

Council of Governors Meeting

To be held online and in public on Thursday 15 January 2025, 5:00pm – 7:00pm

Agenda

| | Title | | Action | Time (all pm) |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------|------------------|
| Informal Gathering – Log in early for a chat | | | | 4:30 |
| 1 | Welcome Deborah Wheeler, Vice-Chair | Verbal | Assurance | 5:00 |
| 2 | Apologies for Absence Deborah Wheeler, Vice-Chair | Verbal | Assurance | |
| 3 | Declarations of Interest Deborah Wheeler, Vice-Chair | Verbal | Assurance | |
| 4 | Draft Minutes <ul style="list-style-type: none"> AMM/AGM held on 13 November 2025 Council of Governors Meeting held in public on 13 November 2025 | Attached | Approve | 5:03 |
| Operational Item | | | | |
| 5 | Medium Term Planning Framework 2026/27 – 2028/29 Richard Fradgley, Director of Integrated Care and Deputy CEO | Presentation | Receive and Assurance | 5:05 |
| Strategic Items | | | | |
| 6 | Trust Strategy 2026 – 2031 Richard Fradgley, Director of Integrated Care and Deputy CEO Carys Esseen, Deputy Director of Integrated Care | Presentation & Group Discussion | Assurance | 5:20 |
| 7 | AI and Digital Innovation – how will they improve patient experience? Saleem Haider, Digital People Participation Lead & members of the ELFT PP Digital Community Followed by group discussion in breakout rooms | Presentation & Group Discussion | Assurance | 5:50 |
| Business Items | | | | |
| 8 | CQC Inspections Update Claire McKenna, Chief Nurse | Presentation | Assurance | 6:30 |

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| 9 | Update, Communications and Engagement Committee Felicity Stocker, Committee Chair | Attached | Assurance | 6:40 |
| 10 | Membership Engagement Plan Update Tina Bixby, Community Engagement & Charity Manager | Presentation | Assurance | 6:45 |
| 11 | Council of Governor Elections | Attached | Assurance | 6:50 |
| 12 | Council of Governors Forward Plan | Attached | Assurance | 6:55 |
| 13 | Any Other Urgent Business and Questions from the Public (to be advised in advance by Monday 12 January 2026 . Questions submitted on the day will be responded to following the meeting) | | | 6:55 |
| Date and Time of Future Meetings <ul style="list-style-type: none"> • 12 March 2026 • 14 May 2026 • 9 July 2026 • 10 September 2026 • 12 November 2026 • 21 January 2027 (TBC) • 11 March 2027 <p>All meetings will be held in person at Trust HQ (Conference Room, Robert Dolan House, 9 Alie Street, E1 8DE) from 5:00 – 7:00pm unless stated otherwise; January meetings are generally held online.</p> | | | | |

For more information on the meeting, including how to access the meeting, please visit [the ELFT website](#).
Please contact elft.membership@nhs.net for any specific enquiries.

Eileen Taylor
Chair, East London NHS Foundation Trust

Draft Minutes the Annual Members Meeting
Held in public on Thursday 13 November 2025 at 5:00pm
At Conference Room, Robert Dolan House, 9 Alie Street, London E1 8DE

Present:

| | |
|---------------|-------------|
| Eileen Taylor | Trust Chair |
|---------------|-------------|

Governors:

| | |
|--------------------------|------------------------------------------------------|
| Yesmin Begum | Public Governor, Tower Hamlets (term expired) |
| Gren Bingham | Public Governor, Tower Hamlets |
| Liz Birch | Public Governor, Central Bedfordshire (term expired) |
| Dafni Boula | Public Governor, Luton |
| Bob Cazley | Public Governor, Central Bedfordshire (term expired) |
| Renato Congias | Public Governor, Hackney |
| David Edgar | Public Governor, Tower Hamlets |
| Ian Gibbs | Public Governor, Newham |
| Elliot Goodman | Public Governor, Rest of England |
| Rofikul Islam | Public Governor, Tower Hamlets |
| Coral Jones | Public Governor, Hackney |
| Reno Marcello | Public Governor, City of London |
| Robert Morris | Appointed Governor, Central Bedfordshire |
| Andrea Okoloekwe | Staff Governor |
| Eseoghene Okonedo | Public Governor, Hackney |
| Stella Oloyede | Public Governor, Newham (term expired) |
| Jamu Patel | Public Governor, Luton, Deputy Lead Governor |
| John Peers | Staff Governor |
| Ruby Sayed | Appointed Governor, City of London |
| Sharmeen Sheikh (online) | Staff Governor |
| Suzana Stefanic | Public Governor, Central Bedfordshire (term expired) |
| Felicity Stocker | Public Governor, Bedford Borough |
| Hazel Thomas | Public Governor, Newham |
| Gordon Weller | Public Governor, Central Bedfordshire |

In Attendance:

| | |
|-------------------------|-----------------------------------------|
| Tina Bixby | Community Engagement & Charity Manager |
| Dr David Bridle | Chief Medical Officer |
| Barbara Britner | Acting Chief People Officer |
| Vivek Choudhri | Non-Executive Director |
| Alison Cottrell | Non-Executive Director |
| Kevin Curnow | Chief Finance Officer |
| Durka Dougall (online) | Non-Executive Director |
| Julie Glyn-Davies | Director of Nursing, Newham |
| Dr Farah Jameel | Non-Executive Director |
| Prof Dame Donna Kinnair | Non-Executive Director |
| Susan Lees | Non-Executive Director |
| Norbert Lieckfeldt | Head of Governor & Community Engagement |
| Claire McKenna | Chief Nurse |
| Linda McRoberts | Minute Taker |
| Marie Price | Director of Corporate Governance |
| Gavin Shields | Lead Nurse, Newham |

| | |
|--------------------------|----------------------------------|
| Lorraine Sunduza | Chief Executive Officer |
| Deborah Wheeler (online) | Vice Chair, Bedfordshire & Luton |

Members of the Public:

Maya Ash (online)
John Barfield
Susan Fajana-Thomas
Roger Haddock
Hilda Mango
Carole Shaw

Apologies:

| | |
|--------------------|----------------------------------------------------|
| Patrick Adamolekun | Staff Governor |
| Fatima Begum | Public Governor, Luton |
| Shirley Biro | Member & Governor emeritus, Newham |
| Richard Carr | Non-Executive Director |
| Peter Cornforth | Non-Executive Director |
| Caroline Diehl | Public Governor, Hackney |
| Mark Dunne | Staff Governor |
| Sam Everington | Non-Executive Director |
| Richard Fradgley | Executive Director of Integrated Care & Deputy CEO |
| Philippa Graves | Chief Digital Officer |
| Cassandra Howes | Public Governor, Bedford Borough (term expired) |
| Meena Patel | Membership Officer |
| Beverley Morris | Public Governor, Hackney |
| Edwin Ndlovu | Chief Operating Officer |
| Caroline Ogunsola | Staff Governor, Lead Governor |
| Sarifa Patel | Public Governor, Newham (term expired) |
| Amar Shah | Chief Quality Officer |

Absent:

| | |
|------------------|--------------------------------------|
| Viv Ahmun | Appointed Governor, Voluntary Sector |
| Gulam Choudhury | Appointed Governor, Tower Hamlets |
| Sade Etti | Appointed Governor, Hackney |
| Elizabeth Maushe | Staff Governor |
| Melanie Onovo | Appointed Governor, Newham |
| Mark Towler | Appointed Governor, Bedford Borough |

The minutes are produced in the order of the agenda

1. Welcome

1.1 Trust Chair, Eileen Taylor:

- Welcomed everyone to the Annual Members Meeting and Council of Governors meeting held in public, particularly members of the public joining today for the AMM as well as Board members. A warm welcome went to Vivek Choudhri, as a new Non-Executive Director and to Marie Price, the new Director of Corporate Governance.
- Noted this is a meeting in two parts – the Annual Members Meeting followed by the Council of Governors meeting held in public. Members of the public are welcome to leave after the AMM or stay on for the rest of the session.

2. Apologies for Absence

- 2.1 Apologies were received as noted above.

3. Declarations of Interest

- 3.1 No declarations of interest have been received regarding today's meeting or which are not already included in the published registers.

4. Minutes of the AMM/AGM held on 14 May 2025

- 4.1 The minutes of the Annual Members Meeting held in public on 14 May 2025 were approved as an accurate record.

5. Annual Report & Accounts for 2024/25 including the Auditor's Report

- 5.1 Lorraine Sunduza gave an overview of the year, highlighting:
- In 2024/25 the Trust focussed on delivering high quality responsive care, despite the financial pressures and challenges.
 - The emphasis has been on system-wide solutions to improve flow, particularly across services where demand exceeds capacity.
 - Targeted improvements programmes, such as Pursuing Equity to support teams to use Quality Improvement to improve equity in their local areas and the Trust-wide Systems Flow Programme to improve patient flow through the systems, have enabled ELFT to design and embed proven methodologies.
 - The rise in demand had not resulted in an increased use of private beds which was reduced from 87 at the start of the year to about 8 by March 2025. Their use was eliminated in London with substantial reductions achieved in Bedfordshire & Luton.
 - Access to employment support has continued to expand, supported by some targeted investment in Newham.
 - There were some areas where ELFT continued to struggle, particularly due to the complexities of and demand on the Attention-Deficit / Hyperactivity Disorder (ADHD) and Autism pathways.
 - Digital innovation in Newham is resulting in wider plans for digital self-care across the Trust's muscular skeletal (MSK) pathways.
 - Performance and quality controls have been strengthened through the Board reporting framework in line with national planning guidance.
 - Equity and Inclusion are now embedded across all domains.
 - The Going Further, Going Together (GFGT) work has continued and thanks go to colleagues for their efforts working with partners to deliver customer-focussed care on a balanced budget forecast for the current year
 - Participation across collaboratives in both ICBs has been strengthened and work continues on integrated, person-centred care.
 - ELFT provide leadership in North Central and North East London and contribute to the Specialist Commissioning Collaborative.
- 5.2 Alison Cottrell, Chair of the Audit Committee, began with thanks to Anit Chandarana, the previous Chair, attributing the rigour and culture of the Audit Committee to his leadership. Alison highlighted:
- The importance of ELFT having sound controls and robust financial reporting, which are an important aspect of accountability and stewardship. The Audit

Committee reviewed the reports, evidence and assurances provided by the Executive team and the Auditors and was satisfied with the content and processes followed.

- The numbers reflect the enormous effort and achievements of the Executive team and of staff at all levels, working with service users, carers, partners and Governors. What has been important is a readiness to learn and a lack of defensiveness – which is vital for making change but cannot be taken for granted. This is part of the culture it is important for ELFT to recognise, value and maintain.
- Financial sustainability is not just trimming costs; it's about rethinking how things are done - making better use of time and resources. This is not an easy task and it is far from complete. There are difficult decisions to take and risks to manage. The Audit committee are grateful to other committees for the scrutiny they bring to individual risks through their different lenses.
- An Annual Report & Accounts (ARA) should tell a consistent and coherent story. ELFT's ARA achieves this, and it's a story of change. It is the springboard for the change that's happening this year and will be needed next year and the years to come.

5.2 Kevin Curnow highlighted:

- Following the external audit there were no audit recommendations, which is good news. There were some minor amendments, but nothing that introduced any material changes.
- The external auditors – Forvis Mazars - gave an Unqualified Audit Opinion. They found the accounts free from material error, with adequate internal controls, representing Value for Money and judged ELFT to be a Going Concern.

Performance

- The two key figures for 2024/25 are:
 - The deficit for the year for continuing operations was £15.1m but
 - The **adjusted** financial performance showed a deficit of £12.7m.This shows that as in the previous year the Trust was overspent.
- Since the response to Covid, much of the NHS has been overspent to address the fall-out from the pandemic but NHS leadership now expects Trusts to operate within their budgets.
- ELFT's income is about £740m per annum – the majority of which is commissioning income from the two ICBs we operate in, North East London and Bedfordshire, Luton & Milton Keynes. Most of the money – approx. £540m – is spent as expected on staffing.
- ELFT showed a healthy cash balance of £121m at the end of March 2025. Capital expenditure was £12m –spent on estates as well as medical and IT equipment.

6. Showcase: End of Life Care

- 6.1 Eileen introduced this item as a showcase for one of the Governor's chosen strategic priorities for the year – the shift from acute, institution-based treatment to community-based treatments delivered in community settings or at home. This is also one of the priorities in the NHS 10 Year Plan.

Julie Glyn-Jones, Director of Nursing and Gavin Shields, Lead Nurse presented their work in changing end of life care in Newham, highlighting:

- The aim is to ensure there is a plan for end of life, so people can wherever possible die in their place of choice – either a home or a hospice. This offers dignity and choice for everybody and reduces unnecessary hospital admissions.
- This is joined-up care and requires hospices, social care and community services working together. It is aligned with the NHS 'Home First' principle – so is delivering care in line with the long-term plan.
- This project has involved a real shift from previous practice in Newham. The key has been early identification of people nearing the end of life so an end of life care plan can be put in place.
- The care involves:
 - A universal care plan, followed by an advanced care plan.
 - Weekly multi-disciplinary team co-ordinators
 - 24 hour access to Marie Curie nurses and on-call nurses
- The ambition is to have rapid discharge home from hospital, within 48 hours, where that can be done safely.
- This is all about working with partners to ensure the aims can be achieved.
- The target is ambitious - for everyone to have a plan and choice about their end of life care.

7. Questions and Answers

7.1 Report and Accounts

In discussion Governors and members of the public noted:

- So far for this year, 2025-26, ELFT at month 7 shows a £200k surplus and is expected to maintain that for a break-even position at the end of the year.
- There has been a focus on the GFGT programme, which consists of a number of workstreams, such as non-pay expenditure, maximisation of income from commissioners and ensuring ELFT do not unduly spend money on agency staff or private beds. Cost pressures in past years were largely due to expenditure on agency staff and securing private beds for service users.
- Kevin Curnow highlighted the three main financial risks over the next year as:
 - The commissioning landscape – the new funding mechanism for next year has just been released and it is expected it will represent a significant challenge.
 - The unknown demand on services – there is always a risk that demand outstrips capacity with a need to secure costly private bed provision.
 - Staffing – it is a difficult climate in which to recruit and retain staff in the NHS, particularly nursing staff, who are an aging population and difficult to replace.
- Confirmed there is a team looking at income generation in ELFT.

7.2 End of Life Care

In discussion the Governors noted:

- This project is specific to Newham, ELFT's other areas in London have similar services.
- Traditionally, palliative care started with cancer care but it is now recognised this is needed for other conditions. The aim is for all palliative care to be equitable to the care for those with cancer.

- Where there is an expected death, the person's GP will be involved and there is a prescribed legal process to follow after death – that will have been covered in their plan.
- There is provision for people who live alone such as access to a night-sitting service and regular visits during the day by Marie Curie nurses.
- The aim is to reach 100% of expected deaths to be on a Universal Care programme with an end-of-life care plan.
- The service is largely communicated now through working with partners, particularly GPs and hospital consultants though it is recognised spreading the word remains a challenge going forward
- Marie Curie are a charity and there is a question over whether that service could be delivered better in-house longer-term.
- Staffing levels are monitored daily to ensure they are adequate. At the moment, all district nursing posts in Newham are filled.

Separately, a question was asked about the impact of this project on Fothergill Ward and the Ward's staff; Julie Glyn-Jones acknowledged this is a complex situation and gave assurance that as soon as there was more clarity this will be shared with staff. Regular meetings with staff on the Ward will be instituted shortly.

7. Any Other Urgent Business and Questions from the Public

7.1 None raised.

The meeting closed at 5.45pm

Draft Minutes of Council of Governors Meeting
Held in public on Thursday 13 November 2025 at 5:30pm-6.40pm
At Conference Room, Robert Dolan House, 9 Alie Street, London E1 8DE

Present:

| | |
|---------------|-------------|
| Eileen Taylor | Trust Chair |
|---------------|-------------|

Governors:

| | |
|--------------------------|------------------------------------------------------|
| Yesmin Begum | Public Governor, Tower Hamlets (term expired) |
| Gren Bingham | Public Governor, Tower Hamlets |
| Liz Birch | Public Governor, Central Bedfordshire (term expired) |
| Dafni Boula | Public Governor, Luton |
| Bob Cazley | Public Governor, Central Bedfordshire (term expired) |
| Renato Congias | Public Governor, Hackney |
| David Edgar | Public Governor, Tower Hamlets |
| Ian Gibbs | Public Governor, Newham |
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| Rofikul Islam | Public Governor, Tower Hamlets |
| Coral Jones | Public Governor, Hackney |
| Reno Marcello | Public Governor, City of London |
| Robert Morris | Appointed Governor, Central Bedfordshire |
| Andrea Okoloekwe | Staff Governor |
| Eseoghene Okonedo | Public Governor, Hackney |
| Stella Oloyede | Public Governor, Newham (term expired) |
| Jamu Patel | Public Governor, Luton, Deputy Lead Governor |
| John Peers | Staff Governor |
| Ruby Sayed | Appointed Governor, City of London |
| Sharmeen Sheikh (online) | Staff Governor |
| Suzana Stefanic | Public Governor, Central Bedfordshire (term expired) |
| Felicity Stocker | Public Governor, Bedford Borough |
| Hazel Thomas | Public Governor, Newham |
| Gordon Weller | Public Governor, Central Bedfordshire |

In Attendance:

| | |
|-------------------------|-----------------------------------------|
| John Bennett | Outgoing Governor, Tower Hamlets |
| Tina Bixby | Community Engagement & Charity Manager |
| Dr David Bridle | Chief Medical Officer |
| Barbara Britner | Acting Chief People Officer |
| Vivek Choudhri | Non-Executive Director |
| Alison Cottrell | Non-Executive Director |
| Kevin Curnow | Chief Finance Officer |
| Durka Dougall (online) | Non-Executive Director |
| Julie Glyn-Davies | Director of Nursing, Newham |
| Dr Farah Jameel | Non-Executive Director |
| Prof Dame Donna Kinnair | Non-Executive Director |
| Susan Lees | Non-Executive Director |
| Norbert Lieckfeldt | Head of Governor & Community Engagement |
| Claire McKenna | Chief Nurse |
| Linda McRoberts | Minute Taker |
| Marie Price | Director of Corporate Governance |

| | |
|--------------------------|----------------------------------|
| Gavin Shields | Lead Nurse, Newham |
| Lorraine Sunduza | Chief Executive Officer |
| Deborah Wheeler (online) | Vice Chair, Bedfordshire & Luton |

Members of the Public:

Maya Ash (online)
John Barfield
Susan Fajana-Thomas
Roger Haddock
Hilda Mango
Carole Shaw

Apologies:

| | |
|--------------------|----------------------------------------------------|
| Patrick Adamolekun | Staff Governor |
| Fatima Begum | Public Governor, Luton |
| Shirley Biro | Member & Governor emeritus, Newham |
| Caroline Diehl | Public Governor, Hackney |
| Mark Dunne | Staff Governor |
| Richard Fradgley | Executive Director of Integrated Care & Deputy CEO |
| Philippa Graves | Chief Digital Officer |
| Cassandra Howes | Public Governor, Bedford Borough (term expired) |
| Meena Patel | Membership Officer |
| Beverley Morris | Public Governor, Hackney |
| Edwin Ndlovu | Chief Operating Officer |
| Caroline Ogunsola | Staff Governor, Lead Governor |
| Sarifa Patel | Public Governor, Newham (term expired) |
| Amar Shah | Chief Quality Officer |

Absent:

| | |
|------------------|--------------------------------------|
| Viv Ahmun | Appointed Governor, Voluntary Sector |
| Gulam Choudhury | Appointed Governor, Tower Hamlets |
| Sade Etti | Appointed Governor, Hackney |
| Elizabeth Maushe | Staff Governor |
| Melanie Onovo | Appointed Governor, Newham |
| Mark Towler | Appointed Governor, Bedford Borough |

The minutes are produced in the order of the agenda.

Strategic Item

1. From Acute to Community Care

Eileen Taylor opened the meeting with the Governors' table discussion, so that it could directly follow the presentation in the previous Annual Members' Meeting on End of Life Care in Newham Community Health.

Norbert Lieckfeld introduced the discussion topic, which had been communicated ahead of the meeting. Governors took time in table discussion to discuss the **top three priorities** they felt ELFT should focus on when looking at achieving the 10 Year Plan's ambition of moving care from the institution/hospital/ward back to the community and into people's homes. Governors were asked to draw from their experience in the community, as staff members or as appointed governors.

Key points from the discussion groups were collected and will be shared following the meeting (see Appendix 1).

Business Items

2 Welcome

2.1 Trust Chair, Eileen Taylor:

- Welcomed everyone to the Council of Governors meeting held in public, particularly members of the public who joined today for the Annual Members' Meeting and Board members.
- A warm welcome went to Vivek Choudhri, as a new Non-Executive Director and to Marie Price, the new Director of Corporate Governance.

3. Apologies for Absence

3.1 Apologies were received as noted above.

4. Declarations of Interest

4.1 No declarations of interest have been received regarding today's meeting or which are not already included in the published registers.

5. Formal Farewell to Departing Governors

5.1 Eileen Taylor highlighted:

- There are some Governors at the meeting today whose term ended on 31 October and it is hoped they will stand for re-election once ELFT have more clarity around the Government's plans for Foundation Trusts. Eileen confirmed that those whose term has expired are still welcome to attend the public Board meetings.
- John Bennett, however, unfortunately cannot stand for re-election as he has reached the end of his third and final term. Eileen invited John to address the meeting.

John Bennett stressed the pride he felt in having been a Governor for nine years and having the opportunity to positively contribute to projects such as the recruitment of Non-Executive Directors and introducing the business assurance framework. He thanked all the staff, particularly the team in Tower Hamlets, who he is confident will keep the focus on ELFT being at the forefront of improving the health of the communities they serve.

John stressed the value of the culture Governors and Board had created jointly, a culture that is distinguished by mutual trust between Council and Board, and by critical but constructive engagement of Governors.

The Council thanked John for his exceptional contribution and presented him with a small token of appreciation. Eileen paid tribute to him, saying that she hoped he looks back at his time at ELFT with fondness and considerable pride in the difference he has made for the Trust, its service users, carers and staff.

6. Minutes of the Council of Governors meetings held in public and in private on 11 September 2025

- 6.1 The minutes of the two meetings held in public and in private on 11 September 2025 were **APPROVED** as a correct record.

7. Action Log and Matters Arising

7.1 Action Log

The Council noted updates to the action log:

- Two actions are closed:
 - Action 222: Responses to the questions raised at the last meeting on the National Oversight Framework/League Tables have been collated and shared with the Governors.
 - Action 224: Refreshing the Committee membership for 2025/26 is on today's agenda.
- Action 223 is on the Forward Plan as it is about the Council elections and ELFT are awaiting guidance from Government; this is being kept under constant review. In the meantime, Eileen expressed her hope that outgoing Governors will remain close.

7.2 Matters Arising

No matters arising had been advised.

8. ELFT Strategy Review

- 8.1 A written update from Carys Essen, the Director of Integrated Care had been circulated to members of the meeting. No questions or comments were raised.

9. Significant Business & Strategy Committee

9.1 John Bennett highlighted:

- The committee had an in-depth briefing on the NHS 10 Year Plan and its opportunities and challenges. Their summary report has been circulated to the Council.
- It was noted that many of the themes - shifting care from hospital to community, prevention, and workforce development - are long-standing, with the main new element being a strong emphasis on digital and AI transformation.
- Concern was raised that the Plan's section on prevention did not specifically reflect the needs of mental health services.
- The committee stressed the need for digital transformation work to be mindful of digital exclusion.
- Overall, the direction felt in line with ELFT's move to population health.

John highlighted that this had been his last Committee meeting and a new Chair is now being sought.

- 9.3 The Council **RECEIVED and NOTED** the report.

10. Membership Engagement Plan Update

10.1 Tina Bixby highlighted:

- There will be a membership refresh, which will involve writing to every member without an email address to seek their commitment to remain a member and hopefully obtaining email addresses. However, mindful of digital exclusion, remaining a member without an email address will continue to be an option.
- Pop-up events have continued – one example was a successful event at the Friendship Café in Luton which will be repeated in January. Tina had also been to an employment support fair in London and will be attending a similar event in Luton.

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

11. Council of Governors Elections/Committee Elections

11.1 Eileen:

- Thanked all those Governors who are stepping down from the Committees for their hard work in support of their fellow Governors.
- Noted that a review confirmed Governors whose terms ended on 31 October could not have their terms extended under the Constitution.
- Invited Governors to apply to join the Communications & Engagement Committee, Eileen explained this would be an informal process as no election is required.
- Highlighted the Expressions of Interest for both the Nominations & Conduct Committee and Significant Business & Strategy Committees received matched the number of vacancies and therefore no ballot was required.
- The Council were asked for their approval of the amended list of committee members circulated in the report.

11.2 The Council **RECEIVED and NOTED** the report and **APPROVED** the Committee membership as presented.

12. Council of Governors Forward plan

Noted

13. Any Other Urgent Business and Questions from the Public

13.1 The Governors were reminded that the next Board meeting will take place on 4 December in Alie Street and as always they are very welcome to observe the meeting in person or online.

14. Date and Time of Next Meeting

- Thursday 15 January 2026, 5-7pm (online)

Appendix 1 – Table discussion

Your top three priorities when tackling a shift from acute to community care

1. Prevention, Early Intervention, and Population Health

A strong emphasis was placed on intervening earlier to prevent deterioration and reduce reliance on acute services. This includes proactive identification of people at risk of relapse, poor physical health, or loss of housing; early intervention in schools and community settings; and a greater focus on prevention activities such as weight management, smoking cessation, and wellbeing support. Normalising and destigmatising long-term conditions through local self-help and wellbeing groups was seen as key to building resilience and reducing future demand.

2. Integrated, Holistic, Community-Based Care

Respondents highlighted the need to move from a patient-by-patient, illness-focused model to one that supports whole communities. This includes better integration of mental and physical health, personalised healthcare plans for all, and a genuinely multidisciplinary approach that removes organisational and professional silos. Care should follow the patient in the community, with regular monitoring and continuity (for example, routine physical health checks via primary care) to ensure people are not left unsupported as services shift out of hospital settings.

3. Shifting Resources and Workforce Models into the Community

A consistent theme was the need to rebalance resources away from an acute-centric model towards where care is actually delivered. This includes adapting staffing models to work across providers, strengthening infrastructure and support for staff, and ensuring roles such as non-medical prescribers are used effectively in preventative and community-based interventions. There was also recognition that moving patients into the community carries risk, which must be actively managed through adequate resourcing and oversight.

4. Access, Equity, and Clear Care Pathways

Improving access to care—making it easier, faster, and more consistent—was identified as critical. This requires well-designed pathways that support community-based care while addressing existing inequities in access and outcomes across the NHS. Clear pathways were seen as essential to avoiding fragmentation and ensuring patients experience joined-up care rather than gaps between services.

5. Data, Digital Infrastructure, and Communication

Effective community care was seen as dependent on high-quality data, robust IT systems, and shared patient records to enable proactive, data-led decision-making. Excellent communication—between services, professionals, and with patients and communities—was repeatedly highlighted as foundational to making the model work safely and effectively.

Overall summary:

The feedback points to a shift that is preventative, community-anchored, and holistic, underpinned by integrated teams, rebalanced resources, equitable access, and strong data and communication systems to ensure safety, continuity, and effectiveness outside acute settings.

| Council of Governors - Action Log following Council Meeting 13 November 2025 | | | | | | | |
|------------------------------------------------------------------------------|--------------|---------------|----------------------------------------------------------------------------|---------------|----------|--------|-------------------------------------------|
| Ref | Meeting Date | Agenda item | Action Point | Owner | Due Date | Status | Comments |
| 223 | 14/09/2025 | CoG Elections | Review Council of Governor elections in light on NHS 10 year Plan Guidance | Eileen Taylor | Nov-25 | Closed | Election process starting in January 2026 |

- In progress
- Closed
- Forward plan

Communications and Engagement Committee Assurance Report

To: Council of Governors

From: Felicity Stocker Chair of Communications and Engagement Committee

Author: Head of Governor and Community Engagement

Date: 15 January 2026

Agenda Item: Communications and Engagement Committee Assurance Report

1. Purpose of the Report

1.1

To provide the Council of Governors with assurance on the effectiveness of the Trust's arrangements for communications, membership and community engagement, people participation, and related governance matters, as reviewed by the Communications and Engagement Committee.

2. Background

2.1

The Communications and Engagement Committee is a committee of the Council of Governors. Its role is to support the Council in discharging its statutory responsibilities by reviewing and providing assurance on the Trust's approach to communications, membership engagement, community engagement, and people participation.

2.2

The Committee also provides a forum for governors to explore emerging issues, risks, and opportunities relating to public engagement, transparency, accountability, and reputation.

3. Committee Business

3.1

The Committee reviewed and approved the minutes of the previous meeting. No amendments were received.

3.2

The action log was reviewed. An issue relating to the circulation of the action log was noted and resolved, with outstanding actions clarified.

4. Key Areas

4.1 Communications and Media

4.1.1

The Committee received a comprehensive communications update covering external scrutiny and inspections, service and contract developments, senior appointments, and national issues with potential reputational impact.

4.1.2

The Committee discussed internal and external communications following a high-profile legal case involving another provider. Assurance was provided that the Trust was not involved, and that staff communications had been clear and timely to support confidence and understanding.

4.1.3

The Committee was assured that robust internal and external communications processes are in place to manage reputational risk, support staff during periods of heightened media attention, and ensure transparency.

4.1.4

Outdated information displayed on digital screens at one Trust site was highlighted. Action was agreed to confirm ownership and refresh content to ensure accuracy.

4.2 Membership and Community Engagement

4.2.1

The Committee reviewed the Membership Engagement Plan and received an update on recent engagement activity, including pop-up events, community fairs, and partnership-based outreach.

4.2.2

The Committee discussed declining attendance at formal members' meetings and changing patterns of engagement since the pandemic, alongside financial constraints affecting the delivery of face-to-face activity.

4.2.3

The Committee was assured that engagement continues through flexible and proportionate approaches, with a focus on collaboration with partner organisations to maximise reach and value.

4.2.4

A risk was noted that reduced face-to-face activity may limit engagement for some groups. Mitigations include blended engagement approaches, selective in-person events, and shared-cost partnership working.

4.3 People Participation and Co-production

4.3.1

The Committee received an update from the People Participation Committee on service user involvement across directorates, including co-production initiatives and peer support developments.

4.3.2

Work to strengthen service user involvement in crisis services and neighbourhood-based models was discussed.

4.3.3

The Committee was assured that people participation is embedded within governance structures and service development, and that lived experience continues to inform decision-making.

4.4 Safeguarding and Risk Awareness

4.4.1

Governors raised questions regarding safeguarding arrangements, risk assessment, and individualised safety planning following serious incidents.

4.4.2

The Committee received assurance that safeguarding and risk management processes are established and embedded within services.

4.4.3

A safeguarding and risk management refresher session for governors was agreed to strengthen understanding and assurance.

4.5 Charity Governance and Grant Funding

4.5.1

The Committee received an update on the Trust charity's governance arrangements and revised grant-making processes.

4.5.2

The Committee was assured that charity governance is robust and that grant funding is appropriately targeted to deliver direct benefit to service users.

4.5.3

Streamlined grant processes were welcomed as improving accessibility and impact.

4.6 Governor Experience and Exit Feedback

4.6.1

The Committee considered themes emerging from recent governor exit interviews, including the scale of the Trust, the impact of remote engagement, and the importance of identifying a personal area of focus.

4.6.2

The Committee was assured that exit feedback is gathered systematically and used to inform governor development and support.

5. Recommendation

5.1

The Council of Governors is asked to:

RECEIVE and NOTE the assurance provided by the Communications and Engagement Committee.

To: Council of Governors

From: Norbert Lieckfeldt, Corporate Governance Manager

Date: 15 January 2026

Subject: Council of Governor Elections 2026

1. Purpose of the Report

- 1.1 To provide the Council with an update on the Council of Governors elections.

2. Background

- 2.1 As Governors have been advised, the elections originally scheduled for 2025 were deferred until there was more clarity around the Government's plans and schedules for any planned governance changes under the NHS 10 Year Plan.
- 2.2 Governors were advised the Chair would keep this under regular review, carefully balancing the demands on potential candidates who may stand for elections for only a shortened term and the requirement to not expend NHS funds on elections unnecessarily with the requirement to maintain a functioning Council that remains quorate. It has now been agreed to proceed with the deferred elections though candidates will be advised of the potential uncertainties.
- 2.3 There were a total of 11 Governor vacancies, nine public and two staff, across five constituencies as of 1 November 2025

| Constituency | Vacancies |
|----------------------|-----------|
| Bedford Borough | 1 |
| Central Bedfordshire | 3 |
| Newham | 3 |
| Staff | 2 |
| Tower Hamlets | 2 |

3. Timetable

- 3.1 The proposed timetable for the elections will be as follows:

| ELECTION STAGE | DATE |
|-------------------------------------------------|-------------|
| Notice of Election / nomination open | 26 Jan 2026 |
| Nominations deadline | 23 Feb 2026 |
| Summary of valid nominated candidates published | 24 Feb 2026 |
| Final date for candidate withdrawal | 26 Feb 2026 |
| Notice of Poll published | 23 Mar 2026 |
| Close of election | 20 Apr 2026 |
| Declaration of results | 21 Apr 2026 |

- 3.2 Should the number of nominations be less or equal to the number of vacancies, the nominated candidates will be deemed to have been elected unopposed as of 24 February 2026.

4. “Becoming a Governor” Conversation

- 4.1 Three online sessions are being offered for potential candidates (including one on Saturday).

5. Nominations

- 5.1 Members of the Trust in the above constituencies (including staff) will either be emailed or sent a postcard advising them of the opportunity to nominate themselves to become a Governor.
- 5.2 Of the 11 Governors whose terms ended on 31 October 2025, one (John Bennett) reached the end of his third and final term and is therefore not eligible for re-election.
- 5.3 There was one pre-existing vacancy amongst staff governors due to a resignation; the other staff governor whose term ended has now left the Trust.

4. Membership Refresh

- 4.1 As agreed previously, all members we do not hold an email address for will be written to and will be offered the opportunity to confirm their intention to remain members of the Trust and provide an email address.
- 4.2 There will be the option to remain a member of the Trust without providing an email address.
- 4.3 The deadline for confirming membership will be the same as the nomination deadline.

6. Voting

- 6.1 In constituencies where the number of nominations **exceed** the number of vacancies, members will be either emailed or sent a postal voting pack on 24 March 2026 and reminders will be sent to members during the voting window. Voting closes on **20 April 2026 at 17:00**.

7. Action

- 7.1 The Council of Governors is asked to **RECEIVE** and **NOTE** the report.

Report to the Council of Governors

15 January 2026

| | |
|---------------------------------------|---------------------------------------------------------------------|
| Title | Update on the trust strategy refresh |
| Author | Carys Esseen, Deputy Director of Integrated Care |
| Accountable Executive Director | Richard Fradgley, Deputy CEO Dr Amar Shah, Chief Quality Officer |

Purpose of the report

To provide an update to the council on the progress made in refreshing our organisational strategy following the previous updates to the council on 11th September and 10th November 2025.

1. Background

- 1.1. The trust is undertaking a structured process to develop its new organisational strategy – The Big Conversation. More than 1,500 people participated in Phase one, followed by over 230 in Phase two. Phase three, involving a representative group of 14 service users and staff, commenced in early November.
- 1.2. This paper (see accompanying slides) updates the council on the draft strategy that has been developed and iterated with support from the representative group.
- 1.3. We are asking governors for feedback on the draft (slides 4 and 5) in advance of the strategy being presented to the trust board for a decision in principle on 29th January 2026. Governors will be asked the following question as part of this discussion: **Thinking about what matters to members and communities, is there anything that feels too quiet or too loud in this draft?**
- 1.4. Governors are asked to note that the second page of the strategy is labelled Version B. This is because we have been experimenting with different ways of displaying the five priorities, including whether some of them can be combined. For ease of discussion, we have only included version B in the paper as this gives the clearest description of the five main strategic priorities that the Big Conversation has produced.
- 1.5. Governors are asked to note that the strategy will be professionally designed following the board's decision. We will also be developing a strategy delivery framework that will accompany our new strategy, which will be presented to the board in March 2026. This framework will describe how we will phase work over time, and how we will measure outcomes and progress, so that we will know if the strategy is having the desired impact.

End of report – please see accompanying slides

The Big Conversation and our next strategy: Second draft

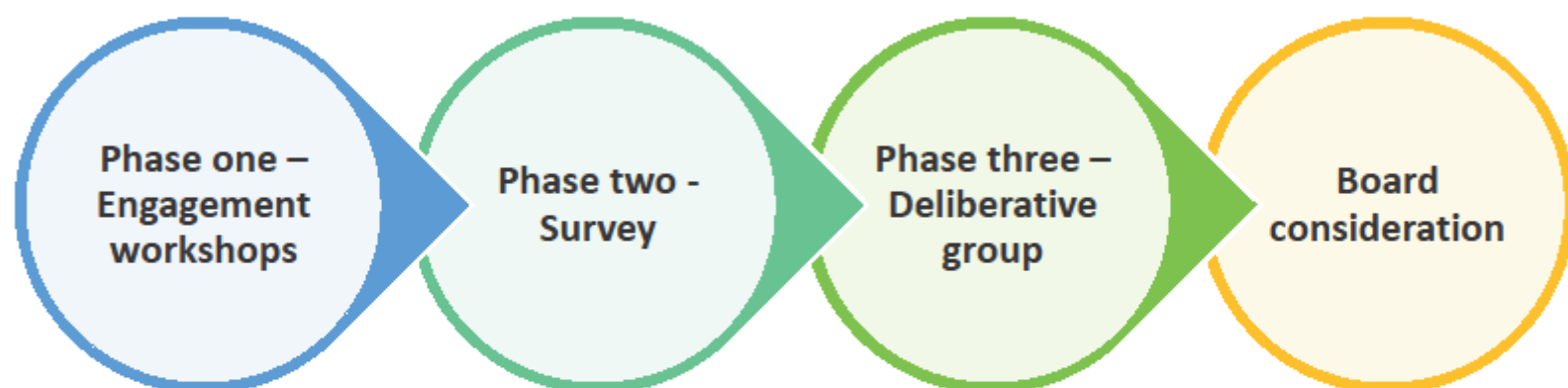
15/01/2026



Recap: Big Conversation Process



East London
NHS Foundation Trust



Over **1,530 people** engaged in workshops, team meetings and webinars between June and September

233 people completed a survey that dug deeper into key themes e.g. digital, prevention and 'basics' in October

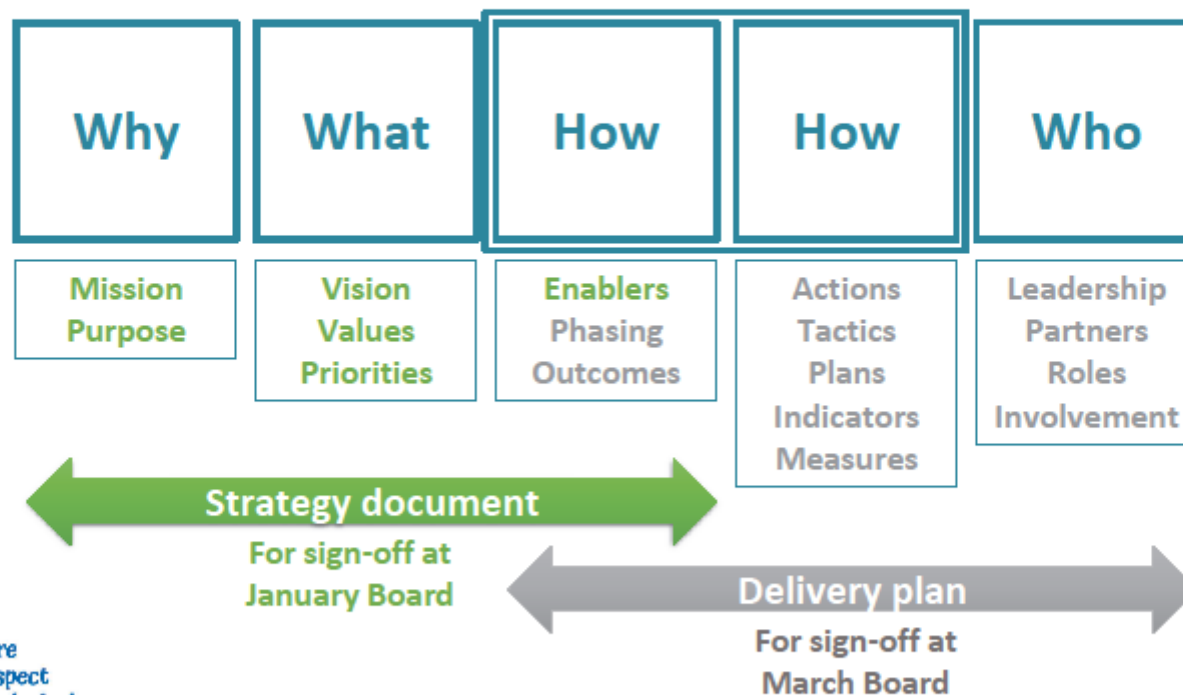
14 people – service users, carers and staff – have been meeting since November to review insights and develop content

The strategy is currently being iterated through board and sub-committee discussions

Underpinning conceptual framework



East London
NHS Foundation Trust



We care
We respect
We are inclusive

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Who we are

Our trust mission

To improve the quality of life for all we serve

Our values

We Care
We Respect
We Are Inclusive

Our core ambitions

In all things we do, we are guided by our 'quadruple' aim to improve:

- Experience of care
- Value
- Population health
- Staff experience

The strengths we're building on

- People participation
- Quality improvement
- Clinical leadership
- Our diversity and approach to inclusion
- Responsible stewardship of our resources
- Our kind and caring staff

Our story

East London NHS Foundation Trust provides community health, mental health and primary care services to a population of around 1.8 million people across Bedfordshire, Luton, and East London.

ELFT was named the first NHS 'Marmot Trust', which means for the last 5 years we've been testing the boundaries of what an NHS Trust can do to tackle some of the drivers of poor health, such as poverty and unemployment.



The context we are working in

Over the next decade, the way we provide mental health and community health care will need to change. Our communities are growing and ageing, and more people are living longer with mental and physical health needs. Health inequities remain too wide in the communities we serve.

Nationally, there is a clear shift towards prevention and supporting people earlier, providing care closer to home, and making better use of digital technology to improve people's outcomes.

Through engagement with staff, service users, carers and partners we heard that people are proud of our kind and caring culture, our commitment to involving people in their care, and our approach to improvement. People also told us that services feel stretched, care doesn't feel joined-up across teams, and that change is needed to make care more consistent and sustainable.

This strategy sets out how we will build on our strengths, focus on what matters most, and work with our communities to improve outcomes, reduce inequalities and deliver high-quality care now and in the future.

Our vision

Together we're building a future where:

- Earlier in their journey, people receive safe, joined-up care, focused on what matters to them
- ELFT is a place where staff choose to build their careers, with the freedom to lead, learn and share what works
- Through partnerships and collaboration with communities, outcomes are fairer for those who need targeted support, and inequities reduce over time

Over the next 5 years we will...

Make care feel joined-up over time - so people feel known, are supported through change and transitions, and don't have to retell their story.

Make ELFT a place where people can do their best work - by creating an environment where staff feel safe and valued, and are trusted to grow, learn and shape how we deliver care.

Make care fairer - by improving access, experience and outcomes when services are not working as well for people, and by standing with communities to tackle racism and discrimination.

Strengthen prevention and earlier help - by working with partners and communities to support people earlier, closer to home, and taking a more holistic approach to mental and physical health.

Build consistency in the things that matter most - by sharing what works and agreeing ways of working, so people can rely on the same high standards of care everywhere.

Essentials for the journey ahead

A well-planned, supported **workforce**, with the roles, development and trust needed to deliver high-quality care

Responsible **stewardship of our resources**, supporting financial and environmental sustainability over time

Collaboration with service users, carers, communities and the voluntary sector, sharing power to improve outcomes and tackle inequities

Digital **tools and information** that enable joined-up care, good decisions and fairer access

Clear and **effective systems and processes** that reduce friction and support consistency where it matters

Safe, welcoming and sustainable **places to deliver and receive care**, fit for the future

A culture of **learning and innovation**, using evidence, insight and research to adapt and improve over time

Measuring progress

How we will know if we're making a difference

The strategy will be accompanied by an outcomes framework that will help us to measure impact and understand if we are making progress towards achieving our vision.

The most important strategic outcomes that we are aiming to achieve are:

- Improved experience of care
- Improved staff experience
- Improved value
- Improved population health

How we will deliver the strategy

For us to achieve this vision, we will plan work over time, be clear about what needs to happen first, and use the essentials for the journey ahead to guide delivery

We will also continue to involve people so that we can understand what is and isn't working and adapt when we need to.

Strategy Development Timeline

The high-level timeline for finalising the strategy is shown below:



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Questions for us?

Questions for you:

- Thinking about what matters to members and communities, is there anything that feels too quiet or too loud in this draft?



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