

Board of Directors Meeting in Public

Thursday 25 September 2025 from 13:00 – 16:30

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

12:30 – 13:00 Lunch (will be provided)
13:00 – 15:55 Trust Board in Public
16:05 – 16:30 Quality Improvement Teatime Presentation

Agenda

Opening Matters

1	Welcome and Apologies for Absence*	Note	Eileen Taylor	13:00
2	Patient Story: Safeguarding and Trust	Note	Amita Tiwari-Macha	13:05
3	Declarations of Interests	Assurance	All	13:30
4	Minutes of the Previous Meeting held in Public on 24 July 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	13:40
8	Chief Executive's Report	Assurance	Lorraine Sunduza	13:50
9	Audit Committee Assurance Report	Assurance	Anit Chandarana	14:00
10	Integrated Care & Commissioning Committee Assurance Report	Assurance	Richard Carr	14:05

Quality & Performance

11	Quality Assurance Committee Assurance Report	Assurance	Donna Kinnair	14:10
12	People Participation Committee Assurance Report	Assurance	Aamir Ahmad	14:15
13	Quality Report	Assurance	Dr Amar Shah	14:20
14	Performance Report	Assurance	Dr Amar Shah Edwin Ndlovu	14:35

5 Minute Break				14:45
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15	Winter Plan Board Assurance Statement	Approve	Edwin Ndlovu	14:50
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People

16	Appointments & Remuneration Committee Assurance Report	Assurance	Eileen Taylor	15:10
17	People & Culture Committee Assurance Report	Assurance	Aamir Ahmed	15:15
18	People Report	Assurance	Barbara Britner	15:20

Finance

19	Finance, Business & Investment Assurance Report	Assurance	Sue Lees	15:30
20	Finance Report	Assurance	Kevin Curnow	15:35

Closing Matters

21	Board of Directors Forward Plan	Note	Eileen Taylor	15:50
22	Any Other Urgent Business*: <i>previously notified to the Chair</i>	Note	Eileen Taylor	
23	Questions from the Public*		Eileen Taylor	
24	Dates of Future Meetings - Thursday 4 December 2025 (London – Conference Room, Robert Dolan House) - Thursday 29 January 2026 (London – Conference Room, Robert Dolan House) - Thursday 26 March 2026 (Conference Room) - Thursday 21 May 2026 (Luton TBC) - Thursday 23 July 2026 (Bedfordshire TBC) - Thursday 24 September 2026 (Conference Room) - Thursday 3 December 2026 (Conference Room) - Thursday 28 January 2027 (Conference Room) - Thursday 18 March 2027 (Luton)			
25	Close			15:55

*verbal update

Eileen Taylor Chair of the Trust

16:05 – 16:30	Quality Improvement teatime presentation will focus on: Reducing missed appointments in Newham Foothealth and increasing service users seen within 18 weeks Presenters include: Jo Raphael (Head of Clinical Services) Marie Parchment (Clinical Lead Podiatrist) Matthew Hosford (Senior Administrator) Mona Reynolds (service user)
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Board of Directors Register of Interests: as at 2 September 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	Acting Chief People Officer	• 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 (NB: this an appointment)
Anit Chandarana	Non-Executive Director	• Group Director, Network Rail
Vivek Chaudhri	Non-Executive Director	• Director, Global AI Leaders Network (GAIL) • Director, Purposeful AI

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 • Liveryman, Worshipful Company of International Bankers • NED at LINK Scheme Ltd
Kevin Curnow	Chief Finance Officer	• Director, Health Care & Space Newham (joint venture between ELFT and LB of Newham)
Professor Dr Durka Dougall	Non-Executive Director	• Non-Executive Director and Deputy Chairman, Kingston & Richmond NHS Foundation Trust • CEO, Centre for Population Health (not for profit company) • Chair, The Health Creation Alliance (community interest company) • Associate providing ad hoc freelance work and consultancy for 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 (involves commissioning responsibilities for services in Kent providers including Kent Community Health FT and Maidstone & Tunbridge Wells NHS Trust) • Visiting Professor in Public Health CPD Advisor for London • 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 the General Medical Council and British Medical Association • Member of Seacole Group for Black & 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- • Non-executive director of ELFT 2020- December 2025 • Non-Executive director NHSE 2025- • Fellow and Professor of Queen Mary University of London 2015- • Patron to the National Association of Social Prescribing 2025- • As a GP member of the MDDUS - insurance for the GP practice • Vice President Queen's Nursing Institute 2016- • Co-Chair and Council member the College of Medicine 2019- • Member of the Royal College of GPs • Council member RCGP November 2022- • Vice President of the BMA, 2015- • 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- • Son: Dr Raoul Li-Everington is GP partner in the Bromley By Bow Health Partnership • Vice President of the BMA, 2015- • 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 • Provost (President) of the Royal College of GPs (RCGP) November 2025 -

Chair: Eileen Taylor

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Chief Executive: Lorraine Sunduza

Name	Job Title	Interests Declared
Richard Fradgley	Executive Director of Integrated Care and Deputy CEO	• 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)
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 Barking, Havering & Redbridge University Hospital Trust • Chair of the Charitable Funds Committee of the Barking, Havering & Redbridge University Charity
Claire McKenna	Chief Nurse	• Nil to Declare

Chair: Eileen Taylor

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Chief Executive: Lorraine Sunduza

Name	Job Title	Interests Declared
Edwin Ndlovu MBE	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 Company
Dr Amar Shah MBE	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

Chair: Eileen Taylor

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Chief Executive: Lorraine Sunduza

Name	Job Title	Interests Declared
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
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	Interim Director of Corporate Governance (and 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, 25 July 2025 from 1.00pm at Grove View Integrated Health and Care Hub, Court Drive, Dunstable LU5 4JD and online

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Present:

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

In attendance:

Liz Birch	Governor, Central Bedfordshire
Austin Chapman-Dainty	AV Technician
Renato Congias (online)	Governor, Hackney
Mark Dunne	Staffside Chair
Adam Fahn (online)	Assistant Director of Estates – Facilities Management
Ian Gibb (online)	Governor, Newham
Dr Kiran Kunwar (online)	Dagenham GP (Prime Practice Partnership)
Norbert Lieckfeldt	Corporate Governance Manager
Cathy Lilley	Interim Director of Corporate Governance
Kamila Naseova	PP Lead, Bedfordshire CHS
Caroline Ogunsola	Staff Governor, Lead Governor
Jamu Patel	Deputy Lead Governor and Luton Governor
Niki Scott	PP Lead, CAMHS, Luton & Beds.
Felicity Stocker	Governor, Bedford
Beryl Tanner	Patient Story Presenter
James Xavier	PP Lead, Luton

Apologies:

Aamir Ahmad	Vice-Chair (London)
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The minutes are presented in the order of the agenda.

1 Welcome and Apologies for Absence

1.1 Eileen Taylor opened the meeting and:

- Expressed delight that before this meeting there was a celebration of ELFT's decade of providing services across Bedford Borough, Central Bedfordshire and Luton; and thanked the service users, carers, staff, governors and Felicity Cox, the ICB CEO who joined.
- Thanked Hanif Mohammed, Service Manager for Bedfordshire Community Health Services for his valuable support once again in supporting the organising of today's meeting at Grove View.
- Welcomed everyone to the meeting, particularly Professor Dr Durka Dougall and Dr Farah Jameel to their first public Board meeting since their official start date of 1 June as Non-Executive Directors; and warmly welcomed Governors and members of the public attending in person and online.
- Recognised awareness events during July and August which serve as opportunities to spotlight health, social and cultural issues and foster greater understanding and highlighted that mental health and inclusivity are a key focus in July and August:
 - **Disability Pride Month** in July.
 - **South Asian Heritage Month** began 18 July: this is a celebration of South Asian culture and is important to ELFT communities, particularly in East London and Luton.
 - **Talk To Us Month** aims to remind people that the Samaritans are available for anyone who needs someone to listen.
 - **National Bereaved Parents Day** 3 July: raised awareness of parents who have lost a child at any age, from any cause.
 - **International Day of Friendship** 30 July: highlights the benefits of friendships to wellbeing.
 - **Alcohol Awareness Week** 7-13 July.
 - **Cycle to Work Day** 7 August: promotes sustainable and healthy journeys to work.
 - Finally, 26 August is **Women's Equality Day**.
- 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 – End of Life Care

2.1 Beryl Tanner introduced herself as a service user from Central Bedfordshire and a member of People Participation (PP). She is currently on the Life Care Steering Group, an End of Life Medicines workstream and a Quality Improvement project with the Cancer and Palliative Psychology service.

Beryl shared her personal experience of caring for her late brother who had a terminal illness, dementia and partial paralysis following discharge from hospital. While the overall quality of care was excellent such as the professionalism, compassion and dedication of nurses, GPs, home carers and the palliative care team, there were several challenges:

- Discharge coordination: Poor communication between hospital and community services led to delays and confusion. The GP and District Nurse received no clinical handover and discharge paperwork was incomplete.
- Equipment and training gaps: Essential items such as a bed extension, hoist, wheelchair, etc were delayed or unsuitable, and the family lacked guidance on their use.

- Pressure care concerns: Despite receiving a ripple mattress, the family felt more frequent turning and support were needed to prevent tissue breakdown.
- Geographical barriers: Out-of-hours care was affected by travel distances within Bedfordshire CHS, adding stress to the family.

Despite these issues, Beryl praised the kindness and responsiveness of all staff involved, especially during her brother's final days. The overall quality of care was excellent: the nurses, GP and homecare team were professional, competent and caring, were easily contactable and supportive; a useful information pack was provided by the palliative care team and communication was excellent. The carers' presence, support and follow-up after his passing were deeply appreciated. She stressed that she was sharing the challenges she and her family had experienced to help improve patient care and service delivery.

Beryl continues to contribute to service improvement through the End of Life Care Steering Group and emphasised the value of lived experience in shaping compassionate, effective care.

2.2 In discussion the Board:

- Expressed their sincere condolences to Beryl and thanked her for sharing her family's experience and for the practical suggestions to improve service delivery.
- Suggested the following areas for improvement:
 - Discharge communications: Discharge information should routinely be shared electronically with the patient, family, GP and pharmacist to ensure continuity of care.
 - End-of-life medication: A standardised set of medications should be available prior to discharge for patients with terminal conditions.
 - Equipment guidance: It would be helpful to provide families with clear examples of available equipment and how to access it.
 - Role of social prescribers: Opportunities for the further development of social prescribers in end-of-life care to enhance support and navigation for families.
- Acknowledged Beryl's optimism and her ongoing contributions to quality improvement and the End of Life Care Steering Group. Beryl noted that staff are welcoming of PP and committed to positive change which gives her confidence in the future of the NHS.
- The Chief Executive, Chief Medical Officer and Chief Nurse shared their personal reflections on Beryl's impact, praising her insight, dedication and the value she brings to PP and service development.

3 Declarations of Interests

3.1 Declarations are as recorded on the published register of interests circulated with the papers. The register will be updated to reflect:

- Alison Cottrell's will be amended as "**Liveryman**, Worshipful Company of International Bankers", instead of '**Freeman**'.
- Cathy Lilley should be recorded as *Interim Director of Corporate Governance*

There were no additional declarations in respect of agenda items.

4 Minutes of the Previous Meeting Held in Public on 22 May 2025

4.1 The minutes of the meeting held on 22 May 2025 were **APPROVED** as a correct record.

5 Action Log and Matters Arising from the Minutes

5.1 The Board noted the following updates to actions, which it was agreed are now all closed:

- Action 407 People Report: Basic Life Support and safeguarding are included in statutory and mandatory training figures. The overall target remains at 90% due to unavoidable absences.

- Action 406 Equalities Annual Report: Anti-racism strategy development progressed through a Board workshop on equity held earlier today.
- Action 404 Performance Report: Estates update provided via the July Finance, Business & Investment Committee (FBIC) meeting. Progress report to be signed off by the Estates Strategy Board in September and presented to Trust Board in November.
- Action 405 Equalities Annual Report: Future reporting will differentiate between full-time and part-time staff. This will be taken forward by the People & Culture Committee (P&CC).
- Action 366 Integrated Care & Commissioning (ICCC) Assurance Report: Committee purpose and priorities reviewed at June Board development session. Incorporated into the strategy execution review and planning for 2025/26 and the next five-year strategy.

6 Matters Arising from Trust Board Meeting in Private

6.1 There were no matters arising from the Trust Board in private.

7 Chair's Report

7.1 Eileen Taylor presented the report and highlighted:

- The July North East London Mental Health, Learning Disability & Autism (NEL MHLDA) Collaborative deep dive focused on peer support, with moving contributions from ELFT and NELFT Peer Support Leads. The importance of developing peer support workers was highlighted and ELFT remains committed to expanding and embedding these roles across services.
- She hosted a visit from the Chair and Chief Executive of NHS Providers who publicly praised ELFT's alignment with the ambitions of **the 10-Year Health Plan**.
- Lorraine Sunduza was recognised in the Health Service Journal's Top 50 CEOs again this year celebrating her compassionate leadership and unwavering commitment to improving the lives of those we serve.
- Vivek Chaudhri was appointed as a new Non-Executive Director from 1 September 2025 bringing expertise in digital strategy and AI; and thanked Governors for their support in the recruitment process.
- The Trust strategy review was launched at the July Council of Governors meeting, receiving strong engagement and positive feedback.

7.2 Non-Executive Directors' Visits

Sue Lees reported on her visit with Alison Cottrell to the Autism Diagnostics Services:

- There are four services, three in London and one in BLMK; they are commissioned differently and therefore have different service level agreements, leading to variation in waiting times and service levels.
- Staff expressed the need for standardised commissioning and wider understanding that autism is distinct from mental health.
- Despite resource constraints, teams demonstrated strong commitment and impact with PP well embedded.
- The team were hugely committed and could evidence the impact they were having on people's lives.

Peter Cornforth reported on his visit with Alison Cottrell to Tower Hamlets Community Health Services:

- This is a multi-disciplinary team providing a wide range of services.
- The team has undergone a successful restructure and filled all vacancies.
- They are actively engaged in **QI** and shared measurable successes.
- Challenges include inappropriate referrals and parking limitations; the team suggested a vehicle with ambulance status to improve access.

- PP is fully embraced, with carers actively involved.
- The team is warm, professional and deeply committed.

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

8 Chief Executive's Report

8.1 Lorraine Sunduza highlighted:

- The verdict following the tragic 2015 service user death at NELFT has been delivered. Support has been offered to our staff and implications for ELFT will be considered alongside wider NHS partners.
- CEO discussion groups continue, focusing on the Trust's target operating model, embedding peer support roles, involving carers in safe care and developing future strategy.
- The NHS 10-Year Plan has been launched. Dedicated spaces are being created to explore what this means for ELFT, with discussion planned at Board level.
- The Barnsley Street Neighbourhood Centre opened successfully, aimed at reducing A&E attendance and inpatient pressure. Progress will be tracked and evaluated through the committees.
- Her attendance at London Pride and emphasised the Trust's commitment to equality and inclusion.
- BLMK ICS published a prior information notice on 30 June and intend to issue a contract extension up to March 2028, maintaining continuity of mental health, learning disability and community health services provided by the Trust while future commissioning is considered.
- ELFT will continue provision at Cauldwell Medical Centre and Kingsway & Bramingham until January 2026 in response to ICB request.
- Preparations are underway for the junior doctors' industrial action.
- Staff communication initiatives include well-attended CEO breakfast meetings and the introduction of monthly topic-based webinars.
- Her thanks to staff for their hard work during a period of sustained service pressures.

8.2 In discussion the Board:

- Noted work is under way to address variation in autism diagnostic services in London and to improve neurodiversity pathways, including ADHD, in BLMK.
- Stressed the importance of evaluating Barnsley Street's outcomes, including medication use, admissions and primary care impact. Research includes both a national programme across six pilot sites and local evaluation; and suggested collaboration with academic partners for research and data collection.
- Discussed opportunities for estates to be leveraged as wider community assets and for digital innovation.
- Recommended circulating to the Board Richard Fradgley's comparative summary of the 10-Year Plan which had been presented to ICC.

ACTION: Richard Fradgley

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

9 Ten Years in Bedfordshire and Luton

9.1 Richard Fradgley presented the report marking ELFT's ten years in Bedfordshire and Luton:

- The document celebrates achievements through stories from staff, service users and partners and highlighting consistent themes of care, kindness and both personal and professional growth.

- Colleagues described the freedom to innovate and the strengthening of organisational culture with QI and service user participation embedded into clinical and professional leadership.
- The report will be widely disseminated across staff, service users and partners. A further celebratory event is planned for autumn to share reflections, showcase experiences and consider the next phase of the Trust's journey in the region.

9.2 In discussion the Board:

- Welcomed the report, recognising it provides assurance of the positive cultural and organisational evolution over the last decade.
- Noted the successful balance between benefiting from being part of a larger Trust while retaining strong local responsiveness and identity.
- Noted the focus on outcomes and QI was reinforced as a key strength underpinning progress.
- Thanked Glenn Mitchell, Head of Communications, for leading the document's production.

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

10 Audit Committee Assurance Report and Modern Day Slavery Statement

10.1 As chair of the committee. Anit Chandarana presented the reports of the meetings held on 26 June and 10 July 2025, highlighting:

- The external audit process was completed successfully, demonstrating strong collaboration between the auditors and the finance team. The audit was rigorous, issues were raised and resolved appropriately, and a clean audit report was issued.
- Some minor areas for improvement were identified and will be monitored through the committee.
- No delays are expected in signing off the annual report and accounts this year, as pension-related issues fall below the materiality threshold.
- The committee also reviewed the annual Modern Day Slavery Statement and recommended approval by the Board.

10.2 The Board:

- **RECEIVED** and **NOTED** the report
- **APPROVED** the Modern Day Slavery Statement.

11 Integrated Care & Commissioning Committee Assurance Report

11.1 As chair of the committee, Richard Carr presented the report of the meeting held on 17 July 2025 highlighting:

- Discussed with Compass colleagues their approach to take the organisation forward including opportunities to diversify income while maintaining focus on core services.
- Consideration was given to the NHS 10-Year Health Plan and its alignment with ELFT's developing strategy with further monitoring required to ensure consistency.
- The committee reviewed risks on the BAF. Current risk scores remain unchanged but adjustments may be required to reflect the evolving NHS context.

11.2 In discussion the Board noted:

- The importance of monitoring alignment between the 10-Year Health Plan and ELFT's strategic objectives.
- The plan is formally titled *Fit for the Future* and is also referred to as the NHS 10-Year Health Plan.

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

12 Trust Strategy Refresh

12.1 Richard Fradgley presented, highlighting:

- A 'Big Conversation' is under way, with strong staff and service user interest in participation. Insights will be gathered and refined during late August and early September.
- A deliberative group will then support interpretation of the findings, representing a new approach to ensure deeper engagement and understanding.
- Recommendations on the content of the new strategy will be brought to the Board in November with a final draft strategy to follow in January 2026.
- The published NHS 10-Year Plan will form part of the conversation but the central focus remains on identifying what matters most to service users alongside agreement on a small number of clear strategic aims.
- An impact report on the previous five-year strategy is being finalised and will be published within the next month.

12.2 In discussion the Board:

- Noted the emphasis on digital within the NHS 10-Year Plan.
- Received assurance that a refreshed ELFT digital strategy will follow alignment with the new Trust strategy building on ongoing work with NEL and national partners to define the transition from analogue to digital including use of the NHS App and ELFT's patient engagement app.

13 Quality Assurance Committee Assurance Report

13.1 As chair of the committee Donna Kinnair presented the report of the meeting held on 7 July 2025, highlighting:

- A series of annual reports were reviewed which highlighted both successes and areas for improvement. The legal team was commended for its significant progress in reducing the time taken to resolve legal claims.
- National audit programmes, accreditation reviews and directorate reviews were considered. Work on clinical effectiveness was discussed and while recognised as a good start, the committee agreed further development is required to better articulate outcomes particularly in mental health.
- The committee reviewed safer staffing levels, noting short-term sickness pressures on particular wards noting that current national metrics do not adequately capture the impact of multidisciplinary teams on safety. Mitigations, including deployment of modern matrons during times of crisis, were endorsed.
- Agreed that workforce reviews must extend beyond nursing to reflect the contribution of the wider multidisciplinary team with an emphasis on developing meaningful metrics for staffing effectiveness.
- The committee agreed BAF risk 5 current risk score should remain at 12.

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

15 minute break

14 People Participation Committee Assurance Report

14.1 In Aamir Ahmad's absence, Donna Kinnair presented the report of the meeting held on 19 June 2025, highlighting:

- Progress in embedding participation in inpatient settings, traditionally a challenging area with some positive results. The focus has been on the wellbeing and inclusivity across services.

- Recognition of the value of lived experience in service improvement.
- The importance of intergenerational inclusion and youth-led training.
- Development of academic research skills among participants which could be used to bring together lived experience and empirical evidence to some of the quality outcomes.

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

15 Quality Report

- 15.1 Amar Shah presented with assurance focused on the experience of people presenting with mental health needs in Emergency Departments (EDs):
- The report highlighted different aspects of quality, including the environments of care, alternatives to A&E, patient experience data and complaints, as well as the approaches teams are taking to ensure timely assessments and improved alternatives to care.
 - Innovative practice was showcased, such as the Barnsley Street pilot which supports people to access community alternatives to A&E; and partnership working in Newham, where mental health staff provide crisis support alongside acute colleagues in ED.
 - Improvement section highlights included:
 - Growth in co-production of improvement projects.
 - DNA (did not attend) project nearing completion, with a summary due at the next Board and plans to scale tested ideas.
 - Observations project second phase: ten wards testing ways to create more therapeutic environments and reduce reliance on constant observations with alternative approaches.
- 15.2 In discussion the Board:
- Emergency Departments**
- Noted findings from a NEL MHLDA deep dive into the experience of autistic people in ED, with Barnsley Street and NELFT's new crisis hub seen as positive alternatives.
 - Agreed system-wide collaboration is needed to address ED delays; and noted the Trust's CEO will write to acute Trust CEOs about forming a NEL programme board, and similar work is being explored in BLMK.
 - Noted the 10-Year Health Plan includes mental health EDs, though their standalone role is debated. Assurance was provided that ELFT is working with Barts on a co-located approach.
 - Noted the emerging model of co-located mental health EDs and ELFT's initial work with Barts and cautioned against restricting ED access given its role as the "front door" for many presenting with non-mental health conditions.
 - Noted data discrepancies between acute Trusts and ELFT with the QI team working to synchronise datasets.
 - Noted the value of digital solutions in helping service users navigate pathways.
- QI**
- Welcomed the strong application of QI across system priorities including GFGT, sustainability and population health approaches.
 - Stressed the importance on capturing learning from projects such as DNAs, ensuring improvements and better outcomes and also contribute to financial sustainability.
 - Noted that teams are increasingly working on complex, multi-team QI projects aligned to strategy, demonstrating cultural maturity.
- Children, young people, and families:**
- Considered the challenges in supporting young people and families who present in crisis, particularly where social care needs or parenting responsibilities are involved.

16 Performance Report

- 16.1 Amar Shah and Edwin Ndlovu presented the report, highlighting:

- Strong progress against key measures:
 - 72 hour follow-up post-discharge
 - Community health teams urgent care response in the community within two hours,
 - The intervention service ensuring people presenting with psychosis for the first time receive evidence-based care within two weeks.
- For the first time the appendix includes the measures related to the new NHS Oversight Framework, which will be published from early Autumn. Alignment between Trust and national datasets is being reviewed.
- Waiting lists remain a focus, with an internal audit of waiting list systems and processes under way.
- Winter planning is in progress, to be reviewed at QAC before submission to the Board, including a focus on flu vaccination.
- Flow improvements continue, covering both inpatient and community services, resulting in zero private bed use in London and fewer than 10 private beds in Luton & Dunstable.

16.2 In discussion the Board:

- Noted that the June data spike on missed appointments may reflect telephone appointment activity.
FOR ACTION: Amar Shah to clarify and monitor
- Welcomed the addition of new oversight indicators, supporting greater transparency and alignment with national priorities.
- Acknowledged these performance results as evidence that ELFT is sustaining progress while embedding improvement methodology across services and pathways.

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

17 Appointments & Remuneration Committee Assurance Report

17.1 As chair of the committee, Deborah Wheeler took the report as read.

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

18 People & Culture Committee Assurance Report

18.1 As chair of the committee, Deborah Wheeler presented the report of the meeting held on 3 July 2025, highlighting:

- Directorate workforce reviews now follow shortly after their QAC reviews. This sequencing is working well, enabling a joined-up view of quality and people issues.
- Community Health Services from both Bedfordshire and London presented, alongside Allied Health Professionals, whose contributions connected seamlessly to discussions about their roles in community settings.
- Industrial relations pressures were considered; it was noted these extend more broadly than resident doctors and continue to be closely monitored.
- A deep dive is planned into themes from Freedom to Speak Up including transparency and fairness in processes to provide richer insights and more practical information.

18.2 In discussion the Board:

- Highlighted the importance of addressing concerns raised about transparency and fairness. The committee's planned deep dive and use of QI methods will ensure underlying issues are better understood and acted upon.
- Emphasised the value of staff networks in shaping an inclusive culture and recognised their growing role in influencing organisational learning and improvement.

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

19 People Report

19.1 Barbara Britner presented the report, highlighting:

- The workforce remains stable with no significant change in the numbers of joiners or leavers.
- Targeted work is having positive effects on some of the people metrics including: a significant reduction in over-establishment, month on month reductions in sickness absences and a significant reduction in the number of agency staff.
- Challenges remain in the number and duration of employee relations processes. A programme of work is under way to improve staff experience in this area.
- A CEO led 'Trusttalk Live' has launched creating new opportunities for two-way dialogue between executives and staff.
- Contingency plans for Doctors' industrial action are included in the report.
- A new Very Senior Manager pay framework has been launched and will be reviewed, with an options appraisal to be brought to the next Remuneration Committee.

19.2 In discussion the Board:

- Praised the reduction achieved in sickness absence and agency use recognising the benefits for staff wellbeing and Trust finances.
- Noted the vacancy rates were broadly stable, with ELFT's overall rate of 13% sitting mid-range compared to the Cavendish Square Group Trusts.
- Noted the increasing vacancies among support workers as a new emerging challenge and supported proactive approaches to recruitment, such as community engagement events, to address this gap before it widens.
- Considered nursing recruitment patterns, with assurance provided that junior nursing roles are generally easier to recruit to than senior roles.
- Reaffirmed the importance of benchmarking vacancy trends and monitoring the impact of the staff experience improvement programme on retention, morale and equity in processes.

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

20 Charitable Funds Committee

20.1 As chair of the committee, Peter Cornforth presented the report of the meetings held on 10 July 2025 highlighting:

- From 1 July 2025 the financial and operational management of the charity has transitioned to ELFT strengthening governance and oversight. Compass Wellbeing continues to lead on fundraising under a refreshed contractual arrangement with the Trust.
- A new fundraising lead has been appointed at Compass, with work under way on a refreshed fundraising strategy including a submitted £250,000 application to a workforce wellbeing fund.
- Grant activity increased in the last quarter, reaching a variety of initiatives across a wide geography, with a notable rise in applications from BLMK.
- Clarification was given that grants are running at approximately £30k per quarter.
- A joint workshop with Non-Executive Directors and executives is scheduled to review fundraising and grant-making trajectories, ensuring alignment between available resources and future charitable ambitions. A relaunch plan will follow later in the year to strengthen engagement and impact.

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

21 Finance, Business and Investment Committee Assurance Report

21.1 As chair of the committee Sue Lees presented the report of the meetings held on 23 June, 26 June and 17 July 2025, highlighting:

- The Going Further, Going Together (GFGT) programme has delivered £10m savings to date, £3m ahead of plan. While strong progress has been made, a shift from non-recurrent to recurrent savings remains critical to achieving the £33m target. Particular focus is required on medical staffing agency use and community workforce transformation where slippage has occurred.
- A deep dive into non-pay expenditure demonstrated the wide range of opportunities being actively explored, with an emphasis on balancing efficiency with quality of care.
- The committee reviewed and endorsed the hard FM contract business case for Board decision.
- Approval given for ELFT to enter into a new digital Talking Therapies contract with Norfolk & Suffolk Foundation Trust, a significant success for the service.
- The committee received an update on the Green Plan, championed by Adam Toll and Paul Lomax, and supported the version required by the ICB. Further work was requested on travel and transport which form the largest elements of ELFT's carbon footprint.
- Following review, the committee agreed to reduce the BAF risk scores for BAF risk 10 to 16 and BAF risk 7 to 12 to reflect strengthened controls and oversight.

22 Finance Report

22.1 Kevin Curnow presented the report for the end of quarter one, highlighting:

- At the end of June ELFT are in a surplus position, which is £200k better than plan with a strong cash position and suppliers being paid on time.
- Capital spend stands at £1.2m against a plan of £1.8m. This apparent underspend is due to the timing of a VAT rebate and project phasing, with no concerns reported.
- The GFGT programme has delivered £10m of savings to date, including the planned release of a £5m accrual in June. While the Trust remains £3m ahead of plan, achieving the £33m run-rate target requires increased focus on recurrent savings.
- The Trust is now working closer to budgeted establishment. Agency and bank staffing have reduced, supported by improved sickness absence levels.
- There has been pressure on private bed use in BLMK, though this has reduced recently to nine.
- Winter planning is underway, with updates due to the Board by 29 September, including work on vaccination uptake and community engagement as part of resilience planning.
- ELFT remains the only provider in both NEL and BLMK to report a surplus and be ahead of plan at Q1.

22.2 In discussion the Board:

- Commended the executives for their strong financial leadership and positive position compared with the wider system.
- Welcomed evidence of financial and service improvements aligning through GFGT, including reduced DNAs, shorter length of stay and embedded digital innovation. Received assurance virtual appointments are being actively considered though it is not appropriate to set a fixed target as their effectiveness depends on individual needs and conditions. It was suggested that further exploration of the balance between in-person and digital consultations, alongside the opportunities presented by group consultations be considered.
- Agreed there is a need to align financial reporting more explicitly with quality and people impacts, to demonstrate that GFGT delivers both value and improved outcomes. Suggested the FBIC could consider metrics to track both intended and unintended consequences. Noted the NHS nationally is talking about the need to show productivity gains and GFGT is doing that, so it is possible a change of language might be valuable.

- Cautioned that reductions in sickness absence must not be at the expense of staff wellbeing; the Freedom to Speak Up report was highlighted as an important complementary assurance source.
- Noted that while many “win-wins” are being achieved, some GFGT areas involve difficult choices, where openness about trade-offs will build trust.
- Agreed the importance of developing productivity and innovation metrics in line with national priorities.
- Emphasised keeping ELFT’s values, continuous improvement and PP at the centre of strategy and decision making ensuring finances, people and quality remain in balance.

22.3 Lorraine Sunduza:

- Emphasised the importance of the executive maintaining balance between value, quality and safety and people, acknowledging the ongoing tension between these priorities.
- Highlighted that GFGT reflects the need to work differently, requiring a cultural shift and new ways of leading and working with teams.
- Noted the opportunity to align this work with the NHS 10-Year Plan and the Trust’s upcoming strategy refresh.
- Stressed the need to avoid focusing on a single metric, instead using ELFT’s proven methodologies to drive meaningful change.

22.4 Eileen Taylor:

- Concluded that the Trust’s ability to keep “all the plates spinning” – quality and safety, people and value – is key to good outcomes.
- Encouraged ongoing transparency about challenges and reaffirmed that maintaining culture and values alongside financial strength will steer success.

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

23 Board of Directors Forward Plan

23.1 Noted.

24 Any Other Business

24.1 None.

25 Questions from the Public

25.1 None.

26 Date of the Next Meeting

26.1 • Thursday 25 September (London)

The meeting closed at 4.00pm

ELFT
Action Log Trust Board (Part 1)

BOARD OF DIRECTORS MEETING IN PUBLIC: Action log following meeting held on 25 July 2025

Ref	Meeting Date	Agenda item	Action Point	Executive Lead	Due Date	Status	Comments
408	25-Jul-25	CEO Report	Circulate 10 YHP comparative smmary	RF	25-Sep-25	Closed	Circulated 26 July 2025
409	25-Jul-25	Performance Report	Clarify/monitor if June data spike on missed appointments reflects telephone appointment activity	AS	25-Sep-25	In progress	Included in Sept performance report. Recommend action is closed
410							
411							
412							
413							
414							

In progress with delay
Closed
Forward plan
Not due

REPORT TO THE TRUST BOARD IN PUBLIC

25 September 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:

11 September 2025	Council of Governors Meeting
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Key messages

This report informs the Board of key points arising from the Council of Governors and members' discussions and the Chair 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.

1. Introduction

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

2. Chair's update

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

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

Patient and carer leadership

- 2.3. I am delighted to be able to share that the lived experience leadership within the North East London (NEL) Mental Health, Learning Disabilities and Autism Collaborative Committee has been further strengthened through recruitment to six deputy roles, advertised and appointed to during the summer. The deputies will support the four lived-experience members of the Committee and the broader work of the Collaborative. From ELFT, we welcome Amar Lodhia, Christabelle St John and Sana Mohamed. From NELFT, we welcome Corinne Zeiderman, Riley Marks and Kehinde Akinpelu. From the outset and in every meeting, our lived experience leaders have ensured that the voices and experiences of service users and carers have been central to the work of the Committee and, in so doing, have been integral to its effectiveness and impact.

Staff support and empowerment

- 2.4. On 10 September, I was pleased to have the opportunity to join the Trust Talk Live 'Big Conversation' session focusing on the refresh of our Trust Strategy. It was great to see so many members of staff at the session and to hear their ideas. Our staff are essential partners in shaping our future direction as a Trust and I've been delighted to see the engaging and inclusive approach being taken to our strategy development work.

Board effectiveness

- 2.5. I am delighted to welcome Vivek Chaudhri to his first Board meeting. Vivek joined ELFT as a Non-Executive Director (NED) on 1 September 2025. He brings more than 30 years of experience in digital transformation, with a particular focus on healthcare. He has held senior leadership roles in several global pharmaceutical companies, including Eli Lilly, Pfizer and Boehringer Ingelheim, where he led digital innovation and championed diversity and inclusion.
- 2.6. This is the last Board meeting of two long-serving and hugely valued NEDs, Aamir Ahmad and Anit Chandarana. Both have been members of the Trust Board for seven years and their third and final period of office ends on 31 October. Aamir has been a staunch advocate of service user involvement at the Trust and played a key role in initiatives including the carers' strategy, peer support and befriending. Anit has brought the benefit of many years of public service and invaluable expertise, providing wise counsel and bringing clarity to complex discussions. Both Aamir and Anit's contributions to ELFT have truly been significant and they will be greatly missed. As a Board, we wish them heartfelt best wishes for the future.
- 2.7. Aamir was also one of my Vice-Chairs and has been a great support to me personally – I've valued his wise counsel and steady presence. However, I am delighted that Alison Cottrell has agreed to take on the Vice-Chair (Bedfordshire & Luton) role and I am looking forward to working closely with her.
- 2.8. I would like to take this opportunity of congratulating Sam Everington, one of our long-serving Non-Executive Directors, on his appointment as a Non-Executive Director of NHS England and his election as the Provost (President) of the Royal College of General Practitioners (RCGP).

System leadership

- 2.9. On 11 September I attended the NEL Integrated Care Partnership (ICP) Steering Group where it was agreed that the focus of the ICP Board meeting on 9 October should be on examples of successful joint working with VSCE (voluntary sector and community enterprise) partners. I am proud that we have so many examples of successful collaboration at ELFT that demonstrably benefit the communities we serve. I plan to speak about the pioneering work taking place at our Barnsley Street centre that truly demonstrates the impact of successful collaboration at neighbourhood level.
- 2.10. I was also pleased on 11 September to join the first of a series of regular Chair and CEO between Barts Health NHS Trust, ELFT and NELFT. We focused during our discussion on the ways in which the needs of people with mental health needs receiving acute care can be most effectively met and the acute physical health needs of people receiving mental health inpatient care. We also discussed opportunities for potential collaboration to enable 'left shift' so that people can be cared for in the community wherever possible.

3. Council of Governors update

- 3.1. The Council of Governors ('the Council') met on 11 September 2025 in both private and public session.

- 3.2. I was honoured to remember long-standing Governor and Newham Champion, Cllr Neil Wilson, who sadly passed away unexpectedly and whose funeral was held on the same day as the Council meeting. In his long public service, Neil made a real difference to the people of Newham, and to those who use our services in the Borough. He will be missed by many.
- 3.3. CEO Lorraine Sunduza took the opportunity to outline the NHS Oversight Framework segmentation rankings that had been published two days previously. She advised that the new league tables would be discussed at the September meeting of the Board of Directors and there would be an opportunity for further review and discussion at a future Council meeting.
- 3.4. Executive Director of Integrated Care and Deputy CEO, Richard Fradgley, updated the Council on the achievements of our staff and service users after ten years working in Bedfordshire and Luton (B&L), stressing that ELFT is very much a B&L provider with deep roots in local services and local communities. Feedback from B&L Governors emphasised the improvements they themselves have noticed over the past ten years.
- 3.5. The meeting's strategic priority theme was "supporting independence in older adults" and we heard two excellent presentations from community health services in Bedford and in East London about improving discharge into community health from acute services. The data presented demonstrated that both projects significantly reduced the time between patients being assessed as medically fit and discharge into their supported home environment, reducing the risk of deconditioning. I was particularly pleased to note that both projects succeeded as a result of close working with system partners.
- 3.6. In their breakout rooms, Governors discussed the question: "What else should the Trust focus on to support independence in older adults?" Discussion themes included: listening to the wishes of and communicating well with service users; the importance of carers and their views; and seamless collaboration with system partners/multi-disciplinary teams. The potential role of the ELFT Charity was highlighted, in supporting activities that can help older adults to retain independence.
- 3.7. In their regular Membership Engagement Plan update, Governors received a progress report on the numerous engagement events that have taken place. In addition, there was an initial outline shared of how our approach may be refocused on *community* engagement, rather than the narrower focus of *membership* engagement, in line with the NHS 10 Year Plan.
- 3.8. In private session:
 - The Council received the summary of the Nomination and Conduct Committee's discussion regarding the annual performance review of the Non-Executive Directors (NEDS), noting that all NEDs continue to demonstrate their independence and meet the requirements of the Fit and Proper Persons Test. Governors thanked the NEDs for their valuable work and ongoing contributions, recognising the positive impact they have on the overall leadership of the Trust.
 - Mindful of the need to provide stability on the Board and continuity in challenging and turbulent times for the NHS, the Council approved the reappointment of Richard Carr from 1 November 2026 to 31 October 2027, and Prof Dame Donna Kinnair and Deborah Wheeler from 1 January 2027 to 31 December 2027.
 - Approved the appointment as of 1 November 2025 to the end of their respective terms of Alison Cottrell as Vice-Chair for Bedfordshire and Luton and Deborah Wheeler as Vice-Chair for London.

- 3.9. Governors also noted the Board's decision to extend the appointment of Richard Carr as Senior Independent Director in line with his third and final term of office.

4. NED visits

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

- Specialist Children and Young People's Services (SCYPS): including medical, speech and language, occupational therapy, looked-after-children and physiotherapy teams
- Specialist Children and Young People's Services (SCYPS): including community nursing, asthma, epilepsy, enuresis, dietetics, school nursing, continuing care and palliative care teams
- Bedfordshire & Luton Children and Young People's Mental Health Services

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

5. Action being requested

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

REPORT TO THE TRUST BOARD IN PUBLIC

25 September 2025

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

Purpose of the report

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

Key messages

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

Strategic priorities this paper supports.

Improved experience of care	☒	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

We have delivered £7.18m of savings which is £1.39m ahead of our plan. Although this is good news, risks remain around the delivery of our recurrent plans so our focus is on ensuring schemes forecast to deliver in quarter 3 remain on track. In the meantime, we are reviewing high impact workstreams with a focus on optimising our contracts.

As well as larger projects, we are reviewing other options too. For example, we have recently issued staff guidance on Away Days. It is important that teams have development time together so the guidance sets out ideas, activities and has information about spaces available internally that managers can book to keep costs down. We are

currently scoping Pharmacy procurement which has the potential to bring in substantial savings. Additionally, we are exploring three specific areas where we could collaborate at scale with North East London Foundation Trust to bring mutual savings and benefits. We are communicating with staff through our Going Further, Going Together bulletin to share progress and successful actions that could be adopted more widely.

2.2 CEO Meetings

Following earlier discussions on organisational structures, in July's CEO group, we focused on shaping the future operating model in line with the NHS 10-Year Plan and the ELFT Trust Strategy consultation currently underway. Clinical and operational leaders in the group reflected on the current environment and the rationale for change and considered the development of key design principles going forward. We explored the vastly different views and tensions that need to be addressed throughout the process. Participants also identified critical "red lines" and guiding principles to ensure the model would support consistency moving forward.

In our August CEO discussion group, we focused on preparations for the upcoming CQC Well-Led inspection, anticipated later this year, nearly four years after the last review. The inspection will assess two core services and the organisation's leadership through comprehensive staff engagement and expert interviews. We reflected on past CQC feedback, which highlighted a positive culture, and identified key areas to showcase such as enthusiastic staff, Quality Improvement initiatives, the implementation of PSIRF, improvements in supervision and training compliance, and progress in digital services and co-production. Challenges we discussed included staff concerns about organisational values amid cost-saving measures, burnout, and a growing sense of disconnection from the NHS despite strong commitment to their roles. The session also addressed the need for inclusive, transparent staff engagement, especially in light of varied participation across professional groups. Financial pressures and system-wide changes were acknowledged, with emphasis placed on reframing change positively and supporting staff through sensitive leadership scenarios. Finally, the complexities of inpatient safety and violent incidents were discussed, underlining the importance of collective ownership and drawing lessons from previous efforts in violence reduction.

In September I had a session to discuss the current context of social tensions with visible community divisions and rising reports of overt racism across the country. We reflected on how this impacted on us, our service user and wider communities. .. Given that a significant number of our workforce are from the global majority, we recognised the upset and, exclusion and even physical safety concerns that colleagues may feel especially those who are lone worker entering people homes— whether through clinical interactions or even interactions between colleagues. We considered our responsibilities as leaders not only to create safe spaces for open dialogue, but also to ensure practical day-to-day support for staff navigating these realities. The conversation reinforced that our focus must be twofold: addressing the impact of the external environment on our people, and owning the impact of our own organisational practices, so that we continue to live our values of safety, respect and equity for all.

2.3 People Participation Awards

I was delighted to join our People Participation Awards event on 7 August to recognise service users and carers from across East London, Bedfordshire and Luton. This annual event shines a spotlight on the vital work of people with lived experience across the Trust and are a powerful reminder that those with lived experience are not just recipients of care, but partners in shaping it. We are indebted to our service users for generously sharing their insights to help us work together to grow, improve, and provide truly compassionate care. ELFT service users are involved in everything from interview panels, service improvement programmes, supporting other service users and participating in training to getting involved with Quality Improvement (QI).

2.4 **Staying Safe from Suicide Guidance**

The theme for World Suicide Prevention Day 'Changing the Narrative on Suicide'. This theme calls on us all to challenge harmful myths, reduce stigma, and foster open, compassionate conversations about suicide. It is about shifting from silence and misunderstanding to openness, empathy, and support to create environments where people feel able to speak up and seek help. The government's Staying Safe from Suicide Guidance published in April aims to address this. Changing the narrative also means driving systemic change. It calls for suicide prevention and mental health to be a priority in public policy, urging governments and institutions to take action. This includes developing and implementing evidence-based strategies, improving access to quality care, and ensuring that those in distress receive the support they need.

2.5 **Therapeutic Engagement and Observation**

The Trust embarked on Quality Improvement project in September 2022. Phase 1 of this work focussed on developing robust systems of work to ensure observations were being completed as prescribed and that any gaps or omissions were reported and this data contributed to ongoing learning and improvements. Three change ideas were agreed to be introduced into standard practice. These included the board relay, zonal observations and the introduction of the Life Skills Recovery Worker roles in addition to safer staffing requirements on wards. In parallel, a review of the training provided to staff and systems for oversight on compliance with this was developed. The Inpatient Safety Suite was introduced and includes all essential training for inpatient safety. Training is accessible and compliance trackable using the Trust ELA system.

There has been a review of some of the systems of work that supports therapeutic engagement and observations. This has included developing standards for the nursing handover, the function of the supportive night visits and co-producing therapeutic engagement and observations standards of care.

Phase 2 of the improvement work started in March 2025 with 10 pilot wards signed up to developing our therapeutic engagement offer and reducing the use of unnecessary enhanced observations. This work is being done collaboratively with colleagues from our Recovery Colleges and People Participation to capture service user feedback.

The Trust engaged in the NHSE 90 day collaborative looking at Enhanced Therapeutic Care. From this, there were useful suggestions around data capture that we have adopted using coding and a Power App to help understanding of the volume of observations being undertaken and the effectiveness of the administration of observation practice..

3.0 **NHS Oversight Framework**

NHS England (NHSE) has introduced a new National Oversight Framework (NOF) that categorises NHS trusts and ICBs into five segments. A segmentation score of 1 represents the highest-performing organisations, while Level 5 indicates those requiring the most intensive performance support. A key rule is that any trust reporting a financial deficit cannot be rated higher than Level 3. According to the latest Q1 data, ELFT has been rated in segment 3. This means our performance is in line with most other NHS providers. For more detailed information, please refer to the Performance Report

Each Trust's/ICB's segment is determined by its performance against metrics spanning six core standards linked to the NHS national priorities: access, effectiveness and

experience, patient safety, people & workforce, finance and productivity. Learning from this year and a broader review will follow in 2026/27, to align the NOF with the new ICB model and the 10 Year Health Plan's priorities.

4.0 Provider Capability Assessment

As part of the 2025/26 NHS Oversight Framework, NHSE has introduced a formal Provider Capability Assessment process to support a more transparent and consistent approach to evaluating trust performance and leadership. All NHS trusts are required to complete an annual self-assessment against six core domains aligned to national leadership and governance standards:

- Strategy, Leadership and Planning
- Quality of Care
- People and Culture
- Access and Delivery of Services
- Productivity and Value for Money
- Financial Performance and Oversight

The assessment is designed to strengthen board-level self-awareness and assurance, and to support continuous improvement by highlighting where trusts can enhance capability. It also provides NHSE with a consistent, system-wide view of organisational maturity to inform regulatory oversight and support needs. Trusts must submit their completed self-assessment and supporting evidence to NHSE regional oversight teams within eight weeks of receiving the guidance, with final submissions due by 22 October 2025

Boards are expected to identify areas where standards are not fully met, explain the underlying reasons and outline remedial actions with clear timescales. NHSE will then triangulate this self-assessment with independent evidence sources such as CQC ratings, ICB feedback, staff and patient data in order to assign a capability rating: green (criteria fully met, strong and sustainable delivery capability), green-amber, amber-red or red (criteria largely unmet, high concern and intensive external oversight required).

This structured approach is designed to drive credibility, transparency and continuous improvement. It complements existing governance requirements such as the annual governance statement and reinforces the wider priorities of the 10 Year Health Plan, including digital maturity and system-wide service transformation. The Trust is embedding the self-assessment within existing governance and assurance processes creating an aligned and efficient approach that strengthens oversight, builds on existing evidence and supports continuous improvement.

5.0 Integrated Care System (ICS) and Provider Collaborative Updates

- 5.1 The Department of Health & Social Care has confirmed that a new "Central East Integrated Care Board", bringing together BLMK ICB, Cambridgeshire & Peterborough ICB, and the Hertfordshire footprint of Hertfordshire & West Essex ICB, will come into effect on 1/4/26. The new organisation, set to serve 3.2 million people, will be one of England's largest ICBs.
- 5.2 In advance of the full merger of the ICBs, cluster leadership and governance arrangements are currently being stood up, it has been announced that Robin Porter, current Chair of Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMK ICB), will lead the area's future re-organised ICB.
- 5.3 BLMK ICB is in the process of developing the final draft case for change for the transforming community and mental health services programme, which it is intended will

be tabled at the 26 September Integrated Care Board meeting. Alongside this, the ICB is finalising a "Hospital Opportunities Assessment", a diagnostic which includes within its scope opportunities for left shift. The ICB is working to ensure the two pieces of work are aligned.

- 5.4 The Trust continues to work closely with ICB and East of England regional partners at this time of significant change for ICB colleagues, including with regards to the recently published Planning Framework for the NHS in England.
- 5.5 In North-East London, NHSE have confirmed that Dame Marie Gabriel will continue as Chair of North East London Integrated Care Board (NEL ICB) and Integrated Care System (ICS). Marie is a strong advocate for the area and her continued leadership will provide valuable stability in the months ahead. Zina Etheridge, the current CEO, has announced that she will leave in due course, and recruitment to the role has recently started. Zina has been an exceptional system leader, and a strong advocate for mental and community health services since she came into post, and I wish her very well for the future.
- 5.6 The Trust continues to work closely with NEL ICB colleagues during this period of transition, and in particular with regards to the recently published Planning Framework for the NHS in England.

6.0 Operational Update

- 6.1 ELFT, similar to many other mental and community health providers, continues to experience sustained demand pressure across both acute and community pathways, with high numbers of patients presenting to emergency departments (ED) and fluctuating volumes of ED waiters for mental health assessment and where needed admission. Efforts to minimise waiting times have focused on collaboration with acute partners and enhancements to internal triage and crisis response teams. Within community services, Urgent Community Response (UCR) 2-hour work has enabled rapid access, delivering timely interventions for those at risk of hospital admission and supporting discharge, which is helping to alleviate demand on acute settings and improve patient flow in Tower Hamlets and Newham CHS and Bedfordshire Community Health Services. Despite these pressures, operational teams remain committed to maintaining safe, reliable care and improving pathways for service users.

6.2 Industrial Action and Service Impact

During July and September a number of industrial actions affected staff, patients, and services in different ways. Strikes by GFM Facilities staff took place at the Newham Centre for Mental Health (1–5 and 15–21 September), centred on NHS pay and conditions parity for colleagues employed by the contractor. Contingency plans were enacted in partnership with Estates and Clinical teams, ensuring safe service continuity despite increased pressure on staffing.

Alongside this, the wider NHS has been managing the implications of resident doctor industrial action, co-ordinated nationally by the BMA. The most recent strikes led to disruption across all NHS services, with thousands of appointments postponed and services required to prioritise emergency and high-acuity care. While impact varies between providers, such national action has a system-wide effect, and ELFT continues to prepare in line with sector guidance for any potential further strikes, expected to remain a risk into early 2026.

In the same period, London Underground strikes presented additional challenges for staff and service users in travelling to and from sites. Many colleagues demonstrated extraordinary commitment making significant adjustments to long journeys or stepping in to cover for those unable to travel.

I would like to place on record my gratitude to all staff who went above and beyond to maintain continuity of care and support for patients and one another during this challenging time of Industrial Actions.

6.3 **Flu Campaign**

We are making preparations for the rollout of our 'Roll up! Roll up!' Staff Flu vaccination campaign to get as many staff as possible vaccinated. It is easy to be complacent about influenza but it is a very unpleasant illness that can be extremely serious if passed on to vulnerable patients we care for, and our colleagues. High sickness rates can seriously affect our staffing levels and ability to provide good quality timely care. This forms part of our winter planning. We will also take steps to encourage and support vaccination among our service users, with particular emphasis on ensuring that inpatients are offered the flu vaccine while they are with us.

7.0 **Connecting with Teams**

Trust Talk Live Webinars

We have introduced a new programme of monthly all-staff webinars, Trust Talk Live, as an additional channel for colleagues from across all services and geographies to engage directly with the senior leadership team. The programme is led by me, with each session focusing on a strategic topic introduced by an executive director. Other members of the executive also attend to contribute and respond to staff questions. The purpose of Trust Talk Live is to strengthen two-way communication, ensuring staff have the opportunity to hear about key challenges and opportunities, and to share their insights and ideas. Early sessions have already highlighted the depth of innovation, reflection, and commitment within our workforce, reinforcing that the Trust remains a place where people want to work and to make a difference. It is our intention that Trust Talk Live becomes a regular monthly platform for open dialogue, helping to foster transparency, engagement, and a shared sense of purpose across the organisation.

The first webinar in July was held following confirmation from Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMK ICB) that our contracts to deliver community and mental health services will be extended for a further two years from April 1 2026. Together, we discussed work by the ICB with ELFT, other providers and partners to consider how community and mental health services will be commissioned in the future.

Our August Trust Talk Live webinar was a discussion about the Staff Experience for colleagues across services and geographies, from wellbeing and professional development through to inclusivity and equity.

The Big Conversation was the topic for the September session, with colleagues asked for their opinions on questions from what we do well as a Trust to what our priorities should be for the future. This was part of our programme to refresh the Trust strategy.

7.1 **Wellbeing Games**

Over 600 people from across Bedfordshire and Luton attended a free jam-packed day full of various activities at John Bunyan Sports and Fitness in Bedford. The event was organised jointly by the Trust and leisure centre provider GLL with the aim of promoting the physical and mental benefits of sports and activity for people of all ages who live across Bedford Borough, Central Bedfordshire and Luton Borough. Along with sporting activities, healthy fruit platters were provided to guests, along with health assessments for those who wished to have one done. The event generated outstanding feedback from attendees.

7.2 **UK Black Pride**

Our LGBTQIA+ Staff Network and RaCE Network hosted a stall at UK Black Pride 2025 at the Queen Elizabeth Olympic Park in Stratford on 10 August. Their stall attracted a high level of engagement by offering games, puzzles and conversation. It was an opportunity to talk about psychological therapies and talking therapies with passers-by. ELFT are proud to support UK Black Pride and show that we stand with LGBTQIA+ people of colour.

7.3 **Forthcoming Staff Awards and Ceremony 2025**

I am looking forward to our annual Staff Awards event taking place on 16 October. This is an important event on the ELFT calendar and a great opportunity for us to come together in person to celebrate excellence and simply to catch up. And for our external partners to meet some of our staff and hear about their work and impact.

I am grateful to social enterprise Compass Wellbeing CIC for funding the event in support of staff wellbeing. We debated whether to hold a Staff Awards event this year in the current financial context. However, a poll of staff revealed an appetite to hold an in-person event so we have proceeded with modifications to reduce costs. Congratulations to everyone (over 400 staff) who has been nominated.

8.0 **Psychological Professions Away Day**

I was pleased to attend the recent Psychological Professions Away Day, which brought together colleagues from across the Trust to reflect on their contribution and future direction. The event highlighted the pivotal role these professions play not only in delivering therapy, but also in driving innovation, supporting integrated neighbourhood care, and shaping our wider strategy. The discussions were thoughtful, creative, and solutions-focused, reinforcing how central psychological perspectives are to tackling inequalities, improving outcomes, and sustaining staff wellbeing. It was an inspiring reminder of the depth of expertise we have within the Trust and the importance of supporting these professions to continue leading change. It was also my opportunity to thank Dr. Ravi Rana for her leadership and wish her well as she retires end of this month.

9.0 **ELFT People Updates**

Appointments

9.1 **Service Director for Children's & Specialist Services**

Congratulations to George Chingosho who has been appointed Interim Service Director for Children & Specialist Services. George is currently the Associate Director of Patient Safety and Quality, Inpatient CAMHS and Alternatives to Admission, and will take up the post on 1 October 2025. A structured handover has taken place during September. His immediate focus will be a safe transition of leadership, maintaining quality while managing demand, while strengthening pathways across CAMHS, children's community health, talking therapies and drug and alcohol services.

9.2 **Director for Psychological Professions**

Congratulations to Dr Patricia Potter who has been appointed as Director of Psychological Professions for ELFT. Patricia trained in East London in the 1990s and held a number of roles working with groups often marginalised or excluded from psychological and other services (homeless outreach). She worked in one of the first CMHTs in Tower Hamlets offering psychological therapy for people with psychosis and was involved in setting up our first early intervention service. Throughout her career she has championed services to ensure that they are accessible and acceptable to all residents. She chairs the London region Clinical Reference Group for psychological therapies for severe mental health problems.

9.3 **Joint Director for Corporate Governance Appointed**

We are delighted to welcome Marie Price who has been appointed to the joint role of Director of Corporate Governance for both ELFT and North East London NHS Foundation Trust. (NELFT) from 13 October. Marie is a local resident with deep familiarity of both trusts and who brings a wealth of public sector experience spanning ICBs, local government and the acute sector.

Marie joins us from her role as Director of Corporate Governance at Chelsea & Westminster NHS FT having previously held senior governance roles including the Director of Corporate Affairs at North East London Health & Care Partnership and prior to that, for the North East London Care Commissioning Group. This experience equips her with significant knowledge and insight that will be invaluable to both trusts. As ELFT and NELFT continue to work closely together, the decision to establish a joint governance role reflects our commitment to greater synergy, greater alignment and shared learning.

We said farewell to Cathy Lilley, our previous Director of Corporate Governance, at the July Board. Cathy has steered the Trust Board and provided counsel and challenge. She has guided us in ensuring that we meet the requirements of the NHS constitution and the legislative criteria that all public bodies must observe. She is also an excellent baker so we are pleased that she has only semi-retired and that she, and her delicious cakes, will continue to have a presence in the Trust.

Director Retirements

9.4 **Sarah Wilson, Director of Children & Specialist Services**

I want to pay tribute to Sarah Wilson, our outgoing Director of Children & Specialist Services who is retiring. Sarah has had a long history with Trust services and predecessor organisations (apart from a four-year interlude when she worked in Bristol.) She started her career in human resources in Tower Hamlets in 1988 before moving into operational management. She has provided outstanding leadership in child and adolescent services, talking therapies and addiction services in East London and then also in Bedfordshire & Luton since 2015. Her insight, and calm and thoughtful management brought stability, and enabled these services to manage high demand and change to support the vulnerable families they care for.

9.5 **Dr Ravinder (Ravi) Rana, Director of Psychology**

We say farewell to Dr Ravinder (Ravi) Rana as she steps down as ELFT's Director of Psychology, a role she has held for 11 years. Throughout her tenure, Ravi focused on developing a more holistic and integrated approach to care, highlighting the critical role of psychology beyond the confines of therapies. Looking to empowering service users and expanding collaboration with local communities, she sought to establish a workforce that reflects the cultural and ethnic make-up of those communities.

Working with colleagues nationally, she was instrumental in creating a new workforce through an apprenticeship route: the Clinical Associate in Psychology. (CAP) This award winning project was successful in bringing in prospective therapists and psychologists to ELFT from BAME backgrounds who may not previously have considered this an option. For five years Ravi also developed and led the Allied Health Professional (AHP) workforce across the Trust until the creation of a Director of AHPs in 2023. Most recently, Ravi launched the ELFT Psychological Professions Network to foster shared learning and collaboration opportunities.

9.6 **Dr Cathy Lavelle, Medical Director for CAMHS**

Dr Cathy Lavelle, Medical Director for CAMHS, is to retire at the end of September from her role in ELFT. However, she will continue with her other role as Medical Director for the NCEL CAMHS & Perinatal provider Collaboratives – commissioning Tier 4 provision

Cathy has championed the needs of children and young people, guided and supported initiatives that provide support to families such as development of the mental health in schools teams, skilling-up school staff to prevent and manage self-harm and setting up training programmes to better equip parents and other professionals. She oversaw the opening of the Evergreen in-patient Unit in Luton, development of CAMHS Home treatment teams, DBT services and Intensive Eating Disorder pathways across ELFT and more widely across NCEL. She is the national co-clinical lead for the CAMHS Provider Collaborative network and has been a national advisor and steering group member for the NHSE Clinical Reference Group for In-patient CAMHS since 2022.

- 9.7 I am personally grateful for the counsel that all these Directors have provided to the Trust board and to me personally. They have been inspirational leaders in their fields. Our workforce has grown and flourished under their watch. We wish them all the best in this next phase of their lives.

10.0 **Visitors to Our Services**

10.1 **ELFT's Largest Work Experience Student Placement**

Sixth form students from across East London have taken part in the Trust's largest work experience week. The week, held from 14-18 July, was organised to give young people from communities supported by the Trust an opportunity to learn about different roles in ELFT. The aim was to provide young people with a vital opportunity to explore different careers, build new skills and grow in confidence. It was also an important way for the Trust to inspire future talent and open pathways into health and social care, an important population health commitment for the Trust.

The week provided students with a supportive and structured experience. Alongside shadowing placements in areas such as psychology, pharmacy, communications and SCYPS (Specialist Children and Young People's Services), the students took part in a careers fair, CV writing sessions and an interactive, skills-based activity to help them prepare for future opportunities. The feedback from the students was extremely positive.

10.2 **The Queen's Institute Director of Nursing, Steph Lawrence MBE, Visits SCYPS**

Newham's Sick Children and Young People Services hosted a visit from Steph Lawrence MBE, Director of Nursing and Deputy Chief Executive at The Queen's Institute. She was struck by the complexity of the care provided and the challenges the team faces but also commented on the smiles of staff and their huge commitment to their patients and families. She noted their "essential work in the shift from hospital to community care happening over the borough and beyond." She was impressed with their strong focus on proactive preventative care. Steph had the opportunity to interact with children, young people and their families during her visit.

11.0 Other Service Updates

11.1 Global Mental Health Partnership Visit

In July 2025, nurses from the Education Team, Lucia Vambe and Dr Kuda Dimbi, travelled to Zimbabwe to deliver training, mentor clinicians, and support sustainable supervision in three hospitals. This work is part of an innovative programme that uses the World Health Organisation's Mental Health Gap (mhGAP) tools to embed mental health sustainably into primary care, oncology, and other health services, helping to expand access to essential care through a new long-term partnership.

This work is led by ELFT Global Health Director, Dr Nick Bass, and Ingutsheni Hospital CEO, Dr Mawere, bringing together NHS expertise and Zimbabwean leadership. This partnership is close to my heart, so I extend my special thanks to Global Health Partnerships (GHP) for their invaluable support in making this collaboration possible, and to the UK Foreign, Commonwealth and Development Office (FCDO) for grant funding for the project.

11.2 Family Fun Day for Disabled and Sick Children in Newham

The Newham Specialist Children and Young People's Service (SCYPS) held a Family Fun Day in West Ham Memorial Park opposite West Ham Lane Health Centre, before the start of the school term. The day brought together key agencies from the voluntary and charitable sector that focus on supporting family life, and fun activities for children and siblings. The aim of the day was to reduce isolation, generate opportunities for families to meet other families for peer support, and ... to have fun. I want to thank the SCYPS team for always thinking of the impact on the whole family of having a sick or disabled child, and endeavouring to find novel ways to support them.

11.3 Barnsley Street Pilot Featured in National Media

Following on from its launch on 17 July, the work of the newly opened Barnsley Street Neighbourhood Mental Health Centre has garnered media coverage by the BBC and other media providers. Additional publications that covered the launch included Nursing Times, the East London Advertiser, National Health Executive and Healthcare Leader.

Tower Hamlets was one of six areas across the country chosen by NHS England to trial new 24/7 centres to prevent hospital admission and A&E contacts, when early support could provide better care and treatment. Our pilot is the first of the six to be operational.

11.4 Forensic PD Violence Management Approach

Colleagues from ELFT worked together with four other London trusts and four prison services to test a novel response format for assessing risk of future violence using the HCR-20. This is a structured, professional judgement tool to assess the risk of future violence of individuals in a healthcare setting.

Dr Phil Minoudis, a Consultant Clinical Psychologist at ELFT and the Joint Chair of the London Pathways Partnership (LPP), led the project. The LPP is a collaboration between ELFT, Oxleas, South London and Maudsley, Central and North West London and North London NHS Foundation Trusts, delivering the Offending Personality Disorder pathway in London.

A report was commissioned by the LPP to improve the sensitivity of detecting change over time on the HCR20. 225 service users were evaluated across prison and forensic mental health settings. The project team compared the performance of the two rating scales for the HCR20 in terms of validity and reliability. The results were positive. Findings showed that ratings using the novel response format had equal or better results in terms of reliable assessment of violence potential.

11.5 Health Care Assistant Recruitment Events

The Trust held two recruitment events in East London for local people interested in working as a health care assistant. These were really well attended (140 people) generating 50 job offers. This role can often be the beginning of a life-long career in health and social care so I hopeful this might be the first stepping stone for many. Further events are planned for Luton and Bedfordshire in late October/early November.

11.6 Upminster Medical Centre Closes

On 29 August, GP services at Upminster Medical Centre were consolidated with Rainham Health Centre. ELFT's contract draws to an end on 30 September 2025. When ELFT took over in April 2024, the two practices were already under one contract, so this merger was expected.

12.0 Awards and Recognition**12.1 Seven New Queen's Nurses for ELFT**

The prestigious title of 'Queen's Nurse' (QN) has been awarded to seven Trust colleagues by nursing charity The Queen's Nursing Institute. Congratulations to: Aileen Anonuevo, Greta Barnard, Lynnette Chaplin, Simone Mingay, Amal Missa, Kelly Rimmer, and Nazimah Shipkolye are now Queen's Nurses. The title is not an award for past service but indicates a commitment to high standards of patient care, learning and leadership. Nurses who hold the title benefit from developmental workshops, bursaries, networking opportunities, and a shared professional identity.

12.2 Tower Hamlets Together Awards

More than 500 people gathered for the annual fair in Mile End Hospital Gardens on Tuesday 15 July. The event included the Tower Hamlets Integrated Care Awards presentation, organised to recognise the work of services in improving the health and wellbeing of people across the borough. ELFT received three awards and was highly commended in one category. Congratulations to all the teams:

Creative Wizard Award for Creativity and Innovation

Joint winners: Admission Avoidance and Discharge Service, Reablement Service, and Community Therapy Teams at ELFT; and Tower Hamlets Foot Health - Homeless Outreach

Building Bridges Award for Partnership Working

Highly Commended: QI Project Team Improving Communications between ELFT and GP Teams

Bullseye Award for Person-Centred Care

Winner: Complex Emotional Needs and Complex Trauma Team (CEN/CT Team) at ELFT

Visionary Award for Collaborative Leadership

Joint winner: Mohammed Al-Mahfuz Practice Manager at Health E1

12.3 ELFT Teams Shortlist in Health Service Journal Awards

A number of teams have been shortlisted in the Health Service Journal Awards. They are:

- Healthier Wealthier Families Programme
- Newham Community Integrated Mental Health Service North Team
- The Pathways App Team of occupational therapists and service users.

12.4 Newham Nurse Shortlisted in BAME Health and Care Awards

Sihle Malapela, Lead Advanced Nurse Practitioner at the Newham Transitional GP Practice, has been nominated in the 'Nurse of the Year' category for the upcoming BAME Health and Care Awards. Sihle has been praised for her outstanding leadership and for going above and beyond to deliver high-quality care to some of Newham's most excluded communities.

12.5 ELFT Staff Member Shortlisted in Mental Health Social Worker of the Year Awards

Simona Calzavara is one of six finalists in the Mental Health Social Worker of the Year category in recognition of her work in building positive relationships with service users and their families. Simona works as a Forensic Social Worker at the John Howard Centre, ELFT's medium-secure unit providing specialist psychiatric services. She has worked in social work for over 20 years, spending time in early intervention psychosis, substance misuse and community mental health.

13.0 Action Being Requested

13.1 The Board is asked to:

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

REPORT TO THE TRUST BOARD IN PUBLIC
25 September 2025

Title	Audit Committee Meetings held on 11 September 2025 – Committee Chair’s Assurance Report
Board Lead	Anit Chandarana, Non-Executive Director and Chair of the Audit 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 Audit Committee meeting held on 11 September 2025.

Key messages

Internal Audit Progress

The committee welcomed the solid progress against the internal audit plan with multiple audits advancing towards completion, reflecting good engagement and oversight.

- Draft reports for CQC inspection readiness and waiting list management have been issued and are being finalised
- Four audits are currently in progress with satisfactory participation from relevant teams
- Scopes for the forthcoming disciplinary and supply chain cybersecurity audits have been agreed with work scheduled to start later this month
- Seven audit actions have been completed and closed; six HR-related management actions remain active with revised target dates
- The committee deliberated on best practice relating to terms of reference for individual audits concluding that the current oversight structure remains fit for purpose
- Concerns were raised about overdue management actions relating to raising concerns, appraisal and supervision reports. The committee requested that Executive leads provide contextual updates and assurance on overdue and revised-date actions, particularly related to appraisal and supervision
- The committee requested clarity on contingency planning for the Freedom to Speak Up Guardian mitigating single point of failure risk.

External Audit Progress

The committee was reassured by continued improvements in the external audit process and readiness for upcoming audit cycles.

- A positive review of the 2024/25 audit cycle highlighted better project management and stakeholder communication aiding in early financial statements submission
- Planning and resourcing for the 2025/26 audit are progressing well with engagement letter and fee agreed
- Discussion on the Trust’s preparedness for enhanced climate change financial reporting requirements with assurance work in progress. The committee requested confirmation that systems and processes are in place to comply with new climate change financial disclosure requirements.

Counter Fraud Progress Report

The committee was assured by the satisfactory progress made in readiness for the Failure to Prevent Fraud Offence, including engagement with directorate management to ensure compliance.

- Majority of directorate teams have been engaged on the new offence with remaining meetings scheduled
- Update on outstanding counter fraud recommendations expected for the next committee meeting
- Discussion highlighted the need for a more effective feedback mechanism to confirm knowledge retention and embedment following counter fraud training
- The relevance and continuation of long-standing overdue actions were questioned, highlighting the need for ongoing review with clear decisions whether to retire or continue each action with outcomes to be reported to the next meeting

- The committee requested implementation of a more robust feedback system for counter fraud training, considering mandatory feedback forms or interactive session components

Deep Dive: Board Assurance Framework (BAF) 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: The Trust does not manage its commissioning responsibilities and associated risks as a lead provider and/or collaborative commissioner.

The committee commended the quality of the comprehensive deep dive on key strategic risks related to population health, integrated care delivery, partnerships and commissioning arrangements, acknowledging the inherent complexity and challenges. The review underlined the ongoing balancing act between internal capability building and external environmental pressures, with assurance provided that risk tolerance levels will be kept under active review in response to the evolving NHS landscape.

- Complexity of integrated care delivery acknowledged alongside challenges of multiple partnership dependencies across statutory bodies operating within a competitive NHS environment
- Recognition of positive outcomes in CAMHS and perinatal collaborations despite structural changes and impending ICB merger-related uncertainties
- Further strategic consideration needed of the gap between risk appetite and risk tolerance, especially given limited resources and a deliberate choice to accept higher tolerance levels
- The interdependency between internal risks (Risk 1) and external factors (Risk 2) was acknowledged, with emphasis on ensuring external pressures do not undermine internal risk management
- Assurance was received that the risk tolerance for external partnership risks (Risk 2) will be reviewed in light of increasing external challenges.

Board Assurance Framework

- The committee noted continued progress on BAF actions and an ongoing review of risk tolerance aligned with the refreshed Trust strategy, and recognised the interconnected nature of emerging issues
- Assurance provided that operational risks are effectively linked to the BAF ensuring that potential impacts on strategic risks are monitored and managed through a structured risk escalation process
- The committee requested further work to clearly illustrate gaps between risk appetite, tolerance and assurance scores, with a fuller report to be provided at the next meeting.

Losses, Special Payments, Waivers, and Procurement Update

The committee welcomed the detailed report showing no adverse trends and continued commitment to procurement compliance and risk management.

- Historical data categorisation issues have been corrected with no significant loss or special payments trends identified for the current year
- Procurement activity compliant with policy; no waivers or breaches during the period
- Ongoing development of targeted procurement training and system upgrades post-outage
- Recognition of procurement team resilience despite operating with reduced staff numbers, pending transition to a shared service model. The committee requested the monitoring of procurement resourcing levels during the transition period with updates to the committee as necessary.

Provider Capability Assessment

The committee was assured by the structured and integrated approach to the NHS England Provider Capability Assessment which covers six leadership competency domains and requires detailed narrative evidence and ratings within a defined timeline. The assessment will triangulate with existing governance, audit and regulatory reviews to avoid duplication and provide comprehensive assurance. Clarity was provided on the subsequent NHSE regional review process and the implications of the assessment outcomes for provider licence status. A Board workshop will include focused discussions to enhance understanding and consideration of the assessment's assurance impacts.

Audit Committee Effectiveness Review

Members agreed that the committee operates with a strong culture of open and respectful challenge, effective leadership and balanced member participation, providing robust assurance through constructive, fair challenge and a safe environment that encourages honest discussion and continuous improvement. Membership skills and meeting structures support thorough oversight, while ongoing improvements focus on enhancing cross-committee assurance and best practice sharing. The Chair's leadership encourages inclusive, collaborative discussions, helping the committee support management and discharge its governance role confidently.

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

REPORT TO THE TRUST BOARD IN PUBLIC 25 September 2025

Title	Quality Assurance Committee (QAC) on 1 September 2025
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 1 September 2025.

Key messages

Emerging Issues

The committee received updates on several serious incidents involving service users including suspected homicides and was assured that investigations are being conducted thoroughly with multi-agency involvement and independent oversight. Findings will be used to inform learning and improve system responses.

- Key points covered:
 - Four serious incidents involving service users were discussed including suspected homicides and a death following absconson from an inpatient ward
 - A thematic analysis of homicides from 2012–2025 was presented showing no increase in frequency or clustering
 - Most incidents involved community patients with psychosis and/or substance misuse
- Challenges, areas for improvement and action:
 - Missed opportunities for detention in one case highlighted gaps in risk escalation and decision-making
 - Inconsistencies in homicide data reporting between FOI responses and internal data. The committee emphasised the importance of having a single reconciled dataset for all external and internal reporting noting a clarified dataset together with explanations for any discrepancies will be issued
 - Ethnicity data was incomplete limiting the depth of analysis; ethnicity data recording and analysis will be reviewed and improved
 - A deep dive report on homicides will be presented to the next meeting.

Integrated Patient Safety Report Q1

The committee received assurance on safety performance and data cleansing efforts, particularly around Duty of Candour, mortality reporting and pressure ulcer reporting. Improvements are under way to ensure consistent and accurate data.

- Key points covered:
 - Over 2,000 incidents lacked completed Duty of Candour fields; now reduced to under 500.
 - Thematic review of homicides presented.
 - Mortality data discrepancies identified
- Challenges, areas for improvement and action:
 - Inconsistent reporting across systems
 - Mortality figures and benchmark against national data to be clarified
 - Ethnicity data gaps limit analysis; ethnicity data recording and analysis to be improved.

Winter Planning

The committee reviewed the Trust's winter plan covering mental health, community health and primary care services and was assured that it reflects lessons learned from previous years, includes system-wide coordination and addresses key risks. The Board Assurance Statement is being finalised for submission to NHS England and will be circulated for comment.

- Key points covered:
 - Enhancements include crisis lines, crisis houses and discharge-to-assess pathways
 - Risks such as industrial action are identified with mitigation strategies in place

- Challenges, areas for improvement and action:
 - The plan lacked explicit references to internal and system forums where it had been tested and stress-tested; the committee requested the plan be updated accordingly prior to submission.

NHS Oversight Framework and Provider Capability Assessment

The committee was briefed on the Trust's movement from segment 2 to segment 3 in the NHS Oversight Framework (NOF) and on the new NHS England (NHSE) Provider Capability Assessment (PCA). Assurance was provided that the executive is preparing responses to the PCA for Board review and sign-off.

- Key points covered:
 - NOF: Segment change was driven by access indicators including long waits in community health and CAMHS access, despite good performance on restrictive practice. The impact of national data definitions and exclusions on reported access rates were noted
 - PCA: The PCA requires NHS trust boards to complete an honest and reflective annual self-assessment across six key domains including the quality of care to demonstrate self-awareness of both strengths and gaps which then informs the level of external oversight and support the Trust receives.
- Challenges, areas for improvement and action:
 - NOF: National metrics exclude certain local data, creating discrepancies in reported performance; the new assessment process is unfamiliar and expectations are still being clarified.
 - PCA: The committee stressed the importance of honest self-appraisal and the potential risks of over or understating capability. The Executive team will complete the self-assessment and present it to the Board. A Board workshop will be held to review and test the responses.

Deep Dive: CAMHS and SCYPS

The committee received a detailed presentation on CAMHS and SCYPS, that included service challenges and transformation efforts. Assurance was provided on quality improvement initiatives, leadership development and co-production with service users.

- Key points covered:
 - Waiting times for autism assessments remain high, especially in Newham
 - QI projects have reduced waits in some areas; efforts are under way to spread best practice
 - Transformation work is addressing financial viability and service consistency
- Challenges, areas for improvement and action:
 - Estates and digital infrastructure are limiting service delivery
 - There is a need for robust clinical leadership succession planning
 - Current outcome measurement does not fully reflect service impact
 - Core service offers across boroughs to be defined and standardised
 - Outcome measurement through co-production to be developed
 - Digital access to be improved and optimise estate usage.

Deep Dive: Addictions Services

The committee was assured of the quality and innovation within the addictions services with strong integration across systems and effective responses to emerging risks. The service is performing above national averages and is well embedded in local pathways.

- Key points covered:
 - Services operate from two hubs and support around 1,200 patients
 - Innovations include hospital liaison, joint hepatology clinics and a women's-only service
 - Outreach to rough sleepers and criminal justice services is extensive
 - There is a need to maintain integration with community and primary care services
- Challenges, areas for improvement and action:
 - Recruitment challenges in psychology and psychiatry
 - Financial pressures from Buvidal prescribing
 - Estates constraints limit expansion
 - Decisions and Requests for Action:
 - Continue strategic planning to address workforce and estate challenges.

Primary Care Exit Update

The committee received assurance that the Trust is managing the exit from primary care practices effectively, maintaining service continuity and supporting staff throughout the transition.

- Key points covered:
 - Several practices have closed or merged; others are pending handover
 - Staff have been supported and clinical roles remain covered.
 - Community engagement events have kept patients informed.
- Challenges, areas for improvement and action:
 - Financial negotiations with ICBs are ongoing, particularly around redundancy and transition costs
 - Service outcomes are being monitored and also reported to the Finance, Business & Investment Committee (FBIC) and People & Culture Committee.

SIRO Annual Report

The committee was assured of progress in information governance and digital, including Data Security & Protection Toolkit (DSPT) compliance and cyber resilience improvements and noted staff engagement and third-party risk management are being strengthened.

- Key points covered:
 - DSPT compliance under new cyber framework
 - Internal audit actions completed
 - Cyber security improvements including UpGuard introduced for third-party risk assessment
- Challenges, areas for improvement and action:
 - Slight dip in clinical coding compliance following transition; action plans are in place to address coding and DPIA challenges.
 - Data protection impact assessments remain complex and time-consuming
 - Continued focus on staff training and engagement on cyber awareness.

Internal Audit Progress Report

The committee reviewed internal audit findings and was assured that improvements to risk management systems are under way; the transition to InPhase offers an opportunity for more robust oversight.

- Key points covered:
 - Gaps in operational risk identification and escalation at divisional and corporate levels were identified
 - Five management actions are overdue but have revised implementation dates
- Challenges, areas for improvement and action:
 - Risk categorisation and escalation processes need strengthening; outcome of improvements to be reported back to QAC
 - InPhase system offers potential for step change in risk management
 - Executive to explore AI opportunities with internal audit team.

Board Assurance Framework – Clinical Risk

The committee reviewed Risk 4 and was assured that while progress has been made, further work is needed to assess cumulative risks and refine scoring. A deeper review is planned to ensure the Board's risk tolerance is appropriately reflected. The risk score remains at 12 balancing improvements and ongoing challenges.

Committee Effectiveness and Governance

The committee reviewed its effectiveness focusing on outcome measurement, triangulation of assurance and the integration of community health topics, aiming to better align deep dives, board development, and regulatory requirements for comprehensive oversight. Key discussions highlighted the need for clearer visibility of community services, improved tracking of quality outcomes and strengthening board member induction and regulatory reporting to support robust assurance.

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

REPORT TO THE TRUST BOARD IN PUBLIC September 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 focuses on the themes emerging from a year of executive walkrounds and non-executive visits to teams across ELFT, to understand the key issues being raised by our staff. The key positive themes that emerge from the analysis are about:

- A sense of teamwork, willingness to learn and improve
- Pride in service quality and impact
- Inclusivity and diversity
- Integration and partnership working

The areas of concern raised by staff focus on four areas. Three of these remain the same as the last such analysis conducted a year ago: Estates & Physical environment; IT & Digital infrastructure; Staffing, workload and burnout. A new area of concern has emerged this year, in relation to the impact of the financial context and pressures on the Trust. The report outlines the actions and activities already taken, and in progress, to address these four key negative themes that have emerged from the analysis.

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

The large-scale QI programme to reduce inequities in missed appointments achieved a 7.5% reduction in face-to-face missed appointments overall, including for those in the most deprived areas. 13 of the 16 teams achieved a reduction in missed appointments, resulting in an estimated 61 appointments each week now being attended by service users in these teams. Four teams also improved waiting times: Newham Foot Health increased the percentage seen within 18 weeks from 55% to 90%, Newham community integrated mental health service reduced referral-to-assessment time from 28 to 13 days, and Tower Hamlets Dean Cross personality disorder service reduced waits from 9.5 to 7.75 weeks. City & Hackney CAMHS neurodevelopmental service reduced assessment-to-treatment waits from 39 to 5 weeks. A change package has been developed to embed learning into trust policy and processes, ensuring improvements are sustained and extended across services.

In April 2025, a large-scale QI programme commenced to support a reduction in unnecessary intermittent observation use across 10 inpatient mental health wards. Observation use has already reduced from 471 service user days to 348 service user days each week. Three wards, Ruby, Sapphire and the Coborn have already seen individual reductions in observation use. Change ideas tested include engagement hours, increased ward activities, a “feelings thermometer” to support meaningful conversations with service users, a review of observations for new admissions after 6 hours, and reviewing observation use as part of safety huddles. After this testing phase with the ten wards, the effective change ideas will be scaled up across all our inpatient wards in 2026.

Three large projects are applying QI to improve staff experience. A Trustwide staff experience initiative has launched with six workstreams — communications, equality and diversity, wellbeing, positive culture, use of intelligence, and management development — each led by an executive. Next steps include finalising governance, a measurement plan, and priorities. A team from People and Culture are working to improve the organisational culture around events that may result in a disciplinary, and the experience of the disciplinary process itself. Next steps include identifying areas across the trust to focus the testing of change ideas. There is also a project aimed at improving band 5 and 6 Nurses retention. QI is also being applied by 14 teams to improve local issues around staff experience. Topics range from enjoyment at work, staff safety, improving the use and experience of professional supervision, and improving the experience of medics.

As part of Wave 15 of the Improvement Leaders Programme, teams will be supported to demonstrate the wider value of their work, including measures of financial value and environmental sustainability. Currently 25 projects across the trust are focussing their QI work on cost improvement and environmental sustainability. Forensics have reduced spend on dry goods and disposables by an estimated £290,00 each year. Talking therapies in Newham and Tower Hamlets have reduced spend on translation services by £27,480 over a 6-month period.

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	☒	Use of QI to support several trust wide projects to improve 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. Many QI projects also realise cost savings or cost avoidance.

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. Quality Assurance

- 1.1. In January 2024 the Board received a thematic analysis, triangulating various data sources, to provide an overview of quality issues emerging during the 9-month period from 1 August 2021 to 30 April 2022. This report presents a similar analysis, focused on staff experience reported through executive walkrounds and non-executive visits conducted between 1 July 2024 and 30 June 2025, and then proceeds to describe work underway on the key themes identified.
- 1.2. Both Executive walkrounds and Non-Executive visits are currently taking place primarily in person, unless the team involved request a virtual meeting, and feature a conversation that is structured around standard questions:
 - a. What are you proud of as a team?
 - b. What gets in the way of you enjoying your work?
 - c. What are you working as a service to improve?
 - d. How are you taking time to care for yourself as a team?

2. Feedback from Executive Walkrounds and Non-Executive visits

- 2.1 During the 12-month period, there were 124 executive walkrounds and 19 non-executive visits recorded.
- 2.2 The key positive themes that come through from the analysis are:

a) Teamwork, willingness to learn and improve and supportive culture

- Teams report strong camaraderie, mutual support, and a 'family' atmosphere.
- Open communication, flat hierarchies, and approachable leadership are commonly cited.
- Teams help each other manage workload, provide emotional support, and cover absences.

- Staff wellbeing is prioritised through reflective practice, supervision, and informal check-ins.
- Regular reflective sessions, structured team building, and emphasis on continuous improvement.
- High value placed on learning from incidents, listening to staff and service user feedback, and evolving practice (QI projects, adopting new technology where possible).

b) Pride in service quality & impact

- Staff are proud of their professionalism, the quality of care provided, and positive feedback from patients and families.
- Many teams highlight awards and recognition received (e.g. service user led accreditation).
- There is pride in being innovative, adapting to challenges, and reaching hard-to-access populations.

c) Inclusivity and Diversity

- Services report that they actively seek to be inclusive of staff and service users from diverse backgrounds.
- Peer support, seeking involvement from those with lived experience, and co-production with communities are often highlighted as strengths.

d) Integration and Partnership Working

- Strong relationships with other services, local authorities, and community partners is a recurring theme of feedback.
- Where present, integrated working and support across health and social care is viewed favourably.

2.3 The negative themes about what gets in the way, or acts as a barrier to being as effective as possible, or enjoying their work, are largely similar to the previous year:

a) Estates & Physical Environment

- Frustration about the state of buildings: old, poorly maintained, not purpose-built, unsuited for confidentiality or accessibility.
- Delays in repairs (water leaks, temperature control, pests control). Estates issues are perceived as under-prioritised and slow to resolve.
- Lack of private space, meeting rooms, staff rooms, or suitable environments for group activities.

b) IT & Digital Infrastructure

- Reports of unreliable WiFi, slow computers, delays in device provision and repair
- Multiple systems needing duplicate data entry (e.g. RiO, EMIS, spreadsheets).

- Lack of joined up, user-friendly digital solutions impacts productivity, data access, and morale.

c) Staffing, Workload & Burnout

- High and increasing workload intensity, complexity of cases, and (at times) caseloads that feel unmanageable
- Recruitment and retention struggles, especially for psychologists and nurses.
- Staff often working overtime, completing documentation at home, or lacking time for mandatory training.
- Reports of higher levels of stress, anxiety, and concerns about wellbeing due to workload, working environment, and change.

2.4 This year, in addition to the above themes, there are additional areas of concern that emerge in the analysis, related to the **financial pressures** on the Trust and wider system:

- Restrictions on recruitment and vacant posts (freezes, banding changes), as well as some uncertainty and anxiety around team restructures, job security, and the future of the trust's Financial Viability (FV) programme.
- Reduction in away days, well-being activities, often felt to be due to financial constraints.
- Concerns about lack of open and timely communication during change / transformation processes.
- Changes sometimes felt to be top-down, with insufficient staff involvement or consultation, and/or implemented without sufficient capacity or support.
- Feelings of being unappreciated or undervalued by the wider Trust and by partner organisations, and disappointment with changes to reward/recognition processes (delays in awards, loss of valued traditions).

3. Actions being taken to improve

3.1 Estates and the environment

The Estates Strategy sets out the long term plan for improving estates and facilities, in support of the Trust's wider strategic aims.



Significant progress has been made in improving the condition and use of the estate. This includes exiting unsuitable properties, delivering capital projects, and improving space utilisation to support better service delivery. Capital investment has been targeted through a more structured approach to prioritisation, enabling high-impact improvements and sourcing additional 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 – which supports efficiency targets by reducing spend. At the same time, key risks such as backlog maintenance and contractor performance have been managed through strengthened planning, procurement and contracts oversight.

The Facilities Management Team, despite some challenges at partner-run sites, has worked collaboratively to improve service delivery, increase cost efficiency, and enhance the care environment. The focus remains on delivering well-managed, safe and compliant spaces that support high standards of patient care, while making best use of available resources. This involves working collaboratively with our service partners and fellow NHS Trusts. Over the past year, service has been strengthened by the addition of a new Facilities Officer for the Bedfordshire team, and an Estates Health and Safety Manager. As is the situation across the NHS, the condition and state of the estate environment remains a challenge, which is highlighted by executive and non-executive visits. A high level of maintenance backlog is resulting in an increasing occurrence of engineering and fabric related incidents and failures, compounded by a lean estates team's ability to respond in a timely and effective

way. With capital spend limited, a scoring matrix is used to inform decision making around prioritisation of capital projects.

In 2024/25, the Estates, Facilities and Capital Development team delivered over £5.8 million in capital investment, excluding staffing costs. Projects delivered this year have strengthened critical infrastructure, improved patient and staff environments, and supported sustainability across multiple sites. Notable achievements include:

Building renovations

- Luton Health-Based Place of Safety remodelling
- Alie St 2nd Floor Event Venue construction
- Charter House external repairs

Accessibility improvements

- Fountains Court access
- Wolfson House lift refurbishment

Security and safety improvements

- Pinpoint alarm system installation at Rush Court
- Anti-ligature window installation at Tower Hamlets
- Fire door upgrades at Newham Centre for Mental Health

Environmental enhancement

- LED lighting upgrades across multiple sites
- Millfield Ward garden
- Connolly Ward kitchen
- Redecoration and furniture replacement scheme across the Trust

Looking ahead, the Estates capital budget for 2025/26 has more than doubled to £12.665 million, which includes significant central funding in addition to CDEL. The capital plan was finalised ahead of schedule and shows stronger project definition and prioritisation compared to previous years.

In July, FBIC and Board agreed to enter into a new maintenance and compliance contract following a robust and innovative procurement exercise. This new appointment includes an increased budget allocation and new sector leading service specification which will deliver a high quality, responsive, digitally-driven provision, which focusses on planned preventative maintenance and offers improved value for money to the Trust. This new service is currently being mobilised and will be live from 1st November 2025.

3.2 IT and digital infrastructure

There are several initiatives underway to address issues with unreliable WiFi, slow computers, and delays in device provision and repair. A significant portion of the Trust's estate has been upgraded to a new corporate WiFi platform, offering increased stability, resilience, and capacity. This programme will continue through 2025-26, with most sites completed in the first half of 2026. In addition, a major capacity and speed upgrade was completed on 30 July 2025

for staff using public or NHS WiFi, and initial feedback has been extremely positive. To address slow devices, preparations are well underway for the roll out of Windows 11. Due to the end-of-life for Windows 10, there has been a temporary delay in providing new equipment while the digital team tests Windows 11 for compatibility. As part of this transition, all older PCs and laptops will be replaced with new hardware, offering enhanced functionality and a better user experience.

The Digital Team are very conscious of the frustration caused by the need for duplicate data entry across multiple systems such as RiO, EMIS, and spreadsheets. Our transformation team is focused on optimising existing digital systems to create more efficient workflows. The team is currently working with departments to reduce the use of spreadsheets and encourage staff to record key information directly into the RiO system. The remit of this team is expanding to include other tools, such as Teams telephony, to further enhance productivity across the Trust.

The Data & Analytics department have begun developing PowerApps with clinical teams, to enable them to move away from holding data on spreadsheets. As an example, all ELFT mental health in schools teams are now using a PowerApp to capture their data, which is now accessible from mobile devices, with real-time analytics and easier national reporting.

The digital systems programme is working to introduce new functionality that will create a more streamlined and cohesive digital experience, aimed at addressing frustrations caused by lack of joined up infrastructure. The programme is introducing innovative solutions, including AI Smart Notes in the RiO system, AI Intelligent Recap in Microsoft Teams, and Enhanced Hybrid Mail. These initiatives are designed to improve productivity and the overall user experience. Digital are also enabling patient access to documents via the Patient Knows Best portal, a key step toward a more integrated and user-centric digital environment. The Digital strategy sets out a commitment to creating a more streamlined and integrated digital workflow for all staff and will provide further updates as this strategic work progresses.

3.3 Staffing and staff well-being

Since April 2024, ELFT has been subject to a 'triple-lock' process related to recruitment, which prescribes three approval levels for different types of role – one of which is internal, and two of which are at system and regional level. The purpose of this system is to provide additional assurance around management of staffing costs. This has obviously limited ELFT's autonomy in relation to recruitment. In order to mitigate this, the focus is on effective recruitment to posts approved and retention of existing staff.

Strategic recruitment campaigns across directorates and localities in conjunction with workforce leads and service managers are specifically targeting vacancy hot spots and hard-to-fill professional roles. The campaigns have seen improved use of social media and communication resources, developing an attraction strategy positioning ELFT as an employer of choice,

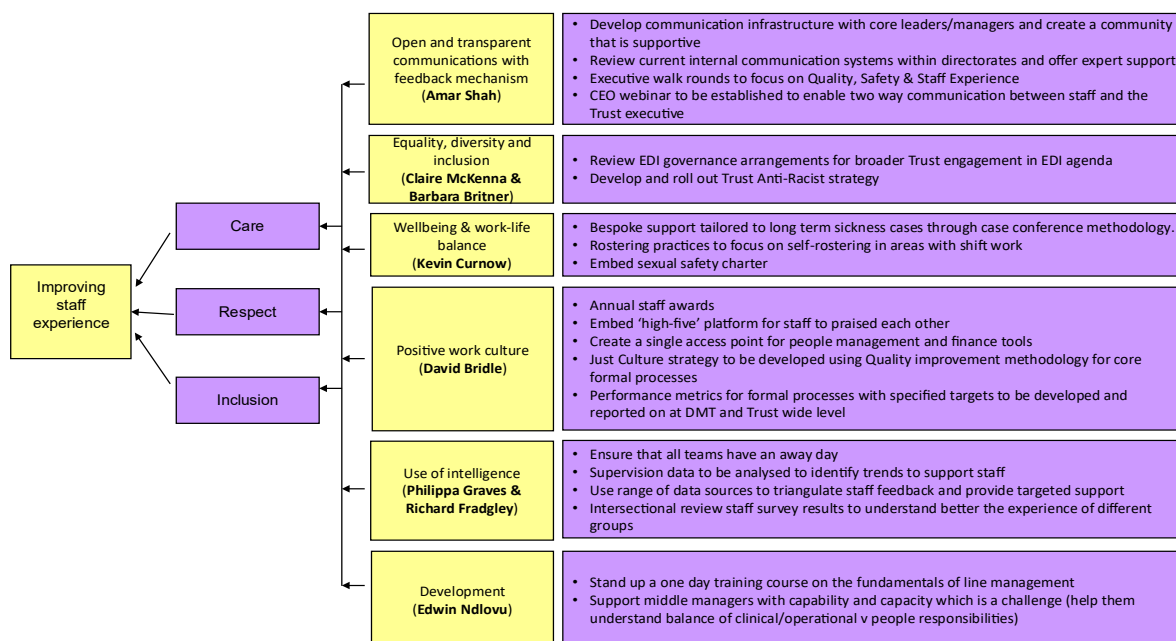
improving visibility and reach. targeting hotspots within localities to improve fill rate. Along with improved learning and development, work experience, apprenticeship and staff benefits, the offer is seeing a positive impact not just on recruitment, but also staff engagement and retention. Reducing reliance on temporary staffing increases team cohesion and effectiveness, and will positive impact on quality of care.

The People and Culture team have been working to streamline General Medical Council and clinical sponsorship opportunities, developing an effective channel of overseas workforce supply. As a trust, we have strengthened partnership working with higher education bodies, engaging with local communities.

The Trust is also working hard to improve its temporary staffing resource to ensure that quality and safety is maintained when temporary staff are required to maintain safe staffing levels. The statutory and mandatory training offer has been strengthened, and overall compliance to ensure staff are equipped to carry out their duties has been improved, with further work planned to support this cohort of staff.

There has been a particular focus on community bank resource through active recruitment drives, but also through systems and process improvements, in particular the use of digital solutions - for example, the use of Loop, an app designed specifically for health and care workers that allows you to stay connected with your workmates, and aids communication and rapid sharing of work opportunities and availability. Additionally, the trust is using Patchwork to improve the rostering of its doctors, establishing a single platform for the management of medical trainees, substantive and bank workforce.

The Acting Chief People Officer and executive colleagues have set out the current priorities for improving staff experience, based on a range of feedback, and these are set out below in the form of a driver diagram. People Business Partners are working locally to devise directorate specific plans in support of the overarching trust priorities.



The trust has a range of wellbeing resources available for all staff on the Intranet. A key part of the People Promise work has been to ensure staff across all directorates are aware of the resources available for all staff.

The Organisational Development team has been facilitating workshops with teams, notably with the Bedfordshire community health nursing teams around managing workload and burnout.

ELFT has a long history of encouraging regular reflection time for teams, organised as 'away days', which provide a time for teams to reflect, plan and build stronger team relationships. There is strong evidence for these types of reflective activities being linked to more effective teams. This is more standardised and routine for inpatient teams, with variation in how regularly community-based teams host away days. There has also been no way to record and monitor the frequency of away days across the Trust. Over the last year, many teams have reduced away days or stopped holding away days, for a variety of reasons, but often citing cost as a factor. ELFT has now issued Trustwide guidance on away days, authored by the Chief Nurse and Chief Quality Officer, specifying the minimum frequency of away days that are expected for different types of teams, introducing a new way to record away days using a PowerApp, and providing cost-effective ways to book venues.

3.4 Impact of financial viability programme

Centrally, a great deal of work has been done to ensure effective and timely communication of decisions, changes or other impacts of the Trust's Going Further Going Together programme:

- Developed a communications narrative, to help tell the story of why there was a need to make savings now at ELFT and why it mattered
- Created a “Where’s the waste” campaign to generate new savings ideas to be delivered locally and through high impact workstreams. This generated over 100 ideas and £0.5m in savings
- Designed and published weekly Going Further, Going Together communications bulletins which were shared with Trust leaders, with open rates of over 50%. From July 2025, the bulletin now goes out every two weeks to all staff across the Trust so that the messages are being cascaded
- Established an executive led workstream which brought together key stakeholders including clinicians, trade union reps and operational leaders to shape and develop communications messages.
- Developed GFGT intranet pages to display toolkits and guidance for each of the high impact workstreams in the programme
- Added a slot at the Trust induction to ensure that all new staff hear the messages on value and the importance of financial sustainability upon starting with the Trust
- Borough-based sessions for staff, led by an executive, to help bring together a single, consistent narrative around people, quality and finance

To ensure bottom-up engagement in the programme, each workstream has been established to be led by an executive director, with a multidisciplinary team wrapped around to support planning and delivery of savings. This includes:

- A clinical and non-clinical steering group for the non-pay workstream to ensure changes are tested through both staff and service users
- Service user engagement in each high impact workstream, to ensure there is service user voice
- Clinical engagement in workstreams, including a clinical lead for the GFGT programme
- A commitment to testing large changes across the organisation
- A mechanism to feed in suggestions from all staff through the weekly bulletin. This grew out of the Where's the Waste campaign run in 2024 which generated over 100 suggestions and £0.5m in savings.

Locally Directorate Management Teams are working to address the specific concerns of their staff, and how the financial viability work impacts them. In City and Hackney, for example, the Service and Clinical Directors hold regular ‘roadshows’, reaching out to staff to communicate updates to staff directly, and to provide an opportunity for staff to ask questions, raise concerns, etc.

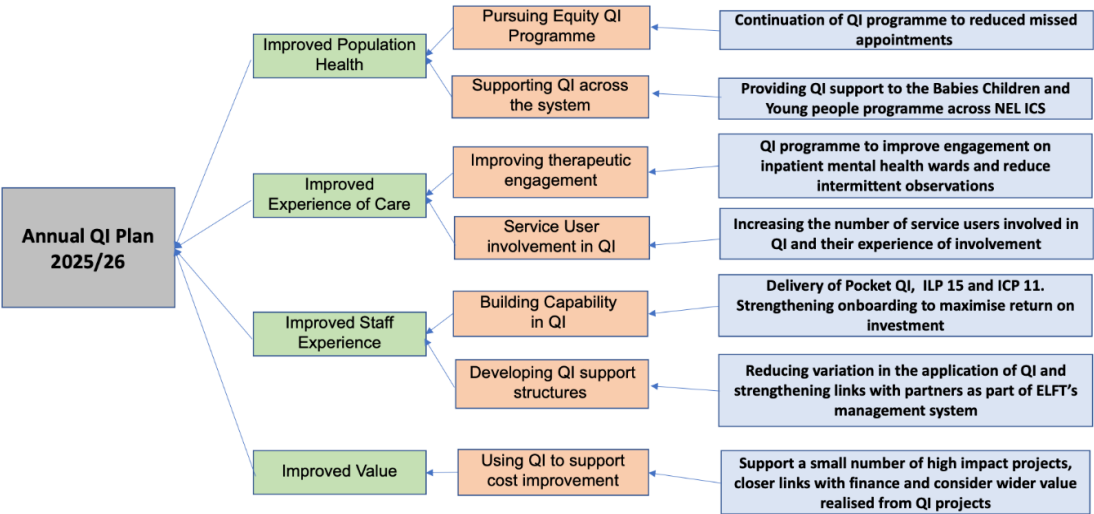
In Bedfordshire community health, the leadership team has have worked with team leads to develop financial viability plans collaboratively, integrated within the annual planning process. In support of this, they have run seminars with

their teams, creating a space to talk honestly and transparently but also to role model leading with hope and demonstrate that there are different ways to deliver cost reduction and improved outcomes through innovation and redesign of pathways.

Forensic Services had noted an impact on staff morale from a reduction in away days, and have moved to reinstate more regular away days for those teams that need them, and have found ways to introduce regular reflective practice sessions into routine practice.

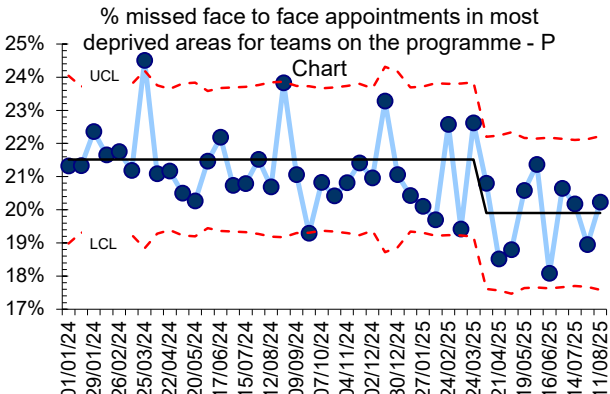
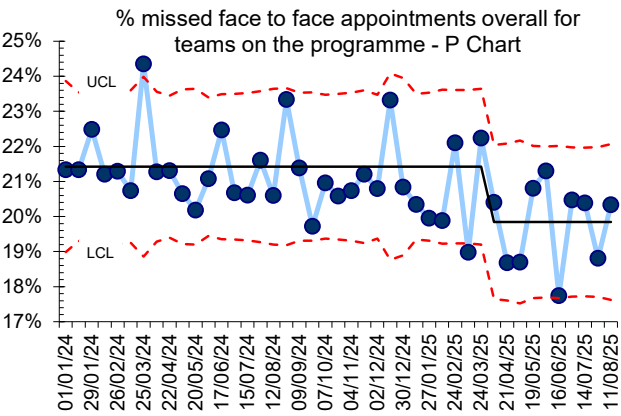
4. Quality Improvement

4.1 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.



5. Improved Population Health – Pursuing Equity Programme

5.1 Since 2021, ELFT has been applying the QI method to advance equity at scale. In September 2024, Phase 3 of the



Pursuing Equity Programme began, bringing together 16 teams from across the Trust to tackle missed appointments. The work has focused on improving access for people living in the Trust's most deprived areas. As an aggregate across all 16 teams, the percentage of missed face-to-face appointments fell from 21.4% to 19.8%. A similar reduction for those in the most deprived communities was also seen. This equates to 61 appointments each week in the 16 teams that are no longer being missed.

- 5.2 As noted in the July board report, this work has highlighted some inconsistencies in the way telephone appointments are being recorded. Unplanned calls to service users, particularly in mental health services, are being recorded in the same way as scheduled appointments. If a service user fails to answer an unplanned phone call, it is therefore categorised as a 'missed telephone appointment', which is clearly different in nature to a missed scheduled telephone appointment. Work is underway in the Digital and Data & Analytics teams to standardise recording practices and clearly separate planned from unplanned telephone contacts.
- 5.3 13 of the 16 teams on the programme achieved reductions in missed appointments. Three teams have yet to see improvement, but will be continuing the work beyond the end of this programme. Tower Hamlets Perinatal Service began the programme later due to capacity constraints and is currently preparing to test its first change idea. Bedfordshire Continence and Wheelchair Services are testing changes to reduce missed appointments. Both have updated their missed appointment policies. The continence team introduced Patient Initiated Follow Up and a new recording system. The wheelchair team is reviewing transport issues.
- 5.4 Five teams have seen a reduction in waiting times alongside the reduction in missed appointments, utilising the previously wasted capacity to see more people from the waiting list. Newham foot health has increased the percentage of people seen within 18 weeks from 55% to 90%. In the Newham Community Integrated Mental Health service, waiting time from referral to assessment reduced by 54% from 28 days to 13 days. Tower Hamlets Dean Cross personality disorder service has achieved an 18% reduction in waiting time from referral to assessment, from 9.5 weeks to 7.75 weeks. City & Hackney CAMHS neurodevelopmental team reduced waiting time from assessment to treatment by 88% from 39 weeks to 5 weeks. City & Hackney Specialist Psychotherapy Service has increased access, with attended appointments rising from an average of 638 to 845 each month, as missed appointments reduced from 16% to 9%. The team have also reduced waits from assessment to treatment from 5 weeks to 3 weeks. The change ideas that have led to this improvement are automated reminders, admin follow-ups, clinician-led pre-appointment contact to reduce first-appointment anxiety, and a discharge policy for non-attenders. A two-session assessment model, with MDT review before treatment decisions, has maintained quality alongside increased throughput.
- 5.5 The successful change ideas have been documented, with guidance on how to test and adopt. This has been shared at various forums, and circulated to other

services, in order to support wider scale-up. Several directorates are already scaling the successful ideas, including CAMHS and community health services.

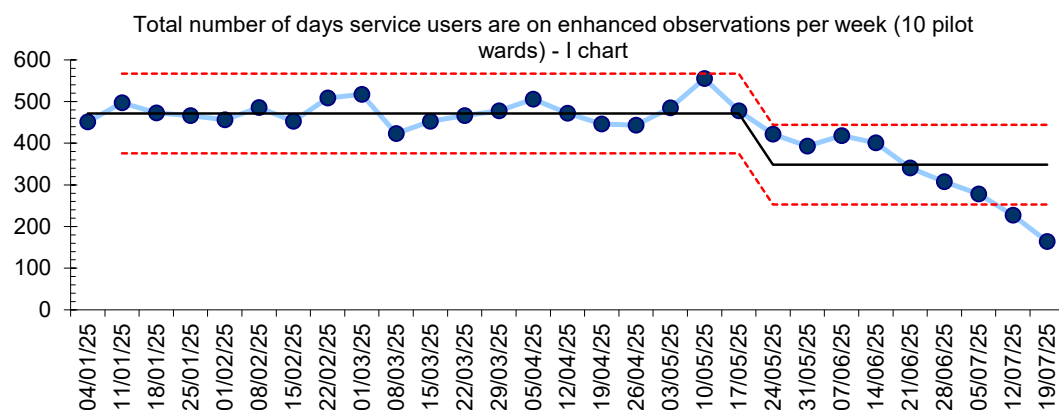
Change concept	Change idea	Why it worked
Scheduling in conjunction with service user	Admin or clinicians calls patient to set up appointments and/or books appt at end of current appointment	Enables real-time scheduling, reducing duplication when service users can't attend random appointments sent in the post
Clear process and policies	Agreeing on, circulating and providing training on DNA policy	Ensures consistency in outcoming appointments
Reminding service users of appointments	Automated text reminders	Acts as a reminder for service users may
	Admin or clinician texting reminder at point of booking	Personalised and sent in advance (at least 2 weeks), allowing service users to plan

5.6 As the programme concludes, quality control systems are in place to ensure sustainability. A Power BI dashboard enables ongoing monitoring of missed appointments. A Trust-wide access policy is in development, incorporating effective change ideas tested through this work. This will set out a consistent “ELFT way” of managing appointments.

6. Improved Experience of Care – Observations to Engagement Programme

6.1 Launched in April 2025, this large-scale QI programme aims to reduce the use of inappropriate intermittent observations across inpatient wards. Intermittent observations are a type of enhanced patient monitoring where staff check on a service user at set 15-minute intervals. The programme is focused on introducing safer, more person-centred alternatives that actively involve staff, service users, and carers. Phase one of the programme supports 10 wards to test and learn what works, with a view to scaling impactful interventions Trust-wide in 2026.

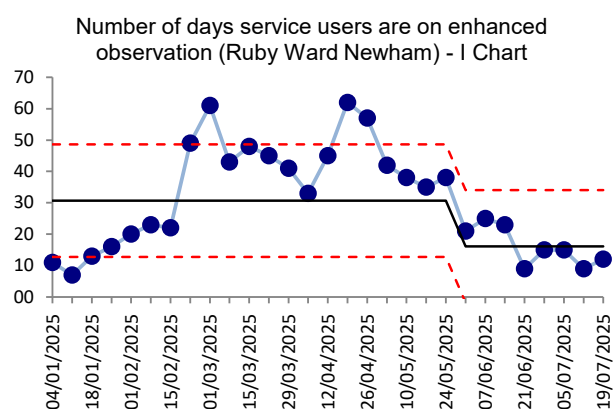
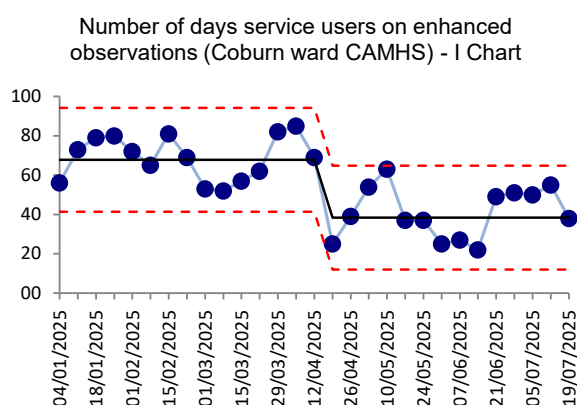
6.2 The primary outcome measure is the total number of days that service users are on enhanced observations each week. Enhanced observations include intermittent observations plus continuous (1-to-1) observations, as our clinical system and data systems do not currently allow us to reliably separate the two – a limitation that is actively being worked on. Since beginning the programme, there has been a reduction in the total number of days that service users are on enhanced observations, from 471 days to 348. The programme also includes a broader set of measures related to safety, restrictive practices, bank staff usage, and staff sickness.



6.3 6 of the 10 wards are already testing change ideas, with Ruby triage and Sapphire wards in Newham, and Coburn Acute ward in CAMHS showing a reduction in the total number of days on enhanced observation. There has been no increase in violence or restrictive practices use among these wards, suggesting that with the right support, alternative approaches can safely reduce the need for intermittent observations.

6.4 Ruby triage Ward has reduced the use of intermittent observations, from 31 service user days each week to 16 days. This reduction has been achieved through the introduction of an engagement hour, increased ward activities, a “feelings thermometer” to support meaningful conversations with service users, and a review of observations for new admissions after six hours.

6.5 Coburn acute ward has reduced the number of days on observations from 69 service user days each week to 38. This improvement has been enabled by testing a change in practice where, during staff huddles, the ward manager asks: *“How will being on intermittent observations manage risk, and what alternatives can be considered?”*



6.6 Teams will continue to be supported to test change ideas. The next learning session in September is designed to share learning about successful change ideas across the teams. In addition, ‘The Art of Conversation’ training will be

intentionally tested across all 10 wards, supported by the Recovery College and our experts by experience.

7. Improved Staff Experience

- 7.1 All QI work has an impact on staff experience through building the skills and autonomy to change the system they work in. In some cases, staff experience is the direct focus of a QI project. For example, between 2018 and 2023, ELFT ran an 'Enjoying Work' programme which supported 86 teams to use QI to develop and test local change ideas to improve their experience at work.
- 7.2 Currently QI is being applied to three programmes designed to improve staff experience. A large Trust-wide programme on staff experience being led by the Acting Chief People Officer is currently being kicked off. An initial driver diagram has been developed, with 6 workstreams; Open and transparent communications, equality and diversity, wellbeing and work life balance, positive work culture, Use of intelligence, and management development. Each workstream is being led by a member of the trust's executive team. Next steps include finalising the governance structure for the work, developing a measurement plan to understand the impact, and agreeing priority areas to begin work.
- 7.3 As reported in the July 2025 board report, a project is underway to both improve the organisational culture around events that may result in a disciplinary, and the experience of the disciplinary process itself. The team are currently working to identify an area with higher rates of disciplinaries to begin testing change ideas developed in a workshop held in July. These include: a checklist for managers to apply an 'equity lens' when initiating disciplinaries, developing a pool of trained reviewers to assess cases before escalation, and replacing traditional incident reports with a 'learning review' template.
- 7.4 In 2024-2025, a QI project led by our nursing leadership achieved a reduction in nursing vacancies from 24% to 10.5%, resulting in an estimated £7million in bank and agency savings. Phase two of this work has begun, focused on improving retention of band 5 and 6 nursing staff. A theory of change has been developed, with several core drivers that include wellbeing and support for staff, career progression, band 5 and 6 development opportunities, Community Health Services nursing transformation, and a wider workforce transformation stream. The team are currently finalising their measurement plan and agreeing priorities for testing.
- 7.5 In addition to these three projects applying QI at scale, 14 teams across ELFT are using QI to directly focus on improving staff experience. For example, the Data and Analytics department and a team in Tower Hamlets Community Health Services are using QI to improve enjoyment at work. In Forensics, a team is looking at improving the experience of staff following injuries sustained from violence. The team are currently understanding the problem by speaking to staff and service users. Three teams are focusing on specific professional groups. The Trust's social work development team are working to increase attendance at professional supervision so that social workers feel more supported. They are

currently testing sending out reminders to staff 5 days before supervision takes place. Two teams are working to improve the experience of doctors, with one of these focusing on international medical graduates in Bedfordshire.

8. Improved Value

- 8.1 All QI projects improve value, through improving quality, which is often the primary aim. Many projects achieve an increase in productivity and efficiency, through removing waste or duplication. Some projects impact on cost – through cost avoidance or cost removal. Across the Trust, there is an increasing emphasis on understanding both the financial and environmental impact of QI work. As part of Wave 15 of the Improvement Leaders Programme, there will be increased focus on supporting teams to demonstrate the wider value of their work, through the inclusion of measures of financial value and environmental sustainability from the outset of the project.
- 8.2 There are currently 25 projects focusing their QI work on areas that will have direct impact on cost improvement or environmental sustainability. Five of these are focusing on improving environmental sustainability - increasing recycling on inpatient wards, reducing medication waste, and reducing single use plastic gloves. The remaining 20 are aimed at achieving cost reduction or cost avoidance through reducing expenditure on wound dressings, reducing bank staffing costs, improving flow on inpatient wards, and improving corporate processes such as purchase ordering.
- 8.3 As reported in the May 2025 board report, Forensics has been applying QI to reduce the use of dry goods and disposable plastics. Since the last report, there has been a further reduction in spend from an average of £40,735 each month to £16,273. This equates to an estimated annual saving of £290,000.
- 8.4 Talking Therapies in Newham and Tower Hamlets have been undertaking a QI project aimed at improving recovery rates for the Bengali population. Through this work, the teams identified a significant issue with the cost and quality of Bengali and Sylheti interpreter services. The team tested employing interpreters via the ELFT bank to provide support, resulting in a reduction of £27,840 in spend across the 6 months from November 2024 to May 2025. Feedback from staff and service users suggests that the quality of interpreters has also increased.

9. Action Being Requested

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

Performance report

September 2025

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REPORT TO THE TRUST BOARD IN PUBLIC

September 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?

Urgent Care Teams in Community Health Services have achieved a 2-hour access rate of 92.8%, surpassing the national target of 80%. Talking Therapies services have seen a sustained improvement in the reliable improvement scores maintaining an average of 71%, exceeding the national target of 67%. Perinatal outcomes have also demonstrated an upward shift, rising from an average of 51% to 56.1% of users reporting positive outcomes in August.

The productivity metric indicates a gradual increase in contacts per full time equivalent (FTE) member of staff. This metric has remained above the mean of 15.8 for the past four months, indicating potentially increased operational productivity.

The rate of restraints per 1000 bed days has decreased in the last two months, dropping from 15.5 in May to 11.4 in August. CAMHS and Luton inpatient mental health services both had positive changes that largely contributed to this. The rate of violence and aggression continues to remain stable and is just above the average of 6.0 incidents per 1,000 bed days, with 7.5 incidents per 1,000 bed days in August.

The number of out-of-area placements remains low, fluctuating at around 11-12 in August, all from Bedfordshire and Luton services. The number of patients clinically ready for discharge remains steady at 84. Challenges such as housing delays and social care support continue to affect discharge rates.

What's of concern?

Across the Trust, 6,798 people have been waiting over 52 weeks for adult mental health services, with nearly all in the adult Autism and ADHD pathways. Referrals to City & Hackney ADHD have dropped significantly due to changes in GP guidance to refer via Right to Choose. As such, capacity has been focused on medication titration, and a small pilot scheme is currently running until April 2026, providing limited GP ADHD assessments.

Tower Hamlets and Newham ADHD services are managing high demand through caseload reviews, non-pharmacological support and a new needs-led pathway. Across Autism services, waiting lists remain high, but initiatives like special interest sessions, updated referral processes and standardised report templates aim to improve capacity within the service.

As of August, 2131 service users had been waiting over 52 weeks in community health services, with long waits concentrated in Bedfordshire MSK (809) and SCYPS ASD (780). Bedfordshire MSK and Wheelchair services are gradually reducing waiting lists through staff training and patient-initiated follow-up (PIFU). Newham MSK has improved the discharge rate via the GetUBetter app which is helping to provide targeted and timely support. SCYPS ASD in Newham continues to face high demand, and implementing predictive planning tools and community support links aims to reduce the referral to assessment times within the service.

Appendix 1 details ELFT's performance against the NHS Oversight Framework (NOF) for 2025/26. The performance framework has been updated, now scoring only 11 measures rather than 13. The removal of the restrictive practices indicator, on which we had comparatively low rates, has caused our overall average score to deteriorate, and our performance segment to drop from 2 to 3.

Three key areas are a focus of attention. While the annual number of children accessing our services has reduced, we have managed to reduce the discrepancy between local and national data for this indicator. Inpatient stays exceeding 60 days have remained stable at 29.1%, and there are initiatives in place to reduce discharge delays. Within community health services, 12.4% of patients have waited over 52 weeks, with the primary issues located in Bedfordshire MSK and Newham SCYPS ASD. Performance is expected to improve in these areas over the next two months, with more details contained in the report and appendix 1.

What's worth watching?

In August, 79% of service users were followed up within 72 hours of discharge from inpatient services, surpassing the national target of 80%, which is largely attributable to a drop in Newham. Improvement initiatives include enhanced discharge planning and post-discharge follow-up processes, particularly in Newham, including pre-discharge discussions and clear care plans.

In August, the number of pressure ulcers dropped back down to normal levels (140), having previously increased to 183 in July, which was related to an increase across all our community health services.

The percentage of service users reporting being very satisfied or satisfied after contact with services rose to 86% in June but dropped sharply in July and August to 74%. This was related to a large increase in volume of responses from our Primary Care services following the introduction of automated feedback systems. All practices have plans in place to address the main themes of dissatisfaction.

REPORT TO THE TRUST BOARD IN PUBLIC

September 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	☒	

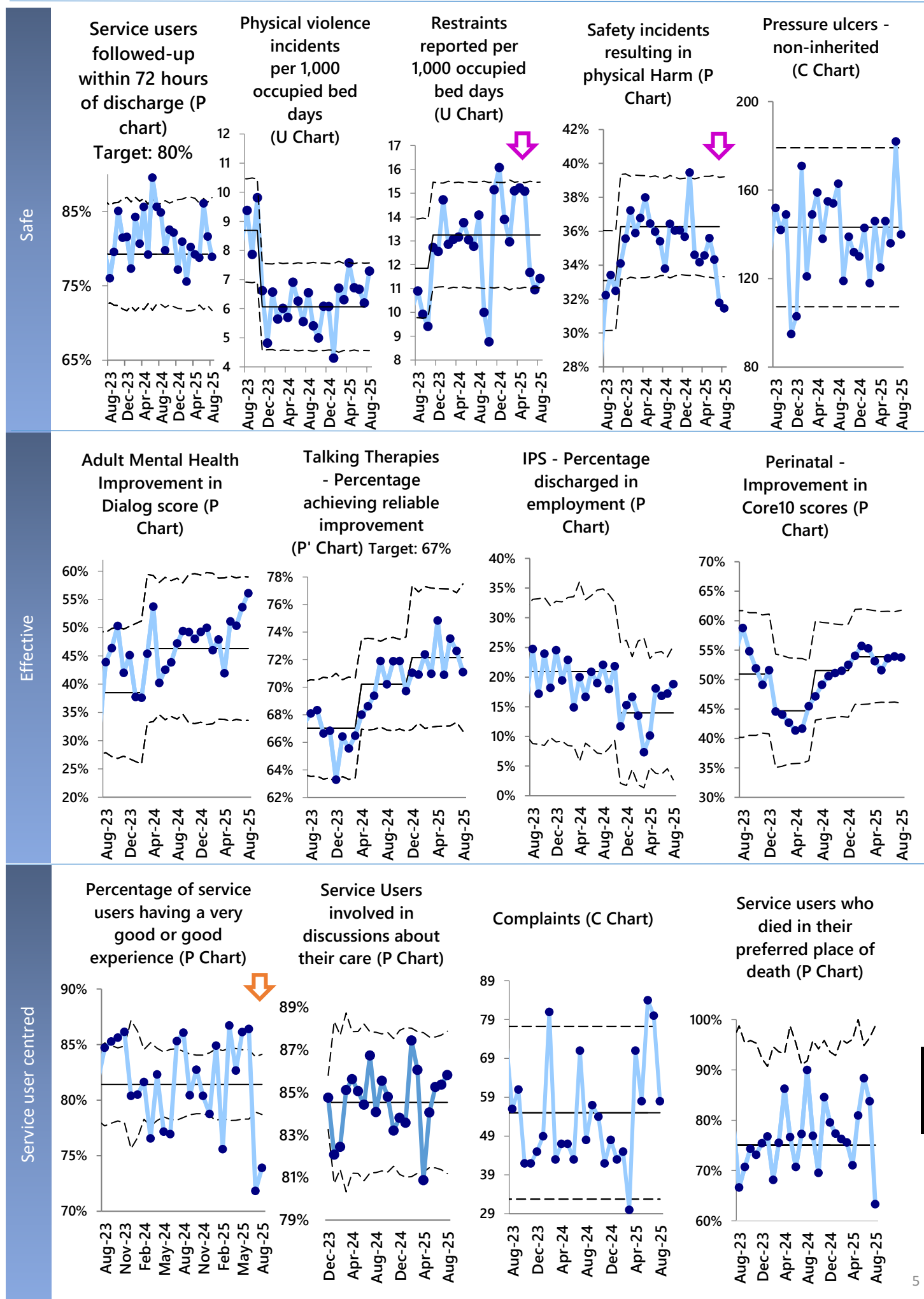
Committees/meetings where this item has been considered

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 August 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 (↗)

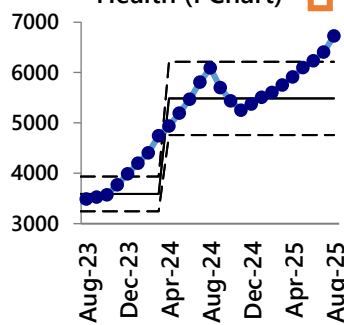


Performance Dashboard

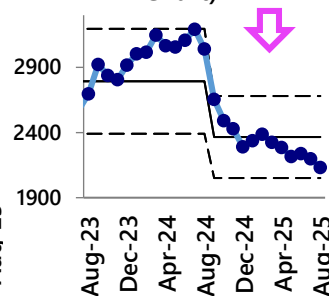
Special cause variation (↑↓) and when it's of potential concern (↗↘)

Timely

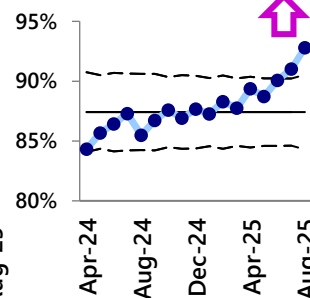
Referrals not seen in 52 weeks - Mental Health (I Chart) ↗



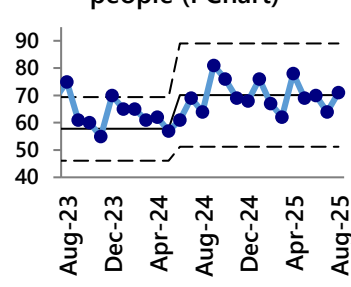
Referrals not seen in 52 weeks - Community Health (I Chart) ↘



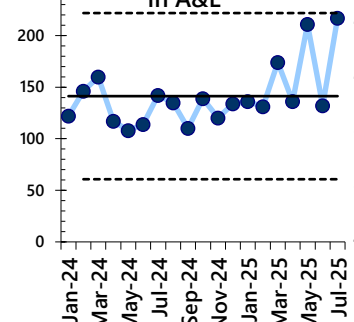
Rapid Response seen within 2 hour (P Chart) Target 70% ↗



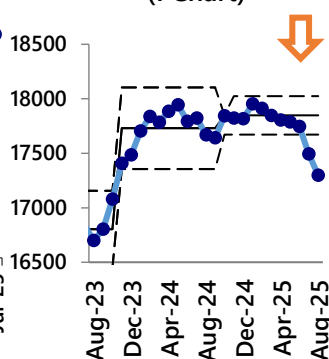
Waiting time for treatment (days) for Children and Young people (I Chart)



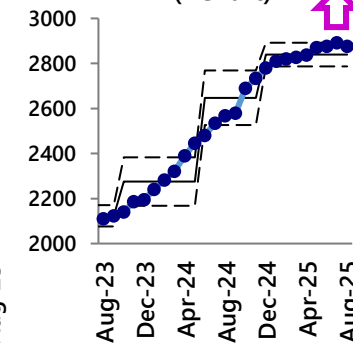
Number of patients waiting over 12 hours in A&E ↗



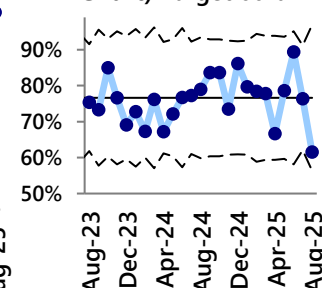
CAMHS Access Rate (I Chart) ↘



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

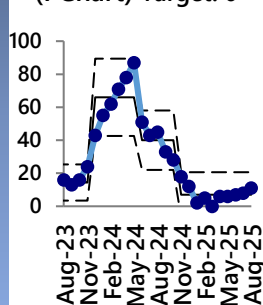


Early intervention treatment started within 2 weeks (P Chart) Target 60%

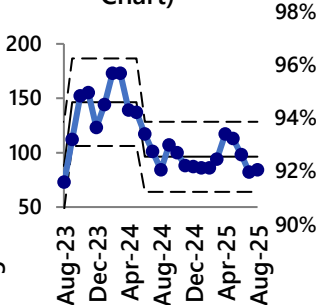


Efficient

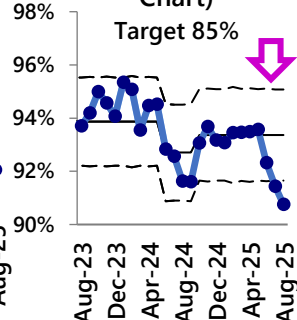
Private Inpatient Placements (I Chart) Target: 0



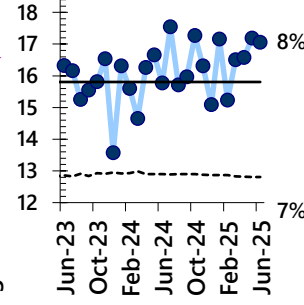
Clinically Ready for Discharge (I Chart)



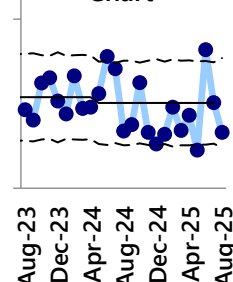
Bed occupancy - all specialties (P Chart) Target 85% ↘



Contacts per Staff WTE (U Chart)

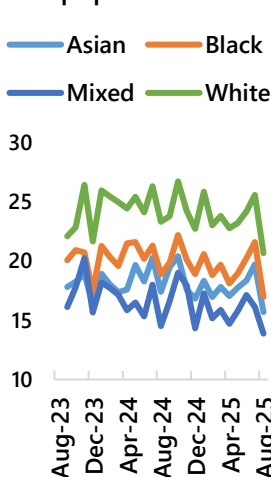


Missed Appointments (face-to-face) - U Chart

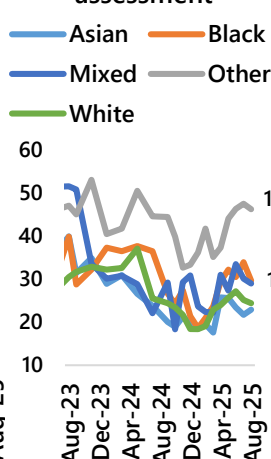


Equitable

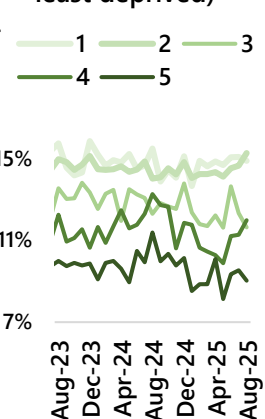
Referrals by ethnic group, per 1,000 population.



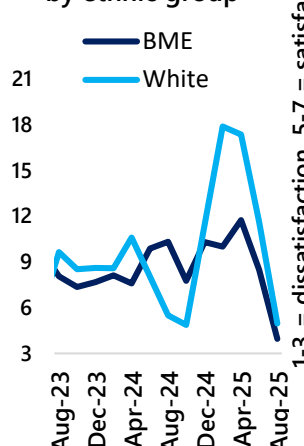
Average wait (days) for community mental health assessment



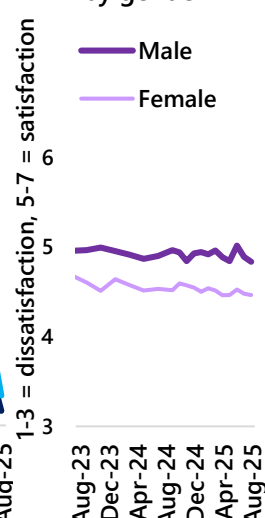
Non-attendance at mental health appointment (1 = most deprived, 5 = least deprived)



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 79% in August, against the national target of 80%. Overall performance was slightly impacted by a reduction in Newham. Each ward maintains structured governance and oversight through regular audits and case reviews. These processes identify overdue follow-ups, allowing for timely improvements and reduced delays.

Encouragingly, the rate of restraints per 1000 bed days has decreased in the last two months, dropping from 15.5 in May to 11.4 in August. Newham, Tier 4 CAMHS and Luton inpatient services were the main contributors to this reduction. The Coborn unit has seen a reduction in restraints due to improvements made over the past year. Changes to care planning, including consultant clinics and psychological safety work, have helped staff manage risks more confidently and has created more consistent team working and improved decision making. Increased focus on training and governance, including more MAPPA-trained staff and improved supervision, has strengthened practice. A new safety POD, which is essentially a supportive bean bag chair, means that if a service user is distressed and at risk, trained staff can restrain in a safe, more dignified way, avoiding floor restraints. These combined changes have created a more supportive environment with fewer restrictive interventions.

Across Bedfordshire and Luton, inpatient services have reduced restraints by launching new safety initiatives. This started with safety discussions over the last two months and a focus on relational security, which emphasises building strong, therapeutic relationships between staff and service users to de-escalate situations before they escalate. Revising safety huddles, improving risk planning, and reduced vacancies have also contributed. For high-risk service users, teams are enhancing individual care plans and monitoring progress in daily briefings. Whenever possible, care plans are developed collaboratively with family members.

The percentage of incidents causing harm dropped to 31% in August, primarily because fewer deaths occurred in Bedfordshire community health services during this period. The rate of violence and aggression has seen a slight increase from 6.0 incidents per 1,000 bed days in July to 7.5 incidents per 1,000 bed days in August. This was mainly linked to a few acutely unwell service users in Tower Hamlets, Bedfordshire and Luton experiencing exacerbated symptoms, prompting urgent clinical interventions, including rapid de-escalation, urgent medical review for medication optimisation, and enhanced support plans to stabilise their condition.

In August, the number of pressure ulcers is back down to an average of 140 per month, having seen an increase in July. The number of pressure ulcers increased in July beyond expected thresholds for the first time in over a year, rising from an average of 143 to 183. This was due to a rise across all three community health services. In Newham, there was a small rise in low, moderate, and unstageable pressure ulcers. In Tower Hamlets, several patients in the last weeks of life developed skin changes despite all prevention measures being in place. Two cases recorded as pressure ulcers were linked to underlying vascular issues, with one also complicated by a surgical intervention. One pressure ulcer was recorded twice, and three patients have since fully healed. In Bedfordshire, pressure ulcers acquired in care increased due to several factors.

One patient's ulcer worsened after sitting on a hard surface for hours during a hospital appointment. Another end-of-life patient developed skin breakdown despite full prevention measures. A patient in residential care developed multiple ulcers due to poor repositioning between nursing visits, which was escalated as a safeguarding concern. Another patient could not use an air mattress due to smoking and the associated fire risk. To ensure that comprehensive care is being provided, services are continuing to ensure that the SSKIN bundle (a bedside tool to help staff and patients reduce pressure ulcer risk) is completed at every visit for at-risk patients.

Effective

The percentage of service users reporting improvements in outcomes and quality of life remains stable, achieving 56.1% in August (measured through the change in Dialog outcome scores before and after an episode of care).

Our Talking Therapies services continue to remain stable in the reliable improvement scores at an average of 71%, exceeding the national target of 67%. This reflects improvements across all services and the positive impact of initiatives underway to increase access and recovery for different population groups, including different ethnic and age groups identified with lower outcomes. A summary of this work was provided in the July report.

Across perinatal services, the Trust's rolling 12-month access rate is at 2,876, with a year-to-date access rate of 2061. In Luton & Bedfordshire, a local target has been set to reach 1,022 referrals by March 2026. Services continue to prioritise expanded community outreach initiatives and a more flexible appointment system.

Perinatal outcomes have also demonstrated an upward shift, rising from an average of 51% to 54% of service users reporting positive outcomes. As part of our ongoing review to improve the collection of outcomes, the administration and recording of the Core-10 outcomes have been simplified for staff. It is hoped that these changes will optimise data collection and support clinicians to have more recovery-oriented conversations with service users, helping them to achieve their goals and aspirations.

The number of service users dying in their preferred place of death has dropped from 88% in June to 63% in August. This represents a drop in Newham, compared to Tower Hamlets, where the advanced care planning team works alongside district nurses, supporting them in caring for patients on their caseloads who may be in the last months, weeks or days of their lives. In the absence of a similar team, Newham has set up a new QI project designed to establish this missing support, and ensuring conversations take place with patients and families about end-of-life care.

Service User Centred

The percentage of service users reporting being very satisfied or satisfied after contact with services rose to 86% in June but dropped sharply in July and August to 74%, primarily due to responses across primary care services. While June saw only 156 responses (with a high satisfaction of 86%), July and August recorded 1,010 and 460 responses, respectively, across primary care services, but with lower satisfaction at 53%. New automated feedback systems drove the increase in feedback volume in two Bedfordshire surgeries.

However, this also revealed broader dissatisfaction relating to issues such as medication reviews, appointment availability and waiting times, continuity of care, telephone delays, and the eConsult triage processes. To address medication reviews, staff are increasing capacity by expanding pharmacists across primary care networks, triaging waiting lists based on risk and urgency, reauthorising prescriptions based on clinical need, recruiting additional Pharmacy Technicians, and welcoming back pharmacists from maternity leave. To ensure appointment access, services will implement a new triage system by October 2025. This will streamline bookings, and close monitoring of call handling is in place in the interim period. To improve eConsult, triage systems and continuity of care, a new patient information leaflet and online resources will be available in Caudwell Medical Centre to help explain the process to service users. The recruitment of additional salaried GPs will help stabilise the workforce and also support better continuity of care.

After an unusual peak in complaints during June and July (reaching 80), the volume returned to normal levels of 58 in August. The sharp increase is mainly attributable to the mental health services in City and Hackney, and Tower Hamlets, as well as the CAMHS services across Bedfordshire and East London. The most common complaint themes across these services involved access to care, quality of treatment, and staff attitudes. These issues were reported mostly in community teams and less frequently in inpatient services. In City and Hackney, the higher number of complaints in June and July was not due to new complaints, but rather the reclassification of unresolved Patient Advice and Liaison Service (PALS) cases. Where complaints could not be resolved swiftly informally, services have updated records to show that a formal investigation is now in progress. While informal resolution is encouraged and often preferred by our service users, complainants retain the right to request a formal response if their concerns remain unresolved.

In East London CAMHS, the main complaint themes relate to long wait times and access to services, particularly neurodevelopmental care. To address long wait times, the service is reviewing its referral criteria and enhancing communication to provide clarity on what CAMHS offers and alternative support available within the system, enabling access to the most appropriate support for their needs. To improve efficiency and patient flow, services are implementing findings from a recent project on missed appointments and revising staff job plans to ensure caseloads are standardised across roles. To address the long waits in neurodevelopmental pathways specifically, teams have allocated additional resources and staff training to increase assessment capacity and have incorporated clear, measurable expectations for assessment volumes into clinical job plans.

In Bedfordshire CAMHS, the main complaints primarily focus on poor communication of letters and appointments, frequent clinician changes, a lack of detailed explanations and specific service offers, waiting times, and discharges from services that families disagreed with. In response to feedback, services have implemented changes, including improving communication through 'You Said, We Did' boards and newsletters, enhancing transparency with families by keeping them informed more regularly, training staff to strengthen evidence-based practices, and also having structured oversight with fortnightly complaint reviews by senior leadership to ensure lessons are learned and shared across all staff.

Tower Hamlets mental health services also seen an unusual increase in complaints over the summer. The average time taken to respond remains stable at 60 days, and the number of complaints closed over the past three months has increased. The main themes of complaints related to access, care and treatment. Services with long waits have a clear plan, with senior oversight, and there is a process in place to ensure that service users are kept updated about any delays to accessing care.

Timely

Early Intervention Services continue to exceed the national goal of 60%, although performance has dropped in the last two months. In August, 61.5% of service users commenced treatment within two weeks. This reflects a deterioration across East London services, related to capacity challenges and patient availability in some services.

The dashboard now contains new charts showing the number of people waiting over a year in mental health and community health services. Previously, the chart was more focused on safety, showing the number of people who had not received a contact from any service for over 52 weeks. It has now been amended to display the number of patients waiting over 52 weeks for the specific service they were referred to, providing a clearer position of the total waiting list size.

Across the Trust, 6,798 patients have been waiting over 52 weeks for mental health services. This number has reduced by 329 from May to June. 6183 of this group are waiting for adult Autism and ADHD services.

Beyond the 6183 people who have been waiting over 52 weeks for ADHD and Autism services, there are a further 32 people waiting for neighbourhood mental health teams and 122 for the Newham memory service. 186 patients are waiting over a year across our CAMHS services.

Referrals for ADHD services in Luton & Bedfordshire have been fluctuating but generally remain around the 80 to 160 range each month. The service plans to pause the diagnostic pathway for 6 months because patients are currently waiting 2-3 months for treatment or titration, a timeframe that is too long. The team is focusing its efforts on clearing the treatment waiting list and handing these patients back to GPs to clear the bottleneck at this stage of the pathway. Then, the service will focus on the assessment and diagnosis waiting list. Based on projections, the service is expecting to see the treatment waiting list reduce and the assessment waiting list increase in the next 3-6 months.

In City & Hackney, ADHD referrals have dropped drastically over the past 6 months from an average of 91 to 18. This is because GPs have been advised by the ICB to refer patients via Right to Choose, so they are receiving fewer referrals. Capacity is currently being focused on patients who are undergoing medication titration. The service capacity has further decreased in the past couple of months due to a doctor leaving at the end of August, who was working in the service 2 days a week. A small pilot scheme is underway where the service has 2 GPs, 1 day per week each, to carry out assessments and deliver treatment. This will run until April 2026, with the potential to extend into next year if successful.

In Tower Hamlets, ADHD referrals remain stable, averaging 94 per month. The service has been systematically going through its caseload over the past few months, removing any out-of-area patients, patients who have received a private diagnosis, and patients receiving prescriptions from their GP. Due to a lack of capacity in the service, the service's input into the "Train the Trainer" course has been suspended temporarily. A full-time ADHD practitioner is currently offering support within the service, which is primarily comprised of peer support groups and one-to-one reasonable adjustment appointments. Additionally, this practitioner is trained in ADHD coaching and is delivering this in Tower Hamlets to provide a non-pharmacological alternative to treatment where appropriate.

In Newham ADHD, the service has implemented two new needs-led pathways; the assessment pathway and the diagnosis and medication review pathway. Due to the long waits for an initial assessment, the service is focusing on promoting and encouraging non-pharmacological pathways.

Across Luton & Bedfordshire's Autism services, referrals remain stable at 120 per month with 940 service users waiting for an assessment. The key challenge remains staffing, which is leading to a backlog in writing up diagnostic reports. The service is now ring-fencing time towards tackling this and has designed a report template to standardise the information required and reduce the time spent on report writing. The team is currently finalising its post-diagnostic information pack to support service users following discharge.

Within the City & Hackney Autism service, the team continues to offer special interest sessions to resident doctors, which has allowed the service to expand its capacity. The assessment waiting list remains high at 635 in August. The service also continues to offer a 12-month post-diagnostic support offer to all service users after diagnosis, which is made up of monthly peer support groups and educational workshops.

Teams across Newham, Tower Hamlets, and City & Hackney are developing a joint agreement on how to manage requests for second opinions when service users disagree with the outcome of their assessment. In the Newham Autism service there are currently 226 people waiting for an assessment and the average waiting time for an assessment is currently 31 weeks. The number waiting for treatment has increased from 6 to 21 in the past 4 months, primarily due to the lack of funding for Peer Support groups and support classes, which have proven popular among service users.

In the Tower Hamlets autism service, there are currently 207 people waiting for an assessment with an average waiting time of 38 weeks. The referral process for Autism has been updated, with self-referrals now accessible online. This includes the introduction of a detailed screening assessment to streamline and fast-track information gathering, supporting a quicker and more effective pathway. Building on the insights from Luton & Bedfordshire, report templates are currently being reviewed to improve efficiency.

In City & Hackney, waiting times in our neighbourhood teams are now being reviewed in directorate management meetings since June 2025, where operational leads are now required to discuss challenges in the assessment of new referrals. There is also currently a redesign of the neighbourhood team structure, with the "front door" being a specific area of focus. This is expected to inform changes planned for the second half of 2025.

In Newham, the average waiting time for a first appointment in the neighbourhood teams is currently 13 days. Any breaches are primarily due to the doctor's capacity for first appointments. The services continue to work on developing alternative support offers for service users whilst waiting for medical input. Any service users waiting are reviewed every week, and plans are made, where possible, to see service users within 28 days.

In Tower Hamlets neighbourhood mental health, Barnsley Street is formally open and offering 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 37 days to be seen. In Luton & Bedfordshire, although capacity remains a challenge, there has been a modest increase in the percentage of service users seen within 28 days, with a current average wait of 22 days. Many delays are linked to service users not engaging with the team, with regular reviews in place to assess their ongoing care needs.

A variety of initiatives have been tested in memory clinics to manage the demands on the services. In Tower Hamlets, a service redesign is underway with a focus on streamlining the diagnostic pathway. This means that all referrals will be triaged by senior clinicians at entry, aiming to provide or exclude a diagnosis within a single day. MRI scans will be requested at the point of referral, and once available, patients will be booked directly into a one-day diagnostic clinic, which will run 4 days a week. Outreach diagnostic assessments will also be made available for housebound patients. Within Newham, the Trust has implemented a new digital monitoring system for the memory service, which enables staff to track each patient's progress along the pathway actively. This system provides real-time visibility and helps identify delays or pressure points early, allowing for quicker intervention and more efficient patient flow.

Waiting lists in CAMHS have decreased from 2308 in July to 2158 in August for a first appointment, with 186 service users waiting over a year to be seen. The longest waiting lists are within Bedfordshire and Newham CAMHS. Newham CAMHS has undergone a comprehensive redesign of its care pathway to better meet the needs of service users. A new needs-led model has been introduced, featuring four specialised care pathways to ensure faster, more efficient access to care. These pathways include therapeutic interventions, groups, psychoeducation, medication reviews, nurse prescribing, and support for ADHD and Autism. To support these improvements, new staff have been recruited, and the team will be fully operational in the next two months.

2131 service users are waiting over 52 weeks in community health services, with 809 of this group being within the MSK Podiatry pathway and 780 waiting in the SCYPS ASD pathway. 25 service users are waiting in the Wheelchair service in Bedfordshire where there is work underway to liaise closely with equipment providers to reduce the number of delays related to awaiting equipment. Current performance shows that 12.4% of service users have been waiting over 52 weeks in community health services, which is an NHS Oversight Framework (NOF) measure and is highlighted in Appendix 1.

Competency training has begun for two Band 6 staff members to join the core MSK team in Bedfordshire, supporting increased treatment capacity. Discussions have been reopened to explore virtual appointments, as well as the possibility of offering virtual education sessions for parents of paediatric patients with similar conditions. This is projected to reduce the number waiting for a first appointment by 3%. So far, the team have reduced the number waiting for a first appointment by 150 over the past 10 months. While current demand remains manageable, progress in reducing the backlog has been slow due to the additional time new staff require to manage the complex needs of MSK patients. Patient Initiated Follow-Up (PIFU) and an SMS service are now fully operational, and work is currently underway to review waiting lists to help reprioritise caseloads and remove any patients no longer requiring care.

In the Bedfordshire Wheelchair service, the overall waiting list has decreased from 505 in October 2024 to 428 in August 2025. Both adults and children have seen an increase in the percentage of patients seen within 18 weeks (66.8% for adults in August, increased from 51.9% in June). The service continues to prioritise the recruitment of vacant posts in the service to expand capacity as much as possible.

In Newham, the MSK service is actively managing demand and addressing waiting list pressures. The number of discharges has increased over the past couple of months from 2754 in June to 4357 in August. This has been due to the GetUBetter (GUB) app which has enhanced self-management support for a range of MSK conditions and allowed for earlier intervention. Many patients have been signposted to the app at the point of referral, where clinically appropriate.

780 children have been waiting over a year for assessment by the Autism Spectrum Disorder (ASD) service in SCYPS (Newham). The team continues to experience increasing demand on the service with monthly referrals having increased from 30 to 55 in the past 3 months. To manage this, SCYPS is putting in place a range of ideas to reduce waits. A new prediction tool is helping the team to plan appointments more effectively to target capacity where it's needed most, especially to prevent children waiting over 104 weeks. The average referral to assessment time has decreased slightly over the past couple of months, and was 85 weeks in August. Developing stronger links with Family Hubs are helping to improve the experience for families on waiting lists, with extra support through community-based offers like Healthier Wealthier Families and Healthy Start vitamins. SCYPS is also working with regional partners to streamline pathways across North East London, ensuring more joined-up care for children and families.

In August, urgent care teams in Community Health services have improved 2-hour access, achieving 92.8%, which is higher than the national 80% target.

Efficient

Inpatient bed occupancy has started to decrease from 94% in May to 90.7% in August. This is mainly due to a reduction across the Mother and Baby Unit (MBU) and the CAMHS Tier 4 inpatient unit in Newham.

The drop in bed occupancy in the MBU is attributed to a combination of seasonal factors like lower referral rates during summer, alongside more substantial, systemic changes including the successful expansion of community-based services that prevent admissions, an increase in the number of MBUs nationwide dispersing demand, and the positive impact of the new Case Manager within the Perinatal Provider Collaborative in expediting discharges by swiftly allocating care coordinators and ensuring early CMHT involvement.

CAMHS occupancy has decreased due to the closure of one ward. Additionally, rising case complexity means the PICU can now safely care for fewer children and young people at any given time.

Demand for adult mental health acute beds has remained high. Out of Area placements continue to remain stable and low, with only 11 in Luton & Bedfordshire. This improvement is due to several change ideas related to refining discharge processes and building stronger community partnerships. This includes ensuring that all patients have an estimated discharge date, using daily MDT reviews, with Red to Green huddles to identify delays to progress, and weekly reviews for all inpatient discharge plans. The number of patients who are clinically ready for discharge has decreased over the past two months – currently around 84, below the peak of 173. The main reasons for this relate to housing delays, social care support, and Ministry of Justice (MOJ) delays.

Tower Hamlets has implemented several key measures, including a new Supported Living Pathway to accelerate hospital step-downs and weekly system-wide bed meetings to improve patient flow. Resident doctors are being empowered to make timely discharge decisions, while initiatives like the Barnsley Street pilot are enhancing community-based crisis care. This dual approach reduces inpatient demand while improving community engagement, enabling faster interventions, and providing more cohesive support—all to deliver less fragmented care. The innovative "Red to Green" approach ensures discharge planning begins at the point of admission.

Persistent issues include delays in social care funding approvals for blitz cleans or accommodation, housing transition delays, and an increasing number of patients without a fixed address. The team is analysing the success of Roman Ward, which maintains an impressive 23-day average length of stay, to identify transferable best practices. The overall strategy focuses on strengthening community partnerships, enabling earlier community interventions, and optimising supported living options to prevent unnecessary admissions and reduce system pressures.

Newham is implementing a targeted strategy to reduce inpatient occupancy by tackling discharge delays and improving patient flow. The service is implementing an escalation pathway for out-of-area placements presenting to our Psychiatric Liaison Services in A&E to repatriate service users sooner, while strengthening community team involvement to identify social care barriers that might prevent timely discharge and step-down from inpatient services and community beds. Regular meetings with providers are in place to address persistent challenges like homelessness, immigration and benefits delays that block community step-down bed transitions. With bed management capacity currently stretched, the team is training additional staff to support flow and refining decision-making

processes between bed meetings and the Duty Senior Nurse team to ensure a whole system approach to managing flow. The long-term strategy focuses on earlier discharge planning and stronger partnerships with housing and social care to address the root causes of delays.

City and Hackney have successfully eliminated private bed use since August 2024 while gradually expanding step-down capacity from five to seven beds. While most patients are discharged within the 28-day target, a small number experience delays due to housing challenges. The High Intensity Users Service and enhanced discharge processes have maintained low readmission rates while average length of stay has continued to decrease through earlier discharge planning, implementing purposeful admission principles and approaches, including setting estimated discharge dates on admission.

Enhanced 14-day and 20-day caseload reviews for PICU and acute cases, respectively, combined with weekly complex case panels and social care meetings, are effectively resolving discharge barriers and delays. These coordinated improvements in care coordination and discharge planning continue to reduce unnecessary bed days while ensuring high-quality patient care.

In Bedfordshire and Luton, inpatient ward flow remains under significant pressure. To address the challenges, inpatient services have launched a new Shorter Admission Pathway on 14 July and are collaborating with the ICB on the Urgent and Emergency Care (UEC) plan. This shorter pathway is designed to improve patient flow by ensuring rapid assessment and support, with a clear target of discharge within seven days. It emphasises close collaboration between crisis, inpatient, and community teams to initiate discharge planning from admission. Short, purposeful admissions will help free up beds faster, reduce reliance on out-of-area placements, and ensure timely community follow-up for patients.

Psychiatric Liaison Teams (PLS) currently complete an assessment and reach a decision about ongoing treatment within 4 hours of arriving in the emergency departments for 81.8% of presentations in Bedfordshire & Luton and 77.5% in East London. While the number of service users waiting over 12 hours in A&E has increased to 217 in August, proportionately, the percentage of service users seen within 12 hours has improved from 85.8% in July to 86.6% in August. 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, 82.3% service users receive their first assessment by a mental health professional within one hour of referral in the emergency department. To improve bed availability, step-up and step-down beds continue to provide more flexible care options to avoid admission. A project is currently underway across all of the PLS departments to increase visibility of PLS activity by establishing data-sharing agreements with acute providers at our sites.

The productivity metric indicates a gradual increase in contacts per full time equivalent (FTE) member of staff. This metric has remained above the mean of 15.8 contacts for the past four months. Although staffing was reduced by 128 FTEs during this period, we achieved an increase in total contacts, which is an encouraging sign of improved productivity.

The second productivity indicator relates to missed appointments. Reducing missed appointments is a priority for the Trust, and the focus of the large-scale quality improvement programme (Pursuing Equity – see quality report). The data shows an unusual rise in June to 7.6% before returning to normal levels in July and August. This rise was primarily driven by increased non-attendance in CAMHS Mental Health Schools Teams, reflecting seasonal variations as children and young people began their summer breaks and were unable to attend appointments due to being away on holiday. To reduce non-attendance, services have implemented a number of ideas, include providing service users with appointment choices and sending multiple reminders.

Equity

This section of the report focuses on work being undertaken to ensure equitable access to care across older people's mental health services and community health services across the Trust.

Across East London, the Dementia Network is reviewing local memory services to assess current provisions, identify gaps, and compare them against national and local requirements. The group is examining service demands, ethnic profiles, and potential disparities in access—particularly whether certain groups face greater disadvantages or face barriers to access. Additionally, they are analysing resource distribution to ensure balanced provision and opportunities for improvement.

In City & Hackney, initial data revealed a low uptake of services among the Asian community, prompting an administrative review to correct incomplete or inaccurate demographic records. To directly combat cultural barriers like stigma and misconceptions about dementia prevalent in Bangladeshi and Turkish groups, the service is now recruiting dementia champions with ICB from these diverse communities to lead outreach and improve engagement. Furthermore, interpreters are offered to support assessments, and nurses provide post-diagnostic education directly to families to deliver culturally sensitive care.

To remove barriers to access, the older people's services in Tower Hamlets and Newham both operate a crucial open-access policy, allowing individuals to self-refer at any time without requiring a GP referral. Tower Hamlets also ensures that all service users and carers are contacted within 24 hours of referral, ensuring a conversation about the referral takes place quickly and personalised care is offered from the outset. It is also focused on strengthening coproduction with service users and carers by relaunching feedback measures (PREMs) and embedding service user voices into business meetings to guide quality improvement.

The team is also reviewing post-diagnostic support and considering in-house alternatives to enhance the care offer for all communities. Newham is piloting further initiatives in the Stratford area by working with community connectors and care homes to simplify referral pathways and improve access for different communities. The service is also reviewing ways to reduce A&E wait times and informal admissions. From September, the team will assess whether older people's community services can take on some of these cases to help prevent admissions.

Across Bedfordshire and Luton, a review of the Older People's community and crisis services is currently underway, with further updates expected following the completion of consultations. This ongoing work aims to refine the service model and ensure sustainable, high-quality care for older adults amid rising demand and system-wide pressures.

Older Adults' Inpatient Services in East London are streamlining discharge planning to overcome barriers such as finding suitable accommodation and social care. Despite full wards and fewer care home placements, readmission rates remain low, demonstrating effective care planning. To improve equity, staff now thoroughly record patient ethnicity and caregiver details and have received cultural awareness training to support diverse needs better.

Multidisciplinary teams are more integrated, offering specialised dementia support and dedicated spaces, such as a female-only lounge, which provides a safe and culturally appropriate environment for female patients. A falls reduction initiative includes staff training and role-playing, leading to fewer unnecessary one-to-one observations and more collaborative decision-making. These combined efforts enhance care quality, reduce delays, and ensure equitable support for older adults.

Across Community Health Services in Bedfordshire, a major innovation is the development of integrated neighbourhood teams, a pilot that brings together GPs, community matrons, social workers, mental health specialists, and voluntary organisations to create personalised care plans for individuals with complex needs. This model aims to ensure seamless, targeted support and reduce health inequalities.

A standardised outcome measure, the Rockwood Clinical Frailty Scale, is being implemented as a mandatory assessment tool during every clinical interaction across all East London and Bedfordshire services. This allows Urgent Community Response teams to proactively monitor any deterioration in a patient's frailty score and intervene early at home, preventing crisis and unnecessary hospitalisation for the most vulnerable.

Collaboration with the Community Health Physician Response Unit (PRU) across East London is enhancing integrated care by delivering more medical support directly to patients in their homes. Staffed by senior clinicians, this service helps avoid hospital admissions by treating older adults and at-risk groups in their own environment. Partnerships with housing services, fire safety teams, and charities (such as the Red Cross and local food banks) further strengthen support, addressing social factors that impact health and the holistic needs of individuals across different communities.

NHS Oversight Framework (NOF)

The metrics included as part of the NHS England Performance Framework for 2025/26 relate to key operating objectives defined in the NHS Planning Guidance for 2025/26. Appendix 1 provides a detailed performance breakdown, including domain scores, trend data, benchmarking information and relevant narrative of the plans in place to manage these.

For ELFT, performance is assessed across 13 domains, which have been scored and benchmarked against other providers, and the scores have been weighted equally. Where available, the benchmarking data will show how the Trust scores compare to our peers using a Red, Amber, Green scale.

NHS England has removed the rate of restrictive practices from the oversight framework. As ELFT had a comparatively low use of restrictive practices, the removal of this indicator has had an adverse effect on our overall score. This has resulted in an overall decline for ELFT from segment 2 to segment 3.

There are 3 main areas of opportunity that we are prioritising. The annual change in the number of children and young people accessing our services has recently improved through identifying a data discrepancy between the national figures and our data at ELFT. While national rules prevent full alignment, further clarification is currently being sought to address potential adverse impact to the ELFT scoring on this indicator.

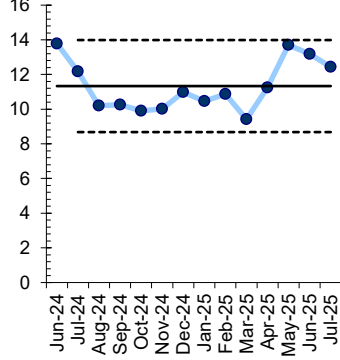
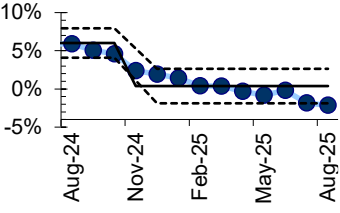
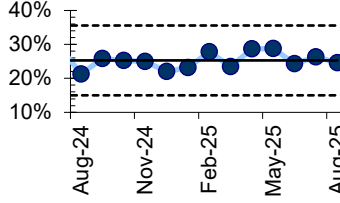
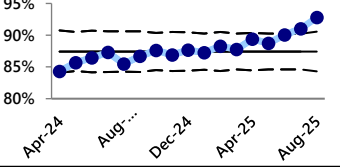
The percentage of inpatients with a length of stay exceeding 60 days remains stable at 29.1%. Several initiatives are underway to improve delays to discharge which have been discussed above.

12.4% of patients in community health services have waited over 52 weeks, mainly in Bedfordshire MSK and Newham SCYPS ASD. Performance is expected to improve in the next two months, and the details of the plans have been discussed in the Timely section of this report.

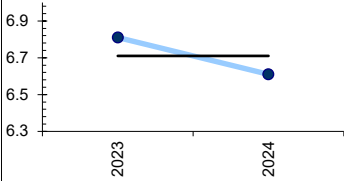
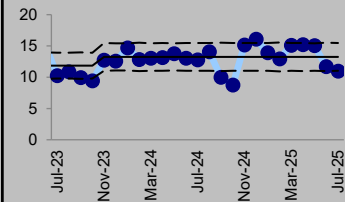
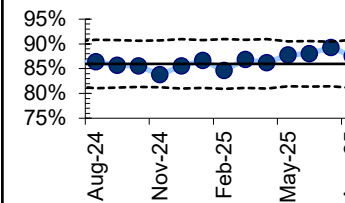
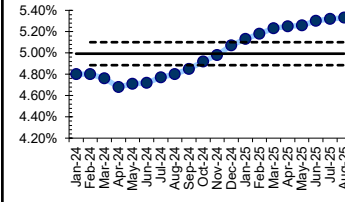
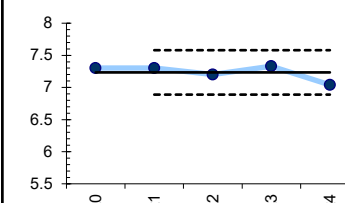
Appendices

- Appendix 1 – Performance against the 2025-26 NHS Oversight Framework
- Appendix 2 – Operational Definitions for the Performance Dashboard

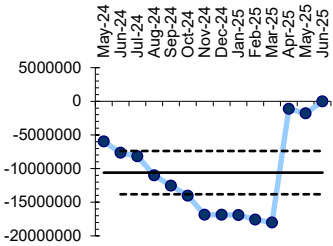
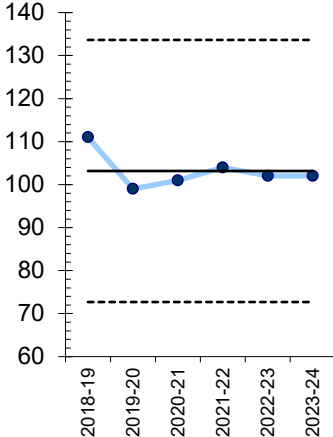
Appendix 1: Performance against the 25-26 NHS Oversight Framework Indicators – Note: NOF score is based on end of June position (Quarter 1).

	Measure	NOF Score	Performance	August Performance	Narrative
Access to care	Percentage of patients waiting over 52 weeks for community health services	3.50 Ranking (101/121)		12.4%	Across Community Health Services, 12.4% 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. With extra clinics, patient-initiated follow-up and SMS reminders in place, alongside increased capacity, performance is expected to improve in the next 2 months around this indicator
			Q1 2025/26 3.5 NOF Score	Provider value	
	Annual change in the number of children and young people accessing NHS-funded mental health services	3.60 Ranking (57/64)		Trust data shows 2% change	Nationally, rules will account for activity that might take place with another service outside of ELFT, which we cannot measure and don't have sight of. Analysis of teams with the largest activity change has been conducted and is currently being reviewed by services to address the gaps
			Q1 2025/26 3.6 NOF Score	Provider value	
Effectiveness and Experience	Percentage of inpatients with >60 day length of stay	3.30 Ranking (37/48)		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 3.3 NOF Score	Provider value	
	Urgent community response 2-hour performance	1.93 Ranking (12/25)		92.8%	Across the Trust, 92.8% of referrals are being seen within 2 hours. We have started to align operational practices to align with national contact rules.
			Q1 2025/26 1.94 NOF Score	Provider value	
	Community mental health survey satisfaction rate	2.00 Ranking (17/49)	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	Provider value	

Appendix 1: Performance against the 25-26 NHS Oversight Framework Indicators

	Measure	NOF Score	Performance	August Performance	Narrative
Patient Safety	NHS Staff Survey – raising concerns sub-score	3.10 Ranking (31/48)		6.61	This metric received 6.61 in terms of staff that feel comfortable raising concerns about unsafe clinical practice. This continues to be a key focus of the workforce plan.
		Q1 2025/26	3.1	NOF Score	Provider value
	Rate of restrictive interventions use	removed		n/a	A decision has been by made by NHSE to drop this metric from the NOF and therefore will no longer contribute to our overall score
	Percentage of patients in crisis to receive face-to-face contact within 24 hours	2.07 Ranking (17/46)		90.47%	Nationally, we have identified that this data does not include all the activity across the Trust. The graph shown here is the accurate position, and we are liaising with the national team to ensure this is reflected. We expect this position to improve for the next report
		Q1 2025/26	2.07	NOF Score	Provider value
People and Workforce	CQC safe inspection score (not scored)	n/a	Good (Safety domain)	Good [2022]	Not longer scored as the award was attained over 2 years ago
	Sickness absence	2.76 Ranking (120/205)		5.33% [annual rolling sickness absence rate]	As of August 2025, the annual rolling sickness absence rate currently stands at 5.33%
		Q1 2025/26	2.75	NOF Score	Provider value
People and Workforce	NHS Staff survey engagement theme score	2.70 Ranking (26/48)		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	2.7	NOF Score	Provider value

Appendix 1: Performance against the 25-26 NHS Oversight Framework Indicators

	Measure	NOF Score	Performance	August Performance	Narrative
Finance and Productivity	Planned surplus/deficit (not scored metric)	1.00 Ranking (19/205)		£4k [surplus]	Trust is on plan. The Trust is currently reporting a surplus position of £4k which is in line with the 2025/26 financial plan
	Q1 2025/261NOF ScoreProvider value  ?				
	Relative difference in costs score	1.00 Ranking (22/70)		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 2025/261.91NOF ScoreProvider 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 the service	The number of newly referred service users at the start of each month who have not been seen by the team they have been referred to
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 25 September 2025

Title	ELFT Trust Winter Plan 2025/26
Author/Role	Edwin Ndlovu, Chief Operating Officer & Deputy CEO
Accountable Executive Director	Edwin Ndlovu, Chief Operating Officer & Deputy CEO

Purpose of the report

This report presents the Trust's final Winter Plan 2025/26 for Board approval, in line with NHS England's requirement that all provider and ICB Boards formally sign off plans by 30 September 2025.

It integrates Community Health, Primary Care and Mental Health directorate plans with Integrated Care Board (North East London ICB) and BLMK ICB requirements and aligns with NHS England's (NHSE) UEC national winter priorities.

The Board is asked to confirm assurance that the plan meets national requirements, including scenario planning, risk mitigations, participation in the regional stress-testing exercise, and clear governance arrangements. The Plan has been reviewed by the Quality Assurance Committee. The Board is asked to review, receive assurance and approve the plan.

Committees/meetings where this item has been considered

Date	Committee/Meeting
September 2025	As set out in section 7.0
1 Sept 2025	QAC Meeting

Key messages

- The plan addresses anticipated winter pressures across both Community Health Services and Mental Health Services.
- Trust-wide enablers include vaccination programmes, infection prevention and control (IPC), workforce resilience, and the OPEL (Operational Pressures Escalation Levels) escalation framework.
- Community Health focuses on delivering a rapid 2-hour urgent response, frailty pilots and enhanced step up/step down beds, winter capacity at Fothergill Ward and proactive emergency department and care home in-reach.
- Mental Health enhancements include strengthened crisis team cover, sustained resilience of 111 helplines, expanded Crisis House and Discharge-to-Assess (D2A) capacity, senior liaison psychiatry decision-making and tailored crisis and relapse plans.
- Identified risks such as workforce shortages, industrial action and demand surges are mitigated through cross-cover, redeployment protocols, bank/agency mobilisation and Business Continuity arrangements.
- The aim of the Board Assurance Statement (BAS) is to provide formal confirmation signed by the CEO and Chair that the Trust's winter plan meets the requirements of the UEC (Urgent & Emergency Care) Delivery Plan. While full plans are not submitted to NHSE, Boards must assure themselves and the public of compliance and submit the BAS by 30 September 2025. The BAS (attached at appendix 1) provides assurance that the Trust has established and maintains robust governance arrangements, a strong focus on quality, safety and demonstrates active system partner engagement.

Strategic priorities this paper supports

Improved population health outcomes	☒	The plan incorporates preventative strategies such as flu and COVID vaccination campaigns, targeted at both staff and vulnerable service users; these efforts are designed to reduce seasonal illness, prevent hospital admissions, and promote health equity across the population.
Improved experience of care	☒	Robust planning around capacity, flow, and discharge ensures that patients receive timely, safe, and coordinated care throughout the winter period. The plan also includes measures to maintain high standards of infection prevention and control, enhancing patient safety and confidence in care delivery.
Improved staff experience	☒	The plan supports staff wellbeing through clear escalation protocols, adequate PPE provision and fit testing. It also ensures workforce planning is aligned with anticipated demand, helping to reduce pressure and improve working conditions during peak periods.
Improved value	☒	By aligning with the UEC Delivery Plan and leveraging system-wide partnerships, the Trust maximises resource efficiency and reduces avoidable admissions. The use of modelling and simulation exercises ensures that interventions are evidence-based and cost-effective, delivering better outcomes for patients and the system.

Implications

Equality Analysis	The plan includes targeted vaccination and outreach to address inequalities affecting ethnic minorities, frail/older adults, and those with severe mental illness. Equality impact has been assessed.
Risk and Assurance	Assurance provided via BAS that risks are identified and mitigated across base, moderate, and extreme surge levels. Escalation through OPEL, Board oversight, and tested command structures ensure resilience.
Service User/ Carer/Staff	Improved access to urgent and crisis care, stronger discharge pathways, and admission avoidance interventions will support patient safety and continuity of care. Staff are supported through vaccination, cross-training, and redeployment arrangements.
Financial	Some interventions (frailty pilots, extended consultant cover, additional therapists) are subject to winter funding allocations approvals. Core staffing and surge measures rely on existing resources with bank/agency support as required.
Quality	Plan is aligned to on-going QI programmes including red-to-green, discharge flow, admission avoidance and relapse prevention. Quality impact has been assessed and is subject to continual reviewed.

1.0 Background/Introduction

Winter pressures continue to pose significant challenges across the Integrated Care Systems (ICS). This composite ELFT plan consolidates submissions from Community Health Services, Forensics, and Adult and Children's Mental Health services across City & Hackney, Tower Hamlets, Newham, Bedfordshire & Luton, alongside contributions from system partners. The plan is underpinned by a Board Assurance Statement, signed by the CEO and Chair, confirming that risks, mitigations, and quality impacts have been fully considered and for submission to NHSE by 30 September 2025. The 2025/26 plan also draws directly on lessons learned from the 2024/25 winter, particularly strengthening surge workforce arrangements, improving communication and integration across partners, and embedding real-time information systems to support timely operational decisions.

2.0 Overarching Trust-wide Priorities

2.1 Safe and Accessible Services

The Trust is fully committed to delivering consistently safe, accessible, and equitable services across all mental health and community health sites and boroughs. We continually review access pathways, removing barriers to care and ensuring timely urgent and routine support for vulnerable and hard-to-reach populations.

2.2 Vaccination and Infection Control

A new influenza vaccination plan is supported by on-site roadshows and vaccination champions deployed across all sites. Infection prevention and control measures remain robust, with adequate personal protective equipment (PPE), comprehensive staff fit testing, and patient cohorting where appropriate.

2.3 Workforce Resilience

Staff rotas have been reviewed and strengthened to meet anticipated winter demand, supported by cross-training and detailed surge planning. Senior responsible officers are in place for both Community Health Services (CHS) and Mental Health Services (MHS) to ensure clinical and operational leadership and rapid escalation.

2.4 Governance and Assurance

The Trust operates a clear governance framework, comprising a Bronze Command structure providing clinical and operational leadership and well-practised OPEL escalation protocols, tested in live winter exercises. Real-time data visibility through platforms such as Power BI and SHREWD enables timely, informed decision-making. All matters relating to escalation, performance, and quality are reported through defined accountability pathways to the Executive Team and the Trust Board via appropriate committees, ensuring comprehensive oversight and assurance.

3.0 Mental Health Services

The Trust continues to provide resilient 24/7 urgent mental health helplines and crisis team support, with all systems tested and maintained for winter strength. Crisis House provision has been expanded, alongside enhanced Discharge-to-Assess pathways to facilitate timely, therapeutic alternatives to admission. Senior liaison psychiatry clinicians lead rapid assessment and decision-making processes, significantly reducing emergency department delays. Furthermore, relapse prevention and tailored crisis plans for individuals identified as high-risk or frequent urgent service users have been strengthened to ensure safe, responsive, and person-centred care across the urgent care pathway.

4.0 Community Health Services

CHS maintain a consistent two-hour urgent community response, enabling timely management of acute needs and reducing unnecessary hospital admissions. The virtual ward model has been expanded to safely support higher-acuity patients at home, easing pressure on inpatient beds while maintaining clinical oversight standards. Daily discharge reviews are embedded to optimise flow and maximize capacity availability. In-reach services to emergency departments and care homes are central to our prevention strategy, reducing avoidable admissions and facilitating early intervention. For the winter season, Fothergill Ward will maintain a 20-bed capacity, complemented by the implementation of an End of Life virtual ward pathway to provide both responsive care and dignified patient support.

5.0 Primary Care – Inclusion Health

ELFT's Inclusion Health practices and Rapid Access Medical Pathway (RAMP) Service deliver targeted winter resilience for people experiencing homelessness or rough sleeping, ensuring equitable access for one of our most vulnerable populations. This includes mobile and in-reach flu and COVID vaccination clinics delivered in hostels and day centres, complemented by regular outreach sessions. These services are integrated with crisis care pathways to enable seamless escalation and specialist support for individuals in acute need. Daily coordination with local authority partners during Severe Weather Emergency Protocol (SWEP) activations ensures a rapid, joined-up response to adverse weather risks. This approach directly addresses and reduces health inequalities, affirming the Trust's commitment to its Equality Duty throughout the winter.

6.0 Risk Management and Assurance

Key risks anticipated during winter include workforce shortages, infection surges, and ongoing bed capacity pressures. The Trust mitigates these risks through clearly defined redeployment protocols and guaranteed access to bank and agency staffing, allowing targeted, flexible resource allocation. IPC measures are rigorously maintained, supported by reliable PPE supply, comprehensive staff training, and well-established escalation pathways underpinned by the OPEL framework, tested and refined through Integrated Care System (ICS) led winter exercises. Recognising that certain interventions such as rapid workforce expansion or new service development may require additional funding not yet allocated, the Trust is proactively assessing these financial needs and prioritising any funding requests for executive review and external partnership support. This ensures all emergent risks are actively managed and reinforces our adaptive capacity to maintain high-quality, safe care throughout winter.

7.0 Forums where the plans have been considered

The ELFT Winter Plan 2025/26 has been reviewed and stress-tested through a combination of internal and external forums to provide assurance of readiness and system alignment. Internally, the plan has been scrutinised through Directorate Management Team (DMT) meetings and the ELFT Operations Board, ensuring operational ownership and clinical input across all services. Externally, the plan has been tested through the NEL ICB UEC Winter Planning Event, the NEL UEC Winter Assurance Check and Challenge session, the NHS England London Region Winter Exercise, the BLMK Winter Planning Exercise, and the BLMK UEC Health and Care Board. These forums have provided structured stress-testing, with feedback shaping improvements to workforce resilience, flu vaccination uptake, discharge pathways, and crisis care alternatives. Lessons learnt from the 2024/25 winter, including the importance of earlier system-wide coordination and planning for industrial action, have been built into the 2025/26 plan. Taken together, these forums and exercises provide assurance that the plan is comprehensive, resilient, and aligned with both Integrated Care Board strategies and the national Urgent and Emergency Care Delivery Plan. The Trust's winter plan will formally go live in October 2025.

8.0 Board Assurance Statement (BAS)

8.1 Purpose

The BAS (attached at appendix 1) serves as a formal mechanism through which the Trust's Board confirms full oversight of winter planning arrangements. It provides assurance that all key considerations have been addressed in alignment with the national UEC Delivery Plan. The BAS must be signed by both the Chief Executive and the Chair, reflecting Board-level accountability and endorsement.

8.2 Local Accountability

While ICBs and Trusts are not required to submit full winter plans to NHSE or follow a standardised template, each organisation is expected to formally approve its own plan. The BAS acts as the conduit for assurance to NHSE, confirming that the Trust is prepared to deliver safe, effective and equitable care throughout the winter period.

8.3 Content Overview

Section A outlines the Trust's strategic approach to winter planning including alignment with broader system priorities

Section B provides a checklist for Boards to confirm that all essential elements are incorporated into the 2025/26 Winter Plan.

8.4 The governance arrangements underpinning the Winter Plan have undergone rigorous validation through regional participation in simulation exercises, confirming robust oversight and accountability channels at Board level. Quality and safety considerations are central, reflected by a completed Quality and Equality Impact Assessment (QEIA) that outlines risks and sets clear mitigation strategies across all escalation levels. Preventative efforts including coordinated flu and COVID vaccination campaigns are delivered with an equity-focused approach to maximise uptake among staff and vulnerable service users alike. Detailed capacity and flow modelling, paired with partnership agreements on discharge protocols, ensure effective patient transitions and system resilience. IPC protocols remain stringent with ongoing PPE provision, staff fit testing and patient cohorting measures in place.

8.5 Assurance

The BAS provides assurance that the Trust has in place robust governance, a strong focus on quality and safety and active engagement with system partners. Collectively, these strategies confirm the Trust's readiness to manage winter pressures and maintain high standards of sustain safe, effective and equitable care during the forthcoming winter period.

9.0 Action Being Requested

The Board/Committee is asked to:

- **RECEIVE** and **NOTE** this report.
- **CONSIDER** the assurance provided.
- **APPROVE** the ELFT Winter Plan Board Assurance Statement 2025/26 for escalation to NHS England.



Winter Planning 25/26

Board Assurance Statement (BAS)

NHS Trust





Introduction

1. Purpose

The purpose of the Board Assurance Statement is to ensure the Trust's Board has oversight that all key considerations have been met. It should be signed off by both the CEO and Chair.

2. Guidance on completing the Board Assurance Statement (BAS)

Section A: Board Assurance Statement

Please double-click on the template header and add the Trust's name.

This section gives Trusts the opportunity to describe the approach to creating the winter plan, and demonstrate how links with other aspects of planning have been considered.

Section B: 25/26 Winter Plan checklist

This section provides a checklist on what Boards should assure themselves is covered by 25/26 Winter Plans.

3. Submission process and contacts

Completed Board Assurance Statements should be submitted to the national UEC team via england.eecpmo@nhs.net by **30 September 2025**.

Provider:	East London NHS Foundation Trust
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Section A: Board Assurance Statement

Assurance statement	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Governance		
The Board has assured the Trust Winter Plan for 2025/26.	Yes	The Board has received and approved the comprehensive Winter Plan, which integrates plans from Community Health Services and Mental Health directorates across ELFT's geography
A robust quality and equality impact assessment (QEIA) informed development of the Trust's plan and has been reviewed by the Board.	Yes	A robust Quality and Equality Impact Assessment (QEIA) was completed to ensure the plan addresses potential risks and health inequalities.
The Trust's plan was developed with appropriate input from and engagement with all system partners.	Yes	The plan was developed through extensive engagement with internal teams and external system partners and was stress-tested via a regionally coordinated winter simulation exercise. Lessons learned from previous winters, particularly related to mental health patient flow and crisis response, have been incorporated to strengthen resilience
The Board has tested the plan during a regionally-led winter exercise, reviewed the outcome, and incorporated lessons learned.	Yes	As above
The Board has identified an Executive accountable for the winter period, and ensured mechanisms are in place to keep the Board informed on the response to pressures.	Yes	The Chief Operating Officer is the Executive Lead responsible for Winter Operations, with established systems for real-time oversight and regular reporting on clinical safety, capacity and performance metrics
Plan content and delivery		

Provider:	East London NHS Foundation Trust
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The Board is assured that the Trust's plan addresses the key actions outlined in Section B.	Yes	The Winter Plan addresses all the key elements outlined in national guidance and aligns with the Integrated Care Systems' expectations
The Board has considered key risks to quality and is assured that appropriate mitigations are in place for base, moderate, and extreme escalations of winter pressures.	Yes	Business continuity plans have been reviewed. Significant quality risks related to winter are mitigated by the relevant escalations available through incident response framework and detailed in the business continuity plans.
The Board has reviewed its 4 and 12 hour, and RTT, trajectories, and is assured the Winter Plan will mitigate any risks to ensure delivery against the trajectories already signed off and returned to NHS England in April 2025.	Yes	Business continuity plans have been reviewed. Significant pressures in these areas are mitigated by the escalations available through incident response framework and detailed in the business continuity plans.

Provider CEO name	Date	Provider Chair name	Date
Lorraine Sunduza	TBC	Eileen Taylor	TBC

Section B: 25/26 Winter Plan checklist

Checklist	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Prevention		
1. There is a plan in place to achieve at least a 5 percentage point improvement on last year's flu vaccination rate for frontline staff by the start of flu season.	Yes	The Trust has committed to achieving at least a 5 percentage point improvement in flu vaccination rates among frontline staff by the start of the flu season. Targeted campaigns and community outreach will address inequalities, particularly among ethnic minorities and vulnerable groups pertinent to mental health and community physical health settings
Capacity		
2. The profile of likely winter-related patient demand is modelled and understood, and plans are in place to respond to base, moderate, and extreme surges in demand.	Yes	Capacity modelling and demand forecasting have been completed, with clear plans in place for base, moderate, and extreme surge scenarios
3. Rotas have been reviewed to ensure there is maximum decision-making capacity at times of peak pressure, including weekends.	Yes	Rotas have been reviewed and adjusted to ensure optimal decision-making capacity seven days a week, including weekends and holidays. On call rotas are in place and will be frequently reviewed and tested
4. Seven-day discharge profiles have been reviewed, and, where relevant, standards set and agreed with local authorities for the number of P0, P1, P2 and P3 discharges.	Yes	Community Health Services plans include delivery of a two-hour urgent community response, expanded virtual wards for higher-acuity patients, daily discharge reviews, and proactive in-

		reach initiatives to emergency departments and care homes
5.	Elective and cancer delivery plans create sufficient headroom in Quarters 2 and 3 to mitigate the impacts of likely winter demand – including on diagnostic services.	N/A
Infection Prevention and Control (IPC)		
6.	IPC colleagues have been engaged in the development of the plan and are confident in the planned actions.	Yes Infection Prevention and Control (IPC) measures remain. All relevant staff have completed fit-testing, appropriate PPE stocks are in place, and clear patient cohorting protocols have been established and are well understood by clinical teams
7.	Fit testing has taken place, for all relevant staff groups with the outcome recorded on ESR, and all relevant PPE stock and flow is in place for periods of high demand.	Yes All relevant staff groups have completed fit testing, with outcomes appropriately recorded on ESR. Stock levels and supply chains for all required PPE have been reviewed, secured, and are actively monitored to ensure resilience during periods of high demand. Contingency plans are in place to maintain supply continuity should pressures escalate
8.	A patient cohorting plan including risk-based escalation is in place and understood by site management teams, ready to be activated as needed.	Yes A patient cohorting plan is in place, with escalation protocols understood by site teams, including mental health inpatient and community settings
Leadership		
9.	On-call arrangements are in place, including medical and nurse leaders, and have been tested.	Yes On-call arrangements for operational, medical and nursing leadership have been reviewed, tested, and optimised to maintain

		operational resilience. The Trust employs real-time monitoring of pressures using the OPEL framework, with a particular focus on mental health and physical health community pathways
10.	Plans are in place to monitor and report real-time pressures utilising the OPEL framework.	Yes Plans are in place to monitor and report system pressures in real time through the OPEL framework. Processes for escalation, reporting, and response are established and tested, ensuring timely visibility at both operational and executive levels. This enables proactive management of emerging pressures and alignment with system-wide resilience arrangements.
Specific actions for Mental Health Trusts		
11.	A plan is in place to ensure operational resilience of all-age urgent mental health helplines accessible via 111, local crisis alternatives, crisis and home treatment teams, and liaison psychiatry services, including senior decision-makers.	Yes The plan includes strengthened urgent mental health provision with 24/7 helplines, enhanced crisis teams, expanded Crisis House and Discharge-to-Assess pathways, and senior liaison psychiatry clinicians focused on reducing emergency department delays
12.	Any patients who frequently access urgent care services and all high-risk patients have a tailored crisis and relapse plan in place ahead of winter.	Yes Liaison psychiatry services have senior decision makers in place, and tailored crisis and relapse plans have been developed for frequent urgent care users and high-risk patients

REPORT TO THE TRUST BOARD IN PUBLIC

25 September 2025

Title	People & Culture Committee (P&CC) 2 September 2025 – Committee Chair's Assurance Report
Committee Chair	Aamir Ahmad, Vice-Chair (London) and chair of the meeting
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 2 September 2025.

Key messages

At its meeting on 2 September 2025, the committee reviewed key workforce risks, challenges and improvement initiatives across several directorates. The committee received assurance of progress in areas such as staff engagement, inclusion and workforce development while also highlighting the need for continued focus on psychological safety, succession planning and case management. Members noted a sense of underlying workforce unease not always reflected in headline metrics and emphasised the importance of capturing emerging concerns and their root causes. Follow-up actions including sharing good practice examples were requested.

Emerging Issues and Challenges

- The committee reviewed recent periods of industrial action by resident doctors, current preparedness for potential foundation year doctor action and ongoing strike action by Grosvenor Facilities Management (GFM) staff
- Contingency plans and mitigations are in place across several workforce groups to maintain service delivery
- In response to the NHS England (NHSE) 10-Point Plan requirement for resident doctors, the committee requested a formal assurance report on compliance levels, gaps identified and action plans to address any shortfalls
- The committee emphasised the Trust's responsibility to ensure subcontractor employment terms support equity and population health and requested ongoing updates as discussions progress.

Primary Care Exit

- The committee received a comprehensive update on the Trust's exit from primary care contracts and the transition of staff, highlight staff engagement and mitigation of redundancies
- Contract transitions: Bedfordshire, Luton & Milton Keynes (BLMK) contracts extended to January 2026 with Integrated Care Board (ICB) led handover plans in progress; Outer North East London (ONEL) practices to transfer to caretaker providers from October 2025
- Inclusion health: Consultation underway to establish a new directorate by February 2026 with strong staff engagement and alignment with mental health services
- Workforce support: Staff engagement continues through roadshows and staffside input; redundancies have mainly affected admin roles; sickness absence and agency use are being actively managed
- Funding: Additional ICB funding secured for Greenhouse Practice to stabilise workforce.
- Staff morale: Mixed feedback noted; staff understand rationale for exit but express concern over loss of ELFT's role in local care
- The committee requested a follow-up review and report on whether the workforce reconfiguration following cross-practice redundancies is fit for purpose and to flag any unintended impacts on patient care.

Deep Dive: Bullying, Harassment, & Dignity at Work

The committee deep dive into bullying and harassment cases over the past 12 months, with comparative data from the previous year, highlighted progress, ongoing challenges and areas for further focus.

- Case resolution: Formal cases are decreasing, with more resolved informally. However, 58% remain open and case durations (90–111 days) exceed the 60-day target
- Discrimination cases: Most tribunal cases relate to disability. Race-related case volumes remain static prompting targeted interventions aligned with the anti-racist strategy
- Workforce support: OD support and directorate-level interventions are in place particularly in high-case areas. Management training is being strengthened to support early resolution.
- Learning: Lessons from dignity at work cases are being applied to broader grievance handling
- The committee acknowledged the impact of formal investigations on management capacity and supported efforts under the Going Further, Going Together workstream to reduce this burden
- The committee recognised the need for more management training and capacity around early and informal resolution and requested the sharing of learning from resolved cases for wider application across grievance handling
- The committee also requested:
 - A breakdown of the “other” category and a thematic review of victimisation cases
 - Continued focus on management capability and sharing learning from resolved cases to support early intervention and reduce formal case burden.

Workforce Deep Dives: Pharmacy

The deep dive on the pharmacy workforce highlighted progress in recruitment, inclusion and role development alongside areas for further focus.

- Workforce development: Recruitment and retention have improved through structured development plans, a dedicated workforce lead and engagement initiatives. The workforce includes pharmacists, technicians and assistants with strong service delivery across settings
- Equality, Diversity & Inclusion (EDI): Fair recruitment practices, unconscious bias training and flexible working policies have contributed to a diverse and inclusive workforce. Service users are involved in recruitment panels
- Role expansion and prescribing: Preparations are under way for trainee pharmacists to qualify as prescribers. A revised strategy is being developed to expand roles and support career progression across the pharmacy workforce
- Strategic integration: Pharmacy is aligning with the Trust’s shift to neighbourhood health and the 10 Year Health Plan with updated clinical standards supporting both inpatient and community models
- Performance and impact: Last year’s workforce targets were met with increased visibility of pharmacists in clinical settings and positive contributions to multidisciplinary teams
- The committee:
 - Acknowledged the team’s contribution to medicines governance and wider Trust priorities
 - Requested the development and clearer communication of a formal succession plan and clearly defined career pathways across the pharmacy workforce
 - Emphasised the importance of triangulating workforce planning across professional groups in line with national direction and internal transformation.

Workforce Deep Dive: CAMHS/SCYPS

The deep dive into the CAMHS and SCYPS workforce highlighted pressures from rising demand, trainee management and staff wellbeing alongside progress in sickness management and EDI.

- Workforce pressures: CAMHS and SCYPS manage a large trainee cohort, particularly in Mental Health Support Teams (MHSTs), placing pressure on senior clinical leadership. A new committee has been established to ensure transparent allocation of training resources
- Demand and pathways: Rising referrals especially for ADHD/ASD are driving long waiting times. QI projects and early intervention strategies are under way including upskilling school staff and integrating MHSTs as a single point of access for community CAMHS
- Staff wellbeing and sickness: Staff morale is being supported through improved communication, values-based leadership and targeted interventions. Sickness absence has reduced significantly with ongoing work to standardise management approaches
- EDI: Progress includes PCREF rollout, improved workforce data and co-produced anti-racism actions. Clinical teams are engaged in meaningful conversations to shape race equality priorities

- Leadership focus: Senior leaders are prioritising staff care particularly in inpatient settings and addressing the impact of violence and aggression
- The committee:
 - Requested continued focus on staff wellbeing particularly in the context of transformation and high demand
 - Highlighted the need for more sophisticated workforce data and consistent HR support to inform planning and decision-making
 - Acknowledged the importance of addressing racism and challenging behaviours across staff and patient interactions.

Workforce Deep Dive: Specialist Addiction Services

The deep dive into the workforce within Specialist Addiction Services highlighted growth, engagement and inclusion efforts alongside challenges in recruitment and psychological safety.

- Workforce growth and stability: The service has grown by 30% over three years supported by grant funding with no agency use and strong recruitment into junior roles. A significant portion of the workforce is grant-funded but national plans to integrate addiction services into core public health contracts are expected to improve long-term stability
- Recruitment challenges: National shortages of senior clinical staff particularly consultant psychiatrists and psychologists continue to impact service delivery and reflective practice capacity
- Staff engagement and development: Regular away days, quality discussions and a comprehensive training programme have improved staff involvement in service development and career progression especially for non-clinical roles
- EDI: The service has increased global majority representation in leadership, implemented cultural competency training and provided targeted support for differently abled staff
- Psychological safety: A high number of Freedom to Speak Up complaints mainly from one team prompted OD interventions and leadership support resulting in early signs of improvement
- Staff wellbeing: Substandard estate conditions in Bedfordshire continue to affect staff morale and wellbeing despite strong local leadership and commissioner relationships
- The committee requested continued focus on psychological safety particularly in teams with previous concerns and reflected on the need to consider how smaller, standalone services like addictions are integrated into wider Trust workforce and planning strategies.

Board Assurance Framework (BAF) Risk 5: Staff Experience

- A comprehensive staff experience improvement plan, and targeted interventions are stabilising workforce numbers, reducing agency use and addressing sickness absence. The shift to executive-led webinars is leading to better staff engagement
- A risk tolerance review is aligning the staff experience BAF with the updated People & Culture Plan, incorporating actions and mitigations.
- The BAF will be reshaped to reflect locality-driven staff experience and will further clarify the distinction between risk causes and consequences and segment measurement to sharpen targeted action at Trust and local levels.
- The committee agreed the recommendation that the risk score remains at 12 High and that appropriate controls are in place and operating effectively

Provider Capability Assessment & Board Oversight

The committee received an update on the new NHSE Provider Capability Assessment, a structured self-assessment tool covering six leadership domains to support board oversight and development. Assurance was provided that a clear timeline is in place for completion within the eight week deadline with individual committees overseeing relevant domains and the Audit Committee holding overall responsibility. A Board workshop is scheduled for 25 September to support understanding of the requirements.

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

18

September 2025

REPORT TO TRUST BOARD SEPTEMBER 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. • Whilst sickness absence rates have risen over the past two months, there remains an overall downward trend since the implementation of targeted interventions from January 2025. What has gone well: • Targeted work is having a positive impact on key people metrics with a significant reduction in over establishment and continued reduction in the agency usage. • Use of a ‘bank first’ approach has also seen a decrease in the bank workforce by 23.53% in the last year • Plans to improve staff experience have seen engagement from staff with Trust executives with other 300 attending the Trust talk live webinars What challenges do we have: • The volume and length of time people relations issues are taking are proving challenging for managers and staff. • Unrest in industrial relations continues and while resident doctors have paused action there has been some notified strike action from Trust contractors

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

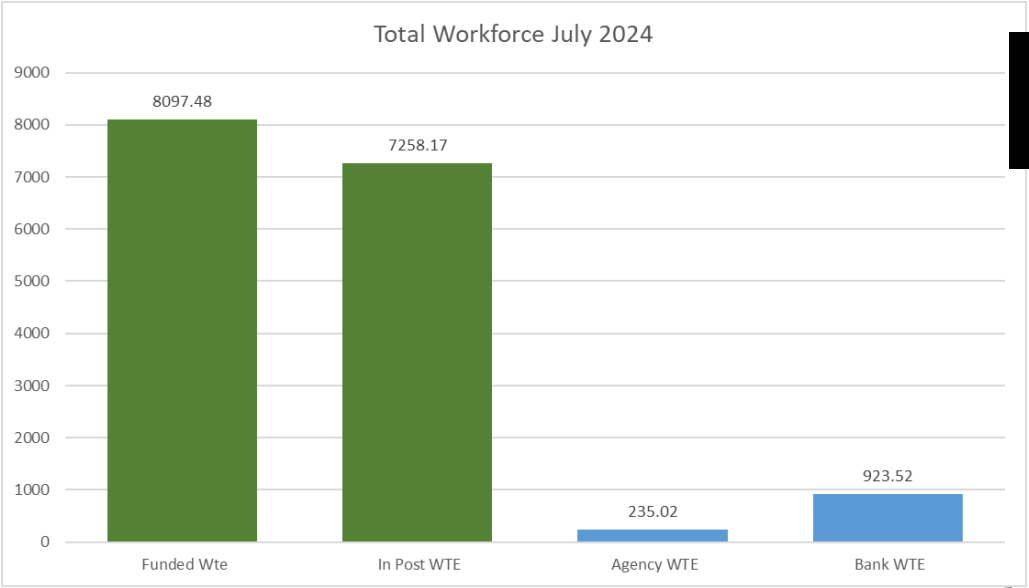
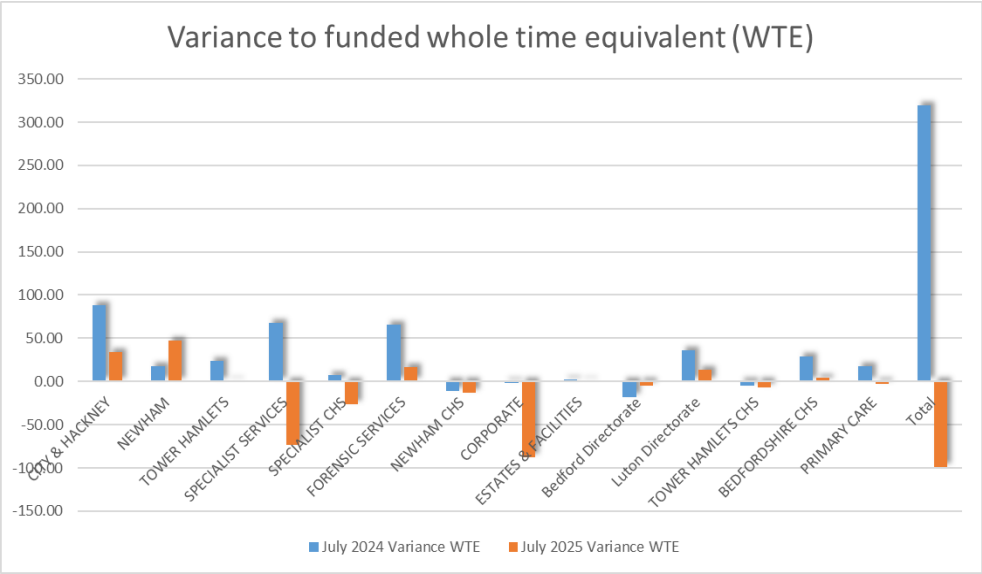
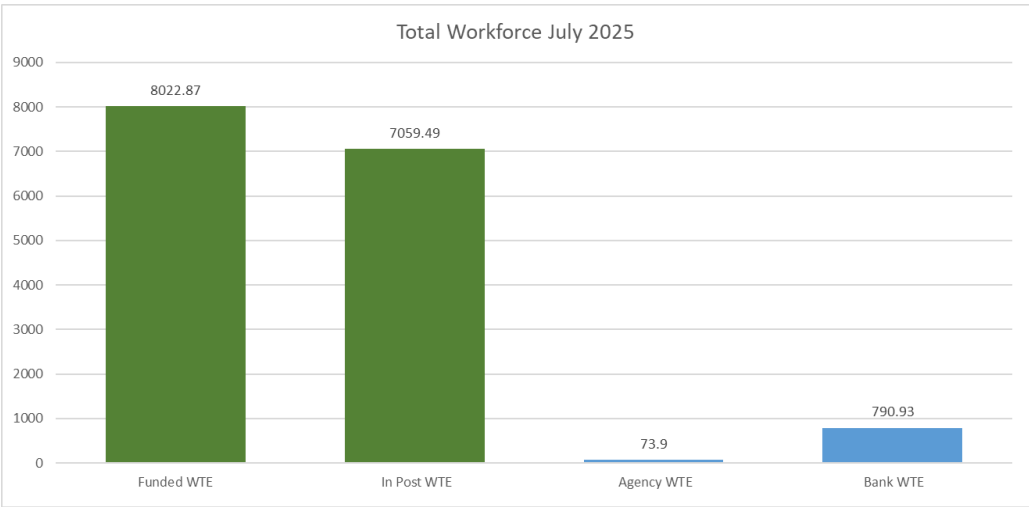
Date	Committee and assurance coverage	
Various	N/A.	

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

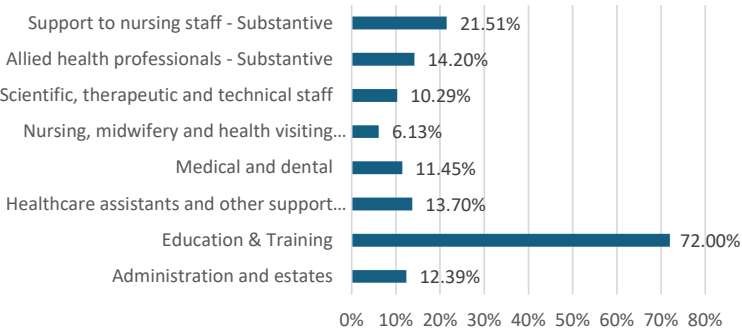
- A year-on-year comparison shows the significant shift in the workforce over the last 12 months. Targeted work to reduce reliance on a temporary workforce has seen a reduction in agency use of around 162 posts.
- Use of bank staff has increased recently which is due to targeted work to have a 'bank first' approach. Despite this, work is also ongoing to reduce the use of bank staff. The bank workforce has decreased by 23.53% in the last year to 1768.
- The Trust had 319.23 WTE over funded establishment in July 2024. As of July 2025, the Trust is 98.55 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.



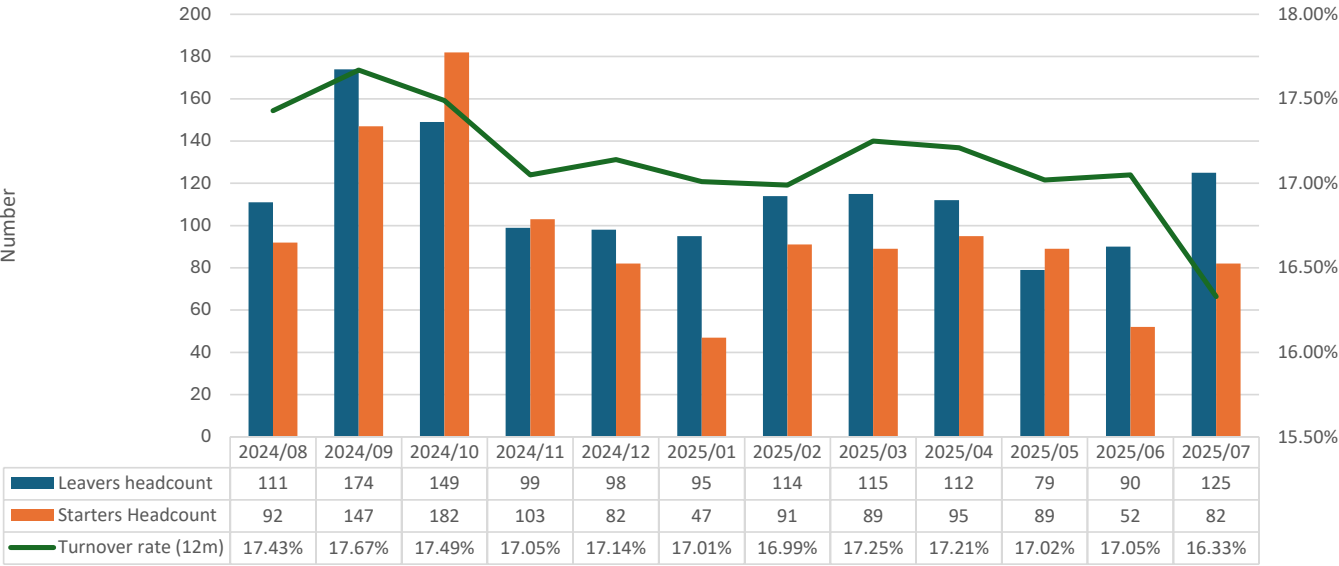
KEY PERFORMANCE INDICATORS

- 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 number of staff leaving is higher in July the rate of turnover is reducing indicating that overall less people are leaving. This is positive given the turbulence over the last 12 months.
- A recruitment drive has seen a significant reduction in support to nursing staff roles from 34% in May down to 21.51% in July. Education and training vacancy rates are high reflecting a change over in apprenticeships over the summer period. This is expected to reduce over the coming months.

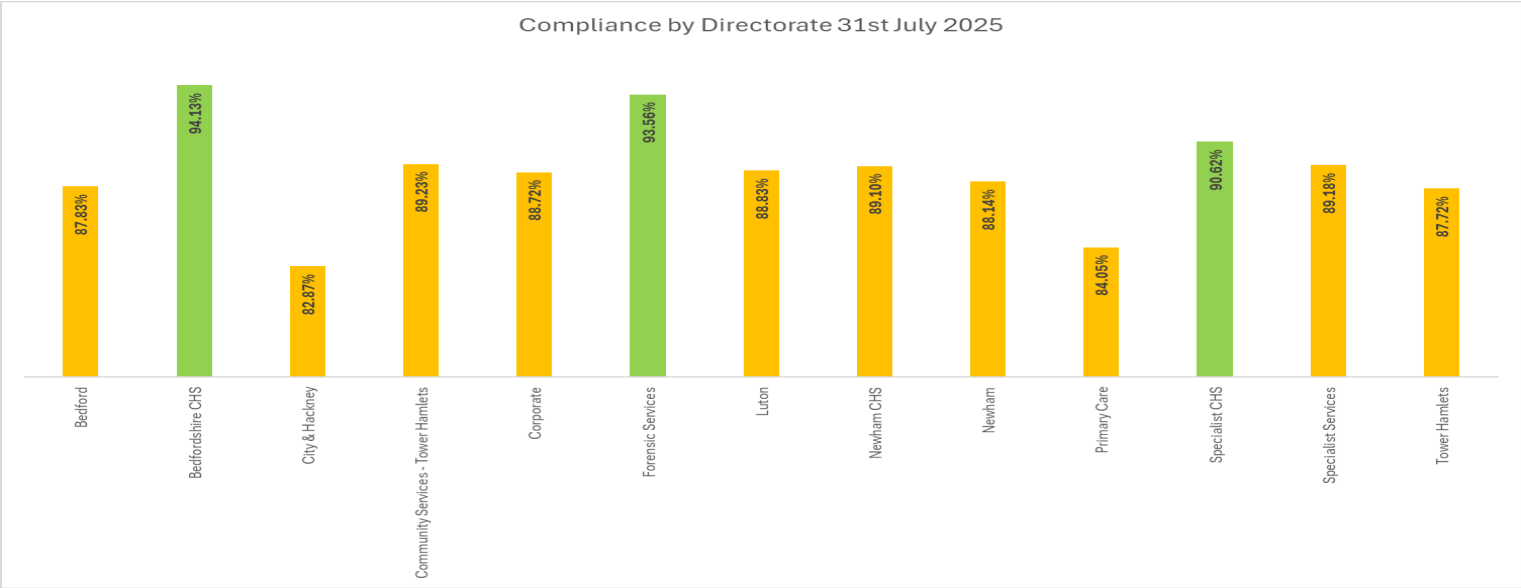
Vacancy % by Staff Group



Starters, Turnover and Leavers



KEY PERFORMANCE INDICATORS



Statutory and Mandatory Training

Statutory and mandatory training compliance has continued to follow a generally positive trajectory, with an overall compliance rate for July 2025 stands at 88.73%.

Performance remains relatively stable. Notably, three 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.

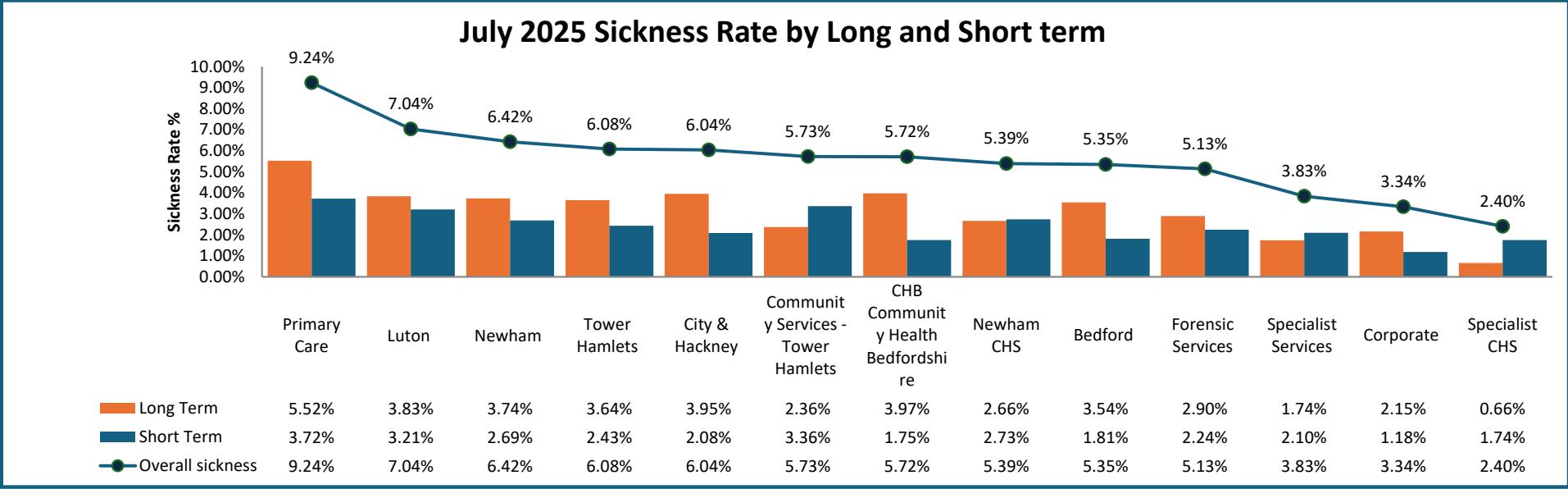
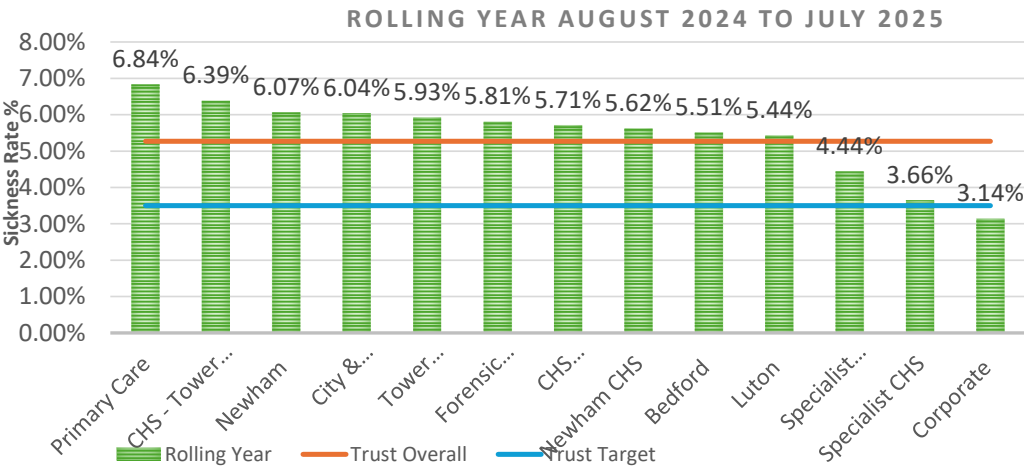
A mandatory learning oversight group is being established to track performance of statutory and mandatory training, ensure that the right people undertake the right learning for their role and passporting of training from other approved providers to reduce duplication. The MLOG will have representation from localities and professional leads.

KEY PERFORMANCE INDICATORS

Trust-wide sickness remains high at 5.27% against a target of 3.5%, and is increasing following a downward trend for the previous four months. Overall, eight of the directorates have lower sickness rates than February 2025.

Corporate and Specialist CHS are the only directorate that are below the Trust target. Primary Care has the highest sickness rates, with higher than average long term sickness.

Deep dive case conferences are fully established across all directorates, with directorates adopting a tailored approach based on operational needs. Initial findings show improved case progression and management, with average sickness case duration reduced from 310 days in 2024 to 67 days in 2025 in the same period.



KEY PERFORMANCE INDICATORS

The level of employee relations (ER) cases remains high with 153 live ER cases (excl ET's). There has been an increase in disciplinaries and dignity at work cases, with other types remaining at a steady number. There were 8 new dignity at work cases referred to People Relations in July which related to victimisation, race, and oral abuse.

Themes within freedom to speak up (FTSU) relate to:

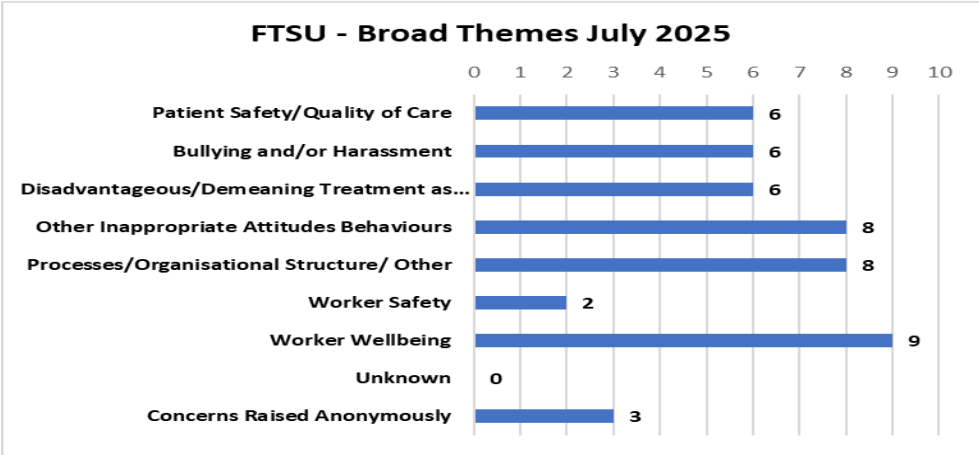
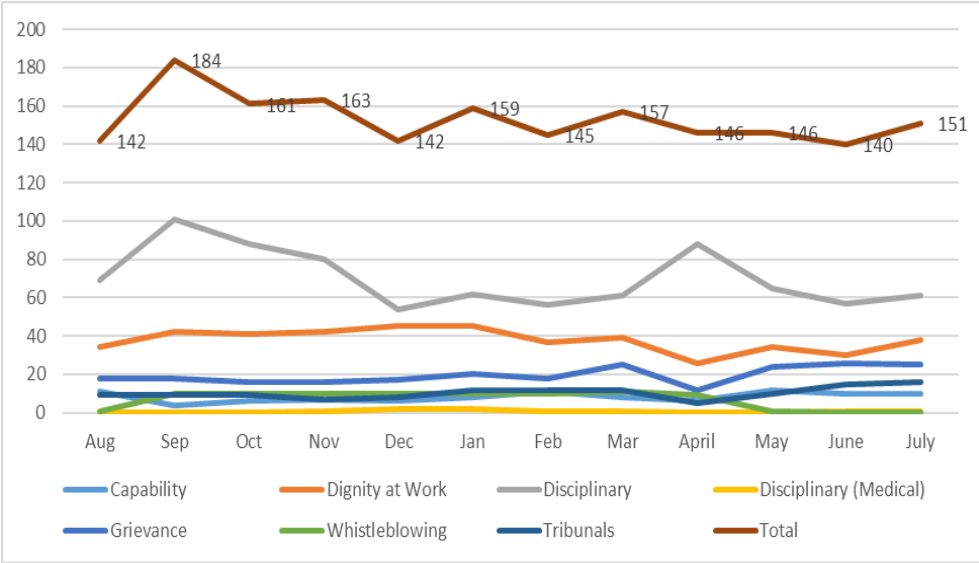
- Patient safety, with staff describing high caseloads, rushed visits, and resource shortages, particularly in community nursing and podiatry services, that made it difficult to provide the quality of care they strive for.
- Staff wellbeing, with individuals expressing feelings of burnout, anxiety, and being undervalued
- Culturally insensitive activities that left them feeling unsupported and unheard.

Concerns about leadership and organisational culture were also prominent. Staff reported perceptions of favouritism and poor restructuring practices, alongside a lack of transparency and ineffective conflict resolution. In some cases, senior colleagues were described as dismissive or authoritarian, contributing to a sense of psychological unsafety.

Issues of inclusion and equity were raised, particularly around disability and cultural sensitivity. Staff shared experiences of feeling excluded or overlooked, especially during organisational changes, and called for more inclusive and respectful practices.

Operational challenges, such as delays in supply chains, limited access to systems, and inconsistent supervision, were also raised. In some instances, staff raised concerns about the misuse of internal systems like CCTV, which contributed to feelings of mistrust and anxiety.

Across all concerns, a consistent thread is that staff are seeking a culture of openness, fairness, and compassion, where wellbeing is prioritised, voices are heard, and leadership is responsive and respectful.



STAFF EXPERIENCE PROGRAMME UPDATE

The Staff Experience Programme has been developed to provide an organisational focus on improving the working lives for all staff at ELFT. The aim is to create a programme of work that is structured and governed to drive delivery on key projects aimed at improving staff experience. Following analysis of the 2024 staff survey and other data and feedback sources several specific workstreams will be established to deliver these key priorities as set out in the slide below. The workstreams will each be led by an Executive, and will report monthly to the Staff Experience Programme Board Sub-committee. An initial set of projects will be agreed for the first 6 months of operation and then following completion new projects will be agreed, or if appropriate new workstreams established

Key updates September 2025

- Trust Talk Live was launched. A chief executive led webinar now takes place monthly. All staff are invited to attend. There is a short presentation on a topic and then opened out for discussion on either the topic or any other areas that staff would like to focus on. Attendance is growing with over 300 staff attending in September.
- Planning is underway for the Staff awards ceremony due to take place in October. Staff have voluntarily arranged for a second venue in Bedford to be available to 150 staff to attend a virtual ceremony. Arrangements will be made for the awards to be live streamed to the venue in Bedford so that staff can celebrate in person.
- Flu vaccinations will be made available for Staff from 1st October till 31st March 2026. A target of increasing update by 5% from last year has been set nationally. To ensure maximum update as early as possible the Trust will launch a campaign that aims to ensure accessible and convenient vaccinations are available to staff. Key learning from last year has informed the improvements for this year which will centre on digital innovation, data quality and earlier mobilisation.
- Staff surveys will be sent to all staff from 29th September and will close on 28th November. The aim will be to increase the response rate to at least 50% to ensure the best representation of how staff experience working at the trust. This will be done through a targeted communications campaign, regular reporting and performance oversight at executive level.

Workstreams aim and focus



Communication & Engagement

Enhance trust wide and local communication to ensure all staff are engaged and feel heard



Equity Programme Board

Lead the Equity agenda by monitoring EDI progress, shaping inclusive culture, and delivering actions based on assessed risks.



Workplace Culture

Promote the creation of an environment in which a positive workplace culture can amplify across the Trust



Grow & Thrive

Ensure everyone has access to the personal development they need to allow them to perform in the role they have today, and move towards their future aspirations



Wellbeing Forum

Focusing on getting the wellbeing basics right - supporting staff at ELFT to feel well, healthy, and happy at work



Data & Intelligence

Ensure that data helps us to understand the needs of our people, and to make sound decisions and plans to support an improved staff experience for all

KEY UPDATES

Industrial action

Resident doctors

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 took strike action 25 July until 30 July with c60 per day on week days at ELFT and c7 on weekend days. Robust contingency plans ensure minimal disruption to services. Due to the reinstatement of national negotiations future industrial action from resident doctors has been paused.

Grosvenor Facilities Management (GFM)

Newham Centre for Mental Health uses a company called Grosvenor Facilities Management to provide facilities services such as maintenance, cleaning, catering and reception as part of the private finance initiative (PFI) agreement. Trade union Unite has notified that they have a mandate to take strike action in regard to differences in terms and conditions. They are requesting that staff employed after GFM took over the contract be given agenda for change terms and conditions alongside those who transferred at the time the contract was taken over by GFM.

Strike action is planned from 1st September until 5th September and between 15th - 21st September.

A detailed business continuity plan has been developed and gives assurance that disruption will be kept to a minimum.

The Board are requested to **RECEIVE** and **NOTE** this report.

Bullying and harassment deep dive

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Bullying and Harassment Deep Dive overview



East London
NHS Foundation Trust

- An initial deep dive was undertaken in August 2024 reviewing Bullying and Harassment cases over the previous 2 years (January 2022 to July 2024). This review focuses on new cases raised between August 2024 and July 2025.
- Key Findings in August 2024:
 - 72% of cases were progressing formally
 - Cases were taking a long time to conclude
 - Majority of ET cases related to claims for discrimination in particular disability discrimination
- This review has considered the number of cases being raised, reasons for opening, outcome from the complaint, and time taken to conclude.
- The review is based on cases reported to the People Relations Team. Cases resolved locally through Respectful Resolution are not included. The Respectful Resolution Pathway provides tools to resolving dignity at work issues informally. As well as providing information about building a psychologically safe culture where staff can confidently and respectfully raise concerns.

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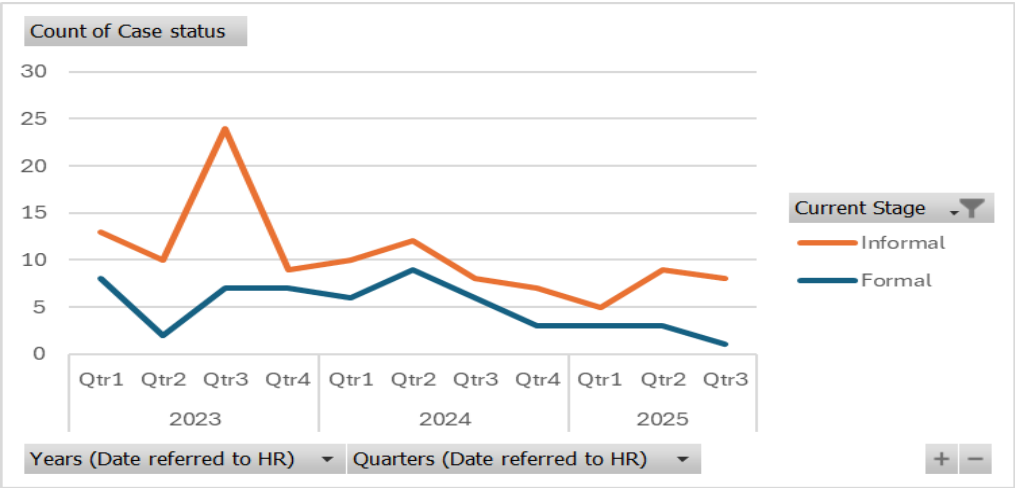


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Key Findings 2025



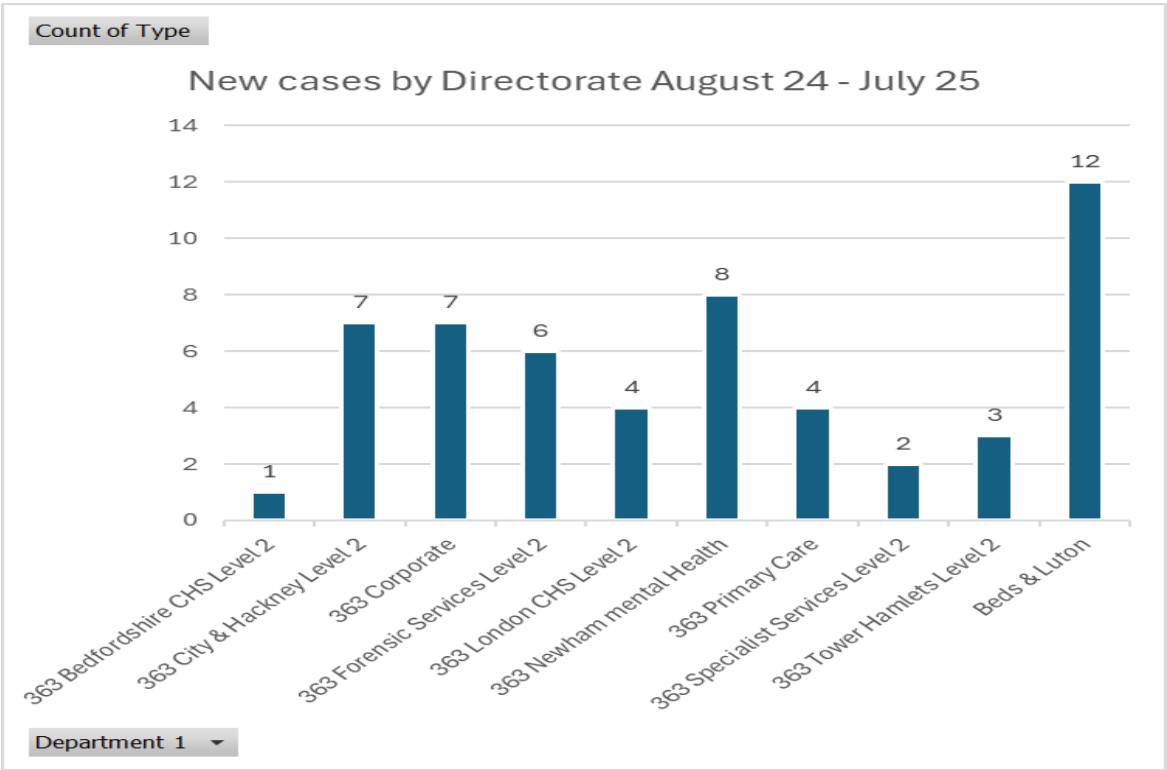
The number of cases progressing to a formal stage has reduced since August 2024.

- 58% (32 cases) remain open, alongside 11 legacy cases from the previous deep dive (open >1 year).
- Of the 55 cases opened, 10 cases have progressed to Employment Tribunal (equating to 4 employment tribunals).
- Of the 10 cases that were progressed formally, 4 were partially upheld; 3 were not upheld; 2 were withdrawn prior to conclusion and 1 was resolved informally during the formal process.



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Key Findings 2025



- Case distribution by locality remains consistent: Luton & Bedfordshire (22%); Newham Mental Health (15%) and Corporate (13%).
- When adjusted for directorate headcount, the highest case-to-staff ratios are observed in Luton & Bedfordshire and Newham, with Primary Care now also included
- Where there are disproportionately high numbers of cases, or multiple cases within individual departments, team-level interventions are recommended. These aim to address underlying concerns and reduce the volume of cases progressing to formal investigation.

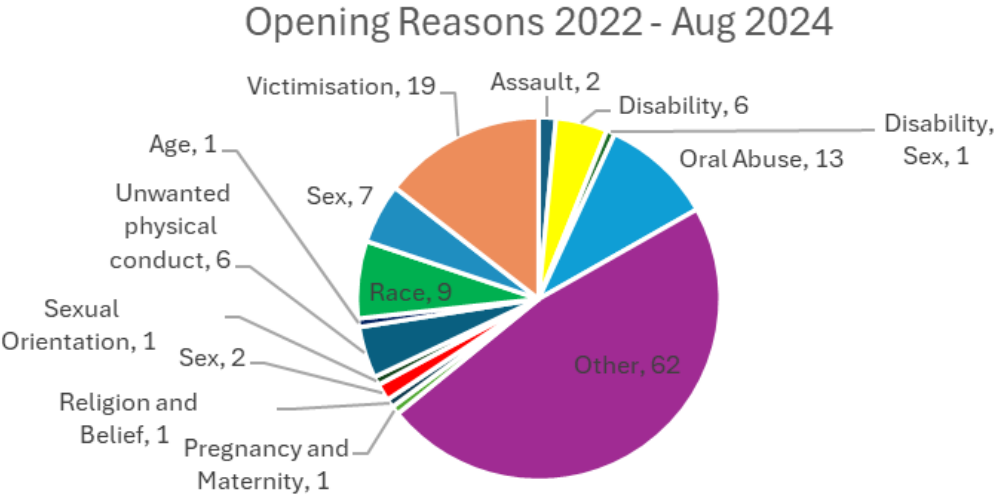


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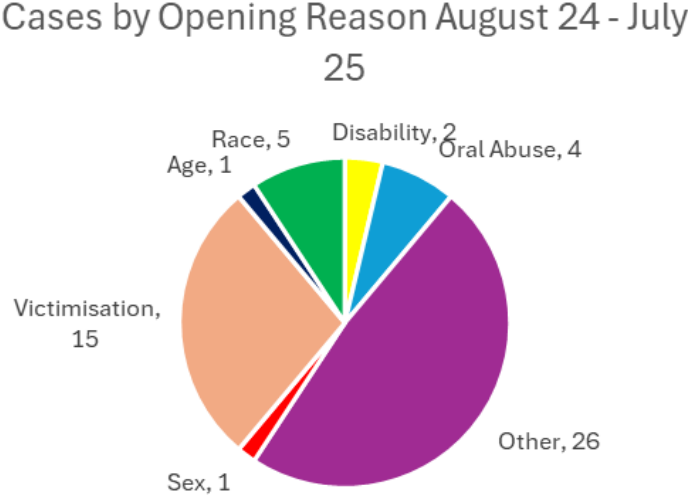
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Themes of Bullying and Harassment Cases

Count of Case status



Number of Cases



There has been a noticeable reduction in disability-related cases, aligning with the introduction of improved workplace adjustments guidance, supporting documentation, and enhanced managerial support. The volume of race-related cases has remained unchanged, highlighting the need for targeted intervention. It is proposed that any intervention be aligned with initiatives under the Staff Experience Plan and the development of the Trust’s Anti-Racist Strategy.



Data Note: The ‘Other’ Category applies where the main reason for complaint does not fall within any of the predefined categories and is not easily categorised. Many complaints list multiple reasons and this data has been simplified, e.g a complaint of oral abuse and victimisation has been simplified to victimisation.

Timescales of Cases

- A key challenge is to reduce the length of time taken to conclude cases
- The current policy allows for a 60 working day investigation with additional time for informal stage and concluding the process. Whilst the cases closed are within this timeframe, the open cases are already exceeding this expectation
- **Average duration for closed cases:** 90 working days (cases opened and closed within current audit period).
- **Average duration for open cases:** 111 working days — a continued improvement from 202 days (Mar 2024) to 135 days (Aug 2024).
- **Informal stage:** 6 of 20 open cases have been active for over 6 months.
- **Formal stage:** 9 open cases have exceeded 3 months, with an average duration of 183 working days.
- **Long-standing cases:** 11 cases have been open for over 1 year:
 - 4 on hold
 - 3 actively progressing
 - 4 concluded but pending feedback meetings
- Extended timescales are primarily due to limited managerial capacity to prioritise the investigation process. These delays are also impacted by staff absences, often related to sickness associated with the cases.



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Progress and Actions from 2024 Deep dive

Recommendation	Progress	Future Action
Increased Use of Respectful Resolution	There has been an increase in cases being resolved informally	Review the success of recent team Respectful Resolution Sessions to identify if this can be used more frequently to expand the current use at an individual level
Launch and promote Respectful Resolution training	Launched and available through ELA. Advisors are promoting the training to their managers	Review the uptake of the E-learning module training and promote further if there are low uptake from any groups of staff
Consider implementing triage panel to review before progressing formal	Concern that a triage panel would slow process and take away the autonomy from directorates. As an alternative to a triage panel, deep-dives have been conducted with locality teams to review long-standing cases and implement targeted strategies for resolution.	Build on the learning from the Disciplinary QI project to consider implementing Review panel before any case progresses formally as well as any other recommendations to reduce timeframes for processes.
Introduce Lessons Learnt session following complex cases	Sessions have taken place where cases have progressed to Tribunal	Consistently introduce learning lessons session following the conclusion of complex cases to ascertain learning and improvement in processes
Run Investigating officer Training in September/October 2024	4 trainings run between September 24 and February 25	Continue to run training sessions



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Next steps

- Consolidate the Dignity at Work and Grievance Policy into a single Early Resolution Policy, aligned with Just and Learning Culture principles.
- Continue to promote informal resolution and Just Culture approaches to enable timely, local resolution of concerns.
- Reduce case resolution times by applying learning from the ongoing Disciplinary Quality Improvement project.
- Leverage insights from staff experience initiatives, the development of the Trust's Anti-Racist Strategy, and Workforce Race Equality Standard (WRES) action plans to proactively address and reduce race-related discrimination cases.
- Maintain and enhance guidance and support for managers on workplace adjustments for disabled staff and the Workforce Disability Equality Standard (WDES) action plans.
- Increase use of team interventions and cultural reviews in areas with multiple complaints, as an alternative to formal investigations.
- Ensure localised concerns and emerging themes are captured through Directorate Management Teams reports and monthly employee relations (ER) meetings.
- Continue monthly ER case reporting to Service Delivery Board and quarterly reporting to the People Board, highlighting concerns, exceptions, and learning.



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REPORT TO THE TRUST BOARD IN PUBLIC 25 September 2025

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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 18 August and 18 September 2025.

Key messages

18 September 2025 Meeting

The committee reviewed and discussed the latest financial position, ongoing programme delivery, business development initiatives, digital and estates updates and committee effectiveness. The focus was on assurance around financial performance, risk mitigation and strategic readiness for evolving commissioning models. The committee welcomed progress and identified areas requiring further attention, particularly around capital expenditure, agency costs, data integration and contractual risk management.

Month 5 Financial Position and Performance Update

The committee reviewed the financial performance to M5 and was assured by the overall position and progress on savings delivery. However, caution remains around capital underspend and agency staffing challenges. Members strongly supported efforts to convert non-recurrent savings into recurrent ones and welcomed improvements in data quality and reporting, while requesting continued simplification of financial documentation. A positive cultural shift was also noted with stronger financial ownership at directorate and operational levels. Key points:

- A favourable financial position approximately £1.5m ahead of plan with a year-to-date surplus of £100k and strong cash reserves (£144m). The Going Further, Going Together (GFGT) programme continues to exceed savings targets delivering £4.7m ahead of plan year-to-date, albeit with some non-recurrent components
- Key risks discussed include capital underspend (c£2.0m) with internal reforecasting under way; agency spend which has reduced significantly but remains challenging especially in medical staffing; the need to convert non-recurrent to recurrent savings to ensure long-term sustainability
- Productivity initiatives are progressing focusing on reducing length of stay, missed appointments and outpatient transformation.
- The committee requested:
 - A detailed analysis of agency and bank spend including workforce modelling
 - A waterfall reconciliation report showing movement from planned to actual positions distinguishing recurrent vs non-recurrent savings, and unmitigated new cost pressures, alongside over-performances in GFGT
 - Integration plans for finance and activity data to support future commissioning models
 - Continued development of productivity metrics with clearer links to clinical outcomes.

GFGT Programme Update

The committee received an update that highlighted strong savings performance and productivity initiatives aimed at improving patient flow and reducing missed appointments and was assured by progress and welcomed the collaborative approach underpinning recovery. However, concern was expressed about implementation delays requiring ongoing monitoring.

- Discussions focused on converting non-recurrent savings into recurrent to secure sustainable financial benefits, addressing leadership and implementation challenges and system-wide collaboration to support financial recovery. Key points:
- £3m savings achieved in M5, £4.7m ahead of plan year to date with an annual forecast of £35.9m savings

- Savings driven primarily by bed sales and workforce efficiencies; £6m of non-recurrent savings targeted for conversion to recurrent
- Leadership and operational delays identified as barriers to savings programme delivery; there is a need to sustain leadership focus and operational capacity to maintain savings delivery alongside care quality
- Productivity deep dive emphasised initiatives to reduce length of stay and enhance outpatient services
- Collaborating with Central & North West London NHS FT (CNWL) and Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMK ICB) on an £18m system-wide financial recovery plan.
- Integration of productivity improvements with clinical effectiveness remains a key learning point.

Medium Term Plan and Block Deconstruction

The committee received a detailed technical overview of the national transition from block contracts to cost-per-case commissioning for mental health and community trusts.

- Discussions centred on the upcoming activity data submission which uses 2019/20 pricing with tariff inflation and is coordinated through Integrated Care Systems (ICSs) and NHS England (NHSE) and which is due for submission by 24 September
- Although the change will not affect 2025/26 contracts directly it will influence future contract values and requires robust, accurate and consistent activity recording supported by internal systems and external technical groups.
- The committee welcomed the strategic focus on this transition, emphasised the critical need for board engagement and strengthened governance, and requested regular updates and a future Board workshop to assess financial implications.

Digital Infrastructure and Cyber Security Update

The committee received a comprehensive update on digital infrastructure developments, cyber security enhancements and future digital strategy development which provided assurance on the strong progress while identifying continued focus areas to maximise benefits and mitigate risks effectively.

- Network upgrades progressing well including NHS wifi upgraded significantly
- Trust fully cloud-hosted, targeting top external benchmark scores for infrastructure
- Cyber security strengthened, national joint exercises being undertaken and an ongoing audit
- New digital initiatives include a Digital Medicines Board, electronic orders/results rollout, AI pilots, and ambient voice technology
- Five-year digital strategy in development focusing on building on infrastructure and enabling transformation
- The committee requested that future reporting should focus on measurable improvements (quality and efficiency) linked to digital investments
- Challenges/Improvements/Learning:

Contracts and Business Development Update

The committee reviewed a strategic service development proposal, welcomed progress on contract negotiations supporting long-term sustainability and highlighted the importance of sensitivity in developing specialist services where expectations and needs are particularly high.

Procurement

The committee welcomed procurement efficiencies achieved through new contract arrangements and noted assurance around stock resilience following warehouse closure, supported by collaboration with partner trusts.

Primary Care

The committee noted the progress in primary care contract negotiations, recognising that additional funding arrangements are in place; these funds will be reflected in the Trust's forecast outturn.

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 maintaining the current BAF scores and discussed action specificity, progress tracking and future risk adjustments related to tariff changes and infrastructure improvements.

Committee Effectiveness Review

As part of the annual effectiveness review of all committees, the committee reflected on improvements in governance, reporting quality and cross-committee collaboration, reflecting a positive cultural shift towards more mature financial oversight. Members agreed that the GFGT programme has significantly improved committee effectiveness, enabling better monitoring, visibility and influence across the organisation. The committee considered expanding the committee's scope to include performance data and emphasised the need for efficient meeting structures, clearer reporting formats and ongoing alignment across committees to strengthen assurance.

18 August 2025 Extraordinary Meeting

Month 4 Financial Position:

- The committee reviewed the M4 position and were assured that the Trust remains in surplus, c£900k ahead of plan, with further unplanned financial benefits expected, e.g. settlement income, provider collaboratives and additional system benefits
- The Going Further, Going Together programme is ahead of plan whilst the capital plan remains behind but without material concern
- A revised forecast outturn is due in September, anticipating £2-3m of non-recurrent benefits which provide opportunities for reinvestment.

Bids &Tenders

The committee reviewed a re-tendered bid and recognised the stronger clinical case and improvements to the risk profile. Members were assured by the financial modelling but noted ongoing uncertainties around costs and estates. The committee supported submission, subject to further negotiation and safeguards.

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

REPORT TO TRUST BOARD 25TH SEPTEMBER 2025

Title	Finance Report Month 5 (August 2025)
Author	Lisa Marsh, 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
18/09/2025	Finance Business and Investment Committee

Key messages

The Finance Report reflects the Trust financial position for month 5.

Summary of Financial Performance:

- As at month 5 the Trust is reporting a surplus of £0.1m. This is £1.5m favourable variance to the deficit plan of £1.3m
- The surplus arises from the release of £4.9m of accrued costs for an annual leave provision. This was reflected in the plan and is a non-recurrent benefit. 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 31st August was £143.7m.
- Year To Date (YTD) core capital expenditure is £2.5m, £2.0m below plan.
- Better Payment Practice Code YTD performance is 93% by volume and 86% by value.

What has gone well

- Delivering a surplus resulting in a £1.5m favourable position compared to plan. This will allow investments to be made in the remainder of the year on inpatient ward improvements.
- Delivering above the Going Further, Going Together (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.
- 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, Establishment and Supplies and Services alongside budget resets.

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 working, 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 was included in the NHS England Investigation and Intervention process. We have received the first National Oversight Framework scoring. We will review this data and report at future forums.
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 25th September 2025 August - Month 5 Finance Report

2025/26

Kevin Curnow

Chief Finance Officer



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Executive Summary

	In Month			Year To Date			Annual Budget £000
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	
Clinical Income	57,633	57,605	(28)	288,039	287,221	(819)	695,856
Other Income	748	1,169	421	9,281	10,397	1,116	23,852
Pay costs	(44,799)	(42,390)	2,409	(216,102)	(212,037)	4,065	(514,097)
Non-pay costs	(10,605)	(12,969)	(2,364)	(65,457)	(68,422)	(2,965)	(163,015)
Financing / non-operating costs	(3,449)	(3,360)	90	(18,002)	(17,731)	271	(43,511)
	(472)	56	528	(2,240)	(571)	1,669	(915)
Adjustments	6	(7)	(13)	896	677	(219)	915
Reported Surplus /(Deficit)	(466)	49	515	(1,344)	106	1,450	(0)
Memorandum items							
Agency Costs (per NHSE Plan)	970	919	(51)	5,699	4,245	(1,454)	
Going Further, Going Together	2,091	2,991	900	11,015	15,755	4,740	31,900
Cash	9	10,237	10,228	114,640	143,695	29,055	n/a
Core Capital	1,600	837	(763)	4,532	2,533	(1,999)	13,744

Key messages

The Trust is reporting a Year To Date (YTD) surplus of £0.1m as at 31st August. This is £1.45m favourable variance to the deficit plan of £1.34m.

The surplus arises from the release of £4.9m of accrued costs for the annual leave provision, over-performance in Going Further, Going Together (GFGT) schemes, pay underspends arising from vacancies, and some prior year benefits.

This is being offset by non-pay pressures in private beds, premises and repairs.

At month 5 the Trust has delivered £15.8m of savings, this is £4.7m above the plan. The Most Likely Forecast would achieve the full-year plan.

Core capital expenditure for the Year YTD is £2.0m below plan, a revised forecast has been produced to confirm full delivery by year-end.

Income	£0.3m over performance against budget, this is primarily due to receipt of additional income relating to 2024/25. Other favourable income variances have been offset by deferral of income where services have not yet been fully established.
Pay costs	£4.1m 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. Bank pay has slightly increased in month. Further detail is included on slides 6 (pay detail), slide 7 (Whole Time Equivalent analysis), slide 16 (agency spend) and slide 17 (bank spend).
Non-pay cost	£3.0m overspend, with private bed pressures in BLMK, Premises, Establishment and Clinical supplies. Further detail is included on slide 8. Further detail on private beds is shown on slide 18.
GFGT	£15.8m has been delivered, £4.7m 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 August, the cash balance was £143.7m, £29.1m above plan. This is largely due to working capital movements and capital slippage. Further detail is shown on slide 12.
Capital	Core capital expenditure of £2.5m, £2.0m below plan. Further detail is shown on slide 10.

Statement of Comprehensive Income and Expenditure

	In Month			Year To Date			Annual Budget £000
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	
Income							
NHS Patient Care Activities	56,279	56,372	94	281,213	280,103	(1,110)	679,472
Non NHS - Patient Care Activities	1,354	1,233	(121)	6,826	7,118	291	16,384
Other (in accordance with IFRS 15)	1,567	1,801	234	9,317	9,731	414	18,151
Other Operating Income	(819)	(632)	187	(36)	667	703	5,700
Income Total	58,381	58,775	395	297,319	297,617	297	719,707
Pay							
Substantive	(44,640)	(36,764)	7,876	(215,284)	(185,458)	29,826	(512,165)
Bank	0	(4,547)	(4,547)	0	(21,515)	(21,515)	0
Agency	0	(919)	(919)	0	(4,245)	(4,245)	0
Apprenticeship levy	(159)	(160)	(1)	(819)	(819)	(1)	(1,932)
Pay Total	(44,799)	(42,390)	2,409	(216,102)	(212,037)	4,066	(514,097)
Non-Pay							
Non Pay	(10,605)	(12,969)	(2,364)	(65,457)	(68,421)	(2,964)	(163,015)
Non-Pay Total	(10,605)	(12,969)	(2,364)	(65,457)	(68,421)	(2,964)	(163,015)
EBITDA	2,977	3,416	438	15,760	17,160	1,399	42,596
Post EBITDA							
Depreciation	(2,842)	(2,859)	(17)	(14,187)	(14,323)	(137)	(35,145)
Amortisation	(118)	(106)	12	(588)	(576)	12	(1,411)
Finance Income	400	545	145	2,100	2,480	380	4,600
Finance Expenditure	(306)	(309)	(3)	(2,411)	(2,391)	20	(4,555)
PDC Dividend	(583)	(583)	(0)	(2,915)	(2,915)	(0)	(7,000)
Other finance costs	0	(48)	(48)	0	(5)	(5)	0
Total Post EBITDA	(3,449)	(3,360)	90	(18,001)	(17,731)	270	(43,511)
	(472)	56	528	(2,240)	(571)	1,669	(915)
Less							
Impairments	0	0	0	0	0	0	0
Remove capital donations / grants / peppercorn lease	63	49	(14)	313	120	(193)	745
Remove impact of PFI revenue costs	(57)	(57)	0	583	557	(26)	170
Reported Surplus /(Deficit)	(466)	49	515	(1,344)	106	1,450	(0)

The Trust is reporting a YTD surplus of £0.1m as at 31st August. This is £1.45m favourable variance to the deficit plan of £1.35m

The surplus arises from the release of £4.9m of accrued costs for annual leave. This was reflected in the plan and is a non-recurrent benefit. The Trust still has an underlying deficit.

The favourable variance is the result of delivering more GFGT savings than planned, alongside some non-recurrent benefits arising from the prior year, including a VAT refund, and receipt of invoices that were lower than accrued at year-end. These are being partially offset by non-pay cost pressures in private beds, and unbudgeted cost pressures.

Key drivers of the underlying deficit continue to be 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 5 was £15.8m against our submitted plan of £11.0m (just under £3.0m delivery in month), resulting in a favourable variance of £4.7m. This is driven through reported sales of bed capacity, rostering efficiencies and non-pay workstream efficiencies. Where there is slippage against year to date identified plans, mitigation needs to be identified.

2025/26 Forecast

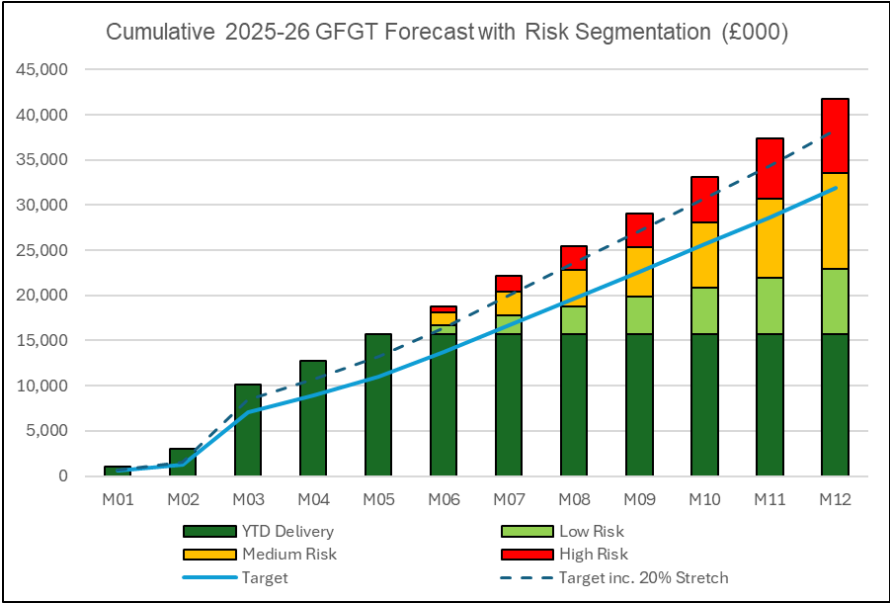
After taking year to date delivery into account, the Trust has a ‘best case’ forecast of £41.9m (of which £2.7m still to be signed off) should all schemes in the tracker be fully delivered. Taking scheme risk and development status into account, the Trust now has a ‘most likely’ forecast of £35.9m, which would see the Trust meet the financial plan. However, several 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 almost £3.0m in Month 5, £15.8m year to date. The most likely forecast of £35.9m 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	838	1,051	213	3,000	3,009	9
Newham AMH	853	2,041	1,188	3,000	3,816	816
Tower Hamlets AMH	1,222	1,480	257	3,900	3,332	(568)
Luton & Bedfordshire AMH	1,775	965	(809)	5,700	4,427	(1,273)
London CHS	626	744	118	2,750	2,255	(495)
Bedfordshire CHS	525	531	6	1,800	1,536	(264)
Specialist Services	1,235	988	(247)	3,400	3,147	(253)
Forensic Services	528	1,129	601	2,550	2,948	398
Primary Care	17	356	339	600	722	122
Corporate Services	668	1,255	587	4,202	4,293	91
Estates & Facilities	91	193	102	1,000	1,023	23
Trust-Wide Schemes	0	71	71	0	477	477
Directorate Sub-Total	8,379	10,804	2,425	31,902	30,985	(917)
Planning Adjustment & Mitigation	2,636	4,951	2,315	0	4,951	4,951
TOTAL	11,015	15,755	4,740	31,902	35,936	4,034



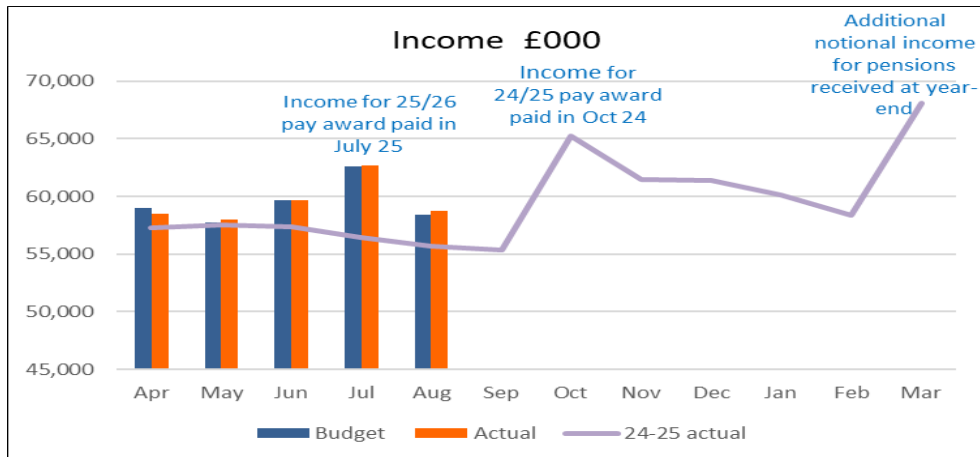
Income

The income position at the end of August is a £0.3m over performance.

The main areas over performing are :

- Income received relating to the prior year for BLMK Transforming Care and Treatment Review, £0.3m, and Luton Family Hub, £0.4m.
- The release of a provision for unpaid invoices, £0.2m.
- Sale of spot beds to other providers, £0.3m.
- Additional income in the Forensics Directorate, £0.3m and Primary Care, £0.3m.

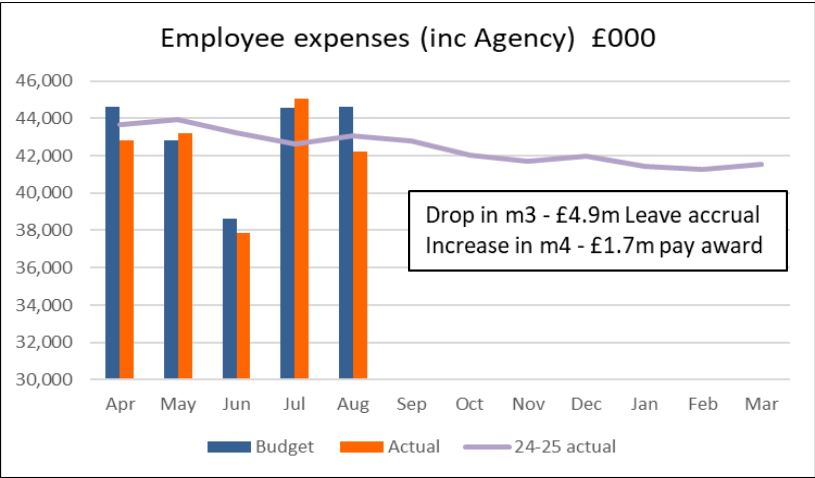
This is partially offset by the deferral of income for services that have been commissioned but are not yet being delivered and provisions for income disputes. These are held within NHS Other.



	In Month Budget	In Month Actual	In Month Variance	YTD Budget	YTD Actual	YTD Variance	Annual Budget
Trust Income Position £'000							
Operating Income From Patient Care Activities							
NHS - Patient Care Activities							
Integrated Care Boards (ICBs)	48,722	48,751	30	243,386	242,936	(449)	596,589
NHS Foundation Trusts	6,660	6,791	130	32,574	32,859	284	71,115
NHS Trusts	298	321	24	1,480	1,904	424	2,102
NHS Other (including Public Health England)	0	(100)	(100)	0	(1,439)	(1,439)	0
NHS England	599	609	10	3,773	3,843	69	9,666
NHS - Patient Care Activities Total	56,279	56,372	94	281,213	280,103	(1,110)	679,472
Non NHS - Patient Care Activities							
Local Authorities	991	885	(107)	4,957	5,402	445	11,897
Non-NHS: Other	363	348	(15)	1,869	1,703	(166)	4,487
Non-NHS: Overseas Patients	0	0	0	0	12	12	0
Non NHS - Patient Care Activities Total	1,354	1,233	(121)	6,826	7,118	291	16,384
Operating Income From Patient Care Activities Total	57,633	57,605	(28)	288,039	287,221	(819)	695,856
Other operating income							
Other (in accordance with IFRS 15)							
Research and development	154	350	195	935	935	(0)	1,512
Education and Training Income	1,363	1,363	0	6,934	6,934	0	14,847
Other (recognised in accordance with IFRS 15)	49	88	39	246	492	246	590
Non-patient care services to other Non WGA bodies	0	0	0	1,203	1,370	167	1,203
Other (in accordance with IFRS 15) Total	1,567	1,801	234	9,317	9,731	414	18,151
Other Operating Income							
Charitable and other contributions to expenditure	0	0	0	0	109	109	0
Other Income	(819)	(632)	187	(36)	433	469	5,700
Capital Grants Income from Peppercorn Right of Use	0	0	0	0	125	125	0
Other Operating Income Total	(819)	(632)	187	(36)	667	703	5,700
Other operating income Total	748	1,169	421	9,281	10,397	1,116	23,852
Grand Total	58,381	58,775	394	297,320	297,618	297	719,707

Key message : Income is above plan, some income is being deferred for services that have been commissioned but are not yet being delivered.

Pay



Pay type	Funded WTE	Actual WTE	Variance WTE	In Month			Year To Date			Annual Budget £000
				Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	
Substantive	7,957.3	7,154.0	(803.3)	(44,640)	(36,764)	7,876	(215,284)	(185,458)	29,826	(512,165)
Bank	0.0	758.6	758.6	0	(4,547)	(4,547)	0	(21,515)	(21,515)	0
Agency	0.0	65.2	65.2	0	(919)	(919)	0	(4,245)	(4,245)	0
Sub-total - staff	7,957.3	7,977.8	20.4	(44,640)	(42,230)	2,410	(215,284)	(211,217)	4,066	(512,165)
Apprenticeship Levy				(159)	(160)	(1)	(819)	(819)	(1)	(1,932)
Non-Executives	1.4	1.7	0.3							
Total	7,958.7	7,979.5	20.7	(44,799)	(42,390)	2,409	(216,102)	(212,037)	4,066	(514,097)

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 £4.1m. This is driven by substantive vacancies across a range of services, and over performance of GFGT Pay schemes.

Costs have reduced by £2.8m in month, due to July including the impact of the pay awards for months 1-4. The pay award was processed for eligible staff in August, this does not include GP payments or Very Senior Managers.

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 pay award impact, actual pay spend in month is c£1m lower than reported for May and June, this relates to additional accruals made for enhancements and the release of an over estimate for the pay award in month 4.

Key message : YTD 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, annual leave and vacancies.

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	Jul-25	Aug-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	8,006.3	7,957.3	(49.0)
	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	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	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	7,108.1	7,107.1	7,154.0	46.9
	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	768.1	791.2	758.6	(32.6)
	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	72.7	74.7	65.2	(9.5)
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)	(999.8)	(899.2)	(803.3)	95.9
	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	768.1	791.2	758.6	(32.6)
	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	72.7	74.7	65.2	(9.5)
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	8,006.3	7,957.3	(49.0)
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	7,948.9	7,973.1	7,977.8	4.7
(Over) / under establishment		(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	67.5	159.0	33.3	(20.4)	(53.7)
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%	2.0%	0.4%	(0.3%)	(0.7%)

WTE funding has reduced in month, in line with GFGT savings plan, while actual WTE have slightly increased. This follows increased recruitment to substantive roles in some Directorates.

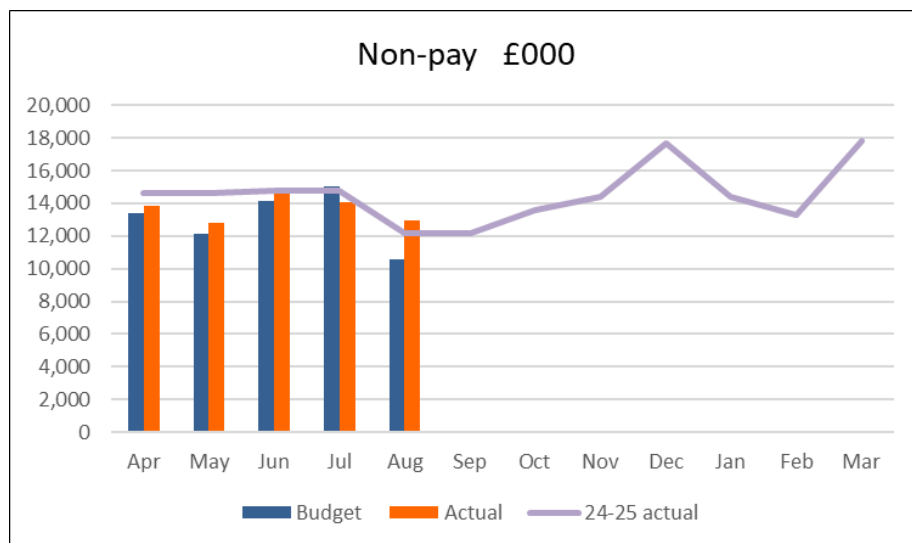
Bank WTE has reduced considerably from April, though there continues to be a pressure in Inpatient wards to cover sickness and annual leave. We are also seeing in an increase in usage for the Home Treatment Teams.

Agency costs have also reduced since the start of the year. The majority of agency spend is in hard to recruit medical teams.

The funded establishment has reduced by 160.8, relating to GFGT reductions.

Key message : Pay is under-plan, following targeted work to manage Bank and Agency spend. Pay underspends from vacancies are being partially offset by using agency staff at premium cost, and remaining bank pressures.

Non-pay



Expenditure type	In Month			Year To Date			Annual Budget £000
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	
Health and Social Care - NHS	(2,354)	(1,966)	389	(11,849)	(11,096)	752	(27,545)
Health and Social Care -non-NHS	(2,026)	(2,152)	(125)	(9,713)	(10,124)	(410)	(23,791)
Supplies & Services	(3,188)	(2,509)	679	(14,420)	(15,478)	(1,058)	(39,628)
Drug costs	(477)	(565)	(89)	(2,386)	(2,790)	(405)	(5,716)
Consultancy	(63)	(68)	(5)	(342)	(416)	(73)	(808)
Establishment	(445)	(613)	(168)	(2,196)	(3,146)	(950)	(5,278)
Premises	(3,166)	(3,419)	(253)	(13,789)	(15,783)	(1,994)	(31,349)
Transport	(226)	(233)	(7)	(1,628)	(1,321)	308	(4,080)
Audit fees	(16)	(15)	1	(78)	(75)	3	(186)
Training	(457)	(31)	425	(2,175)	(1,513)	663	(5,238)
Clinical negligence	(199)	(199)	(0)	(997)	(997)	(0)	(2,394)
Non-Executive directors	(19)	(21)	(2)	(96)	(107)	(11)	(230)
Other Expenditure	2,031	(1,178)	(3,209)	(5,788)	(5,576)	212	(16,773)
Grand Total	(10,605)	(12,969)	(2,364)	(65,457)	(68,422)	(2,965)	(163,015)

Non pay is £3.0m overspent YTD, arising from :

- Premises costs are overspent by £2.0m. This is largely within Corporate and Estates and Facilities due to cost pressures in digital and building repairs and maintenance.
- Supplies overspent by £1.1m, across the trust, with overspends on medical equipment, domestics and catering.
- Private beds are £0.8m overspent with an increase in costs in month 5.
- The above are partially offset by benefits from the prior year including VAT reclaims and invoices received being less than accrued.
- The finance team, in conjunction with Directorate Management Teams are currently reviewing the allocation of budgets with a view to making some reallocations for month 6.

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 31st August was £307.6m. The decrease of £0.6m since year-end reflects the pre adjusted YTD deficit position.
- The key movements since the prior month are: -
 - £2.0m decrease in Non-current assets, with depreciation of £3.0m exceeding capital spend and remeasurements of £1.0m.
 - £8.8m decrease in receivables. This is largely due to clearance of debts by various local authorities and NHS organisations for invoices raised in July relating to quarter 1 and 2 activity.

	Prior Year 31/03/2025 £000s	Previous Month 31/07/2025 £000s	Current Month 31/08/2025 £000s	Movement in Month £000s
Non-current assets				
Intangible assets	2,922	2,451	2,274	(177)
Property, Plant and Equipment	260,681	255,987	255,537	(450)
Right of use assets	70,977	72,577	71,226	(1,351)
Investments in associates and joint ventures	1,443	1,443	1,443	0
Other non current assets	708	707	707	0
Total non-current assets	336,731	333,165	331,187	(1,978)
Current assets				
Inventories	187	155	154	(1)
Trade and other receivables	30,727	42,898	34,055	(8,843)
Assets held for sale	350	350	350	0
Cash and cash equivalents	120,978	133,458	143,695	10,237
Total current assets	152,242	176,861	178,254	1,393
Current liabilities				
Trade and other payables	(70,869)	(83,517)	(83,260)	257
Borrowings	(15,021)	(15,021)	(15,021)	0
Provisions	(1,915)	(1,753)	(3,128)	(1,375)
Deferred income	(12,328)	(19,254)	(18,976)	278
Total current liabilities	(100,133)	(119,545)	(120,385)	(840)
Total assets less current liabilities	388,840	390,481	389,056	(1,425)
Non-current liabilities				
Borrowings	(78,928)	(80,715)	(79,231)	1,484
Provisions	(1,747)	(2,225)	(2,229)	(4)
Total non-current liabilities	(80,675)	(82,940)	(81,460)	1,480
Total net assets employed	308,165	307,541	307,596	55
Financed by				
Public dividend capital	120,566	120,566	120,566	
Revaluation reserve	95,737	95,678	95,607	(71)
Income and expenditure reserve	91,862	91,297	91,423	126
Total taxpayers' and others' equity	308,165	307,541	307,596	55

Key message : The net asset position for the Trust has deteriorated due to 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 31st August was £2.5m, £2.0m below plan. This relates to delays in Digital schemes for Windows 11, Robotic Process Automation and devices replacements and slippage in Estates schemes for Charterhouse works and the LED lighting schemes .
- Due to the size of the YTD underspend on core capital, the Estates and Digital teams have produced a reprofiled forecast for the year, this is shown on Slide 11.
- Public Dividend Capital spend is £0.2m below plan with delays on the solar panel schemes partially offset by spend on the scheme to reduce out of area placements in BLMK.
- Lease additions, dilapidations, remeasurements and disposals for the YTD are £2.1m ahead of plan, this relates to a phasing issue with some remeasurements having originally been planned for quarter 2 and the delayed exiting of the Primary Care practices.

Core Capital Programme	Annual Plan £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s
Asset and backlog management	2,196	685	297	(388)
Critical, fire and Digital Spaces Infrastructure	1,565	225	10	(215)
Digital and Clinical Systems	250	74	51	(23)
Digital Cyber Security	440	188	139	(49)
Digital Infrastructure and Service Improvement	889	348	406	58
Digital Innovation and ICS	610	325	151	(174)
Digital Portfolio	740	202	2	(200)
Digital spaces	1,016	480	344	(136)
Digital Unified Comms	631	305	278	(27)
Inpatient Environmental Upgrade and CQC plan	553	215	(19)	(234)
Mental Health Security and Improvement plan	1,815	545	384	(161)
Net zero carbon reduction plan	690	690	(142)	(832)
Staff wellbeing	230	0	8	8
Staff capitalisation	600	250	98	(152)
Asset and backlog management part 2	555	0	0	0
5% overplanning provision	964	0	0	0
Other	0	0	526	526
	13,744	4,532	2,534	(1,998)

Public Dividend Capital Funded Programme	Annual Plan £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s
Solar energy project	1,126	224	0	(224)
BLMK Reducing Out of Area Placements	3,890	0	407	407
	5,016	224	407	183

Leases, dilapidations and disposals	Annual Plan £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s
Leases, dilapidations and disposals	6,500	4,235	6,349	2,114

Key message : Core capital spend is currently £2.0m below plan for the year to date, overall capital is £0.3m over plan due to lease remeasurements and delayed exit of primary care practices.

Core Capital Forecast

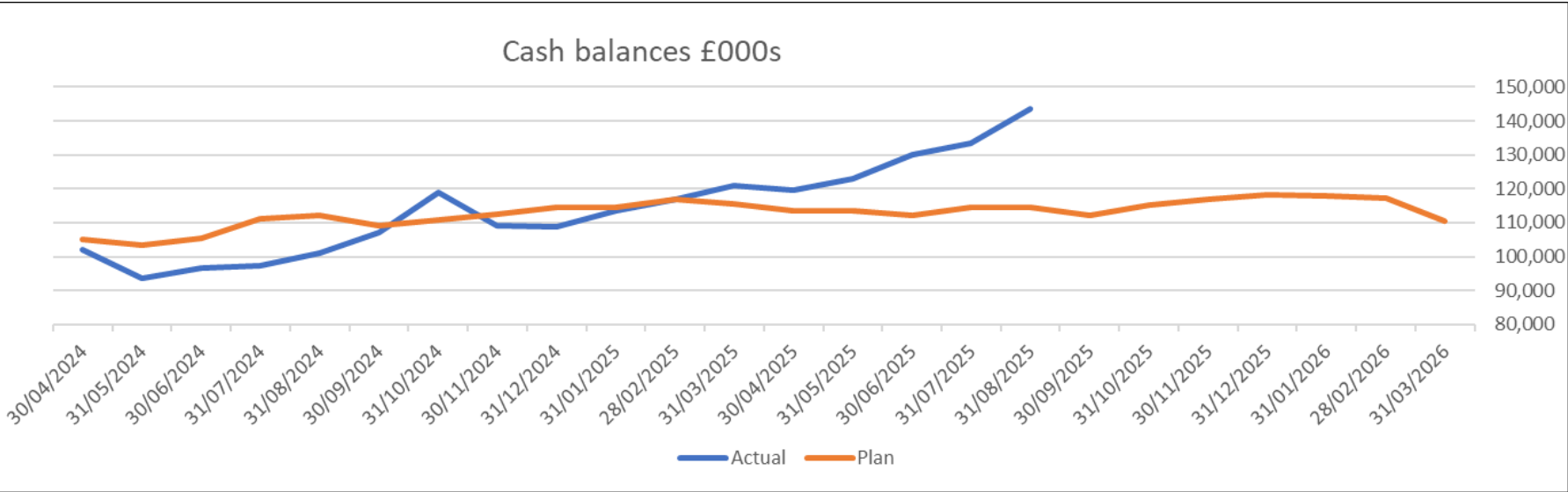
- Due to the significant slippage on YTD spend against our core capital allocation, the Digital and Estates teams have produced a reprofiled plan for the remainder of the year to provide assurance that all funds will be fully utilised. The revised forecast is shown below.
- The forecast is £0.26m below the original core capital plan, this results from successful VAT reclaims on prior year capital schemes, partially offset by revenue to capital adjustments and new schemes being agreed.
- In addition to the £12.2m allocated to Estates and Digital in the original plan, the ICB requested the Trust include £1m as an over utilisation assumption, the ICB has confirmed the Trust is unlikely to receive this funding and it will therefore remain unallocated.
- There was also £0.55m unallocated at the start of the year due to the risks around technical adjustments such as IFRS16 and dilapidations. As we are now approaching the mid point of the year the CPSG will prioritise schemes that could utilise this amount, along with the £0.26m above, this financial year.

	Actual					Forecast								Annual Plan
	April	May	June	July	August	September	October	November	December	January	February	March	Total	
Digital and Clinical Systems		(2)	37	11	5	0	12	12	12	67	12	83	248	250
Digital Cyber Security	42	46	43	(36)	43	32	32	32	32	32	32	32	364	440
Digital Infrastructure and Service Improvement	74	83	69	55	125	83	83	83	68	78	78	76	957	889
Digital Innovation and ICS	18	31	26	29	46	40	28	28	44	107	107	107	612	610
Digital Portfolio	0	0	0	(3)	5	300	0	0	200	0	0	240	742	740
Digital spaces	39	71	84	41	109	64	59	43	141	43	43	324	1,061	1,016
Digital Unified Comms	35	63	73	71	37	69	46	46	46	46	46	46	624	631
Revenue to Capital Digital	10			10		0	0	0	0	0	0	0	20	0
Asset and backlog management	17	(8)	115	(2)	175	93	219	171	200	506	262	385	2,132	2,196
Critical, fire and Digital Spaces Infrastructure		4	3	1	2	0	578	50	25	50	0	862	1,575	1,565
Inpatient Environmental Upgrade and CQC plan	(1)	(8)	4	(22)	2	0	125	250	178	0	0	0	528	553
Mental Health Security and Improvement plan	(0)	17	(16)	167	217	38	492	270	384	212	0	68	1,848	1,815
Net zero carbon reduction plan	(1)	(100)	4	(83)	37	100	100	199	150	112	0	0	519	690
Staff wellbeing		1	0	6	1	0	0	0	0	80	75	70	233	230
Staff capitalisation	32	15	13	12	27	46	46	46	46	46	46	46	423	600
Revenue to Capital Estates	10	50		13	5	0	0	0	0	0	0	0	78	0
Other	0	184	2	242	1	0	0	0	0	0	0	(429)	0	0
	275	448	457	514	836	867	1,820	1,230	1,526	1,379	701	1,910	11,965	• 12,225

Key message : The forecast indicates the Trust will spend recover the slippage in capital spend in the earlier part of the year and deliver the expected value by year-end.

Cash

- As at the end of August the cash balance was £143.7m. This is an increase of £10.2m in month, largely due to a reduction in receivables and funding received for the pay award with the associated tax and pension not yet paid over to HMRC.
- The cash position is £29.1m above plan. This is predominantly due to continuing high levels of deferred income and payables and some slippage in capital schemes.
- The high cash balances has led to interest received for the YTD of £2.5m, £0.4m ahead of plan. 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)

Organisation	YTD Plan £000	YTD Actual £000	YTD Variance £000	Prior Month Actual £000	Movement in actuals	Annual plan	Loss of Deficit Support funding
BHRUT	(7,423)	(17,194)	(9,771)	(10,095)	(7,099)	0	(3,780)
Barts	(9,990)	(30,287)	(20,297)	(22,685)	(7,602)	0	
ELFT	(1,344)	106	1,450	57	49	0	
Homerton	(1,041)	(4,173)	(3,132)	(2,953)	(1,220)	(2,500)	(3,220)
NELFT	(6,862)	(6,814)	48	(6,945)	131	0	
Providers	(26,660)	(58,362)	(31,702)	(42,621)	(15,741)	(2,500)	(7,000)
ICB	(2,708)	(1,174)	1,534	(1,245)	71	2,500	
ICS Total	(29,368)	(59,536)	(30,168)	(43,866)	(15,669)	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.

The Month 5 position is a deficit of £59.5m, £30.2m adverse to plan.

ELFT is currently the only organisation in the ICS delivering a YTD surplus.

System position – Bedfordshire, Luton & Milton Keynes (BLMK) Integrated Care System (ICS)

Organisation	YTD Plan £000	YTD Actual £000	YTD Variance £000	Annual plan
Bedfordshire Hospitals NHS Foundation Trust	2	(4,119)	(4,121)	0
Milton Keynes University Hospital NHS Foundation Trust	(3,095)	(3,370)	(275)	0
Providers	(3,093)	(7,489)	(4,396)	0
NHS Bedfordshire, Luton and Milton Keynes ICB	0	(400)	(400)	0
ICS Total	(3,093)	(7,889)	(4,796)	0

System plan

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

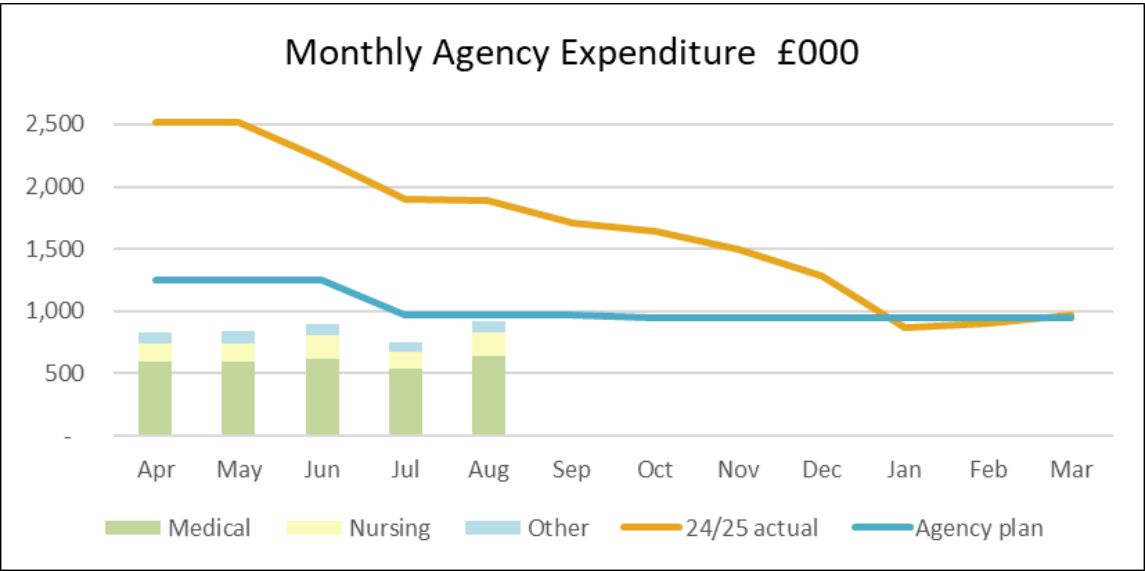
Information from BLMK for Month 5 position was not available at time of publishing this report, the position at Month 4 is shown.

At the end of July, the ICS reported a deficit of £7.9m. This is £4.8m 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 the Agency Plan 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 £4.2m which is below the current phased plan of £5.7m.

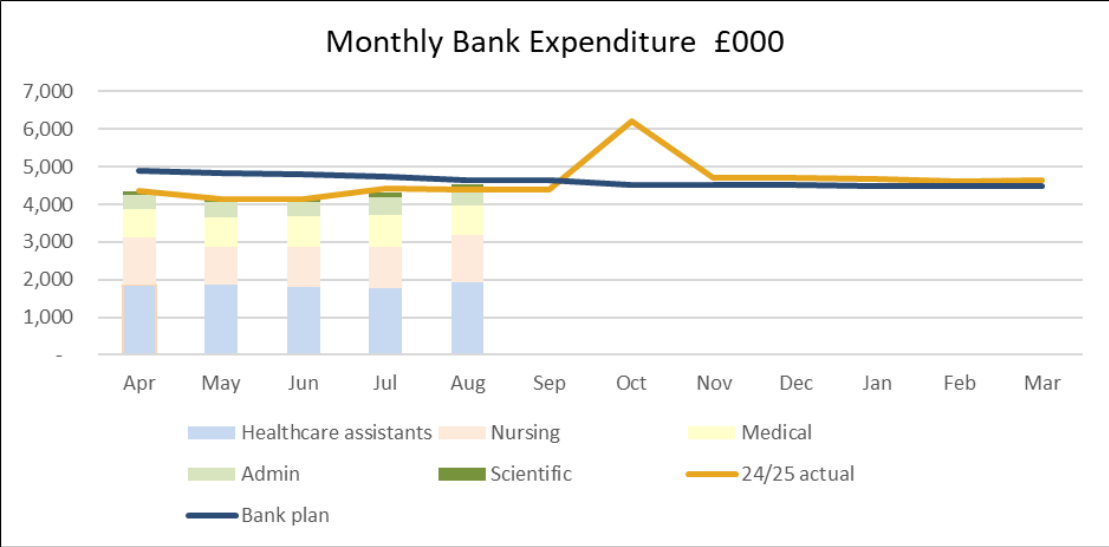
Agency spend increased in month by £0.2m. This was predominantly in Luton AMH, Bedfordshire CHS, Specialist Services and Tower Hamlets and partly relates to moving an accrual previously coded to non-pay.

Agency costs constitute 2.0% of total pay costs

Agency use, by staff type

Pay costs £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	Jul-25 £000s	Aug-25 £000s	Movement in month
Medical and Dental	(1,118)	(970)	(910)	(918)	(833)	(852)	(359)	(596)	(349)	(596)	(596)	(620)	(541)	(644)	102
Nursing, Midwifery and HV	(636)	(529)	(294)	(320)	(313)	(268)	(183)	(144)	(292)	(148)	(149)	(188)	(136)	(185)	48
Administration and Estates	202	(130)	(261)	(124)	(139)	(15)	(207)	(101)	(253)	(48)	(48)	(59)	(60)	(64)	4
Healthcare assistants and other support staff	(198)	(160)	(193)	(169)	(139)	(93)	(73)	(44)	(49)	(37)	(35)	(30)	(12)	(22)	10
Scientific, Therapeutic and Tech	(144)	(100)	(54)	(108)	(77)	(54)	(49)	(19)	(28)	(2)	(9)	(6)	(5)	(5)	1
Total Agency	(1,894)	(1,890)	(1,712)	(1,638)	(1,499)	(1,283)	(870)	(903)	(971)	(831)	(837)	(902)	(754)	(919)	165

Bank spend



In 2025-26, the NHS Operating Plan set a requirement to reduce Bank spend by 10%. This is reflected in the Bank Plan submitted to the ICB.

The Trust submitted an annual financial plan with planned bank usage of £55.6m

Year to date bank expenditure is £21.5m which is below the current phased plan of £23.9m.

Bank costs have increased in month by £0.2m due to the pay award to eligible staff and increasing cover for annual leave and sickness.

Bank costs constitute 10.0% of total pay costs.

Bank use, by staff type

Pay costs £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	Jul-25 £000s	Aug-25 £000s	Movement in month
Medical and Dental	(422)	(721)	(782)	(1,170)	(911)	(754)	(1,339)	(713)	(305)	(779)	(779)	(812)	(859)	(799)	(61)
Nursing, Midwifery and HV	(1,383)	(1,391)	(1,358)	(1,837)	(1,320)	(1,400)	(1,460)	(1,400)	(1,781)	(1,242)	(1,007)	(1,078)	(1,086)	(1,254)	168
Administration and Estates	(413)	(348)	(351)	(510)	(393)	(445)	(307)	(363)	(440)	(352)	(397)	(366)	(456)	(449)	(7)
Healthcare assistants and other support staff	(2,048)	(1,822)	(1,809)	(2,526)	(1,970)	(2,007)	(1,456)	(2,000)	(1,988)	(1,869)	(1,869)	(1,804)	(1,764)	(1,921)	158
Scientific, Therapeutic and Tech	(172)	(101)	(104)	(168)	(108)	(113)	(117)	(125)	(143)	(116)	(100)	(96)	(128)	(124)	(3)
Total Bank	(4,437)	(4,383)	(4,405)	(6,211)	(4,701)	(4,719)	(4,680)	(4,602)	(4,656)	(4,358)	(4,151)	(4,156)	(4,293)	(4,547)	315

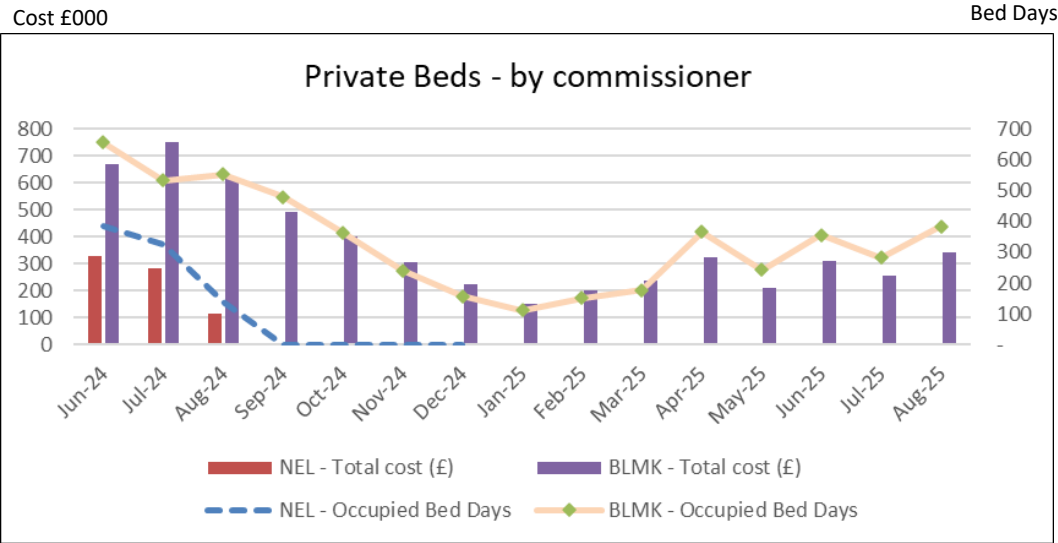
Private Beds

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 Trust

There has been an increase level of BLMK private bed usage since February, though activity remains below the levels seen in 24-25. In August we had an average of 12 patients in private beds.

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

	Full Year Income £000s	Income YTD £000s	Costs YTD £000s	Cost pressure £000s
BLMK	1,499	624	1,448	(824)
Total	1,499	624	1,448	(824)

Receivables

- The receivables balance in the Statement of Financial Position of £34.1m includes £12.4m of invoiced debt. The remaining balance largely relates to prepayments, accrued income and VAT reclaims.
- Significant balances over 90 days include:
 - £4.2m owed by NHS North Central London ICB for 2023/24 and 2024/25 Out of Area charges, negotiations are underway between the respective Chief Finance Officers to resolve this.
 - £1.4m owed by NHS North East London ICB for estates charges, of this £0.5m is disputed, meetings have been taking place to move this forward.
 - £0.6m owed by Barts Health NHS Trust, regular meetings are now being held with Barts to work through the outstanding issues.
 - £0.5m owed by Oxleas NHS Foundation Trust in relation to the London Pathways Partnership, this invoices has now been sent off and will be paid in September.
- 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.

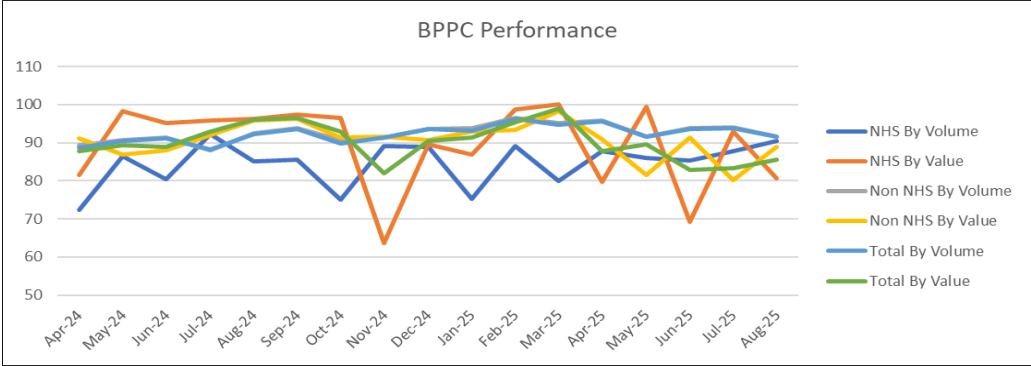
	NHS £000s	Non NHS bodies £000s	Individuals £000s	Overseas Visitors £000s	Total £000s
Current	69	345	8	4	427
1-30 Days	1,232	481	18	0	1,731
31-60 Days	727	126	17	0	870
61-90 Days	245	1	0	0	247
Over 90 Days	7,369	572	512	680	9,133
Total	9,643	1,526	555	685	12,408

Payables

- The payables balance in the Statement of Financial Position of £83.3m includes £13.2m of outstanding invoices. The remaining balance largely relates to taxes, pensions and accruals.
- Significant balances over 90 days include: -
 - £0.9m, Bedfordshire Hospitals NHS Foundation Trust, this largely relates to estates and service recharges, meetings have been taking place move forward the disputes.
 - £0.7m, Homerton Healthcare NHS Foundation Trust, for disputed estates charges.
 - £0.5m, Barts Health NHS Trust, relating to historic disputes.
 - £0.4m 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 93% by volume and 86% by value. Of the £2.0m of invoices that failed BPPC in August, £1.4m related to 7 high value invoices. Delays in authorisation are being followed up with the relevant teams.

Outstanding Invoices

	NHS £000s	Non NHS £000s	Total £000s
0-30 Days	942	3,458	4,400
31-60 Days	917	1,858	2,775
61-90 Days	475	63	537
Over 90 Days	2,247	3,276	5,523
Total	4,581	8,655	13,235



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	✓	✓	✓	✓	✓	✓	✓	✓
	Teatime Presentation (alternate QI and People Participation Story)	Q1	✓	✓	✓	✓	✓	✓	✓
Strategy	Chair's Report	✓	✓	✓	✓	✓	✓	✓	✓
	Chief Executive's Report	✓	✓	✓	✓	✓	✓	✓	✓
	Audit Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓	✓
	Integrated Care & Commissioning Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓	✓
	Population Health Annual Report	✓	✓	✓	✓	✓	✓	✓	✓
	EDI Annual Report		✓						✓
	10 Year Plan Reflection			✓					
Quality and Performance	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	✓	✓	✓	✓	✓	✓	✓	✓
Finance	People & Culture Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓	✓
	Appointments & Remuneration Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓	✓
	Finance Report	✓	✓	✓	✓	✓	✓	✓	✓
Business Case	Charitable Funds Assurance Report	✓	✓	✓	✓	✓	✓	✓	✓
	Finance, Business & Investment Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓	✓
Governance	NEL Procurement (approval)				✓				
	Hard Facilities Management Business Case (approval)				✓				
	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								
MEETING IN PRIVATE	Corporate Trustee of the ELFT Charity	✓		✓				✓	
	Board and Committee Effectiveness/Committee Terms of Reference								✓
Standing Items	Annual Plan		✓						✓
	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	✓	✓	✓	✓	✓	✓	✓	✓
BOARD WORKSHOP	Trust Board Forward Plan	✓	✓	✓	✓	✓	✓	✓	✓
Strategy	Green Plan / Sustainability (May 2023)								
Training	Corporate Manslaughter Briefing (Capsticks)								
	Cyber Security	X	✓						✓
	Health and Safety	X	X					✓	
	Infection Control			X	✓				
	Safeguarding	✓			✓				
	Sustainability								
	Anti-Racism Statement								
	Oliver McGowan Training (three yearly) - due September 2026								
	Provider Capability Assessments:								

Acronyms

A

A&E	Accident & Emergency
ACAS	Advisory, Consultation and Arbitration Service
ADHD	Attention Deficit Hyperactivity Disorder
AfC	Agenda for Change
AGS	Annual governance statement
AHM	Associate Hospital Manager
AHP	Allied Healthcare Professional
ANA	Apprentice Nursing Associate
ANP	Advanced Nurse Practitioner

B

BAF	Board Assurance Framework
BAME	Black, Asian and Minority Ethnic
BCF	Better Care Fund
BCHS	Bedfordshire Community Health Services Trust
BEH	Barnet, Enfield & Haringey Mental Health Trust
BLM	Black Lives Matter
BLMK	Bedfordshire, Luton & Milton Keynes
BMA	British Medical Association
BPPC	Better Payment Practice Code

C

C&I	Camden & Islington NHS FY
CAMHS	Children & Adolescent Mental Health Services
CCG(s)	Clinical Commissioning Group(s)
CCT	Community Care Team
CDO	Chief Digital Officer
CEA	Clinical excellence awards
CEO	Chief Executive Officer
CFO	Chief Finance Officer
CHS	Community Health Services
CMHT	Community Mental Health Team
CMO	Chief Medical Officer
CN	Chief Nurse
CNWL	Central & North West London NHS FT
CoG	Council of Governors
COO	Chief Operating Officer
CPA	Care programme approach
CPD	Continuing professional development
CPN	Community Psychiatric Nurse
CQC	Care Quality Commission
CQUIN	Commissioning for quality and innovation
CRHT	Crisis resolution and home treatment
CRR	Corporate Risk Register

D

DBS	Disclosure and barring service
DD	Due diligence
DMT	Directorate Management Team
DNA	Did not attend
DoH/	Department of Health & Social Care
DHSC	

D (cont)

DoLS	Deprivation of liberty safeguards
DRR	Directorate Risk Register

E

EAP	Employee Assistance Programme
EBITDA	Earnings before Interest, Depreciation and Amortisation
ED	Executive Director
EDI	Equality, Diversity and Inclusion
EDS	Eating Disorder Service
EIS	Early Intervention Service
ELA	ELFT Learning Academy
ELFT	East London NHS FT
EPOC	Extra Packages Of Care
EMIS	Electronic patient record system
EOE	East of England
EPPR	Emergency prevention, preparedness and response
ER	Employee Relation
ET	Employment Tribunal

F

FBIC	Finance, Business & Investment Committee
FFT	Friends and family test
FIA	Financial impact assessment
FOI	Freedom of information
FPPR	Fit and proper persons regulation
FT	Foundation Trust
FTSU	Freedom To Speak Up
FV	Financial viability

G

GDPR	General Data Protection Regulations
GFGT	Going Forward Going Together
GMC	General Medical Council
GP	General Practitioner

H

H1/H2	2021/2022 NHS finance regime
HCA	Healthcare Assistant
HCAS	High-Cost Area Supplement
HCP	Healthcare Professional
HSCW	Health Care Support Worker
HEE	Health Education England
HOSC	Health Overview and Scrutiny Committee
HRT	Hormone Replacement Therapy
HSJ	Health Service Journal
HSSIB	Health Services Safety Investigations Body
HTT	Home Treatment Team

I			
IAPT	Improving Access to Psychological Therapies		
ICB	Integrated Care Board		
ICCC	Integrated Care & Commissioning Committee		
ICP	Integrated Care Partnership		
ICP	Integrated care pathway		
ICO	Information Commissioners Office		
ICS	Integrated Care System		
IFRS	International Financial Reporting Standards		
IG	Information governance		
I&I	Investigation and intervention		
ILP	Improvement Leaders' Programme		
Inphase	Incident reporting system, replaces Datix		
IPC	Infection prevention and control		
IT	Information technology		
ITT	Intention/invitation to tender		
J			
JSC	Joint Staff Committee		
K			
KLOE	Key line of enquiry		
KPI(s)	Key performance indicator(s)		
L			
LA	Local authority		
LCFS	Local Counter Fraud Service		
LD	Learning Disabilities		
LDA	Learning Disabilities and Autism		
LeDeR	Learning Disabilities Mortality Review		
LTP	Long Term Plan		
LWW	London living wage		
M			
MDT	Multi-Disciplinary Team		
MHA	Mental Health Act		
MHLDA	Mental Health, Learning Disabilities and Autism		
MHS	Mental Health Services		
MOU	Memorandum of understanding		
MSK	Musculoskeletal		
N			
NQPS	National Quarterly Pulse Survey		
NCEL	North Central East London Provider Collaborative		
NED	Non-Executive Director		
NEET	Young people between the ages of 16 and 24 that are not in full time education, employment or training		
NEL	North East London		
NELFT	North East London NHS FT		
NHSE	NHS England		
NICE	National Institute for Clinical Excellence in Health		
N (cont)			
NMC	New Models of Care		
NomCo	Nominations & Conduct Committee		
O			
OBC	Outline business case		
OD	Organisational development		
OH	Occupational Health		
ONEL	Outer North East London		
OOA	Out of area		
OPEL	Operational Pressures Escalation Level		
P			
P&C	People & Culture		
PALS	Patient Advice and Liaison Service		
PC	Primary Care		
PCREF	Patient and Carer Race Equality Framework		
PCN	Primary Care Network		
PDC	Public Dividend Capital		
PFI	Private finance initiative		
PHSO	Parliamentary and Health Service Ombudsman		
PICU	Psychiatric Intensive Care Unit		
PID	Project initiation document		
PMO	Programme management office		
PP	People participation		
PHSO	Parliamentary and Health Service Ombudsman		
PPG	People Participation Group		
PPL	People Participation Lead		
PSI	Patient Safety Incident		
PSIRF	Patient Safety Incident Response Framework		
PSW	Peer Support Worker		
Q			
QA	Quality Assurance		
QAC	Quality Assurance Committee		
QI	Quality Improvement		
QIA	Quality Impact Assessment		
R			
RaCE	Race and Culture and Equity		
RAID	Rapid assessment		
RCA	Root cause analysis		
RCN	Royal College of Nursing		
RCP	Royal College of Physicians		
RTT	Referral to treatment		
RVS	Respiratory syncytial virus		
S			
SAS	Speciality and Specialist		
SCYPS	Specialist Child and Young Person Services		
SEND	Special Educational Need and Disability		
SI	Serious incident		
SID	Senior Independent Director		
SIRO	Senior Information Risk Officer		

S (cont)

SLT	Senior leadership team
SJR	Structure judgement review
SME	Small and medium-sized enterprises
SOC	Strategic outline case
SOF	Single Oversight Framework
SOP	Standard operating procedure
SPA	Single point of access
SPOR	Single point of referral
SRO	Senior Responsible Officer
SoFP	Statement of Financial Position
STEIS	Strategic executive information system
System One	Electronic patient record system

T

ToR	Terms of reference
TUPE	Transfer of Undertaking Protection of Employment
TWWTG	Trust-wide Working Together Group

U

UCR	Urgent Care Response
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V

VCS	Voluntary and community sector
VCSE	Voluntary, community and social enterprise
VDI	Virtual desktop infrastructure
VfM	Value for money
VPN	Virtual private network
VSM	Very Senior Manager

W

WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard
WTD	Working time directive
WTE	Whole-time equivalent
WTG	Working Together Group

Y

YTD	Year to Date
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