

Board of Directors Meeting in Public

Thursday 26 March 2026 from 13:00 – 16:25

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

12:15 – 13:00 Lunch (will be provided) - Charity celebration

13:00 – 15:55 Trust Board in Public

16:05 – 16:25 Teatime Presentation

Agenda

Opening Matters

1	Welcome and Apologies for Absence*	Note	Eileen Taylor	13:00
2	Patient Story: Estates People Participation workstreams	Note	Jane Fernandes Samidul Uddin	13:05
3	Declarations of Interests	Assurance	All	13:30
4	Minutes of the Previous Meeting held in Public on 29 January 2026	Approve	Eileen Taylor	
5	Action Log and Matters Arising from the Minutes	Assurance	All	
6	Matters Arising from Trust Board Meeting in Private*	Assurance	Eileen Taylor	

Strategy

7	Chair's Report	Assurance	Eileen Taylor	13:40
8	Chief Executive's Report	Assurance	Lorraine Sunduza	13:50
9	Audit Committee Assurance Report	Assurance	Alison Cottrell	14:15
10	Integrated Care & Commissioning Committee Assurance Report	Assurance	Richard Carr	14:20

Quality & Performance

11	Quality Assurance Committee Assurance Report	Assurance	Donna Kinnair	14:25
12	People Participation Committee Assurance Report	Assurance	Dr Durka Dougall	14:30
13	Quality Report	Assurance	David Bridle	14:35
14	Performance Report	Assurance	Edwin Ndlovu	14:50

5 Minute Break

15:00

People

15	People & Culture Committee Assurance Report	Assurance	Deborah Wheeler	15:05
16	People Report	Assurance	Barbara Britner	15:10
17	Deep Dive People Plan – including staff survey results	Assurance	Barbara Britner	15:20

Finance

18	Charitable Funds Committee Assurance Report	Assurance	Peter Cornforth	15:30
19	Finance, Business & Investment Committee Assurance Report	Assurance	Sue Lees	15:35
20	Finance Report	Assurance	Kevin Curnow	15:40

Closing Matters

21	Board of Directors Forward Plan	Note	Eileen Taylor	15:50
22	Any Other Urgent Business*: <i>previously notified to the Chair</i>	Note	Eileen Taylor	
23	Questions from the Public*		Eileen Taylor	
24	Dates of Future Meetings <ul style="list-style-type: none"> • 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) 			
25	Close			15:55

*verbal update

Eileen Taylor Chair of the Trust

16:00 – 16:25 **People Participation Teatime Presentation:**
Corporate Volunteering Program.

Presenters:
Rajia Khan, Volunteer Lead

Board of Directors Register of Interests: as at 20 March 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	<ul style="list-style-type: none"> • Member, British Medical Association • Member, General Medical Council • Member, Medical Protection Society • Member, Royal College of Psychiatrists
Barbara Britner	Acting Chief People Officer	<ul style="list-style-type: none"> • Nil to declare
Richard Carr	Senior Independent Director	<ul style="list-style-type: none"> • Director, Richard Carr Consulting Ltd, Management Consultancy • Managing Director Commissioner, Woking Borough Council (Ministry of Housing & Local Government) • Non-Executive Director, Society of Local Authority Chief Executives and Senior Managers (SOLACE) • Chair, SOLACE in Business Ltd • Senior advisor to the National Association of Primary Care • Minority Shareholder and Director of Tolcarn Property Ltd, Suffolk
Vivek Chaudhri	Non-Executive Director	<ul style="list-style-type: none"> • Director, Global AI Leaders Network (GAIL) • Director, Purposeful AI • Non-Executive Director (NED), National Highways
Peter Cornforth	Non-Executive Director	<ul style="list-style-type: none"> • Director, Field Doctor Ltd – frozen meals producer • Director, Good Way Ltd – music venue operator • Director, Kind Canyon Digital Ltd – music rights owner • Director, Music Venue Properties Ltd. – community benefit society • Non-Executive Director, Community Health Partnership • Governor, John Whitgift Foundation – care homes and schools • Trustee, The Ormiston Trust • Parent Member, National Autistic Society • Independent Investment Advisory Group – Property, Transport for London

Name	Job Title	Interests Declared
Alison Cottrell	Non-Executive Director	<ul style="list-style-type: none"> • Non-Executive Director at LINK Scheme Ltd • Charity and Trustee, Ley Community Drug Services • Trustee, Phoenix Futures • Fellow, Society of Professional Economists • Liveryman, Worshipful Company of International Bankers
Kevin Curnow	Chief Finance Officer	<ul style="list-style-type: none"> • Director, Health Care & Space Newham (joint venture between ELFT and LB of Newham)
Professor Dr Durka Dougall	Non-Executive Director	<ul style="list-style-type: none"> • Non-Executive Director & Deputy Chairman, Kingston & Richmond NHS Foundation Trust • CEO, Centre for Population Health (not for profit company) • Chair, The Health Creation Alliance (community interest company) • Associate providing ad hoc freelance work and consultancy for the following consultancies <ul style="list-style-type: none"> ➢ 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	<ul style="list-style-type: none"> • Director, Compass Wellbeing CIC, a trust subsidiary • Member, Bedfordshire, Luton & Milton Keynes, Integrated Care Board Mental Health Learning Disabilities & Autism Collaborative Committee • Member, North East London Integrated Care Board Mental Health Learning Disabilities & Autism Collaborative Sub-Committee • Member, North East London Integrated Care Board Community Health Services Collaborative Sub-Committee • Member, Newham Place Committee • Member, Tower Hamlets Place Committee • Partner Works for ELFT
Philippa Graves	Chief Digital Officer	<ul style="list-style-type: none"> • Director, Health Care & Space Newham (joint venture between ELFT and LB of Newham)
Dr Farah Jameel	Non-Executive Director	<ul style="list-style-type: none"> • Non-Executive Director, North London NHS Foundation Trust • Co-Chair and Member Camden Local Medical Committee • Member, Royal College of General Practitioners. • Council Member / London Representative, Medical Women's Federation • Appointment to the Board of Directors for London Medical Committees (LMC)GP at The Museum Practice, Camden • Acting as a consultant to LOCSU (Local Optical Committee Support Unit) ends June 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	<ul style="list-style-type: none"> • Board Member, NHS Race & Health Observatory • Non-Executive Director at Royal Free Hospital NHS FT • Director at DDK Consultancy Ltd (provides ad hoc training and other consultancy support; clients NHS organisations) • Director of Nursing & Community Services, Zentar Healthcare (private health provider) • Patron, Trinity College Medical Society • Trustee, Burdett Trust for Nursing
Susan Lees	Non-Executive Director	<ul style="list-style-type: none"> • Non-Executive Director Barking, Havering & Redbridge University Hospital Trust • Chair of the Charitable Funds Committee of the Barking, Havering & Redbridge University Charity
Claire McKenna	Chief Nurse	<ul style="list-style-type: none"> • Nil to Declare

Name	Job Title	Interests Declared
Edwin Ndlovu MBE	Chief Operating Officer	<ul style="list-style-type: none"> • Director East Bedford PCN • Director, EEHN Co Ltd • Director, Phoenix Sunrisers PCN • Member of Race Health Observatory Mental Health Working Group • Health Trustee, St Mungo's Homeless Charity • Member, Jabali Men's Network Community Interest Company • Member of UNISON • Registered Mental Health Nurse NMC
Lorraine Sunduza	Chief Executive	<ul style="list-style-type: none"> • Named shareholder for Health E1 • Named shareholder for Tower Hamlets GP Care Group • Named shareholder for City & Hackney GP Federation • Named shareholder for Newham GP Federation • Member of BLMK Bedfordshire Care Alliance Committee • Member of Central Bedfordshire Health & Wellbeing Board • Member of City & Hackney Neighbourhood Board • Member of City & Hackney Integrated Commissioning Board • Member of Newham Health & Wellbeing Board • Member of East of England Provider Collaborative Board • Member of North East London Community Health Collaborative Committee • Member of North East London Population Health and Integrated Care Committee • Member, Unison
Eileen Taylor	Chair	<ul style="list-style-type: none"> • Joint Chair, East London NHS Foundation Trust (ELFT) and North East London NHS Foundation Trust (NELFT) • Chair of the NEL Mental Health, Learning Disabilities & Autism Provider Collaborative • Member, Mid & South Essex Community Collaborative • Chair, MUFG Securities EMEA plc • Chair, Nominations Committee at MUFG Securities EMEA plc • Member of the US Democratic Party

Name	Job Title	Interests Declared
Deborah Wheeler	Vice-Chair (Bedfordshire & Luton)	<ul style="list-style-type: none"> • Non-Executive Director and Senior Independent Director, North East London NHS Foundation Trust • Board Trustee and Lead Trustee for Safeguarding, Revitalise Respite Holidays (member of Quality & People Committee) • Registrant, Nursing and Midwifery Council • Member, Royal College of Nursing • Churchwarden, St Laurence Church Barkingside (Church of England) • Design Team member for Clarity Crafts Ltd
Marie Price	Joint Director of Corporate Governance, ELFT & NELFT	<ul style="list-style-type: none"> • Joint Director of Corporate Governance at North East London NHS FT

Board of Directors

**DRAFT Minutes of the Board of Directors meeting held in Public
on Thursday, 29 January from 1.00pm at
Conference Room, 2nd Floor, Robert Dolan House, 9 Alie Street, London E1 8DE**

Present:

Deborah Wheeler (Meeting Chair)	Vice-Chair (London)
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
Richard Fradgley	Executive Director of Integrated Care & Deputy CEO
Philippa Graves	Chief Digital Officer
Dr Farah Jameel	Non-Executive Director
Susan Lees	Non-Executive Director
Claire McKenna	Chief Nurse
Edwin Ndlovu	Chief Operating Officer & Deputy CEO
Dr Amar Shah	Chief Quality Officer
Lorraine Sunduza	Chief Executive Officer

In attendance:

Laura Austin-Croft	Director of Population Health
Elena Baker-Glenn (online)	ELFT Medical Director
Gren Bingham	Tower Hamlets Governor
Paul Binfield	Director of People Participation
Liz Birch	Central Bedfordshire Governor
Tina Bixby	Community Engagement and Charity Manager
Deborah Dover	Director of Patient Safety
Janine Elliot (online)	Member of the Strategy Representative Group
Carys Esseen	Deputy Director of Integrated Care
Humaira Farhan (online)	Service user
Derek Feeley	Board Adviser
Sasha Fuller (online)	Director of Communications
Catherine Furlong	Lead Nursery Nurse
Angela Grant	Peer Tutor at City & Hackney Recovery College
Joanna Heyes	Patient Story presenter
Tajmina Khanam	Corporate Administrator
Norbert Lieckfeldt	Corporate Governance Manager
Manjit Lotay	Patient Story presenter
Linda McRoberts	Minute Taker
Ese Okonedo (online)	Hackney Governor
Shona Sinclair	Chair, Compass Wellbeing
Meena Patel	Corporate Governance Support Manager
Jamu Patel	Deputy Lead Governor and Luton Governor
Marie Price	Joint Director of Corporate Governance ELFT & NELFT

Apologies:

Professor Dr Durka Dougall	Non-Executive Director
Professor Dame Donna Kinnair	Non-Executive Director
Susan Downing	Member of the Strategy Representative Group
Eileen Taylor	Trust Chair

The minutes are presented in the order of the agenda.

1 Welcome and Apologies for Absence

1.1 Deborah Wheeler:

- Welcomed everyone to the meeting, explaining she is Chairing in Eileen Taylor's absence. Deborah welcomed ELFT's Governors, members of staff and the public who have joined the meeting either in person or online.
- Acknowledged this is Amar Shah's last Board meeting. Amar has been at ELFT for 15 years and a Board member for 9 years and was England's first Chief Quality Officer. Deborah thanked Amar on behalf of the Board for being an integral part of ELFT's journey, shaping the approach to quality improvement, which is now woven through the organisation. Deborah praised Amar's work for its huge impact on service users, carers and staff. A recruitment process is underway to find a successor.
- Acknowledged awareness dates and celebrations in January and February and recognised their role in promoting understanding of key health, social and cultural issues. These include: Parent Mental Health Day on 30 January, Great Mental Health Day on 31 January, Children's Mental Health Week, 9-15 February, Mental Health Nurses' Day on 20 February, LGBTQ+ History Month in February, Race Equality Week from 2-8 February, National Apprenticeship Week from 9-15 February. It was Holocaust Memorial Day on 27 January – the Chair noted the importance of keeping awareness of these events as they move out of living memories.
- 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 – Befriending Service: A Service User's Experience

2.1 Manjit Lotay and Joanna Hayes presented their experiences.

Joanna explained that the befriending project started during the first lockdown in 2020 for people who had no-one to talk to, and she stressed the impact it has on recovery. She explained:

- She has two children and during her first pregnancy felt down and had no motivation, which she thought was due to hormones. She was referred to Mental Health Services in Bedfordshire and received medication and treatment. She became unwell when pregnant again as she had to stop the medication.
- It took about ten years for the doctors to ask what else Joanna needed. She was put in contact with the employment advisory service, to try to get back into the work she had done previously. Joanna was then told about People Participation and Befriending. She believes this changed her life and had more impact on her than medication had.
- Joanna found the experience empowering, whereas before she had been embarrassed to talk about her mental health to people, talking to people who had similar experiences was freeing. She explained that befriending is about validating people's feelings and telling people it is ok to take one day at a time.
- Joanna took on more responsibility supporting the team and also became a peer support worker for peri-natal service users. Through supporting others, she found her voice.

- Joanna has found this role fulfilling and feels she knows now what she needs. She strongly believes it helps her as well as the people she supports and that she improves day by day.

Manjit highlighted:

- Loneliness and isolation can happen across a broad spectrum of people. For Manjit, it happened when she moved to a different area and everything was unfamiliar. Her GP referred her to a social prescriber and she was introduced to the Befriending service.
- Manjit got help from her befriender, as their common ground from a shared experience gave them an instant connection. Manjit explained that befriending helped as the befriender has had the lived experience and is giving up their time to listen.
- Manjit went on to become a befriender herself and then a befriending co-ordinator. Since then, she has been helping others and is continually learning and developing.

Joanna and Manjit explained that the service had been without a lead recently and that had made things difficult, but there is now a person in post and they work well as a team.

2.2 In discussion the Board:

- Praised the presenters for bringing home the power of human connection and reminding everyone that recovery is not all about clinical treatment. Particularly liked the emphasis on hope and that things can get better.
- Noted the difference with the connection through befriending - it is about the lived experience, as it can be hard to explain what you are feeling to someone who has not had a similar experience.
- Noted that Manjit and Joanna requested that ELFT ask GPs to refer people and feel this service could be much broader - it could be for anyone feeling lonely to avoid them becoming debilitated by isolation. However, the information needs sharing much more widely, as when Jo joined peri-natal services they had not heard of the Befriending service, although she had been part of it for two years.
- Noted that doing something they love and helping others, has empowered Jo and Manjit and given them their confidence back. This is about recovery for them as well as the people they befriend.

The Board thanked Joanna and Manjit for all their work and for keeping the service going when there was no leader.

3 Declarations of Interests

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

4 Minutes of the Previous Meeting Held in Public and the Charity Trustee Meeting, both held on 4 December 2025

4.1 The minutes of the meetings held on 4 December 2025 were **APPROVED** as a correct record, subject to an amendment to the wording at point 8.1 from 'Trust Live' to 'Trust Talk Live'.

ACTION: Marie Price

5 Action Log and Matters Arising from the Minutes

5.1 The Board noted the following updates:

- Action 413 – Noted work on population health has been added to the Board Development forward plan.

- Action 416 – Kevin Curnow had provided an update explaining the increase in establishment in corporate services.
Board agreed both actions could be **CLOSED**. There were no further actions due.

6 Matters Arising from Trust Board Meeting in Private

6.1 None. All agenda items are on the agenda for this meeting.

7 Chair's Report

7.1 Deborah Wheeler presented Eileen Taylor's report, highlighting:

- There has been an increase in the response rate to the national staff survey. The People & Culture committee will discuss the outcomes and how ELFT are responding.
- The report mentions the system changes in the ICBs and ELFT's thoughts are with the staff navigating those changes. ELFT remains a committed system partner and the report updates on the work underway through the collaboratives and Integrated Care Partnerships.
- The Board met in December to consider the new Trust strategy, which is on the agenda today and is the culmination of wide-ranging engagement.
- An addition to the report is that congratulations go to Lorraine Sunduza, who has been awarded an Honorary Doctorate by City & St. George's University.

7.2 Non-Executive Directors' Visits

Vivek Chaudhri reported on his visit with Jamu Patel to the Forensic Services at the John Howard Centre, where they visited the Victoria and Morrison Wards. He reported:

- This service cares for some of the most complex patients, many of whom have come from the criminal justice system.
- The areas staff were most proud of were:
 - Patient outcomes and patient satisfaction,
 - Teamwork and staff cohesion,
 - Estates – this is often an area of challenge, but this team were positive as they now have an on-site handyman, which has sped up repairs and is making a difference.
- Challenges included:
 - Illicit drug use across wards – it is estimated 20-25% are using and this sets back their progress. The team feel this needs solving, possibly through the use of body scanners.
 - Procurement – they gave an example of needing a couple of chairs, but the system can take weeks or even months, although they recognised this has been improved recently by the use of an online retailer's account speeding up delivery.
- Staff look after each other and the managers talked about supporting staff following serious incidents.
- They have been working for some years on the issue of staff-on-staff racism, through targeted interventions and think some progress has been made.
- The main message staff wanted highlighted to the Board was about the issue of drugs coming onto the wards and the need to find a way to prevent that.
- The staff were very professional and passionate about their work – it was a heartening and informative visit.

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

8 Chief Executive's Report

8.1 Lorraine Sunduza highlighted:

- There was resident doctor industrial action in December. There was no significant safety incident attributable, with the Trust having good mitigations, oversight and business continuity plans in place. Despite sustained pressure, services remained accessible across the Christmas period supported by oversight of senior staff.
- Independent sector bed use in Bedfordshire has continued to reduce despite ongoing demand and care is increasingly being delivered closer to home.
- Thanks go to all staff who have been working during these challenging times.
- In both systems, ICBs are concluding staff consultations to implement new structures to deliver the reductions as mandated by NHS England. ELFT are working closely with them to understand the changes, their impact and to understand what is needed to mitigate risks.
- ELFT are collaborating with system partners on medium term plan submissions to NHS England.
- The report gives summaries from CEO discussion groups covering the Ten-Year Plan, Advanced Practitioner roles and the Strategy refresh.
- Breakfast meetings have continued across services and in December were with Children and Specialist Services. Lorraine advised that she is grateful for their openness and candour.
- Trust Talk Live continues to enable positive staff engagement and there was a recent session on quality with Claire McKenna and David Bridle.
- Lorraine praised Amar Shah, departing Chief Quality Officer, for his work in relation to the quality and safety of services. She acknowledged his key role in developing the quality management system and performance approach, which now embody the continuous improvement so important to ELFT and its reputation. Lorraine thanked Amar and wished him well for his future endeavours.

8.2 In discussion the Board:

- Highlighted that Lorraine's and Vivek's earlier report had showed staff have taken on the 'Going Further, Going Together' (GFGT) as part of the culture of the organisation, which is really important and felt this can be attributed to the way the programme had been led.
- Suggested that in the changing financial climate there is more need to think in the medium to longer term to drive transformation.
- Stressed the need for continued communications with ICBs and system partners to avoid the risk of pulling in different directions. The requirement now is for Trusts to plan individually, rather than do a system plan, however, Board members noted there is effort to triangulate plans and ensure financial assumptions are mirrored in system and provider plans. The aim is to build a more connected process across organisations after the first year.

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

9 Trust Strategy

9.1 Deborah introduced this item with thanks from the Board to everyone who has been involved from participating in the 'Big Conversation' through to those who joined the deliberative group. She noted it is testament to the process that people have been involved from across the organisation and across all levels. Particular thanks go to:

• Carys Eseen (lead)	• Firdush Islam
• Ola Adeoye	• Mohammed Saihan Islam
• Daniella Antonie	• Norbert Lieckfeldt
• Marisa Bouman	• Hilda Mango

<ul style="list-style-type: none"> • Susan Downing • Janine Elliot • Jude Hirstwood 	<ul style="list-style-type: none"> • Andrew Powerll • Rajeev Shah • Katie Williams
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Lorraine Sunduza highlighted:

- The process to develop the 2026-29 strategy has included wide engagement, a survey and discussion groups. A first draft came to Board in December and a second draft was taken to Board committees, the Council of Governors, staff and service users.
- Ultimately a structure with four priorities was preferred as it gave greater clarity and simplicity than a larger number of priorities. There have been conversations about the language used and where the emphasis should be, resulting in a strong focus on building and developing what prevention will mean in practice. Also, in response to feedback, a focus on kind, inclusive and accessible communication has been added.
- Particular thanks go to Carys Eseen who has led this work.
- The Board is being asked today to agree the strategy in principle ahead of final approval in March this year.
- Lorraine invited Executive comment:

Kevin Curnow noted:

- There was some complexity initially about how to incorporate the value aspect into the strategy. That has been improved in the version presented now, with it fully embedded
- The environmental sustainability aspect also remains a key part of the strategy.

David Bridle highlighted:

- A longer strategy would have been easier to write, however, focus and clarity is brought by it being on two pages, which makes it so much more accessible.
- This strategy builds on the previous one and is clearly about what is next in the journey.
- A strong message that came through was the need for joined up care and consistency and that feels particularly important when the focus is on neighbourhood working.

Barbara Britner added:

- The co-production has been phenomenal and staff experience has come through very clearly. Now looking to strengthen the staff experience programme to look at how the people priorities will be delivered. Will be reflecting on the previous people strategy to identify what has been achieved and what remains essential.

Richard Fradgley concluded:

- This strategy builds on strengths and recognises areas for improvement and ambition.
- The strategy is built on listening carefully to people, which sets the work on a good foundation. The delivery plan will come back to the Board with detail on how the strategy will be enacted.

9.2 In discussion the Board:

- Praised the description of 'stewardship' of resources which conveys ELFT's responsibilities. The organisation needs to be aware of nurturing and effectively managing the Trust's resources.
- Liked the balance between the ambitious wording and realistic outcomes.
- Were encouraged that the early thinking around delivery of the strategy reflects learning from the previous strategy.
- Noted detailed conversations are happening about how to make sure the things that are measured are aligned to the strategic priorities, in the context of national priorities. The delivery framework will be about what ELFT choose to measure.
- Felt the whole strategy is coherent – easy to read and clear.
- Noted further work is going on to finalise the design of the strategy and the delivery and measurement before final approval at Board.

9.3 The Board **AGREED** the draft Trust strategy in principle.

10 Trust Population Health Report

10.1 Deborah Wheeler introduced this item thanking all involved, particularly the population health advisory group of service users and carers that help to guide the work and oversee this report.

Richard Fradgley presented the third annual Population Health report, highlighting:

- This sits alongside the annual accounts and annual quality report as population health is significant to ELFT's strategy. ELFT is still the only Marmot Trust in the country.
- There are four areas of focus in the report:
 - Early years and family support,
 - Employment support,
 - Homelessness, and
 - Physical health
- Case studies illustrate impact, such as:
 - The New Way case study – this is a psychology led service for young adults affected by violence in Newham.
 - The Healthier, Wealthier Families programme – on average families in the pilot received £7,000 a year more than before this intervention. The success of this service means ELFT now have three years of funding for Newham and it is being rolled out to other Services and a similar service is being developed in Luton.
- The report includes a refresh of the indices of multiple deprivation which puts four of ELFT's locations in the top ten most deprived areas of the country – Tower Hamlets, Hackney, Newham and Luton, which is why it is so important to continue to progress initiatives such as the Healthier, Wealthier families programme.
- There are many examples of employment support, such as work through Compass creating employment fares. Also, ELFT have used the apprenticeship levy to create 21 apprenticeship opportunities in GP practices.
- On homelessness, in addition to great work by the GP practices in NE London, specialist immigration advice, commissioned through Compass, has had tremendous impact by helping people with complex immigration problems to navigate issues.
- For physical health, the reducing admissions programme in Bedfordshire has reduced those with learning disabilities (LD) presenting at Emergency Departments, as the LD team have put in place proactive healthcare planning.
- Threaded through the report is building capability and the use of data to inform improvement work. Work will be needed to build on this over the next year and beyond.
- The report does not give the priorities for next year as they will be part of the prevention priorities in the strategy delivery framework.

The Board thanked Laura Austin-Croft, the Director of Population Health for all the work and the vibrant report.

10.2 In discussion the Board:

- Praised this work as encapsulating the left-shift, moving ELFT into prevention. Felt this report lays a strong foundation and represents the direction of travel and it is time to discuss how to take this to the next level.
- Felt this complements the financial work, by reducing the demand for services, but more importantly by improving people's resilience and allowing them to live better lives.

- Supported giving this report wide visibility and looking at how to share best practice. Noted that ELFT intend to hold a launch event and invitations will be sent out to a wide audience.
- Raised a concern about whether ELFT has the capacity to continue to run such a high number of initiatives. Noted that capability has been built by enabling services to initiate some of their own prevention initiatives and there are more happening locally than are named in the report. However, part of the strategy delivery work will be about identifying priority areas for focus.
- Highlighted that this work puts ELFT in a strong position with the current direction of travel for the NHS. For this reason, it will be important to measure impact in a way that commissioners can understand.
- The delivery plan needs to factor in how to evidence that improving population health can improve the areas of focus in the strategy. Noted there are many good examples of triple/quadruple aim projects around smaller population cohorts where improvement in each aim can be evidenced, but it has been difficult to scale that up for a large population.

10.3 The Board **APPROVED** the draft of the 2025 Annual Population Health report for publication.

11 Audit Committee Assurance Report

11.1 As chair of the committee. Alison Cottrell presented the report of the meeting held on 8 January 2026, highlighting:

- Three themes came out from the internal audit programme – the committee talked about having specific actions, outcomes and timelines, also the importance of culture and process change to achieve those outcomes.
- Culture and compliance have been consistent themes around the internal audit reviews. The committee questioned whether ELFT was focused on long-standing risks, such as estates issues (noting the capital challenge), and stressed the need to keep challenging ourselves and listening to external perspectives.
- The audit highlighted there was some over-statement in areas of cyber preparedness and the committee asked that this is looked at to identify if this is over-confidence or whether the evidence was not provided. Also requested that the Board Assurance Framework is aligned in this area.
- Considered system risk as the ICBs change and how that is factored into the risk assessment.

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

12 Integrated Care & Commissioning Committee Assurance Report

12.1 As chair of the committee, Richard Carr presented the report of the meetings held on 15 January 2026 highlighting:

- The Trust strategy and Population Health report were reviewed and welcomed and Richard noted the earlier discussion on the positive work included.
- There was discussion about system working - a framework was developed some time ago to guide partnership working and it was felt this is a good time to revisit that. The committee felt it is still a useful framework, although there may be a need for ELFT to be more assertive in its approaches, as commissioners potentially move to a more transactional approach in future.

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

13 Quality Assurance Committee Assurance Report

- 13.1 In Donna Kinnair's absence, Deborah Wheeler presented the report of the meeting held on 5 January 2026, highlighting:
- Estates issues and pressures were reported to QAC including the need to de-camp a ward. It was noted this is high on the risk agenda.
 - The risk scores are unchanged on the BAF.
 - There were two deep dives – Bedfordshire & Luton Mental Health services, where improvements have been seen but they are grappling with housing related delays which are impeding discharges. The second was Forensics Services and heard similar issues to those highlighted by Vivek in the report of his visit.
 - Talked about learning from recent health and safety prosecution at a neighbouring Trust and how ELFT look at those themes and assure ourselves about processes here. A key thing is to ensure things are acted on promptly, as there is a risk that they go on a register but action is not taken in the most timely way.
 - Saw the latest Safer Staff Report, which has significantly improved, providing more meaningful data and analysis than previously, and an improved picture.
 - Continuing to monitor CQC activities and resulting actions.

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

14 People Participation Committee Assurance Report

- 14.1 In Durka Dougall's absence, Lorraine Sunduza presented the report of the extraordinary meeting held on 20 January 2026, highlighting:
- This meeting was held to discuss the Trust strategy.
 - Points of focus were about:
 - having plain language and explaining terms that may not be clear to wider communities, such as co-production;
 - they agreed with the shorter number of priorities as they thought it helped with clarity,
 - there was a plea that there is a focus on delivery, so this does not end up sitting on a shelf - they described the strategy as the 'North star'.
 - Overall, they agreed with what was presented.
 - The medium-term plan was presented and the committee discussed how it aims to balance a tie to the strategy, aligning with national priorities and meeting local needs.

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

15 Quality Report

- 13.1 Amar Shah highlighted:
- The quality improvement section covers the observations work – the first phase is nearing the end and the next phase will be to scale up to twenty wards from March.
 - The quality assurance section focusses on complaints and safety incidents – looking at how well the organisation learns from these two important sources of information. The Quality and Quality Assurance committees routinely receive assurance, however, there is also a need to look at how well the learning is being taken on board. We are now looking at the strength of the actions, rather than a focus on whether actions are completed, noting stronger actions are more likely to lead to systemic change. For complaints the focus has been on the timeliness and quality of responses but is now switching to the action planning arising from themes.

Claire McKenna added:

- Complaints are increasing and a deep dive is underway to look at this. Will look at the model, with an intention to address issues before they become formal complaints.

16 Performance Report

16.1 Amar Shah presented the report, highlighting:

- The positives to note are:
 - The urgent community rapid response, within two hours, which is far exceeding the national target.
 - There has been real improvement in CAMHS access. Have made real progress on improving access to hopefully shift the national indicator.
- The areas to watch are:
 - The spike in physical violence which noticeably increased in December, but reduced in January – we will continue to monitor.
 - The mental health waits of over 52 weeks have continued to increase, although in December there were some signs this may be stabilising. Again, this will be monitored.
- Quarter 3 NOF data is due to be published in the next week or two. Based on internal data, it is expected that although four of the indicators have improved, two have gone backwards a little, so it is not clear whether this will move ELFT to segment two in quarter 3.

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

- Noted the fundamental quality issue is the very long waits for a neuro-diversity assessment. There has been investment in a project to go back to people on waiting lists to find out if they are still waiting and that is about to be launched. The key requirement is funding to do the assessments – ELFT are working with both commissioners and GP colleagues about shared care arrangements. The reason to do this in collaboration with primary care is that they will be the appropriate place for care for some people and some who are more complex will need a secondary care assessment.
- Noted the project to update the waiting lists will identify who is still waiting and the remaining people will be segmented by need to get them access in as timely way as possible, that is why funding is needed for the capacity to take that forward. There is also work on 'waiting well' to ensure some care is being provided during waits.
- Noted negotiations are underway with North London ICB to continue the funding for Barnsley Street and the result of this will come to the Board in February.
- Felt it is important to recognise complaints can be a reflection of failure, but sometimes it is a reflection of trust that they will be listened to, so there is a need to be careful to understand what is driving the increase. Supported the work on complaints to ensure the learning is embedded.
- Noted there is work going on across each of the memory services, each has a plan with a timeline, further detail will be shared.

ACTION: Edwin Ndlovu

- Questioned how falls are recorded and how Board would have a line of sight on those, as they are not separated out from physical harm in the report. Received assurance that falls are a particular category in the incident report, which is monitored through a separate falls group. Also assured ELFT are actively talking to the acute Trusts and the ICBs about strengthening falls prevention as part of the left shift for next year and beyond.
- Noted patient satisfaction improved to 82.2%, which is strong, however, this had followed a dip. It was noted that this is heavily impacted by primary care, so following the recent changes to primary care provision, there is a need to monitor how this figure settles.

- Praised the positive changes in the percentage of service users entering employment following individual placements in support teams and the improvement in the productivity metrics. However, noted employment outcomes from individual placements are below the national average and asked what is needed to continue to improve this. Noted there is currently negotiation with commissioners around national monies for employment support services and the results of those conversations will come back to the Board through the Medium Term Plan in February.

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

5 minute break

17 People and Culture Committee Assurance Report

17.1 As chair of the committee Deborah Wheeler presented the report of the meeting held on 6 January highlighting:

- The internal audit report on sickness absence management which only gave partial assurance had not come through this committee due to a timing issue, although had been discussed elsewhere. This committee will pick this up with a strengthened action plan at the March meeting.
- There were two deep dives - from Bedfordshire & Luton Mental Health Services on their workforce and a professional group presentation on social workers.
- ELFT has a significant cohort of social workers who contribute specialist expertise. However, there are issues with recruitment retention and career development. Their turnover is 32% and high caseloads were noted, with emotional demand and limited progression opportunities highlighted. Continued professional development (CPD) money cannot be used for social workers, which brings challenges for their training and CPD. Also, ELFT do not have a widespread number of social workers at senior levels, despite significant numbers at lower and middle levels, which limits career progression. The issues highlighted made it clear the importance of doing these deep dives through professional groups.

Richard Fradgley noted:

- ELFT is one of the largest NHS employers of social workers in the country, so it is important to recognise that this is somewhere they choose to work. Addressing the structural challenges is part of the work going into the social work plan, which is one of the workforce plans currently being produced.

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

18 People Report

18.1 Barbara Britner presented the report, highlighting:

- The workforce remains stable, with overall vacancy rates down from 9.9% to 9.6%, supported by significant reductions in Bank and agency usage. There has been improvement in clinical vacancies, with nursing vacancies down to 7.2% and medical vacancies to 5.8% supported by targeted recruitment.
- Statutory and mandatory training compliance continues to increase and was at 89.5% in December. Updated requirements for safeguarding and safer prescribing training may create a short-term dip as new reporting is implemented.
- Sickness absences rose slightly in December due to long term sickness, although the overall trend remains downwards since 2025.
- Employee relations activity remains high, particularly in in-patient services, however, the average duration of disciplinary cases has improved from 150 to 110 days.

- Ten new Freedom to Speak Up concerns have been raised – the main themes are psychological safety, well-being and professional behaviours.
- The staff experience programme is progressing well. It has Executive led workstreams and is focussing on communication, well-being, equity, leadership and culture.
- The impact of industrial action continues to be monitored.
- The medium-term workforce plan was submitted on time in December and the next update is due in February. The new workforce planning and systems team is strengthening governance and accuracy.

18.2 In discussion the Board:

- Highlighted that last year BAME employees were five times more likely to be in a disciplinary process than white employees and this has got worse over time. Noted this statistic was a spike and the first time it has been that high, it had been on a downward trajectory until last year. A deep dive has been launched to understand this and the details will be brought back to Board. Agreed there will also be a specific update on this at the next People & Culture committee.
- The Executive team has discussed the reasons for the high percentage of BAME employees in disciplinaries. There was work on this a few years ago and it reduced to the point of no disparity, but it is not clear what made the difference. Quality improvement will now be used to gain understanding of what is happening and what will really make a difference and how that can be maintained.

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

19 Charitable Funds Committee Assurance Report

19.1 As chair of the committee, Peter Cornforth presented the report of the meeting held on 6 January highlighting:

- The meeting considered the new business plan and focussed on the operating model.
- There is now a five-year financial projection, which will be recommended to the Charity committee meeting in March. That will strike a balance between an investment in fundraising and a matching grant-giving programme. There is about £1m of capital and the aim is to build that through fund-raising to keep reserves healthy while grant giving.
- There was a review of the Terms of Reference and a Policy review – both are ongoing and will be finished in line with the business plan.
- There is now a more focussed Executive resource and thanks go to the team who are supporting taking this forward.

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

20 Finance, Business and Investment Committee Assurance Report

20.1 As chair of the committee, Sue Lees presented the report of the meeting held on 22 January 2026, highlighting:

- The committee feels highly assured about the financial arrangements, which is evidence of strong leadership but also a cultural shift, making financial balance owned by everyone.
- ELFT are ahead of plan, that is due to some non-recurrent adjustments so still anticipate an underlying deficit for the year, however, in a much-improved position.
- There is a strong cash position.

- Going Further, Going Together is proceeding well and is ahead of programme. Work has already started on planning for next year and the aim is to bring ELFT into balance next year so there will be no underlying deficit.
- There is some need to focus in BLMK, where the cost of the demand exceeds our budget.
- Capital is on track to be spent this year.
- Digital was discussed – there is a need to renew the digital strategy which runs alongside the Trust strategy. The previous one was about putting the fundamentals in place and now need to look to how to bring innovation and support for clinical teams to the fore. This will follow the completion of the Trust strategy.
- There was a useful report on ELFT's contractual situation – at the time ELFT had 97% of its income contracted through the two primary ICBs, which gives a firm basis for finance planning.
- The bid for the Luton drug and alcohol service was not successful, which was disappointing. A lessons learned exercise is being undertaken to improve future bids.
- The procurement service TUPE transferred as part of the NE London Procurement service and it has got off to a good start.
- It was agreed the scores for the three BAF items – Estates, Digital and Finance – should remain as they were.

21 Finance Report

20.1 Kevin Curnow presented the report for the end of month 9, highlighting:

- At the end of month 9 have a surplus of about £400k and on course to deliver break-even at the end of March, in line with the plan.
- The cash balance is £135m in the Bank, which is generating about £5.5m of interest this year, which is more than anticipated. So although the money cannot be spent, it does generate some benefit.
- The capital programme is £25m, including lease arrangements. Spending is slightly behind plan, but in line with a re-profiled forecast, so expect to be on budget at the end of the year. There are some areas of risk – a couple of primary care practices which ELFT exited a little later than expected, so that could impact the capital programme. The other risk relates to the crisis house and bed expansion in Bedfordshire, where the quotes are higher than anticipated, it is hoped that can be mitigated.
- The finances are scoring a 1 in the National Oversight Framework.
- The system position shows ELFT are the only provider in both our systems with a break-even position at the moment.
- The committee are monitoring:
 - The private bed use in Beds & Luton, currently there are seven private beds, but that will reduce as extra capacity is opened.
 - There was a spike in the temporary staff spend, relating to Bank staff in December – the detail is being looked at and it is expected this will come back in line.
 - Non-pay budgets – work is ongoing to ensure the budgets are right for next year, as it is felt this year's were not fully aligned with requirements.
- For next year, submissions are due shortly and it is anticipated a break-even plan will be submitted. There is a intention to eliminate the underlying deficit position, putting ELFT in a strong position.
- The GFGT target next year is about £20m to achieve the break-even position.
- There are some benefits this year –opportunities to reduce elements such as bad debt provisions and provider collaborative dividends have been paid. This has allowed a fund for some non-recurrent investments and bids up to £5m have been invited. There are about £2m of bids for Estates work, £2m for compliance bids and another tranche of bids to improve waiting lists.

20.2 In discussion the Board:

- Discussed that some organisations are tactical about whether they are on or under budget to influence funding, however, ELFT aim to honest and open, and report the position that delivers on our commitment. If this results in a small surplus, that is what will be reported.
- Queried if there is a risk that Kelvin Grove will not be delivered this year. Noted the risk is financial, not delivery – the expenditure is higher than expected and a lessons learned project will look at this.

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

22 Board of Directors Forward Plan

Noted.

23 Any Other Business

Deborah Wheeler thanked everyone for a really strong set of Board papers, which really make a difference to how the meeting can run.

24 Questions from the Public

None

25 Date of the Next Meeting

- Thursday 26 March 2026 (London)

The meeting closed at 4.00pm

ELFT Action Log Trust Board (Part 1)

BOARD OF DIRECTORS MEETING IN PUBLIC: Action log following meeting held on 29 January 2026

Ref	Meeting Date	Agenda item	Action Point	Executive Lead	Due Date	Status	Comments
417	29-Jan-26	Performance Report	Noted there is work going on across each of the memory services, each has a plan with a timeline. Board to be updated with details and timeline.	Edwin Ndlovu	26-Mar-26		Narrative on the plans for the memory services is included in the performance paper - Recommend action is closed
418							
419							
420							

In progress with delay
Closed
Forward plan
Not due
In progress

REPORT TO THE TRUST BOARD IN PUBLIC
26 March 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	
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Key messages

This report informs the Board of key points arising from the Council of Governors and members' discussions and the Chair and Non-Executive Directors' most significant activities.

Strategic priorities this paper supports

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

Implications

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

1. Introduction

- 1.1. This report provides the Board with key updates on my activities, Non-Executive Director (NED) visits, and discussions with the Council of Governors. These insights reflect our shared commitment to transparency, partnership, and continuous improvement for the communities we serve.
- 1.2. The report also provides a summary of discussions at the Council of Governors (the Council) so that these views may inform Board decisions.

2. Chair's update

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

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

Patient and carer leadership

- 2.3 **Service User Focus in the MHLDA Collaborative:** At the February meeting of the North East London MHLDA Collaborative, lived experience members set out a focused set of priorities for the year ahead. They emphasised the need to revisit previous recommendations to understand what progress has been made and where further action is needed. Their 2026 programme will centre on six deep-dive areas: life course and service transitions, artificial intelligence (AI) in mental health and learning disability and autism (LDA) care, LGBTQ+ experiences, perimenopause, misdiagnosis, and bereavement with a specific focus on carers. Each element was chosen because these issues strongly shape people's experiences of accessing and moving through services.

Across all themes, lived experience leaders stressed the importance of co-production that is continuous and practical, ensuring services are shaped *with* people and that improvements directly tackle variation and strengthen early support. The Collaborative provides a vital space for this work, enabling system partners to come together around shared priorities grounded in service user and carer insight, ensuring that service design and improvement remain anchored in real experience.

Staff support and empowerment

- 2.4 **Care Quality Commission (CQC) Service Focus:** I would like to express my sincere thanks to colleagues across the Trust who have welcomed CQC inspectors into our

services. Staff have demonstrated openness, professionalism and pride in the work they do every day for and with service users and carers. They have showcased compassionate care, strong teamwork and a willingness to learn and improve. We welcome the inspectors' feedback and will continue to use this as an opportunity for growth and development.

Board effectiveness

- 2.5 **Provider Capability Assessment:** NHS England (NHSE) has formally concurred with the Board's Provider Capability Assessment and endorsed our self-assessment as Green. This is an important confirmation of the Board's capability, governance strength and leadership maturity. I would like to thank Board colleagues for their commitment to robust scrutiny, collective accountability and continuous improvement.
- 2.6 **Joint ELFT–NELFT Board Development Session:** We held a joint development session with NELFT focusing on anti-Muslim and anti-Jewish hatred. The session explored the origins and impacts of these forms of prejudice, and how they resonate in today's national and international environment. It was a powerful reminder of the importance of fostering safety, respect and belonging for all our staff and service users.

We also heard the moving testimony of a Holocaust survivor, whose story from childhood to the present day offered profound lessons about the consequences of hatred and the responsibility we share to challenge discrimination in all its forms. The session reinforced the need for resolute Board leadership, consistently upholding and demonstrating our Trust values in all that we do.

System leadership

- 2.7. **National succession planning:** Earlier this month, I took part in the national 'Aspiring Chairs Programme', interviewing individuals preparing for future NHS Trust Chair roles. It was a pleasure to support this work and to see the thoughtfulness and commitment of those preparing for senior leadership roles. The conversations were encouraging and reflected a strong pipeline of capable individuals, giving confidence in the future leadership of the NHS. As part of my commitment to support future leaders in the NHS, I am mentoring a recent graduate of the Aspirant Chairs Programme who was recently appointed to a substantive chair role.
- 2.8 **London Chairs' Meeting:** The London Chairs' Network was convened in February. The session provided high-level regional updates, including an outline of the Medicines and Healthcare Products Regulatory Agency (MHRA) priorities. Chairs also heard about the planned London-wide review of specialist services, commissioned by NHSE London region. We will continue to engage with regional colleagues, noting potential relevance for specialised pathways and innovation oversight.
- 2.9 **North East London Integrated Care Partnership (ICP):** The ICP Steering Group met in March and was attended by Deborah Wheeler on my behalf. The meeting focused on the latest re ICB changes, the annual committee effectiveness review and plans for the ICP in April, to ensure alignment with wider Integrated Care System (ICS) priorities.

- 2.10 **NEL Integrated Care Board (ICB) Chief Executive:** I have previously updated the Board on the appointment of Dr Nnenna Osuji, who I am delighted to say has now started in her new role as North East London ICB Chief Executive. We extend a warm welcome to Nnenna and look forward to continuing close collaboration with NEL ICB.

3. Council of Governors update

- 3.1 The Council of Governors ('the Council') met on 12 March 2026 in both public and private sessions.
- 3.2 The Council received a comprehensive summary of the development and submission of the Trust's multi-year plans, prepared in line with national planning guidance issued in late 2025. Governors noted that the five-year narrative plan is fully aligned with the Trust Strategy recently endorsed by the Board.
- 3.3 The strategic priority theme for this meeting was *Using Artificial Intelligence to Improve Service User and Staff Experience*. Governors received an informative presentation on emerging AI applications, including the Trust's first clinical pilot of Ambient Voice Technology (AVT).

In breakout discussions, Governors explored opportunities for AI to enhance care quality and staff experience, while also considering associated risks. Feedback highlighted support for the use of AI to improve accessibility of communications, reduce administrative burden, and release staff time for direct care. Governors strongly emphasised the importance of maintaining clear human oversight, addressing risks of digital exclusion, and ensuring meaningful and informed consent for any data collected.

A follow-up agenda item will return to these themes at a future meeting.

- 3.4 Governors received an update on the five core services that have now completed their CQC inspections. They were informed that no immediate safety concerns were identified. Inspectors observed kind and caring staff, strong multidisciplinary working, effective use of data, and active engagement in quality improvement. Governors expressed their appreciation for the thorough preparation undertaken by teams and welcomed the positive feedback received regarding ELFT staff.
- 3.5 In private session, Governors approved the reappointment of Peter Cornforth and Susan Lees as Non-Executive Directors for a second term, effective 1 April 2026. I am delighted to be able to confirm their continuation as members of this Board and welcome their ongoing input which brings so much value to our Trust.

4. NED visits

- 4.1 Since the last meeting, NEDs have visited a range of services across the Trust. These included:
- Quality Assurance Team – Trust-wide, March 2026
 - Digital Team – Trust-wide, February 2026
 - Bedfordshire Mental Health Team – February 2026

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

5. Action being requested

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

REPORT TO THE TRUST BOARD IN PUBLIC
26 March 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	<input checked="" type="checkbox"/>	Information presented describes how we are understanding, assuring against and improving aspects related to these four objectives across the Trust and within the local and national systems.
Improved population health outcomes	<input checked="" type="checkbox"/>	
Improved staff experience	<input checked="" type="checkbox"/>	
Improved value	<input checked="" type="checkbox"/>	

Implications

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

1.0 Purpose

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

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

2.1 Going Further, Going Together – Update

As a Trust we need to deliver £31.9m of run-rate impacting savings in 2025/26 and live within our budgets to achieve a breakeven position, as required by NHS England. We are confident in our delivery of savings this financial year, as of 7th February 2026, we have a forecast to deliver £37.0m of savings.

In Month 10 (M10) we delivered £2.8m of savings, adverse of our plan by £0.2m in month. This was the first month we were off target due to an increase in bank and agency spend and reduction in the volume of private beds sold. At the moment, we remain ahead of plan having delivered £31.7m of savings, £6.0m better than the plan submitted to NHS England.

The focus at the moment is on identifying our plan for 2026/27 to ensure we have a programme which will deliver from 1st April. The Trust needs to identify £25.3m of savings in 2026/27 and as of 19th February 2026, we have identified £25.6m with £4.8m signed off for delivery.

2.2 CEO discussion Groups 2026

2.2.1 Principles for Private Practice

In our discussion group on 21 January, we considered what would need to be true for ELFT to offer private patient services in a way that is ethical, safe, and aligned with our values. Participants agreed that any offer must protect NHS quality, avoid creating a two-tier system for staff or service users, and be fully transparent about purpose, boundaries, and reinvestment of income. The overall outcome was a shared view that a private offer could only be considered if it is tightly governed, co-designed, and demonstrably strengthens, not compromises, our core ELFT mission.

2.2.2 Open Session

Our session in early February was an open session to provide a space to talk about ... anything. The session brought together a wide range of reflections on ELFT's current culture, challenges, and future direction. Across all groups, there was a strong call for clearer communication, particularly around the Target Operating Model, strategic priorities, and how decisions will be made and shared. Participants emphasised the need to balance ELFT's valued creativity, people-centred culture and local autonomy with greater consistency, clearer processes, and stronger organisational memory. Staff experience, equity, integration across geographies, and the importance of pausing to learn before moving on all emerged as shared priorities. There was also recognition that external pressures—financial constraints, system changes, neighbourhood models—are reshaping how ELFT works, and that the organisation must protect its core values while also adapting. Overall, the discussion reflected a desire for alignment, transparency, and a more coherent way of working that preserves the “soul” of ELFT while strengthening the structures that support it.

2.2.3 Communication and Engagement

Our latest CEO discussion focused on the Trust's Communication and Engagement Strategy. This highlighted the need for a clear, consistent, and accessible approach to launching the new ELFT Strategy, with a strong focus on supporting managers, reaching frontline staff, and tailoring engagement to different settings. Participants emphasised the importance of protected staff time, providing concise team-brief materials, using existing meetings and walkarounds, and ensuring messages translate into day-to-day work. They also stressed the need for trusted messengers, reducing information overload, improving intranet navigation, and creating interactive, meaningful conversations. For external partners and service users, the group encouraged creative, accessible communication methods, including translated materials, easy-read versions, videos, and attendance at community and stakeholder meetings, supported by toolkits and clear resources for DMTs and managers.

2.3 CQC/Well-led Update

We have concluded the CQC inspection process of five core services, with Child and Adolescent inpatient services being visited in March 2026. Post core service visit, they have provided headline feedback, where areas of improvement have been highlighted, we have a programme of work in place. Updates are shared with Quality Committee, with the Board and through to staff. Staff involved in the inspection process have consistently feedback that they enjoyed the experience, and inspectors found our staff to be welcoming and open.

2.4 National Staff Survey

The NHS Staff Survey results have now been published nationally. The initial results provide an overview of staff experience across the Trust and how we compare year on year. The early headlines show a mix of positive indicators and areas where we know further work is needed. For example, our overall survey response rate increased significantly from 33% to 51% between 2024 and 2025, meaning the data we have received is far more statistically robust and provides a much stronger representation of our workforce. This will enable us to develop more meaningful and evidence-based action plans this year.

Compared with ELFT's 2024 results, we performed significantly better in 13 questions, while results were significantly worse in 13 questions. When compared with other mental health and community trusts, we performed significantly better in 27 questions, but significantly worse in 45 questions. Out of the 19 other mental health and community trusts in our comparator group, ELFT is ranked 12th overall.

Encouragingly, ELFT's staff engagement score has increased slightly since 2024 and remains several points higher than organisations within our comparator group. We will be reviewing the results in more detail over the coming weeks to understand the key themes and what they mean for colleagues across the Trust.

2.5 ELFT GenAI Guidance

There is discussion in many quarters about the use of AI in the NHS. We have created guidance for our staff to clarify our position. Generative AI (GenAI) refers to Artificial Intelligence tools capable of producing new content, including images, text, and audio. There is only two AI tools currently approved for staff use by the ELFT Digital Solutions Board:

Microsoft Copilot Chat, a text-based chatbot for summarising information, analysing data, generating ideas, and supporting non-clinical tasks. NHS England have confirmed it must NOT be used for clinical care or summarising clinical notes, as it is not licensed as a medical device. Outputs may contain errors and must always be checked.

The other programme permitted is *Microsoft Teams Premium*. This provides AI-generated meeting summaries, action points, speaker timelines, and translated captions. It also includes enhanced security, customisation, and support for virtual meetings.

3.0 Integrated Care System (ICS) and provider collaborative updates

- 3.1 Both North-East London and Central East Integrated Care Boards have now finalised their proposed staffing structures, based on the model Integrated Care Board Blueprint published in 2025 by NHS England. Management of change processes are underway in both systems, as part of which a number of much-valued commissioning colleagues will

be leaving, and a number taking up new roles. I would like to thank those departing colleagues who have supported the Trust to deliver improved outcomes for our population over many years and wish them the very best for the future.

- 3.2 As part of the changes to Integrated Care Boards, we continue to work closely with ICB colleagues, and wider provider, council and VCSE partners to ensure that we continue to improve, and are planning effectively together to deliver the Ten Year Plan and 2026/7 planning guidance requirements in a way that best meets the needs of the people we serve.

3.3 Medium Term Planning

The Trust submitted a final three year medium-term activity, workforce and finance plan along with a five year integrated delivery plan to NHS England following the extraordinary Trust Board held on 11 February to approve the plan. We are now working with commissioning colleagues in North-East London and Central East Integrated Care Boards to finalise plans, and to ensure that they are appropriately contracted.

3.4 Trust Strategy

Following approval in principle of the Trust Strategy for 2026-2031 at the January 2026 Trust Board, intensive work is now underway on our Strategy Delivery Framework, which we anticipate will be tabled at the May Trust Board for approval, which will also signal the formal launch of the Strategy across the organisation. The Strategy Delivery Framework will ensure that we have a planned, practical and credible approach to delivery over the next five years. It will encompass how we will sequence work overtime how we will work together to do so, how we will measure and monitor progress and how we will learn and change course when we need to. It will also include the key areas of focus for year one, i.e. 2026/27.

4.0 Operational update

4.1 Adult Mental Health Inpatient Services

Adult mental health inpatient services have remained extremely busy since January 2026, with adult acute and psychiatric intensive care (PICU) wards operating at consistently high levels of occupancy across the Trust. Bed utilisation across both East London and Bedfordshire and Luton has remained above 94–95%, indicating that most available beds are in continuous use and capacity to absorb additional demand remains limited.

- 4.2 Length of stay continues to influence bed availability. Average lengths of stay remain shorter in East London compared with Bedfordshire and Luton with older adult services experiencing longer stays where discharge is often dependent on housing, care packages, or specialist placements.

- 4.3 Demand has largely been managed within the existing bed base in East London, with no private sector placements used. In contrast, pressures remain greater in Bedfordshire and Luton where private sector beds continue to be used, although numbers have reduced in recent weeks as patient flow improves.

4.4 Forensic Services

Forensic services have made significant progress in reducing waiting times for medium secure beds. Through strengthened pathway management, proactive bed management

and closer coordination with commissioners and prison partners, the number of individuals waiting in prison for admission to a medium secure unit has reduced steadily.

- 4.5 As of this week, the Trust has zero prison waiters for a medium secure bed, representing the first time this position has been achieved. This reflects sustained clinical and operational effort to improve access to appropriate secure care and reduce delays within the forensic pathway.

4.6 Children and Young People's Mental Health Services (CAMHS)

Children and young people's services continue to experience sustained demand, particularly within neurodevelopmental pathways such as autism and ADHD assessments. Waiting lists across these pathways remain a significant operational pressure. Work is underway with commissioners and system partners to strengthen pathway management through improved triage, clearer stratification of need and earlier support interventions. Across inpatient CAMHS services, occupancy levels remain stable, with ongoing regional discussions regarding the configuration of Tier 4 provision and the development of alternative models of care.

4.7 Primary Care Services

The Trust continues to manage a small number of primary care services within its portfolio however in Luton, Kingsway Health Centre and Bramingham Park Medical Centre will transfer out of the Trust on 31 March 2026 as part of agreed commissioning arrangements which we have discussed in previous board meetings. The handover of the practices is underway with the new providers to ensure continuity of care for patients and stability for staff. From 1 April 2026 ELFT will only be providing Inclusion Health Primary Care Service in East London.

4.8 Community Health Services

Community health services continue to play a key role in supporting system flow through early intervention, urgent response and facilitating discharge from hospital settings. Urgent Community Response services continue to perform strongly against national standards, demonstrating the value of community-based models in preventing avoidable admissions. However, sustained referral volumes across several pathways continue to place pressure on waiting lists. Directorates are implementing targeted improvement initiatives to streamline referral pathways, improve capacity utilisation, and strengthen integration with neighbourhood teams and primary care partners.

4.9 Patient-Led Assessments of the Care Environment (PLACE)

The results of the 2026 Patient-Led Assessments of the Care Environment (PLACE) were published in February. The Trust performed strongly across key domains including cleanliness, food quality, privacy and dignity, and the condition and appearance of facilities. Overall scores compare favourably with national benchmarks and reflect the continued focus of staff and service users on improving the environments in which care is delivered.

- 4.10 Our clinical and operational priorities remain focused on sustaining improvements in patient flow, reducing discharge delays and minimising out-of-area placements, while continuing to strengthen community alternatives to admission. Continued partnership working with system colleagues remains essential in addressing the wider constraints across housing, social care, and community capacity.

5.0 Connecting with Teams

5.1 Trust Talk Live for Staff

Our programme of all-staff Trust Talk Live webinars has continued with sessions held to discuss the topics of quality and GenAI. More than 300 colleagues from across the Trust joined myself and other executive members for our online seminar on 26 February where we explored how GenAI is helping colleagues and service users. It provided a space to discuss progress and how the Trust's work aligns with the fundamental shift from analogue to digital outlined in the NHS 10-year plan.

Nearly 250 colleagues took part in Trust Talk Live on 27 January where we explored how colleagues across services and geographies feel connected to our ongoing Care Quality Commission (CQC) inspection and to think how we maintain standards beyond the CQC process.

We have introduced the new programme of monthly webinars as an additional channel for colleagues from across all services and geographies to engage directly with the senior leadership team. The programme is led by me, with each session focusing on a strategic topic introduced by an executive director. Other members of the executive also attend to contribute and respond to staff questions. The purpose of Trust Talk Live is to strengthen two-way communication, ensuring staff have the opportunity to hear about key challenges and opportunities, and to share their insights and ideas.

5.2 Occupational Health and Employee Assistance Programme (EAP)

A new Occupational Health and Employee Assistance programme was introduced on 1 March 2026. The service moved from the previous provider, Optima, to People Asset Management (PAM).

The Occupational Health element is a specialist service that supports staff health, safety, and wellbeing at work. It provides independent medical advice on how health conditions may affect work and how work may affect health. It focuses on:

- Health in relation to work
- Clinical assessments
- Advice on workplace adjustments
- Immunisations and health surveillance
- Guidance for managers on health matters

The Employee Assistance Programme (EAP) offers:

- Confidential counselling (telephone, online or face-to-face)
- Emotional support for stress, anxiety, or personal challenges
- Practical advice on finances, legal matters, and family issues
- Wellbeing resources and self-help tools
- Access 24 hours a day, 7 days a week
- EAP support is confidential and independent.

These services together offer a comprehensive wellbeing support system. Staff can use one or both services depending on their situation and have the support they need.

5.3 Agenda for Change Pay Award

We have informed staff that the Government has accepted the recommendations of the NHS Pay Review Body (NHS PRB) and agreed a 3.3% uplift for employees on Agenda

for Change (AFC) terms and conditions with effect from 1st April 2026. Unlike previous years, there will be no delay in implementing this uplift which is good news. It will be applied in April 2026 salaries for all substantive and Bank staff currently on AFC terms and conditions so there will be no need for backdating.

5.4 ELFT Charity: Celebrating Four Years of Impact

The end of March marks four years since the ELFT Charity came together as a single, independent charity. During this time, we have been able to directly fund projects and ideas from staff across the Trust, supporting initiatives that make a meaningful difference to patients, service users, and carers. It has enabled us to support the work of the Trust and help the NHS to go further. It has funded gardening initiatives that have brought pleasure to service users and staff, jamming sessions, social gatherings for families with children with special needs, the Healthier Wealthier Families project, Barista training for forensic service users and many smaller projects. Our recent Moments of Joy initiative attracted more than 120 applications to help make the patient/service user experience a little better.

We are now developing a forward looking strategy to ensure we maximise our assets, grow external funding, and expand the reach of what we can deliver. We plan to launch this new strategy over the summer.

Our fourth birthday is an opportunity to recognise and thank the many staff members who have raised funds to support the Charity's work. We will be celebrating with a range of activities and the introduction of our first Charity Champions, and we are encouraging even more colleagues to get involved—whether by fundraising or signing up to Microhive. We are also asking staff to actively advocate for the Charity, helping to raise its profile across teams, and ensuring more people are aware of the support it can offer.

6.0 ELFT people updates

Appointments

6.1 Chief Quality Officer Recruitment Update

Our Chief Quality Officer, Dr Amar Shah, stepped down from his role in February. A recruitment process is underway. In the meantime, interim arrangements are in place to ensure continuity and oversight in the areas that he provided leadership:

Quality Improvement (QI): David Bridle, Chief Medical Officer.

Quality Assurance (QA): Claire McKenna, Chief Nurse.

Performance: Edwin Ndlovu, Chief Operating Officer.

Analytics & Information Governance (IG): Philippa Graves, Chief Digital Officer.

Communications: Lorraine Sunduza, Chief Executive

6.2 Chief Finance Officer to Leave ELFT

Our Chief Finance Officer, Kevin Curnow, will be leaving ELFT to take up a new role as Chief Financial Officer with Barking, Havering, and Redbridge University Hospitals NHS Trust (BHRUT) in the early summer. Kevin joined ELFT in 2023 and has provided strong executive leadership to the Board and to the organisation ensuring that we provided high-quality, safe, and sustainable services. His financial stewardship has been invaluable and enabled us to navigate a very challenging period in the Trust's and NHS finances. His humanity and focus on patients and service users has always shined through. He puts himself in the shoes of others and considers the impact of decisions.

We will miss his presence on the executive team, and we wish him all the best in his new role. Recruitment processes are now underway to recruit a new Chief Finance Officer.

7.0 Visitors to our services

7.1 Rushanara Ali, MP for Bethnal Green and Bow, visits Barnsley Street Hub

We were delighted to welcome Rushanara Ali, MP for Bethnal Green and Bow, when she visited Barnsley Street Neighbourhood Mental Health Hub on 23 January. The Hub is in her constituency, and she was keen to learn more about the pilot service and the work of the local team. Staff at Barnsley Street, alongside staff from Look Ahead, provided an overview of the work and operations at the Hub and she met local people who have used the service.

Ms Ali acknowledged the pressures on mental health services and recognised the importance of engaging people early in a holistic system. A tour included the four guest bedrooms, where a total of 40 people have stayed since January 2026.

In partnership with the local authority, the Trust provides clinical staff and social workers, while third sector organisations from the Tower Hamlets Mental Health Alliance are on hand for employment support, social engagement, and activities.

8.0 Other service updates

8.1 Additional Investment for Nine New Sensory Beds for Luton

I am also pleased that we will shortly be able to provide nine new sensory-friendly bedrooms at Luton Centre for Mental Health (Calnwood Court, on the Luton & Dunstable University Hospital site) and at Oakley Court in Luton. All the new bedrooms will be designed to support people with learning disabilities, autism, and sensory needs, including a dedicated sensory-friendly annexe within Coral ward. They will be a unique addition to the support we offer and show our commitment to getting it right for people who are neurodiverse. The rooms will open early this year, expanding inpatient capacity and ensuring more people can access care closer to home.

8.2 Introducing (Renamed) Patient Safety Learning and Governance Department

Following an independent review last year, a recommendation was made to refresh the department's name to better reflect the breadth and impact of its work. This prompted discussions at their summer away day, where the team supported a new identity: Patient Safety Learning and Governance Department which reflects its broader impact.

The team is responsible for: Governance and Compliance; Emergency Planning; Health, Safety, Security and Police Liaison; Inphase (incident reporting system), Incident Management and Mortality & Learning from Deaths

8.3 Farewell Lunch for Cauldwell Medical Practice

Our Chief Operating Officer & Deputy CEO Edwin Ndlovu joined with the Cauldwell Practice in Bedford to thank them for all their endeavours in their six years with ELFT. The practice transferred to The DeParys Medical Group, a local primary care provider, on 30 January 2026. Patients will continue to see the same staff, access appointments in

the same way and receive services from the practice in the way they always have, and the team's enthusiastic, innovative, and thoughtful care will be unchanged. We wish the team all the best in this new era.

8.4 Luton Families Access Over £1m in Benefits with Healthier Wealthier Families Initiative

Families in Luton have accessed more than £1m in additional benefits and grants through the Healthier Wealthier Families (HWF) partnership programme designed to improve financial security, health, and wellbeing. The HWF initiative connects families accessing Family Hubs with expert financial advice and support, helping them access support they are entitled to which can improve their health and wellbeing.

HWF in Luton is led by Luton Council's Public Health Team, through the Family Hub Programme in partnership with Citizens Advice Luton and the Trust. In addition, families and parents who need financial support are connected with HWF through ELFT's perinatal mental health service for parents of babies up to two-years-old and its Luton child and adolescent mental health service (CAMHS).

HWF Luton was launched in March 2025 and during its first nine months has supported 159 parents and families, accessing a total of £1.18m in additional benefits and grants, helping families gain an average of £7,421.

8.5 New Report: Promoting Digital Access in Mental Health Services in ELFT

ELFT has published a new report, Promoting Digital Access Amongst People Using Mental Health Services, examining digital equity for the adult population accessing mental health services across ELFT's region of East London, Luton and Bedfordshire. The review was conducted and written by Digital People Participation Lead, Saleem Haider.

The NHS 10-year plan aims to accelerate a health system shift from 'analogue to digital'. However, the report finds significant challenges within the mental health community where digital exclusion is strongly associated with older age, lower income, sensory impairments, long-term physical health conditions, and diagnoses such as psychosis and bipolar disorder. It notes that there are considerable risks to those we support of deepening inequalities in mental health care services as healthcare access moves online.

The report concludes with recommendations for driving digital inclusion where there is growing body of evidence demonstrating digital access and confidence is a key social determinant of health, where people with higher levels of digital literacy are more likely to respond to self-care and are more active in managing their health.

8.6 Introduction of Second Opinion Appointed Doctor Clinics Pilot

The Mental Health Law Department launched a pilot project on 23 February for Second Opinion Appointed Doctor (SOAD) Clinics. Its purpose is to ensure compliance with the Trust's statutory duties under S58 of the Mental Health Act and provide a structured process for arranging second opinion appointed doctor assessments. We hope it will reduce the current backlog of outstanding assessments and reduce the length of time patients are treated under the authorisation of S62/64 emergency provisions. It will also enhance collaboration and communication between the Trust's Mental Health Law Office, clinical teams, and the Care Quality Commission/SOAD's. To enable new assessment to happen in a timely way, the Mental Health Law department will be arranging approximately four clinic sessions per week. Assessments can happen either virtually or face to face.

8.7 Trustwide Environment Review

We have launched a Trustwide Environment Review and Improvement. While estates governance has strengthened, there is recognition that this has not yet translated consistently into better environments for staff and service users, and that environmental quality depends not only on Estates but also on clinical, operational, digital and lived experience factors. As an initial- step, a Trustwide survey has been created to capture views, priorities and ideas that will shape subsequent workshops, walkarounds and targeted quality improvement activity.

8.8 Preparing for Martyn's Law

Martyn's Law is the common name for the *Terrorism (Protection of Premises) Act 2025*, which received Royal Assent on 3 April 2025. The Act places new statutory duties on organisations to consider and mitigate the risk of terrorist incidents, embedding protective security into the management and operation of publicly accessible premises.

Martyn's Law was introduced following the 2017 Manchester Arena bombing, in which Martyn Hett and 21 others were killed. The law is named in his memory and was championed by his mother to enhance public safety across the UK. For the Trust, this means reviewing our estate, training staff, and embedding new layers of assurance into governance frameworks e.g. BAF. A 24-month implementation window is now underway (currently 14-month's remaining), with full enforcement expected from April 2027 onwards - this will give us time to audit our estates, develop plans, and bring staff up to speed before compliance is mandatory.

9 Awards and Recognition

9.1 CEO Awarded Honorary Doctor of Science

I was touched and honoured to be the recipient of an Honorary Degree of Doctor of Science by City St George's, University of London on 26 January. I was proud to stand with my fellow graduates and reflect on the journeys we had all taken, personally and academically. In my acceptance speech, I told them that I did not set out with a grand plan to lead an organisation. I set out wanting to care, to make a difference, and to do my job well. What I learned very quickly is that nursing and midwifery shape you — not just professionally, but personally. They teach you humility, resilience, and the importance of truly seeing the person in front of you. I am grateful for this tremendous honour.

9.2 Tower Hamlets Social Worker Awarded 'Outstanding Contribution to Society' Award by Brunel University

My heartfelt congratulations go to Ifeyinwa Ezeifedi from Tower Hamlets Education Wellbeing Service, on being awarded the 'Outstanding Contribution to Society' Award at Brunel University of London's Alumni of the Year Awards. The Awards recognise the extraordinary achievements of graduates across the decades. The annual ceremony focusses on individuals who are leading innovation, transforming lives, and giving back to their communities in remarkable ways.

Ifeyinwa was a worthy recipient of this honour. She received a master's degree in social work from Brunel in 2017, which began a career across the public, private, and voluntary health sectors. She joined ELFT in 2021 and is currently the Clinical Team Lead for

THEWS. It is a service that helps to improve the wellbeing of children and young people by providing free mental health support within school settings and early interventions support. In Ifeyinwa's role, she is overseeing a national project to improve mental health outcomes for young people across 75 schools in Tower Hamlets.

9.3 Luton Social Worker Recognised in National Awards

Congratulations to Luton social worker, Tim Tottman, who has received nationwide recognition for his outstanding contribution to the social work profession. Tim, a Lead Social Worker in the Patient Flow Team for Bedfordshire and Luton, was recognised in the British Association of Social Worker's (BASW) annual Amazing Social Worker campaign and prestigious awards. The awards aim to highlight the achievements of individuals and teams in the profession, whilst also raising the profile and public understanding of the critical role of social work in our communities. Over 300 individuals and teams were nominated by their colleagues this year, including frontline practitioners, students, managers, leaders, educators, and newly qualified social workers.

9.4 Service User Led Accreditation Awards

I am so proud of the following five teams who have achieved Silver and Gold in the Service User Led Accreditation demonstrating that they have met exemplary standards of care as set out by those who have used our services.

Well done to the Dementia Intensive Support Service, Bedfordshire Older People's Crisis Resolution Home Treatment team, and Ruth Seifert Ward (City & Hackney) for achieving Silver Award.

Congratulations to Bedfordshire Adult Community Eating Disorders Service, Community Therapy team (Tower Hamlets) and Joshua Ward (City & Hackney) for achieving Gold Award.

9.5 Bedfordshire Tissue Viability Service Highly Commended at National Awards

I was delighted to see that the Trust's tissue viability nursing (TVN) teams working across Bedfordshire have been highly commended at a national awards ceremony. The teams were recognised for their outstanding contributions and promoting a culture of collaboration and excellence in wound care practices across healthcare disciplines at the online Society of Tissue Viability (SOTV) Awards 2026, held in February. Congratulations on this excellent achievement.

10 Action Being Requested

The Board/Committee is asked to:

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

REPORT TO THE TRUST BOARD IN PUBLIC
26 March 2026

Title	Audit Committee Meeting held on 6 March 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 6 March 2026.
- To endorse the minor updates to the Committee’s Terms of Reference – summarised at the end of this report.

Key messages

6 March 2026

The Committee received assurance on internal audit, the 2025/26 external audit and annual report, counter fraud and financial viability. While overall assurance remains appropriate, the Committee highlighted a small number of areas requiring continued focus around oversight of operational risk, compliance and development of a financial strategy.

Internal Audit Progress Update

The Committee recognised the progress made since the last meeting, while also acknowledging areas requiring more sustained attention. These included assurance that overarching themes and commonalities surfaced in the Internal Audit programme are captured centrally, and greater clarity on follow-up actions from reviews and the sequencing of these to the relevant Committees. The report was noted.

- A thematic review of operational risk registers was finalised with partial assurance given. This was discussed in detail with further assurance sought by the committee on work to address gaps around leadership in risk management and a wider organisational understanding of the significance of risk.
- The importance of thematic analysis to support identification of emerging strategic risks was emphasised by the Committee.
- Overall delivery of the 2025/26 Internal Audit Plan will be complete once the final draft report on disciplinary processes is finalised.
- An improved position on follow-up actions was acknowledged with eight actions closed, two medium priority actions in progress and ten not yet due.

Internal Audit: Head of Audit Draft Opinion

The Trust has improved from a Level 3 opinion last year to a Level 2 for 2025/26. In reaching this draft opinion, the Head of Audit noted improvements in management actions, however highlighted thematic issues around the Trust’s learning culture with wider work recommended to support the consistent embedding of control improvements. The report was noted.

- The Committee welcomed the improved position, but recognised themes around an inconsistent approach to risk management, compliance and accountability across the organization and supported a rigorous approach from Internal Audit in reaching its final Opinion.
- The plans for the development of a performance framework and measurable metrics were welcomed, emphasising the importance of a balance between local autonomy and central control and oversight of performance management to support the safety of the organisation and communities.
- A review of the 2026/27 workplan was requested to incorporate a proactive review of internal compliance.

External Audit Progress Update

The Committee received an update from the external auditors noting the effectiveness of the interim arrangements put in place following staffing changes within the finance team which continue to support good preparation for the year end audit work. The update was noted.

- Interim audit work around key business processes has been completed and some early testing is underway.
- The audit is due to commence on 29 April with no significant audit issues identified at this stage.

Counter Fraud Progress Report and Work Plan

The Committee sought assurances around training to embed knowledge of the new fraud offence and noted plans to review the impact of the legislation once it has been in place for a year. The report was noted.

- Comparative data on fraud referrals across the North East London ICB showed higher levels of activity in ELFT, indicative of a positive reporting culture and visibility of fraud rather than increased prevalence of fraudulent activity.
- Progress against the counter fraud work programme was noted, acknowledging many cases remain open across financial years due to ongoing legal or regulatory processes.

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.

- Two special payments were made and two waivers agreed to support continuity of service.
- One breach of Standing Financial Instructions was identified, investigated and addressed promptly, demonstrating effective control detection.

Deep Dive BAF – Risk 7 Financial Viability

There is a risk that the Trust cannot achieve its strategic priority to ensure financial sustainability

The Committee received an in-depth review of the strategic financial risk covering the planning framework, policies, governance, regulations and compliance underpinning the risk, and progress on previously identified areas for improvement. This prompted wider discussion around the need for a financial strategy to align with the digital and estates' strategies and support the development of a longer-term clinical strategy.

- The Committee acknowledged the work undertaken to broaden financial literacy, focus and ownership beyond core finance staff with a strengthening of budgetary control and cost discipline, supported by scrutiny of delivery targets as part of the Going Further, Going Together (GFGT) programme. Greater support for staff to understand the wider context in which financial decisions have been made was requested by the Committee.
- Successful lobbying has increased capital allocations to support opportunities for greater investment in estates and digital infrastructure.
- The medium-term plan submitted to NHS England (NHSE) addresses the underlying deficit and supports long term decision-making. The Committee welcomed plans for the development of a financial strategy, supporting alignment with a clinical strategy as important components to support the Trust's future operational positioning.
- The risk score remains at 12 currently; however anticipated achievement of the target score of 8 is being supported by the positive positioning of ELFT in the 'left shift' space and narrative around greater autonomy for providers in relation to their estate.

Declaration of Interests and Gifts & Hospitality/Standards of Business Conduct Policy update

The Committee received an update on progress to improve the declarations process and refresh the standards of business conduct policy, noting the imminent introduction of a new digital declaration system. Further clarification and strengthening of the policy is underway incorporating feedback from the Counter Fraud Service and People and Culture teams. The policy is expected to be presented at the next meeting.

Board Assurance Framework Q3

The Committee noted the planned Board Development Session in April to refresh the BAF ensuring alignment with strategic aims and reviewing overall risk tolerance and scores. The report was noted.

- There are no changes to current risk scores, and key programmes of work continue to progress against actions.

- The Committee sought assurance that the risk associated with the imminent departure of the Chief Finance Officer has been reflected with appropriate mitigations.
- Requested consideration of counter-balancing negative connotations of risk with potential opportunities and a focus on appetite and tolerance to support the development of timelines and pace.

Annual Report and Accounts

Assurances were received around completion of the report and accounts within agreed timelines with no significant changes to previous years.

Annual Review of ToRs

Minor amendments have been made to align with NHSE financial guidance however there are no significant changes. The Board is asked to endorse the amendments approved by the Committee, which strengthen the references to 'Managing Public Money', add explicit assurance responsibilities for cyber security and the data security and protection toolkit (DSPT), clarify provider licence compliance expectations, and add an overarching responsibility for tracking implementation of all audit and counter-fraud recommendations.

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

REPORT TO THE TRUST BOARD IN PUBLIC
26 March 2026

Title	Integrated Care and Commissioning Committee (ICCC) 19 March 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 19 March 2026.

Key messages

The ICCC meeting considered progress on the strategy delivery and Anchor plan, and received assurances on strategy, changes to the commissioning environment 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 Delivery Framework

The Committee received an update on development of the delivery framework for the refreshed ELFT strategy, supporting a structure to articulate coherent translation into ideas and actions, and refining outcomes from the comprehensive engagement work. Key points included:

- Further iteration and engagement activities involving staff and service users to test the mechanisms for effective delivery, and the shaping of organisational development to build skills and capabilities to support new ways of working aligned with the core strategy ambitions.
- The proposal for a phased approach; strengthening foundations around quality of care, staff experience and organisational infrastructure in year one, strengthening and spreading in year two, scaling in years three and four, and embedding in year five with indicators to assess readiness for each phase. The Committee considered the proposal for a balanced scorecard approach aligned to the quadruple aims, some remaining constant and others adapting to strategic focus, threading equity considerations throughout.
- Members emphasised the need for flexibility in sequencing to support opportunities for increased pace where appropriate, integration of related plans and clear articulation of clinical priorities, reflecting on the changing landscape of healthcare provision and commissioning.
- The Committee approved the coherent sequencing approach and welcomed the intention to gather input from other committees before presentation to the Trust Board in May

Anchor Plan

The Committee received and discussed the new ELFT Anchor Plan for 2026-31 emphasising the Trust’s commitment to the four Anchor pillars. Measurable targets and a collaborative approach are a key focus, maintaining alignment with the Trust strategy and population health objectives. Key points included:

- Learning from a review of the previous plan has supported a renewed commitment to the partnership approach and alignment with areas such as the Trust’s Green Plan and Anti-racist strategy.
- The plan commitments will form part of the population health programme incorporating measurable and annual targets, and practical examples of delivery against the four pillars around procurement, employment, sustainability and buildings & land. Delivery against the plan will be taken forward by pillar leads working predominantly in the corporate directorate in addition to the Trust’s sustainability leads.
- The Committee welcomed the forward-thinking approach and level of ambition, requesting the inclusion of baseline measures and clearer messaging around the difference work in these four areas will support for people and communities.

- The Committee emphasised the importance of an accessible narrative that explains the Anchor Plan in the context of the new ELFT strategy.

Compass Wellbeing CIC Annual Report

The Committee received an update on the development, performance and strategic direction of Compass Wellbeing following a strategy refresh and is in line with the Trust's assurance framework around delivery, finance, governance and risk. The Committee's insight into shaping the organisation's future direction was sought. Key points included:

- A period of consolidation and forward planning has been undertaken encompassing a review and strengthening of governance and assurance pathways, diversification of income through the scaling of existing contracts and a broadening of partnerships, expansion of the voluntary, community and social enterprise (VCSE) network and development of a communications model to enhance visibility and business development.
- Strong operational performance was evidenced along with the embedding of improved financial oversight and risk management.
- The Committee acknowledged the impact of system changes and discussed the importance of ensuring commercial sustainability by leveraging its trusted partner status without over-reliance on any single funding stream. Members emphasised the need to maintain flexibility to expand the organisation's offer as an enabler for fragmented care pathways whilst maintaining alignment with ELFT's core values.
- The draft strategy is planned for presentation at the next Committee meeting with onward transmission to the Board for final approval.

ICB Update

The Committee considered recent system developments, ongoing changes to ICBs and the commissioning environment. Key points included:

- The recent publication of the neighbourhood health and care framework, noting its complexity and need for further analysis to determine implications for the Trust.
- The stepping down of business-as-usual activities during the process of ICB remodelling, recognising designing future contracting environments will be complex and protracted. The Trust is pressing for clearer articulation and planning to ensure safe transitions and continuity of services.

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.
- The national Neighbourhood Health and Care guidance is likely to materially impact on Risk 1 once the implications have been analysed and are clearly understood.
- 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.

REPORT TO THE TRUST BOARD IN PUBLIC
26 March 2026

Title	Quality Assurance Committee (QAC) on 2 March 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 2 March 2026.

Key messages

2 March 2026

The Committee’s March discussions focused on sustaining rigorous oversight of clinical quality and patient safety while managing continued operational and system pressures. Members reviewed progress across key assurance domains, considered learning from recent incidents, and examined the impact of capacity, flow, and workforce factors on service performance and experience.

Emerging Issues

- A number of recent inpatient incidents were reported; immediate safety measures were taken and investigations are underway with early learning already shared locally.
- Strengthened governance and cross borough learning processes are in place to ensure consistent escalation and oversight.
- Work continues to align Quality Impact Assessment processes with updated national guidance, including consideration of future transparency requirements.

Board Assurance Framework – Risk 4 (Quality and Safety)

The Committee reviewed the latest position of Risk 4 and considered the influence of demand, capacity and flow pressures on essential quality standards. Members confirmed that core oversight arrangements remain robust and that a comprehensive refresh of the BAF will follow the launch of the Trust Strategy to ensure alignment with strategic priorities.

Key points covered:

- Targeted work continues in services most affected by waiting times, workforce constraints and patient flow.
- A full BAF refresh will follow the Strategy launch to sharpen measurable actions and outcomes.
- The risk score remains unchanged at this time, reflecting the balance of controls and current assurance.

Challenges / areas for improvement:

- Make explicit how people are kept safe while waiting, including indicators that trigger executive review.
- Keep the BAF concise and action orientated so it functions as a live management tool.

Quality & Safety Directorate Deep Dive: Talking Therapies (IAPT)

The Committee received a detailed overview of Talking Therapies in Bedfordshire, Newham and Tower Hamlets, noting continued performance against key indicators alongside service transformation and digital innovation. The discussion focused on demand, throughput and equity, and on how digital and group based models are being used to increase capacity safely.

Key points covered:

- Core KPIs on recovery and completed treatment are being met despite increased referrals.
- A centralised referral model and automation have improved efficiency and reduced administrative burden.
- Interpreter model changes and language matching are enhancing experience and value, with further

spread planned.

Challenges / areas for improvement:

- Waiting times in Bedfordshire remain above target due to temporary staffing pressures; mitigations include targeted recruitment and increased group offers.
- Estates related relocation in Bedfordshire has been managed safely; longer-term options for a hub and spoke model are being developed.
- Future reports will include strengthened equality analysis to support an equity lens on access and outcomes.

Internal Audit Progress Report

The Committee reviewed Internal Audit activity and the thematic review of risk registers, noting further improvement in core elements of risk management and remaining areas requiring clearer rationale and specificity. Members were assured that agreed management actions are being tracked to completion through established follow up processes.

Key points covered:

- Partial assurance from the risk register review, with improvements in risk descriptions, assurance sources and target scoring.
- Standardised risk systems now support visibility of static/outlier risks and thematic learning.
- Most outstanding actions are progressing as planned.

Challenges / areas for improvement:

- Ensure all risk score changes are supported by a clear, documented rationale.
- Strengthen specificity of controls and action plans to evidence credible risk reduction.
- Analyse survey feedback on transparency and leadership visibility within the risk process and act on findings.

Internal Audit Report: Out of Area Patients (Private Bed Use)

The Committee considered assurance on governance and oversight of private bed use and reviewed actions to strengthen capacity and flow. Members discussed the relationship between private bed use and system factors affecting discharge and community support.

Key points covered:

- Reasonable assurance over decision-making, authorisation and oversight for private beds.
- No private sector bed use in North East London since early 2025; sustained pressure remains in Bedfordshire, Luton and Milton Keynes.
- Nine additional acute beds and enhanced crisis capacity will be operational from 1 April to support safer flow.

Challenges / areas for improvement:

- Reducing out of area use depends on system solutions for clinically ready for discharge patients, including supported accommodation and tenancy sustainment.
- A system paper on discharge risks and learning from Urgent and Emergency Care Boards will return to QAC.

Cross Cutting Theme: Emergency Department (ED) Waits and Patient Safety)

The Committee discussed mental health waits in ED and associated quality and safety risks, recognising that prolonged waits are driven primarily by capacity constraints rather than increased presentations. Work with partners is focused on consistent reporting, strengthened clinical models and targeted support for ED staff and liaison teams.

Key points covered:

- Work with acute partners is harmonising reporting and improving real time visibility of waits.
- Training and support for ED staff are being strengthened, with liaison alignment and consistent clinical models.
- Pilots such as one to one care in ED are showing benefit and informing wider adoption.

Challenges / areas for improvement:

- Address variation in pathways and reporting between systems to support consistent monitoring and action.
- Downstream constraints, including care home access and substance misuse support in crisis pathways, continue to influence ED waits.

Integrated Patient Safety Report (Q3)

The Committee received the quarterly patient safety report and discussed opportunities to strengthen early learning through enhanced triangulation and improvement methods. Members were assured that recommendations from thematic reviews are embedded within existing programmes with clear ownership and oversight.

Key points covered:

- No new mortality trends identified; minor data validation will be completed prior to Board submission.
- Plans are in place to enhance integration of incident, complaint and mortality data with improvement support.
- Thematic learning recommendations are embedded in existing programmes with clear ownership.

Challenges / areas for improvement:

- Future reporting will include an ethnicity profile for unexpected deaths to support equity focused learning and action.

Quality Account 2025–26

The Committee noted that preparations are progressing in line with timetable and that the draft will be reviewed through the April to June governance cycle. Members received assurance on structure, content and engagement arrangements.

Key points covered:

- Structure and requirements remain consistent with previous years.
- Engagement and drafting arrangements are in place to capture priorities for improvement and performance.

CQC Update

The Committee received an update on recent inspection activity and associated action plans, noting positive feedback as well as recurring improvement themes. Members were assured that oversight arrangements are in place to track delivery and evidence of impact.

Key points covered:

- Positive findings included compassionate care, partnership working and effective use of digital tools.
- Improvement themes include training and supervision, estates follow through and accessibility of patient information.
- Draft findings for Place of Safety areas are being addressed through action plans; CAMHS inspections are underway.

Challenges / areas for improvement:

- Ensure consistency of supervision and training compliance across services and boroughs.
- Maintain robust evidence packs and timely responses where factual accuracy queries arise.

Quality Committee Assurance Report

The Committee noted assurance items escalated through the Quality Committee and confirmed that oversight will continue through the Committee's forward plan. Members emphasised the need to sustain grip on recurrent themes.

Key points covered:

- FP10 prescribing governance, oversight of Sections 135/136 and strengthened AWOL reporting remain under close scrutiny.
- QIA alignment with national guidance is being tracked through the Quality Committee schedule.

Challenges / areas for improvement:

- Sustain grip on actions requiring repeated oversight and ensure timely escalation where risks persist.

Community Health Services Digital Return

The Committee considered a submission prepared for NHS England (London Region) on access to shared care records and digital pathways within Community Health Services. Members agreed to review the document outside the meeting with comments shared directly with the Chief Operating Officer.

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

REPORT TO THE TRUST BOARD IN PUBLIC
26 March 2026

Title	People Participation Committee (PPC) 19 March 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 People Participation Committee (PPC) meeting held on 19 March 2026.

Key messages

The Committee reviewed participation activity across Forensic Services, Membership, Befriending and BAF Risk 3. Themes included the continued growth of lived-experience roles, improved feedback mechanisms, and strengthening collaboration across participation-related functions. Several areas for further development were identified, particularly digital inclusion, peer support expansion and joint communication.

Forensic Services Participation Update

- The Committee heard that participation is now firmly embedded across forensic inpatient and community pathways, with service users involved in ward meetings, user groups, clinical improvement forums and management discussions.
- Feedback from Patient Reported Experience Measures (PREMs) showed improvements in communication, activities and food. Teams will continue to monitor these themes and respond through user involvement structures.
- A service-user-led Claymation project is being developed to support engagement and storytelling. The Committee welcomed continued use of creative methods.
- Further service users recently completed peer support worker training, and the service plans to expand peer support roles. Staff awareness of peer support was identified as an area for strengthening, and this will be taken forward.
- The Community Connector programme continues to offer paid roles for former forensic service users. Opportunities to align this work with other participation initiatives will be explored.
- Digital inclusion remains a priority, and Forensic Services will work with the People Participation Digital Committee to improve digital access and confidence.
- Carer involvement continues through forums, open days and peer-led support sessions. The Committee encouraged sharing good practice from forensic participation work more widely across the Trust.

Membership Engagement Plan Update

- The Committee noted ongoing collaboration between Membership and People Participation teams. Community events continue to be well-received, giving members opportunities to speak directly with staff and representatives. Email communication is now the primary channel, and improvements will continue to ensure accessibility and clarity.

- Members discussed the distinction between membership (community-wide, with voting rights) and participation (service-user-focused). The Committee agreed that clearer joint communication materials would help people understand how these functions align.
- Impact measurement remains challenging, and the Membership team will review current approaches and bring back proposals for improved evaluation.

Befriending Service Update

- The Committee received an update on the Befriending Service, which continues to provide structured weekly calls to people experiencing isolation during their recovery. More than 200 people are currently supported by over 50 trained befrienders.
- The new Transitional Befriending Project is now in place to support people moving from inpatient services into the community. Specialist training has been completed, and referrals are expected to increase as awareness is raised. Learning from this work will be shared in future meetings.
- Members discussed training, safeguarding and sustainability. The service will review training content and supervision arrangements accordingly. The Committee also encouraged further opportunities to raise awareness of befriending in local forums and to align the service more closely with other transition-focused work.

Board Assurance Framework – Risk 3: Improving Patient Experience

- The Committee reviewed BAF Risk 3, which remains scored at 12, reflecting ongoing variability in participation practice and wider operational pressures. Members noted clear progress in embedding participation across services, including wider involvement in directorate discussions and growth in lived-experience roles.
- The Committee agreed that improvements are evident and agreed that the BAF risk should be reduced. The lead Director and executives will work together to consider the proposed reduction in score and bring to the next Committee meeting for confirmation ahead of the following Board meeting.

Forward Plan

- The Committee agreed to maintain sufficient space for substantive discussion items. Neighbourhood Working and Equality, Diversity and Inclusion will be added as future agenda topics.
- The Committee noted that AI-generated summaries could also support wider accessibility by providing clear, plain-English versions of key discussions and complex information. It was agreed that any future use of AI tools would be carefully overseen to ensure accuracy and alignment with existing governance processes.
- The terms of reference for the Committee will be reviewed in advance of the next meeting, with proposed updates to come to the June meeting.

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
26 March 2026

Title	Quality Report
Author / Role	Dr Stuart Banham, Chief Pharmacist Rajesh Jethwa, Medicines Safety Officer Marco Aurelio, Associate Director of Quality Improvement Jo Moore, Associate Director of Quality Improvement
Accountable Executive Director	Dr David Bridle, Chief Medical Officer Claire McKenna, Chief Nurse

Purpose of the report

The Quality Report provides the board with an overview of quality across the Trust relating to medicines safety. Formal governance systems, responses to incident reporting, proactive Trust-wide projects and informal intelligence gathering are described in order to provide the board with assurance regarding the robust activities relating to medicines safety.

Key messages

The Quality assurance section provides assurance that the Trust is effectively managing the risks associated with medication use by means of formal and informal processes associated with risk management. These processes are embedded within the Trust’s Governance framework, providing oversight and accountability in the activities addressing medication safety.

Medication incident reporting remains stable, and the majority of incidents reported are no or low harm. Processes exist to review medication incidents and escalate investigations using a range of PSIRF methodologies. Incident investigation is used to generate learning outcomes which are then applied across the whole Trust.

Medicines Safety is embedded within the Trust’s Governance processes, with different forums being used effectively to review learning from incidents, establish trust policy and highlight potential, emerging safety concerns.

This report outlines the robust systems in place within ELFT to manage the use of medicines in a safe and appropriate manner. Formal processes are in place to monitor medicine use and identify, investigate and learn from medicine incidents when they occur. A range of forums are established across the Trust to discuss and plan medicine use and review practice in both reactive and proactive fashions, ensuring that all staff are aware of the benefits and risks associated with medicine use.

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).

Population Health

Eighteen teams are addressing aspects of population health, mainly focusing on preventing physical ill health. Insights from four teams using QI to improve physical health screening are being developed into a change package to guide trust-wide practice. In Tower Hamlets Early Intervention Service, there has been increased referrals of women from Asian backgrounds from 18% to 27%.

Experience of Care

The Observation to Engagement QI programme targets inappropriate intermittent observations on inpatient wards. Eighty percent of pilot teams reported reduced enhanced observation use without increased safety incidents. Rosebank (Tower Hamlets) and Gardener (City and Hackney) wards saw reductions in attempted self-harm. The programme is expanding to 21 wards. Tower Hamlets Continence team cut missed appointments from 16% to 5% using scaled change ideas. Bedford CMHT reduced caseloads by 50% and waiting times from assessment to treatment by 40%, to 3.1 weeks.

Staff Experience

Twenty-five teams are using QI to improve staff experience, aligned with the trust-wide programme. A trust-wide project led by the Chief Nurse and Chief People Officer is testing change ideas across three workstreams to create a just culture and address overrepresentation of specific staff groups in disciplinary cases.

Value

Eighteen teams use QI to improve cost, sustainability, or productivity. In Bedford and Luton, the Psychiatric Liaison admin team cut RiO administrative errors by 58%, saving an estimated 34 staff days annually.

Strategic priorities this paper supports.

Improved population health outcomes	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	Most QI work enhances value through improving productivity and efficiency, with QI support currently focused on realising efficiencies for reducing the use of intermittent observations on inpatient wards. Many QI projects also realise cost savings, cost avoidance or improve environmental sustainability.

Implications

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

1.0 Quality Assurance

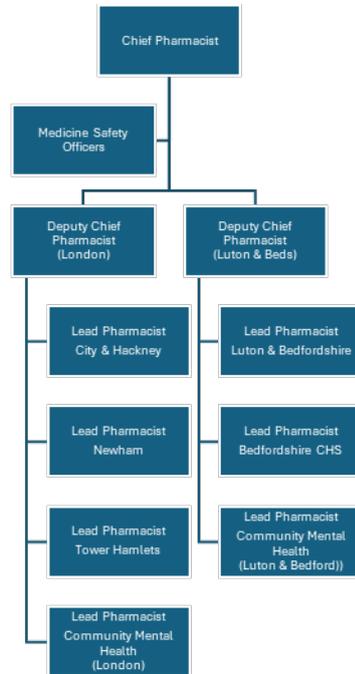
- 1.1 Medicines are the most common patient-level intervention used within the NHS, and are the second highest area of NHS spending, after staffing costs (NHS Digital, 2022). Last year the Trust spent £5.2 million on drugs and associated pharmaceutical products. Medication-related safety incidents are one of the most frequently reported categories of patient safety incidents within the NHS, accounting for 10% of reported incidents (NHS England, 2025). Within the Trust, there were 1,200 reported safety incidents involving medication during the 2025 calendar year, accounting for 9% of all reported incidents.
- 1.2 It is essential that ELFT has robust processes in place to manage the risks associated with medication usage across the trust and to have effective, embedded systems to review and learn from medication incidents when they occur. This quality report provides the board with an overview of the governance and assurance systems in place to manage the inherent risks associated with medication use and how learning from incidents is embedded across the Trust.

2.0 Medicine Safety Governance

- 2.1 ELFT uses a structured approach to Medicines Safety Governance, with designated staff roles and responsibilities, systematic review and learning generation from incident reports, underpinned by local governance forums and clinical audit.
- 2.2 Ensuring medicines are used in a safe and appropriate fashion, maintaining the best standards of clinical, legal and ethical practice, is the responsibility of

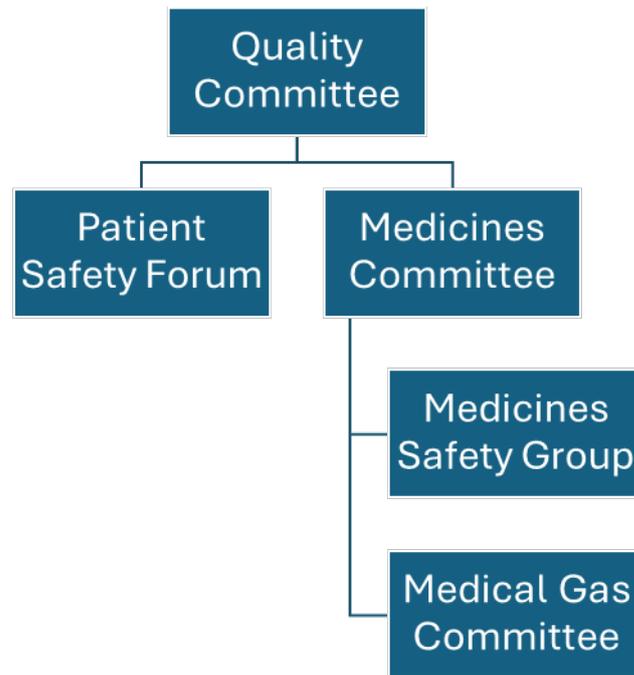
all staff within the Trust. The Pharmacy department plays a key role in this, combining both pro-active approaches such as setting out Trust medicines policies and reactive approaches, such as responding to audit findings and investigating medicine-related incidents.

Pharmacy Structural Diagram



The Trust's Chief Pharmacist is accountable to the board for all matters relating to medicines and their use across the Trust. This includes being responsible for ensuring medicines are used in a safe and appropriate fashion and incidents are reported, investigated and any learning from these incidents is shared across the organisation. The department also benefits from two Medicine Safety Officers (2 posts, 1.6 wte) who have a designated, statutory role in managing medication incident reporting in the Trust (including improving the reporting and learning from incidents) and leading medication safety improvement work within the organisation. The Chief Pharmacist is supported by 2 Deputy Chief Pharmacists who have responsibility for pharmacy activity in either London or Bedfordshire localities. The pharmacy department has number of senior pharmacist leads (band 8b) who are responsible for all aspects of medicine use and medicines safety within their designated areas of practice. They are leads for designated directorates within the Trust, or for designated areas of specialist practice. This ensures that all parts of the Trust have access to specialist guidance and expertise with respect to medicine practice. The Senior pharmacists are all active members of Trust medicine and safety committees within the Trust, including both directorate and Trust wide committees, where medicine safety is considered via both proactive and reactive planned workstreams.

Medicine and Safety Committees Within ELFT



2.3 Medicine Policy

2.3.1 A multi-layered, multi-professional approach is used to provide assurance around medicines safety and medicines governance within ELFT. The MSOs work closely with the Trust Risk Team to identify when medicines related policies require review or updating. All medicines policies undergo a structured consultation process involving key staff groups, including nursing, pharmacy, and medical colleagues. Policies are then presented to the Trust Policy Alignment Groups for discussion and alignment before progressing to the Trust Medicines Committee for formal ratification.

2.4 Medicine and Safety Committees Within ELFT

2.4.1 ELFT has a robust, hierarchal structure of committees which oversee, manage and escalate issues relating to medicines use throughout the Trust. The key committee for considering medicines usage within the Trust is the Medicines Committee chaired by the Chief Medical Officer. This bi-monthly meeting has a wide, multi-disciplinary attendance of staff from all Trust directorates with a range of standing items and exception reports received on the use of medicines, including risk register, safety reports and updates from the Trust Digital Medicines Borad. The committee is an authorised sub-committee of the Quality committee and provides an exception report to the Quality committee every quarter, and is subsequently shared to Quality Assurance Committee via Exception reporting

2.4.2 Two committees sit beneath the Medicines committee, providing a focus on specific aspects of medicines use. The Medicines Safety group is a bi-monthly,

multidisciplinary group with the specific purpose of creating a medicines safety strategy that promotes a positive safety experience and eliminates harm secondary to medicines. The Medical gas group is a quarterly, multidisciplinary group which oversees all aspects of medical gas use within the Trust.

- 2.4.3 The Trust's Patient Safety forum is a monthly, multidisciplinary meeting which brings together key safety leadership representatives to drive forward patient safety improvement work. One key aspect of its work is providing a space for sharing emerging safety issues to initiate safety improvement work. Although not specifically focussed on medicines these can still be considered. Recent work undertaken within the Trust to promote awareness of synthetic opioids and the risk of overdose, was prompted by the risk of opioid overdose being identified as an emerging safety concern.
- 2.4.4 The variety of forums for considering medicine safety issues work together in a complimentary fashion, considering issues from different perspectives and drawing diverse groups of individuals together in the pursuit of medicine safety. Formal issues and policy approval are considered at the Medicines committee, whilst deeper analysis of medicine safety trends, and the associated work to address these, are considered by the Medicines Safety group. The Patient Safety Forum provides an additional space where emerging issues can be considered, and preventative work planned. Common attendance across the three forums further adds to the complimentary nature of their activities.

3.0 Medicine Incident Reporting

- 3.1 All patient incidents which have a consequence on patient safety, either actual or 'near-misses', are reported on the Trust's incident reporting platform In-Phase. The reporting process requires individuals to indicate whether the incident involved a medicine, and these incidents are collectively grouped as medicine incidents. If a reported incident is not recorded as a medicine incident but after review is felt a medicine was involved, then this can be subsequently reclassified as a medicine incident, and the converse is also possible.
- 3.2 It is helpful to consider the processes surrounding medication use within the Trust as a pathway, with many individual steps. This includes:
- Ordering and receipt of medicines along with subsequent storage
 - Teams requesting medication and this being dispensed by Pharmacy and received by the teams
 - Security and storage of medicines in clinical setting
 - Prescribing, administration and monitoring of response to medicines
 - Disposal of unwanted and expired medicines
 - Transcribing of medication
- 3.3 Medicine incidents can occur at any step within this pathway.

- 3.4 Across all healthcare systems, within the NHS and the wider world, the most frequently reported category of medicine incident involves the administration process. This is also the case in the Trust where data from 2025 indicates that 43% of medicine related incidents were linked to administration. This is most likely due to this being the most frequently occurring task related to medicine use. For example, a 15 bedded ward where each patient is prescribed 3 different medicines would result in 90 dose administrations per day. Across the Trust there are likely to be more than 189,000 medicine dose administrations each month, as most patients are on more than 3 medicines, administered twice per day.
- 3.5 To continually support the reporting of medicine related errors, the Pharmacy team support clinical teams to understand what constitutes an incident through running sessions at Away Days and through continued education via the Trust's Medicines Safety Group. Medication incident reporting has remained consistent at just over 100 incidents a month over the last year which indicates that the process of reporting is stable.
- 3.6 Consistently higher medication incidents reports are received each month from the Trust's Community Health Services (CHS). Higher incident reporting rates within CHS are attributed to multi-organisational working and the challenges of providing cross-interface care. To improve the care of patients across organisational interfaces work has recently been conducted in both London and Bedfordshire CHS to improve communication and patient care following discharge from acute provider Trusts to ELFT's CHS services. Improvement projects in both localities sought to address identified issues regarding communication between organisations, strengthen relationships and establish forums where medicine safety issues arising from transfer of care could be discussed and learning shared. Both these projects produced reduced numbers of inappropriate discharges to ELFT's community services and a perceived reduction in number of medicine incidents.
- 3.7 Medication incident reporting is consistent amongst inpatient mental health services, indicating a unified approach to incident reporting, crucial for maintaining patient safety and regulatory compliance. Consistent reporting aids identification of patterns and trends in incidents, allowing for targeted interventions and improvements. It also fosters a culture of accountability and continuous learning within the organisation. An example of this is where data was highlighting a number of incidents related to insulin and a task and finish group was put in place to identify themes from the data which would then support actionable insights. This identified communication between acute and community providers amongst the main underlying causes of insulin errors and work to address these sources of error was undertaken including reviewing work processes and reviewing how best to support individuals with their insulin administration.

- 3.8 In line with NHS incident grading practice, the severity of medicine incidents is graded as either no, low, moderate or severe harm. Grading is initially undertaken by the reportee, but all incidents are reviewed by Trust Patient Safety Reviewers and the Trust's Medicine Safety Officers (MSOs). Grading data from October to December 2025 demonstrates the majority of incidents are graded as no harm (66%) or low harm (25%), with only a few graded as moderate harm (2%), with the data from this period being typical of the spread seen each quarter. None led to severe harm and the remainder (7%) were not linked to patient care (and hence do not receive a rating of harm).
- 3.9 The most serious classification of adverse events within the NHS are 'Never Events'. These are serious, preventable patient safety incidents that should not occur if Trusts have implemented existing national guidance or safety recommendations. There have been no medicines 'Never Events' reported at ELFT in the last 5 years.

4.0 Learning from Medicines Incidents

- 4.1 Following the review of medication incidents any requiring further investigation are discussed at the daily grading panel where the Trust's MSOs provide subject matter expertise on the context of the incident alongside recommendations for the most suitable learning response. In order to improve consistency of incident grading the MSO's have developed a grading framework supporting the Trust's patient safety reviewers with understanding which incidents should be considered for escalation via a trust '72- hour report'. This includes further detail on different grades of physical and psychological harm. Patient safety reviewers are encouraged to seek guidance from an MSO when there is uncertainty regarding incident escalation. Implementation of this framework has provided improved consistency between reviewers and resulted in a more focussed escalation of incident investigation, with the number of 72-hour reports being reduced. Additionally there has been an increase in alternative incident review methods used within the Trust, such as after-action reviews (AARs), Clinical Observations and Swarm Huddles.
- 4.2 Patient Safety Incident Response Framework (PSIRF), introduced within the Trust in November 2023, is a key component in the NHS approach to improving medication safety. PSIRF encourages a systems-based approach to learning from incidents, with a move away from previous investigation methods, such as Root Cause Analysis (RCA), to more dynamic methods, fostering continuous improvement in patient safety. Since trust wide implementation, Pharmacy have continuously worked to embed the principles of the new framework into routine practice. This has been achieved through the effective work of the Trust Medicines Safety Group.
- 4.3 Recent examples of learning generated through PSIRF methodologies include, introduction of specific electronic alerts in the Trust's EPMA (Electronic Prescribing and Medicines Administration) system to warn staff when

medicines defined as critical are stopped. Furthermore, an After Action Review (AAR) identified need to evaluate the role of 'second checks' when high-risk medicines are administered as well as identifying work to encourage Trust staff in being more assertive when faced with a noisy or confusing environment whilst working in patients' own homes.

5.0 Patient Experience of Medicines

- 5.1 As well as learning from incidents, there are also embedded processes to learn from service user complaints. Pro-active work has been undertaken to analyse data from the Trust's complaints team relating to medication. This has enabled a triangulation of medicine safety activities and potential identification of medicine safety issues from a patient perspective.
- 5.2 Numbers of medicines related complaints are low, but where they do exist they are frequently related to provision of medicine related information. In response to this work to strengthen the discharge counselling process in underway, along with improving information provision to service users/carers in inpatient & outpatient areas through posters/access to medication information platforms and also access to easy read medication information leaflets. These are areas currently being explored through small pilot projects. As we learn about the impact of these change ideas and then refine we will be in a better position to scale up these ideas.

6.0 High Risk Medicines

- 6.1 High Risk Medicines are those with an increased likelihood of causing severe, possibly fatal, adverse effects. This can be due to a potential for drug interactions, toxicity in overdose or risks associated with the administration of the medicine.
- 6.2 Within the Trust the following medicines, or circumstances of administration, are noted to be high-risk: Insulin, anticoagulants, lithium, sodium valproate, clozapine, high dose antipsychotic therapy (HDAT) and rapid tranquillisation (RT). Specific Trust policies, additional monitoring and specific medicines safety work within the Trust focus on these high-risk medicines.
- 6.3 For example, the Valproate policy is an example which has been updated to encompass requirements mandated by MHRA (Medicines and Healthcare products Regulatory Authority) relating to prescribing restrictions and annual review of valproate in males and females. Policy adherence is monitored via Clinical Use of Medicines Audit. This quarterly, retrospective audit reviews a sample of cases where valproate has been prescribed and has demonstrated compliance with the revised Trust policy, specifically the use of valproate in appropriate cases, adherence to the need for two prescriber signatures and implementation of risk monitoring in both male and female patients. There are

plans for a wider retrospective audit during 2026 to assure practice compliance with valproate prescribing.

- 6.4 The Pharmacy audit programme supports on going monitoring of safe use of medication and adherence to Trust Policy. For example, the Clinical Use of Medicines audit reviews compliance against several standards linked to antimicrobial drugs, anticoagulants, insulin, opioids, covert medication, antipsychotics, high dose medications, rapid tranquilisation, benzodiazepines and lithium. All inpatient wards are required to complete this audit 3 times per year. Further audits are also in situ to monitor other aspects of medicine use including safe storage, controlled drugs and transcribing.

Audit	Services	Frequency
Controlled Drugs	All Inpatient Wards	Quarterly (April, July, October, January)
Domiciliary Setting Controlled Drugs Audit	Community Health Services	Quarterly (April, July, October, January)
FP10	All Community Mental Health Services, Community Health Services, Crisis Teams	Quarterly (April, July, October, January)
Clinical Use of Medicines	All Inpatient Wards	3x per year (June, Oct, Feb)
Clinical Use of Medicines CMHTs	All Community Mental Health Teams	3x per year (June, Oct, Feb)
Safe & Secure Handling of Medication	All teams that hold medications.	2x per year (Feb and Oct)
Transcribing Procedure	Community Health Services	2x per year (Feb and Oct)

- 6.5 Results from medicine audits are collated on the audit module of the Trust's reporting platform (Inphase). Lead pharmacists are required to assess the results for their individual directorates, comparing these against other areas of

the Trust and to discuss these results within their individual directorate quality committees.

- 6.6 Key themes and actions resulting from the clinical use of medicines audit have resulted in work improving monitoring of high dose antipsychotic therapy, physical health monitoring following rapid tranquillisation and use of opioids amongst patients on mental health wards. Specific actions included addressing high dose antipsychotic therapy in the forensic directorate, which increased awareness and standardised the recording of monitoring parameters. Electronic alerts on the Trust's EPMA system have been improved, providing senior ward staff with prompts to follow-up RT incidents and ensure adequate monitoring has been recorded.
- 6.7 Clozapine, an antipsychotic used for treatment resistant schizophrenia, has a number of statutory and recommended additional monitoring requirements. Work has been completed to assess the Trust's Clozapine Policy, ensuring the policy requirements minimise the associated risks. Clinical observations (where a member of Medicines Safety staff shadows and observes routine activity) have commenced in the Trust's Clozapine Clinics. This provides an opportunity of exploring how well policy is implemented in practice. Evidence from qualitative research studies suggest participants of observational studies will normalise the presence of an observer, minimising any affect bias from the observation practice. Initial results from a small number of observations have identified some variations on practice between clozapine clinics which planned work is seeking to explore further to establish whether this variation is acceptable and warranted.
- 6.8 To support clozapine and sodium valproate prescribing, digital alerts have been embedded in the Trust's Electronic Prescription and Medicines Administration (EMPA) system which is rolled out across inpatient services. Digital alerts are used to highlight specific examples of high-risk medicine use, such as Rapid Tranquillisation, use of sedative medicines or prescribing of valproate. The automated reports generated in these circumstances can be targeted to staff (ward based and pharmacy) to ensure necessary monitoring and follow-up occurs. Further roll-out of EPMA to community teams, specifically Depot and Clozapine Clinics, is planned for the next 2 years. This will enable digital solutions to assist with key community-based medicine safety challenges, such as physical health monitoring of community-based patients and escalation of missed antipsychotic depot doses.
- 6.9 Where challenges exist, projects are undertaken to improve medicines safety. For example, a Trust-wide Insulin safety group which has been established, following on from a Quality Improvement (QI) project in London CHS. A thematic review of insulin errors across the Trust identified scheduling of visits for insulin administration and communication between acute and community providers amongst the main underlying causes of insulin errors. Work has commenced across Bedfordshire CHS to address these sources of error by

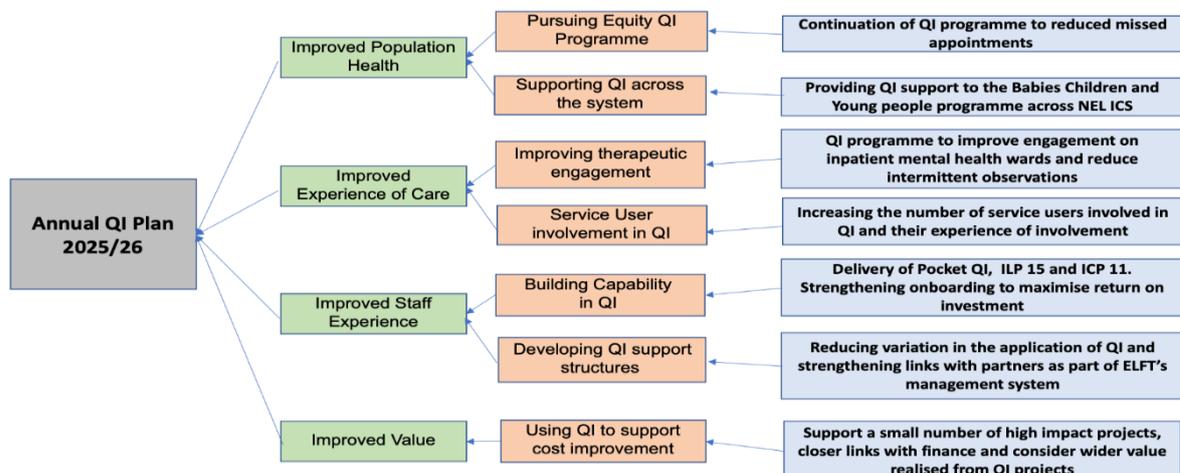
reviewing work processes and reviewing how best to support individuals with their insulin administration (supporting patients to manage their own insulin). This follows successful work in Tower Hamlets CHS where insulin errors were reduced by reducing number of patients requiring staff-administered insulin, implementation of a GP standard operational procedure promoting timely actioning of insulin dose changes following hospital discharge and promoting system wide engagement with insulin safety improvements.

6.10 Work has also been undertaken to address risks emanating from the use of high-dose benzodiazepines, particularly within the Trust’s Psychiatric Intensive Care Units (PICUs). This work, initiated by one of the Trust’s psychiatric consultants in response to a PSII, has used safety actions and learning methodologies to review current practice, make recommendations regarding acceptable doses and improve awareness of drug / drug interactions with benzodiazepines. Dissemination of this work will utilise the medication safety seminar format successfully used in previous medicine safety work, such as Controlled Drug awareness, Insulin safety and the upcoming Synthetic Opioid Awareness campaign. Medication Safety Seminars are a structured workshop designed to convey key medicine safety messages whilst also allowing participants to share their own experiences which emphasises the learning and can inform future safety work.

6.11 In conclusion this reports outlines the robust systems in place within ELFT to manage the use of medicines in a safe and appropriate manner. Formal processes are in place to monitor medicine use and identify, investigate and learn from medicine incidents when they occur. A range of forums are established across the Trust to discuss and plan medicine use and review practice in both reactive and proactive fashions, ensuring that all staff are aware of the benefits and risks associated with medicine use.

7.0 Quality Improvement

7.1 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.



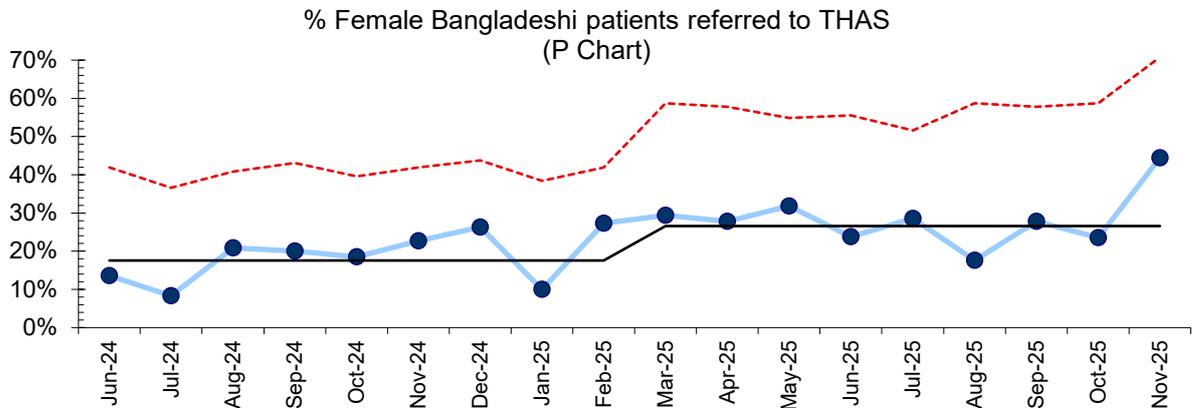
8.0 Improved Population Health

8.1 16 teams across the trust are using QI to improve population health, with most focussing on prevention of physical ill health. People with serious mental illness or learning disabilities have lower life expectancy often due to co-morbid physical health issues. Across the trust there have been four projects that have completed in the last few months that have worked to improve physical health monitoring of service users. These projects are shown in the table below. Learning from these projects will be developed into a change package of ideas to support the improvement of physical health monitoring at scale trust wide and support the trusts new strategy. This work is being undertaken in collaboration with the trust wide physical health group and population health team.

Project	Change Ideas Tested	Improvement Seen
Tower Hamlets Early Intervention Service	<ul style="list-style-type: none"> • Training on blood tests • Physical Health Admin Days • Circulation of Physical Health Data • Quick Guide to physical health CQUINs and documentation • Simplified physical health protocol 	<ul style="list-style-type: none"> • Screening completion increased from 28% to 60%. • Uptake of physical health interventions rose from 17% to 40%.
Tower Hamlets Inpatient Services	<ul style="list-style-type: none"> • Adding Physical Health screening status to handover documentation 	<ul style="list-style-type: none"> • Physical health screening rose from 41% to 65%
Newham Community Recovery Team North	<ul style="list-style-type: none"> • Embedded physical health data into supervision. • Trained staff to use physical health equipment. • Portable equipment for home visit • Streamlined appointment scheduling 	<ul style="list-style-type: none"> • Blood Test completion increased from 48% to 74% • Lifestyle forms completion increased from 16% to 76%
Newham Learning Disabilities Team	<ul style="list-style-type: none"> • Strengthened data sharing to identify women eligible for screening. • Clinical Support Worker led engagement. • Easy-read breast awareness materials • Breast awareness focus groups. • Offered supported clinic visits with option for same-day screening 	<ul style="list-style-type: none"> • Increase in women with LD receiving cancer screening increased from 21% to 50%

8.2 In Tower Hamlets, the Autism Team have been working to increase the percentage of women from Asian backgrounds referred to the service. The team have worked with the community to develop and test several change ideas including a leaflet distribution drop at 9 community locations, updating the website so it more accessible and holding an information stall at a local community centre. As a result of their work the percentage of women from Asian backgrounds referred to the service has increased from 18% to 27%. The

gap between this group and those from a white background has reduced from 25% to 16%.



8.3 Improved Experience of Care – Observation to Engagement Programme

8.4 The Observation to Engagement Programme continues to progress following its launch in April 2025. Phase 1 has now concluded, marking the completion of pilot testing on nine inpatient wards across the Trust. Seven of the nine wards achieved measurable reductions in enhanced observation usage, with previous board reports highlighting specific successes from those teams.

8.5 Safety incidents and restrictive practice have been closely monitored throughout the pilot, with no sustained reduction in safety or increase in restrictive interventions, confirming that reductions in enhanced observations are being achieved safely. Some wards have seen fewer incidents of self-harm and attempted suicide. Rosebank Ward (Tower Hamlets) reduced self-harm and suicide attempts from 2.18 to 0.63 each month, and Gardener Ward (City and Hackney) halved self-harm and attempted suicide from 8 to 4 each month. Service user experience data co-developed with Experts by Experience, alongside structured staff reflections, is currently being collected and will be shared in the next Quality Report to the board.

8.6 Pilot wards are now formalising their strongest, highest-impact ideas into clear standard operating procedures (SOPs). These are being consolidated into a structured change bundle called the **CARE** that counts bundle to support scale up:

1. **Confidence Building** – Creating the conditions so staff have the permission, capability and resilience to both step-down observations and engage meaningfully

2. **Anticipating needs** – Moving from reactive to proactive care by identifying risk early, responding to early warning signs and collaborative planning with service users and the multidisciplinary team
3. **Relationships and Engagement** – Strengthening therapeutic contact through planned meaningful activity and ad hoc interactions
4. **Every Individual** – Ensuring care is personalised through tailoring approaches for the individual and specialised groups

8.7 The programme is now transitioning from successful pilot testing to structured spread in Phase 2. 21 additional wards are being onboarded from across older adult, adult, forensic, PICU and other inpatient services. These wards will support the building of belief in the change concepts that form the CARE that counts bundle. The table below shows the pilot teams and additional wards where the work is being spread.

Directorate	Wards
Bedfordshire & Luton	Pilot ward: Jade
	Phase 2 wards: Onyx, Fountains
CAMHS	Pilot ward: Nova
	Phase 2 wards: Evergreen & Galaxy
City & Hackney	Pilot wards: Joshua & Gardner
	Phase 2 ward: Ruth Seifert, Connolly & Brett
Forensics	Pilot wards: Clissold & Bow
	Phase 2 wards: Loxford, Butterfield, Morrison, Aldgate, Clerkenwell, Westferry, Limehouse, Broadgate
Newham	Pilot wards: Sapphire & Ruby
	Phase 2 wards: All wards across the unit
Tower Hamlets	Pilot ward: Rosebank Ward
	Phase 2 wards: Cazabon & Leadenhall

8.8 As part of Phase 2, local learning spaces are being established to support shared problem-solving and peer learning. Each ward is also identifying programme champions who will attend the local learning spaces and act as local leads. Scale up wards will be brought together on the 30th of March to introduce the CARE that counts bundle and plan how to test ideas going forward. Wrap around support will be provided by local Improvement Advisors to effectively test these ideas.

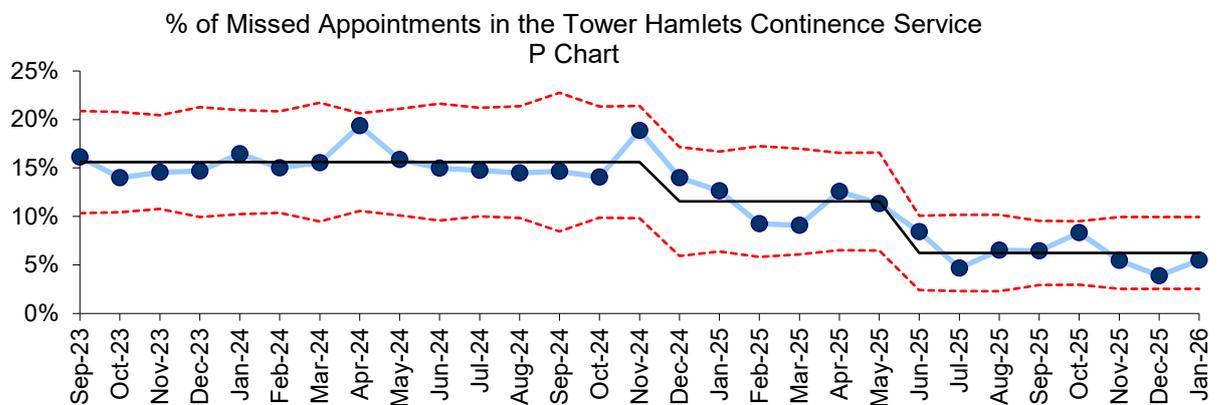
9.0 Improved Experience of Care – Other QI Work

9.1 Across the trust, 106 QI projects are looking at improving the experience of care for service users. Broadly, these are focusing on improving access to

services, reducing missed appointments and improving care on inpatient wards.

9.2 In Bedford, the Adult Community Recovery team have been working to improve access to the service, reducing their caseload size and waiting times. The team have tested several change ideas over the course of the project, including a caseload management tool, identifying patients who receive depots that are suitable for transfer to primary care, a revised welcome pack for service users, escalating out of area transfers to management, specific transfer of CPA slots and a new transfer pack. As a result of their work, their caseload size has reduced by 45% from 616 to 338 each week. Waiting times from assessment to treatment have reduced by 40% from 5.1 weeks to 3.1 weeks.

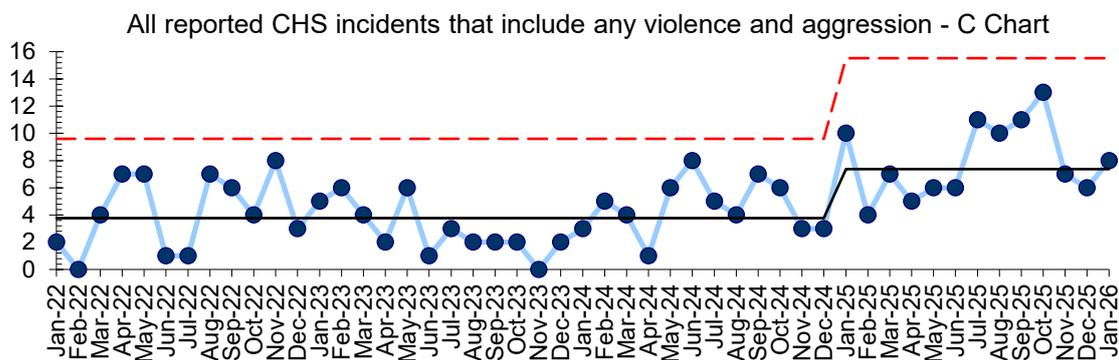
9.3 The Continence team in Community Health Tower Hamlets, are working to reduce missed appointments to the service from 15% to 5%. The team are testing ideas which have been scaled from other CHS teams including Patient Initiated Follow up, improving reporting of cancellations to clinicians by admin and booking appointments with service users. So far, the team have seen a reduction in missed appointments from 15% to 6%.



10.0 Improved Staff Experience

10.1 QI is being used at scale to support improvements in staff experience, with 25 projects across the trust which are directly working on this area. These projects have been aligned to workstreams in the trust wide Staff Experience programme enabling each stream to learn from ongoing work. Learning from 10 projects that have recently closed has also been shared.

10.2 Of the 25 active projects, two are currently seeing improvement. In Community Health Tower Hamlets, a team have been working to increase staff awareness of safety when at work. Through testing of a communications campaign, a warning letter, inphase reporting process and a code of conduct, the team have seen a 94% increase in the number of incidents reported each month from 3.8 to 7.4. This helps demonstrate that staff feel more comfortable reporting incidents. This work is currently being scaled across the directorate, and work is underway to understand opportunities to share learning trust wide. The code of conduct produced as part of this work has now been developed into a trust wide policy.

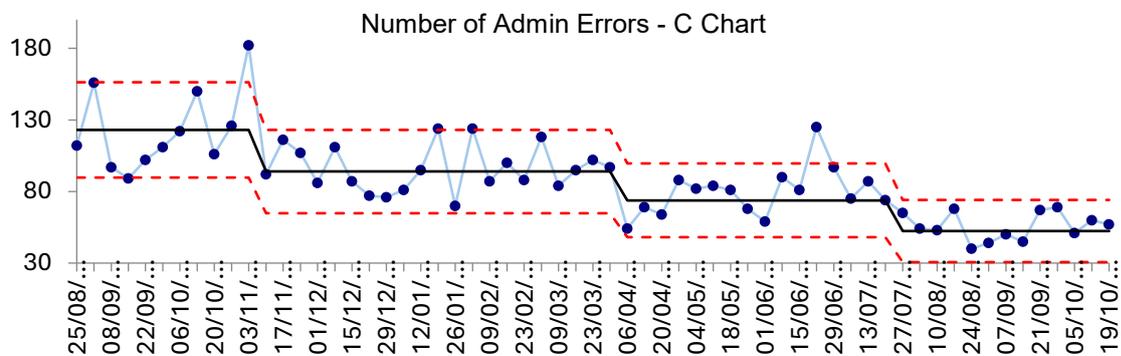


10.3 QI Work being led by the Chief Nurse and Chief People Officer is aiming to create a just culture and address overrepresentation of specific staff groups in disciplinary cases. The work is split across three streams: equity, compassionate culture and improving timeliness of investigation. Change ideas are being tested as below

- Equity Workstream: Creating a one-page standards sheet for temporary/bank staff and students; addressing supervision gaps for bank staff through scorecards, templates, and clearer accountability for managers; bespoke workshops or clinics focusing on professional conduct and trust values, potentially piloted in high-incident areas
- Timeliness of Investigation: 48-hour fact finding review, centralised list of Investigating officers, investigating officers working in pairs
- Compassionate Culture: Disciplinary case panel, compassion checklist

11.0 Improved Value

- 11.1 18 teams across the trust are using QI to directly improve an aspect of value. Of these, 6 are tackling environmental sustainability, 4 are directly focusing on cost improvement and the remainder on an aspect of productivity or reducing staff time spent on tasks.
- 11.2 The admin team from Bedford and Luton Crisis have been working to reduce the number of errors on RiO. Types of errors include the wrong discharge destination, wrong time and date of referral, wrong appointment times. The team tested several change ideas including training for team administrators, prompt sheets with step-by-step instructions for processes, training for clinical staff. As a result of their work the team has reduced the number of errors by 58% from 123 to 52 each week. The change ideas have saved an estimated 34 days of time each year to spend on higher value tasks.



12.0 Action Being Requested

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

Performance report

March 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	Edwin Ndlovu, Deputy CEO & Chief Operating 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 overall percentage of incidents resulting in harm continues to remain stable and low, reaching 28% in February. The number of pressure ulcers continues to remain stable, with an average of 151 in February.

The rate of restraints per 1,000 bed days remains stable around the mean of 13.2. The number of out-of-area placements remains low, fluctuating at around 11, attributable to service users from Bedfordshire and Luton mental health services.

Community mental health follow-up within 72 hours of inpatient discharge was 81.6% in February. The overall average across the past 12 months has been 80.2%, which is above the national target.

The percentage of service users who rate their experience as good or very good has continued to demonstrate an increase, returning to normal levels in February (79.9%). This reflects positive changes in service user satisfaction.

Urgent Care Teams in Community Health Services achieved a 2-hour access rate of 94.0% in February, representing a sustained improvement over the past eight months, from 88.7% to 90.5%. This is above the national 80% target.

Talking Therapies services continue to exceed the national access target of 67% (rising to 69% in 2026/27), achieving 70.6% and performing above the national average of 63%. Early Intervention Services are performing well, with 66.7% of service users starting treatment within 2 weeks (above the target of 60%).

Appendix 1 details ELFT’s performance against the NHS Oversight Framework (NOF) for 2025/26 for Quarter 2 and provisional scores for Quarter 3.

What's of concern?

As of February, 6,820 patients have been waiting over 52 weeks, which is consistent with the January position. Of the 6,820, 6603 are waiting in the ADHD or Autism service. Additional long waits include 309 in CAMHS and 166 in Newham Memory Service.

A Trust-wide programme is underway to strengthen how ADHD and Autism waiting lists are managed, bringing together clinical, operational and digital teams to improve communication with patients, enhance data quality and streamline triage processes. Work is focused on maximising the use of Patient Knows Best (PKB) for proactive communication, including the possible delivery of self-assessment and triage tools, while also identifying safe and inclusive methods for sending digital triage links. Alongside immediate waiting-list actions, the group is exploring broader pathway modernisation, such as improved patient stratification, optimised referral management, digitised administrative assessments, scaled advice and guidance, and better use of virtual appointments. In Autism services, a parallel review has led to a unified ELFT self-referral form and ongoing work to standardise triage tools, pre-assessment requirements and screening thresholds across boroughs. Activity data from City & Hackney and Luton & Bedfordshire indicate that only a small proportion of individuals require more complex ADOS assessments, suggesting many referrals could be effectively managed through a shorter, routine diagnostic pathway.

Community health services have 1,636 service users waiting over 52 weeks, primarily within the MSK Podiatry (232) and SCYPS ASD (939) pathways. Waiting lists in Bedfordshire MSK remain stable at 870, and Newham MSK have seen an increase in its MSK waiting lists from 2,175 in December to 3,087 in February due to a Trustwide admin review, which has caused the waiting lists across the service to grow.

What's worth watching?

While there has been an overall improvement in the proportion of service users reporting positive DIALOG outcome scores (increasing from an average of 46.3% to 51.7%), there has been a consistent decline over recent months before rising back to normal levels in February. The main reason for this is believed to be related to cost-of-living factors and significant changes underway across community mental health services and the impact reorganisation can have on experiences of service users in the short term.

The rate of violence and aggression has fluctuated unusually in the past few months, rising above the mean of 6.7 and reaching 8.4 in February. A small number of acutely unwell service users accounted for a significant proportion of these incidents.

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

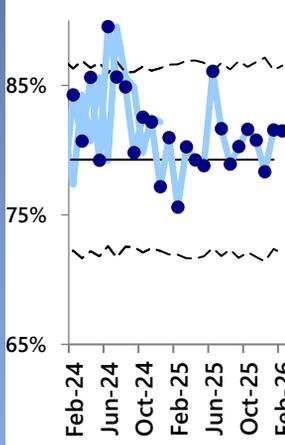
Committees/meetings where this item has been considered

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

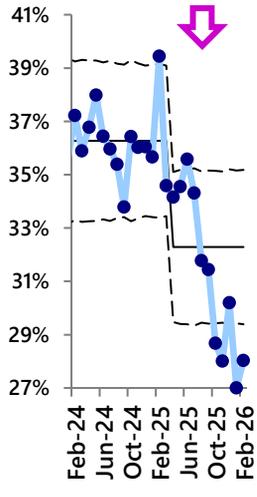
Impact	Update/detail
Equality Analysis	Some of the metrics in this report are designed to improve equalities by ensuring access to services and good outcomes. Analysis of the experience of different groups is undertaken as part of the Trust's inequalities work stream and population health task and finish group.
Risk and Assurance	This report covers performance for the period to the end of February 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.

Safe

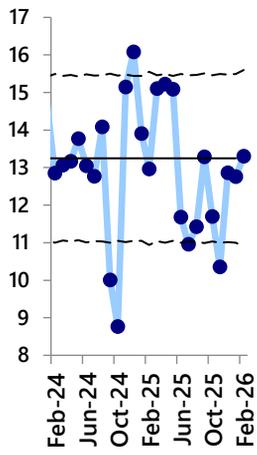
Service users followed-up within 72 hours of discharge (P chart)
Target: 80%



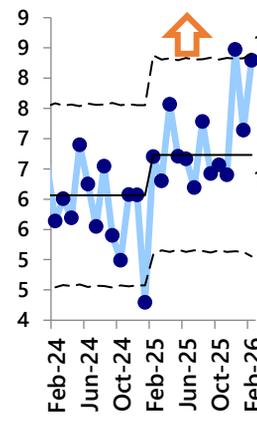
Safety incidents resulting in physical Harm (P Chart)



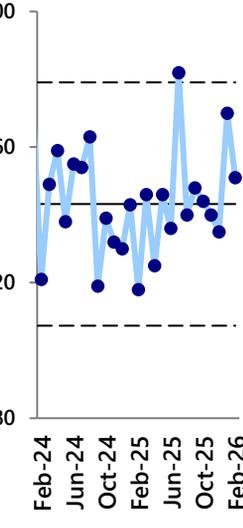
Restraints reported per 1,000 occupied bed days (U Chart)



Physical violence incidents per 1,000 occupied bed days (U Chart)

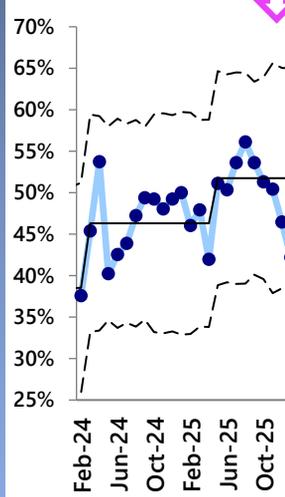


Pressure ulcers - non-inherited (C Chart)

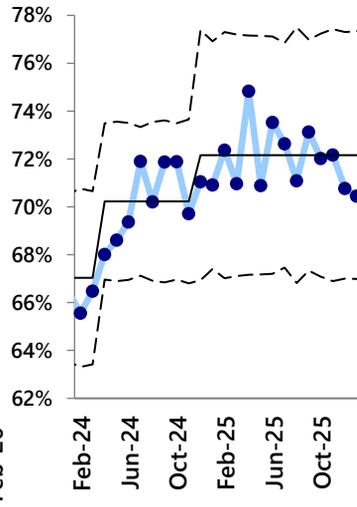


Effective

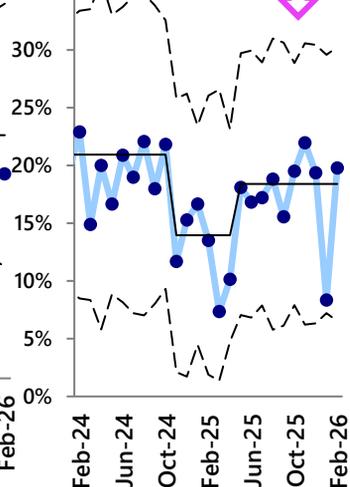
Adult Mental Health Improvement in Dialog score (P Chart)



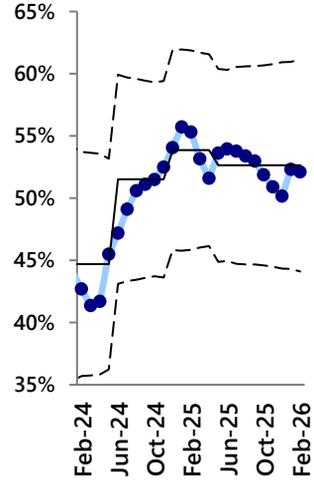
Talking Therapies - Percentage achieving reliable improvement (P' Chart) Target: 67%



IPS - Percentage discharged in employment (P Chart)

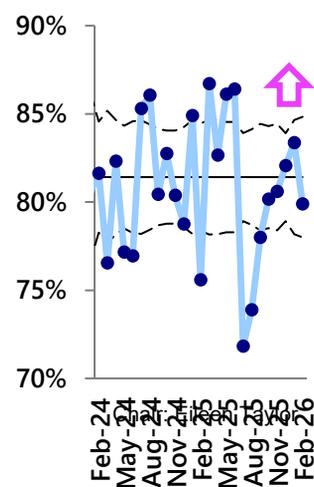


Perinatal - Improvement in Core10 scores (P Chart)

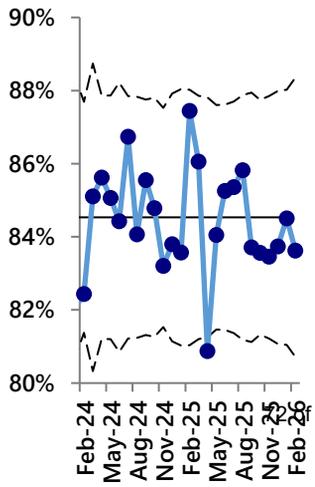


Service user centred

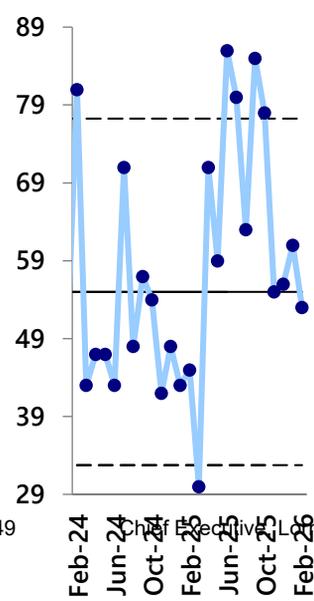
Percentage of service users having a very good or good experience (P Chart)



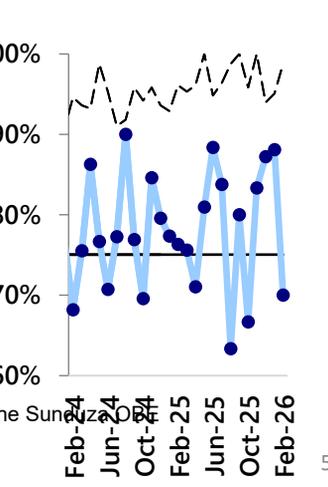
Service Users involved in discussions about their care (P Chart)



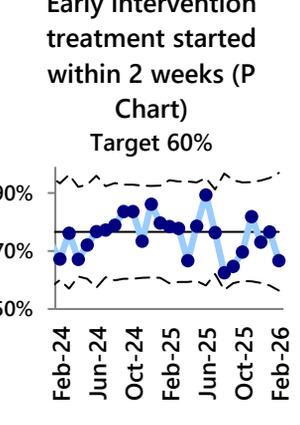
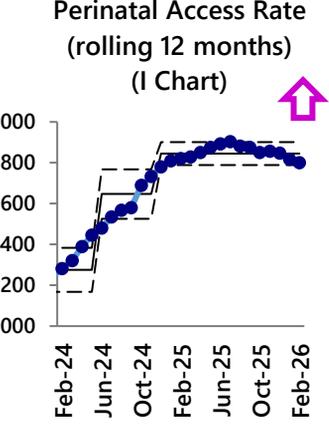
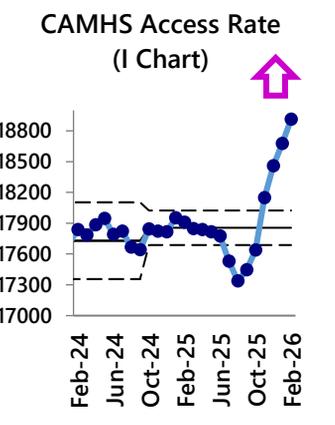
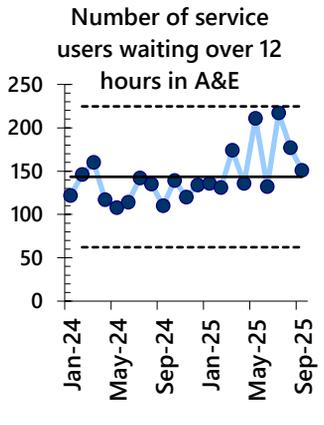
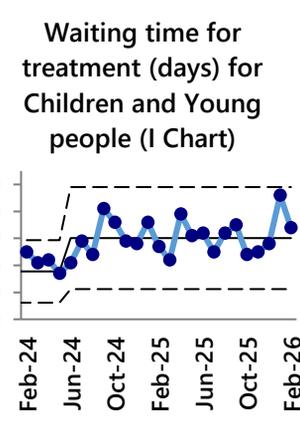
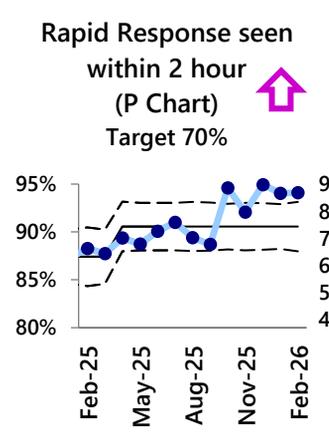
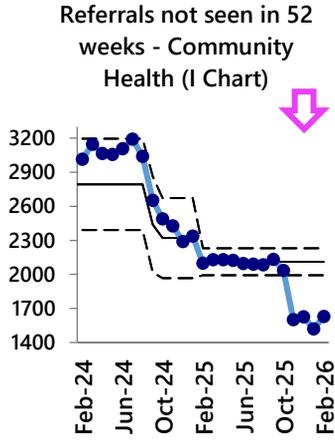
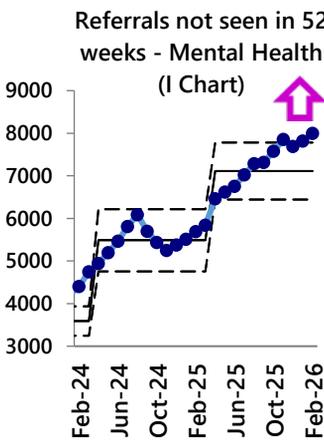
Complaints (C Chart)



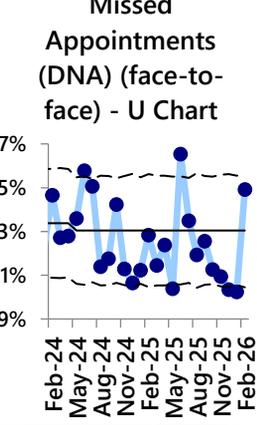
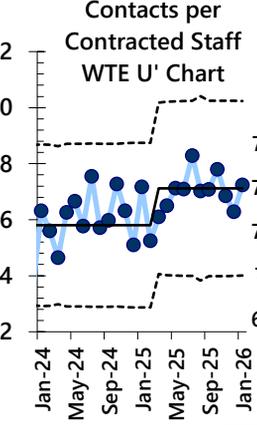
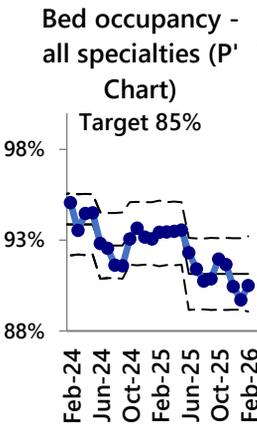
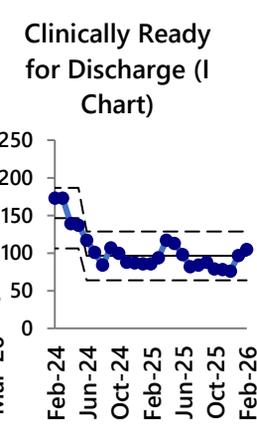
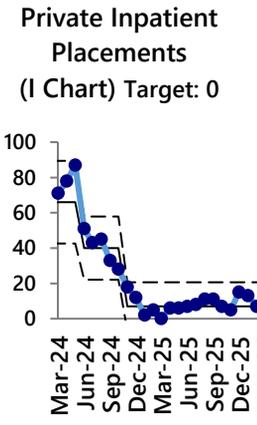
Service users who died in their preferred place of death (P Chart)



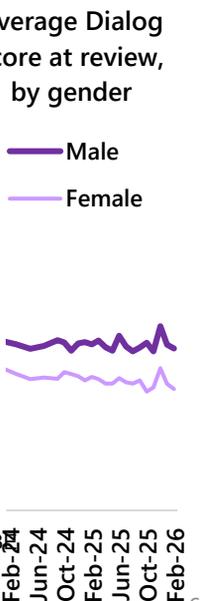
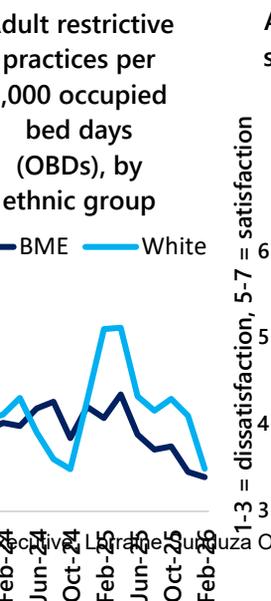
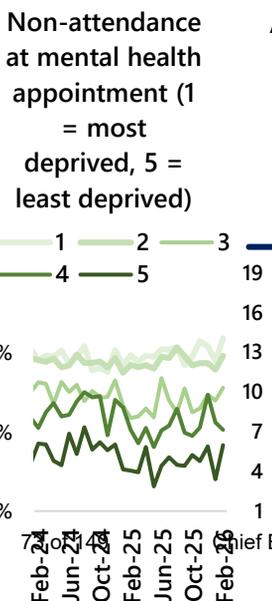
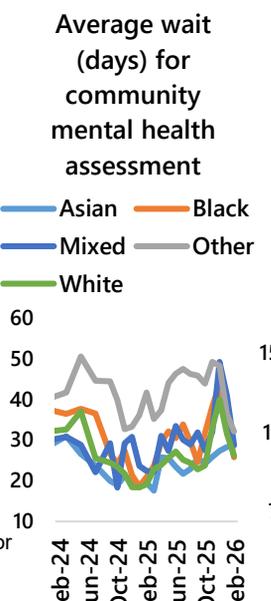
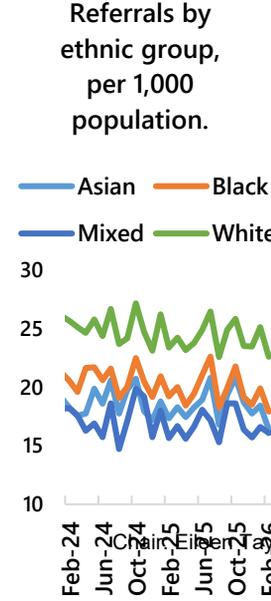
Timely



Efficient



Equitable



Safe

The percentage of service users followed up within 72 hours of discharge from inpatient services was 81.6% in February, against the national target of 80%. Improvements have been made across all teams after December performance was impacted 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. The target was achieved in 8 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 have become routine practice to support the timely identification of overdue follow-ups, helping to reduce delays and improve contact.

The rate of violence and aggression has fluctuated unusually in the past few months, rising above the mean of 6.7 and reaching 8.4 in February. This reflects a rise across Luton mental health services and Forensic services. 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 13.2 in February, with some fluctuation expected in relation to a small number of acutely unwell service users who may require multiple restraints. Mental health services continue to focus on 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.

The percentage of incidents resulting in harm has continued to fall, dropping from the mean of 32% to 28% in February. While overall incident levels have remained broadly consistent, this recent decrease reflects fewer low-harm incidents and more no-harm incidents across most services, contributing to a lower overall percentage. A contributing factor to the rise in no harm incidents is driven by Community Health Services and changes in how expected deaths are recorded in the clinical system as a no harm category, as per national guidance.

The number of pressure ulcers remains stable, reaching **151 in February** across community health services.

Effective

Overall, the proportion of service users reporting positive DIALOG outcome scores has improved, increasing from an average of 46.3% to 51.7%. However, outcome scores dipped in recent months, falling to 42.2% in January, before recovering to normal levels in February with 53.2%. The recent decrease was driven primarily by a drop in scores across City and Hackney, and Tower Hamlets' mental health services, which have since seen improvements in February. Services have highlighted that a possible explanation is the wider cost-of-living factors, as well as significant community transformation currently taking place in these boroughs. Large-scale changes to local services, staffing models, pathways, or community infrastructure can create short-term disruption and uncertainty for service users, which may temporarily affect their reported outcomes and experiences. In addition, periods of change can place additional pressure on frontline teams, potentially affecting continuity of care and consistency of support. While these transformations are intended to deliver long-term improvements, the short-term transition phase may be contributing to the recent dip in positive DIALOG outcomes.

To address this, the Trust is taking a Trust-wide oversight approach to community mental health services. A committee has been established to focus on a number of priorities, including monitoring team caseloads and setting care standards, promoting the use of Dialog+, personalised care planning, 24/7 provision, crisis interfaces, workforce capacity, and alignment with national frameworks. The aim is to reduce unwarranted variation while allowing reasonable local adaptations, supporting consistent, safe, and effective care across all areas. Through this approach, we are stabilising outcomes in the short term and driving sustained improvements in service user experience and care quality.

Our Talking Therapies services continue to outperform the national target, with reliable improvement averaging 72% over the past year and 70.6% in February against the national 69% target (risen from 67%). Encouragingly, 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 fell unusually in January, dropping from an average of 18.4% to 8.1%, but returned to normal levels in February at 19.8%. The January decrease was mainly due to Tower Hamlets Individual Placement Support (IPS) services, where new team members were still becoming familiar with recording practices and gaining access to clinical systems. Following training and improved system access, staff are now recording information more consistently. As a result, the proportion of service users entering employment increased from 5% in January to 14% in February.

Across perinatal services, the Trust's rolling 12-month access rate is at 2817, with a year-to-date access rate of 2573. In Luton & Bedfordshire, a local target has been set to reach 1,022 referrals by March 2026, and services are currently achieving 1359 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 1399.

Perinatal outcomes continue to remain stable, achieving 52.6% of service users reporting positive outcomes in February.

Service User Centred

The percentage of service users who rate their experience as good or very good has continued to demonstrate an increase, returning to normal levels in February (79.9%). This reflects a rise across Tower Hamlets Community Health Services, SCYPS, Newham Community Health Services. The themes behind these trends and the actions being taken were examined in the November report.

The number of complaints has continued to remain stable, reaching 53 in February. 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 83.6% in February. 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.

Timely

Early Intervention Services continue to exceed the national goal of 60%, although performance has dropped in the last two months. In February, 67% of service users commenced treatment within two weeks.

Across the Trust, 6820 patients have been waiting over 52 weeks for mental health services. This number reflects an increase of 15 between January and February. 6603 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 6603 people who have been waiting over 52 weeks for ADHD and Autism services, 166 are waiting in the Newham memory service for a review. 309 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 structured programme of work is underway across the Trust to ensure robust and patient-centred management of the waiting list for ADHD services. The programme brings together clinical, operational and digital stakeholders and focuses on improving patient communication, strengthening data quality, and ensuring safe and efficiency triage processes. Work is progressing to maximise the communication capabilities of ELFT's existing Patient Health Record platform, Patient Knows Best (PKB).

The Digital Programme Lead and PKB Product Manager are all reviewing available features to determine how they can support proactive communication with patients on the waiting list. This includes exploring whether PKB could serve as a secure and efficient route for issuing the self-assessment tool to patients. Agreement is also being sought on the most reliable and inclusive method of sending patients a link to an online triage tool via SMS and e-mail to manage the needs and risks of patients on the waiting list.

Beyond the immediate waiting list work, the group is identifying further opportunities to modernise and streamline the ADHD pathway. Areas under consideration include a new patient stratification method and when to trigger the completion of the self-assessment tool, enhancing Single Point of Access (SPA) referral management, both operationally and digitally, exploring the digitisation of the administrative assessment pathway, developing mechanisms to scale advice and guidance and improving the utilisation of virtual appointment technology.

Referrals for ADHD services in Luton & Bedfordshire remain stable at 60 in February. 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. This is because GPs are referring patients via Right to Choose, which has resulted in a waiting list reduction from 2076 to 2003 between January and February. 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.

Across Autism services, a similar structured review is also underway. A recent workshop reviewed all existing self-referral forms used across Newham, Tower Hamlets, City & Hackney and BLMK. A unified ELFT version was created, testing both a long and shorter version. The Trust is also reviewing key triage tools and exploring variation in the current borough usage. Future work is planning to confirm which tools will be adopted Trustwide by leveraging national advice from Autistica's NHS England's commissioned review of screening tools, defining service-user pre-assessment requirements and agreeing the threshold scores and outcomes for screening.

The workshop reviewed activity data and the current stratification of practices across East London and Luton and Bedfordshire. This included how to stratify referrals into routine and complex assessment pathways which is essential for developing a consistent and efficient diagnostic model that reflects actual clinical need and makes the best use of specialist assessment capacity. Data from City & Hackney indicated that the proportion of individuals requiring an ADOS assessment is lower than previously assumed, with only 15% of assessments between June to December 2025 involving ADOS, and 11% requiring interviews. Meanwhile, data from Luton & Bedfordshire showed an even smaller proportion of ADOS use between 2-6%, with only 7% requiring follow-up. These findings suggest that a large proportion of referrals could be appropriately managed within a shorter, routine assessment.

Across Luton & Bedfordshire's Autism services, referrals continue to remain stable with 92 referrals in February, 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 February. Teams in Newham, Tower Hamlets and City & Hackney are collaborating jointly to establish a unified approach for handling second opinion requests to reduce bottlenecks in the pathway and provide clarity and consistency across East London where service users challenge the outcome of their assessment. 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 February. 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.

Across ELFT's memory services, the Trust continues to experience rising demand for diagnostic assessments. As of February 2026, 1,963 people are waiting for an assessment, an increase from 1,840 three months ago. Similarly, 1,350 people are waiting for treatment, up from 1,183 in October 2025. The largest proportion of growth has been concentrated within Tower Hamlets. In Tower Hamlets, there are currently 504 patients awaiting an assessment and 255 waiting for treatment. In response to sustained increases in demand, particularly those linked to delays in accessing imaging, a senior-led triage model has been introduced at the point of referral. This ensures that a significant proportion of referrals can be screened early for appropriateness, thereby reducing inappropriate referrals progressing into the full diagnostic pathway and protecting clinical capacity for those most likely to benefit. Alongside this, the service has expanded its consultant-led "diagnosis in a day" model, which is now being delivered up to 4 days per week. This model streamlines several components of the diagnostic process into a single appointment, where clinically appropriate. The team has also enhanced outreach provision for housebound patients to improve equity of access and reduce delays for those unable to attend clinic-based assessments. These pathway changes are being supported by a Tower Hamlets-led Quality Improvement project, launched two weeks ago. The project is reviewing delays in the pathway, including the current 16-week wait for MRI scans, and is working with imaging teams to better understand and address capacity constraints. Despite system pressures, Tower Hamlets continues to deliver high-quality diagnostic outcomes. The borough's dementia diagnosis rate is now 75%, significantly outperforming both the NEL ICB average (61%) and national average (65%).

The Newham memory clinic has 166 people waiting over 1 year for a review. To address this, ELFT has commissioned a full diagnostic service review across all three East London Memory Clinics. This review aims to understand capacity, identify operational pressures, and develop a more sustainable model to meet rising diagnostic demand. Service leads are engaged through the NEL Imaging Network to ensure dementia and neuro-imaging needs are recognised as system-level priorities. In parallel, commissioners are undertaking demand-and-capacity modelling to inform future planning. However, significant challenges persist. The small size of the service and limited medical and psychology staff continue to constrain assessment capacity and delay both initial assessments and diagnostic pathways. To strengthen oversight, a new Memory Clinic Pathway Monitoring Form has recently been introduced on clinical systems.

The service continues to use 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.

939 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 1738 in February. 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 January, urgent care teams in Community Health services have seen a positive shift in meeting the 2-hour access target, achieving 94%, 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 eight months, resulting in a downward shift in average length of stay to 91.1%. This reflects a reduction across Tower Hamlets, City and Hackney and CAMHS Tier 4 inpatient services.

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 11 in February, attributable to Luton & Bedfordshire. Similarly, the number of patients ready for discharge remains have started to rise to 105, but remains 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 56 days in East London and 62 days in Bedfordshire and Luton. Newham mental health services have the lowest average length of stay, with an average of 44 days.

The proportion of service users discharged with a length of stay exceeding 60 days across adult wards has increased from 25% in January to 28% in February. 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 admission are increasingly coordinated with community and Home Treatment Teams to prevent avoidable admissions. During admission, frequent operational huddles with real-time escalation are in place to unblock delays and maintain momentum, alongside Red-to-Green day principles to improve bed management and reduce unwarranted variation in length of stay.

At discharge, strengthened coordination with community services and increased step-down provision are supporting more timely and safe transitions of care. These system-wide improvements are now being strengthened through targeted winter pressure schemes across each borough, focusing on acuity management, safer staffing, crisis alternatives and enhanced community capacity to reduce avoidable admissions and support earlier discharge.

City & Hackney winter pressure schemes focus on managing rising acuity and creating flexible alternatives to admission. This includes combined CYP/AMH (Children and Young People and Adult Mental Health) capacity to manage cross-pathway pressures, enhanced inpatient acuity and observations to improve safety and throughput on wards, and expansion of crisis alternatives through the MHCAS at the Raybould Centre. Additional step-up and step-down capacity is being created through the expansion of Crisis House beds, supporting earlier discharge and admission avoidance. The introduction of a 24/7 Neighbourhood Mental Health Team at Primrose Square strengthens out-of-hours community response, reducing pressure on inpatient beds and Emergency Departments by providing timely, intensive support in the community.

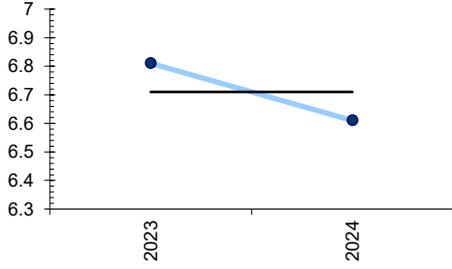
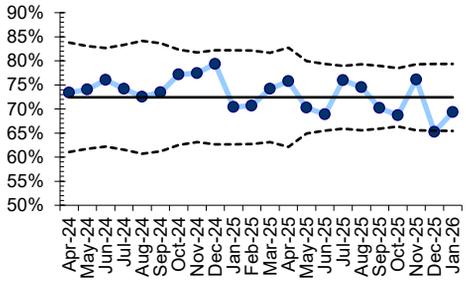
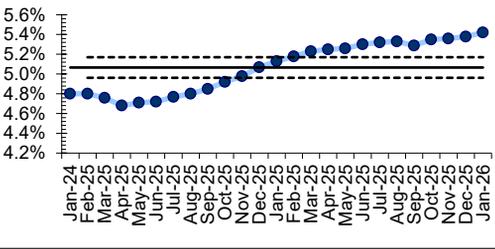
In Newham, winter schemes are strengthening both inpatient flow and community alternatives to admission. Combined CYP/AMH capacity is being deployed to manage surges in demand across pathways, alongside enhanced inpatient acuity and observation staffing to support safer care and timely progression through inpatient wards. Community-based flow is being strengthened through the High Intensity User Neighbourhood Model and the expansion of FACT (Intensive/Assertive Outreach), supporting individuals with the highest levels of need and reducing repeated crisis presentations. The introduction of a 24/7 Neighbourhood Mental Health Team at Flying Angel and the expansion of Newham MHCAS at Newham General Hospital improve crisis response and A&E gatekeeping, enabling diversion to community-based alternatives wherever clinically appropriate. Enhancements to the crisis pathway, including the Ibis House offer, provide additional step-down and crisis support to facilitate earlier discharge and prevent readmission.

In Tower Hamlets, the winter schemes build on the early success of neighbourhood and hub-based models in reducing admissions and length of stay. Combined CYP/AMH capacity will support system resilience during peak demand periods, while inpatient safer staffing strengthens ward capacity to manage acuity and reduce delays linked to observation requirements. Enhanced Psychiatric Liaison at the Royal London Hospital improves A&E gatekeeping and supports diversion to community and crisis alternatives. The Home Treatment Team is being strengthened to support earlier discharge and admission avoidance, alongside dedicated Royal London out-of-area (OOA) support to improve repatriation and reduce delayed transfers of care. The 24/7 Neighbourhood Mental Health Team rollout further expands community-based crisis and intensive support, reducing reliance on inpatient beds. The expansion of MHCAS in Tower Hamlets strengthens crisis assessment and response, supporting timely diversion from acute pathways where appropriate.

Appendices

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

	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				
Access to care	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				
Effectiveness and Experience	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				

	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		Deterioration from 70.2% (Q2) to 65.2% (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 			

	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	
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 £410k which is in line with the 2025/26 financial plan.
		Q2 2025/26	1	NOF Score	
	Relative difference in costs score	1.94	1.94	1.94	
Q2 2025/26			1.94	NOF Score	Provider value

Appendix 2: Operational Definitions

Safe		Timely	
Service users followed-up within 72 hours of discharge	Percentage of discharges from an Adult Acute Mental Health Bed followed-up by a community mental team within 72 hours.	Referred to ELFT and not seen within 52 weeks by the service	The number of newly referred service users at the start of each month who have not been seen by the team they have been referred to
Physical violence incidents per 1,000 occupied bed days	Number of violent incidents reported per 1,000 occupied bed days excluding leave. Occupied bed days from all settings.	Rapid Response seen within 2 hour	Proportion of people responded to within 2 hours who are experiencing a health or social care crisis and are at risk of hospital admission.
Restraints reported per 1,000 occupied bed days	Number of restraints reported as incidents per 1,000 occupied bed days excluding leave. Occupied bed days from all settings.	Waiting time for treatment (days) for Children and Young people	Number of days from referral to first contact.
Safety incidents resulting in physical Harm	Percentage of incidents resulting in any physical harm including fatalities from all safety incidents.	Early intervention treatment started within 2 weeks	Proportion of people experiencing their first episode of psychosis offered a NICE recommended package of care within two weeks of referral
Number of non – inherited pressure ulcers	Number of Category 2,3 & 4, SDTI and Unstageable pressure ulcers not-inherited outside the trust.	Perinatal Access Rate	Number of service users with at least one face to face or video contact in the last 12 months.
Effective		CAMHS Access Rate	Number of service users with at least one contact in the last 12 months.
Adult Mental Health Change in Paired Dialog Scores	The proportion of paired dialog scores showing an improvement of >12.5%.	Number of users waiting more than 12 hours in the ED	Count of number of MH users referred to PLS waiting more than 12 hours in the ED from entry
Talking Therapies - Percentage achieving reliable improvement	The proportion of people completing treatment who have shown significant improvement and recovered.	Efficient	
IPS - Percentage discharged in employment	The proportion of patients discharged from any IPS service who are in employment.	Private Inpatient Placements	Number of patients placed in private beds at the end of month. Excludes CAMHS & step-down care and other NHS providers
Peri Natal Paired Core10 outcomes scores showing improvement	Proportion of paired scores showing a movement from higher risk category to a lower risk category.	Clinically Ready for Discharge	Number of patients ready for discharge without a clear plan for ongoing care and support during month
Patient Centred		Bed Occupancy excluding leave	Percentage of beds occupied during the month from the total ward capacity, excluding home leave, private placements and step down care.
Percentage of service users having a very good or good experience	Proportion of service users responding 'Very Good' or 'Good' to the question 'Overall, how was your experience of our service?'	IPS Referrals	Number of referrals to the IPS team
Service Users involved in discussions about their care	Percentage of service users in agreement to the statement 'I felt listened to and understood by the people involved in my care and treatment.'	Equitable	
Complaints	Number of formal complaints received	Referrals by ethnicity, per 1000 population	Referrals to East London per 1,000 population using 2021 Census
Service users who died in their preferred place of death	Percentage of service users on the end of life pathway who died in their preferred place of death	Average wait for assessment by ethnic group.	Average wait by service user ethnicity
		Number of Adult restrictive practices per 1000 occupied bed days by ethnic group	Number of restrictive practice incidents per 1,000 occupied bed days excluding leave
		Appointments not attended, by deprivation quintile	Missed appointments where in insufficient notice was given by the deprivation of the service user post code.
		Change in Paired Dialog Scores by Gender	Difference between the paired dialog scores by gender

REPORT TO THE TRUST BOARD IN PUBLIC
26 March 2026

Title	People and Culture Committee (P&CC) 4 March – 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 4 March.

Key messages

The Committee reviewed workforce risks and assurance across staff experience and support, sickness absence, culture and leadership, and directorate-level workforce deep dives. The Trust continues to demonstrate strong governance, a strengthening of workforce utilisation and support for staff wellbeing. Themes around leadership, culture and behaviours were recognised and discussed. People Risk 5 (Staff Experience) remains at a score of 12 (High), reflecting ongoing stabilisation and improvement despite ongoing challenges.

Emerging Issues and Challenges

The Committee received assurance on:

- Work to support senior leads and staff in the wake of a recent serious ward incident, acknowledging the significant impacts and the potential for wider reverberations when details become public.
- The continuing process to exit from primary care contracts in Bedfordshire and Luton and the support being provided to staff in advance of the final contract cessation on 31 March 2026. A full lessons learnt paper from the exiting process will be brought to the appropriate committees at a future date.

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 noting improved metrics in areas such as workforce utilisation, targeted recruitment, and robust management support for sickness cases. This prompted discussion around the potential for a review of the overall risk position following deeper analysis of the staff survey results. The risk score remains at 12 and aligns with the Board's target risk tolerance.

- Improved health roster oversight, sustained recruitment activity for hard to recruit roles and investments in training and support for bank staff has strengthened effective workforce utilisation.
- Work as part of the staff experience programme to reduce bullying, harassment, violence and aggression is being supported by improved reporting routes. Targeted work with managers to strengthen oversight of long-term sickness cases and support sustained return to work plans is having a positive impact.
- The Committee encouraged work at pace to finalise and launch the anti-racism strategy and implementation plan.

Deep Dive: Talking Therapies (Workforce)

The Committee received a detailed overview of the Talking Therapies workforce across Newham, Tower Hamlets, Bedfordshire & Luton and Norfolk, covering achievements, pressures and future priorities. Members acknowledged the significant progress made in workforce modelling to understand capacity and demand and ensure readiness for future ways of working.

- The directorate has 500 staff, mainly psychological wellbeing practitioners and high intensity therapists offering psychological interventions, support and employment advice for approximately 40,000 service users per year. Workforce stability and staff retention is supported

by several successful apprenticeship programmes providing opportunities for progression into clinical leadership and management. Community engagement is an important aspect of the therapeutic work and is being strengthened by the offer for local people with lived experience to train as wellbeing practitioners.

- Staff wellbeing has been prioritised in the service with access to hybrid and flexible working supported by a new digital arm of the service offering opportunities for remote working; a network of staff champions provides continuity of connection between the different groups of staff. The service works to ensure equity of opportunity for all staff with investments in training and career diversity; the vacancy rate in the service remains low.
- Key challenges are the impact of the estate on staff morale, sickness management, planning for anticipated growth in activity and capacity issues when releasing staff to undertake increased national training offers to support the future areas of growth. Work is underway to support improvements in supervision compliance.
- Work has already begun to future-proof the service against the anticipated levels of growth with a focus on clear job plans, capacity planning, bespoke health problem-solving initiatives and flow work to free up clinical time.
- The Committee encouraged opportunities for Trustwide learning to be taken from the workforce modelling undertaken around capacity and demand.

Cross-Cutting Theme: ELFT Ability Staff Network

The Committee received an update on the network, which plays a meaningful role in offering mutual support for disabled staff and those with long-term health conditions across the organisation. Members welcomed the breadth of events, advocacy and signposting undertaken by the network and support provided for People & Culture colleagues. The committee recognised the potential for the network to influence wider understanding of disability.

- The collective aim of the network is to take the 'dis' out of disability at work. 7.45% of staff declare their disability on ESR but it is recognised there remains a disparity between this and staff survey declarations, some of which is likely to be due to restricted data collection categories but also supports a belief that staff do not feel safe to report.
- A calendar of monthly network events are themed around a variety of topics as well as safe space sessions for discussion and peer support. Strong representation and active support is provided for the annual all-staff network conference and work is underway to widen connections with networks across the NHS and external organisations.
- Regular engagement with the network remains a challenge for some individuals particularly ward-based staff and those who do not control their own diaries, limiting their ability to participate during working hours.
- A key issue consistently raised is the ability for the Trust to meet workplace adjustment needs, hampering individuals' ability to work to their full capacity. An additional challenge is the need for more support for staff experiencing burnout and sickness challenges and greater manager and colleague understanding of the needs of disabled staff.
- A key ask is for individual presentations by disabled staff of their stories, experiences and issues to the Board and committees and support to ensure a wider spread of information on all the staff networks.

Deep Dive: Forensics (Workforce)

The committee received an in-depth presentation on Forensics service, highlighting a shift towards more preventative work and focused work to tackle historical racism towards staff. Members recognised the work to foster a compassionate leadership culture whilst acknowledging the uniqueness of the balance between physical security and skilled professional therapeutic staff connection.

- The service is comprised of 616 staff spread across 60 teams covering psychology, occupational therapy, peer support, clinical and admin. It supports two secure inpatient units, community services, liaison and diversion and custody court and London pathway partnerships. Investments in safer staffing have stabilised the workforce supporting a reduction in incidents of violence and aggression and improved staff retention rates, lowering the number of vacant posts.

- Training investment in human resource processes and the promoting and embedding of respectful resolution has seen a decrease in employee relations cases, and key learnings around the most effective ways to provide support for staff are regularly identified from themes reported through contacts with the Freedom To Speak Up Guardian. An increase in staff survey responses supports evidence that issues are addressed within the service when raised.
- Several wellbeing initiatives are in place to support morale and psychological safety including systematic leadership support focused on EDI through engagement with the human rights charity BRAP. A culture of respectful challenge and inclusive discussion is encouraged in team meetings and daily huddles support wellbeing check-ins across the services.
- There is focused organisational development work ongoing to address levels of racism experienced by staff, learning from which has been incorporated into the Trust's anti-racism strategy. Opportunities are being explored for staff to utilise system partner's requirements for bank support, in recognition of the financial impacts from the reduction in bank shifts available in the Forensics service.
- The Committee received assurance around workforce plans to support the shift towards early and sustained discharge

Culture and Leadership Framework

The Committee received details of a new set of national management and leadership competency frameworks to be embedded in all trusts in 2026, prompting a discussion around the importance of role modelling this as part of the staff experience work and developing actions to address known areas of challenge.

- The proposal is for the adoption of the new framework to sit within the Grow & Thrive workstream of the staff experience programme, alongside the Trust's cultural expectations of leaders and recognising the wealth of leadership development and training already in place within ELFT.
- The Committee approved the direction of travel requesting wider consideration of the different leadership structures within the Trust.

Deep Dive: Equality, Diversity and Inclusion (EDI) Freedom To Speak Up (FTSU) and People Relations

The committee received a presentation on EDI-related concerns raised through FTSU and People Relations. Members received the key messages, recognising the importance of thematic analyses of race and disability concerns and the interlinking with leadership, culture and behaviours.

- The deep dive examined cases relating to equality, diversity and inclusion concerns over a two-year period, noting specific issues around psychological safety, disability discrimination in relation to reasonable adjustments and race-related issues around inconsistent leadership.
- Areas of good practice were identified in areas where informal resolution is embedded however learning across directorates is inconsistent and it is recognised a strengthening of manager capability and leadership is required.
- The Committee received assurance on cultural review work to support a greater understanding of complex and embedded racism in hotspot areas.

Internal Audit Report: Sickness Absence

The report was brought back to Committee for review following a request for the action plan to be strengthened. More robust actions were welcomed along with proactive work to reduce sickness levels through measured wellbeing, safe and supportive methods, noting the inclusion in the medium-term plan of a trajectory for absence reduction over a two year period

Terms of Reference Annual Review

The Committee approved key changes to strengthen oversight of culture, leadership and inclusion, clarify purpose in relation to the people plan and tighten wording around workforce, EDI and risk responsibilities.

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

As at 28th February 2026

Chair: Eileen Taylor

REPORT TO TRUST BOARD MARCH 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:

- Workforce remains stable with steady improvement in substantive staffing. Agency use is decreasing while bank use is increasing. Vacancy rate continues to fall, now at 8.5%. Training compliance remains strong at 88.7%. Sickness levels remain above target due to long-term cases. Employee relations caseloads remain high.

What has gone well:

- Substantive workforce has grown compared with last year. Reduced agency spend and better use of internal bank workforce. Vacancy rate improving across most areas. Training compliance remains high across all directorates. Staff Experience and Patchwork programmes show good progress. Clearer actions and improvements identified through FTSU cases.

What challenges do we have:

- High long-term sickness in key directorates. High volumes of ER cases and delays in tribunal processes. Persistent vacancy hotspots in several areas. Turnover variation due to structural and TUPE changes. Patchwork rollout faces system, process and consistency issues.

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

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

Committees/meetings where this item has been considered

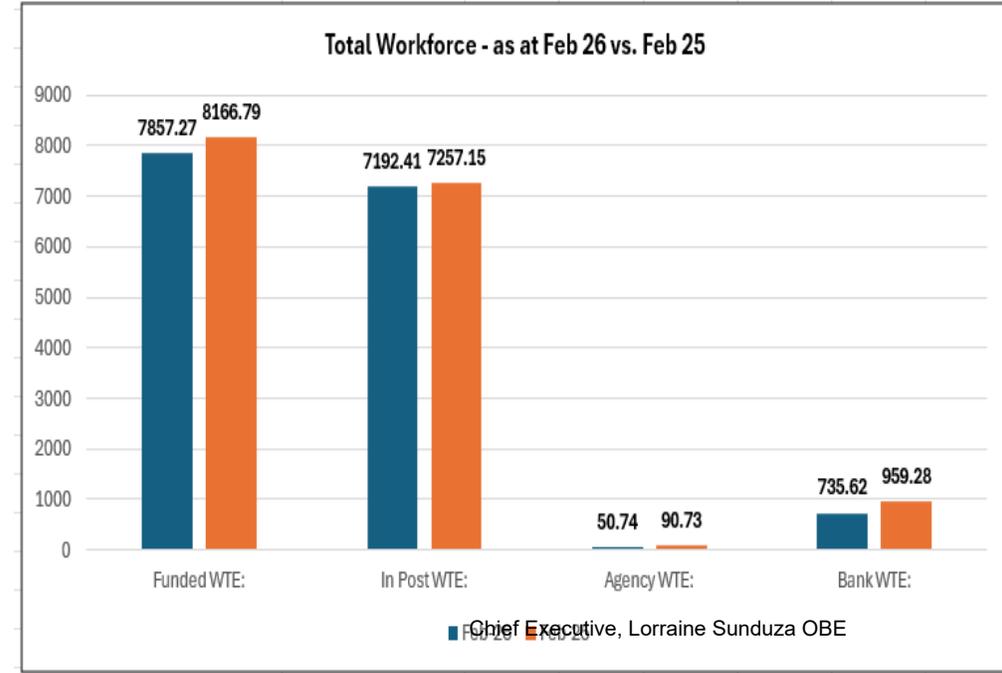
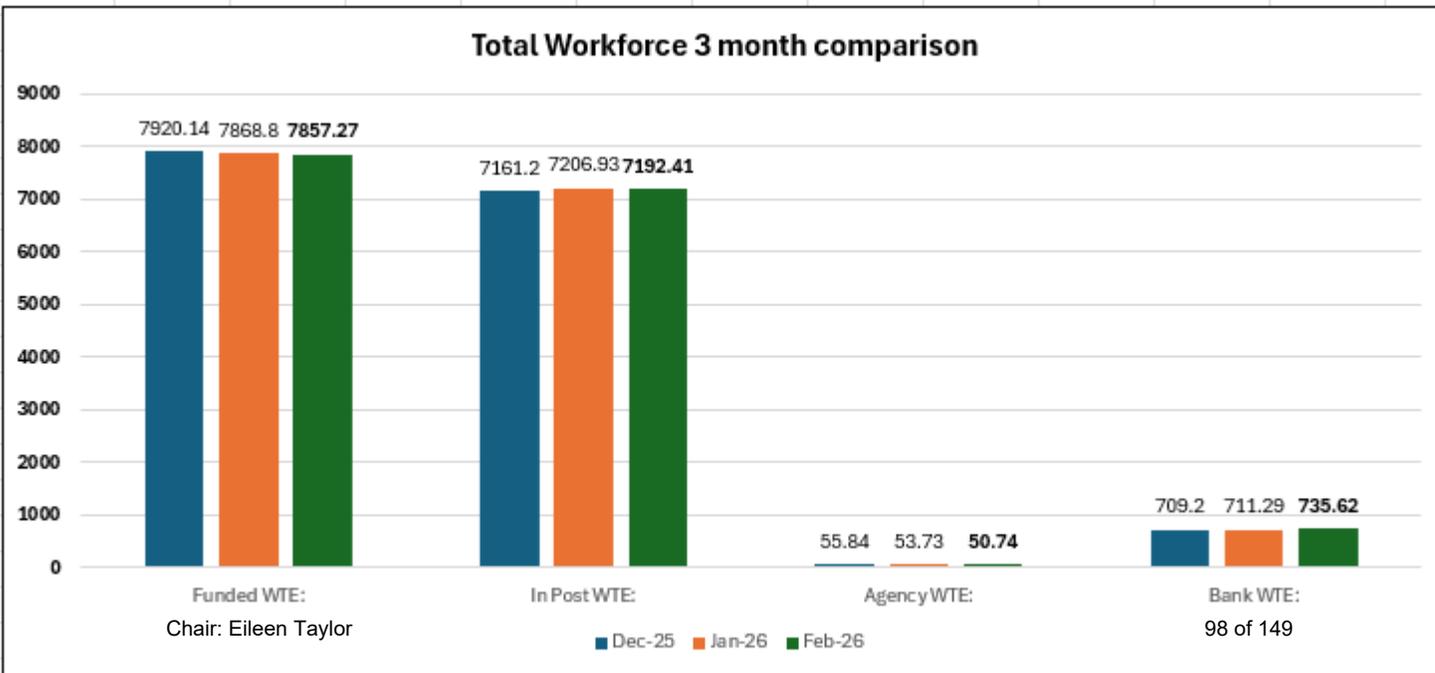
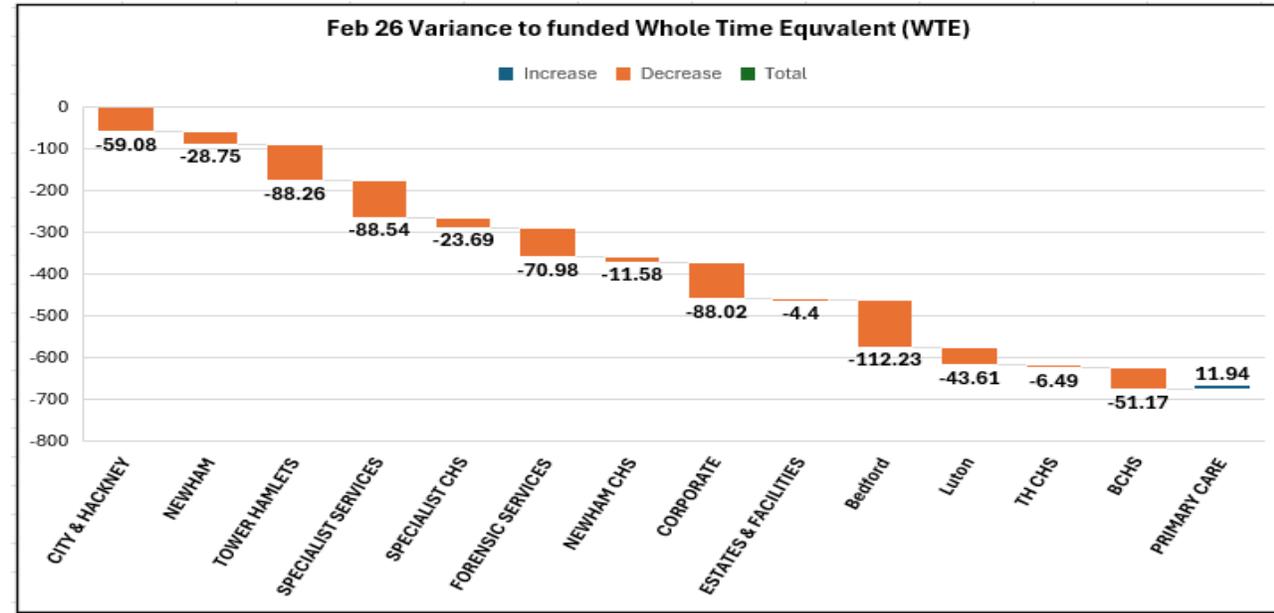
Date	Committee and assurance coverage
Various	N/A.

Implications

Impact	Update/detail
Equality Analysis	Analysis of the experience of different groups is undertaken as part of the Trust's inequalities work stream and population health task and finish group.
Risk and Assurance	This report covers performance and provides data on key compliance across each of the ELFT Directorates.
Service User/Carer/Staff	This report highlights the people metrics across the Trust.
Financial <small>Chair: Eileen Taylor</small>	Our biggest expenditure is spent on our workforce. This report will help to give additional oversight. Chief Executive, Lorraine Sunduza OBE
Quality	Metrics within this report are used to support delivery of the Trust's wider service and quality goals.

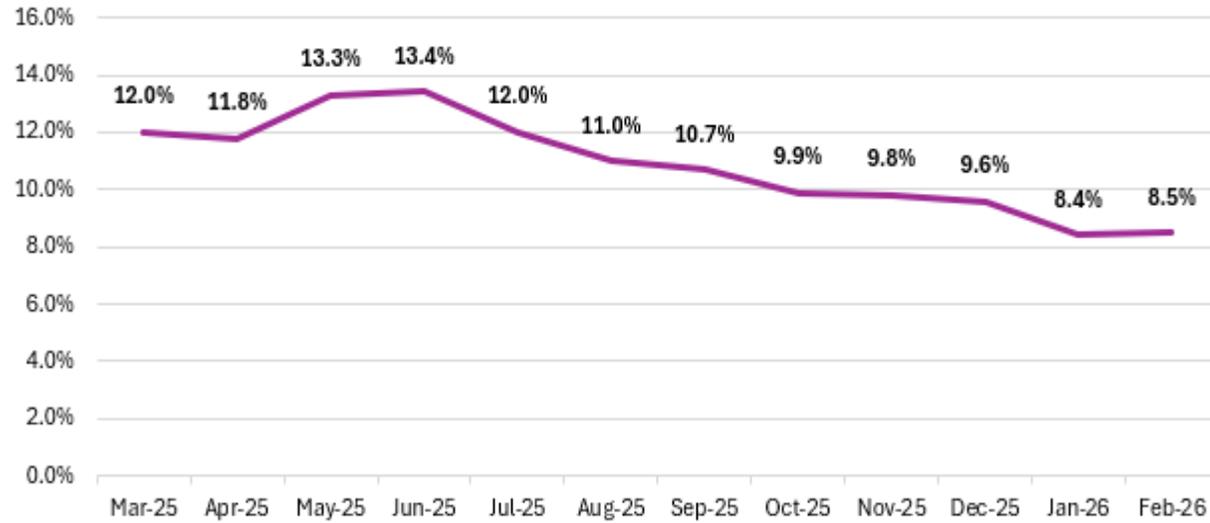
WORKFORCE PROFILE

- The Trust's workforce position has remained broadly stable over the reporting period, with modest shifts across funded establishment, in-post, and temporary staffing levels. Funded establishment decreased slightly from 8166.79 in February 2025 to 7857.27 WTE in February 2026, reflecting minor structural adjustments rather than significant workforce change.
- In-post staffing has shown steady improvement compared with the previous year. Between December 2025 and January 2026, in-post WTE increased from 7161.2 to 7206.93, before settling at 7192.41 in February 2026. This indicates continued progress in strengthening the substantive workforce and reducing reliance on temporary staffing.
- Temporary staffing usage shows a positive shift. Agency WTE has reduced from 55.84 WTE in December to 50.74 WTE in February, while Bank usage has increased from 709.2 to 735.62 WTE over the same period. This movement suggests improved utilisation of internal flexible staffing capacity and reduced dependence on higher-cost agency provision..

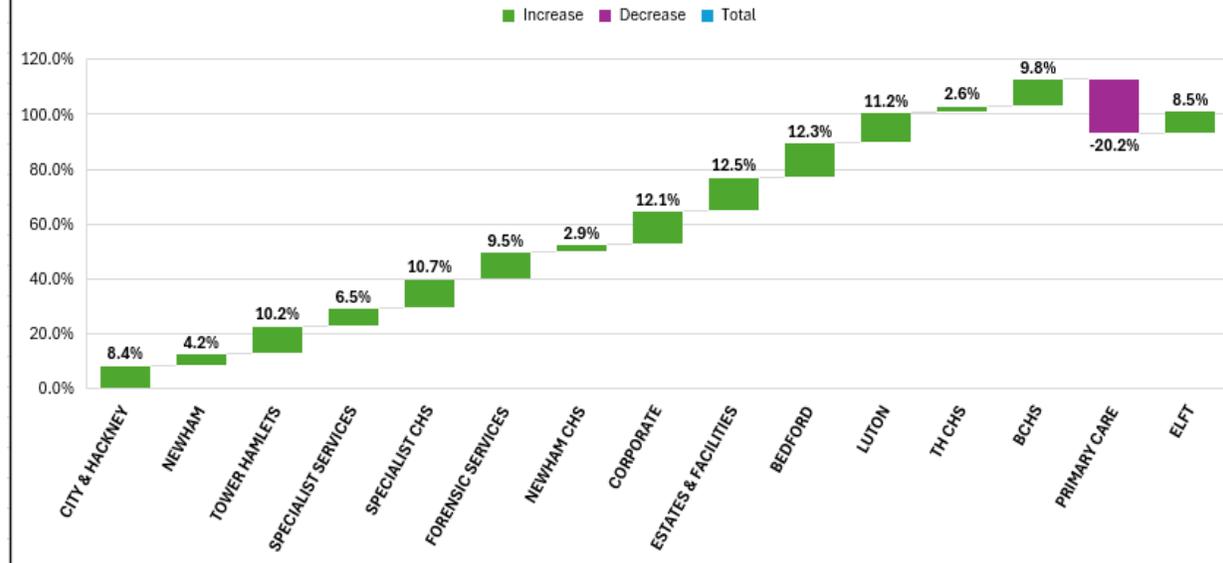


KEY PERFORMANCE INDICATORS AS AT END OF FEB 26

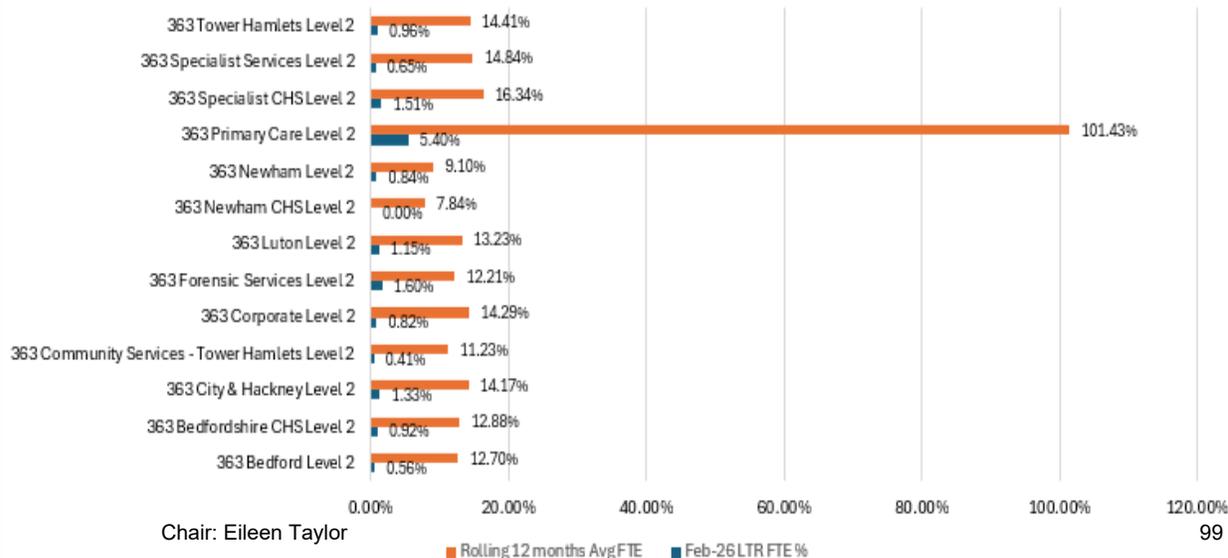
ELFT Vacancy Trend - March 25-Feb 26



% Vacancy by Directorate as at 28.02.26



Turnover rates by Directorate



As at February 2026, the Trust's overall vacancy rate stands at 8.5%, broadly stable compared with 8.4% in January 2026. This reflects a continued downward trend from the higher vacancy levels seen across 2025 (peaking at 13.4% in June 2025), demonstrating sustained improvement in workforce supply.

Vacancy levels vary across Directorates. The highest WTE gaps are seen in Bedford (-112 WTE), Tower Hamlets (-88 WTE), Specialist Services (-88 WTE), and Corporate (-88 WTE). The lowest vacancy levels are in Estates & Facilities (-4.4 WTE) and TH CHS (-6.5 WTE). The turnover rate over a rolling 12-month period in Primary Care continues to be an outlier given the ongoing TUPE processes.

Rolling 12-month turnover shows variation across Directorates but remains generally within expected ranges. Areas with the highest turnover include Primary Care: 5.4%, Forensic Services: 1.60%, City & Hackney: 1.33%, Specialist CHS: 1.51%.

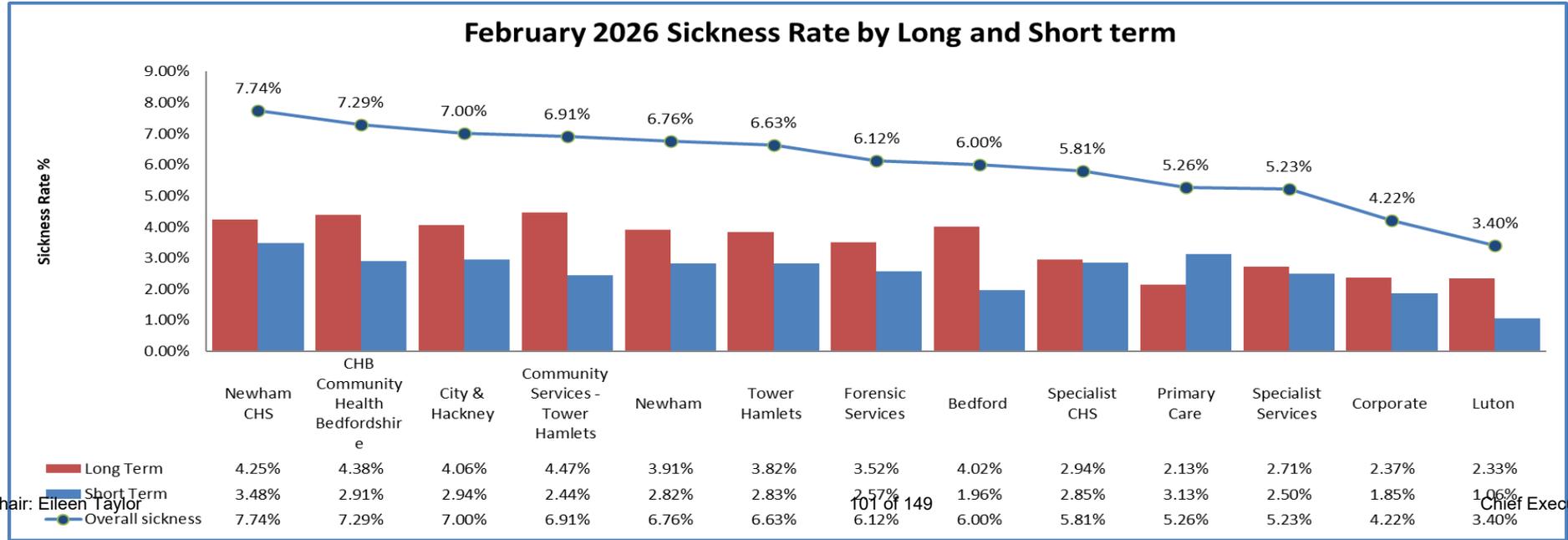
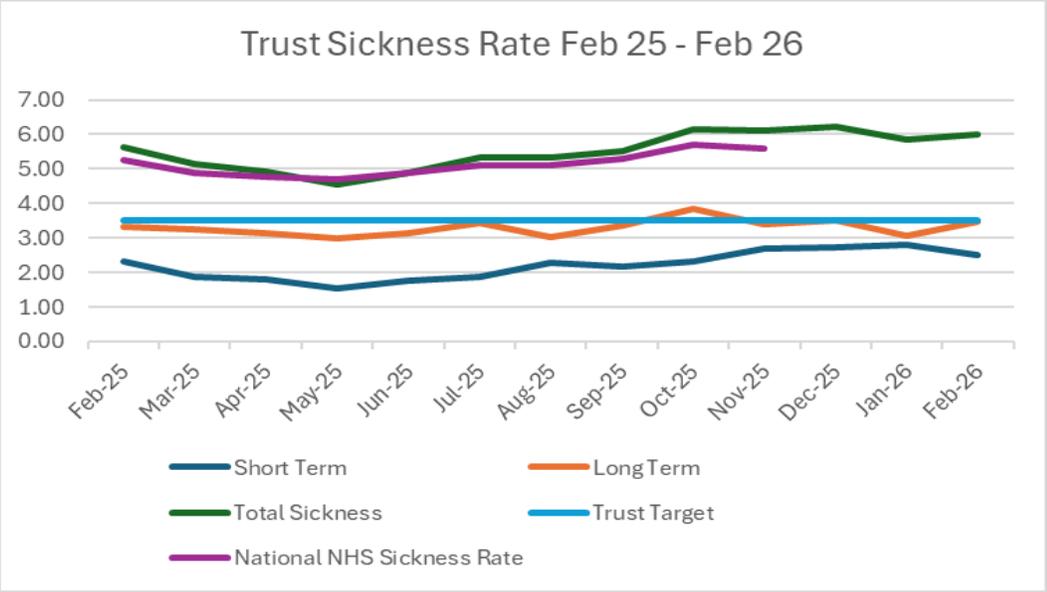
Several areas show very low turnover, such as Newham CHS (0%), indicating strong workforce retention but also potential risk of limited movement and progression opportunities.

STATUTORY & MANDATORY TRAINING

Directorate	Headcount	Training required	Training completed	Training compliance
Forensics	666	8,105	7,561	93.3%
Bedfordshire Community Health	525	5,669	5,228	92.2%
Newham Community Health	398	4,364	3,977	91.1%
Tower Hamlets Community Health	245	2,634	2,390	90.7%
Newham Mental Health	654	7,735	6,971	90.1%
Tower Hamlets Mental Health	806	9,565	8,586	89.8%
Luton Mental Health	345	4,157	3,681	88.5%
Specialist Services	1,239	13,802	12,167	88.2%
SCYPS	201	2,178	1,914	87.9%
Corporate	757	7,366	6,444	87.5%
Bedfordshire Mental Health	811	9,379	8,090	86.3%
Primary Care	81	834	708	84.9%
City and Hackney Mental Health	661	7,770	6,430	82.8%
Total	7,389	83,558	74,147	88.7%

- Statutory and mandatory training compliance has continued on a positive trajectory, with overall compliance at 88.7% as of 28 February 2026, 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.
- We are working collaboratively with our subject matter experts to ensure we provide sufficient capacity for our risk areas, such as Resuscitation and Safety Intervention. Where this is not possible, we are escalating and highlighting the risk through the appropriate channels.
- Power BI reporting for Statutory and Mandatory training has shown positive progress. We are working closely with colleagues in the Analytics team to enhance the user experience and streamline the dashboards.

SICKNESS ABSENCE



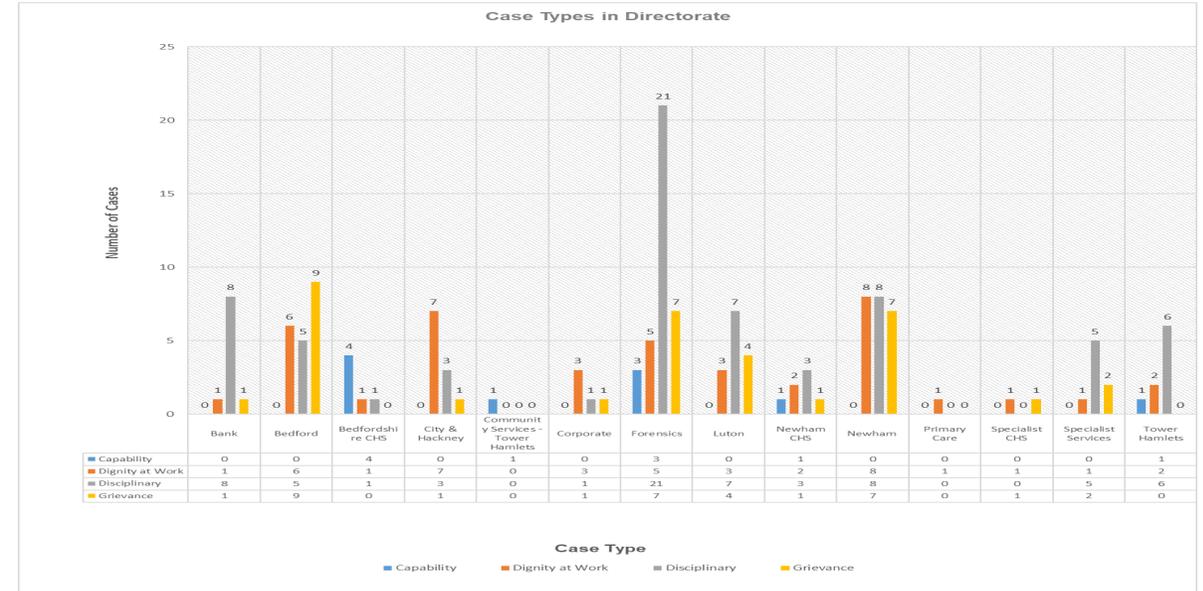
Chair: Eileen Taylor

101 of 149

Chief Executive, Lorraine Sunduza OBE

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.



FTSU February 2026 - 15 cases raised | 9 closed | 6 open

Workforce concerns centred on:

- Behaviour and Culture: Bullying, incivility, dismissiveness, hostile or unprofessional conduct.
- Speaking Up Detriment: Staff feeling sidelined or treated unfairly after raising concerns.
- Process Failures: Rota delays, approval gaps, unclear governance, inconsistent development pathways, and administrative errors.
- Wellbeing Impact: Stress, anxiety, financial strain, reduced confidence, and insufficient follow-up after high-impact events.

Actions taken

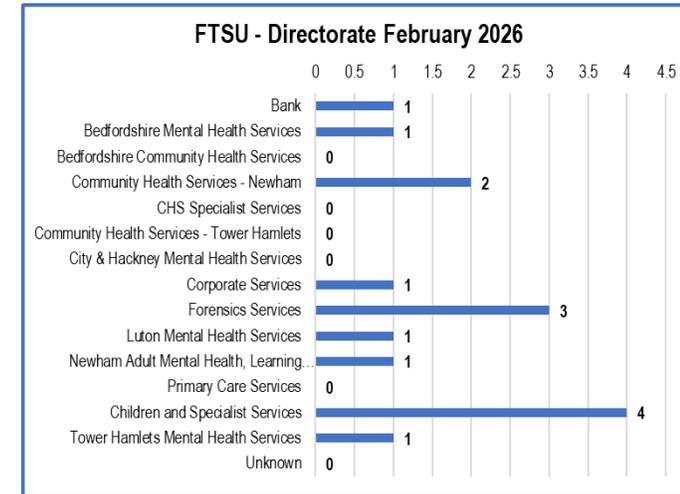
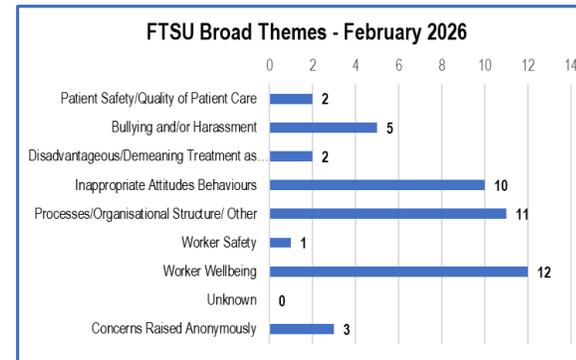
Concerns were escalated to senior leaders, with corrective managerial action where required. Staff received direct support, guidance, and wellbeing signposting, and operational issues such as pay errors, rota delays, and compliance queries were resolved. In several cases, managers acknowledged the issues raised and clarified or strengthened local processes to prevent recurrence.

Outcomes and learning

Most closed cases resulted in clear resolution or reassurance, with behavioural concerns acknowledged and operational problems corrected. Local processes were strengthened to reduce recurrence, and staff received the clarity or stability they sought.

Overall learning highlights the need for stronger policy understanding, more consistent and transparent processes, clearer roles and responsibilities, effective use of digital systems, and leadership that fosters psychologically safe, respectful cultures with timely, compassionate follow up.

Chair: Eileen Taylor



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.

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

Key updates March 2026

- All workstreams have now held at least one session, chaired by their respective Executive Leads, with strong engagement from colleagues who have volunteered for projects and expressed interest in the programme. Co-chairs are currently being identified for each workstream to support the Executive Leads and the governance structure.
- Projects across the workstreams are progressing at varying stages. Those that are more advanced have provided updates at recent workstream meetings, while early-stage projects groups are in the process of being established.
- A highlight report template has been developed to support consistent reporting of progress for each workstream and will be shared at the appropriate meetings.
- Following the successful launch of the People EDI workstream, a decision has been made to transition its projects into other areas of the programme to reduce duplication and utilise the EDI Committee, which will oversee key elements of this work. EDI will now be embedded as a core strand throughout the programme.
- The programme continues to evolve, and a revised model is being proposed to implement immediate amendments, including the reclassification of some projects as business-as-usual activity. Subject to approval, this revised model will remain in place while the broader strategy delivery model is developed.

NHS
East London
NHS Foundation Trust

Staff Experience Programme Highlight Reports

March 2026

Staff Experience Programme Highlight Report:
Data & Intelligence

NHS
East London
NHS Foundation Trust

Project	Key areas of achievement
Triangulate Staff Survey / Pulse Survey data	<p>All staff survey results have now been received. This includes the complete raw data set, detailed frequency tables, the comprehensive People Promise report, and the full benchmark and breakdown reports.</p> <p>These reports provide both high-level insights and detailed data, enabling us to review overall trends and explore results across teams. This puts us in a strong position to identify key themes, areas of strength and opportunities for improvement.</p> <p>An initial analysis of the staff survey data has now been completed, highlighting both the highest- and lowest-scoring areas. In addition, we have developed a user-friendly dashboard to present the raw data.</p> <p>A highlight board report has been developed based on the breakdown and benchmark reports, drawing out key trends across the People Promise elements of the staff survey. The report provides a clear, high-level summary of findings and is now ready for presentation to the relevant committees.</p> <p>We have now received the January 2026 National Quarterly Pulse Survey results. These have been reviewed and summarised and shared with P&C Business Partners to support discussions at DMT meetings. The results are also ready to be reviewed and discussed within this group.</p>

Support or decisions required from PPDB

Equality &
Quality Impact
Assessment
Summary

Staff Experience Programme Highlight Report:
Data & Intelligence

NHS
East London
NHS Foundation Trust

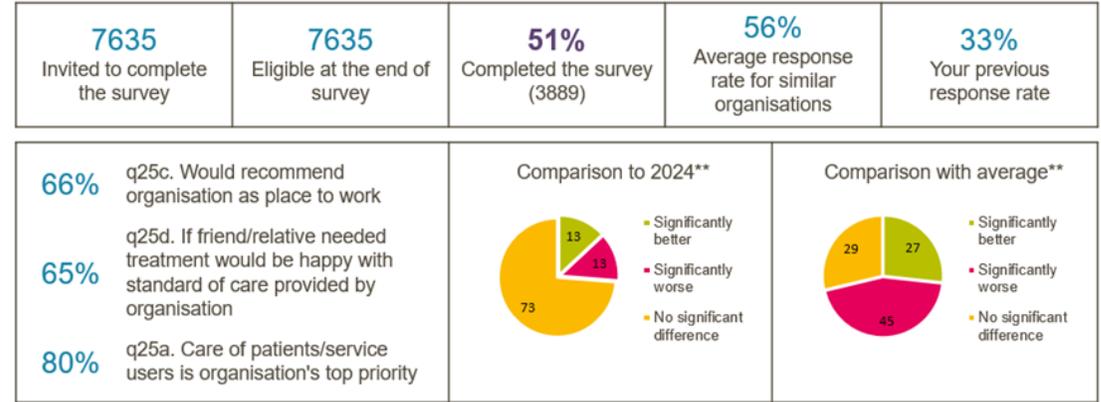
Project	Key Milestones	Due	Status	Workstream Risks	RAG	Mitigation
Triangulate Staff Survey / Pulse Survey data	The receipt of the full staff survey data set.	24/02/2026	Completed	Timing and resource constraints (overall analysis, reporting and action planning).	10	Set a clear project timeline with milestones for data collection, analysis, and reporting.
	The receipt of the January 2026 National Quarterly Pulse Survey.	11/02/2026	Completed	Limited dissemination of results (ensuring results are shared widely enough).	25	Develop a clear communication plan to share survey findings across all relevant teams and levels.
	Completion of a full analysis of all survey data.	31/03/2026	In Progress	Lack of follow-through on action plans.	25	Establish an action plan ownership structure with clear responsibilities, deadlines, and regular progress reviews.
Project	Key Milestones	Due	Status	Workstream Risks	RAG	Mitigation
			Completed		10	
			Completed		25	
			In Progress		25	

NATIONAL NHS STAFF SURVEY 2025 UPDATE

The National NHS Staff Survey 2025 took place during October and November 2025. As with previous years, we used the provider Picker to conduct the survey. We have recently received the results which are highlighted on this slide.

This report summarises the findings from the core [NHS Staff Survey 2025*](#) carried out by Picker, on behalf of [East London NHS Foundation Trust](#). Picker was commissioned by [19 Mental Health and Mental Health Community Trusts](#) organisations to run their survey – this report presents your results in comparison to those organisations.

A total of **124** questions were asked in the 2025 survey, of these, **110** can be compared to 2024 and **101** can be positively scored. Your results include every question where your organisation received at least 10 responses (the minimum required).



*Bank worker survey results are presented via separate reports for those organisations who took part
 **Chart shows the number of questions that are better, worse, or show no significant difference

p.4 | East London NHS Foundation Trust | NHS Staff Survey 2025



All 124 survey questions have been placed into 9 themes based on the NHS People Promise elements.

The NHS People Promise elements cover the following domains:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team
- Staff engagement
- Morale

Across the People Promise questions, for the most part, the Trust response is slightly below the national average barring 2 elements. These elements are 1) we each have a voice that counts and 2) staff engagement (as displayed on the graph to the right).

Chair: Eileen Taylor



NATIONAL NHS STAFF SURVEY 2025 UPDATE

Using a summary table provided by Picker, the below are the 5 most and least improved questions when compared to only ELFT answers from 2024.

Most improved scores	Org 2025	Org 2024
q23b. Appraisal helped me improve how I do my job	33%	25%
q8a. Teams within the organisation work well together to achieve objectives	60%	55%
q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	46%	41%
q23c. Appraisal helped me agree clear objectives for my work	42%	36%
q3a. Always know what work responsibilities are	88%	84%

p.5 | East London NHS Foundation Trust | NHS Staff Survey 2025

Most declined scores	Org 2025	Org 2024
q23a. Received appraisal in the past 12 months	81%	93%
q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	72%	77%
q13a. Not experienced physical violence from patients/service users, their relatives or other members of the public	80%	85%
q31b. Disability: organisation made reasonable adjustment(s) to enable me to carry out work	70%	74%
q24a. Organisation offers me challenging work	69%	73%

 Picker

Top 5 scores vs Organisation Average	Org	Picker Avg
q8a. Teams within the organisation work well together to achieve objectives	60%	53%
q23b. Appraisal helped me improve how I do my job	33%	26%
q23c. Appraisal helped me agree clear objectives for my work	42%	36%
q25c. Would recommend organisation as place to work	66%	61%
q25b. Organisation acts on concerns raised by patients/service users	79%	74%

Bottom 5 scores vs Organisation Average	Org	Picker Avg
q23a. Received appraisal in the past 12 months	81%	90%
q31b. Disability: organisation made reasonable adjustment(s) to enable me to carry out work	70%	78%
q4d. Satisfied with opportunities for flexible working patterns	60%	67%
q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	72%	78%
q26c. I am not planning on leaving this organisation	52%	58%

KEY PEOPLE AND CULTURE KEY UPDATES:

NHS Pay Award:

The Government has accepted the Pay Review Body's recommendation for a 3.3% uplift to Agenda for Change pay scales for 2026/27, effective from 1 April 2026. Staff employed in substantive, fixed-term or bank positions on AfC terms and conditions as of 1 April 2026 onwards will be eligible for the payment. Updated pay-scales and High Cost Area Supplements have been published, and the uplift will be applied automatically in April 2026 salaries for all eligible substantive and bank staff, with no requirement for backdating.

Patchwork:

Significant progress has been made in stabilising and structuring the Patchwork Programme since December. A full governance and assurance framework is now in place under the new GFGT People & Establishment – Medical Staffing Group, supported by a newly appointed central Patchwork resource to standardise rota and workforce processes across services. The first Steering Group meeting has taken place, confirming decision-making routes, programme priorities, and expectations for reporting. A single consolidated action log has been created to track risks, issues, dependencies and timelines, ensuring clearer oversight. Membership for all three key working groups (General Rotas, Preference-Based Rostering, and Bank/Agency/New Starters) has now been confirmed and representatives being sought, with meetings due to commence shortly. An After-Action Review (AAR) of the recent pilot highlighted strong engagement at the Tower Hamlets site and increased responsiveness from Patchwork, while also identifying challenges including dependency on individual expertise, inconsistent rota rule preparation, feature gaps in the system, and tight timelines. These insights will shape a more realistic, phased rollout plan for August and beyond, with the next focus on implementing improvements and preparing the Trust-wide plan for the August rotation.

New Occupational Health Provider:

From 1 March 2026, the Trust's Occupational Health (OH) and Employee Assistance Programme (EAP) services will be delivered by People Asset Management (PAM). This represents a change in service provider only; the scope, purpose, and level of support available to staff remain unchanged. OH and EAP services will continue to be accessible to all colleagues across the Trust. Updated contact details and access routes have been shared with staff and managers. To further improve accessibility, a new single sign-on platform will be introduced. PAM will maintain the current quality and range of support, including face-to-face OH provision within localities, 24/7 year-round access to EAP services, and continuity of care for any ongoing EAP cases.

REPORT TO THE TRUST BOARD
March 2026

Title	Staff Engagement: 2025 National Staff Survey Results
Author	Jillian Dabbs, Head of Staff Engagement & OD
Accountable Executive Director	Barbara Britner, Acting Chief People Officer

Purpose of the report

The purpose of this report is to present to the Trust Board the themes in the 2025 National Staff Survey which ran in October and November 2025.

Committees/meetings where this item has been considered

Date	Committee/Meeting
	N/A

Key messages

The 2025 National NHS Staff Survey ran in October–November 2025. ELFT’s results show overall stable performance, with the Trust performing slightly below the national average across most People Promise indicators, but above average in two key areas: “We each have a voice that counts” and overall Staff Engagement.

Staff engagement remains a relative strength, with an engagement score of 7.10, outperforming the comparator group average of 7.02. Scores indicate staff feel able to contribute their views and would recommend ELFT as a place to work or receive care.

The survey highlights three priority themes requiring focused improvement:

1. Flexible working / retention
2. Learning and development (including appraisals and development opportunities)
3. Safety and wellbeing, particularly burnout, negative experiences, and health & safety climate

Indicators for compassionate leadership and inclusion show mixed results: compassionate culture scores above national average, while diversity, equality, and inclusion measures are below.

The Trust is on par with national averages for teamworking and slightly below for line management, work–life balance, and flexible working.

Morale indicators show staff are more likely than average to be thinking about leaving and experiencing stressors, although work pressure scores are slightly better than the national picture.

Directorate-level results packs and dashboards have been issued to support local interpretation and action planning.

- Directorate-level action plans will be developed by end April 2026.

- A refreshed Staff Experience Programme and a year-long “You Said, We Did” communication campaign will support visible improvements and reinforce responsiveness to staff voice.

Improving staff experience remains central to quality, safety, and retention. Evidence continues to show a strong link between staff engagement, wellbeing, patient experience, and organisational performance.

Strategic priorities this paper supports

Improved population health outcomes	<input type="checkbox"/>	
Improved experience of care	<input checked="" type="checkbox"/>	There is much research to indicate that where staff are engaged and cared for, this improves the care that is provided to patients and service users.
Improved staff experience	<input checked="" type="checkbox"/>	This paper focuses on the staff experience and response in the National NHS 2025 Staff Survey.
Improved value	<input type="checkbox"/>	

Implications

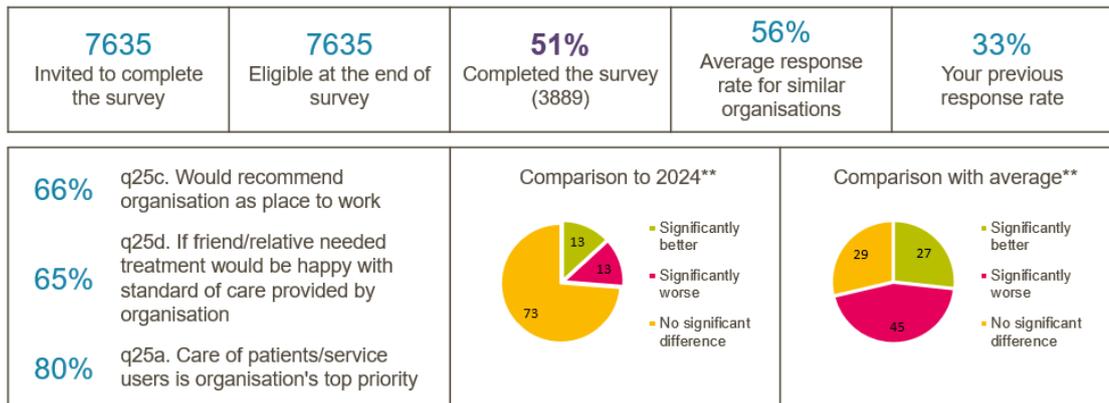
Equality Analysis	The Trust’s action plan is designed to improve equality through the reduction in variation between different staff groups.
Risk and Assurance	If staff are not engaged at work, there is a clear risk that patient care will be adversely affected.
Service User/Carer/Staff	As above, the work in this area is designed to improve staff experience. Evidence shows a clear link between staff experience and patient care.
Financial	Evidence shows that high staff engagement is strongly correlated with low sickness absence levels, which has a financial benefit to the Trust.
Quality	Evidence shows a clear link between staff satisfaction and patient care.

1.0 The National NHS Staff Survey 2025

1.1 The National NHS Staff Survey 2025 took place during October and November 2025. As with previous years, we used the provider Picker to conduct the survey. We have recently received the results which are highlighted below.

This report summarises the findings from the core [NHS Staff Survey 2025*](#) carried out by Picker, on behalf of [East London NHS Foundation Trust](#). Picker was commissioned by [19 Mental Health and Mental Health Community Trusts](#) organisations to run their survey – this report presents your results in comparison to those organisations.

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*Bank worker survey results are presented via separate reports for those organisations who took part
 **Chart shows the number of questions that are better, worse, or show no significant difference

p.4 | East London NHS Foundation Trust | NHS Staff Survey 2025



1.2 The graphs provides a breakdown of 1) response rate, 2) staff friends & family test results, 3) how many questions we did significantly better in when compared to 2024 as well as 4) the number of questions we did significantly better in when compared to other Trusts in our comparison group.

1.3 Using a summary table provided by Picker, the below are the 5 most and least improved questions when compared to only ELFT answers from 2024.

Most improved scores	Org 2025	Org 2024	Most declined scores	Org 2025	Org 2024
q23b. Appraisal helped me improve how I do my job	33%	25%	q23a. Received appraisal in the past 12 months	81%	93%
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q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	46%	41%	q13a. Not experienced physical violence from patients/service users, their relatives or other members of the public	80%	85%
q23c. Appraisal helped me agree clear objectives for my work	42%	36%	q31b. Disability: organisation made reasonable adjustment(s) to enable me to carry out work	70%	74%
q3a. Always know what work responsibilities are	88%	84%	q24a. Organisation offers me challenging work	69%	73%

p.5 | East London NHS Foundation Trust | NHS Staff Survey 2025



1.4 Again, using a summary table provided by Picker, the below are the 5 questions that came out better & worse when compared to other Trusts in our comparison group.

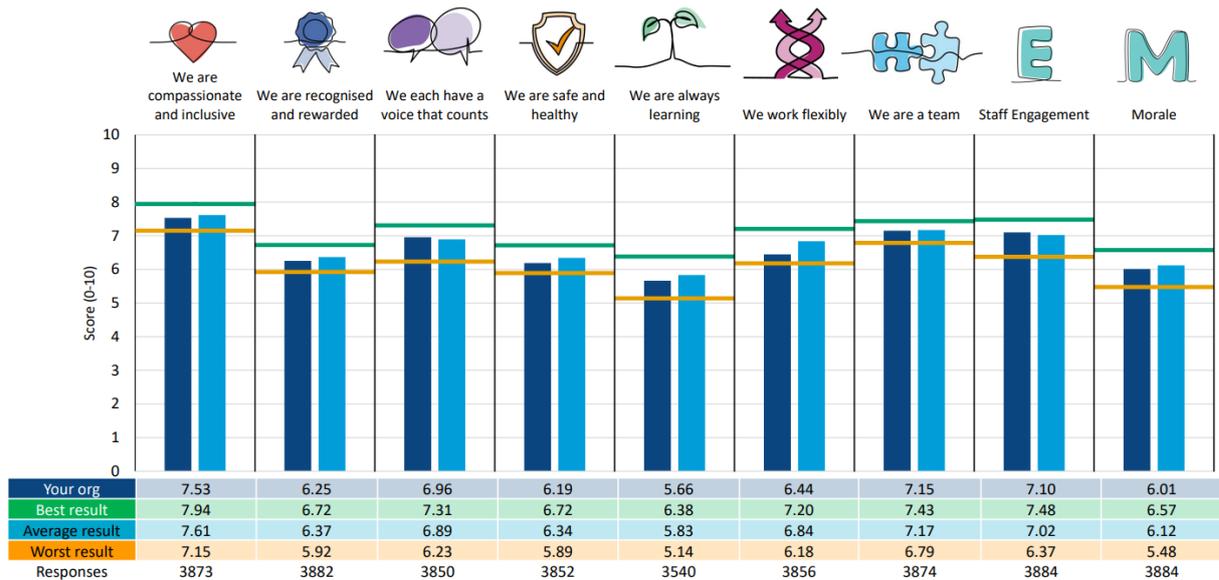
Top 5 scores vs Organisation Average	Org	Picker Avg	Bottom 5 scores vs Organisation Average	Org	Picker Avg
q8a. Teams within the organisation work well together to achieve objectives	60%	53%	q23a. Received appraisal in the past 12 months	81%	90%
q23b. Appraisal helped me improve how I do my job	33%	26%	q31b. Disability: organisation made reasonable adjustment(s) to enable me to carry out work	70%	78%
q23c. Appraisal helped me agree clear objectives for my work	42%	36%	q4d. Satisfied with opportunities for flexible working patterns	60%	67%
q25c. Would recommend organisation as place to work	66%	61%	q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	72%	78%
q25b. Organisation acts on concerns raised by patients/service users	79%	74%	q26c. I am not planning on leaving this organisation	52%	58%

1.5 Staying with the comparison against other Trusts, all 124 survey questions have been placed into 9 themes based on the NHS People Promise elements.

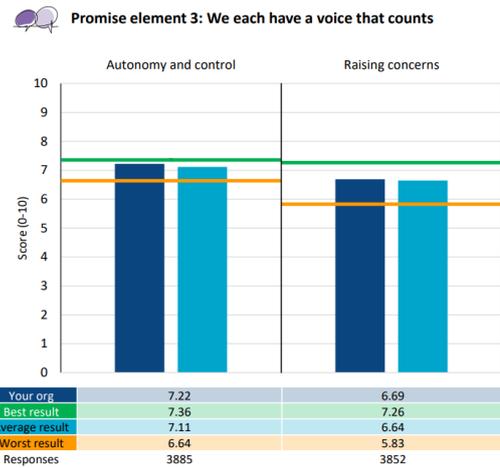
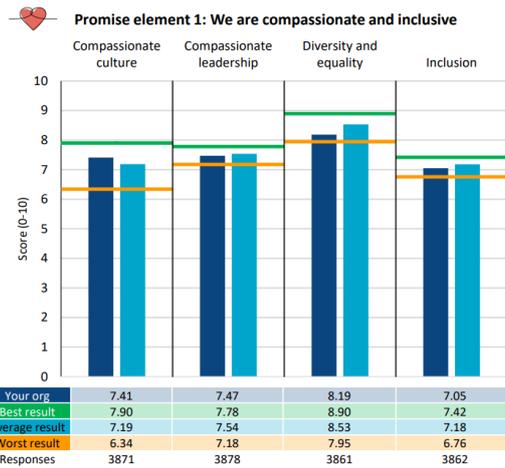
- The NHS People Promise elements cover the following domains:
 - We are compassionate and inclusive
 - We are recognised and rewarded
 - We each have a voice that counts
 - We are safe and healthy
 - We are always learning
 - We work flexibly
 - We are a team
 - Staff engagement
 - Morale

1.6 Across the People Promise questions, for the most part, the Trust response is slightly below the national average barring 2 elements. These elements are 1) we each have a voice that counts and 2) staff engagement.

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Note: People Promise element 2 'We are recognised and rewarded' does not have any sub-scores. Overall trend score data for this element is reported on slide 21.

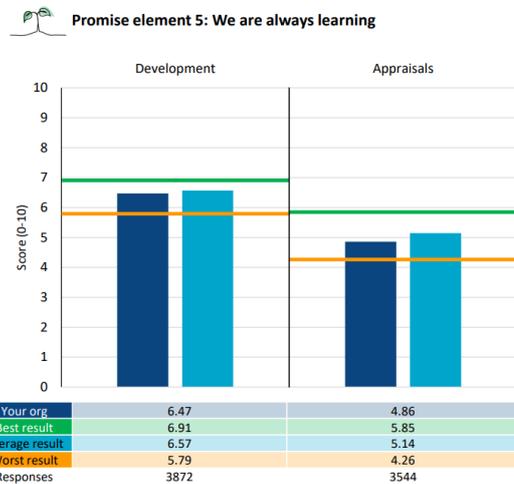
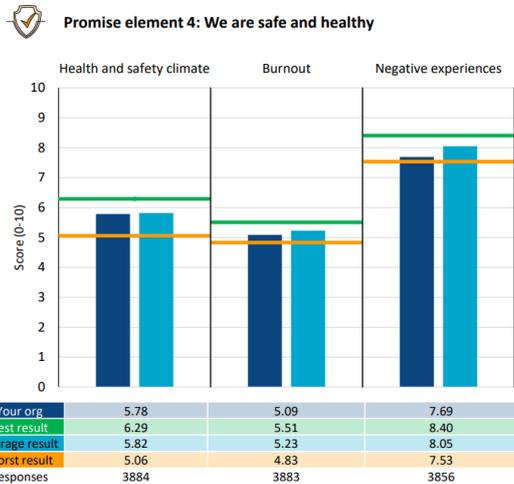
East London NHS Foundation Trust Benchmark report

13

1.7 **People Promise element 1: We are compassionate and inclusive:** The compassionate leadership, diversity & equality and inclusion indicators are all below the national average whilst the compassionate culture indicator is higher than the national average.

1.8 **People Promise element 3: We each have a voice that counts:** For both indicators on this element, the Trust is above the national average.

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



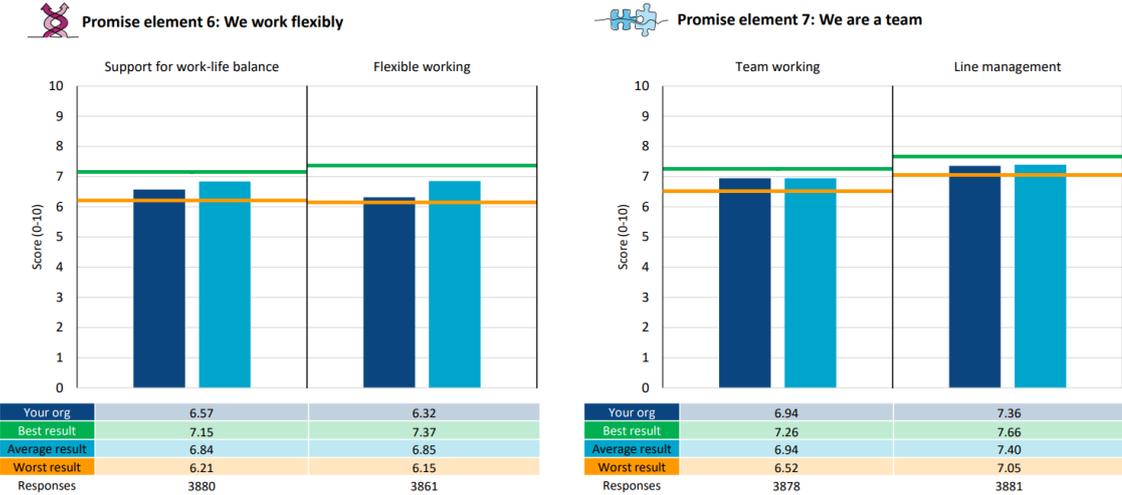
East London NHS Foundation Trust Benchmark report

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1.9 **People Promise element 4: We are safe and healthy:** For all 3 indicators on this element the Trust scored below the national average. That is for the health & safety climate, burnout and negative experiences.

1.10 **People Promise element 5: We are always learning:** For both these indicators, development and appraisals, the Trust is below national average.

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



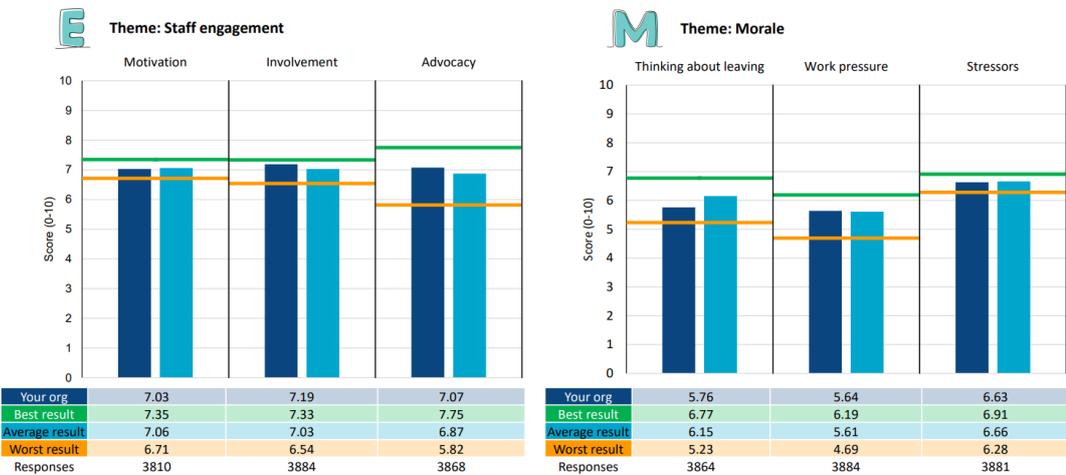
East London NHS Foundation Trust Benchmark report

15

1.11 **People Promise element 6: We work flexibly:** The Trust is slightly below the national average for both these indicators, support for work-life balance and flexible working.

1.12 **People Promise element 7: We are a team:** For these indicators, the Trust is on par with the national average for team working and just below the average for line management.

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



East London NHS Foundation Trust Benchmark report

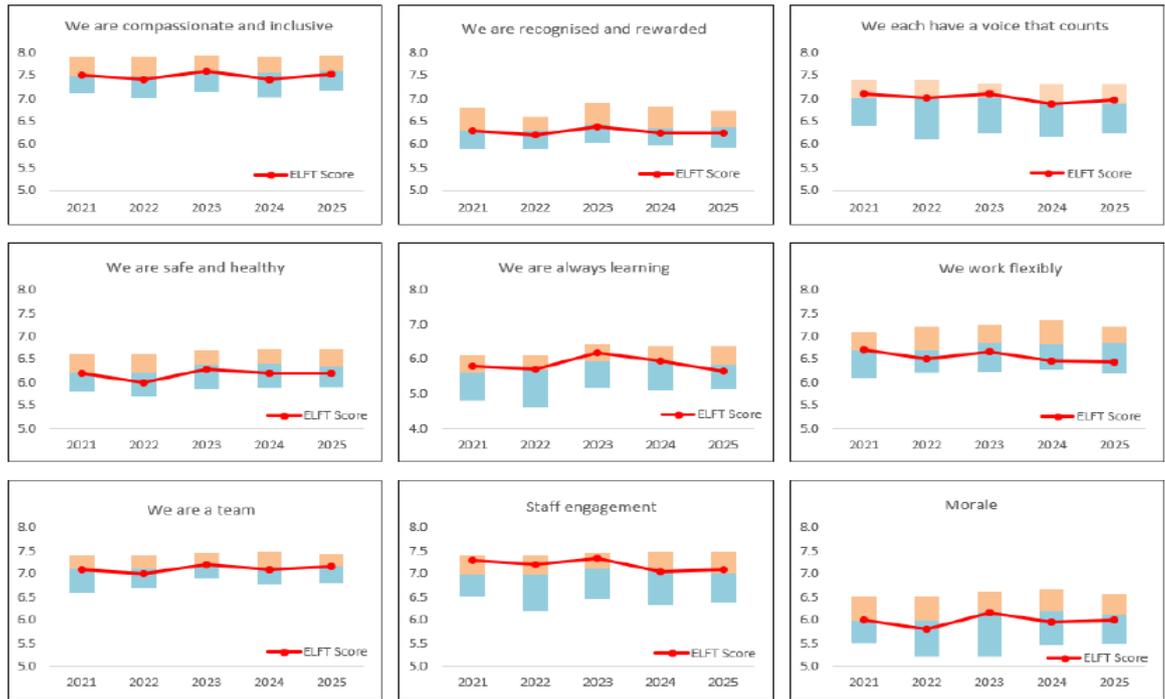
16

1.13 **Staff Engagement:** On 2 of the 3 indicators, the Trust is above national average (involvement & advocacy). For motivation, the Trust is slightly below average.

1.14 **Morale:** In terms of staff 'thinking about leaving' and 'stressors' the Trust is below the national average. For 'work pressure', the Trust is slightly above the national average.

1.15 The chart below sets out a data trend since the introduction of the people promise questions in 2021. There are three areas that this data highlights where the Trust should focus efforts for improvements. They are:

- Flexible working (retention)
- Learning and development
- Safety & wellbeing (burnout/negative experiences)



2.0 Staff Engagement

2.1 The Staff Survey draws on 9 questions (from the overall survey) in order to create a staff engagement score. This staff engagement score measures aspects such as recommending the organisation as a place to work/receive care, looking forward to coming to work/being absorbed in work and being involved as well as being able to have a say. Below the dark blue line represents ELFT. Indicating that in terms of staff engagement, we are slightly above average, when compared to other Trusts. We are currently at a staff engagement score of 7.10, with the average Trust in our comparator group being 7.02.

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Theme: Staff Engagement

Staff Engagement



	2021	2022	2023	2024	2025
Your org	-	-	7.34	7.04	7.10
Best result	-	-	7.46	7.49	7.48
Average result	-	-	7.11	7.07	7.02
Worst result	-	-	6.47	6.32	6.37
Responses	-	-	2969	2481	3884

2.2 Below are the 20 best rated survey questions for ELFT staff:

Questions	Organisation Overall
Q Description	n = 3889
q13b Not experienced physical violence from managers	98%
q13c Not experienced physical violence from other colleagues	97%
q17b Not experienced unwanted behaviour of a sexual nature from other colleagues	96%
q3b Feel trusted to do my job	91%
q6a Feel my role makes a difference to patients/service users	91%
q13d Last experience of physical violence reported	91%
q14b Not experienced harassment, bullying or abuse from managers	90%
q16b Not experienced discrimination from manager/team leader or other colleagues	89%
q3a Always know what work responsibilities are	88%
q19b Encouraged to report errors/near misses/incidents	88%
q17a Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	87%
q16a Not experienced discrimination from patients/service users, their relatives or other members of the public	85%
q14c Not experienced harassment, bullying or abuse from other colleagues	82%
q7e Enjoy working with colleagues in team	81%
q23a Received appraisal in the past 12 months	81%
q25a Care of patients/service users is organisation's top priority	80%
q11e Not felt pressure from manager to come to work when not feeling well enough	80%
q9a Immediate manager encourages me at work	80%
q13a Not experienced physical violence from patients/service users, their relatives or other members of the public	80%
q9e Immediate manager values my work	80%

2.3 Below are the 20 worst rated survey questions for ELFT staff:

Questions	Organisation Overall
Q Description	n = 3889
q12f Never/rarely feel every working hour is tiring	51%
q4b Satisfied with extent organisation values my work	51%
q3g Able to meet conflicting demands on my time at work	50%
q5c Relationships at work are unstrained	49%
q26b I am unlikely to look for a job at a new organisation in the next 12 months	47%
q10c Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	46%
q26a I don't often think about leaving this organisation	44%
q11d In last 3 months, have not come to work when not feeling well enough to perform duties	43%
q23c Appraisal helped me agree clear objectives for my work	42%
q3i Enough staff at organisation to do my job properly	38%
q23d Appraisal left me feeling organisation values my work	38%
q12d Never/rarely exhausted by the thought of another day/shift at work	38%
q12g Never/rarely lack energy for family and friends	36%
q4c Satisfied with level of pay	33%
q23b Appraisal helped me improve how I do my job	33%
q12b Never/rarely feel burnt out because of work	27%
q5a Have realistic time pressures	26%
q12c Never/rarely frustrated by work	26%
q12e Never/rarely worn out at the end of work	20%
q12a Never/rarely find work emotionally exhausting	17%

3.0 What Next?

- 3.1 The Engagement & Wellbeing Team has shared results packs with People Business Partners for onward cascade to Directorate Management Teams (DMTs) and Corporate departments. For the first time, these packs include directorate-level staff survey dashboards, designed to support clearer interpretation and more accessible presentation of the data.
- 3.2 The People Business Partners will review local response rates and work with DMT/Corporate leads to develop plans to communicate the results and identify any areas for improvement. Action plans to address identified gaps will be aligned to survey findings, with associated action plans to be developed by the end of April 2026.
- 3.3 Key themes and findings from the 2025 National Staff Survey will inform a refresh of the Staff Experience Programme to ensure and associated priorities for action are included.

- 3.4 A year-long communications campaign will be delivered to highlight progress and improvements made, following a “You Said, We Did” approach to demonstrate responsiveness to staff feedback.

The full Trust 2025 Staff Survey report can be made available on request.

Action Being Requested

- 3.5 The Board/Committee is asked to **RECEIVE** and **NOTE** the report.

REPORT TO THE TRUST BOARD IN PUBLIC

26 March 2026

Title	Charitable Funds Committee - Chair's Report
Committee Chair	Peter Cornforth, 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 Charitable Funds Committee (CFC) meeting held on 3 March 2026.

The Board is asked to ratify the Charitable Funds Committee's revised terms of reference which are appended to this report.

Key messages

The Committee reviewed progress on consolidating a sustainable strategic and operational foundation for the ELFT Charity. The committee gained assurance of a strengthened position around governance, financial management and grant-making, reviewing the proposals for a comprehensive fundraising strategy to support sustainable growth and long-term resilience, aligned with the Trust's values and long-term objectives.

ELFT Charity Fundraising Strategy

The Committee received and discussed details of a proposed fundraising strategy, based on a phased approach:

- Phase 1: Friends and family, strengthening visibility, legitimacy and engagement with staff, service users and communities.
- Phase 2: Relationship-led major donors - people who have been touched by ELFT through care, staff or a story.
- Phase 3: Corporate partnerships – as the charity develops and can demonstrate further clarity, co-ordination and confidence, taking opportunities to build thoughtful, value-aligned partnerships.
- A key enabling factor was recognised to be the appointment of a senior fundraiser with the appropriate experience, skills and knowledge of the sector to drive the charity forward. Options were put forward for the Committee's consideration.
- The considerable opportunities to leverage the benefits of the Trust's geographical footprint across the City and Canary Wharf were recognised as a key support for the Charity's ambitions around long-term corporate engagement.
- The Committee reflected on the financial projections of a five-year timeline to support the sustainability of the charity, recognising the risks around further investment to support growth and requesting a review of the grant award potential to support a managed growth plan.
- To strengthen assurance, the committee requested work to clearly identify areas from which the maximum opportunities for income are likely to emerge as this is crucial to support alignment with the most effective marketing and campaign themes.
- Assurance was provided that grant-giving commitments are being held to a minimum until the strategy is finalised; further projections for major grants will be brought to the next meeting.

Finance Update

The Committee assessed data on the financial position, reflecting on the strength of support being provided by the Charity's reserves.

- A net deficit of £134k to the end of January 2026 was primarily driven by grants and running costs, prompting wider discussion on the need for an effective near-term balance of necessary overhead costs and grant awards.

- Assurance was provided of c.£1m in the Charity's reserves to support enactment of the new strategy if approved, in alignment with the Reserves Policy.
- The Committee approved the transfer of £271k into the general funds following focused work to review and consolidate designated funds.

Grant-making Report

The Committee was assured that grant-making remains impactful, well-managed and aligned with the evolving strategic priorities of the charity. The MoJo grants programme continues to provide uplifting support to staff and service users across the Trust with evidence of strong engagement and tangible community benefit emerging through each funding cycle. The most recent cycle funded a range of activities and work is underway to collect stories that will help improve public understanding of the charity's impact.

Communications & Engagement

- The Committee welcomed Sasha Fuller as a standing member of the group.
- Increases in staff donations and fundraising events were noted, indicating positive engagement and a spreading of awareness of the Charity through the organisation, supported by the quarterly newsletter which receives above average comms engagement.
- The Committee welcomed the development of a systematic follow-up with grant recipients.
- A people participation advisory group will be established to support improving digital accessibility and a more systematic approach to following up grant recipients is being developed to ensure better evaluation and shared learning. Opportunities to involve service users, community groups and charity champions in shaping the Charity's emerging identity and outreach plans are also being considered.

Terms of Reference

The Committee reviewed and supported the updated ToR which clarify the Committee's strategic assurance role and strengthen alignment with the new Charity Operational Group. The revised ToR explicitly reference oversight of budgets on behalf of ELFT as the Corporate Trustee and clearly distinguish strategic governance from operational delivery. The committee agreed that the refreshed ToR represent an improvement in governance clarity and consistency and recommended them to the Board for ratification. The revised ToR are attached at appendix 1 and changes identified in red font.

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.

CHARITABLE FUNDS COMMITTEE

Terms of Reference

1 Introduction

- 1.1 East London NHS Foundation Trust (the Trust) will oversee the arrangement for the ELFT charitable fund.
- 1.2 The ELFT Charitable Funds Committee (Committee) manages the ELFT charitable fund by executing plans, monitoring actions, and making decisions regarding expenditure in relation to all the sites from which the Trust operates, within the framework agreed by the Charitable Funds Committee, and the Trust's Standing Financial Instructions.

2 Authority

- 2.1 The Committee is established as a standing committee of the ELFT Board of Directors (Board). Its constitution and terms of reference are set out below, subject to amendment and approval by the Board.
- 2.2 The Committee exists to carry out functions delegated to it by the Board, which is the Corporate Trustee of ELFT Charity that is registered with the Charity Commission as ELFT Charity (Registered Charity No: 1198337).
- 2.3 The Board, as the Corporate Trustee, has delegated day to day management of the charity to the Committee, including delegable functions as defined in regulation 16 of the NHS Trusts (Membership & Procedures) Regulations 1990 and are in accordance with section 11 of the Trustee Act 2000 and includes:
 - Overseeing the day to day management, strategic direction, governance and use of charitable funds
 - Approving charitable expenditure in line with the scheme of delegation and SFIs
 - Ensuring compliance with relevant charity law, guidance from the Charity Commission and the Charity's own governing documents.
- 2.4 The Board's Executive Directors and Non-Executive Directors (NEDs) are not trustees themselves; however, they act on behalf of the Trust and share the responsibility for ensuring the Trust fulfils its duties as the corporate Trustee whilst managing ELFT Charity.
- 2.5 The Committee is authorised by the Board to act within its terms of reference.
- 2.6 The Committee is authorised to seek any information required and necessary and expedient to the fulfilment of its duties. All members of staff are expected to co-operate with any request made by the Committee.
- 2.7 The Committee is authorised to obtain legal or other independent professional advice and to secure the attendance of external individuals/organisations with relevant experience and expertise if it considers this necessary in support of its duties.
- 2.8 These terms of reference should be read in conjunction with the Trust's Scheme of Delegation, Standing Orders, Constitution and Standing Financial Instructions as appropriate.

3 Purpose

- 3.1 The purpose of the Committee is to act on behalf of East London NHS FT (ELFT) as the corporate trustee of the ELFT Charity, **providing strategic oversight** to ensure the charity is

managed in accordance with its charitable objectives, agreed strategy and all legal and regulatory requirements. It supports the Board by providing assurance that the charity's activities and operational delivery align with the agreed strategy and that funds are used effectively to benefit patients, staff and the wider public in line with ELFT's mission.

- 3.2 The Committee will at all times operate in a manner that is consistent with the fiduciary duties of the Corporate Trustee.

4 Duties

4.1 Strategy and Objectives

- 4.1.1 Develop the overall strategy for the charitable funds in line with the Trust's aims and vision for approval by the Board as the Corporate Trustee.
- 4.1.2 Oversee and monitor the delivery of charitable fund activities to ensure alignment with approved strategy and objectives.
- 4.1.3 Provide assurance that charitable funds are used in accordance with their charitable purposes objectives, mission and regulatory requirements ensuring benefits to patients, service users, staff and the community.

4.2 Governance and Assurance

- 4.2.1 Ensure charitable funds are used appropriately and efficiently in accordance with relevant legal, regulatory and statutory requirements, Charity Commission guidance, SFIs and principles of good governance.
- 4.2.2 Oversee and monitor the key risks relating to the charitable funds ensuring mitigation measures are in place and reporting significant risks to the Board as the Corporate Trustee.
- 4.2.3 Approve and periodically review policies and procedures relating to charitable funds including fundraising, donations, legacies, sponsorship, investment and expenditure policies and scheme of delegation for charitable funds.
- 4.2.4 Ensure the preparation, review and submission of the Charity's annual report and accounts are in accordance with the Charity Commission requirements and Statement of Recommended Practice (SORP) with review input from the Audit Committee to ensure compliance and transparency.

4.3 Charitable Funds

- 4.3.1 Oversee the infrastructure and management arrangements for charitable funds ensuring efficiency and effectiveness.
- 4.3.2 Review the proposed annual Charitable Funds budget providing endorsement and recommendation to the Corporate Trustee
- 4.3.3 Monitor income, expenditure and fund usage recommending consolidation or rationalisation of inactive funds where appropriate.
- 4.3.4 Oversee overall fund balances, individual fund performance and long-term investment plans.
- 4.3.5 Set and periodically review an investment policy, including risk guidelines, income distribution and ethical considerations.

4.4 **Fundraising Oversight**

- 4.4.1 Oversee the development and monitor the delivery of a fundraising strategy and communications, engagement and marketing plan to promote charitable activities and engage key stakeholders.
- 4.4.2 Approve strategic fundraising initiatives or campaigns ensuring alignment with charitable objectives, ethical standards and regulatory requirements.
- 4.4.3 Provide oversight and approval of major fundraising initiatives and expenditure in line with SFIs.

4.5 **Grant-Making and Expenditure Oversight**

- 4.5.1 Agree procedures and criteria for grant applications and expenditure requests including thresholds for delegated approval and Committee review.
- 4.5.2 Review and approve proposals for grants or expenditure beyond delegated limits ensuring alignment with charitable purposes and ELFT objectives.
- 4.5.3 Ensure all expenditure delivers added value and benefit to patients, service users, staff and the public.
- 4.5.4 Implement policies and procedures to ensure donations are acknowledged, accounting systems are robust, and expenditure aligns with donor intentions.

4.6 **Reporting, Accountability and Risk Management**

- 4.6.1 Receive and review regular reports on financial performance, income, expenditure, investments, pending commitments, and forecasts.
- 4.6.2 Report key issues, decisions, risks, and recommendations to the Board/Corporate Trustee following each meeting.
- 4.6.3 Provide information to the Audit Committee to enable assurance on governance and management of charitable funds.

4.7 **Forward Looking/Horizon Scanning**

- 4.7.1 Identify emerging needs, trends, and opportunities for patients, service users, staff, and communities that could inform future charitable investment.
- 4.7.2 Prioritise strategic initiatives and ensure alignment with ELFT's long-term mission and charitable objectives.
- 4.7.3 Engage service-user/public representatives and relevant Directors (People Participation, Population Health) to incorporate lived experience, co-production and population health insight.
- 4.7.4 Ensure insights from horizon scanning inform annual strategy, priority-setting, and risk management.

5 Membership

- 5.1 The members of the Committee will be appointed by the Board and will comprise of the following:

- At least two (2) Non-Executive Directors, one of whom will be the chair of the Committee
- Chief Finance Officer
- Chief Nurse
- Executive Director of Integrated Care & Deputy CEO (Executive lead).

5.2 In the absence of the chair of the Committee, the other NED will chair the Committee meeting.

6 Attendance at Meetings

6.1 In addition to Committee members detailed above, the following will be non-voting attendees of the Committee:

- Director of Corporate Governance or Deputy Company Secretary
- **Director of Communications & Engagement**
- Chair of the Trust-wide Working Together Group and one TWWTG representative
- Charity Manager.

6.2 All members and attendees are expected to attend all meetings.

6.3 Other key individuals may be asked to attend when their areas of business are being discussed. The Committee may also invite external advisers to attend for appropriate items.

6.4 Committee members and invited attendees may participate in meetings **in person**, by telephone or via secure electronic communication e.g. video conferencing provided all participants can hear each other and participate fully in discussion and decision-making and with the prior agreement of the Committee chair.

7 Quorum

7.1 The quorum for the meeting shall be three (3), with at least one NED and one Executive Director.

8 Frequency of Meetings

8.1 The Committee shall meet four times a year and as required to fulfil its duties as the Committee chair shall decide.

9 Sub-Committee Arrangements

9.1 The Committee will establish an operational group (**Charity Operational Group – the group to coordinate and oversee the day to day management of the charity in line with the strategic direction set by the Corporate Trustee and the Committee.**)

9.2 The group will ensure that **charitable activity, fundraising, grant making and operational processes are delivered efficiently, comply with relevant governance and regulatory requirements and support delivery of the charity's strategic objectives.**

9.3 **Operational authority for the delivery of the charity's work is delegated to the group. This includes the management of fundraising activities; administration and assessment of grant applications and awards; engagement with fund holders and the coordination of communications, monitoring and reporting. The group will not make strategic decisions or decisions reserved to the Corporate Trustee or the Committee.**

9.4 **The Committee retains responsibility for strategic oversight and for providing assurance to the Corporate Trustee. The Committee will receive reports from the group at each meeting providing updates on operations, finance, grants, fundraising, communications, compliance**

and risk. Reports will highlight matters requiring disclosure, escalation, action or approval and include recommendations to support the Committee's oversight role.

9.5 The chair of the Committee may request additional reports or escalation on specific issues where strategic, financial or reputational implications arise.

9.6 The group's terms of reference will be reviewed alongside the Committee's terms of reference to ensure alignment and clarity of delegated authority.

10 Reporting and Minutes

10.1 The Committee will provide an assurance report to the Board after each meeting. The report will set out the matters discussed together with any recommendations to the Board, any pertinent issues and/or those that require disclosure, escalation, action or approval.

10.2 The minutes of the Committee meetings will be formally recorded and a draft copy circulated to Committee members together with the action log as soon after the meeting as possible

10.3 The approved minutes will be available to the Board on request.

10.4 The Committee will receive and agree a description of its work (in the form of an annual work/forward plan) and will regularly monitor progress against this plan.

10.5 The chair on behalf of the Committee will report annually to the Board in respect of fulfilment of its functions as set out in these Terms of Reference.

10.6 To support the continual improvement of governance standards, the Committee will:

10.6.1 Undertake an annual review of its effectiveness in discharging the functions delegated to it by the Board and provide a report to the Board of its findings including highlighting areas for improvement

10.6.2 Review the terms of reference for the Committee annually, reaffirming the purpose and objectives, and reporting to the Board for ratification.

11 Support to the Committee

11.1 The Deputy Company Secretary will act as support to the Committee and working with the Executive Director lead and Director of Corporate Governance will:

11.1.1 Agree the agenda and work plan with the Committee chair

11.1.2 Ensure meeting papers are distributed in good time in line with the Standing Orders

11.1.3 Ensure that minutes are taken, action points and matters arising are recorded and followed up in a timely manner

11.1.4 Advise the Committee on pertinent areas

11.1.5 Draft the assurance report for the Board following each Committee meeting

11.1.6 Draft the Committee's annual report of the review of its effectiveness and the terms of reference.

13 Review Dates

13.1 These Terms of Reference will be reviewed at least annually to ensure they remain appropriate.

13.2 Date Originally Approved: 26 July 2021

13.3 Reviewed: 16 January 2023
24 April 2025
6 January 2026
3 March 2026

13.4 Next review date: **March 2027**

REPORT TO THE TRUST BOARD IN PUBLIC
26 March 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 19 March 2026.
- The Board is asked to endorse the minor updates to the Committee's terms of reference as described at the end of this report.

Key messages

The committee received comprehensive updates across finance, the Going Further, Going Together (GFGT) savings programme, capital, procurement and business development, receiving assurance the Trust remains financially stable with a small surplus and strong cash position. The committee considered risks relating to financial sustainability, capital expenditure, digital infrastructure and cybersecurity, receiving assurance of robust governance frameworks and the effective monitoring and management of financial risks.

Finance Update M11 (February)

The committee reviewed the financial performance to Month 11 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 M11 finance update is showing a small surplus and remains £0.75m ahead of plan, supported by over performance on savings targets and higher levels of interest received against a strong cash position of £142m. It is anticipated the planned breakeven position will be achieved at year end.
- Imminent service expansions in Bedfordshire, Luton & Milton Keynes (BLMK) will support alleviation of private bed cost pressures. Mitigations are in place to support delays in the opening of the nine bed Crisis House however complete elimination of private bed use is anticipated within the next three months.
- Capital expenditure remains behind plan however confidence of full spend of the allocation by year end is being supported by close monitoring of programme delivery and capital profiling. The Committee encouraged exploration of opportunities to re-phase the 2026/27 capital plan to alleviate end of year spend pressures.
- The Committee recognised the excellent achievement of execs and finance colleagues in overall delivery of the financial plan, supporting improved financial accountability and delivery of high quality care in a financially sustainable way.

GFGT Programme Update

The Committee noted transformation programmes are progressing with mitigating actions in place to ensure delivery in line with the plan. Key points included:

- The programme remains ahead of plan with the most likely forecast supporting confidence of delivery of £37.2m by year end. This includes elements of NHS income which contributes to the baseline however is not in the reported position to NHSE. Plans remain in place to mitigate the gap for some of the non-recurrent schemes into 2026/27.
- Programme delivery shows areas of continuing slippage in BLMK however non-recurrent mitigation is offsetting the impact.
- The identification of £24.1m of savings for 2026/27 including a 20% stretch target. 80% of the programme is anticipated to be fully signed off and ready to move into delivery by the beginning of the year. Deep dives have been undertaken into services with less than 80% of savings identified and high impact workstreams put into place with support by the exec team.

- The Committee encouraged a refresh of communications with an emphasis on the success of clinically-led transformation and greater transparency around the decision-making process. Members also reflected on the need to begin work towards zero agency usage during the year.

Sale of Lewsey Road, Luton

The Committee received an update on the sale of Lewsey Road, noting the anticipated transfer to Bedford Hospital and work to secure the optimum financial arrangement for the Trust.

Estates Update

The Committee received and considered updates on the capital programme, improved performances in the quality of estate environments and facilities management service delivery. Progress on the Trustwide space optimisation programme is supporting opportunities around estate utilisation and future estate planning.

- Assurance was provided of the dedicated work ongoing to ensure full spend of the 2025/26 capital allocation by year end.
- The capital programme for next year is undergoing review by execs before being brought to the Committee for approval, noting the development of a four-year capital programme to support longer-term decision-making and sustainability.
- The Committee recognised the strong performance of the Trust across several domains of the patient-led assessment of the care environment (PLACE) results, emphasising the important of sustaining the progress and supporting the spread of good practice.

Procurement update

The committee noted the achievement of the full procurement savings target, improving compliance and integrating sustainability with governance and collaborative representation strengthened. Key points included:

- The positive impact on run rate reductions and cost savings realised by the achievement of the full savings target for 2025/26. The same target of £1.5m has been proposed for 2026/27 however there is ongoing exploration of opportunities for a more ambitious target.
- Planning for next year is underway with work to continue to improve purchase order compliance, advance social value targets as part of the Trust's Anchor strategy and support further efficiency opportunities across the system.
- The Committee welcomed the transition to the new procurement partnership and reflected on the need to continue identifying opportunities to support local businesses alongside the improved buying power and increased savings to be realised through economies of scale.

Investments

The committee received assurance around the robust management of investments, endorsing in principle a proposal to increase investment in the National Load Fund, further details to be brought to the next meeting for further assurance.

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:

- All core contracts for 2025/26 are signed. Work to have 2026/27 contracts signed by 31 March 2026 in line with national deadlines is underway with the respective ICBs and will support good contract management and oversight for the year ahead.
- Part completion of the additional bed capacity resource in Bedfordshire & Luton is on track to support a positive impact on private bed usage however unforeseen delays have impacted on completion of the nine bed Crisis House which is expected to come online in June 2026. Work towards a contract transition for the remaining primary care provision in BLMK on 31 March 2026 is underway.
- Three further business cases are scheduled to come to the committee for review shortly. Committee approval was sought for virtual review and approval in respect of the East of England Provider Collaborative specialist community forensic team, supporting flow work and reductions in length of stay.
- The Committee reflected on the risks around delays to the business case pipeline from changing commissioning intentions, to be included in the BAF refresh discussions.

Ludgate Ward Business Case

The Committee received a proposal to re-open Ludgate Ward as an acute admissions ward to support the requirement for additional medium secure male beds across the North London Forensic Collaborative provider areas. Key points included:

- Financial modelling showing a full year effect increase to the current contract value to be used to cover the costs of re-opening the ward, leaving an improvement of c£114k to the Trust's position.
- The costs of essential refurbishment works have been put forward as part of the provisional capital planning for 2026/27. The Committee discussed wider concerns around the retro-fitting of older buildings, receiving assurance that the ward will meet equivalent standards of other wards on the site. The proposal has also been discussed at Quality Assurance Committee and will be subject to a quality impact assessment.
- Subject to clarification around capital costs and depreciation, the Committee approved the business case to be forwarded to the Trust Board for ratification.

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 a planned board development session 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 continuing robust financial oversight during the next financial year and submission of a plan 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: Improvements to the digital infrastructure continue at pace and the ongoing cyber risks are being actively managed.

BAF risk 10: If the estate is not effectively maintained or improved (inc digitally) this will result in a poor quality environment and reduced statutory compliance, as well as a failure in net zero carbon (NZC) obligations and a failure to support clinical needs and CQC expectations: Estates risks are being addressed through PLACE audits, PFI improvement plans and successful mobilisation of the new Hard FM contract however the £85m backlog remains the key driver of the risk.

The committee acknowledged the planned board development session in April reflecting on the need for further assurance on the alignment of control gaps with actions and the building of trajectories into each risk.

Annual Terms of Reference Review

There are no significant changes and the Board is asked to endorse the minor amendments approved by the Committee which update references to the naming of the financial viability and savings programmes, the addition of the Chief Digital Officer to the membership and clarification on the number of meetings, along with confirmation that meetings can take place online. The former terms of reference also included responsibility for approval of annual reports and accounts which sits with the Audit Committee, so this has been removed.

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

REPORT TO TRUST BOARD
26th MARCH 2026

Title	Finance Report Month 11 (February 2026)
Author	Daniel Stephens, 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
19/02/2026	Finance, Business and Investment Committee

Key messages

The Finance Report reflects the Trust financial position for month 11.

Summary of Financial Performance:

- As at month 11 the Trust is reporting a surplus of £0.5m. This is £0.7m favourable variance to the deficit plan of £0.2m. The in-month position is a surplus of £1k surplus.
- 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 Trust is forecasting a £0.6m surplus for the financial year.
- The forecast surplus includes 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 28th February was £142.1m.
- Year To Date (YTD) core capital expenditure is £9.7m, £2.3m below plan.
- Better Payment Practice Code (BPPC) YTD performance is 93% by volume and 85% by value.

What has gone well

- Delivering a surplus resulting in a £0.7m favourable position compared to plan. This has allowed investments to be made for 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 temporary costs in a range of areas.
- 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) – reviewing the ongoing levels once the new capacity opens during March
- 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	<input checked="" type="checkbox"/>	Delivering financial balance aids the Trust in maintaining control in decision making.
Improved Experience of Care	<input checked="" type="checkbox"/>	Delivering financial balance aids improving service user satisfaction and experience of care.
Improved Staff Experience	<input checked="" type="checkbox"/>	Delivering financial balance aids improving staff experience.
Improved Value	<input checked="" type="checkbox"/>	This is a key requirement to ensure that the Trust delivers value for money and is not in breach of its Foundation Trust provider licence.

Implications

Equality Analysis	Financial sustainability aids the organisation in being able to address and adequately resource equality issues within the services we deliver
Risk and Assurance	<p>In 2024-25, the North East London Integrated Care System was included in the NHS England Investigation and Intervention process.</p> <p>We have received the first National Oversight Framework scoring, the overall rating for the Trust is a 3. Against the financial criteria we are currently a 1 (highest level).</p>
Service User/Carer/ Staff	Delivering against the Trusts financial metrics supports the investment in services for the benefit of our staff, service users and carers
Financial	As stated in the report.
Quality	Delivering our services in a financially sustainable way enables continuous investment in improving the quality of our services.

Trust Board

February - Month 11 Finance Report

2025/26

Kevin Curnow

Chief Finance Officer



	In Month			Year To Date			Annual Budget £000
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	
Clinical Income	57,716	57,192	(524)	638,598	635,943	(2,655)	697,699
Other Income	2,532	2,864	332	20,168	21,866	1,698	22,742
Pay costs	(42,688)	(42,892)	(204)	(471,409)	(469,283)	2,126	(514,097)
Non-pay costs	(13,661)	(13,789)	(129)	(148,668)	(150,077)	(1,409)	(163,748)
Financing / non-operating costs	(3,719)	(3,358)	360	(39,789)	(38,547)	1,242	(43,511)
	181	16	(165)	(1,100)	(98)	1,002	(915)
Adjustments	2	(15)	(17)	908	621	(287)	915
Reported Surplus /(Deficit)	183	1	(182)	(192)	523	715	0
Memorandum items							
Agency Costs (per NHSE Plan)	952	400	(552)	10,477	7,612	(2,865)	0
Going Further, Going Together	2,998	2,802	(196)	28,628	34,461	5,833	31,900
Cash	(368)	10,077	10,445	117,380	142,061	24,681	n/a
Core Capital	958	1,294	336	12,040	9,701	(2,339)	13,744

Key messages

The Trust is reporting a YTD surplus of £0.52m as at 28th February. This is £0.72m favourable variance to the deficit plan of £0.19m. The in-month position is a surplus of £1k surplus.

The Trust is forecasting a £0.6m surplus for the financial year.

The surplus arises from the release of £4.9m 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.

Pay spend reduced in month, with January seeing high spend from operational pressures and bank holiday which have not continued into February. There are increases from the agreed non-recurrent investment schemes.

At month 11 the Trust has delivered £34.46m of savings, this is £5.83m above the plan.

Core capital expenditure for the YTD is £2.3m below plan, this is below the reprofiled forecast, and there is a considerable amount to spend on core capital and Public Dividend Capital funded schemes in the remaining month of the year.

Income	£1.0m below 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	£2.1m underspent, with vacancies in a range of teams. Pressures remain from the use of bank staff to manage levels of acuity, and use of premium agency to cover vacancies in difficult to recruit areas. Further detail is included on slides 6 (pay detail), slide 7 (Whole Time Equivalent analysis), slide 15 (agency spend) and slide 16 (bank spend).
Non-pay cost	£1.4m 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 8. Use of private beds has reduced in month; further detail is shown on slide 17
GFGT	£34.5m has been delivered, £5.8m above plan. Further detail is shown on slide 4.
Cash	As at the end of February, the cash balance was £142.1m, £24.7m above plan. This is largely due to working capital movements and capital slippage, the strong cash position has resulted in interest of £5.4m received YTD. Further detail is shown on slide 11.
Capital	Core capital expenditure of £9.7m, £2.3m below plan. Further detail is shown on slide 10.

	In Month			Year To Date			Annual Budget £000
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	
Income							
NHS Patient Care Activities	56,547	53,603	(2,943)	624,534	620,984	(3,550)	682,468
Non NHS - Patient Care Activities	1,170	3,589	2,419	14,064	14,960	895	15,231
Other (in accordance with IFRS 15)	2,182	2,407	225	17,351	19,214	1,863	18,846
Other Operating Income	350	457	107	2,817	2,652	(165)	3,896
Income Total	60,248	60,056	(193)	658,766	657,809	(957)	720,441
Pay							
Substantive	(42,521)	(38,710)	3,810	(469,566)	(415,214)	54,351	(512,165)
Bank	0	(3,614)	(3,614)	0	(44,614)	(44,614)	0
Agency	0	(400)	(400)	0	(7,612)	(7,612)	0
Apprenticeship levy	(167)	(167)	0	(1,843)	(1,843)	0	(1,932)
Pay Total	(42,688)	(42,892)	(204)	(471,409)	(469,283)	2,126	(514,097)
Non-Pay							
Non Pay	(13,661)	(13,789)	(129)	(148,668)	(150,077)	(1,409)	(163,748)
Non-Pay Total	(13,661)	(13,789)	(129)	(148,668)	(150,077)	(1,409)	(163,748)
EBITDA	3,900	3,375	(525)	38,689	38,449	(240)	42,596
Post EBITDA							
Depreciation	(3,063)	(2,916)	147	(32,083)	(32,124)	(41)	(35,145)
Amortisation	(118)	(118)	(1)	(1,293)	(1,309)	(16)	(1,411)
Finance Income	350	574	224	4,250	5,438	1,188	4,600
Finance Expenditure	(305)	(312)	(7)	(4,250)	(4,276)	(26)	(4,555)
PDC Dividend	(583)	(542)	41	(6,413)	(5,958)	455	(7,000)
Other finance costs	0	(44)	(44)	0	(316)	(316)	0
Total Post EBITDA	(3,719)	(3,358)	360	(39,789)	(38,547)	1,242	(43,511)
	181	16	(165)	(1,099)	(98)	1,002	(915)
Less							
Impairments	0	0	0	0	0	0	0
Remove capital donations / grants / peppercorn lease	61	48	(13)	561	414	(147)	745
Remove impact of PFI revenue costs	(59)	(63)	(4)	347	207	(140)	170
Reported Surplus / (Deficit)	183	1	(182)	(191)	523	715	0

The Trust is reporting a YTD surplus of £0.52m as at 28th February. This is £0.72m favourable variance to the deficit plan of £0.19m. The in-month position is a surplus of £1k surplus.

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 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.

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 11 was £34.5m against our submitted plan of £28.6m (£2.8m delivery in month), resulting in a favourable variance of £5.8m. 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 £37.2m should all schemes in the tracker be fully delivered. Taking scheme risk and development status into account, the Trust now has a ‘most likely’ forecast of £37.1m, 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.

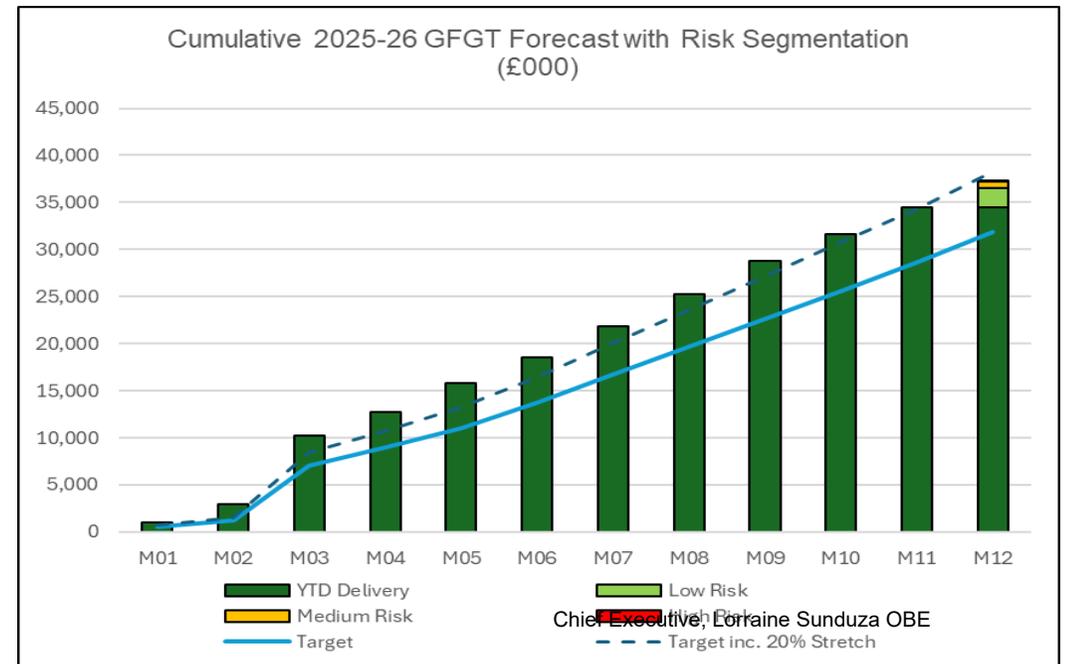
Key message: The Trust delivered £2.8m in Month 11, £34.5m year to date. The most likely forecast of £37.1m would see the Trust meet plan.

The focus now needs to be on ensuring that plans for 2026/27 are worked up and progressed, with full documentation, sign off and clear milestones. The programme needs to be fully signed off as soon as possible, with actions taken to ensure delivery from April 2026.

Chair: Eileen Taylor

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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	2,682	2,246	(436)	3,000	2,374	(626)
Newham AMH	2,684	3,261	577	3,000	3,487	487
Tower Hamlets AMH	3,508	3,796	287	3,900	4,094	194
Luton & Bedfordshire AMH	5,128	3,273	(1,854)	5,700	3,604	(2,096)
London CHS	2,421	2,741	319	2,750	2,986	236
Bedfordshire CHS	1,618	1,650	33	1,800	1,857	57
Specialist Services	3,087	3,487	400	3,400	3,840	440
Forensic Services	1,987	2,665	679	2,550	2,891	341
Primary Care	503	923	419	600	945	345
Corporate Services	3,672	4,444	772	4,202	4,924	722
Estates & Facilities	941	785	(156)	1,000	882	(118)
Trust-Wide Schemes	0	239	239	0	271	271
Directorate Sub-Total	28,231	29,510	1,279	31,902	32,154	252
Planning Adjustment & Mitigation	397	4,951	4,554	0	4,951	4,951
TOTAL	28,628	34,461	5,833	31,902	37,105	5,203



The income position at the end of February is £0.96m below budget. This is deterioration from the £0.8m under-performance at the end of January.

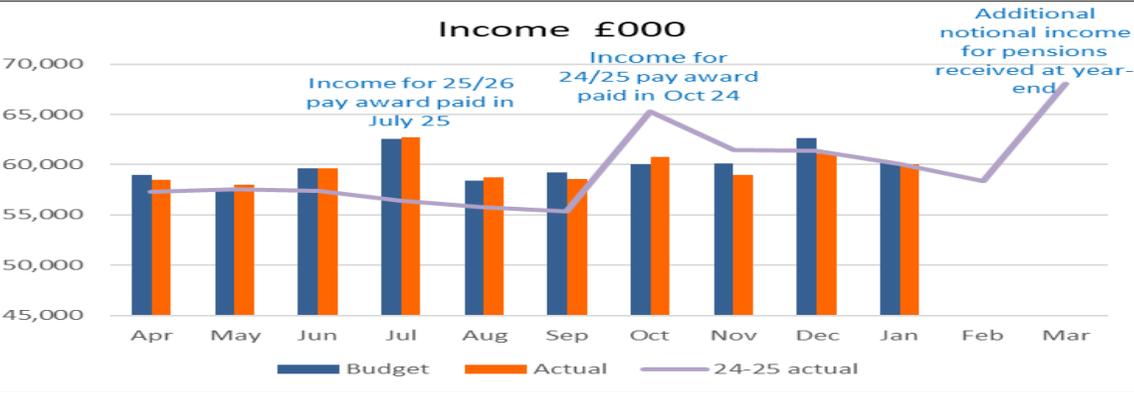
The main areas of underperformance arise from:-

- Deferral of income for services that have been commissioned but are not yet being delivered, £2.0m.
- One London invoices funded through depreciation - £2.1m
- Provisions for income disputes, £1.5m.

These are partially offset by:-

- Provider collaborative dividends, £1.5m.
- Payment for 24-25 services, including resolution of disputes, £0.5m
- New contracts with Local Authorities, £0.8m.
- Primary Care support income for BLMK practises, £0.9m.
- Other Primary Care income above budgeted level £0.9m

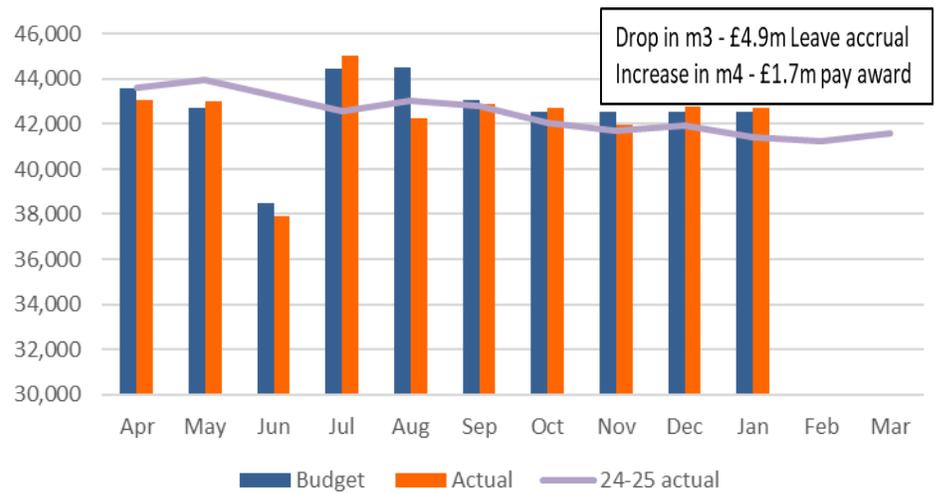
Income for bed sales has been reducing in recent months due to less need from partners. February has seen a small improvement, though income remains materially below the levels seen earlier in the year.



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)	49,166	46,132	(3,034)	538,486	535,348	(3,138)	594,763
NHS Foundation Trusts	6,548	6,638	90	73,039	72,705	(333)	76,185
NHS Trusts	278	250	(28)	3,785	5,001	1,216	2,426
NHS Other (including Public Health England)	0	0	0	0	(1,423)	(1,423)	0
NHS England	554	583	29	9,224	9,353	129	9,093
NHS - Patient Care Activities Total	56,547	53,603	(2,943)	624,534	620,984	(3,550)	682,468
Non NHS - Patient Care Activities							
Local Authorities	982	1,066	84	10,802	11,642	840	11,784
Non-NHS: Other	188	2,523	2,335	3,262	3,304	42	3,446
Non-NHS: Overseas Patients	0	0	0	0	14	14	0
Non NHS - Patient Care Activities Total	1,170	3,589	2,419	14,064	14,960	895	15,231
Operating Income From Patient Care Activities Total	57,716	57,192	(524)	638,598	635,943	(2,655)	697,699
Other operating income							
Other (in accordance with IFRS 15)							
Research and development	82	48	(35)	1,462	1,474	12	1,545
Education and Training Income	2,048	2,043	(5)	15,317	15,292	(25)	16,677
Other (recognised in accordance with IFRS 15)	52	184	132	572	1,837	1,266	624
Non-patient care services to other Non WGA bodies	0	132	132	0	610	610	0
Other (in accordance with IFRS 15) Total	2,182	2,407	225	17,351	19,214	1,863	18,846
Other Operating Income							
Charitable and other contributions to expenditure	0	(10)	(10)	0	145	145	0
Other Income	350	467	117	2,817	2,382	(435)	3,896
Capital Grants Income from Peppercorn Right of Use	0	0	0	0	125	125	0
Other Operating Income Total	350	457	107	2,817	2,652	(165)	3,896
Other operating income Total	2,532	2,864	332	20,168	21,866	1,698	22,742
Grand Total	60,248	60,056	(193)	658,766	657,809	(957)	720,441

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.

Employee expenses (inc Agency) £000



Pay type	Funded WTE	Actual WTE	Variance WTE	In Month			Year To Date			Annual Budget £000
				Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	
Substantive	7,982.0	7,233.9	(748.2)	(42,521)	(38,710)	3,810	(469,566)	(415,214)	54,351	(512,165)
Bank	0	740.8	740.8	0	(3,614)	(3,614)	0	(44,614)	(44,614)	0
Agency	0	51.7	51.7	0	(400)	(400)	0	(7,612)	(7,612)	0
Sub-total - staff	7,982.0	8,026.3	44.3	(42,521)	(42,724)	(204)	(469,566)	(467,440)	2,126	(512,165)
Apprenticeship Levy				(167)	(167)	0	(1,843)	(1,843)	0	(1,932)
Non-Executives	1.8	1.7	(0.1)							
Total	7,983.8	8,028.0	44.2	(42,688)	(42,892)	(204)	(471,409)	(469,283)	2,126	(514,097)

Overall pay is underspent by £2.1m. 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, excluding reserves, total pay spend was £0.2m higher than the YTD average run rate, with Non-recurrent investments (£0.1m) and ongoing recruitment into for newly commissioned service. February spend was £0.4m lower than the prior month, as January included enhancements paid for staff working Christmas and New Year.

Substantive pay was £0.5m higher than the YTD average due to recruitment, particularly in Specialist Services and Forensics. Tower Hamlets and City & Hackney, have also seen increases, though these are offset by reductions in Bank and Agency spend.

Bank pay reduced by £0.4m compared to January. January usage was high as a result of operational pressures in inpatient areas, with high sickness levels, vacancies, and annual leave.

Agency spend reduced in February, with the closure of Primary Care services that had been using agency staff during the transitional period prior to closing. Costs have increased in Bedfordshire CHS, with staffing issues in the community team.

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 agency and bank, will need to be monitored to ensure this does not continue.

Pay type	Funded WTE	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sept-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Movement in month
Funded WTE	Substantive	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	7,921.9	7,982.0	60.1
	Bank	45.7	45.7	0.0	0.0	0.0	0.0	36.5	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	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Actual WTE	Substantive	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	7,248.1	7,233.9	(14.2)
	Bank	959.5	1,002.2	890.6	832.6	768.1	791.2	758.6	705.3	694.6	681.8	709.2	711.3	740.8	29.5
	Agency	90.7	71.7	72.3	71.8	72.7	74.7	65.2	42.1	59.3	63.6	56.5	54.7	51.7	(3.1)
Variance	Substantive	(856.3)	(926.0)	(968.5)	(971.9)	(999.8)	(899.2)	(803.3)	(766.3)	(666.6)	(652.2)	(635.0)	(673.9)	(748.2)	(74.3)
	Bank	913.9	956.5	890.6	832.6	768.1	791.2	722.1	705.3	694.6	681.8	709.2	711.3	740.8	29.5
	Agency	90.7	71.7	72.3	71.8	72.7	74.7	64.6	42.1	59.3	63.6	56.5	54.7	51.7	(3.1)
Total Funded WTE		8,187.8	8,214.1	8,118.1	8,116.8	8,107.9	8,006.3	7,994.4	7,938.5	7,830.1	7,831.1	7,837.5	7,921.9	7,982.0	60.1
Total Actual WTE		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	8,014.1	8,026.3	12.2
(Over) / under establishment		(148.3)	(102.2)	5.6	67.5	159.0	33.3	16.6	18.9	(87.3)	(93.1)	(130.7)	(92.2)	(44.3)	
(Over) / under establishment %		(1.8%)	(1.2%)	0.1%	0.8%	2.0%	0.4%	0.2%	0.2%	(1.1%)	(1.2%)	(1.7%)	(1.2%)	(0.6%)	

Substantive WTE has reduced by 14.2 – this is due to removing staff whose costs are capitalised (14.8 WTE) –we had not removed this previously, and also the impact of Primary Care closures (18.5). There are increases in Specialist Services (10.1) following investments in new services, and in City & Hackney (11.5) following targeted recruitment into vacancies, especially medical (7.7).

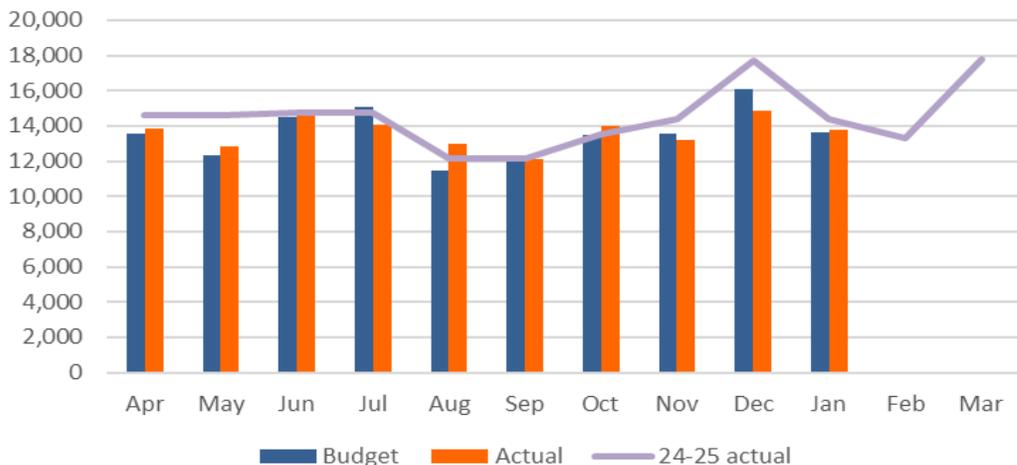
Bank WTE has increased in month due to increases in staff taking Annual Leave in ward areas, and to cover vacancies in Community teams

Agency WTE have also reduced significantly since the start of the year. The in-month decrease (3.1) was due to small reductions across multiple Directorates. Bedford CHS agency usage has increased, due to ongoing issues with Community Teams in the north of the patch

Since April the funded establishment has reduced by 204 WTEs, whilst actual WTEs have reduced by 165. The over-establishment arises from the high levels of patient acuity, requiring the use of bank staff.

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 substantive recruitment in Specialist Services.

Non-pay £000



Expenditure type	In Month			Year To Date			Annual Budget £000
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	
Health and Social Care - NHS	(2,240)	(2,590)	(350)	(26,971)	(27,797)	(826)	(27,284)
Health and Social Care -non-NHS	(2,266)	(2,286)	(20)	(21,372)	(23,609)	(2,237)	(24,470)
Supplies & Services	(6,697)	(3,348)	3,349	(34,729)	(36,801)	(2,072)	(40,615)
Drug costs	(490)	(403)	88	(5,264)	(5,712)	(448)	(5,754)
Consultancy	3,534	(87)	(3,621)	(786)	(1,023)	(237)	(854)
Establishment	(450)	(134)	316	(4,922)	(6,009)	(1,087)	(5,372)
Premises	(3,362)	(3,647)	(286)	(30,969)	(33,314)	(2,345)	(33,699)
Transport	(356)	(257)	99	(3,928)	(3,080)	848	(4,292)
Audit fees	(16)	(15)	1	(171)	(172)	(1)	(186)
Training	(435)	(267)	168	(4,850)	(3,154)	1,696	(5,288)
Clinical negligence	(199)	(199)	0	(2,194)	(2,194)	(0)	(2,394)
Non-Executive directors	(19)	(18)	1	(211)	(228)	(17)	(230)
Other Expenditure	(664)	(537)	127	(12,302)	(6,986)	5,317	(13,310)
Grand Total	(13,661)	(13,789)	(129)	(148,668)	(150,079)	(1,411)	(163,748)

Non pay is £1.4m overspent YTD, arising from :

- Premises costs are overspent by £2.14m. This is largely due to unbudgeted cost pressures for software costs and building repairs and maintenance. These have been considered in the budget setting process for 2026/27.
- Establishment costs are overspent by £1.1m. Significant issues relate to the costs of work permits, printing, recruitment fees and interpreting services.
- Supplies and services are overspent by £2.1m, across the Trust, with overspends on medical equipment, domestics and catering.
- Spend on private beds totals £3.6m, in month costs remains at the same level as January (£0.3m) due to the number of beds in use decreasing to an average of 10. The costs of this are within Health and Social Care.
- Budgets have been transferred from Other Expenditure reserves in month for the non-recurrent investment proposals, there have also been backdated adjustments relating to Primary Care and NHS Benchmarking.
- The above overspends 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 has reduced in month; this is being closely managed and monitored. Budgets will also be realigned in 2026/27.

Statement of Financial Position

- The net balance on the Statement of Financial Position as at 28th February was £309.9m. The increase of £1.7m since year-end reflects the pre adjusted YTD deficit position and increase in PDC funding.
- The key movements since the prior month are: -
- £1.1m decrease in Non-current assets. Depreciation of £3m exceeded capital spend and lease remeasurements of £1.9m.
- £8.2m decrease in receivables due to increased payments received in month. This is reflected in the movement in cash.
- £1.8m increase in PDC received for Oakley Court and Kelvin Grove. Remaining balances for both schemes to be paid in March.

	Prior Year 31/03/2025 £000s	Prior Month 31/01/2026 £000s	Current Month 28/02/2026 £000s	Movement in Month £000s
Non-current assets				
Intangible assets	2,922	1,764	1,849	85
Property, Plant and Equipment	260,681	253,941	253,781	(160)
Right of use assets	70,977	64,114	63,092	(1,022)
Investments in associates and joint ventures	1,443	1,443	1,443	0
Other non current assets	708	708	707	(1)
Total non-current assets	336,731	321,970	320,871	(1,099)
Current assets				
Inventories	187	168	183	15
Trade and other receivables	30,727	44,512	36,317	(8,195)
Assets held for sale	350	350	350	0
Cash and cash equivalents	120,978	131,984	142,061	10,077
Total current assets	152,242	177,014	178,911	1,897
Current liabilities				
Trade and other payables	(70,869)	(80,627)	(80,861)	(234)
Borrowings	(15,021)	(16,014)	(16,014)	0
Provisions	(1,915)	(4,097)	(4,165)	(68)
Deferred income	(12,328)	(18,438)	(18,263)	175
Total current liabilities	(100,133)	(119,176)	(119,302)	(126)
Total assets less current liabilities	388,840	379,808	380,481	673
Non-current liabilities				
Borrowings	(78,928)	(70,469)	(69,340)	1,129
Provisions	(1,747)	(1,287)	(1,287)	0
Total non-current liabilities	(80,675)	(71,756)	(70,626)	1,130
Total net assets employed	308,165	308,052	309,854	1,802
Financed by				
Public dividend capital	120,566	120,566	122,351	1,785
Revaluation reserve	95,737	95,603	95,603	0
Income and expenditure reserve	91,862	91,883	91,900	17
Total taxpayers' and others' equity	308,165	308,052	309,854	1,802

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 28th February was £9.7m, £2.3m below plan. This relates to delays in Digital schemes including 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 February is now below the reprofiled forecast, however, the Estates and Digital teams remain confident of full delivery by year-end.
- Lease additions, dilapidations, remeasurements and disposals for the YTD are £0.2m below plan, following the lease disposals from exiting the primary care practices.
- Schemes funded from Public Dividend Capital (PDC) are £2.4m below plan. The initial plan for the BLMK Reducing Out of Area Placement scheme was reduced by £1.3m during the year due to the removal of the crisis house. Spend has started to materialise on the solar panel energy project and the contractor has provided assurances the scheme can be completed by the end of the year.
- Additional PDC of £0.7m has been received, £0.3m relating to decarbonisation and cyber schemes, along with the additional £0.4m for BLMK Reducing Out of Area Placements. It is forecast these will be spent in full.
- Remaining capital to be spent in March is £7.1m. Regular reviews to take place to ensure capital is spent.

Core Capital Programme	Annual Plan £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s
Asset and backlog management	2,196	1,852	1,614	(238)
Critical, fire and Digital Spaces Infrastructure	1,565	1,405	1,682	277
Digital and Clinical Systems	250	238	96	(142)
Digital Cyber Security	440	404	339	(65)
Digital Infrastructure and Service Improvement	889	815	997	182
Digital Innovation and ICS	610	571	494	(77)
Digital Portfolio	740	619	560	(59)
Digital spaces	1,016	934	677	(257)
Digital Unified Comms	631	587	579	(8)
Inpatient Environmental Upgrade and CQC plan	553	553	220	(333)
Mental Health Security and Improvement plan	1,815	1,775	1,529	(246)
Net zero carbon reduction plan	690	690	237	(453)
Staff wellbeing	230	155	189	34
Staff capitalisation	600	550	93	(457)
Asset and backlog management part 2	555	250	0	(250)
5% overplanning provision	964	642	0	(642)
Other	0	0	393	393
	13,744	12,040	9,700	(2,340)

Public Dividend Capital Funded Programme	Annual Plan £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s
Solar energy project	1,126	1,126	285	(841)
BLMK Reducing Out of Area Placements	3,890	3,240	1612	(1,628)
Cyber Improvement	0	0	58	58
Decarbonisation Schemes	0	0	21	21
Bow Ward	0	0	14	14
	5,016	4,366	1,990	(2,376)

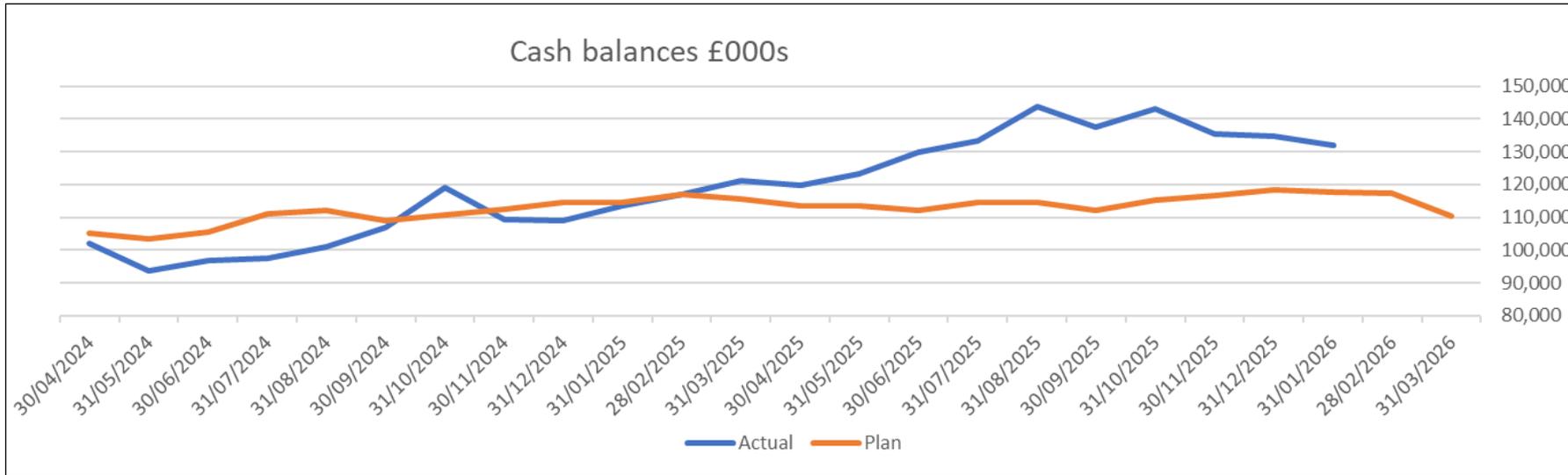
Leases, dilapidations and disposals	Annual Plan £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s
Leases, dilapidations and disposals	6,500	6,081	5,872	(209)

TOTAL	25,260	22,487	17,562	(4,925)
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Key message : Core capital spend is £2.3m below plan and is behind the reprofiled plan and PDC funded schemes are £2.4m below plan. To deliver in full against our current allocation, £7.1m will need to be spent in the final month of the year.

Cash

- As at the end of February the cash balance was £142.1m, an increase of £10.1m in month.
- The cash position is £24.7m above plan. This is predominantly due to continuing high levels of deferred income, payables and slippage in capital schemes along with a £4m reduction in receivables due to increased cash received in month.
- The high cash balances has led to interest received for the YTD of £5.4m, £1.2m ahead of plan. Based upon the current interest rates a cash holding of £5m generates c£0.2m annually and reduces Public Dividend Capital charges by c£0.2m.



Key message: The cash position remains strong due to movements in working capital balances, as these unwind the cash position is expected to reduce.

Organisation	YTD Plan £000	YTD Actual £000	YTD Variance £000	Prior Month Actual £000	Movement in actuals	Annual plan
BHRUT	(2,644)	(56,987)	(54,343)	(52,745)	(4,242)	0
Barts	(1,252)	(12,351)	(11,099)	(16,728)	4,377	0
ELFT	(187)	523	710	520	3	0
Homerton	(2,284)	(2,264)	20	(13,300)	11,036	(2,500)
NELFT	(1,357)	(1,969)	(612)	(6,064)	4,095	0
Providers	(7,724)	(73,048)	(65,324)	(88,317)	15,269	(2,500)
ICB	1,659	2,300	641	1,980	320	2,500
ICS Total	(6,065)	(70,748)	(64,683)	(86,337)	15,590	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 11 position, as at working day 6, was a deficit of £70.7m, £64.7m adverse to plan.

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

Discussions continue 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.

Organisation	YTD Plan £000	YTD Actual £000	YTD Variance £000	Annual plan
Bedfordshire Hospitals NHS Foundation Trust	0	(8,100)	(8,100)	0
Milton Keynes University Hospital NHS Foundation Trust	(1,500)	(1,200)	300	0
Providers	(1,500)	(9,300)	(7,800)	0
NHS Bedfordshire, Luton and Milton Keynes ICB	0	0	0	0
ICS Total	(1,500)	(9,300)	(7,800)	0

System plan

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

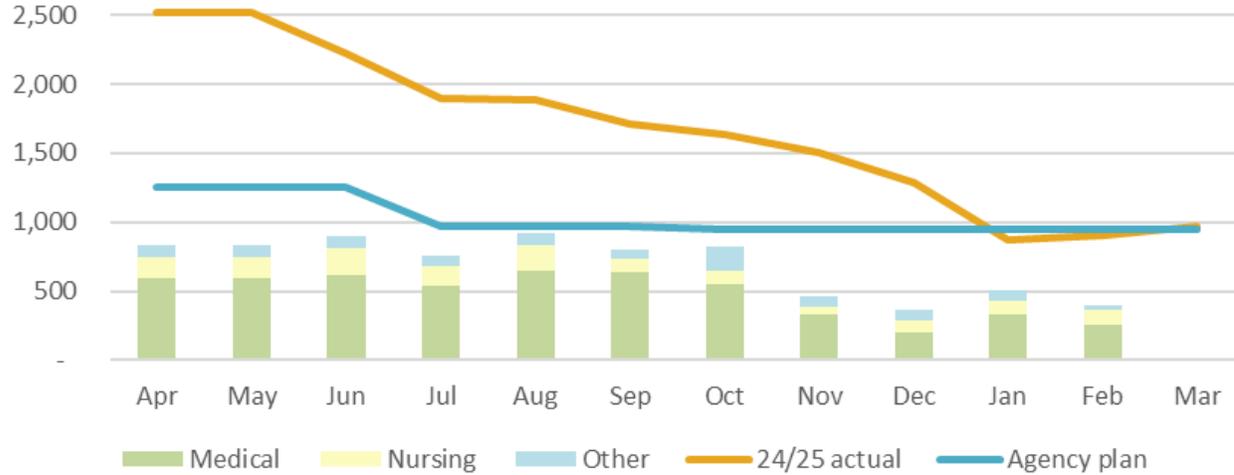
Information from BLMK for month 11 has not yet been released at the time of publishing this report. The position at month 10 is shown.

At the end of January, the ICS reported a deficit of £9.3m. This is £7.8m adverse to plan.

Appendices

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

Monthly Agency Expenditure £000



In 2025-26, the NHS Operating Plan set a requirement to reduce Agency spend by 30%. This is reflected in the Agency Plan submitted to the ICB.

The Trust submitted an annual financial plan with planned agency usage of £12.4m

For the last two years, total monthly agency expenditure has been consistently above the agency plans and has exceeded the NHS Agency Cap for the Trust. This year we are below the plan.

Year to date agency expenditure is £7.6m which is below the current phased plan of £11.4m.

The reduction in month is due to the reductions in Primary Care, where the Trust has exited from services. This is partially offset by increases in Specialist Services, from the non-recurrent investment in ADHD staffing. Bedford CHS agency usage has increased, due to ongoing issues with Community Teams in the north of the patch

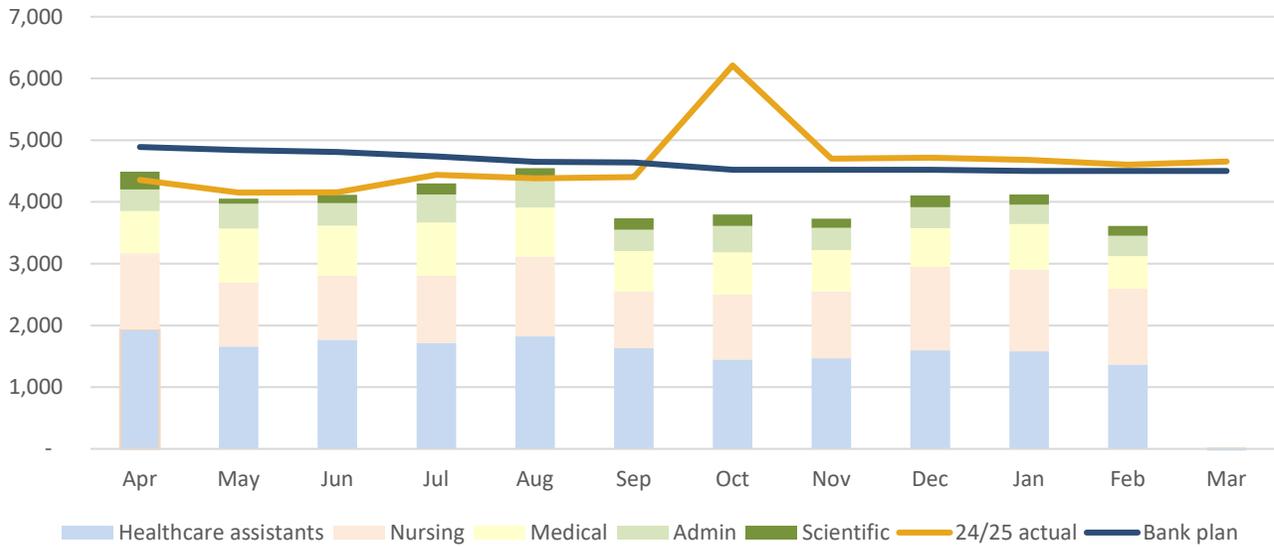
Agency spend remains high in Bedford AMH because of special leave, sickness and increased 1:1 observations.

Agency costs constitute 1.4% of total pay costs.

Agency use, by staff type

Pay costs £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	Jan-26 £000s	Feb-26 £000s	Movement in month
Medical and Dental	(359)	(596)	(349)	(596)	(596)	(620)	(541)	(644)	(639)	(550)	(334)	(203)	(329)	(260)	69
Nursing, Midwifery and HV	(183)	(144)	(292)	(148)	(149)	(188)	(136)	(185)	(95)	(99)	(56)	(90)	(96)	(106)	(10)
Administration and Estates	(207)	(101)	(253)	(48)	(48)	(59)	(60)	(64)	(50)	(141)	(49)	(66)	(62)	(21)	41
Healthcare assistants and other support staff	(73)	(44)	(49)	(37)	(35)	(30)	(12)	0	0	0	0	0	0	0	0
Healthcare scientists and Scientific, therapeutic and technical staff	(49)	(19)	(28)	(2)	(9)	(6)	(5)	(28)	(20)	(35)	(21)	(11)	(21)	(13)	8
Total Agency	(870)	(903)	(971)	(831)	(837)	(902)	(754)	(919)	(804)	(825)	(460)	(370)	(508)	(400)	108

Monthly Bank Expenditure £000



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 £44.6m which is below the current phased plan of £51.1m.

Bank costs have reduced by £508k in month, though part of this is due to the pay of Bank Holiday areas in January alongside the use of bank staff to backfill staff meeting with the CQC. In line with previous months, bank spend is largely in inpatient areas to cover sickness, vacancies annual leave and Ward Acuity. There has also been spend of £103k in month relating to the non-recurrent investment schemes.

The reduction in Medical pay in month was predominantly in City & Hackney, following targeted efforts to reduce spend.

Bank costs constitute 9.4% of total pay costs.

Bank use, by staff type

Pay costs £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	Jan-26 £000s	Feb-26 £000s	Movement in month
Medical and Dental	(1,339)	(713)	(305)	(682)	(876)	(812)	(859)	(799)	(656)	(685)	(668)	(626)	(736)	(529)	207
Nursing, Midwifery and HV	(1,460)	(1,400)	(1,781)	(1,233)	(1,038)	(1,041)	(1,092)	(1,289)	(915)	(1,050)	(1,082)	(1,352)	(1,324)	(1,226)	98
Administration and Estates	(307)	(363)	(440)	(352)	(397)	(366)	(456)	(449)	(346)	(429)	(363)	(341)	(310)	(331)	(21)
Healthcare assistants and other support staff	(1,456)	(2,000)	(1,988)	(1,937)	(1,659)	(1,766)	(1,715)	(1,823)	(1,632)	(1,449)	(1,469)	(1,597)	(1,584)	(1,367)	217
Healthcare scientists and Scientific, therapeutic and technical staff	(117)	(125)	(143)	(287)	(85)	(134)	(180)	(187)	(184)	(183)	(146)	(190)	(169)	(161)	8
Total Bank	(4,680)	(4,602)	(4,656)	(4,492)	(4,056)	(4,117)	(4,302)	(4,548)	(3,733)	(3,796)	(3,728)	(4,105)	(4,122)	(3,614)	508

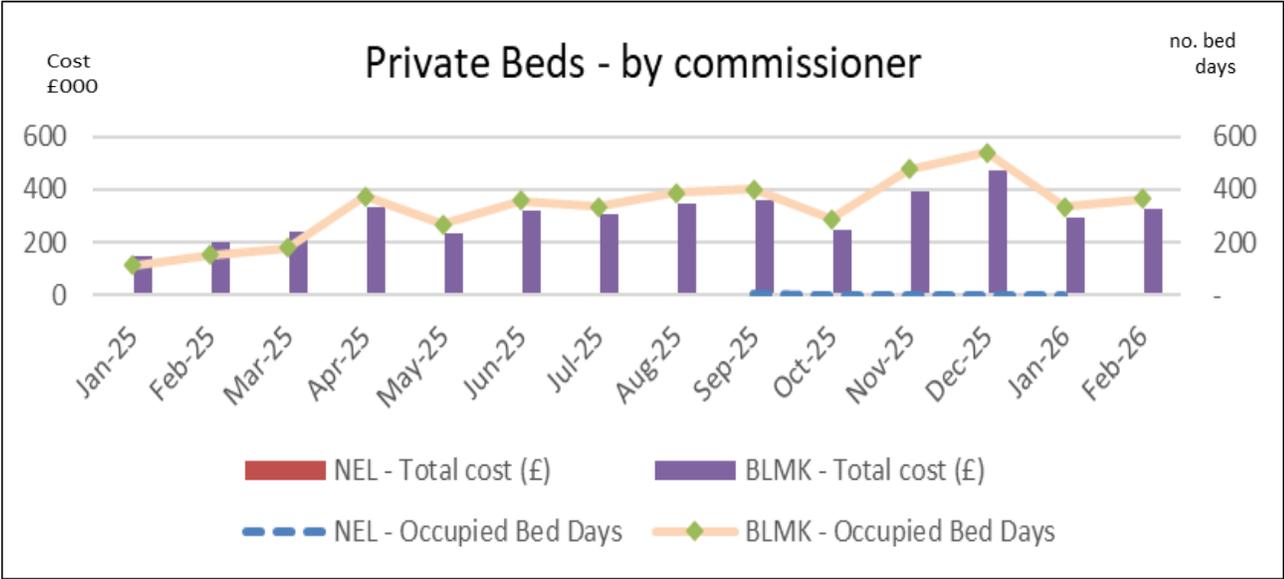
Private Beds

The Trust has experienced significant 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 February there was an average of 10 private beds purchased, compared to an average of 13 in January

The Public Dividend Capital scheme to increase the number of beds locally should further reduce the need for private beds. There are 4 beds opening on the 18 March, with the rest opening by the end of March. The service are working up repatriation plans. There are some patients who will remain in the private beds, where there is greater benefit in concluding their stay in their private placement than in moving them

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	1,374	3,630	(2,257)
Total	1,499	1,374	3,630	(2,257)

Receivables

- The receivables balance in the Statement of Financial Position of £36.3m includes £24.1m of invoiced debt. The remaining balance largely relates to prepayments, accrued income and VAT reclaims.
- Significant balances over 90 days include:
 - £4.2m owed by NHS North Central London ICB for 2023/24 and 2024/25 Out of Area charges, negotiations are underway between the respective Chief Finance Officers to resolve this.
 - £1.4m owed by 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. £2.6m).
 - £0.2m owed by Bedfordshire Hospitals NHS Foundation Trust relating to historic disputes.
 - £0.2m owed by Essex Partnership University NHS Foundation Trust relating to historic disputes around estates.
 - £0.2m owed by London Borough of Tower Hamlets has been escalated by our contracts team along with ICB.
- 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.

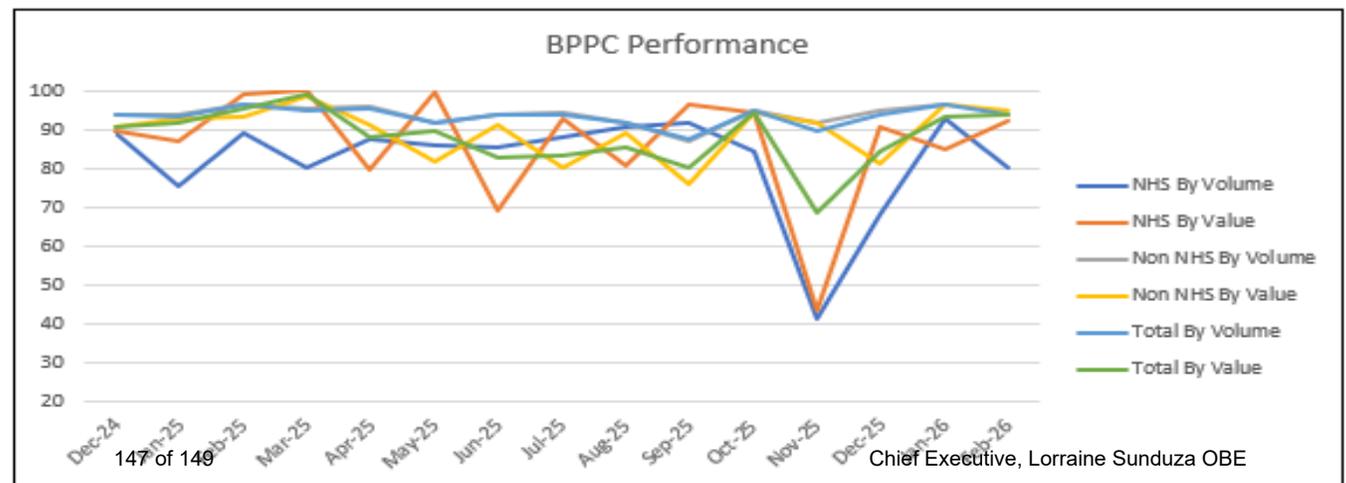
	NHS £000s	Non NHS bodies £000s	Individuals £000s	Overseas Visitors £000s	Total £000s
Current	2,840	3,851	21	1	6,714
1-30 Days	7,562	1,256	26	0	8,845
31-60 Days	154	135	23	8	320
61-90 Days	523	50	22	6	601
Over 90 Days	6,196	348	464	569	7,577
Total	17,275	5,640	557	584	24,056

Payables

- The payables balance in the Statement of Financial Position of £80.9m includes £17.1m of outstanding invoices. The remaining balance largely relates to taxes, pensions and accruals.
- Significant balances over 90 days include: -
 - £1.6m, Barts Health NHS Trust, of this £1.2m relates to the invoice for “Mental health patient activity” which has been 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, Virgin Media Business Ltd, in dispute as we’re unable to reconcile the numbers being billed.
- £0.5m credit for NHS 31-60 days relates to Community Health Partnerships.
- The Trust is signed up to the NHS commitment to the Better Payment Practice Code (BPPC) whereby the target is to pay 95% of all invoices within the standard credit terms.
- Overall, the Trust’s current YTD BPPC performance is 93% by volume and 85% by value.

	NHS £000s	Non NHS £000s	Total £000s
0-30 Days	4,353	5,828	10,180
31-60 Days	(541)	824	284
61-90 Days	939	676	1,615
Over 90 Days	2,950	2,092	5,042
Total	7,701	9,420	17,121

Chair: Eileen Taylor



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Chief Executive, Lorraine Sunduza OBE

- 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.

	Item	29/01/2026	26/03/2026	21/05/2026	23/07/2026	24/09/2026	03/12/2026	28/01/2027	18/03/2027
Standing Items	Declarations of interests	✓	✓	✓	✓	✓	✓	✓	✓
	Minutes of previous meeting	✓	✓	✓	✓	✓	✓	✓	✓
	Action log and matters arising	✓	✓	✓	✓	✓	✓	✓	✓
	Matters arising from Trust Board private	✓	✓	✓	✓	✓	✓	✓	✓
	Forward Plan	✓	✓	✓	✓	✓	✓	✓	✓
	Patient Story	✓	✓	✓	✓	✓	✓	✓	✓
	Teatime Presentation (alternate QI and People Participation Story)	✓	✓	✓	✓	✓	✓	✓	✓
Strategy	Chair's Report	✓	✓	✓	✓	✓	✓	✓	✓
	Chief Executive's Report	✓	✓	✓	✓	✓	✓	✓	✓
	Audit Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓	✓
	Integrated Care & Commissioning Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓	✓
	Population Health Annual Report	✓						✓	
	EDI Annual Report			✓					✓
	10 Year Plan Reflection		✓			✓			✓
Quality and Performance	Annual Collaborative Report		✓			✓			✓
	Quality Report	✓	✓	✓	✓	✓	✓	✓	✓
	Performance Report	✓	✓	✓	✓	✓	✓	✓	✓
	CQC	✓			✓			✓	
	Patient Safety (PSIRF, PCREF, Patient Safety Plan)		✓						✓
	People Participation Committee Assurance Report	✓	✓	✓	✓		✓	✓	✓
People	Quality Assurance Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓	✓
	People Report	✓	✓	✓	✓	✓	✓	✓	✓
	Safe Staffing	✓			✓			✓	
	People & Culture Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓	✓
Finance	Appointments & Remuneration Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓	✓
	Finance Report	✓	✓	✓	✓	✓	✓	✓	✓
	Charitable Funds Assurance Report	✓	✓	✓	✓			✓	
Business Case	Finance, Business & Investment Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓	✓
	Medium Term Plan (Deconstruction of the Block (approval))	✓							
	NEL Procurement (approval)								
Governance	Hard Facilities Management Business Case (approval)								
	Annual Report and Accounts				✓				
	Annual Reports:								
	~ Charitable Funds Committee Annual Report and Accounts			✓			✓		
	~ Compass Wellbeing CIC Annual Report						✓		
	~ Health & Care Space Newham Annual Report		✓				✓		✓
	~ Internal Audit Plan		✓						✓
	~ Modern Day Slavery Statement				✓				
	~ NHS Self-Certification								
	Corporate Trustee of the ELFT Charity			✓			✓		
Board and Committee Effectiveness/Committee Terms of Reference		✓						✓	
Annual Plan		✓						✓	
MEETING IN PRIVATE	Item	29/01/2026	26/03/2026	21/05/2026	23/07/2026	24/09/2026	03/12/2026	28/01/2027	18/03/2027
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	29/01/2026	26/03/2026	21/05/2026	23/07/2026	24/09/2026	03/12/2026	28/01/2027	18/03/2027
Strategy	Green Plan / Sustainability (May 2023)								
	Corporate Manslaughter Briefing (Capsticks)								
Training	Cyber Security		x						
	Health and Safety	x	x						
	Infection Control	x	x						
	Safeguarding								
	Sustainability								
	Anti-Racism Statement		✓						
	Oliver McGowan Training (three yearly) - due September 2026						✓		
Provider Capability Assessments:									