




East London
NHS Foundation Trust



QUALITY ACCOUNTS
2025/26

East London NHS Foundation Trust



Contents

Our Services

Part 1 – Statement on Quality

- 1.1 Statement on Quality from Lorraine Sunduza OBE, Chief Executive

Part 2 – Priorities for Improvement and Statements of Assurance

- 2.1 Reflections on 2025/26 – progress against priorities
- 2.2 Quality Priorities for the coming year – looking forward to 2026/7
- 2.3 Participation in Clinical Audit
 - 2.3.1 National Audit
 - 2.3.2 Performance against the NHSE Learning Disability Improvement Standards
 - 2.3.3 Trust audit activity
 - 2.3.4 Internal accreditation
 - 2.3.5 External accreditation
- 2.4 Research and innovation
- 2.5 Regulatory Compliance – CQC Inspection
- 2.6 Learning from deaths
- 2.7 Staffing
 - 2.7.1 Staff Engagement
 - 2.7.2 Raising concerns – freedom to speak up

- 2.8 Goals Agreed with Commissioners - CQUINs

- 2.9 Data security and quality

- 2.10 Reporting against core indicators

Part 3 – An Overview of Key Dimensions of Quality

- 3.1 An overview of key dimensions of quality
 - 3.1.1 Patient safety
 - 3.1.2 Clinical effectiveness
 - 3.1.3 Patient experience
- 3.2 Quality achievements and awards
- 3.3 An Explanation of Which Stakeholders Have Been Involved
- 3.4 Statements from Integrated Care Boards
- 3.5 2025/26 Statement of Directors' Responsibilities

If you require any further information about the 2025/26 Quality Accounts please contact: ELFT Communications Team on 0207 655 4000

Contact with the Trust





Services and Developments 2025/26

Our Services

ELFT provides a wide range of community and inpatient services to children, young people, adults of working age, older adults and forensic services to the City of London, the London Boroughs of Hackney, Newham, Tower Hamlets, and to Bedfordshire and Luton.

In addition, the Trust provides:

- Forensic services to the London Boroughs of Barking and Dagenham, Havering, Redbridge and Waltham Forest, and some specialist mental health services to North London, Hertfordshire and Essex including forensic personality disorder service in North London.
- Three GP practices in east London that support homeless people with complex issues.
- A social enterprise in Tower Hamlets in partnership with Compass Wellbeing CIC.

The Trust's specialist mother and baby psychiatric unit receives referrals from London and the South East of England.

The Trust provides local services to an East London population of 988,000 and to a Bedfordshire and Luton population of 753,000. We provide forensic services to a population of 2 million in North East London. East London and Luton are among the most culturally diverse parts of the country but are also among the most deprived areas. Bedfordshire is a predominantly rural area with some of the most affluent communities in the country living alongside some of the lowest income and deprived groups. Both areas therefore pose significant challenges for the provision of mental health and community health services.

The Trust operates from over 120 community and inpatient sites, employs over 7,800 permanent staff and has an annual income of just under £762 million.

The Trust has structured its mental health services in relation to their geographical location to enable them to link easily to local services and be part of a place-based approach to improving the health of local communities. Community health services in Bedfordshire, Newham and Tower Hamlets are managed as one directorate. Our specialist services directorate encompasses child and adolescent mental health services (CAMHS), specialist children's services in Newham, talking therapies services in Newham, Tower Hamlets, and Bedfordshire, and specialist addiction services in Bedfordshire. Our forensic inpatient and community services are managed in one forensic services directorate. Corporate functions are housed in a single corporate services directorate. Our people participation team also comprise a directorate.

There is also a range of services provided in the community via community mental health teams, home treatment teams, crisis resolution teams, rehabilitation teams, rapid response and admission avoidance teams. The Trust aims to provide people with alternatives to admission, where appropriate, and to provide treatment, care and support outside of a hospital setting.

The Trust is part of a CAMHS Provider Collaborative involving a partnership with North London NHS Foundation Trust, North East London NHS Foundation Trust, The Tavistock & Portman NHS

Trust and The Whittington Health NHS Trust. We also work closely with North East London NHS Foundation Trust to make optimum use of adult health care resources to ensure that people can be cared for locally where possible.

With the greater emphasis on Integrated Care Systems (ICSs), much of the Trust's work and the way services are provided is in collaboration with partner organisations such as fellow NHS Trusts, local authorities, other public bodies and the voluntary sector.

Our Trust Strategy

Our Five-Year Strategy

Starting in July 2025, we launched a 'Big Conversation' to refresh our Trust strategy. Organised around four distinct phases, our Big Conversation process enabled us to hear directly from over 1,700 employees, service users and carers, governors and system partners about the things that matter most to them.

The final strategy, below, which was coproduced with a representative group of service users, carers and staff, was approved by the Trust Board in principle in January 2026.

The new strategy will be presented to Trust Board in May 2026 for final sign off, along with a delivery framework, describing how we will bring our new strategy to life and measure progress.

Our 5 year strategy What we stand for

NHS
East London
NHS Foundation Trust

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 leadership
- Our diversity and approach to inclusion
- Responsible use of resources

Our story
East London NHS Foundation Trust provides community health, mental health and primary care services to a population of around **1.8m** people across Bedfordshire, Luton, and East London
ELFT is the first NHS 'Marmot Trust', which means we are testing the boundaries of what an NHS Trust can do to tackle some of the drivers of poor health, such as poverty and unemployment.

The context we are working in
Over the next decade, the way we provide care will need to change. Our communities are growing and ageing, and more people are living longer with mental and physical health needs. Health inequities remain too wide in the communities we serve.
Nationally, there is a clear shift towards prevention and supporting people earlier, providing care closer to home, and making better use of digital technology to improve people's outcomes.
Through engagement with staff, service users, carers and partners we heard that people are proud of our kind and caring culture, our commitment to involving people in their care, and our approach to improvement. People also told us that services feel stretched, care doesn't feel joined-up across teams, and that change is needed to make care more consistent and sustainable.
This strategy sets out how we will build on our strengths, focus on what matters most, and work with our communities to improve outcomes, reduce inequalities and deliver high-quality care now and in the future.

Our 5 year strategy 2026–2031



East London
NHS Foundation Trust

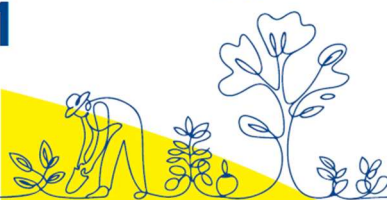


Together we're building a future where

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



As part of the Strategy Delivery Framework, the Trust has redesigned its annual planning process to support implementation of the strategy, and to ensure that we are aligning effectively with national and system priorities, such as the delivery of the NHS 10 Year Health Plan. As part of this, we will also be changing our rhythm of review to ensure that we can be agile in response to changing policy and operating contexts.

An important set of relationships for us are those with Integrated Care System (ICS) partners. ICSs are partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population.

The central aim of an ICS is to integrate care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care.

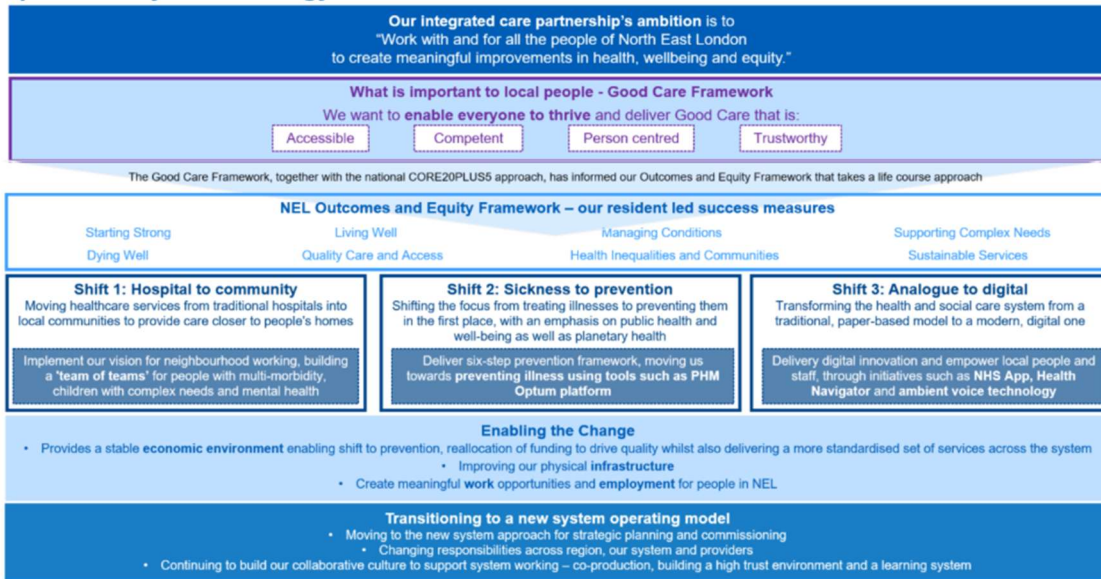
ICSs have been tasked with four main objectives:

1. To improve **outcomes in population health** and healthcare
2. To tackle **inequalities** in outcomes, experience and access
3. To enhance **productivity** and value for money
4. To help the NHS support broader **social and economic development**.

The Trust is a member of two ICSs: North East London (NEL), and Central East (CE). Following the changes to the organisation of the NHS in England throughout 2025/26, our Integrated Care System partners – ICBs in particular – are still going through a period of profound change and transition. However, we are aligning our plans and strategies as far as possible with commissioning plans in both systems, with a particular emphasis on the part we can play in supporting the left shifts from hospital care to the community; from sickness to prevention; and from analogue to digital.

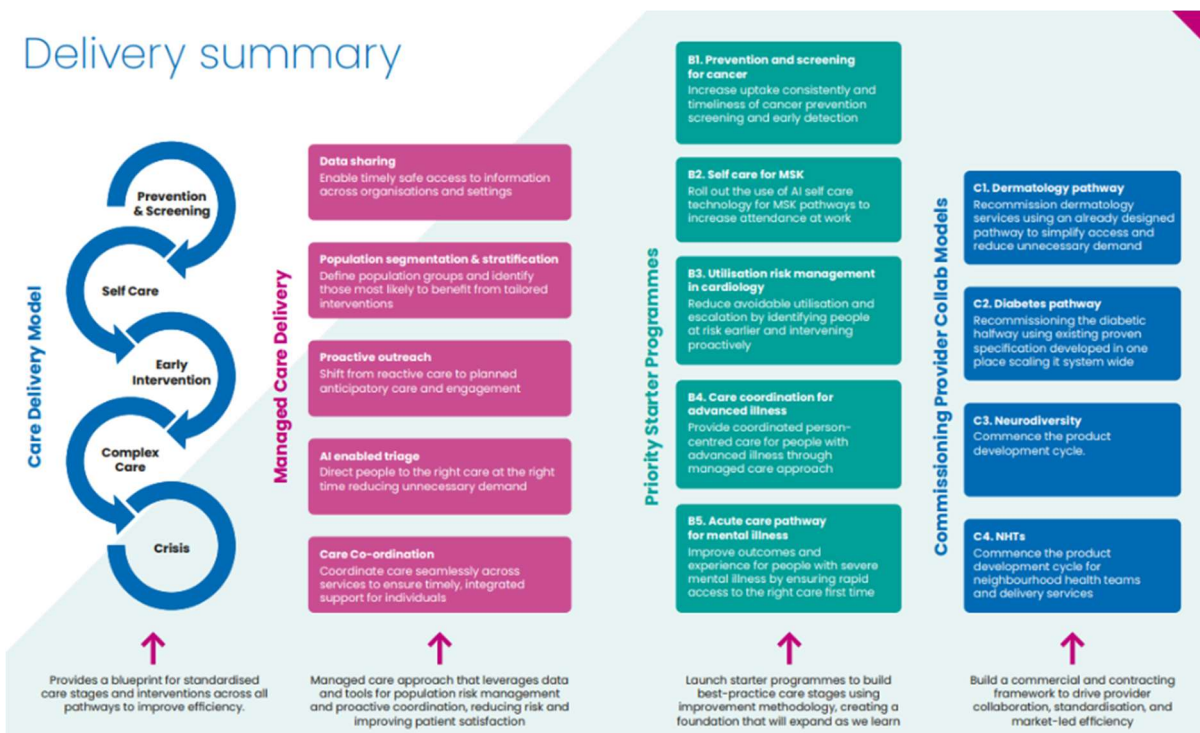
North East London

Scope of our system strategy



Central East

Delivery summary





Part 1 – Statements on Quality

1.1 Statement on Quality from Lorraine Sunduza OBE - Chief Executive

This year's Quality Accounts reflect both the progress we have made during 2025/26 and the important changes taking place across our Trust, our systems and the wider NHS.

During the year, we launched our 'Big Conversation' to refresh the Trust's strategy. Through listening to more than 1,700 staff, service users, carers, governors and system partners, we heard clearly about the things that matter most to people and communities.

Following this extensive engagement, a new five-year strategy has been developed in partnership with service users, carers, staff and other partners. The strategy sets out a shared ambition to build a future where people can rely on safe, kind and joined-up care that helps them live well for longer and focuses on what matters most to them.

Quality Improvement (QI) remains central to how we deliver this ambition. Throughout this report are examples of teams using improvement methods to improve outcomes, experience and equity for the people we serve. This includes reducing inequalities in missed appointments through our Pursuing Equity programme, improving physical health care for people with serious mental illness, and strengthening service user involvement in improvement work across the Trust.

We have also seen encouraging progress through our Observations to Engagement programme, where teams are working collaboratively with service users to reduce restrictive practices safely while improving meaningful engagement on inpatient wards.

We know that improvement happens through partnership and collective leadership. That is why we continue to invest in building improvement capability across our staff, service users and carers, while working closely with our Integrated Care System partners across North East London and Central East. Together, we are aligning our plans with the wider ambitions for the NHS, including supporting the shift from hospital to community, from sickness to prevention, and from analogue to digital ways of working.

I would like to thank all our staff, service users, carers, volunteers, governors and partners for their continued commitment, compassion and dedication throughout the year. Their ideas, expertise and lived experience continue to shape our work and drive improvement across the Trust.

Lorraine Sunduza OBE
Chief Executive Officer

Part 2 – Priorities for Improvement and Statements of Assurance

This annual Quality Accounts provides the platform to share both our progress and achievements during 2025/26 and our plans and priorities for 2026/27.

In this section the Trust updates on progress on delivering our priorities for improvement for 2025/26, along with statements of assurance from our Trust Board.

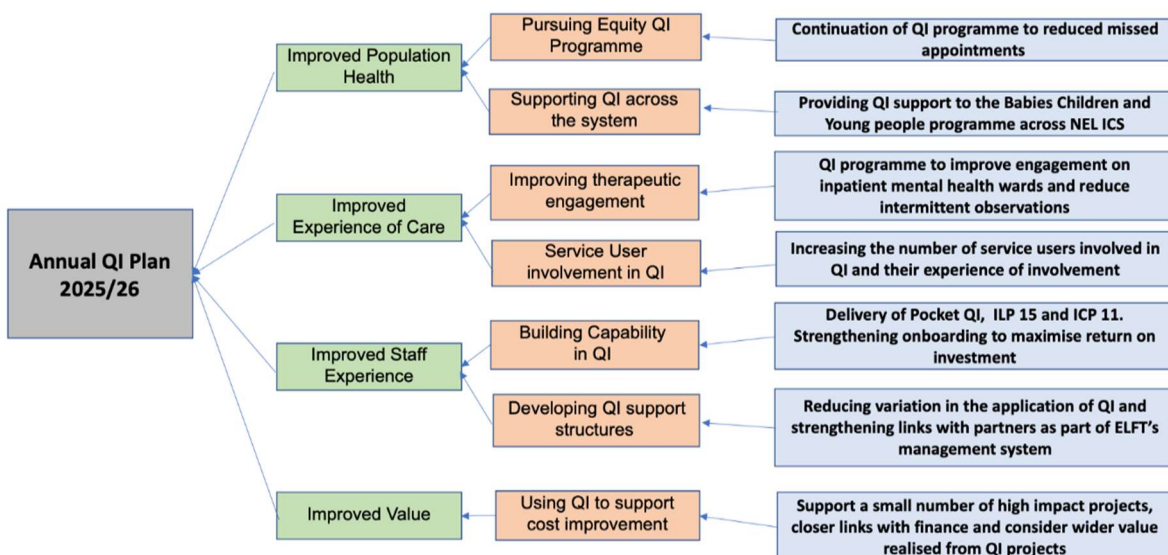
During 2025/26 the Trust provided and/or sub-contracted 157 relevant health services. The Trust has reviewed all the data available to them on the quality of care in all of these relevant health services. The income generated by the relevant health services reviewed in 2025/26 represents 100% of the total income generated from the provision of relevant health services by the Trust for the year.

2.1 Reflections on 2025/26 – Progress Against Priorities

As set out in last year’s report, the annual plan QI for 2025/26 focused on the following priorities aimed at progressing our aim to improve the quality of life for all we serve:

- Pursuing Equity QI Programme – Large Scale Programme to reduce missed appointments
- Observations to Engagement Programme
- Capability Building – Delivery of wave 15 of ILP, cohort 11 of ICP and Pocket QI
- Improving Value

The Trust’s quality improvement plan (below) demonstrates how Quality Improvement (QI) work across the Trust was organised to support delivery of the Trust’s annual plan. This section of the report summarises progress in delivering the 2025/26 plan, providing examples of work from teams in delivering priorities.

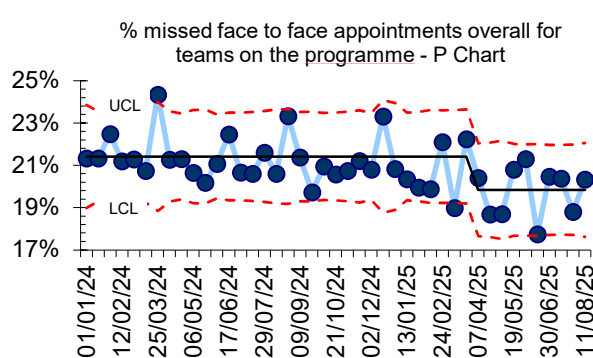
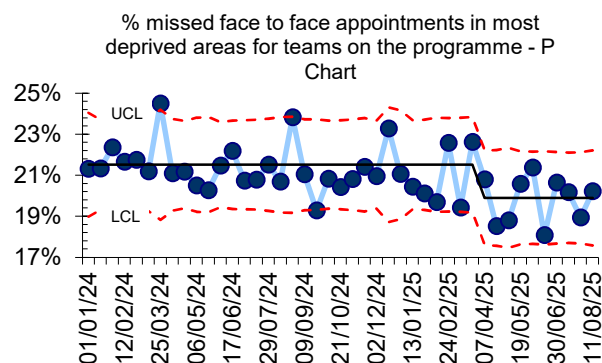


Improved Population Health Outcomes

Pursuing Equity QI Programme

In the 2024/25 Quality Account, we reported early progress from Phase 3 of the Pursuing Equity Quality Improvement Programme while it was still in delivery. The programme has now concluded, enabling us to report its full impact. It supported 16 teams across the Trust to reduce missed appointments and address inequalities in access, with a focus on people living in the most deprived communities. Participating teams spanned a wide range of services across City & Hackney, Newham, Tower Hamlets, London Community Health Services, Bedfordshire Community Health Services, CAMHS and Specialist Services, including mental health, perinatal, neurodevelopmental, community health and specialist services.

By the end of the programme, overall missed appointments reduced from 21.5% to 19.2%, representing a 7.5% relative reduction and an estimated 2,046 additional appointments attended. The most significant achievement was the reduction in inequality. Missed appointments among people in the most deprived groups fell from 21.5% to 19.9%, while rates in the least deprived groups remained broadly stable at around 20%. This led to the equity gap closing and slightly reversing (from +1.5% to -0.1%), meaning that people from the least deprived areas are now less likely to miss appointments. This represents a meaningful shift in reducing long-standing inequalities in access to care.



Improvements were seen across a range of population groups although variation remains. Missed appointments among men reduced from 23.5% to 21%, with a 76% reduction in the gap between the most and least deprived groups, while rates for women remained stable at 20.2%. Reductions were also seen across ethnic groups, with a 12% decrease for White service users and smaller but important reductions for Black and Asian service users. Despite this progress, White service users continue to have lower missed appointment rates overall, indicating that further work is required to reduce inequalities between ethnic groups.

	Overall	Most Deprived (Quintiles 1 and 2)	Least Deprived (Quintiles 4 and 5)	% Gap between most and least deprived
MISSED F2F FOR ALL	21.43% to 19.82 7.5% reduction ↓	21.53% to 19.89% 7.6% reduction ↓	No change – 20%	Before: 1.53% After: -0.11% ↓
White Service Users	20.17% to 17.76% 12% reduction ↓	20.57% to 17.86% 13% reduction ↓	No change – 14.6%	Before: 6.41% After: 3.7% 42% reduction ↓
Black and Asian Service users	22.06% to 19.89% 9.8% reduction ↓	22.17% to 20.16% 9.5% reduction ↓	No Change – Still 23%	Before: -0.79% After: -2.84% ↓
Asian and Asian British	22.8% to 20.18% 11.5% reduction ↓	22.92% to 20.35% 11.2% reduction ↓	No Change – Still 21.55% DNA	Before: 1.37% After: -1.2% ↓
Black and Black British	20.62% to 19.44% 5.7% reduction ↓	20.86% to 19.81% 5.6% reduction ↓	Numbers too small to make meaningful graph. 17.71 %	Before: 3.69% After: 2.1% 43% reduction ↓
Male Overall	23.46% to 21.09% 10% reduction ↓	23.54% to 21.14% 8.7% reduction ↓	No Change – Still 20.39%	Before: 3.15% After: 0.75% 76% reduction ↓
Female Overall	No change – Still 20.20%	No change – Still 20.30%	No change – Still 19.90%	Before: 0.40% After: 0.40%
White Female	19.31% to 18.43% 4.5% reduction ↓	19.91% to 16.96% 14% reduction ↓	No –change -11.76%	Before: 8.15% After: 4.93% 40% reduction ↓
Asian Female	21.68% to 18.83% 13% reduction ↓	21.81% to 19.22% 4.2% reduction ↓	No Change – 19.09%	Before: 2.73 After: 0.13 Reduction: 95% ↓
Black Female	19.60% to 18.65% 8% reduction ↓	19.57% to 18.46% 5.7% reduction ↓	No Change – 14% Numbers too small to chart	Before: 5.47% After: 4.46% Reduction: 18% ↓
White Male	21.91% to 17.49% 20% reduction ↓	21.85% to 17.45% 20% reduction ↓	No change – 24% Numbers too small to chart	
Asian Male	No change – Still 24.66%	No change – Still 24.70%	No change -26% Numbers too small to chart	
Black Male	22.86% to 22.24% 5% reduction ↓	23.31% to 21.51% 7.7% reduction ↓	No Change – 14% Numbers too small to chart	Before: 9.31% After: 7.51% Reduction: 19.3% ↓

At service level, 13 out of the 16 teams (82%) achieved reductions in missed appointments (see table below for team level results). The three teams who did not demonstrate improvement either had low baseline levels of missed appointments or began testing later due to capacity constraints; these teams are continuing their improvement work beyond the lifetime of the programme.

Directorate	Team	Results	Directorate	Team	Results
City & Hackney	Well Street Common NMHT	8% reduction	Newham	Perinatal Service	15% reduction
	Woodberry Wetlands NMHT	15% reduction		Newham CIMHS	14% reduction
	Perinatal Service	7% reduction	Tower Hamlets	Bethnal Green NMHT	15% reduction
	Psychotherapy Service	41% reduction		DeanCross Personality Disorder	46% reduction
London CHS	Diabetes Service	26% reduction	CAMHS	Perinatal Service	No reduction
	Foot Health Service	30% reduction		Neurodevelopmental Team	36% reduction
	MSK Physio Service	13% reduction	Specialist services	Addictions	27% reduction
Bedford CHS	Contenance Service	No reduction			
	Wheelchair Service	No reduction			

Alongside reductions in missed appointments, several teams also reported improvements in service flow and efficiency, reflecting the additional clinical capacity created through fewer unused appointment slots. For example:

- Newham Foot Health Service increased the proportion of patients seen within 18 weeks from 55% to 90%.
- The Newham Community Integrated Mental Health Service reduced referral-to-assessment waiting times by over 50%.
- The CAMHS City & Hackney Neurodevelopmental Team reduced assessment-to-treatment time from 39 weeks to 5 weeks (an 88% reduction).
- Other services also reported reductions in waiting times ranging from 25% to 52%, indicating a broader impact across different care pathways.

Teams tested a range of evidence-based changes, with the most effective focused on improving communication and making services easier to access. Key interventions included enabling direct booking with service users, implementing clear and consistent missed appointment policies, and providing timely reminders (including automated text messages), all of which helped reduce missed appointments and support better engagement and planning of care while improving consistency across teams.

To sustain and scale this improvement, a Trust-wide Change Package was developed, consolidating the most effective interventions and standard operating procedures, and is being shared across directorates alongside a PowerBI dashboard for real-time monitoring of missed appointments. A Trust-wide access policy has also been introduced to embed a consistent approach to appointment management, supporting continued improvement and helping to maintain and build on the gains achieved through this programme.

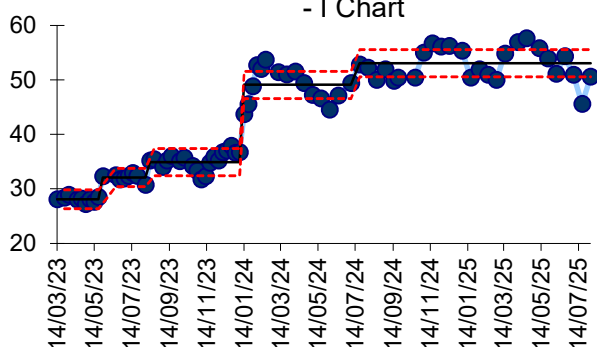
Other QI work to improve population health.

28 projects are working to improve other aspects of care aligned to the trust's population health strategy. Of these, the majority are tackling an aspect of physical health improvement for those with serious mental illness. In 2024-25 four projects across the trust successfully worked to improve physical health monitoring of service users mainly through targeted staff training, improved data use and simplified processes.

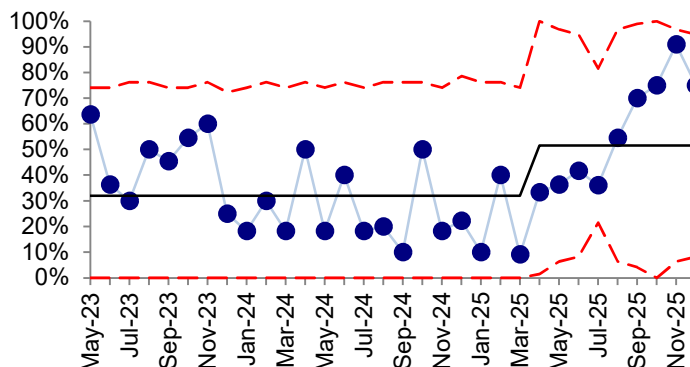
In Tower Hamlets Early Intervention Service, interventions included staff training on blood tests, dedicated physical health admin days, sharing physical health data, a quick guide to CQUINs and documentation, and a simplified physical health protocol. As a result, screening completion increased from 28% to 60%, and uptake of physical health interventions rose from 17% to 40%. In Tower Hamlets Inpatient Services, adding physical health screening status to handover documentation improved completion rates from 41% to 65%.

In Newham Community Recovery Team North, improvements included embedding physical health data into supervision, training staff on equipment use, introducing portable equipment for home visits, and streamlining appointment scheduling. This led to blood test completion increasing from 48% to 74% and lifestyle form completion rising from 16% to 76%. In the Newham Learning Disabilities Team, strengthened data sharing, clinician-led engagement, accessible information, and supported clinic attendance improved cancer screening uptake among women with learning disabilities from 21% to 50%.

Percentage of patients with completed annual physical health checks (THEIS) - I Chart



Percentage of physical health checks complete Milharbour - P Chart



Improved Experience of Care

Observations to Engagement Large Scale QI programme

Launched in April 2025, the Observation to Engagement programme has used QI methods to improve meaningful engagement with service users to safely eliminate unnecessary intermittent (15-minute) observations across the Trust's inpatient wards. The programme is being delivered in three phases:

- Phase One “testing what works” (April 2025 – March 2026) focused on 9 pilot wards testing a variety of change ideas
- Phase Two “building belief” (March 2026 – September 2026) will test a change bundle of change concepts in different conditions across selected ward types to build degree of belief in what works
- Phase Three “embedding and spreading” (September 2026 – December 2026) will roll out the successful change concepts across all inpatient wards

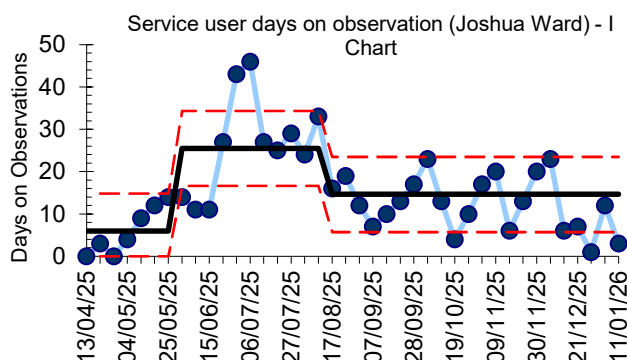
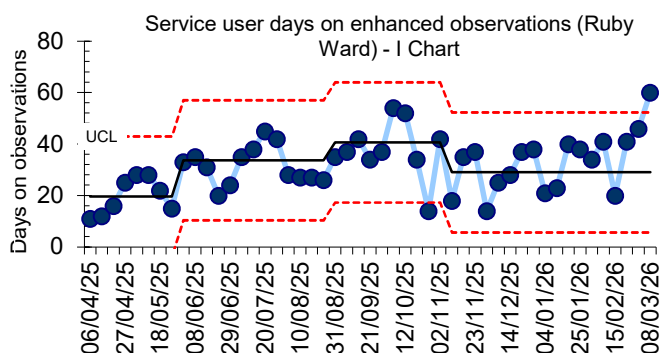
The programme has recently transitioned into Phase 2, with the wards participating in Phase 1 and Phase 2 outlined below:

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

During Phase One, nine pilot wards tested a range of locally developed change ideas, supported by six-weekly learning sessions, real-time PowerBI dashboards, and local coaching. Seven of the nine wards achieved reductions in the number of days that service users were on observations each week, demonstrating early progress in improving engagement and reducing reliance on restrictive practices.

All pilot wards contributed to this progress, with a range of positive outcomes seen across sites. Several selected examples are included here to illustrate the types of changes tested across the pilot wards. Ruby Triage Ward in Newham reduced enhanced observations from a high of 40.6 to 29 days per week by introducing protected engagement time and improving communication during this time through tools such as conversation starter cards. They also established a regular programme of ward activities.

Bow Female Forensics Ward reduced enhanced observations from 4 days per week to zero through reviewing those service users on observations at daily safety huddles and regular “social tea” sessions to strengthen engagement. Joshua and Gardner Wards in City & Hackney reduced observations from a high of 22.5 to 14 and 12 days per week respectively by introducing daily multidisciplinary huddles to support shared decision-making, alongside protected engagement time to enable more meaningful interactions with service users.

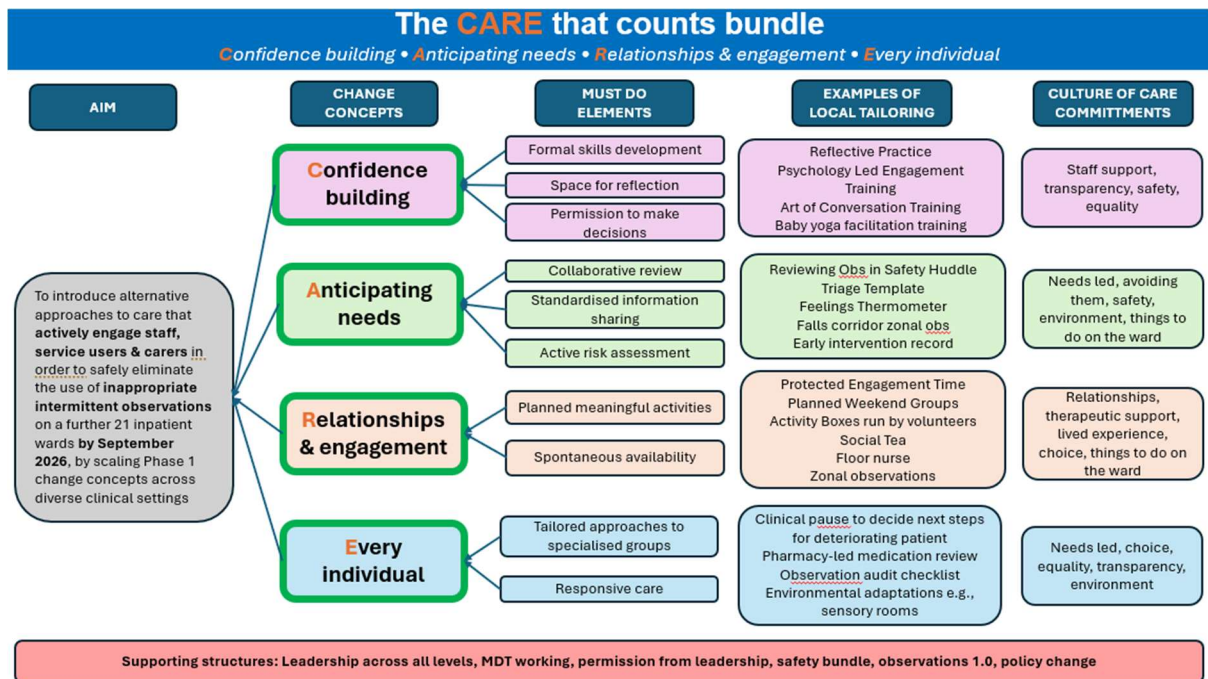


Importantly, these improvements have been achieved without any overall deterioration in safety across the pilot wards. Key indicators, including incidents of violence, restraint, seclusion, rapid tranquillisation, and self-harm, have remained stable, with no concerning increases observed. This provides assurance that reductions in observations can be achieved safely when supported by structured clinical review, clear decision-making processes, and meaningful engagement that maintains appropriate levels of oversight.

Alongside safety outcomes, understanding service user and staff experience has been a key part of assessing the impact of the programme. Feedback co-developed with Experts by Experience, together with structured staff reflections, is being collected to build a clearer picture of how changes are experienced in practice. This work is helping to identify how improvements in engagement, communication, and consistency of care are perceived by both service users and staff. These insights will be shared in future reports and will inform ongoing refinement of the programme as it moves into Phase Two.

Building on the learning from Phase One, pilot wards have now formalised their most effective change ideas into standard operating procedures (SOPs), helping to ensure that successful practices are consistently embedded into everyday ward routines. These have been brought together into a structured change package known as the “CARE that counts” bundle, supported by an accompanying SOP booklet. The bundle provides a practical framework to support the continued use and spread of effective approaches across the Trust and is now being implemented across a further 21 wards.

The CARE that counts bundle focuses on four key areas: building staff confidence to safely reduce observations and engage more meaningfully with patients; anticipating needs through early identification of risk and proactive care planning; strengthening relationships and engagement through both structured and informal interactions; and ensuring care is personalised to each individual. Together, these elements provide a balanced approach that supports high-quality, meaningful care while reducing reliance on restrictive observation practices.



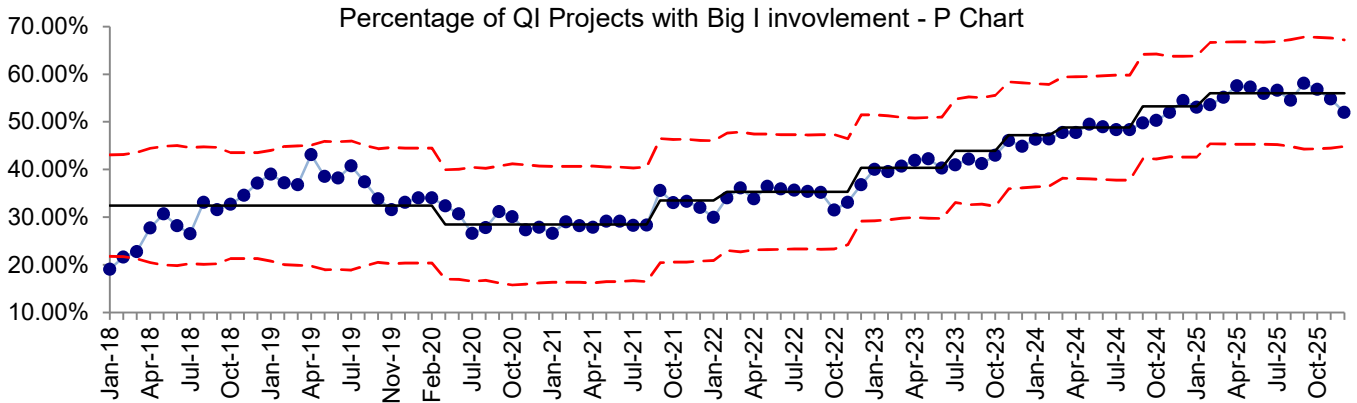
The programme has now transitioned into Phase Two, with a focus on building confidence in the CARE that counts bundle across a wider range of ward types and clinical settings. Ward teams are supported through local learning spaces that enable shared problem-solving and peer support, with each ward identifying local champions to lead implementation. These champions work alongside Improvement Advisors and participate in regular programme-wide learning sessions, helping to share learning, support consistent application, and prepare for wider scale-up across the Trust from September 2026.

Increasing Service User Involvement in QI work

Work has continued to strengthen service user involvement in QI work. The percentage of projects with Big I involvement, where service users are an active member of the project team, has risen to a high of 56%. Several directorates are reporting involvement much higher than this including CHS (96%), Tower Hamlets Mental Health (88%), BCHS (73%), Talking therapies (70%) and Forensics (69%).

This has been strengthened by a focused workstream that has tested several change ideas including relaunching intro to QI for service user and carer training, developing and delivering new content on lived experience on QI training programmes. Additionally, several other high impact change ideas are currently being tested:

- Strengthened sharing between local Improvement Advisors and People Participation Leads
- Sharing involvement numbers at QI forums
- New projects being presented at local working together groups to recruit experts by experience
- Contacting project leads who don't have Big I involvement with further support

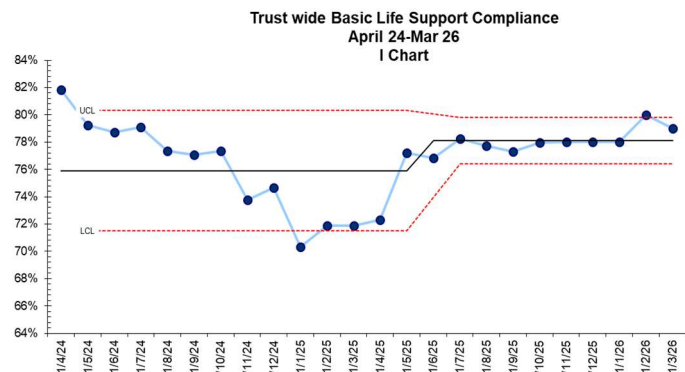
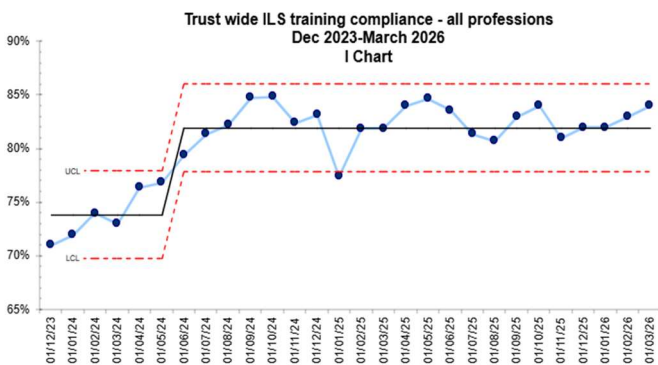


Other work to improve service user experience

Across the trust, a further 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.

A trust-wide resuscitation improvement programme is strengthening four key areas of patient safety in partnership with Directors of Nursing, physical health leads, and the central resuscitation team. Processes for resuscitation equipment stock control, monitoring, and ordering have been redesigned, achieving 100% compliance in essential stock across the trust.

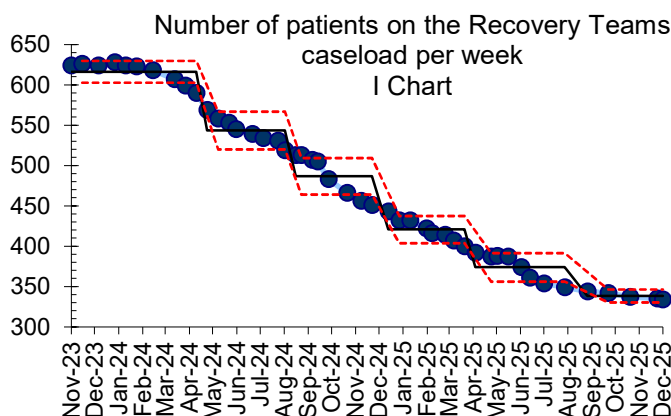
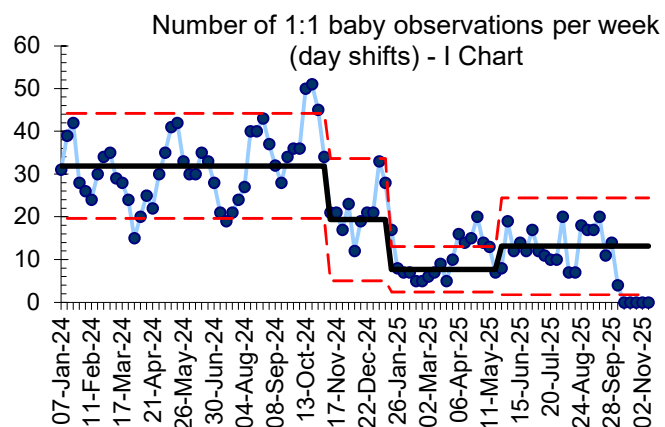
Sustainable simulation training is now established across all London mental health inpatient units, with rollout underway in Luton and Bedfordshire wards. Uptake of simulation facilitation training has increased, expanding the number of qualified simulation leads. Multidisciplinary simulation sessions are being delivered alongside medical physical health champions, and a standardised learning form is being piloted in three directorates to improve how learning is shared trust-wide. Compliance with mandatory resuscitation training is also improving, with Immediate Life Support (ILS) up by 10.81% and Adult Basic Life Support (ABLS) up by 2.63% since the programme began.



In City and Hackney, the mother and Baby Unit have worked to reduce the use of 1-1 baby observations. This project started before the large-scale programme described above, with the team testing a range of change ideas including increasing ward activities, introducing a zonal observation model and a colour coded observation system which outside service users' rooms to clarify the level of observations. Through their work the team saw 59% reduction in the number of 1-1 baby observations from 32 to 13 each week, with service users and staff reporting improved

ward environment. Additionally, the work reduced spend on band 3 and 4 bank staff by 34% each month, saving an estimated £266,000 annually.

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



Improved Staff Experience

Building capability in QI

Building capability and skills in QI is an important part of maintaining a culture of improvement across the trust. Staff, service users and carers can access three main training programmes based on their need for development

The Pocket QI course is a one-day foundation programme available to all staff and service users. It provides practical tools to help participants quickly apply Quality Improvement (QI) approaches to complex challenges in their local settings. The training is delivered across London, Luton and Bedfordshire, with 658 people completing the course in 24/25, an average of 66 each month. 95% of people would recommend the course to a colleague.

The Improvement Leaders' Programme (ILP) is a year-long development programme aimed at strengthening improvement capability within teams working on the Trust's strategic priorities. Launched in October 2025, 124 people graduated from ILP Wave 15. At the end of the course, 96% of people felt prepared to make Improvements in their area of work and 95% of people said they would use QI to do so. There were also improvements across all 23 self-rated skill domains when comparing pre and post data.

The Improvement Coaching Programme is a six-month, hands-on learning experience that prepares staff, service users and carers to take on QI coaching roles. Participants develop advanced knowledge of improvement science while building practical coaching and technical

skills through direct work with project teams. 29 staff and service users graduated ICP Cohort 11, with 94% likely or very likely to recommend the course. Improvements in self-rated understanding and application of QI were shown across all 19 skill domains when comparing pre and post data.

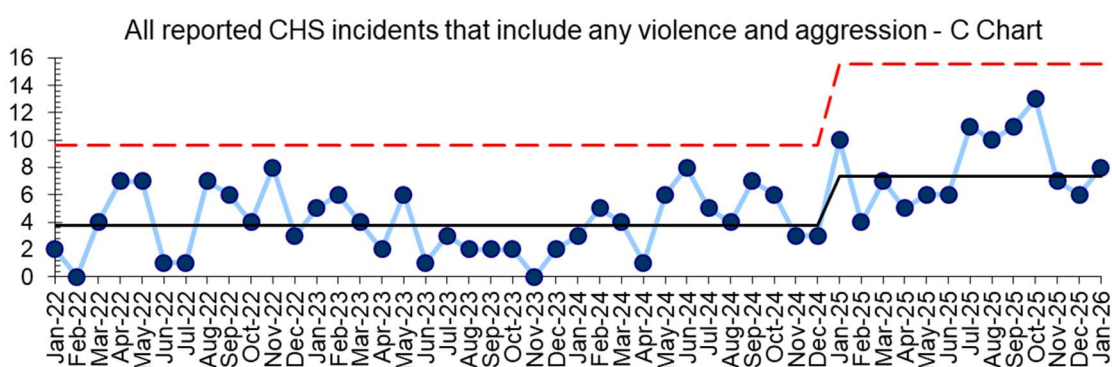
This year all courses have been reviewed extensively to reflect the changing needs of the organisation. Further emphasis on financial viability, population health environmental sustainability has been integrated into the content, and has been co-developed with colleagues from GFGT, the green team and population health.

Using QI to support staff experience

In 2024-25, seven projects using QI to improve an aspect of staff experience successfully finished. These have focused on locally defined challenges including reducing staff time to complete processes, increasing supervision completion, improving staff wellbeing, reducing the impact of racist incidents on staff, increasing learning from safety incidents and increasing satisfaction of newly appointed staff.

On Crystal Ward in Newham, the team focused on improving wellbeing through trauma-informed care approaches. They tested several interventions, including regular reflective practice sessions, training staff in the knowledge and understanding framework to better support service users with complex needs, introducing a safe admission and discharge pack, and creating a wellbeing space during away days. As a result, staff self-reported distress on the ward decreased by 41%.

In Community Health Tower Hamlets, a team worked to improve staff awareness and reporting of safety incidents at work. They tested a communications campaign, warning letters, an InPhase reporting process, and a code of conduct. As a result, monthly incident reporting increased by 94%, rising from 3.8 to 7.4, indicating greater staff confidence in reporting. The work is now being scaled across the directorate, with plans to share learning more widely across the Trust. The code of conduct developed through this work has also been adopted as a Trust-wide policy.



Currently there are 28 active QI projects working on an aspect of staff experience. These have been aligned to the wider staff experience programme across the trust, with the learning from the 7 projects described above also shared.

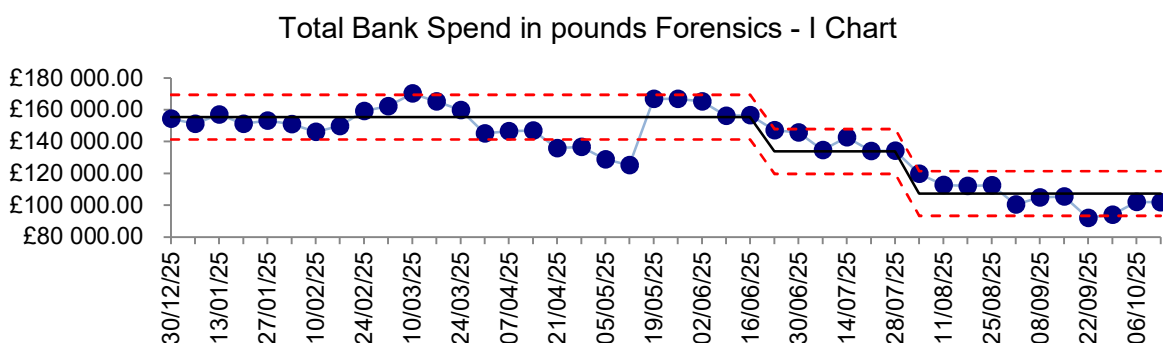
Additional work being led by the Chief Nurse and Chief People Officer that is underpinned by QI methodology is aiming to create a just culture and address overrepresentation of specific staff groups in disciplinary cases. The work is split across three streams: equity, compassionate culture and improving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

- **Equity Workstream**
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**
Planning tool - including a comprehensive checklist aimed at supporting investigating officers with planning and managing their investigations.
- **Compassionate workstream**
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.

Value

Building on the trust's focus towards financial stewardship at the heart of what we do, there has been an increased focused on capturing value from QI work. Several projects are directly using QI to tackle cost improvement. In 2025/26, the projects described below have saved an estimated £2.45million in cost per year

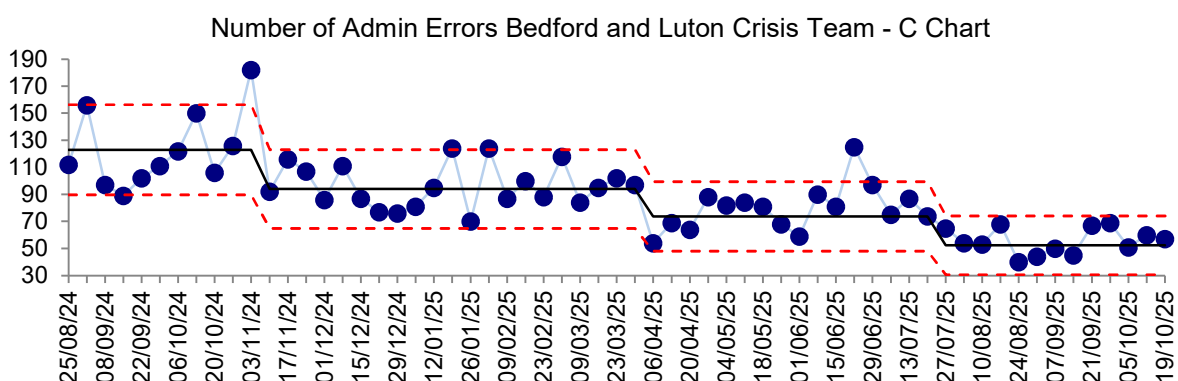
Across forensic services, QI has been used to reduce reliance on bank staff and overall staffing costs. The directorate implemented a range of changes, including targeted recruitment campaigns to reduce substantive vacancies, the use of the Mental Health Optimal Staffing Tool (MHOST) to ensure appropriate ward establishment, and improved oversight of HealthRoster and shift planning, including proactive annual leave scheduling. As a result, bank spend has reduced by 30%, falling from an average of £155k to £107k per week. This represents an estimated saving of £47k per week, or approximately £2.4 million per year.



A team from the Psychiatric Liaison Service in Bedford and Luton used QI to increase the number of patients on clozapine referred within 48 hours of hospital admission. Missing clozapine for 48 hours or more requires re-titration and can lead to an average 17-day hospital stay. The team introduced changes including electronic prescribing prompts, clinical alerts, patient information, and staff training. As a result, timely referrals improved from 50% to 100%, and the interval between missed referrals increased from 7 to 35 days. This work is estimated to have saved £40,000 by preventing hospital admissions for re-titration in six patients.

In Newham, a pharmacy team has been working to reduce medication waste and overall spend. They have tested three key changes: safely returning and reusing unused ward medications, strengthening collaboration with Community Recovery Teams to use existing depot medications and avoid duplicate ordering, and optimising on-site dispensing by using inpatient supplies or patients' own medication for discharge and leave. Together, these improvements have already generated an estimated £12,000 in savings.

Other work has focused on realising value from improving an aspect of productivity or reducing staff time spent on tasks. For example, the administration team within the Bedford and Luton Crisis service has been working to reduce errors recorded on RiO, including incorrect discharge destinations, inaccurate referral dates and times, and wrong appointment details. To address this, the team tested a range of improvements such as targeted training for administrators, step-by-step prompt sheets to support key processes, and additional training for clinical staff. Errors have reduced by 58%, falling from 123 to 52 per week. This improvement is estimated to release the equivalent of 34 days of staff time per year, allowing colleagues to focus on higher-value tasks.



2.2. Quality Priorities for the coming year – looking forward to 2026/27

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. Priorities continuing from 2025/26 include

- Large Scale Programme on Observation to Engagement: Delivery of Phase 2 and 3 of the programme to support successful change ideas to scale across all inpatient units across the trust by March 2027.
- The ongoing use of ILP and ICP and delivery mechanisms for the new trust strategy

2.3 Participation in Clinical Audits

2.3.1 National Audit

During 2025/26 ELFT participated in seven national clinical audits and no national confidential enquiries of those it was eligible to participate in and covered health services ELFT provide. The national clinical audits that ELFT participated in during 2025/26 are listed below along with the organisation that relevant data was submitted to, and the number of cases submitted to each audit. Each national audit is assigned a clinical lead who oversees and supports data collection and is responsible for sharing back audit findings and identifying actions for improvement.

Audit		Trust Participation		National Participation	
		Teams	Submissions	Organisations	Submissions
Prescribing Observatory for Mental Health UK (POMH-UK) Topic 24a: Opioid Medications in Inpatient Mental Health Services	Royal College of Psychiatrists	36	78	64	2128
POMH-UK Topic 18c: Use of Clozapine	Royal College of Psychiatrists	13	193	61	8906
Prescribing Observatory for Mental Health UK (POMH-UK) Topic 20c: Improving the Quality of Valproate Prescribing in Adult Mental Health Services	Royal College of Psychiatrists	25	69	59	4239
POMH-UK Topic 22b: Use of Medicines with Anticholinergic (Antimuscarinic) Properties in Older People's Mental Health Services	Royal College of Psychiatrists	5	41	Report due April 2026	Report due April 2026
National Audit of Eating Disorders: Mapping Audit	Royal College of Psychiatrists	6	6	200	277
National Audit of Cardiac Rehabilitation	University of York	1	1,353	184	29,494
National Audit of Dementia: Service Mapping Exercise	Royal College of Psychiatrists	7	7	Report not yet published	Report not yet published

Learning from National Audits

Once the reports for each audit are published, the findings are reviewed and reflected on locally by teams before being taken to the relevant service level and committee meetings.

The reports of four national clinical audits were reviewed by the provider in 2025/26 and ELFT intends to take the following actions to improve the quality of healthcare provided.

POMH-UK 24a - Opioid medications in inpatient mental health services

Topic	Number of Participating Teams	Total Number of Cases Submitted
24a (2024)	36	78

The findings were shared with the Trusts Chief Medical Officer and both Deputy Chief Medical Officers and presented at Medicine Committee. The discussion reflected that the audit findings for ELFT were consistent with national results and for some standards such as ECG for patients prescribed methadone and antipsychotics, ELFT results were better than the national sample therefore no follow up action was required.

POMH-UK 18c - The use of clozapine

Topic	Number of Participating Teams	Total Number of Cases Submitted
18a (2018)	5	144
18b (2020)	Did not participate	Did not participate
18c (2025)	13	193

A webinar was held to discuss the audit findings and next steps in response. The discussion and action plan regarding addressing areas of lower compliance. For people started on clozapine during an inpatient stay there should be consideration of implications for dosage of any changes in smoking status on discharge – this was the area of lowest compliance for ELFT resulting in the group identifying an action to send reminders to staff to notify the smoking cessation team via referral or lifestyle assessment forms.

POMH-UK 20c - The quality of valproate prescribing in adult mental health services

Topic	Number of Participating Teams	Total Number of Cases Submitted
20a (2020)	30	48
20b (2022)	8	20
20c (2025)	25	69

The Trust Medicine Safety Officers held a webinar to present and discuss the findings of the audit with local leads across directorates. A Trust wide action plan was developed to address areas of lower compliance and focus on consistency and documentation. A subsection within the policy has been introduced to cover monitoring requirements to improve clinician awareness and standardise monitoring expectations. To align with Trust physical monitoring work stream ELFT will integrate valproate monitoring requirements into the developing Trust-wide physical health monitoring framework to ensure sustainability and consistency. In terms of standardising

valproate counselling for male patients, a digital RiO valproate counselling checklist has been introduced for male patients to standardise and support consistent documentation of counselling for all male patients, regardless of age. Completion of the checklist will be monitored via Power BI, providing oversight and supporting ongoing quality improvement.

National Audit of Eating Disorders (NAED)

Eating Disorder service leads have attended NAED QI shared learning sessions post audit. The NAED mapping exercise highlighted that waiting times for adult community care reach up to 700 days nationally. ELFT services report having waiting list interventions for service users including Dietetic Psychoeducation Groups offered to all, monthly newsletters sent to all pointing to resources and offering tips on how to navigate potential situations each month (e.g. Ramadan and Christmas in those months). Ongoing QI projects include focused work on increasing referrals from South Asian communities who are underrepresented. FREED (First Episode Rapid Intervention for Eating Disorders) an early intervention / rapid access stream is also in place for people under 25 to be assessed within 2 weeks and treated within 4 weeks, as well as priority for certain groups including perinatal service users.

National Clinical Audit of Psychosis (NCAP)

The NCAP recently moved to using routine data pulled via Mental Health Services Data Set (MHSDS). ELFT identified a need to establish a Trust wide working group to understand the best approach to capturing clinical activity via RiO to enable data to flow through the relevant processes for the NCAP audit. While a range of NCAP related activity is already captured within RiO, further decisions are required to ensure certain activities are recorded in a structured and consistent way. The Trust wide working group includes representation from Early Intervention Services across East London, Bedfordshire & Luton, CAMHS, and RiO and digital and analytics colleagues. The group is progressing this work and meets on a monthly basis. ELFT colleagues have liaised with London Early Intervention Network colleagues who have indicated similar data flow challenges and a meeting is being arranged to discuss further which will include ELFT data and analytics representatives. ELFT has also contacted NCAP to find out if they can share learning from other providers successfully flowing data for the audit.

2.3.2 Performance against the NHS England Learning Disability Improvement Standards

The NHSE and NHSI Learning Disability Improvement Standards were launched in 2018 by NHS Improvement to ensure the provision of high quality, personalised and safe care from the NHS for the estimated 950,000 adults and 300,000 children with learning disabilities as well as the 440,000 adults and 120,000 children with autism across England. These standards were designed together with people with learning disabilities, autistic people, family members, carers and health professionals, to drive rapid and substantial improvements to patient experiences and equity of care. (National Benchmarking Network).

The four standards that Trust's performance is measured cover:

1. Respecting and Protecting Rights
2. Inclusion and Engagement
3. Workforce
4. Specialist Learning Disability Services

The first three standards are universal and apply to all areas in all Trusts submitting a completed benchmarking tool. The fourth standard applies specifically to Trusts commissioned to provide specialist services to meet the needs of people with a learning disability and autistic people. There

is a data collection tool that is provided to bring together both qualitative and quantitative data. In addition, there is a staff survey and a service user survey that are distributed across participating teams.

The Trust receives a bespoke report from the NHS Benchmarking Network which demonstrates both compliance with the standards and also data that reflects where ELFT are performing in comparison to other Trusts across England.

The 2024/25 results have been made available to the Trust – the survey for 2025/26 was recently completed. At this time, it's unclear whether this survey will continue following the most recent data collection due to the largescale changes within NHS England and the merger into DHSC.

Progress has been seen in the implementation of the Mandatory Training for Learning Disability and Autism, where tier 1 and tier 2 are available to all Trust staff. Tier 2 is now available for Trust staff within North East London services. NHS North East London Integrated Care Board are coordinating roll-out and places are allocated on a first come, first served basis. This is an improvement on last year's report where tier 1 was previously only available to the target audience and tier 2 was only available for Trust staff within Bedfordshire and Luton services where inpatient mental health staff were prioritised to receive the training.

The Trust is working with digital partners to develop a Care & Treatment Review (CTR) banner within the electronic patient record system Rio. This will identify patients admitted to inpatient services with a diagnostic code of learning disability and/or autism and prompt clinical staff to refer to the appropriate commissioning manager to start the CTR process. This aligns with the mandatory training offer to increase awareness of what having a Learning Disability or Autism means and the additional support available to manage admission through the CTR process. ELFT are within the 82% of Trusts to have signed the Stopping the Overmedication of People with a Learning Disability & Autistic People (STOMP) pledge and within the 51% of Trusts to have completed STOMP audits. There is a STOMP clinical improvement network in development within the Trust to support further learning taken from STOMP audits and related work.

2.3.3 Trust Clinical Audit Activity

During 2025/26 the Quality Assurance team continued to facilitate the Trust-wide Clinical Audit programme. Audits were conducted in three cycles that took place in June 2025, October 2025, and February 2026.

The Clinical Audit Programme consists of a mixture of pharmacy-related audits, infection control audits, and directorate specific audits. All audits are listed below along with a breakdown of where they are reported to.

Audit Priority	Lead Committee	Frequency
Controlled Drugs Audit	Medicines Committee	Quarterly
Domiciliary Settings Controlled Drugs Audit		
FP10 Audit		
Safe and Secure Handling of Medication Audit	Medicines Committee	Twice annually

Transcribing Procedures Audit		
Clinical Use of Medicines Audit (Inpatients and CMHTs)	Medicines Committee	Three times per year
Infection Control Audit	Infection Control Committee	Three times per year
Individual Directorate Audits (NICE/Record Keeping Standards)	Directorate Quality Meetings	Three times per year

The following three audits were added to the Clinical Audit Programme managed by the QA team in October 2025:

- Domiciliary Settings Controlled Drugs
- FP10
- Clinical Use of Medicines (CMHTs)

Domiciliary Settings Controlled Drugs audit, completed by Community Health Services, was previously carried out on MS Forms. The audit was transformed to InPhase to allow for more robust reporting and Trust oversight. FP10 audit, completed by Community Mental Health Services, Community Health Services and Crisis Services, was introduced to provide stronger assurance against how the Trust uses and stores FP10's across the organisation. It is also available on InPhase. Both audits are audited quarterly together with the Controlled Drugs Audit, as per regulatory requirements.

Clinical Use of Medicines (CMHTs) is completed by Community Mental Health Services. The audit was introduced to provide stronger assurance around the safe clinical use of medicines within community mental health teams to assure patient safety. It is audited three times per year, and it is also available on InPhase.

The Trust has a clear process for learning and improvement through the clinical audit programme. After each audit cycle, teams are expected to discuss their results and agree on actions.

Below are a sample of learnings and improvement from audit results during the 2025/2026 financial year.

In the Bedfordshire and Luton Mental Health directorate, the audit results showed that some of the ward teams did not offer at least 8 sessions of structured therapeutic activity per week. As a result, the teams started individual occupational therapy sessions with life skill recovery workers joining to ensure service users could get structured therapeutic activity. In addition, the audits results for the community mental health teams revealed that safety plans needed to improve. The quality and governance lead started working with the operation managers to improve the internal processes so that the safety plans get updated on regular basis.

The Bedfordshire Community Health Services directorate identified recording capacity, initial assessment, and carer involvement as an area for improvement for some of the teams. As a result, the directorate has designed training sessions for staff members on the completion of the holistic template.

The Tower Hamlets Community Health Services directorate focused on improving two areas: clinical documentation relating to Mental Capacity Assessments (MCAs), and record-keeping associated with discharge discussions and safety netting. In response, the

directorates designed targeted in-house training for staff to reinforce knowledge of MCA requirements, provide practical examples, and address common documentation errors. In addition, regular reminders, ongoing training sessions, and peer-support systems were introduced to encourage consistent completion of MCA records. To improve compliance with record-keeping for discharge discussions and safety netting, the directorate updated its discharge letter template to include clear information on how patients can re-access the service via self-referral.

The Specialist Children and Young People's Services directorate identified two areas for improvement: sending requests for information to GPs prior to the Health Assessment, and completing assessment reports within departmental standards. To increase compliance, the directorate provided training to two administrators, who are now able to monitor GP requests and the receipt of information. To address the second area for improvement, the directorate implemented a RAG-rated tracker, which highlights children who have completed therapy but are awaiting a report. The ratings (green, amber, or red) indicate how close each case is to the 14-day key performance indicator (KPI).

For the clinical use of medicines audit a Trust wide project is looking at the discharge checklist. The form has been built into the test environment on RiO and will be taken to the task and finish group before being piloted. Once approved this will be rolled out across the Trust, estimated to be September. The checklist will encompass medication at discharge, high risk medication, safety netting, referrals to corresponding clinics and discharge medication service referrals.

In Tower Hamlets Mental Health directorate work was undertaken to ensure the directorate standards were reflective of current quality priorities and as streamlined as possible. A new directorate audit was introduced with standards covering next of kin details being recorded on RiO and children's details being recorded under the family household section on RiO when applicable. Audit results are discussed in local performance and governance meetings as well as senior managers and clinicians meetings. Compliance against both standards was low which led to the directorate agreeing to instate a task and finish group to reconsider current processes and how improvements can be made. Tower Hamlets local governance lead is offering training on how to document data on RiO to support staff. Consideration is also being given to how information is recorded on RiO if the patient refuses to provide details or does not have a next of kin.

2.3.4 Service User Led Accreditation

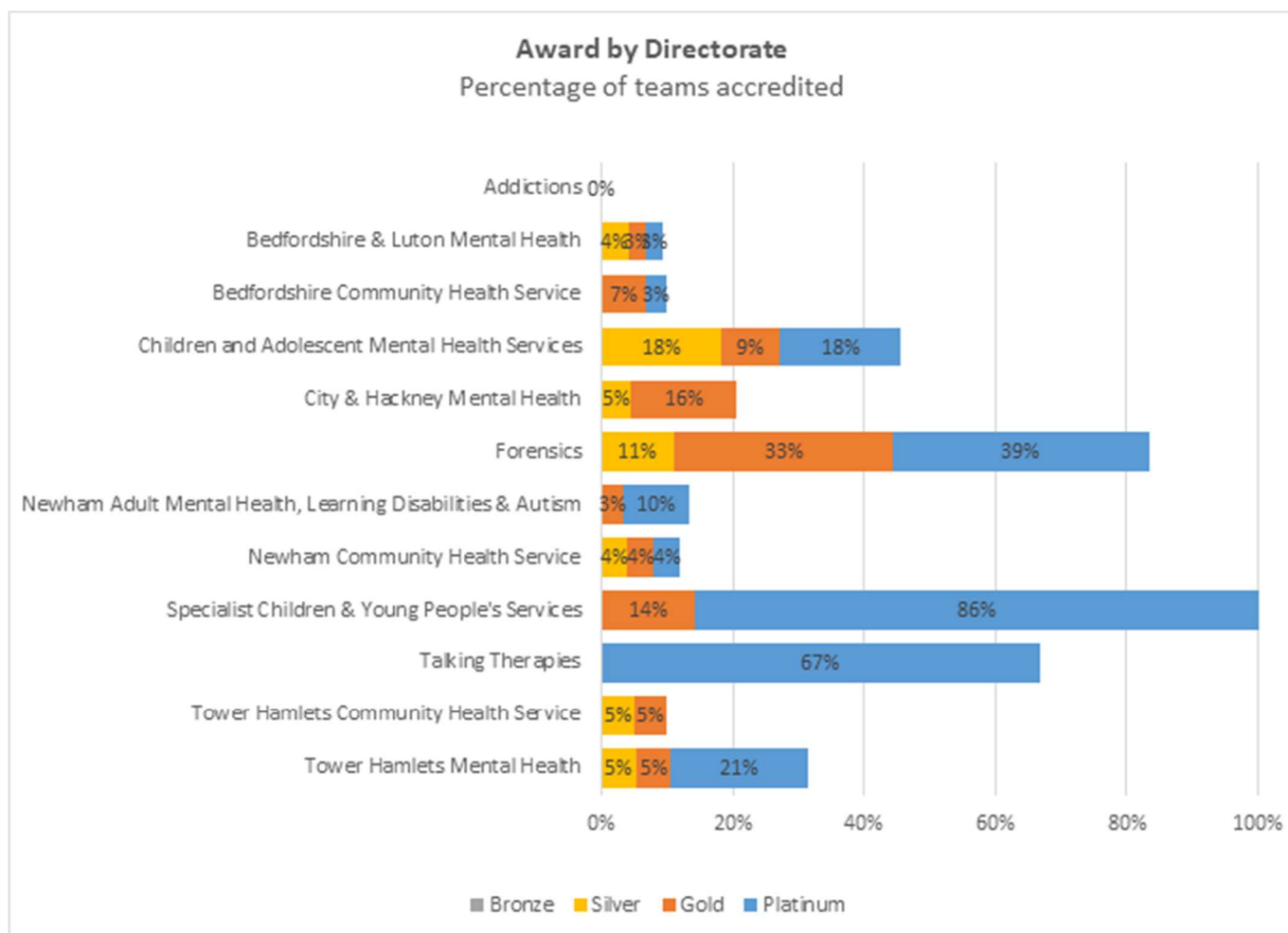
The Trust's internal Service User Led Accreditation programme, launched in 2019, has continued in 2025/26. The process consists of a self-assessment against service user defined standards of excellence, followed by a visit from service user assessors to test the self-assessment and assess how well services are meeting the standards. Following the visit, an Accreditation Panel awards the service Gold, Silver or Bronze depending on the number of standards met during the assessment visit.

Services that do not meet the required 70% of standards are offered a package of support to work towards accreditation. The service is invited back to the panel once improvements have been made, and they can provide evidence of meeting the required number of standards.

A total of 114 teams have been awarded in the programme.

Outcome of assessments

The current accreditation awards by directorate are summarised below.



A total of 19 services were accredited in the Service User Led Accreditation programme between April 2025 and March 2026. Over the year, we focused on increasing participation among East London inpatient services, particularly within City & Hackney. As a result, 4 teams achieved accreditation for the first time and 4 teams achieved reaccreditation with another underway. We aim to build on this in the next financial year, with wards in Forensics, Tower Hamlets and Newham planning to participate.

We are continually reviewing how we engage teams in the programme and have been running cycles of the programme throughout the year targeted for specific service types, encouraging peer support and learning. Each cycle includes specific support sessions co-delivered with service users to encourage teams through the programme and provide additional support. We have seen positive results from this approach particularly among the City & Hackney inpatient teams, where the teams used the dedicated space to expand on how standards can be evidenced specifically within their services, discuss local initiatives or project across their directorate, and share ideas on how best to host their accreditation visits.

In the next financial year, we aim to further improve participation from Bedfordshire and Luton Mental Health and Community Health Services. We are engaging with the team leads to support planning and understand possible barriers in their participation.

Our service user and carer involvement continues to grow with 18 assessors trained between April 2025 and March 2026. We are continuing our strategy to improve the representativeness of our assessor group across the Trust's diverse geography across East London and Bedfordshire and also diverse services including CAMHS and Learning disabilities. We have adapted the programme to better include these groups by sharing meeting information and slides in advance, tailoring resources such as posters and information pack based on feedback from People Participation, attending Working Together groups to understand barriers to involvement, and offering flexible, alternative ways for services users and carers to take part.

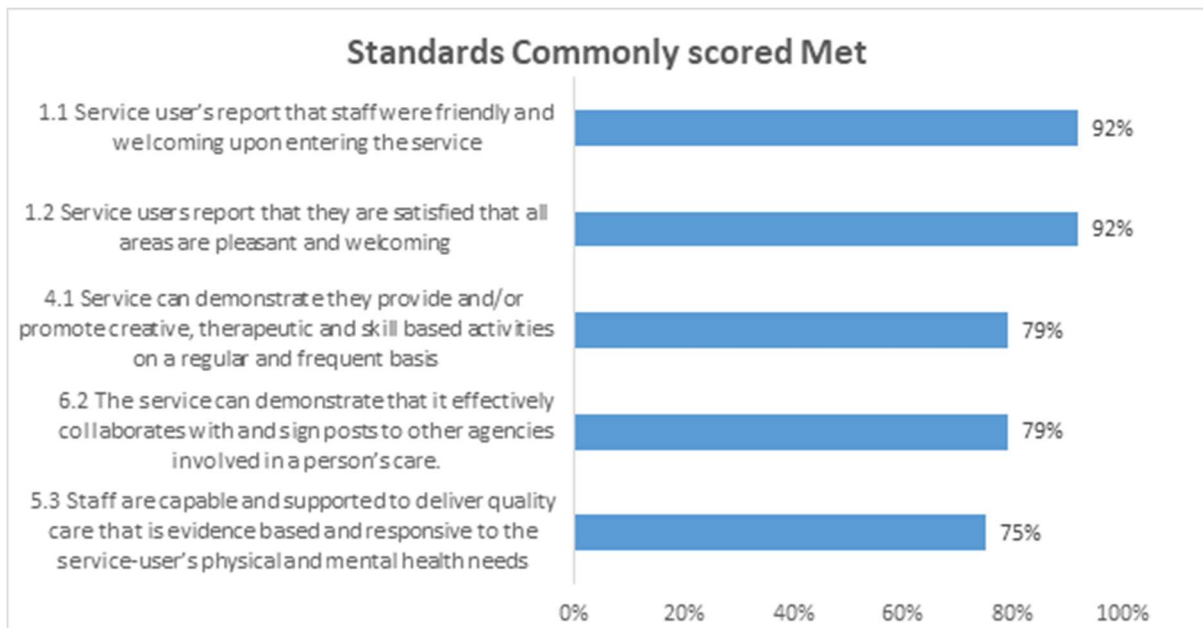
Impact and learning of the programme

For the teams participating during 2025/26 the standards most frequently scored 'met' are part of the 'Open and Welcoming' domain. These are standard 1.1 'Service user's report that staff were friendly and welcoming upon entering the service' (92% of teams scored 'met'), and standard 1.2 'Service users report that they are satisfied that all areas are pleasant and welcoming' (92% of teams scored 'met'). Service users and carers expressed a strong sense of welcome and comfort, describing staff as friendly, inclusive and supportive with clear explanations and guidance provided, including welcome packs. The environment was described as clean, tidy and well signposted. Assessors observed a calm atmosphere and service users had access to relaxation room, sensory room and outdoor spaces. On some sites, environmental reviews were conducted by Patient-Led Assessments of the Care Environment (PLACE).

In the 'Creative' domain – standard 4.1 'Service can demonstrate they provide and/or promote creative, therapeutic and skill-based activities on a regular and frequent basis (79% of teams scored 'met'). Assessors heard that services offer creative and physical activities, such as art, music, dance and exercise to support wellbeing, independence and confidence. Group activities including gardening, walking and table tennis are available, promoting social connection, and are delivered on wards or in local facilities. Clear information and signposting are provided through notice boards, accessible leaflets and discussions, ensuring support is person-centred and based on individual needs

In the 'Aiming for Excellence' domain – standard 5.3 'Staff are capable and supported to deliver quality care that is evidence based and responsive to the service-user's physical and mental health needs' (75% of teams scored 'met'). Staff reported receiving regular training and being supported through daily safety huddles, wellbeing hubs, monthly reflective practice and away days where issues can be discussed. Assessors saw evidence of ongoing management support and heard that service users and carers are supported to engage in research.

In the 'Reaching Out' domain – standard 6.2 'The service can demonstrate that it effectively collaborates with and sign posts to other agencies involved in a person's care' (79% of teams scored 'met'). Teams evidenced this through effective signposting and referrals to social care, GPs and other community services, as well as access to spiritual support representing a wide range of faiths, demonstrating a robust approach to collaboration.



On the other hand, the standard most commonly 'Partially met' and 'Not met' is part of the domain 'Aiming for excellence'. In particular, Standard 5.2 'The Service can demonstrate Service User involvement in a Quality Improvement project they are currently doing or have completed in the past' was unmet in 54% of assessments. Assessors recommended carers and service users to become active members in the teams' improvement work, promoting 'Big I' involvement.

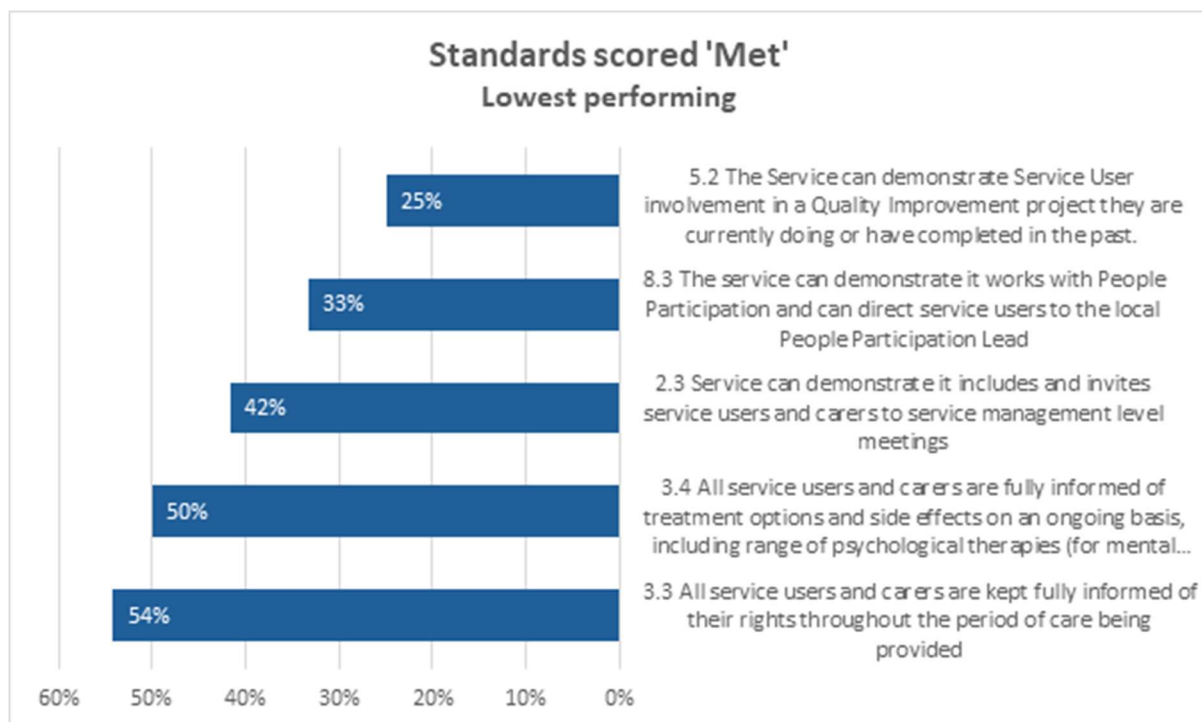
In the 'Open and Welcoming' domain, standard 1.3 Service provides information to service users and carers about the team/service/ward (29% of teams scored 'Partially met' and 'Not met'). Most teams have information pack available to new service users, however some service users and carers reported they did not receive it. In response, Joshua Ward, Gardner Ward and Ruth Seifert Ward in City & Hackney Mental Health have strengthened their record-keeping processes ensuring that clinical notes clearly documented when welcome packs are shared. This improvement supports a better experience for service users and carers and smoother admission into the service.

In the 'Using Our Experience' domain, standard 2.3 Service can demonstrate it includes and invites service users and carers to service management level meetings (42% of teams scored 'Partially met' and 'Not met'). Assessors heard teams actively seeking for feedback about their care, however some teams did not have an embedded process to involve service users and carers in management level meetings. Recognising this, teams offer alternatives forums to participate in decision making, such as Community Improvement Group, Food Committee meetings, and are working to support young people being confident to attend Senior leadership meetings.

In the 'Recovery Focused' domain, standard 3.4 'All service users and carers are fully informed of treatment options and side effects on an ongoing basis, including range of psychological therapies' (29% of teams scored 'Partially met' and 'Not met'). Services users expressed that they were aware of their treatment plan, however some did not recall information about side-effects or alternatives treatments. Services have improved access to medication leaflets on site and information sharing about alternatives therapies in the service users' preferred mode of communication. And, for inpatients services, Pharmacists are available on the day of the Assessment to discuss medication queries. MSK Physiotherapy in Newham Community Health Service responded proactively to this finding. The team developed a new leaflet providing clear

information on available treatment options which is now shared during the first session to support informed decision-making.

In the 'Inclusive' domain, standard 8.3 The service can demonstrate it works with People Participation (PP) and can direct service users to the local People Participation Lead (46% of teams scored 'Partially met' and 'Not met'). To address this, teams have improved awareness and information sharing about People Participation, displaying posters on site, referring service users to PP via email and inviting PP Lead to forums such as community meeting so they can explain the benefits of being involved.



Improving the process

We regularly collect feedback from clinical services and from service users and carers assessors to strengthen the programme collaboratively.






An area we actively work on is addressing feedback from clinical teams, particularly to improve accessibility and participation. Learning disability services participated in the programme during 2025/26 and highlighted the need to adapt interview questions and create additional resources to collect feedback from their service users. As a result, the accreditation visits were restructured to allow more time in the feedback sessions, included observational practices and a more methodical review of the environment.

A continuous focus of the programme is strengthening co-production with service users and carers. We have continued to host regular sessions to support assessors to connect and remain informed. The quarterly 'Assessors Together' meetings provide opportunities to build relationships among assessors, share ideas and receive updates on the programme and changes across the Trust. From these discussions and to strengthen collaboration, a Lead Assessor co-delivered 'Lead Assessor Training' in May 2025 and assessors are co-facilitating the support sessions for clinical teams throughout the year.

Further work has been done to improve the quality of the Accreditation panels such as Assessors presenting a summary of discussion at Assessors Panel to the Accreditation Committee. Following positive feedback from the Committee, this is now embedded into practice. This supports assessors develop public speaking skills, build confidence and clearly explain the reasoning behind their scorings.

2.3.5 External Accreditation

Many wards and teams within the Trust are Members and are participating in the Royal College Quality Networks.

Accreditation scheme	Location	Members
	Bedfordshire & Luton	Ash Ward Onyx Ward Willow Ward
	Bedfordshire & Luton	Luton Child and Adolescent Mental Health Service
	City and Hackney	Child and Adolescent Mental Health Service
	Newham	Child and Adolescent Mental Health Service
	Tower Hamlets	Child and Adolescent Mental Health Service (CAMHS)
	Bedfordshire & Luton	Evergreen Unit
	East London	Coborn Centre GAU Galaxy Ward, Coborn Centre
	Tower Hamlets	Bethnal Green Community Mental Health Team
	Bedfordshire & Luton	ECT Suite
	Tower Hamlets	ECT Clinic

 	Bedfordshire & Luton	Luton Memory Assessment Clinic
	City and Hackney	City and Hackney Memory Service
	Newham	Neham Diagnostic Memory Clinic
	Tower Hamlets	Tower Hamlets Diagnostic Memory Clinic
 	Bedfordshire & Luton	Bedford Psychiatric Liaison Service
	Tower Hamlets	Tower Hamlets Mental Health and Psychological Medicine Team
 	Trust wide	East London NHS Foundation Trust
 	Community	
	City and Hackney	City and Hackney Perinatal Outpatient Service
	Tower Hamlets	Tower Hamlets Perinatal Service
	Inpatients	
City and Hackney	Margaret Oates Mother and Baby Unit	
 	Bedfordshire & Luton	Jade Ward
 	Forensics (East London)	Shoreditch Ward Clerkenwell Ward
 	Forensics (East London)	John Howard Centre

 	Bedfordshire & Luton	Luton and South Bedfordshire Crisis Team
	City and Hackney	Home Treatment Team
	Tower Hamlets	Home Treatment Team

2.4 Research and Innovation

ELFT's mission is to improve the quality of life for all we serve. The Research & Innovation (R&I) function supports care services to drive continuous improvement and sits within a broader innovation portfolio, including Quality Improvement, service evaluation, trainee projects and externally funded research grant programmes, aligned to the needs of clinical services.



Research underpins modern healthcare, shaping diagnosis, treatment and care, and contributing to improved patient outcomes. Evidence shows that research-active trusts achieve better outcomes, with benefits seen from individual patients to the wider population. Research helps identify which treatments are most effective, supports the discovery of new therapies, and ensures existing treatments are used in the best possible way. It also addresses gaps in knowledge and informs how healthcare professionals work, while offering patients access to innovative treatments through participation in studies.

Recruitment into research studies in 2025/26 decreased compared to the previous year, with 509 participants enrolled across 31 studies on the Department of Health and Social Care's (DHSC) National Institute for Health Research (NIHR) portfolio^{1 2}. This was partly due to a pause in recruitment support from Trust-employed research staff while clarifying the legal basis for accessing patient information. Through engagement with key stakeholders, the R&I department developed a Standard Operating Procedure (SOP) to clarify its position. The SOP confirms that research staff are considered part of the care team for recruitment purposes, ensuring this activity is lawful and information governance compliant.

A research hub in Bedfordshire and Luton

ELFT has expanded research capacity through the development of the Luton and Bedfordshire Research Hub. Established through R&I's academic partnership with the University of Cambridge, the hub addresses previous inequalities in research activity across the Trust and increases opportunities for staff and patients to participate. It has strengthened engagement, supported a more collaborative research culture, and increased research activity, with the Luton and Bedfordshire region now contributing at levels comparable to East London sites. This enhances overall research capacity and enables the Trust to support a broader and more diverse range of studies.

¹ The NIHR was established in 2006 to "create a health research system in which the NHS supports outstanding individuals, working in world-class facilities, conducting leading-edge research focused on the needs of patients and the public". It is funded by the Department of Health and Social Care. Working in partnership with the NHS, universities, local government, other research funders, patients and the public, the NIHR funds, enables and delivers health and social care research focused on early translational research, clinical research and applied health and social care research.

² NIHR Clinical Research Network (CRN) support is available to all studies, regardless of location, study type, study size, therapy or research area, provided they meet the [Department of Health and Social Care established eligibility criteria](#). Those that do are considered part of the *NIHR Portfolio*.

Research Infrastructure to Support Genomic Studies

In line with the NHS 10-Year Health Plan, ELFT has strengthened its research infrastructure to support the growing role of genomics in improving diagnosis, treatment and patient outcomes. A Genomics Forum was established to support the development and oversight of genomic research and clinical activity within the Trust. External funding has enabled two new research laboratories, expected to be operational in May 2026, with staff trained to support rapid sample processing. This will enable participation in a wider range of genomic and biomarker studies, supporting more personalised care.

Innovative mental health care service delivery

ELFT is implementing a neighbourhood-based model of mental health care through the Barnsley Street Neighbourhood Mental Health Centre in Tower Hamlets, one of six pilot sites funded by NHS England. Based on the Trieste community care model, the service provides 24/7 support as an alternative to inpatient care for people experiencing mental health crises. Alongside the national programme, a local evaluation conducted by the R&I function, is examining patient experience, therapeutic relationships and service delivery, including outcomes for those accessing alternatives to admission. Early findings will contribute to a broader understanding of this approach, and it is envisaged that the results will inform future service development and policy both within the Trust and nationally.

Service users at the heart of research

ELFT has strengthened its commitment to service user involvement in research through the North-East London-wide Service User Led Participation and Research Collaborative (SPARC), delivered in partnership with North East London NHS Foundation Trust. The collaborative brings together service users and carers to ensure that lived experience shapes research priorities, design and delivery. It operates through two groups: one providing input across the research cycle to projects requiring lived experience input, and another leading lived experience-led research. This supports more inclusive and relevant research and strengthens the role of lived experience in shaping future research activity.

2.5 Regulatory compliance - Care Quality Commission (CQC) Inspection

East London NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is 'Registered with no conditions applied'.

The Care Quality Commission has not taken enforcement action against East London NHS foundation Trust during 2025/26.

The Trust has received inspections to 5 core services, during 2025/26. These include:

- Community based mental health services for adults of working age (November 2025)
- Mental Health Crisis Services and Health-Based Places of Safety (November 2025)
- Acute mental health wards for adults of working age and psychiatric intensive care units (December 2025)
- Community health services for adults (January 2026)
- Child and adolescent mental health wards (March 2026)

Across these inspections, 68 services have been inspected across Tower Hamlets, Newham, Hackney and Bedfordshire. These inspections will form part of a Well Led inspection, with further activity planned for June 2026.

None of the inspection reports have yet to be published by CQC, however written high-level initial feedback has been received for all. The Trust taking steps to improve based on the feedback provided so far.

Positive practice

Excellent collaboration with stakeholders

- In community health services, "there was excellent collaboration with stakeholders across the service. In Luton and Bedfordshire, this included joint work through the ambulance Stack programme. In Tower Hamlets, initiatives such as the 'I am a GP in Tower Hamlets' podcast and web page helped share information and raise awareness about community health services. In Newham, staff have also undertaken quality improvement work focused on strengthening communication with GPs".
- In inpatient mental health services, "We saw good local partnership working both within the trust and with external agencies, for example substance misuse services."
- Across crisis services "We saw positive examples of staff working with local communities and voluntary sector agencies to provide tailored support for people using services."
- In CAMHS "The MDT meetings CQC attended were collaborative, constructive, and clearly focused on the best interests of the young person. Staff worked well together, demonstrating a shared commitment to delivering person-centred care."

Caring and Compassionate staff

- In community health services, "Staff were caring, consistently going above and beyond to provide holistic support for patients. This was reflected in the positive feedback from our Expert by Experience and our own observations onsite".
- In inpatient mental health services, "We observed some relaxed, respectful and caring interactions between staff and patients. Staff demonstrated awareness around the needs of autistic people, people with learning disabilities and other vulnerable groups, such as the transgender patients who were cared for on some wards".
- In community mental health services there was good integrated care with primary care and the voluntary sector, with proactive outreach especially to marginalised groups.

Support for staff

- In community mental health services, staff were universally positive about managers and feeling supported.
- In crisis services “Staff gave positive feedback about local leadership, and we saw examples of flexible working and support offered to staff”.

Areas for improvement

Recording of supervision and mandatory training compliance

- In inpatient mental health ward “We noted some variable rates of mandatory training (notably Basic Life Support (BLS)), supervision and appraisal compliance. For example, BLS training compliance on Globe, Roman, Millharbour and Joshua wards was 60%; breakaway training on Gardner 33%; and 27% supervision on Millharbour Ward”.
- In community health services, ““Supervision compliance was below 80% for October – December 2025”. Some mandatory training compliance was low – Basic Life Support compliance was below 80% in Newham and Tower Hamlets and Newham also had low compliance rates in medicines management and patient handling”.

Availability/accessibility of Information

- In community health services, “Across all teams, improvements were needed to make patient information more accessible. For example, leaflets in Newham were not available in other languages. Tower Hamlets had some translated materials but acknowledged this remained an area for development”.
- In inpatient mental health services, “There was inconsistent awareness and visibility of advocacy provision, and not all wards displayed signage to say that informal patients could leave”.

Environment and Estate

- In inpatient mental health services “We found multiple environmental issues across the wards, most evident at Tower Hamlets and City & Hackney. There were ongoing pest infestations that the trust was aware of and addressing with mixed results. Patients and staff at Tower Hamlets and City & Hackney shared their concerns about shower and toilet facilities. Because showers and toilets were communal on most wards, this meant that any issues had a negative impact on multiple individuals. Some of the things we saw and were told about included a foul smell in the seclusion room at Tower Hamlets. Some London wards had limited outdoor access and natural light. Overall, environments appeared tired. A significant number of seclusion facilities were out of use during our visits due to environmental issues”.
- In CAMHS “Leaders had identified some environmental risks, including issues relating to toilet seats on Nova ward. Whilst immediate action had been taken to mitigate the risk, remedial works to replace toilet seats remained outstanding”.

Record-keeping

- In inpatient services “there was variation in completing required rapid tranquilisation (RT) post dose checks” and other inconsistencies across wards relating to the completion of required documentation relating to medicines”.
- For community mental health teams inspectors couldn’t always find evidence of care plans and safety plans, and at times these were generic or lacking details. A lot of information was in progress notes making it hard to identify pertinent information.

Variation

Across crisis services “There was a lack of consistency in processes, systems, models and team structure across the service”

The Trust has stepped up various programmes of work to support improvement in these areas, which are monitored via the Trust’s Quality Assurance Committee.



Last rated
22 June 2023

East London NHS Foundation Trust



Are services

Safe?	Good
Effective?	Good
Caring?	Outstanding
Responsive?	Good
Well-led?	Outstanding

East London NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

2.6 Learning from Deaths

Numbers of Patient Deaths Reported by ELFT in 2025/2026

During the reporting period 1 April 2025 to 31 March 2026, ELFT reported a total of 3,224 patient deaths of which 2,829 (87.7%) were reported as expected and 395 (12.3%) were reported as unexpected. This represents a 2.7% decrease from the previous reporting period (2024/2025) during which period the Trust recorded 3,313 deaths. Altogether, expected deaths were higher than unexpected deaths.

Table 1 Total deaths reported by ELFT 01 April 2025 - 31 March 2026

Period	Number of reported deaths
Quarter 1	712
Quarter 2	800
Quarter 3	863
Quarter 4	849
Totals	3,224

**Due to potential delays in the Trust being notified of some deaths, this figure may change if a further report is produced which occurs outside of the date when this report is completed.*

Patient Deaths Subject to an Investigation

The reporting year reflects the Trust's full implementation and embedding of the Patient Safety Incident Response Framework (PSIRF), which has now replaced the Serious Incident Framework (SIF). Since last year, this approach has enabled the Trust to prioritise organisational learning, strengthen system safety, and respond proportionately to incidents based on risk, complexity, and learning potential

The established learning responses under PSIRF include:

- 72-hour reports
- Care Review Tools (CRT)
- After Action Reviews (AAR)
- Patient Safety Incident Investigations (PSII)
- Learning Disabilities and Autism Mortality Reviews (LeDeR)
- Thematic Reviews

During this period, a total of 429 (13.31%) of all reported deaths were subject to an investigation resulting in a learning response:

106 reviews of expected deaths were conducted using the Trust's Care Review Tool (CRT) process

296 unexpected deaths were investigated through the Trust's internal Patient Safety Investigation Processes. This included 229 72 hour reports. Within this cohort 31 were reviewed as PSII's and 36 were reviewed as CRT's.

After Action Reviews (AARs), which is a facilitated investigation that offers essential learning opportunities, supports the evaluation of deaths that do not require a full Patient Safety Investigation. Additionally, AARs have enhanced timely and collaborative learning from incidents.

There were 27 deaths reported to LeDeR (Learning from Lives and Deaths – People with a Learning Disability and Autistic People Review). LeDeR is a NHS national program, where the deaths of people with learning disabilities and autistic people are reviewed. Integrated Care Boards (ICBs) are responsible for ensuring these reviews are completed locally and for implementing the learning identified from the reviews to improve services.

Table 2. Learning Response Investigations per quarter and type

Period	Reported deaths	Investigation Type					Total Investigations (% of reported deaths)
		CRT expected deaths	72hr reports	CRT unexpected deaths	PSII	LeDeR	
Quarter 1	712	29	102	5	5	2	143 (20.8%)
Quarter 2	800	24	44	9	5	10	92 (11.5%)
Quarter 3	863	34	34	12	9	10	99 (11.84%)
Quarter 4	849	19	49	10	12	5	95 (11.19%)
Totals	3,224	106	229	36	31	27	429 (13.31%)

None of the 106 CRT's for expected deaths identified contributory patient safety factors which contributed to the patient deaths.

Suicide was concluded as the cause of death, for 34 of the unexpected deaths determined at Coroner's Inquest. Please note that these concluded inquests include inquests into incidents which occurred outside of the reporting period.

Six Prevention of Future Death (PFD) reports were issued by HM Coroners to the Trust during the 25/26 annual period (although the period during which the deaths occurred extends outside of the reporting period for this review i.e. earlier than this 25/26 period).

In total 105 deaths were heard, reviewed and concluded at inquest during this reporting period. The themes detailed below were identified. All findings have had associated recommendations and action plans developed to address them.

Prevention of Future Death (Regulation 28)

When a Prevention of Future Death (Regulation 28) (PFD) is issued to the Trust following an inquest, the coroner's findings and recommended actions are managed through the Trust's Action Plan Management processes at the Directorate level. Oversight is provided by The Governance Network, the Patient Safety Forum, and the Quality Committee.

Six Prevention of Future Death (PFD) reports were issued by HM Coroners to the Trust during the 25/26 annual period (although the period during which the deaths occurred extends outside of the reporting period for this review i.e. earlier than this 25/26 period).

Table 3. Estimated deaths adjudged to be potentially due to patient care provided by quarter.

Period	Deaths reported	Deaths likely to be related to care provided PFDs Issued	%
Quarter 1	712	1	0.14%
Quarter 2	800	1	0.125%
Quarter 3	863	1	0.116%
Quarter 4	849	3	0.116%
Totals	3,224	6	0.19%

The deaths likely to be related to patient care were recorded based on coroners' conclusions and the issuance of Prevention of Future Death (PFD) notices.

Themes and Learning from Deaths, PSII's and Regulation 28 - Prevention of Future Deaths (PFD's)

Across Q1–Q4, learning from Patient Safety Incident Investigations (PSIIs) and Regulation 28 - Prevention of Future Deaths (PFD's) consistently demonstrated that risk in mental health care is dynamic and most acute during transitions, periods of disengagement, and at service interfaces. Risk was particularly heightened for individuals with complex mental health presentations, co-occurring substance misuse, physical health needs, or wider social vulnerabilities.

Reviews highlighted recurring issues including inconsistent documentation and handover, uncertainty around safeguarding escalation, fragmentation across teams and partner agencies, inpatient and environmental safety risks, workforce pressures, and variable involvement of families and carers. In many cases, care delivered was appropriate; however, it was not always clearly evidenced or sufficiently coordinated to provide robust organisational assurance.

In response, the Trust has prioritised system-level improvement rather than isolated fixes, embedding learning from deaths into routine practice, governance, and assurance throughout the year.

Key Themes, Learning, and Actions

Risk, Governance, Safeguarding, and Family Inclusion

Safeguarding escalation was not always clear or consistently applied, documentation and handover were variable, and family and carer involvement was inconsistent despite its importance in understanding and managing risk. Numeric risk scoring did not always support a shared, holistic understanding of risk, particularly for people with complex needs. Risk governance required strengthening to provide clearer organisational assurance. The Trust has strengthened safeguarding awareness, documentation, and oversight across services. Safeguarding refresher training has been delivered, safeguarding prompts are embedded within daily huddles, and safeguarding is a standing agenda item in MDT meetings. Trust-wide safeguarding audits have been completed, with recommendations implemented and further audits planned to provide assurance.

Embedding the *Think Family* approach within risk assessment and safety planning remains a priority, supporting a more holistic, person-centred, and formulation-based understanding of risk in line with national guidance. The *Think Family in Risk Assessment* practice guide has been shared across all clinical teams, with further Trust-wide work underway to support consistent application.

A Medical Director-chaired working group is redesigning how risk is captured, moving away from numeric risk ratings to a formulation-based approach. A new risk form has been developed within RiO and is awaiting approval, with staff training planned alongside rollout. Risk training is embedded across the Trust, with ongoing work to ensure alignment with PSIRF learning response principles. Clear safeguarding expectations are reinforced through a “when in doubt, escalate” approach.

Medication Safety, Monitoring, and Prescribing Quality

Medication-related risks featured consistently, particularly in relation to medication non-compliance, variable physical health monitoring for people prescribed high-risk medications, and the need for consistent assurance of prescribing quality. Medication non-compliance is now routinely reviewed within MDT meetings. The Physical Health Monitoring Policy for antipsychotics and mood stabilisers is being revised to ensure consistent practice across inpatient and community settings. The Trust continues to participate in national prescribing audits, including the Prescribing Observatory for Mental Health programme, providing assurance against quality standards and supporting targeted improvement.

Emergency preparedness and Inpatient Safety

PSIIs highlighted variation in emergency preparedness, leadership clarity, communication, observation practice, and ligature risk management, all of which impacted on inpatient safety and staff confidence.

Regular emergency response simulation training has been introduced to strengthen preparedness, leadership, and communication during emergencies. The importance of immediate access to emergency equipment, including grab bags, has been reinforced through simulation and team development sessions. The SBAR communication framework has been rolled out across relevant services. The Trust Observation Policy has been reviewed and approved, with observation and documentation training now mandatory for all clinical staff. Ligature risk management continues to be overseen at Trust level through audits, safety alerts, mitigation plans, and infrastructure improvements, aligned with least restrictive practice.

Care Pathways, Transitions, and Integrated Working

Fragmentation across services, teams, boroughs, and agencies was a recurring theme, particularly during transitions of care. Inconsistent handovers and unclear escalation routes increased risk and impacted patient and family experience. Reduction of fragmentation is a key focus. Strengthening handovers, continuity of care, and integrated working remains essential to supporting safe transitions. Ongoing service reconfiguration is reviewing older adult mental health pathways to minimise unnecessary transitions, improve continuity, and clarify escalation routes for families. Regular cross-borough liaison meetings have been established between community

mental health teams and GP practices to improve information sharing. A Trust-wide standardised handover template is in development to improve consistency and safety in clinical communication.

Workforce Capability, Training, and Standardisation

Workforce pressures and variation in confidence, training, and use of tools were contributory factors to risk and variability in care delivery and assurance. The Trust has implemented targeted recruitment, strengthened induction processes, and enhanced mandatory training. Consistent training, standardised tools, and clear templates underpin improvement actions, supporting staff confidence and more reliable, and high-quality care.

Systems Improvement and Digital Readiness

Unclear pathways, referral processes, and limitations of existing documentation systems contributed to fragmented care and reduced visibility of risk.

Quality improvement work is underway to map services, improve referral processes, and clarify care pathways. This includes preparation for the introduction of a new electronic patient record system, supporting safer, more efficient, and better-connected care delivery, with improved real-time documentation and handover.

Safety Thematic Reviews

Single-incident reviews alone did not consistently identify wider systemic or cross-cutting risks. Thematic learning was required to understand patterns across services, including risks arising from interfaces, pathways, and repeated themes over time.

A number of thematic reviews have been completed, including a review of all Trust patients involved in homicides. Thematic reviews are now embedded within PSIRF learning response solutions, ensuring learning extends beyond individual incidents. Learning from Trust-level and national homicide reviews is shared via Trust-wide learning seminars and governance forums to support organisational learning and improvement.

Learning from Deaths – Forward Focus

Over the forthcoming year, the Trust will prioritise solutions to strengthen suicide awareness and improve suicide prevention outcomes, informed by learning from PSIRFs, deaths, and continued participation in the National Confidential Inquiry into Suicide and Safety in Mental Health. In addition, focused analysis of the ethnicity and demographics of patients who die unexpectedly will be undertaken to better understand potential inequalities and inform targeted actions to improve safety and equity of care. This programme of work will be underpinned by a continued focus on identifying and embedding learning from deaths, with progress, actions, and assurance reported through Trust governance structures and overseen by the Board to ensure learning translates into sustained improvements in patient care, safety, and quality across the organisation.

2.7 Staffing

2.7.1 Staff engagement

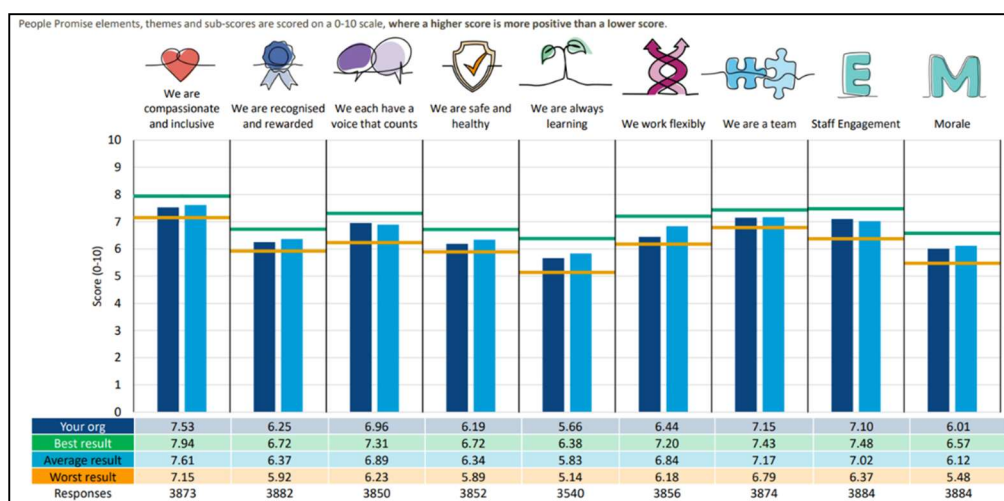
Progress against ELFT's current People Plan is regularly reported to the newly implemented People & Culture Committee and to the Trust Board. The People Plan supports the delivery of the Trust's strategy and focuses on four key pillars, primarily aligned to improving staff experience

2025 NHS Staff Survey

The Trust has recently received results from the 2025 NHS Staff Survey and this year has improved the final response rate to 51% which was an 18% increase on the previous year.

Following the 2024 survey considered its approach to the survey and committed to collectively drive an increased completion rate, and better utilise this data to better target initiatives and projects within a Staff Experience Programme.

The infographic below shows the headline details of the 2025 results, separated into the key domains of the People Promise, and including the key areas of Staff Engagement and Morale



Through a deeper analysis of the trust wide data there are some key themes that cut across the domains, and which will be addressed within the Staff Experience Programme. These areas are

1. Burnout: Data indicates that staff are concerned at there being not enough staff to deliver their job and service correctly, and the systems and processes causing unnecessary activity through duplication
2. Line Management: The competence and confidence of line managers shows to be a theme for future success.
3. Recognition: Staff not feeling valued by the organisation for their work and efforts in a challenging environment
4. Raising Concerns: Staff feeling uncertain about raising concerns as they were unsure this will be acted upon.

Staff Experience Programme

In August 2025 the Trust established the new Staff Experience Programme aimed at pulling together all strands of work around staff experience to understand the current activity, and to establish new projects aimed at addressing themes from the 2024 Staff Survey.

In October a series of workstreams were created, each led by an Executive, with the aim of focussing attention and progress on key areas. These are as follows.



The has helped to progress the work in key areas notably

- Establishment of a new working group to support the implementation of the sexual safety charter. This aims to take the trust past agreeing the policy to creating awareness and support across the trust
- Focus and support for the Just Culture QI Project. This work is looking at the inequity that data shows exist within the disciplinary and links to the WRES action plan. The project working to understand timeliness, compassion and equity.
- The data and intelligence workstream have taken a deep dive into the 2025 Staff Survey Data and created insights and data that have supported the projects and workstream, as well as shaping the approach for the next steps of the programme.

When the workstreams were established the expectation was for this to be for an initial 6 months. During this time the aim was to deliver key projects, and to learn how to deliver a programme of this type, and focus a refreshed programme on the data and insights obtained and aligned to the new trust strategy.

As such the programme will be adapted in May 2026 to have three main work streams supported by foundational groups. Projects will be agreed and managed within the workstreams aimed at delivering practical improvements to the experience of staff. The work streams will be

1. Leadership & Management
2. Safe & Well
3. Workplace Culture

Wellbeing Initiatives

Vitamin D Programme

The Trust continues to offer free Vitamin D supplements to all staff during the winter months and remains one of the few organisations to do so. The programme was developed following feedback received in 2020 from the Race and Culture Equity (RACE) Staff Network and forms part of the Trust's wellbeing offer, aligned to the People Promise commitment *We are safe and healthy*

During 2025//20226, a total of 1,939 requests were received for the free 3month course. In terms of ethnicity, 36.1% of requests were made by White staff, 34.2% by Black, African, Caribbean or Black British staff, 21.4% by Asian or Asian British staff, and 8.4% by staff from mixed or other ethnic backgrounds. This positively reflects a proportional increase in uptake among staff from groups at higher risk of vitamin D deficiency, alongside sustained engagement across the wider trust.

Other Wellbeing Initiatives to Support Staff Engagement

The ELFT Wellbeing and Engagement Team continues to develop and promote initiatives to support staff engagement and wellbeing across the organisation. ELFT remains a signatory to the Mindful Employer Charter, with accreditation confirmed through to December 2026. A new Employee Assistance Programme has been introduced, offering a more personalised approach to wellbeing through the Champion Health app from Pam Wellness, providing 24/7 access to wellbeing resources, alongside confidential support, counselling, advice and guidance tailored to the staff member.

The bi-monthly Be Well wellbeing and staff benefits newsletter continues to be shared with all staff, with Issue 41 providing timely information and support aligned to current staff needs and any Wellbeing updates.

A range of initiatives have been delivered throughout the year, including Physical Health MOTs and subsidised yoga and Pilates classes, which continue to be well attended and positively received.

As part of the wider financial wellbeing offer, staff are supported through salary sacrifice and financial guidance initiatives, including the Cycle to Work scheme and home electronics scheme delivered in partnership with Vivup. In partnership with HSBC, financial wellbeing support has included one-to-one sessions and virtual advice and guidance. Staff also have access to Stream, a financial wellbeing app, providing tools to support budgeting, tracking your spending and pay, as well as flexible access to wages ahead of pay day.

Work is ongoing as part of wider staff experience programmes to further strengthen and improve the recognition offer across the organisation, aligning it more with the People Promise commitment *We are recognised*.

2.7.2 Raising concerns - Freedom to Speak Up

East London NHS Foundation Trust is committed to creating a culture where staff can speak up and raise their concerns. Speaking Up is speaking up about anything that gets in the way of colleagues doing a great job. Speaking up is important as it supports improving the working environment and is essential for learning and continuous improvement. Speaking up and listening well supports equity, diversity and inclusion, and supports ELFT's commitment to the NHS People Promise.

The [ELFT Speaking Up Strategy](#) outlines our commitment to improving the experience of our people. It explains the different ways staff can speak up and the processes and policies in place to support them.

Ways to Speak Up

There are many ways staff can speak up and raise concerns. We encourage staff to discuss their concerns with their line manager in the first instance. Where this is not always possible, staff can also speak to:

- Their line manager's line manager
- Supervisor
- Service Lead
- Clinical Director/Service Director
- Professional Lead
- Raise an incident through InPhase
- Speak to the People & Culture team
- Speak to their trade union or union representative

Freedom to Speak Up (FTSU)

At ELFT, listening to our people is essential to providing safe, compassionate and effective care. FTSU is one of the ways we encourage staff to raise concerns, share ideas and speak openly about what helps or gets in the way of their work. Speaking up supports learning, improves services and helps prevent harm. We want everyone who works at ELFT to feel safe to speak up and confident they will be listened to, treated fairly and supported. This reflects our commitment to the NHS People Promise that *"We each have a voice that counts."*

Freedom to Speak Up arrangements

ELFT has a dedicated Freedom to Speak Up service. The FTSU Guardian offers confidential advice and support to staff who feel unable to raise concerns through other routes. The service operates independently of line management and People & Culture. Staff can contact the FTSU Guardian directly, speak to Freedom to Speak Up Champions, or use confidential reporting options.

FTSU does not replace other routes such as incident reporting, complaints or People & Culture processes. Instead, it supports staff to find the right way to raise a concern and ensures issues are taken seriously.

The [FTSU intranet](#) page is updated regularly and provides information about how to get advice or raise a concern. Colleagues can contact Freedom to Speak Up by:

- Emailing the FTSUG via the confidential inbox: elft.freedomtospeakup@nhs.net
- Calling the FTSUG directly on 07436 027388

- Completing the [Online FTSU referral form](#)
- Using the [FTSU MS form](#) to share an experience, suggest an improvement or raise a concern anonymously if they so wish.
- Contacting a local FTSU Champion
- Writing to the FTSU Guardian at the Trust head office.

The [Freedom to Speak Up – Raising Concerns & Whistleblowing Policy](#) explains how to raise concerns and provides assurance that staff can do so without fear of detriment or reprisal. Staff can also contact the Senior Independent Director, seek advice on whistleblowing concerns from the whistleblowing charity *Protect – Speak Up, Stop Harm* (<https://protect-advice.org.uk/>) or contact their Trade Union if they are a member.

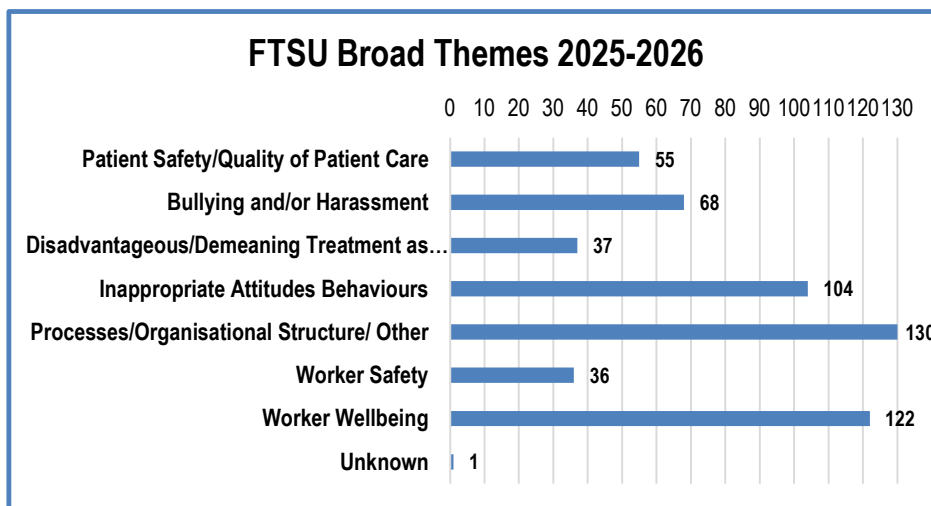
Depending on the nature of the concern, feedback and outcomes are shared by the FTSU Guardian, a Directorate or Service Lead or by a member of the People & Culture team.

The FTSU Guardian shares anonymised themes and learning with senior leaders and the Trust Board. Executive and Non-Executive Directors oversee this work to ensure we learn from what staff tell us and make improvements.

Freedom to Speak Up 2025-2026

In 2025-2026, 171 FTSU cases were raised across ELFT. Staff raised a wide range of concerns. The most common themes were:

- Processes and systems, where staff felt ways of working could be improved
- Worker wellbeing, including workload and working conditions
- Inappropriate attitudes and behaviours, including how people are treated at work
- Bullying and harassment



The number of themes does not match the number of cases, as a single concern may relate to more than one theme.

Staff also raised concerns about patient safety and quality of care, worker safety and experiences of disadvantageous or demeaning treatment. These themes help us understand pressures within services and highlight where support or change may be needed.

Where concerns were raised

Freedom to Speak Up concerns were raised across Mental Health, Community Health, Children and Specialist Services, Corporate teams and Forensic Services. Some areas raised more concerns than others, which helps us understand local context and where leaders may need additional support to strengthen communication, culture or ways of working.

Who used the service

Staff from a wide range of roles used FTSU in 2025-2026, including administrative and clerical staff, nurses and midwives, additional clinical services staff, professional and technical staff, allied health professionals and medical staff. Some staff chose not to share their role, which reflects the importance of confidentiality and choice. This range shows that FTSU is accessible across the Trust.

Learning and improvement

FTSU helps us learn from staff experience. Themes raised during the year contributed to:

- Supporting leaders to address concerns about behaviour and workplace culture
- Reviewing and improving systems and processes
- Strengthening support for staff wellbeing
- Improving how concerns are listened to, followed up and closed

Wherever possible, feedback is provided to staff who speak up so they can understand how their concerns have helped inform change.

Keeping people safe when they speak up

ELFT is clear that speaking up should never lead to harm. Staff who raise concerns must not experience disadvantage or unfair treatment. The FTSU Guardian monitors for any signs of detriment and escalates concerns where necessary. Staff are also supported to access trade unions, wellbeing services and occupational health if required.

Equity of voice

We recognise that not everyone finds it equally easy to speak up. Some staff face additional barriers.

During 2025-2026, we continued to focus on making FTSU accessible to all staff, including staff from ethnic minority backgrounds, disabled staff, LGBTQ+ colleagues, and people working in bank, agency or temporary roles. Learning from FTSU is considered alongside other workforce information to help us promote fairness, inclusion and belonging.

Building awareness and a supportive culture

We promote FTSU through staff induction, regular communications and clear ways for staff to access the FTSU Guardian and local FTSU Champions. Managers are supported to listen well and respond constructively when concerns are raised. Leaders at all levels are expected to model openness, respect and curiosity when staff raise concerns or share ideas.

Looking ahead to 2026-2027

In 2026-2027, we will continue to strengthen FTSU by:

- Improving how we feedback to staff about the impact of speaking up
- Supporting leaders to respond confidently and consistently
- Using speaking up insight alongside quality and safety information to identify concerns early
- Continuing to focus on inclusion and equity of voice

Freedom to Speak Up will remain a key part of how ELFT listens, learns and improves care for the communities we serve.



2.8 Goals Agreed with Commissioners for 2025/26 (CQUIN)

For the 2025/26 financial year, NHS England has revised the national CQUIN requirements, introducing greater flexibility for Integrated Care Boards (ICBs) and Providers. Under the updated framework, organisations can opt in or out of the CQUIN schemes without impacting core funding allocations. Following collaborative discussions, the Trust and our ICB have mutually agreed that participation in this year's CQUIN scheme will not be required. This decision reflects a shared understanding of current priorities and ensures alignment with local operational and strategic objectives.

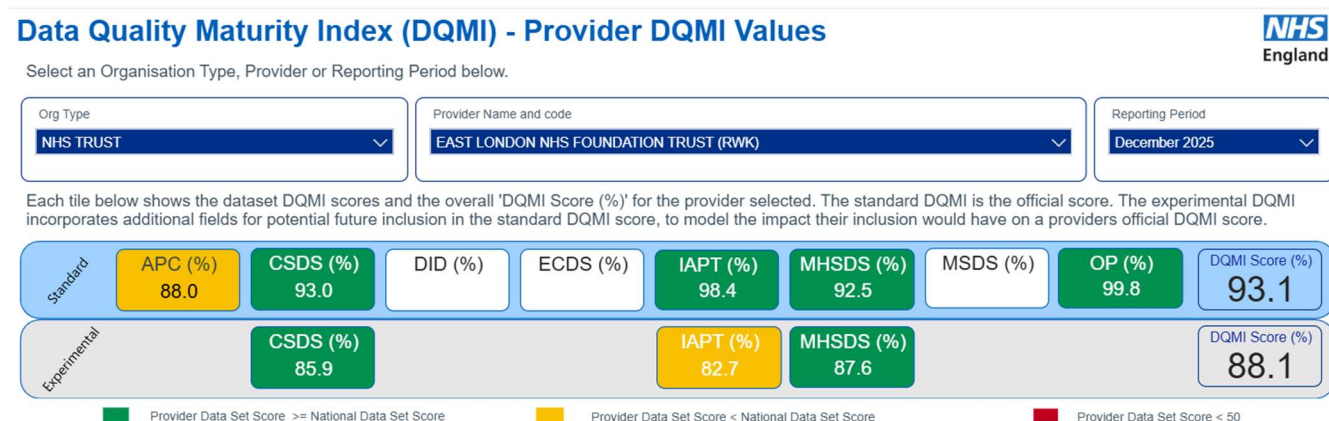
2.9 Data Security and Quality

Data quality metrics and reports are used to assess and improve data quality. The datasets the Trust submits are:

- Mental Health Services Data Set (MHSDS)
- Community Services Data Set (CSDS)
- Improving Access to Psychological Therapies (IAPT) Data Set
- Admitted Patient Care
- Out Patients

The DQMI is a monthly publication about data quality in the NHS which provides data submitters, such as ELFT, with timely and transparent information regarding data quality and standards and allows benchmarking against peers. The December 2024 report shows ELFT to be higher than the national average, amongst NHS Trusts, in Community Health, Talking Therapies and Mental Health data.

The visual below shows the DQMI scores published on the NHSE website and can be found here ([Data Quality](#))



2.10 Reporting against core indicators

NHS England (NHSE) Assurance

This section of the report sets out indicators that are part of the NHSE Oversight Framework. East London NHS Foundation Trust considers that this data is as described for the following reasons:

The Trust has data quality arrangements in place, which ensure the Trust's Commissioners, Trust Board and Information Governance Steering Group receive regular reports on data quality and completion rates against agreed targets. The IG Steering group receive and review performance on data quality benchmarked across London and nationally including the use of the Data Quality Maturity Index dashboard information.

2.10.1 Quality of Care Indicators

Throughout 2025/26, the Trust has remained firmly committed to delivering high-quality responsive care in response to sustained pressures such as increased demand, workforce and financial challenges.

This year, the focus has been on building solutions to address some of these core challenges with a focus on improving access and flow, improving our position against the NHS Oversight Framework (NOF) measures, and ensuring system-wide coordination to address these challenges.

A key outcome of this work has been a reduction in inpatient occupancy from 94% to 91%, and a sustained reduction in the use of private out-of-area beds, falling from an average of 40 to 7 per month. Out-of-area placements have now been eliminated in London, with significant reductions also achieved in Bedfordshire and Luton. These improvements have been further supported by the inpatient flow programme, which has strengthened clinical models of care and streamlined care pathways across community, crisis, and inpatient services.

The number of service users seen within 72 hours of discharge from an inpatient service has achieved an average of 79.3%, just below the 80% target. Encouraging: 8 out of the 12 months exceeded the target due to a range of initiatives that have been scaled across the Trust, including improvements in organising and discussing follow-up contacts, methods of communication, and strengthening monitoring processes on wards and at team huddles.

Individual Placement Support (IPS) services have also continued to increase access to employment support, achieving an average of 18.4%, although this remains below the national average of 33.7%. To support improvement, there continues to be a focus on expanding capacity, strengthening partnerships with employers and community organisations, and increasing referrals through closer working with clinical teams. Efforts are also being made to raise awareness of IPS services, enhance engagement with service users, and ensure consistent delivery of the IPS model to support more people into sustained employment.

Across the Trust, disparities in average waiting times between ethnic groups have reduced, reflecting progress towards more equitable access to care. This has been achieved through targeted data monitoring, improvements to access pathways, and more consistent processes across mental health and community services. A strong focus on reducing appointment non-attendance, through flexible scheduling, opt-in approaches, clearer communication and text reminders, has also supported these improvements, helping to ensure more timely and consistent access for all service users.

Across Talking Therapies, on average, 72.2% of service users achieved a reliable improvement and 50% reliable recovery, exceeding the national target of 67% and 48% respectively. Performance has been strong in all areas, with Bedfordshire standing out in particular. Local quality improvement projects continue to focus on improving access as well as tackling inequalities in outcomes.

Across the Trust, there has been a sustained focus on addressing the longest waits with 6,820 service users waiting over 52 weeks in Mental Health services and a further 1,636 in Community Health services at the end of 2024/25. The majority of long waits relate to ADHD and Autism pathways. A structured Trustwide programme is underway for ADHD services, bringing together clinical, operational and digital teams to improve waiting list governance, patient communication, data quality and triage safety. This includes better use of the Patient Knows Best platform and a broader programme to modernise the pathway, covering referral management, digitisation of administrative processes, patient stratification, scaling advice and guidance and increase use of virtual appointments. Autism services are progressing a parallel programme with unified self-referral forms developed, variation in triage tools mapped, and plans to adopt Trustwide screening approaches aligned to national guidance.

At a neighbourhood level, access performance continues to improve, with several boroughs meeting the 4-week access target, including Newham (2 weeks), and Luton & Bedfordshire (3.4 weeks). City & Hackney and Tower Hamlets have longer waits but remain under active management. In Community Health services, long waits persist particularly in MSK and SCYPS ASD pathways. Targeted interventions are delivering results, notably in Bedfordshire MSK where “blitz clean” clinics have reduced 52-week waits to 0 in 2025/26, alongside workforce development and exploration of virtual care. Newham MSK is reducing DNAs through the successful pilot of the GetUBetter app to support self-management of patients. Within SCYPS ASD, improvements are being driven through enhanced performance monitoring via a new dashboard, pathway redesign, a streamlined assessment model and stronger patient engagement, supported by new operational policies to sustain timely access and service delivery.

This year, there has been a continued focus on strengthening our quality control systems across the Trust by working directly with DMTs to ensure that we have robust governance and escalation systems for complex performance and quality challenges. We have been revising our dashboards to reflect both short-term delivery and longer-term population health outcomes, as well as insights into ELFTs performance against the 25/26 NOF measures and national planning guidance. A particular emphasis in our performance assurance framework remains on equity and inclusion, where this is embedded into our performance and quality domains, ensuring we actively address health inequalities in everything we do.

Over the past year, the performance framework has been further embedded within the Going Further Going Together (GFGT) programme, strengthening our focus on flow, productivity, and service improvement. This has supported a more structured, data-driven understanding of how services operate, helping to identify opportunities to improve efficiency and make best use of available capacity. Through collaborative service reviews and increased visibility of key productivity metrics, we are gaining clearer insight into unwarranted clinical variation and areas of inefficiency, enabling teams to explore new ways of working to improve access, experience, and outcomes.

We continue to work in close partnership with colleagues across the NHS, local authorities, and the voluntary sector to deliver more integrated, person-centred care. Strong system relationships, including ongoing engagement with Integrated Care Boards, underpin shared accountability, planning, and delivery at both borough and regional levels. These partnerships remain critical as we continue to shift towards prevention, earlier intervention, and improved population health outcomes.

The Trust’s performance in 2024/25 across a range of services and key performance indicators is summarised in the Statistical Process Control (SPC) charts below. They are used to determine whether variation results from a common or special cause, and whether further investigation is

required. Movement of activity between the hashed black lines (control limits) is considered normal variation, and points that exceed these upper and lower control limits are due to special cause.

Inpatient Flow

Inpatient bed occupancy has seen a notable reduction this year from last year's average of 93% to 91%. Despite this remaining above the Royal College of Psychiatrists recommended target of 85%, initiatives have been underway across the Trust to improve patient flow and shorten hospital stays.

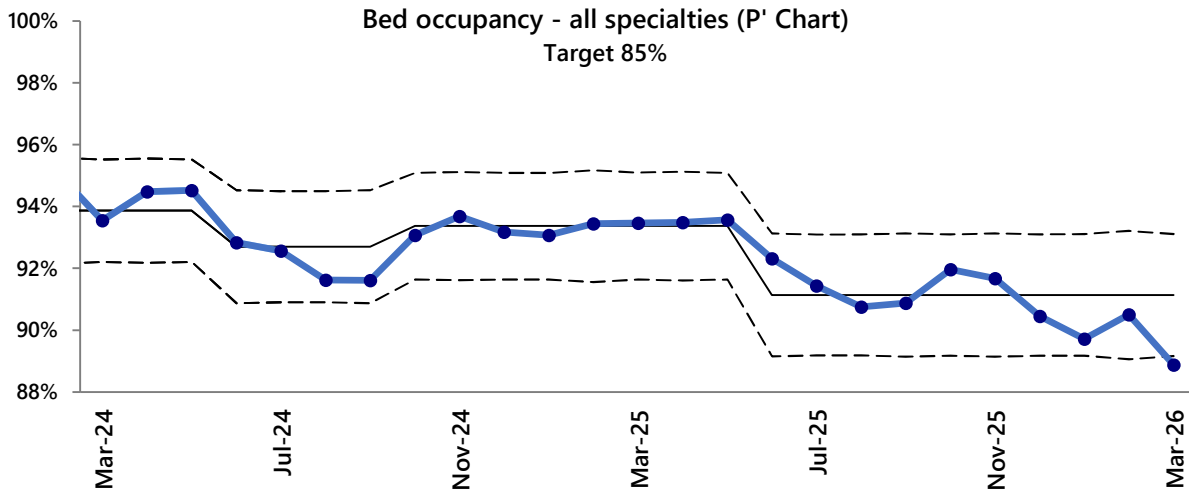
Learning and recommendations from the Trustwide inpatient flow programme have been adopted which concluded earlier this year. Referrals for admission are increasingly coordinated with community and Home Treatment Teams to prevent avoidable admissions. During admission, frequent operational huddles with real-time escalation are in place to unblock delays and maintain momentum, alongside red-to-green day principles to improve bed management and reduce unwarranted variation in length of stay

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

In East London, clinical capacity and models of care have been strengthened to manage cross-pathway pressures across community and crisis pathways, enhanced inpatient acuity and observation staffing to support safer care and timely progression through inpatient wards. Community-based flow is being strengthened through the High Intensity User Neighbourhood Model and the expansion of the FACT (Intensive/Assertive Outreach) supporting individuals with the highest levels of need and reducing repeated crisis presentations.

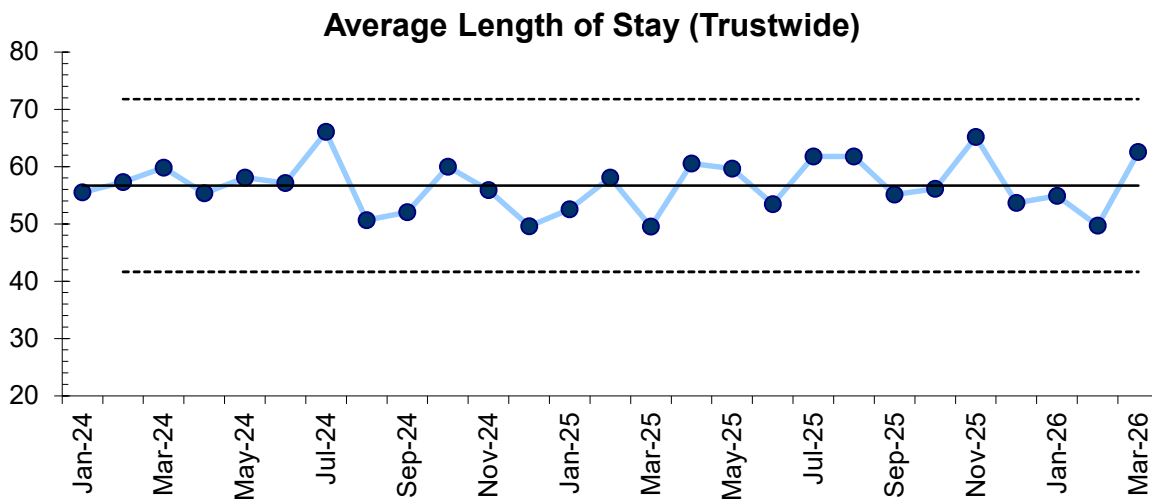
Additional step-up and step-down capacity is being created through the expansion of Crisis House beds, supporting earlier discharge and admission avoidance. The introduction of a 24/7 Neighbourhood Mental Health Team in Primrose Square (City & Hackney), Flying Angel (Newham) and Barnsley Street (Tower Hamlets) strengthens out-of-hours community response, reducing pressure on inpatient beds and Emergency Departments by providing timely, intensive support in the community. The expansion of Mental Health Crisis Assessment Services (MHCAS) has also helped to strengthen crisis assessment and response, supporting timely diversion from acute pathways where appropriate.

Across Bedfordshire and Luton, partners from across the system are now working more closely through dedicated stakeholder forums to tackle bottlenecks, reduce delays, and increase local inpatient capacity so people can be supported closer to home rather than out of area. A number of initiatives are underway to improve patient flow and expand capacity. This includes boosting social work resources to speed up discharges from acute settings, widening Penrose housing support to ease accommodation-related delays, and introducing a dedicated role to oversee beds and discharge coordination. Further measures will add more step-down options, with new crisis beds becoming available by April 2026, extra acute bed capacity opening by March 2026, and increased use of short-term bed and breakfast accommodation to support timely discharge for people who no longer need inpatient care.

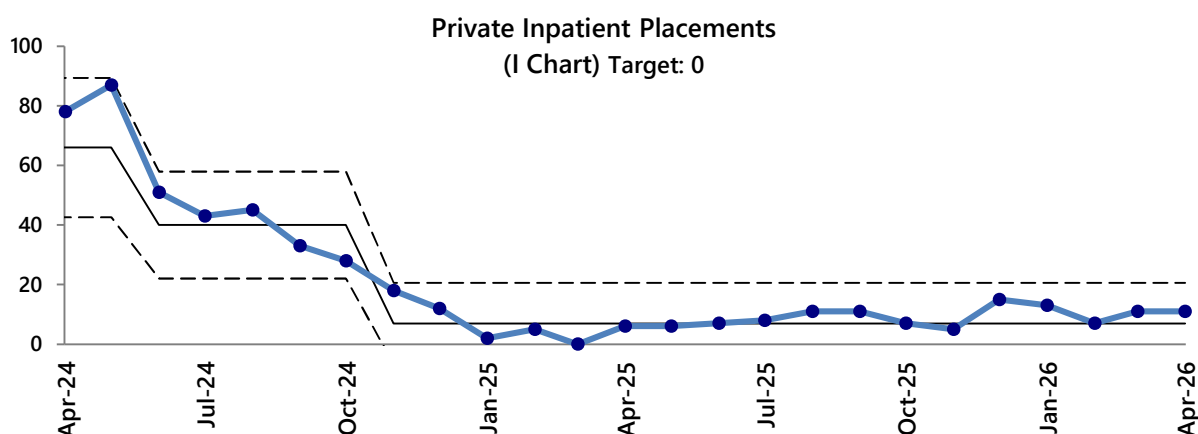


In line with the NOF indicators the Trust has been aiming to reduce the number of adult and PICU wards length of stays over 60 days and Older Adult wards over 90 days. Over 2025/26, East London have an average length of stay of 56 days and 62 days in Luton & Bedfordshire. Newham mental health services have the lowest average length of stay with 44 days.

The proportion of service users discharged with a length of stay exceeding 60 days was at an average of 25% in 2025/26. This metric remains a key focus on ongoing inpatient improvement work.



Out of area placements remain stable overall with an average of 7 in 2025/26, attributable to Luton & Bedfordshire as out of area placements have been eliminated in East London. Similarly, the number of patients showing as clinically ready for discharge also remains stable at 105, lower than last years average of 173. The main reasons for delays are waiting for supported accommodation, nursing homes, general housing, social care packages, Ministry of Justice processes and patient choice.



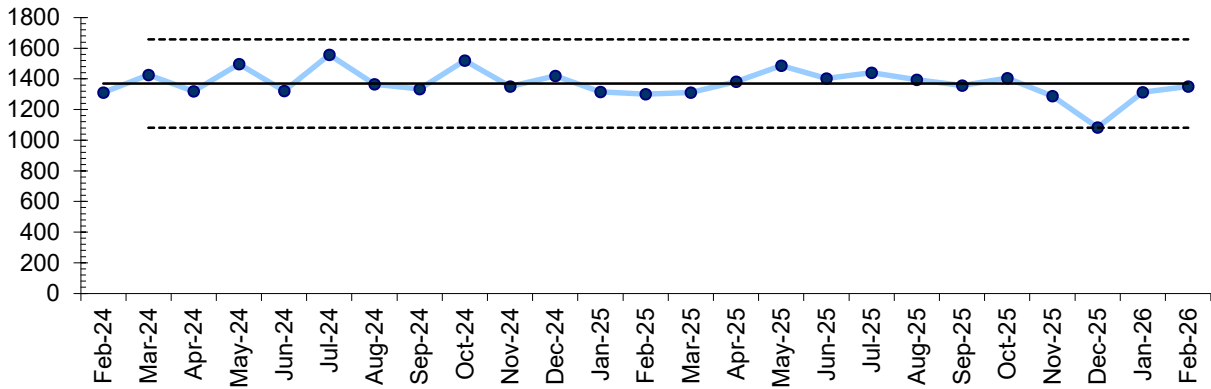
A&E Activity

Our Psychiatric Liaison Teams (PLS) faced significant pressures due to higher levels of complexity and acuity in presentations, while also dealing with system-wide inpatient bed availability. PLS currently complete an assessment and decide on ongoing treatment within 4 hours of arriving in the emergency departments for 90.6% of presentations in Bedfordshire & Luton and 70.9% in East London. The number of service users waiting over 12 hours remains stable at an average of 147 in 2025/26. 81.7% of service users were 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, 83.9% of service users receive their first assessment by a mental health professional within 1 hour of referral in the emergency department.

To improve bed availability, step-up and step-down beds continue to provide more flexible care options to avoid admission. A project has been underway across 2025/26 across all of the PLS departments to increase visibility of PLS activity by establishing data-sharing agreements with acute providers at our sites.

Number of MH patients presenting in A&E

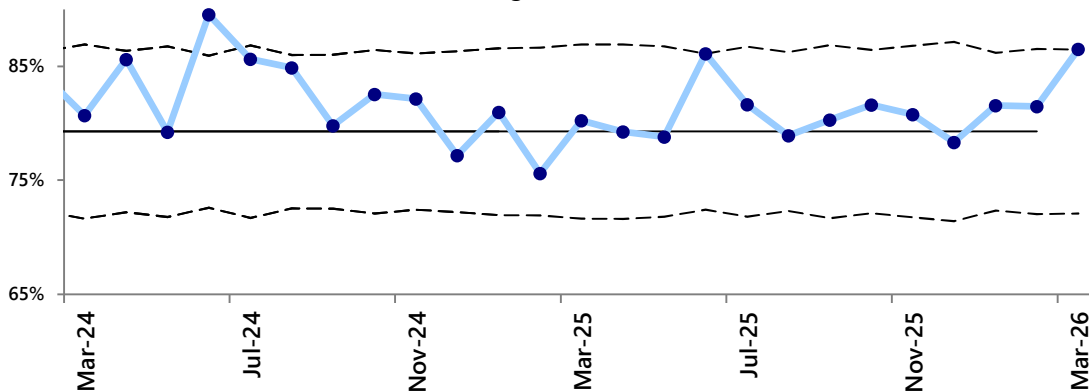


72-hour Follow-Up

The percentage of service users followed up within 72 hours of discharge from inpatient services achieved an average of 79.3% across the year, just short of the national target of 80%. Recently there have been notable improvements with March 2026 achieving 86.5%. The primary barriers to timely contacts involved difficulty reaching discharged patients, especially those without mobiles, alternative contact details, or homeless.

We have introduced targeted initiatives to improve follow-up contact rates through three key improvements. First, we've strengthened discharge planning by verifying contact details before patients leave hospital. Second, we're fostering closer coordination between inpatient and community teams. Third, we've implemented real-time feedback mechanisms for wards. Together, these measures directly address current follow-up challenges while helping to stabilise overall performance.

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

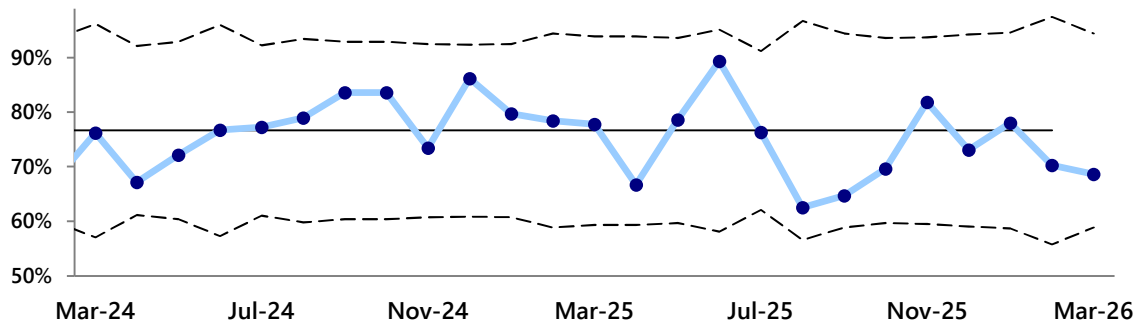


Early Intervention Services (EIS)

Early Intervention Services (EIS) continue to exceed the national goal of ensuring that 60% of service users are commencing treatment within two weeks, achieving an average of 76.6%.

Early intervention treatment started within 2 weeks (P Chart)

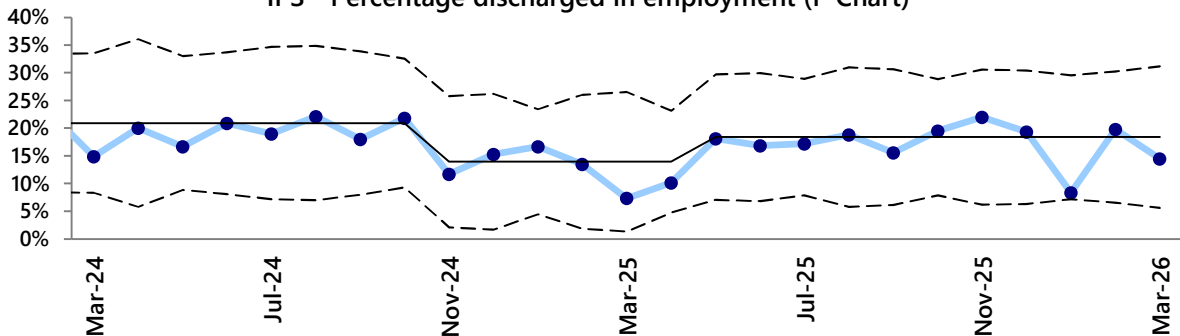
Target 60%



Individual Placement Support (IPS)

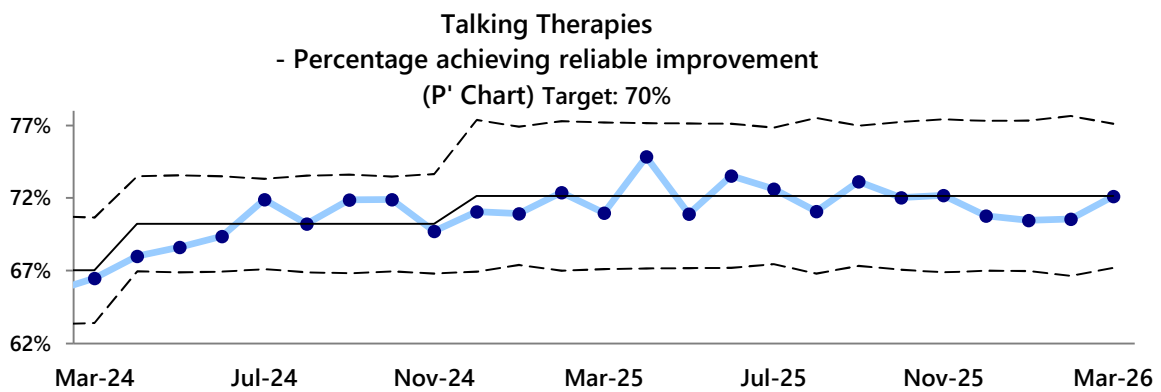
In 2025-2026, we continued to support service users, carers and our wider communities build skills and access work opportunities. Over 1,000 people with long term mental health conditions accessed Individual Placement Support, supporting 207 people enter employment. In addition, around 2,800 people accessed employment advice as part of Talking Therapies support in Bedfordshire, Tower Hamlets and Newham. This includes help with returning to and staying in work, interview preparation and negotiating workplace adjustments. Other support includes 17 service users training as Digital Life Coaches (with half reporting improved career prospects and new skills), hosting employment support events including for people experiencing homelessness and establishing *Making Work Work for people with learning disabilities*, a learning space co designed with service users to help share and influence practice across ELFT areas. For our local communities, we held our first summer work experience week, provided 147 volunteer placements, recruited 50% of apprenticeships from our ELFT footprint and continued to support employment and skill development through our social value facilities contract.

IPS - Percentage discharged in employment (P Chart)

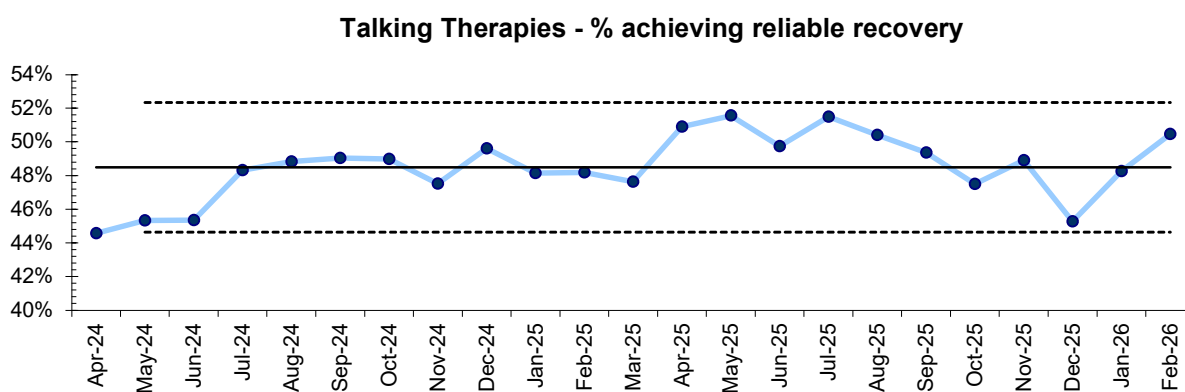


Improving Access to Talking Therapies services

The proportion of service users accessing Talking Therapies achieving reliable improvement has consistently maintained the average of 72.5% outperforming the 70% national standard. This rise is consistent across all our service areas, particularly Bedfordshire, showing the strongest results. Dedicated projects are underway across the Trust, including a quality improvement project in Tower Hamlets, aiming to include reliable recovery rates for Bangladeshi mental health service users by implementing culturally sensitive interventions, including cultural competency training for staff, and translated materials and interpreters to help improve the accessibility of the service.



Reliable recovery rates across Talking Therapies are also starting to see an improvement over the past 3 months despite falling short of the 50% target and maintaining an average of 48.3% in 2025/26. Training and learning sessions are underway to share learning and good practice across all teams to meet the 2026/27 aspirations for both reliable recovery and improvement outcome rates.



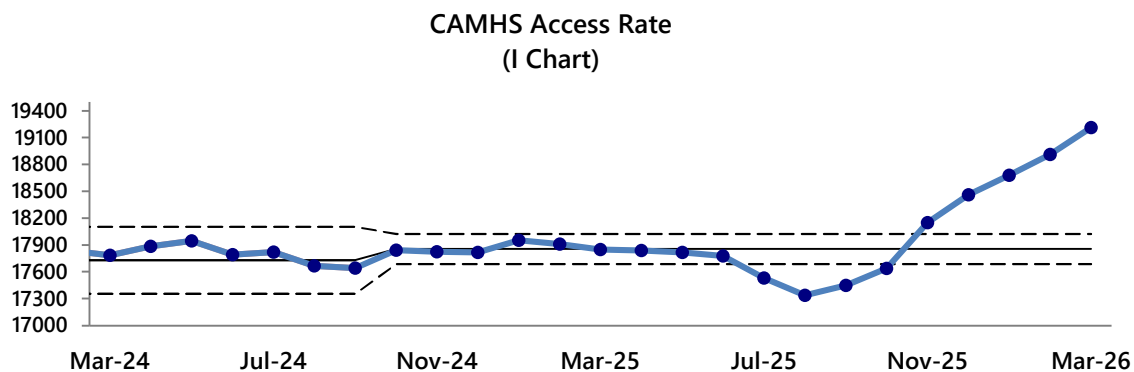
Children and Young People

In 2025/26, there has been a focused programme of improvement to strengthen CAMHS access rate in line with the NOF measure looking at increasing the percentage of children and young people accessing our services. Building on the success of the initial 10-day improvement plan which launched at the start of January 2026, this had a targeted consistent operational focus to improve recording activity. This approach is now being replicated through ongoing data cleansing plans. These include daily reminders and tracking of inactive or un-outcome appointments to ensure all activity is accurately captured.

In parallel, we are establishing a dedicated Quality Improvement (QI) project aimed at enhancing the completeness and reliability of our data. This work will support sustained progress against the access target.

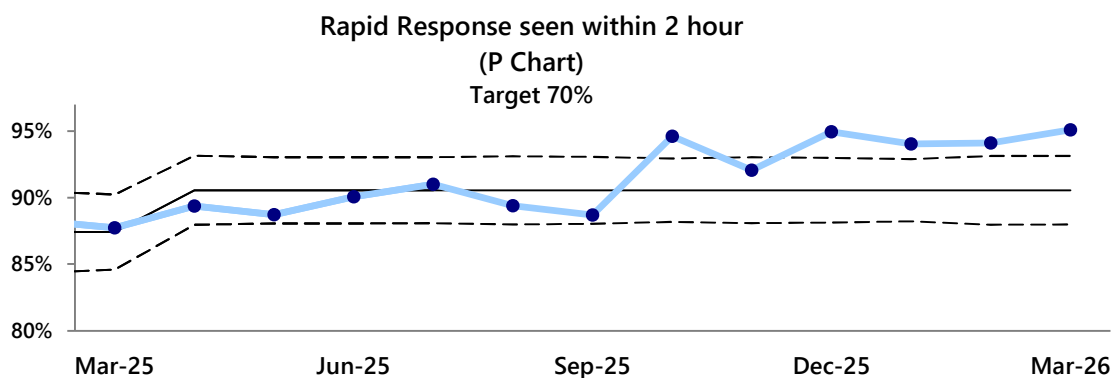
Workforce capacity was also strengthened with recruitment to additional posts resulting in higher throughput and a reduction in delays in the care pathway.

The Integrated Front Door pilot programme has significantly reduced waiting times for children needing mental health support. A team of CAMHS staff, social workers and school mental health practitioners assesses referrals from schools, GPs and community organisations. They create support plans within three to four days, while urgent cases go straight to crisis teams. Evaluation shows this service reviews half of all cases within one day and nearly all cases within four days



Rapid Response

The Trust's rapid response teams exceed the national target, assessing 90.6% of urgent cases within 2 hours. East London leads at 94.5%, with Bedfordshire at 87.3%, significantly better than the 70% national standard. This achievement shows the dedication and efficiency of our community health teams.



Waiting Times

Across the Trust, there has been a particular focus on ensuring that service users who have been waiting the longest are seen. At the end of 2024-25, 6820 service users have been waiting more than 52 weeks to be seen across Mental Health services and 1636 in community health services. Across adult mental health services, 6603 of these patients are waiting for ADHD and Autism support.

Across ADHD, a structured programme of work has been underway to ensure robust and patient-centred management of the waiting list for ADHD services. The programme brings together clinical, operational and digital stakeholders and focuses on improving patient communication, strengthening data quality, and ensuring safe and efficiency triage processes. Work is

progressing to maximise the communication capabilities of ELFT’s existing Patient Health Record platform, Patient Knows Best (PKB).

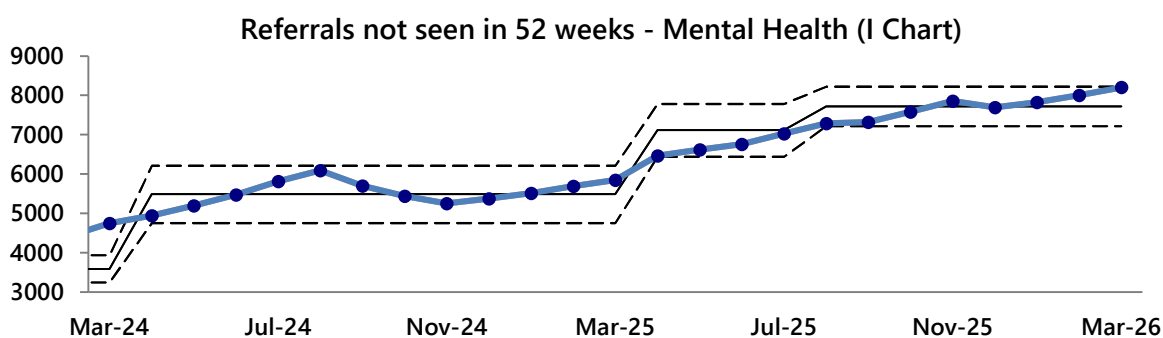
Beyond the immediate waiting list work, the group is identifying further opportunities to modernise and streamline the ADHD pathway. Areas under consideration include a new patient stratification method and when to trigger the completion of the self-assessment tool, enhancing Single Point of Access (SPA)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

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

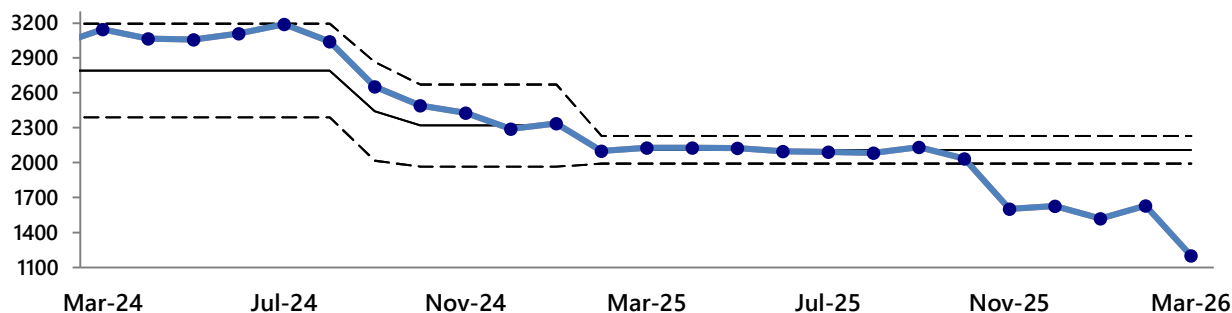
Across local neighbourhood teams, several boroughs are seeing real improvements and meeting the 4 week access target. Newham are seeing patients within 2 weeks and Luton & Bedfordshire within 3.4 weeks. City & Hackney and Tower Hamlets have slightly longer waiting times where service users are waiting an average of 10.1 weeks and 5.4 weeks respectively on average for an assessment.

In Community Health services, 1636 patients are waiting over 52 weeks to be seen. Long waits persist particularly in MSK and SCYPS ASD. Bedfordshire MSK has expanded staff training and is exploring virtual care options, though progress has been slow due to the time it takes to train new staff to manage the complex needs of MSK patients. Significant improvements have been made in Bedfordshire MSK due to the introduction of “blitz clean” clinics which has reduced the number of 52-week waiters to 0 in 2025/26 with improvements expected to be sustained into 2026/27. In Newham, MSK services are reducing missed appointments and testing the GetUBetter (GUB) app, which is showing promising results, allowing services users to be directly referred to the app for enhanced self-management where clinically appropriate.

Across SCYPS ASD, service is currently implementing an internal dashboard to monitor waiting times and access figures, redesigning the ASD pathway to provide more timely support and introducing a streamlined assessment model. Enhanced patient engagement and process mapping are driving operational improvement including developing new operational policies to optimise service delivery.



Referrals not seen in 52 weeks - Community Health (I Chart)

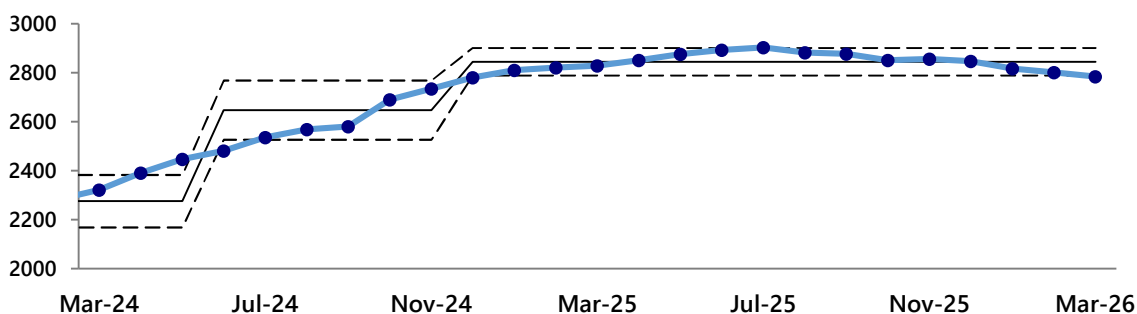


Perinatal

Across perinatal services, the Trust’s rolling 12-month access rate is at 2817, with a year-to-date access rate of 2573. In Luton & Bedfordshire, a local target has been set to reach 1,022 referrals by March 2026, and services are currently achieving 1359 year to date. Perinatal services continue to prioritise expanded community outreach initiatives and a more flexible appointment system. Access in East London remains below the 1,512 target at 1,399.

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

Perinatal Access Rate (rolling 12 months)
(I Chart)



Equality

Across the Trust, data shows that disparities in average waiting times between service users from different ethnic groups have reduced over time, indicating progress towards more equitable access to care. This improvement reflects a sustained focus on identifying and addressing variation in how services are accessed and delivered.

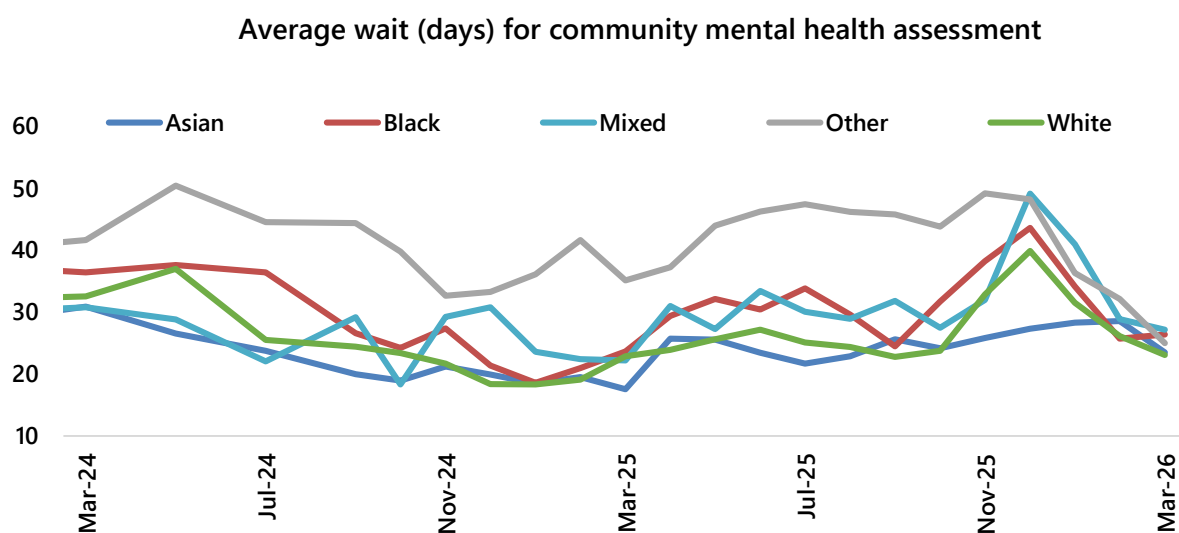
In mental health services, this has been supported through targeted monitoring of referral-to-treatment times by ethnicity, alongside initiatives to improve access pathways, early intervention, and culturally appropriate engagement. Teams have worked to better understand barriers to

access, strengthen community outreach, and ensure that pathways into care are consistent and responsive across different population groups.

Similarly, in community health services, improvements have been driven by closer tracking of waiting time data, service-level reviews, and efforts to standardise processes across teams. By using data to highlight variation, services have been able to take targeted action such as, adjusting triage processes, improving referral management, and increasing service capacity where needed.

A key part of this progress has also been a focused approach to reducing appointment non-attendance. This has included offering greater choice and flexibility in appointment scheduling, introducing opt-in letters and follow-up calls to confirm attendance, improving the clarity and accessibility of communications, and using text message reminders to support service users in attending their appointments. These changes have helped to reduce missed appointments and ensure more timely access to care.

Together, these approaches have contributed to a more consistent experience for service users, helping to reduce inequalities in waiting times and support fairer access to services across the Trust.



PART 3 – Other Quality Performance Information 2025/26

3.1 An Overview of Key Dimensions of Quality During 2025/26

The Trust pays close attention to a whole range of a set of quality measures. The Trust Board monitors measures that enable oversight of delivery of the Trust strategy. A broader selection of quality and performance measures are available to all staff at Trust-wide, Directorate and Service level via our real-time dashboards.

In addition to routine monitoring of key data, the Board also receives regular quality reports that include updates on the progress of priority quality improvement work, and assurance in relation to key, current quality and safety issues. Over the last 12 months the Board has received 6 such quality deep dives, the subjects of which are set out below:

Trust Board Meeting	Topic	Overview
May 2025	Learning Disability and Autism in adult mental health inpatient services	The report sets out the support available to staff providing care and treatment to this population, in particular the training offer and good practice guidance both national and internally developed. The report describes the adjustments being made to processes, practice and the ward environments, to deliver high quality care that is sensitive to their particular needs. It also outlines what we know about the experience of the patient group, and the work that is going on to reduce variation, and to further improve both staff skills and knowledge, and ward environments.
July 2025	Mental Health in Emergency Departments	The report takes a deep dive into the quality and experience of care for people presenting with mental health conditions in the five emergency departments that the Trust serves across Bedfordshire, Luton and East London. The data demonstrates that 70-80% of people are seen within one hour of referral within emergency departments, although delays occur after the point of initial assessment, for a range of reasons that are complex and not entirely within the Trust's control to solve. All of the psychiatric liaison teams are working to reduce the amount of time that this group of patients spend in emergency departments, with use of quality improvement, involvement of service users, collaborative working with acute partners, and learning from other organisations across the country. Efforts are being made to ensure the environment meets national standards (as defined by the Royal College PLAN accreditation network), and to move people towards more appropriate sites for assessment. The work led by ELFT CEO with all acute Trust chief nurses in North East London, are good examples that demonstrate how ELFT is actively involved in collaborative work to improve the experience of this group of service users in emergency departments. The

Trust Board Meeting	Topic	Overview
		Barnsley Road project in Tower Hamlets is now starting to actively in-reach to the emergency department at the Royal London Hospital, offering alternatives to hospital admission for those from this particular PCN.
September 2025	Themes from Executive and Non-Executive Director Walkrounds	<p>The key positive themes that emerge from the analysis are about:</p> <ul style="list-style-type: none"> • A sense of teamwork, willingness to learn and improve • Pride in service quality and impact • Inclusivity and diversity • Integration and partnership working <p>The areas of concern raised by staff focus on four areas. Three of these remain the same as the last such analysis conducted a year ago: Estates & Physical environment; IT & Digital infrastructure; Staffing, workload and burnout. A new area of concern has emerged this year, in relation to the impact of the financial context and pressures on the Trust. Actions in place include a clear Estates Strategy in place long term, a Staff Experience programme to support wellbeing, culture and development, and improving communications and bottom-up ways of working for the financial viability programme.</p>
December 2025	Quality and Safety in Inpatient mental health care	Key quality and safety risks exist within inpatient mental health care including higher levels of violence and restrictive practice, premature discharge and risk of readmission, and the impact on staff and their ability to provide compassionate care. The report examines a range of data to understand if we are seeing any unusual variation in relation to these potential risks. The paper describes the control systems in place within our inpatient units and directorates that enable our teams to pay attention to quality and safety on a daily basis, including huddles, the use of data, service user involvement and leadership visibility.
January 2026	Learning from Incidents and Complaints	The report provides assurance that the Trust is effectively learning from patient safety incidents and complaints, in line with PSIRF and NHS Complaint standards. The PSII process applies a structured, systems-based methodology, with findings reviewed, approved, and disseminated through governance structures to support measurable safety improvements. Action planning and completion are monitored, with initiatives underway to strengthen the quality of actions, including targeted quality improvement projects, staff training, and enhanced governance oversight. Learning is shared via local and Trust-wide forums, and specialist committees. The complaints process has been reinforced through the Learning from Complaints Framework, increased service user involvement, and systematic thematic review to understand themes in relation to higher than usual number of complaints. Key areas for improvement across the Trust include staff attitude, communication, and access to care, with progress monitored through action plans, directorate reporting, and outcome measures.
March 2026	Medicines	There is a clear medicine governance framework in place, ensuring oversight and accountability. Medication incident reporting remains stable, with most incidents causing no or low harm. Established processes support review and escalation using PSIRF methodologies, generating learning that is applied across the Trust. Medicines Safety is integrated into governance

Trust Board Meeting	Topic	Overview
		processes, with forums used to review incidents, inform policy, and identify emerging risks. Trust-wide forums enable both reactive and proactive review, promoting staff awareness of the risks and benefits of medicine use.

Key metrics in the domains of patient safety, clinical effectiveness and patient experience are drawn from our dashboards and set out below as a Trust-wide view. They are intended to give a flavour of the quality data that the Trust generates and uses, and, read alongside the other content of this report, of the prevailing quality of Trust services. Some measures are Mental Health specific, others relate to Community Health Services, reflecting the increasing diversity of the Trust. Each is relevant to priority areas for the Trust, encompassing improving physical health, access, experience of care.

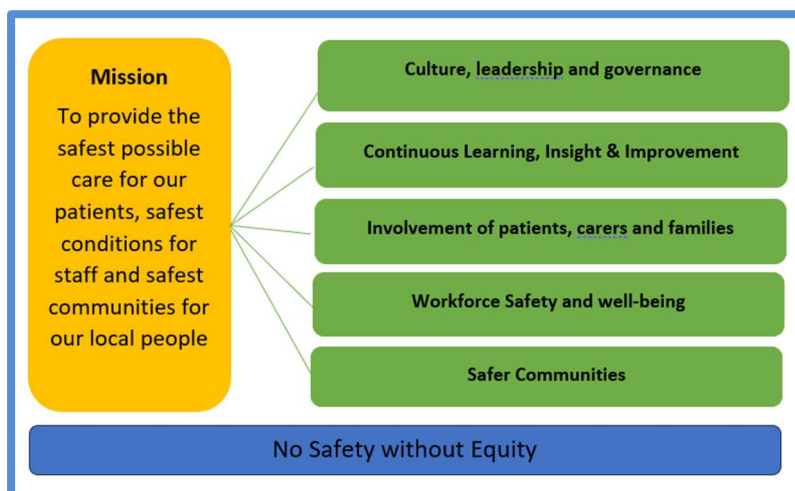
Data shows progress over time, enabling informed decision-making in relation to assurance and improvement. Data is generated from the Trust’s internal reporting systems; it is not benchmarked but triangulated with relevant internal data to build an accurate picture of the quality of services.

3.1.1 Patient Safety

As a foundational aspect of quality, Patient Safety remains an ongoing area of focus to ensure the organisation maintains safety systems, positive safety cultures and prioritises and supports continuous learning and improvement at all levels.

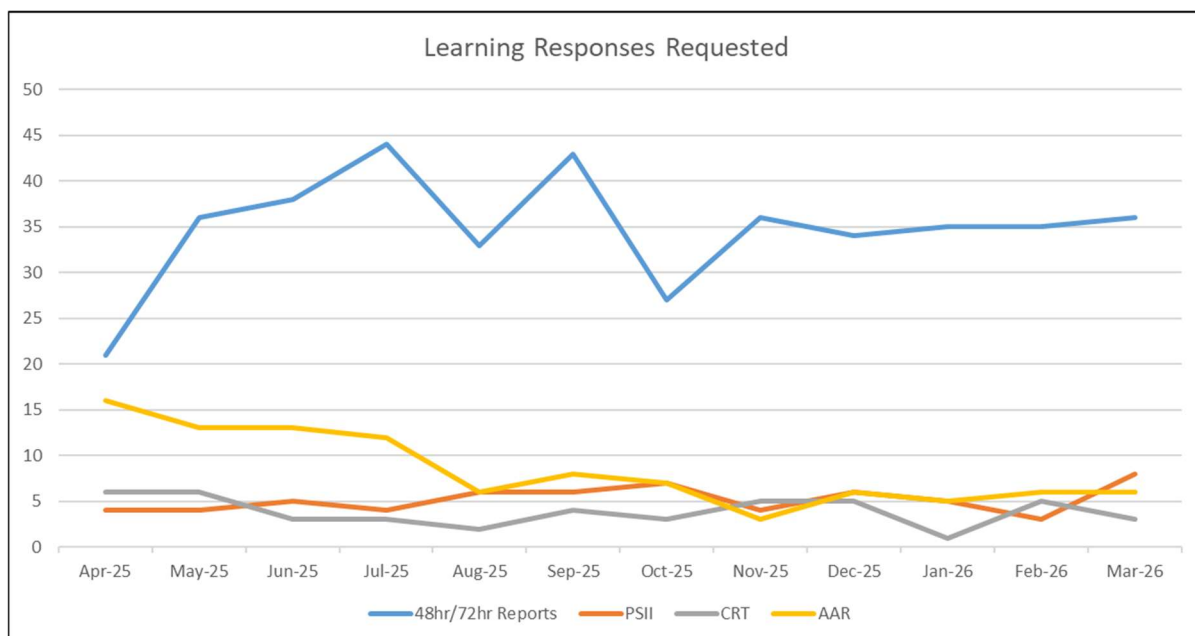
Continuous improvement is supported by our coproduced **ELFT Safety Plan**, which was approved in 2023/24 and is in its third year of delivery. The mission is to provide the safest possible care for our service users, safest conditions for our workforce and the safest lives for the communities we serve.

Five key drivers have been identified to achieve this mission - culture, leadership and governance, continuous learning, insight and improvement, involvement of service users and carers, workforce safety and well-being and community safety. The concept of “no safe care without equitable safe care” has also been included as a foundational principle.



To support the above programme of work, we have chosen four main focus areas for this year of the plan, based on the expectations of the NHS Patient Safety Strategy, the ELFT internal Safety review and our own assessment of progress to date. These objectives have been chosen as potential enablers and catalysts for the changes in culture and systems that we see as fundamental to safety improvement, as per the driver diagram above. This year's objectives were:

- Ongoing improvement in safety culture, support, learning and improvement, via ongoing embedding and development of our Patient Safety Incident Response Framework (PSIRF) system
- Upskilling of our Workforce for Safety
- Involvement of Service users and carers for Safety
- Safety Improvement through Digital
- Support for Staff affected by Safety Events



Having fully transitioned to **PSIRF** from the Serious Incident framework in 2024, this year saw the embedding of a systems approach within all our Patient Safety Incident Investigations, introduction and piloting of a range of **new learning tools** (see chart above) and work to continue to strengthen safety actions to ensure effective improvements where needed. Work has also been undertaken to continue to improve compassionate involvement and engagement of those affected by safety incidents.

To continue improving the way we involve **service users and carers for safety**, we have appointed a new Lead Patient Safety Partner, who is leading a programme to ensure service user and/or carer input into all safety forums and Safety QI work. Active work is taking place to continue learning from service users and carers involved in Patient Safety Incident Reviews, and to involve service users and carers in After Action Reviews.

Recent highlights in relation to **staff support after safety incidents** includes

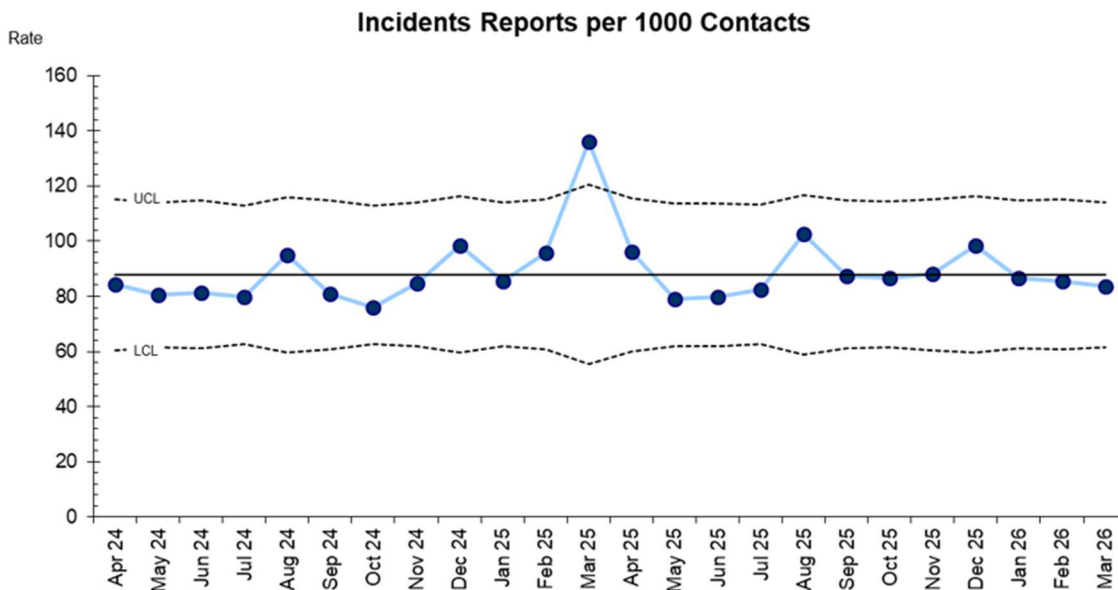
- Incorporation of workforce sexual safety and staff support within the new Staff Experience workstream, for enhanced support and resourcing

- Ongoing progress with positive outcomes from our Operation Cavell staff support after violent incidents system
- Co-design of a fully revised Staff Safety in the Community/Lone Working Policy, incorporating enhanced guidance on supporting staff, using proactive safety methods and de-escalation techniques.

In terms of **upskilling staff for safety**, PSIRF Safety learning tools are now being taught within our full suite of Quality Improvement development programmes and a parallel ongoing rolling programme of training for After Action Review conductors which has now trained around 250 staff and continues to attract positive feedback. This year we have launched a new ELFT Patient Safety training dashboard on our learning platform, where staff can access a full range of e-learning and face-to-face training relating to their roles. We also have a further group of senior leaders enrolled on national patient safety specialist training, growing our expertise across the organisation.

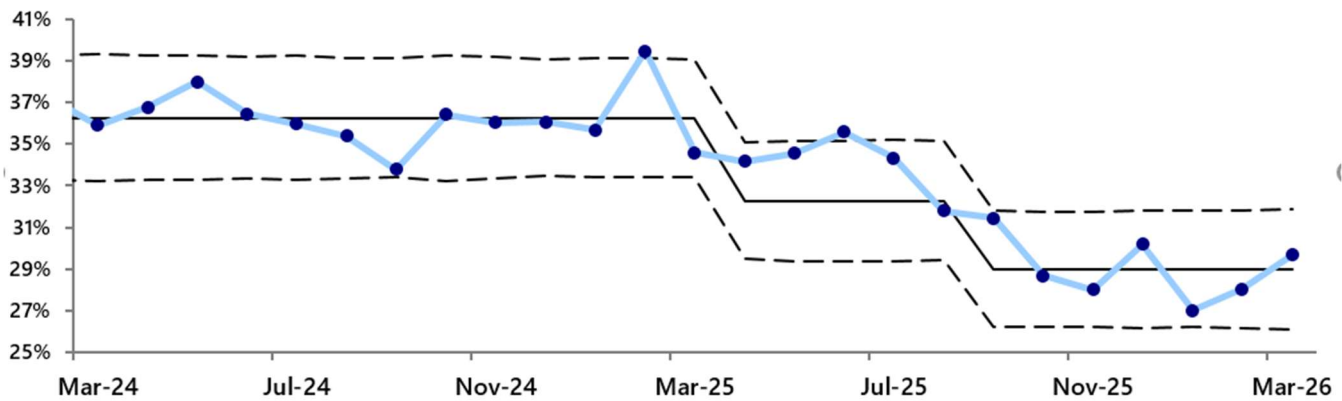
A full programme of **digital safety work** is ongoing, focussed on infrastructure, cybersecurity, optimisation of clinical systems and engaging AI and other digital tools to improve risk management and functionality. Examples of recent improvement work in this area include a wifi upgrade roll-out, evolving programme of cybersecurity improvement measures, electronic care record redesign work and new Trust-wide physical health screening forms.

Patient Safety Incidents Data



ELFT continues to have strong incident reporting cultures, as seen in the graph above, which demonstrates number of safety incidents reported over time. During 2025/26, **32,116** incidents were reported in total. Of these **24,235 (75.4%)** were reported using the designated patient safety form and submitted to NHSE via the national LFPSE system. Of those patient safety incidents, the majority were low or no harm incidents, with **207 (0.85%** of all patient safety incidents) categorised as having resulted in severe harm or death. (It should be noted that not all patient safety incidents reported are attributed to the Trust).

Safety incidents resulting in physical harm (P chart)



Variation in the use of restraint is expected and is reflective of a cluster of service users who require restrictive practices during periods of acute wellness. It is reassuring that the levels have reduced back to baseline. The Trust's Use of Force group continues to monitor the use of restrictive practices, applying an equity lens to reduce identified variations between different ethnic groups. Reports are in place to monitor trends and develop targeted initiatives. Wards have implemented more activities like sensory rooms, calming activities, and personalised care plans. Regular safety huddles track progress, and staff actively involve service users in care planning, which helps prioritise their needs. Teams also adjust staffing levels in order to manage the ward safely at times of high acuity.

The Trust has also been strengthening wider inpatient safety infrastructure—reducing reliance on temporary staff, improving reporting systems, embedding trauma-informed practice, and creating psychologically safe learning spaces. Time to Think forums are in place in all inpatient services. These are multi-professional forums with service user input. The purpose of the meeting is to review local data, understand different experiences and perspectives, to shine a light on areas of practice, to support local quality improvement plans, and to monitor safety bundle implementation. There is a recognition that staff and patient safety are interrelated, and that both need to be attended to in order to improve outcomes for all.

PowerBI dashboards are available and widely used across the organisation to provide visibility of incident and key safety performance data, stratified into key safety themes, to support early identification of trends and changes. In our inpatient settings we also have early warning dashboards in place to triangulate key safety metrics and flag when a ward or area may need additional support to maintain safe conditions for patients. In the year to come we will be working on a pilot project to use AI to support triangulation of data to support our safety team with problem-sensing and learning based on data from the full range of severity of patient and staff safety incidents.

Learning from Safety Incidents

Continuous learning from Safety is a priority and well embedded within all directorates and at a trust-wide level. Alongside local learning forums, there is a monthly programme of themed trust-wide Safety learning Seminars which continues to be well-engaged with and has been recently improved to include service user contributions and learning from a broader range of learning methods and quality improvement work. Improvement work has also taken place to enhance

access and dissemination of learning, including launch of a new intranet trust safety learning library and shared learning briefings relating to learning from individual incident reviews. New PSIRF learning responses have also engaged a wider group of frontline staff in participative learning approaches, both within ELFT and with system partners, which have received positive feedback in relation to value for learning and impact on improving care.

An example of work undertaken to continuously learn from safety incidents, is work undertaken in collaboration with GP partners in Tower Hamlets to improve the quality and safety of referrals into our Community Health services. Working closely with the Clinical Effectiveness Group, a new unified EMIS referral template was designed, following extensive joint testing and feedback. This has addressed longstanding issues with incomplete or inconsistent referral information, supporting safer, more efficient triage for patients. Alongside this, we have developed a new system-wide process—*Learning Together to Improve Patient Care in Tower Hamlets*—to enhance how incidents and learning are shared across ELFT, Barts Health, and primary care. The work is ongoing, bringing partners together to build a consistent, supportive forum for shared learning and continuous improvement and learning is being taken from this area to continue strengthen collaboration with GPs in other areas across the organisation.

Another example of where systems-based and PSIRF informed safety learning has been feeding into large scale quality and safety improvement, is in the area of in-patient safety. Triggered by learning from incidents, and as part of work to reduce restrictive practices, a large scale programme of improvement work is underway to improve therapeutic engagement and observations within our in-patient wards (see below section for further information). We have supplemented our quality improvement theory of change with intelligence and recommendations from a systems-focussed thematic review of incidents and work to understand “work-as-done” from a human factors and frontline perspective. During tests of change, safety incident rates have been continuously monitored to maintain safety and ongoing learning is taken to continuously influence future directions of the work.

Safety Priorities and Progress against Them

Here we outline some examples of this year’s safety improvement priorities along with associated safety metrics the trust has been playing close attention to over the past 12 months as part of our Patient Safety and PSIRF Plan:

Improving In-Patient Quality and Safety:

In 2013, ELFT launched a large-scale violence reduction collaborative in 2015, achieving substantial improvements through a tested Safety Bundle. The bundle included the Safety Huddle, Safety Cross, community meetings, and the Brossette Violence Checklist to help teams anticipate escalating risk.

Building on this work, ELFT launched the In-patient Safety and Quality Programme in 2022, involving all 55 wards. Over 18 months, teams used Quality Improvement (QI) methodology to test interventions aimed at improving observation practice and therapeutic engagement. Service users were active partners at all stages.

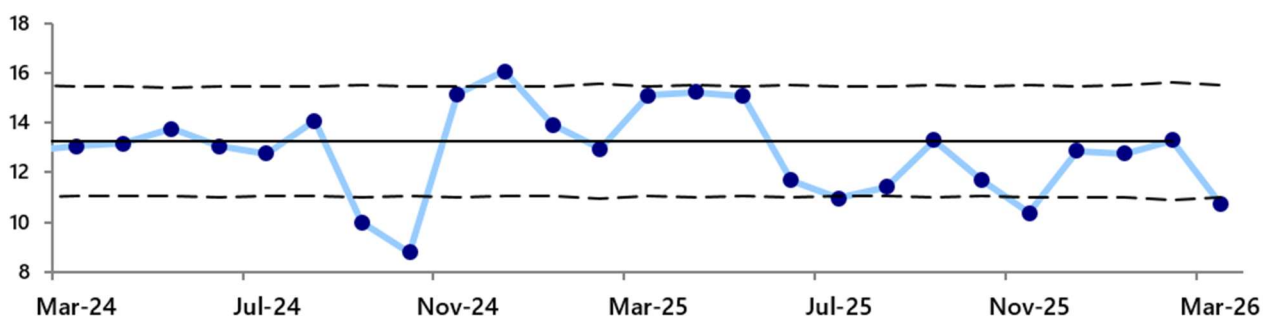
A structured scale-up framework supported the spread of the three tested interventions which were found to be most effective: board relay, zonal observations, and life-skills recovery workers leading activities.

Sustained improvements were seen across all 10 measures within the programme. As well as an improvement in general observation completion, strikingly, all forms of violence, restrictive practice and staff sickness decreased significantly. This included reductions in physical violence (by 23%), Verbal aggression (by 38%), racial aggression (by 60%), restraint (by 16%), prone restraint (by 35%), seclusion (by 38%), rapid tranquillisation usage (by 26%) and staff sickness (by 16%).

The programme also contributed to a culture reset, flattening hierarchies, empowering frontline staff, and reinforcing that patient and staff safety are inseparable. Working collaboratively with service users, ensured learning from the unique perspectives services users bring, and ensured improvements focused on what mattered most.

The In-patient Quality and Safety Programme is ongoing, with a current focus on safely rationalising intermittent observations to create more therapeutic, personalised approaches. As part of this work we continue to metrics relating to violence and restrictive practice as key safety metrics (see below for charts demonstrating both seclusion episodes and restraints).

Restraints reported per 1000 occupied bed days
(U chart)



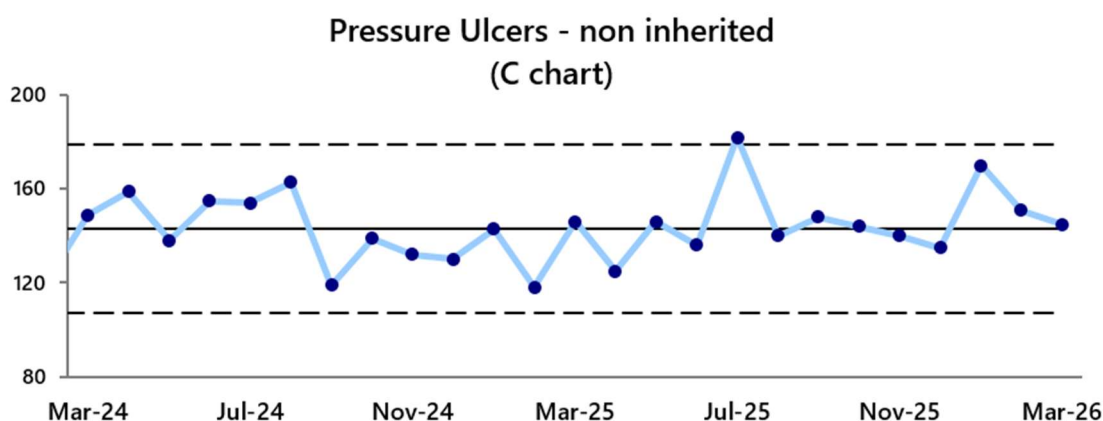
Variation in the use of restraint is expected and is reflective of a cluster of service users who require restrictive practices during periods of acute wellness. It is reassuring that the levels have reduced back to baseline. The Trust's Use of Force group continues to monitor the use of restrictive practices, applying an equity lens to reduce identified variations between different ethnic groups. Reports are in place to monitor trends and develop targeted initiatives. Wards have implemented more activities like sensory rooms, calming activities, and personalised care plans. Regular safety huddles track progress, and staff actively involve service users in care planning, which helps prioritise their needs. Teams also adjust staffing levels in order to manage the ward safely at times of high acuity.

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Pressure ulcers remain one of the top ten patient safety incidents reported nationally. They have a significant and often devastating impact on individuals, affecting quality of life, causing pain, discomfort, and emotional distress for both patients and their families.

Preventing pressure ulcers is a collective responsibility across the Trust. Our approach is centred on ensuring all staff, carers, and service users understand the key principles of pressure ulcer prevention, supported by continuous education, training, and improvement initiatives. We foster a culture where preventing pressure ulcers is seen as everyone’s responsibility, underpinning our commitment to delivering safe and high-quality care.

Throughout the year, we have continued to embed safe practice and reduce preventable harm associated with pressure ulcers across all Trust services. Key actions have included delivery of trustwide training, Review of Pressure Ulcer Investigations with transition from Root Cause Analysis (RCA) under the Serious Incident Framework to the Patient Safety Incident Response Framework (PSIRF), Implementation of PSIRF Tools in routine practice and embedding of a New Reflective systems-focussed Learning Tool.



All patients admitted to a caseload have a Waterlow risk assessment completed, to identify individuals at risk of developing pressure ulcers, at the first assessment. If the patient is identified as at-risk, a SSKING bundle is implemented. This is a care bundle that stands for a - assessment, S - Surface that the patient is sleeping/sitting on S- Skin inspection from head to toe, K – Keep moving to assess level of mobility, I - Incontinence status is checked, N – Nutrition, G – give information. All of these areas must be assessed as part of the prevention strategy.

3.1.2 Clinical Effectiveness

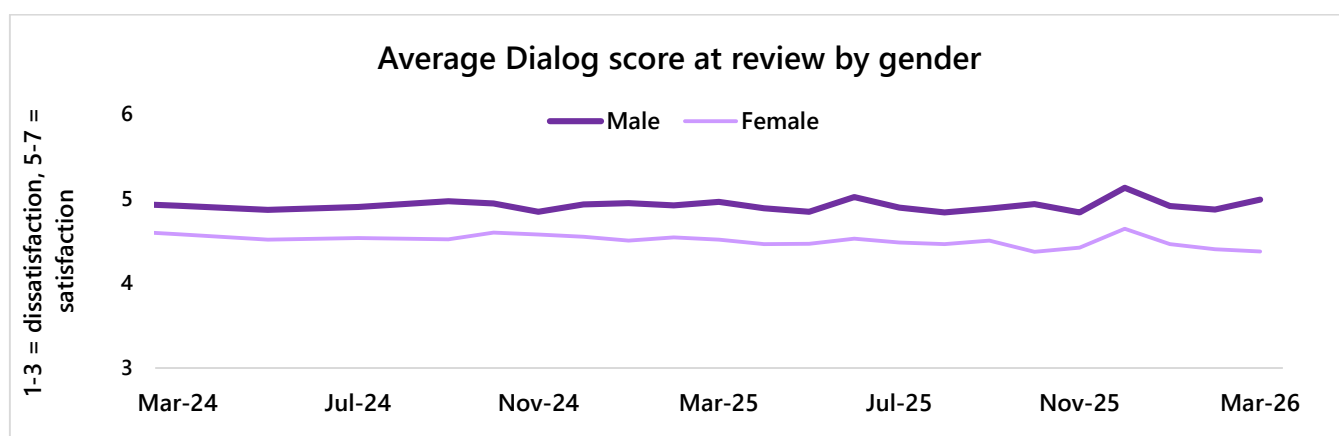
The Trust monitors a range of measures of clinical effectiveness as part of its view on the quality of its services. The measures feed into our understanding of patient experience and value within our strategy. The charts below show some of the measure the Trust Board sees every month as it tracks progress towards our objectives.

DIALOG is a scale of 11 questions. People rate their satisfaction with eight life domains and three treatment aspects on a 7-point scale. DIALOG provides a score for subjective quality of life and

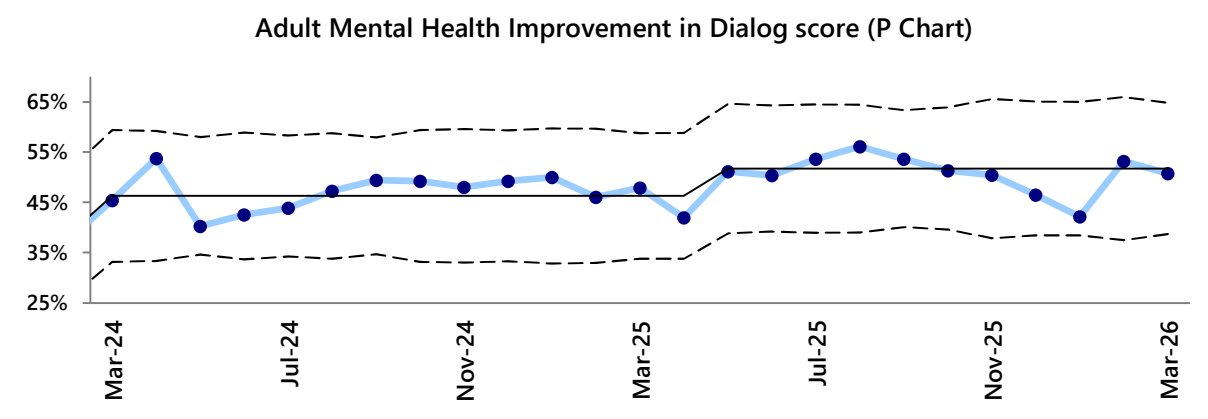
a score for treatment satisfaction. The scale is part of the intervention but can also be used on its own.

DIALOG+ is the first approach that has been specifically developed to make routine patient-clinician meetings therapeutically effective. It is based on quality-of-life research, concepts of patient-centred communication, IT developments, and components of solution-focused therapy, and is supported by an App. Research studies in different mental health services and multiple countries have shown that using it can improve patients' quality of life.

Over the past year, Dialog outcome scores improved and maintained an average of 51.7%. This tool helps teams understand service users' well-being and identify areas needing attention in care plans. While most service users felt satisfied with their safety, many expressed lower satisfaction scores regarding their mental health, housing, employment, relationships, and physical health. The data also revealed a gender gap, with women's average scores (4.5) lower than men's (4.9).

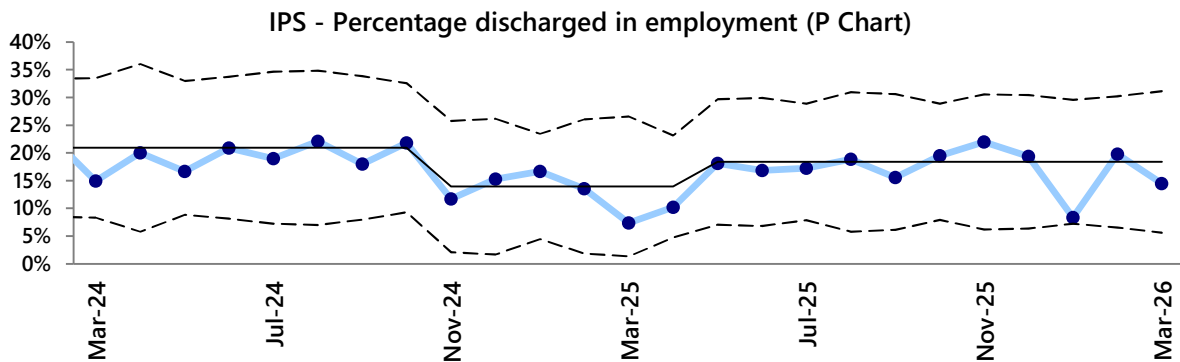


To address this, the Trust is taking a Trust-wide oversight approach to community mental health services. A committee has been established to focus on a number of priorities, including monitoring team caseloads and setting care standards, promoting the use of Dialog+, personalised care planning, 24/7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



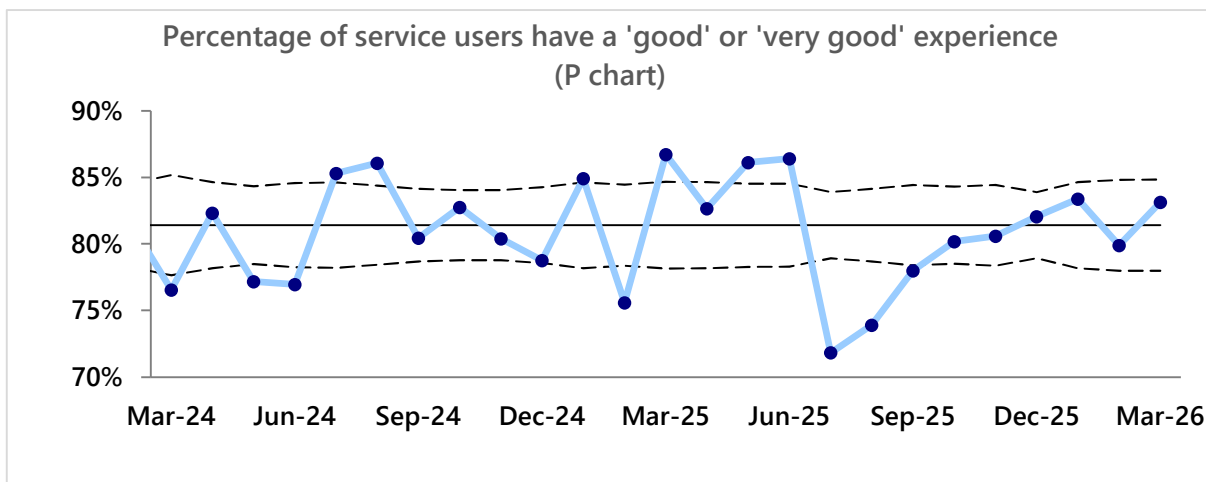
Individual Placement Support (IPS)

In 2025-2026, we continued to support service users, carers and our wider communities build skills and access work opportunities. Over 1,000 people with long term mental health conditions accessed Individual Placement Support, supporting 207 people enter employment. In addition, around 2,800 people accessed employment advice as part of Talking Therapies support in Bedfordshire, Tower Hamlets and Newham. This includes help with returning to and staying in work, interview preparation and negotiating workplace adjustments. Other support includes 17 service users training as Digital Life Coaches (with half reporting improved career prospects and new skills), hosting employment support events including for people experiencing homelessness and establishing *Making Work Work for people with learning disabilities*, a learning space co designed with service users to help share and influence practice across ELFT areas. For our local communities, we held our first summer work experience week, provided 147 volunteer placements, recruited 50% of apprenticeships from our ELFT footprint and continued to support employment and skill development through our social value facilities contract.



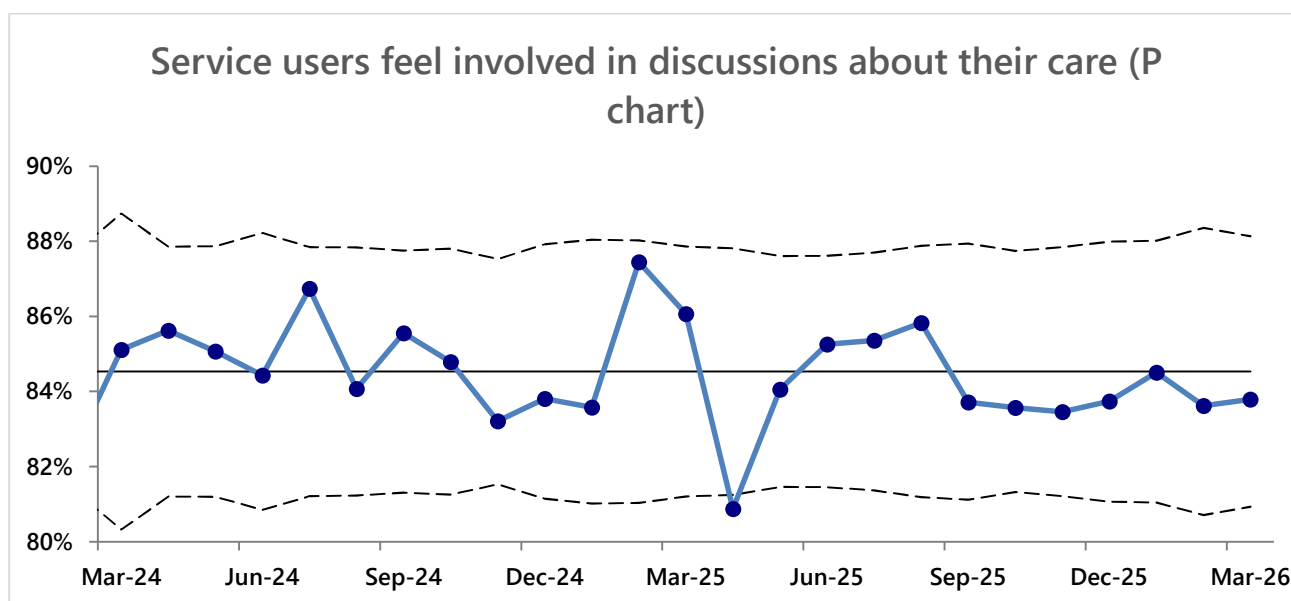
3.1.3 Patient Experience

Central to the delivery of the Trust's Strategy is the belief that all people who use the services provided by the Trust should have the opportunity to leave feedback regarding their experience. The charts below provide assurance across a range of service user experience indicators.

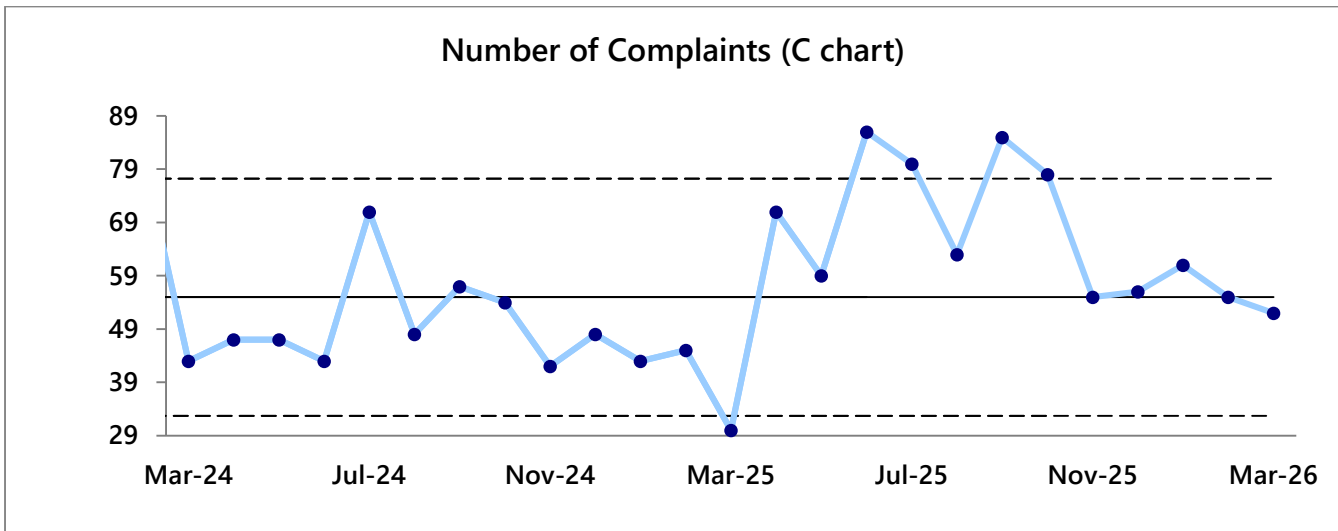


Service user satisfaction has risen steadily since July 2025, after unusually reaching a low of under 75%. The low feedback scores largely related to Primary Care services, CAMHS inpatient services, and Bedfordshire and Luton mental health services.

Across Primary Care GP practices, this reflected a period of rapid change and uncertainty, with service users expressing concern about practices leaving ELFT. Indeed of the 5 of the 8 general practice services that were delivered by ELFT have been transferred to other providers during the course of 2025/26. Service user dissatisfaction in these services primarily related to waiting times and access, with services introducing a new e-Consult system to improve appointment triage as a result. For CAMHS, lower satisfaction responses are mainly from the Tier 4 inpatient unit in Newham. Services reported an increase in the number of children and young people with neurodevelopmental conditions and emotional regulation difficulties and these presentations required more individualised and flexible care, which can be challenging to deliver consistently in a structured inpatient environment. To respond to this, the service has been closely monitoring occupancy and acuity levels, so staff have sufficient capacity to focus more on those with higher needs, provided extra training to help staff better understand and support neurodiverse young people, and increased the range of group and one-to-one activities available. These changes aim to make care more personal, engaging, and positive for young people on the ward. In Bedfordshire and Luton, lower scores are mainly linked to crisis services, particularly the Crisis Line, Approved Mental Health Professional (AMPH) service, and Street Triage. However, following a deep review, many of the negative comments actually refer to other services (such as inpatient wards, community services, or A&E). Feedback themes span care and treatment, waiting times, and communication with targeted initiatives, such as improving communication with service users, enhancing triage and referral processes to reduce waits, and training staff in trauma-informed care being put in place.



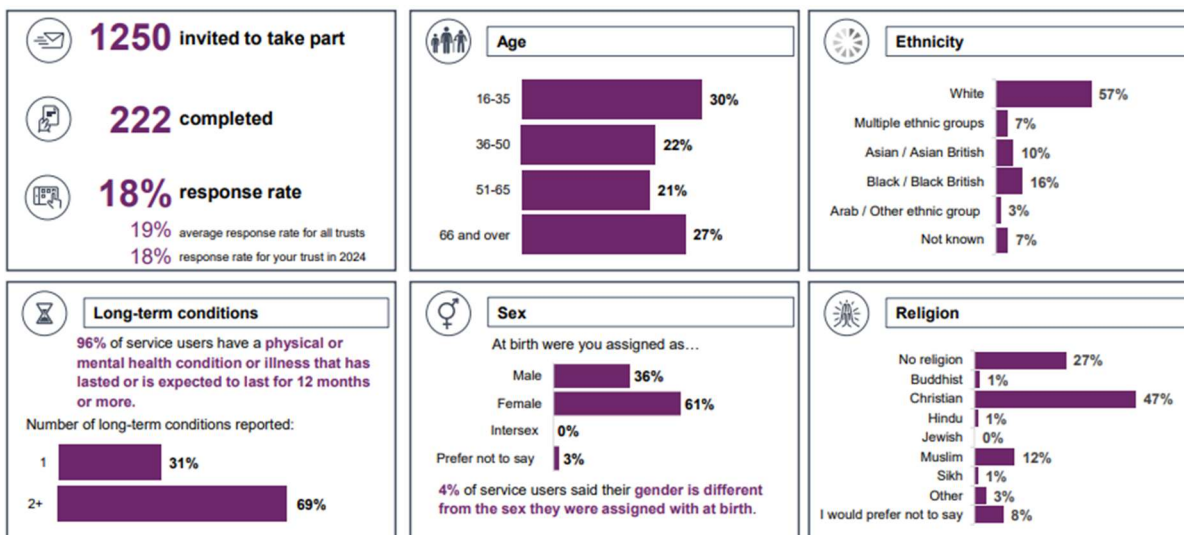
The percentage of service users feeling involved in their care remains high, averaging 85%. This consistency reflects ongoing initiatives, such as personalised care plans and regular feedback mechanisms that empower patients. Staff training in trauma-informed care has also strengthened engagement, ensuring users are actively consulted in treatment choices.



The number of complaints has fluctuated across the year, with numbers returning to Trust average of 56 towards the end of 2025 after seeing a period of higher numbers in the first part of the year. The increase was mainly driven by issues in Tower Hamlets, Bedfordshire, and Luton mental health and CAMHS services. In Tower Hamlets, increases were linked to navigation and logistical challenges following layout changes at the Royal London Hospital affecting the Liaison Psychiatry Team, though most issues have now been resolved with improved signage and ongoing planning. Additional pressures in the Isle of Dogs team, due to staff absence, impacted waiting times but are being addressed. In Bedfordshire, complaints largely relate to communication, care coordination, and appointments, with actions underway such as reducing caseloads, improving care pathways, and reinforcing inpatient standards and trauma-informed care. CAMHS complaints also rose, partly due to improved reporting culture, but also higher demand, complex safeguarding cases, and long ASD waiting times, with steps being taken to manage demand, collaborate with partner services, and explore solutions like subcontracting. Staffing gaps during service redesign also contributed to delays, but recruitment is in progress to improve capacity and responsiveness.

Externally, the Trust also receives feedback on service user experience via the annual Community Mental Health Service User Survey. This is an annual postal survey that provides a snapshot of service user experience, it administered by an appointed contractor and sponsored by the Care Quality Commission.

The National Service User Survey was undertaken for East London NHS Foundation Trust in 2025. The figures below summarise participation and the findings of the report.



Where service user experience is best

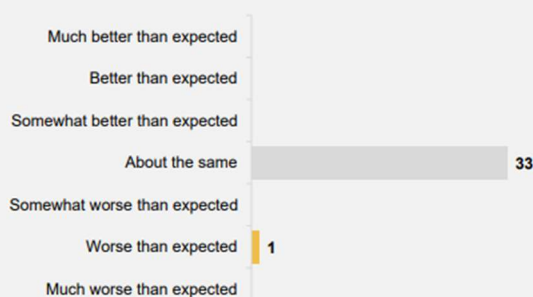
- ✓ **Support with other areas of life:** service users being given help or advice with finding support for joining a group
- ✓ **Support with other areas of life:** service users being given help or advice with finding support for finding or keeping work
- ✓ **Your care:** service users had a care review meeting in the last 12 months
- ✓ **Your care:** service users being given a diagnosis for their mental health
- ✓ **Crisis care access:** the length of time it took service users to get through to support during a mental health crisis

Where service user experience could improve

- **Medication:** side effects of medication being discussed with service users
- **Your care:** staff supported service users to make decisions about their care and treatment
- **Support with other areas of life:** service users being given support with physical health needs
- **Mental health team:** service users being given enough time to discuss their needs and treatment
- **Mental health team:** staff considered service users' needs in other areas of life

Comparison with other trusts

The number of questions at which your trust has performed better, worse, or about the same compared with all other trusts.



Comparison with last year's results

The number of questions at which your trust has performed statistically significantly better, significantly worse, or no different than your result from the previous year, 2025 vs 2024.



3.2 Achievements and Awards

May 2025

- Caroline Dowsett – Outstanding Lifetime Contribution to Healthcare Award, Skills for Health Our Health Heroes Awards

June 2025

- City & Hackney Psychiatric Liaison Service – Silver Award, Homerton Patient Safety Awards
- Dr Alex Harborne – Highly Commended, Digital Innovator of the Year, HSJ Awards
- City and Hackney Home Treatment Team – Accreditation, Quality Network for Crisis Resolution and Home Treatment Teams
- Admission Avoidance and Discharge Service, Reablement Service, Community Therapy Teams and Tower Hamlets Foot Health – Homeless Outreach – Creative Wizard Award for Creativity and Innovation, Tower Hamlets Together Awards
- QI Project Team Improving Communications between ELFT and GP Teams – Highly Commended, Building Bridges Award for Partnership Working, Tower Hamlets Together Awards
- Complex Emotional Needs and Complex Trauma Team – Bullseye Award for Person-Centred Care, Tower Hamlets Together Awards
- Mohammed Al-Mahfuz – Visionary Award for Collaborative Leadership, Tower Hamlets Together Awards

August 2025

- Aileen Anonuevo, Greta Barnard, Lynnette Chaplin, Simone Mingay, Amal Missa, Kelly Rimmer, and Nazimah Shipkolye – Queen's Nurse Title

September 2025

- 'Creative Haven', North Bedfordshire CAMHS – Colmworth Craft and Produce Show

October 2025

- David Stevens – Icon Award, UK Construction Week Role Model Awards
- Path2Recovery and Bedford Hospital – Quality and Service Improvement Award, Dr Falk Pharma/British Association for the Study of the Liver (BASL)/British Liver Trust

November 2025

- Prof Amar Shah – President's Medal, RCPsych Awards
- Community Health Services in London and Bedfordshire – Highly Commended, Improvements in Diabetes Care Using Data, Quality in Care Diabetes Awards

January 2026

- Dr Will Phung, Dr Temitope Jegede, Dr John Iyiola, Dr Seanna Eisenhandler, Dr Ibtehal Moursi, Dr Nasir Hanif, Dr Ben Janaway – Medical Education Awards
- Ifeyinwa Ezeifedi – Outstanding Contribution to Society Award, Brunel University of London’s Alumni of the Year Awards
- Lorraine Sunduza OBE – Honorary Doctor of Science, City St George’s, University of London

February 2026

- Bedfordshire Tissue Viability Service – Highly Commended, Society of Tissue Viability Awards
- Dementia Intensive Support Service, Bedfordshire Older People’s Crisis Resolution Home Treatment Team and Ruth Seifert Ward (City & Hackney) – Silver Award, Service User Led Accreditation Awards

March 2026

- Tim Tottman – Amazing Social Worker, British Association of Social Workers

3.3 An Explanation of Which Stakeholders Have Been Involved

The Trust has a long history of working collaboratively with our service user and carer groups, the Trust Governors and local stakeholder groups. There is significant service user and carer participation in all of the Trusts key overview and reporting mechanisms, e.g. the Trust Board, Quality Committee, and People Participation Committee meetings.

3.4 Statements of Integrated Care Boards and Partners

Statement from North-East London Integrated Care Board to ELFT Quality Accounts 2025 – 2026

NHS North East London Integrated Care Board is the lead commissioner responsible for commissioning health services from East London NHS Foundation Trust on behalf of the population of north east London. Thank you for asking us to provide a statement on East London NHS Foundation Trust's 2025/26 Quality Account and priorities for 2026/27.

We welcome the breadth of information presented in this year's Quality Account and recognise the Trust's continued commitment to quality improvement across patient safety, clinical effectiveness and patient experience. The report demonstrates important progress in areas such as reducing missed appointments, narrowing inequalities in access, improving physical health monitoring and strengthening approaches to flow and service delivery. We recognise that the Trust continues to operate in a highly pressured environment, with rising demand, workforce constraints, financial pressure and variation in performance across services. These pressures are particularly evident in the scale of long waits across ADHD, autism and some community pathways, ongoing challenges in maintaining timely access and follow-up, and the continued need to improve consistency in the experience and standard of care across the organisation. These represent areas of on-going focus.

We celebrate the Trust's work to improve inpatient care through the Observations to Engagement programme, the continued embedding of PSIRF, and the use of thematic learning from deaths, incidents and complaints to inform improvement.

It is encouraging and exemplary to see continued progress in service user involvement, including increased participation in quality improvement work and the further development of service user led accreditation. We also note the positive practice described through inspection activity, including compassionate care, effective partnership working and supportive local leadership. We anticipate the Trust will go further in ensuring that improvement is experienced consistently by local people across all services and places. This includes reducing unwarranted variation, improving the quality of care planning and safety documentation, strengthening involvement of service users and carers in decision-making, and ensuring that estates, systems and workforce arrangements optimise delivery of safe, therapeutic, and responsive care.

The Trust's priorities for 2026/27 rightly focus on sustaining improvement while responding to continuing pressures in access, flow, safety and workforce experience. Delivery against these expectations will require continued partnership working across the system, strong operational grip, and clear evidence of impact.

We thank the Trust and its staff for their continued commitment to collaboration and partnership working across north east London. We look forward to working with and through the Trust, particularly in addressing the rising demand and needs of our residents with mental health,

learning disability and autism. We also look forward to the continuing patient centred innovation approaches in supporting the three key shifts from hospital to the community, analogue to digital and treatment to prevention. East London NHS Foundation Trust will be a critical partner in this delivery.

Subject to the limitations of external review, we are satisfied that this Quality Account presents a fair reflection of the Trust's quality priorities, achievements and challenges over 2 the reporting period. Overall, we welcome the 2025/26 Quality Account and look forward to continuing our partnership with the Trust over the coming year.

Dr. Nnenna Osuji
Chief Executive Officer
North East London Integrated Care Board

Statement from Central East Integrated Care Board to East London Foundation NHS Trust (ELFT) Quality Account 2025 – 2026

CE ICB acknowledges receipt of the 2025/2026 Draft Quality Account from East London Foundation Trust (ELFT). We welcome the opportunity to contribute our comments and thank the Trust for sharing this year's Quality Account. We have undertaken our review of the draft publication with members of the ICB's Quality Assurance team to inform our assessment. As in previous years, and in line with the NHS (Quality Account) Regulations, CE ICB has reviewed this draft account and is satisfied that based on the information available, it is accurate and fairly represented.

During 2025/26 ELFT and the ICB continue to work collaboratively alongside wider system partners. Engagement through our ICB attendance at Trust led meetings continue to provide valuable insight into quality service delivery and performance. Collaboration continues to be a key driver in assuring the provision of safe and effective care delivered to our residents.

The CE ICB would like to highlight and commend the dedication to the staff working across the Community and Mental Health Services, and their continued commitment to delivering high standards of care and promoting a positive experience for our residents that use the services provided.

We recognise the ongoing work to deliver on the Quality Priorities outlined in last year's account, and the progress made against these in improving population health and equity, enhancing patient experience and engagement, strengthening workforce capability and achieving greater efficiency and value through quality improvement.

We acknowledge the Trusts implementation of the "Observation to Engagement" programme to demonstrate strong quality improvement in enhancing meaningful engagement with service users whilst safely aiming to reduce the need for restrictive practices. This reflects the Trusts commitment to the embedding of localised learning to demonstrate improvements for our residents. We were interested to learn further of the "Care that Counts" bundle to support consistent practice in this area. The ICB looks forward to receiving further updates as Phase Two progresses and understanding the continued impact that this aims to have for experience, safety and outcomes for our population within Central East.

We were also pleased to see the improvement work highlighted by the Psychiatric Liaison Service and Crisis Services in which initiatives demonstrate targeted system changes to enhance patient safety, efficiency and deliver measurable improvements in service delivery and outcomes.

The ICB is assured that the Trust is committed to improving its position against the NHS Oversight Framework measures and the focus given to demonstrate a reduction in out of area inpatient placements and performance in Talking Therapies for Bedfordshire and Luton.

The ICB would welcome further updates throughout the year on the improvement work relating to ADHD and Autism pathways and the positive impact that this is expected to have on waiting times. We were also encouraged to note the Trust's ongoing improvement initiatives which were already reducing missed appointments and in turn supporting reductions in waiting times for residents. We look forward to seeing this work continue and build further momentum to strengthen capacity moving forward.

The Trust has continued with embedding the Patient Safety Incident Framework (PSIRF) over the year to further support a culture of learning from patient safety incidents. The Trust's approach within its safety thematic reviews have demonstrated a PSIRF learning response reaching further than isolated patient safety incidents. The ICB thanks ELFT for their continued commitment to the development of the systemwide PSIRF programme and their contributions made over the last year to this as in previous years.

On receipt of the 2025/26 account, we acknowledge the Quality Priorities were still under development for inclusion in the draft submitted for ICB comment, as the Trust Strategy and Delivery Plan were in the final stages of approval. We welcome the opportunity to learn more about these once they have been approved.

To operate effectively within an evolving NHS it will be increasingly important to continue to strengthen and develop collaborative working relationships. We look forward to continuing our work together to drive improvements that are needed to deliver high quality services for our residents.

We hope that the Trust finds these comments helpful.

Rowan Procter
Deputy Director - Quality Assurance
NHS Central East Integrated Care Board

Statement from Central Bedfordshire Council Social Care Health And Housing Scrutiny Committee to ELFT Quality Accounts 2025-2026

Central Bedfordshire Council's Social Care Health and Housing Overview and Scrutiny Committee plays an important role in holding decision-makers to account for improving outcomes and services for residents. In this context, we welcome the opportunity to act as a critical friend to East London NHS Foundation Trust by providing feedback on its Quality Account for 2025/2026.

We begin by recognising the positive developments highlighted within the report. The Trust demonstrates a strong commitment to staff wellbeing, including initiatives to support healthy lifestyles and workforce support. We also note improvements in specific areas of service delivery, including reductions in missed appointments and waiting times in talking therapies and MSK services. These targeted improvements, alongside examples of good practice, provide a positive foundation for continued progress.

As a critical friend, however, we consider that the Quality Account would benefit from greater clarity, consistency and locality-focused reporting. While a range of activity is described, it is not always possible to determine how services are performing specifically for Central Bedfordshire residents. A clearer breakdown of performance by locality, supported by consistent indicators across services, would strengthen the report and enable more meaningful benchmarking and scrutiny.

We note that variation in the way performance is reported makes it difficult to form a clear, comparative view of services across the Trust's wide geographical footprint. Strengthening consistency in presentation and providing clearer explanations of performance variation would improve transparency and understanding.

In addition, while survey findings are included, low response rates limit confidence in the conclusions drawn. The report would benefit from greater contextual information, including the number of service users invited to participate and response rates, to support interpretation of satisfaction data and ensure robustness.

To strengthen future reports and support understanding of performance and priorities, we would welcome:

- A clear breakdown of activity and outcomes for Central Bedfordshire residents, including the number of people treated and outcomes achieved.
- Improved transparency of survey data, including response rates and methodology.
- Greater clarity on missed appointments, including local variation, underlying causes and actions being taken to address this.
- Clearer evidence of how services are contributing to prevention and reducing demand, particularly in relation to the increasing needs of children and young people.
- Information on accessibility of services and how provision meets the needs of diverse communities across the Trust's footprint.
- Further detail on how the Trust is preventing escalation to crisis, including use of community-based alternatives to Accident and Emergency.
- Stronger reporting on patient experience, including how feedback is used to inform improvements and how communication with residents is managed.
- Greater clarity on workforce culture, including how "Freedom to Speak Up" arrangements are operating in practice and how staff confidence is measured.
- Greater clarity on actions underway to address concerns expressed in the staff survey including concerns about burnout, line management and insufficient staffing levels.
- Continued concern about long waiting times for Autism and ADHD support.

We also highlight a number of areas where further assurance would be beneficial. There are ongoing concerns regarding the use of crisis beds, discharge arrangements step-down arrangements and increasing reliance on B&Bs and temporary accommodation.

The previous data quality issues in the Bedford and Luton Crisis service are noted. While the 58% reduction in errors is welcome, the Trust is encouraged to sustain and build on this progress to ensure consistent data accuracy and minimise risks to service quality.

Additional clarity is needed on how patients are supported in these settings, including continuity of care and safe discharge planning. Further information about how this is being managed in partnership and collaboration with other services such as Housing and Social Care is needed. Similarly, further information would be helpful on how the Trust is reducing reliance on inpatient provision while ensuring risks are effectively managed for vulnerable patients.

While partnership working is referenced within the report, there is an opportunity to provide clearer evidence of how this is being delivered in practice, particularly with local authorities and system partners. This includes collaboration on discharge pathways, prevention, and the development of community-based care. Greater visibility of these arrangements, especially within Central Bedfordshire, would strengthen assurance.

Given the report notes patient concern about changes to management of GP practices, it would be helpful to understand ELFT's strategy in taking on the management of GP practices and lessons learned about improving communications about service changes in future.

In summary, while the report sets out a range of positive activity and areas of progress, its overall effectiveness would be enhanced by clearer, more consistent and locally relevant reporting, alongside stronger evidence of outcomes and impact.

We welcome the opportunity to provide this feedback and look forward to continuing to work constructively with the Trust to support improvements in services and outcomes for residents.

Cllr Emma Holland-Lindsay, Chair
Central Bedfordshire, Social Care Health and Housing Overview and Scrutiny Committee.

3.5 Feedback

If you would like to provide feedback on the report or make suggestions for the content of future reports, please contact the Quality Assurance Team, elft.qa@nhs.net.

A copy of the Quality Accounts is available via:

- East London NHS Foundation Trust website (<https://www.elft.nhs.uk>)

2025/26 Statement of Directors' Responsibilities in Respect of the Quality Accounts

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS England has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Accounts (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Accounts.

In preparing the Quality Accounts, Directors are required to take steps to satisfy themselves that:

- the content of the Quality Accounts meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2024/25 and supporting guidance
- the content of the Quality Accounts is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2024 to May 2025, papers relating to quality reported to the Board over the period April 2024 to May 2025
 - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
 - the national patient survey within Quality Accounts
 - the national staff survey within Quality Accounts
- the Quality Accounts presents a balanced picture of the NHS Foundation Trust's performance over the period covered
- the performance information reported in the Quality Accounts is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Accounts, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Accounts is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Accounts.

Signature

Signature

E. Taylor

L. Sunduza

**Eileen Taylor
Chair**

**Lorraine Sunduza OBE
Chief Executive**

Date 22.06.2026

Date 25.06.2026

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Your opinions are valuable to us. If you have any views about this report, or if you would like to receive this document in large print, Braille, on audio tape, or in an alternative language, please contact the Communications Department on phone 020 7655 4066 or email elft.communications@nhs.net