

Council of Governors Meeting

To be held in public and in private on Thursday 12 March 2026, 5:00pm – 7:00pm
Meeting held online via MS Teams

Agenda

	Title		Action	Time (all pm)
Informal Gathering				4:30
Private Meeting				
Members of the public are excluded from the Council of Governors meeting in private having regard to commercial sensitivity and/or confidentiality and/or personal information and/or legal professional privilege in relation to the business to be discussed.				
1	Report, Nominations & Conduct Committee (Part 2) Richard Carr, Senior Independent Director	Verbal	Assurance	5:00
End of Private Meeting				
2	Welcome Eileen Taylor, Chair	Verbal	Assurance	5:15
3	Apologies for Absence Eileen Taylor, Chair	Verbal	Assurance	
4	Declarations of Interest Eileen Taylor, Chair	Verbal	Assurance	
5	Draft Minutes of the Council of Governors Meeting held in public on 15 January 2026 & Action Log	Attached	Approve	5:15
Operational Item				
6	Trust 5 Year Plan & Trust Strategy Update Richard Fradgley, Director of Integrated Care and Deputy CEO	Presentation	Assurance	5:20
Strategic Items				
7	Artificial Intelligence – how can it improve patient experience? Vivek Chaudhri, Non-Executive Director Philippa Graves, Chief Digital Officer Alex Henning, Senior ICS Digital Project Manager Dr Peter Macrae, Chief Clinical Information Officer Followed by group discussion	Presentation & Group Discussion	Assurance	5:45
Short break to break fast for those observing Ramadan (6:03pm) after case study, but before table discussion				

Business Items				
8	CQC Inspections Update Claire McKenna, Chief Nurse	Presentation	Assurance	6:25
9	Update, Communications and Engagement Committee Felicity Stocker, Committee Chair	Attached	Assurance	6:35
10	Report, Governor Elections/Membership Refresh Norbert Lieckfeldt, Head of Governor & Community Engagement	Attached	Assurance	6:37
11	Council of Governors Forward Plan	Attached	Assurance	6:40
12	Any Other Urgent Business and Questions from the Public (to be advised in advance by Monday 9 March 2026 . Questions submitted on the day will be responded to following the meeting)			6:41
End of the Public Meeting Members of the public are excluded from the Council of Governors meeting in private having regard to commercial sensitivity and/or confidentiality and/or personal information and/or legal professional privilege in relation to the business to be discussed.				
13	Report, Nominations & Conduct Committee (Part 1) Eileen Taylor, Chair	Attached	Approval	6:45
Date and Time of Future Meetings <ul style="list-style-type: none"> • 14 May 2026 • 9 July 2026 • 10 September 2026 • 12 November 2026 • 21 January 2027 (TBC) • 11 March 2027 <p>All meetings will be held in person at Trust HQ (Conference Room, Robert Dolan House, 9 Alie Street, E1 8DE) from 5:00 – 7:00pm unless stated otherwise; January meetings are generally held online.</p>				

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

Eileen Taylor
Chair, East London NHS Foundation Trust

Draft Minutes of Council of Governors Meeting
Held in public on Thursday 15 January 2025 at 5pm-7pm
On Microsoft Teams

Present:

Deborah Wheeler (Chair) Vice Chair, London

Governors:

Fatima Begum	Public Governor, Luton
Gren Bingham	Public Governor, Tower Hamlets
Liz Birch	Public Governor, Central Bedfordshire (term expired)
Dafni Boula	Public Governor, Luton
Bob Cazley	Public Governor, Central Bedfordshire (term expired)
Renato Congias	Public Governor, Hackney and Digital Life Coach
Caroline Diehl	Public Governor, Hackney
Mark Dunne	Staff Governor
David Edgar	Public Governor, Tower Hamlets
Sade Etti	Appointed Governor, Hackney
Ian Gibbs	Public Governor, Newham
Elliot Goodman	Public Governor, Rest of England
Rofikul Islam	Public Governor, Tower Hamlets
Coral Jones	Public Governor, Hackney
Lizzie Maushe	Staff Governor
Beverley Morris	Public Governor, Hackney
Robert Morris	Appointed Governor, Central Bedfordshire
Caroline Ogunsola	Staff Governor, Lead Governor
Eseoghene Okonedo	Public Governor, Hackney
Jamu Patel	Public Governor, Luton, Deputy Lead Governor
John Peers	Staff Governor
Ruby Sayed	Appointed Governor, City of London
Sharmeen Sheikh	Staff Governor
Suzana Stefanic	Public Governor, Central Bedfordshire (term expired)
Felicity Stocker	Public Governor, Bedford Borough
Hazel Thomas	Public Governor, Newham
Martin Towler	Appointed Governor, Bedford Borough
Gordon Weller	Public Governor, Central Bedfordshire

In Attendance:

Tina Bixby	Community Engagement & Charity Manager
Dr David Bridle	Chief Medical Officer
Barbara Britner	Acting Chief People Officer
Richard Carr	Non-Executive Director
Vivek Chaudhri	Non-Executive Director
Alison Cottrell	Non-Executive Director
Peter Cornforth	Non-Executive Director
Kevin Curnow	Chief Finance Officer
Durka Dougall	Non-Executive Director
Janine Elliott	Service User (Luton)
Carys Esseen	Deputy Director of Integrated Care
Richard Fradgley	Executive Director of Integrated Care & Deputy CEO
Philippa Graves	Chief Digital Officer

Saleem Haider	Digital People Participation Lead
Dr Farah Jameel	Non-Executive Director
Tajmina Khanam	Corporate Administrator
Prof Dame Donna Kinnair	Non-Executive Director
Susan Lees	Non-Executive Director
Norbert Lieckfeldt	Head of Governor & Community Engagement
Claire McKenna	Chief Nurse
Edwin Ndlovu	Chief Operating Officer
Marie Price	Joint Director of Corporate Governance
Lorraine Sunduza	Chief Executive Officer

Apologies:

Eileen Taylor	Trust Chair
Patrick Adamolekun	Staff Governor
Andrea Okoloekwe	Staff Governor
Melanie Onovo	Appointed Governor, Newham

Absent:

Viv Ahmun	Appointed Governor, Voluntary Sector
Gulam Choudhury	Appointed Governor, Tower Hamlets
Reno Marcello	Public Governor, City of London

The minutes are produced in the order of the agenda.

1 **Welcome**

1.1 Trust Vice Chair, Deboah Wheeler:

- Welcomed everyone to the Council of Governors meeting, noting apologies from Eileen Taylor who had asked Deborah to chair the meeting in her absence.
- Reminded the meeting of the Trust values – we care, we respect, we are inclusive. She reflected that caring and respectful includes recognising we all want the best for our service users and staff, how we are with each other, our guests and presenters and how we challenge and ask questions.
- Acknowledged that since the previous meeting, former NED Sam Everington has left the Trust after the end of his second and final term. Sam is a keen advocate for population health and the crucial role of primary care and has made a significant impact on the work of the Trust.
- Highlighted a few memorial or awareness days particularly those with resonance with the work of the Trust:
 - Next Monday is Blue Monday – allegedly the day where the post-holiday blues and cold weather/winter darkness are at their worst. On the plus side, there is already 30 minutes more daylight than on 21 December.
 - We are heading for Holocaust Memorial Day on 27 January, a reminder, if any were needed, of humanity’s capacity for inhumanity. It puts our values of caring, respect and inclusivity into even sharper focus. Many thanks to our Governor Bev Morris for once again extending an invitation for Governors and others to attend Memorial Day events at her synagogue.
 - 6 February is Time to Talk Day where everyone is asked to talk about mental health to break through the stigma that’s all too often associated with it.

2. Apologies for Absence

2.1 Apologies were received as noted above.

3. Declarations of Interest

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

4. Minutes of the AMM/AGM held on 13 November 2025 and the Council of Governors meeting held in public on 13 November 2025

4.1 The minutes of the two meetings held on 13 November 2025 were **APPROVED** as a correct record.

5. Action Log and Matters Arising

5.1 Action Log

- Item 223: Review of the deferred Council elections – this is on the Agenda for today and it was agreed this could be closed.

5.2 Matters Arising

No matters arising had been advised.

6. Medium Term Planning Framework – 2026/27 – 2028/29

6.1 Deborah Wheeler informed the Governors the process for annual planning had changed:

- In the past Trusts were required to provide an annual plan, which then became subsumed into plans for the whole system (for ELFT, North East London (NEL) and Bedfordshire, Luton & Milton Keynes (BLMK)). This has now changed to a medium-term plan for the Trust for the next three years.
- Richard Fradgley and his team have been working on this to tight deadlines.
- Once the plan is complete, it will be presented to Council.

Richard Fradgley updated the Governors that:

- There is intense work going into planning, working to a deadline of 12 February to submit.
- An interim plan was submitted just before Christmas.
- The plans need to be prepared with special reference to a number of national priorities, including:
 - Reduce waiting times for CAMHS services and expand mental health in school teams.
 - Expand uptake of Talking Therapies services and promote effective interventions.
 - Reduce the number of people waiting more than 4 hours in emergency departments and reduce length of stay for those admitted to a mental health ward.
 - Reduce waiting times for assessments for autism and ADHD.

- Increase the number of people in Community Health Services seen within 18 weeks and eliminate waits of 52 weeks or more.
- In advance of the final submission, the Board is required to formally provide NHS England with assurance of its confidence in ELFT's ability to deliver the plan. It is anticipated the final version of the plan will be submitted for Board approval in early February.
- The requirement is to submit a workforce plan, finance plan and performance plan as well as a narrative plan for delivery over a period of five years. As we are in the process of developing the Trust's five-year strategy, it is timely and crucial to ensure the plan submitted is aligned to that new strategy.

6.2 In discussion the Council noted:

Waiting Lists

- There are significant waiting times in Autism and ADHD services, largely because ELFT are not commissioned to provide these services. Work is being carried out across North East London with the ICB to ensure ELFT have the appropriate capacity to reduce waiting times. The intent is to develop a new service model which it is hoped will eliminate the backlog of waiting lists while ensuring sufficient capacity to manage a pathway with minimal waits in future.
- There are opportunities to improve productivity which is being achieved across services in the Trust. There has also been successful investment this year to reduce waiting lists in Bedfordshire Community Health Services for speech & language assessments and in Newham with children waiting for an autism assessment.
- The largest waits are for Community Health Services (not Community Mental Health Services) –area for particular concern are for autism assessments in Newham, where ELFT are not commissioned and in the musculoskeletal (MSK) services, particularly in Bedfordshire.
- Information on the demographics of people waiting are reported in the Board performance reports. In some services there are communities that wait for longer than ELFT would want and there are a number of projects underway to improve this. It was agreed to bring further information back on this at a future date.

ACTION: Richard Fradgley

ACTION: Plan governor development session on work in the Trust to address long waits for ADHD and autism assessments (NL)

ICB Re-structure

- Noted that the planned significant cuts in ICBs' head counts could represent a risk to ELFT. Those risks are recognised in the Board Assurance Framework within the Integrated Care Committee existing risks and ELFT will work closely with the ICBs to mitigate the risks as much as possible.

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

7. Trust Strategy 2026-31

- 7.1 Deborah Wheeler reminded the Governors that the Big Conversation about the new Trust strategy began at a Council meeting in July last year and is now in its final stages in a process of seeking comments from Council, Board Committees, and People Participation before discussion at Board later this month.

Deborah thanked everyone who contributed to the Big Conversation, and thanked Carys for her hard work to ensure everyone's voice counted. Deborah also welcomed Janine, a service user from Luton who is a member of the final representative group who are meeting regularly to fine tune the drafts.

Carys Essen and Janine Elliot presented, highlighting:

- There were three phases to the Big Conversation, the first to hear from as many people as possible, the second a survey to clarify any ambiguities and develop a thematic focus and phase three has brought together lived experience leaders and staff members to scrutinise and fine-tune the final draft.
- A strength of the deliberative group stage has been the diversity of its members with the very different perspective and experience they brought to the process. Janine Elliot outlined how her focus was on ensuring the new strategy would be easily accessible and easy to understand. The value the group added is shown in the careful language choices in the draft, ensuring it will have Trust-wide relevance.
- The commitment is to produce an accessible strategy that is contained in just one or two pages, focusing on the mission, purpose, values, vision and the key essentials that need to be in place to make the mission realisable. The way to realise our strategic ambitions will be in a detailed delivery plan that accompanies the strategy, which will be developed in the coming weeks.
- The draft strategy identifies five key priorities
 - Continuity of Care
 - Consistency of Care
 - Staff Experience
 - Equity
 - Prevention
- A final draft will be presented to the Trust Board on 29 January and the delivery framework will follow.
- The Council noted that the previous strategy did not have an associated delivery framework. However, a strategy impact report was published in 2024 which has been shared previously with Governors but will be sent out again **[Action: NL]**. Key lessons from that were shared with Council last year at the start of the current process.

The meeting broke into smaller groups to discuss the following question:

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

The conversations were recorded and a themed summary is attached as Appendix A. Governors were encouraged to email any further comments, if they wish, to Norbert Lieckfeldt.

8. AI and Digital Innovation – How will they improve patient experience?

- 8.1 Deborah introduced the presenters, noting that as this is such a wide topic it has been decided to cover digital support at today's meeting and defer AI to the meeting in March.

Saleen Haider presented, highlighting:

- The People Participation Digital Community (PPDC) is a service user led initiative for digital transformation, addressing digital inequalities and raising digital empowerment. Healthcare is shifting from analogue to digital, so it is important to support service users to become digitally empowered.
- A recent report by ELFT, co-produced with the PPDC and supported by City University entitled 'Digital Access to Mental Health Services' highlighted that:
 - Secondary care (SC) service users experienced significantly higher rates of total digital exclusion (19%) than primary care (PC) service users (0.8%).
 - SC users are more likely to be older, male, and living alone. They also have lower household incomes and educational attainments than PC users.
 - Digital exclusion is strongly associated with increasing age, lower household income, sensory impairments, and certain mental health conditions such as psychosis and bipolar disorder.
 - Financial constraints, lack of support, and low motivation are the primary factors contributing to digital exclusion.
 - SC users report higher rates of long-term physical health conditions and are more likely to have visual or hearing impairments.
 - Peer support is a key driver for gaining digital skills and confidence.
- PPDC achievements include: a device loan scheme, a digital life coach training programme, and the internet learners' club hosting various webinars. The feedback has been very positive both specifically about digital skills and for improving mental health through increasing confidence.

Renato Congias outlined his involvement:

- He had joined PP and was interested in particular in the impact of digital poverty. He trained to become a digital coach, learning about a wide range of issues such as cyber security or the impact of digital life on mental health care. As a coach he went on to support others who had difficulties accessing digital assets, such as the NHS app.
- A digital hub is now being planned at Barnsley Street in Tower Hamlets to provide access for people without their own devices and digital life coaches will be on site to support them.
- For the loan scheme mentioned earlier, service users need to be referred by a people participation lead or digital life coach; after an assessment, they are provided with a Chromebook and training sessions to enable them to use the device they have on loan.

Saleem summarised the learning so far as:

- Tackling digital inequality is complex and each person's difficulties are unique.
- Digital exclusion reflects the inequalities in society.
- Digital inclusion requires leadership to drive a coherent, consistent plan for public, private and voluntary sector organisations to feed into, whereas at the moment it is very fragmented.

- There has been significant progress in ELFT through co-production with the foundations now in place to offer support, with the new Barnsley Street Centre representing another milestone.
- The team have created an NHS Blueprint for digital inclusion and patient empowerment which is being shared via NHS England, enabling other Trusts to access the learning.
- The aim is to acknowledge digital ability as an inclusive part of the patient care record so that people's progress with digital abilities can be measured and tracked, and shifting the landscape to *digital first*, i.e. always looking at what digital support is required.

8.2 In discussion the Council:

- Welcomed the team's important work, whilst acknowledging the challenge of operating this kind of intensive support at scale, given the large population ELFT serves.

The meeting broke into smaller groups to discuss the following question:

- ***What else could/should the Trust do to support staff and service users to make the transition from an analogue to a digital NHS'?***

The conversations were recorded and a themed summary is attached as Appendix B.

9. CQC Inspections Update

9.1 Deborah Wheeler introduced this topic by agreeing with the Council that she would send Governors' thanks to ELFT staff who are involved in the inspections, for their hard work, their candour and their engagement with the process.

Claire McKenna gave the update, highlighting:

- In December 2025, the CQC looked at the Crisis Mental Health pathway and Community Mental Health teams across the whole Trust; January saw an inspection of the in-patient units and inspections of Community Health services is planned for later this month. A further inspection of a large service is planned for March, to be followed by a *Well-Led* inspection in June.
- The feedback from staff has been that the inspections have been thorough, but they have enjoyed the opportunity to showcase their excellent work and that the process has been well-managed.

- Early feedback has highlighted:

Strengths are:

- Kind, compassionate and caring staff across all services
- Good systems and processes exist to manage flow
- Widespread involvement of staff in projects and innovation with colleagues proud of their work in quality improvement
- Good work in local communities and addressing issues of diversity
- Awareness of the diversity of service users' needs, such as in the autism services
- Good local partnership working

Areas of improvement include:

- A lack of consistency of approach and some variation in clinical practice across teams
- A need to strengthen lone working
- Inconsistencies monitoring physical health needs

- Inconsistency in care planning
- Acknowledgement that teams were under pressure due to increased referrals
- Staff supervision and mandatory training need additional work to increase compliance levels
- Some environmental issues, particularly in in-patient settings
- It was reassuring that none of these were surprising but rather were issues ELFT had already identified and is working on.
- There is a CQC action plan with groups overseeing the implementation, each of which has an Executive lead and is reporting back to the Board.
- Preparations are in place for the well-led inspection.

9.2 In discussion the Council:

- Noted that there is a lag of a few months between the well-led inspection and the issue of the final report. However, informal feedback in the meantime gives an indication of what the report will contain.
- Confirmed that the CQC routinely meets with Governors as part of the well-led inspection and that there will be a session to support Governors with that.

9.3 The Council **RECEIVED and NOTED** the update.

10 Update – Communications and Engagement Committee

The report was **RECEIVED and NOTED**.

10 Membership Engagement Plan Update

10.1 Tina Bixby reported:

- The member's refresh will be going out on 26 January as part of the elections.
- This is already the third and the final year of the membership engagement plan; we are looking to see how community engagement features in the NHS 10 Year Plan and will update the Plan once we have greater clarity
- Some feedback indicates that members valued face to face meetings if possible; the team are investigating how to address this within constrained budgets.
- A general update to members is planned for March and work is beginning with the CEC on a survey to identify our membership's priorities.

10.2 In discussion the Council noted:

- The membership had been declining since the pandemic but has increased in the last year for the first time by nearly 300 as a result of the engagement work. It is expected that the members refresh will see the numbers reduce significantly
- Within the refresh, the option to be a member without electronic contact details will remain to ensure that digital exclusion is no bar to Trust membership.
- There has not been a dedicated membership recruitment campaign – there is no guidance about how many members a Foundation Trust should have for an active, diverse and representative membership although the Trust Constitution prescribes a minimum number per constituency.
- The Trust is awaiting national decisions about how community engagement will be shaped under planned new legislation.

11. Council of Governors Elections

- 11.1 Deborah noted that the outgoing Governors are willing to stand for re-election and thanked them for their continued engagement; the Council wishes them the best of luck.
- 11.2 The Council **RECEIVED and NOTED** the report.

12. Council of Governors Forward plan

Noted

13. Any Other Urgent Business and Questions from the Public

- 13.1 Council requested that their thanks are passed on to all the staff for their hard work.

14. Date and Time of Next Meeting

- Thursday 12 March 2026, 5-7pm

All meetings will be held in person at Trust HQ (Conference Room, Robert Dolan House, 9 Alie Street, E1 8DE) from 5:00 – 7:00pm unless stated otherwise.

The meeting closed at 7pm.

Appendix A – Feedback, Group Discussion “Thinking about what matters to members and communities, is there anything that feels too quiet or too loud in this draft?”

Council of Governors Feedback – Updated Thematic Summary

OVERALL VIEW

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. However, governors consistently emphasised the need to make prevention, equity in practice, delivery and real-world impact clearer and more visible to members and communities.

AREAS THAT FELT ‘TOO QUIET’

1. Prevention and early intervention

Prevention was repeatedly identified as under-emphasised relative to its importance. Governors wanted clearer strategic emphasis on early years, schools (including secondary schools), parenting support, resilience and self-care across the life course.

2. Equity translated into lived experience

While support for “making care fairer” was strong, governors wanted clearer articulation of what equity means in practice. This included reducing unwarranted variation between boroughs, addressing inequalities in access and outcomes, and tackling disproportionate use of restrictive interventions.

3. Aftercare and continuity of care

Governors highlighted gaps in how the strategy addresses continuity after discharge, transitions between services and longer-term support, noting these as critical points of risk for service users and carers.

4. Digital inclusion

Although digital transformation is recognised, governors felt the strategy remained too quiet on digital exclusion. Strong emphasis was placed on ensuring alternative, non-digital routes of access are explicitly protected.

5. Community services and local partnerships

Governors wanted greater visibility of community health services, homelessness teams and collaboration with housing, voluntary sector and local authorities. References to “community” were seen as too abstract without clearer definition.

6. Carers, physical health and holistic care

The role of carers could be strengthened further. Governors also highlighted the need for stronger focus on physical health, particularly for people with learning disabilities, and whole-person care.

7. Measures of success, delivery and accountability

Governors expressed concern about how success will be measured and evidenced. There was strong interest in seeing clearer links between strategy, delivery frameworks, milestones and accountability.

AREAS THAT FELT ‘TOO LOUD’

1. High-level and abstract language

Despite improvements, some governors felt the strategy still risks feeling high-level and detached from everyday experience. Familiar wording without concrete examples may reduce impact for communities.

2. Internal frameworks over public-facing clarity

Elements of the strategy felt more oriented towards internal audiences than members and service users. Governors supported the development of clearer, more visible and accessible versions for public use.

CROSS-CUTTING THEMES

Service user voice and belonging

Governors strongly endorsed the co-production approach and wanted the strategy to go further in fostering a sense of belonging and identity, helping people feel “this is my Trust”.

Communication and visibility

There was concern that without deliberate, sustained communication, the strategy risks remaining invisible to service users and communities. Governors stressed the importance of simple, visible formats and consistent reinforcement.

OVERARCHING MESSAGE

Governors viewed the strategy as credible, values-led and directionally strong. The key challenge is making prevention louder, translating equity into lived experience, and clearly bridging strategy to delivery so that members and communities can see, feel and trust the impact of the strategy.

Appendix B – Strategic Priority Theme Discussion:

ELFT Council of Governors Discussion Themed Summary

Topic: What else could/should the Trust do to support staff and service users to make the transition from an analogue to a digital NHS?

Overall Governor Message

Governors support digital transformation where it is inclusive, co-produced and properly resourced, ensuring digital becomes an enabler of access rather than a barrier to care.

1. Recognise Digital Transition as a Health Inequalities Issue

Digital exclusion should be treated as a determinant of access to care, closely linked to poverty, mental illness and deprivation. Digital transformation must therefore align with the Trust's health inequalities agenda rather than being positioned solely as a technology programme.

2. Address Digital Poverty as a Practical Barrier

Many service users lack devices, connectivity or financial capacity to engage digitally. The Trust should explore device access schemes, connectivity support and partnerships with charitable or corporate organisations.

3. Build Workforce Digital Capability

A structured, local digital skills assessment is needed to identify gaps and tailor training. Consideration should be given to new enabling roles such as Digital Facilitators or Coaches to support adoption.

4. Provide Human-Centred Digital Inclusion

Hands-on, relational support is more effective than passive training. Peer supporters, community-based assistance and practical onboarding should accompany any technology rollout.

5. Maintain Choice Through Hybrid Models

Digital must enhance—not replace—existing access routes. Patients should retain face-to-face, telephone and postal options where needed.

6. Improve Communication, Trust and Digital Safety

Clear communication about changes, education on digital safety and improved personalisation of digital messaging are essential to building confidence.

7. Focus on Transformation, Not Simple Digitisation

The Trust should redesign pathways rather than replicate analogue processes digitally, using pilot models and early adopters to scale innovation.

8. Use Data to Target Support

Demographic and service-level analysis should identify groups most at risk of exclusion, enabling targeted rather than universal interventions.

9. Strengthen Partnerships

Digital inclusion requires collaboration with local authorities, libraries, voluntary organisations and community networks to deliver sustainable support.

Council of Governors - Action Log following Council Meeting 15 January 2026							
Ref	Meeting Date	Agenda item	Action Point	Owner	Due Date	Status	Comments
225	15/01/2026	Medium Term Plan	Update Council on demographics of service access and distributions	Richard Fradgley	2026	Forward plan	
226	15/01/2026	Trust Strategy	Re-share Strategy Impact Report	Norbert Lieckfeldt	Mar-26	Closed	Shared with March 2026 CoG Paper
226	15/01/2026	Medium Term Plan	Deliver Governor Development Session on ADHD/Autism Service	Norbert Lieckfeldt	Mar-26	Closed	Session held with Clinical Director, Children's Services on 19 Feb 2026

- In progress
- Closed
- Forward plan

To: Council of Governors

From: Richard Fradgley, Director of Integrated Care & Deputy CEO

Date: 12 March 2026

Subject: ELFT Medium Term Plan (2026/27–2028/9) and Five-Year Narrative Plan – Summary for Governors

1. Overview

As a reminder from the January meeting, as of this year NHS England has required us to produce a three-year Medium-Term Plan and a narrative plan for the coming five years. The plans needed to be prepared with special reference to a number of national priorities, including:

- Reduce waiting times for CAMHS services and expand mental health in school teams.
- Expand uptake of Talking Therapies services and to promote effective interventions.
- Reduce the number of people waiting more than 4 hours in emergency departments and reduce length of stay for those admitted to a mental health ward.
- Reduce waiting times for assessments for autism and ADHD.
- Increase the number of people in Community Health Services seen within 18 weeks and eliminate waits of 52 weeks or more.

For ELFT, these plans must reflect the Trust's new strategy agreed in principle by the Board in January 2026.

The strategy is built on extensive engagement with over 1,700 service users, carers, staff and partners. The plan responds to three major drivers:

- Growing and changing population need, including high deprivation and rising complexity in mental health presentations.
- Increased demand after the pandemic and cost-of-living crisis, especially in neurodiversity services, emergency mental health demand, and community support.
- Requirements of the NHS 10-Year Plan and ICB commissioning intentions.

The Medium-Term Plan and five-year narrative plan translate the strategy's ambitions into specific deliverables across quality, workforce, equity, prevention, digital transformation, estates and financial sustainability.

2. Strategic Priorities for the Next Five Years

ELFT's strategy sets four long-term priorities, each with clear commitments in the five-year plan.

A. Improve Quality and Experience of Care

The Trust aims to ensure people feel known, supported through transitions, and experience consistently high care wherever they present. Key improvement commitments include:

- Reducing waiting times, especially for ADHD/ASD (children and adults), Musculoskeletal Services (MSK), Speech and Language Therapy (SLT) and other community health services.
- Bring down mental health delays in Emergency Departments, reducing “cubicle hours”
- Reducing acute and older adult lengths of stay (LOS) and improving discharge flow.
- Continuing to eliminate out-of-area placements, building on major flow improvements already achieved.
- Strengthening safety for patients and staff, supported by the Trust's Safety Plan and Patient Safety Incident Response Framework (PSIRF), developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

What this means for Governors: watch out for regular Board reports on waiting times, LOS, flow, safety metrics and ED performance improvement

B. Make ELFT a Place Where People Can Do Their Best Work

Workforce sustainability is seen as a prerequisite to service quality. The plan sets out:

- Delivery of a Trust-wide Staff Experience Programme.
- Roll-out of the Integrated Care Competencies Framework, enabling staff to work confidently across neighbourhood teams and integrated care pathways.
- A reduction of temporary staffing (Bank & Agency workforce)
- Strengthening supervision, leadership development, career pathways and skill-mix optimisation.

Implication for Governors: seek assurance of Board oversight of workforce experience, turnover, training, capability development and reduction in agency reliance.

C. Advance Equity in All That We Do

Equity is a defining feature of ELFT's strategy, supported by its status as the first and so far only national [Marmot Trust](#).

Commitments include:

- Data-led identification of inequities in access, experience and outcomes (using Power BI (an MS tool for data analysis and visualisation using dashboards), ICB datasets).
- Delivery of a five-year *Patient and carer race equality framework* (PCREF) action plan for all boroughs. PCREF is a mandatory framework for all NHS Trusts on their journey to become anti-racist organisations.
- Scaling ELFT's QI *Pursuing Equity* programme Trust-wide.
- Embedding anti-racist leadership and [Just Culture](#) approaches across the organisation.
- Expanding equity-focused models such as faith-adapted therapy, culturally informed community outreach and neighbourhood mental health centres.

For Governors: Board reports on equity metrics, PCREF progress and Marmot outcomes will be important for assurance.

D. Strengthen Prevention and Early Help

The plan shifts ELFT towards earlier, community-based intervention:

- Development of Integrated Neighbourhood Teams across every ELFT place by 2031.
- Expansion of 24/7 neighbourhood mental health centres, building on Barnsley Street's success in reducing Did Not Attend (DNA) rates and improving access for underserved groups.
- Growth of admission avoidance pathways across community health services.
- Priorities including severe mental illness (SMI) and Learning Disability (LD) physical health checks, tobacco cessation, healthy weight support, IPS employment services, and expansion of Mental Health Support Teams in schools.

For Governors: seeking assurance around the shift from hospital-based to preventative and neighbourhood-based care.

3. Strategic Enablers

The plan also outlines the enabling pillars needed for success.

A. Responsible Stewardship of Resources

The Trust commits to:

- Break-even position every year for the next five years, enabled by the Going Further, Going Together (GFGT) programme.
- £20m+ of annual efficiency delivered through:

- Pathway redesign
- Temporary staffing reduction
- Estates rationalisation
- Digital optimisation
- Strengthened financial governance, including vacancy controls and return-on-investment business case processes.

Governor focus: Board reports on financial performance, efficiency delivery, productivity gains, estates rationalisation decisions (e.g. Quality Impact Assessments).

B. Digital Tools to Enable Joined-Up Care and Fairer Access

The digital plan focuses on:

- Modernising infrastructure to support mobile and community-based working.
- Converging systems to improve usability and free clinical time.
- Using automation, AI-supported tools and workflow optimisation to reduce unwarranted variation.
- Building digital capability and digital inclusion among staff and service users.

Governor focus: Board reports on digital roadmap delivery and benefits realisation.

C. Safe, Welcoming and Sustainable Places

The estates strategy aligns capital investment with clinical priorities:

- Investment in Mental Health Crisis Assessment Services (MHCAS), 24/7 centres, crisis accommodation, and digital infrastructure.
- Space optimisation to exit poor-quality buildings and support co-location.
- Prioritised capital pipeline supporting safety, improved environments and neighbourhood-based care.
- Embedding service user participation in estates decisions.

Governors: Board reports on estates risks, capital delivery, environmental sustainability and safety improvements remain critical assurance areas.

4. Our Population and the Context for Change

The plan provides a detailed picture of population need that underpins priorities:

- ELFT serves over 2 million people across highly diverse and significantly deprived areas.
- Rising rates of severe mental illness, trauma-related needs, homelessness and income deprivation, with strong inequalities by ethnicity, age and borough.
- Growth in older populations, while children and young peoples' mental health needs continue to rise rapidly.

Governor role: seeking assurance that plans remain aligned to population need and system partnerships.

5. Governance and Assurance

The plan reinforces the core governance model:

- Board oversight through Finance, Quality, People & Culture, Integrated Care & Commissioning Committees, Audit and People Participation Committees.
- Use of the Board Assurance Framework (BAF) aligned to the updated strategy.
- Real-time data dashboards through PowerBI.
- Strengthened risk management and quality impact assessment processes.

For Governors: this provides assurance that operational delivery, quality and finance are joined-up and transparent for the Board.

6. Looking Ahead: Future Organisational Form

ELFT intends to consider applying for [Advanced Foundation Trust status](#) within the medium term period, subject to regulatory criteria and partnership discussions.

This is linked to ambitions for greater autonomy, capital freedoms, and strengthening population-health-led models.

Final Summary for Governors

ELFT's medium-term plan and five-year narrative plan present a credible, ambitious and system-aligned roadmap that:

- Responds to rising need with a strong emphasis on prevention, equity and neighbourhood-based care.
- Focuses on quality, safety, workforce sustainability and significant reductions in unwarranted variation.
- Embeds financial stability, with a sustained break-even trajectory and targeted efficiency programmes.
- Leverages digital and estates transformation to support new models of care.
- Maintains rigorous governance and partnership working to deliver the strategy.

Communications and Engagement Committee Report

To: Council of Governors

From: Felicity Stocker Chair of Communications and Engagement Committee

Author: Head of Governor and Community Engagement

Date: 12 March 2026

Agenda Item: Communications and Engagement Committee Report

1. Purpose of the Report

1.1

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

2. Background

2.1

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

2.2

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

3. Committee Business

3.1

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

3.2

The action log was reviewed; the outstanding action had been discussed between the Governor concerned and the Service Director and is now closed.

4. Key Areas

4.1 Communications and Media

4.1.1

The Committee received a communications update on strategic development, service changes and workforce plans across the Trust:

4.1.2.

The Committee received an update on recent media interest following a *Nursing Standard* article that revisited historic issues in patient observations and whistleblowing. The article referenced past concerns. Norbert highlighted the historical nature of the issues raised, reminded Governors of receiving assurance around these at a 2024 Council of Governors meeting and outlined the Trust's progress since that time, including:

- **Strengthened Reporting Systems:** Introduction of the **In Phase** incident reporting system, replacing Datix and enabling all staff to report patient safety concerns with greater transparency. New data entry fields for missed observations and risk assessments support earlier identification of themes and improved oversight.
- **Team Engagement and Supervision:** Weekly **observation huddles** and mandatory recording of clinical supervision have been embedded to support staff, encourage open discussion of concerns, and promote consistent, accountable practice.
- **Freedom to Speak Up:** Staff continue to have access to confidential routes to raise concerns through the **Freedom to Speak Up Guardian**, adding further assurance.
- **CQC and Assurance:** The Trust anticipates future scrutiny from the CQC in this area and has collated evidence demonstrating progress. Norbert offered to share relevant Council meeting minutes from 2024 to support transparency.

4.1.3

Trust Strategy Refresh: Work has continued with a representative group of staff and service users to redesign the Trust strategy, making it clear, accessible and aligned to emerging priorities. A detailed development plan will be brought to the Board for review.

4.1.4

Kelvin Grove Crisis Centre: The Trust will open a new crisis centre in Bedford, providing a walk-in- alternative for people who need urgent support but do not require inpatient admission.

4.1.5

GP Practice Transitions: The report updated that the final GP practice has now been handed to new providers, reflecting the challenges large trusts face in operating small-scale primary care services. The Trust continues to operate three Transitional GP Practices in East London for often marginalised communities such as people who are homeless.

4.1.6

Population Health – Healthier Wealthier Families: The programme, first piloted in Newham and now expanded to Luton, continues to help families access financial support and thus improve wellbeing, aligning with ELFT's wider population health vision.

4.1.7

Staffing and Recruitment: Recruitment is underway for the new **Chief Quality Officer**.

4.2 Membership and Community Engagement (MEP)

4.2.1

The Committee received an update on the MEP annual report and the ongoing review of the plan, highlighting the shift towards a community-focused approach and the continuation of membership pop-up events.

4.2.2

Annual Report Preparation: Tina explained that the annual report, summarising activities over the past year, is prepared for the next People Participation Committee and will be reported to the Council and Board in due course.

4.2.3

Engagement Plan Review: The membership engagement plan is shaped by current uncertainties around future governor and member arrangements, with Tina and Norbert to update re future directions.

4.2.4

Community Approach: The Committee reaffirmed a commitment to engaging the wider community, not just formal members, and integrating this ethos into ongoing and future activities.

4.2.5

Pop-Up Events: Despite some recent cancellations due to illness, Tina emphasised the importance of membership pop-ups and plans to coordinate future events, linking them to trust strategy communications.

4.3 ELFT Charity

The Committee received an update on the ongoing development of the Trust's charity, outlining work by the Charitable Funds Committee to strengthen governance, improve fairness, and broaden fundraising activity.

New grant categories and clearer application processes are being introduced - including recent successful initiatives such as the *Moment of Joy* grants - with defined windows, upper funding limits and more transparent criteria. Plans for future fundraising include dedicated appeals and supporting staff-led activities, with consideration of a range of event formats.

Ensuring fairness and equity was a key theme of the discussion. The Charitable Funds Committee is analysing data on grant allocations, encouraging applications from underrepresented areas and introducing clearer processes and guidance. Work is also underway to simplify forms and offer tailored support to applicants.

Governors asked about representation on grant panels. It was clarified that governors will have future opportunities for involvement.

4.4 People Participation

The committee discussed the current structure of the Trust's people participation and working together groups, including governor engagement, the effects of recent ICB changes and support for service user and carer involvement.

People participation working together groups were clarified as separate from governor and membership structures; their primary members are service users and carers, with governors attending only as invited observers. Governor representation on the People Participation Committee operates on a rotational basis. The trust-wide Working Together Group continues to be a service-user-only forum, although some governors attend in a personal capacity as service users.

4.5 Elections and Governance Changes

The committee noted the upcoming governor elections, the uncertainty surrounding future governance structures due to potential legislative changes, and the need for a quorate council and contingency planning.

4.5.1 Election Planning

The trust is preparing for governor elections with multiple information sessions offered to prospective candidates, and a steady number of applications received, despite uncertainty about the future of the governor role.

4.5.2

Legislative Uncertainty: Norbert relayed that the NHS 10 Year Plan anticipates changes to governance requirements, possibly removing the mandate for a Council of Governors, and the trust is awaiting further details before making structural decisions. Any future structures for community engagement would be co-produced with service users, Governors and our wider communities, working closely with the Board.

5. Recommendation

5.1

The Council of Governors is asked to:

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

To: Council of Governors

From: Norbert Lieckfeldt, Head of Governor & Community Engagement

Date: 12 March 2026

Subject: Council of Governor Elections 2026/Membership Refresh

1. Purpose of the Report

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

2. Background

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

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

3. Timetable

3.1 The timetable for the elections is as follows:

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

3.2 The call for nominations included the following message:

In the NHS 10 Year Plan, the Government has suggested that NHS Foundation Trusts may in future no longer be required to have Councils of Governors. This could mean that new legislation is introduced within the next year, which may bring all Governor terms to an end in 2027 or 2028. We wanted to make you aware of this when considering whether to stand for election.

Nevertheless, every Constituency will be holding contested elections as more nominations than vacancies have been received.

4. “Becoming a Governor” Conversation

4.1 Three online sessions were offered for potential candidates (including one on Saturday). One session took place with four candidates, two of whom proceeded to full nominations.

5. Nominations

5.1 Members of the Trust in the above constituencies (including staff) were either emailed or sent a postcard advising them of the opportunity to nominate themselves to become a Governor.

5.2 Of the 11 Governors whose terms ended on 31 October 2025, one (John Bennett) reached the end of his third and final term and is therefore not eligible for re-election. One further candidate (Stella Oloyede) did not stand for re-election. All other previous governors decided to stand for re-election.

5.3 There was one pre-existing vacancy amongst staff governors due to a resignation; the other staff governor whose term ended has now left the Trust.

5.4 The number of nominations vs vacancies received is

Constituency	Nominations	Vacancies
Bedford Borough	3	1
Central Bedfordshire	6	3
Newham	6	3
Staff	3	2
Tower Hamlets	6	2

6. Voting

6.1 Members will be either emailed or sent a postal voting pack on 24 March 2026 and reminders will be sent to members during the voting window. Voting closes on **20 April 2026 at 17:00**.

6.2 The membership refresh carried out as part of the nominations process will lead to significant savings for printing & postage in the election process. We will monitor election turnout following the membership refresh.

7 Membership Refresh

7.1 As agreed previously, all members we do not hold an email address for were written to as part of the nominations process and were offered the opportunity to confirm

their intention to remain members of the Trust, and where possible to provide an email address.

- 7.2 Mindful of the risk of digital exclusion, there was an option to remain a member of the Trust without providing an email address.
- 7.3 Of the 5,760 members contacted, 63 opted to remain members without providing an email address; 32 provided an email address. This is a response rate of 1.65% which demonstrates the necessity for the refresh.
- 7.4 Following the refresh, we remain constitutionally quorate with sufficient members in all Trust constituencies.

8. Action

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