

Board of Directors Meeting in Public

Thursday 21 May 2026 from 13:00 – 16:35

Riverside Suite, Venue 360, 20 Gypsy Lane, Luton, LU1 3JH

12:15 – 13:00 Lunch (will be provided)
 13:00 – 16:05 Trust Board in Public
 16:05 – 16:35 Teatime Presentation

Agenda

Opening Matters

1	Welcome and Apologies for Absence*	Note	Eileen Taylor	13:00
2	Patient Story: Path 2 Recovery	Note	James Goss	13:05
3	Declarations of Interests	Assurance	All	13:30
4	Minutes of the Previous Meeting held in Public on 26 March 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	Richard Carr	14:15
10	Integrated Care & Commissioning Committee Assurance Report	Assurance	Richard Carr	14:20
11	Equalities Annual Report	Assurance	Tanya Carter Claire McKenna	14:25
12	Trust Strategy (includes supporting EQIA and Strategy Delivery Framework)	Approve	Lorraine Sunduza Richard Fradgley	14:35

5 Minute Break				14:50
----------------	--	--	--	-------

Quality & Performance

13	Quality Assurance Committee Assurance Report	Assurance	Donna Kinnair	14:55
14	Quality Report	Assurance	David Bridle	15:00

			Claire McKenna	
15	Performance Report	Assurance	Edwin Ndlovu David Bridle Claire McKenna	15:15

People

16	People & Culture Committee Assurance Report	Assurance	Deborah Wheeler	15:25
17	People Report	Assurance	Tanya Carter	15:30
18	Appointments & Remuneration Committee Assurance Report	Assurance	Deborah Wheeler	15:40

Finance

19	Finance, Business & Investment Committee Assurance Report	Assurance	Sue Lees	15:45
20	Finance Report	Assurance	Kevin Curnow	15:50

Closing Matters

21	Board of Directors Forward Plan	Note	Eileen Taylor	16:00
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 23 July 2026 (Conference Room) Thursday 24 September 2026 (Bedfordshire TBC) Thursday 3 December 2026 (Conference Room) Thursday 28 January 2027 (Conference Room) Thursday 18 March 2027 (Luton) 			
25	Close			16:05

*verbal update

Eileen Taylor Chair of the Trust

16:10 – 16:35 **Research and Innovation Teatime Presentation:**
The East London NHS Foundation Trust - University of Cambridge (ELFT-UCAM)
Implementation Research Hub in Bedfordshire

Presenters

Dr Shobhana Nagraj, Assistant Professor in Primary & Community Care

Board of Directors Register of Interests: as at 13 May 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
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
Tanya Carter	Chief People Officer	<ul style="list-style-type: none"> • Director & Founder Apex Synergy Styling and Coaching Ltd
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 • 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, 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
Richard Fradgley	Executive Director of Integrated Care and Deputy CEO	<ul style="list-style-type: none"> • Director, Compass Wellbeing CIC, a trust subsidiary • 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) • Society of Radiographers • HCSN – Named Director

Chair: Eileen Taylor

2

Chief Executive: Lorraine Sunduza

Name	Job Title	Interests Declared
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) • Trustee, Burdett Trust for Nursing • Chair, Runnymede Trust • Trustee, College of Medicine • Member of Advisory Board, Race and Health Observatory (NHSE)
Susan Lees	Non-Executive Director	<ul style="list-style-type: none"> • Non-Executive Director Barking, Havering & Redbridge University Hospital Trust
Claire McKenna	Chief Nurse	<ul style="list-style-type: none"> • Nil to Declare
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

Name	Job Title	Interests Declared
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 • Named shareholder for Greenhouse Practice • Member of Central Bedfordshire Health & Wellbeing Board • Member of Newham Health & Wellbeing Board • Member of City & Hackney 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) • Member, Mid & South Essex Community Collaborative • Chair, MUFG Securities EMEA plc • Member of the US Democratic Party
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, Revitalise Charity (funds breaks for disabled people & carers) • Registrant, Nursing and Midwifery Council • Member, Royal College of Nursing • Churchwarden, St Laurence Church Barkingside (Church of England) • Benevolent Committee member, Barts League of Nurses
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

Chair: Eileen Taylor

4

Chief Executive: Lorraine Sunduza

Board of Directors

DRAFT Minutes of the Board of Directors meeting held in Public on Thursday, 26 March from 1.00pm at Conference Room, 2nd Floor, Robert Dolan House, 9 Alie Street, London E1 8DE

4

Present:

Eileen Taylor	Trust Chair
Dr David Bridle	Chief Medical Officer
Barbara Britner	Acting Chief People Officer
Richard Carr	Non-Executive Director
Peter Cornforth	Non-Executive Director
Alison Cottrell	Vice-Chair (Bedfordshire & Luton)
Kevin Curnow	Chief Finance Officer
Professor Dr Durka Dougall	Non-Executive Director
Richard Fradgley	Executive Director of Integrated Care & Deputy CEO
Philippa Graves	Chief Digital Officer
Dr Farah Jameel	Non-Executive Director
Susan Lees	Non-Executive Director
Professor Dame Donna Kinnair	Non-Executive Director
Claire McKenna	Chief Nurse
Edwin Ndlovu	Chief Operating Officer & Deputy CEO
Dr Amar Shah	Chief Quality Officer
Lorraine Sunduza	Chief Executive Officer
Deborah Wheeler	Vice-Chair (London)

In attendance:

Gren Bingham	Tower Hamlets Governor
Liz Birch	Central Bedfordshire Governor
Tracey Denesha	ELFT Senior Psychiatric Liaison Practitioner, Luton
Jane Fernandes	People Participation worker, presenter
Norbert Lieckfeldt (online)	Corporate Governance Manager
Linda McRoberts	Minute Taker
Jamu Patel	Deputy Lead Governor and Luton Governor
Marie Price	Joint Director of Corporate Governance ELFT & NELFT
Mark Pridmore	Account Director, Liaison Workforce
Cllr. Richard Underwood (online)	Luton
Gari Belasco	Estates People Participation Lead

Apologies:

Vivek Chaudhri	Non-Executive Director
----------------	------------------------

The minutes are presented in the order of the agenda.

1 Welcome and Apologies for Absence

1.1 Eileen Taylor:

- Welcomed everyone to the meeting, particularly ELFT's Governors, members of staff and the public who have joined the meeting either in person or online.
- Thanked everyone involved for the lunch-time session marking the fourth birthday of ELFT's charity, which brings caring ideas to life for the communities ELFT serves.
- Acknowledged awareness dates and celebrations in March and April and recognised their role in promoting understanding of key health, social and cultural issues. These

include: Women's History Month, Covid-19 Day of Reflection, World Immunisation Week and World Social Work Week as well as faith and cultural observations including Holi Festival of Colours, Purim, Eid al-Fitr, Passover and Easter.

- 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 – Estates People Participation (PP) Workstream

2.1 Gari Belasco and Jane Fernandes presented Jane and Samidul's involvement in the Estates PP workstream:

Gari read a statement from Samidul Uddin, who was unable to attend today:

- Sami has had mental health issues for about ten years and was recently an in-patient at Mile End Hospital. Until involvement in PP, Sami said he lacked some direction in life. Since joining PP Sami has been an integral part of the Estates team and has always felt welcome and valued in meetings.
- Sami has worked within many different workstreams, including Environmental Assurance Group (EAG), PLACE and food committees. He has seen a great improvement in PLACE outcomes and sees service users' points being addressed. In the food committees, Sami has advocated for culturally appropriate menus.
- PP has also helped Sami personally in many different ways, including with job applications, and has led to a dyslexia diagnosis which he had not known about.

Jane Fernandes highlighted:

- Jane was a service user for about ten years and has been involved in PP for a number of years. She has been involved in Estates PP since its inception a couple of years ago.
- Jane was initially sceptical about PP for Estates, but over time that changed. Jane was involved in looking at the tenders for the new hard FM contracts - she found it heartening to see ELFT looking at the contractor's green plans and intentions to employ from the local community – which demonstrated that PP views had been incorporated into the process.
- Jane was involved in planning regarding toilet facilities and pointed out that one should be accessible, which had not been initially factored into the plan. This was then enacted, which made Jane feel that her input was valued and taken on board. This reinforced the idea that service user views can make a positive difference.
- Jane's experience of PP has been valuable to her personally. During a period of bereavement last year, Jane took time off and she received a great deal of support from PP leads who let her know they were there for her. Coming back to PP a few months later gave her a positive focus. Jane has learned a lot about the Trust, and PP has boosted her confidence and enabled her to learn new skills.
- Jane has now become a befriender with ELFT, which was made possible through PP.

2.2 In discussion the Board:

- Thanked Jane and Sami for sharing their experience and being the voice of the community. Members stressed that it is individuals that drive change.
- Noted Jane had initially been unsure PP would work in the corporate teams, but that her experience and the results showed the improvements possible. Agreed that it is

important for corporate colleagues to be connected to the core business and service users of the Trust.

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 on 29 January 2026.

- 4.1 The minutes of the meeting held on 29 January 2026 were **APPROVED** as a correct record.

5 Action Log and Matters Arising from the Minutes

- 5.1 The Board agreed that **Action 417** relating to the plans for the memory service is now **CLOSED** as it is in the performance report.

6 Matters Arising from Trust Board Meeting in Private

- 6.1 None - all items are on the agenda.

7 Chair's Report

- 7.1 Eileen Taylor presented, highlighting:

- There had been a joint ELFT/NELFT session focussing on anti-Muslim and anti-Jewish hatred and an ELFT session focussing on the anti-racism strategy. This Board is committed to tackling structural racism in health care and developing a strategy which aligns with the London-wide anti-racism work. This will have measurable outcomes.
- Congratulations to former colleague Paul Calaminus who has been appointed as Chief Executive of the South London and Maudsley NHS Foundation Trust.
- Congratulations to Sue Lees and Peter Cornforth who have been appointed for a further three-year term as NEDs.

7.2 Non-Executive Directors' Visits

Peter Cornforth reported on his visit with Sue Lees and Alison Cottrell to the Quality Assurance Team which works across all the services:

- The team are particularly proud of the development of the relationship with directorate teams, which was less good in the past, also on the positive progress with the service user accreditation programme.
- The issues they raised were the vacancy control process and IT on-boarding issues, they also noted the removal of lunch for quality assessors had not been well received.
- The team have weekly 'joy breaks' and hold equity sessions to learn about each other's cultures. they involve users and carers extensively in the work they do.

Sue Lees reported on her virtual visit, with Alison Cottrell and Deborah Wheeler to the Bedfordshire Mental Health teams and highlighted:

- The teams were an embodiment of partnership, working across partnerships and professions. They cover a large geography with a caseload of over 3,000.
- Two areas of concern they raised were:
 - Problems with digital, following a national change to telephony. This was highlighted in the NED's report post visit and the digital team are now trying to address this.
 - The Going Further, Going Together (GFGT) financial sustainability and transformation programme was causing some distress – the team buy-in to the need for it but were struggling to understand some of the choices made. The NEDs

explained the processes and raised the challenge through the Finance, Business and Investment Committee (FBIC) about how well these choices are communicated. The FBIC has discussed how to improve this, recognising the need for strong communications if the programme is to continue to succeed.

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

8 Chief Executive's Report

8.1 Lorraine Sunduza highlighted:

- Operational services are busy and thanks go to colleagues who remain committed to delivering services. She particularly congratulated the Forensics Services on work they have done to reduce waiting times, especially for those in prison. This showed operational and clinical leaders working together to improve care.
- The Chief Executive Officer (CEO) discussion group and Trust Talk Live continue, involving:
 - An interesting session about AI showing a real thirst to use this to enhance what people do, stressing appropriate and safe use.
 - A communication and engagement session at the CEO discussion group, recognising the role of leadership, how to demonstrate engagement with colleagues and how leaders can be clear with messages even when they may be difficult.
- The CQC have completed five core service visits and will finish with a well-led inspection, which will include interviews with Board members. Staff have been engaged, open and honest with the CQC. There is positive feedback about the care ELFT deliver in relation to caring and compassionate staff, collaboration with stakeholders, outreach to marginalised communities, effective use of quality improvement and staff support. Areas for support included recording of supervision and appraisal, consistent compliance with statutory training, some environmental and estates issues, variation in record keeping and processes. Lorraine thanked colleagues for their input and Claire McKenna for her leadership.
- Both ICBs have been going through consultations and are now in a management of change process, which will result in people leaving or changing roles. ELFT continue to support and engage positively within both systems.
- ELFT submitted the medium-term plan in February and are awaiting feedback from commissioners, including confirmation that services are appropriately commissioned.
- Work to recruit a Chief Quality Officer, in the meantime the portfolio has been divided among executives which is working well.
- Following Board decisions, changes to primary care have proceeded, resulting in the transfer of a number of services to other providers. The Cauldwell Service has transferred, and the Kingsway and Bramingham practices will remain with the Trust until the end of March 2026. From 1 April 2026, the Trust's primary care provision will be limited to the Inclusion Health services in north east London, reflecting a more focused model aligned to supporting populations who experience barriers to accessing mainstream primary care.
- Kevin Curnow, Chief Finance Officer, is leaving to join Barking, Havering and Redbridge University NHS Trust. ELFT are sorry to see him leave, he has played a key role through leadership of the GFGT programme and strengthened ELFT's financial stewardship.
- The Trust strategy was approved in principle at the January 2026 board meeting, and the delivery framework is now being created and that will be presented at the May Board for final approval of that and the strategy. The framework will be clear about delivery methods and how the Board will know what is being achieved.

8.2 In discussion the Board:

- Acknowledged the achievements of the GFGT programme.

- Recognised the encouraging progress around play-schools.
- Noted that the disparity about discharge in the two systems is due to a combination of factors including working with different local authorities (LAs), each with different pressures. Some difference comes from the clinically ready to discharge cohort, which varies by LA area, and the differences in how inpatient services connect to the community offer. The Board were assured learning for improvement is shared across both areas. Also, it is anticipated that the new Crisis house opening in June in Luton and Bedfordshire (L&B) will help to avoid some admissions.
- Noted that there has been a follow up meeting with the regional team about the medium-term plan submitted by ELFT. Formal feedback is awaited, however regional colleagues advised that the plan is considered acceptable and low risk. The only thing the region have asked is that the NEL system (as this is not an ELFT led service) look at the trajectory of the Primary Care Talking Therapies to see how much further that could go.

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

9 Audit Committee Assurance Report

9.1 As chair of the committee, Alison Cottrell presented the report of the meeting held on 6 March 2026, highlighting:

- The internal audit progress update included a review of the operational risk register, which achieved a partial assurance rating. It identified an inconsistency of approach about identifying and managing risk. Given the new strategy, there is real opportunity to consider the BAF, the risks, scores and the appetite for risk.
- Took a close look at BAF 7 - the financial viability risk. This is being managed extremely well and has incorporated work to engage with the organisation, ensuring an awareness and importance of managing resources effectively. There are always challenges, needing to ensure quality and service provision is maintained whilst balancing the need for financial savings. Effective communication is key to this.
- The provisional head of internal audit opinion proposed an improved assurance level, moving from Level 3 to Level 2. The committee encouraged internal audit to be as objective and as stringent as possible as clarity on the actions and their monitoring, including the sequencing through committees, is important. To achieve the Trust's ambitious strategy, it will be important to learn and improve, and ensure risks are well managed.
- Requested the Board's endorsement of the Committee's amended Terms of Reference, as circulated.

9.2 The Board **RECEIVED** and **NOTED** the report and **ENDORSED** the Terms of Reference.

10 Integrated Care & Commissioning Committee Assurance Report

10.1 As chair of the committee, Richard Carr presented the report of the meeting held on 6 March 2026 highlighting:

- The work on the development of the delivery framework to complement the strategy. It is envisaged that relevant committees will have the chance to contribute to this before it comes to Board.
- Supported the latest Anchor Plan and invited colleagues to explain some of the terms in it to ensure it can be easily understood and is clear about how it links to the ELFT strategy.
- Colleagues from Compass presented – the committee took assurance about the progress over the last six months and contributed to the thinking about their strategy.

10.2 In discussion the Board:

- Suggested there are further opportunities through the Anchor Plan to engage with other partners across the health economies. For example, the merged procurement teams aspirations could be aligned with the Anchor ambitions. Agreed this is important but may need to be done when the wider system has settled from this period of change.
- Noted the Healthier Wealthier Families programme has been rolled out in Luton, involving voluntary services and Citizen's Advice. The Trust has supported £1.2m of extra benefits for 159 families. This demonstrates the strong pieces of work that have taken place in line with the Trust's role as an Anchor organisation.

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

11 Quality Assurance Committee Assurance Report

11.1 As chair of the committee, Donna Kinnair presented the report of the meeting held on 2 March 2026, highlighting:

- Looked at emerging pressures and some of the serious incidents and the immediate mitigations, noting some are awaiting reports. The committee will continue to monitor these.
- Discussed the refreshed BAF and tested whether capacity issues had been considered. Felt no further change was needed.
- The committee were concerned about what is being done for people waiting for services and received assurance about help in place while they are waiting.
- Looked at out of area placements and how the decisions are made and the oversight of the private bed use.
- Looked at emergency department (ED) capacity and the work to support individuals in ED, although recognise that some of the constraints are external, such as social services and housing.

11.2 In discussion the Board:

- Noted that the Trust is in final negotiations with NEL ICB to secure investment for a set of schemes related to ED – including preventing people from attending ED (through alternatives), ensuring those who attend receive care as quickly as possible and more generally noted plans to reduce length of stay. A commitment has been secured from the NEL ICB to further invest in mental health for the next year and beyond. Colleagues are working to secure a similar commitment for Bedfordshire and Luton. Capital has also been secured in principle to develop mental health clinical assessment services in NEL and in Bedfordshire, although there is still some work to be done on those models.
- Noted that acute Trusts have a variety of models for providing mental health support to individuals in ED, with ELFT providing the resources for observation and enhanced support in Newham ED. There is work underway with Chief Nurses in BLMK and NEL to support models of enhanced care for service users with mental health challenges and share safe effective practice. This work reports to the place-level urgent and emergency care (UEC) boards.

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

12 People Participation Committee Assurance Report

12.1 As chair of the committee, Durka Dougall presented the report of the meeting held on 19 March 2026, highlighting:

- People Participation (PP) continues to have strength and influence across services. There was a positive example from Forensics, where service user input is embedded into pathways, with growing peer support and paid lived-experience roles.
- There is a growing collaboration between the membership and PP teams.

- The befriending service is expanding and evolving and now supports over 200 people.
- Given the positive progress, it was suggested that consideration should be given to lowering the BAF risk. Colleagues will bring a recommendation on that to the next meeting.

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

13 Quality Report

13.1 David Bridle highlighted:

- The quality assurance section focusses on medicines safety. It provides an overview of the governance and assurance systems in place to manage medication risks. There is a stable picture for incidents regarding medication and there is a healthy reporting culture and strong actions to address issues. There is also information about the proactive efforts to manage risks, not just to respond to incidents.
- The paper focuses on high-risk medications used regularly. Examples include good work in reducing insulin errors in community health services, linked to the interface with the acute Trusts, and examples of the use of digital alerts on the electronic prescribing system to ensure monitoring and follow up. There is more to be done to ensure consistent monitoring across the Trust.
- The quality improvement (QI) section gives updates about applying QI to the four strategic objectives of the Trust.
- The Improving Population Health section reports on recent projects completed focussed on monitoring for and preventing physical health issues in mental health populations. Observation pilots have shown good progress and are being expanded to further wards.
- Staff experience was also a focus, with specific attention to embedding a just culture and addressing over-representation of specific staff groups in disciplinary cases.
- There is an example of a QI project focussed on value in Luton and Bedfordshire, led by the administration team in the crisis service, which has reduced errors to free up time.

13.2 In discussion the Board:

- Praised the Medicines paper for being clear and comprehensive. Asked that the team who put this together were commended.
- Noted that there is electronic prescribing in some parts of the organisation and FP10, paper prescribing, in other parts. There is a plan for electronic arrangements for clinics in the community, which will be an improvement, but in the interim, there is a process of reviewing the FP10 prescribing.
- Noted the complaints are looked at to understand the reasons behind them and any themes arising. There have been various pieces of work to improve the quality of information provided, involving the pharmacists. Noted Forensics had a QI project about understanding medication, which encouraged service users to be involved in medication decisions and given more opportunities to discuss their medication.
- Commended the dramatic improvements detailed in the Population Health section of the report and the improvement in referrals to the autism team.

14 Performance Report

14.1 Edwin Ndlovu highlighted:

- Three positive areas as follows:
 - The urgent care response within community health services – an area where the Trust continues to perform well.
 - Improving young people and children's access – some of which is about data improvements but there is also clinical work improvement.
 - Improvement in the use of Dialog scores.

- There are some areas to watch, including long waits along with violence and aggression, which has increased, potentially impacted by the high levels of occupancy.
- The National Oversight Framework (NOF) is the measure now applied to all NHS Trusts and ELFT remain in segment 3 for quarter 3. The majority of the measures remained stable. It was noted that one measure that has worsened was sickness levels, which could be seasonal and will be monitored; the length of stay on the wards also remains high, although it is believed the work on this will help to reduce it.
- For 2026/27 there will be changes to the NOF which will be introduced in quarter one. There is a workshop next week to ensure these are understood.

14.2 In discussion the Board:

- Noted that there is work underway to understand who is waiting for ADHD and autism assessments and establish clinical need. Agreed the next step should be to understand a variety of different indicators, such as ethnicity, age and location. and this will be factored into the work.
ACTION: Richard Fradgley
- Asked whether the sickness levels were similar to other comparable Trusts. Noted that overall, the picture was comparable, for example with NELFT showing the same pattern of sickness absence as ELFT.
- Queried the sickness absence figures in the report, which stated the rate had moved from 4.28% to 5.3%, although the line graph does not reflect that and it does not appear it was ever 4.28%. It was agreed to review this and ensure consistency for future reports.

ACTION: Barbara Britner

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

10-minute break

15 People & Culture Committee Assurance Report

15.1 As chair of the committee Deborah Wheeler presented the report of the meeting held on 4 March highlighting:

- The BAF risk for Staff Experience was reviewed and the rating was not changed. There is movement, but some areas go up and some down, with the result that the overall score remains the same. There were two deep dives, from Talking Therapies and the Forensics Service. They highlighted particular challenges for staff. Forensics had undertaken work around racism and staff experience, using a QI approach.
- There was a staff network presentation from ELFT Ability. It is known that a significant proportion of staff with disabilities do not declare as they are concerned about discrimination. A key ask is for individual presentations to the Board by disabled staff outlining their experiences and issues. There was an ask to support a wider spread of information about all of the staff networks.
- Discussed the launch of a set of national management and leadership competency frameworks for all Trusts to embed in 2026.
- Looked again at the internal audit about sickness absences. There was some concern that recommendations and actions were not sufficiently robust and People & Culture have done a lot of work on that. The committee are now more satisfied with the actions to address the issues raised.

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

16 People Report

16.1 Barbara Britner presented the report, highlighting:

- The overall workforce position remains stable, with continued strengthening of the substantive workforce.
- The vacancy rate is down to 8.5%, continuing the positive trend from 2025 – that does reflect a data cleanse, as there had been some inflation of the figures. There are some vacancy hotspots and work continues with those teams on solutions.
- The agency use continues to decrease and Bank use is increasing – this supports safer staffing as well as reducing costs.
- Statutory and Mandatory training compliance remains strong at 88.7% and there are now five Directorates at or above 90%.
- Sickness absence is above target and is mainly driven by long-term absence. The highest levels are in some of the Community Services. The deep dives are delivering some success and have revealed some issues, such as with Occupational Health referrals, so there will be a focus on improving that.
- For employee relations the caseload remains high, particularly for mental health in-patient services and formal disciplinary cases are increasing in Forensics.
- There were 15 Freedom to Speak Up cases raised in February. Key learning points are the need for stronger processes, clear roles. and psychologically safe leadership behaviours.
- The National Pay Award for Agenda for Change is a 3.3% uplift and will be applied from 1 April this year.
- The staff experience programme now has active workstreams. It has been decided to embed equality, diversity and inclusion (EDI) throughout the programme, rather than have it as a stand-alone workstream.
- The results of the national staff survey are in the papers distributed to board members. Overall, ELFT had a 51% response rate, against a 56% response rate in similar organisations, demonstrating an improvement on the previous year. The plan is to weave the action planning through the staff engagement programme so the responses will be dealt with by the relevant workstreams. Improvements will be shared through the 'You said, we did' approach.
- The patchwork programme – the roster for medics – has strengthened governance, so there is a better phased roll-out plan for the August rotation.
- There is a new Occupational Health provider from March. The continuity of services has largely been maintained.
- Overall, while pressures remain, the direction of travel is positive.

16.2 In discussion the Board:

- Commended the increase staff survey response rate and the training compliance.
- Highlighted an article in the HSJ about the support provided to Guardian services, raising some concerns about the psychological wellbeing of Guardians. Noted that the ELFT Freedom to Speak Up Guardian is seeing an improvement in the time it takes to close issues and asked the Executive to support that, which will reduce stress for the Guardian.
- Highlighted the reduction in timely appraisals, although noted that staff are getting more benefit from appraisals when they have them, which is a positive. Noted it is thought this is about the bedding-in of the new system and there will be an increased focus on ensuring they are happening.
- Noted that across the NHS, the biggest increase is in long-term sickness cases, although over the winter period there was a spike in short-term sickness absences as well.
- Confirmed that the findings in this survey relating to race and the findings from the Workforce Race Equality Standard will all inform the anti-racism strategy.

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

17. Deep Dive People Plan – including staff survey results

Eileen noted the staff survey has not yet gone to the People and Culture committee and therefore is not on the agenda separately for today, although papers were distributed.

18 Charitable Funds Committee Assurance Report

18.1 As chair of the committee, Peter Cornforth presented the meeting held on 3 March 2026, highlighting:

- The meeting commended the work to evolve a sustainable strategy in terms of matching fund-raising and grant giving noting that it that will come back to the Board in due course. The charity is relatively healthy in terms of finances.
- Grant making was mostly around the Moment of Joy campaign which was well-received.
- The communications have improved with additional support by Sasha Fuller, the Trust's Director of Communications.
- The Terms of Reference have been strengthened, particularly in terms of the oversight and assurance roles – they are attached and recommended by the committee.

18.2 The Board **RECEIVED** and **NOTED** the report and **ENDORSED** the Terms of Reference.

19 Finance, Business and Investment Committee Assurance Report

19.1 As chair of the committee, Sue Lees presented the meeting held on 19 March 2026, highlighting:

- The Terms of Reference have been reviewed and are attached.
- At month 11 the committee are confident of the trajectory and believe ELFT will finish the year in line with, or ahead of, the forecast position.
- Focus is going into setting up the plans for next year to ensure ELFT come out of next year recurrently in balance. These are progressing well and going through quality assurance and equality assurance processes.
- Received reports about Estates transactions, including the sale of a property. They reported improved PLACE scores, which are a real credit to the team.
- Procurement is now well into its bedding-in period as a new cross-London service.
- There is a lot of cash in the bank and working to optimise its use within NHS rules.
- There were good updates on ELFT's contractual position, which means budgets can be done with certainty for the future.
- There are business cases coming through, particularly one for Ludgate Ward, which will come to Board shortly.
- Reviewed the three BAF risks and agreed not to change the scorings, although aware that the underlying financial position should allow for a reduction, however, the commissioning environment still has some uncertainties, so are not lowering the scores at this point.
- The committee is feeling strongly assured at the moment and looking forward to the next year to consolidate on the strong approach to financial management.

20 Finance Report

20.1 Kevin Curnow presented the report for the end of month 11, highlighting:

- There is a small surplus at the end of February, which is ahead of plan. Confident the Trust will hit the plan and there may be a small surplus.
- There is a strong cash balance – over £140m - and it is hoped that changes in the NHS will enable some flexibility on spending that on capital.

- There was a £25m capital allocation this year. At the end of month 11 it was reported there was still £8m to spend, however, there is now confidence that number will be hit. So confident both the capital and revenue plan will be met.
- On the National Oversight Framework, ELFT scores the maximum score, a number one, for the financial rating.
- The system position for both ICSs' was also presented in the pack. There are two organisations, one in each area, which were not on target to achieve their plans.
- There are two areas to monitor:
 - Private bed use in BLMK – there will be an additional nine beds to hopefully reduce private bed usage, also noting the crisis house is opening which should help with ED flow.
 - Growth in whole time equivalents – the numbers have risen above established funded levels. Work is going into understanding why this is and whether it is appropriate.
- Will have a break-even plan for next year, which has been agreed with NHSE. There is a need to develop a savings plan of about £24m and teams have identified almost all of that.

20.2 In discussion the Board:

- Noted that the GFGT savings projects for next year have not yet all gone through the quality impact assessment process yet. Agreed that could result in some being reduced, however, savings are over-targeted to mitigate that risk. Noted that £3.3m of those plans are labelled as high risk. Assurance on progress will come back to Board as this progresses.
- Noted that ELFT are in a contract with fixed prices for utilities for a period of time, however, if there is a prolonged impact on the economy from inflationary pressures etc, it would be expected something will be done centrally. Kevin will distribute the details of the contracts to the Board.

ACTION: Kevin Curnow

20.3 The Board **RECEIVED** and **NOTED** the report and **ENDORSED** the Terms of Reference.

21 Board of Directors Forward Plan

Noted.

22 Any Other Business

None

23 Questions from the Public

None

24 Date of the Next Meeting

- Thursday 21 May 2026, Venue 360, Luton

The meeting closed at 3.15pm

ELFT Action Log Trust Board (Part 1)

BOARD OF DIRECTORS MEETING IN PUBLIC: Action log following meeting held on 26 March 2026

Ref	Meeting Date	Agenda item	Action Point	Executive Lead	Due Date	Status	Comments
418	26-Mar-26	Performance Report	Noted that there is work underway to understand who is waiting for ADHD and autism assessments and establish clinical need. Agreed the next step should be to understand a variety of different indicators, such as ethnicity, age and location. and this will be factored into the work.	Richard Fradgley	21-May-26		COMPLETE: This work has been done, with updates provided at a range of meetings including Quality Assurance Committee and the recent Council of Governors meeting.
419	26-Mar-26	Performance Report	Query regarding the sickness absence figures in the report, which stated the rate had moved from 4.28% to 5.3%, although the line graph does not reflect that and it does not appear it was ever 4.28%. It was agreed to review this	Barbara Britner	23-Jul-26		UPDATE: under review between the performance and workforce planning teams to ensure consistent reporting for all future reports.
420	26-Mar-26	Finance Report	Noted that the Going Further, Going Together (GFGT) savings projects for next year have not yet all gone through the quality impact assessment process yet. Agreed that could result in some being reduced, however, savings are over-targeted to mitigate that risk. Noted that £3.3m of those plans are labelled as high risk. Assurance will come back to Board as this progresses.	Kevin Curnow	21-May-26		COMPLETE: update included within the Finance Report
421	26-Mar-26	Finance Report	Noted that ELFT are in a contract with fixed prices for utilities for a period of time, however, if there is a prolonged impact on the economy from inflationary pressures etc, it would be expected something will be done centrally. Kevin will distribute the details of the contracts to the Board.	Kevin Curnow	21-May-26		COMPLETE: verbal update provided in Finance, Business and Investment Committee (FBIC) that there is no impact regarding utilities. There is however a wider impact regarding medication and impact on patient services.
422							
423							

In progress with delay
Closed
Forward plan
Not due
In progress

5

REPORT TO THE TRUST BOARD IN PUBLIC
21 May 2026

Title	Chair's Report
Author	Eileen Taylor, Trust Chair

Purpose of the report

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

Committees / meetings where this item has been considered:

N/A

Key messages

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

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.

Chair: Eileen Taylor

Chief Executive: Lorraine Sunduza OBE

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

Work continues in developing the North East London Mental Health, Learning Disabilities and Autism Collaborative, including planning the next schedule of collaborative meetings. This work is taking place against a backdrop of significant change within the Integrated Care Board (ICB), and we are awaiting greater clarity on the impact of recent ICB colleague changes and wider restructuring before confirming future arrangements. The commitment of both ELFT and NELFT to the Collaborative is unwavering and remains firmly rooted in our shared commitment to lived experience leadership and coproduction.

In that context, I was delighted to share with Board colleagues the Spring 2026 edition of *The Collaborative* newsletter, produced by lived experience leads through Project Social. This edition focuses on cultural celebration and sharing culture, and includes personal reflections on faith, identity and community, lived experience perspectives on mental health and suicide prevention, creative writing and photography, and contributions that highlight how culture, belief and community shape people's experiences of care and support. Together, these contributions demonstrate the depth and value of lived experience leadership and serve as a powerful reminder of why collaboration across our two Trusts is so important in supporting equity of access, experience and outcomes for service users and carers. You can view the newsletter here: [Project Social](#)

Chair: Eileen Taylor

Chief Executive: Lorraine Sunduza OBE

Staff support and empowerment

2.4 Care Quality Commission (CQC) Visits

We continue to welcome Care Quality Commission visits across the Trust, with further visits taking place over the coming weeks. Colleagues have consistently spoken about the value of these visits as an opportunity to showcase the work they do day-to-day and to speak openly about their services, improvement work and challenges. I have been struck by the pride, professionalism and engagement demonstrated by staff throughout these interactions. We have also welcomed the constructive and helpful feedback provided by the inspection teams, which supports our ongoing learning and improvement. I would like to extend a particular welcome to CQC colleagues joining us online today, and to thank them for their continued engagement with the Trust.

Board effectiveness

2.5 Strategy, delivery framework and board assurance

On 30 April the Board held a development session focused on strengthening shared understanding of how the Trust's strategy is translated into delivery and how the Board supports this through effective oversight. The session centred on the strategy delivery framework, exploring how it provides greater clarity on priorities, sequencing and accountability, and how it enables a stronger line of sight between strategic intent, delivery in practice and Board assurance.

Board members reflected on how the framework supports more consistent decision making and a shared understanding of what matters most at any given point. For the second half of the session, discussion turned to the board assurance framework (BAF), recognising that the clarity provided by the strategy delivery framework makes this a timely opportunity to review whether current BAF risks remain the right ones, how they are framed and scored, and how risk appetite is applied in practice. It was agreed that executive directors, committee chairs and members would take forward further work to review and propose BAF risks aligned to their respective committee remits, supporting clearer ownership and more effective strategic assurance.

2.6 Joint ELFT–NELFT Board Development Session:

On 29 April ELFT and NELFT Board members came together for a joint Board-to-Board session, providing valuable space to reflect together on collaborative working within an increasingly complex and changing system landscape. A key outcome of the session was the opportunity to share with newer Board members examples of jointly commissioned work delivered across the two Trusts, demonstrating the tangible benefits of collaboration over recent years. This discussion helped to reinforce a shared understanding of what has been achieved together and reiterate the Boards' collective commitment to continued joint working.

Board members also agreed the importance of capturing further insight on the benefits of collaboration over time, to ensure learning from previous arrangements is retained and continues to inform future partnership approaches. The session took place in the context of wider system change, including reduced ICB capacity, and highlighted the importance of maintaining strong relationships, building on existing strengths and

remaining focused on shared outcomes, including reducing variation, addressing inequalities and strengthening the lived experience voice.

System leadership

2.7 London Chairs and Chief Executives Meeting

The session, held on 20 April, was attended on my behalf by Alison Cottrell, Vice Chair (Bedfordshire and Luton). The discussion reinforced the importance of multi-year planning and avoiding a return to single-year approaches, alongside recognition of strong financial progress across the system and the need to reduce variation.

There was emphasis on quality and the importance of combining outcomes, safety and patient experience, and the role of Boards in improving this holistically. Leadership and governance were key themes, including clear accountability, strong leadership and deliverable strategies, alongside strengthening system collaboration through 'Team London'. Chief executives shared updates on their Trust's progress, with Lorraine Sunduza providing an engaging and well-received presentation about the work of our Trust.

2.8 Cavendish Square Group (CSG)

I attended a meeting of the Cavendish Square Group (CSG) of Mental Health Trust Chairs across London on 5 May. We discussed how the group had not met regularly in recent months due to low attendance and reflected on what its role should be going forward, particularly given the number of newly appointed Chairs. It was noted that the CSG Chief Executives group would meet later in the week to agree shared priorities, after which Chairs will consider how best to align their work to support these priorities.

2.9 London Chair Introductory Meeting:

Ian Peters, NHS England London Regional Chair, came for an introductory meeting on 14 May, at which I was joined by Lorraine Sunduza and NELFT CEO (Paul Calaminus). The discussion focused on a range of issues, including the strength and impact of our North East London Mental Health, Learning Disability and Autism Collaborative as well as the respective positive work in each organisation. We talked about how by working together we have delivered tangible improvement across the system, including higher access to community mental health services, improved physical health checks for people with serious mental illness, and greater stability in crisis pathways through strong clinical and lived-experience leadership.

3. Council of Governors update

- 3.1 The Council of Governors met on 14 May 2026 in public session. At the meeting, I thanked those members of the Council who had met with Care Quality Commission colleagues beforehand as part of the Well-Led inspection for their time, insight and contribution.
- 3.2 The Council received an update on the ADHD/Autism Service, noting progress to improve waiting times and experience through use of digital tools to prioritise need. Governors welcomed strong engagement (71% response rate) and the continued focus on addressing digital exclusion.
- 3.3 The strategic theme focused on Using Estates to Improve Service User Experience. Governors discussed how estate improvements can better reflect service user needs, with feedback to be collated and reported back.

- 3.4 The Council noted the Trust's financial position and marked the departure of Chief Finance Officer Kevin Curnow, thanking him for his contribution.
- 3.5 Governors received an update on the Trust Strategy, due for Board approval later this month, and emphasised the importance of delivering measurable improvements, supported by the new delivery framework.
- 3.6 The Council reviewed and provided feedback on a draft AI assurance framework, developed following discussion at the last meeting.
- 3.7 The Council thanked departing Governors for their contributions and noted the appointment of new Governors from 1 June.

4. NED visits

- 4.1 Since the last meeting, NEDs have visited a range of services across the Trust. These included:
- City and Hackney Adult Mental Health Services Home Treatment Team, April 2026
 - Newham Adult Mental Health Services Community Integrated Mental Health Services South Team, April 2026
 - Bedfordshire Talking Therapies Team, May 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
21 May 2026

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

Purpose of the report

The purpose of this report is to provide the Trust Board with the Chief Executive Officer's (CEO) 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 Care Quality Commission (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 Staff Experience Programme**

Our Staff Experience Programme has now been running for approximately six months and has been refreshed to align with the new Trust Strategy. It will act as the main delivery platform for the staff experience element of our new strategy, with a focus on fewer, higher-impact priorities and clearer measures of progress.

The refreshed programme aims to make ELFT a place where people can do their best work, creating an environment where staff feel safe and valued, and are supported to

learn, grow and shape how we deliver care. From June 2026, the programme will move into its next phase, structured around three strategic workstreams: Leadership and Management, Safe and Well, and Workplace Culture, supported by foundational work on Equity Diversity and Inclusion, data and intelligence, communication and engagement, and enabling projects to improve systems and reduce friction for staff.

Priority areas include the Sexual Safety Charter, a Just Culture, Quality Improvement (QI) projects, staff recognition, workplace environment audit, support for staff affected by safety incidents, psychological safety, coaching and mentoring, supervision and appraisal, and leadership and management development. Monthly highlight reporting will provide assurance through the Service Delivery Board and wider governance routes, including the People & Culture Committee and People Plan Delivery Board.

A draft balanced scorecard is being developed, with proposed measures including staff engagement, raising concerns, line management, burnout, Workforce Race Equality Standards (WRES) disciplinary disproportionality and a pulse survey measure on whether staff can spend enough time on work that really matters. Next steps include finalising measures and targets, agreeing project timelines and holding a programme refresh event in June 2026 to share learning, data insights and the revised delivery model.

The programme is now moving from set-up into a focused delivery phase, with a clear emphasis on making staff experience visible, measurable and directly connected to the quality of care we provide.

2.2 Going Further, Going Together (Value)– Update

As a Trust we needed to deliver £31.9m of run-rate impacting savings in 2025/26 and live within our budget to achieve a breakeven position, as per our plan submitted to NHS England. We have succeeded in delivering just under £37.0m of savings, including £7.2m through NHS income. I am grateful to all my colleagues for the part they have played in supporting this achievement.

In Month 12 (M12) we delivered £2.5m of savings, adverse to our plan by £0.8m in month. We were off target due to an increase in bank and agency spend and a reduction in the volume of private beds that were sold.

For 2026/27, we needed to have a plan in place which will deliver savings from 1st April 2026. Our savings target for 2026/27 is £20.1m but we will be working to identify c.20% more than plan to ensure delivery of our savings. This means we are working to a stretch total of £24.1m of savings. The challenge is urgent as, at 9th April 2026, we had identified £23.4m of our savings for next year but have only £8.4m (36%) signed off for delivery, which is behind where we need to be.

2.3 CEO discussion Group

2.3.1 Staff Survey Results

In March 2026, our CEO Discussion Group focused on the release of the 2025 Staff Survey data, reviewing Trust-level and local insights to understand what they showed about staff experience and how they could be used to drive meaningful improvement. Our discussion emphasised moving beyond response rates to targeted, team-level action, using the data to identify strategic priorities, learn from high-performing teams, create protected space for meaningful conversations, and address key themes such as

workload, leadership capability, supervision quality, motivation, equity, and burnout. The group agreed that triangulating survey results with other data, strengthening communication, and aligning improvements with organisational strategy would be critical to improving staff experience in 2026.

2.3.2 CQC/Well-led Update

Our CEO discussion group on 1 April focused on initial feedback we have received from the CQC, which has highlighted the need to strengthen supervision and training across the Trust by having a more robust approach to training, supervision and appraisal. One focused on safety, quality, and staff experience. Key issues include inconsistent supervision quality, lack of protected time, variable recording practices, and uneven supervisory workloads, alongside gaps in mandatory training compliance, data quality, and accountability. We recognised the need for strengthened leadership, clearer structures, better use of systems, improved communication, and a compelling narrative linking supervision and training to safety and wellbeing.

2.3.3 CQC Theme Variation

Our discussion group on 15 April focused on clinical variation to understand unwarranted variation in clinical practice across our services and also where warranted variation is appropriate. We distinguished between warranted variation, which reflects legitimate differences in patient needs, populations, geography, staff skills, and local partnerships to achieve equitable outcomes. And unwarranted variation, arising from inconsistent policy application, historical service design, fragmented governance, and variable leadership. In order to reduce unwarranted variation, we agreed the need for a focus on defining clear core standards, strengthening leadership and data use, improving shared learning and collaboration across services, and establishing consistent expectations and accountability. We also recognised practical barriers that need to be addressed such as siloed working, flexible staffing patterns, and underdeveloped learning systems.

3.0 Integrated Care System (ICS) and provider collaborative updates

- 3.1 Both North-East London and Central East Integrated Care Boards continue to transition to their future operating arrangements. We are seeing staff come into post in the new structures, and although this is not yet complete in either ICB, we are starting to build new relationships with new colleagues where this is possible.
- 3.2 In both systems, we are in the process of concluding planning, including supporting the ICB responses to further national planning submission requirements, finalising contractual arrangements for 2026/27, and working with NHS England regional teams on strategic capital plans for 2026/27 and 2027/28.
- 3.3 In both systems we are also working within our six place-based partnerships to consider the Department of Health & Social Care Neighbourhood Health Guidance, in the context of our existing partnership programmes to develop neighbourhood ways of working and integrated neighbourhood teams. The framework lays out performance expectations for place-based partnerships, and we expect further guidance on how place-based partnerships should plan for their delivery in the near future.

- 3.4 The Manor Park Centre in Newham, from which the Trust provides services along with other partners, has been identified as one of the first wave of neighbourhood health centres, with developing plans to refurbish the site.
- 3.5 In Central East, on 1st April 2026, the new Central East ICB formally came into being. Central East is the new organisation entrusted with serving over 3.5m people across Luton, Bedfordshire, Milton Keynes, Cambridgeshire, Peterborough and Hertfordshire, taking on the functions of three ICBs which previously served this area.
- 3.6 The East of England Community Health and Care NHS Trust is a new health trust which brings together services currently provided by Cambridgeshire Community Services and Norfolk Community Health and Care NHS Trust. The two trusts have shared a Chief Executive since September 2023 and worked together as an NHS Group since April 2025.
- 3.7 In both systems, there is work underway to consider the future role of collaboratives. The Board to Board between ELFT and NELFT on 29 May 2026 has provided a platform for further discussions with partners in NEL, with discussions planned for the near future in Bedfordshire, Luton & Milton Keynes.

3.8 Digital Electronic Patient Record Regional Procurement

The Trust continues to work collaboratively with Homerton Healthcare and North East London NHS Foundation Trusts in relation to the shared use of the RIO electronic patient record system, currently contracted through Access Group. Existing contracts expire at different points—January 2027 for NELFT and ELFT, and July 2026 for Homerton—and there is agreement in principle to extend these arrangements to 31 March 2028. Digital, operational and clinical leads across the organisations are jointly developing a common strategic approach to future RIO provision, including looking at other NEL Digital platforms, such as Oracle, utilised by Barts Health & the Homerton.

Over the coming year, a full assessment of procurement options will be undertaken, ranging from a single procurement for a single shared system through to multiple procurements with mixed suppliers. A final recommendation will be presented through each Trust's governance arrangement by Q3 2026, enabling a clear, evidence based decision on the most effective route forward. This programme of work will support strengthened clinical engagement, ensure alignment with acute and community requirements, and enhance digital interoperability and service convergence across Northeast London. This work is being overseen and supported by NHS Digital and the NEL wide procurement team.

4.0 Operational update

- 4.1 NHS London, jointly through the Emergency Preparedness, Resilience and Response (EPRR) and Equality, Diversity and Inclusion (EDI) teams, has written to all London Trust CEOs regarding upcoming planned protests on 16 May, asking organisations to ensure a number of actions are in place.

Drawing on learning from the 2024 riots and events including Grenfell and the Southport attacks, NHS London has developed practical EDI guidance to embed equity considerations into incident preparedness, response and recovery. The guidance recognises that emergencies do not affect all staff equally, with colleagues from racialised, faith, LGBTQ+ and other marginalised communities often at heightened risk. Trusts are specifically asked to ensure that:

- Staff communications are issued regarding protest routes and safety information; security arrangements with clear escalation; and after-hours reporting routes.
- Staff wellbeing support is promoted with proactive signposting to occupational health and counselling, particularly for staff who may feel targeted or distressed.
- Flexible working options are explored where operationally possible to mitigate travel disruption and safety concerns.
- There is senior leadership visibility reinforcing safety, inclusion and zero tolerance of racism and abuse. Engagement with staff networks and trade unions in planning

The Trust reviewed these requirements, ensuring appropriate actions were in place ahead of 16 May. ELFT's position remains clear: racist abuse, harassment or violence directed at any member of our workforce will not be tolerated. The diversity of our workforce is a core organisational strength and a reflection of the communities we serve.

- 4.2 On 30 April 2026, the UK National Threat Level was raised from Substantial to Severe, meaning a terrorist attack is now considered highly likely. This follows a recent targeted attack in the London area and a sustained increase in terrorist activity observed over time. The Joint Terrorism Analysis Centre (JTAC), the UK's independent authority for terrorism assessment, made this determination. In response, ELFT has taken steps to ensure staff awareness and organisational preparedness, staff have been informed through Team Briefs with guidance on reporting suspicious activity; Business Impact and Business Continuity Plans are under review, the Emergency Planning and Resilience team (EPRR) is reviewing the Incident Response Plan, including evacuation and shelter arrangements; and EPRR colleagues are actively engaged with the Local Resilience Forums in London and Bedfordshire to ensure alignment with the wider system response. The situation is being closely monitored, and the board will be updated should the position change.
- 4.3 Following on from incident in Golders Green where two members of the the Jewish Community were stabbed, a communication was issued to staff via the Trust Intranet reaffirming the importance of maintaining a a supportive environment where everyone feels safe, heard, and respected. Leaders and teams were encouraged to check in with service users and carers, and colleagues affected to offer support and space to talk. It is hugely important that we have open and respectful conversations whenever external events happen that may affect the wellbeing, sense of safety, or experiences of members. we have also engaged staff and teams across the Trust to strengthen lone working practices and policies, with the aim of further supporting staff to feel safe and supported whilst delivering care within the communities that we service.
- 4.4 COVID Spring Vaccination Campaign
- The Spring COVID-19 vaccination campaign started on 14 April and will run to mid-June. It is available to adults aged 75 years and over; residents in a care home for older adults and individuals aged 6 months and over who are immunosuppressed. Community - based staff will advise patients to contact their GP. We will operate a small, trustwide roving service in coordination with service leads to schedule clinic dates. Eligible staff will be asked to contact their GP.
- 4.5 London Underground Tube Strikes
- London commuters were affected by three days of industrial action in April with further action in May. Managers are talking to their teams about their travel plans to anticipate any impacts on their services and to invoke contingency plans where necessary. I am

grateful to all staff who were flexible, swapped shifts and took steps to ensure that services were able to function as usual.

5.0 Connecting with Teams

5.1 CEO Breakfast Meetings

I have been continuing my visits to different services for 'breakfast meetings' to provide a space to have conversations with teams about their work and day-to-day challenges, to share key information with them and respond to questions and comments.

On Friday 10 April, I attended the John Howard Centre (Forensic Directorate) in Hackney, where I was joined by 15+ colleagues. Topics discussed during the two-hour session included our Going Further, Going Together programme, the use of artificial intelligence (AI) and the importance of celebrating positive achievements of teams across the Trust.

Around 32 Hackney colleagues joined me at Vivienne Cohen House on 21 April where we too discussed a range of topics. There were questions about structures in the Trust, the CQC assessment underway, our Trust strategy roadshows, ICB changes, staff experience, financial viability, and AI.

A week later, on 28 April, around 25 colleagues from Bedfordshire Talking Therapies and Path 2 Recovery (addictions) service joined me at Kings House in Bedford. We talked estates and facilities, mandatory training, about structures in the Trust, quality improvement projects and holding onto our treasures, the Trust strategy roadshows, financial viability, and the changing demographic across the area we work in.

I relish the time spent with staff and value their insights and ideas. They keep me grounded and remind me of the thoughtful care and support they provide to local people.

5.2 Trust Talk Live: Our New Strategy

Our online Trust Talk Live session on 8 April focused on our new five-year strategy prior to its launch and drew over 200 staff. It was an opportunity to share our vision, backed up with a list of essentials that need to be in place to achieve our vision, and to share the four priorities identified from our extensive consultation activities:

- Improve the quality and experience of care
- Make ELFT a place where people can do their best work
- Advance equity in all that we do
- Strengthen prevention and earlier help

The session was an opportunity to hear initial thoughts from staff about the principles in the strategy and reflect on lessons learnt from implementing our previous strategy. A key difference this time around is that we are going to have a strategy delivery framework. Overall, the strategy was well received with staff feeling the priorities were meaningful and something they could all work with and strive for. The session generated a rich discussion about what our first steps or priorities should be, with a wide range of suggestions and ideas shared by staff.

5.3 Trusttalk Live – The Quality and Experience of Care

We held a staff Trust Talk Live event on 14 May where the discussion centred on what it currently feels like for people who use our services. We asked attendees to provide examples of their own experiences of health care when it had gone well. We also heard examples of when it had not gone well and what the components of that were. In most cases, it came down to poor communication, lack of insight into the emotional state of patients, poor explanations and understanding, repeatedly telling their history/story, staff making assumptions, or simply not being kind. All issues which our service users quite likely experience in ELFT. We agreed that addressing these issues is something that is in our personal control and ideas included modelling good communication, doing what you say you are going to do, engaging and being present with the person when doing tasks, and showing humility. The discussion provided food for thought and was a great basis for future work to improve how people are treated and experience our services.

5.4 ELFT Strategy Roadshows

The Executive team and I have been holding Trustwide strategy roadshows to share the new strategy prior to it being launched. At the roadshows, we've updated colleagues on how we got here, what we will do differently, and asked their views on the draft priorities for year one of the strategy. Holding these after the January Trust Board, when the strategy was signed off in principle, and before a formal launch, has allowed us to feed in our colleagues' view and insights into the development of the Strategy Delivery Framework. We started off in Luton and have visited nearly all of our boroughs. We have been to Charter House (Luton), Twinwoods (Beds), Vivienne Cohen House (Hackney), and Mile End Hospital (Tower Hamlets) so far. We've had direct involvement from nearly 200 colleagues, services users and carers already.

The roadshows have been in small venues with up to 25 colleagues, service users and carers. The smaller settings have allowed for frank and valued conversations across Directorates and with the Executive team. Colleagues don't always get the time and space to think and talk about their work together, so the sessions have been a great opportunity to facilitate this. The feedback from these roadshows is already shaping the strategy, with teams considering how it can be translated into their areas of work. I am grateful to colleagues who have shared their thinking and been part of the next step in our journey.

6.0 ELFT people updates

Appointments

6.1 Chief Quality Officer Recruitment Update

Following the departure of Dr Amar Shah from the Chief Quality Officer (CQO) role in February, the Trust has undertaken two recruitment processes. While the processes attracted interest, no appointment was made to the substantive CQO post. After careful consideration, the decision has therefore been made to establish a fixed-term Director of Quality role for a period of 12 months, at Very Senior Manager (VSM) level, reporting directly to the Chief Executive.

The portfolio has been deliberately refocused to centre on quality as an organisational way of working, with particular emphasis on continuous improvement, governance, assurance, patient safety and experience, and regulatory readiness, working closely with the Executive Team.

This is not an Executive Director post but is intended to provide dedicated senior leadership capacity and organisational stability while allowing time and space for the Executive Team to consider the longer-term leadership arrangements for this portfolio before returning to substantive recruitment.

Recruitment to the post will commence shortly. The Director of Quality will be an internal appointment.

The CQO portfolio continues to be shared across the executive team in the meantime to ensure continuity and oversight:

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 Update on Chief Finance Officer Recruitment

Chief Finance Officer (CFO), 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 July. We shared news of Kevin's planned departure in February and his date of departure has now been confirmed. Recruitment for a new CFO is underway.

- 6.3 I was honoured to be included in the HSJ Top 50 Chief Executives list for 2026. I see this recognition as reflecting the collective efforts of colleagues across the Trust. It is a testament to the commitment, skill and dedication shown every day by our teams, and the progress we are continuing to make together in improving services and outcomes for the communities we serve.

7.0 Other service updates

7.1 Farewell Lunch for Kingsway and Bramingham Practice Teams

Our Chief Finance Officer Kevin Curnow joined the Kingsway and Bramingham teams in Luton to thank them for their dedication and hard work during their time with ELFT. The practice transferred to Modality Partnership on 1 April 2026. The lunch on 31 March was a chance to reflect on the journey the teams have taken together, the improvements they have driven and the strong community spirit they have fostered.

7.2 Optimal Handed Care Project

ELFT in partnership with other organisations, has launched the Optimal Handed Care Project. This project is a system-wide approach to delivering safe and independence-focused care, reducing unnecessary two-person care where it is not clinically required.

The North East London (NEL) Optimal Handed Care Project is a quality improvement initiative designed to ensure that people receive the right level of support when moving, handling and carrying out daily activities. The project focuses on providing safe, proportionate care that promotes independence while protecting both patients and staff.

Optimal Handed Care refers to an approach where a person's physical ability is carefully assessed so that care is delivered using the most appropriate number of carers and suitable equipment, rather than automatically assigning multiple staff members. The aim is to provide support that matches the individual's actual needs while encouraging independence wherever possible.

7.3 North London Primary Care Men's Mental Health Treatment Requirement Service

We are involved in Mental Health Treatment Requirement provision for men across North London which is being delivered by two services, each covering specific boroughs. It is part of a wider Integrated Non-Custodial Service that was rolled out in November 2025, to provide a pathway to further treatment and recovery, recognising the links between mental health difficulties and many types of offending and risk.

It is an alternative to a custodial sentence, with pre-sentence assessment and treatment as part of a community order. It offers psychological interventions such as psychoeducation, emotional skill development and cognitive behaviour therapy. All interventions are trauma informed, co-produced and individualised.

This will provide Probation with a greater range of community order options and aims to address underlying mental health issues contributing to offending behaviour, reduce reoffending and improve health outcomes.

Central and North West London boroughs are covered by the NWL service, and North East London boroughs are covered by the NEL service. These services are composed of psychological practitioners from Central and North West London NHS Foundation Trust, North East London NHS Foundation Trust and us.

7.4 Luton Psychiatrist Improving Dementia Diagnosis Rates in Bedfordshire

One of our Luton-based colleagues had the opportunity to showcase his analysis of increased dementia diagnosis rates in the region as part of a research fellowship he received last year. Dr Sen Kallumpuram, one of our Consultant Old Age Psychiatrists based at the Luton Memory Assessment Service. He presented his findings at the National Institute for Health and Care Research (NIHR)'s Applied Research Collaboration (ARC) Fellowship in April 2025. At the event, Dr Kallumpuram presented a poster about improvements to dementia diagnosis rates throughout the past year in Central Bedfordshire, and the importance of a joined-up approach to treatment with primary care services in the region. He shared how he worked with GPs as part of the fellowship in Central Bedfordshire to develop an assessment template for those with

advanced dementia across primary care settings, providing training and supervision to GPs and senior nurses at two GP surgeries as part of a pilot project.

7.5 Marking One Year of Pioneering Menopause Project in Bedfordshire

It is one year since the Menopause and Mental Health Project was established in Bedfordshire. This was in response to growing evidence that menopause can affect mental wellbeing and that hormonal changes during perimenopause and menopause can trigger or worsen symptoms such as anxiety, low mood and sleep disturbance. This is more marked in women already living with mental health conditions.

Over the past year, menopause and mental health awareness training has been delivered to around 240 staff across primary and secondary care. The project piloted menopause screening questions in key clinical pathways, including physical health checks for people with severe mental illness and talking therapies assessments. The initiative is one of six projects delivering the Women's Health Strategy across Bedfordshire, Luton and Milton Keynes.

8.0 Awards and Recognition

8.1 City and Hackney Dementia Service Royal College of Psychiatry (RCPsych) National Accreditation

I am so proud of the City and Hackney Dementia Service who have achieved national accreditation. They received the recognition from the Memory Services National Accreditation Programme at RCPsych. The award title lasts until 25 September 2028. This marks the ninth consecutive year the service has achieved this national accreditation, reflecting the sustained dedication, teamwork, and professionalism of the whole service. Well done to the whole team on providing a consistent high quality service to local people.

8.2 Health E1, awarded the Pride in Practice Gold accreditation by LGBT Foundation

Congratulations to Health E1, ELFT's homeless practice in Tower Hamlets, which has been awarded a Pride in Practice Gold accreditation by the LGBT Foundation in recognition of its commitment to creating a safe, inclusive and welcoming environment for LGBTQ+ patients. It is a service that supports some of the most vulnerable people in east London, many of whom already face significant barriers to healthcare. So achieving this Gold standard demonstrates a commitment to equitable access for everyone.

The Pride in Practice is an award-winning programme endorsed by the Royal College of General Practitioners. It works with primary care services across the UK to improve the experiences of LGBTQ+ people accessing healthcare.

8.3 ELFT Tissue Viability Service Highly Commended at National Awards

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. They were highly commended in the Together We Achieve category. The awards celebrate people who are making a difference in the world of skin health and wound healing. Well done everyone.

8.4 Bronze Microhive Award

We were delighted to hear that the Trust has been recognised as a Bronze Microhive Awards 2026 Winner. Over 700 staff have signed up to donate the pennies in their monthly salary to the ELFT Charity. The award was an opportunity to remind staff how they can sign up to the scheme.

8.5 Three Teams Achieve Gold in Service User Led Accreditation

Service User Led Accreditation provides an opportunity for teams to showcase all the incredible work they are doing, receive valuable feedback from experts by experience and demonstrate their commitment to service user and carer involvement.

Congratulations to the following teams who have demonstrated outstanding care to service users.

Parkinson's Team (Bedfordshire Community Health Services):

Assessors commented that the service was pleasant and welcoming where service users and carers felt that they were fully involved with the care they received. A carer commented that the team "make it possible to get through each day" and a service user noted that "my opinion matters".

Learning Disabilities Service (Newham):

Assessors were impressed by how the service consistently adapts to the needs of service users and the strong sense of teamwork throughout the service. A service user reported that the service had a positive impact on his life and carers receiving signposting to a range of external agencies. The staff "consistently go above and beyond to provide support across a wide range of areas".

Mother & Baby Unit (City & Hackney):

Assessors highlighted that staff actively encourage feedback and address concerns promptly with one service user reporting "I feel they tried to include everyone as much as they could". Carers emphasised the safety, love and nurturing environment provided for both the baby and mother.

9.0 Action Being Requested

9.1 The Board/Committee is asked to:

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

REPORT TO THE TRUST BOARD IN PUBLIC
21 May 2026

Title	Audit Committee Meeting held on 30 April 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 30 April 2026.

Key messages

<p>30 April 2026</p> <p>The Committee received assurance on the internal audit workplan, progress of the 2025/26 external audit, counter fraud, digital risks and ELFT’s financial standing. While overall assurance remains appropriate, the Committee highlighted areas requiring further assurance around the tracking of improvements in identified control weaknesses and consistency.</p> <p>Internal Audit Progress Update</p> <p>The Committee recognised the progress made since the last meeting and work underway on the 2026/27 workplan. The report was noted.</p> <ul style="list-style-type: none"> • Overall delivery of the 2025/26 Internal Audit Plan will be complete once finalisation of the draft report on disciplinary processes is concluded. • Further improvements on management follow-up actions was acknowledged with several actions closed, four medium priority actions in progress and nine not yet due. • The Committee welcomed the provision of a regular national and global news briefing by RSM, highlighting key areas of interest for the Trust. <p>Internal Audit: Head of Audit Draft Opinion</p> <p>The Level 2 opinion for 2025/26 is confirmed and will be formally issued following finalisation of the last draft report. The thematic issues around governance, culture and compliance identified in the reviews will be further tested during the coming year to support a more consistent embedding of control improvements. The report was noted.</p> <ul style="list-style-type: none"> • The Committee welcomed confirmation of the improved position, seeking assurance that development of the 2026/27 internal audit workplan has been informed by the thematic issues highlighted in reviews and requesting the scheduling of a six-monthly review of progress. • Requested a proposal from the Executive team for a systematic process to track improvements in control weaknesses, unwarranted variation and the consistent application of procedures and processes. <p>External Audit Progress Update</p> <p>The Committee received an update from the external auditors noting the continuing progress and collaborative working to support preparation for the year end audit work. The update was noted.</p> <ul style="list-style-type: none"> • Interim work has been concluded as has the value for money planning with no risks or weaknesses identified at this point. • The Committee welcomed confirmation the Local Government Pension Scheme assets and liabilities are not material for this year, avoiding the adverse impact of external delays on the Trust’s ability to meet prescribed deadlines. <p>Going Concern Risk Assessment</p> <p>The Committee examined evidence to support the statement that the organisation has a reasonable expectation and adequate resources to continue in operational existence for the foreseeable future.</p>
--

- Agreed the report contained a reasonable representation of the Trust's position, noting elements such as the year end surplus position, submission of a break-even plan for next year and the healthy cash balance fully support the Trust as a going concern.
- Received assurance from the external auditors around the responses provided for their element of the risk assessment.

Counter Fraud Progress Report and Work Plan

The Committee received the counter fraud annual report and ratings applied to Trust processes against the Functional Standard requirements. The report was noted.

- The report showed the levels of activity undertaken by the team, total monies recovered and sanctions, including three successful prosecutions. The Committee welcomed the recommendations made for areas of identified risk and the continued programme of Trust-wide counter fraud training.
- The Committee received assurance on an amber rating for the fraud risk assessment, noting further guidance is awaited to support an informed decision around further work.

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.

- The Committee welcomed confirmation of a 50% reduction in losses and special payments from the previous year, and a 70% reduction in total value.
- Assurance was given of focused work between finance and human resource colleagues to address and improve the leavers process to avoid salary overpayments.
- In total, four waivers were approved during 2025/26 demonstrating a strengthening of consistency in compliance and the robust technical approval process.

Deep Dive BAF – Risk 8 Digital

If digital infrastructure plans are not robustly implemented and embedded, this will adversely impact on our service quality and delivery, patient care and carer experience as well as our ability to transform services within digital.

The Committee received an in-depth review of the digital risk covering the risk profile and drivers, governance, areas of progress and improvement, controls and mitigations, and areas of future focus. It supported consideration at FBIC and Board of the separation of cybersecurity and digital infrastructure elements of this risk. The Committee acknowledged the work undertaken to improve the organisation's digital infrastructure, upskill the workforce and strengthen cyber resilience, reflected in the positive movement of the risk score over the past couple of years.

- The Committee recognised that the risk as currently constituted meant that changes in digital infrastructure could be masked by the intensity of cyber threat activity (and vice versa). Having these as stand-alone risks would support more focused assurance on each.
- In the context of ongoing work to refresh the overall BAF the Committee discussed the potential links between a separate digital infrastructure risk and the existing physical infrastructure risk.
- IT emphasised the importance of maintaining robust business continuity plans to support and mitigate the impact of external vulnerabilities and ensure the safety of service users, staff and the Trust's estate.

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

The Committee received the draft policy and details of plans to improve the declarations process, noting the imminent introduction of a new digital declaration system. Subject to the finalising of some outstanding items with people and culture colleagues, agreement was given for the delegation of sign off to the Audit Committee Chair and the Chief Finance Officer should there be any significant changes.

- The Committee welcomed the clear communications and engagement plan for embedding the new system and supporting staff, and recognised the opportunity for more refined reporting, measuring and monitoring options.
- The addition of an 'appeal' process was requested by the Committee to address exceptions not explicitly covered by the policy which would be of benefit to the organisation.

Board Assurance Framework Q4

The Committee noted the planned Board Development Session which will seek to ensure alignment

Chair: Eileen Taylor

Chief Executive: Lorraine Sunduza, OBE

with strategic aims and review overall risk tolerance and scores, necessitating a refresh of the BAF risk structure. The report was noted.

- There are no changes to current risk scores; key programmes of work continue to progress and there is evidence of maturing actions against a number of risks.

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
21 May 2026**

Title	Integrated Care and Commissioning Committee (ICCC) 7 May 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 7 May 2026.

Key messages

7 May 2026

The ICCC meeting received assurance on the performance of provider collaboratives, considered progress on the population health plan and updates to the strategy delivery framework. Assurances were received on strategy, work to articulate and assess the practical implications of the national neighbourhood development policy and system risks. Discussions reflected ELFT’s commitment to ambitious strategic planning, addressing health inequalities and maintaining a positive influence within changing and evolving systems. Committee members welcomed achievements, recognised persistent challenges and agreed actions to support ongoing assurance.

North Central East London CAMHS Provider Collaborative Year End Report

The Committee received assurance of continuing progress in key user-led objectives to meet the mental health needs of children and young people within its footprint, through effective clinical bed management, system partnerships and close working with service users and families. The report was noted.

- The report highlighted significant reductions in inpatient numbers and elimination of out-of-area placements, along with stable average lengths of stay supporting improved local care and reduced disruption for families. The Committee noted these improvements have been achieved despite the temporary closure of Simmons House and without fully utilising additional bed capacity. The collaborative also completed the commissioning of home treatment teams across the footprint and is supporting two pilot projects aimed at tackling the delayed discharge of children with complex needs due to social care challenges.
- The Committee discussed the key risk around a lack of clarity regarding the future of the collaborative after March 2027 due to wider system changes. This uncertainty has the potential to impact on workforce stability and service continuity, and the Committee noted that senior leadership’s intent to amplify the benefits and positive impact on outcomes for young people and families across the system. The Committee agreed as an action that a further report outlining the Trusts approach to managing this risk will be prepared for the next meeting.
- The service achieved a planned breakeven financial position.
- Committee agreed, noting that the report had been discussed at the equivalent NELFT committee recently, that in some instances such reports could be presented and discussed once through joint or ‘in-common’ meetings of the committees (noting the Trusts responsibilities as a lead provider). It was agreed to follow this up through the executive director leads with support from corporate governance.

North Central East London Perinatal Collaborative Year End Report

As lead provider, the Committee received assurance of sound oversight of activity, quality review findings and resulting actions, and service developments to address health inequalities and improve patient experience and outcomes. The service achieved a planned breakeven financial position.

- The Committee noted the development of a single point of access and close clinical case management is impacting positively on women, particularly the maintenance of close contact with individuals placed out of area.
- A significant ongoing risk was highlighted around temperature controllable rooms necessitating safety measures impacting on vulnerable service users. A plan is being developed to support

Chair: Eileen Taylor

Chief Executive: Lorraine Sunduza, OBE

their safety during the temporary closure of the Homerton unit for remedial work. The Committee requested clarification of the potential significant financial risk, should the work be delayed beyond the current fixed financial flow period.

- The Committee received assurance around further analysis of patterns in admissions and detentions, reflecting on the key interface with social care and welcoming a focus on tracking outcomes for babies going forwards.

ELFT Strategy Delivery Framework

The Committee received an update on the development of the delivery framework for the new ELFT strategy, noting iterations to the proposed structure. Key points included:

- The addition of a translation layer for frontline staff to clarify the impact of strategic priorities, further refinement of year one priorities, an emphasis on a dynamic non-linear approach, enhanced communication and engagement plans and ongoing evolution of the balanced scorecard.
- The Committee received assurance that the equalities impact assessment to advance equity remains a central priority and the ongoing Trust-wide discussions around creating organisational space for delivery.

Population Health Plan 2026-2027

The Committee received the plan which demonstrates continuing momentum on strategic priority areas that align with new ELFT strategic priorities and the Anchor plan, Marmot principles and service user recommended areas of focus. Assurance was provided on measurable outputs and outcomes for each priority and the aim to develop a shared understanding of the meaning of prevention. Key points included:

- The plan is informed by previous reports and service user feedback, delivered in partnership with Trustwide teams and services as well as local area partners to support expansion across the Trust's geographical footprint. It is designed to be adaptive, with opportunities for regular reviews and updates based on data, feedback and emerging needs, ensuring actions remain relevant and effective in addressing population health priorities.
- The Committee discussed the challenge of identifying and addressing opportunities for vulnerable groups including people with dementia and unaccompanied asylum-seeking children, noting plans to leverage data analysis and partnerships to target support.
- Assurance was provided of a robust governance framework, a focus around areas of equitable access and putting prevention into practice.

National Neighbourhood Development Policy update

The Committee received a strategic update considering the national framework and emerging commissioning approaches. The principal strategic opportunities, tensions and risks for the Trust were highlighted along with the current role of ELFT in neighbourhood development. The Committee's insight was sought around the appropriateness of the Trust's positioning and ambition in relation to these developments and the areas for caution. Key discussion points covered:

- An overview of the new National Neighbourhood Framework and related contracting models, noting whilst the Trust is already engaged in providing neighbourhood care and actively shaping models and partnerships, the national policy leaves key questions around ways of working, transactional versus relational models, conflicting areas of opportunity and a lack of clarity on metrics and accountability.
- ELFT is committed to co-production and building on its strengths and expertise in adapting to local nuance and need as a trusted community provider. The Committee acknowledged the potential for tensions around competition and contractual models as well as alignment with the Trust's values on safety, sustainability and equity safeguards.
- The Committee reflected on risks to ELFT's process of careful consideration and co-production that have been fundamental to the success of delivering sustained models of care, acknowledging there will be opportunities to move at pace however this might not be the most productive method.
- Overall, caution was advised around engagement with contractual commitments and the transferring of accountability and risk without clarity on the definition of new responsibilities, dependencies on partners, delivery expectations, financial risk, quality governance and resourcing. The Committee agreed to bring a discussion on the opportunities for ELFT to step into capacity and capability skills gaps in population health management.

- Further updates will be brought to the Committee to maintain oversight of the evolving policy landscape.

Board Assurance Framework – Improving Population Health Outcomes

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 noted there are no proposed changes to the assessment of these risks, acknowledging the continuing turbulence of the external environment and partnership landscape.

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

21 May 2026

Title	Equity Diversity and Inclusion (EDI) Annual Report 2025
Author	Juliana Ansah, Head of Equity Diversity and Inclusion
Accountable Executive Director	Claire McKenna, Chief Nurse Tanya Carter, Chief People Officer

Purpose of the report

This paper presents East London NHS Foundation Trust's Annual Equality, Diversity and Inclusion report for January to December 2025. It summarises how the Trust has progressed equity in access, experience and outcomes for service users and carers, and equity of experience, progression and opportunity for staff, using statutory reporting, quality improvement evidence and lived experience insight.

The report is structured around three focus areas that will continue to be monitored and reported on each year:

1. Population health and equity
2. Service user access, outcomes and engagement
3. Improving staff experience

It provides assurance on delivery against the Public Sector Equality Duty and the Trust's wider obligations under the Equality Act 2010, drawing on established NHS frameworks including the Workforce Race Equality Standards (WRES, the Workforce Disability Equality Standard (WDES), Gender Pay Gap reporting, and the Patient and Carer Race Equality Framework (PCREF). It also includes Trust wide priorities that strengthen safety and culture, including Sexual Safety Charter implementation and anti-racism work, with the Trust wide Anti Racism Strategy scheduled for launch later in 2026 following consultation.

This is a linked report to the Trust's Population Health report, which provides additional detail on population health activity and context that informs the EDI Annual Report.

Committees/meetings where this item has been considered

Date	Committee/Meeting
27 April 2026	Quality Assurance Committee
28 April 2026	People and Culture Committee
6 March 2026	Equity, Diversity and Inclusion Committee

Key messages

- The Annual EDI report is organised around population health, service user access and outcomes, and staff experience. This format supports consistent monitoring, clearer assurance and year-on-year accountability.
- Phase 3 of the Pursuing Equity Programme (concluded July 2025) reduced missed face-to-face appointments by 7.5 percent overall (from 21.43 percent to 19.82 percent). Missed appointments reduced at a similar rate for those in the most deprived quintiles (from 21.53 percent to 19.89 percent), closing and slightly reversing the deprivation gap. Improvements were also seen across demographic groups, including a reduction for Asian service users in the most deprived areas (11.5 percent) and Black service users (approximately 5.7 percent).
- ELFT remains a national PCREF pilot site. In 2025, PCREF delivery was reinforced through Trust wide governance and structured subgroups, including the PCREF Data Subgroup and the Directorate Leads Implementation Group, with service user or carer co-chairing built into the model. PCREF has an explicit QI delivery approach, including a requirement for PCREF leads to complete QI training, and the use of disaggregated data tools to support local action.
- Funding for the AccessAble project was approved in November 2025 to produce independently verified accessibility guides for all Trust sites. The estimated cost is £102,553 over three years, delivered within existing roles. In addition, service user and carer led work through Ambassadors for Access produced an Accessibility Checklist to support inclusive events and engagement.
- The 2025 report draws on statutory workforce equality reporting and pay gap analysis, including WRES, WDES and Pay Gap reports. Key issues include continued inequities in disciplinary processes and experience for racialised staff, and ongoing focus required on workplace adjustments and bullying or harassment for Disabled staff.
- In the 2025 WRES submission, racialised staff were over five times more likely than White staff to enter formal disciplinary processes. In 2025, 60 racialised staff entered disciplinary investigations compared to 8 White staff. There is a trust wide quality improvement project in progress to improve experience of individual in process and reduce disproportionate representation.
- WDES 2025 shows improved disability declaration and workplace adjustments, with continuing experience gaps
- Disability declaration increased to 8.4 percent (from 7.5 percent in 2024). The proportion of staff with unknown disability status reduced from 6.25 percent to 5.95 percent. The proportion of Disabled staff reporting adjustments in place increased to 76 percent (from 71 percent). Disabled staff continue to report higher exposure to bullying and harassment, particularly from managers.
- ELFT continues statutory Gender Pay Gap reporting and has produced Ethnicity and Disability Pay Gap reports. Reported figures include:
 - Gender mean pay gap 7.57 percent and median 0.85 percent (as of 31 March 2024)
 - Ethnicity pay gap: mean hourly pay gap between White and Black staff 34.58 percent, median 28.12 percent
 - Disability pay gap: mean 12.77 percent, with no median pay gap
- Workforce governance has been strengthened through clearer ownership inside People and Culture. A dedicated EDI Lead has been identified within the People and Culture Directorate, supporting closer alignment between EDI priorities and workforce policy and practice, and strengthening the Trust's ability to translate WRES, WDES and pay gap insight into sustained improvement.

- ELFT committed to the NHS England Sexual Safety Charter on 4 September 2023 and continued implementation in 2025 through bimonthly working group oversight, a dedicated Sexual Safety Lead capacity (one day per week), strengthened infrastructure (intranet page expansion and a dedicated inbox), and integration into the Staff Experience Plan under the Workforce Culture workstream.
- The North East London Integrated Care System (NEL ICS) Anti Racism Strategy is finalised (January 2025). Within ELFT, local anti-racism approaches have already been identified in Forensic Services and Bedfordshire Borough Mental Health Services (Adult). The Trust wide Anti Racism Strategy is in consultation with staff, service users and carers and is scheduled to launch later this year.
- The Trust is developing a new Workforce Equality Plan for 2026 to 2028 to provide a longer-term delivery framework aligned to workforce equality standards, pay gap insight and the Staff Experience Programme.

Improved population health outcomes	<input checked="" type="checkbox"/>	Equity in access to services can improve service user outcome
Improved experience of care	<input checked="" type="checkbox"/>	Patient Care and Race Equality (PCREF) work can improve quality and safety of care
Improved staff experience	<input checked="" type="checkbox"/>	Equalities work is likely to positively impact staff experience
Improved value	<input type="checkbox"/>	

Implications

Equality Analysis	Positive impact
Risk and Assurance	Positive impact
Service User/ Carer/Staff	Positive impact
Financial	
Quality	Positive impact

EDI Annual Report 2025



Introduction	3	FOCUS 1 Population Health and Equity at ELFT	18	FOCUS 3 Improving Staff Experience	35
Overview of our Population	5			Workforce Demographic Profile	36
Equity, Diversity and Inclusion	7	FOCUS 2 Service User Access, Outcomes and Engagement	23	Workforce Race Equality Standard (WRES)	39
Public Sector Equality Duty (PSED)	9	Pursuing Equity Programme - Phase 3	26	Workforce Disability Equality Standard (WDES)	40
Equality Impact Assessments (EIA)	10	Ambassadors for Access: Co-produced Accessibility Improvements	27	Pay Gap Reporting	41
Accessible Information Standard (AIS)	11	Patient and Carer Race Equality Framework (PCREF)	28	Workforce Updates and Staff Experience	42
Sexual Safety	12	Place-based Equity and Systems Partnerships	32	Staff Equity Networks	43
Anti-Racism at ELFT	14	Estates, Facilities and Accessibility	34	Research and Innovation: Equity, Diversity and Inclusion	45
				Conclusion and Next Steps	48

Contents





Introduction

This Annual Equity, Diversity and Inclusion report summarises how East London NHS Foundation Trust (ELFT) advanced equity in 2025, using evidence from statutory frameworks, population health intelligence, quality improvement and lived experience. It captures progress and learning across three focus areas:

- 1 Population health and equity
- 2 Service user access, outcomes and engagement
- 3 Improving staff experience

ELFT serves over two million people across East London, Bedfordshire and Luton, alongside wider commissioning responsibilities. The communities we serve are diverse in age, ethnicity, disability status, religion or belief, sexual orientation, gender identity, language and socioeconomic background. This context matters because the barriers people face in accessing care, and the outcomes they experience, are shaped by the interaction between protected characteristics and wider determinants such as deprivation, housing insecurity, migration status, trauma and discrimination.

In 2025, the Trust continued to strengthen its approach to equity by using more disaggregated data and clearer governance to identify where inequities persist and where improvement is evidenced. This includes the use of workforce standards and statutory reporting, such as the Workforce Race Equality Standard, Workforce

Disability Equality Standard and Pay Gap reporting, alongside patient focused frameworks including the Patient and Carer Race Equality Framework (PCREF). The report also reflects how equity is being embedded through quality improvement methods, for example through the Pursuing Equity Programme and PCREF related improvement work.

This year’s evidence shows that progress is strongest when equity is treated as a core quality and safety issue, rather than an additional compliance requirement. For that reason, the report includes work that strengthens organisational capability and assurance, including the continued use of the Equality Delivery System 2022, application of the Public Sector Equality Duty, strengthened approaches to Equality Impact Assessments, and ongoing work to improve accessible information and physical accessibility.





The report also captures Trustwide priorities that influence culture and safety, including Sexual Safety Charter implementation and the continued development of anti-racism work, with the Trustwide Anti Racism Strategy scheduled for launch in March 2026 following consultation. Together, these areas demonstrate how ELFT is moving from intention to delivery, using evidence and lived experience to improve equity in access, experience and outcomes for service users and staff.

The Trust recognises that the design, condition and location of the estate directly influence equitable access, dignity, safety and therapeutic experience. Estates investment and rationalisation decisions are therefore treated as core equity interventions alongside clinical and workforce programmes.





Overview of our population

East London NHS Foundation Trust (ELFT) serves a population of over two million people across East London and Bedfordshire. The communities we serve are diverse in age, ethnicity, disability status, religion, sexual orientation, gender identity, language and socioeconomic background. Understanding this diversity is essential to delivering equitable care.

Ethnicity

According to the 2021 Census, 19% of the population of England and Wales identify with an ethnic minority background. In ELFT's London boroughs, diversity is significantly higher than the national average. Many residents were born outside the UK, and a wide range of languages are spoken, including Bengali, Urdu, Romanian and Spanish. This highlights the importance of culturally responsive communication and ensuring services are accessible and inclusive for all communities.

In Bedfordshire and Luton, diversity is also higher than the national average, particularly in Luton where around 55% of residents identify with an ethnic minority background. Bedford Borough is also diverse (around 30%), while Central Bedfordshire is less diverse (around 12%). Across these areas, large Asian, Black and Mixed ethnic communities are represented, highlighting the continued importance of culturally responsive and inclusive services.

Age

London boroughs such as Newham and Tower Hamlets have younger age profiles than the national average, with higher proportions of children and working-age adults. In contrast, Central Bedfordshire has a higher proportion of residents aged 65 and over. These differences shape patterns of mental and physical health need.

Disability and Long-Term Health Conditions

Nationally, 17% of people report that they have a disability that limits their day-to-day activities. Disability is closely linked to deprivation and long-term health conditions. Within ELFT's footprint, higher levels of limiting long-term illness are seen in more deprived communities, reinforcing the importance of accessible services and reasonable adjustments.

Religion and Belief

Religion continues to be an important identity marker in many ELFT areas. In Tower Hamlets, over one third of residents identify as Muslim. Christianity remains the largest religion nationally, while a growing proportion of people report no religion. Faith and belief can influence how individuals understand physical and mental health and engage with services.





Sexual Orientation and Gender Identity

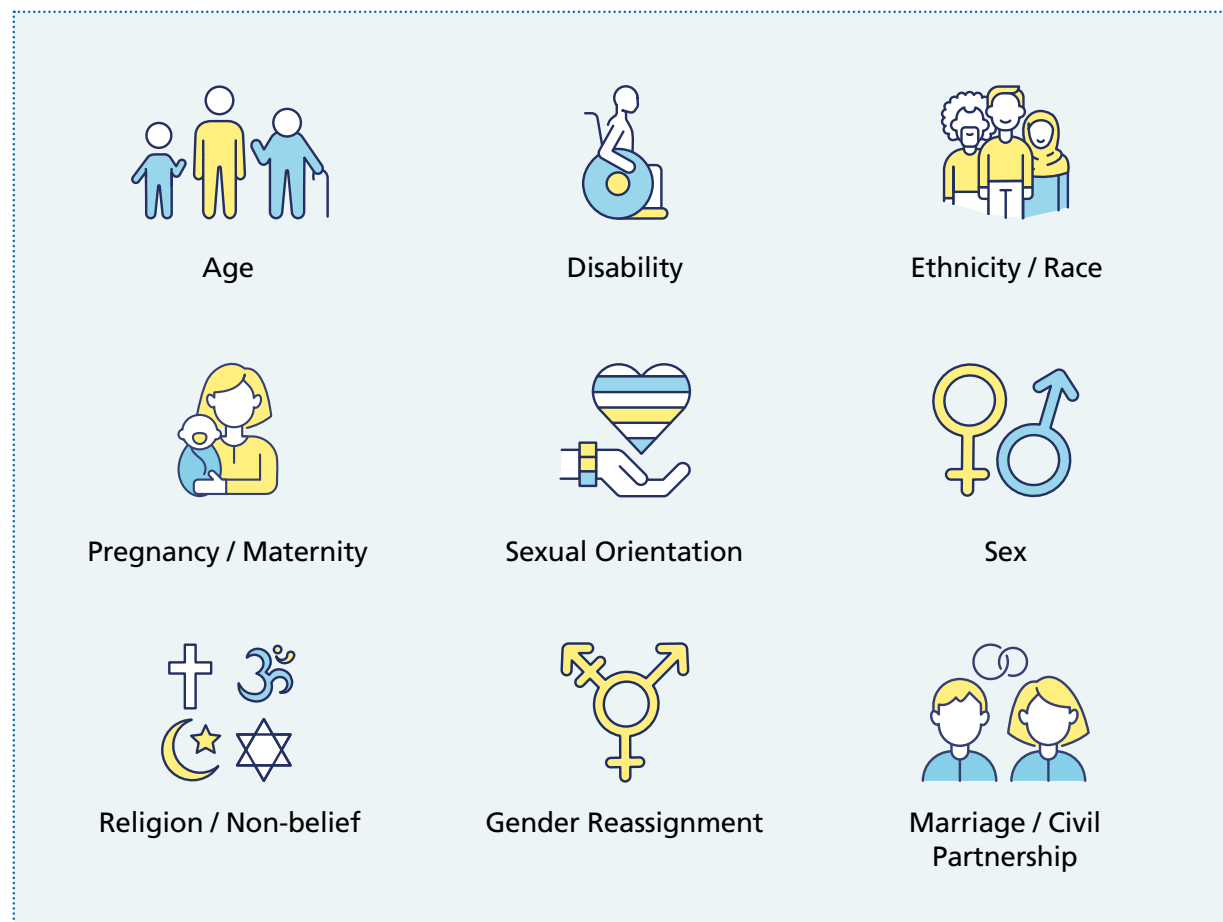
For the first time, the 2021 Census collected national data on sexual orientation and gender identity. Across England and Wales, 3.2% of people aged 16 and over identified as lesbian, gay, bisexual or another minority sexual orientation. Around 0.5% identified with a gender different from their sex registered at birth.

Younger age groups were more likely to identify as LGBTQIA+. Urban areas, including London boroughs within ELFT’s footprint, reported higher proportions of people identifying as gay, lesbian, bisexual or another minority sexual orientation compared to national averages. These findings highlight the importance of inclusive practice, psychological safety and culturally competent mental health care.

Deprivation and Inequality

Several ELFT boroughs, including Newham, Hackney and Tower Hamlets, rank among the most deprived local authorities in England. Deprivation affects employment, housing quality, education and environmental exposure. These factors intersect with protected characteristics and significantly influence health outcomes and access to services.

ELFT operates within some of the most diverse and socially complex communities in England. Delivering equitable care requires a clear understanding of how protected characteristics intersect with deprivation, geography and lived experience to shape access, experience and outcomes.





Equity, Diversity and Inclusion

In 2025, Equity, Diversity and Inclusion (EDI) continued to move from principle to practice across East London NHS Foundation Trust. As the Trust concludes its 2021–2025 Strategy cycle, EDI has become increasingly embedded within core governance, workforce planning, quality improvement and population health delivery, rather than sitting alongside them.

Our approach recognises that advancing equity requires more than meeting statutory duties under the Equality Act 2010. While we continue to uphold and protect the nine protected characteristics, our work is increasingly focused on addressing structural inequities that influence access, experience and outcomes for both service users and staff.



During 2025, the Trust strengthened its intersectional approach, acknowledging that people’s lived experiences are shaped by multiple and overlapping characteristics. This includes race, disability, sex, sexual orientation, gender identity, age, religion or belief, pregnancy and maternity, and marriage or civil partnership. It also includes wider determinants such as deprivation, caring responsibilities, migration status, language diversity and experiences of trauma.

This shift is reflected in:

- Stronger alignment between workforce equality standards and patient equity frameworks
- Greater focus in annual planning and service user priority setting.
- Increased use of disaggregated data to identify inequities at place and service level
- Greater involvement of service users and staff networks in co-design and governance
- Clearer accountability through Executive sponsorship and structured reporting

The Trust has continued to embed robust governance mechanisms to identify disparities, monitor progress and respond proactively where inequities persist. These mechanisms are not solely compliance driven. They are designed to improve outcomes, strengthen trust, and ensure that services are culturally responsive and psychologically safe.

By centring equity within strategy, quality improvement and population health, ELFT aims to reduce avoidable disparities, improve experience across protected characteristics, and create an environment in which all staff and service users feel respected, valued and able to thrive.



Equality Delivery System 2022 (EDS22)

The Equality Delivery System 2022 (EDS22) is the NHS England framework used to assess how effectively organisations are improving equity in both service delivery and workforce experience. It supports organisations to meet the Public Sector Equality Duty by providing a structured approach to evidence how inequalities are identified, addressed and monitored over time.



EDS22 requires organisations to assess performance across three domains:

- 1 **Commissioned or provided services** - how services are designed and delivered to meet the needs of diverse communities and reduce inequalities in access, experience and outcomes.
- 2 **Workforce health and wellbeing** - how organisations create fair and inclusive working environments and address disparities in workforce experience.
- 3 **Inclusive leadership** - how leaders demonstrate accountability, transparency and commitment to advancing equity.

In 2025, ELFT embedded EDS22 within existing governance and improvement structures rather than treating it as a standalone exercise. Evidence was drawn from established programmes of work, including the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), Gender Pay Gap reporting, the Patient and Carer Race Equality Framework (PCREF), population health data, and service user engagement activity.

Examples of activity contributing evidence towards EDS22 include targeted workforce equity work addressing disparities in disciplinary processes, ongoing action to improve data completeness to better understand inequities in access and experience, and strengthening service user involvement through PCREF implementation. Evidence from pay gap reporting and workforce equality standards has also informed priorities relating to progression, representation and staff experience.

Planned engagement with staff networks and service users between 2026 and 2028 will further inform grading decisions and strengthen transparency and credibility. At ELFT, EDS22 is used as a practical mechanism for identifying improvement priorities and embedding equity considerations within core organisational decision making, rather than as a retrospective compliance exercise.



Public Sector Equality Duty (PSED)

Under the Equality Act 2010, ELFT continues to meet its Public Sector Equality Duty (PSED), which requires public bodies to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between different groups



In 2025, compliance with the Public Sector Equality Duty was strengthened through systematic use of disaggregated workforce and patient data, transparent statutory reporting (including WRES, WDES and Gender Pay Gap reporting), and targeted equity programmes designed to address identified disparities, including within disciplinary processes.

Our data identified a significant disparity within the disciplinary process. Entering a disciplinary process can have a substantial impact on individuals, with potential long term effects on wellbeing, confidence and career progression. In response, a Trust wide quality improvement project, sponsored by the Chief Nurse and Chief People Officer, has been established to reduce both the likelihood and impact of disciplinary processes for over represented groups, while maintaining appropriate standards of accountability.

The project focuses on three key areas:

- 1 Ensuring the disciplinary process is applied fairly, consistently and completed in a timely manner.
- 2 Strengthening support for individuals throughout and following the process.
- 3 Understanding potential root causes contributing to disproportionate representation, including identifying opportunities for earlier intervention, training and support to reduce the likelihood of formal escalation.

Importantly, the Public Sector Equality Duty is not approached solely as a retrospective reporting requirement. Increasingly, equality analysis is applied prospectively to inform decision making, service redesign and quality improvement activity at an early stage, supporting a more preventative and evidence informed approach to reducing inequities.



Equality Impact Assessments (EIA)

Equality Impact Assessments (EIAs) remain a core mechanism for embedding equity into organisational decision-making.

During 2025, EIAs were applied across workforce policy updates, service changes and strategic programmes. This includes the application of EIA's to capital developments, estate reconfiguration and property optimisation proposals, ensuring that accessibility, travel impact, inclusive design and service user experience are considered prior to implementation. Greater emphasis has been placed on using EIAs as analytical tools rather than procedural checklists. This includes reviewing data across protected characteristics, identifying potential unintended consequences, and agreeing mitigating actions prior to implementation.

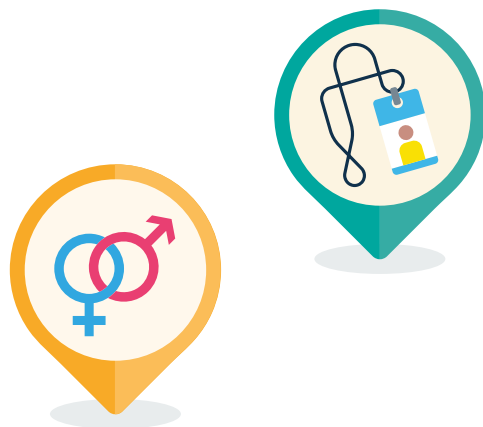
Recognising historical inconsistencies in application, plans are in place to undertake a structured programme of backdating EIAs for key workforce and service user policies to ensure alignment with current statutory expectations and equity standards.

From 2026, a formal EIA Panel will be established, jointly led by People and Culture and EDI, as part of the new integrated EDI Workstream. The panel will provide oversight, quality assurance and consistency in approach, strengthening accountability and ensuring EIAs meaningfully inform policy, practice and service development



Accessible Information Standard (AIS)

The Accessible Information Standard (AIS) ensures that people with disabilities, sensory impairments or communication needs can access information in a format they can understand.



In 2025, ELFT continued to strengthen compliance with AIS by:

- Improving recording of communication needs within clinical systems
- Promoting availability of interpreting and translation services
- Expanding accessible digital and written formats
- Incorporating accessibility considerations into estates planning and the AccessAble site guidance project

This work supports equitable access to care and aligns with the Trust’s wider disability inclusion and population health commitments.





Sexual Safety

On 4 September 2023, NHS England launched its inaugural Sexual Safety Charter, and East London NHS Foundation Trust (ELFT) immediately committed to its principles. By signing the Charter, the Trust reaffirmed its zero-tolerance approach to any unwanted, inappropriate, or harmful sexual behaviours within the workplace. ELFT is committed to implementing the ten core principles of the Charter and embedding them across its services.



A Trust-wide Sexual Safety Working Group, comprising staff, service users, and carers, continues to meet bi-monthly to guide implementation of the Charter. This collaborative approach ensures that both staff and service user priorities are reflected, and that actions are adapted to meet differing needs across services.

In 2025, ELFT further strengthened governance and accountability for sexual safety through formalised Terms of Reference and oversight via the Sexual Safety Steering Group. A dedicated Sexual Safety Lead continues to support this work one day per week, providing continuity and operational focus.

Infrastructure, Support and Communication

During 2025, ELFT continued to develop the infrastructure required to support sexual safety consistently across the Trust. Key actions included:

- Expansion of the Sexual Safety intranet page, providing clear access to support resources, guidance, and signposting.
- Launch of a dedicated Sexual Safety inbox, offering staff a confidential route for advice and support.
- Enhanced Trust-wide communications, with regular updates and signposting to available resources to ensure staff awareness and accessibility.

These actions support clearer reporting routes, improved visibility of support, and greater confidence in how concerns will be handled.



Planned Initiatives and Next Steps for Sexual Safety

ELFT has identified several planned initiatives to continue strengthening sexual safety across the organisation. These include:

- Launch of the 'Ask Alex' campaign, inspired by the national 'Ask for Angela' initiative, with posters co-designed with service users to provide discreet guidance on seeking help.
- Co-development of a Sexual Safety Charter for service users, led by service users in partnership with the communications team.
- Training for staff to triage sexual safety support requests received via the dedicated inbox.
- Roll-out of the NHS England Sexual Misconduct Policy and associated training through the ELFT Learning Academy.
- Collaboration with the Quality Improvement team to use data tools such as InPhase, Power BI, and Safety Cross/Huddles to support monthly reporting on prevalence and areas for improvement.
- Identification and training of Sexual Safety Ambassadors in each directorate to raise awareness, provide support, and address inappropriate behaviours.
- Development of a two-day specialist training programme, delivered by Independent Sexual Violence Advisors, to equip Ambassadors with skills in policy guidance, police reporting, and support pathways.

Embedding Sexual Safety within Staff Experience

In 2025, ELFT embedded the Sexual Safety Charter project within the Staff Experience Plan under the Workforce Culture workstream. This integration ensures that sexual safety is not treated as a standalone initiative, but as a core element of how the Trust builds a safe, respectful, and supportive workplace.

With a dedicated executive lead providing visible leadership and accountability, sexual safety is championed at all levels of the organisation. This approach supports consistent implementation and reinforces the Trust's commitment to making sexual safety a lived and embedded part of everyday experience for staff and service users.





Anti-Racism at ELFT

Addressing racism is fundamental to ELFT’s commitment to equity, quality, and safety. Evidence consistently demonstrates that racism drives poorer access, experience, and outcomes for racialised communities, while also negatively impacting staff wellbeing, progression, and retention. As a provider of mental health and community services, ELFT recognises its responsibility to move beyond compliance and take intentional, system-wide action to dismantle structural racism.



Racism is more than prejudice. It is a system of advantage and disadvantage based on race, reinforced through policies, culture, and structures.

Race is not only about colour. Racialisation affects groups such as Black and Asian communities, Jewish people, Gypsy, Roma and Traveller (GRT) communities, Irish people, and others who may face discrimination based on culture, religion, or heritage.

Anti-racism at ELFT is therefore positioned as a core quality and safety priority, embedded across workforce, service delivery, governance, culture, and within the new ELFT strategy. This work aligns with statutory duties under the Equality Act 2010 and is reinforced through national frameworks including the Workforce Race Equality Standard (WRES), the Patient and Carer Race Equality Framework (PCREF), and the Equality Delivery System 2022 (EDS22).

Shifts in Language and Approach

As outlined in the 2024 EDI Annual Report, ELFT has continued to refine its language to better reflect equity-based practice and lived experience.

This includes:

- Moving away from the blanket term BAME, recognising that it can obscure significant differences in experience and outcomes between groups.
- Increasing use of more specific descriptors, such as racialised groups or named ethnic groups, where data allows.
- Using equity rather than equality where proportional action is required to address unequal starting points and outcomes.

These shifts are not semantic; they are intended to improve the precision of data analysis, the relevance of interventions, and the quality of engagement with communities and staff.



East London NHS Foundation Trust - EDI Annual Report 2025

Chair: Eileen Taylor. **Chief Executive:** Lorraine Sunduza OBE

Trustwide Anti-Racism Strategy

ELFT’s Trustwide Anti-Racism Strategy is scheduled for launch in May 2026 following formal consultations with staff, service users, carers, and system partners. The developing strategy is intended to provide a clear, accountable framework for embedding anti-racism across:

- Leadership & governance
- Workforce experience & progression
- Service access, safety, & outcomes
- Data, insight, & transparency
- Co-production & community partnership

The strategy is being shaped in alignment with the North East London Integrated Care System (NEL ICS) Anti-Racism Strategy, which was published in January 2025 and sets out system-wide priorities for tackling racial inequities across health and care. ELFT has actively contributed to this work and is aligning local ambitions accordingly.



Local Anti-Racism Strategies

While the Trustwide strategy is in development, local anti-racism strategies are already in place and operational in specific services:

Forensic Services Anti-Racism Work

ELFT Forensic Services have a local anti-racism commitment in place, recognising the heightened risks of racial inequity within secure care environments. National and local data consistently demonstrate that racialised service users are more likely to be detained, subject to longer lengths of stay, and experience restrictive practices within forensic settings. The Forensic Services priorities responds to these risks through a structured focus on workforce capability, service user experience, and governance.

The priorities have been informed by service user feedback, Mental Health Act monitoring, restraint and seclusion data, and workforce experience evidence. It aligns anti-racism explicitly with patient safety, legal compliance, and trauma-informed care, rather than treating it as a standalone cultural initiative. Governance arrangements ensure that progress is monitored through existing forensic quality and safety structures, with oversight of racial disparities embedded within routine reporting and improvement activity.

This approach provides assurance that anti-racism within Forensic Services is operationalised, measurable, and integrated into core clinical and safety processes.

Bedfordshire Borough Mental Health Services (Adult) Anti-Racism Work

Bedfordshire Borough Mental Health Services (Adult) have established a locally agreed anti-racism approach, shaped by place-based inequities and the specific demographic profile of the population served. This work has been informed by a combination of service user feedback, workforce data, and analysis of access, experience, and outcomes at borough level.

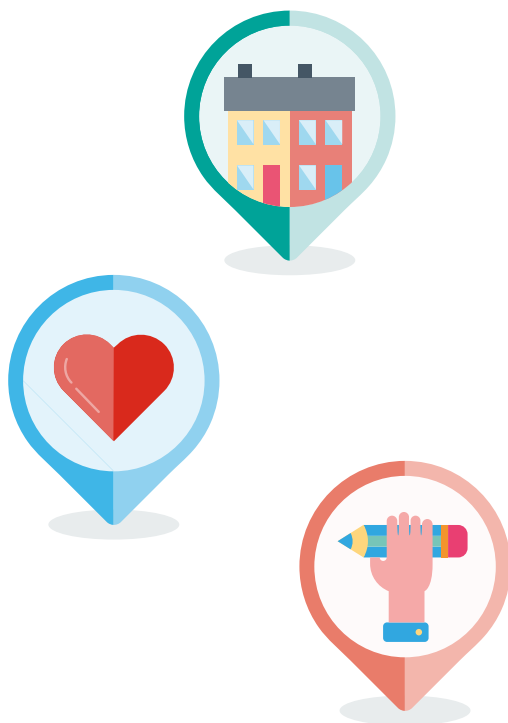
Local data highlighted racial disparities in areas including Mental Health Act use, lengths of stay, and service engagement, alongside workforce experience issues reflected in WRES metrics. In response, the directorate has embedded anti-racism within its broader equity and quality improvement activity, ensuring that race equity is considered alongside deprivation, age, and service type.

The local approach is closely aligned with PCREF implementation and supported by People Participation, enabling lived experience to directly inform priorities and improvement work. Governance is embedded at directorate level, with reporting routes into Trust-wide equity structures, ensuring consistency while allowing flexibility to respond to local need.

This locally grounded model provides a strong foundation for the Trustwide Anti-Racism Strategy, demonstrating how race equity can be meaningfully operationalised at place and service level.



ELFT continues to align with the NEL ICS Anti-Racism Strategy, ensuring consistency across system partners and shared accountability for addressing population-level inequities. These local strategies provide learning and assurance that is informing the development of the Trustwide framework.



Current and Emerging Areas of Focus

While subject to consultation outcomes, the Trustwide strategy is likely to focus on a number of established and emerging priorities, including:

- Strengthening leadership accountability for race equity outcomes
- Improving workforce experience and progression for racialised staff
- Embedding culturally responsive and trauma-informed care
- Improving the quality and use of ethnicity data across services
- Deepening co-production with racialised service users and communities
- Aligning anti-racism with quality improvement, patient safety, and population health work

Progress to date has already been supported through anti-racism training, PCREF implementation, WRES action planning, and targeted quality improvement initiatives.

Looking Ahead

Anti-racism at ELFT is intentionally positioned as long-term systemic work, rather than a time-limited programme. The launch of the Trustwide Anti-Racism Strategy in 2026 will provide a consolidated framework to strengthen delivery, assurance, and transparency, building on the foundations already in place locally and across Integrated Care System.

This work will continue to be informed by lived experience, evidence, and data, ensuring that anti-racism is embedded into how ELFT designs services, supports its workforce, and improves outcomes for the communities it serves.



FOCUS 1

Population Health & Equity at ELFT

1





Population Health and Equity at ELFT

An Equity-Led Population Health Approach

ELFT’s population health approach recognises that health outcomes are shaped by a combination of clinical need, social determinants and structural inequities. Poverty, deprivation, racism, disability, housing insecurity and access to employment continue to drive avoidable differences in health outcomes across the Trust’s footprint.

In 2025, population health work at ELFT continued to focus on addressing these inequities through targeted, evidence-led interventions, partnership working and quality improvement. This work aligns closely with the Trust’s EDI objectives, ensuring that population health activity explicitly considers protected characteristics, intersecting identities and the lived experience of marginalised communities.



Addressing the Wider Determinants of Health

Population health analysis confirms that many of the communities served by ELFT experience high levels of deprivation, with disproportionate impact on racialised communities, people with disabilities, people with long-term mental health conditions and those facing social exclusion.

Key areas of focus in 2025 included:

- Employment and income**
 Supporting access to meaningful employment as a protective factor for mental and physical health, particularly for people with severe mental illness and learning disabilities.
- Poverty and financial insecurity**
 Strengthening income maximisation support, recognising the clear links between poverty, mental ill-health and reduced access to care.
- Housing insecurity and homelessness**
 Working with partners to improve early identification and support for people experiencing housing instability, including those with uncertain immigration status.

These priorities reflect the Trust’s commitment to tackling upstream drivers of inequality, rather than solely responding to crisis demand.

Equity in Access to Care

Population health data continues to demonstrate that inequities in access are patterned by deprivation, ethnicity, age and geography. Missed appointments, late presentation and reliance on crisis services remain more common among people living in the most deprived communities.



The Trust’s population health work prioritises:

- Early intervention
- Community-based delivery
- Reducing barriers linked to language, digital exclusion and transport
- Designing services that are proportionate to need

This approach directly informs programmes such as the Pursuing Equity Programme and place-based equity work across boroughs, ensuring alignment between population insight and service improvement.

Place-Based Inequalities and Partnership Working

Population health intelligence highlights significant variation in need and outcomes across ELFT’s places, reinforcing the importance of localised, place-based responses.

In 2025, ELFT continued to work collaboratively with:

- Local authorities
- Integrated Care Boards
- Voluntary, Community and Social Enterprise (VCSE) partners
- People with lived experience

This partnership approach enables services to respond more effectively to local context, cultural needs and structural barriers, while supporting shared accountability for reducing health inequalities.

Using Data to Drive Equity-Focused Improvement

Population health data is increasingly used to support equity-led quality improvement. Rather than relying on Trust-wide averages, analysis focuses on:

- Variation by ethnicity, deprivation, age and gender
- Differences between places and pathways
- Identifying where inequities are widening or narrowing over time

This approach supports targeted action, continuous learning and transparent reporting, and underpins the work of specialist forums such as the Perinatal Equity Board.





Perinatal Mental Health Equity

In 2025, data analysis was completed to support the work of the Perinatal Equity Board, with the aim of strengthening equitable access to and experience of perinatal mental health services.

The analysis was undertaken to:

- Understand inequities across four key domains: need, access, experience and outcomes
- Describe how known barriers to accessing support manifest in local data
- Identify the most appropriate ongoing metrics to measure progress over time

This work is being used to refresh the Perinatal Mental Health driver diagram, inform targeted action and measure the impact of the Board's improvement activity.

Understanding Need

Perinatal mental health need is not routinely or consistently recorded, and access to services is often used as a proxy for underlying need.



National evidence suggests that approximately one in four women who experience a birth event will have a perinatal mental health condition.

Data and evidence indicate that higher levels of risk are associated with:

- Living in areas of high deprivation
- Belonging to ethnic minority groups
- Being a young mother

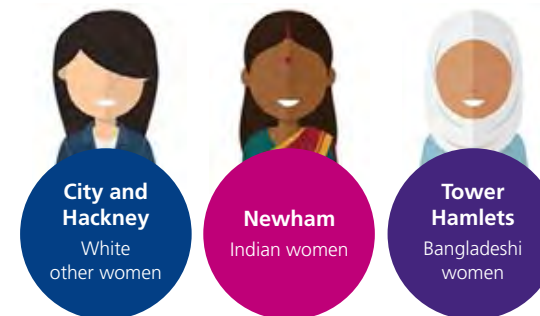
Additional risk factors include previous mental health problems, childhood trauma, domestic abuse, limited social support, substance use, unplanned pregnancy and migration status. At a Trust level, the absence of robust, routinely collected need data remains a limitation, and current monitoring relies on national prevalence estimates and imperfect proxies such as referrals and admissions.

Access to Services

Analysis of referral data across City and Hackney, Newham and Tower Hamlets show consistent inequities in access to perinatal mental health services.

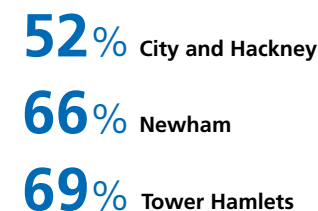


Across all boroughs, White British women are overrepresented in referrals relative to expected prevalence. Conversely, specific groups are underrepresented:



In addition, approximately one in ten referrals in Tower Hamlets and City and Hackney have ethnicity recorded as unknown or not stated, limiting the Trust's ability to fully understand and respond to inequities.

The proportion of referrals resulting in at least one contact varies by place:

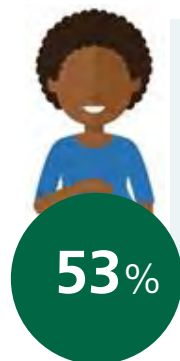




These findings reinforce that access, rather than engagement, is a key challenge for some ethnic groups, as national and local evidence shows that once services are accessed, utilisation and attendance are often high.

Experience of Care

Experience data highlights further inequities within perinatal mental health pathways. Black and Black British women are overrepresented in admissions to the Mother and Baby Unit (MBU) despite not being overrepresented in community referrals.



Notably, 53 percent of MBU admissions in 2024 were for women who had not been known to community perinatal mental health services in the previous 12 months, indicating missed opportunities for earlier support.

Qualitative engagement with Black African and Black Caribbean women in Newham identified recurring themes, including:

- Delays in accessing support
- Poor continuity between services and professionals
- Perceived reliance on short-term or crisis responses rather than sustained care

These insights have been critical in shaping the Perinatal Equity Board’s priorities and improvement approach.

Outcomes and Ongoing Measurement

National evidence demonstrates that community perinatal mental health services improve access to care and reduce relapse risk.



Eighty-three percent of women accessing specialist perinatal mental health services report significant improvement in their mental health, with positive implications for both maternal and infant outcomes.

At ELFT, outcome monitoring focuses on measures including:

- Proportion of unplanned or emergency MBU admissions
- MBU admissions known to community services in the preceding 12 months
- Service user feedback and experience

This population health analysis has directly informed the selection of metrics used by the Perinatal Equity Board and underpins a quality improvement approach to addressing inequities in access, experience and outcomes over time.



FOCUS 2

Service User Access, Outcomes and Engagement

2





Service User Access, Outcomes and Engagement

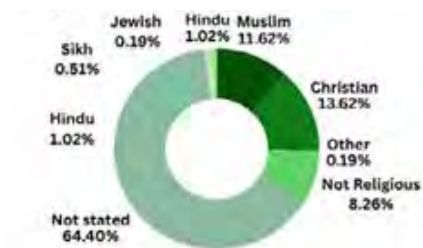
ELFT is committed to improving access, experience and outcomes for service users, with a particular focus on reducing inequities experienced by people living in the most deprived communities and those from racialised groups. This section brings together evidence from the Pursuing Equity Programme, estates and accessibility improvements, and place-based partnership work to demonstrate progress in addressing structural barriers to care.

ELFT SERVICE USERS 2025

AGE GROUP



RELIGION



ETHNICITY



DISABILITY

94.01%
NOT DECLARED

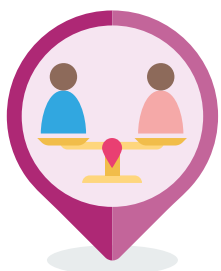
5.99%
DISABLED

GENDER

54.50%

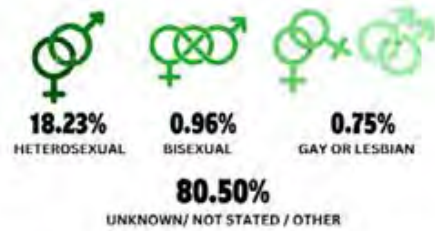
40.65%

Other, Not known or recorded **4.80%**





SEXUAL ORIENTATION



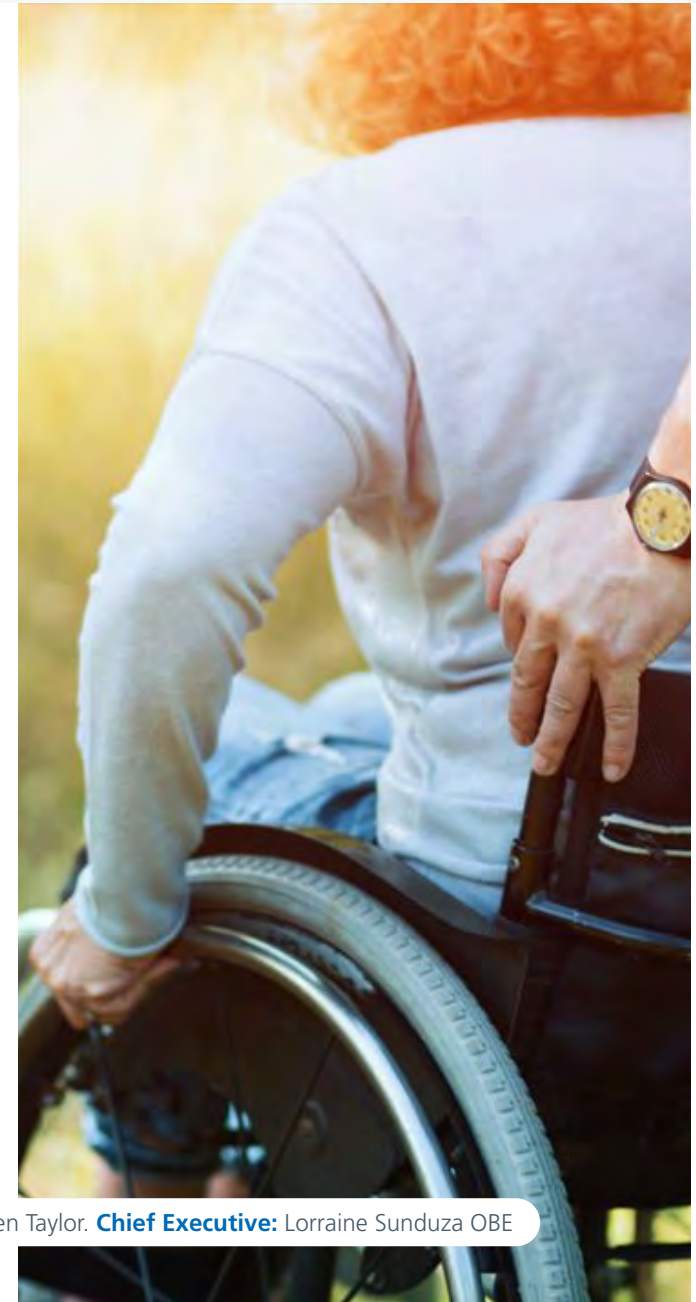
MARITAL STATUS



DIRECTORATE



HEALTHCARE SETTING





Pursuing Equity Programme – Phase 3

Phase 3 of the Pursuing Equity Quality Improvement (QI) Programme concluded in July 2025 and focused on reducing missed appointments by improving access for people living in the Trust's most deprived areas. 16 Teams tested a range of evidence-based change ideas, including real-time booking with service users, standardised "Did Not Attend" (DNA) processes, and timely text reminders.

The programme delivered measurable and equitable impact, with 81% of the teams (13) seeing an improvement. Overall missed face-to-face appointments reduced from 21.43 percent to 19.82 percent, representing a 7.5 percent reduction. Importantly, missed appointments among service users in the most deprived quintiles (1 and 2) reduced at the same rate, from 21.53 percent to 19.89 percent. As a result, the gap between the most and least deprived groups closed and slightly reversed, indicating that improvements were driven primarily by better attendance among those facing the greatest barriers to access.

Examples of teams seeing improvement include:



16.8% reduced to **11.7%**

Newham Community Foot health Team – Tested several change ideas including Patient Initiated Follow Up for low-risk patients, calling patients to book appointments and opt in letters. The team saw a reduction in missed appointments from 16.8% to 11.7%.



14.2% reduced to **9.1%**

Neurodevelopmental Team in City and Hackney CAMHS – Reduced missed appointments from 14.2% to 9.1% through testing of a revised DNA policy and sharing this with children and young people and parents, automated text message reminders, arranging next appointment with parents at the end of appointments

Disaggregated analysis demonstrates differential impact across protected characteristics. Asian service users in the most deprived areas experienced an 11.5 percent reduction in missed appointments, while Black service users saw a reduction of approximately 5.7 percent. Male service users experienced a 10 percent overall reduction, including a 20 percent reduction among White men living in deprived communities. These findings indicate that targeted access interventions can reduce inequities when designed around the needs of those most affected by deprivation.

Most appointments offered and missed (92 percent) were within the most deprived quintiles, reinforcing the importance of focusing improvement activity where it will have the greatest equity impact. Learning from Phase 3 has been developed into a change package of successful ideas and shared trust wide.





Ambassadors for Access: Co-Produced Accessibility Improvements

In 2023, a group of service users and carers came together to address accessibility barriers across the Trust. Initially formed by individuals from Bedfordshire Community Health Services and Services for People with a Learning Disability (Beds and Luton), the group named themselves Ambassadors for Access.

Their initial focus was improving accessibility for Trust events and conferences. Through lived experience, they identified that accessibility must extend beyond physical access to include how information is shared, how environments are navigated, and how inclusive engagement is facilitated.

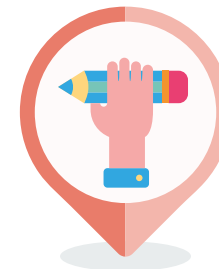
Working alongside People Participation Leads, the Ambassadors engaged service users and carers from across all Trust areas. Over several months, multiple drafts of an Accessibility Checklist were developed, incorporating feedback from a wide range of participants before final publication.

The Accessibility Checklist provides practical guidance to support:

- Planning inclusive online and in-person events
- Improving engagement with service users, carers and colleagues
- Strengthening accessibility of physical spaces and information
- Complementing wider audits such as the 15 Step Challenge

The Ambassadors have requested that the Checklist be reviewed regularly to ensure it evolves in response to feedback and emerging needs.

This work demonstrates the value of sustained co-production and reflects the Trust’s commitment to embedding accessibility into everyday practice, rather than addressing it reactively.





Patient and Carer Race Equality Framework (PCREF)

The Patient and Carer Race Equality Framework (PCREF) is a mandatory national framework for mental health trusts, designed to address and reduce racial inequities in access, experience and outcomes of care. East London NHS Foundation Trust (ELFT) has been a national PCREF pilot site since 2021 and continues to play a leading role in shaping implementation locally and nationally.

PCREF implementation at ELFT is closely aligned with the Trust’s wider anti-racism commitments, including action taken under the Workforce Race Equality Standard (WRES), ensuring a whole-system approach that connects workforce experience with patient and carer outcomes.

PCREF provides a structured approach to embedding race equity across leadership and governance, cultural competencies within the workforce, and meaningful patient and carer feedback mechanisms. In 2025, ELFT focused on moving from commitment to consistency, ensuring PCREF is operationalised across directorates and integrated into core clinical, quality and governance processes.

PCREF Leadership and Governance

In 2025, ELFT further strengthened its PCREF governance to ensure clear accountability and system-wide oversight. PCREF leadership is embedded at Executive, Strategic, Clinical and Directorate levels, with defined responsibilities and reporting lines.



The PCREF Steering Group, established in December 2023 and chaired by Director of Social work, provides Trust-level oversight and assurance. It is supported by two formal subgroups:

- **PCREF Data Subgroup** (established March 2024), chaired by the Trustwide PCREF Strategic Lead, bringing together directorate, informatics and performance leads to scrutinise data quality, trends and inequities prior to quarterly submission to NHS England.
- **Directorate Leads Implementation Group** (established November 2024), chaired by the PCREF Clinical Strategic Lead, supporting consistent delivery, shared learning and local ownership across directorates.

Both the Steering Group and Data Subgroup are co-chaired by a service user or carer, ensuring lived experience remains central to decision-making. While sustaining service user participation remains a challenge, the Trust continues to invest in support, development and equitable involvement opportunities.

Data Quality and Local Visibility

In 2025, ELFT continued to improve the quality and usability of PCREF data. Trust-level reporting is now supplemented by directorate-level heat maps, run charts and headcounts, enabling local inequities to be identified and addressed. This approach recognises that Trust-wide averages can mask significant variation at service and place level.

Data quality challenges remain, particularly in ethnicity recording across patient safety incidents and feedback mechanisms. Ethnicity is consistently recorded for unexpected deaths but is not yet routinely completed for all incident types. Addressing this remains a key priority beyond 2025–26.



Mental Health Act, Safety and Restraint

Analysis of Mental Health Act detention and restraint data continues to highlight disparities by ethnicity, age and geography.

In 2025:

- Disproportionate restraint use was identified among Black and Mixed ethnicity service users, particularly within Bedfordshire and Luton and CAMHS services.
- Higher restraint rates were observed among younger service users, with data quality issues identified in some services requiring further validation.
- Services such as City and Hackney identified persistent disparities not fully explained by service use alone, prompting recommendations for deeper incident reviews, enhanced cultural competency training and increased co-produced safety planning.

Reducing the use and impact of restrictive practices remains a key patient safety and equity priority for the Trust. Evidence nationally and locally shows that restrictive interventions can disproportionately affect some groups of service users, particularly people from Black and minority ethnic backgrounds, autistic people and people with a learning disability. In response, the Trust has initiated a focused programme of work to better understand and address these inequities. This work aligns closely with the Patient and Carer Race Equality Framework (PCREF) and uses quality improvement methods to analyse patterns in use of force data, strengthen post-incident debrief processes, and embed trauma-informed and culturally responsive approaches to care. A central aim of this work is to reduce the need for restrictive interventions wherever possible while ensuring that care remains safe, proportionate and responsive to the needs and experiences of the communities we serve.

These findings have informed targeted quality improvement work, leadership scrutiny and local action planning.

PCREF and Quality Improvement

Quality Improvement (QI) is a core delivery mechanism for the Patient and Carer Race Equality Framework at ELFT. PCREF priorities are translated into action through structured QI approaches that focus on reducing racialised inequities in access, experience and outcomes, informed by real time data and lived experience.

PCREF Leads across directorates are required to complete QI training, ensuring local capability to identify inequities, test change ideas and measure impact. Service users are embedded within this work, including through co-chairing roles and participation as QI coaches, strengthening accountability and co production.

PCREF related QI projects focus on areas where data shows disproportionate outcomes for racialised communities, including access to services, treatment adherence, restrictive practices and length of detention. Improvement work is monitored through Statistical Process Control Charts (SPC) and disaggregated outcome data, enabling teams to understand whether interventions are leading to sustained and equitable change.

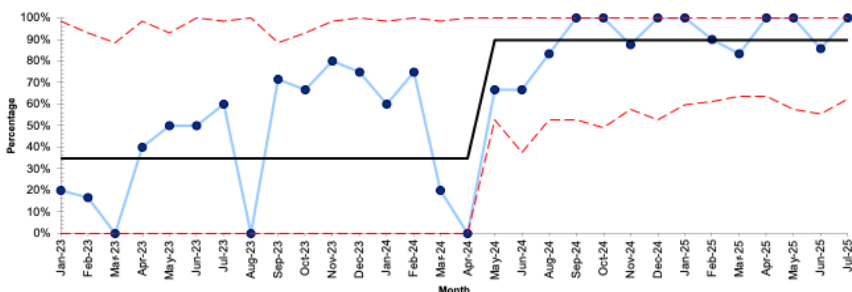




**Example of impact:
improving access and engagement for Bengali women**

A PCREF informed QI project focused on improving access and engagement for Bengali women demonstrated a sustained improvement in adherence to treatment continence plans in the Tower Hamlets Continence Service. Following targeted culturally responsive interventions, adherence increased from 35% to 90%, evidencing both improved access and more equitable outcomes. This work demonstrates how PCREF, QI methodology and lived experience can combine to deliver measurable improvement for specific communities.

Percentage of Bengali women adhering to their treatment plans - P Chart



Embedding Cultural Competence

PCREF implementation in 2025 focused on strengthening workforce capability to deliver racially equitable care. ELFT continues to align its work to the six national cultural competencies and has retained two locally agreed competencies: Trauma-Informed Care and Intersectionality, reflecting community feedback and lived experience.

Trust-wide PCREF workshops, co-facilitated with service users, were delivered throughout the year.

These sessions covered:

- Service user demographic data and local inequities
- PCREF metrics and reporting expectations
- Barriers to engagement with racialised communities
- Practical guidance for developing directorate PCREF action plans

PCREF learning has been embedded into Quality Improvement training, management development programmes and reflective practice spaces. Targeted workshops on antisemitism, Islamophobia and xenophobia expanded the Trust’s anti-racism offer beyond previous focus areas.

Patient and Carer Engagement and Feedback

ELFT continued to develop more inclusive and transparent feedback mechanisms for racialised service users and carers. Existing tools such as Patient Reported Experience Measures (PREMs), Friends and Family Test and DIALOG outcomes are routinely analysed by ethnicity, locality and service.



In 2025:

- Complaints from racialised service users resulted in formal explanations, apologies, medication reviews and action plans, demonstrating meaningful follow-through.
- PALS enquiries from Black African, Bangladeshi, Pakistani and other racialised communities were appropriately triaged and resolved.
- Qualitative feedback highlighted that some outcome tools may lack cultural sensitivity and should be triangulated with narrative insight and lived experience.

Work is underway to improve ethnicity recording across all feedback systems and to better demonstrate how feedback leads to tangible service change.

PCREF in Practice: Impact and Learning

PCREF continues to inform and align with wider Trust programmes, including the Pursuing Equity Programme, population health work and perinatal mental health equity initiatives delivered in partnership with the Race and Health Observatory.

A key example of impact includes improved adherence to treatment plans among Bengali women following culturally responsive

interventions, demonstrating how co-produced, culturally informed approaches can deliver sustained improvements in outcomes.

What's Next for PCREF

In 2026, ELFT will focus on:

- Improving ethnicity data completeness across incidents, outcomes and feedback
- Strengthening directorate-level ownership and accountability
- Embedding PCREF into population health strategy and dashboards
- Expanding culturally responsive practice across community and physical health services
- Preparing for the launch of the Trust's Patient and Carer Equity Strategy, with PCREF embedded at its core

Through PCREF, ELFT remains committed to ensuring race equity is not a standalone programme, but a fundamental part of how care is designed, delivered and improved across the Trust.



Chair: Eileen Taylor. **Chief Executive:** Lorraine Sunduza OBE



Place-Based Equity and System Partnerships

ELFT delivers equity focused improvement through place-based approaches that respond to local population needs, estate contexts and system partnerships. In 2025, this work combined targeted local initiatives with Trust-wide programmes designed to reduce structural barriers to access and improve outcomes.

Newham

In Newham, place-based equity work is coordinated through the Newham Equity Forum, which brings together ELFT clinical and operational leads alongside social care, public health, primary care, the voluntary and community sector, spiritual care teams, and people with lived experience and their carers.

The Forum provides a structured space to share learning, showcase projects and align action across the local system. It connects directly with the directorate’s Patient and Carer Race Equality Framework (PCREF) steering arrangements and builds on earlier learning from the Community Mental Health Transformation Programme and the Let’s Talk report into race and inequality.

Projects shared through the Forum in 2025 included faith-adapted psychological therapies for Muslim communities, music therapy for young Black men, and workforce development sessions using the Newham Health Equity Toolkit to strengthen use of local population health intelligence. This work supports culturally responsive care and more preventative approaches aligned to local need.

Tower Hamlets

In Tower Hamlets, place-based activity in 2025 focused primarily on improving physical accessibility and the care environment. A significant capital investment supported the delivery of a fully accessible ground-floor toilet at Robert Dolan House, Alie Street, at a cost of £230,000.

This improvement addresses a known accessibility gap and supports dignity, safety and inclusion for service users, carers and visitors. The project contributes to compliance with the Equality Act 2010 and reflects the Trust’s commitment to embedding accessibility within estates planning and decision making.





City and Hackney

In City and Hackney, service users were directly involved in estates and accessibility improvements during 2025. This included access and signage audits at PYIMS, undertaken with service user involvement, focusing initially on inpatient communal and external areas. This work is expected to positively impact Patient-Led Assessments of the Care Environment (PLACE) scores and improve navigation and experience.

In addition, service users, including people from the learning disabilities People Participation group, were involved in building change projects at Romford Road and Vicarage Lane, ensuring that accessibility and usability considerations were informed by lived experience.

These initiatives support more inclusive environments and reinforce the importance of co-production in estates-related decision making.



Bedfordshire and Luton

In Bedfordshire and Luton, equity-focused improvement in 2025 was primarily supported through Trust-wide programmes rather than discrete place-specific projects. This includes participation in the Pursuing Equity Programme, which demonstrated improved access for service users living in the most deprived areas, and the approval of the AccessAble Project, which will deliver independently verified accessibility guides for all Trust sites, including those in Bedfordshire and Luton.

These initiatives provide a consistent foundation for improving access, reducing missed appointments linked to practical barriers, and strengthening compliance with statutory accessibility requirements across all ELFT localities.

What's Next for Place-Based Equity

ELFT will continue to strengthen place-based approaches to reducing inequities in access, experience and outcomes by building on learning from local initiatives and Trust-wide programmes. Future work will focus on improving consistency of equity delivery across places while retaining flexibility to respond to local population needs and system priorities.

Key priorities include embedding learning from the Pursuing Equity Programme into routine service improvement, strengthening the use of local population health data to inform decision making, and expanding the role of place-based forums in shaping and overseeing equity focused action. Continued investment in accessible estates and information, including delivery of the AccessAble project, will support the removal of practical barriers to care across all localities.

Progress will be supported through clearer alignment with Patient and Carer Race Equality Framework (PCREF) governance, strengthened partnership working with local systems, and ongoing involvement of people with lived experience to ensure that place-based equity work remains responsive, evidence led and focused on those facing the greatest barriers to care.



Estates, Facilities and Accessibility

Improving the quality, accessibility and therapeutic suitability of the estate is a core component of reducing inequities in access, experience and outcomes. Estate investment and backlog prioritisation are therefore aligned with equality duties, population health need and co-produced feedback from service users and carers through the Estates people participation programme.

Improving physical access to services remains a key enabler of equitable care. In November 2025, funding was approved for the AccessAble project, which will deliver independently verified accessibility guides for all Trust sites. These guides will provide consistent, reliable information on parking, entrances, internal layouts and wayfinding, supporting compliance with the Equality Act 2010 and Care Quality Commission expectations.

The total estimated cost of the AccessAble project is £102,553 over three years, covering site surveys, guide production and ongoing updates. No additional staffing is required, as the work will be delivered within existing roles. Anticipated benefits include reduced missed appointments linked to access barriers, reduced staff time responding to ad-hoc accessibility queries, and mitigation of compliance and reputational risks.

In addition to Trust-wide initiatives, several local estates projects progressed during 2025. These include the delivery of a fully accessible ground-floor toilet at Robert Dolan House, Alie Street (£230k capital investment), access and signage audits at PYIMS with service user involvement, and service user participation in building change projects at Romford Road and Vicarage Lane, including engagement with people with learning disabilities.

Progress and risks relating to accessibility and inclusive environments are monitored through PLACE assessments, service user audits and capital governance processes, providing ongoing assurance that environmental inequities are identified and addressed





FOCUS 3

Improving Staff Experience



3





Improving Staff Experience

ELFT is committed to creating a workplace where all staff experience fairness, dignity and opportunity. Our approach to improving staff experience is grounded in statutory workforce equality standards, robust data analysis and continuous engagement with staff networks, trade unions and colleagues across the Trust.



Workforce Demographic Profile

As at March 2025, ELFT’s workforce continues to reflect the diversity of the communities it serves. The Trust employs a clinically led workforce, with the largest staff groups within Additional Clinical Services, Nursing and Midwifery, and Administrative and Clerical roles.

The workforce remains predominantly female and racially diverse, with Black, White and Asian staff forming the largest ethnic groups. A broad spread across age bands indicates both a strong early and mid-career workforce and a significant proportion of staff aged over 50, reinforcing the importance of retention, progression and succession planning.

Disability declaration rates continue to improve, although non-disclosure across disability and sexual orientation highlights the ongoing need to strengthen psychological safety and confidence in data reporting.

Religious belief, sexual orientation and marital status data demonstrate that ELFT is a multi-faith and socially diverse organisation. This diversity requires inclusive workforce policies, culturally responsive leadership and consistent application of equity principles across directorates.

Representation provides an important foundation. However, equity of experience, progression and outcome is examined in detail through the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Pay Gap reporting sections that follow.

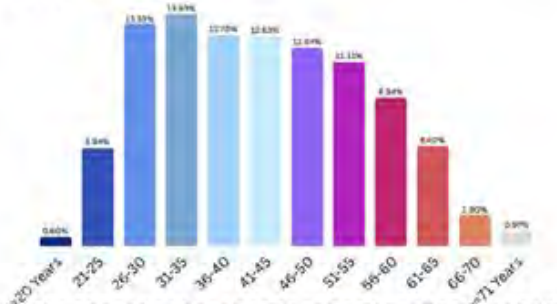




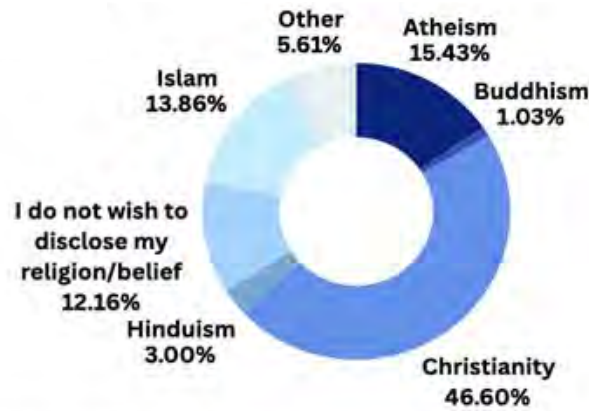
ELFT STAFF 2025

(including Bank and Honorary Contracts)

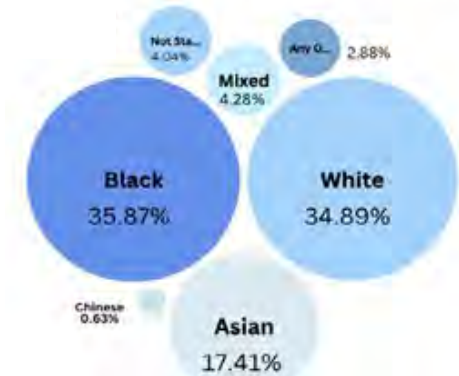
AGE GROUP



RELIGION



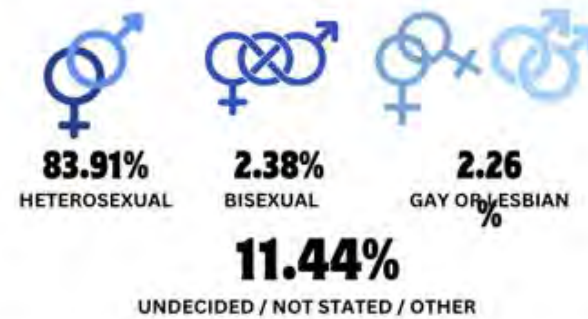
ETHNICITY



DISABILITY

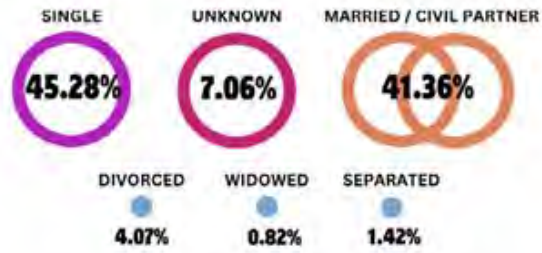


SEXUAL ORIENTATION

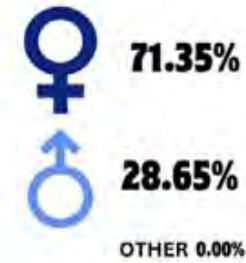




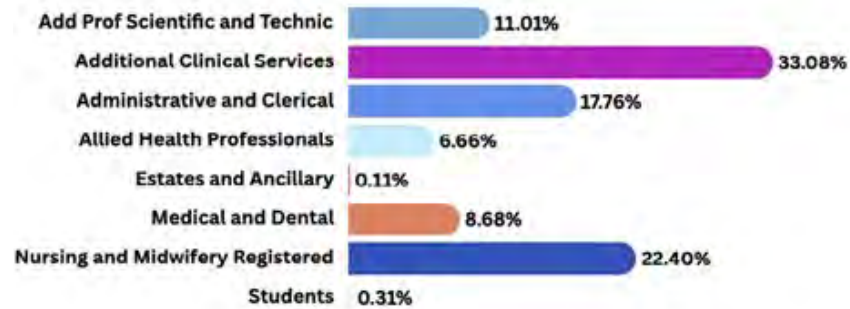
MARITAL STATUS



GENDER



STAFF GROUP



Chair: Eileen Taylor. **Chief Executive:** Lorraine Sunduza OBE



Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) is a national framework designed to identify and address disparities in workplace experience between staff from Black and Minority Ethnic (BME) backgrounds and White staff. ELFT uses WRES data to inform targeted action, leadership accountability and continuous improvement.

This section is based on WRES data submitted to NHS England in May 2025. In line with national reporting conventions, Staff Survey results collected in 2024 are reported as 2025 data. Workforce data reflects a snapshot as of 31 March 2025.

All nine WRES metrics inform this section and align with the Trust’s Anti Racism commitments and People Strategy.

Workforce Profile and Representation

In 2025, 59.2 percent of ELFT’s workforce identified as BME, an increase from 57.4 percent in 2024. This reflects the diverse communities served by the Trust and demonstrates continued progress in overall representation.

However, WRES data shows that BME representation decreases at senior levels, particularly from Band 8a upwards. This leadership gap remains a priority area and is a key driver of inequities observed across other WRES metrics, including pay, progression and experience.



Key Findings

The 2025 WRES submission highlights the following:

- **Disciplinary processes (Metric 3):** BME staff were over five times more likely than White staff to enter formal disciplinary processes. In 2025, 60 BME staff entered disciplinary investigations compared to 8 White staff.
- **Recruitment (Metric 2):** Disparities remain in the likelihood of appointment from shortlisting, indicating the need for continued scrutiny of recruitment decision making and panel assurance.
- **Career progression (Metric 7):** Inequities persist for Bands 5 to 7, reinforcing the need for structured development, sponsorship and reciprocal mentoring.
- **Harassment and discrimination (Metric 8):** BME staff continue to report higher levels of discrimination from managers or colleagues compared to White staff.

Areas of Improvement

Priority actions for 2025–26 include:

- Reducing inequity in disciplinary outcomes with the aim of achieving parity.
- Strengthening progression into senior and executive roles through targeted leadership development and sponsorship.
- Improving recruitment equity through consistent shortlisting, diverse panels and decision assurance.
- Embedding anti racism capability across line management training and workforce policies.

Progress against WRES actions is monitored through the EDI governance structure and reported to the People and Culture Committee.



Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) measures differences in experience between Disabled and Non-Disabled staff. ELFT values the lived experience of Disabled colleagues and embeds these insights into policy, practice and workforce support.

This section reflects WDES data submitted to NHS England in 2025, drawing on 2024 Staff Survey results and workforce data as of 31 March 2025.

All ten WDES metrics inform this section and align with the Trust's Disability Confident commitments.

Workforce Profile and Data Quality

In 2025, 8.4 percent of ELFT staff declared a disability, an increase from 7.5 percent in 2024. The proportion of staff with an unknown disability status reduced from 6.25 percent to 5.95 percent, reflecting improvements in data quality through induction processes, Employee Staff Record prompts and targeted communications.

ELFT remains a Level 2 Disability Confident Employer and continues to partner with Purple Space and the Business Disability Forum to provide development resources and inclusive workplace support.



Key Findings

- **Representation (Metric 1):** Disabled staff representation increased overall, though remains lower at Clinical Band 8a to Very Senior Manager levels.
- **Capability processes (Metrics 2 and 3):** The relative likelihood of Disabled staff entering formal capability processes improved significantly, reducing from 11.63 in 2023 to 3.82 in 2024 and remaining lower in 2025.
- **Workplace adjustments (Metric 8):** The proportion of Disabled staff reporting that adjustments were in place increased to 76 percent, up from 71 percent.
- **Harassment and bullying (Metrics 4–7):** Disabled staff continue to report higher exposure to bullying and harassment, particularly from managers, highlighting the need for sustained focus on management capability and early intervention.

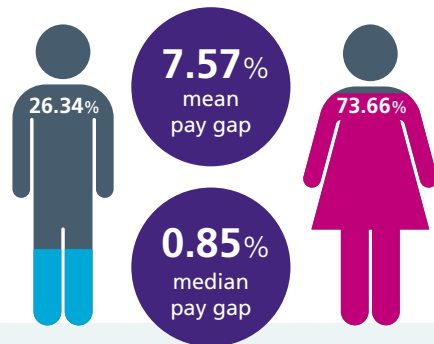
Areas of Improvement

Key priorities include increasing disability declaration to reduce unknown or not specified to 1% by April 2027, strengthening reasonable adjustment processes, improving access to career development and addressing bullying and harassment through targeted management training and accountability.

Pay Gap Reporting

ELFT continues to publish Gender Pay Gap reports as a statutory requirement and has voluntarily produced Ethnicity and Disability Pay Gap reports to strengthen transparency and accountability.

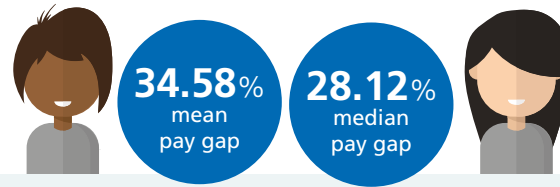
Gender Pay Gap



As of 31 March 2024, ELFT's workforce was 73.66 percent female and 26.34 percent male. The mean gender pay gap was 7.57 percent and the median gap was 0.85 percent. Bonus pay gaps remain significant, reflecting structural differences in senior and medical roles.

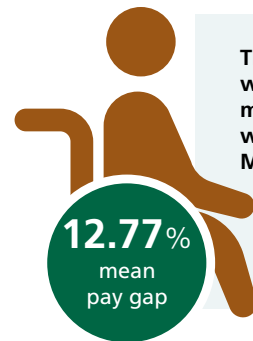
Ethnicity Pay Gap

This is the first year ELFT has published an Ethnicity Pay Gap report.

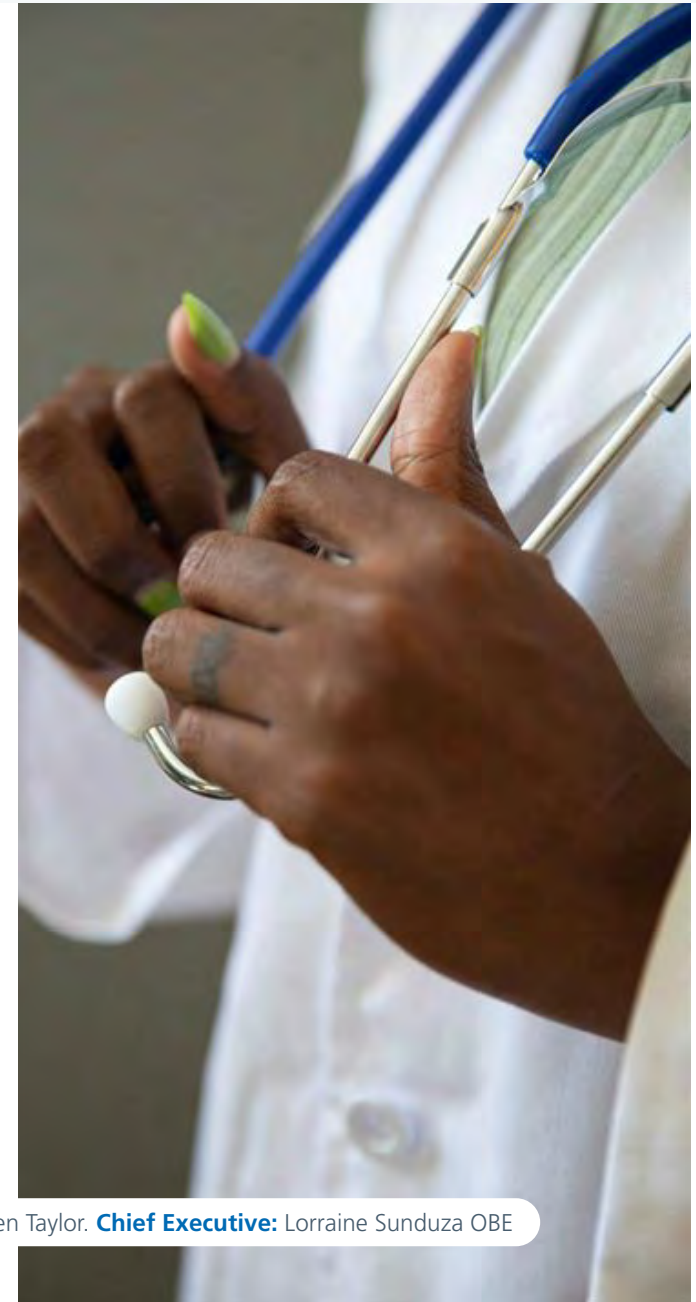


The mean hourly pay gap between White staff and Black staff was 34.58 percent, with a median gap of 28.12 percent. Pay gaps increase at senior bands, reinforcing the link between representation, progression and pay equity.

Disability Pay Gap



The mean disability pay gap was 12.77 percent, with no median pay gap. Pay gaps were most pronounced in Medical and Dental roles, reflecting distribution across seniority rather than pay differences within bands.





Workforce Updates and Staff Experience

Diabetes Awareness Month Campaign

In 2025, the Wellbeing and Engagement Team partnered with Population Health to deliver a Trust wide Diabetes Awareness Month campaign. The campaign focused on increasing awareness, promoting early identification and supporting staff to make informed decisions about their health.

Activities included clinical expert led webinars, onsite MOT health checks and accessible information resources addressing common myths, risk factors and prevention approaches.

Financial Wellbeing Webinars and MOTs

In response to cost-of-living pressures, ELFT partnered with HSBC to deliver a programme of financial wellbeing support. This included tailored webinars and in person financial MOTs, offering personalised guidance to support financial confidence and resilience.

Flexible Working

The Trust launched a project to strengthen how flexible working requests are managed, ensuring a consistent, fair and transparent approach. This work includes reviewing current processes, developing guidance for managers and promoting flexible working where service needs allow, to support retention and wellbeing.

Exit Surveys

A new enhanced Exit Survey was introduced in 2025 to capture richer insight into staff experience at the point of leaving. The findings will inform targeted action on retention, culture and systemic issues.

Staff Health and Wellbeing

ELFT continued to deliver support across the five pillars of its Wellbeing Wheel: physical, emotional, social, environmental and financial wellbeing. Initiatives included health MOTs, financial guidance, cycle to work schemes, recognition programmes and wellbeing activities. The BE WELL newsletter continues to reach staff Trust wide, generating approximately 18,000 annual clicks to wellbeing resources.

Staff Experience Programme

ELFT launched a Staff Experience Programme with the ambition for ELFT to offer the best staff experience of any mental health and community Trust in England. Staff Survey and National Quarterly Pulse Survey findings are key data sources to measure staff experience.

The programme includes six workstreams: Communication and Engagement, Equality and Diversity, Workplace Culture, Grow and Thrive, Wellbeing, and Data and Intelligence. Workstreams are executive sponsored, report monthly and use structured governance and quality improvement approaches where appropriate.





Staff Equity Networks

Staff Equity Networks play a critical role in improving staff experience, strengthening inclusion, and informing Trust priorities through lived experience. In 2025, ELFT continued to embed a more consistent model of network governance, leadership support, and executive sponsorship, ensuring networks remain impactful, sustainable, and aligned with workforce equity objectives.



The RaCE Network continued to support staff from racialised backgrounds by creating psychologically safe spaces, promoting allyship, and contributing to Trust-wide improvement work. In 2025, the Network strengthened collaborative working, including joint sessions with the North East London FT Global Majority Network, and supported the delivery of the first All Staff Network Conference.

The Network played an active role in the Quality Improvement disciplinary project, ensuring the lived experiences of Black staff, particularly those in Bands 3–4, informed the development of equity-led solutions. Engagement activities included presentations to operational teams, wellbeing discussions, and network awareness sessions across services.

Key challenges included capacity constraints due to limited leadership cover and managing expectations where issues extended beyond the Network’s remit. Priorities for 2026 include strengthening cross-network collaboration and increasing visible allyship.



The Men’s Network focused on increasing visibility and membership as a developing network. Activity in 2025 centred on site visits, Trust-wide communications, and participation in the All-Staff Network Conference to raise awareness and encourage allyship.

The Network remains committed to expanding engagement and establishing a clearer programme of activity to support men’s health, wellbeing, and inclusion across ELFT.



The ELFT Ability Network provided consistent support to Disabled staff through regular monthly meetings, peer support, and safe spaces. In 2025, the Network co-delivered neurodiversity safe spaces in partnership with the LGBTQIA+ and Women’s Networks and hosted events focused on wellbeing, stress management, and disability awareness.

The Network supported staff with reasonable adjustment queries and escalated systemic issues to People and Culture and Executive Sponsors. Ongoing challenges included gaps in clarity and consistency around adjustments processes. This feedback directly informs workforce improvement discussions and WDES action planning.



The LGBTQIA+ Network continued to provide structured support for LGBTQIA+ staff and allies through weekly, fortnightly, and monthly safe spaces, with approximately 50 staff regularly engaging across sessions. Monthly network meetings combined peer support with professional development and policy consultation.

The Network led and supported Trust participation in London Pride, Black Pride, and local Community Pride events and delivered Transgender Allyship Training and specialist input into Sexual Safety training. The Network also supported consultation on Trans+ policy development and contributed to the All-Staff Network Conference, highlighting intersectionality across identities.



The Women's Network focused on advocacy, wellbeing, education, and leadership development. In 2025, the Network delivered a broad programme including menopause support, hormonal health sessions, sexual safety awareness, and International Women's Day events. Membership grew to approximately 350 staff, with steady monthly increases.

The Network strengthened collaboration with other staff networks, delivered targeted training, and used member feedback to shape priorities. Key learning included the importance of psychological safety, sustainable engagement, and developing future network leaders to support continuity and impact.

What's Next

Across workforce equality, experience and wellbeing, ELFT will continue to focus on reducing structural inequities, strengthening leadership accountability and improving staff experience through evidence led action.

To further embed equity within core workforce functions, a dedicated EDI Lead has been identified within the People and Culture Directorate, providing clear operational ownership and closer alignment between EDI priorities and workforce policy, practice and delivery.

This role will support the consistent application of equity principles across recruitment, progression, workforce experience and organisational development, and will strengthen the Trust's ability to translate WRES, WDES and Pay Gap insights into sustained improvement.

In 2026, the Trust will publish a new Workforce Equality Plan (2026–2028). This plan will consolidate learning from WRES, WDES, Pay Gap reporting and the Staff Experience Programme, setting out measurable priorities and delivery milestones to drive sustained improvement in representation, experience and progression.

Progress will continue to be monitored through statutory reporting, workforce governance structures and ongoing engagement with staff networks, ensuring transparency, accountability and continuous learning.



Research and Innovation: Equity, Diversity and Inclusion

Research plays a critical role in ELFT's approach to advancing equity, diversity and inclusion (EDI). Through participation in national and local studies, the Trust contributes to the evidence base on health inequalities, while ensuring that research insight is translated into service improvement, workforce learning and system influence.

In 2025, ELFT continued to prioritise research that examines racial, cultural, socioeconomic and structural drivers of inequality, with a strong emphasis on co-production, lived experience and real-world application.

Cultural Consultation and Advocacy Research (NIHR)

ELFT is a partner site in the National Institute for Health and Care Research (NIHR) funded Culturally Appropriate Advocacy (CAA) study, examining whether culturally responsive advocacy improves access, experience and outcomes for racialised service users detained under the Mental Health Act.

Early findings indicate that CAA increased access to advocacy and improved service user experience through culturally informed, relationship-based approaches. However, evidence of impact on outcomes such as length of stay or use of restrictive practices was mixed, with implementation constrained by the non-statutory status of CAA and wider system pressures. The study also highlighted the potential for CAA to feed collective service user concerns into strategic frameworks such as the Patient and Carer Race Equality Framework (PCREF). Publications from this study are ongoing.

CoPACT Study: Mental Health Act Inequalities

ELFT contributed to the CoPACT study, a multi-site research project examining professional decision-making under the Mental Health Act and its role in ethnic disparities. Using experience-based co-design methods, including photovoice workshops and joint clinician–service user sessions, the study explored drivers of compulsory admission.

Findings published in February 2025 identified contributory factors including interdisciplinary mistrust, communication barriers, language and cultural constraints, role confusion between services, and systemic pressures such as staff shortages and lack of continuity of care. These insights are informing local learning on assessment practice, escalation and decision-making.





ARIADNE and ARIADNE-IMPACT Projects

ELFT has been a key contributor to the ARIADNE programme, examining access and experience of mental healthcare for people from racialised communities, particularly during and after the COVID-19 pandemic. The subsequent ARIADNE-IMPACT work focused on translating co-produced action plans into practice. Findings reinforced the importance of early intervention, community-based approaches, non-verbal therapies, culturally sensitive communication, and real-time data to support transparent evaluation. This research has directly informed local discussions on community engagement, youth mental health, and service design.

DIALOG Outcomes Analysis (Equity Lens)

In 2025, ELFT completed an EDI-focused analysis of pooled DIALOG scores across historical time points, including pre- and post-COVID-19 periods. Using regression analysis to account for confounding variables, the study explored differences in satisfaction across domains by ethnicity.

Key findings showed higher odds of satisfaction among Black and Asian service users across several mental health, physical health and life areas, alongside lower satisfaction related to accommodation. These findings highlight the importance of interpreting outcome data through an equity lens and triangulating quantitative results with qualitative insight.

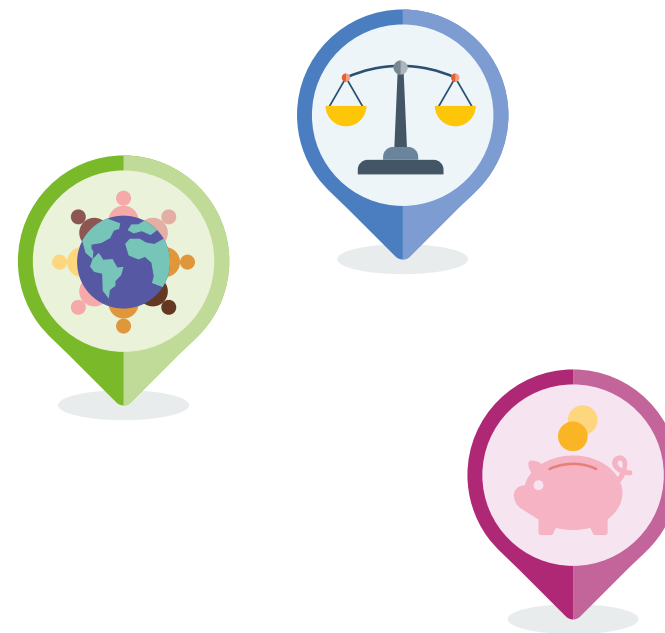
Community and Youth Research: DEER Study

The Development of Emotional Resilience (DEER) study, funded by Barts Charity, is following a cohort of nearly 850 primary school children in East London to understand factors that support resilience and wellbeing. The study is particularly relevant to health inequality given the demographics of the local population and focuses on anxiety, depression, loneliness, self-harm and suicide.

Workforce and COVID-19 Inequality Research

ELFT is a participating site in the UK-REACH iCARE study, examining the differential impact of COVID-19 on healthcare workers from ethnic minority backgrounds, with a specific focus on retention. This work aligns with the Trust’s workforce equity agenda and contributes to national learning on differential risk and recovery.

In addition, ELFT has been involved in a Medical Workforce Race Equality Standard (MWRES) audit focusing on the experience of International Medical Graduates, supporting insight into recruitment, progression and support needs within the medical workforce.





East London NHS Foundation Trust - EDI Annual Report 2025

New and Ongoing Research Initiatives

Several new studies with an explicit inequality focus are underway or commencing, including:

- **PEGASUS:** Reducing cardiovascular disease risk in people with severe mental illness through a co-produced, peer-supported intervention.
- **ICONIC:** Improving quality of life for people with mild to moderate intellectual disability through person-centred communication.
- **Genes and Health:** A large-scale genomic and health outcomes study involving British Bangladeshi and British Pakistani communities.
- **Social Health Cohort Study:** Exploring how social networks influence outcomes for people with severe mental illness over time.
- **Digital Inclusion Research:** Analysis of digital exclusion among mental health service users, highlighting intersections between age, ethnicity, income and access.

Translating Research into Practice

Across all research activity, ELFT maintains a clear focus on applying learning to practice. Research findings are routinely shared through the Trust’s Research and Innovation Conference, EDI governance forums, Quality Improvement programmes and strategic frameworks such as PCREF.

This ensures that research does not sit in isolation, but actively informs service improvement, workforce development and system-wide approaches to reducing inequity.



Chair: Eileen Taylor. **Chief Executive:** Lorraine Sunduza OBE



Conclusion and Next Steps

In 2025, ELFT continued to embed equity, diversity and inclusion into core delivery, with clear evidence of progress where work has been structured, measurable and co-produced. The report demonstrates impact across workforce and service user agendas, including targeted improvement in access for people living in the most deprived communities through the Pursuing Equity Programme, strengthened PCREF governance and data visibility, and continued development of equity capability through quality improvement and cultural competency approaches.



Workforce evidence through WRES, WDES and Pay Gap reporting continues to provide critical assurance and direction. These datasets show sustained workforce diversity, alongside persistent inequities in experience, progression and outcomes that require continued focus. In response, ELFT is developing a new Workforce Equality Plan for 2026 to 2028 to provide a clearer and longer-term framework for delivery, aligned to statutory requirements and the Trust's staff experience ambitions.

To strengthen operational ownership and embed equity into core workforce functions, a dedicated EDI Lead has been identified within the People and Culture Directorate. This will support closer alignment between EDI priorities and workforce policy, practice and delivery, and strengthen the Trust's ability to translate insight from WRES, WDES and Pay Gap reporting into sustained improvement.

Beyond workforce, equity in care continues to be progressed through population health intelligence, place-based partnership working, and improvements to accessibility. This includes

approved funding for the AccessAble project and continued co-produced work through Ambassadors for Access, ensuring that practical barriers to access are identified and addressed with lived experience leadership.

Trustwide programmes to strengthen safety and culture also progressed in 2025. Sexual Safety Charter implementation has continued with structured governance, dedicated capacity, improved infrastructure for support and reporting, and integration into the Staff Experience Plan under the Workforce Culture workstream. Anti racism work has continued to mature, with local anti-racism approaches already finalised in Forensic Services and Bedfordshire Borough Mental Health Services, and the Trustwide Anti Racism Strategy scheduled for launch in March 2026 following consultation with staff, service users and carers.



Assurance and governance will be strengthened further in 2026 through planned improvements to Equality Impact Assessment practice, including the establishment of a formal EIA Panel jointly led by People and Culture and EDI as part of the new integrated EDI workstream, and a structured programme of backdating EIAs for key workforce and service user policies. Future estate strategies, capital programmes and rationalisation proposals will continue to be informed by equality impact, accessibility requirements and co-produced feedback, ensuring that environmental improvements contribute directly to reducing inequities in access, experience and outcomes.

Overall, the evidence in this report reinforces a consistent message: equity improves when it is built into how decisions are made, how services are designed, how leadership is held to account, and how data and lived experience are used to drive improvement. ELFT will continue to monitor progress through statutory reporting, structured governance and meaningful engagement with staff networks, People Participation and communities, ensuring transparency, accountability and continuous learning.





REPORT TO THE TRUST BOARD IN PUBLIC

21 MAY 2026

Title	Trust Strategy 2026-2031
Author	Carys Esseen, Deputy Director of Integrated Care
Accountable Executive Director	Richard Fradgley, Deputy Chief Executive

Purpose of the report

This paper updates the Board with progress in the development of the Trust Strategy 2026-2031 and the Strategy Delivery Framework, following approval in principle of the strategy at the January 2026 Board. The final Strategy design is attached, along with the Strategy Delivery Framework, which has been developed through extensive engagement and iteration across the Trust, including at Board development and in Board committees. The Strategy Delivery Framework is our proposed approach to delivery, noting that several elements remain purposefully developmental and will continue to be refined through implementation and learning during 2026/27.

An Equality Impact Assessment (EIA) for the new strategy has been completed and reviewed by the Trust EIA Review Panel, in accordance with Trust policies. The EIA was also received by the Integrated Care and Commissioning Committee. The panel noted that the Trust Strategy and proposed approach to delivery (outlined in the Strategy Delivery Framework) demonstrate appropriate consideration of the Trust’s Public Sector Equality Duty.

Finally, the Board is asked to note the intended communications and engagement approach to strategy launch and mobilisation with staff, service users, carers, communities and system partners.

Committees/meetings where this item has been considered

Date	Committee/Meeting
11/12/25	Board Development Session
29/01/26	Trust Board in Public (strategy approved in principle)
Various (Jan-May 2026)	Board sub-committees, including: Quality Assurance Committee, People and Culture Committee, Integrated Care and Commissioning Committee, People Participation Committee and Finance, Business and Investment Committee
Various (Jan-May 2026)	Executive Team Meeting
Various (Jan-May 2026)	Clinical and Care professional and operational leadership forums, including: CEO Discussion Group, DMTs Away Day, Multi-disciplinary Professional Leads Meeting
Various (Jan-May 2026)	Engagement events with staff and service users, including: Trust Strategy Roadshows, Trust Talk Live, Trust Strategy Representative Group Meetings
30/04/26	Board Development Session

Key messages

The Trust Strategy 2026–2031 has been shaped through an extensive programme of engagement and iterative development since July 2025 (“the Big Conversation”), involving staff, service users, carers, governors, communities and system partners across all Trust geographies.

Since the Board approved the strategy in principle in January 2026, further work has been undertaken to professionally design the final strategy document, strengthen accessibility, develop the supporting delivery framework, complete the Equality Impact Assessment, and prepare for organisation-wide mobilisation and engagement.

12

The strategy continues to reflect what people consistently told us matters most: improving the quality and experience of care, supporting staff to do their best work, advancing equity, and strengthening prevention and earlier help.

The Strategy Delivery Framework has been developed to provide a coherent approach to turning the strategy into practical action. The framework is not a detailed implementation plan, but provides a structured approach to prioritisation, coordination, learning and organisational mobilisation over time. Through the Strategy Delivery Framework we are introducing a clearer annual delivery rhythm, a more disciplined approach to prioritisation, and a stronger emphasis on organisational learning, alignment and accountability.

The framework has evolved significantly over recent months through engagement with Board committees, clinical and care professional leaders, staff, service users and wider engagement forums. This has included refinement of the translation layer, Year 1 priorities, communications and engagement approach, and balanced scorecard methodology. The framework is intentionally and purposefully developmental in several areas, including refinement of the balanced scorecard and underlying measures, organisational learning systems, accountability arrangements and alignment of organisational infrastructure to support delivery.

Equality and accessibility considerations have informed both the development of the strategy and the design of the delivery framework. An easy-read version of the strategy is being co-designed by a group of service users and carers, alongside the final professionally-designed strategy document.

A phased communications and engagement approach has been developed to support launch and mobilisation of the strategy, including ongoing engagement with staff, service users, carers, communities and system partners.

The Board is asked to:

APPROVE the Trust Strategy 2026-2031

ENDORSE the proposed approach to strategic delivery outlined in the Strategy Delivery Framework

NOTE the approach to communications and engagement that we will take to launch the strategy and to ensure that we continue to involve service users, carers, staff, governors and members, communities and system partners in delivery

Strategic priorities this paper supports

Improved population health outcomes	<input checked="" type="checkbox"/>	
Improved experience of care	<input checked="" type="checkbox"/>	
Improved staff experience	<input checked="" type="checkbox"/>	
Improved value	<input checked="" type="checkbox"/>	

Implications

Equality Analysis	<p>Equality considerations have informed both the development of the strategy and the design of the delivery framework. The strategy places equity at the centre of decision-making and delivery, including a specific strategic priority focused on advancing equity in all we do.</p> <p>The Equality Impact Assessment has been assured by the EDI panel in accordance with Trust policies. The Board is asked to note that further EIAs will be completed for all changes or initiatives that the new strategy brings about in practice.</p>
Risk and Assurance	<p>The strategy and delivery framework provide a clearer structure for prioritisation, planning, governance and organisational learning over the next five years.</p>

	<p>Key delivery risks include operational pressure, workforce constraints, financial challenge, and dependency on effective partnership working across systems and places. The delivery framework has been designed to support disciplined prioritisation, alignment of effort and timely course correction in response to emerging risks and learning.</p> <p>The phased and developmental approach to implementation is intended to support safe and assured delivery.</p>
Service User/ Carer/Staff	<p>The strategy is grounded in what people told us matters most: joined-up and compassionate care, earlier help, equity, reliability, and being treated with dignity and respect.</p> <p>For staff, it signals a commitment to creating the conditions that enable people to do their best work, including clearer priorities, leadership, development, support and psychological safety during a period of significant challenge and change.</p> <p>Ongoing involvement of, and coproduction with, service users, carers and staff will remain integral to delivery.</p>
Financial	<p>The strategy is intended to be delivered within the context of responsible financial stewardship and increasingly constrained resources.</p> <p>The delivery framework introduces a stronger emphasis on prioritisation, sequencing and alignment of resources to agreed organisational priorities. Detailed financial implications will continue to be considered through annual planning processes and delivery governance arrangements.</p>
Quality	<p>Improving the quality, safety and experience of care is the primary purpose of the strategy and delivery framework.</p> <p>The framework strengthens the organisation’s approach to learning, improvement, prioritisation and accountability, while reinforcing the importance of consistency, continuity and reduction of unwarranted variation.</p> <p>The framework signals a desire to strengthen our quality management system and the way that the interdependent components of quality control, quality assurance, quality improvement and quality planning work together. Improvement methods, including QI, remain central to how the Trust intends to test change, learn quickly, and spread effective practice over time.</p>

List of Appendices

- Appendix A** – Trust Strategy 2026 – 2031
- Appendix B** – Strategy Delivery Framework

1. Purpose of the report

- 1.1. The purpose of this report is to seek formal approval of the Trust Strategy 2026–2031 and present the supporting Strategy Delivery Framework and communications and engagement approach.
- 1.2. Since the Board's agreement of the strategy in principle in January 2026, further work has been undertaken to refine, visually design and prepare the strategy for organisational mobilisation and implementation.
- 1.3. This report summarises the work undertaken since January, describes the proposed approach to delivery and engagement, and outlines the next steps for implementation and ongoing refinement.

2. Background and context

- 2.1. Since July 2025, the Trust has undertaken a sustained programme of engagement to inform the development of the 2026–31 strategy, referred to as the “Big Conversation”. The Board received and agreed the strategy in principle in January 2026 following multiple phases of engagement involving staff, service users, carers, governors, communities and system partners across all Trust geographies.
- 2.2. Since January 2026, the visual design of the Trust Strategy and emerging Strategy Delivery Framework have continued to be refined through:
 - Board committees and Board development
 - Executive Team discussion
 - Clinical and professional leadership forums
 - The Representative Group
 - Wider staff, service user and stakeholder engagement
 - Strategy Roadshows and organisational engagement events
- 2.3. This iterative process has strengthened the clarity, accessibility and practical application of the strategy and delivery framework, while maintaining the core themes and priorities developed through the Big Conversation process.

3. Trust Strategy 2026 - 2031

- 3.1. The final Trust Strategy 2026–2031 is attached at Appendix A.
- 3.2. The strategy is designed to provide a clear and accessible direction for the organisation over the next five years. It retains continuity with the Trust's existing strengths and values while responding to the challenges and opportunities identified through engagement and the wider system context.
- 3.3. The strategy includes:
 - The Trust mission and values
 - A description of the organisational strengths we will build on
 - A clear, coproduced vision
 - Four strategic priorities: to improve the quality and experience of care, to make ELFT a place where people can do their best work, to advance equity in all we do and to strengthen prevention and earlier help

- A set of ‘essentials for the journey ahead’ describing the conditions required to support delivery
 - A restatement of our commitment to pursuing the outcomes of improved population health, improved experience of care, improved staff experience and improved value (the quadruple aim) through our new strategy
- 3.4. Particular attention has been paid to ensuring the strategy is accessible, human and meaningful to the people we serve, while remaining sufficiently clear to guide prioritisation, planning and decision-making across the organisation.
- 3.5. Accessible (plain text) and easy-read (simplified) versions of the strategy are being developed alongside the final publication version attached here, with the support of People Participation Leads, service users and carers.

4. Equality Impact Assessment

- 4.1. An Equality Impact Assessment (EIA) for the new Trust Strategy has been completed and reviewed by the Trust EIA Panel in line with Trust policies and has been received by the Integrated Care and Commissioning Committee. The panel found that the EIA has clear strategic intent and alignment to advancing equity, reducing inequalities, and improving experience and outcomes for diverse communities. The panel also found that the EIA demonstrates appropriate consideration of the Trust’s Public Sector Equality Duty.
- 4.2. Equality and equity considerations have informed both the strategy itself and the proposed delivery framework, including the approach to engagement, measurement, accessibility and prioritisation.
- 4.3. Particular consideration has been given to:
- Equity in access, experience and outcomes
 - Accessibility of language and design
 - Representation and inclusion
 - On-going coproduction with service users, carers and communities
 - Equity considerations for staff
- 4.4. Equality and accessibility considerations will continue to inform implementation and ongoing refinement of the strategy and delivery framework through 2026/27. The Board is asked to note that further EIAs will be completed for all changes or initiatives that the new strategy brings about in practice, in accordance with Trust policies.

5. Strategy Delivery Framework

- 5.1. The Strategy Delivery Framework is attached at Appendix B.
- 5.2. The framework has been developed to describe how the Trust intends to translate the strategy into practical action over the next five years. It is not intended to be a detailed implementation plan, but to provide a structured approach to prioritisation, coordination, learning and mobilisation across a large and complex organisation. It has been iterated through engagement with the Board, with clinical and care professional leaders, with staff, service users and wider organisational engagement forums.
- 5.3. The Strategy Delivery Framework is designed to support a more disciplined approach to prioritisation that can support clearer sequencing of activity, and effective alignment of resources to our agreed areas of focus. It also sets out the need for us to be clearer about accountabilities for delivery and how these relate to the freedoms people have to test, learn and find what works.

- 5.4. At its core, the framework introduces a repeating annual delivery rhythm supported by five interdependent domains:
- A. **Direction and prioritisation** (supported by a clear planning rhythm)
 - B. **Communications and engagement** (the feedback loops we will build to ensure we are triangulating all forms of feedback and insights and communicating effectively about how we are responding)
 - C. **Leadership and ways of working** (including the Freedom Within a Framework principles that guide the delivery approach)
 - D. **Organisational design and resources** (including reviewing our organisational structures, and how we allocate resources against our priorities)
 - E. **Governance, assurance and learning** (including how we develop an effective organisational learning system to enable the scaling and spreading of excellent practice)
- 5.5. The Strategy Delivery Framework also includes a ‘translation layer’ describing what the strategy means in practice for care delivery, and what service users, carers and staff will say if we get things right. It also includes a prototype balanced scorecard, which will support the Board to understand the progress we are making in the short-term, as well as enabling the tracking of longer-term progress and trajectories over time.
- 5.6. The framework is intentionally and purposefully developmental in several areas and is intended to continue evolving through implementation and learning during 2026/27. Areas requiring further refinement include:
- The detailed design of organisational prioritisation, planning and review rhythms
 - Refinement of the balanced scorecard and underlying measures and trajectories
 - Further development of governance, accountability and organisational design arrangements, supported by the development of key skills and capabilities needed to support working in new ways
 - Further development of the supporting Freedom Within a Framework materials, including testing through Board sub-committees and relevant governance channels before formal adoption
 - Further development of explicit organisational approaches to improvement support and organisational learning. This includes exploring how the Trust distinguishes between priorities that require direct organisational sponsorship and coordination, those best enabled through corporate support and improvement infrastructure, and those most appropriately led locally by services and teams
- 5.7. The table below summarises the current position and next phase of development across the main framework domains:

Strategy Delivery Framework: Developmental Assessment			
Domain	Component	Current position	Next phase of development
Direction and prioritisation	Year 1 priorities, sequencing, translation layer	Developed and tested through engagement	Refinement through implementation and annual planning
Communications and engagement	Launch and engagement approach	Initial approach developed and tested through engagement	Ongoing refinement through delivery and feedback
Leadership and ways of working	Freedom Within a Framework principles, supporting materials and	Core principles developed and tested through	Further development and governance of supporting materials,

	associated organisational and leadership development programmes	engagement; supporting materials in development	followed by implementation through organisational and leadership development work
Organisational design and resources	Organisational design and alignment of resources to our priorities	Early development underway (principles included in the delivery framework)	Further design and implementation during 2026/27
Governance, assurance and learning	Balanced scorecard, quality management system (QMS), governance review and learning system design	Core logic established; further refinement required	Continued development through implementation and learning

6. Communications and engagement approach

- 6.1. A phased communications and engagement plan has been developed to support launch and mobilisation of the strategy and delivery framework.
- 6.2. The communications and engagement approach is based on the principle that strategy mobilisation is an ongoing process, not a single launch event. The aim is to build awareness, understanding, ownership and action by making the strategy meaningful to the day-to-day experience of staff, service users, carers and communities. It will also support local teams to talk about and apply the strategy with internal and external stakeholders.
- 6.3. A programme of place-based strategy roadshows has been underway, hosted by the Executive Team. These sessions have provided opportunities for colleagues, service users and carers to engage with the strategy and emerging delivery framework, and to contribute insights that have helped shape the approach.
- 6.4. Following formal approval and public launch of the strategy, further engagement will take place across our geographies, services and professional groups. This next phase will support local leadership teams, staff, service users and carers to consider what the strategy means in practice, and how delivery will be embedded locally with appropriate organisational support.
- 6.5. The launch of the strategy also provides an opportunity to strengthen engagement with communities and system partners, including improving understanding of ELFT’s services and role across local places. This will support delivery of compassionate, people-centred care and help ensure that the strategy remains connected to the needs and experiences of the people and communities we serve.
- 6.6. As we move deeper into the rhythm of strategy delivery, communications and engagement will support ongoing dialogue, local ownership, organisational learning and shared accountability for delivery over time.

7. Next steps

- 7.1. With the endorsement of the Board, the following activity will take place during 2026/27:
 - Public launch of the strategy and supporting engagement activity
 - Local mobilisation and engagement across services and teams
 - Refinement of the balanced scorecard and data that will underpin the measures

- Further development of accountability and governance arrangements
- Development of organisational capability to support delivery and learning
- Ongoing review and refinement of the delivery framework through implementation and feedback

7.2. As the Strategy Delivery Framework is implemented, further work will also be undertaken to review and refine governance, assurance and reporting arrangements across the organisation. This will include consideration of how the Board and its sub-committees receive assurance on strategic delivery, organisational learning and progress against the Trust's strategic outcomes over time.

7.3. This work will build on the recent Board development discussion regarding the Board Assurance Framework and reflects the intention that governance arrangements continue to evolve in support of the Trust's strategy, delivery rhythm and organisational priorities.

8. Recommendations

8.1. The Board is asked to:

- APPROVE** the Trust Strategy 2026 – 2031, attached at Appendix A
- ENDORSE** the Strategy Delivery Framework, attached at Appendix B
- NOTE** the proposed communications and engagement approach, outlined in section 7 of this report

End of report

The ELFT Strategy Who we are



Our trust mission

To improve the quality of life for all we serve

Our values

We care
We respect
We are inclusive

Our core ambitions

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

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

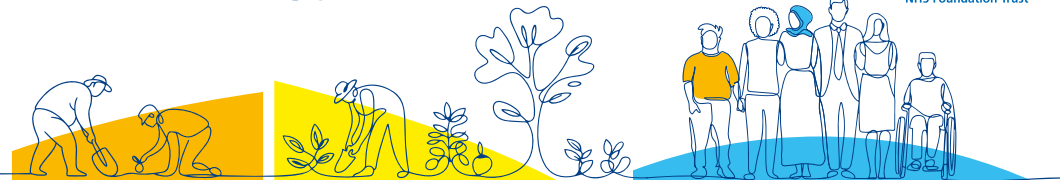
Over the next decade, the way we provide care will need to change. Our communities are growing and ageing, and more people are living longer with mental and physical health needs. Health inequalities remain too wide in the communities we serve.

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

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

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

Our Strategy 2026 - 2031



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.

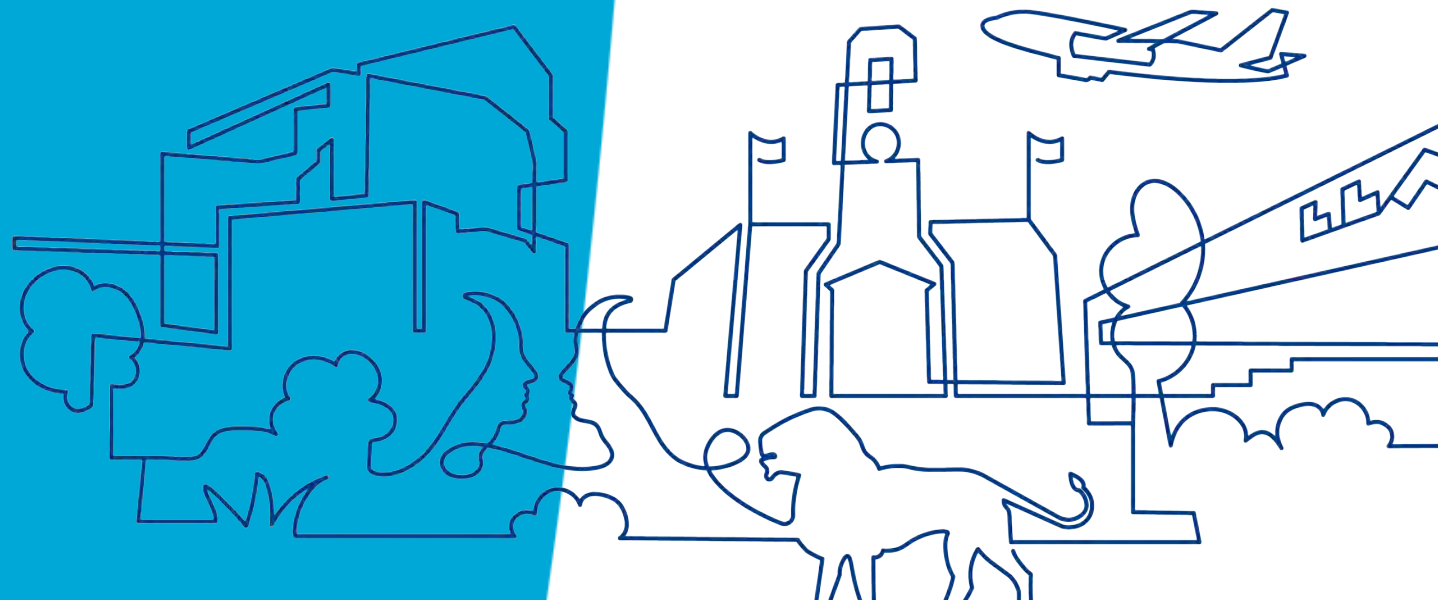
A culture of continuous improvement and innovation, using evidence, insight and research to adapt and learn over time.

Find out more about our Trust strategy



Trust Strategy Delivery Framework

21/05/2026



Introduction



East London
NHS Foundation Trust

The Strategy Delivery Framework is orientated towards the delivery of the new Trust Strategy (2026 – 2031)

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 inequalities 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



Contents

1. What the Strategy Delivery Framework is for
2. Delivery Framework Core Components
3. What the new strategy means for care at ELFT (the Translation Layer)
4. Where we will focus energy and attention first (2026/27)
5. How delivery evolves over time
6. How we will work together
7. Communications and engagement
8. How we will measure and monitor progress
9. How we will learn, improve and change course when we need to
10. How we will align support and resources to strategic priorities

1. What the Strategy Delivery Framework is for

This framework explains how we will turn our strategy into real change.

It describes the interconnecting elements that will help us focus on what matters most, work in a more joined-up way, and use our time and resources well.

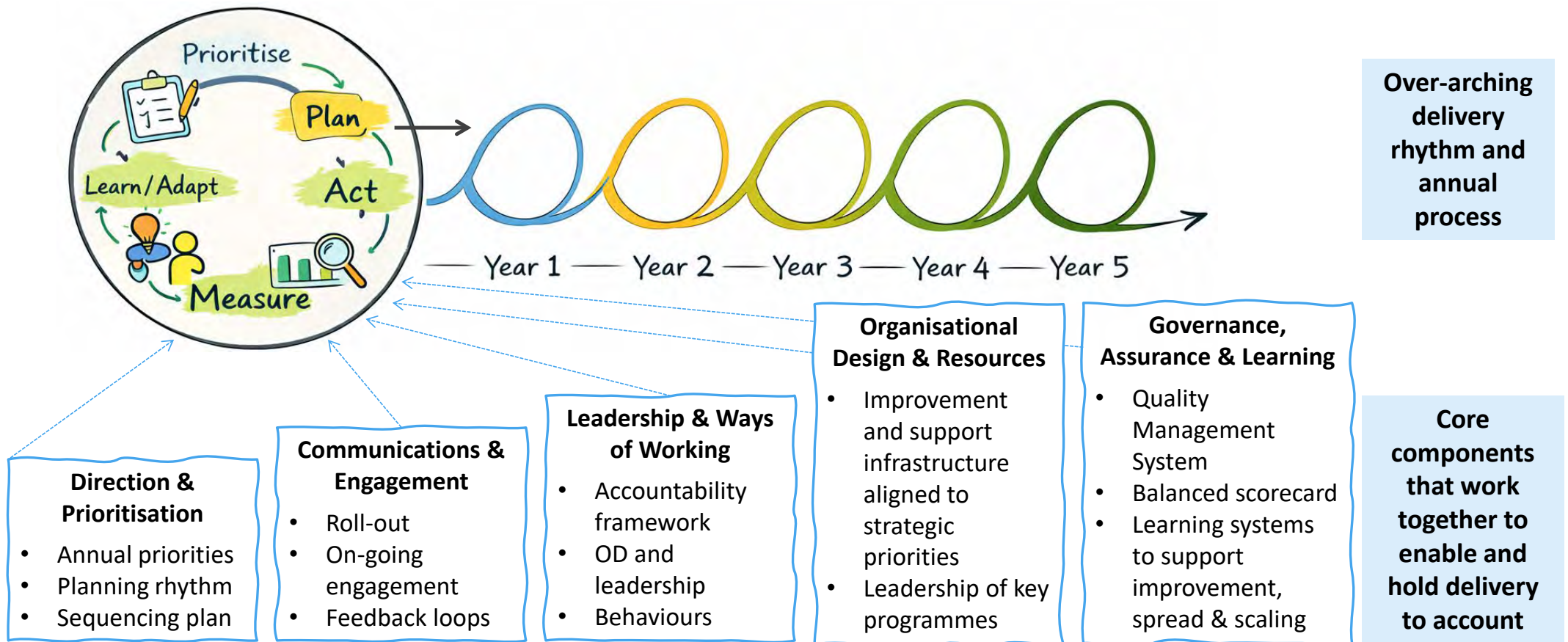
It is not a detailed plan for everything. Instead, it sets out a clear direction, the priorities we will focus on, and how we will learn and adapt as we go.

It is there to support teams across the Trust to make decisions, take action, and improve care in a consistent way.

Most importantly, it will hold us accountable so that what we said we would do in our strategy actually happens in practice — for our staff, our service users and carers, and the communities we serve.

2. Delivery Framework Core Components

Repeating annual cycle - Each year follows this cycle, with learning shaping the next year's priorities



3. What the new strategy means for care at ELFT

This section translates the Trust's 2026–2031 strategy into a clearer picture of what success will look and feel like in practice. It sits between the strategy (our ambition) and the delivery framework (how we will get there).

It is designed to help frontline and corporate teams see their part in our collective endeavour and bring our strategy to life through their actions. This includes care and support delivered across mental health, community health, primary care and specialist services, and should make sense to teams working in both mainstream and highly specialised settings.

Our strategy has four priorities. The following slides set out what each priority means in practice, our ambition for 2031, and what people who use our services, carers and staff should notice if we deliver well.



We care
We respect
We are inclusive

elft.nhs.uk

3. What the new strategy means for care at ELFT - Improve the quality and experience of care



East London
NHS Foundation Trust

What this means in practice:

- Care is more joined up and continuous between teams and organisations; particularly for those with complex, long-term or multi-agency needs where continuity, coordination and clear transitions matter most.
- Care is more consistent and reliable. We agree core ways of working where they matter most, and we reduce unwarranted variation across the Trust.
- Access and waiting is easier to understand. People receive clear, proactive updates about what happens next and who to contact.

If we get this right, service users and carers will say:	If we get this right, staff and teams will say:	Our ambitions for 2031 are...
<p>“People talk to each other — I don’t have to keep repeating my story.”</p> <p>“I’m not left on my own when I move between teams — someone helps me through it and follows up with me.”</p> <p>“I know what’s happening, what I’m waiting for, and who to contact.”</p> <p>“I feel safe, listened to, and treated like a person.”</p>	<p>“We take shared responsibility for transitions. We do not hand people off.”</p> <p>“We know which parts of care must be consistent and where local flexibility is expected.”</p> <p>“We communicate proactively with people who are waiting. It is part of care.”</p> <p>“We can solve problems across team boundaries more quickly.”</p>	<ul style="list-style-type: none"> • To join up pathways of care where it matters most across primary care, community health, mental health and specialist services; with fewer hand-offs between services • To make waiting less uncertain for service users and carers with shorter waits and kind, proactive communication • Reduce escalations in need through proactive management of care, and keep hospital length of stay as low as possible • Strengthen safety for service users and staff, including a more consistent approach to care planning (e.g. DIALOG+) • To reduce variation in access, experience and outcomes

Essentials for the journey ahead that most support this priority:

- **Kind, inclusive and accessible communication:** proactive updates while people are waiting and accessible information
- **Clear and effective systems and processes:** to simplify and standardise where it matters to reduce delays and duplication
- **Digital tools and useful information:** joined-up information, visibility of waits, and good quality outcomes data (CHS outcomes and DIALOG)
- **A culture of continuous improvement and innovation:** helping to reduce unwarranted variation and make sure what works in one place becomes strength everywhere.

3. What the new strategy means for care at ELFT - Make ELFT a place where people can do their best work



East London
NHS Foundation Trust

What this means in practice:

- Staff have more time to care, with less time spent on workarounds, duplicated tasks, and unnecessary administration
- Supervision, development, and support are equitable, consistent, and protected. Key capabilities grow over time, including leadership skills.
- When people raise concerns or share ideas, they see what changed, or they understand why it could not.

If we get this right, service users and carers will say:

“I feel like staff have the time to really listen to me and understand what matters to me.”
 “I know the people who help me, and they remember me.”
 “People follow through on what they say they will do.”
 “I get clear updates and communication that I can understand, including when I’m waiting.”

If we get this right, staff and teams will say:

“I can spend my time helping people, not fighting the system.”
 “When I raise a problem, something happens — and I can see what changed.”
 “I understand what matters most, and I’m not being asked to do everything at once.”
 “My role is clear and makes good use of my skills, and I’m supported to build new skills and take the next step in my career.”
 “ELFT cares about my health and wellbeing.”

Our ambitions for 2031 are...

- To enable people to work to the top of their competence and reach their potential, through good role design, skill mix, development routes and career pathways
- To make supervision, training and development routine and reliable, and to be assured that opportunities to grow, learn and develop are equitable across groups.
- To have embedded ‘freedom within a framework’, so teams can learn from each other and make deliberate choices about what to prioritise and what to stop.
- To make kindness, care, respect and inclusion visible in day-to-day behaviours, and reflected in people’s experience of care.

Essentials for the journey ahead that most support this priority:

- **A well-planned, supported workforce:** including workforce planning, quality supervision, development, role clarity and OD / capability building
- **Kind, inclusive and accessible communication:** to help people feel connected, learn from others, and see that their feedback is taken seriously
- **Clear and effective systems and processes:** removing friction and ensuring staff time is not consumed by unnecessary tasks
- **Digital tools and useful information:** making tasks easier, reducing burden and helping staff to do the right thing first time

3. What the new strategy means for care at ELFT - Advance equity in all we do



What this means in practice:

- Equity is both a priority and a thread. We apply an equity lens in all that we do
- Care improves for people and communities who are poorly served by standard models, face multiple disadvantage, or are less likely to access timely help through mainstream routes
- We use data and lived experience to identify inequities in access, experience and outcomes, and we coproduce solutions with those most affected
- Action on racism and discrimination is visible in our governance, behaviours and outcomes (we live by our anti-racism strategy)

If we get this right, service users and carers will say:

“Care feels fair. It is not easier for some people to get help than others.”

“The Trust understands the barriers people face and acts on them.”

“I’m involved in decisions about my care, and services look like me and sound like me.”

“Staff understand my culture, and do not make assumptions about me.”

If we get this right, staff and teams will say:

“Equity is built into our measures and improvement work.”

“We use data to identify inequity and act on it, and we test whether changes narrow or widen gaps.”

“ELFT is committed to inclusion, and I can see that chances to develop and progress are equitable.”

Our ambitions for 2031 are...

- Make inequities visible and actionable. Teams routinely look at access, experience and outcomes by group, and they act on disproportionalities
- Deliver sustained progress on equity commitments, including our anti-racism strategy and PCREF, so improvement is consistent over time
- Strengthen fairness and inclusion in staff experience, evidenced in qualitative and quantitative data, including WRES and WDES measures
- Show measurable improvement in reducing disproportionalities in access, experience and outcomes for racialised communities

Essentials for the journey ahead that most support this priority:

- **Co-production with service users, carers and communities:** the people most affected by inequities help design solutions and shape priorities.
- **Digital tools and useful information:** stratified measures and good insights so inequities are visible; digital inclusion for service users and carers
- **A culture of continuous improvement and innovation:** testing changes with communities, learning quickly and spreading what works.
- **Kind, inclusive and accessible communication:** accessible communication supporting equity by design

3. What the new strategy means for care at ELFT - Strengthen prevention and earlier help



East London

What this means in practice:

- Teams know how to help people live well for longer, and think holistically about physical health, mental health and the wider determinants of health
- We work together with communities, other health organisations, social care, local authority teams, the voluntary and community sector and schools to support healthier neighbourhoods
- We shift more effort upstream so people get help earlier, avoid escalation into crisis, and avoid admissions that could have been prevented

If we get this right, service users and carers will say:

“I get help earlier — not just when things have already got worse.”
 “I can get support closer to home – I don’t have to go to hospital to see someone.”
 “Services work better with the other organisations around me — it feels joined up.”
 “Equal attention is paid to my physical and mental health.”

If we get this right, staff and teams will say:

“We’re spending more time upstream and can describe what prevention means in our pathway.”
 “We work across boundaries as standard, with clearer coordination and fewer hand-offs.”
 “We have better alternatives to hospital”
 “We are confident talking to people about their social circumstances (employment, finances etc.) and can support them to get help”

Our ambitions for 2031 are...

- To make neighbourhood working the default way we coordinate care for people and families with multiple and complex needs
- To have effective admission avoidance pathways so more people can receive their care in the community, rather than in hospital
- To have high quality schools-based mental health support and early help partnerships in all our places
- To have a consistently high quality of care in all our community mental health services: with a robust assertive community support offer and spreading the learning from the 24/7 mental health pilot
- To have strengthened urgent mental health assessment environments, including MHED models where commissioned / enabled, reducing reliance on A&E for mental health care

Essentials for the journey ahead that most support this priority:

- **Co-production and partnerships:** co-designed approaches to neighbourhood care so support wraps around people’s lives
- **A well-planned, supported workforce:** workforce planning and OD needed to enable integrated care and preventative approaches
- **Digital tools and useful information:** to facilitate joined-up care in multi-agency, multi-disciplinary teams, and to understand local needs
- **Safe, welcoming and sustainable places:** spaces that facilitate co-location, joint working, local access, therapeutic support and smoother transitions

4. Where we will focus energy and attention first (2026/27)

Successful delivery depends on being clear about what matters now and what matters next, so we can align our efforts around shared priorities.

Each year, we will use our planning process and delivery rhythm to agree a small number of collective priorities. This will help us focus our time and resources where they will have the greatest impact.

The table on the next page sets out the proposed priorities for Year 1. It distinguishes between areas that require collective effort across the Trust and those that are specific to particular services, pathways or populations.

These priorities have been shaped by our Medium-Term Plan, colleague engagement (including strategy roadshows), and discussions with clinical and care professional leaders and the executive team.

They link directly to the measures set out in the balanced scorecard (chapter 8).



We care
We respect
We are inclusive

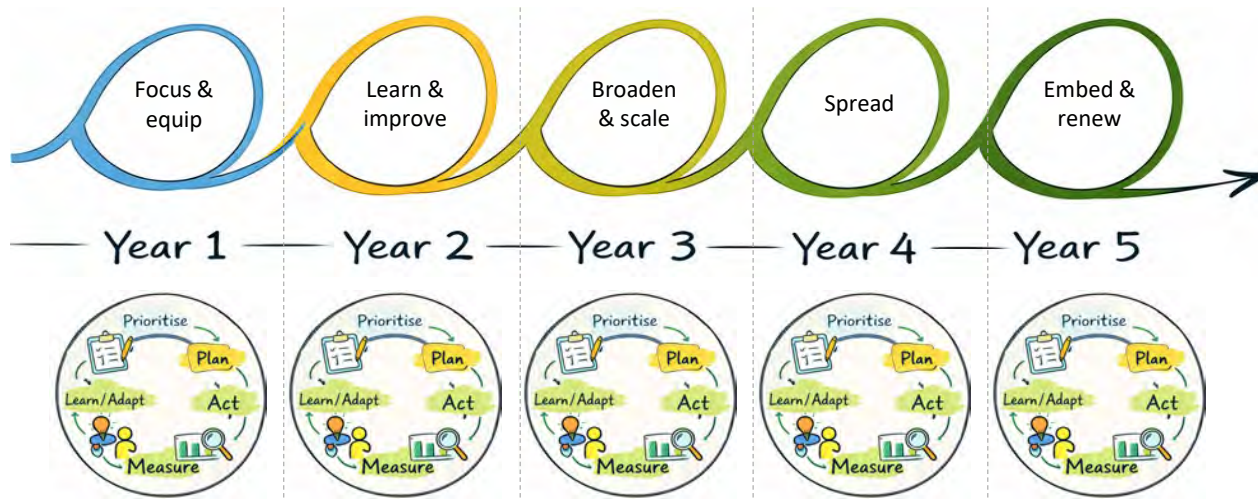
elft.nhs.uk

4. Where we will focus energy and attention first (2026/27)



Strategic priorities	Trust-wide areas of focus (collective effort)	Service and pathway-specific areas of focus, including corporate and enabling services (differentiated effort)
<p>1. Improve the quality and experience of care</p>	<ul style="list-style-type: none"> Making communication kinder and more accessible, including for people waiting to receive help 	<p>Clinical services:</p> <ul style="list-style-type: none"> Improving access in key pathways (e.g. neurodiversity, CAMHS, MSK, SLT) Ensuring mental health crisis / acute care is timely, safe and delivered as close to home as possible Helping people in key populations to avoid hospitalisation (e.g. homeless people, over 65s) Improve physical health outcomes for key groups (e.g. LD, forensics) Implementing a consistent outcomes recording system for CHS Improving consistency and reducing duplication in care planning (e.g. DIALOG+, Care Act)
<p>2. Make ELFT a place where people can do their best work</p>	<ul style="list-style-type: none"> Improving staff wellbeing and experience (aligned to the Staff Experience Programme) 	<p>Clinical services, supported by corporate / enabling services:</p> <ul style="list-style-type: none"> Prioritising interventions and projects that simplify workflows and remove unnecessary steps and give people time back (digital and system / process improvement work) Taking targeted action on the practical causes of poor staff experience, based on team-level staff survey results and staff feedback
<p>3. Advance equity in all we do</p>	<ul style="list-style-type: none"> Delivering our new Anti-Racism Strategy 	<p>Clinical services, supported by corporate / enabling services:</p> <ul style="list-style-type: none"> Using stratified data to identify and act on inequities in access, experience and outcomes Making targeted accessibility improvements in local services
<p>4. Strengthen prevention and earlier help</p>	<ul style="list-style-type: none"> Developing a shared understanding of what prevention means in practice (aligned to the prevention framework) 	<p>Clinical services:</p> <ul style="list-style-type: none"> Working with system partners to bring care closer to peoples' homes and their local communities Developing a consistent approach to community mental health support for people who find it hard to engage with mainstream services, and sharing the learning from our 24/7 mental health pilot Using the prevention framework to identify practical actions teams can take
<p>Strengthening the essentials for the journey ahead</p>	<ul style="list-style-type: none"> Demonstrating responsible stewardship of our resources (aligned to GFGT plans) 	<p>Clinical services, supported by corporate / enabling services:</p> <ul style="list-style-type: none"> Delivering financial balance in 2026/27 Ensuring we have the right organisational structure, resources aligned to priorities and the right implementation and governance arrangements to support delivery of the Trust Strategy

5. How delivery evolves over time



Five-year delivery arc - Different priorities and pathways will be at different stages at any one time.

Each year follows the same delivery cycle - Learning shapes the next set of priorities.

- Prioritising effectively
- Confident leadership and ways of working (e.g. accountability)
- Learning system maturity and scale/spread capability
- Communications and engagement
- Allocating resources according to our priorities

Capabilities that are developed early and mature over time.



6. How we will work together

These Freedom Within a Framework principles have been coproduced with directorate management teams and senior leaders across the trust and will form the basis of our new accountability framework.

Clarity enables autonomy

- Freedom and alignment are not opposites
- Clarity of purpose, shared outcomes and boundaries allow teams to act confidently and adapt for local nuance
- **Implication: we will be explicit about what matters most.**

Autonomy comes with accountability

- Autonomy is earned through capability, trust and delivery
- We share accountability where outcomes can only be achieved through collective effort
- **Implication: freedom comes with responsibility for outcomes.**

Focus and prioritisation

- We cannot give everything equal energy and attention at the same time
- Strategic focus enables alignment and meaningful delivery.
- **Implication: we will concentrate effort on a smaller number of shared priorities and sequence our work.**

Transparency and learning

- Alignment grows through dialogue and shared decision-making, not mandate
- We learn from each other so excellence in one area becomes strength everywhere
- We adapt our modes of change intentionally
- **Implication: we will review progress regularly, make clear decisions, and adjust based on learning.**

In practice, this means teams will be clear on their priorities, supported to act, and expected to review progress and adapt based on what they learn.

7. Communications and engagement

An integrated communications and engagement plan has been developed to enable delivery of the new strategy by fostering local buy in and meaningfully connecting to the day-to-day delivery of care.

Key principles include:

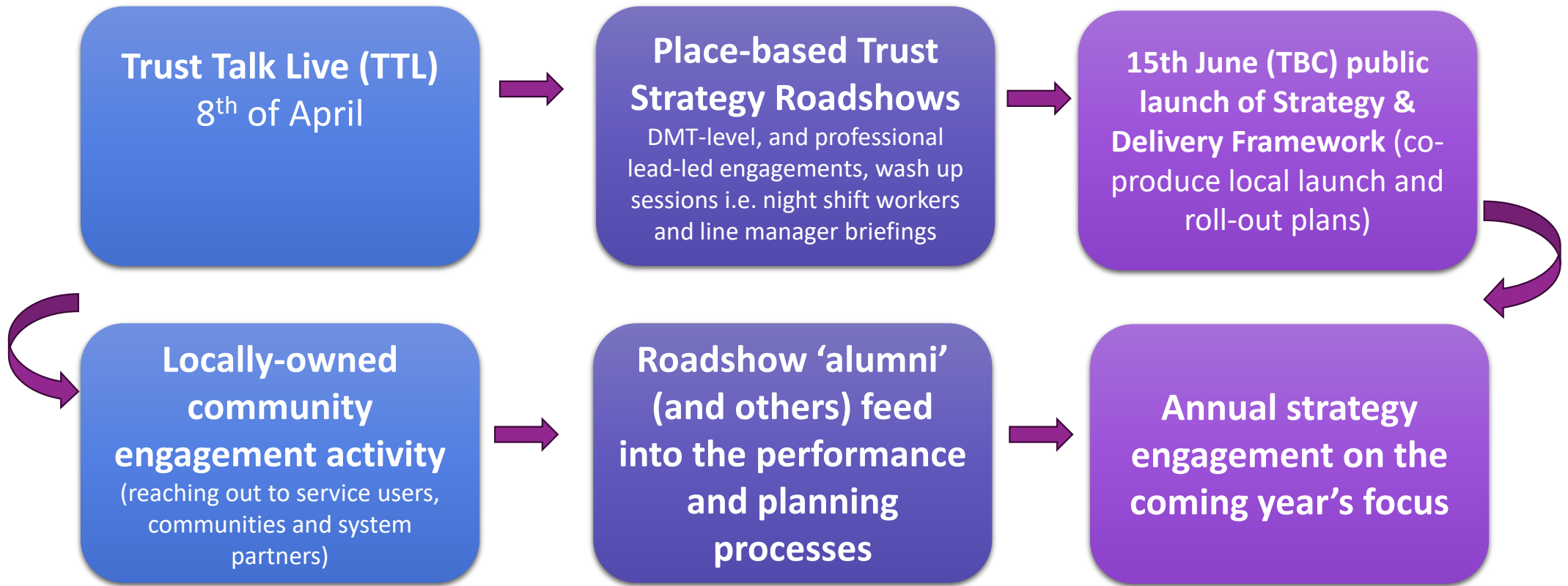
- Foster trust by **listening**, enabling **feedback loops** and demonstrating visible action in response to feedback
- **Audience focussed**: Embed the strategy in everyday practice, making it **relevant and meaningful** for teams who deliver care, and involving service users and carers at every step
- **Equip managers and local leaders** to confidently lead delivery and have honest conversations about the strategy and its delivery with service users and carers, local communities and system partners
- **Not 'once and done'**: Maintain a consistent rhythm of engagement that demonstrates follow-through and accountability
- **Storytelling**: Telling the story of how the strategy is **influencing day-to-day delivery** and enabling high-quality care
- **Agile** development of comms and engagement that works alongside the emerging strategy delivery framework

7. Communications and engagement



East London
NHS Foundation Trust

The Strategic Communications and Engagement Plan has, at its heart, a growing group of staff and service users who are champions for the new strategy. These champions have been recruited through the Representative Group, the strategy roadshows, and other events, helping to build a movement for change. The high-level year one engagement plan is as follows:



8. How we will measure and monitor progress

A balanced scorecard is a tool to focus Board and executive attention on the outcomes that matter most in our strategy, and to support good questions and timely course-correction.

Board assurance will not be taken from the scorecard alone; it will be developed through triangulation with other evidence (risk and controls, quality governance, internal and external assurance, and the lived experiences of staff and people who use our services).

Our balanced scorecard will use our **quadruple aim** as the four domains. These are deliberately distinct from the four strategic priorities, which describe where we will focus our effort to achieve those outcomes.

Balance across the scorecard is achieved through the four domains but also through careful calibration of different types of measures, balance across care groups, and balance between internal and external priorities.

It is proposed that some measures should be fixed for 5 years to support visibility of progress across years, while others will be replaced after 12-24 months, in accordance with decisions taken to shift our focus and priorities.

8. How we will measure and monitor progress

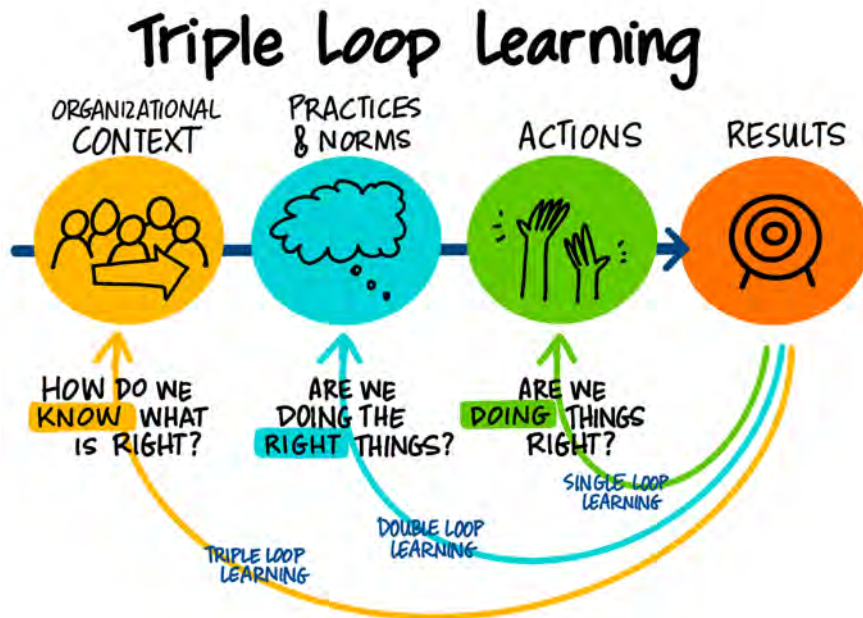


East London
NHS Foundation Trust

DRAFT Balanced Scorecard Measures – 2026/27

Improved Population Health	Improved Experience of Care
<p>Fixed:</p> <ul style="list-style-type: none"> Improved physical health outcomes for key groups (forensics, people with a learning disability, people with a serious mental illness, homeless people) Improved employment outcomes (LD and SMI employment indicators) Supporting children and families with mental health and emotional wellbeing earlier (Mental Health Support Team coverage in schools) <p>Rotational:</p> <ul style="list-style-type: none"> Reduced smoking rates (smoking cessation uptake) Addressing racial inequity in mental health admissions (admission rates for Black men) 	<p>Fixed:</p> <ul style="list-style-type: none"> People’s experience of care is positive overall (PREM data) People have timely access to support in priority pathways (waiting times for neurodiversity, CAMHS, MSK, SLT) People receive safe and timely urgent mental health care (ED cubicle hours and average length of stay) <p>Rotational:</p> <ul style="list-style-type: none"> We are consistently using person-centred care planning approaches to improve safety and continuity (e.g. DIALOG+) People experience kind, accessible communication from services (built into service user accreditation process)
Improved Staff Experience	Improved Value
<p>Fixed:</p> <ul style="list-style-type: none"> How staff feel connected to ELFT (staff survey engagement score) Staff feel safe and listened to (staff survey raising concerns) Quality of day-to-day management (staff survey line management score) <p>Rotational:</p> <ul style="list-style-type: none"> People are not under excessive strain (staff survey burnout score) We are giving people time back (add question to quarterly pulse: “I can spend enough of my time on work that really matters”) Our systems and processes are equitable (WRES Indicator 3: relative likelihood of BME staff entering the formal disciplinary process) 	<p>Fixed:</p> <ul style="list-style-type: none"> We are acting as good financial stewards (financial position against plan) We are acting as good environmental stewards (carbon reduction against Green Plan) We have sustainable workforce deployment (agency spend/use trend) <p>Rotational:</p> <ul style="list-style-type: none"> Digital adoption and innovation is helping to free up time to care, and improve productivity (specific measure to be identified) Whether we are supporting the left shift from hospitals to communities (avoidable admission rate)

9. How we will learn, improve and change course when we need to



Frameworks Collection by finegood@sfu.ca | Illustrated by sam@drawingchange.com | © CC BY-NC-ND

Strategy delivery will be treated as a learning and improvement process as well as an implementation task.

We will establish a light, regular rhythm of collective review that brings together quantitative indicators (outcomes, performance, workforce and value) with qualitative insight (service user and staff experience, feedback, operational learning and learning from improvement work) to help us understand progress, identify emerging issues and support timely course correction.

For some strategic priorities, this will include more structured learning systems that support local testing, shared learning, adaptation and spread across teams and places.

This will help us make clearer decisions about:

- What should be strengthened or accelerated
- What should be adapted locally
- What should be spread more consistently
- What should be paused, stopped or redesigned

Over time, we will strengthen the Trust's organisational learning infrastructure; including how improvement support, engagement, governance, measurement and learning systems work together to support strategic delivery.

10. How we will align support and resources to strategic priorities



As part of the Strategy Delivery Framework, we will increasingly take a more explicit and disciplined approach to how organisational resource, improvement support and leadership attention are aligned to strategic priorities over time.

This approach recognises that:

- Some priorities require trust-wide coordination and collective effort
- Some are best supported through shared learning and enabling infrastructure
- Some are most effective when led locally by services and teams

Organisational approach	What this means in practice	Typical characteristics
Make it happen	Priorities requiring strong organisational sponsorship, coordinated delivery and aligned corporate support	High strategic importance, significant risk, trust-wide impact, regulatory or operational urgency, need for consistency or rapid improvement
Help it happen	Priorities where teams and places lead delivery locally, supported by shared learning systems, improvement support, enabling infrastructure and coordination across the organisation	Cross-cutting priorities, opportunities for spread and scale, areas benefiting from shared learning and collective problem-solving
Let it happen	Priorities primarily led locally by services and teams, with greater flexibility to adapt approaches to local context and need	Locally-owned improvement, innovation, adaptation to place or population need, areas not requiring significant trust-wide coordination

Where work is not aligned to current priorities, or where organisational capacity is unavailable, we may need to **pause, stop or sequence** work for later

This approach is intended to support clearer prioritisation and sequencing, more disciplined use of organisational support and improvement infrastructure, stronger alignment between strategy, planning and delivery and greater clarity about where consistency is required and where local flexibility is expected. Different priorities may move between these categories over time as the context evolves.

**REPORT TO THE TRUST BOARD IN PUBLIC
21 May 2026**

Title	Quality Assurance Committee (QAC) on 27 April 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 discussed at the Quality Assurance Committee meeting held on 27 April 2026 and to provide assurance on the Trust’s oversight of quality, safety and patient experience.

Key messages

The Quality Assurance Committee received assurance on quality, safety and patient experience across a wide ranging agenda, including emerging issues, principal risks and service level performance. The Committee discussed patient safety learning, operational pressures and the effectiveness of quality governance arrangements, and reviewed the Quality and Safety risk within the Board Assurance Framework. Discussions reflected the importance of sustained focus on learning, consistency, and oversight in the context of ongoing system and workforce pressures.

Emerging issues

The Committee considered emerging quality and safety issues since the previous meeting and discussed recent patient safety incidents and the learning arising from them. The discussion covered the nature of the incidents, including a serious inpatient safety event which required escalation and onward management, together with themes arising from recent Prevention of Future Death reports. Members were updated on the immediate actions taken at the time to ensure patient safety, the involvement of senior clinical leadership, and the arrangements in place for investigation, review and follow-up.

The Committee considered the early themes emerging from these reviews, focusing on how risks were identified and articulated, the quality of clinical judgement and documentation, and the effectiveness of oversight as individuals move between wards, services and care pathways. There was discussion about how information is handed over and retained across transitions of care, and how this is strengthened to reduce the risk of recurrence.

Members discussed how learning from incidents is identified, escalated and reviewed through patient safety reporting, executive quality oversight and clinical governance structures, enabling triangulation and a clearer understanding of both local and Trust-wide themes. The Committee was updated on work underway to ensure learning is actively tracked and shared across services where relevant, rather than remaining confined to individual incidents.

The embedding of risk formulation in everyday practice was explored, with discussion about how this is reinforced through leadership, supervision and governance arrangements to support consistent application across services. Members also discussed variation in practice across wards and services, including differences in the use of restrictive practice, and how this variation is monitored, understood and addressed through quality oversight and improvement activity.

The discussion took place in the context of sustained operational pressures across urgent, crisis and inpatient services. Members recognised the impact of demand, acuity and workforce pressures and

were assured that there is clear executive focus on maintaining quality and safety through strong clinical leadership, escalation and governance.

Board Assurance Framework

The Committee reviewed the Board Assurance Framework (BAF) risk relating to Quality and Safety, for which it is the lead committee. Members discussed the current risk score of 16 (Significant) and the factors underpinning it. Discussion explored access and waiting times across a number of pathways, emergency department waits for people experiencing mental health crisis, inpatient flow and acuity, workforce capacity and sickness, and dependencies on system partners.

The Committee considered how the BAF narrative reflects these pressures and the extent to which mitigations address both immediate operational challenges and longer-term improvement. Members noted areas of progress, including work to improve flow and strengthen governance, while recognising that the cumulative nature of the pressures means the overall risk profile remains appropriate at this time.

Members emphasised the importance of maintaining clear alignment between committee assurance, executive oversight and the BAF, particularly as the Trust moves forward with its strategic priorities. The planned board development session to review this and all other BAF risks in light of the Trust's new strategy was noted, with understanding that this would be further discussed by committee members and at future meetings.

Equality, Diversity and Inclusion Annual Report

The Committee received and discussed the Equality, Diversity and Inclusion (EDI) Annual Report and spent time considering what it demonstrates about experience, outcomes and governance. Discussion covered workforce experience, leadership accountability and action taken in response to identified inequalities. Members welcomed progress in a number of areas, including visibility of data and accountability, while noting that disparities in experience and outcomes persist for some groups and require sustained and systematic focus.

The Committee discussed how EDI considerations are embedded within quality governance rather than treated as a separate strand, including how insight from EDI reporting informs service improvement, patient safety, workforce wellbeing and risk oversight. Members emphasised that EDI is integral to quality and safety and should continue to be reflected explicitly in assurance and governance processes.

Quality and Safety Directorate deep dives

The Committee received a series of detailed deep dives providing assurance on quality and safety performance at borough and service level. These papers allowed the Committee to explore issues in depth and test how risks are understood and managed locally.

For Tower Hamlets, discussion focused on inpatient and community services, including patient acuity, flow, safety risks, workforce pressures and the actions being taken locally to strengthen oversight. Members discussed how risks are escalated, the effectiveness of local governance and how learning is shared within and beyond the borough.

For Newham, the Committee considered performance across inpatient, community and crisis pathways and joint working with acute partners. Discussion included progress in improving patient flow and experience, alongside challenges relating to workforce capacity and waiting times within some specialist services. Members explored how these pressures are being managed and monitored.

For City and Hackney, the Committee discussed service performance, partnership working and neighbourhood-based models of care. Workforce capacity, estates pressures and equity of access

were key areas of focus. Members sought assurance on leadership, visibility of risk and the effectiveness of local governance arrangements.

Across the deep dives, the Committee emphasised the importance of understanding variation between boroughs, sharing learning and maintaining a clear and consistent line of sight on quality and safety risks. It was agreed to broaden the deep-dives to consider pan-ELFT services together (across both regions), rather than spread across several meetings. This way broader comparison and learning could take place.

Emergency department waits

The Committee received an update on mental health presentations and waits in emergency departments across North East London and Bedfordshire and Luton.

Members discussed the safety and experience risks associated with prolonged waits, variation between sites and the interaction between emergency department pressures, inpatient capacity and community service availability. Discussion explored how these issues are influenced by wider system pressures and the extent to which escalation and mitigation arrangements are effective.

The Committee emphasised the importance of system-level working, continued visibility of risk and clear governance arrangements to ensure that emergency department pressures remain a sustained focus and are appropriately managed.

Internal audit

The Committee received the internal audit progress update and discussed delivery against the agreed programme. Members considered how audit findings support assurance on the effectiveness of quality, safety and governance arrangements. Discussion focused on themes emerging from audit work, how actions are tracked and the role of audit in informing wider improvement activity and risk oversight.

Estates and PLACE

The Committee considered the PLACE assessment update and discussed what this reflects about the care environment. Members noted areas of good practice as well as challenges associated with parts of the inpatient estate, including the impact of the physical environment on safety, dignity and patient experience. The Committee discussed the actions underway and how progress is monitored through estates and quality governance arrangements.

Care Quality Commission

The Committee received an update on Care Quality Commission activity across the Trust. Discussion included feedback from inspections, areas identified for improvement and progress against action plans. Members discussed how learning from CQC activity is integrated into ongoing quality governance and service improvement, and sought assurance that actions are monitored and sustained over time.

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



21 May 2026

Title	Quality Report
Author / Role	Marco Aurelio, Associate Director of Quality Improvement Jo Moore, Associate Director of Quality Improvement Evah Marufu, Director of Nursing Ellie Parker, Head of Quality Assurance
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, incorporating the two domains of assurance and improvement. Quality control is contained within the integrated performance report, which contains quality measures at organisational level.

Key messages

The Quality Assurance section of the report focuses on use of force and restrictive practices, primarily within the Trust's inpatient services. Whilst data suggests there has been a slight increase in violence and aggression, driven largely by the acuity of a small number of patients, data indicates the Trust has not responded with corresponding increases in restrictive practices, with efforts in place to prioritise preventative and least restrictive approaches aligned with national policy. The Trust has embedded the requirements of the Mental Health Units (Use of Force) Act 2018 and the Patient and Carer Race Equality Framework through strengthened governance, staff training, safety initiatives such as the Safety Bundle and safety pods, and ongoing quality improvement work aimed at reducing restrictive practices and improving patient safety. A major focus is addressing inequalities, particularly the disproportionate use of restrictive interventions affecting Black people, especially Black men, as well as autistic people, people with learning disabilities, and children and young people. While external and internal audits provide assurance that appropriate systems and oversight are in place, the Trust recognises further work is needed to further embed new initiatives such as safety pods, as well as a reduction of inequities in care.

The Quality Improvement section describes how QI is being applied across ELFT to support delivery of our four strategic objectives: population health, experience of care, staff experience, and value. Across the Trust, over 190 active QI projects are underway. Highlights include:

Population Health

There are 28 teams addressing aspects of improved population health. In Bedfordshire community health a therapies team has increased referrals from local care homes for people with contractures, tightening of muscles, tendons, ligaments or skin that can severely impact everyday movement, from 1.4 to 4.6 each month

Experience of Care

The Observation to Engagement QI programme targets inappropriate intermittent observations on inpatient wards. Phase Two of the programme launched in March 2026, bringing together an additional 21 teams to the programme, to test change ideas that forms part of the ELFT Care that

counts bundle. A further 115 projects are tackling other aspects of experience of care. The Bedford Wheelchair service has reduced the time to triage by 35% from 247 to 169 minutes daily. The CAMHS Coborn Day unit has increased the number of people using the service by 45% to 4.5 each month.

Staff Experience

28 teams are using QI to improve staff experience, aligned with the trust-wide programme. A group of medics are working to improve the confidence of Dr's in dealing with out of hours medical emergencies. 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. There has been a 21% reduction in the average time to complete a disciplinary case from 148 to 117 days.

Value

19 teams use QI to improve cost, sustainability, or productivity. In Newham, the inpatient pharmacy team has reduced costs by £12,000. Oakley Court, an inpatient mental health ward in Bedford and Luton, has increased monthly waste recycling from 18% to 32%

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. 28 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/Staf	The Quality Report provides information related to experience and outcomes for service users, and experience of staff. As such, the information is pertinent to service users, carers, and staff throughout the Trust.

Financial	Much of our QI activity helps support our financial position, through enabling efficient, productive services or supporting cost avoidance.
Quality	The information and data presented in this report help understand the quality of care being delivered, and our assurance and improvement activities to help provide high quality, continuously improving care.

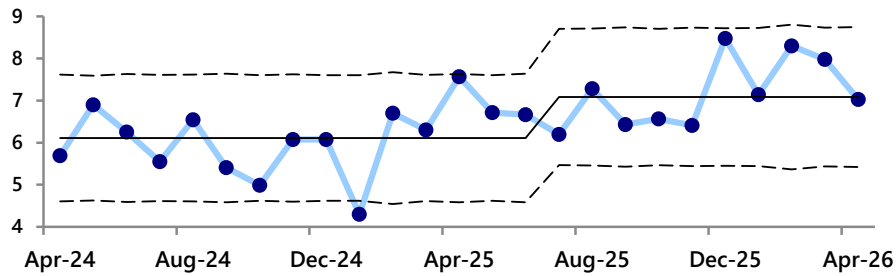
1 Quality Assurance

- 1.1 Violence and aggression continue to be the most frequent clinical incidents across our services, with significant impacts on both service users and staff. In some situations, restrictive practices are required to manage immediate risk of harm. The Mental Health Act and Code of Practice make clear that practice should only be used to prevent serious harm, and always be the least restrictive option, of the shortest duration necessary, and never used to punish or for staff convenience. The Mental Health Units (Use of Force) Act 2018 sets out clear definitions of use of force, including physical force (such as physical restraint), chemical restraint (such as rapid tranquillisation), and restrictive practices that limit liberty of movement, including seclusion, segregation, and locked environments. The act, alongside National Institute for Health and Care Excellence guidance, also adds that prone (face down) restraint must be avoided and never planned, except in exceptional, justified circumstances. The Act also establishes key requirements for the recording, oversight, and proportional use of force, with an emphasis on transparency, accountability, and reduction in unnecessary use.
- 1.2 The Trust's approach aligns with these legal duties as well as the Patient and Carer Race Equality Framework (PCREF), which requires services to identify and address inequalities in experience, access, and outcomes. There is a recognised need to understand and reduce the disproportionate use of restrictive interventions and use of force for Black service users.
- 1.3 This report provides assurance on how the Trust is working to reduce the frequency of restrictive practices, address inequities in their application, and ensure that care remains safe, compassionate, and therapeutic for all service users.

2 Trends in use of restrictive practices

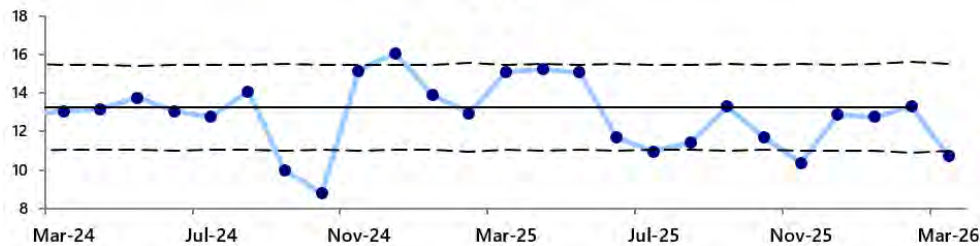
- 2.1 Data comparing levels of violence and aggression nationally is not yet readily available, however is expected to be introduced as a measure within the National Oversight Framework later in 2026. As such it is not straightforward to benchmark our levels with similar Trusts.
- 2.2 However, we can track our own violence and aggression trends over time. Trust-wide inpatient data shows a slight increase in physical violence incidents. Several factors have contributed to this, including a prolonged period of high occupancy, high acuity and demand for inpatient care. Additionally, often a small number of highly acute services users tend to account for a disproportionate number of these incidents, with PICU services seeing increases at the end of 2025, but more recently service users in Luton and Forensic services contributing to fluctuations.

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

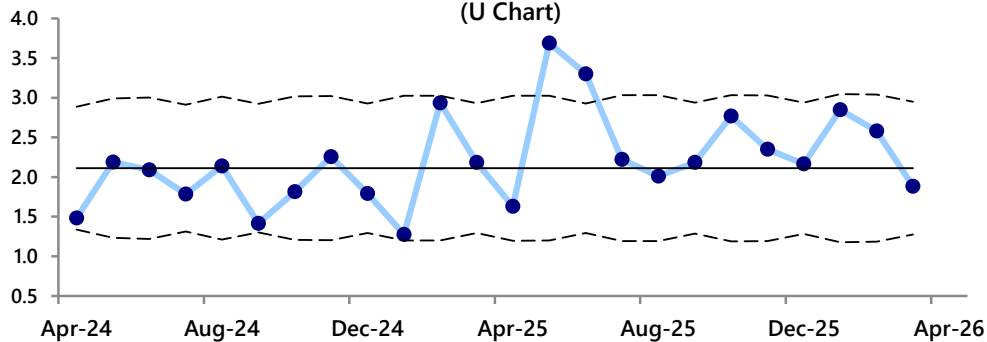


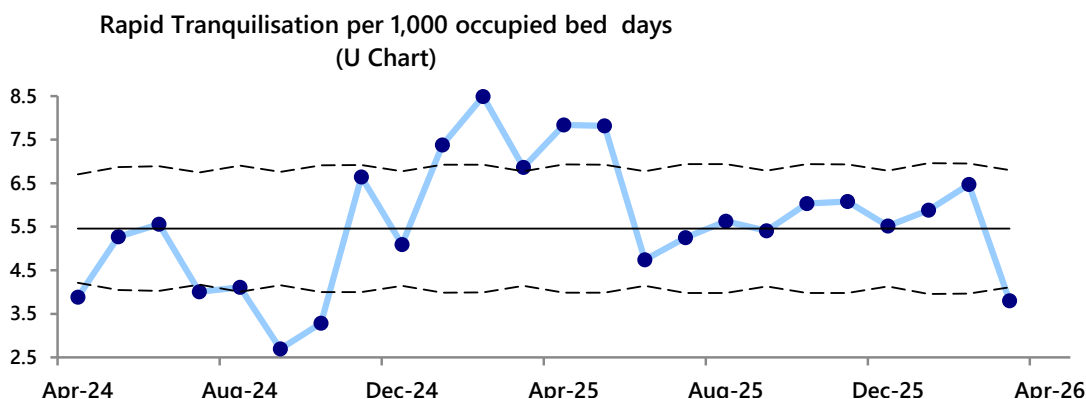
2.3 Importantly, this increase has not been matched by a comparable rise in restraint, seclusion or rapid tranquillisation, which provides some assurance that teams are continuing to use preventative and least restrictive approaches rather than defaulting to restrictive interventions. Alongside violence and aggression data, the Trust reviews trends in restrictive practices, including restraint, seclusion and rapid tranquillisation. These measures are susceptible to variation, as a small number of severely unwell service users can significantly influence overall levels. Nevertheless, despite the recent increase in violence and aggression, restraint, seclusion and rapid tranquillisation have not shown a corresponding Trust-wide increase.

Restraints reported per 1000 occupied bed days
(U chart)



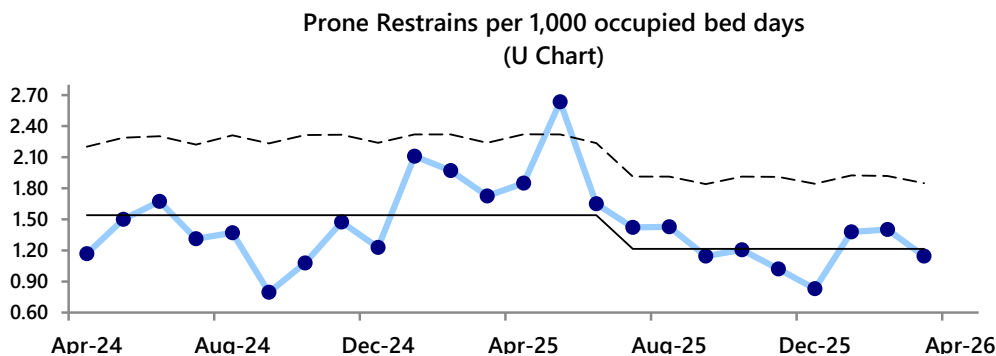
Seclusion per 1,000 occupied bed days
(U Chart)





2.4 Some services are more likely to require a need to occasionally use restrictive practices. In working-age services, higher restraint use has been concentrated in areas where acuity is greatest, particularly PICU settings, wards managing repeated serious self-harm, and female wards in Bedfordshire where reduced female PICU capacity has created additional pressure. In these areas, teams use daily safety huddles to identify emerging risks, agree mitigation, review triggers and coordinate early responses for individuals whose presentation is changing. This is supported by strengthened senior clinical oversight, review of repeated incidents through Time to Think forums (local multi disciplinary forums to review data/ information, share learning, agree and monitor local/ trust initiatives) , targeted work on PICU pathways, and the rollout of safety pods to reduce reliance on prone and floor-based restraint. Within CAMHS, variation has been influenced by a small number of young people with complex neurodevelopmental needs and, at times, treatment-related interventions such as nasogastric feeding. In response, services have introduced a strengthened NG Feeding Standard Operating Procedure, specialist equipment and adapted feeding pathways, alongside senior multidisciplinary oversight, to reduce distress, minimise the need for restraint and reduce trauma for young people and staff.

2.5 National guidance, including the Mental Health Act Code of Practice and National Institute for Health and Care Excellence guidance, is clear that prone restraint where a person is held face down to restrict movement carries higher risk and should be avoided wherever possible, used only as a last resort, and for the shortest time necessary. Trust data indicates that prone restraint is used at relatively low levels, providing assurance that, where restraint is required, staff are increasingly using safer and less restrictive holds.



- 2.6 Even where occurrence has been higher, particularly across working-age services, there has been a marked reduction in prone restraint in recent months, in part due to the introduction of safety pods. Safety pods resemble a bean bag chair and enable people to be restrained in a safer and more dignified manner than on the floor, while offering head, neck and spinal support. Safety pods are now in use across multiple wards and training in their use has been embedded within staff training for managing and preventing violence, with further rollout planned across the Trust.
- 2.7 Whilst instances of rapid tranquillisation remain broadly stable, assurance work has identified the need to strengthen consistency in the recording and monitoring of post-rapid tranquillisation physical health observations. In line with learning from recent CQC inspections, this work is focused not only on the use of rapid tranquillisation itself, but on ensuring that post-episode monitoring is clearly recorded, completed in line with policy, and escalated promptly where observations are missed. Nursing is working closely with Pharmacy and clinical teams to align documentation requirements, clarify where monitoring should be recorded, and strengthen oversight of compliance. This includes escalation arrangements for missed physical health observations e. In parallel, services are reviewing refusal treatment plans and alternative engagement approaches to reduce reliance on rapid tranquillisation where clinically possible
- 2.8 Implementation of the e-observations platform has been impacted by the RiO developer, where the application was delayed in being ready for release. The pilot and testing of the application in clinical settings is due to commence in June 2026. We are looking at the documentation standards and expectations of staff to align this with work as it happens and reduce the risk of gaps in recording or inconsistent recording; any changes will be reflected in the training material and Trust policy. In parallel, the current training bundle for staff is being reviewed and will be completed by June 2026. At present teams discuss the use of Rapid Tranquilisation in the previous 24 hours in their handovers and review completion of the required interventions and documentation. The Trust incident reporting functionality will be developed to capture both the incident and follow up actions required once rapid tranquilisation has been administered. A dashboard will be developed on InPhase to enable better oversight of the use of rapid tranquilisation and post administration monitoring.
- 2.9 Use of Force and Oversight within the Trust
- 2.10 Recognising the impact that use of force, such as restraint, can have on service users, the Mental Health Units (Use of Force) Act 2018 was introduced to reduce overreliance and disproportionate use of force, and to strengthen accountability and transparency in mental health units. The Act requires Trusts to appoint a Responsible Person; within ELFT, this is the Chief Medical Officer, who retains overall accountability. It also requires Trusts to have a written policy to reduce the use of force, train staff in de-escalation and in the physical and psychological risks associated with restraint, and ensure that all episodes of force are recorded and reviewed.

- 2.11 At ELFT, implementation of the Act has been embedded within the Trust's broader restrictive practice work rather than treated as a standalone requirement. A ratified policy is in place, and all episodes of force or seclusion/segregation are recorded via the Trust's incident reporting mechanisms. Staff working in relevant services are trained in safety interventions, which is monitored through statutory and mandatory training compliance. Alongside this, the Trust has developed staff communication and briefing information, co-produced information for service users about the use of force, and established governance arrangements to oversee compliance and improvement
- 2.12 Assurance regarding the Trust's compliance with the Act, comes from the Trust's external auditors who concluded the Trust had achieved compliance with the implementation requirements of the Act, while also identifying areas requiring continued focus, including training compliance, further reduction in restrictive practice and reducing disproportionate impact on different groups. In addition, the 2023 internal audit on Use of Force provided reasonable assurance, confirming that the core control framework was suitably designed, consistently applied and effective, while also identifying actions to strengthen areas such as delegated responsibilities, policy clarity, Memorandum of Understanding arrangements, monitoring and dashboards. Auditors identified some areas for improvement such as being consistent in policy and communications about the delegated responsibilities to Clinical Directors and Directors of Nursing and making clearer in the policy who was consulted in its development as well as providing detail about guidance on use of body worn cameras by Police. As a result, the Trust has updated the policy to clearly state who is the deputy and who has delegated responsibility for the Act. The organisation also ensured that the Job Description for the Chief Medical Officer was updated to include responsibilities around the Act. The policy was also updated and reviewed to include the use of body cameras.
- 2.13 A clear ward-to-board governance structure is in place to support oversight of use of force. Services have access to incident reporting data through Power BI and use ward-level safety huddles to review violence and aggression data in real time. This then feeds into local quality assurance processes such as Time to Think forums. These are well The PCREF related plans with regards to restrictive practice is also monitored in the restrictive practice group established across all inpatient services and are held monthly within directorates as protected spaces for teams to reflect on practice, understand work as it happens through data and clinical examples, and identify learning and next steps. Meetings are led by Lead Nurses and open to all staff within the service. Co-production is an important part of this work, with service user involvement incorporated into Time to Think forums and subsequent local improvement activity.

- 2.14 Trust-wide oversight is provided through the Restrictive Practice/Use of Force Group. The Group monitors both the overall level of restrictive practice and the quality of the response. It reviews real-time data to understand trends in restraint, prone restraint, rapid tranquillisation and seclusion, as well as post-incident debriefing, post-rapid tranquillisation monitoring, the use of safety pods, and whether restrictive interventions remain proportionate and time limited. It also reviews variation by protected characteristic, such as ethnicity, and across the Trust's geography, such as by service area. The Restrictive Practice/Use of Force Group subsequently reports to the Trust's Patient Safety Forum and onward to Board via the Quality Committee and Quality Assurance Committee.
- 2.15 Taken together, this provides assurance that the essential arrangements are in place, while recognising that compliance in this area depends on continued governance, data quality and quality improvement rather than a one-off implementation exercise.

3 Trust wide Reduction Initiatives

- 3.1 Alongside specific initiatives such as the rollout of safety pods and approaches to managing NG feeding in the least restrictive way, a number of Trust-wide initiatives are in place to support continued reduction in restrictive practices.
- 3.2 Prevent and early intervention
- 3.3 A core component of East London NHS Foundation Trust's (ELFT) violence reduction and patient safety approach on inpatient wards is the Safety Bundle. The Safety Bundle aims to reduce violence, aggression and restrictive intervention, strengthen a shared safety culture for staff and service users, and promote openness, partnership, learning and proactive risk management. The bundle is comprised of four components:
- Safety Huddle – a focused 15-minute discussion to identify risks to staff and service users' safety, along with mitigation
 - Safety Cross - a visible, real-time record of safety on the wards using colour-coded stickers to record violence, aggression, sexual safety and racial abuse
 - Safety discussions with service users – embedded into regular community meetings on inpatient wards
 - the Brøset Violence Checklist – a validated tool that helps predict the risk of violence within the next 24 hours

- 3.4 The Safety Bundle was first developed and tested as part of local quality improvement work originating in Tower Hamlets in 2012–2014, and resulted in a 40% reduction in incidents of physical violence across all wards. The bundle was then scaled across the Trust in 2016–2019, resulting in a 31% reduction in physical violence Trust-wide, and was embedded into core standard work.
- 3.5 In recent years, the Trust has strengthened consistency in the use of the violence reduction safety bundle in response to variation caused by disruption to standard practice during the COVID-19 pandemic. This work has been delivered alongside a large-scale quality improvement programme across 55 inpatient wards focused on improving observations and therapeutic engagement, leading to the development and scaling of three key change ideas that have contributed to sustained improvements in observation completion, violence reduction and restrictive practice measures. The bundle was relaunched across the Trust in September 2023 with staff and service user involvement, supported by online learning resources, standard operating procedures and local implementation plans, including ward-based visual management systems. A central Power BI dashboard was also introduced to support monitoring of violent incidents and restrictive practice use at ward, unit and Trust level using statistical process control charts, with training provided to senior nursing staff through data masterclasses to support interpretation and use of data for improvement. The next phase of work focuses on improving reliability and consistency of implementation across all inpatient wards through quarterly review, targeted support where variation is identified, and continued use of Time to Think forums. This is being further strengthened through the rollout of safety pods and Safety Intervention training, with safety pods already associated with reductions in prone restraint by providing safer alternatives to floor-based interventions.

3.6 Addressing inequalities

- 3.7 National evidence continues to show disproportionate impact on particular groups. Black people are more than four times more likely to be subjected to restrictive interventions while in hospital. Related CQC data shows that, in 2024/25, the detention rate for people of Black ethnicity was 262 per 100,000 population, compared with 66 per 100,000 for people of White ethnicity, which is around four times higher. In the same year, CQC reported that under-18s had the highest rate of restrictive interventions of any age group, with a monthly average of 375 restrictive interventions per 1,000 occupied bed days. Against this backdrop, Black men, children and young people, autistic people, and people with a learning disability continue to require particular attention within the Trust's improvement work. Further PCREF analysis has identified disproportionate restraint among Black and Mixed ethnicity service users in some services, as well as higher restraint rates among younger Black service users. In addition, there is local concern about the over-representation of Black males in restraint. Our work is therefore not only about reducing restrictive practice overall, but also about understanding who is most affected, where the disparities sit, and what changes are needed to make care more equitable as well as less restrictive.
- 3.8 PCREF is the Trust's main framework for understanding and addressing racial inequity in care and has strengthened the way restrictive practice data is reviewed at directorate and service level. This has supported deeper incident review, more personalised and co-produced safety planning, trauma-informed and culturally informed approaches, structured post-incident debriefing, and greater involvement of People Participation and experts by experience in understanding how restrictive interventions are experienced and what needs to change. Alongside this, further work is needed to improve the completeness and quality of recording for protected characteristics, including learning disability and neurodevelopmental need, so that disparities can be identified more reliably and acted on earlier. Collaborative learning with partner organisations, including NELFT, is also helping to inform this work.
- 3.9 For children and young people with a learning disability, autism, or other neurodevelopmental needs, CAMHS is taking a more targeted approach to reducing restrictive practice. This includes Learning Disability Consultant Nurse input to support formulation and care planning, greater use of sensory rooms and sensory strategies to reduce distress, and the trialling of Positive Behaviour Support (PBS) within CAMHS to support more personalised and preventative approaches. CAMHS is also part of the Trust's inequalities in restrictive practice group and will shortly begin testing drivers agreed through the Task and Finish Group, including "pause before escalation", to help teams slow decision-making at key points, consider alternatives earlier, and reduce reliance on restrictive interventions.
- 3.10 The Trust's restrictive practice inequalities programme is now focused on four priorities: person-centred care, supportive environments, partnership and co-production, and support for staff. This gives us a clearer line from data to action helping us to see where inequalities sit, understand what's contributing to them, make and test practical changes on the wards, and check that those changes are improving safety and making care more equitable for the people most affected.

4 Conclusion

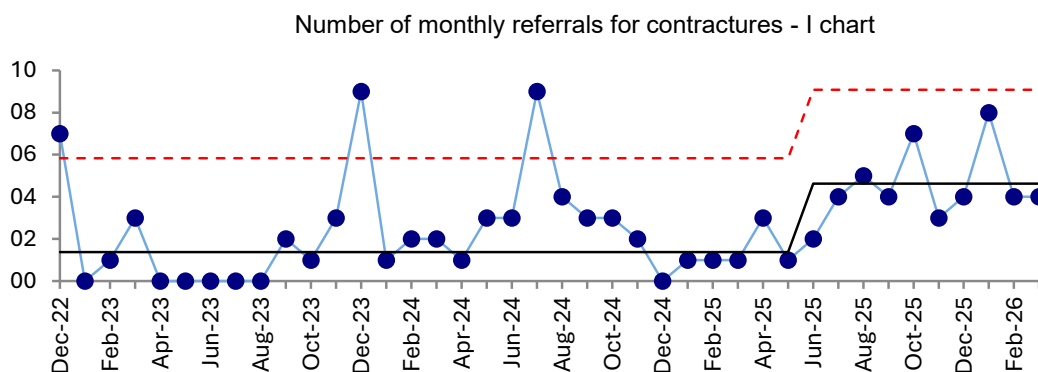
- 4.1 In conclusion, the Trust continues to demonstrate a clear and structured approach to reducing restrictive practices, with a broadly stable and improving position across most services. Where variation has occurred, this has largely been associated with patient acuity, complexity of presentation and wider system pressures, rather than drift in practice standards. The Trust has credible actions in place through the Safety Bundle, safety pods, strengthened governance under the Use of Force Act, and focused work through PCREF to reduce both overall use and disproportionate impact. The next phase of work will focus on sustaining reductions, improving data quality, strengthening consistency in post-rapid tranquillisation monitoring, and continuing to reduce inequalities in the use of force.

1. Quality Improvement

- 1.1 The 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. The QI plan for 2026/27 is in development alongside the new trust strategy and delivery plan, with ongoing large-scale programme priorities for the team to be confirmed, pending ratification of the strategy.

2. Improved Population Health

- 2.1 People with serious mental illness or learning disabilities have lower life expectancy often due to co-morbid physical health issues. 28 teams across the trust are using QI to improve population health, with most focussing on prevention of physical ill health amongst ELFT's populations
- 2.2 In Bedford Community Health services, a therapies team have been working with local care homes to increase the number of referrals into the service focussing on prevention of contractures. Contractures are tightening of muscles, tendons, ligaments or skin that can severely impact everyday movement and physical health. The team have tested introducing a standardised process for therapy assessment and intervention and working with care home staff to improve their knowledge around the subject. As a result of the work, there has been an increase in referrals from 1.4 to 4.6 each month, with good impact in those referrals focussed on prevention of deterioration and subsequent secondary complications leading to hospital admissions. The team have been asked to share this work with BLMK ICB to review opportunities for scale and spread.



3. Improved Experience of Care – Observation to Engagement Programme

3.1 The Observation to Engagement Programme continues to progress following its launch in April 2025. Phase One is now complete, with pilot work across nine inpatient wards providing a strong foundation for wider spread. Of these, seven wards achieved measurable reductions in enhanced observation usage, and these improvements were achieved without any compromise to patient safety. This provides increased confidence in the approach as the programme moves into Phase Two.

3.2 Learning from Phase One has been consolidated into the “CARE that counts” bundle and supporting Standard Operating Procedure booklet (reported previously). Pilot wards have embedded their most effective change ideas into standardised ways of working, supporting consistency and sustainability across settings.

3.3 Phase Two was launched through a Trust-wide learning session held on 30 March, bringing together ward teams from across participating directorates. The session introduced the CARE that counts bundle and provided time for teams to begin adapting the change concepts to their local ward contexts. Initial work focused particularly on the “relationships and engagement” concept, reflecting learning from Phase One where strengthening relational approaches was consistently identified as a key factor in safely supporting the reduction of observation use.

3.4 A core expectation across all participating wards is the daily review of observation levels through safety or observation huddles. These reviews are undertaken using a multidisciplinary team (MDT) approach, involving nursing

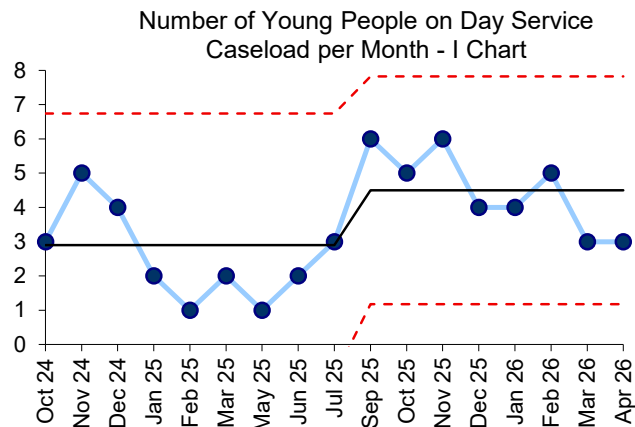
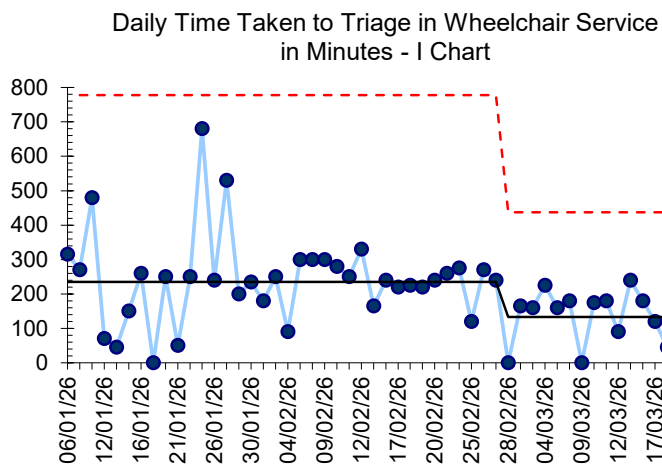
staff, medical staff, and the wider MDT. This ensures shared decision-making on whether patients should remain on observations, can be safely stepped down, and what alternative care or risk management plans should be considered. All teams are currently embedding this approach as part of the “anticipating needs” change concept, building on Phase One learning which demonstrated that structured, collaborative reviews support safe reduction in observations.

- 3.5 The next steps for the programme are for wards to meet weekly within directorate-based learning spaces. These sessions will provide structured opportunities for teams to test and refine their change ideas, adapt the CARE that counts bundle to local contexts, and use ward-level data to understand what is working in practice. Senior sponsorship is in place to support the “confidence-building” change concept of the bundle, alongside wider work to map wellbeing support across teams. Together, this combination of local leadership, structured support, and use of data will help teams build confidence in the changes, strengthen engagement with the bundle across a wider range of clinical conditions and settings, share learning across wards, and support sustained spread across Phase Two.

4. Improved Experience of Care – Other QI Work

- 4.1 Across the trust, 115 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
- 4.2 In Bedford Community Health Services, the Wheelchair service has been working to reduce the time taken to triage by 40%, an aim that is related to delivery target on the National Oversight Framework. The main change idea tested has been the streamlining of the triage process, with a focus on removing additional tasks to the triage list and reducing the number of staff involved in daily triage. Additionally, the team have just begun testing decreasing the number of staff involved in the triage process. As a result of their work, there has been a 35% reduction in the time taken to triage, reducing from 247 to 163 minutes each day.
- 4.3 The Coborn Unit in CAMHS, has been working with children and young people to improve access to the day unit. This service can help reduce unnecessary admissions to inpatient care and provide a vital step-down opportunity for young people transitioning back to care in the community. The team have tested three main change ideas, including “Porch Meetings” which are 30-minute multi-agency huddles designed to support shared planning, monthly Family

Engagement Drop-ins and a digital welcome pack. As a result of their work, the number of people on the day caseload has increased by 45% from 2.9 to 4.5 each month.



5. Improved Staff Experience

5.1 QI Work being led by the Chief Nurse and Chief People Officer is aiming to create a just culture and address the overrepresentation of specific staff groups in disciplinary cases. There has been a 21% reduction in the average time to complete a case from 148 to 117 days. Work is ongoing across three streams;

- **Equity**

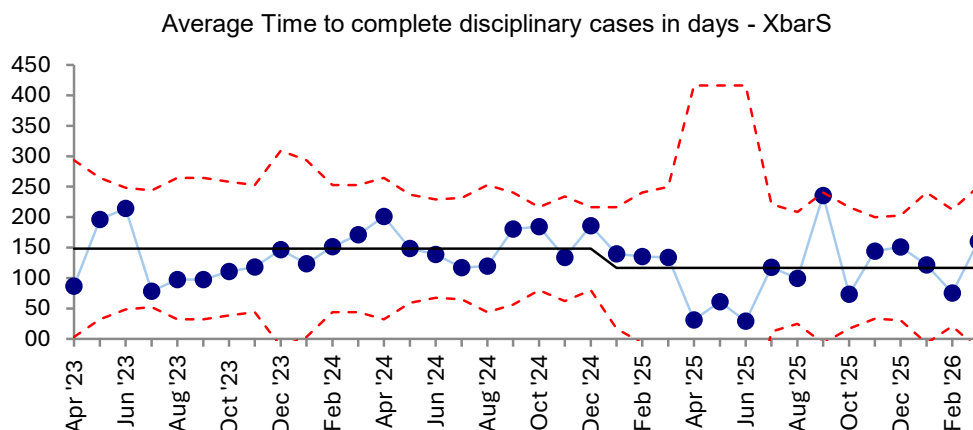
The team has completed some valuable engagement work with Bank staff and Band 3/4. This has included running focus groups to learn about their experience. As a result, Bow and Stratford Ward will be testing Professional Development for Band Three staff. Crystal and Townsend Ward will be testing a buddy/mentoring system. A further change idea is being developed to provide coaching for managers.

- **Timeliness**

The team have designed a planning tool to accompany investigation training, which includes a comprehensive checklist aimed at supporting investigating officers with planning and managing their investigations.

- **Compassionate**

The team are creating a system of monitoring trends in cases to be able to quickly spot when types of cases are rising and recommend actions.



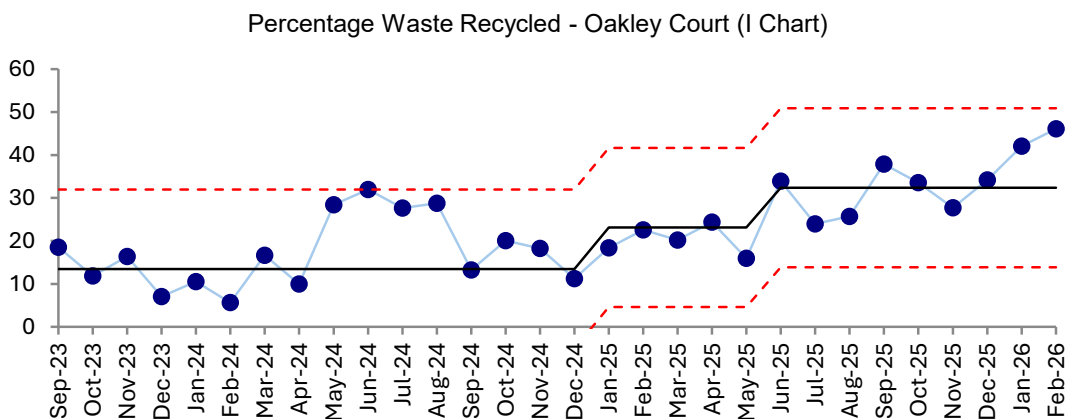
- 5.2 QI is being used at scale to support improvements in staff experience, with 28 projects across the trust directly working on this area. The large-scale programme on observations to engagement is also indirectly supporting improvements in staff experience on the wards taking part.
- 5.3 A doctor-led initiative tackled known risks in managing out-of-hours physical health emergencies on mental health wards, highlighted by the 2025 Health Service Safety Investigation Board (HSSIB). Responding to variation in staff confidence, limited familiarity with emergency equipment and delayed escalation, resident doctors led a QI project across ELFT (now extended to a neighbouring trust) with service-user involvement. Guided by survey data, the project introduced targeted teaching, equipment familiarisation, simulation training and Physical Health Representative roles. It also includes a co-designed resuscitation training video tailored to psychiatric inpatient settings, aligned with Resuscitation Council UK standards. Early results show improved clinician confidence, clearer escalation, greater use of evidence-based resources and stronger links with acute services.

6 Improved Value

- 6.1 19 teams across the trust are using QI to directly improve an aspect of value. Of these, 7 are tackling productivity, 5 are improving environmental sustainability, and 7 are directly focusing on cost improvement and the remainder on an aspect of productivity or reducing staff time spent on tasks.

6.2 In Newham, the inpatient pharmacy team has reduced medication waste, saving around £12,000 between October 2025-March 2026 through the testing of three change ideas. The largest contribution (£8k) came from safely returning and reusing ward medicines that would otherwise have been disposed of unnecessarily. Closer coordination with Community Recovery Teams strengthened depot medication management at admission, reducing unnecessary reordering and preventing long-acting injections from expiring during inpatient stays, which delivered nearly £4k in savings while also supporting faster treatment. In addition, better use of inpatient stock and patients' own medicines for short leave and discharge reduced duplication and waste, saving about £1k and helping to streamline discharges, improve patient flow, and reduce delays.

6.3 In Bedford and Luton, work has continued Oakley Court (an inpatient mental health ward) to increase the percentage of waste recycled. The team have tested several change ideas, including correct labelling of recycling and waste bins for recycling waste, and signage on the larger collection bins outside the unit. As a result, recycling has increased from 18% to 32%.



7 Action Being Requested

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

Performance report

May 2026

REPORT TO THE TRUST BOARD IN PUBLIC

May 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 rate of restraints per 1,000 bed days has seen an unusual decrease in April, falling below the mean of 13.1 to 10.1. This reduction is attributable to a decrease across CAMHS Tier 4 inpatient services, driven by a range of factors including targeted interventions, improved staff training, and lower occupancy and acuity levels on the ward.

The overall percentage of incidents resulting in harm has reduced from an average of 32% to 29% in April, following eight consecutive months below the mean. The number of pressure ulcers remains stable, with an average of 145 in March.

Inpatient bed occupancy continues to fall reaching 89% in March. 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 80.9% in April. The overall average across the past 12 months has been 81.4%, which is above the national target of 80%.

Urgent Care Teams in Community Health Services continue to outperform the national 2-hour access target of 70%, reaching 94.9% in April. Encouragingly, there are early signs of sustained improvement, with performance over the past seven months consistently exceeding the current average of 90.6%.

Talking Therapies services continue to exceed the national access target of 67% (rising to 69% in 2026/27), achieving 70.4% in April and performing above the national average of 63%. Early Intervention

Overall, the proportion of service users reporting positive DIALOG outcome scores remains stable at the higher average of 51.7%. Further analysis is included in the equity section.

What's of concern?

As of April, 6,925 patients have been waiting over 52 weeks, which is consistent with the January position. Of the 6,925, 6,594 are waiting in the ADHD or Autism service. Additional long waits include 298 in CAMHS services.

What's of concern continued..

A Trustwide programme is underway to strengthen the management of ADHD waiting lists through improved patient communication. A new ADHD self-assessment and stratification tool was launched in March and is helping to better understand patients' needs to achieve earlier support through peer support workers, recovery colleges and digital resources. The take up of this has reached 71% of the waiting list and is being expanded further. So far, 25% of the waiting list do not meet the impairment level to be seen within the service and will be discharged. It is predicted that we should see a decrease in the waiting list over the next 2-3 months as the services work to remove these patients. Alongside this, non-pharmacological support is also being offered. In parallel, a similar programme is being developed for Autism services, including a future needs-led model with pre- and post-diagnostic support, reduced borough variation, digital first pathways and a unified self-referral process.

Community health services have 1,316 service users waiting over 52 weeks, primarily within the MSK Podiatry (50) and SCYPS ASD (939), Wheelchair services (37) and Speech and Language Therapy (35) pathways. Waiting lists in Bedfordshire MSK have reduced from 870 in March to 549 in April and Newham MSK have seen an increase from 3,087 in March to 4,107 in April due to a Trustwide admin review combined with staff sickness, which has caused the waiting lists across the service to grow. This is expected to stabilise next month.

What's worth watching?

Service user involvement in care remained stable at 82.2% in April. However, the past six months have been slightly below average, indicating a potential decline from 84.5% to around 83.5% if the trend continues. EIS Services have seen a drop in access, with 57.4% of service users starting treatment within 2 weeks (below the target of 60%). This is due to capacity challenges related to sickness within City and Hackney, which are being addressed.

The rate of violence and aggression has shown some fluctuation over recent months above the average rate of 6.7 per 1,000 occupied bed days, although this has started to reduce to 7.0 in April. A small number of acutely unwell service users accounted for a significant proportion of these incidents.

Appendix 1 details ELFT's performance against the NHS Oversight Framework (NOF) for 2025/26 for Quarter 3 (achieving segment 3 rating) and provisional scores for Quarter 4. Appendix 2 also outlines ELFT's performance against the confirmed NOF indicators for 2026/27.

The provisional Q4 forecast indicates improvement in four measures, deterioration in one, and stability across the remainder, resulting in an overall Segment 3 rating. Improvements have been seen in the length of stay over 60 days, community health long waits over 52 weeks, CAMHS access rates, and crisis referrals seen within 24 hours. The sole area of deterioration relates to staff sickness absence, anticipated over winter and being addressed through deep-dive analysis, targeted management support and the introduction of a new Occupational Health provider in 2026/27.

Looking ahead, the NOF framework expands significantly from 11 to 30 measures in 2026/27 (Appendix 2), and while official confirmation of measures and detailed national guidance is due to be released in May 2026, current performance indicates a broadly positive baseline. Based on available benchmarking data, we are performing favourably in a few metrics, including follow-up within 72 hours, Children and Young People's paired outcomes, and average length of stay across adult acute, PICU and older adult wards.

Key risks relate primarily to data quality challenges rather than sustained underperformance, particularly for indicators covering learning disability and autism length of stay, crisis access, and waiting times for CAMHS. Mitigation plans are in place across directorates with ongoing work to strengthen clinical oversight, long-waiter management and workforce wellbeing.

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

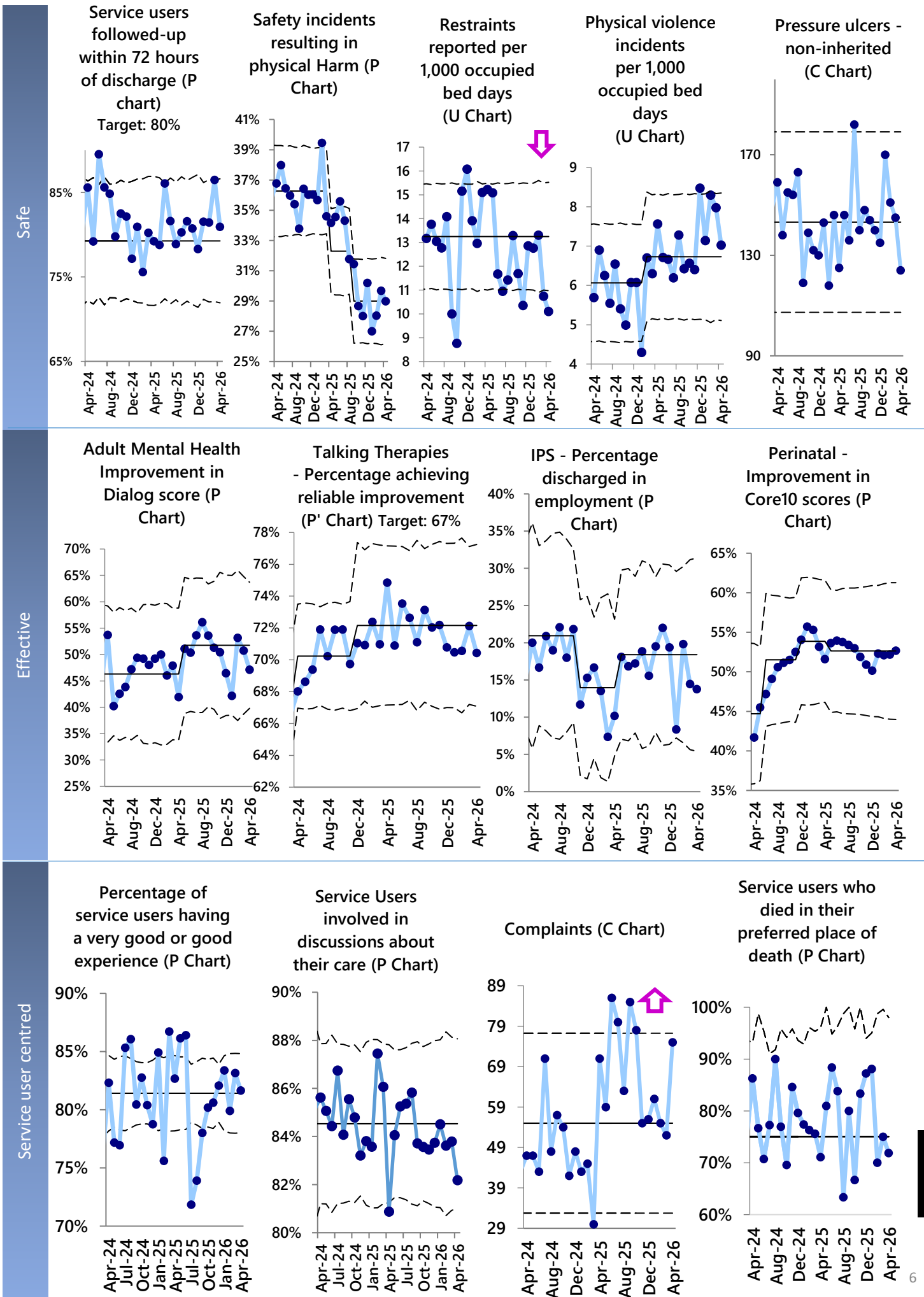
Date	Committee and assurance coverage
Various	Various sections of this report are submitted to the Service Delivery Board, Finance Business and Investment Committee and other Trust committees. Some of the performance information is submitted to commissioners and national systems.

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 April 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.

5

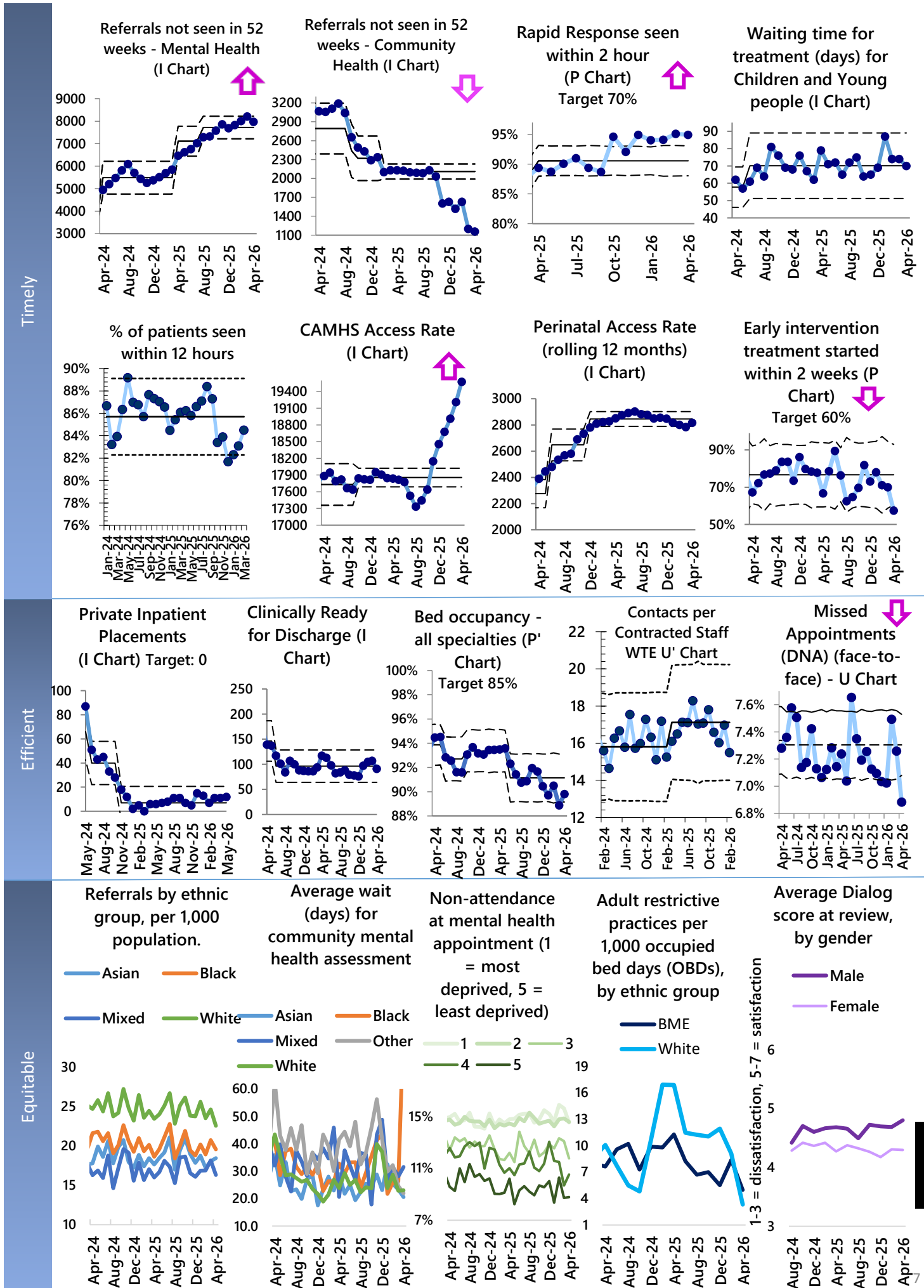
Performance Dashboard

Special cause variation (↑↓) and when it's of potential concern (↑↓)



Performance Dashboard

Special cause variation (↑↓) and when it's of potential concern (↕)



Commentary

Safe

The percentage of service users followed up within 72 hours of discharge from inpatient services was 80.9% in April, against the national target of 80%. In Luton & Bedfordshire, 93% of patients were followed up in 72 hours, and 82% in Newham. The target was achieved in 9 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 percentage of incidents resulting in harm has risen back to the mean, reaching 29% in April. While overall incident levels have remained broadly consistent, this recent decrease reflects fewer low-harm incidents and more no-harm incidents across City & Hackney and Tower Hamlets mental health services, and Community Health Services in Tower Hamlets and Specialist Services, contributing to a lower overall percentage.

The restraint rate per 1,000 bed days fell unusually from the average of 13.1 to 10.1 in April. This reflects a small decrease across City and Hackney mental health and a larger reduction across CAMHS Tier 4 inpatient services. This has been driven by lower occupancy and acuity across children's wards, along with fewer service users requiring nasogastric feeding, which accounts for a large proportion of restraint incidents. Restrictive practices are actively managed through a range of improvement initiatives, such as the introduction of safety huddles and safety pods, which have helped lower both the frequency of restraints and the duration of each incident.

The rate of violence and aggression has begun to decrease following several months of elevated levels above the average rate of 6.7, falling to 7.0 in April. This reflects a rise across Luton mental health and Forensic services, with a small number of highly acute service users contributing to a significant proportion of incidents. Services continue to strengthen prevention-focused approaches, which include earlier identification of triggers through structured safety planning, increased use of sensory and low-stimulation environments, and more consistent patient engagement through daily therapeutic contact. Wards are also embedding regular safety huddles and expanding access to meaningful activity to reduce distress and frustration. Alongside this, targeted coaching in advanced de-escalation and relational security is supporting staff to respond more effectively and reduce escalation, helping to improve safety across the wards.

The number of pressure ulcers has remained broadly stable, averaging 145 across community health services, with a reduction to 124 recorded in April. Community services are continuing to strengthen pressure ulcer prevention through earlier risk identification, timely intervention, improved staff training, and a stronger focus on individualised care planning.

Effective

Overall, the proportion of service users reporting positive Dialog outcome scores has returned to normal levels at the new, higher average of 51.7%. Further information on the progress we are making in improving the quality of life for our service users is included in the equity section of this report.

Our Talking Therapies services continue to outperform the national target, with reliable improvement averaging 72% over the past year and 70.4% in April 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 key focus remains in maintaining and improving reliable recovery rates, a key focus within the National Oversight Framework as shown in Appendix 1.

The percentage of service users entering employment continues to fluctuate around the mean of 18.4%, reaching 14.5% in April. Across the last year, services have continued to support service users, carers and our wider communities to build skills and access work opportunities. Over 1,000 people with long-term mental health conditions accessed Individual Placement Support (IPS), helping 207 into employment. Around 2,800 people also received employment advice through Talking Therapies in Bedfordshire, Tower Hamlets, and Newham, including support with returning to work, interviews, and workplace adjustments. Additional initiatives include 17 service users training as Digital Life Coaches, employment events for people experiencing homelessness, and the “Making Work Work” programme for people with learning disabilities. Expanding access to IPS and integrating the IPS pathway across new community neighbourhood care models will be a priority this year to support recovery.

Across perinatal services, the Trust’s rolling 12-month access rate is at 2816, with a year-to-date access rate of 768 in April going into the new financial year. In Luton & Bedfordshire the 12 month rolling access rate is 1255 and in East London this is at 1493. Targets for 2026/27 in Luton & Bedfordshire and East London are still being finalised to help monitor progress and improvements.

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

Service User Centred

The percentage of service users who rate their experience as ‘good’ or ‘very good’ has continued to remain stable, reaching 81.6% in April. All services are actively addressing key themes as highlighted in the January report.

The number of complaints has risen above the mean of 55, reaching 75 in April. This reflects a rise across adult mental health services and specialist services, related to clinical management issues mostly within community teams. 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 82.2% in April. The past six months have shown a consolidation below the mean, which is an early indication of a potential drop in the average from 84.5% to 83.5% if the pattern continues and will be monitored further.

Timely

Early Intervention Services have dropped for the first time this year achieving 57.4% against the national target of 60% of people being seen within 2 weeks. This is predominantly due to a drop in City & Hackney where the team have experienced staffing pressures and care coordinated caseloads continue to remain high. There has also been some long-term sickness within the services, and 2 care coordinator posts have been removed, which means that immediate needs of patients have been priorities

Across the Trust, 6925 patients have been waiting over 52 weeks for mental health services. This number reflects an increase of 105 between March and April. 6594 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 6594 people who have been waiting over 52 weeks for ADHD and Autism services, 289 patients are waiting over a year across our CAMHS ASD services, 19 in our Tower Hamlets neighbourhood services and 32 in the Newham employment service. Meetings are currently being put in place to understand why there are 52-week waiters to develop a plan for managing this. Across all ADHD services we are managing demand by agreeing with ICBs around referring patients towards the Right to Choose pathways and closing most of our services to new referrals. This is allowing the service to focus on the treatment waiting list batching patients according to the time waiting to be seen.

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. An ADHD stratification tool is underway to improve support through peers Support workers, the recovery college, and various digital support tools (including online bite size learning and techniques). Further development of clinical templates and support implementation is underway to establish capacity for backlog and future pathways.

An ADHD Self-Assessment and Stratification Tool has been developed and launched across the Trust in March with the aim to understand the reasons for patients on the waiting list to help patients and GPs understand symptoms and their functional impact. This contains a mix of quantitative and qualitative questions and explores pre-existing conditions and other factors like substance misuse.

The latest position of the self-assessment and stratification tool has seen a 71% response rate from patients on the waiting list and the next phase of work in focusing on opening this up to the rest of the waiting list. Demand and capacity trajectories are in the process of being refreshed across East London and it is predicted that the waiting list will fall from a current position of 4,728 to 3,309 in March 2027. This is due to several improvements made from the stratification tool and work to standardise pathways and increase capacity in the services. Survey and engagement data from the stratification tool indicates that 1,050 service users have said they do not need to be seen for an assessment due to an existing diagnosis or because they are awaiting titration.

Approximately 2,712 people have gone on to complete the self-assessment of which 1,408 (25%) are mild or minimal which mean they do not meet the impairment level to be seen in the service and will be discharged.

Analysis of the demographic variations in ADHD triage tools and clinical needs have also shown some interesting results. Younger patients show the highest completion rates of the self-assessment tool at 76% with engagement gradually declining with age suggesting that older populations may require additional support. The majority of the waiting list (59%) resides in the most deprived deciles and also had the lowest completion rates, highlighting a potential equity gap in digital assessment completion.

There are a number of benefits which the deployment of the revised clinical model enables for ELFT including a 25% reduction in the number of patients seen for a diagnosis through the introduction of impairment stratification in line with NICE and NHS England guidance. ELFT triage of the backlog has identified 29% of patients will not need to be seen for a diagnosis or treatment. There are longer-term ambitions to move the clinical pathway from analogue to digital with the introduction of the tool to support a faster diagnosis and 50% of patients to be seen virtually.

In terms of providing extra support to patients, the central group is meeting regularly with peer support workers and recovery colleges to explore expanding bitesize learning and techniques around some of the core topics which people with ADHD face, including time management, planning, prioritising, supporting someone diagnosed with ADHD understanding titration, seeking reasonable adjustments, communication and active listening.

Referrals for ADHD services in Luton & Bedfordshire have been fluctuating but show signs of increasing in the past 5 months back to an average of 82 referrals. The waiting list for assessment and treatment appear consistent with the previous trends at 1954 and 774 respectively. In City & Hackney ADHD referrals continue to be low over the past 3 months. Due to the service not undertaking any assessments the past few months and focusing on clearing the treatment pathway, the average waiting list for an assessment is starting to show signs of reduction to 79 weeks in April.

In the Tower Hamlets ADHD service, referrals continue to be lower than the previous 6 months with 60 in April. The number of service users waiting assessment continues to rise month on month, sitting at 2450 in April 2026. The service has been systematically going through its caseload over the past few months, removing any Out of Area patients, patients with private diagnosis and patients receiving prescriptions from their GP. 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, referrals have dropped dramatically in the past 6 months currently maintaining a position of 0. The number awaiting assessment continues to drop from 985 in March to 968 in April. The service has implemented 2 new needs-led pathways, including the assessment pathway and the diagnosis and medication review pathway, to manage the increasing demand and improve access.

11

Due to the long wait for an initial assessment, the service is focusing on promoting and encouraging non-pharmacological pathways.

A similar programme of work is underway across the Trust looking at the Autism waiting list. A future ASD model is currently in the process of being designed including a needs led offer with pre- and post-diagnostic support, looking to reduce unwarranted variation across boroughs, implementing an open access model including self-referrals and implementing a Digital first approach to the pathway including the use of Ambient Voice Technology. As part of this work, a unified self-referral form is being designed, by reviewing the existing variation in it's content and defining the minimum criteria of information required from patients as part of the referral.

Across Luton & Bedfordshire's Autism services, referrals continue to remain stable with 83 referrals in April and a total of 1140 service users waiting for an assessment. The team is currently in the process of reviewing it's post-diagnostic support offer which currently includes Talk Back, an ICB-commissioned service supporting people with autism and learning disabilities focusing on self-advocacy, participation and tailored pathway services. In addition to this, the service continues to work closely with the Recovery Colleges with it's "ADHD and Me" and "Neurodiversity" 6-week programmes.

Within the City & Hackney Autism service, the team continues to offer special interest sessions to resident doctors, which has allowed the service to expand it's capacity. The assessment waiting list remains high at 611 in April. As part of this support offer, City & Hackney provide monthly peer support groups online and a series of education workshops open to those following a diagnosis. One-off reasonable adjustment appointments are also available for patients who have been diagnosed by the service.

In the Newham Autism service there are currently 242 people waiting for an assessment and an average waiting time for an assessment of currently 32 weeks. The number waiting for treatment also remains stable at 14 with additional interventions on offer like the "Find Your Neurodiverse Strength" course with the recovery college and peer support worker groups and classes.

In the Tower Hamlets Autism service, referrals remain stable at 49 per month and there are currently 217 service users waiting for an assessment with an average waiting time of 41 weeks to be seen. Self-referrals have been made available online which is increasing access to the service. The service continues to work closely with the recovery college which offers an "Understanding Autism" course and there is also due to be Local Authority funding with access for up to 12 one-to-one sessions for patients, where clinically appropriate.

Across our neighbourhood mental health teams, most services are now meeting the 4-week access target in April. Newham are seeing patients within 2 weeks and Luton & Bedfordshire within 4 weeks. City & Hackney and Tower Hamlets have slightly longer waiting times where service users are waiting an average of 6.8 weeks and 4.9 weeks. As part of this work, we are also closely focusing on the new national shadow adult waiting times standard. This requires all referrals to receive a contact, baseline outcome, a care plan and/or intervention recorded to count as a completed assessment. Once national data accuracy for this metric improves, NHS England will decide when to formally implement it.

12

In City & Hackney, a waiting time initiative is currently taking place which involves extra doctors' clinics and team seniors completing extra assessments for long waiters. As a result of this, the waiting list has dropped from 752 in November to 285 in April. The directorate is also currently developing a restructure of the Neighbourhood Community teams to increase a specific assessment service. The intention is to reduce the waiting time to be seen before the implementation of the new Front Door service in Q2 of 2026.

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 teams and it is estimated that this affects approximately 20% of referrals.

Memory clinic performance across East London continues to fluctuate with Newham seeing 75.4% of their patients within 6 weeks, while City & Hackney and Tower Hamlets reported lower figures at 34.5% and 26.5% respectively. Challenges remain in Tower Hamlets and Newham around meeting the 18-week referral to treatment (RTT) target, obtaining 10.8% in Tower Hamlets and 21.4% in Newham. In City and Hackney, 45.3% of referrals are diagnosed within 18 weeks.

In City and Hackney, discussions are in progress to redesign the service to increase memory assessment capacity and improve performance against the 6-week target, which is also expected to benefit the 18-week target. A business case is in development to support this change. In the interim, the Band 7 nurse is completing two additional memory assessments per week, with improvements expected to start being seen from May. Admin are continuing to call or text clients and carers when arranging appointments, reminding them of the appointment by sending opt-in letter for those unable to contact and then discharging if no reply is received to reduce appointment non-attendance rates.

The Tower Hamlets Dementia Clinic has started a redesign of service provision to streamline the diagnostic pathway and reduce the number of touchpoints. All patients will be triaged by senior clinicians at the point of entry into the service with the ultimate aim of providing a diagnosis in a day for the majority of referrals. Ongoing challenges within the service are primarily due to delays from acute providers in returning MRI scan results. A recent audit has identified a significant increase in turnaround times rising from an average of 6 weeks to 16 weeks, which is being addressed through a contract review with the imaging provider. This delay is placing additional pressure on achieving the 18-week referral-to-diagnosis target. Further investigation is underway to identify opportunities to streamline the process and support compliance with statutory requirements.

In Newham, the memory clinic continues to operate with a relatively small workforce and has faced ongoing challenges around imaging delays, but maintains consistent medical and psychological capacity. This has impacted the timeliness of assessments and feedback to service users, contributing to extended waits for both initial reviews and diagnostic outcomes. In response, the team has been actively exploring mitigation options, including reviewing the contract with the imaging provider to reduce delays, improve flow, and support earlier identification of system pressures and bottlenecks.

Waiting lists in CAMHS have increased from 2495 in March to 2696 in April for a first appointment, with 289 service users waiting over a year to be seen. The longest waiting lists are within the Bedfordshire Autism service, with 107 service users waiting, Newham ADHD, with 77 service users waiting over 52 weeks, and in Tower Hamlets ASD and Learning Disability Teams with 58 waiting over 52 weeks. There are currently no patients waiting over 104 weeks across CAMHS due to a data cleansing exercise that was undertaken and there are plans to continue this exercise into 2026/27, targeting those waiting over a year. In Bedfordshire, work is underway to review service productivity with Clinical Team Leads assessing individual work plans against activity levels. As part of the NHS Oversight Framework, CAMHS access across the Trust has seen an increase of 5.3% in March 2026 from its position 12 months ago. More detail on the plans in place can be found in Appendix 1.

1,316 service users are waiting over 52 weeks in Community Health Services, with 96 of this group being across Bedfordshire Community Health services and 1,220 waiting in the SCYPS ASD pathway. 37 service users are waiting in the Wheelchair service, 50 across the MSK pathway and 27 in Speech and Language Therapy (SLT). Current data shows that 0.65% of service users on the waiting list have been waiting over 52 weeks in community health services, which is an NHS Oversight Framework (NOF) measure. More detail on this is highlighted in Appendix 1.

Across Bedfordshire MSK, the latest position shows that there are 549 people waiting for an assessment. 450 in adult services and 99 in paediatrics. The current position of 52-week waiters has improved with 7 adults and 4 children waiting as of April, with 178 waiting between 18 and 52 weeks. Significant work has been completed to cleanse and validate the waiting list, supported by increased SMS contact and updated Standard Operating Procedures (SOP) to ensure safe management of non-responders and vulnerable patients. Improvements have been underway to provide further assurance that plans are in place to sustain the improvements made in the service including the development of a standardised appointment scheduling process, demand and capacity analysis and follow-up ratios and extended scheduling.

In BCHS SLT, referrals and discharges continue to remain stable at 642 with 249 patients waiting over 18 weeks to be seen. Due to recently agreed internal ELFT funding, a 0.4 WTE equivalent has joined the service and is able to offer 22 additional appointments per month for the next 4-6 weeks. This member of staff is purely dedicated to long waiters. The service is also enrolling a new bank staff member for community review calls, harm calls and community outpatients to support with managing the demand and capacity of this patient cohort.

Across Bedfordshire Wheelchair services, the current position is relatively static and there has not been a sustained deterioration. As per the latest position, there are 24 people waiting over 52 weeks for a first assessment and a further 160 people waiting between 18-51. The majority of these long waiters are predominantly due to delays related to national procurement supply chains and provision of equipment that remains outside of ELFT's influence.

In Newham, the MSK service waiting lists have increased from 3,087 in March to 4,107 in April. The service has seen an increase in two pathways: the Single Point of Access (SPA) and the GetUBetter (GUB) app. The main driver for this is the recent admin review, during which the senior administrative lead moved to another team. To address this the service has now recruited additional bank staff, seen the return of staff previously on long-term sick leave, sought additional support from other services and introduced Saturday working to increase processing capacity. Given the volume of referrals and the backlog created, we anticipate that it will take approximately 6 weeks to fully resolve the issue.

Efficient

Inpatient bed occupancy has continued to fall below the mean of 91.1 days, reaching 89.9% in April. This reflects a reduction across Tower Hamlets' adult and older adult wards and CAMHS Tier 4 inpatient services continue to have lower occupancy, averaging 64%. In the Newham CAMHS acute ward, occupancy had been higher but dropped temporarily as several patients recovered and were discharged within a short period. Occupancy on Pluto (PICU) and Galaxy has been lower due to fewer referrals. The reopening of PICU beds within SLAM has reduced out-of-area referrals, alongside a dip in local PICU-level demand.

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 12 in April, attributable to Luton & Bedfordshire. Similarly, the number of patients clinically ready for discharge remains stable at 91. 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 54 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 remained stable at 24% in April. This was a national oversight framework indicator in 2025/26 and remains a key focus of ongoing inpatient flow improvement work.

Last year's Trustwide inpatient flow programme continues to be embedded across community and inpatient services and now provides the foundation for a targeted next phase of the flow programme, which will focus on five priorities this year. Firstly, we implemented a single, trusted Digital Bed Management Tool to give real-time visibility of bed status, patient flow and pathway milestones, enabling early identification of bottlenecks, automated escalation and clearer performance metrics. Secondly, established robust processes for managing out-of-area placements admitted to our wards to repatriate and assign financial responsibility accurately. Thirdly, we embedded a more consistent clinical operating model that set standardised criteria and processes for bed escalation/de-escalation, admission and discharge decisions, and contingency flow arrangements, supported by daily and weekly ward and bed-management tasks. Fourthly, we will assign clear roles and responsibilities at ward, divisional and system levels with named escalation leads and data owners to shorten response times, improve accountability and ensure consistent application of operating models.

Fifthly, continue to strengthen collaborative working with community teams, Home Treatment Teams and external providers through shared pathways, joint discharge planning and regular multi-agency review forums to prevent avoidable admissions and enable timely step-down.

These priorities will be delivered alongside existing good practices such as frequent operational huddles with real-time task management, and Red-to-Green principles to unblock delays, reduce unwarranted variation and deliver measurable improvements.

Psychiatric Liaison Teams (PLS) currently complete an assessment and decide on ongoing treatment within 4 hours of arriving in the emergency departments for 88.3% of presentations in Bedfordshire & Luton and 74.2% in East London. The number of service users waiting in A&E for over 12 hours remains consistent at 132 in March. 84.5% of service users were seen and discharged from A&E within 12 hours.

The main reasons for delay relate to intoxication (thereby delaying mental health assessment), physical health issues, complex out-of-area presentations, and bed availability. Despite these pressures, 85.7% service users receive their first assessment by a mental health professional within one hour of referral in the emergency department.

Eliminating 72-hour waits in the Emergency Department and significantly reducing 12-hour delays predominantly across East London is a key priority for this year. To achieve this, business cases for new initiatives have been agreed with the ICB across the whole pathway so that patients can be assessed, treated, and moved on more quickly and safely. This includes more proactive support within community mental health teams, including enhanced Home Treatment Team provision, and admissions-avoidance focusing on high-intensity users of the Emergency Departments. This approach will help prevent crises from escalating and reduce the number of patients requiring attendance or experiencing prolonged stays. Other initiatives include strengthening the community mental health crisis service and community beds that will provide timely alternatives to admission and ensure patients can access the right level of care without delay. This will help reduce pressure in the Emergency Department and improve overall patient flow.

Enhanced consultant cover within the Emergency Department will support faster assessment and clinical decision-making, enabling more timely onward referral or discharge and reducing unnecessary waiting times. Additionally, inpatient mental health services will improve flow by ensuring timely access to beds, including coordinated support for out-of-area admissions where necessary. This will help prevent patients from remaining in the Emergency Department longer than clinically required. Increased supportive discharge and step-down capacity will enable safe and well-coordinated transitions out of hospital. This will free up inpatient beds more quickly and reduce the risk of delays and repeat attendances.

The productivity metric indicates a consistent increase in contacts per Whole Time Equivalent (WTE) member of staff. This metric has shifted positively after eight consecutive increases above the mean which has risen from 15.8 to 17.1 contacts, which is encouraging. While there have been fluctuations below the mean in the past few months, we continue to monitor our progress closely (March data wasn't available at time of reporting).

The second productivity indicator focuses on missed appointments. While the Trust-wide quality improvement programme. Allowing for some seasonal variations, missed appointment rates have continued to fall with an average of 6.9% in April. This improvement reflects the ongoing impact of high-impact changes implemented across the Trust, including offering service users a greater choice of appointment times and using multiple reminders to support attendance, as detailed in the Equity section of this report.

Equity

This section outlines DIALOG outcome scores, highlights key themes across gender and ethnic groups, and summarises the work underway to improve the quality of life for the service users we support.

Dialog has 11 questions, each scored from 1 (totally dissatisfied) to 7 (totally satisfied). The first eight questions cover different areas of a person's life, and their average score provides an overall measure of quality of life (a Patient Rated Outcome Measure, or PROM), while the remaining three questions focus on the person's experience of care planning. All scores use the same 1–7 scale, where scores below 4 indicate dissatisfaction, 4 is neutral, and scores 5 and above indicate explicit satisfaction. Service users are expected to complete at least two Dialog surveys: one at initial assessment or admission, and another prior to follow-up or discharge to assess change over time.

The Dialog equity chart shows that overall scores are generally higher for males, while scores for females tend to be lower and remain within the neutral range (4 = neither satisfied nor dissatisfied). However, when looking at the overall proportion of service users who have moved from dissatisfied (<3) to explicitly satisfied (>5) over the past two years, a more nuanced picture emerges across both gender and ethnicity in inpatient and community services. It should be noted that the proportion of people moving into satisfaction is relatively small, at around 12–14% across inpatient (279) and community (1,151) services. Most service users (64–73%) remain satisfied throughout, while a smaller group (15–25%) remain dissatisfied across inpatient and community teams.

If we consider only those who started dissatisfied 44% (264) of people moved out of dissatisfaction in inpatient settings, 55% (1,058) in the Community. In East London inpatient services, some groups show lower levels of improvement compared to the overall average. For example, improvement in mental health is lower for White males (25% compared to 40% overall), and improvement in physical health is lower for Asian females (22% compared to 36% overall). In Bedfordshire and Luton inpatient services, improvement in physical health is lower for females from Mixed ethnic groups (17% compared to 42% overall), and improvement in relationships is lower for Asian females (20% compared to 51% overall).

In East London community mental health services, lower improvement is seen among males from the Other ethnic group, particularly in mental health (22% compared to 35% overall) and physical health (21% compared to 32% overall). In Bedfordshire and Luton community services, areas for improvement include job situation for Black males (20% compared to 30% overall) and accommodation for Asian males (19% compared to 33% overall).

City and Hackney

In City and Hackney, improvement efforts are focused on a wider community transformation programme scheduled to begin in July, with several priorities focused on new models of care, on improving physical health outcomes, housing and equity of access.

The new neighbourhood model will take a more integrated, needs-based approach. Each patient will be placed on a defined care pathway and remain with the same team throughout their time within ELFT, promoting continuity and consistency of care. Services are also developing a Wellbeing Hub that will bring together depot, clozapine, and physical health clinics into a single, more integrated service. This will include additional staffing and strengthened leadership to improve physical health outcomes for people with serious mental illness (SMI).

A dedicated workstream within the programme will be focused on improving access for groups that traditionally face barriers to engagement, particularly African and Caribbean heritage (ACH) adults, young adults, and LGBTQI+ service users. Community connectors will provide more targeted support, helping individuals build links with local community resources and access meaningful social and leisure activities. This work will prioritise patients without a care coordinator or allocated worker, who represent a significant proportion of the community caseload.

One of the key priorities identified in the Borough relates to improving accommodation and the quality of housing. Services have identified a priority around improving accommodation. Access to suitable accommodation remains a significant challenge due to limited housing availability within the borough. Many residents' requiring emergency housing are placed outside the local area. To address some of these challenges, a social worker funded by Hackney Housing is now embedded within ELFT. We are also increasing the number of support workers in community teams to strengthen communication between service users, the council, and housing providers.

Bedfordshire and Luton

Across Bedfordshire and Luton, DIALOG scores show improvement between first and second assessments across all eight life domains, with the greatest gains seen in mental health. Inpatient settings demonstrate larger improvements than community services, particularly in areas such as friendships and safety, likely reflecting the structured therapeutic ward environment.

Physical health shows the least improvement across both community and inpatient services. To address physical health needs, recruitment is underway to increase capacity for physical health assessments and screening in community teams. Social prescribers are actively promoting community-based programmes through the Bedfordshire Recovery and Community College, including green wellbeing initiatives.

Targeted health promotion includes Prostate-Specific Antigen (PSA) prostate screening for Black, Asian, and minority ethnic men over 45, and a pilot menopause clinic offering holistic assessments and access to specialist input where required.

In inpatient services, physical health oversight has improved following the December CQC inspection. Care plans are being developed more promptly, abnormal results are escalated appropriately through inpatient safety forums and huddles, and there is increased focus on cardiometabolic monitoring and GP follow-up after discharge.

To support service users to enter employment, community teams are working more closely with Individual Placement and Support (IPS) services to identify patients who may benefit from employment support, particularly within non-CPA caseloads. Planned initiatives include drop-in sessions and IPS attendance at outpatient clinics. Referrals to IPS are increasingly guided by DIALOG+ scores, with patients scoring 3 or below systematically identified and discussed at team meetings.

In inpatient settings, DIALOG+ conversations are used to identify goals related to routine and meaningful activity. However, strengthening links with the Recovery College and community groups at discharge remains an area for development for year.

Local data indicates slower improvement among patients from “Other” and Asian ethnic groups across the borough. In response, inpatient teams are embedding cultural considerations into weekly reviews using PCREF principles. This includes reflecting on cultural needs, appropriate use of interpreters, and engagement with carers. Both men and women show improvement across all domains, with the gap between genders narrowing at second assessment.

Forensics

Across Forensic services, a recent prevention workshop, delivered in collaboration with Public Health colleagues, provided valuable insights and supports ongoing work across physical health, equity, and service improvement priorities.

Healthy Weight Management sessions are well established, offering ongoing support from a dedicated Physical Health Multi-Disciplinary Team (MDT), which focuses on engagement, monitoring, and liaison with GP services.

As part of PCREF work, we analyse experiences across different protected characteristics, including service users of mixed heritage. This includes reviewing differences in Community Treatment Order (CTO) rates among Global Majority groups and monitoring the use of restrictive practices through monthly Safe and Positive meetings. Women’s physical health has been identified as a priority for the year ahead, and ideas will be developed through discussions at the Quality Committee, where the Physical Health Team reports regularly.

Tower Hamlets

Tower Hamlets is taking a targeted approach to improve areas of dissatisfaction identified in Dialog outcome scores, with a key focus on strengthening the transition from inpatient to community care. This includes the development of the Neighbourhood Mental Health Collaborative (NMHC) and adopting the Barnsley Street Principles to support more joined-up, recovery-focused pathways.

Specific improvements are being implemented to address gaps in male leisure and physical health provision. These include increasing daytime drop-in sessions, group activities, and community-based provision, as well as making greater use of voluntary sector services.

This work is also focused on improving engagement with diverse communities across the borough by identifying barriers to access and developing co-produced therapeutic interventions. In addition, recruitment of Nursing Associates within neighbourhood teams will strengthen the focus on physical health, while increased peer support worker roles and expanded social prescribing aim to enhance community engagement and wellbeing. The impact of Individual Placement and Support (IPS) is also being reviewed to ensure it is effectively contributing to recovery outcomes.

Newham

Newham is focusing on a number of targeted interventions to improve DIALOG outcomes and enhance overall recovery and quality of life for service users. A key priority has been addressing physical health inequalities, particularly for people living with diabetes and other long-term health conditions, recognising the strong relationship between physical health, mental wellbeing and recovery outcomes for people accessing secondary mental health services. This includes a greater focus on integrated care, early identification of physical health needs and improving engagement with routine health monitoring and support.

The service is also strengthening neighbourhood-based and community-centred approaches by working more closely with local organisations, faith groups and trusted community institutions to improve access, engagement and continuity of care for underserved populations. A particular focus has been placed on improving access and therapeutic engagement with the Somali community through partnership working with Heal Together to better understand cultural needs, barriers to care and experiences of mental health services, enabling support to be adapted in a more culturally responsive way.

Alongside this, wider The Patient and Carer Race Equality Framework (PCREF) programme is supporting improvements in cultural competence across the workforce, with an emphasis on reducing inequalities in experience and outcomes for different communities. This includes using service user feedback and outcome data, such as DIALOG scores, to identify disparities in areas including mental health, physical health and social functioning, and to inform more personalised, trauma-informed and culturally appropriate models of care

NHS Oversight Framework (NOF)

Appendix 1 shows our preliminary Q4 results for 2025/26. These are still subject to change following the formal submission of NOF scores over the next couple of months. Going into 2026/27, the number of NOF indicators have increased from 11 to 30 measures, and our current performance against these is shown in Appendix 2. While we are still awaiting technical guidance for these measures, we have included our latest performance based on our understanding of the metrics, and these could still be subject to change.

2025/26 NOF Position

As per our 2025/26 Q4 position, we are predicting an improvement across 4 measures, a deterioration in 1 indicators and the rest remain the same between Q3 and Q4.

Improvements were seen across the percentage of patients with a length of stay over 60 days, improvements in reducing the percentage of patients waiting over 52 weeks in community health services, CAMHS access rates and the percentage of patients referred to crisis care and seen within 24 hours.

Staff sickness absence is the only area where there has been a deterioration in our Q3 position, and this was predicted over the winter months due to anticipated seasonal variation. Going into next year, teams will focus on refining the “deep dive” reviews into sickness absence data. These deep dives have provided valuable insight into patterns and drivers of both long-term and short-term absence, enabling more focused and evidence-based interventions. Targeted support for managers is being prioritised, particularly within areas demonstrating the highest levels of absence. This includes the rollout of training aimed at improving confidence in managing attendance and intervening early in cases that risk becoming long-term. The introduction of a new Occupational Health provider in Q2 of 2026/27 represents a significant enhancement in the organisation’s approach to case management. The provider will play an active role in supporting complex cases and will be integrated into the deep dive process, ensuring that clinical insight informs action planning and decision making.

2026/27 NOF Position

Appendix 2 illustrates our current performance against the NOF indicators for 2026/27.

Across several NOF indicators relating to mental health access, length of stay and outcomes the Trust is actively engaging in conversations to clarify the technical definitions related to indicators including patients with no prior community contact before admission, excess length of stay for people with learning disabilities and autism, and readmission metrics. Performance on paired outcomes in CYP mental health services is above national levels and ongoing work is underway across our community mental health services to improve Dialog completion rates. This includes addressing known reporting issues, reinforcing the requirement for outcome measure completion and embedding a more robust performance oversight at a directorate level.

For acute follow-up within 72 hours, performance is broadly strong and above the 80% target. Detail on the plans in place can be found in the “safety” section of this report.

NHS Oversight Framework (NOF)

Mean length of stay for adult acute, PICU and older adult wards is currently below the national position, providing a positive baseline. The Trust's 2026/27 plans aim to consolidate this performance through strengthening clinical oversight, including weekly length of stay reviews, enhanced complex case governance, and shared ownership between inpatient and community teams. Particular attention will be paid to system blockers such as Ministry of Justice-restricted cases and cross-borough discharge complexities.

The NOF indicator relating to excess length of stay for people with learning disabilities and autistic people remains a priority due ambiguity in its measurement. The Trust is improving how patients' needs are identified and recorded, and is refreshing reasonable adjustment work on wards so staff link in earlier with learning disability services when patients are admitted or may have unmet needs.

While reductions have been seen since 2025 around the rate of restrictive practices per 1000 occupied beds, performance remains influenced by a small number of highly complex patients and differences in ward configuration, particularly in areas with higher bed bases and multiple PICUs. The Trust will continue focused restrictive practice improvement work during 2026/27.

For urgent referrals to crisis services within 24 hours, work is underway to stabilise and standardise reporting, particularly around referral urgency and pathway reporting. The 2026/27 plan prioritises the establishment of consistent recording standards and targeted reviews of breaches with clinical teams to drive improvement.

In Community Health Services, breaches of the 18-week referral-to-treatment standard are often linked to clinical complexity, repeated DNAs and administrative capacity pressures. Active long-waiter management is in place, supported by monthly reviews, targeted validation and demand-and-capacity analysis. Data quality issues are being addressed to ensure that reported breaches accurately reflect patient experience.

CQC Community Mental Health Survey measures are subject to separate action plans with monitoring embedded through Trust Quality Assurance processes, which teams are currently in the process of developing. Workforce-related NOF measures, including sickness absence and staff survey indicators are also being reviewed in directorates to investigate the opportunities in the staff survey reports to improve staff wellbeing, reduce sickness, strengthen occupational health support and improving workplace adjustments.

Appendices

- Appendix 1 – Performance against the 2025-26 NHS Oversight Framework
- Appendix 2 – Performance against the 2026/27 NHS Oversight Framework
- Appendix 3 – Operational Definitions for the Performance Dashboard

Appendix 1: Performance against the 25-26 NHS Oversight Framework Indicators – Note: NOF score is based on end of December position (Quarter 3 and provisional Q4).

	Measure	Q1 NOF Score	Q2 NOF Score	Q3 NOF Score	Performance	Provisional Q4 position
Access to care	Percentage of patients waiting over 52 weeks for community health services	3.50	2.84	2.69		Positive change from 1.10 (Q3) to 0.41% (Q4)
	Annual change in the number of children and young people accessing NHS-funded mental health services	3.60	3.09	2.74		Improvement from +1.49% (Q3) to +5.30% (Q4)
Effectiveness and Experience	Percentage of inpatients with >60 day length of stay	3.30	3.11	3.36		Improvement from 25.78% (Q3) to 24.07% (Q4)
	Urgent community response 2-hour performance	1.93	1.76	1.76		No change from 94.1% (Q3) to 94.1% (Q4)
	Community mental health survey satisfaction rate	2.00	2.00	2.00	<p>We have received preliminary results but are awaiting the full benchmarking report. When comparing results to the best-performing question in 2024, we have seen a decline in positive responses across several key areas:</p> <ul style="list-style-type: none"> • Being offered support while waiting for assessment – 8.8% decrease • Reviewing how care is working for service users – 6% decrease • Offering advice and support (e.g. joining a group) – 6% decrease • Overall quality of care – 10% decrease 	No change – this is an annual result -2025 results remain pending

Appendix 1: Performance against the 25-26 NHS Oversight Framework Indicators – Note: NOF score is based on end of December position (Quarter 3 and provisional Q4).

	Measure	Q1 NOF Score	Q2 NOF Score	Q3 NOF Score	Performance	Provisional Q4 position
Patient Safety	NHS Staff Survey – raising concerns sub-score	3.10	3.10	3.10		No change - 6.61 [yearly submission]
	% of patients referred to crisis care teams to receive face to face contact within 24 hours	2.07	2.04	2.31		Improvement from 64% (Q3) to 69.9% (Q4)
Workforce & Finance	Sickness absence rate	2.76	2.40	2.60		Change from 5.38% (Q3) to 5.49% (Q4)
	NHS Staff Survey engagement score	2.70	2.70	2.70		No change – this is an annual result, 2025 results remain pending. Current score is 6.61
	Planned surplus/deficit	1.00	1.00	1.00		No change - Trust is on plan. The Trust is currently reporting a surplus position of £520k which is in line with the 2025/26 financial plan.

Appendix 1: Performance against the 25-26 NHS Oversight Framework Indicators – Note: NOF score is based on end of December position (Quarter 3 and provisional Q4).

	Measure	Q1 NOF Score	Q2 NOF Score	Q3 NOF Score	Performance	Provisional Q4 position														
Finance	Relative difference in costs score	1.94	1.94	1.94	<table border="1"> <caption>Performance Data for Relative difference in costs score</caption> <thead> <tr> <th>Year</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>2018-19</td> <td>110</td> </tr> <tr> <td>2019-20</td> <td>100</td> </tr> <tr> <td>2020-21</td> <td>100</td> </tr> <tr> <td>2021-22</td> <td>100</td> </tr> <tr> <td>2022-23</td> <td>100</td> </tr> <tr> <td>2023-24</td> <td>100</td> </tr> </tbody> </table>	Year	Score	2018-19	110	2019-20	100	2020-21	100	2021-22	100	2022-23	100	2023-24	100	No change [annual score]
Year	Score																			
2018-19	110																			
2019-20	100																			
2020-21	100																			
2021-22	100																			
2022-23	100																			
2023-24	100																			

Appendix 2: Performance against the 26-27 NHS Oversight Framework

	Measure	Apr-26 Position	Performance
MHLDA Measures	Proportion of total open CYP MH related waits that are over 104 weeks	2.7%	<p>Waiting Group ● Greater or equal to 104 week waiter</p>
	Percentage of people accessing mental health services with at least 2 contacts and a paired outcome score (all ages)	24.16% CYP 19.96% Adult	<p>CYP Paired Referrals (2 contacts) Adult Paired Referrals (2 contacts)</p>
	% of Talking Therapies patients completing a course of treatment and achieving reliable recovery	48.6% (reliable recovery)	<p>Talking Therapies – reliable recovery</p>
	Number of people with LD or Autism in mental health hospital with excessive length of stay	TBC	<i>Reporting under development with clarification required around the business definitions for this indicator</i>
	Proportion of adult acute discharges followed up within 72 hours	80.9%	
	% of acute admissions with no contact with community mental health services in the previous year	6.45%	
	LDA inpatients per million head of population	<i>Currently this is listed as an ICB measure but this could be subject to change and technical guidance is currently under development to understand the scope and how this is measured</i>	
	Out of Area Placements	<i>Currently this is listed as an ICB measure, but this could be subject to change. Performance against out of area placement is presented in the “efficient” section of this report</i>	

Appendix 2: Performance against the 26-27 NHS Oversight Framework

	Measure	Mar-26 Position	Performance
MHLDA Measures	Mean length of stay for older adult acute discharges	86.3 days	
	Mean length of stay for adult acute and PICU discharges	52.2 days	
	CQC community mental health survey satisfaction rate	TBC	See page 22
	14-day readmission rate (mental health services)	3.5%	
	Crude rate of MHLDA restrictive interventions per 1,000 occupied bed days (all ages)	10.1 per 1,000 bed days	
	Proportion of urgent referrals to crisis service with first face to face contact within 24 hours		See page 22
CHS	Percentage of community health service referrals waiting over 18 weeks	7.43%	
	Community Activity banded score	Currently this is listed as an ICB measure and we are awaiting technical guidance to understand how this will be calculated in 2026/27	
	% of people with 3 of more contacts in the last 90 days of life	Currently this is listed as an ICB measure and we are awaiting technical guidance to understand how this will be calculated in 2026/27	

Appendix 2: Performance against the 26-27 NHS Oversight Framework

	Measure	Mar-26 Position	Performance
Community Health Services	Average length of stay in community beds	30.1 days	
	30-day readmission rate	TBC	Reporting under development
	Over 65 bed days per 100k of population	Currently this is listed as an ICB measure and we are awaiting technical guidance to understand how this will be calculated in 2026/27	
Trustwide	Bank and agency spend as a % of total pay bill	Agency – 0.94% Bank – 8.49%	
	Compliance with NHS Staff Standards	TBC	<p>A new set of People Standards are being created by NHSE support the 10 year plan. These standards will be mandatory and included in the NOF. For Year 1, this will be a headline metric focusing on:</p> <ul style="list-style-type: none"> - Reducing violence against staff - Improving sexual safety - Tackling racism - Promoting flexible working - Effective line management - Creating a supportive environment <p>This metric will use current data sources (mainly the staff survey) related to each topic area.</p>
	Sickness Absence	5.49%	See page 22
	Staff Survey Engagement	6.61	See page 22
	Data Quality Maturing Index	93.1%	
	Average time to set up a clinical trial	100% within 30 days	

Appendix 2: Performance against the 26-27 NHS Oversight Framework

	Measure	Mar-26 Position	Performance
	NHS Staff Survey raising concerns sub score	See page 22	
	Planned surplus/deficit	See page 22	
Trustwide	Relative difference in costs	See page 23	
	% of inpatients making a supported quit attempt with an in-house tobacco dependence treatment service	Currently this is listed as an ICB measure, and we are awaiting technical guidance to understand how this will be calculated in 2026/27	

Appendix 3: 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
21 May 2026

Title	People and Culture Committee (P&CC) 28 April 2026 – 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 28 April 2026.

Key messages

28 April 2026

The Committee reviewed workforce risks and assurance across staff experience, support and culture, receiving deep-dive presentations on directorate-level workforce and professional groups. The Trust continues to demonstrate strong governance, a strengthening of workforce utilisation and support for staff wellbeing. Themes around focused staff support, 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 maintain safe operational delivery during the ongoing periods of industrial action with the continuing support of senior clinicians and staff from all professional groups. The potential for further significant industrial action was acknowledged and concerns raised about the cumulative toll on staff.
- The continuing economic impact on the workforce from geo-political global events and work to ensure staff are supported in particular with consideration to the rising cost of fuel.

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 of staff engagement and management support for sickness cases. The risk score remains at 12 reflecting the cumulative nature of ongoing challenges.

- There are continuing workforce pressures, noting the refreshed staff experience programme is considered the primary mitigation for the people risk.
- It is acknowledged that a sustained improvement in workforce metrics around sickness levels and employee relations cases is required to impact on the risk score and the Committee emphasised the need for realistic expectations regarding the pace of longer-term cultural change against the impact of short-term actions.

Deep Dive: London Adult Mental Health Services (Workforce)

The Committee received a detailed overview of the adult mental health workforce across Newham, Tower Hamlets and City & Hackney, covering achievements, pressures and future priorities.

Members acknowledged the significant progress made in staff engagement as evidenced by high staff survey response levels.

- A key challenge across all three directorates is high demand, caseload pressures, burnout and sickness levels. Focused work around clear role definitions, skills mixes, leadership and organisational development initiatives are in place along with specific interventions aimed at reducing violence and aggression.
- The importance placed on the psychological safety of staff and confidence in speaking up was emphasised and assurance provided of work to close the reliability gap between staff raising concerns and seeing actions taken in response, acknowledging an increased reporting of concerns reflects a healthy culture of speaking up.

- Assurance was provided on mechanisms for shared learning and best practice across the directorates with the borough directors meeting regularly and leading on collaborative projects to reduce unwarranted variation and improve consistency.
- The Committee acknowledged the work to achieve sustained improvements in all three services, particularly around reductions in formal disciplinary cases, low agency usage and staff turnover, and welcomed the intention for a future focus on clearer interfaces between inpatient and community resources, improving caseload management and support, and anti-racism initiatives.

Deep Dive: People Participation, Befriending and Volunteers (Professional Group)

- The People Participation directorate has expanded its workforce to further support their role in an individual's recovery alongside the clinical offer. The service is recognised nationally and internationally for its approach and regularly provides advice to organisations building their own resource based on the ELFT model.
- A robust governance structure is in place from local groups to Board level and positive buy-in from services supports a focus on motivation and priorities, balancing clinical and operational projects with lived experience input. The Committee noted ongoing challenges around consistent management support for people with lived experience.
- The Befriending service supports 250 individuals weekly, building connections and support during recovery but also with people's onward steps towards employment or education. The Committee particularly welcomed the opportunity to train bespoke befrienders to support transitional journeys from inpatient to community services.
- The Committee recognised the success of the volunteer programme in supporting services and locations, and in providing a pipeline for potential future employees. Active corporate volunteering provides connections between external organisations and local people with lived experience, supporting opportunities for long-term sponsorship of projects.
- The variation in utilisation and embedding of Peer Support Workers was noted, and assurance provided of work to build a more consistent approach and support for the service as a core element of the delivery of community services going forward.

Workforce: 10 point plan for Improving Resident Doctor's Lives

The Committee received details of the progress on the assessment of the Trust's compliance against the plan. Actions are in place to identify and support gaps in evidence to move all remaining areas into full compliance. The report was noted

- The Committee noted the three areas which have been assessed as fully compliant and the clear ownership and timelines of actions to address the remaining points.
- Governance and oversight for training is in place, acknowledging the further work required to resolve issues around the transfer of training records between Trusts.
- The opportunity for organisational-wide benefits to be taken from the initiatives and robust solutions to improve the experience of resident doctors was welcomed by the Committee.
- National reporting requirements were clarified and the Committee reflected on the requirements around oversight, with a request from NHS England for a named non-executive director (NED) lead. It was confirmed that the Trust's response was that this will sit with the committee rather than an individual NED.

Equality, Diversity and Inclusion (EDI) Annual Report 2025

The Committee received the annual report receiving assurance of a culturally diverse workforce reflecting the community, continued improvement across metrics around culture and workforce and ongoing quality improvement work in response to the key priorities identified. The report was noted.

- There are improvements evidenced against all areas of protected characteristics, recognising inequities persist in the experiences of some staff in career progression and disciplinary processes. The Committee received assurance of a reinvigoration of work around the Workforce Race Equality Standard metrics.
- Assurance was also provided regarding focus on root cause analyses of challenges including the impact of work conditions and variations in line management consistency; the Committee requested an update be brought to the next meeting.

- The Committee welcomed the imminent launch of the anti-racism strategy and development of a three-year workforce equality plan.

Statutory and Mandatory Training, Supervision and Appraisal

The Committee received assurance of an increased organisational focus on training compliance and appraisal, noting enhanced governance in place to improve both supervision completion rates and quality.

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

People Board Report

17

May 2026



REPORT TO TRUST BOARD MAY 2026

Title	People Board Report
Author Name and Role	Barbara Britner – Deputy Chief People Officer, Shefa Begom, Lisa Baker, Steve Palmer, Associate Directors of People & Culture
Accountable Executive director	Tanya Carter, Chief People Officer

Summary of people performance

Workforce performance is stable, with vacancy rates now consistently below target and continued growth in the substantive workforce. Bank remains the primary flex, with tighter agency control. Compliance metrics are improving, though sickness absence remains above target due to long-term cases. Elevated ER and FTSU activity highlights ongoing pressure on staff experience, culture, and operational consistency.

What has gone well

- Vacancy reduction sustained, supported by improved recruitment and onboarding
- Growth in substantive workforce, particularly in priority roles
- Reduced reliance on agency with stronger bank utilisation
- Improving trajectory in training and appraisal compliance
- Targeted recruitment and pipeline initiatives gaining traction
- Staff Experience Programme now more focused with clearer delivery model
- Strong operational grip during industrial action

What challenges do we have

- Sickness absence remains high, driven by long-term cases
- High ER caseload and delays in formal processes
- Continued reliance on temporary staffing against reduction targets
- Gaps in safety-critical training and low course attendance
- Staff experience, morale and culture pressures reflected in FTSU themes
- Ongoing industrial action and external recruitment constraints (visas)

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

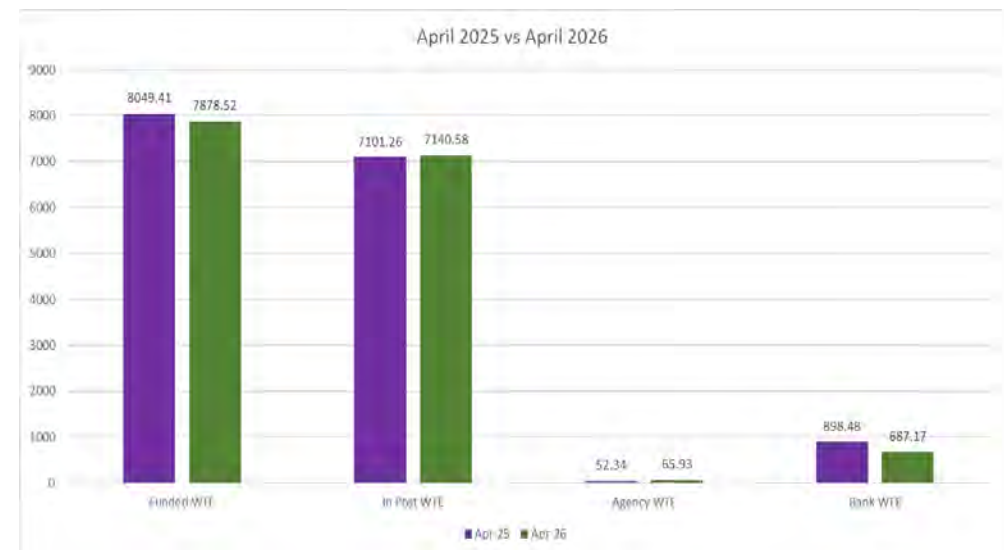
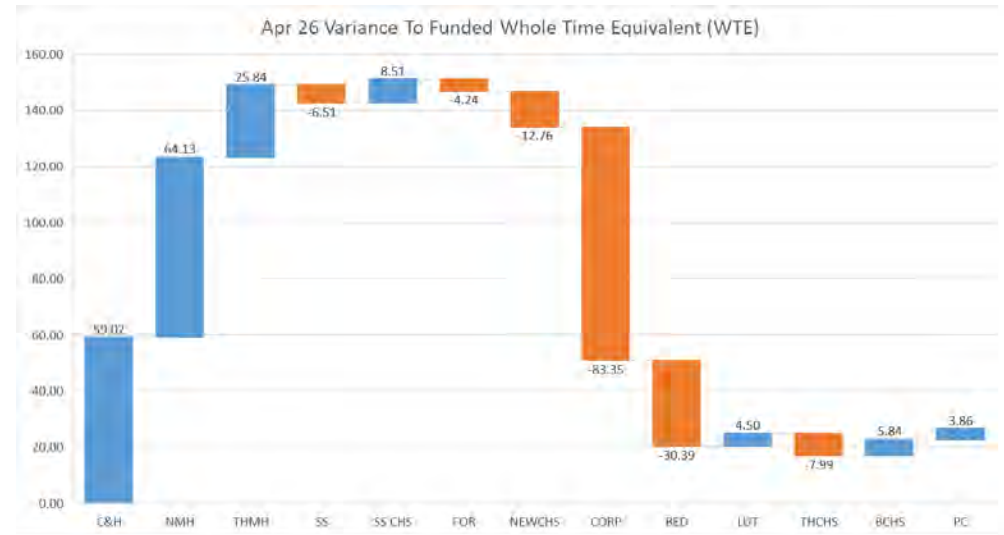
Date	Committee and assurance coverage
Various	N/A.

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	Our biggest expenditure is spent on our workforce. This report will help to give additional oversight.
Quality	Metrics within this report are used to support delivery of the Trust's wider service and quality goals.

WORKFORCE PROFILE AS AT 30/04/2026

- The Trust is currently operating with a variance of 19.76 Whole time equivalent (WTE) (0.25%) over the funded WTE with 737.94 WTE vacancy, 65.93 WTE Agency usage and 687.17 WTE bank usage in April 2026
- Funded establishment decreased by 170.89 WTE from 8049.41 in April 2025 to 7878.52 WTE in April 2026, a decrease of 2.12%
- Between April 2025 and April 2026, in-post WTE increased from 7101.26 to 7197.80, and increase of 5.11 WTE which is 0.07%
- Bank usage has decreased by 211.31 WTE from 898.48 WTE in April 2025 to 687.17 WTE in April 2026 a decrease of 23.52%
- Agency usage has increased by 13.59 WTE from 52.34 WTE in April 2025 to 65.93 WTE in April 2026, a increase of 25.96%



KEY PERFORMANCE INDICATORS (REPORTING ON APRIL 2026)



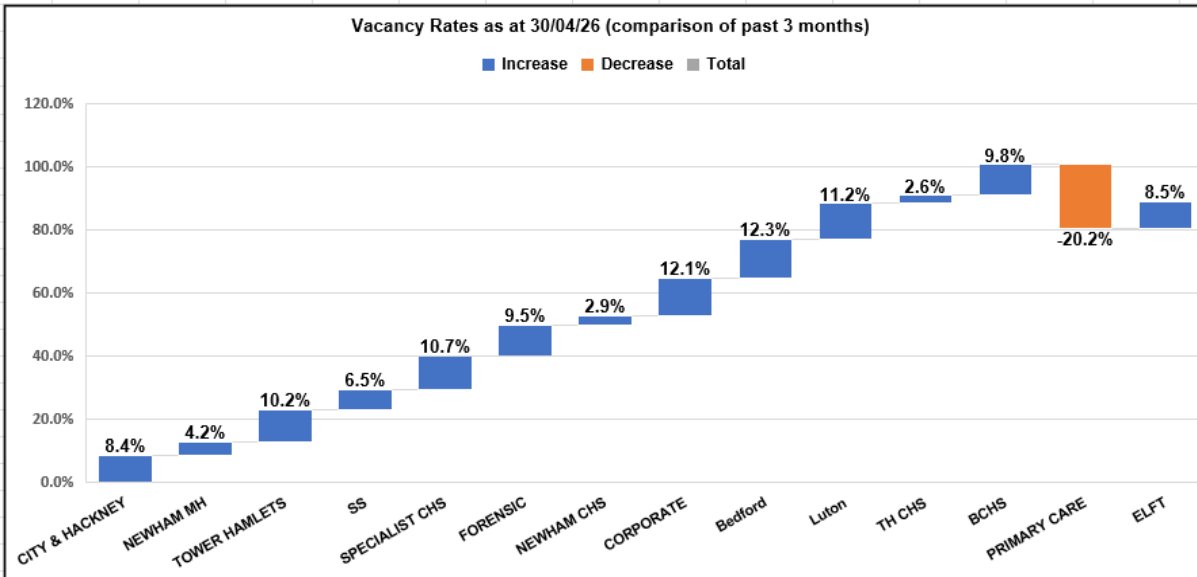
As at April 2026, the Trust-wide vacancy rate is 9.4%, representing a slight increase from 8.6% in March 2026, but remaining significantly improved compared to the same period last year.

Over the past 12 months, vacancy levels have reduced from a peak of 13.4% (June 2025), demonstrating sustained progress in recruitment and workforce stabilisation, although recent months indicate a levelling off and early signs of upward pressure.

The vacancy trajectory shows three key phases:

- Spring–Summer 2025: Vacancy rates peaked between 13.3%–13.4%, reflecting historic recruitment challenges and workforce gaps.
- Late Summer to Winter 2025: A steady reduction is evident, falling from 12.0% in July to 9.6% by December, indicating the impact of targeted recruitment initiatives and improved retention.
- Early 2026: Vacancy rates reached a low of 8.4% in January, followed by a gradual increase to 9.4% in April, suggesting emerging pressures

Overall, the trend line remains downward year-on-year, despite the the recent increase.



There is significant variation across services, with vacancy rates ranging from approximately 2.6% to over 12%.

Lowest Vacancy Areas are: TH CHS (2.6%) Newham CHS (2.9%) & Newham MH (~4.2%). These areas demonstrate stronger workforce stability and may reflect effective local recruitment and retention approaches.

Higher Vacancy Areas / Areas of Pressure are: Bedford (12.3%), Luton (11.2%) * Tower Hamlets (10.2%). These areas continue to experience higher vacancy levels and may present operational and quality risks if not addressed.

To sustain progress and address emerging risks, the following areas remain a priority:

- Targeted recruitment campaigns in high-vacancy areas (Bedford, Luton, Corporate)
- Retention interventions in services showing recent increases
- Continued monitoring of turnover trends and pipeline conversion rates
- Sharing of best practice from lower-vacancy areas
- Ongoing monthly tracking and escalation through workforce governance

RESOURCING METRICS- TEMPORARY STAFFING MAY 2026 (REPORTING ON APRIL)

Bank & Agency Spend

Bank and agency spend remain lower than the previous financial year overall, however we have a 10% and 30% bank and agency reduction target respectively, set by NHSE for FY 26/27. We have aligned Temporary staffing workstreams to meet these objectives, alongside internal bank and agency processes whilst engaging with stakeholders trust wide , Key workstreams include

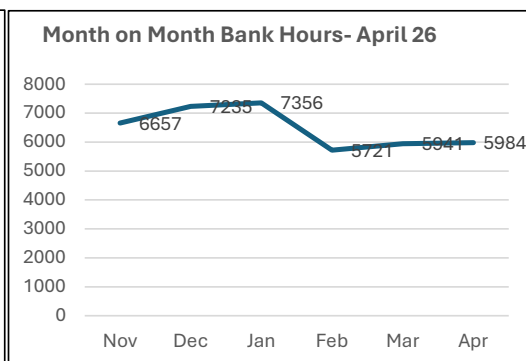
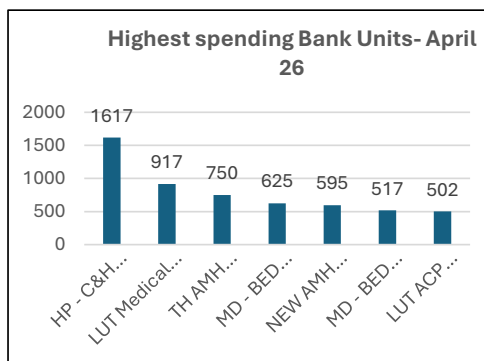
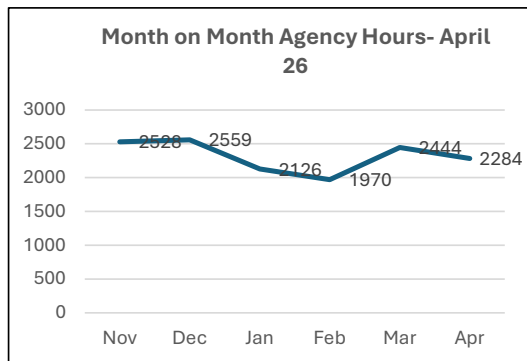
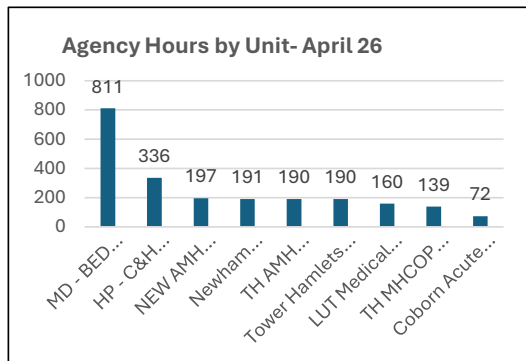
- Agency exit plans
- Targeted recruitment for hard to fill roles
- AFC bank rates review
- Conversion of long-term agency to fixed term or substantive
- Expansion of medical bank to reduce agency reliance
- Implementation of training policy
- Temporary Staffing policy ratification

Forward Measures

Maintaining a reduced level of Temporary staffing usage into the 2026/27 financial year is critical to achieving the NHSE mandate of a 10% reduction and 30% Agency reduction. This is achievable through the scrutiny at Exec and Director level, filling high use bank and agency via Targeted Strategic Recruitment and the Going Further Going Together (GFGT) project streams which aim to overall improve the temporary staffing model, reduce spend, and minimise reliance on temporary staff across the Trust.

17

Patchwork- Medical bank and Agency deep dive April 2026



Medical Temporary staffing usage remains at lower levels as compared to past trends but with a slight increase in bank in April as compared to the previous month, but a significant turnaround year on year trend has been established This will be closely monitored into the new budget year, with utilisation scrutiny at Exec/Director level sign offs. The temp staffing GFGT project workstreams and strategic recruitment initiatives directly targeting reductions in both bank and agency medical spend, supporting wards and units to utilise our contingent workforce in a conducive manner, ensuring the overall establishment position is aligned to NHSE aims.

STATUTORY & MANDATORY TRAINING

Directorate	Headcount	Training required	Training completed	Training compliance
Forensics	661	8,042	7,554	93.9%
Bedfordshire Community Health	524	5,660	5,239	92.6%
Tower Hamlets Community Health	246	2,643	2,442	92.4%
Newham Community Health	396	4,336	3,939	90.8%
Newham Mental Health	660	7,806	7,053	90.4%
Luton Mental Health	346	4,155	3,745	90.1%
Tower Hamlets Mental Health	819	9,698	8,705	89.8%
SCYPS	203	2,194	1,962	89.4%
Primary Care	53	542	482	88.9%
Bedfordshire Mental Health	820	9,490	8,365	88.1%
Specialist Services	1,287	14,314	12,562	87.8%
Corporate	743	7,236	6,350	87.8%
City and Hackney Mental Health	669	7,861	6,759	86.0%
Total	7,427	83,977	75,157	89.5%

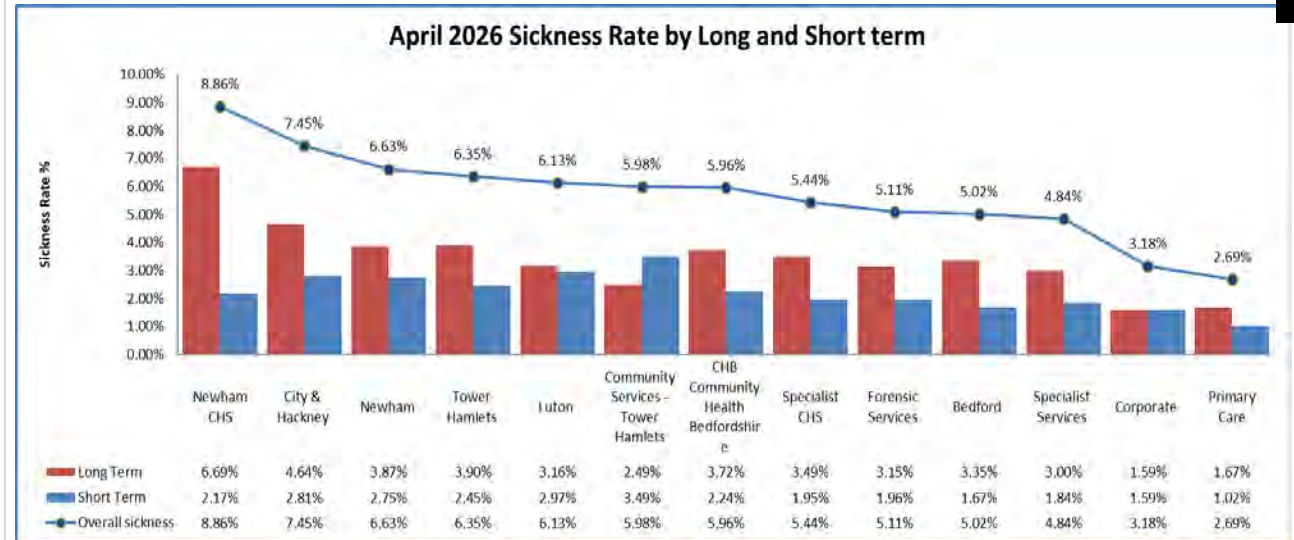
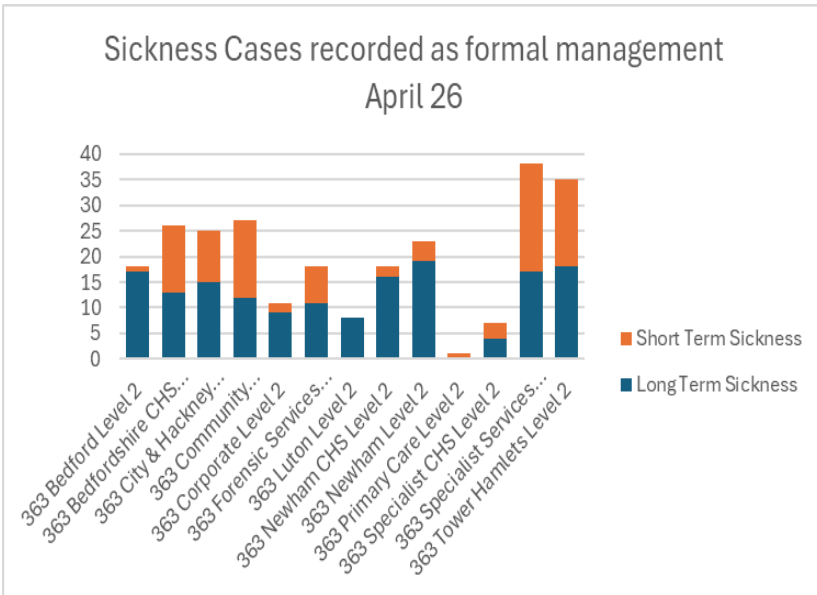
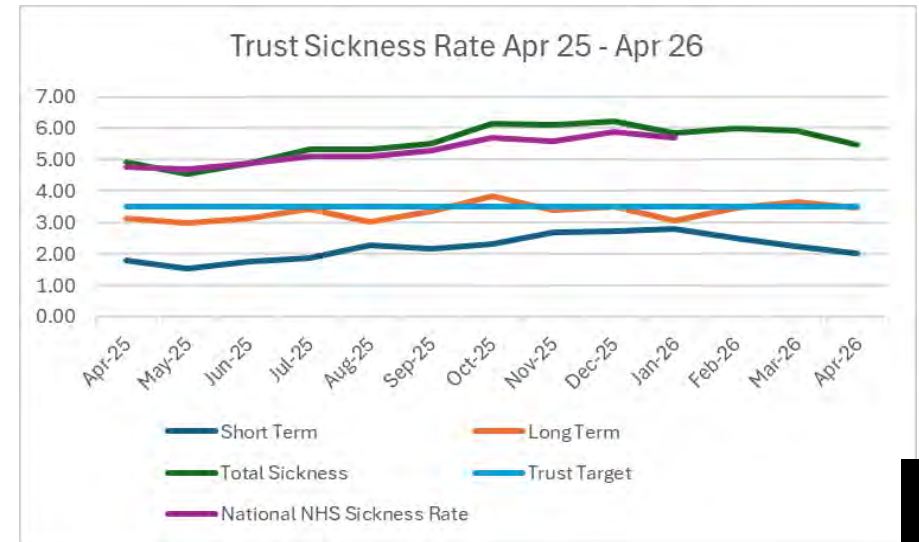
- Statutory and mandatory training compliance has increased to 89.5% as of 11/05/2026.
- We are working collaboratively with our subject matter experts to ensure we provide sufficient capacity for our risk areas, such as Resuscitation and Safety Intervention. Where this is not possible, we are escalating 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.
- Whilst overall compliance is remaining close to the target the core safety related classroom courses are not performing as highly. This has been observed by the CQC and further information has been provided and actions are under way to address the gap.
- Course utilisation is low, with only 55% of available spaces being used in 2025. To address this, further reports have been introduced and circulated to service leads, combining compliance data with classroom booking information to enable more targeted follow-up for staff who are not compliant.
- There are plans to consolidate the existing Patient Handling certifications into a single certification. At present there are four separate certifications within the Elft Learning Academy (ELA). This proposed change is intended to simplify the learning structure, provide clarity for staff, and support more effective compliance reporting.

SICKNESS ABSENCE

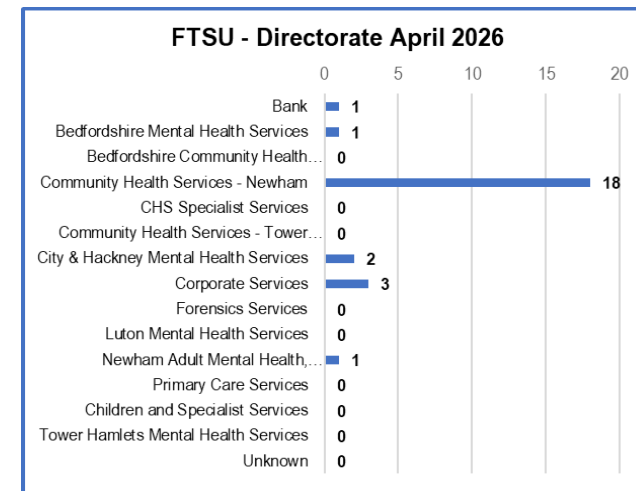
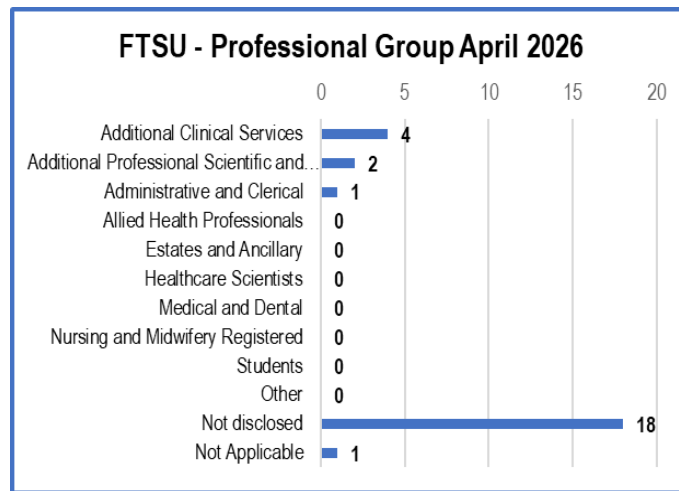
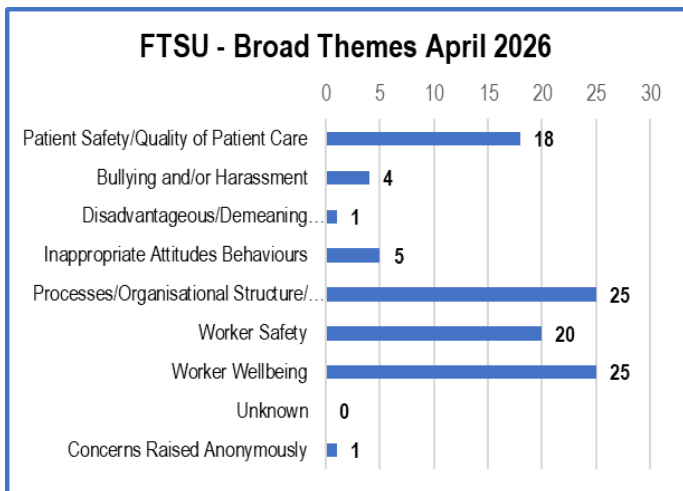
Overall sickness has remained high at 5.66%, a change from 5.92% in March 26. This was predominantly due to a reduction in long term sickness absence of 0.2%. The areas with the greatest fluctuation were Forensics with a reduction of 1.5% from a reduction in all sickness and a reduction of 0.5% in BCHS but an increase in Luton of over 2%.

The number of formal cases recorded by the People Relations team is below. Specialist Services have the highest number of cases logged as being managed formally and they have the third lowest sickness absence in month behind Corporate and Primary Care.

Monthly deep dives continue to take place across directorates to discuss sickness management. We have seen areas of good practice from some other Trusts, and we are taking the learning. We continue to work with our occupational Health provider to try to get a better understanding of the causes and the interventions needed. As we continue the deep-dives we will gain further insights. Work is ongoing to centralise reasonable adjustments as this is an area where the Trust requires focus.



KEY UPDATES: FREEDOM TO SPEAK UP – APRIL 2026



26 FTSU cases raised | 0 closed | 26 open

All concerns remain open, reflecting complexity, scale and the need for ongoing operational, People & Culture and senior leadership involvement. Each individual concern is recorded as a separate FTSU case.

- **Bullying or Harassment:** Sustained hostile, intimidating or undermining behaviours, sometimes persisting despite previous action, contributing to psychological harm and unsafe team cultures.
- **Disadvantageous/Demeaning treatment after speaking up:** Perceived unfair treatment after raising concerns, particularly where agreed actions were not followed through, reducing confidence in organisational responses.
- **Inappropriate attitudes or behaviours:** Unhelpful or poorly handled management responses that undermined trust and psychological safety, particularly during ill health, workload pressure or change.
- **Processes/Organisational Structure:** Inconsistent handling of restructures, fixed-term contracts, grievances, payroll and rotas, and unclear escalation routes, leading to frustration and repeat escalation.
- **Worker Safety:** Unsafe working environments, including persistently unsafe staffing and limited management response following traumatic incidents.
- **Worker Wellbeing:** Significant impact on mental and physical wellbeing due to workload, uncertainty, job insecurity, limited managerial follow-up and ineffective reasonable adjustments.
- **Patient Safety/Quality of Care:** Unsafe staffing and shift allocation, limited consideration of patient acuity, and gaps in learning and follow-up after community safety incidents. 18 cases from community health relate to the same team, and same concern in relation to staffing levels to meet patient needs.

Workforce issues

April concerns were predominantly workforce-focused, centering on leadership behaviour, workplace culture, wellbeing and how processes operate in practice. Bullying-type behaviours, limited psychological safety and perceived detriment after speaking up were often compounded by inconsistent handling of core processes, contributing to distress, burnout, sickness absence and reduced trust that speaking up would lead to change.

Patient Safety/ Quality of care Issues

Annual Safer staffing establishment review has occurred across all inpatient wards. Further engagement and oversight of quality and safety is being undertaken for community services ward where a high level of concerns were raised.

Actions taken to date

Confidential listening exercises and case management support with escalation to operational People & Culture or senior leaders. Advice on options including formal processes. There has also been increased visibility of repeated and thematic concerns.

Safer staffing

All actions remain ongoing.

KEY PEOPLE AND CULTURE KEY UPDATES:

Staff Experience Plan:

The Staff Experience Programme has now been running for approximately six months and has been refreshed to align with the new Trust Strategy. During this period, the programme has brought together existing work and new priorities under a single structure, enabling a clearer and more coordinated approach to improving staff experience across ELFT. The programme will act as the main delivery platform for the staff experience element of the strategy, with a focus on retaining what is working well, reducing duplication, and concentrating effort on a smaller number of high-impact priorities. The refreshed programme aim is to make ELFT a place where people can do their best work, creating an environment where staff feel safe and valued, and are supported to learn, grow and shape how we deliver care.

From June 2026, the programme will move into its next phase with a more strategically focused delivery model. This will be organised around three core workstreams: Leadership and Management, Safe and Well, and Workplace Culture. These will be supported by foundational work on Equality, Diversity and Inclusion, Data and Intelligence, and Communication and Engagement, alongside enabling projects designed to improve systems, processes and the everyday experience of work. Current priority projects include embedding the Sexual Safety Charter, the Just Culture QI project, staff recognition, workplace environment audits, support for staff affected by safety incidents, psychological safety, coaching and mentoring, supervision and appraisal, and leadership and management development.

Governance and assurance arrangements are also being strengthened. Workstreams will provide monthly updates through a Staff Experience Programme highlight report, which will report through the Service Delivery Board and feed into wider governance routes, including the People & Culture Committee, People Plan Delivery Board, EDI Committee and other relevant oversight groups. A draft balanced scorecard is being developed to track progress over the five-year strategy, including measures on engagement, raising concerns, line management, burnout, WRES disciplinary disproportionality and whether staff can spend enough time on work that really matters. Next steps include finalising programme measures, agreeing project-level targets and timelines, and holding a programme refresh event in June 2026 to share the revised model, early learning and data insights. The programme is now moving from set-up into a focused delivery phase, with a clear emphasis on making staff experience visible, measurable and directly connected to the quality of care we provide.

Industrial Action:

In March, the BMA Resident Doctors Committee rejected a government pay and conditions offer, leading to six days of national industrial action from 7–13 April 2026. In response, the Trust activated incident management arrangements, including regular huddles to oversee risks, coordinate operational responses, and ensure safe medical cover across all services. Across the strike period, there were approximately 167 instances of resident doctor absence across shifts, with peak disruption early in the week (up to 47 absences in a single day). This was mitigated through the deployment of additional medical cover (c.9–14 staff per day), supported by consultant input. Daily reporting processes were maintained throughout by Medical Staffing, with accurate data submissions provided to NHS England by the deadline. While services were sustained, the period placed additional pressure on staff and required prioritisation of urgent care. The ongoing nature of industrial action continues to present risks to staff wellbeing, Working Time Directive (WTD) compliance, and service resilience.



REPORT TO THE TRUST BOARD IN PUBLIC
21 May 2026

Title	Appointments and Remuneration Committee (RemCo) 5 May 2026 – Chair's Report
Committee Chair	Deborah Wheeler, Vice Chair (London)
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 Appointments & Remuneration Committee meeting held on 5 May 2026.

Key messages

The Board's Appointments and Remuneration Committee continues to provide robust oversight of key leadership appointments and transitions, ensuring effective governance, leadership continuity and alignment with the Trust's strategic priorities.

Executive Recruitment and Leadership**Chief Finance Officer (CFO):**

In early April, Committee members agreed virtually the approach to recruit a new Chief Finance Officer following the resignation of the current postholder, who will leave in July 2026. The Committee supported progressing recruitment to this statutory role, recognising its critical importance in maintaining financial governance, regulatory compliance and Board capacity. The Committee received a further update at its May meeting, noting that a comprehensive recruitment process is now underway, including executive search, stakeholder engagement and a structured assessment approach.

Chief Quality Officer (CQO) – Revised Approach:

The Committee approved a revised approach to quality leadership following two unsuccessful recruitment rounds for a substantive Chief Quality Officer. This includes establishing a 12-month internal Director of Quality development role to provide immediate leadership stability while strengthening internal capability and preparing for a future substantive Board-level appointment. The role will report to the Chief Executive.

Fit and Proper Persons Requirement (FPPR)

The Committee approved the updated Fit and Proper Persons Requirement Policy subject to some minor clarifications which were subsequently agreed by members. The policy sets out how the Trust will ensure continued alignment with national guidance and strengthening arrangements for Board-level due diligence, assurance and ongoing monitoring.

Executive Appraisals

Committee members approved the minutes summarising the outcome of executive director appraisals discussed at the December Committee meeting.

Committee Governance

The Committee reviewed its forward plan and ongoing work programme, ensuring continued focus on key priorities including executive recruitment, leadership development and governance assurance.

REPORT TO THE TRUST BOARD IN PUBLIC
21 May 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 30 April and 14 May 2026.
-

Key messages

The Committee received an update on the final outturn figures for 2025/26 and reviewed the 2026/27 Month 1 financial position, both supporting assurance around the Trust's financial stability. The Committee was assured of clear plans supporting the delivery of efficiencies from the year end Going Further, Going Together (GFGT) savings programme figures and the Month 1 data. The committee considered risks relating to financial sustainability, capital, digital transformation and cybersecurity, procurement, business development and estates' infrastructure, receiving assurance of robust governance frameworks and the effective monitoring and management of financial risks.

30 April 2026

Finance Year End Update Month 12 (March)

- The M12 finance update confirmed achievement of the breakeven plan for 2025/26 reporting a small surplus position at year end, subject to final audit confirmation. The primary drivers were over performance on savings targets, higher levels of interest from a strong cash position and dividends received from provider collaboratives.
- Assurance was provided around lessons learnt from the slight capital underspend, noting the need for measured scheme activation. The Committee also requested a modelling of bank usage to better understand and manage fluctuations through the year.
- The Committee congratulated the teams on the excellent outcomes, acknowledging the ongoing challenges and commitment to continued oversight on key financial risks and performance.

GFGT Programme Year End Update

- The programme delivered c£37m of efficiencies against a target of £31.9m, noting the full year effect of £25.4m of recurrent savings, in line with planning assumptions. The Committee noted the 2026/27 plan includes a minimum of 80% of recurrent savings supporting a reduction in the organisation's run rate and eradication of the underlying deficit.
- The Committee acknowledged the work to achieve a cultural shift around efficiencies and productivity has provided opportunities to move forward at pace, noting schemes in the 2026/27 programme will be accelerated where possible.

Post-intervention report on Non-recurrent Autism Spectrum Disorder Backlog Clearance initiative

The Committee received feedback on the utilisation of non-recurrent funding to support a reduction in waiting lists and average wait time for children and young people awaiting assessments for ASD. Key points included:

- Despite challenges to provider capacity necessitating last-minute changes, the scheme delivered 69% of targeted activity using only 29% of the agreed funding.
- The Committee received assurance on lessons learned around more accurate business case preparation and better provider onboarding to inform future initiatives. It was noted however that the invaluable data and learning is supporting work around longer-term solutions to address backlogs.

14 May 2026

Finance Update Month 1 (April)

- The month one position is ahead of plan, indicating a positive start to the year. The Committee noted challenges around a shortfall in funding for the Agenda for Change pay award and recent breaches of the NHSE agency spend cap, receiving assurance of priority work underway with People & Culture colleagues to resolve this and ensure the organisation remains within the agency cap. The Committee acknowledged work to reduce the over-establishment of posts to within pay budgets.
- The Committee expressed concerns around the ongoing capital underspend reflecting on national supply chain issues and the need for proactive management of the capital programme, remaining agile around phasing to support opportunities to bring forward alternative deliverable projects to ensure a sustained level of spend.

GFGT Programme update

The committee reviewed the programme data, savings identification and work to accelerate the delivery trajectory, while recognising the need to remain focused on maintaining a culture of shared responsibility for quality, performance and finance, and strengthen clinical engagement:

- Assurance was provided around the identification of savings in excess of the c£24m stretch target for 2026/27 and that c96% of the programme is recurrent savings. Delays have been experienced in getting schemes through the gateway processes for approval however additional resourcing is supporting acceleration of the processes.
- The Committee noted the mitigations in place to support financial challenges in Bedfordshire, Luton and Milton Keynes (BLMK), welcoming anticipated sustainable zero private bed use by the end of May.
- Challenges continue around embedding a culture of clinical engagement with the performance and finance elements of schemes and projects. The Committee also emphasised risks around failure to fully realise financial benefits from new technologies as well as the improvements they support for services and patient and staff experience.

Digital Update including Cyber

The Committee received a comprehensive update covering progress against digital strategic transformation and assurance of continual improvements to organisational resilience and cyber security. Key points included:

- Successful migration to a new cloud provider supporting enhanced backup and business recovery processes, the continuation of the infrastructure upgrade programme and collaborative work with estates' colleagues to mitigate the risk around interrupted national power supplies.
- The Committee noted system work to explore opportunities for alignment of electronic patient record platforms and reflected on the uptake of digital tools and the effectiveness of interim solutions, acknowledging ongoing work to support users and standardise processes.
- Assurance was provided of enhanced cyber risk mitigation through the decommissioning of legacy infrastructure and new software. The Committee requested clearer timelines for risk reduction in future reports.

Procurement update

The committee noted the procurement plan and collaborative work supporting the achievement of sustainable efficiencies. Key points included:

- Assurance the team remains focused on supporting the Trust's Anchor and Marmot ambitions through engagement and management with local suppliers tailored to borough needs, and a continuation of aspirations around social value with the establishment of a dedicated social value workstream.
- The Committee noted savings targets will be driven through collaborative procurement and gained assurance from planned audits to ensure ongoing compliance and value for money.

North East London Procurement Partnership (NELPP) Agreement

The Committee review a legal agreement for endorsement and approval, along with a summary of the key terms agreed with members of the NELPP Board.

- The Committee noted the new partnership structure, governance arrangements and expected benefits including increased procurement capacity, measurable savings and assurance of maintained Trust Board control over accountability and material matters.
- The Committee approved the Agreement, noting the legal review was conducted jointly by the provider trusts.

Investments

The committee received assurance around the robust management of investments and endorsed a proposal to increase the level of investment in the National Load Fund to £90m for six months. Assurance was provided of sufficient cash reserves maintained for Trust operations

Contracts and Business Development

The committee received a summary of upcoming business cases, non-recurrent investment spend and key tenders expected to be brought to committee for future approval. Key points included:

- Assurance on good progress in the sign-off for core contracts for 2026/27 and dedicated work as part of the GFGT programme to reduce unwarranted variation in clinical pathways where services are commissioned by more than one commissioner.
- A full benefits realisation report on the £5m additional non-recurrent investments programme will be brought to a future committee.

Luton Drug and Alcohol Business Case – Lessons Learnt

- The successful bidder for this service was the incumbent provider who were able to demonstrate specificity on delivery detail, suggesting the Trust is unlikely to be successful in competing with specialist providers purely on their own terms.
- The Committee reflected on key lessons for a stronger proposition around more explicit demonstrations of system integration, clear clinical vision for specialist services, dual diagnosis pathways and a clearer local delivery and partnership model, acknowledging the need for a compelling value proposition when bidding against incumbent providers.

Board Assurance Framework: BAF Risks 7, 8 and 10

Following on from the board development discussion around the organisations' risk appetite, tolerance and controls, there are specific sessions planned with committee members to review and assess their individual BAF risks to ensure strengthened risk management and governance with improved operational controls and clear actions and trajectories to reduce risk scores. In light of this transitional phase, no changes to current scores are proposed.

BAF risk 7: *There is a risk that the Trust cannot achieve its strategic priority to ensure financial sustainability:* There are no assurance concerns currently around the Trust's financial management and good progress is reported on the contract sign off process with relevant ICBs.

BAF risk 8: *If digital infrastructure plans are not robustly implemented and embedded, this will adversely impact on our service quality and delivery, 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, noting the ongoing discussions around separating the cyber and infrastructure elements of the risk.

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 (NZE) obligations and a failure to support clinical needs and CQC expectations:* Noted an environment improvement plan as part of a QI project which will engage with frontline staff to support better visibility of issues.

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
21st MAY 2026**

Title	Finance Report Month 1 (April 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 Board on the current financial performance and related issues.

Committees/meetings where this item has been considered

Date	Committee/Meeting
14/05/2026	Finance, Business and Investment Committee

Key messages

The Finance Report reflects the Trust financial position for month 1.

Summary of Financial Performance:

- As at month 1 the Trust is reporting a deficit of £0.2m. This is a slightly (£5k) favourable variance to the deficit plan of £0.2m.
- The Trust has pay pressures with continued high bank usage in inpatient areas, medical agency costs in hard to recruit areas, and activity pressures in Bedfordshire community services. However, bank spend is considerably lower than that incurred in March.
- Non-pay pressures arise from the continued use of Private Beds in Central East Integrated Care System – see slide 17 for further detail. These are being offset by underspends in non-pay
- The costs of Industrial Action are £179k, comprising the costs of Bank and Agency cover (£64k) and a loss of Bed Sale income, as the Trust suspended bed sales during the strike period (£115k)
- The Trust is forecasting a break-even position for the financial year, in line with our plan.
- The Trust’s cash balance at 30th April was £144.2m.
- Year To Date (YTD) core capital expenditure is £0.2m, £0.2m below plan.
- Better Payment Practice Code (BPPC) YTD performance is 95% by volume and 97% by value.

What has gone well

- Delivery of financial plan in month
- Bank spend has reduced, reversing the stepped increase in costs experienced in March
- Cash is above the planned level, allowing the trust to consider interest-bearing investment opportunities

What challenges do we have

- Continued use of Private Beds in Bedford & Luton area
- Ongoing temporary costs in a range of areas, including currently above the Agency cap level
- Ensuring capital schemes are delivered in full by the end of the year.

Watching

- GFGT programme, with the current “most likely” forecast not fully meeting the plan level
- The financial impact of any further Industrial Action on costs and bed sales
- Recruitments trajectories and the risk to increasing pay run-rate

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	We have received the first National Oversight Framework scoring, the overall rating for the Trust is a 3. Against the financial criteria we are currently a 1 (highest level).
Service User/Carer/Staff	Delivering against the Trusts financial metrics supports the investment in services for the benefit of our staff, service users and carers
Financial	As stated in the report.
Quality	Delivering our services in a financially sustainable way enables continuous investment in improving the quality of our services.

Trust Board

April - Month 1 Finance Report

2026/27

Kevin Curnow

Chief Finance Officer



We care
We respect
We are inclusive



Executive Summary

	In Month			Annual Budget £000
	Budget £000	Actual £000	Variance £000	
Clinical Income	57,277	57,322	45	697,254
Other Income	1,693	1,700	7	19,841
Pay costs	(43,835)	(44,077)	(242)	(516,477)
Non-pay costs	(11,847)	(11,736)	111	(158,791)
Financing / non-operating costs	(3,327)	(3,363)	(36)	(43,715)
	(39)	(153)	(114)	(1,888)
Adjustments	(179)	(60)	119	1,888
Reported Surplus /(Deficit)	(218)	(213)	5	0
Memorandum items				
Agency Costs (per NHSE Plan)	542	568	26	4,972
Going Further, Going Together	587	534	(53)	20,109
Cash	120,664	144,169	23,505	n/a
Core Capital	357	160	(197)	18,976

Key messages

The Trust is reporting a deficit of £0.2m for the month of April. This is slightly (£5k) favourable to the deficit plan.

There are pressures in pay arising from bank usage and non-pay from the continued use of Private Beds. These are offset by vacant posts, and non-pay underspends across the directorates.

Pay spend has increased, following the 2026-27 pay awards. Aside from this, Bank spend has reduced following the spike experienced in March.

Non-pay spend is underspent, though there are pressures from the continued use of private beds. At month 1 the Trust has delivered £0.54m of savings, this slightly below the £0.56m plan.

Core capital expenditure for April 2026 was £0.2m below plan.

The costs of Industrial Action are £179k, comprising the costs of Bank and Agency cover (£64k) and a loss of Bed Sale income (£115k), as the Trust suspended bed sales during the strike period.

Income	£0.05m above budget. Key movements include higher than planned Local Authority income, and increased income for the final pay settlement award. This is offset by the deferral of income for new investment schemes that have not yet fully commenced.
Pay costs	£0.3m overspent – high expenditure in month from Bank staff, with pressures from the level of demand on the wards to manage patient acuity. Pressures remain from the 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	£0.1m underspent. Use of private beds has continued in month, giving a £0.4m pressure. Further detail is on slide 17. This has been offset by underspends in a range of areas.
GFGT	£0.53m has been delivered, slightly adverse to the £0.59m plan. Further detail is shown on slide 4.
Cash	As at the end of April, the cash balance was £144.2m, £23.5m above plan. This is largely due to carrying forward a strong year end balance and lower than expected creditor payments in April after clearing some creditors before year end. Further details are shown on slide 11.
Capital	Core capital expenditure of £0.2m, £0.2m below plan. Further detail is shown on slide 10.

Statement of Comprehensive Income and Expenditure

	In Month			Annual Budget £000
	Budget £000	Actual £000	Variance £000	
Income				
NHS Patient Care Activities	56,325	56,063	(262)	686,282
Non NHS - Patient Care Activities	953	1,260	307	10,972
Other (in accordance with IFRS 15)	1,577	1,622	45	18,924
Other Operating Income	116	78	(38)	917
Income Total	58,970	59,022	52	717,095
Pay				
Substantive	(43,668)	(39,620)	4,048	(514,467)
Bank	0	(3,715)	(3,715)	0
Agency	0	(568)	(568)	0
Apprenticeship levy	(168)	(173)	(6)	(2,010)
Pay Total	(43,835)	(44,077)	(242)	(516,477)
Non-Pay				
Non Pay	(11,847)	(11,736)	111	(158,791)
Non-Pay Total	(11,847)	(11,736)	111	(158,791)
EBITDA	3,288	3,209	(79)	41,827
Post EBITDA				
Depreciation	(2,776)	(2,700)	76	(33,986)
Amortisation	(115)	(138)	(23)	(1,380)
Finance Income	425	331	(94)	4,650
Finance Expenditure	(311)	(307)	4	(6,399)
PDC Dividend	(550)	(550)	0	(6,600)
Other finance costs	0	0	0	0
Total Post EBIDTA	(3,327)	(3,363)	(36)	(43,715)
	(39)	(153)	(114)	(1,888)
Less				
Remove capital donations / grants / peppercorn lease	(76)	50	126	463
Remove impact of PFI revenue costs	(103)	(110)	(7)	1,425
Reported Surplus /(Deficit)	(218)	(213)	5	0

The Trust is reporting a deficit of £0.2m for the month of April 2026. This is a slightly (£5k) favourable variance to the deficit plan.

The Trust has pay pressures with continued high bank usage in inpatient areas, medical agency costs in hard to recruit areas, and activity pressures in Bedfordshire community services. However, bank spend is considerably lower than that experienced in March.

Non-pay pressures arise from the continued use of Private Beds in Central East Integrated Care System – see slide 17 for further detail. These are being offset by underspends in non-pay.

The costs of Industrial Action are £179k, comprising the costs of Bank and Agency cover and a loss of Bed Sale income, as the Trust suspended bed sales during the strike period.

Going Further, Going Together (GFGT) – Cost Improvement

2026/27 Targets

The financial savings target for 2026/27 is £20.1m and Directorate targets have been issued and incorporated into Directorate budgets. The Trust is working to a stretch target of £24.1m to have 20% more identified than target to mitigate slippage or delays in delivery. In keeping with last year 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 1 was £0.53m against our submitted plan of £0.59m, resulting in a small adverse variance. Teams are reminded that where there is slippage against year to date identified plans, mitigation needs to be identified.

2026/27 Forecast

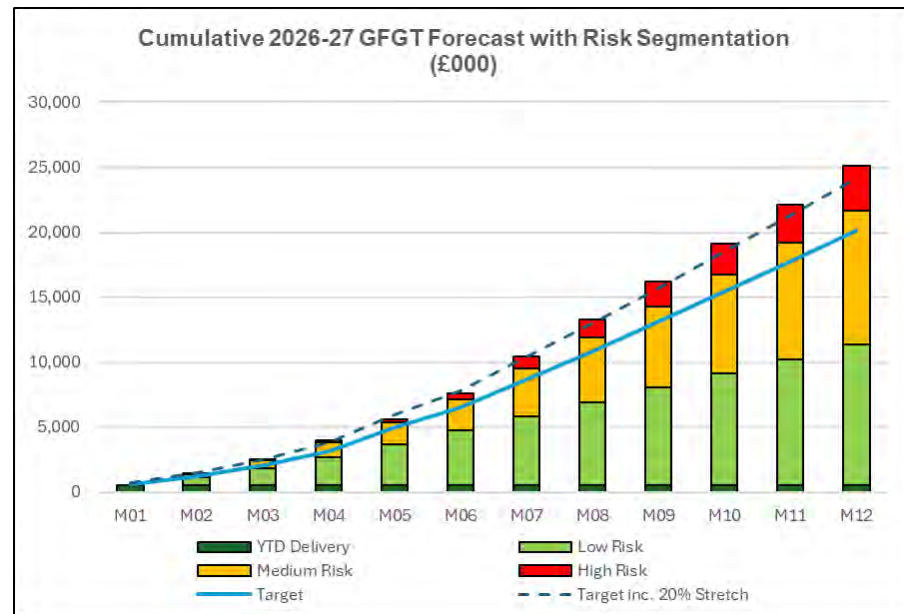
Overall, the Trust has identified plans that would meet our stretch target if fully delivered, but there remain areas that have not yet identified their target. Schemes still need to be fully signed off through our gateway processes (PID, QIA, FIA), and at month 1 close this applied to around 45% of our identified value and 30% of our target value.

After taking year to date delivery into account, the Trust has a ‘best case’ forecast of £25.1m. However, taking scheme risk and development status into account, the Trust has a ‘most likely’ forecast of £16.1m, which is insufficient to meet our plan.

Key message: The Trust delivered £0.53m in Month 1, slightly behind plan. The ‘most likely’ forecast of £16.1m is insufficient to meet our plan, and work is needed to ensure schemes are fully signed off and de-risked.

It is essential that run-rate reducing mitigation is found against internal plans that have not delivered the expected saving.

Directorate M1 YTD Actual	M1 YTD Plan £000	M1 YTD Actual £000	M1 YTD Variance to Plan £000	Target £000	'Most Likely' Forecast £000	Variance to 'Most Likely' Forecast £000
City & Hackney AMH	56	37	(20)	1,405	1,242	(163)
Newham AMH	33	30	(4)	1,369	1,001	(368)
Tower Hamlets AMH	67	13	(54)	1,838	1,240	(598)
Luton & Bedfordshire AMH	67	75	7	3,602	3,119	(483)
London CHS	33	46	13	2,435	1,347	(1,087)
Bedfordshire CHS	15	2	(14)	1,220	482	(739)
Specialist Services	119	114	(5)	2,930	2,660	(270)
Forensic Services	82	117	35	2,104	2,112	8
Corporate Services	84	97	13	1,944	1,282	(662)
Estates & Facilities	22	5	(17)	1,261	648	(613)
Trust-Wide/Reserves	7	0	(7)	0	1,005	1,005
TOTAL	587	534	(53)	20,109	16,138	(3,971)



Income

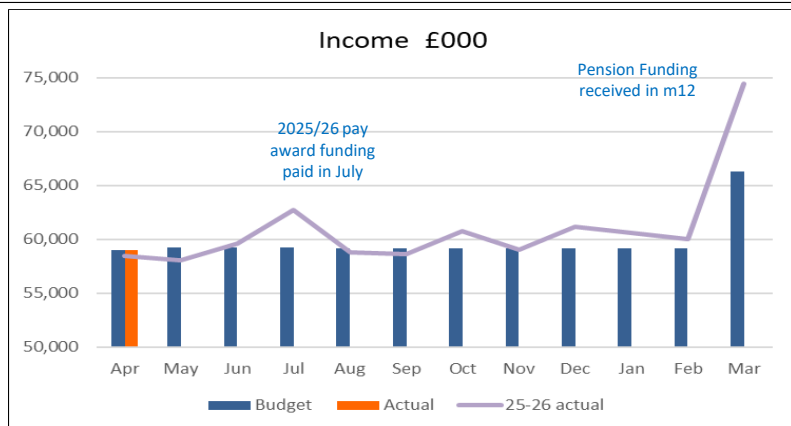
The income position is £52k above budget.

The main areas of overperformance arise from:-

- £0.1m Local Authorities – this included £78k of income paid in prior year but deferred to this year, and £44k of new funding for Specialist Addiction.
- £0.09m Education, with new trainees in the Specialist directorate.

The main areas of underperformance arise from:-

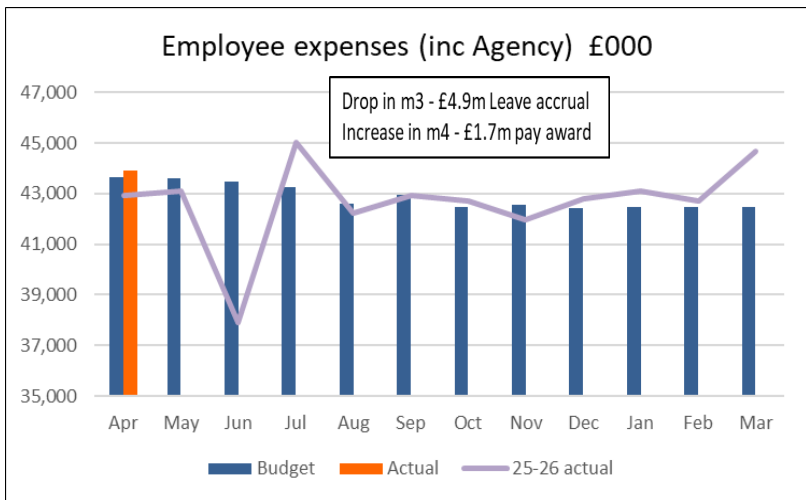
- ICB - £0.7m under-performance from deferring income for services that have not yet started. This is partially offset by £0.5m additional funding for the final pay award settlement. There is £0.1m Primary Care income this is funding for the closed Primary Care practices, and is offset by the cost of late invoices in the expenditure position.
- Foundation Trust income - £0.3m beds sales lower than planned,
- £0.07m Research and Development, with delays in starting new projects
- For month 2, the income budgets will be amended to reflect the final pay settlement, and the phasing of new investments



Trust Income Position £'000	In Month Budget	In Month Actual	In Month Variance	Annual Budget
Operating Income From Patient Care Activities				
NHS - Patient Care Activities				
Integrated Care Boards (ICBs)	49,526	49,510	(16)	606,871
NHS Foundation Trusts	6,326	5,990	(336)	74,409
NHS Trusts	245	292	47	2,281
NHS Other (including Public Health England)	0	0	0	0
NHS England	227	270	44	2,721
NHS - Patient Care Activities Total	56,325	56,063	(262)	686,282
Non NHS - Patient Care Activities				
Local Authorities	953	1,084	132	10,972
Non-NHS: Other	0	147	147	0
Non-NHS: Overseas Patients	0	28	28	0
Non NHS - Patient Care Activities Total	953	1,260	307	10,972
Operating Income From Patient Care Activities Total	57,277	57,322	45	697,254
Other operating income				
Other (in accordance with IFRS 15)				
Research and development	89	19	(70)	1,070
Education and Training Income	1,391	1,483	92	16,687
Other (recognised in accordance with IFRS 15)	74	78	5	886
Non-patient care services to other Non WGA bodies	23	41	17	280
Other (in accordance with IFRS 15) Total	1,577	1,622	45	18,924
Other Operating Income				
Charitable and other contributions to expenditure	8	7	(1)	95
Other Income	108	72	(36)	821
Other Operating Income Total	116	78	(38)	917
Other operating income Total	1,693	1,700	7	19,841
Grand Total	58,970	59,022	52	717,095

Key message : Income is in line with plan in month. There are some key variances that will be monitored over the coming months

Pay



Pay type	Funded WTE	Actual WTE	Variance WTE	In Month			Annual Budget £000
				Budget £000	Actual £000	Variance £000	
Substantive	7,920.7	7,179.8	(740.8)	(43,668)	(39,620)	4,048	(514,467)
Bank	0	690.5	690.5	0	(3,715)	(3,715)	0
Agency	0	66.8	66.8	0	(568)	(568)	0
Sub-total - staff	7,920.7	7,937.1	16.5	(43,668)	(43,903)	(236)	(514,467)
Apprenticeship Levy				(168)	(173)	(6)	(2,010)
Non-Executives	1.8	1.7	(0.1)				
Total	7,922.4	7,938.8	16.4	(43,835)	(44,077)	(242)	(516,477)

Overall pay is £0.2m overspent. The in-month impact of the final pay award was £0.5m higher than planned, though there is additional commissioner income to reflect this. The additional cost and income will be reflected in the budgets from month 2.

Substantive pay has increased, following the 3.3% pay awards for Agenda for Change staff. Excluding this, costs have a small reduction compared to March.

Bank costs have fallen compared to March, where there were exceptional costs from annual leave cover, and staff working on the Non-Recurrent Investment schemes. Bank costs have returned closer to levels experienced in September to November last year, however there are ongoing pressures from inpatient wards.

Agency costs have also fallen compared to March, which had additional agency staff in the Bedfordshire CHS Home Care Teams, and Specialist staff working on the Autism / ADHD pathway. Spend is higher than February, and is above the agency cap. This is being investigated, with directorates being tasked to develop exit plans for agency staff.

Key message : Pay is slightly above plan, though this is expected to improve once the pay award funding is confirmed. Pay pressures remain from Bank usage, and this is being monitored through the GFGT P&C workstream

Pay – Whole Time Equivalent (WTE)

Pay type	Funded WTE	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sept-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	Movement in month
Funded WTE	Substantive	8,118.1	8,116.8	8,107.9	8,006.3	7,959.1	7,940.2	7,832.8	7,832.8	7,839.2	7,842.7	7,902.8	7,918.8	7,920.7	1.8
	Bank	0.0	0.0	0.0	0.0	36.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Agency	0.0	0.0	0.0	0.0	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Actual WTE	Substantive	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	7,239.1	7,179.8	(59.2)
	Bank	890.6	832.6	768.1	791.2	758.6	705.3	694.6	681.8	709.2	711.3	740.8	832.3	690.5	(141.8)
	Agency	72.3	71.8	72.7	74.7	65.2	42.1	59.3	63.6	56.5	54.7	51.7	67.6	56.6	(11.0)
Variance	Substantive	(968.5)	(971.9)	(999.8)	(899.2)	(805.1)	(768.0)	(669.3)	(653.9)	(636.7)	(594.6)	(668.9)	(679.8)	(740.8)	(61.0)
	Bank	890.6	832.6	768.1	791.2	722.1	705.3	694.6	681.8	709.2	711.3	740.8	832.3	690.5	(141.8)
	Agency	72.3	71.8	72.7	74.7	64.6	42.1	59.3	63.6	56.5	54.7	51.7	67.6	56.6	(11.0)
Total Funded WTE		8,118.1	8,116.8	8,107.9	8,006.3	7,996.2	7,940.2	7,832.8	7,832.8	7,839.2	7,842.7	7,902.8	7,918.8	7,920.7	1.8
Total Actual WTE		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	8,139.0	7,927.0	(212.0)
(Over) / under establishment		5.6	67.5	159.0	33.3	18.4	20.6	(84.6)	(91.4)	(129.0)	(171.4)	(123.5)	(220.1)	(6.3)	
(Over) / under establishment %		0.1%	0.8%	2.0%	0.4%	0.2%	0.3%	(1.1%)	(1.2%)	(1.6%)	(2.2%)	(1.6%)	(2.8%)	(0.1%)	

Funded WTE has increased by 1.9 – Primary Care has reduced by 16.8, though this is offset by the investments in Central East and North East London CHS services.

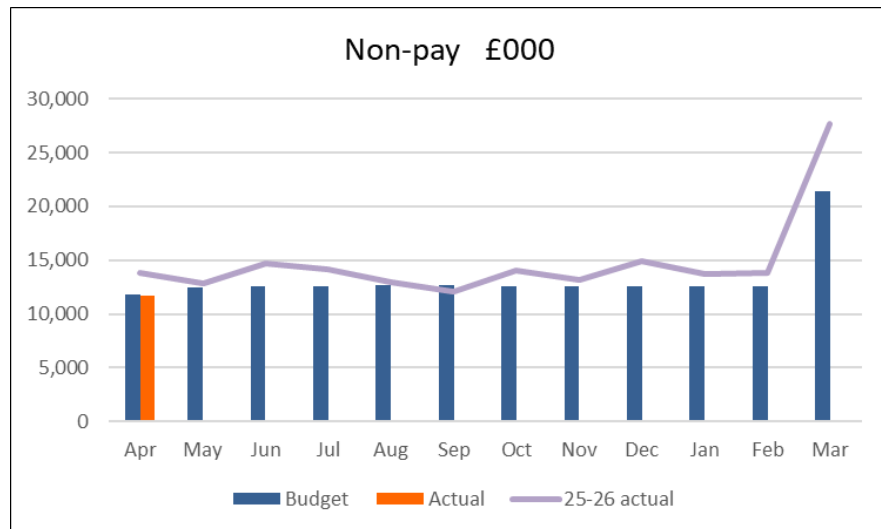
Substantive WTE has reduced by 59, with 49 of these in Primary Care.

Bank WTE has reduced materially in month (141.8), with March having high usage to cover staff taking Annual Leave and staff involved in the non-recurrent investments. Bank use remains high in inpatient areas due to patient acuity, and this represents a financial risk to the Trust as they are not explicitly funded.

Agency WTE is lower than March, but high compared to February, with increases in Bedford, Newham and Specialist. In month 1 the Trust is above the NHSE threshold for agency costs.

Key message : Pay is slightly above plan, though this is expected to improve once the pay award funding is confirmed. Pay pressures remain from Bank usage, and this is being monitored through the GFGT P&C workstream

Non-pay



Expenditure type	In Month			Annual Budget £000
	Budget £000	Actual £000	Variance £000	
Health and Social Care - NHS	(2,161)	(2,153)	8	(25,929)
Health and Social Care -non-NHS	(1,534)	(1,936)	(402)	(21,872)
Supplies & Services	(2,779)	(2,475)	303	(45,999)
Drug costs	(544)	(364)	180	(6,532)
Consultancy	(115)	(73)	42	(1,385)
Establishment	(575)	(549)	26	(6,909)
Premises	(2,926)	(2,727)	199	(35,114)
Transport	(292)	(314)	(21)	(3,504)
Audit fees	(15)	(16)	(1)	(180)
Training	(318)	(267)	51	(3,998)
Clinical negligence	(210)	(210)	0	(2,514)
Non-Executive directors	(23)	(15)	8	(276)
Other Expenditure	(355)	(638)	(283)	(4,578)
Grand Total	(11,847)	(11,736)	111	(158,791)

Non pay is £0.1m underspent in month, with private bed pressures being offset by underspends elsewhere

Non-pay was consistently overspent during 2025-26. The budgets have been realigned for 2026-27

Key areas

- Non-NHS Health & Social Care is overspent by £0.4m, due to the continued use of private beds (see slide 17 for further detail)
- Other Expenditure is overspent by £0.3m, with £0.2m arising from NCEL. This is matched by income.
- Supplies & Services are underspent by £0.3m, with a range of underspends across the directorates
- Premises are underspent by £0.2m, with underspends in the Procurement Hub SLA, due to vacancy posts
- Drug costs are underspent by £0.2m – this is based on actual drug data for month 1. This will be monitored over the coming months, to see if this is a recurrent trend and whether a change in volume or price is driving the variance.
- Budget for March 2027 is high, reflecting the current NCEL budgets – this will be amended as they work-up spend profile. This is offset by higher income budget in March.

Key message : Non-pay is underspent in month. We will need to monitor and mitigate any potential inflationary pressures.

Statement of Financial Position

- The net balance on the Statement of Financial Position as at 30th April 2026 was £307.9m. The decrease of £0.2m since year-end reflects the finalised pre adjusted surplus position.
- £2.7m decrease in Non-current assets is due to £1.3m decrease in Property, Plant and Equipment, with depreciation of £1.5m exceeding capital spend of £0.2m. £1.2m decrease in Right of use assets for depreciation and £0.1m of depreciation of Intangible assets.
- £6.4m increase in receivables.
 - an increase in Trade Receivables £2.8m (NLFT Apr SLA unpaid £4.5m) and an increase in Accrued Income whilst we wait for 26/27 contractual agreements.
 - Increase in Prepayments £3.4m, down to annual charges received in April including Virgin Media £0.8m and CQC £0.4m and local authority rates charges.
- £11.8m decrease in payables is largely due to high volume of year end creditors paid in April. This is reflected in the final cash balance being reduced by £13.5m.
- £3.8m increase in deferred income is mostly down to NCEL CAMHS.
- £1.4m decrease in borrowings is due to April's CHP and PFI creditor payments.

	Prior Year 31/03/2026 £000s	Current Month 30/04/2026 £000s	Movement in Month £000s
Non-current assets			
Intangible assets	2,201	2,063	(138)
Property, Plant and Equipment	251,926	250,627	(1,299)
Right of use assets	61,530	60,289	(1,241)
Investments in associates and joint ventures	3,503	3,505	2
Other non current assets	936	935	(1)
Total non-current assets	320,096	317,420	(2,676)
Current assets			
Inventories	193	216	23
Trade and other receivables	23,978	30,426	6,448
Assets held for sale	350	350	0
Cash and cash equivalents	157,671	144,169	(13,502)
Total current assets	182,192	175,161	(7,031)
Current liabilities			
Trade and other payables	(92,228)	(80,403)	11,825
Borrowings	(16,011)	(16,010)	1
Provisions	(3,387)	(3,310)	77
Deferred income	(13,322)	(17,103)	(3,781)
Total current liabilities	(124,948)	(116,826)	8,122
Total assets less current liabilities	377,340	375,755	(1,585)
Non-current liabilities			
Borrowings	(67,714)	(66,279)	1,435
Provisions	(1,616)	(1,618)	(2)
Total non-current liabilities	(69,330)	(67,897)	1,433
Total net assets employed	308,010	307,857	(153)
Financed by			
Public dividend capital	125,018	125,018	0
Revaluation reserve	91,271	91,271	0
Income and expenditure reserve	91,721	91,568	(153)
Total taxpayers' and others' equity	308,010	307,857	(153)

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 £38.5m.
 - £19m core capital. This differs to the £17.9m agreed programme due to the requirement from the ICB to include an over utilisation assumption of £1.1m for planning purposes, this has been allocated.
 - £9.2m Public Dividend Capital (PDC) funded schemes. Spend isn't expected to start until July 2026.
 - £10.4m for the impact of leases and dilapidations.
- Core capital expenditure, excluding International Financial Reporting Standard 16 (Leases), as at 30th April was £0.2m, £0.2m below plan.
- Digital portfolio and staffing is showing as overspent as staffing costs need to be apportioned over other digital projects in May.
- Leases are £0.5m below plan. There were no recorded PDC or Lease additions in month. We will look to revise the plan for month 2 reporting

Core Capital Programme	Annual Plan £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s
Asset and backlog management	2,498	49	60	11
Critical, fire and Digital Spaces Infrastructure	600	12	0	(12)
Digital and Clinical Systems	200	4	0	(4)
Digital Cyber Security	815	16	0	(16)
Digital Infrastructure and Service Improvement	900	18	(6)	(24)
Digital Innovation and ICS	2,375	48	0	(48)
Digital Portfolio and Staffing	1,679	34	100	66
Digital Spaces	1,900	38	(1)	(39)
Digital Unified Comms	619	12	(0)	(12)
Environmental Upgrade and CQC plan	2,180	44	0	(44)
Mental Health Security and Improvement plan	2,921	59	(0)	(59)
Net Zero Carbon Reduction Plan	330	6	(0)	(6)
New Business and Transformation	895	17	8	(9)
Over programming provision	1,064	0	0	0
	18,976	357	160	(197)

Public Dividend Capital Funded Programme	Annual Plan £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s
MHCAS - Luton MH Emergency Dept / Crisis Assessment Centre	1,500	0	0	0
ADHD waiting list scheme Digital / Digitising the MH Act Pathway	250	0	0	0
Adult Learning Disability and Autism Crisis Accommodation	1,600	0	0	0
CYP LDA Crisis Accommodation	950	0	0	0
City and Hackney 24/7 Neighbourhood Hubs	1,700	0	0	0
Newham 24/7 Neighbourhood Hubs (Flying Angel)	153	0	0	0
MHCAS*	171	0	0	0
Supporting Neighbourhood Health with Multi-Agency Co-location	600	0	0	0
John Warburton refurbishment	2,250	0	0	0
	9,174	0	0	0

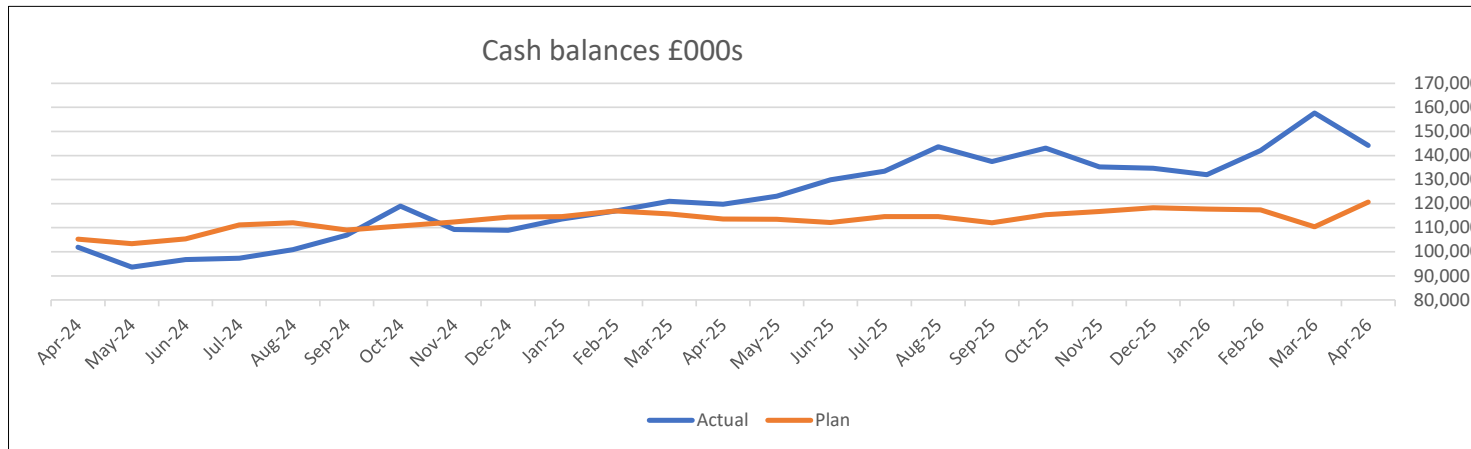
Leases, dilapidations and disposals	Annual Plan £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s
New leases - Other DHSC Group bodies	2,917	360	0	(360)
New operating leases - NHS Providers	1,343	90	0	(90)
New operating leases - External	4,642	164	0	(164)
Lease liability remeasurements -Other DHSC Group body	25	0	0	0
Lease liability remeasurements -NHS Provider	4	0	0	0
Lease liability remeasurements -External	1,557	0	0	0
Peppercorn lease	(105)	(105)	0	105
	10,383	509	0	(509)

TOTAL	38,533	866	160	(706)
--------------	---------------	------------	------------	--------------

Key message : Core capital spend finished at £0.2m below plan. There were no recorded PDC or Lease additions in month.

Cash

- As at the end of April cash balance was £144.2m, a decrease of £13.5m in month due to high year end creditor balances paid in April.
- The cash position is £23.5m above plan. This is predominantly due to a stronger than planned year end balance. Cash balances have continued to be strong in April 2026, despite high creditor payments.
- The high cash balances has led to interest received for 2025/26 of £6.5m, and with further investment into the National Loan Fund account, strong returns are expected in 2026/27.



Key message : The cash position remains strong due to high year end creditor balances paid in April.

System position – North East London (NEL) Integrated Care System (ICS)

Organisation	YTD Plan £000	YTD Actual £000	YTD Variance £000	Annual plan	Deficit Support funding in plan
BHRUT	(5,579)	(8,405)	(2,826)	(41,300)	0
Barts	(2,770)	(5,770)	(3,000)	0	0
ELFT	(218)	(213)	5	0	0
Homerton	(499)	(1,080)	(581)	0	(12,057)
NELFT	10	26	16	0	0
Providers	(9,056)	(15,442)	(6,386)	(41,300)	(12,057)
ICB	(250)	(250)	0	0	
ICS Total	(9,306)	(15,692)	(6,386)	(41,300)	

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 2026-27 is a £41.3m deficit position. This includes £12.1m of Deficit Support funding for Homerton Healthcare.

The month 1 position, as at working day 7, was a deficit of £6.4m, adverse to the break-even plan. £4.8m of this relates to the impact of Industrial Action in the Acute trusts, with higher staff costs and reduced patient-care income.

System position – Bedfordshire, Luton & Milton Keynes (BLMK) Integrated Care System (ICS)

Organisation	YTD Plan £000	YTD Actual £000	YTD Variance £000	Annual plan
Bedfordshire Hospitals NHS Foundation Trust	0.0	(11.8)	(11.8)	0
Milton Keynes University Hospital NHS Foundation Trust	0.0	3.3	3.3	0
Providers	0.0	(8.5)	(8.5)	0
NHS Bedfordshire, Luton and Milton Keynes ICB	0.0	12.0	12.0	0
ICS Total	0.0	3.5	3.5	0

System plan

In April 2026-27, BLMK ICB was merged with Cambridgeshire & Peterborough and Hertfordshire ICBs to form the new NHS Central East Integrated Care Board.

The 2026-27 plan for the new merged ICB is a break-even position.

Information from NHS Central East Integrated Care System for month 1 has not yet been released at the time of publishing this report.

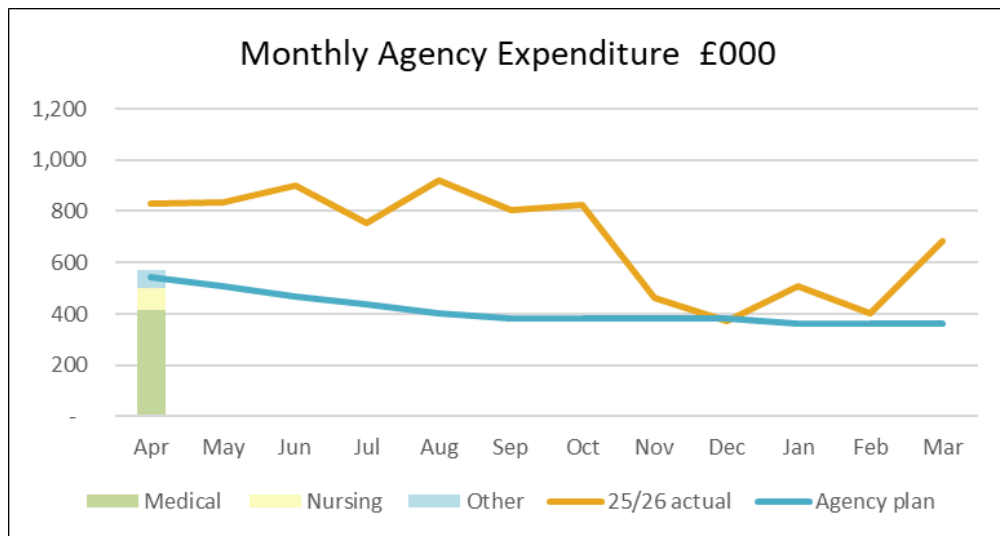
The position for 2025-26 is shown.

At the end of March, the ICS reported a surplus of £3.5m. This is 3.5m favourable to plan. Milton Keynes received £3.3m of non-recurrent funding from NHSE.

Appendices

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

Agency spend



In 2026-27, 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 £4.97m

Agency expenditure in month is £568k, which is adverse to the plan of £542k.

The in-month agency spend is due to a range of factors, with £14k of shifts booked for strike cover.

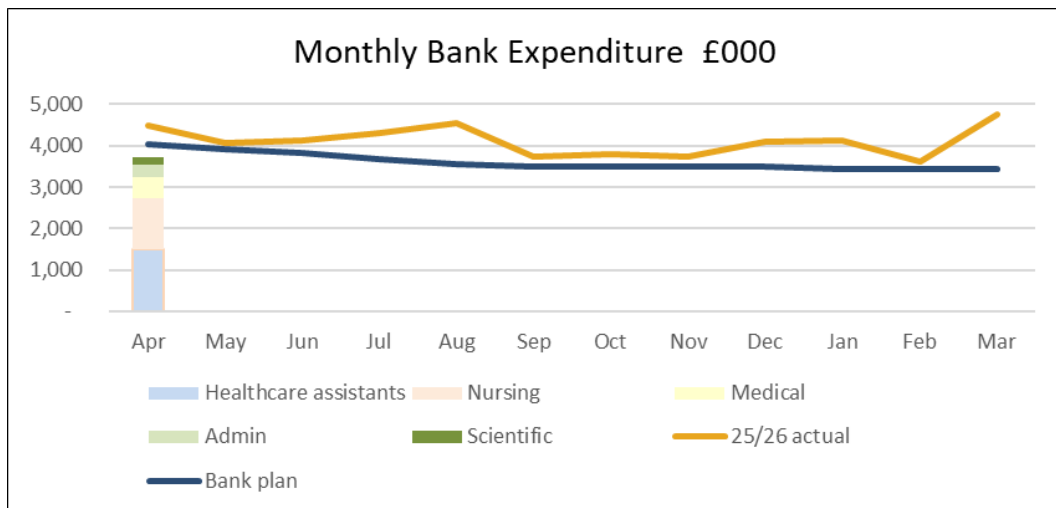
- Catch-up in invoicing for primary care practises (£29k)
- Medical Agency for Bedford, to manage clinical pressures (£146k)
- Nursing spend in the Bedfordshire CHS Home Teams (£79k)
- Medical Agency for Newham (£65k) to cover vacancies
- Medical Agency for City & Hackney (£52k) to cover vacancies
- Medical Agency for Tower Hamlets, to cover special leave (£46k)
- Medical Agency for Specialist (£69k), in Bedford CAMHS teams, and Coborn

Agency costs constitute 1.3% of total pay costs.

Agency use, by staff type

Pay costs £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	Mar-26 £000s	Apr-26 £000s
Medical and Dental	(596)	(596)	(620)	(541)	(644)	(639)	(550)	(334)	(203)	(329)	(260)	(351)	(414)
Nursing, Midwifery and HV	(148)	(149)	(188)	(136)	(185)	(95)	(99)	(56)	(90)	(96)	(106)	(148)	(88)
Administration and Estates	(48)	(48)	(59)	(60)	(64)	(50)	(141)	(49)	(66)	(62)	(21)	(146)	(41)
Healthcare assistants and other support staff	(37)	(35)	(30)	(12)	0	0	0	0	0	0	0	0	0
Healthcare scientists & Scientific, therapeutic and technical staff	(2)	(9)	(6)	(5)	(28)	(20)	(35)	(21)	(11)	(21)	(13)	(36)	(26)
Total Agency	(831)	(837)	(902)	(754)	(919)	(804)	(825)	(460)	(370)	(508)	(400)	(682)	(568)

Bank spend



In 2026-27, the NHS Operating Plan set a requirement to reduce Bank spend by 13%. This is reflected in the Bank Plan submitted to the ICB.

The Trust submitted an annual financial plan with planned bank usage of £43.3m

Agency expenditure in month is £3.7m, which is favourable to the plan of £4.0m.

Bank costs increased by £1,149k in March 2026 compared to February, impacted by non-recurrent investment schemes and annual leave cover. This has reversed in month, and the April spend is more aligned with that seen in February and those in September to November last year.

Bank pressures remain from inpatient Acuity, and we will need to monitor this closely in the coming months

Bank costs constitute 8.4% of total pay costs.

Bank use, by staff type

Pay costs £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	Mar-26 £000s	Apr-25 £000s
Medical and Dental	(682)	(876)	(812)	(859)	(799)	(656)	(685)	(668)	(626)	(736)	(529)	(656)	(525)
Nursing, Midwifery and HV	(1,233)	(1,038)	(1,041)	(1,092)	(1,289)	(915)	(1,050)	(1,082)	(1,352)	(1,324)	(1,226)	(1,692)	(1,225)
Administration and Estates	(352)	(397)	(366)	(456)	(449)	(346)	(429)	(363)	(341)	(310)	(331)	(432)	(279)
Healthcare assistants and other support staff	(1,937)	(1,659)	(1,766)	(1,715)	(1,823)	(1,632)	(1,449)	(1,469)	(1,597)	(1,584)	(1,367)	(1,763)	(1,505)
Healthcare scientists and Scientific, therapeutic and technical staff	(287)	(86)	(134)	(180)	(187)	(184)	(183)	(146)	(190)	(169)	(161)	(219)	(181)
Total Bank	(4,492)	(4,056)	(4,117)	(4,302)	(4,548)	(3,733)	(3,796)	(3,728)	(4,105)	(4,122)	(3,614)	(4,763)	(3,715)

Private Beds

The Trust has experienced significant demand for Adult Mental Health beds in the Bedfordshire and Luton, and as a result has incurred high levels of expenditure in purchasing private beds. This represents a cost pressure to the Trust.

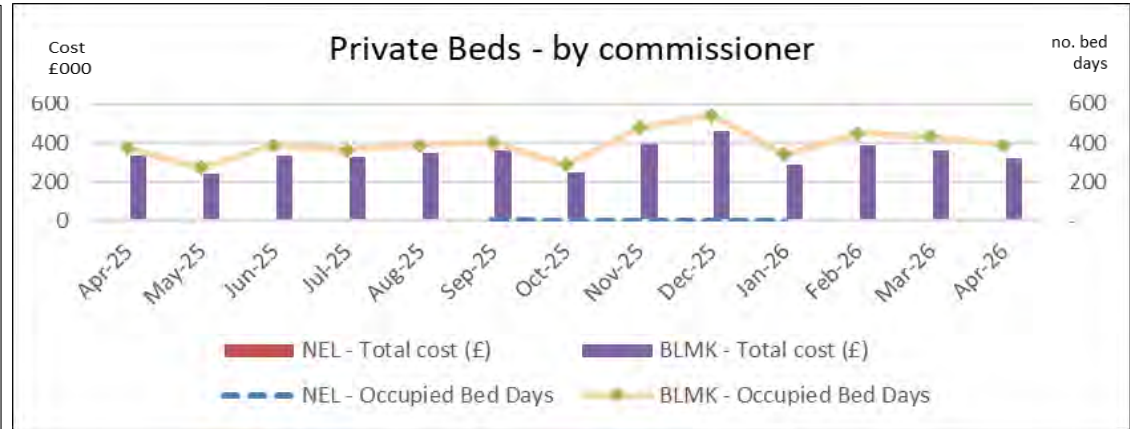
ELFT no longer have ICB funding for private beds – the income has been invested into the 9 new acute beds and 11 Crisis beds.

In April there was an average of 12 private beds purchased, compared to an average of 13 in March.

As at 12th May, we have 8 patients in external beds – 2 in CNWL and 6 in private placements

The Public Dividend Capital scheme to increase the number of beds locally should further reduce the need for private beds. No beds were opened during April. The nine beds are expected to open in Q1.

The 11 bedded Kelvin Grove unit is expected to open in July.

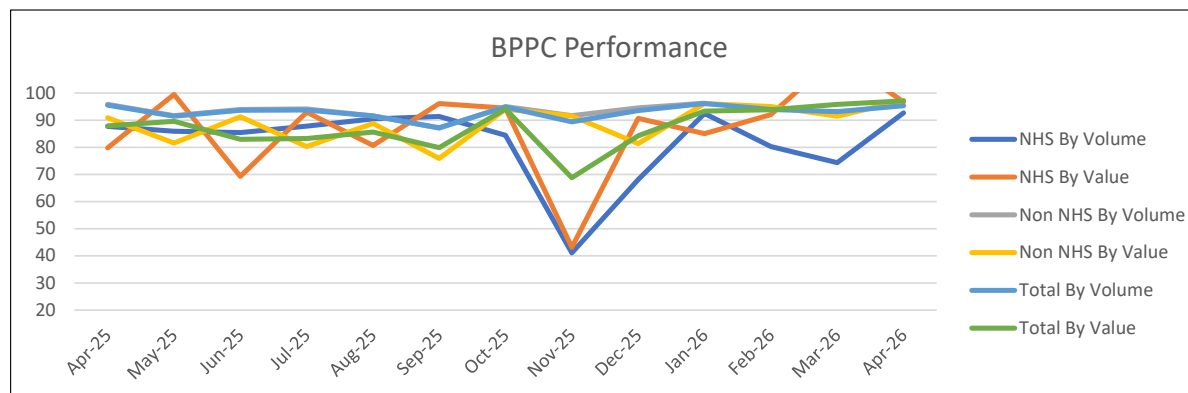


Payables

- The payables balance in the Statement of Financial Position of £80.4m includes £19.3m of outstanding invoices. The remaining balance largely relates to taxes, pensions and accruals.
- Significant balances over 90 days include: -
 - £1.3m, 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.
- 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 95.3% by volume and 97.1% by value. This is a material improvement, and will be partially impacted by the low volume of invoicing in April.

Outstanding Invoices

	NHS £000s	Non NHS £000s	Total £000s
0-30 Days	2,246	4,618	6,864
31-60 Days	6,366	1,199	7,565
61-90 Days	15	221	236
Over 90 Days	2,727	1,923	4,650
Total	11,354	7,961	19,315



NHS Oversight Framework

- The NHS Oversight Framework was introduced in 2025/26 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 table shows the performance for 2025/26
- We are waiting for confirmation of the Finance and productivity metrics for 2026/27

Metric	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 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 : Based on the 25/26 scoring, the Trust would currently score 1 on Finance and Productivity metrics. We await the scoring mechanism for 26/27

Da	Item	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	✓			✓			✓
	Annual Collaborative Report	✓			✓			✓
Quality and Performance	ELFT Strategy		✓					
	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			✓			✓	
Finance	People & Culture Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓
	Appointments & Remuneration Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓
	Finance Report	✓	✓	✓	✓	✓	✓	✓
Business Case	Charitable Funds Assurance Report	✓	✓	✓		✓	✓	
	Finance, Business & Investment Committee Assurance Report	✓	✓	✓	✓	✓	✓	✓
	Medium Term Plan (Deconstruction of the Block (approval))							
Governance	NEL Procurement (approval)							
	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	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	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						
	Infection Control	x						
	Safeguarding							
	Sustainability							
	Anti-Racism Statement	✓						
	Oliver McGowan Training (three yearly) - due September 2026				✓			
	Provider Capability Assessments:							