

Board of Directors Meeting in Public

Thursday 4 December 2025 from 13:00 – 16:30

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

12:15 – 13:00	Lunch (will be provided)
13:00 – 13:25	Meeting of the Board of Directors as the ELFT Charity Corporate Trustee
13:30 – 15:55	Trust Board in Public
16:00 – 16:25	People Participation Teatime Presentation

Agenda

Opening Matters

1	Welcome and Apologies for Absence*	Note	Eileen Taylor	13:30
2	Patient Story: From Chronic Pain to Peer Support	Note	Salima Khatun	13:35
3	Declarations of Interests	Assurance	All	14:00
4	Minutes of the Previous Meeting held in Public on 25 September 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	14:05
8	Chief Executive's Report	Assurance	Lorraine Sunduza	14:15
9	Audit Committee Assurance Report	Assurance	Alison Cottrell	14:25
10	Integrated Care & Commissioning Committee Assurance Report	Assurance	Richard Carr	14:30

Quality & Performance

11	Quality Assurance Committee Assurance Report	Assurance	Donna Kinnair	14:35
12	People Participation Committee Assurance Report	Assurance	Durka Dougall	14:40
13	Quality Report	Assurance	Dr Amar Shah	14:45
14	Performance Report	Assurance	Dr Amar Shah Edwin Ndlovu	15:00

5 Minute Break

15:10

People

15	People & Culture Committee Assurance Report	Assurance	Deborah Wheeler	15:15
16	People Report	Assurance	Barbara Britner	15:20

Finance

17	Finance, Business & Investment Assurance Report	Assurance	Sue Lees	15:30
18	Finance Report	Assurance	Kevin Curnow	15:35

Closing Matters

19	Board of Directors Forward Plan	Note	Eileen Taylor	15:50
20	Any Other Urgent Business*: <i>previously notified to the Chair</i>	Note	Eileen Taylor	
21	Questions from the Public*		Eileen Taylor	
22	Dates of Future Meetings <ul style="list-style-type: none">• Thursday 29 January 2026 (London – Conference Room, Robert Dolan House)• Thursday 26 March 2026 (Conference Room)• Thursday 21 May 2026 (Venue 360, 20 Gipsy Lane, Luton, LU1 3JH)• 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)			
23	Close			15:55

*verbal update

Eileen Taylor
Chair of the Trust

16:00 – 16:25 **People Participation Teatime Presentation:** focused on Child and Adolescent Mental Health Services (CAMHS) people participation activity

Presenter: Alan Strachan, People Participation Lead for CAMHS East London

Board of Directors Register of Interests: as at 27 November 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
Dr David Bridle	Chief Medical Officer	<ul style="list-style-type: none"> Member, British Medical Association Member, General Medical Council Member, Medical Protection Society Member, Royal College of Psychiatrists
Barbara Britner	Acting Chief People Officer	<ul style="list-style-type: none"> Nil to declare
Richard Carr	Senior Independent Director	<ul style="list-style-type: none"> Director, Richard Carr Consulting Ltd, Management Consultancy Managing Director Commissioner, Woking Borough Council Non-Executive Director, Society of Local Authority Chief Executives and Senior Managers (SOLACE) Chair, SOLACE in Business Ltd
Vivek Chaudhri	Non-Executive Director	<ul style="list-style-type: none"> Director, Global AI Leaders Network (GAIL) Director, Purposeful AI
Peter Cornforth	Non-Executive Director	<ul style="list-style-type: none"> Director, Field Doctor Ltd – frozen meals producer Director, Good Way Ltd – music venue operator Director, Kind Canyon Digital Ltd – music rights owner Director, Music Venue Properties Ltd. – community benefit society Non-Executive Director, Community Health Partnership 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
Alison Cottrell	Non-Executive Director	<ul style="list-style-type: none"> Non-Executive Director at LINK Scheme Ltd Trustee, Ley Community Drug Services Trustee, Phoenix Futures Fellow, Society of Professional Economists Liveryman, Worshipful Company of International Bankers

Name	Job Title	Interests Declared
Kevin Curnow	Chief Finance Officer	<ul style="list-style-type: none"> • Director, Health Care & Space Newham (joint venture between ELFT and LB of Newham)
Professor Dr Durka Dougall	Non-Executive Director	<ul style="list-style-type: none"> • Non-Executive Director & 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

Name	Job Title	Interests Declared
Professor Sir Sam Everington KBE	Non-Executive Director	<ul style="list-style-type: none"> • 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) • Provost (President) of the Royal College of GPs (RCGP) November 2025 - • Non-Executive Director of ELFT 2020- December 2025 • Non-Executive Director NHSE 2025 - • Associate Director NHS Resolution 2018 - • Co-Chair and Council Member the College of Medicine 2019 - • Vice President Queen's Nursing Institute 2016 - • Vice President of the BMA, 2015 - • 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 • Trustee Anglo-Norse society (charity) 2024 - • Member of the Royal College of GPs • Member of the Council of the Imperial Society of Knights Batchelor 2023 - • Member of the Royal College of GPs • Council Member RCGP November 2022- • Albert medal winner and life member of the RSA • Son: Dr Raoul Li-Everington is GP partner in the Bromley By Bow Health Partnership
Richard Fradgley	Executive Director of Integrated Care and Deputy CEO	<ul style="list-style-type: none"> • Director, Compass Wellbeing CIC, a trust subsidiary • Member, Bedfordshire, Luton & Milton Keynes, Integrated Care Board Mental Health Learning Disabilities & Autism Collaborative Committee • Member, North East London Integrated Care Board Mental Health Learning Disabilities & Autism Collaborative Sub-Committee • Member, North East London Integrated Care Board Community Health Services Collaborative Sub-Committee • Member, Newham Place Committee • Member, Tower Hamlets Place Committee • Partner Works for ELFT
Philippa Graves	Chief Digital Officer	<ul style="list-style-type: none"> • Director, Health Care & Space Newham (joint venture between ELFT and LB of Newham)

Name	Job Title	Interests Declared
Dr Farah Jameel	Non-Executive Director	<ul style="list-style-type: none"> • Non-Executive Director, 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 • Appointment to the Board of Directors for London Medical Committees (LMC)GP at The Museum Practice, Camden • Husband is a Consultant Neurologist in the Headache & Facial Pain Group at the National Hospital for Neurology and Neurosurgery.
Professor Dame Donna Kinnair DBE	Non-Executive Director	<ul style="list-style-type: none"> • Board Member, NHS Race & Health Observatory • 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) • Director of Nursing & Community Services, Zentar Healthcare (private health provider) • Patron, Trinity College Medical Society • Trustee, Burdett Trust for Nursing
Susan Lees	Non-Executive Director	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Nil to Declare
Edwin Ndlovu MBE	Chief Operating Officer	<ul style="list-style-type: none"> • Director East Bedford PCN • Director, EEHN Co Ltd • Director, Phoenix Sunrisers PCN • Member of Race Health Observatory Mental Health Working Group • Health Trustee, St Mungo's Homeless Charity • Member, Jabali Men's Network Community Interest Company • Member of UNISON • Registered Mental Health Nurse NMC

Name	Job Title	Interests Declared
Dr Amar Shah MBE	Chief Quality Officer	<ul style="list-style-type: none"> • Director, AS Healthcare Improvement Ltd (private consulting and teaching related to healthcare improvement) • Director, A&M Residential Properties Ltd – property management. • National Clinical Director for Improvement, NHS England • National Improvement Lead for Mental Health and Chair of QI faculty, Royal College of Psychiatrists • Member of the National improvement board, NHS England • Member of the Q advisory board (Health Foundation) • Council member at the Healthcare Costing for Value Institute, at the Healthcare Financial Management Association (HFMA) • Faculty member with the Institute for Healthcare Improvement (IHI), US and chair of the Scientific Advisory Group at IHI • Honorary professor, University of York • Honorary visiting professor, City University London • Member, General Medical Council • Member, Royal College of Psychiatrists • Honorary Member, Faculty of Public Health • Private consulting and teaching related to healthcare improvement
Lorraine Sunduza	Chief Executive	<ul style="list-style-type: none"> • 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

Name	Job Title	Interests Declared
Eileen Taylor	Chair	<ul style="list-style-type: none"> • Joint Chair, East London NHS Foundation Trust (ELFT) and North East London NHS Foundation Trust (NELFT) • Chair of the NEL Mental Health, Learning Disabilities & Autism Provider Collaborative • Member, Mid & 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)	<ul style="list-style-type: none"> • Non-Executive Director and Senior Independent Director, 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
Marie Price	Joint Director of Corporate Governance, ELFT & NELFT	<ul style="list-style-type: none"> • Joint Director of Corporate Governance at North East London NHS FT

Board of Directors

**DRAFT Minutes of the Board of Directors meeting held in Public
on Thursday, 25 September 2025 from 1.00pm at
Conference Room, 2nd Floor, Robert Dolan House, 9 Alie Street, London E1 8DE**

Present:

Eileen Taylor	Trust Chair
Aamir Ahmad	Vice-Chair (London)
Dr David Bridle	Chief Medical Officer
Barbara Britner	Acting Chief People Officer
Richard Carr	Senior Independent Director
Anit Chandarana	Non-Executive Director
Vivek Chaudhri	Non-Executive Director
Peter Cornforth	Non-Executive Director
Alison Cottrell	Non-Executive Director
Kevin Curnow	Chief Finance Officer
Professor Dr Durka Dougall	Non-Executive Director
Professor Sir Sam Everington	Non-Executive Director
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

In attendance:

Paul Binfield	Director of People Participation
Liz Birch	Central Bedfordshire Governor
Chrissy Brown	ELFT Staff
Bob Cazley	Central Bedfordshire Governor
Deborah Dover	Director of Patient Safety
David Edgar	Tower Hamlets Governor
Derek Feeley	Board Adviser
Matthew Hosford	Senior Administrator
Irum Rela	ELFT Patient Safety Partner
Norbert Lieckfeldt	Head of Governors & Members Engagement
Cathy Lilley	Interim Director of Corporate Governance
Linda McRoberts	Minute Taker
Caroline Ogunisola	Lead Governor & Staff Governor
Esther Oludipe	PP Lead, City & Hackney
Marie Parchment	Clinical Lead Podiatrist QI
Jamu Patel	Deputy Lead Governor & Luton Governor
Meena Patel	Corporate Governance Support Manager
Mark Pridmore	Member of Public
Mona Reynolds	ELFT Service User
Suzana Stefanic (Online)	Central Bedfordshire Governor
Hazel Thomas (Online)	Newham Governor

The minutes are presented in the order of the agenda.

1 Welcome and Apologies for Absence

1.1 Eileen Taylor:

- Welcomed everyone to the meeting, extending a special welcome to Vivek Chaudhri attending his first Board meeting in public since joining as a Non-Executive Director (NED) on 1 September, as well as to Governors and members of the public joining in person and online.
- Acknowledged that this would be the last Board meeting in public for Aamir Ahmad and Anit Chandarana, two of the Board's longest serving NEDs; both had made significant contributions to the Trust and will be missed.
- Announced that on 1 November Deborah Wheeler will move to be Vice-Chair for London and Alison Cottrell has been appointed Vice-Chair.
- Congratulated Sam Everington on his appointment as a NED for NHS England (NHSE) and his election as Provost of the Royal College of GPs.
- Congratulated ELFT's former Trust Chair, Dame Marie Gabriel for being confirmed as continuing as Chair of the North East London Integrated Care Board (NEL ICB) and Robin Porter who has been confirmed as Chair of the new East Central ICB, which comes into being next year. She extended her sincere thanks and best wishes to the outgoing ICB Chief Executives - Zina Etheridge and Felicity Cox.
- Extended warm wishes to Dr Ravi Rana, Head of Therapies and Sarah Wilson, Director of Children's and Specialist Services at the Trust on their retirement, acknowledging their outstanding leadership, dedication, and valuable contributions to the organisation.
- Acknowledged a number of awareness dates and celebrations during September and October recognizing their role in promoting understanding of key health, social and cultural issues. These included: Suicide Prevention Week, World Suicide Prevention Day, Youth Mental Health Day, ADHD Awareness month, World Patient Safety Day, NHS Speak Up Month, World Mental Health Day, National Allied Health Professionals Day, and World Pharmacists Day. Seasonal cultural observances were also noted including the Jewish New Year and high holy days and Diwali.
- 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 – Safeguarding and Trust

- ### **2.1**
- Amita Tiwari-Macha introduced herself as a carer for her 28 year old daughter and asked the Board to consider her experience in the context of two key definitions: safeguarding - protecting a person's health, wellbeing and human rights particularly important for children and vulnerable adults at greater risk of harm and trust - the belief in the reliability, truth or ability of others. She described her daughter as a talented, motivated and highly sensitive individual who is an author, writer, and musician. In 2023 her daughter began exhibiting signs of psychosis and delusions leading to catatonia by March 2024. During this period, her family provided 24-hour care at home, but escalating paranoia and violence led Amita to involve paramedics and the police.

Amita outlined her daughter's experiences in hospital, including:

- In April 2024 her daughter was sectioned on Conolly Ward and later transferred to Gardner Ward at the family's insistence which had a more conducive recovery environment including outside space.
- There were serious safeguarding concerns including repeated absconding incidents, lack of staff awareness and insufficient monitoring of high-risk exits. These lapses caused significant distress to both her daughter and the family, undermining trust in the hospital system.
- The systemic issues on the wards including insufficient staffing, inconsistent therapeutic care, poor communication and the absence of a named contact for family support. She described her daughter's prolonged nine-month hospitalisation and the negative impact on her wellbeing, noting that signs of improvement have only appeared in recent months, two years after the onset of illness.

Amita concluded by stressing the urgent need for improved safeguarding systems, better engagement with families and measures to prevent absconding particularly for vulnerable patients. She emphasised that failures in these areas can irreparably damage trust between families and healthcare services and highlighted the importance of learning from these experiences to improve safeguarding practices, staff engagement and family involvement.

2.2 In discussion the Board:

- Thanked Amita for sharing her personal experience and apologised for the distress and challenges she and her daughter faced during hospitalisation.
- Acknowledged that Amita's story highlighted critical areas where the Trust needs to improve particularly in safeguarding, communication and family engagement.
- Noted that Amita's experience raised important questions about the involvement of families in care.
- Noted that while her daughter had been reluctant to engage with her family due to feelings of blame and fear, Amita had chosen to be involved by visiting frequently and asking questions and recognised that her ability to be involved relied entirely on her initiative rather than structured support from staff.
- Noted Amita's experience of repeated safeguarding and monitoring failures had broken her trust in the hospital system, and acknowledged that rebuilding trust requires consistent communication, reliable safeguarding and visible staff presence.
- Noted that Amita had not been provided with a named point of contact, observed overstretched staff and found ward environments sometimes lacked therapeutic support and consistent communication; similar concerns reported by other families suggested systemic issues in staffing and communication.
- In response, the Board committed that the Quality Assurance Committee would review the issues raised, including absconding and safeguarding failures, appropriate responses and restraint, models of care for distressed patients, and measures to better support and engage families.

ACTION: Claire McKenna/David Bridle

- Emphasised the importance of learning from these experiences to restore trust, strengthen safeguarding and ensure a compassionate patient-centred approach.

3 Declarations of Interests

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

4 Minutes of the Previous Meeting Held in Public on 25 July 2025

- 4.1 The minutes of the meeting held on 25 July 2025 were **APPROVED** as a correct record, subject to the following amendment:
- The addition of Shona Sinclair, Chair of Compass Wellbeing to the attendance list.

5 Action Log and Matters Arising from the Minutes

- 5.1 The Board noted the following updates to actions and agreed these are now closed:
- Action 408 CEO Report – circulate 10 year plan comparative summary: this was circulated on 26 July.
 - Action 409 Performance Report – clarify/monitor if June data spike on missed appointments reflects telephone appointment activity: included in the performance report on today's agenda.

6 Matters Arising from Trust Board Meeting in Private

- 6.1 The Board reiterated its commitment to ELFT being an anti-racist organisation and the need to better understand where this is falling short and thanked the Council of Governors for holding ELFT to account on this topic.

7 Chair's Report

- 7.1 Eileen Taylor presented the report and highlighted:
- The NEL Mental Health, Learning Disabilities and Autism Collaborative Committee has been further strengthened by the recruitment of six new lived experience deputy roles.
 - She participated in a Trust Talk Live session on the strategy refresh noting positively the engagement and contributions of staff.
 - The sad passing of Neil Wilson who served as a Councillor in Newham for 31 years and completed three full terms as a Governor at ELFT. Heartfelt condolences were extended to his family and loved ones.
 - The Council of Governors approved a one year extension for Richard Carr, Donna Kinnair and Deborah Wheeler as NEDs enabling continuity during ongoing organisational changes. Thanks were also extended to the Governors for agreeing to re-appoint Richard Carr as Senior Independent Director for the remainder of his term.

7.2 Non-Executive Directors' Visits

Richard Carr reported on his visit to SCYPS in Canning Town, highlighting:

- The team are managing the relentless demand and frequently absorbs issues outside their specific remit impacting staff wellbeing and contributing to sickness levels.
- Operational constraints including limitations of the estate which restrict opportunities to de-brief together and limited access to management which staff perceive as sometimes unresponsive.
- Issues with transitioning from children's to adult services which present significant challenges for individuals and their support.
- Overall, despite hard working staff demonstrating strong commitment to their client groups, the challenges they are operating under should not be underestimated.

Alison Cottrell reported on her visit with Melanie Onovo, an ELFT Governor, to SCYPS in Newham, highlighting:

- The dynamism and creativity of the team who focus on empowering parents and carers rather than 'fixing' autism. Innovative approaches such as adapting group work post Covid reduced early years speech and language therapy waiting times from two years to about twelve weeks whilst also providing peer support for parents.

- Ongoing challenges =included navigating the inner/outer London funding disparities and unpredictable partner funding which can disappear suddenly.
- The addition of a full-time transition nurse for the 14-19 age group has improved the transition period; the team expressed a desire to extend this support to age 22 to further benefit young people.

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

8 Chief Executive's Report

8.1 Lorraine Sunduza highlighted:

- Staff experiences are being impacted by current social tensions. This was discussed with the leadership team particularly how to support staff such as lone workers visiting people's homes who have reported incidences of intimidation. The Chief Nurse and Chief Medical Officer are reviewing practical support measures, reinforcing safety protocols and ensuring patient care continues safely.
- The People Participation awards and encouraged everyone to attend if possible.
- Work started in 2022 on therapeutic interventions, particularly observations and their role in engagement has progressed to a second phase which is reviewing the necessity of observations through a safety lens while maintaining a therapeutic approach to care.
- The NHS Oversight Framework (NOF) has been published segmenting organisations by particular performance metrics. ELFT is actively engaging with this framework while maintaining focus on other quality measures. Detail will be presented under the performance report. Additionally, the Trust is completing the Provider Capability Assessment, a new self-assessment requirement from NHSE with a tight deadline with efforts being made to ensure this is meaningful.
- Changes to the Integrated Care Systems (ICSs). A Board meeting in Milton Keynes this week will be the final meeting in the current format and will review at the final draft for the Case for Change for transforming Community and Mental Health Services. The ICB is currently in transition.
- It is 'flu season and the campaign to encourage everyone to have their vaccinations is under way. All ELFT's leaders are encouraged to role-model uptake.
- The staff survey season is approaching, and Board members were encouraged to actively support completion which will inform ongoing organisational improvement work.
- 'Trust Talk Live' sessions led by Lorraine continue to provide staff with direct opportunities to discuss issues with the Executives; these sessions have been successful sessions to date.
- Staff changes: retirees include Sarah Wilson, Director of Children's & Specialist Services, Dr Ravi Rana, Head of Therapies and Dr Cathy Lavelle, Medical Director for CAMHS. All have been inspirational leaders and were wished well for the future. New appointments include George Chingosho as Interim Service Director for Children & Specialist Services and Dr Patricia Potter as Director of Psychological Professions.
- Farewell to Board colleagues Anit Chandarana and Aamir Ahmad whose contributions have significantly enhanced ELFT's practice and who will be greatly missed.
- Dr Amar Shah is stepping down as Chief Quality Officer – he has been pivotal to ELFT's continuous improvement journey, and a recruitment process is under way to appoint a successor.

8.2 In discussion, the Board:

- Highlighted the family fun day mentioned in the CEO's report noting it demonstrated the innovative and engaging work taking place within SCYPs. Despite pressures the whole multi-disciplinary team was present reflecting strong commitment.

- Noted the recent appointment of a community paediatrician to the SCYPs service recognising this as an achievement given the recruitment challenges in this speciality.

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

9 Audit Committee Assurance Report

9.1 As chair of the committee. Anit Chandarana presented the report of the meeting held on 11 September, highlighting:

- The 2024 external audit cycle: the jointly led by the external team and the Trust's finance team had worked effectively.
- The new failure to prevent fraud offence was explained by the counter fraud team.
- The commendable deep dive review on BAF risks 1, 2 and 9 relating to improved population health; and encouraged this approach and process to be shared as a potential model to be followed by others.

9.2 In discussion, the Board noted the effectiveness reviews of each committee are being undertaken.

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

10 Integrated Care & Commissioning Committee Assurance Report

10.1 As chair of the committee, Richard Carr presented the report of the meeting held on 18 September 2025 highlighting:

- The effective planning and work to accommodate the withdrawal of Simmonds House ensuring that contingency provision was not required.
- The committee explored the risks and opportunities from the forthcoming ICS changes and particularly the Case for Change in Bedfordshire, suggested this should be reflected at the BAF at a strategic level given the potential impact on the Trust.
- The BAF risks review concluded that one risk– relating to the work in collaboratives should be retired as controls are now in place though ongoing monitoring will continue.

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

11 Quality Assurance Committee Assurance Report

11.1 As chair of the committee Donna Kinnair presented the report of the meeting held on 1 September 2025, highlighting emerging issues:

- The committee requested a review of homicides to identify learning in addition to the annual homicide review.
- Assurance was received on safety and performance including improvements in the Duty of Candour process– which addressed prior concerns.
- The winter plan was reviewed including updates on internal and external stress tests. The plan will be updated to reflect accordingly and will be circulated to committee members together with the full plan and QIA.
- A deep dive into SCYPs, CAMHS and Addiction Services highlighted both achievements and challenges in terms of access.

11.2 In discussion the Board:

- Highlighted the amazing community focused and partnership work on the Evergreen Ward in Bedfordshire which aligns with the ten year plan.

- Sought clarification regarding absconcion data presentation at QAC following the issues raised in the patient story. A meeting will be arranged to determine next steps which is expected will include absconcion data.

ACTION: David Bridle

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

12 People Participation Committee Assurance Report

12.1 As chair of the committee Aamir Ahmad presented the report of the meeting held on 18 September 2025, highlighting:

- Discussion of levels of 'Big I' involvement, focusing on meaningful participation beyond consultation.
- The committee is seeking a Trust-wide picture to understand areas of strong practice and where further development is needed.
- Volunteers were discussed with an example from Sally Sherman Ward showing a reduction in falls on the ward and demonstrating a positive clinical impact. The benefits of volunteers including corporate volunteers was welcomed.

12.2 The Board praised the Community Health Services 'Big I' involvement, noting they are the first directorate to achieve 100% coproduction on all improvement work.

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

13 Quality Report

13.1 Amar Shah highlighted:

- The quality assurance section looks at the themes emerging from the Executive visits over the last 12 months. Positive themes included teamworking, sense of pride, inclusivity and partnership working; areas for improvement included estates, digital infrastructure, workload and a new theme concerning the impact of finance on how staff wellbeing. The report outlines the actions being taken in response.
- The quality improvement section features:
 - The completion of the one year programme on pursuing equity, focusing on missed appointments. Most teams saw improvements and successful change ideas are now being shared across all community-based teams.
 - Work across in-patient units to ensure therapeutic environments is progressing well across ten wards.
 - Extensive work on staff engagement using quality improvement methods which is also covered in the People Report.

14 Performance Report

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

- The NHS Oversight Framework (NOF) has been published for the first time. The Trust's score declined to segment 3 as two previously favourable indicators (restrictive practice and safety) were removed.
- Key challenges impacting the score include length of stay on wards largely driven by housing challenges for ready to discharge patients and waiting times, particularly for ADHD, autism and Bedfordshire podiatry. Teams applying QI approaches to improve performance.
- Positive performance in outcomes include Talking Therapies which has exceeded national targets, peri-natal outcomes improvements and an increase in Dialogue scores following episodes of care.

- Primary care patient satisfaction scores showed a temporary reduction largely due to issues with rolling out e-consulting, but improvements are expected.
- The urgent care response in Community Health Services remains above the national target supporting people to remain at home.

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

- Noted that positive inclusion and diversity work. The focus through QI on populations and outcomes has increased teams' confidence, however, they need support in focusing on their own staff.
- Commended the work on DNAs and suggested it should be shared beyond ELFT.
- Suggested tracking service user employment as a quality outcome for the Trust as it is partially captured in People Participation but not centrally tracked.
- Commended the impact of enhanced observations noting that different approaches aim to create therapeutic environments reducing reliance on intensive observations.
- Noted the recent spikes in numbers of patients waiting over 12 hours in A&E largely coincided with the temporary closure of the Newham Psychiatric Intensive Care Unit. Reopening has reduced waits though pressures remain in Bedfordshire and Luton. The Trust has set up system programmes specifically to address long waits in EDs.
- Noted that the high sickness levels in primary care have mainly related to the transition of services back to ICBs and are expected to reduce as issues are addressed.
- Noted the establishment of a digital innovation team to support staff in using platforms effectively for meaningful data collection.
- Received assurance that a digital transformation plan exists overseen by the Finance, Business & Investment Committee (FBIC) and Digital Strategy Board. Further briefings offline can be provided to NEDs if required.
- Noted that the estates and facilities management (FM) contract mobilisation is expected to deliver improvements in the first quarter of next year. Actions are being taken to address staff concerns and it was suggested to check whether these are being felt at the operational level.
- Suggested estates should feature in the diagram about improving staff experience.
- Noted that estates is a hugely challenging area, including limited funding not meeting needs and reliance on partner-managed sites. However, clinicians and operational leads are actively feeding into prioritisation and planning to ensure clinical solutions are embedded.

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

5 minute break

15. Winter Plan Board Assurance Statement

15.1 Edwin Ndlovu presented the Winter Plan Board Assurance Statement in line with NHSE requirements that all provider and ICB Boards formally sign off winter plans by 30 September; the plan will be forwarded to the ICBs. He highlighted:

- The plan consolidates local winter plans and reflects local situations and partner relationships including the Inclusion Health Practices in primary care.
- The Trust has started participating in the stress-testing events being facilitated by NHSE. This stress testing work is not yet complete either at system level or internally.
- Business continuity plans are up to date, and various scenarios have been tested, including bed shortages, the risk of infectious conditions, PPE supply and mutual aid arrangements with system partners.

15.2 In discussion the Board:

- Noted this was the first formal presentation; in future authority for sign off could be delegated to a committee by adding this to the committee's terms of reference.
- Noted that the system level stress-testing events are improving confidence in the plan and providing learning, particularly on mutual aid and industrial action responses. It has been an exceptionally busy year, and it is recognised it may become more challenging. However, the Executive have confidence that the business continuity plans alongside the system partnership arrangements will help the Trust to manage.
- Noted the 'new' vaccination programme which includes a revised communications focus while retaining some existing elements. A data issue last year had resulted in some staff being excluded; staff are now being asked to verify their information on ESR, which is expected to improve the uptake.
- Agreed that the Board is being asked to assure that the framework is in place and that it has been stress-tested with partners rather than guaranteeing all plans will work.
- Considered whether the summary provided sufficient assurance; the chair of the QAC confirmed that the full plan was available if required and that the committee was satisfied that arrangements with partners and stress-testing were appropriately in place.
- The Board agreed to sign off the plan based on the recommendation from the QAC.

15.3 The Board **RECEIVED, DISCUSSED** and **APPROVED** the Winter Plan Board Assurance Statement.

16 Appointments & Remuneration Committee Assurance Report

16.1 In Deborah Wheeler's absence, Eileen Taylor presented the report of the meeting on 11 September highlighting the committee:

- Approved the process to begin a search for a new Chief Quality Officer.
- Acknowledged the appointment of Marie Price as the new joint Director of Corporate Governance across ELFT and NELFT starting on 13 October.

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

17 People & Culture Committee Assurance Report

17.1 In Deborah Wheeler's absence, Aamir Ahmad presented the report of the meeting held on 2 September 2025, highlighting:

- A deep dive into bullying, harassment and dignity at work cases. Key issues included the length of time to resolve cases and the additional stress this causes. The committee recognised the need to focus on the full spectrum of people relations cases.
- Deep dives into pharmacy, CAMHS, SCYPS and addiction services identified concerns regarding the increasing complexity of work. The committee emphasised the importance of upskilling staff and enabling them to work across teams where roles overlap, noting that progression pathways are not always straightforward.

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

18 People Report

18.1 Barbara Britner presented the report, highlighting:

- Workforce numbers remain stable.
- Sickness absence rates are on an overall downward trend, despite a recent increase attributed in part to deep dives and improved senior manager oversight. A further deep dive is planned to better understand trends and identify additional support needed over winter.

- There continues to be a reduction in over-establishment and in temporary staffing.
- Trust Talk Live is proving valuable and over 300 staff attended the last webinar.
- A challenge is the length of time people relation cases are taking to resolve. A QI project will focus on this, beginning with disciplinary cases.
- There continues to be some industrial relations unrest. Resident doctors have paused strike action though some contractors are taking industrial action. Robust contingency plans are in place.
- The staff experience programme has commenced comprising six workstreams with current focus on governance and reporting arrangements.
- The staff survey launches at the end of September with the aim of increasing the response rate from last year's 33% to 50% supported by a targeted campaign.
- The aim is to increase the uptake of 'flu vaccinations by 5% this year.
- The paper on bullying and harassment is included with the report. Formal cases are decreasing due to the focus on informal resolution although most tribunal cases relate to disability discrimination prompting work on reasonable adjustments.

18.2 In discussion the Board:

- Supported the positive management of these issues, including sickness and other workforce issues, recognising the need for continued focus.
 - Requested that more information is included for the three people indicators in the NOF including trends over time and reflecting the data presentation in the performance report.
- ACTION: Barbara Britner**
- Suggested that as sickness and speaking up can be linked to the bullying and harassment theme, it would be helpful to have more information on the cases of bullying and harassment currently classed as 'other' if possible.
 - Cautioned that informal resolution could be misinterpreted by staff as an attempt to conceal issues.
 - Noted that a deep dive into the context and drivers of disciplinary cases is essential to achieve meaningful change.
 - Commended the progress been made with the people report.

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

19 Finance, Business and Investment Committee Assurance Report

19.1 As chair of the committee Sue Lees presented the report of the meetings held on 18 August and 18 September 2025, highlighting:

- The excellent quality of the reports received, particularly under the Going Further Going Together (GFGT) programme, acknowledging the contributions of Kevin Curnow, Amanda Grantham and Lisa Marsh.
- Overall, ELFT is ahead of plan primarily due to non-recurrent savings; focus remains on identifying and achieving recurrent savings.
- Capital is under-spent; a revised programme is being developed to ensure full year spend.
- Persistent challenges include recurrent cost pressures, such as agency spend and out of area placements, particularly in Bedfordshire, Luton & Milton Keynes (BLMK). It is important to keep a focus on these areas.
- Planning for next year and beyond includes the required five year plan and transition from 'block funding' to performance focused funding. There is a priority to re-visit service re-design and to be organised around the new funding method and the committee is keen there is a Board level discussion.

- Received the quarterly report on digital which shows great progress and recommends refocusing from infrastructure to supporting clinical innovation and using digital tools to improve staff and patient experience.
- BAF scores were agreed to remain the same, noting potential risk increases due to changes in funding methodology.

20 Finance Report

20.1 Kevin Curnow presented the report for the end of month 5, highlighting:

- The Trust is £1.5m favourable to plan equating to a £100k surplus.
- Cash balance remains strong at approximately £144m. The significant cash balance although positive cannot currently be spent but it does generate a revenue stream.
- Capital spending is underspent by c£2m requiring Executive attention to address this.
- GFGT is over-delivering contributing to the performance. The conversation has shifted to delivering value for money which is positive.
- Challenges include overspending on in-patient wards and persistent agency costs; plans are in place to address these.
- Staffing numbers remain consistently below 8,000, which is in line with funding.
- Strong debt recovery with an additional £8m recovered from legacy debts.
- Revised capital forecast aims to address the underspend and return to plan.
- Within both ICSs the Trust is the only organisation in surplus.
- The funding deconstruction exercise and medium term financial plan submission (due February 2026) will be brought back to the Board through the committee structure

20.2 In discussion the Board:

- Acknowledged the financial progress and the quality of the reporting, supporting the shift to five-yearly planning.
- Voiced concern about the capital underspend, particularly given all that is being heard from staff about the constraints with estates. Recommended that as well as reviewing this year's spend, there should be a focus on ensuring a stronger position in future years.
- Questioned cyber resilience and whether simulations had been sufficient; received assurance that Board attention has been focused here, and additional more relevant cyber training will be provided.
- Suggested learning from reporting could improve presentation of quality data and forecasting to measure impact.
- Commended the finance team and thanked Lorraine Sunduza for her leadership in ensuring financial ownership across the Trust.

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

21 Board of Directors Forward Plan

21.1 Noted.

22 Any Other Business

22.1 None.

23 Questions from the Public

23.1 None.

24 Date of the Next Meeting

- 24.1 • Thursday 4 December (London)

The meeting closed at 4.00pm

DRAFT

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

Ref	Meeting Date	Agenda item	Action Point	Executive Lead	Due Date	Status	Comments
410	25-Sep-25	Patient Story	QAC to review the issues raised including absconding and safeguarding failures, responses and restraint practices, models of care for distressed patients and measures to strengthen family support and engagement	Claire McKenna/ David Bridle	Mar-26		Included on the forward plan for the Quality Committee; exception report to be provided to QAC and will be covered in the Quality Committee's assurance report to QAC
411	25-Sep-25	QAC Assurance Report	Re absconsion data presented at QAC and following issues raised in the patient story, meeting to be arranged to determine next steps (anticipated to include review and improvement of absconsion data reporting)	David Bridle			
412	25-Sep-25	People Report	More information to be included in future reports for the three people indicators in the NOF including trends over time and reflecting the data presentation in the performance report	Barbara Britner	Nov-25		All three indicators are covered in the regular board report. A deep dive on sickness absence is included in this board report, providing more detail.

In progress with delay

Closed

Forward plan

Not due
In progress

REPORT TO THE TRUST BOARD IN PUBLIC
4 December 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:

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

Implications

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

1. Introduction

- 1.1. This report provides the Board with key updates on my activities, Non-Executive Director (NED) visits, and discussions with the Council of Governors. These insights reflect our shared commitment to transparency, partnership, and continuous improvement for the communities we serve.
- 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. Lived experience leaders continue to be integral to all we do through the North East London (NEL) Mental Health, Learning Disabilities and Autism Collaborative Committee. While the Committee is no longer part of the Integrated Care Board's governance, the Boards of NELFT and ELFT agreed it was important to maintain the momentum created since its inception. We reinstated the meetings, and at the 20 November Committee partners confirmed their intention to continue. We heard powerful stories and insights from our lived experience leaders, along with constructive challenge about where we need to focus—particularly as we begin to develop neighbourhood ways of working. NELFT and ELFT will take the lead in facilitating these meetings for the remainder of the financial year, and together with partners will agree how the Collaborative and governance evolves in 2026/27.
- 2.4. On 22 October, the first edition of 'Project Social' was launched—a newsletter co-created by service users, lived experience leaders, and staff. This initiative is designed to amplify lived experience voices, promote genuine co-production, and challenge stigma across North East London. The newsletter featured powerful contributions on equality of voice, the importance of lived experience in shaping and delivering NHS plans, and from leaders bringing experience and fresh perspectives in relation to autism and learning disabilities. The project demonstrates the strength of partnership working and the impact of lived experience leadership in our collaborative. The newsletter can be ready by clicking here: [Project Social](#)

Staff support and empowerment

- 2.5. I want to thank all ELFT colleagues for their continued commitment during a challenging period. Your efforts have enabled us to maintain safe, high-quality care while meeting significant financial targets. I also acknowledge the work undertaken to ensure patient safety throughout recent industrial action. Staff wellbeing and engagement remain a

priority as we manage change. Supported and empowered teams are essential to sustaining quality and improvement. With winter pressures ahead, I appreciate the planning and collaboration across services to ensure we continue to deliver for patients and communities.

- 2.6. On 16 October, we celebrated the outstanding achievements of colleagues at the ELFT Staff Awards. The event brought together staff, service users, and partners to recognise exceptional contributions across the Trust. Awards highlighted innovation, leadership, and commitment to improving care and experience for our communities. It was an inspiring evening that reflected the dedication and values that underpin everything we do at ELFT.

Board effectiveness

2.7. **Provider Capability Assessment Update**

In October, we spent time together as Board to consider our submission against NHS England's *Provider Capability Assessment*. This review helped us to confirm areas of strength and identify opportunities for improvement across key domains. No significant concerns were raised, and actions identified are being incorporated into existing improvement programmes. We await formal feedback and will use it to refine our approach further, ensuring we continue to build on strong foundations and deliver high-quality care.

System leadership

- 2.8. There are currently many changes in local, regional and national system arrangements. In NEL we've been lucky to have a strong ethos of partnership working across statutory and voluntary sector organisations through our Integrated Care Partnership (ICP). On 9 October I joined the development session where partners came together to consider the partnership's strategic role beyond statutory boundaries. Although it will not be required, we agreed the members of the ICP will continue to meet to ensure close collaboration for the benefit of the communities we serve.
- 2.9. At the London Chairs' meeting on 16 October, discussions on patient safety and life sciences highlighted opportunities for shared learning and innovation. At our more recent meeting on 20 November, Chairs were joined by CEOs. There was an impromptu Q and A session with Sir Jim Mackey, CEO of NHS England, where he talked about the multi-year planning framework.
- 2.10. Beyond the systems in which we operate, I was pleased to support Oxford Health as the independent member on the interview panel for the recruitment of their new Chair. The panel's recommendation is now being submitted to their Council of Governors for consideration.
- 2.11. On 6 October, I attended the retirement celebration for Dr Navina Evans, who previously served as Chief Executive of ELFT, Health Education England and more recently as NHS England's Chief Workforce, Training and Education Officer. The event marked her significant contributions to the NHS over many years, including her leadership in workforce development and commitment to improving mental health and community care. We thank Navina for her outstanding service and wish her well for the future.

3. Council of Governors update

- 3.1. The Trust's Annual Members' Meeting (AMM) took place on 13 November 2025 ahead of the Council of Governors meeting. Members of the public, Governors, and Board colleagues attended. The Trust presented its Annual Report and Accounts 2024/25.

CEO Lorraine Sunduza outlined efforts to maintain high-quality services despite financial pressures, while Alison Cottrell (Audit Chair) and Kevin Curnow (CFO) summarised the accounts and auditor's unqualified (positive) opinion. Although last year ended in overspend, Kevin confirmed that plans to achieve a balanced budget this year are on track.

- 3.2 Newham's Director of Nursing, Julie Glyn-Davies, and Lead Nurse Gavin Shields reported on work to move end-of-life care from wards into homes or hospices. Collaboration with partners including Newham Council and Marie Curie Care is enabling early identification and personalised care plans, ensuring choice and dignity in the final stages of life.
- 3.3 The Council of Governors met in public session on 13 November. Building on their strategic theme of shifting care from acute to community settings, Governors identified three priorities for safe transition: continuity of personalised care, ensuring adequate staffing, and strong multi-disciplinary working across health and social care.
- The Council said farewell and gave their thanks to outgoing Governor John Bennett, who encouraged colleagues to embrace change while maintaining a culture of trust and constructive challenge.
 - Governors received updates on the Trust Strategy review and a report from the Significant Business and Strategy Committee on challenges and opportunities linked to the NHS 10-Year Plan.
 - NHSE has launched a consultation on the new Advanced Foundation Trust framework. We will review the proposals carefully to understand any implications for governance and elections, ensuring that Governors are fully engaged throughout. We expect to provide clarity in the New Year. In the meantime, we note that some Governor terms ended on 31 October. All will be updated on any opportunities to stand for re-election.

4. NED visits

- 4.1 I was joined by fellow NEDs for an inspiring visit to the Barnsley Street Neighbourhood Centre. Alongside clinical support, the centre offers access to a broad range of social support, including housing advice, employment opportunities, and community activities delivered in partnership with local organisations. This integrated approach helps people address practical challenges that impact wellbeing, reducing hospital admissions and improving recovery outcomes.
- 4.2 Some of the other visits made by the NEDs since the last Board meeting include:
- GP homelessness practices: Health E1, Newham Transitional Practice, The Greenhouse
 - Learning disabilities and autism services, Bedford
 - Corporate teams including the People Relations Team, Trust Safeguarding Team
 - Clinical leaders: clinical directors, medical directors and directors of nursing
 - Forensic services, based in Hackney

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
4 December 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	<input checked="" type="checkbox"/>	Information presented describes how we are understanding, assuring against and improving aspects related to these four objectives across the Trust and within the local and national systems.
Improved population health outcomes	<input checked="" type="checkbox"/>	
Improved staff experience	<input checked="" type="checkbox"/>	
Improved value	<input checked="" type="checkbox"/>	

Implications

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

1.0 Purpose

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

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

2.1 Going Further, Going Together (GFGT)

As of 13 October 2025, we have a best case forecast to deliver £39.8m of savings in 2025/26. Due to delivery risks and some schemes yet to be signed off, our most likely forecast is £35.3m (a reduction of £0.6m on last month). As a Trust we need to deliver £31.9m of run-rate impacting savings in 2025/26 and live within our budgets to achieve a breakeven position, as required by NHS England. In month 6, we delivered £2.8m of savings, £0.1m better than our plan. This means we have delivered £18.6m of savings,

£4.8m better than the plan we submitted to NHS England. We continue to be focused on reducing risk in the delivery of our services through the acceleration of savings in 2025/26 and supporting system savings. We now need to focus on having a plan developed for GFGT for the next financial year by the middle of December. I am grateful to every manager and staff member who has helped us to get to this point.

2.2 CEO Discussion Group

The September CEO Discussion Group, we explored how we as healthcare leaders can actively support staff and service users during times of social unrest, especially in response to racism. Key actions included creating safe spaces, improving reporting and data tracking, ensuring access to safety devices, reviewing relevant policies, finalising our anti-racism strategy, and empowering staff to speak up. I emphasised the need for practical support, clear communication, and collaboration with communities to foster a safer, more inclusive environment.

The first October CEO Discussion group topic was Freedom to Speak up (FTSU). We examined current data from the NHS Staff Survey, FTSU, Non-Government Organisation (NGO) Monitor Annual Report, and national sources - alongside the CQC quality statement and its emphasises on visible leadership, openness and transparency. Key themes which emerged from this session included structural processes, staff safety and wellbeing, and managing inappropriate behaviours. The ELFT Speaking Up Cycle was explored, with participants identifying actions to ensure effective follow-up of concerns, improve formal processes with transparency, and fostering respectful, inclusive, and professional everyday behaviours.

The second October CEO discussion group centred on the impact of Swartz Rounds. These are structured, facilitated sessions where clinical and non-clinical staff reflect on the emotional aspects of their work. The session featured a panel of three individuals who shared brief, personal stories on the theme 'a colleague I will never forget.' These narratives were designed to foster empathy, emotional connection, and shared understanding among attendees. After, participants considered how this reflective practice could be embedded more widely across the Trust to support staff wellbeing, strengthen engagement, and promote a culture of compassionate care.

2.3 Personal Safety and Current Social Tensions

Following the tragic incident in October at the Synagogue in Manchester and the petrol bomb at a Mosque in Sussex, I wrote to staff to acknowledge the impact of these events on us both as NHS staff and in our communities. Alongside the public demonstrations in London and across the country about migration, I am aware how these actions have caused anxiety and tension across the nation. Our staff are reporting increased hostility and racism in some of their contacts with the public, with many feeling unwelcome and/or unsafe. I stressed that we have zero tolerance for abuse, racism, harassment or hostility toward any staff member, service user or carer. In my communication, I stated that we will act on all reports, support staff and, where indicated, involve the police through Operation Cavell, the national initiative to protect NHS staff from violence and abuse.

This was also emphasised at the October Trust Talk Live event for staff on 'speaking up,' the issue of managing abusive or discriminatory behaviour from member of the public when carrying out clinical duties in the community was also discussed. Staff were reminded of the mechanisms for raising concerns and the steps to take locally. It was also an opportunity to challenge each other and address staff behaviours towards each other.

2.4 ELFT's Big Conversation Consultation on the Development of our Next Strategy

Our Big Conversation has consisted of Engagement workshops, an online survey, and a deliberative group - a representative group of staff and service users from across the Trust. The latter will review all the feedback received and help to generate a shortlist of goals/objectives that the strategy should focus on. The Big Conversation asked stakeholders about their views on our organisational strengths, the challenges we will face, what our priorities should be and what people hope we will achieve.

We completed Phase 1 of our Big Conversation consultation (our engagement workshops) at the end of September. These involved 1500 participants in discussion strategic direction of the Trust.

Phase 2 (the online survey) closed at the end of October with 233 participants. The number of survey respondents was lower than we expected. However, the Big Conversation survey launched the same time as the NHS staff survey which might explain this. We will take this learning forward and anticipate overlap in the future.

Phase 3 (the deliberative group) met for the first time on 5 November 2025 and will be working on a draft set of recommendations for discussion in the Trust Board development session in December. I am grateful to everyone who took part in the Big Conversation to help us develop the right approach for our communities.

2.5 Suicide Prevention Round Table

In September, I chaired a Suicide Prevention Round Table discussion involving national and local health care leads. Dr Mandy Burton, Deputy Director Mental Health Nursing - Professional and System Leadership, set the scene for our discussion by talking about the key components of the National Nursing Suicide Prevention Programme.

Pauline Turnbull, Project Director & Academic Lead on the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH), at the University of Manchester, gave us an overview of the findings from NCISH suicide by Nurses' report, and led the discussion that followed. We focused on incidents of suicide by NHS staff and the need to establish a national data collection to inform our staff support.

It was acknowledged that death by suicide was complex and the causes were not specifically attributed to the profession or work, however everyone wanted to learn about how we can all contribute to improving staff experience and how we support colleagues who may be facing significant life challenges. They are working on expanding this to review all professional groups in health.

2.6 Senior Nurses' Conference

On 18 November, nurse leaders from across the Trust came together to celebrate the achievements of their teams and to reflect on their leadership and the significant impact it has on service user care. I had the opportunity to attend and thank them for the work they do to support services users, each other and the wider communities. They discussed input into the design of care pathways, looking at workforce models and ensuring that services that are delivered offer good value for money. We were joined by regional Chief Nurse, Karen Bonner who was able to share the national strategy for Nursing and the 10-year plan. Discussions were held in relation to the 10-year plan and the 3 shifts. Executive team members joined for a panel discussion that linked the balancing of quality, safety, staff engagement and value.

3.0 Integrated Care System (ICS) and Provider Collaborative Updates

- 3.1 Since the last Trust Board, we have seen significant developments in national policy/guidance on the operating model for the NHS, with the publication of guidance to Integrated Care Boards (ICBs) on strategic commissioning, and on the advanced foundation trust model and selection process.

Integrated Care Boards have been advised that they should proceed with management of change processes to restructure in line with national requirements to operate within £19 per head of population. Consequently, Central East ICB launched a consultation process with staff on 19 November and North-East London ICB is due to launch a consultation process with staff on 1 December. The Trust is very mindful of the uncertainty that these processes will bring to much valued ICB colleagues.

There are also substantial changes underway to leadership and governance arrangements in both of the systems in which we work. This includes the role of the Mental Health Learning Disability & Autism Collaborative and Community Health Services Collaborative in North-East London and the Mental Health Learning Disability & Autism Collaborative in the BLMK footprint of Central East. Following the ELFT and NELFT Board-to-Board meeting in October 2025 in which we reflected on the purpose and value of our collaboratives over the past several years, the Trust is working with NELFT and ICB colleagues, and with broader partners, to refresh and renew our collaborative arrangements. Similar work is also underway with CNWL and ICB and other partners in Central East.

- 3.2 New Chief Executive for NHS North East London

Dr Nnenna Osuji is to be the new Chief Executive Officer for NHS North East London (NEL). Nnenna previously led services at North Middlesex University Hospital including community services. Prior to this, she was Deputy Chief Executive at Croydon Health Services NHS Trust.

She has a background in academia and teaching, is an experienced haematology consultant and continues to practise. She has a proven track record as a collaborative system and regional leader, including co-chairing the London People Board and its Equality, Diversity and Inclusion Steering Group, and acting as North Central London ICS Lead for Community Services. She is committed to people and to tackling inequalities, with a focus on outcomes.

Importantly, she also brings compassion and openness at a time of great change for staff, the NHS and the wider public sector. Nnenna's start date is still to be confirmed. We look forward to working with her to deliver the ambitions of the national 10 Year Health Plan and to improve population health and service delivery in East London. We wish the NEL ICB outgoing CEO Zina Etheridge, all the best in her future endeavours and thank her for her support and leadership over the past 4 years.

- 3.3 National Policy and System Leadership

NHS Providers and NHS Confederation have confirmed plans to merge, creating a single membership organisation from 1 April 2026. Member engagement demonstrated clear support for a unified national voice for NHS providers. Recruitment for the Chief Executive of the new organisation has commenced. ELFT will continue to contribute and shape system discussions, ensuring the voice of mental health, community, and primary care providers is reflected.

3.4 Medium Term Planning

In recent weeks, NHS England has published medium term planning guidance, including over the last week technical guidance on finance, performance and workforce. Whilst some details are still emerging, there are a number of general requirements for NHS Trusts and more specific priorities for mental health and community services, including:

- Growth in coverage of mental health in schools' teams
- Increase in access to individual placement support services
- Increase in access to talking therapies services with improvement in reliable recovery and reliable improvement
- Reducing out of area placements and length of stay
- Reducing reliance on mental health inpatient services for people with a learning disability or autism
- Reduction in waiting times for community health services
- Reduction in agency and bank usage
- Deliver a balanced or surplus financial position
- Improve productivity.

There are also developmental priorities including, for example, establishing mental health emergency departments and establishing neighbourhood health and care teams.

Providers are required to prepare and submit plans that are triangulated with Integrated Care Board plans, with an initial submission due on 17 December 2025, and a final submission due on 12 February 2026.

For December, we are required to provide a 2 year revenue and 4 year capital plan, a 2 year workforce plan, and a 2 year plan for the delivery of national operational priorities. For February, we are required to submit in addition plans for revenue, workforce and operational priorities for 3 years, and a 5 year narrative plan.

For both submissions, we are required to provide a Board statement signed by the Chair and CEO, providing assurance that the Board is aware of and involved in the planning process. We are intending to hold a full Board discussion on the interim submission on 11 December, and then for the final submission, discussion in January Board Committees and full Trust Board, with the option for a further extraordinary Board meeting in February as required.

We are now working intensively to respond to the planning requirements both internally and with our system partners in both North-east London and Central East Integrated Care Systems. It is critical that our approach to medium term planning reflects the priorities of our service users and carers, staff, and local stakeholders as reflected in the developing Trust Strategy 2026-2031, which it is intended will be tabled for consideration at the January 2026 Trust Board.

4.0 Operational Update

4.1 Sustained Operational Pressure

The Trust continues to operate under sustained operational pressure driven by demand, acuity, workforce challenges and wider system constraints. Despite these pressures, services have continued to perform strongly, maintaining safe access and effective clinical prioritisation, while sustaining flow across community and inpatient pathways. Benchmarking indicates ELFT remains comparatively resilient within both

North East London and the East of England, with performance indicators consistently above peer averages. Continued emphasis on senior clinical visibility, flexible resource deployment and targeted support to high-pressure pathways remains essential as winter pressures increase.

4.2 East of England Provider Collaborative

Children and young people continue to have access to General Adolescent Unit (GAU) beds across the region; however, capacity for intensive support (PICU) and specialist eating disorder beds remains constrained. Transformation work is progressing to strengthen out-of-hospital eating disorder hubs and upskill GAU staff to support naso-gastric feeding.

Mobilisation of alternative-to-admission services for Adult Eating Disorders continues at pace. The Collaborative has also endorsed in principle a business case to expand adult Community Forensic Services, enabling equitable access, reducing inpatient length of stay, and standardising models of care, training and protocols.

4.3 Emergency Preparedness, Resilience and Response (EPRR)

ELFT participated in the North East London ICB 'check and challenge' review of EPRR Core Standards in October. The ICB confirmed agreement with our self-assessment of Full Compliance, which will now be submitted to NHS England for final confirmation. Alongside this I am pleased to inform you that this has been our first full year of aligning Data Security to the national Cyber Assessment Framework. This is a major step forward in strengthening our cyber resilience. The Trust achieved *Standards Met* status, supported by external audit assurance, which recognised strong progress in supply chain governance, incident preparedness and framework control maturity.

4.4 Living with COVID Update

With winter illnesses on the increase, our Infection Prevention and Control Team has issued updated guidance to support safe service delivery across the Trust throughout winter. Staff were reminded of the importance of handwashing and advised that they can wear moisture-resistant masks if they wish to. The guidance provided advice on COVID protocols for staff themselves if they are symptomatic, and for patients.

4.5 Doctor's Strike

A national five-day strike by British Medical Association (BMA) resident doctors took place from 14-19 November. This is part of a dispute between the BMA and the Government over pay, conditions and employment for resident doctors. The Trust's position is to provide a safe service for both our patients and our staff. We were able to run the majority of our services as normal using our well tested contingency plans. The Trust and the trade unions worked in partnership to help people to exercise their right to protest while at the same time making sure that patient safety was protected and disruption to patients/service users minimised as far as possible. Service users were advised to continue to attend scheduled appointments during the strike period, unless notified otherwise by the service providing care.

4.6 Care Quality Commission Visits

On 24 November, the CQC informed us that they would be commencing a series of core service inspections starting with a 3 day inspection of our community mental health, health-based places of safety and crisis teams from 25 November. They have stated that they will be also inspecting 3 core services in December 2025, January 2026 and March 2026, with a well led inspection commencing in June 2026. Claire McKenna will be

leading the management of the visit. The board will be alerted of significant feedback if it arises during the inspection process.

5.0 Connecting with Teams

5.1 Breakfast meetings with staff

I have been meeting with teams by arrangement at their work base to hear firsthand about their day-to-day working lives. The sessions are a chance for them to share their achievements and breakthroughs but also discuss obstacles and concerns. It provides an opportunity for me to share updates on local and national developments and other topics, and for them to ask questions of me directly.

On 2 October, I met with around 30 colleagues from Newham Community Mental Health Services for an informal breakfast. They spoke about a Foot Health service QI project on reducing appointment and waiting times. Colleagues from the Physiotherapy - Musculoskeletal Service shared information about the 'GetUBetter' app for service users and Point-of-Care blood testing. We also had a stimulating discussion about Artificial Intelligence (AI), hospital vs community care, our one device policy, the flu campaign and staff survey.

On 10 October, I met with 15 colleagues from Luton mental health inpatient services at Calnwood Court. We discussed changes to the region's ICB structure, the Case for Change, finance, NHS league tables, staff awards, the importance of the annual staff survey, flu vaccination programme and staff morale.

On 14 October, I visited Bedfordshire Community Health Services (BCHS) colleagues at Steppingley Hospital in central Bedfordshire. I was joined by 20 BCHS colleagues for breakfast and we discussed neighbourhood health, raising concerns and safety in the community for staff, the use of AI in healthcare and meeting the needs of our growing Bedfordshire populations. We also talked about changes to ICBs, the procurement process for new BLMK mental health and community health contracts, staff survey, staff awards, flu vaccinations and NHS league tables.

I am grateful to everyone who came along to these meetings for giving up their time and being so frank and open.

5.2 Trust Talk Live Webinars

We have held two staff Trust Talk Live webinars since the last Trust Board meeting bringing together executive directors and staff. These are fast becoming a real interface for communication and discussion. Our most recent Trust Talk Live session focused on the National Oversight Framework (NOF), and before that, the topic was Freedom to Speak up. Both attracted over 200 staff (and probably more as we could see that some were huddled around desks to tune in.) The insight and candour of our staff in these discussions is heartening.

Staff have shared some of the challenging issues they are grappling with and seeking solutions for. In the case of the 'speaking up' session, staff sought to know what their options were in the event that they are faced with racism and hostility during a home visit, strategies to manage these, and what support they could expect from the Trust. Hearing of incidents firsthand was a sobering insight into how it can feel for some colleagues. (See item above on Personal Safety and Social Tensions.)

In the discussion around the NOF, there was a passion to understand the data that we are judged on and who determines the standards. The session provided the opportunity to note that for us, it is not solely about meeting set criteria but about getting it right for

our patients and service users. We might meet the criteria but still feel that it is not good enough for the needs of our communities.

We also additionally held BLMK specific webinar on 28 October to share latest updates with colleagues about changes within the Bedfordshire, Luton and Milton Keynes (BLMK) healthcare system. It was a space for staff to learn more about the process, to ask questions, about next steps in relation to our BLMK contracts, changes to the structure of the area's ICBs, and how the two issues relate to each other. In July 2025, the BLMK Integrated Care Board (BLMK ICB) notified the Trust that our contracts to deliver community and mental health services were being extended for a further two years from 1 April 1, 2026, along with contracts for other BLMK mental health and community health providers. The extension was agreed to ensure continuity of care while the ICB works with the Trust, partners and other providers to discuss how community and mental health services will be commissioned in the future.

There has also been the start of work for BLMK ICB to merge with Cambridgeshire and Peterborough ICB and Hertfordshire and West Essex ICB to operate as a 'cluster' ICB for the central east of England region. The ICBs are being restructured to work more closely together to plan and deliver care for local communities. These changes are part of a wider NHS transformation in response to challenging public finances.

5.3 Staff Awards

Our Staff Awards Ceremony was as always, a joyful experience. It was good to see so many colleagues at the same event. An additional 200 people joined the live stream of the event and 60 staff came together to watch the live stream together in a venue in Bedford.

It was a staff-only (no guests) event this year so attendance was down on previous years. I was joined on stage by fellow compere Paul Binfield, Director of People Participation. We were entertained by the #ELFTin1Voice choir. In workshops, service users had reworked the lyrics of a medley of songs sung on the night. They sang to a backdrop of images depicting the last 25 years and 10 years of life in the Trust to mark both anniversaries. Peter Horn, the very first Chief Executive on the Trust in 2000, sent a message of congratulations which I read out. Congratulations to everyone nominated and to all the award winners:

- Chair's Award – Curtis Reece, Forensic Services
- Chief Executive Award, Employee of the Year – Irfaan Ibne, Primary Care
- Commissioner's Award, Improving Population Health – Newham Transitional Practice, Primary Care
- Because of You Award 1 – Alison Muirhead, Bedfordshire Mental Health
- Because of You Award 2 – Amber Hawes, Bedfordshire Community Health Services
- Because of You Award 3 – Sandra Alexander, Forensic Services
- Dr Robert Dolan Leadership Award – Dadai Dandato, Tower Hamlets Mental Health
- Greener Health Award – Amin Islam, Primary Care
- Improving Service User Experience Award 1 – Emma Robinson, Tower Hamlets Community Health Services
- Improving Service User Experience Award 2 – Simone Mingay, Bedfordshire Mental Health
- Improving Staff Experience Award – S.A.F.E.R Quality Improvement Team, Tower Hamlets Community Health Services
- Improving Value Award – Community Integrated Mental Health Team (North), Newham Mental Health

- Make a Difference Award – Psychological Wellbeing Practitioners Managers, Specialist Services
- Service User Award for a Special Person – Sam McGavin, City & Hackney Mental Health
- Star of the Future Award – Kate Manning, Luton Mental Health
- Support Services Award – Mohammed Ahmed, Tower Hamlets Mental Health
- Working in Collaboration Award – 'Learning Together' Patient Safety Interface Group, Tower Hamlets Community Health Services

5.4 Annual Social Work Conference

I joined over 100 staff and external partners who came together to celebrate the achievements of Social Workers over the past year and look ahead to the future of the profession. The space gave us a chance to review the challenging social context that we work in. There were presentations about proposed changes to the Mental Health Act, how social workers will be instrumental in shaping future practices of Approved Mental Health Professionals (AMHPs), and their role in delivering the 10 Year NHS Health Plan.

For me, it was an opportunity to say thank you to the 500 Social Workers that we have in ELFT. Social workers have such a unique role, which they do it with humility and compassion. They help us to see the whole person, hold onto people when life is complex and use their expertise to ensure people's rights are upheld. Their voice in advocacy matters deeply and there will be further opportunities ahead as we develop our neighbourhood approach.

5.5 Annual Allied Health Professional Conference

Our Allied Health Professionals (AHP) conference took place on 21 October as part of celebrations to mark annual Allied Health Professionals Day on 14 October. As a hybrid event, it also welcomed around 150 AHPs from across the Trust to the conference suite at the Trust HQ, and also people attending on the live stream online. The national theme for AHPs Day focused on the three key shifts in the 10 Year Health Plan:

- From hospital to community
- From treatment to prevention
- From analogue to digital

I was delighted to be part of this inspiring day full of learning, collaboration, and innovation. We have 650 Allied Health Professionals in the Trust making them the third largest clinical workforce in the Trust. They will play a vital role in delivering the 10 Year Health Plan and are already looking at this will look like and their contribution to more modern health care.

5.6 Advanced Clinical Practitioners and Non-Medical Prescribing Conference

At our Advanced Clinical Practitioners and Non-Medical Prescribing Conference on 4 November, we were delighted to be joined by Professor Michelle Bateman, Deputy Chief Nursing Officer for England. The conference provided space to challenge ourselves about how create new ways of working to support staff to develop their clinical skills, in the light of complex demands on our services. Attendees were in agreement that multi-disciplinary training is the way forward to practice safely and effectively.

5.7 Awareness Days and Campaigns

Autumn is a busy time of year for awareness days and campaigns. We try to give exposure to all of these and support the efforts of staff who use the national spotlight to promote our services. We have marked Stoptober, Black History Month, World Mental

Health Day, Freedom to Speak up Month, Remembrance Day, International Fraud Awareness Week, Medicines Safety Week, and Movember. Thank you to all teams involved in bringing attention to these areas for their energy and creativity.

5.8 Reflections from All Staff Networks Conference

Staff from across the Trust came together on 9 October for this year's All Staff Network Conference, held virtually via Zoom. Centred on the theme of Intersectionality, the conference explored how our overlapping identities such as race, gender, sexuality, disability and faith shape our experiences at work and in our communities. The event brought together voices from every corner of ELFT with staff describing it as "powerful," "empowering," and "a much-needed space to connect and reflect."

5.9 Joint Staff Away Day

Our annual Joint Staff Away Day took place on 5 November. This is a meeting of senior management and union representatives, to review how we are doing as an employer and in delivering services to local people. This year's meeting was a chance to acknowledge the challenges of the last few years but also embrace the culture of our working relationship. I value how our union representatives (staff side) challenge the executive directors - in a good way. They gave examples of when we have worked together in partnership leading to good outcomes. But they also had examples of where we could do better and where we need to improve. I came away with a resolve to improve how we act when there is conflict or a difference of perspective. After all, we have a common goal in wanting ELFT to be a place that people love to work, in an environment where they can grow and thrive, and are treated fairly with respect and compassion.

5.10 Directorate Management Teams Away Day

We brought together all our directorate leadership teams on 6 November, as part of our regular series of away days to reflect and plan together across the Trust. The session began with insights from the executive team about the current context, challenges and opportunities, and to consider how we navigate these with a focus on organisational culture. The bulk of the morning was spent on our 5 year strategy - sharing insights from phases 1 and 2 of the strategy development process and prompting conversation about the way in which we want to approach strategy execution from 2026 onwards. It was a chance to thank all professional groups for all that they do whilst acknowledging the challenges.

5.11 Deans' Engagement

I hosted a visit from Professor Bill Irish, East of England Regional Postgraduate Dean, in Luton on 29 October. He was accompanied by Dr Nisha Nathwani, several of the Trust's education and discipline leads, as well as our Chief Medical Officer and Chief Nursing Officer who were all present for a two-way discussion with him. We reflected on the Trust's role in pre-registration and post-graduate training for a range of professions, the experiences of those who train with us, and challenges and achievements.

One area of notable achievement we discussed was our expansion in the number of resident doctors in Luton and Beds from 35 to 61 over the past 5 years in collaboration with the Deanery. There is a mutuality to this. We can ensure good training experiences for more resident doctors. This in turn attracts a strong pipeline of well-trained, locally based future substantive medical staff.

6.0 ELFT People Updates

6.1 Chief Quality Officer to Leave

A recruitment process is under way to find a talented successor to lead the Trust's continuing quality journey. We are going out to advert for a second time as we were not able to recruit from the first round as Dr Shah leaves big shoes to fill!

Dr Shah is stepping away from his role in early 2026, after almost nine years on the Board as England's first ever Chief Quality Officer, and 15 years in the organisation. Dr Shah will continue in his consultant forensic psychiatrist role at ELFT, and his national clinical director for improvement role, for which he is seconded from ELFT to NHS England. He has been an integral part of the Trust's journey, shaping our approach to quality, improvement, and learning in a way that has had lasting impact not only within ELFT but across the NHS and internationally. He has inspired and supported staff, service users, and partners to test new ideas and drive meaningful change. His approach has helped embed a culture of curiosity, reflection, and co-production across the Trust.

I have worked alongside Amar for many years, from our early days in the Forensic Directorate. His support for service users, his vision, and his generosity of spirit have inspired me as much as he has inspired so many others. I will truly miss working with him and want to express my deepest gratitude for his exceptional leadership and all that I have learnt from him.

Appointments

6.2 Medical Directorate

Dr Cathy Lavelle, Medical Director for Children's Services, retired at the end of September from her role in ELFT. However, she will continue with her other role as Medical Director for the North Central and East London (NCEL) CAMHS & Perinatal Provider Collaboratives – commissioning Tier 4 provision.

Dr Sarah Dracass has been appointed as NELFT's Deputy Chief Medical Officer (Mental Health). Sarah has been the Medical Director for Mental Health Inpatient Services across ELFT and NELFT at a time when we have been streamlining and improving how people access our services in a crisis and how they experience inpatient admissions.

7.0 Visitors to our Services

7.1 Chinese Health Professionals Visit Newham Community Health Service

Six health professionals from Shanghai, China visited East Ham Care Centre in Newham on 22 October to learn about ELFT's healthcare work. The Chinese delegation involved health professionals from the Pudong New Area Health Commission in Shanghai. This consisted of senior leaders in policy-making including director and deputy directors with backgrounds in finance and maternity and child health.

The Newham Community Health Services team explained the breadth of their services, and those with partners: approximately 460 staff working across four sites with 12,000 patients known across all services.

8.0 Other Service Updates

8.1 Launch of City and Hackney Mental Health and Addiction Service

A new pilot service supporting residents with both mental health and substance use needs opened on 3 October. Funded by City & Hackney Public Health and being delivered by ELFT in partnership with Turning Point, the pilot aims to strengthen collaboration between services and improve access to support for people with co-occurring needs. It will operate from Turning Points premises in Mare Street,

The launch event, held at ELFT's headquarters, introduced the vision, aims and principles of the pilot and explored how stakeholders can help shape its success. The service is designed for residents whose mental health and substance use needs are closely linked and who would benefit from coordinated, specialist support. This includes people experiencing frequent relapses, high or escalating risk, difficulties engaging with services, or complex needs requiring joint care planning.

8.2 New Estates Helpdesk Launches

On 1 November 2025, the Trust's Hard Facilities Management (Hard FM) services officially transferred to a new provider, CBRE. CBRE now cover everything from heating, plumbing, lighting and engineering systems to general repairs that keep our environments fit for care delivery. All estates-related jobs will be raised through the new CBRE Helpdesk including cleaning, portering, grounds maintenance and other soft services. The Helpdesk will act as a single triage point ensuring every request is logged, tracked and routed to the right provider. We anticipate the new arrangement will provide faster response times, better tracking and accountability, and clearer oversight of what's happening across every site.

8.3 Newham GP Practice Marks 25 Years of Service

Congratulations to the Newham Transitional Practice (NTP) who reached their 25th anniversary, celebrating a quarter of a century supporting patients who face barriers to accessing traditional primary care services. The practice delivers comprehensive GP care for individuals who are unable to register with a standard GP service such as those experiencing homelessness, refugees, and those without a fixed address, who often have complex, unmet health needs. The practice supports a registered list of almost 5,000 patients. The team operates across two sites, The Centre Manor Park and Vicarage Lane Health Centre in Stratford, providing a full GP offer through a flexible, inclusive, and trauma-informed approach.

8.4 Farewell to Rainham and Barking & Dagenham GP Practices

Our contract with Rainham, Victoria and Five Elms Medical Centre ended on 30 September 2025, with services transferring to Operose Health. This follows our decision as a Trust Board to realign primary care services, with a continued focus on delivering care through the Trust's three inner East London practices: The Greenhouse Practice, Newham Transitional Practice, and Health E1 Medical Centre. These sites exemplify the integrated care model ELFT is striving to achieve and reflect the Trust's vision to improve the health of local populations.

8.5 Nine New Mental Health Inpatient Bedrooms Planned for Luton and Beds

Nine additional mental health inpatient bedrooms will open in early 2026 for service users in Bedfordshire and Luton. More than £1 million is being invested by the Trust, in partnership with NHS England, to expand the mental health inpatient bed capacity across the county. This will ensure that more people requiring inpatient care can access this closer to home. The new bedrooms will be created on Coral, Onyx and Crystal wards at the Luton Centre for Mental Health (Calnwood Court, on the Luton & Dunstable University Hospital site), and on Ash Ward at Oakley Court, Luton. All bedrooms will be designed to be sensory-friendly, to better support people with learning disabilities,

autism and additional sensory needs. A dedicated sensory-friendly annexe will be created within Coral ward.

8.6 Two Digital Pilots for District Nursing in Bedfordshire

Two new digital pilots aimed at supporting District Nursing teams in Bedfordshire and improving how we deliver care in the community launched on 15 September.

The first of these is AutoPlanner, a scheduling tool that creates efficient visit rotas by analysing patient needs, staff availability, and travel time. Anticipated benefits include fairer, balanced caseloads, more time for patient care and less time spent planning visits. This is a three-month pilot.

The second pilot is TPP Brigid Mobile App and will run for one month. Brigid gives district nurses secure, mobile access to their patient record, SystmOne, while out in the community. The App will enable them to view and update records on the go, need fewer trips back to base and support faster, safer decision-making. Both will be reviewed at the end of their pilot periods and evaluated.

8.7 Pluto and Nova Arrive at the Coborn Centre for Adolescent Mental Health

Two wards at the Coborn Centre for Adolescent Mental Health in Newham have been renamed after a series of collaborative workshops with staff and young people who have used inpatient services. The new names were chosen to better represent the values and spirit of the Coborn Centre community. As part of this process, young people shared ideas that resonated with their experiences of care, recovery, and belonging, helping to shape names that feel positive and forward-looking. The wards have now been renamed: Coborn Acute Ward is now Nova Ward. Coborn PICU Ward is now Pluto Ward. These names were selected to inspire optimism and curiosity, 'Nova' symbolising new beginnings and light, and 'Pluto' representing calmness and space for reflection.

8.8 New Pathway in North East London for Courts and Police Custody Suites

The North London Forensic Collaborative is leading on closer integration between police custody suites and Magistrates and Crown Courts with the introduction of a new pathway for community sentencing treatment requirements. The pathway will include Liaison and Diversion in all police custody suites, including Metropolitan, City of London, British Transport Police and Marine Policing unit in addition to Magistrates and Crown Courts.

The service will be provided by eight NHS organisations, including ELFT. The model is collaborative as one regional unit, contracted to the North and South Forensic collaboratives. The pathway will follow people under investigation through the criminal justice pathway, from arrest/voluntary interview to court, prison and community, liaising closely with partners at each stage along with police and prison healthcare services.

The pathway of services will also include a new Primary Care Men's Mental Health Treatment Requirement Service. This seven-year contract will, for the first time in London, provide Probation services with a greater range of community order options.

9.0 Awards and Recognition

9.1 National Award for Director of Estates

Congratulations to David Stevens, ELFT's Director of Estates, Facilities and Capital Development, was presented with an Icon Awards from the UK Construction Week Role Model Awards 2025 on 2 October. The awards celebrate influential and inspiring individuals and role models who are shaping the future of the construction industry.

David has also made it into the top 50 of the Belong Impact List 2025. 'Belong' is a national platform of recognition celebrating identity, courage, and impact. The Belong Impact List is a list of people who demonstrate how they are shaping a more inclusive, connected, and compassionate world, setting an example, and leading the way for others.

9.2 National Award for Bedfordshire Addictions Partnership Programme

Well done to the Path 2 Recovery (P2R) service and Bedford Hospitals Trust, who have received a national award for their partnership work in supporting vulnerable adults with alcohol-related liver disease. They have been named recipients of a Dr Falk Pharma/British Association for the Study of the Liver (BASL)/British Liver Trust Quality and Service Improvement Award. An awards reception was held on 9 October 2025 at the Titanic Museum in Belfast during the BASL's Annual Meeting.

The awards recognise individuals and teams for their work in improving services for people with liver disease. The Bedfordshire programme was recognised in the category for projects underway or that have been completed within the previous three years. The aim of the programme is to tackle health inequalities in patients with alcohol dependency.

Located at Bedford Hospital, ELFT and Bedfordshire Hospitals NHS Foundation Trust (BHFT) created a hepatology/P2R clinic in August 2023 for vulnerable patients in Bedford Borough and Central Bedfordshire. This is a direct interface between addictions service P2R and BHFT's hepatology and liver disease service to provide holistic care and health assessments to tackle alcohol addiction and alcohol-associated stigma. The clinic was set up due to a high number of missed appointments at general hepatology clinics for patients with alcohol dependency, compared to other causes of liver disease.

Across the whole of 2022, 90 per cent of missed hepatology appointments were from patients with documented alcohol dependency. These patients were more likely to attend hospital with advanced liver disease, often requiring lengthy admissions.

The new clinic was successful in reducing the number of 'no-shows' for scheduled appointments. Between August 2023 and May 2025, only 8 out of 128 appointments were unattended.

9.3 Chief Quality Officer Recognised at National Psychiatry Awards Ceremony

Chief Quality Officer Dr Amar Shah was awarded the Royal College of Psychiatrists' (RCPsych) President's Medal in recognition of his commitment to improving patient care. Dr Shah was presented with his award by the President of the Royal College of Psychiatrists, Dr Lade Smith CBE. She presented the medal to nine individuals in all who have improved the lives of people with mental illness. She described these people as "truly stunning and inspiring to the profession."

The Royal College of Psychiatrists is the professional body responsible for setting and raising standards in psychiatry. Each year it holds an awards ceremony to recognise outstanding achievements in mental health. During the annual RCPsych Awards, the President of the College selects a small number of people who have contributed to policy, public knowledge and education, while meeting the needs of the population across diverse geographies and circumstances. The award is approved by the College's Nominations Committee. Congratulations on this well-deserved recognition.

9.4 Bedfordshire Community Project for Young People Wins Crafts and Produce Show

A group set up to help build confidence for young people has continued to grow its community roots with members celebrating success at a local fruit and vegetables-

growing competition. Creative Haven' is run for young people eligible for ELFT's Child and Adolescent Mental Health Services (CAMHS) in North Bedfordshire. It is a partnership project with 'Golden Gardens,' a community garden that has won multiple local awards for the positive impact it has had on the population in Goldington, Bedford. Together with Golden Gardens, the group has aimed to combat loneliness and confidence issues for those who may be out of education.

The project is led by support workers from the Trust, and weekly activities include gardening, upcycling furniture and growing produce. It is a space for young people to get as involved as they would like, while learning new skills and socialising with others. For the second year in a row, Creative Haven was recognised at the Colmworth Craft and Produce Show for the high quality of the fruit and vegetables grown. This year, the team were awarded two first-place and three second-place rosettes across various categories. Well done all.

10.0 Action Being Requested

10.1 The Board/Committee is asked to:

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

REPORT TO THE TRUST BOARD IN PUBLIC
4 December 2025

Title	Audit Committee Meetings held on 20 October and 27 November 2025 – Committee Chair’s Assurance Report
Board Lead	Alison Cottrell, Vice-Chair (Bedfordshire & Luton) and Chair of the Audit Committee
Author	Cathy Lilley, Corporate Governance

Purpose of the report

- To bring to the Board’s attention key issues and assurances discussed at the Audit Committee meetings held on 20 October and 27 November 2025.

Key messages

27 November 2025

The committee received a wide range of updates across audit, counter fraud, risk and compliance, and is assured that the Trust continues to strengthen oversight, improve systems and processes and respond proactively to areas requiring further development.

Internal Audit Progress

The committee welcomed the continued progress against the internal audit plan with clear plans in place to strengthen oversight and close outstanding actions. Key points include:

- Four audit reports were finalised with generally positive assurance, although benchmarking highlighted a higher number of partial assurance reports compared with peers.
- Thirteen actions were closed with a small number of medium-priority actions still in progress particularly relating to raising concerns.
- Future audit sampling will adopt a broader, risk-based methodology.
- Management responses set out ongoing work to strengthen oversight and evidence provision, including in capital programme delivery and freedom to speak up.

External Audit Progress

The committee gained assurance from the continued improvements in the external audit process and reviewed the proposed external audit approach for 2025/26. Key points include:

- A stable audit environment and minor adjustments to approach, timelines band materiality was presented.
- Planning will take place in February with fieldwork in April; materiality will be based on 2% of gross expenditure.
- The management override of controls and valuation of land and buildings were identified as significant risks; however, previous risks related to revenue and expenditure were removed due to the Trust’s improved financial position.
- A one-year contract extension and modest fee increase below sector inflation were proposed and supported.

Counter Fraud Progress Report

The committee received assurance that counter fraud arrangements remain robust, compliant with new legislation and responsive to emerging patterns of risk and referral trends. Key points include:

- Preparatory work for the “failure to prevent fraud” offence is complete.
- Benchmarking indicated higher investigative activity than peers.
- Enhanced staff engagement which is shifting from written alerts to bite-size videos as a more effective method.
- Rising referrals reflect cost-of-living pressures and undisclosed secondary employment.

Deep Dive: Board Assurance Framework (BAF) Risks 3

If the Trust does not work effectively with patients and local communities in the planning and delivery of care, services may not meet the needs of local communities

The committee considered the strategic risk on patient experience and co-production and remained assured that mitigations were progressing while recognising the need for further cultural and organisational strengthening. Key points included:

- Current scoring, resource pressures, and variation across teams were explored.
- Support for participation and peer support is being embedded across localities.
- The committee sought assurance on cultural and operational actions to reduce variation and strengthen engagement and whether these were sufficient to close the risk gap suggesting a review of targets and controls and emphasising the importance of addressing organisational culture as a key driver of risk.
- Impact measurement of coproduction remains challenging with proxy measures being used.

Board Assurance Framework

The committee noted continued progress on the development of the BAF to ensure a strategic focus and consistency and emphasised the need for increased agility in risk management, articulation of risk appetite and tolerance, and ensuring the framework is reflective of shifting risks and is a dynamic real-time tool for managing organisational risks. Key points include:

- Three risks increased due to capacity, demand, and partnership pressures.
- Assurance provided that local risk registers are reviewed daily with escalation to the BAF positioning the framework as a macro-level tool informed by real-time operational risk management.
- A comprehensive review is planned alongside the refreshed strategy and medium-term plan by April supported by a Board development session on risk tolerance, appetite and consistency.
- The committee agreed to clarify its role in risk oversight and ensure BAF deep dives are supported by feedback loops to relevant committees to strengthen governance and organisational learning.

ELFT Charity Annual Report & Accounts 2024/25 and Strategic Transition Update

The committee reviewed the ELFT Charity Annual Report & Accounts for 2024/25 and received assurance that the Trust Charity's transition in-house is progressing well with a strengthened strategy in development to enhance impact and engagement. Key points included:

- A new strategy is being developed to improve grant-making, fundraising and financial management, following endorsement by the Charitable Funds Committee.
- The importance of increasing organisational awareness of the Charity and improved communication and staff engagement which will be addressed in the new strategy.

Losses, Special Payments, Waivers, and Procurement Update

The committee reviewed routine losses and procurement activity and was assured that controls are operating appropriately with work under way to enhance compliance processes. Key points included:

- Three small compensation payments were made in October all below reporting thresholds.
- There were no waivers or breaches since the last report although one waiver is expected.
- Procurement controls, PO compliance and technical approval processes are being strengthened.

Declarations of Interest, Gifts & Hospitality Compliance

The committee noted the progress on compliance and was assured that system improvements are under way with the implementation of Civica Declare system. Key points included:

- While Board and Council of Governors processes are effective, compliance among the wider group of decision-making staff remains an issue.
- The committee stressed the importance of addressing cultural resistance to declarations and recommended investment in communication and training to ensure staff understand the rationale and requirements.

20 October 2025

Provider Capability Assessment (PCA)

At its meeting on 20 October 2025, the committee reviewed the Trust's PCA submission and was assured that a thorough, evidence-based assessment had been completed across all domains. Key points included:

- The triangulated approach to developing the narrative drawing on qualitative and quantitative evidence.

- The narrative format provides a clear assessment of governance, resource use and quality improvement, and is being developed as a live tool to support ongoing assurance, regulatory readiness and Board oversight.
- Agreed refinements such as clarifying ICS context, commissioning challenges and consistency of QI reporting will be included in the final submission.
- The committee acknowledged the operational complexity of working across two ICSs and welcomed strengthened financial governance and clearer evidence of quality and staff-related impacts and encouraged further refinement of narratives to reflect partnership work, productivity, waiting time improvements and innovative service models.
- The committee supported embedding the PCA as a continuous-improvement tool within governance and Board development rather than a static compliance exercise and confirmed overall confidence in the quality and self-awareness of the submission.

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

REPORT TO THE TRUST BOARD IN PUBLIC
4 December 2025

Title	Integrated Care and Commissioning Committee (ICCC) 16 October and 20 November 2025 – Committee Chair's Report
Committee Chair	Richard Carr, Senior Independent Director and Chair of Integrated Care and Commissioning Committee
Author	Cathy Lilley, Corporate Governance

Purpose of the report

To bring to the Board's attention key issues and assurances discussed at the Integrated Care and Commissioning Committee (ICCC) meetings held on 16 October and 20 November 2025.

Key messages

20 November 2025

The ICCC meeting on 20 November 2025 considered strategic service developments, partnership working, system risks and future priorities. Discussions reflected ELFT's commitment to collaborative leadership, system learning and continuous improvement in response to evolving national policy and financial pressures. Committee members welcomed achievements, recognised persistent challenges and agreed actions to support ongoing assurance and continued partnership working.

North Central East London CAMHS Provider Collaborative

The committee reviewed progress with particular attention to patient flow, social care challenges and future contracting arrangements. Key points included:

- Assurance provided that the collaborative continues to meet the key objective to support children and young people to remain within its footprint with future investment potential utilising unused funding for out of area placements and income generation.
- The system-wide approach remains focused on addressing and improving outcomes related to social care and placement challenges for young people clinically ready for discharge.
- The committee reflected on the themed strategic risks emerging associated with the wider changes to the NHS landscape
- The committee noted the operational challenges in recruitment especially for consultant psychiatry and adapting to new financial models such as indicative activity-based contracts
- The continuing progress on the interim plan for Simmons House and the imminent outcome expected from the inquest into the tragic death of a young person.

North Central East London Perinatal Provider Collaborative

The committee examined the six-monthly update on the perinatal service noting improvements in patient flow and robust oversight of case management supporting major improvements in service.

Key points included:

- The committee welcomed the assurance of high standards of quality supported by a fully embedded working together group of service users.
- Financially, the collaborative is breaking even with a minor surplus being earmarked for additional investment and ongoing monitoring of future funding impacts.
- Despite a sustained reduction of inpatient numbers, there are still key aspects around increased social care involvement to be addressed for cases of over 60 days length of stay.
- Strategic risks mirror those in the CAMHS collaborative centred on future contracting and broader NHS changes; however, national guidance provides assurance that block funding for perinatal services will continue for 2026/27 with shadow finance exercises ongoing to prepare for future transitions.

Integrated Care Systems (ICSs) Updates

The committee noted the ongoing work to respond to national changes in NHS architecture and ICB strategy, ensuring strategic risks and opportunities continue to be identified and managed. Key points included:

- The opportunity for the Trust to respond to and influence the development of revised ICB structures with a focus on building relationships with new system partners.
- Assurance received of the continued Trust focus on collaboration and work to support the wider system whilst safeguarding service user's right of access to services and treatment. Noted current NHS reforms include ICB mergers, cost-saving requirements, and a shift toward more strategic commissioning and partnership working.
- The committee reflected on evidence of a change in behaviours around contracts and contracting and requested a strengthening of these risks in the Board Assurance Framework.

ELFT Strategy Update

The committee received updates on ELFT's strategy development and welcomed the comprehensive feedback and deliberative democratic approaches. Key points included:

- The strategy development remains robust and grounded in comprehensive engagement and values alignment across the Trust.
- The representative group is systematically reviewing and theming the extensive feedback received during the engagement process; assurance was sought and given that outcomes and progress will be transparently communicated throughout the Trust.
- The committee reflected on the resonant and consistent themes around the Trust values surfaced during the process and opportunities to deliver a strategy which supports different approaches to planning and the organisation of resources.

Population Health Update

The committee received an update that population health priorities are progressing well particularly in scaling prevention and partnership models to address health inequalities. Key points:

- The growing positive impact of work on income maximisation, employment and partnership working to scale up tested models for expansion across pathways and geographies.
- The agreed principle around a continuing focus on poverty reduction as a key impact on quality of life and life expectancy and opportunities to support a wider understanding of prevention.
- The committee reflected on the key challenges around measurable outcomes for productivity, emphasising the opportunity to evidence indicators around cost reductions in public service systems through the deflection of demand.

Board Assurance Framework – Risks 1, 2 and 11

Risk 1: If the Trust does not build and sustain the right capability and capacity to support new models of integrated care (particularly neighbourhood care models) this may impact adversely on our ability to deliver the Trust strategy and the 10-year health plan.

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

Risk 11: Potential changes to the commissioning arrangements for mental health and community health services in Bedfordshire and Luton.

The committee welcomed the refresh and strengthening of the BAF to reflect strategic and operational change across the Trust's partnership working and wider system, capacity and capability for new care models, and contract changes in Bedfordshire, Luton and Milton Keynes (BLMK).

- The BAF has been updated to reflect the Trust's evolving strategic context including the introduction of a new risk specifically addressing provider status and commissioning arrangements in BLMK.
- The committee agreed to the recommended increase in score for Risk 1 due to the continuing national uncertainty around guidance for the neighbourhood model.
- Actions linked to Risk 2 have been made more specific, particularly regarding external contracting environments and assigned due dates to strengthen accountability for partnership working.
- Agreed the introduction of a new Risk 11 and reflected on the importance of changes in commissioning arrangements in BLMK.
- Clear communication about emerging risks and mitigation plans remains crucial for Board and committee confidence.
- Ongoing committee oversight will ensure continuous monitoring of all three risks, with regular updates to ensure that causes, actions, and risk narratives adapt as the external environment and partnership landscape evolve.

16 October 2025

The committee reviewed and was satisfied that the Trust meets all NHS England Provider Capability Assessment (PCA) criteria across Strategy, Leadership & Planning and Access & Service Delivery demonstrating effective governance, strategic oversight and operational management. The Trust's strategy aligns with population health priorities and system objectives, its Board has the skills and experience to provide strong leadership and access, and service delivery are effectively monitored and continuously improved. Areas for development have been identified to support ongoing oversight, strategic agility and practical use of population health data. Key points included:

- **Strategy, Leadership & Planning:** The Trust's strategy reflects clear organisational priorities and shared objectives with system partners, supported by co-production and alignment with population health data. The Board possesses the necessary skills, experience, and diversity to lead effectively, with interim executive arrangements supported by mentoring and oversight during maternity leave. The Trust works collaboratively with system partners, leading place-based programmes and integrated care system initiatives, and remains fully compliant with all regulatory requirements with no enforcement actions in place. Areas for further strengthening identified included enhancing strategic agility, improving capital planning, and maintaining clarity around challenges arising from operating across two Integrated Care Boards (ICBs).
- **Access & Service Delivery:** The Trust has comprehensive plans, monitoring, and quality improvement initiatives that ensure performance against access and waiting time standards is met and overseen at Board and committee levels. Inequalities in access are identified and addressed through Trust-wide programmes, supported by granular reporting, and population health priorities are embedded in strategy with ongoing work to define meaningful metrics for clinical and care professionals. Requested areas for further strengthening included improving the accessibility of population health data for frontline staff and maintaining transparency regarding historic differences in commissioning across boroughs.

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

REPORT TO THE TRUST BOARD IN PUBLIC 4 December 2025

Title	Quality Assurance Committee (QAC) on 14 October and 10 November 2025
Committee Chair	Professor Dame Donna Kinnair, Non-Executive Director and Chair of the Quality Assurance Committee
Author	Cathy Lilley, Corporate Governance

Purpose of the report

- To bring to the Board's attention key issues and assurances discussed at the Quality Assurance Committee (QAC) meetings on 14 October and 10 November 2025.

Key messages

10 November 2025

Discussions at the QAC on 10 November 2025 reflected a commitment to compassionate transparent governance with a focus on system learning, psychological safety and continuous improvement. Particular attention was given to maintaining robust internal oversight, addressing backlog and training issues and ensuring that patient, carer and staff experience remains central to the quality agenda. The committee's deliberations continue to emphasise the value of learning, collective accountability and recognition of the efforts across wards and teams.

Emerging Issues

- Prevention of Future Deaths (PFD)/patient deaths:** The committee received assurance on recent PFD reports and related learning from inquests including several patient deaths across in-patient and community settings. Four PFDs were reviewed; key issues included risk assessment, observation practices and medication-related decision-making. Independent reviews identified good care and learning opportunities with future cases to include both internal and external reviews to avoid delays. Learning from deaths is monitored through bi-monthly and annual reviews with no new overarching themes identified and actions from PFDs including updates to risk-rating processes for medication changes are being implemented. Challenges remain in strengthening the linkage between medication changes and risk assessments, maintaining focus on observation and ward safety practices and developing thematic analysis to identify emerging patterns.
- Industrial action preparedness:** The committee was briefed on the preparations for the anticipated industrial action by doctors scheduled for five days from 14 November. Robust contingency plans and stepped-up incident response arrangements are in place, building on lessons from previous industrial action with no significant risks to patient safety are anticipated. Challenges identified include the potential cumulative impact on staff wellbeing from repeated industrial action periods prompting ongoing monitoring of staff resilience during this period. The committee highlighted the importance of clear communications, operational oversight and escalation arrangements throughout the period.
- Continuing Healthcare and Deprivation of Liberty Safeguards (DoLS):** The committee received assurance on the Trust's management of patients subject to deprivation of liberty under the Mental Health Act and Mental Health Capacity Act noting ongoing community challenges. Key issues include 90 patients affected by delays in DoLS/Court of Protection authorisations, backlogs linked to delayed MCA amendment implementation and paused local authority/ICB activity and staff knowledge gaps being addressed through targeted training. A task and finish group established to resolve operational, training and contractual issues. Challenges remain around referral pathways, staff understanding and system-wide factors outside the Trust's immediate control. A future report planned to clarify responsibilities between the Trust, local authorities and ICBs.

Integrated Patient Safety Report Q2

The committee received assurance from the report which provided an overview of incident trends, key themes from independent reviews and progress under PSIRF and noted that while the number of

PSIIs and 72-hour reports remained stable, areas for improvement continue to be addressed through ongoing work.

- Key points covered:
 - Independent review highlighted strong staff compassion, transparent governance and effective duty of candour and the robust, system-based approach within PSIRF recognised
 - Historical issues under the old PSII framework are being addressed through PSIRF
 - Some data charts lacked comparators; these will be improved
 - Visibility from ward to Board strengthened
 - Resuscitation and observation reporting now scheduled regularly to Quality Committee and QAC.
- Challenges, areas for improvement and action:
 - Assurance monitoring and governance: strengthen visibility from ward to Board to improve oversight and assurance
 - Psychological safety: focus on staff wellbeing particularly for those working night shifts
 - Documentation: improve quality and consistency of RICS documentation.
 - Observation practices: continue to address recurring themes to ensure safe and consistent implementation
 - Reporting and data presentation: Charts and metrics to include appropriate comparators to provide meaningful insight and streamline reporting to reduce repetition and enhance clarity
 - Board line of sight: QAC's direct visibility of patient safety data and outcomes to be strengthened

Quality and Safety Deep Dive: Learning Disabilities and LeDeR

The committee received a comprehensive update on learning disabilities (LD) services, LeDeR reviews and associated improvements noting recent achievements including service innovation as well as ongoing challenges in commissioning and equity of access, commissioning intentions and the impact of national trends.

- Key points covered:
 - Reduced LD mental health admissions and strengthened LeDeR processes
 - Improved links between LD and MH teams, training for in-patient teams, and transition QI projects
 - Variations exist in commissioning, data collection, and provision for mild-to-moderate LD services
- Challenges, areas for improvement and action:
 - Tier 2 Oliver McGowan training to be implemented widely
 - Improve resourcing gaps and recruitment challenges including LD nurses
 - Improve implementation of Dialog+ and address gaps in data collection where ELFT is not lead provider.

Quality and Safety Deep Dive: Autism (Adults)

The committee received assurance on adult autism services noting achievements, service variations and key challenges in access, equity and outcomes.

- Key points covered:
 - Co-production and training embedded; autism included in strategic and suicide prevention work
 - Service variation due to place-based governance and inconsistent commissioning
 - Some services funded non-recurrently, limiting equity of access
- Challenges, areas for improvement and action:
 - Reduce suicide risk and improve early access to services
 - Address inequity and waiting times across diagnostic and post-diagnostic services
 - Improve recruitment, retention and experience of neuro-diverse staff
 - Review service delivery models, particularly in Newham and INEL, for sustainability.

Quality and Safety Deep Dive: Children and Young People Autism/ADHD Assessment Services

The committee received assurance on CYP autism and ADHD assessment services including progress on integration, efficiency and capacity to meet rising demand.

- Key points covered:
 - Service integration and QI improvements under way; waiting times mostly below national averages
 - Multi-agency task and finish groups support assessment and care planning

- Assurance that assessments are multi-disciplinary and NICE-compliant
- Challenges, areas for improvement and action:
 - Address increasing demand through capacity building and workforce development
 - Improve functionality of RIO, Power BI and data warehousing for better planning and equity monitoring
 - Enhance collaboration with education and social care partners for assessments
 - Progress business cases and recruitment to reduce waiting times and improve service sustainability.

Cross Cutting Theme: High-Risk Medications

The committee received assurance on the management of high-risk medications focusing on balancing efficacy with potential harm and reviewing systems to monitor and mitigate associated risks.

- Key points covered:
 - High-risk medicines include anticoagulants, Clozapine, Insulin, Lithium, Opioids, and Valproate
 - Robust incident reporting, audits, staff training and QI projects are in place to minimise harm
 - Clozapine dispensing strictly controlled via blood test monitoring; physical health checks require primary care collaboration.
 - Focus on observing practice, ensuring policy adherence, minimising blame culture, and empowering service users
- Challenges, areas for improvement and actions
 - Clarify and strengthen responsibility for annual physical health monitoring across ELFT and primary care
 - Enhance service user awareness and engagement around medication risks
 - Improve digital systems for alerts and inter-operability to support safer medication management
 - Address system-wide variation in GP engagement and work with ICB to standardise practices.

Quality Impact Assessments (QIA)

The committee received assurance on the QIA process which is now established and operating effectively with bi-monthly meetings reviewing projects and scheduling follow-ups to assess their impact. The process is linked to QI and incident reporting, continuously refined and has demonstrated robustness through the assessment and decline of schemes. Ongoing work includes capturing the impact of less project-based changes and formal assurance of compliance with updated QIA guidance will be provided at the next committee meeting.

Internal Audit Progress Report

The committee received assurance on internal audit progress noting that three audits are in progress, three management actions are overdue with revised dates, and two benchmarking papers highlight wider organisational risks. Reasonable assurance was provided on completed audits, and it was agreed that people and culture audits feed into the relevant committee while the risk radar informs the Board Assurance Framework.

Board Assurance Framework – Clinical Risk (Risk 4)

The committee reviewed Risk 4 noting that the BAF has been refreshed to strengthen actions, remove completed actions (primary care handovers and speaking up) and incorporate emerging risks related to demand, service variability and financial pressures. The committee commended the clarity and comprehensiveness of the report while highlighting specific areas such as ADHD/Autism assessments and waiting lists that require ongoing focus. The committee requested that further work be undertaken to clearly articulate the impact on quality and safety and to review the alignment of scoring between likelihood and impact. While a recommendation had been made to increase the BAF risk score based on impact, following discussion the committee agreed that an increase was warranted but any increase should instead reflect a higher likelihood rather than impact the BAF was amended to reflect this

14 October 2025

At the meeting on 14 October 2025, the committee reviewed and was satisfied that the Trust meets all NHS England Provider Capability Assessment (PCA) criteria across Quality of Care, Access and Delivery of Services and Productivity and Value for Money domains while noting the areas for further strengthening. Governance, oversight and data-driven processes are strong, and the Trust demonstrates a culture of continuous improvement. Key actions requested include mapping evidence

against NHS England (NHSE) key lines of enquiry, incorporating illustrative outcomes for productivity, access and equity initiatives, strengthening integration of patient experience and population health data and continuing to embed learning across all domains. Key points included:

- **Quality of care:** The Trust demonstrates mature, integrated systems to monitor and improve care, supported by robust governance, digital tools, embedded Quality Improvement initiatives and active patient involvement. Patient experience and safety concerns are effectively captured and escalated. Opportunities for development include enhancing digital integration, strengthening links between patient experience and outcomes and maintaining consistent engagement and learning from incidents and complaints.
- **Access and delivery of services:** The Trust has effective, data-driven systems to manage access and waiting times with strong oversight and recovery planning. Equity-focused programmes and population health priorities are embedded and aligned with Integrated Care Board (ICB) objectives. Areas for strengthening include enhancing real-time data integration, standardising equity metrics, addressing workforce pressures in specialist areas and expanding digital innovation to further improve service delivery.
- **Productivity and value for money:** A well-governed approach integrates efficiency with quality and safety. Digital tools and predictive analytics support measurable productivity improvements including reductions in DNAs, bed occupancy and optimised workforce deployment. Further work is planned to enhance real-time data insights, strengthen pathway redesign and embed efficiency improvements consistently across services.

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

REPORT TO THE TRUST BOARD IN PUBLIC
4 December 2025

Title	People Participation Committee (PPC) 27 November 2025 – Chair’s Report
Committee Chair	Prof Dr Durka Dougall, Non-Executive Director and Committee Chair
Author	Marie Price, Joint Director of Corporate Governance

Purpose of the report

To bring to the Board’s attention key issues and assurances discussed at the People Participation Committee (PPC) meeting held on 27 November 2025.

Key messages

The Committee discussed a range of topics covering strategic and operational priorities for participation across the Trust. Updates were received from the Trust-wide Working Together Group, which continues to act as a strategic forum aligning borough-level participation groups and sharing learning on shared priorities. Members also heard borough presentations highlighting innovation and impact: Tower Hamlets’ Barnsley Street Trieste pilot, City and Hackney’s award-winning sexual safety initiatives, and Newham’s employment pathways and creative engagement projects.

In addition, the Committee discussed gaps in crisis support and agreed to establish a Trust-wide Crisis Services Steering Group, reviewed implications of NHS England’s Provider Capability Assessment, and examined risks within the Board Assurance Framework. The meeting concluded with agreement on the forward plan and next steps to strengthen participation and co-production across all directorates.

Trust-wide Working Together Group

The committee received an update from Dawn Hutcheon, Chair of the Trust-wide Working Together Group.

- Dawn provided an introduction and update, advising members that the Group acts as a strategic forum bringing together chairs, vice chairs, and People Participation Leads from all borough-level groups.
- Meeting quarterly, it ensures alignment of priorities, consistency in participation practice, and shared learning across the Trust.
- Recent discussions included dementia priorities, physical health strategy, and preparations for vice-chair elections, reinforcing the group’s role in shaping policy and influencing service design.
- The Committee welcomed the update and agreed that there should be a regular agenda item on the Group to support alignment of priorities and shared learning across all boroughs.

Directorate Presentations

Tower Hamlets:

- Presented the Barnsley Street Trieste-model pilot, a national scheme inspired by Italy’s therapeutic freedom approach.
- Advised how service users co-produced design principles, interview processes, and operational details. Funding is secured until March 2026, with plans for sustainability and digital support hubs.
- Peer support workforce expansion and quality improvement (QI) projects are service-user driven, including a new Learning Disability Partnership Board co-chaired by service users.
- The Committee welcomed the innovative approach and commended the strong co-production model underpinning the Barnsley Street Trieste pilot.

City and Hackney:

- Showcased award-winning sexual safety projects, addressing inequalities, and embedding participation in directorate culture. Initiatives include charters for sexual safety, disproportionality training (training to identify and address systemic bias and unequal outcomes), and integration of participation into management meetings.
- Updates were provided on education and capacity building programmes which train experts by experience in QI and leadership roles. Strong partnerships with voluntary sector organisations were highlighted which support continuity of care and spiritual needs.
- The Committee welcomed the directorate's commitment to embedding participation and recognised the impact of its award-winning sexual safety initiatives.

Newham:

- Focused on employment pathways, prevention, and communication. The committee heard that eight per cent of participation representatives progressed to full-time employment through Individual Placement and Support (IPS) and recovery college links.
- The lived experience led 'Cards of Kindness' project was celebrated, co-producing 180 motivational cards for inpatients on World Mental Health Day. Plans include expanding the initiative to other centres and measuring impact.
- 50% of QI projects involve significant service user participation, and the Mental Health Partnership Board is co-chaired by a service user.
- The Committee welcomed the focus on employment pathways and prevention, noting the positive outcomes and creativity demonstrated through projects such as Cards of Kindness.

Strategic Discussion – Crisis Services and Prevention

- The Committee held an extensive discussion on gaps in crisis support, noting barriers between primary care, talking therapies, and secondary care. Issues included cultural competence, neurodiversity awareness, and communication challenges.
- Service users shared experiences of inadequate responses and suggested improvements such as better referral tracking, technology-enabled support, and open days.
- The Committee emphasised the importance of addressing gaps and how this will be critical to preventing escalation and improving patient safety.
- As a next step, a Trust-wide Crisis Services Steering Group will be established to co-produce solutions, align with London-wide learning networks, and develop a prevention-focused strategy. Attendees of the meeting welcomed the opportunity to become involved in the Group and further developments.

Provider Capability Assessment – Implications for Participation

- The Committee heard about NHS England's new provider capability assessment, which reviews strategy, quality, people and culture, access, productivity, and finance.
- Members agreed that the committee must be involved early in future cycles to ensure participation domains are addressed, and service user input informs accurate evaluation, with the committee on an equal standing to other board committees.

Board Assurance Framework – Risk on People Participation

- An update on the current status was discussed. Variability across directorates remains a challenge. Plans include clarifying expectations for People Participation Leads and strengthening accountability through executive quality reviews.

Follow-up Actions

- Forward plan and Terms of Reference to be reviewed and brought for discussion at the next meeting.
- Crisis Services Steering Group to be established.

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

REPORT TO THE TRUST BOARD IN PUBLIC

4 December 2025

Title	Quality Report
Author / Role	Eleanor Parker, Head of Quality Assurance Marco Aurelio, Associate Director of Quality Improvement Jo Moore, Associate Director of Quality Improvement
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 section of this paper looks at the risks to quality and safety within inpatient care, based on sustained increase in demand resulting in high bed occupancy and throughput. The paper identifies the key quality and safety risks that may be related to this – including higher levels of violence and restrictive practice, premature discharge and risk of readmission, and the impact on staff and their ability to provide compassionate care. The report examines a range of data to understand if we are seeing any unusual variation in relation to these potential risks. The paper describes the control systems in place within our inpatient units and directorates that enable our teams to pay attention to quality and safety on a daily basis, including huddles, the use of data, service user involvement and leadership visibility.

The Quality Improvement section describes how QI is being applied across the organisation to support delivery of our four strategic objectives: population health, experience of care, staff experience, and value. Forty-six teams are using Quality Improvement (QI) to tackle health inequalities, with 32 projects aligned to trust priorities. Cazaubon Ward in Tower Hamlets has increased physical health assessment completion from 30% to 76%. In Luton CAMHS, referrals of children and young people from South Asian backgrounds to the mental health in schools' team increased from 30% to 35%. A trust-wide QI project has provided 35 young people from local communities with work experience opportunities.

The "Observation to Engagement" programme seeks to eliminate inappropriate intermittent observations across inpatient wards. Ten initial wards are testing change ideas, supported by "Art of Conversation" training and user feedback. 75 additional QI projects are working to improve care experience. Newham's Community Integrated Mental Health Team reduced waiting times to assessment by 53% to 15 days, enabling 85% of people to be seen within 28 days.

210 staff, service users and partner organisations have commenced this year's Improvement Leaders' Programme. A trust-wide initiative led by the Chief People Officer is mapping QI workstreams to enhance staff experience, with defined aims and measures in progress. 30 projects are focused on cost avoidance and environmental sustainability.

Bedfordshire and Luton's Psychiatric Liaison Team achieved 100% referral for re-titration, avoiding £40k in admission costs. Fountains Court, an older adult inpatient ward in Luton, has reduced weekly medication orders by 30%, from 56 to 39.

Strategic priorities this paper supports.

Improved population health outcomes	<input checked="" type="checkbox"/>	Applying the QI method across the integrated care system. 32 QI projects aligned to the trust Population Health Priorities
Improved experience of care	<input checked="" type="checkbox"/>	Use of QI to reduce the intermittent observations on inpatient wards and improve therapeutic engagement.
Improved staff experience	<input checked="" type="checkbox"/>	QI is being applied to several Trustwide projects to improve staff experience.
Improved value	<input checked="" type="checkbox"/>	Most QI work enhances value through improving productivity and efficiency, with QI support currently focused on realising efficiencies for reducing the use of intermittent observations on inpatient wards. Many QI projects also realise cost savings, cost avoidance or improve environmental sustainability.

Implications

Equality Analysis	Many of the areas that are tackled through quality assurance and quality improvement activities directly or indirectly address inequity or disparity.
Risk and Assurance	There are no risks to the Trust based on the information presented in this report. The Trust is currently compliant with national minimum standards.
Service User/ Carer/Staff	The Quality Report provides information related to experience and outcomes for service users, and experience of staff. As such, the information is pertinent to service users, carers, and staff throughout the Trust.
Financial	Much of our QI activity helps support our financial position, through enabling efficient, productive services or supporting cost avoidance.
Quality	The information and data presented in this report help understand the quality of care being delivered, and our assurance and improvement activities to help provide high quality, continuously improving care.

1.0 Introduction

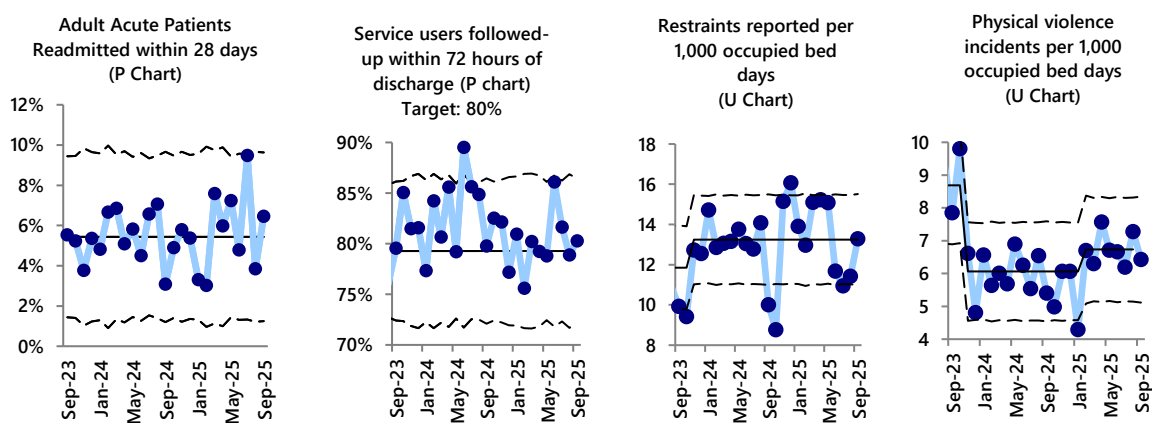
- 1.1 The Trust's inpatient services have faced a prolonged period of sustained demand, with average occupancy levels of 93% in East London and 96% in Bedfordshire and Luton. The Royal College of Psychiatrists recommends a maximum bed occupancy of 85% to ensure patient safety and quality of care. This threshold is based on evidence that higher occupancy can lead to inappropriate out-of-area placements, delayed admissions and pressure on staff. The average bed occupancy across England has been approximately 89-90% for the past two years.

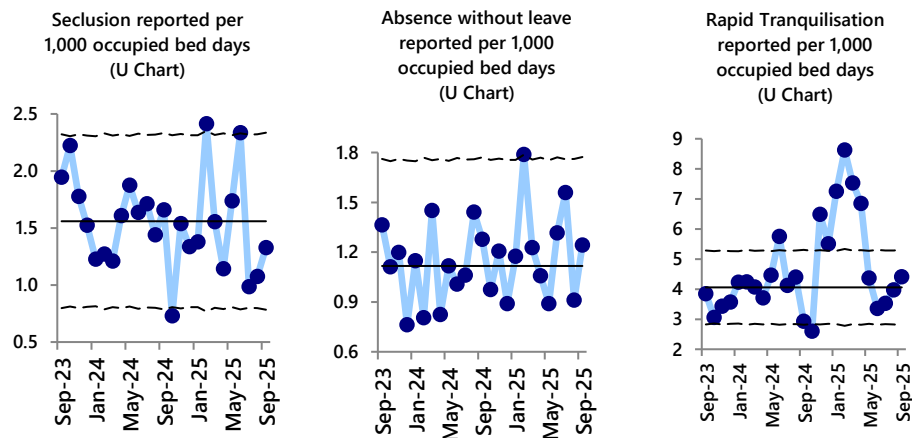
Average lengths of stay are 50 days in London and 62 days in Bedfordshire and Luton, with the average across England being approximately 47 days. Contributing to both length of stay and high occupancy are delays in being able

to discharge services users that are clinically ready for discharge (45 as at end of October), mostly due to awaiting accommodation or care packages. This report examines the key risks to quality and safety, and provides assurance about the systems in place to ensure we are providing high quality inpatient care, and monitoring quality of care, during a period of sustained high occupancy and demand.

2.0 The risks to quality and safety

- 2.1 These sustained operational pressures create potential risks to quality, safety, and staff wellbeing. With beds being limited, admissions are often only available to individuals who are the most acutely unwell, more likely to be detained under the Mental Health Act or who present the highest levels of risk. As an example, looking at comparative data between March 2023 and March 2025, we have 18% more inpatients detained under the Mental Health Act (710 compared to 601). This results in an inpatient caseload which may require higher levels of observation, intervention and multidisciplinary input. Our inpatient teams are also focused on reducing length of stay and maintaining bed availability in order to meet financial goals – with East London directorates generating income from out of area admissions, and Bedfordshire & Luton wards working to reduce the use of private, out of area beds in order to reduce cost pressures. This could potentially create pressure for earlier discharge, affecting patient readiness for community transition and the risk of readmission. In addition, working in teams with such prolonged and sustained demand, with little breathing room between admissions and full wards almost continuously, has the potential to impact on staff experience – with the risk of burnout and impact on the delivery of compassionate care.
- 2.2 The data below suggests that readmissions remain stable, with no increase during this period – providing some assurance that we are not discharging people prematurely. The data on restrictive practices (restraint, seclusion and rapid tranquilisation) is highly susceptible to large variation, as a small number of severely unwell service users can lead to a big increase in the use of restraint, seclusion or rapid tranquilisation. Broadly, we have not seen a sustained increase in restrictive practices, although there was a period in early 2025 with higher use of rapid tranquilisation than normal, which has returned back to normal levels since May.





The rate of physical violence has seen a slight increase over the last 8 months. This can in part be explained by the high level of acuity being seen within our inpatient services. The safety bundle is fully implemented across all wards, in order to support the effective prediction and prevention of violence – with work ongoing to ensure consistency of application in practice. The safety bundle, developed at ELFT through quality improvement work between 2013 and 2016 and now part of NICE guidance on violence reduction, consists of four elements: the Brøset Violence Checklist (BVC), safety huddles, safety-focused community meetings, and the safety cross. To further reduce the use of prone restraint and other restrictive practices, a test of Safety Pods has also been conducted, and following positive outcomes, is now being extended to wards that are reporting higher numbers of restraint incidents.

With the absence of one peak in January 2025, the rate of absconson from the ward (being absent without leave) has remained stable over the last two years. In addition, the key safety indicator of follow-up within 72 hours of discharge, remains at around 80%, the national goal.

When considering the impact on staff, their experience at work and ability to provide compassionate care, we might expect to see higher levels of sickness and people leaving the organisation. Although sickness absence has seen a rise (see People report for more details), this has now starting to reduce over the last 4-5 months. We are not seeing an increase in staff leaving us from inpatient services – but this may be partly related to the broader NHS environment, in which the number of job opportunities is reduced at present. The September Board quality report analysed key themes from the last 12 months of executive walkrounds and non-executive visits – one of the major four negative themes was related to high workload, stress and burnout.

From a service user perspective, the feedback we receive through Patient-reported experience measures suggests no unusual variation in satisfaction with inpatient care. The overall percentage of service users reported a good experience of care remains at around 72-75%. One positive signal is the increased amount of feedback we are seeing over the last 6 months, particularly from inpatient wards in Tower Hamlets, which will allow a richer insight to people's experience of inpatient care. Feedback volume is monitored at

directorate level, with actions taken to support greater feedback capture if this is lower than expected. When we analyse the qualitative data from this feedback and use sentiment analysis, it is interesting to see a period during February and March 2025 with recurring themes related to frustration and boredom due to lack of activities on the ward. However, from April 2025, sentiment analysis from inpatient feedback shows themes of 'happiness' and 'loving support', with frequent comments about friendly and supportive staff. This type of sentiment analysis from the qualitative feedback received is available to all teams to view in near-real-time, through our PowerBI analytics.

The learning from complaints made during inpatient care is reviewed locally within directorates, and shared with staff in a range of forums. There is oversight within the corporate team to spot and escalate any unusual variation in the volume or themes of complaints raised.

3.0 Systems and processes in place to maintain a focus on quality and safety

3.1 Daily and Weekly Huddles

All inpatient services have a cascading and regular rhythm of huddles enabling a multidisciplinary focus, and space for rapid decision-making, in relation to safety, staffing and patient experience. Each ward team holds a huddle at the start of the day shift. There are structured questions used to guide these huddles, which vary across directorates, although all have at their core the key questions below:

- How are you today?
- Which of our patients will not be satisfied with their care today?
- What's the plan?

This allows teams to identify potential areas of risk and problem-solve together. Directorates then have a daily unit-wide huddle which is attended by a representative from each ward along with other key teams for supporting patient flow, including Psychiatric Liaison, Crisis and Home Treatment teams. Alongside nursing staff, it is well represented by other professional leads, including occupational therapy, psychology, and medical. A standard structure is used in each unit-wide huddle to ensure key areas are covered and each ward is discussed in turn. For example, in Tower Hamlets, the unit huddle covers:

- New admissions - what is purpose of admission, any barriers to discharge, and if Dialog+, risk assessment, safety plan and physical health assessment have been started
- 72-hour follow-ups for recently discharge patients that need to be completed
- Patients with physical health concerns with Lead Nurse for Physical Health attending so they have awareness
- Infection control risks
- Incidents that have occurred - their nature and level of harm

- Use of restraint, seclusion and rapid tranquilisation and if debriefs/monitoring has occurred where required
- Observation levels
- Staffing concerns
- Beds that are currently occupied by out-of-area patients or have been purchased by other providers
- Estate challenges and issues are also covered in the huddles, with colleagues from Estates and Facilities joining to ensure issues can be followed up and have timely resolution.

The unit huddles offer an opportunity to escalate issues or risks, and ensure senior leadership have awareness of the current picture across the unit. Actions may include moving staff around the unit to ensure high acuity is managed or managing transfers of patients across wards to ensure they are being cared for in the most appropriate environments. Directorates share learning with each other about their huddles and invite each other to observe and learn how they conduct them. They also adapt in response to learning from incidents and continue to iterate. The impact of this can be demonstrated by an improvement in 72-hour follow-ups in Tower Hamlets (now consistently at 80%) following improved oversight in huddles. The unit-wide huddles take place Monday to Friday. At the weekends a similar process occurs but with duty senior nurses and doctors, cascading up to the director on call huddles.

3.2 Problem-Solving and Issue Resolution

In addition to the huddles, there are forums where issues can be identified and addressed in relation to quality and safety. For instance, directorates have Environment Assurance Groups which provide dedicated time to discuss issues related to the ward environment and monitor progress with repairs and maintenance. In City and Hackney, where there are ongoing challenges with the estate, there are meetings with the senior leaders in Estates and Facilities to ensure ongoing oversight. In Tower Hamlets, there are monthly meetings with different bands of staff, which offer an unstructured space where staff can bring any issues or concerns they have. This also provides a teaching space to focus on any areas that need particular focus or attention. In Bedfordshire and Luton, there is a weekly safety discussion which all wards attend, along with psychology colleagues, enabling more time to discuss issues that may impact quality and safety. A recent discussion focused on the issue of gender sensitivity with restraint and how inpatient teams can support female service users, who may have experienced sexual trauma, from being restrained by male members of staff.

3.3 Use of Data

Twenty-two wards across the trust have digital screens in the ward office which support staff to see data in near-real-time related to flow, safety and care plans. The screens, designed and supported by Data & Analytics, provide details on observation status, Mental Health Act status, consent to admission and treatment, the dates key assessments were completed. It also shows the

number of days until the patient is clinical ready for discharge. The screens are updated every 15 minutes. These ward screens have been designed with clinicians and service users, to provide the key information needed to manage tasks, flow and safety on the ward, and enabling easy access to data during safety huddles, team meetings and handovers to enable discussion on tasks for the day and areas to follow up. For example, where patients may have scored high in a NEWS2 assessment (used to monitor changes in physical health in acutely unwell patients) teams can see this on the screen and ensure information is shared with the doctor for follow up.

Once a week, all inpatient leads receive an email showing them the Early Warning System, developed within the Trust to help predict when wards might require additional support to prevent a safety incident. This tool provides an at-a-glance heat map of wards against 10 measures identified by wards as being predictive for safety. These measures include bank usage, staff sickness, occupancy levels, complaints, restraint, violence and incidents. The heat map - based on statistical process control rules for identifying unusual variation - can pick up both trends over time that might be unnoticeable in a busy ward environment. This system is believed to be the first of its type developed in mental health.

Inpatient teams also review data in their ward governance forums. For example, many wards have a monthly Clinical Improvement Group meeting providing a multidisciplinary forum to have discussions and make decisions to improve the quality and effectiveness of the service. Part of the meeting covers audits and reviews (e.g. safeguarding concerns, complaints, incidents, staff training, high risk anti-psychotic monitoring, risk registers, audit outcomes). A second part includes a service user representative and covers QI projects, ward environment, activities, staff and service user feedback. This feeds into a weekly nursing governance meeting, attended by ward managers, matrons and lead nurses, with a rolling agenda and different focus each week. For instance, City and Hackney have a 4-week plan (currently being further standardised, and more data-informed) which covers the following:

Week 1: Governance (including Mental Health Act, physical health, rapid tranquilisation learning lessons)

Week 2: Patient Experience (including community meetings, advocacy, compliments, complaints)

Week 3: Audits (including directorate audits, night audits, and ligature audits)

Week 4: Workforce (including HR processes, sickness, away days, team dynamics)

All directorates are utilising statistical control charts to make sense of data over time, in directorate management team meetings and/or the relevant quality meeting. For instance, in Tower Hamlets inpatient performance meeting, the group review multiple charts regarding patient record completion (e.g. DIALOG, risk assessments), data on flow (admissions, readmissions, length of stay), and data on incidents, complaints and patient feedback. Teams triangulate what the data is showing, to make sense of the risks and challenges. For instance, in Bedfordshire and Luton, data has indicated an increase in the number of

ligature incidents along with an increase in staff sickness. This has led to conversations about mitigations and actions required.

3.4 Ensuring patient care remains person-centred

Across all mental health services, including inpatient services, DIALOG and DIALOG+ support person-centred care planning. DIALOG is a patient reported outcome tool, designed to evaluate satisfaction with life and treatment across 11 domains, including mental health, physical health, and relationships. The DIALOG+ intervention helps the service user and clinician to structure a conversation to explore needs and wishes, develop the care plan and help service users to actively problem-solve to support their recovery. The use of this outcome measure also allows monitoring over time in patient satisfaction and well-being, supporting the evaluation of therapeutic interventions and service quality.

To support services to understand their data with regarding to assessment and outcome, the Trust has developed interactive DIALOG dashboards, integrated into the clinical record system, enabling both patients and clinicians to track and review scores in real-time during each assessment. This supports collaborative discussions, allowing care teams and individuals to engage with the data as it is recorded, helping to guide immediate decision-making and personalised care planning. In addition to these individual-level dashboards, the Trust's PowerBI platform provides aggregated insights, highlighting trends and patterns across patient populations and services. This allows leadership teams to identify areas for improvement, evaluate the effectiveness of service delivery on service user outcomes, and make strategic decisions to enhance service delivery.

The Trust's unique service user-led accreditation programme is another way that provides assurance that teams are able to meet standards that are set by our service users. Teams put themselves forward for this process, and compile evidence to demonstrate they can meet the standards. This is reviewed by a team of trained service user assessors, who then visit the service to observe the environment, and talk with staff and service users. Accreditation lasts for three years, and must then be renewed. 15 inpatient wards are currently accredited through this programme (all of which reached a Gold standard, with one ward – Shoreditch in Forensics – achieving Platinum). It is of note that, during a period of sustained high demand, a further 13 wards have put themselves forward for accreditation, and are currently part-way through the process. There are regular conversations between the QA team and clinical directors, to ensure all teams in a particular directorate are engaging in the appropriate forms of quality assurance, including this programme.

3.5 Local Leadership Walkrounds

Leadership walkrounds provide visible and direct assurance that safety, quality, and environmental standards are being actively monitored and maintained on inpatient wards, while also enabling senior leaders to engage with staff and service users, identify issues promptly, and support continuous improvement.

Across inpatient services, ward managers complete a weekly walkround reviewing all aspects of the environment, such as:

- The entrance (does the bell/intercom work)
- Information on display (staffing allocation, activities timetable)
- Safety cross completion
- Confirm clinic room checks are up to date
- Checking all communal rooms and bedroom are safe, clean and tidy and if anything requires repairing

The same audit is also completed monthly by matrons enabling senior manager visibility and an additional layer of assurance. Where issues are identified, ward leadership are expected to act and address. In addition, matrons also complete night supportive visits which help provide assurance on safety and quality during times where management are not at work. In City and Hackney, these visits review areas including staffing numbers, observation levels and checks, whether breaks have been taken, fire checks completed, treatment rooms and resuscitation equipment checks completed. Themes from walkrounds are shared in unit-wide governance meetings, for example the governance meeting in Tower Hamlets, proving assurance that they have been conducted and any areas for improvement addressed.

There are also structured processes for senior leader walkrounds within the directorates. In Bedfordshire and Luton, all senior members of the directorate management team visit services, speak to staff and hear their feedback. In some directorates, senior leadership visibility has stepped up in response to concerns. Following several areas of concern being identified in a CQC Mental Health Act inspection in Hackney, all directorate leaders were assigned a ward to buddy. This meant they attended a sample of safety huddles, community meetings and Clinical Improvement Group meetings on the ward, enabling greater visibility of what was being discussed and additional support where needed. This has now reduced with need, but conversations are continuing as to how leaders sustain visibility long term. Lead nurse walkrounds are also set to be standardised across the Trust with a set template being designed, which will be completed quarterly.

3.6 Happy and healthy ELFT team bundle

As part of the leadership framework that was co-designed with staff and service users in 2023, we also heard strongly that six practices were strongly related to the development of happy, healthy, thriving teams, which form the bundle: service user involvement, quality improvement, use of data, huddles, regular supervision, away days. With the potential impact on our staff from prolonged periods of high demand in our inpatient services, it is particularly important that we emphasise the importance of holding on to these leadership and team practices, and that there are mechanisms for directorate leaders to spot and address variation.

3.7 *Service User involvement*

One way that inpatient services ensure service user involvement is through community meetings. A community meeting is a group session where patients and staff come together to share information, discuss ward routines, and talk about any issues or ideas to improve the ward environment. It serves an important function in helping everyone feel involved, heard, and part of the ward community. All wards are expected to have community meetings weekly, with key members of the multidisciplinary team in attendance. In Hackney, there is a standardised agenda in place which covers ideas for improvement, activities and therapies, health, bullying and harassment, complaints and compliments and the ward environment. Frequent issues raised tend to be focused on food and the ward environment. This has led to improvements including improving the range of healthy snacks available beyond fruit, and increasing the amount of vegetarian food available. Themes and learning from community meetings are shared at unit-wide governance meetings, and notes stored online for reference.

All inpatient services have access to at least one People Participation lead, who supports people participation across the directorate and coordinates a local Working Together Group where people who use, or have used, the local services can share their experience and help develop services. People Participation is a standing agenda item in directorate management team meetings, with the People Participation lead sharing feedback from the Working Together Group. In many directorates, senior leaders also attend the Working Together Groups. Recent examples of people participation priorities include the development of a new Welcome Pack in City and Hackney following feedback that patients did not have enough information on admission.

3.8 *Quality Improvement*

The use of QI to address challenges in inpatient services across ELFT remains strong. All our directorates have been applying quality improvement to support efforts to reduce the use of out-of-area beds and reduce length of stay. Across all inpatient units, including Forensics and CAMHS, there are 60 active QI projects, of which 22 are new projects taking part in Wave 15 of the Trust's Improvement Leaders Programme which began in November 2025. These projects tackle areas ranging from medication adherence and use, physical health, care for older adults and flow. As an example, the admission and length of stay QI project in City & Hackney has tested ideas including using a purposeful admission tool, ensuring carers are contacted within 24 hours of admission, updating ward round templates to prompt discussion about what may be keeping people in hospital longer, and setting up new complex case discussions when a service user is approximately 75% through their admission to pre-empt any challenges to discharge.

QI is also being used at scale across inpatient units. 10 wards are part of the large-scale programme to eliminate the unnecessary use of intermittent observations, as described later in this report. Ensuring that inpatient staff continue to build and apply QI capability is critical to ensuring teams can work together effectively to problem-solve. Directorate management teams have access to data regarding who is trained in quality improvement, with data also

being available on the demographics and banding of those trained, to help inform regular discussions about where to strengthen improvement capability.

There are regular monthly discussions between improvement advisors and the clinical and service director, to oversee and guide the use of quality improvement in the directorate. The monthly QI forum, chaired usually by the clinical director, also provides direct line of sight to the way teams are applying QI, ensuring that this is focused on the most important challenges, and that any barriers to change are tackled.

3.9 *Away days*

Away days offer opportunity for teams to come together and reflect on their context and challenges, and plan together. The Trust has issued guidance to support teams with away day planning, ensuring there is increased consistency in the frequency of away days and how the time is used. All inpatient services are expected to have an away day every three months at a minimum, with local leaders being able to increase frequency for teams experiencing increased challenges. It is expected that the time is used for reflection, planning and team building. A variety of resources have been made available to support teams to plan these sessions.

3.10 *Use of reflective practice*

Reflective practice within inpatient units is a key component of maintaining and enhancing quality and safety, providing staff with structured opportunities to think critically about their work, share experiences, and learn from challenges. Reflective practice sessions are commonly facilitated by psychology, ensuring a supportive and psychologically informed space for nursing and multidisciplinary teams. These sessions promote open dialogue, emotional processing, and collaborative problem-solving, which in turn strengthen clinical decision-making and reduce risk. In both Newham and Tower Hamlets reflective practice is taking place in ward away days. Whilst this means that it is only happening quarterly, it does mean it is taking place reliably and is accessible to the whole team. In both directorates, efforts are being made to increase frequency, however it remains a challenge for ward teams to find time to come together in the unpredictable environment they work in. There is some variability in reflective practice across the Trust, with Forensics having one of the more robust and consistent approaches. There is work underway to ensure a more standardised and consistent offer to facilitate reflective practice across all our inpatient units.

Alongside formal reflective practice, reflection is an element of the way in which teams are working. For example, across the Trust, inpatient staff from disciplines beyond psychology have been upskilled in Breathing Space techniques—an evidence-based approach that fosters mindful awareness and emotional regulation—further enhancing teams' capacity to manage stress, respond effectively to complex patient presentations, and sustain compassionate care.

3.11 *Supervision*

Supervision supports our inpatient staff by providing a structured space to reflect on their work, enhance skills, and maintain wellbeing. For clinical staff working within inpatient services, supervision is split into clinical supervision (focusing on developing professional practice and clinical skills) and managerial supervision (focusing on performance and workload management).

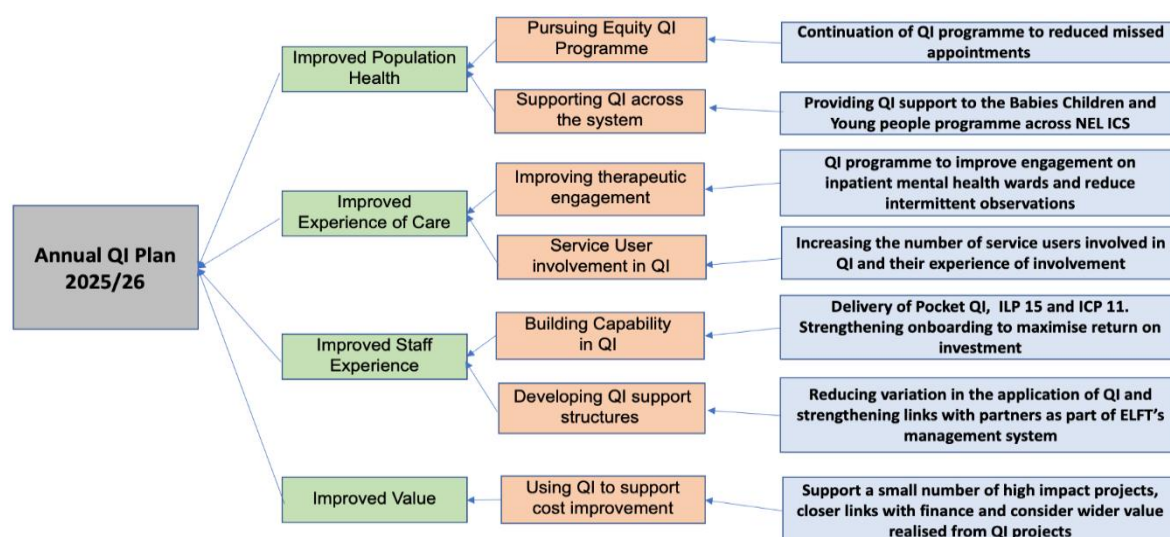
Across the Trust there is a high degree of variation in the recording of supervision, and inpatients is no exception. Improvements led by Learning and Development team have ensured there is a consistent method of recording supervision across the Trust. However, data suggests ongoing challenges with supervision recording, with low compliance across all areas of the Trust, despite strong belief from team leaders that it is taking place. A survey sent to managers to collect further information about supervision practice, showed that 99% confirmed that supervision was being done regularly, supporting further anecdotal feedback from directorate leaders that the issue is primarily one of recording. Real-time data has now been made accessible via PowerBI, giving leaders better visibility of supervision compliance for the first time. Learning and Development have developed a communication plan to support the increased awareness of supervision and the requirements of each tool – this will start later in Autumn once appraisal communication is completed. Learning and Development will also be including supervision data in routine reporting within corporate and our clinical directorates. This is in addition to supervision being a standing agenda item in senior governance meetings within the clinical directorates, with units reviewing their data on PowerBI. A supervision project group is also being set up with representatives from each directorate to discuss issues and local action plans regarding supervision. Supervision was a 'Must do' action following the Trust's last CQC inspection in 2023, and this action has been reopened and as such will be receiving increased scrutiny via the CQC Oversight Group, with regular reporting to Quality Assurance Committee.

4.0 Summary and actions being undertaken

Overall, the data suggests that despite sustained pressures from high occupancy, delayed discharges, and complex patient needs, the quality and safety of ELFT's inpatient services have been largely maintained. Where some measures around restrictive practice have shown increase, teams have put in place actions to tackle this. The maintenance of high quality inpatient care relies on strong teamworking, and structures that enable close connection to the point of care, and problem-solving. This is achieved through a structured and cascading system of huddles, from ward to leadership teams, regular leadership walkrounds, and close attention to data. The Trust's approach to quality improvement and service user involvement has ensured these important ways of working together and solving challenges have been maintained, despite sustained pressure. There has been recent intervention to standardise the frequency, design and recording of away days, which are critical to enable teams to work effectively. Work is ongoing to improve the recording of supervision, which will be closely monitored through the Quality Assurance Committee.

5.0 Quality Improvement

5.1 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.



6.0 Improved Population Health

6.1 Across the trust 46 teams are using QI to improve population health. 32 of these projects are aligned to the trust's four annual population health priorities: prevention and support for physical ill health, improving early years and family support, local employment, and homelessness prevention and support. A summary of some of the work being undertaken is shown in the table below.

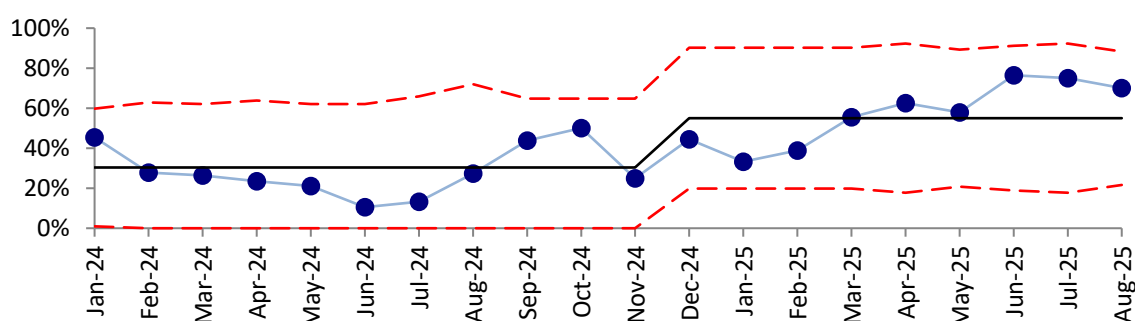
Priority	Examples of QI Work
Prevention and Support for Physical ill health	Improving physical health screening for patients with Serious Mental Illness Reducing missed appointments for service users of community health services Increasing physical health in Community Health Services Improving physical health in forensics
Improving early years and family support	Cultural Competency Awareness amongst staff Improving access to services for underserved groups
Local Employment	Increasing access to work experience for local communities
Supporting the homeless	Improving access to services for homeless population

6.2 21 teams are using QI to improve an aspect of physical health. People living with serious mental illness have a life expectancy that is about 15–20 years shorter than the general population, largely because of preventable physical health problems like cardiovascular disease and obesity.

6.3 In Tower Hamlets adult mental health, five inpatient wards are working to improve the completion of physical health assessments during admission, from 30% to

70% by January 2026. To ensure any necessary physical health issues are identified, all service users admitted to an inpatient mental health ward should have a range of screening done during admission. Several barriers to completing the assessment have been identified, including staff knowledge and confidence, effective use of documentation on RiO, and service user engagement and understanding of physical health checks. Testing has started on Cazaubon ward which has tested several change ideas including adding outstanding physical health assessments to the handover document, training for resident doctors to show them how to use the physical health form on RiO, and integrating physical health documentation into the two days' training on physical health for nurses. As a result, there has been an improvement from 30% to 55% of physical health assessments completed each month. Work is underway to scale these ideas across the other wards in Tower Hamlets.

Cazaubon % of Physical Health assessments completed - P Chart



6.4 Nine projects in CAMHS and SCYPS are using QI to improve early years and family support. The Community Eating Disorders team is tackling cultural competency awareness amongst staff. Across South Luton, the mental health in schools' team is working to improve access to services for Asian children. The team has tested awareness leaflets, workshops in schools for parents and are planning to test co-designed awareness leaflets and better integration with community leaders. As a result, the percentage of referrals from the South Asian community has increased from 30% to 35%.

6.5 A project in Tower Hamlets community health is looking at improving access to a foot health clinic for the homeless population. Another project has aimed at increasing work experience for young members of the communities ELFT serves. Two change ideas have been tested, a summer taster day and a work experience week in July 2025, which resulted in 35 individuals undertaking work experience. The remaining 14 projects are aiming to improving access to services and outcomes for a range of underserved groups.

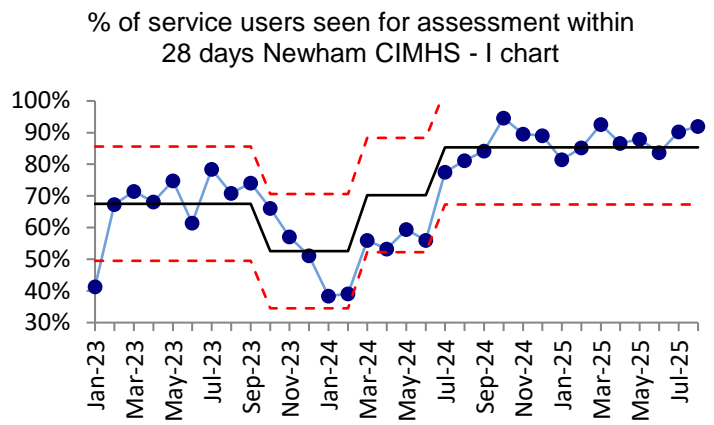
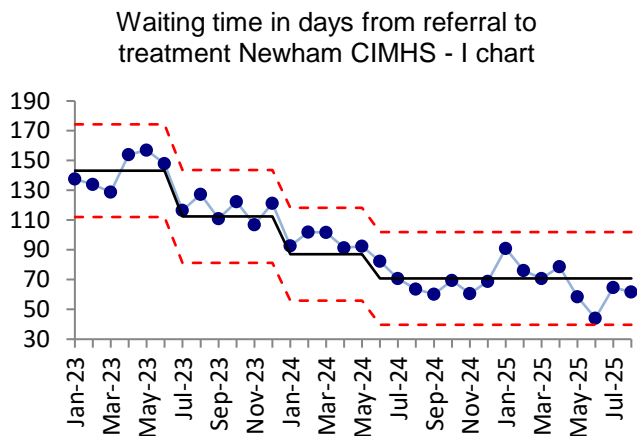
7.0 Improved Experience of Care – Observation to Engagement Programme

7.1 The Observation to Engagement Trust-wide programme launched in April 2025 and aims to safely eliminate the use of inappropriate intermittent observations across our inpatient mental health wards by introducing alternative approaches to care that actively engage staff, service users and carers.

- 7.2 The programme is being delivered in two phases:
- Phase One (Apr 2025 – Mar 2026): 10 wards are testing change ideas to learn what works.
 - Phase Two (Apr 2026 – Dec 2026): Tested ideas will be refined and scaled across all ELFT's 55 inpatient wards.
- 7.3 All ten teams are currently testing a range of change ideas and monitoring their data to build their degree of belief in what is working. Examples of change ideas tested include protected engagement time, intermittent observation review post admission, scheduled ward activities, prompts in huddles to review observation status, whole MDT community socials and zonal observations.
- 7.4 Alongside the local change ideas being tested, Experts by Experience and the Recovery College are delivering the Art of Conversation training to all pilot wards. This training introduces the principles of meaningful engagement and explores how these can be applied in practice to support the changes being tested on each ward. Most of the 10 wards have now met with the training facilitators, who are developing tailored sessions to be delivered during team away days.
- 7.5 Qualitative insights are being gathered across the initial 10 wards, to help understanding about which change ideas are leading to reduced use of intermittent observation. In collaboration with experts by experience, tailored questions are being developed to explore how service users perceive care. Staff feedback will also be collected through upcoming learning sessions. Together, these insights aim to reveal how changes are being experienced and begin to identify ideas that have potential for scale from April.

8.0 Improved Experience of Care – Other QI work

- 8.1 Outside of the work on observations, 75 projects are using QI to improve an aspect of experience of care. Problems being tackled range from improving patient reported experience and outcomes, improving flow and safety on inpatient wards, and improving access to community mental health teams. The latter is a key metric in the NHS National Oversight Framework (NOF), and learning gained from teams undertaking work of this nature will be shared across the trust.
- 8.2 The Community Integrated Mental Health Team (North) in Newham has been using QI to reduce waiting times for service users. The team have tested a range of change ideas including streamlining the referrals process, introducing a daily huddle, and a weekly MDT case huddle. The waiting time from referral to assessment has reduced from 31.5 days to 15 days (53%) and time from referral to treatment has reduced from 143 days to 71 days (50%). 85% of people are now being seen within 28 days for an assessment, an increase from 65%. This team has been shortlisted for an HSJ Award for their work and has also won an ELFT Staff Award.



8.3 Across the trust, QI methodology is being applied to enhance resuscitation support on inpatient mental health wards. A review of cardiac arrest-related deaths from 2020 to 2024 highlighted gaps in managing deteriorating patients and responding to medical emergencies. In response, four key workstreams were established: life support training compliance, trust-wide standardised medical emergency simulation training, resuscitation equipment availability and streamlined ordering, and development of medical staff competence in emergency leadership. Initial efforts have focused on ensuring 100% resuscitation equipment availability, supported by ongoing work to standardise monitoring, stock control, and assurance processes.

8.4 Simulation training has been strengthened with fortnightly ward-based simulation sessions being held across London wards. A standardised simulation learning template has been developed and is due to be tested in November. Use of the Airway, Breathing, Circulation, Disability, Exposure (ABCDE) approach has been embedded into duty senior nurse training, with 6 extra sessions planned for 2026. A dedicated project team is also being established to build medical staff confidence and capability in management of medical emergencies, supported by participation in the Improvement Leaders' Programme.

9.0 Improved Staff Experience

9.1 All QI work has an impact on staff experience through building the skills and autonomy of staff to make changes to the system they work in. Each year, the Improvement Leaders' Programme supports staff to learn and apply quality improvement over a six-month programme to tackle local directorate and Trust priorities. This year, 210 people have commenced the 15th wave of the Improvement Leaders' Programme, with two teams joining the programme from Northeast London (NEL) and Bedford Luton and Milton Keynes (BLMK) ICBs, focussing on using QI to embed a neighbourhood approach to care delivery.

9.2 QI is also being used at scale to improve staff experience across the organisation, led by the Chief People Officer. A governance structure has been established, and work is now underway to map existing pieces of QI work to each workstream. Aims are being established for each workstream alongside a small number of measures to know if change has made a difference.

9.3 A QI project led by the Chief Nurse and Chief People Officer is aiming to address the overrepresentation of specific staff groups in disciplinary cases and reduce

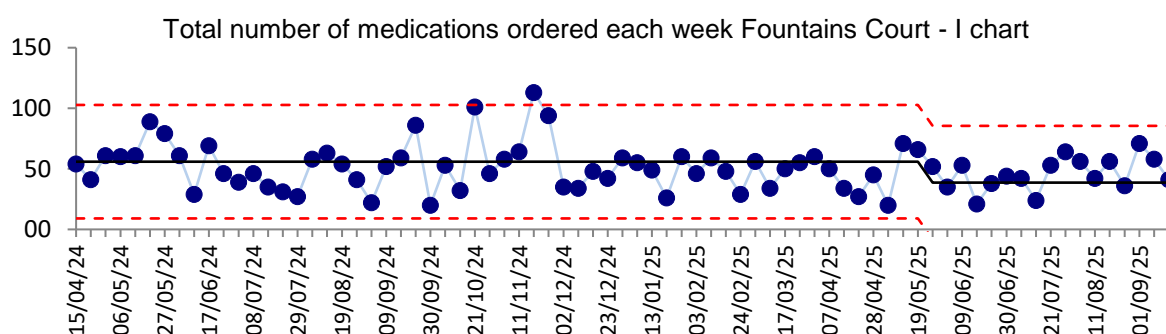
case duration (currently averaging 212 days). Black or Black British and male staff in Bands 3–6 are most affected. The programme has three workstreams: equity (exploring why Band 3 patient-facing staff are disproportionately involved); timeliness (examining causes of delays); and compassionate culture (identifying alternatives to formal disciplinary action). The team has understood the problem and is now being supported to develop and test change ideas.

10.0 Improved Value

10.1 All QI projects contribute to improving value in some form – either through improving quality, improving efficiency or reducing cost. 23 projects are currently using QI to support cost improvement or cost avoidance.

10.2 A team from the Psychiatric Liaison Service in Bedfordshire and Luton has increased the percentage of service users on clozapine referred to the service from 50% to 100%. Missing clozapine doses for more than 48 hours requires re-titration of medication and results in a hospital stay of 17 days. The team tested several ideas, including electronic prescribing prompts and clinical note alerts, patient awareness posters, education and training for clinicians, and patient alert cards. Not only did the percentage of service users referred increase, but the time between missed referrals also increased from 7 days to 35 days. The estimated cost saving from this work is £49,000, based on 6 service users avoiding the need for a hospital stay to enable re-titration.

10.3 Seven teams are using QI to directly improve environmental sustainability. Five of these projects are working to improve medication adherence or reduce wastage in medication use, mainly focusing on inpatient wards in Bedfordshire and Luton, and Newham. Fountains Court, an inpatient unit for older adults with mental health issues in Bedfordshire, has been using QI to reduce the amount of medication administered to service users. The team have tested several change ideas including close working with pharmacy, educating new doctors on rotation around overprescribing and the use of the STOP FRAIL tool. As a result, there has been a 30% reduction in the number of medications ordered each week from 56 to 39.



11.0 Action Being Requested

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

Performance report

December 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?

The Bedfordshire MSK service has seen a reduction in its waiting list, decreasing from 4733 to 1148 between January and October. This is equivalent to a 75% drop in adults and children awaiting their first appointment. To support this improvement, a Band 3 Podiatry Assistant was recruited to speed up discharge-related communications, assist with caseload cleansing and help introduce a new initiative to increase clinic capacity. From November, the service has launched additional clinics, which are seeing an additional 40 new patients weekly over the next 12 weeks, targeting those waiting over 52 weeks. It is expected that the waiting list will drop further in the next couple of months.

Urgent Care Teams in Community Health Services have achieved a 2-hour access rate of 94.7%, surpassing the national target of 80%. Talking Therapies services have seen a sustained improvement in the reliable improvement scores maintaining an average of 72%, exceeding the national target of 67%. Early Intervention Services continue to perform above the national target of 60%, with 68.5% of service users starting treatment within 2 weeks.

Follow-up within 72 hours of inpatient discharge exceeded the national target (80%) in October, achieving 81.6% due to strengthened governance and oversight on the wards.

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 16.4 for the past five months, indicating potentially increased operational productivity.

The rate of restraints per 1,000 bed days remains low, dropping from 15.5 in May to 11.7 in October.

The number of out-of-area placements remains low, fluctuating at around 7-10 in October, all from Bedfordshire and Luton services.

What's of concern?

As of October, 6,762 patients have been waiting over 52 weeks, an increase of 193 from the previous month for adult mental health services. Of these, 6,296 are waiting in the ADHD or Autism service. Additional long waits include 357 in CAMHS, 159 in Newham Memory Service and 27 in neighbourhood mental health teams.

ADHD and Autism services across the Trust continue to face significant demand and long waiting times. ADHD referrals have reduced in East London due to strategic shifts such as pausing diagnostics and redirecting patients to the Right to Choose pathway. Services are increasingly focusing on treatment and delivery of non-pharmacological interventions. Autism services also report high waiting lists, with delays linked to diagnostic report completion. This is being addressed through quality improvement initiatives, staff training, and collaborative efforts to streamline second opinion requests. Some areas like Newham and Tower Hamlets are seeing improvements in treatment through peer support and triage enhancements.

Community health services have 1,374 service users waiting over 52 weeks primarily within the MSK Podiatry (488) and SCYPS ASD (857) pathways. The overall number of people waiting over 52 weeks has reduced by 145 between September and October, driven by improvements in Bedfordshire MSK, where the caseload dropped from 1,270 to 1,148. Newham MSK has also seen progress with waiting lists falling from 2,365 to 1,799 supported by the GetUBetter app for self-management.

Appendix 1 details ELFT's performance against the NHS Oversight Framework (NOF) for 2025/26. The performance framework has been updated and the Trust is currently scored against 11 measures.

Recent NOF performance shows improvement in key areas. The proportion of service users waiting over 52 weeks dropped from 12.4% in August to 1.56% in September. Urgent community and mental health response times improved to 78.4% and sickness absence rates fell from 5.59% to 5.29%. However, CAMHS access has declined over the past year, with a negative change of -2.5%. All other indicators remain stable. Internally, preparations are underway for the introduction of new contextual NOF measures in 2026/27.

What's worth watching?

After rising over the past few months, the number of formal complaints received by the Trust decreased to 72 in October but remains high above the mean of 55. This rise was due to Tower Hamlets and Bedfordshire and Luton mental health and CAMHS services.

The percentage of service users reporting being very satisfied or satisfied has risen gradually over the past 4 months returning to normal levels in October (80.2%). The reduction over recent months reflects lower satisfaction scores across Primary Care services, CAMHS inpatient services, and Bedfordshire and Luton mental health services.

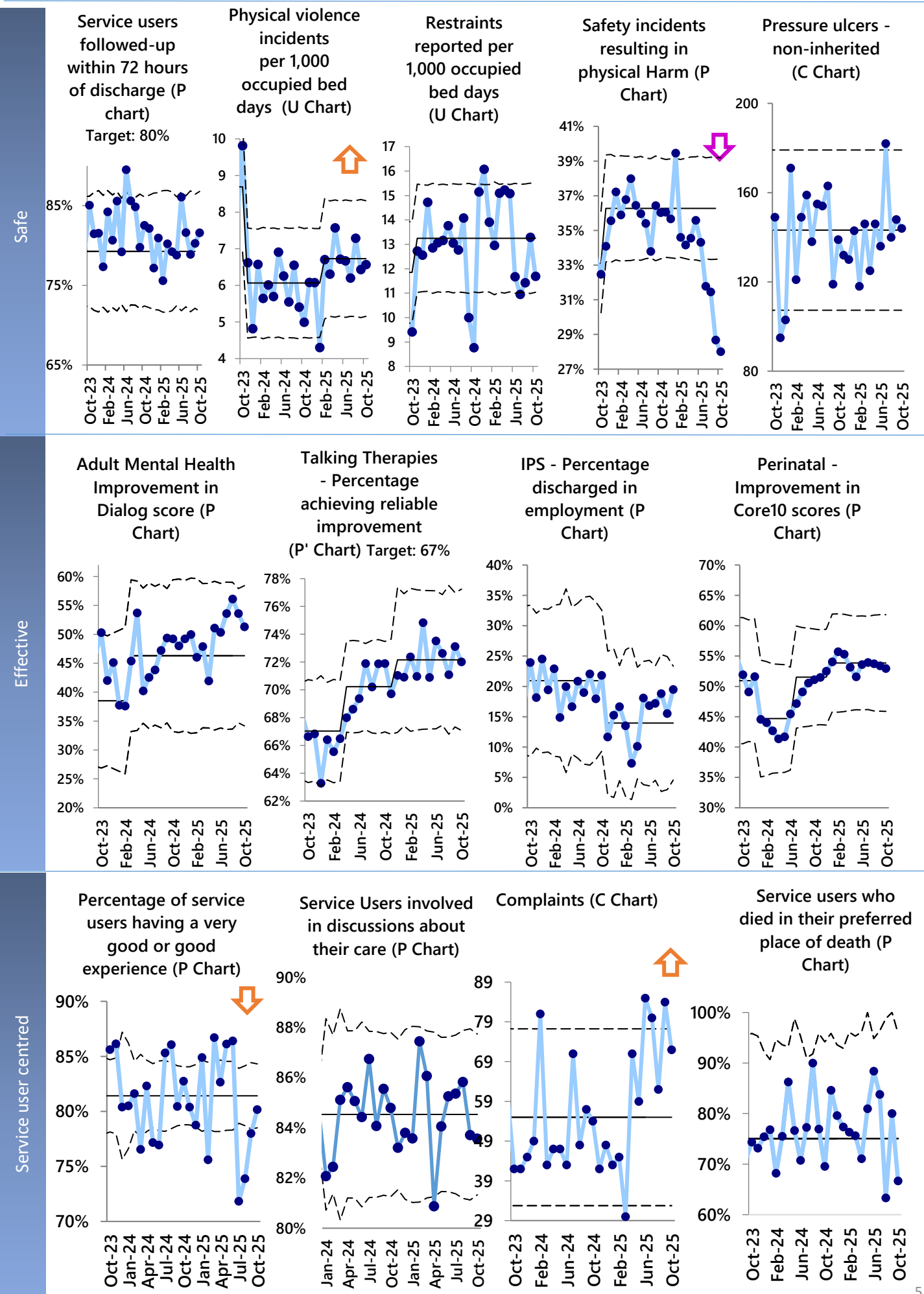
Strategic priorities this paper supports (please check box including brief statement)

Improved service user experience	<input checked="" type="checkbox"/>	The performance report assures the Board on performance of the organisation, through the tracking of organisational metrics that align with three of the four strategic objectives. Measures on staff experience are contained within the Board People report.
Improved health of the communities we serve	<input checked="" type="checkbox"/>	
Improved staff experience	<input checked="" type="checkbox"/>	
Improved value for money	<input checked="" type="checkbox"/>	

Committees/meetings where this item has been considered

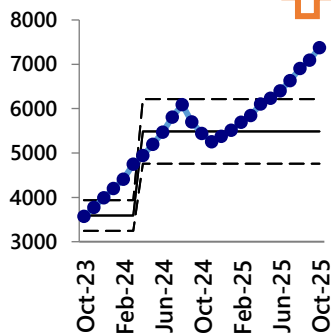
Date	Committee and assurance coverage
Various	Various sections of this report are submitted to the Service Delivery Board, Finance Business and Investment Committee and other Trust committees. Some of the performance information is submitted to commissioners and national systems.

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 October 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.

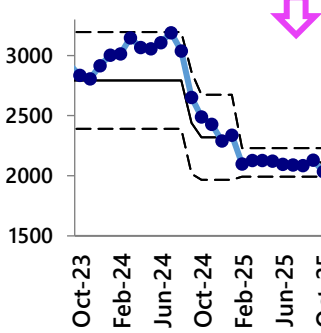
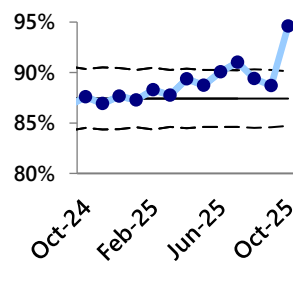


Timely

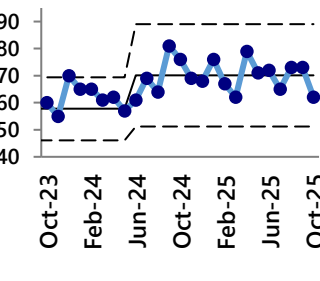
Referrals not seen in 52 weeks - Mental Health (I Chart)



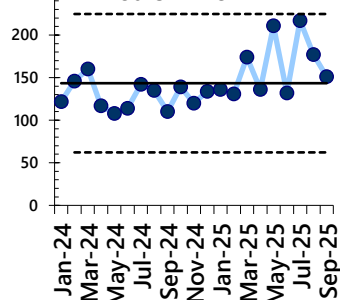
Referrals not seen in 52 weeks - Community Health (I Chart)

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

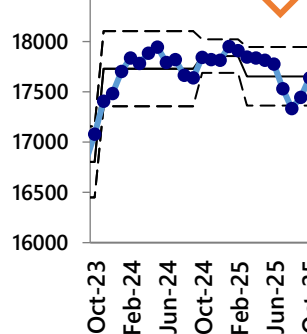
Waiting time for treatment (days) for Children and Young people (I Chart)



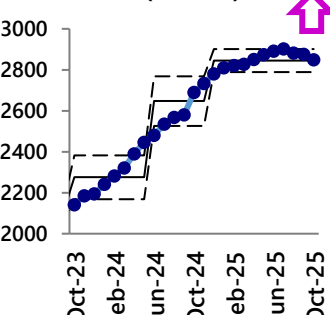
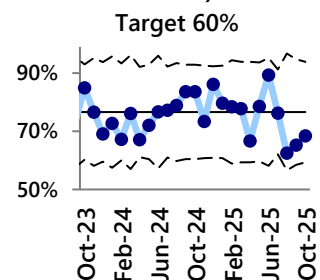
Number of service users waiting over 12 hours in A&E



CAMHS Access (I Chart)

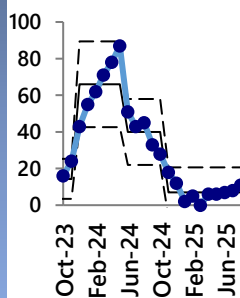


Perinatal Access Rate (rolling 12 months) (I Chart)

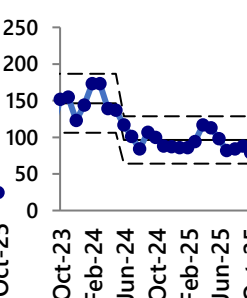
Early intervention treatment started within 2 weeks (P Chart)
Target 60%

Efficient

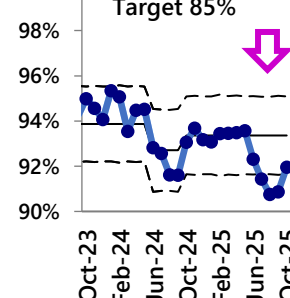
Private Inpatient Placements (I Chart) Target: 0



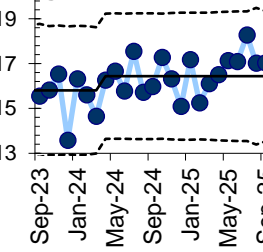
Clinically Ready for Discharge (I Chart)



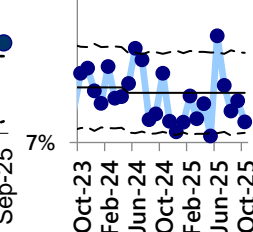
Bed occupancy - all specialties (P' Chart) Target 85%



Service User Contacts per Contracted Staff WTE (all staff groups) U' Chart

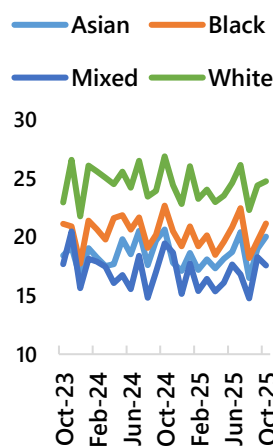


Missed Appointments (DNA) (face-to-face) - U Chart

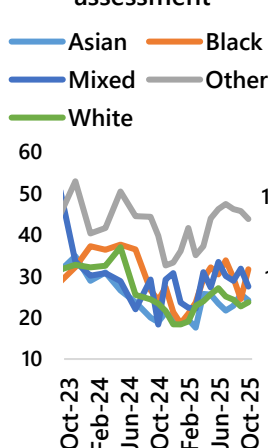


Equitable

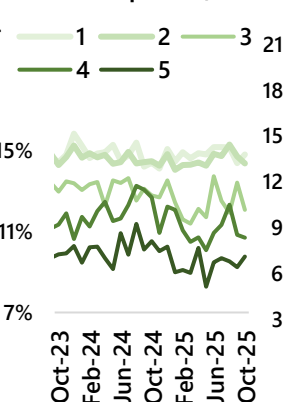
Referrals by ethnic group, per 1,000 population.



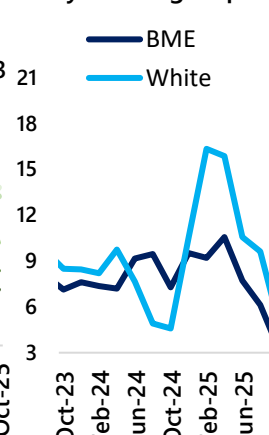
Average wait (days) for community mental health assessment



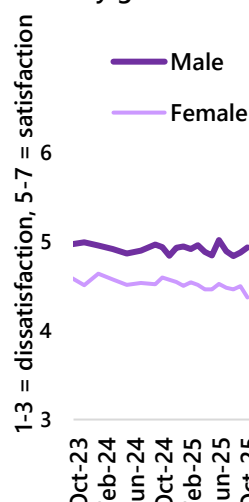
Non-attendance at mental health appointment (1 = most deprived, 5 = least deprived)



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



Average Dialog score at review, by gender



Safe

The percentage of service users followed up within 72 hours of discharge from inpatient services was 81.6% in September, against the national target of 80%. Improvements have been made across the wards to strengthen governance and oversight. Regular audits and case reviews are now embedded in practice to support the timely identification of overdue follow-ups, helping to reduce delays in follow-up contact.

The rate of violence and aggression has shown a slight increase since February, with eight consecutive months above the previous average. The prolonged period of high occupancy, high acuity and demand for inpatient care has likely contributed to this (see quality report).

Services are actively strengthening safety culture through enhancing staff training and proactive risk management. This includes advanced de-escalation training, introducing sensory rooms and calm spaces, holding regular safety huddles to review incidents in real time, and developing trauma-informed care plans. These approaches help staff recognise early warning signs, personalise care, and support service users in the least restrictive way possible.

The rate of restraints per 1,000 bed days remains low, decreasing from 15.5 in May to 11.7 in October, with some fluctuation expected in relation to a small number of acutely unwell service users who may require multiple restraints. Although this measure is no longer part of the NHS Oversight Framework, it was previously used nationally as an indicator of safety. Mental health services continue to prioritise reducing restraints through improved care planning, structured consultant reviews, enhanced supervision, regular team discussions, stronger risk management, a focus on relational security, personalised care plans and expanded staff training to strengthen confidence in managing risk and promote psychological safety. The introduction of these safety tools has supported earlier de-escalation and reduced restrictive practices.

The percentage of incidents resulting in harm decreased over the past 5 months, dropping from 34% in June to 28% in October. While the overall number of incidents remains stable, this reduction was mainly due to Community Health Services and changes in how expected deaths are recorded in the clinical system. In line with national rules, these have now been classified in the “no harm” category, which has reduced the overall number of incidents of harm over the past few months.

The number of pressure ulcers has returned to normal range after a peak in July (described in the September report), with 144 incidents in October. This reflects continued vigilance in monitoring skin integrity and the effectiveness of targeted improvement initiatives aimed at reducing avoidable harm.

Effective

The percentage of service users reporting improvements in outcomes and quality of life remains stable, achieving 51.3% in October (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 72%, exceeding the national target of 67%. Services have streamlined referrals through a centralised assessment team, significantly reducing waiting times and improving engagement, leading to higher conversion rates. The service has established consistent line management and clinical supervision across all stages of the pathway, supported by dedicated case management that routinely monitors treatment plans, progress, and outcomes. Teams are now focused on sustaining these improvements, with particular attention to ensuring equity of experience and outcomes for service users from diverse communities. A summary of these initiatives was detailed in the September report.

Across perinatal services, the Trust's rolling 12-month access rate is at 2,876, with a year-to-date access rate of 2292. In Luton & Bedfordshire, a local target has been set to reach 1,022 referrals by March 2026, and services are currently achieving 1,400 year to date. Perinatal services continue to prioritise expanded community outreach initiatives and a more flexible appointment system. Access in East London remains below the 1,512 target but is expected to recover by year-end.

Perinatal outcomes continue to remain stable, achieving 53% of service users reporting positive outcomes in October.

Service User Centred

Service user satisfaction has risen steadily over the past four months, returning to normal levels in October at 80.2%. The low feedback scores over recent months largely relate to Primary Care services, CAMHS inpatient services, and Bedfordshire and Luton mental health services.

Across Primary Care GP practices, there has been a period of rapid change and uncertainty, with service users expressing concern about practices leaving ELFT. This is particularly relevant for Leighton Road Surgery (LRS), which transferred to a new provider at the end of November. At LRS, service user dissatisfaction primarily relates to waiting times and access. Staffing shortages due to sickness and annual leave led to reduced phone line hours, resulting in longer waits. However, phone lines have now returned to normal hours, which should improve the service user experience. The new e-Consult system is being introduced to improve appointment triage. Some patients are still adapting to the new process, but reception staff are available to help with online forms, and guidance is provided both online and through the practice voicemail.

At the Greenhouse Practice in City & Hackney, concerns have been raised about a bug infestation, which has been formally escalated to NHS Property Services, the landlord, and the Estates team. In the meantime, staff have implemented precautionary measures to maintain hygiene and safety while the issue is being addressed.

For CAMHS, lower satisfaction responses are mainly from the Tier 4 inpatient unit in Newham. Services have reported an increase in the number of children and young people with neurodevelopmental conditions and emotional regulation difficulties. These presentations require more individualised and flexible care, which can be challenging to deliver consistently in a structured inpatient environment. To respond to this, the service has been closely monitoring occupancy and acuity levels, so staff have sufficient capacity to focus more on those with higher needs, provided extra training to help staff better understand and support neurodiverse young people, and increased the range of group and one-to-one activities available. These changes aim to make care more personal, engaging, and positive for young people on the ward.

In Bedfordshire and Luton, lower scores are mainly linked to crisis services, particularly the Crisis Line, Approved Mental Health Professional (AMPH) service, and Street Triage. However, following a deep review, many of the negative comments actually refer to other services (such as inpatient wards, community services, or A&E). Feedback themes span care and treatment, waiting times, and communication. The Quality Assurance team is working with services to address these areas through targeted initiatives, such as improving communication with service users, enhancing triage and referral processes to reduce waits, and training staff in trauma-informed care.

The number of complaints has been higher than normal over the last five months, with 72 in October compared to the normal monthly average of 55. This is mainly attributable to Tower Hamlets, Bedfordshire & Luton mental health and CAMHS. In September, Tower Hamlets reported a rise in new complaints, which was primarily linked to the Liaison Psychiatry Team, where recent changes to the layout at the Royal London Hospital have created challenges for service users to navigate to the department and some logistical challenges. These operational issues have been discussed at the monthly Barts–ELFT Liaison meeting, with concerns escalated and most complaints now resolved under the oversight of the Liaison Psychiatry Lead. The service has responded to all the complaints and organised better signage for the department. The service is also working with Barts Hospital management to develop a long-term plan to address the underlying causes and prevent recurrence.

An increase in complaints was also noted for the Isle of Dogs team, largely due to capacity pressures following the prolonged sickness absence of a consultant, which has affected appointment waiting times. This has been escalated through management channels, and actions are in place to stabilise the team and improve responsiveness. Across Tower Hamlets, there has been an increase in the number of compliments, particularly in Brick Lane Ward, which has consistently received high praise in service user feedback.

Bedfordshire mental health services have identified a small number of teams that account for most of the recent increase in complaints. The majority relate to communication, care coordination, and appointment management. Across community and inpatient services, teams are focusing on key actions to address these concerns. In the community, care coordinator caseloads have been reduced so staff can provide more targeted support and access, and some service users who no longer require care coordination have been moved to neighbourhood teams with more suitable support from community services and multi-disciplinary staff.

Inpatient services have developed a back-to-basics approach, which sets out core standards and priorities with staff and service users, as well as strengthening trauma-informed care training to improve quality and compassion.

Bedfordshire CAMHS services have seen an increase in complaints, partly reflecting stronger local processes for raising concerns and a more open culture that encourages feedback. Access thresholds have been raised to help manage demand, with lower-level needs being supported through partner agencies and the revised CAMHS Access Service (CAS) pathway, which includes the school's offer. However, there is a growing expectation among families that CAMHS should provide support in situations where alternative services may be more appropriate.

The service is also managing an increasing number of multi-agency and complex cases involving safeguarding concerns, which has contributed to a rise in complaints from families. In addition, there continues to be significant national pressure on Autism Spectrum Disorder (ASD) waiting times, and Bedfordshire and Luton are no exception. The service is exploring options to reduce waits, including re-establishing subcontracts with Healios, which have previously proven effective.

Staffing vacancies have been temporarily held during the ongoing service redesign, affecting core capacity and contributing to longer waits (though still within 12 weeks). Recruitment to these posts is now underway, which is expected to strengthen capacity and improve service responsiveness in the coming months.

Timely

Early Intervention Services continue to exceed the national goal of 60%, although performance has dropped in the last two months. In October, 68.5% of service users commenced treatment within two weeks. This reflects a deterioration across East London services, related to capacity challenges, and a recent increase in caseload sizes.

Across the Trust, 6762 patients have been waiting over 52 weeks for mental health services. This number has increased by 193 from August to September. 6296 of this group are waiting for adult Autism and ADHD services.

Beyond the 6296 people who have been waiting over 52 weeks for ADHD and Autism services, there are a further 27 people waiting for neighbourhood mental health teams and 159 for the Newham memory service for a review. 357 patients are waiting over a year across our CAMHS services.

Referrals for ADHD services in Luton & Bedfordshire remain low in October at 25, having previously been at 74 in August. This is due to the service pausing the diagnostic pathway and focusing on titration to reduce delays for treatment. This has resulted in the number of patients waiting for assessment to drop from 1950 to 1918 as this transition takes place. Based on internal projections that have been undertaken, the service is expected to continue seeing a reduction over the next 2-3 months. In November, a joint ADHD and ASD

workshop was held across the Trust to identify an optimal service model to best manage the increasing demand into the services. This will include a review of all service models to optimise capacity and standardise service pathways.

In City & Hackney, ADHD referrals have dropped rapidly over the past 6 months with October receiving no referrals. This is because GPs are referring patients via Right to Choose which has resulted in a waiting list reduction from 2076 to 2021. The average wait for patients to be seen is currently 142 weeks, as the focus is on the treatment pathway. The service currently has 2 GPs in place who are carrying out assessments. This is currently in place until April 2026 and discussions are underway to extend this into next year if waiting lists continue to reduce in line with expectations.

In Tower Hamlets, waiting lists for ADHD have risen from 2341 to 2409 in the past month. The service has been prioritising a waiting list cleansing exercise to ensure that any out-of-area patients, or those who have received a private diagnosis, are removed from the caseload. Additional support continues to be provided by a specialist ADHD practitioner who is offering peer support and reasonable adjustments support to target the treatment part of the pathway. Non-pharmacological support as an alternative to treatment is also being delivered which is maintaining an average number of service users on the treatment pathway at 52.

In Newham ADHD, the service has been working with GPs to divert service users to the Right to Choose pathway which has resulted in zero referrals coming into the service in October. This has resulted in a reduction in the waiting list from 1506 in September to 1420 in October. Similar to Tower Hamlets, the service is prioritising the promotion of non-pharmacological alternatives to provide additional support to service users on the treatment pathway.

Across Luton & Bedfordshire's Autism services, referrals continue to remain stable with 124 referrals in October with a total of 1035 service users waiting for an assessment. Ongoing delays are due to the completion of diagnostic reports. In response, the service continues to implement protected time specifically dedicated to addressing the issue. A streamlined template has been introduced to standardise information. The team is also in the final stages of developing a post-diagnostic information pack to support service users following discharge. Due to a rise in admissions of patients with Autism to inpatient services, concerns emerged around the suitability of care and safeguarding. In collaboration with the DMT and ICB, a targeted quality improvement project has been developed to address the specific needs of this service user group. This initiative has led to staff training aimed at enhancing skills and knowledge of Autism care delivery.

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 644 in October. Teams in Newham, Tower Hamlets and City & Hackney are collaborating jointly to establish a unified approach for handling second opinion requests to reduce bottlenecks in the pathway and provide clarity and consistency across East London where service users challenge the outcome of their assessment.

In the Newham Autism service there are currently 260 people waiting for an assessment and the average waiting time for an assessment is currently 29 weeks. The number waiting for treatment has reduced from 15 to 7 in the past month largely driven by offering additional interventions like peer group groups and support classes which is experiencing an uptake.

In the Tower Hamlets Autism service, referrals remain stable at 48 per month and there are currently 220 service users waiting for an assessment with an average waiting time of 23 weeks to be seen. Self-referrals have been made accessible online which is increasing the levels of access to the service, which is supported by a detailed screening assessment to support quicker and more effective decision-making at the triage stage of the pathway.

Across our neighbourhood mental health teams, most services are now meeting the 4 week access target, apart from City & Hackney and Tower Hamlets, where service users are waiting an average of 9.2 weeks and 4.3 weeks respectively on average for an assessment.

In City & Hackney, waiting times in neighbourhood teams are now being reviewed in directorate management meetings since June 2025. The directorate is currently developing a proposal to restructure the neighbourhood community teams and looking to include a specific assessment service to reduce the waiting times. The intention is for this new structure to start in quarter 1 of 2026. In the meantime, there are actions in place to address any cases where the patient has received no contact in the past 6 months.

In Tower Hamlets neighbourhood mental health teams, there was an increase in the number of patients breaching the 28-day waiting time standard in October, largely due to capacity reduction within teams. After analysis, it appears that 20% of patients were seen by a different team resulting in overlapping referrals. Feedback from teams is currently in the process of being gathered to identify improvement opportunities and review data quality issues. A small group of directorate leaders is now meeting regularly to explore productivity within the neighbourhood mental health teams to identify improvements. Barnsley Street is formally open and offering community mental health support 24/7. The Barnsley Street project is starting to see some access changes in ethnicity which more accurately reflects the needs of the population.

Memory clinic performance across East London continues to fluctuate with Newham seeing 70% of their patients within 6 weeks, while City & Hackney and Tower Hamlets reported lower figures at 26.8% and 27.1% respectively. In City & Hackney, delays were driven by administrative disruptions, increased appointment non-attendance following relocation of the service, and rising referral volumes. Tower Hamlets is undergoing a full service redesign to streamline diagnostics, including a “Diagnosis in a Day” model and plans for same-day MRI access via the new Community Diagnostic Centre. Newham continues to face capacity challenges, but is exploring agency support and benefiting from a newly introduced ELFT-wide monitoring system. All three boroughs are contributing to a wider review of diagnostic memory services to improve quality and access across the region.

Waiting lists in CAMHS have increased from 2289 in September to 2307 in October for a first appointment, with 436 service users waiting over a year to be seen. The longest waiting lists are within the Bedfordshire Autism service with 126 service users waiting, and in Tower Hamlets ASD and Learning Disability Teams with 67 waiting over 52 weeks. In Bedfordshire, work is underway to review service productivity with Clinical Team Leads assessing individual work plans against activity levels. The team is also evaluating resource allocation across service to identify opportunities for redistribution, particularly in response to rising demand within the Autism Assessment pathway. Variability in recorded monthly contacts has been noted, partly due to data entry issues which is being addressed directly with the services. Local performance managers are reviewing this with findings to be presented at the next Senior Leadership Team forum to support the establishment of routine reporting to monitor progress. As part of the NHS Oversight Framework, CAMHS Access across the Trust has seen a reduction this month at -2.5%. More detail on the plans in place can be found in Appendix 1.

1374 service users are waiting over 52 weeks in community health services, with 488 of this group being within the MSK Podiatry pathway and 857 waiting in the SCYPS ASD pathway. 9 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 related to awaiting equipment. The overall number of people waiting over 52 weeks has reduced by 145 from September to October, largely driven by reductions in the Bedfordshire MSK Podiatry service. Current data shows that 1.56% of service users on the waiting list have been waiting over 52 weeks in community health services, which is an NHS Oversight Framework (NOF) measure. More detail on this is highlighted in Appendix 1.

Across Bedfordshire MSK, the total waiting list has reduced from 4733 in January to 1148 in October. Since January 2025, there has been a 75% reduction in adults and children waiting for a first appointment. To support this improvement, a Band 3 Podiatry Assistant was recruited to speed up discharge-related communications, assist with caseload cleansing and help implement a new initiative to increase clinic capacity. These additional clinics started in November and aim to see 40 new MSK patients each week over a 12-week period to address service users waiting over 52 weeks. Appointment durations have been standardised to enable better planning of demand and capacity.

Across Bedfordshire Wheelchair services, 417 service users are currently on the waiting list which has decreased from the 428 in September. On average, the service received 144 referrals per month, with an average capacity of 91 assessments completed per month. This is contributing to a sustained demand into the service. An action plan has been developed by the clinical and service manager focusing on reviewing long waiters and increasing caseload capacity. Key areas that are under review include streamlining referral and triage processes and introducing domiciliary visits to improve access.

In Newham, the MSK service waiting lists have reduced from 2365 in September to 1799 in October, with only 57 of these waiting over 18 weeks. This reduction is partly due to the introduction of the GetUBetter (GUB) app which allows service users to be directly referred to this app for enhanced self-management support where clinically appropriate. This ensures that more urgent cases are seen in a timely manner.

857 children have been waiting over a year for assessment by the Autism Spectrum Disorder (ASD) service in SCYPS (Newham). The team has seen an increase in the overall number of patients waiting for an assessment from 1763 in September to 1791 in October. The ASD service is currently implementing an internal dashboard to monitor waiting times and access figures, redesigning the ASD pathway to provide more timely support and introducing a streamlined assessment model. Enhanced patient engagement and process mapping are driving operational improvement including developing new operational policies to optimise service delivery.

In October, urgent care teams in Community Health services have seen an increase in their 2-hour access target achieving 94.6% in September, which is higher than the national 80% target (and also an NHS Oversight Framework indicator – see appendix 1).

Efficient

Over the past four months, inpatient bed occupancy had been gradually declining from 93.4% to 90.9% in September, but then rose again to 92% in October. The earlier reduction was mainly due to lower occupancy in the Mother and Baby Unit in City and Hackney, Tower Hamlets mental health inpatient services, and the CAMHS Tier 4 units in Bedfordshire and Luton. The October increase was related by higher occupancy in the Mother and Baby Unit and CAMHS Tier 4 unit in Bedfordshire.

As highlighted in the previous report, the reduction in MBU bed occupancy continues to be driven by both seasonal and systemic factors. Referral rates typically fall over the summer period, while the expansion of community-based perinatal services has helped prevent avoidable admissions. The opening of additional MBUs nationally has also spread demand more evenly. However, in October, we started to see a rise in occupancy levels owing to a return to normal levels of referrals to the unit, which is believed to be related to seasonal variation.

Across Bedfordshire and the wider East of England provider collaborative, CAMHS bed occupancy has also reduced following a period of sustained high demand earlier in 2025. In the first half of the year, occupancy reached 100%, but has since reduced. This adjustment reflects broader changes in referral patterns, patient acuity, and the impact of improved community-based alternatives. However, occupancy increased in October, partly due to seasonal factors and also as a result of enhanced outreach work with providers and the simplification of referral pathways, which made access to services easier. Additionally, BLMK ICB is exploring different bed configuration models across East of England, and potentially developing hybrid models that would combine General Acute wards and PICU functionality to optimise use of bed capacity and reduce out-of-area placements.

Newham CAMHS Tier 4 inpatient service occupancy had declined over the past few months but returned to normal levels in October. The earlier reduction was due to several young people being successfully stepped down from the general acute ward to the day services step-down unit. Located on the same hospital site, this unit provides a structured transition environment between inpatient and community care, allowing young people to gradually reintegrate into daily life while continuing to receive clinical and therapeutic

support. Typically, they spend a few weeks in the step-down service to consolidate progress, build independence, and ensure community supports are in place before full discharge.

Services continue to focus on utilising step-down and admission avoidance pathways to help maintain stability and reduce the need for acute admissions. Strong community gatekeeping processes are in place to ensure that only those who genuinely require inpatient care are admitted. The local crisis teams continue to work closely with wards to develop early and creative interventions, helping to prevent unnecessary admissions and support timely, well-planned discharges.

As detailed in the September report, demand for adult acute mental health beds remains high, though out-of-area placements are stable and low, between 7-10 in Luton & Bedfordshire. This reflects sustained improvements in discharge planning, daily MDT reviews, and stronger collaboration with community partners. The number of patients ready for discharge remains stable at around 45, below the peak of 173. The main reasons for delays are waiting for supported accommodation, nursing homes, general housing, social care packages, Ministry of Justice processes, and patient choice.

Across the system, services are focusing on developing winter plan initiatives, facilitating earlier discharge planning, better housing and social care coordination, and reducing unnecessary inpatient stays. Tower Hamlets has strengthened step-down pathways and empowered medical staff to make timely discharge decisions, while the “Red to Green” targeted approach continues to streamline patient flow. Newham is implementing an escalation pathway to repatriate out-of-area placements more quickly and is working with housing and social care partners to remove community step-down barriers. City & Hackney have sustained zero private bed use since August 2024, expanding step-down provision and maintaining low readmission rates through purposeful admission principles. A community caseload review is currently underway to gain a better understanding of the complexity of needs within the local population, distinguishing, for example, between those with primarily health-related needs and those with more complex social care requirements. The findings will help ensure that services are appropriately calibrated to meet these varying needs, to reduce crises and prevent unnecessary admissions.. In Bedfordshire and Luton, the new Shorter Admission Pathway, introduced in July, is improving flow and discharges within seven days and embedding closer collaboration between inpatient, crisis, and community teams.

Psychiatric Liaison Teams (PLS) currently complete an assessment and decide on ongoing treatment within 4 hours of arriving in the emergency departments for 89.4% of presentations in Bedfordshire & Luton and 73.1% in East London. The number of service users waiting in A&E for over 12 hours has dropped to 151 in September against 217 in July. This means that 83.9% of service users were seen and discharged from A&E within 12 hours.

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, 86.2% 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 16.4 contacts for the past five months, suggesting a potential positive shift in average contacts and improved productivity.

The second productivity indicator relates to missed appointments. Although the large-scale quality improvement programme Pursuing Equity has now concluded, reducing missed appointments continues to be a key priority for the Trust. The data shows that missed appointments have returned to normal levels and are being sustained with an average of 7.1% in October. This reflects the continued impact high impact change ideas implemented across the Trust such as providing service users with appointment choices and sending multiple reminders.

Equity

This section of the report is going to focus on the work underway across Individual Placement Support (IPS) and across the Trust to help service users access employment opportunities to improve their quality of life and recovery journey. Individual Placement and Support (IPS) is an evidence-based approach to helping people with severe mental illness gain and maintain competitive employment. IPS helps people find real jobs quickly and gives them ongoing, tailored support to stay in work. It is part of mental health services, where employment specialists and clinical teams work together to support recovery and independence through meaningful employment.

Nationally, the NHS aims for over 55,000 people per year with severe mental illness to access Individual Placement and Support (IPS) services. Locally, services are continuing to work towards our agreed access IPS targets, although referral growth have remained stable in recent months. National benchmarking data shows a decline in the average proportion of service users entering employment on discharge, falling from 35.1% in February 2023 to 22.8% in August 2025. In comparison, ELFT reported 19.5% of service users with severe mental illness in employment in October.

The Luton IPS service receives the highest referrals from Asian, Black, and White communities, but lower referrals from mixed and other ethnicities. In contrast, Bedford borough and Central Bedfordshire have less diverse populations, with referral rates highest among White communities and comparatively lower among Asian, Black, and other minority ethnic groups. Additionally, the service has identified poorer employment outcomes for service users from BAME backgrounds. Contributing factors may include cultural competency among staff, stigma surrounding mental health, lack of awareness, and transport difficulties that make it difficult for service users to access services easily.

In Bedford, new funding received in August 2025 is expanding the IPS team to full capacity, helping them better meet local needs and reduce disparities in employment outcomes

across communities. In Central Bedfordshire, the IPS service is working closely with local community organisations and local authorities to reduce barriers to access, increase awareness, tackle stigma, and improve employment opportunities. They are doing this by increasing outreach, providing tailored support to prepare service users for roles, offering ongoing in-work support, and providing training and guidance to employers to better meet the diverse needs of service users.

In Tower Hamlets, the service has the highest referral from Asian and White communities and the lowest from Black, mixed and other ethnicities. Local analysis has identified gaps in employment outcomes and access for individuals from the Somali community. The Working Well Trust, which delivers IPS services across Tower Hamlets and Newham, has been commissioned to undertake a year-long research project aimed at strengthening relationships with BAME community groups. This initiative seeks to address inequalities in access to mental health services, particularly among Somali residents. Interviews and focus groups with 50 service users highlighted several barriers, including language and communication challenges, limited access to information, cultural stigma, financial difficulties, long waiting times, lack of culturally sensitive services, and transport issues.

To effectively address these barriers, a comprehensive and inclusive approach is being developed alongside the local Race Equity Plan. Strategies include training mental health professionals on cultural awareness and sensitivity, strengthening community outreach and education, and providing multilingual services. Services are being made more accessible within the community, with tailored mental health programmes that reflect cultural needs. Strong partnerships are being built with community and faith leaders to promote equality, tackle stigma, and involve local people in designing services. This collaborative approach, bringing together mental health professionals, community leaders, local authorities, and the Somali community, aims to develop inclusive referral pathways and support systems that meet the needs of Somali residents and ensure fair access to employment and mental health services across all communities.

In Newham, the service receives the highest referrals from Asian, Black and White communities and lowest from mixed and other ethnicities. The IPS service is actively supporting residents from diverse communities into employment through a strong partnership with local organisations and a borough-wide collaboration across services. The team is a key member of the Newham Employability Forum, which brings together seven local organisations to promote equitable access to jobs and training. This partnership is guided by a shared vision to create inclusive, person-centred pathways into both employment and self-employment, working closely with local employers to build inclusive workplaces and help residents reach their full potential. In addition, the service is strengthening its commitment to race equity through the development of a local Race Equity Plan and by ensuring all staff undertake targeted race equity training. This work underpins Newham's broader aim of empowering its diverse communities through meaningful, sustainable employment opportunities.

In City and Hackney, the IPS service receives the highest referrals from Black and White communities, with the lowest from Asian, mixed and other ethnicities. The service is delivered in partnership with the Shaw Trust. ELFT has recently secured additional funding to support service development, and as part of this, a wider evaluation and review of the service specification is underway. Over the next three months, focus groups will be held to co-produce the specification with all stakeholders to ensure it meets local needs. The review will consider different delivery approaches, including staffing mix, improved integration with drug & alcohol and crisis services, and targeted capacity to improve access for underrepresented groups such as Jewish and Turkish and other communities in the borough. The aspiration is to embed IPS across all mental health neighbourhoods in City and Hackney, with stronger links to Hackney Community College, local authority employment and benefits services, and other community partners to offer proactive and early joined-up support to service users.

Beyond the IPS programme, the Trust is strengthening its wider approach to employment support to help more people access meaningful work and progress toward recovery. The Trustwide Employment Steering Group brings together service users, clinicians, and staff from across the Trust to address wider employment challenges and improve the overall employment offer. It has developed a gold standard for employment services that sets out a high-quality, inclusive model that supports not only those ready for work but also people who need confidence-building and preparatory support, while reducing barriers and tackling stigma to ensure fair access to meaningful employment opportunities.

To achieve this, the Steering Group has implemented a range of initiatives. It has set up local borough employment meetings to review and develop the offer, organised job fairs with local organisations in BLMK and East London, and introduced in-house peer support, befriending, and volunteering roles to help service users gradually build confidence and skills. It has promoted early employment conversations with clinicians, supported by bespoke training to employment conversations, and worked with local authorities, employers, and DWP Job Centres to develop reasonable adjustments and placement opportunities for service users. These actions have increased engagement with IPS services and created clearer pathways for service users to progress into sustainable employment.

NHS Oversight Framework (NOF)

The metrics included as part of the NHS Oversight Framework for 2025/26 relate to key objectives defined in the NHS Planning Guidance for 2025/26. Appendix 1 provides a detailed breakdown, including domain scores, data over time, comparative data and narrative to summarise the plans in place for each area.

For ELFT, performance is assessed across 11 domains, which have been scored and compared against other providers, and the scores have been weighted equally. Where available, the benchmarking data will show how the Trust scores in comparison to our peers.

Work continues to improve performance across all the indicators that are updated quarterly. At the time of writing, we are awaiting the published data for Quarter 2.

However, based on our local data for September (which will be used for the national Q2 data), we have seen a reduction in the percentage of service users waiting more than 52-week waits in community health services from 12.4% in August to 1.56% in September. Urgent community and mental health crisis has also improved to 78.4%. Additionally, our sickness absence rate has decreased from 5.59% to 5.29%.

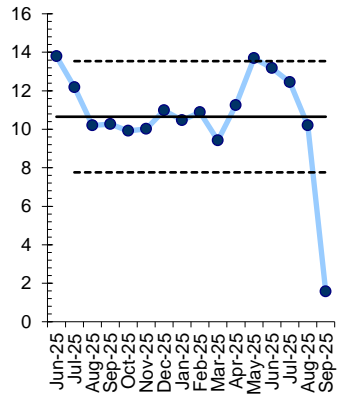

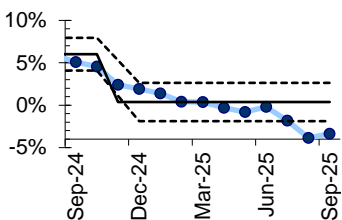

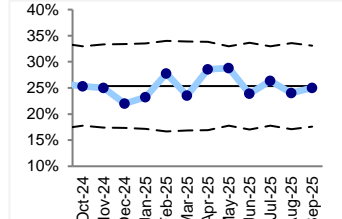

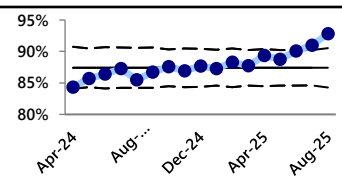


However, access to CAMHS services has declined over the past year, with a negative access change of –2.5% when compared to data from 12 months ago. This remains a priority area for improvement, and targeted work is underway to address capacity and demand challenges. All other indicators have remained stable, with close monitoring in place.

Looking ahead, we are reviewing the contextual NOF measures which are set to go live and be incorporated into the scoring from April 2026, working with the national team to understand definitions, making sense of our performance and internal variation, and ensuring our teams can see their data.

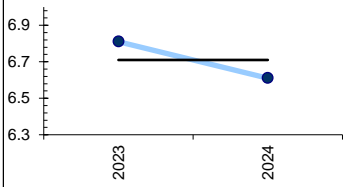

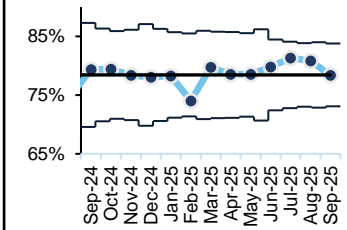

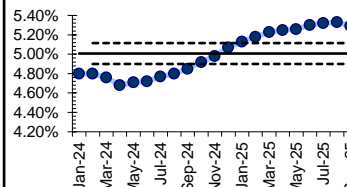

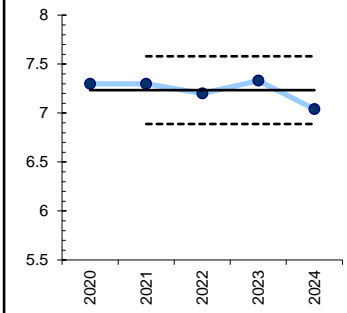

Appendices

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

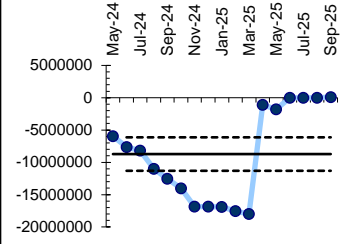

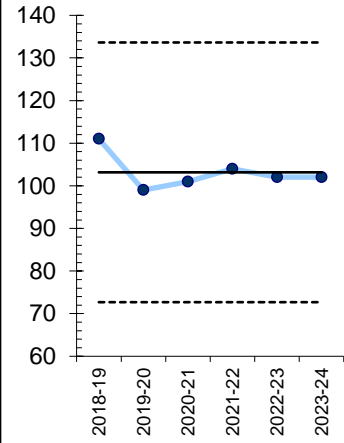

Appendix 1: Performance against the 25-26 NHS Oversight Framework Indicators – Note: NOF score is based on end of June position (Quarter 1).

	Measure	NOF Score	Performance	Latest Performance	Narrative
Access to care	Percentage of patients waiting over 52 weeks for community health services	3.50 Ranking (101/121)		1.56% (Q2 Projection) 13.1% (Q1 Position)	Across Community Health services, overarching challenges include recruitment pressures, delays in service delivery and capacity constraints. The position has improved for September due to the removal of SCYPS ASD from the SitRep submission as we will be measuring this win the dedicated ADHD/ASD measure from April next year in a more standardised way. Detail on the plans in place can be found in the “timely” section
			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)		-2.5% (Q2 Projection) -2.97% (Q1 Position)	National dashboard shows that ELFT currently has a negative access rate of -2.5% however reporting shows a -2.1% annual change at the end of September. We typically lose 4% of activity due to children being seen in another Trust which affects reporting
			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)		25% (Q2 Projection) 28.9% (Q1 Position)	Length of stay remains stable at 25% which accounts for a percentage annual change of 3% in the percentage of adult inpatient discharges over 60 days. The national average is currently 23%
			Q1 2025/26 3.3 NOF Score	Provider value	
	Urgent community response 2-hour performance	1.93 Ranking (12/25)		92% (Q2 Projection) 87% (Q1 Position)	Across the Trust, 92% 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	Latest Performance	Narrative
Patient Safety	NHS Staff Survey – raising concerns sub-score	3.10 Ranking (31/48)		6.61 [yearly submission]	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		
	Percentage of patients in crisis to receive face-to-face contact within 24 hours	2.07 Ranking (17/46)		78.4% (Q2 Projection) 63.3% (Q1 Position)	We identified data was missing from some crisis teams due to variation in team classifications. We have now updated the metric to include all crisis and assessment teams and this correction has improved out performance to 78.4% in September
		Q1 2025/26 2.07 NOF Score	Provider value		
People and Workforce	Sickness absence	2.75 Ranking (120/205)	Annual sickness rolling absence rate 	5.29% [Q2 Projection] 5.59% (Q1 Position)	As of September 2025, the annual rolling sickness absence rate has dropped from 5.33% to 5.29%. A targeted sickness absence management plan is underway involving People & Culture leads who are holding segmented deep dives and directorate-level interventions
		Q1 2025/26 2.75 NOF Score	Provider value		
	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). This year's campaign theme is "Let's Talk About What Matters" creating a space for honest conversations to boost engagement
		Q1 2025/26 2.7 NOF Score	Provider value		

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

	Measure	NOF Score	Performance	Latest Performance	Narrative
Finance and Productivity	Planned surplus/deficit (not scored metric)	1.00 Ranking (19/205)		£100k [surplus]	Trust is on plan. The Trust is currently reporting a surplus position of £100k which is in line with the 2025/26 financial plan. This is £200k variance to the deficit plan
		Q1 2025/261NOF ScoreProvider value			
	Relative difference in costs score	1.00 Ranking (22/70)		94.7% (23-24 Score)	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
4 December 2025

Title	People & Culture Committee (P&CC) 16 October and 14 November 2025 – Committee Chair's Assurance Report
Committee Chair	Deborah Wheeler, Vice-Chair (Bedfordshire & London) and chair of the meeting
Author	Cathy Lilley, 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) meetings held on 16 October and 14 November 2025.

Key messages

4 November 2025

At its meeting on 4 November 2025, the committee reviewed key workforce improvement initiatives across the medical workforce as well as assurance of progress in areas such as staff engagement and agency usage while also highlighting the need for continued focus on productivity, staff wellbeing, people-related lessons learned processes and job planning. Members recognised the benefits of a meeting agenda which focuses on all aspects of one workforce going forwards.

Emerging Issues and Challenges

- The committee noted the further period of industrial action by resident doctors planned to run from 14-19 November and the potential for foundation year one doctor's action. Contingency plans and mitigations are in place across several workforce groups to maintain patient safety and service delivery, and assurance was provided of continuing constructive relations between the Trust and the BMA (British Medical Association).
- An update on the response rate for the 2025 staff survey highlighted a significant increase at the midpoint in comparison to last year and the work to encourage improved uptake in areas of below average engagement.
- The committee noted the conclusion of the process to hand over Leighton Road Surgery to the partners and new providers, emphasising the importance of undertaking a robust people-related lessons learned process to be brought back to committee in March 2026.

Professional Groups Deep Dive: Medical Workforce

The deep dive on the medical workforce highlighted the significant achievements of a five-year plan in 2020 focusing on targeted recruitment, development of a sustainable pipeline and improved support for the specialist and speciality (SAS) workforce. Key points included:

- Workforce development: active recruitment campaigns have reduced medical vacancies from 50% in 2020 to 4.8% in 2025 significantly decreasing medical agency spend. Collaborative work with people & culture and external education partners has expanded the pipeline for doctors including recruitment of trainee doctors into substantive posts and development of an advanced fellowship programme for overseas graduate doctors.
- SAS doctors: The Trust is fully involved with NHS England (NHSE) initiatives to improve job planning, supporting broader demand and capacity work to positively impact on working conditions for SAS doctors. Internal targets aim for 100% of SAS job plans to be signed off by March 2026. The SAS advocate role continues to provide wellbeing support for doctors.
- Equality, Diversity & Inclusion (EDI): Medical workforce race equality standards (MRES) data shows ELFT performs well against all indicators in comparison to London peers; however, further work is planned to enhance opportunities and support inclusion.
- Professional development: Robust support exists for professional development and clinical leadership including multi-professional approved clinicians, advanced clinical practitioners and programmes supporting career progression.
- Improving resident doctor's working lives: The NHS 10-point plan aligns with Trust initiatives supporting wellbeing; an internal plan is being co-produced with doctors based on GMC survey intelligence which was also presented to the committee.

- Challenges and ongoing work: Implementation of new technology initiatives including electronic rostering and learning systems, is ongoing to ensure full engagement by medical managers; opportunities remain to improve productivity through job planning and national mental health initiatives.
- The committee noted substantial progress in reducing medical vacancies and agency reliance noting the strong ownership of the medical workforce improvement plan across directorates. It welcomed enhanced feedback mechanisms for doctors, supported ongoing professional development and emphasised the importance of digital capability and face-to-face engagement. The committee also encouraged using the NHS 10-point plan to inform broader workforce improvements and supported continued face-to-face engagement with resident doctors and consultants during executive and non-executive walkarounds.

Staff Networks: Men's Network

- The men's network aims to provide a safe, empathetic and supportive space for staff to discuss workplace experiences, men's health and parental or carer responsibilities. While still in its early stages with senior staff forming most of the membership, there is a clear plan to raise visibility and engagement, particularly ward-based and lower banded male staff.
- Key achievements and priorities include growth in membership and establishment of an inclusive, supportive environment; plans to support men's health initiatives, including screening and testing, and engagement in a Trust-wide QI project on just culture and disciplinary processes.
- The committee acknowledged the infancy of the network and welcomed the focus on mental health, parental and carer responsibilities and inclusivity. It noted challenges in engaging staff where other networks are more established, supported cross-organisational learning and encouraged efforts to increase participation among more junior staff. The committee also recognised opportunities to link network initiatives with national health priorities and ongoing Trust work to improve staff wellbeing.

Guardian of Safe Working (GoSW) Q2

- The committee considered the data in the GoSW report for Q2 and was assured there were no major concerns.
- The benefit of considering exception reporting alongside the 10-point plan was recognised as a valid indicator of the support and appropriate management of resident doctors.
- The committee requested an indication in future reports of the correlation between issues raised at the resident doctor's forum and the exception reports.

Annual Validation Reports

Doctors

- The committee received assurance that the Trust remains compliant with professional standards through the submission of the Annual Organisational Audit (AOA) and the completion of all actions from the 2024 higher-level responsible officer quality review. A previous issue with trust-employed GP appraisals caused by software-related delays has been addressed with no evidence of disproportionate impact on any staff group. The GP appraisal system is robust, supports continuous professional development and will continue to operate effectively under the Trust's rolling appraisal process. Processes to support disabled staff apply equally to doctors and reporting for Physicians Associates to the GMC has also been established.

Nurses

- The committee received assurance on NMC registration and revalidation compliance which remains high at 96.3% and 98.6% respectively. Lapsed registrations are predominantly among bank and specialist staff with prompt management in place to mitigate any impact on patient safety. Targeted governance and oversight continue for areas with higher lapses including support for staff returning from career breaks, maternity leave or long-term sick leave. While maintaining registration is an individual responsibility, the Trust and NMC provide regular reminders and supervision to support compliance. Work is ongoing to understand any economic factors affecting staff ability to maintain registration and diversity data will be considered in relation to lapses.

Board Assurance Framework (BAF) Risk 5: Staff Experience

If matters related to staff experience, such as the recruitment and retention of individuals with the appropriate skills, are not effectively planned for and resolved, it will negatively affect staff retention, motivation, engagement and satisfaction.

- The committee received assurance that the staff experience improvement plan workstreams are in place and projects to support targeted interventions in all areas of workforce related issues are under way. Significant progress has already been made in reducing agency usage and reliance on temporary staff, positively impacting the over-establishment numbers.
- While welcoming these improvements, the committee requested a close monitoring of the impact of reductions in temporary staff on staff experience.
- The ongoing work to reshape the BAF will support a more dynamic capturing of risks as they change as well as reflecting locality-driven staff experience to focus actions at both Trust and local levels.
- The committee agreed the recommendation that the risk score remains at 12 High, noting that appropriate controls are in place and operating effectively

Committee Effectiveness Review: A committee effectiveness review was undertaken as part of the overarching review of all ELFT committees.

16 October 2025

At its meeting on 16 October 2025, the committee reviewed and was satisfied that the Trust meets the NHS England Provider Capability Assessment (PCA) criteria for the People & Culture domain, demonstrating mature governance, effective oversight, and a strong culture of staff engagement. Evidence shows that staff feedback actively informs quality improvement, staff skills and capacity are supported through structured development programmes and Freedom to Speak Up (FTSU) mechanisms operate effectively with Board and Executive oversight. Opportunities for strengthening have been identified to enhance transparency, inclusivity and strategic oversight with actions in place to address these. Key points included:

- **Staff Feedback and Impact on Quality of Care:** The Trust has a mature framework for capturing, analysing and acting on staff insights which directly inform over 150 active quality improvement projects Trust-wide and contribute to continuous improvement in patient care. Staff networks and diversity forums ensure a broad range of perspectives are reflected in learning, policy and practice. Opportunities for enhancement include improving communication of outcomes from staff concerns to reinforce confidence in speaking up, increasing automation and broadening feedback channels, enhancing analytics for real-time insight and promoting inclusive engagement of under-represented groups.
- **Staff Skills, Capacity and Freedom to Speak Up (FTSU):** Staff capability is supported through robust governance of training compliance, appraisal systems aligned to development, structured leadership pathways and succession planning. Areas for improvement include reducing variation in mandatory training compliance and strengthening workforce planning and leadership resilience. FTSU arrangements provide a safe, confidential, and accessible environment for raising concerns, supported by strong executive and Board oversight, thematic analysis, and growing engagement from under-represented groups. Opportunities for further strengthening include improving visibility of concern outcomes, integrating data for strategic oversight, standardising managerial responses, and reinforcing leadership support in serious or complex cases. Actions requested included clarify the move to a rolling appraisal programme, strengthen leadership and service user involvement in complex issues, and include assurance on digital and AI literacy development plans aligned with other domains.

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

People Board Report

4 December 2025

REPORT TO TRUST BOARD, 4 DECEMBER 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 slightly 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 seen a decrease in the use of around 102 agency staff in the last year
- Staff survey response rates have increase significantly from last year to 46%

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 with resident doctors from Trust contractors
- Seasonal increase in sickness absence rates

Strategic priorities this paper supports (please check box including brief statement)

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

Committees/meetings where this item has been considered

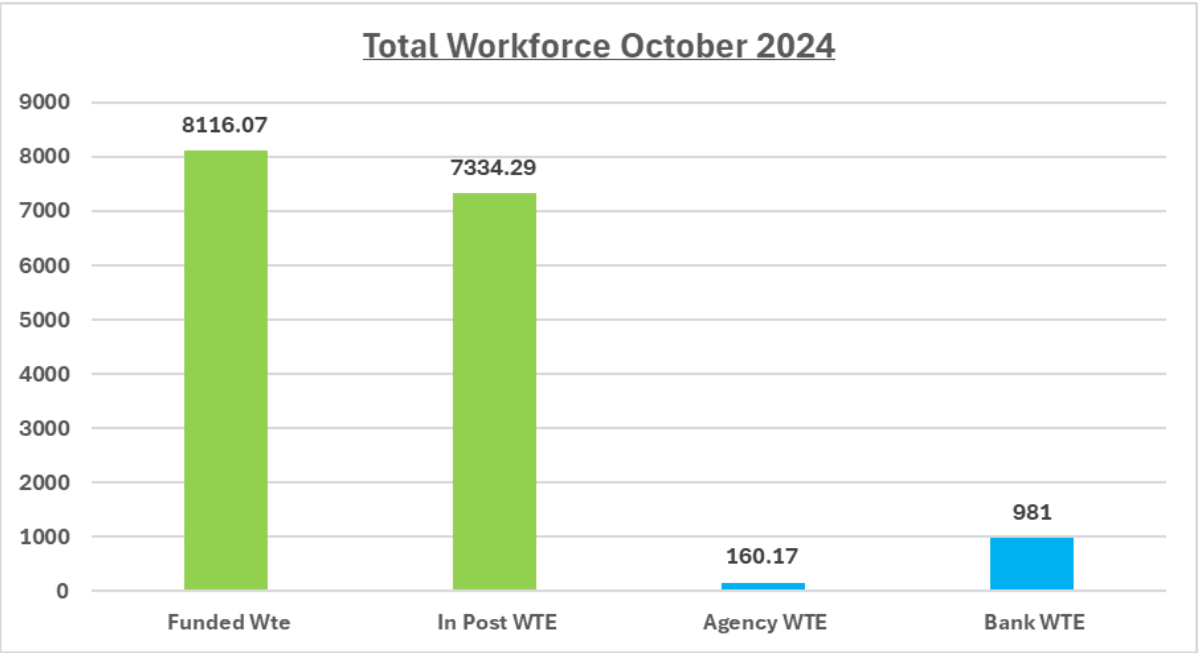
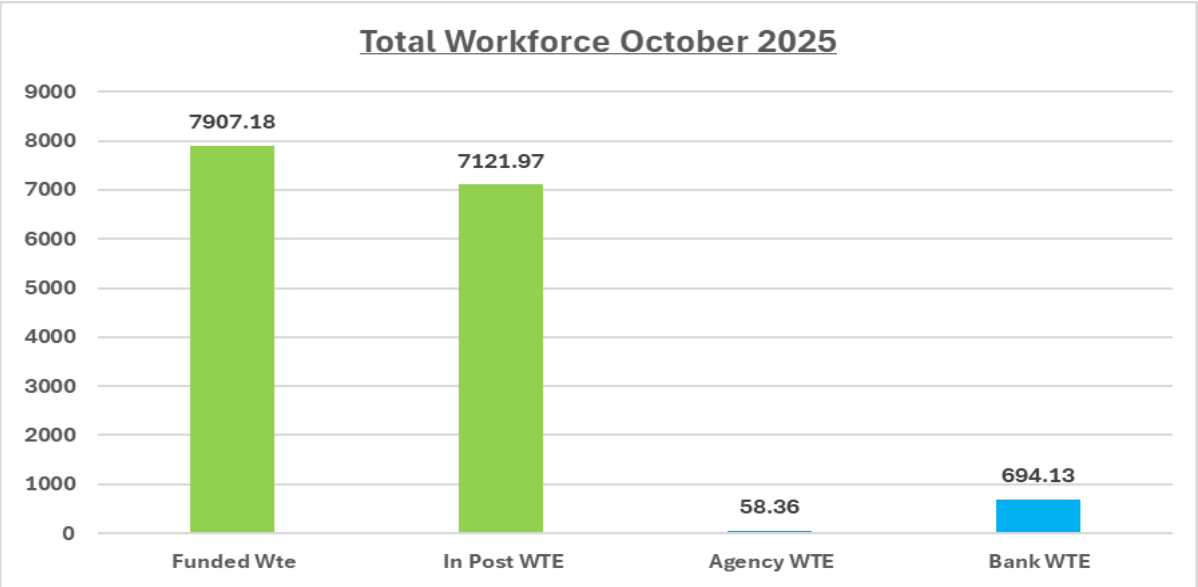
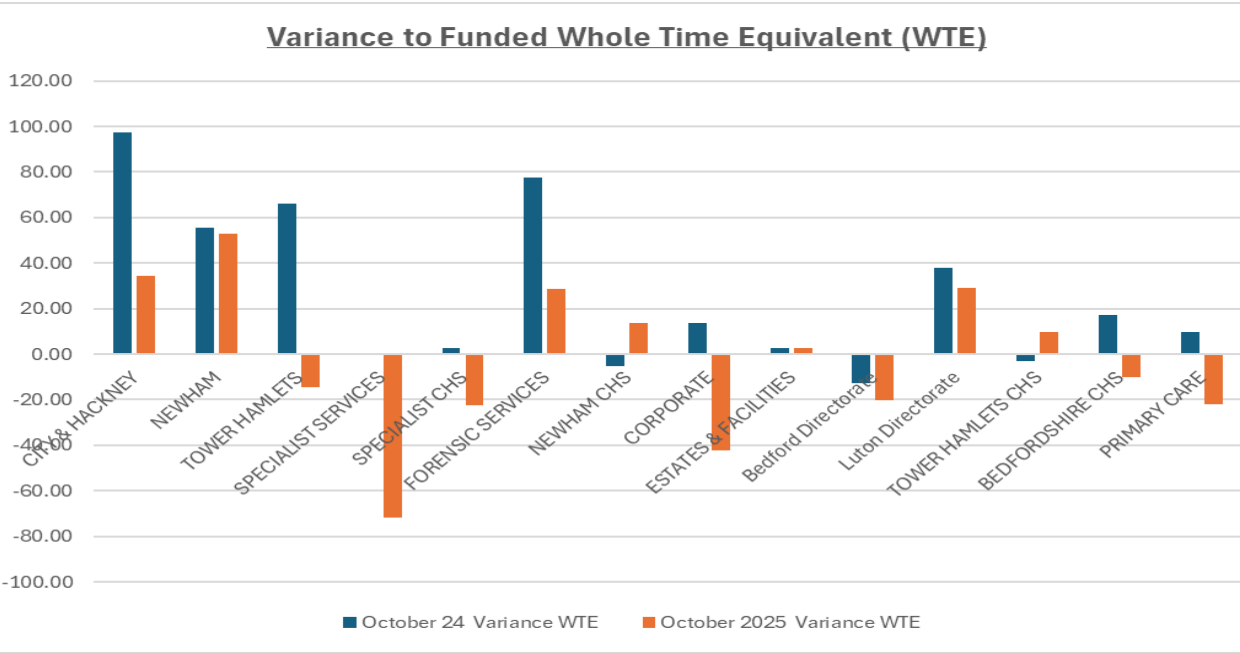
Date	Committee and assurance coverage	
Various	N/A.	

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.

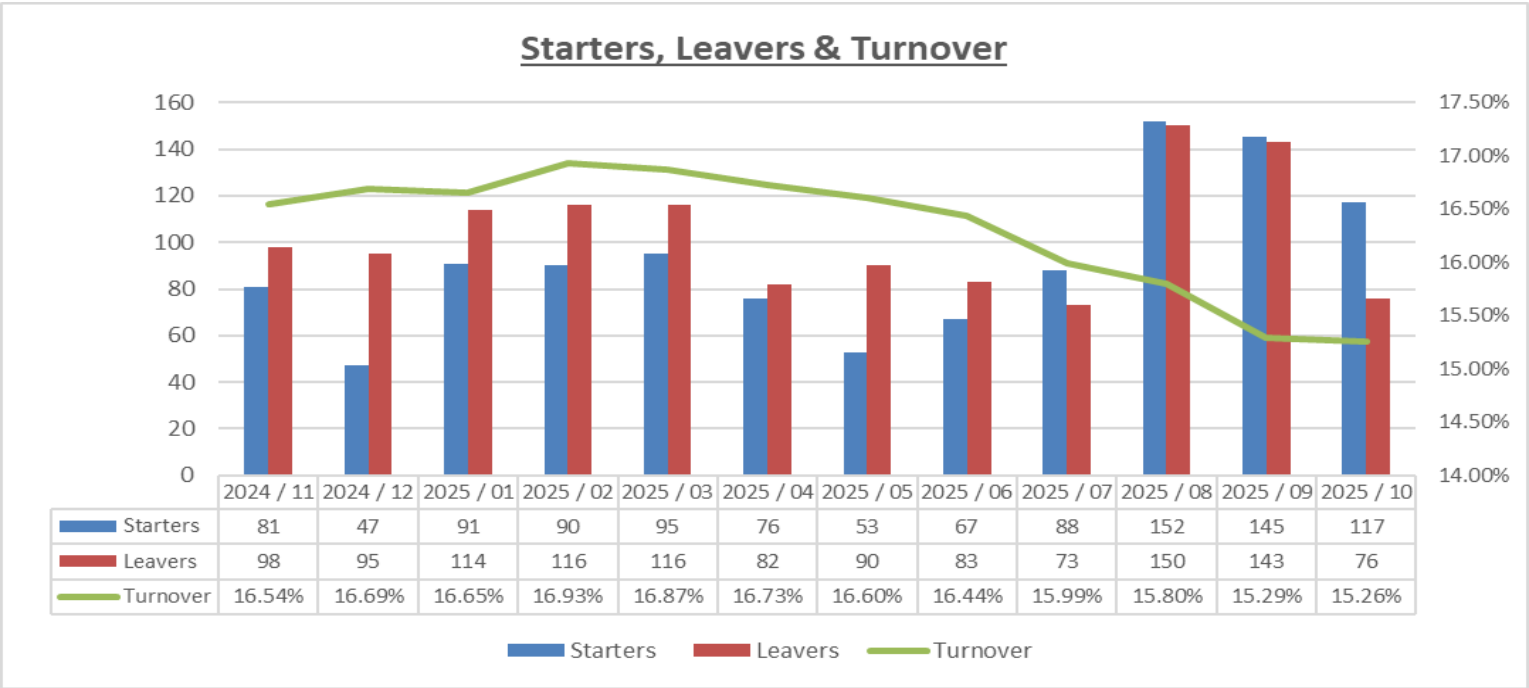
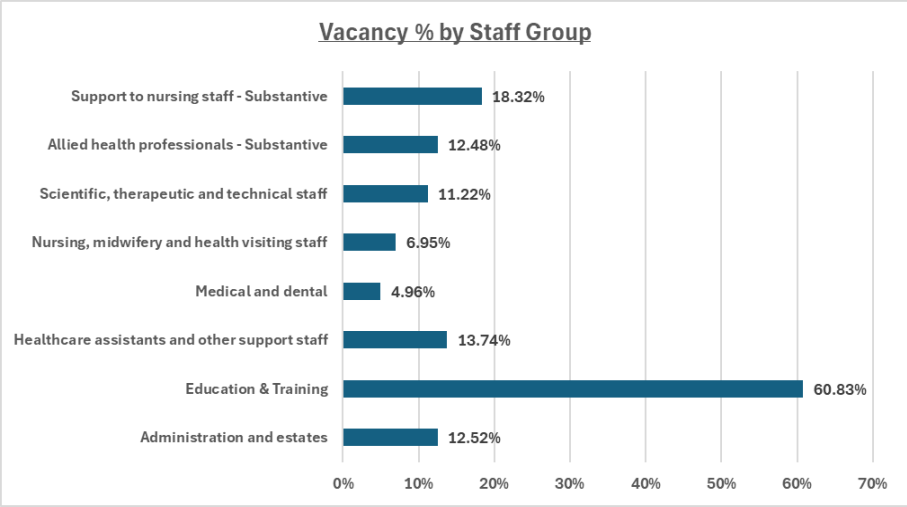
WORKFORCE PROFILE

- 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 102 posts compared to the same time last year. This supports the Trusts efforts to have a 'bank first' approach. Use of bank staff has also decreased by 23.35%
- Funded establishment reduced year on year by 209 whole time equivalents (WTE). A year on year improvement from 359 over establishment last year compared to 32 WTE under budgeted establishment at the same time this year. The reduction 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.



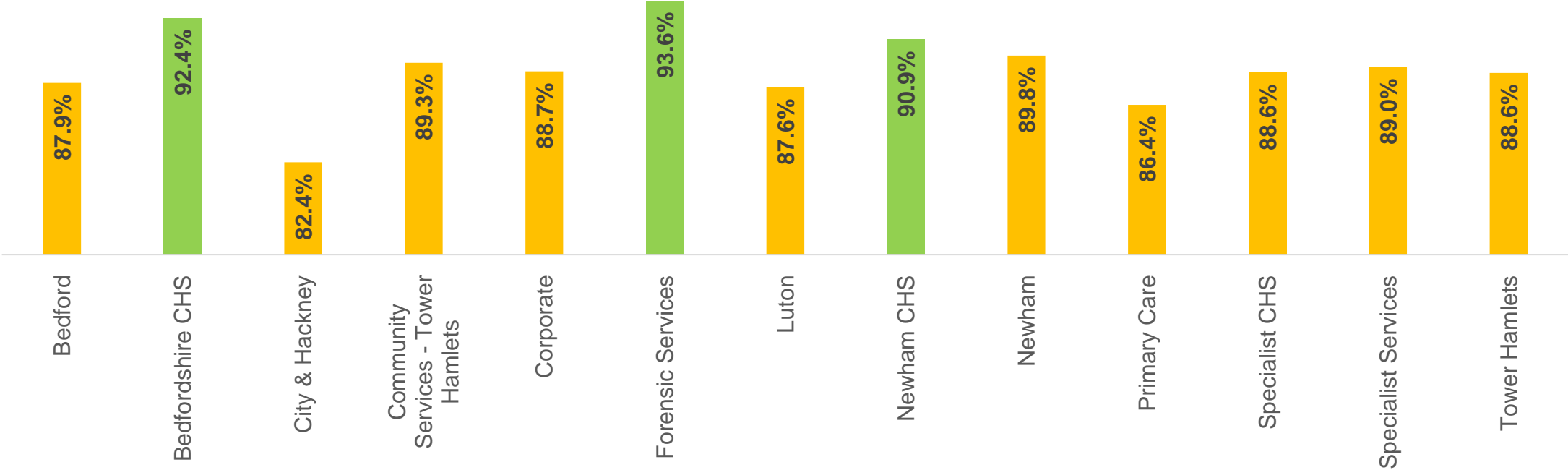
KEY PERFORMANCE INDICATORS

- The Trust average vacancy rate has reduced to 9.9% down from 13.3%. This equates to 850 WTE. There has been a reduction in the number of new joiners and leavers which is a usual trend for this time of year.
- Turnover is steadily reducing. While this is a positive sign that staff are not leaving the Trust it must be balanced against the current climate where fewer roles are available externally.
- The vacancy rate for Support to Nursing staff roles continues to reduce from 34% in May down to 18.32% in October. Education and training vacancy rates are high reflecting a change over in apprenticeships over the summer period but are now starting to reduce.



KEY PERFORMANCE INDICATORS

Compliance by Directorate 31st October 2025



Statutory and Mandatory Training

Statutory and mandatory training compliance has continued to follow a generally positive trajectory, with an overall compliance rate for October 2025 stands at 88.8%.

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 (MLOG) 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. The first session is set to take place in November 2025.

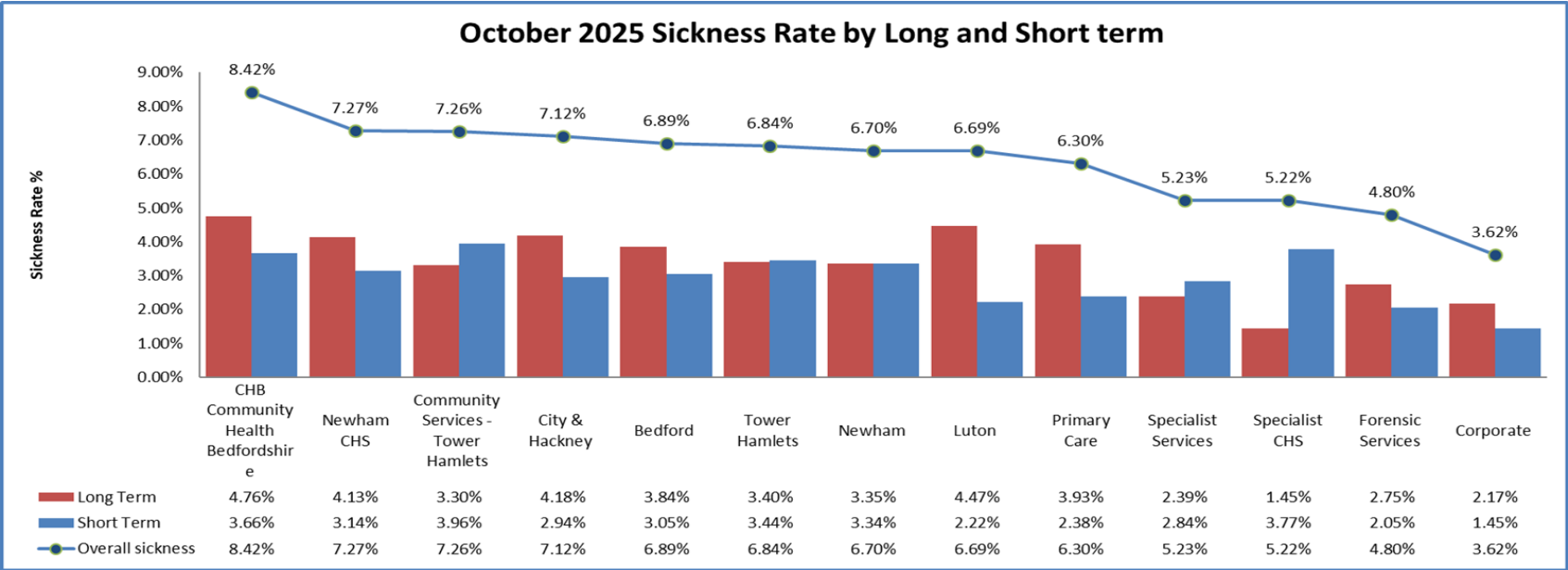
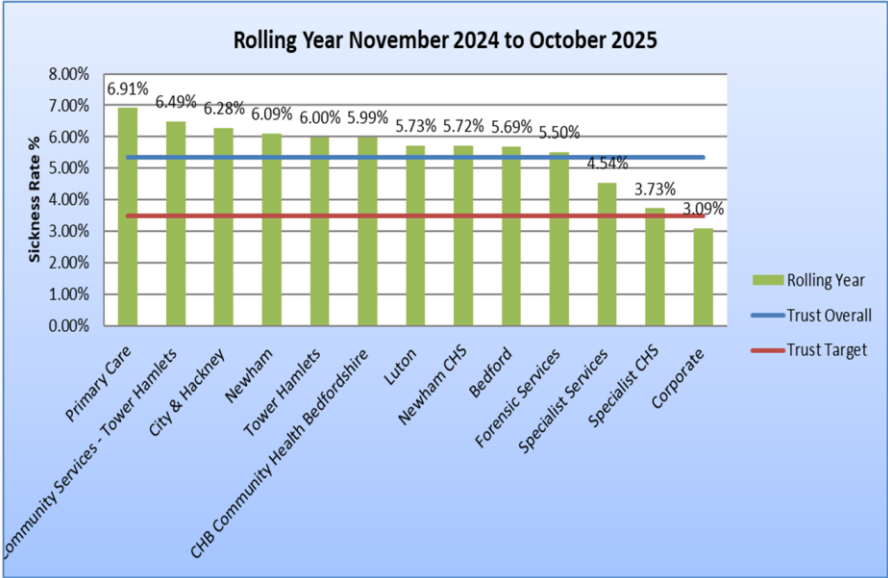
Safety Intervention Training will be centralised from 2026 enabling staff to be allocated onto the relevant sessions in line with their expiry date. This will prevent duplicate bookings, ensure staff complete training before expiry, and reduce unnecessary bookings to the full 5-day sessions. This approach protects capacity for new starters who require initial training and supports a streamlined approach

KEY PERFORMANCE INDICATORS

Trust-wide sickness has increased slightly from 5.33% to 5.35% in October against a target of 3.5%. A seasonal increase is expected at this time of year. Most directorates are currently above the Trust target.

Overall, six directorates have lower sickness rates than in February 2025. Forensics sickness absence has reduced by almost 50% in the last 12 months from 7.04% in October 24 to 3.73% in October 2025. Corporate is the only directorate with sickness rate below the target.

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.



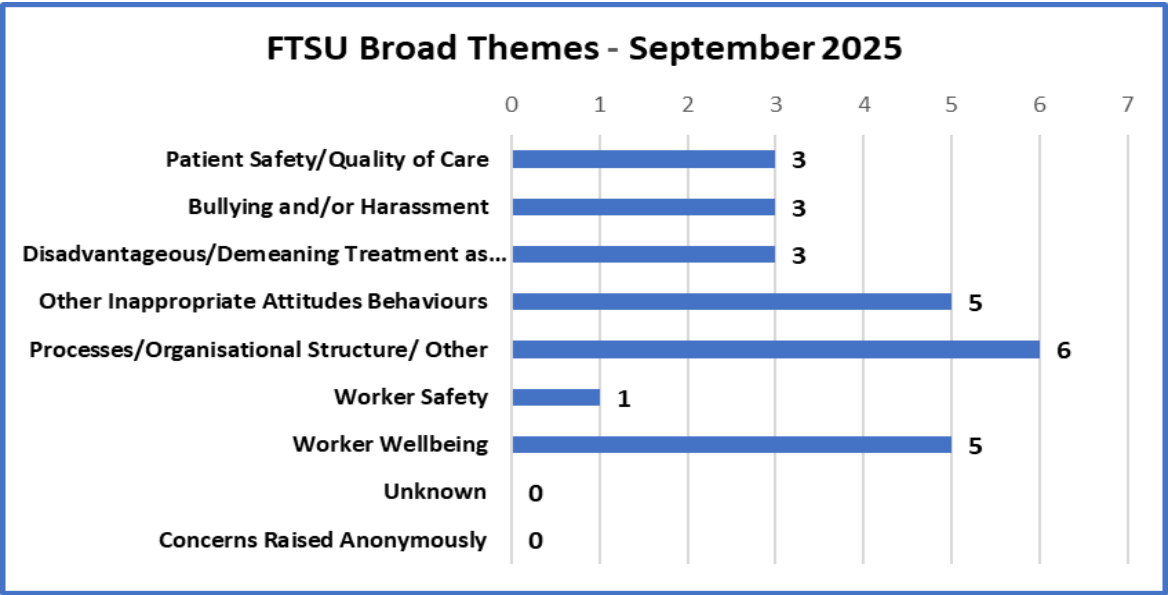
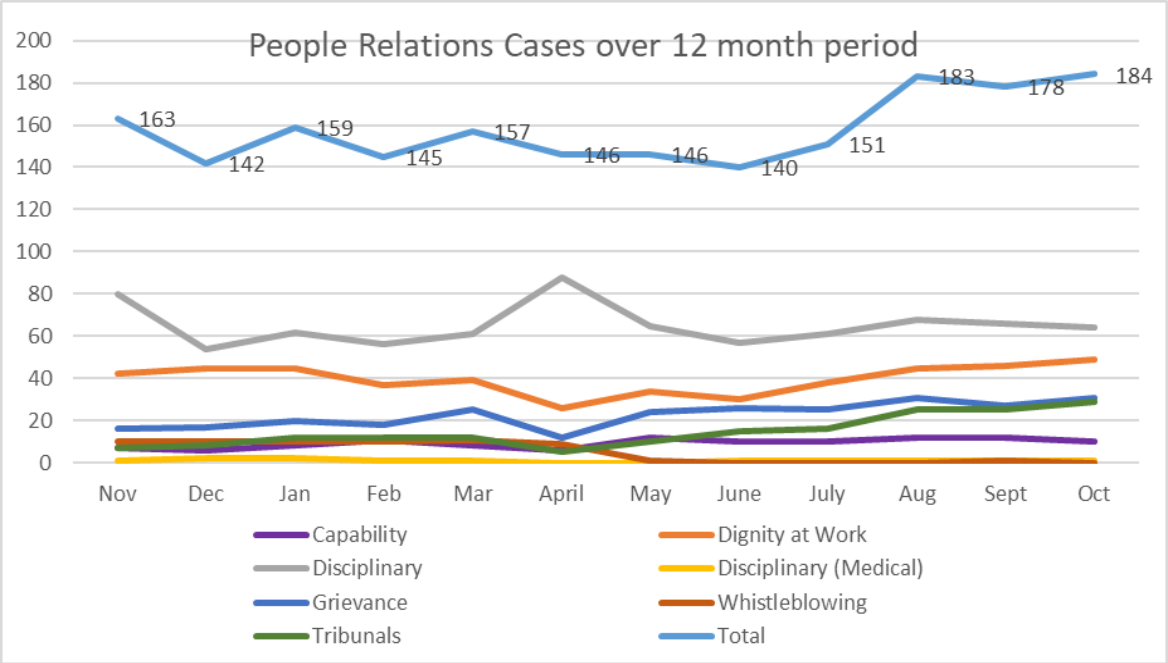
KEY PERFORMANCE INDICATORS

The level of employee relations (ER) cases remains high and is increasing with 184 live ER cases (inc. ET's). The number of disciplinary cases is remaining relatively stable but the number of Dignity at work complaints are increasing but have not exceeded the average for the last 12 months. Newham Mental Health have the most Disciplinary cases (11) and Bedford Mental Health have the most Grievance and Dignity at work cases (15). Over the last 3 months the most common reason for opening a disciplinary case was fraud, followed by inappropriate behaviour. There are no clear themes relating to dignity at work and grievances but 7 of the 24 new cases in the last 3 months relate to discrimination or victimisation.

12 FTSU cases were raised in October 2025, with one closed to date. FTSU Process and Timeline Guidance for staff and managers shared Trust wide.

FTSU cases reveal persistent concerns about psychological safety, with staff fearing retaliation and lacking safe spaces to raise issues. Cultural challenges are evident in specific teams, where systemic problems undermine trust and collaboration. Equality, diversity, and inclusion gaps persist, particularly in communication during sensitive events, contributing to perceptions of inequity. Additionally, unresolved historical concerns continue to resurface, reinforcing doubts about the organisation's ability to learn and act on past feedback.

Concerns were acknowledged promptly and escalated to senior leaders and specialist teams for exploration and investigation. Immediate steps addressed patient safety risks through audits and safeguarding reviews, while cultural and behavioural issues prompted OD support and leadership engagement. Staff received confidential support, guidance on grievance processes, and wellbeing resources. Outcomes to date include strengthened oversight of restrictive practices, referrals to external authorities for fraud, and commitments to improve transparency, policy compliance, and training on equality and trauma-informed care. Several cases remain open, but actions demonstrate progress toward accountability and cultural change.

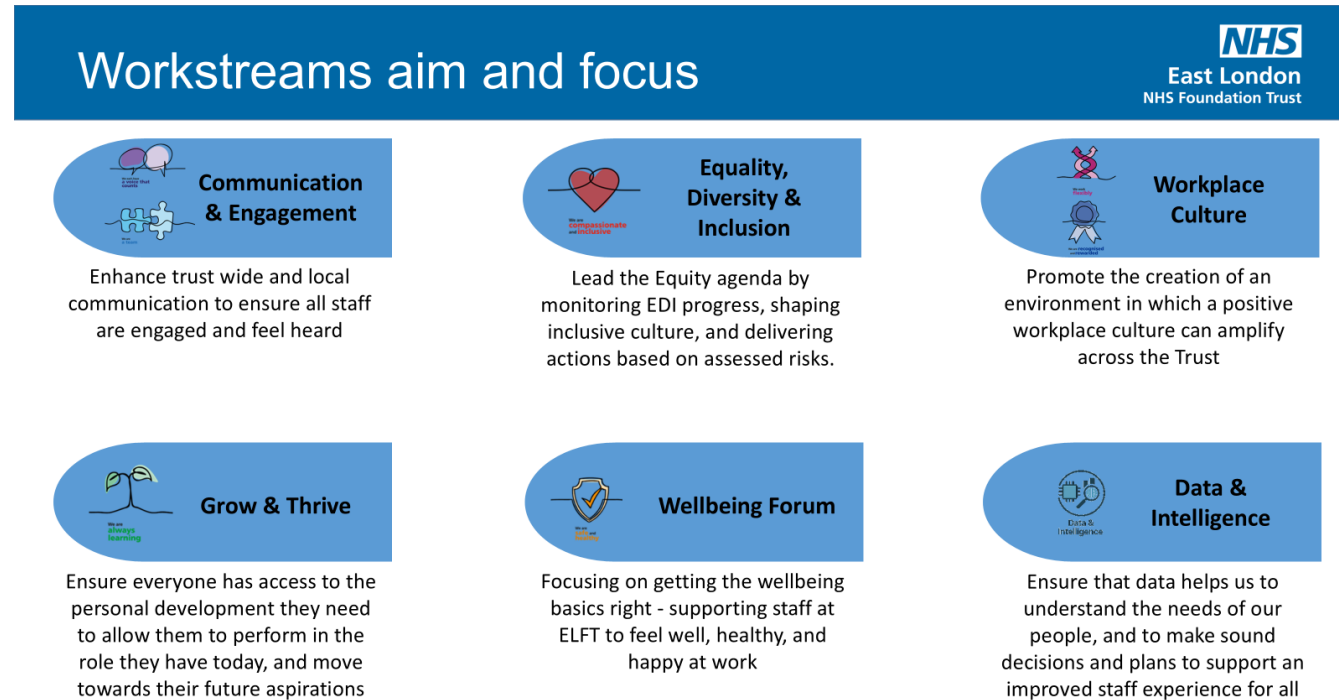


STAFF EXPERIENCE PROGRAMME UPDATE

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 November 2025

- 20 individual projects have been highlighted across the six workstreams. These range from project ideas that require scooping, to ongoing projects and working groups.
- Launch meetings are being held with the Executive Leads to shape the work programme and approach for each workstream
- Each of the existing project leads are being met to discuss connecting their work into the programme, understanding their measures and timelines and the new governance requirements
- The People Plan Delivery Board met in October with its new purpose of being the space that manages the programme and receives assurance of progress from each workstream.
- Staff survey 2025 closed on the 28th November. The response rate had reached 46% which is a 13% increase from the 2024. The increased focus across the trust and the communication plan have had led to the significant improvement in the response rates. The draft results will be provided to the trust in Q1 but these will be embargoed from communication till some time in March.
- Flu vaccinations have been available for Staff from 1st October till 31st March 2026. A target of increasing uptake by 5% from last year has been set nationally. To ensure maximum uptake as early as possible the Trust will launch a campaign that aims to ensure accessible and convenient vaccinations are available to staff. The latest uptake is 27.3% which is an improvement on the same time last year.



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 14 November until 19 November 2025. Robust contingency plans ensured minimal disruption to services.

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 took place from 17th November for two weeks. 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.

Sickness Absence Deep Dive (August 2023 – August 2025)

Shefa Begom - People and Culture
Wendy Johnson – People and Culture
November 2025

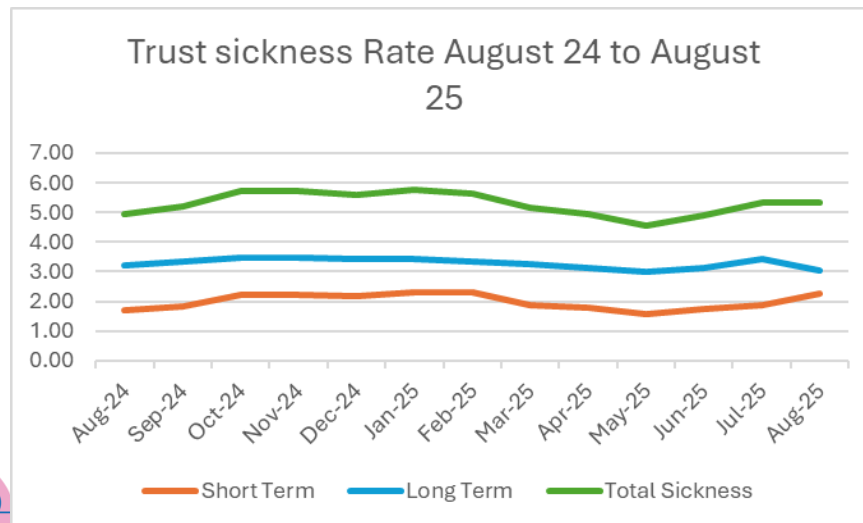
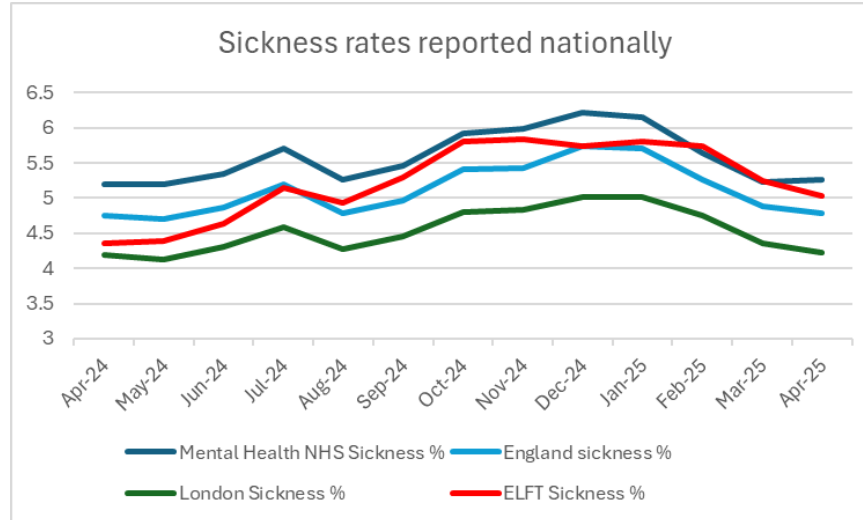


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- This is a review of sickness absence rates within the Trust to identify trends and the impact that the Directorate led sickness deep-dives are having on overall sickness absence.
- As part of GFGT, directorates have been required to conduct sickness absence deep dives every 4–6 weeks, focusing on case management and trend analysis to enable proactive strategies for reducing absence.
- Given seasonal fluctuations, this report compares data from August 2024 to August 2025 and examines the preceding 12 months. Data sources include ESR sickness records, Occupational Health, and the Staff Survey.
- The deep dive approach was introduced in January 2025 to strengthen active management and oversight of sickness absence within directorates.



Key Findings: Sickness Rates August 2024 to August 2025



National and Trust-Level Trends

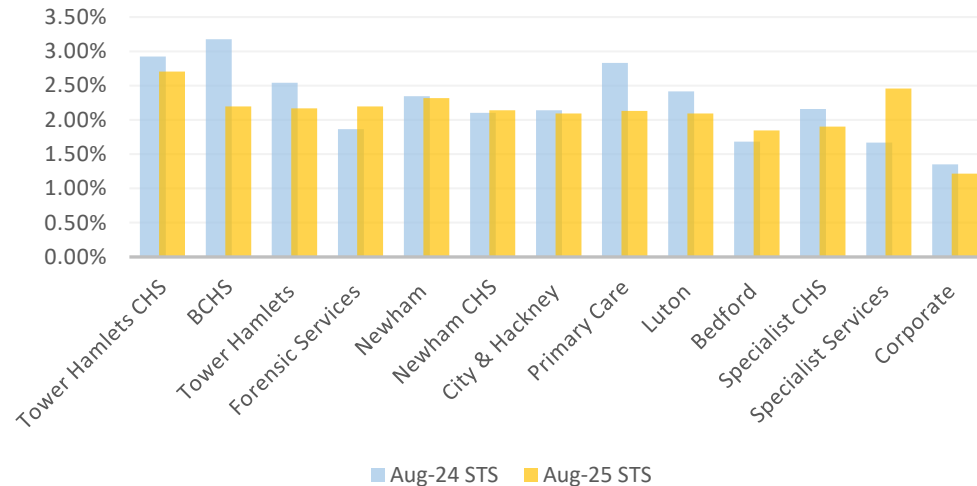
Sickness absence across NHS organisations has shown a sustained upward trend since April 2023, with rates remaining higher than pre-pandemic levels.

Nationally, sickness rates vary by sector and region: Mental Health providers report higher absence levels, while London generally records lower rates. However, all sectors and regions exceed the Trust's target of 3.5%.

At ELFT, sickness absence has remained broadly stable over the past 12 months, despite the national upward trajectory.

Key Findings: Sickness Absence

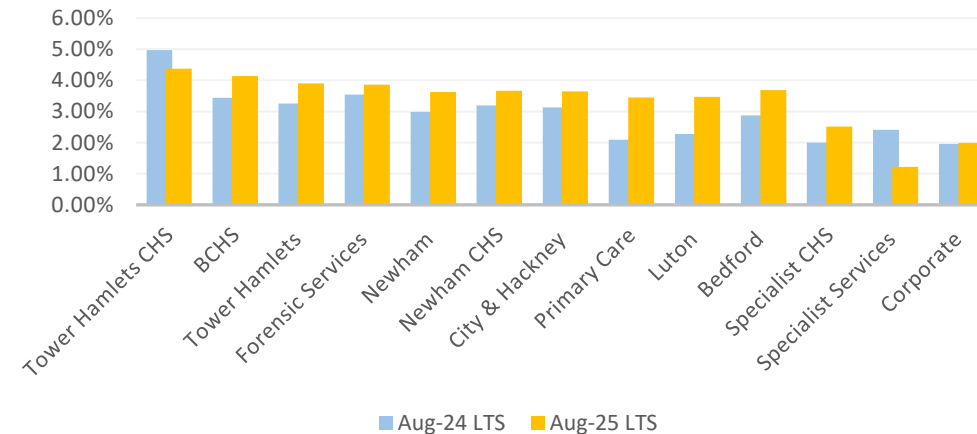
Short Term Absence by Locality August 24 and 25



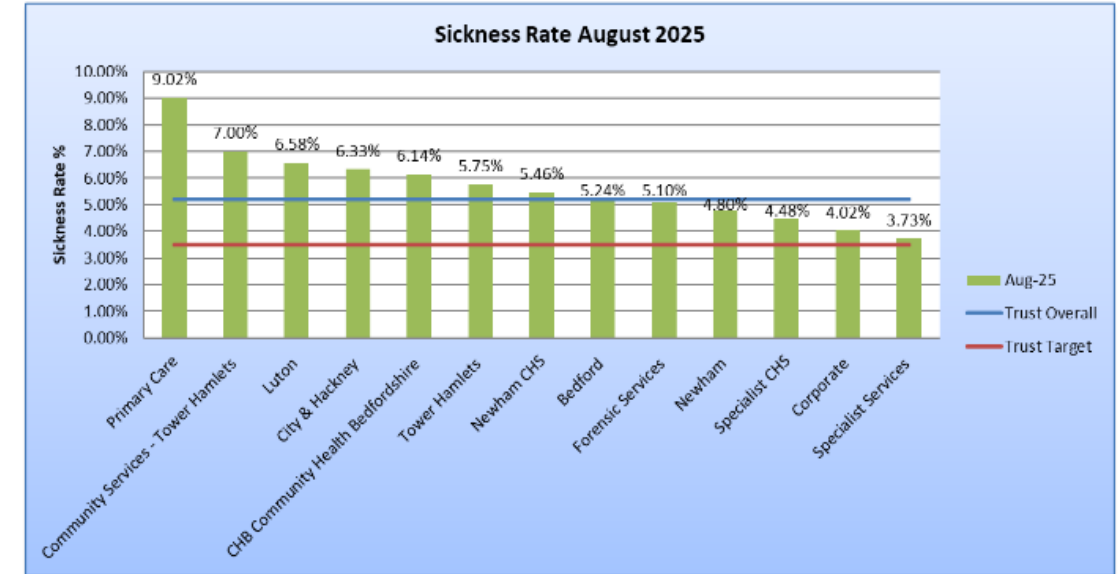
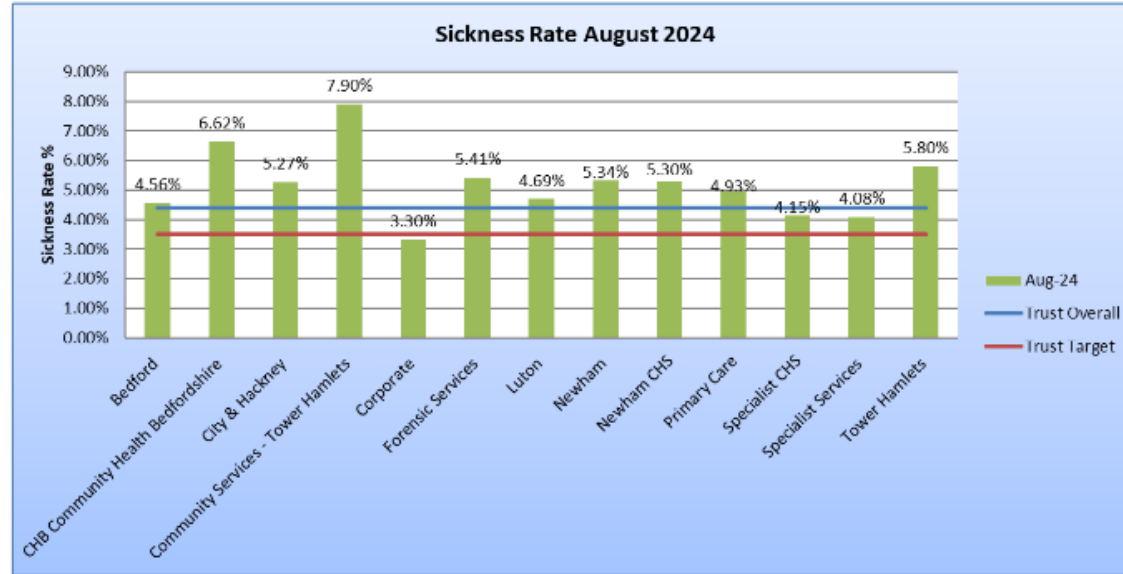
Over the last 12 months:

- Short-Term Sickness (STS) has reduced in 8 directorates and increased in 3 directorates
- Long-Term Sickness (LTS) has reduced in 2 directorates and increased in 10 directorates.

Long Term Absence by Locality August 24 and 25

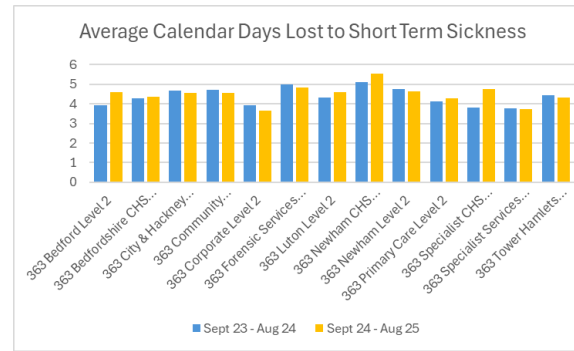
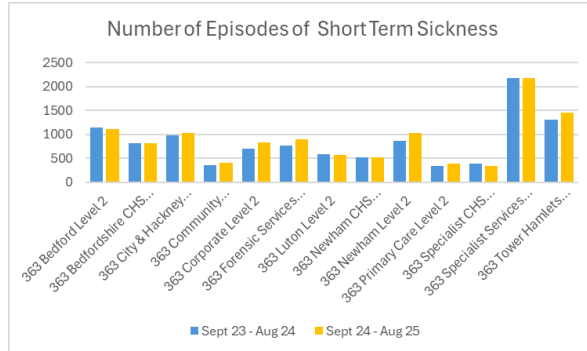


Key Findings: Sickness Absence

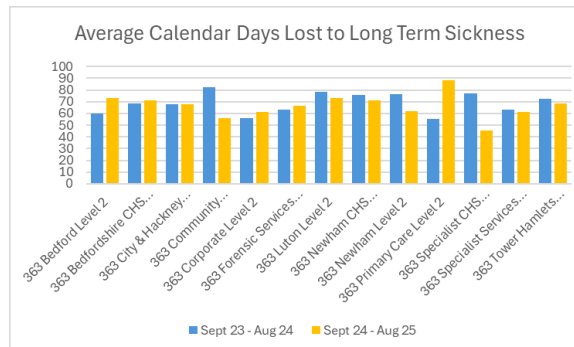
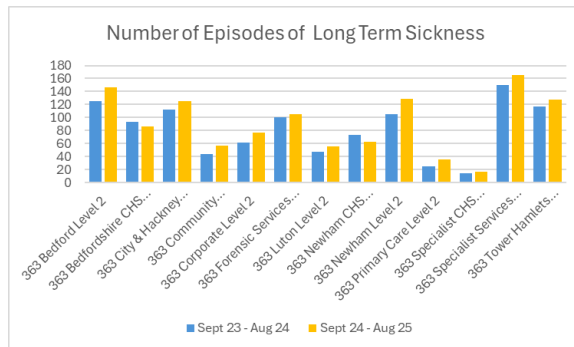


- In 2024, Corporate was the only directorate with less than 4%.
- In August 2025, Specialist Services is 3.73% with Corporate at 4.02%.
- The Trust average has increased from 4.38% to 5.22% over the two years.
- Primary Care has the highest sickness in August 25. May be due to low WTE and lots of change management uncertainty
- BCBS; London CHS; Luton, City & Hackney and Tower Hamlets are all above Trust average August 25

Key Findings: Episodes v Length of Absence

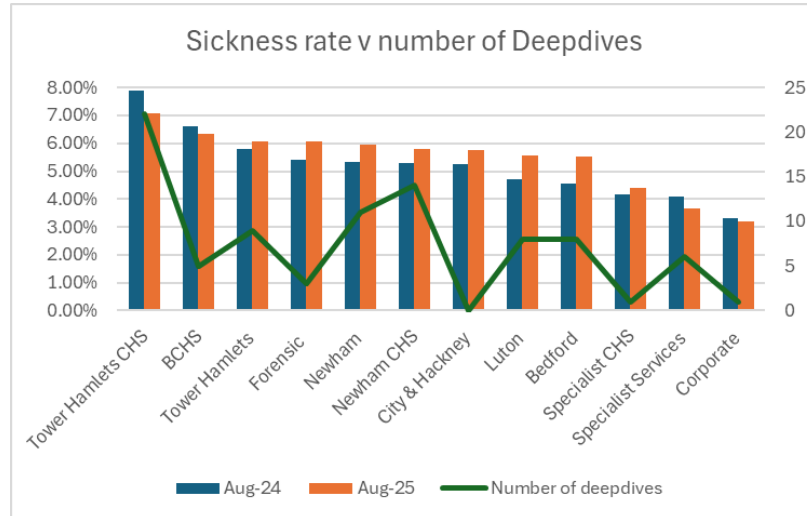


Short-Term Sickness (STS) rate has increased but there has been limited change to the number of episodes reported but a fluctuation by directorate of the average number of days lost.



Long-Term Sickness (LTS) rate has gone up in most directorates with more episodes being reported, the average number of calendar days lost has reduced slightly indicating we are supporting staff to return to work sooner

Key Findings: Deep-dives



Tower Hamlets CHS have had the most deepdives since January and has seen sickness fall by 0.9% since August 2024

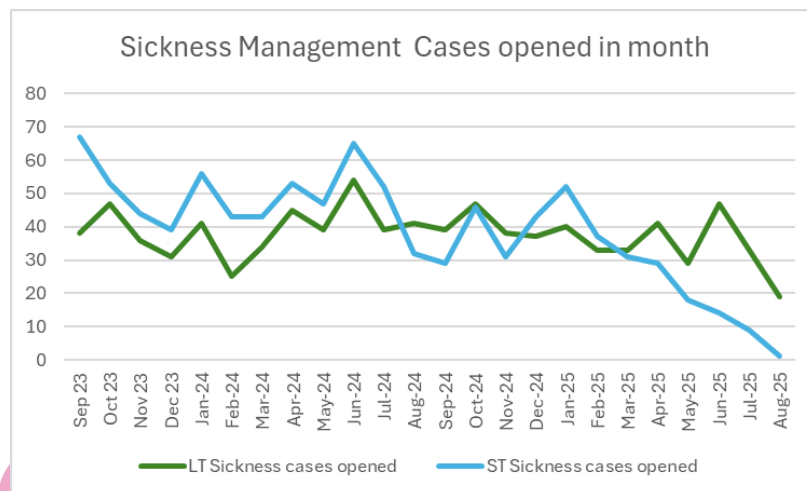
City & Hackney have not recorded any deepdives as of July 25 and in this period their sickness has risen by 0.47%

There is no consistent correlation between number of deepdives and a change in sickness absence with Newham and Newham CHS have both undertaken a high number of deepdives and their sickness absence has also increased.

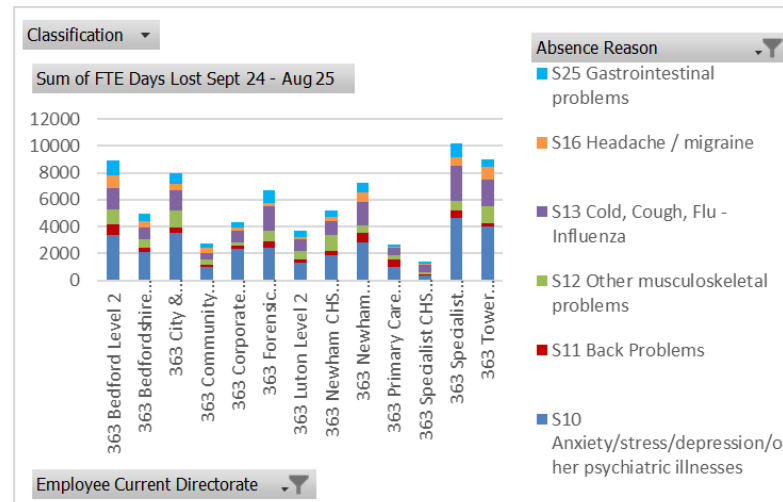
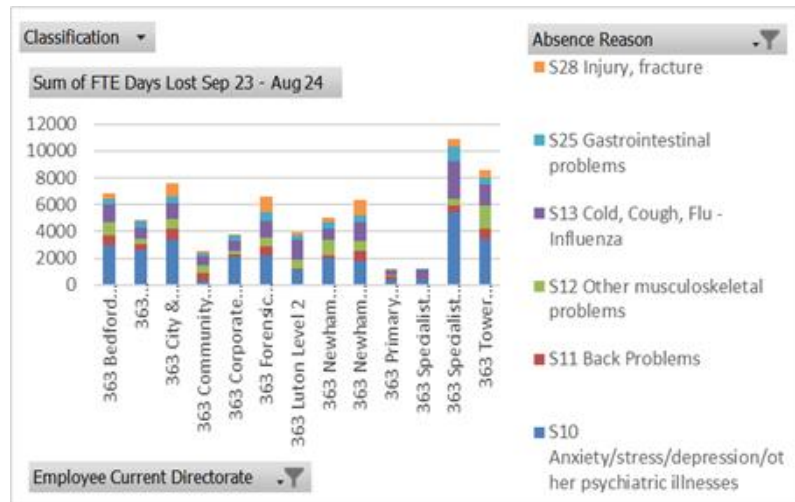
The cases opened by month fluctuate with no clear trend following deepdives. The reporting of short term sickness changed in September 2024 to only record cases being actively managed not those that triggered.

New OH referrals increased in March 2025 to 227 which is expected with the increased focus on sickness absence. New referrals remained at 200 per month from May to July 2025.

On average at ELFT there are 41 working days between first day of absence and referral. This is the highest across Optima's other similar organisations which vary between 25 and 41 days.



Key Findings: Reasons for Sickness Absence

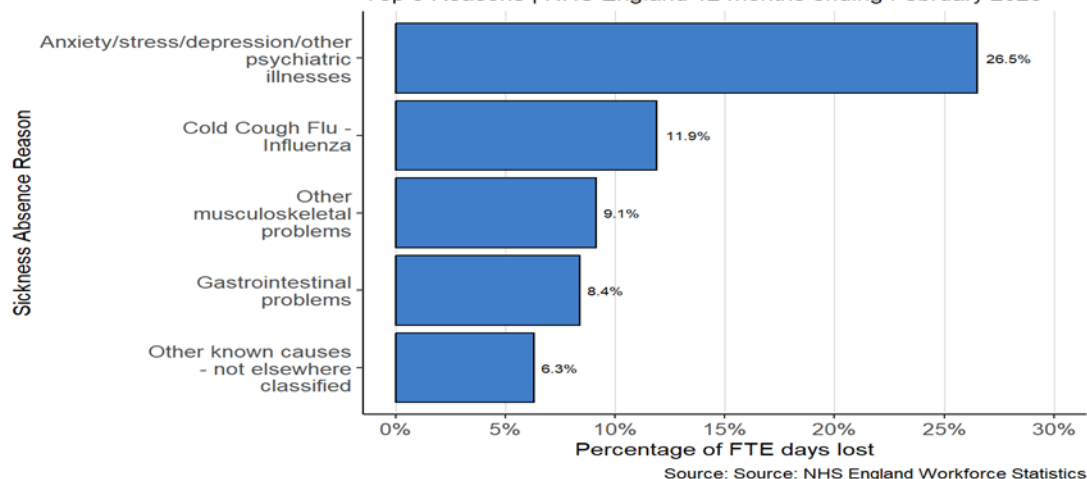


There is limited change in the reasons for sickness absence over the last 2 years. This data excludes the top reason of 'other'. Stress/Anxiety remains the top reason (26%). There has been a decrease in days lost due to injury and an increase in headaches.

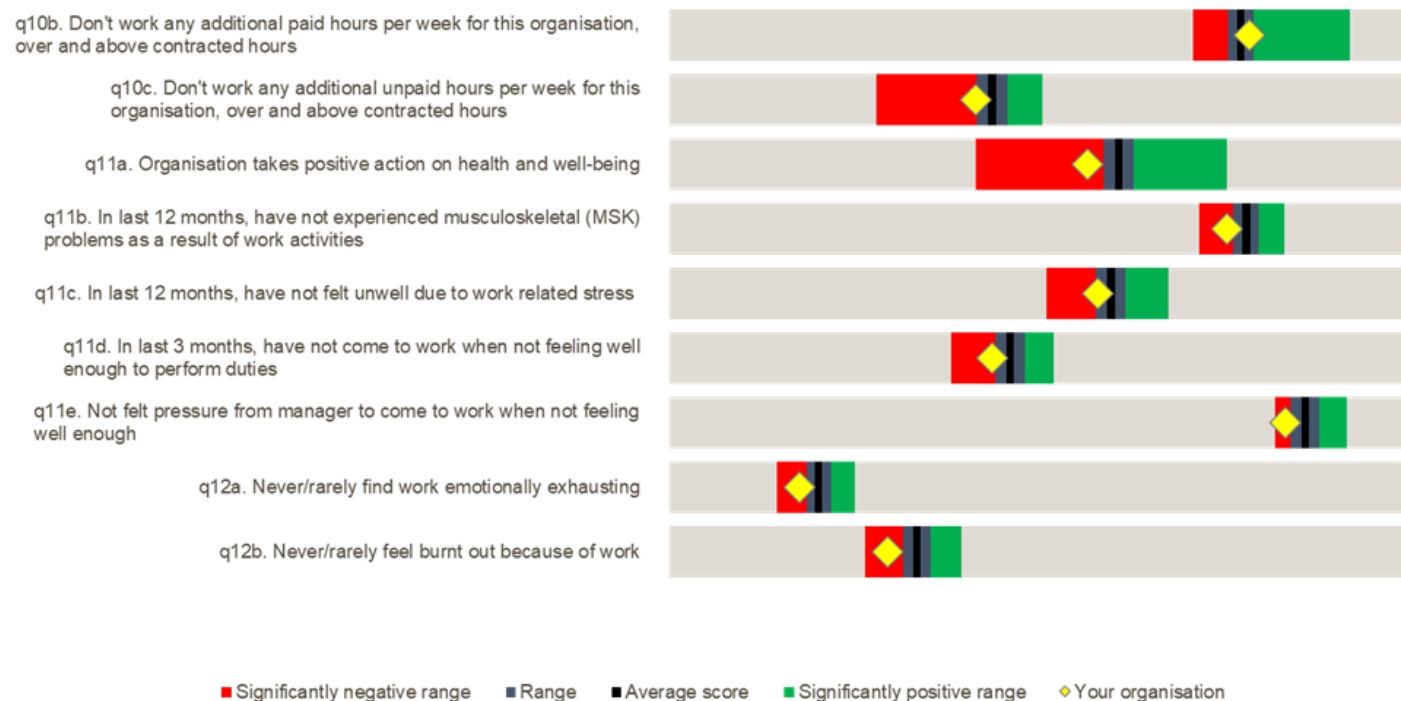
Stress/anxiety; Other MSK and Chest/respiratory problems feature in the top 6 reasons for both long and short term absence when consider separately.

These reasons mirror those of the national report and the main reasons for referral to Occupational Health

Days lost due to mental health represent the largest reason for sickness absence
Top 5 Reasons | NHS England 12 months ending February 2025



Staff Survey

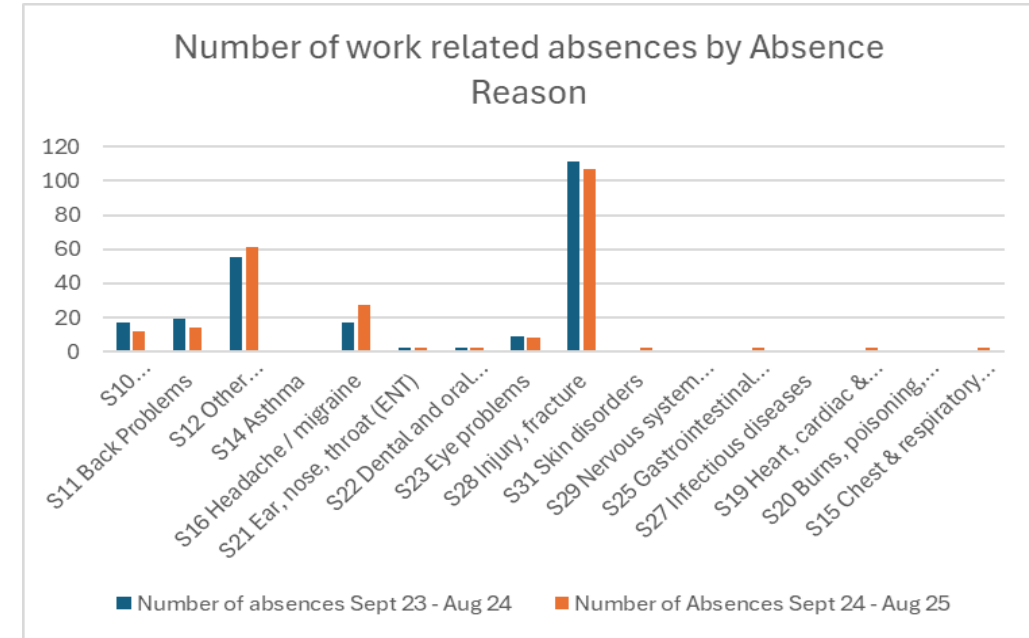
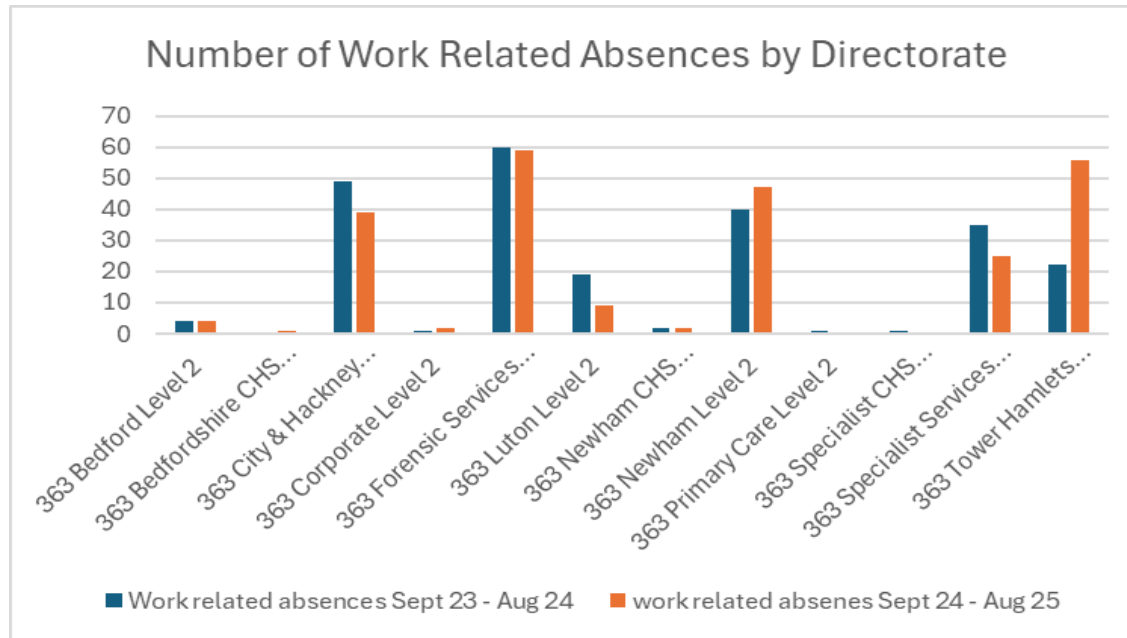


The 2024 Staff Survey results correlate to the sickness data. Staff are experiencing MSK problems, stress, emotionally exhausted, and burn out. ELFT scores lower than the average score in all of these areas. The survey also shows that staff are coming to work when they are not well and that they feel pressurised by their managers to come to work.



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Key Findings: Work Related Absence



- The number of workplace related absences has increased by 4%. The directorates with the most absences are MH in patient areas.
- Tower Hamlets has seen a significant increase in the last 12 months, across a full range of physical health reasons. Across the Trust the top 3 reasons for work related absence is Injury; Other MSK; Headache.
- The staff survey and qualitative evidence indicates a high instance of work-related stress but the reporting of sickness absence does not reflect this. Between September 2023 and August 2024 there were 17 episodes reported, which fell to 12 between September 24 – August 25.

Recommendations/Assurance/Action Plan

Next Steps:

1. **Strengthen Active Management:** Regular monitoring of trends with senior oversight through directorate-led deep dives. Clear escalation processes for long term sickness absence cases.
2. **Accelerate Occupational Health Interventions:** Early OH referrals (within 14 days) and timely workplace adjustments.
3. **Enhance Wellbeing and Staff Experience:** Target high-stress areas; promote flu vaccination, flexible working, and early resolution of concerns. Link into the Trust's Staff Experience workstreams.
4. **Support Reasonable Adjustments:** Provide early, practical adjustments to prevent prolonged absence and potential earlier return to work.
5. **Drive Cultural Shift:** Reinforce that proactive absence management benefits staff and service delivery; address presenteeism.
6. **Data-Driven Oversight:** Use ESR and OH data to identify high-risk areas and benchmark against peers.
7. **Training and Support for Managers:** Provide training on managing sickness absence to all managers including wellbeing conversations, and reasonable adjustments.
8. **Reporting and Assurance:** Monthly reporting to People and Establishment GFGT Board and People and Culture meetings.



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REPORT TO THE TRUST BOARD IN PUBLIC
4 December 2025

Title	Finance, Business and Investment Committee (FBIC) Committee Chair's Report
Committee Chair	Sue Lees, Non-Executive Director and Committee Chair
Author	Cathy Lilley, 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 13 and 23 October and 27 November 2025.

Key messages

27 November 2025 Meeting

The committee received comprehensive updates across finance, transformation, risk, estates, procurement, business development, sustainability and internal controls, and was assured that the Trust remains financially stable with a small surplus, strong cash position and active management of cost pressures. Key transformation programmes are progressing with mitigation plans in place, risk management and governance frameworks are being strengthened, and estates, capital, procurement, and sustainability initiatives are showing tangible improvements in efficiency, compliance and environmental performance. Clear follow-up actions and workstreams support continuous improvement and organisational learning, and the committee noted that ongoing focus on behavioural, digital and estates-related initiatives is critical for sustained performance.

Finance Update M7

The committee reviewed the financial performance to Month 7 and was assured that the Trust remains financially stable with strong controls in place, and there is active management of cost pressures and recovery plans supporting delivery of efficiency targets. Key points included:

- M7 finance update shows a small surplus (£1.2m ahead of plan) and a strong cash position (£143m in the bank)
- There are challenges with rising agency costs particularly for medics and an increase in private bed usage in Bedfordshire, Luton & Milton Keynes (BLMK) which could result in significant unplanned expenditure if not addressed; upcoming service expansions are expected to alleviate some of these pressures.
- 42% of the savings plan is currently non-recurrent partly due to a planned adjustment for an annual leave accrual; directorates are reviewing existing plans and/or developing new initiatives to close recurrent gaps.
- The slippage in training expenditure is being addressed through the establishment of a new training board to ensure equitable strategic access with a shift to in-house delivery and statutory reviews to manage costs effectively.
- The importance of embedding a culture of continuous efficiency and improving budget management discipline, particularly for non-pay items.

GFGT Programme Update

The committee noted that transformation programmes are progressing with mitigation actions in place to address slippage and digital/estates initiatives have been identified to drive efficiency and innovation. Key points included:

- Programme delivery shows slippage in BLMK, Fothergill ward and crisis cafes; with recovery plans in place including additional workforce support and high impact workstreams.
- New initiatives such as ADHD pathway redesign and managed car parking are being implemented with funding reallocation supporting internal pathways.
- Root causes of slippage include difficulties moving from theory to action, slow decision-making and capacity/capability gaps; digital adoption is being prioritised.
- Benchmarking across directorates is under way to ensure fair and achievable targets, reflecting funding and capacity differences

- Digital and estates transformation are being embedded as enablers for efficiency and innovation.

Estates and Capital Programme Update

The committee received a detailed estates update and was assured that the capital programmes are being delivered efficiently with improvements in assurance, space optimisation and multi-year planning. Key points included:

- Capital programme of £11.8m is on track in line with the rebased forecast with most core schemes due for completion by February 2026.
- Premises assurance model (PAM) score improved from 69 to 74 with ongoing action plans supporting further performance improvement.
- Place assessments and the new Hard FM contract are progressing well.
- Space optimisation is under way including sensor installations and evaluation of disinvestment in underutilised buildings.
- Multi-year capital allocations have increased by 22% enabling better alignment with service priorities and future funding opportunities.
- The committee highlighted the importance of continuing to embed digital solutions and estates optimisation within strategic planning.

Procurement and Policy Compliance

The committee noted that procurement processes are achieving savings, improving compliance and integrating sustainability with governance and collaborative representation strengthened. Key points included:

- Procurement savings of £1.5m are on track with a 12-week contract compliance sprint under way and recognition for sustainability achievements.
- Purchase order compliance is being strengthened through a 'no PO, no pay' policy, training and management of NHS-specific exceptions.
- Updated procurement policy reflects new regulations, lower tender thresholds and stricter governance for digital and estates-related purchases. The committee requested the policy wording to be reviewed to provide clarity and the balance between 'lowest cost' and 'best value'.
- The importance of ensuring a strong representation/voice for mental health and community services within the new procurement partnership is maintained.

Investments and Cash Management

The committee was assured that cash management is optimised, generating additional interest income while maintaining financial stability. Key points included:

- £50m deposited into the National Loan Fund earning additional interest with plans to increase to £75m.
- Expected total interest income of approximately £6m exceeds original plans.

Contracts and Business Development

The committee received an update on business development including new contracts and pipeline projects, contract management and planning processes and was assured that these are robust and there are mechanisms to capture lessons learned and mitigate risks. Key points included:

- Norfolk talking therapies contract successfully mobilised; pipeline projects progressing despite some planning delays.
- Over 100 non-recurrent investment proposals have been reviewed to ensure benefits realisation; additional cost centres have been established to track project-level costs and benefits.
- Key contracts with North East London (NEL) and BLMK Integrated Care Board (ICB) are near finalisation.
- The Trust is preparing for medium-term planning submissions and board development sessions scheduled to review assurance statements and planning evidence.
- Lessons from unsuccessful bids are being captured through an informal process; the committee requested consideration to formalise and disseminate the process for organisational learning.

Sustainability and Green Plan Progress

The committee received an update on the Trust's green plan that provided assurance that sustainability initiatives are embedded into operations, demonstrating efficiency gains, environmental improvements, and alignment with national reporting requirements. Key points included:

- Estates efficiency projects, LED/solar initiatives and recycling efforts achieved a record 46% recycling rate.
- Sustainability integrated into business-as-usual with increased engagement and alignment to the Trust's population health report.
- NHS England (NHSE) climate change risk assessment under way to inform financial planning.
- Digital sustainability KPIs established and monitored.
- Preparations under way for new government climate-related financial disclosure reporting.

Internal Audit Report – Key Financial Controls

The committee noted that the internal audit report provided substantial assurance confirming strong financial controls with two minor actions which are being addressed and on schedule for completion.

Board Assurance Framework: BAF Risks 7, 8 and 10

The committee was assured that risk management and governance frameworks are being strengthened with clear targets and improved operational controls, noting that a comprehensive BAF review is planned alongside the strategy refresh supported by board development sessions to clarify risk appetite, tolerance and controls

BAF risk 7: There is a risk that the Trust cannot achieve its strategic priority to ensure financial sustainability: Risk remains stable with a focus on forward-looking risk trajectories and internal timelines.

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: Digital infrastructure and cyber risks are actively managed.

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: Estates risks are being addressed through place audits, PFI improvement plans and mobilisation of the new Hard FM contract. The committee recommended the development of a disinvestment policy to address underperforming buildings and optimise estate usage.

23 October 2025 Meeting

The committee reviewed and discussed the Trust's financial performance, the Going Further, Going Together (GFGT) savings programme, capital expenditure and medium-term financial planning. The committee considered risks relating to income, national guidance and non-recurrent funding as well as the impact of financial decisions on staff, culture and patient care. Assurance was received that robust governance frameworks are in place, financial risks are effectively managed, and plans are progressing to deliver savings, maintain capital programmes and align financial management with quality and operational outcomes including embedding of the GFGT programme into business-as-usual practices.

Going Further, Going Together (GFGT)

- The Trust continues to deliver savings through the GFGT programme with ongoing work to identify new opportunities and accelerate existing projects.
- Changes to NHS income reporting requirements are being carefully monitored to ensure transparency and alignment with national guidance.
- The committee welcomed the continued focus on efficiency, team-led initiatives to optimise capacity, and progress in closing savings gaps.
- Communication with staff has been strengthened to support understanding of the programme and its impact on patient care, and the committee noted the positive engagement of teams across the Trust.

Finance Update – Month 6

- At Month 6, the Trust is reporting a surplus against the planned deficit reflecting effective savings delivery, collaborative initiatives and careful capital management.
- Capital expenditure continues to be closely monitored with contingency plans in place to mitigate risks.
- The committee noted the importance of linking financial performance with clinical quality and patient outcomes and reinforced the need for supportive leadership and clear communication to maintain staff engagement and morale.

- Opportunities to reinvest savings and recognise team achievements were welcomed.

Medium-Term Financial Planning

- Preparations for 2026/27 are underway using provisional savings targets and efficiency assumptions with scenario planning to address potential gaps from legacy non-recurrent funding.
- Key risks include uncertainties around national guidance and commissioner contracts.
- The committee highlighted the importance of further detailed planning once guidance is published ensuring alignment between financial targets, operational delivery and system priorities.
- Month 6 analysis provided assurance that reported savings and financial position remain aligned with underlying operational performance.

13 October 2025 Meeting

The committee reviewed and was satisfied that the Trust meets all NHS England Provider Capability Assessment (PCA) criteria for the Financial Governance & Oversight domain. The Trust demonstrates robust financial governance, mature financial management, effective risk mitigation and proactive engagement with system partners ensuring that financial oversight supports patient care and contributes to delivery of the overall system financial outturn. FBIC confirms that the Trust meets PCA criteria for financial governance and oversight, demonstrating mature management of finances, effective risk mitigation, and proactive engagement with system partners. Strengths are evident in governance structures, risk management and communication channels, and actions are in place to enhance transparency, leadership capability, performance monitoring and the impact of financial decisions on organisational culture ensuring ongoing assurance for the Board. Key points included:

- **Financial Governance Framework:** The Trust's financial governance framework is well-structured, providing oversight of contracts, risks and organisational performance underpinned by a culture of self-awareness and continuous improvement. Opportunities have been identified to strengthen communication of financial measures across the organisation ensuring staff understand the impact of financial decisions on culture and patient care. To address this, the Going Further, Going Together (GFGT) communications workstream has been re-established, complemented by open channels such as 'Trust Talk Live' forums to support staff engagement and transparency.
- **Financial Risk Management and Value for Money:** The Trust effectively manages financial risks with a strong focus on value for money linking financial and performance data to ensure resources are deployed efficiently while safeguarding patient safety and experience. The committee requested clarification to explicitly reference the scrutiny of performance alongside financial monitoring ensuring oversight fully captures both operational and financial effectiveness.
- **System Engagement:** The Trust actively contributes to both North East London and Bedfordshire, Luton & Milton Keynes (BLMK) systems and updates requested to the narrative to reflect the evidence of collaborative working with system partners demonstrating the Trust's proactive engagement in supporting wider system financial and operational outcomes.

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

REPORT TO TRUST BOARD IN PUBLIC 4 DECEMBER 2025

Title	Finance Report Month 7 (October 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 committee on the current finance performance and related issues.

Committees/meetings where this item has been considered

Date	Committee/Meeting
27/11/2025	Finance, Business and Investment Committee

Key messages

The Finance Report reflects the Trust financial position for month 7.

Summary of Financial Performance:

- As at month 7 the Trust is reporting a surplus of £0.2m. This is £1.2m favourable variance to the deficit plan of £1.0m. The favourable variance is the result of delivering more savings than planned, higher levels of interest received due to increased cash balances, alongside some non-recurrent benefits arising from the prior year. These are being partially offset by non-pay cost pressures in private beds, and unbudgeted cost pressures.
- The breakeven plan is assisted by 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 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 October was £143.0m.
- Year To Date (YTD) core capital expenditure is £5.2m, £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 £1.2m 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) – this has reduced in month due to initiatives to improve patient flow, this will be monitored over the coming months.
- 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.

Strategic priorities this paper supports

Improved Population Health Outcomes	<input checked="" type="checkbox"/>	Delivering financial balance aids the Trust in maintaining control in decision making.
Improved Experience of Care	<input checked="" type="checkbox"/>	Delivering financial balance aids improving service user satisfaction and experience of care.
Improved Staff Experience	<input checked="" type="checkbox"/>	Delivering financial balance aids improving staff experience.
Improved Value	<input checked="" type="checkbox"/>	This is a key requirement to ensure that the Trust delivers value for money and is not in breach of its Foundation Trust provider licence.

Implications

Equality Analysis	Financial sustainability aids the organisation in being able to address and adequately resource equality issues within the services we deliver
Risk and Assurance	<p>In 2024-25, the North East London Integrated Care System was included in the NHS England Investigation and Intervention process.</p> <p>We have received the first National Oversight Framework scoring, the overall rating for the Trust is a 3. Against the financial criteria we are currently a 1 (highest level).</p>
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

October - Month 7 Finance Report

2025/26

Kevin Curnow

Chief Finance Officer



We care
We respect
We are inclusive

Executive Summary

	In Month			Year To Date			Annual Budget £000
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	
Clinical Income	57,810	58,968	1,158	403,476	403,197	(279)	697,716
Other Income	2,225	1,807	(418)	13,114	13,796	682	23,849
Pay costs	(42,705)	(42,871)	(166)	(300,623)	(298,012)	2,611	(514,097)
Non-pay costs	(13,492)	(14,003)	(511)	(92,756)	(94,526)	(1,770)	(164,872)
Financing / non-operating costs	(3,633)	(3,831)	(198)	(25,085)	(24,915)	170	(43,511)
	205	70	(135)	(1,874)	(459)	1,414	(915)
Adjustments	5	(7)	(12)	903	660	(243)	915
Reported Surplus /(Deficit)	210	63	(147)	(971)	201	1,171	0
Memorandum items							
Agency Costs (per NHSE Plan)	952	825	(127)	7,621	5,874	(1,747)	
Going Further, Going Together	2,968	3,334	366	16,696	21,885	5,189	31,900
Cash	3,247	5,500	2,253	115,356	143,048	27,692	n/a
Core Capital	1,568	1,232	(336)	7,191	5,157	(2,034)	13,744

Key messages

The Trust is reporting a Year To Date (YTD) surplus of £0.2m as at 31st October. This is a £1.17m favourable variance to the deficit plan of £0.97m.

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, supplies and services and establishment.

Agency spend increased slightly in month. This will need to be monitored to ensure it does not become an upward trend.

At month 7 the Trust has delivered £21.9m of savings, this is £5.2m above the plan. The Most Likely Forecast would exceed the full-year plan.

Core capital expenditure for the Year YTD is £2.0m below plan, however, this is in line with the revised forecast, providing assurance that the plan will be delivered in full by year end.

Income	£0.4m over performance against budget. Key issues include receipts related to the prior year, bed sales and additional unbudgeted income, this has been partially offset by the deferral of income for services that have not yet been fully established.
Pay costs	£2.6m underspent, 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. Further detail is included on slides 6 (pay detail), slide 7 (Whole Time Equivalent analysis), slide 15 (agency spend) and slide 16 (bank spend).
Non-pay cost	£1.8m overspent, with private bed pressures in Bedfordshire, Luton and Milton Keynes (BLMK) services, Premises, Establishment and Supplies and Services. Further detail is included on slide 8. Use of private beds has reduced in month due to a number of initiatives put in place to improve patient flow, this will be monitored to ensure it continues. Further detail on private beds is shown on slide 17.
GFGT	£21.9m has been delivered, £5.2m above plan. Further detail is shown on slide 4.
Cash	As at the end of October, the cash balance was £143.0m, £27.7m above plan. This is largely due to working capital movements and capital slippage, the strong cash position has resulted in interest of £3.5m received YTD. Further detail is shown on slide 11.
Capital	Core capital expenditure of £5.2m, £2.0m below plan. Due to the impact of the primary care lease disposals additional funds may be allocated to core capital, this will be discussed at the November Capital Programme Steering Group. 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	56,411	56,875	464	393,737	392,501	(1,236)	681,020
Non NHS - Patient Care Activities	1,399	2,093	694	9,739	10,696	957	16,696
Other (in accordance with IFRS 15)	1,568	1,653	85	11,016	11,553	537	18,781
Other Operating Income	657	154	(503)	2,098	2,243	145	5,068
Income Total	60,035	60,775	740	416,590	416,993	403	721,565
Pay							
Substantive	(42,538)	(38,084)	4,454	(299,446)	(261,920)	37,525	(512,165)
Bank	0	(3,795)	(3,795)	0	(29,041)	(29,041)	0
Agency	0	(825)	(825)	0	(5,874)	(5,874)	0
Apprenticeship levy	(167)	(167)	0	(1,177)	(1,177)	0	(1,932)
Pay Total	(42,705)	(42,871)	(166)	(300,623)	(298,012)	2,611	(514,097)
Non-Pay							
Non Pay	(13,492)	(14,003)	(511)	(92,756)	(94,526)	(1,770)	(164,872)
Non-Pay Total	(13,492)	(14,003)	(511)	(92,756)	(94,526)	(1,770)	(164,872)
EBITDA	3,838	3,901	63	23,211	24,456	1,245	42,596
Post EBITDA							
Depreciation	(2,977)	(3,153)	(175)	(20,006)	(20,363)	(357)	(35,145)
Amortisation	(118)	(115)	2	(823)	(806)	17	(1,411)
Finance Income	350	498	148	2,850	3,528	678	4,600
Finance Expenditure	(305)	(326)	(21)	(3,025)	(3,027)	(2)	(4,555)
PDC Dividend	(583)	(583)	(0)	(4,081)	(4,083)	(2)	(7,000)
Other finance costs	0	(152)	(152)	0	(164)	(164)	0
Total Post EBITDA	(3,633)	(3,831)	(198)	(25,085)	(24,915)	170	(43,511)
	205	70	(135)	(1,874)	(459)	1,414	(915)
Less							
Impairments	0	0	0	0	0	0	0
Remove capital donations / grants / peppercorn lease	63	49	(14)	438	218	(220)	745
Remove impact of PFI revenue costs	(58)	(56)	2	465	442	(23)	170
Reported Surplus /(Deficit)	210	63	(147)	(971)	201	1,171	0

The Trust is reporting a YTD surplus of £0.2m as at 31st October. This is £1.17m favourable variance to the deficit plan of £0.97m. The in-month position is in line with that reported in September.

The adverse in month position in below EBITDA (Earnings before Interest, Depreciation and Amortisation) is due to additional depreciation associated with a dilapidation provision for the primary care sites and write offs being incurred as we undertake the asset verification exercise.

The favourable YTD variance is the result of overperformance against GFGT saving schemes, higher levels of interest received due to increased cash balances, alongside some non-recurrent benefits arising from the prior year. These are being partially offset by non-pay cost pressures in private beds, and unbudgeted cost pressures in premises and establishment.

The breakeven forecast is supported by 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.

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 7 was £21.9m against our submitted plan of £16.7m (£3.3m delivery in month), resulting in a favourable variance of £5.2m. The year to date variance 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.

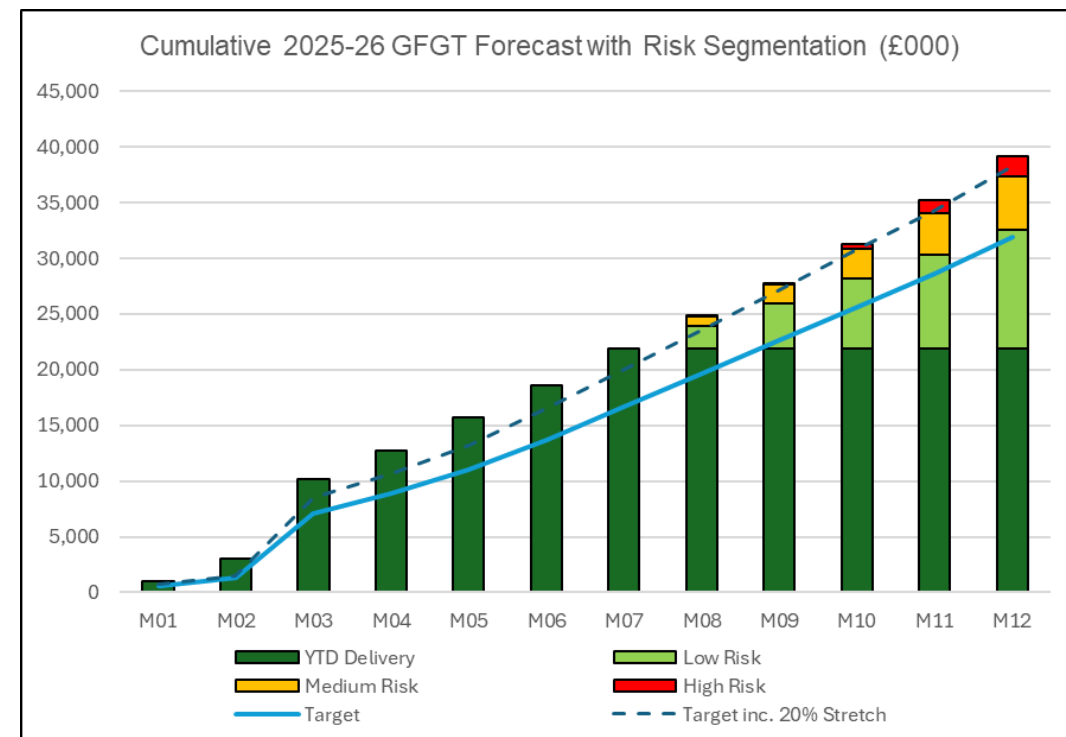
2025/26 Forecast

After taking year to date delivery into account, the Trust has a 'best case' forecast of £39.1m (of which £1.1m still to be signed off) should all schemes in the tracker be fully delivered. Taking scheme risk and development status into account, the Trust now has a 'most likely' forecast of £37.3m, 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 £3.3m in Month 7, £21.9m year to date. The most likely forecast of £37.3m would see the Trust meet plan. However, both the best case and forecast has again reduced since Month 6.

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.

orate	YTD Target £000	YTD Actual £000	YTD Variance £000	Target £000	'Most Likely' Forecast £000	Variance to 'Most Likely' Forecast £000
City & Hackney AMH	1,413	1,588	175	3,000	3,351	351
Newham AMH	1,426	2,524	1,098	3,000	3,874	874
Tower Hamlets AMH	1,946	2,430	484	3,900	4,021	121
Luton & Bedfordshire AMH	2,862	1,447	(1,415)	5,700	3,608	(2,092)
London CHS	1,107	1,274	167	2,750	2,602	(148)
Bedfordshire CHS	888	805	(83)	1,800	1,773	(27)
Specialist Services	1,840	1,513	(327)	3,400	3,211	(189)
Forensic Services	951	1,694	744	2,550	3,189	639
Primary Care	117	729	612	600	834	234
Corporate Services	1,552	2,451	899	4,202	4,810	608
Estates & Facilities	704	352	(353)	1,000	838	(162)
Trust-Wide Schemes	0	128	128	0	268	268
Directorate Sub-Total	14,806	16,934	2,129	31,902	32,378	476
Planning Adjustment & Mitigation	1,890	4,951	3,061	0	4,951	4,951
TOTAL	16,696	21,885	5,189	31,902	37,329	5,427



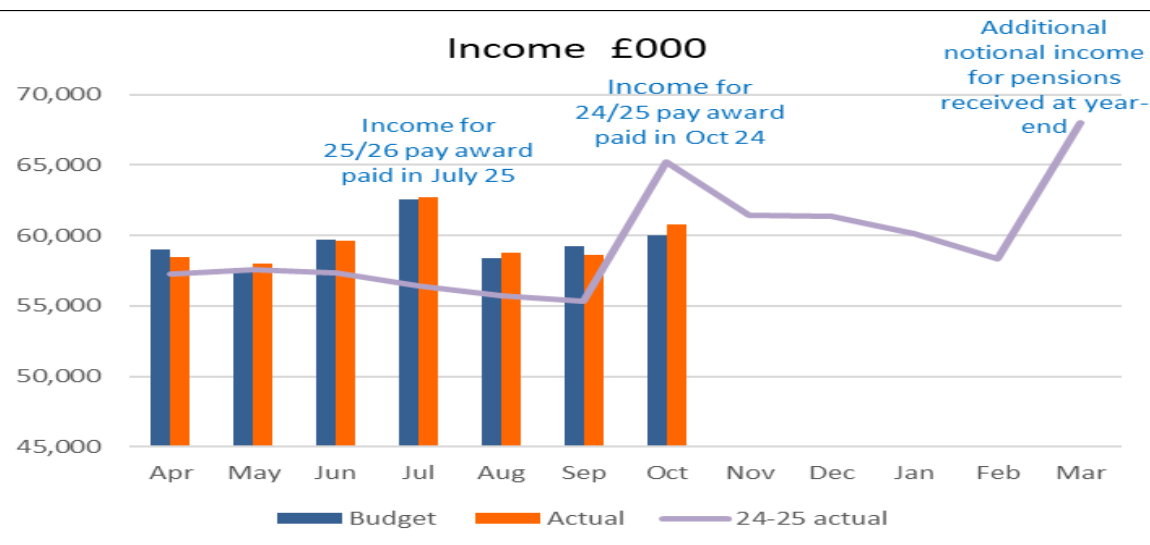
Income

The income position at the end of October is £0.4m over budget.

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, £0.4m.
- Additional income including Forensics Directorate, £0.4m, Primary Care, £0.9m and Enhanced Care Services, £0.2m.
- Income for bed sales in North East London.

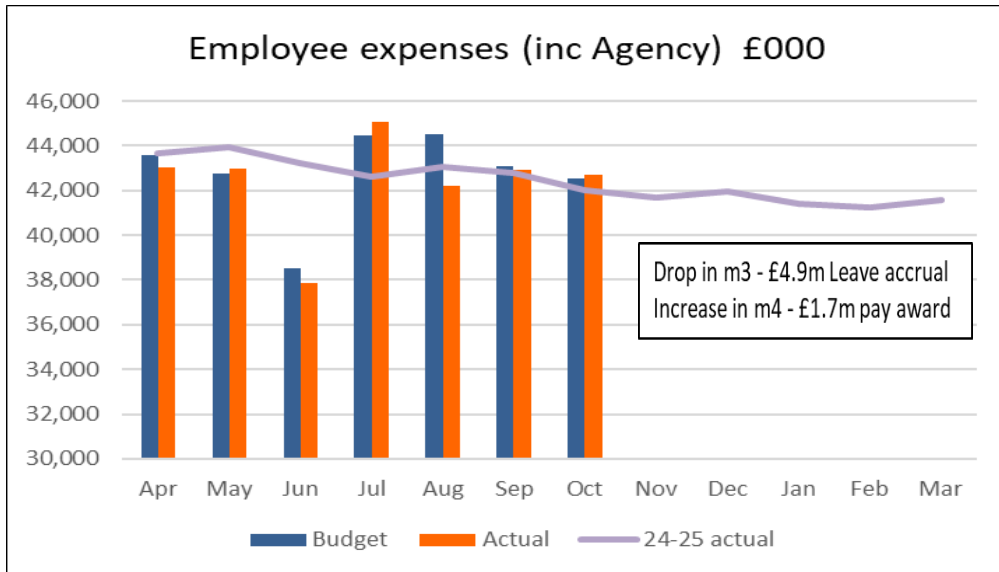
The above has been offset by the deferral of income for services that have been commissioned but are not yet being delivered and provisions for income disputes. This is the main driver for income from Integrated Care Boards being below plan.



	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)	49,402	48,584	(818)	341,173	338,418	(2,755)	595,126
NHS Foundation Trusts	5,853	6,835	982	45,387	45,937	550	74,190
NHS Trusts	429	807	378	2,044	3,019	975	2,062
NHS England	727	649	(78)	5,133	5,127	(6)	9,642
NHS - Patient Care Activities Total	56,411	56,875	464	393,737	392,501	(1,236)	681,020
Non NHS - Patient Care Activities							
Local Authorities	1,016	1,281	265	7,113	7,813	700	12,194
Non-NHS: Other	383	812	429	2,626	2,871	245	4,502
Non-NHS: Overseas Patients	0	0	0	0	12	12	0
Non NHS - Patient Care Activities Total	1,399	2,093	694	9,739	10,696	957	16,696
Operating Income From Patient Care Activities Total	57,810	58,968	1,158	403,476	403,197	(279)	697,716
Other operating income							
Other (in accordance with IFRS 15)							
Research and development	115	116	1	1,132	1,132	0	1,545
Education and Training Income	1,404	1,405	1	9,540	9,541	1	15,636
Other (recognised in accordance with IFRS 15)	49	99	50	344	767	423	590
Non-patient care services to other Non WGA bodies	0	33	33	0	113	113	1,010
Other (in accordance with IFRS 15) Total	1,568	1,653	85	11,016	11,553	537	18,781
Other Operating Income							
Other Income	657	154	(503)	2,098	2,118	20	5,068
Capital Grants Income from Peppercorn Right of Use	0	0	0	0	125	125	0
Other Operating Income Total	657	154	(503)	2,098	2,243	145	5,068
Other operating income Total	2,225	1,807	(418)	13,114	13,796	682	23,849
Grand Total	60,035	60,775	740	416,590	416,993	403	721,565

Key message : Income is now above plan, with unbudgeted receipts, income related to the prior year and bed sales offsetting deferral of income for services that have been commissioned but are not yet being delivered.

Pay



Pay type				In Month			Year To Date			Annual Budget £000
	Funded WTE	Actual WTE	Variance WTE	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	
Substantive	7,830.1	7,163.7	(666.3)	(42,538)	(38,084)	4,454	(299,446)	(261,920)	37,525	(512,165)
Bank	0.0	694.4	694.4	0	(3,795)	(3,795)	0	(29,041)	(29,041)	0
Agency	0.0	59.3	59.3	0	(825)	(825)	0	(5,874)	(5,874)	0
Sub-total - staff	7,830.1	7,917.4	87.3	(42,538)	(42,704)	(166)	(299,446)	(296,835)	2,611	(512,165)
Apprenticeship Levy				(167)	(167)	0	(1,177)	(1,177)	0	(1,932)
Non-Executives	1.4	1.7	0.3							
Total	7,831.4	7,919.1	87.6	(42,705)	(42,871)	(166)	(300,623)	(298,012)	2,611	(514,097)

Overall pay is underspent by £2.6m. This is driven by substantive vacancies across a range of services.

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.

In month, substantive pay was higher than the YTD average due to successful recruitment in areas such as Tower Hamlets. Whilst there were increases in agency and bank pay as a result of staff sickness and vacancies on the wards, the in-month costs remained lower than the YTD average.

Excluding reserves total pay spend in month was £0.2m lower than the YTD average.

Key message : YTD Pay is favourable to plan, impacted by vacancies. There was an increase in agency spend in month, this needs to be monitored to ensure it does not continue in future months.

Pay – Whole Time Equivalents (WTE)

Pay type	Funded WTE	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sept-25	Oct-25	Movement in month
Funded WTE	Substantive	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	7,938.5	7,830.1	(108.4)
	Bank	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	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
Actual WTE	Substantive	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	7,172.2	7,163.7	(8.4)
	Bank	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	705.3	694.4	(10.9)
	Agency	198.0	160.2	141.5	115.6	113.1	90.7	71.7	72.3	71.8	72.7	74.7	65.2	42.1	59.3	17.2
Variance	Substantive	(737.4)	(735.6)	(753.8)	(836.7)	(831.6)	(856.3)	(926.0)	(968.5)	(971.9)	(999.8)	(899.2)	(803.3)	(766.3)	(666.3)	100.0
	Bank	860.6	921.6	856.5	863.5	879.5	913.9	956.5	890.6	832.6	768.1	791.2	758.6	705.3	694.4	(10.9)
	Agency	198.0	160.2	141.5	115.6	113.1	90.7	71.7	72.3	71.8	72.7	74.7	65.2	42.1	59.3	17.2
Total Funded WTE		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	7,938.5	7,830.1	(108.4)
Total Actual WTE		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	7,919.6	7,917.4	(2.2)
(Over) / under establishment		(321.1)	(346.1)	(244.2)	(142.4)	(161.0)	(148.3)	(102.2)	5.6	67.5	159.0	33.3	(20.5)	18.9	(87.3)	(106.2)
(Over) / under establishment %		(3.9%)	(4.2%)	(3.0%)	(1.7%)	(2.0%)	(1.8%)	(1.2%)	0.1%	0.8%	2.0%	0.4%	(0.3%)	0.2%	(1.1%)	(1.4%)

WTE funding has reduced in month by 108.84, in line with GFGT savings plan. Actual WTE has remained relatively stable.

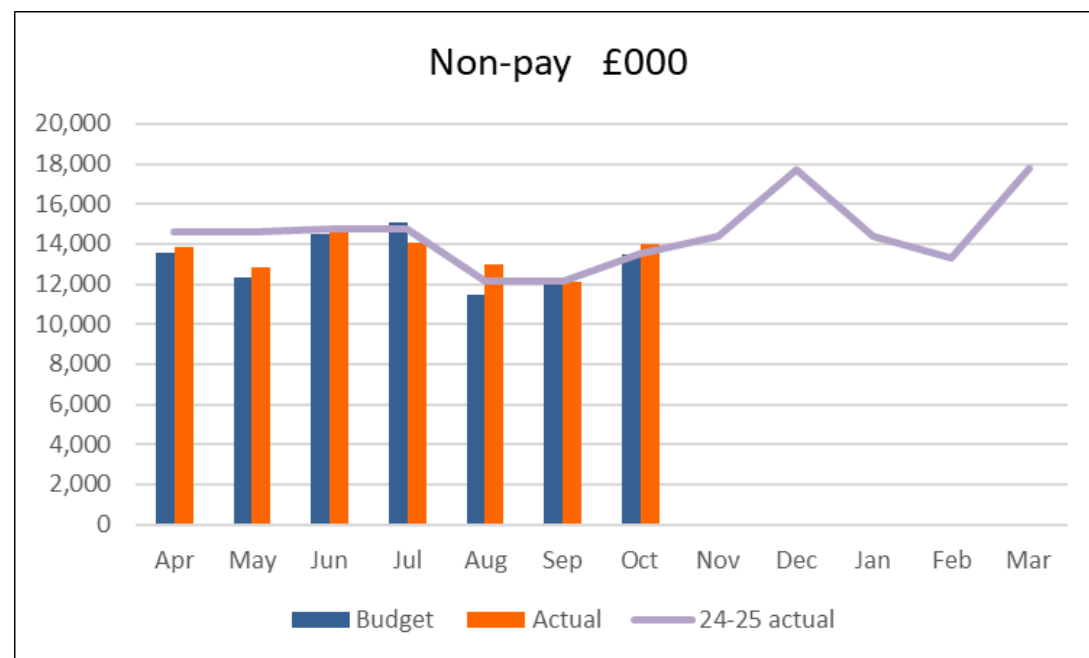
Bank WTE has reduced considerably from April, though there continues to be a pressure in some inpatient wards to cover sickness and annual leave. The main reduction in month was in Tower Hamlets following successful recruitment to substantive posts.

Agency WTE have also reduced significantly since the start of the year. The in-month increase was mainly in Specialist Services for medical posts covering vacancies.

Since April the funded establishment has reduced by 286.7, relating to GFGT reductions whilst actual WTE has reduced by 195.1. The GFGT plan included some services stopping that have continued to operate.

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	(2,319)	(2,519)	(199)	(16,629)	(15,947)	682	(27,666)
Health and Social Care -non-NHS	(2,048)	(2,053)	(5)	(13,708)	(13,882)	(175)	(23,800)
Supplies & Services	(3,027)	(3,530)	(503)	(20,814)	(22,218)	(1,404)	(40,219)
Drug costs	(477)	(476)	1	(3,347)	(3,772)	(425)	(5,731)
Consultancy	(78)	(75)	3	(483)	(600)	(117)	(831)
Establishment	(452)	(538)	(85)	(3,128)	(4,247)	(1,119)	(5,378)
Premises	(2,705)	(3,189)	(484)	(18,974)	(21,667)	(2,693)	(32,210)
Transport	(417)	(228)	189	(2,478)	(1,839)	639	(4,315)
Audit fees	(16)	(15)	1	(109)	(105)	4	(186)
Training	(500)	(193)	307	(3,169)	(1,737)	1,431	(5,412)
Clinical negligence	(199)	(199)	(0)	(1,396)	(1,396)	(0)	(2,394)
Non-Executive directors	(19)	(21)	(2)	(134)	(149)	(15)	(230)
Other Expenditure	(1,234)	(966)	267	(8,388)	(6,966)	1,422	(16,499)
Grand Total	(13,492)	(14,003)	(511)	(92,756)	(94,526)	(1,770)	(164,872)

Non pay is £1.8m overspent YTD, arising from :

- Premises costs, £2.7m. This is largely due to cost pressures for software costs and building repairs and maintenance.
- Establishment costs are overspent by £1.1m. Significant issues relate to the costs of work permits, printing, recruitment fees and interpreting services.
- Supplies and services are overspent by £1.4m, across the trust, with overspends on medical equipment, domestics and catering.
- Spend on private beds totals £2.1m.
- The above are partially offset by benefits from the prior year including VAT reclaims and invoices received being less than accrued

Key message : Non-pay is above plan, with pressures arising in a range of areas. The key areas of overspend have been highlighted to the GFGT team to ensure they are considered for the current and future years planning.

Statement of Financial Position

- The net balance on the Statement of Financial Position as at 31st October was £307.7m. The decrease of £0.5m since year-end reflects the pre adjusted YTD deficit position.
- The key movements since the prior month are: -
- £3.3m decrease in Non-current assets. In addition to depreciation of £3.3m exceeding capital spend of £1.6m, there has also been recognition of £1.7m lease disposals for primary care practices. The impact of the lease disposals is also seen in the reduction in the value of borrowings.
- £5.0m increase in receivables. There has been a £3.1m rise in accrued income, with an additional month due for various Service Level Agreements and an increase in amounts accrued for primary care recovery funding and research and development. There has also an increase of £0.8m in prepayments, this is mainly due to invoices received from Barts Health NHS Trust that relate to quarter 3.
- £5.1m increase in payables. The main driver for this is the receipt of invoices totalling £4.5m from Barts Health NHS Trust.
- £4.7m increase in deferred income relating to receipt of quarter 3 funding for the Non-Medical Education Tariff and an increase in the value deferred for the NCEL provider collaborative

	Prior Year 31/03/2025 £000s	Previous Month 30/09/2025 £000s	Current Month 31/10/2025 £000s	Movement in Month £000s
Non-current assets				
Intangible assets	2,922	2,159	2,044	(115)
Property, Plant and Equipment	260,681	255,003	254,736	(267)
Right of use assets	70,977	69,983	67,081	(2,902)
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	329,295	326,011	(3,284)
Current assets				
Inventories	187	185	197	12
Trade and other receivables	30,727	36,670	41,698	5,028
Assets held for sale	350	350	350	0
Cash and cash equivalents	120,978	137,548	143,048	5,500
Total current assets	152,242	174,753	185,293	10,540
Current liabilities				
Trade and other payables	(70,869)	(80,020)	(85,156)	(5,136)
Borrowings	(15,021)	(15,021)	(15,021)	0
Provisions	(1,915)	(3,169)	(3,409)	(240)
Deferred income	(12,328)	(18,111)	(22,761)	(4,650)
Total current liabilities	(100,133)	(116,321)	(126,347)	(10,026)
Total assets less current liabilities	388,840	387,727	384,957	(2,770)
Non-current liabilities				
Borrowings	(78,928)	(77,854)	(74,749)	3,105
Provisions	(1,747)	(2,234)	(2,500)	(266)
Total non-current liabilities	(80,675)	(80,088)	(77,249)	2,839
Total net assets employed	308,165	307,639	307,708	69
Financed by				
Public dividend capital	120,566	120,566	120,566	0
Revaluation reserve	95,737	95,607	95,603	(4)
Income and expenditure reserve	91,862	91,466	91,539	73
Total taxpayers' and others' equity	308,165	307,639	307,708	69

Key message : The net asset position for the Trust remains strong. Action is being take by the finance team to address aged debtors and creditors.

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 October was £5.2m, £2.0m below plan. This relates to delays in Digital schemes for the Communication rooms and Robotic Process Automation and slippage in Estates schemes for Charterhouse, the Alie Street lift and LED lighting schemes.
- The spend on core capital up to the end of October is in line with the reprofiled forecast as presented at the August Committee and the teams remain confident of full delivery by year-end.
- Lease additions, dilapidations, remeasurements and disposals for the YTD are £1.1m below plan, following the lease disposals from exiting the primary care practices. The forecast for the remainder of the year is being reviewed to assess whether further funds can be allocated to core capital.
- Works on the solar energy project are due to commence.

Core Capital Programme	Annual Plan £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s
Asset and backlog management	2,196	975	493	(482)
Critical, fire and Digital Spaces Infrastructure	1,565	625	846	221
Digital and Clinical Systems	250	148	75	(73)
Digital Cyber Security	440	260	203	(57)
Digital Infrastructure and Service Improvement	889	518	657	139
Digital Innovation and ICS	610	420	202	(218)
Digital Portfolio	740	364	289	(75)
Digital spaces	1,016	652	444	(208)
Digital Unified Comms	631	411	429	18
Inpatient Environmental Upgrade and CQC plan	553	553	(17)	(570)
Mental Health Security and Improvement plan	1,815	1,225	865	(360)
Net zero carbon reduction plan	690	690	(46)	(736)
Staff wellbeing	230	0	32	32
Staff capitalisation	600	350	118	(232)
Asset and backlog management part 2	555	0	0	0
5% overplanning provision	964	0	0	0
Other	0	0	567	567
	13,744	7,191	5,157	(2,034)

Public Dividend Capital Funded Programme	Annual Plan £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s
Solar energy project	1,126	674	0	(674)
BLMK Reducing Out of Area Placements	3,890	648	500	(148)
	5,016	1,322	500	(822)

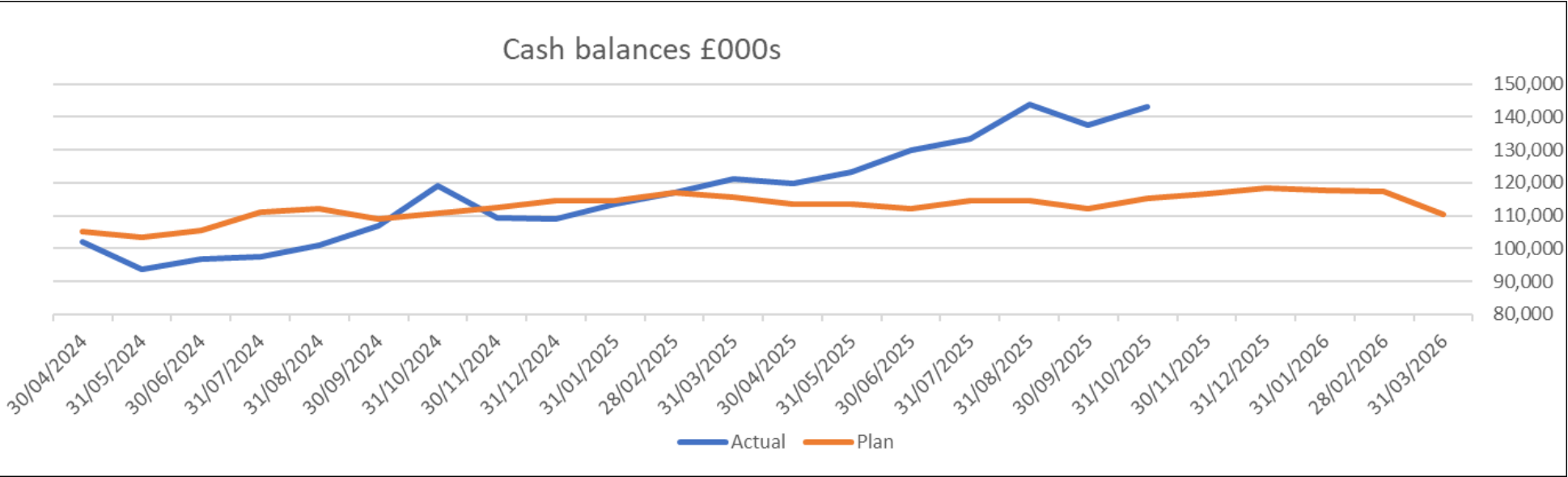
Leases, dilapidations and disposals	Annual Plan £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s
Leases, dilapidations and disposals	6,500	5,718	4,628	(1,090)

TOTAL	25,260	14,231	10,285	(3,946)
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Key message : Core capital spend is currently £2.0m below plan for the year to date, overall capital is £3.9m below plan due to slippage on PDC funded schemes and the disposal of primary care leases. The forecast for all areas will be reviewed to assess whether any further allocations can be made to core capital.

Cash

- As at the end of October the cash balance was £143.0m, an increase of £5.5m in month. This is largely due to movements in working capital with increases in payables and deferred income.
- The cash position is £27.7m above plan. This is predominantly due to continuing high levels of deferred income and payables and slippage in capital schemes.
- The high cash balances has led to interest received for the YTD of £3.5m, £0.7m 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	(10,792)	(30,913)	(20,121)	(23,215)	(7,698)	0	(3,780)
Barts	(7,667)	(24,213)	(16,546)	(26,493)	2,280	0	
ELFT	(971)	200	1,171	139	61	0	
Homerton	(1,459)	(7,778)	(6,319)	(5,959)	(1,819)	(2,500)	(3,220)
NELFT	(5,159)	(9,018)	(3,859)	(8,054)	(964)	0	
Providers	(26,048)	(71,722)	(45,674)	(63,582)	(8,140)	(2,500)	(7,000)
ICB	(1,949)	278	2,227	(901)	1,179	2,500	
ICS Total	(27,997)	(71,444)	(43,447)	(64,483)	(6,960)	0	

System position

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

The Month 7 position is a deficit of £71.4m, £43.4m adverse to plan.

ELFT is currently the only provider in the system reporting a surplus and a favourable position against plan.

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 Integrated Care Board

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	0	(6,000)	(6,000)	0
Milton Keynes University Hospital NHS Foundation Trust	(2,800)	(2,900)	(100)	0
Providers	(2,800)	(8,900)	(6,100)	0
NHS Bedfordshire, Luton and Milton Keynes ICB	0	(300)	(300)	0
ICS Total	(2,800)	(9,200)	(6,400)	0

System plan

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

Information from BLMK for Month 7 position was not available at time of publishing this report, the position at Month 6 is shown.

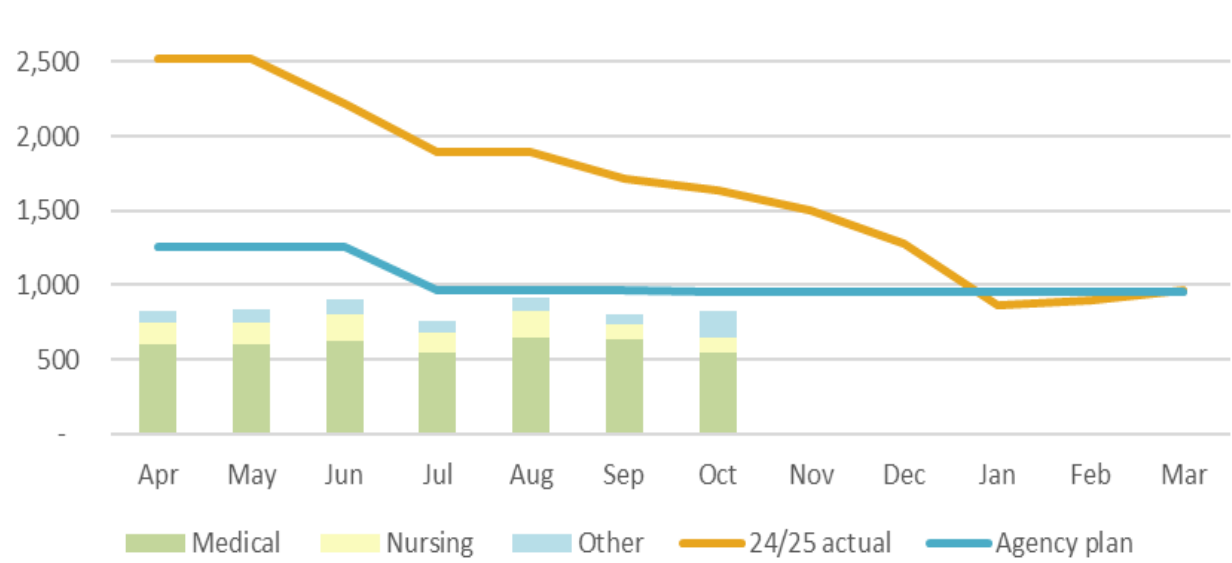
At the end of September, the ICS reported a deficit of £9.2m. This is £6.4m adverse to plan.

Appendices

- Agency
- Bank
- Private Bed activity and costs
- Receivables
- Payables
- NHS Oversight Framework

Agency spend

Monthly Agency Expenditure £000



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 £5.9m which is below the current phased plan of £7.6m.

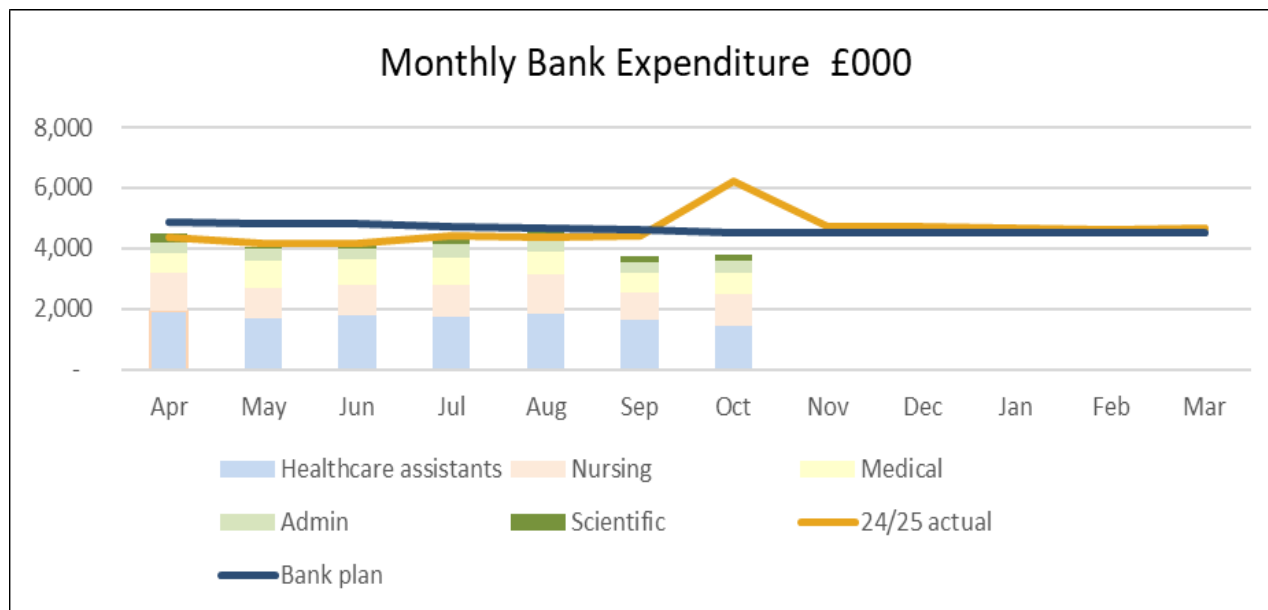
There was a minor increase in agency costs in October. Increases in administration were offset by a reduction in medical in primary care practice.

Agency costs constitute 2.0% of total pay costs

Agency use, by staff type

Pay costs £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	Sept-25 £000s	Oct-25 £000s	Movement in month
Medical and Dental	(910)	(918)	(833)	(852)	(359)	(596)	(349)	(596)	(596)	(620)	(541)	(644)	(639)	(550)	88
Nursing, Midwifery and HV	(294)	(320)	(313)	(268)	(183)	(144)	(292)	(148)	(149)	(188)	(136)	(185)	(95)	(99)	(4)
Administration and Estates	(261)	(124)	(139)	(15)	(207)	(101)	(253)	(48)	(48)	(59)	(60)	(64)	(50)	(141)	(91)
Healthcare assistants and other support staff	(193)	(169)	(139)	(93)	(73)	(44)	(49)	(37)	(35)	(30)	(12)	0	0	0	0
Healthcare scientists and Scientific, therapeutic and technical staff	(54)	(108)	(77)	(54)	(49)	(19)	(28)	(2)	(9)	(6)	(5)	(28)	(20)	(35)	(15)
Total Agency	(1,712)	(1,638)	(1,499)	(1,283)	(870)	(903)	(971)	(831)	(837)	(902)	(754)	(919)	(804)	(825)	(21)

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 £29.0m which is below the current phased plan of £33.8m.

Bank costs have increased in month by £63k, predominantly in Corporate and Specialist Services. The costs in Corporate increased due to back dated timesheets, whilst the increase in Specialist is due to the prior month including the release of an accrual. There has been a further reduction in Tower Hamlets following recruitment to substantive posts.

Bank costs constitute 9.7% of total pay costs.

Bank use, by staff type

Pay costs £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	Sept-25 £000s	Oct-25 £000s	Movement in month
Medical and Dental	(782)	(1,170)	(911)	(754)	(1,339)	(713)	(305)	(682)	(876)	(812)	(859)	(799)	(656)	(685)	(29)
Nursing, Midwifery and HV	(1,358)	(1,837)	(1,320)	(1,400)	(1,460)	(1,400)	(1,781)	(1,233)	(1,038)	(1,041)	(1,092)	(1,289)	(915)	(1,050)	(135)
Administration and Estates	(351)	(510)	(393)	(445)	(307)	(363)	(440)	(352)	(397)	(366)	(456)	(449)	(346)	(429)	(83)
Healthcare assistants and other support staff	(1,809)	(2,526)	(1,970)	(2,007)	(1,456)	(2,000)	(1,988)	(1,937)	(1,659)	(1,766)	(1,715)	(1,823)	(1,632)	(1,449)	183
Healthcare scientists and Scientific, therapeutic and technical staff	(104)	(168)	(108)	(113)	(117)	(125)	(143)	(287)	(86)	(134)	(180)	(187)	(182)	(181)	1
Total Bank	(4,405)	(6,211)	(4,701)	(4,719)	(4,680)	(4,602)	(4,656)	(4,492)	(4,056)	(4,117)	(4,302)	(4,547)	(3,732)	(3,795)	(63)

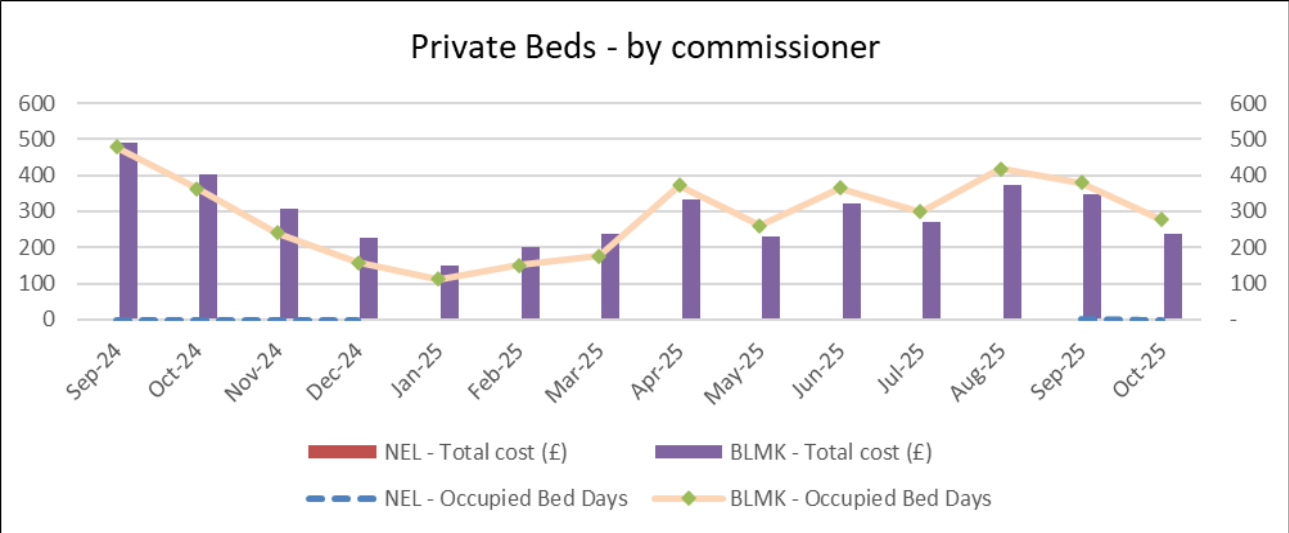
Private Beds

The Trust has experienced high demand for Adult Mental Health beds in the Bedfordshire, Luton and Milton Keynes (BLMK) area, and as a result has incurred high levels of expenditure in purchasing private beds. This represents a cost pressure to the Trust.

In October there was a decrease in the level of BLMK private beds from an average of 12 to 9. This follows extensive work by the BLMK flow and discharge team to reduce the need for admission and release capacity. At the end of the month 5 patients were in private beds.

The Public Dividend Capital scheme to increase the number of beds locally should further reduce the need for private beds from February onwards.

Following extensive work last financial year private beds are not generally used in NEL. In September we had 1 patient in Newham in a private bed for 3 days.



BLMK - Cost versus Income

ICS	Full Year Income £000s	Income YTD £000s	Costs YTD £000s	Cost pressure £000s
BLMK	1,499	874	2,112	(1,238)
Total	1,499	874	2,112	(1,238)

Receivables

- The receivables balance in the Statement of Financial Position of £41.7m includes £16.4m 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.
 - £0.8m owed by NHS North East London ICB for estates charges, this has reduced in month following a credit note being agreed and issued, payment of the remaining balance is being chased.
 - £0.2m owed by Barts Health NHS Trust, this has reduced in month due to regular meetings to resolve disputes.
 - £0.2m owed by North East London Foundation Trust, it is understood these have not been paid due to their cash issues rather than any active disputes (total debt owed now stands at c. £1.8m).
 - £0.2m owed by Bedfordshire Hospitals NHS Foundation Trust relating to historic disputes.
- Monthly debt meetings are held between the finance and contracting teams to review both invoiced and accrued debt to improve timeliness of invoicing and resolution of disputes.
- Against the below debts provisions of £1.4m are held, much of this relates to debts owed by individuals (including staff) and overseas visitors.

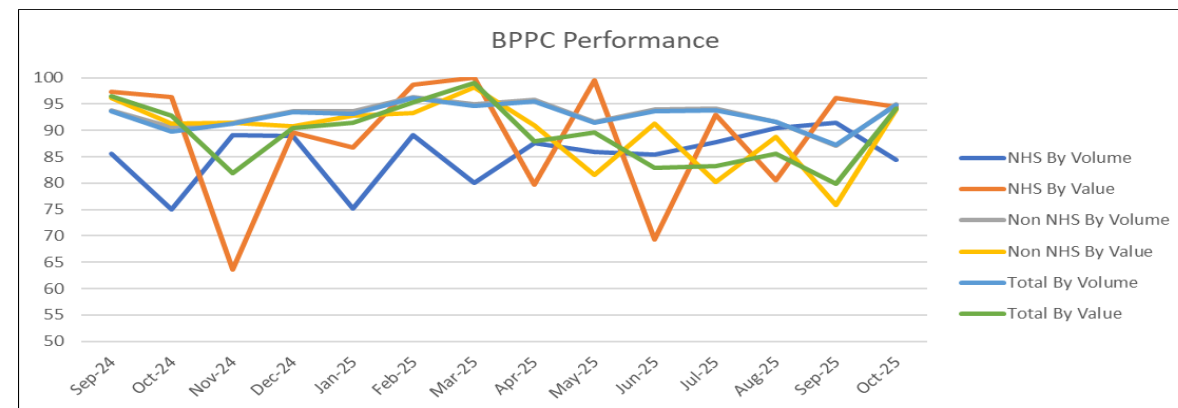
	NHS £000s	Non NHS bodies £000s	Individuals £000s	Overseas Visitors £000s	Total £000s
Current	3,032	650	10	9	3,701
1-30 Days	3,571	481	8	0	4,061
31-60 Days	25	1	5	4	36
61-90 Days	613	198	11	0	822
Over 90 Days	6,102	469	510	680	7,761
Total	13,343	1,800	544	694	16,381

Payables

- The payables balance in the Statement of Financial Position of £85.2m includes £22.0m of outstanding invoices. The remaining balance largely relates to taxes, pensions and accruals.
- Significant balances over 90 days include: -
 - £1.7m, Bedfordshire Hospitals NHS Foundation Trust, this largely relates to estates and service recharges, meetings have been taking place move forward the disputes, £0.3m of these invoices have been paid in November
 - £0.6m, Homerton Healthcare NHS Foundation Trust, for disputed estates charges.
 - £0.6m, 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. To improve performance the automatic escalation process with be switched on within the finance system, where invoices are not authorised or disputed within 14 days they will move to the individual's line manager for review.

Outstanding Invoices

	NHS £000s	Non NHS £000s	Total £000s
0-30 Days	6,900	4,948	11,848
31-60 Days	3,091	1,134	4,225
61-90 Days	36	290	326
Over 90 Days	3,357	2,233	5,590
Total	13,384	8,606	21,990



NHS Oversight Framework

- The NHS Oversight Framework for 2025/26 has been introduced as the mechanism to assess performance of ICBs and providers.
- The domains measured under the framework are: -
 - Access to services
 - Effectiveness and experience of care
 - Patient safety
 - People and workforce
 - Finance and productivity
 - Improving health and reducing inequality (non-scoring)
- Based upon the above organisations will be given an overall score which determines the segment they will go into. This impacts the level of oversight by the national team.
- 1 is the highest level and allows the greatest level of freedom and least level of national intervention.
- The Finance and productivity metrics are: -
 - Planned surplus/deficit
 - Variance year-to-date to financial plan

Metric	Q4 2024/25	Q1 2025/26	Q2 2025/26
Planned surplus/deficit	1.0	1.0	1.0
Variance to financial plan	1.0	1.0	1.0

Key message : The Trust is currently scoring 1 on Finance and productivity metrics, it is important we maintain this performance to support the overall Trust rating.

Board Forward Plan 2025/26

Domain	Item	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)	✓	✓	✓
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		✓	
	Patient Safety (PSIRF, PCREF, Patient Safety Plan)			✓
	People Participation Committee Assurance Report	✓	✓	
	Quality Assurance Committee Assurance Report	✓	✓	✓
People	People Report	✓	✓	✓
	Safe Staffing		✓	
	People & Culture Committee Assurance Report	✓	✓	✓
	Appointments & Remuneration Committee Assurance Report	✓	✓	
Finance	Finance Report	✓	✓	✓
	Charitable Funds Assurance Report	✓	✓	
	Finance, Business & Investment Committee Assurance Report	✓	✓	✓
Business Case	Medium Term Plan (Deconstruction of the Block (approval)		✓	
	NEL Procurement (approval)			
	Hard Facilities Management Business Case (approval)			
Governance	Annual Report and Accounts			
	Annual Reports:			
	~ Charitable Funds Committee Annual Report and Accounts	✓		
	~ Compass Wellbeing CIC Annual Report		✓	
	~ Health & Care Space Newham Annual Report		✓	✓
	~ Internal Audit Plan			✓
	~ Modern Day Slavery Statement			
	~ NHS Self-Certification			
	Corporate Trustee of the ELFT Charity		✓	
	Board and Committee Effectiveness/Committee Terms of Reference			✓
	Annual Plan			✓
MEETING IN PRIVATE	Item	04/12/2025	29/01/2026	26/03/2026
Standing Items	Declarations of Interest	✓	✓	✓
	Minutes of previous meeting	✓	✓	✓
	Action log and matters arising	✓	✓	✓
	Matters arising to be raised at meeting in public	✓	✓	✓
	Emerging Issues - Patient Safety Issues	✓	✓	✓
	Emerging Issues - Internal and External	✓	✓	✓
	Trust Board Forward Plan	✓	✓	✓
BOARD WORKSHOP	Item	04/12/2025	29/01/2026	26/03/2026
Strategy	Green Plan / Sustainability (May 2023)			
Training	Corporate Manslaughter Briefing (Capsticks)			
	Cyber Security			✓
	Health and Safety		✓	
	Infection Control			
	Safeguarding	✓		
	Sustainability			
	Anti-Racism Statement			
	Oliver McGowan Training (three yearly) - due September 2026			
	Provider Capability Assessments:			