

Council of Governors Meeting

To be held in public on Thursday 14 May 2025, 5:00pm – 7:00pm
Conference Room, Robert Dolan House, 9 Alie Street, London E1 8DE

Agenda

	Title		Action	Time (all pm)
Meeting between Governors and CQC Inspectors				3:30
Informal Gathering				4:30
1	Welcome Eileen Taylor, Trust Chair	Verbal	Assurance	5:00
2	Apologies for Absence Eileen Taylor, Trust Chair	Verbal	Assurance	
3	Declarations of Interest Eileen Taylor, Trust Chair	Verbal	Assurance	
4	Draft Minutes <ul style="list-style-type: none"> Council of Governors Meeting held in public on 12 March 2026 Council of Governors Meetings held in private on 12 March 2026 	Attached	Assurance	
5	Farewell to departing Governors Eileen Taylor, Trust Chair	Verbal	Approve	5:05
Operational Item				
6	ADHD and Autism Services @ ELFT Donna Kinnair, Non-Executive Director Charlotte Davies, Clinical Team Lead Amanda Grantham, Financial Sustainability Director Dr Sanjay Nelson, Clinical Director for Learning Disability	Presentation	Assurance	5:15
Strategic Items				
7	Using Estate Services to improve service user experience Peter Cornforth, Non-Executive Director Gari Belasco, PP Lead Estates Services Dawn Hutcheon and Teo Gheorghiu (Service Users) Followed by group discussion in breakout rooms	Presentation & Group Discussion	Assurance	5:35

Business Items				
8	CQC Inspections Update Claire McKenna, Chief Nurse	Presentation	Assurance	6:15
9	Financial Update Kevin Curnow, Chief Finance Officer	Presentation	Assurance	6:20
10	Trusty Strategy Progress Update Carys Esseen, Deputy Director of Integrated Care	Presentation	Assurance	6:30
11	Council Principles on AI Application	Attached	Discussion	6:40
12	Report, Communications and Engagement Committee Felicity Stocker, Committee Chair	Attached	Assurance	6:45
13	Membership Engagement Plan Update Tina Bixby, Community Engagement & Charity Manager	Attached	Assurance	6:45
14	Council of Governor Elections	Attached	Assurance	6:50
15	Council of Governors Forward Plan	Attached	Assurance	6:55
16	Any Other Urgent Business and Questions from the Public (to be advised in advance by Monday 11 May 2026 . Questions submitted on the day will be responded to following the meeting)			6:55
<p>Date and Time of Future Meetings</p> <ul style="list-style-type: none"> • 9 July 2026 • 10 September 2026 • 12 November 2026 • 21 January 2027 (TBC) • 11 March 2027 <p>All meetings will be held in person at Trust HQ (Conference Room, Robert Dolan House, 9 Alie Street, E1 8DE) from 5:00 – 7:00pm unless stated otherwise; January meetings are generally held online.</p>				

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

Eileen Taylor
Chair, East London NHS Foundation Trust

Draft Minutes of Council of Governors Meeting
Held in Public on Thursday 12 March 2026 at 5.20pm
On Microsoft Teams

Present:

Eileen Taylor (Meeting Chair) Trust Chair

Governors:

Fatima Begum	Public Governor, Luton
Liz Birch*	Public Governor, Central Bedfordshire
Dafni Boula	Public Governor, Luton
Bob Cazley*	Public Governor, Central Bedfordshire
Renato Congias	Public Governor, Hackney
David Edgar	Public Governor, Tower Hamlets
Ian Gibbs	Public Governor, Newham
Elliot Goodman	Public Governor, Rest of England
Coral Jones	Public Governor, Hackney
Elizabeth Maushe	Staff Governor
Caroline Ogunsola	Staff Governor, Lead Governor
Andrea Okoloekwe	Staff Governor
Eseoghene Okonedo	Public Governor, Hackney
Jamu Patel	Public Governor, Luton, Deputy Lead Governor
John Peers	Staff Governor
Ruby Sayed	Appointed Governor, City of London
Suzana Stefanic*	Public Governor, Central Bedfordshire
Felicity Stocker	Public Governor, Bedford Borough
Hazel Thomas	Public Governor, Newham
Gordon Weller	Public Governor, Central Bedfordshire

* marks Governors whose term expired 31 October 2025 and are currently standing for re-election

In Attendance:

David Bridle	Chief Medical Officer
Barbara Britner	Acting Chief People Officer
Richard Carr	Non-Executive Director
Vivek Choudhri	Non-Executive Director
Alison Cottrell	Non-Executive Director
Peter Cornforth	Non-Executive Director
Kevin Curnow	Chief Finance Officer
Richard Fradgley	Executive Director of Integrated Care & Deputy CEO
Philippa Graves	Chief Digital Officer
Alex Henning	Corporate Digital Programme
Dr Farah Jameel	Non-Executive Director
Norbert Lieckfeldt	Head of Governor & Community Engagement
Tajmina Khanam	Executive Assistant
Peter Macrae	Chief Clinical Digital Officer
Claire McKenna	Chief Nurse
Linda McRoberts	Minute Taker
Edwin Ndlovu	Chief Operating Officer & Deputy CEO
Marie Price	Director of Corporate Governance
Lorraine Sunduza	Chief Executive Officer

Deborah Wheeler Vice Chair, London

Apologies:

Patrick Adamolekun	Staff Governor
Caroline Diehl	Public Governor, Hackney
Mark Dunne	Staff Governor
Sade Etti	Appointed Governor, Hackney
Rofikul Islam	Public Governor, Tower Hamlets
Beverley Morris	Public Governor, Hackney
Robert Morris	Appointed Governor, Central Bedfordshire
Sharmeen Sheikh Sultana	Staff Governor

Absent:

Viv Ahmun	Appointed Governor, Voluntary Sector
Gren Bingham	Public Governor, Tower Hamlets
Gulam Choudhury	Appointed Governor, Tower Hamlets
Reno Marcello	Public Governor, City of London
Melanie Onovo	Appointed Governor, Newham
Mark Towler	Appointed Governor, Bedford Borough

The minutes are produced in the order of the agenda.

1 Welcome

1.1 Trust Chair, Eileen Taylor:

- Welcomed everyone to the Council of Governors meeting and thanked attendees for their flexibility in changing to an online meeting due to strike action on public transport.
- Reminded the meeting of the Trust values – we care, we respect, we are inclusive.
- Highlighted some awareness days, particularly those with resonance to the work of the Trust:
 - It is the middle of Lent and of Ramadhan, with Eid and Easter on the near horizon and Passover starting on 1 April so best wishes went to everyone observing the festivals.
 - Last Sunday was International Women’s Day, and Eileen reminded everyone that 75% of NHS employees are women, as are both the Trust’s Chair and its CEO.
 - 6 March is Overseas NHS Workers’ Day to celebrate colleagues from all corners of the globe; Eileen exhorted everyone to support them as they transition to life and work in a new country.
 - 20 March is International Happiness Day.
- Eileen shared the happy news that Governor Ruby Sayed is expecting a baby this summer and sent her congratulations from everyone.
- Somewhat less happy news is that ELFT’s staff governor, Andrea Okoloekwe, will be leaving the Trust to take up the position of Chief Pharmacist at Royal Berkshire Trust – it is sad to see her go but for the best of reasons.
- Stella Oloyede was the only Governor who decided not to stand for re-election. Eileen remarked on Stella’s indefatigable community engagement - she has received her leaving present and sends her love to everyone.
- Eileen wished good luck to everyone else who is standing for election.

2. Apologies for Absence

2.1 Apologies were received as noted above.

3. Declarations of Interest

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

4. Minutes of the Council of Governors meeting held in Public on 15 January 2026

4.1 The minutes of the meeting held on 15 January 2026 were **APPROVED** as a correct record.

5. Action Log and Matters Arising

5.1 Action Log

- Item 225: Bring an update about services through a demographic lens - this is on the Forward Plan
- Items 226 (sharing the Strategy Impact Report) and 227 (Governor Development Session on ADHD/Autism services) are closed.
(Noted typo on Action log, last one is 226 on the log, should be 227).

5.2 Matters Arising

No matters arising had been advised.

6. Trust 5 Year Plan and Trust Strategy Update

6.1 Richard Fradgley highlighted:

- The Trust's forward plan had to be submitted on 12 February.
- This year the requirement was to submit a 3-year plan solely for the Trust, as opposed to a joint plan for the wider systems we are working in. The plan reflected the key strategic priorities of the NHS 10-Year Plan as well as some of the more immediate quantifiable targets.
- The requirement was for a 3-year finance, activity and workforce plan, alongside a 5-year narrative plan and 4-year capital plan.
- The narrative plan is aligned to the new Trust strategy; work is now going into the strategy delivery framework, which will go to the Trust Board in May.
- The national priorities are
 - Continuing to reduce waiting times, in particular for CAMHS, and continuing to expand mental health provision in schools' teams.
 - Continue to extend the uptake of Talking Therapies Services.
 - Reduce the number of people waiting more than four hours in Accident and Emergency Departments, particularly those with mental health conditions.
 - Reduce waiting times for assessments for neuro-diverse conditions such as Autism or ADHD.
 - Increase the number of people in Community Health Services seen within 18 weeks and eliminate waiting times of 52 weeks or more.
- The drivers for the strategy are:

- Growing and changing population need.
- Increased demand after the pandemic and the cost-of-living crisis, especially in neurodiversity services, mental health and community support.
- The requirements of the NHS 10-Year Plan, i.e. intervention to prevention, analogue to digital, acute to community as well as ICB commissioning priorities
- The plan is organised around the four strategic priorities:
 - Improving Quality and Experience of Care
 - Making ELFT a place where people can do their best work
 - Advancing equity in all we do, and
 - Strengthening Prevention and Early Help
- The plan provides a detailed picture of population need that underpins the priorities, such as the growth in the older population, inequities by ethnicity, age and Borough.
- At the Trust Board in May more detail will be presented on the plan to deliver the priorities and the work on the ‘enablers’, i.e. the things that need to be in place to successfully deliver the strategic outcomes.

6.2 In discussion the Council noted:

- The population growth mentioned is based on Office of National Statistics assessments – it is expected there will be significant population growth in Bedfordshire as well as the Thames corridor in Tower Hamlets and Newham; and in particular demographics.
- Work on inequity is already being carried out, and the analysis of its impact is regularly presented in the performance reports which go to the Board meetings held in public and which are routinely shared with Governors. For example, there is analysis of the length of waiting times in different communities - some progress has been made on this, but it is not enough. The work on the Patient & Carers Race Equality Framework (PCREF) and the anti-racism strategy will be brought to Council in the future. [**ACTION:** Norbert Lieckfeldt]
- Plans are in hand to scale up coverage for mental health in schools teams to every single primary and secondary school in ELFT’s area by 2029. This is a preventative approach including the risk of self-harm. Noted that across NEL a range of supportive interventions has been developed for school children at risk of self-harm.

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

7. Artificial Intelligence – how can it improve patient experience?

7.1 Vivek Chaudhri introduced this topic, highlighting that the aim is to use AI to give clinicians more time with patients.

- Examples of how AI can support patients are:
 - AI using clinical data, patient notes etc to identify who needs urgent care
 - Reducing the administrative burden on staff
- Improving the clinician/patient interaction. AI could allow clinicians to focus more on the patient, as any session notes would be captured in the background. This is already being piloted across some NHS Trusts.
- Vivek stressed that it is important that human beings remain in control, so documentation would always be approved by clinicians to ensure safe and responsible use.

- The potential 'big win' is if AI can provide more time to focus on care.

Norbert Lieckfeldt demonstrated in a short video the capacity of AI to quickly summarise and theme complex discussions.

7.2 Peter McCrae and Alex Henning presented, informing the Council about ambient voice technology (AVT), an AI tool which ELFT are about to begin piloting:

- This will be the first AI tool used in direct clinical care at ELFT. It is an AI app for note-taking, recording and transcribing clinical conversations, including follow-up actions like drafting referral letters or setting follow-up appointments.
- The aim is to remove the barrier that note taking can create during a patient/clinician interaction, to improve the quality of documentation, by avoiding the risk of notes being one-sided, and to reduce staff time spent on documentation and administration. This should reflect positively on staff well-being and over time it is expected will increase the number of patients clinicians will be able to see, thus also reducing waiting times for service users.
- Staff and patients need have clear expectations of and consent to AI use. Different systems will be tested for most appropriate use. It will also remain important for clinicians to check the output.

7.3 In discussion the Council noted:

- The plan is to pilot tools in Community Health Services as well as Mental Health Services.

In breakout rooms, the meeting discussed: "How else might ELFT use AI to improve service user and staff experience and/or how should we not use it".

AI will summarise the discussions and those notes are attached as Appendix 1.

Following the discussion, the Chair requested to agenda time at a future Council meeting for a follow-up session.

ACTION: Norbert Lieckfeldt

8. CQC Inspections Update

8.1 Clare McKenna presented the update, highlighting:

- The CQC have now inspected five core services: all crisis services, community health, working age adult wards, community mental health and adolescent in-patient services.
- There is opportunity for immediate verbal feedback if there are any urgent concerns, although none have been raised following the inspections. Additional high-level feedback is provided, followed by a full report following the conclusion of the inspections in June.
- Staff have reported they enjoyed the visits, found the Inspectors to be kind and inquisitive and enjoyed the opportunity to showcase their services.
- Positive themes coming out are:
 - Staff were kind and caring
 - There was good working with different communities
 - Good working partnerships with other agencies
 - Good use of data and information to understand what is working well
 - Teams were engaged in QI work

- Areas for improvement are:
 - Supervision recording – there is a new system so this is improving
 - Appraisal rates
 - Consistency of training, especially core training
 - Some Estates issues in in-patient settings
 - Variations in medicines management
 - Some lone working practices

All of these areas are being monitored through Executive oversight. There is a plan against each area of improvement, and progress is reported back to the CQC regularly.

- The well-led inspection is expected in June and Governors will be among the stakeholders the CQC routinely speak with. A briefing will session be offered for Governors ahead of their meeting with CQC.

8.2 In discussion the Council noted:

- The Trust used to receive an overall rating, but after a change different core services will get their own ratings; there will also be a separate rating for the well-led inspection.
- A particular area of undue variation in service ELFT is aware of is in community mental health – in particularly consistent use of Dialogue+, a greater understanding of caseloads to ensure appropriate staffing and the care given to those who need high intensity work due to the level of risk they pose to themselves or others.

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

9 Update – Communications and Engagement Committee

9.1 Felicity Stoker noted that the assurances the Committee received following the publication of an article in the *Nursing Standard* very much chimed with the previous report on the CQC inspections and Governors had noted the strengthened reporting systems, regular Ward huddles and greater publicity for the Freedom to Speak Up Guardian.

9.2 The report was **RECEIVED and NOTED**.

10. Report, Governor Elections/Membership Refresh

10.1 Eileen thanked everyone who has put themselves forward for re-election.

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

11. Council of Governors Forward plan

Noted

12. Any Other Urgent Business and Questions from the Public

12.1 Chief Quality Officer

A question was raised about the current vacancy and Governors received assurance that the appropriate interim arrangements are in place.

13. Date and Time of Next Meeting

- Thursday 14 May 2026, 5-7pm

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

The meeting closed at 6.45pm.

draft

Appendix 1 – Summary, Table Discussion

Potential Areas Where ELFT Should Use AI

A. Making Communication More Accessible

Across multiple rooms, there was strong support for using AI to improve how service users receive and understand information:

- **Simplified, jargon-free letters and summaries** (e.g., converting clinical notes or meeting transcripts into clear bullet points)
- **Automated translation** for diverse communities to reduce language barriers
- **Audio summaries and read-aloud support** for people with visual impairment, hearing loss, memory challenges, or limited literacy
- **Customisable outputs** for specific groups (e.g., learning disability services, neurodivergent individuals)

Theme: *AI as an accessibility tool that levels the playing field.*

B. Reducing Repetition and Administrative Burden

Participants were enthusiastic about AI's potential to remove repeated tasks — for both staff and patients:

- Ambient voice technology to auto-generate accurate records, saving clinician time for care
- AI-generated summaries of patient history so people don't have to retell their story multiple times
- Scheduling, reminders, workflow support for admin teams
- Teams Premium tools for meeting summaries, theming discussions, and improved productivity

Theme: *Use AI to give time back — not take time away.*

C. Supporting Self-Service and Patient Autonomy

A prominent theme was using AI to empower service users:

- AI-guided navigation of services and appointments
- AI-based wellbeing or support tools, e.g., chatbots offering tailored strategies when clinicians are unavailable (especially for LD services)
- Early warning / deterioration prompts, risk patterns, or care-plan support for users and carers

Theme: *AI as a democratising force that enables self-management.*

D. Workforce Support and Training

Ideas included:

- Embedding AI training in staff induction and ongoing digital literacy programmes
- Using AI to reskill staff so they focus on higher-value clinical work rather than administrative tasks
- Requires culture change – one-to-one interaction with service users without the 'buffer' of note-taking or data entering could be unsettling to some clinical staff

Theme: *AI should help the workforce, not deskill it.*

E. Recruitment, Assessment, and Internal Processes

Participants saw opportunities in:

- AI-assisted candidate assessments to improve fairness and consistency
 - Faster analysis of proposals or administrative documents
-

2. Areas Where ELFT Should Not Use AI (Clear Cautions)

A. Avoid Replacing Human Judgment or Emotional Care

Participants across all rooms emphasised:

- AI must not replace clinicians in risk assessment or psychological interpretation
- Avoid AI tools for deep emotional insight: non-verbal cues, empathy, trauma responses, body language, pictorial communication

Theme: *AI should augment human care — never simulate or replace it.*

B. Avoid Increasing Inequality or Digital Exclusion

Governors and participants warned that AI could worsen inequality if:

- services rely too much on digital tools
- people lacking devices, data or digital skills are left behind

Theme: *No AI service without a non-digital alternative.*

C. Avoid Unsafe or Over-Automated Triage and Decision-Making

Strong resistance to:

- AI-led triage resembling negative 111 experiences (rigid, insensitive decision trees)
- Clinical decision-support tools without proper regulation ♦ identified as a future area, but not ready now

Theme: *AI decisions must be transparent, regulated, and clinician-reviewed.*

D. Avoid Poor Consent and Unclear Data Use

Key concerns included:

- hidden or automatic recording
- uncertainty over third-party data use
- vulnerable users unable to provide meaningful consent

Theme: *Consent must be simple, explicit, and understandable.*

E. Avoid Blind Trust and Over-Reliance

Participants highlighted risks of:

- AI hallucinations contaminating clinical notes
- staff accepting summaries without checking
- loss of critical thinking skills over time

Theme: *AI outputs must be checked, not assumed.*

F. Avoid Using AI as a Cost-Saving Shortcut

Several warned that:

- AI could be used to justify reduced staffing
- productivity pressures (“do more with less”) could harm care quality

Theme: *AI should enhance care, not reduce human presence.*

Council of Governors - Action Log following Council Meeting 12 March 2026							
Ref	Meeting Date	Agenda item	Action Point	Owner	Due Date	Status	Comments
225	15/01/2026	Medium Term Plan	Update Council on demographics of service access and distributions	Richard Fradgley	2026	Forward plan	
228	12/03/2026	5 Year Plan & Strategy	Schedule PCREF/Anti-Racism Work for Council Session	Norbert Lieckfeldt	2026	Forward plan	
229	12/03/2026	Strategic Priority Them	Schedule Follow-Up Session on AI	Norbert Lieckfeldt	2026	Forward plan	
230	12/03/2026	NomCo Report	Send Letter of Appreciation	Caroline Ogunsole	Mar-26	Closed	sent 19/03/2026
231	12/03/2026	NomCo Report	Circulate list of NEDs with their relevant roles in Committees	Norbert Lieckfeldt	May-26	Closed	shared with May 2026 Papers

- In progress
- Closed
- Forward plan

Report to the Council of Governors

14 May 2026

Title	Update on the trust strategy and delivery framework
Author	Carys Esseen, Deputy Director of Integrated Care
Accountable Executive Director	Richard Fradgley, Deputy CEO

Previous reporting:

Date	Report / presentation title
10/07/2025	Refreshing the Trust Strategy (Big Conversation Launch)
11/09/2025	Update on the trust strategy refresh
13/11/2025	Update on the trust strategy refresh
15/01/2026	Update on the trust strategy refresh (including draft strategy for review)
12/03/2026	5 Year Plan and Trust Strategy

Purpose of the report

To provide an update to the council on the progress made in refreshing our organisational strategy and developing the accompanying delivery framework to support implementation.

1. Background

- 1.1. Throughout 2025/26 the Trust undertook a structured process to develop its new organisational strategy, called The Big Conversation, which was launched at Council of Governors on 10th July 2025. Overall, more than 1700 service users, carers, staff, governors and partners contributed their ideas and insights as part of this process.
- 1.2. The Big Conversation process led to a draft strategy being presented to Trust Board on 29th January 2026. The strategy was approved in principle pending further work on design and the arrangements for strategy implementation.
- 1.3. The final strategy design will be presented to Board for approval on 21st May 2026, accompanied by a Strategy Delivery Framework and Equalities Impact Assessment. The final design is shown at Appendix 1.

2. Visual design process and accessibility considerations

- 2.1. The Trust Strategy has been graphically designed by an external company, with guidance and input from the Trust Strategy Representative Group (a mixed group of service users, carers and staff from across the trust who helped to write the strategy as part of the Big Conversation process).
- 2.2. While the strategy was designed with accessibility in mind, two further versions will also be made available:
 - A plain text version in accessible colours that will be published on our website

- An easy-read version (using simplified language), which is being developed by a group of People Participation Leads and service users, and is expected to include photo symbols (which are particularly useful for people with a learning disability).
- 2.3. Finally, the Trust has commissioned a company to produce a video animation of the new strategy for those who find it easier to access information audibly and/or through moving images.

3. Strategy Delivery Framework

- 3.1. There was clear feedback from Council of Governors on the 15th of January that the strategy will only have value if we can demonstrate impact. Governors emphasised the need to bridge the strategy to delivery so that members and communities will be able to see, feel and trust the impact of the strategy.
- 3.2. In due consideration of this feedback, Governors are asked to note that there is a Strategy Delivery Framework included in the Trust Board papers for May. This document has been developed over several months with input from the Board, colleagues across the trust (including clinical and care professionals), and service users and carers.
- 3.3. The Strategy Delivery Framework sets out a balanced scorecard approach to measuring the impact of the new strategy, with some measures fixed for 5 years, allowing us to measure our trajectory over time, and some shorter-term measures aligned to our immediate priorities that will help us understand the progress we are making in the near-term.
- 3.4. The Strategy Delivery Framework is also deliberately developmental in places, giving us room to test, learn and discover what works best as we try new ways of working.

4. Plans to keep Governors informed and engaged

- 4.1. As the Strategy Delivery Framework signals, we will be working throughout 2026/27 to optimise our governance arrangements so that the board and its sub-committees can be assured that strategy implementation is bringing about the improvements in population health, experience of care, staff experience and value we are seeking. We will update the Council of Governors on strategy delivery in accordance with the new rhythm of board reporting.
- 4.2. Additionally, we will be looking to refresh our annual planning cycle as part of strategy delivery, with a view to bringing our external planning against national requirements more in line with our internal planning process. We will ensure that member and governor insights and priorities are captured and included at an optimal point in the planning cycle so that they might be able to inform the collective priorities for the year ahead.

5. Ask of the Council of Governors

- 5.1. The Council of Governors is asked to **note** the report, including the plans for strengthening our approach to strategy delivery, governance and planning.

End of report

The ELFT Strategy

Who we are



Our Strategy 2026 - 2031



Our trust mission

To improve the quality of life for all we serve

Our values

We care
We respect
We are inclusive

Our core ambitions

In all things we do, we are guided by our four-fold aim to improve:

1. Experience of care
2. Staff experience
3. Population health
4. Value

The strengths we're building on

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

Our story

East London NHS Foundation Trust provides community health, mental health and primary care services to a population of around

1.8m people across Bedfordshire, Luton, and East London

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

The context we are working in

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

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

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

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

Together we're building a future where

People can rely on safe, kind, joined-up care that helps them live well for longer and focuses on what matters to them.

ELFT is a place where staff choose to build their careers, with the freedom to grow, learn and share what works.

People who need it most achieve equitable access, experience and outcomes, shaped through collaboration with partners and communities.

Over the next five years, we will

- 1 Improve the quality and experience of care**
Ensuring that people feel known, are supported through change and transitions, and experience a high standard of care wherever they are and whoever they see.
- 2 Make ELFT a place where people can do their best work**
Creating an environment where staff feel safe and valued, and are supported to grow, learn and shape how we deliver care.
- 3 Advance equity in all that we do**
Improving access, experience and outcomes for people facing barriers to care, and standing with communities to tackle racism and discrimination.
- 4 Strengthen prevention and earlier help**
Working with partners and communities to support people earlier, and developing clear, practical approaches to prevention that improve people's quality of life.

Essentials for the journey ahead

Kind, inclusive and accessible communication, so people feel informed, respected and involved in decisions about their care.

Co-production with service users, carers, communities, alongside the voluntary sector and system partners, to improve outcomes and tackle inequalities.

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

Responsible stewardship of our resources, supporting financial and environmental sustainability now and in the future.

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

Digital tools and useful information that can support decisions, and enable joined-up care and fairer access.

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

A culture of continuous improvement and innovation, using evidence, insight and research to adapt and learn over time.

Find out more about our Trust strategy



To: Council of Governors

From: Vivek Chaudhri, Non-Executive Director

Author: Norbert Lieckfeldt, Head of Governor & Community Engagement

Date: 14 May 2026

Subject: Principles of AI – Governor Framework

1.0 Purpose of the Report

1.1 To update the Council of Governors on the output of the discussion on Artificial Intelligence at the Council of Governors Meeting, March 2026.

2.0 Background

2.1 The Council annually sets a series of priority themes for a deep dive and breakout discussion, introduced by a case study.

2.2 One of the current topics was *Using Digital and AI to improve service user & staff experience*.

2.3 Due to the complexity of the topic, the discussion was spread over two sessions, with Digital scheduled for January 2026, and AI for March 2026.

2.4 Following a lively discussion in March, the Chair requested, given the importance of the issue, that the topic of AI should revert to Council at a future meeting for more discussion.

3.0 Governor Frameworks

3.1 Governors have used the concept of Frameworks previously – for example the Significant Business & Strategy Committee have devised and recommended to Council a framework for assurance on the Trust taking on new business.

3.2 A similar framework was used when Governors were asked to approve the decision to recruit a Joint Chair for ELFT and NELFT in 2021.

3.3 The results of the table discussion on the topic of “How else might ELFT use AI to improve service user and staff experience, and/or how should we not use it” of the discussion at the previous Council are attached to the Minutes of the Public Meeting.

3.4 They also lent themselves to creating a potential Governor Framework for the use of AI:

Principles	
Humans Stay in Charge	AI supports professional judgement but does not replace clinical accountability or decision-making responsibility. Human review, accountability, and auditability are essential.
Safety First: No Autonomous Clinical Decisions	AI should not independently make clinical decisions such as interpretation of psychological state or crisis management.
Fair, Inclusive, and Accessible by Design	AI should reduce inequalities and be actively monitored for unintended bias or unequal impact across groups.
No Digital Exclusion	Every AI enabled service must provide alternative pathways so no one is disadvantaged by digital access, skills, confidence or connectivity.
Transparent and Meaningful Consent	Consent to be explicit, understandable, and clear about what data is used, where it goes, and who processes it. Service users should understand when AI is supporting their care, what data is used and how to opt out easily.
Privacy, Data Protection, and Responsible Data Use	AI deployments should use the minimum necessary data and meet NHS data protection, data protection impact assessments (DPIA) and security requirements.
Accuracy, Validation, and Guardrails	AI outputs must be validated before implementation and subject to ongoing monitoring after deployment for errors, hallucinations, inconsistency, and bias. Systems require guardrails and service users and staff to be enabled to challenge outputs.
Strengthen our Workforce	AI should reduce administrative burden, increase time for therapeutic and relational care and support workforce development and digital confidence. Staff should understand how AI tools support their work and feel confident questioning outputs.
Empower Patients and Support Autonomy	AI should help people navigate services, manage their wellbeing, and avoid repeated storytelling—while preserving choice over how and when AI supports their care.
Responsible Deployment and Sustainability	AI deployment should consider long-term governance, lifecycle cost, environmental impact and alignment with ELFT values and strategy.

3.5 The Framework will form the basis of a further discussion around the use of AI at a future Council meeting.

3.6 At this point, it is presented to the Council for any further comments and corrections, or for any omissions this may contain.

4.0 Action Being Requested

4.1 The Council is asked to **RECEIVE** and **NOTE** the report.

Communications and Engagement Committee Report

To: Council of Governors

From: Felicity Stocker Chair of Communications and Engagement Committee

Author: Community Engagement and Charity Manager

Date: 14 May 2026

Agenda Item: Communications and Engagement Committee Report

1. Purpose of the Report

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

2. Background

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

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

3. Committee Business

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

3.2 The action log was reviewed; the outstanding actions are due to be completed by the June meeting.

4. Communications and Media

The Committee received a communications update, including:

4.1 Trust Strategy Development

- The new Trust strategy has been developed through extensive stakeholder engagement and is currently being shared via staff roadshows
- Approval in principle was agreed at the Board meeting in January, with formal Board adoption scheduled for May
- A clear, accessible summary is being finalised, governors will continue to be involved in upcoming engagement with the community
- Implementation will include defined annual objectives, measurable outcomes and ongoing governor involvement

4.2 NHS 111 Mental Health Option

- Work is underway to support a national marketing campaign to promote the NHS 111 mental health option.
 - Concerns have been raised about inconsistent service quality across the service, including long wait times and complex user journeys.
 - Feedback highlighted better daytime experiences but overall need for improvement before wider promotion
-

5. Membership and Community Engagement (MEP)

5.1 The Committee received the draft MEP annual report, noting:

- The draft plan shifts focus from membership-only engagement to broader community engagement, aligned with NHS priorities.
 - Recent activities (e.g. Friendship Café) demonstrate the value of small, meaningful community interactions.
 - Governors are invited to contribute feedback to shape the final plan
-

6. People Participation

- The committee continues to bring together Board, staff, governors and service users to oversee People Participation priorities
 - Key areas for discussion included expansion of the befriending service (target: 300 volunteers) and reviewing participation-related risks
 - A further focus at the meeting was People Participation in the Forensic Service
-

7. Elections and Governance Changes

7.1 Elections

The committee noted the results of the governor elections were imminent and would be advised to the Council in due course.

7.2 Legislative changes:

- The continued uncertainty surrounding the proposed national changes to remove the statutory requirement for Councils of Governors remains
 - Options for future structures for community engagement would be co-produced with current governors and the wider community
 - The Trust is continuing current processes while preparing for potential changes
 - Community engagement and co-production will remain a central focus regardless of statutory changes
-

7.Recommendation

7.1 The Council of Governors is asked to:

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

To: Council of Governors

From: Norbert Lieckfeldt, Head of Governor & Community Engagement

Date: 14 May 2026

Subject: Council of Governors Elections Update 2025

1.0 Purpose of the Report

1.1 To update the Council of Governors on the outcome of the 2025 Council of Governors elections.

2.0 Election Timetable

2.1 The elections originally scheduled for 2025 were deferred until there was more clarity around the Government's plans and schedules for any planned governance changes under the NHS 10 Year Plan.

2.2 The Trust was balancing the demands on potential candidates who may stand for elections for only a shortened term and the requirement to not expend NHS funds on elections unnecessarily, with the requirement to maintain a functioning Council that remains quorate. It was agreed to proceed with the deferred elections in early 2026 though candidates were advised of the potential uncertainties.

2.3 There were a total of 11 Governor vacancies, nine public and two staff, across five constituencies as of 1 November 2025. Elections in all constituencies were contested.

2.4 A third vacancy for staff Governor, arising from the resignation of Andrea Okoloekwe, has been filled in line with the rules^a by the third nominee for Staff Governor.

2.5 Three "Becoming a Governor" workshops were offered in February, including Saturday and out of hours. One workshop was held with four attendees.

3.0 Results

3.1 The numbers of seats per constituency for election and the elected candidates are provided below:

Constituency and Class	Number of vacancies	Turnout 2025 (2024)	Number of Candidates	Elected Candidate(s)
Public: Bedford	1	5.4% (4.8%)	3	Amelia Lato
Public: Central Bedfordshire	3	5.0% (5.3%)	6	Rebecca Hayes-Stannard Bob Cazley Antonio Vitiello

Constituency and Class	Number of vacancies	Turnout 2025 (2024)	Number of Candidates	Elected Candidate(s)
Public: Newham	3	4.7% (4.5%)	5	Aleen Alarice Robert Nobrega Peter Landman
Public: Tower Hamlets	2	4.5% (8.4%)	6	Shanaz Basit Muluberhan Tumzghi
Staff	2	7.0% (6.6%)	3	Owen Gregory Anjerico Rudenya Wajid Guard ^a

3.2 Re-elected for a further term were Bob Cazley and Peter Landman.

3.3 Stelle Oloyede (Newham) did not stand for re-election. Unfortunately, Yesmin Begum (Tower Hamlets), Liz Birch (Central Bedfordshire), Cass Howes (Bedford Borough), Sarifa Patel (Newham) and Suzana Stefanic (Central Bedfordshire) were unsuccessful in their bids for re-election.

3.4 A detailed breakdown of contested seats is attached at Appendix 1.

4.0 Action Being Requested

4.1 The Council is asked to **RECEIVE** and **NOTE** the report.

^a ELFT Constitution, Annex 5 [ADDITIONAL PROVISIONS – COUNCIL OF GOVERNORS], Para 3.2

Where an elected governor of the Council of Governors ceases to hold office during his term of office the Trust shall offer the candidate who secured the second highest number of first preference votes in the last election for the constituency (or class of constituency, as the case may be) in which the vacancy has arisen the opportunity to assume the vacant office for the unexpired balance of the retiring governor's tenure of office [...]

Appendix 1 – Detailed Election Results

Election for Public Bedford Borough

Date	21/04/2026	
Number to be elected	1	
Valid votes	17	
Invalid votes	0	
Quota	9	
eSTV Reg. 54096	2.0.16	
Election rules	Custom	
	First	
Candidates	Preferences	
HEDWORTH, Jeniffer		2
HOWES, Sandra		1
LATO, Amelia		14 Elected
Non-transferable		
Totals		17

Election for Public Central Bedfordshire

Date	21/04/2026		
Number to be elected	3		
Valid votes	12		
Invalid votes	0		
Quota	4		
eSTV Reg. 54096	2.0.16		
Election rules	Custom		
		Stage	2
	First	Exclusion of	
Candidates	Preferences	STEFANIC, Suzana+GIBSON, David	
BIRCH, Elizabeth (Liz)	2		2
CAZLEY, Bob	3		3 Elected
GIBSON, David	1	-1 -	
HAYES-STANNARD, Rebecca	3	1	4 Elected
STEFANIC, Suzana	1	-1 -	
VITIELLO, Antonio^b	2		2 Elected
Non-transferable		1	1
Totals	12		12

^b Model Rules of Elections, FPP51: Equality of votes

FPP51.1 Where, after the counting of votes is completed, an equality of votes is found to exist between any candidates and the addition of a vote would entitle any of those candidates to be declared elected, the returning officer is to decide between those candidates by a lot, and proceed as if the candidate on whom the lot falls had received an additional vote.

Election for Public Newham

Date 21/04/2026
 Number to be elected 3
 Valid votes 44
 Invalid votes 1
 Quota 12
 eSTV Reg. 54096 2.0.16
 Election rules Custom

	First	Stage 2	Stage 3	
	Preferences	Surplus of	Exclusion of	
Candidates		ALARICE , Aleen	MACDONALD, Ian	
ALARICE , Aleen	24	-12	12	12 Elected
LANDMAN, Peter	6	3.42	9.42	0.57 9.99 Elected
MACDONALD, Ian	2	0.57	2.57	-2.57 -
NOBREGA, Robert	7	4.56	11.56	1 12.56 Elected
PATEL, Sarifa	5	3.42	8.42	8.42
Non-transferable		0.03	0.03	1 1.03
Totals	44		44	44

Election for Public Tower Hamlets

Date 21/04/2026
 Number to be elected 2
 Valid votes 28
 Invalid votes 0
 Quota 10
 eSTV Reg. 54096 2.0.16
 Election rules Custom

	First	Stage 2	Stage 3	
	Preferences	Exclusion of	Exclusion of	
Candidates		KAMRUZZAMAN, Md+PANCHAL , Amit	HEALY, Paul	
BASIT, Shanaz	10			10 Elected
BEGUM, Yesmin	7			7
HEALY, Paul	5		-5 -	
KAMRUZZAMAN, Md	1	-1 -		
PANCHAL , Amit	0	-		
TUMZGHI, Muluberhan	5		3	8 Elected
Non-transferable		1	2	3
Totals	28		28	28

Election for	Staff			
Date	21/04/2026			
Number to be elected	2			
Valid votes	531			
Invalid votes	0			
Quota	178			
eSTV Reg. 54096	2.0.16			
Election rules	Custom			
		Stage	2	
	First	Surplus of		
Candidates	Preferences	GREGORY, Owen Peter		
GREGORY, Owen Peter	351	-173	178	Elected
GUARD, Wajid	99	64.6	163.6	
RUDENYA, Anjerico Yeukai	81	107.35	188.35	Elected
Non-transferable		1.05	1.05	
Totals	531		531	

COUNCIL OF GOVERNORS FORWARD PLAN 2026/27

Date of Meeting	Key Strategic Agenda Items
9 July 2026	<ul style="list-style-type: none"> • CoG strategic priorities • Impact, NHS Bill (if published) • AI Discussion • Equity Discussion (see Action log)
10 September 2026	<ul style="list-style-type: none"> • COG Strategic priority • Impact, NHS Bill (if published) • Trust Strategy Update • PCREF/Anti-Racism Update (see Action Log) • Annual Plan feedback
12 November 2026	<ul style="list-style-type: none"> • COG Strategic priority • Impact, NHS Bill (if published)
14 January 2027	<ul style="list-style-type: none"> • COG Strategic priority • Impact, NHS Bill (if published) • Trust Strategy Update
11 March 2027	<ul style="list-style-type: none"> • CoG Strategic priority • Impact, NHS Bill (if published)

Standing / regular reports at every meeting:

- Minutes
- Action log and matters arising
- Trust performance update
- Reports of the Council committees after each meeting:
 - Communications and Engagement Committee
inc membership engagement plan
 - Nominations and Conduct Committee
 - Significant Business and Strategy Committee