East London NHS Foundation Trust

Board of Directors Meeting in Public

Thursday 29 January 2026 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 – 16:00 Trust Board in Public
16:05 – 16:30 Teatime Presentation

Agenda

Opening Matters

1	Welcome and Apologies for Absence*	Note	Eileen Taylor	13:00
2	Patient Story: Befriending Service: A Service User's Experience	Note	Manjit Lotay and Joanna Heyes	13:05
3	Declarations of Interests	Assurance	All	13:30
4	Minutes of the Previous Meeting held in Public and Minutes of the ELFT Charity Trustee Meeting held in Public on 4 December 2025	Approve	Eileen Taylor	13:35
5	Action Log and Matters Arising from the Minutes	Assurance	All	
6	Matters Arising from Trust Board Meeting in Private*	Assurance	Eileen Taylor	13:40

Strategy

7	Chair's Report	Assurance	Eileen Taylor	13:45
8	Chief Executive's Report	Assurance	Lorraine Sunduza	13:55
9	Trust Strategy	Approve	Richard Fradgely	14:05
10	Trust Population Health Report	Assurance	Richard Fradgely	14.15
11	Audit Committee Assurance Report	Assurance	Alison Cottrell	14:25
12	Integrated Care & Commissioning Committee Assurance Report	Assurance	Richard Carr	14:30

Quality & Performance

13	Quality Assurance Committee Assurance Report	Assurance	Deborah Wheeler	14:35
14	People Participation Committee Assurance Report	Assurance	Lorraine Sunduza	14:40
15	Quality Report	Assurance	Dr Amar Shah	14:45

16	Performance Report	Assurance	Dr Amar Shah Edwin Ndlovu	14:55
	5 Minute Break			15:05

People

17	People & Culture Committee Assurance Report	Assurance	Deborah Wheeler	15:10
18	People Report	Assurance	Barbara Britner	15:15

Finance

19	Charitable Funds Committee Assurance Report	Assurance	Peter Cornforth	15:25
20	Finance, Business & Investment Committee Assurance Report	Assurance	Sue Lees	15:30
21	Finance Report	Assurance	Kevin Curnow	15:40

Closing Matters

22	Board of Directors Forward Plan	Note	Eileen Taylor	15:55
23	Any Other Urgent Business*: *previously notified to the Chair*	Note	Eileen Taylor	
24	Questions from the Public*		Eileen Taylor	
25	Dates of Future Meetings • 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)			
26	Close			16:00

*verbal update

Eileen Taylor
Chair of the Trust

16:05 – 16:30 **QI/Quality Improvement Teatime Presentation:**
Reducing the use of Baby observations in the City and Hackney Mother and Baby Unit.

Presenters:
• Catherine Furlonge: Lead Nursery Nurse
• Sam McGavin: Senior Carers Lead
• Angela Grant: Service User/Peer Tutor at City and Hackney Recovery College

Board of Directors Register of Interests: as at 19 January 2026

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	• Member, British Medical Association • Member, General Medical Council • Member, Medical Protection Society • Member, Royal College of Psychiatrists
Barbara Britner	Acting Chief People Officer	• Nil to declare
Richard Carr	Senior Independent Director	• Director, Richard Carr Consulting Ltd, Management Consultancy • Managing Director Commissioner, Woking Borough Council (Ministry of Housing & Local Government) • Non-Executive Director, Society of Local Authority Chief Executives and Senior Managers (SOLACE) • Chair, SOLACE in Business Ltd
Vivek Chaudhri	Non-Executive Director	• Director, Global AI Leaders Network (GAIL) • Director, Purposeful AI
Peter Cornforth	Non-Executive Director	• 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

Name	Job Title	Interests Declared
Alison Cottrell	Non-Executive Director	• 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
Kevin Curnow	Chief Finance Officer	• Director, Health Care & Space Newham (joint venture between ELFT and LB of Newham)
Professor Dr Durka Dougall	Non-Executive Director	• Non-Executive Director & 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 the following consultancies ➢ Integrated Development, ➢ People Opportunities, ➢ Panoramic Associates, ➢ Acorn Leadership Development. • Consultant in Public Health Medicine, Kent County Council. • Visiting Professor in Public Health and Population Health supporting University College London (including University College London & Royal Free Medical Schools) and University of East London. • 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 • Member of 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
Richard Fradgley	Executive Director of Integrated Care and Deputy CEO	• 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	• Director, Health Care & Space Newham (joint venture between ELFT and LB of Newham)
Dr Farah Jameel	Non-Executive Director	• 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 • Acting as a consultant to LOCSU (Local Optical Committee Support Unit) ends 31March 2026 • 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	• 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	• Non-Executive Director Barking, Havering & Redbridge University Hospital Trust • Chair of the Charitable Funds Committee of the Barking, Havering & Redbridge University Charity
Claire McKenna	Chief Nurse	• Nil to Declare

Name	Job Title	Interests Declared
Edwin Ndlovu MBE	Chief Operating Officer	• 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
Dr Amar Shah MBE	Chief Quality Officer	• Director, AS Healthcare Improvement Ltd (private consulting and teaching related to healthcare improvement) • Director, A&M Residential Properties Ltd – property management. • National Clinical Director for Improvement, NHS England • National Improvement Lead for Mental Health and Chair of QI faculty, Royal College of Psychiatrists • Member of the National improvement board, NHS England • Member of the Q advisory board (Health Foundation) • Council member at the Healthcare Costing for Value Institute, at the Healthcare Financial Management Association (HFMA) • Faculty member with the Institute for Healthcare Improvement (IHI), US and chair of the Scientific Advisory Group at IHI • Honorary professor, University of York • Honorary visiting professor, City University London • Member, General Medical Council • Member, Royal College of Psychiatrists • Honorary Member, Faculty of Public Health • Private consulting and teaching related to healthcare improvement

Name	Job Title	Interests Declared
Lorraine Sunduza	Chief Executive	• Named shareholder for Health E1 • Named shareholder for Tower Hamlets GP Care Group • Named shareholder for City & Hackney GP Federation • Named shareholder for Newham GP Federation • Member of BLMK Bedfordshire Care Alliance Committee • Member of Central Bedfordshire Health & Wellbeing Board • Member of City & Hackney Neighbourhood Board • Member of City & Hackney Integrated Commissioning Board • Member of Newham Health & Wellbeing Board • Member of East of England Provider Collaborative Board • Member of North East London Community Health Collaborative Committee • Member of North East London Population Health and Integrated Care Committee • Member, Unison
Eileen Taylor	Chair	• Joint Chair, East London NHS Foundation Trust (ELFT) and North East London NHS Foundation Trust (NELFT) • Chair of the NEL Mental Health, Learning Disabilities & 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)	• 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	• 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, 4 December from 1.15pm at Conference Room, 2nd Floor, Robert Dolan House, 9 Alie Street, London E1 8DE

Present:	
Eileen Taylor	Trust Chair
Dr David Bridle	Chief Medical Officer
Barbara Britner	Acting Chief People Officer
Richard Carr	Non-Executive Director
Vivek Chaudhri	Non-Executive Director
Peter Cornforth	Non-Executive Director
Alison Cottrell	Vice-Chair (Bedfordshire & Luton)
Kevin Curnow	Chief Finance Officer
Professor Dr Durka Dougall	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
Claire McKenna	Chief Nurse
Edwin Ndlovu	Chief Operating Officer & Deputy CEO
Dr Amar Shah	Chief Quality Officer
Lorraine Sunduza	Chief Executive Officer
Deborah Wheeler	Vice-Chair (London)
In attendance:	
Liz Birch	Central Bedfordshire Governor
Derek Feeley (online)	Board Adviser
Sasha Fuller	Director of Communications
John Kauzeni	People Participation Lead, Newham and Tower Hamlets
Salima Khatum	Presenter, Patient story
Norbert Lieckfeldt	Corporate Governance Manager
Linda McRoberts	Minute Taker
Beverley Morris (online)	Public Governor, Hackney
Ese Okonedo (online)	Hackney Governor
Jamu Patel	Deputy Lead Governor/Luton Governor
Marie Price	Joint Director of Corporate Governance ELFT & NELFT
Apologies:	
Susan Lees	Non-Executive Director
Professor Sir Sam Everington	Non-Executive Director

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, including Sasha Fuller, the Director of Communications to her first Board meeting and the Governors, staff and members of the public who have joined today.
- Reminded all that this would have been Sam Everington's last meeting before stepping down from the Board. Eileen praised Sam for being a passionate advocate and international beacon for non-medical prescribing. ELFT has been fortunate to have him as a NED and extends huge thanks to him. Sam is passionate about neighbourhood health, and it is hoped ELFT will continue to work with him as a local leader on this approach.
- Acknowledged that Zina Etheridge, the Chief Executive of NEL ICB has now left and will be greatly missed. ELFT look forward to working with Dr Nnenna Osuji who has been appointed as the new Chief Executive and will be taking up her post shortly.
- Acknowledged awareness dates and celebrations during December and January and recognised their role in promoting understanding of key health, social and cultural issues. These included: National Grief Awareness Week, World AIDS Day, International Day of Persons with Disabilities, World Braille Day, International Volunteer Day and White Ribbon Day, calling for an end to violence against women and girls. Eileen wished everyone well for the holiday season and the new year ahead.
- 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, otherwise they will be responded to outside the meeting and questions submitted online will be answered online after the meeting.
- Noted the meeting will be recorded for minute taking purposes.
- Reminded everyone of ELFT's values – we care, we respect and we are inclusive.

1.2 Apologies were noted as above.

2 Patient Story – from Chronic Pain to Peer Support

2.1 John Kauzeni introduced Salima Khatun, who shared her story, highlighting:

- In the past Salima lived with chronic pain caused by an infection that led to misalignment in her knees. Walking became difficult and Salima was frequently house bound. This resulted in physical and mental health struggles. Salima was scared by the thought of major surgery, and the uncertainty of what support would be available after that. Salima felt depressed and hopeless, fearing her loss of independence.
- Salima did have surgery – involving multiple surgeries between 2016 and 2022. The lifestyle changes and loss of independence resulted in a loss of confidence and a worsening of her emotional health.
- In 2017 Salima was referred to the Community Therapy team – a young OT came to the house – Salima confided that she was struggling but the OT worked through her tick list and dismissed Salima's concerns. As a result, Salima regretted opening up.
- In 2018 Salima's second encounter was a joint visit from a physio and OT and this was very different – they talked to Salima like a person and they gave her help with the things she needed. They appeared caring and were listening. They said they'd love to see her out in the community again and that gave Salima hope.
- In 2019 Salima was referred to the gardening for health service – she found this provided a safe space with a purpose and it helped her to move more. Salima met other women like herself and realised she was not isolated and there is healing.

- When the team saw Salima's recovery journey, they noticed she was supporting others and Salima progressed to become a peer support worker and now encourages other people in situations like hers to use the service to help with their recovery journey.
- The experience taught Salima the profound impact services can have - the positive encounter with the therapy team became the stepping stone to rehabilitation, whereas the negative one nearly pushed her to despair.

2.2 In discussion the Board:

- Noted that the gardening project was introduced by an Allied Health Professional who found that patients were constantly referred back to physio but were not improving. The gardening project encouraged people to forget their pain and to exercise without realising they were doing it, while finding happiness in the results of their work, so they improved. It provided a calm space where people could work at their own pace and form connections with others.
- Supported continuing with non-medical prescribing and the need to understand that recovery is likely to be faster and more effective when considering the whole person, instead of just focussing on one issue.
- The Board and Salima questioned how ELFT can use her insights with colleagues delivering services. Noted there are several ways this will be done:
  - The Trust is refreshing its strategy and need to think about experience of care, which is about how ELFT interact and work with service users and this story demonstrates the importance of aligning that with the Trust's values – of care, respect and inclusivity.
  - Sharing personal stories is powerful and they will be used in training and development programmes. Leaders need to ensure it is understood what the expectation of each interaction is.
  - The Trust are committed to growing the number of peer support workers.
- Acknowledged it is particularly important to champion alternative services, such as gardening projects, as they do not get the recognition they should and there is a tendency towards traditional services, particularly in times of financial pressure.

Salima is aware of another person who has gone from doing nothing and through this project to great success. She will share that story when it is ready. Salima agreed to help ELFT with how to interact and engage with the service users in Community Health Services.
The Board thanked Salima for sharing her story and praised her for being willing to share her experiences to help others and influence how things are done.

3 Declarations of Interests

3.1 Declarations are recorded on the published register of interests circulated with the papers. Dr Farah Jameel and Dr Durka Dougall have submitted minor updates since the current version of the register was distributed, however, these are not related to any items on the agenda. There were no additional declarations in respect of agenda items today.

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

4.1 The minutes of the meeting held on 25 September 2025 were **APPROVED** as a correct record.

5 Action Log and Matters Arising from the Minutes

5.1 The Board noted the following updates:

- Actions 410 and 411 – follow-up actions from the Patient Story about absconding, safeguarding and greater family support – these are underway and Claire and David will report back to Board on those in March 2026.
- Action 412 – People Report – request for further information to be included – this has been included in the report which will be discussed today. This action is now closed.

6 Matters Arising from Trust Board Meeting in Private

6.1 None – relevant matters are on the agenda for this meeting.

7 Chair's Report

7.1 Eileen Taylor presented the report and highlighted:

- Due to the change in ICB governance, the Mental Health, Learning Disability and Autism committee is no longer a formal committee of the ICB. ELFT and NELFT are going to continue to meet in a similar format with patient experience leads to continue to set priorities for this collaborative work informed by members of the community. At a recent meeting a patient experience lead talking about what neighbourhood health means to them; also, the first edition of 'Project Social' was presented – a co-created newsletter. That meeting strengthened the resolve to ensure service user and community members voices are front and centre of everything ELFT does.
- Thanks to ELFT colleagues for their continued commitment and focus on communities and patients during what has been a difficult year. The demands faced by teams have been high at a time when there is a need to consider a new planning framework and make unprecedented savings. So huge thanks go to all the teams for everything they do as we are now going into the toughest time of the year.

7.2 **Non-Executive Directors' Visits**

Eileen Talor reported on her visit to the **Barnsley Street Neighbourhood Mental Health** team with Durka Dougall, Farah Jameel and Alison Cottrell, highlighting:

- This is a new model of care based on 24/7 mental health care; it is being piloted at Barnsley Street (Tower Hamlets) with a model inspired by the work in Trieste in Italy. Six Trusts across the country bid for money to run pilots and ELFT has been the first to open their unit.
- The Centre is part of the neighbourhood and is not obviously labelled NHS.
- The passion of the teams talking about this model and what it means for patients was clear.
- The challenge is that the pilot funding is finishing June 2026. The ten-year plan is looking at increasing units like this, so it is hoped further funding will be available.

Deborah Wheeler reported on her visit with Liz Birch, an ELFT Governor, to the **Learning Disability team at Twinwoods**, near Bedford, highlighting:

- This is an MDT team offering a whole suite of services, including sight and hearing testing and weight management, so a really integrated system.
- One of the team members had won the 'improving service user experience' category at the staff awards and another runs the ELFT choir. They gave other examples of going 'above and beyond' to help patients.
- The team's concern was the level of resource they have for the number of people in their area with a learning disability, especially when compared to the resources in neighbouring Hertfordshire and Bedfordshire. This may present an opportunity with the new ICB to look at equity across the patch.
- They participated in a physical health project which resulted in reducing general admissions by 40% and repeat admissions by 50%, which is a benefit to the whole wider system. There are challenges about how to sustain this.

- They had some money from the Queen's Nursing Institute to develop a garden on site and this has encouraged some people who had not been leaving their homes to come and join in the gardening, which was a massive step forward.
- There had been some IT issues with training and connectivity, and this appeared to be something to watch across the organisation.
- It was clear the team are passionate about what they do.

Vivek Chaudhri reported on his visit with Sue Lees and Hazel Thomas, an ELFT Governor, to the **Greenhouse practice**, highlighting:

- This practice is a transitional practice, focussing on homeless people, asylum seekers and refugees – people who would find it difficult to access a GP as they have no address.
- The team stressed the need to treat every patient with respect and dignity and create a warm and welcoming culture. They emphasised the importance of active listening.
- The staff were proud of the improvements they see in patients, patients keeping appointments and going less to A&E and they were proud to have received awards over the last few years.
- Concerns are: their contract is through ELFT and they feel there may be other funding from the ICB, which they have not got access to. Digital exclusion is a concern, as their patients do not have digital devices so online systems do not work for them.
- They raised three challenges they would like help with – agile HR and recruitment challenges, as they find recruitment is a cumbersome process; finance support is needed and they are requesting a finance partner who understands primary care; also the NEL homelessness strategy offers opportunities to bid for more contracts and they would like support to bid for those.
- Overall they were a compassionate team driving some amazing outcomes.

Eileen Taylor thanked all the NEDs for the visits they have done throughout the year – it provides important information for triangulation as well as an opportunity for staff to meet NEDs.

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

8 Chief Executive's Report

8.1 Lorraine Sunduza highlighted:

- Going Further, Going Together continues and will be covered in the Finance report.
- Contacts across the organisation have continued, including Trust Live, Directorate Awaydays, CEO discussion groups and breakfast meetings. This has been energising and a good way to connect with colleagues.
- The 'Big Conversation' related to the refresh of the Trust strategy has continued, and the Board will look at the recommendations next week.
- There was a Joint Staff committee awayday with the Unions. There is now an action plan for the year ahead,
- Lorraine Chaired a Suicide Prevention roundtable, as sadly there have been a number of suicides of nursing staff over the past year. They looked at learning and there is a request to all Trusts about information relating to the suicide of colleagues to look more broadly and to continue to learn.
- Both ICB systems are going through re-structuring – ELFT aim to support people there through the process and to understand the implications for the Trust.
- The Trust continues to operate under sustained pressure driven by demand, acuity, workforce challenges and wider system constraints. There have been resident Doctor's strikes, however, work has ensured patient care is not compromised. Thanks go to colleagues for their positive response to dealing with the high demand.

- The Trust are working with NHS England to increase beds, particularly in Bedfordshire & Luton, which will be helpful.
- ELFT left Rainham, Victoria and Five Elms Medical Centres at the end of September. They remain in our wider system so will continue as colleagues in a different way.
- The Newham Transitional Practice is celebrating its 25-year anniversary - as reported earlier, they concentrate on people who face barriers accessing traditional GPs.
- The CQC arrived to do an inspection with one day's notice. They came to the Crisis and Health-based Place of Safety – this was part of an ongoing inspection, which will involve five core services and culminate in a well-led inspection. There has been some high-level feedback and that will be looked at and learned from as the work progresses. Thanks go to Claire Mckenna who has led ELFT through the inspection.
- 'Flu has come earlier this year and is having a real impact and affecting services, which is an additional pressure.
- The report covers the mid-term plan, which is involving a lot of work to tight deadlines and the Board will meet to look at this next week.

Richard Fradgley gave an update on the planning:

- The Executive team are preparing three-year plans – a financial plan, a capital plan, a workforce plan and a plan to deliver against operational priorities. These plans have to be triangulated with the two ICBs – the new Central East and North East London, so there are frequent conversations with our partners.
- Interim plans are due to be submitted on 17 December, and they will be discussed by the Board next week. The final plans have to be submitted on 12 February 2026 with further detail going through committees in the new year.
- National priorities include:
  - Growth in mental health in school teams to 100% cover by 2029.
  - Increase in the number of people with serious mental illness being supported into work – those services are provided both by ELFT and the voluntary sector.
  - Increase in recovery and reliable improvement in Primary Care Talking Therapies.
  - Reducing out of area placements and reducing length of stay.
  - Reducing reliance on in-patient services for people with a learning disability.
  - There are also Community Health Service requirements about reducing waits of more than 52 weeks and reducing the number of people waiting longer than 18 weeks for community services.
  - There is a strategic focus on the development of Integrated Neighbourhood Teams.
- ELFT are including key local priorities in the planning, including neurodiversity in Newham, where children and young people have long waits, ADHD services for adults across the Trust and mental health in Emergency Departments. Also, Barnsley Street is a flagship project and there is a need to plan for its continued funding.
- The plans need to reflect the Trust strategy and what matters to our service users and staff. The strategy will come to the Board in January to discuss how to build those strategic priorities into the plans.

8.2 In discussion the Board:

- Noted that the main themes that have come out from staff in the contact meetings are:
  - The variation that exists - this is why the staff engagement plan has been started. The plan is to give this real focus across the Executive team, with the aim of influencing the leadership group across the Trust. Work is happening with leadership teams where variation has been noted.
  - Recently, demand and recent changes requiring new skills has come out, particularly through the financial governance, which has been new to many staff and it has happened at a time of high demand.
  - A change recently is that more people are attending and engaging.

  - Themes are not all about spotting gaps – there is a need to capture and share some of the amazingly good work that is heard about. It also comes out that teams have not always received communications that have gone out. So, improved communications are key.
- Noted that previously the NHS was doing annual planning and the new strategy gives an opportunity to plan for longer – over 3-5 years.
- Noted that to reach the middle leadership group, there are now more awaydays and Claire McKenna meets with senior nurses at least twice annually. It is recognised it is important to continue to celebrate successes if ELFT are to avoid staff burnout.

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

9 Audit Committee Assurance Report

9.1 As chair of the committee. Alison Cottrell presented the report of the meetings held on 20 October and 27 November 2025, highlighting:

- Time was spent on risk – both the BAF overall and individual risks. Looking at how to have more specific actions to mitigate risks. The aim is for the BAF to be a framework to move forward and to be able to use it to assess whether it is being applied consistently and whether it is giving the Board the most helpful way to look at strategic risks. A lot of work has gone into this, and phase two of that work is now beginning.
- Considered work on counter fraud and noted the very good work being done by the team.
- Discussed declarations, gifts and hospitality. There is a new policy coming in and a new approach. This is focussed on a culture change, and the committee recognised the need for a strong communications and leadership on this.

9.2 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 meetings held on 16 October and 20 November 2025 highlighting:

- The committee continue to take assurance from the reports from the provider collaboratives and they are delivering some impressive outcomes.
- The population health work – looked at what has been achieved and what the future goals should be. Suggested using a Board Development day to look at how to take this to the next level. Agreed to do this after the new strategy has been agreed.
  ACTION: Marie Price
- Risk – have retired one risk and built in some changes to reflect the potential issues in terms of procurement arrangements. Also recognised there are broader risks as a result of the changes across the NHS landscape that need more thought.

10.2 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 meetings held on 14 October and 10 November 2025, highlighting:

- Prevention of Future Deaths and related reports were looked at - learning is being picked up and actions are monitored. Until these actions are complete, it is not felt that the score for BAF risk 4 can be improved.
- Looked at continuing healthcare and Deprivation of Liberty – where there are backlogs linked to the Mental Capacity Act.

- Looked at autism for children and adults and the work being done to drive down the huge waiting lists.
- Received assurance on the processes for monitoring high risk medications. There is some work to be done on physical health checks, however, that monitoring is usually done by GPs.
- The Provider Capability Assessment was looked at under the quality of care.

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

12 People Participation Committee Assurance Report

12.1 As chair of the committee Durka Dougall presented the report of the meeting held on 18 September 2025, highlighting the main issues:

- Service updates were presented about how service users are being involved:
  - Heard about Barnsley Street in Tower Hamlets – the issue is about how to gather the learning and expand it to other areas.
  - City & Hackney presented an exciting journey of growth and innovation.
  - Newham presented a beautiful story about a co-created 'cards of kindness' project.
- Crisis services – heard the case for why this needs a review. A Trust-wide steering group is going to be set up to look at crisis services and how to use experience to build pathways and consider equity.

12.2 In discussion the Board:

- Welcomed the work on the crisis services and prevention as there has been on-going discussions about the number of people presenting to crisis services who have had no previous contact with services.
- Noted that in addition to anecdotal stories, there are hard outcomes from PP, through the growth of peer-to-peer support and co-design across the system improving service provision. , Co-production is embedded in everything that is done, , for example involving service users in interview panels. Individual aspects of work, such as employment and training opportunities are measured.
- Noted that the annual PLACE survey is more than co-production - it is led with service users and is improving every year due to that ownership by the service users.

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

13 Quality Report

13.1 Amar Shah highlighted:

- The quality assurance section relates to the patient story at the last Board about in-patient care and the risks involved, particularly during times of high demand. There has been a deep dive into those risks, including using data to identify any variations in the risk areas. The report outlines systems in place to ensure quality and safety is maintained to give Board assurance.
- The improvement section of the report shows how quality improvement (QI) is being applied across the organisation and that it has resulted in quantitative improvement across all four of the strategic priority areas.

The Board praised the Quality report for showing how the Trust respond to patients' feedback andstories.

14 Performance Report

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

- All the metrics in the effectiveness domain are showing improvement over time, which is really positive. In particular, Community Health Services have achieved a real reduction in waiting lists.
- The results for quarter 2 have just been made available. Of the 11 metrics used for the NHS Oversight Framework, ELFT can influence six of them and have improved on all six in both actual performance and comparatively to other Trusts. Therefore, there has been a shift in a positive direction, although ELFT remain at the upper end of segment 3.
- Services are under pressure but doing their best to continue to ensure quality of patient experience is the focus. Urgent care response has been improved, which is critical and is also about how ELFT support Ambulance Services which has a direct impact on A&E.
- The length of stay remains high and there is some focussed quality improvement going on around that, some of which is about interaction with local authorities as delays in accessing housing are contributing to this.
- It is important to monitor and ensure staff wellbeing during these difficult times and Executives are prioritising that.

14.2 In discussion of the Quality and Performance reports the Board:

- Noted that 72 hour follow ups are a recognised area of risk when wards are so busy. Working is going on to embed them into the daily huddles on in-patient wards and to have oversight mechanisms so that if a check is missed it is quickly spotted.
- Noted the mental health waits are almost exclusively due to ADHD and autism waits. The ADHD waits are starting to stabilise due to work with the ICB and this is an area of significant focus for planning with the ICB for next year and beyond.
- Noted that issues flagged as areas to watch are monitored. Many of the things flagged have not transpired to be long term trends, those that have are now in 'areas of concern' and have assurance and plans around them.
- The issues around flow and the impact on in-patients will be monitored through Quality committee as sustained pressure can have various impacts over time.

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

10 minute break

17 People & Culture Committee Assurance Report

17.1 As chair of the committee Deborah Wheeler presented the report of the meetings held on 16 October and 14 November highlighting:

- There was a focus on medical workforce where there is a whole range of work going on around supporting Doctors and improving retention. This feeds into the work on reducing the use of medical agency and locum and enables people to develop their careers and supports SAS Doctors.
- There was a presentation from the Men's Network, which is still in its early days. They are not getting great engagement and are going to look at what is being done in other organisations to see if that may help.
- Received assurance through the annual re-validation report that Doctors and Nurses are appropriately maintaining their Registrations and they are tracked.
- There was an extraordinary meeting to look at the Provider Capability Assessment, which has been discussed at Board previously.

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

18 People Report

18.1 Barbara Britner presented the report, highlighting:

- Targeted work is having a positive impact on the key people metrics.
- There has been a significant reduction in the over establishment and agency use, resulting in the use of more Bank than agency staff.
- There is an improvement in the staff survey response rate – from 34% last year to 50% this year. This is a real credit to the work put in across the organisation.
- The length of time taken for people relations issues remains high and a QI project is underway to identify and address the issues.
- Industrial relations unrest continues – as well as resident Doctors, some of the Trust contractors undertook two weeks industrial action and are proposing further action.
- The deep dive into sickness absence reports on August 2024 to August 2025 to understand whether measures introduced are having the desired impact. This shows:
  - National benchmarking shows that overall NHS sickness absence rates have increased since 2023 to higher than pre-pandemic levels and mental health Trusts historically have higher than average rates.
  - The overall rate at ELFT has increased from 4.38% to 5.22% over the last two years. The main named reason is stress and anxiety. However, the main reason recorded at ELFT is 'other' which is a key area to understand.
  - Long-term sickness is defined as an episode of 28 days or more. Historically short-term sickness was the highest, but now it is long-term.
  - The Directorates are showing varying degrees of success – in some areas there is no direct impact from the interventions. The structure of the deep dives is being looked at to ensure the results are showing like for like.
  - Some of the staff survey results show the results score lower than average on areas that relate to sickness absence – people say they feel pressured to come to work when they are unwell. It was noted that this is an area to understand and educate managers on.
  - Next steps include: reviewing how we train and support managers and looking at how we report and bring assurance. To look at this through different lenses, the reasons for sickness will be taken through the well-being workstream.

18.2 In discussion the Board:

- Noted that the people relations cases are shifting to ones that are more complex and it is thought managers may be struggling with the complexity and size of some of the investigations they need to do. Plan to look at whether it might be more efficient to use external investigation services.
- Received assurance that there will be a focus on referring people to occupational health (OH) more quickly.
- Noted the categories used to give reasons for sickness are on the Employee Staff Record but do not always give useful information to managers and they will be looked at again. Cautioned that the headache category could be a sign of stress and be classifying it inaccurately.
- Noted that there is no data to correlate long-term absence with absence of reflective practice, de-briefing or appraisals - consideration will be given to how these factors could be looked at. Received assurance that trends in Departments are monitored. Highlighted that there is a pilot happening with GPs that when a sick note is done for staff a referral is automatically made to 'Work Well' to put support in place to get them back to work and there may be some good practice from that pilot which could be shared. Questioned whether ELFT are back to pre-Covid establishment in corporate services, as that was a requirement of the planning guidance. Agreed to check the data on that and update the Board.
  ACTION: Kevin Curnow
- Noted ELFT were asked by the NHSE central team to reduce corporate by 50% of the growth from pre-Covid levels and details will be shared again through Finance

committee. Overall, the staffing establishment in the last two years has dropped by about 500, some of which was related to stopping the delivery of primary care.

- Noted that the issue of reported overdiagnosis in mental health, which is in the media, has not come through from staff, possibly as ELFT are more about secondary care and more severe cases. There has been more debate about ADHD about the diagnostic rate, where people discuss whether this is over diagnosis or unrecognised need.
- Highlighted that many issues raised could be related: the stress and anxiety could reflect more challenging circumstances and that puts an onus on the way the Trust supports people, particularly how managers are equipped. Also, some of the insights from Freedom to Speak Up show that situations escalate when they are not dealt with at an early stage and that may feed into some of the time-consuming people relations issues which become more complex.

NELFT Court Case

- Noted that a webinar was hosted by David Bridle and Claire McKenna for clinical staff about the recent NELFT case where an individual was held accountable. The webinar attracted over 600 attendees. This was the start of a conversation and there will be opportunities for further discussions. The aim is to look at whether the arrangements in place to support staff are as good as possible. This also builds on staff experience of Coroner's courts, which is sometimes very difficult for staff members.
- Noted there is a need to balance a number of things, such as the systems and processes, to support people to practice safely, and the tension between wanting people to work at the top of their licence and their possible inclination to work defensively. ELFT's aim is to continue to support people to be the best they can be within their role.
- It is likely that things will come out from the NELFT case which will have an impact nationally.
- Eileen Taylor shared that the NELFT Board had discussed the case for the first time recently, as it could not be discussed during the legal process. Eileen began by expressing sympathy for Alice's loved ones as this has been ten years of an agonising journey for her family. Things will have been done differently to current practice, but it is important to ensure any significant learning is picked up, which is an absolute priority focus for the Board. It was agreed the relational care aspect is so important to pick up.
- Agreed that supporting the staff is a priority and it may be that a continuing series of webinars will be needed, not least as it is important to hear the concerns of staff.

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

19 Finance, Business and Investment Committee Assurance Report

19.1 In Sue Lee's absence, Alison Cottrell presented the report of the meetings held on 13 and 23 October and 27 November 2025, highlighting:

- Very good progress on finance and the Going Further Going Together financial viability programme. Financial viability probably gets harder over time as fatigue sets in and the committee felt good communications are key to sustaining an understanding of why this matters. Stressed the need to maintain a collaborative approach as most of our work is in partnership and what ELFT does will impact other organisations in the system.
- Considered the updated procurement policy and the tangible benefits its application had brought. Noted that the procurement team will from next year be part of the new NE London Integrated Care System Procurement partnership.
- Considered the Trust Green Plan update, which now comes to FBIC every other meeting. It is hoped the increased scrutiny will help to embed it as part of business as usual and as part of the next strategy.

20 Finance Report

20.1 Kevin Curnow presented the report for the end of month 7, highlighting:

- ELFT have a £200k surplus at the end of October, which is ahead of plan and on the right trajectory to achieve the planned for break-even position at the end of March 2026.
- Capital expenditure – the allocation this year is about £25m and so far about £10m has been spent, which is about £4m behind the original plan, however, the plan was re-forecast two months ago and the spend is ahead of the re-forecast plan.
- ELFT have over £140m in the bank – while that cannot be spent, it does afford us about £1m interest this year.
- There are three areas of concern:
  - Private bed usage has increased, predominantly in BLMK. There is a plan which should see those numbers reduce.
  - There is a small increase in agency spend and usage.
  - The Going Further Going Together programme is ahead of plan, but a number of schemes have been delayed and if they do not deliver, that will mean there is pressure to deliver more in the next year.
- The finance team are now focussed on looking at next year. Tariff inflators/deflators have been issued for the next three years providing information on what to expect from commissioners. Information was also received from NEL ICB about transformation funds at the moment – this related to one year, with the position for the next three years expected shortly.
- On the NOF indicators, ELFT's financial position scores a 1 and it is anticipated that will be maintained through to the year-end.
- There are some challenges within staff groups about some of the actions taken this year and this makes clear how important it is to improve the communication to increase understanding of what is done and why.

20.2 In discussion the Board:

- Commended the finance team for all the work being done.
- Confirmed the re-casting of the capital budget is designed to use the total allocation and that it is over-programmed by 5%.
- Highlighted that the consistent issues raised on visits are related to back-office function support and capacity estates etc. Stressed the importance of finding the right balance between those needs and the requirement to reduce the corporate headcount. The good progress on reducing bank and agency headcount was noted. The benefits of using bank staff was recognised, particularly the flexibility to respond to peaks or specific requirements.
- Highlighted that the score in the Oversight Framework may be linked to the capital allocated to organisations rated 2 and above. Noted that ELFT want to reach the status where they are allowed to spend some of the capital reserves and to do that will probably require scoring 1 or 2.
- Noted that there have been Awaydays for the Estates and IT teams, taking note of the demands on them while enabling teams to plan for the future.
- Noted that as ELFT are required to save 2-3% each year going forwards this will require consistency, support, commitment and endurance from the Board. Noted that some of this work has been new to the wider leadership and teams and has been stretching. The new strategy will need to look at how to bring equal energy to all the various things that need to be done, ensuring that the GFGT programme is sustainable, to recognising the need for strong leadership capacity and capability. There will be a broader Board discussion about taking the learning from GFGT.

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

21 Board of Directors Forward Plan

21.1 Noted.

22 Any Other Business

None

23 Questions from the Public

23.1 None

24 Chair's Closing Remarks

Eileen acknowledged:

- This has been a year of huge change, with many external factors including new national leadership, the NHS ten-year plan, financial pressures and wider structural change in the NE London system.
- Some of the national and media discussions regarding ADHD and autism is concerning– ELFT sit in the collaborative where the impact of undiagnosed conditions is explained by patients, it impacts their employment and their livelihoods. It can be difficult to hear debates about whether these issues are real for people.
- It is important not to lose sight of the enormous good being done by this Trust and it is incumbent on the Board to be the face of that positivity and to share it. Examples are:
  - GFGT has been revolutionary, it has been tough, but it has been an amazing achievement and brought in a strengthened financial discipline that was needed.
  - The staff engagement plan is strong and provides important feedback from our staff, including the union engagement mentioned by Lorraine.
  - The patient story talked about empowering patients and demonstrated that through that empowerment, some service users can end up working for the Trust and empowering others.
  - Barnsley Street is an area of innovation to be proud of.
  - The Big Conversation is building the new strategy and gives reason to be optimistic.

The Board remains focussed on outcomes, population health and bringing the communities along with us. Eileen thanked everyone for all they do and wished everyone a peaceful holiday season.

24 Date of the Next Meeting

24.1
- Thursday 29 January 2026 (London)

The meeting closed at 4.00pm

ELFT Charity

DRAFT

Minutes of the Meeting of the ELFT Board of Directors as the Corporate Trustee at 1p.m. on Thursday 4 December 2025 at Conference Room, 2nd floor, Robert Dolan House, 9 Alie Street, London E1 8DE

Present:	
Eileen Taylor	Trust Chair
Dr David Bridle	Chief Medical Officer
Barbara Britner	Acting Chief People Officer
Richard Carr	Non-Executive Director
Vivek Chaudhri	Non-Executive Director
Peter Cornforth	Non-Executive Director
Alison Cottrell	Vice-Chair (Bedfordshire & Luton)
Kevin Curnow	Chief Finance Officer
Professor Dr Durka Dougall	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
Claire McKenna	Chief Nurse
Edwin Ndlovu	Chief Operating Officer & Deputy CEO
Dr Amar Shah	Chief Quality Officer
Lorraine Sunduza	Chief Executive Officer
Deborah Wheeler	Vice-Chair (London)
In attendance:	
Liz Birch	Central Bedfordshire Governor
Derek Feeley (online)	Board Adviser
Sasha Fuller	Director of Communications
John Kauzeni	Manager, Community Health, Newham
Salima Khatum	Presenter, Patient story
Norbert Lieckfeldt	Corporate Governance Manager
Linda McRoberts	Minute Taker
Ese Okonedo (online)	Hackney Governor
Jamu Patel	Deputy Lead Governor/Luton Governor
Marie Price	Joint Director of Corporate Governance ELFT & NELFT
Apologies:	
Susan Lees	Non-Executive Director
Professor Sir Sam Everington	Non-Executive Director

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, particularly Sasha Fuller, the Director of Communications to her first Board meeting and the Governors, staff and members of the public who have joined today.
- Introduced the meeting as the meeting of the ELFT Charity, for which the entire ELFT Board serves as the (sole) Corporate Trustee.
- Reminded everyone that the charity was founded in 2022 to hold and distribute the funds previously administered on ELFT's behalf by Barts Charity. The Annuel Report shows examples of some of the amazing work the charity has since supported.
- Noted the meeting will be recorded for minute taking purposes.

1.2 Apologies were noted as above.

2. Declarations of Interests

2.1 There are some additional Declarations from Farah Jameel and Durka Dougall, which will be added to the register, however, they are not related to agenda items.

3 Charitable Funds Committee Assurance Report

3.1 Peter Cornforth presented key points from the report of the committee meeting on 13 November 2025, highlighting:

- The financial update showed a positive impact from bringing the governance and admin. In-house to ELFT's team.
- The governance has also been improved by Sue Lees joining the committee and Richard Fradgley is now taking a leadership role.
- Thee is still about £1m in cash available after the grants given out.
- Policies have been reviewed and brought in line with best practice.
- The committee received and approved the independent exam of the Report & Accounts.
- There was a positive discussion about the future framework and direction of the Charity, which will involve better financial planning and modelling and there will be a business plan which has not happened before. There will also be a new focus on communications, which Sasha Fuller has agreed to support.
- There is a pause on grant giving while the Charity re-assesses its position and starts again in the new year.
- Despite the pause, a 'Moments of Joy' grant was launched last week, encouraging service users to apply for a small grant to be spent by the end of the year on an endeavour to bring joy and already there have been 71 applications from teams.

3.2 The Trustee **RECEIVED** and **NOTED** the report.

4. ELFT Charity Annual Report & Accounts 2024/25

4.1 Richard Fradgley presented the Report & Accounts for April 2024-March 2025, highlighting:

- The report was considered by both the Charity committee and the Audit committee and they recommend it to the Board for approval.
- Page 8 of the pack details some of the projects invested in by the charity, including grants of about £140k to various causes. Examples are:
  - the 'Healthier, Wealthier' pilot, giving Benefits advice in children's services in Newham – that has been well evaluated and is now being rolled out to other areas and has attracted attention from outside the Trust.

- Smaller grants, such as the gardening project, which has done incredible work, including the Hope Garden in Newham. This is about changing uncared for patches of land across the Estate into beautiful gardens and is now being rolled out across the Trust, including Bedfordshire and Luton.

4.3 The Trustee **RECEIVED** and **APPROVED** the Report & Accounts for 2024/25 for the Charity.

5 Any Other Business

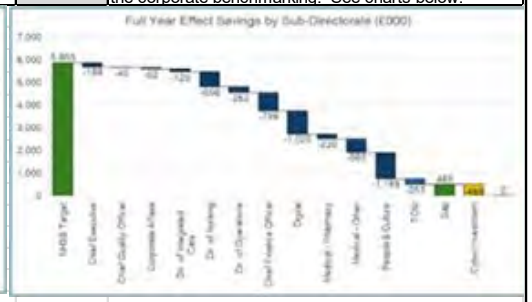
5.1 None

The meeting closed at 1.15pm

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 - **Recommend action is closed**
411	25-Sep-25	QAC Assurance Report	Re absconding 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 absconding data reporting)	David Bridle			This PFD is to be included in the Integrated Patient Safety report for Q3 which is on the agenda for March QAC - **Recommend action is closed**
413	04-Dec-25	ICCC Assurance Report	Following the agreement of the new strategy, schedule a Board Development Session to look at how to take work around population health to the next level	Marie Price	Jan-26		This has been added to the Board Development Session forward plan - **Recommend action is closed**
416	04-Dec-25	People Report	Questioned whether ELFT are back to pre-Covid establishment in corporate services, as that was a requirement of the planning guidance. Agreed to check the data on that and to update the Board	Kevin Curnow	Jan-26		The Trust are not expected to be back at pre-COVID establishment as the Trust has increased our headcount which we are wanting to continue including cyber investment £0.5m (nationally requested) and HR business case approved c.£1.0m. We submitted a plan to NHS England in 2025/26 which saw the Trust deliver a 50% reduction in WTE growth since 2019/20, in line with expectations. We are on track to deliver this plan through the GFGT programme. The latest corporate benchmarking (24/25) shows we continue to have national identified opportunities in Digital and technology, Governance and Risk (including safeguarding, people participation and risk management), HR and legal. For GFGT savings targets this year we undertook an exercise to ensure that these departments had savings targets which have been set in line with reducing corporate functions to median costs. It is important to note that only 50% of all of the corporate functions at ELFT are reflected in the corporate benchmarking. See charts below.

In progress with delay
Closed
Forward plan
Not due
In progress



5

NHS East London NHS Foundation Trust

REPORT TO THE TRUST BOARD IN PUBLIC
29 January 2026

Title	Chair's Report
Author	Eileen Taylor, Trust Chair

Purpose of the report

- 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
- To provide feedback on Governor discussions to inform Board decisions

Committees / meetings where this item has been considered:

N/A	N/A

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.

7

Strategic priorities this paper supports

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

Implications

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

1. Introduction

1.1. This report 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).

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 continues to be at the heart of everything we do, and this commitment is reflected throughout the development of our strategy which we will discuss in more detail during the Board meeting. Over recent months, we have actively engaged with a wide range of service users, carers and our wider local populations, ensuring that their insights, expertise and perspectives directly shape our priorities and approach.

2.4. This principle is also demonstrated in the work of the Mental Health, Learning Disability and Autism (MHLDA) Collaborative across North East London (NEL). Lived experience members from partner organisations are working together to identify collective priorities for the year ahead. Their contributions are instrumental in highlighting what matters most to people who use services, and in guiding the direction of our shared programme. At the next meeting our focus will be on our plans over the medium term.

Staff support and empowerment

2.5. **Staff Survey Participation:** I was delighted to hear that the annual Staff Survey closed with an improved response rate this year, demonstrating strong engagement from colleagues across the Trust despite the pressures of the winter period. This increase on last year reflects the willingness of staff to share their views and contribute to shaping improvements in their working environment. The enhanced level of participation gives us confidence that the feedback will offer a rich and more representative picture of staff experience. Once available, outcomes will be brought through our governance structure, including the People and Culture Committee, in the usual way.

2.6 We recognise the significant organisational change currently taking place across Integrated Care Boards (ICBs), including structural redesigns, changing leadership

arrangements and the transition to new operating models. Such periods of transformation can be challenging for colleagues who are navigating uncertainty while continuing to play an important role for local communities. On behalf of the Board, I want to extend our appreciation to all our local ICB staff for their professionalism, resilience and continued commitment during this time. We wish all affected colleagues well as they move through these changes, and we look forward to continuing our strong and constructive partnerships as the new arrangements take shape.

Board effectiveness

2.7 **Trust Strategy – Board Session**
On 11 December the Board held a development session on the strategy refresh, ahead of the substantive item later on today's agenda. We welcomed the breadth of engagement across staff, service users and partners, and were encouraged by the strong, coherent themes emerging around equity, prevention, consistency of care and staff experience. The discussion highlighted a shared confidence that the next iteration of the strategy can build on these strengths, sharpen our focus, and provide a clear, ambitious direction for the next five years.

2.8 **Board membership**
At the last Board meeting, we bade farewell to Non Executive Director Sir Sam Everington and thanked him for his contribution during his six-year tenure. At the subsequent Board strategy session we recognised Sam's achievements, particularly his leadership in neighbourhood working and social prescribing, and his consistent focus on what matters for patients and communities. We wished Sam well in his role on the NHS England Board, thanking him for his service and his ongoing support as a friend of the Trust and local resident.

2.9 **Care Quality Commission:** CQC colleagues have been visiting and reviewing our services over recent months, and we look forward to welcoming them in this next quarter. AT ELFT we pride ourselves on providing responsive services and are grateful for any additional input from the CQC. Our Quality Assurance Committee receives regular progress updates, as do wider Board members, on CQC findings and our response to these.

System leadership

2.10 **Integrated Care Partnership:** Despite considerable changes regionally and nationally, we continue to maintain a strong ethos of partnership working in North East London (NEL). At the last NEL Integrated Care Partnership (ICP) meeting in December the refreshed system strategy was endorsed. The strategy aligns with the three major shifts in the 10-year plan. Further work will focus on engaging social care partners, workforce planning to support new care models, and strengthening relationships across providers and with the public.

The ICP and ICB confirmed their commitment to reallocating resources over time, with financial principles agreed and detailed workforce and risk planning to follow. Delivery will be supported through the joint commissioning intentions and system operating model.

2.11 **Bedford, Luton and Milton Keynes (BLMK):** The BLMK Integrated Care Board (ICB) Chairs meeting discussed the transition to the new Central East ICB, due to take effect on 1 April. The three existing ICBs (including BLMK) are now meeting in common and have a joint chair and a single leadership team. The meeting considered the ongoing work to develop the new ICB's approach and plans as a strategic commissioner. It also

considered how, within the new structure, the group itself could most effectively continue to contribute to delivering shared objectives.

2.12 **London Chairs' Network:** The Network considered the London Health Plan, a collaborative effort to improve health and reduce health inequalities across the region. It discussed where and how the NHS and providers could work together and in partnership with the Greater London Authority (GLA), the Mayor, local authorities, voluntary groups and others to deliver shared ambitions and the strategic priorities of the 10 Year Plan.

3. Council of Governors update

3.1 The Council of Governors met on 15 January 2026 in public session. The session was chaired by Vice-Chair Deborah Wheeler in my absence. The Council received an early update and offered feedback on current Board thinking around the Medium-Term Forward Plan. The Board will report back to Council once the plan has been finalised.

3.2 Governors heard from Carys Esseen, our Deputy Director of Integrated Care but also from Janine, a service user from Luton and member of the consultative group for the draft strategy on progress in developing the updated strategy.

3.3 Governors were strongly supportive of both the strategy development process and the overall direction of the draft strategy. The involvement of service users, carers and staff through the representative group was seen as a major strength, lending legitimacy and credibility to the content. Governors consistently emphasised the need to make prevention, equity in practice, delivery and real-world impact clearer and more visible to members and communities.

3.4 This meeting's Strategic Priority Theme was "Using Digital and AI to improve service user experience" and Governors received an excellent presentation from the People Participation Digital Community on practical steps through the digital loan scheme and personalised peer support to address digital inequity. The presentation also touched on the recently published Trust report on promoting digital access in mental health. With its data it offers insights into which service users are more likely to be digitally excluded and therefore enables the Trust to consider pro-active and preventative steps.

3.5 In their breakout rooms, Governors discussed the question "What else could the Trust do to support the transition from an analogue to a digital NHS". Initial feedback highlighted their views that successful digital transition requires

- Investment in people as well as technology
- Explicit action on poverty and inequality
- Choice, flexibility and non-digitals safeguards, and
- Coproduction, community partnerships and trust.

3.6 Governors received an update on the recent and forthcoming CQC inspections happening in the Trust; they asked the Board to convey their thanks to the staff for their hard work, their candour and their positive and constructive engagement with the process.

3.7 Governors received an update on the Membership/Community Engagement Plan – they noted that the planned membership refresh process will begin later this month and that, whilst the current plan is coming to the end of its three-year cycle, it will be extended for a further year due to current uncertainties around the role of members and the shape of public engagement in the NHS 10 Year Plan.

4. NED visits

4.1 NED visits have begun for 2026, with a visit to the John Howard Centre, Forensic Services, planned for 26 January. A verbal update on the key themes from the visit will be shared at the Board meeting. It is always a pleasure to meet our staff working in these services to hear about their commitment, enthusiasm and personal contributions to improving the lives of the people we serve. Observations are shared with executive colleagues to feed into plans for continuously improving the quality of the services we provide.

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
29 January 2026

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

Purpose of the report

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

Key messages

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

Strategic priorities this paper supports.

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

Implications

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

1.0 Purpose

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

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

2.1 Going Further, Going Together

Our financial savings target for 2025/26 is £31.9m (4.6% of Trust budget) and Directorate targets have been incorporated into budgets and forecasts for this year. We have consistently delivered savings in line with our plan this year and in Month 8 we delivered £3.3m of savings due to reported sales of bed capacity, improved rostering and workforce efficiencies and non-pay savings. At this point in the financial year, we are ahead of our plan having delivered £25.2m of savings, £5.5m ahead of plan. Where

schemes will not deliver this year directorates (clinical and corporate) are identifying non-recurrent savings to mitigate slippage due to changes to timelines or demand. Taking all this into account, the Trust has a 'most likely' forecast to deliver £37.2m of savings in 2025/26, which would see the Trust meet the financial plan.

Savings are an annual requirement and our plans for 2026/27 are in development. We are looking to have plans worked up and being progressed by the end of January 2026 with full sign-off of plans by the end of March 2026. As a Trust, we are anticipating the Trust will need to deliver c.3% efficiencies in 2026/27, which although lower than this financial year, will require us all to design and implement new ways to run our services, use our workforce and technology to greatest effect and reduce waste at all levels. This will require tough decisions to be made and for each savings scheme, we will assess the quality impact of proposed changes through the completion of a Quality Impact Assessment which is reviewed by a multidisciplinary panel chaired by David Bridle, Chief Medical Officer.

2.2 CEO discussion Group

10 Year health Plan
Our discussion on the 10 Year Plan was a follow-up to the previous CEO discussion in March 2025 on neighbourhoods, focusing on how developments have progressed since then and what insights have emerged from our 'Big Conversation' strategy consultation. The session focused on the need for a clear narrative — the why, what and how of neighbourhood working — using Kotter's change model (an eight-stage process for leading change) to guide communication and engagement. The session highlighted national, regional and local progress, and critiqued existing "why" statements. Participants also discussed who the audience for this narrative should be, and whether different versions are needed for different groups to explain, motivate, or lead. It stresses the importance of dispelling myths, tailoring messages, and balancing centrally led enablers with place-based ownership.

Advanced Practitioner Role
Our December discussion focused on NHS England's requirement for services to create qualified Advance Practitioner roles following a three-year Masters programme. ELFT has previously struggled to secure these posts, highlighting system wide challenges that were considered as part of workforce planning. We discussed and identified ways to address these challenges to incorporate these new professional roles into mainstream workforce planning.

Strategy Refresh
Our first CEO Discussion Group of the year took place on 7 January and provided a chance to reconnect after the holidays while sense-checking our draft Trust strategy. We shared the early themes from the feedback gathered and reflected together on what felt credible, where delivery seemed most challenging, and what conditions would need to be in place for the strategy to make a meaningful difference. The discussion focused on strengthening clarity, building confidence in delivery, and ensuring the strategy addresses the issues that mattered most to staff, patients, and partners. I am really excited about our new strategy. It is ambitious and it is going to really shape our services going forward to enable us to be what our communities need us to be to improve their health and wellbeing.

2.3 QICN Community Children's Nursing (CCN) Faculty Launch – 20 January

A new faculty designed to strengthen the voice, visibility and professional development of community children's nurses has been launched by the Queen's Institute of Community Nursing.(QICN) The faculty is being led by Queen's Nurse and ELFT community children's matron Rebecca Daniels, who has already been chairing the

QICN's community children's nurse's network and leading work to support specialist practitioner qualification standards in this area.

The faculty was officially launched during an event at ELFT's Appleby Health Centre in Newham which brought together community children's nurses, senior leaders, and key stakeholders to celebrate the profession.

The new QICN Community Children's Nurse Faculty will act as a hub for education, leadership, and collaboration among the profession, while supporting workforce wellbeing, the development of future leaders and excellence in practice. It formally recognises advanced practice, leadership and the influence of community children' nurses, while providing a national platform for professional development, advocacy, and innovation.

2.4 Mental Health Act Update

The Mental Health Bill received Royal Assent on 18 December 2025. It provides a heightened threshold for detention, additional safeguards for people who are autistic and/or have a learning disability and additional powers for the Tribunal. It will replace 'Nearest Relatives' with the 'Nominated Person' concept and will introduce Advance Choice Documents, which will detail preferences for future care, helping maintain autonomy by specifying treatments, contacts and support needed, thereby reducing the need for coercion.

The government has announced reforms will be phased over a period of 10 years (to enable services to prepare for the changes). It is anticipated that a review of the Code of Practice (last updated in 2015) will take place in the first instance.

The Mental Health Law Department will be supporting the organisation with preparing for the changes when the details of the implementation plan are known.

3.0 Integrated Care System (ICS) and provider collaborative updates

3.1 Both North East London and Bedfordshire Luton Milton Keynes (working together with Cambridgeshire and Peterborough and the Hertfordshire footprint of Hertfordshire and West Essex Integrated Care Boards as Central East) are currently in the process of consultation with staff affected by change to deliver on the requirements of the Model ICB Blueprint, published by NHS England in 2025.

3.2 Both consultations will shortly come to an end, following on from which new structures and staffing arrangements will emerge over coming months.

3.3 The Trust is working as closely with ICBs as we can, given the context, to understand the proposed changes, and to ensure that any risks to service delivery are mitigated. This includes working with other providers in our six places, and at scale across the two systems. We are very mindful of the impact of the culmination of this process on much-valued commissioning colleagues.

3.4 The Trust is working intensively with ICB and provider partners to develop our Medium Term Plan submission to NHS England, in advance of the national submission deadline of 12 February 2026. Whilst the new requirement for 2026/27 - 2028/29 is for the Trust to prepare and submit an organisational plan, rather than contribute to a system plan, there are a large number of dependencies with ICB and provider partner plans, which we are working through with our system partner colleagues.

3.5 The Trust continues to work with Mental Health Learning Disability & Autism and Community Health Services partners in our North East London Integrated Care System, and with Mental Health Learning Disability & Autism partners in BLMK, with a focus on understanding and tackling variation in our service offer. Recent work in NEL has focussed on variation in our Urgent Community Response services across the seven NEL places, and service user experience of Home Treatment Teams.

4.0 Operational update

4.1 Industrial Action – Resident Doctors

Industrial action by resident doctors took place between 14 November and 19 November 2025. Throughout this period, our Chief Operating Officer, Edwin Ndlovu, ensured that mitigation arrangements were implemented, and priority was given to maintaining patient safety, safeguarding urgent and essential services, and managing clinical risk. There were no significant patient safety incidents attributable to the industrial action. Senior clinical leadership oversight was maintained throughout, with close coordination across clinical, operational, and workforce teams to ensure continuity of care. The organisation remains responsive to the ongoing risk of further industrial action and will continue to review our business continuity plans accordingly.

4.2 Adult Community Forensic Service – East of England Provider Collaborative

The East of England Provider Collaborative has approved in principle a business case for the development of a regional Adult Community Forensic Service, covering the East of England, including Luton and Bedfordshire. This represents a significant and welcome step forward in addressing long-standing variation in access and provision across the region. The proposed model is expected to support more equitable service delivery, reduce reliance on secure inpatient care through earlier and more effective community intervention, and contribute to a reduction in length of stay within secure settings. It will also strengthen consistency in models of care and clinical standards across systems. Further work will now focus on detailed design, governance, and implementation planning, with appropriate assurance returning to the Board as the programme progresses.

4.3 Operational Pressures Over the Festive Period

Services have continued to experience sustained operational pressures over the festive period, consistent with system-wide demand and workforce challenges. Despite this, services have remained accessible, and core services have been maintained across inpatient and community settings. This reflects strong clinical and operational oversight, effective escalation processes, and the continued professionalism and commitment of staff across all services.

4.4 Independent Sector Bed Use and System Pressures

Within BLMK, the use of independent sector beds has remained a feature of the operational landscape, however, this has continued to reduce despite ongoing demand pressures. This trend provides assurance that diligent clinical and operational decision-making is supporting care closer to home wherever safe and appropriate, while maintaining a clear focus on quality and patient safety. This progress has been achieved through sustained effort by clinical teams, bed management, and system partners, and is acknowledged with thanks.

4.5 Acknowledgement of Staff Contribution

I would like to recognise the exceptional commitment of staff who have worked throughout the festive holiday period across inpatient and community services. Their dedication has been critical in maintaining service accessibility, patient safety, and continuity of care during a period of heightened pressure. The sustained professionalism and resilience demonstrated by teams continue to underpin the organisation's ability to deliver safe services in challenging circumstances.

5.0 Connecting with Teams

5.1 Breakfast meetings with staff:

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

On 5 December I spent time with colleagues from our children and specialist services in Bedfordshire and Luton. And on 19 December, I joined children and specialist services in London.

We discussed opportunities for training and continued professional development, changes to the area's integrated care board (ICB) structure, the latest information we had received about the procurement process for community and mental health services (in Bedfordshire and Luton), neighbourhood health, value, annual leave and estates. I also heard about the challenges faced by leader in relation to balancing quality, safety, staff experience and value. They appreciate the enormity of the savings programme and are ready to support the trust however some experience delays in sorting things out when the authorisation process is complicated.

We had a really interesting conversation about the structure of foundation trusts and how the NHS Oversight Framework (NOF) operates. Colleagues also highlighted some of the achievements they were keen to share with the Care Quality Commission (CQC) during its inspections of ELFT services.

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

5.2 Trust Talk Live: Neighbourhood Health – 10 December

Trust Talk Live is a programme of all-staff webinars we introduced last year to enable staff to hear directly from myself and other directors, and to address questions and comments to us. It is additional way for colleagues from across all services and geographies to hear about the big strategic challenges and opportunities we are facing and to ask questions. Each session is hosted by a member of the executive, with at least other executive colleagues also attending.

Our December session was hosted by Richard Fradgley, Deputy Chief Executive and Executive Director of Integrated Care. It focused on Neighbourhood Health as we contemplate moving more care from hospitals to communities - one of three strategic shifts in the Government's new NHS 10-year plan. The webinar provided a chance to discuss the Trust's work as part of the national approach to bringing health and social care and community support closer to people's homes and localities and discuss how neighbourhood health relates to the individual work of staff and to the communities we serve.

Our next topic will have a quality focus and be led by our Chief Medical Officer, Dr David Bridle, and Chief Nurse Claire McKenna. They will reflect on CQC standards and discuss how we maintain the focus on quality/safety when there are competing demands.

5.3 Befriending Service Christmas Gathering – 22 December

I was delighted to join our Befriending Service in December and hear some of their stories and experiences. The Befriending Service provides an ongoing connection for people who might otherwise be isolated and alone in coping with challenges and issues of life. The relationship the befrienders create and support can be a lifeline for many - especially over the festive period when the narrative of 'happy family time' can jar. This was an opportunity for me to thank our befrienders for their care and energy in keeping people on track, joining them in the intricacies of their lives, and supporting them on their journeys.

6.0 ELFT people updates

6.1 Celebrating Newly Qualified Social Workers

Colleagues across the Pan-London ASYE network (ELFT, West London NHS Trust and Oxleas) came together at the Trust's HQ in December to celebrate newly qualified social workers who have recently passed their Assessed and Supported Year in Employment (ASYE). At the event, the social workers undertook an evaluation of the programme and were presented with certificates. The Social Work Learning and Development Team commended the social workers whose portfolios have all been of a very high standard. I extend my congratulations to them all and would also like to thank the ASYE assessors, teams, managers and mentors for their guidance in supporting these new colleagues.

Appointments

6.2 This Trust Board meeting will be the last for Dr Amar Shah, our Chief Quality Officer, who has stepped down from this role. I want to thank Amar for the seismic change he has led over the last decade of the Trust's journey. As a result of his leadership, every staff member is an agent of change, hundreds of quality improvement projects have taken place, and hundreds are in progress now. He has changed how we think about our work and helped us to break down issues, test change and amplify good results. I am glad that Amar will still be in our midst on a part-time basis as one of our Consultant Psychiatrists and in his NHS England role. On behalf of the Trust Board of Directors, I thank him for his counsel and service to ELFT.

7.0 Visitors to our services

7.1 Mississippi Delegation Visits ELFT Corporate Communications Team

On 8 January, the Corporate Communications team hosted a delegation of communication professionals from the University of Southern Mississippi. The group were interested in processes and approaches employed when communicating with diverse audiences, creating and maintaining trust, risk and crisis communication in healthcare, and our learning from COVID-19 and large-scale health emergencies. They particularly valued hearing practical examples of how the Trust communicates with staff and makes use of social media.

8.0 Other service updates

8.1 New Financial Wellbeing Tool for Staff Launched

We have introduced Stream, a new financial wellbeing app for staff, to help them to control and manage their finances. Stream has been adopted by several NHS organisations to build confidence and provide support when needed. The app allows staff to track their earnings day by day, save directly from their pay into a high-interest easy-access account and even access up to 40% of their earned wages in advance. It offers personalised coaching, highlight benefits and offers discounts and rewards. We hope Stream will instil confidence in staff and that they will benefit from its practical tools

8.2 Procurement Team Transfers to Barts and the new North East London Procurement Partnership

Our procurement team has transferred to Barts as part of a new North East London Procurement Partnership which commenced on 1 January 2026. NHS trusts across North East London have formally come together in with the aim of getting better value for money for the NHS, improving consistency across services and delivering wider benefits for local communities. It brings together procurement and supply chain teams into a single partnership hosted by Barts Health NHS Trust.

It is anticipated that this will reduce duplication, make better use of collective buying power and help ensure hospitals and services in our sector receive a more consistent procurement service and, over time, support clearer, more joined-up relationships with suppliers. Aside from a change in payroll, there are no immediate changes for staff or suppliers, with existing contracts and contacts remaining in place while the future operating model is developed over the next year.

8.3 Estates Update and Initiatives

Our Estates teams are working on a CQC Preparedness Programme for our Community sites, led jointly by Director of Estates, David Stevens and Director of Nursing, Ruth Bradley. This work will follow the principles of the 15-step challenge, a toolkit for clinics and outpatient settings which looks at the environment from the patient's perspective. It considers the first impression patients get on arrival, if it instils confidence and reassures, how they feel about the care they receive, what does 'good' look like and how we can act to make improvements.

The Estates service is about to commence a QI Project to review and improve our environments in response to learning from our recent CQC preparation and the December CEO Discussion Group. There was strong consensus that, while estates governance and oversight are well established, this has not yet translated consistently into improved environments on the ground. It was also clear that environment is not an estates issue alone, but one that spans clinical practice, operations, digital infrastructure and lived experience. The group was explicit that estates issues are care issues, particularly in mental health settings where environments shape behaviour, recovery, dignity and safety. It was also recognised that digital infrastructure and access can materially affect staff experience, service delivery and confidence in the environment. There is a worry that expectations may have slipped, and the Trust needs to be clearer about what is unacceptable and what requires immediate action. The 'Environment Review & Improvement Programme' will seek to address the quality of our care settings and response times when issues are identified. As a first step, the estate team will conduct a short survey to help us understand current experience, priorities and ideas from across services and boroughs.

We have completed our 2025 Patient Led Assessments of the Care Environment (PLACE report) which has delivered encouraging results for the Trust, reflecting steady progress in improving the quality and experience of care environments. Indicative scores show improvements across nearly all domains, with only four sites recording minor declines in ward food scores. Importantly, all ELFT sites achieved cleanliness scores above last year's national average, and domains such as Privacy, Dignity & Wellbeing, Condition, Appearance & Maintenance, Dementia, and Disability consistently outperformed last year's national averages.

We have now mobilised and are transitioning into our new Hard FM/maintenance provider – which went live on 1 November. This is a systemic and transformational service for the Trust. On the capital project side, in December we were advised that NHSE had awarded the Trust £213,000 of public dividend capital to support revenue and carbon savings across the Trust. This is part of a £70m package of decarbonisation-related measures to be funded by the Department of Energy Security and Net Zero (DESNZ). Estates have already identified the projects and working on delivery of these this financial year

8.4 New 111 Option in Luton and Bedfordshire for People Receiving Palliative Care

I warmly welcome a new partnership between Sue Ryder St John's Hospice in Bedfordshire and Keech Hospice in Luton which means that there is now a single NHS 111 contact number for palliative care advice and guidance. Callers need to press option 4 on their keypad. The service will be available 24 hours a day, 7 days a week. The aim is to help anyone receiving palliative care to live well. The new advice line offers an easy way for patients, families, carers, and healthcare professionals to access a range of services including psychological support, signposting, advance care planning, and support with symptom control to live well during the last year of life.

8.5 Collaborative Mental Health Conference with Universities

The Trust and university partners hosted a conference on 5 December jointly to explore the topic of whether healthcare professionals should end coercion in mental health settings, and if so, how this can be done safely. This very interesting discussion involved City St George's, University of London, the University of Essex, and Queen Mary University of London (QMUL) at City St George's campus in Clerkenwell and was attended by over 100 people, including carers and others with lived experiences of mental health conditions.

Professor Fabian Freyenhagen (School of Philosophical, Historical, and Interdisciplinary Studies, University of Essex), ELFT's Professor Frank Röhricht (Director of Research and Innovation) and Professor Rose McCabe (School of Health and Medical Sciences, City St George's, University of London) led the event. Attendees heard that there is no clear evidence that coercion has either therapeutic or safety benefits at population level, and good evidence that using coercive measures is counterproductive in the long-run.

The day ended with an update from Tim Kendall (National Clinical Director for Mental Health at NHS England) about community mental health care pilot schemes as an alternative to conventional management of mental health crises. There was discussion about structural racism and the disproportionate rates of coercion among racialised groups, and the collective will to adopt a completely different approach.

8.6 Marking NHS Domestic Abuse Awareness Day

The Trust marked the first NHS Domestic Abuse Awareness Day on 10 December. The day was founded by the Doctors' Association UK (DAUK) and the Medical Women's Federation (MWF) and aims to highlight the high prevalence of domestic abuse among

healthcare professionals and to urge NHS employers to implement robust policies that ensure staff experiencing abuse receive support and protection in the workplace.

The Crime Survey for England and Wales estimated that approximately 3.8 million people (7.8%) aged 16 years and over experienced domestic abuse in the survey year ending March 2025. An estimated 2.2 million females (9.1%) and 1.5 million males (6.5%) experienced domestic abuse in the last year. So it is highly likely that a percentage of our staff might experience abuse and find it difficult to discuss. And that a percentage of the people we provide services to will also have experienced abuse.

We have provided information on the intranet with resources for staff to access for themselves. There is a Quality Improvement project underway to increase the identification of domestic abuse by embedding routine enquiry into domestic abuse across the Trust's adult mental health services.

8.7 Research and Innovation Conference – 4 December

The Trust's annual Research and Innovation Conference took place on 3 December at the Charterhouse Square Campus of Queen Mary, University of London. Research is one of our treasures here at ELFT and this was an opportunity to hear about 12 studies underway in the Trust – all in one afternoon. Researchers had ten minutes to present an overview of their work, share early findings and take questions.

Studies ranged from how to effectively engage people with serious mental illness to improve their cardiometabolic health (it has to be fun and the food needs to be tasty!), absentee issues for children with ADHD (worried their parents will be sent to jail but can't cope in the classroom), to determining the content for programmes to support families with a child with complex neurodiversity, the impact of social media use in pre-adolescents, the evidence for the effectiveness of psychedelic therapy and much more. As always, it was a chance to mill around viewing posters and data, and to network and talk to researchers about their observations and discoveries.

8.8 Closure of Richard House Children's Hospice

The Trustees of Richard House children's hospice in Newham announced they were closing on 18 December. NEL ICB had worked closely with Richard House for several months in the hope of finding ways to secure its future. Unfortunately, despite funding the hospice to the maximum level they are permitted to, exploring merger options and continuing to work with them on other solutions, its trustees believe the challenges it faced were too great. Our Specialist Children and Young People's service in Newham obviously worked closely with Richard House. The 300 children and families directly affected by the closure will continue to receive the care they need from nearby Haven House Hospice. Haven House Hospice will continue to provide support to all children receiving end of life care including on-site support and care at home. Haven House will also work to provide on-site respite to families who had booked respite care from the date of Richard House's closure.

8.9 ELFT Charity 'Moments of Joy' Launch

The ELFT Charity launched a new initiative in November, a 'Moments of Joy' one-off grant. This fund gives wards and teams who provide direct care or who have active patient or service user involvement, the opportunity to think creatively about what would bring meaningful moments of joy, connection and wellbeing to their service users. Over 150 applications have been received. Ideas have included offering fruit bags in clinics and new books for Ward libraries. One team bought new hairdressing scissors and items

for pamper sessions. Some put the money towards a music jamming session and others towards a festive social gathering. Each ward or team will be able to claim up to £250 by 31 January, to be used by 31 March 2026. This is an interim initiative. The ELFT Charity has paused the processing of other applications for monies in preparation for the launch of a new grant funding process in 2026.

9.0 Awards and Recognition

9.1 Diabetes Service Highly Commended in Sanofi Quality in Care Diabetes Awards

I was delighted to hear that the Trust's Diabetes Services in East London and Bedfordshire were Highly Commended in the 'Improvements in Diabetes Care Using Data' category at the QiC Diabetes Awards. Panels from the NHS, industry and the diabetes community selected the final award winners.

The Trust's Community Health Service created a quality improvement (QI) project, Insulin Self Management/Oral Diabetes Medicines Maximisation Project Team, empowering patients with diabetes to self-administer insulin. The project was led by Bedfordshire CHS, with involvement from Tower Hamlets CHS, Newham CHS and other system partners.

The project resulted in various service users being successfully discharged from the district nursing caseload as they became confident in self-managing their own insulin. This additionally freed up district nursing time while creating a more collaborative approach to diabetes management.

9.2 Diabetes Lead Voted Unsung Hero in Diabetes Awards

Congratulations to Tower Hamlets nurse, Juliana Dike, received an Unsung Hero Award for her work leading the Tower Hamlets Community Health Service team in the above QI project. This work has enabled people with diabetes to get autonomy, ownership and independence in their lives. The annual Quality in Care (QiC) Diabetes Awards celebrates programmes that have gone above and beyond to improve diabetes care.

9.3 Congratulations to the medical staff listed below who were recognised in our Medical Education Awards which took place on 14 January:

- SAS Dr LDN - Dr Will Phung
- SAS Dr L&B - Dr Temitope Jegede
- UG Trainer LDN - Dr John Iyiola
- UG Trainer L&B - Dr Seanna Eisenhandler
- PG Resident Dr LDN - Dr Ibtehal Moursi
- PG Resident Dr L&B - Dr Nasir Hanif
- PG Supervisor LDN - Dr Ben Janaway
- PG Supervisor L&B - Dr Seanna Eisenhandler

10.0 Action Being Requested

10.1 The Board/Committee is asked to:

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

East London NHS Foundation Trust

REPORT TO THE TRUST BOARD IN PUBLIC

29 JANUARY 2026

Title	Trust Strategy Refresh
Author	Richard Fradgley, Deputy Chief Executive
Accountable Executive Director	Lorraine Sunduza, Chief Executive Officer

Purpose of the report

To seek the Board's agreement in principle to the proposed Trust Strategy 2026–31, following extensive engagement and iterative development.

The report summarises the engagement and governance process undertaken to date, highlights the key themes that have shaped the strategy, and sets out the next steps towards final approval, including professional design, development of the delivery framework, and a supporting communications and engagement plan, all of which will return to the Board in March 2026.

Committees/meetings where this item has been considered

Date	Committee/Meeting
11/12/25	Board Development Session
05/01/26	Quality Assurance Committee
06/01/26	People and Culture Committee
07/01/26	CEO Strategic Discussion Group
12/01/26	Executive Team Workshop
15/01/26	Integrated Care and Commissioning Committee
15/01/26	Council of Governors
20/01/26	Extraordinary People Participation Committee
22/01/26	Finance, Business and Investment Committee

Key messages

The proposed strategy has been shaped through a sustained programme of engagement since July 2025 ("the Big Conversation"), involving over 1,700 staff, service users, carers, community and system partners, and governors across all Trust geographies.

Feedback consistently highlighted the need to improve quality and reliability of care, strengthen prevention and earlier help, reduce inequities, support staff to do their best work, and address inconsistency and fragmentation across services.

The Board has played an active role in shaping the strategy through a development session in December 2025 and subsequent discussion through Board committees and other governance forums, helping to sharpen ambition, clarify priorities and strengthen alignment with national policy and local contexts.

The strategy presented reflects a clear direction of travel, while recognising that detailed delivery plans, sequencing and measures will be developed further and brought back to the Board in due course.

The Board is asked to **agree** the strategy **in principle**, enabling the organisation to move forward with final design, delivery planning and a comprehensive communications and engagement approach ahead of final approval in March 2026.

Strategic priorities this paper supports

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

Implications

Equality Analysis	Our new organisational strategy will continue to consider how we will improve the quality of life for all we serve. This will include working to understand inequity in access, experience and outcomes for service users and staff, and developing plans to address this.
Risk and Assurance	The strategy provides a clear framework for prioritisation and decision-making over the next five years. Key delivery risks include capacity, workforce, and system dependencies; these will be managed through the development of the delivery framework, clear governance and regular Board oversight. The phased approach to implementation supports safe and assured delivery.
Service User/ Carer/Staff	The strategy is grounded in what people told us matters most: safe, joined-up care; earlier help; equity; and being treated with dignity and respect. For staff, it signals a commitment to creating the conditions to do their best work, including trust, development and leadership. Ongoing involvement of – and coproduction with - service users, carers and staff will be integral to delivery.
Financial	The strategy is designed to be delivered within the context of responsible financial stewardship. It builds on the Trust's strong track record of financial sustainability and recognises the need to align resources with strategic priorities. Detailed financial implications will be considered through the delivery framework and annual planning processes.
Quality	Improving quality and safety of care is the primary driver of the strategy. The priorities reinforce consistency, learning, prevention and system working, supported by enablers focused on workforce, digital, estates, learning and improvement. Quality impact will be monitored through existing and strengthened quality governance arrangements.

1. Purpose of the report

1.1. The purpose of this report is to seek the Board's agreement in principle to the proposed Trust Strategy 2026–31.

1.2. The report summarises the engagement and development process undertaken since July 2025, outlines the key themes that emerged through this work, and describes how the strategy has been iterated through Board development and wider governance forums. It also sets out the next steps towards final approval, including professional design, development of a delivery framework and an accompanying communications and engagement plan, all of which will return to the Board in March 2026.

2. Background and engagement process

2.1. Since July 2025, the Trust has undertaken a sustained programme of engagement to inform the development of the 2026–31 strategy, referred to as the "Big Conversation". The purpose of this work was to inform the strategic direction of the organisation over the next five years and was centred on three distinct phases:

2.2. **Phase one**: Trust-wide and partner engagement involving over 1,530 people

2.3. From July to September 2025, we undertook a multi-channel engagement process with staff, service users, carers, governors, community representatives and system partners across all service areas and geographies. Phase one centred on asking people about ELFT's existing organisational strengths, the challenges we will be required to navigate, where we should focus our energy and attention and what people's hopes and ambitions were for the future.

2.4. **Phase two**: a survey focused on key themes from phase one, completed by 233 people

2.5. The Big Conversation survey, which was promoted throughout October 2025, sought to get underneath some of the key concepts and ideas raised in the first phase so that we could be as precise and specific as possible about the nature and intention behind the emerging priorities. We asked people about how we should improve staff experience, what we could do differently to prevent poor physical and mental health in the communities we serve, what 'getting the basics right' meant to people, and we also asked them about how digital tools and artificial intelligence could help people day to day.

2.6. **Phase three**: Representative Group of 14 service users, carers and staff

2.7. Since early November 2025, the Big Conversation Representative Group has been meeting to deliberate over the insights gathered from phases one and two, with a view to developing a set of recommendations to the Board about what the refreshed strategy should contain. This led to a first draft that was considered at a Board development session on 11 December 2025. The Representative Group has continued to provide support with refinement and iteration throughout January.

2.8. The scale, duration and depth of the engagement means that the strategy has been shaped by lived experience and frontline insight, alongside national policy and system expectations.

3. What we learned through the Big Conversation process

3.1. While views were diverse, a set of consistent themes emerged across the engagement activity:

- Quality, safety and reliability of care matter to everyone. Where care is inconsistent or fragmented, this is often experienced as unkindness.
- Joined-up care over time is particularly important for people with longer-term or complex needs, especially during transitions between services or teams.
- Staff hope for the conditions that will enable them to do their best work. This includes investing in their personal and professional development, paying attention to workload pressures, recruiting and retaining good people, alongside interventions that promote wellbeing and psychological safety.
- Prevention and earlier help are widely supported, but there is a desire for more clarity on what this means for teams in practice.
- Health inequities are understood to be structural and systemic, requiring targeted approaches and sustained collaboration with communities and partner organisations.
- Learning and quality improvement are seen as core strengths of the organisation, but people want greater consistency in how learning is shared and applied at scale.
- Partnerships and community collaboration are essential to preventing poor physical and mental health, tackling inequities and improving outcomes for the communities we serve.

3.2. These themes are directly reflected in the proposed vision, priorities and essentials for the journey ahead (our strategic enablers.)

4. Role of the Board in developing the strategy

4.1. The Board has played an active role in shaping the strategy. A dedicated Board development session was held on 11 December 2025, where Board members tested the emerging strategy and provided challenge and direction. Key areas of focus included:

- Strengthening ambition while avoiding over-complexity
- Sharpening the emphasis on prevention and equity
- Clarifying priorities and the choices that are implied
- Ensuring the strategy provides a clear framework for future decisions

4.2. Following this session, the strategy has been further refined through:

- Board committees
- Council of Governors
- The Representative Group
- Senior leadership and clinical forums

4.3. Between December and January, wording was refined in response to this feedback, without changing the underlying substance. This iterative process has helped ensure the strategy reflects both what people told us matters most and the Board's strategic intent.

5. The proposed trust strategy 2026-31

5.1. The proposed strategy is designed to signal continuity with our existing organisational strategy, while also providing a clear focus for the next five years. To this end, the proposed strategy contains:

- An introductory ‘who we are’ section that highlights our mission, values, commitment to the quadruple aim, and describes the strengths we will be building on (previously described as our organisational treasures)
- A vision statement describing the future the Trust is working towards
- Four strategic priorities setting out what the Trust will focus on over the next five years
- A set of strategic enablers (essentials for the journey ahead) describing the pre-conditions required to deliver the strategy

5.2. The proposed strategy is deliberately concise and jargon-free, designed to support prioritisation and decision-making, and provide a north star to guide internal and external planning. However, in recognition of the importance of implementation and measuring progress, it is proposed that a strategy delivery framework is developed and brought back to the Board in March, alongside a communications and engagement plan, that will describe how the strategy will be brought to life.

5.3. The proposed draft is contained in Appendix A. The Board is asked to note that following endorsement in principle, the strategy will be professionally designed. To ensure accessibility, an easy-read version will also be co-produced with service users and carers.

6. Next steps

6.1. Subject to Board agreement in principle, the following work will take place over the coming months:

- Professional design of the final strategy document
- Development of a delivery framework, including sequencing and governance
- Development of an outcomes and measurement framework
- Preparation of a communications and engagement plan to support effective roll-out and mobilisation

6.2. The final strategy, delivery framework and communications plan will return to the Board in March 2026 for formal approval.

7. Recommendation

7.1. The Board is asked to:

1. **Agree in principle** the proposed Trust Strategy 2026–31, including the vision, priorities and enablers
2. **Note** the further work planned to finalise design, delivery and measurement ahead of final approval in March 2026

8. Acknowledgements

8.1. The Board would like to recognise and thank everybody who contributed to the Big Conversation process, across all phases of the work.

8.2. In particular, the Board wishes to thank the members of the Representative Group who have played a significant role in shaping the Trust Strategy 2026–31. The group provided thoughtful challenge, tested emerging ideas, and worked through areas of complexity with great care. Their contribution has strengthened the clarity, ambition and integrity of the final strategy.

8.3. The following members of the Representative Group contributed to this work:

- Andrew Powell
- Carys Esseen
- Daniela Antonie
- Firdush Islam
- Hilda Mango
- Janine Elliot
- Jude Hirstwood
- Katie Williams
- Marisa Bouman
- Mohammed Saihan Islam
- Norbert Lieckfeldt
- Olajumoke Adeoye
- Dr. Rajeev Shah
- Susan Downing

End of report

Appendix A – proposed strategy 2026-31

NHS East London NHS Foundation Trust

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 four-fold aim to improve:

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

The strengths we're building on

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

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 is the first NHS 'Marmot Trust', which means we are testing the boundaries of what an NHS Trust can do to tackle some of the drivers of poor health, such as poverty and unemployment.

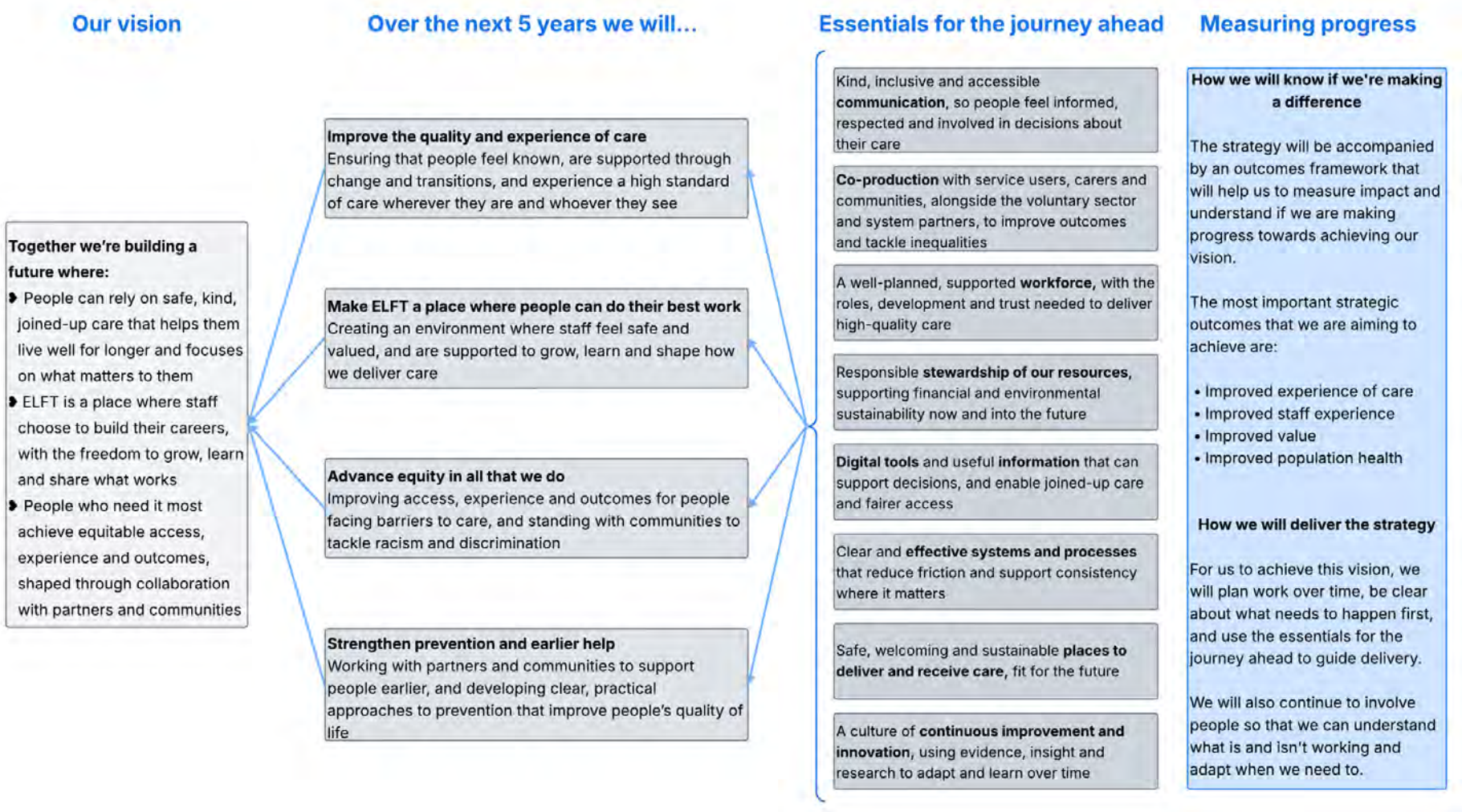
The context we are working in

Over the next decade, the way we provide 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
Over the next 5 years we will...
Essentials for the journey ahead
Measuring progress
Together we're building a future where:
People can rely on safe, kind, joined-up care that helps them live well for longer and focuses on what matters to them
ELFT is a place where staff choose to build their careers, with the freedom to grow, learn and share what works
People who need it most achieve equitable access, experience and outcomes, shaped through collaboration with partners and communities
Improve the quality and experience of care
Ensuring that people feel known, are supported through change and transitions, and experience a high standard of care wherever they are and whoever they see
Make ELFT a place where people can do their best work
Creating an environment where staff feel safe and valued, and are supported to grow, learn and shape how we deliver care
Advance equity in all that we do
Improving access, experience and outcomes for people facing barriers to care, and standing with communities to tackle racism and discrimination
Strengthen prevention and earlier help
Working with partners and communities to support people earlier, and developing clear, practical approaches to prevention that improve people's quality of life
Kind, inclusive and accessible communication, so people feel informed, respected and involved in decisions about their care
Co-production with service users, carers and communities, alongside the voluntary sector and system partners, to improve outcomes and tackle inequalities
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 now and into the future
Digital tools and useful information that can support decisions, and enable joined-up care 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 continuous improvement and innovation, using evidence, insight and research to adapt and learn over time
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.

NHS East London NHS Foundation Trust

REPORT TO THE TRUST BOARD IN PUBLIC
29 January 2026

Title	Publication of Annual Population Health Report 2025
Author	Laura Austin Croft, Director of Population Health
Accountable Executive Director	Richard Fradgley, Executive Director of Integrated Care and Deputy Chief Executive

Purpose of the report

The Annual Population Health report 2025 showcases work taking place in the last year to meet the Trust's strategy objective to improve population health. It also sets out next steps for the year including supporting the new Trust organisational strategy.

Committees/meetings where this item has been considered

Date	Committee/Meeting
12 Nov 25	Population Health Advisory Group (service users and carers) reviewed sections of the draft report and provided editorial input.
20 Nov 25	Integrated Care & Commissioning Committee – Update on the drafting of the 2025 Annual Population Health report including structure, content and timeline.
15 Jan 26	Integrated Care and Commissioning Committee – Sharing the designed report draft for comment.

Key messages

This is our third population health report since 2023, showing the momentum of population health action at the Trust following a five-year strategic commitment to population health.

Trust population health priorities and achievements over the past year are described alongside links to *Fit for the Future: 10 Year Health Plan for England* in addition to the evidence-based principles of being a Marmot Trust.

Stand out areas of work include the expansion of Healthier Wealthier Families, ongoing commitment to support positive employment opportunities and improve the physical health of people with severe mental illness and learning disabilities and identifying ways we can help reduce homelessness and destitution including piloting specialist immigration advice in our East London mental health services.

The report publication will support a conversation on how we conceptualise a focus on prevention at ELFT, helping support the delivery plan for the new Trust strategy.

Strategic priorities this paper supports

Improved population health outcomes	☒	The Population Health Report 2025 sets out work from the last year to meet ELFT's population health objectives using quantitative and qualitative data.
Improved experience of care	☒	Examples in the report include where teams and services are taking forward projects focussed on prevention, supporting people and communities earlier, and thereby improving experience of care.
Improved staff experience	☒	Examples in the report include teams and services identifying population health issues and taking action to tackle them, supporting fulfilling and enjoyable jobs. In addition, there is a section on staff population health learning and development.

Improved value	☒	Preventative care improves value through earlier support, service user and carer empowerment, and efficient use of resources particularly in terms of working with local partner priorities.

Implications

Equality Analysis	The report highlights initiatives that are reducing inequity in health and life outcomes that impacts on the populations we serve.
Risk and Assurance	There are no risks to the Trust based on the information presented in this report.
Service User/ Carer/Staff	The work has been co-produced by an advisory group including service users and carers including editing and advising on the report style and structure. Many of the initiatives showcased in the report include service user and carer involvement and leadership.
Financial	There are examples in the report where teams and services are taking forward projects focussed on prevention, supporting people and communities earlier, and therefore preventing downstream costs. Nothing presented in this report directly affects our finances.
Quality	There are examples in the report where teams and services are taking forward projects focussed on prevention, supporting people and communities earlier, and therefore improving experience of care.

1.0 Population health report 2025: Overview

1.1 This is our third population health report, describing a broad range of initiatives taking place against our 2025 priority areas: Early years and family support; Employment; Homelessness prevention; Promoting the physical health of people with long term mental health conditions and learning disabilities. Publishing three reports since 2023 shows the momentum of population health action at the Trust following a five-year strategic commitment to population health.

1.2 The report is structured into the 2025 priority areas alongside organisational commitments to social justice and healthy and sustainable places. Each section of the report references links between our population health approach and the ambitions set out in *Fit for the Future: 10 Year Health Plan for England* in addition to how our activities connect with principles of being a Marmot Trust.

1.3 Alongside providing an overview of delivery, the report includes population data for priority areas (such as economic activity, smoking prevalence, numbers of rough sleepers by place) and a specific section on population data. This includes population growth forecasts, healthy life expectancy at birth across place and the indices of deprivation that show how ELFT areas include population groups experiencing some of the highest national levels of income deprivation.

1.4 The style of the report is consistent with the previous two reports. Its style is informed by a population health advisory group of service users and carers. Specific advisory group feedback included use of quotes, impact case studies and key take away messages for each section.

1.5 At the end of the report is a reflection section that notes success factors alongside opportunities going forward, specifically:

- Using ELFT's new organisational strategy 2026-2031 to set out high level population health ambitions that we can track progress against

- Build on the opportunities offered by the new ten-year plan to integrate care that reduces health inequities, with an emphasis on prevention and improved access to employment and income support
- Capture how we are working together as a system to deliver value through taking a population health approach.

2.0 Next steps

Following Board approval, we will develop a communication plan to share the report including a report launch.

We will also use the publication of the 2025 population health report to support a conversation on how we understand prevention at the Trust and how we measure change to support the delivery of the new strategy.

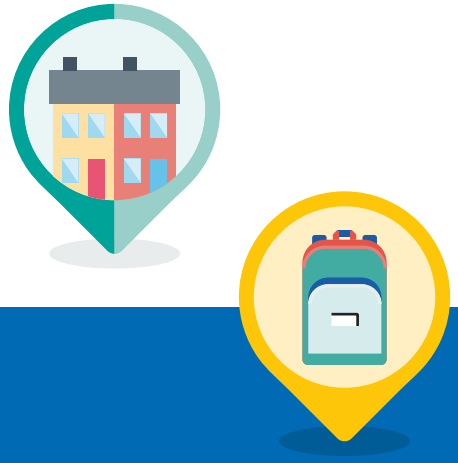
2.0 Action Being Requested

The Board is asked to:

a. **TO APPROVE** the draft of the 2025 Annual Population Health report for publication.

NHS
East London
NHS Foundation Trust

Annual Population Health Report 2025



Contents

Foreword

It is with great pleasure that I introduce ELFT's third population health report. I am proud of the rich variety of work reflected in this report, showcasing projects across our geographical and service areas. Thank you to all colleagues who make these achievements possible through your commitment, partnership working and innovation.

As part of the refresh of ELFT's organisational strategy, we carried out a Big Conversation with colleagues and partners including asking people what matters most to them. Throughout this process, we learned that prevention and improving equity of access, experience and outcomes remain deeply important to people. This chimes with the direction of the government's new 10 Year Health Plan for England. This plan sets out a vision in which care is delivered much closer to communities, and health and care organisations shift towards preventing poor physical and mental health in the populations they serve.

The shift from treatment to prevention is ambitious, but in many respects, it is already informing our way of working. This is illustrated in our 2025 population health report. For example, through the employment support that is integrated in our care services, ways we are working with local authority and voluntary and community sector partners to provide service users with welfare and economic support, and our ongoing focus on preventing and reducing some of the biggest drivers of ill health facing our populations today, such as smoking and diabetes.

Seeing the connections between our population health approach, the government's Fit for the Future: 10 Year Health Plan for England, alongside feedback from the Big Conversation, gives us energy to keep travelling in this direction. As part of our journey, we need to support colleagues with clarity of purpose and access to support tools, such as population data, that help bring us closer to our preventative care ambitions.

Thank you to colleagues, partners and communities for continuing to engage and work with us as we take these next steps.

Lorraine Sunduza OBE
Chief Executive Officer

Foreword

This is the last population health report for our 2021-2026 organisational strategy. It marks a trilogy of progress, from our first population health report in 2023 to this report in 2025. Each one celebrates examples of activities against our trust population health objectives, informed by the evidence-based principles of Professor Sir Michael Marmot and colleagues at the Institute of Health Equity. In addition, they share data and stories of lived experience on how we are making a difference to our service users and carers.

Our 2025 report shows how our population health approach is expanding. For example, Healthier Wealthier Families that started as a pilot in 2023 is now in its third year in Newham and first year in Luton. In 2023 we reported on a partnership with HSBC to enable homeless people to access bank accounts. In 2025 we are continuing to test ways to prevent and support the health of people who are homeless, including through specialist immigration advice, routine inquiry of domestic abuse and working with Natwest to support young people's financial awareness. In 2021, the proportion of the Trust's suppliers paying the Real Living Wage was 22% - we are now at 93%.

Alongside successes are challenges. Many of our communities are still disproportionately impacted by poverty, making it more challenging to live in good mental and physical health. Across the country we are seeing an increase in the number of people living with long term health conditions, and this is affecting people in some of our service areas earlier than the national average. And we are seeing more demand for health and care support, particularly in terms of mental health, with no increase in health care resource.

The continued commitment of our staff working alongside service users, carers and partners show what is possible even in difficult times. Our strengths of People Participation and Quality Improvement are also critical to testing the boundaries of what we can do as a Trust to improve the lives of our service users and the communities where we work.

As ever, congratulations to all involved. A particular thanks to our population health advisory group of service users and carers that help guide the work over the year and who oversee this report.

Eileen Taylor
Chair East London NHS Foundation Trust

Population health advisory group (PHAG)

It is important to fight against sexual violence and data that shows that disproportionately neurodivergent people and LGBTQ persons have bad access to healthcare, bad health outcomes and are faced with support barriers too.

Through understanding, high quality and accurate data with an effective system that works; services can be supported, inequalities can be tackled and thwarted and the correct counter-acting strategies can be formulated to combat the negativity and turn the tide in favour of ELFT.

Everyone deserves a fair chance of having a decent life and standards of living and if the above is achieved, then it can happen for all.

I would like to say that it's been an honour to be a part of the PHAG with Laura, Rachel, Ash, Eleanor and Jane with everyone else so far and it feels right to continue.

- Andrew Powell

Population Health is important because it brings into consideration factors other than healthcare that affect health e.g. social and economic factors. One of this year's priorities for the Trust's Population Health is Employment Support an area which influences us socially and economically. I am personally benefitting from the Trust's Employment Support service. My confidence and self-belief has increased significantly and I am looking forward to gaining full-time employment. I am grateful to the Employment Support Team for all of the help they have given me.

- Ash Taylor

Tower Hamlets is an incredibly diverse and vibrant borough, but it is also one of the most deprived in the country. This report, proudly co-produced with ELFT service users from the Population Health Advisory Group, addresses factors such as housing insecurity, physical health care, unemployment and how they have an impact on health outcomes. The work that has been done here to challenge inequalities is an incredible start, but it is clear there is more work to be done, but ELFT is definitely up for the challenge!

- Eleanor Addo

About this report

This is the last population health report of our current organisational strategy. It marks a journey of ongoing innovation and progress following our Trust commitment to integrate the evidence-based principles of Professor Sir Michael Marmot into our work at the East London NHS Foundation Trust (ELFT). It also looks to the future as we consider the new NHS 10-year health plan for England, Fit for the Future, and how it supports an ongoing focus on our population health priorities.

Our 2025 report highlights four areas of activity:

- Early years and family support
- Local employment
- Homelessness prevention
- Prevention and early support for physical ill health

This is alongside the population health strategic objectives:

- Champion social justice and fully commit to tackling racism and other forms of prejudice
- Contribute to the creation of healthy and sustainable places, including taking action on climate change.

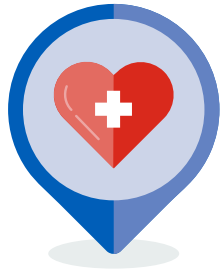
We've also been prioritising building population health leadership and understanding.

This report is designed with a Population Health Advisory Group of service users and carers. It shares examples of population health work and progress over the year and can be read alongside other recent reports including:

- ELFT strategy – our progress since 2021 | East London NHS Foundation Trust
- ELFT Population health reports for 2023 and 2024.

There are many other examples of population health activity across the Trust. If you would like to share your work, get in touch at elft.pophealth@nhs.net.

Laura Austin Croft
Director of Population Health



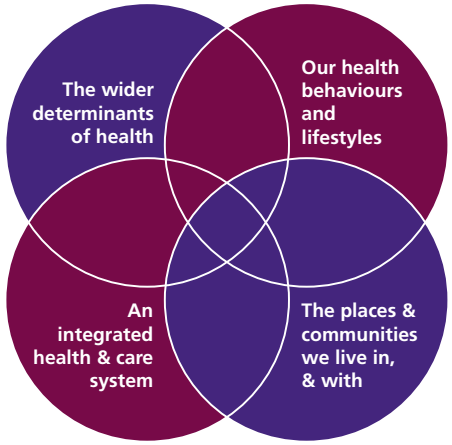
ELFT population health approach

Population health is about improving the physical and mental health outcomes and wellbeing of population groups. This includes reducing unfair differences in health outcomes between populations (reducing health inequities).

At ELFT we seek to support the health and well-being of our service users, carers and our wider communities through population health activities. A population health framework developed by the King's Fund helps illustrate the interconnected domains of this approach, that include a focus on:

a) The **wider determinants of health** – Working to positively influence the environments where we live, work and connect with others (e.g. employment, income, housing, the natural environment).

Figure 1: Population health framework based on the King's Fund approach



b) Our **health behaviours and lifestyles** – Ways of living that support long-term good health and well-being, such as stopping smoking, eating well and looking after our mental health.

d) An **integrated health and care system** - Identifying areas where we can join up with other organisations to better meet the needs of our populations.

c) The **places and communities we live in and with** – Designing our services to be accessible, where they are needed, using local assets and culturally respectful.

These actions take place through partnership working across the Trust and using our organisational strengths in People Participation and Quality Improvement alongside support from the ELFT Charity and Compass Well-being.

Being a Marmot Trust

> **As the work of Professor Sir Michael Marmot among others has long shown, it is these social determinants that explain this country's wide and widening health inequalities. The injustice is that the social determinants of ill health cluster in more deprived parts of the country.**
>
> *- Fit for the Future: 10 Year Health Plan for England*

Professor Sir Michael Marmot is a world leader on the causes of avoidable unfairness in health outcomes and leads the Institute of Health Equity at University College London. In 2022, ELFT partnered with the Institute of Health Equity to become the first NHS 'Marmot Trust' and test the boundaries of what an NHS Trust can do to tackle some of the drivers of poor health, such as poverty and unemployment.

Being a Marmot Trust means embedding action across the Marmot eight principles. These principles are brought together in our six population health strategy objectives and are referred to in each section of this report.

Working as a Marmot Trust connects ELFT to a movement of action, with more than 60 areas in the UK now referring to themselves as Marmot places covering 43% of the population. A Marmot Implementation and Advisory Group meets twice a year that brings together local Directors of Public Health, ELFT leadership and the Institute of Health Equity to share and discuss progress and work against Marmot ambitions.

What do we mean by eight Marmot principles?

These are policy objectives designed to reduce health inequities. They focus on improving early childhood development, empowering people, ensuring fair employment and a healthy standard of living, creating healthy communities, strengthening ill-health prevention, tackling discrimination and racism and environmental sustainability. More information: https://www.instituteofhealthequity.org/taking-action/marmot-places

Glossary

Health Equity: When everyone has a fair and just opportunity to be as healthy as possible.

Social Value: The positive impact an organisation can have on people and communities beyond the financial cost of a contract.

Being an Anchor organisation

> **We…expect hospitals to do more as anchor institutions…Through their procurement, supply chains and role as an employer, they have significant influence over social and economic development in their communities.**
>
> *- Fit for the Future: 10 Year Health Plan for England*

ELFT began its work as an Anchor organisation in 2021, including identifying social value priorities to be adopted to help tackle the wider determinants of health. In 2023, ELFT published an Anchor Plan focused on four key areas called 'pillars': Employment, Procurement, Sustainability, Lands and Estates. This year we reviewed our work against our Anchor Plan commitments with service user and carer input and noted that of 22 targets, 14 had been achieved or partly achieved.

These include:

- From 22% of suppliers paying the Real Living Wage in 2021 to 93% in November 2025.
- Our Social value partnership with OCS partnership supporting local employment and training opportunities and helping various community initiatives
- Since 2023, the trust has improved six green spaces, with further upgrades underway.

Recommendations from the review include to keep a focus on all four pillars and refresh the targets to improve measurability and specificity.

Our ELFT population and changes over time

We cannot continue to accept a Britain where health is determined by wealth, where your postcode matters more than your potential and where deprivation dictates your diagnosis. Together, we can be the generation that closes the gap in healthy life expectancy so that everyone can live well for longer.

- Fit for the Future: 10 Year Health Plan for England

We provide services to over 2 million people. This includes people living in the East London boroughs Tower Hamlets, Newham and City and Hackney, Bedford, Central Bedfordshire and Luton, alongside commissioning responsibilities for North Central East London and providing forensics services across North London.

As noted in our 2024 Annual Population health report, all ELFT areas grew in population size since the 2021 Census data, with this highest in Central Bedfordshire at just over 2%. We are also seeing changes in the age structure of our local area populations, with an increase in the percentage of the population over 65 years old (10.9% in 2023 compared to 10% in 2011) and a small decrease in our younger age population (23.2% in 2023 compared to 24.5% in 2011).

Age changes are different by area. Bedfordshire and Luton are likely to see an ongoing increase in their younger population and older population, whilst ELFT London areas are predicted to see an increase in their older and working age populations and a decrease in the younger population. In Bedfordshire and Luton, forecasts suggest the proportion of populations from ethnicity groups other than White British will increase.

Population forecasts by age structure using Office for National Statistics (ONS) Mid 2023 population estimates

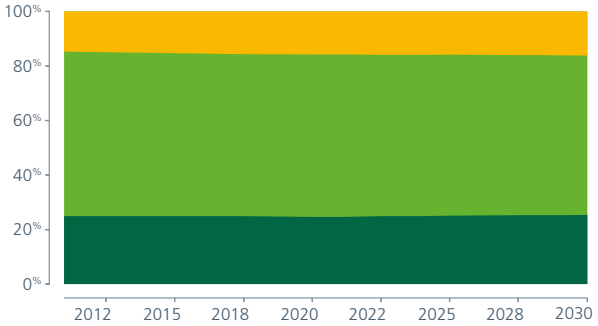


Figure 2: Population Age Structure Over Time, Bedfordshire and Luton

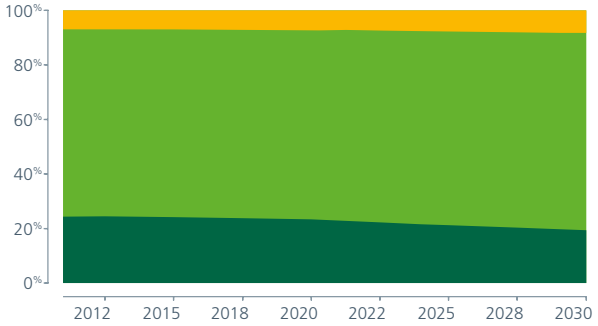


Figure 3: Population Age Structure Over Time, ELFT London areas (Tower Hamlets, Newham and City and Hackney)

Key 0-18 19-64 65+

Population ageing creates more need for health and care services. Unfair and avoidable differences in health outcomes between population groups, often described as health inequities, also creates increased need for health and care support earlier in life.

One way to measure health inequities is by **Healthy Life Expectancy (HLE)** which is the average number of years that somebody can expect to live in good self-reported health. **Years lived in poor health make it more difficult to enjoy life, work and/ or study and also increases demand on healthcare services**.

Across our ELFT areas, there is a **substantial difference in the number of years people can expect to live in good health**. For example, there is a difference of five years for men and nearly five and a half years for women when comparing Bedford to Hackney. There are also big **differences within ELFT service areas**. For example, in Bedford data shows male healthy life expectancy differs by 14.6 years, with the lowest healthy life expectancy in Harpur and the highest in Oakley. This reflects differences between the most and least deprived areas of the borough.

Healthy Life Expectancy at Birth (2021-23, ONS)

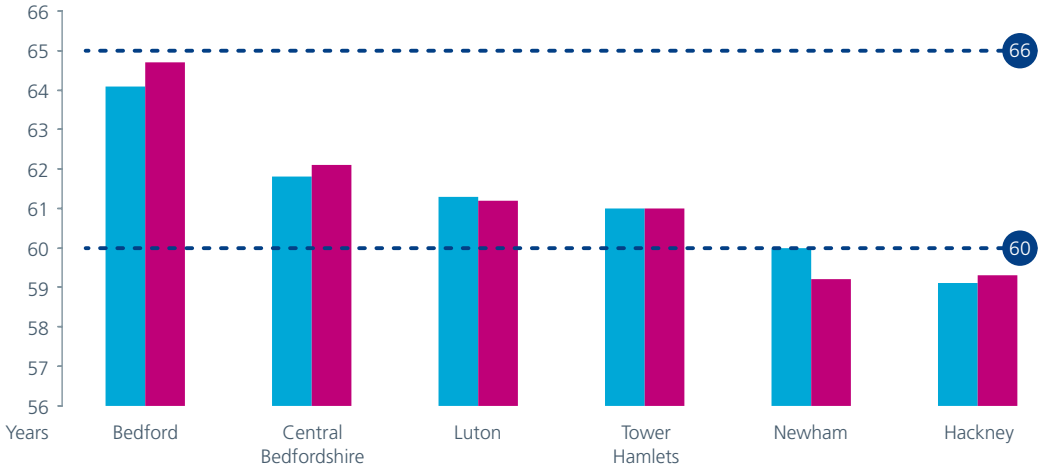


Figure 4: Comparing Healthy Life Expectancy at Birth in ELFT service areas

Key Male Female

Differences in HLE between places is linked to the number of people with long term health conditions, such as poor mental health, diabetes and musculoskeletal challenges. Ways to prevent and improve long term health conditions include supporting healthy behaviour change– such as reducing smoking, improving what we eat, and increasing physical activity. However, these health behaviours are influenced by the conditions in which we live called the wider determinants of health, for example housing, income and family support. The environment is also an important contributor to ill health, for example air pollution is strongly linked to respiratory disease.

The relationship between the wider determinants of health and mental health and well-being is seen in the **Adult Psychiatric Morbidity Survey** published this year.

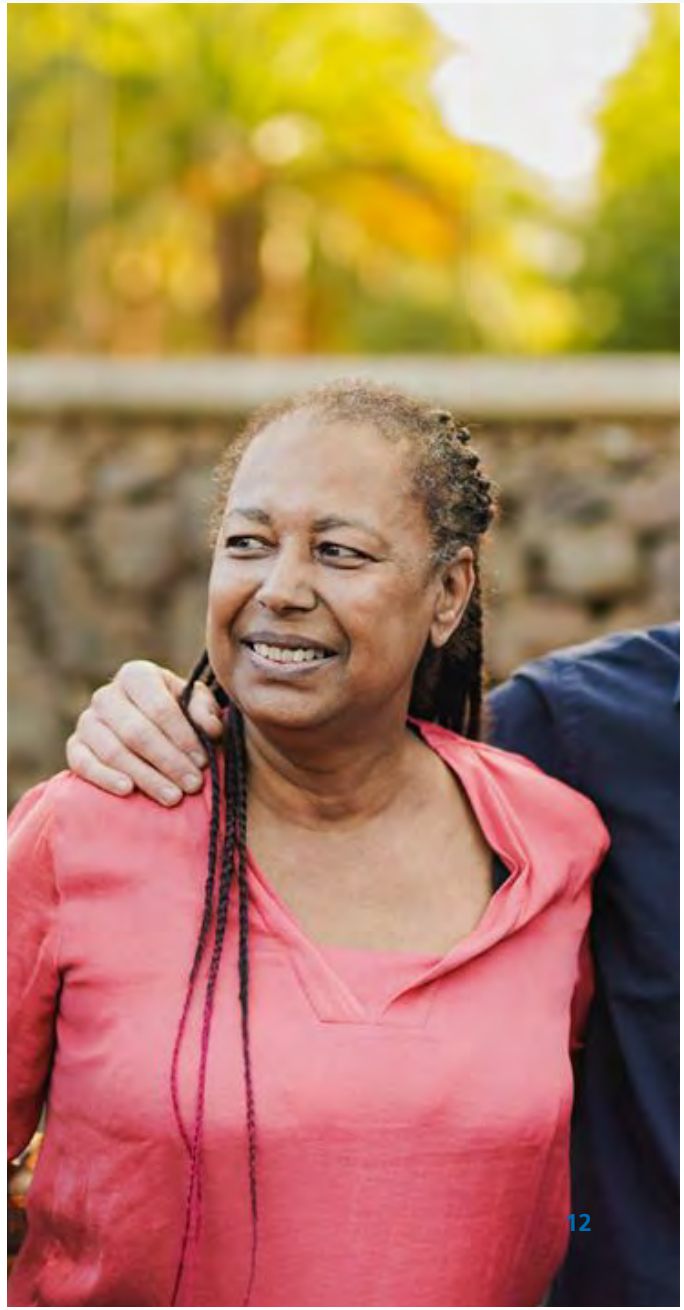
Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England 2023/24

This survey series provides data on the prevalence of both treated and untreated psychiatric disorder in the English adult population (aged 16 and over). Part 1 survey findings include:

- More people identifying themselves as being in poor mental health, with this higher for women and young adults.
- A strong relationship between poverty, debt, unemployment and diagnosed physical health and poor mental health.
- More adults accessing mental health treatment.

Recently published **Indices of Deprivation** (a figure that brings together a range of living conditions including income, employment, education, health and living environment) **helps compare levels of deprivation across the country**. This data is published at a neighbourhood and local authority level.

Two ELFT areas are in the top 10 most deprived local authority districts when **all measures of deprivation** are included: Newham 7th and Hackney 10th. If we focus on the **proportion of the population experiencing deprivation relating to low income**, four ELFT areas are in the top fifteen most deprived areas in the country **(see bars in orange in the charts below)**. This picture becomes more acute if we focus on the proportion of **children aged 0 to 15 living in income deprived families** and **aged 60 or over who experience income deprivation**, with ELFT areas the highest affected for both indices sets.



Fifteen local authority areas with the highest proportion of income deprivation, Indices of Deprivation 2025

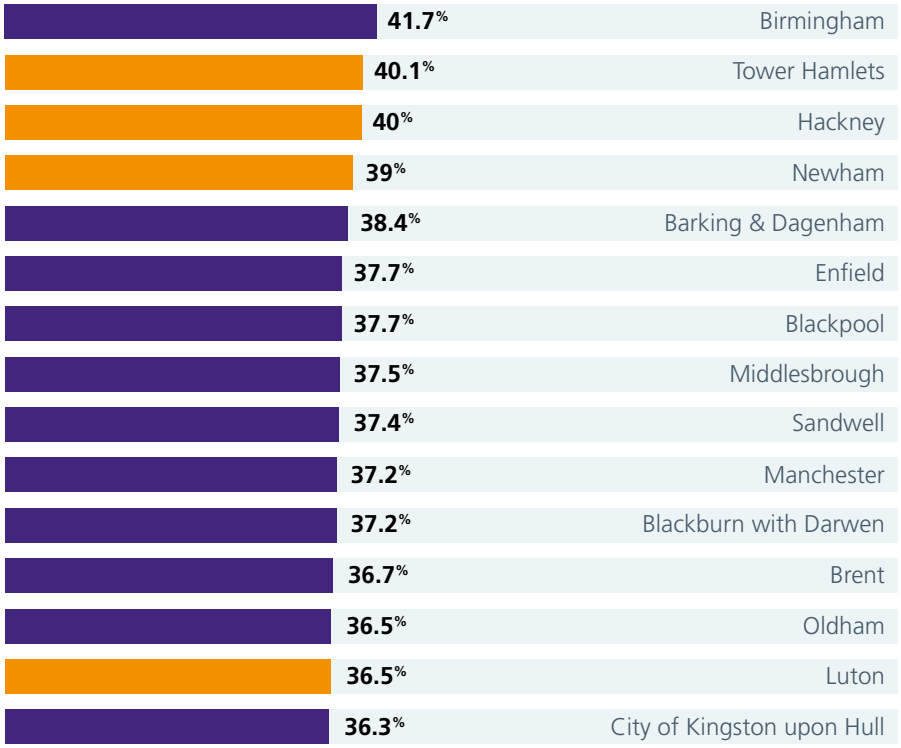


Figure 5: Proportion of the population experiencing deprivation relating to low income

Ten local authority areas with the highest proportion of children living in income deprived households, Indices of Deprivation 2025

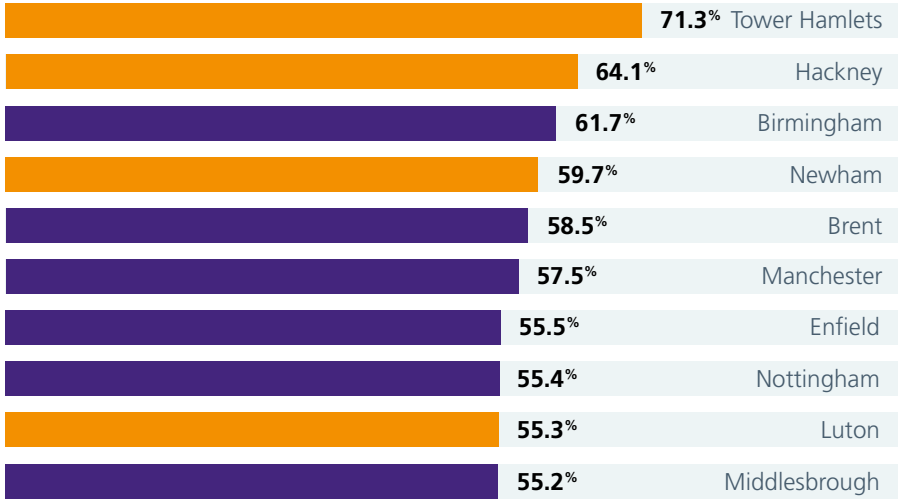


Figure 6: Proportion of children aged 0 to 15 living in income deprived families

Glossary

Income deprivation: Both people in work and out-of-work who have low earnings.

10

Ten local authority areas with the highest proportion of older people living in income deprived households, Indices of Deprivation 2025

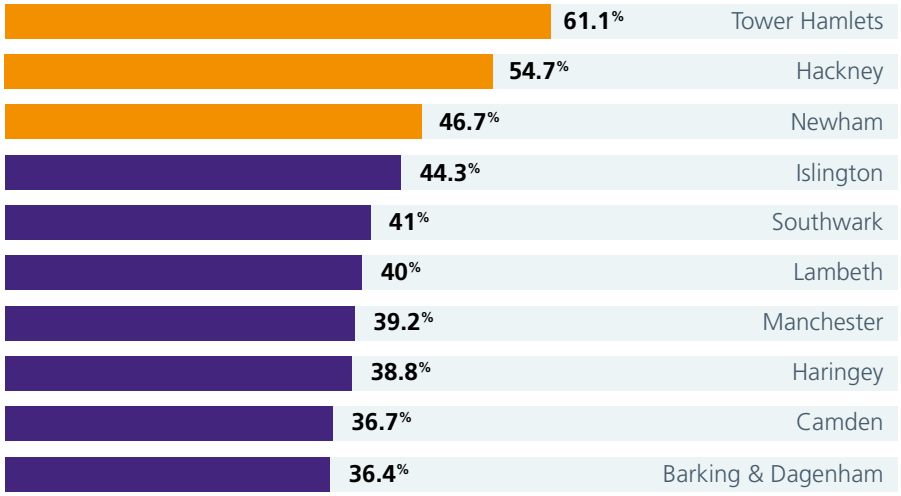


Figure 7: Proportion of people aged 60 or over who experience income deprivation

Why this matters to us:

ELFT service user and carers are more likely to be impacted by local area deprivation. Trust data from the last 12 months[1] shows 30% of referrals are from the 20% most deprived areas, varying by area (46.8% in City and Hackney to 12.3% in Bedfordshire).

Throughout this report data helps show why we are focusing on specific projects and programmes. There is more detailed data to help analyse population health in our Trust geographical areas on our ELFT population health web pages.

What is population health management?

Population Health Management (PHM) is about understanding the health needs of different groups of people in our communities. It helps provide information and data to identify who might need support early, and support work with partners to provide the right care at the right time.

North East London Integrated Care Board's developed a **Population Health Management Pathfinder Analytics tool** to help understand population health and care needs and identify opportunities, design and target interventions, and evaluate impact. A high level overview is available at System | PHM Pathfnder Analytics | Optum and you can join a learning community by emailing at nelondonicb.phm.nel@nhs.net.

In 2024, **Bedford, Central Bedfordshire and Luton published reports focused on population change to 2043** and the potential impacts on health and healthcare utilisation (analysis by the BLMK Population Health Intelligence Unit (PHIU)). Access here.

[1] As of October 2025

Early years and family support

1

Priority Area 1

Early years and family support

Key Takeaway

We can reduce impacts of poverty by embedding benefit advice in healthcare settings, helping reduce financial stress and improve wellbeing.

Mental health support through community partnerships can help earlier and potentially more equitable access to healthcare support.

Co production with young people and parents helps better ideas and service design, alongside fostering a sense of ownership and inclusion over the support provided.

2025 Highlights:

Expanding Healthier Wealthier Families Newham: The Healthier Wealthier Families programme in Newham entered its third year, now having supported 171 service user families at our Specialist Children and Young People Service (SCYPS) access over £1 million in entitled benefits. From January 2026 it expanded to three more SCYPS service sites and to perinatal mental health services.

> **My family were on the verge of homelessness, council tax arrears and rent arrears were in the thousands, I have two children with severe disabilities and was unable to cope due to my benefits being reduced…I was paid back missing elements of Universal Credit, carers benefits and a Discretionary Housing Payment was awarded to financially support me with the high private rent shortfall and paid off the majority of my arrears. My family can stay in our home, my children have stability, I am so thankful.**
>
> *- Carer supported by Healthier Wealthier Families*

Building on the success in Newham, ELFT is part of a new pilot bringing Healthier Wealthier Families to Luton, led by Luton Council's public health team in partnership with Citizens Advice **(see case study)**.

ELFT Perinatal Mental Health Equity programme: Partnership with the Race Health Observatory and Institute of Healthcare Improvement to increase access to services and community support for Black African and Caribbean women. Work to date includes GP training, hosting a visit from the Health and Social Care Committee, community support in family hubs and the re-establishment of the ELFT Perinatal Equity Board. The Board oversaw an in-depth review of data and a refreshed action plan to improve equitable access and experience of services. In collaboration with the North Central East London Perinatal Provider Collaborative, the Mother and Baby Unit team will be undertaking anti-racism training in 2026 facilitated by Black Maternity Matters.

Review of ELFT's objective to support children and young people's (CYP) emotional, physical, social and learning development: This included a workshop with the Institute of Healthcare Improvement (IHI) for ELFT teams alongside wider system partners from the voluntary sector, local authorities, NHS Integrated Care Boards, and academic researchers. In addition, two workshops took place with children and young people. This review is helping develop a theory of change to inform best ways to support social and emotional wellbeing at ELFT and through local partnerships.

Team Around the School (TAS) pilot: Bedford CAMHS team is working with schools, local authorities and health service partners to support earlier identification and follow up support for children and young people with additional needs. The first phase (October 2024 to July 2025) supported 12 primary and 7 secondary schools including a case coordinator to help plan, track and organise follow up actions.

N-Gage Summer Activities Programme: The East London CAMHS People Participation Team N-Gage Summer Activities Programme helps young people stay connected, learn new skills, and have fun during the school holidays. Co-produced with young people themselves, the programme is shaped around their ideas and interests including CV writing, interview skills, a financial awareness workshop delivered with NatWest alongside trips to the Criminal Court of England and the Science Museum.

ELFT as a Marmot Trust

Our strategic objectives to "Prioritise children and young people's emotional, physical, social and learning development" and to "Support service users, carers and our communities to achieve a healthy standard of living" link to Professor Sir Michael Marmot's evidence-based recommendations to reduce inequities by giving every child the best start in life, enabling all children, young people and adults to maximise their capabilities and have control over their lives and ensure healthy standard of living for all.

Fit for the Future: 10 Year Health Plan for England

The Plan emphasises early intervention and integrated support for children and families. This includes Neighbourhood Health Services working in partnership with family hubs, schools, and nurseries to deliver timely support for children and families, including those with Special Educational Needs and Disabilities (SEND). It also recognises that frequent NHS service users often require support beyond healthcare, including housing, financial advice, and employment opportunities.

The Plan pledges national coverage of mental health support teams in schools and colleges by 2029/30, alongside embedded support through Young Futures Hubs with 'no wrong front door' for young people seeking help.

Why is this important?
Childhood is a critical stage of development and targeted help for children and families during this time can reduce health inequities.

10

Poverty and child health

The UNICEF report Held Back From The Start: The Impact of Deprivation on Early Childhood emphasises how important the early years are in providing the building blocks for good health. The analysis shows that the effects of poverty are visible across a range of important milestones for children - including dental decay, obesity and whether a child reaches a 'good level of development' at the end of their first year of school.

Maternal Mental Health

Government analysis carried out by the Office of Health Improvement and Disparities (OHID), shows that just over one in four women experience a perinatal mental health condition (2019 data, the most recent data reported on). The perinatal period covers three years; 3 months before a baby is conceived until 2 years after birth. During this time, common mental disorders affect 25.3% of women in England and serious mental illness, personality disorder and eating disorders 1.2%.

A 2025 report by MBRRACE-UK found **suicide as the leading cause of death for women between six months and a year after pregnancy, with highest rates of maternal mortality in the most deprived areas**. Black women remain more than twice as likely to die as white women. The report highlights gaps in perinatal mental health support, with those not meeting thresholds falling through the cracks. It calls for the role of specialist perinatal mental health teams to be extended to address these gaps in the system.

Children and Young People's Mental health

Mental health problems are growing among children and young people in the UK, with inequalities widening. In England, 1 in 5 children and young people are estimated to have a probable mental disorder.

Research by the Health Foundation found that **40% of socio-emotional problems in adolescence could be tied to poverty and poor parental mental health**. Emotional support within families is identified as a powerful protective factor - this means having someone to talk to openly, confide in, or turn to for advice. Emotional support is negatively correlated with lower household income and parental education; meaning is it not always available to those most in need.

Case Studies

New WAY – support for young people affected by youth violence

Newham Wellbeing Action for Youth (New WAY) is a specialist, community psychology-led service in Newham providing wellbeing support to young people aged 25 and under, along with their families and carers, who have been affected by youth and community violence. Part of the London Vanguard – a multi-system violence reduction programme – New WAY delivers accessible, flexible, and psychologically informed care for vulnerable young people.

The service recognises the structural and systemic factors that can draw young people into offending and violence, including insecure housing, school exclusion, racism, deprivation, and difficult experiences of services. These experiences profoundly affect mental health and wellbeing, and New WAY works to redress these impacts through holistic, community-rooted approaches.

Grounded in community psychology and social justice principles, the service is committed to anti-racism, anti-oppression, and dismantling 'whiteness'. Co-production is central to this approach, ensuring that young people are empowered and included in shaping both their support and the wider service.

> **The stuff I've done with New WAY has been great, it's allowed me to come out of my shell and explore different experiences and activities. It's allowed me to thrive in different areas of my life**
>
> *- New WAY young person*

> **You've been such a blessing to X. Thank you for everything. He sure is going to miss you. Have never seen him open up or even talk to anyone like he has with you**
>
> *- New WAY parent*

Impact findings show:

- The service reaches marginalised young people experiencing life-long inequalities, especially those at risk of exclusion or in contact with the justice system.
- Flexible, community-based delivery increases engagement and equitable access to mental health support.
- Health-led, community interventions can drive systemic change beyond healthcare, helping to redress the longer-term impacts of health inequity.

Launch of Healthier Wealthier Families Luton

We know that financial stress is one of the biggest factors affecting family wellbeing. Healthier Wealthier Families (HWF) aims to support an easy referral pathway for families to access welfare benefits and money advice in the same building as routine health and other appointments.

> **…we have seen a significant increase in referrals for service users with financial, housing and immigration worries. The economic deprivation in Luton plays a huge part in poor mental health amongst our service users, particularly as they are trying to factor in the cost of a new baby and often cannot source their own baby equipment, clothing or food**
>
> *- Georgia Betts, Bedfordshire and Luton Perinatal Mental Health Service*

ELFT is part of a new pilot that brings Healthier Wealthier Families to Luton, led by Luton Council's public health team in partnership with Citizens Advice. CAMHS and Perinatal Mental Health are referral partners. In the first nine months the project has supported 159 families access over £1.1million.

The project also combines HWF with an Advice First Aid approach, being delivered by Citizens Advice Luton to give staff the tools to find basic information on the National Citizens Advice website and respond confidently to common queries. This helps staff identify families who may benefit from financial wellbeing support and to connect them with advisers.

All About Me: One year on

Together with North East London (NEL) partners, young people who use ELFT CAMHS were involved in an All About Me project, to create a booklet clearly explaining young people's rights in relation to consent and confidentiality in healthcare. Young people and parents have been involved throughout the process.

The parts of the project the young people found most valuable were; working with other young people, developing content that will help others, having their voice heard by healthcare services, and learning about consent and confidentiality.

The booklet is now approved with a plan for dissemination across North East London.

> **Definitely a safe space! In the first session, we didn't have to give all our ideas verbally which was really helpful to share all our ideas. It also felt more like a discussion rather than an interview, which made it a more comfortable setting**
>
> *- C, CAMHS young person representative*

> **I hope it helps highlight the value of co-production especially between young people because it can provide A LOT of insight**
>
> *- S, CAMHS young person representative*

Next steps include

Continue the roll out of Healthier Wealthier Families in Newham and Luton and identify ways to bring similar models of practice to other areas of the Trust.

Support implementation of the refreshed Perinatal Mental Health Equity action plan to improve access and experience for Black African and Black Caribbean women.

Use the findings from the Children and Young People review to support Trust activity, including mental health in schools and strengthening social and economic support as an Anchor organisation.

Glossary

CAMHS: Child and adolescent mental health services.

MHSTs: Mental Health Support Teams are based in schools and involve the provision of Educational Mental Health Practitioners who can deliver schools based mental health support.

MBRRACE-UK: Stands for Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK. Carries out surveillance and investigations into the deaths of women and babies who die during or shortly after pregnancy.

SCYPS: Specialist Children and Young People Services are ELFT services for children and young people with a Newham GP and cover a wide range including Speech and Language Therapy and Community Paediatric services.

Employment support for service users, carers and local residents

2

Priority Area 2

Employment support for service users, carers and local residents

Key Takeaway

Through integrated employment support and local partnerships we can help ELFT service users stay in, return to or find new job opportunities, training and/or volunteering.

As an employer we can help people access and learn about jobs at the Trust, including through our social value contracts, volunteering, apprenticeships and work experience.

2025 Highlights:

Supporting service users to stay in and find good employment and develop skills:

- 1,018 people with long term mental health conditions accessed Individual Placement Support, supporting 207 (20%) people enter employment. In addition, new staff were recruited this year into specialist employment support roles in Bedfordshire and Luton, Tower Hamlets and Newham.
- 2,790 people accessed employment advice as part of Talking Therapies support in Bedfordshire, Tower Hamlets and Newham. This includes help with returning to and staying in work, interview preparation and negotiating workplace adjustments.
- Two lived experience work placements developed to support the North East London mental health learning disabilities and autism (MHLDA) Provider Collaborative team.

> **You have made a significant difference on my mental health and the way I view employment now…I took all of your advice on board, and I am continuing to apply it every day. After receiving my [graduation] results, I started putting a lot more effort into job searching and have already applied to a few vacancies**
>
> *- Bedfordshire Talking Therapies service user*

Digital Life Coach Training Programme: Co designed with service users to address digital exclusion and now with 19 trained coaches (17 service users). Feedback from learners include: 50% improved career prospects and demonstrating new skills, 79% seeing improvements in mental health and confidence and 86% feel they can make a positive difference by helping others.

10

Employment support events: Compass Wellbeing employment support fairs held for ELFT service users in November 2025 and early 2026. The Greenhouse Practice Jobs and Volunteer Fair in May 2025 brought together support organisations, including Hackney Works and the DWP, offering service users a gateway into training, volunteering and employment.

Making Work Work for people with learning disabilities learning space: Co designed with service users to help share and influence practice across ELFT areas. Recommendations from the network will inform actions by the Trust and partners.

Partnership with Redemption Roasters: ELFT charity is funding eight service users from its Forensics service to receive barista training (art of making and serving coffee) to support skills and employment.

First summer work experience week: Held for 21 young people living in our East London boroughs. This doubled the recorded number of placements held over a year and provided a supportive and structured experience, including a careers fair and tips on CV writing.

> **This placement has not only strengthened my passion for pursuing psychology as a career but has also given me a clearer understanding of the diverse paths within this field**
>
> *- Work experience student feedback*

Apprenticeships: Around 160 in place at the Trust, with 50% recruited from ELFT footprint areas and 30% of recruits under 25 years old.

Volunteer placements: 147 placements over the past year.

> **As a medical graduate volunteer, it means a lot to be there for patients when they need support most. Even small gestures — a chat, a smile — can make a big difference, and that's really humbling**
>
> *- Student Volunteer Zelal*

Bedfordshire Luton and Milton Keynes (BLMK) Integrated Care Partnerships (ICPs) Work and Health Stewardship group: Shared lived experience to support the development of pathways into employment. This helps employers to be better equipped to welcome people recovering from or with long term health conditions into their workforce.

Ongoing social value impact from our facilities partnership with OCS: Over £5.7million in impact across Trust service areas in the past year focused on employment and community support.

ELFT as a Marmot Trust

Our strategic objective "Support service users, carers and the communities we serve to develop skills and to access meaningful activity and good quality employment" links to Professor Sir Michael Marmot's evidence-based recommendation to reduce inequities by "Creating fair employment and good work for all". Not all population groups have equal access to employment opportunities, with disadvantage seen particularly in people with disabilities and mental ill-health, those with caring responsibilities, lone parents, some ethnic minority groups, older workers and young people.

Fit for the Future: 10 Year Health Plan for England

Employment support is part of the neighbourhood health model, including expanding provision of Individual Placement Support schemes and employment advice in Talking Therapies. The role of the NHS as an Anchor organisation is encouraged, supporting people from all backgrounds access an NHS career.

The plan encourages co design of digital tools and partnering with libraries and community organisations to support engagement with digital health services.

Why is this important?

Good jobs provide fair pay, safety and opportunities to progress. A good job helps people stay well and recover.

In the UK, 1 in 5 people have a health condition that limits their ability to work (a 25% increase in twenty years). Common mental health problems such as anxiety and/ or depression are twice as high for people unemployed compared to those in work. While 80% of people with a severe mental illness want to work, only 6-8% do (compared to 75% in the general population). For people with disabilities, the risk of being unemployed is twice as high as people without disabilities.

Actions employers can take to support people return to and stay well in the workplace include mental health support at work, flexible work arrangements, better job security and phased return to work after time off sick.

For younger people access to work experience and employment opportunities is not equal across population groups. A young person's socioeconomic background - including the income level of their family, their parents' educational qualifications, and their family's wealth – all play a critical role in shaping the options available to them. Students from more disadvantaged backgrounds can be less confident talking about skills and engaging independently with future employers.

Digital skills can be a barrier to employment alongside access to digital devices that support job searches and applications. Digital equity is particularly an issue in mental health care with 35% of service users who access secondary care not daily internet users.

Case Studies

Supporting local businesses with apprenticeship levy transfer

Large employers often have unspent Apprenticeship Levy funds, while smaller businesses struggle to afford training. In 2025, we worked with local Training Hub, Community Matters, to identify GP surgeries needing support. ELFT committed unused levy funds to cover apprenticeship training for health and social care staff, leading to:

- 18 GP surgeries supported
- £169,000 levy transferred
- 21 apprenticeships created.

This led to:

- Small and Medium Enterprises (SMEs) accessing training opportunities
- Strengthening local healthcare supply chains and employment prospects for local residents.

We will continue working with Community Matters to transfer additional levy funds to SMEs and plan to replicate this approach across Luton and Bedfordshire.

> **Levy transfers make it possible for GP practices and voluntary sector organisations to grow their own workforce and support staff... As well as upskilling the existing workforce, apprenticeships also help us engage local residents and help them gain meaningful employment**
>
> *- Community Matters*

Lived experience story of Luton and Bedfordshire Individual Placement Support

> **I was able to, from very onset of starting the service, build a wonderful rapport with my Employment Specialist. Initially, I was in a very distressed state trying to find employment in the fields I had, in what I believe, experience in…Sadly, this was not the case as the positions I was applying for were highly sought after. It was during this tumultuous period, Employment Specialist was most supportive. He did in no way push for me to get just any other form of employment but respected my wishes for trying to find employment in the fields I had chosen.**
>
> **During this period he offered invaluable support, such as reading through applications and my resumes. Meeting with him in a public setting also helped bolster my confidence…Throughout the tenure of employment support, Employment Specialist has helped me gain a more broad outlook in what types of employment I could undertake, fields in which I never would have considered and take into consideration of my personal circumstances. Now, with Employment Specialist's support, I have taken another trajectory by way of employment; in a field I initially would not have considered, and in which I find rewarding**

Find out more about Luton and Beds Individual Placement Employment support **here**.

Working together to help residents into employment, Newham

Newham has the highest unemployment rate of any London borough at 7.9%.

Through a joint employment forum, six Newham employment support services are working together on strategic challenges such as outreach, integration of services, referral redirection, educating employers and sharing knowledge and resources. A new website was co-produced with residents which outlines the employment services available and answers the most frequently asked questions. Additionally, a poster campaign is being developed with stories from Newham residents who gained employment.

This year **Community Health Services (CHS) Newham** started a programme of staff education sessions to assist patients and carers with social and financial issues. These were led by the London Borough of Newham and Department of Work and Pensions covering Disability Support (access to work, health adjustments passport, fit notes), Universal Credit Benefit Awareness Session (Personal Independence Payment application) and Private Sector Housing Standards. In addition, a new Carer Lead is in place, working with the Newham Carers Community (NCC). This includes training to help identify and support informal carers, understand Carers Assessments and access local support.

Economic Activity Status

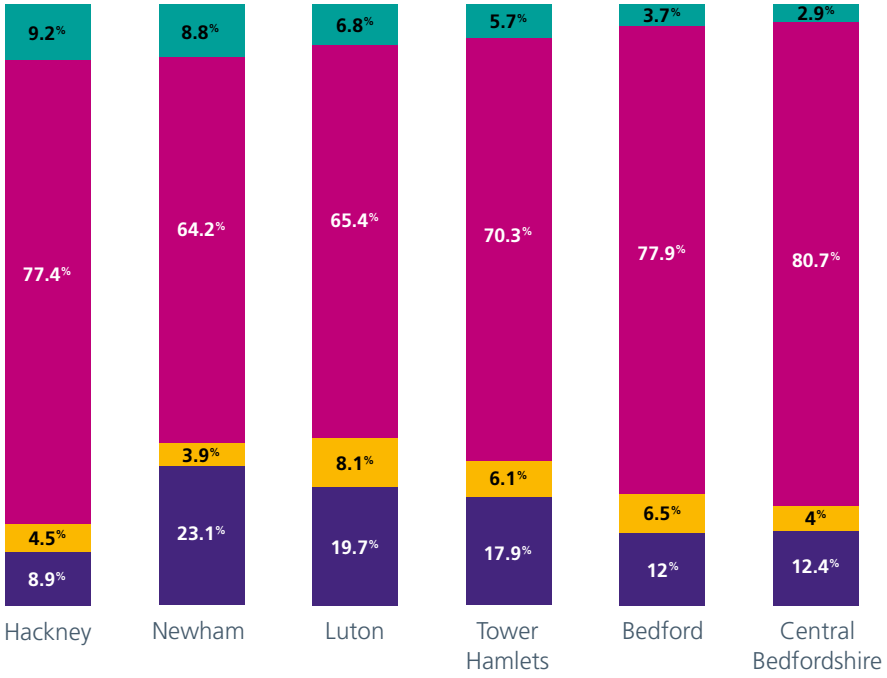


Figure 8: Differences in economic activity across our ELFT service areas

Next steps include

Continuing to maximise the employment support available to service users, including through clinical and service user awareness and supporting local partnerships.

Strengthening ways people can learn about and access jobs at the Trust.

Glossary

Digital Equity: This refers to when every person and community has the necessary information technology resources to participate in activities that affect their lives. The term includes not only access to devices and the Internet, but also the ability to use and benefit from them effectively.

Homelessness prevention and support

3

Priority Area 3

Homelessness prevention and support

Key Takeaway

We can help reduce homelessness by identifying risk factors for our service user population, including domestic abuse and/or uncertain immigration status, and providing specialist support as needed. This includes partnerships with voluntary and community sector organisations and street outreach.

Analysing service user data and identifying trends can help strengthen prevention activities to improve quality and length of life. This is alongside providing financial advice, help with food, hygiene and health protection.

2025 Highlights:

Specialist support to East London mental health service users with uncertain immigration status to help improve healthcare outcomes: Working with the charity Praxis to support over 90 service users with advice and 50 with specific case work. Early outcomes include preventing homelessness, identifying support for domestic abuse and improved delivery of healthcare (see case study).

Data analysis across ELFT's three specialist inclusion health Primary Care Practices: This is helping better understand population characteristics, health needs, use of health services and learning from factors contributing to deaths. The analysis also looks at housing status, migration status and substance use. Findings are supporting the development of preventative work to help reduce health inequities. Lived experience expertise supported the project design and recommendations.

Helping staff identify people affected by domestic abuse through routine enquiry: Routine Enquiry (RE) is a way for clinicians to ask direct questions in relation to abuse/ sexual violence. A service user who is a survivor of domestic abuse is part of the Quality Improvement project group to increase use of RE. Training started in October 2025, aiming to reach all adult mental health directorate teams by April 2026. Next steps will focus on embedding RE in clinical practice.

Homeless health webinar: This provided an overview of homelessness data trends in ELFT areas and how we can prevent and learn from homeless deaths. Representatives from Crisis, the Museum of Homelessness, Pathway, NHS North East London (NEL), Groundswell and ELFT presented, and over 80 people attended.

Images provided by the Centre for Homelessness Impact free library.

North East London homeless health strategy 2025-2030: Approved in May 2025, this strategy helps convene partners around the most important areas of joint focus for affected populations (with a wide definition of homelessness). Work underway includes developing a future model for primary care services, increasing the uptake of the Safe Surgeries initiative and evaluating the impact of personal health budgets for people who are rough sleeping.

Health and wellbeing fairs at our primary care practices: Health E1 supported 75 service users through free hot meals, hygiene kits, long-life food and complimentary haircuts. Department for Work and Pensions provided support with housing and benefits. The Greenhouse Practice held a health and wellbeing fair in October to mark World Homeless Day. Attendees accessed support for substance misuse, smoking cessation and sexual health screens in addition flu vaccinations, benefit advice and a free lunch.

ELFT as a Marmot Trust

Homelessness prevention and support aligns with several Marmot Trust principles including championing social justice, prioritising prevention and early detection of illness in disadvantaged groups plus supporting a healthy standard of living. Supporting people at risk of or experiencing homelessness targets populations experiencing high levels of social disadvantage.

Fit for the Future: 10 Year Health Plan for England

The NHS's new ten-year plan acknowledges homelessness as a major driver of health inequity, recognising that people experiencing homelessness face significantly worse access to care, poorer health outcomes and shorter life expectancy.

Neighbourhood health services can help identify and support individuals at risk of or experiencing homelessness earlier by bringing services closer to people most in need. The proposal in the plan of a Single Patient Record can help make social risk factors such as housing status more visible in care settings.

Why is this important?

People experiencing homelessness often have poorer physical and mental health than the general population. In 2021 the average age of death was 43 years for women and 45 years for men rough sleeping or using emergency accommodation in England and Wales, nearly 40 years lower than the average age of death in the general population.

Domestic abuse is one of the leading causes of homelessness amongst women. It is also a significant cause of mental ill health. Nationally an estimated 4.8% of people aged 16 years and over (6.6% of women and 3% of men) experienced domestic abuse in the last year. In London higher rates of domestic abuse are seen in deprived areas and among some ethnic minorities. Bedfordshire police data also shows similar differences across population groups. **The NHS has more contact with victims and perpetrators of domestic abuse than any other public service so knowing how to ask about it and respond provides earlier intervention and support**.

People with uncertain immigration status are at high risk of homelessness and destitution alongside poor mental health. Increasing access to specialist advice at intervention points, such as in healthcare settings, is a recommended approach to help reduce rough sleeping.

Case Studies

Luton Smiling Together

Luton Smiling Together is a new programme that links council and health data to identify people living in Luton with severe and enduring mental health issues who may be at risk of having a crisis. Potential triggers for crisis could be bereavement, relationship breakdown, domestic abuse, financial difficulties and housing difficulties. Support is then provided by experienced and compassionate case coordinators.

The website can be accessed here.

Rough Sleepers Mental Health Project (RAMHP)

The RAMHP team work to improve the mental health of people who sleep rough and work directly with local Street Outreach Teams (SORT) to improve their mental health awareness and response.

Over the last year ELFT RAMHP has received 1,080 referrals for people who sleep rough and needed mental health assessment and liaison between services.

RAMHP works closely with colleagues from voluntary and community sector organisations including street outreach teams and drug and alcohol services. In the past twelve months the team joined street outreach teams for over 90 shifts. It also set up three new mental health clinics at day centres for people who sleep rough, promoting health inclusion and reducing barriers to statutory services.

> **The person who assessed me felt very real and comprehensive, didn't feel like usually when it feels like I'm talking to a machine. I also could talk about myself without being misunderstood**
>
> *- RAMHP service user*

Specialist immigration advice: An example of a service user journey

Praxis provides specialist immigration advice including partnership work in health and care settings. This is the first time it is providing commissioned support in ELFT East London mental health services, with the story below an example of how service users are being supported.

TN was referred by the City and Hackney EQUIP (Early and Quick Intervention in Psychosis) Team. At referral TN was street homeless and sleeping in shop doorways.

Her mental health issues were linked to being a victim of domestic abuse and further affected by insecure immigration status as her visa was dependent on her husband.

Action taken by Praxis included:

a. Bringing together evidence to secure emergency housing – gathered via an IDVA (Independent Domestic Violence Advisor) and primary and secondary care to evidence abuse.

b. Providing a food voucher, temporary housing support and securing a housing solicitor to help request emergency housing.

c. Submitting an indefinite leave to remain application as a victim of domestic abuse, resulting in TN being granted leave to remain with recourse to public funds on a concessionary basis while the application is under consideration.

Praxis maintains contact with TN's mental health team and TN. TN states that knowing she has legal representation during her immigration journey assists with her stability and well-being.

Number of people seen rough sleeping in ELFT East London areas (2023/24 to 2024/25)

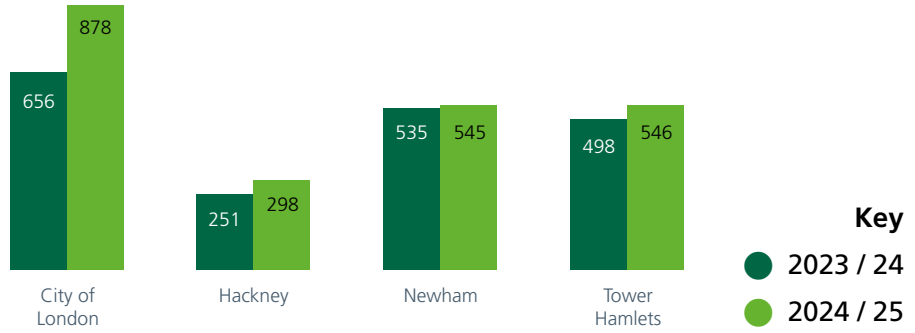


Figure 9: Number of people seen rough sleeping in ELFT London areas in past two years, source CHAIN

Annual Rough Sleeping snapshot Bedfordshire and Luton (2023/24 to 2024/25)

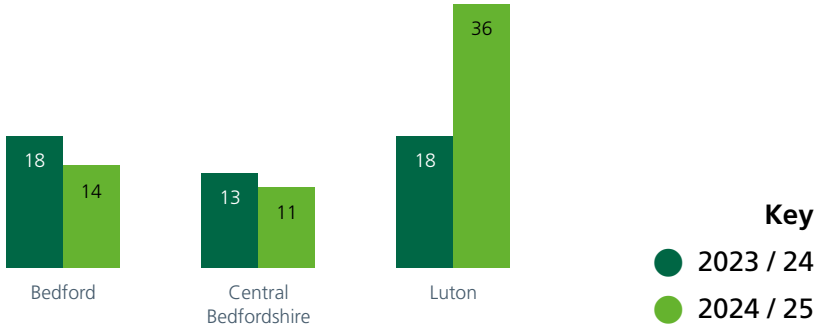


Figure 10: Number of people seen rough sleeping in Bedfordshire and Luton in past two years, Source gov.uk

Next steps include

Taking forward priority recommendations from the data analysis and mortality review of ELFT's three primary care practices.

Evaluating the impact of integrating specialist immigration advice in mental health service settings and working with partners on how recommendations from the pilot can inform models of care.

Glossary

Safe Surgeries: Primary care practices committed to improving access for migrant populations. This includes declaring the service as a "Safe Surgery" for all and making sure that no one is refused registration based on immigration status, inability to provide identification or proof of address, or language barriers.

Promoting the physical health of people with long term mental health conditions and learning disabilities

4

Priority Area 4

Promoting the physical health of people with long term mental health conditions and learning disabilities

Key Takeaway

Providing effective physical health support for people with mental health conditions and/ or learning disabilities can reduce unacceptable differences in health outcomes.

Good recording of physical health needs will help provide targeted interventions and follow up. Training such as Making Every Contact Counts assists positive change conversations and helps build local knowledge about support.

Healthcare prevention and promotion, such as cancer screening and stop smoking support, needs to be accessible to people with learning disabilities and long-term mental health conditions.

2025 Highlights:

A physical health strategy developed with service users and staff to provide a Trust wide framework for action. This is alongside:

- An updated physical healthcare policy for mental health service users to support healthier and longer lives.
- A new physical health lifestyle form to strengthen recording and management of physical health for service users in inpatient settings.
- Development of a learning disability physical health strategy to work across Bedfordshire and Luton, developed with local system partners.

Stop smoking support for service users in inpatient and community settings: A total of 2,505 service users were supported to quit over a year (October 2024 to end of September 2025), leading to a successful quit outcome for 30% (n=982) receiving inpatient support and 32% (137) community support.

Continuing to grow stop smoking support in the community: This includes funding from City and Hackney local authority to provide targeted smoking and vaping cessation support for CAMHS service users (12 to 18 years) and for people experiencing homelessness.

Diabetes awareness month: Held in November 2025 including inpatient staff roadshows, two webinars, health checks for ELFT staff and published blogs sharing lived experience and helping to 'myth bust' misconceptions about diabetes.

Piloting use of Continuous Glucose Monitors (CGM) in Newham to support eligible servicer users with Type 1 and Type 2 diabetes, with positive feedback from service users and staff. This is now supporting CGM access across the Trust.

Supporting cancer screening uptake for people with learning disabilities, including a cancer screening resource pack for Bedfordshire, Luton and Milton Keynes and staff questionnaires and service-user focus groups to understand confidence on talking about screening.

ELFT as a Marmot Trust

Prioritising prevention and early detection of illness in disadvantaged groups recognises the need to help reduce health behaviours, such as smoking and poor diets, as they contribute to health conditions that lead to unfair differences between population groups. These interventions need to be targeted in proportion to where there is most need for support.

Fit for the Future: 10 Year Health Plan for England

The plan includes:

- Development of **neighbourhood team**s to deliver **ongoing, holistic support**, shifting care from hospitals to communities to improve life outcomes.
- Emphasis of **prevention over treatment**, including breaking cycles of tobacco-related poverty and illness, which disproportionately affect those with mental ill-health.
- Encouragement of **technology driven health management** such as glucose monitors to improve diabetes care.
- A **Modern Service Framework for mental health** using the best evidenced interventions to support improved health outcomes.

Why is this important?

There is an unacceptable difference in health outcomes between people with long term mental health conditions and/or learning disabilities and the general population. This includes longer periods in poor health as well as dying earlier. Much of this gap can be reduced by early preventative action and health promotion support.

Individuals with learning disabilities face significantly reduced life expectancy—about 20 years shorter on average. Latest data shows that the most common avoidable deaths (deaths that could have been prevented through earlier support) are flu and pneumonia, cancers that are part of the digestive system (throat, stomach, bowel) and heart disease.

Smoking is the leading cause of preventable ill health and death and contributes to half the difference in healthy life expectancy between rich and poor populations. It significantly impacts people with long-standing mental health conditions, with ELFT screening data showing 60% of inpatient service users as smokers (data from October 2024 to September 2025).

Diabetes is a health condition where the body does not produce enough insulin to regulate glucose in our blood. It can lead to a number of health conditions including heart, kidney disease and problems with eyesight and mobility. The number of people at risk or managing diabetes is important for inpatient and community settings, with risk factors including age, deprivation, weight, some types of medication, family history and ethnicity.

Our local area data shows three of our Trust areas (Luton, Newham and Bedford) with a greater percentage of the population diagnosed with diabetes compared to the national average. When looking at deaths with diabetes as a cause or contributing factor, Newham, Tower Hamlets, Hackney and Luton are the top four areas nationally.

Diagnosed diabetes prevalence across ELFT areas (2023-2024)

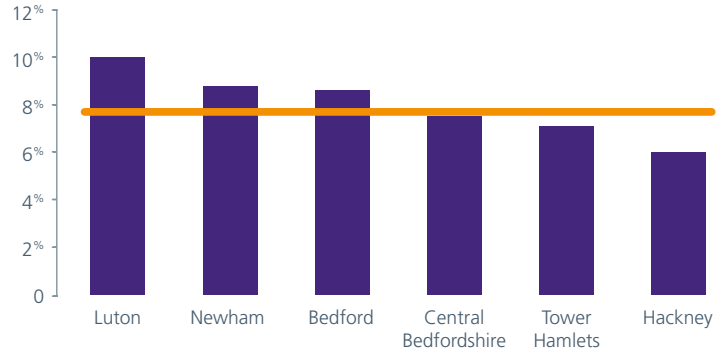


Figure 11: Proportion of people with diabetes recorded in primary care data in ELFT areas

ELFT areas: Smoking prevalence in adults and people with long term mental health conditions (2022-2023)

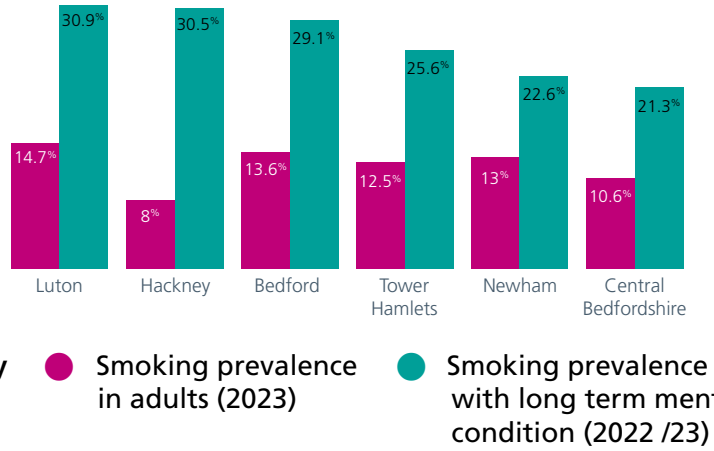


Figure 12: Comparison of percentage of adults who smoke in the general population compared to people with a long-term mental health condition

Case Studies

Reducing hospital admissions for people with learning disabilities in Bedfordshire and Luton

Local data in Bedfordshire and Luton indicated that people with learning disabilities were often admitted to acute hospitals for longer durations compared to the general population. This trend is costly in financial terms and impacts on emotional and mental health.

Change ideas tested as part of a quality improvement project to reduce where possible hospital admission included:

a. Supporting primary care practices to increase the number of annual health checks carried out, for example training primary care colleagues
b. Developing checklists and screening tools and including physical health discussions in multi-disciplinary team spaces
c. Development of an admission avoidance policy and pathway
d. Development of a digital care home resource.

This work resulted in a 40% drop in admissions to an acute hospital, with a weekly cost saving of £11,550 (potentially over £600,000 per year).

Experience of Making Every Contact Count (MECC) training

Interview with Eleanor Gabayo, Weight Management Coordinator with Community Learning Disability Service in Tower Hamlets

Making Every Contact Count is about using the conversations we already have with our service users to help support them with their health and wellbeing. It's a way of maximising small but meaningful moments into everyday work, where we can encourage someone to make choices that feel right for them.

Why did you sign up? I signed up for the training to strengthen the way I talk about health, particularly with adults who have learning disabilities. Many of the people I support need information explained in a clear and accessible way. I wanted to make sure my approach helps them feel included and understood. I also wanted to learn new ways to motivate people.

How did the training support you? It helped me look at how I have health conversations and how to make them feel more natural. It reinforced focus on what matters to the person, rather than what I think should come next. I also discovered many local services I didn't know about before, which has made it easier to signpost people to the right support.

Describe an example of how it's made a difference. One person who joined the Shape Up Programme had a learning disability and a high Body Mass Index (BMI). They were very unsure about places they could feel comfortable exercising, often saying it wasn't for them. Using what I learned from MECC, I was able to focus on what they felt was manageable. After building on motivations and confidence, the service user was enthusiastic about being referred for support with exercise. **It was a big reminder that small conversations can build confidence and lead to real change**.

Find out how to access MECC training in your local area here.

Bowel Cancer Screening for People with Learning Disabilities in Newham

Statistics show that bowel cancer is a significant cause of cancer death for people with Learning Disabilities, and lower bowel cancer screening rates contribute to poorer outcomes.

In January 2025 the Newham Health Learning Disabilities team and the North East London Cancer Alliance took steps to improve bowel cancer screening uptake. This included: arranging for the home test kit to be sent to eligible people aged 50-74, identifying service users who may need reasonable adjustments to complete the test, providing easier-to-understand information, staff training and awareness events.

Examples of reasonable adjustments include:

- Going to a person's home to explain what bowel screening is and providing support to take the sample
- A reminder call to service users and carers every two weeks to complete the kit
- Asking day centres who support service users if they can support the service user with the screening.

Data shows a steady increase in the number of people in Newham with a diagnosed learning disability who have an up-to-date bowel screen. This includes service users who received a positive test with follow up referral to see a colorectal specialist.

Next steps include

Strengthening tobacco cessation community support for people with Severe Mental Illness in Bedfordshire and Luton.

Use the roll out of the new lifestyle form to better understand physical health needs across the Trust.

Work with People Participation to help improve access for service users to physical activity opportunities.

Glossary

Life expectancy: The average time someone is expected to live based on the year of their birth, current age and other factors including their sex.

Healthy life expectancy: The average number of years a person would expect to live in good health based on current mortality (death) rates and the level of self-reported good health.

Continuous Glucose Monitors: A device for people with diabetes that lets you check your glucose (sugar) levels at any time.

Champion social justice and fully commit to tackling racism and other forms of prejudice

1

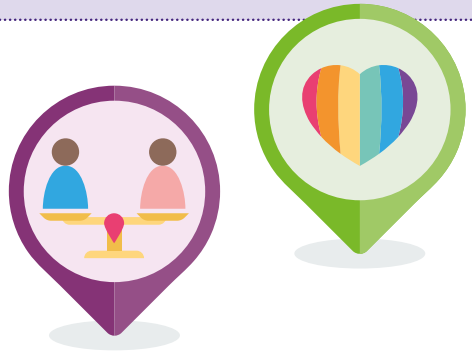
Commitment 1

Champion social justice and fully commit to tackling racism and other forms of prejudice

Key Takeaway

The Patient Carer Race Equality Framework and the Quality Improvement Health Equity programme provide Trust wide approaches to championing social justice alongside other examples of innovative work.

Good data recording, data analysis and involvement of people with lived experience are key principles of practice.



2025 Highlights:

Developing a Poverty Proofng Toolkit with the charity Children North East. This provides practical examples to tackle barriers to accessing healthcare including: tips on reducing the costs of transport, promoting health literacy and offering flexible appointment options. It supported the Pursuing Equity Phase 3 programme (see Case Study).

Patient Carer Race Equality Framework (PCREF): Ongoing implementation across the Trust, co produced with service users. Each ELFT borough has areas of focus based on data looking at 'access, experience and outcomes' of racialized service users in respective localities. Using this data, local PCREF steering groups are developing action plans to address identified inequities. For example, in City and Hackney Black service users aged between 30-49 are disproportionally represented in restraint data. Teams are developing targeted de-escalation strategies and trauma-informed training to address this. The City and Hackney Mental Health Directorate is working with the local authority Population Health Hub team to improve the accuracy and completeness of equality data.

Launch of 'Unshame Newham': A collective of NHS staff and people with lived experience of sexual violence. Unshame Newham is developing a public health campaign so that people feel seen, heard and empowered by normalising the sharing of sexual violence experiences. The working group includes charity and voluntary sector partners, ELFT and the Metropolitan police.

Why is this important?

At ELFT, we take immense pride in the diversity of our staff, service users, and the communities we serve. We deeply value the contributions of everyone. This commitment enhances our ability to deliver culturally respectful care and treatment.

Our service areas—such as Newham, Tower Hamlets, City and Hackney and Luton—are among the most ethnically diverse in England and Wales, with a wide range of languages spoken and faiths practised. Around 10.3% of Central Bedfordshire's population are from different ethnicities to White British. There are increasing number of older people in our service areas and many people living with disabilities.

We recognise that many people—particularly those from ethnic minority backgrounds, people with disabilities, neurodivergent people, and LGBTQ+ communities—continue to face significant health inequities. These groups often experience poorer access to healthcare, worse health outcomes, and barriers to inclusion and support. The causes are complex, rooted in factors such as deprivation, discrimination, rasism and structural inequities. The new NHS 10-year plan acknowledges that social determinants—like housing, education, and income—are key drivers of these disparities, and that they cluster in more deprived areas, compounding the injustice.

One way to address these challenges is through high-quality data and analysis to understand the specific needs of different communities. This evidence-based approach enables us to develop tailored strategies that tackle inequities head-on. Our Quality Improvement framework provides a systematic way to use data to help tackle complex issues through testing, learning, and measuring progress. Active involvement and leadership of service users and carers across ELFT work programmes, facilitated by the People Participation directorate, supports more equitable and person-centred care.

Case Studies

Pursuing Equity Phase 3 – Tackling Missed Appointments

Since 2021, ELFT has used Quality Improvement (QI) to advance equity at scale. In September 2024, Phase 3 of the Pursuing Equity Programme began, bringing together 16 teams from across the Trust to tackle missed appointments. The focus was on improving access for people living in the Trust's most deprived areas.

Across the programme, 13 out of the 16 teams saw an improvement in the percentage of missed face to face appointments. The proportion of missed face-to-face appointments across all teams on the programme reduced from 21.4% to 19.8%, a 7.5% overall reduction. A similar improvement was seen for those living in the most deprived areas, with missed appointments reducing from 21.5% to 19.9%. This means that service users from the least deprived areas are now no more likely to attend than those from the most deprived areas—a key equity milestone.

A **Change Package** is supporting spread and sustainability:

Change Concept	Change Idea	Why it Worked
Scheduling in conjunction with service users	Admin or clinicians book the next appointment directly with the service user	Enables real-time scheduling and avoids offering inconvenient times that lead to non-attendance
Clear processes and policies	Standardised "Did Not Attend" policy with staff training	Ensures consistent handling of missed appointments and follow-up
Reminding service users	Automated or clinician-sent text reminders at the point of booking	Personalised reminders sent in advance support service users to plan ahead and reduce DNAs

A Power BI dashboard now enables teams to monitor missed appointments in real time, ensuring that improvement is sustained.

Implementing faith-adapted psychological therapy, Newham

Newham's Talking Therapy team in partnership with Newham Council, voluntary sector partners and Leeds University commenced a new project of faith adapted psychological therapy tailored to Muslim communities.

Data analysis carried out across North East London in 2024 showed lower access rates to Taking Therapies services for certain population groups including Bangladeshi and Pakistani ethnicities. The Muslim population is the second largest faith group after Christianity in Newham. Muslim clients are more likely to use religious coping techniques than individuals from most other religious groups in the UK.

The team adapted **Behavioural Activation therapy**, an evidence-based treatment that helps people overcome depression and low mood by gradually increasing engagement in meaningful and enjoyable activities. It can be adapted in culturally and spiritually sensitive ways, with the team aligning it with Islamic values and practice.

Since launching, over 70 staff are trained and 11 patients completed treatment with good results. Service-users and Newham Talking Therapies have co-produced promotional posters and group materials to ensure the service is relevant and trusted.

Other ways developed to provide inclusive care includes Christianity and LGBTQI+ mental health online workshops and service leaflets in six main languages of refugees and asylum seekers in the borough.

> **Using Islamic principles for counselling and I felt they understand the value of religion plays in my life**
>
> *- Newham Talking Therapies service user*

Health Equity approach to dementia diagnosis, Tower Hamlets

People who live in more deprived areas are more likely to develop dementia. However, they face barriers to accessing timely and accurate diagnosis compared to those from more affluent areas. People from minoritised ethnic groups also typically have lower rates of diagnosis and longer intervals from symptom onset to diagnosis.

The Tower Hamlets Diagnostic Memory Clinic set out to make diagnostic processes available in the Community Memory Clinic that would typically only be available in neuroscience centres. This includes multidisciplinary neuroradiology meetings, a multidisciplinary clinic, referral pathway to Barts Health neurology and training of nurse specialists.

Tower Hamlets Memory Clinic now supports direct access to gold-standard tests in a local community setting without needing to seek referral to a tertiary neuroscience centre. As a result, the dementia diagnosis rate in Tower Hamlets is now 75%, as compared to the averages of 61% in North East London ICB and 65% nationally.

Next steps include

Ongoing roll out of PCREF including a PCREF training resource for all staff.

Analysis of data to understand how service users with learning disabilities access Trust services.

Developing a Trust-wide Access Policy to set out a consistent "ELFT Way" of managing appointments using the Pursuing Equity programme 3 learning.

Contribute to the creation of healthy and sustainable places, including taking action on climate change

2

Commitment 2

Contribute to the creation of healthy and sustainable places, including taking action on climate change

Key Takeaway

ELFT's new Green Plan (2025–2028) strengthens our commitment to creating healthier, low-carbon environments that support both physical and mental wellbeing.

Initiatives such as Twinwoods Rewilding, the Gardening Forum, increased recycling and solar installations show how improving green spaces and reducing environmental harm benefits recovery and staff wellbeing.

By expanding access to nature and building climate-resilient places, we are helping communities to feel safer, healthier and more connected.

2025 Highlights:

ELFT publishes new Green Plan (2025–2028): The next three-year phase of ELFT's Green Plan sets out actions to accelerate progress toward net zero.

Rewilding Twinwoods through the NHS Forest scheme: ELFT staff, service users and contractors planted over 150 trees at Twinwoods Resource Centre as part of the NHS Forest programme. This helps create biodiverse, therapeutic green spaces.

Expanding green spaces through the ELFT Gardening Group: The gardening group gives staff the opportunity to start projects, seek support, share ideas and learn from experts. This includes support to secure funding, choose suitable plants and involve green-space activities in Service User care.

Oakly Court increase recycling: Oakley Court, an inpatient ward in Bedford and Luton, worked with service users to improve sustainability by increasing the percentage of items recycled from 11% to 22.5%. The team streamlined recycling bins, increased recycling signage and trialled education on recycling for staff and service users.

Trust Awarded £1m Solar Panels Funding: ELFT successfully bid for funding to install solar panels at the Newham Centre for Mental Health and at the John Howard Centre for Mental Health in Hackney, with potential 20 year saving of between £1.75-82 million.

Fit for the Future: 10 Year Health Plan for England

The 10-Year Health Plan for England reaffirms the goal of a net-zero health service by 2040/2045 and the need to strengthen preparedness for climate-related risks. The Plan also promotes a shift toward community-based, preventative care, reducing waste and embedding environmental considerations within regulation and clinical guidance. Further priorities include cleaner transport, improved air quality, and addressing hazards in the built environment, such as damp and mould.

ELFT as a Marmot Trust

Our climate and sustainability work embodies Marmot's principle that environmental action and health equity must go hand in hand. Environmental hazards such as heat, pollution and poor-quality urban spaces disproportionately affect those already facing disadvantage. By creating healthier, greener and more resilient environments, we not only reduce these inequities but also help communities to thrive.

Why is this important?

Climate change is described as the greatest global health threat of the 21st century. Its impacts are felt locally and fall hardest on people who are already vulnerable. For the NHS, this means rising demand and greater pressure on essential services.

Across the UK, more frequent heatwaves, poor air quality and flooding are already affecting physical and mental health. NHS England estimates heat-related mortality costs of £6.8 billion a year, projected to rise sharply without action.

In East London, Luton and Bedfordshire, dense neighbourhoods experience the urban heat-island effect, making heat episodes more dangerous and worsening air quality. Heavy rainfall increases the likelihood of surface-water flooding and disruption to homes, transport and services. These impacts are most significant for older adults, people with long-term conditions or disabilities, children and those experiencing deprivation or homelessness.

Access to green space can help protect health by reducing heat, improving air quality and supporting mental wellbeing, social connection and recovery. Cleaner air policies show measurable health benefits, including fewer respiratory illnesses.

Case Studies

Interview with Craig Donohoe, ELFT Climate Change Champion

There are lots of reasons I got involved. I did my master's degree in climate change. Climate is where my real expertise and passion are. Being part of the Trust's sustainability work lets me bring that passion back into my life and help co-produce solutions.

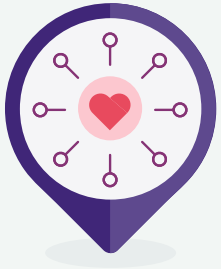
Being a climate champion gives you purpose. For people who've had mental health challenges, feeling that you can make a difference gives your life meaning. It makes you want to get out of bed, get out of the house and engage with the world.

It's good to connect to nature. It's really important that we set a vision of what a healthier, low-carbon society looks like. I co-lead a walking group in Luton which is an example of that future society —people walking on green paths, connecting socially and exercising within their limits. Through regenerating the green spaces at ELFT, they can be places where we walk, garden, create art, and reconnect with nature.

These projects really change people's lives. On the walks, people who are isolated make friends. You talk for two hours and really get to know each other. It even helped me appreciate my own town more…Gardening projects do the same: people take ownership of a space, create things, and it becomes therapeutic.

What more could the Trust do? Travel together more, revitalise every green space, hold more community events outdoors, and help staff use their passions for the environment in their work.

One idea that could make a big difference. A big walking challenge along the River Lea—from Bedfordshire to East London. Staff and service users together, connecting our directorates, re-energising people, raising funds for more gardening projects, and showing what population health can look like: people in nature, exercising and connecting.



Environmental and Financial Sustainability in the Forensics Directorate

The Forensics Directorate launched the "Net Zero Waste" QI project, known as Utensils R Us, to reduce single-use plastics and improve the sustainability of kitchen practices across all wards. The project aimed for a 90% reduction in disposable use by 2025.

Using QI methods, the team introduced changes including reusable cutlery, installing dishwashers on every ward, improved stock-checking, dedicated ordering systems, and regular reviews with service users. These interventions also addressed longstanding challenges such as over-ordering, unmanaged stock and lack of awareness about the financial and environmental impact of disposables.

Impact

Monthly dry-goods costs fell from £40,735 to £16,273 — a 60% reduction, saving around £290,000 a year. Cutting disposable use also reduced emissions by 84,000 kg CO_2 annually, equivalent to 53 London–New York round trips

Fountains Court reducing unnecessary prescribing

Fountains Court, an inpatient unit for older adults in Bedfordshire, used Quality Improvement (QI) to reduce unnecessary medication ordering. The team strengthened collaboration with pharmacy, provided regular education for new doctors on overprescribing, and introduced the STOP FRAIL tool—a checklist that helps clinicians review medications for people living with frailty and safely reduce treatments that offer limited benefit.

Impact

Weekly medication orders fell by 30% (from 56 to 39), reducing waste, improving safety and supporting a more person-centred, sustainable approach to prescribing.

Next steps include

Supporting ELFT's new Green Plan, recognising its importance for population health.

Explore ways to increase green space and how it can support therapeutic alongside environmental benefit.

Continue to develop initiatives looking at increasing the proportion of plant-based nutrition in inpatient settings.

Glossary

Urban Heat-Island (UHI): Built-up areas becoming hotter than surrounding places because buildings and roads trap heat.

Green Social Prescribing: Connecting people with nature-based activities—like gardening or walking—to support mental and physical health.

Population health capability and capacity

The new Ten-Year plan encourages NHS provider trusts to focus on population health outcomes including through partnership working. As part of this, and to deliver our strategy commitments, it's important we support population health knowledge and understanding at ELFT and make sure it connects with everything we do.

2025 Highlights:

Population health induction sessions supporting over 800 new staff members in the past year. Population health is also part of ELFT lead and clinical leadership training.

Population health newsletters and webinars: Sharing work taking place across the Trust and providing learning spaces for internal and external colleagues.

Living Well community of practice: Co designed with ELFT staff to share learning on ways to support service users live well through a greater focus on prevention.

Population health dashboard: Community Mental Health and Community Health teams are now able to access population census data and population forecasts, through Power BI. The dashboard also helps look at referrals to understand how representative the service is in terms of ethnicity, gender, age and deprivation.

ELFT as a population health training site for public health speciality trainees, population health fellows and other specialty trainees. This is alongside delivery of public mental health training to ELFT psychiatry trainees.

Capability

Equipping staff with the knowledge and skills they need to take a population health approach to their work

Capacity

Grow capacity as an organisation to deliver improved population health

Coherence

Linking population health work across initiatives so it makes sense for staff, service users and partners

Commissioner's Award - Improving Population Health: Recognises population health leadership at our annual awards, with 83 nominations since 2021. This year, **Newham Transitional Practice** received the award for its commitment to supporting vulnerable members of the community who face barriers to accessing traditional primary care services. Judges highlighted that the practice goes "above and beyond standard healthcare delivery" to address the social determinants of health, provide trauma-informed care and build trust.

Find out more

Population health dashboard: This can be accessed on ELFT PowerBi under Community Mental Health and the Quality tab.

Living Well Network
elft.livingwell@nhs.net

Population health webinars Catch up on our webinar series here

Bedfordshire Community Health Services Health Equity Group

Bedfordshire Community Health Services (CHS) set up a voluntary leadership group this year to support the delivery of equitable services to service users and ensure an inclusive, respectful working environment for all staff. This brings together clinical and non-clinical staff, managers and operational leads and People Participation to identify and address health inequalities in service delivery across Bedfordshire communities.

Following a review of borough data packs for Bedford and Central Bedfordshire, the group is scoping out a number of workstreams including on Core20PLUS5 disease areas, dementia, preventing emergency admission, supporting better navigation of the NHS and access to services and cultural competence. Through creating a peer-to-peer learning space with opportunities of coaching and mentoring support it hopes to provide a blueprint for similar ways of working across the Trust.

> **I'm hugely grateful to our fantastic project group of volunteer staff. There's momentum and collaborative energy already, which I think will make a real difference to the lives of underserved patients in Bedfordshire. I hope also that the experience of leading and managing a large-scale change project and the associated peer learning, will be valuable for colleagues' professional development**
>
> *- Dr Raj Shah, Clinical Director, Community Health Services for Bedfordshire & Newham*

10

Research capacity development in Luton and Bedfordshire

The ELFT and University of Cambridge Implementation Research Hub launched in September 2024. Since developing a shared vision and strategy, several collaborative research projects are in place focusing on the social determinants of health and wellbeing, working in partnership with the Integrated Care Board (ICB) and local voluntary sector organisations. This includes obtaining funding for: advancing research capacity for Children and Young Peoples' (CYP) mental health, risk stratification of health inequalities within primary care across Bedfordshire and building a community of practice for primary care research.

In June 2025, the team hosted its first face-to-face Implementation Research Hub Day. Bringing together researchers, GPs, nurses and allied health professionals from Luton, Bedfordshire, Milton Keynes and Cambridge, the event featured presentations on health inequalities research.

> **It has been an amazing start to the collaboration between ELFT and the University of Cambridge and we are really excited by the enthusiasm and support of colleagues in Bedfordshire to engage with research that has potential to transform population health.**
>
> *- Dr Shobhana Nagraj, Lead for ELFT-UCAM Implementation Research Hub*

East London Business Alliance and Partners Placing Health Back on the Agenda

A Health Inequalities East London forum took place in May 2025, bringing together ELFT, Barts Health NHS Trust and local business partners.

The East London Business Alliance (ELBA) is a charity that connects businesses with local communities to support social regeneration in east London. Its mission is to create positive change by using the resources and influence of the private sector.

Follow up conversations with business partners are helping us identify ways to collaborate to support the health and well-being of our local communities.

Next steps include

Strengthening population health understanding as part of the Trust's Quality Improvement approach.

Support understanding and translation of population health management dashboards to help inform Trust plans and programmes.

Continue to provide learning spaces for the Trust including through the Living Well network, induction, training and webinars.

Glossary

Core20PLUS5: An initiative to reduce healthcare inequalities by targeting the 20% of the population who experience the most definition and five key clinical areas.

Reflections on 2025 population health activity

This report shares examples of maturity and scaling of projects and programmes since our first population health report in 2023. Notable examples include Healthier Wealthier Families, the Quality Improvement Pursuing Equity programme and taking a Trust wide approach to employment and physical health support.

This shows what becomes possible through a strategic commitment to population health delivered in collaboration with colleagues and partners.

As in previous years, the breadth of population health activity is attributable to a Trust wide commitment to Quality Improvement and People Participation in addition to teams that despite capacity challenges continue to find new ways to support populations. For example, Unshame Newham that encourages conversations about sexual violence and a health equity group in Bedfordshire creating a peer-to-peer learning environment to support positive change.

Data helps us see the high need for action, particularly in terms of the impact of poverty on local communities and the differences in life expectancy and healthy life expectancy across places and population groups. There is increasing potential to use data to strengthen prevention focused care – such as the analysis carried out in our homeless primary care practices and data platforms and dashboards brought together by our Integrated Care Boards.

Opportunities going forward include

a. Using ELFT's new organisational strategy 2026-2031 to set out high level population health ambitions that we can track progress against, noting as well that many root causes of ill health, such as poverty, require partnership work across national and local systems.

b. Build on the opportunities offered by the new ten-year plan to integrate care that reduces health inequities, with a strong emphasis on prevention and improved access to employment and income support—particularly for populations with the greatest need.

c. Capture how we are working together as a system to deliver value through taking a population health approach informed by the principles of being a Marmot Trust.

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Acknowledgements

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ELFT Population Health Service User advisory group including editorial support:

Eleanor Addo, Jane Fernandes, DK Jonah, Andrew Powell, Ash Taylor, Lindsay Smith.

NHS East London NHS Foundation Trust

REPORT TO THE TRUST BOARD IN PUBLIC
29 January 2026

Title	Audit Committee Meeting held on 8 January 2026 – Committee Chair's Assurance Report
Board Lead	Alison Cottrell, Vice-Chair (Bedfordshire & Luton) and Chair of the Audit Committee
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 Audit Committee meeting held on 8 January 2026.

Key messages

8 January 2026

The Committee received assurance across internal audit, cyber and data security, counter fraud, procurement governance and financial reporting. While overall assurance remains appropriate, the Committee highlighted a small number of areas requiring continued focus, particularly relating to cultural change, cyber confidence, sickness absence management and emerging system risks arising from Integrated Care Board (ICB) reorganisations.

Internal Audit Progress

The Committee spent time reflecting on the overall trajectory of the Internal Audit programme and noted that the work continues to provide useful insight into how well controls are operating across the Trust. Members recognised the encouraging progress made since the last meeting, while also acknowledging that some areas still require more sustained attention and clearer ownership to ensure improvements take hold. The report was noted.

- Two internal audit reports were finalised since the previous meeting, covering sickness absence management (partial assurance) and supply chain management (reasonable assurance), both of which were discussed in detail.
- Overall delivery of the 2025/26 Internal Audit Plan remains on track, with the majority of planned audits either completed or at an advanced stage.
- Five audit actions were closed during the period following review of supporting evidence; seven actions are not yet due.
- Four medium priority actions remain open with revised target dates, including one relating to raising concerns which continues to be monitored closely.
- A draft report on corporate risk management is being finalised, with the disciplinary processes review currently at debrief stage.

Internal Audit: Sickness Absence Management

In reviewing follow-up activity, the Committee noted that several important areas are progressing but require continued focus to ensure actions translate into meaningful change. There was particular reflection on how workforce-related findings often signal deeper practice or cultural issues that may need more than procedural updates to resolve. The report was noted.

- The audit confirmed that policies, procedures and frameworks are in place; however, local implementation and evidencing are inconsistent across services.
- The Committee noted that return to work processes, use of fit notes and management oversight are not being applied consistently at local level.
- Members emphasised that management actions should address underlying behaviours and management capability rather than rely on one-off reminders.
- The Committee requested that actions are strengthened to be SMART, time-bound and monitored through appropriate People and Culture governance routes.
- Further analysis of sickness themes and trends, including targeted support for high sickness areas, will be progressed.

Internal Audit: Supply Chain Management
The Committee welcomed the reasonable assurance rating and noted the generally strong control environment. The report was noted.

- Robust controls were identified around supplier onboarding and initial due diligence processes.
- Further work is required to strengthen ongoing supplier security risk monitoring once suppliers are live.
- Improvements are also required to formalise supplier off-boarding arrangements and supporting documentation.
- The Committee requested that learning from this review is shared with and embedded across the new procurement partnership arrangements.

Cyber Security and Data Security
The Committee considered the findings from the national DSPT benchmarking and discussed the broader implications for the Trust's cyber-resilience. Members highlighted that as expectations around digital assurance continue to grow, the organisation needs to ensure its internal assessment processes remain robust and evidence-based. The report was noted.

- While the effectiveness of ELFT's information security and governance controls was rated as high, there were some areas where the independent assessment was less positive than ELFT's self-assessment, and this was a gap that should usefully be explored.
- The Committee agreed that the Internal Audit Plan for 2026/27 should be used to strengthen independent and objective cyber assurance at Board level.
- Members requested clearer articulation of residual cyber risk beyond mandatory compliance requirements.

Internal Audit Plan 2026/27
The Committee welcomed the proposed audit plan for the coming year and acknowledged the value of forward-looking assurance in helping the Trust anticipate emerging risks. Members agreed that linking the programme clearly to the wider assurance map will support more effective oversight and reduce areas of duplication or uncertainty. The plan was approved.

- The risk-based structure of the plan was welcomed, reflecting engagement with Executive leads and the Audit Committee Chair.
- The Committee emphasised the importance of clear read across between the Internal Audit Plan and the Board Assurance Framework (BAF).
- A refreshed assurance map was requested to demonstrate assurance coverage and gaps across first, second and third lines of defence.

External Audit
The Committee received an update from the external auditors and reflected on the importance of maintaining continuity during staffing changes within the finance team. Ensuring a smooth handover and strong communication channels was seen as essential to keeping the audit timetable on track. The update was noted.

- Interim audit work is due to commence shortly, with no significant audit issues identified at this stage.
- Planning is under way to ensure continuity and effective handover arrangements following changes in senior finance leadership.

Counter Fraud
Counter-fraud updates prompted a wider discussion about how the Trust can continue to strengthen its organisational response to fraud risks. Members supported steps to expand the regularity and visibility of fraud-risk reporting to ensure any emerging themes are identified early. The report was noted.

- Progress against the counter fraud work programme was noted, with activity levels reflecting wider cost of living pressures.
- The incorporation of an annual fraud risk assessment update into routine reporting was agreed.

Losses, Special Payments, Waivers and Breaches
The Committee reviewed routine financial governance reports and was assured that controls are operating appropriately. The report was noted.

- Reported write-offs were appropriate and fully provided for within the Trust's financial position.

- Two breaches of Standing Financial Instructions were identified, investigated and addressed promptly, demonstrating effective control detection.

Compass Wellbeing
The Committee received the annual reports and accounts for Compass and welcomed the signs of increasing organisational stability over the past year. Members noted that stronger governance structures had been put in place, which should support more consistent delivery going forward. The report was noted.

- The Compass Annual Accounts, external audit report and regulatory returns were reviewed and approved for submission.
- Members noted significant improvement in governance stability following the appointment of a new Chair and Chief Executive.
- Historic governance and financial issues have been resolved, with routine reporting and oversight arrangements now embedded.

System Risk – Integrated Care Board Reorganisation
The Committee discussed emerging system-level risks, particularly those arising from the proposed NEL ICB restructuring. Members reflected on the potential impact these changes could have on strategic commissioning and emphasised the need to ensure any associated risks are appropriately reflected in the BAF.

- Potential significant reductions in ICB capacity, including clinical leadership roles, were highlighted as a material system risk.
- Members noted the potential impact on commissioning quality, partnership working and delivery of system transformation.
- The risk will continue to be monitored through the Board Assurance Framework.

Forward Plan and Committee Administration
The Committee agreed that the Forward Plan will be adjusted to carry deferred items, and the 5 March meeting will be rescheduled due to diary constraints. The Committee thanked Lisa Marsh, Deputy Director of Finance, for her contribution and noted plans to appoint interim cover through year-end before substantive recruitment.

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.

NHS East London NHS Foundation Trust

REPORT TO THE TRUST BOARD IN PUBLIC
29 January 2026

Title	Integrated Care and Commissioning Committee (ICCC) 15 January 2026 – Committee Chair's Report
Committee Chair	Richard Carr, Senior Independent Director and Chair of Integrated Care and Commissioning Committee
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 Integrated Care and Commissioning Committee (ICCC) meeting held on 15 January 2026.

Key messages

The ICCC meeting on 15 January 2026 considered progress on the strategy refresh, population health outcomes, planning, tactics and system risks. Discussions reflected ELFT's commitment to ambitious strategic planning, addressing health inequalities, preventative methods of working and maintaining a positive influence within changing and evolving systems. Committee members welcomed achievements, recognised persistent challenges and agreed actions to support ongoing assurance.

ELFT Strategy Update

The Committee received an update on development of the ELFT strategy and work to refine outcomes from the comprehensive engagement work. Key points included:

- A welcome strengthening of vision in the revised draft around the work required to support the achievement of priorities and a more ambitious future-focused tone.
- The committee approved the refining of the main strategic priorities into four combined statements supporting a clear and succinct articulation of the strategy and demonstrating alignment with the key objectives expressed in service user feedback received during the engagement process.
- The committee requested further emphasis of ELFT's continuing commitment to supporting collaborative and partnership opportunities.
- Approval of the methodology for measuring progress in the form of delivery and outcome frameworks to support clear organisational purpose aligned with accountability for results.
- The committee reflected on the opportunity for the increased focus and rigour in strategic planning to provide evidence supporting any future move towards the Trust becoming an Advanced Foundation Trust.

Population Health Annual Report

The Committee received the third annual report emphasising the Trust's commitment to building momentum around the strategy on population health and addressing health inequalities. Key points included:

- Continuing focus and progress on the identified annual priorities and the innovative projects impacting positively on our communities, in particular work to support poverty reduction as a key impact on quality of life.
- The inclusion of data analysis and case studies supporting clinical evidence around the benefits of working in a more preventative way and clear links to the 10-year plan and the Trust's Marmot priorities. The committee welcomed the plan to produce digestible versions to support a wider understanding of prevention.
- The committee reflected on the opportunity to utilise the report as a tool for shared learning and promotion of the value of a population health approach across NHS systems.

Medium Term Plan Update

The Committee noted the ongoing work to validate and extend the plans in preparation for final submission in February. Key points included:

- The continuing discussions around commissioning priorities in North East London and opportunities to address historic inequitable mental health funding and support positive impacts on acute delivery.
- It was acknowledged that changes to commissioning arrangements in the BLMK ICB case for change and clustering system is requiring a greater level of intensity to support navigation towards a successful resolution of the planning process. Assurance was provided this has been reflected in the Board Assurance Framework.

System Working Stance and Tactics
The Committee considered a review of the Trust's system working framework in light of changes in the external environment and risks associated with a changing, more transactional environment. Key points included:

- Alignment of the existing framework for system working with current realities was considered. The committee reflected on the potential need for the Trust to adopt a more assertive stance in system negotiations whilst maintaining alignment with organisational values.
- Consideration will be given to the growing role and regulatory power of regional bodies and the definition of system working in the context of changing behaviours and the revised Trust strategy once finalised.
- Overall, the committee endorsed the core principles of the framework, and relevance of current risks.

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 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).

- No substantial changes to the assessment of these risks is proposed currently.
- Further content and actions have been added to Risk 11 in relation to the challenges around commissioning arrangements in the new central and east ICB cluster region.
- Actions relating to Risk 1 remain pending, subject to receipt of the national Neighbourhood Health and Care guidance.
- 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.

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.

NHS East London NHS Foundation Trust

REPORT TO THE TRUST BOARD IN PUBLIC
29 January 2026

Title	Quality Assurance Committee (QAC) on 5 January 2026
Committee Chair	Professor Dame Donna Kinnair, Non-Executive Director and Chair of the Quality Assurance Committee
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 Quality Assurance Committee (QAC) meetings on 5 January 2026.

Key messages

5 January 2026

The Committee's January discussions focused on maintaining oversight of clinical quality and safety, supporting staff resilience amid ongoing operational pressures, and ensuring robust governance across the Trust. Key areas included service continuity during industrial action, estate-related risks to ward environments, and implications of the new Mental Health Act reforms.

Emerging Issues

- **Industrial action:** The Committee received an update on recent industrial action, which placed pressure on medical rotas and clinical cover. While disruption was managed, ongoing national action continues to affect workforce resilience. A further ballot is expected, and continued staff support was emphasised.
- **Mental Health Bill:** The Bill received Royal Assent in December, introducing higher detention thresholds, strengthened safeguards for autistic people and people with learning disabilities, and Advance Choice Documents. Implementation will be phased, beginning with a Code of Practice review. The Committee noted the scale of reform and the need for coordinated planning.
- **Patient deaths:** The Committee was advised of a recent patient death. To protect investigation integrity, minutes will record only that an incident occurred, with detail brought back once investigations conclude.
- **Estates issues:** Significant estates pressures were reported, including a heating failure on the female PICU in Tower Hamlets requiring a decant, and multiple room closures due to leaks and boiler failures. These issues increased operational strain and reduced bed flexibility. The Committee called for strengthened estates-risk oversight and closer alignment with operational and clinical governance to ensure timely escalation and mitigation.

Board Assurance Framework – Risk 4 (Quality and Safety)

The Committee received an overview of the current position of Risk 4, noting how operational pressures, winter demand and estates challenges continue to affect the Trust's ability to maintain essential care standards. Members also considered whether current mitigations remain proportionate and if further refinement is needed as the Medium Term Plan develops.

Key points covered:

- Risk score remains unchanged, reflecting increased likelihood rather than impact.
- Sound oversight structures remain in place.
- Further refinement expected following development of the MediumTerm Plan.

Challenges and areas for improvement:

- Clarifying how operational pressures directly influence the risk.
- Ensuring alignment of risk mitigations to forward strategic plans.

Quality and Safety Directorate Deep Dive: Bedfordshire & Luton Mental Health Services

The Committee received a deep dive into Bedfordshire & Luton services, covering performance, operational pressures and improvement work across inpatient, crisis, community and learning disability

pathways. Members acknowledged strong progress over the past year while noting persistent system challenges affecting flow, access, staffing and patient experience.
Key points covered:

- Improved medical recruitment, reducing agency use.
- Ongoing development of the ADHD clinical model, including digital options.
- Low inpatient use in learning disability services supported by community initiatives.
- New crisis house opening in April (11 beds) plus nine new inpatient beds.
- Enhanced flow monitoring via dashboards and prioritisation meetings.

Challenges / areas for improvement:

- Housing-related delays continue to impede discharge.
- Variation in autism and ADHD pathways across the system.
- Rising reliance on private beds due to demand.
- Challenges meeting Section 136 Police handover requirements.

Quality and Safety Directorate Deep Dive: Forensic Services
The Committee received an update on Forensic Services, focusing on patient flow, culture, restrictive practice reduction and clinical effectiveness for a high-acuity population. Members reflected on operational pressures and the ongoing focus on safety, equity and therapeutic progression.
Key points covered:

- Reduced waiting times for prisoner assessments.
- National recognition for the Pathways App supporting patient progression.
- Progress in anti-racism work, including improved induction and reporting processes.
- Recent reductions in violence and physical aggression.
- Implementation of a new ADHD protocol in forensic settings.

Challenges / areas for improvement:

- Continued variation in restrictive practices requiring close monitoring.
- Need to further strengthen staff confidence in reporting racism.
- Maintaining flow improvements within a high-acuity, limited-bed environment.

Internal Audit Progress Report
The Committee reviewed the Internal Audit update, noting progress on audit activity, management actions and emerging themes. Members emphasised the need for stronger follow-through on workforce-related actions and clearer governance for developing digital and AI work.
Key points covered:

- Audit findings show inconsistent application of sickness-absence processes.
- Several actions completed; others extended.
- Internal Audit advancing its review of digital governance, including AI.

Challenges / areas for improvement:

- Improving clarity and consistency of management actions.
- Reducing agency use linked to sickness absence.
- Ensuring audit recommendations are embedded in operations.

Mental Health Law: Progress Update
The Committee received an update on Mental Health Law compliance, noting improvements in treatment-certificate processes and ongoing challenges managing the backlog of deprivation of liberty cases. While targeted support has improved compliance, external legal processes continue to limit progress.
Key points covered:

- Significant improvement in treatment-certificate compliance after targeted clinician support.
- Backlog of DoLS cases persists due to Court of Protection delays.
- Task and Finish Group continues supporting evidence preparation for the ICB.

Challenges / areas for improvement:

- Sustaining statutory compliance.
- Managing delays outside Trust control.

Learning from Health and Safety Prosecutions

The Committee received a detailed overview of learning from national health and safety prosecutions, examining how themes identified in external cases align with internal governance processes. Members discussed the importance of ensuring risks are acted upon promptly, that local mitigation is sustained and that assurance reflects real-world practice rather than reliance on policy alone.
Key points covered:

- National themes highlight delayed mitigation and over-reliance on policy presence.
- Trust governance strengthened through dashboards, audits and escalation routes.
- Oversight includes ligature risk, violence, aggression and lone working.

Challenges and areas for improvement:

- Ensuring timely completion of high-risk actions.
- Improving escalation where delays occur.
- Enhancing Board visibility of estates-related safety risks.

Safer Staffing
The Committee reviewed the most recent safer staffing report, noting overall improvements in fill rates, recruitment progress and the strengthening of roster oversight across services. Members discussed the ongoing impact of sickness absence, winter pressures and local service factors on staffing resilience. The Committee also noted the continuing work to reduce reliance on enhanced observations and to support safe and sustainable staffing models. The full Safer Staffing Report is published alongside this paper for reference.
Key points covered:

- Sustained improvement in fill rates across wards, with fewer areas showing variance compared to the previous reporting period.
- Recruitment pipelines have strengthened, including successful over-recruitment of registered nurses and continued work to reduce Band 3 vacancies.
- Enhanced roster oversight has improved the alignment of staffing to clinical need, supported by earlier roster production and clearer governance arrangements.
- Quality improvement work is underway to reduce the use of enhanced observations, with further expansion planned.

Challenges and areas for improvement:

- Sickness absence continues to be a key driver of staffing pressure in several wards and requires ongoing active management.
- Some rota inconsistencies remain, including coding issues, annual leave planning and the impact of supernumerary periods for new starters, requiring continued refinement.
- Variances linked to acuity (particularly in CAMHS services) continue to drive additional healthcare assistant (HCA) usage, highlighting the need for continued monitoring.
- Community health services are progressing workforce transformation to better match capacity with demand, but this remains an area requiring continued focus.

CQC Update
The Committee received updates from recent CQC inspections across several service areas, which highlighted variation in practice, estates concerns and issues related to physical health monitoring and lone working. Members noted the ongoing work to address these themes and the importance of ensuring actions remain timely, evidence-based and aligned across all boroughs and directorates.
Key points covered:

- Variation in community provision and physical health monitoring identified.
- Estates concerns raised in multiple areas.
- Lone working policy undergoing review with improvements to digital tools.
- Bi-weekly oversight meetings in place to track progress.

Challenges and areas for improvement:

- Reducing practice variation across services.
- Strengthening documentation and physical health assessments.
- Ensuring prompt escalation of estates issues.

Trust Strategy Update
The Committee received an update on the Trust Strategy, reviewing emerging priorities, engagement feedback and the developing articulation of strategic ambitions. Discussion focused on how the

strategy will drive high-quality, equitable and consistent care, supported by core organisational 'essentials'.
Key points:

- Five priorities: continuity, staff experience, equity, prevention and consistency.
- Discussion on structuring priorities to align with quality objectives.
- Essentials include workforce, OD, digital, estates and financial stewardship.

Challenges / areas for improvement:

- Strengthening communication of strategic priorities.
- Ensuring alignment with national developments, including Advanced Foundation Trust criteria.

Medium-Term Plan Update
The Committee reviewed progress on the Medium-Term Plan, including financial, operational and productivity requirements. Members considered planning assumptions, areas of uncertainty and the need to align quality, workforce and operational priorities ahead of submission.
Key points:

- Planning pack includes performance analysis and benchmarking.
- Further national financial information awaited.
- Board review scheduled before final submission.

Challenges / areas for improvement:

- Managing planning uncertainty given the financial envelope.
- Aligning service demand with strategic capacity planning.

Quality Committee Assurance Report
The Committee reviewed assurance themes, noting an early rise in complaints and the need to understand drivers in the context of wider operational pressures. Members emphasised ensuring learning continues to support quality improvement.
Key points:

- Complaints increasing across several service areas.
- Further analysis underway to identify themes.

Challenges / areas for improvement:

- Understanding complaint trends alongside operational pressures.
- Embedding learning from complaints into service improvement.

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

NHS East London NHS Foundation Trust

SAFER STAFFING REPORT
FOR TRUST BOARD (THROUGH QUALITY ASSURANCE COMMITTEE)
January 2026

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

Purpose of the report

To present to the Trust Board (via the Quality Assurance Committee)

- This report to the Board summarises the results of the Trust monitoring of staffing levels across all mental health and continuing care wards and covers the 6-month period from May 2025 to October 2025. The report provides assurance and outlines issues related to safer staffing for the Board at six monthly intervals
- Regular rota and establishment reviews inform planned and actual staffing decisions. All services have mitigation actions they follow to manage unplanned absences up to and including business contingency plans. Establishment reviews are being undertaken across all inpatient areas during November /January 2026 to inform budget setting in line with safer staffing levels.
- In this period 15 of the 54 wards showed variance in fill rate with immediate actions taken at the time by the managers. In our previous report we had 17 occasions of variance. The ward staffing information is published monthly on the NHS Choices and Trust Website

The board is asked to NOTE the assurance provided and **CONSIDER** if further sources of assurance are required.

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Chair: Eileen Taylor

Chief Executive: Lorraine Sunduza, OBE

Strategic priorities this paper supports

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

Implications

Equality Analysis	The Trust has a duty to promote equality in the recruitment of the nursing workforce.
Risk and Assurance	The following clinical risks are associated with inadequate nursing and care staffing capacity and capability: Inadequate staffing numbers compromise safe and compassionate care. Poor monitoring of staffing capacity and capability can give rise to unacceptable patterns of inadequate staffing Not having the right skill mix in clinical environments can place unacceptable, additional demands upon staff and give rise to unsafe and ineffective care.

	If staff feel unable to speak out, then potentially unsafe staffing levels go undetected and reported and steps to maintain patient safety is not taken as required. Inadequate staffing levels can impact on staff wellbeing, attendance at work and retention levels.
Service User/Carer/Staff	Inadequate staffing numbers compromise quality, safe and compassionate care.
Financial	Poor management of staffing resources can lead to financial inefficiencies. This can occur through costs incurred through the use of additional bank and agency staff, costs associated with sickness absence and unfilled vacancies due to poor staff retention.
Quality	Not having the right skill mix in clinical environments can place unacceptable, additional demands upon staff and give rise to unsafe and ineffective care.

Meetings where this item has been considered

Date	Committee/Meeting
5 Jan 2026	QAC

Supporting documents and research material

a. Reference: How to Ensure the Right People with the Right Skills are in the Right Place at the Right Time: A guide to Nursing, Midwifery and Care Staffing Capacity and Capability (National Quality Board 2013)
b. Mental Health Staffing Framework https://www.england.nhs.uk/6cs/wp-content/uploads/sites/25/2015/06/mh-staffing-v4.pdf

c. Safe, sustainable, and productive staffing in district nursing services (National Quality Board 2018) https://improvement.nhs.uk/resources/safe-staffing-district-nursing-services/

Glossary

Abbreviation	In full
CHPPD	Care Hours Per Patient Day
CAMHS	Child and Adolescent Mental Health Services
NQB	National Quality Board
MHOST	Mental Health Optimum Staffing Tool

1.0 Background

1.1 Further to the Robert Francis Report (2013), the National Quality Board (NCB) have published guidance that sets out the expectations of commissioners and providers for safe nursing and midwifery staffing, in order to deliver high quality care and the best possible outcomes for service users.

1.2 In July 2016, the NQB issued a follow up paper "*Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time. Safe sustainable and productive staffing"* which outlines an updated set of NQB expectations for Nurse staffing within Acute Trusts.

1.3 The Trust have previously used MHOST data captured over a defined period of time at set points during the year to inform safer staffing reviews led by the Directors of Nursing annually. It was recognised that this did not give an accurate of clinical activity over time. This year the Trust have moved to daily MHSOT data capture to enable an improved understanding of clinical need and variability in clinical care demand over time.

2.0 Analysis of Trust Results, Planned vs Actual staffing.

2.1 The current annual cycle of establishment reviews is ongoing and does continue to triangulate data to inform next steps. These are expected to be completed by mid January

2026; some were postponed due to recent CQC reviews. The decision to delay the establishment reviews was taken in order to support clinical leads to prepare their services and host inspection teams during the visits. This year, the reviews are using the new MHOST daily data set (real time data on acuity and care need) .

2.2 The Average Fill rate reports on the planned vs actual Nursing hours provided over a calendar month. Wards adjust the skill mix and increase the health care support workers numbers to offset the reduced registered nurse numbers where needed as part of an agreed contingency response, whilst maintaining an expected minimum of two registered nurses per shift. 15 of the 54 wards showed an adverse variance in fill rates of the minimum two registered nurses, with immediate actions taken at the time by the managers to ensure adequate registrant cover. This is a decrease from 17 of 54 wards in the previous board report; 5 of these occasions are specific to Lea Ward in Tower Hamlets. The Newham and Forensic services reported no adverse fill rates.

2.3 The occasions of variance in fill rate where this is indicated is infrequent, with only Lea Ward in Tower Hamlets having multiple occasions of fill rate variance. This suggests the practice of using health care support workers to augment RMN safer staffing requirement across the Trust is not common practice. Contingency plans include moving registrants to cover wards that are short, duty senior nurses basing themselves on wards with below expected levels, Ward Managers and Matrons coving shifts. We continue to work on improving the record of occasions where Ward Managers and Matrons step into clinical numbers to cover RMN shortages onto Health roster, to understand potential pressures on these roles. There has been significant work around health roster management which has had a positive impact on resource utilisation. Rotas are produced 8 weeks in advance, allowing for unfilled shifts to be put out to bank staff to fill. There are escalation protocols in place that include escalation to the Duty Senior Nurse (DSN) out of hours for redeployment of resources to the affected wards where possible or basing themselves on affected wards to provide support.

2.4 Not all increased variance rates for health care support workers reflect cover for shortages in RMNs; high numbers of health care support workers are used to provide additional staff resource during period of increased clinical acuity or activity. This is evidenced in the narrative for Coborn services. A primary driver for increased use of staff above safer staffing requirements is enhanced observations and there is an ongoing Trustwide Quality

Improvement project in Phase 2 that focusses on reducing the use of unnecessary enhanced observations.

2.5 Improved fill rates are linked to multiple improvement work streams in the Trust. These include:

- **HealthRoster efficiencies work streams**. This was introduced as one of the financial viability improvements work streams and has included several change ideas to enable better oversight and controls over roster management. Examples of changes introduced that has enabled improved efficiencies in roster management include rosters being produced 8 weeks in advance of the work period, focus on use of contracted hours and unavailability alignment to the budgeted 23% headroom in ward establishment funding. Advanced rota production in this way has enabled managers to identify unfiled duties and make these available to bank staff early on. Advanced notice of rostered duties can impact staff experience and work life balance positively; one intended outcome of this was to improve overall attendance at work. Some of the improvements as a result of the change ideas that have contributed to improved fill rates are improved utilisation of contracted hours and reduction in the use of bank, better management of training and timely response and management of sickness absence and forward planning of annual leave through the year. There is a structure for oversight is now established as business as usual with fortnightly oversight meetings chaired by the Chief Nurse. An oversight dashboard report has been developed to support governance meetings in directorates and the fortnightly meetings. Work is being done to transition this report to Power Bi so it provides live reporting.

- **Trustwide Recruitment and Retention Quality Improvement project**. This project started in September 2023 and has been jointly led by People and Culture and a Director of Nursing. This project has focussed on the process required for timely and diverse methods of recruitment, diversifying job roles and creating new opportunities in hard to recruit to positions (example of this is the Band 5 to Band 6 development posts piloted in community mental health services). Collaborative approaches to recruitment have been utilised, with clinical and recruitment staff co-facilitating recruitment days to allow for the onboarding process to commence at the time of interview for successful candidates. The project aims to achieve 10% vacancy rate in each service. Overall vacancy rates for Registered nurses (Band 5 and 6) inpatient services are currently reported at 12%

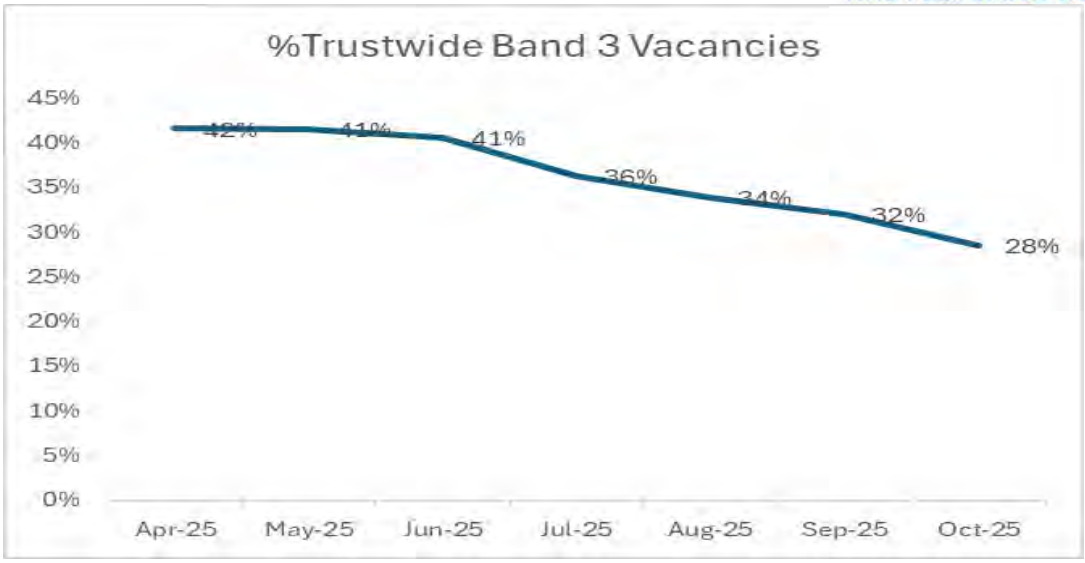
however this does not account for recently recruited staff still going through employment clearance or awaiting a start date. The current recruitment of Band 5s is robust and we would expect our vacancy rate to be extremely low within the next quarter.

3.0 Recruitment Progress

3.1 The Trust have seen a reduction in the loss of staff, however recruitment of unregistered staff at Band 3 has been challenging and multiple events for recruitment into these posts have taken place. Trustwide vacancy figures for Band 3 are currently reported at 28%; this does not reflect the planned new starters still going through clearances and Band 3 posts being held as we work through consultation for over recruited Band 4 staff in post in Newham and Luton and Bedford. Over recruited Band 4 staff are rostered to cover required Band 3 duties and contribute to safer staffing and required fill rates.

Repeated rounds of advert and interviews have not attracted high quality candidates including from the local communities. In areas like Tower Hamlets an added challenge is the earning potential of a Band 3 compared to high cost of living costs. A coordinated, ongoing recruitment campaign supported by the Communications and People and Culture teams and focused on local recruitment has resulted in a 50% reduction in vacancies. Good progress has been made with several new starters expected to join services over the next 2 months. Local managers are aware of planned starters and begin the process of introduction and co-ordinating induction prior to start dates. The Trust continue to run monthly clinical inductions for new starters in East London and this is facilitated by the Borough Lead nurses and Matrons in each service. This occurs less frequently in Luton and Bedford (bi-monthly) due to lower numbers of new starters.

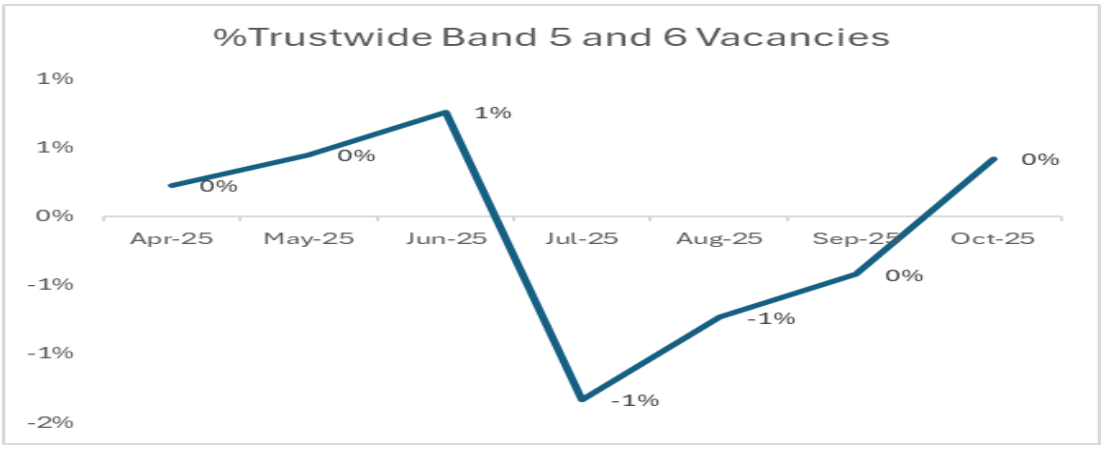
Graph 2: Trustwide Inpatient Band 3 unregistered nursing vacancy rates



Line Chart

3.2 Registered nurse vacancies Trustwide is reported as nil. This reflects work in the previous financial year to over recruit into services to allow for immediate cover and backfill for leavers.

Graph 3: Trustwide Inpatient registered nursing vacancy rates

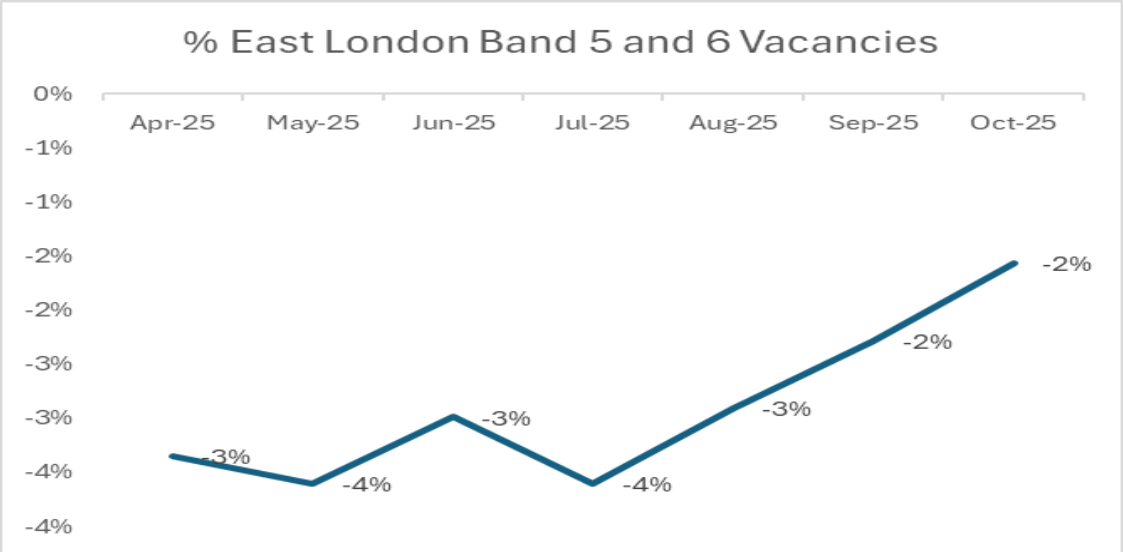


Line Chart

In East London and Forensic services we have employed 25 RMNs to fill current and imminent vacancies including where there are a number of staff expected to be off for prolonged periods eg maternity leave. This supports a robust model of registered staffing that provides year round cover. In reflection of the national shortage of nurse vacancies, recruitment to these posts have been ring fenced for students at City University who the Trust

partner with to support student nurses through training. We are also engaged in conversations with the ICB to consider how Trusts across the system can create capacity and diversify roles to support newly qualified nurses into job opportunities. The reported vacancy position for these services is –2% which suggests ongoing over recruitment reflective of plans to backfill posts where staff are expected to be away.

Graph 4: East London (including Forensic) Inpatient registered nursing vacancy rates

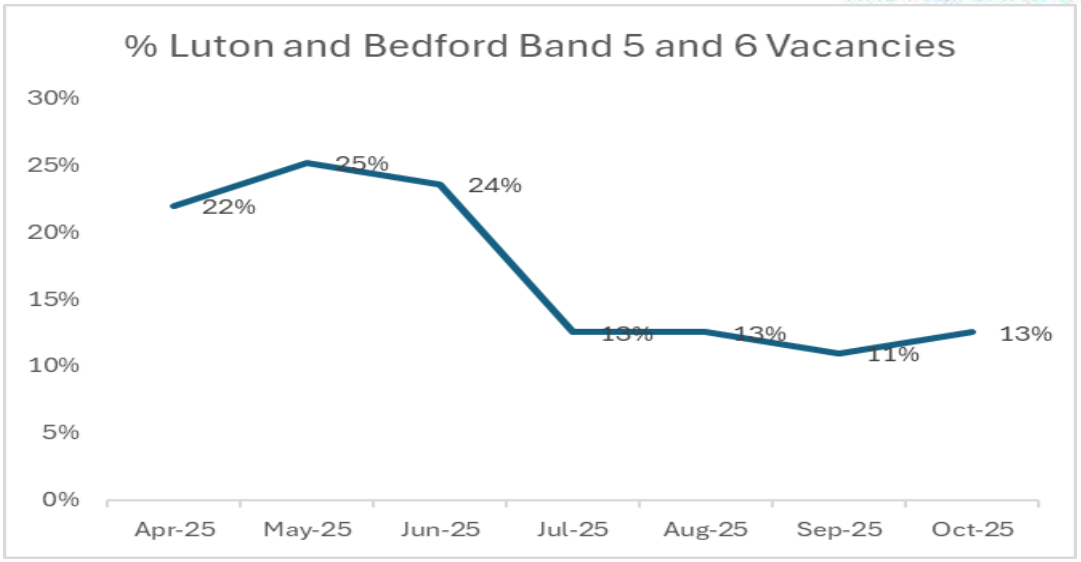


Line Chart

3.3 Although Luton and Bedfordshire are currently reporting a 13% vacancy rate for RMNs, all vacant RMN posts have now been successfully recruited to, with a projected date for all new starters to be in post by the end of January 2026. Recruitment into available posts has been open to applicants nationally and not restricted to University of Bedfordshire.

Graph 5: Luton and Bedford Inpatient registered nursing vacancy rates

13



Line Chart

4.0 Analysis of fill rates

Table 1 Average Fill rates based on planned vs actual staffing.

Ward	May 25	June	July	Aug	Sept	Oct 25
Tower Hamlets						
Lea		Day RMN 87% HCA 107%	Day RMN 83% HCA 108%		Day RMN 89% HCA 107%	Day RMN 89% HCA 106%
Bedford and Luton						
Poplars			Day RMN 82% HCA 110%			
Cedar						Day RMN 89% HCA94%
Onyx			Night RMN 87%			

			HCA 130%			
Townsend Ct.					Day RMN84% HCA 120%	
East Ham Care Centre						
Fothergill						Day RN 89% HCA 75%
CAMHS						
Coborn Acute				Night RMN 81% HCA 174%		
Coborn PICU				Day RMN 80% HCA 174%		
Evergreen	Day RMN 81% HCA 87%		Day RMN 86% HCA 71%			
City & Hackney						
Mother and Baby Unit						Day RMN 76% HCA 98%
Gardner	Night RMN 87% HCA 123%					

4.1 East London

13

Newham and Forensic services have achieved expected fill rates in this period and this is linked to the improvement workstreams described above (effective rostering and effective recruitment).

Tower Hamlets Lea Ward were impacted by staff sickness during the months of June, July and September with reduced fill rates. In October their RMN fill rates reflect staff who were successfully appointed into Band 6 roles within the service and redeployed to other wards. There were also occasions where newly recruited staff were not correctly registered onto Healthroster and their shifts were recorded as unregistered staff. Healthroster has now been rectified to amend work contracts and support accurate reporting.

At place, they have monthly meetings with People and Culture to monitor sickness absence and ensure this is being managed in line with Trust Policy. They have a buddy system in place that enhances the offer of support to staff- where staff are off sick a colleague is nominated to make contact and carry out a wellbeing check in. This is monitored through their daily unit wide safety huddles. Recruitment into the Band 5 roles have been completed and we are awaiting clearances for new starters.

Triangulation of the data on incidents of violence and aggression for the same period does show that the earlier months where there were breeches in fill rates (June and July), the number of incidents of violence and aggression were higher. However, this is not repeated in September and October when further variance in fill rates occur. It is therefore not conclusive that variance in fill rate on its own significantly impacts on safety on the ward.

Table 2: No of incidents of violence and aggression in TH

Month	May	June	July	August	September	October
No. Of V&A incidents	7	18	16	8	5	4

City and Hackney- Gardener Ward was impacted by RMN sickness absence in May. The impact of sickness absence was short term and not evident throughout the period. This reflects the positive impact of stable leadership with the new ward manager fully embedded

in post and proactively supporting staff well being. The variance in fill rate for the month of May is not reflective of the overall team position for this period.

The Mother and Baby Unit had higher levels of sickness in the month of October. This unplanned absence impacted on rostering as there were other staff already scheduled to do training and utilise annual leave. The variance in fill rate for the month of October is not reflective of the overall team position for this period. The service continues to have 0 RMN and Band 3 vacancies. They are currently recruiting into Band 4 nursery nurse posts following unsuccessful previous rounds of interviews.

There were no parallel increases in incidents of violence and aggression for both wards during the months of fill rate variance that would suggest a significant impact on safety.

4.2 Luton and Bedford

Luton- Onyx ward had variance in fill rates for July night shifts due to increased levels of sickness absence. The team had 3 staff on long term sickness and 1 staff on short term sickness. The variance in fill rate for the month of July is not reflective of the overall team position for this period.

Bedford- Townsends Court variance in fill rates for September was linked to sickness absence. The team had 2 RMNs on long term sickness and another on planned Annual Leave. Similarly for HCAs, there was short term sickness absence and vacancies. The variance in fill rate for the month of September is not reflective of the overall team position for this period. Cedar House variance in fill rate for October was due to over allocation of Annual Leave and study days.

Sickness absence is closely monitored in the directorate- there are bi-weekly meetings with People and Culture to monitor sickness levels and ensure appropriate support to staff and process was being followed. Their nursing governance monthly forums also pay attention to sickness absence. Recruitment into available Band 3 vacancies is ongoing as above with new recruits for Band 5 coming into post by the end of January 2026.

There were no parallel increases in incidents of violence and aggression for these wards during the months of variance in fill rate that would suggest a significant impact on safety.

4.3 CAMHS London

Coborn Centre: Overall there are currently no vacancies across all Bands. Staffing gaps in fill rates have primarily been impacted by long and short-term sickness as well as absences related to People and Culture and safeguarding investigation processes. The Matron and Ward Managers hold oversight and assurance for the day and night fill rate of registered nurses and hold monthly sickness monitoring meetings which are supported by People and Culture to provide effective monitoring, follow-up on sickness management, and additional support for staff. The high overfill rates are linked to young persons admitted requiring high levels of support, usually those on the eating disorder pathway; these are supported through extra packages of care (EPOC). The service has now established a standard operating protocol (SOP) with clear guidance on managing the complexity of nasogastric (NG) feeding to maintain oversight and reviews of this restrictive practice intervention. They are now seeing a decrease in the number of children requiring high level support when in hospital.

During out-of-hours after 5 pm and at weekends and night shifts, the duty senior nurses support by basing themselves on the wards and escalating to the on-call manager for support. They work closely with colleagues at the Newham Centre for Mental Health for cross-cover of staff including DSN support with acuity. The service are able to redistribute staffing resources across the wards dependent on occupancy levels.

4.4 CAMHS Luton

Evergreen: There are currently no vacancies for HCAs or RMNs. The reduced fill rates were primarily due to staff attending training, with ward managers and matrons continuing to provide cover where bank staff requests remain unfilled. Evergreen has a manager and matron for one ward therefore the impact of coving the ward is likely to be minimal. Efforts are underway to increase the number of Band 5 RMNs registered on the bank in Luton and Bedfordshire, which will further support the filling of unfilled shifts. At times, professional judgement is applied to determine whether a shift requires cover, particularly when there are fewer young people on the ward due to weekend leave or reduced patient numbers.

4.5 Older Adults

Luton and Bedfordshire: Poplars ward had variance in fill rates in July day shifts due to a last-minute request for annual leave which exceeded their headroom threshold for effective rostering in that period. They had x2 new RMN who were supernumerary and therefore utilised additional HCA to cover this supernumerary period.

East London- these wards (Cazabon, Sally Sherman and Leadenhall) have achieved expected fill rates in this period and this is linked to the improvement workstreams described above (effective rostering and effective recruitment).

4.6 East Ham Care Centre - Fothergill Ward

Reprovision of care from a bedded model on Fothergill ward to a Home First model is in progress and the ward is planned to close altogether in Q1/2 of next year. As part of this work the ward has reduced from 26 to 20 beds since 1/10/25. The safe staffing numbers on the ward have therefore been revised to reflect this change. Due to this change in October the roster was not profiled correctly and therefore the fill rates for this month are inaccurate. During this period the ward has been safety staffed with 100% fill rates and there are no vacancies on the ward. Following the closure of 6 beds for end-of-life care on the ward an Advance Care Planner role has been introduced. This is to strengthen anticipatory care, coordination and clinical decision-making in the community.

5.0 Care Hours Per Patient Day

CHPPD was developed, tested and adopted as a way of recording and reporting staff deployment on all inpatient wards across all healthcare sectors. It is used to benchmark within the Trust and the National Model Health System. CHPPD is the sum of the hours of registered nursing staff and the hours of Health Care Assistants divided by the total number of patients in the ward at 23:59 each day. There is a two month lag in the national data being published. The Trust scores are consistent during the period similar to national reporting. The Safer Staffing lead will undertake a deep dive to ensure our recording of acuity and clinical demand is robust and a lack of variance in scores does not indicate reporting bias during periods of increased clinical demand.

Table 3: Median Mental Health CHPPD per month

	March	April	May	June	July	August	Sept	Oct
ELFT	8.9	8.8	8.8	8.9	8.9	8.6	8.7	8.7
NELFT	9.9	Not Published	17.1	9.5	16.6	9.4	Not published	Not Published
London Region	8.68	8.93	10.31	8.61	9.85	8.36	Not Published	Not published
National	10.5	10.6	10.8	10.6	10.6	10.7	Not Published	Not published

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

6.0 Community Health Services Nursing (CHS)

6.1 Update on the National Safer Staffing Tool:

Over the past few years NHS England have been working on a national safe staffing tool for community nursing. We have been participating in the process by contributing to the design of the tool, undergoing training on how to use the tool and collecting/inputting data. In May 2025, a national audit using the 'pilot tool' took place. However, this was limited in its use as part way through the period NHS England asked that the audit be halted due to an error identified in the tool. An updated tool has been circulated, and we are planning to use the tool in our next audit in February 2026. One of the challenges of carrying out the audit is around the interpretation of the data. This has been escalated to NHS England, and they have arranged a Masterclass for all providers in London in January 2026 to help with this issue.

6.2 CHS workforce development plan:

Across CHS there is a joint workforce planning meeting in place to take forward workforce priorities and ensure a consistent approach across CHS. This work includes roster management, standardising job descriptions and nursing competencies to ensure consistent ways of working across CHS.

To support the transformation of community nursing in November 2024 an external organisation (PA Consulting) was appointed by ELFT to review demand/capacity and explore opportunities for efficiency. This work has informed the workforce transformation programme

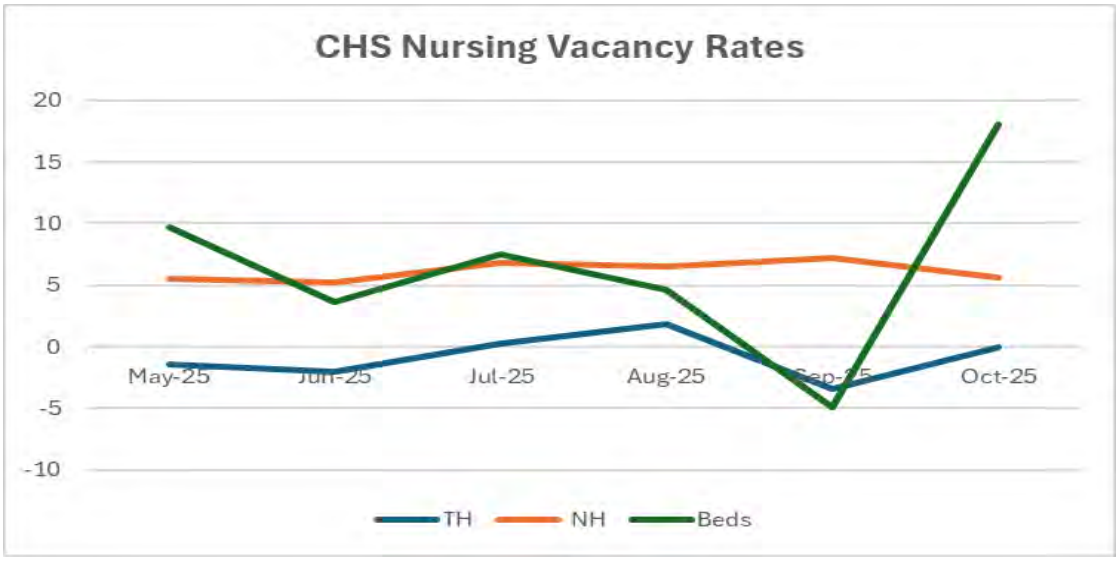
across London and Bedford. Through this work the ratio of qualified to unqualified ratio of staff is being reviewed in District Nursing to consider a 70:30 or 65:35 split. This will be dependent upon demographic differences, number of care/residential homes, and population health data.

6.3 **OPAL scoring/ managing demand:**

Daily monitoring for demand and capacity is in place for community nursing across London and Bedford with a daily Rag rating (OPAL scoring) agreed and if mitigations needed put into place if demand exceeds capacity. This allows risks to be discussed and mitigating actions like moving staff if needed.

In London CHS agency nurses have ceased to be used and additional staffing is covered by bank staff. Across both boroughs, demand for bank staffing is concentrated in Band 5, Band 6 and HCA roles, with the primary drivers being vacancies, maternity leave and sickness cover. Across London vacancies are below 5% and in Bedford there was a sudden increase to 18% in Oct 25 due to new posts being created following the District / Community Nursing review; it is anticipated that this will return to previous vacancy rates of less than 4% as appointments are made. Across CHS sickness rates in this period range from 5-9% and support for staff is in place, through line management support and monthly CHS listening forums are in place.

Graph 6: CHS nursing vacancy rates



Line Chart

6.4 CHS London Workforce development:

Ongoing work is in place to strengthen safer staffing across community nursing services in both Tower Hamlets and Newham. This is informed by the April 2025 safer staffing audit and detailed demand and capacity workforce analysis, which will be used as the basis for future nursing workforce planning. The April audit identified consistent themes across both boroughs, including a mismatch between workload, acuity and senior clinical capacity. The majority of direct patient contacts delivered by junior nurses. In response, a programme of workforce realignment is underway across TH and NH to improve clinical oversight and resilience, including rebalancing skill mix, strengthening senior Bands 7–8a leadership for frailty, dementia and end-of-life care, and stabilising Band 6 leadership capacity to support effective supervision and caseload management.

6.5 Bedfordshire London Workforce development:

An external organisation (PA Consulting) was appointed by ELFT to support a review of workforce transformation opportunities to support cost reduction and manage capacity and demand. In November 2024 they undertook a series of site visits, wider workforce

engagement exercise, analysis of finance workforce and activity data and weekly development sessions with clinical and operational leads. Four themes for improvement were recommended:

- Managing increased demand
- Focused use of temporary staffing
- Patient allocation and caseload
- Digital Transformation to support efficient working

Building upon the recommendations the project developed a workforce modelling tool. This included a review of the nursing competencies compared with actual activity being delivered. This identified opportunities for change around the Band 3 and Band 4 roles. It is therefore recommended that any changes to the workforce are supported by further development of the Nursing Associate role. To further strengthen clinical leadership, the Band 7 role has been reviewed to increase its clinical focus and to provide enhanced senior oversight of caseloads, ensuring sound professional decision-making and governance.

To move towards a 65:35 skill mix the Directorate is working with system partners to review increasing delegation to care home staff (inc. reducing medicines administration through increased delegation to care home staff, promoting self-care and carer-supported care for long term conditions). This work is currently being rolled out with the support of the ICB and system partners.

7.0 Conclusion

We have made significant progress against our 24/25 priorities. This has included:

- Quality improvement approaches to recruitment and retention with marked reductions in vacancies across both inpatient and CHS
- Improved Healthroster governance and efficiencies. This work is well developed and embedded in inpatient services and gaining momentum in CHS. Our next steps include developing visibility of triangulated data linked to staff resource management on Power Bi. The impact of this work is also evident in the improved fill rates across the Trust, reduction in pay overspend per ward and the move away from the use of peripatetic teams.

- Implementation of the Loop system for managing temporary staffing requirements. Whilst this has made some progress, it has been slower than anticipated as it involves changes to culture and practice around the booking of bank duties and requires support to our workforce to build confidence in using a digital tool. We have a fully live date of 9th February 2026 and are actively supporting staff in preparation for this
- MHOST data capture is now being done daily and being used to inform annual staff establishment reviews. We are reviewing the current weekly healthroster performance reports to include compliance with this
- Implementation of workforce redesign of District Nursing.

Next steps:

- There is ongoing work to look at therapeutic engagement and observations in mental health. This quality improvement project is in its 2nd Phase and has engaged 9 pilot wards to look at alternatives to providing care to enhanced observations. Enhanced observations can be experienced as a restrictive intervention and utilises additional staffing resources. Moving away from this as a standard clinical offer has the potential to improve service user and staff satisfaction. From April this will extend to 20 pilot wards and will include older adults and CAMHs services.
- At the end of this financial year, we will review the current oversight process for Healthroster management and KPIs. We will incorporate learning from the year so far and further areas we may want to pay attention to. An example of this is looking at offers for staff support such as clinical supervision alongside attendance at work to further understand some of the potential factors impacting on workforce availability and safer staffing.

8.0 Action being requested

The board is asked to **NOTE** the assurance provided and **CONSIDER** if further sources of assurance are required.

REPORT TO THE TRUST BOARD IN PUBLIC
29 January 2026

Title	People Participation Committee (PPC), 20 January 2026 – 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 *extraordinary* People Participation Committee (PPC) meeting held on 20 January 2026.

Key messages

This was a specially convened meeting to consider the Trust Strategy and to hear an update on the Medium Term Plan, hence this report is a brief one. Members welcomed the opportunity to shape the Strategy and provided constructive feedback to support clarity, accessibility and implementation. The Committee was assured that engagement has been wide-ranging, meaningful and aligned to the Trust's values.

Trust Strategy

The Committee received an update on the development of the Trust Strategy and noted the breadth of engagement that has informed it, including the Big Conversation, a detailed survey and a deliberative group involving staff, service users and carers. Members reviewed the updated draft and welcomed the clear articulation of mission, values and priorities.

Feedback focused on the importance of plain language, accessibility for all audiences and ensuring terms such as "co-production" are supported by explanation. The Committee discussed the structure of the priorities and reflected that while a shorter set of priorities aids clarity, it remains important that the concept of joined-up care is explicitly recognised. Members emphasised the need for strong communication once the Strategy is approved, including regular updates to communities on progress and impact.

The Committee also discussed how the Strategy will be used in practice. Members emphasised that it should act as a clear guide for the organisation, like a 'north star' that helps everyone pull in the same direction. They noted that the Strategy can help focus energy and build momentum behind the ambitions it sets out, building on lots of excellent work already happening across ELFT.

Overall, the Committee welcomed the Strategy, agreeing that it reflects participation perspectives and provides a strong strategic direction for the organisation.

Medium Term Plan

The Committee received an update on the Medium Term Plan, which all Trusts and Integrated Care Boards are required to produce this year. Members noted the requirement for a three-year plan covering workforce, performance and finance, with submission to NHS England scheduled for February.

The Committee discussed the alignment between the Strategy and the Medium Term Plan, recognising that the Strategy sets the overall direction while the Plan provides the operational and financial framework for delivering it. Members noted the clear national priorities relevant to the Trust, including reducing long waits for emergency mental health care, addressing autism and ADHD assessment delays and progressing the rollout of 24-hour community mental health services. The Committee also noted the anticipated increase in investment within north east London and the ongoing discussions with BLMK on growth assumptions.

The Committee was assured that the planning process is robust and that the Trust is preparing a coherent plan that aligns with national expectations and local needs.

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
January 2026

Title	Quality Report
Author / Role	Marco Aurelio, Associate Director of Quality Improvement Jo Moore, Associate Director of Quality Improvement Ellie Parker, Head of Quality Assurance Michael Toft, Head of Complaints Abiola Ajayi-Obe, Associate Director of Governance and Risk
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 report provides assurance that the Trust is effectively learning from patient safety incidents and complaints, in line with PSIRF and NHS Complaint standards. The PSII process applies a structured, systems-based methodology, with findings reviewed, approved, and disseminated through governance structures to support measurable safety improvements.

Action planning and completion are monitored, with initiatives underway to strengthen the quality of actions, including targeted quality improvement projects, staff training, and enhanced governance oversight. Learning is shared via local and Trust-wide forums, and specialist committees.

The complaints process has been reinforced through the Learning from Complaints Framework, increased service user involvement, and systematic thematic review to understand themes in relation to higher than usual number of complaints. Key areas for improvement across the Trust include staff attitude, communication, and access to care, with progress monitored through action plans, directorate reporting, and outcome measures.

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. The Trust continues to support improvements in population health, experience of care, staff experience, and value through Quality Improvement (QI).

ELFT is supporting QI at scale across BLMK and the Tower Hamlets Together partnership in NEL ICS to develop neighbourhood care models. In BLMK, the focus is on frailty, while in Tower Hamlets, four neighbourhoods are targeting populations including Bangladeshi adults with diabetes and young people at risk.

The Observation to Engagement QI programme aims to eliminate inappropriate intermittent observations on inpatient wards, through utilising a wider suite of therapeutic interventions.

Observations are a restrictive practice and should only be used when absolutely necessary – this is also consistent with feedback from service users. Six of the eight pilot wards have successfully reduced observations without compromising safety, and phase two, beginning in March 2026, will expand the approach to a further 20 wards.

Trust-wide resuscitation improvements are also being supported by QI, with 100% compliance achieved for equipment stock and early progress being made in immediate life support training compliance.

A trust wider staff experience programme has begun, with the insights from 21 QI projects on wellbeing being used to strenghten learning. In Forensics, QI has been used to reduce bank staff spend by £47,000 weekly, equating to an estimated £2.4 million annually.

Strategic priorities this paper supports.

Improved population health outcomes	☒	Applying the QI method at scale across BLMK and NEL to support neighbourhood working. 32 QI projects aligned to the trust Population Health Priorities
Improved experience of care	☒	Use of QI to reduce the intermittent observations on inpatient wards and improve therapeutic engagement. Increasing service user involvement in QI work.
Improved staff experience	☒	Use of QI to support several trust wide projects to improve staff experience. Building capability in QI across the trust through several learning programmes.
Improved value	☒	Most QI work enhances value through improving productivity and efficiency, with QI support currently focused on realising efficiencies 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/Staf	The Quality Report provides information related to experience and outcomes for service users, and experience of staff. As such, the information is pertinent to service users, carers, and staff throughout the Trust.
Financial	Much of our QI activity helps support our financial position, through enabling efficient, productive services or supporting cost avoidance.
Quality	The information and data presented in this report help understand the quality of care being delivered, and our assurance and improvement activities to help provide high quality, continuously improving care.

1. Quality Assurance

1.1 The purpose of this report is to provide assurance to the Trust Board regarding the systems the Trust has in place to learn effectively from patient safety incidents and complaints. Quality Assurance Committee routinely reviews key learning in relation to specific incidents and complaints, as well as tracking data and themes. Quality committee monitors the timeliness and reliability of the internal processes to manage incidents and complaints. This report looks one level up – at the strength of our organisational learning from these two valuable sources of insight and feedback – in line with the CQC Well Led standards around learning, improvement and innovation.

1.2 Best practice for the NHS in learning from incidents and complaints is guided by the Patient Safety Incident Response Framework (PSIRF) and the NHS Complaint standards. Both emphasise the principles below to maximise potential for learning:

- A just culture is a supportive, psychologically safe environment where staff feel able to speak up and report incidents without fear of inappropriate blame. Work underway in this area was shared in the September People report to Trust Board.
- A systems-based approach to investigation, focusing on human factors and attempting to address root causes rather than individual performance
- Compassionate engagement and meaningful involvement of service users, families, and staff
- Resources should be allocated to maximise learning and improvement with investigation responses tailored based on the potential for new learning and the needs of those affected
- Learning must lead to concrete, measurable actions. Action plans should clearly define who is responsible and the expected impact. The efficacy of these actions should be monitored, and learning shared within the organisation

2.0 <u>The Patient Safety Incident Investigation (PSII) process</u>

2.1 The Trust's Patient Safety Incident Investigation (PSII) process provides a structured, systems-based approach for understanding patient safety incidents and identifying meaningful learning, beginning with incident reporting on InPhase and daily screening by Patient Safety Lead Reviewers before potential escalation by the weekly Decision-Making Panel to a PSII or another learning response. When commissioned, a trained reviewer engages with patients, families and staff, and undertakes an investigation using systems and human factors methodologies such as System Engineering Initiative for Patient Safety (SEIPS), with draft findings subjected to internal peer review and formal sign-

off. Final reports are shared with the Integrated Care Board, families and staff, with learning disseminated across the organisation through governance structures and Trust-wide forums to support safety improvement. Assurance related to the PSII process is reported to Quality Committee and Quality Assurance Committee routinely.

2.2 Action planning is a key part of the process, which begins while the investigation is still ongoing, when staff are being interviewed and when draft PSII reports are shared. Actions are codeveloped by Patient Safety Lead Reviewers, co-reviewers and service leads. Further smaller planning groups may be convened for complex cases. There is a senior oversight and a sign-off panel to provide scrutiny and ensure that critical learning and robust actions have been applied. As part of the PSIRF approach, thematic reviews of a cluster of incidents are now being completed (e.g., pressure ulcer management, service redesign). In these cases, relevant senior staff, including Directors of Nursing and Service Leads, contribute to the actions identified.

2.3 A key element of a robust system for learning involves having ‘strong’ actions that will effectively addressing the underlying causes of the incident. There is an international standard hierarchy around strength of patient safety interventions, with weaker interventions involving checks, communicating policies and training staff, and stronger interventions involving system redesign, such as simplification of process and forcing functions. Currently, the strength of actions is not routinely monitored, but it is recognised that various factors can lead to actions being less likely to be considered strong. These include turnover of staff; insufficient recall of the factors that contributed to an incident or when there is poor engagement of leaders in the action development process.

2.4 A quality improvement project is currently underway to improve the strength of actions being developed. This involves two directorates (Tower Hamlets mental health and Bedfordshire community health services) testing ideas that will help improve likelihood of moderate and strong actions being developed from a patient safety investigation. A retrospective review of changes resulting from action plans will form part of the QI project, with initial findings from this project expected in early 2026.

2.5 In addition to this, the Trust has strengthened its approach to learning and improvement through several developments: actions arising from Prevention of Future Death reports are now monitored and formally approved for closure by the Learning from Deaths Group, ensuring compliance with statutory requirements; all Patient Safety Lead Reviewers have completed action-strength training to support the design of strong, system-focused actions; the InPhase Action Module is being enhanced to improve usability for staff managing actions; and updated Terms of Reference for the Sign-Off Panel

ensure that actions directly address identified issues, further reinforcing governance, accountability and the delivery of sustainable improvement. Furthermore, the Trust is conducting a governance review of service arrangements around quality and safety learning, which will include a review of whether actions are being closed and leading to learning.

2.6 In terms of whether actions are being completed in a timely way, data is reviewed monthly in the Risk & Governance network to monitor how directorates are progressing with completing actions from the incident learning process. Work is also underway to develop the Action app on InPhase to better support teams to manage their actions.

2.7 Findings and actions from Patient Safety Incident Investigations are shared locally by Directorate governance teams through local governance forums. As an example, community health services have dedicated slots in their Quality Assurance Group meetings for incident learning and action discussion. Patient Safety Lead Reviewers act as directorate champions and plans for 2026 include strengthening the collaboration between the corporate Risk & Governance team and local governance teams to align actions with improvement initiatives. Learning is also shared through specialist committees (e.g., Medicines Safety, Physical Health Steering, and Resuscitation).

2.8 Wider organisational learning is disseminated via the Patient Safety forum, with key themes from PSIIs and Serious Incidents informing Learning Lessons seminars, which are interactive and involve staff, service users and carers. Additional priorities arise from national reviews (e.g., Nottingham Homicides) and Prevention of Future Death reports. Recent Trustwide learning lessons seminars have focused on themes including: clinical observation, dual diagnosis, safeguarding and family-focused care, learning disabilities/autism, and physical health incidents.

3.0 The complaint process

3.1 The Trust's complaints process is designed to provide timely, evidence-based solutions to concerns raised about its services. It operates in two stages. At the first stage, the service complained about is given the opportunity to address the issues directly and put matters right through local resolution. If the complainant remains dissatisfied, the second stage allows their concerns to be reviewed independently by a service not involved in the original complaint, with the final response formally approved by the Chief Executive. The final stage of the NHS complaints process is referral to the Parliamentary and Health Service Ombudsman (PHSO), should a complainant remain dissatisfied with the Trust's stage two response. Since April 2024, six cases have been referred to the

Parliamentary Ombudsman. Five cases were not upheld and one remains ongoing.

3.2 All complaints are formally acknowledged within three working days, a standard that has been fully met during the current financial year, and the Trust aims to provide resolution within 25 working days. Complainants are kept informed in line with their stated preferences, and where cases are more complex and require additional time, extensions are agreed with the complainant.

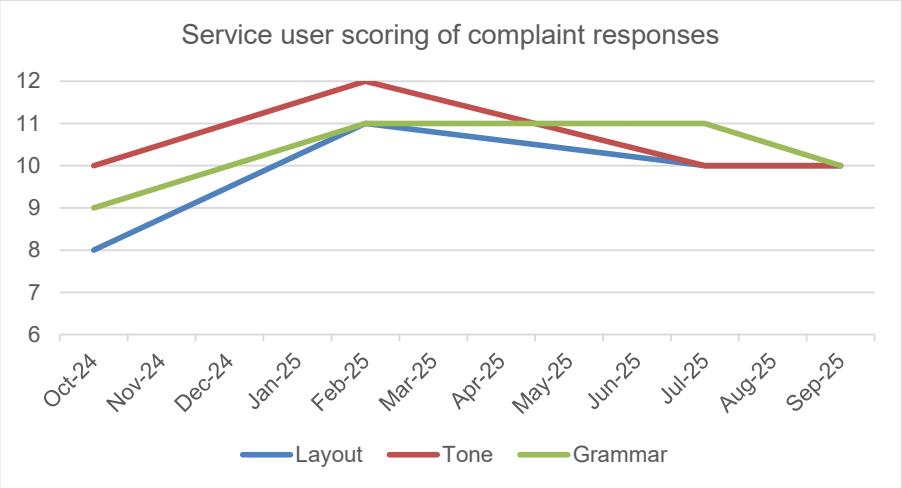
3.3 Where learning opportunities are identified during the course of a complaint, recommendations for improvement are developed through action plans. The relevant service then implements remedial measures to strengthen patient safety and embed learning. Complainants receive a copy of the completed action plan, demonstrating that their concerns have prompted change and reinforcing the Trust's commitment to patient safety and organisational learning.

3.4 The Complaints and PALS team provide quarterly reports to the Quality Committee and a 6-monthly overview to the Quality Assurance Committee. An unexpected rise in complaints in April 2025 led the Quality Committee to commission a detailed review of trends and themes across directorates, services, and wards. The analysis, shared in June 2025, highlighted that three mental health directorates accounted for 58% of complaints between April 2023 and May 2025. Although complaints were evenly spread across teams with no specific hotspots, recurring themes consistently centred on patient focus, clinical care, and access to care—reflecting wider NHS patterns. More specific concerns frequently related to staff attitude, communication, access to services, clinical management in mental health, and assessment processes.

3.5 In response, the Trust proposed a system-wide review of the three directorates to understand underlying causes and improve learning and practice. Directorate-level reports were produced, offering tailored recommendations around care delivery, staffing, communication, environment, and service availability. Ongoing collaboration with the Complaints and PALS team, coupled with quarterly updates and strengthened governance engagement, has improved transparency and supported more effective learning across the Trust. Work will now focus on implementing sustainable solutions to recurring issues, with a clear emphasis on progressing improvements into early 2026.

3.6 Carers are actively involved in reviewing complaint responses, and helping us learn how to better respond. Each quarter the carers look at four complaint responses, assessing their layout, tone and grammar. They score each aspect

out of 3 (1=not met, 2=met, 3=exceptional), with a maximum score of 12 for each of the three criteria.



3.7 Action planning in response to complaints is a less established process and the Complaints and PALS team has been working with directorates to ensure complaints are routinely reviewed within local governance and quality forums, with learning shared across staff and teams. To strengthen this process, an enhanced Learning from Complaints Framework was introduced in October 2025 so that every investigation identifying shortcomings results in a structured action plan.

3.8 The framework was incorporated into the new Compliments, PALS and Complaints Policy, ratified by the Quality Committee in October 2025. Guidance has been issued to directorates around these changes, progress is monitored to ensure compliance, and completed plans are shared with both complainants and directorates to reinforce transparency and accountability.

3.9 Themes are now being collated to highlight recurring issues, and where repeated concerns arise, the team works directly with directorates to address service gaps. Since October 2025, 42 action plans have been shared, and from January 2026 quarterly reports will provide each directorate with a summary of actions taken and common themes. Staff attitude, access to services, and communication remain the most persistent themes raised in complaints.

3.10 The complaints team will be using the following measures to understand whether long term learning is taking place, and reporting back on this to the Quality Assurance committee in the regular 6-monthly report:

- Tracking reductions in frequent complaint themes within individual directorates, down to service / ward level, on a monthly basis

- Monitoring improvements in service user satisfaction, with reference to the Patient Reported Experience Measure (PREM)
- Evidencing directorate level action, with progress reported through established governance channels and quarterly meetings between the Complaints team and directorates

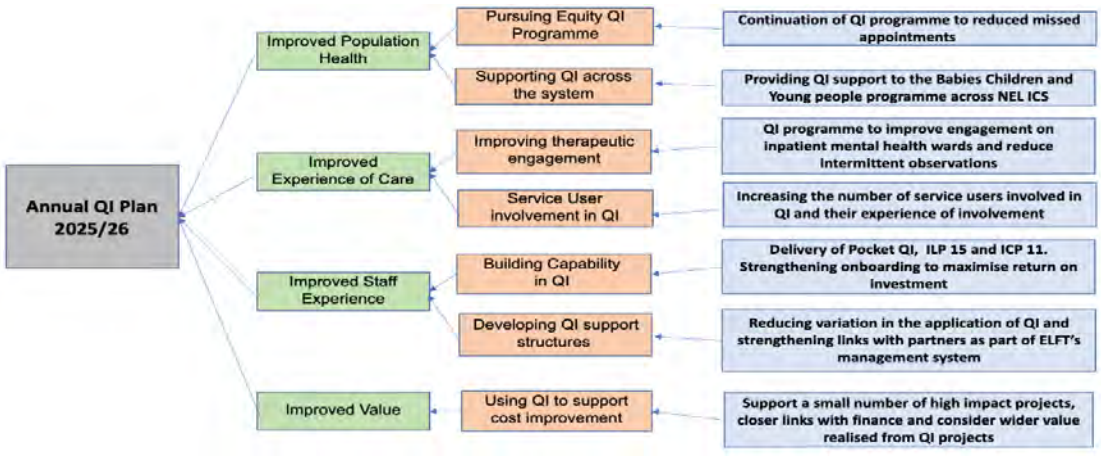
3.11 Collaboration between the Complaints and PALS team and the Medication Safety group provides an example for how systemic analysis can isolate recurring issues and promote effective resolution. A thematic review of medication related complaints identified hotspots and common themes, leading to clear recommendations: for example, ensuring service users and carers are informed when adverse reactions occur, creating alerts on Rio, and updating discharge summaries accordingly.

3.12 Actions being taken to strengthen organisational learning

3.13 In summary, the Trust has a number of actions underway to strengthen organisational learning from both patient safety incidents and complaints. Ongoing improvements to the PSII process such as strengthened action-planning, enhanced governance oversight, thematic reviews, and targeted quality improvement work are helping ensure that investigations generate stronger, system-focused actions and that learning is translated into measurable, sustainable change. Parallel developments within the complaints process, including the introduction of the Learning from Complaints Framework, increased service user involvement, and closer collaboration with directorates, are similarly aiming to strengthen learning. Progress on this will be reported through to the Quality Assurance Committee.

4. Quality Improvement

4.1 The 25-26 Quality Improvement (QI) plan at ELFT is designed to support delivery of the organisation's strategic objectives to improve population health, improve service user and staff experience and to improve value across the Trust.



C

5. Improved Population Health

5.1. Teams in Tower Hamlets and Bedfordshire are using QI to support them to develop neighbourhood models of care. This is part of the NHS 10-year plan to move care into the community via a neighbourhood model. ELFT is providing QI coaching support to the teams, and in Tower Hamlets is supporting the high-level design and convening of a learning system to help share learning. These teams are also part of ELFTs Improvement Leaders Programme, which is supporting them to build QI capacity.

5.2. In Tower Hamlets, this work spans four localities as part of the Tower Hamlets Together (THT) partnership. All teams have been supported to complete stakeholder mapping and to use data insights to agree a population of focus. In each locality work is being led by a different partner organisation with current populations of focus including diabetic service users from the Bangladeshi community and young people at risk of diabetes. The work in the Northwest locality, which covers Bethnal Green and Spitalfields, is being convened by ELFT with an area of focus currently being decided.

5.3 An integrated neighbourhood team in central Bedfordshire is working to improve outcomes for frail elderly people in the community. By wrapping around care in the community the team anticipate being able to provide better care, reducing hospital admissions in this vulnerable group. The team has been supported to map stakeholders and are gathering baseline data to has completed stakeholder mapping and established a diverse team aiming to improve outcomes for frail elderly people. The team are gathering baseline data to help the understand the problem and develop an aim statement.

6. Improved Experience of Care – Observation to Engagement Programme

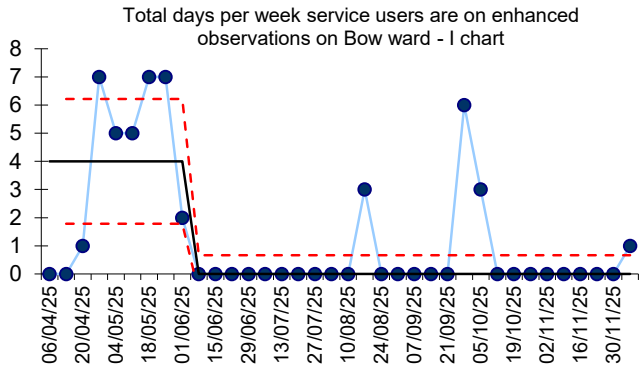
6.1. Since launching in April 2025, the Observation to Engagement Programme has continued to make progress in safely reducing the restrictive practice of unnecessary intermittent observations and strengthening meaningful engagement across our inpatient mental health wards. Eight pilot wards are actively testing and refining change ideas designed to improve decision-making around observations and enhance the therapeutic environment.

6.2. Six wards (CAMHS Nova, Newham Ruby, Newham Sapphire, Forensics Bow, City & Hackney Joshua and Tower Hamlets Rosebank) have seen a reduction in total days on enhanced observations, with reductions appearing linked to clearer MDT review processes and more structured engagement activity. Gardner ward

is showing some positive early signs of reducing, while on Clissold ward, observations are increasingly concentrated on a single individual. Wards are sharing what is working through learning sessions and ongoing support from their Improvement Advisors.

6.3. Qualitative feedback from staff aligns with these patterns. Teams describe greater confidence in determining appropriate observation levels, supported by more consistent MDT discussions and an increased focus on meaningful engagement. Many wards report improved clarity on when to step observation levels up or down, contributing to a reduction in time spent on enhanced observations and less variability in practice.

6.4. Bow Female Forensics Ward has largely eliminated the use of enhanced observation (from 4 to 0 total days per week). Their practice of reviewing observations during daily safety huddles, alongside twice-weekly staff–service user “social tea” sessions, has strengthened relationships and created more opportunities for meaningful engagement.



6.5. Across the pilot sites, the two change ideas with the highest degree of belief are:

- Daily observation review: Brief, structured checks within huddles help teams identify unnecessary intermittent observations and support timely, accurate clinical decision-making.
- Structured engagement routines: Regular group activities, protected engagement time and zonal approaches are giving staff more opportunities for meaningful interaction.

6.6. A range of safety and restrictive-practice measures are being monitored as part of this programme to ensure that reductions in observation levels do not adversely affect ward safety. These indicators include incidents of self-harm and attempted suicide, physical and verbal aggression, restraint, seclusion, and rapid tranquillisation. Since the programme commenced, these measures have

remained stable, with no concerning increases observed in any key safety indicator.

6.7. Next step for the programme includes continuing to test and refine the most effective change ideas across the pilot wards while gathering further feedback from staff and service users to deepen understanding of how these improvements are being experienced. A change bundle and resource pack of effective ideas will be developed in early 2026 to support wider adoption.

6.8. As the programme moves into the “Building Belief” phase from March to July 2026, preparation for the next stage of spread will become a central focus. This includes working with each directorate to apply a structured spread and scale-up readiness framework which will assess leadership support, operational capacity, the influence of local champions, and the conditions needed for sustainability. Work is also underway to embed consistent use of observation recording across all inpatient wards. A quick-reference guide has been rolled out to support correct use of observation levels, and daily monitoring processes are now being spread to the remaining wards to ensure reliable documentation of intermittent and continuous observations.

6.9. Recruitment and onboarding of an additional 20 wards will take place in early 2026, using the readiness assessments to identify wards best positioned to adopt and test the refined change ideas. From March to July, these wards, spanning older adult, female, male, PICU, forensic and triage services, will participate in targeted testing designed to build a high degree of belief in the change concepts under a range of operational conditions.

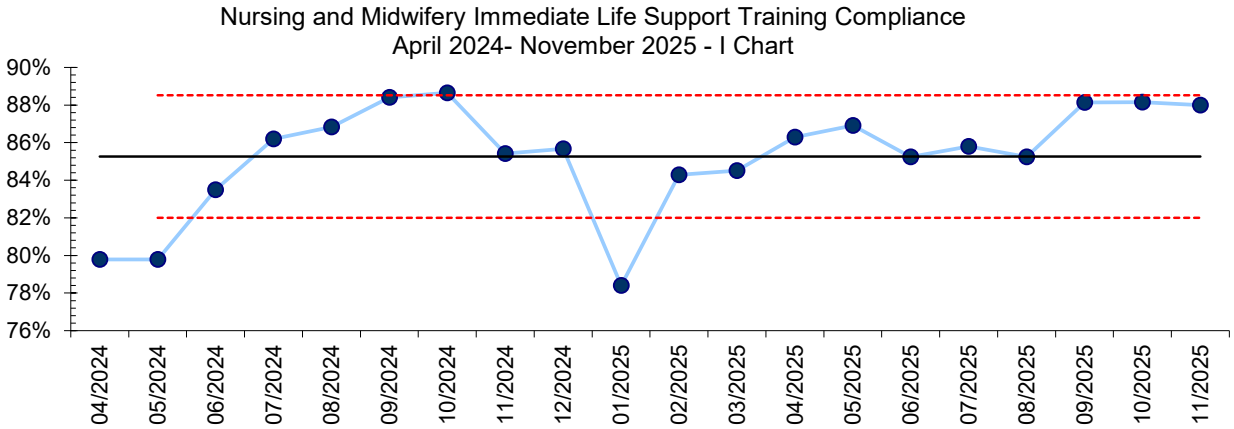
6.10. This structured approach will enable the programme to understand how the change concepts perform in diverse clinical environments, before Trust-wide scale up. The programme will embed the highest-impact changes into routine practice across all inpatient wards by December 2026, supported by standardised guidance, daily observations monitoring, and strengthened leadership and operational readiness established during the Building Belief phase.

7. Improved Experience of Care - Resuscitation programme

7.1 A trust wide resuscitation improvement programme has been working on improving four aspects of patient safety related to resuscitation management in partnership with directors of nursing, physical health lead nurses and the central resuscitation team.

7.2 Resuscitation equipment stock control, monitoring and ordering processes have been re-mapped and essential resuscitation stock compliance is now at 100%

trust wide. Simulation training has been established effectively across London Mental Health inpatient units, although work is ongoing to embed this into Luton and Bedfordshire wards. Mandatory resuscitation training compliance is improving across the trust, with positive special cause noted since September 2025 in inpatient nursing Immediate Life Support (ILS) training compliance.



7.3 A QI project team focusing on building confidence and competence in doctors in managing physical health needs of psychiatric inpatients in emergency situations out of hours has joined the Improvement Leaders' Programme. The team have developed a driver diagram and identified several change ideas to test including physical health teaching sessions, the use of the British Medical Journal (BMJ) best practice app and the use of simulation training. The team are currently working to collect baseline data on self-rated confidence and identify which of their change ideas to test first.

8. Improved Staff Experience

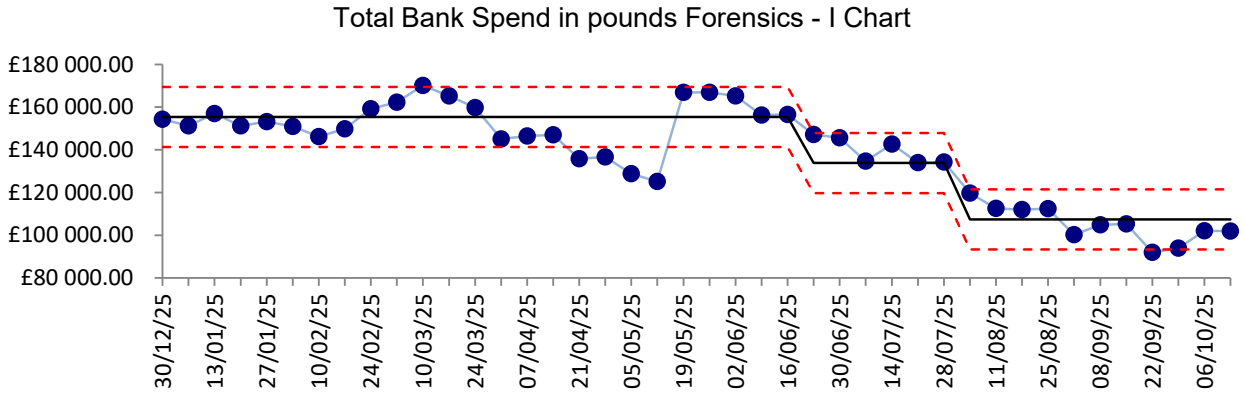
8.1. The trust-wide staff experience programme, which is being led by the Chief People Officer is currently underway. A deep dive has been completed into 21 active QI projects focussed on improving different aspects of staff experience which are currently running across the trust. The learning from these teams will be shared and built into the trust wide staff experience programme going forward.

8.2 Cohort 11 of the Improvement Coaches Programme began in September 2025 with 28 ELFT staff and service users, alongside external partners, starting their development as improvement coaches. Early workshops focused on building core skills to help teams apply QI to complex problems, and all participants are now actively coaching live ELFT projects. Wave 15 of the Improvement Leaders' Programme launched in October 2025 with 200 staff and service users, each bringing a real quality issue to address through QI. The first two days supported teams to establish project foundations, clarify the problem, create aim statements and driver diagrams, and begin shaping measurement plans. The wave currently

includes 83 projects: 54 focused on improving experience of care, 12 on staff experience, nine on population health, and eight directly working on financial or environmental improvement.

9. Improved Value

9.1 Across forensics, QI has been used to reduce bank staff spend. The directorate have tested several change ideas including recruitment campaigns to reduce substantive vacancies, completing of the Mental Health Optimal Staffing Tool (MHOST) to ensure correct ward establishment, improved management and oversight of Healthroster and shift planning, including planning annual leave for all staff proactively throughout the year. As a result of their work, bank spend reduced by 30% from an average spend of £155k to £107k each week. This equates to an estimated reduction of £47k per week or £2.4 million each year.



10. Action Being Requested

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

NHS
East London
NHS Foundation Trust

Performance report

January 2026

REPORT TO THE TRUST BOARD IN PUBLIC **January 2026**

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 rate of restraints per 1,000 bed days remains low, dropping from 15.5 in May to 12.9 in December. The number of out-of-area placements remains low, fluctuating at around 13, attributable to service users from Bedfordshire and Luton mental health services.

Urgent Care Teams in Community Health Services achieved a 2-hour access rate of 94.9%, representing a sustained improvement over the past eight months, from 88.7% to 90.5%. This is above the national 80% target.

We have seen an upward shift in the percentage of service users entering employment following support from Individual Placement Support teams, rising from an average of 14.0% to 18.4%. We are have also seen a shift in the percentage of service users reporting improvements in Dialog outcome scores, rising from 46.3% to 51.7%.

Talking Therapies services have demonstrated sustained improvement in reliable improvement scores, consistently averaging 72%. This exceeds the national target of 67% and the national average of 63%. Early Intervention Services are performing well, with 73.1% of service users starting treatment within 2 weeks (above the target of 60%).

Our productivity metrics show improvement, with the number of contacts per full-time equivalent staff member increased by 7%, from 16.3 in 2024/25 to 17.4 between April and November 2025/26. This represents a positive and encouraging shift.

The Bedfordshire MSK service has seen a reduction in its waiting list, decreasing from 4733 to 1387 between January and December. This is equivalent to a 75% drop in adults and children awaiting their first appointment.

Appendix 1 details ELFT's performance against the NHS Oversight Framework (NOF) for 2025/26 for Quarter 2. For Quarter 2, all 6 measures that are reviewed each quarter improved from the Quarter 1 position, although the Trust remains in segment 3. Importantly, it should be noted that the Trust narrowly missed the threshold for reaching Segment 2 by just 0.25%, reflecting strong overall progress.

Notable improvements in Q2 include a reduction in community health service waits over 52 weeks (13.1% to 1.57%), and improved Children & Young People's access rates through better clinical recording. Urgent community response rose to 89.8% for the 2-hour target, crisis care response within 24 hours increased to 67.4%, and sickness absence dropped from 5.59% to 4.28%.

What's of concern?

As of December, 6,805 patients have been waiting over 52 weeks, which presents a reduction from the November position – likely related to the closure of ADHD waiting lists. Of the 6,805, 6,648 are waiting in the ADHD or Autism service. Additional long waits include 350 in CAMHS and 175 in Newham Memory Service.

The Trust has launched ADHD and Autism workshops to develop standardised models to manage rising demand. This includes introducing a unified adult ADHD pathway with triage-based need and severity (low managed by GPs, moderate via a single specialist access point, and severe through Shared Care Pathways). Clinical criteria for each tier will be agreed upon to ensure consistency, supported by a stratification tool and digital screening via the Lovable App. Services are addressing waiting list pressures through titration improvements, referral division to Right to Choose, and waiting list cleansing. For Autism services, workshops have begun designing a standardised model with open access, digital-first principles and stratification for complex cases. Initiatives include post-diagnostic support packs, collaborative handling of second opinion requests, and capacity expansion through special interest sessions.

Community health services have 1,591 service users waiting over 52 weeks, primarily within the MSK Podiatry (527) and SCYPS ASD (992) pathways. Waiting lists in Bedfordshire MSK remain stable at 1387 and Newham MSK have seen improvements from 1799 in November to 1528 in December, supported by the rollout of the GetUBetter app for self-management.

What's worth watching?

Follow-up within 72 hours of inpatient discharge was 78% in December, due to decreases in performance in Tower Hamlets and City & Hackney. The overall average across the past 12 months has been 80.2%, which is above the national target.

There has been an unusual increase in the rate of violence and aggression in December, related to a small number of acutely unwell service users across mental health intensive care wards in Bedfordshire and Luton, and Tower Hamlets.

Appendix 1 also includes the provisional and unvalidated NOF performance for our December Q3 position, which indicates a potential decline in performance against two indicators compared to Q2. These are the percentage of inpatients discharged with a length of stay over 60 days (rising from 26.6% to 28%) and staff sickness rates (rising from 4.28% to 5.38%). The official published Q3 will be included in the March 2026 report.

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

Improved service user experience	☒	The performance report assures the Board on performance of the organisation, through the tracking of organisational metrics that align with three of the four strategic objectives. Measures on staff experience are contained within the Board People report.
Improved health of the communities we serve	☒	
Improved staff experience	☒	
Improved value for money	☒	

Committees/meetings where this item has been considered

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

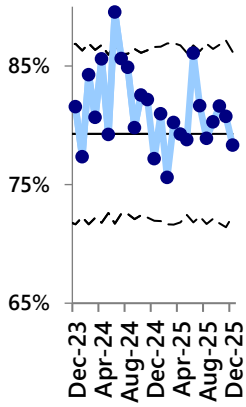
Impact	Update/detail
Equality Analysis	Some of the metrics in this report are designed to improve equalities by ensuring access to services and good outcomes. Analysis of the experience of different groups is undertaken as part of the Trust's inequalities work stream and population health task and finish group.
Risk and Assurance	This report covers performance for the period to the end of December 2026 (where available) and provides data on key compliance, national and contractual targets.
Service User/Carer/ Staff	This report summarises progress on delivery of national and local performance targets set for all services.
Financial	The performance summary will escalate the areas where targets have not been met or areas of noncompliance against the main contracts and could pose a financial risk to the Trust.
Quality	Metrics within this report are used to support delivery of the Trust's wider service and quality goals.

Performance Dashboard

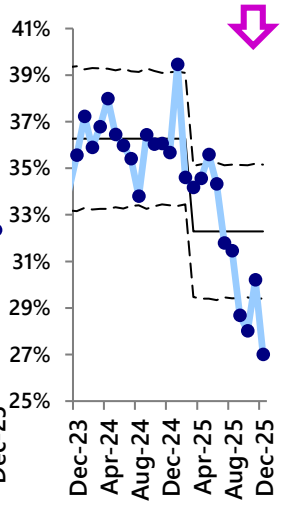
Special cause variation ( ) and when it's of potential concern ( )

Safe

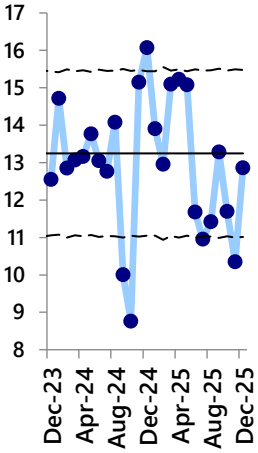
Service users followed-up within 72 hours of discharge (P chart)
Target: 80%



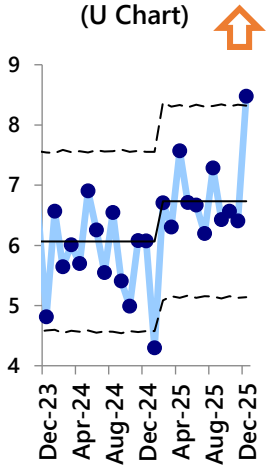
Safety incidents resulting in physical Harm (P Chart)



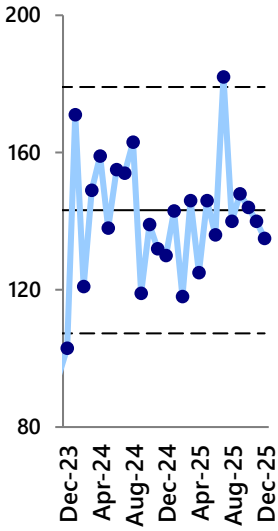
Restraints reported per 1,000 occupied bed days (U Chart)



Physical violence incidents per 1,000 occupied bed days (U Chart)

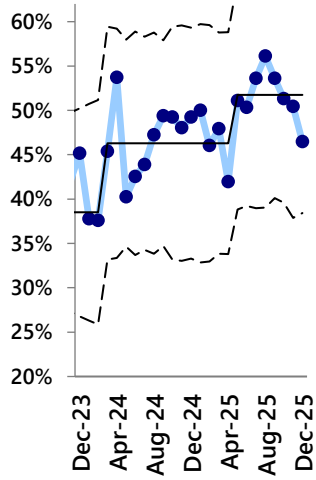


Pressure ulcers - non-inherited (C Chart)

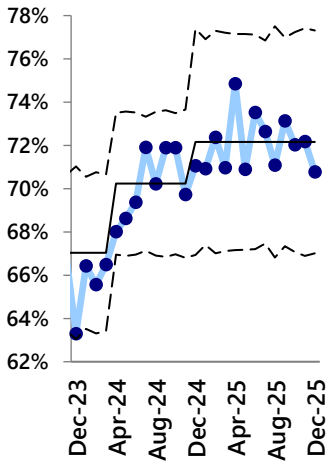


Effective

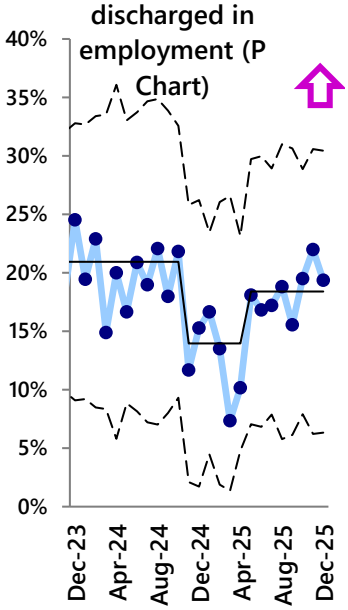
Adult Mental Health Improvement in Dialog score (P Chart)



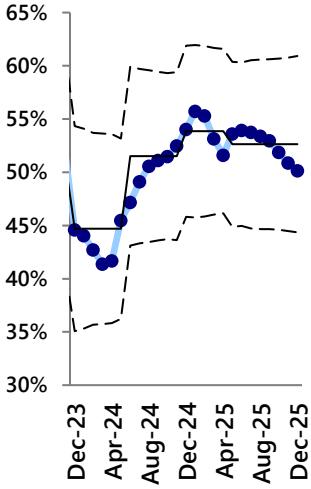
Talking Therapies - Percentage achieving reliable improvement (P' Chart) Target: 67%



IPS - Percentage discharged in employment (P Chart)

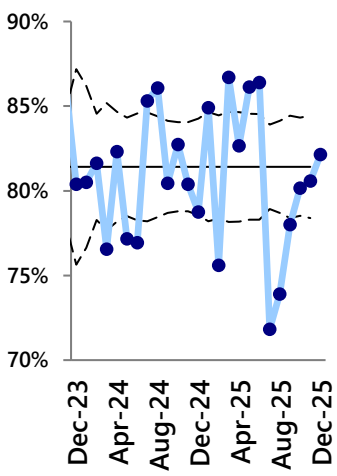


Perinatal - Improvement in Core10 scores (P Chart)

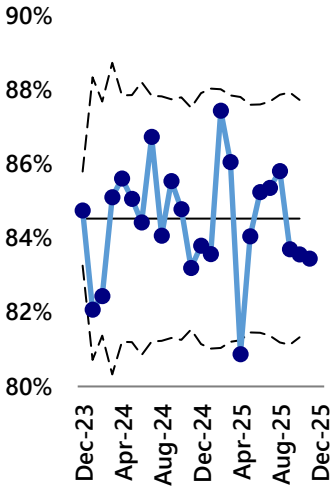


Service user centred

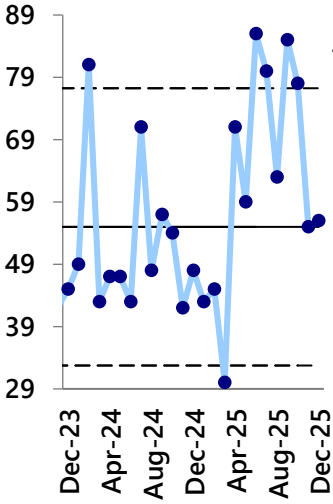
Percentage of service users having a very good or good experience (P Chart)



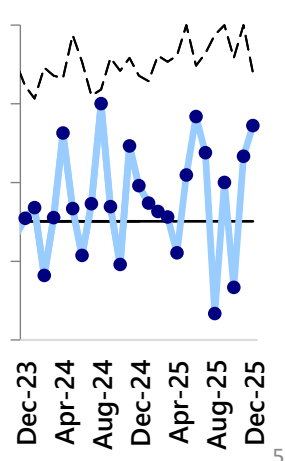
Service Users involved in discussions about their care (P Chart)



Complaints (C Chart)



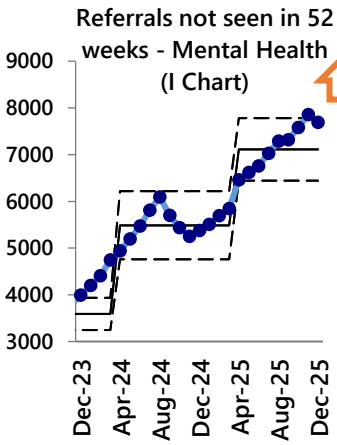
Service users who died in their preferred place of death (P Chart)

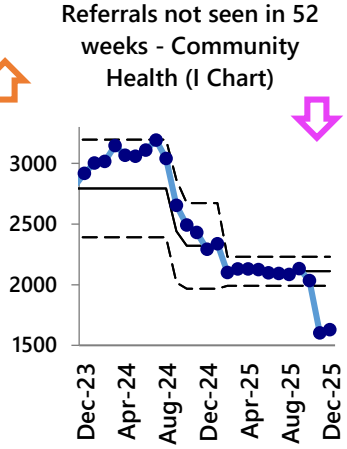


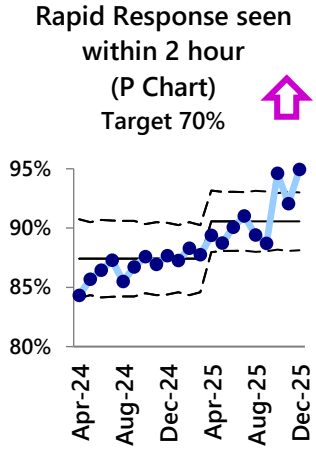
Performance Dashboard

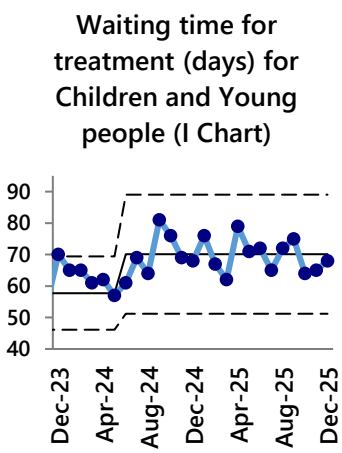
Special cause variation (⇧⇩) and when it's of potential concern (⇧)

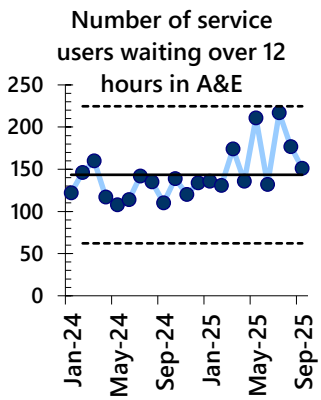
Timely

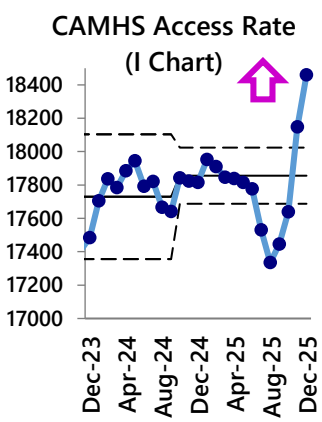


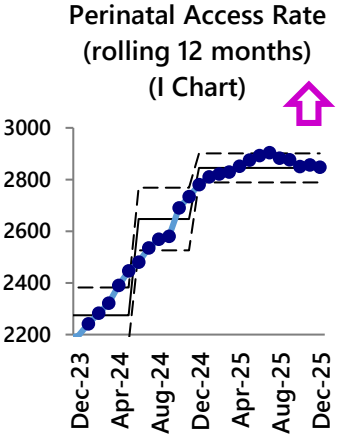


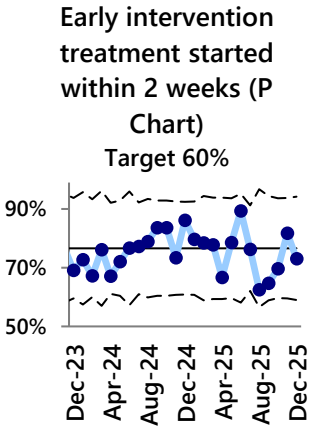












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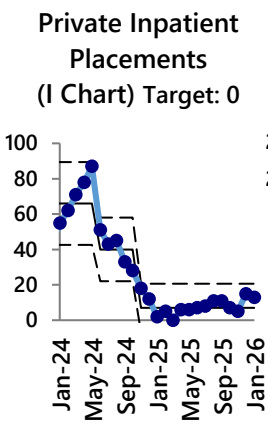

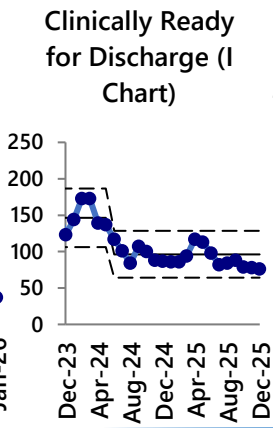

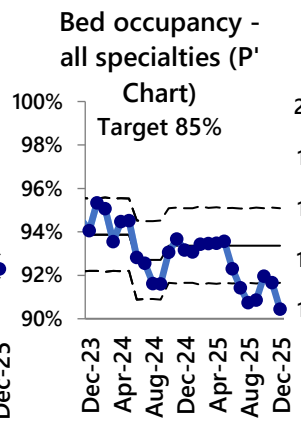

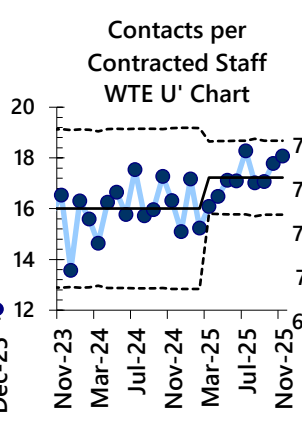

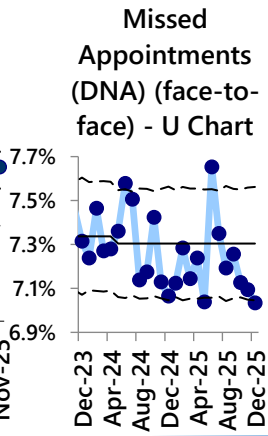

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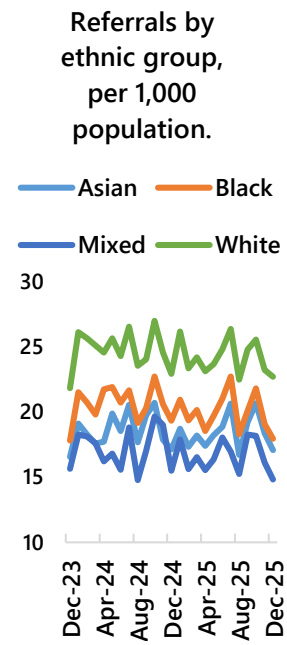
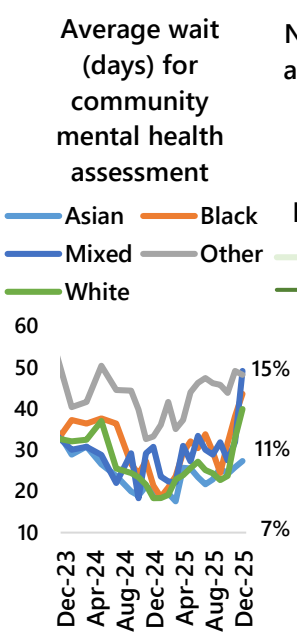
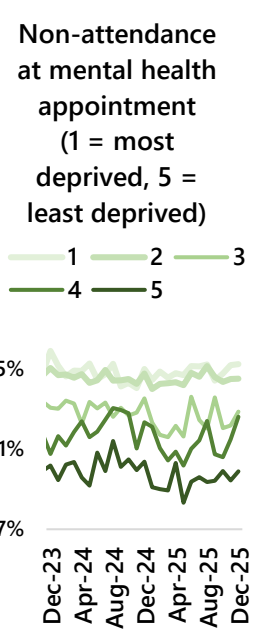
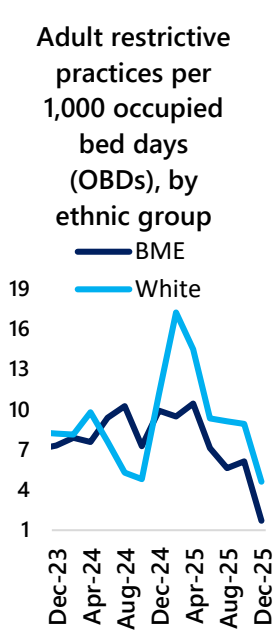
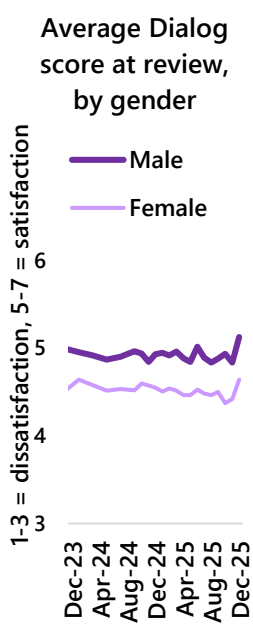










Commentary

Safe

The percentage of service users followed up within 72 hours of discharge from inpatient services was 78% in December, against the national target of 80%. Improvements have been made across all teams, although overall performance in December was impact by a reduction in Tower Hamlets and City & Hackney to 75% and 74% respectively. In Luton & Bedfordshire, 93% of patients were followed-up in 72 hours and in Newham 82% were followed-up Each ward maintains structured governance and oversight through regular audits and case reviews to ensure timely improvements and reduce delays. The target was achieved in 7 out of the past 12 months while also consistently exceeding the national average of 80.1% during this period. 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 showed an unusual increase in December, rising from the average rate of 6.7 to 8.3 per 1,000 occupied bed days, but has returned to normal levels in the first 2 weeks of January. The December increase was observed across Bedfordshire and Luton, and Tower Hamlets mental health services, and was primarily driven by higher incident levels within male and female Psychiatric Intensive Care Units (PICU). A small number of acutely unwell service users accounted for a significant proportion of these incidents. Several initiatives are underway to reduce violence and aggression on wards, including proactive risk assessment, trauma-informed care, and skilled de-escalation, supported by individualised care planning. Ongoing staff training and a focus on therapeutic, respectful environments help minimise restrictive practices and promote safety for patients and staff.

The rate of restraints per 1,000 bed days continues to fall, decreasing from 15.5 in May to 12.9 in December, with some fluctuation expected in relation to a small number of acutely unwell service users who may require multiple restraints. Mental health services are reducing restraints by improving care planning, strengthening risk management, enhancing supervision and team communication, and expanding staff training. A stronger focus on relational security and personalised care has enabled earlier de-escalation and reduced the need for restrictive practices. This topic is the focus of the equity section of this report.

The percentage of incidents resulting in harm has reduced from a mean of 36% to 32% following eight consecutive months below the previous average. This reduction was largely driven by Community Health Services and changes in how expected deaths are recorded in the clinical system. Following national guidance, these cases are now classified as “no harm,” which has lowered the overall number of reported harm incidents in recent months.

The number of pressure ulcers has returned to normal range after a peak in July (described in the September report), with 135 incidents in December. 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 has increased from 46.3% to 51.7%. This reflects a rise across almost all adult mental health services, particularly Bedfordshire and Luton, Forensics, and Newham, which showed progress from a lower baseline in April 2025. This is important, as shows we are improving the impact on people's quality of life, which sits at the heart of our mission. The improvement is driven by ongoing work to strengthen care planning and enhance recovery-focused interventions that support service users to manage their mental health, build resilience, and work on the areas that matter most to them (measured in the Dialog outcome score).

Our Talking Therapies services continue to outperform the national target, with reliable improvement averaging 72% against the national 67% target. This is consistently above the national average of 63% across the last year. Teams are now focused on maintaining these gains and ensuring equitable experiences and outcomes for all service users.

The percentage of service users entering employment has improved, with the average increasing from 14.0% to 18.4%, driven by a sustained increase above the previous average over the past 8 months. This is just below the national average of 23.4%. This reflects the positive impact of initiatives across Trust and Individual Placement Support services detailed in the November report.

Across perinatal services, the Trust's rolling 12-month access rate is at 2856, with a year-to-date access rate of 2659. In Luton & Bedfordshire, a local target has been set to reach 1,022 referrals by March 2026, and services are currently achieving 1334 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, currently at 1430.

Perinatal outcomes continue to remain stable, achieving 50.2% of service users reporting positive outcomes in December.

Service User Centred

The percentage of service users who rate their experience as good or very good has shown a modest increase in recent months, rising consistently over the past 5 months to 82.2% in December, above the mean of 81.4%. Community Health Services across Bedfordshire and East London, as well as Specialist Children's Services in Newham, continue to report the highest satisfaction. Lower satisfaction scores have been recorded in Primary Care, and some mental health services. The themes behind these trends and the actions being taken were examined in the November report.

After rising in previous months, complaint volumes have returned to normal levels, declining from 86 in September to 56 in December. Encouragingly, this reflects a drop across almost all services, particularly mental health services. The November report detailed the key themes related to complaints and the initiatives underway to support improvement.

The number of service users reporting that they feel involved in their care has remained stable, reaching 83.5% in December. This indicates that the majority of service users continue to experience a sense of engagement and collaboration in their care planning, reflecting ongoing efforts to promote co-produced and person-centred care.

The percentage of service users in community health services who die in their preferred place continues to fluctuate, reaching 87.2% in December. Variability often reflects the unpredictable nature of patients' conditions, differences in available community or hospice support, and the complexities of coordinating care across multiple settings. Despite these challenges, efforts continue to prioritise person-centred planning and support to maximise the likelihood of meeting individuals' end-of-life preferences.

Timely

Early Intervention Services continue to exceed the national goal of 60%, although performance has dropped in the last two months. In December, 73.1% of service users commenced treatment within two weeks. This reflects a slight decrease from the November position of 81.8% but remains in line with the national average for early intervention treatment starting within 2 weeks is 73.7%.

Across the Trust, 6805 patients have been waiting over 52 weeks for mental health services. This number reflects a decrease of 115 between November and December due to the closure of our ADHD waiting lists. 6648 of this group are waiting for adult Autism and ADHD services. Given that we have closed the waiting lists for ADHD, we expect this trajectory to continue to slow and stabilise over the next 2-3 months.

Beyond the 6648 people who have been waiting over 52 weeks for ADHD and Autism services, 175 are waiting in the Newham memory service for a review. 350 patients are waiting over a year across our CAMHS services.

Across all ADHD services we are managing demand by agreeing with ICBs around referring patients towards the Right to Choose pathways and closing our services to new referrals. A workshop has been held across the Trust to identify a standardised optimal model to best manage the increasing demand into the services. This includes a review of all service models to review the current pathways that are in place and the best way to manage this going forwards. Off the back of this, a single adult ADHD pathway has been developed. All suspected ADHD cases will be triaged into a unified pathway.

Going forward, service users will be assessed and stratified according to clinical need and severity (low, moderate, or severe) to ensure they receive the most appropriate level of intervention. Where low impairment is identified, this will be managed by the GP with access to resources and advice. Where there is moderate impairment, service users will be directed to a single point of access for specialist input. Where there is severe impairment, this will be managed through a Shared Care Pathway, either via NHS or Right to Choose providers, ensuring capacity for complex case management.

Service users with a previous diagnosis or already on treatment will remain under GP management and supported by advice and guidance from specialists as needed. In the next session, a clinical criterion will be agreed upon for each pathway tier to ensure consistency and safety in decision-making. An internal business case is due to be approved in January to support the cleansing and stratification of ADHD waiting lists by March 2026. This is expected to reduce waiting lists by prioritising service users based on clinical need.

To support the implementation of this model, teams will adopt a stratification tool that has been designed collaboratively between ELFT and all GPs to support screening based on need. This includes a self-assessment questionnaire for patients to complete, which is designed to help patients and GPs understand symptoms and their functional impact. This contains a mix of quantitative and qualitative questions and explores pre-existing conditions. The second part is the use of an online app known as the 'Lovable App Screening Tool', which tabulates scores against two validated scales: the ASRS and Weiss, which generates a report to support GPs to determine the clinical appropriateness of a referral.

Referrals for ADHD services in Luton & Bedfordshire remain stable at 60 in December. Overall, waiting lists also remain stable at 1945 for an assessment and 762 for treatment, which is consistent with previous months. The service has been focusing on the titration element of the pathway to help reduce delays for treatment. Because of this, based on internal projections, the service is anticipating an increase in the number waiting for an assessment over the next 2-3 months.

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 2003. The average wait for patients to be seen is currently 136 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 2411 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 62.

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 December and a reduction in the waiting list from 1506 to 1371 in the past 3 months.

A workshop took place across Autism services in the Trust to start designing the principles for a standardised model. This includes ensuring an open access model to include self-referrals and developing a digital-first approach to the pathway. Work is already underway in City & Hackney to stratify complex referrals with the assumption that approximately 25% of referrals are classed as complex, and this learning will be shared across all services for implementation.

Across Luton & Bedfordshire's Autism services, referrals continue to remain stable with 92 referrals in December, with a total of 1076 service users waiting for an assessment. The team is currently in the final stages of developing a post-diagnostic information pack to support service users following discharge.

Within the City & Hackney Autism service, the team continues to offer special interest sessions to resident doctors, which has allowed the service to expand its capacity. The assessment waiting list remains high at 653 in December. 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 clarify and consistency across East London where service users challenge the outcome of their assessment. This will be agreed as part of the broader work that is being carried forward in the regular workshops across the Trust.

In the Newham Autism service there are currently 278 people waiting for an assessment and the average waiting time for an assessment is currently 46 weeks. The number waiting for treatment also remains stable at 14 with additional interventions on offer like peer support groups and support classes which is experiencing an uptake.

In the Tower Hamlets Autism service, referrals remain stable at 42 per month and there are currently 223 service users waiting for an assessment with an average waiting time of 38 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 in December. Newham are seeing patients within 2 weeks and Luton & Bedfordshire within 3.4 weeks. City & Hackney and Tower Hamlets have slightly longer waiting times where service users are waiting an average of 10.1 weeks and 5.4 weeks respectively on average for an assessment.

In City & Hackney, waiting times in neighbourhood teams have increased and the directorate is currently in the process of developing a proposal to restructure the neighbourhood community teams and developing a specific assessment service. The intention is for this new structure to be implemented 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, performance has remained fairly consistent in the past 6 months. The number of overall number of people waiting has decreased since September and the breaches are now being reviewed to ascertain if these are due to data quality issues or other factors that can be addressed quickly. Some of the breaches are due to a patient being seen in a different team and it is estimated that this affects approximately 20% of referrals.

Memory clinic performance across East London continues to fluctuate with Newham seeing 88% of their patients within 6 weeks, while City & Hackney and Tower Hamlets reported lower figures at 27.5% and 25% respectively. On average, patients are waiting 11 weeks in City & Hackney and 12.4 weeks in Tower Hamlets. In City & Hackney, delays were driven by administrative disruptions, increased appointment non-attendance following relocation of the service, and rising referral volumes.

The Newham memory clinic has 175 people waiting over 1 year for a review. To manage this, ELFT has commissioned a comprehensive review of the three East London Diagnostic Memory Services to assess current capacity, identify operational challenges and better meet diagnostic demand. As part of this, service leads are active participants in the NEL Imaging Network, ensuring that dementia and brain imaging are formally recognised as a priority at ICB level. Commissioners are currently working through demand and capacity modelling to inform system-wide planning. Challenges remain due to the small size of the service and constraints around medical and psychological capacity which has contributed to delays in assessments and feedback to service users, increasing waits for both initial assessment and diagnosis. A new Memory Clinic Pathway Monitoring form has been designed and recently launched on our clinical systems. This enables services to record and track where service users are within the full 18-week pathway, providing greater visibility of progress and helping to identify any potential bottlenecks along the way.

The Tower Hamlets Dementia Clinic has started a redesign of service provision to streamline the diagnostic pathway and reduce the number of touchpoints that a patient has to access the service. All patients are now being triaged by a senior clinician at the point of entry into the service with the ultimate aim of providing the diagnosis in a day for the majority of referrals.

Waiting lists in CAMHS have increased from 2307 in November to 2495 in December for a first appointment, with 350 service users waiting over a year to be seen. The longest waiting lists are within the Bedfordshire Autism service with 107 service users waiting, Newham ADHD with 77 service users waiting over 52 weeks, and in Tower Hamlets ASD and Learning Disability Teams with 58 waiting over 52 weeks. There are currently no patients waiting over 104 weeks across CAMHS due to a data cleansing exercise that was undertaken and there are plans to continue this exercise into 2026/27 targeting those waiting over a year. In Bedfordshire, work is underway to review service productivity with Clinical Team Leads assessing individual work plans against activity levels. As part of the NHS Oversight Framework, CAMHS access across the Trust has seen a predicted increase of 1.2% from December 2024. More detail on the plans in place can be found in Appendix 1.

1,591 service users are waiting over 52 weeks in community health services, with 527 of this group being within the MSK Podiatry pathway and 922 waiting in the SCYPS ASD pathway. 35 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. 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 is currently at 1387 which is consistent to the previous couple of months having dropped from 4733 in January. ELFT funding has been agreed to clear waiting lists and the team expect all patients waiting over 52 weeks to be cleared by the end of December and all Paediatric waiters to be cleared by the end of January. The MSK Blitz clean clinics started on the 3rd of November and have had a good impact on 52+ week waiters and this improvement is expected to continue until the end of the year.

Across Bedfordshire Wheelchair services, 443 service users are currently on the waiting list which has increased from the 417 in November. In December, the service received 116 referrals, with an average capacity of 82 assessments completed per month. There are concerns in the team about the rising demand within the paediatric pathway. ELFT funding has been agreed to address this shortfall to recruit an additional member into the team. A decision is still pending around this and in the interim a recovery plan has been developed to clear the number of patients waiting over 52 weeks by the end of March and the number waiting over 18 weeks in 2026/27.

In Newham, the MSK service waiting lists have reduced from 1799 in November to 1528 in December, 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.

922 children have been waiting over a year for assessment by the Autism Spectrum Disorder (ASD) service in SCYPS (Newham). The overall waiting list continues to remain stable at 1755 in December. 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 November, urgent care teams in Community Health services have seen a positive shift in meeting the 2-hour access target, achieving 94.9% in December, which is higher than the national 80% target (and also an NHS Oversight Framework indicator – see appendix 1).

Efficient

Inpatient bed occupancy has been consistently under the 93.4% average for the last seven months. After a gradual reduction to 90.9% in September, bed occupancy increased slightly over the past two months but has fallen back to 90.5% in December. The September low was mainly driven by temporary dips in the Mother and Baby Unit (City and Hackney), and CAMHS Tier 4 units in Bedfordshire and Luton and Newham, which have since had a small increase in occupancy levels contributing to this recent rise. However, the Luton and Bedfordshire CAMHS Tier 4 inpatient unit is operating below its expected occupancy level, mirroring a broader regional drop in inpatient use. Work is now underway to review alternative bed models across the region, including the potential commissioning of local acute and high-dependency beds.

Demand for adult acute mental health beds remains high, and although out-of-area placements are stable overall, there has been a rise from 7 in October to 13 in December, attributable to Luton & Bedfordshire. The number of patients ready for discharge remains stable at around 76, 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.

All services are continuing to focus on reducing the average length of stay, which is 49 days in East London and 60 days in Bedfordshire and Luton. Newham and Tower Hamlets mental health services have the lowest average length of stay, with an average of 39 days respectively.

The proportion of service users discharged with a length of stay exceeding 60 days across adult wards has increased from 23% in November to 28% in December. This metric is a national oversight framework indicator and remains a key focus of ongoing inpatient flow improvement work. Learning and recommendations from the Trust-wide inpatient flow programme, which concluded earlier this year, continue to be embedded across community and inpatient services, driving targeted improvements at every stage of the patient journey. Referrals for admissions are being more tightly coordinated with community and home treatment teams to prevent avoidable admissions. During the admission, frequent huddles with real-time escalation are in place to help unblock delays and maintain momentum, as well as Red-to-Green day principles to improve bed management processes. At discharge, better community coordination and increased step-down provision enable timely, safe transitions of care.

A particularly promising development is the Tower Hamlets Barnsley Street Neighbourhood Mental Health Hub. As one of only six national pioneering sites, it is already demonstrating promising results in reducing admission volumes from its local community. To date, the pilot has shown a significant reduction in inpatient bed usage on Tower Hamlets Adult Acute Wards for residents from Primary Care Network (PCN) 1. Inpatient occupied bed days for this neighbourhood have fallen from an average of 97 per fortnight in 2024 to 27 per fortnight since 25 August. This equates to an average reduction of approximately five occupied beds per day across Tower Hamlets..

While the overall proportion of presentations from PCN 1 neighbourhood has remained stable at 8%, the past five months have consistently fallen below this level, indicating a possible reduction if the pattern continues over the next few months. Encouragingly, there are also early signs of reductions in both admissions and length of stay.

The Barnsley Street hub offers integrated, accessible support where any individual known to their GP or local mental health services can access appointments or drop-in sessions with a full multidisciplinary team, including psychiatrists, nurses, occupational therapists, psychologists, social workers, voluntary sector partners, and peer support workers. Critically, for those in need, the hub provides up to six guest beds for overnight stays. This innovative resource ensures better crisis support and early intervention, directly helping to prevent avoidable hospital admissions and supporting recovery in a community setting.

In Bedfordshire and Luton, stakeholder events have been established to bring system partners together to resolve challenges and delays and to create capacity to repatriate out-of-area service users to local inpatient provision. The winter pressures business case schemes have now been approved which will improve flow and capacity, including additional social worker capacity to increase discharge rates from acute hospitals; expansion of Penrose housing support across Bedfordshire and Luton to reduce housing-related delays; a dedicated bed and flow manager to coordinate inpatient discharge activity; and increased crisis step-down beds that will be operational by April 2026 and extra acute 9 bed capacity opening by March 2026; and additional and extra bed and breakfast accommodation to support timely step-down for patients who no longer require inpatient care.

Tower Hamlets has also had their winter pressure and hospital discharge support scheme approved, which strengthens medical, pharmacy and social work cover during the winter months to manage increased urgent referrals and discharge delays. The scheme includes extended senior psychiatrist availability to support urgent referrals, a discharge pharmacist to accelerate medicines reconciliation and discharge processes, and a social worker to assist with Care Act assessments and housing applications. Collectively, this will reduce lower-acuity Emergency Department attendances, speed up discharges, and improve transitions back to community services, with staffing already secured through bank arrangements and mobilisation that started in November 20205.

The Trust has approved the City and Hackney business cases to manage winter pressure, including an expansion of step-up and step-down bed capacity from five to eight beds to relieve discharge delays, create flexible alternatives to admission and improve inpatient flow. In addition, four temporary posts will be introduced to provide interim care coordination, assertive support and duty capacity, ensuring continuity of care and preventing admissions while community services undergo restructuring. Further measures include establishing community clinic capacity with additional psychiatrists, a Band 6 social care worker and administrative support to significantly reduce assessment backlogs and ensure timely reviews. The programme also strengthens crisis alternatives through additional medical and nursing resources to enhance A&E gatekeeping, increase use of the Raybould Crisis Hub, and enable more proactive engagement from the Home Treatment Team for service users who may previously not have met criteria.

The Newham winter pressure schemes have also been approved, which extends the Enhanced Care Pilot overnight for four months using additional bank staffing. This expanded cover strengthens overnight provision and adds weekend consultant input to support timely senior clinical decision-making. The focus is on enabling more weekend discharges, either home or to step-down options, to free inpatient capacity and reduce A&E wait times, as well as reviewing A&E waiters at weekends to identify opportunities for diversion to alternatives such as Crisis House or supported discharge home.

Psychiatric Liaison Teams (PLS) currently complete an assessment and decide on ongoing treatment within 4 hours of arriving in the emergency departments for 85.4% of presentations in Bedfordshire & Luton and 70.3% in East London. The number of service users waiting in A&E for over 12 hours has dropped to 152 in November against 217 in July. 83.4% 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 consistent increase in contacts per Whole Time Equivalent (WTE) member of staff. This metric has remained above the mean of 15.8 contacts for the past seven month, suggesting a potential positive shift in average contacts and improved productivity if pattern continues next month. Importantly, our productivity metric of the number of contacts per full-time staff highlights a 7% increase, rising from 16.3 in the 24/25 period to 17.4 between April and November 25/26, which is encouraging. This improvement is encouraging and reflects a 7% reduction in staffing over the same period, and a small 0.7% decrease in the absolute number of contacts, which demonstrates an increase in 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 7.0% in December. 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 focuses on work across the Trust to close the gap in the use of restrictive practice between Black Asian and Minority (BAME) and White service users. It outlines key patterns, contributory factors, and the actions underway to reduce restrictive practice and address inequities in the experience of care.

The data shows that across adult and forensic services, the increased use of restrictive practice for BAME service users has gradually been reducing, and is now similar for both groups. It is important to interpret this data in the context of admissions, as approximately 63% of all inpatient admissions are from BAME backgrounds. This overrepresentation mirrors national patterns in mental health services and represents a separate but related equity challenge that the Trust is actively addressing. This higher representation in admissions increases the likelihood that restrictive practice will occur within this population at a higher rate. A deeper dive into increased use of restrictive practice among service users of white ethnicity, these have been largely related to one or two acutely unwell service users experiencing repeated interventions.

Over the past 15 months, the overall rate of restrictive practice has been 9.3 per 1,000 occupied bed days (OBDs) for BAME service users and 8.7 per 1,000 OBDs for White service users. The underlying data analysis shows a larger variation in Newham affecting service users of white ethnicity, but this reflects the impact of a single acutely unwell service user with personality disorder and complex needs who is awaiting appropriate accommodation. However, when the impact of this small number of service users is taken into consideration, the data shows that experiences of restrictive practice are higher in the BAME group, but becoming less frequent and the gap narrowing between all groups.

Recent patterns of restrictive practice across adult and forensic services show variation linked to patient acuity and complex presentations. Wards such as Emerald, Rosebank, Onyx, Townsend, and Crystal report the highest levels of restrictive practice, with some patients requiring interventions multiple times a day to deliver targeted treatment plans. High acuity on Luton and Bedfordshire female wards, compounded by limited access to specialist female PICU placements, has also contributed to higher levels of restrictive practice. In Forensic services, prone restraints remain extremely low, though some increases in restraint and rapid tranquillisation were observed on Westferry ward; the transfer of one patient to Broadmoor contributed to a big reduction in these interventions.

To reduce the use of restrictive practice and address inequalities in the experience of care, the Trust has strengthened governance, leadership, and trauma-informed practice across inpatient services. Compliance with the Mental Health Units (Use of Force) Act is supported by ward-to-board oversight, a Trust-wide Use of Force and Restrictive Practices Group, and routine scrutiny of data to identify disproportionate impact on different population groups.

Initiatives such as Time to Think forums, deep-dive reviews, safety huddles, and the systematic use of safety bundles support reflective practice, learning, and local quality improvement. Safety Pods, which are bean bag-style devices designed to support safe, person-centred care during de-escalation and restraint, have been implemented across wards with higher rates of prone restraint. Sensory rooms provide an alternative to seclusion, offering supportive, calming spaces for service users in distress

Targeted work is also underway to address the needs of populations disproportionately affected by restrictive practice, including people from Black and minority ethnic backgrounds, people with autism, and individuals with learning disabilities. Oversight is provided through PCREF (Patient and Carer Race Equality Framework) meetings, a national framework aimed at identifying and addressing racial disparities in access, experience, and outcomes, and promoting equitable, person-centred care for patients and carers from BAME backgrounds. A dedicated Task and Finish Group uses quality improvement methodology and co-production with experts by experience to develop culturally responsive safety planning, structured post-incident debriefs, and personalised care approaches.

Post-restraint debriefs provide a structured opportunity for service users and staff to review the circumstances of an incident, reflect on triggers, evaluate the effectiveness of interventions, and identify learning to prevent recurrence.

Additionally, staff supervision is used to support reflective practice and link training to cultural competency, enabling staff to understand how background, communication styles, and lived experience shape distress and response to care. In specialist services, initiatives such as Positive Behaviour Support in learning disability and forensic settings and the HOPE(s) model, which is a human rights-based framework aiming to reduce long-term segregation and support individuals with complex needs, including autism and learning disability, are supporting safer, person-centred, and trauma-informed care. Learning disability wards continue to manage high levels of behaviours that challenge, with support from the Learning Disability Nurse Consultant to implement Positive Behaviour Support and reduce reliance on restraint.

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.

The officially published Quarter 2 NOF scores highlight that we have seen improvement across all indicators that are reviewed each quarter – both in absolute terms, and also comparatively against other providers nationally. While ELFT remains in segment 3, the Trust is on the boundary of achieving segment 2. The provisional scores for Q3 have also been included but these are subject to change once they have been fully validated. So far for Q3, 4 indicators have seen an improvement, 2 have worsened and 5 remain unchanged.

Improvements have been observed in the number of service users waiting over 52 weeks for community health services, dropping from 13.1% to 1.57%. This is largely due to successful business cases having been placed to clear long waiting lists. We are anticipating this to continue improving into Q3 to 1.2%.

Children & Young People's access has also improved from -2.97% to 0.27% due to improvements in clinical recording. We are anticipating this to continue improving into Q3 to +1.2%.

Inpatients with a length of stay over 60 days has reduced from 28.9% to 26.6% due to initiatives around purposeful admissions, length of stay reviews, weekly reviews of delays and proactive discharge planning. We are predicting a decline in our Q3 position to 28% driven by an increase in acuity across the wards in East London.

Urgent community response has seen an improvement around the 2-hour response target from 87% to 89.8% due to successful training sessions around recording practices. The percentage of patients referred to crisis care teams seen within 24 hours has increased from 63.3% to 67.4%. We are predicting an improvement to 94% in Q3.

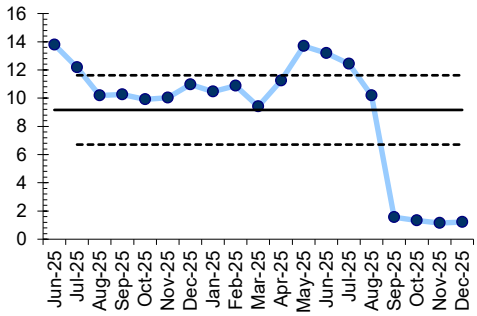
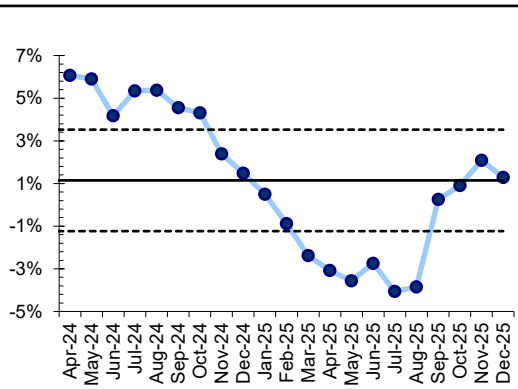
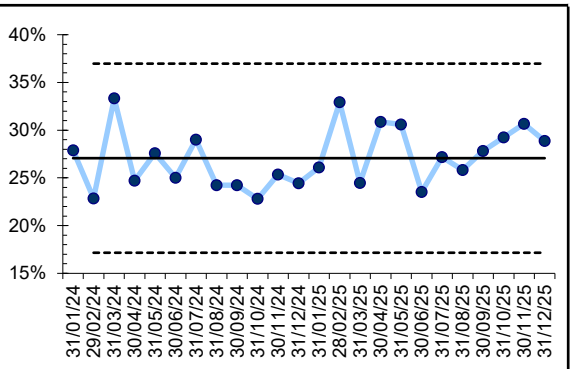
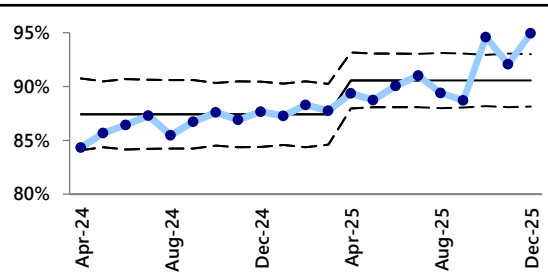
Sickness absence rates have also seen a reduction from 5.59% to 4.28% due to the development of a targeted sickness management plan and supporting deep dives at directorate-level. We are predicting a decline in our Q3 position to 5.38% driven by an increase in sickness during winter.

All other indicators have not seen any change in their performance, mainly because most of these are annual metrics. We are awaiting the 2025 scores from the staff survey and community mental health satisfaction survey. 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 current performance and internal variation, and ensuring our teams have sight of the data to be able to improve performance.

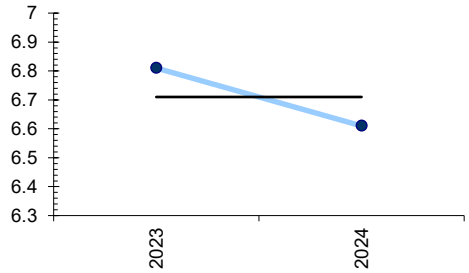
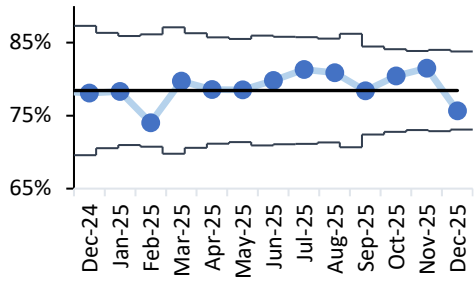
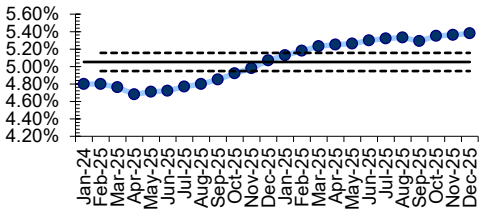
Appendices

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

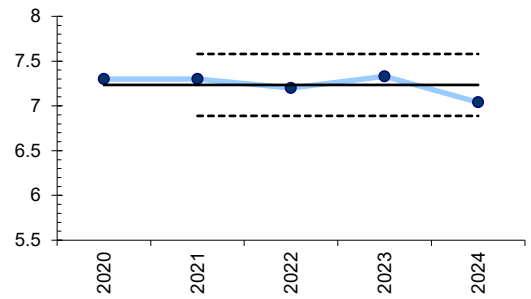
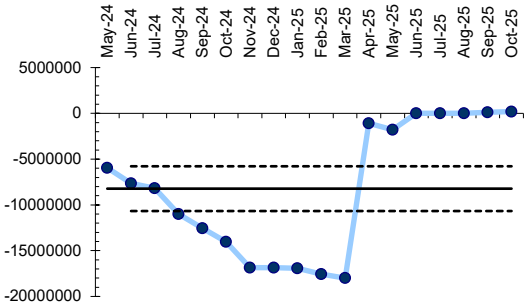
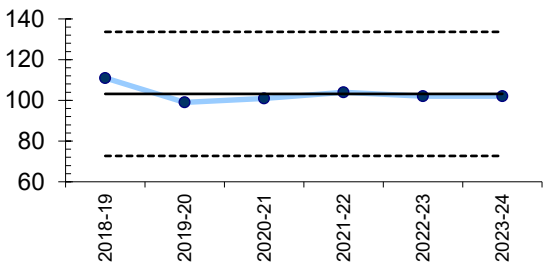
Appendix 1: Performance against the 25-26 NHS Oversight Framework Indicators – Note: NOF score is based on end of September position (Quarter 2 and provisional Q3).

	Measure	Q1 NOF Score	Q2 NOF Score	Performance	Provisional December Performance (Q3)
Access to care	Percentage of patients waiting over 52 weeks for community health services	3.50	2.84		Positive change from 1.57% (Q2) to 1.2% (Q3)
		Q2 2025/26	2.84	NOF Score	Provider value
	Annual change in the number of children and young people accessing NHS-funded mental health services	3.60	3.09		Improvement from +0.27% (Q2) to +1.2% (Q3)
		Q2 2025/26	3.09	NOF Score	Provider value
Effectiveness and Experience	Percentage of inpatients with >60 day length of stay	3.30	3.11		Change from 26.6% (Q2) to 28% (Q3)
		Q2 2025/26	3.11	NOF Score	Provider value
	Urgent community response 2-hour performance	1.93	1.76		Improvement from 87% (Q2) to 94% (Q3)
		Q2 2025/26	1.76	NOF Score	Provider value

Appendix 1: Performance against the 25-26 NHS Oversight Framework Indicators – Note: NOF score is based on end of September position (Quarter 2).

	Measure	Q1 NOF Score	Q2 NOF Score	Performance	Provisional December Performance (Q3)
Effectiveness and Experience	Community mental health survey satisfaction rate	2.00	2.00	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.	No change – this is an annual result - 2025 results remain pending
		Q2 2025/26	2	NOF Score	
Patient Safety	NHS Staff Survey – raising concerns sub-score	3.10	3.10		No change - 6.61 [yearly submission]
		Q2 2025/26	3.1	NOF Score	Provider value 
	% of patients referred to crisis care teams to receive face to face contact within 24 hours	2.07	2.04		Improvement from 67.36% (Q2) to 75.10% (Q3). Nationally this graph is underrepresenting our performance which is being reviewed with NHSE 
		Q2 2025/26	2.04	NOF Score	Provider value 
People & Workforce	Sickness absence rate	2.76	2.40		Change from 4.28% (Q2) to 5.38% (Q3) 
		Q2 2025/26	2.4	NOF Score	Provider value 

Appendix 1: Performance against the 25-26 NHS Oversight Framework Indicators – Note: NOF score is based on end of September position (Quarter 2).

	Measure	Q1 NOF Score	Q2 NOF Score	Performance	Provisional December Performance (Q3)
People & Workforce	NHS Staff Survey engagement score	2.70	2.70		No change – this is an annual result, 2025 results remain pending. Current score is 6.61
		Q2 2025/26	2.7	NOF Score	Provider value 
Finance and Productivity	Planned surplus/deficit (not scored metric)	1.00	1.00		No change - Trust is on plan. The Trust is currently reporting a surplus position of £200k which is in line with the 2025/26 financial plan.
		Q2 2025/26	1	NOF Score	Provider value 
	Relative difference in costs score	1.94	1.94		No change between Q1 and Q2
		Q2 2025/26	1.94	NOF Score	Provider value 

Appendix 2: Operational Definitions

Safe	
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.
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.
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.
Safety incidents resulting in physical Harm	Percentage of incidents resulting in any physical harm including fatalities from all safety incidents.
Number of non – inherited pressure ulcers	Number of Category 2,3 & 4, SDTI and Unstageable pressure ulcers not-inherited outside the trust.
Effective	
Adult Mental Health Change in Paired Dialog Scores	The proportion of paired dialog scores showing an improvement of >12.5%.
Talking Therapies - Percentage achieving reliable improvement	The proportion of people completing treatment who have shown significant improvement and recovered.
IPS - Percentage discharged in employment	The proportion of patients discharged from any IPS service who are in employment.
Peri Natal Paired Core10 outcomes scores showing improvement	Proportion of paired scores showing a movement from higher risk category to a lower risk category.
Patient Centred	
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?'
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.'
Complaints	Number of formal complaints received
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

Timely	
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
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.
Waiting time for treatment (days) for Children and Young people	Number of days from referral to first contact.
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
Perinatal Access Rate	Number of service users with at least one face to face or video contact in the last 12 months.
CAMHS Access Rate	Number of service users with at least one contact in the last 12 months.
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
Efficient	
Private Inpatient Placements	Number of patients placed in private beds at the end of month. Excludes CAMHS & step-down care and other NHS providers
Clinically Ready for Discharge	Number of patients ready for discharge without a clear plan for ongoing care and support during month
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.
IPS Referrals	Number of referrals to the IPS team
Equitable	
Referrals by ethnicity, per 1000 population	Referrals to East London per 1,000 population using 2021 Census
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

NHS East London NHS Foundation Trust

REPORT TO THE TRUST BOARD IN PUBLIC
29 January 2026

Title	People and Culture Committee (P&CC) 6 January – Committee Chair's Assurance Report
Committee Chair	Deborah Wheeler, Vice-Chair (London) and chair of the meeting
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 & Culture Committee (P&CC) meeting held on 6 January.

Key messages

6 January 2026

At its meeting on 6 January 2026, the Committee reviewed workforce risks and assurance across industrial action, staff experience, equality, diversity and inclusion (EDI), and directorate-level workforce deep dives. The Trust continues to demonstrate strong governance, constructive engagement with resident doctors, and sustained reductions in agency and bank expenditure. People Risk 5 (Staff Experience) remains at a score of 12 (High), reflecting a stable but fragile position.

Emerging Issues and Challenges

The Committee received detailed updates on:

- Recent and planned industrial action by resident doctors, including the period of action taken from 17–22 December 2025 and a new national ballot due to conclude in February 2026. While the Trust managed operational impacts effectively through established procedures and senior oversight, the Committee noted the cumulative pressure placed on clinical leaders and staff. Assurance was provided that constructive engagement with resident doctors and the British Medical Association (BMA) continues, with a focus on implementing the NHS 10-Point Plan to improve doctors' working lives.
- Care Quality Commission (CQC) inspections across community, mental health, crisis and inpatient services, with further visits planned. Although formal oversight sits with the Quality Assurance Committee, the Committee agreed that people-related metrics and delivery of associated action plans should be monitored through P&CC.
- An internal audit on sickness absence management was noted, which had been reported to the Quality Assurance Committee ahead of consideration by P&CC. The audit provided partial assurance. The Committee requested that the report, together with a strengthened action plan, be brought back to the Committee in March 2026 for detailed scrutiny.

Board Assurance Framework, People 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 an update on People Risk 5 and discussed the balance between positive improvements in several key people indicators and the remaining fragilities in the broader workforce environment. Members noted that while progress has been made in areas such as agency spend, sickness management and leadership development, other pressures, including employee relations, industrial action and workforce redesign requirements, continue to influence the overall risk position.

- The risk score remains at 12, reflecting a stable but fragile position. Although several indicators are improving, the committee recognised that sustained oversight is required given the ongoing pressures affecting workforce morale and capacity. The score aligns with the Board's target risk tolerance.
- Bank and agency spend have reduced below target, and the specific action relating to consultant agency usage has been completed. The committee welcomed the improved sustainability of staffing arrangements but noted the importance of consolidating these gains to avoid any reversal.

- The staff experience programme continues to progress, with developments across wellbeing, supervision quality, anti-racism initiatives and just culture work. The committee recognised that many workstreams are now moving beyond design and implementation toward embedding consistent practice across services.
- Sickness absence has improved, supported by targeted interventions for long-term cases, increased occupational health involvement, and strengthened managerial oversight. Improved flu vaccination uptake has also contributed to stabilising absence levels.
- Employee relations remain an area of challenge, with high case volume and duration creating pressure on both staff and managers. The committee noted that this continues to impact workforce capacity and requested ongoing monitoring.
- Renewed industrial action by resident doctors remains outside of ELFT's direct control but continues to introduce uncertainty for workforce morale and resilience. While contingency arrangements are well-established, prolonged action may have longer-term impacts on staff experience.

Deep Dive: Bedfordshire and Luton Mental Health Services (Workforce)
The Committee received a detailed overview of the workforce position across Bedfordshire and Luton Mental Health Services, covering achievements, pressures, and future priorities. Members acknowledged the significant progress made in stabilising the workforce, reducing agency usage and embedding new clinical roles, while also recognising the high operational demands and cultural challenges affecting staff experience. The directorate's scale and complexity — spanning inpatient, community, liaison, forensic and specialist services — was noted as a key factor shaping its workforce needs.

- The directorate has over 1,200 staff working across three local authority areas under Section 75 arrangements, with more than twenty-two community teams, ten inpatient units and liaison and diversion services. This breadth of provision requires sophisticated workforce planning and strong multidisciplinary collaboration.
- Workforce stability has improved meaningfully, with a substantial reduction in agency usage supported by successful recruitment into permanent roles. New posts such as advanced clinical practitioners (ACPs) have strengthened clinical leadership, enhanced service continuity, and increased development opportunities for existing staff.
- The directorate now delivers an Autism diagnostic service across all of BLMK and is preparing to launch a new Community Forensic Team from April 2026. The integration of voluntary sector roles within community mental health teams has further strengthened community-based support and multidisciplinary practice.
- Leadership development has been prioritised, with managers supported through mentoring, coaching and targeted training on flexible working, workplace adjustments, and effective supervision. Members noted improvements in leadership confidence and cultural alignment across teams.
- Staff engagement has increased through psychological safety initiatives, listening events, and a dedicated workforce and wellbeing group. Action plans are being developed to address themes from the staff survey, particularly around flexible working, wellbeing, personal development and bullying and harassment.
- Key pressures include high sickness levels (with deep dives underway), burnout linked to service demand, high numbers of HR investigations and anxiety related to Integrated Care Board (ICB) provider selection processes. These issues continue to affect staff morale and require sustained organisational focus.

Cross-Cutting Theme: Women's Network
The Committee received an update on the Women's Network, which continues to expand its presence and play a meaningful role in supporting women across the organisation. Members welcomed the breadth of activities delivered, the growth in membership and the network's contribution to psychological safety, wellbeing and inclusion. The committee recognised the potential for the network to influence wider staff experience work as it matures.

- The network has delivered an extensive programme over the past year including International Women's Day events, Menopause Day, bi-monthly safe-space meetings,

quarterly hormonal health sessions and monthly educational sessions. These have provided accessible opportunities for learning, discussion and peer support.
- Membership has grown to approximately 350, and visibility across the Trust has increased, aided by strengthened communications and collaboration with other staff networks. Joint events, such as conferences, have reinforced cross-network learning and shared priorities around inclusion and wellbeing.
- Engagement remains a challenge, particularly among lower-banded staff and those who do not control their own diaries, limiting participation even when interest is high. Limited time available to network leads also restricts capacity to organise activities.
- Future development will include leadership training for network leads, expanded co-production opportunities and efforts to improve outreach to under-represented groups. The committee stressed the importance of ensuring operational managers support protected time for staff participation.

Deep Dive: Professional Group – Social Workers

The committee received an in-depth presentation on the social work profession within the Trust, highlighting its essential contribution to legal literacy, safeguarding, multi-agency coordination and person-centred care. Members acknowledged the unique skills social workers bring, the progress made in establishing professional frameworks and the structural challenges affecting recruitment, retention and career development.

- Social workers contribute specialist expertise including safeguarding, legal frameworks, Mental Health Act practice, multi-agency liaison and attention to social determinants of health. Their role is central to safe and effective discharge planning, prevention work and complex community intervention.
- The profession has established robust supervision structures, professional training pathways and successful partnerships with universities for student placements. These developments have strengthened professional identity and built sustainable recruitment pipelines.
- Recruitment and retention remain challenging, with turnover at 32% driven by caseload intensity, emotional demand and limited progression opportunities. Newly qualified practitioners require enhanced support to remain in role, and the directorate is exploring improved induction and development pathways.
- Unlike NHS professions, social workers do not have dedicated continuing professional development (CPD) funding, resulting in inequity in access to accredited training and development. This may affect morale and retention and limit career progression.
- Workforce planning is made more difficult by inconsistent identification of social work posts in the workforce system, as many practitioners hold generic care-coordinator roles. This affects visibility, benchmarking and the ability to plan effectively.
- Leadership structures are variable across the Trust, and benchmarking indicates that other organisations have a wider spread of senior social work roles at intermediate levels. The committee noted the need for a review of roles to ensure consistency, seniority and authority.

Medium-Term Plan

The Committee received an update on the Medium-Term Workforce Plan, noting good progress and ongoing challenges created by national requirements, financial uncertainty and data limitations.

- Several elements of the plan remain dependent on national assumptions and commissioning decisions that are not yet finalised.
- Extensive planning requirements are shaping workforce design, including prevention, productivity and service transformation expectations.
- Data quality remains a key risk, particularly around mapping staff to services and pathways. A service-mapping master sheet is being developed to provide a single validated data source. A daily working group is coordinating validation and triangulation, supported by increased workforce planning capacity. Some areas cannot yet be assured due to incomplete guidance and missing data.

Trust Strategy Update

The Committee discussed updated versions of the Trust Strategy following feedback from the Big Conversation and wider organisational engagement.

- Two versions of priorities were presented: one with five separate priorities and one merging continuity and consistency of care. Views on the two versions varied, but there was agreement that the priority should be clarity to support effective delivery.
- Members emphasised the need for clear language, stronger connection to staff and service-user feedback, and alignment with national policy, including prevention, digital innovation and system partnerships. The potential inclusion of aspirations toward Advanced Foundation Trust status was explored.
- A separate delivery framework will provide measures and outcomes. Further testing with staff and stakeholders will determine the final structure.

Equality, Diversity and Inclusion (EDI)

The committee received an update on EDI progress covering workforce demographics, Workforce Race Equality Scheme (WRES)/ Workforce Disability Equality Scheme (WDES) outcomes and gender and ethnicity pay gaps. Members acknowledged improvements in some areas while recognising persistent disparities requiring sustained, long-term action.

- Workforce data shows disability disclosure rising to 8.4% and improved representation of disabled staff across several bands. However, WRES data highlights a worsening disparity in disciplinary processes for black and minority ethnic staff, with disproportionality more than doubling since last year. This remains a priority for cultural change and accountability.
- Gender and ethnicity pay gaps continue to show notable inequalities, especially in lower bands where women and ethnically diverse staff experience the largest gaps. Members stressed the need for transparent metrics and clear ownership of actions.
- The Trust is shifting from annual, standalone action plans to longer-term, intersectional EDI planning aligned to six high-impact actions. This approach aims to improve consistency, strengthen accountability and align efforts with the wider staff experience framework. Each action will have a named executive lead, measurable outcomes and improved clarity on how progress will be evidenced.

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

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East London NHS Foundation Trust

January 2026

REPORT TO TRUST BOARD JANUARY 2026

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. Vacancy levels continued to stabilise, reducing from 9.9% in October 2025 to 9.6% in December 25. Whilst sickness absence rates have risen over the past two months, there remains an overall downward trend since the implementation of targeted interventions from January 2025.

What has gone well:

- Statutory and mandatory training compliance has continued on a positive trajectory, with overall compliance at 89.5% as of 31 Dec 2025, an increase from 89.03% in November 2025.
- Trust-wide compliance for Appraisal currently stands at 61.18%, representing a 7.3% increase since December.
- Time to Hire averages 35.4 working days from offer to checks cleared, remaining well within the Trust KPI of 43 working days.

What challenges do we have:

- The volume and length of time people relations issues are taking are proving challenging for managers and staff.
- Next NHSE Medium Term Workforce Plan Submission due in Feb 2026. The P&C Workforce Planning & Systems Team continue updating the position against December commitments, confirming recruitment and retention trajectories, and evidencing alignment with financial planning and system priorities, validating data with necessary services and teams.

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

Improved service user experience	☒	**The performance reports support assurance around delivery of all four strategic priorities. The Board performance dashboard includes population health, service user experience and value metrics for each of the main populations that we serve. Metrics around staff experience are contained within the Board People report.**
Improved health of the communities we serve	☒	
Improved staff experience	☒	
Improved value for money	☒	

Committees/meetings where this item has been considered

Date	Committee and assurance coverage	
Various	N/A.	

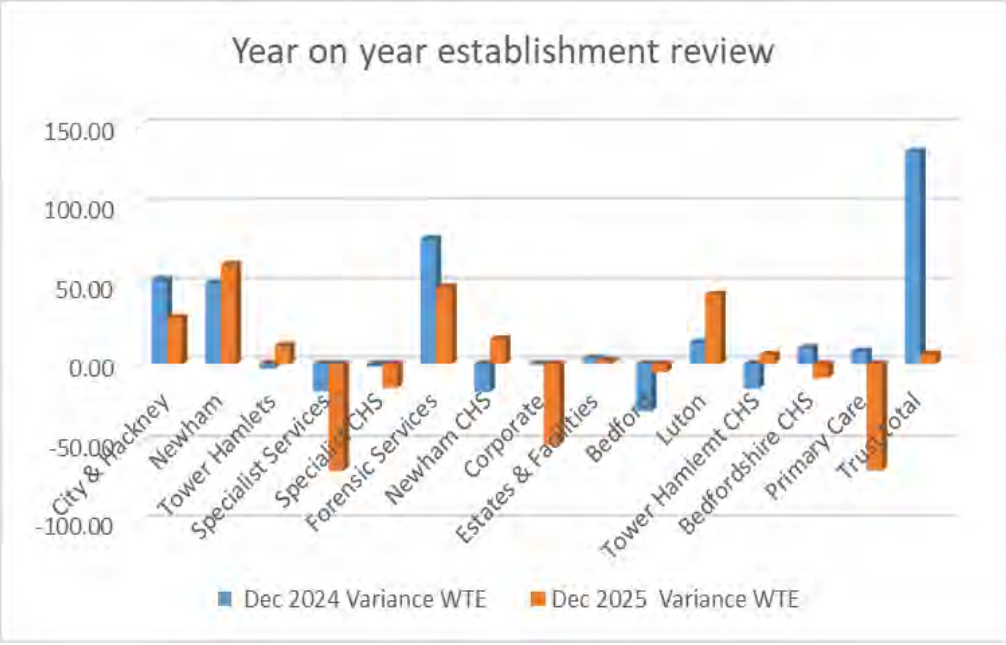
Implications

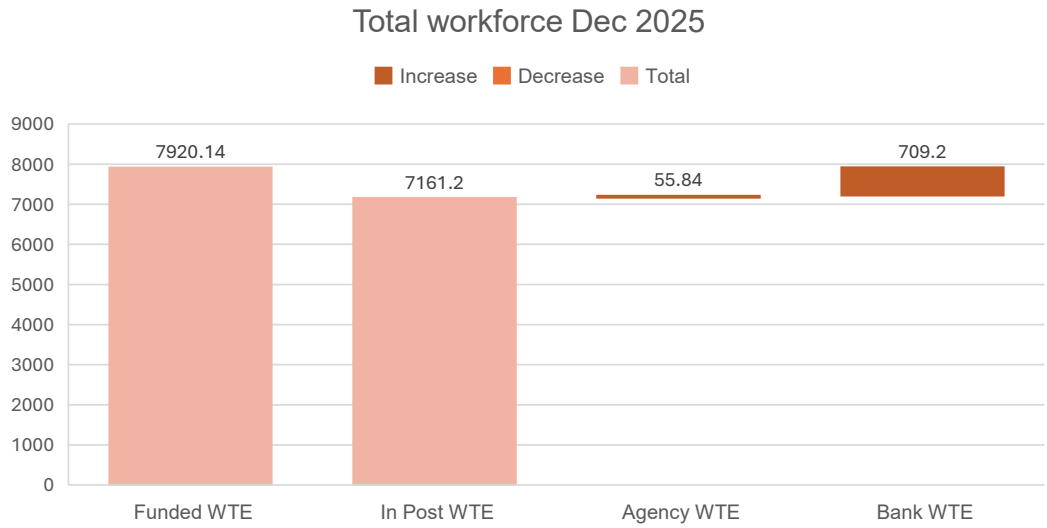
Impact	Update/detail
Equality Analysis	Analysis of the experience of different groups is undertaken as part of the Trust's inequalities work stream and population health task and finish group.
Risk and Assurance	This report covers performance and provides data on key compliance across each of the ELFT Directorates.
Service User/Carer/Staff	This report highlights the people metrics across the Trust.
Financial	Our biggest expenditure is spent on our workforce. This report will help to give additional oversight.
Quality	Metrics within this report are used to support delivery of the Trust's wider service and quality goals.

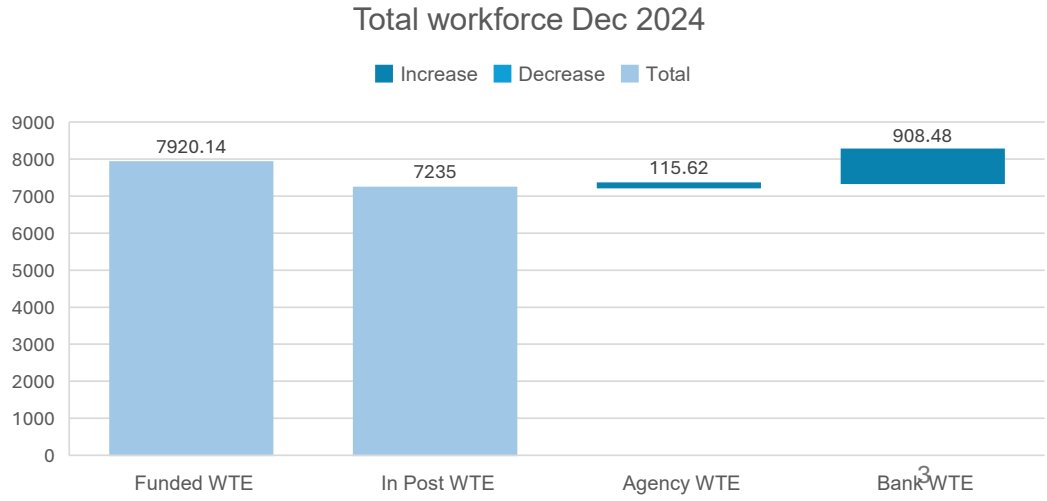
WORKFORCE PROFILE

- A year on year comparison shows the significant shift in the workforce over the last 12 months. Targeted work to reduce reliance on a temporary workforce has seen a reduction in agency use by 51.7% compared to the same time last year. This supports the Trusts efforts to continue to reduce agency spend. Ongoing work is also taking place to reduce bank usage and we have seen a decrease by 21.9%

- Funded establishment reduced by 205.1 whole time equivalents (WTE) from December 2024 – December 2025. The reduction in headcount are a direct result of programmes of work introduced within the Trust that have seen implementation of tighter controls around vacancies and agency usage.







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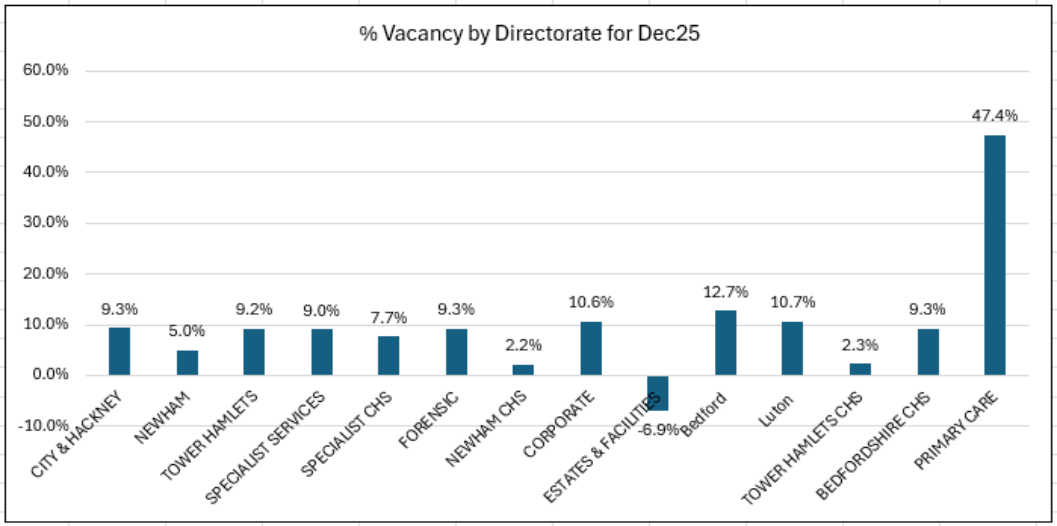
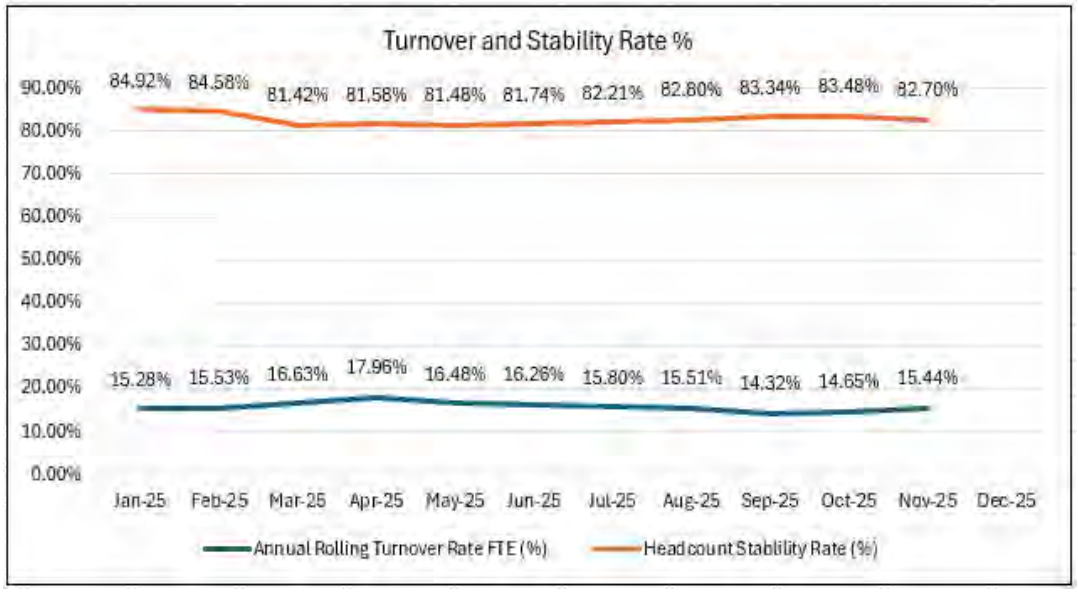
KEY PERFORMANCE INDICATORS





Vacancy rates across the Trust show a steady improvement over the period, falling from 13.4% in June to 9.6% in December. Most directorates follow this downward trend, with notable reductions in Forensic Services, Bedfordshire & Luton, and Newham CHS. Primary Care is the key outlier, rising sharply from 13.3% in March to 47.4% in December, driven the ongoing TUPE processes in this Directorate

Nursing vacancies stand at 7.2% WTE, supported by targeted recruitment campaigns across inpatient and community services. Medical vacancies have reduced further to 5.8%, reflecting successful recruitment into substantive and fixed-term consultant and SAS roles, which in turn has decreased reliance on temporary staffing.

Time to Hire averages 35.4 working days from offer to checks cleared, remaining well within the Trust KPI of 43 working days.

Turnover rose early in the year, peaking in April, before steadily improving through the summer and stabilising in the autumn. Headcount stability followed the opposite pattern, dipping in the spring and then gradually strengthening from July onwards. Overall, the workforce shows signs of increasing stability as the year progresses (December 25 figures will be added as soon as available).

STATUTORY & MANDATORY TRAINING

Directorate	Headcount	Training required	Training completed	Training compliance
Bedfordshire Community Health	513	5,544	5,133	92.6%
Bedfordshire Mental Health	808	9,295	8,176	88.0%
City and Hackney Mental Health	656	7,710	6,439	83.5%
Corporate	731	7,125	6,329	88.8%
Forensics	638	7,785	7,337	94.2%
Luton Mental Health	335	4,006	3,544	88.5%
Newham Community Health	395	4,340	3,959	91.2%
Newham Mental Health	647	7,672	6,940	90.5%
Primary Care	93	953	856	89.8%
SCYPS	194	2,097	1,883	89.8%
Specialist Services	1,191	13,274	11,879	89.5%
Tower Hamlets Community Health	248	2,674	2,381	89.0%
Tower Hamlets Mental Health	797	9,376	8,434	90.0%
Total	7,246	81,851	73,290	89.5%

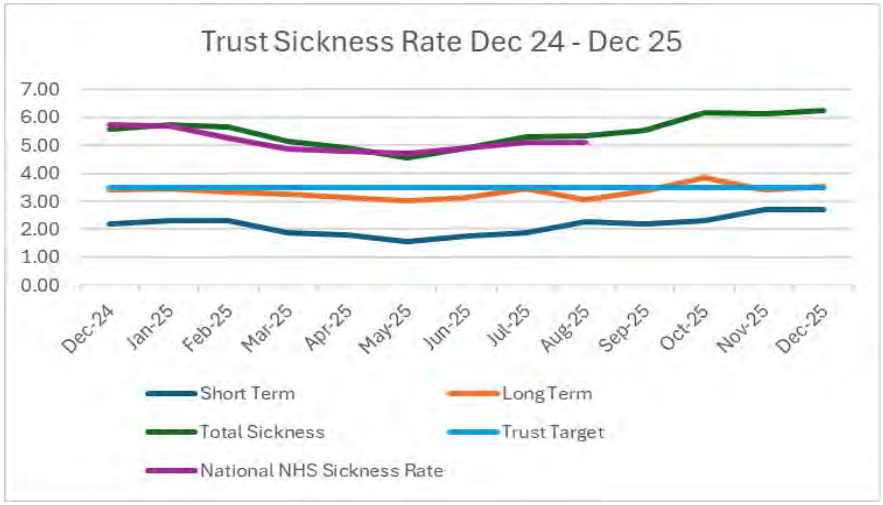
- Statutory and mandatory training compliance has continued on a positive trajectory, with overall compliance at 89.5% as of 31 December 2025, an increase from 89.03% in November 2025. Performance remains stable, with five directorates meeting or exceeding the 90% target and all remaining directorates maintaining compliance above 80%, demonstrating ongoing commitment to training standards across the Trust.
- The first Mandatory Learning Oversight Group (MLOG) meeting was held on 19 November 2025 and the next one taking place in January 2026. The group provides strengthened governance to ensure statutory and mandatory learning is effective, evidence-based, and aligned with NHS England guidance, and reports to the People Plan Delivery Board. Key outcomes from the inaugural meeting included agreed changes to the delivery of Breakaway training implemented from 1st January 2026, reducing the requirement by 0.5 days per person, and confirmation of requirements relating to the Memorandum of Understanding (MoU) and the NHSE Improving the Lives of Resident Doctors programme.
- From January 2026, Safeguarding Level 3 training has been redesigned into a single integrated one-day session covering both adults and children for refresher training, reduced from the previous two-day requirement. New starters will additionally complete a supporting e-learning package.
- From the end of January 2026, Safer Prescribing will be included in Power BI compliance reporting. The updated Safer Prescribing module was relaunched and made available on staff learning profiles on 2 January 2025, with an initial six-month exemption period, which was subsequently extended to 2 January 2026.Current compliance for Safer Prescribing stands at 57.29%. As this requirement is now being fully reintroduced into reporting, a slight reduction in overall statutory and mandatory training compliance is anticipated in the January month-end position.

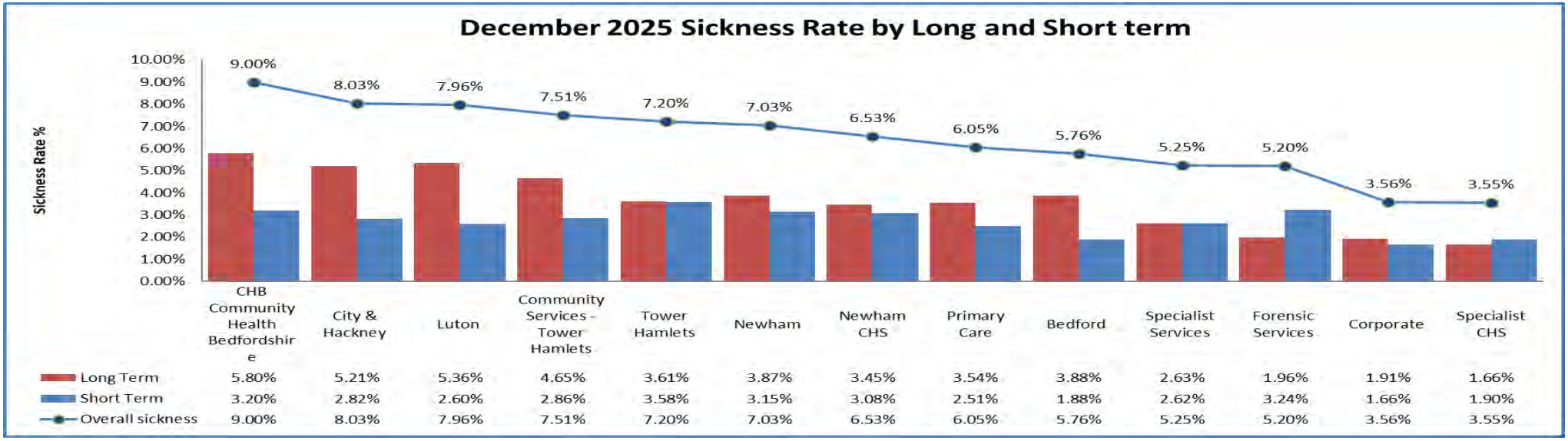
KEY PERFORMANCE INDICATORS – SICKNESS – DECEMBER 25

Sickness increased by 0.12% in December which was largely related to long term sickness absence. Sickness across the NHS also remains high, and the most recent data for the NHS as a whole is August which was 0.2% lower than the Trust sickness in the same month. It is important to note that there are regional and sector variances within the wider NHS and so not a direct comparison..

Long Term Sickness remains high, and above the Trust overall target. BCHS, Luton and City & Hackney all have long term sickness above 5% and are also have the highest overall sickness rate. Specialist CHS; Corporate and Forensic Long term sickness is below 2% which is closed to the level required to achieve the Trust target.

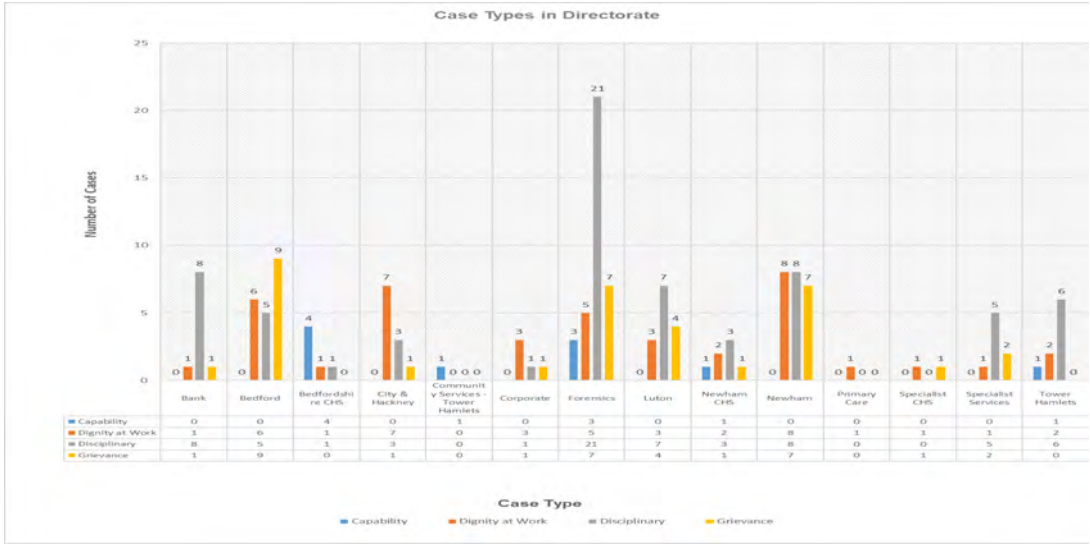
Deep dives remain in place to support the oversight of management of sickness absence and any trends in absence reasons/departments. The People Relations team will be reviewing the Deepdives in the top 3 directorates to ensure they are focussed and have clear actions to support a reduction in long term sickness.





KEY PERFORMANCE INDICATORS – EMPLOYEE RELATIONS & FTSU

Case work remains high, especially within Mental Health in-patient settings. Total cases, excluding Sickness Management is **183** in December. There has been an increase in formal Disciplinary Investigations in Forensics with 9 new cases added relating to sleeping while on duty and associated allegations. Luton and Bedfordshire also have a high number of disciplinary cases but these numbers are reducing with a number of cases being concluded in December and more scheduled in January. There has also been an increase in the number of appeals being received, which is attributable to the increased number of formal cases that have been concluded in the last 2 months. Although there were no new Tribunals lodged in December, the cases that were due to be heard or progressed are being delayed by the tribunal service. The average duration of all cases remains high. However, over the last 12 months the duration of open disciplinary cases has reduced to 110 days from 150 in January 2025.



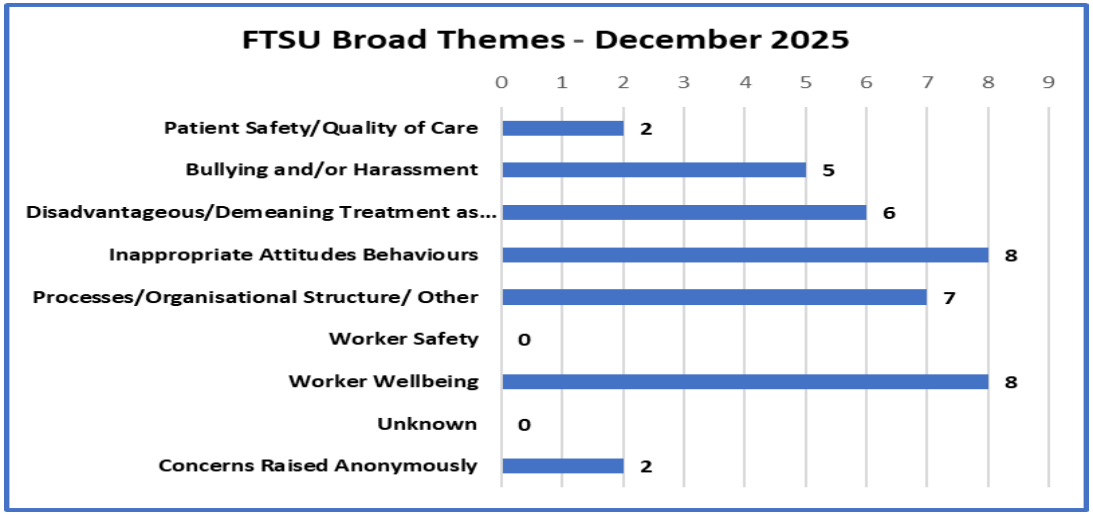
10 FTSU concerns were raised in December, mostly from Children & Specialist Services, with the Coborn Centre a key hotspot. High levels of confidential/anonymous reporting point to low psychological safety.

Themes: Staff wellbeing, professional behaviours, fairness in processes, psychological safety, and isolated cultural/clinical issues.

Key Issues: Unprofessional behaviours, stress linked to management approaches, inconsistent policy application (especially sickness management), delays in job evaluation, perceived detriment after speaking up, and pockets of bullying/harassment. A small number related to patient safety, prompting urgent clinical review.

Priority Actions: Strengthen fair sickness management, improve escalation and feedback loops, increase visible leadership, and reinforce safe, accessible speaking-up routes.

Actions Taken: Senior leaders alerted, urgent clinical reviews underway, and reporters supported with guidance and follow-up.



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 December 2025

The Staff Experience Programme provides a structured, executive-led approach to improving the working lives of all ELFT staff, with six workstreams driving targeted six-month projects focused on key needs identified through the 2024 staff survey. Early progress is already visible across the programme:

Communication & Engagement has launched monthly all-staff webinars and begun scoping new communication infrastructure;

The Equity workstream has active EDI Committee oversight with Anti-Racist Strategy and WRES/WDES/EDS2 planning underway;

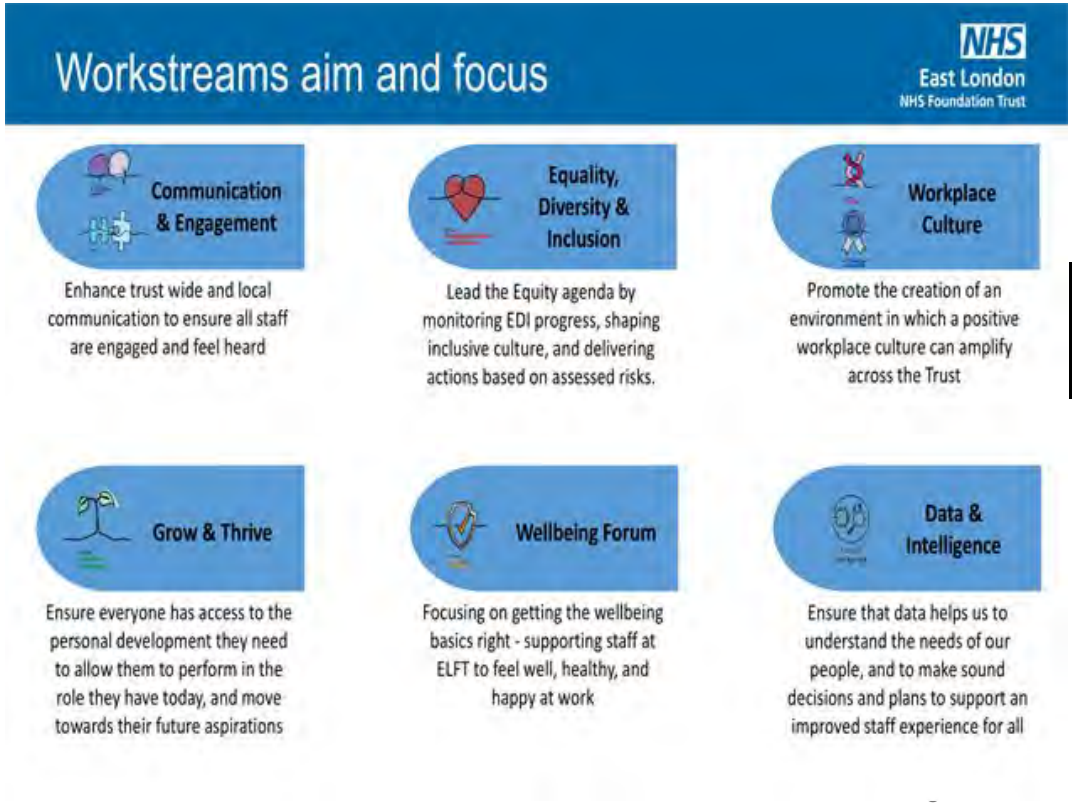
Workplace Culture has launched the Just Culture QI project and is progressing the Sexual Safety Charter and work to improve flexibility and staff recognition.

The Wellbeing Forum has started the Trust-wide workplace environment audit and is scoping psychological safety and safety-incident support projects.

Data & Intelligence is preparing a triangulated approach to using staff survey and pulse survey data and has begun planning a Staff Experience QI stocktake.

Grow & Thrive is progressing leadership development, supervision/appraisal improvements, coaching and mentoring enhancements, and work on aligning training budgets.

All workstreams report monthly through the Staff Experience Programme Board Sub-Committee to ensure oversight and delivery momentum.



KEY UPDATES

NHSE Medium Term Workforce Plan Submission:

ELFT submitted its medium-term workforce plan by the 17 December deadline, meeting NHS England requirements. The next submission, due in February 2026, will provide an updated workforce position, including progress against December commitments, recruitment and retention trajectories, and alignment with financial planning and system priorities. To mitigate risks in future submissions, a dedicated Workforce Planning and Systems Team has been established within People & Culture, supported by the creation of a Workforce Service Mapping Master Sheet as a single source of truth. This approach strengthens accuracy, governance, and assurance, ensuring faster, more reliable workforce submissions and embedding a sustainable process into business-as-usual reporting.

Next Steps (to February 2026 NHSE Medium Term Workforce Plan Submission)

ELFT will now focus on preparing the February 2026 workforce submission by updating the position against December commitments, confirming recruitment and retention trajectories, and evidencing alignment with financial planning and system priorities. The newly established Workforce Planning and Systems Team will lead this process, embedding the Workforce Service Mapping Master Sheet into monthly reporting and validating data with Finance, HR Business Partners, and Service Directors. Governance arrangements, including version control and escalation routes, will be formally signed off to ensure assurance. Training will be rolled out to support consistent use of the mapping tool. This work will deliver a more accurate, timely, and auditable submission, while laying the foundation for annual refreshes each autumn and future integration with Power BI for enhanced scenario planning.

Industrial Action

In England, resident doctors completed a five-day strike from 17–22 December 2025 after rejecting the Government's latest pay and jobs offer. The BMA is now balloting for a new six-month strike mandate, which could enable further action through to August 2026.

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

REPORT TO THE TRUST BOARD IN PUBLIC
29 January 2026

Title	Charitable Funds Committee - Chair's Report
Committee Chair	Peter Cornforth, Non-Executive Director and Committee Chair
Author	Cathy Lilley, Corporate Governance

Purpose of the report

To bring to the Board's attention key issues and assurances discussed at the Charitable Funds Committee (CFC) meeting held on 6 January 2026.

Key messages

At its meeting on 6 January 2026, the committee reviewed progress on establishing a robust strategic and operational foundation for the ELFT Charity. The committee gained assurance that governance, financial management and compliance are being strengthened with early actions under way to refine grant processes, update policies and confirm designated funds. A revised operating model and financial framework were considered to support sustainable growth, equitable fundraising and transparent grant-making. The committee also noted positive momentum in fundraising performance and agreed next steps to develop a comprehensive fundraising strategy, ensuring alignment with the Trust's values and long-term objectives.

Strategic Business Plan

- Strategic operating model and grant programme:
  - The committee endorsed the principles of a revised operating model designed to improve governance and sustainability, confirming that grant-making will be structured, transparent and aligned to strategic priorities
  - A three-tier grant structure was agreed in principle:
    - Moments of Joy – small grants (currently live; over 100 applications received, demonstrating strong engagement)
    - Thrive Awards – medium-sized grants (planned for launch in April 2026)
    - Horizons Award - larger, themed grants to support transformational projects – themes to be coproduced
  - The committee requested flexibility to incorporate site/service-specific fundraising initiatives within the overall grant making framework to ensure inclusivity and responsiveness to local priorities; this flexibility will encourage innovation, strengthen staff engagement and maximise community driven improvements
- Financial position and risk management:
  - A five-year financial projection was reviewed confirming that reserves will be maintained above the minimum threshold under conservative assumptions
  - The committee acknowledged the risk of reserve depletion if fundraising growth does not materialise and agreed a transitional approach potentially reducing grant allocations in the early years and exploring targeted investment in fundraising capability/capacity up front to secure long-term sustainability
- Fundraising
  - The committee noted tangible progress in fundraising and agreed that a strategic shift is required to accelerate growth including leveraging corporate partnerships and procurement-linked social value and exploring legacy giving and major donor opportunities
  - The committee debated the level of ambition and investment required to achieve sustainable growth and agreed that a think piece on fundraising strategy, including costed options and benchmarking, will be presented at the next meeting to inform investment decisions.

Terms of Reference

- Assurance: Proposed updates reflecting governance best practice and benchmarking to the Committee's Terms of Reference were reviewed and supported; an updated version to be presented at the next meeting to reflect changes to standing attendees and clarifying the committee's/corporate trustee's role in budget oversight.

Policy Review

- The committee agreed to roll forward policy review dates by six months to align with the finalisation of the business plan. Priority will be given to updating the Reserves Policy for March to support future grant applications.

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

REPORT TO THE TRUST BOARD IN PUBLIC
29 January 2026

Title	Finance, Business and Investment Committee (FBIC) Committee Chair's Report
Committee Chair	Sue Lees, 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 the key issues and assurance discussed at the Finance, Business & Investment Committee (FBIC) meetings on 22 January 2026.

Key messages

The committee received comprehensive updates across finance, the Going Further, Going Together (GFGT) savings programme, capital expenditure, digital, procurement, business development, service line reporting and medium-term financial planning receiving assurance the Trust remains financially stable with a small surplus, strong cash position and active management of cost pressures. The committee considered risks relating to cost pressures, national planning guidance and non-recurrent funding receiving assurance of robust governance frameworks and the effective monitoring and management of financial risks.

Finance Update M9 (December)

The committee reviewed the financial performance to Month 9 and was assured the Trust remains financially stable with strong controls in place and recovery plans supporting delivery of efficiency targets. Key points included:

- The M9 finance update is showing a small surplus (£1m ahead of plan) supported by effective savings delivery and higher levels of interest received against a strong cash position of £135m. Confidence remains high of achieving the planned breakeven position at year end.
- There are continuing challenges with increases in private bed usage in Bedfordshire, Luton & Milton Keynes (BLMK) noting that service expansions due to come online at the end of March will support alleviation of these pressures. Bank spend increased significantly in-month primarily in inpatient areas and the committee requested focused work to identify trends and patterns of usage to support the development of more robust future budgetary controls around fluctuating temporary staff spend.
- Capital expenditure is slightly behind plan with contingency plans in place to mitigate risks.
- The committee emphasised the importance of aligning non-pay budgets with actual spending patterns and maintaining the current high level of financial management.

GFGT Programme Update

The committee noted that transformation programmes are progressing with mitigating actions in place to ensure delivery in line with the plan, de-risking of schemes in Q4 and finalisation of the 2026/27 programme. Key points included:

- The programme is c£1m ahead of plan with the most likely forecast demonstrating confidence in full delivery by year end and a plan in place to mitigate the gap for some of the non-recurrent schemes into 2026/27.
- Programme delivery shows continuing slippage in BLMK however supported work on financial recovery is positively supporting system challenges and delivery of plans for next year. The committee requested a deep dive into the areas of underperformance in BLMK to understand the challenges and where further support is required.
- The aim to identify c£25m of savings for 2026/27 including a 20% stretch target; there is some slippage in full programme sign off however shaping of the high impact workstreams has been completed with support by the exec team.
- Changes to NHS income reporting requirements are being carefully monitored to ensure transparency and alignment with national guidance.

Digital and Cyber Update
The committee received a detailed update of the progress against the overall digital strategic transformation programme including the finance profile, risks and business benefits providing assurance of continual improvements to organisational resilience including cybersecurity. Key points included:

- Service upgrades completed with minimal disruption to the organisation, including a significant piece of work to migrate to a new cloud provider supporting enhancements and improvements to security systems.
- Rollout of enhanced internal and NHS Wi-fi has been completed for nearly all sites positively impacting staff and patients, and work to improve digital infrastructure is providing more resilience and capacity and a further strengthening of security controls.
- NHSE guidance is awaited on governance around the use of AI and ambient voice technology in clinical settings however the organisation's posture in terms of cybersecurity continues to be strengthened with additional deployments of our AI defence layer.
- The directorate remains on track to deliver planned savings of £1.8m this year.
- The committee noted the imminent refresh of the overarching digital strategy and requested clearer board-level KPIs and visual reporting on progress, reflecting on the dedicated groundwork that has been achieved providing more opportunity for forward focused innovations and a refreshed approach.

Procurement update
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 remain on track with anticipation of further savings on completion of a number of projects before the end of March including a contract compliance sprint audit.
- Planning for next year is underway with work to refresh social value key metrics, continue to improve purchase order compliance and support further efficiency opportunities across the system.
- The committee reflected on the new procurement partnership and the opportunities for improved buying power and increased savings.

Investments and Cash Management
The committee was assured that cash management is optimised, generating additional interest income while maintaining financial stability, noting the intention to invest further in the National Loan Fund.

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 these are robust with mechanisms to capture lessons learned and mitigate risks. Key points included:

- Key contracts with North East London (NEL) and BLMK Integrated Care Board (ICB) are now signed covering 97% of income.
- Completion of the additional bed capacity resource in BLMK is on track and will positively impact on the private bed usage; enhanced commercial terms have been agreed with the BLMK ICB around ELFT's extension of service provision for one remaining contract to the end of March.
- Four business cases are being scheduled to come to the committee before the end of March including the ongoing usage of Fothergill ward to support the NEL-wide Community Bed plan.
- There is continuing uncertainty around any future procurement process for the Bedfordshire Community and Mental Health contracts.
- The committee reflected on the unsuccessful bid for the Luton Drug & Alcohol service noting lessons learned for future bids will emphasise the benefits of integration into mental health services as a unique selling point.

Service Line Reporting & Patient Level Costing
The committee received an update on the Trust's performance against the latest National Cost Collection Index (NCCI) report which is used to support measurements of relative cost differences between NHS providers and provide assurance on the accuracy of data compilation and reporting. Key points included:

- The Trust continues to report cost levels which are more efficient than the national average however financial pressures experienced this year have led to higher unit costs and some areas being materially over the national average.
- There is focused work with the Informatics team to support a refinement of the cost allocation model and the committee reflected on the importance of accurate service line reporting to support evidence of where services are being underfunded.
- Further the Committee was keen to see the data used to inform internal comparisons and benchmarking, with a view to identifying best practice and efficient models of delivery.

Internal Audit Report – Supply Chain Management

- The committee noted that the internal audit report provided reasonable assurance confirming effective and suitable controls with three medium and one low priority actions some of which have already been completed and the remainder on schedule to be completed during February 2026.
- The committee noted that since the report was undertaken the Trust has introduced software to specifically analyse third party risk.

Medium Term Plan Update

- Work continues towards the final submission date of 12 February with the likelihood of further iterations due to ongoing uncertainties.
- A good indication of the left shift in allocations in the North East London system and detailed discussions are underway around scheme proposals, however the new Central East systems approach to planning is requiring further dedicated work to resolve and understand funding flows prior to plan submission.
- The committee noted the coordination and grip the organisation has around the whole programme, the flexibility built in to mitigate against future cost pressures and the expectation that delivery of the 2026/27 GFGT programme and a breakeven position will eliminate the underlying deficit.
- A board meeting is planned for February in advance of final sign off of the plan submission.

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 the BAF will be reviewed alongside the strategy refresh and medium-term plan 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 building confidence during the next financial year and work to mitigate the underlying deficit risk. Assurances around future capital allocations will also support discussions around the movement of the score.

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 being actively managed, and work to present an alternative view for separating digital and cyber is ongoing.

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 successful mobilisation of the new Hard FM contract however the £85m backlog remains the key driver of the risk.

The committee requested a deep dive review, to include interested non-executive directors, of the BAF risks prior to the board development session in February.

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

NHS East London NHS Foundation Trust

REPORT TO TRUST BOARD IN PUBLIC
29 JANUARY 2026

Title	Finance Report Month 9 (December 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 financial performance and related issues.

Committees/meetings where this item has been considered

Date	Committee/Meeting
22/01/2026	Finance, Business and Investment Committee

Key messages

The Finance Report reflects the Trust financial position for month 9.

Summary of Financial Performance:

- As at month 9 the Trust is reporting a surplus of £0.4m. This is £1.0m favourable variance to the deficit plan of £0.6m. 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 December was £134.7m.
- Year To Date (YTD) core capital expenditure is £8.4m, £0.8m below plan.
- Better Payment Practice Code (BPPC) YTD performance is 94% by volume and 84% by value.

What has gone well

- Delivering a surplus resulting in a £1.0m 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

- Ongoing agency and bank costs in a range of areas.
- Reducing run rate spend further to ensure we remain within allocation.
- Improving performance against the Better Payment Practice Code, given our strong cash position the expectation from NHS England is that we achieve the target.

- Ensuring capital schemes are delivered in full by the end of the year.

Watching

- Private Bed usage in Bedfordshire Luton Milton Keynes (BLMK) – this has increased again in month due to operational pressures.
- Level of bank and agency 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	☒	Delivering financial balance aids the Trust in maintaining control in decision making.
Improved Experience of Care	☒	Delivering financial balance aids improving service user satisfaction and experience of care.
Improved Staff Experience	☒	Delivering financial balance aids improving staff experience.
Improved Value	☒	This is a key requirement to ensure that the Trust delivers value for money and is not in breach of its Foundation Trust provider licence.

Implications

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

NHS
East London
NHS Foundation Trust

Trust Board

December - Month 9 Finance Report

2025/26

Kevin Curnow
Chief Finance Officer

Ask about the #ELFTPromise

We care
We respect
We are inclusive

Executive Summary

	In Month			Year To Date			Annual
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000
Clinical Income	60,556	59,591	(965)	522,630	520,137	(2,493)	699,115
Other Income	2,089	1,537	(552)	16,704	16,986	282	23,189
Pay costs	(42,705)	(42,972)	(267)	(386,033)	(383,101)	2,932	(514,097)
Non-pay costs	(16,100)	(14,891)	1,209	(122,411)	(122,614)	(203)	(165,611)
Financing / non-operating costs	(3,632)	(3,104)	528	(32,350)	(31,642)	709	(43,511)
	207	**161**	**(47)**	**(1,460)**	**(234)**	**1,226**	**(915)**
Adjustments	3	(8)	(11)	908	643	(265)	915
Reported Surplus /(Deficit)	**210**	**153**	**(58)**	**(552)**	**409**	**961**	**0**
Memorandum items							
Agency Costs (per NHSE Plan)	952	460	(492)	9,525	6,704	(2,821)	0
Going Further, Going Together	2,968	3,624	656	22,632	28,822	6,190	31,900
Cash	1,526	(609)	(2,135)	118,294	134,699	16,405	n/a
Core Capital	958	1,454	496	9,222	8,407	(815)	13,744

Key messages

The Trust is reporting a Year To Date (YTD) surplus of £0.41m as at 31st December. This is a £0.96m favourable variance to the deficit plan of £0.55m.

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.

Bank spend increased significantly in month, largely in inpatient areas due to high sickness levels, vacancies and annual leave.

At month 9 the Trust has delivered £28.82m of savings, this is £6.19m above the plan.

Core capital expenditure for the YTD is £0.82m 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 £2.2m under performance against budget. Key issues include receipts related to the prior year, bed sales, dividends from the provider collaboratives and additional unbudgeted income, offset by the deferral of income for services that have not yet been fully established and recognition of risks for disputed charges.

Pay costs £2.9m 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 7 (pay detail), slide 8 (Whole Time Equivalent analysis), slide 16 (agency spend) and slide 17 (bank spend).

Non-pay cost £0.2m overspent, with private bed pressures in Bedfordshire, Luton and Milton Keynes (BLMK) services, premises, establishment and supplies and services offset by underspends in training, transport and reserves. Further detail is included on slide 9. Use of private beds has remained high due to operational pressures, further detail is shown on slide 18.

GFGT £28.8m has been delivered, £6.2m above plan. Further detail is shown on slide 4.

Cash As at the end of December, the cash balance was £134.7m, £16.4m above plan. This is largely due to working capital movements and capital slippage, the strong cash position has resulted in interest of £4.4m received YTD. Further detail is shown on slide 12.

Capital Core capital expenditure of £8.4m, £0.8m below plan. This is in line with the revised forecast. Further detail is shown on slide 11.

Statement of Comprehensive Income and Expenditure

	In Month			Year To Date			Annual
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000
Income							
NHS Patient Care Activities	59,209	60,399	1,190	510,555	509,712	(843)	683,016
Non NHS - Patient Care Activites	1,347	(808)	(2,155)	12,075	10,425	(1,650)	16,099
Other (in accordance with IFRS 15)	1,373	1,512	139	13,786	14,332	546	18,815
Other Operating Income	716	25	(691)	2,918	2,654	(264)	4,374
Income Total	**62,645**	**61,128**	**(1,517)**	**539,334**	**537,123**	**(2,211)**	**722,304**
Pay							
Substantive	(42,535)	(38,331)	4,205	(384,520)	(338,010)	46,510	(512,165)
Bank	0	(4,105)	(4,105)	0	(36,877)	(36,877)	0
Agency	0	(370)	(370)	0	(6,704)	(6,704)	0
Apprenticeship levy	(170)	(167)	3	(1,513)	(1,510)	3	(1,932)
Pay Total	**(42,705)**	**(42,972)**	**(267)**	**(386,033)**	**(383,101)**	**2,932**	**(514,097)**
Non-Pay							
Non Pay	(16,100)	(14,891)	1,209	(122,411)	(122,614)	(203)	(165,611)
Non-Pay Total	**(16,100)**	**(14,891)**	**1,209**	**(122,411)**	**(122,614)**	**(203)**	**(165,611)**
EBITDA	**3,840**	**3,265**	**(575)**	**30,890**	**31,408**	**518**	**42,596**
Post EBITDA							
Depreciation	(2,976)	(2,865)	111	(25,958)	(26,248)	(290)	(35,145)
Amortisation	(118)	(113)	4	(1,058)	(1,034)	23	(1,411)
Finance Income	350	421	71	3,550	4,439	889	4,600
Finance Expenditure	(305)	(311)	(6)	(3,637)	(3,651)	(14)	(4,555)
PDC Dividend	(583)	(209)	374	(5,247)	(4,875)	372	(7,000)
Other finance costs	0	(26)	(26)	0	(272)	(272)	0
Total Post EBIDTA	**(3,632)**	**(3,104)**	**528**	**(32,350)**	**(31,642)**	**709**	**(43,511)**
	207	**161**	**(47)**	**(1,460)**	**(234)**	**1,226**	**(915)**
Less							
Impairments	0	0	0	0	0	0	0
Remove capital donations / grants / peppercorn lease	62	50	(12)	561	317	(244)	745
Remove impact of PFI revenue costs	(59)	(58)	1	347	326	(21)	170
Reported Surplus /(Deficit)	**210**	**153**	**(58)**	**(552)**	**409**	**961**	**0**

The Trust is reporting a YTD surplus of £0.4m as at 31st December. This is £0.96m favourable variance to the deficit plan of £0.55m. The in-month position is an improvement of £0.1m from that reported in November.

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, establishment and supplies and services.

The YTD value of dividends declared by the provider collaboratives has been recognised in December, however, this has been offset by recognition of risks due to disputed charges.

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 9 was £28.8m against our submitted plan of £22.6m (£3.6m delivery in month), resulting in a favourable variance of £6.2m. 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.

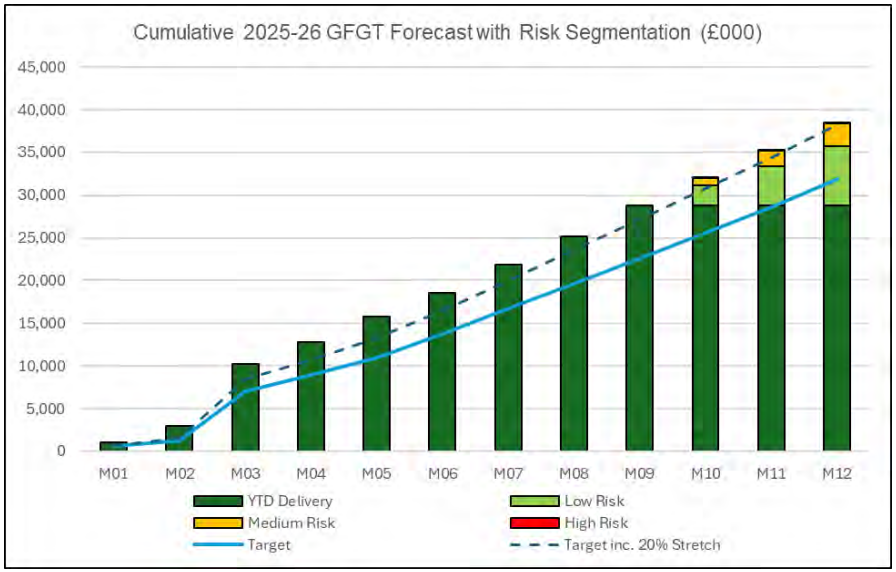
2025/26 Forecast

After taking year to date delivery into account, the Trust has a 'best case' forecast of £38.6m (of which £0.1m 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 £38.1m, which would see the Trust meet the financial plan. However, not all Directorates have sufficient plans based on the 'most likely' forecast and delivery of our forecast is supported by our non-recurrent mitigation.

Key message: The Trust delivered £3.6m in Month 9, £28.8m year to date. The most likely forecast of £38.1m would see the Trust meet plan. The focus needs to be on ensuring that recurrent schemes forecast to begin over the remaining months of the financial year are delivered to forecast.

Plans for 2026/27 need to be worked up and progressed, with full documentation, sign off and clear milestones. The Trust has a target that 80% of PIDs for 2026/27 are signed off by the end of January.

Directorate	YTD Target £000	YTD Actual £000	YTD Variance £000	Target £000	'Most Likely' Forecast £000	Variance to 'Most Likely' Forecast £000
City & Hackney AMH	2,045	2,049	4	3,000	2,833	(167)
Newham AMH	2,052	2,908	856	3,000	3,804	804
Tower Hamlets AMH	2,725	3,273	547	3,900	4,250	350
Luton & Bedfordshire AMH	3,983	2,236	(1,747)	5,700	3,702	(1,998)
London CHS	1,764	2,198	434	2,750	2,935	185
Bedfordshire CHS	1,253	1,232	(20)	1,800	1,853	53
Specialist Services	2,462	2,505	43	3,400	3,494	94
Forensic Services	1,460	2,396	936	2,550	3,334	784
Primary Care	310	856	545	600	910	310
Corporate Services	2,612	3,472	860	4,202	4,933	731
Estates & Facilities	823	563	(260)	1,000	859	(141)
Trust-Wide Schemes	0	184	184	0	274	274
Directorate Sub-Total	**21,488**	**23,871**	**2,383**	**31,902**	**33,178**	**1,276**
Planning Adjustment & Mitigation	1,144	4,951	3,807	0	4,951	4,951
TOTAL	**22,632**	**28,822**	**6,190**	**31,902**	**38,129**	**6,227**



Forecast

The forecast position for the year-end remains at breakeven.

There are a number of risks and opportunities that will need to be progressed, managed and mitigated over the coming 3 months to deliver this position.

Risks

- High usage of private beds in BLMK
- Growth in WTE not matched with reductions in agency and bank
- Redundancy costs resulting from restructures
- Lower bed sales
- Additional costs resulting from the CQC inspection
- Accruing for untaken annual leave
- Additional charges from NHS organisations

Opportunities

- Reduction in Public Dividend Capital charge due to high average daily cash balances
- Release of provisions for clawbacks and disputes
- Further dividends declared by the provider collaboratives
- Depreciation funding adjustment
- Release of deferred income and accruals if assessed as no longer required

Key message : Whilst YTD the Trust is reporting a surplus of £0.4m, the forecast remains at breakeven due to the current level of risks and uncertainties.

Income

The income position at the end of December is £2.2m below budget. In month recognition of dividends from the provider collaboratives was offset by a provision against disputed charges.

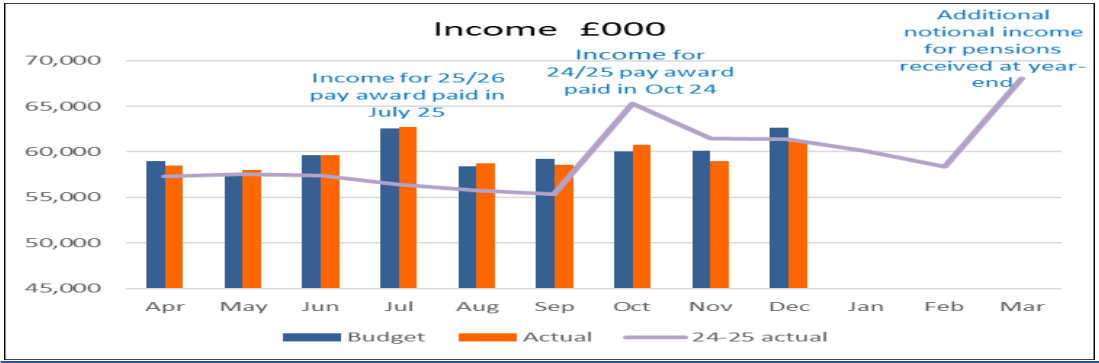
The main underperformance arise from :

- Deferral of income for services that have been commissioned but are not yet being delivered (£1.8m)
- Provisions for income disputes (£2.7m).

These are partially offset by

- Provider collaborative dividends (£1.2m)
- Payment for 24-25 services, including resolution of disputes (£0.7m)
- New contracts with Local Authorities (£0.8m)

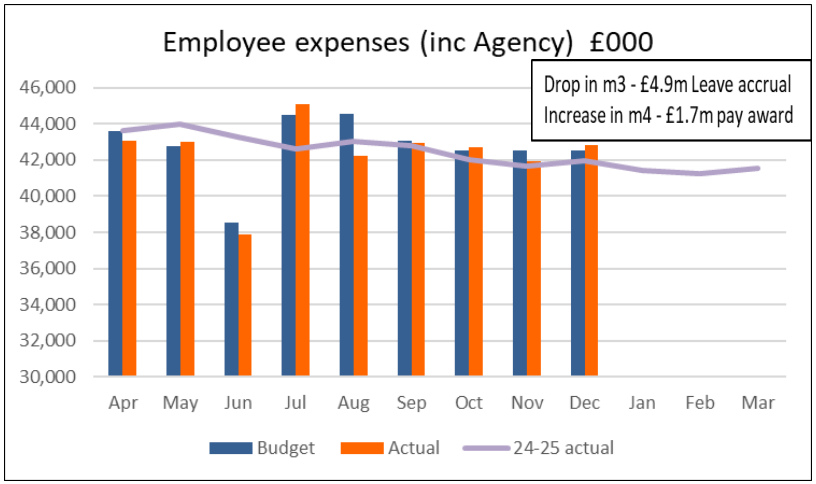
Income for bed sales been reducing in recent months due to NELFT buying fewer beds, This is likely to continue into 26-27.



Trust Income Position £'000	In Month Budget	In Month Actual	In Month Variance	YTD Budget	YTD Actual	YTD Variance	Annual Budget
Operating Income From Patient Care Activities							
NHS - Patient Care Activities							
Integrated Care Boards (ICBs)	51,288	51,695	407	442,596	439,809	(2,787)	596,104
NHS Foundation Trusts	7,038	7,800	762	59,349	59,633	284	75,640
NHS Trusts	558	606	48	2,907	4,233	1,326	2,179
NHS England	325	298	(27)	5,703	6,037	334	9,093
NHS - Patient Care Activities Total	**59,209**	**60,399**	**1,190**	**510,555**	**509,712**	**(843)**	**683,016**
Non NHS - Patient Care Activites							
Local Authorities	982	1,109	127	8,838	9,636	798	11,784
Non-NHS: Other	365	(1,917)	(2,282)	3,237	775	(2,462)	4,315
Non-NHS: Overseas Patients	0	0	0	0	14	14	0
Non NHS - Patient Care Activites Total	**1,347**	**(808)**	**(2,155)**	**12,075**	**10,425**	**(1,650)**	**16,099**
Operating Income From Patient Care Activities Total	**60,556**	**59,591**	**(965)**	**522,630**	**520,137**	**(2,493)**	**699,115**
Other operating income							
Other (in accordance with IFRS 15)							
Research and development	82	79	(3)	1,297	1,302	5	1,545
Education and Training Income	1,239	1,239	0	12,021	12,022	1	15,636
Other (recognised in accordance with IFRS 15)	52	151	99	468	1,008	540	624
Non-patient care services to other Non WGA bodies	0	43	43	0	0	0	1,010
Other (in accordance with IFRS 15) Total	**1,373**	**1,512**	**139**	**13,786**	**14,332**	**546**	**18,815**
Other Operating Income							
Charitable and other contributions to expenditure	0	0	0	0	134	134	0
Other Income	716	25	(691)	2,918	2,395	(523)	4,374
Capital Grants Income from Peppercorn Right of Use	0	0	0	0	125	125	0
Other Operating Income Total	**716**	**25**	**(691)**	**2,918**	**2,654**	**(264)**	**4,374**
Other operating income Total	**2,089**	**1,537**	**(552)**	**16,704**	**16,986**	**282**	**23,189**
Grand Total	**62,645**	**61,128**	**(1,517)**	**539,334**	**537,123**	**(2,211)**	**722,304**

Key message : Additional income related to the prior year, bed sales, and dividends are being offset by the deferral of income for services that have been commissioned but are not yet being delivered and risk provisions for disputed charges.

Pay



				In Month			Year To Date			Annual
Pay type	Funded WTE	Actual WTE	Variance WTE	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000
Substantive	7,837.5	7,202.5	(634.9)	(42,535)	(38,331)	4,205	(384,520)	(338,010)	46,510	(512,165)
Bank	0.0	709.2	709.2	0	(4,105)	(4,105)	0	(36,877)	(36,877)	0
Agency	0.0	56.5	56.5	0	(370)	(370)	0	(6,704)	(6,704)	0
Sub-total - staff	**7,837.5**	**7,968.2**	**130.8**	**(42,535)**	**(42,805)**	**(270)**	**(384,520)**	**(381,591)**	**2,929**	**(512,165)**
Apprenticeship Levy				(170)	(167)	3	(1,513)	(1,510)	3	(1,932)
Non-Executives	1.4	1.8	0.4							
Total	**7,838.8**	**7,970.1**	**131.1**	**(42,705)**	**(42,972)**	**(267)**	**(386,033)**	**(383,101)**	**2,932**	**(514,097)**

Overall pay is underspent by £2.9m. 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, total pay spend was £0.4m higher than the YTD average run rate. Substantive pay was higher due to recruitment (particularly in Forensics to meet Safer Staffing requirements) and recoding of staff recharges from pay to income.

Bank pay increased in month as a result of operational pressures in inpatient areas, with high sickness levels, vacancies and annual leave. However, spend remained in line with the YTD average run rate.

Agency spend reduced in month, due to the review and release of accruals. There are still pressures in certain Directorates that will need to be addressed.

Key message : YTD Pay is favourable to plan, impacted by vacancies. The in-month increase in pay, due to substantive recruitment not being matched by reductions to bank, will need to be monitored to ensure this does not continue.

Pay – Whole Time Equivalents (WTE)

Pay type	Funded WTE	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sept-25	Oct-25	Nov-25	Dec-25	Movement in month
Funded WTE	Substantive	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	7,831.1	7,837.5	6.4
	Bank	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	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	7,325.3	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	7,163.5	7,178.9	7,202.5	23.6
	Bank	902.2	909.1	925.2	959.5	1,002.2	890.6	832.6	768.1	791.2	758.6	705.3	694.6	681.8	709.2	27.4
	Agency	141.5	115.6	113.1	90.7	71.7	72.3	71.8	72.7	74.7	65.2	42.1	59.3	63.6	56.5	(7.1)
Variance	Substantive	(753.8)	(836.7)	(831.6)	(856.3)	(926.0)	(968.5)	(971.9)	(999.8)	(899.2)	(803.3)	(766.3)	(666.6)	(652.2)	(634.9)	17.3
	Bank	856.5	863.5	879.5	913.9	956.5	890.6	832.6	768.1	791.2	758.6	705.3	694.6	681.8	709.2	27.4
	Agency	141.5	115.6	113.1	90.7	71.7	72.3	71.8	72.7	74.7	65.2	42.1	59.3	63.6	56.5	(7.1)
Total Funded WTE		**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**	**7,831.1**	**7,837.5**	**6.4**
Total Actual WTE		**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**	**7,924.2**	**7,968.2**	**44.0**
(Over) / under establishment		**(244.2)**	**(142.4)**	**(161.0)**	**(148.3)**	**(102.2)**	**5.6**	**67.5**	**159.0**	**33.3**	**(20.5)**	**18.9**	**(87.3)**	**(93.1)**	**(130.8)**	
(Over) / under establishment %		**(3.0%)**	**(1.7%)**	**(2.0%)**	**(1.8%)**	**(1.2%)**	**0.1%**	**0.8%**	**2.0%**	**0.4%**	**(0.3%)**	**0.2%**	**(1.1%)**	**(1.2%)**	**(1.7%)**	

Overall funded WTEs increased slightly between the current and prior month, there has been a significant increase in the actuals in both substantive and bank.

Substantive WTE has risen over the financial year as recruitment has taken place to replace bank and agency staff. The most significant of these increases has been in Forensics with recruitment to meet Safer Staffing requirements.

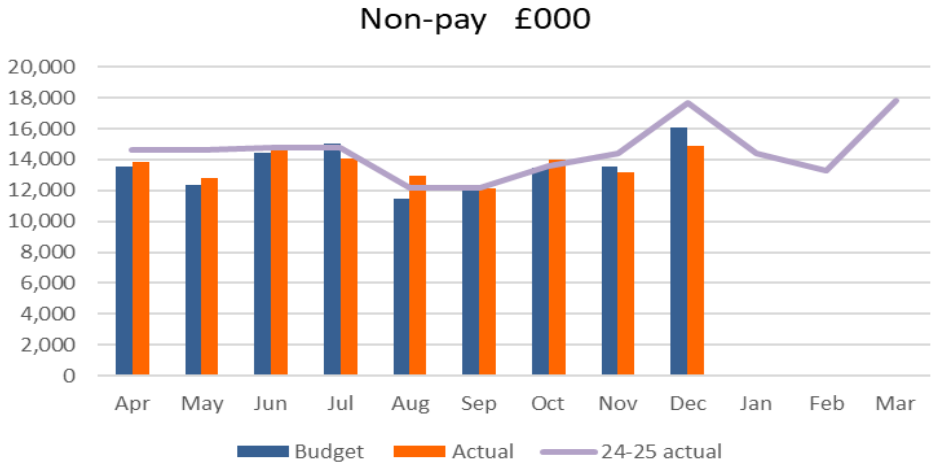
Bank WTE has reduced considerably from April, however, there has been an increase of 27 in month. This is largely in inpatient services due to high sickness levels, vacancies and annual leave.

Agency WTE have also reduced significantly since the start of the year. The in-month decrease was due to small reductions across multiple Directorates.

Since April the funded establishment has reduced by 281, relating to GFGT whilst actual WTEs have reduced by 144.3. The GFGT plan included some services stopping that have continued to operate. Including 94.3 of the actual reduction relates to primary care services being transferred to other providers.

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. Overall WTE has increased in some areas in month, with bank increases in inpatient areas and substantive recruitment in Forensics.

Non-pay



Expenditure type	In Month			Year To Date			Annual
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000
Health and Social Care - NHS	(3,044)	(4,443)	(1,398)	(21,922)	(23,286)	(1,364)	(26,504)
Health and Social Care -non-NHS	(1,774)	(3,194)	(1,420)	(17,616)	(19,391)	(1,775)	(25,031)
Supplies & Services	(2,928)	(2,638)	290	(26,671)	(27,873)	(1,203)	(40,206)
Drug costs	(477)	(587)	(111)	(4,300)	(4,767)	(466)	(5,731)
Consultancy	(72)	(76)	(3)	(629)	(763)	(133)	(838)
Establishment	(449)	(546)	(97)	(4,024)	(5,350)	(1,326)	(5,374)
Premises	(2,811)	(2,074)	737	(24,842)	(26,932)	(2,090)	(33,304)
Transport	(364)	(343)	20	(3,204)	(2,434)	771	(4,306)
Audit fees	(16)	(15)	1	(140)	(135)	5	(186)
Training	(433)	(281)	152	(3,938)	(2,513)	1,425	(5,239)
Clinical negligence	(199)	(199)	(0)	(1,795)	(1,795)	(0)	(2,394)
Non-Executive directors	(19)	(20)	(1)	(172)	(191)	(19)	(230)
Other Expenditure	(3,514)	(475)	3,039	(13,157)	(7,183)	5,973	(16,269)
Grand Total	**(16,100)**	**(14,891)**	**1,209**	**(122,411)**	**(122,614)**	**(203)**	**(165,611)**

Non pay is £0.2m overspent YTD, arising from :

- Premises costs, £2.1m. This is largely due to unbudgeted cost pressures for software costs and building repairs and maintenance. These will be considered during the budget setting process for 2026/27.
- Establishment costs are overspent by £1.3m. Significant issues relate to the costs of work permits, printing, recruitment fees and interpreting services.
- Supplies and services are overspent by £1.2m, across the trust, with overspends on medical equipment, domestics and catering.
- Spend on private beds totals £3m, in month costs rose to £0.5m due to the number of beds in use rising to an average of 19. The costs of this are within Health and Social Care and account for a large proportion of the overspend in this area.
- The above have been partially offset by underspends in training and transport following GFGT schemes, benefits from the prior year including VAT reclaims, invoices received being less than accrued and reserves.

Key message : Non-pay is above plan; pressures remain in a number of areas. The level of private bed spend in BLMK remains high; this is being closely managed and monitored with additional capacity in place later this financial year.

Statement of Financial Position

- The net balance on the Statement of Financial Position as at 31st December was £307.9m. The decrease of £0.3m since year-end reflects the pre adjusted YTD deficit position.
- The key movements since the prior month are: -
- £1.0m decrease in Non-current assets. Depreciation of £3.0m exceeded capital spend and lease remeasurements of £2.0m.
- £1.0m increase in receivables. This is largely due to an increase in prepayments following the annual invoice for the lease car insurance premium, this will be recharged to staff over the year.
- £2.3m increase in payables. There has been a rise in the level of NHS invoices, largely related to the provider collaborative and invoices received for the annual lease car premium and charges from the hard FM supplier for November and December.
- Total borrowings and provision movements are in line with prior months and plan, there have been some transfers between current and non current for the month 9 accounts.

	Prior Year 31/03/2025 £000s	Previous Month 30/11/2025 £000s	Current Month 31/12/2025 £000s	Movement in Month £000s
Non-current assets				
Intangible assets	2,922	1,928	1,808	(120)
Property, Plant and Equipment	260,681	254,803	254,873	70
Right of use assets	70,977	66,261	65,342	(919)
Investments in associates and joint ventures	1,443	1,443	1,443	0
Other non current assets	708	707	708	1
Total non-current assets	**336,731**	**325,142**	**324,174**	(968)
Current assets				
Inventories	187	189	216	27
Trade and other receivables	30,727	43,859	44,842	983
Assets held for sale	350	350	350	0
Cash and cash equivalents	120,978	135,308	134,699	(609)
Total current assets	**152,242**	**179,706**	**180,107**	401
Current liabilities				
Trade and other payables	(70,869)	(80,232)	(82,519)	(2,287)
Borrowings	(15,021)	(15,021)	(16,014)	(993)
Provisions	(1,915)	(3,208)	(4,201)	(993)
Deferred income	(12,328)	(22,287)	(20,526)	1,761
Total current liabilities	**(100,133)**	**(120,748)**	**(123,260)**	(2,512)
Total assets less current liabilities	**388,840**	**384,100**	**381,021**	(3,079)
Non-current liabilities				
Borrowings	(78,928)	(73,822)	(71,801)	2,021
Provisions	(1,747)	(2,507)	(1,287)	1,220
Total non-current liabilities	**(80,675)**	**(76,329)**	**(73,088)**	3,241
Total net assets employed	**308,165**	**307,771**	**307,933**	162
Financed by				
Public dividend capital	120,566	120,566	120,566	0
Revaluation reserve	95,737	95,603	95,603	0
Income and expenditure reserve	91,862	91,602	91,764	162
Total taxpayers' and others' equity	**308,165**	**307,771**	**307,933**	16

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.
- Core capital expenditure, excluding International Financial Reporting Standard 16 (Leases), as at 31st December was £8.4m, £0.8m below plan. This relates to delays in Digital schemes for the Communication rooms and Robotic Process Automation and slippage in Estates schemes including for Charterhouse, the Alie Street lift and LED lighting schemes.
- The spend on core capital up to the end of November is in line with the reprofiled forecast and the teams remain confident of full delivery by year-end.
- Lease additions, dilapidations, remeasurements and disposals for the YTD are £0.5m below plan, following the lease disposals from exiting the primary care practices.
- Schemes funded from Public Dividend Capital (PDC) are £2.3m below plan. The initial plan for the BLMK scheme was reduced by £1.3m during the year due to the removal of the crisis house. However, the estates team has highlighted the risk of an overspend of up to £0.4m on the remaining schemes. Spend on the solar panel scheme is £1.1m below plan, a contractor has now been agreed and they are confident this can be completed in year.
- Additional PDC of £0.3m has been received relating to decarbonisation and cyber schemes, it is forecast these will be spent in full.
- The current forecast for total capital is a £0.2m underspend, this would increase to £0.8m if the planned exits from the BLMK GP practices complete in year. The £0.8m has not yet been allocated due to the uncertainty around the timing of the exit from the GP practices and the risk of a £0.4m overspend on the BLMK Reducing Out of Area Placement schemes.

Core Capital Programme	Annual Plan £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s
Asset and backlog management	2,196	1,340	1,020	(320)
Critical, fire and Digital Spaces Infrastructure	1,565	1,035	1,680	645
Digital and Clinical Systems	250	172	82	(90)
Digital Cyber Security	440	332	274	(58)
Digital Infrastructure and Service Improvement	889	666	811	145
Digital Innovation and ICS	610	493	266	(227)
Digital Portfolio	740	485	559	74
Digital spaces	1,016	812	575	(237)
Digital Unified Comms	631	499	492	(7)
Inpatient Environmental Upgrade and CQC plan	553	553	70	(483)
Mental Health Security and Improvement plan	1,815	1,695	1,479	(216)
Net zero carbon reduction plan	690	690	76	(614)
Staff wellbeing	230	0	209	209
Staff capitalisation	600	450	52	(398)
Asset and backlog management part 2	555	0	0	0
5% overplanning provision	964	0	0	0
Other	0	0	762	762
	13,744	**9,222**	**8,407**	**(815)**

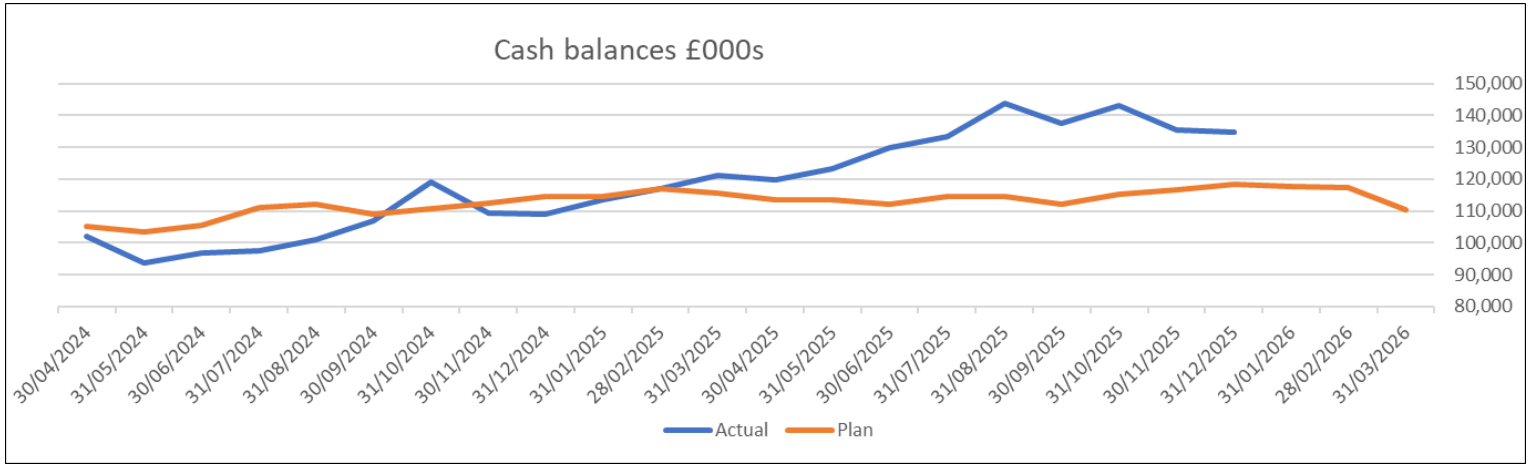
Public Dividend Capital Funded Programme	Annual Plan £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s
Solar energy project	1,126	1,126	3	(1,123)
BLMK Reducing Out of Area Placements	3,890	1,944	717	(1,227)
Bow Ward			10	10
	5,016	**3,070**	**730**	**(2,340)**

Leases, dilapidations and disposals	Annual Plan £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s
Leases, dilapidations and disposals	**6,500**	**6,024**	**5,534**	**(490)**
TOTAL	**25,260**	**18,316**	**14,671**	**(3,645)**

Key message : Core capital spend is currently £0.8m below plan, overall capital is £3.6m below plan due to slippage on PDC schemes and the disposal of primary care leases. The solar energy project is currently £1.1m behind plan, a contractor has been appointed and they have confirmed the scheme can complete this financial year. There is a risk of overspend on the BLMK PDC funded schemes.

Cash

- As at the end of December the cash balance was £134.7m, a decrease of £0.6m in month.
- The cash position is £16.4m 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 £4.4m, £0.9m ahead of plan. The interest rate reduced mid December, 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	(6,206)	(44,664)	(38,458)	(39,702)	(4,962)	0	(3,780)
Barts	(4,953)	(17,109)	(12,156)	(19,387)	2,278	0	
ELFT	(552)	409	961	254	155	0	
Homerton	(1,873)	(11,290)	(9,417)	(10,009)	(1,281)	(2,500)	(3,220)
NELFT	(3,260)	(5,622)	(2,362)	(8,185)	2,563	0	
Providers	**(16,844)**	**(78,276)**	**(61,432)**	**(77,029)**	**(1,247)**	**(2,500)**	**(7,000)**
ICB	(66)	1,700	1,766	697	1,003	2,500	
ICS Total	**(16,910)**	**(76,576)**	**(59,666)**	**(76,332)**	**(243)**	**0**	

Organisation names

BHRUT	Barking, Havering and Redbridge University Hospitals NHS Trust
Barts	Barts Health NHS Trust
Homerton	Homerton Healthcare NHS Foundation Trust
NELFT	North East London NHS Foundation Trust
ICB	NHS North East London Integrated Care Board

System position

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

The month 9 position is a deficit of £76.6m, £59.7m adverse to plan.

Providers benefited in December from funding for industrial actions.

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

Discussions are ongoing between Barts and the ICB regarding whether the invoices raised to ELFT, NELFT and the ICB for £7m for patients they deem to be medically fit for discharge and mental health activity should remain in the position.

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	(1,700)	(1,900)	(200)	0
Providers	**(1,700)**	**(7,900)**	**(6,200)**	**0**
NHS Bedfordshire, Luton and Milton Keynes ICB	0	(100)	(100)	0
ICS Total	**(1,700)**	**(8,000)**	**(6,300)**	**0**

System plan

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

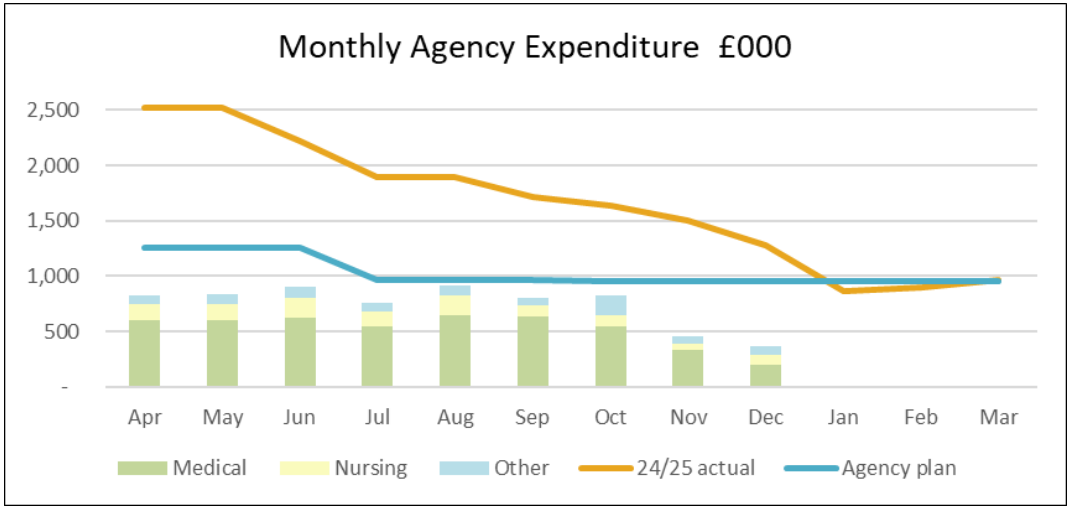
Information from BLMK for month 9 has not yet been provided at the time of publishing this report, the position at month 8 is shown.

At the end of November, the ICS reported a deficit of £8.0m. This is £6.3m adverse to plan.

Appendices

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

Agency spend



In 2025-26, the NHS Operating Plan set a requirement to reduce Agency spend by 30%. This is reflected in the Agency Plan submitted to the ICB.

The Trust submitted an annual financial plan with planned agency usage of £12.4m

For the last two years, total monthly agency expenditure has been consistently above the agency plans and has exceeded the NHS Agency Cap for the Trust. This year we are below the plan.

Year to date agency expenditure is £6.7m which is below the current phased plan of £9.5m.

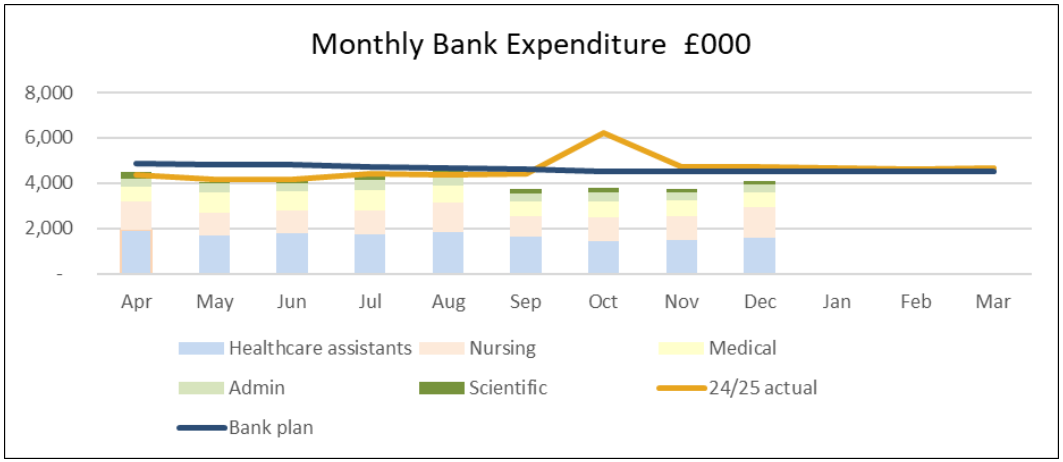
There was a further reduction in month. This was predominantly due to release of a large accrual in Specialist Services that is no longer required. Agency spend has increased in Bedford and Luton AMH as a result of staff suspensions, special leave, sickness and increased 1:1 observations.

Agency costs constitute 1.7% of total pay costs.

Agency use, by staff type

Pay costs £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	Nov-25 £000s	Dec-25 £000s	Movement in month
Medical and Dental	(833)	(852)	(359)	(596)	(349)	(596)	(596)	(620)	(541)	(644)	(639)	(550)	(334)	(203)	131
Nursing, Midwifery and HV	(313)	(268)	(183)	(144)	(292)	(148)	(149)	(188)	(136)	(185)	(95)	(99)	(56)	(90)	(34)
Administration and Estates	(139)	(15)	(207)	(101)	(253)	(48)	(48)	(59)	(60)	(64)	(50)	(141)	(49)	(66)	(17)
Healthcare assistants and other support staff	(139)	(93)	(73)	(44)	(49)	(37)	(35)	(30)	(12)	0	0	0	0	0	0
Healthcare scientists and Scientific, therapeutic and technical staff	(77)	(54)	(49)	(19)	(28)	(2)	(9)	(6)	(5)	(28)	(20)	(35)	(21)	(11)	10
Total Agency	**(1,499)**	**(1,283)**	**(870)**	**(903)**	**(971)**	**(831)**	**(837)**	**(902)**	**(754)**	**(919)**	**(804)**	**(825)**	**(460)**	**(370)**	**90**

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 £36.9m which is below the current phased plan of £42.1m.

Bank costs have increased in month by £0.4m, predominantly within inpatient areas due to high sickness levels, vacancies and annual leave.

Bank costs constitute 9.6% of total pay costs.

Bank use, by staff type

Pay costs £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	Nov-25 £000s	Dec-25 £000s	Movement in month
Medical and Dental	(911)	(754)	(1,339)	(713)	(305)	(682)	(876)	(812)	(859)	(799)	(656)	(685)	(668)	(626)	43
Nursing, Midwifery and HV	(1,320)	(1,400)	(1,460)	(1,400)	(1,781)	(1,233)	(1,038)	(1,041)	(1,092)	(1,289)	(915)	(1,050)	(1,082)	(1,352)	(270)
Administration and Estates	(393)	(445)	(307)	(363)	(440)	(352)	(397)	(366)	(456)	(449)	(346)	(429)	(363)	(341)	22
Healthcare assistants and other support staff	(1,970)	(2,007)	(1,456)	(2,000)	(1,988)	(1,937)	(1,659)	(1,766)	(1,715)	(1,823)	(1,632)	(1,449)	(1,469)	(1,597)	(128)
Healthcare scientists and Scientific, therapeutic and technical staff	(108)	(113)	(117)	(125)	(143)	(287)	(86)	(134)	(180)	(187)	(184)	(183)	(146)	(190)	(44)
Total Bank	**(4,701)**	**(4,719)**	**(4,680)**	**(4,602)**	**(4,656)**	**(4,492)**	**(4,056)**	**(4,117)**	**(4,302)**	**(4,548)**	**(3,733)**	**(3,796)**	**(3,728)**	**(4,105)**	**(377)**

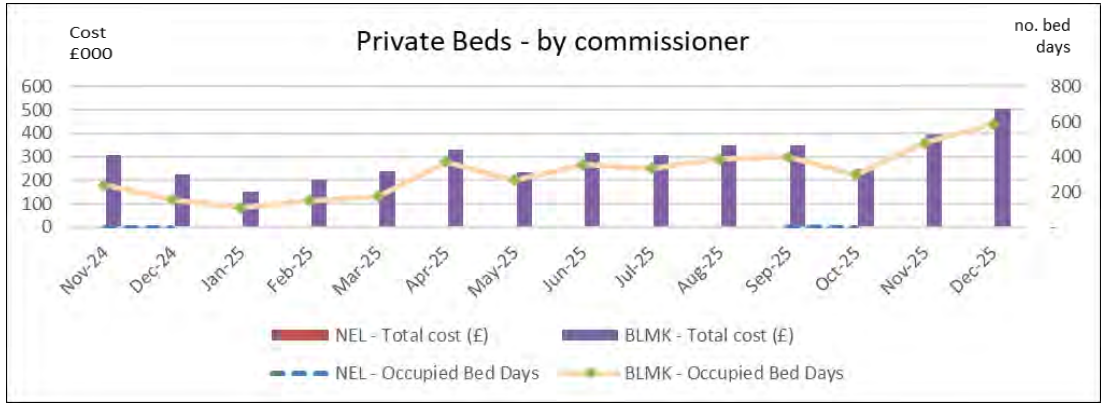
Private Beds

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 December there was a further increase from an average of 15 to 19 private beds purchased.

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.



BLMK - Cost versus Income

ICS	Full Year Income £000s	Income YTD £000s	Costs YTD £000s	Cost pressure £000s
BLMK	1,499	1,124	3,037	(1,913)
Total	**1,499**	**1,124**	**3,037**	**(1,913)**

Receivables

- The receivables balance in the Statement of Financial Position of £44.8m includes £27.2m of invoiced debt. The remaining balance largely relates to prepayments, accrued income and VAT reclaims. The increase in invoiced debt from the prior month is largely due to invoices being raised to NHS organisations as required by the national Agreement of Balances exercise, in previous months these would have been accrued.
- 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.
    - £0.5m owed by Bedfordshire Hospitals NHS Foundation Trust relating to historic disputes.
    - £0.4m 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. £2.2m).
- 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 £1.2m are held, much of this relates to debts owed by individuals (including staff) and overseas visitors. £0.1m of aged debt was written off in December following a detailed review for the month 9 accounts.

	NHS £000s	Non NHS bodies £000s	Individuals £000s	Overseas Visitors £000s	Total £000s
Current	5,678	2,546	40	8	8,271
1-30 Days	7,119	645	27	7	7,798
31-60 Days	425	359	10	9	803
61-90 Days	3,017	405	4	0	3,426
Over 90 Days	5,450	389	476	564	6,880
Total	**21,690**	**4,344**	**557**	**588**	**27,179**

Payables

- The payables balance in the Statement of Financial Position of £82.5m includes £18.7m of outstanding invoices. The remaining balance largely relates to taxes, pensions and accruals.

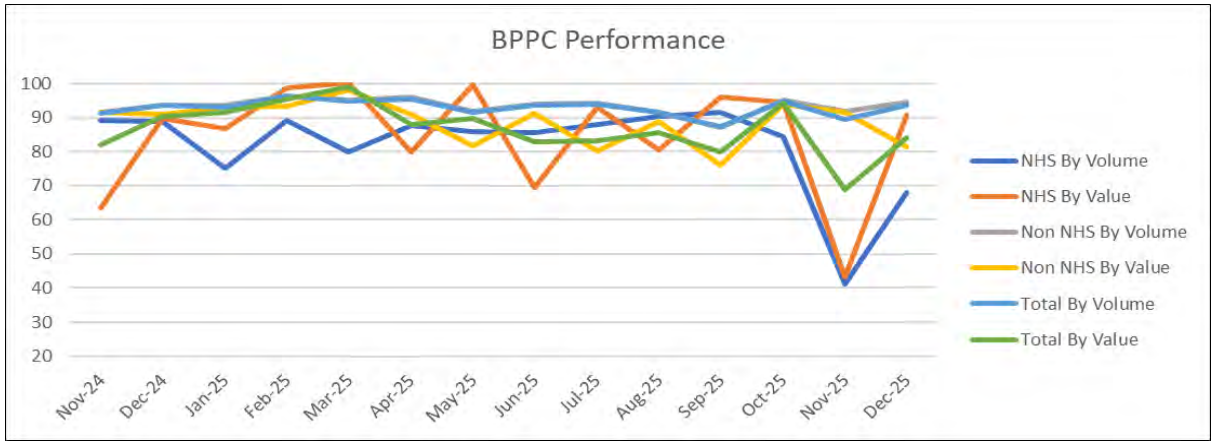
- Significant balances over 90 days include: -
    - £1.7m, Barts Health NHS Trust, of this £1.2m relates to the invoice for "Mental health patient activity" which is being disputed in full.
    - £0.7m, Bedfordshire Hospitals NHS Foundation Trust, this largely relates to estates and service recharges.
    - £0.5m, Homerton Healthcare NHS Foundation Trust, for disputed estates charges.
    - £0.4m, North London NHS Foundation Trust, due to the contract not having been fully agreed and signed off.

- The Trust is signed up to the NHS commitment to the Better Payment Practice Code (BPPC) whereby the target is to pay 95% of all invoices within the standard credit terms.

- Overall, the Trust's current YTD BPPC performance is 94% by volume and 84% by value.

Outstanding Invoices

	NHS £000s	Non NHS £000s	Total £000s
0-30 Days	4,009	4,943	8,952
31-60 Days	834	1,815	2,648
61-90 Days	215	1,215	1,430
Over 90 Days	3,429	2,223	5,652
Total	**8,486**	**10,195**	**18,682**



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	Q3 2025/26
Planned surplus/deficit	1.0	1.0	1.0	1.0
Variance to financial plan	1.0	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.

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Trust Board Forward Plan 2023-2025

Da	Item	30/01/2025	27/03/2025	22/05/2025	24/07/2025	25/09/2025	04/12/2025	29/01/2026	26/03/2026
Standing Items	Declarations of interests	✓	✓	✓	✓	✓	✓	✓	✓
	Minutes of previous meeting	✓	✓	✓	✓	✓	✓	✓	✓
	Action log and matters arising	✓	✓	✓	✓	✓	✓	✓	✓
	Matters arising from Trust Board private	✓	✓	✓	✓	✓	✓	✓	✓
	Forward Plan	✓	✓	✓	✓	✓	✓	✓	✓
	Patient Story	✓	✓	✓	✓	✓	✓	✓	✓
	Teatime Presentation (alternate QI and People Participation Story)	Q1	✓	✓	✓	✓	✓	✓	✓
Strategy	Chair's Report	✓	✓	✓	✓	✓	✓	✓	✓
	Chief Executive's Report	✓	✓	✓	✓	✓	✓	✓	✓
	Audit Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓	✓
	Integrated Care & Commissioning Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓	✓
	Population Health Annual Report	✓						✓	
	EDI Annual Report		✓						✓
	10 Year Plan Reflection					✓			✓
	Annual Collaborative Report					✓			✓
Quality and Performance	Quality Report	✓	✓	✓	✓	✓	✓	✓	✓
	Performance Report	✓	✓	✓	✓	✓	✓	✓	✓
	CQC	x	✓		✓			✓	
	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		x				✓		✓
	~ Internal Audit Plan		✓						✓
	~ Modern Day Slavery Statement				✓				
	~ NHS Self-Certification								
	Corporate Trustee of the ELFT Charity	✓		✓			✓		
	Board and Committee Effectiveness/Committee Terms of Reference		✓						✓
	Annual Plan		✓						✓

MEETING IN PRIVATE	Item	30/01/2025	27/03/2025	22/05/2025	24/07/2025	25/09/2025	04/12/2025	29/01/2026	26/03/2026
Standing Items	Declarations of Interest	✓	✓	✓	✓	✓	✓	✓	✓
	Minutes of previous meeting	✓	✓	✓	✓	✓	✓	✓	✓
	Action log and matters arising	✓	✓	✓	✓	✓	✓	✓	✓
	Matters arising to be raised at meeting in public	✓	✓	✓	✓	✓	✓	✓	✓
	Emerging Issues - Patient Safety Issues	✓	✓	✓	✓	✓	✓	✓	✓
	Emerging Issues - Internal and External	✓	✓	✓	✓	✓	✓	✓	✓
	Trust Board Forward Plan	✓	✓	✓	✓	✓	✓	✓	✓

BOARD WORKSHOP	Item	30/01/2025	27/03/2025	22/05/2025	24/07/2025	25/09/2025	04/12/2025	29/01/2026	26/03/2026
Strategy	Green Plan / Sustainability (May 2023)			x	x				
Training	Corporate Manslaughter Briefing (Capsticks)								
	Cyber Security	x	✓						✓
	Health and Safety	x	x	x	x			x	✓
	Infection Control					x	x	x	✓
	Safeguarding	✓					✓		
	Sustainability				x				
	Anti-Racism Statement				✓				
	Oliver McGowan Training (three yearly) - due September 2026					Due Sept 2026			
	Provider Capability Assessments:					✓			