’s hubs in Dunstable, refurbishment of Spring House in Biggleswade and the opening of a Luton site for Bedfordshire and Luton Recovery College.

ELFT mental health and community health services also operate from the Grove View, Dunstable’s new £43m integrated health and care hub which opened in 2023.

Grove View brings together a broad range of services to support people’s physical, social care and mental health need under one roof.

Grove View is a partnership project involving Central Bedfordshire Council, ELFT, Bedfordshire Hospitals NHS Foundation Trust, BLMK ICB and CCS.



The Trust’s Estates, Facilities and Capital Development Team was named Estates & Facilities Team of the Year at the 2024 Design in Mental Health Awards.



Our Services



- » [CAMHS](#)
- » [Talking Therapies](#)
- » [Adult Mental Health](#)
- » [Older Adults Mental Health](#)
- » [Learning Disabilities & Autism](#)
- » [Addictions Services](#)
- » [Community Health](#)





Our Services | CAMHS



An ethos centred on community and continuity of care is the key strength of the Evergreen Tier 4 General Adolescent Unit, according to service manager **Valentine Dube**.

Prior to the opening of Evergreen, young people needing inpatient care were often transported across the region or even further away to access services. This sometimes resulted in delays in receiving appropriate care and support.

With Evergreen now operational, young people in need of inpatient care can receive treatment closer to home, their community, and their educational settings, improving both their experience and the quality of care they receive.

The service has developed a ‘tethering’ approach, helping young people stay connected to their local community during their stay. Evergreen’s integrated care model ensures continuity, with a single virtual team collaborating across various settings and agencies to support the young person throughout their journey.

“I’m incredibly proud of how the Evergreen team, alongside other ELFT services and partners, work together in the best interests of each young person we support,” said Valentine.

“Young people come to us at their most vulnerable, and being able to make a real difference in their lives is what makes this job so rewarding.”

The CAMHS Tier 4 inpatient service opened in February 2023. It offers eight general adolescent

beds, providing specialist, short-term care for children and young people aged 13-17 with severe or complex mental health needs.

The service is available to young people from BLMK. Evergreen is part of the East of England Provider Collaborative, a partnership with other Tier 4 CAMHS units that ensures young people in the region can receive care locally, without the need to travel further afield for inpatient treatment.





In 2023/2024, Evergreen transferred seven young people from out-of-area beds.

Evergreen has consistently kept the number of BLMK young people admitted out of area to an all-time low, often at zero.

Evergreen admitted a total of 44 young people in 2023 and 2024, with 36 of them from BLMK.

In January 2024, the service hosted a visit from the Secretary of State for Health and Social Care.

Evergreen developed an eating disorder pathway and became one of the first General Adolescent Units (GAUs) in the East of England Provider Collaborative (EoEPC) to offer enteral feeding via nasogastric tube.

Evergreen has achieved the platinum level of ELFT Service User-Led Accreditation.

Evergreen won the ELFT Improving Service User Experience Award at the 2024 ELFT Staff Awards.

East London NHS Foundation Trust - 10 Years of Providing Care & Support In Bedford Borough, Central Bedfordshire & Luton





Community support for children and young people continues to adapt to the needs of service users, says **Lucy Pedrick the clinical team lead for the CAMHS Neurodevelopmental Team (North) and countywide Autism Assessment Pathway.**

Lucy has led a programme to change the approach to autism assessment for young people aged 13 and older across Bedford Borough, Central Bedfordshire and Luton.

The aim has been to implement neuro-affirming practice and adopt a standardised and consistent approach by ELFT and partners when working with autistic young people and their families. Neuro-affirming practice recognises and values the natural diversity of human brains and behaviours, rather than viewing differences as problems to be fixed. It focuses on individual needs and preferences while promoting acceptance and inclusion.

More than 150 staff across CAMHS have been trained in recognising and supporting autistic young people from a neuro-affirming

perspective, along with nearly 200 parents and carers.

The objective for the autism assessment pathway is to facilitate an assessment process which supports the individual by providing a clear and empathetic framework that engages the individual, provides useful information for them and helps them understand contemporary concepts of autism whilst exploring how those theories may apply to them.

"This has been a hugely important piece of work in changing how we assess and work with young people and making it a neuro affirming experience," said Lucy.

"Autism is a difference, not a deficit, and this programme is about ensuring that we provide our young people with an assessment that reflects that; that is a positive and life-enhancing experience for all".

The pathway has been in use since May 2024, following a seven-month planning, recruitment and training programme. From May, waiting lists have reduced from 22 months or more to approximately 16 months.



Routine Outcome Measures

The Bedfordshire and Luton CAMHS Service have been able to achieve high numbers of paired outcome measures by embedding the outcome process into routine practice.

Examples of how this has been achieved, and continues, are:

- Strong outcomes administration support
- Clinical outcomes leads
- Team outcomes champions
- Trust-wide CAMHS outcomes meetings to share challenges and ideas
- Focus on supporting clinicians to complete outcomes and change of culture
- Regular outcomes admin attendance at team meetings, engaging senior management/clinicians and trouble shooting
- Training for new starters part of induction
- Regular reminders to clinicians
- Time 2 measures required for discharge process to be completed.

Bedfordshire and Luton CAMHS referral to assessment waiting times



Chart shows number of assessments seen within 12 weeks or over 12 weeks over the last six years. Blue line shows annual average number of assessments completed and highlights the increase over time.



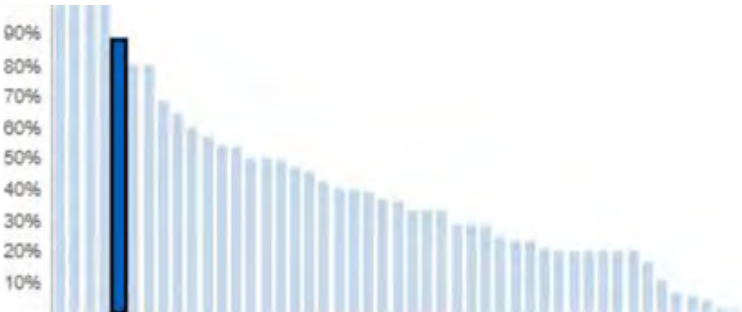


Assessment and Paired Scores

ELFT CAMHS services are in the top quartile for two contacts and assessment and two contacts and paired score in the East of England from benchmarking analysis of more than 90 trusts.

East of England (NHS Futures, MHSDS April 23 - October 24)

Proportion of closed referrals with at least 2 contacts and an assessment - benchmarking by Provider



Proportion of referrals with at least 2 contacts that have a paired score - benchmarking by Provider



Mental Health Support Teams

In 2017, the Government published its Green Paper for Transforming children and young people’s mental health, which detailed proposals for expanding access to mental health care for children and young people, building on the national NHS transformation programme which was already underway.

The proposals were focused on providing additional support through schools and colleges and reducing waiting times for treatment by introducing Mental Health Support Teams (MHSTs) in education settings, jointly delivered with the Department for Education.

Between 2018- 2022, NHS England funded 14 pilot sites, some of which were in Bedfordshire and Luton.

Pilot sites worked with NHS England to build consensus on the approach to defining and measuring waiting times. We are thrilled to now have nine teams up and running in Bedfordshire and Luton with one training team in place and plans to recruit into further teams to achieve the government’s national ambition to achieve 100 per cent coverage of MHSTs by 2030.



Our Services | Talking Therapies



Cognitive behavioral therapy (CBT) therapist and digital lead Hayley Stock believes teamwork and an approach of always asking ‘where can we do better?’ are key to the progress of Bedfordshire Talking Therapies.

Hayley has supported with, or been project lead, on a range of projects over the last 10 years as she embraced opportunities for professional development.

She started with the service as a trainee psychological wellbeing practitioner (PWP), qualified and became a senior PWP before training and qualifying as a CBT therapist. Hayley has spent the last 18 months working as CBT therapist and digital lead for Bedfordshire Talking Therapies.

As digital lead, Hayley leads on projects from automation and website development to exploring opportunities for service users, including the potential future use of AI. “I love this job because the team are always considering change and improvement. It doesn’t stop – everyone has a shared aim of improving how we support service users and how we

support colleagues,” says Hayley.

The encouragement provided is really important, as are the tools we used such as focus groups and QI.

Hayley believes the biggest improvements in care for Bedfordshire Talking Therapies clients over the years have been the reduction in waiting lists and steps forward in the quality of the service. “At one point, some step three CBT clients were waiting six months and in some cases up to a year,” she says.

“Now we are looking at an average wait of three to four months for that support and a couple of weeks for our step two low intensity support. That is incredible progress.”

When asked why she loves her job, Hayley’s answer is simple.

“It is the people I work with,” she says.

“I had a short stint somewhere else but returned because of the people here. There are always challenges but the drive within the team to move forward and change things for the better is out of this world.”



The service’s Reliable Improvement for clients during 2024/2025 was 72.7% - consistently higher than any other Talking Therapies service in England. This new key performance indicator (KPI) for Talking Therapies measures a statistically significant improvement in a person’s mental health condition in their recovery journey.



Bedfordshire Talking Therapies

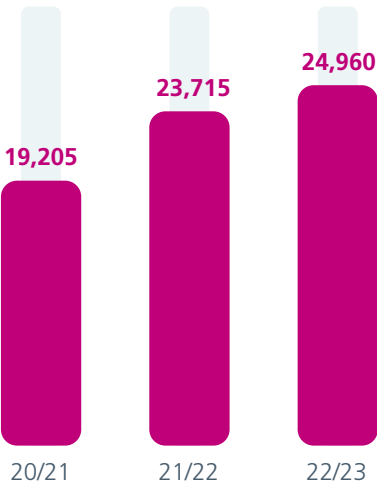
- About 3,000 patients open to the service at any given time.
- The service now offers employment support for any client that requires it and provides support for people with long-term conditions.
- The service has six live QI projects including improving recovery rates for 18-25 year olds and improving recovery rates for Asian males.
- The service has achieved platinum Service User-Led Accreditation.



Service User Feedback

“ This service has been so valuable for myself, it has let me explore what I’ve kept guarded for a long time. My therapists understood when I’ve needed more time to process especially if it was deep rooted. I’ve grown in myself since starting this process and will continue to do so. The therapists have been amazing. ”

BLMK Access to NHS Talking Therapies





Our Services | Adult Mental Health



Experienced Bedfordshire and Luton manager **Andy Rajkumar** has been involved in a range of work to develop mental health crisis and mental health inpatient support.

Andy is the borough lead nurse for Bedfordshire and Luton mental health inpatient services and has also worked as lead for the Trust's Luton & Dunstable Hospital crisis team, matron for the Jade Ward Psychiatric Intensive Care Unit (PICU) and matron for Bedfordshire crisis

team. He has also been manager for the crisis and psychiatric liaison service (PLS) in Bedford, AMHP service manager and head of operations for the crisis pathway.

His insight into the different points of the mental health pathway has shaped an approach across inpatient services that focuses on quality and the needs of the service user. "We look at the person and their journey into mental health services," said Andy.

"Our focus is to connect care across community, crisis and inpatient care and look at the needs of someone as a whole – and not as a diagnosis."

Adult inpatient mental health teams have also working with learning disability and autism service colleagues to ensure reasonable adjustments are made for service users when needed.

Teams also hold a carers' forum and ward meetings with service users to identify theme or issues. Occupational therapists, psychologists and sports therapists are all involved in support on the wards and the introduction of pet therapy has been a popular addition for service users and staff.

Bedfordshire and Luton mental health services celebrated becoming the first inpatient unit to achieve service user-led accreditation for all their wards. All nine wards are now certified through the ELFT Service User-Led Accreditation programme after Crystal Ward achieved a silver award.



Bedfordshire and Luton mental health services are also involved a Trust-wide QI programme to improve observations and therapeutic engagement with service users.

There have been sustained improvements in observation completion, and several measures of violence and restrictive practice.

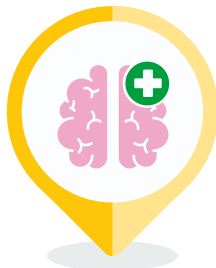


Another improvement has been the development of the 136 suite to provide a better environment for service users and with enhanced digital tools so people can be admitted to a virtual ward.

Andy says the focus on quality is also maintained through an approach of QI, Care Quality Commission (CQC) accreditation and by meeting the Quality Network for Inpatient Working Age Mental Health Services (QNWA) standard.

A close partnership approach with BLMK ICB, Healthwatch and service users via PP is also highly valued by the inpatient service. "I believe that everyone deserves the best care that they can receive," says Andy.

"It only takes one aspect of your life to derail and you can end up needing a mental health service and we should all work on the basis it could be us or a loved one that needs support."



Focus on increased support for carers has been one of the key areas of progress for the Bedfordshire and Luton Early Intervention Service (EIS), says Kerry Wilding.

Kerry was EIS team manager in 2015 and is now service lead and project lead for community mental health services across Bedfordshire and Luton.

She believes the relationships formed by EIS colleagues with carers is one of their strengths. The service works with people who are experiencing their first episode of psychosis.

"Because of what we do, our work is primarily with young people who are living at home with their parents," said Kerry.

"We have developed an approach where we work very much with the whole family unit. It's very much about supporting them to be able to support the individual as it is about us supporting the individual. Families as a whole feel very well held and supported by the team."

The National Clinical Audit for Psychosis has also been a driver for progress. The team have recorded consistent improvements through the annual audit of the service and ratings against a number of standards. EIS is now rated as outstanding at level four, which is the highest rating available.

The rating reflects changes which included the team including physical health intervention through their work, carer focused education, helping service users access employment and education and enabling access to CBT for psychosis.

EIS remains a county-wide service and now operates from two bases, with one serving Luton and south Bedfordshire and the other serving Bedford and north Bedfordshire. Local bases have helped with recruitment and retention, as has EIS adopting a new approach of employing newly qualified mental health professionals into band 5 roles in the community.



“Historically, new recruits were required by employers to work in a ward environment before going into community roles,” said Kerry.

“We are taking a different approach and providing those new recruits with learning opportunities to progress and hopefully by the end of their first 12 month period be progressing to a Band 6 role. Our retention rate from going from people with a Band 5 into a band 6 has been very high and consequently we have very limited dependency on agency staff.”

Kerry has also seen significant change in mental health care through her work with community mental health teams and believes the integration of voluntary care sector colleagues has been something making a genuine difference to service users.

When asked why she does the job, Kerry answered: “I think that that people deserve a chance at recovery and living the best life that they possibly can. Everyone has one life and I see my job is helping people make the most of it.”



Supporting mums and helping them with their recovery journey is the reason Katie McGlynn loves her job with the Bedfordshire and Luton perinatal mental health team.

Clinical nurse specialist Katie was part of the original team of four who launched the service, the first of its kind in Bedfordshire and Luton, in 2019. It provides specialised care and support for women experiencing mental health challenges during pregnancy and after childbirth, up to two years postpartum.

The service has grown and developed a multi-disciplinary team (MDT) approach with the

core nursing team now joined by psychiatrists, a pharmacist, occupational therapists, psychologists, social workers, nursery nurses, support time recovery workers and peer support workers.

The expansion of the service has mirrored continued growth in demand for women with emerging mental health or diagnosed mental health conditions during pregnancy and after childbirth.

Katie says the team constantly work to understand the needs of service users and the diverse communities across Bedford borough, central Bedfordshire and Luton.

They run drop-in groups at children’s centres, host baby yoga sessions and provide a space for visitors to talk with a clinician at the same venue. They also partner with other organisations to help with issues including breastfeeding and run a Circle of Security group that focuses on the baby, family and family dynamics.

Katie, a mum of three, has been a nurse in Bedford for 30 years and was with Bedford CMHT when ELFT was commissioned to provide mental health services in 2015.



But she insists her current role is the most satisfying of her career. “This service didn’t exist before 2019 but our ever growing caseload is showing there are so many women out there who need our help,” she says.

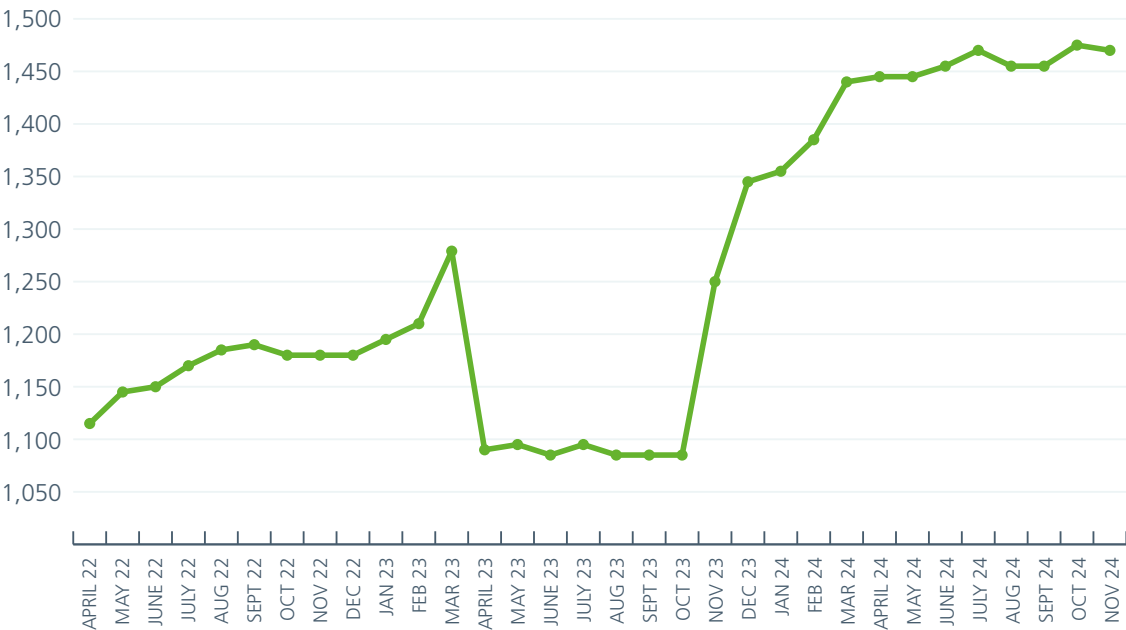
“In all of my 30 years this is the best role I have ever had. We have the privilege of seeing outcomes and watching these women go from strength to strength. Being able to see them grow and tell them ‘you are not a good mum, you are a great mum’ is one of the best things.

“I love my job.”

Accessing perinatal mental health in Bedfordshire and Luton.

In the last 12 months (January 2025), 1,440 women accessed specialist perinatal mental health services across Bedfordshire & Luton. This reflects sustained efforts by teams to increase awareness, referrals, and engagement in this critical pathway. These figures place Bedfordshire and Luton among the stronger performers in the east of England region, surpassing our target for the first time.

People accessing Perinatal Mental Health (PMH) services and Maternal Mental Health Services (MMHS) in BLMK





"If I can make a difference in somebody's day, then that makes a difference in mine." That is the ethos of **Karen Simpson**, one of the Trust's employment specialists supporting people who are open to community mental health teams and early intervention services.



The employment service has supported 811 individuals into paid employment since 2015.

Client Feedback

“ I can't express how grateful I am for my mental health worker Karen. She has truly become one of the best people in my life. Karen's support has been invaluable in helping me rebuild my personality and regain my confidence.

Not only have Karen guided me through my emotional challenges, but they've also played a crucial role in my journey back to work. The encouragement and understanding have made all the difference, and I feel empowered to face my job with a renewed sense of purpose. Thank you for everything!



The Bedfordshire and Luton Individual Placement Support (IPS) team offer one-to-one tailored support to help people achieve their employment goals.

Employment specialists are based in localities across Bedford Borough, Central Bedfordshire and Luton.

Karen, who has been an employment specialist in the area with previous providers and with the Trust for the last 10 years, believes the biggest steps forward over the last decade have been the value placed on the IPS employment service internally and the development of connections with external partners across the county, in particular the DWP (Department of Work and Pensions).

"We are better known and better received by mental health colleagues," said Karen.

"That recognition of what we do, and greater understanding of how much difference employment makes in improving mental health and self-worth, have helped us connect with more colleagues and in turn help more service users.

"I'm passionate about what we do, and sharing an insight into our service and how we deliver it is always open to new staff in varied disciplines within the CMHTs."

Karen and colleagues are also always networking with partner organisations, such as Victim Support and the DWP, where their clients may



also be supported by ELFT community mental health services and open for referral or self-referral to the IPS services.

IPS provide one-to-one tailored support, offering assistance with CVs, job search and applications, benefits information, speculative and cover letters, interview techniques, interview role play and attendance. Additionally ongoing in-work support and contact employers on behalf of individual clients.

Karen says the work gives her a sense of contentment and satisfaction.

“It is an incredible privilege to support people and to watch them recover from a sense of hopelessness and grow,” she says.

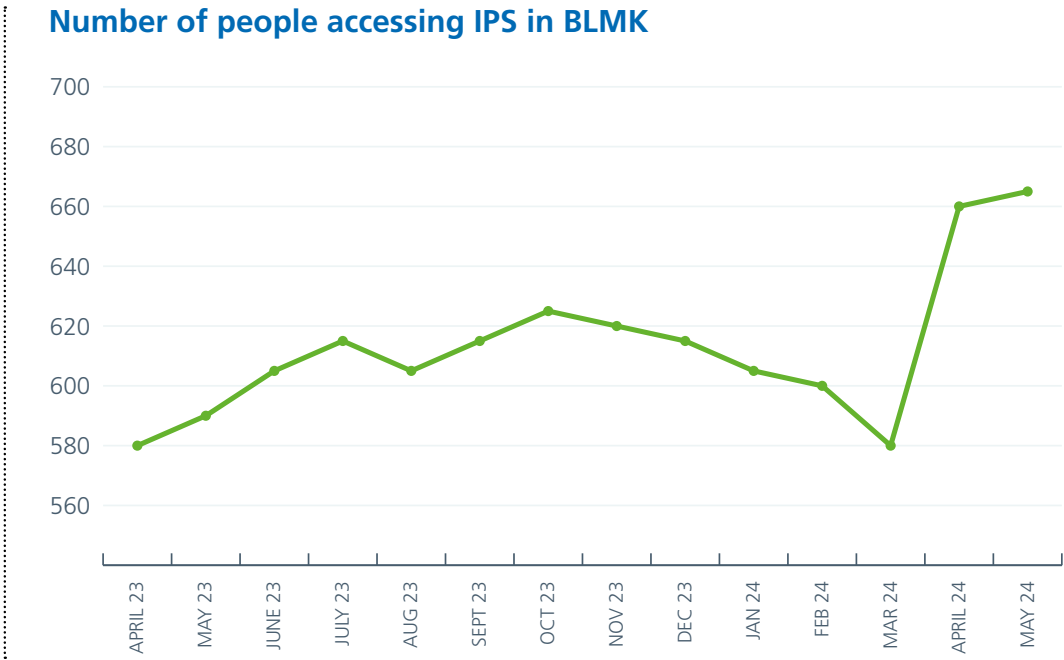
“We are helping people to rebuild their self-worth, promote and gain an independence and deliver individual support plans tailored to their mental health and employment needs. We are with our service users every step of their journey back to work, or gaining their first place of employment.

“We also support our younger service users very successfully into apprenticeships observing them gain a trade and progress into qualified positions.

“One of my service users is under the age of 25 and went from no work to working a 40 hour week in their apprenticeship. They are in their second year and have successfully met all targets set for their studies, never been late for work

and on their day off have come in to work when they were short-staffed. You feel nothing but pride to observe a person turn their life around and achieve.

“The biggest thing for me is always starting the process by reminding a client that they were given a name before they were given a mental health diagnosis. The first conversation is always ‘let’s talk about you’.”





The Trust works closely with Luton borough, central Bedfordshire and Bedford borough councils to provide integrated social care for adults and older people with mental health needs, says Luton social care lead Jaikumar Shanmugasundaram.

Jaikumar, also known as Jai to service users and colleagues, says social workers perform a vital role when services considering the needs of individuals, including benefits and housing. "We are a health and social care Trust and a holistic approach is incredibly important," he said.

"We are looking at the person as a whole, rather than separating the mental health issue from the rest of their life."

Social workers now perform leadership roles in MDTs and lead on all placement reviews and assessments.

Support for service users has also grown through the development of a tiered approach for social care, including social care support workers, qualified social workers carrying out assessments and reviews under legal and statutory duties and senior social work leads in leadership roles. Richard Fradgley, ELFT Director of Integrated Care and Deputy Chief Executive, is also a qualified social worker. ELFT is also one of the few NHS Trusts to have a Director of Social Work, evidencing the commitment of the trust to the profession.

Jai says he takes incredible pride at the value ELFT sees in social work within its services. Close partnership working with local authority colleagues is also helping improve care, with regular collaboration to discuss operational and strategic issues.

Jai was the first person appointed to the new social care lead role when it was created in Luton

and thrived in being given the opportunity to develop his own skills and shape the role.

"The freedom I receive and the liberty to test new ideas has been incredible and helped me grow within the organisation," he said.

"I love representing ELFT, increasing my knowledge and being challenged every day."

- Since 2021 the Trust has had 35 newly qualified social workers complete their Assessed and Supported Year in Employment (ASYE) with the Trust, developing their skills, knowledge, and professional confidence.
- The Social Work Apprenticeship started in 2020 and 10 people successfully complete the apprenticeship and are now qualified social workers. Seven still remain employed within the Trust.
- Four colleagues are currently undertaking the social work apprenticeship.
- The Trust has had 23 Think Ahead students since 2016.



Our Services | Older Adults Mental Health



Maintaining dignity for older people living with dementia and reducing the burden on carers are the priorities for **Marie Ansah-Johnson**.

Marie is operational manager for the county-wide Bedfordshire dementia intensive support service (DISS) and the Bedfordshire older person's crisis resolution home treatment team (OP CRHT).

Her childhood experience is one factor why Marie is so passionate about supporting older people. She describes how, when young, she struggled to understand changes in her loving grandma after developing dementia, and how she recognised the symptoms described during her nursing training. She became determined to help others.

"We have an ageing community and we will one day become part of that," she says.

"If people have given so much to society it is important they are now looked after and live well with dementia. That is why I do what I do." Marie joined the Trust in 2015 as a dementia link nurse. She then joined the Luton Memory

Assessment Service (MAS), helped launch DISS in 2019 as manager and was then appointed as acting operations manager in the Bedford Older People's CMHT.

In 2021 Marie was made operations manager for the older people's crisis team and operations manager for DISS.

Marie and colleagues are proud to be members of the first DISS for the Trust and the first in BLMK.

She sees DISS as bridging the gap between MAS and CMHTs for older people.

"When I first joined the team families were facing carer stress and we had a lot of people attending emergency departments or being admitted to hospital," says Marie.

"Through DISS we are there post diagnosis and for the journey of the person living with dementia. People are living better in the community with dementia."

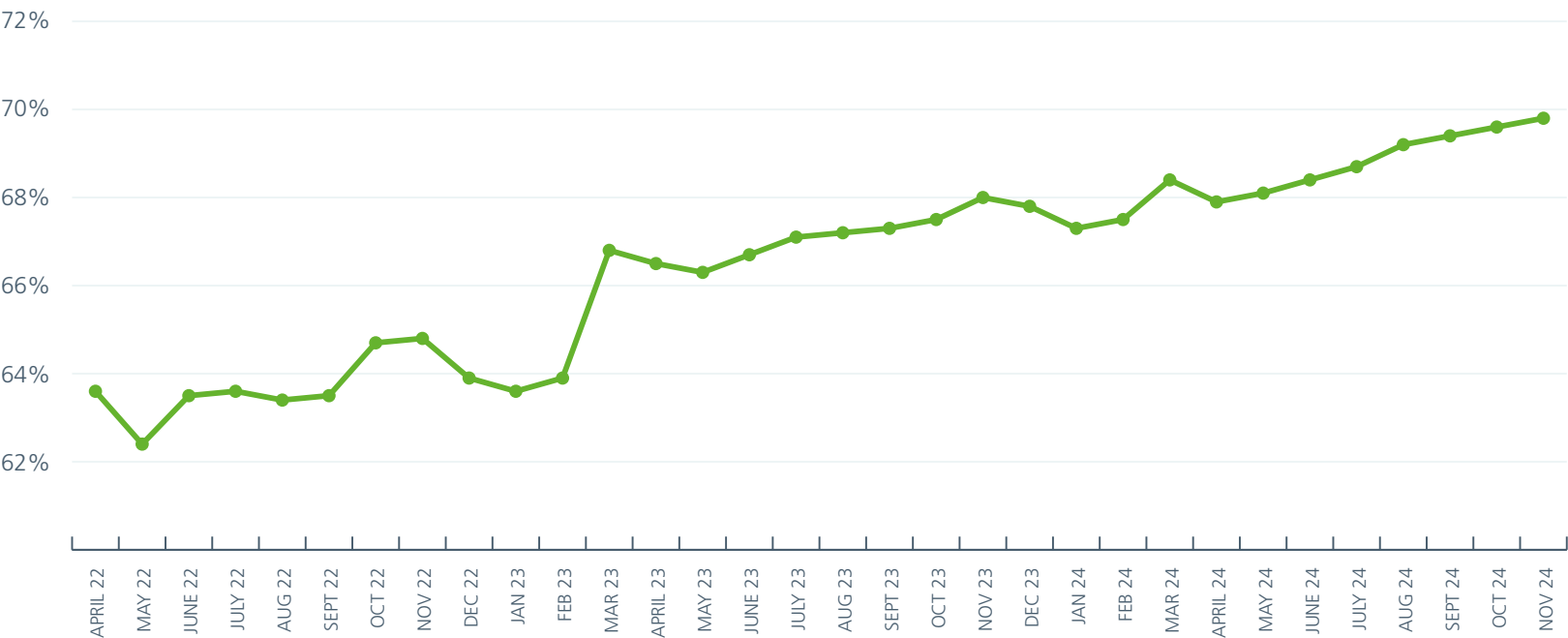
"I have worked in working age mental health services but looking after older people is my passion. I love what I do."



For the first time, we've surpassed the national dementia diagnosis prevalence target - **reaching 69.3% across BLMK as of January 2025**, compared to the national target of 66.7%.



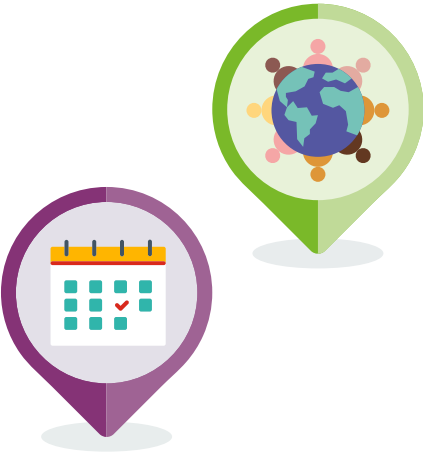
Number of people aged 65 or over diagnosed with dementia in BLMK



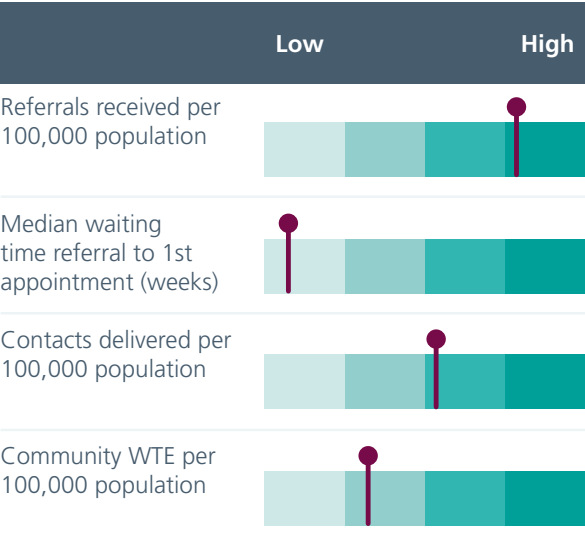


How do Bedfordshire and Luton mental health services compare nationally?

The NHS Benchmarking Network have published data relating to the financial year April 2023 to March 2024. Over 70 trusts took part in the latest published exercise.



Community Adult

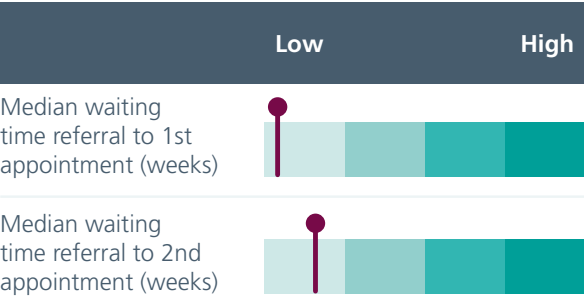


Services are very busy in terms of referrals received for the population size (top national quartile) indicating good access across the population.

1st appointment waiting times have been kept low (lowest national quartile) despite high referral rate.

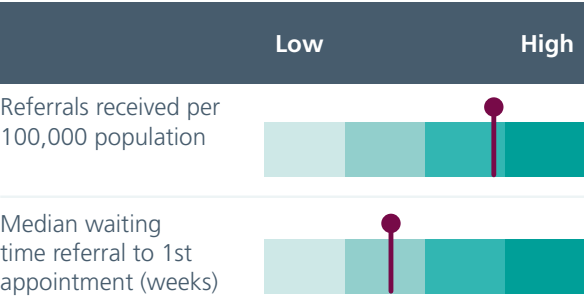
Above average (median) contacts are delivered for the population size with a lower-than-average staff size indicating a good contact per staff ratio.

Community Older Adult



Waiting times for both 1st and 2nd appointment are in the lowest national quartile.

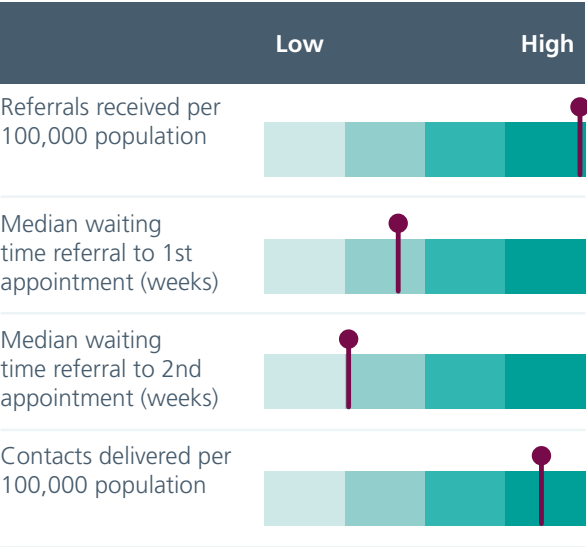
Early Intervention for Psychosis



Despite a busy service (just outside the top national quartile) 1st appointment waiting times have been kept below average (median).

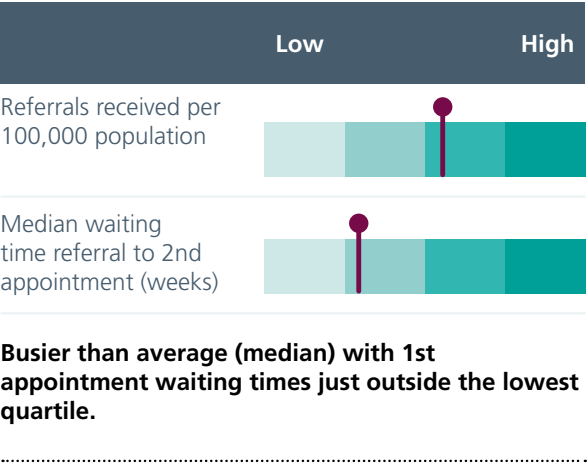


Crisis Resolution and Home Treatment

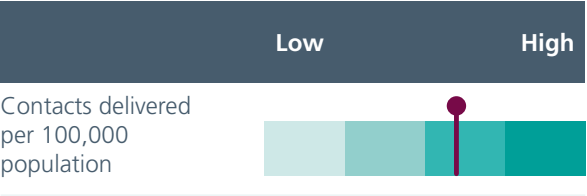


A very busy service both in terms of referrals and contacts, for population size, delivering low waiting times.

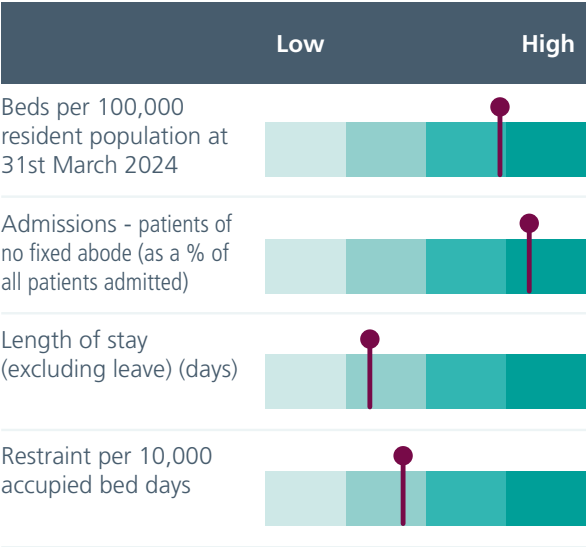
Autism Spectrum Disorder



Attention Deficit Hyperactivity Disorder



Inpatient



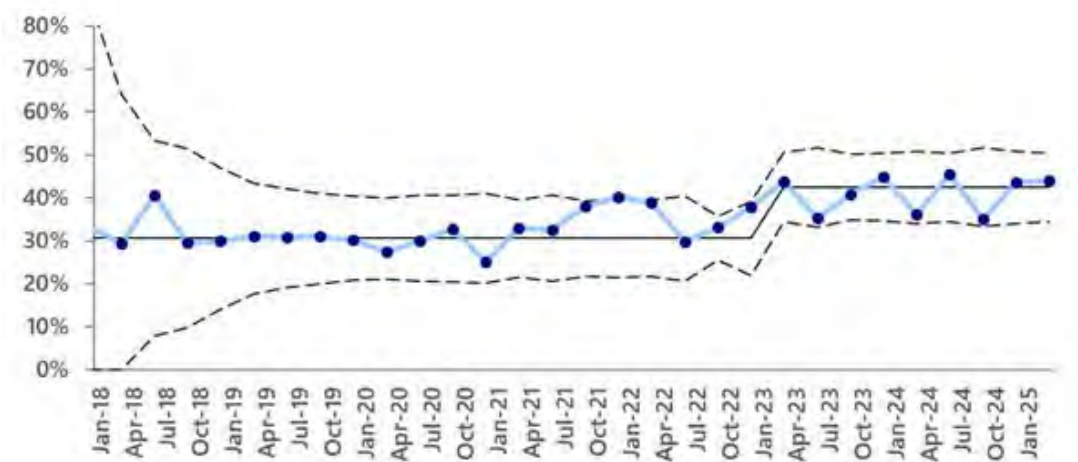
High bed provision for the population size which manages a population with a high amount of homelessness. Low length of stay with low incidents of restraint.



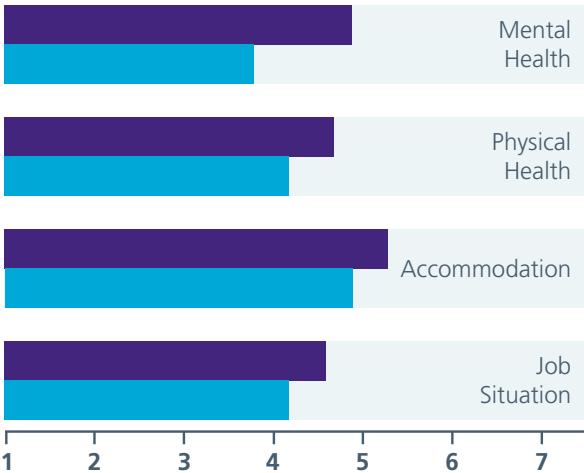
What improvements have our Bedfordshire and Luton service users seen in their lives?

Paired patient outcome scores allows improvement to be analysed at an individual patient level. Almost 100,000 paired scores have been recorded since 2022 and we are recording at more than double the national average. In Bedfordshire and Luton since April 2023 over 40% of service users have seen an improvement in their overall outcome scores across eight life domains. Looking at the four life domains, Mental Health, Physical Health, Accommodation and Job Situation all have seen an increase in satisfaction level in treatment. One in four service users has seen improvement at a level that has moved them from being dissatisfied with their mental health to satisfied with their mental health during treatment.

Adult Mental Health - Improvement in Paired Outcome Score (P Chart)



Patient Outcome Scores Averages Before & After Treatment (March 2023 - February 2025)

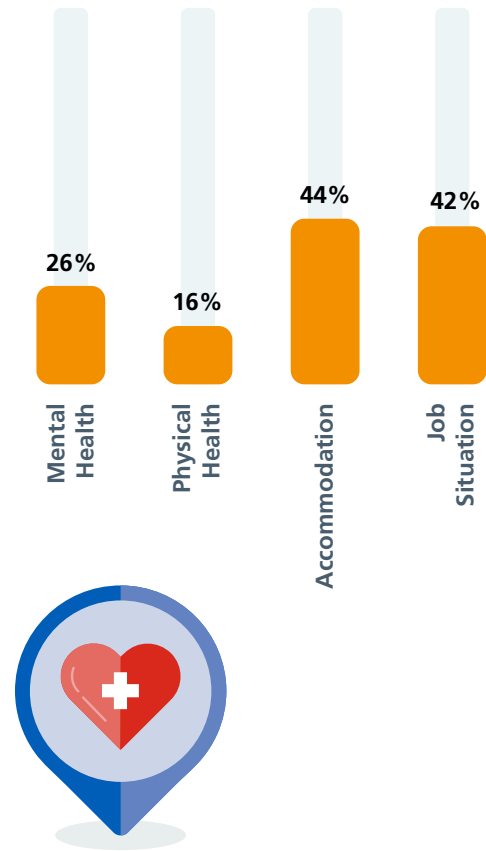


Score
1-3 = dissatisfied
4 = in the middle
5-7 = satisfied

Key
● Final score
● Initial score



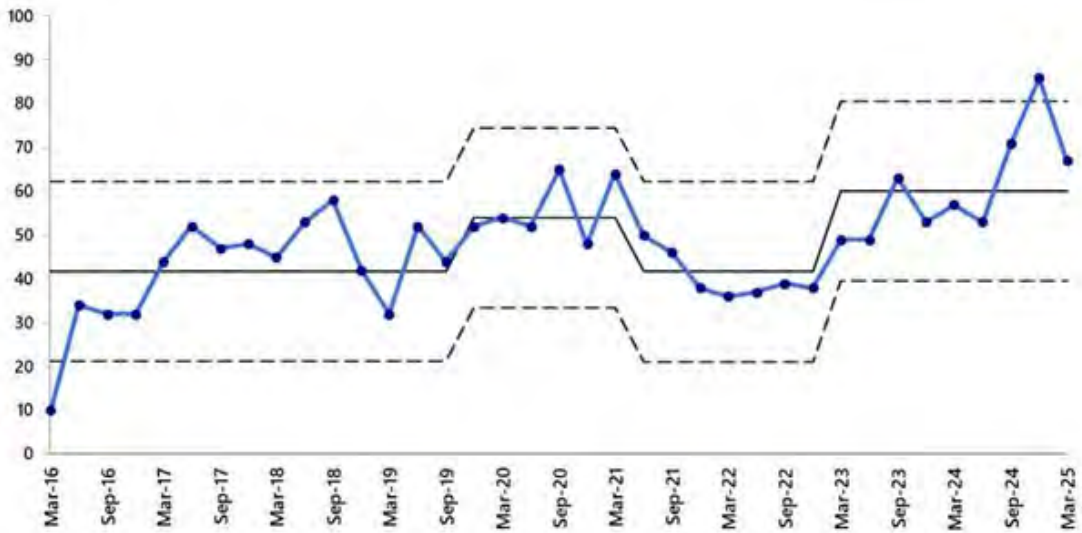
Percentage of patients moved into satisfaction from dissatisfaction at the start of treatment (March 2023 - February 2025)



Early Intervention in Psychosis (EIP) services are community-based mental health programs designed to help individuals experiencing their first episode of psychosis or at high risk of developing it.

These services aim to reduce treatment delays, promote recovery, and decrease the likelihood of relapse. In Bedfordshire and Luton we now see almost 50% more patients per month within the recommended two-week period from referral than in 2016.

Patients seen within 2 weeks for Early Waiters Intervention Psychosis (I Chart)





Our Services | Learning Disabilities and Autism



Overcoming barriers and reducing health inequalities is a shared goal for Trust colleagues working to support people with a Learning Disability (LD), says [Simone Mingay](#).

Simone is clinical nurse manager for the Bedfordshire and Luton health equalities service and started with the Trust as lead liaison nurse at Bedford Hospital.

Simone supported LD service users at the hospital during the COVID-19 pandemic and now leads on work to improve the physical health of service users.

The service works with service users, carers, community groups, GPs, hospitals and other partners in health prevention and health promotion with a clear objective of helping LD service users improve their health and to reduce hospital admissions.

Simone says all colleagues care passionately about supporting service users and in working to address the inequalities they experience compared to the general population, including shorter life expectancy, increased risk of preventable deaths, and limited access to education and employment.

Working with primary care colleagues, the service has launched a pilot LD friendly GP accreditation scheme with the ambition that it will be adopted across BLMK.

"It includes good completion rates of annual health checks but it is not just a programme that looks at data – it is about ensuring people with a LD have a really good experience when they go to a GP practice," said Simone.

"As a service and as a healthcare system we have made an awful lot of progress in health promotion and health prevention and we see this programme as an extension of that really valuable work."

Simone says health prevention and promotion has included working with carers to increase their knowledge and know what actions to take when someone is showing a deterioration. "Admission to hospital is not great for anybody, but more so for people with a LD, added Simone.

"We know that community, and home, are the best settings and we work to develop better systems with community organisations and community teams that help keep people out of hospital.

"I think care has come on in leaps and bounds. Every member of the team pulls together for the same common reason and I feel very fortunate to work alongside an amazing group of people."



The mainstreaming of mental health inpatient care for people who have a LD has been another area of improved care.

LD service colleagues now work closely with mental health inpatient teams to deliver a transforming care approach that considers a community first approach and admission only when necessary.

An MDT approach, visits by LD service teams to wards within 24hrs of a client being admitted, reasonable adjustments, specific treatment and care plans and provision of wraparound support in a central location are all reducing lengths of inpatient stays for LD clients.

“Clients are only admitted if there is a need for mental health support and we have a clear structure and approach that focuses on helping those individuals get back to their home environment and avoid lengthy and unnecessary periods of inpatient care,” says Saeedah Khan, acting clinical team manager for the intensive support team, part of services for people who have a Learning Disability.

The Coppice in Central Bedfordshire was used for LD inpatient care until 2019, when the approach to deliver care for LD clients in mainstream mental health inpatient services was developed.

“The change has opened a pathway that is safer, provides wraparound multi-disciplinary care, reduces admissions, ensures timely discharges and has a clear pathway to community support,” added Saeedah.

“It has been a huge step forward in delivering person-centred care.”



Our Services | Path 2 Recovery Addictions Services



Former clients making contact to share their stories of remaining clear of drugs and alcohol after treatment from Path 2 Recovery (P2R) is one of the most satisfying part of the job says service manager **Tawanda Hakulandaba**.

Tawanda has been leading the P2R team for the last three years in their work to support adults with substance misuse across Bedford Borough and Central Bedfordshire.

He is proud of how the team have embedded a holistic approach to care for their clients, looking at all of the factors which might impact someone's recovery.

The team consider social needs, housing and medical support for their clients and have developed close working relationships with colleagues from mental health services, helping coordinate care for clients with a dual diagnosis. "We record consistently good completion rates and there is nothing more satisfying than having former clients get in touch to tell us they have

been clear for six months, a year or longer," says Tawanda.

"We all take immense pride in supporting people to break the cycle of substance misuse." Tawanda also managed ELFT's county-wide crisis team for seven years before joining P2R and helped launch the NHS 111 (option 2) mental health crisis support service which provides support for all ages 24hrs a day, seven days a week, 365 days a year.



Since becoming part of ELFT, P2R has had **4,633 patients** leave the treatment system abstinent from drugs or alcohol, or no longer using problematically.

The P2R team has linked with the De Parys PCN to develop an addiction model of care that supports safer prescribing in primary care and identifies people dependent on prescribed medication who would benefit from formal treatment from P2R.



Our Services | Community Health

Bedfordshire Community Health Services (BCHS) provides adult community health services to the residents of Bedford Borough and Central Bedfordshire.

BCHS receives about 7,000 referrals a month across the following services:

- District nursing (unplanned care)
- Unplanned care (rapid response, virtual wards and 2hr response)
- Community therapy
- Community Clinical Health Psychology Services
- Complex care team
- Discharge planning
- Intermediate care (community and beds)
- End of life
- Heart failure
- Podiatry
- Tissue viability
- TB nursing
- Wheelchair services (including Luton)



East London NHS Foundation Trust - 10 Years of Providing Care & Support In Bedford Borough, Central Bedfordshire & Luton



Bedfordshire Community Health Services (BCHS) deputy lead nurse for unplanned care Sarah Denmead has been involved with a range of service improvements and initiatives.

Sarah joined BCHS as a newly qualified community nurse, progressing to become a band 6 caseload holder in district nursing, district nursing team lead, band 8a with the primary care at home team for north Bedfordshire for district nursing and was service manager for the BCHS rapid response service before successfully applying for her current role.

She takes satisfaction from changes made to improve patient care when manager for the primary care at home team in Bedford, which works to deliver routine primary care services directly to patients in their homes.

The service was struggling with retention and recruitment, had a high use of agency staff and had high numbers of complaints. By working with, and listening to, team members the team made a number of changes to improve care and the working experience for BCHS colleagues. One of the changes made was to the catheter caseload, reviewing how many catheter patients the service was supporting and reviewing clinical reasoning for why catheters were inserted in the first instance.

"We are now seeing more people who are relatively young, and still working, so we introduced clinics for people who are mobile and reduced the numbers of patients who required a catheter by review and trial without catheter where appropriate," said Sarah.

"Those changes have made a significant improvement to the quality of life for many of our patients."

Sarah has also been the lead on the introduction of virtual wards for BCHS, with frailty virtual

wards now in place for south and north Bedfordshire and a standalone BCHS virtual ward for patients that need a follow-up after an initial healthcare visit by rapid response.

"The virtual wards programme is relatively new but is already making a difference in how we provide care," added Sarah.

"We are helping more people remain in their preferred place of care, we are aiming to provide the equivalent level of care to a hospital admission and we are developing staff through upskilling. The virtual wards are also helping reduce hospital admission and stays, preventing the deconditioning of patients and the system is helping reduce pressure on both acute and ambulance trust partners."

Sarah says one of the biggest appeals of the job is that she can make a difference for patients and for BCHS staff.

"It is so important we support colleagues and think about their wellbeing and how we support them."





Another example of the partnership approach by BCHS to improve care has been the Access to the Stack programme.

EEAST, BCHS and other partner Rapid Response Teams work together to prevent hospital conveyance.

They received national recognition after receiving the Improving Urgent and Emergency Care Through Digital Award at the HSJ Digital Awards 2023. The award was for the Access to the Stack programme and the use of the cleric digital portal enabler for transferring patients to urgent response teams.

The programme sees BCHS, in its role as a community service provider, review cases where patients have called 999 for an ambulance but they may benefit from a community services response.

This was implemented in November 2022 and has enabled BCHS to respond to patients in crisis in the community with the right clinician for their needs. It also reduces pressure across other NHS services by avoiding the need for an ambulance being sent to support lower acuity patients.

The patient is seen by a nurse from the rapid response team, providing a holistic assessment and onward referral if needed, avoiding hospital admission and keeping the patient at home when it is safe to do so. The pathway is also supported by colleagues with BCHS community matrons and therapies.



Clinical lead **Helen Mills** has been the driving force behind a trailblazing BCHS Working Together programme that wraps health and social care around the needs of individual patients.

A pilot Working Together in Leighton Buzzard was launched in 2021 and expanded to Dunstable in 2023. The programme has now expanded to cover all of Central Bedfordshire and

is being established for the people of Bedford Borough.

Working Together is a partnership approach led by BCHS and Central Bedfordshire Council (CBC) and to better connect health and social care needs for individual patients, particularly those with complex needs. Health and social care professionals discuss the needs of individuals and ensure all relevant services are linked together and providing the support that people need.

Its aim is to help people who need support from more than one agency get all of the help they need, to help them stay out of hospital and to strengthen how different services communicate and provide joined-up care.

More than 100 patients are on the current caseload and the programme is providing timely support, preventing admissions and supporting the healthcare system through more effective working.

“To see the programme develop and grow across the county has been incredible,” said Helen.



“A genuine partnership approach involving colleagues from across different organisations has been the key to opening a coordinated pathway with the needs of the individual at the heart of every decision made.”

She added: “Everyone has worked incredibly hard to remove barriers and it is so satisfying when our work provides a safe and supportive alternative to admission to hospital, particularly for people who have previously been caught in a cycle of going in and out of hospital.”

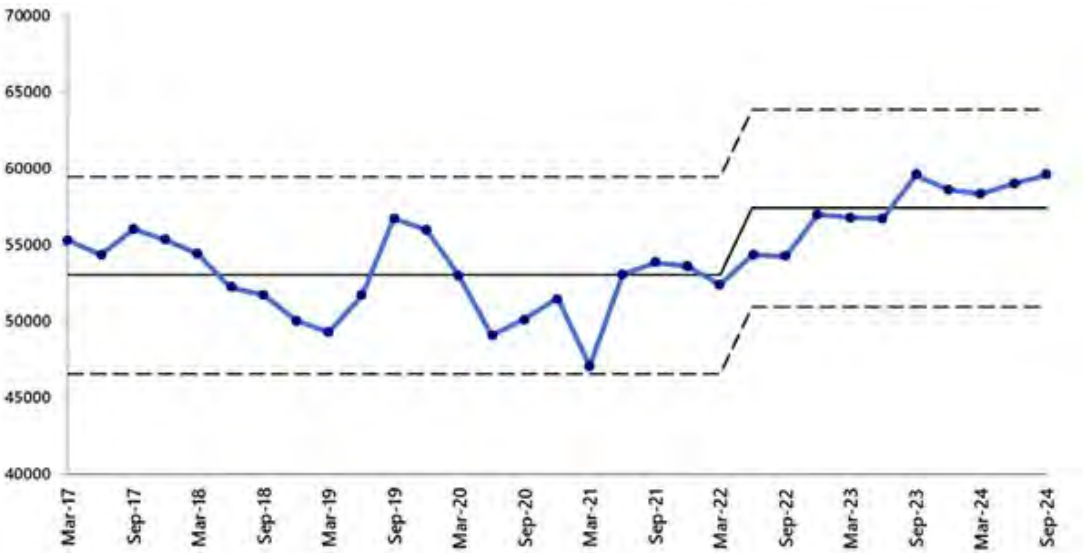
Development of Working Together for Bedford Borough has seen Helen leading on further developing connections with Bedford Hospital teams, including discharge coordinators.

Helen is also working to apply the programme principles in support for care homes in Bedfordshire, with focus on preventative care and issues including pressure ulcers and tissue viability.

District nursing provides nursing care and support to individuals in their homes or residential care settings, focusing on improving, maintaining, and recovering health while addressing complex health needs and promoting independence.

The Trust now makes almost 5,000 more visits per quarter in this setting, an increase that has been mainlined for the last two years

District Nursing Contacts per Quarter (I Chart)





An approach of continuous improvement is helping the BCHS Single Point of Access (SPoA) develop support for patients and clinical services, says BCHS associate director for operations **Irfan Ahmed**.

The SPoA is based at Queensborough House in Dunstable and operates 24/7, providing support for service users and services through a single dedicated contact number.

The service started with two mobile phones at launch and has developed into a digitally advanced operation. More than 50 staff managed an average of 10,000 calls every month.

"The service is continuing to grow but the core principles remain and one of those is ensuring we give the best possible customer support to our callers," said Irfan.

He said the team have helped improve the patient journey by ensuring all callers end their conversation having been provided with clear and practical information, delivered in a professional and friendly manner.

The digital first approach of the SPoA includes an electronic referral portal, dispensing with the time-consuming use of Word document forms being downloaded, populated, uploaded and emailed as attachments.

Automated feedback tools have been added to the system and the SPoA also continually reviews algorithms with services to ensure the right information is being captured for clinical teams. Irfan was in a band 7 role when BCHS was formed. Now an associate director, he has been supported by ELFT in completing his Executive Master of Business Administration (EMBA) in Health Care Management.

"The approach of the Trust in providing opportunities for professional development, including myself and others in non-clinical roles, is fantastic," he added.

"The Trust has also given us more autonomy. The key message has been 'you know your community and you know what will improve care, so crack on!'

"Support is always available but having the freedom to test new ideas is incredibly empowering."





Working with dedicated colleagues to innovate, be creative and try new approaches, has been one of the most rewarding experiences and key to the progress of BCHS Clinical Health Psychology Services (CHPS), says **Dr Sara Rassool**.

Sara, Macmillan consultant clinical psychologist & lead for CHPS in Bedfordshire and Luton, describes the team as having a combination of both clinical and health psychology specialist knowledge and skills that truly benefit patient care.

She has been with the service since 2019 and has been instrumental in its expansion from three colleagues to more than 30 colleagues and trainees working across 12 physical health fields.

The services work with partner organisations across the system, preventing and intervening in the psychological health associated to physical health adversity. They work across organisational boundaries in various settings to ensure the focus is on the needs of the patients. "Integrating into medical spaces and teams, bringing psychologically informed ways of working is not just beneficial for improved patient care and outcomes but also benefits the doctors and nurses approach to treatment and care", said Sara.

"Thinking about the needs of the individual and our diverse populations has helped us develop different approaches and I love that our teams embrace and value improvement, and will always try something new."

Sara said that despite working in the clinical health field for over 20 years, the COVID-19 pandemic put the spotlight on the work of CHPS, highlighting the need for an integrated 'body and mind' approach to healthcare. The pandemic also marked the start of CHPS critical care psychology provision and staff work and wellbeing service at Bedfordshire Hospitals NHS Foundation Trust, as the team helped hospital staff stay safe and well so they could continue providing vital care.

The CHPS services are varied, and led by fantastic psychologists from regional specialists innovating in the bariatric field, to fatigue specialist MDTs across BLMK.

"We are also privileged to have dedicated CHP occupational therapists and physios within parts of the service who have amazing," added Sara.

The team pride themselves on working with the wider workforce and have expanded their training programmes for end of life care colleagues, GP trainees, preceptorship cohorts within the acute hospitals and psychological skills training for all cancer specialists across Bedfordshire and Luton to now include Milton Keynes.



“Teaching, training and upskilling the wider workforce is so important, good psychological care is everyone’s responsibility and can often mean that we are working upstream to prevent escalation to secondary care mental health,” she added.

Sara has also been recently appointed as deputy clinical lead for the cancer programme for BLMK, providing an opportunity to shape change across the system.

The programme is exploring issues from school education and wider determinants of health and inequities, through to cancer screening, diagnosis, treatments and living well with, and beyond cancer.

“This is a really exciting opportunity to shape those broader strategies that influence care across a large system,” she said.

Specialist CHPS Provision:

Bedford and Luton hospitals /BLMK / CHS

- Chronic fatigue syndrome MDT (CFS)
- Macmillan cancer & palliative care
- Diabetes
- Respiratory
- Post Covid fatigue MDT services
- Critical care
- Bedfordshire Hospitals NHS Foundation Trust, staff work & wellbeing

Luton & Dunstable University Hospital only (mental health oversight)

- HIV & sexual health
- General medicine
- Secondary care integrated pain
- Bariatrics and obesity
- Prosthetics (Limb fitting)





How do ELFT district nursing services in Bedfordshire compare nationally?

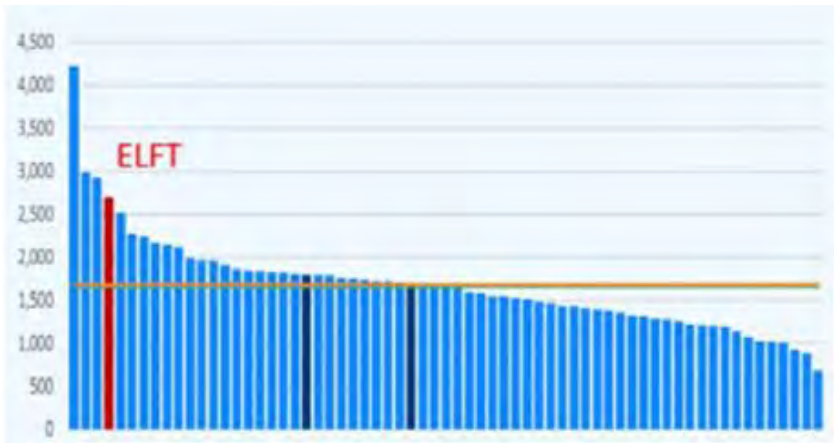
The NHS Benchmarking Network, compiling data from over 50 NHS Trusts in 2023/2024 finds ELFT Bedfordshire services to be:

- In higher-than-average demand by referrals received for population size (above the median), with a hih acceptance rate (upper quartile). The data indicates to meet this demand the service is heavily reliant on bank and agency staff (upper quartile) with low (lower quartile) registered nurses for the population size.
- Despite high referral demand nurse’s typically have a small caseload sizes (lower than median) which the data indicates is managed by service users spending short (lower quartile) spells on the caseload.
- Clinical undertake many contacts (upper quartile) with these small sized caseloads and when a face to face contact is made it is particularly long session (upper quartile).
- Patient Safety Incidents (PSIs) reported per service user is high (upper quartile) which while concerning could be a result of good recording practice.

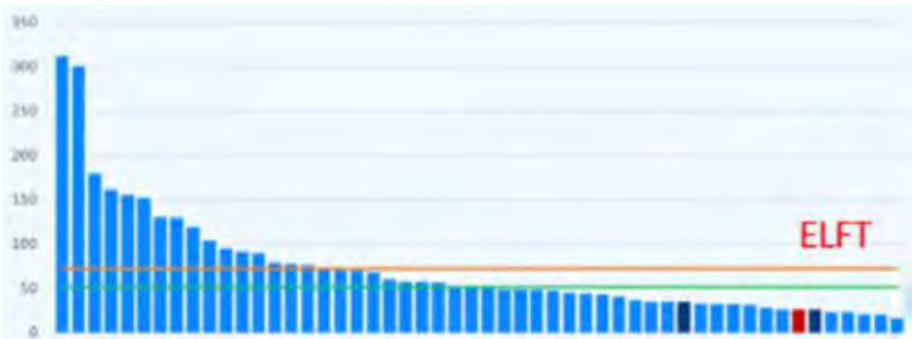
2024/2024	LowHigh	Median	ELFT
Number of referrals received per 100,000 65+ population		31,820.4	35,767.2
Referral acceptance rate (%)		97%	100%
Caseload per registered nurse WTE in establishment at the end of the year		24.0	22.1
Average time on caseload (days)		51.2	26.0
Total contacts per clinical WTE in post		1,664.3	2,696.5
Average length of a face-to-face contact (minutes)		25,9	57.0
Registered nursing staff WTE in establishment per 100,000 population		31.7	24.2
Bank and agency spend as a percentage of total pay spend (%)		12.5%	70.6%
Number of patient safety incidents reported by the service during the year per 100 unique service users		15.3	36



Bedfordshire 2023/2024 (NHS Benchmarking Network)
Total contacts per clinical WTE in post



Average time on the caseload (days)

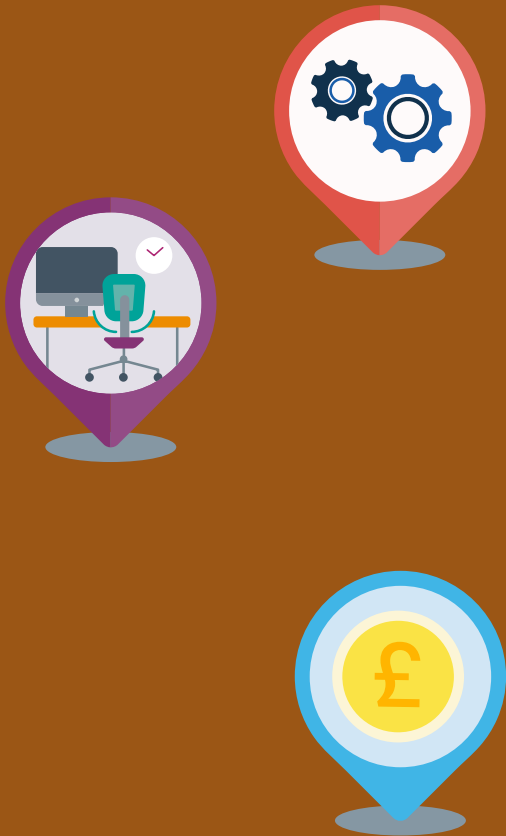


East London NHS Foundation Trust - 10 Years of Providing Care & Support In Bedford Borough, Central Bedfordshire & Luton





Our Partnerships





Our Partnerships



More people are receiving the right help and police officers are attending 300 incidents less every month as a result of work with ELFT and other system partners to improve mental health support, says the **Chief Constable of Bedfordshire Police Trevor Rodenhurst**.

A collaborative approach has been developed over the last 10 years that puts the needs of the

individual at the centre of any system response, with one significant change being the reduction in officers called to incidents where there is no obvious need for policing.

The Chief Constable has highlighted the partnership Right Care, Right Person (RCRP) model as one example of progress through the long-standing collaborative relationship. RCRP ensures ELFT, local authorities and the force work together to ensure the right health or social care service responds to incidents, rather than automatically defaulting to police intervention, especially for health-related concerns.

This approach aims to provide timely and appropriate support to individuals in need, prevent further distress, and allow police to focus on their core duties.

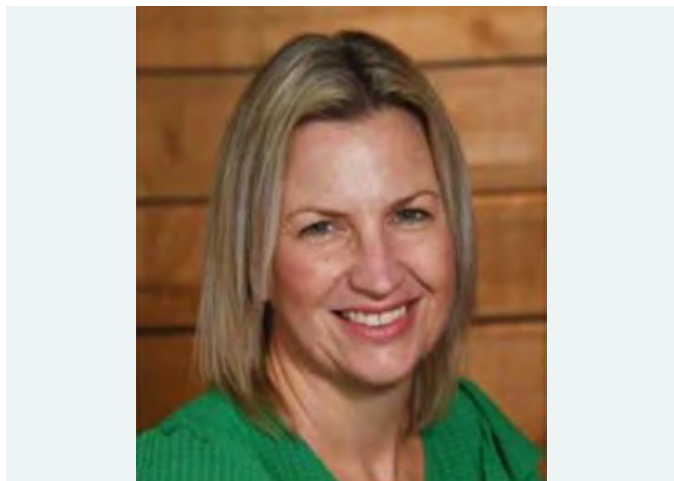
"I think progress with ELFT over the last 10 years has been built on trusted relationships, greater understanding of the services that each other offer and with leaders being willing to look at the system and how it is working so we can maximise our collective effort," said Trevor.

Expertise and access to patient data is available to the force through a mental health nurse embedded within the force control centre, helping choose the most appropriate response. ELFT, Bedfordshire Police and EEASt have also operated a mental health street triage vehicle since 2016.

There have been no individuals taken into custody over the last few years under section 136 of the Mental Health Act 1983, a result of improved understanding of options and signposting. In 2016 the force was taking more than 100 people a year into custody through s136.

"Bedfordshire Police and ELFT work together and within the system really well," said Trevor, who was recognised in the 2025 New Year's Honours List with a King's Police Medal (KPM).

"There is still a lot to do but a shared commitment to provide the best services for local people provides the foundations for us to continue making progress."



Combining different strengths of the NHS and voluntary sector provide blended support for communities across the county, says Mind BLMK Chief Executive **Caroline Lewis**.

The charity and ELFT are long-standing partners in Bedfordshire and Luton.

Mind community connectors are embedded within ELFT community mental health services and the two organisations work together to

provide the county-wide Recovery Lounge network and the newly-launched Service User Network (SUN) to improve community support for people with complex emotional needs. Caroline believes the value in the NHS and voluntary sector organisations working together is the variety of support they can offer.

"The partnership approach enables us both to do what we do best and focus on supporting the individual in the right way at the right time," she said.

"Together we are able to provide flexible options and blended support, ensuring the offer is not completely clinical and not completely voluntary sector facing."

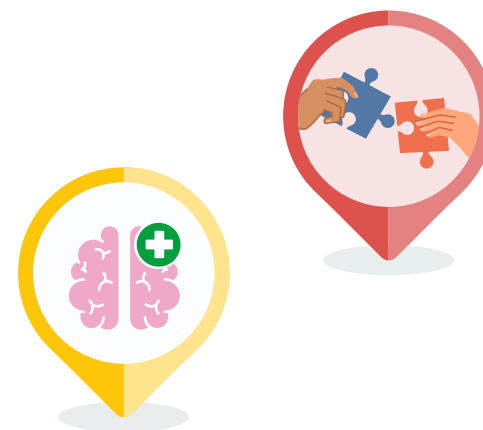
Caroline described the Recovery Lounge service as an example of how the partnership working benefits communities served by both organisations.

"We have worked really hard to create a safe space to help people at point of mental health crisis," added Caroline.

"We listened to what people wanted and have established a warm, friendly service that provides support, signposting and avoids the need to go to A&E or your GP."

Caroline said Mind and other organisations have benefited from Trust mental health alliance funding, which helps the voluntary sector come together to learn, build and develop to offer improve mental health support.

"My hope for the future is the NHS and voluntary sector continue working side by side in developing support for people across Bedfordshire and Luton."





Continuing collaboration to make the redevelopment of Bedford Health Village a reality is one example of how ELFT and local authorities work in close partnership, says Bedford Borough Council Chief Executive **Laura Church**.

The Trust, council, BLMK ICB and other organisations have been long-term partners in developing a vision to build new mental health inpatient services on the health village in Kimbolton Road, also known as the Bedford Hospital north wing site.

Behind-the-scenes work has taken place over years and ELFT conducted a public case for change engagement programme in 2021. The case for change outlined why we think a modernisation programme is the right thing to do – and asked for people to share their views, join the conversation and help take ideas forward.

A significant barrier to developing the north wing site remains with ELFT needing approval to fund any build, as the investment would significantly exceed the Trust's capital spending limits.

Laura says that while difficulties remain, she is also keen to emphasise how much partnership work is taking place to find solutions.

"I would definitely say how we are working with ELFT to overcome the north site conundrum is a clear demonstration of how our approach to partnership working has developed," she said.

"We have supported each other and I take pride in how we were able to send a letter saying we needed to do something about north wing which was signed by all system and partner CEOs – which is something that doesn't happen very often at all."

Reflecting on changes over the last 10 years Laura also highlighted ELFT's commitment to working at place, clear communication from its leadership team and how relationships between the two organisations have evolved from contractual to a joint approach that considers how to support communities together.

"I would consider one of the Trust's great strengths is its ability to listen and involve people in service development and responding to needs," added Laura.

"I have always found the people at ELFT to be professional, caring and committed. Thank you for all of the hard work that you do."



A focus on delivering accessible services and prevention of poor health have been among areas of key progress by the Trust in providing care for communities in Bedfordshire and Luton, says **Richard Carr.**

Richard is a Non-Executive Director (NED) at the Trust, having joined in December 2020. He was the first Chief Executive of Central Bedfordshire Council, formed through the merger of a county council and two district councils in 2009.

From 2017 to 2020, Richard was also the Senior Responsible Officer for the BLMK ICB, where he gained first-hand experience of the Trust's work in the region.

"It became clear to me that ELFT was a natural ally and that we had the same objectives. The Trust has put a lot of energy into ensuring services are accessible, while co-designing these with service users," he said.

During his time with BLMK, and in the early days as a NED at ELFT, Richard realised that the Trust wasn't just trying to respond to active issues facing service users.

"ELFT focusses a lot on prevention and the factors that can influence poor health, such as lack of access to secure housing and a stable income. This is seen through our role as an Anchor Institution."

An anchor institution is defined as a large, public sector organisation that has a significant stake in a geographical area, as they are 'anchored' in their surrounding community.

Looking ahead to the future, Richard would like to see work across Bedfordshire and Luton tied in with economic growth to unlock opportunities

for our communities in the region.

"We should continue to explore the root cause of mental health issues facing people, including financial worries."

He ended by emphasising the need to build an ever-greater culture of collaboration across Bedfordshire and Luton.

"Thank you to our staff, service users, carers and families who are helping to build resilience, and equipping people with the skills and confidence they need to realise their full potential."





Partnership is key to take forward our commitment to population health as a Trust, including collaborating with local authorities, voluntary and community groups and other anchor organisations.

In 2021, ELFT began working with the Institute of Health Equity to become the first NHS 'Marmot Trust', testing the boundaries of what an NHS Trust can and should do to improve the health of the whole population it serves by using the evidence-based principles of Professor Sir Michael Marmot.

At the same time, Luton became the first 'Marmot Town', using Marmot principles to inform actions based on fairness and social justice to help achieve Luton's 2040 vision. This provides a common approach to reducing health inequalities across our organisations.

Shared work in Luton includes taking action to increase access to good quality work and a living wage, and to help support those with mental health conditions into work. ELFT 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. In addition, through working in partnership with Luton Adult Learning, ELFT supported mental health first aid courses to grow capacity within Luton organisations to spot and respond to signs of mental health issues amongst staff. This work is continuing through the BLMK Integrated Care Partnerships (ICPs) in the Work and Health Stewardship group.

This group consists of stakeholders all across the BLMK footprint – NHS, ICB and local authority staff, VCSEs and service users and carers and is supporting development of more and different intervention pathways into employment. The

support is being developed for not only people seeking work but also for employers, so they are better equipped to welcome people with additional needs into their workforce. This includes supported opportunities, identifying needs, application support, interview preparation, extended inductions, supported development and looking at soft skills and transferable skills. The group is aiming to support employers to take ownership of the programme which should result in improved staff retention rates and better wellbeing amongst employees.

Our Marmot principles also support the sharing of approaches where we see positive impacts on the social determinants of health, the conditions that support us to live well in our day to day lives. For example, following a successful pilot in Newham we are now working in partnership to test a Healthier Wealthier Families project in Luton, helping reduce the negative impacts of child poverty that affect too many families in our communities. Our partnership approach was shared at the European public health conference in 2024 alongside colleagues from the Institute of Health Equity and Bedfordshire University.



ELFT awards and achievements

2025

- UK-Africa Health Summit Global Health Partnership – Diaspora Healthcare Champion Award – Lucia Vambe, Corporate Lead Nurse in Education and Development
- Queen's Nursing Institute – Elsie Wagg Scholarship – Twinwoods Health Resource Centre
- British Association of Social Workers – 'Amazing Social Work Leaders' – Tracey Wright, Social Worker, Biggleswade CMHT
- British Association of Social Workers – 'Amazing Social Work Leaders' – Martin Orr, Operational Manager, Biggleswade CMHT
- New Year's Honours – Edwin Ndlovu MBE, Chief Operating Officer and Deputy Chief Executive
- Lorraine Sunduza OBE named in HSJ Top 50 CEOs

2024

- Building Better Healthcare Awards – Team of the Year – Estates & Facilities

- HSJ Digital Awards – Driving Change Through Data and Analytics' Award – Data & Analytics Team
- Design in Mental Health Awards – Team of the Year – Estates and Facilities
- HSJ – Most Influential NHS BAME Figures – Tanya Carter, Chief People Officer
- HSJ – Most Influential NHS BAME Figures, Alumni List – Dame Donna Kinnair, Non-Executive Director
- HSJ – Top 50 NHS Leaders – Lorraine Sunduza OBE
- King's Birthday Honours – Dr Amar Shah MBE, Chief Quality Officer
- Primary Care Impact Awards – Excellence in Patient Communication Award – Cauldwell Medical Practice
- New Year's Honours – Lorraine Sunduza OBE, Chief Executive

2023

- Royal College of Psychiatrists Awards – Patient Contributor of the Year – Peer Support Training Lead, Lenna Adley
- Queen's Nurse Awards – Nurse of the Year – Julie Roye, Lead Nurse for Primary Care
- Community Awards for Luton and Bedfordshire – Health Care Hero Award – Chris Gibbons, Prison Reconnect Worker
- Community Awards for Luton and Bedfordshire – Health Care Hero Award – Luton and Bedfordshire Liaison and Diversion
- VMWare International Customer Cloud Technology Award – ELFT Infrastructure Team for Digital Infrastructure Programme
- HSJ 50 Most Influential BAME People in Health – Tanya Carter, Chief People Officer
- HSJ 50 Most Influential BAME People in Health – Dame Donna Kinnair, Non-Executive Director
- NHS Pastoral Care Quality Award – International Recruitment and High Quality Pastoral Care to Overseas Staff



- Learning Disabilities and Autism Awards – Chelsea Laing, BLMK CAMHS Nurse (Highly Commended)
- HSJ Digital Awards – The Bedfordshire Community Health Service Single Point of Access Collaboration

2022

- HPMA Awards – Team of the Year – People & Culture
- HPMA Awards – Director of the Year – Tanya Carter, Chief People Officer
- Zenith Global Health Award – Ruth Bradley, Director of Nursing, Integrated Care
- International Quality Awards – Team of the Year: Quality Department
- The Royal Statistical Society and the Health Foundation Florence Nightingale Award – ELFT Visual Analytics Team for Excellence in Healthcare Analytics

2021

- HealthTech Digital Awards – Best COVID-19 Solution for Mental Health: Digital Innovators Improve Well and ELFT's QI Team

- National Award for Inpatients Police Partnership Programme – Richard Harwin, Health, Safety, Security & Emergency Planning Manager with Bedfordshire Police.
- HSJ NHS Workplace Race Equality Award – WRES Category for Compassion and Equality in Employer Relations – People & Culture Team

2020

- NHS Parliamentary Awards – Regional Care and Compassion Award – Bedfordshire Integrated Discharge Hub
- Cavell Stars – Bedfordshire Palliative Care Team
- Cavell Stars – Sarah Stringer, Bedfordshire Community Matron
- New Year's Honours – British Empire Medal – Debbie Buck, Lead Nurse, Bedfordshire

2019

- Positive Practice National Children & Young People's Mental Health Awards – Liaison & Intensive Support Award – Bedfordshire and Luton CAMHS Crisis Service
- HSJ Most Effective Litigation Award – ELFT Legal Affairs

- Howard League for Penal Reform for Work with Female Offenders – Bedfordshire and Luton Liaison and Diversion Service

2018

- National Mental Health Awards – Quality Improvement Award – Bridging the Bedford Gap Project
- Royal College of Psychiatry Awards – Psychiatric Trainer of the Year – Dr Chris O'Loughlin, Head of School of Psychiatry of the East of England Deanery

2017

- Bedfordshire Junior Young Person of the Year Award – Roshni Patel, CAMHS Service User

2016

- HSJ Awards – Provider Trust of the Year – ELFT
- University of Bedfordshire – Honorary Doctorate – Ben Salmons, 'Break the Stigma' Campaign Manager
- Financial Times – Top 20 LGBT+ Influential People – Ken Batty, Non-Executive Director



Innovation, excellence and commitment to patient care are celebrated every year at the ELFT Staff Awards.

Here are winners from our Bedfordshire and Luton services over the last five years.

2024 Staff Awards

- Commissioners Award, Improving Population Health – Luton Community Mental Health Services and Hatters Health Primary Care Network
- Star of the Future Award – Maryam Shafait, Luton Mental Health
- Improving Service User Experience Award – Evergreen CAMHS Inpatient Unit, Luton
- Improving Staff Experience Award – Daniela Diaconu, Luton North Hub Community Mental Health Team
- The Make a Difference Award – Dr Kim Caldwell and Dr Jeannette Fuller, Bedfordshire & Luton Older People's Psychology
- Because of You Award – Simon Bedeau, Learning Disability Services

2023 Staff Awards

- Commissioner's Award, Improving Population Health – Primary Care Mental Health Link Worker Service, Luton and Bedfordshire
- Dr Robert Dolan Leadership Award – Matthew Sparks, CHS Bedford
- Improving Service User Experience Award – Katrice Russell, Luton Community Mental Health Team (CMHT)
- Support Services Award – Molly Burton, Luton Mental Health
- Service User Award for a Special Person – Kamila Naseova, BHS Bedford
- Greener Health Award – Bedfordshire Continence Service, CHS Specialist Services



2022 Staff Awards

- Chairs 'Behind the Scenes' Award – Aimee Prowle, Chronic Fatigue Service, Community Health Services in Bedfordshire
- Commissioner's Award, Improving Population Health – Luton Blended Team, Luton & Bedfordshire Mental Health & Wellbeing Service
- Improving Staff Experience Award – Denise Locklin, Bedfordshire Continence Service
- Service User Award for a Special Person – Sarah Jane Conley, Luton
- Stars of the Future Awards – Lucy Beaumont-Payne and Phoebe Edwards, Bedfordshire Podiatry Apprentices
- The Make a Difference Award – Sarah Massey, Specialist Services

2021 Staff Awards

- Improving Service User Experience Award – Maria Tzamtzi, Bedfordshire Social Worker
- Commissioner's Award – Bedfordshire & Luton's Community Health Psychology Services
- A Service User Award for a Special Person – Carlene Bantick, Luton Older People's Mental Health Care

2020 Staff Awards

- Improving Patient Experience Luton and Bedfordshire – Niki Scott, Service User Participation Lead for CAMHS, Bedfordshire and Luton (Specialist Services)
- Improving Staff Experience Luton and Bedfordshire – The Single Point of Access team for Bedfordshire Community Health Services
- Star of the Future Award – Luke Daly, Life Skills Recovery Worker, The Lighthouse in Leighton Buzzard
- Commissioner's Award, Bedfordshire and Luton – Bedfordshire CAMHS Parent Emotional Wellbeing Programme Team (Specialist Services)
- Chair's 'Behind the Scenes' Award – Victoria Stone, Louise Hughes and Sarah Denmead, Team Leads for South Bedfordshire Community 'Primary Care at Home'





Afterword

As I reflect on a decade of ELFT providing services across Bedfordshire and Luton, I am filled with a tremendous sense of pride in how much has been achieved by so many wonderful people.

We have come such a long way together since 2015, taking tremendous strides forward in improving care for the communities we serve across Bedford Borough, Central Bedfordshire and Luton.

Talented colleagues have helped lead the way in building a culture of quality and co-production and I have seen so many wonderful service users and carers, many who were with us at the start of our journey, flourish as they guide us along the right path.

Colleagues have embraced opportunities for professional development and become leaders

within the Trust and I love seeing service users first involved through People Participation now employed by us. Those personal journeys inspire me every day.

We are also fortunate to have so many incredible partners who have worked tirelessly to help remove traditional organisational boundaries and develop a collaborative and integrated approach to care built around the needs of the individual. To me, Bedfordshire and Luton are now part of the Trust's DNA.

I see our values of care, respect and inclusivity demonstrated across our services every day with progress across the county built on the foundations of our organisational treasures: our kind and caring staff, PP, QI, our clinical leadership, our diversity and approach to inclusion.

Just some of the improvements to care have included the development of mental health street triage, NHS 111 24hr mental health crisis support for all ages and new services including

a county-wide perinatal mental health service and the integrated maternity and mental health service OCEAN.

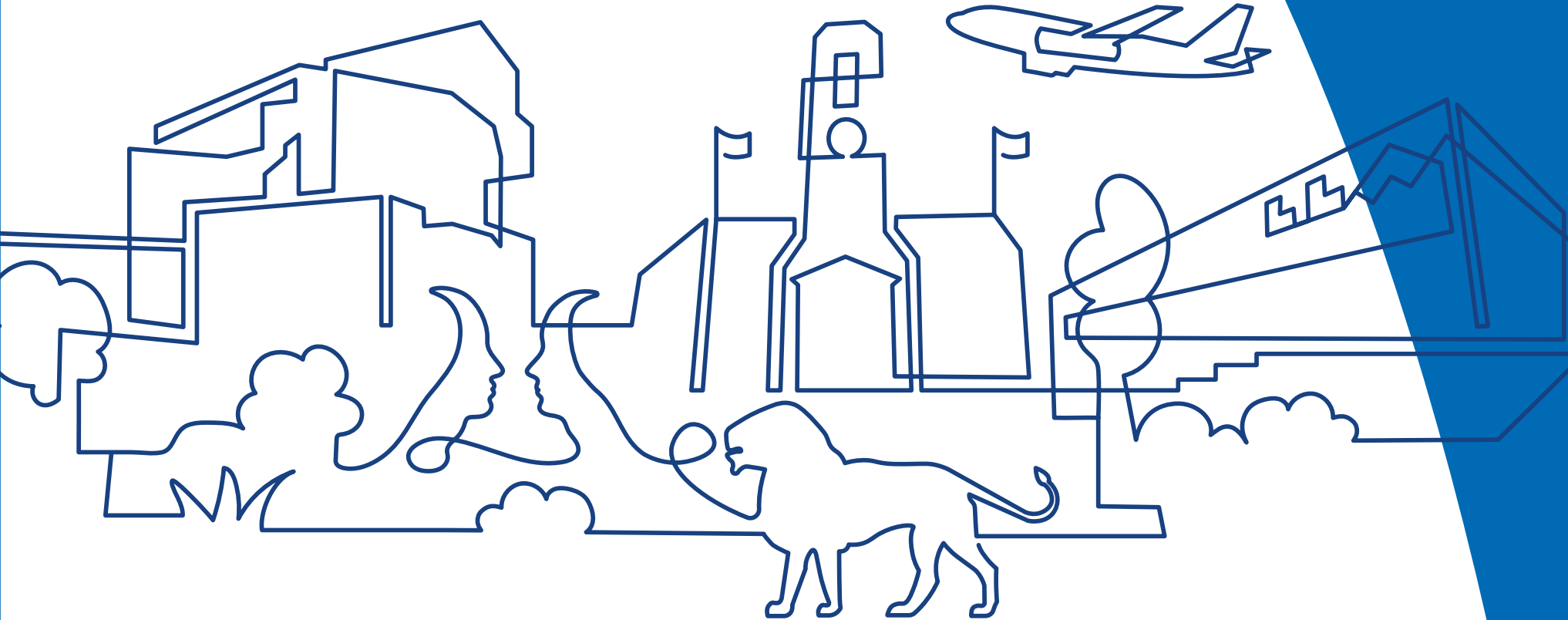
Access to care has improved and the opening of the Evergreen mental health inpatient service is helping keep young people close to home and their loved ones.

None of this would have been possible without the commitment of so many exceptional people across the county. Thank you for everything you have achieved.

We still have work to do and I take great comfort that Bedfordshire and Luton colleagues, experts by experience and partners will continue to lead the way.

Lorraine Sunduza OBE
ELFT Chief Executive





REPORT TO THE TRUST BOARD IN PUBLIC
24 July 2025

Title	Audit Committee Meetings held on 26 June and 10 July 2025 – Committee Chair’s Assurance Report
Board Lead	Anit Chandarana, Non-Executive Director and Chair of the Audit Committee
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

- To bring to the Board’s attention key issues and assurances discussed at the Audit Committee meetings held on 26 June and 10 July 2025.

Key messages

- Annual Report & Accounts 2024/25 (ARA)**
- The committee was assured by the quality and integrity of the external audit process, the Trust’s strong financial reporting and control environment and the constructive engagement with internal audit. While a partial assurance opinion was issued by internal audit due to compliance and cultural challenges, the committee is confident in the Trust’s commitment to strengthening governance and risk management. The ARA is on track for submission to NHS England (NHSE) and Parliament. Key points:
- **External Audit: completion and annual report**
 - The committee noted the quality of the audit, the positive working relationship between the Trust and the auditors and the robustness of the Trust’s financial reporting and control environment
 - The Local Government Pension Scheme (LGPS) is not material and that an unqualified audit opinion is presented, subject to Board approval
 - A technical delay in issuing the audit certificate (due to national guidance) is expected to be resolved by October 2025; this will not impact the publication of the accounts or the planning of the annual members meeting (AMM) in September
 - **Internal Audit: annual report**
 - A partial assurance opinion was issued reflecting ongoing compliance and cultural challenges; key risks were identified in control effectiveness and risk management
 - The committee was assured by the Trust’s open engagement with the internal audit findings and its commitment to addressing identified weaknesses. While the partial assurance rating reflects areas for improvement, the committee is confident in the Trust’s plans to strengthen compliance, governance and risk management processes over the coming year
 - **Annual Report & Accounts 2024/25**
 - Annual accounts: a £15m deficit was reported attributed to a technical difference between NHSE performance and statutory accounts; however, there were no material changes to the primary financial statements. A resolved issue regarding lease disposals will inform future reporting
 - Annual report: only minor textual amendments
 - The committee recommended approval of the ARA 2024/25 by the Trust Board for submission to NHSE which is on track by 30 June 2025 deadline and to be laid before Parliament before the summer recess.

External Audit Update

The committee welcomed the unqualified external audit opinion on the Trust’s ARA for 2024/25 confirmed following the immateriality of LGPS assets and liabilities and was further assured by the timely submission to NHSE and by the effective collaborative audit process.

Internal Audit update

The committee acknowledged continued progress against the 2025/26 internal audit plan noting the finalisation of reports on Data Security and Protection Toolkit (DSPT) and risk management. While partial assurance was given for risk management, it sought further assurance on operational risk understanding and the clarity of controls and mitigations. The committee welcomed collaborative efforts to close outstanding actions but highlighted the need for more realistic timelines. It was

encouraged by steps to improve executive visibility of audit findings and noted briefings on fraud prevention guidance and cost improvement benchmarking. Key points:

- Continuing progress against the internal audit plan for 2025/26 was acknowledged by the committee, noting the finalising of two reports on the *Data Security and Protection Toolkit (DSPT)* and *risk management*
- The committee noted the partial assurance rating for risk management and sought further assurance around the Trust-wide understanding of operational risk and management of local risk registers, requesting work to strengthen awareness with the use of clear language to describe controls and mitigations
- The DSPT is considered high risk with a medium level of confidence; assurance was provided on the cyber security element with full completion of the necessary document reviews on new ways of working
- The committee welcomed the collaborative work between RSM colleagues and execs to support the conclusion of outstanding management actions; however, reflected on the ongoing challenge around the rescheduling of overdue actions. Further work by execs was requested to support the more realistic setting and achievement of timelines
- The committee was encouraged by the further work to ensure full visibility of internal audit reviews by all exec portfolio holders allowing opportunity for challenge where necessary
- Briefings included the failure to prevent fraud new guidance and questions for the Trust to consider and cost improvement plan benchmarking that highlighted the importance of recurrent schemes, detailed trackers and quality improvement assessments.

Deep Dive BAF Risk 4: Quality and Safety

The committee was assured by the structured and dynamic approach to managing the risk. While the risk score remains static due to external pressures, the committee is confident that appropriate controls, mitigations and governance mechanisms are in place. Continued focus on risk trajectory and strategic alignment will support progress toward the target risk level. Key points:

- The deep dive focused on BAF risk 4 which relates to improved experience of care and the risk of harm and sub-optimal care if essential standards of quality and safety are not maintained.
- The context around the risk score remaining at 12 throughout 2024/25 is a consequence of external factors impacting the organisation and ongoing challenges around demand, complexity and financial constraints
- Governance frameworks are in place to manage and monitor the risk including or the consideration of risks within the Trust and to strengthen governance, and noted the mitigation plans in place with clear timelines and a focus on long-term improvements in capacity, flow and service delivery
- To further strengthen assurance, the committee requested further evidence of risk score movement over time and a re-examination of risk causes and consequences to support progress toward the target score
- The committee welcomed the exec review of all BAF risks to ensure alignment with strategic priorities and strengthen overall assurance.

Counter Fraud Progress Report and Counter Fraud Policy

The committee was assured by the Trust's continued focus on counter fraud readiness, particularly in preparation for the introduction of the Failure to Prevent Fraud Act in September 2025; and welcomed the completion of training and awareness actions, positive engagement with external recruitment agencies and ongoing efforts to strengthen policy compliance and governance. Key points:

- The Trust has been proactive in preparing for the new fraud offence including delivery of internal training and awareness initiatives and confirmation of compliance from recruitment agencies
- Clarity is still being sought from NHSE on aspects of national guidance but this does not impact on the Trust's readiness
- The committee approved the updated counter fraud policy with a request for further clarification on the definition of 'senior manager' as it applies within the Trust; and acknowledged progress on outstanding counter fraud recommendations with four of the five linked to the standards of business conduct policy and requested continued support to ensure completion within the stated deadlines.

Health Care Space Newham (HCSN) Annual Report

The committee was assured that a full review of HCSN is under way jointly led by the Trust and the London Borough of Newham (LBN) in response to ongoing financial underperformance and

uncertainties about the vehicle's ongoing value. The transparent approach to evaluating its future and the commitment to bring forward clear options for decision-making was welcomed. Key points:

- A £400k loss reported for 2024/25 with a £200k impact to the Trust under the 50/50 split partnership arrangement. HCSN has not achieved its intended purpose with limited project volume, lack of ICB engagement and alternative property mechanisms already in place within LBN
- A jointed review is in progress to assess the options for the future of this vehicle with a report due to the Finance, Business and Investment Committee in September
- The committee reflected on the capital resource constraints impacting future development potential and the difficulty in evidencing financial benefits and the wider risks and implications of winding up the company.

Annual Review of Standing Financial Instructions (SFIs)

The committee was assured that the SFIs remain fit for purpose following minor updates to reflect recent legislative changes and strengthened internal controls.

Losses and Special Payments

The committee was assured that the Trust continues to manage public funds appropriately in line with SFIs on the regular review of losses and special payments, noting that losses and special payments in Q1 were minimal. A more detailed trend and benchmarking report will be provided at the next meeting for further assurance.

Waivers and Breaches

The committee was assured by the absence of reported waivers or breaches since the last meeting reflecting the positive impact of the technical approval process and ongoing training with steady progress noted towards full 'no PO, no pay' compliance and continued efforts to streamline procurement operations.

Modern Slavery Statement

The committee approved the statement following assurance of ongoing focused efforts to ensure compliance within the supply chain and the steps being taken to identify higher-risk sectors as part of the Trust's commitment to continuous improvement.

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

Modern Slavery and Human Trafficking Statement 2025

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and constitutes the Trust's slavery and human trafficking statement for the financial year ending 31 March 2025. The statement sets out the steps that East London NHS Foundation Trust (ELFT) has taken, and is continuing to take, to make sure that modern slavery or human trafficking is not taking place within our business or supply chain, or in any part of our business during the year ending 31 March 2025.

Modern slavery is the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. Individuals may be trafficked into, out of or within the UK, and they may be trafficked for a number of reasons including sexual exploitation, forced labour, domestic servitude and organ harvesting.

ELFT has a zero tolerance approach to any form of modern slavery or human trafficking in any part of our business activity. We are committed to acting ethically and with integrity and transparency in all business dealings, and to putting effective systems and controls in place to safeguard against any form of modern slavery taking place within the business or our supply chain.

About the Organisation

ELFT provides a wide range of mental health, community, primary care and inpatient services to children, young people, adults of working age, older adults and forensic services to the City of London, Hackney, Newham, Tower Hamlets, Barking & Dagenham, Havering, Bedfordshire and Luton, as well as remote Talking Therapies service in Norfolk.

The Trust operates from over 120 community and inpatient sites and has 900 general and specialist inpatient beds. We employ over 7,700 permanent staff, and the Trust's annual turnover is just under £744 million.

The Trust has achieved its third consecutive 'Outstanding' rating from the Care Quality Commission; the first community and mental health Trust to achieve this rating for a third time. The CQC found ELFT's overwhelmingly positive culture supported patients to achieve good outcomes.

Further information about ELFT can be found on our website: www.elft.nhs.uk

Our Commitment

- We are fully aware of the responsibilities we bear towards our service users, staff and local communities. Our overall approach will be governed by compliance with legislative and regulatory requirements and we aim to follow good practice and take all reasonable steps to prevent modern slavery and human trafficking
- We are committed to promoting a proactive and inclusive approach to equality in both employment and service provision which supports and encourages an inclusive culture which values diversity; this includes a commitment to building a workforce which is valued and whose diversity reflects the communities it serves, enabling the Trust to deliver the best possible healthcare services to the community
- We aim to design and provide services, implement policies and make decisions that meet the diverse needs of our service users and carers, the population we serve and our workforce ensuring that none are placed at a disadvantage
- We are guided by a strict set of ethical values in all of our business dealings and expect our suppliers to adhere to these same principles. We are committed to ensuring there is no

modern slavery in any part of our business in so far as possible and require our suppliers to hold similar ethos, again in so far as possible

- We are committed to ensuring that all our staff are aware of the Modern Slavery Act 2015 and their safeguarding duty to protect and prevent any further harm and abuse when it is identified or suspected that an individual may be or is at risk of modern slavery and human trafficking.
- We ensure modern slavery guidance is embedded into the Trust safeguarding policies. Staff are expected to report concerns about modern slavery and human trafficking, and management are expected to act upon them in accordance with our policies and procedures. Guidance on modern slavery and human trafficking – what it means, what are the types and who is affected, what to do if you suspect someone of being subjected to slavery, and further advice, support and resources – can be found on the Trust's intranet site
- We adhere to the National NHS Employment Checks/Standards this includes right to work in the UK, employees' UK address and factual references.

Governance and policies

To identify and mitigate the risks of modern slavery and human trafficking in our business and in our supply chain, we:

- Operate a robust recruitment and selection policy, including appropriate pre-employment checks reflecting the national NHS Employment Checks/Standards requirements on directly employed staff. Agencies on approved frameworks are audited to provide assurance that pre-employment clearance has been obtained for agency staff, to safeguard against human trafficking or individuals being forced to work against their will
- Implement a range of controls to protect staff from poor treatment and/or exploitation which comply with all respective law as and regulations; these include provision of fair pay rates, fair terms of conditions of employment and access to training and development opportunities
- Consult and negotiate with Trade Unions/Staffside on proposed changes to employment, work organisation and contractual relations
- Have systems to encourage the reporting of concerns including a whistleblowing policy so that all staff know that they can raise concerns about how colleagues or people receiving our services are being treated, or about practices within our business or supply chain, without fear of reprisals; and the promotion of our Freedom to Speak Up Guardian and Ambassadors
- Regular Freedom to Speak Up reports are provided to the Trust Board which includes an overview of the concerns raised by staff and the category they fall in to
- Have a standards of business conduct policy which explains the manner in which we behave as an organisation and about how we expect our staff and suppliers to act
- All our people, procurement and commercial policies are equality impact assessed to ensure that colleagues are always treated fairly.

Working with Suppliers

Our approach to procurement and our supply chain includes:

- Ensuring that our suppliers are carefully selected through our robust supplier selection criteria and processes, and require all suppliers to comply with the provisions of the UK Modern Slavery Act (2015) through our purchase orders and tender specifications, which set out our commitment to ensuring no modern slavery or human trafficking in relation to our business
- Ensuring a human rights issue clause is included as a standard term in all contracts with a requirement for suppliers to have suitable anti-slavery and human trafficking policies and processes in place and that they comply with the provisions of the UK Modern Slavery Act (2015)
- Evaluate specifications and tenders with appropriate weight given to modern slavery and human trafficking points
- Encouraging suppliers and contractors to take their own action and understand their obligations in their processes
- Upholding professional codes of conduct and practice relating to procurement and supply
- Trust staff must contact and work with the procurement team when looking to work with new suppliers so appropriate checks can be undertaken

- The Trust's major supplier of clinical and non-clinical consumables, equipment and maintenance services is NHS Supply Chain (NHSSC) who operates with a Supplier Code of Conduct which outlines main principles for suppliers' labour standards and worker welfare. All suppliers to NHSSC are expected to adhere to these principles, which address issues such as child labour, forced labour, wages, working hours and health and safety. The supplier code of conduct is a contractual requirement and has been part of all NHS Supply Chain framework agreements since 2009.
- We also utilise various public sector framework agreements and these frameworks contain such provision. The contracts set out the behaviours expected throughout procurement and supply chain relationships. We include performance indicators in supplier contracts so we can monitor progress against contractual commitments. These can include Social Value and training commitments, and obligations for suppliers to conduct supply chain analysis.

Training

All staff have a personal responsibility for the successful prevention of modern slavery and human trafficking. Advice and training on modern slavery and human trafficking is available to staff through our safeguarding policies, procedures and training, and our safeguarding leads. Safeguarding training on identifying and supporting victims of modern slavery is mandatory for all staff via our online training system. In addition, the procurement team all undertake the Cabinet Office modern slavery training that is specific to managing our supply chain.

In relation to our supply chain, as part of ongoing professional development and delivery, procurement staff are required to undertake the CIPS Ethical Procurement and Supply training and Social Value Mandatory eLearning via Government Commercial Function. This helps our teams to do the following when carrying out our commercial activity:

- identify modern slavery risks;
- manage risks effectively in supply chains and existing contracts; and
- act when victims of modern slavery are identified.

Confirmation

The Board of Directors has considered and approved this statement and will continue to support the requirements of the legislation.

Eileen Taylor
Chair
29 July 2025

REPORT TO THE TRUST BOARD IN PUBLIC
24 July 2025

Title	Integrated Care & Commissioning Committee (ICCC) 17 July 2025 – Committee Chair’s Report
Committee Chair	Richard Carr, Senior Independent Director and Chair of Integrated Care & Commissioning Committee
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

To bring to the Board’s attention key issues and assurances discussed at the Integrated Care and Commissioning Committee (ICCC) meeting held on 17 July 2025.

Key messages

Summary

The ICCC meeting on 17 July 2025 focused on two substantive agenda items:

- An update on Compass Wellbeing CIC (CWC)
- A strategic discussion on the recently published NHS 10-Year Plan

The committee received detailed updates and engaged in robust discussion on governance, financial sustainability, strategic alignment and system-wide transformation. The committee was assured by the progress made in strengthening governance and financial oversight at CWC and welcomed the opportunity to shape the Trust’s response to the 10-Year Health Plan. Several follow-up actions were agreed to ensure continued alignment with Trust priorities and national policy developments.

Compass Wellbeing CIC (CWC)

The committee welcomed a detailed update on CWC noting the significant progress in governance, financial stability and strategic alignment with the Trust. Key points:

- The appointment of a permanent CEO and Chair alongside a 12-month governance improvement plan has strengthened leadership and oversight
- Updated Articles of Association and a new collaboration agreement with the Trust have clarified roles and responsibilities
- Compass reported a financial surplus of £114,000 and a healthy reserve of £1.38m with £5.4m distributed to VCSE partners and £65k saved through medical device audits
- Compass is actively engaging stakeholders and co-producing its future strategy to align with the Trust’s refreshed direction
- The committee sought clarity on the resolution of historic dividend discrepancies and welcomed the transparent approach taken to address them
- The committee discussed the balance between Compass’s ambition to diversify income and the need to remain focused on the Trust’s core geography and priorities
- Several actions were agreed including further explanation of the dividend legacy, an options appraisal for mental health emergency departments, and evaluation of the impact of mental health support worker roles.

NHS 10-Year Health Plan (10 YHP)

The committee held a wide-ranging and reflective discussion on the implications of the NHS 10-Year Health Plan recognising both the ambition of the proposals and the significant challenges they present. The discussion focused on the Trust’s role in shaping and responding to national policy with a particular focus on integrated neighbourhood teams, digital transformation, mental health and financial sustainability. Key points:

- The committee welcomed the Trust’s early engagement in national workstreams and its leadership in neighbourhood development, noting that ELFT is well-positioned to influence and implement key elements of the plan. The Trust’s strategy refresh is being carefully aligned with the 10 YHP to ensure coherence between national priorities and local needs
- The committee acknowledged the plan’s emphasis on shifting care from hospital to community settings but expressed concern about the lack of investment in community health services over the past decade as well as the limited attention given to mental health and learning disabilities

- There was also recognition that the plan is heavily NHS-centric, and the committee stressed the importance of adopting a whole-system approach that includes local authorities, voluntary and community sector organisations, and other public sector partners
- The discussion highlighted the need to build on the Trust's existing relationships and explore new partnerships beyond the NHS. This includes working with local councils, national charities, and even corporate organisations to support population health and deliver integrated care. Compass was cited as an example of how the Trust is already engaging with a broader ecosystem including through contracts with voluntary sector organisations like Praxis and through efforts to diversify income streams and scale impact nationally
- The need for clarity around the proposed "integrator" role and the resources required to deliver it effectively was also highlighted
- The discussion drew attention to the operational and financial implications of the plan including the need for multi-year settlements, new reimbursement models and capital investment in mental health emergency departments
- The committee emphasised that the Trust must remain proactive in shaping the implementation of the plan at both regional and national levels
- Several actions were agreed to support the Trust's strategic positioning including progressing an options appraisal for mental health emergency departments, defining ELFT's offer for the integrator role and continuing outreach to system partners to support neighbourhood development
- The committee also emphasised the importance of maintaining a strong voice for mental health and community services in national discussions and ensuring that the Trust's refreshed strategy reflects the needs and aspirations of its staff, service users and communities.

Board Assurance Framework – Risks 1, 2 and 9

Risk 1: If the Trust does not build and sustain the right capability and capacity to support new models of integrated care this may impact adversely on our ability to deliver the Trust strategy

Risk 2: The Trust does not build and sustain effective partnerships with other health, care, voluntary sector and other organisations

Risk 9: There is a risk that the Trust does not manage its commissioning responsibilities and associated risks as a lead provider and/or collaborative commissioner

- The committee received an update on the current BAF risks in the context of recent developments noting that while no changes were made to overall risk scores the framework continues to reflect the Trust's key strategic risks. The discussion highlighted the importance of maintaining a dynamic and responsive approach to risk management, ensuring the BAF remains aligned with the Trust's refreshed strategy and evolving system context while also reflecting how recent developments are reshaping the Trust's risk landscape and assurance processes
- **Risk 1:** A social care improvement board has been established in Bedfordshire and Luton chaired by the Trust's Director of Social work and involving local authority partners; this is a positive step towards addressing peer review concerns, enhancing oversight and strengthening integrated working with local authority partners
- **Risk 2:** Given the scale of change in the national policy environment including the implications of the 10 YHP and the shift towards strategic commissioning, a reconsideration of this risk will be undertaken, and a refreshed articulation will be brought back to the committee, reflecting the Trust's evolving role within the system and the need to remain agile in the face of uncertainty
- **Risk 9:** The successful conclusion of key projects presents an opportunity to reassess the associated risk score, with a revised evaluation expected at the next meeting that may lead to a reduction in the rating

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

**REPORT TO THE NAME OF COMMITTEE/TRUST BOARD IN PRIVATE/TRUST
BOARD IN PUBLIC
24 July 2025**

Title	Trust Strategy Refresh
Author	Carys Esseen, Deputy Director of Integrated Care
Accountable Executive Director	Richard Fradgley, Deputy Chief Executive; Dr. Amar Shah, Chief Quality Officer

Purpose of the report

This report provides an update to the board on the timeline and process that will be followed to refresh the trust's organisational strategy.

Committees/meetings where this item has been considered

Date	Committee/Meeting
27/02/25	Trust Board Development Session
14/05/25	Integrated care and Commissioning Committee

Key messages

Our existing 5-year organisational strategy was published in 2021 and was rooted in the context of post-pandemic recovery, and the stark inequalities in health outcomes that the pandemic exposed.

The context for our strategy refresh in 2025/26 includes considerable reform and reorganisation of the NHS (as set out in the government's 10 Year Plan for Health) centred on three key shifts:

- From hospitals into the community
- From analogue to digital
- From sickness to prevention

Following the launch of our Big Conversation at Council of Governors on 10th July, we have begun the process of engaging with staff, service users, and other partners to discover what matters to them as we develop our strategy for the next five years.

One key difference between the previous refresh and the plans for this process, is the inclusion of a representative group of staff and service users to deliberate on the findings from our workshops and surveys. The representative group will be responsible for identifying a small number of long-term goals for the next five years that will deliver cross-cutting improvements against our 4 strategic outcomes. These, alongside a proposed measurement framework, will be presented to the board as a set of recommendations.

As per the timeline included in this paper, we intend to seek approval for the new organisational strategy at trust board in January 2026.

The board is asked to receive and note this update.

Strategic priorities this paper supports

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

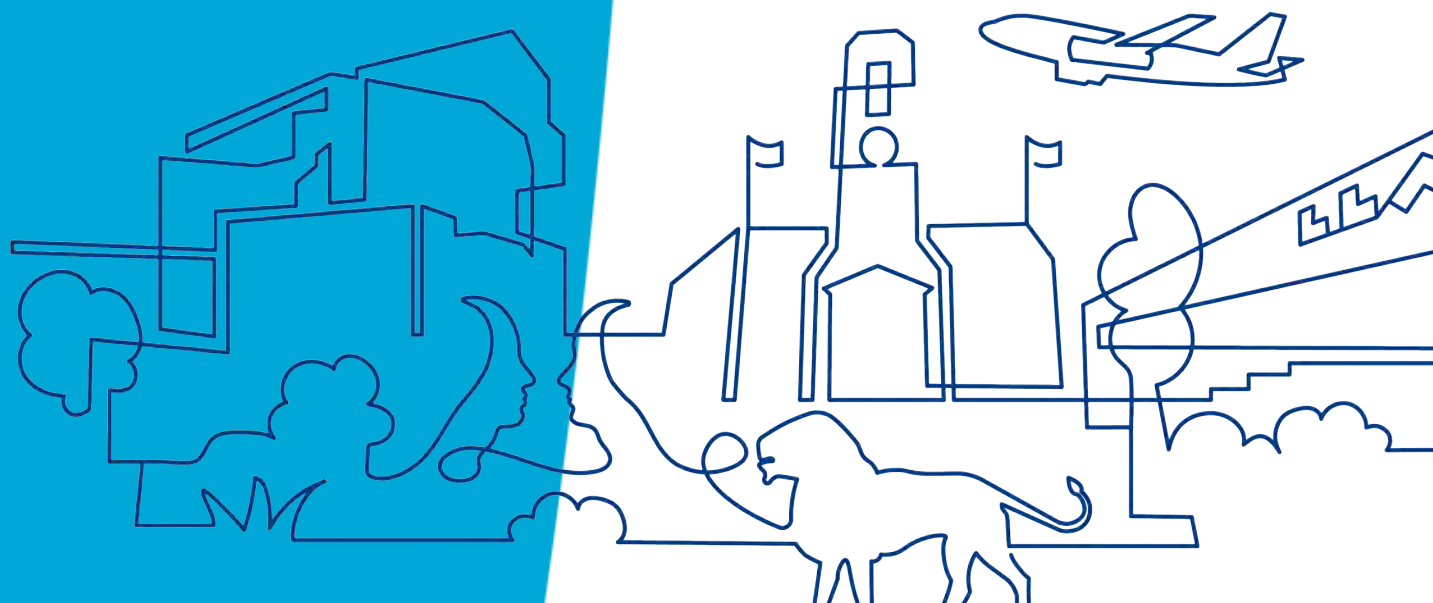
Implications

Equality Analysis	Our new organisational strategy will continue to consider how we will improve the quality of life for all we serve. This will include working to understand inequity in access, experience and outcomes for service users and staff, and developing plans to address this.
Risk and Assurance	If we learn the lessons from our existing strategy and approach to strategy execution, we will be able to use our new strategy to help anticipate and manage organisational risk, and to provide assurance to the board that we are achieving the aims of our strategy.
Service User/ Carer/Staff	It is critical that all our stakeholders (internal and external) have the opportunity to shape our strategic plans. Service users, their carers, and our staff will be offered various means of participating in our Big Conversation.
Financial	Improved value is one of our existing strategic outcomes and will continue to be a focus for us over the lifespan of our new organisational strategy.
Quality	Improving the quality of life for all we serve is our trust mission and this will continue over the next 5 years. We will achieve this by finding ways to improve population health, improve service user experience, improve staff experience and improve value.

Please see slides, attached

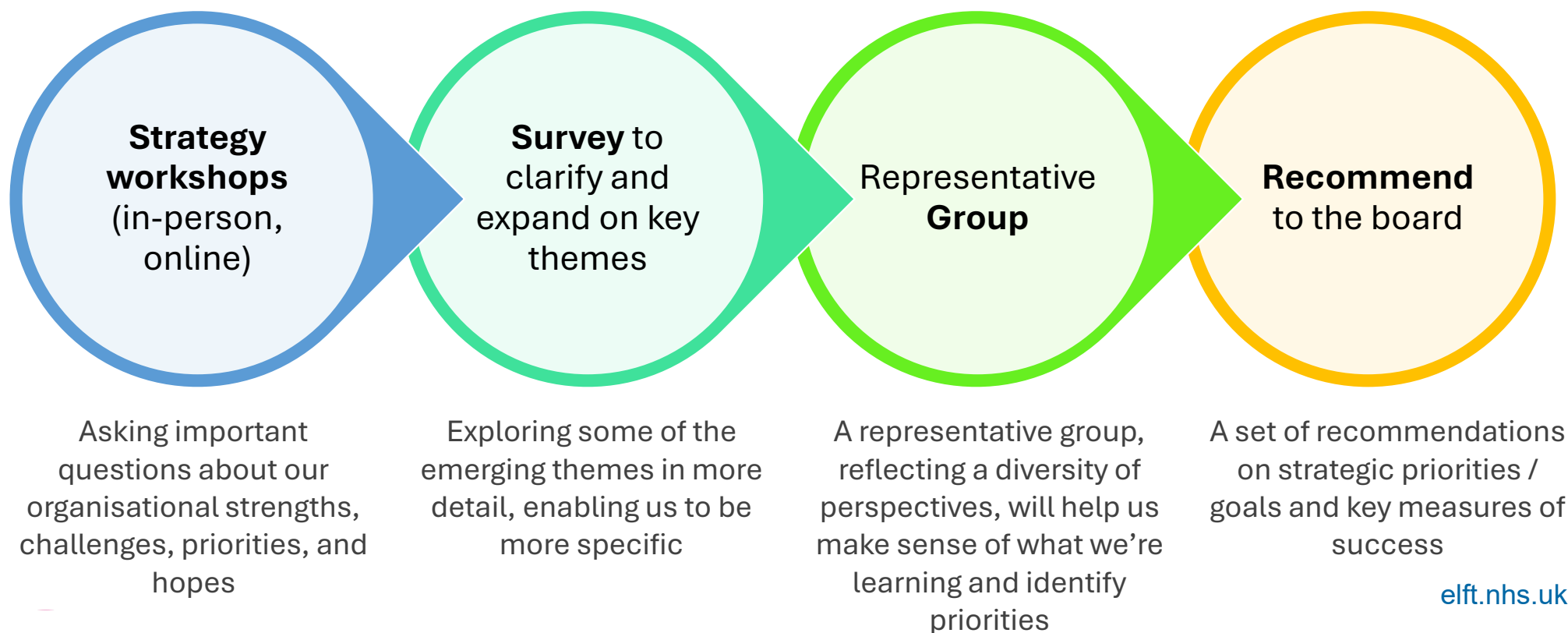
Refreshing the Trust Strategy

24/07/25



The Big Conversation – our strategy refresh process

The Big Conversation



Who will be involved?

Service users

Carers

Staff

Governors

Faith groups

**Other health
providers**

Local authorities

Members

**Voluntary &
community orgs**

**Education
institutions**

**System bodies
e.g. Integrated
Care Boards**

**Elected
representatives
(MPs,
councillors)**

uk

Timeline



We care
We respect
We are inclusive

elft.nhs.uk

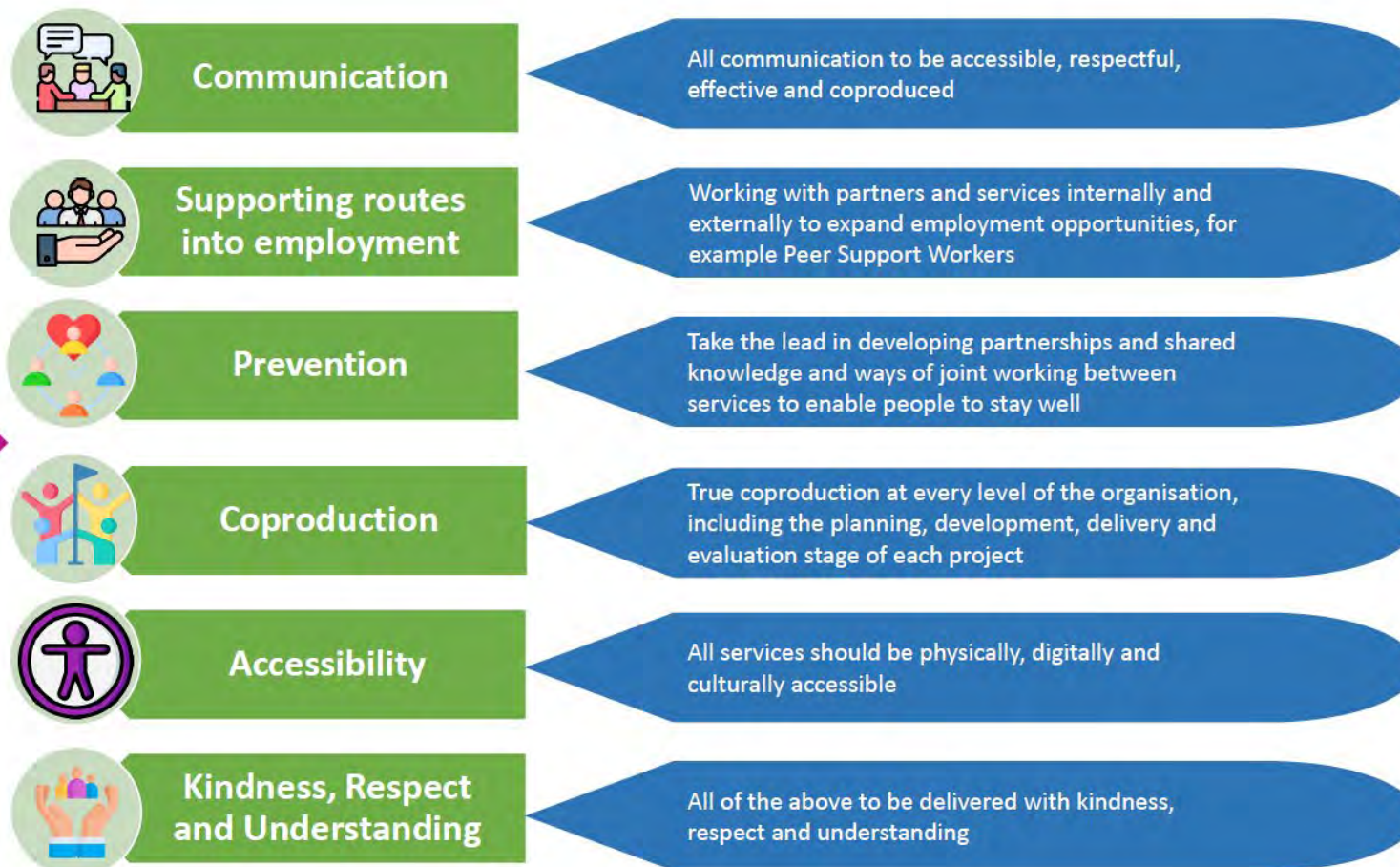
Context for our strategy refresh



- The Government has published its 10-year plan for the NHS
- It focuses on three main shifts that need to happen to improve outcomes for people, improve sustainability and ensure the NHS spends the money it receives more wisely:
 - Moving care from hospitals to communities
 - Making better use of technology
 - Focussing on preventing sickness, not just treating it
- This plan makes considerable demands of NHS providers, and our partners across health, social care and voluntary sector
- However, we will still have choices to make about what to prioritise, how to organise ourselves and where to put our energy and attention

Service user and carer priorities 2025 - 2028

**TWWTG
priorities
2025-2028**



The Trust-Wide Working Together Group has already agreed its priorities for the next three years.

These are helping to inform the strategy refresh process

Big Conversation Question One



East London
NHS Foundation Trust

1. What strengths should we build on as an organisation over the next 5 years?



We care
We respect
We are inclusive

Our Organisational Treasures

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



Big Conversation Question Two



East London
NHS Foundation Trust

2. What do you think are the main challenges the trust will face over the next 5 years?



**We care
We respect
We are inclusive**



Big Conversation Question Three

3. What should the trust focus on over the next 5 years to improve the quality of life for all we serve?



**We care
We respect
We are inclusive**

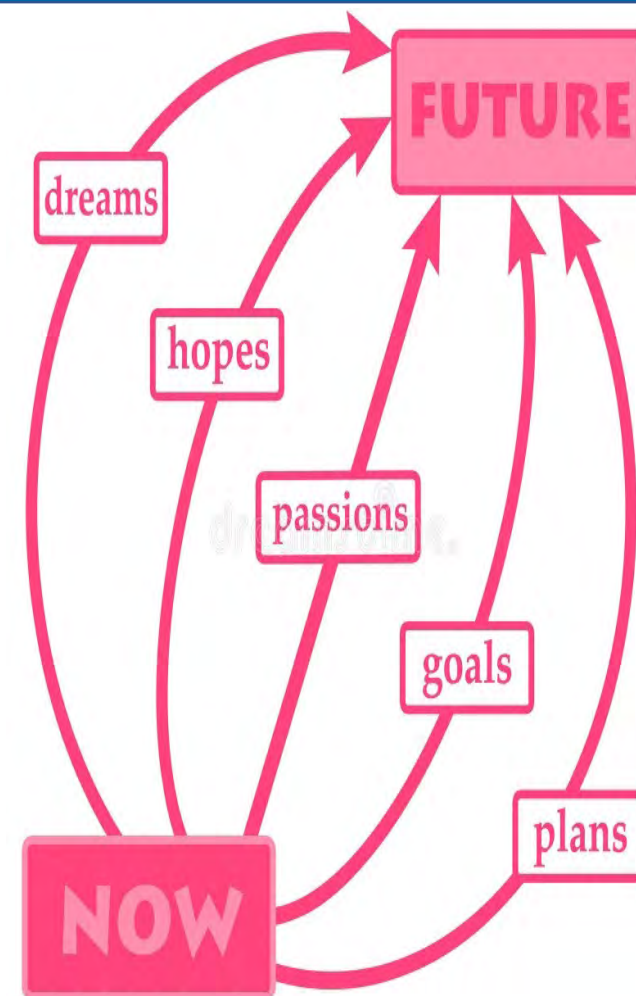


Big Conversation Question Four

4. What are your hopes for what we will achieve over the next 5 years?



**We care
We respect
We are inclusive**



Appendix 1: Quality Assurance Committee: summary of discussions held on 7 July 2025 to receive quality and safety related 2024/25 annual reports

Annual Report 2024-2025	Key Points	Matters of Concern/ Improvements	Positive Assurance
Integrated Safety Annual Report	- The report reflects a shift in safety culture aligned with the Patient Safety Incident Response Framework (PSIRF) and the broader safety strategy - A variety of learning responses are now in place including after action reviews, Patient Safety Incident Investigations (PSIIs), 72-hour reports and swarm huddles - Thematic reviews are increasingly used to identify trends and shared learning across services - Patient safety dashboards, supported by InPhase, are now embedded in routine practice enhancing transparency and oversight	- Some safety issues are systemic and complex lacking straightforward local solutions. These are being addressed through the centralised QI programme - Initial challenges were noted in aligning patient safety leads with directorates, though this has since been resolved with named leads now in place - The evolving system requires continued clarity in the roles between central teams and services to maintain effective learning and response	- Significant progress made in embedding a responsive and agile learning culture - Services are now more engaged in hands-on learning with central team acting as a facilitator rather than a director - The PFD process is more robust with detailed discussions and service involvement - Learning lessons seminars include patient/ service user participation enhancing the relevance and impact of shared learning - Patient safety leads now support timely after action reviews reducing delays in identifying and implementing improvements The committee approved the annual report
Safeguarding Annual Report (for Adults and Children)	- The report covers both adult and children's safeguarding reflecting an integrated "Think Family" approach - National learning used to strengthen local safeguarding practices - Training and supervision compliance has significantly improved - Leadership integration across the safeguarding team has enhanced coordination and effectiveness - Data use improved for monitoring quality and inform learning - Safeguarding incidents are rising in complexity particularly around mental health, domestic abuse, cost of living impacts and online exploitation - Next year's priorities include a domestic abuse QI project, integrated level 3 training, enhanced learning from reviews and improved data reporting and usage	- Financial viability remains a challenge with ongoing monitoring to ensure safeguarding is not compromised - Section 42 enquiries have increased for adults though fewer are progressing to full investigations; children's referrals have decreased - Although under-reporting of 'neglect and acts of omission' is not suspected, the Trust's figures are lower than national averages requiring further understanding - Level 3 training compliance is at 88% just below the 90% national target. The committee discussed whether this should be added to the risk register - The committee suggested the inclusion of risk ratings in future reports for greater clarity	- Assurance provided on the progress in respect of the Trust's responsibilities for safeguarding adults and children's activity as part of its regulated and statutory responsibilities - Risks such as Prevent compliance and Section 42 investigation timeliness have been effectively managed and improved - A single combined safeguarding risk register is now in place with only two remaining risks - Level 4 training compliance is at 100% for the relevant staff group - Learning from safeguarding reviews has been successfully incorporated into training content - The safeguarding team is actively addressing emerging challenges in collaboration with services The committee approved the annual report

Chair: Eileen Taylor

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Chief Executive: Lorraine Sunduza

Annual Report 2024-2025	Key Points	Matters of Concern/ Improvements	Positive Assurance
Infection, Prevention and Control Annual Report	- The service was rebranded (Infection Control – IC) with a quarterly newsletter and campaigns such as <i>Gloves Off</i>, IC Week and hand hygiene roadshows - IC investigation tools were aligned with the patient safety framework enhancing collaboration with local teams - No major infections reported; outbreaks (COVID and suspected Norovirus) were effectively managed - Over 3,000 general and 305 COVID-related enquiries were addressed with policies updated to reflect the 'living with COVID' approach - Sustainability initiatives such as reduced glove usage, reusable sharps and anti-ligature bins supported the environmental and cost efficiency goals - Antimicrobial stewardship integrated into PowerBI dashboards with updated policies aligned to ICB guidance - Environmental monitoring with high cleaning standards maintained though some site-specific challenges remain - Ongoing ventilation and water safety monitoring including Legionella control and air purifier deployment - Staff training continued and team supported despite staffing pressures	- Staffing challenges due to sickness impacted the IC team though the workplan was still delivered. Staffing remains on the IP risk register - Needlestick injuries increased to 50 (from 33) prompting audits, reporting improvements and device upgrades - Frontline staff flu vaccination uptake is low despite high engagement; strategies to improve this are being explored - The committee noted discrepancies in flu vaccination data across sites and requested clarification - Decontamination of medical devices with a subcontractor is a managed risk on the IP register - The committee agreed the NHSE BAF should be presented to QAC in future	- Outbreaks were well managed, with no serious incidents and full recoveries. - No major infections (MRSA, C.Diff, Carbapenemase) were reported. - Hand hygiene improved and costs reduced through the "Gloves Off" campaign. - Environmental and water safety were actively monitored and maintained. - Staff training and wellbeing were supported, with continued professional development. - Sustainability and antimicrobial stewardship initiatives were embedded and progressing well The committee approved the annual report
Mental Health Law Annual Report	- The report outlines Trust activity and compliance with the Mental Health Act (MHA) and Mental Capacity Act (MCA) - Progress was made in aligning with legal requirements particularly around appeals and treatment authorisations - Preparatory work is under way for anticipated legislative changes including	An internal audit identified a compliance gap with 70% of patients receiving treatment without the required legal certificate after three months under the MHA. Recent efforts have raised compliance to 82% but sustained improvement is still required	- The Trust continues to meet its statutory obligations under the Mental Health Act 1983 and the Mental Capacity Act 2005 - Full compliance with Tribunal Rule 32 achieved and maintained across all directorates enabling project closure

Annual Report 2024-2025	Key Points	Matters of Concern/ Improvements	Positive Assurance
	the introduction of Advanced Choice documents	The Trust continues to monitor and address challenges in maintaining consistent compliance with treatment certification	- The appointment of 15 new associate hospital managers has improved the timeliness and accessibility of appeals - The quality of Deprivation of Liberty Safeguards (DoLS) applications has improved with minimal rejections recorded last year - Robust monitoring systems ensure timely treatment certification with checks in place at the three-month interval to prevent omissions The committee approved the annual report
Emergency, Preparedness, Resilience and Response (EPRR) Annual Report	- The Trust refreshed all core emergency and business continuity plans including the incident response plan - A Trust-wide tabletop exercise tested cyberattack response leading to actionable improvements - Local exercises were also conducted with estates and communications teams to strengthen operational resilience - NHSE's annual assurance process confirmed full compliance with only minor amendments required. - A new user-friendly business continuity plan (BCP) template and workbook were introduced supported by staff training - Future exercises will focus on high-risk areas including cyberattacks, climate change and infrastructure failure	- Cyberattacks were acknowledged as the Trust's highest-rated risk with significant potential impact - Continued collaboration with IT is essential to strengthen business resilience in this area - Minor amendments from the NHSE assurance process are being addressed through the current action plan	- The Trust is fully compliant with NHSE EPRR standards for the sixth consecutive year - Business continuity planning has improved with enhanced templates, training and PowerBI integration to support compliance - Real-world incidents, such as the 2024 Microsoft Cloud outage, were managed without significant impact on patient care - Ongoing training and exercises are embedded in the programme to maintain readiness for emerging risks The committee approved the annual report
Health, Safety and Security Annual Report	- A strong governance structure is in place with active involvement from PP colleagues - A service user health and safety group has contributed meaningfully to audits, policy reviews and training development - Operation Cavell, aimed at reducing violence against NHS staff, has shown early success and improved police engagement	- Uptake of the People Safe lone worker app remains low; a QI project and awareness campaign are under way to address this - RIDDOR incidents have doubled (from 24 to 48) likely due to improved reporting via a new dashboard; however, this requires continued monitoring	- The report demonstrated the Trust is meeting its obligations under the Health & Safety at Work Act 1974 - Service user involvement has strengthened health and safety governance and training - Operation Cavell has led to reopened police cases and charges, reinforcing staff safety and confidence

Annual Report 2024-2025	Key Points	Matters of Concern/ Improvements	Positive Assurance
	- Annual audits are now managed through InPhase enhancing oversight and accountability - Priorities for 2025/26 include improving workplace risk assessments, embedding Operation Cavell and increasing uptake of the lone worker app	- Operation Cavell currently does not cover Bedfordshire and Luton; there is a similar program in place in Bedfordshire efforts are needed to ensure consistent principles are applied Trust-wide - The committee noted the importance of learning from other Trusts and re-establishing a regional support forum to share best practice	- NEBOSH-endorsed training is being delivered regularly with plans for co-delivery by trained service users - Improved audit processes and dashboards are supporting better risk visibility and compliance monitoring - A senior police liaison group has been established to support ongoing collaboration and issue resolution The committee approved the annual report
Freedom to Speak Up Annual Report	- The FTSU strategy was launched reinforcing a culture where all voices are valued, supported by greater visibility of champions and introduction of anonymous reporting options - Concerns raised increasingly relate to organisational culture, wellbeing and fairness - Reflective learning and team debriefs have helped embed a supportive, learning-focused environment - An internal audit provided reasonable assurance with an action plan to strengthen training, feedback and case tracking - Staff survey data shows diverse engagement with targeted outreach planned for underrepresented groups such as Bank staff and additional clinical services	- NHS staff survey results showed a decline in FTSU-related responses particularly among staff with disabilities and those who preferred not to disclose gender identity highlighting a need to improve psychological safety - The committee raised the need for clearer assurance on the nature and frequency of quality concerns raised through FTSU - The committee discussed the support arrangements for FTSU leadership during periods of absence with cross-organisational collaboration being considered to ensure continuity and resilience of the service - The committee noted duplicate versions of the report which will be corrected	- Engagement with the FTSU service continues to grow with increased use of champions and anonymous reporting - The service is inclusive with diverse participation and targeted outreach planned for underrepresented groups - Learning from concerns is being embedded through reflective practices and shared learning - Clear priorities are set for year ahead including improving psychological safety, enhancing visibility and accessibility and strengthening feedback mechanisms The committee noted the annual report
Complaints, PALS and Compliments Annual Report	- Formal complaints decreased while PALS contacts rose largely due to improved recording - Compliments increased slightly though likely under-reported	- Low conversion of complaints into action plans has limited learning; a new process will address this and improve feedback to complainants. - Slight decline in timeliness of complaint closures was due to	- Under NHS complaints regulations (2009) the Trust is required to provide timely, fair and quality responses to complaints with learning identified where possible - The backlog of historical complaints has been significantly reduced

Annual Report 2024-2025	Key Points	Matters of Concern/ Improvements	Positive Assurance
	- Top complaint themes remain as staff attitude, access to services and communication - Most complaints are concentrated in a few directorates prompting planned thematic reviews - Collaboration with North East London NHS FT (NELFT) is planned to improve early resolution through PALS	clearing a historical backlog which is now largely resolved - The committee requested future reports include clearer data on complaint volumes by directorate, learning themes and actions taken - Greater focus is needed on user satisfaction and communicating outcomes to those who raise concerns	- Increased PALS contacts and compliments indicate improved engagement and feedback capture - Plans are in place to strengthen learning from complaints, improve feedback loops and enhance transparency The committee approved the annual report
Legal Claims Annual Report	- Claims volume remains stable with a slight increase from the previous year - Clinical negligence (CNST) claims often follow inquests and are well managed - Liability to third party (LTPS) claims are increasingly related to violence and aggression against staff - A growing number of claims are being brought by service users often linked to dissatisfaction with complaints handling - Benchmarking shows strengths in CNST claims attributed to thorough investigations and early engagement with families; there are gaps in LTPS claims due to under-reporting and lack of timely investigations	- Violence and aggression claims are rising, particularly in specific areas such as CAMHS PICU and female wards. NHS Resolution has rated the Trust red in this area, requiring urgent action to reduce claims in this area - Many LTPS claims are delayed due to missing documentation or lack of incident reporting especially when claims are made years later - The committee emphasised the need for short-term support for staff involved in incidents alongside long-term prevention strategies - The committee requested future reports clarify benchmarking comparisons to better contextualise performance	- The legal team is working closely with the Complaints team to resolve issues early and reduce escalation to legal claims - Proactive collaboration with Complaints, Operation Cavell, and therapeutic observation teams to reduce and manage claims - Cross-functional workstreams are addressing violence and aggression claims from both quality and financial perspectives - Process improvements are underway to strengthen incident reporting and reduce preventable claims - Practical steps, such as standardising chair procurement, are being taken to reduce common causes of injury-related claims. The committee noted the annual report
Medical Education Annual Report	- The report emphasised a continued focus on supporting international medical graduates and SAS doctors promoting fairness and development opportunities - Emphasis on GMC survey results to guide improvement - Simulation training, reflective learning and thematic reviews are being embedded	- The committee queried the impact of increased student numbers amid financial pressures particularly in London, noting that post reallocation has helped manage costs - GMC survey results may highlight immediate action areas and are also	- The Trust is actively supporting equity in medical education with targeted development for underrepresented groups - Simulation training continues to expand with regional collaboration and national recognition through NHSE Innovate Fellowship

Annual Report 2024-2025	Key Points	Matters of Concern/ Improvements	Positive Assurance
	- across services to support continuous improvement - ELFT successfully secured an NHSE Innovate Fellowship to develop a simulation training pack for core and higher trainees - Plans to align knowledge and library services with NHSE expectations and value for money principles	- used to track long-term trends to inform local improvements - The committee emphasised the importance of triangulating survey data with other intelligence especially where incidents may have influenced trainee experience	- Survey data is used meaningfully with results shared with NHSE and the Quality Committee to inform improvement - Workforce planning has enabled growth in trainee numbers while identifying opportunities for cost efficiency The committee noted the annual report
Research and Innovation (R&I) Annual Report	- The report marks the completion of a five-year plan with success in broadening the scope of research including interventional and commercially funded studies - Closer collaboration between QI and research is developing with shared opportunities for innovation - A pilot EDI lead is in place contributing to regional and national networks and highlighting ELFT's work - Research activity has expanded in Bedfordshire and Luton demonstrating a shift from previous concentration in North East London - A separate finance report is presented annually to the Research Committee	- Funding and staffing challenges continue to limit research activities despite available funding - The withdrawal from primary care has significant implications for research delivery and partnerships - Many future goals are aspirational but currently unsupported highlighting the need for new delivery models and collaborations - The committee emphasised the importance of sustaining primary care research	- The five-year plan has delivered on its goal to broaden research scope and increase participation in innovative studies - ELFT secured an NHSE Innovate Fellowship, supporting development of simulation-based training for medical staff - The EDI pilot lead is actively shaping inclusive research practices across regional and national platforms - The upcoming leadership transition is seen as an opportunity to explore new models including deeper integration with QI and external partners The committee noted the annual report

The above annual reports are available on the Trust's website <https://www.elft.nhs.uk/information-about-elft>



REPORT TO THE QUALITY ASSURANCE COMMITTEE
23 June 2025

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

Purpose of the report

To present to the committee a report on inpatient mental health, community health inpatient wards safer staffing levels, and community safer staffing caseload review levels in line with the national expectations of NHS providers for safe staffing levels. The report provides assurance and outlines issues related to safer staffing for the committee and subsequently the Board at six monthly intervals. The report summarises the results of the Trust monitoring of staffing levels across all mental health and continuing care wards and covers the 6-month period from November 2024 to April 2025. In this period, 17 of the 53 wards showed variance in fill rate with immediate actions taken at the time by the managers. Regular rota and establishment reviews inform planned and actual staffing decisions. All services have mitigation actions they follow to manage unplanned absences up to and including business contingency plans. Establishment reviews have been undertaken across all inpatient areas during November /December 2024 to inform budget setting in line with safer staffing levels and will be reported in next board report. The ward staffing information is published monthly on the NHS Choices and Trust Website. The committee is asked to NOTE the assurance provided and CONSIDER if further sources of assurance are required.
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Strategic priorities this paper supports

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

Implications

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

Meetings where this item has been considered

Date	Committee/Meeting
7 Jan 2025	People & Culture Committee

Supporting documents and research material

a. Reference: How to Ensure the Right People with the Right Skills are in the Right Place at the Right Time: A guide to Nursing, Midwifery and Care Staffing Capacity and Capability (National Quality Board 2013)
b. Mental Health Staffing Framework https://www.england.nhs.uk/6cs/wp-content/uploads/sites/25/2015/06/mh-staffing-v4.pdf
c. Safe, sustainable, and productive staffing in district nursing services (National Quality Board 2018) https://improvement.nhs.uk/resources/safe-staffing-district-nursing-services/
d. Lord Carter's report "Operational productivity and performance in English NHS acute hospitals: Unwarranted variations" provides background evidence on the development of the Model Hospital and the development of CHPPD (Care Hours Per Patient Day) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf
e. ELFT Planned vs Actual staffing unify reports https://www.elft.nhs.uk/information-about-elft/safer-staffing-levels

1.0 Background

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

2.0 Analysis of Trust Results, Planned vs Actual Staffing

- 2.1 Assessment of the impact of staffing on care, quality and safety has been undertaken in different ways. All the information is triangulated to give a more rounded view.
- 2.2 The Average Fill rate reports on the planned vs actual Nursing hours are published on the Trust Intranet and included in the Model Hospital Health System data set. Occasions where wards have achieved less than 90% registered nurse fill rate is reported below.
- 2.3 17 of the 53 wards showed a negative variance in fill rates. This is a decrease from the 22 reported in the previous board report, November 2024. Some wards adjust the skill mix and increase the health care support workers numbers to offset the reduced registered nurse numbers. Where ward managers or matrons have picked up clinical duties to cover RMN shortages this is not consistently amended on Healthroster and some of the gaps in RMN fill rate may not be an accurate reflection.
- 2.4 Newham Crystal ward was closed for refurbishment in March/April and the staff redeployed across the service.
- 2.5 Data is not included for wards where there are no exceptions to the expected registered nurse fill rates.

Table 1 Average Fill rates based on planned vs actual staffing

Ward	Nov	Dec	Jan	Feb	March	April
Newham: 0						

Crystal					Ward closed for refurbishment. Staff redeployed across service	Ward closed for refurbishment. Staff redeployed across service
Tower Hamlets						
Brick Lane	Day RMN 88% HCA 105%					
Lea		Day RMN 78% Night 132%	Day RMN 82% HCA 129%			
Luton and Bedford						
Poplars			Day RMN 69% HCA 142%	Night RMN 78% HCA 218%		Day RMN 89% HCA 111%
Cedar						Day RMN 87% HCA 103% Night RMN 66% HCA 150%
Coral					Day RMN 87% HCA 134%	
Crystal	Day RMN 81% HCA 184%			Day RMN 82% HCA 191%		
Jade	Day RMN 68% HCA 164%	Day RMN 69% HCA 155%	Day RMN 80% HCA 247%	Day RMN 78% HCA 148%		
Onyx	Day RMN 83% HCA 184%	Day RMN 84% HCA 249%	Day RMN 86% HCA 188%		Day RMN 87% HCA 174%	
Townsend Ct.	Day RMN 87% HCA 143%	Day RMN 70% HCA 138%	Day RMN 82% HCA 127%	Day RMN 79% HCA 130%	Day RMN 78% HCA 125%	Day RMN 89% HCA 140%
East Ham Care Centre						
Fothergill	Day RN 81% HCA 98%	Day RN 81% HCA 98%	Day RN 81% HCA 99%	Day RN 82% HCA 97%		
Sally Sherman		Day RMN 88% HCA 122%		Day RMN 88% HCA 106%	Day RMN 74% HCA 113%	
Coborn Adolescent Unit						
Coborn Acute	Night RMN 60% HCA 212%	Night RMN 64% HCA 142%	Day RMN 88% HCA 291% Night RMN 69% HCA 291%	Night RMN 77% HCA 143%		Night RMN 85% HCA 121%
Coborn PICU	Day RMN 76% HCA 301%	Day RMN 48% HCA 416%	Day RMN 78% HCA 124%	Day RMN 89% HCA 277%		
Coborn Galaxy	Day RMN 87% HCA 155% Night RMN 85% HCA 102%	Day RMN 84% HCA 151% Night RMN 85% HCA 120%	Night RMN 75% HCA 118%	Day RMN 89% HCA 277%	Day RMN 89% HCA 139% Night RMN 66% HCA 113%	

Evergreen	Day RMN 89% HCA 86%	Day RMN 87% HCA 90%	Day RMN 78% HCA 85%	Day RMN 84% HCA 81%	Day RMN 86% HCA 72%	Day RMN 83% HCA 92%
City & Hackney: 0						
Forensics						
Clissold	Night RMN 88% HCA 147%					
Hoxton	Night RMN 69% HCA 177%	Night RMN 77% HCA 183%	Night RMN 74% HCA 190%			

3.0 Care Hours Per Patient Day (CHPPD)

- 3.1 CHPPD was developed, tested and adopted as a way of recording and reporting staff deployment on all inpatient wards across all healthcare sectors. It is used to benchmark within the Trust and the National Model Health System.
- 3.2 CHPPD is the sum of the hours of registered nursing staff and the hours of Health Care Assistants divided by the total number of patients in the ward at 23:59 each day.
- 3.3 The CHPPD figures report funded and additional staffing provision.
- 3.4 Using the Model Health System ELFT reports slightly higher than the London Region median but below the national figure. Many Trusts outside of London run stand-alone services which by their very nature require additional staffing which increases their median CHPPD number. This negative variance against the national figure does not suggest that ELFT's position requires any further action.

Table 2: Median CHPPD per month

	Nov	Dec	Jan	Feb	March	April
ELFT	8.8	9.3	9.0	x	x	x
London	9.08	8.96	9.4	Not published	Not published	Not published
National	10.8	10.8	10.5	Not published	Not published	Not published

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

4.0 Mental Health Optimal Staffing Tool (MHOST) Data

- 4.1 The Mental Health Optimal Staffing Tool (MHOST) is a multi-disciplinary, evidence-based system that enables ward-based clinicians to assess patient acuity and dependency, incorporating a staffing multiplier to ensure that ward establishments reflect patient needs in acuity and dependency terms.
- 4.2 We are now applying the daily ratings continuously with the expectation we will see a more accurate reflection of ward acuity and dependency in anticipation of the next round of establishment reviews.

5.0 London MH Services

- 5.1 There is significant improvement in fill rates for the East London Inpatient MH wards, with 2 wards (Brick Lane and Lea Ward) out of 20 wards achieving less than 100% RMN fill rates on 3 occasions during this period. This was contributed to by staff sickness on Brick Lane and vacant positions on Lea ward. The service have robust systems to support staff whilst off sick and in getting back to work. they are consistently reviewing vacancies and considering reallocation of existing registered nursing workforce where there are vacancies in team due to over recruitment in some areas. This process of staff reallocation can take some time as it involves engagement and agreement from the staff impacted by any proposed redeployment. Teams have continued to use defined escalation processes for redeployment of resources, re-prioritisation of tasks and flexibility in the leadership roles to support safer staffing ratios across all wards.
- 5.2 High reported use of HCAs can be linked to covering shifts where there are registered nurse shortages or reflective of the response required to manage acutely unwell service users. The Trust is currently building on the existing Therapeutic Observation and Engagement QI project to develop alternative therapeutic interventions to enhanced observations. This will impact on the use of additional staff to safer staffing requirements to provide cover for enhanced observations.
- 5.3 This sustained improvement in fill rate reflects ongoing work to recruit and retain staff. The over recruitment of registered nurses has also enabled rapid solutions to any loss in registered nurses in post in Directorates. There is a current review on the benefits and risks of over recruitment to inform future registered nurse recruitment.

- 5.4 The vacancy rate for registered nurse across the East London Boroughs as at April was 0% with total over recruitment for RMNs at 13.1%

6.0 Bedford & Luton Services

- 6.1 Across the service, there has been challenges to recruit to support workers roles, however there is a rolling advert and there is significant focus in this area. There is a small number of registered nursing vacancies which are currently being recruited to.
- 6.2 There has been an increase in service users presenting for admission with a diagnosis of autism spectrum disorder (ASD). The teams have used enhanced observations to better support the needs of these individuals and impacting increased levels of enhanced support. This has been experienced across most of the wards in the directorate. There is ongoing training and development of the existing workforce to better equip staff to provide the right care and reduce the reliance on enhanced observations. The Trust nursing leads for Autism and Learning Disabilities have been leading on delivering training and providing formulation and care planning advice as needed.
- 6.3 Onyx ward has a high fill rate of HCA is compounded by 3 staff being on maternity and a high sickness rate of the period.
- 6.4 Coral ward continues to have deficits in the registered mental health nurses and a high fill rate for unqualified staff. This is due to staff who are on non-clinical duties due to disciplinary investigations. People and Culture are working closely with the management team to ensure timely completion of the investigations.
- 6.5 Townsend Court have had some challenges with nursing leadership, and this has impacted on retention rates resulting in increased vacancies in the team. The leadership has been reviewed and new management structure in in place with direct oversight and input from the Borough and Deputy Lead nurse. Recruitment fills rates improved from September with mitigating actions in place.
- 6.6 Service users across the female wards (Townsend's Court, Crystal Ward and Willow Ward) often have a high incidence of risk to self and the team use a high number of enhanced observations to manage this risk; these observations are often covered by HCAs.
- 6.7 The vacancy rate for registered nurse across Luton and Bedford as at April was 33%. There has been on going RMN recruitment with the Bedfordshire University and several recruitment fairs and open days which has had a positive impact with a positive impact

on vacancy rates. The use of agency has now stopped in all inpatient services. is now no agency staff usage within Luton and Bedford inpatient services and a greater reliance on registered bank staff.

7.0 Forensic Services

7.1 The new investment for forensic services was agreed and given to services in April- breeches in fill rate are likely to still reflect the funding shortfall. Work to reduce violence and aggression and the impact on clinical acuity and safety of service users and staff is ongoing. In line with safer staffing levels, the service has been actively recruiting to these posts with a rolling advert to maximise recruitment opportunities. they do have a minimal number in qualified nursing vacancies with the majority being support worker vacancies.

7.2 Staff sickness has impacted on fill rates for both Clissold and Hoxton wards.

7.3 Recruitment into new substantively funded posts were commenced in May 2025.

8.0 CAMHS

8.1 Evergreen:

8.1.1 Between November and April, two staff members were on maternity leave. The service has seen sickness levels fluctuate, peaking in November, February, and March. Monthly sickness review meetings continue with support from the People and Relations Advisor. These meetings will now occur every six weeks and include the Associate Director to enhance oversight and accountability.

8.1.2 Staff development remains a priority, with high numbers of the team attending training in February and April. Training attended included Dialog Plus, Leadership training, and the Aspiring Band 6 programme.

8.1.3 Evergreen vacancy rates remain low, with current recruitment fully covering all Bands. Bi-weekly oversight meetings to monitor staffing levels and review rotas two weeks in advance are ongoing.

8.2 Coborn:

8.2.1 Between November and February Night RMN rates were low, improving significantly in March to April. On the PICU Provisions (Galaxy and Coborn PICU) Day RMN fill

rates were low for the period of March to April. Across all provisions, during this period (March to April) HCA fill rates were high. This was due to an increase in acuity, complexity in presentation and bed pressures within the system.

- 8.2.2 During the period of November to January, Coborn experienced a significant increase in referrals to the GAU provision, at times becoming over occupied (use of leave beds). This is unusual for CAMHS services in the catchment area, and as a result, young people were coming to the hospital after experiencing a more protracted preadmission process whilst waiting for a bed. This contributed to a marginal increase in staff injury as a result of incidents which stemmed back to delays in treating mental illness.
- 8.2.3 During this period, PICU's across the London area were closed completely, or closed for referrals. The Coborn remained open and admitting young people. This again, contributed to occupational injury as a result of the influx of severely unwell young people being admitted to the wards, in many cases after periods of delays in admission. This impact staff wellbeing and contributed to increased sickness. Monthly sickness monitoring meetings are in place which are supported by People and Culture to provide effective monitoring, follow-up on sickness management, and additional support for staff.
- 8.2.4 To respond to this degree of acuity, The Coborn Centre increased its pastoral follow up to affected staff, increased learning spaces (Time to Think, Lessons Learned, Weekly Incident Reviews), streamlined treatment initiation, increased reflective spaces and promoted a greater involvement of staff in the formulation and understanding of interventions. Towards March and April, similar bed pressures were felt, but with significantly less sickness in the qualified nursing staff.
- 8.2.5 To respond to the increased number of HCA's, the Coborn Centre uses EPOC's for all young people who require an extraordinary care plan. This allows an increase to the staffing in effort to better engage young people and promote safety on the unit.
- 8.2.6 Oversight of fill rate remains largely with the ward managers and matrons, who meet weekly. The Deputy Lead Nurse reviews the Healthrosters weekly, and the Lead Nurse holds fortnightly reviews of the Health roster and reports back into the Executive Health roster Oversight Meeting. All rosters are discussed weekly in the senior nurse meeting (Ward Managers, Matrons and Lead Nurses). The matron and ward manager are always available to cover shortages during the week days. During out-of-hours after 5

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

8.2.7 Coborn has a small number of Band 5 vacancies which are currently being recruited to. Despite staffing challenges and consistently lower-than-expected fill rates across the Coborn Unit, recruitment for registered nurses remains strong.

9.0 East Ham Care Centre: Older people's services

Both wards are within fill rate with no vacancy concerns

9.1 Fothergill ward:

The ward has executive sign off to reduce the band 5 establishment by 3.0 WTE through natural wastage. This has been a decision based on a reduction in patient acuity and safer staffing establishment review

9.2 Sally Sherman:

As of March 2025 (the ward transferred to Tower Hamlets Mental Health directorate at which point the ward was at full budgeted establishment.

10.0 Remedial Actions

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

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

11.0 Temporary staffing

- 11.1 We continue to offer training and support opportunities to our bank workforce. There is an ongoing review of the structure for oversight of this group, ensuring fair access to training and development opportunities and staff support. The implementation of the Trust Loop bank booking system has progressed with bank employee competencies being uploaded to enable access to view available shifts only and raise an expression of interest. There is ongoing work to develop the pool of bank staff available to Community Health Services to eliminate the use of agency staff across the services.
- 11.2 Oversight panels have been established to ensure timely completion of People and Culture investigations that supports people back into clinical roles in a timely manner if appropriate to do.

12.0 Community Health Services, Nursing

- 12.1 Since November 2024 safer staffing report, we have seen a further positive reduction in the number of Nursing (Registered and non-Registered) vacancies across Bedfordshire and London CHS teams; the vacancy rates for May 2025:
- Bedfordshire – 6 % (a decrease of 5.42 % since Nov 24).
 - Tower Hamlets 2% (a reduction of 4.36 % since Nov 24).
 - Newham- 10% (a reduction of 2.79% since Nov 24).
- 12.2 The decrease in vacancy rate for Bedfordshire CHS is due to focused recruitment activity including recruitment fairs, and conversion of Agency Nurses into substantive posts.
- 12.3 Recruitment and retention for all Community services is an ongoing piece of work via the workforce steering group; Each CHS has a workforce plan as well as various methods of recruitment e.g. recruitment fairs and also exploring pipeline opportunities with local universities.
- 12.4 Temporary staffing - where temporary staff have been required to cover vacancies, all three CHS's have proactively worked with the Corporate Bank team to convert in situ Agency Nurses to Bank with significant reduction on pay costs. A corporate led working group to build a dedicated Bank for community Bank staff is in place.
- 12.5 There has been a marked reduction in Agency spend for Registered Nurses, over 6 months for London Community Health Services and Bedfordshire

Bedfordshire CHS are to continue with their QI Agency reduction programme to build on current sustained reduction. There is a working programme with the aim to stop use of Agency by September 2025. There has been an increase in the number of Bank Nurses recruited to Bedfordshire CHS.

- 12.6 Workforce planning - it has been a long-standing national challenge for Community Nursing teams to achieve complete visibility of workload and have access to consistent modelling tools to forecast future demand and capacity for delivering care. Community services and Primary Care are significant services to achieving the NHS Plan and therefore it is essential we have deeper understanding of our current capacity and gaps in service and resource ahead of meeting future health care needs of our local populations. The Directorate management teams have commenced a review of current workforce capacity and skill mix, to meet the current clinical demand and inform future workforce plans. This has been further enhanced by the Executive team commissioned review of District Nursing conducted by PA Consulting Nov 2024.
- 12.7 The recommendations from the review, focus on the following areas:
- Demand and capacity which is increasing in volume and complexity;
 - Senior nursing staff to be available for care instead of managing demand and scheduling workforce to workload – there is a need to review caseload / workforce scheduling system;
 - Review clinical systems suitability for Community Services – Electronic patient record;
 - Creating a cost-effective temporary workforce.
- 12.8 Following the review each community Nursing service has undertaken an audit to analyse demand and workforce (skills and competency) scheduling to caseload need. Findings from the local audits were shared with participating teams. Undertaking these local workforce audits as well as participating in the national CNSST audit is strengthening Nurse Leader's understanding of workforce data for improved workforce planning and scheduling.
- 12.9 A Health Roster working group has been put in place to review and strengthen practice for CHS Health roster and a steering group for CHS digital to review suitability of current clinical systems and future requirements including e- scheduling of caseload.
- 12.10 Both London and Bedfordshire community nursing services have formed an action plan to progress recommendations including nurse system development for allocation to caseload.
- 13.0 Community Safer Staffing Tool (CNSST)**

13.1 National Community Safer Staffing Tool (CNSST)

13.2 The new NHS England team for Community Nursing have completed their review of the CNSST to ensure its continued effectiveness, reliability, and usability. This review has incorporated the feedback by community nursing users to shape and introduce a new tool.

13.3 Licences have been renewed and reissued to Trusts; this is held by the Chief Nurse. Following its relaunch an audit has taken place from Sunday 4th May 2025 to Sunday 18th May 2025, and this starts the Safer Staffing rolling programme which is hoped to be biannual. The audit started with the implementation of the plan to meet the staff to refresh their minds and engage with the Directorate based Safer staffing champions. The team leaders also had a session dedicated to them for any questions on leadership of the concept.

13.4 Just as the audit concluded, and we were collating and analysing data, NHS England changed the tool again, based on further feedback from users. We were then encouraged to use the latest tool for all audits. As we have just completed the CNSST audit at ELFT, we need to transfer the data onto the new tool.

13.5 Under the direction of the Directors of Nursing and the Service directors, we have agreed to carry out Safer staffing audit in CHS at ELFT, twice a year in May and November.

13.6 The findings from this national audit will be shared in the next report

14.0 2024/25 Priorities

14.1 Trustwide recruitment and retention quality improvement project is ongoing and will consider the impact of the work done so far to reduce vacancies and improve retention and reduce variation, recognising the impact this has on safer staffing. There has already been significant reduction in vacancy rates with a move to nil agency staff use across mental health inpatient services.

14.2 Work to improve efficiencies related to direct booking for temporary staff is underway- this will allow shifts to be immediately advertised to staff with the required competencies and direct booking onto rotas; this also releases senior clinical time where the current process requires a lot of manual and intentional tasks to fill vacant shifts.

14.3 Healthroster governance and assurance systems for inpatient wards is now developed and embedded at place and with oversight from the Chief Nursing Officer. This work has included developing the skills in creating rosters, establishing governance structures that utilise data required for oversight. This work will ensure consistency in the distribution of

resources in line with safer staffing requirements, improve service user and staff experience and support financial viability.

- 14.4 Continue to develop utilisation of MHOST tool with a move to daily ratings for all wards to help develop a better understanding of clinical demand and safer staffing requirements over time.
- 14.5 Continue the implementation of workforce redesign of District Nursing.

15.0 Conclusion

- 15.1 Whilst we have seen a reduction in the number of registered nurse vacancies, this will continue to require focused work to maintain. Previous practice around recruitment of nurses has now shifted with plans to advertise and recruit into nurse vacancies being reduced. This is likely to have an impact on students we have supported through their training
- 15.2 There has been positive impact of Safer staffing across all services however with the move to daily MHOST data capture there will be improved opportunities to understand clinical demand and workforce requirements.
- 15.3 Recruitment and retention QI work will look to reduce variation in RMN availability throughout the year. The Trust wide Healthroster improvement work will continue to drive efficiencies in the management of staff resources but also support staff to have more control over their work life balance- the project promotes better annual leave planning and will expand to test auto rostering and self rostering so that rotas can be produced much further in advance. Positive experiences of work life balance will contribute to staff satisfaction and retention.
- 15.4 The ward staffing information is published monthly on the NHS Choices and Trust Website.

16.0 Action being requested

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

REPORT TO THE TRUST BOARD IN PUBLIC 24 July 2025

Title	Quality Assurance Committee (QAC) on 23 June and 7 July 2025 – Committee Chair's Report
Committee Chair	Professor Dame Donna Kinnair, Non-Executive Director and Chair of the Quality Assurance Committee
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

- To bring to the Board's attention key issues and assurances discussed at the Quality Assurance Committee (QAC) on 23 June and 7 July 2025.

Key messages

Emerging Issues

The committee acknowledged significant operational pressures and legal uncertainties affecting service delivery and received assurance that appropriate mitigation plans are in place with further scrutiny scheduled. Key points:

- A request from Bedfordshire, Luton & Milton Keynes Integrated Care Board (BLMK ICB) for the temporary extension of primary care/GP contracts at Cauldwell Medical Centre (CMC) and Kingsway & Broomingham Medical Centres (KBMC) due to a legal challenge to the ICB procurement process, delaying the procurement to appoint a new provider. Financial and safety risks were noted and further discussions to be held at an extraordinary Finance, Business & Investment Committee meeting
- Service pressures on flow and delayed admissions have led to inappropriate crisis accommodations; an action plan is in place to address this issue.

Safer Staffing

The committee reviewed the first Trustwide safer staffing analysis (attached at appendix 1) which provided a system-wide perspective and included both qualitative and quantitative insights, including benchmarking data against national averages; and requested further contextual data to support understanding of staffing variations and incident trends in under-established areas. Key points:

- Fill rate variance in London services has reduced; agency reliance in community services is also decreasing. There is continued focus on capacity and demand in Bedford and Luton
- Governance and oversight of rostering processes are being strengthened including mitigations to speedily address areas of concern.

Quality & Safety Deep Dive: Eating Disorder Service, Bedfordshire and Luton

The committee received assurance on the quality care provided by the service while noting challenges in medical monitoring and access due to commissioning constraints. Key points:

- Service users report feeling heard and treated with compassion; overall experience rated good or very good
- Closure of a partner charity has increased caseloads; risk management and support for people on the waiting list are in place
- Key challenges including commissioning gaps affecting medical monitoring and clinician autonomy and negative feedback from service users regarding access.

Quality & Safety Deep Dive: Eating Disorder Service, London

This is a multi-disciplinary stepped care model and the committee was assured of the service's responsiveness and inclusivity particularly in reducing waiting times and supporting diverse communities; and requested further data on clinical engagement outcomes. Key points:

- Despite increases in referrals, waiting lists for assessment and treatment have decreased with online appointments preferred by most users
- Feedback suggests online outcomes are comparable or better than in-person

- Focused QI work is improving access for the cohort of South Asian residents
- Key challenges include high complexity cases and the increasing level of safeguarding concerns
- The committee reflected on the impact of different clinical contact methods on carers noting video contact is often their preferred option.

Directorate Quality and Safety Deep Dive: London Community Health Services (CHS) – Newham and Tower Hamlets

The committee received assurance on the combined Newham and Tower Hamlets CHS quality and safety performance noting quality improvements and safety initiatives; and requested more data to support system level discussions and address staff morale concerns. Key points:

- Positive outcomes include the implementation of a clinical governance framework, continuing QI work to reduce waiting lists, optimising insulin caseloads and support for staff to feel safer at work
- A key challenge is to strengthen community health's role in system level decisions and priorities
- Further work is required to improve the effective capture of staff feedback ensuring supportive actions are put in place to address concerns and external issues affecting staff morale
- The committee requested further qualitative and quantitative data on the improvements and success of work around capacity and demand and the insulin caseload reductions as this will support opportunities for focused system discussions.

Directorate Quality and Safety Deep Dive: Bedfordshire Community Health Services (CHS)

The committee welcomed strong performance and innovation in the services while recognising funding and system integration challenges and the need to showcase local achievements. Key points:

- Key achievements include insulin self-administration for housebound patients, the widening use of Schwartz round sessions to support improved staff experience and hugely positive results in length of stay and timely discharge from a therapies in-reach pilot
- Challenges including funding gaps and staffing needs especially in light of the national shift to community care as well as uncertainty around BLMK ICB merger and services re-procurement. The committee encouraged the opportunity to highlight ELFT's achievements in Bedfordshire
- The committee welcomed the positive work around insulin and encouraged the sharing of learning.

Internal Audit Progress Report

The committee received assurance on progress with the internal audit plan and raised concerns about temporary staffing compliance requesting a review of sample cases to strengthen actions.

- Risk management report due at next meeting; no overdue actions
- Out of area placements: reasonable assurance opinion with recommendations to strengthen the placement approvals process with improved tracking and a sharper focus on spend monitoring
- Temporary staffing: partial assurance opinion. An agreed action plan is in place to review policies and procedures to mitigate gaps in bookings and approvals compliance and drive an increase in bank usage over agency
- The committee expressed concerns about continued temporary staffing gaps given this is a key priority to support the Trust's cost savings programme. A review of the sample group was requested to identify whether there are opportunities for the actions to be strengthened

Quality Accounts 2024/25: The committee approved the final Quality Accounts and requested consideration for an easy-read summary of highlights to improve accessibility.

Board Assurance Framework Clinical Risk 4: The committee received assurance on the progress against actions for Risk 4 to maintain quality and safety and requested a review of the risk score due to emerging pressures.

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

Meeting on 7 July 2025: A summary of the discussions on quality and safety related annual reports for 2024/25 is attached at appendix 2.

REPORT TO THE TRUST BOARD IN PUBLIC
24 July 2025

Title	People Participation Committee (PPC) 19 June 2025 – Chair’s Report
Committee Chair	Aamir Ahmad, Vice-Chair (London) and Committee Chair
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

To bring to the Board’s attention key issues and assurances discussed at the People Participation Committee (PPC) meeting held on 19 June 2025.

Key messages

The committee received a range of presentations that provided an update and assurance on embedding a focus and involvement of people participation in the services, the impact it is having on our service users and future opportunities. People Participation Priorities: Bedfordshire & Luton Mental Health Service (MHS) The committee was assured by the continued development of PP across the service particularly in crisis and perinatal pathways, with inclusive engagement tools, lived experience input in training and collaboration with the Patient and Carer Race Equality Framework (PCREF). The committee welcomed efforts to embed PP in inpatient settings and encouraged further work to strengthen awareness through service user-led assessments. Key points: • A major focus for all localities has been to develop and increase PP engagement with active promotion through co-produced promotional posters and flyers, PP packs to improve accessibility for neurodiverse service users and cultural inclusion and awareness raising sessions with DWP colleagues to support improved outcomes for service users • PP has been particularly active in the crisis pathway and perinatal services in Central Bedfordshire; there is a planned refresh of PP for inpatient services as part of the culture of care QI project • There is close collaboration with PCREF to support targeted training around cultural competence and anti-racist practice as well as future planned projects • Crisis training has been expanded to include crisis in acute hospitals with service users sharing their lived experience; the value of carer training is being explored with consideration for inclusion in mandatory staff training • The committee reflected on the challenges around embedding PP in inpatient services and welcomed the input of service user led assessments on wards as this provides opportunities to increase awareness of people participation. People Participation Priorities: Corporate Services The committee welcomed the establishment of PP in corporate services noting the valuable contributions of service users and carers to programmes such as GFGT and financial viability. Initiatives like the NHS’s first service user-led health and safety group and the Working Together Group (WTG) were commended for promoting open dialogue and supporting innovation in a developing area of PP. Key points: • Achievements include initiatives such as the first service user and carers health and safety group in the NHS which reviews and works to improve measures around the wellbeing of patients and staff, and the WTG which has supported open and honest engagement with senior leaders • Corporate services is a relatively new area for PP and that these contributions have helped support creative thinking and provided confidence in the positive direction of travel. People Participation Priorities: Bedfordshire Community Health Services (CHS) The committee was assured by the strong and embedded PP approach in CHS with early engagement, coproduced education and peer support initiatives helping to reduce isolation and
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promote healthy lifestyles. The integration of PP priorities into leadership structures and the annual plan was commended as a model of genuine co-production. Key points:

- Strong PP group in CHS as evidenced by priority work to provide information on PP to people early in their treatment, a focus on further coproduced education opportunities for service users and carers and creation of an online support group to tackle social isolation and help build health lifestyles
- The development of peer support workers continues to play a vital role in strengthening core aspects of care and treatment; WTG to take forward further discussions on their focus areas
- The genuine coproduction between service users and staff was commended by the committee, noting the integration of WTB priorities into operational clinical leadership structures and the directorate overall annual plan.

Membership Engagement Plan

The committee welcomed the refreshed and inclusive approach to membership engagement which promotes two-way communication, internal and external collaboration and visibility across services and communities. Key points:

- The plan aligns with the Trust's wider priorities around population health, sustainability and value
- Increased visibility in services and at external events has been well received as a place for open dialogue and online sessions have improved connections between governors, members and the community. More 'pop-up' events are planned to increase engagement and feedback opportunities and to further promote the benefits of membership
- The committee reflected on the challenges in measuring success quantitatively and encouraged the continued use of personal stories to illustrate impact and strengthen assurance around engagement initiatives
- The team was congratulated on the achievement of a national Showcase Award from NHS Providers in 2024.

Research at ELFT

The committee welcomed the strengthened link between PP and research with a renewed focus on empowering service users through training and involvement in research projects that reflect their priorities. Key points:

- There is an established link between PP, an ELFT-supported group linked to mental health research projects by City University and a group called 'PoPuLaR' which helps people with lived experience build academic research skills
- A refreshed strategy will focus on research topics that matter to PP members, offering training and promoting empowerment through active involvement
- Expressions of interest will be sought via PP leads with research topics chosen collaboratively.

People Participation Committee Terms of Reference: The committee approved the changes to wording of the terms of reference which support a strengthening of the statements to provide clarity and reflect changes to the external and regulatory environment.

Board Assurance Framework: Risk 3

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

The committee confirmed that appropriate controls are in place and operating effectively to mitigate the risk of not engaging effectively with patients and communities. While financial pressures and the triple lock process continue to impact the recruitment of PP posts and there are concerns about equitable distribution of PP activity across the Trust, the current risk score remains unchanged with future focus on sustaining successful practices rather than expansion.

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

REPORT TO THE TRUST BOARD IN PUBLIC

24 July 2025

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

Purpose of the report

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

Key messages

The Quality Assurance (QA) section of this report takes a deep dive into the quality and experience of care for people presenting with mental health conditions in the five emergency departments that the Trust serves across Bedfordshire, Luton and East London.

The data demonstrates that 70-80% of people are seen within one hour of referral within emergency departments, although delays occur after the point of initial assessment, for a range of reasons that are complex and not entirely within the Trust's control to solve. All of the psychiatric liaison teams are working to reduce the amount of time that this group of patients spend in emergency departments, with use of quality improvement, involvement of service users, collaborative working with acute partners, and learning from other organisations across the country. This has already yielded significant benefits in Homerton Hospital.

The environment within which this group of patients are assessed and wait, sometimes for long periods, is suboptimal in most sites. Efforts are being made to ensure the environment meets national standards (as defined by the Royal College PLAN accreditation network), and to move people towards more appropriate sites for assessment, such as the crisis walk-in centre next door to Homerton Hospital.

The enhanced care pilot in Newham, and the work led by ELFT CEO with all acute Trust chief nurses in North East London, are good examples that demonstrate how ELFT is actively involved in collaborative work to improve the experience of this group of service users in emergency departments. The Barnsley Road project in Tower Hamlets is now starting to actively in-reach to the emergency department at the Royal London Hospital, offering alternatives to hospital admission for those from this particular PCN.

The Quality Improvement (QI) section of the report highlights progress in supporting the organisation's strategic goals. The Pursuing Equity QI programme involves 18 teams all working to reduce missed appointments and close the equity gap between our most and least deprived communities accessing care, with 11 of the teams currently showing

improvement in their outcome measures. The remaining 7 teams are being provided intensive support to work towards improving their outcome measure.

For 2025/26 a new large scale QI programme has commenced, with the aim of improving therapeutic engagement and therapeutic environments, through finding alternatives to the unnecessary use of intermittent (15 minute) observations on inpatient mental health wards. 10 pilot wards from across the trust are currently understanding the problem and about to begin testing change ideas.

QI Projects with meaningful service user involvement are more likely to meet their aims, as well as support service users as part of their recovery. Trust wide, Big I involvement in QI projects, where service users are an equal member of a project team, has increased from 49% to 53%. Work continues to focus on this and on developing the experience of involvement.

Organisations with a culture of QI, underpinned by staff and service users with knowledge of QI methods, are more likely to deliver high quality care. ELFT offers several opportunities for staff to develop QI capability. Pocket QI runs monthly with on average 66 staff attending each month, and 95% of graduates recommending the course. The Improvement Leaders Programme Wave 15 and Improvement Coaching Programme Cohort 11 are now open for applications.

Strategic priorities this paper supports.

Improved population health outcomes	☒	Applying the QI method across the integrated care system. Large-scale QI programme on reducing the equity gap for patients who have missed appointments.
Improved experience of care	☒	Use of QI to reduce the intermittent observations on inpatient wards and improve therapeutic engagement. Increasing service user involvement in QI work.
Improved staff experience	☒	Building capability in QI across the trust through several learning programmes.
Improved value	☒	Most QI work enhances value through improving productivity and efficiency, with QI support currently focused on realising efficiencies from reducing missed appointments and reducing the use of intermittent observations on inpatient wards

Implications

Equality Analysis	Many of the areas that are tackled through quality assurance and quality improvement activities directly or indirectly address inequity or disparity.
Risk and Assurance	There are no risks to the Trust based on the information presented in this report. The Trust is currently compliant with national minimum standards.
Service User/ Carer/Staff	The Quality Report provides information related to experience and outcomes for service users, and experience of staff. As such, the information is pertinent to service users, carers, and staff throughout the Trust.

Financial	Much of our QI activity helps support our financial position, through enabling efficient, productive services or supporting cost avoidance.
Quality	The information and data presented in this report help understand the quality of care being delivered, and our assurance and improvement activities to help provide high quality, continuously improving care.

1.0 Quality Assurance

1.1 This report looks at the quality of care provided to service users presenting with mental health concerns in Emergency Departments.

1.2 NICE and NHS England published 'Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care' in 2016, with the aim of supporting the improvement of crisis care and the ambitions of the NHS Five Year Forward View for Mental Health. Subsequently NHS England committed to further investment in Crisis Services in support of the NHS Long Term Plan, and focused on ease of access to crisis services and alternatives to attendance at A&E.

1.4 In his 2024 Independent investigation of the National Health Service in England, Lord Darzi set out the challenges currently facing the NHS. This included 'Waiting Times in A&E Departments'. The report highlights that people presenting in mental health crisis tend to endure particularly long waiting times.

"People with a mental health flag tend to experience wait times that are approximately 25 per cent longer than those without"

"In 2023-24, more than 80,000 people with mental health crises waited more than 12 hours and more than 26,000 waited for more than 24 hours in A&E departments. Analysis from the RCEM showed that patients in 2022 with a primary diagnosis of mental illness were twice as likely to wait for 12 hours or more than the rest of the population"

Importantly, the report also references the quality impact of waiting in A&E:

"Bright, busy and noisy A&E departments are completely inappropriate places for someone in mental distress"

1.5 The 2025-26 Planning guidance for the NHS identifies Mental Health Urgent and Emergency Care flow as a key priority.

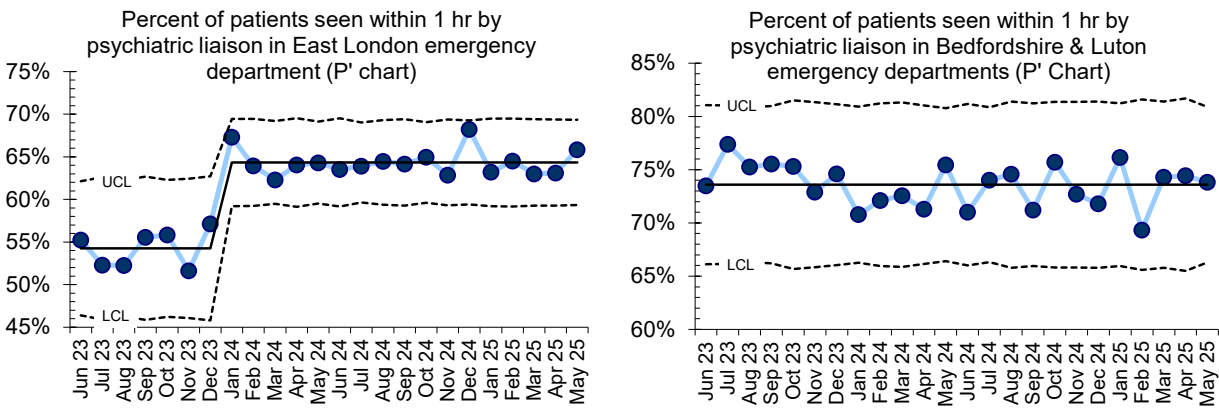
1.6 This report examines the services provided by the Trust in partnership with our acute hospital partners across five sites, identifying the variation and challenges, as well as the good practice and the work being undertaken to improve the overall experience of care in Emergency Departments when presenting with a mental health condition.

2.0 Current performance across Emergency Departments

2.1 Demand for mental health assessment in Emergency Departments is high. The table below sets out the number of referrals to psychiatric liaison during May 2025.

Borough	Referrals
City and Hackney	272
Newham	291
Tower Hamlets	209
Luton	274
Bedfordshire	207
Total	1253

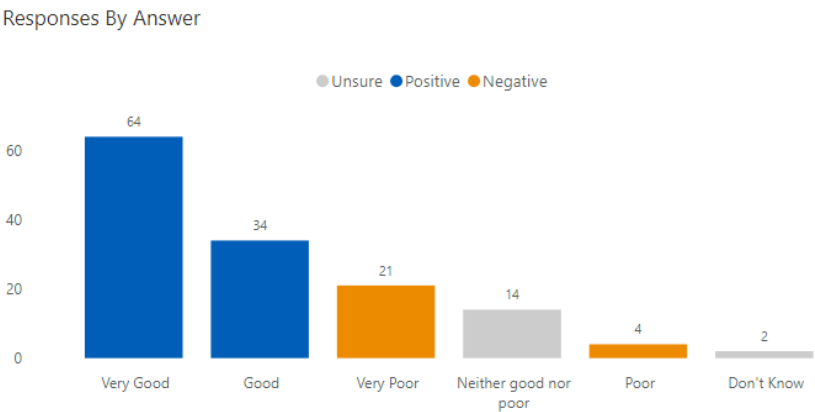
2.2 NHS England standards state that patients referred from A&E should receive a face-to-face mental health assessment within one hour of referral. In May, 87% of referrals were seen within 1hr across East London services. In Luton and Bedfordshire, the figure was 74%. This performance has remained largely stable over the last year.



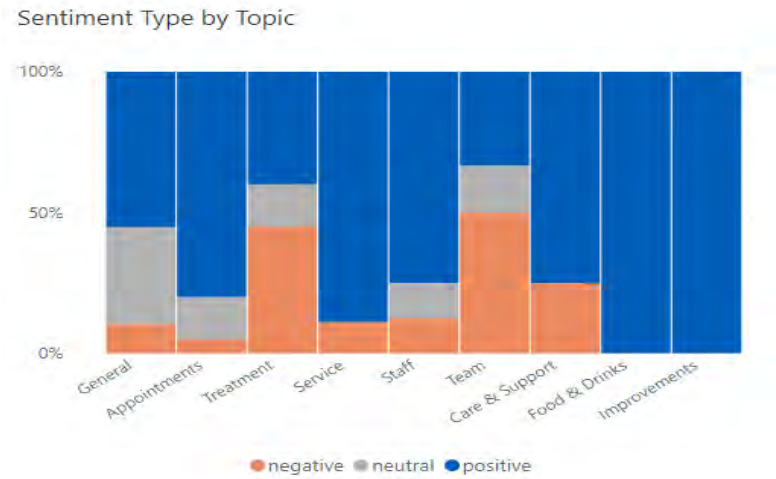
2.3 The board is sighted on the number of people waiting longer than 12 hrs in Emergency Departments via the Performance Report. The main reasons for delay relate to intoxication (thereby delaying mental health assessment), physical health issues, complex out-of-area presentations, and bed availability post-assessment.

2.4 Collecting feedback on experience from people presenting in crisis is difficult, and consequently feedback data is somewhat limited. Over the past 12 months, services across the trust have received 139 responses to the Friends and Family Test which asks patients to rate the overall experience of the service on

a 5 point scale. As highlighted below, the majority of feedback received was positive.



2.5 When completing the feedback, there is the option to provide some description of why the given response was chosen. The broad themes of the feedback is set out below. In general, feedback is focused on the experience of the assessment and the outcomes/treatment provided.



2.6 Over the past 12 months the trust has received 48 complaints in relation to its liaison services in emergency departments.

Service	Complaints
City and Hackney	7
Newham	7
Tower Hamlets	18

Luton	10
Bedford	6
Total	48

- 2.7 There are complaints regarding waiting times and the experience of waiting, and some relate to staff attitude and demeanour (in common with Trustwide themes), but they are relatively few compared to the majority which relate to dissatisfaction with the outcome of assessment.
- 2.8 The Royal College of Psychiatrists hosts the **Psychiatric Liaison Accreditation Network (PLAN)**. PLAN is an accreditation network open to all psychiatric liaison services in the UK, and aims to facilitate quality improvement and development in liaison psychiatry services through a supportive peer-review model, enabling the sharing of best practice between services.
- 2.9 PLAN standards are based on the available literature and extensive consultation with staff, patients and carers with experience in liaison psychiatry. They are regularly reviewed and the latest iteration was published in 2022. The standards, against which all members are assessed, are designed to provide a clear and comprehensive description of best practice in liaison psychiatry services. In total there are 125 standards across 6 dimensions:
- Assessment, care planning and treatment
 - Patient and carer experience
 - Collaborative working
 - Workforce
 - Quality, audit and governance
 - Children and young people
- 2.11 Of the trust's five liaison services, three are members of the PLAN network – City & Hackney, Tower Hamlets and Bedfordshire. Accreditation is valid for 3 years, at which point teams are required to undergo a re-assessment. City and Hackney were accredited in May 2024, and so accredited until 2027. Tower Hamlets were reassessed in November 2024, with additional evidence being provided in Spring 2025 – the accreditation process is not complete yet. Bedfordshire is working towards an application to be assessed.

3.0 City and Hackney – Homerton Hospital Emergency Department

3.1 Physical environment

The Trust's psychiatric liaison service operates within the acute Trust facilities. The environment is described by the team as poor, both in terms of practicality and experience. There is only one secure assessment room, which can lead to

delays in assessing patients, and staff sometimes feel they need to use less safe spaces within which to see patients during busy periods. The room itself is very small and is visually unappealing. It is located in the main waiting room, leading to a lack of dignity for unwell patients, especially when police and security are involved, or when patients make their way out into the waiting room in a state of distress.

The 'majors' cubicles are somewhat better, being away from the main waiting room, having plenty of staff around, and being the same as any other medical space that patients need to use.

The ELFT Estates and Facilities team have been helpful in working to bring the assessment room up to PLAN standards. There have been discussions about a project to relocate the assessment room and build a second room, which would be well received by the team and service users.

3.2 Assessment, support and intervention

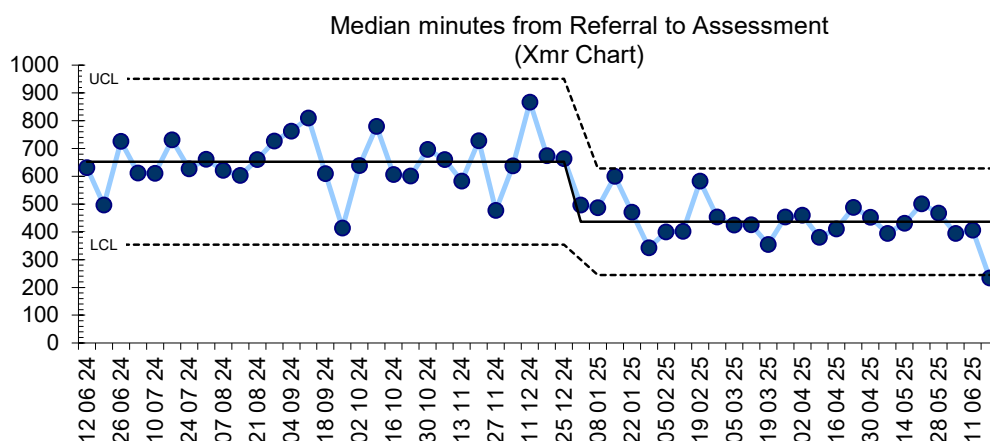
Patients are usually assessed by a nurse, who is able to independently discharge without doctor approval. If there is no medical need to be in the emergency department, service users can be diverted to the Crisis Walk-In centre next door for a calmer environment. Patients are discharged with comprehensive follow-up plans including NHS and 3rd sector organisations.

If the patient does require admission and are required to stay in ED, they are assessed each day with a senior doctor to begin treatment and assess suitability for discharge. They are prescribed their medication, assisted with showering, and have hot meals ordered from the inpatient wards. This is all dictated by the mental health Long Stay Protocol.

3.3 Quality, experience and improvement work

The Psychiatric Liaison Service sees about 80% of patient referrals within 60 mins of referral. Feedback from patients indicates that the experience of waiting in the main ED is poor, with anxiety regarding the hectic environment of ED and not knowing when they will be seen recurrent themes.

The team are running a QI project to reduce average length of stay in ED. The graph below shows they have been successful in reducing the median length of stay (in minutes):



Whilst working towards improving length of stay, the team are creating a new leaflet to be given to the service user upon arrival and before assessment. This introduces the team and provides follow-up services should the patient leave before seen. The team do their best to give a sense of anticipated waiting time when delivering the leaflet. Where possible, the team are diverting referrals to the Walk-In centre which provides a much calmer environment to wait.

Very few feedback surveys have been collected in the City and Hackney service over the past year, just three in total. Work is ongoing across the directorate as a whole, aimed at increasing the amount of feedback collected.

The team have been involved in a number of initiatives to improve experience of crisis care in the Emergency Department at Homerton, including:

- Purposeful Admission formulation - an assessment and communication tool designed to assist in the decision-making around admission, and highlight the purpose and plan for admission for both patients and the ward team. This practice is now a core part of the inpatient length of stay project.
- Long Stay Protocol – this was one of the first ED teams to create a protocol governing the care of patients waiting for lengthy periods in ED, referenced above. This won the silver award at the Homerton Hospital Patient Safety Awards.

4.0 Newham – Newham University Hospital

4.1 Physical environment

The environment is described as acceptable, with modifications having been made to two assessment rooms, one of which is dedicated to assessment of those in mental health crisis. Rooms now have a specialist bed, ligature design, heavy duty furniture. However, the overall environment is busy and stimulating, and not especially welcoming. An area of the Emergency Department is

allocated to mental health patients to enable the team to more easily liaise with and co-ordinate those people who are waiting.

4.2 Assessment, support and intervention

The service is part of a range of crisis interventions available to Newham patients. The liaison service provides both assessment/triage and also ongoing medical input for patients who have presented to the Emergency Department with mental health symptoms. There is a daily mental health waiting meeting - this is a bed prioritisation meeting attended by all relevant system partners.

The team is also working on an Enhanced Care pilot for people with mental health conditions waiting in ED. Co-designed by ELFT and Barts Health, this is aimed at providing enhanced care for this group of patients waiting in the department. Prior to the pilot, Barts were using agency nursing to cover enhanced care in ED, which is both costly and led to concerns around the competence and accountability of staff and poor patient care and outcomes.

The new enhanced care model provides a dedicated team who are specially trained to deliver the enhanced care in ED with an ELFT operational structure and jointly agreed governance process with Barts. The model involves using Band 4 healthcare assistants to deliver the care under the direct supervision and oversight of a band 6 clinical practice lead. This has worked well, with positive feedback from service users and carers/relatives.

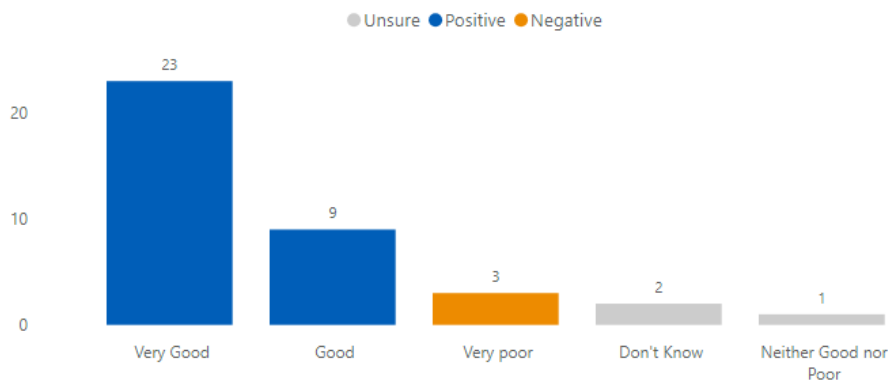
The service has received positive feedback from both psychiatric liaison staff and Barts acute A & E staff in terms of the quality of service provided. The enhanced care model for people with mental health conditions in ED is a cost pressure for Barts Health at present. There is a commitment to fund the pilot until the end of the financial year. The team have scaled up to delivering the service 7 days a week in ED for the daytime and Barts Health are funding night cover via spot purchase agency use.

4.3 Quality, experience and improvement work

The Psychiatric Liaison Service sees 90%+ of patient referrals within 60 mins of referral. There is a 24/7 Crisis Assessment Team that provides assessment for those with urgent mental health needs, to alleviate pressure on the liaison service. To help manage flow, and avoid admission, crisis beds are available as an alternative to inpatient admission and are accessible 7 days a week. Step-down beds for clinically ready for discharge patients are available to facilitate flow from the mental health inpatient unit. There is also a regular monthly joint Barts/ELFT ED interface meeting to work through key operational issues.

Feedback collected from patients over the past year on their general experience of the service is limited, but what was received is fairly positive.

Responses By Answer



The team are part of a Pan-London improvement workstream on Health Based Place of Safety (HBPoS) capacity, aimed at reducing use of ED as a place of safety, and ease pressure on the department. The Pan-London approach works on the basis that the Health Based Place of Safety suites across London Trusts are seen as a London resource, and as such there should be consistent principles applied to their usage, and a central hub will manage requests and co-ordinate useage across London.

The improvement workstream is working on four particular areas:

- Improved communication – daily 9:30am huddle to report demand/capacity/local issues
- Review existing policies and develop one Standard Operating Procedure for all London HBPoS
- Review the data collection platform to ensure it includes all relevant information and agree process for ensuring it is kept up-to-date
- Develop a process for the hub to record and escalate when beds are declined and/or delayed decisions occur

5.0 Tower Hamlets – Royal London Hospital

5.1 Physical environment

The ED provides limited space with only one assessment room, and there is a reported tendency for that room to not be utilised as an assessment room but for patients who have been in the department for a long time. Capacity is therefore limited, and at times the volume of patients is large. The team engage with the nurse in charge to negotiate spaces to see patients, when necessary. The busy nature of the department, along with limited space, make for a poor

experience for patients waiting. There is a challenge in considering how to divert service users to a quieter space due to the location of the acute hospital.

In addition, the majority of the team are based off-site at Whitechapel Town Hall. This means that some of the team are 10 minutes' walk away from the ED at the Royal London Hospital. Whilst staff are able to log in to Barts Health systems in the ED, the team base is only equipped with ELFT computers.

A bid has been made to Barts Charity to upgrade and improve the environment, based on patient feedback received via a questionnaire, and to incorporate their views in the design to make it more therapeutic.

5.2 Assessment, support and intervention

There is a formal educational pathway for ED nurses, which comprises 5 sessions a year. The liaison team also contribute to ED staff inductions, covering topics such as an introduction to psych liaison working and joint working.

For those experiencing waits, the team monitor this as a "virtual ward". An emergency response bleep is held by the liaison nurse and collaborative planning occurs, for example where a particular risk, such as absconding, has been identified.

There is a protocol in place for anyone who has an extended wait. This incorporates specific points for review by a nurse or doctor, to look at levels of observation required, hydration and nutrition, provision of fresh air, and activities where possible. At 24hrs in the department, a senior review will be held to consider alternative pathways and a medication plan for them while in ED.

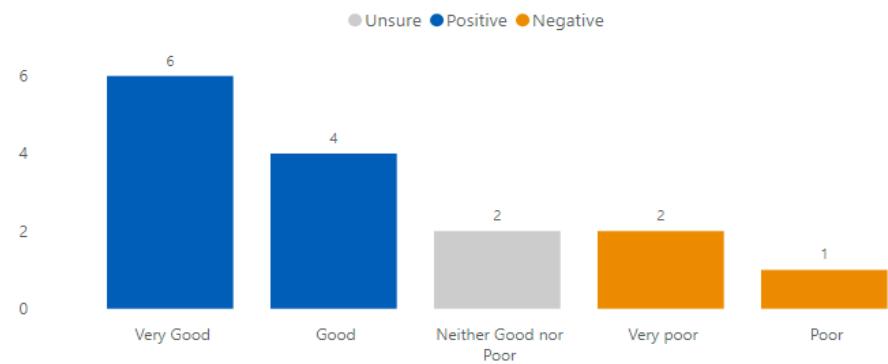
5.3 Quality, experience and improvement work

The Psychiatric Liaison Service sees 80%+ of patient referrals within 60 mins of referral.

There are daily bed meetings with site managers, ED leads, Barts health and ICB colleagues. These meetings look at demand across the whole site and make joined-up decisions on prioritisation and movement of patients.

Relatively limited feedback about the general experience of the service has been collected over the past 12 months, but what has been received is mixed.

Responses By Answer



There is some notable work underway in Tower Hamlets.

Barnsley Road project is a 24/7 community mental health pilot for PCN1 – it involves in-reach by the MDT, who will visit patients in ED from their neighbourhood and bring them to the 24/7 unit as an alternative to a hospital bed (currently 4 hospitality beds available). This ensures continuity of care by the community team.

The liaison team are providing teaching sessions to their acute ED colleagues e.g. “managing distress” to enable greater team working and responsiveness for patients experiencing mental health crisis.

A QI project has recently started, bringing together ELFT and Barts Health staff along with a patient and a carer, with the aim of ‘Improving quality and experience of care for mental health service users at the Royal London Emergency Department’. The team have noted that length of stay for mental health patients has increased at the Royal London Emergency department over the last 3 years, and that this is having a negative impact on patient and staff experience. Early work has investigated the range of factors impacting on length of stay:

- Late referrals to the team
- Conflicting medical and mental health needs (ie. physical treatment following an overdose)
- long waits for assessments by the liaison team (particularly out of hours)
- Mental Health Act processes and delays
- Delays in identifying available mental health beds.
- Transport booking process and waits for available crews
- Out of area patients
- Complex social stressors leading to long assessment as alternative support is explored and arranged
- Alcohol and drug intoxication leading to delays to initial assessments

- New requirements for patients to be re-assessed by a senior psychiatric doctor to ensure alternatives to admission have been explored

The team is now working up its plan and aiming to widen their project team to support implementation.

6.0 Luton and Bedfordshire – Luton and Dunstable University Hospital (Luton), Bedford Hospital (Bedfordshire)

6.1 Physical environment

In both hospitals, the activity level is the primary challenge. Luton and Dunstable Hospital in particular is a busy acute hospital. The liaison psychiatry team is based there 24/7 with two assessments rooms that meet RCPsych standards. However, it is a very stimulating and changeable environment and, where people have no ongoing medical needs, it is not a good space to manage acute mental health needs.

6.2 Assessment, support and intervention

The team conduct comprehensive assessment of people who often have complex personal and social circumstances, including homelessness, drug and alcohol misuse, unemployment and financial difficulties, making it difficult to safely discharge patients due to the lack of appropriate support. The team work alongside ED staff to upskill and encourage collaborative working to support patients presenting in mental health crisis

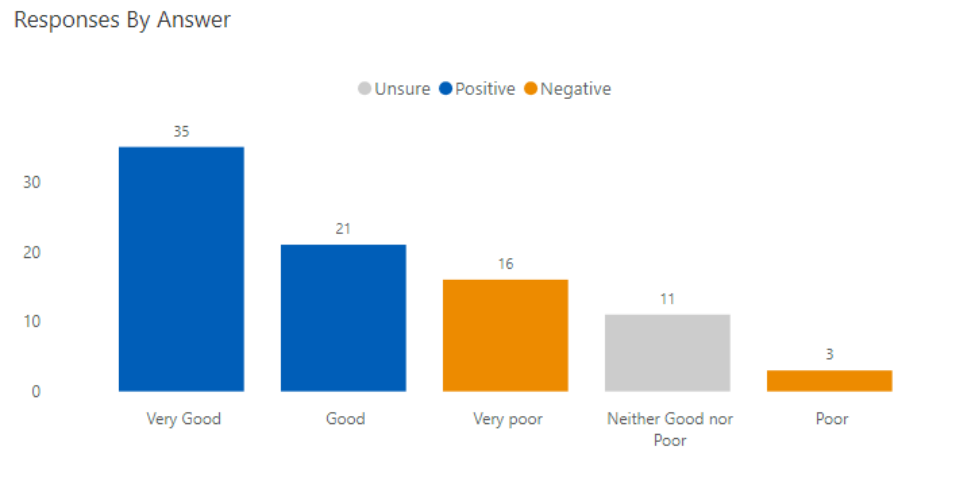
ELFT and the acute provider work hard to maintain a supportive relationship, and hold a monthly interface meeting to surface and address operational issues.

In contrast to arrangements in East London, the majority of patients who can't be discharged after their mental health assessment will be initially admitted to a medical ward, on the basis that it is safer and more comfortable for the patient than waiting in the ED for admission to an acute mental health bed. The acute trust will provide 1:1 nursing if this is required, typically via agency staff. However, acute wards and staff are not adequately equipped to manage complex mental health presentations, and therapeutic interventions have reduced during what can sometimes be prolonged stays in this environment.

6.3 Quality, experience and improvement work

The Psychiatric Liaison Services see around 75% of referrals within 60 mins of referral. Waits tend to occur after the assessment, if the patient requires either medical admission or psychiatric admission. Where required, further reviews can be arranged whilst waiting.

The service are relatively successful in collecting feedback from service users about their overall experience of the service, and the level of satisfaction reported is varied.



The service holds monthly interface meetings between mental health and acute Trusts to discuss any emerging issues or ways to improve. The team have co-produced an information leaflet that will be given to people on arrival that also includes signposting to other ways to access support for mental health should the patient leave whilst waiting.

The service have set up a working group with voluntary sector colleagues to explore if volunteers can provide additional support to people waiting to be seen.

In Luton and Bedfordshire, ELFT and Bedfordshire Hospitals are involved in a national programme spearheaded by NHS Confed that aims to support teams working at the interface between acute emergency departments and mental health to develop solutions to local issues. The 12 month programme, which launched in May 2025, is delivered in partnership with NHS England's Mental Health Improvement Support Team, and seeks to strengthen and encourage cross-system working by supporting practical, real-time testing of improvement ideas across these boundaries.

Although the programme has only just commenced, the team has identified a number of areas for focus:

- Establishment of clear pathways to support patients with social care needs, for example homelessness, financial issues, etc.
- Establishment of clear pathways for those needing support with drug and alcohol use, either alone or alongside comorbid mental illness.
- Work with the voluntary sector to review if additional support can be offered for patients waiting for assessment or ongoing treatment.

- Training and support of staff with consideration of stigma and bias.
- Training and support around the quality of enhanced care observations to support staff and improve patient experience.
- Work to support patient flow to avoid lengthy waits in the emergency department and on medical wards
- Improvement of the hospital environment, which would address some of the challenges around managing complex conditions in this setting.

7.0 System-wide work

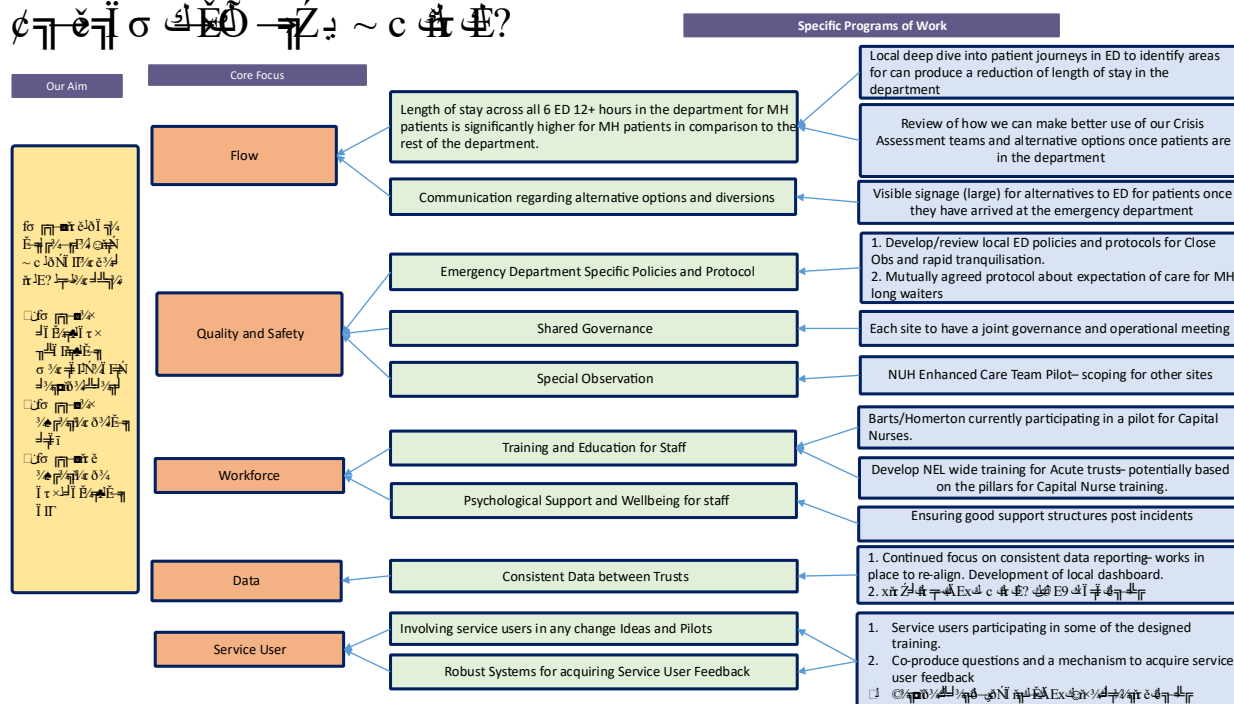
7.1 In North East London, crisis care and ED experience are a key element of the Mental Health, Learning Disability and Autism (MHLDA) plan. The current status of the programme is summarised below.

NEL Mental Health Improvement Networks – Status report			
	රනතුරු වැඩ		
	දැනට	වැඩ කරමින්	අනාගත
Improvement Networks - NEL Crisis and Inpatient Improvement Networks both established, with some consideration for Community Network to be established, bringing together clinical, operational and service user leadership across partners. All plans will look at equity and equality of access to services. - Planning for 2025/26 - UEC Capital bid have been approved for increased of 30 inpatient beds 3-yr system inpatient quality plan. 24/7 Community MH team pilot mobilised - Review of Community MH services offer, Assertive Outreach. - Quality Improvement work for MH Care in ED using appointed MH ED Lead Nurse - Specialising Pilot in Newham Hospital with scoping to expand. - Scoping for MHCAS in ELFT	for the next 12 months	• Crisis care and inpatient improvement networks established, with some consideration for community network to be established, bringing together clinical, operational and service user leadership across partners. All plans will look at equity and equality of access to services. • Crisis care and inpatient improvement networks established, with some consideration for community network to be established, bringing together clinical, operational and service user leadership across partners. All plans will look at equity and equality of access to services. • Crisis care and inpatient improvement networks established, with some consideration for community network to be established, bringing together clinical, operational and service user leadership across partners. All plans will look at equity and equality of access to services. • Crisis care and inpatient improvement networks established, with some consideration for community network to be established, bringing together clinical, operational and service user leadership across partners. All plans will look at equity and equality of access to services. • Crisis care and inpatient improvement networks established, with some consideration for community network to be established, bringing together clinical, operational and service user leadership across partners. All plans will look at equity and equality of access to services.	• Crisis care and inpatient improvement networks established, with some consideration for community network to be established, bringing together clinical, operational and service user leadership across partners. All plans will look at equity and equality of access to services. • Crisis care and inpatient improvement networks established, with some consideration for community network to be established, bringing together clinical, operational and service user leadership across partners. All plans will look at equity and equality of access to services. • Crisis care and inpatient improvement networks established, with some consideration for community network to be established, bringing together clinical, operational and service user leadership across partners. All plans will look at equity and equality of access to services. • Crisis care and inpatient improvement networks established, with some consideration for community network to be established, bringing together clinical, operational and service user leadership across partners. All plans will look at equity and equality of access to services. • Crisis care and inpatient improvement networks established, with some consideration for community network to be established, bringing together clinical, operational and service user leadership across partners. All plans will look at equity and equality of access to services.
	~ 9		
	x		
	9		
	for the next 12 months		

Priorities for the programme this year are:

- Improving the patient journey in ED, with a specific focus on length of stay within ED alongside safety and quality
- Workforce, care processes and environments

7.2 This work is complemented by a project sponsored by the ELFT Chief Executive Officer, Lorraine Sunduza, that brings together staff from liaison teams and emergency departments across the system, led by acute provider Chief Nursing Officers. The project has set out its plan in the driver diagram below:



- a) **Improve Coordination and Accountability** - Enhance coordination between ICB, ELFT and BHFT to ensure effective management and tracking of progress.
- b) **Data and Narrative Development** - Develop a shared understanding of data, particularly around delayed discharges.
- c) **Crisis Response and Alternatives to Emergency Department/Admission** - Reduce A&E waits and improve crisis response.
- d) **Eliminate Out of Area Placements** - Ensure all patients receive care within their local area to improve quality and reduce costs.
- e) **Reduce Wait Times for a transfer of care to MH acute Admission & Discharge** – Reduce the number of patients waiting for admission at BHFT at the L&D site and discharge into the community.

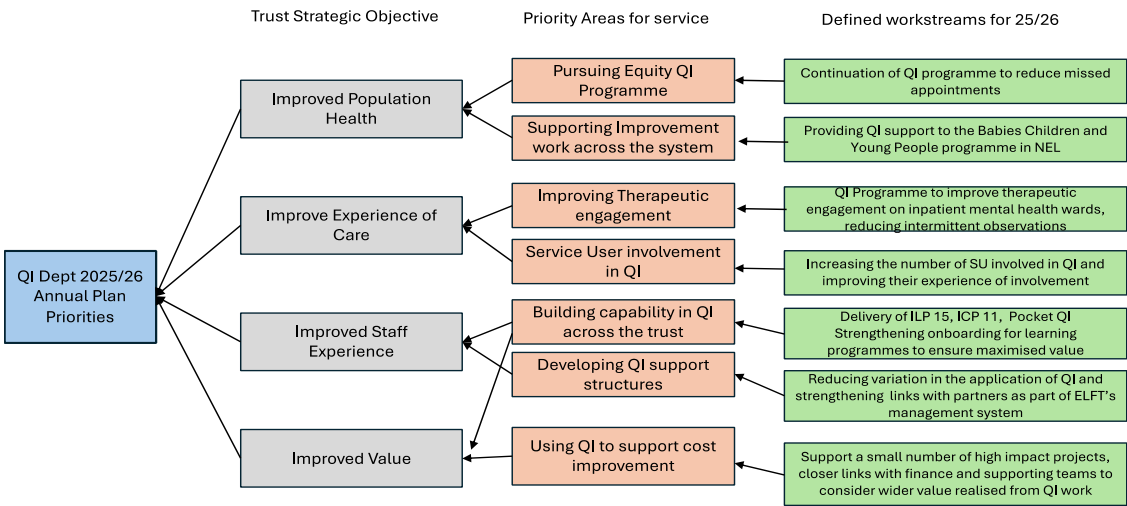
8.1 Overall, it is clear that the challenges faced are complex, and generally shared across services, and that there is a good level of collaboration in place both

between mental health and acute providers, and also at a system level. Concerted work is underway across all services to address key issues of:

- Environment
- Timeliness of assessment
- Bed availability when admission is required
- Team working and operational collaboration and efficiency between mental health and acute clinicians in the ED

9. Quality Improvement

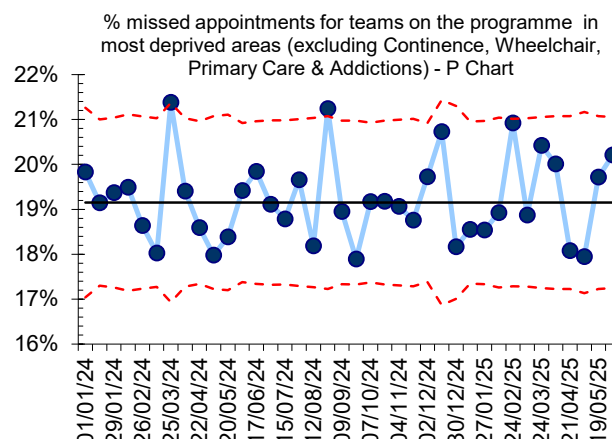
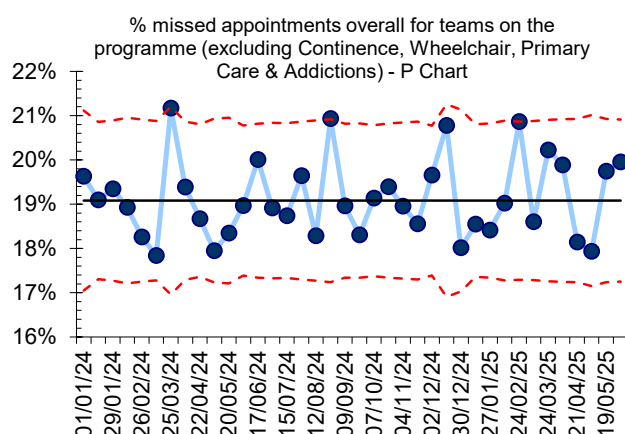
9.1 The 25-26 Quality Improvement (QI) plan at ELFT is designed to support delivery of the organisation's strategic objectives to improve population health, improve service user and staff experience and to improve value across the Trust.



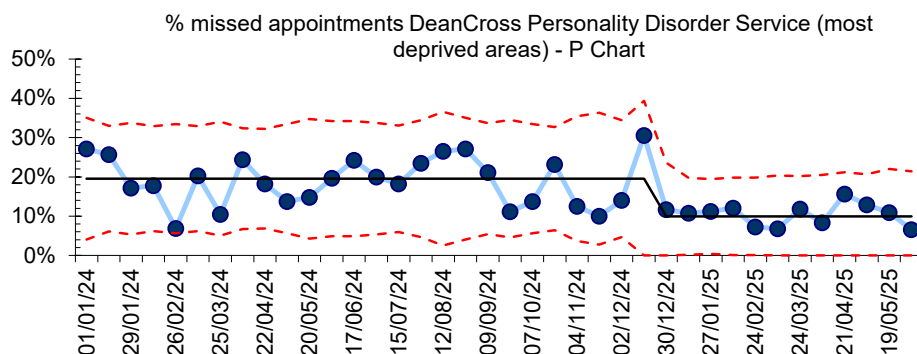
10. Pursuing Equity Programme

10.1 18 teams are part of the Pursuing Equity QI programme and working to reduce missed appointments for people who live in our most deprived neighbourhoods. Of these, 17 are testing change ideas, with the remaining team currently working to pick their first test of change.

10.2 11 teams have seen an improvement in their outcome measure, with several other teams showing potential early signals towards improvement. There is yet to be an improvement in the overall percentage of missed appointments. One theory is that there has been a 33.8% rise in the percentage of telephone appointments that are being missed across the teams. However, there are some encouraging signs towards improvement in face-to-face appointments across the cohort.



10.3 An example of a team seeing improvement is the Dean Cross Personality Disorder service in Tower Hamlets who have seen the percentage of missed appointments for those in the most deprived communities (quintiles 1 & 2) reduce from 19.5% to 9.9%. These results have been achieved through testing a series of ideas, including having admin staff phone service users to book appointments with them in real time, updating and circulating non-attendance policies and accurate recording of appointment outcomes.



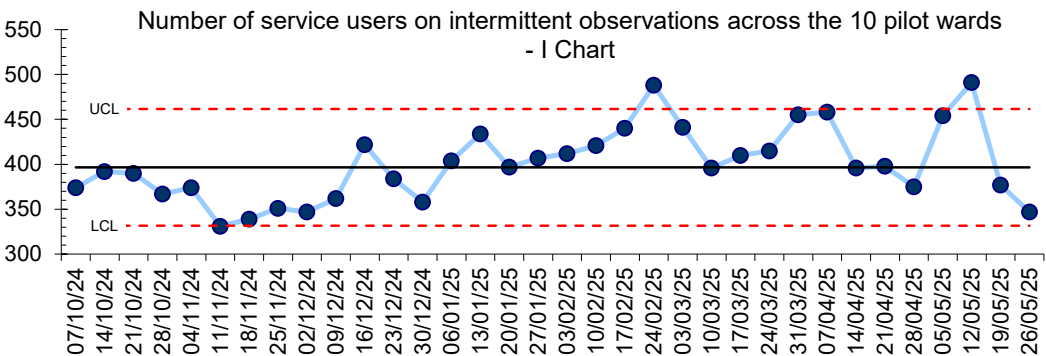
10.4 The Pursuing Equity programme is due to conclude, and transition to quality control, in September 2025. Next steps will focus on embedding successful change ideas into standard work for teams that have shown improvement, and providing targeted support to teams that have not yet demonstrated improvement. A change package will be developed that describes ideas that have seen an improvement so that they can be scaled across other teams in the trust.

11. Improving therapeutic engagement and observations on inpatient wards

11.1 In 2025-26 the Trust will be deploying its quality improvement infrastructure to support a large-scale QI programme that is the second phase of work on therapeutic engagement and observations, with the goal of testing meaningful interventions that can reduce the use of unnecessary intermittent observations on inpatient wards. Intermittent observations are carried out by nursing staff every 15 minutes. In practice, doing this in a meaningful and therapeutic way is

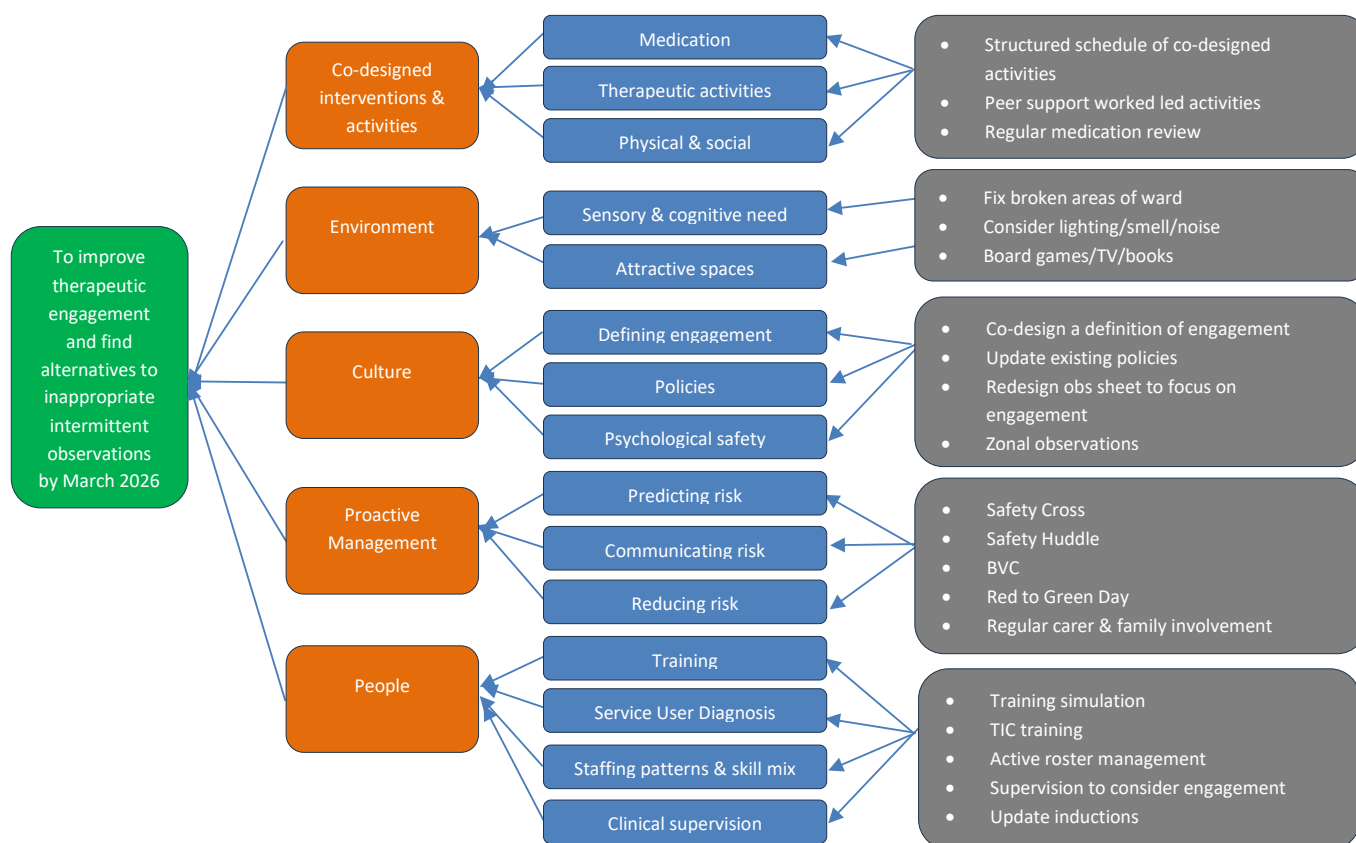
often incompatible with conducting and recording the intervention reliably every 15 minutes. Service users routinely question the effectiveness of these checks, which are often perceived as intrusive and disruptive (particularly at night). A survey of our service users showed that their experience of observations was poor, and that they felt it failed to help them feel safe. The evidence behind the use of intermittent observations on inpatient wards is mixed, with some suggesting it can be detrimental to outcomes, safety and experience of care (Flynn et al 2017). The professional leads for this programme have taken some time to learn from Healthcare Improvement Scotland, where national policy, combined with QI work, has supported a move away from intermittent observations for the last 6 years.

11.2 The Trust currently has a high number of service users on intermittent observations. In 2024-25, the trust spent £14.24m on bank staffing related to acuity and enhanced care. A proportion of this is directly related to undertaking inpatient observations.



11.3 The programme’s theory of change, informed by evidence and early input from inpatient teams and service users, will evolve as we test and learn. Teams will use the number of service users on intermittent observations as their primary outcome measure to track progress towards reducing their use. Additional measures will include incidents of physical violence, restraint, seclusion, self-harm & attempted suicide, rapid tranquilisation and staff sickness, combined with qualitative feedback from service users about their experience.

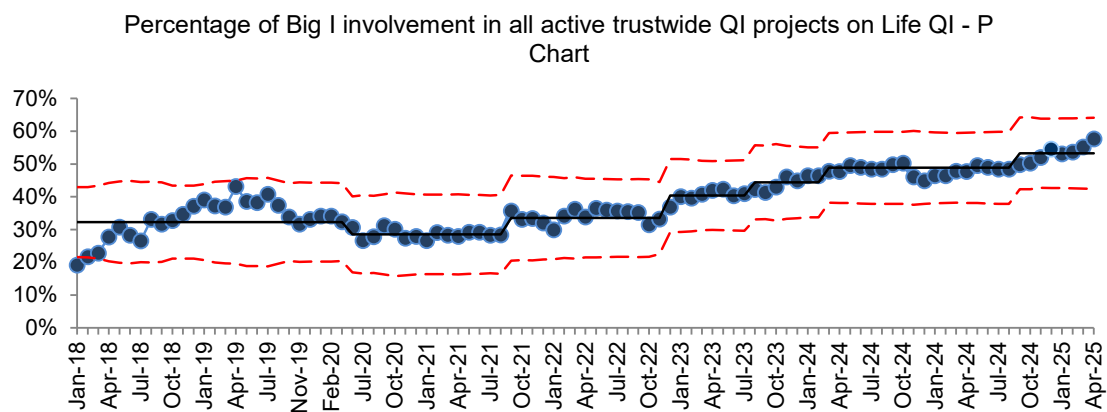
11.4 The programme will be delivered in two phases, beginning with ten pilot wards as initial test sites, alongside 10 control wards. Phase 1 (March 2025–March 2026) focuses on testing new approaches to reduce intermittent observations, supported by local QI teams and real-time data via a Power BI dashboard. These teams are currently being supported to understand the problem, form project teams, and begin developing change ideas. Two learning sessions have already been held to bring teams together to share learning. In Phase 2 (from April 2026), the most effective changes will be refined and scaled across all ELFT inpatient wards.



11.5 The Data and Analytics team have developed a PowerBI dashboard to monitor progress. A PowerApp has also been developed to collect daily data on observation completion and the reasons behind missed observations. This has been implemented Trust-wide and replaces the Excel-based standard observation measurement tool that was developed as part of the trust's previous work on observations and engagement.

12. Improved Experience of Care – Service User Involvement

12.1 Quality improvement projects with active service user involvement are 2.8 times more likely to achieve successful and sustained outcomes (Kostal & Shah 2021). For service users, meaningful involvement can support the development of skills and confidence which are important in their recovery. In line with this, work continues across the trust to improve both the number of service users involved in QI work and their experience of being involved. The percentage of projects with Big I service user involvement (where service users are equal and active members of a project) has increased from 49% to 53%, the highest recorded at ELFT. 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.



12.3 Several directorates have seen improvements in service user involvement. In Corporate services, Big I involvement has increased from 18% to 30%. Change ideas tested include a bespoke pocket QI for service users and carers, weekly meetings between the IA and local People Participation lead and a revised process for supporting service users to join QI projects. In forensics, involvement has increased from 68% to 78%. Change ideas tested include developing relationships between PP and QI, and advertising QI involvement opportunities more proactively in the recovery college. Across London CHS, involvement has increased from 73% to 89%. Change ideas have included monthly meetings between People Participation and QI leads and inviting all new projects to present their pitch at the monthly Working Together Group.

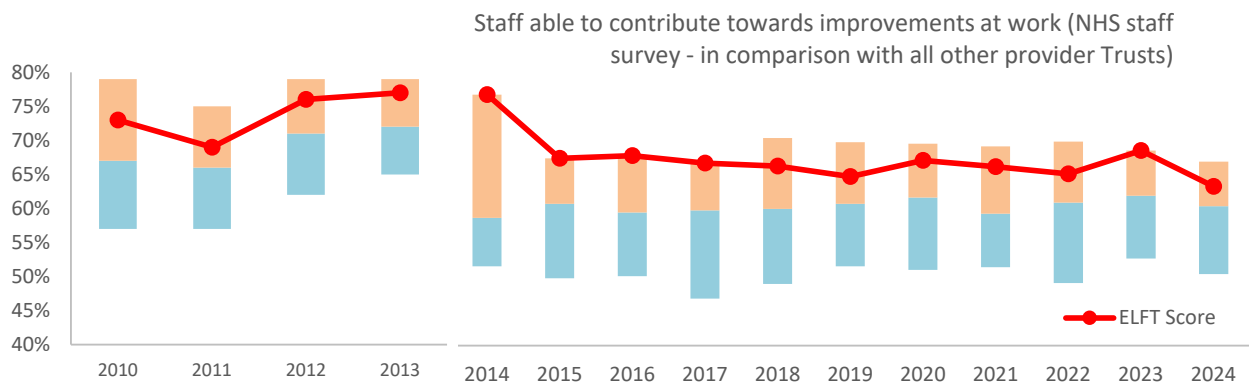
12.4 A focus for this year is on improving the experience of service user involvement in QI projects. Early work is currently underway across London CHS, with a focus on understanding the current experience of service users involved in QI. Several change ideas have been tested including a short survey to understand experience of involvement, development of a one-page profile and skills bio for service users before joining projects, one month check-in with service users after the project starts and local QI coach training on service user involvement. Service users in CHS currently rate their experience of being involved as good. Once testing has finished, successful change ideas will be scaled to other directorates.

13. Improved Staff Experience

13.1 Evidence from the Care Quality Commission (CQC) shows that trusts rated as outstanding have a culture of continuous quality improvement embedded throughout the organisation, which enables the delivery of high-quality care and improved staff experience (CQC 2018). A key part of this is providing staff, service users and carers with opportunities to develop skills in QI so they can make meaningful changes at the point of care in a systematic way. ELFT offers several opportunities to develop improvement skills.

13.2 Pocket QI is ELFT's one day introductory course, which runs monthly across London, Bedfordshire and Luton. An average of 66 people complete Pocket QI each month, with 95% of people recommending the course to colleagues. This

year work will focus on reviewing the course content, reducing missed attendance and increasing sign-ups across the trust.



13.3 ELFT's Improvement Leaders' Programme (ILP) is a year-long programme designed to support directorates to deliver their annual plan priorities. The first teaching days of Wave 15 begin in October 2025. Recruitment of teams and support to design their work has already begun. Cohort 11 of the Improvement Coaching programme (ICP) begins in September 2025 and runs for 6 months. This programme helps built the depth of infrastructure, devolved within directorates, that supports a large proportion of QI work across the Trust. QI coaches dedicate time to support one or two teams with their QI projects, and this is incorporated into their job plan. This close, skilled support is critical in enabling teams to stay on track and apply the method in a systematic way to solve complex problems and deliver meaningful results – which is integral to the perception of being able to influence and improve the system within which we work.

13.4 As part of the Trustwide programme on staff experience, led by the acting Chief People Officer, a QI project has been launched in response to two primary concerns - the disproportionate representation of specific staff groups in disciplinary processes and the extended duration of formal disciplinary cases (currently averaging 200 days). Staff from Black or Black British backgrounds account for 55 percent of formal disciplinary cases, despite representing only around 30 percent of the workforce. Male staff make up 46 percent of cases, while comprising 28 percent of the workforce. The majority of cases involved staff in Bands 3 to 6. The launch event in July involved over 40 participants from a range of roles across the Trust, reviewing the data, sharing perspectives on the disciplinary process, and developing ideas. The next steps are to develop a theory of change, measurement plan and begin testing ideas.

14. Action Being Requested

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

Performance report

July 2025

REPORT TO THE TRUST BOARD IN PUBLIC

July 2025

Title	Performance report
Author Name and Role	Amrus Ali, Associate Director of Performance and Planning Thomas Nicholas, Associate Director of Business Intelligence & Analytics
Accountable Executive director	Dr Amar Shah, Chief Quality Officer

PURPOSE OF THE REPORT

The purpose of the report is to provide assurance on the overall performance of the organisation, informed by a small set of indicators that give a rounded view of organisational performance, based on the six domains of quality as defined by the Institute of Medicine.

KEY MESSAGES

What's going well?

50.4% of service users report an improvement in their quality of life, up from 42% two months ago. This is linked to collaborative efforts across community mental health teams, which include working with local authorities to address housing needs, facilitating neighbourhood groups to tackle social isolation, and integrating employment services within local job centres.

Urgent Care Teams in community health services have achieved a 2-hour access rate of 94%, surpassing the national target of 80%. Early intervention services have also improved their performance, with 86.7% of service users commencing treatment within 2 weeks in June, up from 80% in May, exceeding the national standard of 60%.

Service user satisfaction has increased to 86%, and the proportion of service users feeling involved in their care has risen from 81% to 85%, driven mainly by initiatives in City & Hackney mental health that focus on improving communication and engagement.

In June, 86.1% of service users received follow-up within 72 hours of discharge, above the national target of 80%. Improvements have been demonstrated across all teams, particularly in Newham, where the directorate launched a dedicated discharge planning process to help inpatient and community teams deliver effective post-discharge plans. A new initiative is also being trialled to enable wards to directly schedule follow-ups in community clinics.

The number of out-of-area placements in Luton & Bedfordshire remains at around 9-12 at any time. East London continues to utilise no out-of-area placements, and has created sufficient capacity to be able to generate income. The number of patients clinically ready for discharge remains steady at 98 in June, lower than the previous peak of 173. Challenges such as housing delays and social care support continue to impact on discharge.

What's of concern?

Across the Trust, more than 5,000 adult mental health patients have been waiting over 52 weeks, with nearly all in the Adult Autism and ADHD pathways. In City & Hackney, the majority are in the ADHD service, where referrals have dropped over the past 7 months following ICB advice to direct GPs to refer via Right to Choose and the temporary closure to new referrals. Newham's ADHD service has taken similar steps, managing a waiting list of 1,300 patients awaiting an assessment, and has also closed the service to new referrals. In Bedfordshire and Luton, advancements are underway with the QbTest being extended in one area and introduced into a second area.

East London Autism diagnostic services are offering support materials to help those on the waiting list access online resources. City & Hackney are improving diagnostic capability with targeted training initiatives. Newham and Tower Hamlets have refined referral processes to better manage demand.

Community Health services also face prolonged waits with 942 service users waiting over 52 weeks, with an additional 248 waiting over a year in SCYPS. This has prompted enhanced data monitoring, the implementation of a predictive modelling tool and the rollout of a single-clinician model to reduce wait times by 5% by the end of 2025/26.

What's worth watching?

April and May saw higher rates of restraint per 1,000 occupied bed days (from 13.4 to 15.0 per 1000 bed days), driven primarily by CAMHS inpatient wards and mental health services in Bedfordshire, Tower Hamlets, and Newham. This rise was attributed to a small number of acutely unwell service users, including children displaying self-harm behaviours and attempting to abscond. In June, the rate of restraints dropped back down to 11.7 per 1000 bed days, with decreases seen in nearly all services. Safety huddles and learning forums continue to support local oversight and improvement.

Perinatal outcomes experienced a slight increase to 53.6% in June, largely due to trends in City & Hackney and Tower Hamlets, where focused reviews have been in place to ensure the consistent use of the Core-10 outcomes survey and robust data recording practices.

NHS England has published a new National Oversight Framework (NOF) – which outlines the measures that will be used to appraise performance of NHS Trusts, together with a scoring method to segment Trusts into four groups. Appendix 1 provides an overview of the 13 measures that are being applied to judge ELFT's performance in this framework, with data and narrative to help understand our current and comparative performance. As this framework and the data has only just been published by NHS England, there are likely to be some issues with data quality, and some movement in relation to scores and segments over the coming months.

REPORT TO THE TRUST BOARD IN PUBLIC

July 2025

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

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

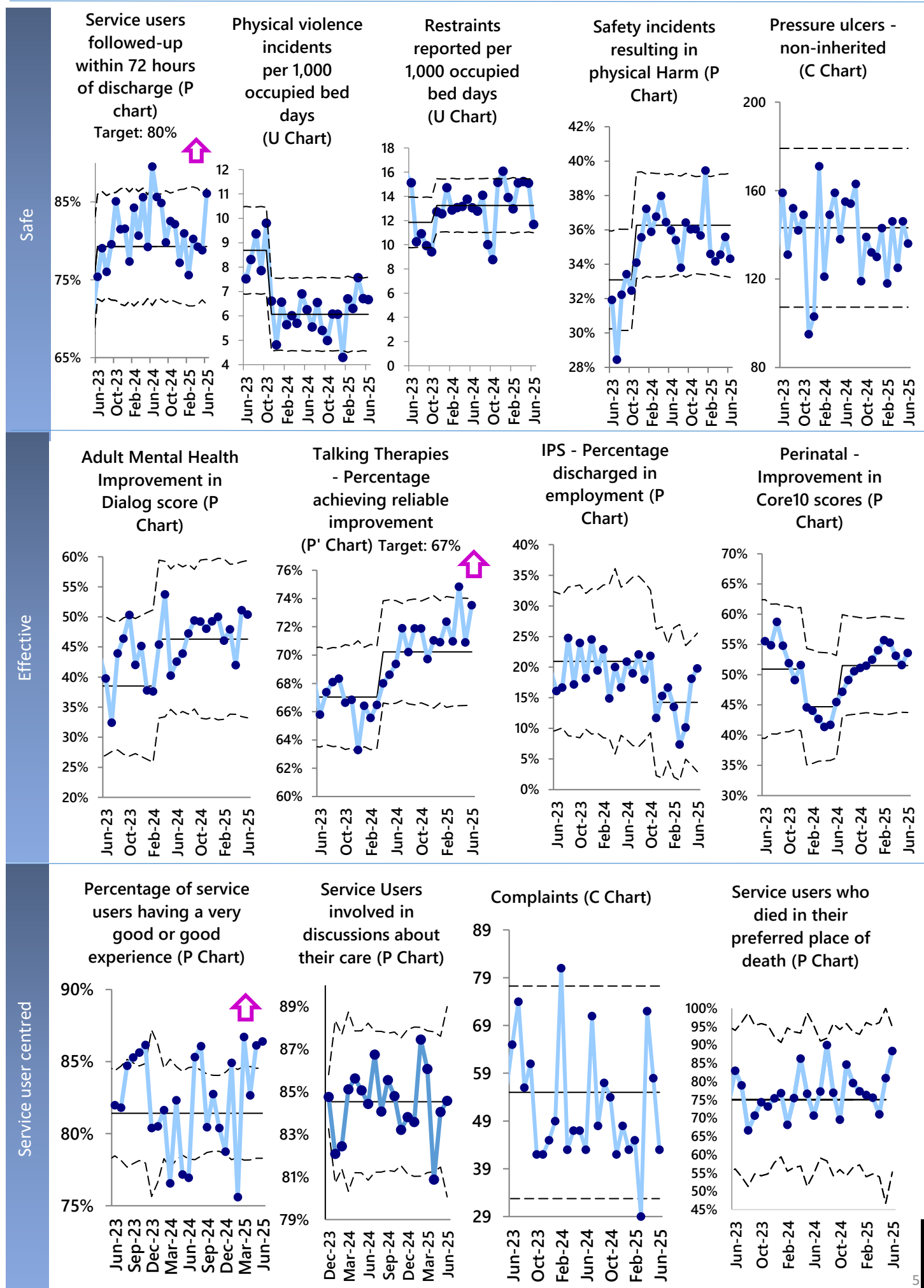
Committees/meetings where this item has been considered

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

Impact	Update/detail
Equality Analysis	Some of the metrics in this report are designed to improve equalities by ensuring access to services and good outcomes. Analysis of the experience of different groups is undertaken as part of the Trust's inequalities work stream and population health task and finish group.
Risk and Assurance	This report covers performance for the period to the end of June 2025 (where available) and provides data on key compliance, national and contractual targets.
Service User/Carer/Staff	This report summarises progress on delivery of national and local performance targets set for all services.
Financial	The performance summary will escalate the areas where targets have not been met or areas of noncompliance against the main contracts and could pose a financial risk to the Trust.
Quality	Metrics within this report are used to support delivery of the Trust's wider service and quality goals.

Performance Dashboard

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

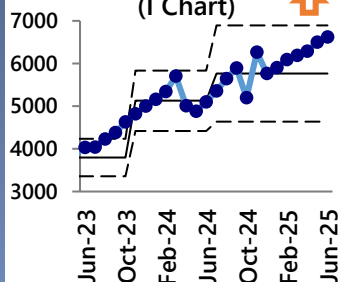


Performance Dashboard

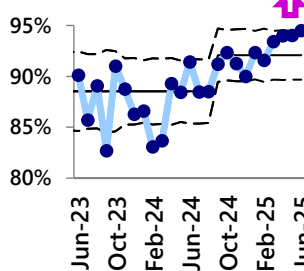
Special cause variation () and when it's of potential concern ()

Timely

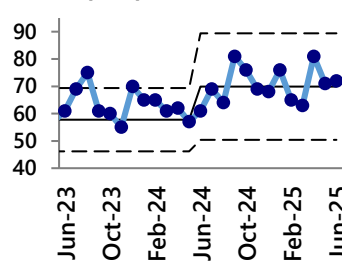
Service Users
Referred to ELFT and
not seen within 52
weeks by any service
(I Chart)



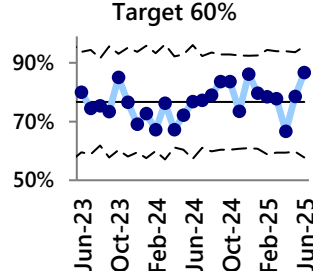
Rapid Response seen
within 2 hour
(P Chart)
Target 70%



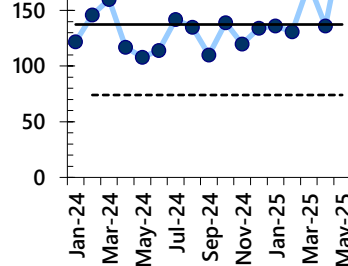
Waiting time for
treatment (days) for
Children and Young
people (I Chart)



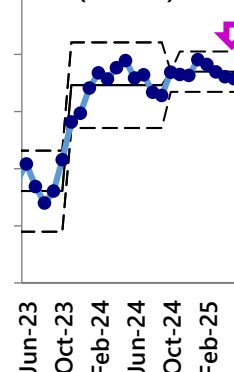
Early intervention
treatment started
within 2 weeks (P
Chart)
Target 60%



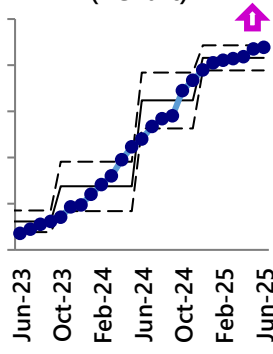
Number of patients
waiting over 12 hours
in A&E
(I Chart)



CAMHS Access Rate
(I Chart)

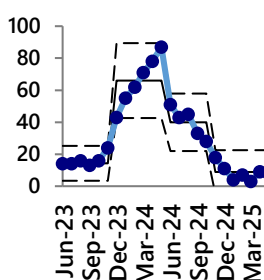


Perinatal Access Rate
(rolling 12 months)
(I Chart)

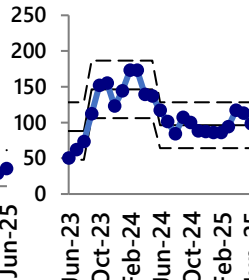


Efficient

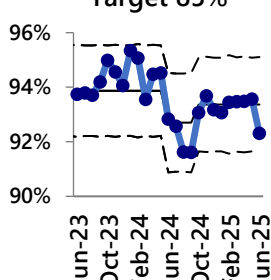
Private Inpatient
Placements
(I Chart) Target: 0



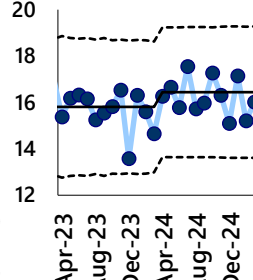
Clinically Ready
for Discharge (I
Chart)



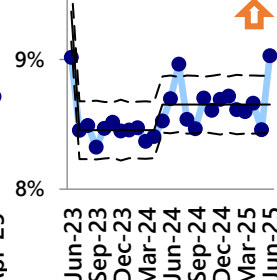
Bed occupancy
- all specialties
(P' Chart)
Target 85%



Contacts per
Staff WTE (U'
Chart)

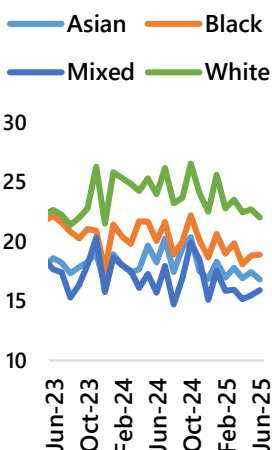


Missed
Appointments -
U Chart

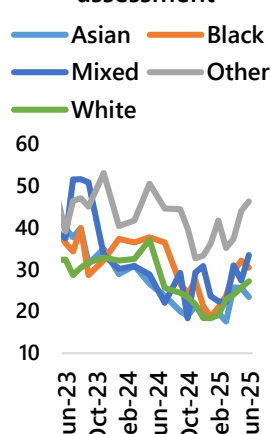


Equitable

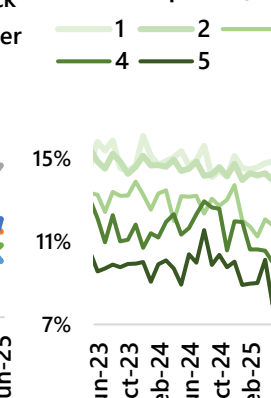
Referrals by
ethnic group,
per 1,000
population.



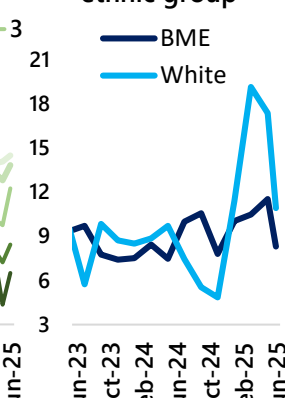
Average wait
(days) for
community
mental health
assessment



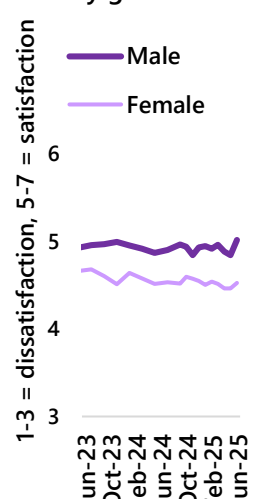
Non-attendance
at mental health
appointment (1
= most
deprived, 5 =
least deprived)



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



Average Dialog
score at review,
by gender



Commentary

Safe

The percentage of service users followed up within 72 hours of discharge from inpatient services was 86.1% in June, exceeding the national target of 80%. Improvements have been made across all teams, particularly in Newham, where there has been a project to enhance discharge planning and post-discharge follow-up processes. This involves pre-discharge discussions with service users on the wards, ensuring clear care plans are in place and explaining the purpose of the 72-hour follow-up to support a smoother transition. The directorate is trialling a new process where wards directly schedule follow-up appointments into community clinics. This aims to improve efficiency, provide users with clear timelines for contact, and minimise delays caused by communication gaps.

After an unusual increase from 13.4 (February) to 15.0 (May), the restraint rate per 1,000 bed days fell to 11.7 in June. This increase in May was primarily driven by a rise in restrictive practices across CAMHS inpatient wards and Bedfordshire, Tower Hamlets and Newham's adult mental health services. Services reported that this was largely due to a small number of acutely unwell service users, as well as some children at risk of absconding or self-harming. To address this, we have introduced enhanced staff training in trauma-informed care and de-escalation techniques, alongside regular clinical audits to review and reduce avoidable incidents. Teams are also strengthening individualised care plans for high-risk service users and monitoring closely in daily huddles. Additionally, staff are working closely with service users and families to co-produce safer, more effective care strategies. The Trust remains committed to ensuring equitable and safe care by closely monitoring restrictive practices, themes, and trends through its Use of Force group, which meets monthly to support teams in making effective improvements.

Incidents resulting in harm have remained stable in the last 4 months (34% in June). The rate of violence and aggression returned to normal levels in June, with 6.7 incidents per 1,000 bed days. This follows an unusual increase to 7.5 in April, driven by all East London mental health services, and linked to higher patient acuity and a small number of acutely unwell individuals on the ward.

Effective

The percentage of service users reporting improvements in outcome scores remains stable, achieving 50.4% in June (measured through the change in Dialog outcome scores before and after an episode of care). Feedback and outcome data highlight key areas of dissatisfaction, particularly around access to appropriate housing, social isolation and challenges in securing employment. In response, targeted efforts are underway in areas like Newham and Luton, where services are working with system partners to address these concerns. These include joint initiatives with local authorities and the facilitation of neighbourhood groups to reduce isolation and improve community wellbeing. The integration of employment services within local job centres is also helping to offer personalised career support.

The percentage of service users discharged into employment has increased in the past 3 months from 7% in March to 20% in June. Recent improvements reflect the impact of

ongoing data quality initiatives, including regular audits and refresher training to maintain high recording standards. In May, the Trust also partnered with the East London Business Alliance and local employers to host a workshop on tackling regional health inequalities, resulting in more targeted job placements and employment readiness opportunities.

Our Talking Therapies services continue to exceed the national target of 67% for reliable improvement, achieving 73.5% in June. Bedfordshire is focusing on improving recovery rates for 16–21-year-olds, a group identified as having lower outcomes and engagement in Talking Therapies compared to other age ranges. To support broader recovery and outcome goals for 2025/26, training and learning sessions are being delivered to share good practice across teams. In April, an away day was held to review strategic priorities, including the integration of digital solutions within therapeutic pathways through ELFT Digital Therapy (EDT) with CAMHS services, to streamline access and enhance engagement. As a result, the recovery rate for service users undergoing guided self-help treatment has increased from 24% to 40%.

Across perinatal services, the Trust's rolling 12-month access rate is at 2,877, with a year-to-date access rate of 1,107. In Luton & Bedfordshire, a local target has been set to reach 1,022 referrals by March 2026, with progress underway. East London is reviewing and agreeing the access target for 2025/26 to ensure it is deliverable. Services continue to prioritise expanded community outreach initiatives and a more flexible appointment system.

Perinatal service user outcomes show a slight increase at 53.6%. This is particularly driven by City & Hackney and Tower Hamlets where work is underway to ensure the Core-10 outcomes survey is administered and recorded across teams to allow for greater consistency in data collection.

88.4% of service users died in their preferred place in June. This is a key indicator of quality end-of-life care, as it respects patient choice, improves dignity, and reduces unnecessary hospital admissions.

Service User Centred

The percentage of service users satisfied with their experience has remained higher than usual, at 86% in June. This is attributed to a rise across Tower Hamlets mental health, Luton mental health, and Tower Hamlets community health services. Feedback highlighted that most service users felt well-supported during transitions between services. However, some reported gaps in communication about their care plans. To address this, the Trust has launched an organisation-wide programme to strengthen care planning processes and ensure service users are fully informed about their care.

The percentage of service users feeling involved in their care has also increased in the past 3 months from 81% to 85% due to improvements in City & Hackney mental health. Specific initiatives include enhancing patient engagement through feedback mechanisms, refining communication and information-sharing practices to ensure that service users are actively involved in care decisions, and a wider community transformation is underway, focusing on strengthening the community service offer.

The number of complaints has dropped over the past 2 months from 72 in April to 43 in June. The services seeing reduction are Newham community health services and Tower Hamlets mental health. Teams within these services have highlighted that the primary reason for the decrease is due to a focus on informal complaint resolution. By addressing concerns early and directly, staff have been able to resolve issues before they escalate into formal complaints. This approach includes proactive communication, swift responses to patient and service user feedback, and mediation where appropriate. The emphasis on informal resolution not only improves the overall experience for individuals but also reduces the administrative burden associated with formal complaint processes.

Timely

Early Intervention Services continue to exceed the national goal of ensuring that 60% of service users are commencing treatment within two weeks, achieving 86.7% in June.

Across the Trust, 5226 patients across the adult mental health service have been waiting over 52 weeks. This number has grown by 95 from May to June. 5112 of this group are waiting for Adult Autism and ADHD services.

The majority of these service users are waiting to be seen in the City & Hackney ADHD service, where over 2,000 people remain on the waiting list. In the past 7 months, new referrals have reduced significantly after the ICB advised GPs to direct patients through the Right to Choose pathway. As a result, the service has been closed to new local referrals to help manage demand. The service has been reviewing its caseload, removing patients who have moved out of area, those who have been diagnosed privately, and patients receiving treatment from their GPs to help cleanse and prioritise waiting lists.

The same approach has been taken across Newham ADHD, who have also closed their service to new referrals, with 1,300 patients waiting for an assessment. Newham and City & Hackney have both updated local GPs, advising that new referrals should now be submitted through the Right to Choose pathway.

Across Bedfordshire, ADHD services have extended the use of the QbTest for another year, with Luton ADHD services also opting to begin using the QbTest in their services, following positive feedback from the Bedford ADHD pilot. Evaluation results showed that 73% of clinicians found the QbTest score to be aligned with their assessments, and 64% stated that it supported decision-making and symptom understanding. Among service users, 91% found the test helpful, and 74% felt it enhanced their personal understanding of their symptoms. An introductory session with the suppliers was held at the beginning of April and a training session is being organised with clinicians and administrators across the service to support the implementation of the new solution across the new site.

Referrals continue to remain stable at 103 per month over the past 12 months in Tower Hamlets ADHD services. The number of service users awaiting an assessment has seen a slight increase this month to 2158. To expand assessment capacity and explore alternatives by way of psychoeducation sessions, the service is working closely with partners and the recovery college to empower those with lived experience of ADHD to lead courses around ADHD self-management skills.

The number of service users waiting for an assessment in Luton & Bedfordshire Autism services has dropped slightly from 982 in May to 902 in June. Since taking on the Milton Keynes Autism service, weekly pathway meetings have been established to address operational issues. The team reviewed clinical roles in the services against contact levels to identify opportunities to improve efficiency at the June team Away Day. A new caseload management tool is being tested, and individual clinician caseload and activity are being monitored through monthly supervision. April saw a peak in the number of discharges from the services, at 129, compared to an average of 61. This is due to a waiting list cleansing exercise that was conducted to remove patients who have moved out of the area, been diagnosed privately, or no longer require an autism assessment.

Autism diagnostic services in East London are currently streamlining online tools, resources, and support material that are shared with service users who are waiting to be seen. Teams are reviewing resources, such as Autistica's 'Top Tips', to enhance guidance and support. This initiative is being incorporated into the broader NHS England Autism Clinical Programme across London. All East London services are currently working on an agreement surrounding requests for second opinions if service users disagree with the assessment outcomes as this currently impacts on waiting times.

City & Hackney Autism services are enhancing diagnostic capabilities through targeted staff training. Allied Health Professionals (AHPs) are accessing Continuing Professional Development (CPD) funding, while clinical staff across the Trust are attending Autism Diagnostic Observation Schedule (ADOS) reliability sessions to standardise autism assessments. Alongside this, East London teams—in collaboration with NELFT—are reviewing pre- and post-diagnostic support, including shared resource development. Service user feedback is directly shaping plans to co-produce webinars and support materials across both organisations

Newham Autism services continue to prioritise those waiting for an assessment which has increased from 200 to 226 in the past month. This has been increasing over the past 3 months due to no more funding being available for Peer Support groups and support classes, which proved to be popular for service users.

Across Tower Hamlets Autism services, the referral process has been updated, with self-referrals now moved online. This includes the introduction of a detailed screening assessment to streamline and fast-track information gathering, supporting a quicker and more effective pathway. Tower Hamlets are working closely with City & Hackney to explore the feasibility of recording existing post-diagnostic support sessions and sharing with other services to increase the support offer.

Beyond the 5112 people who have been waiting over 52 weeks for ADHD and Autism services, there are a further 25 people are waiting in neighbourhood mental health teams, 38 are waiting in Newham memory services. The majority of service users waiting within the neighbourhood mental health teams have been seen but are due for their annual review appointments, rather than individuals waiting to begin treatment. Further exploration is underway to identify a way to distinguish between those waiting for assessment and those in treatment awaiting an annual review.

A Quality Improvement project in City & Hackney is focused on reducing appointment non-attendance within the neighbourhood teams. Performance and administration leads have overhauled the appointment booking system, implementing a more consistent and centralised process across all eight medical teams. As part of these changes, a new protocol now requires outpatient appointment requests to be reviewed, particularly when there have been multiple non-attendances, by a senior team member or consultant before administrators schedule future appointments. This process ensures that only clinically appropriate referrals are booked into the system, while inappropriate referrals are discharged at the earliest opportunity, ultimately increasing appointment availability for patients with the greatest need.

In Tower Hamlets neighbourhood mental health services, Barnsley Street Is formally open and offering better community mental health support 24/7. There are no service users in Tower Hamlets neighbourhood mental health services waiting over a year, with a current average wait of 5.3 weeks to be seen.

In Luton & Bedfordshire, although capacity remains a challenge, there's been a modest increase in the percentage of service users seen within 28 days, with a current average wait of 3.2 weeks. Many delays are linked to service users not engaging with the team, with regular reviews in place to assess their ongoing care needs.

A variety of initiatives have been tested in memory clinics to manage the demands on the services. A new Memory Clinic Pathway Monitoring form has been launched on RiO to give staff a clearer view of the full 18-week diagnostic pathway timeline and identify delays. The service is also piloting a "Diagnosis in a Day" model and streamlining referral pathways. These efforts are supported by wider system collaboration, including work with the NEL Imaging Network and early discussions about direct access to Community Diagnostic Centres.

Waiting lists across CAMHS continue to remain stable at 2578 in June. Most service users are waiting to be seen within Bedfordshire CAMHS and Newham CAMHS. Since the system-wide pause on recruitment activity in November, the teams have been focusing their efforts on resuming recruitment activity, with the main priority being the identification of outstanding vacancies that present a risk to patient flow and waiting time performance. Most of the service users waiting to be seen across Newham and Bedfordshire are awaiting ADHD-related support, particularly those requiring an Education, Health and Care Plan (EHCP) to support their schooling. In response, CAMHS is strengthening collaboration with partners, including SCYPS in Newham, to refine referral pathways and clarify the service offers. The priority is to streamline access for young people with neurodevelopmental conditions who also present with co-morbidities, ensuring those with the most urgent and complex needs receive timely support.

In community health services, 942 service users are waiting over 52 weeks, with an additional 248 waiting to be seen across SCYPS. Those waiting the longest are within the MSK pathway and the SCYPS Autism Spectrum Disorder (ASD) service.

Across SCYPS ASD, the Trust is reviewing cases where service users have waited over one and two years for assessment, and is addressing data recording errors identified during this process. To manage demand and reduce waiting times, a system has been introduced to flag cases before they exceed waiting times thresholds, allowing teams to plan appointments more effectively. In response to increasing demand for autism assessments, new ways of scheduling appointments are also being tested. A single-clinician model has been launched to improve patient flow, with the goals of reducing average waiting times by 5% by the end of 2025/26. Early results show promising signs of stabilisation, providing greater confidence to embed this approach and improve service delivery.

Within MSK services, there are currently 581 service users across the Trust waiting over 52 weeks for an assessment. All of those waiting over 52 weeks are within the Bedfordshire MSK service, with zero cases in East London. In Bedfordshire MSK, staff have received external training delivered by ALGEOS, to enhance their specialist skills, enabling three team members to potentially lead additional community clinics. Two Band 6 staff members are receiving training to build their skills and help the MSK team treat patients more effectively. While this should improve care and eventually reduce wait times, progress has been slower than expected because new staff need extra time to handle complex cases. The team is also considering virtual appointments and online resources for parents of young patients to make care more accessible.

The Newham MSK service continues to take steps to reduce missed appointments with flexible booking options dropping from 20% to 17%. The service tested the GetUBetter (GUB) app with over 200 patients, with just 4% needing further physiotherapy, prompting plans to adopt a "GUB-First" approach. This model will offer immediate self-management support to eligible patients rather than long waits for physiotherapy.

A service review of the Tower Hamlets Foot Health service was undertaken which has led to several initiatives being put in place. Improvements are expected in the next 2-3 months as the following changes become part of business as usual. The recent appointment to the Band 7 footwear role means that one person will now be in charge of wound care, helping local GP practices and services for homeless individuals. All staff have completed required training, and further skills development has been identified. For example, the Band 7 podiatrist has enhanced skills related to diabetes management, imaging requests, and interpreting foot x-rays. A detailed review of work activity was carried out using a demand and capacity tools called AHP Pro, which lead to the creation of new roles, including a Band 5 podiatrist and Band 4 apprentice, to help build clear career paths. Student podiatrists have also been integrated into the team, with one now permanently employed.

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

Efficient

In June, inpatient bed occupancy continues to remain above the Royal College of Psychiatry's recommended target of 85%, at 92% in June. The demand for adult mental health acute beds has remained high. Out of area placements continue to remain stable, at around 9-12 in Luton & Bedfordshire. This improvement is due a number of change ideas related to refining discharge processes and building stronger community partnerships to reduce reliance on out of area placements. These include ensuring that all patients have an estimated discharge date, are reviewed at weekly strategic discussions and daily MDT reviews including Red to Green huddles (first introduced in Tower Hamlets).

As part of our collaborative plan for 2025/26 in Luton & Bedfordshire, the Trust has been provisionally allocated capital funding from the £75m National Mental Health and Emergency Care Fund which is now being finalised with the ambition to eliminate out of area placements and decrease the number of individuals with mental health conditions waiting in emergency departments.

The number of patients who are clinically ready for discharge remains stable at 98 in June, below the peak of 173. The main reasons for this relate to housing delays and social care support.

Psychiatric Liaison Teams (PLS) continue to face challenges in completing assessments within 4 hours in the emergency departments served by the Trust, achieving 77.6% in Bedfordshire & Luton and 69.1% in East London. There has also been a further rise in the number of patients waiting over 12 hours in A&E, rising from 174 in March to 201 in May. The main reasons for delay relate to intoxication (thereby delaying mental health assessment), physical health issues, complex out-of-area presentations, and bed availability. Despite these pressures, the psychiatric liaison teams maintains strong performance, with most service users assessed by a mental health professional within one hour.

Teams have implemented clear safety measures to reduce waiting times and support service users in the department. For those facing longer waits, regular reviews are in place to monitor their well-being. To improve bed availability, step-up and step-down beds have been introduced to provide more flexible care options. A dedicated team now supports service users admitted to Newham Centre for Mental Health from outside the Trust. The purpose of this role is to help teams manage this cohort of service users effectively, facilitating timely discharge. Insights gained will be shared with other boroughs. Additionally, staff are working closely with community teams and Home Treatment Teams to develop care plans that reduce unnecessary admissions. Together, these efforts aim to minimise delays and improve the overall experience for service users

We have introduced two new indicators in this section of the performance dashboard focused on productivity. The first measures the number of contacts with service users as a rate against the full-time workforce employed. Since April 2024, we've observed an increase in the contact-to-staff ratio. Staffing levels reached their peak in March 2024 but have since declined. Trust-wide, there are 700 fewer contracted staff, with reductions seen across every directorate—notably in Luton mental health and City & Hackney, each losing over 100 staff. Meanwhile, contact volumes have risen throughout 2024, averaging 11% higher per month compared to 2023. The increase has been particularly significant in Newham mental health (up 15%) and Tower Hamlets mental health (up 13%).

To support improvements in efficiency and productivity, there is a structured process in place to develop and share productivity analysis for service lines with clinical and operational leaders. This analysis looks at variation both internally, and comparatively across the country. Teams use this analysis to identify areas of unwarranted variation that merit further investigation, in order to uncover opportunities for improvement.

The second indicator focuses on the percentage of missed appointments. Reducing missed appointments is a priority for the Trust, as it directly impacts operational efficiency and patient access to care. While the current rate remains relatively stable, increasing slightly from 8.6% to 8.9% since June 2024, even marginal improvements can unlock significant benefits. Reducing missed appointments directly increases clinical capacity and optimises staff time. It also improves patient access by freeing up appointment slots and reducing wait times. Through targeted analysis and interventions, we can enhance service efficiency while maintaining the highest quality of care. Further information about the initiatives underway to reduce missed appointments is available in the Quality Report.

Equity

This section of the report focuses on work being undertaken to ensure equitable access to care across perinatal services. Perinatal Mental Health (PMH) services in the UK have expanded in recent years, with a focus on tackling disparities in access, improving quality of care, and outcomes—particularly for marginalised groups. National data from NHSE England and NHS Digital, and Maternal Mental Health Alliance reports (2023), and Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE-UK) reports (2024), highlight significant equity gaps, with ethnic minority, socioeconomically disadvantaged, and vulnerable women facing the greatest barriers to care. For example, Black women are four times more likely to experience maternal mental health complications but are less likely to be referred to specialist services, while Asian women often go undiagnosed due to language barriers and cultural stigma. Women in deprived areas are twice as likely to suffer from perinatal mental illness but struggle to access timely treatment, and migrant or asylum-seeking mothers frequently miss out on support due to restrictive policies.

Many women report dismissed symptoms, inadequate screening, digital exclusion, and a lack of culturally sensitive care, while workforce shortages and fragmented care pathways

make it more challenging to navigate the system and access care. Advocacy groups have called for mandatory mental health screening, better data collection on disparities, and targeted interventions for high-risk groups to ensure equitable care for all mothers. Services across the Trust have identified similar challenges and through targeted initiatives, community collaborations and outreach, are actively addressing local disparities in care to ensure that all service users receive the support they need.

The North Central East London (NCEL) Perinatal Provider Collaborative is leading a cross-regional equity workstream, while the ELFT Equity Board, chaired by perinatal leads and service users, focuses on trust-wide initiatives. As part of this work, every team has been analysing its own data to identify equity gaps and opportunities with a focus on strengthening data collection and insights to pinpoint local disparities and target improvement work. This has led to a project focusing on improving access for Black African, Caribbean, and mixed-race women to increase engagement by 10%. Perinatal mental health nurses are partnering directly with Black women's antenatal groups, while collaborations with VCSE organisations ensure services are tailored to community needs.

At the outset of this project, all boroughs contributed to planning the approach. By the end of 2024, services decided to focus on Newham, where the challenges were the greatest, to help more Black women access perinatal services and share learning and successful practices across all other teams. The project team includes clinicians, the Director of Population Health, people with lived experience, and community partners. The team collected data three times and used it to create an action plan. They have already held workshops with local community groups and trained over 100 GPs about perinatal care and equity. The team has also started working with Family Hubs. To enhance accessibility, service materials are being translated into widely spoken languages, and referral data is being analysed by ethnicity to identify disparities. Efforts are focused on high-need areas selected using deprivation and ethnicity data, alongside insights from communities. Additionally, policies are being reviewed and debiased to address systemic barriers, ensuring care is inclusive and responsive for all communities.

The City & Hackney perinatal team is taking a proactive approach to reducing disparities, with a strong focus on reducing variations in missed appointments and community partnerships. A Quality Improvement (QI) project is underway to analyse appointment non-attendance rates, specifically examining ethnicity and deprivation data to identify barriers to access. Early findings are shaping new strategies, such as flexible appointment scheduling, better communication with patients, and working with local community organisations to improve engagement. The team is also strengthening ties with local Family Hubs, aiming to run clinics and support groups in these community spaces. This helps reach women who may avoid traditional mental health settings due to stigma. A key challenge is data gaps—particularly for the Haredi Jewish community, who are often miscategorised under "White Other." Despite this, the service maintains strong relationships with organisations like Bikur Cholim, ensuring culturally appropriate support.

Additionally, preconception mental health support—previously piloted in the City and Hackney—is being expanded trustwide, with online referral forms and guidance for women with severe mental illness (SMI) planning pregnancy.

At the Mother and Baby Unit (MBU), teams are examining infant observation, where clinicians assess parent-infant interactions, bonding, and caregiving, to help build better insights, inform practice in a culturally sensitive way, and improve outcomes. There are further plans to analyse referral patterns to the unit, safeguarding separation practices, and exploring the uptake of interventions on the ward by different ethnic groups. The MBU is also exploring culturally sensitive approaches to parenting and attachment, ensuring care aligns with diverse family practices.

Tower Hamlets is leading innovative work to integrate perinatal mental health into Family Hubs, making care more accessible and reducing stigma. The team has secured dedicated clinic spaces in all four local Hubs, allowing women to access mental health support alongside baby check-ups and parenting groups.

During Maternal Mental Health Week, the perinatal service organised a roadshow across all four Hubs, offering bite-sized sessions on topics like medication in pregnancy, bonding and attachment, and domestic violence support (in partnership with Solace Women's Aid). The events were promoted through local WhatsApp groups and Hub networks, significantly raising awareness. As a result, two Hubs have requested ongoing perinatal mental health sessions, including discussions at "Under 1" baby clubs and co-located clinics with health visitors. This means women identified with mental health concerns during routine check-ups can be immediately referred to a specialist in the next room, reducing delays and increasing engagement.

In Bedfordshire & Luton, the focus is on reducing isolation and improving access for marginalised women through peer support groups and targeted interventions. Services like "Baby & Me," "Circle of Security," and peer-led support groups are actively promoted, particularly in deprived areas where social isolation is a major risk factor.

The Ocean Maternal Mental Health Service in Bedfordshire & Luton has launched a QI project on tokophobia (severe fear of childbirth), specifically addressing barriers for Black, Asian, and minority ethnic women. A successful pilot of joint antenatal clinics (with obstetric services) for birth trauma survivors has now become a permanent offering. The next phase involves focus groups with Pakistani heritage women to understand their specific needs and improve accessibility. The East London OCEAN service has developed an equity pathway across a range of referrers and community organisations to work towards reducing inequalities across the three boroughs.

Services also collaborate with children's centres to deliver programs like "Mind the Bump" and "Mind the Baby", ensuring mental health support is embedded in early parenting services. However, challenges remain across teams, particularly related to ethnicity data gaps (30% unknown records) and the need for more accurate comparisons with local childbearing-age populations (rather than general census data), which continues to be a key focus of service improvement work..

National Oversight Framework (NOF) 2025-26

The NHS Oversight Framework for 2025/26 introduces a new way of evaluating the performance of NHS Trusts, focusing on a clear set of national priorities aligned with this year’s planning guidance (which we have been including in the appendix to this report).

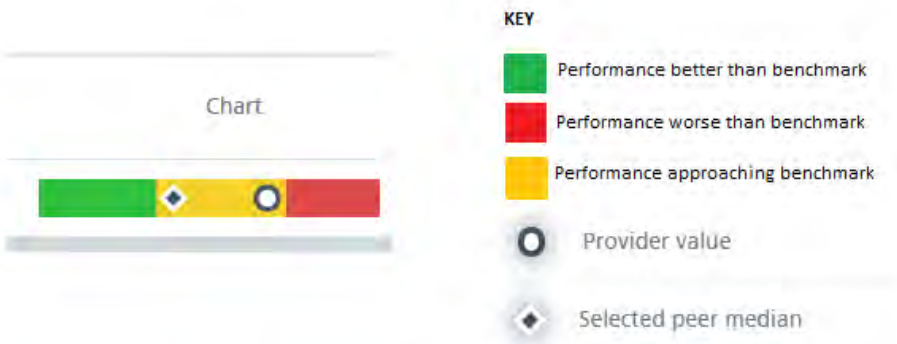
The National Oversight Framework also introduces segmentation of providers into categories. Under this framework, each NHS Trust will receive a score based on its performance against a specific set of metrics, related to the 6 domains of the framework (access, effectiveness & experience, safety, workforce, finance & productivity, population health). Each measure is scored on a scale from 1 (high performing) to 4 (low performing).

Once the Trust’s individual scores are calculated, they are compared nationally. All Trusts are then grouped into four segments (quartiles). The highest-performing Trusts are placed in Segment 1, while the lowest-performing fall into Segment 4. Those in Segment 4 then receive an intensive assessment from NHS England, with the most challenged organisations going in to Segment 5, receiving support from the new Provider Improvement Programme.

Providers will be assessed quarterly and are expected to demonstrate improvement as required throughout the year. If a Trust is in deficit or receiving financial support, the overall score will be capped at a 3, even if performance in other areas is strong (although this will only be applied in the refreshed scoring for Q1 25-26). This ensures that financial stability is factored into the scoring.

For ELFT, performance is assessed across 13 measures. Each measure will be scored and benchmarked against other providers, and the scores will be weighted equally. These scores are then aggregated and divided by the number of metrics (13) to produce an average score, which is used to determine the Trust’s overall segmentation score. NHS England is planning to finalise Trust segments in August, and this may be updated based on April, May and June data.

Appendix 1 provides a detailed breakdown of the 13 measures that ELFT is scored against, with our data over time, comparative data where this is available, and supporting narrative. Where available, the comparative data will show how the Trust scores compared to its peers using a Red, Amber, Green scale as highlighted in the example below. It is worth keeping in mind that this data has only just been made available to Trusts, so there has been little time to validate and check data accuracy. We should expect some changes in the data values, and the scoring, over the coming months.



Appendices

- Appendix 1 – Performance against the 2025-26 National Oversight Framework
- Appendix 2 – Operational Definitions for the Performance Dashboard

Appendix 1: Performance against the 25-26 NHS National Oversight Framework Indicators

	Measure	NOF Score	Performance	Latest Performance	Narrative
Access to care	Percentage of patients waiting over 52 weeks for community health services	3.3		13.7%	Across Community Health Services, 13.7% of the waiting list has been waiting over 52 weeks to be seen. This relates mainly to Bedfordshire MSK and Newham SCYPS ASD services. Bedfordshire MSK now has all staff in post and trained. Two extra clinics are being run each week, and the service has introduced patient-initiated follow-up and SMS reminders to reduce non-attendance.
		Q1 2025/26	③ NOF Score	NOF Score	NOF Score
					Benchmark value
Effectiveness and Experience	Annual change in the number of children and young people accessing NHS-funded mental health services	3.3		Trust data shows 0.8% change Nationally published - 3.14%	We have identified discrepancies between national and local data for this indicator, which will need further discussion with the regional team. It is possible that changes to RiO and our data warehouse affected the accuracy of information used to calculate the score.
		Q1 2025/26	③ NOF Score	NOF Score	NOF Score
					Benchmark value
Effectiveness and Experience	Percentage of inpatients with >60 day length of stay	3		29.1% [National average: 23%]	Length of stay continues to remain stable at 29.1% of inpatients with a length of stay of over 60 days. Several initiatives are underway across the Trust to improve delays to discharge which are described in the report.
		Q1 2025/26	③ NOF Score	NOF Score	NOF Score
					Provider median
Effectiveness and Experience	Urgent community response 2-hour performance	Not yet published		94.5%	Across the Trust, 94.5% of referrals are being seen within 2 hours. In East London, this is at 95.1% and in Bedfordshire 92.1%.
Effectiveness and Experience	Community mental health survey satisfaction rate	2	All responses to the survey showed that the Trust performed much better than expected, better than expected, or somewhat better than expected. No questions fell under somewhat worse or worse than expected.	[Yearly submission]	For ELFT's full benchmarking report and performance on the different questions that come under the satisfaction survey, please go to: https://nhssurveys.org/all-files/05-community-mental-health/05-benchmarks-reports/2024/
		Q1 2025/26	② NOF Score	NOF Score	NOF Score
					Benchmark value

Appendix 1: Performance against the 25-26 NHS National Oversight Framework Indicators

	Measure	NOF Score	Performance	Latest Performance	Narrative
Patient Safety	NHS Staff Survey – raising concerns sub-score	3.1		74.15%	74.15% of staff either agree or strongly agree with the statement that they feel comfortable raising concerns about unsafe clinical practice. This continues to be a key focus of the workforce plan.
		Q1 2025/26	③ NOF Score	NOF Score	NOF Score
					Benchmark value
Patient Safety	Rate of restrictive interventions use	1.8		10.9 per 1,000 occupied bed days	This metric has seen a reduction in the rate of restrictive interventions due to ongoing monitoring and oversight to ensure safe management through targeted interventions
		Q1 2025/26	② NOF Score	NOF Score	NOF Score
					Benchmark value
Patient Safety	Percentage of patients in crisis to receive face-to-face contact within 24 hours	1.7		Model Health System notes our performance at 70% in April Trust data suggests 86%	Likely a data quality issue, resulting in our Bedfordshire & Luton data not being included in the national scoring. To be resolved with the regional team.
		Q1 2025/26	② NOF Score	NOF Score	NOF Score
					Benchmark value
Patient Safety	CQC safe inspection score	n/a	Good (Safety domain)	Good [2022]	Safe, effective and responsive were all rated as "good". Caring and well-led have been ranged as outstanding.
			[Not scored as not awarded within the proceeding 2 years]		
People and Workforce	Sickness absence	2.5		5.26% [annual rolling sickness absence rate]	As of May 2025, the annual rolling sickness absence rate currently stands at 5.26%
		Q1 2025/26	③ NOF Score	NOF Score	NOF Score
					Benchmark value
People and Workforce	NHS Staff survey engagement theme score	2.7		7.04 [yearly survey 2024]	The score of 7.04 for staff engagement is made up of other domains: motivation (7.01), Involvement (7.10), Advocacy (7.00), Morale (5.95), Thinking about leaving (5.72), work pressure (5.55) and stressors (6.58).
		Q1 2025/26	③ NOF Score	NOF Score	NOF Score
					Benchmark value

Appendix 1: Performance against the 25-26 NHS National Oversight Framework Indicators

	Measure	NOF Score	Performance	Latest Performance	Narrative
Finance and Productivity	Planned surplus/deficit	1		£1,8m	The Trust is currently reporting a deficit position of £1.8m which is in line with the 2025/26 financial plan
		Q1 2025/26	1 NOF Score NOF Score	NOF Score	Benchmark value
	Relative difference in costs score	1.9		102 (23-24)	The National Cost Collection Index (NCCI) is a measure of the relative cost difference between NHS providers. This metric is an interim measure of productivity/efficiency until implied productivity figures are available. A score above 100 means our costs are higher by that percentage, while a score below 100 means they're lower. Our last two annual scores were 102, meaning that after adjusting for Market Forces Factor (MFF), our service costs were 2% higher than the national average.
		Q1 2025/26	1.9 NOF Score NOF Score	NOF Score	Benchmark value

Appendix 2: Operational Definitions

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

REPORT TO THE TRUST BOARD IN PUBLIC
24 July 2025

Title	Appointments & Remuneration Committee (RemCo) 26 June 2025 - Chair's Report
Committee Chair	Deborah Wheeler, Vice-Chair (Bedfordshire & Luton) and Committee Chair
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

To bring to the Board's attention key issues and assurances discussed at the Appointments & Remuneration Committee meeting held on 26 June 2025.

Key messages**Executive Succession Planning**

- A detailed review of succession planning for executive roles was presented with a focus on statutory and non-statutory posts
- The committee discussed the importance of developing internal talent, recognising the need for flexibility in role configuration and leadership development
- The Trust's internal aspiring director programme and use of national leadership schemes were welcomed
- The committee challenged the consistency of readiness assessments and the subjectivity of grid placements, particularly regarding strategic breadth and visibility
- Low levels of demographic disclosure (e.g. sexual orientation) were noted, limiting the accuracy of workforce data
- Actions to be taken forward include continuing executive appraisals and development planning; refining the succession planning framework to distinguish between current role readiness and aspirational development; and encouraging broader visibility and development opportunities for potential successors.

Corporate Governance Arrangements

- The committee received an update on the recruitment process for the Joint Director of Corporate Governance post with North East London NHS FT (NELFT) initiated in preparation for the current postholder's retirement
- The process remains on track with final interviews scheduled and a decision expected shortly
- Assurance was provided that interim support will be maintained by the current Director to ensure continuity of governance functions until the new appointee is in post.

VSM Pay Framework: The committee was briefed on the newly published national VSM pay framework and noted that the Trust's current framework is being reviewed for alignment with a proposal to be brought to the September meeting.

Remuneration Report 2024/25: The committee noted that all members and Board directors have had the opportunity to review the draft remuneration report for inclusion in the Trust's 2024/25 annual report. The report is scheduled for presentation to the Audit Committee and Trust Board later today for formal approval and submission.

Chair and NED Remuneration: The committee agreed that any increase would be inappropriate in the current financial climate. However, national guidance would be monitored.

Committee Terms of Reference: The committee approved its terms of reference, noting that following review the terms remained fit for purpose and no amendments were proposed.

REPORT TO THE TRUST BOARD IN PUBLIC 24 July 2025

Title	People & Culture Committee (P&CC) 3 July 2025 – Committee Chair's Assurance Report
Committee Chair	Deborah Wheeler, Vice-Chair (Bedfordshire & Luton) and Chair of the People & Culture Committee
Author	Cathy Lilley, interim Director of Corporate Governance

Purpose of the report

- To bring to the Board's attention key issues and assurances discussed at the People & Culture Committee (P&CC) meeting held on 3 July 2025.

Key messages

Emerging Issues and Challenges

The committee received assurance that industrial relations pressures and contract renewal challenges within BLMK are being actively monitored, with mitigations in place to support staff and services. Proactive support is being extended to clinicians facing accountability concerns and staff are being kept informed of potential service changes ensuring transparency and care. Key points:

- Industrial action risks are being monitored; mitigations are in development
- Primary care contract extensions are pending; work is under way to stabilise and fully support the workforce
 - Support for clinicians, especially ward managers, is being strengthened following the ruling in the North East London NHS FT (NELFT) corporate manslaughter case
- Staff are being kept informed about contract renewals for Bedfordshire services.

Statutory and Mandatory Training, Supervision and Appraisals

The committee received assurance that improvements in training compliance and appraisal processes are ongoing with a focus on governance, communication, and a shift to rolling appraisals. Efforts to improve data accuracy and supervision uptake are progressing. Key points:

- Focus is on CQC-prioritised training areas; a new training policy framework to strengthen governance and oversight and drive improvements in training compliance is being implemented
- Appraisals have moved to a rolling annual process to improve completion rates and accountability. Key challenges remain around data accuracy and accessibility; however, priority actions being undertaken to provide accurate real-time reporting
- To improve ongoing challenges with the supervision process, a plan is in place for clearer Trust-wide communications to support better supervision compliance and awareness of available tools for effective supervision compliance
- The committee sought further assurance on the learning to support a cultural shift to a rolling appraisal process, ensuring it remains a priority for staff and managers as an effective and productive method for supporting improvements in day to day working.

Raising Concerns/Freedom to Speak Up: Annual Report 2024 and Internal Audit Report

The committee received the annual report that through a range of data supported the view that staff confidence in speaking up is improving. Governance systems are in place and further work is planned to enhance visibility of outcomes and address psychological safety concerns with empathy. Key points:

- Work is under way to strengthen escalation pathways to executive level to ensure that any delays in responses are promptly identified and addressed to enhance accountability and provide greater assurance that issues are resolved in a timely and effective manner
- Psychological safety concerns either for fear of detriment or a lack of confidence in resulting actions or feedback are being acknowledged and addressed
- The committee requested a correlation of data with issues raised during formal processes and measures to heighten visibility across the Trust of positive outcomes and changes made in response to concerns raised by individuals

Chair: Eileen Taylor

Chief Executive: Lorraine Sunduza, OBE

- The committee acknowledged the reasonable assurance received from the internal auditors review welcoming the evidence of sound governance and systems in place.

Deep Dive: Directorates

As part of the scheduled programme of locality updates, the committee received detailed insights from Bedfordshire and London Community Health Services (CHS) with a blend of qualitative and quantitative data informing assurance. Both directors are making positive progress in workforce transformation, leadership development and staff engagement. Targeted actions are addressing recruitment, diversity, and wellbeing challenges.

- **Bedfordshire Community Health Services**
 - Admission avoidance, flow improvement and integrated neighbourhoods being strengthened
 - Strong staff engagement evidence in the transformation work has led to caseload reductions and leadership development providing opportunities for robust decision-making, shared learning and organisational development work
 - Key challenges include staff sickness, appraisal quality and recruitment; improvement work is under way. The committee welcomed the emphasis on connecting staff appraisals to the aims and objectives in the directorate annual plan
 - Diversity in management is being addressed through leadership opportunities
- **London Community Health Services**
 - A new combined leadership structure across Tower Hamlets and Newham has supported the development of sustainable workforce planning as well as supporting clarity around roles and responsibilities, joint learning and service integration
 - Combined leadership structure supports workforce planning and service integration, and internal promotions and competency frameworks have positively impacted on staff retention
 - Sickness absences have declined due to focused case reviews and improved processes. The committee commended the collaborative development of team-specific action plans in response to staff survey feedback and praised the dedicated wellbeing channel for fostering supportive and effective staff-management engagement
 - Key challenges include AHP vacancies and increasing employment relations pressures related to ongoing financial viability and change management programmes
 - The committee reflected on the impact of consultation processes and requested a Trust-wide overview to include input from union colleagues and a lesson learnt exercise.

Professional Group Deep Dive: Allied Health Professionals

The presentation provided the committee with assurance that AHPs are making a significant contribution to person-centred care. Initiatives supporting wellbeing, leadership and career development are in place though challenges remain in leadership consistency and inpatient access. Key points:

- The diversity of the different professions that make up this cohort working across the breadth of Trust services supporting service user outcomes with focus on a person-centred approach to prevention and health and wellbeing improvements.
- The workforce totals 789 WTE posts and work is ongoing to address gaps in some professions and the opportunities taken to embed sustainable apprenticeship programmes.
- Assurance was provided on the Trust's commitment to supporting AHPs through living well initiatives, leadership development and targeted programmes to improve staff experience particularly in areas highlighted by the staff survey
- AHP specific digital tools are being used to enhance job planning and capacity modelling
- Challenges remain around inconsistent professional leadership across directorates and limited access to AHPs in inpatient mental health settings, affecting patient support in areas such as mobility, nutrition and communication
- The committee also welcomed the Trust's focus on equity noting that the AHP workforce is more ethnically diverse than the national average with ongoing efforts to improve career development opportunities for lower-banded staff from global majority backgrounds.

Internal Audit Report: Non-Medical Temporary Staffing

The committee noted the partial assurance awarded and was reassured by the strengthened oversight introduced through the GFGT programme which has improved visibility, controls and

monitoring. The committee requested a follow-up report to confirm that the identified issues have been fully addressed.

Fit and Proper Person Test Annual Report: The committee received assurance that all relevant checks have been completed, and no issues identified.

Board Assurance Framework Risk 5 – Staff Engagement plan update

The committee agreed that the current risk score remains appropriate following assurance that a comprehensive staff experience and engagement plan is progressing well with a clear commitment to integrating staff feedback and aligning people priorities with the Trust's strategic and financial goals. A two- to five-year plan is in development aligned with the Trust-wide strategy review focusing on improving formal processes and enhancing transparency in communications.

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

People Board Report

19

July 2025



REPORT TO TRUST BOARD JULY 2025

Title	People Board Report
Author Name and Role	Shefa Begom, Lisa Baker and Steve Palmer, Associate Directors of People and Culture
Accountable Executive director	Barbara Britner, Acting Chief People Officer

Summary of people performance: • The workforce remains stable with no significant shifts in the number of new joiners or people leaving the organisation. • Targeted work is having a positive impact on key people metrics with a significant reduction in over establishment and continued reduction in the sickness absence rate. • There has been a significant reduction in agency use of around 200 posts. What has gone well: • A programme of work to improve staff experience has been designed with a broad range of projects that cover a number of areas of concern for staff. • A quality improvement project has launched to review the Trust approach to Just Culture with a focus preventing entering the formal process. What challenges do we have: • The volume and length of time people relations issues are taking are proving challenging for managers and staff. • Renewal of industrial action from Resident doctors

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

Improved service user experience	☒	The performance reports support assurance around delivery of all four strategic priorities. The Board performance dashboard includes population health, service user experience and value metrics for each of the main populations that we serve. Metrics around staff experience are contained within the Board People report.
Improved health of the communities we serve	☒	
Improved staff experience	☒	
Improved value for money	☒	

Committees/meetings where this item has been considered

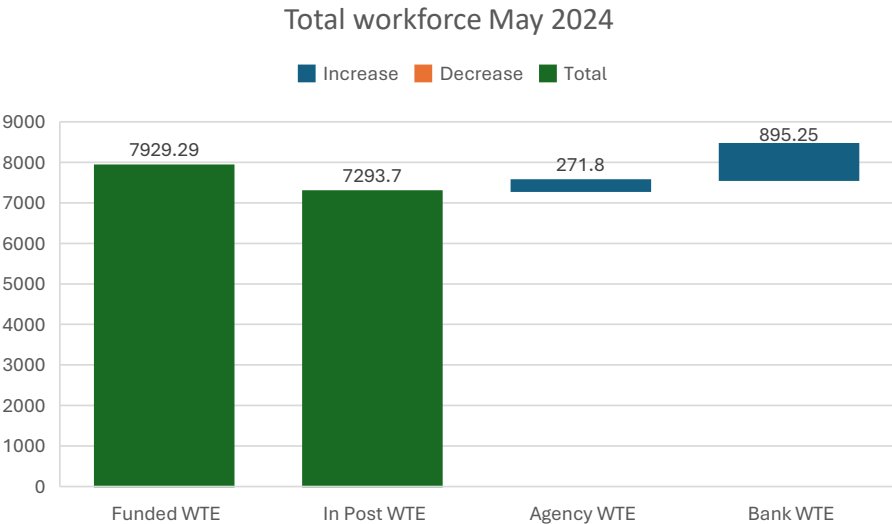
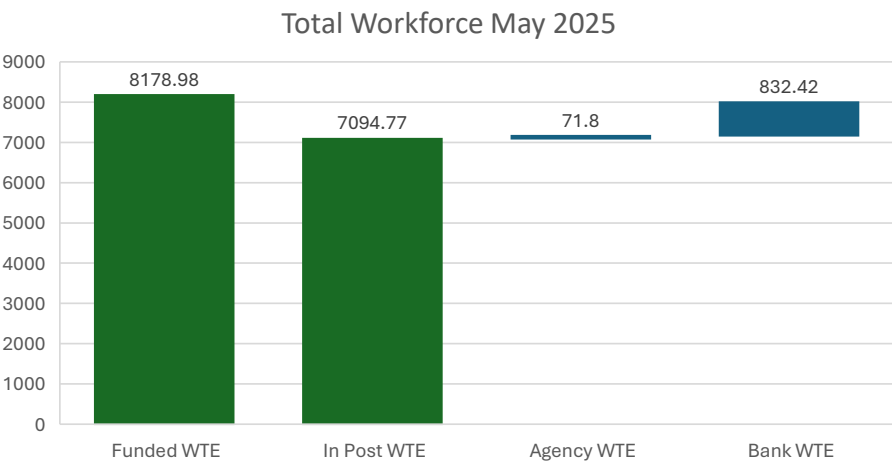
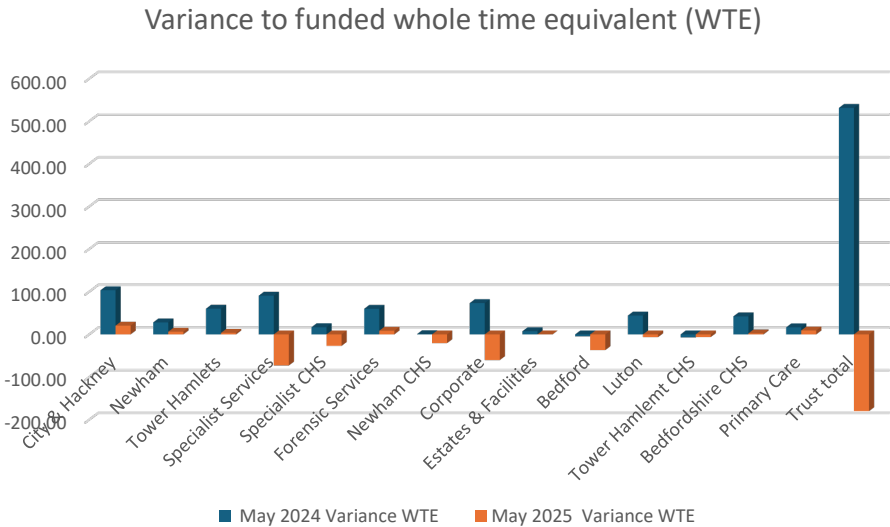
Date	Committee and assurance coverage	
Various	N/A.	

Implications

Impact	Update/detail
Equality Analysis	Analysis of the experience of different groups is undertaken as part of the Trust’s inequalities work stream and population health task and finish group.
Risk and Assurance	This report covers performance and provides data on key compliance across each of the ELFT Directorates.
Service User/Carer/Staff	This report highlights the people metrics across the Trust.
Financial	Our biggest expenditure is spent on our workforce. This report will help to give additional oversight.
Quality	Metrics within this report are used to support delivery of the Trust’s wider service and quality goals.

WORKFORCE PROFILE

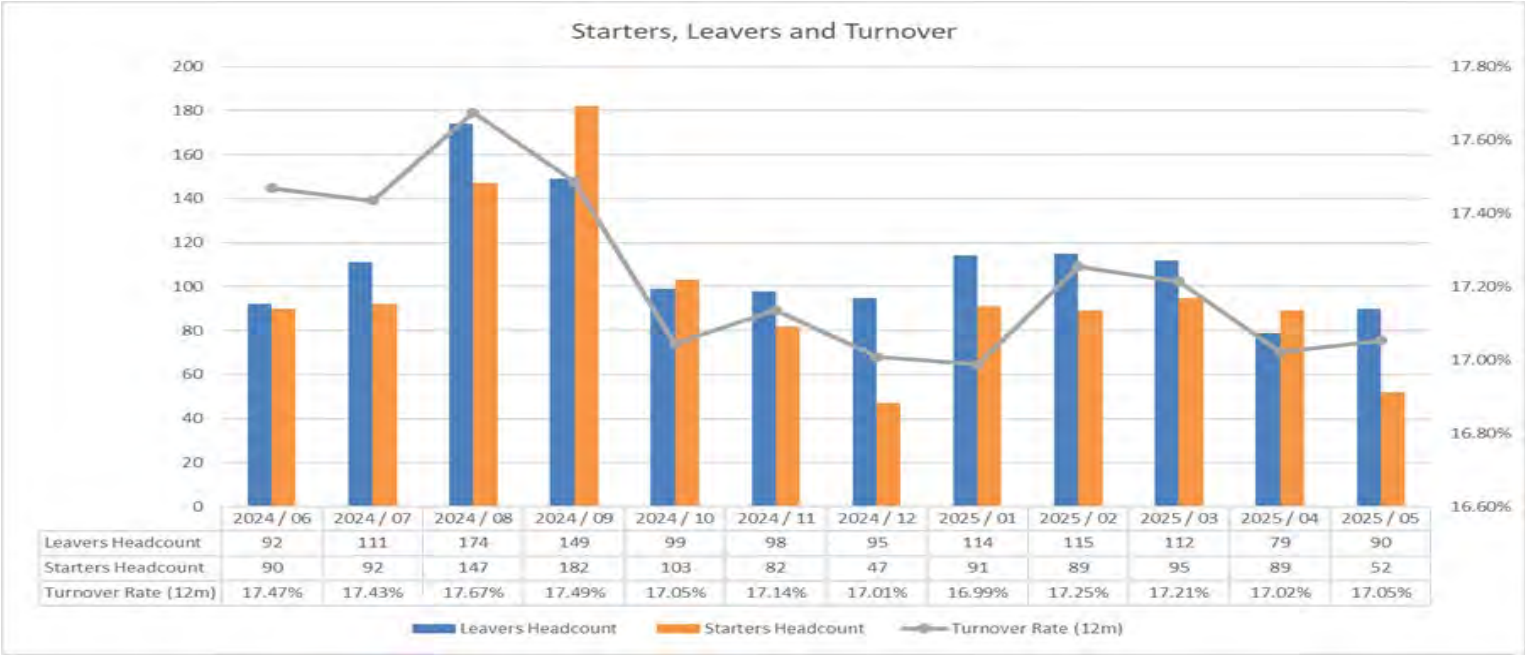
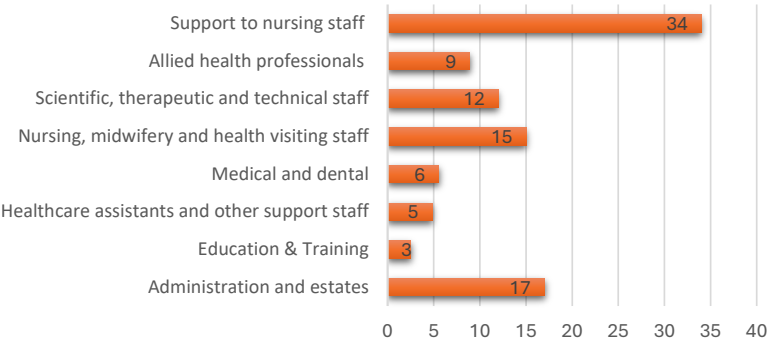
- A year on year comparison shows the significant shift in the workforce over the last 12 months. Targeted work to reduce reliance on a temporary workforce has seen a reduction in agency use of around 200 posts.
- Use of bank staff has increased which is due to targeted work to have a 'bank first' approach. To support this the bank workforce has increased by 13.25% in the last year to 2529.
- The Trust had 531 WTE over funded establishment in May 2024. As of May 2025 the Trust is 180 WTE under funded establishment. The reductions in headcount and over establishment are a direct result of programmes of work introduced within the Trust that have seen implementation of tighter controls around vacancies and agency usage. The breakdown by directorate is shown below.



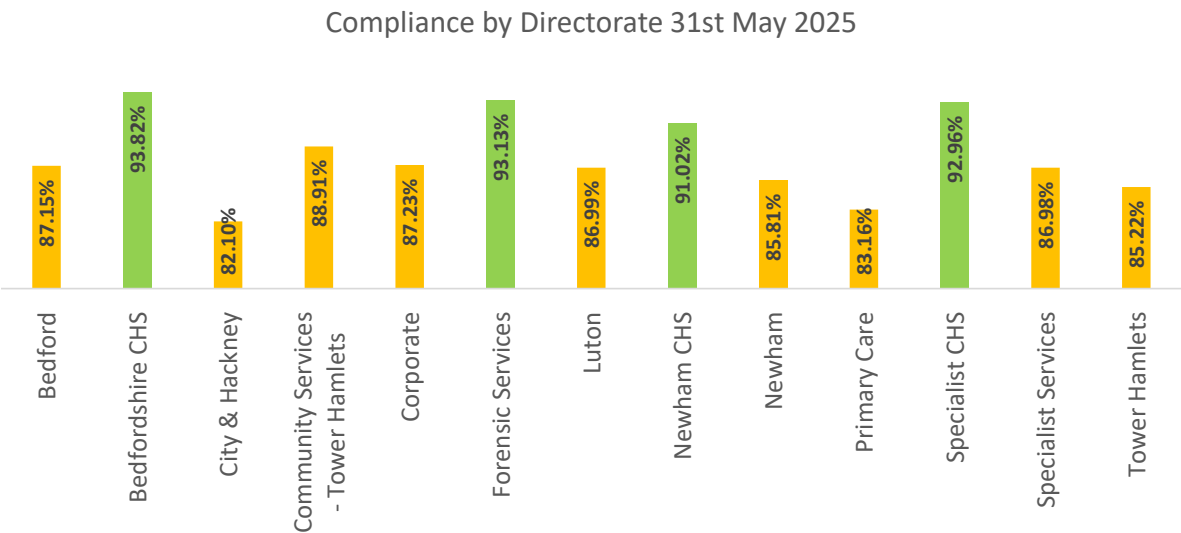
KEY PERFORMANCE INDICATORS

- The Trust average vacancy rate is 13.3%. This equates to 1084.21 WTE. There has been a reduction in the number of new joiners and an increase leavers which is a usual trend for this time of year.
- While the rate of turnover is high it remains steady. This is positive given the turbulence over the last 12 months.
- Overall the workforce remains stable. However further review into the level of vacancies in support roles will take place to understand better the challenges in this area.

Vacancy % by staff group



KEY PERFORMANCE INDICATORS



Statutory and Mandatory Training

Statutory and mandatory training compliance has continued to follow a generally positive trajectory, reaching 88.1% in March. However, a slight decline was observed in April, and the overall compliance rate for May 2025 stands at 87.56%.

Despite this marginal decrease, performance remains relatively stable. Notably, four directorates continue to maintain compliance rates at or above the 90% threshold, with all other directorates consistently above 80%, reflecting ongoing commitment to training standards across the Trust.

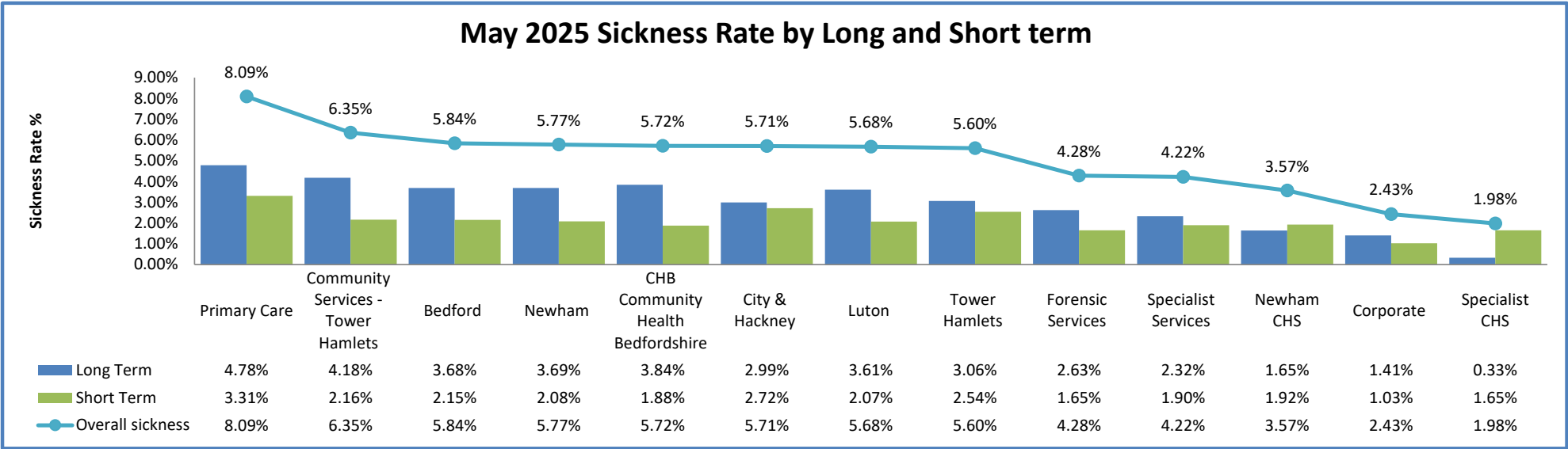
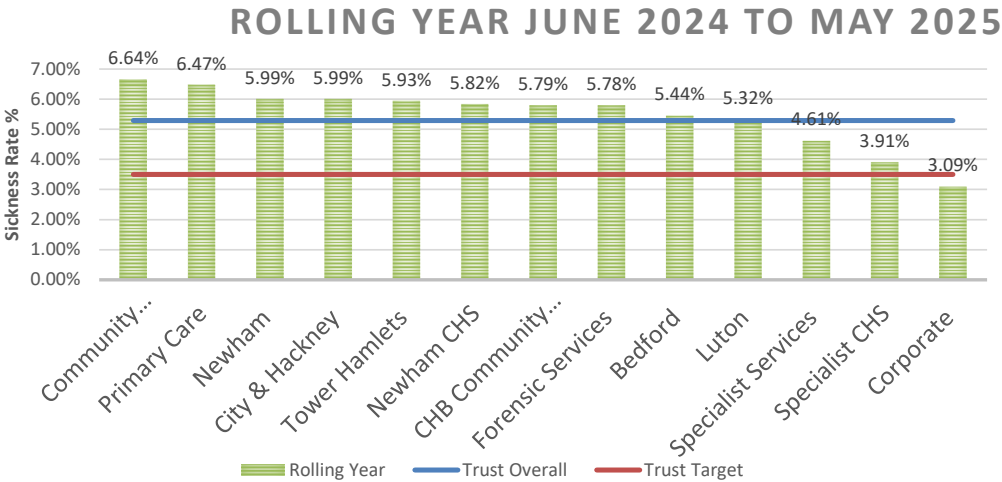
In alignment with the NHS England improvement programme, we are actively contributing to national efforts to redesign statutory and mandatory training. This initiative aims to improve the learning experience, reduce unnecessary burden on staff time, and focus on core competencies that have a direct impact on patient care. By creating a more efficient and engaging training structure, we aim to support both staff development and the delivery of continuous, high-quality care.

KEY PERFORMANCE INDICATORS

Trust-wide sickness has reduced for the fourth month in a row and is now 4.87% against a Trust target of 3.5%.

Corporate is the only directorate that has a rate below the Trust target. Community Services in Tower Hamlets and Primary Care have this highest sickness rates. Both have higher than average long term sickness.

Deep dive case conferences are taking place across the directorates to offer support and expertise with managing cases. These have been taking place since the beginning of 2025 and are yielding a reduction in overall sickness absence.



KEY PERFORMANCE INDICATORS

The level of employee relations (ER) cases remains high with 136 live ER cases (excl ET's). May saw a decrease in the number of disciplinary cases but an increase in all other types. There were 8 new disciplinary cases referred to People Relations in May which related to Fraud, inappropriate behaviour (incl. unprofessional relationships and maltreatment of patients) and unauthorised absence.

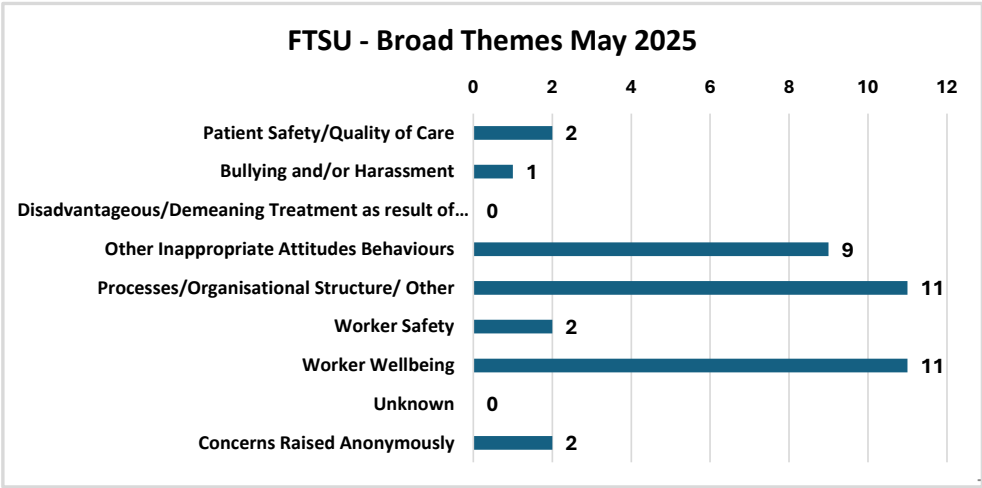
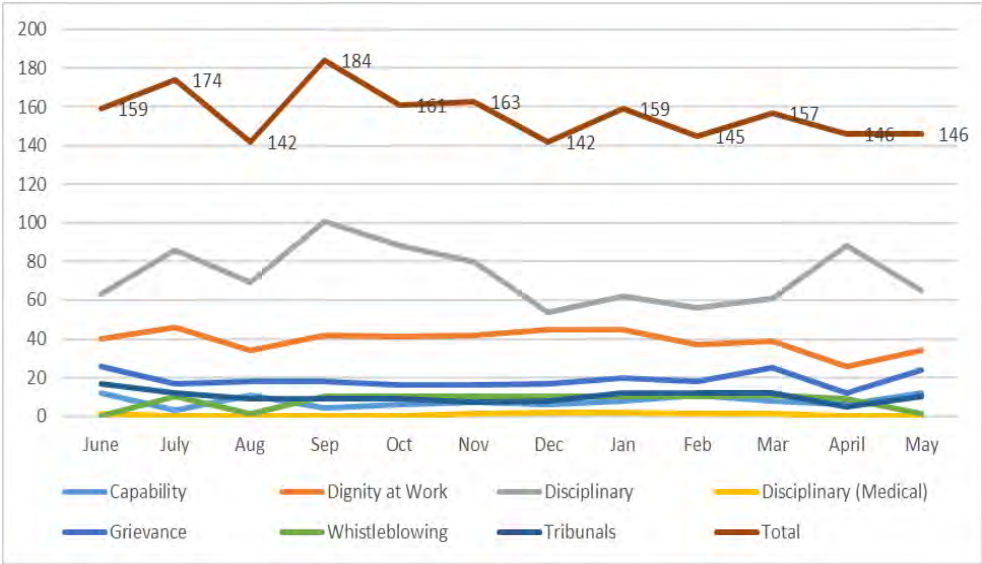
- Themes within freedom to speak up (FTSU) relate to:
- Lack of transparency and fairness in processes, particularly around sickness monitoring and performance management.
 - Emotional strain and psychological safety for staff, exacerbated by poor communication or unresponsive leadership.
 - Inconsistent management practices, often experienced as dismissive or punitive, contributing to feelings of being undervalued or unsafe.

Staff raised a range of concerns that point to deeper issues with how the organisation functions and supports its people. Many highlighted confusions around processes and inconsistent handling of policies. Communication breakdowns and poor follow-through were also mentioned, adding to the sense that systems aren't always working as they should.

Wellbeing remains a key concern, with several people describing emotional strain and a lack of support, especially when dealing with things like sickness, performance, or conduct matters.

Some concerns focused on management behaviour, with reports of poor communication or a lack of empathy suggesting the need for more thoughtful, supportive leadership. In a few teams, staff described behaviour that felt undermining or unprofessional, reflecting cultural issues that still need attention.

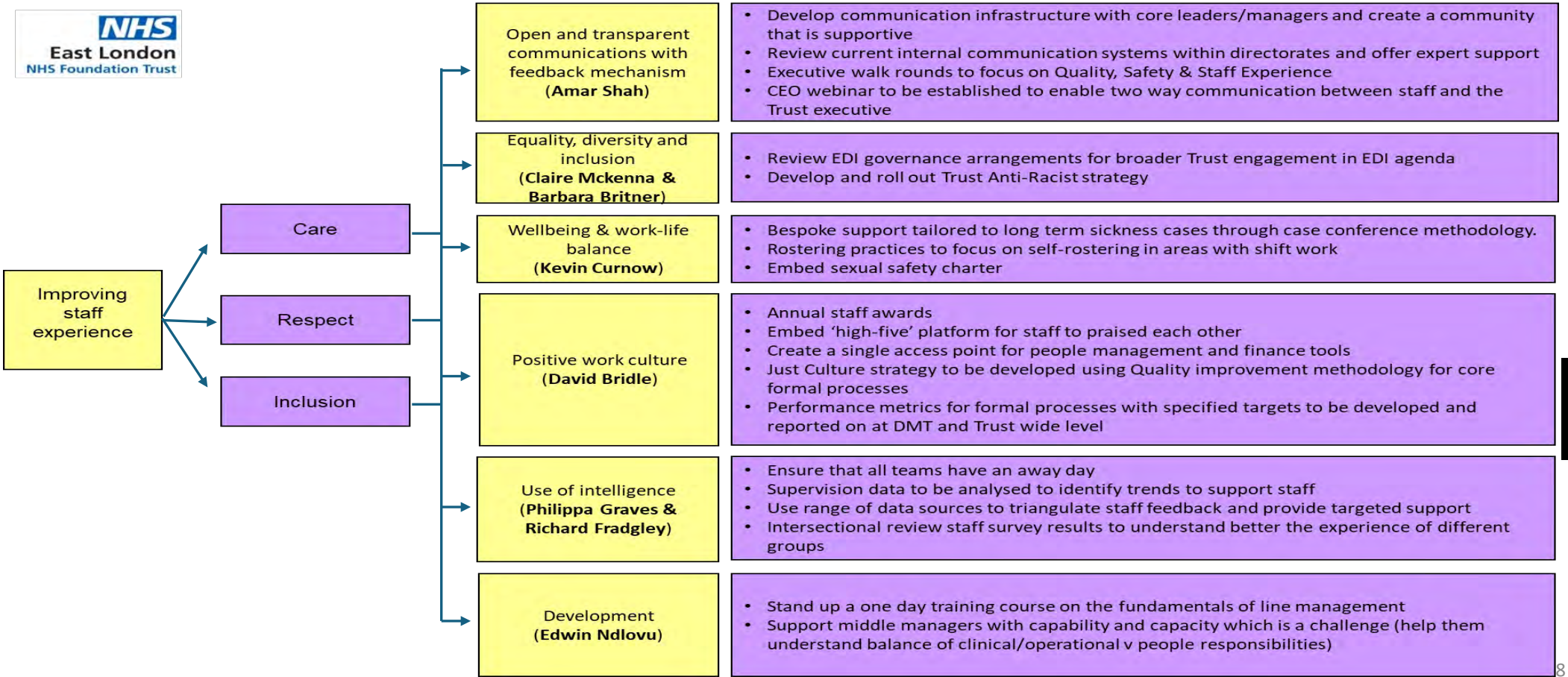
A core component of the staff experience plan is to review the formal processes that relate to people to make them easier to navigate and to provide better solutions.



STAFF EXPERIENCE

A short-term plan designed to improve staff experience over the next 9-12 months is set out in the driver diagram below. Each of the workstreams will have an executive lead supported by relevant experts within the Trust. Measures of success will be identified to enable tracking against key milestones and impact on staff experience which will be monitored through the People Plan Delivery board.

A quality improvement (QI) project was launched in July to review the Trust approach to Just Culture with a focus on matters that end up in the disciplinary process. The aim being to find alternatives way of dealing with concerns without need to enter a formal process but to also improve the process where it is necessary to use it.



KEY UPDATES

Industrial action

The British Medical Association (BMA) has announced the results of the national ballot for industrial action following demands for pay restoration for resident doctors in England. The result grants the BMA a six-month mandate for industrial action, covering the period from 21 July 2025 to 7 January 2026.

Resident doctors have planned strike action from 7am on 25 July until 7am on 30 July. Robust contingency plans are now in place and being refined in collaboration with clinical leads, People and Culture teams, and operational managers. Key measures include:

- Deployment of senior clinical staff and locum cover to prioritise patient safety and maintain essential services.
- Reassessment of rotas and planned activities to ensure continuity of emergency and critical care services.
- Proactive communication with patients whose appointments may be affected, ensuring clarity and support throughout.
- Ongoing dialogue with our resident doctors and trade union representatives to encourage constructive engagement where possible.

Very Senior Manager (VSM) Pay Framework published

The framework introduces new pay scales aligned to size and turnover of organisations and executive functions and associates the collective responsibility for organisations, not individuals, to perform appropriately as determined by the new NHS Performance & Assessment Framework (NPAF). The framework provides for differentiation between challenged and higher performing organisations and the relative entitlement to annual pay awards going forward.

A review of ELFT VSM pay scales compared to the revised VSM pay framework will be undertaken and an options appraisal will be taken to the remuneration committee for consideration.

The Board are requested to **RECEIVE** and **NOTE** this report.

REPORT TO THE TRUST BOARD IN PUBLIC
24 July 2025

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

Purpose of the report

To bring to the Board's attention key issues and assurances discussed at the Charitable Funds Committee (CFC) meeting held on 10 July 2025.

Key messages

Charity Operational Update • The committee noted that from 1 July 2025 the financial and operational management of the charity has transitioned to ELFT with Compass Wellbeing CIC continuing to lead on fundraising under a new contractual arrangement with strategic support from the Trust • The committee welcomed this development as a positive step towards strengthening alignment with the Trust's community engagement efforts and noted a review of the operational and financial aspects will be presented at a future meeting. • The committee thanked colleagues from Compass for their support in helping to establish the ELFT charity, welcoming the opportunity to ongoing collaboration in fundraising. Fundraising Update The received an update on Q1 fundraising progress including early income generation, ongoing development of a fundraising plan, a significant grant application and efforts to strengthen outreach and corporate engagement to support the charity's operational delivery. Key points: • Fundraising progress in Q1 includes £1,182 raised through JustGiving • Ongoing focused work to further promote awareness of the charity • Development of a full fundraising plan and ongoing networking to build new fundraising appeals and corporate partnerships. A grant application to the Workforce Wellbeing fund for £249k to support elements of the NHS People Promise initiative has been submitted. Plans for increased outreach activities over the coming months have been developed. • The committee reflected on the importance of gaining traction around delivery on fundraising opportunities to support the operational management of the charity and understand the amount of funding available to distribute in the most coordinated and effective way. Grants Update The committee reviewed Q1 grant activity noting a significant increase in funded initiatives and applications and requested enhanced feedback mechanisms to better assess impact and guide future funding decisions. Key points: • 12 small awards totalling c£20k and one larger grant for £16k granted in Q1; this is a doubling of funded initiatives compared to previous quarters. Thematic data continues to provide assurance of grant allocations across a range of activities including sports, cultural events, employability and training initiatives, benefitting a wide range of individuals • The committee reflected on the increase in applications volume and the challenge of timely processing, while emphasising the need to align grants with the charity's strategic priorities and the Trust's core funding offer • To strengthen assurance around the impact of the charity, the committee requested a sharper focus on capturing and monitoring feedback to better understand the impact of funded initiatives and inform future grant-making decisions. Charity Finances Update The committee noted a projected year-end balance of c£300k and discussed income and grant strategies to support the charity's long-term sustainability. Key points:
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- The financial forecast detailing revenue and costs for 2025/26 included a projected year-end balance of c£300k based on current fundraising initiatives and a continuing level of grant spend at c£30k per month
- Assurance was provided of ongoing work to explore additional revenue opportunities and to develop a grant strategy that supports long-term financial sustainability
- The committee reflected on the challenges of large-scale fundraising and emphasised the importance of identifying optimum ways to achieve maximum impact aligned with the charity's strategic ambitions.

Annual Report & Accounts 2024/25 preparation

- The committee acknowledged the proactive coordination to support the timely and accurate production of the financial statements for approval by the ELFT Board of Directors as the corporate trustee at its meeting in September 2025
- The committee approved the appointment of Price Bailey as the independent examiner for the 2024/25 accounts, noting the examination will be conducted independently from the team preparing the accounts, maintaining the integrity, independence and objectivity of the process.

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

REPORT TO THE TRUST BOARD IN PUBLIC 24 July 2025

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

Purpose of the report

- To bring to the Board's attention the key issues and assurance discussed at the Finance, Business & Investment Committee (FBIC) meetings on 23 June, 26 June and 17 July 2025.

Key messages

17 July 2025 Meeting

The committee reviewed the Trust's financial and operational performance at Q1 noting a surplus position at the end of month 3 and encouraging progress across strategic programmes. Key decisions were endorsed including the hard FM contract award and a new external service contract for Talking Therapies. The committee also examined risks, sustainability, and business development, offering constructive challenge and support. In summary:

• Finance Update (month 3/Q1)

The committee welcomed a positive financial report for Q1 with the Trust delivering a surplus ahead of plan whilst maintaining strong cash reserves. The Committee reviewed the financial performance dashboard, accruals, agency/bank usage and capital spend:

- The Trust reported a £200k surplus, a favourable variance against its planned deficit, supported by the planned release of a £4.9m annual leave accrual; and cash reserves remain strong at £130m
- Financial performance positioned the Trust as a positive outlier within North East London (NEL) and Bedfordshire, Luton & Milton Keynes (BLMK) systems
- The committee explored risks including disputed utility invoices, bank and agency staffing costs and non-pay overspend.
- Actions included developing a capital spend tracker and monitoring system-level financial recovery implications including the implications of surplus status on segmentation

• GFGT Programme Update

The committee reviewed the scheme level performance data, delivery trajectory and risk register, noting strong early delivery against the GFGT savings programme while recognising the need to address slippage and deepen clinical engagement:

- £10m savings delivered YTD with £7.2m in-month performance exceeding plan. This includes the release of a £4.9m annual leave accrual and an improvement in health roster and non-pay savings
- Non-recurrent gains, e.g. bed sales, annual leave accrual, were acknowledged as masking slippage in areas like medical staffing and community workforce transformation
- Ongoing challenges with engaging medical staff in the GFGT programme and a clear strategy to improve clinical involvement supported by targeted training for non-financial managers was requested. The committee also requested a decision proposal on the mutually agreed redundancy scheme (MARS) and exploration of commercialisation opportunities to support workforce transformation and financial sustainability.

• Non-Pay Workstream Deep Dive

The committee reviewed progress on the £2.7m non-pay savings programme noting strong governance and a clear focus on behavioural change to support delivery. While many schemes are small and operationally complex, the committee welcomed efforts to mitigate unintended consequences such as redesigning procurement routes to reduce petty cash reliance and supported the decision to pause car parking charges pending further analysis of staff impact and financial assumptions.

• Hard FM Contract Award

The committee endorsed the preferred bidder for the Hard FM contract recognising the opportunity to improve service delivery, streamline helpdesk functions and enhance digital oversight. While

assurance was provided on financial alignment, the committee emphasised the need for strengthened social value commitments and robust contract management during mobilisation.

- **Sustainability/Green Plan**

The committee reviewed the refreshed Green Plan 2025/28 commending its maturity, ambition and alignment with Trust strategy, GFGT programme and system priorities:

- A 14% CO₂ reduction since 2020 was noted alongside strong clinical and service user engagement
- Challenges included integrating sustainability into planning cycles and monitoring supplier commitments
- Green spaces and nature-based prescribing were highlighted as future priorities
- The committee supported the submission of the draft plan to the ICB by 31 July 2025 and requested further detail on travel and transport initiatives

- **Business Development Update**

- The committee received a comprehensive update report on tenders and business cases, approving a new digital contract with Norfolk & Suffolk NHS FT for Talking Therapies which will deliver 14,500 annual appointments and generate a net surplus. The contract aligns with national performance targets and staffing plans
- Forward planning includes five upcoming business cases and participation in system-level procurements
- The committee commended the clarity and structure of the reporting

- **BAF Risks 7, 8 and 10**

BAF risk 7: *There is a risk that the Trust cannot achieve its strategic priority to ensure financial sustainability*

BAF risk 8: *If digital infrastructure plans are not robustly implemented and embedded, this will adversely impact on our service quality and deliver, patient care and carer experience as well as our ability to transform services within digital*

BAF risk 10: *If the estate is not effectively maintained or improved (inc digitally) this will result in a poor quality environment and reduced statutory compliance, as well as a failure in net zero carbon (NZC) obligations and a failure to support clinical needs and CQC expectations*

The committee supported proposed changes reflecting improved performance and governance:

- Current risk scores for risks 7 and 10 were reduced to High 12 and Significant 16 based on delivery confidence and oversight mechanisms
- There was no recommended change to risk 8 due to cyber threats and staffing challenge.
- The committee recommended incorporating a trajectory and segmentation into future BAF iterations.

- **National Cost Collection (NCC)**

The committee was informed of the successful submission of the NCC and plans to review benchmarking data once published. This data will be used to assess comparative performance and identify improvement opportunities. The importance of turning cost data into actionable insights for GFGT and strategic planning was emphasised.

26 June 2025

- Assurance provided on the Trust's financial improvement programme noting a strong forecast of £40.3m in savings against a £31.9m target with progress ahead of plan at month 2
- The committee acknowledged ongoing risks related to non-recurrent savings and reliance on bed sales but was assured by mitigation plans including corporate service efficiencies and agency cost reductions
- The finance update reported a £3.5m deficit at month 2, a strong cash position and commendation from external auditors on the Trust's financial governance
- The committee noted staff engagement remains a challenge amid organisational changes and noted active efforts to support morale, improve operational pressures and flow with work under way to improve pathways and reduce length of stay.

23 June 2025

Cauldwell (CMC) and Kingsway & Bramingham Medical Centre (KBMC) Contract Extension

- The proposal to extend the Trust's provision of primary care services at CMC and KBMC following a request from the BLMK ICB due to delays in their procurement process was reviewed
- The committee expressed conditional support to the extension subject to robust safeguards including full financial indemnity from the ICB, a secure and legally binding contract, mitigations

Chair: Eileen Taylor

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Chief Executive: Lorraine Sunduza OBE

- for clinical, estates and reputational risks, clear communications jointly managed with the ICB to support staff and system messaging, and a clear end date
- The need for strong governance and negotiation to protect the Trust's interests while supporting system resilience was emphasised.

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

REPORT TO TRUST BOARD 24th July 2025

Title	Finance Report Month 3 (June 2025)
Author	Daniel Stephens, Associate Director of Finance
Accountable Executive Director	Kevin Curnow, Chief Finance Officer

Purpose of the report

This report highlights and advises the board on the current finance performance and related issues.

Committees/meetings where this item has been considered

Date	Committee/Meeting
17-07-25	Finance Business and Investment Committee

Key messages

The Finance Report reflects the Trust financial position for month 3.

Summary of Financial Performance:

- As at month 3 the Trust is reporting a small surplus of £4k. This is £0.2m favourable variance to the deficit plan of £0.2m
- The surplus arises from the release of £4.9m of accrued costs for an annual leave provision. This was reflected in the plan. This is a non-recurrent benefit, so the Trust has an underlying deficit position.
- The underlying deficit arises from cost pressures from additional bank bookings to manage patient acuity, medical agency bookings to fill vacant posts, and non-pay cost pressures. These are partially offset by pay underspends from vacancies.
- The Trust's cash balance at 30th June was £129.9m
- Capital expenditure was £1.2m, £0.6m below plan
- Better Payment Practice Code performance is 94% by volume and 89% by value.

What has gone well

- Surplus. £0.2m favourable variance to deficit plan for month 3. All other providers in the NEL Integrated Care System (ICS) remain adverse to plan, as do the two BLMK providers
- Delivering above the GFGT plan, with momentum across the trust on delivering savings
- Pay costs below budget

What challenges do we have

- Continued acuity pressures on the inpatient wards, leading to costs of additional bank staff
- Ongoing agency costs in a range of areas. Rise in medical agency costs in two directorates
- Reducing run rate spend further to ensure we remain within allocation

Watching

- Private Bed pressures in Bedfordshire Luton Milton Keynes (BLMK)
- Level of bank bookings, to identify and mitigate any issues as they emerge
- Non-pay costs, with focus on Premises costs. Working to manage and mitigate costs.

Strategic priorities this paper supports

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

Implications

Equality Analysis	Financial sustainability aids the organisation in being able to address and adequately resource equality issues within the services we deliver
Risk and Assurance	In 2024-25, the North East London Integrated Care System is currently included in the NHS England Investigation and Intervention process. We are awaiting updated guidance on the Risk scoring for this financial year.
Service User/Carer/Staff	Delivering against the Trusts financial metrics supports the investment in services for the benefit of our staff, service users and carers
Financial	As stated in the report.
Quality	Delivering our services in a financially sustainable way enables continuous investment in improving the quality of our services.

Trust Board 24th July 2025 June - Month 3 Finance Report

2025/26

Kevin Curnow

Chief Finance Officer



**We care
We respect
We are inclusive**



Executive Summary

	In Month			Year To Date			Annual Budget £000
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	
Clinical Income	58,061	57,369	(692)	171,415	169,999	(1,416)	690,330
Other Income	1,609	2,268	659	4,941	6,140	1,199	27,696
Pay costs	(38,781)	(38,055)	725	(126,574)	(124,434)	2,141	(510,041)
Non-pay costs	(14,141)	(14,665)	(525)	(39,649)	(41,357)	(1,709)	(165,600)
Financing / non-operating costs	(4,334)	(4,290)	44	(11,250)	(11,035)	215	(43,300)
	2,414	2,627	212	(1,118)	(688)	430	(915)
Adjustments	882	805	(77)	888	692	(196)	915
Reported Surplus /(Deficit)	3,296	3,432	136	(230)	4	234	(0)
Memorandum items							
Agency Costs (based NHSE Plan)	(1,253)	(902)	351	(3,759)	(2,571)	1,188	0
Going Further, Going Together	5,790	7,179	1,389	7,072	10,174	3,102	31,900
Cash	(1,404)	6,874	8,277	112,155	129,930	17,775	n/a
Core Capital	924	464	(460)	1,827	1,185	(642)	13,744

Key messages

The Trust is reporting a small surplus of £4k as at 30th June 2025. This is £0.2m favourable variance to the deficit plan of £0.2m

The surplus arises from the release of £4.9m of accrued costs for an annual leave provision. This was reflected in the plan. This is a non-recurrent benefit, so the Trust has an underlying deficit position.

The Trust is over-performing on its Going Further, Going Together (GFGT) schemes and also has pay underspends arising from vacancies. This is being offset by non-pay pressures in private beds, premises and repairs. Premises are overspent with a range of cost-pressures, though we are disputing a number of these charges including a significant utility cost bill.

At month 3 the Trust has delivered £10.2m of savings, this is £3.1m above the plan. The Most Likely Forecast would achieve the full-year plan.

Core capital expenditure for the Year To Date (YTD) is £0.6m below plan.

Income	£0.2m behind plan year to date, from deferring income where services have not yet been fully established. This is offset by pay and non-pay underspends. We are reviewing how the budget is split between Clinical and Other income, as this is creating a false variance.
Pay costs	£2.1m underspend, with vacancies in a range of teams. Pressures remain from the use of bank staff to manage levels of acuity, and use of premium agency to cover vacancies in difficult to recruit areas. Agency pay has slightly increased in month. Further detail is included on slides 6 (pay detail), slide 7 (Whole Time Equivalent analysis), slide 19 (agency spend) and slide 20 (bank spend).
Non-pay cost	£1.7m overspend, with Private Bed pressures in BLMK (£0.6m), Premises and Clinical supplies. Further detail is included on slide 8. Further detail on Private Beds is shown on slide 21.
GFGT	£10.2m has been delivered, £3.1m above plan, largely driven by bed sales. This includes the £4.9m benefit from the release of an annual leave provision, which is a one-off benefit. Further detail is shown on slide 4.
Cash	As at the end of June, the cash balance was £129.9m, £17.8m above plan. This is largely due to working capital movements and capital slippage.
Capital	Core capital expenditure of £1.2m, £0.6m below plan.

Statement of Comprehensive Income and Expenditure

	In Month			Year To Date			Annual Budget £000
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	
Income							
Patient Care Activities	56,823	56,328	(495)	167,697	165,805	(1,892)	675,453
Non NHS - Patient Care Activities	1,238	1,041	(197)	3,718	4,194	476	14,877
Other (in accordance with IFRS 15)	1,062	1,817	755	4,886	4,953	67	21,377
Other Operating Income	547	451	(96)	55	1,187	1,132	6,319
Income Total	59,670	59,637	(32)	176,355	176,138	(217)	718,026
Pay							
Substantive	(38,610)	(32,869)	5,741	(126,061)	(108,702)	17,360	(507,989)
Bank	0	(4,117)	(4,117)	0	(12,665)	(12,665)	0
Agency	0	(902)	(902)	0	(2,571)	(2,571)	0
Apprenticeship levy	(171)	(167)	4	(513)	(496)	17	(2,052)
Pay Total	(38,781)	(38,055)	725	(126,574)	(124,434)	2,141	(510,041)
Non-Pay							
Non Pay	(14,141)	(14,665)	(525)	(39,649)	(41,357)	(1,709)	(165,600)
Non-Pay Total	(14,141)	(14,665)	(525)	(39,649)	(41,357)	(1,709)	(165,600)
EBITDA	6,748	6,916	168	10,132	10,347	215	42,385
Post EBITDA							
Depreciation	(2,888)	(2,943)	(55)	(8,662)	(8,611)	51	(35,076)
Amortisation	(96)	(118)	(22)	(288)	(353)	(65)	(1,152)
Finance Income	425	507	82	1,275	1,451	176	4,600
Finance Expenditure	(1,192)	(1,153)	39	(1,826)	(1,773)	53	(4,672)
PDC Dividend	(583)	(583)	0	(1,749)	(1,749)	0	(7,000)
Total Post EBITDA	(4,334)	(4,290)	44	(11,250)	(11,035)	215	(43,300)
	2,414	2,627	212	(1,118)	(688)	430	(915)
Less							
Remove capital donations / grants / peppercorn lease	63	17	(46)	188	22	(166)	745
Remove impact of PFI revenue costs	819	788	(31)	700	670	(30)	170
Reported Surplus /(Deficit)	3,296	3,432	136	(230)	4	234	(0)

The Trust is reporting a small surplus of £4k as at 30th June 2025. This is £0.2m favourable variance to the deficit plan of £0.2m

The surplus arises from the release of £4.9m of accrued costs for annual leave. This was reflected in the plan. This is a non-recurrent benefit, so the Trust still has an underlying deficit.

The Trust has delivered more GFGT savings than planned, though these are being partially offset by non-pay cost pressures in Private Beds, and unbudgeted cost pressures.

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

Going Further, Going Together (GFGT) – Cost Improvement

2025/26 Targets

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

Performance

Reported year to date delivery at the end of Month 3 was £10.2m against our submitted plan of £7.1m (£7.2m delivery in month), resulting in a favourable variance of £3.1m. This is driven through reported sales of bed capacity, rostering efficiencies and review of contracts. Where there is slippage against year to date identified plans, mitigation needs to be identified.

2025/26 Forecast

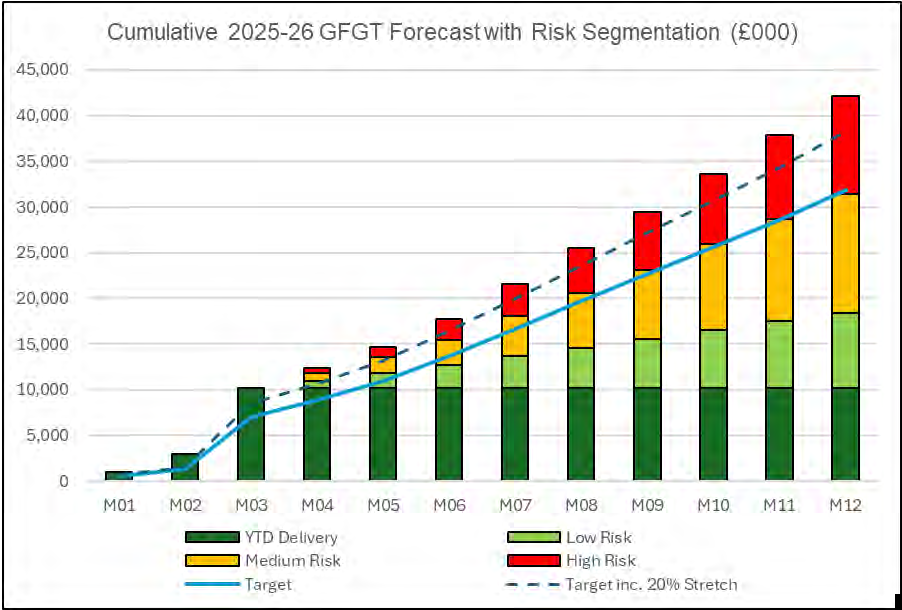
After taking year to date delivery into account, the Trust has a ‘best case’ forecast of £42.1m (with £4.1m still to be signed off) should all schemes in the tracker be fully delivered. Taking scheme risk and development status into account, the Trust now has a ‘most likely’ forecast of £33.7m, which would see the Trust meet the financial plan. However, most Directorates do not have sufficient plans based on the ‘most likely’ forecast and in this case delivery of plan relies on our non-recurrent mitigation.

Key message: The Trust delivered £7.2m in Month 3, £10.2m year to date. The most likely forecast of £33.7m would see the Trust meet plan.

The focus must remain on delivering recurrent savings that meet the full value of the plan on an ongoing basis.

Schemes due to start later in the year need to be delivered to forecast. Plans need to be progressed and de-risked, with full sign off and clear milestones.

Directorate	YTD Target £000	YTD Actual £000	YTD Variance £000	Target £000	'Most Likely' Forecast £000	Variance to 'Most Likely' Forecast £000
City & Hackney AMH	348	367	19	3,000	2,623	(377)
Newham AMH	358	1,193	835	3,000	3,204	204
Tower Hamlets AMH	581	838	257	3,900	3,114	(786)
Luton & Bedfordshire AMH	775	580	(195)	5,700	4,661	(1,039)
London CHS	344	347	2	2,750	1,970	(780)
Bedfordshire CHS	168	374	207	1,800	1,710	(90)
Specialist Services	691	560	(131)	3,400	3,242	(158)
Forensic Services	236	486	251	2,550	2,588	38
Primary Care	9	20	11	600	229	(371)
Corporate Services	177	382	205	4,202	3,608	(594)
Estates & Facilities	0	53	53	1,000	1,182	182
Trust-Wide Schemes	0	23	23	0	609	609
Directorate Sub-Total	3,688	5,223	1,535	31,902	28,739	(3,163)
Planning Adjustment & Mitigation	3,384	4,951	1,567	0	4,951	4,951
TOTAL	7,072	10,174	3,102	31,902	33,690	1,788



Income

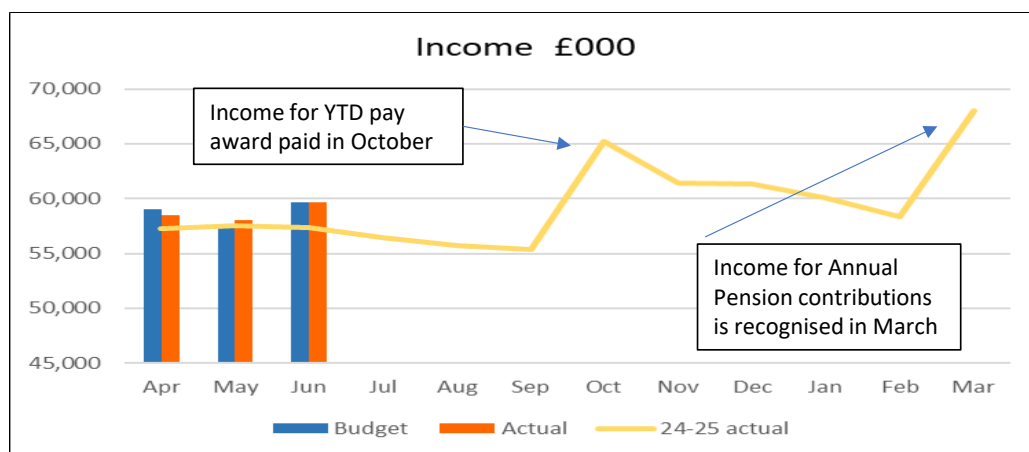
The income position at the end of June is a £0.2m underperformance.

The main areas under-performing are :

- £0.3m deferral of income for Services Commissioned but not started
- £0.1m under-performance in Primary Care, where 24-25 QAF income is less than assumed at year-end

This is partially offset by over-performance in the following area:

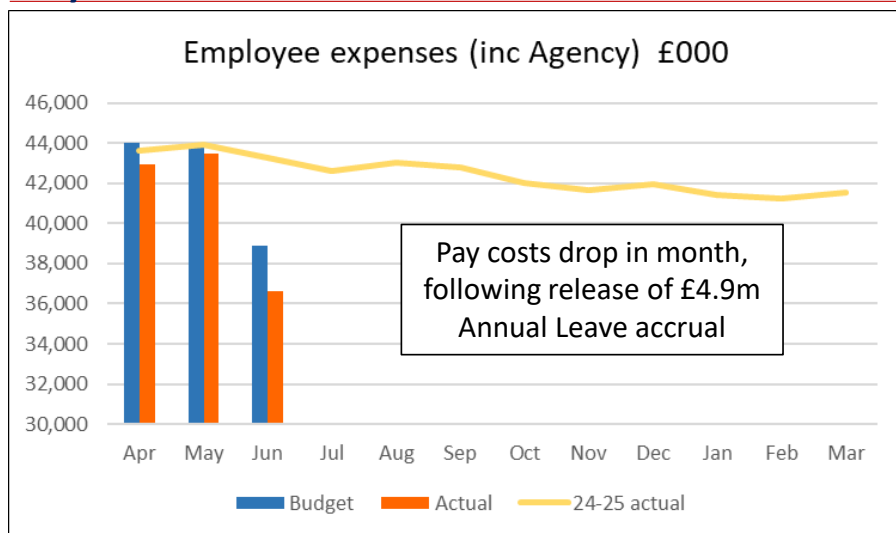
- £0.5m NCA Income from NHS Trusts & Foundation Trusts, where out-of-area patients are placed in NCEL-funded beds.



Trust Income Position £'000	In Month Budget	In Month Actual	In Month Variance	YTD Budget	YTD Actual	YTD Variance	Annual Budget
Operating Income From Patient Care Activities							
NHS - Patient Care Activities							
Integrated Care Boards (ICBs)	48,931	48,524	(408)	145,662	142,873	(2,789)	593,671
NHS Foundation Trusts	6,651	6,509	(142)	18,491	19,107	617	68,663
NHS Trusts	(196)	(127)	69	856	1,175	319	3,230
NHS England	1,437	1,422	(15)	2,688	2,649	(39)	9,480
NHS - Patient Care Activities Total	56,823	56,327	(496)	167,697	165,805	(1,892)	675,043
Non NHS - Patient Care Activities							
Local Authorities	1,033	1,063	30	3,104	3,110	5	12,418
Non-NHS: Other	205	(22)	(227)	613	1,084	471	2,453
Non-NHS: Overseas Patients	0	0	0	0	0	0	0
Non NHS - Patient Care Activities Total	1,238	1,041	(197)	3,718	4,194	476	14,871
Operating Income From Patient Care Activities Total	58,061	57,368	(693)	171,414	169,999	(1,416)	689,914
Other operating income							
Other (in accordance with IFRS 15)							
Research and development	76	(10)	(86)	561	475	(86)	1,304
Education and Training Income	1,667	1,667	0	4,166	4,166	(0)	14,749
Other (recognised in accordance with IFRS 15)	49	144	95	147	290	142	590
Non-patient care services to other Non WGA bodies	41	16	(355)	12	22	10	4,446
Other (in accordance with IFRS 15) Total	1,832	1,816	(346)	4,886	4,953	66	21,088
Other Operating Income							
Charitable and other contributions to expenditure	0	33	33	0	109	109	0
Other Income	(224)	417	971	55	953	899	4,560
Capital Grants Income from Peppercorn Right of Use	0	0	0	0	125	125	0
Other Operating Income Total	(224)	450	1,004	55	1,187	1,132	4,560
Other operating income Total	1,608	2,267	659	4,941	6,139	1,199	25,648
Grand Total	59,669	59,635	(34)	176,355	176,138	(217)	715,563

Key message : Income is below plan, due to deferring income received for services that have not fully started.

Pay



Pay type	Funded WTE	Actual WTE	Variance WTE	In Month			Year To Date			Annual Budget £000
				Plan £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	
Substantive	(8,106.5)	(7,108.7)	997.8	(38,610)	(32,869)	5,741	(126,061)	(108,702)	17,360	(507,989)
Bank	0.0	(793.9)	(793.9)	0	(4,117)	(4,117)	0	(12,665)	(12,665)	0
Agency	0.0	(74.9)	(74.9)	0	(902)	(902)	0	(2,571)	(2,571)	0
Sub-total - staff	(8,106.5)	(7,977.5)	129.0	(38,610)	(37,889)	721	(126,061)	(123,938)	2,124	(507,989)
Apprentice Levy				(171)	(167)	4	(513)	(496)	17	(2,052)
Non-Executive	(1.4)	(1.4)	0.0							
Total Pay costs	(8,107.9)	(7,978.9)	129.0	(38,781)	(38,055)	725	(126,574)	(124,434)	2,141	(510,041)
Add back : R&D costs				105	101	(4)	337	315	(23)	1,349
Add back : Redundancy								54	54	
Total Pay costs (as reported Externally)				(38,676)	(37,954)	721	(126,237)	(124,065)	2,172	(508,692)

Non-executive costs are recorded under non-pay.

The WTE are included here to show the total WTE for the Trust

Overall pay is underspent by £2.1m. This is driven by substantive vacancies across a range of services, and over-performance of GFGT Pay schemes.

Whilst costs are reducing following GFGT schemes, pay pressures continue from the use of temporary staff at a level above the number of vacant posts, alongside the premium costs associated with using agency staff, though this is offset by vacant posts.

Excluding the Annual Leave adjustment, actual pay spend in month is £43m, which is a £0.2m decrease from month 2 (£43.2m) – this relates to reductions in Substantive costs in Administration (205k), Nursing (90k), Scientific (80k) & Medical (£80k).

WTE use reduced in month, with decreases in substantive and agency staff. In May, Whole Time Equivalents (WTE) were 129 **below** the funded level in month. However, we are still validating whether all the budget establishment reductions arising from GFGT have been processed. **We have identified so far 120 budgeted posts that need removing**

Key message : Pay is favourable to plan, impacted by vacancies. The Trust still has staffing pressures from using agency staff at premium cost, and using bank staff to manage levels of acuity.

Pay – Whole Time Equivalents (WTE)

Pay type	Funded WTE	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Movement in month
Funded WTE	Substantive	(7,833.4)	(8,076.6)	(7,889.5)	(8,071.4)	(8,061.3)	(8,076.0)	(8,090.0)	(8,079.1)	(8,120.6)	(8,098.4)	(8,142.1)	(8,168.4)	(8,118.1)	(8,116.8)	(8,107.9)	8.9
	Bank	(66.7)	(59.9)	(59.9)	(59.9)	(59.9)	(59.9)	(59.9)	(45.7)	(45.7)	(45.7)	(45.7)	(45.7)	0.0	0.0	0.0	0.0
	Agency	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Actual WTE	Substantive	(7,289.9)	(7,314.8)	(7,320.9)	(7,285.0)	(7,343.2)	(7,338.6)	(7,354.4)	(7,325.3)	(7,283.9)	(7,266.7)	(7,285.9)	(7,242.4)	(7,149.6)	(7,144.9)	(7,110.1)	34.8
	Bank	(967.3)	(901.0)	(896.4)	(924.4)	(898.5)	(920.4)	(981.4)	(902.2)	(909.1)	(925.2)	(959.5)	(1,002.2)	(890.6)	(832.6)	(793.9)	38.7
	Agency	(249.3)	(284.6)	(272.5)	(235.5)	(219.8)	(198.0)	(160.2)	(141.5)	(115.6)	(113.1)	(90.7)	(71.7)	(72.3)	(71.8)	(74.9)	(3.1)
Variance	Substantive	543.5	761.8	568.7	786.4	718.1	737.4	735.6	753.8	836.7	831.6	856.3	926.0	968.5	971.9	997.8	26.0
	Bank	(900.6)	(841.2)	(836.6)	(864.5)	(838.7)	(860.6)	(921.6)	(856.5)	(863.5)	(879.5)	(913.9)	(956.5)	(890.6)	(832.6)	(793.9)	38.7
	Agency	(249.3)	(284.6)	(272.5)	(235.5)	(219.8)	(198.0)	(160.2)	(141.5)	(115.6)	(113.1)	(90.7)	(71.7)	(72.3)	(71.8)	(74.9)	(3.1)
Total Funded WTE		(7,900.1)	(8,136.5)	(7,949.4)	(8,131.3)	(8,121.1)	(8,135.9)	(8,149.9)	(8,124.8)	(8,166.3)	(8,144.1)	(8,187.8)	(8,214.1)	(8,118.1)	(8,116.8)	(8,107.9)	8.9
Total Actual WTE		(8,506.5)	(8,500.4)	(8,489.9)	(8,444.9)	(8,461.4)	(8,457.0)	(8,496.0)	(8,369.0)	(8,308.7)	(8,305.0)	(8,336.1)	(8,316.3)	(8,112.5)	(8,049.3)	(7,978.9)	70.4
Overestablishment		606.4	363.9	540.5	313.6	340.3	321.1	346.1	244.2	142.4	161.0	148.3	102.2	(5.6)	(67.4)	(129.0)	(61.5)
Overestablishment %		(7.7%)	(4.5%)	(6.8%)	(3.9%)	(4.2%)	(3.9%)	(4.2%)	(3.0%)	(1.7%)	(2.0%)	(1.8%)	(1.2%)	0.1%	0.8%	1.6%	

WTE has reduced for a fourth consecutive month, with decreases in Substantive and in Bank WTE. This reflects work being undertaken by the GFGT pay workstream, which has focused attention on reviewing and managing bank bookings

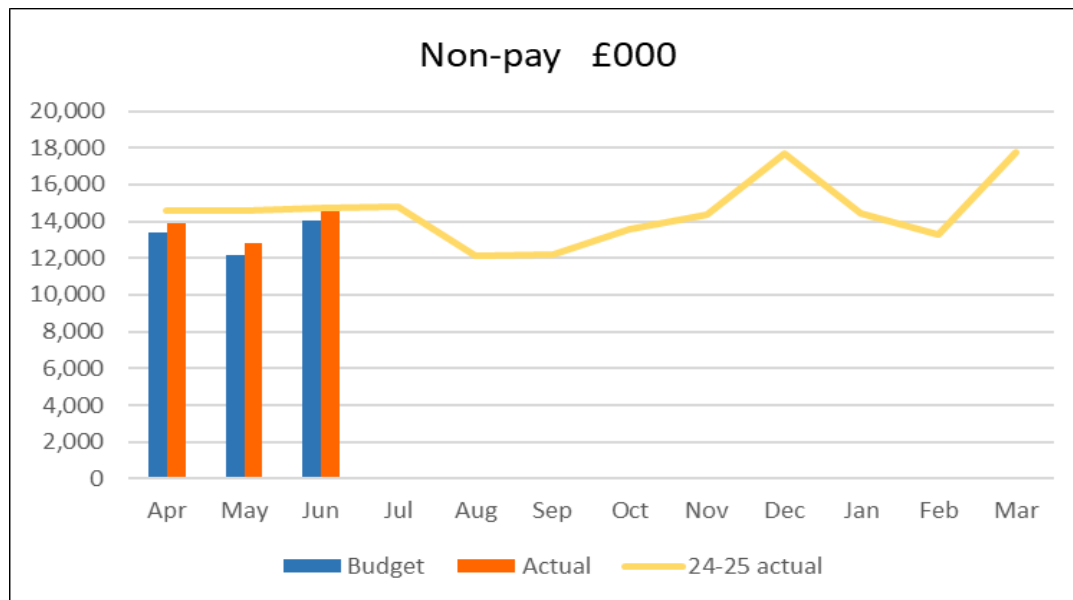
Reported Bank WTE had a stepped reduction in April, following a correction to the way this was calculated. WTE now fully reflects the hours booked, whereas previously this was artificially inflated where staff were also paid enhancements. Bank WTE use is continuing to decrease, though it continues to be a pressure in Inpatient wards. We are also seeing an increase in usage for the Home Treatment Teams.

Agency costs have increased slightly in month, with a new agency medic in Luton, and increased hours in Tower Hamlets. The remaining agency spend is predominantly in hard to recruit medical teams.

We are still validating whether all the budget establishment reductions arising from GFGT have been processed, and are continuing to work with the Directorates on this.

Key message : Pay is under-plan, following targeted work to manage Bank and Agency. Pay underspends from vacancies are being partially offset by using agency staff at premium cost, and remaining bank pressures..

Non-pay



Expenditure type	Year To Date			Annual Budget £000
	Budget £000	Actual £000	Variance £000	
Private Beds (ELFT)	(508)	(1,058)	(550)	(2,031)
Health and Social Care - NHS	(6,061)	(5,918)	143	(27,323)
Health and Social Care -non-NHS	(4,911)	(4,878)	33	(21,554)
Supplies & Services	(9,558)	(9,869)	(311)	(37,560)
Drug costs	(1,435)	(1,635)	(200)	(5,741)
Consultancy & Legal fees	(230)	(254)	(25)	(850)
Establishment	(1,311)	(1,741)	(429)	(5,314)
Premises	(8,423)	(10,169)	(1,746)	(29,173)
Transport	(1,064)	(768)	296	(4,292)
Audit fees	(47)	(45)	2	(186)
Training	(1,377)	(1,247)	130	(5,485)
Clinical negligence	(598)	(598)	(0)	(2,394)
Non-executive directors	(57)	(65)	(7)	(230)
Other Expenditure	(4,069)	(3,112)	957	(23,438)
Grand Total	(39,649)	(41,357)	(1,709)	(165,572)

Non pay is £1.7m overspent, arising from :

- The Trusts Premises costs are overspent by £1.7m. There are new cost pressures in Digital (£0.5m), and £0.3m of Digital cost relating to 24-25. The remainder relates to £0.8m repairs costs across the DMTs arising following site visits.
- Supplies are overspent by £0.3m, across the trust, with Housekeeping costs in Estates. Work is being undertaken to investigate this.
- These are offset by underspends in Reserves which have yet to be distributed and will be mitigated some of the cost pressure identified.
- Private Beds are £0.6m overspend

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

Statement of Financial Position

- The net balance on the Statement of Financial Position as at 30th June 2025 was £307.5m. The decrease of £0.7m since year-end reflects the YTD deficit position.
- The key movements since the prior month are: -
 - £0.7m increase in Non-current assets, with depreciation of £3.1m offset by capital spend of £0.5m and lease revaluations of £3.3m.
 - £1.2m increase in receivables. There has been a reduction of £4.6m in invoiced debt with North London NHS Foundation Trust due to them paying the June SLA in month, however, this has been offset by a £3.5m increase in prepayments and £2.4m increase in accrued income.
 - £4.9m increase in Trade and other payables. There has been a £5m increase in the value of outstanding invoices with annual charges being received from suppliers such as Compass Wellbeing. The reduction in accruals from the release of the annual leave accrual has been offset by an additional month accrued for the pay award, the Public Dividend Capital charge and accruals for private beds and estates.
 - £1.8m reduction in deferred income with the release of the Non Medical Education Tariff income for month 3.
 - £2.7m increase in borrowings due to lease remeasurements exceeding in month payments.

	Prior Year 31/03/2025 £000s	Previous Month 31/05/2025 £000s	Current Month 30/06/2025 £000s
Non-current assets			
Intangible assets	2,922	2,686	2,569
Property, Plant and Equipment	260,681	258,196	257,055
Right of use assets	70,977	71,814	73,811
Investments in associates and joint ventures	1,443	1,443	1,443
Other non current assets	708	708	707
Total non-current assets	336,731	334,847	335,585
Current assets			
Inventories	187	200	195
Trade and other receivables	30,727	34,987	36,153
Assets held for sale	350	350	350
Cash and cash equivalents	120,978	123,057	129,930
Total current assets	152,242	158,594	166,628
Current liabilities			
Trade and other payables	(70,869)	(74,187)	(79,125)
Borrowings	(15,021)	(15,021)	(15,021)
Provisions	(1,915)	(1,198)	(1,528)
Deferred income	(12,328)	(16,546)	(14,749)
Total current liabilities	(100,133)	(106,952)	(110,423)
Total assets less current liabilities	388,840	386,489	391,790
Non-current liabilities			
Borrowings	(78,928)	(79,410)	(82,082)
Provisions	(1,747)	(2,224)	(2,228)
Total non-current liabilities	(80,675)	(81,634)	(84,310)
Total net assets employed	308,165	304,855	307,480
Financed by			
Public dividend capital	120,566	120,566	120,566
Revaluation reserve	95,737	95,737	95,737
Income and expenditure reserve	91,862	88,552	91,177
Total taxpayers' and others' equity	308,165	304,855	307,480

Key message : The net asset position for the Trust has deteriorated due to depreciation and the deficit position.

Capital

- The Trust submitted a capital plan for the year of £25.3m:-
 - £13.7m core capital. This differs to the £12.2m agreed programme due to the requirement from the ICB to include an over utilisation assumption for planning purposes, this has not been allocated.
 - £6.5m for the impact of leases and dilapidations
 - £5.0m Public Dividend Capital (PDC) funded schemes
- Core capital expenditure, excluding International Financial Reporting Standard 16 (Leases), as at 30th June 25 was £1.2m, £0.6m below plan. This relates to delays in Digital schemes for Windows 11 and Robotic Process Automation and slippage in Estates schemes due to issues regarding health and safety and a road closure.
- Public Dividend Capital spend is £0.1 below plan with delays on the solar panel schemes.
- Lease additions, dilapidations, remeasurements and disposals for the YTD are £1.3m ahead of plan, this largely relates to a phasing issue with some remeasurements having originally been planned for quarter 2.

Core Capital Programme	Annual Plan £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s
Asset and backlog management	2,196	260	124	(136)
Critical, fire and Digital Spaces Infrastructure	1,565	0	7	7
Digital and Clinical Systems	250	50	35	(15)
Digital Cyber Security	440	114	132	18
Digital Infrastructure and Service Improvement	889	209	226	17
Digital Innovation and ICS	610	165	76	(89)
Digital Portfolio	740	40	0	(40)
Digital spaces	1,016	376	194	(182)
Digital Unified Comms	631	183	170	(13)
Inpatient Environmental Upgrade and CQC plan	553	0	1	1
Mental Health Security and Improvement plan	1,815	0	0	0
Net zero carbon reduction plan	690	280	-96	(376)
Staff wellbeing	230	0	1	1
Staff capitalisation	600	150	59	(91)
Asset and backlog management part 2	555	0	0	0
5% overplanning provision	964	0	0	0
Other	0	0	255	255
	13,744	1,827	1,185	(642)

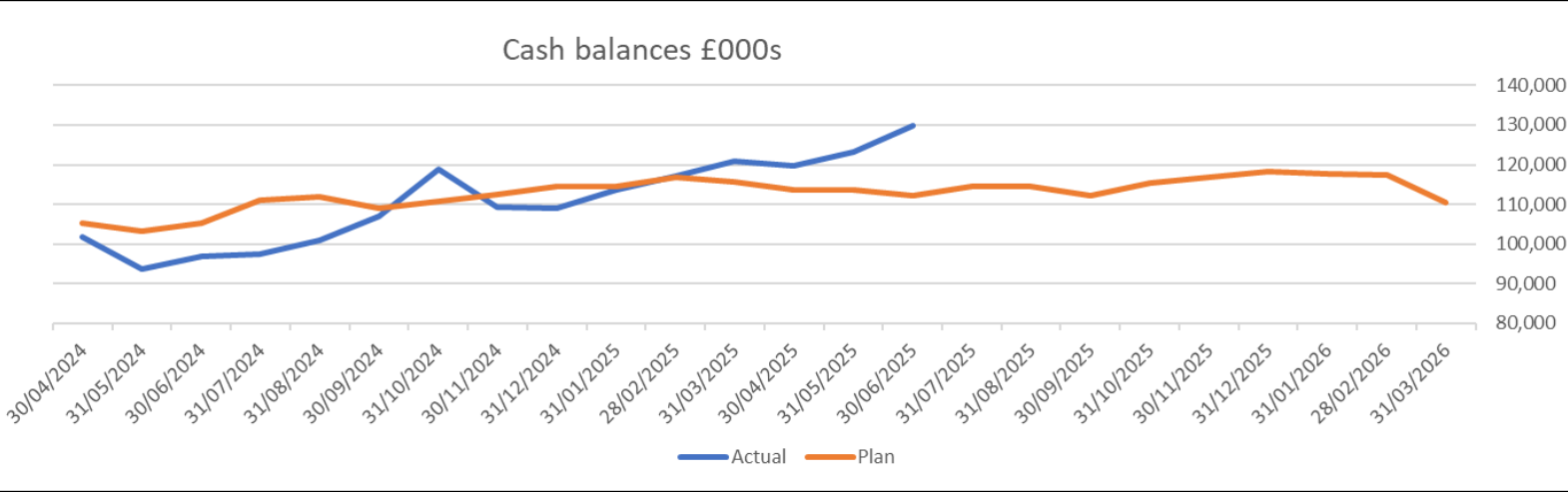
Public Dividend Capital Funded Programme	Annual Plan £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s
Solar energy project	1,126	112	0	(112)
BLMK Reducing Out of Area Placements	3,890	0	8	8
	5,016	112	8	(104)

Leases, dilapidations and disposals	Annual Plan £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s
Leases, dilapidations and disposals	6,500	5,235	6,505	1,270

Key message : Core capital spend is currently £0.6m below plan for the year to date, overall capital is £0.6m over plan due to lease remeasurements.

Cash

- As at the end of June, the cash balance was £129.9m, an increase of £6.9m in month.
- The cash position is £17.8m above plan. This is predominantly due to continuing high levels of deferred income and payables and some slippage in capital schemes.
- Based upon the current interest rates a cash holding of £5m generates c£0.2m annually and reduces Public Dividend Capital charges by c£0.2m.



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

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

	Year To Date			Prior month	Movement in actuals	Annual plan
	Plan £000	Actual £000	Variance £000	Actual £000		
BHRUT	(3,376)	(8,339)	(4,963)	(5,567)	(2,772)	0
Barts	(8,901)	(17,201)	(8,300)	(13,933)	(3,268)	0
ELFT	(230)	4	234	(3,426)	3,430	0
Homerton	(623)	(1,526)	(903)	(2,043)	517	(2,500)
NELFT	(5,996)	(6,507)	(511)	(5,945)	(562)	0
Providers	(19,126)	(33,569)	(14,443)	(30,914)	(2,655)	(2,500)
ICB	(1,825)	(1,396)	429	(1,086)	(310)	2,500
ICS Total	(20,951)	(34,965)	(14,014)	(31,999)	(2,964)	0

Organisation names

BHRUT	Barking, Havering and Redbridge University Hospitals NHS Trust
Barts	Barts Health NHS Trust
Homerton	Homerton Healthcare NHS Foundation Trust
NELFT	North East London NHS Foundation Trust
ICB	NHS North East London Intergrated Care Board

System plan

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

At the end of June, the ICS is reporting a deficit of £35.0m. This is £14.1m adverse to plan. This is consistent with the £14.1m adverse variance reported at the end of May.

System position – Bedfordshire, Luton & Milton Keynes (BLMK) Integrated Care System (ICS)

	Year To Date			Prior month	Movement in actuals	Annual plan
	Plan £000	Actual £000	Variance £000	Actual £000		
Bedfordshire	2	(3,107)	(3,109)	(2,352)	755	0
Milton Keynes	(2,663)	(3,382)	(719)	(2,791)	592	0
Providers	(2,662)	(6,490)	(3,828)	(5,143)	1,347	0
ICB	0	(600)	(600)	(600)	0	0
ICS Total	(2,662)	(7,090)	(4,428)	(5,743)	1,347	0

Organisation names

BHFT	Bedfordshire Hospitals NHS Foundation Trust
MKFT	Milton Keynes University Hospital NHS Foundation Trust
ICB	NHS Bedfordshire, Luton and Milton Keynes Intergrated Care Board

System plan

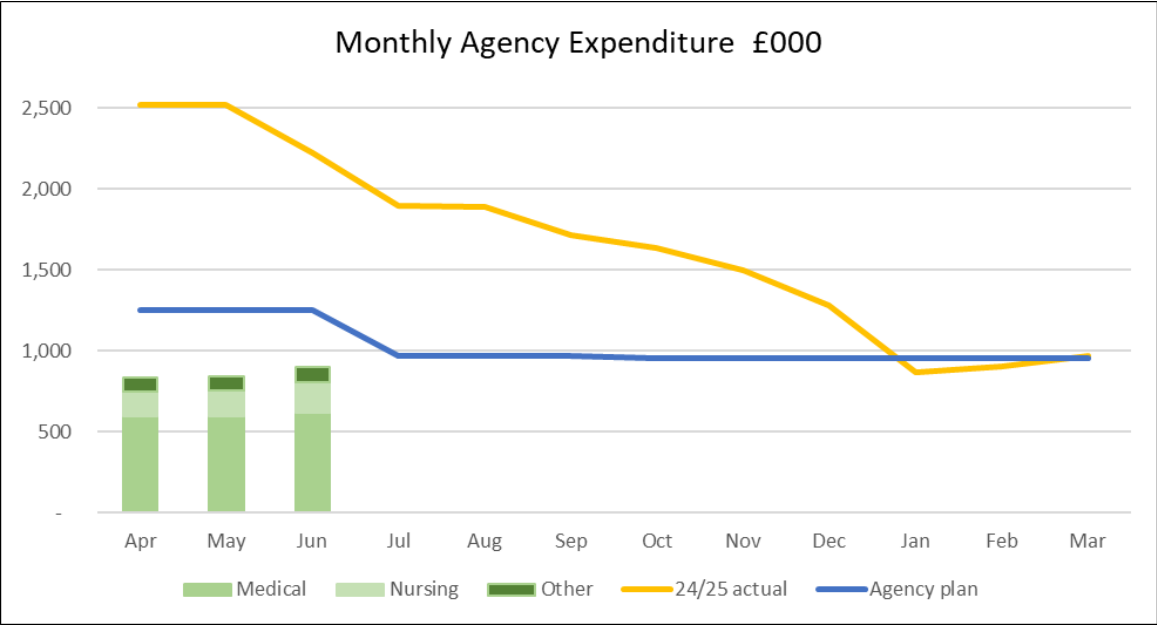
The BLMK ICS plan for 2025-26 is a break-even position.

At the end of May, the ICS is reporting a deficit of £5.7m. This is £3.8m adverse to plan.

Appendices

- Agency
- Bank
- Private Bed activity and costs
- Receivables
- Payables

Agency spend



In 2025-26, the NHS Operating Plan set a requirement to reduce Agency spend by 30%. This is reflected in our Agency Plan which the Trust submitted to the ICB.

The Trust submitted an annual financial plan with planned agency usage of £12.4m.

For the last two years, total monthly agency expenditure has been consistently above the agency plans and has exceeded the NHS Agency Cap for the Trust. This year we are below the plan.

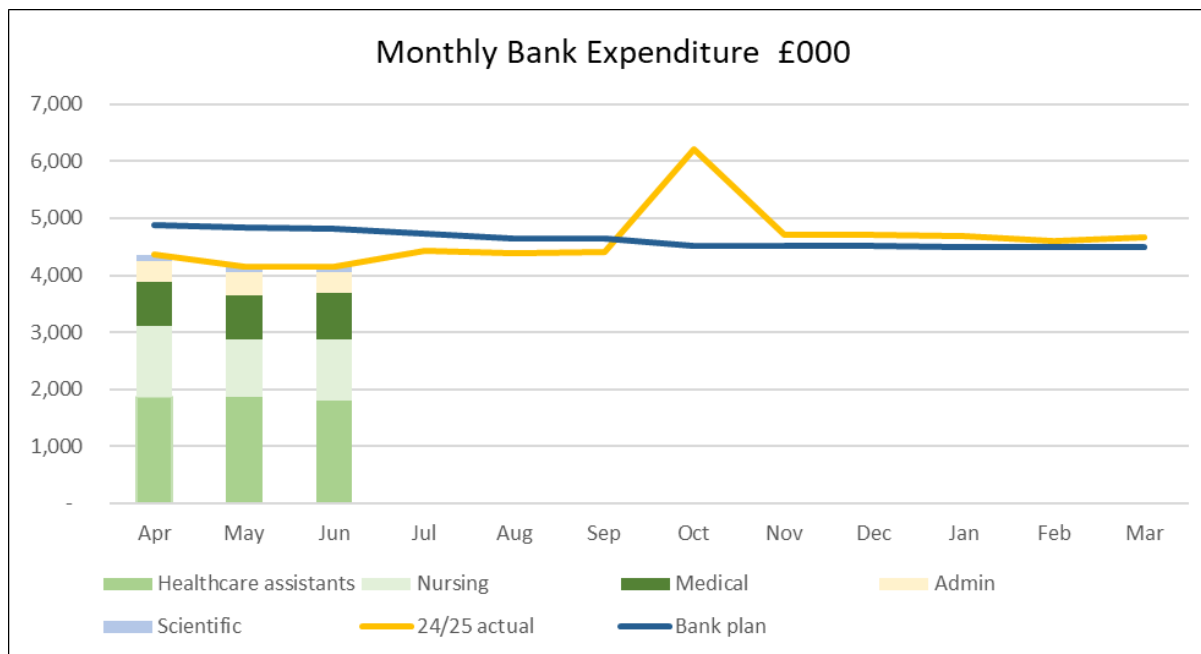
Year to date agency expenditure is £2.6m which is below the current phased plan of £3.8m.

Agency costs constitute 2.1% of total pay costs. This is an increase from May (1.9%) though this is impacted by the release of the Annual Leave accruals reducing Total Pay

Agency use, by staff type

Pay costs £000s	Apr-24 £000s	May-24 £000s	Jun-24 £000s	Jul-24 £000s	Aug-24 £000s	Sep-24 £000s	Oct-24 £000s	Nov-24 £000s	Dec-24 £000s	Jan-25 £000s	Feb-25 £000s	Mar-25 £000s	Apr-25 £000s	May-25 £000s	Jun-25 £000s	Movement in month
Medical and Dental	(1,100)	(1,100)	(1,207)	(1,118)	(970)	(910)	(918)	(833)	(852)	(359)	(596)	(349)	(596)	(596)	(620)	(23)
Nursing, Midwifery and HV	(828)	(828)	(543)	(636)	(529)	(294)	(320)	(313)	(268)	(183)	(144)	(292)	(148)	(149)	(188)	(39)
Administration and Estates	(277)	(277)	(137)	202	(130)	(261)	(124)	(139)	(15)	(207)	(101)	(253)	(48)	(48)	(59)	(11)
Healthcare assistants and Other	(171)	(171)	(201)	(198)	(160)	(193)	(169)	(139)	(93)	(73)	(44)	(49)	(37)	(35)	(30)	5
Scientific, Therapeutic and Tech	(142)	(142)	(135)	(144)	(100)	(54)	(108)	(77)	(54)	(49)	(19)	(28)	(2)	(9)	(6)	3
Total Agency	(2,518)	(2,518)	(2,223)	(1,894)	(1,890)	(1,712)	(1,638)	(1,499)	(1,283)	(870)	(903)	(971)	(831)	(837)	(902)	(65)

Bank spend



In 2025-26, the NHS Operating Plan set a requirement to reduce Bank spend by 10%. This is reflected in our Bank Plan which the Trust submitted to the ICB.

The Trust submitted an annual financial plan with planned bank usage of £55.6m

Year to date bank expenditure is £12.6m which is below the current phased plan (£14.5m).

Bank costs constitute 10.1% of total pay costs. This is an increase from May (9.9%) though this is impacted by the release of the Annual Leave accruals reducing Total Pay.

Bank use, by staff type

Pay costs £000s	Apr-24 £000s	May-24 £000s	Jun-24 £000s	Jul-24 £000s	Aug-24 £000s	Sep-24 £000s	Oct-24 £000s	Nov-24 £000s	Dec-24 £000s	Jan-25 £000s	Feb-25 £000s	Mar-25 £000s	Apr-25 £000s	May-25 £000s	Jun-25 £000s	Movement in month
Medical and Dental	(871)	(458)	(813)	(422)	(721)	(782)	(1,170)	(911)	(754)	(1,339)	(713)	(305)	(779)	(779)	(812)	(33)
Nursing, Midwifery and HV	(1,694)	(1,532)	(1,441)	(1,383)	(1,391)	(1,358)	(1,837)	(1,320)	(1,400)	(1,460)	(1,400)	(1,781)	(1,242)	(1,007)	(1,078)	(72)
Administration and Estates	(400)	(410)	(354)	(413)	(348)	(351)	(510)	(393)	(445)	(307)	(363)	(440)	(352)	(397)	(366)	31
Healthcare assistants and Other	(1,814)	(1,806)	(1,602)	(2,048)	(1,822)	(1,809)	(2,526)	(1,970)	(2,007)	(1,456)	(2,000)	(1,988)	(1,869)	(1,869)	(1,804)	65
Scientific, Therapeutic and Tech	(137)	(137)	(115)	(172)	(101)	(104)	(168)	(108)	(113)	(117)	(125)	(143)	(116)	(100)	(96)	4
Total Bank	(4,916)	(4,343)	(4,326)	(4,437)	(4,383)	(4,405)	(6,211)	(4,701)	(4,719)	(4,680)	(4,602)	(4,656)	(4,358)	(4,151)	(4,156)	28

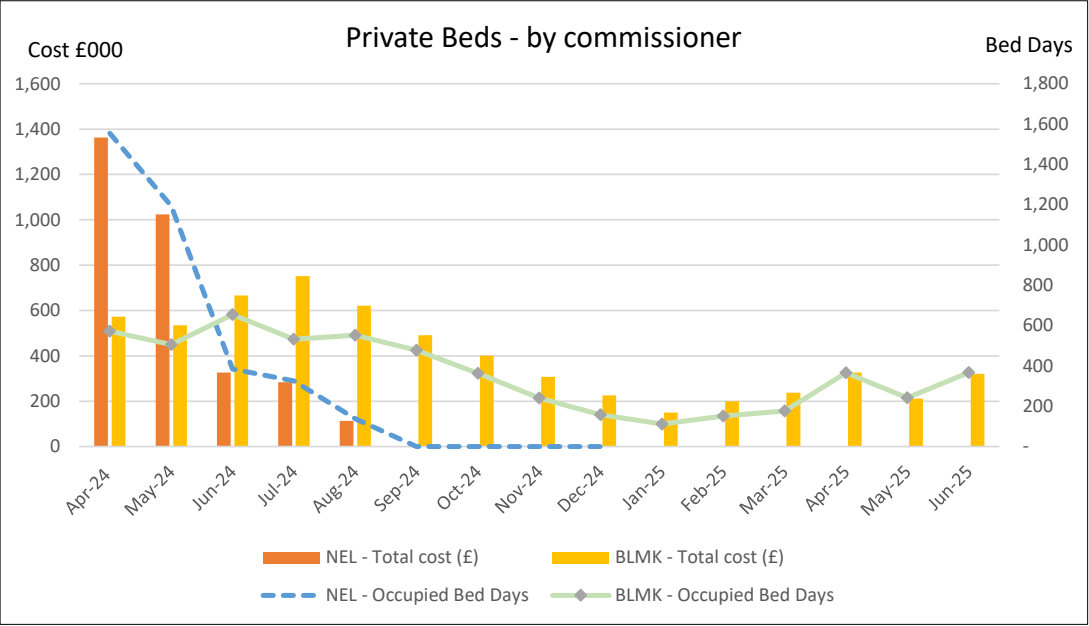
Private Beds

The Trust is continuing to experience high demand for Adult Mental Health beds in the Bedfordshire, Luton and Milton Keynes (BLMK) area, and as a result is incurring high levels of expenditure in purchasing Private Beds. This represents a cost pressure to the

There has been an increase level of BLMK private bed usage since February. April saw a spike in bed usage, with a partial reduction in May, though this has increased again in June. We now have 10 patients in private beds. Cost and occupancy are materially below the level 12 months ago.

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

Following intensive work on patient flow, the Trust does not use Private Beds for North East London patients.



BLMK - Cost versus Income

ICS	Full Year Income £000s	Income YTD £000s	Costs YTD £000s	Cost pressure £000s
BLMK	1,499	375	532	(157)
Total	1,499	375	532	(157)

Receivables

- The receivables balance in the Statement of Financial Position of £36.2m includes £13.6m of invoiced debt. The remaining balance largely relates to prepayments, accrued income and VAT reclaims.
- Significant balances over 90 days include:
 - £2.3m owed by NHS North Central London ICB for 2023/24 Out of Area charges, this has been disputed and negotiations are ongoing to try and resolve this.
 - £1.4m owed by NHS North East London ICB for estates charges.
 - £0.6m owed by Barts Health NHS Trust, discussions are ongoing to resolve disputes.
 - £0.2m owed by Bedfordshire Hospitals NHS Foundation Trust.
- Monthly debt meetings are held between the finance and contracting teams to review both invoiced and accrued debt to improve timeliness of invoicing and resolution of disputes.
- Against the below debts provisions of £1.4m are held, this relates to debts owed by individuals (including staff) and overseas visitors.

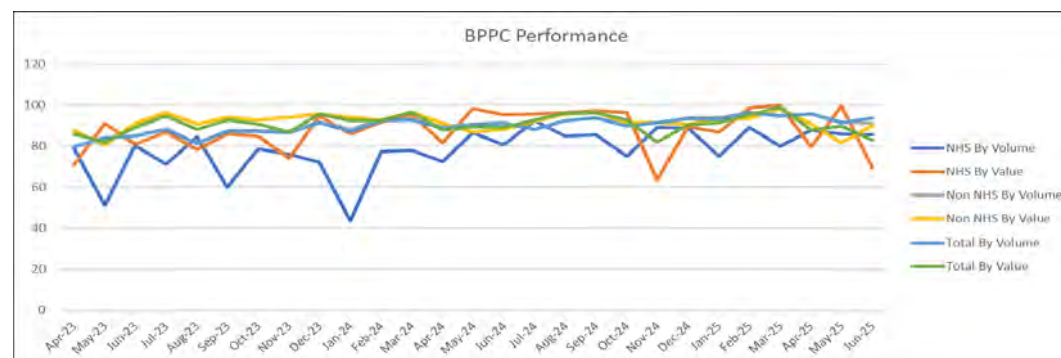
	NHS £000s	Non NHS bodies £000s	Individuals £000s	Overseas Visitors £000s	Total £000s
Current	1,667	1,045	21	0	2,734
1-30 Days	324	23	2	0	350
31-60 Days	390	179	16	18	603
61-90 Days	3,115	609	73	0	3,796
Over 90 Days	4,710	242	455	662	6,069
Total	10,205	2,100	567	680	13,552

Payables

- The payables balance in the Statement of Financial Position of £79.1m includes £18.8m of outstanding invoices. The remaining balance largely relates to taxes, pensions and accruals.
- Significant balances over 90 days include: -
 - £1.1m, Bedfordshire Hospitals NHS Foundation Trust, this largely relates to estates and service recharges, meetings have been taking place move forward the disputes.
 - £0.8m, Homerton Healthcare NHS Foundation Trust, for disputed estates charges.
 - £0.5m Insight Direct, these are expected to be credited in month 4.
 - £0.5m Queen Mary University of London with disputes around some of the costs being taken forward with the supplier.
- The Trust is signed up to the NHS commitment to the Better Payment Practice Code (BPPC) whereby the target is to pay 95% of all invoices within the standard credit terms.
- Overall, the Trust's current YTD BPPC performance is 94% by volume and 87% by value. Of the £2.5m of invoices that failed BPPC in June, £1.8m related to 5 high value invoices. Delays in authorisation have been followed up with the relevant teams.

Outstanding Invoices

	NHS £000s	Non NHS £000s	Total £000s
0-30 Days	2,531	6,746	9,277
31-60 Days	284	1,709	1,993
61-90 Days	-62	1,856	1,794
Over 90 Days	2,653	3,070	5,723
Total	5,406	13,381	18,786



Trust Board Forward Plan 2023-2025

MEETING IN PUBLIC	Item	30/01/2025	27/03/2025	22/05/2025	24/07/2025	25/09/2025	04/12/2025	29/01/2026	26/03/2026
Standing Items	Declarations of interests	✓	✓	✓	✓	✓	✓	✓	✓
	Minutes of previous meeting	✓	✓	✓	✓	✓	✓	✓	✓
	Action log and matters arising	✓	✓	✓	✓	✓	✓	✓	✓
	Matters arising from Trust Board private	✓	✓	✓	✓	✓	✓	✓	✓
	Forward Plan	✓	✓	✓	✓	✓	✓	✓	✓
	Patient Story	✓	✓	✓	✓	✓	✓	✓	✓
Strategy	Teatime Presentation (alternate QI and People Participation Story)	Q1	✓	✓	✓	✓	✓	✓	✓
	Chair's Report	✓	✓	✓	✓	✓	✓	✓	✓
	Chief Executive's Report	✓	✓	✓	✓	✓	✓	✓	✓
	Audit Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓	✓
	Integrated Care & Commissioning Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓	✓
	Population Health Annual Report	✓	✓	✓	✓	✓	✓	✓	✓
Quality and Performance	EDI Annual Report		✓						✓
	Annual Collaborative Report			✓					
	Quality Report	✓	✓	✓	✓	✓	✓	✓	✓
	Performance Report	✓	✓	✓	✓	✓	✓	✓	✓
	CQC	x	✓					✓	
	Patient Safety (PSIRF, PCREF, Patient Safety Plan)	✓							✓
People	People Participation Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓	✓
	Quality Assurance Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓	✓
	People Report	✓	✓	✓	✓	✓	✓	✓	✓
	Safe Staffing	✓	✓	✓	✓	✓	✓	✓	✓
	People & Culture Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓	✓
	Appointments & Remuneration Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓	✓
Finance	Finance Report	✓	✓	✓	✓	✓	✓	✓	✓
	Charitable Funds Assurance Report	✓	✓	✓	✓	✓	✓	✓	✓
	Finance, Business & Investment Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓	✓
Business Case	NEL Procurement (approval)			✓					
	Hard Facilities Management Business Case (approval)			✓					
Governance	Annual Report and Accounts			✓					
	Annual Reports:								
	~ Charitable Funds Committee Annual Report and Accounts	✓				✓			
	~ Compass Wellbeing CIC Annual Report					✓			
	~ Health & Care Space Newham Annual Report					✓			✓
	~ Internal Audit Plan								✓
	~ Modern Day Slavery Statement				✓				
	~ NHS Self-Certification								
	Corporate Trustee of the ELFT Charity	✓		✓					
	Board and Committee Effectiveness/Committee Terms of Reference		✓						✓
	Annual Plan		✓						✓
MEETING IN PRIVATE	Item	30/01/2025	27/03/2025	22/05/2025	24/07/2025	25/09/2025	04/12/2025	29/01/2026	26/03/2026
Standing Items	Declarations of Interest	✓	✓	✓	✓	✓	✓	✓	✓
	Minutes of previous meeting	✓	✓	✓	✓	✓	✓	✓	✓
	Action log and matters arising	✓	✓	✓	✓	✓	✓	✓	✓
	Matters arising to be raised at meeting in public	✓	✓	✓	✓	✓	✓	✓	✓
	Emerging Issues - Patient Safety Issues	✓	✓	✓	✓	✓	✓	✓	✓
	Emerging Issues - Internal and External	✓	✓	✓	✓	✓	✓	✓	✓
	Trust Board Forward Plan	✓	✓	✓	✓	✓	✓	✓	✓
BOARD WORKSHOP	Item	30/01/2025	27/03/2025	22/05/2025	24/07/2025	25/09/2025	04/12/2025	29/01/2026	26/03/2026
Strategy	Green Plan / Sustainability (May 2023)			x	x				
Training	Corporate Manslaughter Briefing (Capsticks)								✓
	Cyber Security	x	✓						
	Health and Safety	x	x		x			✓	
	Infection Control			✓					
	Safeguarding	✓					✓		
	Sustainability				x				
	Oliver McGowan Training (three yearly) - due September 2026					Due Sept 2026			